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CONTRACTUAL AGREEMENT FORM

BIDDER MUST COMPLETE THE FOLLOWING

By signing this Contractual Agreement Form, the bidder guarantees compliance with the provisions stated in this solicitation and agrees to the terms and conditions unless otherwise indicated in writing and certifies that bidder is not owned by the Chinese Communist Party.

Per Nebraska's Transparency in Government Procurement Act, Neb. Rev Stat § 73-603, DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska Vendors. This information is for statistical purposes only and will not be considered for contract award purposes.

_No_ NEBRASKA VENDOR AFFIDAVIT: Bidder hereby attests that bidder is a Nebraska Vendor. "Nebraska Vendor" shall mean any bidder who has maintained a bona fide place of business and at least one employee within this state for at least the six (6) months immediately preceding the posting date of this Solicitation. All vendors who are not a Nebraska Vendor are considered Foreign Vendors under Neb. Rev Stat § 73-603 (c).

_No_ I hereby certify that I am a Resident disabled veteran or business located in a designated enterprise zone in accordance with Neb. Rev. Stat. § 73-107 and wish to have preference, if applicable, considered in the award of this contract.

_No_ I hereby certify that I am a blind person licensed by the Commission for the Blind & Visually Impaired in accordance with Neb. Rev. Stat. § 71-8611 and wish to have preference considered in the award of this contract.

THIS FORM MUST BE SIGNED MANUALLY IN INK OR BY DOCUSIGN

COMPANY:	**MedImpact Healthcare Systems, Inc.**
ADDRESS:	**10181 Scripps Gateway Court San Diego, California 92131**
PHONE:	**800.788.2949**
EMAIL:	**Krista.Kelley@medimpact.com**
BIDDER NAME & TITLE:	**Krista Kelley – Senior Vice President, Sales and Marketing**
SIGNATURE:	DocuSigned by: Krista Kelley 08F299C12CA64F2...
DATE:	July 17, 2025

VENDOR COMMUNICATION WITH THE STATE CONTACT INFORMATION (IF DIFFERENT FROM ABOVE)	
NAME:	**Eric McKinnon**
TITLE:	**R.Ph., M.B.A – Sales Director**
PHONE:	**(816) 890-1161**
EMAIL:	**Eric.McKinnon@medimpact.com**

Docusign Envelope ID: 32B4B386-2049-4285-B95B-118AA746061B

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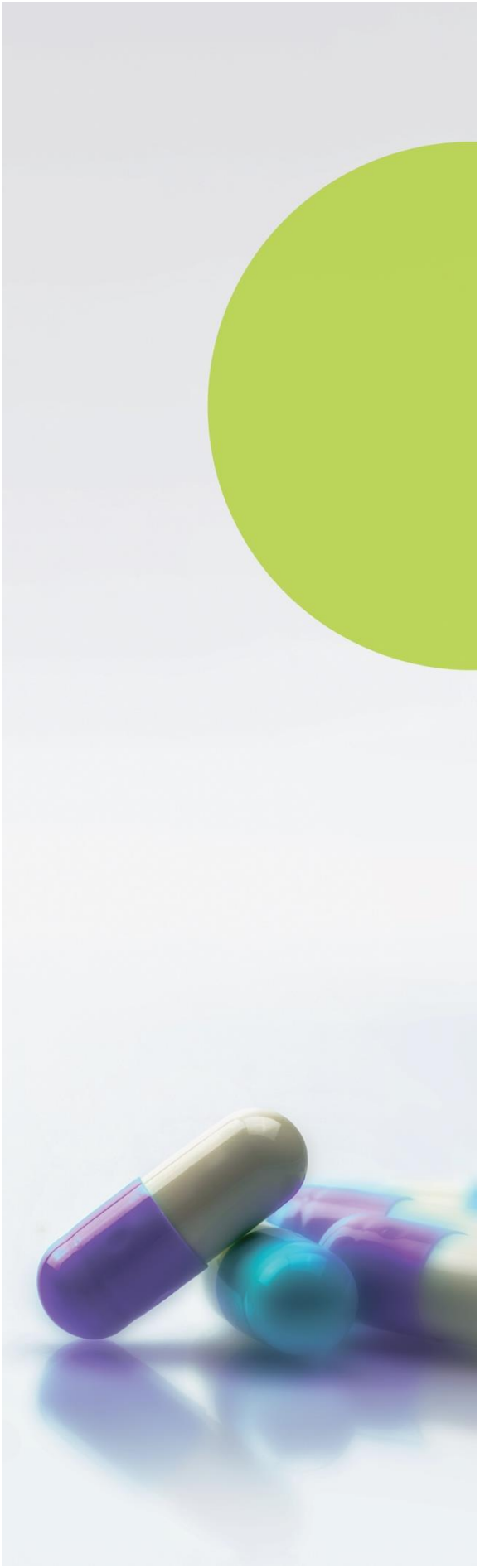
MedImpact Corporate Overview

JULY 18, 2025



MedImpact

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Corporate Overview

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Corporate Overview

CORPORATE OVERVIEW

The Corporate Overview section of the solicitation response should consist of the following subdivisions:

A. BIDDER IDENTIFICATION AND INFORMATION

The bidder should provide the full company or corporate name, address of the company's headquarters, entity organization (corporation, partnership, proprietorship), state in which the bidder is incorporated or otherwise organized to do business, (including whether the Bidder is in good standing in the state in which it is formed or incorporated), year in which the bidder first organized to do business and whether the name and form of organization has changed since first organized. The Bidder should also provide this information for the branch or local office or other subordinate element that will perform or assist in performing the work on this contract.

MedImpact Healthcare Systems, Inc. (MedImpact) located at 10181 Scripps Gateway Court, San Diego, CA 92131, is a privately owned C corporation, incorporated in the state of California on June 1, 1993.

We have not utilized any other name or organization form.

MedImpact's San Diego, California headquarters will perform the majority of the work for the State. Account management team members work remotely.

B. FINANCIAL STATEMENTS

The bidder should provide its organization's last audited financial statement and the most recent unaudited financial statement if the most recent audited financial statement is older than 12 months as well as the latest SSAE 21 report. If publicly held, the bidder should provide a copy of the corporation's most recent audited financial reports and statements, and the name, address, and telephone number of the fiscally responsible representative of the bidder's financial or banking organization.

If the bidder is not a publicly held corporation, either the reports and statements required of a publicly held corporation, or a description of the organization, including size, longevity, client base, areas of specialization and expertise, and any other pertinent information, should be submitted in such a manner that solicitation evaluators may reasonably formulate a determination about the stability and financial strength of the organization. Additionally, a non-publicly held firm should provide a banking reference.

The bidder must disclose any and all judgments, pending or expected litigation, or other real or potential financial reversals, which might materially affect the viability or stability of the organization, or state that no such condition is known to exist.

The State may elect to use a third party to conduct credit checks as part of the corporate overview evaluation.

Please see our most recent audited financial statements **Exhibit 1.**

We have included the following bank references:

Ron Caldwell | Managing Director
Co-Head of Leveraged Finance Origination
Truist Securities
Mobile: 704.488.0077
Email: ron.caldwell@truist.com

David Rofsky | SVP ICG Relationship Managr
Healthcare | Institutional Grup
U.S. Bank | Newport Beach
Mobile: 949.212.7287
Email: david.rofsky@usbank.com

There are no existing judgments, pending or expected litigation, or other real or potential financial reversals, which might materially affect the viability or stability of MedImpact.

C. CHANGE OF OWNERSHIP

If any change in ownership or control of the company is anticipated during the twelve (12) months following the solicitation response due date, the bidder should describe the circumstances of such change and indicate when the change will likely occur. Any change of ownership to an awarded bidder(s) will require notification to the State.

The bidder should state and describe if it recently experienced any workforce realignments and/or recent merger or acquisition activity. Include in this description, any anticipated changes in ownership or business developments, including but not limited to mergers, stock issues, and the acquisition of new venture capital.

There is no change in ownership or control anticipated during the 12 months following the solicitation response due date.

We acquired Aspen Health, Inc., MTM company, in 2023 and MedImpact's acquisition of certain Elixir Solutions assets, the PBM subsidiary of Rite Aid, closed February 1, 2024. These acquisitions are the latest addition and part of MedImpact's ongoing reinvestment strategy to expand the company's portfolio of clinical, technology, health risk management and consumer empowerment capabilities. MedImpact is celebrating its 35th anniversary this year. While the company began as an independent PBM startup, it has continually invested in innovation and reinvention to offer an ecosystem of total health and technology solutions to meet the needs of clients in a complex and challenging healthcare landscape.

There are no further anticipated changes in workforce realignments.

D. OFFICE LOCATION

The bidder's office location responsible for performance pursuant to an award of a contract with the State of Nebraska should be identified.

MedImpact's San Diego, California headquarters will provide the majority of the services identified. Account management teams work remotely.

E. RELATIONSHIPS WITH THE STATE

The bidder should describe any dealings with the State over the previous twelve (12) months. If the organization, its predecessor, or any Party named in the bidder's solicitation response has contracted with the State, the bidder should identify the contract number(s) and/or any other information available to identify such contract(s). If no such contracts exist, so declare.

MedImpact has had no contractual dealing with the State of Nebraska over the previous (12) months.

F. BIDDER'S EMPLOYEE RELATIONS TO STATE

If any Party named in the bidder's solicitation response is or was an employee of the State within the past twelve (12) months, identify the individual(s) by name, State agency with whom employed, job title or position held with the State, and separation date. If no such relationship exists or has existed, so declare.

If any employee of any agency of the State of Nebraska is employed by the bidder or is a subcontractor to the bidder, as of the due date for solicitation response submission, identify all such persons by name, position held with the bidder, and position held with the State (including job title and agency). Describe the responsibilities of such persons within the proposing organization. If, after review of this information by the State, it is determined that a conflict of interest exists or may exist, the bidder may be disqualified from further consideration in this solicitation. If no such relationship exists, so declare.

No party in MedImpact's solicitation response is, or was, an employee of the State within the last 12 months.

G. CONTRACT PERFORMANCE

If the bidder or any proposed subcontractor has had a contract terminated for default during the past (three) (3) years, all such instances must be described as required below. Termination for default is defined as a notice to stop performance delivery due to the bidder's non-performance or poor performance, and the issue was either not litigated due to inaction on the part of the bidder or litigated and such litigation determined the bidder to be in default.

It is mandatory that the bidder submit full details of all termination for default experienced during the past (three) (3) years, including the other Party's name, address, and telephone number. The response to this section must present the bidder's position on the matter. The State will evaluate the facts and will score the bidder's solicitation response accordingly. If no such termination for default has been experienced by the bidder in the past (three) (3) years, so declare.

If at any time during the past (three) (3) years, the bidder has had a contract terminated for convenience, non-performance, non-allocation of funds, or any other reason, describe fully all circumstances surrounding such termination, including the name and address of the other contracting Party.

MedImpact has not had any clients term for default or for convenience in the past 3 years.

H. SUMMARY OF BIDDER'S CORPORATE EXPERIENCE

The bidder should provide a summary matrix listing the bidder's previous projects similar to this Solicitation in size, scope, and complexity. The State will use no more than three (3) narrative project descriptions submitted by the bidder during its evaluation of the solicitation response.

The bidder should address the following:

i. Provide narrative descriptions to highlight the similarities between the bidder's experience and this Solicitation. These descriptions should include:

- **a. The time period of the project,**
- **b. The scheduled and actual completion dates,**
- **c. The bidder's responsibilities,**
- **d. For reference purposes, a customer name (including the name of a contact person, a current telephone number, a facsimile number, and e-mail address); and**
- **e. Each project description should identify whether the work was performed as the prime Vendor or as a subcontractor. If a bidder performed as the prime Vendor, the description should provide the originally scheduled completion date and budget, as well as the actual (or currently planned) completion date and actual (or currently planned) budget.**

ii. Bidder and Subcontractor(s) experience should be listed separately. Narrative descriptions submitted for Subcontractors should be specifically identified as subcontractor projects.

iii. If the work was performed as a subcontractor, the narrative description should identify the same information as requested for the bidders above. In addition, subcontractors should identify what share of contract costs, project responsibilities, and time period were performed as a subcontractor.

Our corporate experience is included within **Table 1**. None of the work indicated within **Table 1** was performed as a subcontractor.

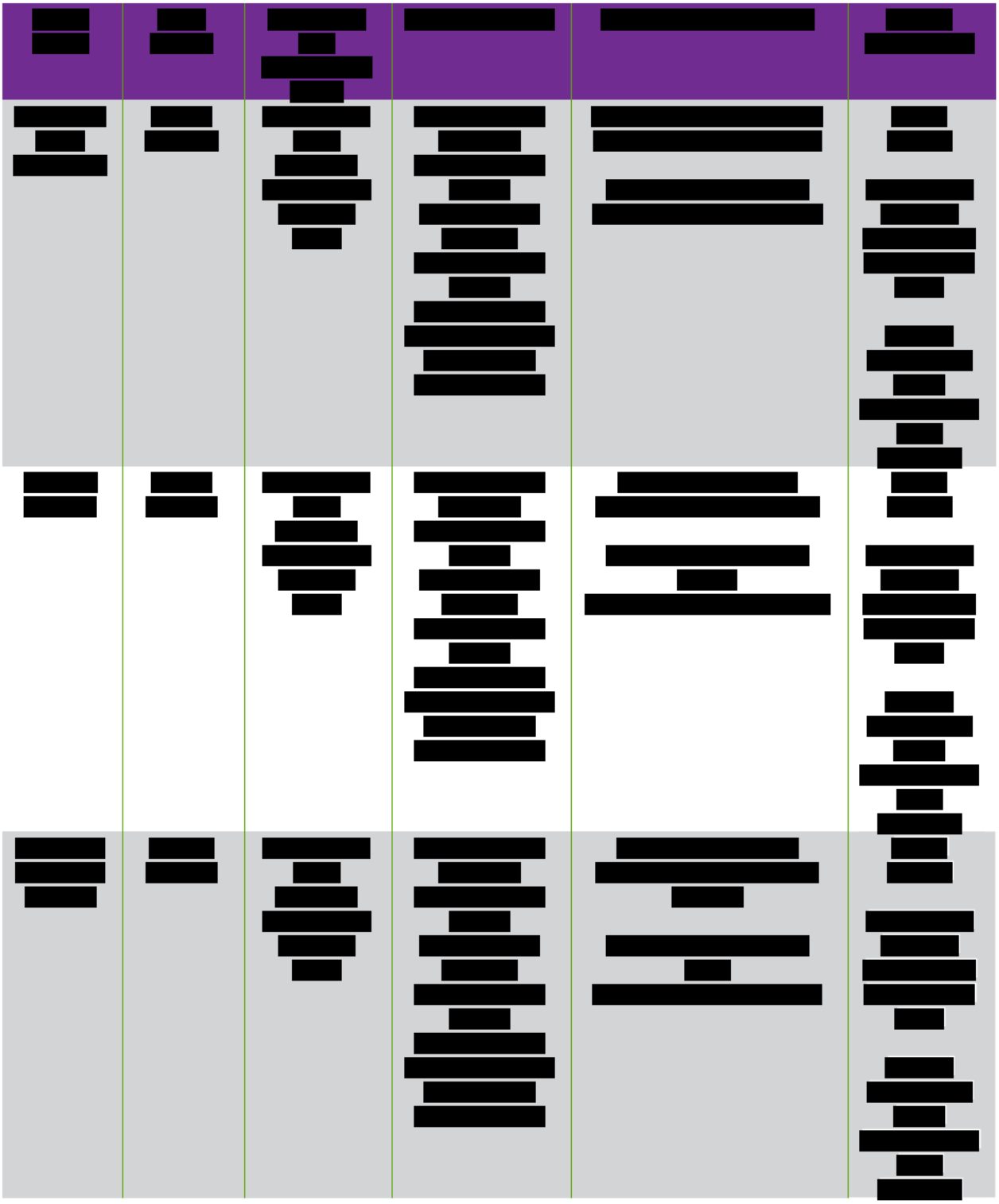

Table 1: MedImpact Corporate Experience

I. SUMMARY OF BIDDER'S PROPOSED PERSONNEL/MANAGEMENT APPROACH

The bidder should present a detailed description of its proposed approach to the management of the project.

The bidder should identify the specific professionals who will work on the State's project if their company is awarded the contract resulting from this Solicitation. The names and titles of the team proposed for assignment to the State project should be identified in full, with a description of the team leadership, interface, and support functions, and reporting relationships. The primary work assigned to each person should also be identified. For each team member listed, identify whether this staff member will be 100% dedicated/designated to the State account. If the member is not 100% dedicated/designated to the State, please indicate the percentage of time the staff member will designate to the State account as well as the number of other clients with which the staff member has responsibilities. At a minimum, the specific professionals should include:

a. **Implementation Coordinator/ Manager**
b. **Account Executive**
c. **Eligibility Coordinator/Manager**
d. **Pharmacist**
e. **Member Service Manager**
f. **Government/Legislative Liaison**

The bidder should provide resumes for all personnel proposed by the bidder to work on the project. The State will consider the resumes as a key indicator of the bidder's understanding of the skill mixes required to carry out the requirements of the Solicitation in addition to assessing the experience of specific individuals.

Resumes should not be longer than three (3) pages. Resumes should include, at a minimum, academic background and degrees, professional certifications, understanding of the process, and at least three (3) references (name, address, and telephone number) who can attest to the competence and skill level of the individual. Any changes in proposed personnel shall only be implemented after written approval from the State.

The bidder to note any positions bidder will need to hire if awarded this contract.

The bidder will provide an organization chart, including names and titles, of Account Team and key personnel that will be responsible for the State account.

MedImpact has been providing PBM services since 1989, much of this time has been spent serving state employers such as the State of Nebraska.

Overview Of Account Management

MedImpact provides clients with a concierge approach to account management. MedImpact's extended service organization model features executive-level team leadership and a multitouch interdisciplinary team with clearly defined escalation and resolution points. We tailor the account management model to achieve each client's goals and objectives and are committed to meeting our client service objectives:

- Ease of doing business
- Continuous quality assurance, accurate reporting, meeting timelines, and exceeding expectations
- Proactive needs anticipation and responsiveness
- Effective and easy to understand communication
- Being a willing partner with an aim to retain and grow business for our clients
- Expertise for each client and line of business

We assign an implementation specialist, who transitions off the account after the completion of the implementation phase. To help ensure a seamless transition, your key account management team members are engaged throughout the implementation. After a post-implementation period (typically 90 days), the implementation manager passes responsibility for the ongoing client service to the account management team.

Our team structure is designed to provide prompt response to client inquiries and needs. The account management team will meet with the State as needed, typically quarterly and annual, to discuss performance, goals, future opportunities, and projects. In addition, the team provides structured support through routine coordinated operation meetings based on your preferences. Your account team will facilitate these meetings providing the opportunity to:

- Review inquiries and service items
- Identify plan priorities
- Track progress towards goals
- Address your day-to-day needs

Your account manager will serve as your daily point of contact with a goal of one-touch resolution. We track all inquiries requiring additional research through our customer relationship management platform, Salesforce. All internal business departments collaborate to effectively respond to Salesforce cases, and MedImpact leadership monitors case volume and timeliness on a daily basis. Through this tool, we document all client inquiries, assign them to the appropriate party for resolution, and track the timely resolution of all inquiries. We leverage routine meetings with the State to review the project log and address any outstanding inquiries on an agreed-upon schedule. As shown in **Figure 1,** the State's account management team will work directly with our internal teams, including senior leadership, to collaboratively support your short- and long-term strategic objectives as well as maintain operational service excellence.

Figure 1: MedImpact SMEs Work Collaboratively

To ensure timely and efficient response times, our cohesive, collaborative approach includes cross-training and maintaining defined escalation points and designated backups at all times to support the appropriate escalation and resolution of the State's inquiries.

MedImpact always puts our clients first and allocates every available resource to support a collaborative and high-touch relationship for our clients. Through these methods, we successfully achieve long lasting and positive experiences with our clients. We will work closely with the State to customize our approach to fit your unique needs.

Resumes

The resumes of key personnel, including personal references, have been included within **Exhibit 2**. Key personnel, and their designated/dedicated status to the State's account are as noted:

- Implementation manager: 100% dedicated for the implementation period
- Account executive: 100% dedicated
- Account manager: Designated, 50% of their time will be used to support the State
- Business system analyst (This individual and the account manager will support eligibility coordination, among other things): Designated, 20-40% of their time will be used to support the State
- Clinical account executive (PharmD): Designated, 50% of their time will be used to support the State
- Client administrator to support member services: Designated, 20-40% of their time will be used to support the State

We have not provided a named government/legislative liaison; however, the State will be well supported by our regulatory and government affairs team.

Organizational Chart

Figure 2 includes the account team organizational chart.

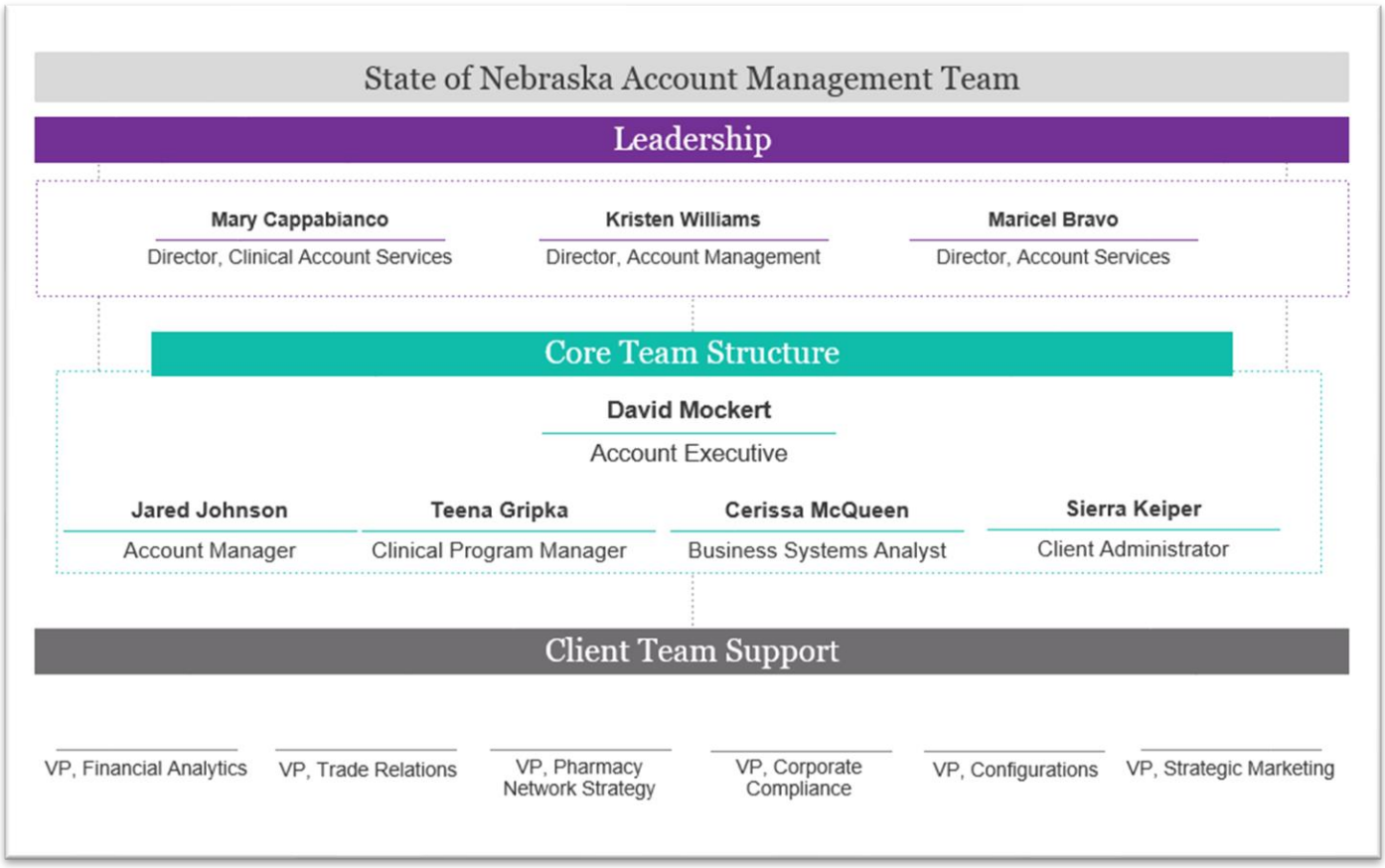

Figure 2: Organizational Chart

J. SUBCONTRACTORS

If the bidder intends to subcontract any part of its performance hereunder, the bidder should provide:

a. name, address, and telephone number of the subcontractor(s),

b. specific tasks/types of services provided for each subcontractor(s),

c. number of years the Bidder's company has utilized the subcontractor,

d. contractual relationship between subcontractor and Bidder's company,

e. indication of general financial model such as shared savings, PMPM, fee for service, etc.,

f. percentage of performance hours intended for each subcontract; and

g. total percentage of subcontractor(s) performance hours.

Confirm that, if awarded a contract with the State, you will agree in the contract to notify the State of changes to this subcontractor list throughout the term of any awarded contract and that the State will have the ability to pre-approve any subcontractor that provides services directly to the State or its members.

Table 2 outlines the subcontractors that MedImpact intends to utilize to support the State of Nebraska. We confirm that we will notify the State of any changes throughout the term of the agreement and that the State's written approval will not be unreasonably withheld, conditioned, or delayed.

Subcontractor	Type of Service	Years Utilized	Contractual Relationship	Financial Model	Percentage of Hours	Total Hours
Advanced Medical Reviews 600 Corporate Pointe, Suite 300 Culver City, CA 90230	Second level appeals requiring external review	2008 – present	Auto renews	Any fees charged to the State are as negotiated in the contract; MedImpact pays its subcontractors as outlined in subcontractor's contract.	To be determined	Proprietary
AllMed Healthcare Management, Inc. 111 SW 5th Ave, Suite 1400 Portland, OR 97204	Second level appeals requiring external review	2018 – present	Auto renews	Any fees charged to the State are as negotiated in the contract; MedImpact pays its subcontractors as outlined in	To be determined	Proprietary

Subcontractor	Type of Service	Years Utilized	Contractual Relationship	Financial Model	Percentage of Hours	Total Hours
				subcontractor's contract.		
Clarity Software Solutions, Inc. 92 Wall Street, Suite 1 Madison, CT 06443	ID card printing and mailing	2017 – present	Auto renews	Any fees charged to the State are as negotiated in the contract; MedImpact pays its subcontractors as outlined in subcontractor's contract.	To be determined	Proprietary
Consolidated Solutions 1614 E. 40th Stret Cleveland, OH 44103	Printing and mailing of welcome packets, clinical mailings, ad hoc letters, etc.	2017 – present	Auto renews	Any fees charged to the State are as negotiated in the contract; MedImpact pays its subcontractors as outlined in subcontractor's contract.	To be determined	Proprietary
CQ Fluency 2 University Plaza, Suite 406 Hackensack, NJ 07601	Foreign language document translation	2022 – present	Auto renews	Any fees charged to the State are as negotiated in the contract; MedImpact pays its subcontractors as outlined in subcontractor's contract.	To be determined	Proprietary
LanguageLine Services 1 Lower Ragsdale Drive, Bldg. 2 Monterey, CA 93940	Foreign language telephone translation	2022 – present	Auto renews	Any fees charged to the State are as negotiated in the contract; MedImpact pays its subcontractors as outlined in subcontractor's contract.	To be determined	Proprietary
Medical Consultants Network	Second level appeals requiring	2022 - present	Auto renews	Any fees charged to the State are as negotiated in	To be determined	Proprietary

Subcontractor	Type of Service	Years Utilized	Contractual Relationship	Financial Model	Percentage of Hours	Total Hours
1301 Fifth Ave, Suite 2900 Seattle, WA 98101	external review			the contract; MedImpact pays its subcontractors as outlined in subcontractor's contract.		
Medical Review Institute of America 2875 Decker Lake Dr, Suite 300 Salt Lake City, UT 84119	PA support and first level clinical appeals	2013 – present	Auto renews	Any fees charged to the State are as negotiated in the contract; MedImpact pays its subcontractors as outlined in subcontractor's contract.	To be determined	Proprietary
Personify Health 75 Fountain Street, Suite 310 Providence, RI 02903	Inbound and outbound call management for Refill Reminder program	2011 – present	Auto renews	Any fees charged to the State are as negotiated in the contract; MedImpact pays its subcontractors as outlined in subcontractor's contract.	To be determined	Proprietary
Prescient Holdings Group, LLC 888 Prospect St., Suite 201 La Jolla, CA 92037	Rebate administration services	2018 – present	Auto renews	Any fees charged to the State are as negotiated in the contract; MedImpact pays its subcontractors as outlined in subcontractor's contract.	To be determined	Proprietary
Ray Savings Solutions 1600 W. Broadway Rd., Suite 300 Tempe, AZ 85282	Patient financial advocacy services seeking alternate sources of funding for MedImpact	2023 - present	Auto renews	Any fees charged to the State are as negotiated in the contract; MedImpact pays its subcontractors as outlined in	To be determined	Proprietary

Subcontractor	Type of Service	Years Utilized	Contractual Relationship	Financial Model	Percentage of Hours	Total Hours
	Assist program			subcontractor's contract.		

Table 2: Subcontractor information

K. PENDING LITIGATION

The bidder will state whether there is any concluded or pending litigation against the Bidder or Bidder's affiliates, subsidiaries, employees related to a contract engagement; and if such litigation exists, an attached opinion of counsel as to whether the pending litigation will impair the firm's performance in a contract under this RFP.

There is no concluded or pending litigation against MedImpact or its affiliates, subsidiaries, or employment related to a contract engagement with the State of Nebraska.

L. BANKRUPTCY

The Bidder will state whether, in the last ten years, Bidder or any of its affiliates or subcontractors has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors; and if so, an explanation providing relevant details.

MedImpact has not, in the last 10 years, nor has any of its affiliates or subcontractors, filed any bankruptcy or insolvency proceeding (or had any filed against it).

In the interest of full disclosure, MedImpact acquired certain assets of the former Rite-Aid PBM (Elixir) on February 1, 2024. MedImpact did not acquire the Elixir liabilities and it is unknown whether Elixir may have had (or had affiliates or subcontractors) file any bankruptcy proceeding or had any filed against in, in the nine years prior to the MedImpact acquisition of those certain Elixir assets.

M. FINANCIAL RATINGS

Indicate the most recent Financial Rating, Financial Rating Modifiers and the Financial Rating Effective Date you have received by the following organizations. Indicate all changes that have occurred in the last 12 months for each of these ratings.

a. A.M. Best:
b. Standard & Poor's:
c. Moody's:
d. Fitch:

The Bidder should indicate if its rating has changed within the past 12 months for any of the rating agencies.

MedImpact's financial ratings are as follows:

- A.M. Best: Not applicable
- Standard & Poor's: B+
- Moody's: B1
- Fitch: Not applicable

N. OTHER MAJOR CHANGES

The Bidder should indicate any staff relocations, computer system changes/upgrades, program changes, or telephone system changes in process at this time or proposed within the next 12-24 months.

MedImpact does not anticipate any changes within the next 12-24 months. Any potential changes are carefully planned to avoid disruption to clients and members and do not impact implementations. MedImpact's account management team would notify State DAS SPB prior to any changes that will impact your members well in advance of these changes, and work with you to develop a custom communication plan letting them know of the change.

MedImpact Healthcare Systems, Inc.

10181 Scripps Gateway Ct. San Diego, CA 92131
Phone: 800.788.2949

MedImpact.com

State of Nebraska Department of Administrative Services

SOLICITATION NUMBER	RELEASE DATE
122436 O5	June 9, 2025
OPENING DATE AND TIME	**PROCUREMENT CONTACT**
July 18, 2025 2:00 p.m. Central Time	Brook Taylor

II. TERMS AND CONDITIONS

Bidder should read the Terms and Conditions within this section and must initial either "Accept All Terms and Conditions Within Section as Written" or "Exceptions Taken to Terms and Conditions Within Section as Written" in the table below. If exception is not taken to a provision, it is deemed accepted as stated. If the bidder takes any exceptions, they must provide the following within the "Exceptions" field of the table below (Bidder may provide responses in separate attachment if multiple exceptions are taken):

1. The specific clause, including section reference, to which an exception has been taken;
2. An explanation of why the bidder took exception to the clause; and
3. Provide alternative language to the specific clause within the solicitation response.

By signing the solicitation, bidder agrees to be legally bound by all the accepted terms and conditions, and any proposed alternative terms and conditions submitted with the solicitation response. The State reserves the right to negotiate rejected or proposed alternative language. If the State and bidder fail to agree on the final Terms and Conditions, the State reserves the right to reject the solicitation response. The State reserves the right to reject solicitation responses that attempt to substitute the bidder's commercial contracts and/or documents for this solicitation.

Accept All Terms and Conditions Within Section as Written (Initial)	Exceptions Taken to Terms and Conditions Within Section as Written (Initial)	**Exceptions:** (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
	KK	Please refer to **Exhibit 3** for additional provisions required to support the PBM.
	KK	**Exception: C. Buyer's representative** The State reserves the right to appoint a Buyer's Representative to manage or assist the Buyer in managing the contract on behalf of the State. The Buyer's Representative will be appointed in writing, and the appointment document will specify the extent of the Buyer's Representative authority and responsibilities. If a Buyer's Representative is appointed, the bidder will be provided a copy of the appointment document and is expected to cooperate accordingly with the Buyer's Representative. The Buyer's Representative has no authority to bind the State to a contract, amendment, addendum, or other change or addition to the contract. If the Buyer's Representative is not an employee of the State, the State will also complete the bidder's authorization form for such appointments and the Buyer's Representative will execute a non-disclosure agreement with bidder. **Rationale:** If the Buyer's Representative is not an employee of the State, but rather a third party, MedImpact would require a NDA to be executed by the Buyer's Representative for the protection of Medimpact's trade secrets as well as signed authorization from the State conforming with Medimpact's policies to protect the State from unauthorized disclosures.
	KK	**Exception: E. Beginning of Work & Suspension of Services, paragraph 2** The State may, at any time and without advance notice, require the Vendor to suspend any or all performance or deliverables provided under this Contract. In the event of such suspension, the Contract Manager or POC, or their designee, will issue a written order to stop work. The written order will specify which activities are to be immediately suspended and the reason(s) for the

		suspension. Upon receipt of such order, the Vendor shall immediately comply with its terms and take all necessary steps to mitigate and eliminate the incurrence of costs allocable to the work affected by the order during the period of suspension. The suspended performance or deliverables may only resume when the State provides the Vendor with written notice that such performance or deliverables may resume, in whole or in part. Notwithstanding the foregoing, the State shall be responsible for payment for any services rendered up and until such suspension including but not limited to the payment of Claims incurred prior to such suspension of services. In the event of any such suspension, the guarantees provided for in this may be adjusted or voided by Bidder in order to preserve the economic benefit of the agreement. **Rationale:** In the event of a suspension the guarantees would need to be adjusted and may need to be voided in order to preserve the economic benefit of this agreement. Claims incurred prior to suspension would be required by law to be paid. The State would be responsible for the payment of those Claims.
	KK	**Exception: II G. change Orders or Substitutions** ~~The Vendor shall prepare a written description of the work required due to the change and an itemized cost sheet for the change. Changes in work and the amount of compensation to be paid to the Vendor shall be determined in accordance with applicable unit prices if any, a pro-rated value, or through negotiations. The State shall not incur a price increase for changes that should have been included in the Vendor's solicitation response, were foreseeable, or result from difficulties with or failure of the Vendor's solicitation response or performance.~~The Vendor may, from time to time, add new programs or services, or make material modifications to existing programs or Services, provided that Vendor shall give the State written notice of such new programs or services or such material modifications, and the pricing related thereto, at least thirty (30) days prior to their implementation. Such written notice shall include an opportunity for State to decline to participate in, or "opt out" of, the new or modified program or service. If State does not opt out of the new or modified program or service pursuant to the instructions in the written notice, then State shall be deemed to have accepted such new or modified program or service, and this Contract shall be deemed so modified without further writing or signature. **Rationale:** Recommend striking this section as it is not applicable to a pharmacy benefit services agreement. Recommend inserting the language provided in redline. Note: This can be changed to an opt in version if requested.
	KK	**Exception II. G. change Orders or Substitutions** No change shall be implemented by the Vendor until approved by the State, and the Contract is amended to reflect the change and associated costs, if any. If there is a dispute regarding the cost, but both parties agree that immediate implementation is necessary, or it required by law or a change in circumstance out side of the control of the parties, the change may be implemented, and cost negotiations may continue with both Parties retaining all remedies under the contract and law. Notwithstanding the above, Vendor may make changes to its Services, without notice to State, so long as such changes do not materially alter any of the provisions of this Contract.

		Rationale: MedImpact must have the ability to change its services if there is a change in law or circumstance beyond its control. An example of this would be a change in the prompt pay laws to pharmacies. It could cause a required change to the invoicing schedule that would be required to be implemented to ensure compliance by both the State and Vendor with the law. A change in Circumstance example would be if a certain class of drugs was no longer subject to rebates due to government or manufacturer action, then guarantees would have to be adjusted.
	KK	**Exception II. G. change Orders or Substitutions** In the event any ~~good or~~ service is discontinued or replaced upon mutual consent during the contract period or prior to delivery, the State reserves the right to amend the contract to include the alternate product at the same price, if available.. *****Vendor will not substitute any Service ~~item~~ that has been awarded without prior written approval of SPB***** **Rationale:** This service must be available.
	KK	**Exception: Record of Vendor Performance** The State may document the vendor's performance, which may include, but is not limited to, the customer service provided by the vendor, the ability of the vendor, the skill of the vendor, and any instance(s) of products or services delivered or performed which fail to meet the terms of the purchase order, contract, and/or specifications. In addition to other remedies and options available to the State, the State may issue one or more notices to the vendor outlining any issues the State has regarding the vendor's performance for a specific contract ("Contract Compliance Request"). The State may also document the Vendor's performance in a report, which may or may not be provided to the vendor ("Contract Non-Compliance Notice"). The Vendor shall respond to any Contract Compliance Request or Contract Non-Compliance Notice in accordance with such notice or request. At the sole discretion of the State, such Contract Compliance Requests and Contract Non-Compliance Notices may be placed in the State's records regarding the vendor and may be considered by the State and held against the vendor in any future contract or award opportunity. The record of vendor performance will be considered in any suspension or debarment action. .Any such Notice shall be sent to Vendor's Compliance email address with a copy to Senior Vice President, Corporate Services and General Counsel at Vendor's Corporate Office overnight courier. **Rationale:** This is our required notice provision language.
	KK	**Exception: J. Breach** Either Party may terminate the contract, in whole or in part, if the other Party breaches its duty to perform its obligations under the contract in a timely and proper manner. Termination requires written notice of default and a thirty (30) calendar day (or longer at the non-breaching Party's discretion considering the gravity and nature of the default) cure period. Said notice shall be delivered by ~~email, delivery receipt requested;~~ certified mail, return receipt requested; over-night courier or in person with proof of delivery. Allowing time to cure a failure or breach of contract does not waive the right to immediately terminate the contract for the same or different contract breach which may occur at a different time. The State's failure to make payment shall not be a breach, and the Vendor shall retain all available statutory remedies. Notwithstanding the above, If forty-eight (48) hours have elapsed from the time any amount due under this ~~Agreement~~Contract was due Vendor, and payment in full (including any accrued interest) has not been received at the Vendor designated bank account, then Vendor may suspend its services and system operations for State upon written notice to State provided all past due amounts (including interest) have not been cured in full within forty-eight (48) hours after receiving such a notice.

		Rationale: MedImpact does not accept notice of termination by email. It needs to be sent in accordance with our Notice provision to ensure proper handling. In writing, addressed to the CEO at the corporate office, with a copy to the Senior Vice President, Corporate Services and General Counsel at the same address. In the event that the State fails to pay Claims invoices timely, Vendor would not be able to pay the pharmacies on the State's behalf, resulting in non-compliance with law. Vendor cannot float the State's Claims fees. Therefore, Vendor must have the ability to suspend services until payment is received.
	KK	**Exception: M. Indemnification; 2. Intellectual Property** The Vendor agrees it will, at its sole cost and expense, defend, indemnify, and hold harmless the indemnified parties from and against any and all claims, to the extent such claims arise out of, result from, or are attributable to, the actual or alleged infringement or misappropriation of any patent, copyright, trade secret, trademark, or confidential information of any third party by the Vendor or its employees, Subcontractors, consultants, representatives, and agents; provided, however, the State gives the Vendor prompt notice in writing of the claim. The Vendor may not settle any infringement claim that will affect the State's use of the Licensed Software without the State's prior written consent, which consent may not be unreasonably withheld. ~~for any reason~~. **Rationale:** Consent should be mutual between the parties.
	KK	**Exception: M. Indemnification; 3. Personnel** The Parties agree that they are not Joint Employers. The Vendor shall, at its expense, indemnify and hold harmless the indemnified parties from and against any claim with respect to withholding taxes, worker's compensation, employee benefits, or any other claim, demand, liability, damage, or loss of any nature relating to any of the personnel, including subcontractor's and their employees, provided by the Vendor related to Vendor's employment practices. **Rationale:** The purpose of this change is to limit the indemnification to all wage and hour type of claims from our employees.
	KK	**Exception: N. Attorney's Fees** In the event of any litigation, appeal, or other legal action to enforce any provision of the contract, the Parties agree to pay all reasonable expenses of such action, as permitted by law and if ordered by the court, including reasonable attorney's fees and costs, if the other Party prevails. **Rationale:** MedImpact respectfully requests the word reasonable to added.
	KK	**O. Performance Bond** The Awarded Bidder will be required to supply a bond executed by a corporation authorized to contract surety in the State of Nebraska, payable to the State of Nebraska, which shall be valid for the life of the contract to include any renewal and/or extension periods. The amount of the bond must be $2 million. The bond will guarantee that the Awarded Bidder will faithfully perform all requirements, terms and conditions of the contract. Failure to comply shall be grounds for forfeiture of the bond as liquidated damages. Amount of forfeiture will be determined by the agency based on loss to the State. The bond will be returned when the contract has been satisfactorily completed as solely, in good faith, determined by the State, after termination or expiration of the contract. **Rationale:** MedImpact requests this addition as part of our partnership as this determination is determined solely by the State.
	KK	**R. Force Majeure** Except for payment obligations set forth in the ~~Agreement~~Contract, n~~N~~either Party shall be liable for any costs or damages, or for default resulting from its inability to perform any of its obligations under the contract due to a natural or manmade event outside the control and not the fault of the affected Party ("Force Majeure Event") that was not foreseeable at the time the Contract was executed. The Party so affected shall immediately make a written request for relief to the other Party and shall have the burden of proof to justify the request. The other Party may grant the relief requested; relief may not be unreasonably withheld. Labor disputes with the impacted Party's own employees will not be considered a Force Majeure Event.

		Rationale: The payment obligations need to continue in order to process Claims.
	KK	**S. Confidentiality** State shall require its advisors, consultants, and subcontractors to enter into a Vendor standard non-disclosure agreement with Vendor prior to the State's disclosure of Confidential Information to such advisors, consultants, and subcontractors. Without limiting the generality of the foregoing, State will not, and will not permit any advisors, consultants, or subcontractors to attempt to access Vendor's systems or networks connected to Vendor's systems by circumventing Vendor's system access control measures (e.g., hacking, password mining, etc.) or breach the security or authentication measures of Vendor's systems and networks. The Receiving Party shall be responsible for any failure of its employees and other individuals within such Receiving Party's organization, and its advisors, consultants, and subcontractors, to comply with the terms of this Contract. Receiving Party may make disclosures required by Law or court order provided Receiving Party has given the Disclosing Party immediate written notice of the request so that the Disclosing Party can object or otherwise intervene and provided that the Receiving Party uses diligent, reasonable efforts to limit disclosure and to obtain confidential treatment or a protective order Receiving Party acknowledges that it shall not acquire any rights or title to any Confidential Information merely by virtue of its use or access to such Confidential Information hereunder. Neither the execution of this Contract nor the furnishing of any Confidential Information hereunder shall be construed as granting the Receiving Party, either expressly, by implication, or otherwise, any license under any invention or patent now or hereafter owned by or controlled by the Disclosing Party. None of the information that may be submitted or exchanged by the parties shall constitute any representation, warranty, assurance, guarantee, or inducement by a party to the other with respect to the infringement of patents, copyrights, trademarks, trade secrets, or any other rights of third persons. **Rationale:** We request the addition language as added additional clarification on what it considers to be confidential information.
	KK	**T. Early Termination, item 2** **1.** The State, in its sole discretion, may terminate the contract after _____, in whole or in part, for any reason upon thirty (30) calendar day's' written notice shall be delivered by ~~email~~over night , courier, or ~~delivery receipt requested~~; certified mail, return receipt requested; or in person with proof of delivery to the Vendor's CEO at its corporate headquarters, with a copy to its Senior Vice President, General Counsel Corporate Services at the same address. Such termination shall not relieve the Vendor of warranty or other service obligations incurred under the terms of the contract. In the event of termination, the Vendor shall be entitled to payment, determined on a pro rata basis, for products or services satisfactorily performed or provided. **Rationale:** We request clarification on notice provision.
	KK	**T. Early Termination, item 3. i.** In the event funding is no longer available, and in such instance, the State shall continue to be liable for monies due under the Contract and for the payment of outstanding Claims. ~~.~~ **Rationale:** We request the additional language as clarification of monies owed.

III. **VENDOR DUTIES**

Bidder should read the Vendor Duties within this section and must initial either "Accept All Terms and Conditions Within Section as Written" or "Exceptions Taken to Vendor Duties Within Section as Written" in the table below. If exception is not taken to a provision, it is deemed accepted as stated. If the bidder takes any exceptions, they must provide the following within the "Exceptions" field of the table below (Bidder may provide responses in separate attachment if multiple exceptions are taken):

1. The specific clause, including section reference, to which an exception has been taken;
2. An explanation of why the bidder took exception to the clause; and
3. Provide alternative language to the specific clause within the solicitation response.

By signing the solicitation, bidder agrees to be legally bound by all the accepted terms and conditions, and any proposed alternative terms and conditions submitted with the solicitation response. The State reserves the right to negotiate rejected or proposed alternative language. If the State and bidder fail to agree on the final Terms and Conditions, the State reserves the right to reject the solicitation response. The State reserves the right to reject solicitation responses that attempt to substitute the bidder's commercial contracts and/or documents for this solicitation.

Accept All Vendor Duties Within Section as Written (Initial)	Exceptions Taken to Vendor Duties Within Section as Written (Initial)	**Exceptions:** (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
	KK	**A. Independent Vendor / Obligations** If the Vendor intends to utilize any subcontractor, the subcontractor's level of effort, tasks, and time allocation should be clearly defined in the solicitation response. The Vendor shall agree that it will not utilize any subcontractors not specifically included in its solicitation response in the performance of the contract without the prior written authorization of the State. The State agrees that its written approval of additions/changes to the subcontractor lists shall not be unreasonably withheld, conditioned or delayed. If the Vendor subcontracts any of the work, the Vendor agrees to pay any and all subcontractors in accordance with the Vendor's agreement with the respective subcontractor(s). The State reserves the right to ~~require~~ request the Vendor to reassign or remove from the project any Vendor or subcontractor employee. **Rationale:** We request mutual agreement related to the use of subcontractors.
	KK	**E. Cooperation with Other Vendors** Vendor may be required to work with or in close proximity to other Vendors or individuals that may be working on same or different projects. The Vendor shall agree to cooperate with such other Vendors or individuals and shall not commit or permit any act which may interfere with the performance of work by any other Vendor or individual. Vendor is not required to compromise Vendor's intellectual property or proprietary information unless expressly required to do so by this contract. The parties agree that Vendor is the exclusive provider for the Services awarded under this contract. **Rationale:** MedImpact requests exclusivity of PBM services.
	KK	**I. Ownership of Information and Data/Deliverables** ~~The State shall have the unlimited right to publish, duplicate, use, and disclose all information and data developed or obtained by the Vendor on behalf of the State pursuant to this contract.~~ ~~The State shall own and hold exclusive title to any deliverable developed as a result of this contract. Vendor shall have no ownership interest or title, and shall not patent, license, or copyright, duplicate, transfer, sell, or exchange, the design, specifications, concept, or deliverable.~~ Vendor Proprietary Software and Information . State acknowledges that Vendor owns, licenses, or otherwise holds the rights to the entire proprietary software system used by Vendor in processing Claims and preparing reports, including, without limitation, computer programs and applications, system and

		program documentation, and other documentation relating thereto (collectively the "MedImpact Software System"), and the MedImpact Software System is the exclusive and sole property of Vendor. State further acknowledges that Vendor owns, licenses, or otherwise holds all rights to its programs, reports, MAC Lists, pricing schedules, Formularies, and other services provided to State under this Contract (collectively "MedImpact Business Information"), and the MedImpact Business Information is the exclusive and sole property of Vendor. Vendor grants State (and State's third-party vendors, if applicable, in accordance with Section 5.3) a limited, non-exclusive, non-transferable license to MedImpact Software System applications, as applicable to State. Vendor retains all license rights not expressly granted by this license grant. State disclaims any rights to the MedImpact Software System (including access to any applicable source codes), the MedImpact Business Information, and any resultant reports, procedures, or forms developed by Vendor, any development or modification of the MedImpact Software System and/or MedImpact Business Information as a result of any customization performed by any party, as well as any program, report, Vendor Formulary, or service provided hereunder, all of which shall be the property of Vendor and are protected by copyright which shall be owned by Vendor. In addition, State acknowledges and agrees that use of the MedImpact Software System is subject to the respective terms of use, disclaimer, and privacy policy and State hereby agrees with those terms and conditions prior to using the MedImpact Software System. If a conflict exists between terms and conditions of this Contract and terms and conditions of another agreement between State and Vendor specific to a particular MedImpact Software System application, the specific term or condition in the other agreement that is in conflict with this Contract shall supersede and control as it relates to the particular software or application. Vendor may provide hyperlinks to other websites for the convenience of State. State understands and agrees that by clicking on the links they will be taken to websites that may not be owned or operated by Vendor and are subject to the terms of use of those respective sites. When using the MedImpact Software System, these hyperlinks and related sites are for informational purposes only and should not be solely relied on when using the MedImpact Software System. Vendor may, in its sole discretion, make changes to the MedImpact Software System including adding or removing software applications or reports provided through the MedImpact Software System. State acknowledges and agrees that Vendor may, in its sole discretion, eliminate or remove certain reports, software application, or MedImpact Software System components. In the event Vendor removes, eliminates, or discontinues a report, software application, or component from the MedImpact Software System, Vendor will provide State ninety (90) days prior written notice of such change. Vendor will provide State information about Vendor alternatives to replace the removed report, software application, or component, if available. Notwithstanding anything in this Contract to the contrary, the parties acknowledge that in the event of any breach or threatened breach of this Section, any remedy at law is inadequate and Vendor will suffer irreparable injury if such conduct is not prohibited, and therefore Vendor is entitled, among other rights and remedies, to injunctive relief, enjoining or restraining such breach or threatened breach. The parties further agree that the existence of this remedy will not preclude Vendor from seeking or receiving other relief. In no event will State have the right to access the MedImpact Software System and/or MedImpact Business Information after termination of this Contract. **Rationale:** Vendor is not developing software for the State. In the event that the State requests the development of software specifically for the State, the Vendor would be happy to engage in additional negotiations with the State regarding the terms and conditions of such development. Vendor is providing a limited license to the State with this contract and such language has been added.

<table>
<tr><td></td><td>KK</td><td>J. Insurance Requirements
~~Notwithstanding any other clause in this Contract, the State may recover up to the liability limits of the insurance policies required herein.~~
Rationale: MedImpact does not agree to this clause.</td></tr>
<tr><td></td><td>KK</td><td>J. INSURANCE REQUIREMENTS
<table><tr><td colspan="2">UMBRELLA/EXCESS LIABILITY</td></tr><tr><td>Over Primary Insurance</td><td>$5,000,000 per occurrence</td></tr><tr><td colspan="2">~~Professional Liability~~</td></tr><tr><td>~~Professional liability (Medical Malpractice)~~</td><td rowspan="2">~~$10,000,000 per occurrence~~
~~$20,000,000 Aggregate~~</td></tr><tr><td>Qualification Under Nebraska Excess Fund</td></tr><tr><td>All Other Professional Liability (Errors & Omissions)</td><td>$1,000,000 Per Claim / Aggregate</td></tr><tr><td></td><td></td></tr></table>Rationale: Medical malpractice is not applicable to the PBM.</td></tr>
<tr><td></td><td>KK</td><td>R. Warranty
Despite any clause to the contrary, the Vendor represents and warrants that its services hereunder shall be performed by competent personnel and shall be of professional quality consistent with generally accepted industry standards for the performance of such services and shall comply in all material respects with the requirements of this Agreement. ~~For any breach of this warranty, the Vendor shall, for a period of ninety (90) days from performance of the service, perform the services again, at no cost to the State, or if Vendor is unable to perform the services as warranted, Vendor shall reimburse the State all fees paid to Vendor for the unsatisfactory services.~~ The rights and remedies of the parties under this warranty are in addition to any other rights and remedies of the parties provided by law or equity, including, without limitation actual damages, and, as applicable and awarded under the law, to a prevailing party, reasonable attorneys' fees and costs.
Rationale: This provision is unclear. In the event that a service is not performed to the satisfaction of the State, Vendor will meet with the State to resolve the issue. This clause implies the State may be entitled to 3 months of service at no charge.</td></tr>
</table>

IV. PAYMENT

Bidder should read the Payment clauses within this section and must initial either “Accept All Terms and Conditions Within Section as Written” or “Exceptions Taken to Payment clauses Within Section as Written” in the table below. If exception is not taken to a provision, it is deemed accepted as stated. If the bidder takes any exceptions, they must provide the following within the “Exceptions” field of the table below (Bidder may provide responses in separate attachment if multiple exceptions are taken):

1. The specific clause, including section reference, to which an exception has been taken;
2. An explanation of why the bidder took exception to the clause; and
3. Provide alternative language to the specific clause within the solicitation response.

By signing the solicitation, bidder agrees to be legally bound by all the accepted terms and conditions, and any proposed alternative terms and conditions submitted with the solicitation response. The State reserves the right to negotiate rejected or proposed alternative language. If the State and bidder fail to agree on the final Terms and Conditions, the State reserves the right to reject the solicitation response. The State reserves the right to reject solicitation responses that attempt to substitute the bidder’s commercial contracts and/or documents for this solicitation.

Accept All Payment Clauses Within Section as Written (Initial)	**Exceptions Taken to Payment Clauses Within Section as Written (Initial)**	**Exceptions:** (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
	KK	**C. Invoices** MedImpact agrees understanding that, per response to bidder questions. Claims payment will be made within 3 business days of receipt of weekly invoice.

SERVICE AGREEMENT

between

CLIENT

and

MEDIMPACT HEALTHCARE SYSTEMS, INC.

SAMPLE DOCUMENT ONLY
DO NOT USE FOR REDLINES

THIS SAMPLE DOES NOT INCLUDE PRICING

MedImpact Healthcare Systems, Inc.
10181 Scripps Gateway Court
San Diego, CA 92131
(858) 566-2727

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This document is **CONFIDENTIAL AND PROPRIETARY** to MedImpact and may not be reproduced, transmitted, published, or disclosed to others without the prior written authorization of MedImpact.

This Service Agreement ("Agreement") is entered into between MedImpact Healthcare Systems, Inc., a California corporation located at 10181 Scripps Gateway Court, San Diego, CA 92131 ("MedImpact"), and _____ located at ____ ("Client"), effective as of the Effective Date.

WHEREAS, Client provides one or more plans or programs under which eligible individuals receive certain prescription drugs and healthcare related products and services or has contracted to process or participate in providing services to plans or programs that offer such healthcare products and services;

WHEREAS, MedImpact offers certain prescription drug benefit management and administration services;

WHEREAS, Client and MedImpact desire MedImpact to provide prescription drug benefit management and administration services as described in this Agreement under the terms and conditions set forth herein.

NOW THEREFORE, in consideration of the mutual promises and agreement herein contained, Client and MedImpact hereby agree as follows:

ARTICLE 1 – DEFINITIONS

1.1 Defined Terms. Unless otherwise defined in this Agreement or any addendum or amendment hereto, capitalized terms used in this Agreement (and its exhibits hereto) shall have the meanings specified in Exhibit A.

ARTICLE 2 – CLIENT OBLIGATIONS

2.1 Implementation Forms. Client will cooperate with MedImpact in completing implementation form(s), which contain Client information related to benefit structure, system requirements, operational requirements, services selected, and/or other information required by MedImpact with respect to Services to be provided hereunder. Client shall promptly review and confirm that the information on the implementation form(s) is accurate and complete and notify MedImpact in writing of any errors and/or inaccuracies on the implementation form(s) within the earlier of thirty (30) days from receipt of the implementation form or ten (10) days prior to the Implementation Date, otherwise all information contained therein will be deemed accurate, complete, and acceptable to Client, and MedImpact shall have the right to rely on all such information contained in the implementation form(s). Failure of Client to sign the implementation form confirming its accuracy does not alter MedImpact's right to rely on the information contained therein and does not relieve Client of its responsibility for notifying MedImpact in writing of any errors or inaccuracies in the implementation form(s).

2.2 Provision of Required Information. Throughout the Term of this Agreement, Client shall provide to MedImpact information in a format and at a frequency required by MedImpact for MedImpact to perform the Services, including but not limited to, regular and timely Eligible Member Lists, Benefit Plan Information, and medical claims data file feeds. Client shall be solely responsible for ensuring the accuracy and completeness of its Eligible Members List and Benefit Plan Information provided to MedImpact and shall be obligated to pay for Claims accepted by MedImpact based on that information. Retroactive modification of the Eligible Members List and/or Benefit Plan Information will not relieve Client of liability for those Claims processed prior to such modifications being implemented in MedImpact systems.

2.3 Reliance on Client Information. Client acknowledges and agrees that MedImpact shall have the right to rely on the information and instructions provided by Client in connection with this Agreement and the Services provided hereunder. Failure of Client to timely provide the required information under

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Sections 2.1 and 2.2 in a format acceptable to MedImpact may result in postponement of the scheduled Implementation Date (or change date for updated information). Client acknowledges and agrees that MedImpact may provide Participating Pharmacies and/or subcontractors with access to Eligible Member List information, Benefit Plan Information, and Claims data, and that MedImpact and the Participating Pharmacies and/or subcontractors are entitled to rely on the accuracy and completeness of the information provided by Client, whether provided electronically, manually, or otherwise. Further, MedImpact shall have the right to rely on instructions from Client in connection with the provision of Services hereunder. This does not give Client the right to impose requirements on MedImpact beyond those specified in this Agreement.

2.4 Eligible Member ID Cards. All ID Cards shall include information necessary for proper prescription drug claims adjudication following then current NCPDP standards and MedImpact requirements, including identification of MedImpact's pharmacy network logo or other method acceptable to MedImpact of identifying MedImpact as the contracted prescription benefits manager.

2.5 Modifications/Approvals of Communications. Client shall not modify any of the content of any communication prepared by MedImpact for Client, Participating Pharmacies, Eligible Members, physicians, or other third parties without the prior written approval of MedImpact. Further, Client shall not alter, remove, or impair any copyright, trademark, and/or similar notices on any communication prepared by MedImpact. All external communications prepared by Client regarding MedImpact must be approved by MedImpact in writing prior to distribution.

2.6 Review of Reports, Statements, and Other Materials. Upon Client's or its designee's(s') receipt of reports (including but not limited to all pharmacy network guarantee reports, Rebate reports, and quarterly and annual Performance Guarantee reports, etc., as applicable), Statements, and other materials (including but not limited to all service requests (SRs), benefit change requests (BCRs), pharmacy operations change requests, acceptance tests, statements of work (SOWs), etc., as applicable), Client shall be responsible for promptly reviewing and confirming that the reports, Statements, and other materials are accurate and complete and for promptly notifying MedImpact in writing of any errors or objections to such reports, Statements, and/or other materials. Unless Client notifies MedImpact in writing of any errors or objections within ninety (90) days from receipt of such report, Statement, and/or other materials, all the information contained therein will be deemed accurate, complete, and acceptable to Client.

2.7 Non-Routine Inquiries. Client shall promptly notify MedImpact in writing in accordance with Section 12.12 of this Agreement about all non-routine inquiries by Government Agencies (including insurance departments and other regulatory bodies), attorneys, Eligible Members, and/or others regarding this Agreement or Services provided hereunder. Any response to such inquiries by Client is subject to the confidentiality provisions contained in Article 8 of this Agreement.

2.8 Client-Contracted Participating Pharmacies. Client shall provide MedImpact a list of its Client-Contracted Participating Pharmacies as set forth in Exhibit H, attached hereto and incorporated into this Agreement by reference. Additionally, Client shall provide MedImpact the pharmacy network and pricing information for its Client-Contracted Participating Pharmacies. MedImpact will add such Client-Contracted Participating Pharmacies, at the rates specified by Client, to Client's Participating Pharmacy network(s). Client shall timely notify MedImpact in writing of any updates to the list of Client-Contracted Participating Pharmacies or pricing information, and the parties agree that Exhibit H shall be deemed so modified without further writing or signature. MedImpact will then add or delete such Client-Contracted Participating Pharmacies, as applicable, to/from Client's Participating Pharmacy network, or implement any rate changes, in the MedImpact online claims adjudication system promptly thereafter. Client will

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require its Client-Contracted Participating Pharmacies to provide Covered Benefits to Eligible Members in accordance with the Benefit Plan. Other than adjudicating Claims and issuing payment to Client-Contracted Participating Pharmacies, MedImpact shall have no further obligations with regard to Client-Contracted Participating Pharmacies (e.g., MedImpact shall have no obligation to credential or audit Client-Contracted Participating Pharmacies).

2.8.1 Client Indemnification for Client-Contracted Participating Pharmacies. Client shall indemnify MedImpact and its shareholders, officers, directors, employees, and agents, and its successors, representatives, and assigns thereof, and hold them harmless for, from, and against, any and all liability, loss, damage, settlement, claim, injury, demand, judgment, and expense, including attorneys' fees, arising directly or indirectly from Client's failure to act in accordance with its agreements with Client-Contracted Participating Pharmacies, including providing MedImpact with inaccurate or incomplete information that MedImpact relies on, and any dispute between Client and Client-Contracted Participating Pharmacies, where such dispute does not involve the negligent acts or omissions of MedImpact (i.e., failure to promptly pay, through no fault of Client).

2.8.2 Client-Contracted Participating Pharmacy Transaction Fees. Client acknowledges and agrees that pharmacy transaction charges shall be collected from Client-Contracted Participating Pharmacies in accordance with Exhibit B-4, Section 5 ("Transaction Fees"). However, if Client rather than MedImpact issues payment to Client-Contracted Participating Pharmacies and MedImpact is therefore not able to deduct such transaction and/or service fees, the transaction and/or service fees shall be billed and payable by Client in accordance with Article 4 of this Agreement.

ARTICLE 3 – MEDIMPACT OBLIGATIONS

3.1 Provision of Services to Client.

3.1.1 MedImpact shall provide to Client the services set forth in Exhibit B-1, and the services described in any attachment, addendum, work order, or amendment (including letter amendments) to this Agreement, all of which are incorporated by reference into this Agreement ("Services"). The Services shall be subject to Section 12.1 set forth herein.

3.1.2 MedImpact may make changes to its Services without notice to Client, so long as such changes do not materially alter any of the provisions of this Agreement.

3.1.3 MedImpact may, from time to time, add new programs or services, or make material modifications to existing programs or Services, provided that MedImpact shall give Client written notice of such new programs or services or such material modifications, and the pricing related thereto, at least thirty (30) days prior to their implementation. Such written notice shall include an opportunity for Client to decline to participate in, or "opt out" of, the new or modified program or service. If Client does not opt out of the new or modified program or service pursuant to the instructions in the written notice, then Client shall be deemed to have accepted such new or modified program or service, and this Agreement shall be deemed so modified without further writing or signature.

3.2 Performance Guarantees. MedImpact agrees to provide certain services under this Agreement consistent with the performance guarantees outlined in Exhibit E ("Performance Guarantees"), attached hereto and incorporated herein as referenced. The Performance Guarantee amounts specified in Exhibit E shall be Client's exclusive remedy for MedImpact's failure to meet such Performance Guarantees.

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ARTICLE 4 – COMPENSATION AND PAYMENT

4.1 Fees. In consideration of the Services provided by MedImpact, Client will pay the Claim amounts, Claims Processing Fees, fees set forth in Exhibit B, Taxes, and any other applicable charge or fee pursuant to the terms set forth in Section 4.2 and Exhibit B, or listed elsewhere in this Agreement or in a corresponding attachment, addendum, work order, or amendment (including letter amendments) to this Agreement, all of which are incorporated by reference into this Agreement (collectively "Fees").

4.2 Payment to MedImpact. MedImpact shall provide Client with statements (each a "Statement") for Fees on a weekly plus end of the month basis. Annual, quarterly, or monthly Fees may be billed in advance, and any new or changed Fees that are based on Claim count will go into effect as of the next Statement cycle after the effective date of the new or changed Fees. Upon receipt of each Statement, Client shall wire the full amount of Claim Fees included in the Statement within three (3) Business Days to the bank account(s) designated by MedImpact. Client shall wire the full amount of Claims Processing Fees within forty-five (45) Calendar Days to the bank account(s) designated by MedImpact. Alternatively, Client may authorize MedImpact to make electronic fund transfers from Client's designated account after executing MedImpact's Electronic Fund Transfer Agreement. If this payment method is selected by Client, the full Statement amount will be withdrawn three (3) Business Days prior to each Statement due date. In the event Client has questions regarding any amounts included on the Statement, it still shall be obligated to pay the full amount of the Fees due on the Statement within the time period set forth herein, and then the parties shall work together in good faith to resolve any such questions.

4.3 Prompt Pay and Other Deposits. In the event any Law requires payment of Claims (whether paper or electronic) to pharmacies and/or Eligible Members in less than thirty (30) days, then MedImpact may, in its sole discretion, require a deposit reasonably sufficient to cover such payments. Client will provide MedImpact with the deposit(s) required under this Agreement within seven (7) days of such request, which MedImpact may retain until termination of this Agreement and/or use to make payments due pursuant to this Agreement or prompt payment Laws. Upon termination of this Agreement such deposit shall be reduced by any offsets for payment defaults, interest, and collection costs, and thereafter will be returned, without interest, to Client within one hundred eighty (180) days following the later of termination of this Agreement or cessation of Services.

4.4 Failure of Client to Pay Timely. In the event Client fails to pay any amount due under this Agreement as set forth herein, in addition to all other rights and remedies under this Agreement and at law and in equity, MedImpact shall have the following rights and remedies:

4.4.1 Interest and Other Charges. Should Client fail to pay any amount due under this Agreement within the time frame set forth herein, Client shall be subject to interest charged on all amounts due at an amount equal to one and one-half percent (1.5%) per month, to accrue on a daily basis on any unpaid balances Client shall also reimburse MedImpact for any late prompt-pay or other penalties assessed by any regulatory body that are caused by Client's failure to pay MedImpact timely. In addition, Client shall be responsible for all costs of collection and agrees to reimburse MedImpact for such costs and expenses, including reasonable attorneys' fees.

4.4.2 Offsets. In the event of any uncured payment default, Client authorizes MedImpact to offset the amount of such payment defaults, interest, and collection costs against any Client related amounts otherwise payable to Client (including, without limitation, any Rebate amounts or Client's deposit, if any).

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4.4.3 Status of Payments to Participating Pharmacies and Eligible Members. MedImpact is not required to render payments to Participating Pharmacies or Eligible Members for Claims unless and until MedImpact has received payment for the Claims from Client. In the event MedImpact renders Claims payments to Participating Pharmacies and/or Eligible Members prior to receipt of Claims payment from Client, such payments shall not constitute a waiver of any of MedImpact's remedies with respect to non-payment and shall not establish a course of dealing between MedImpact and Client.

4.5 Client Insolvency. In the event that Client makes an assignment for the benefit of creditors, files a voluntary or involuntary petition in bankruptcy, is adjudicated insolvent or bankrupt, or a receiver or trustee is appointed, MedImpact shall have the right, but not the obligation, to participate in such proceedings on its own behalf and/or on behalf of Participating Pharmacies. All Fees for Services rendered during the pendency of any such event shall continue to accrue and be payable by Client. MedImpact shall also be entitled to any reasonable costs and fees (including attorneys' fees) incurred by MedImpact in any such proceedings. All such amounts shall become immediately due and owing by Client upon notification from MedImpact. Notwithstanding the foregoing or any participation by MedImpact in an insolvency proceeding, Client shall retain all liability for payment of Fees, including Claims, and MedImpact shall have no liability, whatsoever, to any pharmacy, Eligible Member, governmental entity, or any other party to an insolvency for amounts owed to pharmacies, Eligible Members, governmental entities, or for Rebates.

4.6 Sales and Use Taxes. Any applicable sales, use, excise, or other similarly assessed and/or administered tax, surcharge, and/or similar fees ("Tax(es)") (i) imposed on MedImpact, its affiliates, and/or a Participating Pharmacy by a governmental authority based upon the provision of Covered Benefits or other Services hereunder and/or (ii) which MedImpact or one of its affiliates may incur or be required to pay arising from or relating to MedImpact's or its affiliates' performance of Services as a pharmacy benefit manager, third-party administrator, or otherwise, in any jurisdiction, will be the sole responsibility of Client. Such Tax amounts may be included on Statements provided to Client, which Client shall pay in accordance with Section 4.2 above. Otherwise, Taxes shall be paid by Client within thirty (30) days of receipt of notice from MedImpact of such Tax amounts due. In no event shall MedImpact be liable for any such Taxes or the determination or calculation thereof.

4.7 Not Plan Assets. Client acknowledges and agrees that Client, Benefit Plans, and Eligible Members do not have a property interest in any amounts paid to and/or retained by MedImpact under or in connection with this Agreement and no such amounts are assets of the Client, Benefit Plans, and/or Eligible Members.

ARTICLE 5 – RECORDS MAINTENANCE, USE, ACCESS

5.1 Maintenance of Records. MedImpact shall maintain documentation of all Claims processed for six (6) years, or such longer period as required by applicable Law, from the date of the Claim. Such documentation shall be in a format and media deemed appropriate by MedImpact.

5.2 Use of Information. MedImpact may de-identify, use, reproduce, or adapt all information and data provided by Client or Client's third-party vendors in connection with this Agreement, including, without limitation, Claims data information, medical data that contains Eligible Member "medical information" (which includes, but is not limited to: (i) medical, diagnostic, laboratory and specialty data and/or claims; (ii) general medical information; (iii) diagnostic laboratory data and values; and (iv) specialty drug information), and eligibility information, to render services to its clients and to develop new products and services which may be outside the scope of this Agreement, provided it maintains the confidentiality of this information to the extent required by applicable Law, including, without limitation, the applicable provisions of HIPAA/HITECH, and may not use the information as prohibited by Law.

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5.3 Third-party Data Access. Client acknowledges and agrees that MedImpact may provide Client's third-party vendors with access to Client Claims and other information (e.g., via access to MedAccess® or secure email file submissions) upon Client's request or direction. MedImpact shall require such third-party vendors of Client to execute a non-disclosure/confidentiality and/or license agreement prior to providing such data access. Client acknowledges and agrees that MedImpact will not share either party's confidential information with Client's third-party vendors until such non-disclosure/confidentiality and/or license agreement is executed. Client represents and warrants that it shall have and maintain a business associate agreement and confidentiality agreement in connection herewith with such third-party vendors.

5.4 Open Records Requests. Client agrees to give MedImpact notice and the minimum statutory or regulatory period of time to oppose or request redactions or limitations on any disclosures under a third-party freedom of information or open records request pertaining to this Agreement and/or any proposals related hereto.

5.5 Right to Audit Claims and Business Records.

5.5.1 By Client. Client may inspect and audit, or cause to be inspected and audited, MedImpact in accordance with the Audit Protocols set forth in Exhibit D attached hereto and incorporated into this Agreement by reference.

5.5.2 By MedImpact. During the Term of this Agreement and for one (1) year thereafter, MedImpact may inspect and audit, or cause to be inspected and audited, once annually, the books and records of Client directly relating to this Agreement, including, without limitation, the existence and number of Eligible Members.

5.5.3 By Government Agencies. MedImpact will allow Government Agencies to audit Services provided hereunder as and to the extent required by Law. Client shall provide MedImpact prompt written notice upon learning that any such regulatory audit is to occur. With such notice, Client shall provide MedImpact with a copy of the Government Agency's audit request (portions not relevant to MedImpact may be redacted).

ARTICLE 6 – INDEMNIFICATION AND LIMITATION OF LIABILITY

6.1 Indemnity by Client. Client shall indemnify and hold MedImpact, and its officers, directors, shareholders, employees, successors, agents, and assigns ("MedImpact Indemnitees"), harmless from and against any third-party (i) claims, (ii) liabilities, (iii) damages, (iv) judgments, or (v) other losses (including attorneys' fees) imposed upon or incurred by MedImpact Indemnitees arising out of or as a result of any intentional acts or gross negligence of Client, or its officers, directors, employees, or other agents in connection with the performance of any of their respective obligations under this Agreement, including, without limitation, (a) the provision of inaccurate, untimely, incomplete, and/or false information (including but not limited to implementation forms, Eligible Member Lists, and Benefit Plan Information); and/or (b) MedImpact's reliance on Client instructions in providing Services hereunder.

6.2 Indemnity by MedImpact. MedImpact shall indemnify and hold Client, and its officers, directors, shareholders, employees, successors, agents, and assigns ("Client Indemnitees"), harmless from and against any third-party (i) claims, (ii) liabilities, (iii) damages, (iv) judgments, or (v) other losses (including attorneys' fees) imposed upon or incurred by Client Indemnitees arising out of or as a result of any intentional acts or gross negligence of MedImpact, or its officers, directors, employees, or other agents, in connection with the performance of any of their respective obligations under this Agreement.

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SAMPLE

6.3 Database Limitation. MedImpact relies on Medi-Span, First Databank, and/or other industry comparable databases in providing Client with claims adjudication, drug utilization review, and other Services under this Agreement. The data available from MedImpact through such databases and the Services provided hereunder are limited by the amount, type, and accuracy of information made available to MedImpact by the databases, Client, Participating Pharmacies, Eligible Members, and prescribers. MedImpact has no obligation to acquire information about an Eligible Member beyond that provided as part of the Eligible Members List and Claims information submitted by Participating Pharmacies. MedImpact does not warrant the accuracy of reports, alerts, codes, prices, or other data contained in such databases. The clinical information contained in these databases and the Formulary is intended as a supplement to, and not a substitute for, the knowledge, expertise, skill, and judgment of physicians, pharmacists, and/or other healthcare professionals involved in Eligible Members' care. The absence of a warning for a given drug or drug combination shall not be construed to indicate that the drug or drug combination is safe, appropriate, or effective for any Eligible Member. EXCEPT AS EXPRESSLY WARRANTED IN THIS AGREEMENT, MEDIMPACT DISCLAIMS ALL EXPRESS AND IMPLIED WARRANTIES OF ANY KIND, INCLUDING THE SUITABILITY FOR ANY PARTICULAR PURPOSE OF THE DATA GENERATED THROUGH THE MEDIMPACT SOFTWARE SYSTEM.

6.4 Limitation of Liability. IN NO EVENT SHALL EITHER PARTY OR ANY AFFILIATE OF EITHER PARTY BE LIABLE FOR ANY INDIRECT, SPECIAL, OR CONSEQUENTIAL DAMAGES OR LOST PROFITS, ARISING OUT OF OR RELATED TO ITS PERFORMANCE UNDER THIS AGREEMENT OR BREACH HEREOF, EVEN IF A PARTY HAS BEEN ADVISED OF THE POSSIBILITY THEREOF. MEDIMPACT'S LIABILITY TO CLIENT OR ANY AFFILIATE OF CLIENT UNDER THIS AGREEMENT, IF ANY, SHALL IN NO EVENT EXCEED THE TOTAL CLAIMS PROCESSING FEES PAID TO MEDIMPACT BY CLIENT FOR THE TWELVE (12) MONTHS PRIOR TO THE DATE THE CLAIM IS ASSERTED. Further, neither MedImpact nor any affiliate of MedImpact will be liable for any claim asserted by Client more than thirty (30) days after Client is or reasonably should have been aware of such claim. In addition, in no event will MedImpact or any affiliate of MedImpact be liable for any claim asserted by Client more than twelve (12) months after the event giving rise to the claim.

ARTICLE 7 - DISPUTE RESOLUTION PROCEDURE

7.1. Arbitration. Any and all disputes, controversies, or claims and/or counterclaims (including without limitation tort claims, requests for provisional remedies or other interim relief, and issues as to arbitrability of any matter) arising out of, in connection with, or relating to this Agreement, or the breach thereof, that cannot be settled through negotiation by the parties shall be settled by arbitration. Either party may commence an action for arbitration to be administered by JAMS pursuant to its Comprehensive Arbitration Rules and Procedures and pursuant to the California Arbitration Act. The parties agree that the Expedited Procedures set forth in JAMS Comprehensive Rules 16.1 and 16.2 shall be employed. Absent a showing of compelling need, there shall be no discovery, including electronic discovery, afforded to either party; provided, however, at least thirty (30) days prior to the hearing, each party shall provide the arbitrator and the other party all documents such party intends to use at the hearing and a list of the witnesses they intend to offer, along with a description of the subject matter of their testimony. In the event of requests for electronic discovery, the arbitrator shall either deny such requests or order disclosure on condition that the requesting party advance the reasonable cost of production to the other side. The arbitration shall be held in San Diego, California before a single arbitrator and commence within ninety (90) days of the appointment of the arbitrator by JAMS. The expenses of the arbitration, including reasonable attorney's fees, will be paid for by the party against whom the award of the arbitrator is rendered, and the arbitrator will be

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authorized to determine the identity of the party against whom the award of the arbitrator is rendered. Arbitration provisions of this Section 7 shall be the sole and exclusive method of handling any and all disputes; provided, however, that neither party shall be precluded from seeking or receiving injunctive relief.

ARTICLE 8 - CONFIDENTIALITY

8.1 Confidential Information. The term "Confidential Information" (whether oral or written), means information of a confidential or proprietary nature relating to the subject matter described in this Agreement which is taken from or disclosed by one party (the "Disclosing Party") by or to the other (the "Receiving Party"), whether prepared by a party, its advisors, or otherwise, and whether furnished prior to or after the Effective Date. Without limiting the generality of the foregoing, for avoidance of doubt, MedImpact's Confidential Information includes this Agreement, MedImpact's reporting and other web-based and computer applications and systems (including but not limited to MedAccess®), adjudication systems, system formats, and databanks; MedImpact's Formulary, along with clinical and formulary management operations and programs; policies and procedures, information and contracts relating to Rebates and other manufacturer revenue; pricing information, including MAC Lists and pricing schedules, and MedImpact's contracts with Participating Pharmacies. Confidential Information shall not include information which, as evidenced in writing: (a) is or becomes publicly available or otherwise in the public domain through no breach of this Agreement; or (b) is learned by the Receiving Party from a third-party expressly entitled to disclose it.

8.2 Treatment of Confidential Information. The Receiving Party agrees to hold the Disclosing Party's Confidential Information in strict confidence and to take reasonable precautions to protect such Confidential Information (including, without limitation, marking such information as confidential and proprietary and using all precautions Receiving Party employs with respect to its own Confidential Information). The Receiving Party shall only permit access and use of any Confidential Information to its employees and other individuals within the Receiving Party's organization, including its advisors, consultants, and subcontractors who need to use the information to perform such Receiving Party's obligations under this Agreement, who have been informed of the confidential and proprietary nature of the Confidential Information, and have been directed to treat the Confidential Information in accordance with the terms of this Agreement. The Receiving Party further agrees not to disclose any Confidential Information to any third party, not to use, analyze, transcribe, transmit, decompile, disassemble, or reverse engineer any Confidential Information unless required in the performance of the Receiving Party's duties under this Agreement, not to use any Confidential Information for its own or any third party's benefit unless authorized by this Agreement or by the Disclosing Party in writing, and not to alter or remove any legend, marking, or notice provided by the Disclosing Party on its Confidential Information regarding the confidential and proprietary nature of such information. Notwithstanding the foregoing, any disclosure of Rebate contract terms and data permitted hereunder must be subject to a protective order.

8.3 Remedies. Each party agrees that any disclosure or use of Confidential Information in violation of this Article 8 would cause immediate and irreparable injury or loss that may not be adequately compensated by monetary damages. Therefore, in the event of any breach or threatened breach of this Article 8, each party shall be entitled to injunctive relief and specific performance, enjoining or restraining such breach or threatened breach, in addition to all other remedies available at Law or in equity.

ARTICLE 9 – COMPLIANCE

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9.1 Compliance with Law. Each party will comply with all Laws applicable to it related to its obligations hereunder. MedImpact shall have no obligation to advise Client about Client's compliance with any applicable Law, including, without limitation, HIPAA/HITECH, ERISA, ACA, ADA, and state Laws applicable to insurers and/or benefit plans. Without limiting the generality of the foregoing, Client has obtained, or will obtain, all Eligible Member authorizations required by Law for MedImpact to perform the Services provided for in this Agreement or in any amendment or addendum hereto, as well as for MedImpact to contact Eligible Members, their physicians, and Participating Pharmacies in order to perform any of the activities contemplated by this Agreement. Client will disclose to Eligible Members and others as required by Law, any and all matters that are required by Law to be disclosed by Client as applicable, including matters relating to the Benefit Plan or the Services provided hereunder; information relating to the calculation of Copayments or any other amounts that are payable by an Eligible Member in connection with the Benefit Plan; information about Rebates or other discounts on pharmaceutical products, irrespective of whether Client retains or allows MedImpact or others to retain all or a portion of any Rebates or discounts; and information about commissions, revenue sharing, fees, allowances, incentives, adjustments, discounts, and/or spread based pricing, as applicable. If this Agreement, or any part hereof, is found not to be in compliance with applicable Law, then the parties shall renegotiate this Agreement for the sole purpose of correcting the non-compliance.

9.2 HIPAA/HITECH Compliance. MedImpact is not a "Covered Entity" under HIPAA/HITECH. For the purposes of this Agreement, MedImpact is deemed to be a "Business Associate" of Client as such term is defined in the Privacy Standard of the Federal Register, published on December 28, 2000, and the parties have entered into the Business Associate Agreement set forth in Exhibit C attached hereto and incorporated into this Agreement by reference.

9.3 Change in Law or Practice. If there is an amendment, addition, deletion, or other change, or change in interpretation thereof, in Laws, or any government, judicial, or legal action, or any drug industry practice, or any policy, underwriting, benefit change, or management practice of a regulatory body, accreditation agency, or Client that, among other things, materially burdens MedImpact or materially alters MedImpact's rights and/or obligations hereunder, requires MedImpact to increase or decrease payments or shorten payment times to Participating Pharmacies, or materially changes the scope of services hereunder ("Change in Law"), then there shall be an appropriate modification of the services, reimbursement rates and/or Dispensing Fees, Claims Processing Fees, other administrative fees, Rebates, and/or financial guarantees, as applicable to this Agreement, hereunder to preserve each party's anticipated economic benefits under this Agreement.

9.4 Escheatment/Unclaimed Property. Client, as the "holder" (as defined under unclaimed property Laws) of uncashed checks made out to Eligible Members for DMR Claims, shall be responsible for any required due diligence activities and escheating such amounts to the applicable states. As such, MedImpact will provide Client with reports, in MedImpact's standard format, containing sufficient information to allow Client to perform the escheatment activities as required under each state's respective unclaimed property Laws related to these uncashed DMR checks. Such reports will be provided to Client twice a year on or about January 31st and July 31st for such DMR checks that have remained uncashed for at least six (6) months post issuance. In addition, MedImpact will remit a check to Client in an amount equal to the aggregate amount as reflected in each such report and MedImpact shall have no further obligations related to any due diligence or escheatment requirements for such DMR Claim payments.

9.5 Compliance with Regulatory Requirements. The parties acknowledge and agree that with respect to certain lines of business and/or types of plans, programs, and/or products, additional and/or different regulatory provisions may be required under this Agreement. The parties agree to those additional and/or

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different regulatory provisions applicable hereunder as set forth in Exhibit G. In the event of a conflict between the applicable regulatory requirements contained in Exhibit G and the remainder of this Agreement, the applicable provisions of the regulatory requirements contained in Exhibit G shall control if and to the extent required by Law.

ARTICLE 10 – RELATIONSHIP OF THE PARTIES

10.1 Exclusivity. During the Term of this Agreement, Client agrees that MedImpact shall be the sole and exclusive agent for Client for each of the types of services described in this Agreement.

10.2 MedImpact Status. The parties acknowledge that MedImpact is a service provider of Client and is acting in a ministerial capacity in the performance of its obligations under this Agreement. Nothing in this Agreement shall be construed or deemed to confer upon MedImpact any responsibility for or control over the terms or validity of any Benefit Plan, and MedImpact shall have no discretionary authority over or responsibility for any Benefit Plan, but rather MedImpact provides administrative services for Client. Client acknowledges and agrees that neither it nor any Benefit Plan intends MedImpact to be a fiduciary (as defined under state or federal Law, including ERISA), and neither will name MedImpact or any of MedImpact's affiliates as a plan fiduciary. MedImpact is not an insurer, plan sponsor, provider of health services, or a fiduciary, and MedImpact shall have no responsibility for: (i) any funding of Client benefits; (ii) any insurance coverage relating to Client, any Benefit Plan, or Eligible Members; (iii) the nature or quality of professional health services rendered to Eligible Members; or (iv) management or disposition of assets of the Benefit Plan, if any exist. Upon reasonable notice, MedImpact will have the right to terminate Services with respect to any Benefit Plan (or, if applicable, Eligible Members) located in a state requiring a pharmacy benefit manager to be a fiduciary to Client, a Benefit Plan, or an Eligible Member, in any capacity.

10.3 Use of Subcontractors. MedImpact may subcontract and/or have MedImpact affiliates perform MedImpact's obligations as set forth herein. Such subcontractors shall be subject to the terms and conditions herein, including but not limited to, Section 9.2 ("HIPAA/HITECH Compliance"). Any reference to a MedImpact system or process herein may include the system and/or process of a MedImpact subcontractor and/or affiliate.

10.4 Independent Contractors. Client and MedImpact are independent entities and nothing in this Agreement shall be construed or be deemed to create a relationship of employer and employee, principal and agent, franchiser and franchisee, joint venturers, or any relationship, fiduciary or otherwise, other than that of independent parties contracting with each other solely for the purpose of carrying out the provisions of this Agreement.

10.5 Relationship to Participating Pharmacies. Participating Pharmacies are independent contractors and not subcontractors or agents of MedImpact, and MedImpact does not exercise any control over the professional judgment of any pharmacist dispensing prescriptions or otherwise providing pharmaceutical related services at a Participating Pharmacy. As a result, MedImpact shall have no liability to Client or any Eligible Member for a claim resulting from any act or omission of any Participating Pharmacy or its agents or employees.

10.6 Non-Solicitation in Hiring. During the Term of this Agreement and for a period of one (1) year thereafter, each party shall not, without the prior written consent of the other party, directly or indirectly solicit for hire, recruit, or induce, or allow its officers, directors, agents or affiliates to solicit for hire, recruit, or induce any employees of the other party to terminate their employment or violate their contractual or

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fiduciary duties.

10.7 Insurance. Each party shall maintain or obtain (as applicable), with respect to the activities in which such party engages pursuant to this Agreement, professional liability (errors and omissions) insurance and general liability insurance in amounts reasonable and customary for the nature and scope of business engaged in by such party. Upon request, such party shall promptly deliver to the other party evidence of such insurance.

ARTICLE 11 - TERM AND TERMINATION

11.1 Term. The Services under this Agreement will be implemented as of _____, 20__ ("Implementation Date") and will continue through _____, 20__ ("Initial Term") and may be terminated earlier or extended in accordance with the terms of this Article 11. After the Initial Term, this Agreement shall automatically renew for successive one (1) year renewal terms (each, a "Renewal Term") under the terms and conditions set forth herein unless either party sends written notice of non-renewal to the other party in accordance with Section 12.12 of this Agreement, received at least thirty (30) days prior to the end of the Initial Term or any Renewal Term. The Initial Term and any Renewal Terms will be referred to as the "Term".

11.2 Termination.

11.2.1 Termination with Cause. This Agreement may be terminated at any time by either party based on a material breach of any provision of this Agreement, provided that sixty (60) days' advance written notice of such material breach shall be given to the other party and the breach remains uncured at the end of this sixty (60) day period.

11.2.2 Termination Due to Non-Payment. Notwithstanding any other provision in this Agreement, in the event Client fails to timely pay MedImpact the full amount due for each Statement (and any interest accrued thereon) as set forth in this Agreement, MedImpact may terminate this Agreement on any date thereafter, effective on the date specified in such notice of termination.

11.3 Effect of Termination. Upon termination of this Agreement:

11.3.1 All further obligations of the parties under this Agreement shall terminate, but no termination under this Agreement shall affect the rights and obligations of the parties accruing prior to the effective date of such termination.

11.3.2 All Confidential Information provided by a party, except for Confidential Information required by Law to be retained, shall be immediately returned by the Receiving Party, or the Receiving Party shall certify to the Disclosing Party that such materials have been destroyed; however, MedImpact shall be entitled to (a) retain copies of the Confidential Information preserved or recorded in any computerized data storage device or component (including any hard drive or database) or saved automatically to standard back-up or archival systems, and (b) retain copies of Confidential Information to the extent required by standard document retention policies.

11.3.3 The parties shall, in all events, remain bound by and continue to be subject to the following provisions: Section 2.3 (Reliance on Client Information), Section 2.6 (Review of Reports, Statements, and Other Materials), Section 2.7 (Non-Routine Inquiries), Section 4.4 (Failure of Client to Pay Timely),

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Section 4.5 (Client Insolvency), Section 4.6 (Sales and Use Taxes), Section 5.1 (Maintenance of Records), Section 5.2 (Use of Information), Section 5.3 (Third-party Data Access), Section 5.4 (Open Records Requests), Section 5.5.3 (Right to Audit Claims and Business Records By Government Agencies), Article 6 (Indemnification and Limitation of Liability), Article 7 (Dispute Resolution Procedure), Article 8 (Confidentiality), Section 10.6 (Relationship to Participating Pharmacies), Section 10.7 (Non-Solicitation in Hiring), Section 11.3 (Remedies for Early Termination), Section 11.4 (Effect of Termination), Section 11.5 (Post-Termination Services/Access), and Article 12 (General Provisions).

11.3.4 Upon termination of this Agreement, the parties will mutually develop a run-off plan providing for: (i) Client's notification to Eligible Members of the timing of any transition to a successor pharmacy benefit administrator/manager at least thirty (30) days prior to the effective date of such termination; and (ii) MedImpact's provision of standard claims data and open prior authorization files for transition to the successor pharmacy benefit administrator/manager in accordance with MedImpact's standard protocol. Upon termination of this Agreement, MedImpact will process only those Claims which are for prescriptions dispensed before the termination date and which are received by MedImpact within ninety (90) days of the termination date. Any Claims submitted and processed after the termination date will be billed and paid for by Client consistent with the terms for pre-termination Claims, and the processing and payment of any Claims received more than ninety (90) days after termination shall be the sole responsibility of Client. Client will pay MedImpact in accordance with this Agreement for any Fees for Services provided during any run-off period.

11.4 Post-Termination Services/Access. MedImpact may make available to Client certain post-termination services at its then current fees, which shall be agreed upon in a separate writing. Unless otherwise specified in such writing, Client shall remit to MedImpact the fees for such services in accordance with the timeframes outlined in Article 4 of this Agreement. For avoidance of doubt, the foregoing shall not obligate MedImpact to provide post-termination services, including, without limitation, the provision of continued data submissions and/or reporting, consultation, analysis, submittals to Government Agencies, and/or access to MedImpact systems, programs, and/or Formulary. Notwithstanding anything in this Agreement to the contrary, Client will not have access to any MedImpact systems (including MedAccess®) post-termination regardless of whether MedImpact provides post-termination and/or any run-off services.

ARTICLE 12 - GENERAL PROVISIONS

12.1 Successors and Assigns. Neither this Agreement nor any of the rights, interests, or obligations hereunder may be assigned by either party (whether by operation of Law or otherwise) without the prior written consent of the other party. Notwithstanding the foregoing, no consent shall be required in the event of a change of control of a party.

12.2 Waiver. Any term or condition of this Agreement may be waived at any time by the party that is entitled to the benefit thereof, provided such waiver is in a signed writing. No waiver by any party of any term or condition of this Agreement, in any one or more instances, shall be deemed to be or construed as a waiver of the same or other term or condition of this Agreement on any future occasion.

12.3 Severability. In the event that any provision of this Agreement shall be determined to be invalid, unlawful, void, or unenforceable to any extent by a court of competent jurisdiction or by a legal opinion letter drafted by a party's outside legal counsel, the remainder of this Agreement, shall not be impaired or otherwise affected, will be construed to preserve the intent and purpose of this Agreement, and shall continue to be valid and enforceable to the fullest extent permitted by Law. The parties agree to negotiate

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in good faith to modify any invalidated provisions to preserve each party's anticipated benefits under this Agreement.

12.4 Further Assurances. Each party represents and warrants that it has the necessary power and authority to enter into this Agreement and to consummate the transactions contemplated herein. Each party agrees to execute and deliver to the other party any instruments and other documents, and to take such other actions as the other party may reasonably request at any time during the Term of this Agreement for the purpose of carrying out or evidencing any of the transactions contemplated by this Agreement.

12.5 Choice of Law. Notwithstanding any other provision of this contract, or any amendment or addendum(s) entered into contemporaneously or at a later time, the parties understand and agree that, (1) the State of Nebraska is a sovereign state and its authority to contract is therefore subject to limitation by the State's Constitution, statutes, common law, and regulation; (2) this contract will be interpreted and enforced under the laws of the State of Nebraska; (3) any action to enforce the provisions of this agreement must be brought in the State of Nebraska per state law; (4) the person signing this contract on behalf of the State of Nebraska does not have the authority to waive the State's sovereign immunity, statutes, common law, or regulations; (5) the indemnity, limitation of liability, remedy, and other similar provisions of the final contract, if any, are entered into subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity; and, (6) all terms and conditions of the final contract, including but not limited to the clauses concerning third party use, licenses, warranties, limitations of liability, governing law and venue, usage verification, indemnity, liability, remedy or other similar provisions of the final contract are entered into specifically subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity.

The Parties must comply with all applicable local, state, and federal laws, ordinances, rules, orders, and regulations

12.6 Force Majeure. Except for payment obligations set forth in this Contract, neither Party shall be liable for any costs or damages, or for default resulting from its inability to perform any of its obligations under the contract due to a natural or manmade event outside the control and not the fault of the affected Party ("Force Majeure Event") that was not foreseeable at the time the Contract was executed. The Party so affected shall immediately make a written request for relief to the other Party and shall have the burden of proof to justify the request. The other Party may grant the relief requested; relief may not be unreasonably withheld. Labor disputes with the impacted Party's own employees will not be considered a Force Majeure Event.

12.7 Entire Agreement. This Agreement, including the exhibits (all of which are incorporated herein) and any such other agreement(s) applicable to Client's use of MedImpact's tools or services constitutes the entire agreement among the parties with respect to the subject matter hereof and supersedes all prior agreements and understandings, both written and oral, among the parties with respect to the subject matter hereof.

12.8 Amendment. Except as otherwise provided in this Agreement, this Agreement or any part or section of it may be amended at any time by mutual written consent of duly authorized representatives of MedImpact and Client. No business forms including, but not limited to, service requests, implementation forms, benefit change request forms, network change request forms, etc. ("Business Forms") not expressly identified as an addendum, amendment (or letter amendment), or work order to this Agreement, shall operate to amend this Agreement even if executed by both parties hereto. The parties acknowledge and agree that Business Forms executed by Client shall serve as directions from Client upon which MedImpact

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may rely for services rendered by MedImpact under this Agreement, without amending this Agreement.

12.9 No Third-party Beneficiaries. This Agreement is solely for the benefit of each party hereto and their respective successors or permitted assigns. This Agreement is not a third-party beneficiary contract and does not confer any such rights upon any third-party (including, without limitation, any Eligible Member or Benefit Plan).

12.10 Use of Name. Neither party shall use the name, trade names, trademarks, service marks, or logos of the other party or any affiliated company of the other party in any materials, presently existing or hereafter established, except in the manner and to the extent permitted by prior written consent of the other party.

12.11 Notice. Any notice required or permitted by this Agreement, unless otherwise specifically provided for in this Agreement, shall be in writing and shall be deemed given one (1) day following delivery to a nationally reputable overnight courier addressed as follows:

To MedImpact: Attn: CEO
MedImpact Healthcare Systems, Inc.
10181 Scripps Gateway Court
San Diego, CA 92131

With a copy to Senior Vice President, Corporate Services and General Counsel
at the same address above.

To Client: Attn: _____
_____
_____

Either party may at any time change its address for notification purposes by mailing a notice stating the change and setting forth the new address.

12.12 Counterparts. This Agreement may be executed in one or more counterparts, all of which shall be considered one and the same agreement and shall become effective when one or more counterparts have been signed by each of the parties and delivered to the other party, it being understood that all parties need not sign the same counterpart.

12.13 Electronic Signatures. This Agreement may be executed and delivered via e-mail or other electronic means, including by DocuSign, and upon such delivery the electronic signature(s) will be deemed to have the same effect as if the original signature had been delivered to the other party.

12.14 Construction. The parties acknowledge that each party and its counsel have reviewed and revised this Agreement and that consequently any rule of construction to the effect that any ambiguities are to be resolved against the drafting party is not applicable in the interpretation of this Agreement or any amendments or exhibits hereto.

12.15 Headings. The headings of articles, sections, and exhibits contained in this Agreement are for reference purposes only and shall not affect in any way the meaning or interpretation of this Agreement.

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[Signature page to follow]

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IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by their respective duly authorized officers or agents as of the date first above written.

MEDIMPACT HEALTHCARE SYSTEMS, INC.	**CLIENT**
_____	_____
BY	BY
Krista Kelley Senior Vice President, Sales and Marketing	_____ NAME
	_____ TITLE
_____	_____
DATE	DATE

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EXHIBIT A

DEFINED TERMS

1.1 340B Claim means a Claim that is (a) identified as 340B with an SCC-20 code, (b) identified by the pharmaceutical manufacturer as ineligible for Rebates due to 340B status, (c) distributed by a Participating Pharmacy that is owned by a 340B covered entity, or (d) identified by Client as 340B.

1.2 Average Wholesale Price or AWP means the average wholesale price for a given pharmaceutical product as published by drug pricing services such as Medi-Span or other third-party pricing sources which MedImpact may select ("Pricing Source"). As of the Effective Date, MedImpact uses Medi-Span as its Pricing Source for AWP. AWP will be updated in MedImpact's online claims adjudication system on at least a weekly basis with data received from the Pricing Source, which if not received timely could result in delays. The applicable AWP for prescriptions dispensed shall be based on the actual NDC submitted by the pharmacy. AWP does not represent a true wholesale price, but rather is a fluctuating benchmark provided by third-party pricing sources.

1.3 Benefit Plan means the benefit plan(s) pursuant to which Covered Benefits are provided to Eligible Members.

1.4 Benefit Plan Information means the information required by MedImpact to process Claims and provide Services under this Agreement, including processing parameters, coverage rules, and other information, provided to MedImpact in accordance with this Agreement.

1.5 Brand Drug means a prescription drug identified as a "brand" by MedImpact using indicators from services such as First Databank or other third-party sources which MedImpact may select ("Drug Attributes Source") and MedImpact's standard policies which may take into account various factors such as drug exclusivity and pricing differential between AWP and the wholesale acquisition price, among other elements. As of the Effective Date, MedImpact uses First Databank as its Drug Attributes Source.

1.6 Business Day Any weekday except State-Recognized holidays.

1.7 Claim means those requests for payment for prescription services, drugs, devices, supplies, or other related items that are processed through MedImpact's online claims adjudication system or otherwise sent to and/or processed by or through MedImpact in accordance with the terms of this Agreement, including requests for payment from Participating Pharmacies, Member Submitted Claims, and Subrogation Claims.

1.8 Claims Processing Fee means the per Claim fee identified in Exhibit B of this Agreement.

1.9 Client-Contracted Participating Pharmacies means those licensed pharmacies that are owned and operated by Client or contracted directly with Client to provide Covered Benefits for Eligible Members, and do not utilize MedImpact's contracted rates for Client Claims. Client-Contracted Participating Pharmacies may include retail, long term care, home infusion, ITU, mail order, and/or specialty pharmacies, if applicable.

1.10 Copayment means that portion of the cost for each Covered Benefit dispensed to an Eligible Member that is the responsibility of the Eligible Member (e.g., copayment as a fixed dollar amount,

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coinsurance percentage, deductible, and/or other ancillary charges for which an Eligible Member may be responsible), as set forth in the Benefit Plan Information.

1.11 Covered Benefits mean those outpatient drugs, products, services, testing and/or diagnostics, or supplies that are prescribed by a prescriber and/or covered under a Benefit Plan as set forth in the Benefit Plan Information.

1.12 Direct Member Reimbursement ("DMR") Claims means a Claim submitted by an individual (not a pharmacy) for coverage under a Benefit Plan for a prescription that was dispensed by a pharmacy for which the individual paid the full amount of the cost of the drug.

1.13 Dispensing Fee means the fee billed to Client for the filling of a single prescription order for an Eligible Member as set forth in Exhibit B.

1.14 Effective Date means the earlier of the date this Agreement is fully executed by both parties or the Implementation Date.

1.15 Eligible Members mean those individuals and their dependents, if applicable, who are entitled to Covered Benefits under a Benefit Plan as identified in the Eligible Member List in effect with MedImpact as of the date the Covered Benefit is provided.

1.16 Eligible Members List means the list of Eligible Members provided to MedImpact in accordance with this Agreement. The Eligible Members List shall be prepared, maintained, and updated by Client, and delivered to MedImpact in accordance with this Agreement.

1.17 ERISA means the Employee Retirement Income Security Act, as amended, 29 U.S.C. 1001 et seq., and the regulations promulgated thereunder.

1.18 Formulary means the list of outpatient prescription drugs, devices, and supplies that are covered by the Benefit Plan according to the Benefit Plan Information.

1.19 Generic Drug means a prescription drug identified as a "generic" by MedImpact using indicators from the Drug Attributes Source and MedImpact's standard policies, which may take into account various factors such as pricing differential between AWP and the wholesale acquisition price, among other elements.

1.20 Government Agency(ies) means government agencies, including but not limited to the Centers for Medicare & Medicaid Services ("CMS"), Office of Inspector General ("OIG"), Health and Human Services ("HHS"), state Medicaid agencies, Veteran's Administration ("VA") facilities, Indian Health Services and Bureau of Indian Affairs ("IHS"), and Department of Defense ("DOD") military treatment facilities (or other similar facilities) ("MTF"), or the agencies' or facilities' third-party representatives.

1.21 HIPAA/HITECH means Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the Health Information Technology for Economic and Clinical Health Act ("HITECH"), and the regulations promulgated thereunder.

1.22 Identification Cards or ID Cards mean printed identification cards containing information about the Benefit Plan and Covered Benefits to which the Eligible Members are entitled.

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1.23 Implementation Date shall have the meaning set forth in Section 11.1 of this Agreement.

1.24 Law means all applicable federal, state, and local laws, rules, regulations, acts, statutes, ordinances, codes, constitutions, charters, or orders of a Government Agency.

1.25 MAC means the then current maximum allowable cost payable for products on the applicable MAC List pursuant to the applicable maximum allowable cost pricing schedule(s) developed, selected, and/or updated by MedImpact from time to time.

1.26 MAC List means a list of products subject to maximum allowable cost pricing schedules, which such list(s) is developed, selected, and/or updated (including the addition to or removal of products) by MedImpact from time to time.

1.27 Mail Order Pharmacy means a licensed pharmacy authorized to provide mail order pharmacy services.

1.28 Participating Pharmacies means those pharmacies that have contracted directly with MedImpact or an affiliate of MedImpact to provide Covered Benefits for Eligible Members, and may include retail, long-term care, home infusion, ITU, mail order, and/or specialty pharmacies, and shall also mean and refer to Client-Contracted Participating Pharmacies (if applicable) unless otherwise stated.

1.29 Rebates mean retrospective formulary rebates that are paid to MedImpact pursuant to the terms of a contract between MedImpact and pharmaceutical manufacturer(s), rebate aggregator(s), and/or other rebate intermediary(ies), and directly attributable to the utilization of certain Covered Benefits by Eligible Members.

1.30 Services shall have the meaning set forth in Section 3.1 of this Agreement.

1.31 Specialty Drug means drugs that have one (1) or more of the following characteristics as identified through MedImpact's specialty drug determination process:

- High cost
- Treats complex clinical conditions
- May require special handling or storage
- Requires robust patient education and monitoring

1.32 Specialty Drug List means MedImpact's list of Specialty Drugs that identifies standard Specialty Drugs and is available upon request.

1.33 Specialty Pharmacy means a licensed pharmacy that dispenses Specialty Drugs and ancillary supplies.

1.34 Subrogation Claim means those claims submitted by any Government Agency (or any person or entity acting on behalf of a Government Agency) on behalf of or in the name of an Eligible Member for which Client is responsible as a third-party payer by operation of applicable Law.

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EXHIBIT B

SERVICE AND FEE SCHEDULES

Exhibit B shall consist of the following:

Exhibit B-1: Description of Services and Fees - Commercial

Exhibit B-2: Pharmacy Network Pricing - Commercial

Exhibit B-3: Rebates

Exhibit B-3-a: Minimum Per Brand Drug Rebate Guarantee – Commercial

Exhibit B-4: Financial Terms, Conditions, and Disclosures

All references to Exhibit B in this Agreement shall include collectively the Exhibit B's listed above. All references to a particular Exhibit B in this Agreement shall include any sub-Exhibit B's thereunder.

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EXHIBIT C
BUSINESS ASSOCIATE AGREEMENT

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EXHIBIT D

AUDIT PROTOCOLS

1. Notice of Audits. The State shall have the right to audit the Vendor's performance of this contract upon a thirty (30) days' written notice which such notice shall be sent to MedImpact via email at ExternalComplianceSupport@medimpact.com, with a hard copy mailed to MedImpact Healthcare Systems, Inc., Attn: External Compliance Support, 10181 Scripps Gateway Court, San Diego, CA 92131. The notice shall provide sufficient detail regarding the intended scope of the audit. . Vendor shall utilize generally accepted accounting principles, and shall maintain the accounting records, and other records and information relevant to the contract (Information) to enable the State to audit the contract. (Neb. Rev. Stat. § 84-304 et seq.) The State may audit, and the Vendor shall maintain, the Information during the term of the contract and for a period of five (5) years after the completion of this contract or until all issues or litigation are resolved, whichever is later. The Vendor shall make the Information available to the State at Vendor's place of business or a location acceptable to both Parties during normal business hours. If this is not practical or the Vendor so elects, the Vendor may provide electronic or paper copies of the Information. The State reserves the right to examine, make copies of, and take notes on any Information relevant to this contract, regardless of the form or the Information, how it is stored, or who possesses the Information. Under no circumstance will the Vendor be required to create or maintain documents not kept in the ordinary course of Vendor's business operations, nor will Vendor be required to disclose any information, including but not limited to product cost data, which is confidential or proprietary to Vendor.

2. Purpose of Audit/Documentation Required. Provided that Client is current in the payment of amounts due under its Agreement with MedImpact, Client may, during the Term of this Agreement and up to five (5) years post-termination, conduct one (1) audit on an annual basis between February and October on an agreed upon date, of MedImpact's business records that directly relate to MedImpact's compliance with this Agreement with respect to the Services and billings made to Client. Such audit shall be limited to the transactions occurring during the Term of this Agreement over the twelve (12) month period immediately preceding such audit. At no time may Client audit any twelve (12) month audit period (in whole or in part) more than once or any individual Claim more than once. In the event Client does not provide the required notice under Section 1 above but requests files and /or documentation beyond what is provided to Client during the standard course of business, MedImpact may consider such requests to constitute Client's audit hereunder, and the limitations herein shall apply.

3. Procedure of Audits. A Client audit of MedImpact shall be conducted at MedImpact's headquarters during normal business hours. MedImpact may, in its sole discretion, allow Client to audit offsite (as opposed to onsite), in which case MedImpact will provide data and other information via an agreed upon secure electronic method (e.g., email, FTP site). Audits shall be conducted without undue interference to MedImpact's business activity, in accordance with reasonable audit practices, and at Client's own cost and expense. MedImpact will allow one hundred percent (100%) of Claims processed to be audited and shall offer to manually review up to five hundred (500) Claims for the entire scope of the audit (not per test scenario). If Client or Client's third-party auditor is unable to establish consistent aberrant claims behavior in those five hundred (500) Claims, MedImpact will consider the findings to be immaterial. While MedImpact will commit to a five hundred (500) sample review, it reserves the right to request all suspect anomalies for its own review and verification. Extrapolation of one Claim to the rest of the Claims universe will be permitted only when ninety-five percent (95%) of the failed samples are agreed to by MedImpact.

4. Audit Reports/Discrepancies. If a completed audit reveals a discrepancy, then Client shall deliver

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written notice of the discrepancy to MedImpact within ten (10) Business Days of conducting the audit. In all cases, audit findings revealing a discrepancy must be delivered to MedImpact within three (3) months after the audit is conducted or fifteen (15) months after termination of this Agreement for any reason, whichever is sooner. The written notice of discrepancy shall set forth in reasonable detail the basis of such discrepancy and identify the version of the files/data exchanged that are the basis for the finding (including the date the file/data was provided). The parties shall use reasonable efforts to resolve any discrepancies within thirty (30) days following delivery of the notice, and such resolution shall be final, binding, and conclusive upon the parties. If a discrepancy reveals that a party owes the other party money, the party owing such amounts shall pay the amounts due to the other party within thirty (30) days of the delivery of the conclusive audit findings.

5. Third-Party Auditor Requirements. All third-party auditors shall execute a confidentiality/non-disclosure agreement acceptable to MedImpact prior to conducting any inspection or audit. Any auditor performing an audit under this Agreement shall represent and warrant that it is not providing litigation services to any person or entity in connection with any lawsuit, investigation, or other proceeding that is pending or contemplated against MedImpact. "Litigation services" includes examining pharmacy claims or any other documents or information or providing advice, analysis, and/or opinions as a disclosed or undisclosed expert or consultant. The auditor must agree that it will not provide litigation services for one (1) year after completion of the audit in any lawsuit, investigation, or other proceeding against MedImpact, except for litigation services to Client. By signing this Agreement, Client authorizes MedImpact to disclose Client data and Eligible Member PHI to Client's auditors.

6. Rebate Audits. In addition to all other provisions in this Exhibit, Rebate audits are also subject to the provisions outlined in this Section. Client and MedImpact agree that an independent firm agreeable to both parties shall conduct such audit, and that such firm will sign a confidentiality agreement with MedImpact ensuring that all details and terms of applicable rebate contracts with MedImpact (except the total aggregate amount due to Client) will be treated as confidential to MedImpact and will not be revealed in any manner or form by or to any person or entity including Client. Rebate audits shall be of a reasonable sample of pharmaceutical manufacturer agreements and/or MedImpact's agreement(s) with rebate aggregators and/or intermediaries, as applicable to Client, and shall be limited to validating the accuracy of the rebate amounts reported and distributed to Client by MedImpact. Such audit must be conducted at MedImpact's office where the records are located. MedImpact shall be entitled to review auditor's notes to ensure compliance with this requirement.

7. Participating Pharmacies, Subcontractors, and Other Third-Parties. Client acknowledges that it shall not be entitled to directly audit MedImpact Participating Pharmacies, subcontractors, and other third-party entities (including, but not limited to, pharmaceutical manufacturers, rebate aggregators and intermediaries, and vendors). Client's access to such entities shall be limited to MedImpact's books and records.

8. Audit Support. Client will notify MedImpact within two (2) Business Days of receiving notice of a Government Agency engagement, including but not limited to, audit, market conduct exam, survey, or other audit-like activity, that requires support from MedImpact. Client's failure to provide notice as required by this Section may affect MedImpact's ability to provide support within requested or mandated timeframes.

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EXHIBIT E

PERFORMANCE GUARANTEES

1) Performance Guarantee Effective Dates. The Implementation Performance Guarantees set forth below shall become effective once the implementation project plan is agreed upon by Client and MedImpact. The Ongoing Performance Guarantees set forth below shall become effective on the Implementation Date of this Agreement. Notwithstanding the foregoing, if this Agreement is not fully executed prior to the Implementation Date, then the Ongoing Performance Guarantees shall be effective the first day of the calendar quarter following the latest signature date of this Agreement. Performance Guarantee amounts will not be paid to Client unless and until this Agreement has been fully executed.

2) Performance Guarantee Amounts. The total amounts at risk for Implementation and Ongoing Performance Guarantees are calculated on a per Eligible Member basis. The total number of Eligible Members shall be calculated on the Implementation Date, and then on January 1st each year thereafter for Ongoing Performance Guarantees. The total amounts at risk shall be distributed evenly among the respective Implementation Performance Guarantee and Ongoing Performance Guarantees.

3) Reporting and Reconciliation. Implementation Performance Guarantees will be reported to Client within ninety (90) days after the Implementation Date. In the event MedImpact does not meet a given Implementation Performance Guarantee, MedImpact shall remit the applicable Performance Guarantee amount to Client within one hundred twenty (120) days after the Implementation Date. The Ongoing Performance Guarantees set forth in this Exhibit are measured as indicated below, and reported quarterly. MedImpact will provide Client a quarterly Ongoing Performance Guarantee report based on a three (3) month calendar quarter (the "Reporting Quarter") within ninety (90) days from the end of the Reporting Quarter. Performance Guarantees are reconciled based on aggregate annual average results for a twelve (12) month calendar year (the "Measurement Period") and reported to Client within ninety (90) days from the end of the Measurement Period. In the event MedImpact does not meet a given Ongoing Performance Guarantee, MedImpact shall remit the applicable Performance Guarantee amount to Client within one hundred twenty (120) days from the end of the Measurement Period. If the Ongoing Performance Guarantees are effective for less than a full Measurement Period, then the Performance Guarantee amounts will be prorated for the portion of the Measurement Period. Any Performance Guarantee reporting or remittance deadlines that fall on a non-Business Day shall be deemed to mean the next Business Day.

4) The parties acknowledge and agree that:
   a) Implementation Performance Guarantees are contingent upon Client meeting the agreed upon project plan requirements and dates; Client's failure to meet the agreed upon project plan requirements and dates shall make Implementation Performance Guarantees null and void;
   b) Performance Guarantees are measured on a Client specific basis unless otherwise noted below;
   c) Should Client not provide information in the time and manner required by MedImpact, MedImpact shall have no obligation for any Performance Guarantee amounts associated with an affected Performance Guarantee;
   d) Calculations that result in non-whole number values (i.e. ending 0.01 – 0.99) will be rounded to the nearest whole number using traditional rounding logic (0.01 – 0.49 round down and 0.5 - 0.99 round up);
   e) If a given Performance Guarantee does not meet a mutually agreed upon minimum threshold for measurement and reporting purposes during the Reporting Quarter or Measurement Period, as applicable, then the Performance Guarantee amounts may be void;
   f) If Client utilizes more than one third party vendor related to a Performance Guarantee, then only the primary vendor will be reported on for that Performance Guarantee;
   g) In no event shall failure to meet a Performance Guarantee give rise to MedImpact being subject to Performance Guarantee amounts for any other Performance Guarantee(s) during the same Measurement Period;
   h) No Claim(s) shall be subject to Performance Guarantee amounts in more than one Measurement Period;

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i) Notwithstanding any other provision of this Agreement, Client's remedy for MedImpact's failure to meet the Performance Guarantees is limited to the Performance Guarantee amounts listed in this Exhibit, and shall not otherwise be eligible for a remedy under any other provision of this Agreement;

j) Notwithstanding any other provision of this Agreement, the following shall not be factored into or included in the measurement or reporting of the Performance Guarantees: (i) Subrogation Claims, (ii) medical specialty management Services, (iii) Client-Contracted Participating Pharmacies or non-preferred pharmacy vendors, (iv) cash card or one hundred percent (100%) Copayment Benefit Plans, (v) all other Services not explicitly referenced in the Performance Guarantees below and (vi) MedImpactSave Claims (PBM Program Number = 11); and

k) All Performance Guarantees are subject to the force majeure clause set forth in this Agreement.

[PGs FROM PROPOSAL TO BE INSERTED HERE, IF APPLICABLE]

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EXHIBIT F

DELEGATION AGREEMENT

A. MedImpact shall provide those utilization management services ("Delegated Services") set forth in Schedule 1 ("*Delegated Utilization Management Services*") attached hereto and incorporated into the Agreement by reference. MedImpact shall provide the Delegated Services in accordance with Client's requirements (hereinafter "UM Program") and applicable standards of NCQA. Client shall retain all utilization management functions not specified in this Exhibit as MedImpact's responsibility**.**

B. MedImpact will provide Client with member-friendly language including but not limited to the Client's formulary, guidelines, and other pharmacy benefit information for Client to use in member benefit materials and other communications.

C. MedImpact shall promptly notify Client of any material change in MedImpact's ability to fulfill the Delegated Services, and shall not make any material change to the Delegated Services without Client's written approval.

D. MedImpact shall provide Client with semiannual, or at such greater frequency as is mutually agreed upon by the parties, reports regarding MedImpact's performance of the Delegated Services in a mutually agreed upon format and level of detail and as further set forth in Schedule 1. Based on these reports, Client may determine that a periodic visit (e.g., annually) is indicated to evaluate MedImpact's performance of the Delegated Services. Client may conduct an annual assessment of the Delegated Services: specifically the UM Program, a review of applicable policies and procedures, and a review of prior authorization (PA) and Appeal denial files against NCQA standards.

E. MedImpact shall maintain prior authorization and appeals systems with advanced system controls capabilities. Advanced system controls capabilities include the capability to automatically record dates and prevent changes outside those defined in MedImpact's policies and procedures.

F. In the event that Client determines in its reasonable discretion that MedImpact is not performing the Delegated Services in a satisfactory manner, Client shall provide MedImpact with written notice of such deficiencies and Client and MedImpact shall jointly develop a corrective action plan. In the event that the parties are unable to agree upon a corrective action plan, or MedImpact's performance continues to be deficient, as reasonably determined by Client, following the corrective action plan, Client shall have the right to terminate Delegated Services with at least thirty (30) days prior written notice to MedImpact.

G. MedImpact may delegate or subcontract its responsibilities under this delegation agreement provided that such further delegation shall be subject to the terms of this delegation agreement and applicable NCQA standards.

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Schedule 1

Delegated Utilization Management Services

Utilization Management Activity	Responsible Party	
UM Program and Structure	**Client**	**MedImpact**
Maintains a UM Program description that includes at a minimum: • Description of program structure • Involvement of a designated senior-level physician • Program scope • Process and sources used to determine benefit coverage and clinical necessity		**X**
Share applicable utilization management ("UM") policies and procedures with Client annually. Annual evaluation of UM Program; updates as necessary.		**X**
Communication Services	**Client**	**MedImpact**
Customer service staff are available 24 hours/day, 365 days/year for inbound collect or toll-free calls regarding UM questions/issues.		**X**
Staff identify themselves by name, title, and organization name when initiating or returning calls regarding UM issues.		**X**
TDD/TTY services are available for members who need them.		**X**
Language assistance is available for members who need them to discuss UM issues.		**X**
Clinical Criteria for UM Decisions (Clinical Guidelines)	**Client**	**MedImpact**
Clinical guidelines are evidence-based and objective.		**X**
Appropriate practitioners are involved in the development, adoption, and review of clinical guidelines.		**X**
Clinical guidelines are reviewed and approved at least annually, and updates are made when appropriate.		**X**
Policies include the application of clinical guidelines take into account an individual's needs.		**X**
Policies include the application of clinical guidelines take into account the local delivery system.		**X**
Provide clinical guidelines to members and practitioners upon request.		**X**
Annually evaluates the consistency of UM health care professionals' UM decision-making; acts on opportunities to improve consistency.		**X**
Appropriate Health Professionals	**Client**	**MedImpact**
Written procedures require appropriately licensed professionals to supervise all clinical necessity decisions.		**X**
Written procedures specify the type of personnel responsible for each level of UM decision-making.		**X**
Written job descriptions for health care professionals who render denial decision require the individual to have education, training, and/or professional experience in clinical practice; and a current clinical license to practice.		**X**
Pharmacists or physicians are utilized to review pharmacy denials based on clinical necessity.		**X**
Written procedures and evidence indicate that board-certified physicians are utilized as necessary to make clinical necessity decisions.		**X**

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Utilization Management Activity	Responsible Party	
At least annually, a statement is distributed to all staff who make UM decisions affirming the following: • UM decision-making is based only on appropriateness of care and service and existence of coverage; • UM decision-makers are not specifically rewarded for issuing denials of coverage; and • Financial incentives for UM decision-makers do not encourage decisions that result in underutilization.	**See "Member & Practitioner Information" for Client responsibilities**	**X**
For clinical necessity determinations, relevant information is consistently gathered to support pharmacy UM determinations. If additional information is needed, the information is requested from the prescriber.		**X**
Timeliness of Notifications of Pharmacy PA Decisions	**Client**	**MedImpact**
Member/practitioner pharmacy UM notifications will be made in the shortest of applicable state, federal, Client-specified timelines, and within NCQA timeliness standards (as defined by the current year's standards). *Concurrent and post-service reviews are N/A to MedImpact UM.*		**X**
Exception Requests	**Client**	**MedImpact**
Procedures for exception requests include: • Making an exception based on clinical necessity • Obtaining clinical necessity information from prescriber • Use of pharmacists, and physicians as applicable, for review of exception requests • Notifications of decisions are consistent with applicable timelines		**X**
Prior Authorization Denial Notices	**Client**	**MedImpact**
Collaborate to develop member and practitioner prior authorization denial notices that are compliant with applicable accreditation, state, and federal requirements.		**X**
Provide member notification templates (including taglines), documents, and attachments as required by state/federal regulations, including in non-English languages.		
Member and prescriber written denial notification templates include: • Statement that member/prescriber can obtain a copy of the clinical guideline or policy on which the denial was based, upon request and at no charge • Description of appeal process and rights • Option to submit written comments, documents, or other information relevant to the appeal • Timeframe to appeal & timeframe to make appeal decision • Right to representation by anyone they choose, including an attorney • Description of expedited appeal process if urgent • Notification that independent review organization (IRO) review can occur concurrently with internal appeal process for urgent cases, unless restricted by state regulations		**X**
Member and prescriber written denial notifications include: • Specific reason for denial in easily understandable language		**X**

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Utilization Management Activity	Responsible Party	
• Reference to the guideline, policy, or benefits document used to make the determination; and is available to member and prescriber upon request and free of charge		
Physician denial notice templates inform practitioners of the opportunity to discuss the denial with a clinical reviewer.		**X**
Appeals/Redeterminations	**Client**	**MedImpact**
For internal appeals delegated to MedImpact, policies/procedures include: • Allowing one hundred eighty (180) days from denial notification to appeal, unless state regulations specify otherwise; sixty (60) days for Medicaid or Medicare. • Capturing the substance/reason for appeal, any other pertinent information submitted, and any follow-up activities. • Investigating the appeal and documentation of findings. • Allows for submission of comments, documents, and other information in support of the appeal. • Appeal decision is rendered by someone other than who made the initial decision, and is not a subordinate of the initial decision-maker. • Review by a physician in same/similar specialty as one who would typically treat the condition, as needed. • Timely adjudication of appeals overturned by IRO.		**X**
Timeliness of Notifications of Pharmacy Appeal Decisions	**Client**	**MedImpact**
Member/practitioner pharmacy appeal notifications will be made in the shortest of applicable state, federal, Client-specified timelines, and within NCQA timeliness standards (as defined by the current year's standards). • Concurrent and post-service appeals are not applicable to MedImpact. For states which require two levels of internal appeal prior to IRO option (e.g., two (2) levels by MedImpact; 1st level by MedImpact and 2nd level by Client), the sum total of review time for both levels of appeal is not to exceed NCQA timeliness standards (as defined by the current year's standards). • Urgent preservice appeal decision and notification are completed within forty-eight (48) hours for 1st level and twenty-four (24) hours for 2nd level; • Standard preservice appeal decisions and notifications are made within fifteen (15) calendar days at each level. • Medicare Part D allows for an additional three (3) calendar days to send notification if member is verbally notified of decision within applicable timeline. • Decisions overturned by IRO are processed within twenty-four (24) hours for expedited appeals and seventy-two (72) hours for standard appeals.		**X**
Appeal/Redetermination Denial Notices	**Client**	**MedImpact**
Collaborate to develop member and practitioner appeal denial notices that are compliant with applicable accreditation, state, and federal requirements.		**X**
Provide member notification templates (including taglines), documents, and attachments as required by state/federal regulations, including in non-English languages.		
Pharmacy appeal denial decision notifications for appeals delegated to MedImpact:		**X**

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Utilization Management Activity	Responsible Party	
• Response language is culturally and linguistically appropriate. • Copies of all documents relevant to the appeal are available upon request and free of charge. *(N/A for Medicare)* • Lists title and qualifications of reviewer(s) on notification. (*N/A for Medicare)* • Notification describes further appeal rights and the process to request the next level of appeal (if available), including IRO rights and obtaining additional information about IRO. • Final internal notice includes statement that member is not to bear costs of IRO, unless state mandates a fee charged to member. *(N/A for Medicare, Medicaid, or FEHB Program)* • Member may elect to have an authorized representative for further appeal level(s). • Notification that for urgent appeals, external/independent review may be requested simultaneously, unless disallowed by state regulations.		
Member and prescriber pharmacy appeal denial decision notifications for appeals delegated to MedImpact: • Address the substance(s) of the appeal, grounds for the determination, and response is in easy to understand language. • Notification gives reference to the specific portion of the guideline, policy, or benefit used to make the determination; and is available to member and prescriber upon request and free of charge.		**X**
Pharmacy Benefit Management ("PBM") Procedures	**Client**	**MedImpact**
PBM procedures (drug classes, tier level, formulary restrictions, step therapy, exception process, etc.) include: • Pharmacy & Therapeutics committee consisting of licensed pharmacists and physicians; • Criteria used to adopt procedures; • Use of clinical evidence from appropriate external organizations; • Inclusion of pharmacists and other appropriate practitioners in development of procedures; • Annually reviews/updates PBM procedures as appropriate • Annually reviews/updates formulary as appropriate		**X**
Evaluates new technology and new application of existing technology for pharmaceuticals and pharmaceutical devices applicable to outpatient pharmacy and benefits. Evaluation of new pharmaceuticals and device technology includes: • Specified process and decision variables considered; • Review of information from appropriate government regulatory bodies; • Review of published scientific evidence; • Process for seeking input from relevant clinical specialists and professional expertise in the technology.		**X**
Drug Class I and II recalls for safety issues, voluntary and market withdrawals: • Monitor market for recalls and withdrawals • Identify/list members and prescribers impacted and provide to Client • Draft notification letter template including why drug was recalled or		**X**

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Utilization Management Activity	Responsible Party	
withdrawn; provide to Client • Notify Client within forty-eight (48) hours of Class I recalls • Notify Client within seven (7) Business Days of Class II recalls or voluntary or market withdrawals •Notifications to impacted members and prescribers as stated in Service Agreement		
Quality Management	**Client**	**MedImpact**
Maintains quality improvement ("QI") structures and processes for UM Program, including a defined scope of activities, defined goals and objectives, and a defined process for assessing performance.		**X**
Analysis of UM Program QI indicators including evaluation of aggregate data, trends, performance, opportunities for improvement, and barriers to improvement, as well as implementation of interventions and follow-up evaluation for identified opportunities for improvement; cooperating with Client as applicable.		**X**
Where opportunities for improvement are identified by Client, Client collaborates with MedImpact on a corrective action plan.		**X**
Member & Practitioner Information	**Client**	**MedImpact**
Protects the confidentiality of member information and records.	**X**	**X**
Upon request from MedImpact, Client provides member experience and/or practitioner clinical performance data via secure electronic delivery system to the applicable MedImpact account management team member.	**X**	
PA & Appeal System Controls	**Client**	**MedImpact**
To protect data from being inappropriately altered, policies/procedures for PA and appeals: • Define the date of receipt consistent with applicable state, federal, and accreditation requirements • Define the date of written notification consistent with applicable state, federal, and accreditation requirements • Describe process for recording the above dates in the UM system(s) • Specify staff authorized to modify dates once recorded, and circumstances when modification is allowed • Specify how the system(s) track modified dates • Describe system security controls that protect from unauthorized modification of data • Maintains advanced system controls capabilities or describes how MedImpact monitors its compliance with the policies and procedures for factors above at least annually and take appropriate action, when applicable.		**X**
PA & Appeal System Controls Oversight	**Client**	**MedImpact**
At least annually, MedImpact demonstrates that it monitors compliance with its PA & appeal system controls by: • Providing evidence of advanced system controls capabilities; **or** • Identifying all modifications to receipt and decision notification dates that did not meet MedImpact's policies and procedures for date modifications; and • Analyzing all instances of date modifications that did not meet MedImpact's policies and procedures for date modifications; and		**X**

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Utilization Management Activity	Responsible Party	
• Acting on all findings and implementing a quarterly monitoring process until it demonstrates improvement for one finding over three consecutive quarters.		
Delegation Oversight	**Client**	**MedImpact**
Client reviews reports at least semi-annually and, at least annually reviews MedImpact's UM program, PA files/processes, Appeals files/processes, and overall performance.	**X**	
Collaborates, cooperates, and provides necessary documents during activities required in an oversight audit (e.g., delegation, accreditation, regulatory).	**X**	**X**
Mutually agreed upon reports are provided at a frequency that is also mutually agreed upon. Additionally, Client access and training is provided to MedOptimize® for self-service reports and MedResponse® for case records. MedOptimize® reports include, but are not limited to: • PA Data Log • PA Turnaround Time • PA Top Drugs • PA Top Prescribers • PA Volume Summary Reports are provided to and/or access to MedOptimize® is given to applicable Client representative via secure electronic delivery system.	**X**	**X**
At least annually, MedImpact shall make available to Client documentation for Client review or monitoring of MedImpact's PA and appeal denial system security controls to confirm that MedImpact monitors its compliance with this delegation agreement and MedImpact's policies and procedures.	**X**	**X**
Sub-Delegation	**Client**	**MedImpact**
If MedImpact sub-delegates PA and/or Appeal activities, evidence is available demonstrating that MedImpact performs oversight of the delegated activities commensurate with NCQA requirements.		**X**

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EXHIBIT G

REGULATORY REQUIREMENTS ADDENDA

Exhibit G-1: PBM-Insurer Regulatory Requirements

Exhibit G-6: TPA/PBM-Insurer Regulatory Requirements

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Exhibit G-1

PBM-Insurer Regulatory Requirements

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Exhibit G-2

TPA/PBM-Insurer Regulatory Requirements

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ATTACHMENT C - CONFIRMATIONS & QUESTIONNAIRE

SOLICITATION NUMBER - 122436 O5

Bidder: MedImpact Healthcare Systems, Inc.

Instructions for Completing this Questionnaire Workbook

- Provide succinct yet informative responses.
- Bidder should complete all questions in this Questionnaire.

ATTACHMENT C - CONFIRMATIONS & QUESTIONNAIRE

SOLICITATION NUMBER - 122436 O5

Bidder: MedImpact Healthcare Systems, Inc.

All Bidders must comply with the following conditions regarding the RFP. Confirm your capability to meet each of the following with a response of Confirmed or Not Confirmed. If your response varies by the plan option(s) you are quoting, please explain. If a Bidder takes exception to any of these confirmations, it must be clearly noted. These confirmations will also explicitly apply to any subcontractors used.

	Confirmations	Vendor Response
A.	**GENERAL**	**Response (Confirmed/Not Confirmed)**
A.1	PBM agrees the State has the right to terminate the contract for any reason without penalty of any kind upon ninety (90) days-notice. The State will receive all rebates accrued during the tenure of the contract.	MedImpact confirms to the termination provisions outlined in II. Terms and Conditions, item T.
A.2	PBM agrees the State reserves the right to audit the State's PBM claim records, and any other financial records as they pertain to the pharmacy benefit program, whenever the State deems it appropriate, using whatever methodology and vendor they choose. Such claim audits may be performed by the State's personnel or by outside auditors selected by the State.	MedImpact confirms to the audit provisions outlined in IV. Payment, item H.
A.3	PBM agrees if selected as a finalist, to provide a signature ready contract and that your responses to the RFP, including all attachments, will be included as an attachment to the contract. The State reserves the right to negotiate additional changes to the final contract.	MedImpact confirms.
A.4	PBM agrees it shall provide a fully pass-through network, meaning it will bill the State the same as it reimburses network pharmacies for retail, mail order, and specialty drug claims. The PBM shall also pass-through 100% of Rebates to the State. All business practices, processes, and sources of revenue must be fully disclosed upon request.	MedImpact confirms.
A.5	PBM agrees the State reserves the right to carve-out specialty and mail order drug fulfillment and/or utilization management if it determines it is financially advantageous to do so.	MedImpact confirms that State DAS SPB has the right to carve out specialty at no cost; however, carving out specialty drug dispensing may impact the financial guarantees.
A.6	PBM agrees to develop a member satisfaction survey approved by the State to be sent to each plan member, conduct the survey, and collect and report respondent results on an annual basis at no additional cost to the State.	MedImpact confirms.
A.7	PBM agrees to provide easy-to-access management reports approved by the State in Excel or in a format that can be exported to Excel at least quarterly and as otherwise requested by the State.	MedImpact confirms.
A.8	PBM agrees to abide by all Federal and State laws and requirements throughout the contract term.	MedImpact confirms.
A.9	PBM will not render or administer services off-shore, and all work performed will be in the contiguous United States.	MedImpact confirms.
B.	**CONTRACT DEFINITIONS**	**Response (Confirmed/Not Confirmed)**
B.1	Contract Definitions	

	Confirmations	Vendor Response
	a. AWP (Average Wholesale Price) –The actual reported "AWP" from Medi-Span for the specific NDC-11 on the Day of Service for all channels (i.e., Retail, Mail, and Specialty). Claims will not use an average AWP or pre-settlement AWP, nor will the AWP be externally calculated, altered, or adjusted. Claims at Mail and Specialty pharmacies will use the AWP of the actual package size and NDC-11 used to dispense (not the package size of the prescription dispensed or alternative package sizes).	MedImpact confirms.
	b. Brand Drug - For adjudication purposes, a drug that is approved by the U.S. Food and Drug Administration (FDA) and is distributed under an FDA Application Type of new drug application (NDA) or biologic license application (BLA), and which is not an Authorized Generic and which is not a House Generic. In instances where the Brand or Generic status of a drug, as determined by the Contractor relying on an independent published source, differs from this definition, the Contractor may rely on its standard drug classification system for operational purposes of claim adjudication. All Brand Pricing Guarantees will be reconciled based on Medi-Span multi-source code field M, N, or O, excluding House Generics, as defined herein, and shall mean drugs or devices for which the Medi-Span Multisource Code field contains “M” (co-branded product), or “N” (single source brand), or “O” (originator). If the multi-source code in Medi-Span is "O", and there is a DAW code of 3, 4, 5, 6, or 9, the drug shall be considered a generic.	MedImpact confirms.
	c. Biosimilar - A FDA-approved type of biological product that is highly similar to and has no clinically meaningful differences in terms of safety and effectiveness from its respective FDA-approved biological reference product, under Section 351(k) of the Public Health Service Act, as added by the Biologics Price Competition and Innovation Act of 2009.	MedImpact does not confirm. A biosimilar is a biological product approved under the FDA 351(k) pathway. The FDA deems the biosimilar highly similar to the reference product notwithstanding minor differences in clinically inactive components; and there are no clinically meaningful differences between the biological product and the reference product in terms of the product's safety, purity, and potency.
	d. Claim - Prescription drugs, over the counter (OTC) products, drug products, medical supplies, or medical devices that are processed and paid through PBM's adjudication system or otherwise transmitted/processed by the PBM in accordance with State's applicable benefit plan design. Bidder agrees its financial bid is based on approved and Paid Claims only and will exclude all rejected, withdrawn, denied and/or reversed Claims.	MedImpact confirms.
	e. Compound Drug - A medication that requires compounding by pharmacists because it is not available from a pharmaceutical manufacturer in the prescribed form or strength. Compound drugs consist of two or more solids, semi-solids, or liquids where at least one of which is a Covered Product.	MedImpact confirms.
	f. Covered Product – The prescription drugs, supplies, and other items that are covered under the Benefit or treated as covered pursuant to a coverage determination appeal.	MedImpact confirms.

Confirmations		Vendor Response
	g. Generic Drug - For adjudication purposes, a drug that is approved by the U.S. Food and Drug Administration (FDA) and is distributed under an FDA Application Type of abbreviated new drug application (ANDA), or which is an Authorized Generic or which is processed as a House Generic. In instances where the Brand or Generic status of a drug, as determined by the Contractor relying on an independent published source, differs from this definition, the Contractor may rely on its standard drug classification system for operational purposes such as claim adjudication. All Generic Pricing Guarantees will be reconciled based Medi-Span multi-source code filed of Y or House Generic, as defined herein.	MedImpact confirms.
	h. Authorized Generic Drug - Any drug sold, licensed, or marketed under a new drug application (NDA) approved by the Food and Drug Administration (FDA) under section 505(c) of the Federal Food, Drug, and Cosmetic Act (FFDCA) that is marketed, sold or distributed under a different labeler code, product code, trade name, trademark, or packaging (other than repackaging the listed drug for use in institutions) than the Brand Drug.	MedImpact confirms.
	i. House Generic Drug - A drug with the multi-source code field in Medi-Span of O when there is a DAW code of 5.	Not applicable. MedImpact does not utilize house generics.
	j. Ingredient Cost - The total cost for a Covered Product on a Paid Claim, excluding Administrative Fees, Copay, Dispensing Fees, POS Rebates, government-imposed service fees, and taxes, in accordance with the terms of the Plan.	MedImpact confirms.
	k. MAC – maximum allowable cost.	MedImpact confirms.
	l. Rebates – Compensation or remuneration of any kind received or recovered from a pharmaceutical manufacturer or rebate aggregator attributable to the purchase or utilization of covered drugs by eligible persons, including, but not limited to, incentive rebates categorized as mail order purchase discounts; credits; rebates, regardless of how categorized; market share incentives; promotional allowances; commissions; educational grants; market share of utilization; drug pull-through programs; implementation allowances; clinical detailing; rebate submission fees; and administrative or management fees. Rebates also include any fees that PBM receives from a pharmaceutical manufacturer for administrative costs, formulary placement, and/or access.	MedImpact confirms.
	m. Manufacturer Administrative Fees - Those fees received by PBM or PBM's Affiliate(s) from pharmaceutical manufacturers or intermediaries pursuant to a contract between PBM or PBM's Affiliate(s) and a drug manufacturer to manage placement of Covered Products on PBM's Formulary and administering, invoicing, allocating and collecting Rebates that are attributable to Covered Products dispensed to Members.	MedImpact confirms.
	n. Formulary – The list of clinically appropriate Covered Products covered by the State, organized into different tiers or levels indicating potential member cost share for each Covered Product.	MedImpact confirms.

	Confirmations	Vendor Response
	o. Copay – The portion of the charge for each Covered Product dispensed to a Member that is the responsibility of such enrollee (e.g., copayment, coinsurance, cost sharing, and/or deductibles under initial coverage limits and up to annual out-of-pocket thresholds) as provided under the Benefit.	MedImpact confirms.
	p. Paid Claims – Defined as all transactions made on eligible members that result in a payment to pharmacies or members from the State or State member copays. (Does not include reversals and adjustments.) Each unique prescription that results in payment shall be calculated separately as a paid claim.	MedImpact confirms.
	q. Member – All eligible employees and their eligible dependents enrolled under the State prescription benefit program.	MedImpact confirms.
	r. Market Check – An evaluation of prescription drug pricing based on benchmarks derived from existing market PBM agreements of comparable plans.	MedImpact confirms.
	s. 340B Claim - A Claim identified by the submission of "20" in the Submission Classification Code field 420-DK and/or a Claim submitted by a pharmacy owned by a covered entity, as defined in Section 340B(a)(4) of the Public Health Services Act, whose 340B status is coded as "39" in the NCPDP DataQ database. Claims incurred at a PBM owned, operated, or affiliated mail or specialty pharmacy are not included in this definition.	MedImpact does not confirm. 340B Claim means a Claim that is (a) identified as 340B with an SCC-20 code and contracted pharmacies which are categorized as Type 39 or Type 38, (b) identified by the pharmaceutical manufacturer as ineligible for Rebates due to 340B status, unless resolved by an industry sources such as 340b ESP (340bESP.com), (c) distributed by a Participating Pharmacy that is owned by a 340B covered entity, or (d) identified by Client as 340B.
	t. GCN – A five-character numeric figure that represents the clinical formulation; it is specific to active ingredient list, route of administration, dosage form, and drug strength.	MedImpact confirms.
	u. GPI or GP14 - Generic Product Identifier reported by Medi-Span. It is a 14-character hierarchical classification that identifies drugs from their primary therapeutic use down to the unique interchangeable product regardless of manufacturer or package size.	MedImpact confirms.
	v. U&C Price (Usual and Customary) – The actual retail price charged by a Participating Pharmacy for a specified drug if purchased in a cash transaction on the date the drug is dispensed, as reported to Supplier by the Participating Pharmacy.	MedImpact confirms.
	w. ZBD Claim (Zero Balance Due) – Any claim for which the Member is response under the applicable Benefit Plan for the full amount of the Claim's Gross Drug Cost and State is responsible for no portion of the Claim's Gross Drug Cost.	MedImpact confirms.
B.2	Minimum Brand and Minimum Generic Discount Guarantees for both mail and retail shall be defined as follows: (1 – Aggregate Ingredient Cost/Aggregate AWP)	MedImpact confirms.
	a. Aggregate Discounted Ingredient Cost prior to application of plan specific copayments will be the basis of the calculation.	MedImpact confirms.
	b. Aggregate AWP will be sourced from Medi-Span.	MedImpact confirms.
	c. Dispensing Fees are not included in the Aggregate Ingredient Cost.	MedImpact confirms.

Confirmations		Vendor Response
	d. Zero Balance Due claims will be included in the guaranteed measurement for AWP, ingredient cost, achieved discounts or dispensing fee calculations at the discounted cost before copay.	MedImpact confirms.
	e. All guarantee measurements shall be calculated prior to the Copay being applied. Entire dollar-for-dollar shortfalls, prior to the application of Copay, will be reimbursed to the State without any adjustments to remove zero balance due or excess copayment claims.	MedImpact confirms.
	f. Both the Aggregate Ingredient Cost and Aggregate AWP from the actual date of claim adjudication will be used.	MedImpact confirms.
	g. Aggregate AWP will be the date sensitive, 11-digit NDC of the actual product dispensed at both retail and mail and specialty.	MedImpact confirms.
	h. Non-MAC, MAC, single-source, and multiple source generic products are to be included in the generic guarantee measurement (regardless of the exclusivity period and/or number of manufacturers) and excluded from brand guarantee measurement.	MedImpact confirms.
	i. Compounds, OTC claims, and claims with ancillary charges will be excluded from the guarantee measurements for retail and mail order components.	MedImpact confirms. We also exclude client owned pharmacy claims and claims with government mandated pricing.
	j. The guarantee measurement must exclude the savings impact from DUR programs, formulary programs, utilization management programs, and/or other therapeutic interventions.	MedImpact confirms.
	k. Measurement will be performed annually via independent audit utilizing date-sensitive AWP derived from a single, nationally recognized price source for all claims.	MedImpact confirms.
B.3	PBM agrees to provide upon request any proprietary algorithms, hierarchy or other logic employed to define a prescription drug as generic or brand.	MedImpact confirms.
C.	**FINANCIAL - GENERAL**	**Response (Confirmed/Not Confirmed)**
C.1	PBM will invoice the State weekly for claims and once monthly for administrative services.	MedImpact confirms to the invoice provisions outlined in IV. Payment, item C.
C.2	PBM agrees to bill administration fee on a fixed-fee, per Member per month basis.	MedImpact confirms.
C.3	There are NO additional fees (beyond those outlined in the financial section) required to administer the services outlined in this Proposal. Any mandatory fees, including clinical and formulary programs fees, must be clearly outlined in the Financial Section.	MedImpact confirms.
C.4	All fees include the cost of claims incurred/filled during the effective dates of this contract regardless of when they are actually processed and paid (run-out).	MedImpact confirms.
C.5	PBM agrees to review and negotiate the pricing applied to newly introduced generic drugs annually.	MedImpact confirms with exception. MedImpact completes a review of drugs and drug classes containing comparative efficacy, safety, pricing, and utilization data on a quarterly basis.
C.6	PBM agrees to adjudicate prescription claims for compound medications with the same dispensing fees and logic associated with traditional claims.	MedImpact confirms. Compounds are excluded from the guarantees.

	Confirmations	Vendor Response
C.7	All pricing will be effective and guaranteed for the term of the agreement and will not include adjustments for claims volume shifts amongst the various provider channels (e.g., mail utilization rates decline or 90-day retail utilization increases).	The financials are based upon the utilization, mix, and plan deisgn provided at the time of this proposal. MedImpact will reserve the right to revisit the financial guarantees within 60 days of the implementation if the utilization is materially different than the underlying assumptions. MedImpact may adjust rebate guarantees if there is a change of more than 10% in specialty volume during the term of the agreement as compared to Client's utilization prior to the agreement.
C.8	Confirm all pricing will be effective and guaranteed for the term of the agreement and will not be modified or amended if the State's membership decreases by 20% or less.	MedImpact confirms.
C.9	All applicable administrative fees will be on a per member per month basis.	MedImpact confirms.
C.10	Each distinct pricing guarantee (including rebates) will be measured and reconciled on a component (e.g. retail brand, retail generic, retail 90 brand, retail 90 generic, mail order brand, mail order generic, specialty brand drugs at participating retail pharmacies, specialty brand drugs at the PBM's Specialty Pharmacy, specialty generic drugs at retail, specialty generic drugs at PBM's Specialty Pharmacy) basis only and guaranteed on a dollar-for-dollar basis with 100% of any shortfalls recouped by the State. Surpluses in one component will not be utilized to offset deficits in another component.	MedImpact confirms for discount and dispensing fee guarantees. Rebates will be reconciled in aggregate.
C.11	PBM will provide a financial reconciliation report within 60 days after the end of each measurement period, and the report will include the contractual and actual discounts and dispensing fees for each component (e.g., retail brands, retail generics, mail brands, mail generics, specialty drugs via Participating Retail Pharmacies, specialty drugs via the PBM's Specialty Pharmacy).	MedImpact confirms.
C.12	PBM agrees that any shortfall between the actual result and the minimum guarantee will be paid, dollar-for-dollar, to the State within 90 days of the end of the measurement period.	MedImpact confirms.
C.13	PBM 's financial reconciliation that occurs after the end of the measurement period will use the lower of the AWP pricing at the point of adjudication or the retroactive AWP pricing, if the pricing source the PBM uses issues retroactive AWP pricing for that annual reconciliation time period.	MedImpact confirms with exception. MedImpact uses the AWP price that applies when the claim processes and does not apply any retroactive AWP.
C.14	PBM agrees to the use of a single, consistent Maximum Allowable Cost (MAC) list for each drug (NDC-level). PBM agrees to share the MAC list with the State for pricing verification on a quarterly basis, and whenever new drugs are added or upon request.	MedImpact confirms. The MAC product list will be the same.

	Confirmations	Vendor Response
C.15	All pricing submitted will NOT be contingent on participation in any proposed clinical management programs, group medical or behavioral health programs proposed by you or any other vendor other than programs that are requested by the State. Further, the pricing guaranteed in the Financial Section of this RFP reflects a) the PBM's broadest national network and b) the PBM's proposed formulary, without mandated utilization management unless otherwise authorized or requested by the State.	MedImpact confirms that pricing is based on our broadest retail network. The only requirement relative to the proposed rebate guarantees is adoption of our Clinical Trend Management package, which includes prior authorization, step therapy, and quantity limit system edits. MedImpact would need to adjust our rebate guarantees if State DAS SPB requests customization to or removal of any of these utilization management programs.
C.16	All pricing will NOT be contingent on specific utilization patterns. For instance, pricing terms contingent on limited utilization in a specific geographic location (e.g., Nebraska) is unacceptable.	MedImpact confirms.
C.17	PBM will NOT implement or administer or allow any program that results in the conversion from lower discounted ingredient cost drug products to higher ingredient cost drug products without the prior written consent of the State or its designee.	MedImpact does not confirm. MedImpact's formularies provide strategies to promote brand medications over generic medications when there are cost savings to the plan by doing so. MedImpact's brand for generic strategy allows the member to receive the brand medication at the generic copay while saving money for the plan by delivering the lowest net cost option. In certain situations, MedImpact's formularies provide strategies to promote brand medications over authorized generic medications; these are considered brand for authorized generic. Since authorized generics are not true generics, but often employed by brand manufacturers to maintain market share, the brands included in the brand for authorized generic programs process at the brand copay/tier. When evaluating brand for generic or brand for authorized generic opportunities, MedImpact works with our rebate services vendor to determine the low net cost solution at a therapy class level. On a monthly basis, we monitor the brand for generic strategy to the ensure it is generating the lowest net cost. When the brand for generic strategy no longer delivers the lowest net cost solution, we will cancel the strategy.
C.18	PBM agrees to annual Market Checks conducted by an independent third party (of the State's choosing) to ensure the State is receiving market competitive pricing terms within the industry based on its volume and membership and will improve pricing in the event that the State's contract terms are less than market competitive.	MedImpact will agree to an annual market check of network rates that compares similar clients with State DAS SPB in terms of size, composition, and line of business. The market check will compare in the aggregate pricing based on claims processing fee (administration fee), network discounts, and any products and services that State DAS SPB elects. State DAS SPB will provide MedImpact a detailed comparison of each market check component in comparison to the agreement's guarantees. MedImpact requires the market check to indicate a minimum aggregate cost difference of 0.5% in order to adjust the contracted rates and guarantees.

	Confirmations	Vendor Response
C.19	PBM agrees to implement new pricing to commence at the beginning of the following plan year. Acceptance of the new pricing will NOT result in extension of the contract, unless requested by the State.	MedImpact confirms.
C.20	Mail order pricing and rebates will apply to all claims that adjudicate at mail regardless of days' supply.	MedImpact confirms.
C.21	PBM agrees that mail order and specialty drug dispensing fees will remain constant throughout the contract term and will not be increased for any increases in postage charges.	MedImpact confirms.
C.22	PBM will guarantee Retail/Mail Order unit cost equalization, meaning that Mail Order unit costs prior to member cost sharing, dispensing fees, and sales taxes charged to the State will be no greater than the unit cost for the same NDC-11 at Retail.	MedImpact confirms.
C.23	PBM agrees to produce a date-sensitive comparison report showing unit costs charged to the State at a GCN-level, and reimburse the State on a dollar-for-dollar basis for all instances where mail order unit costs exceed retail unit's costs. Report and reconciliation will be provided on an annual basis.	MedImpact confirms.
C.24	The State will be notified of any switch in the AWP source at least 180 days prior to the change. In the event that the AWP source change is not determined by a third party to be price neutral for the State, the State will have the right to terminate the contract with no penalty.	MedImpact will provide notice to the fullest extent possible.
C.25	PBM will be responsible for collecting any outstanding member cost shares for prescriptions dispensed through the mail order facility. The PBM will not invoice the State for any uncollected member cost shares.	MedImpact confirms.
C.26	The State will have the ability to adjust "refill-too-soon" limits at both retail and mail without any modifications to the guaranteed pricing.	MedImpact confirms.
C.27	PBM agrees to provide weekly and/or monthly data transmissions to any other relevant State vendors at no charge, and two full, annual electronic claims files, in NCPDP format, at NO charge. PBM will also interact/exchange data with all vendors as required at no additional charge.	MedImpact confirms.
D.	**FINANCIAL - REBATES**	**Response (Confirmed/Not Confirmed)**
D.1	Guaranteed rebates per brand will be based on all Brand prescriptions dispensed, not only on formulary prescriptions dispensed.	MedImpact confirms.
D.2	Rebates are guarantees on a minimum (i.e., not fixed) basis, and the PBM will pass through 100% of the rebates through to the State.	MedImpact confirms.
D.3	Over-performance of minimum rebate guarantees will not be used to offset performance guarantee shortfalls in any other pricing guarantees.	MedImpact confirms.
D.4	Rebates will not be withheld for execution of any contract amendments. The State is entering into a three-year agreement and needs no annual renewals/amendments signatures for payment of rebates.	Not confirmed. A contract amendment or renewal must be in place before payment of rebates.
D.5	PBM will reconcile rebate guarantees to verify that the State is receiving the guaranteed rebates and provide rebate payments and reports listing detailed rebate utilization and calculations to the State quarterly, within sixty (60) calendar days of the quarter's close, without a request being made by the State.	MedImpact confirms.

	Confirmations	Vendor Response
D.6	PBM will provide the annual rebate report within 180 days of the end of each contract year. Any shortfall between the actual result and the minimum rebate guarantees will be paid, dollar-for-dollar, to the State within 180 calendar days of the end of the contract year.	MedImpact confirms.
D.7	All rebate revenue earned by the State will be paid to the State regardless of its termination status as a client. Lag rebates will continue to be paid to the State after termination until 100% of earned rebates are paid.	MedImpact confirms. Final rebate payment is made 180 days after the end of the agreement.
D.8	PBM agrees to produce an auditable quarterly report demonstrating pass-through rebates. PBM will attach a sample of the report they intend to use as part of their response.	MedImpact confirms. Please see **Exhibit A** for a sample report.
E.	**FORMULARY MANAGEMENT**	**Response (Confirmed/Not Confirmed)**
E.1	PBM agrees to provide written notification to the State or its designee at least 90 days in advance when a Formulary drug is targeted to be moved to or from the Formulary drug list. PBM must provide a detailed disruption and financial impact analysis at the same time. No greater than five percent (5%) of Members will be disrupted by any formulary deletions or all deletions in total, on an annual basis.	MedImpact confirms the written notice timeline for negative changes. We will provide disruption and financial impact at the same time and make every effort to minimize member impact; however, we cannot commit to a 5% or less member disruption on a client-specific basis.
E.2	PBM agrees to send timely notification letters to affected Members and their prescribing physicians of drug formulary changes or other changes where there is a negative impact to Member at no additional fee.	MedImpact Confirms.
E.3	PBM agrees to remove drugs from coverage or the Formulary at most two times per year (7/1 and 1/1) and no greater than five percent (5%) of participants will be disrupted by any formulary deletions or all deletions in total, on an annual basis (except where a Generic drug is replacing a Brand drug).	MedImpact cannot confirm to the no greater than 5% disruption; however, we do limit negative changes to twice per year.
F.	**PHARMACY NETWORK MANAGEMENT**	**Response (Confirmed/Not Confirmed)**
F.1	PBM will not withhold any financial recoveries from audits performed on the contracted pharmacy network including mail order and specialty pharmacies. Any recoveries will be disclosed and credited to the State.	MedImpact Confirms.
F.2	PBM agrees that it will not remove any participating network pharmacies that impact greater than 2% of the State's prescriptions without communicating to the State at least sixty (60) days in advance of the scheduled change. If the change is not agreeable to the State, the State will have the right to terminate the agreement without penalty.	MedImpact confirms.
F.3	PBM agrees to provide network geo-access reporting to the State upon request and to maintain targeted access levels throughout the contract term and such access shall include independent pharmacies throughout the State and nationally.	MedImpact confirms.
F.4	PBM agrees to not introduce any new drug or therapeutic category limitations to any participating network pharmacies during the term of the contract.	MedImpact confirms.
G.	**AUDITING & AUDIT RIGHTS**	**Response (Confirmed/Not Confirmed)**
G.1	PBM agrees that all financial pricing components (discounts, dispensing fees, rebates) are subject to independent, electronic audit utilizing date sensitive AWP information on an NDC level from a nationally recognized pricing source (e.g., MediSpan).	MedImpact confirms.

	Confirmations	Vendor Response
G.2	The State or its designee will have the right to audit annually, with an auditor of its choice, (for both claims and rebates), with full cooperation of the selected PBM, the claims, services and pricing and/or rebates, including the manufacturer or aggregator rebate contracts held by the PBM, to verify compliance with all program requirements and contractual guarantees with no additional charge from the PBM.	MedImpact confirms to the audit provisions outlined in IV. Payment, item H.
G.3	The State or its designee will have the right to audit up to 36 months of claims data at no additional charge from the PBM.	MedImpact confirms to the audit provisions outlined in IV. Payment, item H.
G.4	The State or its designee will have the right to audit, with an auditor of its choice, at any time provided the State gives 90-days advance notice.	MedImpact confirms.
G.5	PBM will provide complete claim files and documentation (i.e., full claim files, financial reconciliation reports, inclusion files, and plan documentation) to the auditor within 30 days of receipt of the audit data request as long as a non-disclosure agreement is in place between the auditor and the PBM.	MedImpact confirms.
G.6	PBM agrees to a 30-day turnaround time to provide the full responses to all of the sample claims and claims audit findings.	MedImpact confirms.
G.7	PBM agrees to financial guarantees for turnaround times for each stage of the audit process.	MedImpact will work with State DAS SPB to mutually agree on appropriate audit timelines. We do not offer performance guarantees relative to these items.
G.8	PBM will correct any errors that the State, or its representative, brings to the PBM's attention whether identified by an audit or otherwise.	MedImpact confirms.
G.9	The State or its designee will have the right to audit up to 12 pharmaceutical manufacturer contracts during an on-site rebate audit.	State DAS SPB or its third-party auditor shall select up to seven manufacturer contracts to enable State DAS SPB to audit 85% of the total program payments due to State DAS SPB for two calendar quarters during the twelve (12) month period immediately preceding the audit. State DAS SPB shall be entitled to extend the period covered by an audit to include the entirety of the two immediately preceding contract years (i.e. the audit would cover the two contract years prior to the contract year in which the request to audit is issued) if State DAS SPB or its third-party auditor identifies issues when conducting an audit that reasonably may have occurred or otherwise been present over the course of multiple contract years. State DAS SPB shall provide written notice of the request to audit not less than 90 days prior to the intended date of such audit or inspection. Such audits shall not occur more frequently than once during each calendar year.
G.10	The State's right to audit shall survive the termination of the agreement between the parties for a period of 3 years.	MedImpact confirms to the audit provisions outlined in IV. Payment, item H.

	Confirmations	Vendor Response
G.11	The State will not be held responsible for time or miscellaneous costs incurred by the PBM in association with any audit process including, all costs associated with provision of data, audit finding response reports, or systems access, provided to the State or its designee by the PBM during the life of the contract. Note: This includes any data required to transfer the business to another vendor and money collected from lawsuits and internal audits.	MedImpact confirms.
H.	**HIPAA COMPLIANCE**	**Response (Confirmed/Not Confirmed)**
H.1	PBM certifies that all personnel/staff in PBM's organization have completed their initial HIPAA training and will continue to complete HIPAA training on an annual basis.	Confirmed.
H.2	PBM will provide a copy of their most recently completed HIPAA assessment with their RFP submission.	Please refer to **Exhibit B.**
H.3	In the event of a privacy violation or data breach, PBM will provide any required remedies to resolve the violation/breach.	MedImpact will mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of the requirements of this BAA.
H.4	PBM agrees to hold the State harmless for any HIPAA Violations made by the PBM and its Network Pharmacists.	MedImpact can agree with exception and removal of the term "Network" Pharmacists.
I.	**PLAN DESIGN**	**Response (Confirmed/Not Confirmed)**
I.1	PBM agrees to duplicate the plan features and level of coverage presently offered to the State's covered member population.	MedImpact confirms.
I.2	PBM will ensure its proposal is issued in accordance with the specifications and information, including the full Summary Plan Descriptions (SPD) of each plan offered by the State, referenced in this RFP. PBM is required to review each plan SPD provided online at the State of Nebraska website for plan design and coverage provisions.	MedImpact confirms.
I.3	All deviations of your ability to administer the current plan designs and coverage provisions must be CLEARLY identified. The State reserves the right to modify and/or change plan designs on an annual basis at no additional cost to the State. All deviations from the plan design requirements will be scored accordingly.	MedImpact confirms. There are no deviations to the benefit design requirements.
J.	**IMPLEMENTATION, OPEN ENROLLMENT, AND COMMUNICATION**	**Response (Confirmed/Not Confirmed)**
J.1	PBM shall provide an implementation plan assuming a December 1, 2025 contract award. At a minimum, the Implementation Project Plan must provide specific details on the following: a. Identification and timing of significant responsibilities and tasks b. Names, titles, and experience of key implementation staff and time dedicated to the State during implementation c. Identification and timing of the State's responsibilities d. Transition requirements with the incumbent vendors e. Staff assigned to attend and present (if required) at Open Enrollment f. Data and timing requirements from current vendors to ensure transition of care and transfer of any open-refill, prior authorization, or other necessary files	Please see **Exhibit C** for a detailed implementation timeline.

	Confirmations	Vendor Response
J.2	Confirm implementation will be completed prior to the State's Annual Open Enrollment period in May 2026. The implementation plan(s) shall also define responsibilities assigned to the contractor and responsibilities assigned to the State. Failure to provide this information may be grounds to reject a proposal.	MedImpact confirms.
J.3	After J.2, please add: Confirm that, if awarded the business, you will be prepared to start implementation work as of the contract award date due to the lead time needed for open enrollment.	MedImpact confirms.
J.4	PBM must provide a dedicated implementation manager whose sole account is the State, who in coordination with the dedicated account manager and account management team, will effectively manage the implementation of this program. The dedicated implementation manager must continue to support the State a minimum of 60 days after the Go Live date of July 1, 2026, should the State desire. Such support includes, but is not limited to: weekly calls with the State and the designated Account Management team; maintenance of issue tracking logs; and issue resolution. This support must be provided as part of the base administrative fees with no additional cost to the State.	MedImpact confirms
J.5	The State requires that the PBM will be available and participate in the State's Open Enrollment communications campaign.	MedImpact confirms.
J.6	PBM shall provide detailed information on its procedures and time frame to prepare for annual Open Enrollment. The State will offer an annual Open Enrollment period during which time covered members may switch their plan of coverage. The successful contractor shall provide staff to assist State HR Personnel and Administrative Services – State Employee Benefits with annual Open Enrollment meetings in various locations throughout the State. The successful contractor shall have certificate books ready for distribution prior to the State's annual Open Enrollment; State will provide plan designs electronically to Contractor 30 days prior to annual Open Enrollment. Describe your company's timelines and deadlines for Open Enrollment (system updates due to plan changes or file formats, new divisions, manual work arounds, dates for last pre-OE updates, OE file updates, etc.).	MedImpact strives to support member open enrollment and State DAS SPB's benefit fairs with materials and support staff, at State DAS SPB's location of choice at no charge. Additional open enrollment support can be provided as mutually agreed. Proper benefit administration begins during the implementation process, including during each annual open enrollment period, during which eligibility files are loaded and tested. Welcome packets and ID cards are provided within agreed-upon timelines and are generally shipped within five days of receipt of an updated eligibility file.
J.7	PBM shall incur all costs for printing and distribution of all communications, including but not limited to:	
	a. Identification Cards (ID) printed	MedImpact confirms
	b. Booklets electronic copy provided	MedImpact confirms.
	c. Certificates electronic copy provided	MedImpact confirms.
	d. Summary Plan Descriptions (SPDs) electronic copy provided	MedImpact can support State DAS SPB in the creation of summary plan descriptions by providing information relative to the pharmacy benefit.
J.8	PBM shall incur all costs for additional open enrollment materials, including but not limited to:	
	a. Additional custom printing	MedImpact confirms.
	b. Web hosting	MedImpact confirms.
J.9	When customized printing is required, the PBM shall present a proof to the State for approval in a timely manner.	MedImpact confirms.

	Confirmations	Vendor Response
J.10	PBM agrees that if they become the successful contractor that no external communications material that mentions the State's benefit plans may be circulated without written approval from the State. The State reserves the right to review, edit, or customize any communication from the PBM to its membership.	MedImpact confirms.
J.11	PBM shall provide detailed information on how it will communicate to the members. PBM must provide sample communication materials such as certificate of coverage booklets, up-to-date-provider network directories, request letters for clinical programs, and sample EOBs.	MedImpact's Consumer Portal enhances the member experience and is a key component of our multichannel member engagement strategy to help State DAS SPB's members take control of their health and prescription drug costs. The MedImpact Consumer Portal expands the member communication and engagement channels with the following: ● Texting between member and MedImpact's mail order pharmacy ● Email engagement (MedImpact's mail order pharmacy) ● Push notifications such as refill reminders (mobile app) ● Reminders to take medication (mobile app) ● Reminders on low refills (mobile app) ● Savings opportunities (mobile app/website) ● Prior authorization (PA) approval/denial letters (mobile app/website) The MedImpact Consumer Portal allows members to: ● View plan specific network Pharmacy Locator and global positioning system (GPS) directions ● View plan specific medication information including PA and utilization management (UM) edits and pharmacy and therapeutic class price shopping ● View plan specific information based on member's elections ● Submit MedImpact's mail order pharmacy prescriptions electronically (website) ● Transfer prescriptions between network pharmacies (retail to retail, retail to mail, mail to retail) for lowest member price ● View medication and disease state education
J.12	PBM shall provide members access to written or electronic EOB statements at no cost to the State or member.	MedImpact confirms. Electronic benefit information is available through the consumer portal.
J.13	PBM shall produce ID cards and/or temporary proof of benefit letters in "real time". Identification cards will be subject to final approval by the State.	MedImpact confirms. Primary members and dependents over 11 years old can access and print a digital ID card through the Consumer Portal. If the member or dependent, has a smartphone, they can use the digital ID card located in the mobile app at any retail pharmacy in the MedImpact national network.
J.14	PBM agrees that 100% of ID cards will be distributed within 10 business days of being notified of the new or changed enrollment by the State.	MedImpact confirms
J.15	PBM agrees that replacement ID cards must be mailed within ten (10) business days of notification.	MedImpact confirms
J.16	Confirm that ID cards will be subject to final approval by the State.	MedImpact confirms
J.17	PBM agrees to in-person meetings with the State as required to discuss plan performance, present utilization and financial results, etc. at PBM's expense. At a minimum, the State expects that the Account Executive and Clinical Pharmacist attend these meetings.	MedImpact confirms. MedImpact offers up to three quarterly and one annual review meeting per calendar year; meetings may be held virtually upon agreement.

	Confirmations	Vendor Response
J.18	Confirm you will provide a dedicated 24-hour toll-free customer service phone line available during Open Enrollment as well as throughout the year.	MedImpact confirms
K.	**VENDOR ACCOUNTABILITY AND PERFORMANCE GUARANTEES**	**Response (Confirmed/Not Confirmed)**
K.1	Minimum performance standards are included in Attachment D – Performance Guarantees. PBM must provide these standards measured on State specific data. Confirm agreement.	MedImpact confirms. Items requiring measurement based on MedImpact's book of business have been outlined in Attachment D.
K.2	The State requires that 30% of the Administrator's annual PBM Fees be placed at risk annually as a financial penalty for failure to meet the administrative performance guarantees in accordance with Attachment D, as established by the State of Nebraska. All penalties will be assessed based on these pre-established guarantees against actual State-specific performance results annually, not the bidder's book of business. Confirm agreement.	MedImpact confirms with modification. State DAS SPB can choose to allocate performance guarantee amounts at risk within the ongoing performance guarantee categories. State DAS SPB must provide MedImpact written notice of allocation no later than 30 days prior to go-live date or beginning of subsequent calendar plan year. No more than 20% of the total amount at risk can be allocated to any one ongoing performance guarantee. The allocations remain in place unless, and until, the amounts at risk are reallocated or new performance guarantees are mutually agreed upon.
K.3	The State requires that 30% of the Administrator's PBM Fees be placed at risk as a financial penalty for network discount guarantees provided by the PBM. All penalties will be assessed based on the State-specific annual performance results only. Confirm agreement.	MedImpact does not offer a separate financial penalty tied to network discount guarantees.

ATTACHMENT C - CONFIRMATIONS & QUESTIONNAIRE

Bidder: MedImpact Healthcare Systems, Inc.

SOLICITATION NUMBER - 122436 O5

	Questionnaire Section	Section	Response
A	**EXPERIENCE AND REFERENCES**	**Experience**	**RESPONSE**
A.1	Provide three references of clients. At least one reference should include a Public Sector group with at least 15,000 lives.	Experience	
	Reference #1:	Experience	
	a. Company Name	Experience	[redacted]
	b. Contact Person	Experience	
	c. Title	Experience	
	d. Telephone #	Experience	
	e. E-mail Address	Experience	
	f. Total Membership	Experience	
	g. Tenure (Years)	Experience	
	Reference #2:	Experience	
	a. Company Name	Experience	
	b. Contact Person	Experience	
	c. Title	Experience	
	d. Telephone #	Experience	
	e. E-mail Address	Experience	
	f. Total Membership	Experience	
	g. Tenure (Years)	Experience	
	Reference #3:	Experience	
	a. Company Name	Experience	
	b. Contact Person	Experience	
	c. Title	Experience	
	d. Telephone #	Experience	
	e. E-mail Address	Experience	
	f. Total Membership	Experience	
	g. Tenure (Years)	Experience	
A.2	For your entire book of business, provide the total year-end national group members. Please also provide statistics for your Public Sector clients.	Experience	
	Total Covered Lives (excluding non-insured discount programs)	Experience	
	2024	Experience	18,317,053
	2023	Experience	19,093,709
	Public Sector Covered Lives (excluding non-insured discount programs)	Experience	
	2024	Experience	342,151
	2023	Experience	266,958
	Number of Public Sector Clients	Experience	
	2024	Experience	53
	2023	Experience	33
	Number of Public Sector Clients with 15,000+ lives	Experience	
	2024	Experience	7
	2023	Experience	6
A.3	Explain your revenue model	Experience	MedImpact's proposed pass-through model has two primary sources of revenue: ● Administrative fees associated with our service offering ● Ancillary program fees that we charge for value-added programs

	Questionnaire Section	Section	Response
A.4	Do you consider your solution a transparent PBM model?	Experience	Yes. MedImpact offers our clients and members the clarity, control, and confidence they deserve in a pharmacy benefit management partner. We operate with complete transparency, regardless of the financial arrangement (traditional or pass through), allowing clients to audit all services MedImpact provides to them.
	a. If yes, how long have you offered a transparent PBM model?	Experience	MedImpact has always operated as a transparent PBM. We offer transparency to our clients regardless of financial model.
	b. Do you have accounts that are not a transparent PBM model?	Experience	Yes, a certain percentage of clients have requested a traditional model.
	c. If yes, what percentage of your book of business in on a non-transparent PBM model?	Experience	Approximately 22% of MedImpact lives are attributed to the pass-through model; 78% are attributed to the traditional model. Since many MedImpact clients have multiple pricing arrangements, we cannot report upon clients by model type nor do we report revenue by model.
A.5	What has your average trend (claim inflation rate) been for the last 4 years, by year, for middle and enterprise market segments.	Experience	MedImpact's most recent claim inflation trend figures: Q3 2022 through Q2 2023 compared to Q3 2023 through Q2 2024: 15.6% Q3 2023 through Q2 2024 compared to Q3 2024 through Q2 2025: 4.8%
A.6	Does your firm participate in the business model of "claw backs" for any commercial / public plans? Please elaborate.	Experience	MedImpact's network agreements with retail pharmacies do not include any clawback provisions.
B	**ACCOUNT MANAGEMENT**	**Acct Mgmt**	**RESPONSE**
B.1	Confirm that the proposed account management team has at least three (3) years working with Public Sector group pharmacy drug benefit plans having at least 15,000 employees.	Acct Mgmt	MedImpact confirms.
B.2	Confirm you will provide an Account Executive and a backup account staff member that will handle ALL service matters related to the operation of the program.	Acct Mgmt	MedImpact confirms
B.3	Confirm you will respond to all State inquiries within one (1) business day.	Acct Mgmt	MedImpact confirms.
B.4	The State may require that the PBM's Account team to attend The State's Board meetings at the PBM's expense. Confirm understanding.	Acct Mgmt	MedImpact confirms.
B.5	How do you assess the Account Team's performance and quality of service? Provide a sample of an annual score card or template used.	Acct Mgmt	MedImpact conducts client satisfaction surveys on an annual basis. In addition, MedImpact account management teams conduct frequent, client-specific inquiries to assess the effectiveness and service performance of the account management team. **Exhibit E** provides MedImpact's client satisfaction survey template.
C	**MEMBER SERVICES**	**Member Svcs**	**RESPONSE**
C.1	The State requires a dedicated toll free number and Customer Service for this contract. This line should be dedicated solely for the use of State members.	Member Svcs	MedImpact confirms.
	a. Confirm member service representatives are available 24 hours a day, 365 days a year.	Member Svcs	MedImpact confirms.

	Questionnaire Section	Section	Response
	b. Where will this unit be located?	Member Svcs	MedImpact's call centers are in Tempe, Arizona, and San Diego, California.
C.2	Describe the process members use to transfer from the interactive voice response unit (IVR) to speak to a live representative.	Member Svcs	The interactive voice response (IVR) menu includes the following prompts to determine if the caller is a pharmacy, member, prescriber, or client: ● If you're a pharmacy, press or say one. ● If you're a member, press or say two. ● If you're a physician, press or say three. ● If you're a health plan or employer group, press or say four. If the system cannot complete a voice command, the system routes the call to a customer service representative.
C.3	Describe your clinical pharmacist support to members, hours available, and how members reach a pharmacist.	Member Svcs	While our main customer service unit does not include a pharmacist for member discussions, the MedImpact Direct Specialty® program (MIDS) preferred pharmacies provide member clinical care from the first fill of a specialty medication to the conclusion of the medication therapy regimen. Our specialty network pharmacies understand the importance of helping members navigate their disease-state conditions, making sure they have the right drug, and proactively consulting with prescribers. Specialized pharmacists, nurses, and certified pharmacy technicians provide personalized member care to monitor medication side-effects, possible depression, and disease-state progression. Members receive personal refill service every month that tracks and records medication adherence, proper use of medication, and injectable retraining if needed. Clinicians are available for member and prescriber consultations 24 hours per day, seven days per week, 52 weeks per year.
C.4	Confirm all member services calls are recorded and are accessible for the purposes of resolving member issues.	Member Svcs	MedImpact confirms.

	Questionnaire Section	Section	Response
C.5	Describe the system by which the Member Service unit tracks and documents calls.	Member Svcs	MedImpact tracks all calls through an innovative Cisco telephone accounting system. This automated process lets management study the quantity, length of all calls, average speed of answer, and abandonment rate. MedImpact uses the data generated from these reports to monitor call activity and staff appropriately during peak periods. MedImpact also uses scheduling software to further assist in forecasting staffing needs. MedImpact uses a web-based call recording and monitoring system to capture voice recordings and customer service representative (CSR) screen input storing CSR call notes in MedAccess® and adhering to MedImpact's documented guidelines while monitoring calls. Recordings are held on an encrypted server on-premise in .wav format for the first two years. They are then compressed on the same server as OPUS (audio file with high compression) for the next eight years.
	a. Describe the process to review the findings of the call tracking and documentation process with the State.	Member Svcs	Our Performance Improvement Coordinators (PIC) and Supervisors review and grade performance using a web-based call recording and monitoring system. Issues identified during call monitoring are compiled and used as training opportunities. We also conduct mock calls, provide mandatory monthly training, and continuously coach improvement opportunities one-on-one and in staff meetings. MedImpact records and stores all customer service center call recording interactions for performance monitoring, quality standards, and customer service metrics. MedImpact uses a web-based call recording and monitoring system to capture voice recordings and customer service representative (CSR) screen input storing CSR call notes in MedAccess® and adhering to MedImpact's documented guidelines while monitoring calls.
	b. Confirm this system is able to produce State-specific member service statistics.	Member Svcs	MedImpact does not confirm. MedImpact's statistics are based on book-of-business.

	Questionnaire Section	Section	Response
C.6	Describe your appeals procedures for denied claims or authorizations and time frames that a member would follow.	Member Svcs	MedImpact developed an ERISA and Affordable Care Act compliant standard appeals program for clients that delegate this function. We will work with State DAS SPB during the implementation phase to determine the level of MedImpact involvement in the member appeals process. The MedImpact appeals coordinator manages all appeal requests, and a clinical pharmacist reviews them. A physician review is available at the internal (first level) clinical appeals when required. For external (second level) clinical appeals, we send the request to an independent review organization (IRO) that we contract for availability of a physician specialist review panel. For external (second level) clinical appeals received for the plan, we forward the request to the plan. **Internal Clinical (First Level*) Appeal** We resolve the internal (first level) clinical appeal according to an expedited or standard timeline. If approved, we send the prescriber a notification letter by fax, and we notify the member by mail. If we deny the internal clinical appeal request, we send the notifications, with appeals rights and contact information to request an external review, the second level clinical appeal. ***NOTE**: *Some states may require a second internal review resulting in three level making the external review the third level.* **External Clinical Appeal** MedImpact contracts with IROs with current URAC accreditation. When we receive the external clinical appeal request, the appeals coordinator reviews the case and completes a preliminary assessment to determine its eligibility. If eligible and not approvable based on preliminary review, the appeals coordinator assigns the case on a rotational basis to an IRO for review, submitting all supporting documentation to the related denied PA,
C.7	Describe the escalation process for Member Service satisfaction and complaints.	Member Svcs	CSRs have the capability to review claim and member information directly through their online terminals. In most cases, 99% of inquiries and problems can be handled while the member is on the phone. If CSRs need to escalate phone calls, they have access to an additional research screen for calls that require direction to higher levels. Through this screen, questions are transferred to a senior representative and to any appropriate departments. If the situation cannot be resolved, a supervisor provides immediate assistance. Once a supervisor is involved, they will provide the caller with their name and a direct phone number. CSRs escalate calls for resolution or referral when necessary. Escalated calls are logged in our system as a concern for tracking and reporting purposes and are followed up by a senior representative who conducts research and follow up for resolution. The client administrator notifies State DAS SPB and the account management team of the concern. The caller receives a follow up call within one business day.

	Questionnaire Section	Section	Response
C.8	Describe the State of Nebraska specific website you will have available by July 1, 2026, through which members can, at a minimum, access and view eligibility, plan benefits, pharmacy and formulary information, locate a pharmacy, price a prescription specific to the State's plan design, order a mail order refill, track a mail order shipment, and order a replacement card. This website will be linked to the State's internet home page.	Member Svcs	MedImpact can make the Consumer Portal available during State DAS SPB's open enrollment period days prior to go live date. Members use a specific plan code to access the Consumer Portal. This allows every prospective member to use the Search for Drug Price Check feature to compare the cost of prescriptions between retail pharmacies and MedImpact's mail order pharmacy (if applicable), find the lowest cost retail pharmacy including in house or preferred pharmacies, dependent on plan design, and view pharmacy hours of operation and address. The system adjudicates every medication search according to State DAS SPB's specific formulary, plan design, member cost share (e.g., copay, coinsurance, etc.), and pharmacy networks.
C.9	Describe your drug cost look-up tool on your member website that provides both the plan copay and full drug cost?	Member Svcs	MedImpact's Consumer Portal enhances the member experience and is a key component of our multichannel member engagement strategy to help members take control of their health and prescription drug costs. Members can compare prescription costs across retail and mail pharmacies as well as between retail pharmacies, transfer prescriptions to a lower cost pharmacy. Members enter their medication and preferred city and state or zip code in the Search for Drug Price Check banner at the top of the Dashboard to search. The search function provides, after entering the first three letters of a drug, a dropdown list with different options to allow the member to select the appropriate strengths, etc. The Search for Drug Price Check results show cost, status, and pharmacy results. The cost comparison includes member price, price of the drug per day, plan share, and formulary status. Users can view the pharmacy name, address, phone number, distance, etc. This allows the member to receive GPS directions within the mobile app. If a member is refilling a prescription and sees a lower cost at another retail pharmacy or MedImpact's mail order pharmacy, the member can select the fill here button to move their prescription to a lower cost pharmacy. This feature generates faxes to both the current and newly selected pharmacies requesting the prescription transfer on the members' behalf.

	Questionnaire Section	Section	Response
C.10	Describe your mobile app features, availability, and capabilities.	Member Svcs	MedImpact's member mobile app offers the following features: ● Push notifications such as refill reminders (mobile app) ● Reminders to take medication (mobile app) ● Reminders on low refills (mobile app) ● PA (prior authorization) approval/denial letters (mobile app/website) ● Digital member ID (identification) card for use at any network pharmacy (mobile app) ● Opt in to receive MedImpact's mail order pharmacy notifications (mobile app) The mobile app also includes the Medicine Chest feature. Medicine Chest allows members to set up medication and refill reminders and view their utilization history. Through the companion Apple Watch application members can receive medication reminders, mark their medication as taken or skipped, and see upcoming medications. Please see **Exhibit F - Mobile App Features**. MedEmpower® Fuel is a hyper-personalized app that improves member health and wellness by leveraging the most powerful influences on human behavior: It motivates people to eat better and lead a healthier lifestyle; it is simple to use and stick with, and tailored to the health, goals, and preferences of the member. The objective for MedImpact's personalized wellness app is to connect health
D	**FORMULARY AND REBATE MANAGEMENT**	**Formulary**	**RESPONSE**
D.1	Provide a copy of your current proposed formulary (both a detailed file in Excel and an abbreviated PDF version). Provide a listing of any excluded drugs along with the preferred clinical alternatives.	Formulary	Our proposed formulary files are included within **Exhibits G and H**. Our excluded drug list is included in **Exhibit I**.
D.2	If requested by the State, the PBM agrees to grandfather the current formulary (preferred) list and respective copayments for up to 90 days following the contract effective date with no impact on the minimum rebate guarantees. Confirm agreement.	Formulary	MedImpact agrees. MedImpact's policy on grandfathering allows a member a 1-time (retail, retail 90, and mail order) courtesy fill during the first 90 days. After the courtesy fill, the member receives a notice to move to a preferred medication for the next fill. If State DAS SPB prefers to grandfather members for longer than 90 days, rebate guarantees will start after the grandfather period ends.
D.3	Complete and submit a formulary disruption analysis based on your proposed formulary and the provided claims data with drug exclusions that allows for prior authorization for medical necessity. Results to be included are the number of members that will require a change as well as the number of prescriptions associated with the formulary change. An Excel file that lists the specific drugs that will be negatively impacted (excluded or higher-cost tier) along with the total number of scripts and members impacted for each of these drugs should also be provided. Please provide a summary of your formulary disruption analysis using the table below:	Formulary	
	a. No Change:	Formulary	
	# Members impacted	Formulary	13,875
	% of Total Members	Formulary	48.88%
	Number of Scripts Impacted	Formulary	120,915
	% of Total Scripts (including all brands and generics)	Formulary	34.26%
	b. Positive (higher-cost tier to lower tier):	Formulary	

	Questionnaire Section	Section	Response
	# Members impacted	Formulary	13,947
	% of Total Members	Formulary	49.13%
	Number of Scripts Impacted	Formulary	117,262
	% of Total Scripts (including all brands and generics)	Formulary	33.2%
	c. Negative (lower tier to higher-cost tier):	Formulary	
	# Members impacted	Formulary	236
	% of Total Members	Formulary	0.28%
	Number of Scripts Impacted	Formulary	971
	% of Total Scripts (including all brands and generics)	Formulary	0.83%
	d. Moving from covered to not covered/Excluded:	Formulary	
	# Members impacted	Formulary	412
	% of Total Members	Formulary	1.45%
	Number of Scripts Impacted	Formulary	1,588
	% of Total Scripts (including all brands and generics)	Formulary	0.45%
D.4	Are any generic drugs considered “non-preferred” on your proposed formulary (i.e., subject to the “non-preferred” copay)? If yes, please describe in detail and provide examples.	Formulary	Yes. Generic drugs may be considered non-preferred when there is an authorized generics. Upon launch, authorized generics are not always the lowest net cost and may be more expensive than the original products due to the manufacturer continuing to provide rebates on the originator product(s). When authorized generics are found not to be the lowest net cost, they are excluded from the brand for generic program and the original products are preferred. MedImpact continually monitors the price of these products, and at such time when the authorized products become the lowest net cost, that product will be preferred. For example, on June 24, 2024, Teva launched an authorized generic formulation of Novo Nordisk's Victoza (liraglutide) at a list price of $78.27 per mL, or a 13.6% discount to the originator brand. Victoza must be administered daily, whereas the market leaders, Novo Nordisk’s Ozempic (semaglutide) and Eli Lilly’s Trulicity (dulaglutide), are administered once weekly. We expect patients will continue to favor more convenient dosing frequencies and administration methods, such as once-weekly injectables or orals, compared to daily subcutaneous injections. The net cost of products like Ozempic and Trulicity after rebates is lower than Teva’s liraglutide and the brand products have superior clinical efficacy.
D.5	Do your manufacturer agreements contain provisions that limit the amount the manufacturer can raise the AWP price of prescription drugs each year? If yes, please describe:	Formulary	No. Manufacturer agreements do not limit the amount a manufacturer can raise the AWP price of drugs each year, but some of our contracts do have price protection provisions that require manufacturers to pay out additional rebates in the event they increase the drug price beyond a certain threshold.
D.6	What reporting will you provide to the State to demonstrate such manufacturer price limit agreements provide meaningful benefits to the State?	Formulary	We will work with State DAS SPB to ensure available reporting meets this requirement.

	Questionnaire Section	Section	Response
D.7	Describe the process you will use to substitute biosimilar drugs for original brand specialty drugs and include a description of reporting you will provide to demonstrate plan cost savings of the biosimilar relative to the net of rebate brand specialty drug, and conversely the net of rebate brand cost relative to the biosimilar if the brand specialty drug remains on the formulary after biosimilar availability.	Formulary	Biosimilars create opportunity for significant up-front cost reduction through lower lists prices. MedImpact supports the adoption of biosimilars that deliver savings to members and clients with comparable efficacy and safety to the reference products. MedImpact Standard Commercial formularies currently prefer the following biosimilars, which offer a savings between 5% to 80% compared to the reference product: ● Autoimmune: Simlandi, Adalimumab-adaz, Selarsdi, Yesintek, Tyenne, Vegzelma, Zirabev, Mvasi, Avsola, Inflectra, Renflexis ● Age-Related Macular Degeneration: Byooviz, Cimerli ● Diabetes: Insulin Glargine-YFGN(YFGN) ● ESA: Retacrit ● GCSF: Ziextenzo, Nivestym ● Oncology: Kanjinti, Trazimera, Riabni, Ruxience, Truxima, Ontruzant, Hermzuma, Ogivri MedImpact utilizes biosimilars to drive to the lowest net cost for members and clients. The trend of biosimilars is likely to involve continued growth, expanded market penetration, and increasing competition. Market dynamics and competition among biosimilar manufacturers is expected to intensify, leading to further price reductions and increased market penetration. Originator companies may also respond to biosimilar competition by adjusting pricing strategies or introducing their own unbranded products. MedImpact is committed to promoting biosimilar
D.8	Do you have a formulary appeal process in place to address member concerns regarding formulary alternatives or provider indications of medical necessity? If yes, explain the process:	Formulary	Yes. Therapeutic PA requests include formulary exception, step therapy, quantity limit, and tier exception requests. Pharmacy staff initially perform these reviews for possible approval. Our formulary exceptions guidelines and formulary analyzer systems provide a unique and accurate tool for our pharmacy staff to adequately review such formulary exceptions. A licensed pharmacist within the PA department or a physician, if required by accrediting body or state utilization management regulations, subsequently reviews. This immediate pharmacist intervention offers a high level of accuracy by providing an efficient PA review. State and federal regulations drive denial timeframes.
D.9	When do formulary changes typically occur?	Formulary	MedImpact updates standard formularies quarterly. In order to limit member disruption, negative formulary changes usually occur twice a year.
D.10	Do you agree to limit formulary deletions up to twice per year on 01/01 and 07/01?	Formulary	Yes.

	Questionnaire Section	Section	Response
D.11	Explain how the State and affected members will be notified about formulary changes	Formulary	MedImpact's notification process provides member notifications timelines and facilitates plan savings by converting members from nonpreferred to preferred drugs sooner. Negative formulary change communications for clients using the standard formularies occur as follows: ● MedImpact provides negative change information to the client approximately 120 days prior to the formulary change effective date. ● MedImpact provides an affected member report to the client approximately 75 days prior to the formulary change effective date. ● MedImpact sends letters to affected members approximately 60 days prior to the formulary change effective date.
E	**CLINICAL MANAGEMENT PROGRAMS AND CAPABILITIES**	**CM**	**RESPONSE**
E.1	Confirm that you are proposing to administer the State's clinical and other programs as outlined below. Please specify if any additional fees apply in your response below and in your response to the Financial Section of this document.	CM	
	a. Prior Authorization	CM	We have proposed our standard UM edits, which include PA edits.
	b. Step Therapy	CM	We have proposed our standard UM edits, which include ST edits.
	c. Drug Quantity Limits	CM	We have proposed our standard UM edits, which include QL edits.
	d. Medication Therapy Management	CM	We recommend our MTM program. Costs are outlined in the cost proposal.
	e. Specialty Pharmacy Program	CM	Included
	f. Diabetic Supplies Program	CM	MedImpact confirms.
	g. Vaccine Administration	CM	We are implementing our MedNetwork Vaccine program. Vaccine fees are outlined in the cost proposal.
E.2	How will the State be kept informed of changes to clinical management rules?	CM	During the implementation process and throughout State DAS SPB's relationship with MedImpact, State DAS SPB's clinical account executive (CAE) will recommend MedImpact's clinical programs to control drug spend and trend and align with State DAS SPB's plan performance goals. The CAE will apprise State DAS SPB of any change to clinical management rules, analyze drug spend, evaluate drug trends, and compare relevant benchmarks. Additional CAE focuses include providing clinical recommendations including member impact, clinical impact, and potential plan savings
E.3	Provide a sample client management report that details clinical rule activity and savings.	CM	Please refer to **Exhibit J.**
E.4	Provide a sample of your client clinical management performance report.	CM	Please refer to **Exhibit J.**

	Questionnaire Section	Section	Response
E.5	Describe your PA, step therapy and quantity level limit program capabilities. Please attach a list of drug categories for which such programs can be applied.	CM	MedImpact's clinical trend management, or utilization management (UM), package aims to ensure clinically appropriate use of medications and to encourage the use of the most cost-effective therapy. Our clinical trend management package is comprehensive. While this may mean more UMs, not all these UMs are negative or truly disruptive to members care as the following explains: ● Prior authorizations (PAs) ensure the medications are safe and appropriate for members. Our PAs are intentionally disruptive because the clinical value of the PA outweighs the administrative burden. During implementation, we can transfer a member's PA, so the member only experiences a PA once their existing PA expires. ● Quantity limits (QLs) prevent overdose, abuse, and waste. The member has the option to fill a lower quantity or request a quantity exception if there is a clinical rationale for the quantity needed. Often, as is the case for acute medications, the exception process prompts clinicians to reassess the member's condition and determine whether they need additional chronic management. ● Step therapies (ST) prompt members starting therapy to try preferred medications first before using more costly or high-risk medications. The program does not require members already on a medication with a ST and will not disrupt members who are already on medications with a ST when transitioning to MedImpact's formulary.
E.6	Provide your book-business prior authorization rate of denials for the following therapeutic categories: GLP-1, SGL-2, Specialty-Inflammatory; Specialty-Dermatology; Migraine.	CM	We are able to provide the following 2024 book of business denial rates: ● GLP-1: 29.23% ● Specialty-Inflammatory: 18.73% ● Specialty-Dermatology: 26.21% ● Migraine: 11.54%
E.7	Does your firm use AI (artificial intelligence) for prior authorization approvals? If so, please provide a detailed explanation.	CM	No.

	Questionnaire Section	Section	Response
E.8	Briefly describe your drug utilization review (DUR) process and indicate which point-of-sale edits can be overwritten and which are “hard” rejects. Include a list of your point-of-sale edits.	CM	MedImpact has a comprehensive drug utilization review (DUR) program that leverages technology to identify and manage drug problems through prospective DUR and concurrent DUR edits. Both types of edits identify potential problems at point of sale (POS) and allow the pharmacist to resolve issues before the member receives the medication. Our business processes apply prospective DUR and concurrent DUR drug reviews to all claims as follows: ● Prospective DUR: Predetermined criteria from industry standard drug information databases trigger prospective DUR. Clients can select from First Databank or Medi-Span. Prospective DUR edits have various customizable parameters including severity levels and clinical significance for each drug language. Additionally, MedImpact prospective DUR edits meet CMS requirements for regulated markets. ● Concurrent DUR: Concurrent DUR performs drug-problem identification and drug problem prevention through point of sale clinical edits, step therapy, lock in programs, and medication therapy management that provide technology-based guardrails to ensure positive member outcomes. These clinical edits use drug information databases and other data sources such as history drug lists, prescriber counts, member attributes, and diagnosis codes. Concurrent DUR edits allow therapy for a member to be altered if necessary. Custom edit development is also available.
E.9	Provide your detailed utilization management program list, including specific drugs names in each program.	CM	Please see **Exhibit G**.
E.10	Provide a sample DUR report you produce and make available to clients.	CM	Please refer to **Exhibit K.**
E.11	What was your overall average DUR savings as a percentage of plan cost in 2024? Please break-out savings by category (e.g. refill-too-soon, age restriction, etc.)	CM	MedImpact has delivered a blended average incremental ingredient cost savings of $5.49 PMPM (without persistency factor) for new clients implementing with MedImpact over the client’s prior PBM’s point-of-service DUR programs (step therapy, quantity limit management, prior authorization, age edit programs).

	Questionnaire Section	Section	Response
E.12	Briefly summarize the DUR edits that detect fraud and/or abuse.	CM	MedImpact's claims adjudication system provides numerous built-in edits to automatically detect inappropriate prescriber/pharmacist dispensing or utilization. Concurrent DUR serve as the first line of defense against pharmacy FWA, stopping inaccurate and fraudulent claims before they process. Despite best efforts at catching inappropriate claims at the POS, evolving fraud schemes require more of a defense post adjudication. To address this, we also offer retrospective DUE edits through our retrospective DUE and Opioid Overutilization and Safety Controls programs. Through these programs, we can monitor prescribers for overprescibing and can conduct outreach. **Concurrent DUR** Through the MedImpact Concurrent DUR program, pharmacists receive online messages and warnings at POS before the pharmacist dispenses the prescription. To promote safe and cost-effective drug prescribing, the system supports numerous standard and customized edits to warn pharmacists of the potential harm involved in dispensing particular medications. Some standard drug safety edits include: ● Overutilization: Messages the pharmacist about potential member overutilization of medications through a combination of edits ● Underutilization: Detects when a member picks up a refill late based on the days' supply of the previous claim for that medication ● Duplicate prescription: Denies a second claim filled on the same day with the same member information and drug information ● Refill too soon: Rejects a claim when a member attempts to refill a prescription sooner than allowed
E.13	Describe the "look-back" period (% of prescription days that must elapse) utilized for the refill-too-soon edit and indicate whether it includes only the previous claim or cumulative historical claims. Provide separately for retail and mail order.	CM	MedImpact's refill-too-soon logic for retail and mail offers a layer of protection against fraud, waste, and abuse (FWA) and assists with appropriate medication utilization. Our look back period, or refill threshold, for standard refill too soon logic for retail and mail is 75%.
E.14	Can the State customize the above look back period?	CM	Yes. MedImpact is open to discussing customizations that are clinically appropriate.

	Questionnaire Section	Section	Response
E.15	In addition to point-of-sale edits, describe any other tools or programs that are available to detect, prevent, and resolve fraud and/or abuse? Indicate whether such programs are optional and whether they entail a separate fee.	CM	Despite best efforts at catching inappropriate claims at the POS, evolving fraud schemes require more of a defense post adjudication. MedImpact offers the following solutions to identify, stop, and prevent FWA: ● Standard FWA Program ● Enhanced FWA Program ● Dynamic Refill Too Soon POS Edit Any applicable fees are outlined in the cost proposal. **Standard Pharmacy FWA Program** We automatically enroll every client in our Standard Pharmacy FWA program. MedImpact maintains criteria, which we may amend from time to time, to establish when and how we select a participating pharmacy (excluding client-contracted participating pharmacies) for audit to determine contract compliance with MedImpact. MedImpact makes reasonable attempts to collect any overpayments made to participating pharmacies as determined through such audits. **Desk Audits** MedImpact conducts desk audits based on our established criteria for all participating clients. **Onsite Audits** MedImpact selects potentially discrepant claims for onsite review ensuring participating pharmacies compliance with federal and state laws and regulations. **Enhanced FWA Program** The Enhanced FWA Program includes all the Standard Pharmacy FWA Program features with additional services.
E.16	Do you require a DEA or other identifier to be indicated to fill a controlled substance drug? If yes, how is the requirement enforced?	CM	Yes, the claim system requires a Drug Enforcement Agency (DEA) number for a controlled substance drug (DEA Schedule II-IV). To ensure the DEA is valid, MedImpact checks for the following: ● The prescriber's National Provider Identifier (NPI) maps to a DEA license. ● The DEA license is active. ● The controlled substance is consistent with the prescriber's DEA schedule registration.
E.17	Provide your standard prior authorization criteria for GLP-1 diabetes drugs.	CM	MedImpact is managing the GLP-1 for diabetes with a clinical enhanced approval edit for appropriate utilization for patients with Type 2 diabetes. The enhanced approval edit functionality allows the pharmacy to enter a medically accepted diagnosis code, supplied by the prescriber, to verify that the member has diabetes at point of sale. This removes the physician from the administrative prior authorization (PA) process and allows claims to process in a timelier matter. If the pharmacy does not have an ICD-10 code or the ICD-10 is not medically appropriate, the pharmacy can request a manual PA review to be reviewed by a pharmacist clinician.

	Questionnaire Section	Section	Response
E.18	Describe your services to encourage drug adherence and list therapeutic categories targeted.	CM	MedImpact's Refill Reminder program focuses on medication non-adherence by targeting members with refill patterns suggesting less than optimal medication utilization including seven days late for refilling daily medications. MedImpact member calls are in English or Spanish and outreach includes up to three outbound calls per late refill prescription. The Refill Reminder program targets specific therapeutic categories for member medication adherence: ● Non-insulin diabetes agents ● Hypertension (ACE/ARB/DRI) adherence ● Hypercholesterolemia (Statins) adherence ● Antiretrovirals to treat HIV During phone outreach, members are provided simple directions (e.g., press a number or say a word) to confirm they are going to refill the maintenance medication. The member can provide detail as to why they are not refilling the prescription (e.g. cost or doctor recommended discontinuing) which identifies medication adherence barriers for State DAS SPB plan resolution. Refill Reminder program reporting monitors member outreach results and gives a monthly snapshot of member medication adherence challenges that result in State DAS SPB interventions on the plan, benefit, or member level. MedImpact enrolls eligible members not included in a client-provided Do Not Call (DNC) list in the program. Members are provided the option to easily opt out of future phone calls, if they so choose. The Refill Reminder program identifies barriers to
E.19	Describe your policies for lost medication, vacation supplies, and overseas supplies for prescription early refills.	CM	MedImpact can apply maximum daily dose and early refill logic that includes: ● Maximum dose: The high dose drug utilization review (DUR) edit causes the claims adjudication system to check the quantity and days' supply against information from a drug compendia publisher. MedImpact can configure edits if the daily dosage exceeds the maximum to send a pharmacy alert or stop the claim requiring a pharmacist review. MedImpact's implementation team will work with State DAS SPB during the implementation process to customize the edit outcome. ● Refill too soon: The claims adjudication system checks the incoming claim against the member's claims history to determine whether the member is refilling the prescription too soon. The claims adjudication system then checks the incoming claim against claims sharing the same generic ingredient, strength, route, and form. The claims adjudication system calculates when the member can refill the prescription as a combination of the previous claim's fill date and days' supply multiplied against a refill threshold (typically around 75%). More restrictive refill too soon options are available that include an accumulation refill too soon program that prevents stockpiling excess medication over the year as well as customizing the refill level by drug classes, i.e., opioids are typically around 90%. State DAS SPB's implementation team will work with State DAS SPB during the implementation process to determine the appropriate refill thresholds for the plan's benefits.

	Questionnaire Section	Section	Response
E.20	Do you monitor individual physician prescribing patterns? If yes, what action is taken with physicians who have a high degree of non-compliance to improve their compliance?	CM	Standard reporting within MedOptimize® shows State DAS SPB prescriber and pharmacist utilization outliers. Prescriber reports include prescribing patterns, utilization, and plan pay per member for State DAS SPB's identification of prescriber outliers. Report examples in this category include Top N Prescribers, Physician Profile, and Prescriber Profile by Therapeutic Class. .
E.21	Briefly describe methods you currently have in place to influence prescribing behavior, if any. Can the State opt-in/out of these programs?	CM	MedImpact offers clients MedPrescription Insight®, which is an optional, comprehensive prescriber decision-support solution that combines e-prescribing, electronic prior authorization (ePA), and real-time benefit check functionality, providing member-specific prescription cost and coverage details, including lower cost therapeutic alternatives and preferred pharmacies at the prescriber point of care through their preferred electronic health record or electronic medical record technology. MedPrescription Insight shows the prescriber: ● Actual costs: Prescribers see the member's actual cost at the pharmacy including accumulators and deductibles, alternative retail and/or specialty pharmacy, and a mail order option. ● Coverage information: Before prescribing, prescribers know whether the member's plan covers the medication and other benefit information such as prior authorization (PA) requirements, step therapy requirements, and any quantity limits. ● ePA processing: If the member's benefit plan requires a PA, the prescriber can process the PA within their current workflow before the member gets to the pharmacy. ● More affordable options: If available, we provide up to three therapeutic alternatives with lower costs for the member or plan. This tool allows point of care discussions between the
E.22	Provide a copy of any physician score card or other reporting that is provided to clients.	CM	**Exhibit L** provides a sample physician scorecard.
E.23	Describe your firm's relationship with pharmaceutical and biotechnology companies.	CM	We do not have direct relationships with pharmaceutical or biotechnology companies.
E.24	Provide aggregate net PMPM trend for commercial clients (> 1000 lives) by year for the last five (5) years.	CM	MedImpact's most current PMPM trend figures are as follows: Q3 2022 through Q2 2023 compared to Q3 2023 through Q2 2024: 26.1% Q3 2023 through Q2 2024 compared to Q3 2024 through Q2 2025: 12.2%
F	**NETWORK ACCESS AND MANAGEMENT**	**Network**	**RESPONSE**
F.1	Confirm that your proposal is based on your broadest network.	Network	MedImpact confirms.
F.2	What is the current number of retail pharmacies in your network?	Network	59,951
F.3	List any pharmacy chains excluded from your proposed retail pharmacy network.	Network	MedImpact's broad network includes all major chains.

	Questionnaire Section	Section	Response
F.4	Confirm you will notify plan participants, in writing, with at least 45 days advance notice (or as much time as is feasible if the terminating Pharmacy gives the Contractor less than 45 days' notice), in the event that the contract for a participant's network pharmacy (or pharmacy chain) terminates for any reason. For the purposes of this requirement, plan participant shall mean a member who has had a prescription filled within the last 90 calendar days or a member has an active refill on file with the affected pharmacy.	Network	MedImpact confirms.
F.5	Perform and provide a GeoAccess analysis based on your contracted pharmacy network using the Census File provided. The access standards in the table below will be utilized in the analysis.	Network	
	a. Urban / Suburban Enrolls	Network	
	Pharmacy - 2 in 5 miles	Network	100% of members with access.
	b. Rural Enrollees	Network	
	Pharmacy - 1 in 15 miles	Network	93.7% of members have access. Please see **Exhibit M** for completed GeoAccess report.
F.6	Confirm you will be responsive to requests by the State to recruit additional pharmacies for the network, on a general, regional, or specific basis.	Network	MedImpact confirms. MedImpact will assess State DAS SPB's pharmacy network needs, evaluate them against MedImpact's current network, identify any gaps, and reach out to recruit pharmacies that can fill those gaps, whether geographic or with respect to specific service offerings. MedImpact has been successful with reaching out and obtaining contracts with needed pharmacies prior to go live for new large clients. We utilize our pharmacy portal for pharmacies to submit a network application and complete the enrollment process.

	Questionnaire Section	Section	Response
F.7	What is the process to add a pharmacy to your network?	Network	All pharmacies, whether credentialing or recredentialing, must meet requirements outlined for participation or continued participation in the MedImpact network. The MedImpact credentialing committee has the authority to approve credentials, recommend participation in the network, implement corrective action plans when necessary, and recommend exclusions or terminations from the network due to credentialing deficiencies. The credentialing committee meets monthly; the timing of the recredentialing year is dependent upon the state license renewal dates and would meet the three year recredentialing cycle. MedImpact evaluates a new pharmacy (not currently in a MedImpact network) in the following manner: ● Minimum of one year in business as a pharmacy ● Validation of all credentialing documents including: ● Drug Enforcement Agency license, if applicable ● State pharmacy license ● Pharmacist in charge license ● Copy of the liability insurance certificate ● Current certificate of general liability insurance ● Validation that there are no state or federal sanctions and probations ● Onsite credentialing and observation visit performed by MedImpact or designee using a MedImpact-approved form and gathering photographs
F.8	Describe how you would work with the Plan Sponsor to maximize State of Nebraska employee prescriptions filled at pharmacies owned and operated by businesses in the State of Nebraska.	Network	MedImpact provides a condition-based contracting strategy with significant flexibility in constructing custom networks. Independent pharmacies, whether stand-alone or as a part of a pharmacy services aggregator organization (PSAO), offer the best value to plans from a pricing standpoint. For that reason, our limited and preferred custom networks always include independents and PSAOs. MedImpact strongly believes in the mission and value of community pharmacy. We work closely with our PSAO partners on efforts to promote improved adherence and better outcomes at the pharmacy level. Removing or disadvantaging one major chain results in better discounts and near uniformity in pricing for clients with a significantly better value. We have clients, including State government entities, that have sought to provide more favorable reimbursement to local community pharmacies. We can integrate these pharmacy price differentials into a custom network for State DAS SPB on an open, limited, or preferred basis that promotes State DAS SPB's intent to partner with pharmacies owned and operated by businesses in the State of Nebraska.
F.9	Confirm you will have a network of retail pharmacies that have agreed to discount their charges for 90-day supplies of maintenance medications. PBM must provide this network through the entire term of the contract, including term extensions.	Network	MedImpact confirms.

	Questionnaire Section	Section	Response
F.10	Confirm you agree to apply MAC pricing to Retail Pharmacy 90-Day Network. The MAC price must be the same MAC as the Retail Network or better on an individual drug basis.	Network	MedImpact confirms with exception. MedImpact uses the same MAC product list across all channels; individual MAC prices may vary by pharmacy in accordance with our financial offer and/or due to low cost generic programs available at the retail pharmacy. Therefore, pricing for the same ingredient, dosage form, and dose through retail may, or may not, exceed the individual price at specialty.
F.11	Describe in detail any program available to identify and leverage low priced generic drugs available through on-line pharmacies, and how the State and members can take advantage of such pricing.	Network	Amazon Pharmacy, formally PillPack, is excluded from our network. Amazon Pharmacy fills prescriptions in convenient compliance packaging, but only by mail. Initially, they sought entry into our network at retail rates which would represent a negative value for clients. We opened negotiations with Amazon Pharmacy, but they gave us limited ground, presumably feeling that given their overall market position as Amazon, they could negotiate a favorable deal for themselves. MedImpact's objective as an organization is to offer clients both exceptional access and value. No client needs a mail service vendor that refuses to match mail service prices. There can be an adherence advantage to compliance packaging; as such, we offer a reimbursement advantage to these vendors and have several compliance packaging options in our network for clients to choose from. Unfortunately, Amazon Pharmacy would not meet these rates either. Clients who wish to add Amazon Pharmacy to their network can do so as long as their volume is excluded from financial guarantees and the client recognizes the cost disadvantage. We do have alternative compliance packaging pharmacies in our network such as SortPak. Targeting chronically non-adherent members through direct member interventions, from our preferred provider SortPak, is a method that could support improved member adherence and the potential for better outcomes.
F.12	Provide the number of participating retail pharmacies that were terminated from the network in the past 24 months: +when the termination is initiated by the PBM. ++when the termination is initiated by a pharmacy.	Network	
	Termination Rates by Your Organization+:	Network	
	# of Pharmacies	Network	59
	% of Pharmacies	Network	Less than 0.1%
	Reason for Terminations	Network	These pharmacies were all terminated for cause.
	Termination Rates by Pharmacy++:	Network	
	# of Pharmacies	Network	Pharmacies terminated due to closure: 2,471 Pharmacies terminated from agreement and did not renew: 588
	% of Pharmacies	Network	5%
	Reason for Terminations	Network	Pharmacies terminated due to ownership change or new pharmacy in the sample location. Pharmacies terminated from agreement typically because they left their PSAO.

	Questionnaire Section	Section	Response
F.13	Confirm you will notify the State prior to anticipated major changes to the network. The State reserves the right to accept or decline proposed changes to the network and set the effective date of such changes.	Network	MedImpact' confirms.
F.14	Using the Claims Repricing Data File that contains pharmacy utilization representative of the Rx utilization experience for the State's membership, for each pharmacy listed, please indicate if the pharmacy is in the network (i.e., a participating provider) for the plan you are proposing	Network	Please refer to **Exhibit N.**
F.15	Confirm you agree to pass through 100% of State-related audit recoveries identified through PBM's internal daily and ongoing retail network pharmacy audit compliance procedures.	Network	MedImpact confirms.
F.16	PBM must implement measures to recover overpayments made to pharmacies or members and employ a mechanism to ensure the State receives credit for these overpayments. Details of threshold recovery levels will be finalized at the time of contract award. Confirm agreement.	Network	MedImpact confirms.
F.17	List the specific network management processes currently in place to avoid fraud and abuse.	Network	MedImpact's claims adjudication system provides numerous built-in edits to automatically detect inappropriate pharmacist dispensing or utilization. Upfront edits at the point of sale (POS) assist our clients by stopping inaccurate and fraudulent claims before they process, which requires less time than a pay-and-chase methodology. Our soft and hard system edits serve as the first line of defense against pharmacy FWA (fraud, waste, and abuse). Designed to address our client's varying business needs, the MedImpact portfolio of system edits can significantly reduce wasteful pharmacy errors at POS, which results in reduced costs, improved service, and enhanced quality of care. Despite best efforts at catching inappropriate claims at the POS, evolving fraud schemes require more of a defense post adjudication. MedImpact offers the following solutions to identify, stop, and prevent FWA: ● Standard FWA Program ● Enhanced FWA Program ● Dynamic Refill Too Soon POS Edit
G	**MAIL ORDER**	**Mail Order**	**RESPONSE**
G.1	Please describe locations of all of your Mail Order facilities nationwide.	Mail Order	Our preferred mail order pharmacy operates in Tempe, AZ and Plymouth, MI, dispensing and delivering mail order prescriptions to members nationwide.
G.2	Confirm prescriptions purchased via mail order will never be more expensive than those obtained via retail pharmacies.	Mail Order	The mail order pricing, in aggregate, will be more aggressive than retail. MedImpact uses the same MAC product list across all channels; individual MAC prices may vary by pharmacy in accordance with our financial offer and/or due to low cost generic programs available at retail pharmacy. Therefore, pricing for the same ingredient, dosage form, and dose through retail may, or may not, exceed the individual price at mail.
G.3	Confirm you will not repackage prescriptions or otherwise change the NDC for any prescription or OTC products dispensed at mail order.	Mail Order	MedImpact confirms.

	Questionnaire Section	Section	Response
G.4	Confirm you will communicate via a telephone call or email any delays beyond two days in the delivery of prescriptions to the member.	Mail Order	MedImpact confirms.
G.5	Confirm you will send prescription orders to members that do not provide appropriate payments with their prescription order, up to three (3) times the Plans highest copayment for each enrollee. After the ceiling is reached, the Contractor may implement standard accounts receivable policies and procedures.	Mail Order	MedImpact does not confirm. The mail pharmacy requires the prescription copay before dispensing and delivering a member's prescription order.
G.6	Confirm you will arrange and pay for a short-term retail supply of a delayed or incorrectly processed mail order prescription caused by your organization. In addition, PBM agrees not to charge the State's members for expedited delivery of the mail order prescription if the prescription delay is caused by PBM's organization.	Mail Order	MedImpact confirms.
G.7	In the event of a natural disaster or national emergency, PBM will continue to fill all prescription requests, proactively obtaining any necessary overrides to facilitate this process, and provide members with expedited delivery to convenient locations. Confirm agreement.	Mail Order	MedImpact confirms.
G.8	Confirm you will assure that 100% of mail order prescriptions will be imaged and entered when received at mail service (including Specialty prescriptions). PBM will be able to electronically track 100% of all mail order prescriptions (Including Specialty) throughout the filling process, on a timely basis, from the point of prescription is received until it is shipped to the member.	Mail Order	MedImact confirms.
G.9	Confirm you will contact prescribers and/or members via a telephone call or email within 24 hours, for 100% of incomplete mail order prescriptions (including Specialty) that require additional information.	Mail Order	MedImpact confirms with the understanding that 24 hour is 1 business day.
G.10	Confirm PBM will provide both email and telephone voicemail capabilities to communicate to members their mail order has been received and the date the order has been shipped to members.	Mail Order	MedImpact does not send outbound messages to confirm an order has been received and shipped. Order status information is available in the MedImpact Consumer Portal and mobile app.
G.11	Confirm you will have the capability to accept early refill orders and suspend or "queue" these orders in your system until the earliest refill date for processing.	Mail Order	MedImpact confirms.
G.12	Confirm you will have the capability to accept major credit cards and store credit card number(s) by member account for future mail order prescriptions. You must have the capability to advise members 30 days in advance of the date their credit card number expiration date.	Mail Order	MedImpact confirms. We do not currently advise members in advance of their credit card expiration date.
G.13	If requested, confirm PBM will provide members with checks (or electronic method) for monies owed to them instead of maintaining credits at your mail facility.	Mail Order	MedImpact confirms.
G.14	What is your standard floor limit for accepting prescription orders from members without the correct payment?	Mail Order	The mail pharmacy requires the prescription copay before dispensing and delivering.
G.15	The State shall have the right to advise you in writing to change the floor limit for all members or just those with unpaid balances after 120 days of dispensing. Confirm agreement.	Mail Order	MedImpact does not confirm. The mail pharmacy requires the prescription copay before dispensing and delivering a member's prescription order.
G.16	Confirm you will disclose any limits on the number of days supply that can be filled through the bidder's mail order facilities, such as controlled substances.	Mail Order	The mail pharmacy dispenses 30-days' controlled substances in states where permitted by law.
H	**SPECIALTY PHARMACY**	**Specialty**	**RESPONSE**

	Questionnaire Section	Section	Response
H.1	Please provide location information on Specialty Pharmacy if different than Mail Order Facility.	Specialty	MedImpact Direct Specialty® program (MIDS) preferred network pharmacy locations are listed below. ● Biologics: ● Address: 11800 Weston Parkway, Cary, NC 27513 ● Credena Health ● Address: 7376 SW Durham Rd Portland, OR 97224 ● CVS Specialty ● Address: 6251 Chancellor Drive, Suite 101, Orlando, FL 32809 ● Onco360 ● Address: 335 BEAR HILL Road, Suite 2100, Waltham, MA 02451 ● Address: 140 John James Audubon PKWY, suite 101, Amhurst, NY 14228 ● Address: 7125 Janes Ave, Suite 700, Woodridge, IL 60517 ● Address: 4700 W Sam Houston Parkway N, Suite 150, Houston, TX 77041 ● Address: 13410 Eastpoint Centre Dr. , Suite 101, Louisville, KY 40223 ● Address:1985 Marcus Ave STE, New Hyde Park, NY 11042 ● Address: 15990 N greenway Hayden Loop, Suite, D100, Scottsdale, AZ 85260 ● CareMed Address: 1985 Marcus Ave STE, New Hyde
H.2	Is your specialty pharmacy part of a specialty pharmacy network?	Specialty	Yes.
H.3	Do you own a specialty pharmacy?	Specialty	MedImpact does not own a specialty pharmacy; instead, we offer MedImpact Direct Specialty that gives clients access to 100% of specialty drugs through a specialty pharmacy network.
H.4	Provide your definition of a specialty drug.	Specialty	Specialty Drug means drugs that have one or more of the following characteristics as identified through MedImpact's specialty drug determination process: ● High cost ● Treats complex clinical conditions ● May require special handling or storage ● Requires robust patient education and monitoring
H.5	Attach a current copy of your specialty drug list.	Specialty	Please see **Exhibit O**.
H.6	Describe how you notify clients of the pricing terms for new specialty drugs including how far in advance such notice is provided.	Specialty	MedImpact distributes the specialty drug list to clients electronically. Clients are notified of any changes to the specialty drug list 7 days prior to the change.
H.7	Describe how you implement a separate plan design for specialty drugs that would include generic, preferred brand, and non-preferred brand tiers?	Specialty	We implement the plan designs dictated by our clients.
H.8	Are your proposed rebate guarantees for your retail/mail program contingent upon the State's purchase of your specialty drug program? Please do not provide actual rebate guarantees in your response.	Specialty	No.

	Questionnaire Section	Section	Response
H.9	Do you utilize courier services for specialty product delivery? If yes, detail these services and procedures and detail how courier service vehicles maintain temperature control.	Specialty	Yes. MedImpact Direct Specialty® program (MIDS) preferred pharmacies use courier services for product delivery under certain circumstances, and if needed, engage local courier services, where appropriate, to augment national carrier deliveries. Couriers are required to uphold the temperature controls set forth by pharmaceutical manufacturers and MIDS pharmacies.
H.10	Please describe your quantity limit rules for specialty drugs and include a list of the quantity limits by drug.	Specialty	Quantity limits apply across dispensing channels. Quantity limits are detailed within **Exhibit G**.
H.11	Provide the customer and member service operation hours of your specialty pharmacy program.	Specialty	Customer service is available 8 AM – 8 PM ET Monday through Friday with clinical support 24 hours per day, seven days per week, 365 days per year.
H.12	Provide a concise description of your member service pharmacist support for specialty drugs, including how many pharmacists provide member support, the hours of their availability and any specialized expertise they hold.	Specialty	The MIDS preferred pharmacies provide member clinical care from the first fill of a specialty medication to the conclusion of the medication therapy regimen. There are 1,004 pharmacists in the MIDS preferred network who provide clinical services. Members receive personal refill service every month that tracks and records medication adherence, proper use of medication, and injectable retraining if needed. Clinicians are available for member and prescriber consultations 24 hours per day, seven days per week, 52 weeks per year. MIDS pharmacists are credentialed in a broad variety of disease areas including fertility, multiple sclerosis, immunoglobulin and oncology. Formal programs include asthma/allergy, bleeding disorders, COPD, dermatitis, growth hormone therapy, hematologic disorders, hepatitis C, HIV, hyperlipidemia, immunodeficiency, inflammatory bowel disease, lupus, multiple sclerosis, oncology, psoriasis, psoriatic arthritis, and rheumatoid arthritis. Each program is structured to provide specialized care and tailored therapeutic solutions to enhance patient outcomes.

	Questionnaire Section	Section	Response
H.13	Provide a concise description of the member support services your organization provides to members who utilize oncology specialty drugs.	Specialty	Specialty pharmacists in the MedImpact Direct Specialty® program (MIDS) network provide in-depth clinical experience to members self-administering oral oncolytics. Unlike infused oncology regimens, oral drug therapies transfer the responsibility of medication administration from the prescriber to the member which often reduces prescriber-member interaction that can impact member drug adherence. Specialty pharmacists promote adherence of oral oncolytic drugs by working closely with every member during clinical assessments and medication monitoring. **Pharmacist Clinical Assessment for Oral Oncolytics** Specialty pharmacists conduct a clinical assessment of the member including side effects, dose changes, missed doses, how they are taking and should be taking the oral oncolytics, any hospitalization or emergency room visits, and medication doses on hand. With this information, the specialty pharmacist can communicate any medication therapy, side effects, or member concerns to the prescriber to help promote member adherence. **Partial Dosing and Waste Minimization for Oral Oncolytics** The MedImpact specialty drug list includes specific oral oncology drugs with recommended partial dosing as an option during the first two weeks of the member's therapy to minimize waste of high-cost drugs with a low member tolerance rate. At the start of therapy and as required by prescribers or client-specific plan design, members may receive a partial dose that covers a one or two week supply of the oral oncology specialty medication. MIDS pharmacies closely monitor the member to assess medication tolerance.
H.14	Provide a brief recommendation of how you would propose to collaborate with the State's medical carriers to optimize patient care and utilization of specialty drugs.	Specialty	MedImpact offers MedIntegrate® to help manage specialty drug costs within the medical benefit. State DAS SPB can save up to 20% of medical specialty spend with improved medical management. MedIntegrate® features include: ● Analytics and business intelligence that provide near real-time decision support. ● Effective medical benefit management using proven utilization management protocols. ● Efficient administration of medical specialty drugs through the most economic and clinically appropriate sites of care. ● Billing error monitoring using integrated specialty drug utilization review across both medical and pharmacy. ● Comprehensive reporting on medical specialty spend, utilization, and pipeline to identify opportunities and guide decision making .
H.15	Please indicate any specialty drug categories for which you recommend clients limit coverage to the pharmacy benefit only.	Specialty	MedImpact will work with client to identify any medical specialty pharmacy drugs that may be beneficial to reimburse in the pharmacy benefit.

	Questionnaire Section	Section	Response
H.16	Describe what procedures or management tools your organization has in-place to manage the use of manufacturer coupons for high cost drugs.	Specialty	Through the MedImpact Assist® Cost Containment Solutions, we offer an integrated approach dedicated to lowering member and plan costs with personalized drug access solutions that deliver the lowest net cost that includes several solutions: ● Patient assistance ● Manufacturer copay assistance for both specialty and non-specialty drugs ● International sourcing for specialty drugs ● Biosimilar conversion These solutions offers commercial clients strong member advocacy services that help with access and affordability of medications while delivering cost savings to the plan. Our program is fully integrated with the plan's prescription claims data enhancing the member experience while minimizing the risk of therapy delays. Clients have multiple program options to select from and can adopt the solution(s) that best meets their needs. While bundling all of our solutions typically delivers the most savings, each solution works independently delivering the lowest net cost options on select high-cost brands. Medications in each solution are included where both the member and the plan win in terms of savings. Our lists are evaluated every quarter unless a disrupter medication enters the market. The MedImpact Assist solutions are formulary and rebate agnostic. **Specialty Cost Containment** PBMs offer copay maximization solutions where assistance in the form of the manufacturer coupons are applied to an inflated copay resulting in member and client cost savings. MedImpact has been offering this option seamlessly in the specialty space for years and, in 2023, enhanced our specialty program with member
H.17	Can the State limit the days supply for any/all specialty drugs to 30 days?		Yes.
H.18	Are there any specialty drugs where the initial script should be limited to less than 30 days? If so, please indicate which drugs.		MedImpact does not limit specialty drugs to less than 30 days.
H.19	Describe any available programs to maximize available manufacturer copay assistance from specialty drug manufacturers.	Specialty	If State DAS SPB implements the MedImpact Assist® Copay Assistance program, drugs within the program will trigger a point of sale POS message about copay assistance availability for the claim. If State DAS SPB does not elect to implement our MedImapct Assist program, and a member expresses a financial need or the copay surpasses a specific dollar threshold, the specialty pharmacy researches any available manufacturer or foundation needs-based assistance to assist the member. The specialty pharmacy has internal documentation that outlines copay assistance available, links to manufacturer sites, etc.
H.20	Do you report on outcomes for specialty drug management programs (ROI, Clinical Results, etc.)?	Specialty	Yes. MedImpact provides these reports quarterly.
H.21	What is your firm's average prior authorization approval rated for Specialty drugs?	Specialty	MedImpact's overall specialty PA approval rate for 2024 was 81.50%.

	Questionnaire Section	Section	Response
H.22	Would you agree with the statement that Auto e-PA systems tend to drive unnecessary utilization? Please explain.	Specialty	We do not agree with the statement that auto e-PA systems tend to drive unnecessary utilization as they are designed to enhance the efficiency of the prior authorization process while aligning with established guidelines and protocols. Prescribers utilize real-time benefit check (RTBC) tools, which play a crucial role in reducing unnecessary ePA requests. RTBC toos provide prescribers with immediate information about available alternatives, coverage, and cost implications, thereby supporting informed decision-making before initiating an ePA request. Moreover, even when an ePA is generated, it must adhere to all predefined guidelines and criteria. This ensures that the authorization process remains stringent and that approvals are granted only when they align with the necessary medical and policy standards. By maintaining comprehensive checks and balances, Auto e-PA facilitates appropriate utilization rather than unnecessary use. These mechanisms collectively ensure that auto e-PAs contribute to more targeted and necessary utilization of healthcare resources rather than driving excess or unwarranted use.
I	**CYBER SECURITY / INFORMATION SAFETY & SECURITY**	**Eligibility**	**RESPONSE**
I.1	Describe your proposed process for the secure transmission of data to and from the State, Proposers (including subcontractors), and members. Include quality controls and describe how errors in the exchange of files will be communicated to the State. Confirm there is no additional cost for these features.	Security	As part of the pharmacy benefit management industry, MedImpact manages sensitive member information and private client data; therefore, data security is essential. MedImpact has several measures in place to ensure that we protect all information entrusted to us in accordance with the HIPAA Privacy and Security Rule and as part of our role as a business associate as defined under HIPAA. MedImpact's privacy and security standards require comprehensive data protection to safeguard member information. MedImpact employs a layered approach, protecting data at the operating system, application, database, and network levels. Additionally, MedImpact requires annual training for all employees on ethics, privacy, and security training. Privacy and security trainings outline MedImpact's policies and procedures regarding the minimum necessary rule, required protection of PHI in verbal, electronic, and hard copy mediums, and privacy right request support for covered entity approved requests. MedImpact can establish SFTP connectivity for State DAS SPB's medical carriers and third-party vendors during the implementation process. We can share data with any vendor State DAS SPB identifies as long as we have appropriate nondisclosure agreements in place. MedImpact shares data with a wide range of care management vendors including medication therapy management vendors, disease management vendors, and wellness programs. The majority of our clients use batch file exchanges on a daily basis. We encrypt all data both at rest and in transit.

	Questionnaire Section	Section	Response
I.2	Describe how you manage employee confidentiality/privacy barriers and compliance with HIPAA and the Health Information Technology for Economic and Clinical Health Act (HITECH) including how often assessments are performed and by whom. Please attach a copy of your Information Security Policy and Procedures.	Security	If a security incident occurs, we rely on MedImpact's computer security incident response team (CSIRT) to enact our incident response procedure and resolve the issue as outlined in **Exhibit P.** MedImpact's security officer as well as personnel from the IT, human resources, legal, compliance, and privacy departments make up the CSIRT team. MedImpact's compliance department and privacy officer manage non-system related compliance incidents. A third-party security information and event management system collects, correlates, and analyzes information critical to security. They immediately report any suspicious activity to ensure timely remediation. The AT&T security operations center reviews this information in real time 24 hours a day, seven days a week, 365 days a year. MedImpact's third party security operations center notifies MedImpact's information security personnel by email or via their on-call contact information for immediate response to an issue or event. MedImpact maintains an anonymous employee reporting phone line supported by Ethics Point. This allows employees to report and track incidents to successful resolution while remaining anonymous. MedImpact also maintains an employee sanction policy which informs employees of acting in accordance with our privacy and security policies. MedImpact will notify State DAS SPB in the event of a security breach in accordance with the notification
I.3	What is your policy regarding staff working from home or remotely? What safeguards are in place to monitor quality (including retrospective claims reviews) and HIPAA compliance?	Security	MedImpact requires employees who work remotely to sign a Remote Work Agreement that contains the following: ● Employee will adhere to all company and department policies including the HIPAA Compliance and Corporate Compliance programs. Please refer to the Corporate Compliance Program page on the intranet for additional policies and procedures regarding protection of company confidential information and protected health information (PHI). Employee must adhere to company's procedures and guidelines in the performance of work including requirements to maintain confidentiality. Employees must continue to observe all obligations related to preservation of confidential information as set forth in any applicable company policies, confidentiality agreement or other similar document, such as an employee's signed offer letter (as that term is defined in any such agreements). Employee agrees to connect to MedImpact systems only via company-issued equipment (laptop, RSA token for secure encrypted VPN connection), to include all email and web based programs necessary to perform the job. Any hard copies of company confidential information and PHI material must be shredded in accordance with company policies (see Protection of PHI Policy and the Employee Code of Conduct). ● Employee is responsible for completing work deliverables, projects, assignments, and responding in a timely manner to emails/phone calls in addition to any department-required tracking. ● The employee understands that management will be

	Questionnaire Section	Section	Response
I.4	Describe your disaster recovery/contingency and business continuity plans.	Security	MedImpact performs routine testing of disaster recovery and business continuity procedures to ensure an effective disaster recovery plan. MedImpact has a layered disaster and business continuity strategy to guarantee continuous operations of critical services. We have redundancy at all levels to provide high availability and a well-maintained, secure operation. MedImpact's disaster recovery (DR) plan accounts for emergency mode operation during a critical event or outage. Systems required to enforce data access controls are co-located in both data centers to ensure that access controls remain in place during the event without the need to recover access management platforms. Our redundant systems support continued claims processing as needed. Additionally, we have the ability to engage customer service representatives that are geographically separately from our main customer service centers to ensure continuity of services. MedImpact created the MedImpact business continuity plan (BCP) to assist in achieving the following objectives: ● To safeguard life, protect vital records and resources, and exercise care over preserving critical resources. ● To comply with the regulations set forth by federal, state, and local agencies. ● To meet quality standards set forth by PBM industry accreditation programs. ● To recover and restore the core business infrastructure of MedImpact business units in the event of a disaster or
I.5	During the last 12 months, how many times and what percent of time has your system been "down"? System down-time percent is determined by the ratio of planned system availability when inquiry operators could not access the system to perform their functions, to the total planned system availability time. Disregard down-time for planned system maintenance.	Security	Our claims adjudication platform often achieves 100% uptime month to month. MedImpact works to achieve 99.99% availability across our core PBM services.
I.6	Confirm you will notify the State, in writing, immediately upon identifying system-related issues. This may include but is not limited to, issues with programming, data transfers, telephone systems, etc. Confirm you will also make every effort to resolve the issue(s) within 48 hours regardless of the time or date, to minimize any disruption to members.	Security	We will alert State DAS SPB as quickly as possible, aligned with our BAA.
I.7	Have you ever had a HIPAA breach? If so, please provide explanation including correction/revision of processes and procedures, mitigation of effect of breach and any remuneration made.	Security	MedImpact has never had a security incident involving the penetration of our secure network or the successful and intentional circumventing of our physical, technical or administrative safeguards to gain control of systems, processes or data or the exfiltration of that data for use outside of our organization.
J	**ELIGIBILITY**	**Eligibility**	**RESPONSE**
J.1	Confirm you can accept and receive weekly data transfers and process within two (2) business days of receipt.	Eligibility	MedImpact confirms.

	Questionnaire Section	Section	Response
J.2	Describe your process to update a member's eligibility information after a file is uploaded, including the process of working error reports generated, how you handle manual updates, and the process for correcting data in the event of a data feed with "bad data."	Eligibility	State DAS SPB can easily update individual member eligibility through the MedAccess® online tool after the full eligibility upload completes within MedImpact's claims system. In addition, State DAS SPB can upload full and partial eligibility files at any frequency (e.g., daily, weekly, monthly, etc.). MedImpact posts a load log report to the FTP directory for each eligibility file we receive and process. State DAS SPB must review the report and make any necessary corrections to eligibility records. MedImpact makes all eligibility updates effective on a real-time basis.
J.3	Describe if eligibility is processed in real time with the claims system. If not, please provide the delay time.	Eligibility	State DAS SPB can upload full and partial eligibility files at any frequency. MedImpact posts a load log report to the FTP directory for each eligibility file we receive and process. State DAS SPB must review the report and make any necessary corrections to eligibility records. MedImpact makes all eligibility updates effective on a real-time basis. Additionally, State DAS SPB can easily update individual member eligibility through the MedAccess® online tool after the full eligibility upload completes within MedImpact's claims system.
J.4	Will your organization allow the State to have direct access to your eligibility systems for review and input purposes?	Eligibility	Yes.
K	**REPORTING**	**Reporting**	**RESPONSE**
K.1	Provide a sample of your standard reporting package and note frequency. Confirm the standard reporting package will be sent to the State within 30 days of end of reporting period. At minimum, reports should include below:	Reporting	
	a. Monthly: Eligibility report showing updates and changes	Reporting	MedImpact confirms.
	b. Quarterly: Formulary updates and changes	Reporting	MedImpact confirms.
	c. Quarterly: Cost and trend summary	Reporting	MedImpact confirms.
	d. Quarterly: Drug utilization review summary	Reporting	MedImpact confirms.
	e. Quarterly: Prior Authorization and other clinical reporting	Reporting	MedImpact confirms.
	f. Quarterly: Adherence by therapeutic category	Reporting	MedImpact confirms.
	g. Quarterly: Specialty drug cost and utilization	Reporting	MedImpact confirms.
	h. Quarterly & Annual: Performance guarantee reconciliation	Reporting	MedImpact confirms.
K.2	Are these reports available online currently? If not, how will they be provided to the State?	Reporting	Yes.
K.3	Confirm that you are able to customize reports, and this is included in your quoted fees.	Reporting	MedImpact confirms.
K.4	Describe how your organization monitors and provides reporting on contractual Performance Guarantees. Provide a sample Performance Guarantee report.	Reporting	Performance guarantees are reported quarterly within 90 days of the end of the quarter and annually 90 days after reconciliation. Performance guarantees are reconciled based on aggregate average annual results within 90 days of the end of the year. Payment for any missed performance guarantee is paid within 30 days of the annual report being issued. **Exhibit Q** includes MedImpact's sample performance guarantee report.

	Questionnaire Section	Section	Response
K.5	Confirm that your organization will provide claim line detail for ALL claims on a monthly basis throughout the contract term based on a mutually agreeable file format	Reporting	MedImpact confirms.
K.6	Confirm that your organization will provide this data in a mutually agreed upon format by the 15th calendar day of the month following the subject month.	Reporting	MedImpact confirms.
K.7	Confirm that your organization will report pharmacy rebates to the State on a quarterly basis.	Reporting	MedImpact confirms.
L	**CONSOLIDATED APPROPRIATIONS ACT 2021 (CAA)**	**CAA**	**RESPONSE**
L.1	How is your firm prepared to support the State of Nebraska Health and Pharmacy plan in satisfying the requirements of the Transparency in Coverage (TiC) final rule, and the Consolidated Appropriations Act 2021 (CAA)?	CAA	Multiple departments within MedImpact meet to review all requirements including all reporting requirements outlined in the Consolidated Appropriations Act (CAA) regulations. The team mapped out all reporting requirements including due dates to successfully submit reports and anticipate future requirements. The CAA reporting requirements are complex and MedImpact, as a PBM with over 30 years' experience, can meet these requirements. **Self-Service Tool** There are multiple effective dates beginning January 1, 2023, and the first 500 items in scope are not applicable to MedImpact. MedImpact will be prepared to implement an internet-based self-service tool that makes the applicable elements in scope for MedImpact, including real time cost-sharing information, available with an effective date of January 1, 2024. **Reporting** Under Section 204 (of Title II, Division BB) of the CAA (Consolidated Appropriations Act) 2021, plans must submit the prescription data collection (RxDC) report, which contains information about prescription drugs and healthcare spending, to Department of Health and Human Services (HHS), Department of Labor (DOL), and Department of the Treasury. To support our clients' prescription drug reporting requirements, MedImpact will provide D3 through D8 data files as follows to State DAS SPB, and State DAS SPB will need to incorporate the following data files and narrative responses into their final submissions: ● D3 Top 50 Most Frequent Brand Drugs ● D4 Top 50 Most Costly Drugs ● D5 Top 50 Drugs by Spending Increase ● D6 Rx Totals
L.2	Is your firm compliant with the TiC and CAA legislation and requirements? Explain your Yes or No answer.	CAA	Yes. MedImpact is compliant. MedImpact monitors and implements applicable Transparency in Coverage and No Surprises Act laws and regulations. Regulatory changes are monitored and managed by regulatory compliance and key internal functional areas to align processes with regulatory requirements. Multiple departments within MedImpact meet to review all requirements including all reporting requirements outlined in the Consolidated Appropriations Act (CAA) regulations. The team mapped out all reporting requirements including due dates to successfully submit reports and anticipate future requirements. The CAA reporting requirements are complex and MedImpact, as a PBM with over 30 years' experience, can meet these requirements.

	Questionnaire Section	Section	Response
L.3	Are you able to support the plan sponsor with the RxDC reporting provision of the CAA? Explain your Yes or No answer.	CAA	Yes. The term RxDC report refers to the data submission required under Section 204 of Division BB, Title II (Section 204) of the CAA (Consolidated Appropriations Act, 2021. The CMS RxDC webpage (https://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/Prescription-Drug-Data-Collection) contains RxDC (prescription drug data collection) reporting instructions. To support State DAS SPB's prescription drug reporting requirements, MedImpact can provide pharmacy benefit related prescription drug data files (D3-D8 or successor files) and narrative responses to State DAS SPB contingent upon State DAS SPB providing timely plan files to MedImpact. State DAS SPB is responsible for submission of the files to CMS, unless otherwise agreed to by MedImpact. Client is responsible for submission of the D-1 & D-2 data files (or successor files) and narrative responses to CMS. Upon State DAS SPB request, MedImpact will submit the D3-D8 data files and narrative responses to CMS on State DAS SPB's behalf at no additional charge. State DAS SPB is responsible for the accuracy of reporting data submitted to CMS. Fees are subject to change based on future regulatory requirements.
L.4	Will you provide Health Plan specific RXDC reporting (versus Aggregate Reporting).	CAA	MedImpact confirms.
L.5	Please share a sample RXDC report from a similarly sized employer.	CAA	**Exhibit R** includes an examples for RxDC report.
L.6	Do you see any risks or challenges that your firm anticipates in complying with the CAA?	CAA	No. MedImpact's regulatory compliance team does not anticipate any risks or challenges with CAA compliance.
L.7	How will your firm communicate updates or changes to the CAA compliance regulations to the plan sponsor (Rx and Transparency related)?	CAA	MedImpact's regulatory compliance model involves primarily monitoring and implementing enacted legislation and new regulations within the organization for applicable PBM requirements. The regulatory compliance department collaborates with and can engage our trade association, PCMA, for ongoing trending of proposed regulatory or legislative changes with major impact relating to the PBM model or pricing methodologies. MedImpact monitors major proposed legislation and pending rules through our Government Affairs team and PCMA, and communicates this information to our clients through the assigned account teams.
L.8	How frequently will your firm review and update its' understanding of the CAA to ensure ongoing compliance for plan sponsor clients?	CAA	MedImpact's regulatory compliance team consistently and regularly monitors pending and enacted legislation and new regulations within the organization for applicable PBM requirements.
L.9	Have you conducted any internal audits or assessments to verify compliance with the CAA? If so, can you share the results or findings?	CAA	Our internal audit team monitors and assess this information. Results are considered proprietary.
L.10	Can you provide documentation or evidence of your compliance with the CAA as both a PBM, and as an employer, particularly regarding any specific provisions that are relevant to our business relationship?	CAA	Yes.

	Questionnaire Section	Section	Response
L.11	Additional consideration will be given to the PBM offering a letter of attestation of compliance with CAA as a covered service provider as defined under ERISA. This letter must be from a company, other than your firm, with expertise in healthcare fiduciary responsibilities.	CAA	MedImpact is compliant with all applicable CAA provisions; however, more information is needed before an attestation can be provided.
M	**340B PROGRAM**	**340B**	**RESPONSE**
M.1	Describe your firm's experience working with 340B organizations, including contract/ambulatory pharmacy and specialty pharmacies. Please describe the in-house staff that support 340B functions and describe their experience.	340B	MedImpact has successfully worked with SUNRx for the past 17 years; first as a business partner and since our acquisition of SUNRx in 2012. MedImpact and SUNRx linked and expanded technologies to create the most efficient, fully-integrated, real-time 340B program in the U.S. Our account team members are well versed on how to manage clients that leverage 340B pricing, including pharmacies. Our key internal departments such as our pharmacy network and trade teams, have many years of experience supporting our clients when it comes to 340B utilization, reporting, etc.
M.2	How do you monitor duplicate discounts (e.g. Both 340B and rebates) to prevent commercial payer conflicts? What is the process for monitoring and addressing potential errors or compliance issues as it relates to 340B and rebates?	340B	Flags in the claim record allow the adjudication system to differentiate between 340B claims and non-340B claims. As claims successfully process as 340B, MedImpact maintains ongoing claims records with its reporting tools separating 340B claims from non-340B claims for client reporting. MedImpact performs the following quality controls: ● Validate and balance the claims record counts and claims paid counts and amounts to eliminate duplicate claims. ● Validate daily claims ID ranges by checking claims ID log. ● Check Oracle replication to ensure completeness of claims data in claims extracts and eliminate missing claims. ● Ensure completeness of claims extract file's headers and trailers. ● Follow software development lifecycle (SDLC) for changes with rigorous change control and quality assurance process. ● Provide long-running job scheduling automation manager check for timely delivery of claims submission. ● Provide critical program failure job scheduling notification for daily claims extracts for timely submission. Audits are driven two ways, one from the client's self-audit report or via an audit conducted by HRSA/OPA. In both instances, if a concern arises, or copies of prescriptions are needed, the pharmacy team coordinates that activity with the pharmacy chain (corporate office) or independent

	Questionnaire Section	Section	Response
M.3	How do you track and report 340B transactions during the claims adjudication process?	340B	The MedImpact and SUNRx partnership uses one of the following methods for the compliant utilization of 340B prescription claims: ● Retrospective capture of 340B savings ● Real-time adjudication and capture of 340B savings Although either method captures employee savings in a compliant fashion, the retrospective capture of 340B savings offers the most flexibility to maximize the 340B savings potential. MedImpact can also provide a real-time processing of 340B eligible employee claims through the MedImpact and SUNRx interface. If SUNRx were to become State DAS SPB's 340B contracted pharmacy administrator, SunRx can obtain eligibility information (e.g., visits and providers) from State DAS SPB and load that information directly into MedImpact's real-time adjudication system. Upon adjudication of a claim to MedImpact, we can immediately verify 340B eligibility, and the claim adjudicates at the lesser of the contracted network amount or the loaded 340B cost.
M.4	How do you help clients maximize 340B savings and revenue for employee health plans while maintaining compliance? Please list examples of successful collaboration with organizations, specific to States and large employer groups, if able, to maximize 340B savings with the employee health benefit.	340B	MedImpact provides a wealth of knowledge, experience, and flexibility to deliver 340B support to State DAS SPB. We understand the complexities of 340B claims and reporting and work to make capturing and sharing this important information with clients accessible and actionable. Clients access their information through MedOptimize, our reporting tool, and via specific 340B reports generated by their MedImpact account team. State DAS SPB will have access to more than 36 months of claims data through our MedOptimize reporting system, which provides flexible reporting, business intelligence, and decision-support options. MedOptimize offers real-time access to data with powerful user-friendly standard reporting and ad hoc query capabilities via a secure website with 24-hour, 7-day a week availability. State DAS SPB can export all reports to various formats including PDF, HTML, Microsoft Excel, and CSV. Reports are generated on-demand or scheduled at the preferred frequency. The account team provides detailed quarterly reporting that drills down to State DAS SPB's 340B trends and provides benchmarking against peer clients and the larger book of business. For MedImpact to incorporate 340B activity into its quarterly reporting, 340B claim activity must be identified by the pharmacy at the POS either via the use of an SCC 20 at the claim level or another method that would identify or isolate those claims at the time of adjudication. Alternatively, MedImpact can support a retrospective identification and adjustment of 340B claims activity via a standard claims file (Type 46) that would be provided to

State of Nebraska Member Disruption Summary Report

Description	Values
Total Brand Claims	48,161
% Brand Claims	14%
Total Generic Claims	303,896
% Generic Claims	86%
Total Claim Count	352,975
Negative Changing Claims (Neg)	2,559
% Rx Disruption	0.7%
Eligibility Member Count	28386
Unique Disrupted Members (Neg)	627
% Member Disruption	2.2%

Change	Current Status	Proposed Status	Disruption_Level	# Rxs Impacted	% Total Rxs	# Mbrs Impacted
None	Y	Y	No Change	119,763	33.9%	13,691
None	N	N	No Change	1,152	0.3%	184
Positive	N	Y	Non-Preferred Drug to Preferred Drug	117,262	33.2%	13,947
Negative	**Y**	**N**	**Preferred Drug to Non-Preferred Drug**	**971**	**0.3%**	**236**
Negative	Y	X	Preferred Drug to Excluded Drug	669	0.2%	197
Negative	N	X	Non-Preferred Drug to Excluded Drug	919	0.3%	215
			Total	**240,736**	.	.
			Non-Maintenance	98,735	28.0%	19,219
			Diabetic Test Strips	1,481	0.4%	544
			MSBs	6,510	1.8%	1,779
			Non-Drug Items	4,595	1.3%	943
			Compounds, Bad NDCs, Recall	918	0.3%	
			Other Claims Total	**112,239**	.	.
			Total Claims	**352,975**	.	.

Negative and associated Positive claims are removed from the Analysis.

State of Nebraska vs Medperform
Negative Changes

Rank	Drug Type	Drug Name	Maintenance	Drug Class	# Rxs Impacted	% Total Rxs	# Mbrs Impacted	Current Status	Proposed Status
1	SSB	HUMALOG KWIKPEN	Y	Insulin	378	0.11%	97	F	NF
2	SSB	NP THYROID	Y	Thyroid Hormones	375	0.11%	85	F	NF
3	SSB	QVAR REDIHALER	Y	Steroid Inhalants	264	0.07%	105	F	X
4	SSB	TRADJENTA	Y	Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	203	0.06%	50	F	X
5	SSB	ARMOUR THYROID	Y	Thyroid Hormones	188	0.05%	45	NF	X
6	GENERIC	SAXAGLIPTIN HCL	Y	Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	94	0.03%	22	NF	X
7	SSB	LANTUS	Y	Insulin	87	0.02%	18	NF	X
8	SSB	BYDUREON BCISE	Y	Incretin Mimetic Agents (GLP-1 Receptor Agonists)	54	0.02%	8	F	X
9	SSB	KERENDIA	Y	UNKNOWN	51	0.01%	13	NF	X
10	SSB	COSENTYX UNOREADY	Y	Antipsoriatics	49	0.01%	11	NF	X
11	GENERIC	SAXAGLIPTIN-METFORMIN ER	Y	Antidiabetic Combinations	49	0.01%	13	NF	X
12	SSB	CIMZIA (2 SYRINGE)	Y	Inflammatory Bowel Agents	44	0.01%	9	F	NF
13	SSB	JENTADUETO XR	Y	Antidiabetic Combinations	39	0.01%	7	F	X
14	SSB	SAVELLA	Y	Fibromyalgia Agents	39	0.01%	7	NF	X
15	SSB	SUNOSI	Y	Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)	36	0.01%	9	F	NF
16	SSB	RASUVO	Y	Antirheumatic Antimetabolites	32	0.01%	7	F	X
17	SSB	COSENTYX SENSOREADY PEN	Y	Antipsoriatics	31	0.01%	6	NF	X
18	SSB	BENLYSTA	Y	Systemic Lupus Erythematosus Agents	30	0.01%	4	F	NF
19	SSB	LYBALVI	Y	Combination Psychotherapeutics	30	0.01%	5	NF	X
20	SSB	ENVARSUS XR	Y	Immunosuppressive Agents	25	0.01%	3	NF	X
21	SSB	SUCRAID	Y	Digestive Enzymes	23	0.01%	9	F	NF
22	GENERIC	FLUTICASONE-SALMETEROL	Y	Sympathomimetics	22	0.01%	6	NF	X
23	SSB	FEMRING	Y	Vaginal Estrogens	21	0.01%	9	NF	X
24	SSB	BEVESPI AEROSPHERE	Y	Sympathomimetics	20	0.01%	6	F	X
25	SSB	EVAMIST	Y	Estrogens	20	0.01%	5	F	NF
26	SSB	INSULIN GLARGINE SOLOSTAR	Y	Insulin	20	0.01%	9	NF	X
27	SSB	COSENTYX SENSOREADY (300 MG)	Y	Antipsoriatics	18	0.01%	6	NF	X
28	SSB	ACTEMRA ACTPEN	Y	Interleukin-6 Receptor Inhibitors	17	0.00%	6	NF	X
29	SSB	JENTADUETO	Y	Antidiabetic Combinations	16	0.00%	5	F	X
30	SSB	COSENTYX	Y	Antipsoriatics	14	0.00%	1	NF	X
31	SSB	DELSTRIGO	Y	Antiretrovirals	14	0.00%	2	F	X
32	GENERIC	SPIRONOLACTONE	Y	Potassium Sparing Diuretics	14	0.00%	2	NF	X
33	SSB	COSENTYX (300 MG DOSE)	Y	Antipsoriatics	13	0.00%	1	NF	X
34	SSB	SIMPONI	Y	Anti-TNF-alpha - Monoclonal Antibodies	13	0.00%	4	F	NF
35	SSB	FIASP	Y	Insulin	12	0.00%	2	NF	X
36	SSB	GEMTESA	Y	Urinary Antispasmodics - Beta-3 Adrenergic Agonists	12	0.00%	2	NF	X
37	SSB	PERTZYE	Y	Digestive Enzymes	12	0.00%	1	NF	X
38	SSB	NOVOLOG	Y	Insulin	11	0.00%	3	NF	X

39	SSB	GOCOVRI	Y	Antiparkinson Dopaminergics	10	0.00%	1	NF	X
40	SSB	HEMLIBRA	Y	Antihemophilic Products	10	0.00%	1	F	NF
41	SSB	TIROSINT-SOL	Y	Thyroid Hormones	10	0.00%	2	F	NF
42	SSB	OSPHENA	Y	Hormone Receptor Modulators	8	0.00%	2	NF	X
43	SSB	PIFELTRO	Y	Antiretrovirals	8	0.00%	1	NF	X
44	SSB	TIROSINT	Y	Thyroid Hormones	8	0.00%	2	NF	X
45	SSB	ESTRING	Y	Vaginal Estrogens	7	0.00%	4	F	X
46	SSB	FIASP FLEXTOUCH	Y	Insulin	7	0.00%	2	NF	X
47	SSB	NUEDEXTA	Y	Pseudobulbar Affect (PBA) Agents	7	0.00%	2	F	NF
48	SSB	NUTROPIN AQ NUSPIN 10	Y	Growth Hormones	7	0.00%	1	F	X
49	SSB	NOVOLOG PENFILL	Y	Insulin	6	0.00%	1	NF	X
50	SSB	ACTEMRA	Y	Interleukin-6 Receptor Inhibitors	5	0.00%	1	NF	X
51	SSB	HUMALOG TEMPO PEN	Y	Insulin	5	0.00%	1	NF	X
52	GENERIC	LIRAGLUTIDE	Y	Incretin Mimetic Agents (GLP-1 Receptor Agonists)	5	0.00%	2	F	NF
53	GENERIC	MESALAMINE	Y	Inflammatory Bowel Agents	5	0.00%	1	F	X
54	SSB	NESINA	Y	Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	5	0.00%	3	F	X
55	SSB	OLUMIANT	Y	Antirheumatic - Enzyme Inhibitors	5	0.00%	2	F	NF
56	SSB	CLIMARA PRO	Y	Estrogen Combinations	4	0.00%	3	NF	X
57	SSB	DROXIA	Y	Agents for Sickle Cell Anemia	4	0.00%	1	F	NF
58	SSB	FIASP PUMPCART	Y	Insulin	4	0.00%	1	NF	X
59	GENERIC	PROPRANOLOL HCL	Y	Beta Blockers Non-Selective	4	0.00%	3	F	NF
60	SSB	ADZENYS XR-ODT	Y	Amphetamines	3	0.00%	1	NF	X
61	SSB	FIASP PENFILL	Y	Insulin	3	0.00%	1	NF	X
62	SSB	NEMLUVIO	Y	UNKNOWN	3	0.00%	2	NF	X
63	SSB	PREVYMIS	Y	CMV Agents	3	0.00%	1	F	NF
64	SSB	SYMLINPEN 60	Y	Antidiabetic - Amylin Analogs	3	0.00%	2	NF	X
65	GENERIC	ALOGLIPTIN BENZOATE	Y	Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	2	0.00%	1	F	X
66	SSB	ASMANEX (120 METERED DOSES)	Y	Steroid Inhalants	2	0.00%	1	NF	X
67	SSB	CIMZIA-STARTER	Y	Inflammatory Bowel Agents	2	0.00%	2	F	NF
68	SSB	INSULIN ASPART	Y	Insulin	2	0.00%	2	NF	X
69	SSB	XELSTRYM	Y	Amphetamines	2	0.00%	1	NF	X
70	SSB	ASMANEX (60 METERED DOSES)	Y	Steroid Inhalants	1	0.00%	1	NF	X
71	SSB	CAPLYTA	Y	Antipsychotics - Misc.	1	0.00%	1	F	NF
72	SSB	DIPENTUM	Y	Inflammatory Bowel Agents	1	0.00%	1	NF	X
73	SSB	INSULIN GLARGINE	Y	Insulin	1	0.00%	1	NF	X
74	SSB	INVOKANA	Y	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	1	0.00%	1	NF	X
75	SSB	KAZANO	Y	Antidiabetic Combinations	1	0.00%	1	F	X
76	GENERIC	KRISTALOSE	Y	Laxatives - Miscellaneous	1	0.00%	1	NF	X
77	SSB	PANCREAZE	Y	Digestive Enzymes	1	0.00%	1	NF	X
78	SSB	PRALUENT	Y	Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors	1	0.00%	1	NF	X
79	SSB	XYOSTED	Y	Androgens	1	0.00%	1	F	NF
.	**Total**				**2,559**	.	.		

State of Nebraska vs Medperform
Drug List

Rank	Drug Type	Drug Name	Strength	Maintenance	Drug Class	# Rxs Impacted	% Total Rxs	# Mbrs Impacted	Current Status	Proposed Status
1	GENERIC	ALBUTEROL SULFATE HFA	108 (90 BASE) MCG/ACT	Y	Sympathomimetics	4627	1.31%	2230	NF	F
2	GENERIC	PANTOPRAZOLE SODIUM	40 MG	Y	Proton Pump Inhibitors	4472	1.27%	1293	F	F
3	GENERIC	MONTELUKAST SODIUM	10 MG	Y	Leukotriene Modulators	3647	1.03%	1096	F	F
4	GENERIC	AMOXICILLIN-POT CLAVULANATE	875-125 MG	N	Penicillin Combinations	3329	0.94%	2725	F	F
5	GENERIC	OMEPRAZOLE	20 MG	Y	Proton Pump Inhibitors	3316	0.94%	1013	F	F
6	GENERIC	ATORVASTATIN CALCIUM	20 MG	Y	HMG CoA Reductase Inhibitors	3262	0.92%	959	NF	F
7	GENERIC	MELOXICAM	15 MG	Y	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	3243	0.92%	1140	F	F
8	GENERIC	METFORMIN HCL ER	500 MG	Y	Biguanides	3137	0.89%	925	NF	F
9	GENERIC	ESCITALOPRAM OXALATE	10 MG	Y	Selective Serotonin Reuptake Inhibitors (SSRIs)	3008	0.85%	905	NF	F
10	GENERIC	BUPROPION HCL ER (XL)	150 MG	Y	Antidepressants - Misc.	2964	0.84%	935	F	F
11	GENERIC	OMEPRAZOLE	40 MG	Y	Proton Pump Inhibitors	2915	0.83%	907	F	F
12	GENERIC	SERTRALINE HCL	100 MG	Y	Selective Serotonin Reuptake Inhibitors (SSRIs)	2847	0.81%	731	NF	F
13	GENERIC	AMLODIPINE BESYLATE	5 MG	Y	Calcium Channel Blockers	2804	0.79%	815	NF	F
14	GENERIC	ESCITALOPRAM OXALATE	20 MG	Y	Selective Serotonin Reuptake Inhibitors (SSRIs)	2776	0.79%	705	NF	F
15	GENERIC	ATORVASTATIN CALCIUM	40 MG	Y	HMG CoA Reductase Inhibitors	2767	0.78%	782	NF	F
16	GENERIC	TRAMADOL HCL	50 MG	N	Opioid Agonists	2706	0.77%	994	F	F
17	GENERIC	PREDNISONE	20 MG	N	Glucocorticosteroids	2602	0.74%	2094	F	F
18	GENERIC	GABAPENTIN	300 MG	Y	Anticonvulsants - Misc.	2488	0.70%	719	F	F
19	GENERIC	SERTRALINE HCL	50 MG	Y	Selective Serotonin Reuptake Inhibitors (SSRIs)	2433	0.69%	735	NF	F
20	GENERIC	HYDROCODONE-ACETAMINOPHEN	5-325 MG	N	Opioid Combinations	2348	0.67%	1485	F	F
21	GENERIC	BUPROPION HCL ER (XL)	300 MG	Y	Antidepressants - Misc.	2328	0.66%	615	F	F
22	GENERIC	AZITHROMYCIN	250 MG	N	Azithromycin	2291	0.65%	1957	F	F
23	GENERIC	LOSARTAN POTASSIUM	100 MG	Y	Angiotensin II Receptor Antagonists	2247	0.64%	609	NF	F
24	GENERIC	AMLODIPINE BESYLATE	10 MG	Y	Calcium Channel Blockers	2218	0.63%	610	NF	F
25	GENERIC	LOSARTAN POTASSIUM	50 MG	Y	Angiotensin II Receptor Antagonists	2209	0.63%	627	NF	F
26	GENERIC	AMOXICILLIN	500 MG	N	Aminopenicillins	2193	0.62%	1665	F	F
27	GENERIC	LISINOPRIL	10 MG	Y	ACE Inhibitors	2187	0.62%	618	NF	F
28	GENERIC	CYCLOBENZAPRINE HCL	10 MG	N	Central Muscle Relaxants	2112	0.60%	1033	F	F
29	GENERIC	DOXYCYCLINE HYCLATE	100 MG	N	Tetracyclines	2090	0.59%	1626	F	F
30	GENERIC	TRAZODONE HCL	50 MG	Y	Serotonin Modulators	2063	0.58%	606	F	F
31	GENERIC	METFORMIN HCL	500 MG	Y	Biguanides	2062	0.58%	615	NF	F
32	GENERIC	ATORVASTATIN CALCIUM	10 MG	Y	HMG CoA Reductase Inhibitors	2020	0.57%	570	NF	F
33	GENERIC	LISINOPRIL	20 MG	Y	ACE Inhibitors	1971	0.56%	556	NF	F
34	SSB	JARDIANCE	25 MG	Y	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	1963	0.56%	422	F	F
35	GENERIC	FLUOXETINE HCL	20 MG	Y	Selective Serotonin Reuptake Inhibitors (SSRIs)	1886	0.53%	544	NF	F
36	GENERIC	FLUTICASONE PROPIONATE	50 MCG/ACT	N	Nasal Steroids	1828	0.52%	952	F	F
37	GENERIC	HYDROCHLOROTHIAZIDE	25 MG	Y	Thiazides and Thiazide-Like Diuretics	1726	0.49%	496	NF	F
38	GENERIC	METOPROLOL SUCCINATE ER	25 MG	Y	Beta Blockers Cardio-Selective	1692	0.48%	482	NF	F
39	GENERIC	ONDANSETRON	4 MG	N	5-HT3 Receptor Antagonists	1667	0.47%	1256	F	F
40	GENERIC	LEVOTHYROXINE SODIUM	50 MCG	Y	Thyroid Hormones	1615	0.46%	434	F	F
41	GENERIC	METHYLPREDNISOLONE	4 MG	N	Glucocorticosteroids	1609	0.46%	1415	F	F
42	GENERIC	CEPHALEXIN	500 MG	N	Cephalosporins - 1st Generation	1583	0.45%	1277	F	F
43	GENERIC	DULOXETINE HCL	60 MG	Y	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)	1551	0.44%	393	F	F
44	GENERIC	ALPRAZOLAM	0.5 MG	N	Benzodiazepines	1545	0.44%	410	F	F
45	SSB	OZEMPIC (1 MG/DOSE)	4 MG/3ML	Y	Incretin Mimetic Agents (GLP-1 Receptor Agonists)	1540	0.44%	351	F	F
46	SSB	OZEMPIC (0.25 OR 0.5 MG/DOSE)	2 MG/3ML	Y	Incretin Mimetic Agents (GLP-1 Receptor Agonists)	1530	0.43%	401	F	F
47	GENERIC	ATORVASTATIN CALCIUM	80 MG	Y	HMG CoA Reductase Inhibitors	1473	0.42%	401	NF	F
48	GENERIC	HYDROXYZINE HCL	25 MG	N	Antianxiety Agents - Misc.	1464	0.41%	577	F	F
49	GENERIC	AMOXICILLIN	400 MG/5ML	N	Aminopenicillins	1435	0.41%	1084	F	F
50	GENERIC	METFORMIN HCL	1000 MG	Y	Biguanides	1427	0.40%	382	NF	F
51	GENERIC	TAMSULOSIN HCL	0.4 MG	Y	Prostatic Hypertrophy Agents	1407	0.40%	482	F	F
52	GENERIC	ZOLPIDEM TARTRATE	10 MG	N	Non-Barbiturate Hypnotics	1398	0.40%	210	F	F
53	GENERIC	FLUCONAZOLE	150 MG	N	Imidazole-Related Antifungals	1379	0.39%	897	F	F
54	SSB	JARDIANCE	10 MG	Y	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	1372	0.39%	309	F	F
55	GENERIC	ROSUVASTATIN CALCIUM	10 MG	Y	HMG CoA Reductase Inhibitors	1361	0.39%	404	NF	F
56	GENERIC	PREDNISONE	10 MG	N	Glucocorticosteroids	1354	0.38%	1048	F	F
57	SSB	OZEMPIC (2 MG/DOSE)	8 MG/3ML	Y	Incretin Mimetic Agents (GLP-1 Receptor Agonists)	1340	0.38%	239	F	F
58	GENERIC	OXYCODONE HCL	5 MG	N	Opioid Agonists	1269	0.36%	900	F	F
59	MSB	LANTUS SOLOSTAR	100 UNIT/ML	Y	Insulin	1244	0.35%	288	NF	X
60	GENERIC	LEVOTHYROXINE SODIUM	75 MCG	Y	Thyroid Hormones	1227	0.35%	319	F	F
61	GENERIC	VENLAFAXINE HCL ER	75 MG	Y	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)	1225	0.35%	334	F	F
62	GENERIC	FLUOXETINE HCL	40 MG	Y	Selective Serotonin Reuptake Inhibitors (SSRIs)	1209	0.34%	302	NF	F
63	GENERIC	VENLAFAXINE HCL ER	150 MG	Y	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)	1209	0.34%	273	F	F
64	GENERIC	METOPROLOL SUCCINATE ER	50 MG	Y	Beta Blockers Cardio-Selective	1195	0.34%	348	NF	F
65	GENERIC	LISINOPRIL	40 MG	Y	ACE Inhibitors	1179	0.33%	314	NF	F
66	GENERIC	SULFAMETHOXAZOLE-TRIMETHOPRIM	800-160 MG	N	Anti-infective Misc. - Combinations	1175	0.33%	889	F	F
67	GENERIC	CEFDINIR	300 MG	N	Cephalosporins - 3rd Generation	1169	0.33%	1024	F	F
68	GENERIC	ROSUVASTATIN CALCIUM	20 MG	Y	HMG CoA Reductase Inhibitors	1152	0.33%	343	NF	F
69	GENERIC	LOSARTAN POTASSIUM	25 MG	Y	Angiotensin II Receptor Antagonists	1136	0.32%	337	NF	F
70	GENERIC	VALACYCLOVIR HCL	1 GM	N	Herpes Agents	1126	0.32%	587	F	F
71	GENERIC	SPIRONOLACTONE	50 MG	Y	Potassium Sparing Diuretics	1109	0.31%	347	NF	F
72	GENERIC	HYDROCHLOROTHIAZIDE	12.5 MG	Y	Thiazides and Thiazide-Like Diuretics	1103	0.31%	306	NF	F
73	GENERIC	NITROFURANTOIN MONOHYD MACRO	100 MG	N	UNKNOWN	1090	0.31%	830	F	F
74	GENERIC	TRIAMCINOLONE ACETONIDE	0.1 %	N	Corticosteroids - Topical	1089	0.31%	883	F	F
75	GENERIC	CELECOXIB	200 MG	Y	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	1048	0.30%	371	F	F
76	SSB	ELIQUIS	5 MG	Y	Direct Factor Xa Inhibitors	1034	0.29%	220	F	F
77	GENERIC	LEVOTHYROXINE SODIUM	100 MCG	Y	Thyroid Hormones	1032	0.29%	312	F	F
78	GENERIC	GABAPENTIN	100 MG	Y	Anticonvulsants - Misc.	1023	0.29%	377	F	F
79	GENERIC	SPIRONOLACTONE	25 MG	Y	Potassium Sparing Diuretics	991	0.28%	292	NF	F
80	GENERIC	TESTOSTERONE CYPIONATE	200 MG/ML	Y	Androgens	985	0.28%	248	F	F
81	GENERIC	BUSPIRONE HCL	10 MG	N	Antianxiety Agents - Misc.	984	0.28%	271	F	F
82	SSB	MOUNJARO	5 MG/0.5ML	Y	Incretin Mimetic Agents (GLP-1 Receptor Agonists)	983	0.28%	347	F	F
83	GENERIC	TRAZODONE HCL	100 MG	Y	Serotonin Modulators	975	0.28%	262	F	F
84	GENERIC	DULOXETINE HCL	30 MG	Y	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)	971	0.28%	324	F	F
85	GENERIC	LAMOTRIGINE	100 MG	Y	Anticonvulsants - Misc.	968	0.27%	218	F	F
86	GENERIC	AMOXICILLIN	875 MG	N	Aminopenicillins	957	0.27%	856	F	F
87	GENERIC	ONDANSETRON HCL	4 MG	N	5-HT3 Receptor Antagonists	951	0.27%	695	F	F
88	GENERIC	IBUPROFEN	800 MG	Y	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	945	0.27%	663	F	F
89	GENERIC	CLONIDINE HCL	0.1 MG	Y	Antiadrenergic Antihypertensives	944	0.27%	274	NF	F
90	GENERIC	AMPHETAMINE-DEXTROAMPHET ER	30 MG	Y	Amphetamines	914	0.26%	170	F	F
91	GENERIC	TOPIRAMATE	50 MG	Y	Anticonvulsants - Misc.	908	0.26%	275	F	F
92	GENERIC	AMPHETAMINE-DEXTROAMPHETAMINE	10 MG	Y	Amphetamines	905	0.26%	239	F	F
93	SSB	MOUNJARO	7.5 MG/0.5ML	Y	Incretin Mimetic Agents (GLP-1 Receptor Agonists)	904	0.26%	258	F	F
94	GENERIC	LEVOTHYROXINE SODIUM	25 MCG	Y	Thyroid Hormones	898	0.25%	238	F	F
95	GENERIC	LORAZEPAM	0.5 MG	N	Benzodiazepines	892	0.25%	315	F	F
96	GENERIC	LAMOTRIGINE	200 MG	Y	Anticonvulsants - Misc.	838	0.24%	175	F	F
97	GENERIC	AMPHETAMINE-DEXTROAMPHET ER	20 MG	Y	Amphetamines	834	0.24%	226	F	F
98	GENERIC	AMPHETAMINE-DEXTROAMPHETAMINE	20 MG	Y	Amphetamines	830	0.24%	161	F	F

99	GENERIC	LISINOPRIL	5 MG	Y	ACE Inhibitors	827	0.23%	240	NF	F
100	GENERIC	MELOXICAM	7.5 MG	Y	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	825	0.23%	346	F	F
101	GENERIC	ROSUVASTATIN CALCIUM	5 MG	Y	HMG CoA Reductase Inhibitors	825	0.23%	225	NF	F
102	GENERIC	MUPIROCIN	2 %	N	Antibiotics - Topical	819	0.23%	696	F	F
103	GENERIC	TOPIRAMATE	25 MG	Y	Anticonvulsants - Misc.	817	0.23%	306	F	F
104	GENERIC	EZETIMIBE	10 MG	Y	Intestinal Cholesterol Absorption Inhibitors	812	0.23%	239	NF	F
105	MSB	SYMBICORT	160-4.5 MCG/ACT	Y	Sympathomimetics	795	0.23%	233	NF	X
106	GENERIC	ALPRAZOLAM	0.25 MG	N	Benzodiazepines	781	0.22%	290	F	F
107	GENERIC	BENZONATATE	100 MG	N	Antitussives	779	0.22%	689	F	F
108	GENERIC	VITAMIN D (ERGOCALCIFEROL)	1.25 MG (50000 UT)	Y	Oil Soluble Vitamins	769	0.22%	297	F	F
109	SSB	DUPIXENT	300 MG/2ML	Y	Eczema Agents	764	0.22%	94	F	F
110	GENERIC	ALLOPURINOL	300 MG	Y	Gout Agents	756	0.21%	197	F	F
111	GENERIC	SERTRALINE HCL	25 MG	Y	Selective Serotonin Reuptake Inhibitors (SSRIs)	747	0.21%	271	NF	F
112	GENERIC	LEVOTHYROXINE SODIUM	125 MCG	Y	Thyroid Hormones	746	0.21%	206	F	F
113	GENERIC	HYDROXYCHLOROQUINE SULFATE	200 MG	Y	Antimalarials	742	0.21%	177	F	F
114	GENERIC	NA SULFATE-K SULFATE-MG SULF	17.5-3.13-1.6 GM/177ML	N	Laxative Combinations	731	0.21%	711	F	F
115	GENERIC	METRONIDAZOLE	500 MG	N	Anti-infective Agents - Misc.	728	0.21%	588	F	F
116	GENERIC	FLUOXETINE HCL	10 MG	Y	Selective Serotonin Reuptake Inhibitors (SSRIs)	726	0.21%	285	NF	F
117	GENERIC	FUROSEMIDE	20 MG	Y	Loop Diuretics	726	0.21%	235	NF	F
118	GENERIC	LEVOTHYROXINE SODIUM	88 MCG	Y	Thyroid Hormones	718	0.20%	209	F	F
119	GENERIC	VALACYCLOVIR HCL	500 MG	N	Herpes Agents	716	0.20%	259	F	F
120	GENERIC	ALPRAZOLAM	1 MG	N	Benzodiazepines	714	0.20%	129	F	F
121	GENERIC	LEVOTHYROXINE SODIUM	112 MCG	Y	Thyroid Hormones	700	0.20%	196	F	F
122	GENERIC	TIZANIDINE HCL	4 MG	N	Central Muscle Relaxants	700	0.20%	225	F	F
123	SSB	XARELTO	20 MG	Y	Direct Factor Xa Inhibitors	699	0.20%	155	F	F
124	GENERIC	BENZONATATE	200 MG	N	Antitussives	683	0.19%	611	F	F
125	GENERIC	LAMOTRIGINE	25 MG	Y	Anticonvulsants - Misc.	679	0.19%	225	F	F
126	GENERIC	MONTELUKAST SODIUM	10 MG	Y	Leukotriene Modulators	667	0.19%	292	NF	F
127	NON DRUG	DEXCOM G7 SENSOR	0	N	Diabetic Supplies	663	0.19%	135	NF	F
128	GENERIC	CLOPIDOGREL BISULFATE	75 MG	Y	Platelet Aggregation Inhibitors	658	0.19%	185	NF	F
129	GENERIC	LEVOTHYROXINE SODIUM	150 MCG	Y	Thyroid Hormones	655	0.19%	192	F	F
130	GENERIC	CLONAZEPAM	1 MG	N	Anticonvulsants - Benzodiazepines	645	0.18%	112	F	F
131	GENERIC	LATANOPROST	0.005 %	Y	Prostaglandins - Ophthalmic	639	0.18%	152	F	F
132	GENERIC	NAPROXEN	500 MG	Y	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	639	0.18%	391	F	F
133	GENERIC	CEFDINIR	250 MG/5ML	N	Cephalosporins - 3rd Generation	638	0.18%	486	F	F
134	GENERIC	ROSUVASTATIN CALCIUM	40 MG	Y	HMG CoA Reductase Inhibitors	638	0.18%	180	NF	F
135	GENERIC	CITALOPRAM HYDROBROMIDE	40 MG	Y	Selective Serotonin Reuptake Inhibitors (SSRIs)	633	0.18%	146	NF	F
136	GENERIC	BUSPIRONE HCL	15 MG	N	Antianxiety Agents - Misc.	632	0.18%	179	F	F
137	GENERIC	CYCLOBENZAPRINE HCL	5 MG	N	Central Muscle Relaxants	624	0.18%	385	F	F
138	GENERIC	FOLIC ACID	1 MG	Y	Folic Acid/Folates	624	0.18%	190	F	F
139	SSB	HUMIRA (2 PEN)	40 MG/0.4ML	Y	Anti-TNF-alpha - Monoclonal Antibodies	618	0.18%	71	F	F
140	GENERIC	KETOCONAZOLE	2 %	N	Antifungals - Topical	607	0.17%	367	F	F
141	GENERIC	METOPROLOL SUCCINATE ER	100 MG	Y	Beta Blockers Cardio-Selective	606	0.17%	162	NF	F
142	SSB	MOUNJARO	10 MG/0.5ML	Y	Incretin Mimetic Agents (GLP-1 Receptor Agonists)	604	0.17%	202	F	F
143	GENERIC	CITALOPRAM HYDROBROMIDE	20 MG	Y	Selective Serotonin Reuptake Inhibitors (SSRIs)	601	0.17%	164	NF	F
144	GENERIC	LOSARTAN POTASSIUM-HCTZ	100-25 MG	Y	Antihypertensive Combinations	599	0.17%	163	NF	F
145	GENERIC	METOPROLOL TARTRATE	25 MG	Y	Beta Blockers Cardio-Selective	593	0.17%	163	NF	F
146	GENERIC	CHLORHEXIDINE GLUCONATE	0.12 %	N	Antiseptics - Mouth/Throat	590	0.17%	500	F	F
147	GENERIC	CLONAZEPAM	0.5 MG	N	Anticonvulsants - Benzodiazepines	590	0.17%	175	F	F
148	SSB	MOUNJARO	2.5 MG/0.5ML	N	Incretin Mimetic Agents (GLP-1 Receptor Agonists)	587	0.17%	255	F	F
149	GENERIC	POTASSIUM CHLORIDE ER	10 MEQ	Y	Potassium	586	0.17%	185	F	F
150	GENERIC	LISINOPRIL-HYDROCHLOROTHIAZIDE	20-12.5 MG	Y	Antihypertensive Combinations	584	0.17%	155	NF	F
151	GENERIC	INSULIN LISPRO	100 UNIT/ML	Y	Insulin	581	0.16%	127	F	F
152	GENERIC	ARIPIPRAZOLE	5 MG	Y	Quinolinone Derivatives	574	0.16%	168	NF	F
153	GENERIC	RIZATRIPTAN BENZOATE	10 MG	N	Serotonin Agonists	570	0.16%	200	F	F
154	GENERIC	AMPHETAMINE-DEXTROAMPHET ER	10 MG	Y	Amphetamines	564	0.16%	196	F	F
155	GENERIC	BUSPIRONE HCL	5 MG	N	Antianxiety Agents - Misc.	560	0.16%	208	F	F
156	GENERIC	OXYCODONE-ACETAMINOPHEN	5-325 MG	N	Opioid Combinations	560	0.16%	282	F	F
157	GENERIC	GABAPENTIN	600 MG	Y	Anticonvulsants - Misc.	557	0.16%	138	F	F
158	GENERIC	CLOBETASOL PROPIONATE	0.05 %	N	Corticosteroids - Topical	555	0.16%	374	F	F
159	GENERIC	SIMVASTATIN	20 MG	Y	HMG CoA Reductase Inhibitors	552	0.16%	150	NF	F
160	GENERIC	LORAZEPAM	1 MG	N	Benzodiazepines	550	0.16%	164	F	F
161	GENERIC	ZOLPIDEM TARTRATE	5 MG	N	Non-Barbiturate Hypnotics	539	0.15%	127	F	F
162	GENERIC	BUPROPION HCL ER (SR)	150 MG	Y	Antidepressants - Misc.	537	0.15%	140	F	F
163	GENERIC	PROPRANOLOL HCL	10 MG	Y	Beta Blockers Non-Selective	520	0.15%	211	NF	F
164	GENERIC	SUMATRIPTAN SUCCINATE	100 MG	N	Serotonin Agonists	518	0.15%	173	F	F
165	GENERIC	SPIRONOLACTONE	100 MG	Y	Potassium Sparing Diuretics	515	0.15%	161	NF	F
166	GENERIC	SIMVASTATIN	40 MG	Y	HMG CoA Reductase Inhibitors	509	0.14%	132	NF	F
167	GENERIC	LEVOCETIRIZINE DIHYDROCHLORIDE	5 MG	N	Antihistamines - Non-Sedating	507	0.14%	151	F	F
168	SSB	MOUNJARO	15 MG/0.5ML	Y	Incretin Mimetic Agents (GLP-1 Receptor Agonists)	504	0.14%	99	F	F
169	GENERIC	IBUPROFEN	600 MG	Y	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	502	0.14%	435	F	F
170	GENERIC	FUROSEMIDE	40 MG	Y	Loop Diuretics	501	0.14%	160	NF	F
171	GENERIC	ESTRADIOL	1 MG	Y	Estrogens	499	0.14%	152	F	F
172	GENERIC	HYDROXYZINE HCL	10 MG	N	Antianxiety Agents - Misc.	499	0.14%	204	F	F
173	GENERIC	CARVEDILOL	25 MG	Y	Alpha-Beta Blockers	496	0.14%	123	NF	F
174	GENERIC	VENLAFAXINE HCL ER	37.5 MG	Y	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)	485	0.14%	201	F	F
175	GENERIC	ALLOPURINOL	100 MG	Y	Gout Agents	481	0.14%	148	F	F
176	GENERIC	TOPIRAMATE	100 MG	Y	Anticonvulsants - Misc.	481	0.14%	128	F	F
177	GENERIC	DOXYCYCLINE MONOHYDRATE	100 MG	N	Tetracyclines	479	0.14%	369	F	F
178	GENERIC	METHYLPHENIDATE HCL ER (OSM)	36 MG	Y	Stimulants - Misc.	478	0.14%	131	F	F
179	GENERIC	DICLOFENAC SODIUM	75 MG	Y	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	477	0.14%	147	F	F
180	GENERIC	PROGESTERONE	200 MG	Y	Progestins	473	0.13%	162	F	F
181	SSB	VRAYLAR	1.5 MG	Y	Antipsychotics - Misc.	472	0.13%	140	NF	F
182	GENERIC	ALBUTEROL SULFATE	(2.5 MG/3ML) 0.083%	Y	Sympathomimetics	469	0.13%	312	NF	F
183	GENERIC	LAMOTRIGINE	150 MG	Y	Anticonvulsants - Misc.	465	0.13%	118	F	F
184	GENERIC	LISINOPRIL-HYDROCHLOROTHIAZIDE	20-25 MG	Y	Antihypertensive Combinations	463	0.13%	120	NF	F
185	SSB	EMGALITY	120 MG/ML	Y	Migraine Products - Monoclonal Antibodies	462	0.13%	71	F	F
186	GENERIC	CLINDAMYCIN HCL	300 MG	N	Lincosamides	458	0.13%	377	F	F
187	GENERIC	FENOFIBRATE	160 MG	Y	Fibric Acid Derivatives	458	0.13%	127	NF	F
188	GENERIC	OSELTAMIVIR PHOSPHATE	75 MG	N	Influenza Agents	455	0.13%	442	F	F
189	NON DRUG	DEXCOM G6 SENSOR	0	N	Diabetic Supplies	454	0.13%	90	NF	F
190	MSB	VYVANSE	40 MG	Y	Amphetamines	454	0.13%	135	NF	X
191	GENERIC	AMOXICILLIN-POT CLAVULANATE	600-42.9 MG/5ML	N	Penicillin Combinations	451	0.13%	365	F	F
192	GENERIC	AMPHETAMINE-DEXTROAMPHETAMINE	30 MG	Y	Amphetamines	447	0.13%	65	F	F
193	GENERIC	NALTREXONE HCL	50 MG	N	Opioid Antagonists	446	0.13%	157	F	F
194	GENERIC	AMITRIPTYLINE HCL	25 MG	Y	Tricyclic Agents	445	0.13%	130	F	F
195	GENERIC	METHOCARBAMOL	750 MG	N	Central Muscle Relaxants	441	0.12%	191	F	F
196	GENERIC	CIPROFLOXACIN HCL	500 MG	N	Fluoroquinolones	440	0.12%	358	F	F
197	GENERIC	MONTELUKAST SODIUM	5 MG	Y	Leukotriene Modulators	439	0.12%	134	F	F
198	GENERIC	SPRINTEC 28	0.25-35 MG-MCG	Y	Combination Contraceptives - Oral	438	0.12%	132	NF	F
199	GENERIC	CHLORTHALIDONE	25 MG	Y	Thiazides and Thiazide-Like Diuretics	432	0.12%	117	NF	F
200	SSB	SHINGRIX	50 MCG/0.5ML	N	Viral Vaccines	432	0.12%	322	NF	F
201	GENERIC	ESCITALOPRAM OXALATE	5 MG	Y	Selective Serotonin Reuptake Inhibitors (SSRIs)	430	0.12%	165	NF	F
202	GENERIC	PROGESTERONE	100 MG	Y	Progestins	428	0.12%	150	F	F
203	GENERIC	AMLODIPINE BESYLATE	2.5 MG	Y	Calcium Channel Blockers	427	0.12%	141	NF	F
204	MSB	SYMBICORT	80-4.5 MCG/ACT	Y	Sympathomimetics	424	0.12%	152	NF	X
205	GENERIC	HYDROCODONE-ACETAMINOPHEN	10-325 MG	N	Opioid Combinations	420	0.12%	81	F	F
206	SSB	NURTEC	75 MG	N	Migraine Products - Monoclonal Antibodies	418	0.12%	90	F	F

207	GENERIC	PROPRANOLOL HCL	20 MG	Y	Beta Blockers Non-Selective	418	0.12%	143	NF	F
208	TS	ONETOUCH VERIO	0	N	Diagnostic Tests	417	0.12%	174	NF	F
209	SSB	TOUJEO SOLOSTAR	300 UNIT/ML	Y	Insulin	417	0.12%	94	F	F
210	GENERIC	LISDEXAMFETAMINE DIMESYLATE	30 MG	Y	Amphetamines	416	0.12%	166	F	F
211	GENERIC	SUMATRIPTAN SUCCINATE	50 MG	N	Serotonin Agonists	416	0.12%	193	F	F
212	MSB	VYVANSE	30 MG	Y	Amphetamines	415	0.12%	149	NF	X
213	GENERIC	MINOCYCLINE HCL	100 MG	N	Tetracyclines	412	0.12%	160	F	F
214	SSB	MOUNJARO	12.5 MG/0.5ML	Y	Incretin Mimetic Agents (GLP-1 Receptor Agonists)	411	0.12%	127	F	F
215	SSB	TRELEGY ELLIPTA	200-62.5-25 MCG/ACT	Y	Sympathomimetics	411	0.12%	72	NF	F
216	GENERIC	PREDNISONE	5 MG	N	Glucocorticosteroids	410	0.12%	196	F	F
217	GENERIC	LEVOTHYROXINE SODIUM	175 MCG	Y	Thyroid Hormones	408	0.12%	130	F	F
218	GENERIC	ASPIRIN LOW DOSE	81 MG	N	Salicylates	406	0.12%	218	NF	F
219	GENERIC	DESVENLAFAXINE SUCCINATE ER	50 MG	Y	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)	406	0.12%	128	F	F
220	GENERIC	POTASSIUM CHLORIDE CRYS ER	20 MEQ	Y	Potassium	405	0.11%	144	F	F
221	GENERIC	TRIAMTERENE-HCTZ	37.5-25 MG	Y	Diuretic Combinations	404	0.11%	110	NF	F
222	GENERIC	ARIPIPRAZOLE	2 MG	Y	Quinolinone Derivatives	402	0.11%	141	NF	F
223	GENERIC	AMPHETAMINE-DEXTROAMPHETAMINE	5 MG	Y	Amphetamines	401	0.11%	119	F	F
224	GENERIC	AMITRIPTYLINE HCL	10 MG	Y	Tricyclic Agents	399	0.11%	116	F	F
225	GENERIC	CARVEDILOL	6.25 MG	Y	Alpha-Beta Blockers	399	0.11%	116	NF	F
226	SSB	TRELEGY ELLIPTA	100-62.5-25 MCG/ACT	Y	Sympathomimetics	399	0.11%	78	NF	F
227	NON DRUG	OMNIPOD 5 DEXG7G6 PODS GEN 5	0	N	Diabetic Supplies	397	0.11%	64	F	F
228	GENERIC	CARVEDILOL	12.5 MG	Y	Alpha-Beta Blockers	396	0.11%	111	NF	F
229	GENERIC	METOPROLOL TARTRATE	50 MG	Y	Beta Blockers Cardio-Selective	396	0.11%	124	NF	F
230	GENERIC	OFLOXACIN	0.3 %	N	Ophthalmic Anti-infectives	396	0.11%	358	F	F
231	GENERIC	PRAVASTATIN SODIUM	40 MG	Y	HMG CoA Reductase Inhibitors	394	0.11%	109	NF	F
232	GENERIC	AMPHETAMINE-DEXTROAMPHET ER	15 MG	Y	Amphetamines	393	0.11%	127	F	F
233	GENERIC	AZITHROMYCIN	500 MG	N	Azithromycin	392	0.11%	333	F	F
234	GENERIC	METHOCARBAMOL	500 MG	N	Central Muscle Relaxants	392	0.11%	197	F	F
235	GENERIC	LISINOPRIL	2.5 MG	Y	ACE Inhibitors	387	0.11%	109	NF	F
236	SSB	UBRELVY	100 MG	N	Migraine Products - Monoclonal Antibodies	387	0.11%	98	F	F
237	GENERIC	INSULIN LISPRO (1 UNIT DIAL)	100 UNIT/ML	Y	Insulin	386	0.11%	102	F	F
238	GENERIC	NORETHINDRONE	0.35 MG	Y	Progestin Contraceptives - Oral	380	0.11%	149	NF	F
239	GENERIC	CLONIDINE HCL	0.2 MG	Y	Antiadrenergic Antihypertensives	378	0.11%	85	NF	F
240	SSB	HUMALOG KWIKPEN	100 UNIT/ML	Y	Insulin	378	0.11%	97	F	NF
241	GENERIC	HYDROXYZINE HCL	50 MG	N	Antianxiety Agents - Misc.	378	0.11%	129	F	F
242	MSB	VYVANSE	50 MG	Y	Amphetamines	374	0.11%	112	NF	X
243	GENERIC	METHYLPHENIDATE HCL ER (OSM)	54 MG	Y	Stimulants - Misc.	371	0.11%	80	F	F
244	GENERIC	PANTOPRAZOLE SODIUM	20 MG	Y	Proton Pump Inhibitors	371	0.11%	127	F	F
245	GENERIC	TERBINAFINE HCL	250 MG	N	Antifungals	370	0.10%	229	F	F
246	GENERIC	LEVOTHYROXINE SODIUM	137 MCG	Y	Thyroid Hormones	368	0.10%	126	F	F
247	GENERIC	CLINDAMYCIN PHOSPHATE	1 %	N	Acne Products	366	0.10%	207	F	F
248	SSB	AIMOVIG	140 MG/ML	Y	Migraine Products - Monoclonal Antibodies	365	0.10%	55	F	F
249	GENERIC	LOSARTAN POTASSIUM-HCTZ	50-12.5 MG	Y	Antihypertensive Combinations	358	0.10%	104	NF	F
250	GENERIC	QUETIAPINE FUMARATE	25 MG	Y	Dibenzapines	357	0.10%	97	NF	F
251	SSB	TOUJEO MAX SOLOSTAR	300 UNIT/ML	Y	Insulin	351	0.10%	84	F	F
252	GENERIC	LISINOPRIL-HYDROCHLOROTHIAZIDE	10-12.5 MG	Y	Antihypertensive Combinations	350	0.10%	90	NF	F
253	GENERIC	ONDANSETRON HCL	8 MG	N	5-HT3 Receptor Antagonists	349	0.10%	182	F	F
254	GENERIC	ALENDRONATE SODIUM	70 MG	Y	Bone Density Regulators	345	0.10%	96	NF	F
255	GENERIC	AZITHROMYCIN	200 MG/5ML	N	Azithromycin	339	0.10%	296	F	F
256	GENERIC	FLUTICASONE-SALMETEROL	250-50 MCG/ACT	Y	Sympathomimetics	339	0.10%	116	NF	F
257	NON DRUG	FREESTYLE LIBRE 3 SENSOR	0	N	Diabetic Supplies	337	0.10%	66	NF	F
258	GENERIC	LIOTHYRONINE SODIUM	5 MCG	Y	Thyroid Hormones	336	0.10%	102	F	F
259	GENERIC	ESTRADIOL	2 MG	Y	Estrogens	335	0.09%	97	F	F
260	GENERIC	BISOPROLOL FUMARATE	5 MG	Y	Beta Blockers Cardio-Selective	333	0.09%	98	NF	F
261	GENERIC	PREDNISOLONE ACETATE	1 %	N	Ophthalmic Steroids	333	0.09%	222	F	F
262	GENERIC	FENOFIBRATE	145 MG	Y	Fibric Acid Derivatives	330	0.09%	86	NF	F
263	GENERIC	LETROZOLE	2.5 MG	Y	Antineoplastic - Hormonal and Related Agents	323	0.09%	80	NF	F
264	SSB	REPATHA SURECLICK	140 MG/ML	Y	Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors	323	0.09%	52	F	F
265	GENERIC	PROMETHAZINE-DM	6.25-15 MG/5ML	N	Cough/Cold/Allergy Combinations	321	0.09%	297	F	F
266	GENERIC	LISDEXAMFETAMINE DIMESYLATE	40 MG	Y	Amphetamines	320	0.09%	117	F	F
267	GENERIC	OLMESARTAN MEDOXOMIL	40 MG	Y	Angiotensin II Receptor Antagonists	317	0.09%	87	NF	F
268	SSB	SPRAVATO (84 MG DOSE)	28 MG/DEVICE	Y	N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists	316	0.09%	16	NF	NF
269	GENERIC	LISDEXAMFETAMINE DIMESYLATE	50 MG	Y	Amphetamines	314	0.09%	102	F	F
270	GENERIC	TOBRAMYCIN	0.3 %	N	Ophthalmic Anti-infectives	312	0.09%	293	F	F
271	GENERIC	CELECOXIB	100 MG	Y	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	306	0.09%	106	F	F
272	GENERIC	DULOXETINE HCL	20 MG	Y	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)	306	0.09%	107	F	F
273	GENERIC	ESTARYLLA	0.25-35 MG-MCG	Y	Combination Contraceptives - Oral	306	0.09%	105	NF	F
274	GENERIC	BUSPIRONE HCL	7.5 MG	N	Antianxiety Agents - Misc.	303	0.09%	101	F	F
275	GENERIC	DICYCLOMINE HCL	20 MG	N	Antispasmodics	301	0.09%	172	F	F
276	GENERIC	METFORMIN HCL ER	750 MG	Y	Biguanides	301	0.09%	99	NF	F
277	GENERIC	TRAZODONE HCL	150 MG	Y	Serotonin Modulators	300	0.08%	76	F	F
278	GENERIC	GUANFACINE HCL	1 MG	Y	Antiadrenergic Antihypertensives	299	0.08%	80	NF	F
279	SSB	TRINTELLIX	20 MG	Y	Serotonin Modulators	299	0.08%	64	NF	F
280	GENERIC	DESVENLAFAXINE SUCCINATE ER	100 MG	Y	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)	298	0.08%	83	F	F
281	GENERIC	LOSARTAN POTASSIUM-HCTZ	100-12.5 MG	Y	Antihypertensive Combinations	298	0.08%	77	NF	F
282	TS	ONETOUCH ULTRA	0	N	Diagnostic Tests	298	0.08%	117	NF	F
283	GENERIC	METHYLPHENIDATE HCL	10 MG	Y	Stimulants - Misc.	296	0.08%	86	F	F
284	GENERIC	SUCRALFATE	1 GM	Y	Misc. Anti-Ulcer	296	0.08%	165	F	F
285	GENERIC	PROPRANOLOL HCL ER	60 MG	Y	Beta Blockers Non-Selective	295	0.08%	90	NF	F
286	SSB	RYBELSUS	14 MG	Y	Incretin Mimetic Agents (GLP-1 Receptor Agonists)	295	0.08%	56	F	F
287	GENERIC	ANASTROZOLE	1 MG	Y	Antineoplastic - Hormonal and Related Agents	291	0.08%	73	NF	F
288	GENERIC	METHYLPHENIDATE HCL ER (OSM)	27 MG	Y	Stimulants - Misc.	291	0.08%	91	F	F
289	GENERIC	METHOTREXATE SODIUM	2.5 MG	N	Antimetabolites	289	0.08%	82	F	F
290	SSB	BREO ELLIPTA	100-25 MCG/ACT	Y	Sympathomimetics	285	0.08%	52	NF	F
291	GENERIC	DICYCLOMINE HCL	10 MG	N	Antispasmodics	285	0.08%	158	F	F
292	MSB	VYVANSE	60 MG	Y	Amphetamines	285	0.08%	76	NF	X
293	GENERIC	VIENVA	0.1-20 MG-MCG	Y	Combination Contraceptives - Oral	284	0.08%	87	NF	F
294	MSB	VYVANSE	70 MG	Y	Amphetamines	283	0.08%	62	NF	X
295	GENERIC	AMPHETAMINE-DEXTROAMPHETAMINE	15 MG	Y	Amphetamines	282	0.08%	57	F	F
296	SSB	PAXLOVID (300/100)	20 X 150 MG & 10 X 100MG	N	Antiviral Combinations	281	0.08%	278	F	F
297	GENERIC	AZELASTINE HCL	137 MCG/SPRAY	N	Nasal Antiallergy	276	0.08%	157	F	F
298	NON DRUG	ONETOUCH DELICA PLUS LANCET33G	0	N	Diabetic Supplies	276	0.08%	137	NF	F
299	GENERIC	ATENOLOL	50 MG	Y	Beta Blockers Cardio-Selective	274	0.08%	60	NF	F
300	GENERIC	AZELASTINE HCL	0.1 %	N	Nasal Antiallergy	274	0.08%	176	F	F
301	GENERIC	FINASTERIDE	5 MG	Y	Prostatic Hypertrophy Agents	274	0.08%	71	F	F
302	GENERIC	CIPROFLOXACIN-DEXAMETHASONE	0.3-0.1 %	N	Otic Combinations	273	0.08%	237	F	F
303	GENERIC	LEVOFLOXACIN	500 MG	N	Fluoroquinolones	273	0.08%	231	F	F
304	SSB	BREO ELLIPTA	200-25 MCG/ACT	Y	Sympathomimetics	272	0.08%	52	NF	F
305	TS	ONETOUCH VERIO	0	N	Diagnostic Tests	270	0.08%	109	F	F
306	GENERIC	ONDANSETRON	8 MG	N	5-HT3 Receptor Antagonists	269	0.08%	179	F	F
307	GENERIC	POLYMYXIN B-TRIMETHOPRIM	10000-0.1 UNIT/ML-%	N	Ophthalmic Anti-infectives	269	0.08%	267	F	F
308	GENERIC	PRAZOSIN HCL	1 MG	Y	Antiadrenergic Antihypertensives	269	0.08%	88	NF	F
309	GENERIC	TRI-SPRINTEC	0.18/0.215/0.25 MG-35 MCG	Y	Combination Contraceptives - Oral	268	0.08%	77	NF	F
310	GENERIC	QUETIAPINE FUMARATE	50 MG	Y	Dibenzapines	267	0.08%	81	NF	F
311	GENERIC	OLMESARTAN MEDOXOMIL	20 MG	Y	Angiotensin II Receptor Antagonists	266	0.08%	79	NF	F
312	GENERIC	PREGABALIN	75 MG	Y	Anticonvulsants - Misc.	264	0.07%	80	F	F
313	SSB	TRULICITY	3 MG/0.5ML	Y	Incretin Mimetic Agents (GLP-1 Receptor Agonists)	263	0.07%	60	F	F
314	GENERIC	BACLOFEN	10 MG	N	Central Muscle Relaxants	262	0.07%	91	F	F
315	SSB	BREZTRI AEROSPHERE	160-9-4.8 MCG/ACT	Y	Sympathomimetics	262	0.07%	60	NF	F

316	GENERIC	AMPHETAMINE-DEXTROAMPHET ER	25 MG	Y	Amphetamines	260	0.07%	62	F	F
317	GENERIC	ATENOLOL	25 MG	Y	Beta Blockers Cardio-Selective	260	0.07%	74	NF	F
318	GENERIC	PRAVASTATIN SODIUM	20 MG	Y	HMG CoA Reductase Inhibitors	259	0.07%	89	NF	F
319	NON DRUG	BD PEN NEEDLE NANO 2ND GEN	32G X 4 MM	N	Parenteral Therapy Supplies	258	0.07%	99	F	F
320	GENERIC	LISDEXAMFETAMINE DIMESYLATE	70 MG	Y	Amphetamines	257	0.07%	62	F	F
321	GENERIC	ACYCLOVIR	400 MG	N	Herpes Agents	256	0.07%	107	F	F
322	SSB	LO LOESTRIN FE	1 MG-10 MCG / 10 MCG	Y	Combination Contraceptives - Oral	255	0.07%	63	F	F
323	SSB	VRAYLAR	3 MG	Y	Antipsychotics - Misc.	255	0.07%	65	NF	F
324	GENERIC	HYDROCODONE-ACETAMINOPHEN	7.5-325 MG	N	Opioid Combinations	254	0.07%	93	F	F
325	GENERIC	VILAZODONE HCL	40 MG	Y	Serotonin Modulators	252	0.07%	63	F	F
326	GENERIC	DEXMETHYLPHENIDATE HCL	10 MG	Y	Stimulants - Misc.	251	0.07%	47	F	F
327	GENERIC	AMITRIPTYLINE HCL	50 MG	Y	Tricyclic Agents	246	0.07%	62	F	F
328	GENERIC	LEVOTHYROXINE SODIUM	200 MCG	Y	Thyroid Hormones	246	0.07%	81	F	F
329	GENERIC	MIRTAZAPINE	15 MG	Y	Alpha-2 Receptor Antagonists (Tetracyclics)	245	0.07%	88	F	F
330	GENERIC	NYSTATIN	100000 UNIT/GM	N	Antifungals - Topical	244	0.07%	189	F	F
331	GENERIC	MODAFINIL	200 MG	Y	Stimulants - Misc.	243	0.07%	65	F	F
332	SSB	TRULICITY	1.5 MG/0.5ML	Y	Incretin Mimetic Agents (GLP-1 Receptor Agonists)	243	0.07%	62	F	F
333	GENERIC	ESZOPICLONE	3 MG	N	Non-Barbiturate Hypnotics	241	0.07%	54	F	F
334	GENERIC	PREDNISOLONE SODIUM PHOSPHATE	15 MG/5ML	N	Glucocorticosteroids	240	0.07%	182	F	F
335	GENERIC	HYDROCORTISONE	2.5 %	N	Corticosteroids - Topical	238	0.07%	200	F	F
336	GENERIC	DIAZEPAM	5 MG	N	Benzodiazepines	237	0.07%	149	F	F
337	GENERIC	CLOTRIMAZOLE-BETAMETHASONE	1-0.05 %	N	Antifungals - Topical	234	0.07%	162	F	F
338	GENERIC	GUANFACINE HCL ER	1 MG	Y	Attention-Deficit/Hyperactivity Disorder (ADHD) Agents	233	0.07%	79	F	F
339	GENERIC	IPRATROPIUM-ALBUTEROL	0.5-2.5 (3) MG/3ML	Y	Sympathomimetics	233	0.07%	114	NF	F
340	GENERIC	GUANFACINE HCL ER	2 MG	Y	Attention-Deficit/Hyperactivity Disorder (ADHD) Agents	229	0.06%	61	F	F
341	GENERIC	ATOMOXETINE HCL	40 MG	Y	Attention-Deficit/Hyperactivity Disorder (ADHD) Agents	225	0.06%	80	F	F
342	GENERIC	EPINEPHRINE	0.3 MG/0.3ML	N	Anaphylaxis Therapy Agents	225	0.06%	184	NF	F
343	GENERIC	RISPERIDONE	1 MG	Y	Benzisoxazoles	224	0.06%	37	NF	F
344	SSB	TRULICITY	4.5 MG/0.5ML	Y	Incretin Mimetic Agents (GLP-1 Receptor Agonists)	223	0.06%	46	F	F
345	GENERIC	GUAIFENESIN-CODEINE	100-10 MG/5ML	N	Cough/Cold/Allergy Combinations	221	0.06%	176	F	F
346	SSB	ARNUITY ELLIPTA	100 MCG/ACT	Y	Steroid Inhalants	220	0.06%	55	NF	F
347	NON DRUG	DEXCOM G6 TRANSMITTER	0	N	Diabetic Supplies	215	0.06%	82	NF	F
348	GENERIC	PAROXETINE HCL	20 MG	Y	Selective Serotonin Reuptake Inhibitors (SSRIs)	215	0.06%	66	NF	F
349	GENERIC	CYPROHEPTADINE HCL	4 MG	N	Antihistamines - Piperidines	214	0.06%	56	F	F
350	GENERIC	TIZANIDINE HCL	2 MG	N	Central Muscle Relaxants	214	0.06%	80	F	F
351	GENERIC	ARIPIPRAZOLE	10 MG	Y	Quinolinone Derivatives	213	0.06%	64	NF	F
352	GENERIC	ESTRADIOL	0.1 MG/GM	Y	Vaginal Estrogens	213	0.06%	140	F	F
353	GENERIC	OXYBUTYNIN CHLORIDE ER	10 MG	Y	Urinary Antispasmodic - Antimuscarinics (Anticholinergic)	213	0.06%	59	F	F
354	GENERIC	DEXMETHYLPHENIDATE HCL ER	10 MG	Y	Stimulants - Misc.	212	0.06%	63	F	F
355	GENERIC	SIMVASTATIN	10 MG	Y	HMG CoA Reductase Inhibitors	212	0.06%	51	NF	F
356	GENERIC	BUTALBITAL-APAP-CAFFEINE	50-325-40 MG	N	Analgesic Combinations	209	0.06%	41	F	F
357	GENERIC	CARVEDILOL	3.125 MG	Y	Alpha-Beta Blockers	209	0.06%	63	NF	F
358	GENERIC	TORSEMIDE	20 MG	Y	Loop Diuretics	209	0.06%	54	NF	F
359	GENERIC	ERYTHROMYCIN	5 MG/GM	N	Ophthalmic Anti-infectives	208	0.06%	182	F	F
360	GENERIC	ISIBLOOM	0.15-30 MG-MCG	Y	Combination Contraceptives - Oral	208	0.06%	52	NF	F
361	GENERIC	METOPROLOL TARTRATE	100 MG	Y	Beta Blockers Cardio-Selective	208	0.06%	50	NF	F
362	GENERIC	PAROXETINE HCL	40 MG	Y	Selective Serotonin Reuptake Inhibitors (SSRIs)	208	0.06%	56	NF	F
363	SSB	LINZESS	145 MCG	Y	Irritable Bowel Syndrome (IBS) Agents	207	0.06%	77	F	F
364	GENERIC	METHYLPHENIDATE HCL	20 MG	Y	Stimulants - Misc.	207	0.06%	46	F	F
365	GENERIC	OMEGA-3-ACID ETHYL ESTERS	1 GM	Y	Antihyperlipidemics - Misc.	207	0.06%	57	NF	F
366	GENERIC	PRAZOSIN HCL	2 MG	Y	Antiadrenergic Antihypertensives	207	0.06%	48	NF	F
367	GENERIC	BUDESONIDE	0.5 MG/2ML	Y	Steroid Inhalants	206	0.06%	77	NF	F
368	GENERIC	PREGABALIN	150 MG	Y	Anticonvulsants - Misc.	204	0.06%	47	F	F
369	SSB	TRADJENTA	5 MG	Y	Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	203	0.06%	50	F	X
370	GENERIC	FLUCONAZOLE	200 MG	N	Imidazole-Related Antifungals	202	0.06%	140	F	F
371	SSB	ENTRESTO	24-26 MG	Y	Cardiovascular Agents Misc. - Combinations	200	0.06%	45	NF	F
372	GENERIC	GABAPENTIN	400 MG	Y	Anticonvulsants - Misc.	199	0.06%	47	F	F
373	GENERIC	TRETINOIN	0.05 %	N	Acne Products	199	0.06%	134	F	F
374	GENERIC	COLESTIPOL HCL	1 GM	Y	Bile Acid Sequestrants	196	0.06%	80	NF	F
375	GENERIC	LISDEXAMFETAMINE DIMESYLATE	60 MG	Y	Amphetamines	195	0.06%	64	F	F
376	GENERIC	VILAZODONE HCL	20 MG	Y	Serotonin Modulators	195	0.06%	59	F	F
377	GENERIC	MINOXIDIL	2.5 MG	Y	Vasodilators	193	0.05%	54	NF	F
378	GENERIC	LISDEXAMFETAMINE DIMESYLATE	20 MG	Y	Amphetamines	191	0.05%	83	F	F
379	GENERIC	METHYLPHENIDATE HCL	5 MG	Y	Stimulants - Misc.	191	0.05%	60	F	F
380	GENERIC	OFLOXACIN	0.3 %	N	Otic Anti-infectives	191	0.05%	170	F	F
381	GENERIC	LEVOFLOXACIN	750 MG	N	Fluoroquinolones	190	0.05%	162	F	F
382	GENERIC	TRETINOIN	0.025 %	N	Acne Products	190	0.05%	148	F	F
383	GENERIC	ZOLPIDEM TARTRATE ER	12.5 MG	N	Non-Barbiturate Hypnotics	189	0.05%	33	F	F
384	GENERIC	PIOGLITAZONE HCL	30 MG	Y	Insulin Sensitizing Agents	188	0.05%	50	NF	F
385	GENERIC	PREGABALIN	100 MG	Y	Anticonvulsants - Misc.	187	0.05%	51	F	F
386	GENERIC	METHYLPHENIDATE HCL ER (OSM)	18 MG	Y	Stimulants - Misc.	185	0.05%	81	F	F
387	GENERIC	PAROXETINE HCL	10 MG	Y	Selective Serotonin Reuptake Inhibitors (SSRIs)	184	0.05%	64	NF	F
388	GENERIC	MEDROXYPROGESTERONE ACETATE	10MG	Y	Progestins	183	0.05%	98	F	F
389	GENERIC	CEPHALEXIN	250 MG/5ML	N	Cephalosporins - 1st Generation	182	0.05%	164	F	F
390	TS	CONTOUR NEXT TEST	0	N	Diagnostic Tests	182	0.05%	72	F	X
391	GENERIC	ESTRADIOL	0.5 MG	Y	Estrogens	182	0.05%	64	F	F
392	GENERIC	POTASSIUM CHLORIDE ER	20 MEQ	Y	Potassium	182	0.05%	68	F	F
393	MSB	YAZ	3MG-.02MG	Y	Combination Contraceptives - Oral	182	0.05%	67	F	X
394	GENERIC	ZAFEMY	150-35 MCG/24HR	Y	Combination Contraceptives - Transdermal	182	0.05%	58	NF	F
395	GENERIC	HYDROXYZINE PAMOATE	25 MG	N	Antianxiety Agents - Misc.	181	0.05%	93	F	F
396	GENERIC	OXYCODONE-ACETAMINOPHEN	10-325 MG	N	Opioid Combinations	181	0.05%	30	F	F
397	SSB	RYBELSUS	7 MG	Y	Incretin Mimetic Agents (GLP-1 Receptor Agonists)	180	0.05%	59	F	F
398	GENERIC	PREGABALIN	50 MG	Y	Anticonvulsants - Misc.	179	0.05%	63	F	F
399	GENERIC	MILI	0.25-35 MG-MCG	Y	Combination Contraceptives - Oral	176	0.05%	62	NF	F
400	MSB	VYVANSE	20 MG	Y	Amphetamines	176	0.05%	78	NF	X
401	GENERIC	CITALOPRAM HYDROBROMIDE	10 MG	Y	Selective Serotonin Reuptake Inhibitors (SSRIs)	175	0.05%	57	NF	F
402	SSB	AUVELITY	45-105 MG	Y	Antidepressant Combinations	174	0.05%	36	NF	NF
403	GENERIC	MONTELUKAST SODIUM	4 MG	Y	Leukotriene Modulators	174	0.05%	53	F	F
404	GENERIC	QUETIAPINE FUMARATE	100 MG	Y	Dibenzapines	172	0.05%	46	NF	F
405	GENERIC	ARIPIPRAZOLE	15 MG	Y	Quinolinone Derivatives	170	0.05%	43	NF	F
406	GENERIC	PROPRANOLOL HCL	40 MG	Y	Beta Blockers Non-Selective	170	0.05%	56	NF	F
407	SSB	TRINTELLIX	10 MG	Y	Serotonin Modulators	170	0.05%	52	NF	F
408	GENERIC	CIPROFLOXACIN HCL	0.3 %	N	Ophthalmic Anti-infectives	168	0.05%	154	F	F
409	GENERIC	FAMOTIDINE	40 MG/5ML	Y	H-2 Antagonists	166	0.05%	70	F	F
410	GENERIC	CYANOCOBALAMIN	1000 MCG/ML	N	Cobalamins	165	0.05%	56	F	F
411	GENERIC	GLIMEPIRIDE	4 MG	Y	Sulfonylureas	165	0.05%	47	NF	F
412	SSB	OTEZLA	30 MG	Y	Phosphodiesterase 4 (PDE4) Inhibitors	164	0.05%	34	F	F
413	GENERIC	AMOXICILLIN-POT CLAVULANATE	500-125 MG	N	Penicillin Combinations	163	0.05%	148	F	F
414	SSB	ANORO ELLIPTA	62.5-25 MCG/ACT	Y	Sympathomimetics	160	0.05%	30	NF	F
415	GENERIC	MOMETASONE FUROATE	0.1 %	N	Corticosteroids - Topical	160	0.05%	102	F	F
416	GENERIC	PENICILLIN V POTASSIUM	500 MG	N	Natural Penicillins	160	0.05%	136	F	F
417	SSB	BIKTARVY	50-200-25 MG	Y	Antiretrovirals	158	0.04%	23	NF	F
418	GENERIC	CRYSELLE-28	0.3-30 MG-MCG	Y	Combination Contraceptives - Oral	158	0.04%	38	NF	F
419	GENERIC	DEXMETHYLPHENIDATE HCL ER	15 MG	Y	Stimulants - Misc.	158	0.04%	42	F	F
420	TS	ONETOUCH ULTRA TEST	0	N	Diagnostic Tests	158	0.04%	63	NF	F
421	GENERIC	PROCHLORPERAZINE MALEATE	10 MG	Y	Phenothiazines	157	0.04%	91	F	F
422	GENERIC	FLUCONAZOLE	100 MG	N	Imidazole-Related Antifungals	155	0.04%	118	F	F
423	GENERIC	AMIODARONE HCL	200 MG	Y	Antiarrhythmics Type III	154	0.04%	58	F	F
424	GENERIC	BUSPIRONE HCL	30 MG	N	Antianxiety Agents - Misc.	154	0.04%	44	F	F

425	GENERIC	LISINOPRIL	30 MG	Y	ACE Inhibitors	154	0.04%	48	NF	F
426	GENERIC	ROPINIROLE HCL	1 MG	Y	Antiparkinson Dopaminergics	154	0.04%	42	F	F
427	GENERIC	VARENICLINE TARTRATE	1 MG	N	Smoking Deterrents	153	0.04%	76	NF	F
428	GENERIC	GLIPIZIDE	10 MG	Y	Sulfonylureas	152	0.04%	35	NF	F
429	SSB	XARELTO	10 MG	Y	Direct Factor Xa Inhibitors	152	0.04%	53	F	F
430	GENERIC	OXCARBAZEPINE	300 MG	Y	Anticonvulsants - Misc.	149	0.04%	30	F	F
431	GENERIC	ACETAMINOPHEN-CODEINE	300-30 MG	N	Opioid Combinations	147	0.04%	97	F	F
432	GENERIC	PROMETHAZINE HCL	25 MG	N	Antihistamines - Phenothiazines	147	0.04%	96	F	F
433	GENERIC	DEXMETHYLPHENIDATE HCL	5 MG	Y	Stimulants - Misc.	146	0.04%	37	F	F
434	NON DRUG	FREESTYLE LIBRE 2 SENSOR	0	N	Diabetic Supplies	146	0.04%	25	NF	F
435	GENERIC	PROPRANOLOL HCL ER	80 MG	Y	Beta Blockers Non-Selective	146	0.04%	45	NF	F
436	SSB	LINZESS	290 MCG	Y	Irritable Bowel Syndrome (IBS) Agents	145	0.04%	34	F	F
437	GENERIC	OXYBUTYNIN CHLORIDE	5 MG	Y	Urinary Antispasmodic - Antimuscarinics (Anticholinergic)	145	0.04%	58	F	F
438	SSB	TRULICITY	0.75 MG/0.5ML	Y	Incretin Mimetic Agents (GLP-1 Receptor Agonists)	145	0.04%	35	F	F
439	SSB	UBRELVY	50 MG	N	Migraine Products - Monoclonal Antibodies	145	0.04%	38	F	F
440	SSB	CAPLYTA	42 MG	Y	Antipsychotics - Misc.	144	0.04%	26	NF	NF
441	GENERIC	CEFUROXIME AXETIL	500 MG	N	Cephalosporins - 2nd Generation	144	0.04%	127	F	F
442	GENERIC	DEXAMETHASONE	4 MG	N	Glucocorticosteroids	144	0.04%	109	F	F
443	SSB	SYNJARDY XR	12.5-1000 MG	Y	Antidiabetic Combinations	144	0.04%	27	F	F
444	GENERIC	LEVETIRACETAM	1000 MG	Y	Anticonvulsants - Misc.	143	0.04%	34	F	F
445	GENERIC	NORTRIPTYLINE HCL	10 MG	Y	Tricyclic Agents	143	0.04%	38	F	F
446	SSB	REXULTI	1 MG	Y	Quinolinone Derivatives	143	0.04%	40	NF	F
447	SSB	ENBREL SURECLICK	50 MG/ML	Y	Soluble Tumor Necrosis Factor Receptor Agents	142	0.04%	24	F	F
448	GENERIC	GLIPIZIDE ER	10 MG	Y	Sulfonylureas	142	0.04%	40	NF	F
449	GENERIC	RAMIPRIL	10 MG	Y	ACE Inhibitors	142	0.04%	31	NF	F
450	GENERIC	DOXYCYCLINE HYCLATE	20 MG	N	Tetracyclines	141	0.04%	61	F	F
451	GENERIC	NEOMYCIN-POLYMYXIN-DEXAMETH	3.5-10000-0.1	N	Ophthalmic Steroids	141	0.04%	130	F	F
452	GENERIC	SULFAMETHOXAZOLE-TRIMETHOPRIM	200-40 MG/5ML	N	Anti-infective Misc. - Combinations	141	0.04%	105	F	F
453	GENERIC	BUPROPION HCL ER (SR)	100 MG	Y	Antidepressants - Misc.	140	0.04%	49	F	F
454	GENERIC	METRONIDAZOLE	0.75 %	N	Rosacea Agents	140	0.04%	102	F	F
455	GENERIC	TRIAMCINOLONE ACETONIDE	0.5 %	N	Corticosteroids - Topical	140	0.04%	106	F	F
456	GENERIC	EMTRICITABINE-TENOFOVIR DF	200-300 MG	Y	Antiretrovirals	139	0.04%	41	NF	F
457	SSB	HUMALOG KWIKPEN	200 UNIT/ML	Y	Insulin	139	0.04%	27	F	F
458	SSB	SPIRIVA RESPIMAT	2.5 MCG/ACT	Y	Bronchodilators - Anticholinergics	139	0.04%	36	F	F
459	GENERIC	DESVENLAFAXINE SUCCINATE ER	25 MG	Y	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)	138	0.04%	71	F	F
460	GENERIC	DEXMETHYLPHENIDATE HCL ER	20 MG	Y	Stimulants - Misc.	138	0.04%	41	F	F
461	GENERIC	ESTRADIOL	0.05 MG/24HR	Y	Estrogens	138	0.04%	50	F	F
462	GENERIC	FLUTICASONE-SALMETEROL	500-50 MCG/ACT	Y	Sympathomimetics	137	0.04%	31	NF	F
463	GENERIC	INDOMETHACIN	50 MG	Y	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	137	0.04%	73	F	F
464	GENERIC	XULANE	150-35 MCG/24HR	Y	Combination Contraceptives - Transdermal	137	0.04%	34	NF	F
465	SSB	QVAR REDIHALER	40 MCG/ACT	Y	Steroid Inhalants	136	0.04%	64	F	X
466	GENERIC	ESZOPICLONE	2 MG	N	Non-Barbiturate Hypnotics	134	0.04%	44	F	F
467	GENERIC	FLUTICASONE-SALMETEROL	100-50 MCG/ACT	Y	Sympathomimetics	134	0.04%	51	NF	F
468	GENERIC	GABAPENTIN	800 MG	Y	Anticonvulsants - Misc.	134	0.04%	24	F	F
469	GENERIC	OXYBUTYNIN CHLORIDE ER	5 MG	Y	Urinary Antispasmodic - Antimuscarinics (Anticholinergic)	134	0.04%	45	F	F
470	GENERIC	PRAVASTATIN SODIUM	10 MG	Y	HMG CoA Reductase Inhibitors	134	0.04%	40	NF	F
471	GENERIC	TIMOLOL MALEATE	0.5 %	Y	Beta-blockers - Ophthalmic	134	0.04%	47	F	F
472	GENERIC	CEFDINIR	125 MG/5ML	N	Cephalosporins - 3rd Generation	133	0.04%	110	F	F
473	GENERIC	JUNEL FE 1/20	1-20 MG-MCG	Y	Combination Contraceptives - Oral	133	0.04%	43	NF	F
474	GENERIC	LEVETIRACETAM	500 MG	Y	Anticonvulsants - Misc.	133	0.04%	43	F	F
475	GENERIC	PREDNISOLONE	15 MG/5ML	N	Glucocorticosteroids	133	0.04%	118	F	F
476	GENERIC	POTASSIUM CHLORIDE CRYS ER	10 MEQ	Y	Potassium	132	0.04%	41	F	F
477	SSB	AIRSUPRA	90-80 MCG/ACT	N	Sympathomimetics	131	0.04%	83	NF	F
478	GENERIC	ELETRIPTAN HYDROBROMIDE	40 MG	N	Serotonin Agonists	131	0.04%	33	F	F
479	GENERIC	JUNEL FE 1.5/30	1.5-30 MG-MCG	Y	Combination Contraceptives - Oral	130	0.04%	39	NF	F
480	GENERIC	ASPIRIN LOW DOSE	81 MG	N	Salicylates	129	0.04%	68	F	F
481	SSB	QVAR REDIHALER	80 MCG/ACT	Y	Steroid Inhalants	128	0.04%	42	F	X
482	SSB	ADVAIR HFA	115-21 MCG/ACT	Y	Sympathomimetics	126	0.04%	41	NF	F
483	GENERIC	METOCLOPRAMIDE HCL	10 MG	N	Gastrointestinal Stimulants	126	0.04%	84	F	F
484	GENERIC	IRBESARTAN	150 MG	Y	Angiotensin II Receptor Antagonists	125	0.04%	38	NF	F
485	GENERIC	NORTRIPTYLINE HCL	25 MG	Y	Tricyclic Agents	125	0.04%	40	F	F
486	GENERIC	OLANZAPINE	5 MG	Y	Dibenzapines	125	0.04%	41	NF	F
487	GENERIC	DIVALPROEX SODIUM ER	500 MG	Y	Valproic Acid	124	0.04%	28	F	F
488	GENERIC	GLIPIZIDE	5 MG	Y	Sulfonylureas	124	0.04%	40	NF	F
489	GENERIC	NEOMYCIN/POLYMYXIN/DEXAMETHASONE	.1%-3.5MG/ML-10000UNIT/ML	N	Ophthalmic Steroids	124	0.04%	106	F	F
490	NON DRUG	ONETOUCH DELICA PLUS LANCET30G	0	N	Diabetic Supplies	123	0.03%	62	NF	F
491	MSB	ADDERALL XR	30 MG	Y	Amphetamines	122	0.03%	39	NF	X
492	GENERIC	CLINDAMYCIN HCL	150 MG	N	Lincosamides	122	0.03%	106	F	F
493	MSB	RESTASIS	0.05 %	Y	Ophthalmic Immunomodulators	122	0.03%	54	NF	F
494	GENERIC	TRIAMCINOLONE ACETONIDE	0.025 %	N	Corticosteroids - Topical	122	0.03%	99	F	F
495	GENERIC	TAMOXIFEN CITRATE	20 MG	Y	Antineoplastic - Hormonal and Related Agents	121	0.03%	28	NF	F
496	GENERIC	BISOPROLOL FUMARATE	10 MG	Y	Beta Blockers Cardio-Selective	120	0.03%	36	NF	F
497	GENERIC	COLESEVELAM HCL	625 MG	Y	Bile Acid Sequestrants	120	0.03%	34	NF	F
498	GENERIC	ELURYNG	0.12-0.015 MG/24HR	Y	Combination Contraceptives - Vaginal	120	0.03%	39	NF	F
499	GENERIC	GLIMEPIRIDE	2 MG	Y	Sulfonylureas	120	0.03%	31	NF	F
500	GENERIC	PIOGLITAZONE HCL	45 MG	Y	Insulin Sensitizing Agents	120	0.03%	28	NF	F
501	GENERIC	MIRTAZAPINE	30 MG	Y	Alpha-2 Receptor Antagonists (Tetracyclics)	119	0.03%	26	F	F
502	GENERIC	NYSTATIN	100000 UNIT/ML	N	Anti-infectives - Throat	119	0.03%	93	F	F
503	GENERIC	SCOPOLAMINE	1 MG/3DAYS	N	Antiemetics - Anticholinergic	119	0.03%	107	F	F
504	GENERIC	SILDENAFIL CITRATE	20 MG	Y	Pulmonary Hypertension - Phosphodiesterase Inhibitors	119	0.03%	37	F	F
505	GENERIC	FLECAINIDE ACETATE	50 MG	Y	Antiarrhythmics Type I-C	118	0.03%	35	F	F
506	GENERIC	CLONAZEPAM	2 MG	N	Anticonvulsants - Benzodiazepines	117	0.03%	15	F	F
507	GENERIC	HYDRALAZINE HCL	25 MG	Y	Vasodilators	117	0.03%	39	NF	F
508	GENERIC	MONO-LINYAH	0.25-35 MG-MCG	Y	Combination Contraceptives - Oral	117	0.03%	42	NF	F
509	GENERIC	SOLIFENACIN SUCCINATE	5 MG	Y	Urinary Antispasmodic - Antimuscarinics (Anticholinergic)	117	0.03%	34	F	F
510	GENERIC	VALSARTAN	320 MG	Y	Angiotensin II Receptor Antagonists	117	0.03%	29	NF	F
511	GENERIC	BETAMETHASONE DIPROPIONATE	0.05 %	N	Corticosteroids - Topical	115	0.03%	80	F	F
512	GENERIC	LABETALOL HCL	100 MG	Y	Alpha-Beta Blockers	115	0.03%	45	NF	F
513	GENERIC	PHENAZOPYRIDINE HCL	200 MG	N	Urinary Analgesics	115	0.03%	98	F	F
514	GENERIC	DIAZEPAM	2 MG	N	Benzodiazepines	114	0.03%	54	F	F
515	NON DRUG	BD PEN NEEDLE SHORT ULTRAFINE	31G X 8 MM	N	Parenteral Therapy Supplies	113	0.03%	42	F	F
516	GENERIC	BLISOVI FE 1/20	1-20 MG-MCG	Y	Combination Contraceptives - Oral	113	0.03%	45	NF	F
517	GENERIC	BUPRENORPHINE HCL	8 MG	N	Opioid Partial Agonists	113	0.03%	14	F	F
518	GENERIC	IRBESARTAN	300 MG	Y	Angiotensin II Receptor Antagonists	113	0.03%	25	NF	F
519	GENERIC	METFORMIN HCL	850 MG	Y	Biguanides	113	0.03%	32	NF	F
520	SSB	VEOZAH	45 MG	Y	Menopausal Symptoms Suppressants	113	0.03%	21	NF	NF
521	GENERIC	KLOR-CON M20	20MEQ	Y	Potassium	112	0.03%	44	F	F
522	GENERIC	MORPHINE SULFATE ER	15 MG	N	Opioid Agonists	112	0.03%	16	F	F
523	SSB	RINVOQ	15 MG	Y	Antirheumatic - Enzyme Inhibitors	112	0.03%	21	F	F
524	GENERIC	AVIANE	20MCG-.1MG	Y	Combination Contraceptives - Oral	111	0.03%	33	NF	F
525	GENERIC	METRONIDAZOLE	0.75 %	N	Vaginal Anti-infectives	111	0.03%	100	F	F
526	GENERIC	PREGABALIN	25 MG	Y	Anticonvulsants - Misc.	110	0.03%	45	F	F
527	SSB	QULIPTA	60 MG	Y	Migraine Products - Monoclonal Antibodies	110	0.03%	44	F	F
528	GENERIC	WARFARIN SODIUM	5 MG	Y	Coumarin Anticoagulants	110	0.03%	25	NF	F
529	SSB	AZSTARYS	52.3-10.4 MG	Y	Stimulants - Misc.	109	0.03%	24	NF	F
530	GENERIC	BUPROPION HCL ER (SR)	200 MG	Y	Antidepressants - Misc.	109	0.03%	26	F	F
531	GENERIC	LABETALOL HCL	200 MG	Y	Alpha-Beta Blockers	109	0.03%	39	NF	F
532	GENERIC	TELMISARTAN	80 MG	Y	Angiotensin II Receptor Antagonists	109	0.03%	26	NF	F
533	GENERIC	TEMAZEPAM	15 MG	N	Non-Barbiturate Hypnotics	109	0.03%	28	F	F
534	GENERIC	VALSARTAN	160 MG	Y	Angiotensin II Receptor Antagonists	109	0.03%	39	NF	F
535	SSB	VRAYLAR	4.5 MG	Y	Antipsychotics - Misc.	109	0.03%	24	NF	F

536	GENERIC	FLUVOXAMINE MALEATE	100 MG	Y	Selective Serotonin Reuptake Inhibitors (SSRIs)	108	0.03%	25	NF	F
537	SSB	NP THYROID	60 MG	Y	Thyroid Hormones	108	0.03%	31	F	NF
538	GENERIC	OSELTAMIVIR PHOSPHATE	6 MG/ML	N	Influenza Agents	108	0.03%	107	F	F
539	GENERIC	PREDNISONE	50 MG	N	Glucocorticosteroids	108	0.03%	103	F	F
540	GENERIC	ROPINIROLE HCL	0.5 MG	Y	Antiparkinson Dopaminergics	108	0.03%	32	F	F
541	GENERIC	ATENOLOL	100 MG	Y	Beta Blockers Cardio-Selective	107	0.03%	25	NF	F
542	GENERIC	BENAZEPRIL HCL	20 MG	Y	ACE Inhibitors	107	0.03%	28	NF	F
543	GENERIC	CARISOPRODOL	350 MG	N	Central Muscle Relaxants	107	0.03%	27	F	F
544	GENERIC	NITROGLYCERIN	0.4 MG	Y	Nitrates	107	0.03%	76	F	F
545	GENERIC	OLMESARTAN MEDOXOMIL-HCTZ	40-25 MG	Y	Antihypertensive Combinations	107	0.03%	28	NF	F
546	GENERIC	PRAVASTATIN SODIUM	80 MG	Y	HMG CoA Reductase Inhibitors	107	0.03%	30	NF	F
547	GENERIC	RISPERIDONE	0.5 MG	Y	Benzisoxazoles	107	0.03%	32	NF	F
548	MSB	CONCERTA	36 MG	Y	Stimulants - Misc.	106	0.03%	34	NF	X
549	GENERIC	IPRATROPIUM BROMIDE	0.06 %	Y	Nasal Anticholinergics	106	0.03%	63	F	F
550	GENERIC	ETONOGESTREL-ETHINYL ESTRADIOL	0.12-0.015 MG/24HR	Y	Combination Contraceptives - Vaginal	105	0.03%	36	NF	F
551	GENERIC	LISDEXAMFETAMINE DIMESYLATE	10 MG	Y	Amphetamines	105	0.03%	49	F	F
552	GENERIC	NIFEDIPINE ER OSMOTIC RELEASE	30 MG	Y	Calcium Channel Blockers	105	0.03%	41	NF	F
553	GENERIC	CLINDAMYCIN PHOS (TWICE-DAILY)	1 %	N	Acne Products	104	0.03%	68	F	F
554	GENERIC	KETOROLAC TROMETHAMINE	10 MG	N	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	104	0.03%	73	F	F
555	GENERIC	MESALAMINE	1.2 GM	Y	Inflammatory Bowel Agents	104	0.03%	22	F	F
556	GENERIC	PROPRANOLOL HCL ER	120 MG	Y	Beta Blockers Non-Selective	103	0.03%	26	NF	F
557	GENERIC	ROPINIROLE HCL	2 MG	Y	Antiparkinson Dopaminergics	103	0.03%	26	F	F
558	SSB	ARNUITY ELLIPTA	200 MCG/ACT	Y	Steroid Inhalants	102	0.03%	21	NF	F
559	GENERIC	GAVILYTE-G	236 GM	N	Laxative Combinations	101	0.03%	101	NF	F
560	GENERIC	BUPROPION HCL	75 MG	Y	Antidepressants - Misc.	100	0.03%	30	F	F
561	GENERIC	TACROLIMUS	0.1 %	N	Immunosuppressive Agents - Topical	99	0.03%	83	F	F
562	SSB	DUPIXENT	200 MG/1.14ML	Y	Eczema Agents	98	0.03%	16	F	F
563	SSB	LINZESS	72 MCG	Y	Irritable Bowel Syndrome (IBS) Agents	98	0.03%	43	F	F
564	GENERIC	NARATRIPTAN HCL	2.5 MG	N	Serotonin Agonists	98	0.03%	28	F	F
565	GENERIC	NORETHINDRONE ACETATE	5 MG	Y	Progestins	98	0.03%	41	F	F
566	GENERIC	TACROLIMUS	1 MG	Y	Immunosuppressive Agents	98	0.03%	24	NF	F
567	GENERIC	TOBRAMYCIN-DEXAMETHASONE	0.3-0.1 %	N	Ophthalmic Steroids	98	0.03%	87	F	F
568	GENERIC	VERAPAMIL HCL ER	240 MG	Y	Calcium Channel Blockers	98	0.03%	29	NF	F
569	GENERIC	AMANTADINE HCL	100 MG	Y	Antiparkinson Dopaminergics	97	0.03%	22	F	F
570	GENERIC	APRI	.15MG-30MCG	Y	Combination Contraceptives - Oral	97	0.03%	26	NF	F
571	GENERIC	COLCHICINE	0.6 MG	N	Gout Agents	97	0.03%	61	F	F
572	GENERIC	NABUMETONE	750 MG	Y	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	97	0.03%	31	F	F
573	GENERIC	TRI-LINYAH	0.18/0.215/0.25 MG-35 MCG	Y	Combination Contraceptives - Oral	97	0.03%	23	NF	F
574	TS	ACCU-CHEK GUIDE TEST	0	N	Diagnostic Tests	96	0.03%	44	NF	X
575	MSB	APRISO	0.375 GM	Y	Inflammatory Bowel Agents	96	0.03%	18	F	X
576	GENERIC	ENILLORING	0.12-0.015 MG/24HR	Y	Combination Contraceptives - Vaginal	96	0.03%	39	NF	F
577	GENERIC	ISOSORBIDE MONONITRATE ER	30 MG	Y	Nitrates	96	0.03%	31	F	F
578	SSB	XIIDRA	5 %	Y	Ophthalmic Integrin Antagonists	96	0.03%	29	NF	F
579	SSB	AIMOVIG	70 MG/ML	Y	Migraine Products - Monoclonal Antibodies	95	0.03%	16	F	F
580	GENERIC	DIVALPROEX SODIUM	500 MG	Y	Valproic Acid	95	0.03%	17	F	F
581	GENERIC	MOXIFLOXACIN HCL	0.5 %	N	Ophthalmic Anti-infectives	95	0.03%	80	F	F
582	GENERIC	NORTREL 1/35	35MCG-1MG	Y	Combination Contraceptives - Oral	95	0.03%	29	NF	F
583	GENERIC	VARENICLINE TARTRATE (STARTER)	0.5 MG X 11 & 1 MG X 42	N	Smoking Deterrents	95	0.03%	87	NF	F
584	GENERIC	ARIPIPRAZOLE	20 MG	Y	Quinolinone Derivatives	94	0.03%	21	NF	F
585	GENERIC	BUDESONIDE	3 MG	N	Glucocorticosteroids	94	0.03%	37	F	F
586	GENERIC	ENALAPRIL MALEATE	10 MG	Y	ACE Inhibitors	94	0.03%	26	NF	F
587	GENERIC	LEVETIRACETAM	750 MG	Y	Anticonvulsants - Misc.	94	0.03%	17	F	F
588	GENERIC	SAXAGLIPTIN HCL	5 MG	Y	Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	94	0.03%	22	NF	X
589	GENERIC	ATOMOXETINE HCL	60 MG	Y	Attention-Deficit/Hyperactivity Disorder (ADHD) Agents	93	0.03%	29	F	F
590	GENERIC	GEMFIBROZIL	600 MG	Y	Fibric Acid Derivatives	93	0.03%	26	NF	F
591	GENERIC	QUETIAPINE FUMARATE	400 MG	Y	Dibenzapines	93	0.03%	15	NF	F
592	GENERIC	DORZOLAMIDE HCL-TIMOLOL MAL	22.3MG/ML-6.8MG/ML	Y	Beta-blockers - Ophthalmic	92	0.03%	35	F	F
593	GENERIC	IPRATROPIUM BROMIDE	0.03 %	Y	Nasal Anticholinergics	92	0.03%	65	F	F
594	GENERIC	NABUMETONE	500 MG	Y	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	92	0.03%	35	F	F
595	GENERIC	OXYCODONE HCL	10 MG	N	Opioid Agonists	92	0.03%	28	F	F
596	GENERIC	ELINEST	0.3-30 MG-MCG	Y	Combination Contraceptives - Oral	91	0.03%	24	NF	F
597	SSB	ELIQUIS	2.5 MG	Y	Direct Factor Xa Inhibitors	91	0.03%	35	F	F
598	GENERIC	METHIMAZOLE	5 MG	Y	Antithyroid Agents	91	0.03%	32	F	F
599	GENERIC	MORPHINE SULFATE ER	30 MG	N	Opioid Agonists	91	0.03%	13	F	F
600	GENERIC	FLUOCINONIDE	0.05 %	N	Corticosteroids - Topical	90	0.03%	63	F	F
601	GENERIC	LEVONORGEST-ETH ESTRAD 91-DAY	0.15-0.03 MG	Y	Combination Contraceptives - Oral	90	0.03%	32	NF	F
602	GENERIC	BACLOFEN	20 MG	N	Central Muscle Relaxants	89	0.03%	21	F	F
603	GENERIC	CLARAVIS	40 MG	N	Acne Products	89	0.03%	27	F	F
604	GENERIC	PRIMIDONE	50 MG	Y	Anticonvulsants - Misc.	89	0.03%	14	F	F
605	SSB	SLYND	4 MG	Y	Progestin Contraceptives - Oral	89	0.03%	22	NF	F
606	SSB	ADVAIR HFA	230-21 MCG/ACT	Y	Sympathomimetics	88	0.02%	23	NF	F
607	SSB	AZSTARYS	39.2-7.8 MG	Y	Stimulants - Misc.	88	0.02%	23	NF	F
608	MSB	CONCERTA	54 MG	Y	Stimulants - Misc.	88	0.02%	26	NF	X
609	GENERIC	DIPHENOXYLATE-ATROPINE	2.5-0.025 MG	N	Antiperistaltic Agents	88	0.02%	38	F	F
610	SSB	NP THYROID	90 MG	Y	Thyroid Hormones	88	0.02%	25	F	NF
611	GENERIC	PREGABALIN	200 MG	Y	Anticonvulsants - Misc.	88	0.02%	15	F	F
612	GENERIC	SODIUM FLUORIDE 5000 PPM	1.1 %	Y	Dental Products	88	0.02%	65	F	F
613	GENERIC	ZALEPLON	10 MG	N	Non-Barbiturate Hypnotics	88	0.02%	21	F	F
614	SSB	AREXVY	120 MCG/0.5ML	N	Viral Vaccines	87	0.02%	87	NF	F
615	SSB	LANTUS	100 UNIT/ML	Y	Insulin	87	0.02%	18	NF	X
616	GENERIC	LIDOCAINE VISCOUS HCL	2 %	N	Anesthetics Topical Oral	87	0.02%	70	F	F
617	GENERIC	SODIUM FLUORIDE 5000 PLUS	1.1 %	Y	Dental Products	87	0.02%	35	F	F
618	SSB	SPIRIVA RESPIMAT	1.25 MCG/ACT	Y	Bronchodilators - Anticholinergics	87	0.02%	18	F	F
619	GENERIC	CIPROFLOXACIN HCL	250 MG	N	Fluoroquinolones	86	0.02%	78	F	F
620	GENERIC	CLONIDINE HCL	0.3 MG	Y	Antiadrenergic Antihypertensives	86	0.02%	17	NF	F
621	GENERIC	ENALAPRIL MALEATE	20 MG	Y	ACE Inhibitors	86	0.02%	18	NF	F
622	GENERIC	SOLIFENACIN SUCCINATE	10 MG	Y	Urinary Antispasmodic - Antimuscarinics (Anticholinergic)	86	0.02%	20	F	F
623	GENERIC	ENSKYCE	0.15-30 MG-MCG	Y	Combination Contraceptives - Oral	85	0.02%	21	NF	F
624	GENERIC	FLUTICASONE PROPIONATE HFA	44 MCG/ACT	Y	Steroid Inhalants	85	0.02%	35	NF	F
625	GENERIC	NALOXONE HCL	4 MG/0.1ML	N	Opioid Antagonists	85	0.02%	82	F	F
626	SSB	SYNJARDY XR	25-1000 MG	Y	Antidiabetic Combinations	85	0.02%	18	F	F
627	GENERIC	DENTA 5000 PLUS	1.1 %	Y	Dental Products	84	0.02%	50	NF	F
628	GENERIC	ONDANSETRON HCL	4 MG/5ML	N	5-HT3 Receptor Antagonists	84	0.02%	73	F	F
629	GENERIC	CLARITHROMYCIN	500 MG	N	Clarithromycin	83	0.02%	75	F	F
630	GENERIC	DIAZEPAM	10 MG	N	Benzodiazepines	83	0.02%	44	F	F
631	GENERIC	DOXEPIN HCL	10 MG	Y	Tricyclic Agents	83	0.02%	33	F	F
632	GENERIC	FLUVOXAMINE MALEATE	50 MG	Y	Selective Serotonin Reuptake Inhibitors (SSRIs)	83	0.02%	26	NF	F
633	GENERIC	LACTULOSE	10 GM/15ML	Y	Laxatives - Miscellaneous	83	0.02%	27	F	F
634	GENERIC	PIOGLITAZONE HCL	15 MG	Y	Insulin Sensitizing Agents	83	0.02%	31	NF	F
635	GENERIC	ZONISAMIDE	100 MG	Y	Anticonvulsants - Misc.	83	0.02%	20	F	F
636	GENERIC	BUPRENORPHINE HCL-NALOXONE HCL	8-2 MG	N	Opioid Partial Agonists	82	0.02%	14	F	F
637	GENERIC	DROSPIRENONE-ETHINYL ESTRADIOL	3-0.02 MG	Y	Combination Contraceptives - Oral	82	0.02%	38	F	F
638	NON DRUG	FREESTYLE LIBRE 3 PLUS SENSOR	0	N	Diabetic Supplies	82	0.02%	35	NF	F
639	GENERIC	GUANFACINE HCL ER	3 MG	Y	Attention-Deficit/Hyperactivity Disorder (ADHD) Agents	82	0.02%	16	F	F
640	GENERIC	GUANFACINE HCL ER	4 MG	Y	Attention-Deficit/Hyperactivity Disorder (ADHD) Agents	82	0.02%	12	F	F
641	GENERIC	MIRTAZAPINE	7.5 MG	Y	Alpha-2 Receptor Antagonists (Tetracyclics)	82	0.02%	32	F	F
642	GENERIC	NORGESTIMATE-ETH ESTRADIOL	0.25-35 MG-MCG	Y	Combination Contraceptives - Oral	82	0.02%	25	NF	F
643	SSB	NUCALA	100 MG/ML	Y	Antiasthmatic - Monoclonal Antibodies	82	0.02%	9	NF	F
644	NON DRUG	BD PEN NEEDLE MINI ULTRAFINE	31G X 5 MM	N	Parenteral Therapy Supplies	81	0.02%	34	F	F
645	GENERIC	GLIMEPIRIDE	1 MG	Y	Sulfonylureas	81	0.02%	20	NF	F
646	NON DRUG	ONETOUCH VERIO FLEX SYSTEM	W/DEVICE	N	Diabetic Supplies	81	0.02%	74	F	F

647	GENERIC	PROMETHAZINE-CODEINE	6.25-10 MG/5ML	N	Cough/Cold/Allergy Combinations	81	0.02%	63	F	F
648	GENERIC	ROPINIROLE HCL	0.25 MG	Y	Antiparkinson Dopaminergics	81	0.02%	36	F	F
649	SSB	RYBELSUS	3 MG	N	Incretin Mimetic Agents (GLP-1 Receptor Agonists)	81	0.02%	28	F	F
650	GENERIC	TACROLIMUS	0.5 MG	Y	Immunosuppressive Agents	81	0.02%	22	NF	F
651	GENERIC	VILAZODONE HCL	10 MG	Y	Serotonin Modulators	81	0.02%	36	F	F
652	SSB	ABRYSVO	120 MCG/0.5ML	N	Viral Vaccines	80	0.02%	79	NF	F
653	SSB	ENTRESTO	49-51 MG	Y	Cardiovascular Agents Misc. - Combinations	80	0.02%	20	NF	F
654	GENERIC	OXCARBAZEPINE	150 MG	Y	Anticonvulsants - Misc.	80	0.02%	16	F	F
655	SSB	SYNJARDY	12.5-1000 MG	Y	Antidiabetic Combinations	80	0.02%	18	F	F
656	GENERIC	AMOXICILLIN-POT CLAVULANATE	400-57 MG/5ML	N	Penicillin Combinations	79	0.02%	74	F	F
657	GENERIC	CEFADROXIL	500 MG	N	Cephalosporins - 1st Generation	79	0.02%	63	F	F
658	GENERIC	METHYLPHENIDATE HCL ER (LA)	30 MG	Y	Stimulants - Misc.	79	0.02%	15	F	F
659	SSB	OPZELURA	1.5 %	N	Eczema Agents	79	0.02%	36	NF	F
660	GENERIC	OXCARBAZEPINE	600 MG	Y	Anticonvulsants - Misc.	79	0.02%	15	F	F
661	GENERIC	SUMATRIPTAN SUCCINATE	25 MG	N	Serotonin Agonists	79	0.02%	44	F	F
662	GENERIC	ALPRAZOLAM	2 MG	N	Benzodiazepines	78	0.02%	11	F	F
663	GENERIC	AMPHETAMINE-DEXTROAMPHET ER	5 MG	Y	Amphetamines	78	0.02%	43	F	F
664	SSB	LYUMJEV KWIKPEN	100 UNIT/ML	Y	Insulin	78	0.02%	23	F	F
665	GENERIC	NORTRIPTYLINE HCL	50 MG	Y	Tricyclic Agents	78	0.02%	17	F	F
666	GENERIC	RANOLAZINE ER	500 MG	Y	Antianginals-Other	78	0.02%	18	F	F
667	SSB	TREMFYA ONE-PRESS	100 MG/ML	Y	Antipsoriatics	78	0.02%	17	F	F
668	SSB	XOLAIR	150 MG/ML	N	Antiasthmatic - Monoclonal Antibodies	78	0.02%	11	F	F
669	GENERIC	ATOMOXETINE HCL	25 MG	Y	Attention-Deficit/Hyperactivity Disorder (ADHD) Agents	77	0.02%	44	F	F
670	GENERIC	CLINDAMYCIN PHOS-BENZOYL PEROX	1.2-5 %	N	Acne Products	77	0.02%	45	F	F
671	GENERIC	DILTIAZEM HCL ER COATED BEADS	240 MG	Y	Calcium Channel Blockers	77	0.02%	24	NF	F
672	GENERIC	HYDROCODONE-ACETAMINOPHEN	7.5-325 MG/15ML	N	Opioid Combinations	77	0.02%	67	F	F
673	GENERIC	HYOSCYAMINE SULFATE	0.125 MG	Y	Antispasmodics	77	0.02%	50	F	F
674	GENERIC	OLMESARTAN MEDOXOMIL-HCTZ	20-12.5 MG	Y	Antihypertensive Combinations	77	0.02%	16	NF	F
675	GENERIC	TELMISARTAN	40 MG	Y	Angiotensin II Receptor Antagonists	77	0.02%	17	NF	F
676	GENERIC	TRIAZOLAM	0.25 MG	N	Non-Barbiturate Hypnotics	77	0.02%	49	F	F
677	GENERIC	VENLAFAXINE HCL	75 MG	Y	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)	77	0.02%	30	F	F
678	GENERIC	DILTIAZEM HCL ER COATED BEADS	120 MG	Y	Calcium Channel Blockers	76	0.02%	23	NF	F
679	GENERIC	DOXYCYCLINE HYCLATE	50 MG	N	Tetracyclines	76	0.02%	36	F	F
680	GENERIC	ESTRADIOL	0.025 MG/24HR	Y	Estrogens	76	0.02%	28	F	F
681	SSB	LYUMJEV	100 UNIT/ML	Y	Insulin	76	0.02%	15	NF	F
682	MSB	METHOTREXATE SODIUM	50 MG/2ML	N	Antimetabolites	76	0.02%	37	F	X
683	GENERIC	DOTTI	0.05 MG/24HR	Y	Estrogens	75	0.02%	18	F	F
684	GENERIC	GLIPIZIDE ER	5 MG	Y	Sulfonylureas	75	0.02%	26	NF	F
685	GENERIC	IMIQUIMOD	5 %	N	Immunomodulating Agents - Topical	75	0.02%	38	F	F
686	GENERIC	LEFLUNOMIDE	20 MG	Y	Pyrimidine Synthesis Inhibitors	75	0.02%	20	F	F
687	GENERIC	LURASIDONE HCL	60 MG	Y	Antipsychotics - Misc.	75	0.02%	19	NF	F
688	GENERIC	MEDROXYPROGESTERONE ACETATE	150 MG/ML	N	Progestin Contraceptives - Injectable	75	0.02%	31	NF	F
689	SSB	PREMARIN	0.625 MG/GM	Y	Vaginal Estrogens	75	0.02%	50	NF	F
690	SSB	QELBREE	200 MG	Y	Attention-Deficit/Hyperactivity Disorder (ADHD) Agents	75	0.02%	17	NF	NF
691	GENERIC	DESMOPRESSIN ACETATE	0.2 MG	Y	Posterior Pituitary Hormones	74	0.02%	22	F	F
692	GENERIC	DICLOFENAC SODIUM	50 MG	Y	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	74	0.02%	16	F	F
693	GENERIC	ESTRADIOL	10 MCG	Y	Vaginal Estrogens	74	0.02%	20	F	F
694	GENERIC	FLECAINIDE ACETATE	100 MG	Y	Antiarrhythmics Type I-C	74	0.02%	19	F	F
695	GENERIC	LEVETIRACETAM	100 MG/ML	Y	Anticonvulsants - Misc.	74	0.02%	14	F	F
696	MSB	PREVIDENT 5000 BOOSTER PLUS	1.1 %	Y	Dental Products	74	0.02%	48	NF	X
697	GENERIC	BENAZEPRIL HCL	10 MG	Y	ACE Inhibitors	73	0.02%	18	NF	F
698	GENERIC	NORGESTIM-ETH ESTRAD TRIPHASIC	0.18/0.215/0.25 MG-35 MCG	Y	Combination Contraceptives - Oral	73	0.02%	18	NF	F
699	GENERIC	CEPHALEXIN	250 MG	N	Cephalosporins - 1st Generation	72	0.02%	51	F	F
700	GENERIC	DUTASTERIDE	0.5 MG	Y	Prostatic Hypertrophy Agents	72	0.02%	17	F	F
701	GENERIC	HYDROXYZINE PAMOATE	50 MG	N	Antianxiety Agents - Misc.	72	0.02%	31	F	F
702	GENERIC	ESZOPICLONE	1 MG	N	Non-Barbiturate Hypnotics	71	0.02%	29	F	F
703	GENERIC	QUETIAPINE FUMARATE	200 MG	Y	Dibenzapines	71	0.02%	19	NF	F
704	GENERIC	RABEPRAZOLE SODIUM	20 MG	Y	Proton Pump Inhibitors	71	0.02%	19	F	F
705	GENERIC	VALSARTAN	80 MG	Y	Angiotensin II Receptor Antagonists	71	0.02%	25	NF	F
706	GENERIC	CEFUROXIME AXETIL	250 MG	N	Cephalosporins - 2nd Generation	70	0.02%	51	F	F
707	MSB	CONCERTA	27 MG	Y	Stimulants - Misc.	70	0.02%	27	NF	X
708	SSB	ENTRESTO	97-103 MG	Y	Cardiovascular Agents Misc. - Combinations	70	0.02%	13	NF	F
709	GENERIC	GLYCOPYRROLATE	1 MG	N	Antispasmodics	70	0.02%	26	F	F
710	GENERIC	JUNEL 1.5/30	1.5-30 MG-MCG	Y	Combination Contraceptives - Oral	70	0.02%	23	NF	F
711	GENERIC	POTASSIUM CITRATE ER	10 MEQ (1080 MG)	N	Alkalinizers	70	0.02%	21	F	F
712	GENERIC	VALSARTAN-HYDROCHLOROTHIAZIDE	160-12.5 MG	Y	Antihypertensive Combinations	70	0.02%	21	NF	F
713	GENERIC	ARMODAFINIL	250 MG	Y	Stimulants - Misc.	69	0.02%	15	F	F
714	MSB	COMBIGAN	0.2-0.5 %	Y	Beta-blockers - Ophthalmic	69	0.02%	18	F	X
715	GENERIC	DEXMETHYLPHENIDATE HCL ER	25 MG	Y	Stimulants - Misc.	69	0.02%	12	F	F
716	GENERIC	FUROSEMIDE	80 MG	Y	Loop Diuretics	69	0.02%	19	NF	F
717	GENERIC	MODAFINIL	100 MG	Y	Stimulants - Misc.	69	0.02%	31	F	F
718	GENERIC	NIFEDIPINE ER OSMOTIC RELEASE	60 MG	Y	Calcium Channel Blockers	69	0.02%	32	NF	F
719	GENERIC	NORETHINDRONE ACET-ETHINYL EST	1-20 MG-MCG	Y	Combination Contraceptives - Oral	69	0.02%	30	NF	F
720	GENERIC	NYSTATIN-TRIAMCINOLONE	100000-0.1 UNIT/GM-%	N	Antifungals - Topical	69	0.02%	62	F	F
721	GENERIC	AMITRIPTYLINE HCL	100 MG	Y	Tricyclic Agents	68	0.02%	15	F	F
722	GENERIC	PAROXETINE HCL	30 MG	Y	Selective Serotonin Reuptake Inhibitors (SSRIs)	68	0.02%	19	NF	F
723	GENERIC	TRANEXAMIC ACID	650 MG	N	Hemostatics - Systemic	68	0.02%	34	F	F
724	GENERIC	AMLODIPINE BESY-BENAZEPRIL HCL	10-40 MG	Y	Antihypertensive Combinations	67	0.02%	19	NF	F
725	GENERIC	CARBAMAZEPINE	200 MG	Y	Anticonvulsants - Misc.	67	0.02%	14	F	F
726	GENERIC	DEXMETHYLPHENIDATE HCL	2.5 MG	Y	Stimulants - Misc.	67	0.02%	20	F	F
727	GENERIC	DIVALPROEX SODIUM	250 MG	Y	Valproic Acid	67	0.02%	15	F	F
728	GENERIC	GUANFACINE HCL	2 MG	Y	Antiadrenergic Antihypertensives	67	0.02%	15	NF	F
729	SSB	STELARA	90 MG/ML	Y	Antipsoriatics	67	0.02%	14	F	F
730	GENERIC	TEMAZEPAM	30 MG	N	Non-Barbiturate Hypnotics	67	0.02%	11	F	F
731	GENERIC	TRI-LO-MILI	0.18/0.215/0.25 MG-25 MCG	Y	Combination Contraceptives - Oral	67	0.02%	18	F	F
732	GENERIC	METHYLPHENIDATE HYDROCHLORIDE ER	20MG	Y	Stimulants - Misc.	66	0.02%	19	F	F
733	GENERIC	MONTELUKAST SODIUM	5 MG	Y	Leukotriene Modulators	66	0.02%	26	NF	F
734	GENERIC	NITROFURANTOIN MACROCRYSTAL	100 MG	N	UNKNOWN	66	0.02%	45	F	F
735	GENERIC	RIZATRIPTAN BENZOATE	5 MG	N	Serotonin Agonists	66	0.02%	39	F	F
736	GENERIC	AMILORIDE HCL	5 MG	Y	Potassium Sparing Diuretics	65	0.02%	10	NF	F
737	GENERIC	ASPIRIN	81 MG	N	Salicylates	65	0.02%	34	F	F
738	GENERIC	LURASIDONE HCL	20 MG	Y	Antipsychotics - Misc.	65	0.02%	25	NF	F
739	GENERIC	METHENAMINE HIPPURATE	1 GM	N	UNKNOWN	65	0.02%	16	F	F
740	SSB	REXULTI	0.5 MG	Y	Quinolinone Derivatives	65	0.02%	19	NF	F
741	GENERIC	SF 5000 PLUS	1.1 %	Y	Dental Products	65	0.02%	41	F	F
742	GENERIC	TRIAMTERENE-HCTZ	75-50 MG	Y	Diuretic Combinations	65	0.02%	16	NF	F
743	SSB	HUMIRA (2 PEN)	40 MG/0.8ML	Y	Anti-TNF-alpha - Monoclonal Antibodies	64	0.02%	6	F	F
744	SSB	LUMIGAN	0.01 %	Y	Prostaglandins - Ophthalmic	64	0.02%	21	F	F
745	GENERIC	PEG-3350/ELECTROLYTES	236 GM	N	Laxative Combinations	64	0.02%	64	NF	F
746	GENERIC	PRAMIPEXOLE DIHYDROCHLORIDE	0.5 MG	Y	Antiparkinson Dopaminergics	64	0.02%	12	F	F
747	GENERIC	PREDNISONE	1 MG	N	Glucocorticosteroids	64	0.02%	22	F	F
748	GENERIC	RISPERIDONE	0.25 MG	Y	Benzisoxazoles	64	0.02%	17	NF	F
749	GENERIC	SIMVASTATIN	80 MG	Y	HMG CoA Reductase Inhibitors	64	0.02%	13	NF	F
750	GENERIC	HAILEY FE 1.5/30	1.5-30 MG-MCG	Y	Combination Contraceptives - Oral	63	0.02%	15	NF	F
751	GENERIC	METHYLPHENIDATE HYDROCHLORIDE ER	10MG	Y	Stimulants - Misc.	63	0.02%	20	F	F
752	GENERIC	NEOMYCIN-POLYMYXIN-HC	1 %	N	Otic Combinations	63	0.02%	56	F	F
753	SSB	REXULTI	2 MG	Y	Quinolinone Derivatives	63	0.02%	21	NF	F
754	GENERIC	TRI-MILI	0.18/0.215/0.25 MG-35 MCG	Y	Combination Contraceptives - Oral	63	0.02%	12	NF	F
755	SSB	VRAYLAR	6 MG	Y	Antipsychotics - Misc.	63	0.02%	11	NF	F
756	GENERIC	AZATHIOPRINE	50 MG	Y	Immunosuppressive Agents	62	0.02%	20	NF	F
757	SSB	BRILINTA	90 MG	Y	Platelet Aggregation Inhibitors	62	0.02%	19	NF	F
758	SSB	COMBIVENT RESPIMAT	20-100 MCG/ACT	Y	Sympathomimetics	62	0.02%	19	NF	F
759	GENERIC	GENTAMICIN SULFATE	0.3 %	N	Ophthalmic Anti-infectives	62	0.02%	59	F	F
760	GENERIC	GLATIRAMER ACETATE	40 MG/ML	Y	Multiple Sclerosis Agents	62	0.02%	7	NF	F
761	GENERIC	HYDROMORPHONE HCL	2 MG	N	Opioid Agonists	62	0.02%	37	F	F

762	GENERIC	JUNEL 1/20	1-20 MG-MCG	Y	Combination Contraceptives - Oral	62	0.02%	23	NF	F
763	GENERIC	LITHIUM CARBONATE	300 MG	Y	Antimanic Agents	62	0.02%	15	F	F
764	MSB	MOTEGRITY	2 MG	Y	5-HT4 Receptor Agonists	62	0.02%	9	NF	X
765	GENERIC	OLANZAPINE	2.5 MG	Y	Dibenzapines	62	0.02%	23	NF	F
766	GENERIC	ATOMOXETINE HCL	80 MG	Y	Attention-Deficit/Hyperactivity Disorder (ADHD) Agents	61	0.02%	20	F	F
767	GENERIC	LURASIDONE HCL	40 MG	Y	Antipsychotics - Misc.	61	0.02%	22	NF	F
768	GENERIC	PEG 3350-KCL-NA BICARB-NACL	420 GM	N	Laxative Combinations	61	0.02%	61	NF	F
769	GENERIC	ALPRAZOLAM ER	1 MG	N	Benzodiazepines	60	0.02%	14	F	F
770	GENERIC	AMLODIPINE BESY-BENAZEPRIL HCL	5-20 MG	Y	Antihypertensive Combinations	60	0.02%	22	NF	F
771	MSB	CONCERTA	18 MG	Y	Stimulants - Misc.	60	0.02%	23	NF	X
772	GENERIC	KURVELO	0.15-30 MG-MCG	Y	Combination Contraceptives - Oral	60	0.02%	19	NF	F
773	GENERIC	LORAZEPAM	2 MG	N	Benzodiazepines	60	0.02%	15	F	F
774	GENERIC	LOVASTATIN	40 MG	Y	HMG CoA Reductase Inhibitors	60	0.02%	19	NF	F
775	SSB	NP THYROID	15 MG	Y	Thyroid Hormones	60	0.02%	19	F	NF
776	SSB	NP THYROID	30 MG	Y	Thyroid Hormones	60	0.02%	22	F	NF
777	GENERIC	RAMIPRIL	5 MG	Y	ACE Inhibitors	60	0.02%	17	NF	F
778	SSB	SYNJARDY XR	10-1000 MG	Y	Antidiabetic Combinations	60	0.02%	13	F	F
779	GENERIC	ARIPIPRAZOLE	30 MG	Y	Quinolinone Derivatives	59	0.02%	9	NF	F
780	GENERIC	BRIMONIDINE TARTRATE	0.2 %	Y	Ophthalmic Adrenergic Agents	59	0.02%	22	F	F
781	GENERIC	ESTRADIOL	0.0375 MG/24HR	Y	Estrogens	59	0.02%	16	F	F
782	GENERIC	HYDROCHLOROTHIAZIDE	50 MG	Y	Thiazides and Thiazide-Like Diuretics	59	0.02%	21	NF	F
783	GENERIC	MINOCYCLINE HCL	50 MG	N	Tetracyclines	59	0.02%	23	F	F
784	SSB	NP THYROID	120 MG	Y	Thyroid Hormones	59	0.02%	13	F	NF
785	GENERIC	PRASUGREL HCL	10 MG	Y	Platelet Aggregation Inhibitors	59	0.02%	13	NF	F
786	GENERIC	SSD	1 %	N	Burn Products	59	0.02%	40	F	F
787	GENERIC	SULFASALAZINE	500 MG	Y	Inflammatory Bowel Agents	59	0.02%	22	F	F
788	GENERIC	AMOXICILLIN	250 MG/5ML	N	Aminopenicillins	58	0.02%	53	F	F
789	GENERIC	FLUOROURACIL	5 %	N	Antineoplastic or Premalignant Lesion Agents - Topical	58	0.02%	57	F	F
790	GENERIC	METHYLPHENIDATE HCL ER (CD)	30 MG	Y	Stimulants - Misc.	58	0.02%	11	F	F
791	SSB	SKYRIZI PEN	150 MG/ML	Y	Antipsoriatics	58	0.02%	19	F	F
792	GENERIC	ARIPIPRAZOLE	1 MG/ML	Y	Quinolinone Derivatives	57	0.02%	6	NF	F
793	GENERIC	BISACODYL EC	5 MG	N	Stimulant Laxatives	57	0.02%	57	NF	F
794	GENERIC	CARBAMAZEPINE ER	200 MG	Y	Anticonvulsants - Misc.	57	0.02%	10	F	F
795	GENERIC	ESTRADIOL	0.1 MG/24HR	Y	Estrogens	57	0.02%	17	F	F
796	GENERIC	FENOFIBRATE	54 MG	Y	Fibric Acid Derivatives	57	0.02%	21	NF	F
797	GENERIC	HYDROXYUREA	500 MG	N	Antineoplastics Misc.	57	0.02%	10	F	F
798	GENERIC	NEOMYCIN-POLYMYXIN-HC	3.5-10000-1	N	Otic Combinations	57	0.02%	56	F	F
799	NON DRUG	ONETOUCH ULTRA 2	W/DEVICE	N	Diabetic Supplies	57	0.02%	52	NF	F
800	SSB	SPIRIVA HANDIHALER	18 MCG	Y	Bronchodilators - Anticholinergics	57	0.02%	11	F	F
801	GENERIC	ACETAZOLAMIDE ER	500 MG	Y	Carbonic Anhydrase Inhibitors	56	0.02%	15	F	F
802	GENERIC	ACYCLOVIR	800 MG	N	Herpes Agents	56	0.02%	27	F	F
803	GENERIC	AUROVELA FE 1/20	1-20 MG-MCG	Y	Combination Contraceptives - Oral	56	0.02%	22	NF	F
804	GENERIC	BENAZEPRIL HCL	40 MG	Y	ACE Inhibitors	56	0.02%	16	NF	F
805	GENERIC	HYDROMORPHONE HCL	4 MG	N	Opioid Agonists	56	0.02%	17	F	F
806	GENERIC	IBUPROFEN	400 MG	Y	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	56	0.02%	42	F	F
807	GENERIC	MYCOPHENOLATE MOFETIL	500 MG	Y	Immunosuppressive Agents	56	0.02%	15	NF	F
808	GENERIC	VALSARTAN-HYDROCHLOROTHIAZIDE	320-25 MG	Y	Antihypertensive Combinations	56	0.02%	18	NF	F
809	GENERIC	ZENATANE	40 MG	N	Acne Products	56	0.02%	21	F	F
810	GENERIC	ZIPRASIDONE HCL	80 MG	Y	Antipsychotics - Misc.	56	0.02%	12	NF	F
811	GENERIC	METHYLPHENIDATE HCL ER (LA)	20 MG	Y	Stimulants - Misc.	55	0.02%	13	F	F
812	GENERIC	NITROFURANTOIN MACROCRYSTAL	50 MG	N	UNKNOWN	55	0.02%	21	F	F
813	SSB	SOLIQUA 100/33	100UNIT/ML-33MCG/ML	Y	Antidiabetic Combinations	55	0.02%	10	F	F
814	GENERIC	ATOMOXETINE HCL	18 MG	Y	Attention-Deficit/Hyperactivity Disorder (ADHD) Agents	54	0.02%	25	F	F
815	GENERIC	BUPROPION HCL	100 MG	Y	Antidepressants - Misc.	54	0.02%	17	F	F
816	SSB	BYDUREON BCISE	2 MG/0.85ML	Y	Incretin Mimetic Agents (GLP-1 Receptor Agonists)	54	0.02%	8	F	X
817	MSB	VICTOZA	18 MG/3ML	Y	Incretin Mimetic Agents (GLP-1 Receptor Agonists)	54	0.02%	19	NF	X
818	GENERIC	DIMETHYL FUMARATE	240 MG	Y	Multiple Sclerosis Agents	53	0.02%	7	NF	F
819	GENERIC	HYDRALAZINE HCL	50 MG	Y	Vasodilators	53	0.02%	17	NF	F
820	GENERIC	PROMETHAZINE HCL	12.5 MG	N	Antihistamines - Phenothiazines	53	0.02%	41	F	F
821	GENERIC	VERAPAMIL HCL ER	120 MG	Y	Calcium Channel Blockers	53	0.02%	18	NF	F
822	GENERIC	WIXELA INHUB	250-50 MCG/ACT	Y	Sympathomimetics	53	0.02%	26	NF	F
823	SSB	XIFAXAN	550 MG	Y	Anti-infective Agents - Misc.	53	0.02%	15	NF	F
824	GENERIC	ALBUTEROL SULFATE	1.25 MG/3ML	Y	Sympathomimetics	52	0.01%	40	NF	F
825	GENERIC	AMNESTEEM	40 MG	N	Acne Products	52	0.01%	18	F	F
826	GENERIC	AZITHROMYCIN	100 MG/5ML	N	Azithromycin	52	0.01%	46	F	F
827	GENERIC	DIVALPROEX SODIUM ER	250 MG	Y	Valproic Acid	52	0.01%	16	F	F
828	GENERIC	MEDROXYPROGESTERONE ACETATE	10 MG	Y	Progestins	52	0.01%	32	F	F
829	MSB	TESTIM	50 MG/5GM (1%)	Y	Androgens	52	0.01%	13	F	X
830	GENERIC	TESTOSTERONE	1.62 %	Y	Androgens	52	0.01%	16	F	F
831	GENERIC	WARFARIN SODIUM	1 MG	Y	Coumarin Anticoagulants	52	0.01%	12	NF	F
832	GENERIC	AZELAIC ACID	15 %	N	Rosacea Agents	51	0.01%	31	F	F
833	GENERIC	BACLOFEN	5 MG	N	Central Muscle Relaxants	51	0.01%	23	F	F
834	GENERIC	GLIPIZIDE ER	2.5 MG	Y	Sulfonylureas	51	0.01%	15	NF	F
835	GENERIC	LUBIPROSTONE	8 MCG	Y	Gastrointestinal Chloride Channel Activators	51	0.01%	23	F	F
836	GENERIC	TOPIRAMATE	200 MG	Y	Anticonvulsants - Misc.	51	0.01%	10	F	F
837	GENERIC	ZAFIRLUKAST	20 MG	Y	Leukotriene Modulators	51	0.01%	11	NF	F
838	GENERIC	ATOMOXETINE HCL	100 MG	Y	Attention-Deficit/Hyperactivity Disorder (ADHD) Agents	50	0.01%	12	F	F
839	SSB	DOVATO	50-300 MG	Y	Antiretrovirals	50	0.01%	6	F	F
840	GENERIC	WIXELA INHUB	100-50 MCG/ACT	Y	Sympathomimetics	50	0.01%	21	NF	F
841	SSB	XARELTO	15 MG	Y	Direct Factor Xa Inhibitors	50	0.01%	23	F	F
842	MSB	YASMIN 28	3MG-.03MG	Y	Combination Contraceptives - Oral	50	0.01%	17	F	X
843	SSB	ADVAIR HFA	45-21 MCG/ACT	Y	Sympathomimetics	49	0.01%	13	NF	F
844	GENERIC	CLONIDINE HCL ER	0.1 MG	Y	Attention-Deficit/Hyperactivity Disorder (ADHD) Agents	49	0.01%	13	F	F
845	SSB	COSENTYX UNOREADY	300 MG/2ML	Y	Antipsoriatics	49	0.01%	11	NF	X
846	GENERIC	DEXAMETHASONE	1 MG	N	Glucocorticosteroids	49	0.01%	45	F	F
847	GENERIC	FLUOROMETHOLONE	0.1 %	N	Ophthalmic Steroids	49	0.01%	39	F	F
848	GENERIC	RALOXIFENE HCL	60 MG	Y	Hormone Receptor Modulators	49	0.01%	11	NF	F
849	SSB	SUTAB	1479-225-188 MG	N	Laxative Combinations	49	0.01%	49	NF	F
850	GENERIC	CALCITRIOL	0.25 MCG	Y	Metabolic Modifiers	48	0.01%	15	F	F
851	GENERIC	HALOPERIDOL	5 MG	Y	Butyrophenones	48	0.01%	5	NF	F
852	GENERIC	OMEPRAZOLE	10 MG	Y	Proton Pump Inhibitors	48	0.01%	14	F	F
853	GENERIC	PROGESTERONE	50 MG/ML	N	Progestins	48	0.01%	16	F	F
854	SSB	TRIKAFTA	100-50-75 & 150 MG	Y	Cystic Fibrosis Agents	48	0.01%	5	F	F
855	GENERIC	ZOLMITRIPTAN	5 MG	N	Serotonin Agonists	48	0.01%	17	F	F
856	GENERIC	CYPROHEPTADINE HCL	2 MG/5ML	N	Antihistamines - Piperidines	47	0.01%	13	F	F
857	GENERIC	DEXMETHYLPHENIDATE HCL ER	30 MG	Y	Stimulants - Misc.	47	0.01%	16	F	F
858	GENERIC	DROSPIRENONE-ETHINYL ESTRADIOL	3-0.03 MG	Y	Combination Contraceptives - Oral	47	0.01%	22	F	F
859	GENERIC	HYDROCORTISONE (PERIANAL)	2.5 %	N	Rectal Steroids	47	0.01%	34	F	F
860	GENERIC	LARIN FE 1.5/30	1.5-30 MG-MCG	Y	Combination Contraceptives - Oral	47	0.01%	13	NF	F
861	GENERIC	LARIN FE 1/20	1-20 MG-MCG	Y	Combination Contraceptives - Oral	47	0.01%	16	NF	F
862	GENERIC	METHOTREXATE SODIUM (PF)	50 MG/2ML	N	Antimetabolites	47	0.01%	11	F	F
863	SSB	MYFEMBREE	40-1-0.5 MG	N	Estrogen Combinations	47	0.01%	9	F	F
864	GENERIC	TRETINOIN	0.1 %	N	Acne Products	47	0.01%	34	F	F
865	GENERIC	TRI-LO-MARZIA	0.18/0.215/0.25 MG-25 MCG	Y	Combination Contraceptives - Oral	47	0.01%	13	F	F
866	SSB	XELJANZ XR	11 MG	Y	Antirheumatic - Enzyme Inhibitors	47	0.01%	11	F	F
867	SSB	BELSOMRA	20 MG	N	Orexin Receptor Antagonists	46	0.01%	9	NF	F
868	GENERIC	CICLOPIROX	8 %	N	Antifungals - Topical	46	0.01%	32	F	F
869	GENERIC	DILTIAZEM HCL ER COATED BEADS	180 MG	Y	Calcium Channel Blockers	46	0.01%	15	NF	F
870	GENERIC	METOPROLOL SUCCINATE ER	200 MG	Y	Beta Blockers Cardio-Selective	46	0.01%	14	NF	F
871	GENERIC	OXYBUTYNIN CHLORIDE ER	15 MG	Y	Urinary Antispasmodic - Antimuscarinics (Anticholinergic)	46	0.01%	14	F	F
872	GENERIC	PRAMIPEXOLE DIHYDROCHLORIDE	0.125 MG	Y	Antiparkinson Dopaminergics	46	0.01%	10	F	F
873	GENERIC	SOTALOL HCL	80 MG	Y	Beta Blockers Non-Selective	46	0.01%	14	NF	F
874	SSB	STIOLTO RESPIMAT	2.5-2.5 MCG/ACT	Y	Sympathomimetics	46	0.01%	10	F	F

875	GENERIC	WARFARIN SODIUM	4 MG	Y	Coumarin Anticoagulants	46	0.01%	10	NF	F
876	GENERIC	ZOLPIDEM TARTRATE ER	6.25 MG	N	Non-Barbiturate Hypnotics	46	0.01%	21	F	F
877	GENERIC	ALFUZOSIN HCL ER	10 MG	Y	Prostatic Hypertrophy Agents	45	0.01%	13	F	F
878	GENERIC	AZATHIOPRINE	50 MG	Y	Immunosuppressive Agents	45	0.01%	9	F	F
879	GENERIC	BUPRENORPHINE HCL	2 MG	N	Opioid Partial Agonists	45	0.01%	14	F	F
880	GENERIC	CLOTRIMAZOLE	10 MG	N	Anti-infectives - Throat	45	0.01%	36	F	F
881	GENERIC	DEXMETHYLPHENIDATE HCL ER	5 MG	Y	Stimulants - Misc.	45	0.01%	21	F	F
882	GENERIC	ENALAPRIL MALEATE	5 MG	Y	ACE Inhibitors	45	0.01%	14	NF	F
883	GENERIC	LACOSAMIDE	100 MG	Y	Anticonvulsants - Misc.	45	0.01%	8	F	F
884	GENERIC	LOVASTATIN	20 MG	Y	HMG CoA Reductase Inhibitors	45	0.01%	17	NF	F
885	GENERIC	NIFEDIPINE ER	60 MG	Y	Calcium Channel Blockers	45	0.01%	13	NF	F
886	GENERIC	PHENAZOPYRIDINE HCL	100 MG	N	Urinary Analgesics	45	0.01%	38	F	F
887	GENERIC	PIMECROLIMUS	1 %	N	Immunosuppressive Agents - Topical	45	0.01%	41	F	F
888	SSB	PREMPRO	.3MG-1.5MG	Y	Estrogen Combinations	45	0.01%	11	NF	F
889	SSB	ARMOUR THYROID	120 MG	Y	Thyroid Hormones	44	0.01%	10	NF	X
890	SSB	CIMZIA (2 SYRINGE)	200 MG/ML	Y	Inflammatory Bowel Agents	44	0.01%	9	F	NF
891	GENERIC	DIVALPROEX SODIUM	125 MG	Y	Valproic Acid	44	0.01%	8	F	F
892	GENERIC	FLUDROCORTISONE ACETATE	0.1 MG	Y	Mineralocorticoids	44	0.01%	19	F	F
893	GENERIC	LIOTHYRONINE SODIUM	25 MCG	Y	Thyroid Hormones	44	0.01%	13	F	F
894	GENERIC	LITHIUM CARBONATE ER	300 MG	Y	Antimanic Agents	44	0.01%	13	F	F
895	GENERIC	METOCLOPRAMIDE HCL	5 MG	N	Gastrointestinal Stimulants	44	0.01%	28	F	F
896	GENERIC	OLANZAPINE	10 MG	Y	Dibenzapines	44	0.01%	22	NF	F
897	GENERIC	PREDNISONE	2.5 MG	N	Glucocorticosteroids	44	0.01%	18	F	F
898	MSB	ADDERALL XR	15 MG	Y	Amphetamines	43	0.01%	14	NF	X
899	GENERIC	DOXAZOSIN MESYLATE	2 MG	Y	Antiadrenergic Antihypertensives	43	0.01%	9	NF	F
900	GENERIC	DOXEPIN HCL	25 MG	Y	Tricyclic Agents	43	0.01%	13	F	F
901	GENERIC	HALOETTE	0.12-0.015 MG/24HR	Y	Combination Contraceptives - Vaginal	43	0.01%	22	NF	F
902	GENERIC	IRBESARTAN-HYDROCHLOROTHIAZIDE	300-12.5 MG	Y	Antihypertensive Combinations	43	0.01%	11	NF	F
903	GENERIC	LEVALBUTEROL TARTRATE HFA	45 MCG/ACT	Y	Sympathomimetics	43	0.01%	24	NF	F
904	GENERIC	METHIMAZOLE	10 MG	Y	Antithyroid Agents	43	0.01%	16	F	F
905	GENERIC	OXYCODONE-ACETAMINOPHEN	7.5-325 MG	N	Opioid Combinations	43	0.01%	14	F	F
906	GENERIC	PILOCARPINE HCL	5 MG	Y	Throat Products - Misc.	43	0.01%	10	F	F
907	GENERIC	PRAZOSIN HCL	5 MG	Y	Antiadrenergic Antihypertensives	43	0.01%	11	NF	F
908	SSB	XOLAIR	300 MG/2ML	N	Antiasthmatic - Monoclonal Antibodies	43	0.01%	9	F	F
909	GENERIC	ZIPRASIDONE HCL	20 MG	Y	Antipsychotics - Misc.	43	0.01%	12	NF	F
910	GENERIC	ACETAZOLAMIDE	250 MG	Y	Carbonic Anhydrase Inhibitors	42	0.01%	13	F	F
911	GENERIC	AMITRIPTYLINE HCL	75 MG	Y	Tricyclic Agents	42	0.01%	14	F	F
912	SSB	ARMOUR THYROID	30 MG	Y	Thyroid Hormones	42	0.01%	15	NF	X
913	GENERIC	CEFPROZIL	250 MG/5ML	N	Cephalosporins - 2nd Generation	42	0.01%	33	F	F
914	GENERIC	DEXAMETHASONE	2 MG	N	Glucocorticosteroids	42	0.01%	35	F	F
915	GENERIC	GLYBURIDE	5 MG	Y	Sulfonylureas	42	0.01%	12	NF	F
916	GENERIC	IBANDRONATE SODIUM	150 MG	Y	Bone Density Regulators	42	0.01%	15	NF	F
917	GENERIC	INSULIN GLARGINE SOLOSTAR	300 UNIT/ML	Y	Insulin	42	0.01%	17	F	F
918	GENERIC	LIDOCAINE	5 %	N	Local Anesthetics - Topical	42	0.01%	26	F	F
919	GENERIC	MYCOPHENOLATE SODIUM	180 MG	Y	Immunosuppressive Agents	42	0.01%	14	F	F
920	GENERIC	PREGABALIN	300 MG	Y	Anticonvulsants - Misc.	42	0.01%	9	F	F
921	GENERIC	TROSPIUM CHLORIDE	20 MG	Y	Urinary Antispasmodic - Antimuscarinics (Anticholinergic)	42	0.01%	12	F	F
922	GENERIC	ALTAVERA	30MCG-.15MG	Y	Combination Contraceptives - Oral	41	0.01%	17	NF	F
923	SSB	BAQSIMI TWO PACK	3 MG/DOSE	N	Diabetic Other	41	0.01%	29	F	F
924	GENERIC	BENZTROPINE MESYLATE	0.5 MG	Y	Antiparkinson Anticholinergics	41	0.01%	7	F	F
925	GENERIC	CLOBAZAM	10 MG	Y	Anticonvulsants - Benzodiazepines	41	0.01%	7	F	F
926	GENERIC	CLOBAZAM	2.5 MG/ML	Y	Anticonvulsants - Benzodiazepines	41	0.01%	5	F	F
927	GENERIC	ESTRADIOL-NORETHINDRONE ACET	0.5-0.1 MG	Y	Estrogen Combinations	41	0.01%	9	F	F
928	GENERIC	ESTRADIOL-NORETHINDRONE ACET	1-0.5 MG	Y	Estrogen Combinations	41	0.01%	13	F	F
929	GENERIC	FLUTICASONE PROPIONATE	0.05 %	N	Corticosteroids - Topical	41	0.01%	27	F	F
930	GENERIC	GLYCOPYRROLATE	2 MG	N	Antispasmodics	41	0.01%	12	F	F
931	GENERIC	LAMOTRIGINE ER	200 MG	Y	Anticonvulsants - Misc.	41	0.01%	10	F	F
932	GENERIC	LEVOBUNOLOL HCL	0.5 %	Y	Beta-blockers - Ophthalmic	41	0.01%	13	F	F
933	GENERIC	LOW-OGESTREL	0.3-30 MG-MCG	Y	Combination Contraceptives - Oral	41	0.01%	13	NF	F
934	GENERIC	NICOTINE	21 MG/24HR	N	Smoking Deterrents	41	0.01%	25	NF	F
935	GENERIC	OLMESARTAN MEDOXOMIL-HCTZ	40-12.5 MG	Y	Antihypertensive Combinations	41	0.01%	12	NF	F
936	GENERIC	PROCTO-MED HC	2.5%	N	Rectal Steroids	41	0.01%	31	F	F
937	GENERIC	SULINDAC	200 MG	Y	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	41	0.01%	18	F	F
938	GENERIC	CAPECITABINE	500 MG	N	Antimetabolites	40	0.01%	15	F	F
939	GENERIC	ENOXAPARIN SODIUM	40 MG/0.4ML	N	Heparins And Heparinoid-Like Agents	40	0.01%	22	NF	F
940	NON DRUG	FREESTYLE LIBRE 14 DAY SENSOR	0	N	Diabetic Supplies	40	0.01%	6	NF	F
941	GENERIC	ISOTRETINOIN	30 MG	N	Acne Products	40	0.01%	17	F	F
942	GENERIC	LITHIUM CARBONATE ER	450 MG	Y	Antimanic Agents	40	0.01%	10	F	F
943	GENERIC	LUBIPROSTONE	24 MCG	Y	Gastrointestinal Chloride Channel Activators	40	0.01%	12	F	F
944	GENERIC	NADOLOL	20 MG	Y	Beta Blockers Non-Selective	40	0.01%	10	NF	F
945	GENERIC	RISPERIDONE	2 MG	Y	Benzisoxazoles	40	0.01%	14	NF	F
946	GENERIC	SUMATRIPTAN SUCCINATE	6 MG/0.5ML	N	Serotonin Agonists	40	0.01%	12	F	F
947	MSB	ADDERALL XR	20 MG	Y	Amphetamines	39	0.01%	28	NF	X
948	GENERIC	ALPRAZOLAM ER	0.5 MG	N	Benzodiazepines	39	0.01%	11	F	F
949	GENERIC	CABERGOLINE	0.5 MG	N	Prolactin Inhibitors	39	0.01%	10	F	F
950	GENERIC	CARBIDOPA-LEVODOPA	25-100 MG	Y	Antiparkinson Dopaminergics	39	0.01%	12	F	F
951	GENERIC	FLUVOXAMINE MALEATE	25 MG	Y	Selective Serotonin Reuptake Inhibitors (SSRIs)	39	0.01%	11	NF	F
952	GENERIC	ISOSORBIDE MONONITRATE ER	60 MG	Y	Nitrates	39	0.01%	11	F	F
953	GENERIC	URSODIOL	300 MG	Y	Gallstone Solubilizing Agents	39	0.01%	13	F	F
954	GENERIC	VALSARTAN-HYDROCHLOROTHIAZIDE	320-12.5 MG	Y	Antihypertensive Combinations	39	0.01%	12	NF	F
955	MSB	VYVANSE	10 MG	Y	Amphetamines	39	0.01%	23	NF	X
956	SSB	ARMOUR THYROID	60 MG	Y	Thyroid Hormones	38	0.01%	13	NF	X
957	NON DRUG	BD PEN NEEDLE NANO ULTRAFINE	32G X 4 MM	N	Parenteral Therapy Supplies	38	0.01%	19	F	F
958	GENERIC	DALFAMPRIDINE ER	10 MG	Y	Multiple Sclerosis Agents	38	0.01%	4	NF	F
959	SSB	NEXLIZET	180-10 MG	Y	Antihyperlipidemics - Combinations	38	0.01%	9	F	F
960	GENERIC	TORSEMIDE	100 MG	Y	Loop Diuretics	38	0.01%	9	NF	F
961	GENERIC	VESTURA	3-0.02 MG	Y	Combination Contraceptives - Oral	38	0.01%	16	F	F
962	GENERIC	WIXELA INHUB	500-50 MCG/ACT	Y	Sympathomimetics	38	0.01%	14	NF	F
963	GENERIC	ALBUTEROL SULFATE	0.63 MG/3ML	Y	Sympathomimetics	37	0.01%	22	NF	F
964	GENERIC	AMLODIPINE BESY-BENAZEPRIL HCL	10-20 MG	Y	Antihypertensive Combinations	37	0.01%	11	NF	F
965	SSB	AUVI-Q	0.3 MG/0.3ML	N	Anaphylaxis Therapy Agents	37	0.01%	34	F	X
966	GENERIC	BENZTROPINE MESYLATE	1 MG	Y	Antiparkinson Anticholinergics	37	0.01%	8	F	F
967	GENERIC	BUTALBITAL-ASPIRIN-CAFFEINE	50-325-40 MG	N	Analgesic Combinations	37	0.01%	9	F	F
968	GENERIC	CLOMIPRAMINE HCL	25 MG	Y	Tricyclic Agents	37	0.01%	9	F	F
969	GENERIC	CLOZAPINE	100 MG	N	Dibenzapines	37	0.01%	3	NF	F
970	GENERIC	DASETTA 1/35 (28)	1-35 MG-MCG	Y	Combination Contraceptives - Oral	37	0.01%	10	NF	F
971	GENERIC	HYDROCORTISONE ACETATE	25 MG	N	Rectal Steroids	37	0.01%	31	F	F
972	SSB	ORENCIA CLICKJECT	125 MG/ML	Y	Selective Costimulation Modulators	37	0.01%	6	NF	NF
973	SSB	REPATHA	140 MG/ML	Y	Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors	37	0.01%	6	F	F
974	GENERIC	SODIUM FLUORIDE	1.1 %	Y	Dental Products	37	0.01%	20	F	F
975	GENERIC	SULFAMETHOXAZOLE-TRIMETHOPRIM	400-80 MG	N	Anti-infective Misc. - Combinations	37	0.01%	25	F	F
976	GENERIC	TRAMADOL HCL ER	100 MG	N	Opioid Agonists	37	0.01%	6	F	F
977	SSB	TREMFYA	100 MG/ML	Y	Antipsoriatics	37	0.01%	7	F	F
978	SSB	VERZENIO	100 MG	N	Antineoplastic Enzyme Inhibitors	37	0.01%	5	F	F
979	SSB	VIBERZI	100 MG	Y	Irritable Bowel Syndrome (IBS) Agents	37	0.01%	7	NF	F
980	GENERIC	CHOLESTYRAMINE	4 GM	Y	Bile Acid Sequestrants	36	0.01%	16	NF	F
981	GENERIC	CHOLESTYRAMINE	4 GM/DOSE	Y	Bile Acid Sequestrants	36	0.01%	17	NF	F
982	GENERIC	DOXAZOSIN MESYLATE	4 MG	Y	Antiadrenergic Antihypertensives	36	0.01%	8	NF	F
983	SSB	DRYSOL	20%	N	Misc. Topical	36	0.01%	29	NF	F
984	GENERIC	ELETRIPTAN HYDROBROMIDE	20 MG	N	Serotonin Agonists	36	0.01%	14	F	F
985	GENERIC	FALMINA	0.1-20 MG-MCG	Y	Combination Contraceptives - Oral	36	0.01%	12	NF	F
986	GENERIC	ISOTRETINOIN	40 MG	N	Acne Products	36	0.01%	15	F	F
987	GENERIC	LOTEPREDNOL ETABONATE	0.5 %	N	Ophthalmic Steroids	36	0.01%	24	F	F
988	GENERIC	LURASIDONE HCL	80 MG	Y	Antipsychotics - Misc.	36	0.01%	8	NF	F
989	GENERIC	MEDROXYPROGESTERONE ACETATE	2.5MG	Y	Progestins	36	0.01%	17	F	F
990	GENERIC	NIFEDIPINE ER OSMOTIC RELEASE	90 MG	Y	Calcium Channel Blockers	36	0.01%	11	NF	F
991	SSB	TEZSPIRE	210 MG/1.91ML	Y	Antiasthmatic - Monoclonal Antibodies	36	0.01%	5	NF	F

992	SSB	TYRVAYA	0.03 MG/ACT	Y	UNKNOWN	36	0.01%	11	NF	F
993	MSB	ADDERALL XR	25 MG	Y	Amphetamines	35	0.01%	14	NF	X
994	GENERIC	AMOXICILLIN	250 MG	N	Aminopenicillins	35	0.01%	33	F	F
995	GENERIC	ATROPINE SULFATE	1 %	Y	Cycloplegic Mydriatics	35	0.01%	22	F	F
996	NON DRUG	BD LUER-LOK SYRINGE	21G X 1-1/2" 3 ML	N	Parenteral Therapy Supplies	35	0.01%	14	F	F
997	GENERIC	EPINEPHRINE	0.15 MG/0.3ML	N	Anaphylaxis Therapy Agents	35	0.01%	30	NF	F
998	GENERIC	ESTRADIOL	0.075 MG/24HR	Y	Estrogens	35	0.01%	12	F	F
999	GENERIC	FAMCICLOVIR	500 MG	N	Herpes Agents	35	0.01%	24	F	F
1000	GENERIC	FENOFIBRATE	48 MG	Y	Fibric Acid Derivatives	35	0.01%	12	NF	F
1001	GENERIC	IRBESARTAN-HYDROCHLOROTHIAZIDE	150-12.5 MG	Y	Antihypertensive Combinations	35	0.01%	11	NF	F
1002	GENERIC	LORYNA	3MG-.02MG	Y	Combination Contraceptives - Oral	35	0.01%	12	F	F
1003	GENERIC	METRONIDAZOLE	250 MG	N	Anti-infective Agents - Misc.	35	0.01%	29	F	F
1004	GENERIC	MICROGESTIN 1/20	1-20 MG-MCG	Y	Combination Contraceptives - Oral	35	0.01%	8	NF	F
1005	GENERIC	MIRTAZAPINE	45 MG	Y	Alpha-2 Receptor Antagonists (Tetracyclics)	35	0.01%	8	F	F
1006	GENERIC	QUETIAPINE FUMARATE	300 MG	Y	Dibenzapines	35	0.01%	13	NF	F
1007	SSB	TALTZ	80 MG/ML	Y	Antipsoriatics	35	0.01%	3	NF	F
1008	GENERIC	TRI-LO-ESTARYLLA	0.18/0.215/0.25 MG-25 MCG	Y	Combination Contraceptives - Oral	35	0.01%	11	F	F
1009	GENERIC	ACYCLOVIR	200 MG	N	Herpes Agents	34	0.01%	14	F	F
1010	NON DRUG	BD LUER-LOK SYRINGE	18G X 1-1/2" 3 ML	N	Parenteral Therapy Supplies	34	0.01%	14	F	F
1011	GENERIC	BUDESONIDE	1 MG/2ML	Y	Steroid Inhalants	34	0.01%	11	NF	F
1012	GENERIC	OLANZAPINE	15 MG	Y	Dibenzapines	34	0.01%	10	NF	F
1013	GENERIC	PERMETHRIN	5 %	N	Scabicides & Pediculicides	34	0.01%	26	F	F
1014	SSB	SUNOSI	150 MG	Y	Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)	34	0.01%	7	F	NF
1015	GENERIC	TADALAFIL	5 MG	Y	Impotence Agents	34	0.01%	16	F	F
1016	GENERIC	TESTOSTERONE CYPIONATE	100 MG/ML	Y	Androgens	34	0.01%	15	F	F
1017	GENERIC	VENLAFAXINE HCL	37.5 MG	Y	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)	34	0.01%	8	F	F
1018	MSB	VERAPAMIL HCL ER	360 MG	Y	Calcium Channel Blockers	34	0.01%	7	NF	X
1019	GENERIC	AMLODIPINE BESYLATE-VALSARTAN	10-320 MG	Y	Antihypertensive Combinations	33	0.01%	7	NF	F
1020	SSB	ARMOUR THYROID	90 MG	Y	Thyroid Hormones	33	0.01%	13	NF	X
1021	GENERIC	DONEPEZIL HCL	10 MG	Y	Antidementia Agents	33	0.01%	9	F	F
1022	SSB	HUMULIN N KWIKPEN	100 UNIT/ML	Y	Insulin	33	0.01%	8	F	F
1023	GENERIC	LIDOCAINE-PRILOCAINE	2.5-2.5 %	N	Local Anesthetics - Topical	33	0.01%	22	F	F
1024	GENERIC	NADOLOL	40 MG	Y	Beta Blockers Non-Selective	33	0.01%	9	NF	F
1025	GENERIC	RANOLAZINE ER	1000 MG	Y	Antianginals-Other	33	0.01%	8	F	F
1026	GENERIC	VALPROIC ACID	250 MG/5ML	Y	Valproic Acid	33	0.01%	5	F	F
1027	GENERIC	VERAPAMIL HCL	40 MG	Y	Calcium Channel Blockers	33	0.01%	11	NF	F
1028	GENERIC	AMLODIPINE BESY-BENAZEPRIL HCL	5-10 MG	Y	Antihypertensive Combinations	32	0.01%	11	NF	F
1029	GENERIC	ATOVAQUONE-PROGUANIL HCL	250-100 MG	N	Antimalarial Combinations	32	0.01%	32	F	F
1030	GENERIC	DICLOFENAC POTASSIUM	50 MG	Y	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	32	0.01%	15	F	F
1031	GENERIC	EST ESTROGENS-METHYLTEST HS	0.625-1.25 MG	Y	Estrogen Combinations	32	0.01%	6	F	F
1032	GENERIC	EXEMESTANE	25 MG	Y	Antineoplastic - Hormonal and Related Agents	32	0.01%	7	NF	F
1033	GENERIC	METHYLPHENIDATE HCL ER (LA)	10 MG	Y	Stimulants - Misc.	32	0.01%	12	F	F
1034	GENERIC	MISOPROSTOL	100 MCG	Y	Ulcer Drugs - Prostaglandins	32	0.01%	4	F	F
1035	GENERIC	NICOTINE POLACRILEX	2 MG	N	Smoking Deterrents	32	0.01%	10	NF	F
1036	GENERIC	NIFEDIPINE ER	30 MG	Y	Calcium Channel Blockers	32	0.01%	12	NF	F
1037	GENERIC	POTASSIUM CITRATE ER	15 MEQ (1620 MG)	N	Alkalinizers	32	0.01%	10	F	F
1038	GENERIC	SAXAGLIPTIN-METFORMIN ER	2.5-1000 MG	Y	Antidiabetic Combinations	32	0.01%	6	NF	X
1039	GENERIC	TELMISARTAN-HCTZ	80-25 MG	Y	Antihypertensive Combinations	32	0.01%	5	NF	F
1040	GENERIC	TEMAZEPAM	7.5 MG	N	Non-Barbiturate Hypnotics	32	0.01%	9	F	F
1041	GENERIC	WARFARIN SODIUM	10 MG	Y	Coumarin Anticoagulants	32	0.01%	9	NF	F
1042	GENERIC	ATOMOXETINE HCL	10 MG	Y	Attention-Deficit/Hyperactivity Disorder (ADHD) Agents	31	0.01%	18	F	F
1043	GENERIC	CALCITRIOL	0.5 MCG	Y	Metabolic Modifiers	31	0.01%	10	F	F
1044	GENERIC	CARBAMAZEPINE ER	100 MG	Y	Anticonvulsants - Misc.	31	0.01%	7	F	F
1045	SSB	COSENTYX SENSOREADY PEN	150 MG/ML	Y	Antipsoriatics	31	0.01%	6	NF	X
1046	GENERIC	DESMOPRESSIN ACETATE	0.1 MG	Y	Posterior Pituitary Hormones	31	0.01%	6	F	F
1047	GENERIC	KETOROLAC TROMETHAMINE	0.5 %	N	Ophthalmics - Misc.	31	0.01%	21	F	F
1048	GENERIC	MIDODRINE HCL	5 MG	N	Vasopressors	31	0.01%	11	F	F
1049	GENERIC	NICOTINE	14 MG/24HR	N	Smoking Deterrents	31	0.01%	22	NF	F
1050	GENERIC	NORELGESTROMIN-ETH ESTRADIOL	150-35 MCG/24HR	Y	Combination Contraceptives - Transdermal	31	0.01%	11	NF	F
1051	GENERIC	NYSTOP	100000 UNIT/GM	N	Antifungals - Topical	31	0.01%	26	F	F
1052	GENERIC	ROPINIROLE HCL	3 MG	Y	Antiparkinson Dopaminergics	31	0.01%	11	F	F
1053	GENERIC	SEVELAMER CARBONATE	800 MG	Y	Phosphate Binder Agents	31	0.01%	9	F	F
1054	GENERIC	VALSARTAN-HYDROCHLOROTHIAZIDE	160-25 MG	Y	Antihypertensive Combinations	31	0.01%	9	NF	F
1055	GENERIC	WARFARIN SODIUM	6 MG	Y	Coumarin Anticoagulants	31	0.01%	9	NF	F
1056	NON DRUG	BD NEEDLE/18G 1-1/2"	0	N	Parenteral Therapy Supplies	30	0.01%	11	NF	F
1057	SSB	BENLYSTA	200 MG/ML	Y	Systemic Lupus Erythematosus Agents	30	0.01%	4	F	NF
1058	GENERIC	DAPSONE	25 MG	Y	Leprostatics	30	0.01%	7	F	F
1059	GENERIC	IRBESARTAN	75 MG	Y	Angiotensin II Receptor Antagonists	30	0.01%	8	NF	F
1060	SSB	JORNAY PM	60 MG	Y	Stimulants - Misc.	30	0.01%	7	NF	F
1061	SSB	NAYZILAM	5 MG/0.1ML	N	Anticonvulsants - Benzodiazepines	30	0.01%	16	NF	NF
1062	GENERIC	VERAPAMIL HCL ER	180 MG	Y	Calcium Channel Blockers	30	0.01%	10	NF	F
1063	SSB	XYWAV	500 MG/ML	N	Anti-Cataplectic Agents	30	0.01%	4	NF	F
1064	GENERIC	AMITRIPTYLINE HCL	150 MG	Y	Tricyclic Agents	29	0.01%	6	F	F
1065	GENERIC	BALSALAZIDE DISODIUM	750 MG	N	Inflammatory Bowel Agents	29	0.01%	8	F	F
1066	GENERIC	CHLORTHALIDONE	50 MG	Y	Thiazides and Thiazide-Like Diuretics	29	0.01%	7	NF	F
1067	SSB	CREON	36000-114000 UNIT	Y	Digestive Enzymes	29	0.01%	11	F	F
1068	GENERIC	DOTTI	0.0375 MG/24HR	Y	Estrogens	29	0.01%	6	F	F
1069	GENERIC	DOXEPIN HCL	50 MG	Y	Tricyclic Agents	29	0.01%	8	F	F
1070	SSB	ENBREL	50 MG/ML	Y	Soluble Tumor Necrosis Factor Receptor Agents	29	0.01%	5	F	F
1071	GENERIC	INDOMETHACIN	25 MG	Y	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	29	0.01%	25	F	F
1072	GENERIC	LEFLUNOMIDE	10 MG	Y	Pyrimidine Synthesis Inhibitors	29	0.01%	8	F	F
1073	GENERIC	METHYLPHENIDATE HCL ER (CD)	10 MG	Y	Stimulants - Misc.	29	0.01%	9	F	F
1074	GENERIC	MISOPROSTOL	200 MCG	Y	Ulcer Drugs - Prostaglandins	29	0.01%	29	F	F
1075	GENERIC	RAMIPRIL	2.5 MG	Y	ACE Inhibitors	29	0.01%	10	NF	F
1076	GENERIC	TERCONAZOLE	0.4 %	N	Vaginal Anti-infectives	29	0.01%	24	F	F
1077	SSB	WAKIX	17.8MG	Y	Histamine H3-Receptor Antagonist/Inverse Agonists	29	0.01%	3	NF	NF
1078	GENERIC	ZIPRASIDONE HCL	40 MG	Y	Antipsychotics - Misc.	29	0.01%	13	NF	F
1079	NON DRUG	ACCU-CHEK SOFTCLIX LANCETS	0	N	Diabetic Supplies	28	0.01%	21	NF	F
1080	GENERIC	ALPRAZOLAM ER	2 MG	N	Benzodiazepines	28	0.01%	4	F	F
1081	GENERIC	BUDESONIDE-FORMOTEROL FUMARATE	160-4.5 MCG/ACT	Y	Sympathomimetics	28	0.01%	13	NF	F
1082	GENERIC	BUMETANIDE	1 MG	Y	Loop Diuretics	28	0.01%	8	NF	F
1083	GENERIC	CALCIPOTRIENE	0.005 %	N	Antipsoriatics	28	0.01%	20	F	F
1084	GENERIC	DOTTI	0.1 MG/24HR	Y	Estrogens	28	0.01%	11	F	F
1085	SSB	ELLA	30 MG	N	Emergency Contraceptives	28	0.01%	23	F	F
1086	GENERIC	EPLERENONE	50 MG	Y	Selective Aldosterone Receptor Antagonists (SARAs)	28	0.01%	8	NF	F
1087	SSB	HUMIRA (2 PEN)	80 MG/0.8ML	Y	Anti-TNF-alpha - Monoclonal Antibodies	28	0.01%	4	F	F
1088	SSB	JORNAY PM	80 MG	Y	Stimulants - Misc.	28	0.01%	5	NF	F
1089	GENERIC	LIRAGLUTIDE	18 MG/3ML	Y	Incretin Mimetic Agents (GLP-1 Receptor Agonists)	28	0.01%	10	NF	NF
1090	SSB	PRENATAL	27-1 MG	N	Prenatal Vitamins	28	0.01%	12	NF	F
1091	GENERIC	QUETIAPINE FUMARATE ER	150 MG	Y	Dibenzapines	28	0.01%	9	NF	F
1092	GENERIC	RISPERIDONE	1 MG/ML	Y	Benzisoxazoles	28	0.01%	5	NF	F
1093	GENERIC	TERAZOSIN HCL	2 MG	Y	Antiadrenergic Antihypertensives	28	0.01%	6	NF	F
1094	GENERIC	AMLODIPINE BESYLATE-VALSARTAN	5-320 MG	Y	Antihypertensive Combinations	27	0.01%	5	NF	F
1095	NON DRUG	BD PEN NEEDLE MICRO ULTRAFINE	32G X 6 MM	N	Parenteral Therapy Supplies	27	0.01%	13	F	F
1096	SSB	ERLEADA	240 MG	N	Antineoplastic - Hormonal and Related Agents	27	0.01%	3	F	F
1097	SSB	HUMALOG	100 UNIT/ML	Y	Insulin	27	0.01%	5	F	F
1098	SSB	HUMIRA (2 SYRINGE)	40 MG/0.4ML	Y	Anti-TNF-alpha - Monoclonal Antibodies	27	0.01%	5	F	F

1099	GENERIC	HYDRALAZINE HCL	100 MG	Y	Vasodilators	27	0.01%	6	NF	F
1100	SSB	JENTADUETO XR	5-1000 MG	Y	Antidiabetic Combinations	27	0.01%	4	F	X
1101	GENERIC	JUNEL FE 24	1-20 MG-MCG(24)	Y	Combination Contraceptives - Oral	27	0.01%	8	NF	F
1102	SSB	KERENDIA	20 MG	Y	UNKNOWN	27	0.01%	7	NF	X
1103	SSB	ORILISSA	150 MG	N	GnRH/LHRH Antagonists	27	0.01%	7	F	F
1104	GENERIC	PYRIDOSTIGMINE BROMIDE	60 MG	N	Antimyasthenic/Cholinergic Agents	27	0.01%	8	F	F
1105	GENERIC	SRONYX	20MCG-.1MG	Y	Combination Contraceptives - Oral	27	0.01%	8	NF	F
1106	SSB	ZORYVE	0.3 %	N	Phosphodiesterase 4 (PDE4) Inhibitors - Topical	27	0.01%	15	NF	X
1107	SSB	BIJUVA	1-100 MG	Y	Estrogen Combinations	26	0.01%	7	NF	F
1108	GENERIC	CARBAMAZEPINE ER	300 MG	Y	Anticonvulsants - Misc.	26	0.01%	5	F	F
1109	GENERIC	CEFPROZIL	500 MG	N	Cephalosporins - 2nd Generation	26	0.01%	19	F	F
1110	GENERIC	CLORAZEPATE DIPOTASSIUM	7.5 MG	N	Benzodiazepines	26	0.01%	3	F	F
1111	GENERIC	DEXMETHYLPHENIDATE HCL ER	40 MG	Y	Stimulants - Misc.	26	0.01%	7	F	F
1112	GENERIC	HAILEY 1.5/30	1.5-30 MG-MCG	Y	Combination Contraceptives - Oral	26	0.01%	8	NF	F
1113	SSB	HUMULIN N	100 UNIT/ML	Y	Insulin	26	0.01%	7	F	F
1114	GENERIC	ICOSAPENT ETHYL	1 GM	Y	Antihyperlipidemics - Misc.	26	0.01%	7	NF	F
1115	GENERIC	JENCYCLA	0.35 MG	Y	Progestin Contraceptives - Oral	26	0.01%	16	NF	F
1116	GENERIC	LARIN 1/20	1-20 MG-MCG	Y	Combination Contraceptives - Oral	26	0.01%	8	NF	F
1117	GENERIC	PROPRANOLOL HCL	60 MG	Y	Beta Blockers Non-Selective	26	0.01%	11	NF	F
1118	NON DRUG	T:SLIM X2 3ML CARTRIDGE	0	N	Diabetic Supplies	26	0.01%	12	F	F
1119	GENERIC	URSODIOL	500 MG	Y	Gallstone Solubilizing Agents	26	0.01%	6	F	F
1120	NON DRUG	BD HYPODERMIC NEEDLES 18GX1"	0	N	Parenteral Therapy Supplies	25	0.01%	14	NF	F
1121	NON DRUG	BD PEN NEEDLE NANO ULTRAFINE	32G X 4 MM	N	Parenteral Therapy Supplies	25	0.01%	12	F	X
1122	GENERIC	CARTIA XT	120 MG	Y	Calcium Channel Blockers	25	0.01%	10	NF	F
1123	GENERIC	CONSTULOSE	10 GM/15ML	Y	Laxatives - Miscellaneous	25	0.01%	17	F	F
1124	GENERIC	ENALAPRIL MALEATE	1 MG/ML	Y	ACE Inhibitors	25	0.01%	3	NF	F
1125	GENERIC	ENOXAPARIN SODIUM	80 MG/0.8ML	N	Heparins And Heparinoid-Like Agents	25	0.01%	10	NF	F
1126	MSB	HUMALOG JUNIOR KWIKPEN	100 UNIT/ML	Y	Insulin	25	0.01%	6	F	X
1127	GENERIC	HYDROCORTISONE	10 MG	N	Glucocorticosteroids	25	0.01%	10	F	F
1128	GENERIC	HYOSCYAMINE SULFATE ER	0.375 MG	Y	Antispasmodics	25	0.01%	9	F	F
1129	GENERIC	IMIPRAMINE HCL	25 MG	Y	Tricyclic Agents	25	0.01%	3	F	F
1130	GENERIC	IRBESARTAN/HYDROCHLOROTHIAZIDE	12.5MG-300MG	Y	Antihypertensive Combinations	25	0.01%	5	NF	F
1131	SSB	JORNAY PM	40 MG	Y	Stimulants - Misc.	25	0.01%	9	NF	F
1132	GENERIC	LABETALOL HCL	300 MG	Y	Alpha-Beta Blockers	25	0.01%	6	NF	F
1133	MSB	MORPHINE SULFATE	15 MG	N	Opioid Agonists	25	0.01%	18	F	X
1134	GENERIC	NORTREL 0.5/35 (28)	35MCG-.5MG	Y	Combination Contraceptives - Oral	25	0.01%	7	NF	F
1135	SSB	NUCYNTA ER	100 MG	N	Opioid Agonists	25	0.01%	2	NF	NF
1136	NON DRUG	ONETOUCH VERIO REFLECT	W/DEVICE	N	Diabetic Supplies	25	0.01%	23	NF	F
1137	GENERIC	OXCARBAZEPINE	300 MG/5ML	Y	Anticonvulsants - Misc.	25	0.01%	4	F	F
1138	GENERIC	OXYCODONE HCL	15 MG	N	Opioid Agonists	25	0.01%	5	F	F
1139	SSB	PREMARIN	0.625 MG	Y	Estrogens	25	0.01%	7	NF	F
1140	GENERIC	QUETIAPINE FUMARATE ER	400 MG	Y	Dibenzapines	25	0.01%	4	NF	F
1141	GENERIC	ROPINIROLE HCL	4 MG	Y	Antiparkinson Dopaminergics	25	0.01%	6	F	F
1142	GENERIC	TACROLIMUS	0.5 MG	Y	Immunosuppressive Agents	25	0.01%	6	F	F
1143	GENERIC	TERAZOSIN HCL	5 MG	Y	Antiadrenergic Antihypertensives	25	0.01%	8	NF	F
1144	GENERIC	WARFARIN SODIUM	7.5 MG	Y	Coumarin Anticoagulants	25	0.01%	7	NF	F
1145	SSB	ARNUITY ELLIPTA	50 MCG/ACT	Y	Steroid Inhalants	24	0.01%	7	NF	F
1146	GENERIC	BETAMETHASONE DIPROPIONATE AUG	0.05 %	N	Corticosteroids - Topical	24	0.01%	12	F	F
1147	GENERIC	BISOPROLOL-HYDROCHLOROTHIAZIDE	10-6.25 MG	Y	Antihypertensive Combinations	24	0.01%	6	NF	F
1148	GENERIC	CEVIMELINE HCL	30 MG	Y	Throat Products - Misc.	24	0.01%	7	F	F
1149	GENERIC	CICLOPIROX OLAMINE	0.77 %	N	Antifungals - Topical	24	0.01%	15	F	F
1150	GENERIC	FLECAINIDE ACETATE	150 MG	Y	Antiarrhythmics Type I-C	24	0.01%	7	F	F
1151	SSB	IBRANCE	125 MG	N	Antineoplastic Enzyme Inhibitors	24	0.01%	2	F	NF
1152	GENERIC	INCASSIA	0.35 MG	Y	Progestin Contraceptives - Oral	24	0.01%	8	NF	F
1153	GENERIC	INSULIN GLARGINE MAX SOLOSTAR	300 UNIT/ML	Y	Insulin	24	0.01%	10	F	F
1154	GENERIC	KELNOR 1/35	1-35 MG-MCG	Y	Combination Contraceptives - Oral	24	0.01%	4	NF	F
1155	SSB	KERENDIA	10 MG	Y	UNKNOWN	24	0.01%	7	NF	X
1156	GENERIC	LARIN 24 FE	1-20 MG-MCG(24)	Y	Combination Contraceptives - Oral	24	0.01%	8	NF	F
1157	GENERIC	LURASIDONE HCL	120 MG	Y	Antipsychotics - Misc.	24	0.01%	5	NF	F
1158	SSB	M-NATAL PLUS	27-1 MG	N	Prenatal Vitamins	24	0.01%	15	NF	F
1159	GENERIC	METOLAZONE	2.5 MG	Y	Thiazides and Thiazide-Like Diuretics	24	0.01%	7	NF	F
1160	NON DRUG	MICROLET LANCETS	0	N	Diabetic Supplies	24	0.01%	13	NF	F
1161	SSB	MULTAQ	400 MG	Y	Antiarrhythmics Type III	24	0.01%	6	NF	F
1162	GENERIC	ORPHENADRINE CITRATE ER	100 MG	N	Central Muscle Relaxants	24	0.01%	19	F	F
1163	GENERIC	PHENYTOIN SODIUM EXTENDED	100 MG	Y	Hydantoins	24	0.01%	4	F	F
1164	GENERIC	PREGABALIN	225 MG	Y	Anticonvulsants - Misc.	24	0.01%	4	F	F
1165	GENERIC	PSEUDOEPH-BROMPHEN-DM	30-2-10 MG/5ML	N	Cough/Cold/Allergy Combinations	24	0.01%	21	F	F
1166	SSB	RASUVO	20 MG/0.4ML	Y	Antirheumatic Antimetabolites	24	0.01%	5	F	X
1167	GENERIC	SERTRALINE HCL	20 MG/ML	Y	Selective Serotonin Reuptake Inhibitors (SSRIs)	24	0.01%	4	NF	F
1168	SSB	SODIUM FLUORIDE 5000 SENSITIVE	1.1-5 %	N	Dental Products	24	0.01%	17	F	NF
1169	MSB	SOOLANTRA	1 %	N	Rosacea Agents	24	0.01%	15	NF	X
1170	SSB	SYMPROIC	0.2 MG	N	Peripheral Opioid Receptor Antagonists	24	0.01%	7	F	F
1171	MSB	ADDERALL XR	10 MG	Y	Amphetamines	23	0.01%	13	NF	X
1172	GENERIC	AMLODIPINE BESY-BENAZEPRIL HCL	5-40 MG	Y	Antihypertensive Combinations	23	0.01%	6	NF	F
1173	NON DRUG	BD LUER-LOK SYRINGE	22G X 1" 3 ML	N	Parenteral Therapy Supplies	23	0.01%	7	F	F
1174	GENERIC	CAPECITABINE	150 MG	N	Antimetabolites	23	0.01%	9	F	F
1175	GENERIC	CILOSTAZOL	50 MG	Y	Platelet Aggregation Inhibitors	23	0.01%	8	NF	F
1176	GENERIC	CLINDAMYCIN PHOSPHATE	2 %	N	Vaginal Anti-infectives	23	0.01%	21	F	F
1177	GENERIC	DESONIDE	0.05 %	N	Corticosteroids - Topical	23	0.01%	21	F	F
1178	GENERIC	DIGOXIN	250 MCG	Y	Cardiac Glycosides	23	0.01%	4	F	F
1179	GENERIC	DORZOLAMIDE HCL-TIMOLOL MAL	20MG/ML-5MG/ML	Y	Beta-blockers - Ophthalmic	23	0.01%	14	F	F
1180	SSB	FETZIMA	80 MG	Y	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)	23	0.01%	5	NF	F
1181	GENERIC	LESSINA	0.1-20 MG-MCG	Y	Combination Contraceptives - Oral	23	0.01%	9	NF	F
1182	GENERIC	LEVETIRACETAM ER	500 MG	Y	Anticonvulsants - Misc.	23	0.01%	9	F	F
1183	GENERIC	LEVOCARNITINE	1 GM/10ML	Y	Metabolic Modifiers	23	0.01%	3	F	F
1184	MSB	LITHIUM CARBONATE	300 MG	Y	Antimanic Agents	23	0.01%	8	F	X
1185	GENERIC	MEDROXYPROGESTERONE ACETATE	5MG	Y	Progestins	23	0.01%	14	F	F
1186	GENERIC	MEMANTINE HCL	10 MG	Y	Antidementia Agents	23	0.01%	5	F	F
1187	GENERIC	METAXALONE	800 MG	N	Central Muscle Relaxants	23	0.01%	15	F	F
1188	GENERIC	NAPROXEN	375 MG	Y	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	23	0.01%	12	F	F
1189	GENERIC	NORTREL 7/7/7	0.5/0.75/1-35 MG-MCG	Y	Combination Contraceptives - Oral	23	0.01%	7	NF	F
1190	GENERIC	NORTRIPTYLINE HCL	75 MG	Y	Tricyclic Agents	23	0.01%	5	F	F
1191	GENERIC	PROMETHAZINE HCL	6.25 MG/5ML	N	Antihistamines - Phenothiazines	23	0.01%	9	F	F
1192	SSB	PULMOZYME	2.5 MG/2.5ML	Y	Cystic Fibrosis Agents	23	0.01%	6	F	F
1193	GENERIC	SIMPESSE	0.15-0.03 &0.01 MG	Y	Combination Contraceptives - Oral	23	0.01%	8	F	F
1194	SSB	SUCRAID	8500 UNIT/ML	Y	Digestive Enzymes	23	0.01%	9	F	NF
1195	GENERIC	TACROLIMUS	1 MG	Y	Immunosuppressive Agents	23	0.01%	4	F	F
1196	GENERIC	VARENICLINE TARTRATE	0.5 MG	N	Smoking Deterrents	23	0.01%	13	NF	F
1197	GENERIC	WARFARIN SODIUM	2 MG	Y	Coumarin Anticoagulants	23	0.01%	8	NF	F
1198	GENERIC	ZALEPLON	5 MG	N	Non-Barbiturate Hypnotics	23	0.01%	11	F	F
1199	GENERIC	AZELASTINE HCL	0.05 %	N	Ophthalmics - Misc.	22	0.01%	10	F	F
1200	NON DRUG	BD SWAB SINGLE USE REGULAR	0	N	Misc. Devices	22	0.01%	11	NF	F
1201	GENERIC	BETAMETHASONE VALERATE	0.1 %	N	Corticosteroids - Topical	22	0.01%	18	F	F
1202	GENERIC	BLISOVI FE 1.5/30	1.5-30 MG-MCG	Y	Combination Contraceptives - Oral	22	0.01%	4	NF	F
1203	GENERIC	BUDESONIDE	0.25 MG/2ML	Y	Steroid Inhalants	22	0.01%	16	NF	F
1204	GENERIC	BUPRENORPHINE	10 MCG/HR	N	Opioid Partial Agonists	22	0.01%	9	F	F
1205	GENERIC	CEFPODOXIME PROXETIL	200 MG	N	Cephalosporins - 3rd Generation	22	0.01%	19	F	F
1206	GENERIC	DEXAMETHASONE	6 MG	N	Glucocorticosteroids	22	0.01%	21	F	F
1207	GENERIC	ENOXAPARIN SODIUM	100 MG/ML	N	Heparins And Heparinoid-Like Agents	22	0.01%	13	NF	F
1208	GENERIC	EPLERENONE	25 MG	Y	Selective Aldosterone Receptor Antagonists (SARAs)	22	0.01%	5	NF	F
1209	GENERIC	ETHYNODIOL DIAC-ETH ESTRADIOL	1-35 MG-MCG	Y	Combination Contraceptives - Oral	22	0.01%	4	NF	F

1210	GENERIC	EZETIMIBE-SIMVASTATIN	10-20 MG	Y	Antihyperlipidemics - Combinations	22	0.01%	5	NF	F
1211	GENERIC	FLUOXETINE HCL	20 MG/5ML	Y	Selective Serotonin Reuptake Inhibitors (SSRIs)	22	0.01%	8	NF	F
1212	GENERIC	ITRACONAZOLE	100 MG	N	Imidazole-Related Antifungals	22	0.01%	12	F	F
1213	GENERIC	JOLESSA	0.15-0.03 MG	Y	Combination Contraceptives - Oral	22	0.01%	8	NF	F
1214	SSB	JORNAY PM	100 MG	Y	Stimulants - Misc.	22	0.01%	4	NF	F
1215	SSB	JORNAY PM	20 MG	Y	Stimulants - Misc.	22	0.01%	10	NF	F
1216	NON DRUG	KETOSTIX	0	N	Diagnostic Tests	22	0.01%	17	F	F
1217	GENERIC	MYCOPHENOLATE MOFETIL	500 MG	Y	Immunosuppressive Agents	22	0.01%	4	F	F
1218	NON DRUG	OPTICHAMBER DIAMOND	0	N	Respiratory Therapy Supplies	22	0.01%	21	NF	F
1219	SSB	PREMARIN	0.45 MG	Y	Estrogens	22	0.01%	8	NF	F
1220	SSB	PREMPRO	.625MG-2.5MG	Y	Estrogen Combinations	22	0.01%	8	NF	F
1221	SSB	QULIPTA	30 MG	Y	Migraine Products - Monoclonal Antibodies	22	0.01%	7	F	F
1222	SSB	REXULTI	3 MG	Y	Quinolinone Derivatives	22	0.01%	9	NF	F
1223	GENERIC	VALSARTAN-HYDROCHLOROTHIAZIDE	80-12.5 MG	Y	Antihypertensive Combinations	22	0.01%	7	NF	F
1224	SSB	XHANCE	93 MCG/ACT	N	Nasal Steroids	22	0.01%	2	NF	F
1225	GENERIC	ZIPRASIDONE HCL	60 MG	Y	Antipsychotics - Misc.	22	0.01%	5	NF	F
1226	GENERIC	AMOXICILLIN-POT CLAVULANATE	250-62.5 MG/5ML	N	Penicillin Combinations	21	0.01%	21	F	F
1227	GENERIC	ANUCORT-HC	25MG	N	Rectal Steroids	21	0.01%	17	F	F
1228	SSB	ARMOUR THYROID	15 MG	Y	Thyroid Hormones	21	0.01%	8	NF	X
1229	GENERIC	BENAZEPRIL-HYDROCHLOROTHIAZIDE	20-25 MG	Y	Antihypertensive Combinations	21	0.01%	6	NF	F
1230	GENERIC	BUPRENORPHINE HCL-NALOXONE HCL	2-0.5 MG	N	Opioid Partial Agonists	21	0.01%	5	F	F
1231	GENERIC	CLINDAMYCIN PHOSPHATE	2%	N	Vaginal Anti-infectives	21	0.01%	13	F	F
1232	SSB	CREON	24000-76000 UNIT	Y	Digestive Enzymes	21	0.01%	4	F	F
1233	SSB	ENVARSUS XR	1 MG	Y	Immunosuppressive Agents	21	0.01%	3	NF	X
1234	GENERIC	FLUOXETINE DR	90MG	Y	Selective Serotonin Reuptake Inhibitors (SSRIs)	21	0.01%	3	NF	F
1235	GENERIC	GLYBURIDE	2.5 MG	Y	Sulfonylureas	21	0.01%	9	NF	F
1236	GENERIC	HEATHER	0.35 MG	Y	Progestin Contraceptives - Oral	21	0.01%	7	NF	F
1237	GENERIC	HYDRALAZINE HCL	10 MG	Y	Vasodilators	21	0.01%	13	NF	F
1238	GENERIC	HYDROXYZINE PAMOATE	100 MG	N	Antianxiety Agents - Misc.	21	0.01%	4	F	F
1239	GENERIC	JULEBER	0.15-30 MG-MCG	Y	Combination Contraceptives - Oral	21	0.01%	6	NF	F
1240	GENERIC	MEDROXYPROGESTERONE ACETATE	5 MG	Y	Progestins	21	0.01%	8	F	F
1241	GENERIC	MIDODRINE HCL	10 MG	N	Vasopressors	21	0.01%	8	F	F
1242	GENERIC	PRAMIPEXOLE DIHYDROCHLORIDE	0.25 MG	Y	Antiparkinson Dopaminergics	21	0.01%	7	F	F
1243	MSB	PREVIDENT 5000 PLUS	1.1 %	Y	Dental Products	21	0.01%	10	NF	X
1244	GENERIC	QUETIAPINE FUMARATE ER	300 MG	Y	Dibenzapines	21	0.01%	4	NF	F
1245	SSB	SAVELLA	50 MG	Y	Fibromyalgia Agents	21	0.01%	5	NF	X
1246	GENERIC	SILVER SULFADIAZINE	1 %	N	Burn Products	21	0.01%	19	F	F
1247	GENERIC	TESTOSTERONE ENANTHATE	200 MG/ML	Y	Androgens	21	0.01%	10	F	F
1248	GENERIC	TRAZODONE HCL	300 MG	Y	Serotonin Modulators	21	0.01%	8	F	F
1249	GENERIC	TRI-ESTARYLLA	0.18/0.215/0.25 MG-35 MCG	Y	Combination Contraceptives - Oral	21	0.01%	10	NF	F
1250	GENERIC	UREA	40 %	N	Emollient/Keratolytic Agents	21	0.01%	9	F	F
1251	GENERIC	VALSARTAN	40 MG	Y	Angiotensin II Receptor Antagonists	21	0.01%	8	NF	F
1252	GENERIC	VANCOMYCIN HCL	125 MG	N	Glycopeptides	21	0.01%	18	F	F
1253	SSB	VERZENIO	150 MG	N	Antineoplastic Enzyme Inhibitors	21	0.01%	3	F	F
1254	SSB	VIBERZI	75 MG	Y	Irritable Bowel Syndrome (IBS) Agents	21	0.01%	2	NF	F
1255	SSB	BEVESPI AEROSPHERE	9-4.8 MCG/ACT	Y	Sympathomimetics	20	0.01%	6	F	X
1256	GENERIC	BUPRENORPHINE HCL-NALOXONE HCL	4-1 MG	N	Opioid Partial Agonists	20	0.01%	5	F	F
1257	GENERIC	CANDESARTAN CILEXETIL-HCTZ	16-12.5 MG	Y	Antihypertensive Combinations	20	0.01%	4	NF	F
1258	GENERIC	CHLORZOXAZONE	500 MG	N	Central Muscle Relaxants	20	0.01%	4	F	F
1259	GENERIC	DEXTROAMPHETAMINE SULFATE	10 MG	Y	Amphetamines	20	0.01%	5	F	F
1260	GENERIC	DILTIAZEM HCL ER BEADS	360 MG	Y	Calcium Channel Blockers	20	0.01%	5	NF	F
1261	GENERIC	DOTTI	0.075 MG/24HR	Y	Estrogens	20	0.01%	6	F	F
1262	SSB	ELMIRON	100 MG	N	Interstitial Cystitis Agents	20	0.01%	4	NF	F
1263	SSB	EVAMIST	1.53 MG/SPRAY	Y	Estrogens	20	0.01%	5	F	NF
1264	GENERIC	EZETIMIBE-SIMVASTATIN	10-40 MG	Y	Antihyperlipidemics - Combinations	20	0.01%	5	NF	F
1265	GENERIC	FLUTICASONE PROPIONATE HFA	110 MCG/ACT	Y	Steroid Inhalants	20	0.01%	11	NF	F
1266	GENERIC	FT ASPIRIN LOW DOSE	81 MG	N	Salicylates	20	0.01%	6	NF	F
1267	SSB	INSULIN GLARGINE SOLOSTAR	100 UNIT/ML	Y	Insulin	20	0.01%	9	NF	X
1268	GENERIC	LEVONORGESTREL-ETHINYL ESTRAD	0.1-20 MG-MCG	Y	Combination Contraceptives - Oral	20	0.01%	11	NF	F
1269	GENERIC	LEVONORGESTREL-ETHINYL ESTRAD	0.15-30 MG-MCG	Y	Combination Contraceptives - Oral	20	0.01%	6	NF	F
1270	GENERIC	METHSCOPOLAMINE BROMIDE	2.5 MG	N	Antispasmodics	20	0.01%	3	F	F
1271	MSB	MORPHINE SULFATE	30 MG	N	Opioid Agonists	20	0.01%	1	F	X
1272	GENERIC	NORETHIN ACE-ETH ESTRAD-FE	1-20 MG-MCG	Y	Combination Contraceptives - Oral	20	0.01%	4	NF	F
1273	GENERIC	PENTOXIFYLLINE ER	400 MG	Y	Hematorheologic Agents	20	0.01%	5	F	F
1274	GENERIC	QUETIAPINE FUMARATE ER	50 MG	Y	Dibenzapines	20	0.01%	10	NF	F
1275	GENERIC	SAPROPTERIN DIHYDROCHLORIDE	100 MG	Y	Metabolic Modifiers	20	0.01%	2	F	F
1276	SSB	SKYRIZI	150 MG/ML	Y	Antipsoriatics	20	0.01%	4	F	F
1277	GENERIC	SODIUM CHLORIDE	0.9 %	N	Misc. Respiratory Inhalants	20	0.01%	19	F	F
1278	GENERIC	TRAMADOL HCL ER	200 MG	N	Opioid Agonists	20	0.01%	3	F	F
1279	NON DRUG	BD LUER-LOK SYRINGE	23G X 1-1/2" 3 ML	N	Parenteral Therapy Supplies	19	0.01%	9	F	F
1280	GENERIC	BUPRENORPHINE	20 MCG/HR	N	Opioid Partial Agonists	19	0.01%	3	F	F
1281	GENERIC	BUTALBITAL-APAP-CAFFEINE	50-300-40 MG	N	Analgesic Combinations	19	0.01%	10	F	F
1282	GENERIC	DEXAMETHASONE	0.5 MG/5ML	N	Glucocorticosteroids	19	0.01%	14	F	F
1283	GENERIC	DORZOLAMIDE HCL	2 %	Y	Ophthalmics - Misc.	19	0.01%	7	F	F
1284	SSB	FASENRA PEN	30 MG/ML	Y	Antiasthmatic - Monoclonal Antibodies	19	0.01%	4	NF	F
1285	GENERIC	FLUOXETINE HCL	60 MG	Y	Selective Serotonin Reuptake Inhibitors (SSRIs)	19	0.01%	8	NF	F
1286	GENERIC	KLAYESTA	100000 UNIT/GM	N	Antifungals - Topical	19	0.01%	14	F	F
1287	GENERIC	LACOSAMIDE	200 MG	Y	Anticonvulsants - Misc.	19	0.01%	4	F	F
1288	GENERIC	OLMESARTAN MEDOXOMIL	5 MG	Y	Angiotensin II Receptor Antagonists	19	0.01%	7	NF	F
1289	GENERIC	PORTIA-28	.03MG-.15MG	Y	Combination Contraceptives - Oral	19	0.01%	6	NF	F
1290	GENERIC	PROPAFENONE HCL	150 MG	Y	Antiarrhythmics Type I-C	19	0.01%	4	F	F
1291	SSB	QELBREE	150 MG	Y	Attention-Deficit/Hyperactivity Disorder (ADHD) Agents	19	0.01%	5	NF	NF
1292	GENERIC	SPIRONOLACTONE-HCTZ	25-25 MG	Y	Diuretic Combinations	19	0.01%	5	NF	F
1293	GENERIC	TESTOSTERONE	20.25 MG/ACT (1.62%)	Y	Androgens	19	0.01%	7	F	F
1294	GENERIC	THEOPHYLLINE ER	300 MG	Y	Xanthines	19	0.01%	4	NF	F
1295	GENERIC	TRIVORA (28)	50-30/75-40/ 125-30 MCG	Y	Combination Contraceptives - Oral	19	0.01%	3	NF	F
1296	GENERIC	VENLAFAXINE HCL	100 MG	Y	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)	19	0.01%	4	F	F
1297	GENERIC	VITAMIN D (ERGOCALCIFEROL)	50000 UNIT	Y	Oil Soluble Vitamins	19	0.01%	5	F	F
1298	GENERIC	ACARBOSE	25 MG	Y	Alpha-Glucosidase Inhibitors	18	0.01%	3	NF	F
1299	SSB	BAQSIMI ONE PACK	3 MG/DOSE	N	Diabetic Other	18	0.01%	15	F	F
1300	NON DRUG	BD PLASTIPAK SYRINGE	21G X 1" 3 ML	N	Parenteral Therapy Supplies	18	0.01%	8	F	F
1301	GENERIC	CITALOPRAM HYDROBROMIDE	10 MG/5ML	Y	Selective Serotonin Reuptake Inhibitors (SSRIs)	18	0.01%	2	NF	F
1302	GENERIC	CLINDAMYCIN PALMITATE HCL	75 MG/5ML	N	Lincosamides	18	0.01%	16	F	F
1303	GENERIC	CLONIDINE	0.2 MG/24HR	Y	Antiadrenergic Antihypertensives	18	0.01%	2	NF	F
1304	SSB	COSENTYX SENSOREADY (300 MG)	150 MG/ML	Y	Antipsoriatics	18	0.01%	6	NF	X
1305	SSB	DAYVIGO	10 MG	N	Orexin Receptor Antagonists	18	0.01%	3	NF	X
1306	GENERIC	DILTIAZEM HCL ER COATED BEADS	360 MG	Y	Calcium Channel Blockers	18	0.01%	5	NF	F
1307	GENERIC	ENPRESSE-28	0-0	Y	Combination Contraceptives - Oral	18	0.01%	4	NF	F
1308	GENERIC	FLUTICASONE PROPIONATE	0.005 %	N	Corticosteroids - Topical	18	0.01%	14	F	F
1309	GENERIC	FROVATRIPTAN SUCCINATE	2.5 MG	N	Serotonin Agonists	18	0.01%	4	F	F
1310	GENERIC	HALOBETASOL PROPIONATE	0.05 %	N	Corticosteroids - Topical	18	0.01%	13	F	F
1311	GENERIC	HM ASPIRIN EC LOW DOSE	81 MG	N	Salicylates	18	0.01%	10	NF	F
1312	SSB	IMBRUVICA	420 MG	N	Antineoplastic Enzyme Inhibitors	18	0.01%	2	F	F
1313	GENERIC	KLOR-CON M10	10MEQ	Y	Potassium	18	0.01%	7	F	F
1314	GENERIC	LARIN 1.5/30	1.5-30 MG-MCG	Y	Combination Contraceptives - Oral	18	0.01%	6	NF	F
1315	GENERIC	LEUCOVORIN CALCIUM	5 MG	N	Chemotherapy Rescue/Antidote Agents	18	0.01%	8	F	F
1316	GENERIC	LITHIUM CARBONATE	150 MG	Y	Antimanic Agents	18	0.01%	7	F	F
1317	GENERIC	LO-ZUMANDIMINE	3-0.02 MG	Y	Combination Contraceptives - Oral	18	0.01%	10	F	F
1318	GENERIC	METHYLPHENIDATE HCL ER (CD)	40 MG	Y	Stimulants - Misc.	18	0.01%	3	F	F
1319	GENERIC	MIDODRINE HCL	2.5 MG	N	Vasopressors	18	0.01%	8	F	F
1320	GENERIC	NEOMYCIN SULFATE	500 MG	N	Aminoglycosides	18	0.01%	16	F	F
1321	GENERIC	OLANZAPINE	20 MG	Y	Dibenzapines	18	0.01%	6	NF	F
1322	TS	ONETOUCH ULTRA BLUE TEST	0	N	Diagnostic Tests	18	0.01%	9	NF	F

1323	SSB	ORENCIA	125 MG/ML	Y	Selective Costimulation Modulators	18	0.01%	2	NF	NF
1324	GENERIC	PRAMIPEXOLE DIHYDROCHLORIDE	1 MG	Y	Antiparkinson Dopaminergics	18	0.01%	6	F	F
1325	SSB	PREMARIN	1.25 MG	Y	Estrogens	18	0.01%	5	NF	F
1326	GENERIC	PROCHLORPERAZINE MALEATE	5 MG	Y	Phenothiazines	18	0.01%	12	F	F
1327	GENERIC	SULFACETAMIDE SODIUM (ACNE)	10 %	N	Acne Products	18	0.01%	11	F	F
1328	SSB	SYNJARDY XR	5-1000 MG	Y	Antidiabetic Combinations	18	0.01%	4	F	F
1329	GENERIC	TACROLIMUS	0.03 %	N	Immunosuppressive Agents - Topical	18	0.01%	14	F	F
1330	GENERIC	TIMOLOL MALEATE	0.25 %	Y	Beta-blockers - Ophthalmic	18	0.01%	7	F	F
1331	NON DRUG	ULTICARE SHORT PEN NEEDLES	31G X 8 MM	N	Parenteral Therapy Supplies	18	0.01%	3	F	X
1332	GENERIC	VOLNEA	0.15-0.02/0.01 MG (21/5)	Y	Combination Contraceptives - Oral	18	0.01%	5	F	F
1333	SSB	ACTEMRA ACTPEN	162 MG/0.9ML	Y	Interleukin-6 Receptor Inhibitors	17	0.00%	6	NF	X
1334	NON DRUG	BD PEN NEEDLE ORIG ULTRAFINE	29G X 12.7MM	N	Parenteral Therapy Supplies	17	0.00%	7	F	F
1335	GENERIC	BENAZEPRIL-HYDROCHLOROTHIAZIDE	20-12.5 MG	Y	Antihypertensive Combinations	17	0.00%	5	NF	F
1336	GENERIC	BRIMONIDINE TARTRATE	0.15 %	Y	Ophthalmic Adrenergic Agents	17	0.00%	6	F	F
1337	GENERIC	CEFPROZIL	250 MG	N	Cephalosporins - 2nd Generation	17	0.00%	13	F	F
1338	GENERIC	CLARAVIS	30 MG	N	Acne Products	17	0.00%	5	F	F
1339	GENERIC	DIAZEPAM	5 MG/5ML	N	Benzodiazepines	17	0.00%	4	F	F
1340	GENERIC	FLUVOXAMINE MALEATE ER	150 MG	Y	Selective Serotonin Reuptake Inhibitors (SSRIs)	17	0.00%	4	NF	F
1341	GENERIC	METHYLPHENIDATE HCL	5 MG/5ML	Y	Stimulants - Misc.	17	0.00%	3	F	F
1342	GENERIC	MYCOPHENOLATE MOFETIL	250 MG	Y	Immunosuppressive Agents	17	0.00%	3	NF	F
1343	GENERIC	PRIMIDONE	250 MG	Y	Anticonvulsants - Misc.	17	0.00%	4	F	F
1344	GENERIC	PROPRANOLOL HCL ER	160 MG	Y	Beta Blockers Non-Selective	17	0.00%	5	NF	F
1345	SSB	QELBREE	100 MG	Y	Attention-Deficit/Hyperactivity Disorder (ADHD) Agents	17	0.00%	10	NF	NF
1346	SSB	SPRAVATO (56 MG DOSE)	28 MG/DEVICE	Y	N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists	17	0.00%	11	NF	NF
1347	GENERIC	SUMATRIPTAN	20 MG/ACT	N	Serotonin Agonists	17	0.00%	6	F	F
1348	GENERIC	THYROID	60 MG	Y	Thyroid Hormones	17	0.00%	6	F	F
1349	NON DRUG	TRUEPLUS LANCETS 33G	0	N	Diabetic Supplies	17	0.00%	9	NF	F
1350	SSB	VENCLEXTA	100 MG	N	Antineoplastic - BCL-2 Inhibitors	17	0.00%	2	F	F
1351	GENERIC	AMLODIPINE BESYLATE-VALSARTAN	10-160 MG	Y	Antihypertensive Combinations	16	0.00%	5	NF	F
1352	GENERIC	ATENOLOL-CHLORTHALIDONE	50-25 MG	Y	Antihypertensive Combinations	16	0.00%	4	NF	F
1353	GENERIC	AUROVELA 24 FE	1-20 MG-MCG(24)	Y	Combination Contraceptives - Oral	16	0.00%	4	NF	F
1354	NON DRUG	BD DISP NEEDLE	25G X 1"	N	Parenteral Therapy Supplies	16	0.00%	10	NF	F
1355	SSB	BELSOMRA	10 MG	N	Orexin Receptor Antagonists	16	0.00%	8	NF	F
1356	SSB	BELSOMRA	15 MG	N	Orexin Receptor Antagonists	16	0.00%	4	NF	F
1357	GENERIC	BUTORPHANOL TARTRATE	10 MG/ML	N	Opioid Partial Agonists	16	0.00%	3	F	F
1358	GENERIC	CALCITRIOL	1 MCG/ML	Y	Metabolic Modifiers	16	0.00%	2	F	F
1359	GENERIC	CLOBAZAM	20 MG	Y	Anticonvulsants - Benzodiazepines	16	0.00%	4	F	F
1360	SSB	CRESEMBA	186 MG	N	Imidazole-Related Antifungals	16	0.00%	5	NF	NF
1361	GENERIC	DESOXIMETASONE	0.25 %	N	Corticosteroids - Topical	16	0.00%	10	F	F
1362	GENERIC	DILTIAZEM HCL ER	240 MG	Y	Calcium Channel Blockers	16	0.00%	5	NF	F
1363	GENERIC	DOXAZOSIN MESYLATE	8 MG	Y	Antiadrenergic Antihypertensives	16	0.00%	3	NF	F
1364	GENERIC	ESTRADIOL VALERATE	20 MG/ML	N	Estrogens	16	0.00%	5	F	F
1365	GENERIC	ETODOLAC	400 MG	Y	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	16	0.00%	8	F	F
1366	GENERIC	FELBAMATE	600 MG/5ML	Y	Carbamates	16	0.00%	2	F	F
1367	GENERIC	FENTANYL	25 MCG/HR	N	Opioid Agonists	16	0.00%	4	F	F
1368	GENERIC	FUROSEMIDE	10 MG/ML	Y	Loop Diuretics	16	0.00%	4	NF	F
1369	GENERIC	HYDROCORTISONE	20 MG	N	Glucocorticosteroids	16	0.00%	2	F	F
1370	GENERIC	LINEZOLID	600 MG	N	Oxazolidinones	16	0.00%	12	F	F
1371	GENERIC	METHYLPHENIDATE HCL ER (LA)	40 MG	Y	Stimulants - Misc.	16	0.00%	3	F	F
1372	GENERIC	MONTELUKAST SODIUM	4 MG	Y	Leukotriene Modulators	16	0.00%	7	NF	F
1373	GENERIC	MOXIFLOXACIN HCL	400 MG	N	Fluoroquinolones	16	0.00%	15	F	F
1374	MSB	MYFORTIC	360MG	Y	Immunosuppressive Agents	16	0.00%	2	NF	NF
1375	GENERIC	OLOPATADINE HCL	0.6 %	N	Nasal Antiallergy	16	0.00%	7	F	F
1376	GENERIC	PAROXETINE HCL ER	25 MG	Y	Selective Serotonin Reuptake Inhibitors (SSRIs)	16	0.00%	3	NF	F
1377	SSB	REXULTI	0.25 MG	Y	Quinolinone Derivatives	16	0.00%	3	NF	F
1378	SSB	RINVOQ	30 MG	Y	Antirheumatic - Enzyme Inhibitors	16	0.00%	2	F	F
1379	GENERIC	RISEDRONATE SODIUM	35MG	Y	Bone Density Regulators	16	0.00%	3	NF	F
1380	GENERIC	RISPERIDONE	4 MG	Y	Benzisoxazoles	16	0.00%	1	NF	F
1381	SSB	SAVELLA	100 MG	Y	Fibromyalgia Agents	16	0.00%	2	NF	X
1382	SSB	SYNJARDY	5-1000 MG	Y	Antidiabetic Combinations	16	0.00%	4	F	F
1383	GENERIC	WARFARIN SODIUM	2.5 MG	Y	Coumarin Anticoagulants	16	0.00%	5	NF	F
1384	GENERIC	ADAPALENE-BENZOYL PEROXIDE	0.1-2.5 %	N	Acne Products	15	0.00%	10	F	F
1385	MSB	ALCOHOL PREPS	70%	N	Misc. Devices	15	0.00%	13	NF	X
1386	GENERIC	ALENDRONATE SODIUM	35 MG	Y	Bone Density Regulators	15	0.00%	4	NF	F
1387	GENERIC	BROMOCRIPTINE MESYLATE	2.5 MG	Y	Antiparkinson Dopaminergics	15	0.00%	4	F	F
1388	GENERIC	BUDESONIDE-FORMOTEROL FUMARATE	80-4.5 MCG/ACT	Y	Sympathomimetics	15	0.00%	10	NF	F
1389	GENERIC	CHLORPROMAZINE HCL	100 MG	Y	Phenothiazines	15	0.00%	2	NF	F
1390	GENERIC	CHOLESTYRAMINE LIGHT	4 GM/DOSE	Y	Bile Acid Sequestrants	15	0.00%	7	NF	F
1391	GENERIC	DIAZEPAM	10 MG	N	Anticonvulsants - Benzodiazepines	15	0.00%	10	F	F
1392	GENERIC	DIFLUPREDNATE	0.05 %	N	Ophthalmic Steroids	15	0.00%	8	F	F
1393	GENERIC	DILTIAZEM HCL	60 MG	Y	Calcium Channel Blockers	15	0.00%	4	NF	F
1394	GENERIC	DRONABINOL	5 MG	N	Antiemetics - Miscellaneous	15	0.00%	3	F	F
1395	NON DRUG	EASIVENT	0	N	Respiratory Therapy Supplies	15	0.00%	13	NF	F
1396	GENERIC	ERYTHROMYCIN BASE	250 MG	N	Erythromycins	15	0.00%	4	F	F
1397	GENERIC	EST ESTROGENS-METHYLTEST	1.25-2.5 MG	Y	Estrogen Combinations	15	0.00%	2	F	F
1398	GENERIC	FENTANYL	50 MCG/HR	N	Opioid Agonists	15	0.00%	3	F	F
1399	SSB	GLYXAMBI	25-5 MG	Y	Antidiabetic Combinations	15	0.00%	2	F	F
1400	GENERIC	HYDROCORTISONE	5 MG	N	Glucocorticosteroids	15	0.00%	5	F	F
1401	GENERIC	INSULIN LISPRO JUNIOR KWIKPEN	100 UNIT/ML	Y	Insulin	15	0.00%	4	F	F
1402	GENERIC	LACOSAMIDE	150 MG	Y	Anticonvulsants - Misc.	15	0.00%	4	F	F
1403	GENERIC	LEVOTHYROXINE SODIUM	300 MCG	Y	Thyroid Hormones	15	0.00%	6	F	F
1404	GENERIC	METOPROLOL-HYDROCHLOROTHIAZIDE	50-25 MG	Y	Antihypertensive Combinations	15	0.00%	3	NF	F
1405	GENERIC	MORPHINE SULFATE ER	60 MG	N	Opioid Agonists	15	0.00%	2	F	F
1406	SSB	OCALIVA	5 MG	Y	Farnesoid X Receptor (FXR) Agonists	15	0.00%	2	NF	F
1407	TS	ONETOUCH VERIO	0	N	Diagnostic Tests	15	0.00%	9	F	X
1408	GENERIC	PHENOBARBITAL	20 MG/5ML	Y	Barbiturate Hypnotics	15	0.00%	1	F	F
1409	GENERIC	POTASSIUM CHLORIDE ER	8 MEQ	Y	Potassium	15	0.00%	4	F	F
1410	GENERIC	PRAMIPEXOLE DIHYDROCHLORIDE	1.5 MG	Y	Antiparkinson Dopaminergics	15	0.00%	2	F	F
1411	MSB	PREVIDENT 5000 DRY MOUTH	1.1 %	Y	Dental Products	15	0.00%	6	NF	X
1412	MSB	REVLIMID	5 MG	N	Immunomodulators	15	0.00%	2	F	F
1413	GENERIC	TELMISARTAN	20 MG	Y	Angiotensin II Receptor Antagonists	15	0.00%	8	NF	F
1414	GENERIC	TRIAMCINOLONE ACETONIDE	0.1 %	N	Steroids - Mouth/Throat/Dental	15	0.00%	13	F	F
1415	GENERIC	TURQOZ	0.3-30 MG-MCG	Y	Combination Contraceptives - Oral	15	0.00%	2	NF	F
1416	SSB	TWINRIX	720ELU/ML-20MCG/ML	N	Viral Vaccines	15	0.00%	12	NF	F
1417	GENERIC	WARFARIN SODIUM	3 MG	Y	Coumarin Anticoagulants	15	0.00%	5	NF	F
1418	SSB	XARELTO	2.5 MG	Y	Direct Factor Xa Inhibitors	15	0.00%	2	F	F
1419	SSB	ZEPOSIA	0.92 MG	Y	Multiple Sclerosis Agents	15	0.00%	2	NF	NF
1420	SSB	AJOVY	225 MG/1.5ML	Y	Migraine Products - Monoclonal Antibodies	14	0.00%	2	NF	F
1421	GENERIC	ALPRAZOLAM XR	1 MG	N	Benzodiazepines	14	0.00%	3	F	F
1422	GENERIC	ASPIRIN-DIPYRIDAMOLE ER	25-200 MG	Y	Platelet Aggregation Inhibitors	14	0.00%	2	NF	F
1423	NON DRUG	BD 3ML LUER-LOK SYRINGE/25G X 1"	0	N	Parenteral Therapy Supplies	14	0.00%	10	F	F
1424	NON DRUG	BD DISP NEEDLE	23G X 1"	N	Parenteral Therapy Supplies	14	0.00%	11	NF	F
1425	GENERIC	BUPROPION HCL ER (SMOKING DET)	150 MG	N	Smoking Deterrents	14	0.00%	6	NF	F
1426	GENERIC	CANDESARTAN CILEXETIL	8 MG	Y	Angiotensin II Receptor Antagonists	14	0.00%	3	NF	F
1427	GENERIC	CIMETIDINE	300 MG	Y	H-2 Antagonists	14	0.00%	4	F	F
1428	GENERIC	CLOBETASOL PROPIONATE E	0.05 %	N	Corticosteroids - Topical	14	0.00%	4	F	F
1429	SSB	COSENTYX	150 MG/ML	Y	Antipsoriatics	14	0.00%	1	NF	X
1430	GENERIC	DABIGATRAN ETEXILATE MESYLATE	150 MG	Y	Thrombin Inhibitors	14	0.00%	2	F	F
1431	SSB	DELSTRIGO	100MG-300MG-300MG	Y	Antiretrovirals	14	0.00%	2	F	X
1432	GENERIC	DICLOXACILLIN SODIUM	500 MG	N	Penicillinase-Resistant Penicillins	14	0.00%	13	F	F
1433	GENERIC	DILT-XR	180 MG	Y	Calcium Channel Blockers	14	0.00%	4	NF	F

1434	GENERIC	DISULFIRAM	250 MG	Y	Agents for Chemical Dependency	14	0.00%	5	F	F
1435	SSB	ENBREL MINI	50 MG/ML	Y	Soluble Tumor Necrosis Factor Receptor Agents	14	0.00%	3	F	F
1436	GENERIC	EQ ASPIRIN ADULT LOW DOSE	81 MG	N	Salicylates	14	0.00%	10	NF	F
1437	GENERIC	ESTRADIOL/NORETHINDRONE ACETATE	1MG-.5MG	Y	Estrogen Combinations	14	0.00%	3	F	F
1438	SSB	FARXIGA	10 MG	Y	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	14	0.00%	3	NF	F
1439	GENERIC	FLUCONAZOLE	40 MG/ML	N	Imidazole-Related Antifungals	14	0.00%	12	F	F
1440	SSB	GAVILYTE-C	240 GM	N	Laxative Combinations	14	0.00%	14	NF	F
1441	GENERIC	HAILEY 24 FE	20MCG-75MG-1MG	Y	Combination Contraceptives - Oral	14	0.00%	5	NF	F
1442	GENERIC	HAILEY FE 1/20	1-20 MG-MCG	Y	Combination Contraceptives - Oral	14	0.00%	5	NF	F
1443	GENERIC	IMIPRAMINE HCL	50 MG	Y	Tricyclic Agents	14	0.00%	2	F	F
1444	GENERIC	LAMOTRIGINE ER	50 MG	Y	Anticonvulsants - Misc.	14	0.00%	5	F	F
1445	GENERIC	LORAZEPAM	2 MG/ML	N	Benzodiazepines	14	0.00%	3	F	F
1446	SSB	LYBALVI	10-10 MG	Y	Combination Psychotherapeutics	14	0.00%	2	NF	X
1447	SSB	LYUMJEV KWIKPEN	200 UNIT/ML	Y	Insulin	14	0.00%	3	F	F
1448	GENERIC	METHADONE HCL	10 MG	N	Opioid Agonists	14	0.00%	2	F	F
1449	GENERIC	METHOTREXATE SODIUM	50 MG/2ML	N	Antimetabolites	14	0.00%	2	F	F
1450	GENERIC	METHYLPHENIDATE HCL ER (CD)	20 MG	Y	Stimulants - Misc.	14	0.00%	9	F	F
1451	SSB	MIEBO	1.338 GM/ML	Y	Ophthalmics - Misc.	14	0.00%	4	NF	F
1452	SSB	NATAZIA	0-0	Y	Combination Contraceptives - Oral	14	0.00%	4	F	F
1453	GENERIC	NIACIN ER (ANTIHYPERLIPIDEMIC)	500 MG	Y	Nicotinic Acid Derivatives	14	0.00%	5	NF	F
1454	SSB	NITRO-BID	2 %	Y	Nitrates	14	0.00%	4	F	F
1455	NON DRUG	OMNIPOD 5 DEXG7G6 INTRO GEN 5	0	N	Diabetic Supplies	14	0.00%	14	F	F
1456	NON DRUG	OMNIPOD DASH PODS (GEN 4)	0	N	Diabetic Supplies	14	0.00%	4	NF	F
1457	SSB	QULIPTA	60 MG	Y	Migraine Products - Monoclonal Antibodies	14	0.00%	4	NF	F
1458	GENERIC	SAXAGLIPTIN-METFORMIN ER	5-1000 MG	Y	Antidiabetic Combinations	14	0.00%	6	NF	X
1459	GENERIC	SODIUM CHLORIDE	7 %	N	Misc. Respiratory Inhalants	14	0.00%	4	F	F
1460	GENERIC	SPIRONOLACTONE	25 MG/5ML	Y	Potassium Sparing Diuretics	14	0.00%	2	NF	X
1461	GENERIC	SUCRALFATE	1 GM/10ML	Y	Misc. Anti-Ulcer	14	0.00%	12	F	F
1462	GENERIC	TERAZOSIN HCL	1 MG	Y	Antiadrenergic Antihypertensives	14	0.00%	3	NF	F
1463	GENERIC	TERIFLUNOMIDE	14 MG	Y	Multiple Sclerosis Agents	14	0.00%	2	NF	F
1464	GENERIC	TIZANIDINE HCL	6 MG	N	Central Muscle Relaxants	14	0.00%	4	F	F
1465	GENERIC	TRIMETHOPRIM	100 MG	N	Anti-infective Agents - Misc.	14	0.00%	3	F	F
1466	SSB	TRINTELLIX	5 MG	Y	Serotonin Modulators	14	0.00%	10	NF	F
1467	SSB	VALTOCO 10 MG DOSE	10 MG/0.1ML	N	Anticonvulsants - Benzodiazepines	14	0.00%	9	NF	NF
1468	SSB	VTAMA	1 %	N	Antipsoriatics	14	0.00%	10	NF	X
1469	SSB	ZTLIDO	1.8 %	N	Local Anesthetics - Topical	14	0.00%	7	NF	X
1470	GENERIC	ACAMPROSATE CALCIUM	333 MG	Y	Agents for Chemical Dependency	13	0.00%	8	F	F
1471	NON DRUG	ACCU-CHEK GUIDE ME	W/DEVICE	N	Diabetic Supplies	13	0.00%	13	NF	F
1472	GENERIC	ACYCLOVIR	200 MG/5ML	N	Herpes Agents	13	0.00%	9	F	F
1473	GENERIC	ASPIRIN	81 MG	N	Salicylates	13	0.00%	8	NF	F
1474	SSB	AVONEX PEN	30 MCG/0.5ML	Y	Multiple Sclerosis Agents	13	0.00%	1	F	F
1475	GENERIC	AZELASTINE HCL	.05%	N	Ophthalmics - Misc.	13	0.00%	11	F	F
1476	GENERIC	BALZIVA	0.4-35 MG-MCG	Y	Combination Contraceptives - Oral	13	0.00%	3	NF	F
1477	SSB	BELBUCA	600 MCG	N	Opioid Partial Agonists	13	0.00%	2	NF	NF
1478	GENERIC	BUMETANIDE	2 MG	Y	Loop Diuretics	13	0.00%	5	NF	F
1479	GENERIC	BUPRENORPHINE	7.5 MCG/HR	N	Opioid Partial Agonists	13	0.00%	3	F	F
1480	GENERIC	BUTALBITAL-APAP-CAFF-COD	50-325-40-30 MG	N	Opioid Combinations	13	0.00%	2	F	F
1481	GENERIC	CLOZAPINE	200 MG	N	Dibenzapines	13	0.00%	1	NF	F
1482	SSB	COSENTYX (300 MG DOSE)	150 MG/ML	Y	Antipsoriatics	13	0.00%	1	NF	X
1483	GENERIC	DIGOXIN	125 MCG	Y	Cardiac Glycosides	13	0.00%	7	F	F
1484	GENERIC	DILTIAZEM HCL ER	180 MG	Y	Calcium Channel Blockers	13	0.00%	7	NF	F
1485	GENERIC	DILTIAZEM HCL ER BEADS	120 MG	Y	Calcium Channel Blockers	13	0.00%	3	NF	F
1486	GENERIC	DILTIAZEM HCL ER COATED BEADS	300 MG	Y	Calcium Channel Blockers	13	0.00%	5	NF	F
1487	GENERIC	DOTTI	0.025 MG/24HR	Y	Estrogens	13	0.00%	7	F	F
1488	GENERIC	DOXYCYCLINE MONOHYDRATE	50 MG	N	Tetracyclines	13	0.00%	7	F	F
1489	GENERIC	ENOXAPARIN SODIUM	120 MG/0.8ML	N	Heparins And Heparinoid-Like Agents	13	0.00%	5	NF	F
1490	GENERIC	FLUOCINOLONE ACETONIDE SCALP	0.01 %	N	Corticosteroids - Topical	13	0.00%	6	F	F
1491	GENERIC	FLUTICASONE-SALMETEROL	113-14 MCG/ACT	Y	Sympathomimetics	13	0.00%	2	NF	X
1492	GENERIC	FOSINOPRIL SODIUM	40 MG	Y	ACE Inhibitors	13	0.00%	3	NF	F
1493	TS	FREESTYLE LITE TEST	0	N	Diagnostic Tests	13	0.00%	2	NF	F
1494	GENERIC	GENTAMICIN SULFATE	.1%	N	Antibiotics - Topical	13	0.00%	7	F	F
1495	SSB	HUMULIN R U-500 (CONCENTRATED)	500 UNIT/ML	Y	Insulin	13	0.00%	2	F	F
1496	MSB	KEPPRA	500MG	Y	Anticonvulsants - Misc.	13	0.00%	2	NF	X
1497	GENERIC	LAMOTRIGINE ER	100 MG	Y	Anticonvulsants - Misc.	13	0.00%	4	F	F
1498	GENERIC	LAMOTRIGINE ER	300 MG	Y	Anticonvulsants - Misc.	13	0.00%	5	F	F
1499	MSB	LYRICA	100 MG	Y	Anticonvulsants - Misc.	13	0.00%	2	NF	X
1500	GENERIC	METHOTREXATE SODIUM	250 MG/10ML	N	Antimetabolites	13	0.00%	7	F	F
1501	GENERIC	METOLAZONE	5 MG	Y	Thiazides and Thiazide-Like Diuretics	13	0.00%	5	NF	F
1502	GENERIC	MYCOPHENOLATE SODIUM	180 MG	Y	Immunosuppressive Agents	13	0.00%	8	NF	F
1503	GENERIC	NAPROXEN	250 MG	Y	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	13	0.00%	12	F	F
1504	MSB	NARCAN	4 MG/0.1ML	N	Opioid Antagonists	13	0.00%	13	F	X
1505	GENERIC	NEBIVOLOL HCL	5 MG	Y	Beta Blockers Cardio-Selective	13	0.00%	10	NF	F
1506	GENERIC	NICOTINE	7 MG/24HR	N	Smoking Deterrents	13	0.00%	11	NF	F
1507	GENERIC	NICOTINE POLACRILEX	4 MG	N	Smoking Deterrents	13	0.00%	6	NF	F
1508	GENERIC	NIFEDIPINE ER	90 MG	Y	Calcium Channel Blockers	13	0.00%	5	NF	F
1509	GENERIC	PALIPERIDONE ER	6 MG	Y	Benzisoxazoles	13	0.00%	2	NF	F
1510	SSB	POMALYST	1 MG	N	Antineoplastic - Immunomodulators	13	0.00%	1	NF	F
1511	GENERIC	POTASSIUM CHLORIDE	40 MEQ/15ML (20%)	Y	Potassium	13	0.00%	1	F	F
1512	SSB	SIMPONI	50 MG/0.5ML	Y	Anti-TNF-alpha - Monoclonal Antibodies	13	0.00%	4	F	NF
1513	GENERIC	SODIUM CHLORIDE	0.9 %	N	Genitourinary Irrigants	13	0.00%	3	F	F
1514	GENERIC	TAMOXIFEN CITRATE	10 MG	Y	Antineoplastic - Hormonal and Related Agents	13	0.00%	5	NF	F
1515	GENERIC	TORSEMIDE	5 MG	Y	Loop Diuretics	13	0.00%	2	NF	F
1516	GENERIC	VENLAFAXINE HCL	100MG	Y	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)	13	0.00%	6	F	F
1517	GENERIC	VERAPAMIL HCL	120 MG	Y	Calcium Channel Blockers	13	0.00%	3	NF	F
1518	SSB	XTAMPZA ER	13.5MG	N	Opioid Agonists	13	0.00%	2	NF	NF
1519	NON DRUG	ACCU-CHEK FASTCLIX LANCETS	0	N	Diabetic Supplies	12	0.00%	6	F	F
1520	GENERIC	ACYCLOVIR	5 %	N	Antivirals - Topical	12	0.00%	11	F	F
1521	SSB	ADEMPAS	2.5 MG	Y	Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator	12	0.00%	1	F	F
1522	NON DRUG	BD HYPODERMIC NEEDLE	25G X 1-1/2"	N	Parenteral Therapy Supplies	12	0.00%	4	NF	F
1523	NON DRUG	BD INSULIN SYRINGE ULTRAFINE	31G X 5/16" 0.5 ML	N	Parenteral Therapy Supplies	12	0.00%	2	F	F
1524	GENERIC	BLISOVI 24 FE	20MCG-75MG-1MG	Y	Combination Contraceptives - Oral	12	0.00%	5	NF	F
1525	SSB	BRIVIACT	100 MG	Y	Anticonvulsants - Misc.	12	0.00%	1	NF	F
1526	GENERIC	BUTALBITAL-ASA-CAFF-CODEINE	50-325-40-30 MG	N	Opioid Combinations	12	0.00%	3	F	F
1527	GENERIC	CARBIDOPA-LEVODOPA	25-250 MG	Y	Antiparkinson Dopaminergics	12	0.00%	1	F	F
1528	GENERIC	CIMETIDINE	400 MG	Y	H-2 Antagonists	12	0.00%	5	F	F
1529	GENERIC	CLONIDINE	0.1 MG/24HR	Y	Antiadrenergic Antihypertensives	12	0.00%	1	NF	F
1530	SSB	COMBIPATCH	.05MG/DAY-.14MG/DAY	Y	Estrogen Combinations	12	0.00%	4	NF	F
1531	SSB	COMBIPATCH	.05MG/DAY-.25MG/DAY	Y	Estrogen Combinations	12	0.00%	4	NF	F
1532	MSB	CORLANOR	5 MG	Y	Sinus Node Inhibitors	12	0.00%	5	NF	X
1533	GENERIC	DICLOFENAC SODIUM ER	100 MG	Y	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	12	0.00%	4	F	F
1534	SSB	EMGALITY (300 MG DOSE)	100 MG/ML	Y	Migraine Products - Monoclonal Antibodies	12	0.00%	2	F	F
1535	SSB	ENBRACE HR	500MCG-1MG-50MCG-0-0	N	Prenatal Vitamins	12	0.00%	1	NF	X
1536	GENERIC	ENTECAVIR	0.5 MG	Y	Hepatitis Agents	12	0.00%	3	F	F
1537	GENERIC	ESTRADIOL	0.5 MG/0.5GM	Y	Estrogens	12	0.00%	2	F	F
1538	GENERIC	ETHOSUXIMIDE	250 MG/5ML	Y	Succinimides	12	0.00%	2	F	F
1539	GENERIC	EVEROLIMUS	10 MG	N	Antineoplastic Enzyme Inhibitors	12	0.00%	1	F	F
1540	GENERIC	FAMCICLOVIR	250MG	N	Herpes Agents	12	0.00%	5	F	F
1541	GENERIC	FEBUXOSTAT	40 MG	Y	Gout Agents	12	0.00%	2	F	F
1542	SSB	FIASP	100 UNIT/ML	Y	Insulin	12	0.00%	2	NF	X

1543	SSB	GEMTESA	75 MG	Y	Urinary Antispasmodics - Beta-3 Adrenergic Agonists	12	0.00%	2	NF	X
1544	GENERIC	HALOPERIDOL	1 MG	Y	Butyrophenones	12	0.00%	1	NF	F
1545	GENERIC	HALOPERIDOL	10 MG	Y	Butyrophenones	12	0.00%	1	NF	F
1546	SSB	HAVRIX	1440 EL U/ML	N	Viral Vaccines	12	0.00%	10	NF	F
1547	SSB	IMBRUVICA	140 MG	N	Antineoplastic Enzyme Inhibitors	12	0.00%	1	F	F
1548	GENERIC	INDAPAMIDE	2.5 MG	Y	Thiazides and Thiazide-Like Diuretics	12	0.00%	3	NF	F
1549	SSB	JENTADUETO	2.5-1000 MG	Y	Antidiabetic Combinations	12	0.00%	3	F	X
1550	SSB	JENTADUETO XR	2.5-1000 MG	Y	Antidiabetic Combinations	12	0.00%	3	F	X
1551	SSB	JYNARQUE	45 & 15 MG	N	Vasopressin Receptor Antagonists	12	0.00%	1	F	F
1552	GENERIC	LEVONEST	50-30/75-40/ 125-30 MCG	Y	Combination Contraceptives - Oral	12	0.00%	1	NF	F
1553	NON DRUG	LUER LOCK SAFETY SYRINGES	22G X 1" 3 ML	N	Parenteral Therapy Supplies	12	0.00%	5	F	F
1554	GENERIC	MEMANTINE HCL	5 MG	Y	Antidementia Agents	12	0.00%	4	F	F
1555	NON DRUG	NOVOFINE AUTOCOVER PEN NEEDLE	30G X 8 MM	N	Parenteral Therapy Supplies	12	0.00%	2	F	X
1556	NON DRUG	NOVOFINE PEN NEEDLE	32G X 6 MM	N	Parenteral Therapy Supplies	12	0.00%	5	F	X
1557	SSB	NUBEQA	300 MG	N	Antineoplastic - Hormonal and Related Agents	12	0.00%	1	F	F
1558	SSB	NUCYNTA	100 MG	N	Opioid Agonists	12	0.00%	1	NF	NF
1559	SSB	NUPLAZID	34 MG	Y	Antipsychotics - Misc.	12	0.00%	1	NF	NF
1560	GENERIC	PAZOPANIB HCL	200 MG	N	Antineoplastic Enzyme Inhibitors	12	0.00%	1	F	F
1561	SSB	PERTZYE	60500UNIT-16000UNIT-16000UNIT-57500UNIT	Y	Digestive Enzymes	12	0.00%	1	NF	X
1562	GENERIC	PHENOBARBITAL	64.8 MG	Y	Barbiturate Hypnotics	12	0.00%	3	F	F
1563	GENERIC	PHOSPHA 250 NEUTRAL	155MG-852MG-130MG	Y	Phosphate	12	0.00%	2	F	F
1564	SSB	PLEGRIDY	125 MCG/0.5ML	Y	Multiple Sclerosis Agents	12	0.00%	2	NF	F
1565	GENERIC	PROPAFENONE HCL	225 MG	Y	Antiarrhythmics Type I-C	12	0.00%	1	F	F
1566	GENERIC	PYRIDOSTIGMINE BROMIDE ER	180 MG	N	Antimyasthenic/Cholinergic Agents	12	0.00%	1	F	F
1567	GENERIC	RIFAMPIN	300 MG	N	Antimycobacterial Agents	12	0.00%	9	F	F
1568	GENERIC	TEMAZEPAM	22.5 MG	N	Non-Barbiturate Hypnotics	12	0.00%	2	F	F
1569	GENERIC	TERCONAZOLE	0.8 %	N	Vaginal Anti-infectives	12	0.00%	8	F	F
1570	GENERIC	THYROID	30 MG	Y	Thyroid Hormones	12	0.00%	4	F	F
1571	SSB	TOBRADEX	0.3-0.1 %	N	Ophthalmic Steroids	12	0.00%	8	NF	F
1572	SSB	TRIUMEQ	600MG-50MG-300MG	Y	Antiretrovirals	12	0.00%	1	F	F
1573	GENERIC	AMPHETAMINE SULFATE	10 MG	Y	Amphetamines	11	0.00%	1	F	F
1574	GENERIC	AMPHETAMINE-DEXTROAMPHETAMINE	12.5 MG	Y	Amphetamines	11	0.00%	4	F	F
1575	SSB	AZSTARYS	26.1-5.2 MG	Y	Stimulants - Misc.	11	0.00%	8	NF	F
1576	NON DRUG	BD VEO INSULIN SYR ULTRAFINE	31G X 15/64" 0.3 ML	N	Parenteral Therapy Supplies	11	0.00%	3	F	F
1577	SSB	BELBUCA	450 MCG	N	Opioid Partial Agonists	11	0.00%	2	NF	NF
1578	GENERIC	CIMETIDINE	200 MG	N	H-2 Antagonists	11	0.00%	1	F	F
1579	GENERIC	CINACALCET HCL	30 MG	Y	Metabolic Modifiers	11	0.00%	3	F	F
1580	GENERIC	DENTAGEL	1.1 %	Y	Dental Products	11	0.00%	7	NF	F
1581	GENERIC	DESIPRAMINE HCL	50 MG	Y	Tricyclic Agents	11	0.00%	2	F	F
1582	GENERIC	DONEPEZIL HCL	5 MG	Y	Antidementia Agents	11	0.00%	3	F	F
1583	GENERIC	DRONABINOL	2.5 MG	N	Antiemetics - Miscellaneous	11	0.00%	3	F	F
1584	NON DRUG	EASY TOUCH PEN NEEDLES/31G X 3/16"	0	N	Parenteral Therapy Supplies	11	0.00%	4	F	X
1585	SSB	FEMRING	0.05 MG/24HR	Y	Vaginal Estrogens	11	0.00%	5	NF	X
1586	GENERIC	FOLIC ACID	400 MCG	N	Folic Acid/Folates	11	0.00%	3	NF	F
1587	GENERIC	GLATIRAMER ACETATE	40 MG/ML	Y	Multiple Sclerosis Agents	11	0.00%	2	F	F
1588	GENERIC	HALOPERIDOL	2 MG	Y	Butyrophenones	11	0.00%	2	NF	F
1589	NON DRUG	HM STERILE ALCOHOL PREP	70%	N	Misc. Devices	11	0.00%	3	NF	F
1590	SSB	HUMULIN R U-500 KWIKPEN	500 UNIT/ML	Y	Insulin	11	0.00%	3	F	F
1591	GENERIC	HYDROXYZINE HCL	10 MG/5ML	N	Antianxiety Agents - Misc.	11	0.00%	9	F	F
1592	SSB	JAKAFI	5 MG	N	Antineoplastic Enzyme Inhibitors	11	0.00%	1	F	F
1593	SSB	LAGEVRIO	200 MG	N	Misc. Antivirals	11	0.00%	11	F	F
1594	SSB	LYBALVI	15-10 MG	Y	Combination Psychotherapeutics	11	0.00%	1	NF	X
1595	SSB	M-NATAL PLUS	27-1 MG	N	Prenatal Vitamins	11	0.00%	7	F	F
1596	NON DRUG	MINIMED RESERVOIR 3ML	0	N	Diabetic Supplies	11	0.00%	4	F	F
1597	GENERIC	MONTELUKAST SODIUM	4MG	Y	Leukotriene Modulators	11	0.00%	3	NF	F
1598	GENERIC	MORPHINE SULFATE	15 MG	N	Opioid Agonists	11	0.00%	5	F	F
1599	GENERIC	MYCOPHENOLATE SODIUM	360 MG	Y	Immunosuppressive Agents	11	0.00%	5	F	F
1600	GENERIC	NIKKI	3MG-.02MG	Y	Combination Contraceptives - Oral	11	0.00%	6	F	F
1601	SSB	NOVOLOG	100 UNIT/ML	Y	Insulin	11	0.00%	3	NF	X
1602	GENERIC	OCELLA	3MG-.03MG	Y	Combination Contraceptives - Oral	11	0.00%	1	F	F
1603	SSB	ODACTRA	12 SQ-HDM	Y	Allergenic Extracts	11	0.00%	3	NF	F
1604	NON DRUG	OPTICHAMBER DIAMOND-MD MASK	0	N	Respiratory Therapy Supplies	11	0.00%	11	NF	F
1605	GENERIC	OSELTAMIVIR PHOSPHATE	30 MG	N	Influenza Agents	11	0.00%	10	F	F
1606	GENERIC	OXYCODONE HCL	5 MG/5ML	N	Opioid Agonists	11	0.00%	11	F	F
1607	GENERIC	PAROXETINE HCL ER	37.5 MG	Y	Selective Serotonin Reuptake Inhibitors (SSRIs)	11	0.00%	2	NF	F
1608	SSB	PAXLOVID (150/100)	10 X 150 MG & 10 X 100MG	N	Antiviral Combinations	11	0.00%	11	F	F
1609	GENERIC	PIRFENIDONE	267 MG	Y	Pulmonary Fibrosis Agents	11	0.00%	2	F	F
1610	GENERIC	PROPRANOLOL HCL	80 MG	Y	Beta Blockers Non-Selective	11	0.00%	5	NF	F
1611	GENERIC	PROPYLTHIOURACIL	50 MG	Y	Antithyroid Agents	11	0.00%	4	F	F
1612	SSB	QNASL	80 MCG/ACT	N	Nasal Steroids	11	0.00%	1	NF	F
1613	SSB	RHOFADE	1 %	N	Rosacea Agents	11	0.00%	4	NF	X
1614	SSB	SEREVENT DISKUS	50 MCG/ACT	Y	Sympathomimetics	11	0.00%	2	F	F
1615	GENERIC	SIROLIMUS	0.5 MG	Y	Immunosuppressive Agents	11	0.00%	1	F	F
1616	GENERIC	TEMOZOLOMIDE	100 MG	N	Alkylating Agents	11	0.00%	4	F	F
1617	SSB	TYBLUME	0.1-20 MG-MCG	Y	Combination Contraceptives - Oral	11	0.00%	5	F	F
1618	SSB	XOFLUZA (40 MG DOSE)	1 X 40 MG	N	Influenza Agents	11	0.00%	11	NF	F
1619	GENERIC	ACEBUTOLOL HCL	200 MG	Y	Beta Blockers Cardio-Selective	10	0.00%	2	NF	F
1620	GENERIC	AMPHETAMINE-DEXTROAMPHETAMINE	7.5 MG	Y	Amphetamines	10	0.00%	6	F	F
1621	GENERIC	ARMODAFINIL	200 MG	Y	Stimulants - Misc.	10	0.00%	3	F	F
1622	GENERIC	ARMODAFINIL	50 MG	Y	Stimulants - Misc.	10	0.00%	2	F	F
1623	SSB	ARMOUR THYROID	180MG	Y	Thyroid Hormones	10	0.00%	2	NF	X
1624	NON DRUG	AUTOSOFT XC INFUSION SET	0	N	Diabetic Supplies	10	0.00%	5	F	F
1625	NON DRUG	BD INSULIN SYRINGE ULTRAFINE	31G X 5/16" 1 ML	N	Parenteral Therapy Supplies	10	0.00%	6	F	F
1626	NON DRUG	BD NEEDLE/21G 1-1/2"	0	N	Parenteral Therapy Supplies	10	0.00%	2	NF	F
1627	GENERIC	BENZTROPINE MESYLATE	2 MG	Y	Antiparkinson Anticholinergics	10	0.00%	2	F	F
1628	GENERIC	CALCITONIN (SALMON)	200 UNIT/ACT	Y	Bone Density Regulators	10	0.00%	3	NF	F
1629	GENERIC	CANDESARTAN CILEXETIL	32 MG	Y	Angiotensin II Receptor Antagonists	10	0.00%	4	NF	F
1630	GENERIC	CHOLESTYRAMINE LIGHT	4 GM	Y	Bile Acid Sequestrants	10	0.00%	8	NF	F
1631	SSB	CIPRO HC	0.2-1 %	N	Otic Combinations	10	0.00%	8	NF	X
1632	GENERIC	CLONIDINE HCL	0.2 MG	Y	Antiadrenergic Antihypertensives	10	0.00%	2	F	F
1633	GENERIC	DANTROLENE SODIUM	25 MG	N	Direct Muscle Relaxants	10	0.00%	2	F	F
1634	NON DRUG	DEXCOM G7 RECEIVER	0	N	Diabetic Supplies	10	0.00%	10	NF	F
1635	MSB	DIOVAN	160MG	Y	Angiotensin II Receptor Antagonists	10	0.00%	1	NF	X
1636	NON DRUG	EQ SPACE CHAMBER ANTI-STATIC	0	N	Respiratory Therapy Supplies	10	0.00%	10	NF	F
1637	GENERIC	ERYTHROMYCIN	2 %	N	Acne Products	10	0.00%	7	F	F
1638	GENERIC	ERYTHROMYCIN BASE	500 MG	N	Erythromycins	10	0.00%	8	F	F
1639	SSB	FEMRING	0.1 MG/24HR	Y	Vaginal Estrogens	10	0.00%	4	NF	X
1640	GENERIC	FLUOCINOLONE ACETONIDE	0.01 %	N	Otic Steroids	10	0.00%	9	F	F
1641	GENERIC	FOSINOPRIL SODIUM	10 MG	Y	ACE Inhibitors	10	0.00%	3	NF	F
1642	NON DRUG	FREESTYLE LANCETS	0	N	Diabetic Supplies	10	0.00%	7	NF	F
1643	GENERIC	GAVILYTE-N WITH FLAVOR PACK	420 GM	N	Laxative Combinations	10	0.00%	10	NF	F
1644	SSB	GENVOYA	150-150-200-10 MG	Y	Antiretrovirals	10	0.00%	2	NF	F
1645	SSB	GOCOVRI	68.5 MG	Y	Antiparkinson Dopaminergics	10	0.00%	1	NF	X
1646	SSB	HEMLIBRA	30 MG/ML	Y	Antihemophilic Products	10	0.00%	1	F	NF
1647	GENERIC	IBU	600 MG	Y	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	10	0.00%	8	F	F

1648	GENERIC	LAMOTRIGINE	25MG	Y	Anticonvulsants - Misc.	10	0.00%	3	F	F
1649	GENERIC	LEVALBUTEROL HCL	1.25 MG/3ML	Y	Sympathomimetics	10	0.00%	6	NF	F
1650	GENERIC	LEVOFLOXACIN	250 MG	N	Fluoroquinolones	10	0.00%	10	F	F
1651	GENERIC	MICROGESTIN 1.5/30	1.5-30 MG-MCG	Y	Combination Contraceptives - Oral	10	0.00%	3	NF	F
1652	GENERIC	MIRABEGRON ER	50 MG	Y	Urinary Antispasmodics - Beta-3 Adrenergic Agonists	10	0.00%	6	F	F
1653	GENERIC	NARATRIPTAN HCL	1MG	N	Serotonin Agonists	10	0.00%	2	F	F
1654	GENERIC	NEBIVOLOL HCL	10 MG	Y	Beta Blockers Cardio-Selective	10	0.00%	9	NF	F
1655	SSB	NORDITROPIN FLEXPRO	10 MG/1.5ML	Y	Growth Hormones	10	0.00%	2	F	F
1656	SSB	NUCYNTA	50 MG	N	Opioid Agonists	10	0.00%	5	NF	NF
1657	GENERIC	OXYBUTYNIN CHLORIDE	5 MG/5ML	Y	Urinary Antispasmodic - Antimuscarinics (Anticholinergic)	10	0.00%	1	F	F
1658	GENERIC	OXYCODONE HCL	5MG	N	Opioid Agonists	10	0.00%	4	F	F
1659	GENERIC	PALIPERIDONE ER	3 MG	Y	Benzisoxazoles	10	0.00%	3	NF	F
1660	GENERIC	PENICILLIN V POTASSIUM	125 MG/5ML	N	Natural Penicillins	10	0.00%	1	F	F
1661	SSB	PENTASA	500 MG	Y	Inflammatory Bowel Agents	10	0.00%	1	NF	NF
1662	MSB	PERFOROMIST	20 MCG/2ML	Y	Sympathomimetics	10	0.00%	1	NF	X
1663	GENERIC	PHENELZINE SULFATE	15 MG	Y	Monoamine Oxidase Inhibitors (MAOIs)	10	0.00%	1	F	F
1664	GENERIC	PHENOBARBITAL	97.2 MG	Y	Barbiturate Hypnotics	10	0.00%	2	F	F
1665	SSB	QUILLICHEW ER	20 MG	Y	Stimulants - Misc.	10	0.00%	2	NF	NF
1666	SSB	RAGWITEK	12AMB A 1-U	Y	Allergenic Extracts	10	0.00%	5	NF	F
1667	GENERIC	SPINOSAD	0.9 %	N	Scabicides & Pediculicides	10	0.00%	8	F	F
1668	GENERIC	SYEDA	3MG-.03MG	Y	Combination Contraceptives - Oral	10	0.00%	6	F	F
1669	GENERIC	TELMISARTAN-HCTZ	40-12.5 MG	Y	Antihypertensive Combinations	10	0.00%	4	NF	F
1670	GENERIC	TERAZOSIN HCL	10 MG	Y	Antiadrenergic Antihypertensives	10	0.00%	3	NF	F
1671	GENERIC	TETRACYCLINE HCL	500 MG	N	Tetracyclines	10	0.00%	10	F	F
1672	SSB	TRESIBA FLEXTOUCH	200 UNIT/ML	Y	Insulin	10	0.00%	2	NF	F
1673	GENERIC	VALGANCICLOVIR HCL	450 MG	Y	CMV Agents	10	0.00%	6	F	F
1674	SSB	VELPHORO	500 MG	Y	Phosphate Binder Agents	10	0.00%	4	F	F
1675	GENERIC	AMLODIPINE BESYLATE-VALSARTAN	5-160 MG	Y	Antihypertensive Combinations	9	0.00%	4	NF	F
1676	GENERIC	ASENAPINE MALEATE	10 MG	Y	Dibenzapines	9	0.00%	2	NF	F
1677	SSB	AUVI-Q	0.1 MG/0.1ML	N	Anaphylaxis Therapy Agents	9	0.00%	7	F	X
1678	SSB	AUVI-Q	0.15 MG/0.15ML	N	Anaphylaxis Therapy Agents	9	0.00%	9	F	X
1679	NON DRUG	BD HYPODERMIC NEEDLES 16GX1"	0	N	Parenteral Therapy Supplies	9	0.00%	1	NF	F
1680	GENERIC	BENAZEPRIL HCL	5 MG	Y	ACE Inhibitors	9	0.00%	2	NF	F
1681	GENERIC	BENZOYL PEROXIDE-ERYTHROMYCIN	5-3 %	N	Acne Products	9	0.00%	4	F	F
1682	SSB	BIJUVA	0.5-100 MG	Y	Estrogen Combinations	9	0.00%	2	NF	F
1683	GENERIC	BISOPROLOL-HYDROCHLOROTHIAZIDE	5-6.25 MG	Y	Antihypertensive Combinations	9	0.00%	3	NF	F
1684	SSB	BRUKINSA	80 MG	N	Antineoplastic Enzyme Inhibitors	9	0.00%	1	NF	F
1685	GENERIC	CANDESARTAN CILEXETIL	16 MG	Y	Angiotensin II Receptor Antagonists	9	0.00%	4	NF	F
1686	GENERIC	CHLOROQUINE PHOSPHATE	250 MG	Y	Antimalarials	9	0.00%	2	F	F
1687	GENERIC	CLOMIPRAMINE HCL	50 MG	Y	Tricyclic Agents	9	0.00%	5	F	F
1688	NON DRUG	CONTOUR NEXT EZ	W/DEVICE	N	Diabetic Supplies	9	0.00%	9	F	F
1689	GENERIC	CYCLOPENTOLATE HCL	1%	Y	Cycloplegic Mydriatics	9	0.00%	9	F	F
1690	GENERIC	DAPSONE	100 MG	Y	Leprostatics	9	0.00%	4	F	F
1691	GENERIC	DASETTA 7/7/7	0.5/0.75/1-35 MG-MCG	Y	Combination Contraceptives - Oral	9	0.00%	3	NF	F
1692	GENERIC	DEXTROAMPHETAMINE SULFATE	5 MG	Y	Amphetamines	9	0.00%	3	F	F
1693	GENERIC	DILT-XR	120 MG	Y	Calcium Channel Blockers	9	0.00%	3	NF	F
1694	GENERIC	DILTIAZEM HCL ER BEADS	300 MG	Y	Calcium Channel Blockers	9	0.00%	4	NF	F
1695	GENERIC	DOFETILIDE	250 MCG	Y	Antiarrhythmics Type III	9	0.00%	2	F	F
1696	GENERIC	DOXEPIN HCL	75 MG	Y	Tricyclic Agents	9	0.00%	1	F	F
1697	NON DRUG	EASY TOUCH HYPODERMIC NEEDLE	22G X 1-1/2"	N	Parenteral Therapy Supplies	9	0.00%	6	NF	F
1698	GENERIC	ENOXAPARIN SODIUM	150 MG/ML	N	Heparins And Heparinoid-Like Agents	9	0.00%	4	NF	F
1699	SSB	ENSTILAR	0.005-0.064 %	N	Corticosteroids - Topical	9	0.00%	2	NF	NF
1700	SSB	EPIDIOLEX	100 MG/ML	Y	Anticonvulsants - Misc.	9	0.00%	1	NF	F
1701	SSB	FETZIMA	120 MG	Y	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)	9	0.00%	2	NF	F
1702	GENERIC	FOSFOMYCIN TROMETHAMINE	3 GM	N	UNKNOWN	9	0.00%	7	F	F
1703	NON DRUG	GNP ULTICARE PEN NEEDLES	31G X 5 MM	N	Parenteral Therapy Supplies	9	0.00%	1	F	X
1704	SSB	HUMIRA (2 SYRINGE)	40 MG/0.8ML	Y	Anti-TNF-alpha - Monoclonal Antibodies	9	0.00%	2	F	F
1705	GENERIC	LEVORA 0.15/30 (28)	0.15-30 MG-MCG	Y	Combination Contraceptives - Oral	9	0.00%	3	NF	F
1706	SSB	LOKELMA	10 GM	Y	Potassium Removing Agents	9	0.00%	4	NF	F
1707	GENERIC	LOTEPREDNOL ETABONATE	0.2 %	N	Ophthalmic Steroids	9	0.00%	8	F	F
1708	SSB	M-M-R II	0-0-0	N	Viral Vaccines	9	0.00%	8	F	F
1709	GENERIC	MIMVEY	1MG-.5MG	Y	Estrogen Combinations	9	0.00%	3	F	F
1710	MSB	MITIGARE	0.6 MG	N	Gout Agents	9	0.00%	2	F	X
1711	SSB	MULTAQ	400 MG	Y	Antiarrhythmics Type III	9	0.00%	2	F	F
1712	GENERIC	MYCOPHENOLATE MOFETIL	250 MG	Y	Immunosuppressive Agents	9	0.00%	2	F	F
1713	GENERIC	NEBIVOLOL HCL	20 MG	Y	Beta Blockers Cardio-Selective	9	0.00%	5	NF	F
1714	GENERIC	NICOTINE POLACRILEX	2 MG	N	Smoking Deterrents	9	0.00%	4	F	F
1715	NON DRUG	OPTICHAMBER DIAMOND-LG MASK	0	N	Respiratory Therapy Supplies	9	0.00%	8	NF	F
1716	SSB	ORILISSA	200 MG	N	GnRH/LHRH Antagonists	9	0.00%	6	F	F
1717	GENERIC	PENICILLIN V POTASSIUM	250 MG	N	Natural Penicillins	9	0.00%	4	F	F
1718	GENERIC	PIOGLITAZONE HCL-METFORMIN HCL	15-850 MG	Y	Antidiabetic Combinations	9	0.00%	2	F	F
1719	SSB	SODIUM FLUORIDE 5000 ENAMEL	1.1-5 %	N	Dental Products	9	0.00%	7	F	NF
1720	GENERIC	SOTALOL HCL	120 MG	Y	Beta Blockers Non-Selective	9	0.00%	2	NF	F
1721	SSB	SYNJARDY	5-500 MG	Y	Antidiabetic Combinations	9	0.00%	1	F	F
1722	MSB	SYNTHROID	200 MCG	Y	Thyroid Hormones	9	0.00%	1	NF	X
1723	GENERIC	TORSEMIDE	10 MG	Y	Loop Diuretics	9	0.00%	4	NF	F
1724	GENERIC	TRIHEXYPHENIDYL HCL	0.4 MG/ML	Y	Antiparkinson Anticholinergics	9	0.00%	1	F	F
1725	SSB	TRIJARDY XR	12.5-2.5-1000 MG	Y	Antidiabetic Combinations	9	0.00%	1	F	F
1726	GENERIC	VENLAFAXINE HCL	25 MG	Y	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)	9	0.00%	4	F	F
1727	SSB	XOFLUZA (80 MG DOSE)	1 X 80 MG	N	Influenza Agents	9	0.00%	9	NF	F
1728	NON DRUG	ALCOHOL SWABS	70 %	N	Misc. Devices	8	0.00%	5	NF	F
1729	GENERIC	ALREX	0.2 %	N	Ophthalmic Steroids	8	0.00%	4	NF	F
1730	GENERIC	ASENAPINE MALEATE	5 MG	Y	Dibenzapines	8	0.00%	3	NF	F
1731	GENERIC	ATENOLOL-CHLORTHALIDONE	100-25 MG	Y	Antihypertensive Combinations	8	0.00%	2	NF	F
1732	GENERIC	AZATHIOPRINE	100 MG	Y	Immunosuppressive Agents	8	0.00%	3	NF	F
1733	GENERIC	BACITRACIN-POLYMYXIN B	500-10000 UNIT/GM	N	Ophthalmic Anti-infectives	8	0.00%	8	F	F
1734	NON DRUG	BD HYPODERMIC NEEDLE	18G X 1-1/2"	N	Parenteral Therapy Supplies	8	0.00%	1	NF	F
1735	NON DRUG	BD HYPODERMIC NEEDLES 21GX1"	0	N	Parenteral Therapy Supplies	8	0.00%	4	NF	F
1736	GENERIC	BISOPROLOL-HYDROCHLOROTHIAZIDE	2.5-6.25 MG	Y	Antihypertensive Combinations	8	0.00%	2	NF	F
1737	GENERIC	BRINZOLAMIDE	1 %	Y	Ophthalmics - Misc.	8	0.00%	2	F	F
1738	GENERIC	BUPRENORPHINE	15 MCG/HR	N	Opioid Partial Agonists	8	0.00%	4	F	F
1739	GENERIC	CEFIXIME	400 MG	N	Cephalosporins - 3rd Generation	8	0.00%	5	F	F
1740	NON DRUG	COMPACT SPACE CHAMBER/ANTI-STATIC	0	N	Respiratory Therapy Supplies	8	0.00%	8	NF	F
1741	GENERIC	CYCLOSPORINE MODIFIED	50 MG	Y	Immunosuppressive Agents	8	0.00%	2	NF	F
1742	GENERIC	ENOXAPARIN SODIUM	60 MG/0.6ML	N	Heparins And Heparinoid-Like Agents	8	0.00%	4	NF	F
1743	GENERIC	ERRIN	0.35 MG	Y	Progestin Contraceptives - Oral	8	0.00%	3	NF	F
1744	GENERIC	ETODOLAC	300 MG	Y	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	8	0.00%	2	F	F
1745	GENERIC	FELODIPINE ER	10 MG	Y	Calcium Channel Blockers	8	0.00%	2	NF	F
1746	GENERIC	FLUCONAZOLE	10 MG/ML	N	Imidazole-Related Antifungals	8	0.00%	8	F	F
1747	GENERIC	FLUOCINOLONE ACETONIDE	0.01 %	N	Corticosteroids - Topical	8	0.00%	8	F	F
1748	GENERIC	FLUOCINOLONE ACETONIDE BODY	0.01 %	N	Corticosteroids - Topical	8	0.00%	5	F	F
1749	GENERIC	FLUPHENAZINE HCL	5 MG	Y	Phenothiazines	8	0.00%	2	NF	F
1750	SSB	FYCOMPA	8 MG	Y	AMPA Glutamate Receptor Antagonists	8	0.00%	1	NF	F
1751	GENERIC	GENTAMICIN SULFATE	0.1 %	N	Antibiotics - Topical	8	0.00%	6	F	F
1752	GENERIC	GLYCOPYRROLATE	1 MG/5ML	Y	Antispasmodics	8	0.00%	1	F	F
1753	SSB	HUMULIN 70/30	(70-30) 100 UNIT/ML	Y	Insulin	8	0.00%	1	F	F
1754	GENERIC	HYDROCORTISONE-ACETIC ACID	1-2 %	N	Otic Steroids	8	0.00%	7	F	F
1755	SSB	KESIMPTA	20 MG/0.4ML	Y	Multiple Sclerosis Agents	8	0.00%	2	F	F
1756	GENERIC	KETOCONAZOLE	200 MG	N	Imidazole-Related Antifungals	8	0.00%	7	F	F

1757	GENERIC	LEVETIRACETAM ER	750 MG	Y	Anticonvulsants - Misc.	8	0.00%	2	F	F
1758	GENERIC	LITHIUM CARBONATE	300MG	Y	Antimanic Agents	8	0.00%	5	F	F
1759	GENERIC	LUTERA	20MCG-.1MG	Y	Combination Contraceptives - Oral	8	0.00%	4	NF	F
1760	GENERIC	MARLISSA	0.15-30 MG-MCG	Y	Combination Contraceptives - Oral	8	0.00%	1	NF	F
1761	GENERIC	METHYLPHENIDATE HCL ER (CD)	50 MG	Y	Stimulants - Misc.	8	0.00%	2	F	F
1762	GENERIC	METHYLPHENIDATE HCL ER (LA)	60 MG	Y	Stimulants - Misc.	8	0.00%	1	F	F
1763	GENERIC	MOMETASONE FUROATE	50 MCG/ACT	N	Nasal Steroids	8	0.00%	6	F	F
1764	GENERIC	NAPROXEN SODIUM	550 MG	Y	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	8	0.00%	5	F	F
1765	SSB	NEORAL	100 MG	Y	Immunosuppressive Agents	8	0.00%	1	NF	NF
1766	SSB	NEXLETOL	180 MG	Y	UNKNOWN	8	0.00%	3	F	F
1767	GENERIC	NYAMYC	100000 UNIT/GM	N	Antifungals - Topical	8	0.00%	7	F	F
1768	GENERIC	OLANZAPINE-FLUOXETINE HCL	6-50 MG	Y	Combination Psychotherapeutics	8	0.00%	2	F	F
1769	SSB	OSPHENA	60 MG	Y	Hormone Receptor Modulators	8	0.00%	2	NF	X
1770	SSB	PIFELTRO	100 MG	Y	Antiretrovirals	8	0.00%	1	NF	X
1771	SSB	PLENVU	140 GM	N	Laxative Combinations	8	0.00%	8	NF	F
1772	GENERIC	PRASUGREL HCL	5 MG	Y	Platelet Aggregation Inhibitors	8	0.00%	2	NF	F
1773	SSB	PREMARIN	0.3 MG	Y	Estrogens	8	0.00%	4	NF	F
1774	SSB	PREVIDENT 5000 ENAMEL PROTECT	1.1-5 %	N	Dental Products	8	0.00%	7	NF	NF
1775	SSB	PREVIDENT 5000 SENSITIVE	1.1-5 %	N	Dental Products	8	0.00%	4	NF	NF
1776	GENERIC	QUETIAPINE FUMARATE	150 MG	Y	Dibenzapines	8	0.00%	5	NF	F
1777	SSB	QULIPTA	10 MG	Y	Migraine Products - Monoclonal Antibodies	8	0.00%	4	F	F
1778	SSB	REZDIFFRA	100 MG	N	Hepatotropics	8	0.00%	1	NF	NF
1779	GENERIC	SAPROPTERIN DIHYDROCHLORIDE	500 MG	Y	Metabolic Modifiers	8	0.00%	1	F	F
1780	GENERIC	SILDENAFIL CITRATE	10 MG/ML	Y	Pulmonary Hypertension - Phosphodiesterase Inhibitors	8	0.00%	1	F	F
1781	GENERIC	SILODOSIN	4 MG	Y	Prostatic Hypertrophy Agents	8	0.00%	3	F	F
1782	GENERIC	SUMATRIPTAN SUCCINATE	4 MG/0.5ML	N	Serotonin Agonists	8	0.00%	1	F	F
1783	GENERIC	TRIAMTERENE	50 MG	Y	Potassium Sparing Diuretics	8	0.00%	2	NF	F
1784	SSB	TYMLOS	3120 MCG/1.56ML	Y	Bone Density Regulators	8	0.00%	3	NF	F
1785	SSB	VARIVAX	1350 PFU/0.5ML	N	Viral Vaccines	8	0.00%	7	NF	F
1786	SSB	VERAPAMIL HCL ER	200 MG	Y	Calcium Channel Blockers	8	0.00%	1	NF	NF
1787	MSB	VIIBRYD	10 MG	Y	Serotonin Modulators	8	0.00%	1	NF	X
1788	MSB	VIMPAT	200 MG	Y	Anticonvulsants - Misc.	8	0.00%	2	NF	X
1789	SSB	WEGOVY	0.5 MG/0.5ML	N	Anti-Obesity Agents	8	0.00%	5	NF	F
1790	GENERIC	ZENATANE	30 MG	N	Acne Products	8	0.00%	5	F	F
1791	SSB	ZENPEP	40000-126000 UNIT	Y	Digestive Enzymes	8	0.00%	5	F	F
1792	GENERIC	ACETIC ACID	2 %	N	Otic Agents - Miscellaneous	7	0.00%	7	F	F
1793	GENERIC	ACITRETIN	10 MG	N	Antipsoriatics	7	0.00%	1	F	F
1794	GENERIC	ALYACEN 1/35	1-35 MG-MCG	Y	Combination Contraceptives - Oral	7	0.00%	4	NF	F
1795	GENERIC	AMPHET-DEXTROAMPHET 3-BEAD ER	37.5 MG	Y	Amphetamines	7	0.00%	1	F	F
1796	GENERIC	AMPICILLIN	500 MG	N	Aminopenicillins	7	0.00%	7	F	F
1797	GENERIC	ANAGRELIDE HCL	0.5 MG	Y	Platelet Aggregation Inhibitors	7	0.00%	1	F	F
1798	GENERIC	ARFORMOTEROL TARTRATE	15 MCG/2ML	Y	Sympathomimetics	7	0.00%	3	NF	F
1799	NON DRUG	BD LUER-LOK SYRINGE	23G X 1" 3 ML	N	Parenteral Therapy Supplies	7	0.00%	5	F	F
1800	NON DRUG	BD PEN NEEDLE MINI ULTRAFINE	31G X 5 MM	N	Parenteral Therapy Supplies	7	0.00%	3	F	X
1801	SSB	BELBUCA	900 MCG	N	Opioid Partial Agonists	7	0.00%	2	NF	NF
1802	GENERIC	BETHANECHOL CHLORIDE	25 MG	N	Urinary Antispasmodics - Cholinergic Agonists	7	0.00%	4	F	F
1803	MSB	BYSTOLIC	10 MG	Y	Beta Blockers Cardio-Selective	7	0.00%	2	NF	X
1804	GENERIC	CHLORDIAZEPOXIDE HCL	25 MG	N	Benzodiazepines	7	0.00%	5	F	F
1805	MSB	COPAXONE	40 MG/ML	Y	Multiple Sclerosis Agents	7	0.00%	1	NF	F
1806	MSB	CORLANOR	7.5 MG	Y	Sinus Node Inhibitors	7	0.00%	3	NF	X
1807	GENERIC	DAPSONE	5 %	N	Acne Products	7	0.00%	6	F	F
1808	GENERIC	DAPSONE	7.5 %	N	Acne Products	7	0.00%	4	F	F
1809	GENERIC	DEBLITANE	0.35 MG	Y	Progestin Contraceptives - Oral	7	0.00%	3	NF	F
1810	GENERIC	DEXTROAMPHETAMINE SULFATE ER	15 MG	Y	Amphetamines	7	0.00%	2	F	F
1811	GENERIC	DILTIAZEM HCL ER	120 MG	Y	Calcium Channel Blockers	7	0.00%	2	NF	F
1812	GENERIC	DOXEPIN HCL	100 MG	Y	Tricyclic Agents	7	0.00%	2	F	F
1813	SSB	EMSAM	9 MG/24HR	Y	Monoamine Oxidase Inhibitors (MAOIs)	7	0.00%	1	NF	NF
1814	SSB	ENTYVIO PEN	108 MG/0.68ML	N	Inflammatory Bowel Agents	7	0.00%	1	NF	NF
1815	SSB	ESTRING	7.5 MCG/24HR	Y	Vaginal Estrogens	7	0.00%	4	F	X
1816	GENERIC	ETHOSUXIMIDE	250 MG	Y	Succinimides	7	0.00%	2	F	F
1817	SSB	EUCRISA	2 %	N	Phosphodiesterase 4 (PDE4) Inhibitors - Topical	7	0.00%	5	NF	F
1818	GENERIC	FEBUXOSTAT	80 MG	Y	Gout Agents	7	0.00%	2	F	F
1819	GENERIC	FENOFIBRATE MICRONIZED	134 MG	Y	Fibric Acid Derivatives	7	0.00%	3	NF	F
1820	GENERIC	FENOFIBRATE MICRONIZED	200 MG	Y	Fibric Acid Derivatives	7	0.00%	3	NF	F
1821	GENERIC	FENTANYL	12 MCG/HR	N	Opioid Agonists	7	0.00%	1	F	F
1822	SSB	FIASP FLEXTOUCH	100 UNIT/ML	Y	Insulin	7	0.00%	2	NF	X
1823	GENERIC	FINGOLIMOD HCL	0.5 MG	Y	Multiple Sclerosis Agents	7	0.00%	1	F	F
1824	GENERIC	FLUNISOLIDE	25 MCG/ACT (0.025%)	N	Nasal Steroids	7	0.00%	2	F	F
1825	GENERIC	FLUTICASONE-SALMETEROL	232-14 MCG/ACT	Y	Sympathomimetics	7	0.00%	2	NF	X
1826	NON DRUG	FREESTYLE LIBRE 3 READER	0	N	Diabetic Supplies	7	0.00%	7	NF	F
1827	GENERIC	FT LAXATIVE	5 MG	N	Stimulant Laxatives	7	0.00%	7	NF	F
1828	GENERIC	GLIPIZIDE-METFORMIN HCL	5-500 MG	Y	Antidiabetic Combinations	7	0.00%	4	NF	F
1829	GENERIC	GLYBURIDE-METFORMIN	5-500 MG	Y	Antidiabetic Combinations	7	0.00%	2	NF	F
1830	SSB	HUMULIN R	100 UNIT/ML	Y	Insulin	7	0.00%	3	F	F
1831	GENERIC	HYDROXYCHLOROQUINE SULFATE	100 MG	Y	Antimalarials	7	0.00%	4	F	F
1832	GENERIC	INSULIN LISPRO PROT & LISPRO	(75-25) 100 UNIT/ML	Y	Insulin	7	0.00%	2	F	F
1833	GENERIC	ISOSORBIDE MONONITRATE	10 MG	Y	Nitrates	7	0.00%	2	F	F
1834	GENERIC	LITHIUM CARBONATE	600 MG	Y	Antimanic Agents	7	0.00%	3	F	F
1835	GENERIC	MESALAMINE	1000 MG	N	Inflammatory Bowel Agents	7	0.00%	5	F	F
1836	GENERIC	METHYLPHENIDATE HCL	2.5 MG	Y	Stimulants - Misc.	7	0.00%	3	F	F
1837	GENERIC	MORPHINE SULFATE ER	100 MG	N	Opioid Agonists	7	0.00%	1	F	F
1838	SSB	MULTIVITAMIN/FLUORIDE	0.25 MG	N	Ped MV w/ Fluoride	7	0.00%	3	NF	NF
1839	GENERIC	MYCOPHENOLIC ACID	180 MG	Y	Immunosuppressive Agents	7	0.00%	1	F	F
1840	MSB	MYRBETRIQ	50 MG	Y	Urinary Antispasmodics - Beta-3 Adrenergic Agonists	7	0.00%	3	NF	F
1841	MSB	NICORETTE	4 MG	N	Smoking Deterrents	7	0.00%	1	NF	X
1842	SSB	NUEDEXTA	20-10 MG	Y	Pseudobulbar Affect (PBA) Agents	7	0.00%	2	F	NF
1843	SSB	NUTROPIN AQ NUSPIN 10	10 MG/2ML	Y	Growth Hormones	7	0.00%	1	F	X
1844	GENERIC	NYLIA 1/35	1-35 MG-MCG	Y	Combination Contraceptives - Oral	7	0.00%	3	NF	F
1845	SSB	OFEV	150 MG	Y	Pulmonary Fibrosis Agents	7	0.00%	2	NF	NF
1846	GENERIC	OLANZAPINE	7.5 MG	Y	Dibenzapines	7	0.00%	3	NF	F
1847	NON DRUG	ONETOUCH DELICA PLUS LANCING	0	N	Diabetic Supplies	7	0.00%	6	NF	F
1848	GENERIC	PENICILLIN V POTASSIUM	250 MG/5ML	N	Natural Penicillins	7	0.00%	5	F	F
1849	GENERIC	PIMOZIDE	2 MG	Y	Psychotherapeutic and Neurological Agents - Misc.	7	0.00%	2	F	F
1850	NON DRUG	PRECISION XTRA KETONE	0	N	Diagnostic Tests	7	0.00%	3	NF	F
1851	NON DRUG	PROCHAMBER VHC	0	N	Respiratory Therapy Supplies	7	0.00%	7	NF	F
1852	GENERIC	RECLIPSEN	0.15-30 MG-MCG	Y	Combination Contraceptives - Oral	7	0.00%	2	NF	F
1853	SSB	REXULTI	4 MG	Y	Quinolinone Derivatives	7	0.00%	3	NF	F
1854	SSB	REYVOW	100MG	N	Serotonin Agonists	7	0.00%	5	NF	F
1855	GENERIC	RILUZOLE	50 MG	Y	ALS Agents	7	0.00%	1	F	F
1856	GENERIC	ROFLUMILAST	500 MCG	Y	Selective Phosphodiesterase 4 (PDE4) Inhibitors	7	0.00%	4	NF	F
1857	GENERIC	SETLAKIN	0.15-0.03 MG	Y	Combination Contraceptives - Oral	7	0.00%	5	NF	F
1858	SSB	SKYRIZI	360 MG/2.4ML	Y	Inflammatory Bowel Agents	7	0.00%	3	F	F
1859	GENERIC	SUMATRIPTAN	5 MG/ACT	N	Serotonin Agonists	7	0.00%	3	F	F
1860	MSB	SUPREP BOWEL PREP KIT	17.5-3.13-1.6 GM/177ML	N	Laxative Combinations	7	0.00%	7	NF	X
1861	GENERIC	THEOPHYLLINE ER	600 MG	Y	Xanthines	7	0.00%	1	NF	F
1862	GENERIC	TIADYLT ER	360 MG	Y	Calcium Channel Blockers	7	0.00%	2	NF	F
1863	NON DRUG	ULTICARE MICRO PEN NEEDLES	32G X 4 MM	N	Parenteral Therapy Supplies	7	0.00%	2	F	X
1864	GENERIC	VARENICLINE TARTRATE	1 MG	N	Smoking Deterrents	7	0.00%	2	F	F

1865	GENERIC	VENLAFAXINE HCL	50 MG	Y	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)	7	0.00%	1	F	F
1866	MSB	VICTOZA	18 MG/3ML	Y	Incretin Mimetic Agents (GLP-1 Receptor Agonists)	7	0.00%	4	F	X
1867	SSB	WEGOVY	0.25 MG/0.5ML	N	Anti-Obesity Agents	7	0.00%	6	NF	F
1868	GENERIC	ACETAZOLAMIDE	125 MG	Y	Carbonic Anhydrase Inhibitors	6	0.00%	4	F	F
1869	MSB	ADDERALL	20 MG	Y	Amphetamines	6	0.00%	2	NF	X
1870	GENERIC	AMOXICILLIN	125 MG/5ML	N	Aminopenicillins	6	0.00%	5	F	F
1871	GENERIC	APREPITANT	40 MG	N	Substance P/Neurokinin 1 (NK1) Receptor Antagonists	6	0.00%	5	F	F
1872	GENERIC	ARMODAFINIL	150 MG	Y	Stimulants - Misc.	6	0.00%	3	F	F
1873	NON DRUG	AUTOSOFT 30 INFUSION SET	0	N	Diabetic Supplies	6	0.00%	2	F	F
1874	NON DRUG	BD SYRINGE/NEEDLE	22G X 1-1/2" 3 ML	N	Parenteral Therapy Supplies	6	0.00%	4	F	F
1875	GENERIC	BETAMETHASONE DIPROPIONATE	.05%	N	Corticosteroids - Topical	6	0.00%	4	F	F
1876	GENERIC	BICALUTAMIDE	50 MG	N	Antineoplastic - Hormonal and Related Agents	6	0.00%	4	F	F
1877	MSB	BUTRANS	15 MCG/HR	N	Opioid Partial Agonists	6	0.00%	1	NF	X
1878	SSB	CABOMETYX	20 MG	N	Antineoplastic Enzyme Inhibitors	6	0.00%	1	F	F
1879	SSB	CABOMETYX	60 MG	N	Antineoplastic Enzyme Inhibitors	6	0.00%	1	F	F
1880	SSB	CALQUENCE	100 MG	N	Antineoplastic Enzyme Inhibitors	6	0.00%	1	F	F
1881	GENERIC	CANDESARTAN CILEXETIL	4 MG	Y	Angiotensin II Receptor Antagonists	6	0.00%	2	NF	F
1882	GENERIC	CARBAMAZEPINE	100 MG	Y	Anticonvulsants - Misc.	6	0.00%	2	F	F
1883	GENERIC	CELECOXIB	50 MG	Y	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	6	0.00%	2	F	F
1884	GENERIC	CEPHALEXIN	125 MG/5ML	N	Cephalosporins - 1st Generation	6	0.00%	5	F	F
1885	GENERIC	CICLOPIROX	0.77 %	N	Antifungals - Topical	6	0.00%	2	F	F
1886	GENERIC	CIPROFLOXACIN HCL	750 MG	N	Fluoroquinolones	6	0.00%	6	F	F
1887	SSB	CLEOCIN	100 MG	N	Vaginal Anti-infectives	6	0.00%	6	F	NF
1888	GENERIC	CLONAZEPAM	0.25 MG	N	Anticonvulsants - Benzodiazepines	6	0.00%	4	F	F
1889	TS	CONTOUR NEXT BLOOD GLUCOSE TEST	0	N	Diagnostic Tests	6	0.00%	2	F	X
1890	GENERIC	CROMOLYN SODIUM	4 %	N	Ophthalmics - Misc.	6	0.00%	6	F	F
1891	GENERIC	DEXAMETHASONE	0.5 MG	N	Glucocorticosteroids	6	0.00%	5	F	F
1892	GENERIC	DEXAMETHASONE	0.75 MG	N	Glucocorticosteroids	6	0.00%	6	F	F
1893	SSB	DIFICID	200 MG	N	Fidaxomicin	6	0.00%	5	NF	F
1894	GENERIC	DILTIAZEM HCL ER BEADS	240 MG	Y	Calcium Channel Blockers	6	0.00%	3	NF	F
1895	SSB	ELIQUIS DVT/PE STARTER PACK	5 MG	N	Direct Factor Xa Inhibitors	6	0.00%	6	F	F
1896	GENERIC	ENALAPRIL MALEATE	2.5 MG	Y	ACE Inhibitors	6	0.00%	1	NF	F
1897	SSB	ENDOMETRIN	100MG	N	Vaginal Progestins	6	0.00%	1	F	F
1898	GENERIC	ETODOLAC	500 MG	Y	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	6	0.00%	5	F	F
1899	GENERIC	FINGOLIMOD HCL	0.5 MG	Y	Multiple Sclerosis Agents	6	0.00%	2	NF	F
1900	GENERIC	FLUPHENAZINE HCL	1 MG	Y	Phenothiazines	6	0.00%	1	NF	F
1901	GENERIC	FLUTICASONE PROPIONATE HFA	220 MCG/ACT	Y	Steroid Inhalants	6	0.00%	4	NF	F
1902	GENERIC	GALLIFREY	5 MG	Y	Progestins	6	0.00%	6	F	F
1903	SSB	HUMULIN 70/30 KWIKPEN	(70-30) 100 UNIT/ML	Y	Insulin	6	0.00%	2	F	F
1904	GENERIC	INDOMETHACIN ER	75 MG	Y	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	6	0.00%	4	F	F
1905	GENERIC	IPRATROPIUM BROMIDE	0.02 %	Y	Bronchodilators - Anticholinergics	6	0.00%	3	NF	F
1906	GENERIC	ISOSORBIDE DINITRATE	20 MG	Y	Nitrates	6	0.00%	2	F	F
1907	GENERIC	KLOR-CON M15	15 MEQ	Y	Potassium	6	0.00%	2	F	F
1908	GENERIC	KLS QUIT4	4 MG	N	Smoking Deterrents	6	0.00%	1	NF	F
1909	GENERIC	LACOSAMIDE	50 MG	Y	Anticonvulsants - Misc.	6	0.00%	3	F	F
1910	SSB	LAGEVRIO	200 MG	N	Misc. Antivirals	6	0.00%	6	NF	F
1911	GENERIC	LAMOTRIGINE ER	25 MG	Y	Anticonvulsants - Misc.	6	0.00%	2	F	F
1912	GENERIC	LEVOCARNITINE	330 MG	Y	Metabolic Modifiers	6	0.00%	2	F	F
1913	GENERIC	LOXAPINE SUCCINATE	10 MG	Y	Dibenzapines	6	0.00%	1	NF	F
1914	NON DRUG	LUER LOCK SAFETY SYRINGES	22G X 1-1/2" 3 ML	N	Parenteral Therapy Supplies	6	0.00%	2	F	F
1915	GENERIC	METHYLPHENIDATE HYDROCHLORIDE	5MG	Y	Stimulants - Misc.	6	0.00%	4	F	F
1916	GENERIC	MEXILETINE HCL	150 MG	Y	Antiarrhythmics Type I-B	6	0.00%	2	F	F
1917	GENERIC	NADOLOL	80 MG	Y	Beta Blockers Non-Selective	6	0.00%	2	NF	F
1918	GENERIC	NAPROXEN DR	500 MG	Y	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	6	0.00%	4	F	F
1919	GENERIC	NEOMYCIN-POLYMYXIN-HC	3.5-10000-1	N	Ophthalmic Steroids	6	0.00%	6	F	F
1920	GENERIC	NICOTINE MINI	4 MG	N	Smoking Deterrents	6	0.00%	3	F	F
1921	GENERIC	NIFEDIPINE	10 MG	Y	Calcium Channel Blockers	6	0.00%	3	NF	F
1922	GENERIC	NORTRIPTYLINE HCL	10 MG/5ML	Y	Tricyclic Agents	6	0.00%	1	F	F
1923	SSB	NOVOLOG PENFILL	100 UNIT/ML	Y	Insulin	6	0.00%	1	NF	X
1924	GENERIC	OLANZAPINE-FLUOXETINE HCL	3-25 MG	Y	Combination Psychotherapeutics	6	0.00%	1	F	F
1925	GENERIC	OSELTAMIVIR PHOSPHATE	45 MG	N	Influenza Agents	6	0.00%	6	F	F
1926	GENERIC	OXAPROZIN	600 MG	Y	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	6	0.00%	2	F	F
1927	SSB	OXERVATE	0.002 %	N	Ophthalmic Nerve Growth Factors	6	0.00%	2	NF	NF
1928	GENERIC	PALIPERIDONE ER	1.5 MG	Y	Benzisoxazoles	6	0.00%	2	NF	F
1929	GENERIC	POTASSIUM CITRATE-CITRIC ACID	1100-334 MG/5ML	N	Alkalinizers	6	0.00%	1	F	F
1930	SSB	PREMARIN	.9MG	Y	Estrogens	6	0.00%	2	NF	F
1931	SSB	PREMPRO	.45MG-1.5MG	Y	Estrogen Combinations	6	0.00%	4	NF	F
1932	MSB	PREVIDENT	0.2 %	Y	Dental Products	6	0.00%	2	NF	X
1933	SSB	PRIORIX	0	N	Viral Vaccines	6	0.00%	5	NF	F
1934	SSB	PROCTOFOAM HC	1-1 %	N	Rectal Combinations	6	0.00%	6	F	F
1935	GENERIC	QUETIAPINE FUMARATE ER	200 MG	Y	Dibenzapines	6	0.00%	3	NF	F
1936	GENERIC	RAMIPRIL	1.25 MG	Y	ACE Inhibitors	6	0.00%	2	NF	F
1937	NON DRUG	RELION PEN NEEDLES	31G X 6 MM	N	Parenteral Therapy Supplies	6	0.00%	3	F	X
1938	MSB	REVLIMID	25 MG	N	Immunomodulators	6	0.00%	2	F	F
1939	GENERIC	SELEGILINE HCL	5 MG	Y	Antiparkinson Monoamine Oxidase Inhibitors	6	0.00%	1	F	F
1940	SSB	SKYTROFA	7.6 MG	Y	Growth Hormones	6	0.00%	1	NF	F
1941	GENERIC	SPIRONOLACTONE	50 MG	Y	Potassium Sparing Diuretics	6	0.00%	1	F	F
1942	MSB	SUPREP BOWEL PREP KIT	17.5-3.13-1.6 GM/177ML	N	Laxative Combinations	6	0.00%	6	F	X
1943	NON DRUG	SURE COMFORT PEN NEEDLES31GX3/16" (5MM)	0	N	Parenteral Therapy Supplies	6	0.00%	4	F	X
1944	MSB	SYNTHROID	50 MCG	Y	Thyroid Hormones	6	0.00%	1	NF	X
1945	NON DRUG	SYRINGE/LUER LOCK/3ML/23G X 1-1/2"	0	N	Parenteral Therapy Supplies	6	0.00%	1	F	F
1946	SSB	TIROSINT-SOL	100 MCG/ML	Y	Thyroid Hormones	6	0.00%	1	F	NF
1947	MSB	TRIMETHOPRIM	100 MG	N	Anti-infective Agents - Misc.	6	0.00%	2	F	X
1948	NON DRUG	TRUEPLUS INSULIN SYRINGE	31G X 5/16" 0.5 ML	N	Parenteral Therapy Supplies	6	0.00%	1	F	X
1949	GENERIC	VALPROIC ACID	250 MG	Y	Valproic Acid	6	0.00%	3	F	F
1950	SSB	XARELTO STARTER PACK	0	N	Direct Factor Xa Inhibitors	6	0.00%	6	F	F
1951	GENERIC	YUVAFEM	10MCG	Y	Vaginal Estrogens	6	0.00%	4	F	F
1952	GENERIC	ZONISAMIDE	25 MG	Y	Anticonvulsants - Misc.	6	0.00%	3	F	F
1953	GENERIC	ZOVIA 1/35 (28)	1-35 MG-MCG	Y	Combination Contraceptives - Oral	6	0.00%	3	NF	F
1954	NON DRUG	ACCU-CHEK GUIDE	W/DEVICE	N	Diabetic Supplies	5	0.00%	5	NF	F
1955	SSB	ACTEMRA	162 MG/0.9ML	Y	Interleukin-6 Receptor Inhibitors	5	0.00%	1	NF	X
1956	NON DRUG	AEROCHAMBER PLS FLOVU MTHPIECE	0	N	Respiratory Therapy Supplies	5	0.00%	5	NF	F
1957	NON DRUG	AEROCHAMBER PLUS FLO-VU	0	N	Respiratory Therapy Supplies	5	0.00%	5	NF	F
1958	GENERIC	AMETHYST	90-20 MCG	Y	Combination Contraceptives - Oral	5	0.00%	1	F	F
1959	GENERIC	AMNESTEEM	20 MG	N	Acne Products	5	0.00%	1	F	F
1960	SSB	ANGELIQ	.5MG-1MG	Y	Estrogen Combinations	5	0.00%	1	NF	NF
1961	GENERIC	ASPIRIN ADULT LOW STRENGTH	81 MG	N	Salicylates	5	0.00%	5	NF	F
1962	SSB	AVONEX PREFILLED	30 MCG/0.5ML	Y	Multiple Sclerosis Agents	5	0.00%	1	F	F
1963	SSB	AZELEX	20 %	N	Acne Products	5	0.00%	4	NF	X
1964	NON DRUG	BD INSULIN SYRINGE	29G X 1/2" 1 ML	N	Parenteral Therapy Supplies	5	0.00%	3	F	X
1965	NON DRUG	BD INSULIN SYRINGE ULTRAFINE	31G X 5/16" 0.3 ML	N	Parenteral Therapy Supplies	5	0.00%	3	F	F

1966	NON DRUG	BD VEO INSULIN SYR U/F 1/2UNIT	31G X 15/64" 0.3 ML	N	Parenteral Therapy Supplies	5	0.00%	1	F	F
1967	GENERIC	BETHANECHOL CHLORIDE	50 MG	N	Urinary Antispasmodics - Cholinergic Agonists	5	0.00%	2	F	F
1968	GENERIC	CARBIDOPA-LEVODOPA ER	50-200 MG	Y	Antiparkinson Dopaminergics	5	0.00%	1	F	F
1969	GENERIC	CARTEOLOL HCL	1 %	Y	Beta-blockers - Ophthalmic	5	0.00%	1	F	F
1970	GENERIC	CARTIA XT	240 MG	Y	Calcium Channel Blockers	5	0.00%	3	NF	F
1971	GENERIC	CEFPROZIL	125 MG/5ML	N	Cephalosporins - 2nd Generation	5	0.00%	5	F	F
1972	GENERIC	CVS ASPIRIN LOW DOSE	81 MG	N	Salicylates	5	0.00%	5	NF	F
1973	GENERIC	DESIPRAMINE HCL	150 MG	Y	Tricyclic Agents	5	0.00%	1	F	F
1974	GENERIC	DEXLANSOPRAZOLE	60 MG	Y	Proton Pump Inhibitors	5	0.00%	4	F	F
1975	GENERIC	DICLOFENAC-MISOPROSTOL	75-0.2 MG	Y	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	5	0.00%	2	F	F
1976	GENERIC	DICLOXACILLIN SODIUM	250 MG	N	Penicillinase-Resistant Penicillins	5	0.00%	5	F	F
1977	GENERIC	DILTIAZEM HCL ER BEADS	180 MG	Y	Calcium Channel Blockers	5	0.00%	3	NF	F
1978	GENERIC	DOFETILIDE	125 MCG	Y	Antiarrhythmics Type III	5	0.00%	1	F	F
1979	GENERIC	DORZOLAMIDE HCL-TIMOLOL MAL	2%-.5%	Y	Beta-blockers - Ophthalmic	5	0.00%	4	F	F
1980	GENERIC	DORZOLAMIDE HYDROCHLORIDE	2%	Y	Ophthalmics - Misc.	5	0.00%	5	F	F
1981	GENERIC	DOXAZOSIN MESYLATE	1 MG	Y	Antiadrenergic Antihypertensives	5	0.00%	2	NF	F
1982	GENERIC	DRONABINOL	10 MG	N	Antiemetics - Miscellaneous	5	0.00%	2	F	F
1983	SSB	DUAVEE	20MG-.45MG	Y	Estrogen Combinations	5	0.00%	1	NF	F
1984	GENERIC	ENALAPRIL-HYDROCHLOROTHIAZIDE	10-25 MG	Y	Antihypertensive Combinations	5	0.00%	3	NF	F
1985	GENERIC	ENALAPRIL-HYDROCHLOROTHIAZIDE	5-12.5 MG	Y	Antihypertensive Combinations	5	0.00%	1	NF	F
1986	SSB	ENGERIX-B	20 MCG/ML	N	Viral Vaccines	5	0.00%	4	F	F
1987	GENERIC	ESCITALOPRAM OXALATE	5 MG/5ML	Y	Selective Serotonin Reuptake Inhibitors (SSRIs)	5	0.00%	3	NF	F
1988	GENERIC	ESOMEPRAZOLE MAGNESIUM	40 MG	Y	Proton Pump Inhibitors	5	0.00%	1	F	F
1989	GENERIC	ESTAZOLAM	2 MG	N	Non-Barbiturate Hypnotics	5	0.00%	1	F	F
1990	GENERIC	ESTRADIOL	0.06 MG/24HR	Y	Estrogens	5	0.00%	2	F	F
1991	GENERIC	ESTRADIOL	1 MG/GM	Y	Estrogens	5	0.00%	2	F	F
1992	GENERIC	ETHAMBUTOL HCL	400 MG	N	Antimycobacterial Agents	5	0.00%	2	F	F
1993	SSB	FARXIGA	5 MG	Y	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	5	0.00%	1	NF	F
1994	MSB	FELBATOL	600 MG	Y	Carbamates	5	0.00%	1	NF	X
1995	GENERIC	FENOFIBRIC ACID	135 MG	Y	Fibric Acid Derivatives	5	0.00%	1	NF	F
1996	GENERIC	FLUCONAZOLE	50 MG	N	Imidazole-Related Antifungals	5	0.00%	4	F	F
1997	GENERIC	FLUPHENAZINE HCL	10 MG	Y	Phenothiazines	5	0.00%	2	NF	F
1998	GENERIC	FOSINOPRIL SODIUM-HCTZ	20-12.5 MG	Y	Antihypertensive Combinations	5	0.00%	1	NF	F
1999	GENERIC	GABAPENTIN	300 MG/6ML	Y	Anticonvulsants - Misc.	5	0.00%	1	F	F
2000	SSB	GLYXAMBI	10-5 MG	Y	Antidiabetic Combinations	5	0.00%	1	F	F
2001	NON DRUG	GNP ULTICARE PEN NEEDLES	31G X 8 MM	N	Parenteral Therapy Supplies	5	0.00%	2	F	X
2002	SSB	HUMALOG TEMPO PEN	100 UNIT/ML	Y	Insulin	5	0.00%	1	NF	X
2003	SSB	HUMIRA-CD/UC/HS STARTER	80 MG/0.8ML	Y	Anti-TNF-alpha - Monoclonal Antibodies	5	0.00%	5	F	F
2004	GENERIC	HYDROCODONE BITARTRATE ER	10 MG	N	Opioid Agonists	5	0.00%	1	F	F
2005	GENERIC	IBU	800 MG	Y	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	5	0.00%	3	F	F
2006	GENERIC	INDAPAMIDE	1.25 MG	Y	Thiazides and Thiazide-Like Diuretics	5	0.00%	1	NF	F
2007	SSB	INLYTA	5 MG	N	Antineoplastic - Angiogenesis Inhibitors	5	0.00%	1	NF	F
2008	GENERIC	LEVONORGEST-ETH ESTRAD 91-DAY	0.15-0.03 &0.01 MG	Y	Combination Contraceptives - Oral	5	0.00%	2	F	F
2009	GENERIC	LEVOXYL	175 MCG	Y	Thyroid Hormones	5	0.00%	1	F	F
2010	GENERIC	LIRAGLUTIDE	18 MG/3ML	Y	Incretin Mimetic Agents (GLP-1 Receptor Agonists)	5	0.00%	2	F	NF
2011	SSB	LONSURF	20-8.19 MG	N	Antineoplastic Combinations	5	0.00%	2	NF	F
2012	GENERIC	LOXAPINE SUCCINATE	5 MG	Y	Dibenzapines	5	0.00%	1	NF	F
2013	SSB	LYBALVI	5-10 MG	Y	Combination Psychotherapeutics	5	0.00%	2	NF	X
2014	GENERIC	LYLLANA	0.05 MG/24HR	Y	Estrogens	5	0.00%	4	F	F
2015	SSB	MAXIDEX	0.1 %	N	Ophthalmic Steroids	5	0.00%	4	F	NF
2016	GENERIC	MERCAPTOPURINE	50 MG	N	Antimetabolites	5	0.00%	2	F	F
2017	GENERIC	MESALAMINE	400 MG	Y	Inflammatory Bowel Agents	5	0.00%	1	F	X
2018	NON DRUG	MINIMED QUICK SET INF SET 43"	0	N	Diabetic Supplies	5	0.00%	1	F	F
2019	GENERIC	MINOXIDIL	10 MG	Y	Vasodilators	5	0.00%	2	NF	F
2020	MSB	MORPHINE SULFATE (CONCENTRATE)	100 MG/5ML	N	Opioid Agonists	5	0.00%	3	F	X
2021	GENERIC	MUPIROCIN CALCIUM	2 %	N	Antibiotics - Topical	5	0.00%	4	F	F
2022	SSB	NESINA	25 MG	Y	Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	5	0.00%	3	F	X
2023	NON DRUG	ONETOUCH ULTRASOFT 2 LANCETS	0	N	Diabetic Supplies	5	0.00%	4	F	F
2024	GENERIC	PEG 3350	0-17GM-0-17GM	N	Laxatives - Miscellaneous	5	0.00%	5	F	F
2025	MSB	PLAN B ONE-STEP	1.5 MG	N	Emergency Contraceptives	5	0.00%	2	NF	X
2026	GENERIC	PODOFILOX	0.5 %	N	Keratolytic/Antimitotic Agents	5	0.00%	4	F	F
2027	TS	PRODIGY NO CODING BLOOD GLUCOSE TEST STRIPS	0	N	Diagnostic Tests	5	0.00%	2	NF	X
2028	GENERIC	PROMETHEGAN	25 MG	N	Antihistamines - Phenothiazines	5	0.00%	5	F	F
2029	GENERIC	PROPAFENONE HCL ER	225 MG	Y	Antiarrhythmics Type I-C	5	0.00%	2	F	F
2030	SSB	RASUVO	25 MG/0.5ML	Y	Antirheumatic Antimetabolites	5	0.00%	1	F	X
2031	NON DRUG	RELION PEN NEEDLES	32G X 4 MM	N	Parenteral Therapy Supplies	5	0.00%	2	F	X
2032	MSB	REVLIMID	10 MG	N	Immunomodulators	5	0.00%	2	F	F
2033	GENERIC	RIVASTIGMINE	13.3 MG/24HR	Y	Antidementia Agents	5	0.00%	1	F	F
2034	SSB	ROCKLATAN	0.02-0.005 %	Y	Ophthalmic Kinase Inhibitors	5	0.00%	1	NF	NF
2035	GENERIC	RUFINAMIDE	40 MG/ML	Y	Anticonvulsants - Misc.	5	0.00%	1	F	F
2036	GENERIC	SILODOSIN	8 MG	Y	Prostatic Hypertrophy Agents	5	0.00%	1	F	F
2037	SSB	SUFLAVE	178.7 GM	N	Laxative Combinations	5	0.00%	5	NF	F
2038	GENERIC	SULFACETAMIDE SODIUM-SULFUR	10-5 %	N	Acne Products	5	0.00%	2	F	F
2039	SSB	TEGRETOL-XR	100MG	Y	Anticonvulsants - Misc.	5	0.00%	1	NF	NF
2040	GENERIC	TERIPARATIDE	560 MCG/2.24ML	Y	Bone Density Regulators	5	0.00%	1	F	F
2041	GENERIC	THYROID	15 MG	Y	Thyroid Hormones	5	0.00%	2	F	F
2042	GENERIC	TIADYLT ER	300 MG	Y	Calcium Channel Blockers	5	0.00%	2	NF	F
2043	SSB	TIVICAY	50 MG	Y	Antiretrovirals	5	0.00%	3	NF	F
2044	GENERIC	TRIFLURIDINE	1 %	N	Ophthalmic Anti-infectives	5	0.00%	3	F	F
2045	NON DRUG	TRUSTEEL INFUSION SET	0	N	Diabetic Supplies	5	0.00%	3	F	F
2046	MSB	ULORIC	80MG	Y	Gout Agents	5	0.00%	1	NF	X
2047	NON DRUG	UNIFINE PENTIPS 31G X 3/16"	0	N	Parenteral Therapy Supplies	5	0.00%	4	F	X
2048	SSB	VALTOCO 15 MG DOSE	2 X 7.5 MG/0.1ML	N	Anticonvulsants - Benzodiazepines	5	0.00%	5	NF	NF
2049	NON DRUG	VARISOFT INFUSION SET	0	N	Diabetic Supplies	5	0.00%	1	F	F
2050	SSB	WEGOVY	1 MG/0.5ML	N	Anti-Obesity Agents	5	0.00%	4	NF	F
2051	SSB	XYOSTED	75 MG/0.5ML	Y	Androgens	5	0.00%	1	NF	NF
2052	GENERIC	ZUMANDIMINE	3-0.03 MG	Y	Combination Contraceptives - Oral	5	0.00%	1	F	F
2053	NON DRUG	AEROCHAMBER PLUS FLO-VU MEDIUM	0	N	Respiratory Therapy Supplies	4	0.00%	4	NF	F
2054	MSB	ALPHAGAN P	0.1 %	Y	Ophthalmic Adrenergic Agents	4	0.00%	2	F	X
2055	GENERIC	ALPRAZOLAM XR	0.5 MG	N	Benzodiazepines	4	0.00%	3	F	F
2056	GENERIC	ALREX	0.2 %	N	Ophthalmic Steroids	4	0.00%	1	F	F
2057	GENERIC	AMOXICILLIN-POT CLAVULANATE	200-28.5 MG/5ML	N	Penicillin Combinations	4	0.00%	4	F	F
2058	SSB	ATROVENT HFA	17 MCG/ACT	Y	Bronchodilators - Anticholinergics	4	0.00%	3	NF	F
2059	NON DRUG	BD ECLIPSE NEEDLE	25G X 1"	N	Parenteral Therapy Supplies	4	0.00%	1	NF	F
2060	NON DRUG	BD INSULIN SYRINGE ULTRAFINE	30G X 1/2" 1 ML	N	Parenteral Therapy Supplies	4	0.00%	1	F	X
2061	NON DRUG	BD LUER-LOK SYRINGE	25G X 1-1/2" 3 ML	N	Parenteral Therapy Supplies	4	0.00%	4	F	F
2062	NON DRUG	BD LUER-LOK SYRINGE	25G X 5/8" 3 ML	N	Parenteral Therapy Supplies	4	0.00%	3	F	F
2063	NON DRUG	BD PEN NEEDLE NANO 2ND GEN	32G X 4 MM	N	Parenteral Therapy Supplies	4	0.00%	4	F	X
2064	NON DRUG	BD PEN NEEDLE SHORT ULTRAFINE	31G X 8 MM	N	Parenteral Therapy Supplies	4	0.00%	3	F	X
2065	NON DRUG	BD SHARPS CONTAINER HOME	0	N	Parenteral Therapy Supplies	4	0.00%	4	NF	F

2066	SSB	BELBUCA	150 MCG	N	Opioid Partial Agonists	4	0.00%	2	NF	NF
2067	GENERIC	BENAZEPRIL-HYDROCHLOROTHIAZIDE	10-12.5 MG	Y	Antihypertensive Combinations	4	0.00%	1	NF	F
2068	SSB	BETASERON	0.3 MG	Y	Multiple Sclerosis Agents	4	0.00%	1	F	F
2069	GENERIC	BETAXOLOL HCL	20 MG	Y	Beta Blockers Cardio-Selective	4	0.00%	1	NF	F
2070	SSB	BETOPTIC-S	0.25 %	Y	Beta-blockers - Ophthalmic	4	0.00%	1	NF	NF
2071	GENERIC	BUMETANIDE	0.5 MG	Y	Loop Diuretics	4	0.00%	1	NF	F
2072	GENERIC	CAMRESE	0.15-0.03 &0.01 MG	Y	Combination Contraceptives - Oral	4	0.00%	2	F	F
2073	GENERIC	CANDESARTAN CILEXETIL-HCTZ	32-12.5 MG	Y	Antihypertensive Combinations	4	0.00%	1	NF	F
2074	SSB	CAPLYTA	21 MG	Y	Antipsychotics - Misc.	4	0.00%	3	NF	NF
2075	GENERIC	CARBAMAZEPINE	100 MG/5ML	Y	Anticonvulsants - Misc.	4	0.00%	2	F	F
2076	GENERIC	CARBIDOPA-LEVODOPA	10-100 MG	Y	Antiparkinson Dopaminergics	4	0.00%	1	F	F
2077	GENERIC	CARBIDOPA-LEVODOPA ER	25-100 MG	Y	Antiparkinson Dopaminergics	4	0.00%	3	F	F
2078	GENERIC	CEFADROXIL	500 MG/5ML	N	Cephalosporins - 1st Generation	4	0.00%	4	F	F
2079	GENERIC	CETIRIZINE HCL	10 MG	N	Antihistamines - Non-Sedating	4	0.00%	1	F	F
2080	GENERIC	CHLORDIAZEPOXIDE HCL	5 MG	N	Benzodiazepines	4	0.00%	1	F	F
2081	GENERIC	CHLORPROMAZINE HCL	50 MG	Y	Phenothiazines	4	0.00%	1	NF	F
2082	GENERIC	CICLOPIROX	1 %	N	Antifungals - Topical	4	0.00%	4	F	F
2083	GENERIC	CIMETIDINE	800 MG	Y	H-2 Antagonists	4	0.00%	3	F	F
2084	NON DRUG	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM	0	N	Parenteral Therapy Supplies	4	0.00%	4	F	X
2085	SSB	CLIMARA PRO	.045MG/DAY-.015MG/DAY	Y	Estrogen Combinations	4	0.00%	3	NF	X
2086	GENERIC	CLONIDINE	0.3 MG/24HR	Y	Antiadrenergic Antihypertensives	4	0.00%	1	NF	F
2087	GENERIC	COLESEVELAM HCL	3.75 GM	Y	Bile Acid Sequestrants	4	0.00%	1	NF	F
2088	MSB	COMPLERA	200-25-300 MG	Y	Antiretrovirals	4	0.00%	1	NF	X
2089	NON DRUG	CVS PREP PADS	70%	N	Misc. Devices	4	0.00%	4	NF	F
2090	GENERIC	DANAZOL	200 MG	N	Androgens	4	0.00%	1	F	F
2091	GENERIC	DAYSEE	0.15-0.03 &0.01 MG	Y	Combination Contraceptives - Oral	4	0.00%	1	F	F
2092	GENERIC	DILTIAZEM HCL	120 MG	Y	Calcium Channel Blockers	4	0.00%	2	NF	F
2093	GENERIC	DOXEPIN HCL	10 MG/ML	Y	Tricyclic Agents	4	0.00%	1	F	F
2094	SSB	DROXIA	400 MG	Y	Agents for Sickle Cell Anemia	4	0.00%	1	F	NF
2095	GENERIC	ECONAZOLE NITRATE	1 %	N	Antifungals - Topical	4	0.00%	4	F	F
2096	GENERIC	ENULOSE	10 GM/15ML	Y	Intestinal Acidifiers	4	0.00%	3	F	F
2097	SSB	ENVARSUS XR	0.75 MG	Y	Immunosuppressive Agents	4	0.00%	1	NF	X
2098	GENERIC	EPINEPHRINE	0.15 MG/0.15ML	N	Anaphylaxis Therapy Agents	4	0.00%	3	NF	F
2099	GENERIC	ESCITALOPRAM OXALATE	20 MG	Y	Selective Serotonin Reuptake Inhibitors (SSRIs)	4	0.00%	1	F	F
2100	GENERIC	ESTRADIOL	0.75 MG/1.25 GM (0.06%)	Y	Estrogens	4	0.00%	2	F	F
2101	GENERIC	ESTRADIOL VALERATE	40 MG/ML	N	Estrogens	4	0.00%	1	F	F
2102	GENERIC	ESTRADIOL/NORETHINDRONE ACETATE	.5MG-.1MG	Y	Estrogen Combinations	4	0.00%	2	F	F
2103	NON DRUG	EXTENDED RESERVOIR 3ML	0	N	Diabetic Supplies	4	0.00%	1	F	F
2104	GENERIC	FELBAMATE	600 MG	Y	Carbamates	4	0.00%	1	F	F
2105	GENERIC	FENTANYL	100 MCG/HR	N	Opioid Agonists	4	0.00%	1	F	F
2106	SSB	FETZIMA	40 MG	Y	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)	4	0.00%	3	NF	F
2107	SSB	FIASP PUMPCART	100 UNIT/ML	Y	Insulin	4	0.00%	1	NF	X
2108	SSB	FLUMIST	0	N	Viral Vaccines	4	0.00%	4	NF	F
2109	GENERIC	FORMOTEROL FUMARATE	20 MCG/2ML	Y	Sympathomimetics	4	0.00%	3	NF	F
2110	SSB	GRASTEK	2800BAU	Y	Allergenic Extracts	4	0.00%	2	NF	F
2111	GENERIC	HM NICOTINE	21 MG/24HR	N	Smoking Deterrents	4	0.00%	3	NF	F
2112	GENERIC	HYDROCOD POLI-CHLORPHE POLI ER	10-8 MG/5ML	N	Cough/Cold/Allergy Combinations	4	0.00%	4	F	F
2113	GENERIC	HYDROCORTISONE ACETATE	30 MG	N	Rectal Steroids	4	0.00%	3	F	F
2114	GENERIC	HYDROXYCHLOROQUINE SULFATE	400 MG	Y	Antimalarials	4	0.00%	2	F	F
2115	GENERIC	IMATINIB MESYLATE	400 MG	N	Antineoplastic Enzyme Inhibitors	4	0.00%	1	F	F
2116	GENERIC	ISOSORBIDE MONONITRATE	20 MG	Y	Nitrates	4	0.00%	1	F	F
2117	GENERIC	ISOTRETINOIN	20 MG	N	Acne Products	4	0.00%	3	F	F
2118	GENERIC	IVABRADINE HCL	5 MG	Y	Sinus Node Inhibitors	4	0.00%	1	F	F
2119	SSB	JENTADUETO	2.5-500 MG	Y	Antidiabetic Combinations	4	0.00%	2	F	X
2120	MSB	KEPPRA XR	750MG	Y	Anticonvulsants - Misc.	4	0.00%	1	NF	X
2121	NON DRUG	KETONE	0	N	Diagnostic Tests	4	0.00%	4	F	F
2122	SSB	KISQALI (400 MG DOSE)	200 MG	N	Antineoplastic Enzyme Inhibitors	4	0.00%	1	NF	F
2123	GENERIC	KLOR-CON	20 MEQ	Y	Potassium	4	0.00%	3	F	F
2124	SSB	KRAZATI	200 MG	N	Antineoplastic Enzyme Inhibitors	4	0.00%	1	NF	F
2125	SSB	KYZATREX	200 MG	Y	Androgens	4	0.00%	1	NF	NF
2126	GENERIC	LACTULOSE ENCEPHALOPATHY	10 GM/15ML	Y	Intestinal Acidifiers	4	0.00%	1	F	F
2127	MSB	LAMICTAL	100 MG	Y	Anticonvulsants - Misc.	4	0.00%	1	NF	X
2128	MSB	LAMICTAL XR	200 MG	Y	Anticonvulsants - Misc.	4	0.00%	1	NF	X
2129	GENERIC	LEVONORGEST-ETH ESTRAD 91-DAY	0.1-0.02 & 0.01 MG	Y	Combination Contraceptives - Oral	4	0.00%	1	F	F
2130	GENERIC	LEVOXYL	125 MCG	Y	Thyroid Hormones	4	0.00%	1	F	F
2131	MSB	LIVALO	2 MG	Y	HMG CoA Reductase Inhibitors	4	0.00%	1	NF	F
2132	GENERIC	LOVASTATIN	10 MG	Y	HMG CoA Reductase Inhibitors	4	0.00%	2	NF	F
2133	GENERIC	LYLLANA	0.1 MG/24HR	Y	Estrogens	4	0.00%	2	F	F
2134	MSB	LYRICA	150 MG	Y	Anticonvulsants - Misc.	4	0.00%	1	NF	X
2135	MSB	LYRICA	200 MG	Y	Anticonvulsants - Misc.	4	0.00%	1	NF	X
2136	GENERIC	MAGNESIUM CITRATE	1.745 GM/30ML	N	Saline Laxatives	4	0.00%	4	NF	F
2137	GENERIC	MEDROXYPROGESTERONE ACETATE	2.5 MG	Y	Progestins	4	0.00%	3	F	F
2138	GENERIC	MESALAMINE-CLEANSER	4 GM	N	Inflammatory Bowel Agents	4	0.00%	1	F	F
2139	GENERIC	METHYLERGONOVINE MALEATE	0.2 MG	N	Oxytocics	4	0.00%	4	F	F
2140	GENERIC	METHYLPHENIDATE HYDROCHLORIDE	10MG	Y	Stimulants - Misc.	4	0.00%	2	F	F
2141	GENERIC	MICROGESTIN FE 1.5/30	1.5-30 MG-MCG	Y	Combination Contraceptives - Oral	4	0.00%	1	NF	F
2142	GENERIC	MICROGESTIN FE 1/20	1-20 MG-MCG	Y	Combination Contraceptives - Oral	4	0.00%	1	NF	F
2143	NON DRUG	MINIMED QUICK SET INF SET 23"	0	N	Diabetic Supplies	4	0.00%	2	F	F
2144	NON DRUG	MINIMED QUICK SET INF SET 32"	0	N	Diabetic Supplies	4	0.00%	1	F	F
2145	GENERIC	MORPHINE SULFATE	30 MG	N	Opioid Agonists	4	0.00%	1	F	F
2146	MSB	MOTEGRITY	1 MG	Y	5-HT4 Receptor Agonists	4	0.00%	4	NF	X
2147	SSB	NEORAL	25 MG	Y	Immunosuppressive Agents	4	0.00%	1	NF	NF
2148	GENERIC	NYLIA 7/7/7	0.5/0.75/1-35 MG-MCG	Y	Combination Contraceptives - Oral	4	0.00%	1	NF	F
2149	GENERIC	NYSTATIN	500000 UNIT	N	Antifungals	4	0.00%	4	F	F
2150	GENERIC	PACERONE	100 MG	Y	Antiarrhythmics Type III	4	0.00%	1	F	F
2151	NON DRUG	PENTIPS GENERIC PEN NEEDLES	31G X 5 MM	N	Parenteral Therapy Supplies	4	0.00%	2	F	X
2152	GENERIC	PHENOBARBITAL	32.4 MG	Y	Barbiturate Hypnotics	4	0.00%	1	F	F
2153	GENERIC	PIMTREA	0.15-0.02/0.01 MG (21/5)	Y	Combination Contraceptives - Oral	4	0.00%	1	F	F
2154	GENERIC	PRAMIPEXOLE DIHYDROCHLORIDE	0.75 MG	Y	Antiparkinson Dopaminergics	4	0.00%	2	F	F
2155	SSB	PREMPRO	0.625-5 MG	Y	Estrogen Combinations	4	0.00%	1	NF	F
2156	SSB	PRENATAL PLUS VITAMIN/MINERAL	27-1 MG	N	Prenatal Vitamins	4	0.00%	1	NF	F
2157	SSB	PRENATAL VITAMIN PLUS LOW IRON	27-1 MG	N	Prenatal Vitamins	4	0.00%	2	NF	F
2158	SSB	PRENATAL-U	106.5-1 MG	N	Prenatal Vitamins	4	0.00%	1	F	F
2159	GENERIC	PROPRANOLOL HCL	20 MG/5ML	Y	Beta Blockers Non-Selective	4	0.00%	3	F	NF
2160	SSB	RINVOQ	45 MG	Y	Antirheumatic - Enzyme Inhibitors	4	0.00%	2	F	F
2161	GENERIC	RISEDRONATE SODIUM	150 MG	Y	Bone Density Regulators	4	0.00%	1	NF	F
2162	GENERIC	RUFINAMIDE	200 MG	Y	Anticonvulsants - Misc.	4	0.00%	1	F	F
2163	SSB	SANTYL	250 UNIT/GM	N	Enzymes - Topical	4	0.00%	4	NF	NF
2164	GENERIC	SODIUM FLUORIDE	1.1 (0.5 F) MG	Y	Fluoride	4	0.00%	3	NF	F
2165	NON DRUG	SURE COMFORT INSULIN SYRINGE	30G X 1/2" 0.5 ML	N	Parenteral Therapy Supplies	4	0.00%	1	F	X
2166	MSB	SYNTHROID	112 MCG	Y	Thyroid Hormones	4	0.00%	1	NF	X
2167	MSB	SYNTHROID	137 MCG	Y	Thyroid Hormones	4	0.00%	2	NF	X
2168	MSB	TACLONEX	0.005-0.064 %	N	Corticosteroids - Topical	4	0.00%	3	NF	X
2169	GENERIC	TACROLIMUS	5 MG	Y	Immunosuppressive Agents	4	0.00%	2	NF	F
2170	GENERIC	TELMISARTAN-HCTZ	80-12.5 MG	Y	Antihypertensive Combinations	4	0.00%	1	NF	F
2171	GENERIC	TEMOZOLOMIDE	140 MG	N	Alkylating Agents	4	0.00%	1	F	F
2172	GENERIC	TENOFOVIR DISOPROXIL FUMARATE	300 MG	Y	Antiretrovirals	4	0.00%	1	NF	F
2173	GENERIC	TERIFLUNOMIDE	7 MG	Y	Multiple Sclerosis Agents	4	0.00%	1	NF	F
2174	GENERIC	THEOPHYLLINE ER	400 MG	Y	Xanthines	4	0.00%	1	NF	F
2175	GENERIC	TIMOLOL MALEATE (ONCE-DAILY)	0.5 %	Y	Beta-blockers - Ophthalmic	4	0.00%	1	F	F
2176	GENERIC	TINIDAZOLE	500 MG	N	Anti-infective Agents - Misc.	4	0.00%	4	F	F
2177	SSB	TIROSINT	125 MCG	Y	Thyroid Hormones	4	0.00%	1	NF	X
2178	SSB	TIROSINT	150 MCG	Y	Thyroid Hormones	4	0.00%	1	NF	X

2179	GENERIC	TOLTERODINE TARTRATE	2 MG	Y	Urinary Antispasmodic - Antimuscarinics (Anticholinergic)	4	0.00%	1	F	F
2180	GENERIC	TOPIRAMATE	15 MG	Y	Anticonvulsants - Misc.	4	0.00%	1	F	F
2181	GENERIC	TRANDOLAPRIL-VERAPAMIL HCL ER	4-240 MG	Y	Antihypertensive Combinations	4	0.00%	1	NF	F
2182	SSB	TRESIBA FLEXTOUCH	100 UNIT/ML	Y	Insulin	4	0.00%	2	NF	F
2183	SSB	TRIJARDY XR	10-5-1000 MG	Y	Antidiabetic Combinations	4	0.00%	1	F	F
2184	NON DRUG	TRUEPLUS 5-BEVEL PEN NEEDLES	32G X 4 MM	N	Parenteral Therapy Supplies	4	0.00%	2	F	X
2185	SSB	TRULANCE	3 MG	Y	Agents for Chronic Idiopathic Constipation (CIC)	4	0.00%	2	NF	F
2186	SSB	TRUQAP	200 MG	N	Antineoplastic Enzyme Inhibitors	4	0.00%	1	F	F
2187	SSB	VOQUEZNA	10 MG	N	Proton Pump Inhibitors	4	0.00%	1	NF	NF
2188	GENERIC	VORICONAZOLE	50 MG	N	Imidazole-Related Antifungals	4	0.00%	1	F	F
2189	NON DRUG	VORTEX VALVED HOLDING CHAMBER	0	N	Respiratory Therapy Supplies	4	0.00%	4	F	F
2190	GENERIC	WES-PHOS 250 NEUTRAL	155-852-130 MG	Y	Phosphate	4	0.00%	1	F	F
2191	SSB	XDEMVY	0.25 %	N	Ophthalmic Anti-infectives	4	0.00%	4	NF	NF
2192	SSB	XOPENEX HFA	45 MCG/ACT	Y	Sympathomimetics	4	0.00%	2	NF	NF
2193	SSB	ZENPEP	25000-79000 UNIT	Y	Digestive Enzymes	4	0.00%	2	F	F
2194	SSB	ZETONNA	37 MCG/ACT	N	Nasal Steroids	4	0.00%	1	NF	X
2195	GENERIC	ZOLMITRIPTAN	2.5 MG	N	Serotonin Agonists	4	0.00%	3	F	F
2196	GENERIC	ZONISAMIDE	50 MG	Y	Anticonvulsants - Misc.	4	0.00%	3	F	F
2197	GENERIC	ABIRATERONE ACETATE	250 MG	N	Antineoplastic - Hormonal and Related Agents	3	0.00%	1	F	F
2198	SSB	ADZENYS XR-ODT	18.8 MG	Y	Amphetamines	3	0.00%	1	NF	X
2199	GENERIC	ALBENDAZOLE	200 MG	N	Anthelmintics	3	0.00%	2	F	F
2200	GENERIC	ALBUTEROL SULFATE	2 MG/5ML	Y	Sympathomimetics	3	0.00%	2	NF	F
2201	GENERIC	ALCLOMETASONE DIPROPIONATE	.05%	N	Corticosteroids - Topical	3	0.00%	2	F	F
2202	GENERIC	ALCLOMETASONE DIPROPIONATE	0.05 %	N	Corticosteroids - Topical	3	0.00%	3	F	F
2203	NON DRUG	ALCOHOL SWABS	70%	N	Misc. Devices	3	0.00%	3	NF	F
2204	GENERIC	ALMOTRIPTAN	12.5MG	N	Serotonin Agonists	3	0.00%	3	F	F
2205	GENERIC	AMIODARONE HCL	100 MG	Y	Antiarrhythmics Type III	3	0.00%	2	F	F
2206	MSB	AMITIZA	8 MCG	Y	Gastrointestinal Chloride Channel Activators	3	0.00%	1	F	X
2207	GENERIC	AMOXICILLIN	200 MG/5ML	N	Aminopenicillins	3	0.00%	3	F	F
2208	SSB	ANGELIQ	.25MG-.5MG	Y	Estrogen Combinations	3	0.00%	1	NF	NF
2209	GENERIC	ASPIRIN ADULT LOW DOSE	81 MG	N	Salicylates	3	0.00%	3	NF	F
2210	NON DRUG	AUTOSOFT 90 INFUSION SET	0	N	Diabetic Supplies	3	0.00%	1	F	F
2211	NON DRUG	BD AUTOSHIELD DUO	30G X 5 MM	N	Parenteral Therapy Supplies	3	0.00%	1	F	F
2212	NON DRUG	BD ECLIPSE SYRINGE	25G X 1" 3 ML	N	Parenteral Therapy Supplies	3	0.00%	1	F	F
2213	NON DRUG	BD INSULIN SYRINGE MICROFINE	28G X 1/2" 1 ML	N	Parenteral Therapy Supplies	3	0.00%	3	F	X
2214	NON DRUG	BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2"	0	N	Parenteral Therapy Supplies	3	0.00%	1	F	X
2215	NON DRUG	BD INTEGRA SYRINGE	25G X 5/8" 3 ML	N	Parenteral Therapy Supplies	3	0.00%	3	F	F
2216	NON DRUG	BD NEEDLE/20G X 1"	0	N	Parenteral Therapy Supplies	3	0.00%	1	NF	F
2217	NON DRUG	BD SAFETYGLIDE SHIELDED NEEDLE	23G X 1"	N	Parenteral Therapy Supplies	3	0.00%	1	NF	F
2218	NON DRUG	BD VEO INSULIN SYR ULTRAFINE	31G X 15/64" 0.3 ML	N	Parenteral Therapy Supplies	3	0.00%	2	F	X
2219	NON DRUG	BD VEO INSULIN SYR ULTRAFINE	31G X 15/64" 1 ML	N	Parenteral Therapy Supplies	3	0.00%	1	F	F
2220	GENERIC	BRIMONIDINE TARTRATE	0.33 %	N	Rosacea Agents	3	0.00%	3	F	F
2221	GENERIC	CALCIUM ACETATE (PHOS BINDER)	667 MG	Y	Phosphate Binder Agents	3	0.00%	1	F	F
2222	SSB	CAMZYOS	2.5 MG	Y	UNKNOWN	3	0.00%	1	NF	NF
2223	MSB	CAROSPIR	25 MG/5ML	Y	Potassium Sparing Diuretics	3	0.00%	1	NF	X
2224	GENERIC	CEFIXIME	200 MG/5ML	N	Cephalosporins - 3rd Generation	3	0.00%	3	F	F
2225	GENERIC	CHOLESTYRAMINE LIGHT	4 GM	Y	Bile Acid Sequestrants	3	0.00%	3	F	F
2226	GENERIC	CICLOPIROX	1%	N	Antifungals - Topical	3	0.00%	1	F	F
2227	SSB	CIPRO	500 MG/5ML (10%)	N	Fluoroquinolones	3	0.00%	2	NF	F
2228	SSB	CITRANATAL MEDLEY	27-1-200 MG	N	Prenatal Vitamins	3	0.00%	1	NF	F
2229	GENERIC	CLARITHROMYCIN	250 MG	N	Clarithromycin	3	0.00%	3	F	F
2230	GENERIC	CLOPIDOGREL BISULFATE	75 MG	Y	Platelet Aggregation Inhibitors	3	0.00%	1	F	F
2231	GENERIC	COLCHICINE-PROBENECID	0.5-500 MG	Y	Gout Agent Combinations	3	0.00%	2	F	F
2232	GENERIC	COMPRO	25 MG	N	Phenothiazines	3	0.00%	1	F	F
2233	GENERIC	CVS MAGNESIUM CITRATE	1.745 GM/30ML	N	Saline Laxatives	3	0.00%	3	NF	F
2234	GENERIC	DAPAGLIFLOZIN PROPANEDIOL	10 MG	Y	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	3	0.00%	2	NF	F
2235	MSB	DEPO-TESTOSTERONE	100 MG/ML	Y	Androgens	3	0.00%	3	F	X
2236	GENERIC	DEPO-TESTOSTERONE	200 MG/ML	Y	Androgens	3	0.00%	3	NF	F
2237	GENERIC	DESMOPRESSIN ACE SPRAY REFRIG	0.01 %	Y	Posterior Pituitary Hormones	3	0.00%	1	F	F
2238	GENERIC	DESOXIMETASONE	0.05 %	N	Corticosteroids - Topical	3	0.00%	2	F	F
2239	SSB	DEXAMETHASONE INTENSOL	1 MG/ML	N	Glucocorticosteroids	3	0.00%	3	F	NF
2240	GENERIC	DEXAMETHASONE SODIUM PHOSPHATE	0.1 %	N	Ophthalmic Steroids	3	0.00%	3	F	F
2241	GENERIC	DICLOFENAC SODIUM	3 %	N	Antineoplastic or Premalignant Lesion Agents - Topical	3	0.00%	2	F	F
2242	GENERIC	DILTIAZEM HCL	30 MG	Y	Calcium Channel Blockers	3	0.00%	2	NF	F
2243	GENERIC	DILTIAZEM HCL ER	90 MG	Y	Calcium Channel Blockers	3	0.00%	1	NF	F
2244	NON DRUG	EASY TOUCH FLIPLOCK NEEDLES	25G X 1"	N	Parenteral Therapy Supplies	3	0.00%	1	NF	F
2245	GENERIC	EC-NAPROXEN	500 MG	Y	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	3	0.00%	3	F	F
2246	GENERIC	EPINASTINE HCL	0.05 %	N	Ophthalmics - Misc.	3	0.00%	3	F	F
2247	GENERIC	EQ NICOTINE	14 MG/24HR	N	Smoking Deterrents	3	0.00%	3	NF	F
2248	GENERIC	ERYTHROMYCIN ETHYLSUCCINATE	200 MG/5ML	N	Erythromycins	3	0.00%	2	F	F
2249	GENERIC	ERYTHROMYCIN ETHYLSUCCINATE	400 MG/5ML	N	Erythromycins	3	0.00%	1	F	F
2250	GENERIC	ESCITALOPRAM OXALATE	10 MG	Y	Selective Serotonin Reuptake Inhibitors (SSRIs)	3	0.00%	1	F	F
2251	GENERIC	ESOMEPRAZOLE MAGNESIUM	10 MG	Y	Proton Pump Inhibitors	3	0.00%	1	F	F
2252	GENERIC	EUTHYROX	25 MCG	Y	Thyroid Hormones	3	0.00%	1	F	F
2253	GENERIC	EUTHYROX	50 MCG	Y	Thyroid Hormones	3	0.00%	1	F	F
2254	GENERIC	EUTHYROX	75 MCG	Y	Thyroid Hormones	3	0.00%	1	F	F
2255	GENERIC	FELODIPINE ER	5 MG	Y	Calcium Channel Blockers	3	0.00%	1	NF	F
2256	GENERIC	FENOFIBRATE MICRONIZED	130 MG	Y	Fibric Acid Derivatives	3	0.00%	1	NF	F
2257	GENERIC	FENOFIBRATE MICRONIZED	43 MG	Y	Fibric Acid Derivatives	3	0.00%	1	NF	F
2258	GENERIC	FENTANYL	75 MCG/HR	N	Opioid Agonists	3	0.00%	2	F	F
2259	SSB	FIASP PENFILL	100 UNIT/ML	Y	Insulin	3	0.00%	1	NF	X
2260	SSB	FIRST-LANSOPRAZOLE	3 MG/ML	Y	Proton Pump Inhibitors	3	0.00%	1	NF	NF
2261	GENERIC	FLUOCINOLONE ACETONIDE	0.025 %	N	Corticosteroids - Topical	3	0.00%	3	F	F
2262	GENERIC	FLUOCINONIDE EMULSIFIED BASE	0.05 %	N	Corticosteroids - Topical	3	0.00%	3	F	F
2263	GENERIC	FLUVASTATIN	20MG	Y	HMG CoA Reductase Inhibitors	3	0.00%	1	NF	F
2264	NON DRUG	FREESTYLE LIBRE 2 READER	0	N	Diabetic Supplies	3	0.00%	3	NF	F
2265	GENERIC	GLUCAGON EMERGENCY	1 MG	N	Diabetic Other	3	0.00%	2	NF	F
2266	MSB	GOLYTELY	236 GM	N	Laxative Combinations	3	0.00%	3	NF	X
2267	GENERIC	GRISEOFULVIN MICROSIZE	125 MG/5ML	N	Antifungals	3	0.00%	2	F	F
2268	GENERIC	GRISEOFULVIN MICROSIZE	500 MG	N	Antifungals	3	0.00%	2	F	F
2269	NON DRUG	GUARDIAN 4 GLUCOSE SENSOR	0	N	Diabetic Supplies	3	0.00%	1	NF	NF
2270	NON DRUG	GUARDIAN SENSOR 3	0	N	Diabetic Supplies	3	0.00%	1	NF	NF
2271	MSB	HUMALOG MIX 75/25 KWIKPEN	(75-25) 100 UNIT/ML	Y	Insulin	3	0.00%	1	F	X
2272	GENERIC	HYDROCODONE BIT-HOMATROP MBR	5-1.5 MG/5ML	N	Antitussives	3	0.00%	3	F	F
2273	GENERIC	ISONIAZID	300 MG	Y	Antimycobacterial Agents	3	0.00%	2	F	F
2274	MSB	ISOPROPYL ALCOHOL	70%	N	Liquids	3	0.00%	1	F	X
2275	SSB	JYNARQUE	30 & 15 MG	N	Vasopressin Receptor Antagonists	3	0.00%	1	F	F
2276	GENERIC	KLOR-CON 10	10 MEQ	Y	Potassium	3	0.00%	1	F	F
2277	SSB	KYZATREX	150 MG	Y	Androgens	3	0.00%	1	NF	NF

2278	GENERIC	LANSOPRAZOLE	30 MG	Y	Proton Pump Inhibitors	3	0.00%	3	F	F
2279	GENERIC	LETROZOLE	2.5 MG	Y	Antineoplastic - Hormonal and Related Agents	3	0.00%	1	F	F
2280	MSB	LEVSIN/SL	0.125 MG	Y	Antispasmodics	3	0.00%	1	NF	X
2281	GENERIC	LIDOCAINE HCL	4 %	N	Local Anesthetics - Topical	3	0.00%	2	F	F
2282	GENERIC	MATZIM LA	420 MG	Y	Calcium Channel Blockers	3	0.00%	1	NF	F
2283	SSB	MENVEO	0-0	N	Bacterial Vaccines	3	0.00%	3	NF	F
2284	GENERIC	MESALAMINE	4 GM	N	Inflammatory Bowel Agents	3	0.00%	3	F	F
2285	NON DRUG	MINIMED MIO ADVANCE INFUSE SET	0	N	Diabetic Supplies	3	0.00%	1	F	F
2286	GENERIC	MOEXIPRIL HCL	15 MG	Y	ACE Inhibitors	3	0.00%	1	NF	F
2287	MSB	NASCOBAL	500 MCG/0.1ML	Y	Cobalamins	3	0.00%	1	NF	X
2288	SSB	NEMLUVIO	30 MG	Y	UNKNOWN	3	0.00%	2	NF	X
2289	GENERIC	NICOTINE STEP 2	14 MG/24HR	N	Smoking Deterrents	3	0.00%	3	NF	F
2290	GENERIC	NICOTINE STEP 3	7 MG/24HR	N	Smoking Deterrents	3	0.00%	2	NF	F
2291	SSB	NIVA THYROID	30 MG	Y	Thyroid Hormones	3	0.00%	1	NF	NF
2292	GENERIC	OLMESARTAN MEDOXOMIL	40 MG	Y	Angiotensin II Receptor Antagonists	3	0.00%	1	F	F
2293	SSB	OLUMIANT	4 MG	Y	Antirheumatic - Enzyme Inhibitors	3	0.00%	1	F	NF
2294	NON DRUG	ONETOUCH VERIO	0	N	Diabetic Supplies	3	0.00%	3	F	F
2295	SSB	ORLADEYO	150 MG	Y	Plasma Kallikrein Inhibitors	3	0.00%	1	NF	NF
2296	SSB	OTEZLA	10 & 20 & 30 MG	N	Phosphodiesterase 4 (PDE4) Inhibitors	3	0.00%	3	F	F
2297	GENERIC	OXAZEPAM	10 MG	N	Benzodiazepines	3	0.00%	1	F	F
2298	GENERIC	PALIPERIDONE ER	9 MG	Y	Benzisoxazoles	3	0.00%	1	F	F
2299	GENERIC	PALIPERIDONE ER	9 MG	Y	Benzisoxazoles	3	0.00%	3	NF	F
2300	GENERIC	POSACONAZOLE	100 MG	Y	Imidazole-Related Antifungals	3	0.00%	2	F	F
2301	GENERIC	POTASSIUM CHLORIDE CRYS ER	15 MEQ	Y	Potassium	3	0.00%	1	F	F
2302	SSB	PREVYMIS	480 MG	Y	CMV Agents	3	0.00%	1	F	NF
2303	SSB	PROGRAF	1 MG	Y	Immunosuppressive Agents	3	0.00%	1	NF	NF
2304	GENERIC	QUININE SULFATE	324MG	N	Antimalarials	3	0.00%	1	F	F
2305	SSB	RASUVO	15 MG/0.3ML	Y	Antirheumatic Antimetabolites	3	0.00%	2	F	X
2306	SSB	REBIF REBIDOSE	44 MCG/0.5ML	Y	Multiple Sclerosis Agents	3	0.00%	1	NF	F
2307	SSB	RELENZA DISKHALER	5 MG/ACT	N	Influenza Agents	3	0.00%	3	NF	NF
2308	NON DRUG	RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	0	N	Parenteral Therapy Supplies	3	0.00%	2	F	X
2309	NON DRUG	RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	0	N	Parenteral Therapy Supplies	3	0.00%	1	F	X
2310	GENERIC	SAXAGLIPTIN-METFORMIN ER	5-500 MG	Y	Antidiabetic Combinations	3	0.00%	1	NF	X
2311	SSB	SE-NATAL 19	29-1 MG	N	Prenatal Vitamins	3	0.00%	1	NF	F
2312	GENERIC	SIROLIMUS	1 MG	Y	Immunosuppressive Agents	3	0.00%	1	NF	F
2313	SSB	SKYTROFA	6.3 MG	Y	Growth Hormones	3	0.00%	1	NF	F
2314	NON DRUG	SM ALCOHOL PREP	0	N	Misc. Devices	3	0.00%	1	NF	F
2315	GENERIC	SODIUM CHLORIDE	3 %	N	Misc. Respiratory Inhalants	3	0.00%	1	F	F
2316	MSB	SPRYCEL	100 MG	N	Antineoplastic Enzyme Inhibitors	3	0.00%	1	NF	X
2317	GENERIC	SULFATRIM PEDIATRIC	200-40 MG/5ML	N	Anti-infective Misc. - Combinations	3	0.00%	3	F	F
2318	GENERIC	SULINDAC	150 MG	Y	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	3	0.00%	1	F	F
2319	NON DRUG	SURE COMFORT PEN NEEDLES	32G X 4 MM	N	Parenteral Therapy Supplies	3	0.00%	3	F	X
2320	NON DRUG	SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM	0	N	Parenteral Therapy Supplies	3	0.00%	1	F	X
2321	SSB	SYMLINPEN 60	1500 MCG/1.5ML	Y	Antidiabetic - Amylin Analogs	3	0.00%	2	NF	X
2322	MSB	SYNTHROID	150 MCG	Y	Thyroid Hormones	3	0.00%	1	NF	X
2323	GENERIC	TAFLUPROST (PF)	0.0015 %	Y	Prostaglandins - Ophthalmic	3	0.00%	1	F	F
2324	GENERIC	TERCONAZOLE	80MG	N	Vaginal Anti-infectives	3	0.00%	3	F	F
2325	SSB	TIROSINT-SOL	150 MCG/ML	Y	Thyroid Hormones	3	0.00%	1	F	NF
2326	GENERIC	TOBRAMYCIN	300 MG/4ML	Y	Aminoglycosides	3	0.00%	1	F	F
2327	GENERIC	TRAMADOL-ACETAMINOPHEN	37.5-325 MG	N	Opioid Combinations	3	0.00%	3	F	F
2328	GENERIC	TRI-LEGEST FE	1-20/1-30/1-35 MG-MCG	Y	Combination Contraceptives - Oral	3	0.00%	1	F	F
2329	SSB	TRIJARDY XR	25-5-1000 MG	Y	Antidiabetic Combinations	3	0.00%	1	F	F
2330	NON DRUG	TRUEPLUS INSULIN SYRINGE	30G X 5/16" 1 ML	N	Parenteral Therapy Supplies	3	0.00%	1	F	X
2331	MSB	UCERIS	9 MG	N	Glucocorticosteroids	3	0.00%	1	NF	X
2332	NON DRUG	ULTICARE PEN NEEDLES	31G X 5 MM	N	Parenteral Therapy Supplies	3	0.00%	1	F	X
2333	NON DRUG	ULTIGUARD SAFEPACK PEN NEEDLE	32G X 4 MM	N	Parenteral Therapy Supplies	3	0.00%	2	F	X
2334	GENERIC	UNITHROID	125 MCG	Y	Thyroid Hormones	3	0.00%	1	F	F
2335	GENERIC	UNITHROID	88 MCG	Y	Thyroid Hormones	3	0.00%	1	F	F
2336	GENERIC	VALSARTAN-HYDROCHLOROTHIAZIDE	320-25 MG	Y	Antihypertensive Combinations	3	0.00%	1	F	F
2337	GENERIC	VANCOMYCIN HCL	250 MG	N	Glycopeptides	3	0.00%	2	F	F
2338	MSB	VASCEPA	1 GM	Y	Antihyperlipidemics - Misc.	3	0.00%	1	NF	F
2339	SSB	VEMLIDY	25 MG	Y	Hepatitis Agents	3	0.00%	1	NF	F
2340	SSB	VERQUVO	2.5 MG	Y	UNKNOWN	3	0.00%	1	NF	NF
2341	MSB	VIIBRYD	40 MG	Y	Serotonin Modulators	3	0.00%	1	NF	X
2342	GENERIC	VORICONAZOLE	200 MG	N	Imidazole-Related Antifungals	3	0.00%	2	F	F
2343	SSB	XPHOZAH	30 MG	Y	Metabolic Modifiers	3	0.00%	2	NF	NF
2344	SSB	YUPELRI	175 MCG/3ML	Y	Bronchodilators - Anticholinergics	3	0.00%	2	NF	NF
2345	GENERIC	ZAFIRLUKAST	10 MG	Y	Leukotriene Modulators	3	0.00%	1	NF	F
2346	GENERIC	ZENATANE	20 MG	N	Acne Products	3	0.00%	1	F	F
2347	NON DRUG	ACCU-CHEK FASTCLIX LANCETDEVICE KIT	0	N	Diabetic Supplies	2	0.00%	2	NF	F
2348	GENERIC	ACETAMINOPHEN-CODEINE	300-15 MG	N	Opioid Combinations	2	0.00%	2	F	F
2349	SSB	AKLIEF	0.005 %	N	Acne Products	2	0.00%	2	NF	X
2350	GENERIC	ALENDRONATE SODIUM	10MG	Y	Bone Density Regulators	2	0.00%	2	NF	F
2351	GENERIC	ALOGLIPTIN BENZOATE	25 MG	Y	Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	2	0.00%	1	F	X
2352	GENERIC	AMIODARONE HCL	400 MG	Y	Antiarrhythmics Type III	2	0.00%	1	F	F
2353	GENERIC	AMLODIPINE BESYLATE	5 MG	Y	Calcium Channel Blockers	2	0.00%	1	F	F
2354	GENERIC	AMOXICILLIN-POT CLAVULANATE	250-125 MG	N	Penicillin Combinations	2	0.00%	2	F	F
2355	GENERIC	APREPITANT	80 MG	N	Substance P/Neurokinin 1 (NK1) Receptor Antagonists	2	0.00%	2	F	F
2356	GENERIC	ARANELLE	0.5/1/0.5-35 MG-MCG	Y	Combination Contraceptives - Oral	2	0.00%	1	NF	F
2357	GENERIC	ASHLYNA	0.15-0.03 &0.01 MG	Y	Combination Contraceptives - Oral	2	0.00%	2	F	F
2358	SSB	ASMANEX (120 METERED DOSES)	220 MCG/ACT	Y	Steroid Inhalants	2	0.00%	1	NF	X
2359	GENERIC	AUBRA EQ	0.1-20 MG-MCG	Y	Combination Contraceptives - Oral	2	0.00%	1	NF	F
2360	GENERIC	AZITHROMYCIN	1 GM	N	Azithromycin	2	0.00%	2	F	F
2361	GENERIC	BACITRACIN	500 UNIT/GM	N	Ophthalmic Anti-infectives	2	0.00%	2	F	F
2362	GENERIC	BACLOFEN	25 MG/5ML	N	Central Muscle Relaxants	2	0.00%	1	F	F
2363	GENERIC	BAYER LOW DOSE	81 MG	N	Salicylates	2	0.00%	1	NF	F
2364	NON DRUG	BD 3ML SYRINGE/SAFETYGLIDE SHIELDING IM NEEDLE 23GX1"	0	N	Parenteral Therapy Supplies	2	0.00%	2	F	F
2365	NON DRUG	BD INSULIN SYRINGE ULTRAFINE	30G X 1/2" 0.3 ML	N	Parenteral Therapy Supplies	2	0.00%	1	F	X
2366	NON DRUG	BD INTEGRA SYRINGE	23G X 1" 3 ML	N	Parenteral Therapy Supplies	2	0.00%	1	F	F
2367	NON DRUG	BD LUER-LOK SYRINGE	22G X 1-1/2" 3 ML	N	Parenteral Therapy Supplies	2	0.00%	1	F	F
2368	NON DRUG	BD PEN NEEDLE ORIG ULTRAFINE	29G X 12.7MM	N	Parenteral Therapy Supplies	2	0.00%	1	F	X
2369	NON DRUG	BD SAFETYGLIDE HYPODERMICNEEDLE 25GX5/8"	0	N	Parenteral Therapy Supplies	2	0.00%	1	NF	F
2370	NON DRUG	BD SAFETYGLIDE NEEDLE	18G X 1-1/2"	N	Parenteral Therapy Supplies	2	0.00%	1	NF	F
2371	NON DRUG	BD SAFETYGLIDE NEEDLE	25G X 1"	N	Parenteral Therapy Supplies	2	0.00%	2	NF	F
2372	SSB	BELBUCA	300 MCG	N	Opioid Partial Agonists	2	0.00%	1	NF	NF
2373	MSB	BETIMOL	0.5 %	Y	Beta-blockers - Ophthalmic	2	0.00%	2	F	X
2374	MSB	BRILINTA	60 MG	Y	Platelet Aggregation Inhibitors	2	0.00%	1	NF	X
2375	GENERIC	BUTALBITAL-ACETAMINOPHEN	50-325 MG	N	Analgesic Combinations	2	0.00%	2	F	F
2376	MSB	BYSTOLIC	20 MG	Y	Beta Blockers Cardio-Selective	2	0.00%	1	NF	X
2377	GENERIC	CANDESARTAN CILEXETIL-HCTZ	32-25 MG	Y	Antihypertensive Combinations	2	0.00%	1	NF	F
2378	GENERIC	CARTIA XT	180 MG	Y	Calcium Channel Blockers	2	0.00%	2	NF	F

2379	GENERIC	CARVEDILOL	25 MG	Y	Alpha-Beta Blockers	2	0.00%	1	F	F
2380	GENERIC	CEFPODOXIME PROXETIL	100 MG/5ML	N	Cephalosporins - 3rd Generation	2	0.00%	2	F	F
2381	GENERIC	CELECOXIB	400 MG	Y	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	2	0.00%	2	F	F
2382	GENERIC	CEPHALEXIN	750 MG	N	Cephalosporins - 1st Generation	2	0.00%	2	F	F
2383	SSB	CIBINQO	100 MG	N	Eczema Agents	2	0.00%	1	F	X
2384	SSB	CIMZIA-STARTER	200 MG/ML	Y	Inflammatory Bowel Agents	2	0.00%	2	F	NF
2385	SSB	CIPRO	250 MG/5ML (5%)	N	Fluoroquinolones	2	0.00%	2	NF	F
2386	GENERIC	CLONAZEPAM	0.125 MG	N	Anticonvulsants - Benzodiazepines	2	0.00%	2	F	F
2387	GENERIC	CLORAZEPATE DIPOTASSIUM	3.75 MG	N	Benzodiazepines	2	0.00%	2	F	F
2388	NON DRUG	COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK	0	N	Respiratory Therapy Supplies	2	0.00%	2	NF	F
2389	NON DRUG	COMPLETE NEEDLE COLLECTION & DISPOSAL SYSTEM	0	N	Parenteral Therapy Supplies	2	0.00%	2	NF	F
2390	MSB	CUVPOSA	1 MG/5ML	Y	Antispasmodics	2	0.00%	1	NF	X
2391	GENERIC	CVS GENTLE LAXATIVE	5 MG	N	Stimulant Laxatives	2	0.00%	2	NF	F
2392	GENERIC	CYCLOPENTOLATE HCL	1 %	Y	Cycloplegic Mydriatics	2	0.00%	2	F	F
2393	GENERIC	CYCLOSPORINE MODIFIED	25 MG	Y	Immunosuppressive Agents	2	0.00%	2	NF	F
2394	GENERIC	DASATINIB	100 MG	N	Antineoplastic Enzyme Inhibitors	2	0.00%	1	F	F
2395	SSB	DAYVIGO	5 MG	N	Orexin Receptor Antagonists	2	0.00%	1	NF	X
2396	SSB	DEPO-ESTRADIOL	5 MG/ML	N	Estrogens	2	0.00%	1	NF	NF
2397	SSB	DESCOVY	200-25 MG	Y	Antiretrovirals	2	0.00%	1	NF	F
2398	NON DRUG	DEXCOM G6 RECEIVER	0	N	Diabetic Supplies	2	0.00%	2	NF	F
2399	GENERIC	DICLOFENAC SODIUM	25 MG	Y	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	2	0.00%	2	F	F
2400	GENERIC	DICYCLOMINE HCL	10 MG/5ML	N	Antispasmodics	2	0.00%	2	F	F
2401	GENERIC	DILTIAZEM HCL ER	420 MG	Y	Calcium Channel Blockers	2	0.00%	1	NF	F
2402	GENERIC	DILTIAZEM HCL ER	60 MG	Y	Calcium Channel Blockers	2	0.00%	1	NF	F
2403	GENERIC	DIMETHYL FUMARATE	240 MG	Y	Multiple Sclerosis Agents	2	0.00%	1	F	F
2404	GENERIC	DOLISHALE	90-20 MCG	Y	Combination Contraceptives - Oral	2	0.00%	1	F	F
2405	GENERIC	DOXYCYCLINE MONOHYDRATE	25 MG/5ML	N	Tetracyclines	2	0.00%	2	F	F
2406	MSB	DUREZOL	0.05 %	N	Ophthalmic Steroids	2	0.00%	1	NF	X
2407	NON DRUG	EASIVENT MASK SMALL	0	N	Respiratory Therapy Supplies	2	0.00%	2	NF	F
2408	NON DRUG	EASY TOUCH PEN NEEDLES 31GX1/4"	0	N	Parenteral Therapy Supplies	2	0.00%	1	F	X
2409	NON DRUG	EASY TOUCH PEN NEEDLES 32GX5/32"	0	N	Parenteral Therapy Supplies	2	0.00%	2	F	X
2410	NON DRUG	EASY TOUCH SYRINGE BARREL	1 ML	N	Parenteral Therapy Supplies	2	0.00%	2	NF	F
2411	SSB	ELMIRON	100 MG	N	Interstitial Cystitis Agents	2	0.00%	1	F	F
2412	GENERIC	EQ ASPIRIN LOW DOSE	81 MG	N	Salicylates	2	0.00%	2	F	F
2413	GENERIC	EQ GENTLE LAXATIVE	5 MG	N	Stimulant Laxatives	2	0.00%	2	NF	F
2414	GENERIC	EVEROLIMUS	0.5 MG	Y	Immunosuppressive Agents	2	0.00%	1	NF	F
2415	SSB	FETZIMA	20 MG	Y	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)	2	0.00%	2	NF	F
2416	SSB	FETZIMA TITRATION PACK	0	N	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)	2	0.00%	2	NF	F
2417	GENERIC	FLUOCINONIDE EMULSIFIED BASE	.05%	N	Corticosteroids - Topical	2	0.00%	2	F	F
2418	GENERIC	FLURBIPROFEN	100 MG	Y	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	2	0.00%	1	F	F
2419	GENERIC	FLUTICASONE-SALMETEROL	55-14 MCG/ACT	Y	Sympathomimetics	2	0.00%	2	NF	X
2420	GENERIC	FLUVOXAMINE MALEATE ER	100 MG	Y	Selective Serotonin Reuptake Inhibitors (SSRIs)	2	0.00%	1	NF	F
2421	MSB	FML LIQUIFILM	0.1 %	N	Ophthalmic Steroids	2	0.00%	2	F	X
2422	MSB	FOCALIN XR	15 MG	Y	Stimulants - Misc.	2	0.00%	1	NF	X
2423	SSB	FOSAMAX PLUS D	70-5600 MG-UNIT	Y	Bone Density Regulators	2	0.00%	1	NF	F
2424	TS	FREESTYLE TEST STRIPS	0	N	Diagnostic Tests	2	0.00%	1	NF	F
2425	SSB	FRUZAQLA	5 MG	N	Antineoplastic - Angiogenesis Inhibitors	2	0.00%	1	NF	F
2426	GENERIC	GABAPENTIN	250 MG/5ML	Y	Anticonvulsants - Misc.	2	0.00%	2	F	F
2427	GENERIC	GENTLE LAXATIVE	5 MG	N	Stimulant Laxatives	2	0.00%	2	NF	F
2428	NON DRUG	GNP ALCOHOL SWABS	70%	N	Misc. Devices	2	0.00%	1	NF	F
2429	GENERIC	HM LAXATIVE	5 MG	N	Stimulant Laxatives	2	0.00%	2	NF	F
2430	GENERIC	HYDROCORT-PRAMOXINE (PERIANAL)	2.5-1 %	N	Rectal Combinations	2	0.00%	2	F	F
2431	GENERIC	HYDROCORTISONE	1 %	N	Corticosteroids - Topical	2	0.00%	2	F	F
2432	GENERIC	HYDROCORTISONE ACE-PRAMOXINE	1-1 %	N	Rectal Combinations	2	0.00%	2	F	F
2433	NON DRUG	INPEN 100-GREY-NOVOLOG-FIASP	0	N	Parenteral Therapy Supplies	2	0.00%	2	NF	F
2434	SSB	INSULIN ASPART	100 UNIT/ML	Y	Insulin	2	0.00%	2	NF	X
2435	NON DRUG	INSULIN SYRINGE/1ML/30G X 5/16"	0	N	Parenteral Therapy Supplies	2	0.00%	1	F	X
2436	GENERIC	ISOSORBIDE DINITRATE	5 MG	Y	Nitrates	2	0.00%	1	F	F
2437	GENERIC	ISOTRETINOIN	10 MG	N	Acne Products	2	0.00%	1	F	F
2438	GENERIC	IVERMECTIN	3 MG	N	Anthelmintics	2	0.00%	2	F	F
2439	GENERIC	KELNOR 1/50	1-50 MG-MCG	Y	Combination Contraceptives - Oral	2	0.00%	2	NF	F
2440	GENERIC	KETOROLAC TROMETHAMINE	0.4 %	N	Ophthalmics - Misc.	2	0.00%	2	F	F
2441	SSB	KISQALI (600 MG DOSE)	200 MG	N	Antineoplastic Enzyme Inhibitors	2	0.00%	1	NF	F
2442	NON DRUG	KROGER PEN NEEDLES/32G X5/32"	0	N	Parenteral Therapy Supplies	2	0.00%	1	F	X
2443	GENERIC	LAMOTRIGINE	5 MG	Y	Anticonvulsants - Misc.	2	0.00%	1	F	F
2444	GENERIC	LEUCOVORIN CALCIUM	25 MG	N	Chemotherapy Rescue/Antidote Agents	2	0.00%	1	F	F
2445	GENERIC	LEVALBUTEROL HCL	0.63 MG/3ML	Y	Sympathomimetics	2	0.00%	2	NF	F
2446	GENERIC	LEVETIRACETAM	250 MG	Y	Anticonvulsants - Misc.	2	0.00%	1	F	F
2447	GENERIC	LEVOCARNITINE SF	1 GM/10ML	Y	Metabolic Modifiers	2	0.00%	1	F	F
2448	GENERIC	LEVONORG-ETH ESTRAD TRIPHASIC	50-30/75-40/ 125-30 MCG	Y	Combination Contraceptives - Oral	2	0.00%	1	NF	F
2449	GENERIC	LEVONORGESTREL-ETHINYL ESTRAD	90-20 MCG	Y	Combination Contraceptives - Oral	2	0.00%	2	F	F
2450	SSB	LIBERVANT	5 MG	N	Anticonvulsants - Benzodiazepines	2	0.00%	1	NF	NF
2451	SSB	LIKMEZ	500 MG/5ML	N	Anti-infective Agents - Misc.	2	0.00%	2	NF	NF
2452	GENERIC	LIOTHYRONINE SODIUM	50 MCG	Y	Thyroid Hormones	2	0.00%	2	F	F
2453	SSB	LITFULO	50 MG	N	Hair Growth Agents	2	0.00%	1	NF	NF
2454	MSB	LITHIUM CARBONATE	150 MG	Y	Antimanic Agents	2	0.00%	1	F	X
2455	GENERIC	LORAZEPAM INTENSOL	2 MG/ML	N	Benzodiazepines	2	0.00%	2	F	F
2456	SSB	LOTEMAX	0.5 %	N	Ophthalmic Steroids	2	0.00%	2	NF	F
2457	GENERIC	LYLLANA	0.025 MG/24HR	Y	Estrogens	2	0.00%	2	F	F
2458	GENERIC	LYLLANA	0.075 MG/24HR	Y	Estrogens	2	0.00%	2	F	F
2459	SSB	MAVYRET	100-40 MG	N	Hepatitis Agents	2	0.00%	1	F	NF
2460	GENERIC	MECLOFENAMATE SODIUM	100 MG	Y	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	2	0.00%	2	F	F
2461	GENERIC	MEFLOQUINE HCL	250 MG	Y	Antimalarials	2	0.00%	2	F	F
2462	GENERIC	MEGESTROL ACETATE	40 MG	N	Antineoplastic - Hormonal and Related Agents	2	0.00%	2	F	F
2463	GENERIC	MEGESTROL ACETATE	40 MG/ML	N	Antineoplastic - Hormonal and Related Agents	2	0.00%	2	F	F
2464	GENERIC	METHAMPHETAMINE HCL	5 MG	Y	Amphetamines	2	0.00%	1	F	F
2465	GENERIC	METHYLPREDNISOLONE	8 MG	N	Glucocorticosteroids	2	0.00%	1	F	F
2466	GENERIC	MORPHINE SULFATE ER BEADS	30 MG	N	Opioid Agonists	2	0.00%	1	F	F
2467	GENERIC	NAPROXEN SODIUM	275 MG	Y	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	2	0.00%	1	F	F
2468	GENERIC	NEBIVOLOL HCL	2.5 MG	Y	Beta Blockers Cardio-Selective	2	0.00%	2	NF	F
2469	GENERIC	NEOMYCIN-BACITRACIN ZN-POLYMYX	5-400-10000	N	Ophthalmic Anti-infectives	2	0.00%	2	F	F
2470	SSB	NEXTSTELLIS	3-14.2 MG	Y	Combination Contraceptives - Oral	2	0.00%	1	NF	F
2471	GENERIC	NICOTINE STEP 1	21 MG/24HR	N	Smoking Deterrents	2	0.00%	2	NF	F
2472	GENERIC	NITROGLYCERIN	0.4 %	N	Vasodilating Agents	2	0.00%	2	F	F
2473	SSB	NOVOEIGHT	250 UNIT	N	Antihemophilic Products	2	0.00%	1	F	F
2474	GENERIC	OCTREOTIDE ACETATE	200 MCG/ML	Y	Somatostatic Agents	2	0.00%	1	F	F
2475	SSB	OLUMIANT	2 MG	Y	Antirheumatic - Enzyme Inhibitors	2	0.00%	1	F	NF
2476	NON DRUG	ONETOUCH DELICA PLUS LANCET33G	0	N	Diabetic Supplies	2	0.00%	1	F	F
2477	NON DRUG	ONETOUCH ULTRASOFT LANCETS	0	N	Diabetic Supplies	2	0.00%	2	NF	F
2478	GENERIC	PACERONE	400 MG	Y	Antiarrhythmics Type III	2	0.00%	1	F	F

2479	GENERIC	PEG-3350/ELECTROLYTES/ASCORBAT	100 GM	N	Laxative Combinations	2	0.00%	2	F	F
2480	NON DRUG	PEN NEEDLES	32G X 4 MM	N	Parenteral Therapy Supplies	2	0.00%	1	F	X
2481	NON DRUG	PENTIPS GENERIC PEN NEEDLES	32G X 4 MM	N	Parenteral Therapy Supplies	2	0.00%	1	F	X
2482	GENERIC	PERIOGARD	0.12 %	N	Antiseptics - Mouth/Throat	2	0.00%	1	F	F
2483	GENERIC	PHILITH	0.4-35 MG-MCG	Y	Combination Contraceptives - Oral	2	0.00%	1	NF	F
2484	SSB	POMALYST	4 MG	N	Antineoplastic - Immunomodulators	2	0.00%	1	NF	F
2485	GENERIC	POTASSIUM CHLORIDE	20 MEQ/15ML (10%)	Y	Potassium	2	0.00%	2	F	F
2486	GENERIC	PREDNISONE	5 MG/5ML	N	Glucocorticosteroids	2	0.00%	2	F	F
2487	SSB	PRENATE MINI	18-0.6-0.4-350 MG	N	Prenatal Vitamins	2	0.00%	1	NF	X
2488	MSB	PREVIDENT	1.1 %	Y	Dental Products	2	0.00%	2	NF	X
2489	GENERIC	PROBENECID	500 MG	Y	Uricosurics	2	0.00%	1	F	F
2490	GENERIC	PROMETHEGAN	12.5 MG	N	Antihistamines - Phenothiazines	2	0.00%	2	F	F
2491	GENERIC	PROTRIPTYLINE HCL	10 MG	Y	Tricyclic Agents	2	0.00%	1	F	F
2492	GENERIC	RAMELTEON	8 MG	N	Selective Melatonin Receptor Agonists	2	0.00%	1	F	F
2493	SSB	RECOMBINATE	1241-1800 UNIT	N	Antihemophilic Products	2	0.00%	1	F	NF
2494	SSB	RECOMBINATE	801-1240 UNIT	N	Antihemophilic Products	2	0.00%	1	F	NF
2495	SSB	REPATHA PUSHTRONEX SYSTEM	420 MG/3.5ML	Y	Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors	2	0.00%	2	F	F
2496	SSB	RHOPRESSA	0.02 %	Y	Ophthalmic Kinase Inhibitors	2	0.00%	1	NF	NF
2497	GENERIC	RIFABUTIN	150 MG	N	Antimycobacterial Agents	2	0.00%	1	F	F
2498	SSB	SANCUSO	3.1 MG/24HR	N	5-HT3 Receptor Antagonists	2	0.00%	2	NF	NF
2499	NON DRUG	SILHOUETTE 23" INFUSION SET	0	N	Diabetic Supplies	2	0.00%	1	F	F
2500	GENERIC	SM NICOTINE	21 MG/24HR	N	Smoking Deterrents	2	0.00%	2	NF	F
2501	GENERIC	SODIUM FLUORIDE	2.2 (1 F) MG	Y	Fluoride	2	0.00%	2	F	F
2502	GENERIC	SODIUM SULFACETAMIDE WASH	10 %	N	Antiseborrheic Products	2	0.00%	1	F	F
2503	SSB	SPRIX	15.75 MG/SPRAY	N	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	2	0.00%	1	NF	X
2504	GENERIC	SPS (SODIUM POLYSTYRENE SULF)	15 GM/60ML	N	Potassium Removing Agents	2	0.00%	2	NF	F
2505	GENERIC	SULFACETAMIDE SODIUM	10 %	N	Antiseborrheic Products	2	0.00%	2	F	F
2506	GENERIC	SULFACETAMIDE SODIUM-SULFUR	10-5 %	N	Acne Products	2	0.00%	1	F	X
2507	GENERIC	SULFACETAMIDE-PREDNISOLONE	10-0.23 %	N	Ophthalmic Steroids	2	0.00%	1	F	F
2508	SSB	SUNOSI	75 MG	Y	Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)	2	0.00%	2	F	NF
2509	SSB	SYNJARDY	12.5-500 MG	Y	Antidiabetic Combinations	2	0.00%	1	F	F
2510	MSB	SYNTHROID	100 MCG	Y	Thyroid Hormones	2	0.00%	1	NF	X
2511	MSB	SYNTHROID	125 MCG	Y	Thyroid Hormones	2	0.00%	1	NF	X
2512	GENERIC	TESTOSTERONE	40.5 MG/2.5GM (1.62%)	Y	Androgens	2	0.00%	2	F	F
2513	GENERIC	TESTOSTERONE	50 MG/5GM (1%)	Y	Androgens	2	0.00%	1	F	F
2514	GENERIC	TIMOLOL MALEATE PF	0.5 %	Y	Beta-blockers - Ophthalmic	2	0.00%	1	F	F
2515	SSB	TOBREX	0.3 %	N	Ophthalmic Anti-infectives	2	0.00%	2	NF	F
2516	GENERIC	TOPIRAMATE ER	100 MG	Y	Anticonvulsants - Misc.	2	0.00%	1	F	F
2517	GENERIC	TRANYLCYPROMINE SULFATE	10 MG	Y	Monoamine Oxidase Inhibitors (MAOIs)	2	0.00%	1	F	F
2518	GENERIC	TRI-LO-SPRINTEC	0.18/0.215/0.25 MG-25 MCG	Y	Combination Contraceptives - Oral	2	0.00%	2	F	F
2519	NON DRUG	TRUEPLUS INSULIN SYRINGE	31G X 5/16" 0.3 ML	N	Parenteral Therapy Supplies	2	0.00%	1	F	X
2520	NON DRUG	ULTICARE ALCOHOL SWABS	70 %	N	Misc. Devices	2	0.00%	1	NF	F
2521	NON DRUG	ULTICARE INSULIN SYRINGE	31G X 1/4" 1 ML	N	Parenteral Therapy Supplies	2	0.00%	1	F	X
2522	NON DRUG	ULTICARE MINI PEN NEEDLES	31G X 6 MM	N	Parenteral Therapy Supplies	2	0.00%	2	F	X
2523	NON DRUG	ULTICARE SYRINGE	22G X 1-1/2" 3 ML	N	Parenteral Therapy Supplies	2	0.00%	1	F	F
2524	NON DRUG	UNIFINE PENTIPS 32GX4MM	0	N	Parenteral Therapy Supplies	2	0.00%	2	F	X
2525	GENERIC	VALSARTAN-HYDROCHLOROTHIAZIDE	160-12.5 MG	Y	Antihypertensive Combinations	2	0.00%	1	F	F
2526	SSB	VALTOCO 5 MG DOSE	5 MG/0.1ML	N	Anticonvulsants - Benzodiazepines	2	0.00%	1	NF	NF
2527	SSB	VELIVET	0.1/0.125/0.15 -0.025 MG	Y	Combination Contraceptives - Oral	2	0.00%	1	NF	F
2528	GENERIC	VERAPAMIL HCL	80 MG	Y	Calcium Channel Blockers	2	0.00%	1	NF	F
2529	MSB	VERAPAMIL HCL ER	100 MG	Y	Calcium Channel Blockers	2	0.00%	1	NF	X
2530	MSB	VIMPAT	50 MG	Y	Anticonvulsants - Misc.	2	0.00%	1	NF	X
2531	SSB	WEGOVY	1.7 MG/0.75ML	Y	Anti-Obesity Agents	2	0.00%	2	NF	F
2532	GENERIC	WERA	35MCG-.5MG	Y	Combination Contraceptives - Oral	2	0.00%	1	NF	F
2533	SSB	XTAMPZA ER	18MG	N	Opioid Agonists	2	0.00%	1	NF	NF
2534	SSB	XTAMPZA ER	36MG	N	Opioid Agonists	2	0.00%	1	NF	NF
2535	SSB	ZEGALOGUE	0.6 MG/0.6ML	N	Diabetic Other	2	0.00%	2	F	F
2536	SSB	ZURZUVAE	25 MG	N	GABA Receptor Modulator - Neuroactive Steroid	2	0.00%	2	F	F
2537	MSB	ADDERALL	10 MG	Y	Amphetamines	1	0.00%	1	NF	X
2538	MSB	ADDERALL	5 MG	Y	Amphetamines	1	0.00%	1	NF	X
2539	MSB	ADDERALL XR	25 MG	Y	Amphetamines	1	0.00%	1	F	X
2540	GENERIC	ADULT ASPIRIN REGIMEN	81 MG	N	Salicylates	1	0.00%	1	NF	F
2541	NON DRUG	AEROCHAMBER PLUS FLO-VU SMALL	0	N	Respiratory Therapy Supplies	1	0.00%	1	NF	F
2542	GENERIC	ALBUTEROL SULFATE	2.5 MG/0.5ML	Y	Sympathomimetics	1	0.00%	1	NF	F
2543	NON DRUG	ALCOHOL PREP PADS	70%	N	Misc. Devices	1	0.00%	1	NF	F
2544	MSB	ALREX	0.2 %	N	Ophthalmic Steroids	1	0.00%	1	F	X
2545	GENERIC	AMINOCAPROIC ACID	0.25 GM/ML	N	Hemostatics - Systemic	1	0.00%	1	F	F
2546	SSB	AMZEEQ	4 %	N	Acne Products	1	0.00%	1	NF	X
2547	SSB	ANNOVERA	0.013-0.15 MG/24HR	Y	Combination Contraceptives - Vaginal	1	0.00%	1	NF	F
2548	SSB	ARZOL SILVER NIT APPLICATORS	75-25 %	N	Cauterizing Agents	1	0.00%	1	NF	NF
2549	SSB	ASMANEX (60 METERED DOSES)	220 MCG/ACT	Y	Steroid Inhalants	1	0.00%	1	NF	X
2550	GENERIC	ASPIRIN EC ADULT LOW DOSE	81 MG	N	Salicylates	1	0.00%	1	NF	F
2551	GENERIC	ASPIRIN EC LOW STRENGTH	81 MG	N	Salicylates	1	0.00%	1	NF	F
2552	GENERIC	ASPIRIN REGIMEN	81 MG	N	Salicylates	1	0.00%	1	NF	F
2553	GENERIC	ATOVAQUONE	750 MG/5ML	N	Antiprotozoal Agents	1	0.00%	1	F	F
2554	GENERIC	AUROVELA 1.5/30	1.5-30 MG-MCG	Y	Combination Contraceptives - Oral	1	0.00%	1	NF	F
2555	GENERIC	AUROVELA 1/20	1-20 MG-MCG	Y	Combination Contraceptives - Oral	1	0.00%	1	NF	F
2556	SSB	AUSTEDO	12 MG	Y	Movement Disorder Drug Therapy	1	0.00%	1	F	F
2557	SSB	AUSTEDO	6 MG	Y	Movement Disorder Drug Therapy	1	0.00%	1	F	F
2558	SSB	AUSTEDO XR	12 MG	Y	Movement Disorder Drug Therapy	1	0.00%	1	F	F
2559	SSB	AUSTEDO XR	24 MG	Y	Movement Disorder Drug Therapy	1	0.00%	1	F	F
2560	SSB	AUSTEDO XR	36 MG	Y	Movement Disorder Drug Therapy	1	0.00%	1	F	F
2561	SSB	AZASITE	1 %	N	Ophthalmic Anti-infectives	1	0.00%	1	NF	X
2562	NON DRUG	BD BLUNT FILL NEEDLE	18G X 1-1/2"	N	Parenteral Therapy Supplies	1	0.00%	1	NF	F
2563	NON DRUG	BD DISP NEEDLES	22G X 1-1/2"	N	Parenteral Therapy Supplies	1	0.00%	1	NF	F
2564	NON DRUG	BD ECLIPSE SYRINGE/NEEDLE	23G X 1" 3 ML	N	Parenteral Therapy Supplies	1	0.00%	1	F	F
2565	NON DRUG	BD HYPODERMIC NEEDLE	23G X 1"	N	Parenteral Therapy Supplies	1	0.00%	1	NF	F
2566	NON DRUG	BD INS SYR ULTRAFINE 1/2UNIT	31G X 5/16" 0.3 ML	N	Parenteral Therapy Supplies	1	0.00%	1	F	F
2567	NON DRUG	BD INSULIN SYRINGE ULTRAFINE	30G X 1/2" 0.5 ML	N	Parenteral Therapy Supplies	1	0.00%	1	F	F
2568	NON DRUG	BD INSULIN SYRINGE ULTRAFINE	30G X 1/2" 1 ML	N	Parenteral Therapy Supplies	1	0.00%	1	F	F
2569	NON DRUG	BD INTEGRA SYRINGE	22G X 1-1/2" 3 ML	N	Parenteral Therapy Supplies	1	0.00%	1	F	F
2570	NON DRUG	BD INTEGRA SYRINGE	25G X 1" 3 ML	N	Parenteral Therapy Supplies	1	0.00%	1	F	F
2571	NON DRUG	BD PRECISIONGLIDE NEEDLE	23G X 1-1/2"	N	Parenteral Therapy Supplies	1	0.00%	1	NF	F
2572	NON DRUG	BD SYRINGE/NEEDLE	25G X 5/8" 3 ML	N	Parenteral Therapy Supplies	1	0.00%	1	F	F
2573	MSB	BETAMETHASONE VALERATE	0.1 %	N	Corticosteroids - Topical	1	0.00%	1	F	X

2574	GENERIC	BETHANECHOL CHLORIDE	10 MG	N	Urinary Antispasmodics - Cholinergic Agonists	1	0.00%	1	F	F
2575	GENERIC	BIMATOPROST	0.03 %	Y	Prostaglandins - Ophthalmic	1	0.00%	1	F	F
2576	GENERIC	BIS SUBCIT-METRONID-TETRACYC	140-125-125 MG	N	Ulcer Therapy Combinations	1	0.00%	1	F	F
2577	GENERIC	BLISOVI FE 1/20	1-20 MG-MCG	Y	Combination Contraceptives - Oral	1	0.00%	1	F	F
2578	GENERIC	BREYNA	160-4.5 MCG/ACT	Y	Sympathomimetics	1	0.00%	1	NF	F
2579	GENERIC	BROMFENAC SODIUM (ONCE-DAILY)	0.09 %	N	Ophthalmics - Misc.	1	0.00%	1	F	F
2580	GENERIC	BUPRENORPHINE	5 MCG/HR	N	Opioid Partial Agonists	1	0.00%	1	F	F
2581	MSB	BUTRANS	5 MCG/HR	N	Opioid Partial Agonists	1	0.00%	1	NF	X
2582	GENERIC	CAMILA	0.35 MG	Y	Progestin Contraceptives - Oral	1	0.00%	1	NF	F
2583	GENERIC	CAMRESE LO	0.1-0.02 & 0.01 MG	Y	Combination Contraceptives - Oral	1	0.00%	1	F	F
2584	SSB	CAMZYOS	5 MG	Y	UNKNOWN	1	0.00%	1	NF	NF
2585	SSB	CAPLYTA	10.5 MG	Y	Antipsychotics - Misc.	1	0.00%	1	NF	NF
2586	SSB	CAPLYTA	42 MG	Y	Antipsychotics - Misc.	1	0.00%	1	F	NF
2587	GENERIC	CEFADROXIL	250 MG/5ML	N	Cephalosporins - 1st Generation	1	0.00%	1	F	F
2588	GENERIC	CHOLESTYRAMINE	4 GM/DOSE	Y	Bile Acid Sequestrants	1	0.00%	1	F	F
2589	GENERIC	CILOSTAZOL	100 MG	Y	Platelet Aggregation Inhibitors	1	0.00%	1	NF	F
2590	MSB	CIPRO	500MG	N	Fluoroquinolones	1	0.00%	1	NF	X
2591	GENERIC	CIPROFLOXACIN HCL	0.2 %	N	Otic Anti-infectives	1	0.00%	1	F	F
2592	GENERIC	CLARITHROMYCIN	250 MG/5ML	N	Clarithromycin	1	0.00%	1	F	F
2593	MSB	CLEMASTINE FUMARATE	2.68 MG	N	Antihistamines - Ethanolamines	1	0.00%	1	F	X
2594	SSB	CLENPIQ	10-3.5-12 MG-GM -GM/175ML	N	Laxative Combinations	1	0.00%	1	NF	F
2595	GENERIC	CLINDAMYCIN HCL	75 MG	N	Lincosamides	1	0.00%	1	F	F
2596	GENERIC	CLINPRO 5000	1.1 %	Y	Dental Products	1	0.00%	1	NF	F
2597	GENERIC	CLOMIPRAMINE HCL	75 MG	Y	Tricyclic Agents	1	0.00%	1	F	F
2598	GENERIC	COLISTIMETHATE SODIUM (CBA)	150 MG	N	Polymyxins	1	0.00%	1	F	F
2599	NON DRUG	COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK	0	N	Respiratory Therapy Supplies	1	0.00%	1	NF	F
2600	NON DRUG	COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK	0	N	Respiratory Therapy Supplies	1	0.00%	1	NF	F
2601	NON DRUG	CONTOUR NEXT GEN MONITOR	0	N	Diabetic Supplies	1	0.00%	1	F	F
2602	MSB	CORLANOR	7.5 MG	Y	Sinus Node Inhibitors	1	0.00%	1	F	X
2603	SSB	CORTISPORIN-TC	3.3-3-10-0.5 MG/ML	N	Otic Combinations	1	0.00%	1	NF	NF
2604	SSB	CREON	60000UNIT-12000UNIT-12000UNIT-38000UNIT	Y	Digestive Enzymes	1	0.00%	1	F	F
2605	GENERIC	CVS ASPIRIN ADULT LOW DOSE	81 MG	N	Salicylates	1	0.00%	1	F	F
2606	GENERIC	CVS NICOTINE	2 MG	N	Smoking Deterrents	1	0.00%	1	NF	F
2607	GENERIC	CVS NICOTINE POLACRILEX	4 MG	N	Smoking Deterrents	1	0.00%	1	F	F
2608	SSB	CYCLOGYL	2 %	Y	Cycloplegic Mydriatics	1	0.00%	1	NF	NF
2609	GENERIC	CYCLOSPORINE MODIFIED	100 MG	Y	Immunosuppressive Agents	1	0.00%	1	NF	F
2610	GENERIC	CYRED EQ	0.15-30 MG-MCG	Y	Combination Contraceptives - Oral	1	0.00%	1	NF	F
2611	MSB	DERMA-SMOOTHE/FS SCALP	.01%	N	Corticosteroids - Topical	1	0.00%	1	NF	X
2612	GENERIC	DESIPRAMINE HCL	100 MG	Y	Tricyclic Agents	1	0.00%	1	F	F
2613	GENERIC	DESMOPRESSIN ACETATE SPRAY	0.01 %	Y	Posterior Pituitary Hormones	1	0.00%	1	F	F
2614	GENERIC	DEXAMETHASONE	1.5 MG	N	Glucocorticosteroids	1	0.00%	1	F	F
2615	GENERIC	DEXMETHYLPHENIDATE HCL ER	35 MG	Y	Stimulants - Misc.	1	0.00%	1	F	F
2616	GENERIC	DIAZOXIDE	50 MG/ML	Y	Diabetic Other	1	0.00%	1	F	F
2617	GENERIC	DILT-XR	240 MG	Y	Calcium Channel Blockers	1	0.00%	1	NF	F
2618	GENERIC	DIMETHYL FUMARATE	120 MG	Y	Multiple Sclerosis Agents	1	0.00%	1	NF	F
2619	SSB	DIPENTUM	250 MG	Y	Inflammatory Bowel Agents	1	0.00%	1	NF	X
2620	GENERIC	DISULFIRAM	500 MG	Y	Agents for Chemical Dependency	1	0.00%	1	F	F
2621	MSB	DODEX	1000 MCG/ML	N	Cobalamins	1	0.00%	1	NF	X
2622	GENERIC	DOFETILIDE	500 MCG	Y	Antiarrhythmics Type III	1	0.00%	1	F	F
2623	GENERIC	DOXEPIN HCL	3 MG	N	Hypnotics - Tricyclic Agents	1	0.00%	1	F	F
2624	NON DRUG	DROPLET PEN NEEDLES 31GX5MM	0	N	Parenteral Therapy Supplies	1	0.00%	1	F	X
2625	NON DRUG	DROPLET PEN NEEDLES 31GX8MM	0	N	Parenteral Therapy Supplies	1	0.00%	1	F	X
2626	NON DRUG	EASY TOUCH HYPODERMIC NEEDLE	23G X 1"	N	Parenteral Therapy Supplies	1	0.00%	1	NF	F
2627	NON DRUG	EASY TOUCH INSULIN BARRELS	U-100 1 ML	N	Parenteral Therapy Supplies	1	0.00%	1	NF	X
2628	NON DRUG	EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	0	N	Parenteral Therapy Supplies	1	0.00%	1	F	X
2629	NON DRUG	EASY TOUCH LANCETS 30G/TWIST	0	N	Diabetic Supplies	1	0.00%	1	NF	F
2630	NON DRUG	EASY TOUCH PEN NEEDLES 29GX1/2"	0	N	Parenteral Therapy Supplies	1	0.00%	1	F	X
2631	NON DRUG	EASY TOUCH SYRINGE BARREL	3 ML	N	Parenteral Therapy Supplies	1	0.00%	1	NF	F
2632	SSB	EFFER-K	20 MEQ	N	Potassium	1	0.00%	1	F	NF
2633	SSB	ELESTRIN	0.52 MG/0.87 GM (0.06%)	Y	Estrogens	1	0.00%	1	NF	NF
2634	GENERIC	ENALAPRIL MALEATE	10 MG	Y	ACE Inhibitors	1	0.00%	1	F	F
2635	GENERIC	ENDOCET	5-325 MG	N	Opioid Combinations	1	0.00%	1	F	F
2636	GENERIC	ENOXAPARIN SODIUM	30 MG/0.3ML	N	Heparins And Heparinoid-Like Agents	1	0.00%	1	NF	F
2637	NON DRUG	EQ SPACE CHAMBER ANTI-STATIC M	0	N	Respiratory Therapy Supplies	1	0.00%	1	NF	F
2638	NON DRUG	EQ SPACE CHAMBER ANTI-STATIC S	0	N	Respiratory Therapy Supplies	1	0.00%	1	NF	F
2639	GENERIC	ERYTHROMYCIN BASE	333 MG	N	Erythromycins	1	0.00%	1	F	F
2640	GENERIC	ESTAZOLAM	1 MG	N	Non-Barbiturate Hypnotics	1	0.00%	1	F	F
2641	GENERIC	ESTRADIOL VALERATE	10 MG/ML	N	Estrogens	1	0.00%	1	F	F
2642	MSB	ESTROGEL	0.75 MG/1.25 GM (0.06%)	Y	Estrogens	1	0.00%	1	NF	X
2643	SSB	EUCRISA	2 %	N	Phosphodiesterase 4 (PDE4) Inhibitors - Topical	1	0.00%	1	F	F
2644	GENERIC	EUTHYROX	125 MCG	Y	Thyroid Hormones	1	0.00%	1	F	F
2645	GENERIC	EUTHYROX	137 MCG	Y	Thyroid Hormones	1	0.00%	1	F	F
2646	GENERIC	FAMCICLOVIR	125MG	N	Herpes Agents	1	0.00%	1	F	F
2647	NON DRUG	FC2 FEMALE CONDOM	0	N	Contraceptives	1	0.00%	1	NF	F
2648	GENERIC	FENOFIBRATE	200 MG	Y	Fibric Acid Derivatives	1	0.00%	1	NF	F
2649	GENERIC	FENOFIBRATE	67 MG	Y	Fibric Acid Derivatives	1	0.00%	1	NF	F
2650	GENERIC	FENOFIBRATE MICRONIZED	67 MG	Y	Fibric Acid Derivatives	1	0.00%	1	NF	F
2651	GENERIC	FERROUS GLUCONATE	324 (37.5 FE) MG	N	Iron	1	0.00%	1	F	F
2652	SSB	FINACEA	15 %	N	Rosacea Agents	1	0.00%	1	NF	F
2653	SSB	FIRDAPSE	10 MG	N	Antimyasthenic/Cholinergic Agents	1	0.00%	1	F	NF
2654	SSB	FIRST-OMEPRAZOLE	2 MG/ML	Y	Proton Pump Inhibitors	1	0.00%	1	NF	NF
2655	GENERIC	FLAVOXATE HCL	100MG	Y	Urinary Antispasmodics - Direct Muscle Relaxants	1	0.00%	1	F	F
2656	MSB	FOCALIN	5 MG	Y	Stimulants - Misc.	1	0.00%	1	F	X
2657	NON DRUG	FORA LANCETS	0	N	Diabetic Supplies	1	0.00%	1	NF	F
2658	GENERIC	FT MAGNESIUM CITRATE	1.745 GM/30ML	N	Saline Laxatives	1	0.00%	1	NF	F
2659	GENERIC	FT NICOTINE MINI	4 MG	N	Smoking Deterrents	1	0.00%	1	F	F
2660	SSB	FUROSCIX	80 MG/10ML	N	Loop Diuretics	1	0.00%	1	NF	NF
2661	GENERIC	FYAVOLV	1-5 MG-MCG	Y	Estrogen Combinations	1	0.00%	1	F	F
2662	MSB	GLUCAGON EMERGENCY	1 MG/ML	N	Diabetic Other	1	0.00%	1	F	X
2663	GENERIC	GNP GENTLE LAXATIVE	5 MG	N	Stimulant Laxatives	1	0.00%	1	NF	F
2664	GENERIC	GNP MAGNESIUM CITRATE	1.745 GM/30ML	N	Saline Laxatives	1	0.00%	1	NF	F
2665	GENERIC	GNP TERBINAFINE HYDROCHLORIDE	1 %	N	Antifungals - Topical	1	0.00%	1	F	F
2666	GENERIC	GRISEOFULVIN ULTRAMICROSIZE	125 MG	N	Antifungals	1	0.00%	1	F	F
2667	SSB	HAEGARDA	2000 UNIT	N	Complement Inhibitors	1	0.00%	1	F	NF
2668	SSB	HAEGARDA	3000 UNIT	N	Complement Inhibitors	1	0.00%	1	F	NF
2669	GENERIC	HALOPERIDOL LACTATE	2 MG/ML	Y	Butyrophenones	1	0.00%	1	NF	F
2670	GENERIC	HEPARIN NA (PORK) LOCK FLSH PF	100 UNIT/ML	N	Heparins And Heparinoid-Like Agents	1	0.00%	1	NF	F
2671	GENERIC	HEPARIN SODIUM (PORCINE) PF	5000 UNIT/0.5ML	N	Heparins And Heparinoid-Like Agents	1	0.00%	1	NF	F
2672	GENERIC	HM MAGNESIUM CITRATE	1.745 GM/30ML	N	Saline Laxatives	1	0.00%	1	NF	F
2673	MSB	HUMALOG	100 UNIT/ML	Y	Insulin	1	0.00%	1	NF	X
2674	SSB	HUMIRA-PSORIASIS/UVEIT STARTER	80 MG/0.8ML & 40MG/0.4ML	Y	Anti-TNF-alpha - Monoclonal Antibodies	1	0.00%	1	F	F
2675	GENERIC	HYDROCHLOROTHIAZIDE	12.5 MG	Y	Thiazides and Thiazide-Like Diuretics	1	0.00%	1	F	F
2676	MSB	HYDROCORTISONE (PERIANAL)	1 %	N	Rectal Steroids	1	0.00%	1	F	X
2677	GENERIC	HYDROCORTISONE ACE-PRAMOXINE	2.5-1 %	N	Corticosteroids - Topical	1	0.00%	1	F	F
2678	GENERIC	HYDROCORTISONE VALERATE	0.2 %	N	Corticosteroids - Topical	1	0.00%	1	F	F

2679	GENERIC	HYDROMET	5-1.5 MG/5ML	N	Antitussives	1	0.00%	1	F	F
2680	GENERIC	HYDROMORPHONE HCL	1 MG/ML	N	Opioid Agonists	1	0.00%	1	F	F
2681	GENERIC	HYDROXYCHLOROQUINE SULFATE	300 MG	Y	Antimalarials	1	0.00%	1	F	F
2682	GENERIC	HYOSYNE	0.125 MG/5ML	Y	Antispasmodics	1	0.00%	1	F	F
2683	GENERIC	HYOSYNE	0.125 MG/ML	Y	Antispasmodics	1	0.00%	1	F	F
2684	MSB	HYPERSAL	7%	N	Misc. Respiratory Inhalants	1	0.00%	1	F	X
2685	GENERIC	ICATIBANT ACETATE	30 MG/3ML	N	Bradykinin B2 Receptor Antagonists	1	0.00%	1	F	F
2686	SSB	INPEN 100-PINK-LILLY-HUMALOG	0	N	Parenteral Therapy Supplies	1	0.00%	1	NF	F
2687	SSB	INSULIN GLARGINE	100 UNIT/ML	Y	Insulin	1	0.00%	1	NF	X
2688	SSB	INVOKANA	300 MG	Y	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	1	0.00%	1	NF	X
2689	SSB	ISENTRESS	400 MG	Y	Antiretrovirals	1	0.00%	1	F	F
2690	SSB	ISENTRESS HD	600 MG	Y	Antiretrovirals	1	0.00%	1	F	F
2691	GENERIC	ISIBLOOM	0.15-30 MG-MCG	Y	Combination Contraceptives - Oral	1	0.00%	1	F	F
2692	GENERIC	ISOSORBIDE DINITRATE	10 MG	Y	Nitrates	1	0.00%	1	F	F
2693	GENERIC	ISOSORBIDE DINITRATE	30 MG	Y	Nitrates	1	0.00%	1	F	F
2694	GENERIC	ISOSORBIDE MONONITRATE ER	120 MG	Y	Nitrates	1	0.00%	1	F	F
2695	GENERIC	ITRACONAZOLE	10 MG/ML	N	Imidazole-Related Antifungals	1	0.00%	1	F	F
2696	GENERIC	IVABRADINE HCL	7.5 MG	Y	Sinus Node Inhibitors	1	0.00%	1	F	F
2697	SSB	JYNARQUE	15 MG	N	Vasopressin Receptor Antagonists	1	0.00%	1	F	F
2698	SSB	KAPSPARGO SPRINKLE	50 MG	Y	Beta Blockers Cardio-Selective	1	0.00%	1	NF	NF
2699	SSB	KAZANO	12.5-1000 MG	Y	Antidiabetic Combinations	1	0.00%	1	F	X
2700	NON DRUG	KETO-DIASTIX	0	N	Diagnostic Tests	1	0.00%	1	NF	F
2701	NON DRUG	KETONE TEST STRIPS	0	N	Diagnostic Tests	1	0.00%	1	NF	F
2702	SSB	KEVZARA	200 MG/1.14ML	Y	Interleukin-6 Receptor Inhibitors	1	0.00%	1	NF	NF
2703	SSB	KLISYRI (250 MG)	1 %	N	Antineoplastic or Premalignant Lesion Agents - Topical	1	0.00%	1	NF	F
2704	GENERIC	KRISTALOSE	20 GM	Y	Laxatives - Miscellaneous	1	0.00%	1	NF	X
2705	GENERIC	LAMOTRIGINE	50 MG	Y	Anticonvulsants - Misc.	1	0.00%	1	F	F
2706	GENERIC	LEVOCETIRIZINE DIHYDROCHLORIDE	2.5 MG/5ML	N	Antihistamines - Non-Sedating	1	0.00%	1	F	F
2707	GENERIC	LEVOFLOXACIN	25 MG/ML	N	Fluoroquinolones	1	0.00%	1	F	F
2708	GENERIC	LEVOXYL	112 MCG	Y	Thyroid Hormones	1	0.00%	1	F	F
2709	GENERIC	LEVOXYL	137 MCG	Y	Thyroid Hormones	1	0.00%	1	F	F
2710	GENERIC	LEVOXYL	88 MCG	Y	Thyroid Hormones	1	0.00%	1	F	F
2711	GENERIC	LIDOCAINE HCL URETHRAL/MUCOSAL	2 %	N	Local Anesthetics - Topical	1	0.00%	1	F	F
2712	GENERIC	LISINOPRIL	5 MG	Y	ACE Inhibitors	1	0.00%	1	F	F
2713	SSB	LOTEMAX SM	0.38 %	N	Ophthalmic Steroids	1	0.00%	1	NF	F
2714	SSB	LUPKYNIS	7.9 MG	Y	Immunosuppressive Agents	1	0.00%	1	NF	NF
2715	GENERIC	LURASIDONE HCL	60 MG	Y	Antipsychotics - Misc.	1	0.00%	1	F	F
2716	SSB	LYNPARZA	150 MG	N	Antineoplastic Enzyme Inhibitors	1	0.00%	1	F	F
2717	GENERIC	ME/NAPHOS/MB/HYO1	81.6 MG	N	Anti-infective Misc. - Combinations	1	0.00%	1	F	F
2718	GENERIC	MEFENAMIC ACID	250 MG	Y	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	1	0.00%	1	F	F
2719	GENERIC	MEGESTROL ACETATE	20 MG	N	Antineoplastic - Hormonal and Related Agents	1	0.00%	1	F	F
2720	GENERIC	MEMANTINE HCL	28 X 5 MG & 21 X 10 MG	N	Antidementia Agents	1	0.00%	1	F	F
2721	GENERIC	MEPERIDINE HCL	50 MG	N	Opioid Agonists	1	0.00%	1	F	F
2722	GENERIC	MERCAPTOPURINE	50MG	N	Antimetabolites	1	0.00%	1	F	F
2723	GENERIC	METAXALONE	400 MG	N	Central Muscle Relaxants	1	0.00%	1	F	F
2724	GENERIC	METFORMIN HCL	500 MG/5ML	Y	Biguanides	1	0.00%	1	NF	F
2725	GENERIC	METHADONE HCL	10 MG/ML	N	Opioid Agonists	1	0.00%	1	F	F
2726	MSB	METHYLIN	5 MG/5ML	Y	Stimulants - Misc.	1	0.00%	1	F	X
2727	MSB	METHYLIN	5 MG/5ML	Y	Stimulants - Misc.	1	0.00%	1	NF	X
2728	GENERIC	METHYLPHENIDATE HCL ER	27 MG	Y	Stimulants - Misc.	1	0.00%	1	F	F
2729	GENERIC	METHYLPREDNISOLONE	16 MG	N	Glucocorticosteroids	1	0.00%	1	F	F
2730	GENERIC	METHYLPREDNISOLONE	32 MG	N	Glucocorticosteroids	1	0.00%	1	F	F
2731	NON DRUG	MICROCHAMBER	0	N	Respiratory Therapy Supplies	1	0.00%	1	NF	F
2732	NON DRUG	MINIMED RESERVOIR 1.8ML	0	N	Diabetic Supplies	1	0.00%	1	F	F
2733	GENERIC	MIRABEGRON ER	25 MG	Y	Urinary Antispasmodics - Beta-3 Adrenergic Agonists	1	0.00%	1	F	F
2734	NON DRUG	MONOJECT SYRINGE/LUER LOCK/3ML/22G X 1-1/2"	0	N	Parenteral Therapy Supplies	1	0.00%	1	F	F
2735	GENERIC	MORPHINE SULFATE (CONCENTRATE)	100 MG/5ML	N	Opioid Agonists	1	0.00%	1	F	F
2736	GENERIC	MYCOPHENOLIC ACID	360 MG	Y	Immunosuppressive Agents	1	0.00%	1	F	F
2737	MSB	NAMZARIC	28-10 MG	Y	Antidementia Agents	1	0.00%	1	NF	X
2738	GENERIC	NARATRIPTAN HCL	1 MG	N	Serotonin Agonists	1	0.00%	1	F	F
2739	GENERIC	NATEGLINIDE	120 MG	Y	Meglitinide Analogues	1	0.00%	1	NF	F
2740	GENERIC	NECON 0.5/35 (28)	0.5-35 MG-MCG	Y	Combination Contraceptives - Oral	1	0.00%	1	NF	F
2741	SSB	NEEVO DHA	27-1.13 MG	N	Prenatal Vitamins	1	0.00%	1	NF	X
2742	SSB	NEUPRO	1 MG/24HR	Y	Antiparkinson Dopaminergics	1	0.00%	1	NF	F
2743	GENERIC	NIACIN ER (ANTIHYPERLIPIDEMIC)	1000 MG	Y	Nicotinic Acid Derivatives	1	0.00%	1	NF	F
2744	MSB	NICODERM CQ	21 MG/24HR	N	Smoking Deterrents	1	0.00%	1	NF	X
2745	MSB	NICORETTE MINI	4 MG	N	Smoking Deterrents	1	0.00%	1	F	X
2746	MSB	NICORETTE STARTER KIT	2 MG	N	Smoking Deterrents	1	0.00%	1	NF	X
2747	GENERIC	NITROFURANTOIN	25 MG/5ML	N	UNKNOWN	1	0.00%	1	F	F
2748	GENERIC	NITROGLYCERIN	0.4 MG/HR	Y	Nitrates	1	0.00%	1	F	F
2749	SSB	NIVA THYROID	15 MG	Y	Thyroid Hormones	1	0.00%	1	NF	NF
2750	GENERIC	NORETHIN ACE-ETH ESTRAD-FE	1.5-30 MG-MCG	Y	Combination Contraceptives - Oral	1	0.00%	1	NF	F
2751	GENERIC	NORETHINDRON-ETHINYL ESTRAD-FE	1-20/1-30/1-35 MG-MCG	Y	Combination Contraceptives - Oral	1	0.00%	1	F	F
2752	GENERIC	OFLOXACIN	0.3 %	N	Ophthalmic Anti-infectives	1	0.00%	1	NF	F
2753	GENERIC	OLANZAPINE-FLUOXETINE HCL	12-50 MG	Y	Combination Psychotherapeutics	1	0.00%	1	F	F
2754	GENERIC	OLOPATADINE HCL	0.1 %	N	Ophthalmics - Misc.	1	0.00%	1	F	F
2755	SSB	OLUMIANT	2 MG	Y	Antirheumatic - Enzyme Inhibitors	1	0.00%	1	NF	NF
2756	SSB	OMNITROPE	5 MG/1.5ML	Y	Growth Hormones	1	0.00%	1	NF	NF
2757	TS	ONETOUCH ULTRA	0	N	Diagnostic Tests	1	0.00%	1	F	X
2758	NON DRUG	ONETOUCH ULTRA 2	W/DEVICE	N	Diabetic Supplies	1	0.00%	1	F	F
2759	NON DRUG	ONETOUCH VERIO REFLECT	W/DEVICE	N	Diabetic Supplies	1	0.00%	1	F	F
2760	SSB	OPILL	0.075 MG	Y	Progestin Contraceptives - Oral	1	0.00%	1	F	F
2761	NON DRUG	OPTICHAMBER DIAMOND-SM MASK	0	N	Respiratory Therapy Supplies	1	0.00%	1	NF	F
2762	SSB	ORGOVYX	120 MG	N	Antineoplastic - Hormonal and Related Agents	1	0.00%	1	NF	F
2763	GENERIC	PACERONE	200 MG	Y	Antiarrhythmics Type III	1	0.00%	1	F	F
2764	SSB	PANCREAZE	83900UNIT-21000UNIT-21000UNIT-54700UNIT	Y	Digestive Enzymes	1	0.00%	1	NF	X
2765	GENERIC	PAROXETINE HCL ER	12.5 MG	Y	Selective Serotonin Reuptake Inhibitors (SSRIs)	1	0.00%	1	NF	F
2766	GENERIC	PEG-KCL-NACL-NASULF-NA ASC-C	100 GM	N	Laxative Combinations	1	0.00%	1	F	F
2767	SSB	PENBRAYA	0-0-0	N	Bacterial Vaccines	1	0.00%	1	NF	F
2768	NON DRUG	PENTIPS GENERIC PEN NEEDLES	31G X 6 MM	N	Parenteral Therapy Supplies	1	0.00%	1	F	X
2769	NON DRUG	PENTIPS GENERIC PEN NEEDLES	31G X 8 MM	N	Parenteral Therapy Supplies	1	0.00%	1	F	X
2770	GENERIC	PHENOBARBITAL	60 MG	Y	Barbiturate Hypnotics	1	0.00%	1	F	F
2771	GENERIC	PILOCARPINE HCL	1 %	Y	Miotics	1	0.00%	1	F	F
2772	GENERIC	PILOCARPINE HCL	7.5 MG	Y	Throat Products - Misc.	1	0.00%	1	F	F
2773	GENERIC	PILOCARPINE HYDROCHLORIDE	1%	Y	Miotics	1	0.00%	1	F	F
2774	GENERIC	PIMOZIDE	1 MG	Y	Psychotherapeutic and Neurological Agents - Misc.	1	0.00%	1	F	F
2775	GENERIC	PIROXICAM	20 MG	Y	Nonsteroidal Anti-inflammatory Agents (NSAIDs)	1	0.00%	1	F	F
2776	GENERIC	POTASSIUM CITRATE ER	5 MEQ (540 MG)	N	Alkalinizers	1	0.00%	1	F	F
2777	SSB	PRALUENT	75 MG/ML	Y	Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors	1	0.00%	1	NF	X
2778	GENERIC	PRAZIQUANTEL	600 MG	N	Anthelmintics	1	0.00%	1	F	F
2779	GENERIC	PREDNISOLONE	5 MG	N	Glucocorticosteroids	1	0.00%	1	F	X
2780	GENERIC	PREDNISOLONE SODIUM PHOSPHATE	15 MG	N	Glucocorticosteroids	1	0.00%	1	F	F
2781	GENERIC	PREDNISONE	10 MG (21)	N	Glucocorticosteroids	1	0.00%	1	F	F

2782	SSB	PREDNISONE INTENSOL	5 MG/ML	N	Glucocorticosteroids	1	0.00%	1	F	F
2783	SSB	PRENATE ELITE	20-0.6-0.4 MG	N	Prenatal Vitamins	1	0.00%	1	NF	X
2784	GENERIC	PREVALITE	4GM	Y	Bile Acid Sequestrants	1	0.00%	1	NF	F
2785	SSB	PRIFTIN	150 MG	N	Antimycobacterial Agents	1	0.00%	1	F	NF
2786	GENERIC	PROCTOZONE-HC	2.5 %	N	Rectal Steroids	1	0.00%	1	F	F
2787	NON DRUG	PRODIGY VOICE BLOOD GLUCOSE METER KIT	0	N	Diabetic Supplies	1	0.00%	1	NF	F
2788	GENERIC	PYRIDOSTIGMINE BROMIDE	60 MG/5ML	N	Antimyasthenic/Cholinergic Agents	1	0.00%	1	F	F
2789	GENERIC	QUETIAPINE FUMARATE ER	150 MG	Y	Dibenzapines	1	0.00%	1	F	F
2790	SSB	QULIPTA	30 MG	Y	Migraine Products - Monoclonal Antibodies	1	0.00%	1	NF	F
2791	SSB	REBIF REBIDOSE TITRATION PACK	6X8.8 & 6X22 MCG	Y	Multiple Sclerosis Agents	1	0.00%	1	NF	F
2792	MSB	RECTIV	0.4 %	N	Vasodilating Agents	1	0.00%	1	NF	X
2793	SSB	RELISTOR	12 MG/0.6ML	N	Peripheral Opioid Receptor Antagonists	1	0.00%	1	NF	NF
2794	SSB	RELISTOR	150 MG	N	Peripheral Opioid Receptor Antagonists	1	0.00%	1	NF	NF
2795	SSB	SAVELLA	12.5 MG	Y	Fibromyalgia Agents	1	0.00%	1	NF	X
2796	SSB	SAVELLA	25 MG	Y	Fibromyalgia Agents	1	0.00%	1	NF	X
2797	GENERIC	SF	1.1 %	Y	Dental Products	1	0.00%	1	F	F
2798	MSB	SIMPLE SYRUP	0	N	Liquid Vehicles	1	0.00%	1	F	X
2799	GENERIC	SIROLIMUS	0.5 MG	Y	Immunosuppressive Agents	1	0.00%	1	NF	F
2800	NON DRUG	SM ALCOHOL PREP	70 %	N	Misc. Devices	1	0.00%	1	NF	F
2801	GENERIC	SODIUM FLUORIDE	0.2 %	Y	Dental Products	1	0.00%	1	F	F
2802	GENERIC	SODIUM FLUORIDE	0.55 (0.25 F) MG	Y	Fluoride	1	0.00%	1	F	F
2803	GENERIC	SODIUM FLUORIDE	0.55 (0.25 F) MG	Y	Fluoride	1	0.00%	1	NF	F
2804	MSB	SODIUM FLUORIDE	1.1 (0.5 F) MG/ML	Y	Fluoride	1	0.00%	1	NF	X
2805	GENERIC	SODIUM FLUORIDE	2.2 (1 F) MG	Y	Fluoride	1	0.00%	1	NF	F
2806	GENERIC	SODIUM SULFACETAMIDE	10%	N	Acne Products	1	0.00%	1	F	F
2807	SSB	SOTYKTU	6 MG	Y	Antipsoriatics	1	0.00%	1	NF	F
2808	GENERIC	SPIRONOLACTONE-HCTZ	25-25 MG	Y	Diuretic Combinations	1	0.00%	1	F	F
2809	GENERIC	SUBVENITE STARTER KIT/ORANGE	0	N	Anticonvulsants - Misc.	1	0.00%	1	F	F
2810	NON DRUG	SURE COMFORT INSULIN SYRINGE	28G X 1/2" 1 ML	N	Parenteral Therapy Supplies	1	0.00%	1	F	X
2811	NON DRUG	SURE COMFORT PEN NEEDLES31GX5/16" (8MM)	0	N	Parenteral Therapy Supplies	1	0.00%	1	F	X
2812	MSB	SYNTHROID	75 MCG	Y	Thyroid Hormones	1	0.00%	1	NF	X
2813	GENERIC	TADALAFIL	20 MG	N	Impotence Agents	1	0.00%	1	F	F
2814	GENERIC	TAKE ACTION	1.5 MG	N	Emergency Contraceptives	1	0.00%	1	NF	F
2815	NON DRUG	TECHLITE PEN NEEDLES	32G X 4 MM	N	Parenteral Therapy Supplies	1	0.00%	1	F	X
2816	NON DRUG	TECHLITE PEN NEEDLES/31GX 8MM	0	N	Parenteral Therapy Supplies	1	0.00%	1	F	X
2817	SSB	TEGRETOL	200 MG	Y	Anticonvulsants - Misc.	1	0.00%	1	NF	NF
2818	GENERIC	TETRACAINE HCL	0.5 %	N	Ophthalmic Local Anesthetics	1	0.00%	1	F	F
2819	SSB	TEXACORT	2.5 %	N	Corticosteroids - Topical	1	0.00%	1	F	F
2820	GENERIC	THYROID	90 MG	Y	Thyroid Hormones	1	0.00%	1	F	F
2821	GENERIC	TIADYLT ER	120 MG	Y	Calcium Channel Blockers	1	0.00%	1	NF	F
2822	GENERIC	TIADYLT ER	180 MG	Y	Calcium Channel Blockers	1	0.00%	1	NF	F
2823	GENERIC	TIADYLT ER	240 MG	Y	Calcium Channel Blockers	1	0.00%	1	NF	F
2824	GENERIC	TILIA FE	1-20/1-30/1-35 MG-MCG	Y	Combination Contraceptives - Oral	1	0.00%	1	F	F
2825	SSB	TIROSINT-SOL	137 MCG/ML	Y	Thyroid Hormones	1	0.00%	1	F	NF
2826	GENERIC	TOLTERODINE TARTRATE	1 MG	Y	Urinary Antispasmodic - Antimuscarinics (Anticholinergic)	1	0.00%	1	F	F
2827	GENERIC	TRAVOPROST (BAK FREE)	0.004 %	Y	Prostaglandins - Ophthalmic	1	0.00%	1	F	F
2828	SSB	TREXALL	10MG	N	Antimetabolites	1	0.00%	1	F	F
2829	GENERIC	TRIHEXYPHENIDYL HCL	5 MG	Y	Antiparkinson Anticholinergics	1	0.00%	1	F	F
2830	SSB	TRINATAL RX 1	60-1 MG	N	Prenatal Vitamins	1	0.00%	1	NF	F
2831	GENERIC	TROPICAMIDE	1%	Y	Cycloplegic Mydriatics	1	0.00%	1	F	F
2832	NON DRUG	TRUEPLUS 5-BEVEL PEN NEEDLES	31G X 6 MM	N	Parenteral Therapy Supplies	1	0.00%	1	F	X
2833	NON DRUG	TRUEPLUS INSULIN SYRINGE	31G X 5/16" 1 ML	N	Parenteral Therapy Supplies	1	0.00%	1	F	X
2834	SSB	TRUQAP	200 MG	N	Antineoplastic Enzyme Inhibitors	1	0.00%	1	NF	F
2835	SSB	TWIRLA	120-30 MCG/24HR	Y	Combination Contraceptives - Transdermal	1	0.00%	1	NF	F
2836	SSB	TYVASO DPI MAINTENANCE KIT	48 MCG	Y	Prostaglandin Vasodilators	1	0.00%	1	F	F
2837	SSB	TYVASO DPI MAINTENANCE KIT	64 MCG	Y	Prostaglandin Vasodilators	1	0.00%	1	F	F
2838	SSB	UBRELVY	50 MG	N	Migraine Products - Monoclonal Antibodies	1	0.00%	1	NF	F
2839	NON DRUG	ULTICARE MINI PEN NEEDLES	32G X 6 MM	N	Parenteral Therapy Supplies	1	0.00%	1	F	X
2840	NON DRUG	ULTICARE PEN NEEDLES	29G X 12.7MM	N	Parenteral Therapy Supplies	1	0.00%	1	F	X
2841	GENERIC	UNITHROID	50MCG	Y	Thyroid Hormones	1	0.00%	1	F	F
2842	SSB	UPNEEQ	0.1 %	Y	Ophthalmics - Misc.	1	0.00%	1	NF	NF
2843	SSB	VALTOCO 20 MG DOSE	2 X 10 MG/0.1ML	N	Anticonvulsants - Benzodiazepines	1	0.00%	1	NF	NF
2844	GENERIC	VANCOMYCIN HCL	50 MG/ML	N	Glycopeptides	1	0.00%	1	F	F
2845	SSB	VANDAZOLE	0.75 %	N	Vaginal Anti-infectives	1	0.00%	1	NF	NF
2846	GENERIC	VARENICLINE TARTRATE(CONTINUE)	1 MG	N	Smoking Deterrents	1	0.00%	1	NF	F
2847	SSB	VELTASSA	8.4 GM	Y	Potassium Removing Agents	1	0.00%	1	NF	NF
2848	SSB	VEREGEN	15 %	N	Agents for External Genital and Perianal Warts	1	0.00%	1	NF	X
2849	SSB	VERZENIO	50 MG	N	Antineoplastic Enzyme Inhibitors	1	0.00%	1	F	F
2850	MSB	VIIBRYD	10 MG	Y	Serotonin Modulators	1	0.00%	1	F	X
2851	MSB	VIMPAT	100 MG	Y	Anticonvulsants - Misc.	1	0.00%	1	NF	X
2852	GENERIC	VIORELE	0.15-0.02/0.01 MG (21/5)	Y	Combination Contraceptives - Oral	1	0.00%	1	F	F
2853	SSB	VIVJOA	150 MG	N	Imidazole-Related Antifungals	1	0.00%	1	NF	NF
2854	SSB	VOQUEZNA	20 MG	N	Proton Pump Inhibitors	1	0.00%	1	NF	NF
2855	SSB	VYZULTA	0.024 %	Y	Prostaglandins - Ophthalmic	1	0.00%	1	NF	NF
2856	SSB	WAKIX	4.45MG	Y	Histamine H3-Receptor Antagonist/Inverse Agonists	1	0.00%	1	NF	NF
2857	SSB	WEGOVY	2.4 MG/0.75ML	Y	Anti-Obesity Agents	1	0.00%	1	NF	F
2858	MSB	WHITE PETROLATUM	0	N	Semi Solid Vehicles	1	0.00%	1	F	X
2859	SSB	XELSTRYM	4.5 MG/9HR	Y	Amphetamines	1	0.00%	1	NF	X
2860	SSB	XELSTRYM	9 MG/9HR	Y	Amphetamines	1	0.00%	1	NF	X
2861	SSB	XERMELO	250 MG	Y	Tryptophan Hydroxylase Inhibitors	1	0.00%	1	NF	F
2862	SSB	XOLAIR	75 MG/0.5ML	N	Antiasthmatic - Monoclonal Antibodies	1	0.00%	1	F	F
2863	SSB	XTAMPZA ER	27MG	N	Opioid Agonists	1	0.00%	1	NF	NF
2864	SSB	XTAMPZA ER	9MG	N	Opioid Agonists	1	0.00%	1	NF	NF
2865	SSB	XYOSTED	75 MG/0.5ML	Y	Androgens	1	0.00%	1	F	NF
2866	SSB	ZIRGAN	0.15 %	N	Ophthalmic Anti-infectives	1	0.00%	1	NF	X
2867	MSB	ZITHROMAX	250 MG	N	Azithromycin	1	0.00%	1	NF	X
2868	SSB	ZYLET	0.5-0.3 %	N	Ophthalmic Steroids	1	0.00%	1	NF	X

2023 Q1 COMPREHENSIVE REBATE GUARANTEE PERFORMANCE SUMMARY													
QTR	Retail 30 Claims	Retail 90 Claims	Mail Claims	Specialty Claims	Total Branded Drug Claims	Retail 30 Guarantee	Retail 90 Guarantee	Mail Guarantee	Specialty Guarantee	Total Guarantee due Plan	Estimated Rebate Earned	Rebate Guarantee Under / Over Performance	Formulary Compliance

HITRUST
6175 Main Street
Suite 400
Frisco, TX 75034

September 22, 2023

MedImpact Healthcare Systems, Inc.
10181 Scripps Gateway Court
San Diego, California 92131-5152

Based upon the procedures performed by an Authorized External Assessor which indicated that there were no material changes to the control environment that would result in MedImpact Healthcare Systems, Inc. ("the Organization") no longer meeting certification criteria of the HITRUST Risk-based, 2-year (r2) certification, the following platforms, facilities, and supporting infrastructure of the Organization ("Scope") continue to meet the HITRUST CSF® v9.4 Risk-based, 2-year (r2) certification criteria:

Platforms:

- Appeals residing at Arizona Office and Data Center and Databank Zayo Co-location
- MedAccess Classic Plus residing at Arizona Office and Data Center and Databank Zayo Co-location
- MedAccess Web residing at Arizona Office and Data Center and Databank Zayo Co-location
- MedResponse residing at Arizona Office and Data Center and Databank Zayo Co-location
- POS residing at Arizona Office and Data Center and Databank Zayo Co-location

Facilities:

- San Diego Office / Server Room (Office) located in San Diego, California, United States of America
- Michigan Office (Office) located in Livonia, Michigan, United States of America
- Arizona Office and Data Center (Office and Data Center) located in Tempe, Arizona, United States of America
- Databank Zayo Co-location (Data Center) managed by Databank located in San Diego, California, United States of America

The initial certification was awarded to the Organization on 09/28/2022 and is valid for a period of two years assuming the following occurs:

- No data security breach reportable to a federal or state agency by law or regulation has occurred within or affecting the assessed environment.

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- Either no significant changes in the business or security policies, practices, controls and processes have occurred that might impact its ability to continue to meet the respective HITRUST Assurance Program criteria, or—where there were changes—procedures performed by the external assessor indicate the Organization's control environment continues to meet the criteria against which the Organization was initially assessed.

Based upon the work performed by the Organization's external assessor, HITRUST is of the opinion that the requirements of the HITRUST v9.4 Risk-based, 2-year (r2) certification continue to be met.

Additional information on the HITRUST Assurance Program can be found at the HITRUST website at *https://hitrustalliance.net.*

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MedImpact

Claims Processing System

SOC 1 Type 2

Report on MedImpact Healthcare Systems, Inc. Management's Description of Its System and the Suitability of the Design and Operating Effectiveness of Controls

OCTOBER 1, 2022 TO SEPTEMBER 30, 2023

MOSSADAMS

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I. Independent Service Auditor's Report

MedImpact Healthcare Systems, Inc.
10181 Scripps Gateway Ct,
San Diego, CA 92131

To the Management of MedImpact Healthcare Systems, Inc.:

Scope

We have examined MedImpact Healthcare Systems, Inc.'s description of its system titled "Description of MedImpact Healthcare Systems, Inc.'s Claims Processing System" for processing user entities' transactions throughout the period October 1, 2022 to September 30, 2023 (description), and the suitability of the design and operating effectiveness of controls included in the description to achieve the related control objectives stated in the description, based on the criteria identified in "MedImpact Healthcare Systems, Inc.'s Assertion" (assertion). The controls and control objectives included in the description are those that management of MedImpact Healthcare Systems, Inc. believes are likely to be relevant to user entities' internal control over financial reporting, and the description does not include those aspects of the Claims Processing System that are not likely to be relevant to user entities' internal control over financial reporting.

MedImpact Healthcare Systems, Inc. uses the following subservice organizations:

- AT&T, Inc. for security incident event management services
- DataBank Holdings, Ltd. for colocation facilities
- Salesforce, Inc. for customer relationship management software

The description includes only the control objectives and related controls of MedImpact Healthcare Systems, Inc. and excludes the control objectives and related controls of the subservice organizations. The description also indicates that certain control objectives specified by MedImpact Healthcare Systems, Inc. can be achieved only if complementary subservice organization controls assumed in the design of MedImpact Healthcare Systems, Inc.'s controls are suitably designed and operating effectively, along with the related controls at MedImpact Healthcare Systems, Inc. Our examination did not extend to controls at the subservice organizations, and we have not evaluated the suitability of the design or operating effectiveness of such complementary subservice organization controls.

The description indicates that certain control objectives specified in the description can be achieved only if complementary user entity controls assumed in the design of MedImpact Healthcare Systems, Inc.'s controls are suitably designed and operating effectively, along with related controls at the service organization. Our examination did not extend to such complementary user entity controls, and we have not evaluated the suitability of the design or operating effectiveness of such complementary user entity controls.

Service Organization's Responsibilities

In Section II, MedImpact Healthcare Systems, Inc. has provided an assertion about the fairness of the presentation of the description and suitability of the design and operating effectiveness of the controls to achieve the related control objectives stated in the description. MedImpact Healthcare Systems, Inc. is responsible for preparing the description and its assertion, including the completeness, accuracy, and method of presentation of the description and assertion, providing the services covered by the description, specifying the control objectives and stating them in the description, identifying the risks that threaten the achievement of the control objectives, selecting the criteria stated in the assertion, and designing, implementing, and documenting controls that are suitably designed and operating effectively to achieve the related control objectives stated in the description.

Service Auditor's Responsibilities

Our responsibility is to express an opinion on the fairness of the presentation of the description and on the suitability of the design and operating effectiveness of the controls to achieve the related control objectives stated in the description, based on our examination.

Our examination was conducted in accordance with attestation standards established by the AICPA. Those standards require that we plan and perform the examination to obtain reasonable assurance about whether, in all material respects, based on the criteria in management's assertion, the description is fairly presented and the controls were suitably designed and operating effectively to achieve the related control objectives stated in the description throughout the period October 1, 2022 to September 30, 2023. We believe that the evidence we obtained is sufficient and appropriate to provide a reasonable basis for our opinion.

An examination of a description of a service organization's system and the suitability of the design and operating effectiveness of controls involves:

- performing procedures to obtain evidence about the fairness of the presentation of the description and the suitability of the design and operating effectiveness of the controls to achieve the related control objectives stated in the description, based on the criteria in management's assertion.
- assessing the risks that the description is not fairly presented and that the controls were not suitably designed or operating effectively to achieve the related control objectives stated in the description.
- testing the operating effectiveness of those controls that management considers necessary to provide reasonable assurance that the related control objectives stated in the description were achieved.
- evaluating the overall presentation of the description, suitability of the control objectives stated therein, and suitability of the criteria specified by the service organization in its assertion.

We are required to be independent and to meet our other ethical responsibilities in accordance with relevant ethical requirements relating to the engagement.

Inherent Limitations

The description is prepared to meet the common needs of a broad range of user entities and their auditors who audit and report on user entities' financial statements and may not, therefore, include every aspect of the system that each individual user entity may consider important in its own particular environment. Because of their nature, controls at a service organization may not prevent, or detect and correct, all misstatements in processing or reporting transactions. Also, the projection to the future of any evaluation of the fairness of the presentation of the description, or conclusions about the suitability of the design or operating effectiveness of the controls to achieve the related control objectives, is subject to the risk that controls at a service organization may become ineffective.

Description of Tests of Controls

The specific controls tested and the nature, timing, and results of those tests are listed in Section IV.

Opinion

In our opinion, in all material respects, based on the criteria described in MedImpact Healthcare Systems, Inc.'s assertion:

- the description fairly presents the Claims Processing System that was designed and implemented throughout the period October 1, 2022 to September 30, 2023.
- the controls related to the control objectives stated in the description were suitably designed to provide reasonable assurance that the control objectives would be achieved if the controls operated effectively throughout the period October 1, 2022 to September 30, 2023, and the subservice organizations and user entities applied the complementary controls assumed in the design of MedImpact Healthcare Systems, Inc.'s controls throughout the period October 1, 2022 to September 30, 2023.
- the controls operated effectively to provide reasonable assurance that the control objectives stated in the description were achieved throughout the period October 1, 2022 to September 30, 2023, if complementary subservice organization and user entity controls assumed in the design of MedImpact Healthcare Systems, Inc.'s controls operated effectively throughout the period October 1, 2022 to September 30, 2023.

Restricted Use

This report, including the description of tests of controls and results thereof in Section IV, is intended solely for the information and use of MedImpact Healthcare Systems, Inc., user entities of MedImpact Healthcare Systems, Inc.'s Claims Processing System during some or all of the period October 1, 2022 to September 30, 2023, and their auditors who audit and report on such user entities' financial statements or internal control over financial reporting and have a sufficient understanding to consider it, along with other information, including information about controls implemented by user entities themselves, when assessing the risks of material misstatement of user entities' financial statements. This report is not intended to be and should not be used by anyone other than these specified parties.

Moss Adams LLP

San Diego, California
December 18, 2023

II. MedImpact Healthcare Systems, Inc.'s Assertion

We have prepared the description of MedImpact Healthcare Systems, Inc.'s system titled "Description of MedImpact Healthcare Systems, Inc.'s Claims Processing System" for processing user entities' transactions throughout the period October 1, 2022 to September 30, 2023 (description) for user entities of the system during some or all of the period October 1, 2022 to September 30, 2023, and their auditors who audit and report on such user entities' financial statements or internal control over financial reporting and have a sufficient understanding to consider it, along with other information, including information about controls implemented by subservice organizations and user entities of the system themselves, when assessing the risks of material misstatement of user entities' financial statements.

MedImpact Healthcare Systems, Inc. uses the following subservice organizations:

- AT&T, Inc. for security incident event management services
- DataBank Holdings, Ltd. for colocation facilities
- Salesforce, Inc. for customer relationship management software

The description includes only the control objectives and related controls of MedImpact Healthcare Systems, Inc. and excludes the control objectives and related controls of the subservice organizations. The description also indicates that certain control objectives specified in the description can be achieved only if complementary subservice organization controls assumed in the design of our controls are suitably designed and operating effectively, along with the related controls. The description does not extend to controls of the subservice organizations.

The description indicates that certain control objectives specified in the description can be achieved only if complementary user entity controls assumed in the design of MedImpact Healthcare Systems, Inc.'s controls are suitably designed and operating effectively, along with related controls at the service organization. The description does not extend to controls of the user entities.

We confirm, to the best of our knowledge and belief, that:

a. the description fairly presents the Claims Processing System made available to user entities of the system during some or all of the period October 1, 2022 to September 30, 2023 for processing their transactions as it relates to controls that are likely to be relevant to user entities' internal control over financial reporting. The criteria we used in making this assertion were that the description

    i. presents how the system made available to user entities of the system was designed and implemented to process relevant user entity transactions, including, if applicable,

        (1) the types of services provided, including, as appropriate, the classes of transactions processed.

        (2) the procedures, within both automated and manual systems, by which those services are provided, including, as appropriate, procedures by which transactions are initiated, authorized, recorded, processed, corrected as necessary, and transferred to the reports and other information prepared for user entities of the system.

(3) the information used in the performance of the procedures including, if applicable, related accounting records, whether electronic or manual, and supporting information involved in initiating, authorizing, recording, processing, and reporting transactions; this includes the correction of incorrect information and how information is transferred to the reports and other information prepared for user entities.

(4) how the system captures and addresses significant events and conditions other than transactions.

(5) the process used to prepare reports and other information for user entities.

(6) services performed by a subservice organization, if any, including whether the inclusive method or the carve-out method has been used in relation to them.

(7) the specified control objectives and controls designed to achieve those objectives, including, as applicable, complementary user entity controls and complementary subservice organization controls assumed in the design of the service organization's controls.

(8) other aspects of our control environment, risk assessment process, information and communications (including the related business processes), control activities, and monitoring activities that are relevant to the services provided.

ii. includes relevant details of changes to the service organization's system during the period covered by the description.

iii. does not omit or distort information relevant to the service organization's system, while acknowledging that the description is prepared to meet the common needs of a broad range of user entities of the system and their user auditors, and may not, therefore, include every aspect of the Claims Processing System that each individual user entity of the system and its auditor may consider important in its own particular environment.

b. the controls related to the control objectives stated in the description were suitably designed and operating effectively throughout the period October 1, 2022 to September 30, 2023 to achieve those control objectives if subservice organizations and user entities applied the complementary controls assumed in the design of MedImpact Healthcare Systems, Inc.'s controls throughout the period October 1, 2022 to September 30, 2023. The criteria we used in making this assertion were that

i. the risks that threaten the achievement of the control objectives stated in the description have been identified by management of the service organization.

ii. the controls identified in the description would, if operating effectively, provide reasonable assurance that those risks would not prevent the control objectives stated in the description from being achieved.

i. the controls were consistently applied as designed, including whether manual controls were applied by individuals who have the appropriate competence and authority.

III. Description of MedImpact Healthcare Systems, Inc.'s Claims Processing System

A. Overview of MedImpact Healthcare Systems, Inc.

COMPANY BACKGROUND

MedImpact Healthcare Systems, Inc. (MedImpact or the Company), an independent, trend-focused pharmacy benefit manager (PBM), is the nation's largest privately held PBM, serving health plans, self-funded employers, and government entities. MedImpact focuses on effectively managing client pharmacy benefits to promote lower cost and better care through one source. The model aligns with client needs and promotes prescribing of lower-net-cost, medically appropriate drugs with fulfillment at the most appropriate participating pharmacy providing competitive pricing, good value, and high-quality service.

SERVICES PROVIDED

Founded in 1989 by a pharmacist and independent drug store owner, MedImpact delivers pharmaceutical and technology-related solutions that improve the value of healthcare. MedImpact's unique culture is defined by the customer-centric approach to delivering service excellence and their commitment to being a performance-based organization. MedImpact's key values are reflected in every aspect of the Company:

- Innovation
- Quality and service
- Employee contributions
- Flexibility
- Entrepreneurial spirit
- Integrity and honesty
- Collaboration and teamwork
- Effective communication
- Adaptability

SCOPE

This description addresses only MedImpact's claims processing system provided to user entities and excludes other services provided by MedImpact. The description is intended to provide information for user entities of the system and their independent auditors who audit and report on such user entities' financial statements, to be used in obtaining an understanding of the system and the controls over that system that are likely to be relevant to user entities' internal control over financial reporting. The description of the system includes certain business process controls and information technology (IT) general controls that support the delivery of MedImpact's system. The description does not encompass all aspects of the services provided or procedures followed that are unrelated to internal control over financial reporting activities performed at MedImpact.

B. Scope of the Description

This description of MedImpact's Claims Processing System addresses only MedImpact's Claims Processing System provided to its user entities and excludes other services provided by MedImpact. The description is intended to provide information for user entities of the Claims Processing System and their independent auditors who audit and report on such user entities' financial statements to be used in obtaining an understanding of the Claims Processing System and the controls over that system that are likely to be relevant to user entities' internal control over financial reporting. The description of the system includes certain business process controls and IT general controls that support the delivery of MedImpact's Claims Processing System.

SUBSERVICE ORGANIZATIONS

MedImpact uses the following subservice organizations in support of its Claims Processing System:

- AT&T, Inc. (AT&T) provides security incident event management (SIEM) services and operates a 24/7/365 Security Operations Center providing monitoring and alerting of the MedImpact network perimeter and firewalls.
- DataBank Holdings, Ltd. (DataBank) provides colocation facilities.
- Salesforce, Inc. (Salesforce) provides a customer relationship management software.

The description includes only the control objectives and related controls of MedImpact and excludes the control objectives and related controls of the subservice organizations.

C. Internal Control Framework

This section provides information about the five interrelated components of internal control at MedImpact, including MedImpact's:

- Control Environment
- Risk Assessment Process
- Monitoring Activities
- Information and Communications
- Control Activities

1. Control Environment

The control environment sets the tone of an organization, influencing the control awareness of the organization. The control environment is embodied by the organization's awareness of the need for controls and the emphasis given to the appropriate controls through management's actions supported by its policies, procedures, controls, and organizational structure.

OVERSIGHT RESPONSIBILITIES OF THE BOARD OF DIRECTORS

The Board of Directors is appointed to act on behalf of the shareholders. Roles and responsibilities of the Board of Directors, as outlined in the Board of Directors' committee charters, are segregated from the roles and responsibilities of management. The members of the Board of Directors understand, acknowledge, and accept oversight responsibilities in relation to established requirements and expectations.

PERSONNEL POLICIES AND PROCEDURES

MedImpact has formal policies and procedures that include documented policies relevant to human resources (HR), information technology, administration, and business operations to define responsibilities, standards, and expectations from its employees.

MedImpact's formal hiring practices are designed to determine whether new employees are qualified to carry out their job responsibilities. All candidates are screened for criminal and background checks, and if applicable, credit and Department of Motor Vehicles (DMV) checks, depending on their position. New employees must attend formal orientation that includes review of pertinent Company policies, the employee handbook, the corporate compliance program, and IT-related security policies. During the new hire orientation process, and annually thereafter, employees are required to sign the Handbook Review Acknowledgement Form and the Corporate Compliance Program Acknowledgement Form. Employees are required to sign a confidentiality agreement that prohibits any disclosures of information and other data to which the employee has been granted access as a routine part of their employment. Quarterly employee performance appraisals are conducted by department supervisors.

COMMITMENT TO COMPETENCE

MedImpact provides training to its employees. Employee training consists principally of on-the-job training, supplemented by in-house training classes and computer-based training within the structure of the Talent Management System. Additionally, compliance training is required annually.

COMMITMENT TO INTEGRITY AND ETHICAL VALUES

The effectiveness of internal controls is dependent on the ethical behaviors and integrity of the people who design, administer, and monitor them. MedImpact has established a Code of Ethics and Business Conduct policy that addresses acceptable business practices, conflicts of interest and standards of ethical behavior that employees and agents of MedImpact are expected to uphold. MedImpact has established a reporting system for employees to report suspected violations of MedImpact's Code of Ethics and Business Conduct policy. In addition, MedImpact requires training for all employees to further support MedImpact's commitment to the highest standards of business conduct.

CLIENT SERVICE AND QUALITY ASSURANCE

Service standards are communicated to each employee and established in each client's service agreement.

ASSIGNMENT OF AUTHORITY AND RESPONSIBILITY

MedImpact is organized into departments, each of which specializes in servicing a particular aspect of the business. Each of the Company's business units reports separately to a department head, who in turn reports to the C level leadership. Each department's business head oversees responsibility assigned to the department. The distinctive nature of the departments provides for a segregation of duties.

Authority and responsibility are assigned within the organizational structure of MedImpact to provide for segregation of duties. MedImpact achieves segregation of incompatible duties within its information systems by implementing logical access controls that restrict an employee's access rights based on their job function.

2. Risk Assessment Process

MedImpact recognizes the importance of risk management and its importance to good management and governance. A risk assessment is performed by the Risk Advisory and Internal Audit Services (RAIAS) Department on an annual basis. The RAIAS Department goes through a process of identifying and analyzing relevant risks that impact the achievement of the business objectives of the Company. The following activities have been established by MedImpact to guide the risk assessment process:

- Development of a structure to support the RAIAS Department and its independent reporting to the Audit Committee.
- Identification and analysis of relevant risks following a standard methodology.
- Monitoring of economic, industry, regulatory, and operating conditions to identify and respond effectively to risk.
- Consideration of fraud risk factors as part of the risk management and internal audit processes.
- Evaluation of new or enhanced information systems, areas of rapid growth and changes in personnel, and new business models or products.

A risk assessment is completed for each business area based on qualitative and quantitative risk factors. The significant risks to achieving business objectives are assessed and documented.

3. Monitoring Activities

Company executives are involved in the daily operations of the business and monitor systems, processes, and middle-management functions to determine whether objectives are achieved. Senior management monitors the quality of internal control performance as a normal part of its activities. Internal controls are continuously evaluated and monitored by department managers and process owners, and results are communicated to various levels of management through meetings and announcements.

In addition, the RAIAS Department conducts independent assessments and internal audits of financial, operational, and IT controls. Issues and recommendations are reported to senior management and the Audit Committee, as appropriate.

MONITORING OF SUBSERVICE ORGANIZATIONS

Oversight of the subservice organizations used by MedImpact is handled by each business unit that holds responsibility for contracting with these entities. The monitoring of completed work is unique to each contractual agreement.

4. Information and Communications

DESCRIPTION OF COMPUTERIZED INFORMATION SYSTEMS

MedImpact has a local area network (LAN) that is used by Company employees for internet and email access, file and print sharing, application processing, and general information. In addition, there are workstations throughout the Company that have connectivity to the network or are stand-alone. The Information Technology Department is responsible for IT strategic projects, IT systems, Information Security, software engineering and development, quality assurance, database warehousing, product support, and Help Desk operations. The IT department has established technical standards, operating procedures, and policies that provide guidance in the performance of daily duties and responsibilities.

NETWORK SECURITY

MedImpact provides customers and partners with multiple secure connection capabilities. Network-based security measures, including industry-standard firewalls, two-factor authentication, and virtual private networks (VPN) are utilized for remote connections. The firewalls are configured to deny all access unless access is specifically allowed. Whitelisting is configured to control connections to the internal network. Management reviews the firewall logs on a periodic basis to identify any potential security events.

CLAIMS PROCESSING SYSTEMS

The claims processing system for pharmacy benefit plans includes the POS, MedAccess, Oracle e-Business Suite (EBS), and MedOptimize applications.

ENTERPRISE NETWORK SYSTEM

The Enterprise Network System (ENS) system provides pharmacy-network affiliation updates and configuration publication for prompt execution, improved network accuracy, and compliance with regulations and contracts. ENS has three primary component functions: (1) affiliation management, (2) rate management, and (3) client network projects.

POS/PHARMACY BENEFITS MANAGEMENT

POS is the claims adjudication system used to process client claims. POS is internally developed and maintained.

MEDACCESS WEB

MedAccess Web is a real-time interactive web-based application, which allows authorized users to access and view pharmacy claims data and member / patient information online. MedAccess Web is internally developed and maintained.

MEDACCESS CLASSIC PLUS

MedAccess Classic Plus is the application used to manage Pharmacy Benefit configuration data and supporting PBM functions such as DMR claims. MedAccess Classic Plus is internally developed and maintained.

MEDOPTIMIZE

MedOptimize is a web portal that helps clients manage their businesses by utilizing MedImpact's business intelligence capabilities. The decision support and reporting tool enables users to see clinical data in a variety of multi-dimensional views. Reports can be organized by member, physician, pharmacy, drug, disease category, drug group, or therapeutic class.

ORACLE EBS ACCOUNTING SYSTEM

The Oracle EBS system is used for accounting, client billing, and other related financial functions.

INTERNAL COMMUNICATION

MedImpact has established policies and procedures that are formally documented and communicated to all employees. The Company uses various methods of communication within the organization to help ensure employees understand their individual roles and responsibilities as they relate to the claims processing services provided to user entities and to help ensure information is communicated on a timely basis. These methods include job descriptions, training, emails, written policies and procedures, and meetings.

MedImpact has also implemented various methods of communication with its customers to ensure they understand their individual roles and responsibilities relating to the MedImpact claims processing services and systems. These methods include training for customers and the use of electronic mail. Additionally, customers are encouraged to communicate questions and issues to MedImpact on a timely basis.

5. Control Activities

a) Client Plan Benefits Setup

Controls provide reasonable assurance that new client benefit plan specifications and changes to existing client plans specifications are authorized and set up completely and accurately in the POS system.

For all new clients, MedImpact requires a completed Implementation Questionnaire (IQ) to setup and configure the client's benefits. The client is required to review and approve the IQ for completeness and accuracy. The IQ documents the client's benefit requirements and is utilized to set up and configure the client's benefit plans in the POS system. This process helps ensure the client's plan benefits are properly set up and that the POS system systematically adjudicates (approves or denies) claims while meeting the criteria or parameters specified by the client. The completion and approval process of the IQs are managed by MedImpact's Implementation Services Department.

MedImpact reviews and tests the benefit changes prior to deployment to production to ensure benefit changes are working as intended. Business Quality Assurance executes peer testing prior to set up in POS for the end-to-end testing team. Once the client's plan benefits are initially set up in POS, the Business Quality Assurance Department runs test claims in a test environment to ensure the system is properly adjudicating claims based on information input from the test plan. The test environment is designed to mirror the POS production environment. The test results of the claims processed are provided to clients for their review. Client review and approval of test claims processed in a test environment is required prior to implementing new or updated plan specifications into production. If any of the sample audited claims did not adjudicate as expected, then the appropriate modifications are made to the client configuration in the test environment, and additional test claims are processed by the end-to-end testing team. These updates are provided to client personnel for review to ensure the claims are accurately adjudicated. Once testing is complete and approval is received from the client, the plan is considered active and moved into the production environment by the Go-Live date.

A client may also request a change to the plan design benefits after the plan has been set up in the system and made active. In such cases, a Benefit Change Request (BCR) Form is prepared by the client to document the additional change. Client authorization is required for all benefit changes. The BCR is reviewed by the Benefits Department, and if the request requires modifications to the POS program code, the request is submitted to the IT Department, where it must follow MedImpact's change management process.

BENEFIT CHANGE REQUEST

After implementation of a client's benefit plan design and formulary, the client may request changes to the benefit design and formulary. Clients must send approval of Benefit Changes acknowledging their approval of changes requested. Requests for changes are documented on a BCR form or equivalent such as an Excel workbook. The benefit change process is managed by the MedImpact Benefits Configuration Group and can be used to document a variety of requests, including those related to claims adjudication, plan benefits design, and formulary changes. The request can be originated by the client or by authorized MedImpact personnel. For change requests submitted to Configuration Services by the client, a BCR form is completed and submitted by the client to document the requested changes.

Upon receipt of the BCR, the Workflow Specialist creates a case in the Salesforce software. MedImpact uses the Salesforce customer relationship management software to record and track customer related change requests. The workflow has three distinct phases: (1) Pre-assessment and Design, (2) Coding, and (3) Testing and Validation. The Pre-assessment and Design phase includes the review of the BCR to ensure the request is clear and functionally possible. The Coding phase includes coding of the benefit change and performance of unit-level testing.

The Testing and Validation (QC) phase includes a visual review of source documents supporting the applied configuration, tests of claim adjudication, and results review. If results are approved, the project is then moved into the production environment. If the results are not approved, an iterative process begins to correct the configuration and re-test the change until the results are approved.

The details of the change request process, including initial approval and QC review and testing, are summarized and date-stamped in the Salesforce case. Upon completion of review and testing (and client approval of test claims, as applicable), the changes are moved to production.

If the change request requires a POS programming change or edit, then a business requirements authorization document must be completed describing the client's request, any system specifications, and related system design logic, where appropriate. In such cases, the client is required to review and authorize the requirements and scope of work as evidence of approval. Once the scope of work has been documented and authorized, the request is presented to the IT teams by the Configuration Services Team and follows established change management processes.

b) Member Enrollment

Controls provide reasonable assurance that new member enrollment and changes to existing member enrollment information are authorized and set up completely and accurately in the POS system on a timely basis.

Clients periodically send member information and updates to MedImpact for update in the POS system. Clients electronically submit member information via secure managed file transfer (MFT) to ensure client data is securely sent. Each client is provided with a valid user ID and password and must enter the user ID and password when authenticating to the managed file transfer protocol (MFTP) servers. Upon successful authentication, the client is directed to their specific client folder. Client home directories are mapped to root to ensure client data is appropriately segregated. After the member information is uploaded, an automated server scan is executed by the MedImpact system to retrieve member updates (files) from client folders residing on the MFTP servers. The Informatica load process is configured to scan and retrieve member information updates to ensure MedImpact receives updated client eligibility information. Prior to update of the member files, the retrieved files undergo a validation process in which some or all of the following is performed:

- *File Decryption* – Client files are decrypted by MedImpact (client files are generally encrypted by the client using Pretty Good Privacy (PGP)).
- *File Validation and Formatting* – Client new and changed enrollment file uploads are validated for completeness and accuracy and alerts are generated for identified errors. During the file validation process, certain data elements in the file, including the client's name, physician number, date of birth, and address, are scanned, and any errors or missing information are identified and flagged by the system. The file is also formatted during the validation process for eventual upload into POS. Errors identified during the validation process do not prevent the upload of the member information into POS.
- *Notification to Client* – Upon completion of the validation process, MedImpact notifies the client that the file was received and whether any errors or missing information were identified.

Once the validation process is complete, the validated file is automatically loaded into the MedImpact operations scheduling software. The automated file load system updates the POS system with member updates. A Load Results Report with record counts and errors identified during processing, is systematically created to ensure client-provided member data is complete and accurate. The report is automatically posted to the client's MFTP folder for follow-up and review. Company policy requires that all member updates received from clients be processed and uploaded into the POS system timely, typically within 48 hours of receipt unless otherwise specified by clients. Application Support Analysts monitor the operations scheduling software to ensure all validated files are uploaded into POS on a timely basis. Job schedulers are configured to notify Application Support Analysts when delays or critical errors occur during upload of client data to POS.

c) *Industry-Standard Drug Information Updates*

Controls provide reasonable assurance that industry-standard drug information is completely loaded into the production system on a weekly basis, and pricing is updated every weekday.

The National Drug Data File (NDDF) is a weekly file received from First Databank that provides updated drug information to MedImpact. The NDDF drug information is loaded into the MedAccess system on a weekly basis and contains information pertaining to new products entering the market and changes to the classification of drugs already on the market.

Upon receipt of the NDFF file, it is uploaded by the Operations Scheduler Group into a staging environment for review by the MedImpact Drug Data Team. The Operations Scheduler generates an automated email that transmits the NDDF to the Drug Data Team on a weekly basis indicating the file is ready for review.

The Drug Data Team reviews the NDDF prior to upload into production on a weekly basis to ensure the upload of the drug data file is complete and accurate. Upon completion of their review, the Drug Data Team notifies the Operations Scheduler Group via email that the file is ready for production upload. The Operations Scheduler is configured to upload the Medi-Span drug pricing to production daily, Monday through Friday. The Drug Data Team may delay the push of the file into production upon notification to the Operations Scheduler Group.

After completion of the upload to the production system, a report is run and reviewed by the Drug Data Team that identifies any differences between the NDDF file in the staging pre-production environment and the production environment. If issues are identified that require an update, the NDDF file/table is adjusted as required. MedImpact generates an NDDF Change Audit Report to identify changes made subsequent to the production load. The Drug Information Analyst reviews the report changes for reasonableness and electronically signs off on the report to evidence their review.

d) Formulary Changes

Controls provide reasonable assurance that formulary information and subsequent formulary changes are completely and accurately uploaded into the POS system on a weekly basis.

A drug formulary is a list of prescription drugs, both generic and brand-name, which are covered by a client. The purpose of the client's formulary is to guide the patient to clinical and cost-effective medications for treating their medical condition. Some changes depend on the availability of new drugs, and others occur if the Food and Drug Administration deems a drug to be unsafe. Formulary changes are managed through a formulary template which includes a list of covered drugs, associated restrictions, rules, and copayment tiers. They are used to categorize drug coverage within a client and to allow for detailed customization. Formulary changes are managed through a web-based platform, Enterprise Formulary System (EFS).

There are five modes of formularies:

- Medicare Part D (applicable to this control objective)
- Medicaid (state mandate program, similar to Part D)
- Commercial (Non-Medicare Part D covered by Control Objective 1 – Client Plan Benefits Setup is not applicable to this control objective).
- Medicare/Medicaid (MMP)
- Health Insurance Exchange (HIEx)

There are two types of formularies:

- *Standard* – MedImpact controls the content of the formularies and the client follows MedImpact's decision with respect to the formulary content.
- *Custom* – The client controls the content of the formularies.

Weekly drug file changes and updates from First Data Bank are imported and converted into a PPDL via the Formulary Gateway Program. The PPDL is reviewed by the Formulary Operations Team to ensure conversion accuracy and categorization according to CMS requirements. For both standard and custom formulary clients for Medicare Part D, MMP formulary maintenance is a weekly process that coincides with the timing of the First Databank drug file update. The PPDL document is then formatted and reviewed by the Formulary Mapping Pharmacist, with annotations made directly in the Excel document.

Standard formularies are coded in-house, while custom formularies are coded by clients directly in EFS. The coding process includes populating the formulary with the appropriate drug bucket associated with a specific formulary. The Formulary Outputs Team notifies clients via email with a link to Enterprise Formulary System to ensure communication of weekly drug updates. The Formulary Outputs Team completes a weekly checklist to ensure all clients have been communicated of their projects. Once the coding of the formulary is completed in EFS, the client-approved formulary is ready to be translated into POS. All formularies follow the same upload process. A manually initiated translation job gathers and implements all approved projects to POS on a weekly basis. Alert notifications are configured to ensure formularies are processed completely.

If there is an error during the Translation job, an email is sent to a distribution list, EFS-ExpTran, indicating the error. The error is then researched and properly resolved. As each formulary translates successfully, an email is sent to EFS-ExpTran indicating it was successful. The system produces a Load Results Report that details the formularies processed and any errors identified during update processing.

If formularies are not approved in EFS by Friday morning, updates are not uploaded into POS.

e) Pharmacy Rates

Controls provide reasonable assurance that pharmacy rates are completely and accurately loaded into the system and pharmacies are restricted to authorized rates.

MedImpact's national pharmacy network is an open Any Willing Provider (AWP) network. Pharmacies who wish to participate in MedImpact's network are directed to the MedImpact Pharmacy Portal at https://pharmacy.MedImpact.com, where they log in and fill out an online application form. A pharmacy can select to either participate via a Pharmacy Service Administrative Organization (PSAO) that is already contracted with MedImpact or contract directly with MedImpact.

When a pharmacy selects to participate in a PSAO listed in the portal, the request is automatically routed to the PSAO for review and approval. The requesting pharmacy and the existing MedImpact-contracted PSAO must both substantiate that they are appropriately affiliated to receive the current PSAO retail rate set to move through the ENS system queue. Upon approval by the PSAO, the MedImpact pharmacy portal generates a change request to add the pharmacy in MedImpact's ENS system.

When a pharmacy selects to contract directly via the portal, a pharmacy network agreement packet is emailed to the pharmacy for their review and approval. Upon MedImpact's receipt of the contractual agreements, Pharmacy Network Administration (PNA) staff setup a change request to add the pharmacy in MedImpact's ENS system. The change request initiates a system generated pharmacy group identifier that is linked to the most current retail pharmacy rates.

From the PNA Review queue in ENS, PNA QA staff reviews the change requests, verifying affiliations affidavits (for PSAOs only), pharmacy network agreements, and the system generated pharmacy group identifiers, among other attributes, for completeness and accuracy. The change requests are then forwarded to the Carrier Configuration team for deployment to production, unless it is a new pharmacy. In that case, it must be reviewed by Credentialing prior to being sent to the Carrier Configuration team.

The Pharmacy Network Team reviews and validates rates uploaded into the ENS Rate Management system for completeness, accuracy, and alignment with the approved rates. The ENS Rate Management System is configured to allow only authorized affiliations in production via matching drop down selections.

f) Claims Processing

Controls provide reasonable assurance that electronically submitted claims are completely and accurately processed on a timely basis.

Claims are electronically submitted to MedImpact by pharmacies either through an intermediary switch company or directly when the pharmacy submits a prescription. The claims submitted by the pharmacy are electronically transmitted to the MedImpact POS system and systematically adjudicated based on billing parameters and other validation checks coded within the system. For electronically submitted claims, the POS System automatically sends a response message within a prescribed timeframe to the pharmacy regarding the approval or denial status of the claim to ensure the claim was received and status is relayed to the pharmacy.

On a daily basis, the system automatically produces a Turn-Around Time (TAT) Report of the previous business day's processed claims and emails it to the Claims Department. The Claims Leadership Team monitors the status of daily claims processing to ensure claims are processed timely and that processing does not miss the respective Performance Guarantee deadlines. To facilitate the monitoring process, the Senior Processor tracks work items delegated to individual processors using a Daily Workload spreadsheet. This spreadsheet serves as a secondary report to allow the Claims Supervisor and management to monitor the status of paper claims that must be processed to meet the respective client deadlines and Company TAT standards.

The POS System logic automatically detects and prevents the processing of duplicate claims and contains edit checks that generate parsing errors to ensure completeness and accuracy of claims adjudication.

MedImpact's Business Quality Assurance Department processes claims in a test environment to ensure claims are completely and accurately adjudicated according to the Client IQ. The Claims Quality and Audit Support (CQAS) team performs post-production monitoring of enhancements to the POS system to ensure claims are processed completely and accurately and meet client expectations. The Claims Quality and Audit Support Team meets with Adjudication Services on a monthly basis to identify key enhancements that will require monitoring in the upcoming POS release. After deployment, claims impacted by these changes are reviewed to validate that they are processing as expected. Any critical errors are scheduled for correction in a future version of the POS claims adjudication application, at which point the fix will be monitored again, once released to production.

g) POS to Accounting System Interface

Controls provide reasonable assurance that data transmissions from POS to the Accounting System that affect user entities' internal control over financial reporting are authorized, complete and accurate.

Claims data is obtained from MedAccess in coordination with the four Explanation of Benefits (EOB) cycles. Claims transactions are interfaced for import from POS into the Accounting System by means of automated batch jobs that are scheduled to run based on the Accounting EOB calendar. The Accounting Department, Business Support Services, and IT Finance are involved in the EOB (POS to Accounting System) batch process.

Batch jobs are configured as SQL scripts and set up within the Accounting System database. Access to batch jobs that facilitate the data interface between Financial Data Repository (FDR) and Oracle is restricted to IT personnel based on job responsibilities. Batch jobs are monitored by means of automated alerts. Automated email alerts are transmitted to IT Finance and the Overnight Support Team for research and resolution when there are discrepancies or system failures to the batch jobs related to data import. Depending on the nature of the error, Accounting or IT Finance personnel undertake the appropriate corrective action and then manually reprocess the batch.

Upon successful execution of batch jobs, the Accounts Payable (AP) Department, Accounts Receivable (AR) Department, and IT Finance personnel receive an automated status email summarizing the data import. Business Support Services personnel act as intermediaries between IT Finance and the Accounting Department during the EOB batch process. A Business Analyst from Business Support Services is assigned to each EOB close. The Business Analyst notifies the AP Department when an EOB cycle is complete. Controls are in place to verify completeness and accuracy of the POS – Oracle EBS interface. As a secondary control, AP Department personnel reconcile the POS and Oracle EBS batch totals to verify completeness and accuracy prior to posting the batch. If the totals balance, AP posts the batch. Unbalanced batches are researched by IT Finance and resolved, as appropriate. Once resolved, AP personnel validate the batch totals before posting the batch.

h) Billing

Controls provide reasonable assurance that clients are completely and accurately billed on a timely basis.

On a variable EOB billing cycle, an AR Extract Report is generated for each client for whom billing/invoicing is to occur. These reports are automatically generated by the POS system and provided to the AR Department. The report provides the drug spend detail to support a component of the invoices to be sent to clients, which includes total claims processed by MedImpact on behalf of the client, the amount that MedImpact receives for pharmacy POS charges, and the net check amount to be paid to the pharmacy.

The data for the invoice is exported from POS into the Oracle EBS Accounting System at the conclusion of the variable EOB cycle. MedImpact's Oracle EBS system generates an invoice that details the amounts supporting the invoice, including any claims paid by MedImpact, as well as administrative and other charges to be billed directly to the client. AR Personnel review the EBS Invoice Extract by EOB from OBIEE to verify claim counts are complete and accurate.

Within the AR Department, Billing Analysts are assigned billing/invoicing responsibilities for a group of clients. The AR Billing Analyst reviews the system generated client invoices to compare the invoice amounts to the EBS Invoice Extraction Transaction Summary and signs off on the Invoice Checklist to verify the accuracy of the invoice. Discrepancies are researched and resolved as needed.

Once the invoices are determined to be accurate, the Billing Analyst converts the invoices into PDF copies and saves the invoices to a MedImpact network folder. An automated job loads invoice files to client folders via the MedImpact Online Reports (MOR) system within two business days of invoice generation. Jobs are monitored to ensure completeness of data loads. Clients then use the MOR site to access their client folders and retrieve their respective invoices. In some instances, clients receive invoices via email.

Billing Analysts perform spot checks on randomly selected invoices from their pre-assigned clients to confirm the proper upload of the invoice to the client folder and then sign off on the EOB Batch Invoice Assignment checklist once the spot check is completed.

Clients have up to one year to retrieve their invoices from the MOR site. After one year, the information is automatically deleted and is no longer accessible.

i) Payment Processing

Controls provide reasonable assurance that payments to pharmacies and members are complete and accurate and issued on a timely basis.

As payments are received from clients/plans, the AR Specialist matches the remittance support to the bank statement (verifying amount, EOB, HQ Code, and bank account number). Simultaneously, AR releases the corresponding AP invoices related to the payment from the client in the system when the payment brings the invoices to zero, processes the receipts in Oracle EBS, and provides the supporting documentation and a signed cover sheet to the AR Supervisor or designee for review. The AR Supervisor or designee reviews, approves, and posts the cash receipts in Oracle EBS, which prompts the system to release payments to the associated pharmacies. Payments that do not bring the invoice to zero (underpayments) are not released to the pharmacies until a credit memo is completed and approved, or until additional funds are received to bring the invoice balance to $0.00. These credit memos include the corresponding debit memo to the pharmacies and are automatically recorded to the claims-payable account journal entries when recorded.

Payments to pharmacies are made in accordance with state and federal requirements, the HQ code priority listing (POS Transaction Data detail, which is provided by the VP of Financial Modeling and Planning and approved by the Chief Financial Officer), settlement due dates, and other criteria. Using these priority parameters, the AP Manager selects the settlement or priority pharmacy payment batches for processing. The AP Specialist processes the selected payment batches in Oracle EBS, which creates the journal entries. The payment due date is automatically generated based on the release date and period of time required to pay the pharmacy as setup in Salesforce to ensure completeness and accuracy of payment terms.

Once the check or electronic file transmission (EFT) batches have been processed in Oracle EBS, an automated process sends the check print job to the print vendor, and the EFT payment files to the bank, respectively. The bank sends a confirmation email to the designated AP email inbox confirming that each individual ACH file has been received. The Accounts Payable team performs a tie out of the US Bank data to Oracle EBS each weekday to verify the number of checks processed and the check amount total.

Once the check batch has been received by the print vendor, the print vendor sends an email to the designated AP email inbox acknowledging receipt of the check file. Once the check batch has been printed, the print vendor subsequently provides all check details and check images within the vendor portal, where the AP Manager can review check batch counts and totals for confirmation and accuracy. AR Aging Reports are reviewed monthly to monitor and follow-up on outstanding payments. The outsourcing of pharmacy and DMR checks precludes AP from storing check stock on hand. The print vendor processes prints, counts, stuffs, and applies postage to all checks the following business day after the check batch file is received.

EFT initiation and approval of EFT batches at the bank level are segregated to prevent the same person from initiating and releasing the same batch, ensuring an adequate segregation of duties exists. The bank maintains an approved signature card specifically for pharmacy payments. The Data Analysts create a claims detail report (835 File) which is sent to the pharmacies as support for the forthcoming payments. Some pharmacies have access to MedImpact's client portal and access their reports directly from the internet. MedAccess system queries have been configured to run automated 835 reports Monday through Thursday at 11:00 p.m. and on Saturday. These reports are either sent to the Pharmacies directly or are available on the Internet Client Portal.

j) Change Management

Controls provide reasonable assurance that (1) changes to application programs, related database management systems, and network infrastructure are authorized, tested, documented, and approved prior to production implementation, to result in complete, accurate, and timely processing and reporting of transactions and balances relevant to user entities' internal control over financial reporting.

PROGRAM CHANGE MANAGEMENT

MedImpact has developed and documented formal policies and procedures for the Company's program change management process. Changes are formally controlled, documented, and enforced in order to minimize the corruption of information systems. Changes to information assets and systems are controlled and archived. Change requirements are reviewed, documented, and approved by the Business Process Owners to ensure requirements are accurately defined prior to change processes being performed. Program change requests are received from the clients verbally or in writing by either the Account Manager, Business Analyst, or Benefit Analyst.

When a program change request is initiated from the client, the Account Manager forwards the program change request to the assigned Business Analyst via a ticketing system. The Business Analyst reviews the request with the client, captures the business requirements, and enters the related request and business requirements into the IT change/enhancement request system. For client requests, a quote is provided to the client along with a request for approval or authorization to commence work on the change request. Once approved by the Product Owner, the request is prioritized to a Product Release, and the change request is routed to the IT Business Unit/Product Line's backlog for the corresponding Scrum Team to review and prioritize into a Sprint.

The Scrum Team reviews and aligns on a breakdown of the change request wherein the respective team's Business Analyst creates the corresponding Epics and/or Stories associated with the breakdown of the change request. The Epics and/or Stories are then presented for review and approval by designated stakeholders, and once approved, the Epics and/or Stories in the Scrum Team's backlog are now ready to be worked on in a given Sprint.

The Scrum Team working on prioritized Epics/Stories within a Sprint iterates through analysis, development, and testing until the Epics/Stories are complete and ready for Sprint Review before the end of the Sprint. While iterating through prioritized Epics/Stories within the Sprint, completed source codes in the development environment are checked into the version management system for appropriate versioning, and builds are iteratively staged for testing in the test environment. Test plans and test results that are created/captured while testing in the test environment during the Sprint, as well as any defects found during testing, are tracked in the system. At the end of the Sprint, the Scrum Team then prepares for the Sprint Review wherein the Product Owner and other relevant stakeholders can view, provide feedback, and approve the Sprint work for deployment to production. MedImpact maintains separate environments for development, testing, and production. Access to the production environment is restricted to authorized IT personnel.

Approved deliverables related to prioritized and completed change requests from a Sprint Review are then assigned to a production deployment request. Production deployment requests are received by Configuration Management, which then moves the approved code into the production environment, and the IT change/enhancement request system notifies the IT Change Control group via email of the completion of the request. The Configuration Management group uses the applicable source code control tool to ensure unauthorized changes are not promoted to production. Developers must check code into the application source code control tool to push code to production after the Business Analyst reviews the changes. QA personnel test source code in the test environment using the procedures created by the QA Engineer. Access to promote changes into production is restricted to authorized IT individuals to ensure appropriate segregation of duties exists. Actual hours worked on each Epics/Stories related to the delivered change request are tracked in the IT change/enhancement request system and are reviewed periodically by IT leadership.

Change requests and emergency programming requests (*i.e.*, production issues) can be initiated internally by MedImpact for programming requests outside of client-initiated requests.

Internal change requests follow the same process as noted above but do not require client approval. Completed change request modifications to Product Lines are identified by version numbers and included in the production software with version numbers.

NETWORK CHANGE MANAGEMENT

All changes made to the network components must follow established change management policies and procedures. Requests for network infrastructure changes are documented, tracked, prioritized, and approved by management within support tracking software and are subject to documented change procedures. Each change request is entered as a ticket into the support tracking system and assigned a unique tracking number (thereafter, each ticket is referred to as a case). Change requests are reviewed and approved by MedImpact management or sent back to the requestor with a reason for denial. Once approved, the changes are tested, if necessary, and then approved by MedImpact management prior to implementation into the production environment.

Logical access to networking components (*e.g.*, hardware, firewalls, and routers) is restricted to authorized MedImpact personnel. Access to the Microsoft Service Center is controlled through the use of individual user IDs and passwords. The software captures the user ID of personnel who update the case status within the system.

k) Logical Security

Controls provide reasonable assurance that logical access to programs and data relevant to user entities' internal control over financial reporting is restricted to authorized and appropriate users and such users are restricted to performing authorized and appropriate actions.

SECURITY POLICIES AND PROCEDURES

MedImpact has developed information security policies and procedures that are available to all Company employees via the MedImpact intranet and Compliance 360. Employees are required to sign the Employee Handbook, including acknowledgement of password responsibilities, upon hire and annually thereafter. MedImpact strictly prohibits any employee from deliberately attempting to gain unauthorized access to information resources. Company policy also prohibits employees from using another party's assigned user ID or account and password to obtain access to resources. Violation of this policy may be grounds for disciplinary action, including termination.

REQUESTS FOR SYSTEM ACCESS AND TERMINATION OF EMPLOYEE ACCESS

Employees are authorized access to systems and applications after completion of a New Hire or Resource Transfer Form via the IT Hub/Employee Lifecycle page on the intranet by the employee's manager or administrative assistant. User provisioning requests and approvals are performed prior to granting, modifying, or removing of access to ensure access is authorized. Employee access to applications is then authorized by hiring managers through the automated workflow features of the ticketing software before allowing the user's accounts and privileges to be activated. Employees are then assigned user IDs and passwords for new system access. Users are required to change their passwords upon login for new accounts, where necessary.

In the case of a workforce termination, HR initiates the termination process by changing the individual's employment status within Kronos. A scheduled job reconciles active employees with AD accounts multiple times daily to remove access for terminated employees. Administrators remove employee access to system resources upon receipt of automated termination notification from Kronos. These jobs run three times a day to remove access and prevent terminated users from accessing the MedImpact network.

Kronos sends an automatic email notification to IT Support. The workforce manager initiates the termination ticket and Workforce Exit Form within the ticketing system. The ticketing system is used to track the disabling and removing of access. The workforce exit form is used to communicate the workforce exit and identifies the workforce member, separation date, and requests to remove logical and physical access. The ticketing system creates cases to request access removal, and the cases are assigned to the appropriate IT administrator of the platform (the individual who manages access to the system). The IT administrator of the platform removes access within the system and closes the case.

IT security performs a quarterly review to validate that terminated user access is removed. Access attestations are performed annually to validate access to systems and applications is appropriately restricted.

APPLICATION/SYSTEM SECURITY PRODUCTION SYSTEM ACCESS

Password security parameters have been established and configured to protect access to key systems, as described below.

APPLICATIONS

Administrative access to MedImpact systems, including the network, production servers, databases, POS, MedAccess, MedOptimize, firewalls, and backup utility, is restricted to authorized MedImpact IT personnel. Access requires a user ID and password. System and application passwords are configured for length, complexity, and periodic reset requirements. Password policies, applicable to mobile devices, are documented and enforced through technical controls on all company devices and prohibit the changing of password/PIN lengths and authentication requirements. Password parameters include:

- Minimum password length
- Password expiration
- Password history
- Account lockout
- Password complexity

Prior to resetting MedImpact application or network user account passwords, IT Support personnel verify the user's identity by requiring answers to a series of security questions. The incident is documented in a ticket.

Access to client-facing applications is setup in the identity management system by assigning a user ID to a specific client business unit. Access to client folders via the MOR system is restricted to authorized client personnel and requires the use of a valid user ID and password. Clients may only access their own data through the use of security groups linked to client-specific folders.

NETWORK SECURITY AND MONITORING

Network segmentation, firewalls, and demilitarized zones are in place to secure and control network access. Physical and logical segmentation is applied and traffic is controlled.

Potential security violations, including unauthorized attempts to gain access in Active Directory or LDAP, are logged by the SIEM and reviewed periodically by Information Security personnel.

MedImpact has deployed an intrusion prevention/detection system (IPS/IDS) that guards against network intrusions and attacks. IPS/IDS dashboards are monitored by Information Security personnel for any network-intrusion attempts originating from outside the organization. The system provides MedImpact with timely detection of attacks and critical information to quickly respond and mitigate potential damage to data or network assets.

The Security Information and Event Management platform supports near real-time analysis and alerting of events (e.g., malicious code, potential intrusions) and integrate intrusion detection into access and flow control mechanisms. Security logs from the IPS, firewalls and endpoint-protection platform are compiled into a SIEM tool and monitored by the third-party Security Operations Center from AT&T. Alerts are reviewed by the Security Operations Center and correlated against a global database of security threats for criticality. Information Security personnel are contacted by the Security Operations Center via email alerts and directed to the Information Security on-call resource. Events are tracked, triaged, mitigated, and closed via a SIEM Portal. Information Security personnel can search the logs for key words to identify certain types of events such as failed login attempts.

A UNIX server is utilized as a central repository of server logs. The servers send a copy of their logs to the central log. Security logs are compiled into a system by a third-party vendor. Alerts are generated by the third-party vendor tool and are sent to Information Security. Security personnel can search the logs for key words to identify certain types of events such as failed login attempts.

The Company employs firewalls and demilitarized zones (DMZs) to secure and control network access. The firewalls are configured to deny all access unless access is specifically allowed. Management reviews the firewall logs on a periodic basis to identify any potential security events. Remote connections are secured by means of two-factor authentication. VPN traffic is encrypted to ensure restricted access and security of the network. MedImpact personnel cannot connect to the network remotely unless they obtain prior authorization from their manager. The remote-access request is included in their initial network-access request in the ticketing system or as a separate request after the initial network access has been granted. Remote-user connections to the network are performed using VPN technology and are secured by tokens that provide a two-factor authentication and an encrypted, secure VPN client. The users must enter their secure-token ID in addition to a secret PIN. VPN traffic is encrypted. Copying, moving, printing, and storage of sensitive data are prohibited when accessed remotely without a defined business need.

Quarterly in-house vulnerability scans are performed using Qualys on externally facing resources. Internal systems supporting the in-scope applications are scanned annually to check for vulnerabilities and secure configurations. Evidence of the security assessment and management's review of the remediation activity is retained.

Anti-virus software is installed on all workstations, laptops, and servers. Vendor updates are automatically installed. Automated email alerts are sent to the entire Information Security Group whenever the anti-virus software detects a potential issue.

l) Application and System Processing

Controls provide reasonable assurance that application and system processing relevant to user entities' internal control over financial reporting is authorized and executed in a complete, accurate, and timely manner, and deviations are resolved.

MedImpact has configured multiple computer processes to automate system processing that may be relevant to user entities' internal control over financial reporting. Personnel within the operations scheduling group and IT Finance are primarily responsible for the execution and monitoring of automated computer processing jobs. While these processes have been presented elsewhere in this report, a summary follows below.

MEMBER ENROLLMENT

User entities upload member updates to MedImpact's MFTP servers for upload into the claims processing system. An automated server scan is executed by the MedImpact system to retrieve member updates from client folders residing on the MFTP servers. A cron job within MedImpact's system automatically executes a scan of the MFTP server to retrieve member updates from client folders residing on the MFTP servers. A Load Results Report with record counts and errors identified during processing, is systematically created to ensure client-provided member data is complete and accurate. Job schedulers are configured to notify Application Support Analysts when delays or critical errors occur during upload of client data to POS.

INDUSTRY-STANDARD DRUG INFORMATION UPDATES

The NDDF is a weekly file received from First Databank, a subservice organization that provides updated drug information to MedImpact. Upon receipt of the NDDF file, it is uploaded by the Operations Scheduler group into a staging environment, for review by the MedImpact Drug Data Team. The Operations Scheduler generates an automated email that transmits the NDDF to the Drug Data Team on a weekly basis.

FORMULARY CHANGES

Formulary changes are translated into POS each week. All formularies follow the same upload process. The Translation job, which is initiated by a user via UC4 on Fridays, picks up all approved projects and moves it to POS. If there is an error during the translation job, an e-mail is sent to a distribution list, EFS-ExpTran, indicating the error. The error will then be researched and properly resolved. As each formulary translates successfully, an email is sent to the distribution list, EFS-ExpTran, indicating it was successful. The system produces a Load Results Report that details the formularies processed and any errors identified during update processing.

POS TO ACCOUNTING SYSTEM INTERFACE

Claims transactions are interfaced for import from POS into the accounting system by means of automated batch jobs that are scheduled to run based on the Accounting EOB calendar. The Accounting Department, Business Support Services and IT Finance are involved in the EOB (POS to accounting system) batch process.

Batch jobs are configured as SQL scripts and set up within the Oracle SQL database. Access to the batch jobs is restricted to IT personnel within the IT Finance group. Additionally, on a monthly basis, the Director of Disbursement and Procurement Services and the Director of Revenue Accounting review modifications to key attributes in Oracle tables and validate actions performed by the system administrators. Review signoffs are documented and retained to validate the review performed. Automated email alerts are transmitted to IT Finance and the Overnight Support Team for research and resolution when there are discrepancies or system failures to the batch jobs related to data import. Depending on the nature of the error, Accounting or IT Finance personnel undertake the appropriate corrective action and then manually reprocess the batch.

MONITORING

MedImpact utilizes several monitoring tools and custom logs to capture and monitor various events, including:

- Network performance and utilization
- Availability/downtime
- CPU and disk utilization
- Temperature and power
- Diesel generator efficiency

Network monitoring is performed real time and displayed on a consolidated screen within the Network Operations Center to notify and ensure potential problems including security, availability, services and protection of connected services from unauthorized access are addressed.

BUSINESS CONTINUITY AND DISASTER RECOVERY

MedImpact places a high value on providing continuity of service to its clients. Business Continuity and Disaster Recovery plans exist. Copies of the plan are distributed to key personnel and are stored in a remote location. Responsibility for emergency procedures, manual fallback procedures, and resumption plans is assigned to the relevant business or process owner. The disaster recovery plans are designed to address a wide range of issues that could arise assuming a worst-case scenario were to occur. This philosophy yields a capability whereby each situation can be readily assessed and actions tailored as required to address the issues at hand. MedImpact's disaster recovery plans stand ready to be activated should an event affect any sites, causing a disruption.

MedImpact's disaster recovery philosophy emphasizes disaster prevention, mitigation, and recovery. The work environments are regularly reviewed to identify potential sources of risk. Management continually strives to reduce any potential single points of failure as part of this process through an analysis of the operations monitoring procedures. Technology personnel also evaluate changes made or new services added to the environment. Continuity plans and solutions are implemented wherever necessary, and improved, when possible, to reduce the likelihood of significant interruptions in service capabilities.

MedImpact performs full disaster recovery testing at a minimum, annually. A Business Continuity and Disaster Recovery team and sub teams, comprising of Senior Leadership and key personnel, meet regularly to review and test Business Continuity and Disaster Recovery processes.

m) Data Replication

Controls provide reasonable assurance that data relevant to user entities' internal control over financial reporting is continuously replicated to an alternate site.

Automatic data replication is configured for critical systems and occurs continuously. Two sites are running simultaneously to ensure system availability. Data is replicated between the MedImpact facilities in San Diego, California and Tempe, Arizona simultaneously to ensure system availability.

n) Physical Security

Controls provide reasonable assurance that physical access to computer resources and corporate facilities relevant to user entities' internal control over financial reporting is restricted to authorized and appropriate personnel and environmental controls are installed to protect computer equipment.

CORPORATE OFFICE

During business hours, a receptionist is stationed in the lobby of the MedImpact San Diego office facility to monitor access of MedImpact guests. Visitors to the MedImpact corporate offices must sign a visitors log, be given a visitor badge, and be escorted by MedImpact personnel. Visitor and third-party support access is recorded and supervised unless previously approved.

Physical access to the MedImpact corporate office and data center is restricted to authorized individuals. Access is controlled and logged via electronic access card system. New hires are provided with an electronic access card during new hire orientation and are granted access to specific areas based on job function and title. Terminated employees are deleted from the security system on their last day of employment.

MedImpact utilizes data center facilities in San Diego, California (a third-party facility) and Tempe, Arizona (a MedImpact-owned facility).

TEMPE DATA CENTER

The MedImpact-owned data center located in Tempe, Arizona is monitored by security personnel 24/7/365. Normal facility operating hours are from 5:00 a.m. to 10:00 p.m. Mountain Standard Time, Monday through Friday. Visitors to the Tempe facility are greeted by a security guard who controls and monitors access. All visitors are required to sign a visitors log and be escorted by MedImpact personnel. Access to the Tempe facility during non-business hours is controlled by an electronic card-key system.

To request access to the data center facilities, an access request must be submitted through the tracking system. Requests for access to the data center must be supported by a ticket in the tracking system and approved by the Data Center manager or above. Once access is approved, an electronic key card is provisioned with the appropriate level of access and distributed to the employee or contractor. Data center access is reviewed quarterly to validate access is appropriately restricted. Modifications to access are performed as necessary.

All access points within the facilities are monitored by surveillance cameras 24/7/365. In addition, cameras are placed in strategic areas to monitor activity surrounding the data centers.

The power design for the Tempe data center is built for increased power requirements and redundancy, which includes the following:

- The facility contains redundant uninterruptible power supply (UPS) systems with automatic and manual bypass.
- The power from the UPS systems supplies multiple power distribution units (PDUs) that are located in a mechanical room adjacent to the data center. These PDUs supply remote power panels located within the data center.
- The redundant switchgear contains circuit breakers and redundant UPS that are located in separate rooms.
- Each switchgear supplies power to individual UPS units, which supply power to an A and B side of each PDU.
- The redundant switchgears are connected to both the utility power and the back-up generators so that the switchgears have a redundant supply of power.
- Two Cummins diesel generators are used to support the backup electricity needs of the building. Each generator is capable of supplying the building with 30 hours of power on a full tank. Both generators are tested on a weekly basis. Fuel is provided by a third-party vendor and by an additional three vendors in the event that the primary vendor is unavailable.
- Maintenance, cleaning, and refueling of all critical power systems are contracted out to a local provider.

NETWORK REDUNDANCY AND AVAILABILITY

The Tempe data center is connected to diverse Internet Service Providers (ISP) networks. In addition, the facility has two network operations rooms for redundant external telco providers. The network core is also redundant, and all servers have two power connections, which are connected to both the A-side core and the B-side core.

COOLING

The data center utilizes an advanced cooling system and is powered through the installation of four 30-ton air conditioning (AC) units. AC units at both locations provide a high level of performance while providing redundant and flexible system controls.

MedImpact has entered into a maintenance contract with a local provider, which provides monthly preventative maintenance and inspection of the computer room air conditioning (CRAC) units including filter replacement, cleaning of internal components, flushing of humidifier trays, securing compressor mounts, replacing of belts, and cleaning of condenser units. Custom logs are used to maintain and monitor the temperature and humidity for each of the zones within the data centers.

FIRE SUPPRESSION

Fire suppression is handled through HFC-125 systems. The Tempe fire suppression system is activated by at least two smoke detectors from different zones. The facility also utilizes a pre-action dry-pipe system to bolster fire suppression capabilities in the event of a large fire. The pre-action system fills the pipes with water once the HFC-125 system is activated. Once the temperature in the data center reaches a point that activates the sensor, the water-based fire suppression system is activated. Fire extinguishers and detectors are installed according to applicable laws and regulations.

D. Control Objectives and Related Controls

MedImpact has specified the control objectives and identified the controls that are designed to achieve the related control objective. The specified control objectives and related controls are presented in Section IV, "Description of MedImpact Healthcare Systems, Inc.'s Control Objectives and Related Controls, and Independent Service Auditor's Description of Tests of Controls and Results," and are an integral component of MedImpact's Claims Processing System.

E. Complementary Subservice Organization Controls

MedImpact's controls related to the Claims Processing System cover only a portion of overall internal control for each user entity of MedImpact. It is not feasible for the control objectives related to the Claims Processing System to be achieved solely by MedImpact. Therefore, each user entity's internal control over financial reporting must be evaluated in conjunction with MedImpact's controls and the related tests and results described in Section IV of this report, taking into account the types of controls expected to be implemented by the subservice organization as described below.

	Complementary Subservice Organization Controls		Related Control Objective
AT&T, Inc., DataBank Holdings Ltd., Salesforce, Inc.			
1	Only authorized program changes are made to the application, and changes are subject to testing and approval prior to production implementation.	➤	**Control Objective 10:** Change Management
2	Only authorized personnel are permitted to make changes to the system.	➤	**Control Objective 10:** Change Management
3	Logical security over access to the application is restricted to authorized personnel.	➤	**Control Objective 11:** Logical Security
4	Physical access to facilities is restricted to authorized personnel.	➤	**Control Objective 14:** Physical Security

Complementary Subservice Organization Controls		Related Control Objective
AT&T, Inc.		
5	Only authorized personnel are permitted to make changes to the SIEM application and related reports and logs produced by the application.	**Control Objective 10:** Change Management
6	The SIEM report and logs are transmitted to MedImpact in a secure manner, and only authorized personnel are permitted to transmit the file.	**Control Objective 11:** Logical Security

F. Complementary User Entity Controls

MedImpact's controls related to the Claims Processing System cover only a portion of overall internal control for each user entity of MedImpact. It is not feasible for the control objectives related to the Claims Processing System to be achieved solely by MedImpact. Therefore, each user entity's internal control over financial reporting should be evaluated in conjunction with MedImpact's controls and the related tests and results described in Section IV of this report, taking into account the related complementary user entity controls identified below, where applicable.

In order for user entities to rely on the controls reported on herein, each user entity must evaluate its own internal control to determine whether the identified complementary user entity controls have been implemented and are operating effectively. User entities are responsible for:

Complementary User Entity Controls		Related Control Objective
1	User entities should have controls in place and operating effectively for completing and forwarding a signed IQ to MedImpact for setup of plan benefits in the POS system.	**Control Objective 1:** Client Plan Benefits Setup
2	User entities should have controls in place and operating effectively for reviewing and approving test claims and communicating any concerns or questions related to claims adjudication on a timely basis.	**Control Objective 1:** Client Plan Benefits Setup **Control Objective 6:** Claims Processing
3	User entities should have controls in place and operating effectively to ensure individuals that review and approve POS test results are authorized.	**Control Objective 1:** Client Plan Benefits Setup
4	User entities should have controls in place and operating effectively for notifying MedImpact on a timely basis of any changes to the individuals authorized to make plan benefit changes.	**Control Objective 1:** Client Plan Benefits Setup
5	User entities requesting changes to the plan after initial setup should have controls in place and operating effectively for completing a BCR form and submitting it to MedImpact on a timely basis.	**Control Objective 1:** Client Plan Benefits Setup

Complementary User Entity Controls		Related Control Objective
6	User entities should have controls in place and operating effectively for ensuring the confidentiality of user IDs and passwords used to gain access to MedImpact applications.	**Control Objective 1:** Client Plan Benefits Setup **Control Objective 2:** Member Enrollment **Control Objective 8:** Billing **Control Objective 11:** Logical Security
7	User entities should have controls in place and operating effectively for submitting authorized, complete, and accurate member updates in a timely manner.	**Control Objective 2:** Member Enrollment
8	User entities should have controls in place and operating effectively for reviewing the Load Results Report and evaluating, correcting, and resubmitting any identified errors or missing information in a timely manner.	**Control Objective 2:** Member Enrollment
9	Projects are available for user entity review beginning Tuesday morning until 2:00 p.m. PST Thursday. User entities should have controls in place and operating effectively to review the projects and code and approve them by the established deadline to enable MedImpact to accurately manage formularies and maintain drug coverage guidelines.	**Control Objective 4:** Formulary Changes
10	User entities with custom formularies should have controls in place and operating effectively for providing accurate drug formularies to MedImpact by the established deadline for upload into POS on Friday.	**Control Objective 4:** Formulary Changes
11	User entities should have controls in place and operating effectively for reviewing and approving pharmacy-network requests submitted via the MedImpact pharmacy portal.	**Control Objective 5:** Pharmacy Rates
12	User entities should have controls in place and operating effectively for notifying MedImpact of any errors identified in claims processing on a timely basis.	**Control Objective 6:** Claims Processing
13	User entities should have controls in place and operating effectively for retrieving invoices from the MOR site on a timely basis.	**Control Objective 8:** Billing
14	User entities should have controls in place and operating effectively for notifying MedImpact on a timely basis of any discrepancies or issues identified in payments received.	**Control Objective 9:** Payment Processing
15	User entities should communicate any changes in personnel timely to MedImpact to remove their access to MedImpact system(s).	**Control Objective 11:** Logical Security

IV. Description of MedImpact Healthcare Systems, Inc.'s Control Objectives and Related Controls, and Independent Service Auditor's Description of Tests of Controls and Results

A. Information Provided by the Independent Service Auditor

This SOC 1 Type 2 report was prepared in accordance with the AICPA attestation standards and, when combined with an understanding of the controls at user entities, is intended to assist auditors in planning the audit of user entities' financial statements or user entities' internal control over financial reporting and in assessing control risk for assertions in user entities' financial statements that may be affected by controls at MedImpact.

Our examination was limited to the control objectives and related controls specified by MedImpact in Sections III and IV of the report, and did not extend to controls in effect at user entities.

It is the responsibility of each user entity and its independent auditor to evaluate this information in conjunction with the evaluation of internal control over financial reporting at the user entity in order to assess total internal control. If internal control is not effective at user entities, MedImpact's controls may not compensate for such weaknesses.

MedImpact's internal control represents the collective effect of various factors on establishing or enhancing the effectiveness of the controls specified by MedImpact. In planning the nature, timing, and extent of our testing of the controls to achieve the control objectives specified by MedImpact, we considered aspects of MedImpact's control environment, risk assessment process, monitoring activities, and information and communications.

The following table clarifies certain terms used in this section to describe the nature of the tests performed:

Test Procedure		Description
Inquiry	➤	Inquiry of appropriate personnel and corroboration with management.
Observation	➤	Observation of the application, performance, or existence of the control.
Inspection	➤	Inspection of documents and reports indicating performance of the control.
Reperformance	➤	Reperformance of the control.

In addition, we evaluated whether the information was sufficiently reliable for our purposes by obtaining evidence about the accuracy and completeness of such information and evaluating whether the information was sufficiently precise and detailed for our purposes.

For tests of controls requiring the use of information produced by the entity (IPE), including electronic information, we performed a combination of the following procedures based on the nature of the IPE to address the completeness, accuracy, and data integrity of the data or reports used:

- Inspected the source of the IPE
- Inspected the query, script, or parameters used to generate the IPE
- Tied data between the IPE and the source
- Inspected the IPE for anomalous gaps in sequence or timing to determine that the data is complete, accurate, and maintains its integrity

For tests of controls requiring management's use of IPE in the execution of the controls, we inspected evidence of management's procedures, as applicable, to assess the validity of the IPE source and the completeness, accuracy, and integrity of the data or reports.

B. Test of Controls and Results

1. Client Plan Benefit Setup

Control #	Controls Specified by MedImpact	Tests Performed by Moss Adams LLP	Test Results
Control Objective 1: Controls provide reasonable assurance that new client benefit plan specifications and changes to existing client plans specifications are authorized and set up completely and accurately in the POS system.			
M1-1.01	MedImpact requires a completed Implementation Questionnaire (IQ) to setup and configure the client's benefits. The client is required to review and approve the IQ for completeness and accuracy.	Inquired of the Director of Configuration Services to confirm MedImpact required a completed IQ to setup and configure the client's benefits; and the client was required to review and approve the IQ for completeness and accuracy. Inspected IQs for randomly selected new clients during the examination period to determine if MedImpact required a completed IQ to setup and configure the client's benefits; and clients were required to review and approve the IQ for completeness and accuracy.	No exceptions noted. No exceptions noted.
M1-1.02	Client review and approval of test claims processed in a test environment is required prior to implementing new or updated plan specifications into production.	Inquired of the Director of Business Solutions and Configurations to confirm client review and approval of test claims processed in a test environment was required prior to implementing new or updated plan specifications into production. Inspected Test Plan Summaries for randomly selected new clients during the examination period to determine if client review and approval of test claims processed in a test environment was required prior to implementing new or updated plan specifications into production.	No exceptions noted. No exceptions noted.
M1-1.03	Client authorization is required for all benefit changes.	Inquired of the Vice President of Operations to confirm client authorization was required for all benefit changes. Inspected Client Benefit Change Request forms for randomly selected benefit changes during the examination period to determine if client authorization was required for all benefit changes.	No exceptions noted. No exceptions noted.

Control #	Controls Specified by MedImpact	Tests Performed by Moss Adams LLP	Test Results
Control Objective 1: Controls provide reasonable assurance that new client benefit plan specifications and changes to existing client plans specifications are authorized and set up completely and accurately in the POS system.			
M1-1.04	MedImpact reviews and tests the benefit changes prior to deployment to production to ensure benefit changes are working as intended.	Inquired of the Director of Business Solutions and Configurations to confirm MedImpact reviewed and tested the benefit changes prior to deployment to production to ensure benefit changes were working as intended. Inspected Benefit Change Requests tickets for randomly selected benefit changes during the examination period to determine if MedImpact reviewed and tested the benefit changes prior to deployment to production to ensure benefit changes were working as intended.	No exceptions noted. No exceptions noted.
M1-1.05	Clients must send approval of Benefit Changes acknowledging their approval of changes requested.	Inquired of the Vice President of Operations and the Director of Business Solutions and Configurations to confirm clients must send approval of Benefit Changes acknowledging their approval of changes requested. Inspected Client Benefit Change Request forms for randomly selected benefit changes during the examination period to determine if clients sent approval of Benefit Changes acknowledging their approval of changes requested.	No exceptions noted. No exceptions noted.

2. Member Enrollment

Control #	Controls Specified by MedImpact	Tests Performed by Moss Adams LLP	Test Results
Control Objective 2: Controls provide reasonable assurance that new member enrollment and changes to existing member enrollment information are authorized and set up completely and accurately in the POS system on a timely basis.			
M1-2.01	Clients electronically submit member information via secure managed file transfer (MFT) to ensure client data is securely sent.	Inquired of the Manager App Support and Operations to confirm clients electronically submitted member information via secure MFT to ensure client data was securely sent. Inspected MFT configuration to determine if clients electronically submitted member information via secure MFT to ensure client data was securely sent.	No exceptions noted. No exceptions noted.
M1-2.02	Client home directories are mapped to root to ensure client data is appropriately segregated.	Inquired of the Manager App Support and Operations to confirm client home directories were mapped to root to ensure client data was appropriately segregated. Inspected MFT root mapping configurations to determine if client home directories were mapped to root to ensure client data was appropriately segregated.	No exceptions noted. No exceptions noted.
M1-2.03	The Informatica load process is configured to scan and retrieve member information updates to ensure MedImpact receives updated client eligibility information.	Inquired of the Software Engineer to confirm the Informatica load process was configured to scan and retrieve member information updates to ensure MedImpact received updated client eligibility information. Inspected the Informatica B2B Navigator Interface to determine if the Informatica load process was configured to scan and retrieve member information updates to ensure MedImpact received updated client eligibility information.	No exceptions noted. No exceptions noted.
M1-2.04	Client new and changed enrollment file uploads are validated for completeness and accuracy and alerts are generated for identified errors.	Inquired of the Software Engineer to confirm client new and changed enrollment file uploads were validated for completeness and accuracy and alerts were generated for identified errors. Inspected the Informatica B2B Navigator file validation process to determine if client new and changed enrollment file uploads were validated for completeness and accuracy and alerts were generated for identified errors.	No exceptions noted. No exceptions noted.

Control #	Controls Specified by MedImpact	Tests Performed by Moss Adams LLP	Test Results
Control Objective 2: Controls provide reasonable assurance that new member enrollment and changes to existing member enrollment information are authorized and set up completely and accurately in the POS system on a timely basis.			
M1-2.05	A Load Results Report with record counts and errors identified during processing, is systematically created to ensure client-provided member data is complete and accurate.	Inquired of the Software Engineer to confirm a Load Results Report with record counts and errors identified during processing was systematically created to ensure client-provided member data was complete and accurate. Inspected the Load Results Report to determine if a Load Results Report with record counts and errors identified during processing was systematically created to ensure client-provided member data was complete and accurate.	No exceptions noted. No exceptions noted.
M1-2.06	Job schedulers are configured to notify Application Support Analysts when delays or critical errors occur during upload of client data to POS.	Inquired of the Software Engineer to confirm job schedulers were configured to notify Application Support Analysts when delays or critical errors occurred during upload of client data to POS. Inspected the email notification configuration and an example critical alert to determine if job schedulers were configured to notify Application Support Analysts when delays or critical errors occurred during upload of client data to POS.	No exceptions noted. No exceptions noted.

3. Industry-Standard Drug Information Updates

Control #	Controls Specified by MedImpact	Tests Performed by Moss Adams LLP	Test Results
Control Objective 3: Controls provide reasonable assurance that industry-standard drug information is completely loaded into the production system on a weekly basis, and pricing is updated every weekday.			
M1-3.01	The Operations Scheduler generates an automated email that transmits the NDDF to the Drug Data Team on a weekly basis.	Inquired of the Applications Support Engineer to confirm the Operations Scheduler generated an automated email that transmitted the NDDF to the Drug Data Team on a weekly basis. Inspected the NDDF auto email configuration and an example email alert to determine if the Operations Scheduler generated an automated email that transmitted the drug file to the Drug Data Team on a weekly basis.	No exceptions noted. No exceptions noted.
M1-3.02	The Drug Data Team reviews the NDDF prior to upload into production on a weekly basis to ensure the upload of the drug data file is complete and accurate.	Inquired of the Drug Data Manager to confirm the Drug Data Team reviewed the drug data file prior to upload into production on a weekly basis to ensure the upload of the drug data file was complete and accurate. Inspected drug data files and load process email notifications for randomly selected weeks during the examination period to determine if the Drug Data Team reviewed the drug data file prior to upload into production on a weekly basis to ensure the upload of the drug data file was complete and accurate.	No exceptions noted. No exceptions noted.
M1-3.03	The Operations Scheduler is configured to upload the Medi-Span drug pricing to production daily, Monday through Friday.	Inquired of the Applications Support Engineer to confirm the Operations Scheduler was configured to upload the Medi-Span drug pricing to production daily, Monday through Friday. Inspected the Operations Scheduler configuration to determine if the Operations Scheduler was configured to upload the Medi-Span drug pricing to production daily, Monday through Friday.	No exceptions noted. No exceptions noted.

4. Formulary Changes

Control #	Controls Specified by MedImpact	Tests Performed by Moss Adams LLP	Test Results
Control Objective 4: Controls provide reasonable assurance that formulary information and subsequent formulary changes are completely and accurately uploaded into the POS system on a weekly basis.			
M1-4.01	Weekly drug file changes and updates from First Data Bank are imported and converted into a PPDL via the Formulary Gateway Program. The PPDL is reviewed by the Formulary Operations Team to ensure conversion accuracy and categorization according to CMS requirements.	Inquired of the Drug Data Manager and the Manager of Formulary Administration and Maintenance to confirm weekly drug file changes and updates from First Data Bank were imported and converted into a PPDL via the Formulary Gateway Program; and the PPDL was reviewed by the Formulary Operations Team to ensure conversion accuracy and categorization according to CMS requirements. Inspected PPDL files and reviewal emails for randomly selected weeks during the examination period to determine if weekly drug file changes and updates from First Data Bank were imported and converted into a PPDL via the Formulary Gateway Program; and the PPDL was reviewed by the Formulary Operations Team to ensure conversion accuracy and categorization according to CMS requirements.	No exceptions noted. No exceptions noted.
M1-4.02	The Formulary Outputs Team notifies clients via email with a link to Enterprise Formulary System to ensure communication of weekly drug updates. The Formulary Outputs Team completes a weekly checklist to ensure all clients have been communicated of their projects.	Inquired of the Drug Data Manager and the Manager of Formulary Administration and Maintenance to confirm the Formulary Outputs Team notified clients via email with a link to Enterprise Formulary System to ensure communication of weekly drug updates; and the Formulary Outputs Team completed a weekly checklist to ensure all clients had been communicated of their projects. Inspected drug update emails during for randomly selected weeks during the examination period to determine if the Formulary Outputs Team notified clients via email with a link to Enterprise Formulary System to ensure communication of weekly drug updates; and the Formulary Outputs Team completed a weekly checklist to ensure all clients had been communicated of their projects.	No exceptions noted. No exceptions noted.

Control #	Controls Specified by MedImpact	Tests Performed by Moss Adams LLP	Test Results
Control Objective 4: Controls provide reasonable assurance that formulary information and subsequent formulary changes are completely and accurately uploaded into the POS system on a weekly basis.			
M1-4.03	A manually initiated translation job gathers and implements all approved projects to POS on a weekly basis. Alert notifications are configured to ensure formularies are processed completely.	Inquired of the Drug Data Manager and the Manager of Formulary Administration and Maintenance to confirm a manually initiated translation job gathered and implemented all approved projects to POS on a weekly basis; and alert notifications were configured to ensure formularies were processed completely.	No exceptions noted.
		Inspected the translation job configuration to determine if alert notifications were configured to ensure formularies were processed completely.	No exceptions noted.
		Inspected translation jobs configuration and alert notifications for randomly selected weeks during the examination period to determine if a manually initiated translation job gathered and implemented all approved projects to POS on a weekly basis; and alert notifications were configured to ensure formularies were processed completely.	No exceptions noted.

5. Pharmacy Rates

Control #	Controls Specified by MedImpact	Tests Performed by Moss Adams LLP	Test Results
Control Objective 5: Controls provide reasonable assurance that pharmacy rates are completely and accurately loaded into the system and pharmacies are restricted to authorized rates.			
M1-5.01	The ENS Rate Management System is configured to allow only authorized affiliations in production via matching drop down selections.	Inquired of the Manager of Pharmacy Solicitation to confirm the ENS Rate Management System was configured to allow only authorized affiliations in production via matching drop down selections. Inspected the ENS drop down menu to determine if configured to allow only authorized affiliations in production via matching drop down selections.	No exceptions noted. No exceptions noted.
M1-5.02	The Pharmacy Network Team reviews and validates rates uploaded into the ENS Rate Management system for completeness, accuracy, and alignment with the approved rates.	Inquired of the Manager of Pharmacy Solicitation to confirm the Pharmacy Network Team reviewed and validated rates uploaded into the ENS Rate Management system for completeness, accuracy, and alignment with the approved rates. Inspected ENS audit trails and Pharmacy Affiliation Affidavits for randomly selected new pharmacy affiliations during the examination period to determine if the Pharmacy Network Team reviewed and validated rates uploaded into the ENS Rate Management system for completeness, accuracy, and alignment with the approved rates.	No exceptions noted. No exceptions noted.

6. Claims Processing

Control #	Controls Specified by MedImpact	Tests Performed by Moss Adams LLP	Test Results
Control Objective 6: Controls provide reasonable assurance that electronically submitted claims are completely and accurately processed on a timely basis.			
M1-6.01	For electronically submitted claims, the POS System automatically sends a response message within a prescribed timeframe to the pharmacy regarding the approval or denial status of the claim to ensure the claim was received and status is relayed to the pharmacy.	Inquired of the Manager of Business Solutions and the Director of Business Solutions and Configuration to confirm for electronically submitted claims, the POS System automatically sent a response message within a prescribed timeframe to the pharmacy regarding the approval or denial status of the claim to ensure the claim was received and status was relayed to the pharmacy. Observed an electronically submitted claim in the POS system to determine if for electronically submitted claims, the POS System automatically sent a response message within a prescribed timeframe to the pharmacy regarding the approval or denial status of the claim to ensure the claim was received and status was relayed to the pharmacy. Inspected the POS System average response times during the examination period to determine if for electronically submitted claims, the POS System automatically sent a response message within a prescribed timeframe to the pharmacy regarding the approval or denial status of the claim to ensure the claim was received and status was relayed to the pharmacy.	No exceptions noted. No exceptions noted. No exceptions noted.
M1-6.02	The POS System logic automatically detects and prevents the processing of duplicate claims and contains edit checks that generate parsing errors to ensure completeness and accuracy of claims adjudication.	Inquired of the Manager of Business Solutions and the Director of Business Solutions and Configuration to confirm the POS System logic automatically detected and prevented the processing of duplicate claims and contained edit checks that generated parsing errors to ensure completeness and accuracy of claims adjudication. Inspected the duplicate claim lookup query to determine if the POS System logic automatically detected and prevented the processing of duplicate claims and contained edit checks that generated parsing errors to ensure completeness and accuracy of claims adjudication.	No exceptions noted. No exceptions noted.

Control #	Controls Specified by MedImpact	Tests Performed by Moss Adams LLP	Test Results
Control Objective 6: Controls provide reasonable assurance that electronically submitted claims are completely and accurately processed on a timely basis.			
M1-6.03	MedImpact's Business Quality Assurance Department processes claims in a test environment to ensure claims are completely and accurately adjudicated according to the Client IQ.	Inquired of the Manager of Business Solutions and the Director of Business Solutions and Configuration to confirm MedImpact's Business Quality Assurance Department processed claims in a test environment to ensure claims were completely and accurately adjudicated according to the Client IQ. Inspected Test Plan Summaries for randomly selected new clients during the examination period to determine if MedImpact's Business Quality Assurance Department processed claims in a test environment to ensure claims were completely and accurately adjudicated according to the Client IQ.	No exceptions noted. No exceptions noted.
M1-6.04	The Claims Quality and Audit Support (CQAS) team performs post-production monitoring of enhancements to the POS system to ensure claims are processed completely and accurately and meet client expectations.	Inquired of the Manager of Business Solutions and the Director of Business Solutions and Configuration to confirm the CQAS team performed post-production monitoring of enhancements to the POS system to ensure claims were processed completely and accurately and met client expectations. Inspected tickets for randomly selected POS enhancements during the examination period to determine if the CQAS team performed post-production monitoring of enhancements to the POS system to ensure claims were processed completely and accurately and met client expectations.	No exceptions noted. No exceptions noted.

7. POS to Accounting System Interface

Control #	Controls Specified by MedImpact	Tests Performed by Moss Adams LLP	Test Results
Control Objective 7: Controls provide reasonable assurance that data transmissions from POS to the Accounting System that affect user entities' internal control over financial reporting are authorized, complete and accurate.			
M1-7.01	Access to batch jobs that facilitate the data interface between Financial Data Repository (FDR) and Oracle is restricted to IT personnel based on job responsibilities.	Inquired of the Manager of IT Finance to confirm access to batch jobs that facilitated the data interface between FDR and Oracle was restricted to IT personnel based on job responsibilities. Inspected MI Interface Responsibility document to determine if access to batch jobs that facilitated the data interface between FDR and Oracle was restricted to IT personnel based on job responsibilities.	No exceptions noted. No exceptions noted.
M1-7.02	Automated email alerts are transmitted to IT Finance and the Overnight Support Team for research and resolution when there are discrepancies or system failures to the batch jobs related to data import.	Inquired of the Manager of IT Finance to confirm automated email alerts were transmitted to IT Finance and the Overnight Support Team for research and resolution when there were discrepancies or system failures to the batch jobs related to data import. Inspected email alerts for randomly selected seven-day EOB days to determine if automated email alerts were transmitted to IT Finance and the Overnight Support Team for research and resolution when there were discrepancies or system failures to the batch jobs related to data import.	No exceptions noted. No exceptions noted.
M1-7.03	AP Department personnel reconcile the POS and Oracle EBS batch totals to verify completeness and accuracy prior to posting the batch.	Inquired of the Manager of IT Finance to confirm AP Department personnel reconciled the POS and Oracle EBS batch totals to verify completeness and accuracy prior to posting the batch Inspected the batch total report and the MI Daily AP Drug Spending Tie Out Report to determine if AP Department personnel reconciled the POS and Oracle EBS batch totals to verify completeness and accuracy prior to posting the batch	No exceptions noted. No exceptions noted.

8. Billing

Control #	Controls Specified by MedImpact	Tests Performed by Moss Adams LLP	Test Results
Control Objective 8: Controls provide reasonable assurance that clients are completely and accurately billed on a timely basis.			
M1-8.01	The AR Billing Analyst reviews the system generated client invoices to compare the invoice amounts to the EBS Invoice Extraction Transaction Summary and signs off on the Invoice Checklist to verify the accuracy of the invoice.	Inquired of the Manager, Accounts Receivable to confirm the AR Billing Analyst reviewed the system generated client invoices to compare the invoice amounts to the EBS Invoice Extraction Transaction Summary and signed off on the Invoice Checklist to verify the accuracy of the invoice. Inspected AR Invoice Detail reports, client invoices, and Invoice Checklist for randomly selected EOB Calendar 14 Day cycles to determine if the AR Billing Analyst reviewed the system generated client invoices to compare the invoice amounts to the EBS Invoice Extraction Transaction Summary and signed off on the Invoice Checklist to verify the accuracy of the invoice.	No exceptions noted. No exceptions noted.
M1-8.02	An automated job loads invoice files to client folders via the MedImpact Online Reports (MOR) system within two business days of invoice generation. Jobs are monitored to ensure completeness of data loads.	Inquired of the Manager, Accounts Receivable to confirm an automated job loaded invoice files to client folders via the MOR system within two business days of invoice generation; and jobs were monitored to ensure completeness of data loads. Inspected the Automated Job Load Configuration to determine if an automated job loaded files to client files via the MOR system within two business days of invoice generation. Inspected EOB Batch Invoice Assignment Checklists for randomly selected EOB Calendar 14 Day cycles to determine if automated job loads were monitored to ensure completeness of data loads.	No exceptions noted. No exceptions noted. No exceptions noted.

Control #	Controls Specified by MedImpact	Tests Performed by Moss Adams LLP	Test Results
Control Objective 8: Controls provide reasonable assurance that clients are completely and accurately billed on a timely basis.			
M1-8.03	AR Personnel review the EBS Invoice Extract by EOB from OBIEE to verify claim counts are complete and accurate.	Inquired of the Manager, Accounts Receivable to confirm AR Personnel reviewed the EBS Invoice Extract by EOB from OBIEE to verify claim counts were complete and accurate. Inspected AR Invoice Detail reports, client invoices, and EBS checklists for randomly selected EOB Calendar 14 Day cycles to determine if AR Personnel reviewed the EBS Invoice Extract by EOB from OBIEE to verify claim counts were complete and accurate.	No exceptions noted. No exceptions noted.

9. Payment Processing

Control #	Controls Specified by MedImpact	Tests Performed by Moss Adams LLP	Test Results
Control Objective 9: Controls provide reasonable assurance that payments to pharmacies and members are complete and accurate and issued on a timely basis.			
M1-9.01	The payment due date is automatically generated based on the release date and period of time required to pay the pharmacy as setup in Salesforce to ensure completeness and accuracy of payment terms.	Inquired of the Director of Revenue Accounting and the Manager, Accounts Payable to confirm the payment due date was automatically generated based on the release date and period of time required to pay the pharmacy as setup in Salesforce to ensure completeness and accuracy of payment terms. Observed a service contract and invoice generation in MedAccess and Salesforce to determine if the payment due date was automatically generated based on the release date and period of time required to pay the pharmacy as setup in Salesforce to ensure completeness and accuracy of payment terms.	No exceptions noted. No exceptions noted.
M1-9.02	The Accounts Payable team performs a tie out of the US Bank data to Oracle EBS each weekday to verify the number of checks processed and the check amount total.	Inquired of the Director of Revenue Accounting and the Manager, Accounts Payable to confirm the Accounts Payable team performed a tie out of the US Bank data to Oracle EBS each weekday to verify the number of checks processed and the check amount total. Inspected bank statements and AP reconciliation emails for randomly selected weekdays during the examination period to determine if the Accounts Payable team performed a tie out of the US Bank data to Oracle EBS each weekday to verify the number of checks processed and the check amount total.	No exceptions noted. No exceptions noted.
M1-9.03	AR Aging Reports are reviewed monthly to monitor and follow-up on outstanding payments.	Inquired of the Director of Revenue Accounting and the Manager, Accounts Payable to confirm AR Aging Reports were reviewed monthly to monitor and follow-up on outstanding payments. Inspected delinquent client reports and email communication for randomly selected months during the examination period to determine if AR Aging Reports were reviewed monthly to monitor and follow-up on outstanding payments.	No exceptions noted. No exceptions noted.

Control #	Controls Specified by MedImpact	Tests Performed by Moss Adams LLP	Test Results
Control Objective 9: Controls provide reasonable assurance that payments to pharmacies and members are complete and accurate and issued on a timely basis.			
M1-9.04	EFT initiation and approval of EFT batches at the bank level are segregated to prevent the same person from initiating and releasing the same batch, ensuring an adequate segregation of duties exists.	Inquired of the Director of Revenue Accounting and the Manager, Accounts Payable to confirm EFT initiation and approval of EFT batches at the bank level were segregated to prevent the same person from initiating and releasing the same batch, ensuring an adequate segregation of duties existed. Inspected the EFT initiation and approval process and bank level initiation and approval permission configurations to determine if EFT initiation and approval of EFT batches at the bank level were segregated to prevent the same person from initiating and releasing the same batch, ensuring an adequate segregation of duties existed.	No exceptions noted. No exceptions noted.

10. Change Management

Control #	Controls Specified by MedImpact	Tests Performed by Moss Adams LLP	Test Results
Control Objective 10: Controls provide reasonable assurance that (1) changes to application programs, related database management systems, and network infrastructure are authorized, tested, documented, and approved prior to production implementation, to result in complete, accurate, and timely processing and reporting of transactions and balances relevant to user entities' internal control over financial reporting.			
M1-10.01	Changes to information assets and systems are controlled and archived. Change requirements are reviewed, documented, and approved by the Business Process Owners to ensure requirements are accurately defined prior to change processes being performed.	Inquired of the Manager of IT Configuration and Release and the Product Manager III to confirm changes were formally controlled, documented, and enforced in order to minimize the corruption of information systems; changes to information assets and systems were controlled and archived; and change requirements were reviewed, documented, and approved by the Business Process Owners to ensure requirements were accurately defined prior to change processes being performed.	No exceptions noted.
		Inspected change summaries for randomly selected deployed system changes during the examination period to determine if these changes were formally controlled, documented, and enforced in order to minimize the corruption of information systems; changes to information assets and systems were controlled and archived; and change requirements were reviewed, documented, and approved by the Business Process Owners to ensure requirements were accurately defined prior to change processes being performed.	No exceptions noted.
		Inspected tickets for randomly selected deployed network changes during the examination period to determine if these changes were formally controlled, documented, and enforced in order to minimize the corruption of information systems; changes to information assets and systems were controlled and archived; and change requirements were reviewed, documented, and approved by the Business Process Owners to ensure requirements were accurately defined prior to change processes being performed.	No exceptions noted.

Control #	Controls Specified by MedImpact	Tests Performed by Moss Adams LLP	Test Results
Control Objective 10: Controls provide reasonable assurance that (1) changes to application programs, related database management systems, and network infrastructure are authorized, tested, documented, and approved prior to production implementation, to result in complete, accurate, and timely processing and reporting of transactions and balances relevant to user entities' internal control over financial reporting.			
M1-10.02	The Configuration Management group uses the applicable source code control tool to ensure unauthorized changes are not promoted to production. Developers must check code into the application source code control tool to push code to production after the Business Analyst reviews the changes. QA personnel test source code in the test environment using the procedures created by the QA Engineer.	Inquired of the Manager of IT Configuration and Release and the Product Manager III to confirm the Configuration Management group used the applicable source code control tool to ensure unauthorized changes were not promoted to production; and developers checked code into the application source code control tool to push code to production after the Business Analyst reviewed the changes; and QA personnel tested source code in the test environment using the procedures created by the QA Engineer.	No exceptions noted.
		Inspected IT Change Notification emails for randomly selected deployed system changes during the examination period to determine if the Business Analyst reviewed and developers checked code into the applicable source code control tool.	No exceptions noted.
		Inspected IT Change Notification emails for randomly selected deployed network changes during the examination period to determine if the Business Analyst reviewed and developers checked code into the applicable source code control tool.	No exceptions noted.
		Inspected source code repository configurations to determine if the Configuration Management group used the applicable source code control tool to ensure unauthorized changes were not promoted to production.	No exceptions noted.
		Inspected the production and test environments to determine if a test environment was in place for a QA personnel to test the source code in a test environment.	No exceptions noted.

Control #	Controls Specified by MedImpact	Tests Performed by Moss Adams LLP	Test Results
Control Objective 10: Controls provide reasonable assurance that (1) changes to application programs, related database management systems, and network infrastructure are authorized, tested, documented, and approved prior to production implementation, to result in complete, accurate, and timely processing and reporting of transactions and balances relevant to user entities' internal control over financial reporting.			
M1-10.03	Access to promote changes into production is restricted to authorized IT individuals to ensure appropriate segregation of duties exists.	Inquired of the Manager of IT Configuration and Release and the Product Manager III to confirm access to promote changes into production was restricted to authorized IT individuals to ensure appropriate segregation of duties existed. Inspected source code repository configurations and User List to determine if access to promote changes into production was restricted to authorized IT individuals to ensure appropriate segregation of duties existed.	No exceptions noted. No exceptions noted.

11. Logical Security

Control #	Controls Specified by MedImpact	Tests Performed by Moss Adams LLP	Test Results
Control Objective 11: Controls provide reasonable assurance that logical access to programs and data relevant to user entities' internal control over financial reporting is restricted to authorized and appropriate users and such users are restricted to performing authorized and appropriate actions.			
M1-11.01	User provisioning requests and approvals are performed prior to granting, modifying, or removing of access to ensure access is authorized.	Inquired of the IT Security Engineer III to confirm user provisioning requests and approvals were performed prior to granting, modifying, or removing of access to ensure access was authorized.	No exceptions noted.
		Inspected tickets for randomly selected new employees during the examination period to determine if user provisioning requests and approvals were performed prior to granting, modifying, or removing of access to ensure access was authorized.	No exceptions noted.
		Inspected tickets for randomly selected access modifications during the examination period to determine if user provisioning requests and approvals were performed prior to granting, modifying, or removing of access to ensure access was authorized.	No exceptions noted.
M1-11.02	A scheduled job reconciles active employees with AD accounts multiple times daily to remove access for terminated employees. Administrators remove employee access to system resources upon receipt of automated termination notification from Kronos.	Inquired of the IT Security Engineer III to confirm a scheduled job reconciled active employees with AD accounts multiple times daily to remove access for terminated employees; and administrators removed employee access to system resources upon receipt of automated termination notification from Kronos.	No exceptions noted.
		Inspected the access removal configuration to determine if a scheduled job reconciled active employees with AD accounts multiple times daily to remove access for terminated employees.	No exceptions noted.
		Inspected access logs for randomly selected terminated employees during the examination period to determine if administrators removed employee access to system resources upon receipt of automated termination notification from Kronos.	No exceptions noted.

Control #	Controls Specified by MedImpact	Tests Performed by Moss Adams LLP	Test Results
Control Objective 11: Controls provide reasonable assurance that logical access to programs and data relevant to user entities' internal control over financial reporting is restricted to authorized and appropriate users and such users are restricted to performing authorized and appropriate actions.			
M1-11.03	IT security performs a quarterly review to validate that terminated user access is removed.	Inquired of the IT Security Engineer III to confirm quarterly, IT security performed a quarterly review to validate that terminated user access was removed. Inspected ISIM and ISDS reports for randomly selected quarters during the examination period to determine if IT security performed a quarterly review to validate that terminated user access was removed.	No exceptions noted. No exceptions noted.
M1-11.04	Access attestations are performed annually to validate access to systems and applications is appropriately restricted.	Inquired of the IT Security Engineer III to confirm access attestations were performed annually to validate access to systems and applications was appropriately restricted. Observed the user access reviews to determine if access attestations were performed annually to validate access to systems and applications was appropriately restricted.	No exceptions noted. No exceptions noted.
M1-11.05	Prior to resetting MedImpact application or network user account passwords, IT Support personnel verify the user's identity by requiring answers to a series of security questions. The incident is documented in a ticket.	Inquired of the IT Security Engineer III to confirm prior to resetting MedImpact application or network user account passwords, IT Support personnel verified the user's identity by requiring answers to a series of security questions; and the incident was documented in a ticket. Inspected an example password reset ticket to determine if prior to resetting MedImpact application or network user account passwords, IT Support personnel verified the user' identity by requiring answers to a series of security questions; and the incident was documented in a ticket.	No exceptions noted. No exceptions noted.

Control #	Controls Specified by MedImpact	Tests Performed by Moss Adams LLP	Test Results
Control Objective 11: Controls provide reasonable assurance that logical access to programs and data relevant to user entities' internal control over financial reporting is restricted to authorized and appropriate users and such users are restricted to performing authorized and appropriate actions.			
M1-11.06	Access to client-facing applications is setup in the identity management system by assigning a user ID to a specific client business unit.	Inquired of the IT Security Engineer III to confirm access to client-facing applications was setup in the identity management system by assigning a user ID to a specific client business unit	No exceptions noted.
		Inspected the MedImpact Online Reporting (MOR) home directory to determine if access to client-facing applications was setup in the identity management system by assigning a user ID to a specific client business unit.	No exceptions noted.
		Observed the client home directory to determine if client-facing applications was setup in the identity management system by assigning a user ID to a specific client business unit.	No exceptions noted.
M1-11.07	System and application passwords are configured for length, complexity, and periodic reset requirements.	Inquired of the IT Security Engineer III to confirm system and application passwords were configured for length, complexity, and periodic reset requirements.	No exceptions noted.
		Inspected the Password Management policy to determine if system and application passwords were configured for length, complexity, and periodic reset requirements.	No exceptions noted.
		Inspected the Active Directory, Oracle, and MedAccess Classic password policies to determine if system and application passwords were configured for length, complexity, and periodic reset requirements.	No exceptions noted.

Control #	Controls Specified by MedImpact	Tests Performed by Moss Adams LLP	Test Results
Control Objective 11: Controls provide reasonable assurance that logical access to programs and data relevant to user entities' internal control over financial reporting is restricted to authorized and appropriate users and such users are restricted to performing authorized and appropriate actions.			
M1-11.08	The Security Information and Event Management platform supports near real-time analysis and alerting of events (e.g., malicious code, potential intrusions) and integrate intrusion detection into access and flow control mechanisms.	Inquired of the IT Security Engineer III to confirm the Security Information and Event Management platform supports near real-time analysis and alerting of events (malicious code, potential intrusions) and integrated intrusion detection into access and flow control mechanisms. Inspected the SIEM dashboard and monitoring activity, and a SIEM example alert to determine if Security Information and Event Management platform supports near real-time analysis and alerting of events (malicious code, potential intrusions) and integrated intrusion detection into access and flow control mechanisms.	No exceptions noted. No exceptions noted.
M1-11.09	Password policies, applicable to mobile devices, are documented and enforced through technical controls on all company devices and prohibit the changing of password/PIN lengths and authentication requirements.	Inquired of the IT Security Engineer III to confirm password policies, applicable to mobile devices, were documented and enforced through technical controls on all company devices and prohibited the changing of password/PIN lengths and authentication requirements. Inspected the Password Management Policy to determine if password policies, applicable to mobile devices, were documented. Inspected the password configuration on the MDM tool to determine if Password policies, applicable to mobile devices, were enforced through technical controls on all company devices and prohibited the changing of password/PIN lengths and authentication requirements.	No exceptions noted. No exceptions noted. No exceptions noted.
M1-11.10	Anti-virus software is installed on all workstations, laptops, and servers. Vendor updates are automatically installed.	Inquired of the IT Security Engineer III to confirm anti-virus software was installed on all workstations, laptops, and servers; and vendor updates were automatically installed. Inspected anti-virus settings, the anti-virus dashboard and a listing of protected systems to determine if anti-virus software was installed on all workstations, laptops, and servers; and vendor updates were automatically installed.	No exceptions noted. No exceptions noted.

Control #	Controls Specified by MedImpact	Tests Performed by Moss Adams LLP	Test Results
Control Objective 11: Controls provide reasonable assurance that logical access to programs and data relevant to user entities' internal control over financial reporting is restricted to authorized and appropriate users and such users are restricted to performing authorized and appropriate actions.			
M1-11.11	Employees are required to sign the Employee Handbook, including acknowledgement of password responsibilities, upon hire and annually thereafter.	Inquired of the IT Security Engineer III to confirm employees were required to sign the Employee Handbook, including acknowledgement of password responsibilities, upon hire and annually thereafter. Inspected Employee Handbooks for randomly selected employees during the examination period to determine if employees were required to sign the Employee Handbook, including acknowledgement of password responsibilities annually. Inspected Employee Handbooks for randomly selected new employees during the examination period to determine if employees were required to sign the Employee Handbook, including acknowledgement of password responsibilities, upon hire.	No exceptions noted. No exceptions noted. No exceptions noted.
M1-11.12	Network segmentation, firewalls, and demilitarized zones are in place to secure and control network access. Physical and logical segmentation is applied and traffic is controlled.	Inquired of the IT Security Engineer III to confirm network segmentation, firewalls, and demilitarized zones were in place to secure and control network access; and physical and logical segmentation was applied and traffic was controlled. Inspected the firewall diagram, firewall DMZ rules, firewall log, firewall rule weekly review, and whitelist rules to determine if network segmentation, firewalls, and demilitarized zones were in place to secure and control network access; and physical and logical segmentation was applied and traffic was controlled.	No exceptions noted. No exceptions noted.

Control #	Controls Specified by MedImpact	Tests Performed by Moss Adams LLP	Test Results
Control Objective 11: Controls provide reasonable assurance that logical access to programs and data relevant to user entities' internal control over financial reporting is restricted to authorized and appropriate users and such users are restricted to performing authorized and appropriate actions.			
M1-11.13	Access to client folders via the MOR system is restricted to authorized client personnel and requires the use of a valid user ID and password. Clients may only access their own data through the use of security groups linked to client-specific folders.	Inquired of the IT Security Engineer III to confirm access to client folders via the MOR system was restricted to authorized client personnel and required the use of a valid user ID and password; and clients could only access their own data through the use of security groups linked to client-specific folders. Inspected MOR access rules and the MOR access listing to determine if access to client folders via the MOR system was restricted to authorized client personnel; and clients could only access their own data through the use of security groups linked to client-specific folders. Observed the login process for the MOR system to determine if access to client folders via the MOR system required the use of a valid user ID and password.	No exceptions noted. No exceptions noted. No exceptions noted.
M1-11.14	Quarterly in-house vulnerability scans are performed using Qualys on externally facing resources. Internal systems supporting the in-scope applications are scanned annually to check for vulnerabilities and secure configurations.	Inquired of the IT Security Engineer III to confirm quarterly in-house vulnerability scans were performed using Qualys on externally facing resources; and internal systems supporting the in-scope applications were scanned annually to check for vulnerabilities and secure configurations. Inspected vulnerability scans for randomly selected quarters during the examination period to determine if the quarterly in-house vulnerability scans were performed using Qualys on externally facing resource. Inspected the annual vulnerability scan of internal systems and vulnerability scan remediation tickets during the examination period to determine if internal systems supporting the in-scope applications were scanned annually to check for vulnerabilities and secure configurations.	No exceptions noted. No exceptions noted. No exceptions noted.

Control #	Controls Specified by MedImpact	Tests Performed by Moss Adams LLP	Test Results
Control Objective 11: Controls provide reasonable assurance that logical access to programs and data relevant to user entities' internal control over financial reporting is restricted to authorized and appropriate users and such users are restricted to performing authorized and appropriate actions.			
M1-11.15	Remote connections are secured by means of two-factor authentication. VPN traffic is encrypted to ensure restricted access and security of the network.	Inquired of the IT Security Engineer III to confirm remote connections were secured by means of two-factor authentication; and VPN traffic was encrypted to ensure restricted access and security of the network. Observed the Manager of IT Network Engineering connect remotely to the network to determine if remote connections were secured by means of two-factor authentication. Inspected the VPN Configuration to the MedImpact internal network to determine if VPN traffic was encrypted to ensure restricted access and security of the network.	No exceptions noted. No exceptions noted. No exceptions noted.
M1-11.16	Copying, moving, printing, and storage of sensitive data are prohibited when accessed remotely without a defined business need.	Inquired of the IT Security Engineer III to confirm copying, moving, printing, and storage of sensitive data were prohibited when accessed remotely without a defined business need. Inspected the Protection of PHI Policy and an example of disabled USB ports to determine if copying, moving, printing, and storage of sensitive data were prohibited when accessed remotely without a defined business need.	No exceptions noted. No exceptions noted.

12. Application and System Processing

Control #	Controls Specified by MedImpact	Tests Performed by Moss Adams LLP	Test Results
Control Objective 12: Controls provide reasonable assurance that application and system processing relevant to user entities' internal control over financial reporting is authorized and executed in a complete, accurate, and timely manner, and deviations are resolved.			
M1-12.01	Network monitoring is performed real time and displayed on a consolidated screen within the Network Operations Center to notify and ensure potential problems including security, availability, services and protection of connected services from unauthorized access are addressed.	Inquired of the VP, Customer Contact Services to confirm network monitoring was performed real time and displayed on a consolidated screen within the Network Operations Center to notify and ensure potential problems including security, availability, services, and protection of connected services from unauthorized access were addressed. Inspected the network monitoring dashboard, network alert configuration and network example alert to determine if network monitoring was performed real time and displayed on a consolidated screen within the Network Operations Center to notify and ensure potential problems including security, availability, services, and protection of connected services from unauthorized access were addressed.	No exceptions noted. No exceptions noted.
M1-12.02	Business Continuity and Disaster Recovery plans exist. Copies of the plan are distributed to key personnel and are stored in a remote location.	Inquired of the VP, Customer Contact Services to confirm Business Continuity and Disaster Recovery plans existed; and copies of the plan were distributed to key personnel and were stored in a remote location. Inspected the Business Continuity and IT Disaster Recovery Plans and location to determine if Business Continuity and Disaster Recovery plans existed; and copies of the plan were distributed to key personnel and were stored in a remote location.	No exceptions noted. No exceptions noted.
M1-12.03	Responsibility for emergency procedures, manual fallback procedures, and resumption plans is assigned to the relevant business or process owner.	Inquired of the VP, Customer Contact Services to confirm responsibility for emergency procedures, manual fallback procedures, and resumption plans was assigned to the relevant business or process owner. Inspected the Business Unit Recovery Plan Template and the Business Unit Recovery Plan – Contact Center Services to determine if responsibility for emergency procedures, manual fallback procedures, and resumption plans was assigned to the relevant business or process owner.	No exceptions noted. No exceptions noted.

13. Data Replication

Control #	Controls Specified by MedImpact	Tests Performed by Moss Adams LLP	Test Results
Control Objective 13: Controls provide reasonable assurance that data relevant to user entities' internal control over financial reporting is continuously replicated to an alternate site.			
M1-13.01	Automatic data replication is configured for critical systems and occurs continuously. Two sites are running simultaneously to ensure system availability.	Inquired of the Manager, Middleware IT Administration to confirm automatic data replication was configured for critical systems and occurred continuously; two sites were running simultaneously to ensure system availability. Inspected the data replication configuration and lag metrics to determine if automatic data replication was configured for critical systems and occurs continuously; and two sites were running simultaneously to ensure system availability.	No exceptions noted. No exceptions noted.

14. Physical Security

Control #	Controls Specified by MedImpact	Tests Performed by Moss Adams LLP	Test Results
Control Objective 14: Controls provide reasonable assurance that physical access to computer resources and corporate facilities relevant to user entities' internal control over financial reporting is restricted to authorized and appropriate personnel and environmental controls are installed to protect computer equipment.			
M1-14.01	Physical access to the MedImpact corporate office and data center is restricted to authorized individuals. Access is controlled and logged via electronic access card system.	Inquired of the Security Manager and Manager, Security and Network Operations and the Security and Network Operations Manager to confirm physical access to the MedImpact corporate office and data center was restricted to authorized individuals; and access was controlled and logged via electronic access card system. Inspected access listings and audit reports for MedImpact to determine if physical access to the MedImpact corporate office and data center was restricted to authorized individuals; and access was controlled and logged via electronic access card system. Observed entry to the data center/corporate office and inspected the access activity report with the Security and Network Operations Manager for MedImpact to determine if physical access to the MedImpact data center was restricted to authorized individuals; and access was controlled and logged via electronic access card system.	No exceptions noted. No exceptions noted. No exceptions noted.
M1-14.02	Data center access is reviewed quarterly to validate access is appropriately restricted. Modifications to access are performed as necessary.	Inquired of the Security and Network Operations Manager to confirm data center access was reviewed quarterly to validate access was appropriately restricted; and modifications to access were performed as necessary. Inspected physical access attestations for randomly selected quarters during the examination period to determine if data center access was reviewed quarterly to validate access was appropriately restricted; and modifications to access were performed as necessary.	No exceptions noted. No exceptions noted.

Control #	Controls Specified by MedImpact	Tests Performed by Moss Adams LLP	Test Results
Control Objective 14: Controls provide reasonable assurance that physical access to computer resources and corporate facilities relevant to user entities' internal control over financial reporting is restricted to authorized and appropriate personnel and environmental controls are installed to protect computer equipment.			
M1-14.03	Visitor and third-party support access is recorded and supervised unless previously approved.	Inquired of the Security Manager and Manager, Security and Network Operations and the Security and Network Operations Manager to confirm visitor and third-party support access was recorded and supervised unless previously approved.	No exceptions noted.
		Inspected the visitor log for the corporate office process while onsite at the corporate office with the Security Manager and Manager, Security and Network Operations to determine if visitor and third-party support access was recorded and supervised unless previously approved.	No exceptions noted.
		Observed visitor log and visitor process while onsite at the data center with the Security and Network Operations Manager and also observed the corporate office visitor process to determine if visitor and third-party support access was recorded and supervised unless previously approved.	No exceptions noted.
M1-14.04	Fire extinguishers and detectors are installed according to applicable laws and regulations.	Inquired of the Security Manager and Manager, Security and Network Operations and the Security and Network Operations Manager to confirm fire extinguishers and detectors were installed according to applicable laws and regulations.	No exceptions noted.
		Observed fire extinguishers and detectors at the corporate officer with the Security Manager and Manager, Security and Network Operations to determine if fire extinguishers and detectors were installed according to applicable laws and regulations.	No exceptions noted.
		Observed fire extinguishers and detectors at the data center with the Security and Network Operations Manager to determine if fire extinguishers and detectors were installed according to applicable laws and regulations.	No exceptions noted.

MOSSADAMS

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September 28, 2022

MedImpact Healthcare Systems, Inc.
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San Diego, California 92131-5152

Based upon representation from management as to the accuracy and completeness of information provided, the procedures performed by an Authorized External Assessor to validate such information, and HITRUST's independent confirmation that the work was performed in accordance with the HITRUST® Assurance Program requirements, the following platforms, facilities, and supporting infrastructure of the Organization ("Scope") meet the HITRUST CSF® v9.4 Risk-based, 2-year (r2) certification criteria:

Platforms:

- Appeals residing at Arizona Office and Data Center and Databank Zayo Co-location
- MedAccess Classic Plus residing at Arizona Office and Data Center and Databank Zayo Co-location
- MedAccess Web residing at Arizona Office and Data Center and Databank Zayo Co-location
- MedResponse residing at Arizona Office and Data Center and Databank Zayo Co-location
- POS residing at Arizona Office and Data Center and Databank Zayo Co-location

Facilities:

- San Diego Office / Server Room (Office) located in San Diego, California, United States of America
- Michigan Office (Office) located in Livonia, Michigan, United States of America
- Arizona Office and Data Center (Office and Data Center) located in Tempe, Arizona, United States of America
- Databank Zayo Co-location (Data Center) managed by Databank located in San Diego, California, United States of America

The certification is valid for a period of two years assuming the following occurs. If any of these criteria are not met, HITRUST will perform an investigation to determine ongoing validity of the certification and reserves the right to revoke the Organization's certification.

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- No data security breach reportable to a federal or state agency by law or regulation has occurred within or affecting the assessed environment,
- No significant changes in the business or security policies, practices, controls, and processes have occurred that might impact its ability to meet the HITRUST Risk-based, 2-year (r2) certification criteria, and
- Timely completion of the HITRUST Interim Assessment for r2 Certification as defined in the HITRUST Assurance Program Requirements.

HITRUST has developed the HITRUST CSF, a certifiable framework that provides organizations with the needed structure, detail and clarity relating to information protection. With input from leading organizations, HITRUST identified a subset of the HITRUST CSF controls that an organization must meet to be HITRUST Risk-based, 2-year (r2) Certified.

HITRUST performed a quality assurance review to ensure that the control maturity scores were consistent with the results of testing performed by the Authorized External Assessor. Users of this letter can refer to the document Leveraging HITRUST Assessment Reports: A Guide for New Users for questions on interpreting this letter and can contact HITRUST customer support at support@hitrustalliance.net. Users of this letter are assumed to be familiar with and understand the services provided by the organization listed above, and what specific services are being used by the user organization.

A full HITRUST Validated Assessment Report has also been issued by HITRUST which can also be requested from the organization listed above directly. Additional information on the HITRUST Assurance Program can be found at the HITRUST website at https://hitrustalliance.net.

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Enclosures (2):

- Assessment Context
- Scope of Systems in the Assessment

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Assessment Context

The assessed entity completed the following tailoring questionnaire to derive this assessment's customized set of HITRUST CSF requirements based on organizational, geographical, technical, and regulatory risk factors.

Assessment Type	
HITRUST Risk-based, 2-year (r2) Security Assessment	
General Risk Factors	
Organization Type	Pharmacy / Pharmacy Benefit Management (PBM)
Entity Type	Healthcare - Business Associate
Geographic Risk Factors	
Geographic Scope of Operations Considered	Multi-State
Organizational Risk Factors	
Number of Records that are currently held	Less than 10 Million Records
Technical Risk Factors	
Is the system(s) accessible from the Internet?	Yes
Is the scoped system(s) (on-premise or cloud-based) accessible by third-party personnel (e.g., business partners, vendors, cloud providers)?	Yes
Does the system(s) transmit or receive data with a third-party?	Yes
Is the system(s) publicly positioned?	No - The in-scope systems are not publicly positioned.
Number of interfaces to other systems	Fewer than 25
Number of users of the system(s)	Greater than 5,500
Number of transactions per day	Greater than 85,000
Is any aspect of the scoped environment hosted on the cloud?	No - The scoped environment is not hosted on the cloud.
Does the scoped environment allow dial-up/dial-in capabilities (i.e., functional analog modems)?	No - The scoped environment does not allow dial-up/dial-in capabilities.
Is scoped information sent and/or received via fax machine (i.e., an actual machine, excluding efax or scan to email)?	No - Scoped information is not sent and/or received via fax machine.
Do any of the organization's personnel travel to locations the organization deems to be of significant risk?	No - MedImpact personnel do not travel to locations the organization deems to be of significant risk.

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Does the organization allow personally owned devices to connect to scoped organizational assets (i.e., BYOD - bring your own device)?	No - MedImpact does not allow personally owned devices to connect to scoped organizational assets.
Does the organization use any part of the scoped systems, system components, or system services to sell goods and/or services?	No - MedImpact does not use any part of the scoped systems, system components, or system services to sell goods and/or services.
Does the organization allow the use of electronic signatures to provide legally binding consent within the scoped environment, e.g., simple or basic electronic signatures (SES), advanced electronic or digital signature (AES), or qualified advanced electronic or digital signatures (QES)?	No - MedImpact does not allow the use of electronic signatures to provide legally binding consent within the scoped environment.
Does the system allow users to access the scoped environment from an external network that is not controlled by the organization?	Yes
Are hardware tokens used as an authentication method within the scoped environment?	Yes
Are wireless access points in place at any of the organization's in-scope facilities?	Yes
Does the organization perform information systems development (either in-house or outsourced) for any scoped system, system service, or system component?	Yes
Is scoped information sent by the organization using courier services, internal mail services, or external mail services (e.g., USPS)?	Yes

Regulatory Risk Factors (Optional)
Subject to HIPAA Security Rule
Subject to HIPAA Breach Notification

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Scope of the Assessment

Company Background

MedImpact, an independent, trend-focused pharmacy benefit manager (PBM), is the nation's largest privately held PBM, serving health plans, self-funded employers, and government entities. MedImpact focuses on effectively managing client pharmacy benefits to promote lower cost and better care through one source. The model aligns with client needs and promotes prescribing of lower-net-cost, medically appropriate drugs with fulfillment at the most appropriate participating pharmacy providing competitive pricing, good value and high-quality service.

In-scope Platforms

The following tables describe the platforms that were included in the scope of this assessment.

Appeals	
Description	Appeals provides an integrated capability for MedImpact staff and clients to submit re-determination (i.e., appeal) for their coverage determinations for all lines of business. Appeals is a front end to MedResponse and is internally developed and maintained and part of the MedResponse solution.
Application(s)	Appeals
Database Type(s)	Oracle DB
Operating System(s)	Windows
Residing Facility	• Arizona Office and Data Center • Databank Zayo Co-location
Exclusion(s) from Scope	None

MedAccess Classic Plus	
Description	MedAccess Classic Plus is the application used to manage Pharmacy Benefit configuration data as well as a number of miscellaneous Pharmacy Benefit Management (PBM) functions such as Direct Member Reimbursement (DMR) claims, etc. MedAccess Classic Plus is internally developed and maintained.

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MedAccess Classic Plus	
Application(s)	MedAccess Classic Plus
Database Type(s)	Oracle DB
Operating System(s)	Windows, UNIX
Residing Facility	• Arizona Office and Data Center • Databank Zayo Co-location
Exclusion(s) from Scope	None

MedAccess Web	
Description	MedAccess Web is a real-time interactive web-based application, which allows authorized users to access and view pharmacy claims data and member / patient information online. MedAccess Web is internally developed and maintained.
Application(s)	MedAccess Web
Database Type(s)	Oracle DB
Operating System(s)	Windows
Residing Facility	• Arizona Office and Data Center • Databank Zayo Co-location
Exclusion(s) from Scope	None

MedResponse	
Description	MedResponse is the application used for managing prior authorization requests. MedResponse is internally developed and maintained.
Application(s)	MedResponse
Database Type(s)	Oracle DB

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MedResponse	
Operating System(s)	Windows
Residing Facility	• Arizona Office and Data Center • Databank Zayo Co-location
Exclusion(s) from Scope	None

POS	
Description	POS is the claims adjudication system used to process client claims. POS is internally developed and maintained. POS is the name of the application.
Application(s)	POS
Database Type(s)	Oracle DB
Operating System(s)	Windows, UNIX
Residing Facility	• Arizona Office and Data Center • Databank Zayo Co-location
Exclusion(s) from Scope	None

In-scope Facilities

The following table presents the facilities that were included in the scope of this assessment.

Facility Name	Type of Facility	Third-party Managed?	Third-party Provider	City	State	Country
San Diego Office / Server Room	Office	No	-	San Diego	California	United States of America
Michigan Office	Office	No	-	Livonia	Michigan	United States of America

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Facility Name	Type of Facility	Third-party Managed?	Third-party Provider	City	State	Country
Arizona Office and Data Center	Office and Data Center	No	-	Tempe	Arizona	United States of America
Databank Zayo Co-location	Data Center	Yes	Databank	San Diego	California	United States of America

Services Outsourced

The following table presents outsourced services relevant to the scope of this assessment. The "Consideration in this Assessment" column of this table specifies the method utilized for each service provider relevant to the scope of this r2 assessment. HITRUST requires that the inclusive method be used on all r2 validated assessments but allows the use of both the inclusive and exclusive methods on HITRUST Implemented, 1-year (i1) validated assessments.

Organizations undergoing i1 validated assessments have two options of how to address situations in which a HITRUST CSF requirement is fully or partially performed by a service provider (e.g., by a cloud service provider):

- The Inclusive method, whereby HITRUST CSF requirements performed by the service provider are included within the scope of the i1 assessment and addressed through full or partial inheritance, reliance on third-party assurance reports, and/or direct testing by the external assessor, and
- The Exclusive (or Carve-out) method, whereby HITRUST CSF requirements performed by the service provider are excluded from the scope of the i1 assessment and marked N/A with supporting commentary explaining that the HITRUST CSF requirement is fully performed by a party other than the assessed entity (for fully outsourced controls) or through commentary explaining the excluded partial performance of the HITRUST CSF requirement (for partially outsourced controls).

Third-party Provider	Relevant Service(s) Provided	Consideration in this Assessment
AT&T	SIEM tool and analysis	Included
Databank (Zayo)	Co-location data center service	Included
Iron Mountain	Offsite tape storage	Included

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Overview of the Security Organization

MedImpact employs a layered security approach with security responsibilities throughout the organization and within the Information Technology team. Information Security, Compliance, Legal and Risk Advisory and Internal Audit Service are functional areas to govern security and compliance for the company to reduce the threats of malicious intent. MedImpact is dedicated to and continually operates programs and controls to protect and secure the environment.

Security measures are implemented at all levels of the organization by influencing and setting requirements for people, processes and technologies to promote a secure environment. MedImpact implements the administrative, technical and physical safeguards to prevent, detect and respond to potential incidents to ensure top of the line security and data protection.

The functional areas supporting security risk management include:

- Governance
- Risk Management
- Compliance Management
- Vulnerability Management
- Data Protection
- Identity & Access Management
- Threat Management
- Security Architecture
- Culture & Communication

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NIST Cybersecurity Framework Certification Report

MedImpact Healthcare Systems, Inc.

Valid for the period
September 28, 2022 - September 28, 2024

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1. The NIST Cybersecurity Framework Scorecard

The NIST Cybersecurity Framework complements rather than replaces an organization's existing risk management process and cybersecurity program by providing an overarching set of guidelines to provide a minimal level of consistency as well as depth, breadth, and rigor of industry's cybersecurity programs, as shown in Figure 1.

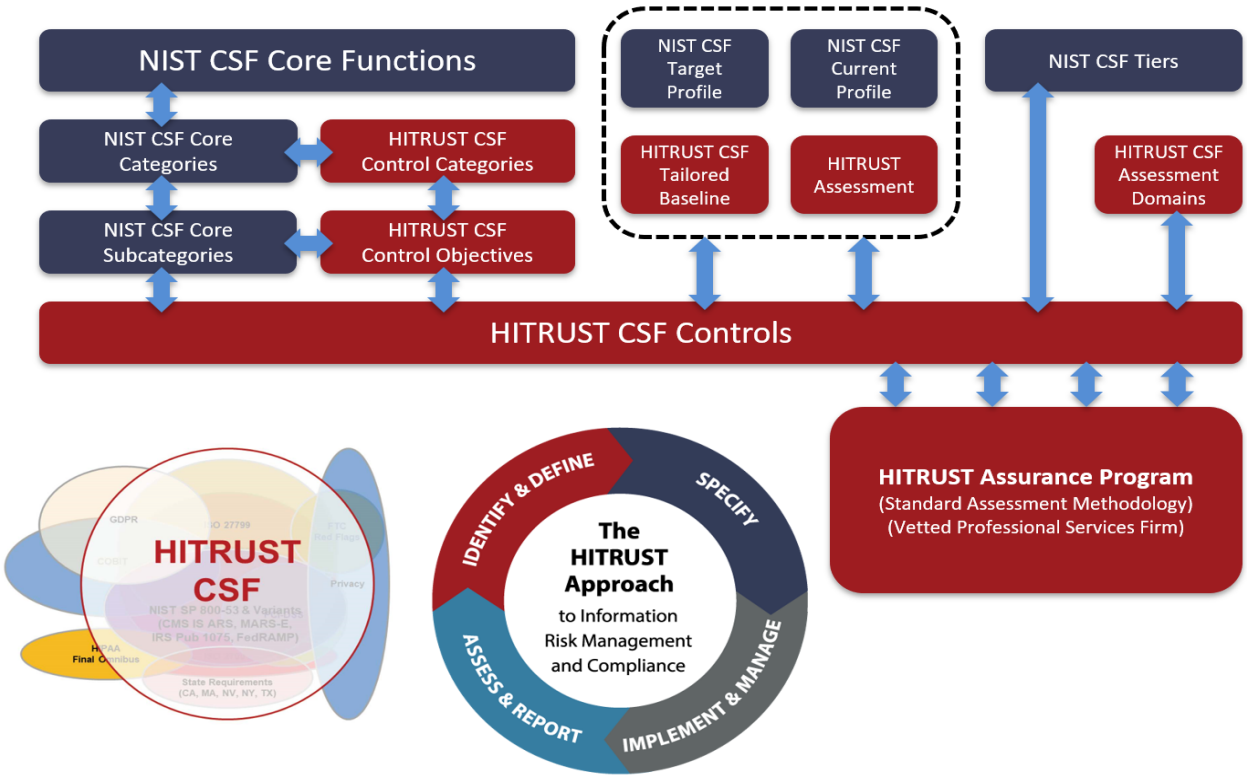

Figure 1. Implementing the NIST Cybersecurity Framework through the HITRUST CSF and CSF Assurance Program

The NIST Cybersecurity Framework Core is essentially a set of cybersecurity activities, desired outcomes, and applicable references that are common across government and industry. The Core presents industry standards, guidelines, and practices in a manner that allows for communication of cybersecurity activities and outcomes across an organization from the executive level to the implementation/operations level, from one organization to another, and from one industry to another.

NIST Cybersecurity Framework Core Functions provide an incident response and recovery-oriented view of an organization's cybersecurity needs; the NIST Cybersecurity Framework Core Categories provide topical groupings of cybersecurity activities related to each of the Core Functions; and the NIST Cybersecurity Framework Core Subcategories provide the specific outcomes intended for each Core Category.

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2. Letter of NIST Cybersecurity Framework Certification

September 28, 2022

MedImpact Healthcare Systems, Inc.
10181 Scripps Gateway Court
San Diego, California 92131-5152

Based on the results of a HITRUST® Risk-based, 2-year (r2) Validated Assessment performed by an Authorized External Assessor and documented in a HITRUST Risk-based, 2-year (r2) Validated Assessment Report ("Report"), the following platforms, facilities, and supporting infrastructure of the Organization ("Scope") are supported by an information protection program that is consistent with the objectives specified in the NIST Cybersecurity Framework v1.1:

Platforms:

- Appeals residing at Arizona Office and Data Center and Databank Zayo Co-location
- MedAccess Classic Plus residing at Arizona Office and Data Center and Databank Zayo Co-location
- MedAccess Web residing at Arizona Office and Data Center and Databank Zayo Co-location
- MedResponse residing at Arizona Office and Data Center and Databank Zayo Co-location
- POS residing at Arizona Office and Data Center and Databank Zayo Co-location

Facilities:

- San Diego Office / Server Room (Office) located in San Diego, California, United States of America
- Michigan Office (Office) located in Livonia, Michigan, United States of America
- Arizona Office and Data Center (Office and Data Center) located in Tempe, Arizona, United States of America
- Databank Zayo Co-location (Data Center) managed by Databank located in San Diego, California, United States of America

More specifically, HITRUST determined that:

- The HITRUST CSF controls specified by the Entity's organizational, system and regulatory risk factors provide a fair representation of its Target Profile, and

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- The maturity of the Entity's implemented HITRUST CSF controls, as validated by an Authorized External Assessor and reflected in the HITRUST Scorecard for the NIST Cybersecurity Framework, provide a fair representation of its Current Profile, and

- The aggregated maturity scores for each of the Core Categories meet HITRUST's criteria for certification of the Scope addressed by the assessment.

This certification is valid for as long as the Entity's associated HITRUST Risk-based, 2-year (r2) Certification remains valid but shall not exceed a period of two years from the date of this letter.

A full copy of the HITRUST Risk-based, 2-year (r2) Certification Report has been issued to the organization listed above. The full Report contains detailed information relating to the effectiveness of information protection controls as defined by the scoping factors selected by management. It also includes further details on the scope of the assessment, a representation letter from management, testing results, a benchmark report comparing the Organization's results to industry results, details on corrective action plans identified if applicable, and the completed questionnaire. Such detailed information can best be leveraged by individuals/organizations who are familiar with and understand the services provided by the organization listed above. If interested in obtaining a copy of the full Report, you will need to contact the Organization directly. If there are questions on interpreting the detailed contents found in the full report, please refer to the document *Leveraging HITRUST Assessment Reports: A Guide for New Users* and can contact HITRUST customer support at *support@hitrustalliance.net.*

Additional information on the HITRUST Assurance Program used to support HITRUST's certification of the NIST Cybersecurity Framework can be found on the HITRUST website: *https://hitrustalliance.net.*

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3. NIST Target and Current Profiles

The HITRUST CSF and HITRUST Assurance Program directly support an organization's implementation of the NIST Cybersecurity Framework by specifying the controls required for its Target Profile and the assessment methodology used to provide reliable assurances about its Current Profile. Figure 2 below depicts the Organization's Target Profile viewed through the lens of the HITRUST CSF control implementation levels and industry segments. The Target Profile specifies an industry acceptable level of due care for the protection of sensitive information as determined by its organizational, system and regulatory risk factors.

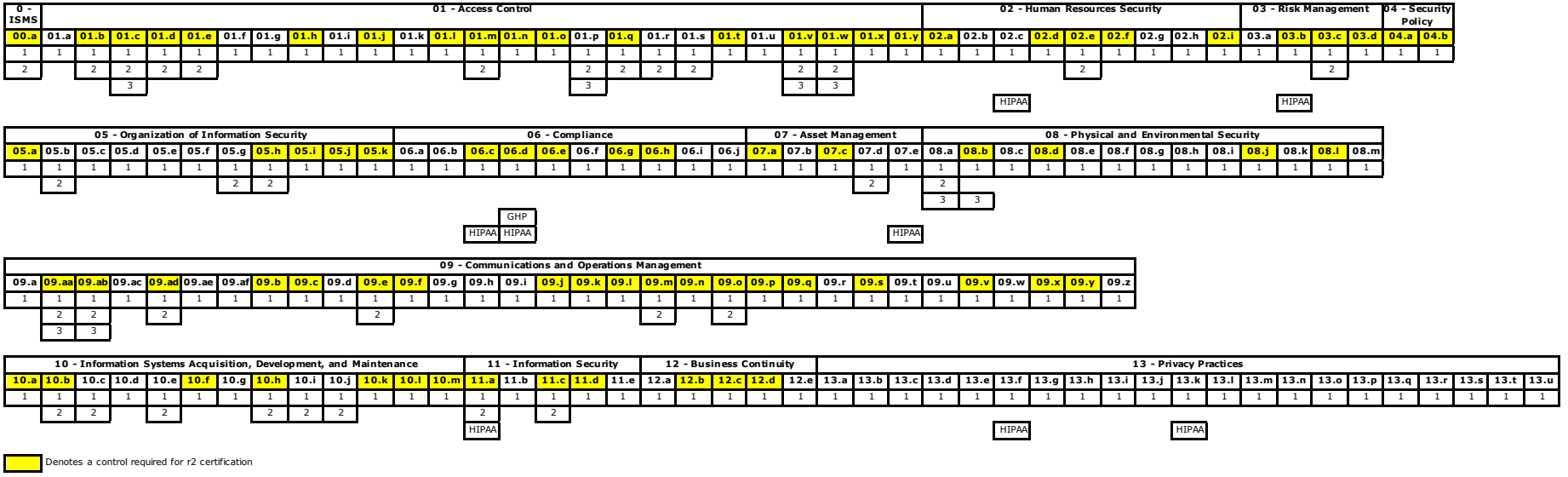

Figure 2. Target Profile - HITRUST CSF Controls

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The Organization's Current Profile, depicted in Figure 3 below, is determined by the HITRUST Risk-based, 2-year (r2) Validated Assessment used to support HITRUST Risk-based, 2-year (r2) Certification, which is based on a purposive sample of 75 security controls contained in the HITRUST CSF framework. The sample ensures the assessment provides relying parties reasonable assurances about an organization's implementation of the HIPAA Security Rule standards and implementation specifications; AICPA Trust Services Criteria for Security, Confidentiality and Availability; and NIST Cybersecurity Framework Core Subcategories at a reasonable cost to the assessed organization.

Figure 3. Current Profile - HITRUST CSF Controls (Purposive Sample)

Note more robust assurances, if needed, can be provided through a comprehensive assessment of all 135 HITRUST CSF security controls, as scoped by the Organization's risk factors.

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4. HITRUST's NIST Cybersecurity Framework Scorecard

Although the Organization's Target and Current Profiles are expressed in terms of the HITRUST CSF controls, HITRUST certification of the Organization's NIST Cybersecurity Framework implementation is based on the NIST Cybersecurity Framework v1.1 Core and presented via HITRUST's NIST Cybersecurity Framework Scorecard. This Scorecard, presented in Figure 4 beginning on the next page, reflects the aggregated scores for the underlying HITRUST CSF controls as they are mapped by HITRUST to the NIST Cybersecurity Framework Core Subcategories. While HITRUST does its best to ensure the appropriate HITRUST CSF controls are mapped to each of the NIST Cybersecurity Framework v1.1 requirements, we make no representations around the suitability of the mappings as NIST might interpret them.

For more information on the HITRUST approach to assessment and certification, refer to the Risk Analysis Guide for HITRUST Organizations and Assessors, available from *https://hitrustalliance.net/documents/csf_rmf_related/RiskAnalysisGuide.pdf.*

More information about the controls framework-based approach to risk analysis and the HITRUST CSF as an industry overlay of the NIST SP 800-53 moderate-level baseline can be found in the document entitled Understanding HITRUST's Approach to Risk vs. Compliance-based Information Protection, available from *https://hitrustalliance.net/documents/csf_rmf_related/RiskVsComplianceWhitepaper.pdf.*

More information on how the HITRUST CSF is used to facilitate an organization's implementation of the NIST Cybersecurity Framework can be found in the Healthcare Sector Cybersecurity Framework Implementation Guide, available on the US CERT Cybersecurity Framework Website at *https://www.us-cert.gov/ccubedvp/cybersecurity-framework.* (Note the HITRUST CSF can be used to facilitate NIST Cybersecurity Framework implementation for any organization, regardless of industry.)

Scorecard Color Legend

Not applicable to the assessment
Requirements met (Avg. score of mapped HITRUST CSF requirements: 70-79.9)

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Function	Status	Category	Status	Subcategory	Status
IDENTIFY(ID)		Identify: Asset Management (ID.AM)		**ID.AM-1:** Physical devices and systems within the organization are inventoried	
				ID.AM-2: Software platforms and applications within the organization are inventoried	
				ID.AM-3: Organizational communication and data flows are mapped	
				ID.AM-4: External information systems are catalogued	
				ID.AM-5: Resources (e.g., hardware, devices, data, and software) are prioritized based on their classification, criticality, and business value	
				ID.AM-6: Cybersecurity roles and responsibilities for the entire workforce and third-party stakeholders (e.g., suppliers, customers, partners) are established	
		Identify: Business Environment (ID.BE)		**ID.BE-1:** The organization's role in the supply chain is identified and communicated	
				ID.BE-2: The organization's place in critical infrastructure and its industry sector is identified and communicated	
				ID.BE-3: Priorities for organizational mission, objectives, and activities are established and communicated	
				ID.BE-4: Dependencies and critical functions for delivery of critical services are established	
				ID.BE-5: Resilience requirements to support delivery of critical services are established	
		Identify: Governance (ID.GV)		**ID.GV-1:** Organizational information security policy is established	
				ID.GV-2: Information security roles & responsibilities are coordinated and aligned with internal roles and external partners	
				ID.GV-3: Legal and regulatory requirements regarding cybersecurity, including privacy and civil liberties obligations, are understood and managed	

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Function	Status	Category	Status	Subcategory	Status
				ID.GV-4: Governance and risk management processes address cybersecurity risks	
		Identify: Risk Assessment (ID.RA)		**ID.RA-1:** Asset vulnerabilities are identified and documented	
				ID.RA-2: Threat and vulnerability information is received from information sharing forums and sources	
				ID.RA-3: Threats, both internal and external, are identified and documented	
				ID.RA-4: Potential business impacts and likelihoods are identified	
				ID.RA-5: Threats, vulnerabilities, likelihoods, and impacts are used to determine risk	
				ID.RA-6: Risk responses are identified and prioritized	
		Identify: Risk Management Strategy (ID.RM)		**ID.RM-1:** Risk management processes are established, managed, and agreed to by organizational stakeholders	
				ID.RM-2: Organizational risk tolerance is determined and clearly expressed	
				ID.RM-3: The organization's determination of risk tolerance is informed by its role in critical infrastructure and sector specific risk analysis	
		Identify: Supply Chain Risk Management (ID.SC)		**ID.SC-1:** Cyber supply chain risk management processes are identified, established, assessed, managed, and agreed to by organizational stakeholders	
				ID.SC-2: Suppliers and third party partners of information systems, components, and services are identified, prioritized, and assessed using a cyber supply chain risk assessment process	
				ID.SC-3: Contracts with suppliers and third-party partners are used to implement appropriate measures designed to meet the objectives of an organization's cybersecurity program and Cyber Supply Chain Risk Management Plan	

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Function	Status	Category	Status	Subcategory	Status
				ID.SC-4: Suppliers and third-party partners are routinely assessed using audits, test results, or other forms of evaluations to confirm they are meeting their contractual obligations.	
				ID.SC-5: Response and recovery planning and testing are conducted with suppliers and third-party providers	
PROTECT(PR)		**Protect: Identity Management and Access Control (PR.AC)**		**PR.AC-1:** Identities and credentials are managed for authorized devices and users	
				PR.AC-2: Physical access to assets is managed and protected	
				PR.AC-3: Remote access is managed	
				PR.AC-4: Access permissions are managed, incorporating the principles of least privilege and separation of duties	
				PR.AC-5: Network integrity is protected, incorporating network segregation where appropriate	
				PR.AC-6: Identities are proofed and bound to credentials and asserted in interactions	
				PR.AC-7: Users, devices, and other assets are authenticated (e.g., single-factor, multi-factor) commensurate with the risk of the transaction (e.g., individuals' security and privacy risks and other organizational risks)	
		Protect: Awareness and Training (PR.AT)		**PR.AT-1:** All users are informed and trained	
				PR.AT-2: Privileged users understand roles & responsibilities	
				PR.AT-3: Third-party stakeholders (e.g., suppliers, customers, partners) understand roles & responsibilities	
				PR.AT-4: Senior executives understand roles & responsibilities	
				PR.AT-5: Physical and information security personnel understand roles & responsibilities	
		Protect: Data Security (PR.DS)		**PR.DS-1:** Data-at-rest is protected	
				PR.DS-2: Data-in-transit is protected	
				PR.DS-3: Assets are formally managed throughout removal, transfers, and disposition	

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Function	Status	Category	Status	Subcategory	Status
				PR.DS-4: Adequate capacity to ensure availability is maintained	
				PR.DS-5: Protections against data leaks are implemented	
				PR.DS-6: Integrity checking mechanisms are used to verify software, firmware, and information integrity	
				PR.DS-7: The development and testing environment(s) are separate from the production environment	
				PR.DS-8: Integrity checking mechanisms are used to verify hardware integrity	
		Protect: Information Protection Processes and Procedures (PR.IP)		**PR.IP-1:** A baseline configuration of information technology/industrial control systems is created and maintained	
				PR.IP-2: A System Development Life Cycle to manage systems is implemented	
				PR.IP-3: Configuration change control processes are in place	
				PR.IP-4: Backups of information are conducted, maintained, and tested periodically	
				PR.IP-5: Policy and regulations regarding the physical operating environment for organizational assets are met	
				PR.IP-6: Data is destroyed according to policy	
				PR.IP-7: Protection processes are continuously improved	
				PR.IP-8: Effectiveness of protection technologies is shared with appropriate parties	
				PR.IP-9: Response plans (Incident Response and Business Continuity) and recovery plans (Incident Recovery and Disaster Recovery) are in place and managed	
				PR.IP-10: Response and recovery plans are tested	
				PR.IP-11: Cybersecurity is included in human resources practices (e.g., deprovisioning, personnel screening)	
				PR.IP-12: A vulnerability management plan is developed and implemented	

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Function	Status	Category	Status	Subcategory	Status
		Protect: Maintenance (PR.MA)		**PR.MA-1:** Maintenance and repair of organizational assets is performed and logged in a timely manner, with approved and controlled tools	
				PR.MA-2: Remote maintenance of organizational assets is approved, logged, and performed in a manner that prevents unauthorized access	
		Protect: Protective Technology (PR.PT)		**PR.PT-1:** Audit/log records are determined, documented, implemented, and reviewed in accordance with policy	
				PR.PT-2: Removable media is protected and its use restricted according to policy	
				PR.PT-3: Access to systems and assets is controlled, incorporating the principle of least functionality	
				PR.PT-4: Communications and control networks are protected	
				PR.PT-5: Mechanisms (e.g., failsafe, load balancing, hot swap) are implemented to achieve resilience requirements in normal and adverse situations	
DETECT(DE)		Detect: Anomalies and Events (DE.AE)		**DE.AE-1:** A baseline of network operations and expected data flows for users and systems is established and managed	
				DE.AE-2: Detected events are analyzed to understand attack targets and methods	
				DE.AE-3: Event data are aggregated and correlated from multiple sources and sensors	
				DE.AE-4: Impact of events is determined	
				DE.AE-5: Incident alert thresholds are established	
		Detect: Security Continuous Monitoring (DE.CM)		**DE.CM-1:** The network is monitored to detect potential cybersecurity events	
				DE.CM-2: The physical environment is monitored to detect potential cybersecurity events	
				DE.CM-3: Personnel activity is monitored to detect potential cybersecurity events	

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Function	Status	Category	Status	Subcategory	Status
				DE.CM-4: Malicious code is detected	
				DE.CM-5: Unauthorized mobile code is detected	
				DE.CM-6: External service provider activity is monitored to detect potential cybersecurity events	
				DE.CM-7: Monitoring for unauthorized personnel, connections, devices, and software is performed	
				DE.CM-8: Vulnerability scans are performed	
		Detect: Detection Processes (DE.DP)		**DE.DP-1:** Roles and responsibilities for detection are well defined to ensure accountability	
				DE.DP-2: Detection activities comply with all applicable requirements	
				DE.DP-3: Detection processes are tested	
				DE.DP-4: Event detection information is communicated to appropriate parties	
				DE.DP-5: Detection processes are continuously improved	
RESPOND(RS)		**Respond: Analysis (RS.AN)**		**RS.AN-1:** Notifications from detection systems are investigated	
				RS.AN-2: The impact of the incident is understood	
				RS.AN-3: Forensics are performed	
				RS.AN-4: Incidents are categorized consistent with response plans	
				RS.AN-5: Processes are established to receive, analyze and respond to vulnerabilities disclosed to the organization from internal and external sources (e.g. internal testing, security bulletins, or security researchers)	
		Respond: Communications (RS.CO)		**RS.CO-1:** Personnel know their roles and order of operations when a response is needed	
				RS.CO-2: Events are reported consistent with established criteria	
				RS.CO-3: Information is shared consistent with response plans	
				RS.CO-4: Coordination with stakeholders occurs consistent with response plans	

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Function	Status	Category	Status	Subcategory	Status
				RS.CO-5: Voluntary information sharing occurs with external stakeholders to achieve broader cybersecurity situational awareness	
		Respond: Improvements (RS.IM)		**RS.IM-1:** Response plans incorporate lessons learned	
				RS.IM-2: Response strategies are updated	
		Respond: Mitigation (RS.MI)		**RS.MI-1:** Incidents are contained	
				RS.MI-2: Incidents are mitigated	
				RS.MI-3: Newly identified vulnerabilities are mitigated or documented as accepted risks	
		Respond: Response Planning (RS.RP)		**RS.RP-1:** Response plan is executed during or after an event	
RECOVER(RC)		**Recover Communications (RC.CO)**		**RC.CO-1:** Public relations are managed	
				RC.CO-2: Reputation after an event is repaired	
				RC.CO-3: Recovery activities are communicated to internal stakeholders and executive and management teams	
		Recover: Improvements (RC.IM)		**RC.IM-1:** Recovery plans incorporate lessons learned	
				RC.IM-2: Recovery strategies are updated	
		Recover: Recovery Planning (RC.RP)		**RC.RP-1:** Recovery plan is executed during or after an event	

Figure 4. HITRUST Scorecard for the NIST Cybersecurity Framework

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January 12, 2024

To Whom It May Concern:

MedImpact Healthcare Systems, Inc. has issued an SSAE 18 Service Organization Controls (SOC) 1, Type 2 report for the period October 1, 2022 through September 30, 2023.

This letter is to confirm that we are not aware of any material changes in the internal control environment in MedImpact Healthcare Systems, Inc. for the period October 1, 2023 through the date of this letter, as compared to the controls described in the SOC 1 report for the period ending September 30, 2023.

The information included in this letter is as of the date of this letter, and we disclaim any undertaking to advise you of changes which hereafter may be brought to our attention. This letter is not intended to provide you with a certification of the internal controls at MedImpact Healthcare Systems, Inc. or suggest to you that MedImpact Healthcare Systems, Inc. has performed any structured evaluation of its internal controls for the purposes of producing this letter.

This information is confidential. Please do not copy, share, distribute or otherwise disclose this information without the express written consent of MedImpact Healthcare Systems, Inc.

Sincerely,

DocuSigned by:
James Gollaher
63B940E6E79C481...

James Gollaher
CFO

A 10181 Scripps Gateway Ct, San Diego, CA 92131
P 800.788.2949
MedImpact.com

Salesforce Case #	Task Name	MedImpact Owner	Client/Consultant Owner	Task Health	Duration	Start Date	End Date	Actual Start Date	Actual End Date	Comments
	State of Nebraska Sample Project Plan 7.1.2026 (Award Notification 12/1/25)			Green	183d	12/01/25	08/21/26			
	Project Initiation			**Green**	**40d**	**12/01/25**	**01/28/26**			
	Project Initiation			Green	15d	12/01/25	12/19/25			
	Obtain State of NE's Summary Plan Document (SPD)	Sales Executive		Green	5d	12/01/25	12/05/25			
	Assign and Create Base Hierarchy - Header & Carrier Headquarters Code	Implementation Manager		Green	1d	12/08/25	12/08/25			
	Group Division Break Defined in RFP and Entered	Implementation Manager		Green	1d	12/08/25	12/08/25			
	Creation of Initial Project Plan Document	Implementation Manager		Green	10d	12/08/25	12/19/25			
	Discovery/Kickoff Meeting with State of NE			Green	20d	12/08/25	01/06/26			
	Schedule Kickoff Meeting	Implementation Manager		Green	15d	12/08/25	12/29/25			
	Kickoff Meeting - Virtual or Onsite (Client Preference)	Implementation Manager		Green	5d	12/30/25	01/06/26			
	Obtain Agreement with State of NE on all Deliverables			Green	15d	01/07/26	01/28/26			
	Approval on Deliverables to be Provided by State of NE		State of NE / Segal	Green	5d	01/07/26	01/13/26			
	Approval on Deliverables to be Provided by MedImpact	Implementation Manager		Green	5d	01/14/26	01/21/26			
	Review and Approval of Base Project Plan with State of NE	Implementation Manager	State of NE / Segal	Green	5d	01/22/26	01/28/26			
	Client Information			**Green**	**5d**	**12/30/25**	**01/06/26**			
	Review and Complete Client Info Section (Kick Off Meeting)	Implementation Manager	State of NE / Segal	Green	5d	12/30/25	01/06/26			
	Member Communications			**Green**	**112d**	**12/30/25**	**06/09/26**			
	Templates and Logos			Green	8d	01/07/26	01/16/26			
	Provide applicable standard member letter templates and request client logos	Implementation Manager		Green	3d	01/07/26	01/09/26			
	Provide logos in applicable formats	Implementation Manager	State of NE	Green	5d	01/12/26	01/16/26			
	Pre Go Live Disruption Letters (Detailed Claim and PA History Files Required)			Green	45d	04/03/26	06/08/26			
	Submit Claim and PA History Files for Analysis	Implementation Manager		Green	10d	04/03/26	04/17/26			
	Perform Network Analysis *Note - Claim History file must include pharmacy NCPDP	Pharmacy Network Management		Green	10d	04/03/26	04/17/26			
	Analysis Reviewed and Provided to State of NE and Segal	Implementation Manager, Clinical Account Executive	State of NE / Segal	Green	5d	04/17/26	04/24/26			

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Salesforce Case #	Task Name	MedImpact Owner	Client/Consultant Owner	Task Health	Duration	Start Date	End Date	Actual Start Date	Actual End Date	Comments
	State of NE and Segal Review and Provide Feedback (Those to Letter vs. Those to Grandfather)		State of NE / Segal	Green	10d	04/24/26	05/08/26			
	Letter Proofs Created (Templates Determined by Disruption Analysis)	Implementation Manager		Green	10d	05/08/26	05/22/26			
	State of NE Reviews and Approves Letter Proofs		State of NE / Segal	Green	5d	05/22/26	06/01/26			
	Letters Mailed to Members (Mailed No Later than 60 Days Before Effective Date of 7/1/26)	Production & Distrobution		Green	5d	06/01/26	06/08/26			
	Commercial Grandfathering (TOC) POS Lettering			Green	52d	01/20/26	04/02/26			
	Complete iCAP TOC New Letter Setup Form	Implementation Manager		Green	3d	01/20/26	01/22/26			
	Update Commercial Grandfathering POS Disruption Templates with Client Info	Implementation Manager		Green	10d	01/20/26	02/02/26			
	iCAP Team Generates Letter Proofs	iCAP		Green	10d	02/03/26	02/17/26			
	Implementation Manager Reviews/QC Proofs and Sends to State of NE	Implementation Manager		Green	5d	02/18/26	02/24/26			
	State of NE Review and Approve Proofs		State of NE	Green	5d	02/25/26	03/03/26			
	Implementation Manager Sends Approval to iCAP	Implementation Mananager		Green	2d	03/04/26	03/05/26			
	iCAP Completes Set Up for Go Live	iCAP		Green	20d	03/06/26	04/02/26			
	Direct Member Reimbursement (DMR) Letters			Green	99d	01/20/26	06/09/26			
	Submit request to CS Client Admin for DMR Letter Set Up	Implementation Manager		Green	10d	04/14/26	04/27/26			
	Update DMR Letter Templates with Client Info	Implementation Manager		Green	10d	01/20/26	02/02/26			
	State of NE Review and Approve Templates		State of NE	Green	5d	02/03/26	02/09/26			
	DMR Letter Set Up	Customer Service Client Administrator		Green	30d	04/28/26	06/09/26			
	Prior Authorization/Appeal Letters			Green	73d	12/30/25	04/14/26			
	Submit request to PA Implementation & Appeals Implementation for templates	Implementation Manager		Green	5d	12/30/25	01/06/26			
	Update PA & Appeals Templates with Client Info	Implementation Manager		Green	10d	01/20/26	02/02/26			
	State of NE Review and Approve Templates		State of NE	Green	10d	02/03/26	02/17/26			
	PA Implementation Completes Letter Set Up	PA Implementation / Appeals Implementation		Green	40d	02/18/26	04/14/26			
	Welcome Letters			Green	94d	01/07/26	05/20/26			
	Update Sample Welcome Letter Template with Client info	Implementation Manager		Green	10d	01/07/26	01/21/26			

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Salesforce Case #	Task Name	MedImpact Owner	Client/Consultant Owner	Task Health	Duration	Start Date	End Date	Actual Start Date	Actual End Date	Comments
	Complete iCAP Welcome Letter Setup Form	Implementation Manager		Green	5d	01/22/26	01/28/26			
	Submit Case to iCAP team for Template Setup	Implementation Manager		Green	2d	01/20/26	01/21/26			
	Complete Welcome Letter Setup and Provide Proof to Implementation Manager	iCAP		Green	10d	01/22/26	02/04/26			
	Implementation Manager Reviews Proof	Implementation Manager		Green	3d	02/05/26	02/09/26			
	Client Admin QCs Proof	Customer Service Client Administrator		Green	2d	02/10/26	02/11/26			
	Provide Proof to State of NE for Approval	Implementation Manager		Green	5d	02/12/26	02/19/26			
	State of NE Review and Approve Templates		State of NE	Green	5d	02/03/26	02/09/26			
	Notify iCAP Team of Approval	Implementation Manager		Green	5d	02/20/26	02/26/26			
	Request Eligibility Report from Business Systems Analyst (after eligibility is loaded) in iCAP data file format	Implementation Manager		Green	2d	05/01/26	05/04/26			
	Resubmit case to iCAP team with mailing list/data file	Implementation Manager		Green	2d	05/05/26	05/06/26			3-5 days
	Process Eligibility File for Letter Generation	iCAP		Green	3d	05/07/26	05/11/26			
	Print, Insert, and Mail Welcome Letters	Production & Distribution		Green	7d	05/12/26	05/20/26			Confirming TAT with Maggie.
	Vendor Integration & Information Technology			**Green**	**156d**	**12/08/25**	**07/22/26**			
	Hierarchy Review			Green	15.25d	12/30/25	01/22/26			
	Review MedImpact Data Hierarchy with State of NE, Segal, & UMR	Business Systems Analyst	State of NE, Segal, UMR	Green	5d	12/30/25	01/06/26			
	Obtain Agreement on Proposed Data Hierarchy	Business Systems Analyst	State of NE, Segal, UMR	Green	10d	01/07/26	01/21/26			
	Complete Hierarchy Implementation Questionnaire Section	Business Systems Analyst	State of NE, Segal, UMR	Green	0.25d	01/22/26	01/22/26			
	Connectivity			Green	58.25d	12/08/25	03/04/26			
	Review and Complete Connectivity Implementation Questionnaire Section	Business Systems Analyst	State of NE / Segal	Green	0.25d	12/30/25	12/30/25			
	Initiate NDA Process - Complete All Applicable NDAs	Account Executive	State of NE / Segal	Green	30d	12/08/25	01/21/26			
	Complete Third Party Consent Form (for TPA/Consultant Access)	Account Executive	State of NE	Green	10d	12/30/25	01/14/26			
	Review, Sign, and Return Connectivity Form(s)		State of NE / Segal / Other Vendors	Green	10d	12/30/25	01/14/26			
	Establish Connectivity (MFTP Site, Folders, Product Applications)	Business Systems Analyst	State of NE / Segal / Other Vendors	Green	30d	01/14/26	02/27/26			

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Salesforce Case #	Task Name	MedImpact Owner	Client/Consultant Owner	Task Health	Duration	Start Date	End Date	Actual Start Date	Actual End Date	Comments
	Test Connectivity and User Log on Access	Business Systems Analyst	State of NE / Segal / Other Vendors	Green	3d	02/27/26	03/04/26			
	Group Record Layout			**Green**	**84d**	**12/30/25**	**04/29/26**			
	Review and Complete Group Layout Implementation Questionnaire Section	Business Systems Analyst	State of NE, Segal, UMR	Green	0.25d	12/30/25	12/30/25			
	Complete Group File Mapping Process - QC and Confirm Accuracy of File	Business Systems Analyst		Green	5d	12/30/25	01/07/26			
	Create Group Test File	Business Systems Analyst		Green	5d	03/09/26	03/13/26			
	Load Test File in End-to-End	Business Systems Analyst		Green	2d	03/16/26	03/17/26			
	QC Load	Business Systems Analyst		Green	2d	03/18/26	03/19/26			
	Make Modifications if Necessary	Business Systems Analyst		Green	5d	03/20/26	03/26/26			
	Send or create 2nd Group Test File	Business Systems Analyst		Green	3d	03/27/26	03/31/26			
	Load 2nd Test File	Business Systems Analyst		Green	2d	04/01/26	04/02/26			
	QC Load	Business Systems Analyst		Green	2d	04/03/26	04/06/26			
	Load Production File	Business Systems Analyst		Green	1d	04/29/26	04/29/26			
	Eligibility/Member Layout			**Green**	**86d**	**12/30/25**	**05/01/26**			
	Review and Complete Eligibility Implementation Questionnaire Section	Business Systems Analyst	State of NE, Segal, UMR	Green	0.25d	12/30/25	12/30/25			
	Send Test Eligibility		UMR	Green	15d	12/30/25	01/22/26			
	Load Test File in End-to-End	Business Systems Analyst		Green	5d	01/22/26	01/29/26			
	QC Load	Business Systems Analyst		Green	2d	01/29/26	02/02/26			
	Communicate Results of Load	Business Systems Analyst		Green	1d	02/02/26	02/03/26			
	Make Modifications if Necessary		UMR	Green	3d	02/03/26	02/06/26			
	Send 2nd Eligibility Test File		UMR	Green	0.5d	02/06/26	02/06/26			
	Load 2nd Test File in End-to-End	Business Systems Analyst		Green	5d	02/06/26	02/13/26			
	QC Load	Business Systems Analyst		Green	1d	02/13/26	02/17/26			
	Communicate Results of Load	Business Systems Analyst		Green	0.5d	02/17/26	02/17/26			

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	Provide First Production Eligibility File Post Open Enrollment		UMR	Green	15d	03/27/26	04/16/26			
	Load Production Eligibility File	Business Systems Analyst		Green	1d	04/30/26	04/30/26			
	Communicate Results of Load	Business Systems Analyst		Green	1d	05/01/26	05/01/26			
	Member Attribute File			Green	83.75d	12/30/25	04/29/26			
	Review and Complete Member Attribute Implementation Questionnaire Section	Business Systems Analyst	State of NE, Segal, UMR	Green	0.25d	12/30/25	12/30/25			
	Send Member Attribute Test File		UMR	Green	15d	12/30/25	01/22/26			
	Load Member Attribute Test File in End-to-End	Business Systems Analyst		Green	5d	01/22/26	01/29/26			
	QC Load	Business Systems Analyst		Green	2d	01/29/26	02/02/26			
	Communicate Results of Load	Business Systems Analyst		Green	1d	02/02/26	02/03/26			
	Send Updated Member Attribute File (If necessary)		UMR	Green	3d	02/03/26	02/06/26			
	Load Updated Member Attribute File	Business Systems Analyst		Green	1d	02/06/26	02/09/26			
	QC Load	Business Systems Analyst		Green	1d	02/09/26	02/10/26			
	Communicate Results of Load	Business Systems Analyst		Green	1d	02/10/26	02/11/26			
	Send Final Production Member Attribute File		UMR	Green	0	04/16/26	04/16/26			
	Load Final Member Attribute File in Production	Business Systems Analyst		Green	0	04/29/26	04/29/26			
	Accumulators			Green	80d	12/30/25	04/23/26			
	Review and Complete Accum File Implementation Questionnaire Section	Business Systems Analyst	State of NE, Segal, UMR	Green	0.25d	12/30/25	12/30/25			
	Accum File Non Historical DED and OOP			Green	79.75d	12/30/25	04/23/26			
	Send Test Accum File		UMR	Green	15d	12/30/25	01/22/26			
	Load Test Accum File in End-to-End	Business Systems Analyst		Green	2d	01/22/26	01/26/26			
	QC Load	Business Systems Analyst		Green	5d	01/26/26	02/02/26			
	Communicate Results of Load	Business Systems Analyst		Green	0.5d	02/02/26	02/02/26			
	Provide 1st Accum Extract File (Type 28) for UMR Validation	Business Systems Analyst		Green	5d	02/02/26	02/09/26			
	Make Modifications if Necessary		UMR	Green	5d	02/02/26	02/09/26			
	Send 2nd Test File		UMR	Green	0.5d	02/09/26	02/10/26			

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	Load 2nd Test File	Business Systems Analyst		Green	5d	02/10/26	02/18/26			
	QC Load	Business Systems Analyst		Green	5d	02/18/26	02/25/26			
	Communicate Results of Load	Business Systems Analyst		Green	0.5d	02/25/26	02/25/26			
	Send Production Accumulator File		State of NE / Segal	Green	1d	04/17/26	04/17/26			
	Load Production Accum Files for Go Live	Business Systems Analyst		Green	2d	04/20/26	04/21/26			
	Communicate Results of Load	Business Systems Analyst		Green	2d	04/22/26	04/23/26			
	Claims History			Green	140.5d	12/30/25	07/22/26			
	Review and Complete Claims History Implementation Questionnaire Section	Business Systems Analyst	State of NE / Segal	Green	0	12/30/25	12/30/25			
	Send First Claims History File		OptumRx	Green	60d	12/30/25	03/27/26			
	Convert Claims History to Excel and Add Member Demographics	Business Systems Analyst		Green	5d	03/27/26	04/03/26			
	Load Initial Claims History File	Business Systems Analyst		Green	5d	04/03/26	04/10/26			
	QC Load	Business Systems Analyst		Green	1d	04/10/26	04/13/26			
	Communicate Results of Load	Business Systems Analyst		Green	0.5d	04/13/26	04/13/26			
	Second Claim History File (If Applicable)			Green	23d	02/12/26	03/17/26			
	Send 2nd Claims History File		OptumRx	Green	11.5d	02/12/26	03/02/26			
	Load 2nd Test File	Business Systems Analyst		Green	5d	03/02/26	03/09/26			
	QC Load	Business Systems Analyst		Green	5d	03/09/26	03/16/26			
	Communicate Results of Load	Business Systems Analyst		Green	0.5d	03/16/26	03/16/26			
	Load File for Testing	Business Systems Analyst		Green	1d	03/17/26	03/17/26			
	Lag File - Claim History			Green	15d	07/01/26	07/22/26			
	Send Lag Claims History File		OptumRx	Green	10d	07/01/26	07/15/26			
	Format & Load Lag Claims History File	Business Systems Analyst		Green	5d	07/16/26	07/22/26			
	Prior Authorization History			Green	140.5d	12/30/25	07/22/26			
	Review and Complete PA History Implementation Questionnaire Section	Business Systems Analyst	State of NE / Segal	Green	0	12/30/25	12/30/25			

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	Send 1st PA File		OptumRx	Green	5d	12/30/25	01/07/26			
	Format 1st PA File for Review	Business Systems Analyst		Green	5d	01/07/26	01/14/26			
	Internal review of 1st PA File (if incumbent has provided PA reasons)	Clinical Program Manager Analyst		Green	5d	01/14/26	01/22/26			
	Obtain Client Approval of 1st PA File	Implementation Manager	State of NE / Segal	Green	5d	01/22/26	01/29/26			
	Load 1st PA File	Business Systems Analyst		Green	5d	01/29/26	02/05/26			
	QC Load	Business Systems Analyst		Green	5d	02/05/26	02/12/26			
	Communicate Results of Load	Business Systems Analyst		Green	0.5d	02/12/26	02/12/26			
	Second PA History File (If Applicable)			Green	21.5d	02/11/26	03/16/26			
	Send 2nd PA File		OptumRx	Green	0	02/11/26	02/11/26			
	Format 2nd PA File for Review	Business Systems Analyst		Green	5d	02/12/26	02/19/26			
	Internal Review of 2nd PA File	Clinical Program Manager Analyst		Green	5d	02/20/26	02/26/26			
	Obtain Client Approval of 2nd PA File	Implementation Manager	State of NE / Segal	Green	5d	02/27/26	03/05/26			
	Load 2nd PA File	Business Systems Analyst		Green	5d	03/06/26	03/12/26			
	QC 2nd PA File Load	Business Systems Analyst		Green	1d	03/13/26	03/13/26			
	Communicate Results of Load	Business Systems Analyst		Green	0.5d	03/16/26	03/16/26			
	PA History Lag File			Green	15d	07/01/26	07/22/26			
	Send Lag PA File		OptumRx	Green	10d	07/01/26	07/15/26			
	Format & Load Lag PA File	Business Systems Analyst		Green	5d	07/16/26	07/22/26			
	Claims Detail Extract	Business Systems Analyst		Green	128.5d	12/30/25	07/06/26			
	Review and Complete Claims Detail Extract Implementation Questionnaire Section	Business Systems Analyst	State of NE / Segal	Green	3d	12/30/25	01/05/26			
	Provide 1st Claims Detail Extract for Client Validation	Business Systems Analyst		Green	3d	07/01/26	07/06/26			
	Open Enrollment Support (Assumption - OE May 2026)			**Green**	**79.5d**	**01/07/26**	**04/30/26**			

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Salesforce Case #	Task Name	MedImpact Owner	Client/Consultant Owner	Task Health	Duration	Start Date	End Date	Actual Start Date	Actual End Date	Comments
	Review CS Pre-Go Live Services Implementation Questionnaire	Implementation Manager, Customer Service Client Administrator	State of NE / Segal	Green	10d	01/07/26	01/21/26			
	Conduct Open Enrollment Site demo and complete OE Implementation Questionnaire	Consumer Portal team	State of NE / Segal	Green	5d	01/22/26	01/28/26			
	Receive Client Approval of OE Implementation Questionnaire	Implementation Manager	State of NE / Segal	Green	5d	01/29/26	02/04/26			
	Create Guest Members for OE	Implementation Manager, Business Systems Analyst		Green	5d	02/05/26	02/11/26			
	Open Enrollment Site setup	Implementation Manager, Consumer Portal		Green	30d	02/12/26	03/26/26			
	Move Configuration to Production (Open Enrollment)	Configuration Architect		Green	0.5d	04/29/26	04/29/26			
	Complete Group Linking in Production	Business Systems Analyst		Green	1d	04/29/26	04/30/26			
	Consumer Portal (Member Website) - Customized			Green	50d	01/22/26	04/02/26			
	Product Demo and Implementation Questionnaire Review	Implementation Manager, Consumer Portal team		Green	5d	01/22/26	01/28/26			
	Approve and Sign Custom SSO Consumer Portal Implementation Questionnaire		State of NE / Segal	Green	5d	01/29/26	02/04/26			
	Send Consumer Portal FAQ's and User Guides	Implementation Manager		Green	5d	02/05/26	02/11/26			
	Configure Consumer Portal	Implementation Manager, Consumer Portal team		Green	20d	02/05/26	03/05/26			
	Create Guest Members for Consumer Portal Testing	Implementation Manager, Business Systems Analyst		Green	5d	01/29/26	02/04/26			
	Test Member Website - UAT	Consumer Portal Team	State of NE / Segal	Green	20d	03/06/26	04/02/26			
	Carrier Configuration (Networks)			Green	55d	01/07/26	03/26/26			
	Review and Complete Carrier Configuration Implementation Questionnaire Section	Configuration Architect	State of NE / Segal	Green	5d	01/07/26	01/13/26			
	Create Network Rate Form (NRF)	Account Executive		Green	10d	01/14/26	01/28/26			
	Configure Pharmacy Carriers and Networks	Configuration Architect		Green	15d	02/20/26	03/12/26			

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	Create Carrier Flow Worksheet	Configuration Architect		Green	5d	02/20/26	02/26/26			
	Testing & Validation QC Task - Carrier Build and Move to End to End Testing	Testing & Validation		Green	10d	03/13/26	03/26/26			
	Formulary			Green	45d	01/07/26	03/12/26			
	Review and Complete Formulary Implementation Questionnaire Section	Clinical Account Executive		Green	5d	01/07/26	01/13/26			
	Provide MedImpact with any Custom Drug Lists and Tiering Structure		State of NE	Green	10d	01/14/26	01/28/26			
	Complete Formulary Coding, QC, and Move to End to End Testing	Configuration Architect		Green	15d	02/20/26	03/12/26			
	Benefits Management			Green	50d	01/14/26	03/26/26			
	Review and Complete Benefit Implementation Questionnaire Section	Configuration Architect	State of NE / Segal	Green	10d	01/14/26	01/28/26			
	Configure Benefits (including Clinical Programs, DMR, iRX, Provider Auditing)	Configuration Architect		Green	15d	02/20/26	03/12/26			
	Update Carrier Flow Worksheet (CFW) - Benefits	Configuration Architect		Green	5d	02/27/26	03/05/26			
	Provide CFW to Business Systems Analyst to Create Group File	Implementation Manager		Green	1d	03/06/26	03/06/26			
	Testing & Validation QC Task - Benefit Build and Move to End to End Testing	Testing & Validation		Green	10d	03/13/26	03/26/26			
	Design Review	MI team		Green	5d	02/12/26	02/19/26			
	Provider Audit (FWA)			Green	40d	01/29/26	03/26/26			
	Review and Complete Provider Audit (FWA) Implementation Questionnaire Section	Provider Audit	State of NE / Segal	Green	5d	01/29/26	02/04/26			
	Set Up Provider Audit Services	Provider Audit		Green	30d	02/12/26	03/26/26			
	Clinical Program Options			Green	65d	01/07/26	04/09/26			
	Pre-populate Clinical Implementation Questionnaire Section	Clinical Account Executive, SE, Account Executive		Green	5d	01/07/26	01/13/26			
	Review and Complete Clinical Implementation Questionnaire Section	Clinical Account Executive	State of NE / Segal	Green	5d	01/29/26	02/04/26			
	Set Up Clinical Services	Clinical Support Team		Green	40d	02/12/26	04/09/26			
	Internal Configuration Implementation Questionnaire (IQ) Review (Implementation Leadership)	Implementation Manager		Green	2d	02/05/26	02/06/26			
	Send Configuration Requirements Implementation Questionnaire for Client Approval	Implementation Manager		Green	1d	02/09/26	02/09/26			
	Sign Configuration Requirements Implementation Questionnaire		State of NE	Green	2d	02/10/26	02/11/26			

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	End-to-End Testing and Validation			Green	56d	02/09/26	04/28/26			
	Develop Test Plan and Custom Scenarios (if applicable)	Implementation Manager		Green	10d	02/09/26	02/23/26			
	Present Test Plan to Client	Implementation Manager		Green	5d	02/24/26	03/02/26			
	Approve Test Plan		State of NE / Segal	Green	5d	03/03/26	03/09/26			
	End-to-End Readiness Meeting (Internal)	MI Team		Green	2d	03/27/26	03/30/26			
	Validation Review and Corrections	Business Quality Assurance		Green	3d	03/31/26	04/02/26			
	End-to-End Creation of Test Claims	Business Quality Assurance		Green	10d	04/03/26	04/16/26			
	Internal Review - Test Claims	Implementation Manager		Green	3d	04/17/26	04/21/26			
	Rework (if applicable)	Configuration Architect		Green	3d	04/22/26	04/24/26			
	Forward Test Claim Results to Client	Implementation Manager		Green	0.25d	04/27/26	04/27/26			
	External Test Claims Review	Implementation Manager, Configuration Architect	State of NE / Segal	Green	3d	04/22/26	04/24/26			
	Receive Test Claim Sign Off from State of NE		State of NE	Green	2d	04/27/26	04/28/26			
	Specialty & Mail Order			**Green**	**128d**	**01/07/26**	**07/10/26**			
	Specialty			Green	128d	01/07/26	07/10/26			
	Specialty Member Communications - MedImpact Direct Specialty (MIDS)			Green	80.5d	01/07/26	05/01/26			
	Conduct Specialty Process Overview (MIDS)	MIDS		Green	10d	01/07/26	01/21/26			
	Provide MIDS Fliers and Finalize Specialty Member Letters *Note - Requires Claim History File	Implementation Manager		Green	10d	01/22/26	02/04/26			
	Complete Specialty & LDD Utilization Analysis to Determine Members (Claim History File Required)	MIDS		Green	10d	03/27/26	04/10/26			
	Client Approves MIDS Specialty Mailing List		State of NE / Segal	Green	5d	04/10/26	04/17/26			
	Send the MIDS Specialty Member Letters	MIDS		Green	10d	04/17/26	05/01/26			
	Complete 2nd Specialty & LDD Utilization Analysis to Determine Members	MIDS		Green	10d	03/02/26	03/16/26			
	Client Approves MIDS Specialty Mailing List		State of NE / Segal	Green	3d	03/16/26	03/19/26			
	Send 2nd set of MIDS Specialty Member Letters	MIDS		Green	10d	03/19/26	04/02/26			
	Specialty Open Refill Transfer (ORT) Files			Green	47.5d	05/01/26	07/10/26			
	Send and Complete ORT Form to Incumbent Pharmacy	Implementation Manager		Green	5d	05/01/26	05/08/26			

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	Vendor Send First (Test) Specialty ORT File		OptumRx	Green	1d	05/08/26	05/11/26			
	Vendor Send Second (Production) Specialty ORT File		OptumRx	Green	1d	05/11/26	05/12/26			
	Vendor Send Lag Specialty ORT File		OptumRx	Green	7d	07/01/26	07/10/26			
	Mail Order			Green	122d	01/07/26	07/01/26			
	Mail Order Member Communications - MedImpact Direct (MID)			Green	122d	01/07/26	07/01/26			
	Conduct Mail Order Process Overview - (MID)	MID		Green	10d	01/07/26	01/21/26			
	Provide Mail Order Letter Brochures and Finalize Letter Templates with Client	MID		Green	10d	01/22/26	02/04/26			
	Complete 1st Mail Order Utilization Analysis to Determine Member List (Claim History File Required)	MID		Green	10d	03/27/26	04/10/26			
	Client Approves Mail Order Mailing List		State of NE / Segal	Green	3d	04/10/26	04/15/26			
	Send 1st Set of Mail Order Member Letters	MID		Green	10d	04/15/26	04/29/26			
	Complete 2nd Mail Order Utilization Analysis to Determine Member List (If Applicable)	MID		Green	10d	03/02/26	03/16/26			
	Client Approves Mail Order Mailing List		State of NE / Segal	Green	3d	03/16/26	03/19/26			
	Send 2nd Set of Mail Order Member Letters	MID		Green	10d	03/19/26	04/02/26			
	Mail Order Open Refill Transfer (ORT) Files			Green	111.75d	01/22/26	07/01/26			
	Send and Complete ORT Form to Incumbent Pharmacy	Implementation Manager		Green	5d	01/22/26	01/29/26			
	Vendor Send First (Test) Specialty ORT File		OptumRx	Green	1d	01/29/26	01/30/26			
	Vendor Send Second (Production) Specialty ORT File		OptumRx	Green	1d	01/30/26	02/02/26			
	Vendor Send Lag Mail ORT File		OptumRx	Green	1d	07/01/26	07/01/26			
	Prior Authorization and Appeals Delegation Review			**Green**	**82d**	**02/05/26**	**06/02/26**			
	Review and Complete PA Implementation Questionnaire Section	PA Implementation	State of NE / Segal	Green	5d	02/05/26	02/11/26			
	Review and Complete Appeals Implementation Questionnaire Section	Appeals Implementation	State of NE / Segal	Green	5d	02/12/26	02/19/26			
	MedPresciption Insight			Green	82d	02/05/26	06/02/26			
	Review and Complete MedPrescription Insight Implementation Questionnaire Section, Provide Overview Slide Deck (if applicable)	Implementation Manager, E-Prescribing Team	State of NE / Segal	Green	5d	02/05/26	02/11/26			
	Set Up MedPrescription Insight	E-Prescribing team		Green	45d	03/31/26	06/02/26			
	Direct Member Reimbursement (DMR)			**Green**	**47d**	**02/05/26**	**04/13/26**			
	Review and Complete DMR Implementation Questionnaire Section	Customer Service Client Administrator	State of NE / Segal	Green	5d	02/05/26	02/11/26			
	Submit request to CS Client Admin to create Claims Internal Process Document (CIP)	Implementation Manager		Green	5d	02/12/26	02/19/26			

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	Create/Update Claims Internal Process document (CIP)	Customer Service Client Administrator		Green	10d	02/20/26	03/05/26			
	Complete Subrogation Set Up	Customer Service Client Administrator		Green	10d	03/31/26	04/13/26			
	Contact Center			**Green**	**99d**	**12/22/25**	**05/13/26**			
	Submit case to Customer Service Client Administrator for the Client's Dedicated Phone Number	Implementation Manager		Green	5d	12/22/25	12/29/25			
	Assign New Toll Free Number	Telephony		Green	10d	12/30/25	01/13/26			
	Review and Complete Contact Center Implementation Questionnaire Section	Customer Service Client Administrator		Green	5d	02/12/26	02/19/26			
	Create Customer Service (CS) Help Desk Procedures	Customer Service Client Administrator		Green	10d	02/20/26	03/05/26			
	Review CS Help Desk Procedures	Customer Service Client Administrator	State of NE / Segal	Green	5d	03/06/26	03/12/26			
	Client Approves CS Procedures		State of NE	Green	5d	03/13/26	03/19/26			
	Enter CS Procedures in MedAccess	Customer Service Client Administrator		Green	5d	03/20/26	03/26/26			
	Pharmacy Broadcast			Green	32d	03/31/26	05/13/26			
	Create Pharmacy Broadcast Communication and Payor Sheet	Customer Service Client Administrator		Green	10d	03/31/26	04/13/26			
	Internal Review of Pharmacy Broadcast	Pharmacy Network Management		Green	10d	04/14/26	04/27/26			
	Present Pharmacy Broadcast to Client	Implementation Manager		Green	7d	04/28/26	05/06/26			
	Send Pharmacy Broadcast to Major Chains and Upload to Pharmacy Portal	Pharmacy Network Management		Green	5d	05/07/26	05/13/26			
	Production and Distribution			**Green**	**153d**	**01/14/26**	**08/21/26**			
	Review and Complete P&D Implementation Questionnaire Section	Implementation Manager, Customer Service Client Administrator	State of NE / Segal	Green	5d	01/14/26	01/21/26			
	Member ID Cards - UMR			Green	153d	01/14/26	08/21/26			
	Provide UMR 4RX Processing Information for ID Card	Implementation Manager		Green	10d	01/14/26	01/28/26			
	State of NE or UMR Provide Mailing TImelines to MI		State of NE	Green	35d	01/29/26	03/19/26			
	Provide Draft ID Card to MedImpact for Validation and Approval		State of NE	Green	20d	03/20/26	04/16/26			
	Provide Final Mail Out Ready Copy		State of NE	Green	3d	04/17/26	04/21/26			

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Salesforce Case #	Task Name	MedImpact Owner	Client/Consultant Owner	Task Health	Duration	Start Date	End Date	Actual Start Date	Actual End Date	Comments
	MedImpact Approval on ID Card	Implementation Manager, Customer Service Client Administrator		Green	5d	04/22/26	04/28/26			
	UMR Mail ID Cards and State of NE Notify MedImpact		State of NE	Green	80d	04/29/26	08/21/26			
	Accounting			**Green**	**116d**	**01/22/26**	**07/08/26**			
	Review and Complete Accounting Implementation Questionnaire Section	Account Executive	State of NE / Segal	Green	5d	01/22/26	01/28/26			
	Send Accounting Documents to Client	Account Executive		Green	15d	01/29/26	02/19/26			
	Set-up Wire Transfer		State of NE	Green	10d	02/20/26	03/05/26			
	MOR (Invoice Tool)			Green	111d	01/29/26	07/08/26			
	Confirm Authorized Users	Implementation Manager	State of NE	Green	1d	01/29/26	01/29/26			
	Set Up Accounts	Implementation Manager		Green	10d	01/30/26	02/12/26			
	Confirm Client has Logged into MOR	Account Executive		Green	5d	07/01/26	07/08/26			
	Rebates			**Green**	**126d**	**01/28/26**	**07/29/26**			
	Review and Complete Rebates Implementation Questionnaire Section	Account Executive	State of NE / Segal	Green	0	01/28/26	01/28/26			
	Set Up Rebates	Trade Relations		Green	20d	07/01/26	07/29/26			
	MedCommand Application Access			**Green**	**111d**	**01/29/26**	**07/08/26**			
	MedOptimize			Green	85d	01/29/26	05/29/26			
	Confirm Authorized Users	Implementation Manager	State of NE / Segal	Green	50d	01/29/26	04/09/26			
	Set Up Accounts	IT FInance		Green	10d	05/15/26	05/29/26			
	Request Client Shared Folder in MedOptimize	Implementation Manager		Green	10d	04/10/26	04/23/26			
	MedAccess			Green	111d	01/29/26	07/08/26			
	Confirm Authorized Users	Implementation Manager	State of NE / Segal	Green	35d	01/29/26	03/19/26			
	Set Up Accounts	IT Product Support		Green	10d	05/15/26	05/29/26			
	Schedule and Complete Training	Implementation Manager		Green	5d	07/01/26	07/08/26			
	Enterprise Web Implementation Questionnaire			Green	25d	04/10/26	05/14/26			
	Request Client Specific Enterprise Security Implementation Questionnaire	Implementation Manager		Green	10d	04/10/26	04/23/26			
	Present Enterprise Security Form to Client and Review Data Roles with Client	Implementation Manager		Green	5d	04/24/26	04/30/26			

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Salesforce Case #	Task Name	MedImpact Owner	Client/Consultant Owner	Task Health	Duration	Start Date	End Date	Actual Start Date	Actual End Date	Comments
	Request TPA/Consultant Specific Enterprise Security Implementation Questionnaire (if applicable)	Implementation Manager		Green	10d	04/10/26	04/23/26			
	Complete and Sign Enterprise Web Implementation Questionnaire - Identify Users and Access		State of NE	Green	10d	05/01/26	05/14/26			
	Send Ancillary Services IQ to State of NE for Signature	**Implementation Manager**		**Green**	**2d**	**03/20/26**	**03/23/26**			
	Sign and Return Ancillary Services IQ		**State of NE**	**Green**	**5d**	**03/24/26**	**03/30/26**			
	Go Live			**Green**	**22d**	**07/01/26**	**07/31/26**			
	Begin Processing Claims	MedImpact		Green	0	07/01/26	07/01/26			
	Run Claim Status Reports to monitor activity	Implementation Manager		Green	22d	07/01/26	07/31/26			
	Review Invoices/Reports with Client	Account Executive	State of NE	Green	4d	07/01/26	07/07/26			
	Transition Process			**Green**	**11d**	**08/03/26**	**08/17/26**			
	Complete Internal Transition Document	Implementation Manager		Green	5d	08/03/26	08/07/26			
	Review Transition Document with Internal Team	Implementation Manager		Green	3d	08/10/26	08/12/26			
	Communicate Transition Date to Client	Implementation Manager		Green	3d	08/13/26	08/17/26			
	Send Survey Link to State of NE & Segal	Implementation Manager		Green	5d	08/10/26	08/14/26			

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Survey Questionnaire

Welcome Message

Your opinions about MedImpact Healthcare Systems, Inc. matter to us. Please take a few minutes to complete our survey. Your feedback will show us where we are meeting your needs and where we can improve.

Once all the responses are gathered, we will share the results of this survey with you. You can submit your name and phone number at the end of the survey if you want MedImpact to contact you to address any follow-up questions or concerns you may have.

Thank you!

The MedImpact Team

Survey Questions

10-Point Scale Option

Please rate your satisfaction with MedImpact's ability to deliver the following on a 10-point scale where 0=Not at All Satisfied and 10=Very Satisfied. Note: A rating of six indicates you are satisfied.

PBM Service Attribute	0	1	2	3	4	5	6	7	8	9	10	N/A
Understanding of Our Strategic Business Objectives												
Cost Savings on Prescription Drugs												
Account Management												
Pharmacy Network Management												
Benefit Design Administration												
Eligibility & Claims Management												
Formulary Management & Rebates												
Drug Utilization Management												
Clinical Pharmacy Consulting												
Management Reporting												
Member Education												
Information Technology												
CMS Compliance for Government-sponsored Programs												
Conduct Business in an Ethical Manner												

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Survey Questionnaire

5-Point Scale Option

Please rate your satisfaction with MedImpact's ability to deliver the following on a 5-point scale

Note: The following five-point scale will be applied to all satisfaction table questions below.

- Very Dissatisfied
- Dissatisfied
- Satisfied
- Very Satisfied
- Completely Satisfied
- Does Not Apply

PBM Service Attribute	0	1	2	3	4	5	6
Understanding of Our Strategic Business Objectives							
Cost Savings on Prescription Drugs							
Account Management							
Pharmacy Network Management							
Benefit Design Administration							
Eligibility & Claims Management							
Formulary Management & Rebates							
Drug Utilization Management							
Clinical Pharmacy Consulting							
Management Reporting							
Member Education							
Information Technology							
CMS Compliance for Government-sponsored Programs							
Conduct Business in an Ethical Manner							

Overall satisfaction

10-Point Scale Option

Overall, how satisfied are you with the services provided by MedImpact on a 10-point scale where 0=Not at All Satisfied and 10=Very Satisfied. Note: A rating of six indicates you are satisfied.

Not at All Satisfied										Very Satisfied
0	1	2	3	4	5	6	7	8	9	10

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Survey Questionnaire

5-Point Scale Option

Overall, how satisfied are you with the services provided by MedImpact?

Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	Completely Satisfied
1	2	3	4	5

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Survey Questionnaire

Open-ended question

What can MedImpact do to improve your satisfaction with the services we deliver?

<<Text box to capture open-ended responses>>

May we use your comments as a customer testimonial?

Yes
No

Survey ends

Thank-you Message

Thank you for investing time in our survey, your input is valued. If there is an unresolved problem or concern that you would like to discuss with MedImpact, please provide your name and phone number below so a MedImpact representative can contact you.

Name: _____

Telephone number: _____

Thank you very much for your input.

The MedImpact Team

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MedImpact Consumer Portal Mobile Application Screenshots

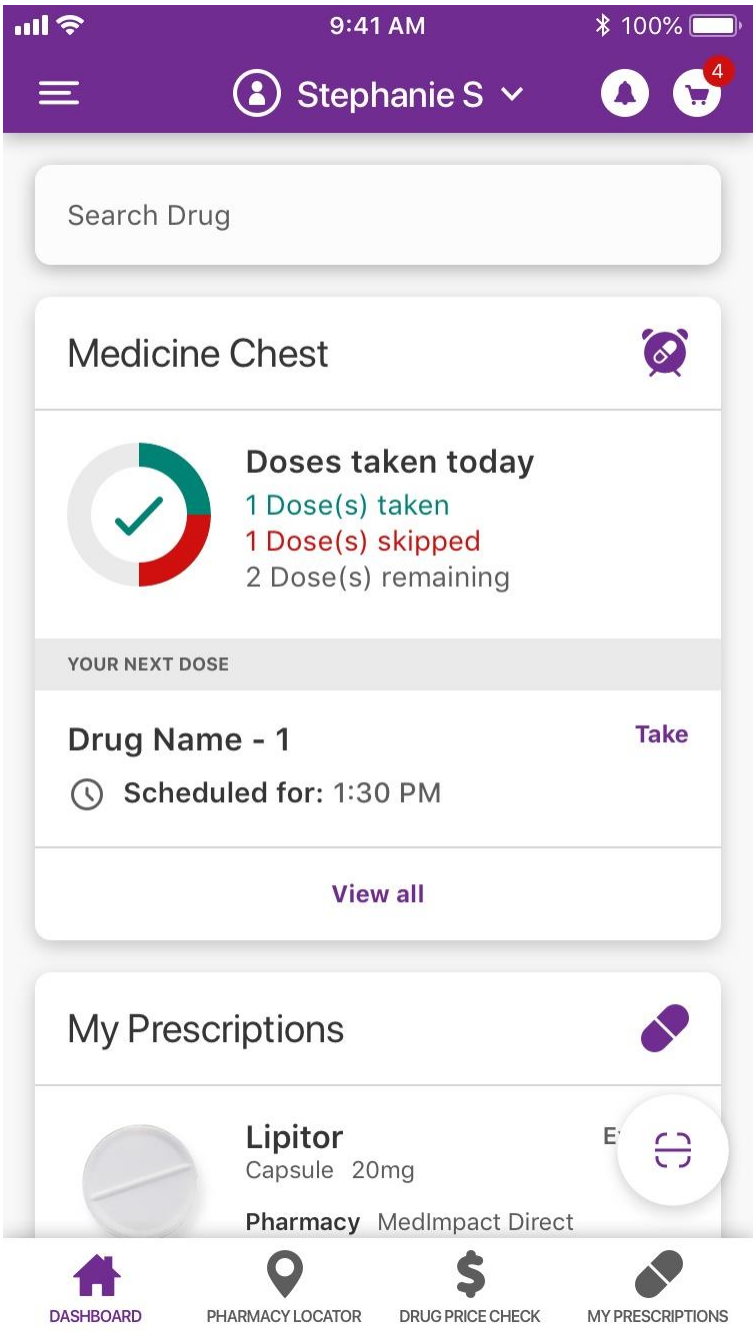

Figure 1: Mobile App Dashboard Screen

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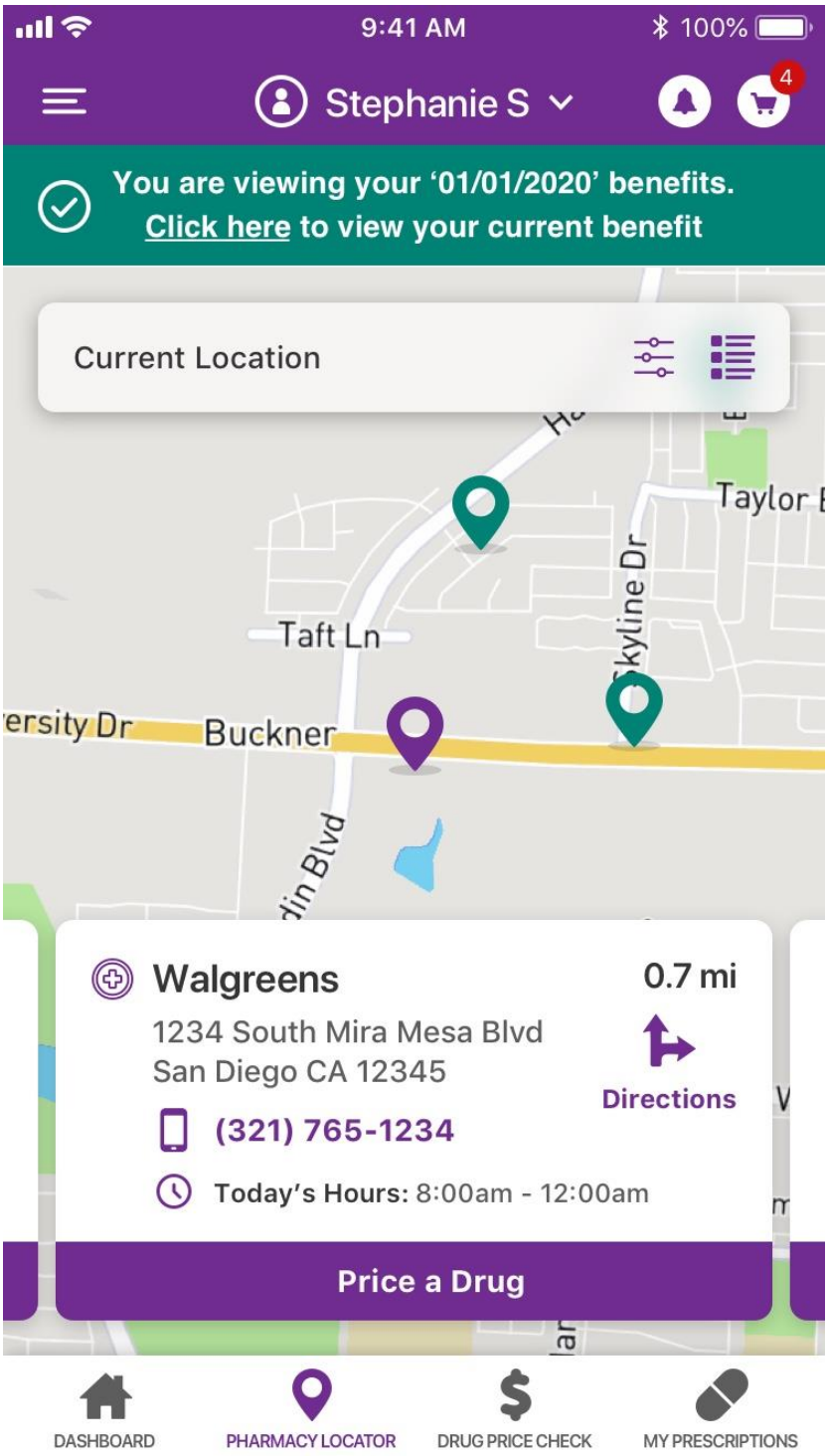

Figure 2: Mobile App Pharmacy Locator Screen

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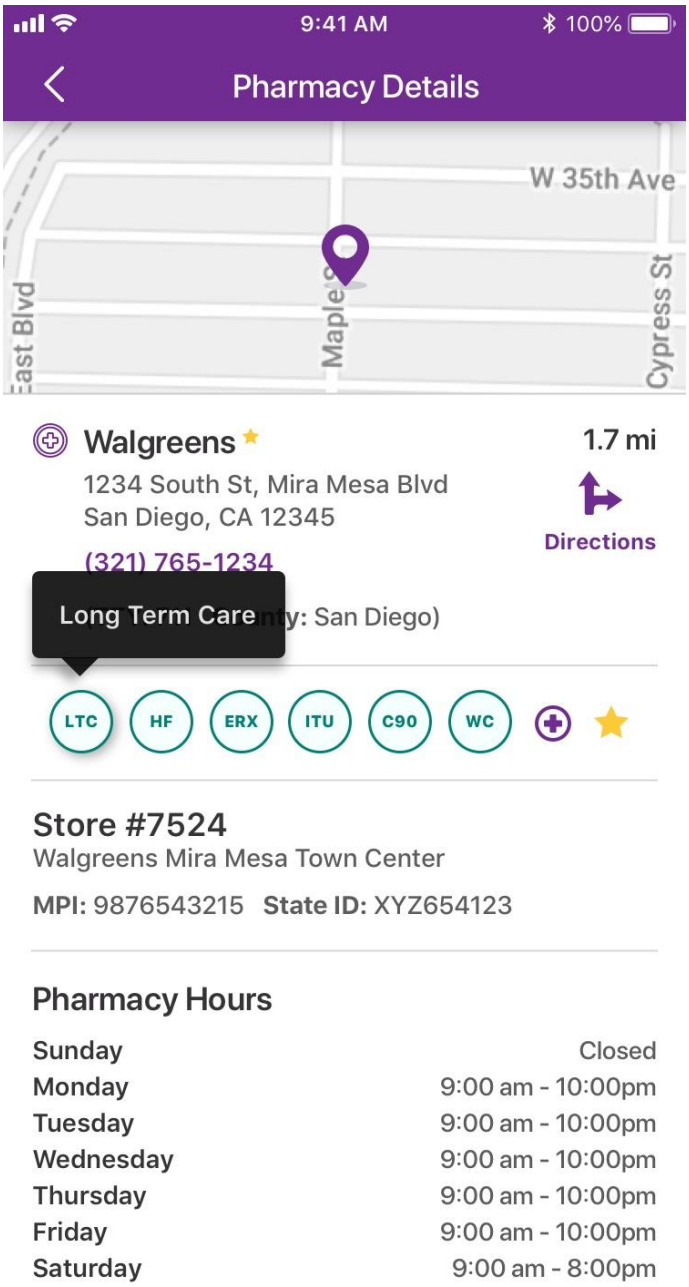

Figure 3: Mobile App Pharmacy Details with Pharmacy Hours Screen

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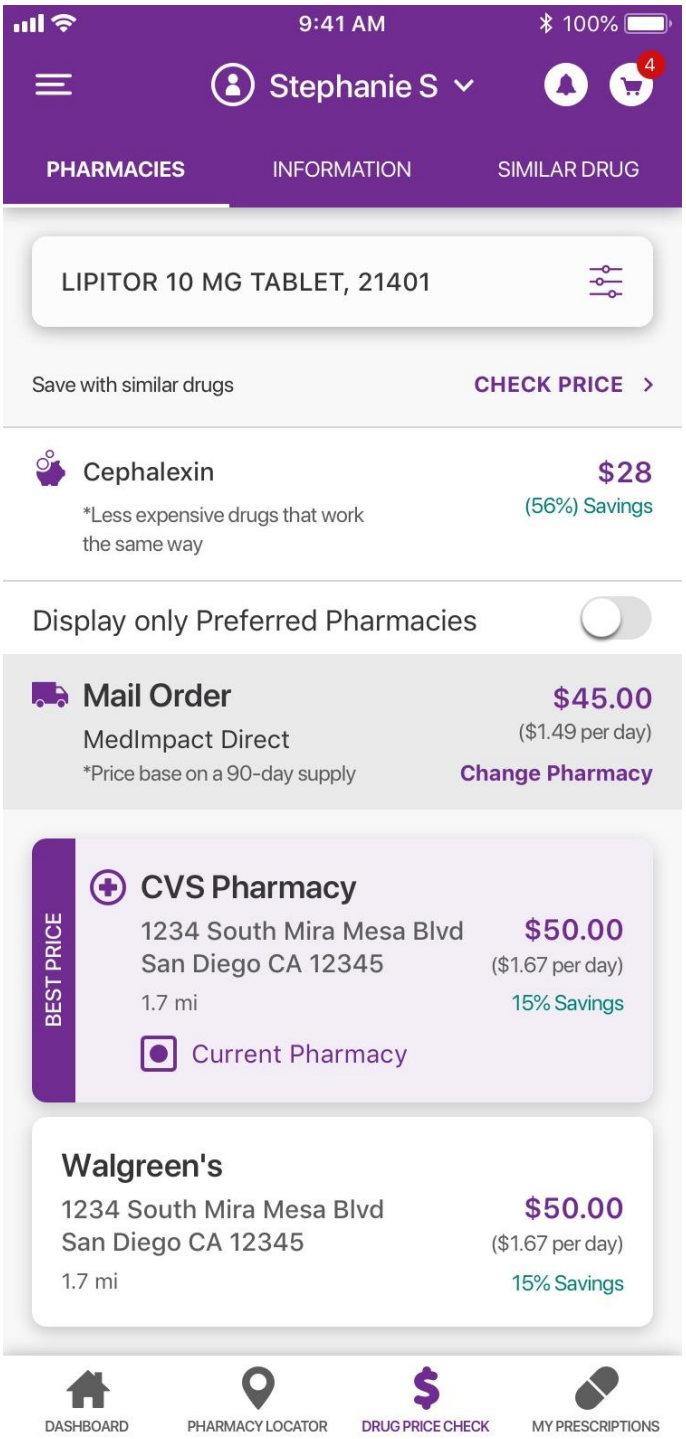

Figure 4: Mobile App Drug Price Check by Pharmacy Screen

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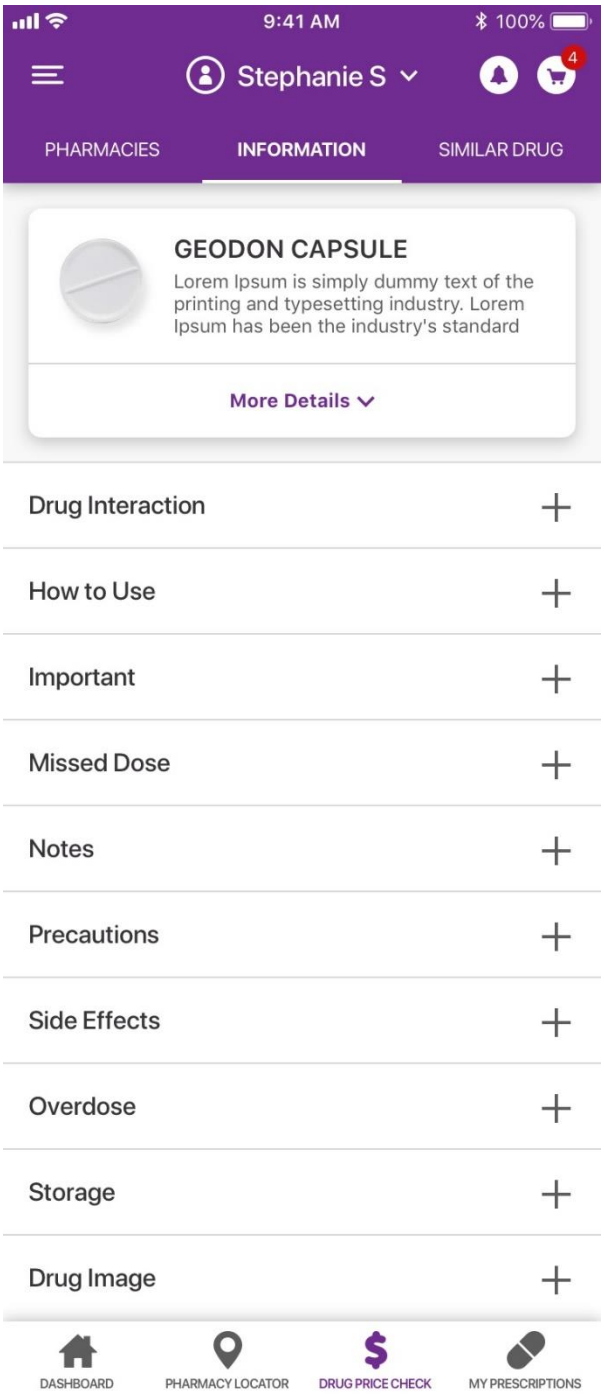

Figure 5: Mobile App Drug Price Check Information

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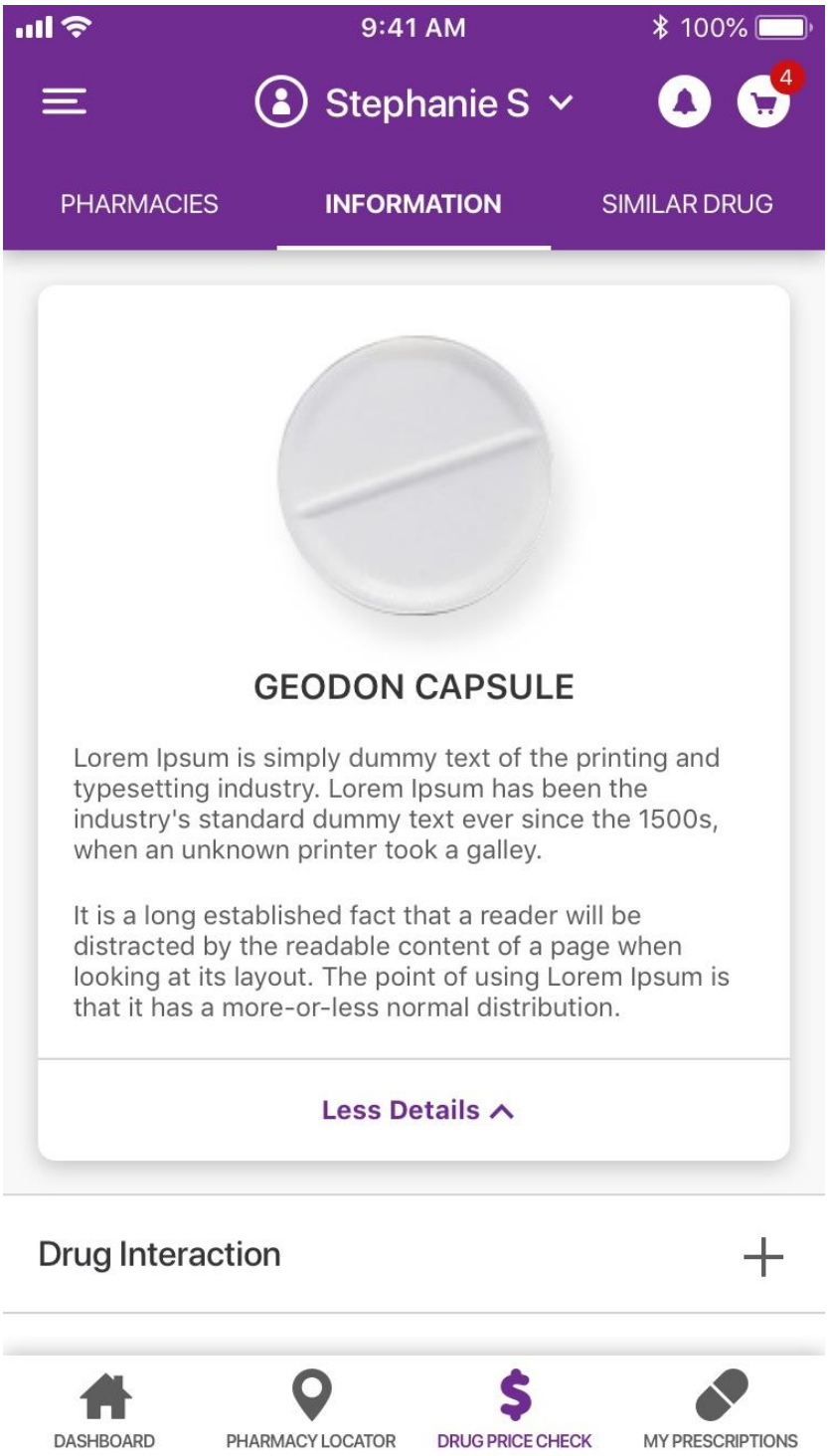

Figure 6: Mobile App Drug Price Check Detailed Information

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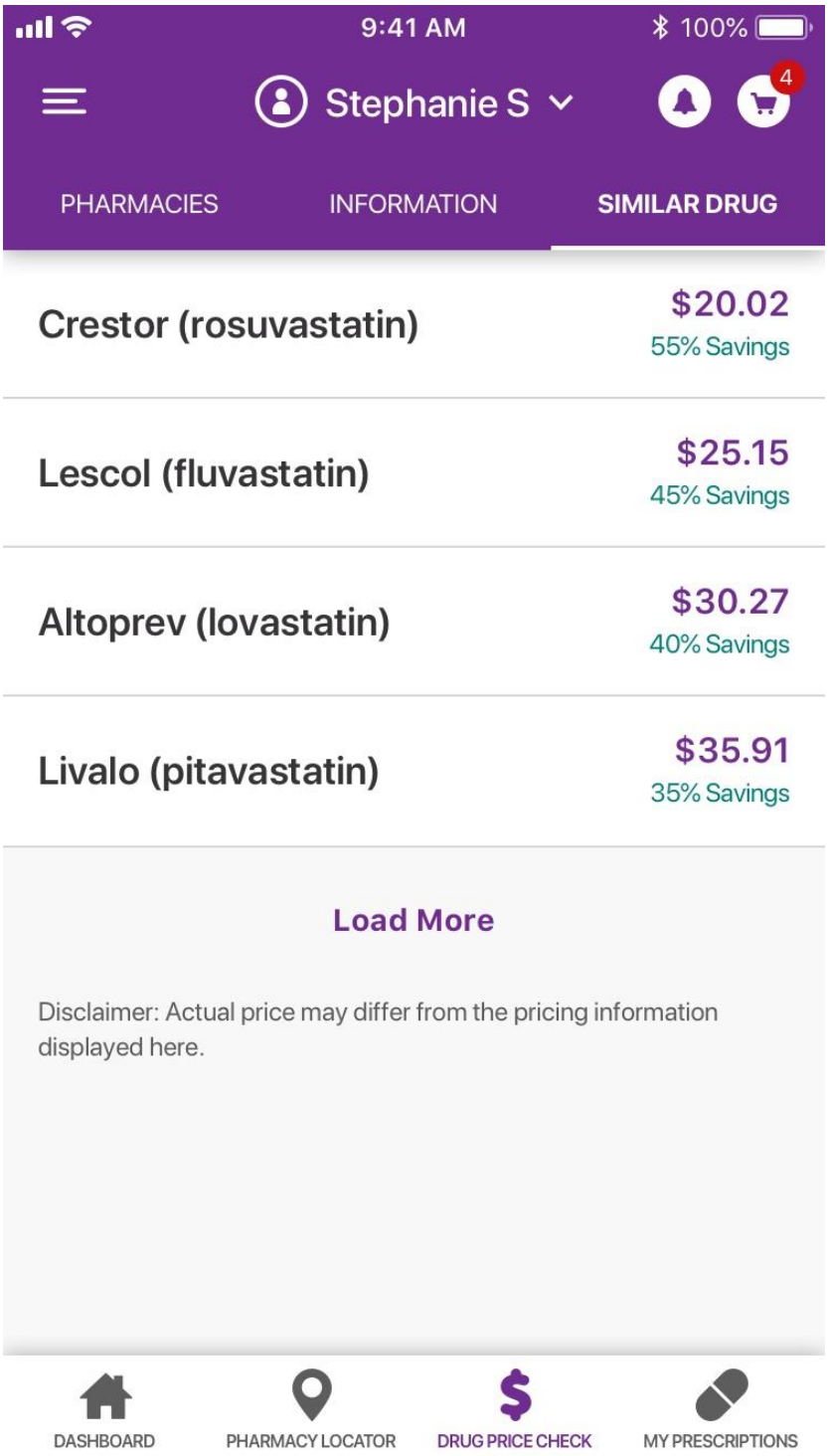

Figure 7: Drug Price Check Comparing Similar Drugs Screen

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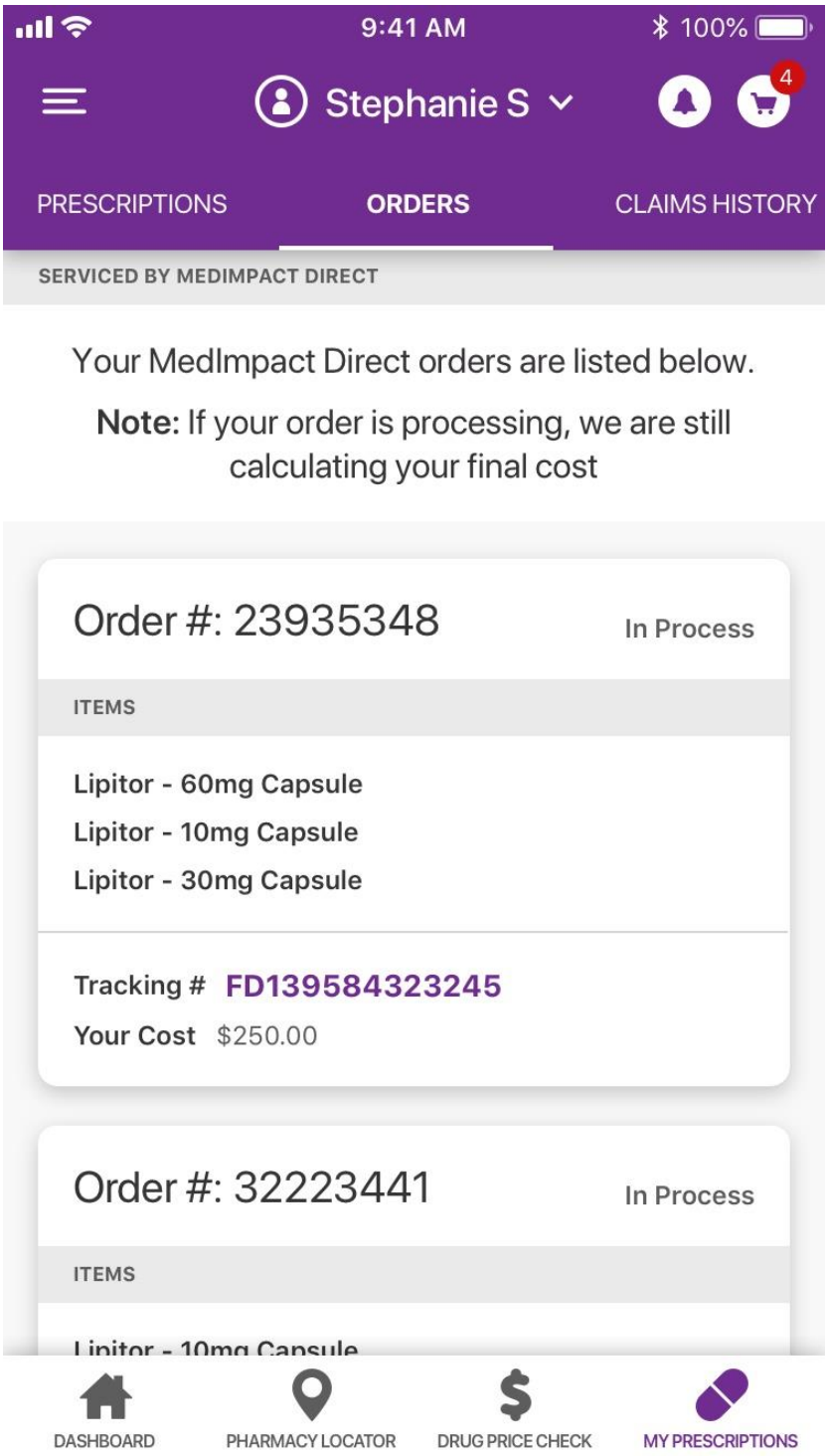

Figure 8: My Prescriptions Orders Screen

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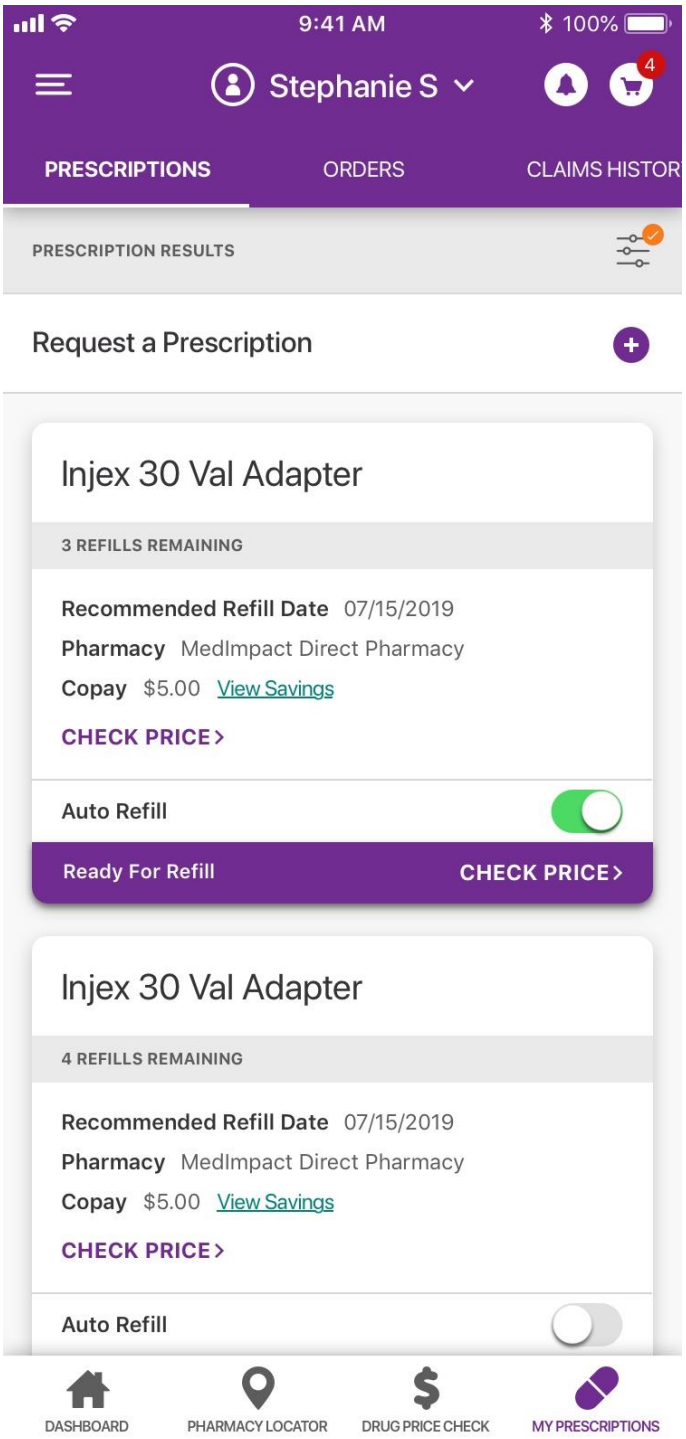

Figure 9: My Prescriptions by List of Prescriptions Screen

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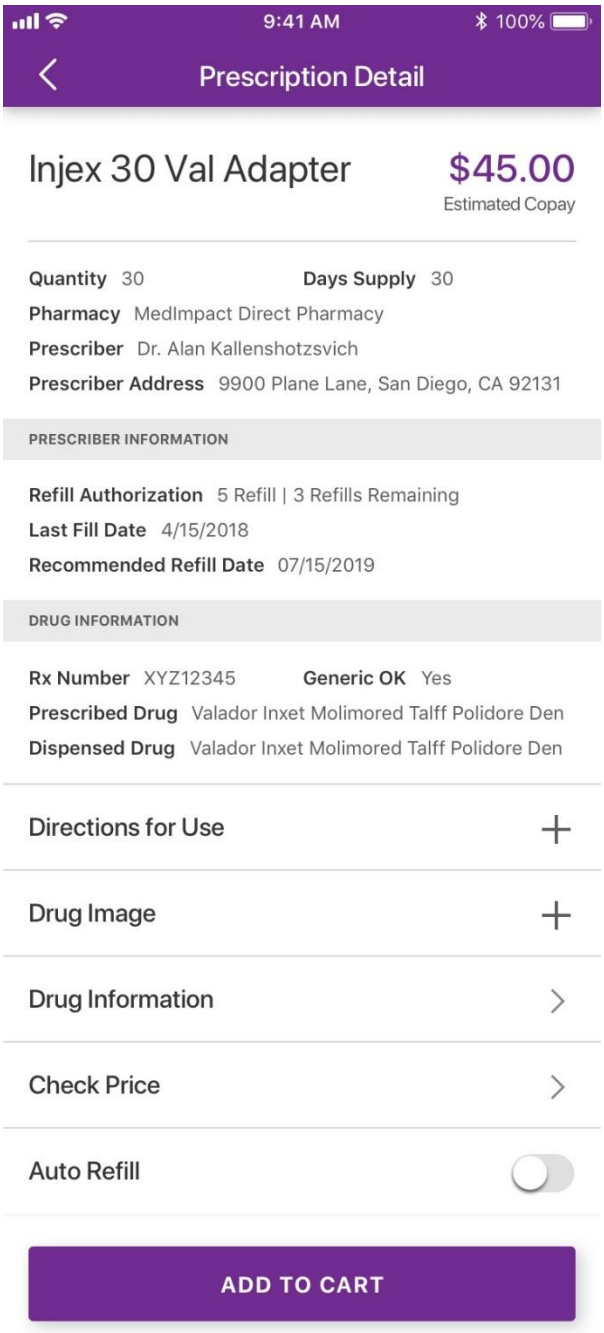

Figure 10: My Prescriptions – Prescription Detail Screen

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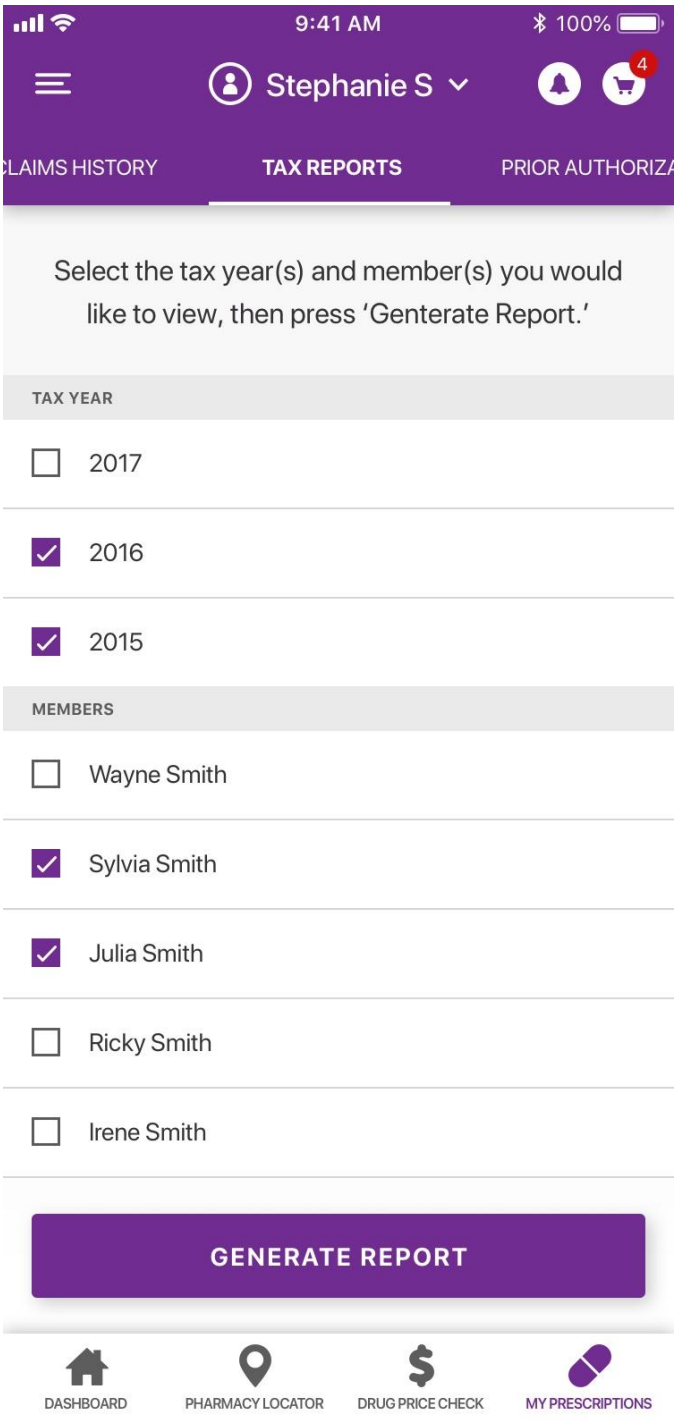

Figure 11: My Prescriptions Tax Reports

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6494300	PNEUMO	PNEUMO	801200	Vaccines	80120000	Vaccines	R	25 MCG/0	INJECTIO	SOLN	ML	0.5	SSB	5/6/2024	6			N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF AGE=2-18 YEARS AND QS	R	MEDPRMI
6494301	PNEUMO	PNEUMO	801200	Vaccines	80120000	Vaccines	R	25 MCG/0	INJECTIO	SOLN	ML	0.5	SSB	5/6/2024	6			N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF AGE=2-18 YEARS AND QS	R	MEDPRMI
6498100	RECOMBI	HEPATITI	801200	Vaccines	80120000	Vaccines	R	5 MCG/0.5	INJECTIO	SUSP	ML	0.5	SSB		6			N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF AGE=0-17 YEARS AND QS	R	MEDPRMI
6498101	RECOMBI	HEPATITI	801200	Vaccines	80120000	Vaccines	R	5 MCG/0.5	INJECTIO	SUSP	ML	0.5	SSB		6			N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF AGE=0-17 YEARS AND QS	R	MEDPRMI
6499200	RECOMBI	HEPATITI	801200	Vaccines	80120000	Vaccines	R	40 MCG/M	INJECTIO	SUSP	ML	1	SSB		6			N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF AGE=18-999 YEARS AND C	R	MEDPRMI
6499201	RECOMBI	HEPATITI	801200	Vaccines	80120000	Vaccines	R	40 MCG/M	INJECTIO	SUSP	ML	1	SSB		6			N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF AGE=18-999 YEARS AND C	R	MEDPRMI
6499500	RECOMBI	HEPATITI	801200	Vaccines	80120000	Vaccines	R	10 MCG/M	INJECTIO	SUSP	ML	1	SSB	2/10/2023	6			N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF AGE=11-15 YEARS AND QS	R	MEDPRMI
6499501	RECOMBI	HEPATITI	801200	Vaccines	80120000	Vaccines	R	10 MCG/M	INJECTIO	SUSP	ML	1	SSB	2/10/2023	6			N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF AGE=11-15 YEARS AND QS	R	MEDPRMI
6499541	RECOMBI	HEPATITI	801200	Vaccines	80120000	Vaccines	R	10 MCG/M	INJECTIO	SUSP	ML	1	SSB		6			N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF AGE=11-15 YEARS AND QS	R	MEDPRMI
6500301	PREVYMI	LETERMO	81892	Antivirals,	8189200	Antivirals,	R	240 MG/12	INTRAVE	SOLN	ML	12	SSB		6			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
6500302	PREVYMI	LETERMO	81892	Antivirals,	8189200	Antivirals,	R	240 MG/12	INTRAVE	SOLN	ML	12	SSB		6			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
6500401	PREVYMI	LETERMO	81892	Antivirals,	8189200	Antivirals,	R	480 MG/24	INTRAVE	SOLN	ML	24	SSB		6			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
6500402	PREVYMI	LETERMO	81892	Antivirals,	8189200	Antivirals,	R	480 MG/24	INTRAVE	SOLN	ML	24	SSB		6			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
6500701	DELSTRI	DORAVIR	81808	Antiretrovi	8180816	Nonnuclec	R	100MG-30	ORAL	TABS	EA	30 X	SSB		6			N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
6502801	VERQUV	VERICIGU	240810	UNKNOW	24081000	UNKNOW	R	2.5 MG	ORAL	TABS	EA	14 X	SSB		6			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X								R	MEDPRMI
6502802	VERQUV	VERICIGU	240810	UNKNOW	24081000	UNKNOW	R	2.5 MG	ORAL	TABS	EA	30 X	SSB		6			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X								R	MEDPRMI
6502803	VERQUV	VERICIGU	240810	UNKNOW	24081000	UNKNOW	R	2.5 MG	ORAL	TABS	EA	1 X	SSB		6			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X								R	MEDPRMI
6502804	VERQUV	VERICIGU	240810	UNKNOW	24081000	UNKNOW	R	2.5 MG	ORAL	TABS	EA	100 X	SSB		6			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X								R	MEDPRMI
6502901	VERQUV	VERICIGU	240810	UNKNOW	24081000	UNKNOW	R	5 MG	ORAL	TABS	EA	14 X	SSB		6			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X								R	MEDPRMI
6502902	VERQUV	VERICIGU	240810	UNKNOW	24081000	UNKNOW	R	5 MG	ORAL	TABS	EA	30 X	SSB		6			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X								R	MEDPRMI
6502903	VERQUV	VERICIGU	240810	UNKNOW	24081000	UNKNOW	R	5 MG	ORAL	TABS	EA	1 X	SSB		6			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X								R	MEDPRMI
6502904	VERQUV	VERICIGU	240810	UNKNOW	24081000	UNKNOW	R	5 MG	ORAL	TABS	EA	100 X	SSB		6			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X								R	MEDPRMI
6503001	VERQUV	VERICIGU	240810	UNKNOW	24081000	UNKNOW	R	10 MG	ORAL	TABS	EA	30 X	SSB		6			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X								R	MEDPRMI
6503002	VERQUV	VERICIGU	240810	UNKNOW	24081000	UNKNOW	R	10 MG	ORAL	TABS	EA	90 X	SSB		6			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X								R	MEDPRMI
6503003	VERQUV	VERICIGU	240810	UNKNOW	24081000	UNKNOW	R	10 MG	ORAL	TABS	EA	1 X	SSB		6			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X								R	MEDPRMI
6503004	VERQUV	VERICIGU	240810	UNKNOW	24081000	UNKNOW	R	10 MG	ORAL	TABS	EA	100 X	SSB		6			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X								R	MEDPRMI
6503301	ONTRUZA	TRASTUZ	100000	Antineopla	10000000	Antineopla	R	150 MG	INTRAVE	SOLR	EA	1	SSB	10/2/2023	6			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
6503302	ONTRUZA	TRASTUZ	100000	Antineopla	10000000	Antineopla	R	150 MG	INTRAVE	SOLR	EA	1	SSB	10/2/2023	6			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
6503401	ONTRUZA	TRASTUZ	100000	Antineopla	10000000	Antineopla	R	420 MG	INTRAVE	SOLR	EA	1	SSB	12/24/2022	6			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
6503402	ONTRUZA	TRASTUZ	100000	Antineopla	10000000	Antineopla	R	420 MG	INTRAVE	SOLR	EA	1	SSB	12/24/2022	6			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
6505506	LAGEVRI	MOLNUPI	81832	Nucleosid	8183200	Nucleosid	R	200 MG	ORAL	CAPS	EA	40	SSB	8/27/2024	6			N	FORMULARY		2 BRAND	PREFERRED BRAND			X	40 IN 29 DAYS				X	AGE_YEAMUST BE AT LEAST	R	MEDPRMI
6505509	LAGEVRI	MOLNUPI	81832	Nucleosid	8183200	Nucleosid	R	200 MG	ORAL	CAPS	EA	40	SSB		6			N	FORMULARY		2 BRAND	PREFERRED BRAND			X	40 IN 29 DAYS				X	AGE_YEAMUST BE AT LEAST	R	MEDPRMI
6508701	WINREVA	SOTATER	489200	Respirator	48920000	Respirator	R	2 X 45 MG	SUBCUTA	KIT	EA	1	SSB		6		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X								R	MEDPRMI
6508801	WINREVA	SOTATER	489200	Respirator	48920000	Respirator	R	2 X 60 MG	SUBCUTA	KIT	EA	1	SSB		6		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X								R	MEDPRMI
6509001	WINREVA	SOTATER	489200	Respirator	48920000	Respirator	R	45 MG	SUBCUTA	KIT	EA	1	SSB		6		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X								R	MEDPRMI
6509101	WINREVA	SOTATER	489200	Respirator	48920000	Respirator	R	60 MG	SUBCUTA	KIT	EA	1	SSB		6		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X								R	MEDPRMI
6533101	WELIREG	BELZUTIF	100000	Antineopla	10000000	Antineopla	R	40 MG	ORAL	TABS	EA	90	SSB		6			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X								R	MEDPRMI
6536303	STEGLAT	ERTUGLI	682018	UNKNOW	68201800	UNKNOW	R	5 MG	ORAL	TABS	EA	30 X	SSB		6			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
6536306	STEGLAT	ERTUGLI	682018	UNKNOW	68201800	UNKNOW	R	5 MG	ORAL	TABS	EA	90 X	SSB		6			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
6536307	STEGLAT	ERTUGLI	682018	UNKNOW	68201800	UNKNOW	R	5 MG	ORAL	TABS	EA	500 X	SSB	4/21/2023	6			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
6536403	STEGLAT	ERTUGLI	682018	UNKNOW	68201800	UNKNOW	R	15 MG	ORAL	TABS	EA	30 X	SSB		6			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
6536406	STEGLAT	ERTUGLI	682018	UNKNOW	68201800	UNKNOW	R	15 MG	ORAL	TABS	EA	90 X	SSB		6			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
6536407	STEGLAT	ERTUGLI	682018	UNKNOW	68201800	UNKNOW	R	15 MG	ORAL	TABS	EA	500 X	SSB	4/21/2023	6			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
6536703	STEGLUJ	ERTUGLI	682018	UNKNOW	68201800	UNKNOW	R	5MG-100M	ORAL	TABS	EA	30 X	SSB		6			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
6536706	STEGLUJ	ERTUGLI	682018	UNKNOW	68201800	UNKNOW	R	5MG-100M	ORAL	TABS	EA	90 X	SSB		6			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
6536803	STEGLUJ	ERTUGLI	682018	UNKNOW	68201800	UNKNOW	R	15MG-100	ORAL	TABS	EA	30 X	SSB		6			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
6536806	STEGLUJ	ERTUGLI	682018	UNKNOW	68201800	UNKNOW	R	15MG-100	ORAL	TABS	EA	90 X	SSB		6			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
6536903	SEGLURO	ERTUGLI	682018	UNKNOW	68201800	UNKNOW	R	2.5-500 M	ORAL	TABS	EA	60 X	SSB		6			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
6536906	SEGLURO	ERTUGLI	682018	UNKNOW	68201800	UNKNOW	R	2.5-500 M	ORAL	TABS	EA	180 X	SSB		6			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
6536907	SEGLURO	ERTUGLI	682018	UNKNOW	68201800	UNKNOW	R	2.5-500 M	ORAL	TABS	EA	500 X	SSB	4/21/2023	6			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
6537003	SEGLURO	ERTUGLI	682018	UNKNOW	68201800	UNKNOW	R	7.5MG-50	ORAL	TABS	EA	60 X	SSB		6			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
6537006	SEGLURO	ERTUGLI	682018	UNKNOW	68201800	UNKNOW	R	7.5MG-50	ORAL	TABS	EA	180 X	SSB		6			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
6537007	SEGLURO	ERTUGLI	682018	UNKNOW	68201800	UNKNOW	R	7.5-500 M	ORAL	TABS	EA	500 X	SSB	4/21/2023	6			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
6537303	SEGLURO	ERTUGLI	682018	UNKNOW	68201800	UNKNOW	R	2.5-1000 M	ORAL	TABS	EA	60 X	SSB		6			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
6537306	SEGLURO	ERTUGLI	682018	UNKNOW	68201800	UNKNOW	R	2.5-1000 M	ORAL	TABS	EA	180 X	SSB		6			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
6537307	SEGLURO	ERTUGLI	682018	UNKNOW	68201800	UNKNOW	R	2.5-1000 M	ORAL	TABS	EA	500 X	SSB	4/21/2023	6			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
6537403	SEGLURO	ERTUGLI	682018	UNKNOW	68201800	UNKNOW	R	7.5-1000 M	ORAL	TABS	EA	60 X	SSB		6			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
6537406	SEGLURO	ERTUGLI	682018	UNKNOW	68201800	UNKNOW	R	7.5-1000 M	ORAL	TABS	EA	180 X	SSB		6			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
6537407	SEGLURO	ERTUGLI	682018	UNKNOW	68201800	UNKNOW	R	7.5-1000 M	ORAL	TABS	EA	500 X	SSB	4/21/2023	6			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
6542302	BRIDION	SUGAMM	910412	UNKNOW	91041200	UNKNOW	R	200 MG/2	INTRAVE	SOLN	ML	2	SSB		6			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
6542312	BRIDION	SUGAMM	910412	UNKNOW	91041200	UNKNOW	R	200 MG/2	INTRAVE	SOLN	ML	2	SSB		6			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
6542402	ANTIVENI	ANTIVENI	800400	Serums	80040000	Serums	R	0-0	INJECTIO	KIT	EA	1	SSB		6			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
6542505	BRIDION	SUGAMM	910412	UNKNOW	91041200	UNKNOW	R	500 MG/5	INTRAVE	SOLN	ML	5	SSB		6			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
6542515	BRIDION	SUGAMM	910412	UNKNOW	91041200	UNKNOW	R	500 MG/5	INTRAVE	SOLN	ML	5	SSB		6			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
6672268	SINEMET	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	10-100 MG	ORAL	TABS	EA	100 X	MSB	3/16/2022	6			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
6672468	SINEMET	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MG	ORAL	TABS	EA	100 X	MSB	3/16/2022	6			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
6911731	SINGULA	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	30 X	MSB	2/14/2022	6	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
6911754	SINGULA	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	90 X	MSB	2/14/2022	6	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
6927531	SINGULA	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	5 MG	ORAL	CHEW	EA	30 X	MSB	2/14/2022	6	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
7337313	COREG C	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	CP24	EA	30 X	MSB	11/7/2022	7	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS						R	MEDPRMI
7338313	COREG C	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	CP24	EA	30 X	MSB	11/7/2022	7			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS						R	MEDPRMI
7338513	COREG C	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	CP24	EA	30 X	MSB	11/7/2022	7			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS						R	MEDPRMI
7338713	COREG C	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	40 MG	ORAL	CP24	EA	30 X	MSB	11/7/2022	7			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS						R	MEDPRMI
7413920	COREG	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	3.125 MG	ORAL	TABS	EA	100 X	MSB	7/1/2023	7	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
7414020	COREG	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	100 X	MSB	7/1/2023	7	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
7414120	COREG	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	100 X	MSB	7/1/2023	7	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
7414220	COREG	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	100 X	MSB	7/1/2023	7	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
7508804	TAZICEF	CEFTAZID	81206	Cephalosp	8120612	Third Gen	R	1GM/50ML	INTRAVE	SOLN	ML	50	SSB		7			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
8010001	BESPONS	INOTUZU	100000	Antineopla	10000000	Antineopla	R	0.9 MG	INTRAVE	SOLR	EA	1	SSB		8			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
8042301	ANTIVENI	ANTIVENI	800400	Serums	80040000	Serums	R	0	INTRAVE	SOLR	EA	1	SSB		8			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
8042303	ANTIVENI	ANTIVENI	800400	Serums	80040000	Serums	R	0	INTRAVE	SOLR	EA	1	SSB		8			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
8083321	EFFEXOR	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	30 X	MSB		8	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
8083322	EFFEXOR	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	90 X	MSB		8	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
8083621	EFFEXOR	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	30 X	MSB		8	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
8083622	EFFEXOR	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	90 X	MSB		8	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
8083721	EFFEXOR	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	30 X	MSB	7/17/2024	8	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
8083722	EFFEXOR	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	90 X	MSB	7/17/2024	8	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
8084181	PROTONI	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40MG	ORAL	TBEC	EA	90 X	MSB		8	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
8084381	PROTONI	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	20MG	ORAL	TBEC	EA	90 X	MSB		8	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
8084401	PROTONI	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	PACK	EA	1 X	MSB		8			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						X	Must meet 5 DS Cvs TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZ			R	MEDPRMI
8084402	PROTONI	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	PACK	EA	30 X	MSB		8			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						X	Must meet 5 DS Cvs TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZ			R	MEDPRMI
8092351	PROTONI	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	INTRAVE	SOLR	EA	1	MSB		8	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
8092355	PROTONI	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	INTRAVE	SOLR	EA	1	MSB		8	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
8092360	PROTONI	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	INTRAVE	SOLR	EA	1	MSB		8	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
8103004	RAPAMUN	SIROLIMU	902824	UNKNOW	90282492	UNKNOW	S	1 MG/ML	ORAL	SOLN	ML	60 X	SSB		8	Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND										R	MEDPRMI
8103006	RAPAMUN	SIROLIMU	902824	UNKNOW	90282492	UNKNOW	S	1 MG/ML	ORAL	SOLN	ML	60 X	SSB		8	Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND										R	MEDPRMI
8104005	RAPAMUN	SIROLIMU	902824	UNKNOW	90282492	UNKNOW	S	0.5 MG	ORAL	TABS	EA	100 X	SSB	12/4/2024	8	Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND										R	MEDPRMI
8104010	RAPAMUN	SIROLIMU	902824	UNKNOW	90282492	UNKNOW	S	0.5 MG	ORAL	TABS	EA	100 X	SSB		8	Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND										R	MEDPRMI
8104105	RAPAMUN	SIROLIMU	902824	UNKNOW	90282492	UNKNOW	S	1 MG	ORAL	TABS	EA	100 X	SSB		8	Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND										R	MEDPRMI
8104110	RAPAMUN	SIROLIMU	902824	UNKNOW	90282492	UNKNOW	S	1 MG	ORAL	TABS	EA	100 X	SSB	12/4/2024	8	Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND										R	MEDPRMI
8104205	RAPAMUN	SIROLIMU	902824	UNKNOW	90282492	UNKNOW	S	2 MG	ORAL	TABS	EA	100 X	SSB		8	Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND										R	MEDPRMI
8112312	DUAVEE	CONJUGA	681612	Estrogen /	68161200	Estrogen /	R	20MG-.45	ORAL	TABS	EA	30 X	SSB		8			N	FORMULARY		2 BRAND	PREFERRED BRAND										R	MEDPRMI
8117901	TORISEL	TEMSIRO	100000	Antineopla	10000000	Antineopla	S	25 MG/ML	INTRAVE	SOLN	ML	1	MSB		8	Y		N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION										R	MEDPRMI
8121030	PRISTIQ	DESVENL	281604	Antidepres	28160416	UNKNOW	S	25 MG	ORAL	TB24	EA	30 X	MSB		8	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
8121101	PRISTIQ	DESVENL	281604	Antidepres	28160416	UNKNOW	S	50 MG	ORAL	TB24	EA	90 X	MSB		8	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
8121114	PRISTIQ	DESVENL	281604	Antidepres	28160416	UNKNOW	S	50 MG	ORAL	TB24	EA	14 X	MSB		8	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
8121130	PRISTIQ	DESVENL	281604	Antidepres	28160416	UNKNOW	S	50 MG	ORAL	TB24	EA	30 X	MSB		8	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
8121150	PRISTIQ	DESVENL	281604	Antidepres	28160416	UNKNOW	S	50 MG	ORAL	TB24	EA	10 X	MSB		8	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
8122201	PRISTIQ	DESVENL	281604	Antidepres	28160416	UNKNOW	S	100 MG	ORAL	TB24	EA	90 X	MSB		8	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
8122214	PRISTIQ	DESVENL	281604	Antidepres	28160416	UNKNOW	S	100 MG	ORAL	TB24	EA	14 X	MSB		8	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
8122230	PRISTIQ	DESVENL	281604	Antidepres	28160416	UNKNOW	S	100 MG	ORAL	TB24	EA	30 X	MSB		8	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
8400101	PROTONI	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	INTRAVE	SOLR	EA	1	MSB		8	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
8400110	PROTONI	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	INTRAVE	SOLR	EA	1	MSB		8	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
8400125	PROTONI	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	INTRAVE	SOLR	EA	1	MSB		8	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
8411701	TRECATO	ETHIONA	81604	Antituberc	8160400	Antituberc	R	250MG	ORAL	TABS	EA	100	SSB		8			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND										R	MEDPRMI
8451001	MYLOTAR	GEMTUZU	100000	Antineopla	10000000	Antineopla	R	4.5 MG	INTRAVE	SOLR	EA	1	SSB		8			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
8499019	TYGACIL	TIGECYC	81224	Tetracyclir	8122412	Glycylcycl	S	50MG	INTRAVE	SOLR	EA	1	MSB		8	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
8499020	TYGACIL	TIGECYC	81224	Tetracyclir	8122412	Glycylcycl	S	50MG	INTRAVE	SOLR	EA	1	MSB		8	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
8499419	TYGACIL	TIGECYC	81224	Tetracyclir	8122412	Glycylcycl	S	50MG	INTRAVE	SOLR	EA	1	MSB		8	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
8499420	TYGACIL	TIGECYC	81224	Tetracyclir	8122412	Glycylcycl	S	50MG	INTRAVE	SOLR	EA	1	MSB		8	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9000302	SOLU-ME	METHYLP	680400	Adrenals	68040000	Adrenals	R	500 MG	INJECTIO	SOLR	EA	1	SSB		9			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
9000501	SOLU-CO	HYDROC	680400	Adrenals	68040000	Adrenals	R	1000MG	INJECTIO	SOLR	EA	1	SSB		9			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
9001103	SOLU-CO	HYDROC	680400	Adrenals	68040000	Adrenals	S	100 MG	INJECTIO	SOLR	EA	1	MSB		9		Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9001104	SOLU-CO	HYDROC	680400	Adrenals	68040000	Adrenals	S	100 MG	INJECTIO	SOLR	EA	1	MSB		9		Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9001201	CORTEF	HYDROC	680400	Adrenals	68040000	Adrenals	S	5MG	ORAL	TABS	EA	50	MSB		9	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9001305	SOLU-CO	HYDROC	680400	Adrenals	68040000	Adrenals	R	250MG	INJECTIO	SOLR	EA	1	SSB		9			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
9001306	SOLU-CO	HYDROC	680400	Adrenals	68040000	Adrenals	R	250MG	INJECTIO	SOLR	EA	1	SSB		9			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
9001612	SOLU-CO	HYDROC	680400	Adrenals	68040000	Adrenals	R	500MG	INJECTIO	SOLR	EA	1	SSB		9			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
9001755	HALCION	TRIAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	.25MG	ORAL	TABS	EA	100	MSB		9	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9001758	HALCION	TRIAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	.25MG	ORAL	TABS	EA	10	MSB		9	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9001820	SOLU-ME	METHYLP	680400	Adrenals	68040000	Adrenals	R	1000 MG	INJECTIO	SOLR	EA	1	SSB		9			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
9002001	MEDROL	METHYLP	680400	Adrenals	68040000	Adrenals	R	2 MG	ORAL	TABS	EA	100	SSB		9			N	FORMULARY		2 BRAND	PREFERRED BRAND										R	MEDPRMI
9002201	MEDROL	METHYLP	680400	Adrenals	68040000	Adrenals	S	8MG	ORAL	TABS	EA	25	MSB		9	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9002901	XANAX	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	100	MSB		9	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9002902	XANAX	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	500	MSB		9	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9003101	CORTEF	HYDROC	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	100	MSB		9	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9003905	SOLU-ME	METHYLP	680400	Adrenals	68040000	Adrenals	R	40 MG	INJECTIO	SOLR	EA	1	SSB		9			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
9003906	SOLU-ME	METHYLP	680400	Adrenals	68040000	Adrenals	R	40 MG	INJECTIO	SOLR	EA	1	SSB		9			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
9003928	SOLU-ME	METHYLP	680400	Adrenals	68040000	Adrenals	R	40 MG	INJECTIO	SOLR	EA	1	SSB		9			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
9003930	SOLU-ME	METHYLP	680400	Adrenals	68040000	Adrenals	R	40 MG	INJECTIO	SOLR	EA	1	SSB		9			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
9003932	SOLU-ME	METHYLP	680400	Adrenals	68040000	Adrenals	R	40 MG	INJECTIO	SOLR	EA	1	SSB		9			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
9003933	SOLU-ME	METHYLP	680400	Adrenals	68040000	Adrenals	R	40 MG	INJECTIO	SOLR	EA	1	SSB		9			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
9004401	CORTEF	HYDROC	680400	Adrenals	68040000	Adrenals	S	20MG	ORAL	TABS	EA	100	MSB		9	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9004703	SOLU-ME	METHYLP	680400	Adrenals	68040000	Adrenals	R	125 MG	INJECTIO	SOLR	EA	1	SSB		9			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
9004704	SOLU-ME	METHYLP	680400	Adrenals	68040000	Adrenals	R	125 MG	INJECTIO	SOLR	EA	1	SSB		9			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
9004722	SOLU-ME	METHYLP	680400	Adrenals	68040000	Adrenals	R	125 MG	INJECTIO	SOLR	EA	1	SSB		9			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
9004725	SOLU-ME	METHYLP	680400	Adrenals	68040000	Adrenals	R	125 MG	INJECTIO	SOLR	EA	1	SSB		9			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
9004726	SOLU-ME	METHYLP	680400	Adrenals	68040000	Adrenals	R	125 MG	INJECTIO	SOLR	EA	1	SSB		9			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
9004727	SOLU-ME	METHYLP	680400	Adrenals	68040000	Adrenals	R	125 MG	INJECTIO	SOLR	EA	1	SSB		9			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
9005101	PROVERA	MEDROX	683200	Progestins	68320000	Progestins	S	10 MG	ORAL	TABS	EA	100 X	MSB		9			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9005501	XANAX	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	100	MSB		9	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9005503	XANAX	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	500	MSB		9	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9005602	MEDROL	METHYLP	680400	Adrenals	68040000	Adrenals	S	4MG	ORAL	TABS	EA	100	MSB		9	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9005604	MEDROL	METHYLP	680400	Adrenals	68040000	Adrenals	S	4MG	ORAL	TBPK	EA	21	MSB		9	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9005707	XANAX XR	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TB24	EA	60	MSB		9	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9005907	XANAX XR	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TB24	EA	60	MSB		9	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9006501	PROVERA	MEDROX	683200	Progestins	68320000	Progestins	S	2.5 MG	ORAL	TABS	EA	100 X	MSB		9	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9006607	XANAX XR	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TB24	EA	60	MSB		9	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9006807	XANAX XR	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	3 MG	ORAL	TB24	EA	60	MSB		9	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9007301	MEDROL	METHYLP	680400	Adrenals	68040000	Adrenals	S	16MG	ORAL	TABS	EA	50	MSB		9	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9008202	CAMPTOS	IRINOTEC	100000	Antineopla	10000000	Antineopla	S	300 MG/15	INTRAVE	SOLN	ML	15	MSB		9			N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION										R	MEDPRMI
9008510	DEPO-TE	TESTOST	680800	Androgens	68080000	Androgens	S	100 MG/M	INTRAMU	SOLN	ML	10 X	MSB		9	Y	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION	X	PA:X								R	MEDPRMI
9008601	DEPO-TE	TESTOST	680800	Androgens	68080000	Androgens	S	200 MG/M	INTRAMU	SOLN	ML	1 X	GENERIC		9	Y	Y	N	FORMULARY		1 GEN	GENERICS	X	PA:X								R	MEDPRMI
9008610	DEPO-TE	TESTOST	680800	Androgens	68080000	Androgens	S	200 MG/M	INTRAMU	SOLN	ML	10 X	GENERIC		9	Y	Y	N	FORMULARY		1 GEN	GENERICS	X	PA:X								R	MEDPRMI
9009001	XANAX	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	100	MSB		9	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9009004	XANAX	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	500	MSB		9	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9009401	XANAX	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	100	MSB		9	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9010404	LINCOCIN	LINCOMY	81228	Antibacter	8122820	Lincomyci	S	300 MG/M	INJECTIO	SOLN	ML	2	MSB		9	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9010704	LINCOCIN	LINCOMY	81228	Antibacter	8122820	Lincomyci	S	300 MG/M	INJECTIO	SOLN	ML	10	MSB		9			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9017601	MEDROL	METHYLP	680400	Adrenals	68040000	Adrenals	S	32 MG	ORAL	TABS	EA	25	MSB	1/11/2022	9	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9021501	PROSTIN	ALPROST	240816	Central Al	24081600	Central Al	S	500 MCG/	INJECTIO	SOLN	ML	1	MSB		9			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9021505	PROSTIN	ALPROST	240816	Central Al	24081600	Central Al	S	500 MCG/	INJECTIO	SOLN	ML	1	MSB		9			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9022502	CLEOCIN	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	100	MSB		9	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9026001	COLESTI	COLESTIF	240604	Bile Acid S	24060400	Bile Acid S	S	5 GM	ORAL	PACK	EA	30 X	MSB	6/5/2023	9	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9026002	COLESTI	COLESTIF	240604	Bile Acid S	24060400	Bile Acid S	S	5 GM	ORAL	GRAN	GM	500 X	MSB		9	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9026004	COLESTI	COLESTIF	240604	Bile Acid S	24060400	Bile Acid S	S	5 GM	ORAL	PACK	EA	90 X	MSB	11/17/2023	9	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9026017	COLESTI	COLESTIF	240604	Bile Acid S	24060400	Bile Acid S	S	5 GM	ORAL	GRAN	GM	300 X	MSB		9	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9027101	DEPO-ES	ESTRADI	681604	Estrogens	68160400	Estrogens	R	5 MG/ML	INTRAMU	OIL	ML	5	SSB		9		Y	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND										R	MEDPRMI
9027401	DEPO-ME	METHYLP	680400	Adrenals	68040000	Adrenals	R	20 MG/ML	INJECTIO	SUSP	ML	5	SSB		9			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
9028002	DEPO-ME	METHYLP	680400	Adrenals	68040000	Adrenals	S	40 MG/ML	INJECTIO	SUSP	ML	5	MSB		9	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9028003	DEPO-ME	METHYLP	680400	Adrenals	68040000	Adrenals	S	40 MG/ML	INJECTIO	SUSP	ML	10	MSB		9	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9028051	DEPO-ME	METHYLP	680400	Adrenals	68040000	Adrenals	S	40 MG/ML	INJECTIO	SUSP	ML	5	MSB		9	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9028052	DEPO-ME	METHYLP	680400	Adrenals	68040000	Adrenals	S	40 MG/ML	INJECTIO	SUSP	ML	10	MSB		9	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9028301	GELFILM	GELATIN	202816	Hemostati	20281600	Hemostati	R	0	EXTERNA	FILM	EA	1	SSB		9			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
9028701	PROVERA	MEDROX	683200	Progestins	68320000	Progestins	S	5 MG	ORAL	TABS	EA	100 X	MSB		9	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9029701	GELFILM	GELATIN	202816	Hemostati	20281600	Hemostati	R	0	OPHTHAL	FILM	EA	6	SSB		9			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND										R	MEDPRMI
9029703	GELFILM	GELATIN	202816	Hemostati	20281600	Hemostati	R	0	OPHTHAL	FILM	EA	6	SSB		9			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND										R	MEDPRMI
9030602	DEPO-ME	METHYLP	680400	Adrenals	68040000	Adrenals	S	80 MG/ML	INJECTIO	SUSP	ML	5	MSB		9	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9030612	DEPO-ME	METHYLP	680400	Adrenals	68040000	Adrenals	S	80 MG/ML	INJECTIO	SUSP	ML	5	MSB		9	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9031508	GELFOAM	GELATIN	202816	Hemostati	20281600	Hemostati	R	0	EXTERNA	MISC	EA	12	SSB		9	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
9032301	GELFOAM	GELATIN	202816	Hemostati	20281600	Hemostati	R	0	EXTERNA	MISC	EA	4	SSB		9	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
9033102	CLEOCIN	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	75 MG	ORAL	CAPS	EA	100	MSB		9	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9034101	GLYNASE	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	1.5 MG	ORAL	TABS	EA	100 X	MSB	11/30/2023	9	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9034201	GELFOAM	GELATIN	202816	Hemostati	20281600	Hemostati	R	0	EXTERNA	MISC	EA	6	SSB		9	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
9034702	DEPO-TE	TESTOST	680800	Androgens	68080000	Androgens	S	100 MG/M	INTRAMU	SOLN	ML	10 X	MSB		9	Y	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION	X	PA:X								R	MEDPRMI
9034903	GELFOAM	GELATIN	202816	Hemostati	20281600	Hemostati	R	0	EXTERNA	MISC	EA	6	SSB		9			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
9035201	GLYNASE	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	3 MG	ORAL	TABS	EA	100 X	MSB	11/30/2023	9	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9035204	GLYNASE	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	3 MG	ORAL	TABS	EA	1000 X	MSB	1/20/2022	9	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9035301	GELFOAM	GELATIN	202816	Hemostati	20281600	Hemostati	R	0	EXTERNA	MISC	EA	6	SSB		9	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
9037003	COLESTI	COLESTIF	240604	Bile Acid S	24060400	Bile Acid S	S	5 GM	ORAL	PACK	EA	60 X	MSB	4/30/2024	9			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9037005	COLESTI	COLESTIF	240604	Bile Acid S	24060400	Bile Acid S	S	5 GM	ORAL	GRAN	GM	450 X	MSB	3/1/2024	9	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9039514	CLEOCIN	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	100	MSB		9	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9039604	GELFOAM	GELATIN	202816	Hemostati	20281600	Hemostati	R	0	EXTERNA	MISC	EA	2	SSB		9			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
9039605	GELFOAM	GELATIN	202816	Hemostati	20281600	Hemostati	R	0	EXTERNA	MISC	EA	2	SSB		9			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
9041701	DEPO-TE	TESTOST	680800	Androgens	68080000	Androgens	S	200 MG/M	INTRAMU	SOLN	ML	1 X	GENERIC		9	Y	Y	N	FORMULARY		1 GEN	GENERICS	X	PA:X								R	MEDPRMI
9041702	DEPO-TE	TESTOST	680800	Androgens	68080000	Androgens	S	200 MG/M	INTRAMU	SOLN	ML	10 X	GENERIC		9	Y	Y	N	FORMULARY		1 GEN	GENERICS	X	PA:X								R	MEDPRMI
9043304	GELFOAM	GELATIN	202816	Hemostati	20281600	Hemostati	R	0	MOUTH/T	POWD	GM	1	SSB		9	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
9043601	R-GENE 1	ARGININE	366600	Pituitary F	36660000	Pituitary F	R	10%	INTRAVE	SOLN	ML	300	SSB		9			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
9045003	COLESTI	COLESTIF	240604	Bile Acid S	24060400	Bile Acid S	S	1 GM	ORAL	TABS	EA	120 X	MSB		9	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9055501	LINCOCIN	LINCOMY	81228	Antibacter	8122820	Lincomyci	S	300 MG/M	INJECTIO	SOLN	ML	2	MSB	8/18/2023	9	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9055502	LINCOCIN	LINCOMY	81228	Antibacter	8122820	Lincomyci	S	300 MG/M	INJECTIO	SOLN	ML	10	MSB	4/24/2023	9	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9069801	SOLU-ME	METHYLP	680400	Adrenals	68040000	Adrenals	S	1000 MG	INJECTIO	SOLR	EA	1	MSB		9	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9069802	SOLU-ME	METHYLP	680400	Adrenals	68040000	Adrenals	S	1000 MG	INJECTIO	SOLR	EA	1	MSB		9	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9072805	CLEOCIN	CLINDAM	81228	Antibacter	8122820	Lincomyci	R	9 GM/60M	INJECTIO	SOLN	ML	60	SSB		9	Y		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
9072809	CLEOCIN	CLINDAM	81228	Antibacter	8122820	Lincomyci	R	9 GM/60M	INJECTIO	SOLN	ML	60	SSB		9	Y		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
9074630	DEPO-PR	MEDROX	683200	Progestins	68320000	Progestins	S	150 MG/M	INTRAMU	SUSP	ML	1	MSB		9	Y	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 84 DAYS						R	MEDPRMI
9074635	DEPO-PR	MEDROX	683200	Progestins	68320000	Progestins	S	150 MG/M	INTRAMU	SUSP	ML	1	MSB		9	Y	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 84 DAYS						R	MEDPRMI
9075801	SOLU-ME	METHYLP	680400	Adrenals	68040000	Adrenals	S	500 MG	INJECTIO	SOLR	EA	1	MSB		9			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9076004	CLEOCIN	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	75 MG/5M	ORAL	SOLR	ML	100	MSB		9	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9077520	CLEOCIN	CLINDAM	81228	Antibacter	8122820	Lincomyci	R	600 MG/4	INJECTIO	SOLN	ML	4	SSB		9	Y		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
9077526	CLEOCIN	CLINDAM	81228	Antibacter	8122820	Lincomyci	R	600 MG/4	INJECTIO	SOLN	ML	4	SSB		9	Y		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
9082501	SOLU-CO	HYDROC	680400	Adrenals	68040000	Adrenals	S	100 MG	INJECTIO	SOLR	EA	1	MSB		9		Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9085001	SOLU-ME	METHYLP	680400	Adrenals	68040000	Adrenals	R	2 GM	INJECTIO	SOLR	EA	1	SSB		9			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
9085605	HEMABAT	CARBOPR	760000	Oxytocics	76000000	Oxytocics	S	250 MCG/	INTRAMU	SOLN	ML	1	MSB		9			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9085608	HEMABAT	CARBOPR	760000	Oxytocics	76000000	Oxytocics	S	250 MCG/	INTRAMU	SOLN	ML	1	MSB		9			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9087021	CLEOCIN	CLINDAM	81228	Antibacter	8122820	Lincomyci	R	300 MG/2	INJECTIO	SOLN	ML	2	SSB		9	Y		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
9087026	CLEOCIN	CLINDAM	81228	Antibacter	8122820	Lincomyci	R	300 MG/2	INJECTIO	SOLN	ML	2	SSB		9	Y		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
9090106	CLEOCIN	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	900 MG/6	INJECTIO	SOLN	ML	6	MSB	2/7/2022	9	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9090125	CLEOCIN	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	900 MG/6	INJECTIO	SOLN	ML	6	MSB	2/7/2022	9	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9090211	CLEOCIN	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	900 MG/6	INJECTIO	SOLN	ML	6	MSB		9	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9090218	CLEOCIN	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	900 MG/6	INJECTIO	SOLN	ML	6	MSB		9	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9104001	GEL-FLO	GELATIN	202816	Hemostati	20281600	Hemostati	R	0	EXTERNA	PRSY	EA	1	SSB		9			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
9104006	GEL-FLO	GELATIN	202816	Hemostati	20281600	Hemostati	R	0	EXTERNA	PRSY	EA	1	SSB		9			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
9225001	GEL-FLO	GELATIN	202816	Hemostati	20281600	Hemostati	R	0-5000UN	EXTERNA	KIT	EA	1	SSB		9			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND										R	MEDPRMI
9305101	CLEOCIN	CLINDAM	81228	Antibacter	8122820	Lincomyci	R	300 MG/2	INJECTIO	SOLN	ML	2	SSB		9	Y		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
9305102	CLEOCIN	CLINDAM	81228	Antibacter	8122820	Lincomyci	R	300 MG/2	INJECTIO	SOLN	ML	2	SSB		9	Y		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
9307301	DEPO-ME	METHYLP	680400	Adrenals	68040000	Adrenals	S	40 MG/ML	INJECTIO	SUSP	ML	1	MSB		9	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9307303	DEPO-ME	METHYLP	680400	Adrenals	68040000	Adrenals	S	40 MG/ML	INJECTIO	SUSP	ML	1	MSB		9	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9307322	DEPO-ME	METHYLP	680400	Adrenals	68040000	Adrenals	S	40 MG/ML	INJECTIO	SUSP	ML	1	MSB		9	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9307323	DEPO-ME	METHYLP	680400	Adrenals	68040000	Adrenals	S	40 MG/ML	INJECTIO	SUSP	ML	1	MSB		9	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9316901	PROSTIN	ALPROST	240816	Central Al	24081600	Central Al	S	500 MCG/	INJECTIO	SOLN	ML	1	MSB		9			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9316906	PROSTIN	ALPROST	240816	Central Al	24081600	Central Al	S	500 MCG/	INJECTIO	SOLN	ML	1	MSB		9			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9332901	CLEOCIN	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1%	EXTERNA	LOTN	ML	60	MSB		9	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9335901	PREPIDIL	DINOPRO	760000	Oxytocics	76000000	Oxytocics	R	0.5 MG/3G	VAGINAL	GEL	GM	3	SSB		9			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND										R	MEDPRMI
9344801	CLEOCIN	CLINDAM	840404	Antibacter	84040400	Antibacter	S	2%	VAGINAL	CREA	GM	40	MSB		9	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9344901	GLYNASE	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	6 MG	ORAL	TABS	EA	100 X	MSB	11/30/2023	9	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9344903	GLYNASE	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	6 MG	ORAL	TABS	EA	500 X	MSB	11/30/2023	9	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI

9347501	DEPO-ME	METHYLF	680400 Adrenals	68040000 Adrenals	S	80 MG/ML	INJECTIO	SUSP	ML	1		MSB		9	Y		N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9347503	DEPO-ME	METHYLF	680400 Adrenals	68040000 Adrenals	S	80 MG/ML	INJECTIO	SUSP	ML	1		MSB		9	Y		N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9370105	CAVERJE	ALPROST	240816 Central Al	24081600 Central Al	R	20 MCG	INTRACA	SOLR	EA	1		SSB		9		Y	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND			X	1 IN 5 DAYS						R	MEDPRMI
9370108	CAVERJE	ALPROST	240816 Central Al	24081600 Central Al	R	20 MCG	INTRACA	SOLR	EA	1		SSB		9		Y	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND			X	1 IN 5 DAYS						R	MEDPRMI
9379401	CORVER	IBUTILIDE	240404 Antiarrhyt	24040420 Class III A	S	1 MG/10M	INTRAVEI	SOLN	ML	10		MSB		9	Y		N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9379422	CORVER	IBUTILIDE	240404 Antiarrhyt	24040420 Class III A	S	1 MG/10M	INTRAVEI	SOLN	ML	10		MSB		9	Y		N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9407303	CLEOCIN	CLINDAM	81228 Antibacter	8122820 Lincomyci	R	600 MG/4I	INJECTIO	SOLN	ML	4		SSB		9	Y		N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
9407304	CLEOCIN	CLINDAM	81228 Antibacter	8122820 Lincomyci	R	600 MG/4I	INJECTIO	SOLN	ML	4		SSB		9	Y		N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
9454102	DETROL	TOLTERC	861204 UNKNOW	86120400 UNKNOW	S	1 MG	ORAL	TABS	EA	60	X	MSB		9	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9454402	DETROL	TOLTERC	861204 UNKNOW	86120400 UNKNOW	S	2 MG	ORAL	TABS	EA	60	X	MSB		9	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9470913	DEPO-SU	MEDROX	683200 Progestins	68320000 Progestins	R	104 MG/0.	SUBCUTA	SUSY	ML	0.65		SSB		9		Y	N	#N/A	ORIG_FR	10	EHB	#N/A			X	0.65 IN 84 DAYS				X	IF DS LIMIT=90 THEN $0 COP	R	MEDPRMI
9499201	ZYVOX	LINEZOLI	81228 Antibacter	8122824 Oxazolidin	S	600 MG/3(	INTRAVEI	SOLN	ML	300		MSB		9	Y		N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9499202	ZYVOX	LINEZOLI	81228 Antibacter	8122824 Oxazolidin	S	600 MG/3(	INTRAVEI	SOLN	ML	300		MSB		9	Y		N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9509101	ELLENCE	EPIRUBIC	100000 Antineopla	10000000 Antineopla	R	50 MG/25I	INTRAVEI	SOLN	ML	25		SSB		9	Y		N	EXCLUDE	SELF_INJ	6	SPBD2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
9509301	ELLENCE	EPIRUBIC	100000 Antineopla	10000000 Antineopla	R	200 MG/1(	INTRAVEI	SOLN	ML	100		SSB		9	Y		N	EXCLUDE	SELF_INJ	6	SPBD2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
9509505	CLEOCIN	CLINDAM	81228 Antibacter	8122820 Lincomyci	S	900 MG/6I	INJECTIO	SOLN	ML	6		MSB		9	Y		N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9509506	CLEOCIN	CLINDAM	81228 Antibacter	8122820 Lincomyci	S	900 MG/6I	INJECTIO	SOLN	ML	6		MSB		9	Y		N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9513601	ZYVOX	LINEZOLI	81228 Antibacter	8122824 Oxazolidin	S	100 MG/5I	ORAL	SUSR	ML	150		MSB		9	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9513604	ZYVOX	LINEZOLI	81228 Antibacter	8122824 Oxazolidin	S	100 MG/5I	ORAL	SUSR	ML	150		MSB		9			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9513704	ZYVOX	LINEZOLI	81228 Antibacter	8122824 Oxazolidin	R	200 MG/1(	INTRAVEI	SOLN	ML	100		SSB		9			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
9513802	ZYVOX	LINEZOLI	81228 Antibacter	8122824 Oxazolidin	S	600MG	ORAL	TABS	EA	20		MSB		9	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9513803	ZYVOX	LINEZOLI	81228 Antibacter	8122824 Oxazolidin	S	600MG	ORAL	TABS	EA	30		MSB		9	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9514001	ZYVOX	LINEZOLI	81228 Antibacter	8122824 Oxazolidin	S	600 MG/3(	INTRAVEI	SOLN	ML	300		MSB		9	Y		N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9514004	ZYVOX	LINEZOLI	81228 Antibacter	8122824 Oxazolidin	S	600 MG/3(	INTRAVEI	SOLN	ML	300		MSB		9	Y		N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9518101	CAVERJE	ALPROST	240816 Central Al	24081600 Central Al	R	10 MCG	INTRACA	KIT	EA	1		SSB		9		Y	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND			X	1 IN 5 DAYS						R	MEDPRMI
9518110	CAVERJE	ALPROST	240816 Central Al	24081600 Central Al	R	10 MCG	INTRACA	KIT	EA	1		SSB		9		Y	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND			X	1 IN 5 DAYS						R	MEDPRMI
9518201	CAVERJE	ALPROST	240816 Central Al	24081600 Central Al	R	20 MCG	INTRACA	KIT	EA	1		SSB		9		Y	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND			X	1 IN 5 DAYS						R	MEDPRMI
9518211	CAVERJE	ALPROST	240816 Central Al	24081600 Central Al	R	20 MCG	INTRACA	KIT	EA	1		SSB		9		Y	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND			X	1 IN 5 DAYS						R	MEDPRMI
9519001	DETROL l	TOLTERC	861204 UNKNOW	86120400 UNKNOW	S	2 MG	ORAL	CP24	EA	30	X	MSB		9	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9519002	DETROL l	TOLTERC	861204 UNKNOW	86120400 UNKNOW	S	2 MG	ORAL	CP24	EA	90	X	MSB		9	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9519003	DETROL l	TOLTERC	861204 UNKNOW	86120400 UNKNOW	S	2 MG	ORAL	CP24	EA	500	X	MSB	12/22/2023	9	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9519101	DETROL l	TOLTERC	861204 UNKNOW	86120400 UNKNOW	S	4 MG	ORAL	CP24	EA	30	X	MSB	3/20/2024	9	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9519102	DETROL l	TOLTERC	861204 UNKNOW	86120400 UNKNOW	S	4 MG	ORAL	CP24	EA	90	X	MSB	3/20/2024	9	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9519103	DETROL l	TOLTERC	861204 UNKNOW	86120400 UNKNOW	S	4 MG	ORAL	CP24	EA	500	X	MSB	12/22/2023	9	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9540001	NICOTRO	NICOTINE	120200 UNKNOW	12020000 UNKNOW	R	10 MG	INHALATI	INHA	EA	168		SSB		9			N	#N/A	ORIG_FR	10	EHB	#N/A			X	168 IN 10 DAYS				X	IF AGE=1 TRIAL OF NICOTINE	R	MEDPRMI
9540101	NICOTRO	NICOTINE	120200 UNKNOW	12020000 UNKNOW	R	10 MG/ML	NASAL	SOLN	ML	10		SSB		9			N	#N/A	ORIG_FR	10	EHB	#N/A			X	10 IN 2 DAYS				X	IF AGE=1 TRIAL OF NICOTINE	R	MEDPRMI
9716601	SOMAVEI	PEGVISO	683008 Somatotrc	68300800 Somatotro	R	10MG	SUBCUTA	SOLR	EA	1	X	SSB		9		Y	N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND										R	MEDPRMI
9716630	SOMAVEI	PEGVISO	683008 Somatotrc	68300800 Somatotro	R	10 MG	SUBCUTA	SOLR	EA	1	X	SSB		9		Y	N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND										R	MEDPRMI
9716801	SOMAVEI	PEGVISO	683008 Somatotrc	68300800 Somatotro	R	15MG	SUBCUTA	SOLR	EA	1	X	SSB		9		Y	N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND										R	MEDPRMI
9716830	SOMAVEI	PEGVISO	683008 Somatotrc	68300800 Somatotro	R	15 MG	SUBCUTA	SOLR	EA	1	X	SSB		9		Y	N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND										R	MEDPRMI
9718801	SOMAVEI	PEGVISO	683008 Somatotrc	68300800 Somatotro	R	20MG	SUBCUTA	SOLR	EA	1	X	SSB		9		Y	N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND										R	MEDPRMI
9718830	SOMAVEI	PEGVISO	683008 Somatotrc	68300800 Somatotro	R	20 MG	SUBCUTA	SOLR	EA	1	X	SSB		9		Y	N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND										R	MEDPRMI
9719901	SOMAVEI	PEGVISO	683008 Somatotrc	68300800 Somatotro	R	25MG	SUBCUTA	SOLR	EA	1	X	SSB		9		Y	N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND										R	MEDPRMI
9719930	SOMAVEI	PEGVISO	683008 Somatotrc	68300800 Somatotro	R	25 MG	SUBCUTA	SOLR	EA	1	X	SSB		9		Y	N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND										R	MEDPRMI
9720001	SOMAVEI	PEGVISO	683008 Somatotrc	68300800 Somatotro	R	30MG	SUBCUTA	SOLR	EA	1	X	SSB		9		Y	N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND										R	MEDPRMI
9720030	SOMAVEI	PEGVISO	683008 Somatotrc	68300800 Somatotro	R	30 MG	SUBCUTA	SOLR	EA	1	X	SSB		9		Y	N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND										R	MEDPRMI
9722401	ATGAM	LYMPHO(	902804 UNKNOW	90280492 UNKNOW	R	50 MG/ML	INTRAVEI	SOLN	ML	5		SSB		9			N	EXCLUDE	SELF_INJ	5	SPBRD	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
9722402	ATGAM	LYMPHO(	902804 UNKNOW	90280492 UNKNOW	R	50 MG/ML	INTRAVEI	SOLN	ML	5		SSB		9			N	EXCLUDE	SELF_INJ	5	SPBRD	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
9737611	DEPO-PR	MEDROX	683200 Progestins	68320000 Progestins	S	150 MG/M	INTRAMU	SUSY	ML	1		MSB		9	Y	Y	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION			X	1 IN 84 DAYS						R	MEDPRMI
9752903	CAMPTO	IRINOTEC	100000 Antineopla	10000000 Antineopla	S	100 MG/5I	INTRAVEI	SOLN	ML	5		MSB		9	Y		N	EXCLUDE	SELF_INJ	6	SPBD2	FORMULARY EXCLUSION										R	MEDPRMI
9752904	CAMPTO	IRINOTEC	100000 Antineopla	10000000 Antineopla	S	40 MG/2M	INTRAVEI	SOLN	ML	2		MSB		9	Y		N	EXCLUDE	SELF_INJ	6	SPBD2	FORMULARY EXCLUSION										R	MEDPRMI
9752905	CAMPTO	IRINOTEC	100000 Antineopla	10000000 Antineopla	S	300 MG/1!	INTRAVEI	SOLN	ML	15		MSB	7/22/2024	9			N	EXCLUDE	SELF_INJ	6	SPBD2	FORMULARY EXCLUSION										R	MEDPRMI
9766304	AROMASI	EXEMEST	681608 Antiestrog	68160800 Antiestrog	S	25MG	ORAL	TABS	EA	30	X	MSB		9	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9766701	CLEOCIN	CLINDAM	840404 Antibacter	84040400 Antibacter	R	100 MG	VAGINAL	SUPP	EA	3		SSB	2/12/2024	9			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND			X	3 IN 30 DAYS		X	Must meet 5 DS Cleo TRIAL OF TWO OF THE FOLLOWING AGENTS: ORAL METRONIDAZOLE, TINIDA			R	MEDPRMI
9766705	CLEOCIN	CLINDAM	840404 Antibacter	84040400 Antibacter	R	100 MG	VAGINAL	SUPP	EA	3		SSB		9			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND			X	3 IN 30 DAYS		X	Must meet 5 DS Cleo TRIAL OF TWO OF THE FOLLOWING AGENTS: ORAL METRONIDAZOLE, TINIDA			R	MEDPRMI
9768601	CAVERJE	ALPROST	240816 Central Al	24081600 Central Al	R	40 MCG	INTRACA	SOLR	EA	1		SSB		9		Y	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND			X	1 IN 5 DAYS						R	MEDPRMI
9768604	CAVERJE	ALPROST	240816 Central Al	24081600 Central Al	R	40 MCG	INTRACA	SOLR	EA	1		SSB		9		Y	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND			X	1 IN 5 DAYS						R	MEDPRMI
9780701	ZYVOX	LINEZOLI	81228 Antibacter	8122824 Oxazolidin	S	600 MG/3(	INTRAVEI	SOLN	ML	300		MSB		9	Y		N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
9780702	ZYVOX	LINEZOLI	81228 Antibacter	8122824 Oxazolidin	S	600 MG/3(	INTRAVEI	SOLN	ML	300		MSB		9	Y		N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
13010110	AZULFIDI	SULFASA	81220 Sulfonami	8122000 Sulfonami	S	500 MG	ORAL	TABS	EA	100	X	MSB		13			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
13010120	AZULFIDI	SULFASA	81220 Sulfonami	8122000 Sulfonami	S	500 MG	ORAL	TABS	EA	300	X	MSB	8/31/2023	13	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
13010130	AZULFIDI	SULFASA	81220 Sulfonami	8122000 Sulfonami	S	500 MG	ORAL	TABS	EA	300	X	MSB		13			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
13010201	AZULFIDI	SULFASA	81220 Sulfonami	8122000 Sulfonami	S	500 MG	ORAL	TBEC	EA	100	X	MSB	4/2/2024	13	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
13010250	AZULFIDI	SULFASA	81220 Sulfonami	8122000 Sulfonami	S	500 MG	ORAL	TBEC	EA	100	X	MSB		13			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
13010260	AZULFIDI	SULFASA	81220 Sulfonami	8122000 Sulfonami	S	500 MG	ORAL	TBEC	EA	300	X	MSB		13			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
13013202	EMCYT	ESTRAMU	100000 Antineopla	10000000 Antineopla	R	140 MG	ORAL	CAPS	EA	100		SSB	10/2/2024	13			N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND										R	MEDPRMI
13104201	ESTRING	ESTRADI	681604 Estrogens	68160400 Estrogens	R	7.5 MCG/2	VAGINAL	RING	EA	1	X	SSB		13			N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
13111401	CYKLOKA	TRANEXA	202816 Hemostati	20281600 Hemostati	S	1000 MG/	INTRAVEI	SOLN	ML	10		MSB		13	Y		N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
13111415	CYKLOKA	TRANEXA	202816 Hemostati	20281600 Hemostati	S	1000 MG/	INTRAVEI	SOLN	ML	10		MSB		13	Y		N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
13111420	CYKLOKA	TRANEXA	202816 Hemostati	20281600 Hemostati	S	1000 MG/	INTRAVEI	SOLN	ML	10		MSB		13	Y		N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
13111421	CYKLOKA	TRANEXA	202816 Hemostati	20281600 Hemostati	S	1000 MG/	INTRAVEI	SOLN	ML	10		MSB		13	Y		N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
13215036	ESTRING	ESTRADI	681604 Estrogens	68160400 Estrogens	R	2 MG	VAGINAL	RING	EA	1	X	SSB	6/12/2023	13			N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
13257605	IDAMYCI	IDARUBIC	100000 Antineopla	10000000 Antineopla	S	5 MG/5ML	INTRAVEI	SOLN	ML	5		MSB		13			N	EXCLUDE	SELF_INJ	6	SPBD2	FORMULARY EXCLUSION										R	MEDPRMI
13257691	IDAMYCI	IDARUBIC	100000 Antineopla	10000000 Antineopla	S	5 MG/5ML	INTRAVEI	SOLN	ML	5		MSB	9/9/2024	13	Y		N	EXCLUDE	SELF_INJ	6	SPBD2	FORMULARY EXCLUSION										R	MEDPRMI
13258610	IDAMYCI	IDARUBIC	100000 Antineopla	10000000 Antineopla	S	10 MG/10I	INTRAVEI	SOLN	ML	10		MSB		13			N	EXCLUDE	SELF_INJ	6	SPBD2	FORMULARY EXCLUSION										R	MEDPRMI
13258691	IDAMYCI	IDARUBIC	100000 Antineopla	10000000 Antineopla	S	10 MG/10I	INTRAVEI	SOLN	ML	10		MSB	4/29/2024	13	Y		N	EXCLUDE	SELF_INJ	6	SPBD2	FORMULARY EXCLUSION										R	MEDPRMI
13259620	IDAMYCI	IDARUBIC	100000 Antineopla	10000000 Antineopla	S	20 MG/20I	INTRAVEI	SOLN	ML	20		MSB		13			N	EXCLUDE	SELF_INJ	6	SPBD2	FORMULARY EXCLUSION										R	MEDPRMI
13259691	IDAMYCI	IDARUBIC	100000 Antineopla	10000000 Antineopla	S	20 MG/20I	INTRAVEI	SOLN	ML	20		MSB	4/15/2024	13	Y		N	EXCLUDE	SELF_INJ	6	SPBD2	FORMULARY EXCLUSION										R	MEDPRMI
13262681	GENOTR	SOMATR	683004 Somatotrc	68300400 Somatotro	R	5 MG	SUBCUTA	CART	EA	1	X	SSB		13		Y	N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X								R	MEDPRMI
13264681	GENOTR	SOMATR	683004 Somatotrc	68300400 Somatotro	R	12 MG	SUBCUTA	CART	EA	1	X	SSB		13		Y	N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X								R	MEDPRMI
13264901	GENOTR	SOMATR	683004 Somatotrc	68300400 Somatotro	R	0.2 MG	SUBCUTA	PRSY	EA	1	X	SSB		13		Y	N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X								R	MEDPRMI
13264902	GENOTR	SOMATR	683004 Somatotrc	68300400 Somatotro	R	0.2 MG	SUBCUTA	PRSY	EA	1	X	SSB		13		Y	N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X								R	MEDPRMI
13265002	GENOTR	SOMATR	683004 Somatotrc	68300400 Somatotro	R	0.4 MG	SUBCUTA	PRSY	EA	1	X	SSB		13		Y	N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X								R	MEDPRMI
13265102	GENOTR	SOMATR	683004 Somatotrc	68300400 Somatotro	R	0.6 MG	SUBCUTA	PRSY	EA	1	X	SSB		13		Y	N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X								R	MEDPRMI
13265202	GENOTR	SOMATR	683004 Somatotrc	68300400 Somatotro	R	0.8 MG	SUBCUTA	PRSY	EA	1	X	SSB		13		Y	N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X								R	MEDPRMI
13265302	GENOTR	SOMATR	683004 Somatotrc	68300400 Somatotro	R	1 MG	SUBCUTA	PRSY	EA	1	X	SSB		13		Y	N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X								R	MEDPRMI
13265402	GENOTR	SOMATR	683004 Somatotrc	68300400 Somatotro	R	1.2 MG	SUBCUTA	PRSY	EA	1	X	SSB		13		Y	N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X								R	MEDPRMI
13265502	GENOTR	SOMATR	683004 Somatotrc	68300400 Somatotro	R	1.4 MG	SUBCUTA	PRSY	EA	1	X	SSB		13		Y	N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X								R	MEDPRMI
13265602	GENOTR	SOMATR	683004 Somatotrc	68300400 Somatotro	R	1.6 MG	SUBCUTA	PRSY	EA	1	X	SSB		13		Y	N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X								R	MEDPRMI
13265702	GENOTR	SOMATR	683004 Somatotrc	68300400 Somatotro	R	1.8 MG	SUBCUTA	PRSY	EA	1	X	SSB		13		Y	N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X								R	MEDPRMI
13265802	GENOTR	SOMATR	683004 Somatotrc	68300400 Somatotro	R	2 MG	SUBCUTA	PRSY	EA	1	X	SSB		13		Y	N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X								R	MEDPRMI
13530117	MYCOBU	RIFABUTI	81604 Antituberc	8160400 Antituberc	S	150 MG	ORAL	CAPS	EA	100		MSB	3/28/2024	13	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
13830304	XALATAN	LATANOP	524028 UNKNOW	52402800 UNKNOW	S	0.01%	OPHTHAL	SOLN	ML	2.5	X	MSB		13	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
19086250	CYSTO-C	IOTHALA	366800 Roentgen	36680000 Roentgen	R	17.20%	URETHRA	SOLN	ML	250		SSB		19			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
19095305	CONRAY	IOTHALA	366800 Roentgen	36680000 Roentgen	R	60%	INJECTIO	SOLN	ML	50		SSB		19			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
19095323	CONRAY	IOTHALA	366800 Roentgen	36680000 Roentgen	R	60%	INJECTIO	SOLN	ML	30		SSB		19			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
19095350	CONRAY	IOTHALA	366800 Roentgen	36680000 Roentgen	R	60%	INJECTIO	SOLN	ML	150		SSB		19			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
19118827	SODIUM (	SODIUM (	401200 Replacem	40120000 Replacem	S	0.90%	INTRAVEI	SOLN	ML	125		GENERIC		19		Y	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
21445072	PHAZYME	SIMETHIC	561000 Antiflatule	56100000 Antiflatule	P	125MG	ORAL	CHEW	EA	18		GENERIC		21	N		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22034552	IV3000 1-I	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50		NON DRUG		22	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
23006604	PRED-G	GENTAMI	520808 Corticoste	52080800 Corticoste	R	0.3-0.6 %	OPHTHAL	OINT	GM	3.5		SSB	1/20/2023	23			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND										R	MEDPRMI
23010605	PRED-G	GENTAMI	520808 Corticoste	52080800 Corticoste	R	0.3-1 %	OPHTHAL	SUSP	ML	5		SSB	11/30/2022	23			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND										R	MEDPRMI
23024004	REFRESH	WHITE PE	529200 EENT Dru	52920000 EENT Dru	P	42.5%-57.	OPHTHAL	OINT	GM	3.5		GENERIC	11/14/2022	23	N		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
23031204	REFRESH	WHITE PE	529200 EENT Dru	52920000 EENT Dru	P	42.5%-56.	OPHTHAL	OINT	GM	3.5		GENERIC		23			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
23031304	BLEPHAM	SULFACE	520808 Corticoste	52080800 Corticoste	R	10-0.2 %	OPHTHAL	OINT	GM	3.5		SSB	1/23/2023	23			N	FORMULARY		2	BRAND	PREFERRED BRAND										R	MEDPRMI
23031604	FML	FLUOROM	520808 Corticoste	52080800 Corticoste	R	0.10%	OPHTHAL	OINT	GM	3.5		SSB	1/17/2023	23			N	FORMULARY		2	BRAND	PREFERRED BRAND			X	3.5 IN 14 DAYS		X	Must meet 5 DS Dexa TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASC			R	MEDPRMI
23040330	REFRESH	CARBOXY	529200 EENT Dru	52920000 EENT Dru	P	0.50%	OPHTHAL	SOLN	EA	30		MSB		23	N		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
23040350	REFRESH	CARBOXY	529200 EENT Dru	52920000 EENT Dru	P	0.50%	OPHTHAL	SOLN	EA	50		MSB		23	N		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
23040370	REFRESH	CARBOXY	529200 EENT Dru	52920000 EENT Dru	P	0.50%	OPHTHAL	SOLN	EA	70		MSB		23	N		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
23050601	REFRESH	POLYVIN	529200 EENT Dru	52920000 EENT Dru	O	1.4%-.6%	OPHTHAL	SOLN	EA	30		SSB		23			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
23050650	REFRESH	POLYVIN	529200 EENT Dru	52920000 EENT Dru	O	1.4%-.6%	OPHTHAL	SOLN	EA	50		SSB		23			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
23066704	REFRESH	WHITE PE	529200 EENT Dru	52920000 EENT Dru	P	42.5%-57.	OPHTHAL	OINT	GM	3.5		GENERIC		23	N		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
23079801	REFRESH	CARBOXY	529200 EENT Dru	52920000 EENT Dru	P	0.50%	OPHTHAL	SOLN	ML	15		MSB		23	N		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
23079815	REFRESH	CARBOXY	529200 EENT Dru	52920000 EENT Dru	P	0.50%	OPHTHAL	SOLN	ML	15		MSB		23	N		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
23114501	BOTOX	ONABOTU	122020 UNKNOW	12202024 UNKNOW	R	100 UNIT	INJECTIO	SOLR	EA	1		SSB		23			N	EXCLUDE	SELF_INJ	6	SPBD2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
23114502	BOTOX	ONABOTU	122020 UNKNOW	12202024 UNKNOW	R	100 UNIT	INJECTIO	SOLR	EA	1		SSB		23			Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU			OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
23182212	REFRESH	SOFT LEN	521200 Contact L	52120000 Contact L	O	0-0-0	DOES NO	SOLN	ML	12		SSB		23			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
23218105	ACULAR	KETOROL	520820 Nonsteroi	52082000 Nonsteroi	S	0.50%	OPHTHAL	SOLN	ML	5		MSB		23	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION			X	2 IN 3 DAYS						R	MEDPRMI
23311010	REFRESH	CARBOXY	529200 EENT Dru	52920000 EENT Dru	O	0.5-0.9 %	OPHTHAL	SOLN	ML	10		SSB		23			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
23320502	LUMIGAN	BIMATOP	524028 UNKNOW	52402800 UNKNOW	R	0.01%	OPHTHAL	SOLN	ML	2.5	X	SSB		23			Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU			OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
23320503	LUMIGAN	BIMATOP	524028 UNKNOW	52402800 UNKNOW	R	0.01%	OPHTHAL	SOLN	ML	2.5	X	SSB		23			N	FORMULARY		2	BRAND	PREFERRED BRAND			X	2.5 IN 25 DAYS						R	MEDPRMI
23320505	LUMIGAN	BIMATOP	524028 UNKNOW	52402800 UNKNOW	R	0.01%	OPHTHAL	SOLN	ML	5	X	SSB		23			N	FORMULARY		2	BRAND	PREFERRED BRAND			X	2.5 IN 25 DAYS						R	MEDPRMI
23320508	LUMIGAN	BIMATOP	524028 UNKNOW	52402800 UNKNOW	R	0.01%	OPHTHAL	SOLN	ML	7.5	X	SSB		23			N	FORMULARY		2	BRAND	PREFERRED BRAND			X	2.5 IN 25 DAYS						R	MEDPRMI
23324015	REFRESH	CARBOXY	529200 EENT Dru	52920000 EENT Dru	P	.5%-.9%	OPHTHAL	SOLN	ML	15		MSB		23	N		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
23334807	OZURDE	DEXAMET	520808 Corticoste	52080800 Corticoste	R	.7MG	INTRAVIT	IMPL	EA	1		SSB		23			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
23341630	REFRESH	CARBOXY	529200 EENT Dru	52920000 EENT Dru	O	0.5-0.9 %	OPHTHAL	SOLN	EA	30		SSB		23			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
23341660	REFRESH	CARBOXY	529200 EENT Dru	52920000 EENT Dru	O	0.5-0.9 %	OPHTHAL	SOLN	EA	60		SSB		23			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
23350730	ACUVAIL	KETOROL	520820 Nonsteroi	52082000 Nonsteroi	R	0.45%	OPHTHAL	SOLN	EA	30		SSB	5/3/2022	23			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND			X	4 IN 1 DAYS						R	MEDPRMI
23350731	ACUVAIL	KETOROL	520820 Nonsteroi	52082000 Nonsteroi	R	0.45%	OPHTHAL	SOLN	EA	10		SSB		23			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND			X	4 IN 1 DAYS						R	MEDPRMI
23361525	ZYMAXID	GATIFLO	520404 Antibacter	52040400 Antibacter	S	0.50%	OPHTHAL	SOLN	ML	2.5		MSB	6/20/2023	23	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
23361605	LATISSE	BIMATOP	849200 Skin and	84920000 Skin and	S	0.03%	EXTERNA	SOLN	ML	5		MSB		23	Y		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
23361670	LATISSE	BIMATOP	849200 Skin and	84920000 Skin and	S	0.03%	EXTERNA	SOLN	ML	3		MSB		23	Y		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
23378210	REFRESH	CARBOXY	529200 EENT Dru	52920000 EENT Dru	O	0.5-0.9 %	OPHTHAL	SOLN	ML	10		SSB		23			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
23391950	BOTOX C	ONABOTU	122020 UNKNOW	12202024 UNKNOW	R	50 UNIT	INTRAMU	SOLR	EA	1		SSB		23			N	EXCLUDE	N/A: [DRU	6	SPBD2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
23392102	BOTOX	ONABOTU	122020 UNKNOW	12202024 UNKNOW	R	200 UNIT	INJECTIO	SOLR	EA	1		SSB		23			N	EXCLUDE	SELF_INJ	6	SPBD2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
23429003	LASTACA	ALCAFTA	520200 Antiallergi	52020000 Antiallergi	R	0.25%	OPHTHAL	SOLN	ML	3		SSB	1/7/2022	23			N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
23429105	LASTACA	ALCAFTA	520200 Antiallergi	52020000 Antiallergi	O	0.25%	OPHTHAL	SOLN	ML	5		SSB		23			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
23429110	LASTACA	ALCAFTA	520200 Antiallergi	52020000 Antiallergi	O	0.25%	OPHTHAL	SOLN	ML	5		SSB		23			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
23430710	REFRESH	CARBOXY	529200 EENT Dru	52920000 EENT Dru	O	.5%-1%-.5	OPHTHAL	SOLN	ML	10		SSB		23			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
23430720	REFRESH	CARBOXY	529200 EENT Dru	52920000 EENT Dru	O	.5%-1%-.5	OPHTHAL	SOLN	ML	10		SSB		23			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
23449130	REFRESH	CARBOXY	529200 EENT Dru	52920000 EENT Dru	O	0.5-1-0.5 !	OPHTHAL	SOLN	EA	30		SSB		23			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
23451530	REFRESH	CARBOXY	529200 EENT Dru	52920000 EENT Dru	O	0.5-1 %	OPHTHAL	SOLN	EA	30		SSB		23			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
23455430	REFRESH	CARBOXY	529200 EENT Dru	52920000 EENT Dru	P	1%	OPHTHAL	GEL	EA	30		GENERIC		23			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
23485745	VANIQA	EFLORNI	849200 Skin and	84920000 Skin and	R	13.90%	EXTERNA	CREA	GM	45		SSB	10/31/2023	23			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
23520660	ACZONE	DAPSONE	840404 Antibacter	84040400 Antibacter	S	7.50%	EXTERNA	GEL	GM	60		MSB	11/15/2023	23			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
23530101	RESTASI	CYCLOSF	520800 Anti-inflam	52080000 Anti-inflam	S	0.05%	OPHTHAL	EMUL	ML	1.5	X	MSB	11/18/2021	23			Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU			FORMULARY EXCLUSION										R	MEDPRMI
23530105	RESTASI	CYCLOSF	520800 Anti-inflam	52080000 Anti-inflam	S	0.05%	OPHTHAL	EMUL	ML	5.5	X	SSB		23			N	FORMULARY		2	BRAND	PREFERRED BRAND			X	5.5 IN 30 DAYS						R	MEDPRMI
23545910	REFRESH	CARBOXY	529200 EENT Dru	52920000 EENT Dru	O	1%-.9%	OPHTHAL	GEL	ML	10		SSB		23			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
23577330	REFRESH	CARBOXY	529200 EENT Dru	52920000 EENT Dru	O	0.5-1-0.5 !	OPHTHAL	SOLN	EA	30		SSB		23			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
23585318	DELZICOI	MESALAM	563600 Anti-inflam	56360000 Anti-inflam	S	400 MG	ORAL	CPDR	EA	180	X	MSB		23	Y		N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
23585801	LILETTA (	LEVONOF	681200 Contracep	68120000 Contracep	R	20.1 MCG	INTRAUTI	IUD	EA	1		SSB		23			N	#N/A	ORIG_FR	10	EHB	#N/A								X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
23586110	GELNIQU	OXYBUTY	861204 UNKNOW	86120400 UNKNOW	R	10%	TRANSDE	GEL	GM	1	X	SSB		23			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND			X	1 IN 1 DAYS		X	Must meet 5 DS Ditro TRIAL OF OXYBUTYNIN IR/XR AND MYRBETRIQ IN THE PAST 365 DAYS			R	MEDPRMI
23586111	GELNIQU	OXYBUTY	861204 UNKNOW	86120400 UNKNOW	R	10%	TRANSDE	GEL	GM	1	X	SSB	1/16/2024	23			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND			X	1 IN 1 DAYS		X	Must meet 5 DS Ditro TRIAL OF OXYBUTYNIN IR/XR AND MYRBETRIQ IN THE PAST 365 DAYS			R	MEDPRMI
23586228	TAYTULL	NORETHI	681200 Contracep	68120000 Contracep	S	1-20 MG-M	ORAL	CAPS	EA	28	X	MSB		23			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION						X	Must meet 5 DS Afirm TRIAL OF TWO GENERIC ORAL CONTRACEPTIVES IN THE PAST 365 DAYS			R	MEDPRMI
23586230	TAYTULL	NORETHI	681200 Contracep	68120000 Contracep	S	1-20 MG-M	ORAL	CAPS	EA	28	X	MSB		23			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION						X	Must meet 5 DS Afirm TRIAL OF TWO GENERIC ORAL CONTRACEPTIVES IN THE PAST 365 DAYS			R	MEDPRMI
23588502	ALORA	ESTRADI	681604 Estrogens	68160400 Estrogens	R	0.025 MG/	TRANSDE	PTTW	EA	1	X	SSB		23			N	FORMULARY		2	BRAND	PREFERRED BRAND			X	2 IN 7 DAYS						R	MEDPRMI
23588512	ALORA	ESTRADI	681604 Estrogens	68160400 Estrogens	R	0.025 MG/	TRANSDE	PTTW	EA	8	X	SSB	7/5/2022	23			N	FORMULARY		2	BRAND	PREFERRED BRAND			X	2 IN 7 DAYS						R	MEDPRMI
23588605	ALORA	ESTRADI	681604 Estrogens	68160400 Estrogens	R	0.05 MG/2	TRANSDE	PTTW	EA	1	X	SSB	8/2/2022	23			N	FORMULARY		2	BRAND	PREFERRED BRAND			X	2 IN 7 DAYS						R	MEDPRMI
23588615	ALORA	ESTRADI	681604 Estrogens	68160400 Estrogens	R	0.05 MG/2	TRANSDE	PTTW	EA	8	X	SSB	8/2/2022	23			N	FORMULARY		2	BRAND	PREFERRED BRAND			X	2 IN 7 DAYS						R	MEDPRMI
23588707	ALORA	ESTRADI	681604 Estrogens	68160400 Estrogens	R	0.075 MG/	TRANSDE	PTTW	EA	1	X	SSB		23			N	FORMULARY		2	BRAND	PREFERRED BRAND			X	2 IN 7 DAYS						R	MEDPRMI
23588717	ALORA	ESTRADI	681604 Estrogens	68160400 Estrogens	R	0.075 MG/	TRANSDE	PTTW	EA	8	X	SSB	7/31/2022	23			N	FORMULARY		2	BRAND	PREFERRED BRAND			X	2 IN 7 DAYS						R	MEDPRMI
23588801	ALORA	ESTRADI	681604 Estrogens	68160400 Estrogens	R	0.1 MG/24	TRANSDE	PTTW	EA	1	X	SSB		23			N	FORMULARY		2	BRAND	PREFERRED BRAND			X	2 IN 7 DAYS						R	MEDPRMI
23588811	ALORA	ESTRADI	681604 Estrogens	68160400 Estrogens	R	0.1 MG/24	TRANSDE	PTTW	EA	8	X	SSB	7/31/2022	23			N	FORMULARY		2	BRAND	PREFERRED BRAND			X	2 IN 7 DAYS						R	MEDPRMI
23590118	ASACOL I	MESALAM	563600 Anti-inflam	56360000 Anti-inflam	S	800 MG	ORAL	TBEC	EA	180		MSB	4/6/2023	23	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
23599002	ANDRODI	TESTOST	680800 Androgen	68080000 Androgen	R	2 MG/24H	TRANSDE	PT24	EA	1	X	SSB	1/26/2023	23			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	X	PA:X								R	MEDPRMI
23599060	ANDRODI	TESTOST	680800 Androgen	68080000 Androgen	R	2 MG/24H	TRANSDE	PT24	EA	60	X	SSB	1/26/2023	23			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	X	PA:X								R	MEDPRMI
23599204	ANDRODI	TESTOST	680800 Androgen	68080000 Androgen	R	4 MG/24H	TRANSDE	PT24	EA	1	X	SSB	1/26/2023	23			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	X	PA:X								R	MEDPRMI
23599230	ANDRODI	TESTOST	680800 Androgen	68080000 Androgen	R	4 MG/24H	TRANSDE	PT24	EA	30	X	SSB	1/26/2023	23			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	X	PA:X								R	MEDPRMI
23603003	GENERES	NORETHI	681200 Contracep	68120000 Contracep	S	0.8-25 MG	ORAL	CHEW	EA	28	X	MSB	12/21/2022	23	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
23608201	INFED	IRON DEX	200404 Iron Prepa	20040400 Iron Prepa	R	50 MG/ML	INJECTIO	SOLN	ML	2		SSB		23			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
23608210	INFED	IRON DEX	200404 Iron Prepa	20040400 Iron Prepa	R	50 MG/ML	INJECTIO	SOLN	ML	2		SSB		23			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
23611803	CONDYL(	PODOFIL	842800 Keratolytic	84280000 Keratolytic	S	0.50%	EXTERNA	GEL	GM	3.5		MSB		23			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION			X	0.5 IN 1 DAYS		X	Must meet 5 DS Podo TRIAL OF 0.5% PODOFILOX SOLUTION IN THE PAST 120 DAYS			R	MEDPRMI
23614230	RAPAFLO	SILODOS	121604 UNKNOW	12160412 UNKNOW	S	8 MG	ORAL	CAPS	EA	30	X	MSB		23	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
23614290	RAPAFLO	SILODOS	121604 UNKNOW	12160412 UNKNOW	S	8 MG	ORAL	CAPS	EA	90	X	MSB	1/3/2023	23	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
23614730	RAPAFLO	SILODOS	121604 UNKNOW	12160412 UNKNOW	S	4 MG	ORAL	CAPS	EA	30	X	MSB		23	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
23615004	CRINONE	PROGEST	683200 Progestins	68320000 Progestins	R	4%	VAGINAL	GEL	GM	1.125		SSB		23			N	FORMULARY		2	BRAND	PREFERRED BRAND										R	MEDPRMI
23615005	CRINONE	PROGEST	683200 Progestins	68320000 Progestins	R	4%	VAGINAL	GEL	GM	1.125		SSB		23			N	FORMULARY		2	BRAND	PREFERRED BRAND										R	MEDPRMI
23615108	CRINONE	PROGEST	683200 Progestins	68320000 Progestins	R	8%	VAGINAL	GEL	GM	1.125		SSB		23			N	FORMULARY		2	BRAND	PREFERRED BRAND										R	MEDPRMI
23615109	CRINONE	PROGEST	683200 Progestins	68320000 Progestins	R	8%	VAGINAL	GEL	GM	1.125		SSB		23			N	FORMULARY		2	BRAND	PREFERRED BRAND										R	MEDPRMI
23615301	OXYTROL	OXYBUTY	861204 UNKNOW	86120400 UNKNOW	R	3.9 MG/24	TRANSDE	PTTW	EA	1	X	SSB		23			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND						X	Must meet 5 DS Ditro TRIAL OF OXYBUTYNIN IR/XR AND MYRBETRIQ IN THE PAST 365 DAYS			R	MEDPRMI
23615308	OXYTROL	OXYBUTY	861204 UNKNOW	86120400 UNKNOW	R	3.9 MG/24	TRANSDE	PTTW	EA	8	X	SSB		23			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND						X	Must meet 5 DS Ditro TRIAL OF OXYBUTYNIN IR/XR AND MYRBETRIQ IN THE PAST 365 DAYS			R	MEDPRMI
23649801	UBRELVY	UBROGE	283212 UNKNOW	28321200 UNKNOW	R	50 MG	ORAL	TABS	EA	1		SSB		23			Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU			OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
23649802	UBRELVY	UBROGE	283212 UNKNOW	28321200 UNKNOW	R	50 MG	ORAL	TABS	EA	1		SSB		23			N	FORMULARY		2	BRAND	PREFERRED BRAND	X	PA:X								R	MEDPRMI
23649810	UBRELVY	UBROGE	283212 UNKNOW	28321200 UNKNOW	R	50 MG	ORAL	TABS	EA	10		SSB		23			N	FORMULARY		2	BRAND	PREFERRED BRAND	X	PA:X								R	MEDPRMI
23650101	UBRELVY	UBROGE	283212 UNKNOW	28321200 UNKNOW	R	100 MG	ORAL	TABS	EA	1		SSB		23			Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU			OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
23650102	UBRELVY	UBROGE	283212 UNKNOW	28321200 UNKNOW	R	100 MG	ORAL	TABS	EA	1		SSB		23			N	FORMULARY		2	BRAND	PREFERRED BRAND	X	PA:X								R	MEDPRMI
23650110	UBRELVY	UBROGE	283212 UNKNOW	28321200 UNKNOW	R	100 MG	ORAL	TABS	EA	10		SSB		23			N	FORMULARY		2	BRAND	PREFERRED BRAND	X	PA:X								R	MEDPRMI
23650116	UBRELVY	UBROGE	283212 UNKNOW	28321200 UNKNOW	R	100 MG	ORAL	TABS	EA	16		SSB		23			N	FORMULARY		2	BRAND	PREFERRED BRAND	X	PA:X								R	MEDPRMI
23663010	REFRESH	CARBOXY	529200 EENT Dru	52920000 EENT Dru	P	.5%-.9%	OPHTHAL	SOLN	ML	10		MSB		23			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
23663208	REFRESH	HARD/SO	521200 Contact L	52120000 Contact L	O	0-0-0	DOES NO	SOLN	ML	8		SSB		23			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
23663410	REFRESH	CARBOXY	529200 EENT Dru	52920000 EENT Dru	O	0.5-0.9 %	OPHTHAL	SOLN	ML	10		SSB		23			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
23695210	REFRESH	CARBOXY	529200 EENT Dru	52920000 EENT Dru	O	0.5-1-0.5 !	OPHTHAL	SOLN	ML	10		SSB		23			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
23695430	REFRESH	CARBOXY	529200 EENT Dru	52920000 EENT Dru	O	0.5-1-0.5 !	OPHTHAL	SOLN	EA	30		SSB		23			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
23715160	REFRESH	CARBOXY	529200 EENT Dru	52920000 EENT Dru	O	0.5-1-0.5 !	OPHTHAL	SOLN	EA	60		SSB		23			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
23782410	POLYTRI	POLYMY	520404 Antibacter	52040400 Antibacter	S	10000-0.1	OPHTHAL	SOLN	ML	10		MSB	5/16/2022	23	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI

23884205	ALOCRIL	NEDOCR	520200	Antiallergi	52020000	Antiallergi	R	2%	OPHTHAL	SOLN	ML	5		SSB		23			N	FORMULARY		2 BRAND	PREFERRED BRAND			X	20 IN 30 DAYS	X	Must meet 5 DS Crom TRIAL OF CROMOLYN 4% OPHTHALMIC DROPS IN THE PAST 120 DAYS	R	MEDPRMI
23916305	RESTASI	CYCLOSF	520892	EENT Ant	52089200	EENT Ant	R	0.05%	OPHTHAL	EMUL	ML	5.5	X	SSB		23			N	FORMULARY		2 BRAND	PREFERRED BRAND			X	5.5 IN 30 DAYS			R	MEDPRMI
23916330	RESTASI	CYCLOSF	520800	Anti-inflam	52080000	Anti-inflam	S	0.05%	OPHTHAL	EMUL	EA	30	X	MSB		23			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
23916360	RESTASI	CYCLOSF	520800	Anti-inflam	52080000	Anti-inflam	S	0.05%	OPHTHAL	EMUL	EA	60	X	MSB		23			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
23917705	ALPHAGA	BRIMONI	524004	UNKNOW	52400400	UNKNOW	S	0.15%	OPHTHAL	SOLN	ML	5	X	MSB		23	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
23917710	ALPHAGA	BRIMONI	524004	UNKNOW	52400400	UNKNOW	S	0.15%	OPHTHAL	SOLN	ML	10	X	MSB		23	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
23917715	ALPHAGA	BRIMONI	524004	UNKNOW	52400400	UNKNOW	S	0.15%	OPHTHAL	SOLN	ML	15	X	MSB		23	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
23920515	REFRESH	CARBOXY	529200	EENT Dru	52920000	EENT Dru	P	1%	OPHTHAL	GEL	ML	15		MSB		23			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
23921105	COMBIGA	BRIMONI	840624	UNKNOW	84062400	UNKNOW	S	0.2-0.5 %	OPHTHAL	SOLN	ML	5	X	MSB		23			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
23921110	COMBIGA	BRIMONI	840624	UNKNOW	84062400	UNKNOW	S	0.2-0.5 %	OPHTHAL	SOLN	ML	10	X	MSB		23			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
23921115	COMBIGA	BRIMONI	840624	UNKNOW	84062400	UNKNOW	S	0.2-0.5 %	OPHTHAL	SOLN	ML	15	X	MSB		23			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
23923201	BOTOX C	ONABOTU	122020	UNKNOW	12202024	UNKNOW	R	100 UNIT	INTRAMU	SOLR	EA	1		SSB		23			N	EXCLUDE	N/A: [DRU	6 SPBD2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
23927705	ACULAR I	KETOROL	520820	Nonsteroi	52082000	Nonsteroi	S	0.40%	OPHTHAL	SOLN	ML	5		MSB		23	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
23932105	ALPHAGA	BRIMONI	524004	UNKNOW	52400400	UNKNOW	S	0.10%	OPHTHAL	SOLN	ML	5	X	MSB		23			N	EXCLUDED		2 BRAND	FORMULARY EXCLUSION							R	MEDPRMI
23932110	ALPHAGA	BRIMONI	524004	UNKNOW	52400400	UNKNOW	S	0.10%	OPHTHAL	SOLN	ML	10	X	MSB		23			N	EXCLUDED		2 BRAND	FORMULARY EXCLUSION							R	MEDPRMI
23932115	ALPHAGA	BRIMONI	524004	UNKNOW	52400400	UNKNOW	S	0.10%	OPHTHAL	SOLN	ML	15	X	MSB		23			N	EXCLUDED		2 BRAND	FORMULARY EXCLUSION							R	MEDPRMI
23963701	OXYTROL	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	O	3.9 MG/24	TRANSDE	PTTW	EA	1	X	SSB		23			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
23963704	OXYTROL	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	O	3.9 MG/24	TRANSDE	PTTW	EA	4	X	SSB		23			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
23963708	OXYTROL	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	O	3.9 MG/24	TRANSDE	PTTW	EA	8	X	SSB		23			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
23965201	DURYSTA	BIMATOP	524028	UNKNOW	52402800	UNKNOW	R	10 MCG	INTRAOC	IMPL	EA	1		SSB		23			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
24065401	SARCLIS	ISATUXIM	100000	Antineopla	10000000	Antineopla	R	100 MG/5M	INTRAVE	SOLN	ML	5		SSB		24			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
24065601	SARCLIS	ISATUXIM	100000	Antineopla	10000000	Antineopla	R	500 MG/25	INTRAVE	SOLN	ML	25		SSB		24			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
24117190	PLAVIX	CLOPIDO	201218	Platelet-Ag	20121800	Platelet-Ag	S	75 MG	ORAL	TABS	EA	90	X	MSB		24			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
24159601	PRIMAQU	PRIMAQU	83008	Antimalari	8300800	Antimalari	S	26.3 (15 B	ORAL	TABS	EA	100		MSB		24			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
24279201	FERRLEC	SODIUM F	200404	Iron Prepa	20040400	Iron Prepa	S	12.5 MG/M	INTRAVE	SOLN	ML	5		MSB		24	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
24279210	FERRLEC	SODIUM F	200404	Iron Prepa	20040400	Iron Prepa	S	12.5 MG/M	INTRAVE	SOLN	ML	5		MSB		24	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
24279401	FERRLEC	SODIUM F	200404	Iron Prepa	20040400	Iron Prepa	S	12.5 MG/M	INTRAVE	SOLN	ML	5		MSB		24	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
24279410	FERRLEC	SODIUM F	200404	Iron Prepa	20040400	Iron Prepa	S	12.5 MG/M	INTRAVE	SOLN	ML	5		MSB		24	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
24414260	MULTAQ	DRONEDA	240404	Antiarrhyt	24040420	Class III A	R	400 MG	ORAL	TABS	EA	60	X	SSB		24			N	FORMULARY		2 BRAND	PREFERRED BRAND							R	MEDPRMI
24515010	ELITEK	RASBURI	440000	Enzymes	44000000	Enzymes	R	1.5MG	INTRAVE	SOLR	EA	1		SSB		24			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
24515175	ELITEK	RASBURI	440000	Enzymes	44000000	Enzymes	R	7.5MG	INTRAVE	SOLR	EA	1		SSB		24			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
24540131	AMBIEN	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	100		MSB		24	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS			R	MEDPRMI
24542131	AMBIEN	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	100		MSB		24	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS			R	MEDPRMI
24550131	AMBIEN C	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	6.25 MG	ORAL	TBCR	EA	100		MSB		24	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS			R	MEDPRMI
24552131	AMBIEN C	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	12.5 MG	ORAL	TBCR	EA	100		MSB		24	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS			R	MEDPRMI
24574000	ADLYXIN	LIXISENA	682006	UNKNOW	68200600	UNKNOW	R	20 MCG/0	SUBCUTA	SOPN	ML	3	X	SSB	1/1/2023	24	Y	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
24574502	ADLYXIN	LIXISENA	682006	UNKNOW	68200600	UNKNOW	R	10 & 20 M	SUBCUTA	PNKT	ML	6		SSB	1/1/2023	24		Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
24574702	ADLYXIN	LIXISENA	682006	UNKNOW	68200600	UNKNOW	R	20 MCG/0	SUBCUTA	SOPN	ML	3	X	SSB	1/1/2023	24		Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
24576105	SOLIQUA	INSULIN G	682008	Insulins	68200816	UNKNOW	R	100UNIT/M	SUBCUTA	SOPN	ML	3	X	SSB		24		Y	N	FORMULARY		2 BRAND	PREFERRED BRAND			X	30 IN 28 DAYS			R	MEDPRMI
24582201	DILUENT	ALCOHOL	960000	Pharmace	96000000	Pharmace	R	13%	INTRAVE	SOLN	ML	5.7		NON DRUG		24			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
24582411	JEVTANA	CABAZITA	100000	Antineopla	10000000	Antineopla	R	60 MG/1.5	INTRAVE	SOLN	ML	1.5		SSB		24			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
24583701	FLOMAX	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	100	X	MSB		24	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
24584001	ZALTRAP	ZIV-AFLIB	100000	Antineopla	10000000	Antineopla	R	100 MG/4M	INTRAVE	SOLN	ML	4		SSB		24			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
24584101	ZALTRAP	ZIV-AFLIB	100000	Antineopla	10000000	Antineopla	R	200 MG/8M	INTRAVE	SOLN	ML	8		SSB		24			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
24585090	AVAPRO	IRBESAR	243208	Angiotens	24320800	Angiotens	S	75MG	ORAL	TABS	EA	90	X	MSB		24	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
24585130	AVAPRO	IRBESAR	243208	Angiotens	24320800	Angiotens	S	150MG	ORAL	TABS	EA	30	X	MSB		24	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
24585230	AVAPRO	IRBESAR	243208	Angiotens	24320800	Angiotens	S	300MG	ORAL	TABS	EA	30	X	MSB		24	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
24585530	AVALIDE	IRBESAR	243208	Angiotens	24320800	Angiotens	S	12.5MG-15	ORAL	TABS	EA	30	X	MSB		24	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
24585630	AVALIDE	IRBESAR	243208	Angiotens	24320800	Angiotens	S	12.5MG-30	ORAL	TABS	EA	30	X	MSB		24	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
24586001	CLOLAR	CLOFARA	100000	Antineopla	10000000	Antineopla	S	1 MG/ML	INTRAVE	SOLN	ML	20		MSB	6/28/2024	24	Y		N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION							R	MEDPRMI
24586201	MOZOBIL	PLERIXAF	201600	Hematopo	20160000	Hematopo	S	24 MG/1.2	SUBCUTA	SOLN	ML	1.2		MSB		24			N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION							R	MEDPRMI
24586900	TOUJEO S	INSULIN G	682008	Insulins	68200816	UNKNOW	R	300 UNIT/	SUBCUTA	SOPN	ML	1.5	X	MSB		24		Y	Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU		FORMULARY EXCLUSION							R	MEDPRMI
24586901	TOUJEO S	INSULIN G	682008	Insulins	68200816	UNKNOW	R	300 UNIT/	SUBCUTA	SOPN	ML	1.5	X	SSB		24		Y	N	FORMULARY		2 BRAND	PREFERRED BRAND			X	13.5 IN 28 DAYS			R	MEDPRMI
24586903	TOUJEO S	INSULIN G	682008	Insulins	68200816	UNKNOW	R	300 UNIT/	SUBCUTA	SOPN	ML	1.5	X	SSB		24		Y	N	FORMULARY		2 BRAND	PREFERRED BRAND			X	13.5 IN 28 DAYS			R	MEDPRMI
24587100	TOUJEO I	INSULIN G	682008	Insulins	68200816	UNKNOW	R	300 UNIT/	SUBCUTA	SOPN	ML	3	X	SSB		24		Y	N	FORMULARY		2 BRAND	PREFERRED BRAND			X	18 IN 28 DAYS			R	MEDPRMI
24587102	TOUJEO I	INSULIN G	682008	Insulins	68200816	UNKNOW	R	300 UNIT/	SUBCUTA	SOPN	ML	3	X	SSB		24		Y	N	FORMULARY		2 BRAND	PREFERRED BRAND			X	18 IN 28 DAYS			R	MEDPRMI
24590801	KEVZARA	SARILUMA	902420	UNKNOW	90242092	UNKNOW	R	150 MG/1.	SUBCUTA	SOSY	ML	1.14	X	SSB		24		Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X					R	MEDPRMI
24591001	KEVZARA	SARILUMA	902420	UNKNOW	90242092	UNKNOW	R	200 MG/1.	SUBCUTA	SOSY	ML	1.14	X	SSB		24		Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X					R	MEDPRMI
24591100	DUPIXEN	DUPILUM	481020	UNKNOW	48102000	UNKNOW	R	100 MG/0.	SUBCUTA	SOSY	ML	0.67	X	SSB	10/23/2023	24		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X					R	MEDPRMI
24591102	DUPIXEN	DUPILUM	481020	UNKNOW	48102000	UNKNOW	R	100 MG/0.	SUBCUTA	SOSY	ML	0.67	X	SSB	10/23/2023	24		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X					R	MEDPRMI
24591400	DUPIXEN	DUPILUM	849200	Skin and M	84920000	Skin and M	R	300 MG/2M	SUBCUTA	SOSY	ML	2	X	SSB		24		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X					R	MEDPRMI
24591401	DUPIXEN	DUPILUM	849200	Skin and M	84920000	Skin and M	R	300 MG/2M	SUBCUTA	SOSY	ML	2	X	SSB		24		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X					R	MEDPRMI
24591500	DUPIXEN	DUPILUM	849200	Skin and M	84920000	Skin and M	R	300 MG/2M	SUBCUTA	SOAJ	ML	2	X	SSB		24		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X					R	MEDPRMI
24591501	DUPIXEN	DUPILUM	849200	Skin and M	84920000	Skin and M	R	300 MG/2M	SUBCUTA	SOAJ	ML	2	X	SSB		24		Y	Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
24591502	DUPIXEN	DUPILUM	849200	Skin and M	84920000	Skin and M	R	300 MG/2M	SUBCUTA	SOAJ	ML	2	X	SSB		24		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X					R	MEDPRMI
24591520	DUPIXEN	DUPILUM	849200	Skin and M	84920000	Skin and M	R	300 MG/2M	SUBCUTA	SOAJ	ML	2	X	SSB		24		Y	Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
24591801	DUPIXEN	DUPILUM	481020	UNKNOW	48102000	UNKNOW	R	200 MG/1.	SUBCUTA	SOSY	ML	1.14	X	SSB		24		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X					R	MEDPRMI
24591900	DUPIXEN	DUPILUM	849200	Skin and M	84920000	Skin and M	R	200 MG/1.	SUBCUTA	SOAJ	ML	1.14	X	SSB		24		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X					R	MEDPRMI
24591901	DUPIXEN	DUPILUM	849200	Skin and M	84920000	Skin and M	R	200 MG/1.	SUBCUTA	SOAJ	ML	1.14	X	SSB		24		Y	Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
24591902	DUPIXEN	DUPILUM	849200	Skin and M	84920000	Skin and M	R	200 MG/1.	SUBCUTA	SOAJ	ML	1.14	X	SSB		24		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X					R	MEDPRMI
24591920	DUPIXEN	DUPILUM	849200	Skin and M	84920000	Skin and M	R	200 MG/1.	SUBCUTA	SOAJ	ML	1.14	X	SSB		24		Y	Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
24592001	KEVZARA	SARILUMA	902420	UNKNOW	90242092	UNKNOW	R	150 MG/1.	SUBCUTA	SOAJ	ML	1.14	X	SSB		24		Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X					R	MEDPRMI
24592201	KEVZARA	SARILUMA	902420	UNKNOW	90242092	UNKNOW	R	200 MG/1.	SUBCUTA	SOAJ	ML	1.14	X	SSB		24		Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X					R	MEDPRMI
24592410	ADMELO	INSULIN L	682008	Insulins	68200804	UNKNOW	R	100 UNIT/	INJECTIO	SOLN	ML	10	X	SSB		24		Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
24592500	ADMELO	INSULIN L	682008	Insulins	68200804	UNKNOW	R	100 UNIT/	SUBCUTA	SOPN	ML	3	X	SSB		24		Y	Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
24592501	ADMELO	INSULIN L	682008	Insulins	68200804	UNKNOW	R	100 UNIT/	SUBCUTA	SOPN	ML	3	X	SSB		24		Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
24592505	ADMELO	INSULIN L	682008	Insulins	68200804	UNKNOW	R	100 UNIT/	SUBCUTA	SOPN	ML	3	X	SSB		24		Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
24592605	ADMELO	INSULIN L	682008	Insulins	68200804	UNKNOW	R	100 UNIT/	INJECTIO	SOLN	ML	3	X	SSB		24		Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
25006131	LOMOTIL	DIPHENO	560800	Antidiarrh	56080000	Antidiarrh	S	.025MG-2.	ORAL	TABS	EA	100		MSB		25	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
25016608	SYNAREL	NAFAREL	681808	UNKNOW	68180800	UNKNOW	R	2 MG/ML	NASAL	SOLN	ML	8		SSB		25			N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X					R	MEDPRMI
25032501	ABRILAD	ADALIMU	902416	UNKNOW	90241692	UNKNOW	R	40 MG/0.8	SUBCUTA	AJKT	EA	1	X	SSB		25		Y	N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
25032502	ABRILAD	ADALIMU	902416	UNKNOW	90241692	UNKNOW	R	40 MG/0.8	SUBCUTA	AJKT	EA	1	X	SSB		25		Y	N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
25032802	ABRILAD	ADALIMU	902416	UNKNOW	90241692	UNKNOW	R	40 MG/0.8	SUBCUTA	PSKT	EA	1	X	SSB		25		Y	N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
25033302	ABRILAD	ADALIMU	902416	UNKNOW	90241692	UNKNOW	R	20 MG/0.4	SUBCUTA	PSKT	EA	1	X	SSB		25		Y	N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
25100131	ALDACTO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	100	X	MSB		25	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
25101131	ALDACTA	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25-25 MG	ORAL	TABS	EA	100	X	MSB	1/4/2023	25	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
25102131	ALDACTA	SPIRONO	243220	Mineraloc	24322008	UNKNOW	R	50-50 MG	ORAL	TABS	EA	100	X	SSB	9/27/2022	25			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
25103131	ALDACTO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	100 MG	ORAL	TABS	EA	100	X	MSB		25	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
25104131	ALDACTO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	100	X	MSB		25	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
25138131	DAYPRO	OXAPROZ	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	100	X	MSB		25	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
25141160	ARTHROT	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50MG-200	ORAL	TBEC	EA	60	X	MSB		25	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
25141190	ARTHROT	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50MG-200	ORAL	TBEC	EA	90	X	MSB		25	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
25142160	ARTHROT	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75MG-200	ORAL	TBEC	EA	60	X	MSB		25	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
25145134	CYTOTEC	MISOPRO	562828	Prostaglar	56282800	Prostaglar	S	100 MCG	ORAL	TABS	EA	100	X	MSB		25	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
25145160	CYTOTEC	MISOPRO	562828	Prostaglar	56282800	Prostaglar	S	100 MCG	ORAL	TABS	EA	60	X	MSB		25	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
25146131	CYTOTEC	MISOPRO	562828	Prostaglar	56282800	Prostaglar	S	200 MCG	ORAL	TABS	EA	100	X	MSB		25	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
25146160	CYTOTEC	MISOPRO	562828	Prostaglar	56282800	Prostaglar	S	200 MCG	ORAL	TABS	EA	60	X	MSB		25	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
25151501	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	50 MG	ORAL	CAPS	EA	60	X	MSB	10/11/2023	25	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
25152031	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	100	X	MSB		25	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
25152034	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	100	X	MSB		25	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
25152051	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	500	X	MSB		25	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
25152531	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	100	X	MSB		25	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
25152534	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	100	X	MSB		25	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
25152551	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	500	X	MSB		25	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
25153001	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	400 MG	ORAL	CAPS	EA	100	X	MSB	10/11/2023	25	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
25153002	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	400 MG	ORAL	CAPS	EA	60	X	MSB	9/12/2023	25	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
25171001	INSPRA	EPLEREN	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	MSB		25	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
25171002	INSPRA	EPLEREN	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	90	X	MSB	3/8/2023	25	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
25172001	INSPRA	EPLEREN	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	90	X	MSB	12/27/2022	25	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
25172003	INSPRA	EPLEREN	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	30	X	MSB		25	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
25194250	FLAGYL	METRONI	83016	UNKNOW	8301692	UNKNOW	S	375 MG	ORAL	CAPS	EA	50		MSB		25	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
25271231	CALAN S	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	120 MG	ORAL	TBCR	EA	100	X	MSB	12/8/2022	25			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
25273231	NORPACE	DISOPYR	240404	Antiarrhyt	24040404	Class Ia A	R	100MG	ORAL	CP12	EA	100	X	SSB		25			N	FORMULARY		2 BRAND	PREFERRED BRAND							R	MEDPRMI
25274231	NORPACE	DISOPYR	240404	Antiarrhyt	24040404	Class Ia A	R	150MG	ORAL	CP12	EA	100	X	SSB		25			N	FORMULARY		2 BRAND	PREFERRED BRAND							R	MEDPRMI
25275231	NORPACE	DISOPYR	240404	Antiarrhyt	24040404	Class Ia A	S	100MG	ORAL	CAPS	EA	100	X	MSB		25	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
25276231	NORPACE	DISOPYR	240404	Antiarrhyt	24040404	Class Ia A	S	150MG	ORAL	CAPS	EA	100	X	MSB		25	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
25281831	CALAN S	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	180 MG	ORAL	TBCR	EA	100	X	MSB	5/31/2023	25			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
25292431	CALAN S	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	240 MG	ORAL	TBCR	EA	100	X	MSB	10/3/2022	25			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
26378225	KOGENA	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	250 UNIT	INTRAVE	KIT	EA	1		SSB		26		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND							R	MEDPRMI
26378335	KOGENA	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	500 UNIT	INTRAVE	KIT	EA	1		SSB		26		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND							R	MEDPRMI
26378555	KOGENA	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	1000 UNIT	INTRAVE	KIT	EA	1		SSB		26		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND							R	MEDPRMI
26378665	KOGENA	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	2000 UNIT	INTRAVE	KIT	EA	1		SSB		26		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND							R	MEDPRMI
26378775	KOGENA	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	3000 UNIT	INTRAVE	KIT	EA	1		SSB		26		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND							R	MEDPRMI
26382125	KOVALTR	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	250 UNIT	INTRAVE	SOLR	EA	1		SSB		26		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND							R	MEDPRMI
26382225	KOVALTR	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	500 UNIT	INTRAVE	SOLR	EA	1		SSB		26		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND							R	MEDPRMI
26382425	KOVALTR	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	1000 UNIT	INTRAVE	SOLR	EA	1		SSB		26		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND							R	MEDPRMI
26382650	KOVALTR	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	2000 UNIT	INTRAVE	SOLR	EA	1		SSB		26		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND							R	MEDPRMI
26382850	KOVALTR	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	3000 UNIT	INTRAVE	SOLR	EA	1		SSB		26		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND							R	MEDPRMI
26394225	JIVI	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	500 UNIT	INTRAVE	SOLR	EA	1		SSB		26		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND							R	MEDPRMI
26394425	JIVI	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	1000 UNIT	INTRAVE	SOLR	EA	1		SSB		26		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND							R	MEDPRMI
26394625	JIVI	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	2000 UNIT	INTRAVE	SOLR	EA	1		SSB		26		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND							R	MEDPRMI
26394825	JIVI	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	3000 UNIT	INTRAVE	SOLR	EA	1		SSB		26		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND							R	MEDPRMI
26394899	JIVI	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	3000 UNIT	INTRAVE	SOLR	EA	1		SSB		26		Y	Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
26482101	KOVALTR	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	250 UNIT	INTRAVE	SOLR	EA	1		SSB		26		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND							R	MEDPRMI
26482201	KOVALTR	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	500 UNIT	INTRAVE	SOLR	EA	1		SSB		26		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND							R	MEDPRMI
26482401	KOVALTR	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	1000 UNIT	INTRAVE	SOLR	EA	1		SSB		26		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND							R	MEDPRMI
26482601	KOVALTR	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	2000 UNIT	INTRAVE	SOLR	EA	1		SSB		26		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND							R	MEDPRMI
26482801	KOVALTR	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	3000 UNIT	INTRAVE	SOLR	EA	1		SSB		26		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND							R	MEDPRMI
27000001	SORBOLE	EMOLLIE	842412	Basic Oint	84241200	Basic Oint	O	0-0-0-0	EXTERNA	CREA	GM	454		SSB	1/1/2022	27			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
27000002	SORBOLE	EMOLLIE	842412	Basic Oint	84241200	Basic Oint	O	0-0-0-0	EXTERNA	CREA	GM	56.8		SSB	1/1/2022	27			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
27000003	BLUE LIZ	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	P	7.5%-2%-	EXTERNA	LOTN	ML	259		GENERIC	1/1/2022	27			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
27000004	BLUE LIZ	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	P	5%-10%	EXTERNA	LOTN	ML	259		GENERIC	1/1/2022	27			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
27000005	BLUE LIZ	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	P	5%-10%	EXTERNA	LOTN	ML	148		GENERIC		27			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
27000009	BLUE LIZ	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	P	5%-10%	EXTERNA	LOTN	ML	148		GENERIC	1/1/2022	27			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
27000020	BLUE LIZ	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	P	5%-10%	EXTERNA	LOTN	ML	259		GENERIC		27			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
27000035	BLUE LIZ	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	P	5%-10%	EXTERNA	LOTN	ML	89		GENERIC		27			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
27000037	BLUE LIZ	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	P	7.5%-2%-	EXTERNA	LOTN	ML	89		GENERIC	1/1/2022	27			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
27000038	BLUE LIZ	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	P	5.5%-5.5%	EXTERNA	LOTN	GM	85		GENERIC	1/1/2022	27			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
27000039	BLUE LIZ	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	P	5%-10%	EXTERNA	LOTN	ML	89		GENERIC	1/1/2022	27			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
27000078	BLUE LIZ	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	P	7.5%-2%-	EXTERNA	LOTN	ML	148		GENERIC	1/1/2022	27			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
31209126	ROBITUS	PHENYLE	480800	Antitussiv	48080000	Antitussiv	O	10MG/5ML	ORAL	MISC	ML	118		SSB		31	Y		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
31209226	ROBITUS	PHENYLE	480800	Antitussiv	48080000	Antitussiv	O	160MG/5M	ORAL	MISC	ML	118		SSB		31	Y		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
31209227	ROBITUS	PHENYLE	480800	Antitussiv	48080000	Antitussiv	O	160MG/5M	ORAL	MISC	ML	236		SSB		31	Y		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
31209404	ROBITUS	PHENYLE	480800	Antitussiv	48080000	Antitussiv	P	650MG/20	ORAL	MISC	ML	118		GENERIC		31	Y		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
31209448	ROBITUS	DOXYLAM	480800	Antitussiv	48080000	Antitussiv	O	0-12.5MG	ORAL	LQPK	ML	236		SSB		31			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
31214623	DIMETAP	DIPHENH	40400	First Gene	4040000	First Gene	P	6.25-2.5 M	ORAL	LIQD	ML	118		GENERIC		31	Y		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
31229512	DIMETAP	PHENYLE	480800	Antitussiv	48080000	Antitussiv	P	2.5-1-5 MG	ORAL	LIQD	ML	118		MSB	1/7/2022	31			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
31865510	ROBITUS	DEXTROM	480800	Antitussiv	48080000	Antitussiv	P	30 MG/5M	ORAL	SUER	ML	89		GENERIC		31			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
31869213	ROBITUS	CHLORPH	480800	Antitussiv	48080000	Antitussiv	O	1-7.5 MG/	ORAL	LIQD	ML	118		SSB		31	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
31869312	ROBITUS	CHLORPH	480800	Antitussiv	48080000	Antitussiv	O	1-7.5 MG/	ORAL	LIQD	ML	118		SSB		31	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
31869412	ROBITUS	DEXTROM	480800	Antitussiv	48080000	Antitussiv	O	7.5 MG/5M	ORAL	SYRP	ML	118		SSB		31			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
31871513	ROBITUS	DEXTROM	480800	Antitussiv	48080000	Antitussiv	P	20-200 MG	ORAL	LIQD	ML	118		MSB		31			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
31871612	ROBITUS	PHENYLE	480800	Antitussiv	48080000	Antitussiv	O	2.5-5-50 M	ORAL	LIQD	ML	118		SSB		31			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
31871813	ROBITUS	DOXYLAM	480800	Antitussiv	48080000	Antitussiv	P	3.125-7.5	ORAL	LIQD	ML	118		MSB		31			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
31871818	ROBITUS	DOXYLAM	480800	Antitussiv	48080000	Antitussiv	P	3.125-7.5	ORAL	LIQD	ML	237		MSB		31			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
31871920	ROBITUS	DEXTROM	480800	Antitussiv	48080000	Antitussiv	P	10-200 MG	ORAL	CAPS	EA	20		GENERIC		31			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
31872510	ROBITUS	DEXTROM	480800	Antitussiv	48080000	Antitussiv	P	30 MG/5M	ORAL	SUER	ML	89		GENERIC		31			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
31872610	ROBITUS	DEXTROM	480800	Antitussiv	48080000	Antitussiv	P	30 MG/5M	ORAL	SUER	ML	89		GENERIC		31			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
31873912	ROBITUS	DEXTROM	480800	Antitussiv	48080000	Antitussiv	P	20-400 MG	ORAL	LIQD	ML	118		GENERIC		31			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
31873918	ROBITUS	DEXTROM	480800	Antitussiv	48080000	Antitussiv	P	20-400 MG	ORAL	LIQD	ML	237		GENERIC		31			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
31873942	ROBITUS	DEXTROM	480800	Antitussiv	48080000	Antitussiv	P	20-400 MG	ORAL	LIQD	ML	355		GENERIC		31			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
31874120	ROBITUS	DEXTROM	480800	Antitussiv	48080000	Antitussiv	P	15 MG	ORAL	CAPS	EA	20		MSB	6/1/2022	31	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
31874220	ROBITUS	PHENYLE	480800	Antitussiv	48080000	Antitussiv	P	5-10-100 M	ORAL	LIQD	ML	237		MSB		31			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
31874320	ROBITUS	DEXTROM	480800	Antitussiv	48080000	Antitussiv	P	15 MG	ORAL	CAPS	EA	20		GENERIC		31	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
31875012	ROBITUS	ACETAMI	480800	Antitussiv	48080000	Antitussiv	O	650-20 MG	ORAL	LIQD	ML	118		SSB		31			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
31875112	ROBITUS	PHENYLE	480800	Antitussiv	48080000	Antitussiv	P	5-10-200-3	ORAL	LIQD	ML	118		GENERIC		31			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
31875118	ROBITUS	PHENYLE	480800	Antitussiv	48080000	Antitussiv	P	5-10-200-3	ORAL	LIQD	ML	237		GENERIC		31			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
31875212	ROBITUS	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5-5-325	ORAL	LIQD	ML	118		GENERIC		31			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
31875218	ROBITUS	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5-5-325	ORAL	LIQD	ML	237		GENERIC		31			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
31875303	ROBITUS	DEXTROM	480800	Antitussiv	48080000	Antitussiv	P	30 MG/5M	ORAL	SUER	ML	89		GENERIC		31			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
31875612	ROBITUS	DEXTROM	480800	Antitussiv	48080000	Antitussiv	P	20-400 MG	ORAL	LIQD	ML	118		GENERIC		31			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
31875618	ROBITUS	DEXTROM	480800	Antitussiv	48080000	Antitussiv	P	20-400 MG	ORAL	LIQD	ML	237		GENERIC		31			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
31875712	ROBITUS	DEXTROM	480800	Antitussiv	48080000	Antitussiv	P	20-200 MG	ORAL	LIQD	ML	118		MSB		31			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
31875718	ROBITUS	DEXTROM	480800	Antitussiv	48080000	Antitussiv	P	20-200 MG	ORAL	LIQD	ML	237		MSB		31			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
31875912	ROBITUS	DEXTROM	480800	Antitussiv	48080000	Antitussiv	P	20-200 MG	ORAL	LIQD	ML	118		MSB		31			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
31876012	ROBITUS	DEXTROM	480800	Antitussiv	48080000	Antitussiv	P	20-200 MG	ORAL	LIQD	ML	118		GENERIC		31			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
31877112	ROBITUS	ACETAMI	480800	Antitussiv	48080000	Antitussiv	O	650-20 MG	ORAL	LIQD	ML	118		SSB		31			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
31877118	ROBITUS	ACETAMI	480800	Antitussiv	48080000	Antitussiv	O	650-20 MG	ORAL	LIQD	ML	237		SSB		31			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
32004570	CREON	PANCREL	561600	Digestants	56160000	Digestants	R	3000-9500	ORAL	CPEP	EA	70	X	SSB		32			N	FORMULARY		2 BRAND	PREFERRED BRAND							R	MEDPRMI
32004670	CREON	PANCREL	561600	Digestants	56160000	Digestants	R	30000UNI	ORAL	CPEP	EA	100	X	SSB		32			N	FORMULARY		2 BRAND	PREFERRED BRAND							R	MEDPRMI
32004770	CREON	PANCREL	561600	Digestants	56160000	Digestants	R	60000UNI	ORAL	CPEP	EA	100	X	SSB		32			N	FORMULARY		2 BRAND	PREFERRED BRAND							R	MEDPRMI
32120370	CREON	PANCREL	561600	Digestants	56160000	Digestants	R	3000-9500	ORAL	CPEP	EA	70	X	SSB		32			N	FORMULARY		2 BRAND	PREFERRED BRAND							R	MEDPRMI
32120601	CREON	PANCREL	561600	Digestants	56160000	Digestants	R	30000UNI	ORAL	CPEP	EA	100	X	SSB	6/10/2024	32			N	FORMULARY		2 BRAND	PREFERRED BRAND							R	MEDPRMI
32120607	CREON	PANCREL	561600	Digestants	56160000	Digestants	R	30000UNI	ORAL	CPEP	EA	250	X	SSB	10/13/2023	32			N	FORMULARY		2 BRAND	PREFERRED BRAND							R	MEDPRMI
32121201	CREON	PANCREL	561600	Digestants	56160000	Digestants	R	60000UNI	ORAL	CPEP	EA	100	X	SSB	6/10/2024	32			N	FORMULARY		2 BRAND	PREFERRED BRAND							R	MEDPRMI
32121207	CREON	PANCREL	561600	Digestants	56160000	Digestants	R	60000UNI	ORAL	CPEP	EA	250	X	SSB	6/1/2023	32			N	FORMULARY		2 BRAND	PREFERRED BRAND							R	MEDPRMI
32122401	CREON	PANCREL	561600	Digestants	56160000	Digestants	R	24000-760	ORAL	CPEP	EA	100	X	SSB		32			N	FORMULARY		2 BRAND	PREFERRED BRAND							R	MEDPRMI
32122407	CREON	PANCREL	561600	Digestants	56160000	Digestants	R	24000-760	ORAL	CPEP	EA	250	X	SSB	5/10/2023	32			N	FORMULARY		2 BRAND	PREFERRED BRAND							R	MEDPRMI
32263601	CREON	PANCREL	561600	Digestants	56160000	Digestants	R	24000-760	ORAL	CPEP	EA	100	X	SSB		32			N	FORMULARY		2 BRAND	PREFERRED BRAND							R	MEDPRMI
32301613	CREON	PANCREL	561600	Digestants	56160000	Digestants	R	36000-114	ORAL	CPEP	EA	100	X	SSB		32			N	FORMULARY		2 BRAND	PREFERRED BRAND							R	MEDPRMI
32301628	CREON	PANCREL	561600	Digestants	56160000	Digestants	R	36000-114	ORAL	CPEP	EA	250	X	SSB	3/14/2023	32			N	FORMULARY		2 BRAND	PREFERRED BRAND							R	MEDPRMI
37002207	SFROWA	MESALAM	563600	Anti-inflam	56360000	Anti-inflam	R	4 GM/60M	RECTAL	ENEM	ML	60		SSB		37	Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
37002228	SFROWA	MESALAM	563600	Anti-inflam	56360000	Anti-inflam	R	4 GM/60M	RECTAL	ENEM	ML	60		SSB		37	Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
37006603	ROWASA	MESALAM	563600	Anti-inflam	56360000	Anti-inflam	S	4 GM	RECTAL	KIT	EA	1		MSB		37	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
37006605	ROWASA	MESALAM	563600	Anti-inflam	56360000	Anti-inflam	S	4 GM	RECTAL	KIT	EA	1		MSB		37	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
37024523	DYMISTA	AZELAST	520200	Antiallergi	52020000	Antiallergi	S	137-50 MC	NASAL	SUSP	GM	23		MSB		37			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	23 IN 30 DAYS			R	MEDPRMI
37043001	FELBATO	FELBAMA	281292	Anticonvul	28129200	Anticonvul	S	400MG	ORAL	TABS	EA	100	X	MSB		37	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	9 IN 1 DAYS			R	MEDPRMI
37043101	FELBATO	FELBAMA	281292	Anticonvul	28129200	Anticonvul	S	600MG	ORAL	TABS	EA	100	X	MSB		37	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	6 IN 1 DAYS			R	MEDPRMI
37044217	FELBATO	FELBAMA	281292	Anticonvul	28129200	Anticonvul	S	600 MG/5M	ORAL	SUSP	ML	946	X	MSB	11/1/2023	37	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	30 IN 1 DAYS			R	MEDPRMI
37044267	FELBATO	FELBAMA	281292	Anticonvul	28129200	Anticonvul	S	600 MG/5M	ORAL	SUSP	ML	237	X	MSB	11/1/2023	37	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	30 IN 1 DAYS			R	MEDPRMI
37067808	GASTRO	CROMOLY	481032	Mast-cell S	48103200	Mast-cell S	S	100 MG/5M	ORAL	CONC	ML	5	X	MSB		37	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
37067896	GASTRO	CROMOLY	481032	Mast-cell S	48103200	Mast-cell S	S	100 MG/5M	ORAL	CONC	ML	5	X	MSB		37	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
37200101	SOMA	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350MG	ORAL	TABS	EA	100		MSB		37	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	4 IN 1 DAYS			R	MEDPRMI
37225010	SOMA	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	250MG	ORAL	TABS	EA	100		MSB		37	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	4 IN 1 DAYS			R	MEDPRMI
37225030	SOMA	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	250MG	ORAL	TABS	EA	30		MSB		37	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	4 IN 1 DAYS			R	MEDPRMI
37440101	DEPEN T	PENICILL	640000	Heavy Me	64000000	Heavy Me	S	250MG	ORAL	TABS	EA	100		MSB		37	Y		N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION	X	PA:X					R	MEDPRMI
37480170	ELESTRI	ESTRADIO	681604	Estrogens	68160400	Estrogens	R	0.52 MG/0	TRANSDE	GEL	GM	26	X	SSB		37			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND			X	52 IN 30 DAYS	X	Must meet 5 DS Clim TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120	R	MEDPRMI
37601030	EDLUAR	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	R	10 MG	SUBLINGI	SUBL	EA	30		SSB	5/31/2023	37			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
37601093	EDLUAR	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	R	10 MG	SUBLINGI	SUBL	EA	30		SSB		37			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
37605030	EDLUAR	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	R	5 MG	SUBLINGI	SUBL	EA	30		SSB	1/31/2023	37			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
37605093	EDLUAR	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	R	5 MG	SUBLINGI	SUBL	EA	30		SSB		37			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
37632190	URELLE	METHENA	83600	Urinary Ar	8360000	Urinary Ar	S	81 MG	ORAL	TABS	EA	90		GENERIC		37	N		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
37682210	PROCTO	HYDROC	840800	Antipruritic	84080000	Antipruritic	R	1%-1%	EXTERNA	FOAM	GM	10		SSB		37			N	FORMULARY		2 BRAND	PREFERRED BRAND							R	MEDPRMI
37682315	PROCTO	PRAMOXI	840800	Antipruritic	84080000	Antipruritic	P	1%	EXTERNA	FOAM	GM	15		MSB		37	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
37682410	EPIFOAM	PRAMOXI	840608	UNKNOW	84060800	UNKNOW	R	1%-1%	EXTERNA	FOAM	GM	10		SSB		37			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					X	Must meet 5 DS Anal TRIAL OF HYDROCORTISONE/PRAMOXINE 2.5%-1% CREAM IN THE PAST 120	R	MEDPRMI
37683015	CORTIFO	HYDROC	840608	UNKNOW	84060800	UNKNOW	R	10%-90MG	EXTERNA	FOAM	GM	15		SSB		37			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
37686010	DIPENTU	OLSALAZ	563600	Anti-inflam	56360000	Anti-inflam	R	250MG	ORAL	CAPS	EA	100	X	SSB		37			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
37812001	MUSE	ALPROST	240816	Central Al	24081600	Central Al	R	250 MCG	URETHR	PLLT	EA	1		SSB	6/5/2024	37			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND			X	1 IN 5 DAYS			R	MEDPRMI
37812006	MUSE	ALPROST	240816	Central Al	24081600	Central Al	R	250 MCG	URETHR	PLLT	EA	6		SSB	6/5/2024	37			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND			X	1 IN 5 DAYS			R	MEDPRMI
37813001	MUSE	ALPROST	240816	Central Al	24081600	Central Al	R	500 MCG	URETHR	PLLT	EA	1		SSB	6/5/2024	37			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND			X	1 IN 5 DAYS			R	MEDPRMI
37813006	MUSE	ALPROST	240816	Central Al	24081600	Central Al	R	500 MCG	URETHR	PLLT	EA	6		SSB	6/5/2024	37			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND			X	1 IN 5 DAYS			R	MEDPRMI
37814001	MUSE	ALPROST	240816	Central Al	24081600	Central Al	R	1000 MCG	URETHR	PLLT	EA	1		SSB	6/5/2024	37			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND			X	1 IN 5 DAYS			R	MEDPRMI
37814006	MUSE	ALPROST	240816	Central Al	24081600	Central Al	R	1000 MCG	URETHR	PLLT	EA	6		SSB	6/5/2024	37			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND			X	1 IN 5 DAYS			R	MEDPRMI
37900105	LEVSIN	HYOSCYA	120808	Antimusca	12080800	Antimusca	S	0.5 MG/ML	INJECTIO	SOLN	ML	1		MSB	3/8/2023	37			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
39022110	AMARYL	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	1 MG	ORAL	TABS	EA	100	X	MSB	6/28/2023	39	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
39022210	AMARYL	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	100	X	MSB	6/28/2023	39	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
39022310	AMARYL	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	100	X	MSB	6/28/2023	39	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI

54056150	CLOBAZA	CLOBAZA	281208	Anticonvul	28120800	Anticonvul	S	2.5 MG/MI	ORAL	SUSP	ML	120 X	GENERIC	2/13/2023	54	N	FORMULARY		1 GEN	GENERICS			X	480 IN 30 DAYS				R	MEDPRMI
54057625	DEFERIPI	DEFERIPI	640000	Heavy Me	64000000	Heavy Me	S	500 MG	ORAL	TABS	EA	100 X	GENERIC		54	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X						R	MEDPRMI
54060313	DESVENL	DESVENL	281604	Antidepres	28160416	UNKNOW	S	25 MG	ORAL	TB24	EA	30 X	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54060421	EVEROLI	EVEROLI	900000	UNKNOW	90000000	UNKNOW	S	1 MG	ORAL	TABS	EA	60 X	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54062127	ICOSAPE	ICOSAPE	240612	UNKNOW	24061200	UNKNOW	S	0.5 GM	ORAL	CAPS	EA	240 X	GENERIC		54	N	EXCLUDE	HARD_MS	1 GEN	FORMULARY EXCLUSION					PLEASE DISPENSE BRAND FOR GENERIC COPAY.			R	MEDPRMI
54062263	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG/5M	ORAL	SOLN	ML	473	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54063905	METHYLE	METHYLE	760000	Oxytocics	76000000	Oxytocics	S	0.2 MG	ORAL	TABS	EA	12	GENERIC		54	N	FORMULARY		1 GEN	GENERICS			X	28 IN 30 DAYS				R	MEDPRMI
54063913	METHYLE	METHYLE	760000	Oxytocics	76000000	Oxytocics	S	0.2 MG	ORAL	TABS	EA	28	GENERIC	12/6/2024	54	N	FORMULARY		1 GEN	GENERICS			X	28 IN 30 DAYS				R	MEDPRMI
54065025	BUTALBIT	BUTALBIT	280808	Opiate Ag	28080800	Opiate Ag	S	50-300-40	ORAL	CAPS	EA	100	GENERIC		54	N	FORMULARY		1 GEN	GENERICS			X	6 IN 1 DAYS		X	AGE_YEAMUST BE AT LEAST	R	MEDPRMI
54065225	VIGABATI	VIGABATI	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TABS	EA	100 X	GENERIC		54	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X						R	MEDPRMI
54066882	ALVIMOP.	ALVIMOP.	561804	UNKNOW	56180400	UNKNOW	S	12 MG	ORAL	CAPS	EA	30	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54070920	METHAD(	METHAD(	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	TABS	EA	100	GENERIC		54 Y	N	FORMULARY		1 GEN	GENERICS			X	8 IN 1 DAYS				R	MEDPRMI
54070925	METHAD(	METHAD(	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	TABS	EA	100	GENERIC		54 Y	N	FORMULARY		1 GEN	GENERICS			X	8 IN 1 DAYS				R	MEDPRMI
54071020	METHAD(	METHAD(	280808	Opiate Ag	28080800	Opiate Ag	S	10 MG	ORAL	TABS	EA	100	GENERIC		54 Y	N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS				R	MEDPRMI
54071025	METHAD(	METHAD(	280808	Opiate Ag	28080800	Opiate Ag	S	10 MG	ORAL	TABS	EA	100	GENERIC		54 Y	N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS				R	MEDPRMI
54071119	DEFERIPI	DEFERIPI	640000	Heavy Me	64000000	Heavy Me	S	1000 MG	ORAL	TABS	EA	50 X	GENERIC		54	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X						R	MEDPRMI
54074287	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective	S	108 (90 B/	INHALATI	AERS	GM	6.7 X	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54074825	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	100	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54074831	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	1000	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54081221	PYRAZIN	PYRAZIN	81604	Antituberc	8160400	Antituberc	S	500 MG	ORAL	TABS	EA	60	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54081222	PYRAZIN	PYRAZIN	81604	Antituberc	8160400	Antituberc	S	500 MG	ORAL	TABS	EA	90	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54081225	PYRAZIN	PYRAZIN	81604	Antituberc	8160400	Antituberc	S	500 MG	ORAL	TABS	EA	100	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54081229	PYRAZIN	PYRAZIN	81604	Antituberc	8160400	Antituberc	S	500 MG	ORAL	TABS	EA	500	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54110058	AMINOCA	AMINOCA	202816	Hemostati	20281600	Hemostati	S	0.25 GM/M	ORAL	SOLN	ML	236.5	GENERIC		54 Y	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54111013	AMINOCA	AMINOCA	202816	Hemostati	20281600	Hemostati	S	1000 MG	ORAL	TABS	EA	30	GENERIC		54 Y	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54195030	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	RECTAL	SUPP	EA	30 X	GENERIC		54	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
54252625	LITHIUM (	LITHIUM (	282800	Antimanic	28280000	Antimanic	S	150 MG	ORAL	CAPS	EA	100 X	MSB		54 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
54252725	LITHIUM (	LITHIUM (	282800	Antimanic	28280000	Antimanic	S	300 MG	ORAL	CAPS	EA	100 X	MSB		54	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
54252731	LITHIUM (	LITHIUM (	282800	Antimanic	28280000	Antimanic	S	300 MG	ORAL	CAPS	EA	1000 X	MSB		54	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
54253125	LITHIUM (	LITHIUM (	282800	Antimanic	28280000	Antimanic	S	600 MG	ORAL	CAPS	EA	100 X	MSB		54 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
54300001	BUTALBIT	BUTALBIT	280808	Opiate Ag	28080800	Opiate Ag	S	50-325-40	ORAL	CAPS	EA	100	GENERIC		54	N	FORMULARY		1 GEN	GENERICS			X	6 IN 1 DAYS		X	AGE_YEAMUST BE AT LEAST	R	MEDPRMI
54306844	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	R	1 MG/ML	ORAL	CONC	ML	30	SSB		54	N	FORMULARY		2 BRAND	PREFERRED BRAND								R	MEDPRMI
54309036	BUTORPH	BUTORPH	280812	Opiate Pa	28081200	Opiate Pa	S	10 MG/ML	NASAL	SOLN	ML	2.5	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54311763	CALCIUM	CALCIUM	560400	Antacids a	56040000	Antacids a	P	1250 MG/5	ORAL	SUSP	ML	500	GENERIC	6/4/2024	54	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
54312041	CALCITRI	CALCITRI	881600	Vitamin D	88160000	Vitamin D	S	1 MCG/ML	ORAL	SOLN	ML	15 X	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54317644	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	R	1 MG/ML	ORAL	CONC	ML	30	SSB		54	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
54317757	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	R	0.5 MG/5M	ORAL	SOLN	ML	240	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54317763	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	R	0.5 MG/5M	ORAL	SOLN	ML	500	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54318544	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG/ML	ORAL	CONC	ML	30	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54318863	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG/5ML	ORAL	SOLN	ML	500	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54319446	DIPHENO	DIPHENO	560800	Antidiarrh	56080000	Antidiarrh	R	2.5-0.025	ORAL	LIQD	ML	60	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54327099	FLUTICAS	FLUTICAS	520808	Corticoste	52080800	Corticoste	S	50 MCG/A	NASAL	SUSP	GM	16	GENERIC		54	N	FORMULARY		1 GEN	GENERICS			X	16 IN 30 DAYS				R	MEDPRMI
54329446	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	ORAL	SOLN	ML	60 X	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54329450	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	ORAL	SOLN	ML	120 X	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54329863	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	R	8 MG/ML	ORAL	SOLN	ML	500 X	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54350049	LIDOCAIN	LIDOCAIN	521600	Local Ane	52160000	Local Ane	S	2%	MOUTH/T	SOLN	ML	100	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54350547	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	4%	EXTERNA	SOLN	ML	50	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54353244	LORAZEF	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG/ML	ORAL	CONC	ML	30	GENERIC		54 Y	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54354563	MEPERID	MEPERID	280808	Opiate Ag	28080800	Opiate Ag	R	50 MG/5M	ORAL	SOLN	ML	500	GENERIC		54	N	FORMULARY		1 GEN	GENERICS			X	30 IN 1 DAYS				R	MEDPRMI
54355344	METHAD(	METHAD(	280808	Opiate Ag	28080800	Opiate Ag	S	10 MG/ML	ORAL	CONC	ML	30	GENERIC		54	N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS				R	MEDPRMI
54355563	METHAD(	METHAD(	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG/5ML	ORAL	SOLN	ML	500	MSB		54	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	40 IN 1 DAYS				R	MEDPRMI
54355663	METHAD(	METHAD(	280808	Opiate Ag	28080800	Opiate Ag	S	10 MG/5M	ORAL	SOLN	ML	500	MSB		54	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	20 IN 1 DAYS				R	MEDPRMI
54356699	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG/ML	ORAL	SYRP	ML	118	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54363063	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	125 MG/5	ORAL	SUSP	ML	500 X	GENERIC		54	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
54372144	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	R	5 MG/ML	ORAL	CONC	ML	30	SSB		54	N	FORMULARY		2 BRAND	PREFERRED BRAND								R	MEDPRMI
54372250	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	R	5 MG/5ML	ORAL	SOLN	ML	120	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54372263	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	R	5 MG/5ML	ORAL	SOLN	ML	500	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54372763	PROPRAI	PROPRAI	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG/5M	ORAL	SOLN	ML	500 X	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54373063	PROPRAI	PROPRAI	242000	Alpha-Adr	24200000	Alpha-Adr	R	40 MG/5M	ORAL	SOLN	ML	500 X	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54414622	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	S	10 MG	MOUTH/T	TROC	EA	70	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54414623	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	S	10 MG	MOUTH/T	TROC	EA	140	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54417925	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	0.5 MG	ORAL	TABS	EA	100	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54418025	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	0.75 MG	ORAL	TABS	EA	100	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54418125	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	1 MG	ORAL	TABS	EA	100	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54418225	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	1.5 MG	ORAL	TABS	EA	100	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54418325	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	2 MG	ORAL	TABS	EA	100	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54418425	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	100	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54418625	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	6 MG	ORAL	TABS	EA	100	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54429725	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54429731	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	1000 X	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54429925	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	100 X	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54429931	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	1000 X	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54430125	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	80 MG	ORAL	TABS	EA	100 X	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54430129	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	80 MG	ORAL	TABS	EA	500 X	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54449613	LEUCOV(	LEUCOV(	910412	UNKNOW	91041200	UNKNOW	S	5 MG	ORAL	TABS	EA	30	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54449625	LEUCOV(	LEUCOV(	910412	UNKNOW	91041200	UNKNOW	S	5 MG	ORAL	TABS	EA	100	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54449705	LEUCOV(	LEUCOV(	910412	UNKNOW	91041200	UNKNOW	S	10 MG	ORAL	TABS	EA	12	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54449710	LEUCOV(	LEUCOV(	910412	UNKNOW	91041200	UNKNOW	S	10 MG	ORAL	TABS	EA	24	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54449810	LEUCOV(	LEUCOV(	910412	UNKNOW	91041200	UNKNOW	S	15 MG	ORAL	TABS	EA	24	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54449911	LEUCOV(	LEUCOV(	910412	UNKNOW	91041200	UNKNOW	S	25 MG	ORAL	TABS	EA	25	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54452725	LITHIUM (	LITHIUM (	282800	Antimanic	28280000	Antimanic	S	300 MG	ORAL	TABS	EA	100 X	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54452731	LITHIUM (	LITHIUM (	282800	Antimanic	28280000	Antimanic	S	300 MG	ORAL	TABS	EA	1000 X	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54453825	METHAD(	METHAD(	280808	Opiate Ag	28080800	Opiate Ag	S	40 MG	ORAL	TBSO	EA	100	GENERIC		54 Y	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS				R	MEDPRMI
54455015	METHOTI	METHOTI	100000	Antineopla	10000000	Antineopla	S	2.5 MG	ORAL	TABS	EA	36	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54455025	METHOTI	METHOTI	100000	Antineopla	10000000	Antineopla	S	2.5 MG	ORAL	TABS	EA	100	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54457025	METHAD(	METHAD(	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	TABS	EA	100	GENERIC	8/31/2023	54	N	FORMULARY		1 GEN	GENERICS			X	8 IN 1 DAYS				R	MEDPRMI
54457125	METHAD(	METHAD(	280808	Opiate Ag	28080800	Opiate Ag	S	10 MG	ORAL	TABS	EA	100	GENERIC	8/31/2023	54	N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS				R	MEDPRMI
54458111	MERCAPT	MERCAPT	100000	Antineopla	10000000	Antineopla	S	50 MG	ORAL	TABS	EA	25	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54458127	MERCAPT	MERCAPT	100000	Antineopla	10000000	Antineopla	S	50 MG	ORAL	TABS	EA	250	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54472825	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	100	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54472831	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	1000	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54474125	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	1 MG	ORAL	TABS	EA	100	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54474131	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	1 MG	ORAL	TABS	EA	1000	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54474225	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	2.5 MG	ORAL	TABS	EA	100	GENERIC		54 Y	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54485825	TRIAZOL/	TRIAZOL/	282408	Benzodiaz	28240800	Benzodiaz	S	0.125 MG	ORAL	TABS	EA	100	GENERIC	10/31/2024	54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54485925	TRIAZOL/	TRIAZOL/	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	100	GENERIC	10/31/2024	54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54485929	TRIAZOL/	TRIAZOL/	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	500	GENERIC	10/31/2024	54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54814622	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	S	10 MG	MOUTH/T	TROC	EA	70	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54817425	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	1 MG	ORAL	TABS	EA	100	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54817525	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	100	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54817625	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	2 MG	ORAL	TABS	EA	100	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54817925	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	0.5 MG	ORAL	TABS	EA	100	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54818025	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	0.75 MG	ORAL	TABS	EA	100	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54818125	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	1.5 MG	ORAL	TABS	EA	100	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54818325	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	6 MG	ORAL	TABS	EA	100	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54829725	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54829925	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	100 X	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54830125	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	80 MG	ORAL	TABS	EA	100 X	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54849619	LEUCOV(	LEUCOV(	910412	UNKNOW	91041200	UNKNOW	S	5 MG	ORAL	TABS	EA	50	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54852625	LITHIUM (	LITHIUM (	282800	Antimanic	28280000	Antimanic	S	150 MG	ORAL	CAPS	EA	100 X	MSB		54 N	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
54852725	LITHIUM (	LITHIUM (	282800	Antimanic	28280000	Antimanic	S	300 MG	ORAL	CAPS	EA	100 X	MSB		54	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
54852825	LITHIUM (	LITHIUM (	282800	Antimanic	28280000	Antimanic	S	300 MG	ORAL	TABS	EA	100 X	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54855025	METHOTI	METHOTI	100000	Antineopla	10000000	Antineopla	S	2.5 MG	ORAL	TABS	EA	100	GENERIC	9/4/2024	54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54855324	METHAD(	METHAD(	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	TABS	EA	100	GENERIC	8/31/2023	54 Y	N	FORMULARY		1 GEN	GENERICS			X	8 IN 1 DAYS				R	MEDPRMI
54855424	METHAD(	METHAD(	280808	Opiate Ag	28080800	Opiate Ag	S	10 MG	ORAL	TABS	EA	100	GENERIC	8/31/2023	54 Y	N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS				R	MEDPRMI
54872425	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	100	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54873925	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	1 MG	ORAL	TABS	EA	100	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54874025	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	2.5 MG	ORAL	TABS	EA	100	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54962857	SODIUM (	SODIUM (	282080	UNKNOW	28208000	UNKNOW	S	500 MG/M	ORAL	SOLN	ML	180	GENERIC		54	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X						R	MEDPRMI
54981725	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	100	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54981729	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	500	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54982825	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	100	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
54982831	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	1000	GENERIC		54	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI

56047030	SUSTIVA	EFAVIREI	81808	Antiretrovi	8180816	Nonnuclec	S	50 MG	ORAL	CAPS	EA	30 X	MSB	3/31/2023	56 Y	N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION								R	MEDPRMI
56047492	SUSTIVA	EFAVIREI	81808	Antiretrovi	8180816	Nonnuclec	S	200 MG	ORAL	CAPS	EA	90 X	MSB	3/31/2023	56 Y	N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION								R	MEDPRMI
56051030	SUSTIVA	EFAVIREI	81808	Antiretrovi	8180816	Nonnuclec	S	600 MG	ORAL	TABS	EA	30 X	MSB	9/30/2022	56 Y	N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION								R	MEDPRMI
64015008	PROSHIE	INCONTIN	849200	Skin and M	84920000	Skin and M	O	0-0-0-0-0	EXTERNA	FOAM	ML	240	SSB		64	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64022002	FRESHNE	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	LIQD	ML	60	NON DRUG		64	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64030025	PROSHIE	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	0	EXTERNA	KIT	EA	1	SSB		64	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64070004	PROSHIE	INCONTIN	849200	Skin and M	84920000	Skin and M	O	0	EXTERNA	LIQD	ML	120	SSB		64	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64201016	DARA	SHAMPO(	842000	Detergent	84200000	Detergent	O	0-0-0-0-0	EXTERNA	SHAM	ML	473	SSB		64	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64210012	IONIL	SOAP & C	842000	Detergent	84200000	Detergent	O	0	EXTERNA	LIQD	ML	360	SSB		64	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64218014	VELVACH	EMOLLIEI	842412	Basic Oint	84241200	Basic Oint	O	0-0	EXTERNA	CREA	GM	397	SSB		64	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64280003	NUTRADE	EMOLLIEI	842412	Basic Oint	84241200	Basic Oint	O	2.5%-0-0-(	EXTERNA	CREA	GM	90	SSB		64	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64290008	NUTRADE	SKIN OILS	842408	Basic Oils	84240800	Basic Oils	O	2.5%-2.5%	EXTERNA	OIL	ML	240	SSB		64 N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
65000203	NEVANAC	NEPAFEN	520820	Nonsteroi	52082000	Nonsteroi	R	0.10%	OPHTHAL	SUSP	ML	3	SSB	1/5/2023	65	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
65000603	MOXEZA	MOXIFLO	520404	Antibacter	52040400	Antibacter	S	0.50%	OPHTHAL	SOLN	ML	3	MSB	2/23/2022	65	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
65002315	MIOSTAT	CARBACH	524020	UNKNOW	52402000	UNKNOW	R	0.01%	INTRAOC	SOLN	ML	1.5	SSB		65	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
65008515	NAPHCOI	NAPHAZC	523200	Vasocons	52320000	Vasocons	P	0.025-0.3	OPHTHAL	SOLN	ML	15	MSB		65 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
65008542	NAPHCOI	NAPHAZC	523200	Vasocons	52320000	Vasocons	P	0.025-0.3	OPHTHAL	SOLN	ML	5	MSB	3/31/2022	65 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
65009265	FLUORES	FLUORES	365800	Ocular Dis	36580000	Ocular Dis	S	10%	INTRAVEI	SOLN	ML	5	MSB		65 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
65009605	FLAREX	FLUOROM	520808	Corticoste	52080800	Corticoste	R	0.10%	OPHTHAL	SUSP	ML	5	SSB		65	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
65010620	OPTI-FRE	SOFT LEI	521200	Contact Le	52120000	Contact Le	O	0	DOES NO	SOLN	ML	20	SSB		65	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
65018002	OPTI-FRE	OPTICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		65	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
65018007	OPTI-FRE	OPTICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		65	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
65019093	SYSTANE	ARTIFICI/	529200	EENT Dru	52920000	EENT Dru	P	0	OPHTHAL	SOLN	ML	12	GENERIC		65	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
65019229	OPTI-FRE	SOFT LEI	521200	Contact Le	52120000	Contact Le	O	0-0-.001%	DOES NO	SOLN	ML	10	SSB		65	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
65019231	OPTI-FRE	SOFT LEI	521200	Contact Le	52120000	Contact Le	O	0	DOES NO	SOLN	ML	12	SSB		65	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
65019310	OPTI-FRE	SOFT LEI	521200	Contact Le	52120000	Contact Le	O	0-0-.001%	DOES NO	SOLN	ML	10	SSB		65	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
65019320	OPTI-FRE	SOFT LEI	521200	Contact Le	52120000	Contact Le	O	0-0-.001%	DOES NO	SOLN	ML	20	SSB		65	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
65024610	BETOPTI(	BETAXOL	524008	UNKNOW	52400800	UNKNOW	R	0.25%	OPHTHAL	SUSP	ML	10 X	SSB	12/29/2022	65	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
65024615	BETOPTI(	BETAXOL	524008	UNKNOW	52400800	UNKNOW	R	0.25%	OPHTHAL	SUSP	ML	15 X	SSB	12/29/2022	65	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
65027510	AZOPT	BRINZOL/	524012	UNKNOW	52401200	UNKNOW	S	1%	OPHTHAL	SUSP	ML	10 X	MSB	3/11/2022	65	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
65027515	AZOPT	BRINZOL/	524012	UNKNOW	52401200	UNKNOW	S	1%	OPHTHAL	SUSP	ML	15 X	MSB	7/28/2022	65	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
65028544	OPTI-FRE	SOFT LEI	521200	Contact Le	52120000	Contact Le	P	0-0	DOES NO	SOLN	ML	3	GENERIC		65	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
65030355	ISOPTO A	ATROPIN	522400	Mydriatics	52240000	Mydriatics	R	1%	OPHTHAL	SOLN	ML	5 X	SSB	10/31/2023	65 N	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
65033230	PATANAS	OLOPATA	520200	Antiallergi	52020000	Antiallergi	S	0.60%	NASAL	SOLN	GM	30.5	MSB	5/16/2022	65 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	30.5 IN 30 DAYS				R	MEDPRMI
65034510	ALOMIDE	LODOXAM	520200	Antiallergi	52020000	Antiallergi	R	0.10%	OPHTHAL	SOLN	ML	10	SSB	4/20/2023	65	N	FORMULARY		2 BRAND	PREFERRED BRAND			X	40 IN 30 DAYS		X	Must meet 5 DS Cron TRIAL OF CROMOLYN 4% OPHTHALMIC DROPS IN THE PAST 120 DAYS	R	MEDPRMI
65035604	OPTI-FRE	SOFT LEI	521200	Contact Le	52120000	Contact Le	O	0-0-.001%	DOES NO	SOLN	ML	120	SSB		65	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
65035605	OPTI-FRE	SOFT LEI	521200	Contact Le	52120000	Contact Le	O	0-0-.001%	DOES NO	SOLN	ML	300	SSB		65	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
65035610	OPTI-FRE	SOFT LEI	521200	Contact Le	52120000	Contact Le	O	0-0-.001%	DOES NO	SOLN	ML	300	SSB		65	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
65035635	OPTI-FRE	SOFT LEI	521200	Contact Le	52120000	Contact Le	O	0-0-0-0-0	DOES NO	SOLN	ML	123	SSB		65	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
65035902	CYCLOM'	CYCLOPE	522400	Mydriatics	52240000	Mydriatics	R	.2%-1%	OPHTHAL	SOLN	ML	2 X	SSB		65	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
65035905	CYCLOM'	CYCLOPE	522400	Mydriatics	52240000	Mydriatics	R	.2%-1%	OPHTHAL	SOLN	ML	5 X	SSB		65	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
65036102	OPTI-FRE	SOFT LEI	521200	Contact Le	52120000	Contact Le	O	0	DOES NO	SOLN	ML	60	SSB		65	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
65036103	OPTI-FRE	SOFT LEI	521200	Contact Le	52120000	Contact Le	O	0	DOES NO	SOLN	ML	118	SSB		65	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
65036104	OPTI-FRE	SOFT LEI	521200	Contact Le	52120000	Contact Le	O	0	DOES NO	SOLN	ML	300	SSB		65	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
65036105	OPTI-FRE	SOFT LEI	521200	Contact Le	52120000	Contact Le	O	0	DOES NO	SOLN	ML	300	SSB		65	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
65036339	CLEAR C/	SOFT LEI	521200	Contact Le	52120000	Contact Le	O	3%-.79%	DOES NO	SOLN	ML	360	SSB		65	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
65036340	CLEAR C/	SOFT LEI	521200	Contact Le	52120000	Contact Le	O	3%-.79%	DOES NO	SOLN	ML	355	SSB		65	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
65036342	CLEAR C/	SOFT LEI	521200	Contact Le	52120000	Contact Le	O	3%-.79%	DOES NO	SOLN	ML	90	SSB		65	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
65039515	CYCLOG'	CYCLOPE	522400	Mydriatics	52240000	Mydriatics	R	0.50%	OPHTHAL	SOLN	ML	15 X	SSB		65 Y	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
65039602	CYCLOG'	CYCLOPE	522400	Mydriatics	52240000	Mydriatics	S	1%	OPHTHAL	SOLN	ML	2 X	MSB		65 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
65039605	CYCLOG'	CYCLOPE	522400	Mydriatics	52240000	Mydriatics	S	1%	OPHTHAL	SOLN	ML	5 X	MSB		65 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
65039702	CYCLOG'	CYCLOPE	522400	Mydriatics	52240000	Mydriatics	R	2%	OPHTHAL	SOLN	ML	2 X	SSB		65 Y	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
65039705	CYCLOG'	CYCLOPE	522400	Mydriatics	52240000	Mydriatics	R	2%	OPHTHAL	SOLN	ML	5 X	SSB		65 Y	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
65039715	CYCLOG'	CYCLOPE	522400	Mydriatics	52240000	Mydriatics	R	2%	OPHTHAL	SOLN	ML	15 X	SSB		65 Y	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
65040872	ALCON TI	HYPROMI	529200	EENT Dru	52920000	EENT Dru	O	0.50%	OPHTHAL	SOLN	ML	15	SSB		65 N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
65041130	BETADINI	POVIDON	520492	EENT Ant	52049200	EENT Ant	R	5%	OPHTHAL	SOLN	ML	30	SSB		65	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
65041663	GENTEAL	DEXTRAN	529200	EENT Dru	52920000	EENT Dru	P	0.1-0.3 %	OPHTHAL	SOLN	EA	36	MSB		65	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
65041815	TEARS N/	BENZALK	529200	EENT Dru	52920000	EENT Dru	P	.01%-0-.0	OPHTHAL	SOLN	ML	15	GENERIC		65 N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
65041830	TEARS N/	BENZALK	529200	EENT Dru	52920000	EENT Dru	P	.01%-0-.0	OPHTHAL	SOLN	ML	30	GENERIC		65 N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
65042622	TEARS N/	DEXTRAN	529200	EENT Dru	52920000	EENT Dru	P	.1%-.2%-.	OPHTHAL	SOLN	ML	15	GENERIC		65	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
65042623	TEARS N/	DEXTRAN	529200	EENT Dru	52920000	EENT Dru	P	.1%-.2%-.	OPHTHAL	SOLN	ML	30	GENERIC		65	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
65042636	GENTEAL	ARTIFICI/	529200	EENT Dru	52920000	EENT Dru	P	0.1-0.2-0.3	OPHTHAL	SOLN	ML	15	GENERIC		65	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
65042637	GENTEAL	ARTIFICI/	529200	EENT Dru	52920000	EENT Dru	P	0.1-0.2-0.3	OPHTHAL	SOLN	ML	15	GENERIC		65	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
65042915	SYSTANE	POLYETH	529200	EENT Dru	52920000	EENT Dru	P	0.4-0.3 %	OPHTHAL	SOLN	ML	15	MSB		65 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
65042930	SYSTANE	POLYETH	529200	EENT Dru	52920000	EENT Dru	P	0.4-0.3 %	OPHTHAL	SOLN	ML	30	MSB		65 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
65043133	SYSTANE	POLYETH	529200	EENT Dru	52920000	EENT Dru	P	0.4-0.3 %	OPHTHAL	SOLN	EA	30	MSB		65 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
65045407	SYSTANE	POLYETH	529200	EENT Dru	52920000	EENT Dru	O	0.4-0.3 %	OPHTHAL	GEL	ML	10	SSB		65	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
65048110	SYSTANE	PROPYLE	529200	EENT Dru	52920000	EENT Dru	P	0.60%	OPHTHAL	SOLN	ML	10	MSB		65	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
65048111	SYSTANE	PROPYLE	529200	EENT Dru	52920000	EENT Dru	P	0.60%	OPHTHAL	SOLN	ML	10	MSB		65	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
65048155	SYSTANE	PROPYLE	529200	EENT Dru	52920000	EENT Dru	P	0.60%	OPHTHAL	SOLN	ML	5	MSB		65	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
65050935	SYSTANE	WHITE PE	529200	EENT Dru	52920000	EENT Dru	P	3%-94%	OPHTHAL	OINT	GM	3.5	GENERIC		65	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
65051801	GENTEAL	WHITE PE	529200	EENT Dru	52920000	EENT Dru	P	3%-94%	OPHTHAL	OINT	GM	3.5	GENERIC		65	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
65053001	EYE STRI	OPHTHAL	529200	EENT Dru	52920000	EENT Dru	O	.048%-.04	OPHTHAL	SOLN	ML	30	SSB		65 N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
65053004	EYE STRI	OPHTHAL	529200	EENT Dru	52920000	EENT Dru	O	.048%-.04	OPHTHAL	SOLN	ML	118	SSB		65 N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
65054301	TRIESEN(	TRIAMCIN	520808	Corticoste	52080800	Corticoste	R	40 MG/ML	INTRAOC	SUSP	ML	1	SSB	10/10/2024	65	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
65064305	TOBREX	TOBRAM'	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	5	MSB	1/20/2022	65 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
65064435	TOBREX	TOBRAM'	520404	Antibacter	52040400	Antibacter	R	0.30%	OPHTHAL	OINT	GM	3.5	SSB	7/14/2022	65	N	FORMULARY		2 BRAND	PREFERRED BRAND								R	MEDPRMI
65064705	TOBRADE	TOBRAM'	520808	Corticoste	52080800	Corticoste	S	0.3-0.1 %	OPHTHAL	SUSP	ML	5	MSB	12/1/2022	65 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
65064710	TOBRADE	TOBRAM'	520808	Corticoste	52080800	Corticoste	S	0.3-0.1 %	OPHTHAL	SUSP	ML	10	MSB	12/29/2022	65 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
65064725	TOBRADE	TOBRAM'	520808	Corticoste	52080800	Corticoste	S	0.3-0.1 %	OPHTHAL	SUSP	ML	2.5	MSB	11/4/2022	65 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
65065605	CILOXAN	CIPROFL(	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	5	MSB	4/18/2022	65 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
65066010	IOPIDINE	APRACLC	524004	UNKNOW	52400400	UNKNOW	R	1%	OPHTHAL	SOLN	EA	24	SSB		65	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
65074114	TETRACA	TETRACA	521600	Local Ane	52160000	Local Ane	S	0.50%	OPHTHAL	SOLN	ML	4	GENERIC		65	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
65079515	BSS	OPHTHAL	529200	EENT Dru	52920000	EENT Dru	R	.048%-.04	INTRAOC	SOLN	ML	15	SSB		65 Y	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
65079550	BSS	OPHTHAL	529200	EENT Dru	52920000	EENT Dru	R	.048%-.04	INTRAOC	SOLN	ML	500	SSB		65 Y	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
65080025	BSS PLUS	CALCIUM	529200	EENT Dru	52920000	EENT Dru	S	3.85MG/M	INTRAOC	SOLN	ML	250	MSB		65	N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
65080050	BSS PLUS	OPHTHAL	529200	EENT Dru	52920000	EENT Dru	R	.154MG/M	INTRAOC	SOLN	ML	500	SSB		65	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
65080094	BSS PLUS	OPHTHAL	529200	EENT Dru	52920000	EENT Dru	R	.154MG/M	INTRAOC	SOLN	ML	500	SSB		65	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
65081601	PATADAY	OLOPATA	520200	Antiallergi	52020000	Antiallergi	O	0.70%	OPHTHAL	SOLN	ML	2.5	SSB		65	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
65081603	PATADAY	OLOPATA	520200	Antiallergi	52020000	Antiallergi	O	0.70%	OPHTHAL	SOLN	ML	2.5	SSB		65	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
65081604	PATADAY	OLOPATA	520200	Antiallergi	52020000	Antiallergi	O	0.70%	OPHTHAL	SOLN	ML	2.5	SSB		65	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
65081701	ATROPIN	ATROPIN	522400	Mydriatics	52240000	Mydriatics	R	1%	OPHTHAL	SOLN	ML	5 X	MSB		65	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
65081702	ATROPIN	ATROPIN	522400	Mydriatics	52240000	Mydriatics	R	1%	OPHTHAL	SOLN	ML	2 X	MSB		65	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
65135638	OPTI-FRE	SOFT LEI	521200	Contact Le	52120000	Contact Le	O	0	DOES NO	SOLN	ML	60	SSB		65	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
65143105	SYSTANE	POLYETH	529200	EENT Dru	52920000	EENT Dru	P	0.4-0.3 %	OPHTHAL	SOLN	ML	10	MSB		65 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
65143118	SYSTANE	POLYETH	529200	EENT Dru	52920000	EENT Dru	P	0.4-0.3 %	OPHTHAL	SOLN	ML	10	MSB		65 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
65143121	SYSTANE	POLYETH	529200	EENT Dru	52920000	EENT Dru	P	0.4-0.3 %	OPHTHAL	SOLN	ML	3	MSB		65	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
65143128	SYSTANE	POLYETH	529200	EENT Dru	52920000	EENT Dru	P	0.4-0.3 %	OPHTHAL	SOLN	ML	4	MSB		65 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
65143131	SYSTANE	POLYETH	529200	EENT Dru	52920000	EENT Dru	P	0.4-0.3 %	OPHTHAL	SOLN	ML	4	MSB		65	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
65143141	SYSTANE	POLYETH	529200	EENT Dru	52920000	EENT Dru	P	0.4-0.3 %	OPHTHAL	SOLN	ML	10	MSB		65 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
65143205	SYSTANE	POLYETH	529200	EENT Dru	52920000	EENT Dru	P	0.4-0.3 %	OPHTHAL	SOLN	EA	60	MSB		65 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
65143206	SYSTANE	POLYETH	529200	EENT Dru	52920000	EENT Dru	P	0.4-0.3 %	OPHTHAL	SOLN	EA	25	MSB		65 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
65143302	SYSTANE	PROPYLE	529200	EENT Dru	52920000	EENT Dru	P	0.60%	OPHTHAL	SOLN	ML	10	MSB		65	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
65143307	SYSTANE	PROPYLE	529200	EENT Dru	52920000	EENT Dru	P	0.60%	OPHTHAL	SOLN	ML	10	MSB		65	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
65143704	SYSTANE	POLYETH	529200	EENT Dru	52920000	EENT Dru	P	0.4-0.3 %	OPHTHAL	SOLN	EA	30	MSB		65	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
65150210	SYSTANE	POLYETH	529200	EENT Dru	52920000	EENT Dru	O	0.4-0.3 %	OPHTHAL	THPK	ML	20	SSB	4/30/2024	65	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
65150782	SYSTANE	POLYETH	529200	EENT Dru	52920000	EENT Dru	P	0.4-0.3 %	OPHTHAL	SOLN	ML	10	MSB		65	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
65150792	SYSTANE	POLYETH	529200	EENT Dru	52920000	EENT Dru	P	0.4-0.3 %	OPHTHAL	SOLN	ML	10	MSB		65	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
65150928	SYSTANE	PROPYLE	529200	EENT Dru	52920000	EENT Dru	O	0.60%	OPHTHAL	SOLN	ML	10	SSB		65	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
65150929	SYSTANE	PROPYLE	529200	EENT Dru	52920000	EENT Dru	O	0.60%	OPHTHAL	SOLN	ML	10	SSB		65	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
65151000	SYSTANE	POLYETH	529200	EENT Dru	52920000	EENT Dru	P	0.4-0.3 %	OPHTHAL	SOLN	ML	10	MSB		65	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
65151006	SYSTANE	POLYETH	529200	EENT Dru	52920000	EENT Dru	P	0.4-0.3 %	OPHTHAL	SOLN	ML	10	MSB		65	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
65153004	SYSTANE	PROPYLE	529200	EENT Dru	52920000	EENT Dru	O	0.60%	OPHTHAL	SOLN	EA	30	SSB		65	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI

67627080	EXCEDRI	ASPIRIN-	280804	Nonsteroic	28080424	Salicylates	P	250-250-6	ORAL	TABS	EA	80		MSB		67	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIMI
67627220	EXCEDRI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500-65 MC	ORAL	TABS	EA	20		MSB		67	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIMI
67627240	EXCEDRI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500-65 MC	ORAL	TABS	EA	40		MSB		67	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIMI
67627280	EXCEDRI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500-65 MC	ORAL	TABS	EA	80		MSB		67	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIMI
67627418	GAS-X UL	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	180 MG	ORAL	CAPS	EA	18		GENERIC		67			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
67627450	GAS-X UL	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	180 MG	ORAL	CAPS	EA	50		GENERIC		67			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
67627510	GAS-X EX	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	125 MG	ORAL	CAPS	EA	10		GENERIC		67			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
67627520	GAS-X EX	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	125 MG	ORAL	CAPS	EA	20		GENERIC		67	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
67627550	GAS-X EX	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	125 MG	ORAL	CAPS	EA	50		GENERIC		67	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
67627572	GAS-X EX	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	125 MG	ORAL	CAPS	EA	72		GENERIC		67			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
67627935	MAALOX .	CALCIUM	560400	Antacids a	56040000	Antacids a	P	1000-60 M	ORAL	CHEW	EA	35		MSB		67			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIMI
67627965	MAALOX .	CALCIUM	560400	Antacids a	56040000	Antacids a	P	1000-60 M	ORAL	CHEW	EA	65		MSB		67			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIMI
67627990	MAALOX .	CALCIUM	560400	Antacids a	56040000	Antacids a	P	1000-60 M	ORAL	CHEW	EA	90		MSB		67			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIMI
67628301	GAS-X M/	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	250 MG	ORAL	CAPS	EA	30		GENERIC		67			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
67628614	PREVACII	LANSOPR	562836	Proton-pu	56283600	Proton-pu	P	15 MG	ORAL	CPDR	EA	14	X	MSB	8/31/2022	67	Y		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIMI
67628628	PREVACII	LANSOPR	562836	Proton-pu	56283600	Proton-pu	P	15 MG	ORAL	CPDR	EA	14	X	MSB	8/31/2022	67	Y		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIMI
67628642	PREVACII	LANSOPR	562836	Proton-pu	56283600	Proton-pu	P	15 MG	ORAL	CPDR	EA	14	X	MSB	8/31/2022	67	Y		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIMI
67628643	PREVACII	LANSOPR	562836	Proton-pu	56283600	Proton-pu	P	15 MG	ORAL	CPDR	EA	14	X	MSB		67	Y		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIMI
67629543	LAMISIL /	TERBINAI	840408	Antifungal	84040804	Allylamine	P	1%	EXTERNA	CREA	GM	42		MSB		67	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIMI
67634904	TRIAMINI	DEXTROM	480800	Antitussive	48080000	Antitussive	O	7.5-160-1	ORAL	SYRP	ML	118		SSB		67			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
67635314	TRIAMINI	DEXTROM	480800	Antitussive	48080000	Antitussive	O	7.5 MG	ORAL	STRP	EA	14		SSB		67			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
67635718	TRIAMINI	CHLORPH	480800	Antitussive	48080000	Antitussive	O	1-5 MG	ORAL	CHEW	EA	18		SSB		67			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
67640312	THERAFL	PHENYLE	480800	Antitussive	48080000	Antitussive	P	PACKET	ORAL	MISC	EA	12		MSB		67	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIMI
67640324	THERAFL	PHENYLE	480800	Antitussive	48080000	Antitussive	P	PACKET	ORAL	MISC	EA	24		MSB		67	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIMI
67640520	EXCEDRI	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	500-38 MC	ORAL	TABS	EA	20		MSB		67	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIMI
67642606	THERAFL	DEXTROM	480800	Antitussive	48080000	Antitussive	P	20-10-500	ORAL	PACK	EA	6		MSB		67			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIMI
67643102	TRIAMINI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	O	160 MG/5I	ORAL	SYRP	ML	59		SSB		67			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
67643108	TRIAMINI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	O	160 MG/5I	ORAL	SYRP	ML	118		SSB		67			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
67643202	TRIAMINI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	O	160 MG/5I	ORAL	SYRP	ML	59		SSB		67			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
67643208	TRIAMINI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	O	160 MG/5I	ORAL	SYRP	ML	118		SSB		67			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
67661606	THERAFL	PHENYLE	480800	Antitussive	48080000	Antitussive	O	10-20-20 I	ORAL	PACK	EA	6		SSB		67			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
67791606	THERAFL	PHENIRA	40400	First Gene	4040000	First Gene	O	20-10-650	ORAL	PACK	EA	6		SSB	11/6/2023	67	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
67791806	THERAFL	DIPHENH	40400	First Gene	4040000	First Gene	P	25-10-650	ORAL	PACK	EA	6		MSB		67	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIMI
67791912	THERAFL	PHENYLE	480800	Antitussive	48080000	Antitussive	P	PACKET	ORAL	MISC	EA	12		MSB		67	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIMI
67810012	LAMISIL /	TERBINAI	840408	Antifungal	84040804	Allylamine	P	1%	EXTERNA	CREA	GM	12		MSB	3/28/2024	67	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIMI
67810030	LAMISIL /	TERBINAI	840408	Antifungal	84040804	Allylamine	P	1%	EXTERNA	CREA	GM	30		MSB	3/28/2024	67	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIMI
67810504	TRIAMINI	PHENYLE	480800	Antitussive	48080000	Antitussive	O	2.5-5 MG/!	ORAL	SYRP	ML	118		SSB	11/21/2023	67			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
67810604	TRIAMINI	DIPHENH	40400	First Gene	4040000	First Gene	O	6.25-2.5 M	ORAL	SYRP	ML	118		SSB	11/21/2023	67	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
67811412	LAMISIL /	TERBINAI	840408	Antifungal	84040804	Allylamine	P	1%	EXTERNA	CREA	GM	12		MSB	3/28/2024	67	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIMI
67811604	TRIAMINI	PHENYLE	480800	Antitussive	48080000	Antitussive	O	2.5-1-5-16	ORAL	SUSP	ML	118		GENERIC	11/21/2023	67			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
67812406	THERAFL	DIPHENH	40400	First Gene	4040000	First Gene	O	25-10-500	ORAL	PACK	EA	6		SSB	3/12/2024	67	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
67812708	THERAFL	DEXTROM	480800	Antitussive	48080000	Antitussive	P	20-10-650	ORAL	LIQD	ML	245.5		GENERIC		67			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
67812908	THERAFL	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5-5-325	ORAL	LIQD	ML	245.5		GENERIC		67			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
67813208	THERAFL	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-10-200-:	ORAL	LIQD	ML	245.5		GENERIC		67			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
67813620	THERAFL	DEXTROM	480800	Antitussive	48080000	Antitussive	P	10-5-325 I	ORAL	TABS	EA	20		GENERIC		67			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
67813720	THERAFL	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5-5-325	ORAL	TABS	EA	20		GENERIC		67			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
67813901	EXCEDRI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500-65 MC	ORAL	TABS	EA	24		GENERIC		67			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
67813902	EXCEDRI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500-65 MC	ORAL	TABS	EA	100		MSB		67			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIMI
67814003	EX-LAX	SENNOSI	561200	Cathartics	56120000	Cathartics	P	15 MG	ORAL	CHEW	EA	48		GENERIC		67	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
67814201	EX-LAX M	SENNOSI	561200	Cathartics	56120000	Cathartics	P	25 MG	ORAL	TABS	EA	24		GENERIC		67			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
67814202	EX-LAX M	SENNOSI	561200	Cathartics	56120000	Cathartics	P	25 MG	ORAL	TABS	EA	48		GENERIC		67			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
67814301	PERDIEM	SENNOSI	561200	Cathartics	56120000	Cathartics	P	15 MG	ORAL	TABS	EA	60		GENERIC		67			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
67814501	THERAFL	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-10-200-:	ORAL	TABS	EA	20		GENERIC		67			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
67815202	VOLTARE	DICLOFEI	840620	UNKNOW	84062000	UNKNOW	P	1%	EXTERNA	GEL	GM	50		MSB		67			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIMI
67815203	VOLTARE	DICLOFEI	840620	UNKNOW	84062000	UNKNOW	P	1%	EXTERNA	GEL	GM	100		MSB		67			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIMI
67815204	VOLTARE	DICLOFEI	840620	UNKNOW	84062000	UNKNOW	P	1%	EXTERNA	GEL	GM	150		MSB		67			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIMI
67815301	VOLTARE	DICLOFEI	840620	UNKNOW	84062000	UNKNOW	P	1%	EXTERNA	GEL	GM	350		MSB		67			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIMI
67950701	CRUEX P	MICONAZ	840408	Antifungal	84040808	Azoles	P	2%	EXTERNA	AERP	GM	85		GENERIC		67			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
68059701	RIFADIN	RIFAMPIN	81604	Antituberc	8160400	Antituberc	S	600MG	INTRAVEI	SOLR	EA	1		MSB		68	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIMI
68059901	RIFADIN	RIFAMPIN	81604	Antituberc	8160400	Antituberc	S	600MG	INTRAVEI	SOLR	EA	1		MSB		68	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIMI
69004301	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	1000 UNIT	INJECTIO	SOLN	ML	2		GENERIC		69		Y	N	FORMULARY		1 GEN	GENERICS						R	MEDPRIMI
69004302	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	1000 UNIT	INJECTIO	SOLN	ML	2		GENERIC		69		Y	N	FORMULARY		1 GEN	GENERICS						R	MEDPRIMI
69005801	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	1000 UNIT	INJECTIO	SOLN	ML	10		GENERIC		69		Y	N	FORMULARY		1 GEN	GENERICS						R	MEDPRIMI
69005802	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	1000 UNIT	INJECTIO	SOLN	ML	10		GENERIC		69		Y	N	FORMULARY		1 GEN	GENERICS						R	MEDPRIMI
69005901	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	5000 UNIT	INJECTIO	SOLN	ML	10		GENERIC		69		Y	N	FORMULARY		1 GEN	GENERICS						R	MEDPRIMI
69005902	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	5000 UNIT	INJECTIO	SOLN	ML	10		GENERIC		69		Y	N	FORMULARY		1 GEN	GENERICS						R	MEDPRIMI
69005903	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	5000 UNIT	INJECTIO	SOLN	ML	1		GENERIC		69		Y	N	FORMULARY		1 GEN	GENERICS						R	MEDPRIMI
69005904	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	5000 UNIT	INJECTIO	SOLN	ML	1		GENERIC		69		Y	N	FORMULARY		1 GEN	GENERICS						R	MEDPRIMI
69010601	ELELYSO	TALIGLUC	440000	Enzymes	44000000	Enzymes	R	200UNIT	INTRAVEI	SOLR	EA	1		SSB		69			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69013501	BOSULIF	BOSUTIN	100000	Antineopla	10000000	Antineopla	R	100 MG	ORAL	TABS	EA	120		SSB		69			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69013601	BOSULIF	BOSUTIN	100000	Antineopla	10000000	Antineopla	R	500 MG	ORAL	TABS	EA	30		SSB		69			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69013701	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	1000 UNIT	INJECTIO	SOLN	ML	30		GENERIC		69		Y	N	FORMULARY		1 GEN	GENERICS						R	MEDPRIMI
69013703	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	1000 UNIT	INJECTIO	SOLN	ML	30		GENERIC		69		Y	N	FORMULARY		1 GEN	GENERICS						R	MEDPRIMI
69014501	INLYTA	AXITINIB	100000	Antineopla	10000000	Antineopla	R	1 MG	ORAL	TABS	EA	180		SSB		69			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69015111	INLYTA	AXITINIB	100000	Antineopla	10000000	Antineopla	R	5 MG	ORAL	TABS	EA	60		SSB		69			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69018721	IBRANCE	PALBOCI	100000	Antineopla	10000000	Antineopla	R	75 MG	ORAL	CAPS	EA	21		SSB		69			N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69018821	IBRANCE	PALBOCI	100000	Antineopla	10000000	Antineopla	R	100 MG	ORAL	CAPS	EA	21		SSB		69			N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69018921	IBRANCE	PALBOCI	100000	Antineopla	10000000	Antineopla	R	125 MG	ORAL	CAPS	EA	21		SSB		69			N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69019301	BOSULIF	BOSUTIN	100000	Antineopla	10000000	Antineopla	R	400 MG	ORAL	TABS	EA	30		SSB		69			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69019501	FRAGMIN	DALTEPA	201204	Anticoagu	20120416	Heparins	R	2500 UNIT	SUBCUTA	SOSY	ML	0.2		SSB		69		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND			X	12 IN 30 DAYS		R	MEDPRIMI
69019502	FRAGMIN	DALTEPA	201204	Anticoagu	20120416	Heparins	R	2500 UNIT	SUBCUTA	SOSY	ML	0.2		SSB		69		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND			X	12 IN 30 DAYS		R	MEDPRIMI
69019601	FRAGMIN	DALTEPA	201204	Anticoagu	20120416	Heparins	R	5000 UNIT	SUBCUTA	SOSY	ML	0.2		SSB		69		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND			X	12 IN 30 DAYS		R	MEDPRIMI
69019602	FRAGMIN	DALTEPA	201204	Anticoagu	20120416	Heparins	R	5000 UNIT	SUBCUTA	SOSY	ML	0.2		SSB		69		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND			X	12 IN 30 DAYS		R	MEDPRIMI
69019730	VIZIMPRC	DACOMIT	100000	Antineopla	10000000	Antineopla	R	15 MG	ORAL	TABS	EA	30		SSB		69			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69020601	FRAGMIN	DALTEPA	201204	Anticoagu	20120416	Heparins	R	7500 UNIT	SUBCUTA	SOSY	ML	0.3		SSB		69		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND			X	18 IN 30 DAYS		R	MEDPRIMI
69020602	FRAGMIN	DALTEPA	201204	Anticoagu	20120416	Heparins	R	7500 UNIT	SUBCUTA	SOSY	ML	0.3		SSB		69		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND			X	18 IN 30 DAYS		R	MEDPRIMI
69020901	PROPOF(	PROPOF(	280408	UNKNOW	28040800	UNKNOW	S	200 MG/2(	INTRAVEI	EMUL	ML	20		GENERIC		69			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69020910	PROPOF(	PROPOF(	280408	UNKNOW	28040800	UNKNOW	S	200 MG/2(	INTRAVEI	EMUL	ML	20		GENERIC		69			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69021701	FRAGMIN	DALTEPA	201204	Anticoagu	20120416	Heparins	R	10000 UN	SUBCUTA	SOSY	ML	1		SSB		69		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND			X	2 IN 1 DAYS		R	MEDPRIMI
69021702	FRAGMIN	DALTEPA	201204	Anticoagu	20120416	Heparins	R	10000 UN	SUBCUTA	SOSY	ML	1		SSB		69		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND			X	2 IN 1 DAYS		R	MEDPRIMI
69022001	FRAGMIN	DALTEPA	201204	Anticoagu	20120416	Heparins	R	12500 UN	SUBCUTA	SOSY	ML	0.5		SSB		69		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND			X	1 IN 1 DAYS		R	MEDPRIMI
69022002	FRAGMIN	DALTEPA	201204	Anticoagu	20120416	Heparins	R	12500 UN	SUBCUTA	SOSY	ML	0.5		SSB		69		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND			X	1 IN 1 DAYS		R	MEDPRIMI
69022301	FRAGMIN	DALTEPA	201204	Anticoagu	20120416	Heparins	R	15000 UN	SUBCUTA	SOSY	ML	0.6		SSB		69		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND			X	36 IN 30 DAYS		R	MEDPRIMI
69022302	FRAGMIN	DALTEPA	201204	Anticoagu	20120416	Heparins	R	15000 UN	SUBCUTA	SOSY	ML	0.6		SSB		69		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND			X	36 IN 30 DAYS		R	MEDPRIMI
69022701	LORBREN	LORLATIN	100000	Antineopla	10000000	Antineopla	R	25 MG	ORAL	TABS	EA	30		SSB		69			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69022801	FRAGMIN	DALTEPA	201204	Anticoagu	20120416	Heparins	R	18000 UNI	SUBCUTA	SOSY	ML	0.72		SSB		69		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND			X	43.2 IN 30 DAYS		R	MEDPRIMI
69022802	FRAGMIN	DALTEPA	201204	Anticoagu	20120416	Heparins	R	18000 UNI	SUBCUTA	SOSY	ML	0.72		SSB		69		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND			X	43.2 IN 30 DAYS		R	MEDPRIMI
69023101	LORBREN	LORLATIN	100000	Antineopla	10000000	Antineopla	R	100 MG	ORAL	TABS	EA	30		SSB		69			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69023201	FRAGMIN	DALTEPA	201204	Anticoagu	20120416	Heparins	R	95000 UN	SUBCUTA	SOLN	ML	3.8		SSB		69		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND			X	7.6 IN 30 DAYS		R	MEDPRIMI
69023401	PROPOF(	PROPOF(	280408	UNKNOW	28040800	UNKNOW	S	500 MG/5(	INTRAVEI	EMUL	ML	50		GENERIC		69			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69023420	PROPOF(	PROPOF(	280408	UNKNOW	28040800	UNKNOW	S	500 MG/5(	INTRAVEI	EMUL	ML	50		GENERIC		69			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69023530	CIBINQO	ABROCIT	840616	UNKNOW	84061600	UNKNOW	R	50 MG	ORAL	TABS	EA	30		SSB		69			N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIMI
69023801	RUXIENC	RITUXIMA	100000	Antineopla	10000000	Antineopla	R	100 MG/1(	INTRAVEI	SOLN	ML	10		SSB		69			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69024230	TOVIAZ	FESOTER	861204	UNKNOW	86120400	UNKNOW	S	4 MG	ORAL	TB24	EA	30	X	MSB		69			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS		R	MEDPRIMI
69024430	TOVIAZ	FESOTER	861204	UNKNOW	86120400	UNKNOW	S	8 MG	ORAL	TB24	EA	30	X	MSB		69			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS		R	MEDPRIMI
69024801	PROPOF(	PROPOF(	280408	UNKNOW	28040800	UNKNOW	S	1000 MG/'	INTRAVEI	EMUL	ML	100		GENERIC		69			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69024810	PROPOF(	PROPOF(	280408	UNKNOW	28040800	UNKNOW	S	1000 MG/'	INTRAVEI	EMUL	ML	100		GENERIC		69			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69024901	RUXIENC	RITUXIMA	100000	Antineopla	10000000	Antineopla	R	500 MG/5(	INTRAVEI	SOLN	ML	50		SSB		69			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69025160	XALKORI	CRIZOTIN	100000	Antineopla	10000000	Antineopla	R	20 MG	ORAL	CPSP	EA	60		SSB		69			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69025230	TALZENN	TALAZOP	100000	Antineopla	10000000	Antineopla	R	0.1 MG	ORAL	CAPS	EA	30		SSB		69			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69025301	FRAGMIN	DALTEPA	201204	Anticoagu	20120416	Heparins	R	10000 UN	SUBCUTA	SOLN	ML	4		SSB		69		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND			X	8 IN 1 DAYS		R	MEDPRIMI
69025310	FRAGMIN	DALTEPA	201204	Anticoagu	20120416	Heparins	R	10000 UN	SUBCUTA	SOLN	ML	4		SSB		69		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND			X	8 IN 1 DAYS		R	MEDPRIMI
69025510	DOXORUI	DOXORUI	100000	Antineopla	10000000	Antineopla	S	2 MG/ML	INTRAVEI	SOLN	ML	10		MSB		69			N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION						R	MEDPRIMI
69027430	VELSIPIT	ETRASIM	564400	UNKNOW	56440000	UNKNOW	R	2 MG	ORAL	TABS	EA	30	X	SSB		69			N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIMI
69027702	DOXORUI	DOXORUI	100000	Antineopla	10000000	Antineopla	S	2 MG/ML	INTRAVEI	SOLN	ML	10		MSB		69			N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION						R	MEDPRIMI
69028403	IBRANCE	PALBOCI	100000	Antineopla	10000000	Antineopla	R	75 MG	ORAL	TABS	EA	7		SSB		69			N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69028407	IBRANCE	PALBOCI	100000	Antineopla	10000000	Antineopla	R	75 MG	ORAL	TABS	EA	7		SSB		69			N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69029101	NIVESTYI	FILGRAST	201600	Hematopo	20160000	Hematopo	R	300 MCG/	INJECTIO	SOSY	ML	0.5		SSB		69		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69029110	NIVESTYI	FILGRAST	201600	Hematopo	20160000	Hematopo	R	300 MCG/	INJECTIO	SOSY	ML	0.5		SSB		69		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69029201	NIVESTYI	FILGRAST	201600	Hematopo	20160000	Hematopo	R	480 MCG/	INJECTIO	SOSY	ML	0.8		SSB		69		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69029210	NIVESTYI	FILGRAST	201600	Hematopo	20160000	Hematopo	R	480 MCG/	INJECTIO	SOSY	ML	0.8		SSB		69		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69029301	NIVESTYI	FILGRAST	201600	Hematopo	20160000	Hematopo	R	300 MCG/	INJECTIO	SOLN	ML	1		SSB		69		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69029310	NIVESTYI	FILGRAST	201600	Hematopo	20160000	Hematopo	R	300 MCG/	INJECTIO	SOLN	ML	1		SSB		69		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69029401	NIVESTYI	FILGRAST	201600	Hematopo	20160000	Hematopo	R	480 MCG/	INJECTIO	SOLN	ML	1.6		SSB		69		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69029410	NIVESTYI	FILGRAST	201600	Hematopo	20160000	Hematopo	R	480 MCG/	INJECTIO	SOLN	ML	1.6		SSB		69		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69029630	TALZENN	TALAZOP	100000	Antineopla	10000000	Antineopla	R	0.25 MG	ORAL	CAPS	EA	30		SSB		69			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69029702	TICOVAC	TICK-BOR	801200	Vaccines	80120000	Vaccines	R	1.2 MCG/(	INTRAMU	SUSY	ML	0.25		SSB		69			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69029860	DAURISM	GLASDEG	100000	Antineopla	10000000	Antineopla	R	25MG	ORAL	TABS	EA	60		SSB		69			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69030501	TRAZIMEI	TRASTUZ	100000	Antineopla	10000000	Antineopla	R	420 MG	INTRAVEI	SOLR	EA	1		SSB		69			N	EXCLUDE	SELF_INJ	5 SPBRD	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69030601	TRAZIMEI	TRASTUZ	100000	Antineopla	10000000	Antineopla	R	420 MG	INTRAVEI	SOLR	EA	1		SSB		69			N	EXCLUDE	SELF_INJ	5 SPBRD	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69030801	TRAZIMEI	TRASTUZ	100000	Antineopla	10000000	Antineopla	R	150 MG	INTRAVEI	SOLR	EA	1		SSB		69			N	EXCLUDE	SELF_INJ	5 SPBRD	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69031501	ZIRABEV	BEVACIZI	100000	Antineopla	10000000	Antineopla	R	100 MG/4I	INTRAVEI	SOLN	ML	4		SSB		69			N	EXCLUDE	SELF_INJ	5 SPBRD	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69032401	NYVEPRI	PEGFILGI	201600	Hematopo	20160000	Hematopo	R	6 MG/0.6N	SUBCUTA	SOSY	ML	0.6		SSB		69		Y	N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIMI
69032501	ABRILAD/	ADALIMU	902416	UNKNOW	90241692	UNKNOW	R	40 MG/0.8	SUBCUTA	AJKT	EA	1	X	SSB		69		Y	N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIMI
69032502	ABRILAD/	ADALIMU	902416	UNKNOW	90241692	UNKNOW	R	40 MG/0.8	SUBCUTA	AJKT	EA	1	X	SSB		69		Y	N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIMI
69032802	ABRILAD/	ADALIMU	902416	UNKNOW	90241692	UNKNOW	R	40 MG/0.8	SUBCUTA	PSKT	EA	1	X	SSB		69		Y	N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIMI
69033302	ABRILAD/	ADALIMU	902416	UNKNOW	90241692	UNKNOW	R	20 MG/0.4	SUBCUTA	PSKT	EA	1	X	SSB		69		Y	N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIMI
69033428	LITFULO	RITLECIT	840616	UNKNOW	84061600	UNKNOW	R	50 MG	ORAL	CAPS	EA	28		SSB		69			N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69033530	CIBINQO	ABROCIT	840616	UNKNOW	84061600	UNKNOW	R	100 MG	ORAL	TABS	EA	30		SSB		69			N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIMI
69033621	REVATIO	SILDENAI	484824	UNKNOW	48482400	UNKNOW	S	10 MG/ML	ORAL	SUSR	ML	112	X	MSB	8/16/2024	69	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION	X	PA:X				R	MEDPRIMI
69033801	REVATIO	SILDENAI	484824	UNKNOW	48482400	UNKNOW	S	10 MG/12.	INTRAVEI	SOLN	ML	12.5		MSB		69	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIMI
69034201	ZIRABEV	BEVACIZI	100000	Antineopla	10000000	Antineopla	R	400 MG/1(	INTRAVEI	SOLN	ML	16		SSB		69			N	EXCLUDE	SELF_INJ	5 SPBRD	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69034302	DOXORUI	DOXORUI	100000	Antineopla	10000000	Antineopla	S	2 MG/ML	INTRAVEI	SOLN	ML	25		MSB		69			N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION						R	MEDPRIMI
69034401	ABRYSV(	RSV PRE-	801200	Vaccines	80120000	Vaccines	R	120 MCG/	INTRAMU	SOLR	EA	1		SSB		69			N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=0-IF AT LEAST 32 WE		R	MEDPRIMI
69034405	ABRYSV(	RSV PRE-	801200	Vaccines	80120000	Vaccines	R	120 MCG/	INTRAMU	SOLR	EA	1		SSB		69			N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=0-IF AT LEAST 32 WE		R	MEDPRIMI
69034506	PAXLOVI	NIRMATR	81892	Antivirals,	8189200	Antivirals,	R	20 X 150 I	ORAL	TBPK	EA	6		SSB	11/8/2023	69			N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69034530	PAXLOVI	NIRMATR	81892	Antivirals,	8189200	Antivirals,	R	20 X 150 I	ORAL	TBPK	EA	30		SSB	11/8/2023	69			N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69035330	TALZENN	TALAZOP	100000	Antineopla	10000000	Antineopla	R	0.25 MG	ORAL	CAPS	EA	30		SSB		69			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69035820	DOXORUI	DOXORUI	100000	Antineopla	10000000	Antineopla	S	2 MG/ML	INTRAVEI	SOLN	ML	5		MSB		69			N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION						R	MEDPRIMI
69040001	ZITHROM	AZITHROI	81212	Macrolide:	8121208	UNKNOW	S	500 MG	INTRAVEI	SOLR	EA	1		MSB	3/7/2022	69	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIMI
69040010	ZITHROM	AZITHROI	81212	Macrolide:	8121208	UNKNOW	S	500 MG	INTRAVEI	SOLR	EA	1		MSB	3/7/2022	69	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIMI
69041102	TICOVAC	TICK-BOR	801200	Vaccines	80120000	Vaccines	R	2.4 MCG/(	INTRAMU	SUSY	ML	0.5		SSB		69			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69041110	TICOVAC	TICK-BOR	801200	Vaccines	80120000	Vaccines	R	2.4 MCG/(	INTRAMU	SUSY	ML	0.5		SSB		69			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69043530	CIBINQO	ABROCIT	840616	UNKNOW	84061600	UNKNOW	R	200 MG	ORAL	TABS	EA	30		SSB		69			N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIMI
69045430	TALZENN	TALAZOP	100000	Antineopla	10000000	Antineopla	R	0.35 MG	ORAL	CAPS	EA	30		SSB		69			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69046856	CHANTIX	VARENIC	120200	UNKNOW	12020000	UNKNOW	S	0.5 MG	ORAL	TABS	EA	56		MSB	9/16/2021	69			N	EXCLUDE	RECALL_DENY: [RECALLED F		FORMULARY EXCLUSION						R	MEDPRIMI
69046903	CHANTIX	VARENIC	120200	UNKNOW	12020000	UNKNOW	S	1 MG	ORAL	TABS	EA	56		MSB	9/16/2021	69			N	EXCLUDE	RECALL_DENY: [RECALLED F		FORMULARY EXCLUSION						R	MEDPRIMI
69046956	CHANTIX	VARENIC	120200	UNKNOW	12020000	UNKNOW	S	1 MG	ORAL	TABS	EA	56		MSB	9/16/2021	69			N	EXCLUDE	RECALL_DENY: [RECALLED F		FORMULARY EXCLUSION						R	MEDPRIMI
69047103	CHANTIX	VARENIC	120200	UNKNOW	12020000	UNKNOW	R	0.5 MG X	ORAL	TBPK	EA	53		SSB	9/16/2021	69			N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69048603	IBRANCE	PALBOCI	100000	Antineopla	10000000	Antineopla	R	100 MG	ORAL	TABS	EA	7		SSB		69			N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69048607	IBRANCE	PALBOCI	100000	Antineopla	10000000	Antineopla	R	100 MG	ORAL	TABS	EA	7		SSB		69			N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69050114	XELJANZ	TOFACITI	902412	UNKNOW	90241292	UNKNOW	R	11 MG	ORAL	TB24	EA	14	X	SSB	1/14/2022	69			Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69050130	XELJANZ	TOFACITI	902412	UNKNOW	90241292	UNKNOW	R	11 MG	ORAL	TB24	EA	30	X	SSB		69			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69050230	XELJANZ	TOFACITI	902412	UNKNOW	90241292	UNKNOW	R	22 MG	ORAL	TB24	EA	30	X	SSB		69			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69050430	BOSULIF	BOSUTIN	100000	Antineopla	10000000	Antineopla	R	50 MG	ORAL	CAPS	EA	30		SSB		69			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69050501	NGENLA	SOMATR(	682800	Pituitary	68280000	Pituitary	R	24 MG/1.2	SUBCUTA	SOPN	ML	1.2	X	SSB		69		Y	N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIMI
69050502	NGENLA	SOMATR(	682800	Pituitary	68280000	Pituitary	R	24 MG/1.2	SUBCUTA	SOPN	ML	1.2	X	SSB		69		Y	N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIMI
69050760	XALKORI	CRIZOTIN	100000	Antineopla	10000000	Antineopla	R	50 MG	ORAL	CPSP	EA	60		SSB		69			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69052001	NGENLA	SOMATR(	682800	Pituitary	68280000	Pituitary	R	60 MG/1.2	SUBCUTA	SOPN	ML	1.2	X	SSB		69		Y	N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIMI
69052002	NGENLA	SOMATR(	682800	Pituitary	68280000	Pituitary	R	60 MG/1.2	SUBCUTA	SOPN	ML	1.2	X	SSB		69		Y	N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIMI
69054630	TALZENN	TALAZOP	100000	Antineopla	10000000	Antineopla	R	0.5 MG	ORAL	CAPS	EA	30		SSB		69			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69055038	SUTENT	SUNITINII	100000	Antineopla	10000000	Antineopla	S	12.5 MG	ORAL	CAPS	EA	28		MSB		69			N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION	X	PA:X				R	MEDPRIMI
69060001	PENBRAY	MENING (	801200	Vaccines	80120000	Vaccines	R	0-0-0	INTRAMU	SUSR	EA	1		SSB		69			N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=10-17 YEARS AND QS		R	MEDPRIMI
69060005	PENBRAY	MENING (	801200	Vaccines	80120000	Vaccines	R	0-0-0	INTRAMU	SUSR	EA	1		SSB		69			N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=10-17 YEARS AND QS		R	MEDPRIMI
69065530	TALZENN	TALAZOP	100000	Antineopla	10000000	Antineopla	R	0.75 MG	ORAL	CAPS	EA	30		SSB		69			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69068803	IBRANCE	PALBOCI	100000	Antineopla	10000000	Antineopla	R	125 MG	ORAL	TABS	EA	7		SSB		69			N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69068807	IBRANCE	PALBOCI	100000	Antineopla	10000000	Antineopla	R	125 MG	ORAL	TABS	EA	7		SSB		69			N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69075730	TALZENN	TALAZOP	100000	Antineopla	10000000	Antineopla	R	1 MG	ORAL	CAPS	EA	30		SSB		69			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69077038	SUTENT	SUNITINII	100000	Antineopla	10000000	Antineopla	S	25 MG	ORAL	CAPS	EA	28		MSB		69			N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION	X	PA:X				R	MEDPRIMI
69080901	INFLECTF	INFLIXIMA	902416	UNKNOW	90241692	UNKNOW	R	100 MG	INTRAVEI	SOLR	EA	1		SSB		69			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69083038	SUTENT	SUNITINII	100000	Antineopla	10000000	Antineopla	S	37.5 MG	ORAL	CAPS	EA	28		MSB		69			N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION	X	PA:X				R	MEDPRIMI
69095050	VIBRAMY	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	50		MSB	4/3/2024	69	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS		R	MEDPRIMI
69097065	VIBRAMY	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	25 MG/5M	ORAL	SUSR	ML	60		MSB	7/19/2024	69	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIMI
69098038	SUTENT	SUNITINII	100000	Antineopla	10000000	Antineopla	S	50 MG	ORAL	CAPS	EA	28		MSB		69			N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION	X	PA:X				R	MEDPRIMI
69100101	XELJANZ	TOFACITI	902412	UNKNOW	90241292	UNKNOW	R	5 MG	ORAL	TABS	EA	60	X	SSB		69			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69100201	XELJANZ	TOFACITI	902412	UNKNOW	90241292	UNKNOW	R	10 MG	ORAL	TABS	EA	60	X	SSB		69			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69101101	PANZYG/	IMMUNE (	800400	Serums	80040000	Serums	R	1 GM/10M	INTRAVEI	SOLN	ML	10		SSB		69			N	EXCLUDE	SELF_INJ	5 SPBRD	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69101102	PANZYG/	IMMUNE (	800400	Serums	80040000	Serums	R	1 GM/10M	INTRAVEI	SOLN	ML	10		SSB		69			N	EXCLUDE	SELF_INJ	5 SPBRD	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69101415	BOSULIF	BOSUTIN	100000	Antineopla	10000000	Antineopla	R	100 MG	ORAL	CAPS	EA	150		SSB		69			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69102901	XELJANZ	TOFACITI	902412	UNKNOW	90241292	UNKNOW	R	1 MG/ML	ORAL	SOLN	ML	240	X	SSB		69			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69102902	XELJANZ	TOFACITI	902412	UNKNOW	90241292	UNKNOW	R	1 MG/ML	ORAL	SOLN	ML	240	X	SSB		69			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69103130	TALZENN	TALAZOP	100000	Antineopla	10000000	Antineopla	R	0.1 MG	ORAL	CAPS	EA	30		SSB		69			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69106101	CUTAQUI	IMMUNE (	800400	Serums	80040000	Serums	R	1 GM/6ML	SUBCUTA	SOLN	ML	6		SSB		69		Y	N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIMI
69106102	CUTAQUI	IMMUNE (	800400	Serums	80040000	Serums	R	1 GM/6ML	SUBCUTA	SOLN	ML	6		SSB		69		Y	N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIMI
69108506	PAXLOVI	NIRMATR	81892	Antivirals,	8189200	Antivirals,	R	20 X 150 I	ORAL	TBPK	EA	6		SSB	11/8/2023	69			N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69108530	PAXLOVI	NIRMATR	81892	Antivirals,	8189200	Antivirals,	R	20 X 150 I	ORAL	TBPK	EA	30		SSB	11/8/2023	69			N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69110104	PAXLOVI	NIRMATR	81892	Antivirals,	8189200	Antivirals,	R	10 X 150 I	ORAL	TBPK	EA	4		SSB	11/8/2023	69			N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69110120	PAXLOVI	NIRMATR	81892	Antivirals,	8189200	Antivirals,	R	10 X 150 I	ORAL	TBPK	EA	20		SSB	11/8/2023	69			N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69110901	PANZYG/	IMMUNE (	800400	Serums	80040000	Serums	R	2.5 GM/25	INTRAVEI	SOLN	ML	25		SSB		69			N	EXCLUDE	SELF_INJ	5 SPBRD	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69110902	PANZYG/	IMMUNE (	800400	Serums	80040000	Serums	R	2.5 GM/25	INTRAVEI	SOLN	ML	25		SSB		69			N	EXCLUDE	SELF_INJ	5 SPBRD	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69119530	TALZENN	TALAZOP	100000	Antineopla	10000000	Antineopla	R	1 MG	ORAL	CAPS	EA	30		SSB		69			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69119830	VIZIMPRC	DACOMIT	100000	Antineopla	10000000	Antineopla	R	30 MG	ORAL	TABS	EA	30		SSB		69			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69122401	PANZYG/	IMMUNE (	800400	Serums	80040000	Serums	R	5 GM/50M	INTRAVEI	SOLN	ML	50		SSB		69			N	EXCLUDE	SELF_INJ	5 SPBRD	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69122402	PANZYG/	IMMUNE (	800400	Serums	80040000	Serums	R	5 GM/50M	INTRAVEI	SOLN	ML	50		SSB		69			N	EXCLUDE	SELF_INJ	5 SPBRD	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69123530	TALZENN	TALAZOP	100000	Antineopla	10000000	Antineopla	R	0.35 MG	ORAL	CAPS	EA	30		SSB		69			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69130501	RETACRI	EPOETIN	201600	Hematopo	20160000	Hematopo	R	2000 UNIT	INJECTIO	SOLN	ML	1		SSB		69		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69130510	RETACRI	EPOETIN	201600	Hematopo	20160000	Hematopo	R	2000 UNIT	INJECTIO	SOLN	ML	1		SSB		69		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69130601	RETACRI	EPOETIN	201600	Hematopo	20160000	Hematopo	R	3000 UNIT	INJECTIO	SOLN	ML	1		SSB		69		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69130610	RETACRI	EPOETIN	201600	Hematopo	20160000	Hematopo	R	3000 UNIT	INJECTIO	SOLN	ML	1		SSB		69		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69130701	RETACRI	EPOETIN	201600	Hematopo	20160000	Hematopo	R	4000 UNIT	INJECTIO	SOLN	ML	1		SSB		69		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69130710	RETACRI	EPOETIN	201600	Hematopo	20160000	Hematopo	R	4000 UNIT	INJECTIO	SOLN	ML	1		SSB		69		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69130801	RETACRI	EPOETIN	201600	Hematopo	20160000	Hematopo	R	10000 UN	INJECTIO	SOLN	ML	1		SSB		69		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69130810	RETACRI	EPOETIN	201600	Hematopo	20160000	Hematopo	R	10000 UN	INJECTIO	SOLN	ML	1		SSB		69		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69130901	RETACRI	EPOETIN	201600	Hematopo	20160000	Hematopo	R	40000 UN	INJECTIO	SOLN	ML	1		SSB		69		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69130904	RETACRI	EPOETIN	201600	Hematopo	20160000	Hematopo	R	40000 UN	INJECTIO	SOLN	ML	1		SSB		69		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69131101	RETACRI	EPOETIN	201600	Hematopo	20160000	Hematopo	R	20000 UN	INJECTIO	SOLN	ML	1		SSB		69		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69131110	RETACRI	EPOETIN	201600	Hematopo	20160000	Hematopo	R	20000 UN	INJECTIO	SOLN	ML	1		SSB		69		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69131201	PANZYG/	IMMUNE (	800400	Serums	80040000	Serums	R	10 GM/10(	INTRAVEI	SOLN	ML	100		SSB		69			N	EXCLUDE	SELF_INJ	5 SPBRD	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69131202	PANZYG/	IMMUNE (	800400	Serums	80040000	Serums	R	10 GM/10(	INTRAVEI	SOLN	ML	100		SSB		69			N	EXCLUDE	SELF_INJ	5 SPBRD	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69131801	RETACRI	EPOETIN	201600	Hematopo	20160000	Hematopo	R	10000 UN	INJECTIO	SOLN	ML	2		SSB		69		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69131810	RETACRI	EPOETIN	201600	Hematopo	20160000	Hematopo	R	10000 UN	INJECTIO	SOLN	ML	2		SSB		69		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69141501	PANZYG/	IMMUNE (	800400	Serums	80040000	Serums	R	20 GM/20(	INTRAVEI	SOLN	ML	200		SSB		69			N	EXCLUDE	SELF_INJ	5 SPBRD	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69141502	PANZYG/	IMMUNE (	800400	Serums	80040000	Serums	R	20 GM/20(	INTRAVEI	SOLN	ML	200		SSB		69			N	EXCLUDE	SELF_INJ	5 SPBRD	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69144204	DOXORUI	DOXORUI	100000	Antineopla	10000000	Antineopla	S	2 MG/ML	INTRAVEI	SOLN	ML	100		MSB		69			N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION						R	MEDPRIMI
69147601	CUTAQUI	IMMUNE (	800400	Serums	80040000	Serums	R	2 GM/12M	SUBCUTA	SOLN	ML	12		SSB		69		Y	N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIMI
69147602	CUTAQUI	IMMUNE (	800400	Serums	80040000	Serums	R	2 GM/12M	SUBCUTA	SOLN	ML	12		SSB		69		Y	N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIMI
69150060	XALKORI	CRIZOTIN	100000	Antineopla	10000000	Antineopla	R	150 MG	ORAL	CPSP	EA	60		SSB		69			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69150130	TALZENN	TALAZOP	100000	Antineopla	10000000	Antineopla	R	0.5 MG	ORAL	CAPS	EA	30		SSB		69			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69150901	CUTAQUI	IMMUNE (	800400	Serums	80040000	Serums	R	4 GM/24M	SUBCUTA	SOLN	ML	24		SSB		69		Y	N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIMI
69150902	CUTAQUI	IMMUNE (	800400	Serums	80040000	Serums	R	4 GM/24M	SUBCUTA	SOLN	ML	24		SSB		69		Y	N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIMI
69152068	NORVAS(	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	90	X	MSB		69	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIMI
69153041	NORVAS(	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	100	X	MSB		69	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIMI
69153068	NORVAS(	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	90	X	MSB		69	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIMI
69153072	NORVAS(	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	300	X	MSB		69	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIMI
69153130	DAURISM	GLASDEG	100000	Antineopla	10000000	Antineopla	R	100MG	ORAL	TABS	EA	30		SSB		69			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69154041	NORVAS(	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	100	X	MSB		69	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIMI
69154068	NORVAS(	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	90	X	MSB		69	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIMI
69154220	DOXORUI	DOXORUI	100000	Antineopla	10000000	Antineopla	S	2 MG/ML	INTRAVEI	SOLN	ML	100		MSB		69			N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION						R	MEDPRIMI
69155801	PANZYG/	IMMUNE (	800400	Serums	80040000	Serums	R	30 GM/30(	INTRAVEI	SOLN	ML	300		SSB		69			N	EXCLUDE	SELF_INJ	5 SPBRD	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69155802	PANZYG/	IMMUNE (	800400	Serums	80040000	Serums	R	30 GM/30(	INTRAVEI	SOLN	ML	300		SSB		69			N	EXCLUDE	SELF_INJ	5 SPBRD	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69175130	TALZENN	TALAZOP	100000	Antineopla	10000000	Antineopla	R	0.75 MG	ORAL	CAPS	EA	30		SSB		69			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69196501	CUTAQUI	IMMUNE (	800400	Serums	80040000	Serums	R	8 GM/48M	SUBCUTA	SOLN	ML	48		SSB		69		Y	N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIMI
69196502	CUTAQUI	IMMUNE (	800400	Serums	80040000	Serums	R	8 GM/48M	SUBCUTA	SOLN	ML	48		SSB		69		Y	N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIMI
69197512	VYNDAQE	TAFAMIDI	240492	Cardiac D	24049200	Cardiac D	R	20 MG	ORAL	CAPS	EA	1	X	SSB		69			N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69197540	VYNDAQE	TAFAMIDI	240492	Cardiac D	24049200	Cardiac D	R	20 MG	ORAL	CAPS	EA	120	X	SSB		69			N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69200404	BEQVEZ	FIDANAC	261200	UNKNOW	26120000	UNKNOW	R	4 X 1 ML	INTRAVEI	SUPK	EA	1		SSB		69			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69200414	BEQVEZ	FIDANAC	261200	UNKNOW	26120000	UNKNOW	R	4 X 1 ML	INTRAVEI	SUPK	EA	1		SSB		69			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69200505	BEQVEZ	FIDANAC	261200	UNKNOW	26120000	UNKNOW	R	5 X 1 ML	INTRAVEI	SUPK	EA	1		SSB		69			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69200515	BEQVEZ	FIDANAC	261200	UNKNOW	26120000	UNKNOW	R	5 X 1 ML	INTRAVEI	SUPK	EA	1		SSB		69			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69200606	BEQVEZ	FIDANAC	261200	UNKNOW	26120000	UNKNOW	R	6 X 1 ML	INTRAVEI	SUPK	EA	1		SSB		69			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69200616	BEQVEZ	FIDANAC	261200	UNKNOW	26120000	UNKNOW	R	6 X 1 ML	INTRAVEI	SUPK	EA	1		SSB		69			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69200707	BEQVEZ	FIDANAC	261200	UNKNOW	26120000	UNKNOW	R	7 X 1 ML	INTRAVEI	SUPK	EA	1		SSB		69			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69200717	BEQVEZ	FIDANAC	261200	UNKNOW	26120000	UNKNOW	R	7 X 1 ML	INTRAVEI	SUPK	EA	1		SSB		69			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69202501	COMIRNA	COVID-19	801200	Vaccines	80120000	Vaccines	R	30 MCG/0	INTRAMU	SUSP	ML	1.8		SSB	6/2/2023	69			N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69202510	COMIRNA	COVID-19	801200	Vaccines	80120000	Vaccines	R	30 MCG/0	INTRAMU	SUSP	ML	1.8		SSB	6/2/2023	69			N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69202525	COMIRNA	COVID-19	801200	Vaccines	80120000	Vaccines	R	30 MCG/0	INTRAMU	SUSP	ML	1.8		SSB	6/2/2023	69			N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION						R	MEDPRIMI
69215030	CADUET	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-10 MG	ORAL	TABS	EA	30	X	MSB	2/3/2023	69	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS		R	MEDPRIMI
69215101	HYMPAVZ	MARSTAC	202816	Hemostati	20281600	Hemostati	R	150 MG/M	SUBCUTA	SOAJ	ML	1	X	SSB		69		Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69216030	CADUET	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-10 MG	ORAL	TABS	EA	30	X	MSB	8/31/2022	69	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS		R	MEDPRIMI
69217030	CADUET	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-20 MG	ORAL	TABS	EA	30	X	MSB	2/3/2023	69	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS		R	MEDPRIMI
69218030	CADUET	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-20 MG	ORAL	TABS	EA	30	X	MSB	1/27/2023	69	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS		R	MEDPRIMI
69219030	CADUET	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-40 MG	ORAL	TABS	EA	30	X	MSB	8/8/2023	69	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS		R	MEDPRIMI
69225030	CADUET	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-40 MG	ORAL	TABS	EA	30	X	MSB	1/18/2023	69	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS		R	MEDPRIMI
69226030	CADUET	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-80 MG	ORAL	TABS	EA	30	X	MSB	1/27/2023	69	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS		R	MEDPRIMI
69227030	CADUET	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-80 MG	ORAL	TABS	EA	30	X	MSB	1/18/2023	69	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS		R	MEDPRIMI
69229930	VIZIMPRC	DACOMIT	100000	Antineopla	10000000	Antineopla	R	45 MG	ORAL	TABS	EA	30		SSB		69			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIMI
69236201	COMIRNA	COVID-19	801200	Vaccines	80120000	Vaccines	R	30 MCG/0	INTRAMU	SUSP	ML	0.3		SSB	6/24/2024	69			N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=12-17 YEARS AND Q		R	MEDPRIMI

74368303	LUPRON	LEUPROL	681808	UNKNOW	68180800	UNKNOW	R	30MG	INTRAMU	KIT	EA	1	SSB		74		N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
74372719	SYNTHR	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	137 MCG	ORAL	TABS	EA	1000 X	MSB		74 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS	X	Must meet 5 DS Euth TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS	R	MEDPRMI
74372790	SYNTHR	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	137 MCG	ORAL	TABS	EA	90 X	MSB		74 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS	X	Must meet 5 DS Euth TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS	R	MEDPRMI
74377903	LUPRON	LEUPROL	681808	UNKNOW	68180800	UNKNOW	R	11.25 MG	INTRAMU	KIT	EA	1	SSB		74		N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
74379902	HUMIRA (	ADALIMU	902416	UNKNOW	90241692	UNKNOW	R	40 MG/0.8	SUBCUTA	PSKT	EA	1 X	SSB		74	Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X					R	MEDPRMI
74382613	DEPAKO	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TB24	EA	100 X	SSB	8/30/2022	74 Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
74395646	KALETRA	LOPINAVI	81808	Antiretrovi	8180808	HIV Prote	S	400MG/5M	ORAL	SOLN	ML	160 X	MSB		74 Y		N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION			X	480 IN 30 DAYS			R	MEDPRMI
74401412	KALETRA	LOPINAVI	81808	Antiretrovi	8180808	HIV Prote	S	200-50 MC	ORAL	TABS	EA	120 X	MSB		74		N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION			X	4 IN 1 DAYS			R	MEDPRMI
74433902	HUMIRA (	ADALIMU	902416	UNKNOW	90241692	UNKNOW	R	40 MG/0.8	SUBCUTA	AJKT	EA	1 X	SSB		74	Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X					R	MEDPRMI
74433906	HUMIRA-	ADALIMU	902416	UNKNOW	90241692	UNKNOW	R	40 MG/0.8	SUBCUTA	AJKT	EA	1 X	SSB	4/2/2024	74	Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X					R	MEDPRMI
74433907	HUMIRA-	ADALIMU	902416	UNKNOW	90241692	UNKNOW	R	40 MG/0.8	SUBCUTA	AJKT	EA	1 X	SSB	5/31/2023	74	Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X					R	MEDPRMI
74434119	SYNTHR	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	25 MCG	ORAL	TABS	EA	1000 X	MSB		74 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS	X	Must meet 5 DS Euth TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS	R	MEDPRMI
74434190	SYNTHR	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	25 MCG	ORAL	TABS	EA	90 X	MSB		74 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS	X	Must meet 5 DS Euth TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS	R	MEDPRMI
74437805	NIMBEX	CISATRA	122020	UNKNOW	12202000	UNKNOW	S	10 MG/5M	INTRAVE	SOLN	ML	5	MSB	9/25/2023	74 Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
74438010	NIMBEX	CISATRA	122020	UNKNOW	12202000	UNKNOW	S	20 MG/10	INTRAVE	SOLN	ML	10	MSB	9/25/2023	74 Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
74438220	NIMBEX	CISATRA	122020	UNKNOW	12202000	UNKNOW	S	200 MG/2	INTRAVE	SOLN	ML	20	MSB	9/25/2023	74 Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
74445604	ULTANE	SEVOFLU	280416	UNKNOW	28041600	UNKNOW	S	0	INHALATI	SOLN	ML	250	MSB		74 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
74445651	ULTANE	SEVOFLU	280416	UNKNOW	28041600	UNKNOW	S	0	INHALATI	SOLN	ML	250	MSB		74 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
74455211	SYNTHR	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	50 MCG	ORAL	TABS	EA	100 X	MSB		74 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS	X	Must meet 5 DS Euth TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS	R	MEDPRMI
74455219	SYNTHR	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	50 MCG	ORAL	TABS	EA	1000 X	MSB		74 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS	X	Must meet 5 DS Euth TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS	R	MEDPRMI
74455290	SYNTHR	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	50 MCG	ORAL	TABS	EA	90 X	MSB		74 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS	X	Must meet 5 DS Euth TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS	R	MEDPRMI
74463701	ZEMPLA	PARICAL	881600	Vitamin D	88160000	Vitamin D	S	2 MCG/ML	INTRAVE	SOLN	ML	1	MSB		74 Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
74501501	SKYRIZI	RISANKIZ	569200	GI Drugs,	56920000	GI Drugs,	R	600 MG/1	INTRAVE	SOLN	ML	10	SSB		74		N	EXCLUDE	SELF_INJ	5 SPBRD	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
74517530	PEDIALY	ORAL ELE	401200	Replacem	40120000	Replacem	P	35MEQ/L-	ORAL	SOLN	ML	1000	MSB		74 N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
74518211	SYNTHR	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	75 MCG	ORAL	TABS	EA	100 X	MSB		74 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS	X	Must meet 5 DS Euth TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS	R	MEDPRMI
74518219	SYNTHR	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	75 MCG	ORAL	TABS	EA	1000 X	MSB		74 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS	X	Must meet 5 DS Euth TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS	R	MEDPRMI
74518290	SYNTHR	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	75 MCG	ORAL	TABS	EA	90 X	MSB		74 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS	X	Must meet 5 DS Euth TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS	R	MEDPRMI
74549820	PEDIALY	ORAL ELE	401200	Replacem	40120000	Replacem	P	8.3MEQ/2	ORAL	SOLN	ML	237	MSB		74 N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
74583002	LTXF 3-P	PARENTE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	120	NON DRUG		74 Y		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
74611413	DEPAKO	DIVALPR	281292	Anticonvul	28129200	Anticonvul	S	125 MG	ORAL	CSDR	EA	100 X	SSB		74 Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
74621213	DEPAKO	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	125 MG	ORAL	TBEC	EA	100 X	SSB	4/11/2022	74 Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
74621413	DEPAKO	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TBEC	EA	100 X	SSB	7/1/2023	74 Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
74621513	DEPAKO	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TBEC	EA	100 X	SSB	4/6/2022	74 Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
74621553	DEPAKO	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TBEC	EA	500 X	SSB	12/28/2023	74 Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
74647008	PEDIALY	ORAL ELE	401200	Replacem	40120000	Replacem	P	35MEQ/L-	ORAL	SOLN	ML	240	MSB		74 N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
74647032	PEDIALY	ORAL ELE	401200	Replacem	40120000	Replacem	P	35MEQ/L-	ORAL	SOLN	ML	1000	MSB		74 N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
74647132	PEDIALY	ORAL ELE	401200	Replacem	40120000	Replacem	P	35MEQ/L-	ORAL	SOLN	ML	1000	MSB		74 N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
74659419	SYNTHR	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	88 MCG	ORAL	TABS	EA	1000 X	MSB		74 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS	X	Must meet 5 DS Euth TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS	R	MEDPRMI
74659490	SYNTHR	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	88 MCG	ORAL	TABS	EA	90 X	MSB		74 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS	X	Must meet 5 DS Euth TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS	R	MEDPRMI
74662411	SYNTHR	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	100 MCG	ORAL	TABS	EA	100 X	MSB		74 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS	X	Must meet 5 DS Euth TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS	R	MEDPRMI
74662419	SYNTHR	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	100 MCG	ORAL	TABS	EA	1000 X	MSB		74 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS	X	Must meet 5 DS Euth TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS	R	MEDPRMI
74662490	SYNTHR	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	100 MCG	ORAL	TABS	EA	90 X	MSB		74 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS	X	Must meet 5 DS Euth TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS	R	MEDPRMI
74663330	NORVIR	RITONAV	81808	Antiretrovi	8180808	HIV Prote	R	100 MG	ORAL	CAPS	EA	30 X	SSB	5/13/2024	74		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND							R	MEDPRMI
74679922	KALETRA	LOPINAVI	81808	Antiretrovi	8180808	HIV Prote	S	200-50 MC	ORAL	TABS	EA	120 X	MSB	5/1/2024	74		N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION			X	4 IN 1 DAYS			R	MEDPRMI
74706811	SYNTHR	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	125 MCG	ORAL	TABS	EA	100 X	MSB		74 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS	X	Must meet 5 DS Euth TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS	R	MEDPRMI
74706819	SYNTHR	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	125 MCG	ORAL	TABS	EA	1000 X	MSB		74 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS	X	Must meet 5 DS Euth TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS	R	MEDPRMI
74706890	SYNTHR	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	125 MCG	ORAL	TABS	EA	90 X	MSB		74 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS	X	Must meet 5 DS Euth TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS	R	MEDPRMI
74706911	SYNTHR	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	150 MCG	ORAL	TABS	EA	100 X	MSB		74 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS	X	Must meet 5 DS Euth TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS	R	MEDPRMI
74706919	SYNTHR	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	150 MCG	ORAL	TABS	EA	1000 X	MSB		74 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS	X	Must meet 5 DS Euth TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS	R	MEDPRMI
74706990	SYNTHR	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	150 MCG	ORAL	TABS	EA	90 X	MSB		74 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS	X	Must meet 5 DS Euth TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS	R	MEDPRMI
74707019	SYNTHR	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	175 MCG	ORAL	TABS	EA	1000 X	MSB		74 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS	X	Must meet 5 DS Euth TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS	R	MEDPRMI
74707090	SYNTHR	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	175 MCG	ORAL	TABS	EA	90 X	MSB		74 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS	X	Must meet 5 DS Euth TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS	R	MEDPRMI
74709430	QULIPTA	ATOGEPA	283212	UNKNOW	28321200	UNKNOW	R	60 MG	ORAL	TABS	EA	30 X	SSB		74		N	FORMULARY		2 BRAND	PREFERRED BRAND	X	PA:X					R	MEDPRMI
74709530	QULIPTA	ATOGEPA	283212	UNKNOW	28321200	UNKNOW	R	10 MG	ORAL	TABS	EA	30 X	SSB		74		N	FORMULARY		2 BRAND	PREFERRED BRAND	X	PA:X					R	MEDPRMI
74709630	QULIPTA	ATOGEPA	283212	UNKNOW	28321200	UNKNOW	R	30 MG	ORAL	TABS	EA	30 X	SSB		74		N	FORMULARY		2 BRAND	PREFERRED BRAND	X	PA:X					R	MEDPRMI
74709804	VUITY	PILOCARI	524020	UNKNOW	52402000	UNKNOW	R	1.25%	OPHTHAL	SOLN	ML	2.5 X	SSB		74		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X					R	MEDPRMI
74709806	VUITY	PILOCARI	524020	UNKNOW	52402000	UNKNOW	R	1.25%	OPHTHAL	SOLN	ML	5 X	SSB		74		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X					R	MEDPRMI
74712611	DEPAKO	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	100 X	SSB	8/8/2022	74 Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
74712613	DEPAKO	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	100 X	SSB	4/11/2022	74 Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
74714811	SYNTHR	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	200 MCG	ORAL	TABS	EA	100 X	MSB		74 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS	X	Must meet 5 DS Euth TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS	R	MEDPRMI
74714819	SYNTHR	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	200 MCG	ORAL	TABS	EA	1000 X	MSB		74 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS	X	Must meet 5 DS Euth TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS	R	MEDPRMI
74714890	SYNTHR	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	200 MCG	ORAL	TABS	EA	90 X	MSB		74 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS	X	Must meet 5 DS Euth TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS	R	MEDPRMI
74714919	SYNTHR	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	300 MCG	ORAL	TABS	EA	1000 X	MSB		74 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS	X	Must meet 5 DS Euth TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS	R	MEDPRMI
74714990	SYNTHR	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	300 MCG	ORAL	TABS	EA	90 X	MSB		74 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS	X	Must meet 5 DS Euth TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS	R	MEDPRMI
74726950	GENGRAF	CYCLOSP	902828	UNKNOW	90282892	UNKNOW	S	100 MG/M	ORAL	SOLN	ML	50 X	GENERIC		74		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
74732513	DEPAKO	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	125 MG	ORAL	TBEC	EA	100 X	SSB		74 Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
74732613	DEPAKO	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TBEC	EA	100 X	SSB		74		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
74732713	DEPAKO	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TBEC	EA	100 X	SSB		74 Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
74740113	DEPAKO	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TB24	EA	100 X	SSB		74 Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
74740213	DEPAKO	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	100 X	SSB		74 Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
74808378	LTXF PRI	IV SETS/T	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	48	NON DRUG		74		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
74903630	ZEMPLA	PARICAL	881600	Vitamin D	88160000	Vitamin D	S	1MCG	ORAL	CAPS	EA	30 X	MSB		74 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
74903730	ZEMPLA	PARICAL	881600	Vitamin D	88160000	Vitamin D	S	2MCG	ORAL	CAPS	EA	30 X	MSB		74 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
74929619	SYNTHR	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	112 MCG	ORAL	TABS	EA	1000 X	MSB		74 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS	X	Must meet 5 DS Euth TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS	R	MEDPRMI
74929690	SYNTHR	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	112 MCG	ORAL	TABS	EA	90 X	MSB		74 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS	X	Must meet 5 DS Euth TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS	R	MEDPRMI
74969403	LUPRON	LEUPROL	681808	UNKNOW	68180800	UNKNOW	R	30 MG	INTRAMU	KIT	EA	1	SSB		74	Y	N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
75062040	LOVENO	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	40 MG/0.4	INJECTIO	SOSY	ML	0.4	MSB		75 Y	Y	N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION							R	MEDPRMI
75062160	LOVENO	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	60 MG/0.6	INJECTIO	SOSY	ML	0.6	MSB		75 Y	Y	N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION							R	MEDPRMI
75062280	LOVENO	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	80 MG/0.8	INJECTIO	SOSY	ML	0.8	MSB		75 Y	Y	N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION							R	MEDPRMI
75062300	LOVENO	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	100 MG/M	INJECTIO	SOSY	ML	1	MSB		75 Y	Y	N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION							R	MEDPRMI
75062430	LOVENO	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	30 MG/0.3	INJECTIO	SOSY	ML	0.3	MSB		75 Y	Y	N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION							R	MEDPRMI
75062603	LOVENO	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	300 MG/3	INJECTIO	SOLN	ML	3	MSB		75 Y	Y	N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION			X	1 IN 1 DAYS			R	MEDPRMI
75291201	LOVENO	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	120 MG/0.	INJECTIO	SOSY	ML	0.8	MSB		75 Y	Y	N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION							R	MEDPRMI
75291501	LOVENO	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	150 MG/M	INJECTIO	SOSY	ML	1	MSB		75 Y	Y	N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION							R	MEDPRMI
75801301	LOVENO	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	30 MG/0.3	INJECTIO	SOSY	ML	0.3	MSB		75 Y	Y	N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION							R	MEDPRMI
75801310	LOVENO	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	30 MG/0.3	INJECTIO	SOSY	ML	0.3	MSB		75 Y	Y	N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION							R	MEDPRMI
75801401	LOVENO	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	40 MG/0.4	INJECTIO	SOSY	ML	0.4	MSB		75 Y	Y	N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION							R	MEDPRMI
75801410	LOVENO	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	40 MG/0.4	INJECTIO	SOSY	ML	0.4	MSB		75 Y	Y	N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION							R	MEDPRMI
75801601	LOVENO	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	60 MG/0.6	INJECTIO	SOSY	ML	0.6	MSB		75 Y	Y	N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION							R	MEDPRMI
75801610	LOVENO	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	60 MG/0.6	INJECTIO	SOSY	ML	0.6	MSB		75 Y	Y	N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION							R	MEDPRMI
75801801	LOVENO	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	80 MG/0.8	INJECTIO	SOSY	ML	0.8	MSB		75 Y	Y	N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION							R	MEDPRMI
75801810	LOVENO	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	80 MG/0.8	INJECTIO	SOSY	ML	0.8	MSB		75 Y	Y	N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION							R	MEDPRMI
75802001	LOVENO	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	100 MG/M	INJECTIO	SOSY	ML	1	MSB		75 Y	Y	N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION							R	MEDPRMI
75802010	LOVENO	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	100 MG/M	INJECTIO	SOSY	ML	1	MSB		75 Y	Y	N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION							R	MEDPRMI
75802201	LOVENO	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	120 MG/0.	INJECTIO	SOSY	ML	0.8	MSB		75 Y	Y	N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION							R	MEDPRMI
75802210	LOVENO	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	120 MG/0.	INJECTIO	SOSY	ML	0.8	MSB		75 Y	Y	N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION							R	MEDPRMI
75802501	LOVENO	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	150 MG/M	INJECTIO	SOSY	ML	1	MSB		75 Y	Y	N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION							R	MEDPRMI
75802510	LOVENO	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	150 MG/M	INJECTIO	SOSY	ML	1	MSB		75 Y	Y	N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION							R	MEDPRMI
75803001	LOVENO	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	300 MG/3	INJECTIO	SOLN	ML	3	MSB		75 Y	Y	N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION			X	1 IN 1 DAYS			R	MEDPRMI
78010901	SANDIMM	CYCLOSP	902828	UNKNOW	90282892	UNKNOW	R	50 MG/ML	INTRAVE	SOLN	ML	5	SSB		78 Y		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78010961	SANDIMM	CYCLOSP	902828	UNKNOW	90282892	UNKNOW	R	50 MG/ML	INTRAVE	SOLN	ML	5	SSB		78 N		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78011022	SANDIMM	CYCLOSP	902828	UNKNOW	90282892	UNKNOW	R	100 MG/M	ORAL	SOLN	ML	50 X	SSB	7/2/2024	78		N	FORMULARY		2 BRAND	PREFERRED BRAND							R	MEDPRMI
78018001	SANDOST	OCTREO	682904	UNKNOW	68290400	UNKNOW	S	50 MCG/M	INJECTIO	SOLN	ML	1 X	MSB		78 Y	Y	N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION							R	MEDPRMI
78018061	SANDOST	OCTREO	682904	UNKNOW	68290400	UNKNOW	S	50 MCG/M	INJECTIO	SOLN	ML	1 X	MSB		78 Y	Y	N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION							R	MEDPRMI
78018101	SANDOST	OCTREO	682904	UNKNOW	68290400	UNKNOW	S	100 MCG/	INJECTIO	SOLN	ML	1 X	MSB		78 Y	Y	N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION							R	MEDPRMI
78018161	SANDOST	OCTREO	682904	UNKNOW	68290400	UNKNOW	S	100 MCG/	INJECTIO	SOLN	ML	1 X	MSB		78 Y	Y	N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION							R	MEDPRMI
78018201	SANDOST	OCTREO	682904	UNKNOW	68290400	UNKNOW	S	500 MCG/	INJECTIO	SOLN	ML	1 X	MSB		78 Y	Y	N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION							R	MEDPRMI
78018261	SANDOST	OCTREO	682904	UNKNOW	68290400	UNKNOW	S	500 MCG/	INJECTIO	SOLN	ML	1 X	MSB		78 Y	Y	N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION							R	MEDPRMI
78024015	SANDIMM	CYCLOSP	902828	UNKNOW	90282892	UNKNOW	S	25 MG	ORAL	CAPS	EA	30 X	SSB		78 Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
78024061	SANDIMM	CYCLOSP	902828	UNKNOW	90282892	UNKNOW	S	25 MG	ORAL	CAPS	EA	1 X	SSB		78 Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
78024115	SANDIMM	CYCLOSP	902828	UNKNOW	90282892	UNKNOW	S	100 MG	ORAL	CAPS	EA	30 X	SSB		78 Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
78024161	SANDIMM	CYCLOSP	902828	UNKNOW	90282892	UNKNOW	S	100 MG	ORAL	CAPS	EA	1 X	SSB		78 Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
78024615	NEORAL	CYCLOSP	902828	UNKNOW	90282892	UNKNOW	S	25 MG	ORAL	CAPS	EA	30 X	SSB		78 Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
78024661	NEORAL	CYCLOSP	902828	UNKNOW	90282892	UNKNOW	S	25 MG	ORAL	CAPS	EA	1 X	SSB		78 Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
78024815	NEORAL	CYCLOSP	902828	UNKNOW	90282892	UNKNOW	S	100 MG	ORAL	CAPS	EA	30 X	SSB		78 Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
78024861	NEORAL	CYCLOSP	902828	UNKNOW	90282892	UNKNOW	S	100 MG	ORAL	CAPS	EA	1 X	SSB		78 Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
78024915	FEMARA	LETROZO	681608	Antiestrog	68160800	Antiestrog	S	2.5MG	ORAL	TABS	EA	30 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
78027422	NEORAL	CYCLOSP	902828	UNKNOW	90282892	UNKNOW	S	100 MG/M	ORAL	SOLN	ML	50 X	SSB		78 Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
78031434	DIOVAN H	VALSART	243208	Angiotens	24320800	Angiotens	S	12.5MG-8	ORAL	TABS	EA	90 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
78031534	DIOVAN H	VALSART	243208	Angiotens	24320800	Angiotens	S	12.5MG-1	ORAL	TABS	EA	90 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
78033184	SIMULEC	BASILIXI	902816	UNKNOW	90281692	UNKNOW	R	20 MG	INTRAVE	SOLR	EA	1	SSB		78		N	EXCLUDE	SELF_INJ	5 SPBRD	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78033705	TRILEPT	OXCARBA	281224	UNKNOW	28122400	UNKNOW	S	300 MG	ORAL	TABS	EA	100 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
78033761	TRILEPT	OXCARBA	281224	UNKNOW	28122400	UNKNOW	S	300 MG	ORAL	TABS	EA	1 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
78034342	VIVELLE-	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.0375 MC	TRANSDE	PTTW	EA	8 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 7 DAYS			R	MEDPRMI
78034362	VIVELLE-	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.0375 MC	TRANSDE	PTTW	EA	1 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 7 DAYS			R	MEDPRMI
78034442	VIVELLE-	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.05 MG/2	TRANSDE	PTTW	EA	8 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 7 DAYS			R	MEDPRMI
78034462	VIVELLE-	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.05 MG/2	TRANSDE	PTTW	EA	1 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 7 DAYS			R	MEDPRMI
78034542	VIVELLE-	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.075 MG/	TRANSDE	PTTW	EA	8 X	MSB	7/1/2024	78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 7 DAYS			R	MEDPRMI
78034562	VIVELLE-	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.075 MG/	TRANSDE	PTTW	EA	1 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 7 DAYS			R	MEDPRMI
78034642	VIVELLE-	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.1 MG/24	TRANSDE	PTTW	EA	8 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 7 DAYS			R	MEDPRMI
78034662	VIVELLE-	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.1 MG/24	TRANSDE	PTTW	EA	1 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 7 DAYS			R	MEDPRMI
78035415	LESCOL	FLUVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TB24	EA	30 X	MSB	8/2/2024	78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS	X	Must meet 5 DS Ator TRIAL OF 2 OF THE FOLLOWING: ATORVASTATIN, LOVASTATIN, PRAVASTATI	R	MEDPRMI
78035752	TRILEPT	OXCARBA	281224	UNKNOW	28122400	UNKNOW	S	300 MG/5	ORAL	SUSP	ML	250 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
78035834	DIOVAN	VALSART	243208	Angiotens	24320800	Angiotens	S	80MG	ORAL	TABS	EA	90 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
78035934	DIOVAN	VALSART	243208	Angiotens	24320800	Angiotens	S	160MG	ORAL	TABS	EA	90 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
78036034	DIOVAN	VALSART	243208	Angiotens	24320800	Angiotens	S	320MG	ORAL	TABS	EA	90 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
78036405	LOTREL	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-20 MG	ORAL	CAPS	EA	100 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
78036542	VIVELLE-	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.025 MG/	TRANSDE	PTTW	EA	8 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 7 DAYS			R	MEDPRMI
78036562	VIVELLE-	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.025 MG/	TRANSDE	PTTW	EA	1 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 7 DAYS			R	MEDPRMI
78037005	RITALIN L	METHYLP	282032	UNKNOW	28203200	UNKNOW	S	20 MG	ORAL	CP24	EA	100 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS			R	MEDPRMI
78037105	RITALIN L	METHYLP	282032	UNKNOW	28203200	UNKNOW	S	30 MG	ORAL	CP24	EA	100 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS			R	MEDPRMI
78037205	RITALIN L	METHYLP	282032	UNKNOW	28203200	UNKNOW	S	40 MG	ORAL	CP24	EA	100 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS			R	MEDPRMI
78037905	LOTREL	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-40 MG	ORAL	CAPS	EA	100 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
78038005	FOCALIN	DEXMETH	282032	UNKNOW	28203200	UNKNOW	S	2.5 MG	ORAL	TABS	EA	100 X	MSB	10/11/2024	78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS			R	MEDPRMI
78038105	FOCALIN	DEXMETH	282032	UNKNOW	28203200	UNKNOW	S	5 MG	ORAL	TABS	EA	100 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS			R	MEDPRMI
78038205	FOCALIN	DEXMETH	282032	UNKNOW	28203200	UNKNOW	S	10 MG	ORAL	TABS	EA	100 X	MSB	7/15/2024	78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS			R	MEDPRMI
78038334	DIOVAN H	VALSART	243208	Angiotens	24320800	Angiotens	S	25MG-160	ORAL	TABS	EA	90 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
78038566	MYFORTI	MYCOPHI	924400	UNKNOW	92440000	UNKNOW	S	180 MG	ORAL	TBEC	EA	120 X	MSB		78 Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
78038666	MYFORTI	MYCOPHI	924400	UNKNOW	92440000	UNKNOW	S	360MG	ORAL	TBEC	EA	120 X	MSB		78 Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
78039361	SIMULEC	BASILIXI	902816	UNKNOW	90281692	UNKNOW	R	10 MG	INTRAVE	SOLR	EA	1	SSB		78		N	EXCLUDE	SELF_INJ	5 SPBRD	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78040134	GLEEVEC	IMATINIB	100000	Antineopl	10000000	Antineopl	S	100 MG	ORAL	TABS	EA	90	MSB		78 Y		N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION	X	PA:X					R	MEDPRMI
78040505	LOTREL	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-10 MG	ORAL	CAPS	EA	100 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
78040605	LOTREL	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-20 MG	ORAL	CAPS	EA	100 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
78041420	ZORTRES	EVEROLI	900000	UNKNOW	90000000	UNKNOW	S	0.5 MG	ORAL	TABS	EA	60 X	MSB		78		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
78041461	ZORTRES	EVEROLI	900000	UNKNOW	90000000	UNKNOW	S	0.5 MG	ORAL	TABS	EA	1 X	MSB		78		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
78041520	ZORTRES	EVEROLI	900000	UNKNOW	90000000	UNKNOW	S	0.75 MG	ORAL	TABS	EA	60 X	MSB		78		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
78041561	ZORTRES	EVEROLI	900000	UNKNOW	90000000	UNKNOW	S	0.75 MG	ORAL	TABS	EA	1 X	MSB		78		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
78041720	ZORTRES	EVEROLI	900000	UNKNOW	90000000	UNKNOW	S	0.25 MG	ORAL	TABS	EA	60 X	MSB		78		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
78041761	ZORTRES	EVEROLI	900000	UNKNOW	90000000	UNKNOW	S	0.25 MG	ORAL	TABS	EA	1 X	MSB		78		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
78042220	ZORTRES	EVEROLI	900000	UNKNOW	90000000	UNKNOW	S	1 MG	ORAL	TABS	EA	60 X	MSB		78		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
78042261	ZORTRES	EVEROLI	900000	UNKNOW	90000000	UNKNOW	S	1 MG	ORAL	TABS	EA	1 X	MSB		78		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
78042315	DIOVAN	VALSART	243208	Angiotens	24320800	Angiotens	S	40MG	ORAL	TABS	EA	30 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
78042405	RITALIN L	METHYLP	282032	UNKNOW	28203200	UNKNOW	S	10 MG	ORAL	CP24	EA	100 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS			R	MEDPRMI
78043005	FOCALIN	DEXMETH	282032	UNKNOW	28203200	UNKNOW	S	5 MG	ORAL	CP24	EA	100 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS			R	MEDPRMI
78043105	FOCALIN	DEXMETH	282032	UNKNOW	28203200	UNKNOW	S	10 MG	ORAL	CP24	EA	100 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS			R	MEDPRMI
78043205	FOCALIN	DEXMETH	282032	UNKNOW	28203200	UNKNOW	S	20 MG	ORAL	CP24	EA	100 X	MSB	10/25/2024	78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS			R	MEDPRMI
78043305	FOCALIN	DEXMETH	282032	UNKNOW	28203200	UNKNOW	S	30 MG	ORAL	CP24	EA	100 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS			R	MEDPRMI
78043405	FOCALIN	DEXMETH	282032	UNKNOW	28203200	UNKNOW	S	40 MG	ORAL	CP24	EA	100 X	MSB	10/25/2024	78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS			R	MEDPRMI
78043561	RECLAST	ZOLEDRO	922400	UNKNOW	92240000	UNKNOW	S	5 MG/100	INTRAVE	SOLN	ML	100	MSB		78 Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
78043905	RITALIN	METHYLP	282032	UNKNOW	28203200	UNKNOW	S	5 MG	ORAL	TABS	EA	100 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	3 IN 1 DAYS			R	MEDPRMI
78044005	RITALIN	METHYLP	282032	UNKNOW	28203200	UNKNOW	S	10 MG	ORAL	TABS	EA	100 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	3 IN 1 DAYS			R	MEDPRMI
78044105	RITALIN	METHYLP	282032	UNKNOW	28203200	UNKNOW	S	20 MG	ORAL	TABS	EA	100 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	3 IN 1 DAYS			R	MEDPRMI
78045605	TRILEPT	OXCARBA	281224	UNKNOW	28122400	UNKNOW	S	150 MG	ORAL	TABS	EA	100 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
78045661	TRILEPT	OXCARBA	281224	UNKNOW	28122400	UNKNOW	S	150 MG	ORAL	TABS	EA	1 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
78045705	TRILEPT	OXCARBA	281224	UNKNOW	28122400	UNKNOW	S	600 MG	ORAL	TABS	EA	100 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
78045761	TRILEPT	OXCARBA	281224	UNKNOW	28122400	UNKNOW	S	600 MG	ORAL	TABS	EA	1 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
78046761	DESFERA	DEFEROX	640000	Heavy Me	64000000	Heavy Me	S	500MG	INJECTIO	SOLR	EA	1	MSB		78 Y	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION	X	PA:X					R	MEDPRMI
78046791	DESFERA	DEFEROX	640000	Heavy Me	64000000	Heavy Me	S	500MG	INJECTIO	SOLR	EA	1	MSB		78 Y	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION	X	PA:X					R	MEDPRMI
78046815	EXJADE	DEFERAS	640000	Heavy Me	64000000	Heavy Me	S	125MG	ORAL	TBSO	EA	30 X	MSB		78 Y		N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION	X	PA:X					R	MEDPRMI
78046915	EXJADE	DEFERAS	640000	Heavy Me	64000000	Heavy Me	S	250MG	ORAL	TBSO	EA	30 X	MSB		78 Y		N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION	X	PA:X					R	MEDPRMI
78047015	EXJADE	DEFERAS	640000	Heavy Me	64000000	Heavy Me	S	500MG	ORAL	TBSO	EA	30 X	MSB		78 Y		N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION	X	PA:X					R	MEDPRMI
78047134	DIOVAN H	VALSART	243208	Angiotens	24320800	Angiotens	S	12.5MG-3	ORAL	TABS	EA	90 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
78047234	DIOVAN H	VALSART	243208	Angiotens	24320800	Angiotens	S	25MG-320	ORAL	TABS	EA	90 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
78047397	GENTEAL	WHITE PE	529200	EENT Dru	52920000	EENT Dru	P	3%-94%	OPHTHAL	OINT	GM	3.5	GENERIC	5/3/2022	78		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78048815	EXFORG	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5MG-160M	ORAL	TABS	EA	30 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
78048915	EXFORG	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10MG-160	ORAL	TABS	EA	30 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
78049015	EXFORG	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5MG-320M	ORAL	TABS	EA	30 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
78049115	EXFORG	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10MG-320	ORAL	TABS	EA	30 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
78049305	FOCALIN	DEXMETH	282032	UNKNOW	28203200	UNKNOW	S	15 MG	ORAL	CP24	EA	100 X	MSB	10/11/2024	78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS			R	MEDPRMI
78049461	TOBI	TOBRAMY	81202	Aminoglyc	8120200	Aminoglyc	S	300 MG/5	INHALATI	NEBU	ML	5 X	MSB	12/31/2022	78 Y		N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION	X	PA:X					R	MEDPRMI
78049471	TOBI	TOBRAMY	81202	Aminoglyc	8120200	Aminoglyc	S	300 MG/5	INHALATI	NEBU	ML	5 X	MSB	12/31/2022	78 Y		N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION	X	PA:X					R	MEDPRMI
78050115	EXELON	RIVASTIG	120400	Parasymp	12040000	Parasymp	S	4.6 MG/24	TRANSDE	PT24	EA	30 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS			R	MEDPRMI
78050161	EXELON	RIVASTIG	120400	Parasymp	12040000	Parasymp	S	4.6 MG/24	TRANSDE	PT24	EA	1 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS			R	MEDPRMI
78050215	EXELON	RIVASTIG	120400	Parasymp	12040000	Parasymp	S	9.5 MG/24	TRANSDE	PT24	EA	30 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS			R	MEDPRMI
78050261	EXELON	RIVASTIG	120400	Parasymp	12040000	Parasymp	S	9.5 MG/24	TRANSDE	PT24	EA	1 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS			R	MEDPRMI
78050315	EXELON	RIVASTIG	120400	Parasymp	12040000	Parasymp	S	13.3 MG/2	TRANSDE	PT24	EA	30 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS			R	MEDPRMI
78050361	EXELON	RIVASTIG	120400	Parasymp	12040000	Parasymp	S	13.3 MG/2	TRANSDE	PT24	EA	1 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS			R	MEDPRMI
78050883	TEGRETO	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	100 MG/5	ORAL	SUSP	ML	450 X	SSB		78 Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
78050905	TEGRETO	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	100 X	SSB		78 Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
78051005	TEGRETO	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	100MG	ORAL	TB12	EA	100 X	SSB		78 Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
78051105	TEGRETO	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200MG	ORAL	TB12	EA	100 X	SSB		78 Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
78051205	TEGRETO	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	400MG	ORAL	TB12	EA	100 X	SSB		78 Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
78052030	EYE-SCR	EYELID C	849200	Skin and M	84920000	Skin and M	O	0-0-0	EXTERNA	PADS	EA	30	SSB		78		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78052651	TASIGNA	NILOTINI	100000	Antineopl	10000000	Antineopl	R	200 MG	ORAL	CAPS	EA	28	SSB		78		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X					R	MEDPRMI
78052687	TASIGNA	NILOTINI	100000	Antineopl	10000000	Antineopl	R	200 MG	ORAL	CAPS	EA	28	SSB		78		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X					R	MEDPRMI
78055915	EXFORG	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-160-12.5	ORAL	TABS	EA	30 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
78056015	EXFORG	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-160-25	ORAL	TABS	EA	30 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
78056115	EXFORG	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-160-12	ORAL	TABS	EA	30 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
78056215	EXFORG	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-160-25	ORAL	TABS	EA	30 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
78056315	EXFORG	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-320-25	ORAL	TABS	EA	30 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
78056651	AFINITOR	EVEROLI	100000	Antineopl	10000000	Antineopl	S	5 MG	ORAL	TABS	EA	28	MSB		78 Y		N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION	X	PA:X					R	MEDPRMI
78056661	AFINITOR	EVEROLI	100000	Antineopl	10000000	Antineopl	S	5 MG	ORAL	TABS	EA	1	MSB		78 Y		N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION	X	PA:X					R	MEDPRMI
78056751	AFINITOR	EVEROLI	100000	Antineopl	10000000	Antineopl	S	10 MG	ORAL	TABS	EA	28	MSB		78		N	EXCLUDED		5 SPBRD	FORMULARY EXCLUSION	X	PA:X					R	MEDPRMI
78056761	AFINITOR	EVEROLI	100000	Antineopl	10000000	Antineopl	S	10 MG	ORAL	TABS	EA	1	MSB		78		N	EXCLUDED		5 SPBRD	FORMULARY EXCLUSION	X	PA:X					R	MEDPRMI
78056845	COARTEM	ARTEMET	83008	Antimalari	8300800	Antimalari	R	20MG-120	ORAL	TABS	EA	24	SSB		78		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
78056912	EXTAVIA	INTERFE	900412	UNKNOW	90041200	UNKNOW	R	0.3 MG	SUBCUTA	KIT	EA	1 X	SSB	3/29/2024	78	Y	N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
78056961	EXTAVIA	INTERFE	900412	UNKNOW	90041200	UNKNOW	R	0.3 MG	SUBCUTA	KIT	EA	1 X	SSB	3/29/2024	78	Y	N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
78056999	EXTAVIA	INTERFE	900412	UNKNOW	90041200	UNKNOW	R	0.3 MG	SUBCUTA	KIT	EA	1 X	SSB		78	Y	N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
78059251	TASIGNA	NILOTINI	100000	Antineopl	10000000	Antineopl	R	150 MG	ORAL	CAPS	EA	28	SSB		78		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X					R	MEDPRMI
78059287	TASIGNA	NILOTINI	100000	Antineopl	10000000	Antineopl	R	150 MG	ORAL	CAPS	EA	28	SSB		78		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X					R	MEDPRMI
78059451	AFINITOR	EVEROLI	100000	Antineopl	10000000	Antineopl	S	2.5 MG	ORAL	TABS	EA	28	MSB		78		N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION	X	PA:X					R	MEDPRMI
78059461	AFINITOR	EVEROLI	100000	Antineopl	10000000	Antineopl	S	2.5 MG	ORAL	TABS	EA	1	MSB		78		N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION	X	PA:X					R	MEDPRMI
78060715	GILENYA	FINGOLIM	900416	UNKNOW	90041600	UNKNOW	S	0.5 MG	ORAL	CAPS	EA	30 X	MSB		78		N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION	X	PA:X					R	MEDPRMI
78060789	GILENYA	FINGOLIM	900416	UNKNOW	90041600	UNKNOW	S	0.5 MG	ORAL	CAPS	EA	7 X	MSB	6/17/2024	78		Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU		FORMULARY EXCLUSION							R	MEDPRMI
78060805	FOCALIN	DEXMETH	282032	UNKNOW	28203200	UNKNOW	S	25 MG	ORAL	CP24	EA	100 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS			R	MEDPRMI
78060905	FOCALIN	DEXMETH	282032	UNKNOW	28203200	UNKNOW	S	35 MG	ORAL	CP24	EA	100 X	MSB		78 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS			R	MEDPRMI
78062051	AFINITOR	EVEROLI	100000	Antineopl	10000000	Antineopl	S	7.5MG	ORAL	TABS	EA	28	MSB		78 Y		N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION	X	PA:X					R	MEDPRMI
78062061	AFINITOR	EVEROLI	100000	Antineopl	10000000	Antineopl	S	7.5MG	ORAL	TABS	EA	1	MSB		78 Y		N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION	X	PA:X					R	MEDPRMI
78062651	AFINITOR	EVEROLI	100000	Antineopl	10000000	Antineopl	S	2 MG	ORAL	TBSO	EA	28	SSB		78		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X					R	MEDPRMI
78062661	AFINITOR	EVEROLI	100000	Antineopl	10000000	Antineopl	S	2 MG	ORAL	TBSO	EA	1	SSB		78		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X					R	MEDPRMI
78062751	AFINITOR	EVEROLI	100000	Antineopl	10000000	Antineopl	S	3 MG	ORAL	TBSO	EA	28	SSB		78		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X					R	MEDPRMI
78062761	AFINITOR	EVEROLI	100000	Antineopl	10000000	Antineopl	S	3 MG	ORAL	TBSO	EA	1	SSB		78		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X					R	MEDPRMI
78062851	AFINITOR	EVEROLI	100000	Antineopl	10000000	Antineopl	S	5 MG	ORAL	TBSO	EA	28	SSB		78		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X					R	MEDPRMI
78062861	AFINITOR	EVEROLI	100000	Antineopl	10000000	Antineopl	S	5 MG	ORAL	TBSO	EA	1	SSB		78		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X					R	MEDPRMI
78063011	TOBI POD	TOBRAMY	81202	Aminoglyc	8120200	Aminoglyc	R	28 MG	INHALATI	CAPS	EA	8 X	SSB	8/2/2022	78		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X					R	MEDPRMI
78063035	TOBI POD	TOBRAMY	81202	Aminoglyc	8120200	Aminoglyc	R	28 MG	INHALATI	CAPS	EA	56 X	SSB	8/2/2022	78		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X					R	MEDPRMI
78063056	TOBI POD	TOBRAMY	81202	Aminoglyc	8120200	Aminoglyc	R	28MG	INHALATI	CAPS	EA	56	SSB		78		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X					R	MEDPRMI
78063320	SIGNIFO	PASIREO	682904	UNKNOW	68290400	UNKNOW	R	0.3 MG/M	SUBCUTA	SOLN	ML	1 X	SSB	12/22/2023	78	Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X					R	MEDPRMI
78063420	SIGNIFO	PASIREO	682904	UNKNOW	68290400	UNKNOW	R	0.6 MG/M	SUBCUTA	SOLN	ML	1 X	SSB	12/22/2023	78	Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X					R	MEDPRMI
78063520	SIGNIFO	PASIREO	682904	UNKNOW	68290400	UNKNOW	R	0.9 MG/M	SUBCUTA	SOLN	ML	1 X	SSB	12/22/2023	78	Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X					R	MEDPRMI
78063941	COSENTY	SECUKIN	902420	UNKNOW	90242092	UNKNOW	R	150 MG/M	SUBCUTA	SOAJ	ML	1 X	SSB		78	Y	N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
78063968	COSENTY	SECUKIN	902420	UNKNOW	90242092	UNKNOW	R	150 MG/M	SUBCUTA	SOAJ	ML	1 X	SSB		78	Y	N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
78063997	COSENTY	SECUKIN	902420	UNKNOW	90242092	UNKNOW	R	150 MG/M	SUBCUTA	SOSY	ML	1 X	SSB		78	Y	N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
78063998	COSENTY	SECUKIN	902420	UNKNOW	90242092	UNKNOW	R	150 MG/M	SUBCUTA	SOSY	ML	1 X	SSB		78	Y	N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
78064181	SIGNIFO	PASIREO	682904	UNKNOW	68290400	UNKNOW	R	20 MG	INTRAMU	SRER	EA	1 X	SSB	12/22/2023	78		N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78064281	SIGNIFO	PASIREO	682904	UNKNOW	68290400	UNKNOW	R	40 MG	INTRAMU	SRER	EA	1 X	SSB	12/22/2023	78		N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78064381	SIGNIFO	PASIREO	682904	UNKNOW	68290400	UNKNOW	R	60 MG	INTRAMU	SRER	EA	1 X	SSB	12/22/2023	78		N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78064913	GLEEVEC	IMATINIB	100000	Antineopl	10000000	Antineopl	S	400 MG	ORAL	TABS	EA	10	MSB		78		N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION	X	PA:X					R	MEDPRMI
78064930	GLEEVEC	IMATINIB	100000	Antineopl	10000000	Antineopl	S	400 MG	ORAL	TABS	EA	30	MSB	9/17/2024	78 Y		N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION	X	PA:X					R	MEDPRMI
78065006	FARYDAK	PANOBIN	100000	Antineopl	10000000	Antineopl	R	10 MG	ORAL	CAPS	EA	6	SSB	9/13/2021	78		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI

87067476	BOOST	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	60MG/240	ORAL	LIQD	ML	237	SSB	11/1/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87067544	BOOST	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	60MG/240	ORAL	LIQD	ML	237	SSB	11/1/2022	87	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87067545	BOOST	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	60MG/240	ORAL	LIQD	ML	237	SSB	11/1/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87067576	BOOST	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	60MG/240	ORAL	LIQD	ML	237	SSB	11/1/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87067645	BOOST	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	60MG/240	ORAL	LIQD	ML	237	SSB	11/1/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87067676	BOOST	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	60MG/240	ORAL	LIQD	ML	237	SSB	11/1/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87067745	BOOST	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	60MG/240	ORAL	LIQD	ML	237	SSB	11/1/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87067776	BOOST	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	60MG/240	ORAL	LIQD	ML	237	SSB	11/1/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87069506	CHOICE [	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	60MG/237	ORAL	LIQD	ML	237	SSB	11/1/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87069545	CHOICE [	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	60MG/237	ORAL	LIQD	ML	237	SSB	11/1/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87069546	CHOICE [	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	60MG/237	ORAL	LIQD	ML	237	SSB	11/1/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87074002	FER-IN-S	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	75 (15 FE)	ORAL	SOLN	ML	50	MSB		87	Y	N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRM
87074026	FER-IN-S	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	75 (15 FE)	ORAL	SOLN	ML	50	MSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRM
87086604	D-VI-SOL	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	10 MCG/M	ORAL	LIQD	ML	50	MSB		87	Y	N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRM
87086644	D-VI-SOL	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	10 MCG/M	ORAL	LIQD	ML	50	MSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRM
87087342	SUBDUE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	35MG/240	ORAL	LIQD	ML	237	SSB	11/1/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87087402	SUBDUE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	35MG/240	ORAL	LIQD	ML	240	SSB	11/1/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87087442	SUBDUE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	35MG/240	ORAL	LIQD	ML	237	SSB	11/1/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87087542	SUBDUE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	35MG/240	ORAL	LIQD	ML	237	SSB	11/1/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87087640	SUBDUE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	150MG/L-	ORAL	LIQD	ML	1000	SSB	11/1/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87093145	BOOST P	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	11/1/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87093176	BOOST P	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	11/1/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87093245	BOOST P	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	11/1/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87093276	BOOST P	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	11/1/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87093345	BOOST P	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	11/1/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87093376	BOOST P	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	11/1/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87094005	BOOST H	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	13.3MG/2	ORAL	LIQD	ML	237	SSB	11/1/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87094006	BOOST H	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	13.3MG/2	ORAL	LIQD	ML	960	SSB	11/1/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87094045	BOOST H	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	13.3MG/2	ORAL	LIQD	ML	237	SSB	11/1/2022	87	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87094076	BOOST H	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	13.3MG/2	ORAL	LIQD	ML	237	SSB	11/1/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87094105	BOOST H	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	13.3MG/2	ORAL	LIQD	ML	237	SSB	11/1/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87094145	BOOST H	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	13.3MG/2	ORAL	LIQD	ML	237	SSB	11/1/2022	87	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87094166	BOOST H	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	13.3MG/2	ORAL	LIQD	ML	237	SSB	11/1/2022	87	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87094176	BOOST H	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	13.3MG/2	ORAL	LIQD	ML	237	SSB	11/1/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87094405	BOOST H	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	13.3MG/2	ORAL	LIQD	ML	240	SSB	11/1/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87094445	BOOST H	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	13.3MG/2	ORAL	LIQD	ML	237	SSB	11/1/2022	87	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87094466	BOOST H	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	13.3MG/2	ORAL	LIQD	ML	237	SSB	11/1/2022	87	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87094476	BOOST H	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	13.3MG/2	ORAL	LIQD	ML	237	SSB	11/1/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87094543	BOOST P	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/150C	ORAL	PUDG	GM	142	SSB	11/1/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87094643	BOOST P	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/150C	ORAL	PUDG	GM	142	SSB	11/1/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87094743	BOOST P	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/150C	ORAL	PUDG	GM	142	SSB	11/1/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87098776	BOOST	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	60MG/240	ORAL	LIQD	ML	237	SSB	11/1/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87100742	SUBDUE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	60MG/237	ORAL	LIQD	ML	237	SSB	11/1/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87119501	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	12MG/150	ORAL	CONC	ML	384	SSB		87	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87119541	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	12MG/150	ORAL	CONC	ML	384	SSB		87	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87121401	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	366	SSB		87	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87121441	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	366	SSB		87	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87121442	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	593	SSB		87	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87121447	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	593	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87123901	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG-1	ORAL	POWD	GM	357	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87123905	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG-1	ORAL	POWD	GM	561	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87123941	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG-1	ORAL	POWD	GM	357	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87123945	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG-1	ORAL	POWD	GM	561	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87134501	WATER C	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0	ORAL	LIQD	ML	59	MSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRM
87134541	WATER C	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0	ORAL	LIQD	ML	59	MSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRM
87134601	GLUCOSE	GLUCOSE	402000	Caloric Ag	40200000	Caloric Ag	P	5%	ORAL	SOLN	ML	59	MSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRM
87134641	GLUCOSE	GLUCOSE	402000	Caloric Ag	40200000	Caloric Ag	P	5%	ORAL	SOLN	ML	59	MSB		87	N	N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRM
87134801	SNAPPIES	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		87	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87134841	SNAPPIES	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		87	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87136502	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	354	SSB		87	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87136520	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	629	SSB	8/12/2022	87	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87136521	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	471	SSB	8/12/2022	87	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87136527	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	EA	16	SSB	8/12/2022	87	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87136542	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	354	SSB		87	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87136560	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	629	SSB	8/12/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87136561	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	471	SSB	8/12/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87136567	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	EA	16	SSB	8/12/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87136601	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	LIQD	ML	59	SSB	8/12/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87136641	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	LIQD	ML	59	SSB	8/12/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87136701	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	CONC	ML	384	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87136741	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	CONC	ML	384	SSB		87	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87139001	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-18MG/1	ORAL	LIQD	ML	59	SSB	8/12/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87139041	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-18MG/1	ORAL	LIQD	ML	59	SSB	8/12/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87143301	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	LIQD	ML	59	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87143341	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	LIQD	ML	59	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87143401	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	LIQD	ML	59	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87143441	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	LIQD	ML	59	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87143701	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	LIQD	ML	59	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87143741	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	LIQD	ML	59	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87144901	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	LIQD	ML	59	SSB		87	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87144941	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	LIQD	ML	59	SSB		87	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87145301	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	LIQD	ML	59	SSB		87	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87145341	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	LIQD	ML	59	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87146102	ENFAGR(	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	567	SSB	3/30/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87146142	ENFAGR(	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	567	SSB	3/30/2022	87	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87146301	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	5	SSB		87	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87146341	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	5	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87146401	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	12MG/150	ORAL	LIQD	ML	59	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87146441	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	12MG/150	ORAL	LIQD	ML	59	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87146605	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	629	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87146645	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	629	SSB		87	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87146701	ENFAGR(	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	POWD	GM	680	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87146741	ENFAGR(	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	POWD	GM	680	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87165701	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	12MG/150	ORAL	LIQD	ML	59	SSB	8/12/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87165741	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	12MG/150	ORAL	LIQD	ML	59	SSB	8/12/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87200101	CLEFT LI	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	6	NON DRUG		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87200141	CLEFT LI	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	6	NON DRUG		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87201418	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	12MG/4PA	ORAL	PACK	EA	100	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87201448	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	12MG/4PA	ORAL	PACK	EA	100	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87428810	ENFAMIL	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87428813	ENFAMIL	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	240	NON DRUG		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87428816	ENFAMIL	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	240	NON DRUG		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87433905	ENFAMIL	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	240	NON DRUG		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87435942	ULTRACA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	25MG/100	ORAL	LIQD	ML	960	SSB	11/1/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87435943	ULTRACA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	25MG/100	ORAL	LIQD	ML	240	SSB	11/1/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87435946	ULTRACA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	25MG/100	ORAL	LIQD	ML	1000	SSB	11/1/2022	87	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87436102	ULTRACA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	240MG/10	ORAL	LIQD	ML	240	SSB	11/1/2022	87	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87436143	ULTRACA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	240MG/10	ORAL	LIQD	ML	240	SSB	11/1/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87436144	ULTRACA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	240MG/10	ORAL	LIQD	ML	1500	SSB	11/1/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87436145	ULTRACA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	240MG/10	ORAL	LIQD	ML	1000	SSB	11/1/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510003	PHENYL-I	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-49MG	ORAL	POWD	GM	454	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510010	PHENYL-I	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-63MG	ORAL	POWD	GM	454	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510015	BCAD 2	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-57MG	ORAL	POWD	GM	454	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510018	PFD 2	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	26MG/100	ORAL	POWD	GM	454	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510022	OA 2	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-49MG	ORAL	POWD	GM	454	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510024	TYROS 2	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-49MG	ORAL	POWD	GM	454	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510027	HCY 2	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-57MG	ORAL	POWD	GM	454	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510029	WND 2	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	57MG/100	ORAL	POWD	GM	454	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510069	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	352	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510096	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	456	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510104	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	456	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510107	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	352	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510108	PHENYL-I	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-49MG	ORAL	POWD	GM	454	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510109	PHENYL-I	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-63MG	ORAL	POWD	GM	454	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510110	BCAD 2	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-57MG	ORAL	POWD	GM	454	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510111	PFD 2	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	26MG/100	ORAL	POWD	GM	454	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510112	OA 2	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-49MG	ORAL	POWD	GM	454	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510113	TYROS 2	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-49MG	ORAL	POWD	GM	454	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510114	HCY 2	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-57MG	ORAL	POWD	GM	454	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510115	WND 2	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	57MG/100	ORAL	POWD	GM	454	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510172	PHENYL-I	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-60M	ORAL	POWD	GM	454	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510173	PHENYL-I	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-60M	ORAL	POWD	GM	454	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510178	PFD TOD	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-74MG/1	ORAL	POWD	GM	400	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510179	PFD TOD	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-74MG/1	ORAL	POWD	GM	400	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510184	BCAD 1	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-60M	ORAL	POWD	GM	454	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510185	BCAD 1	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-60M	ORAL	POWD	GM	454	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510188	GA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-60M	ORAL	POWD	GM	454	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510189	GA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-60M	ORAL	POWD	GM	454	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510191	TYROS 1	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-60M	ORAL	POWD	GM	454	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510192	TYROS 1	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-60M	ORAL	POWD	GM	454	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510196	LMD	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-60M	ORAL	POWD	GM	454	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510197	LMD	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-60M	ORAL	POWD	GM	454	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510199	OA 1	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-60M	ORAL	POWD	GM	454	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510200	OA 1	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-60M	ORAL	POWD	GM	454	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510202	HCY 1	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-60M	ORAL	POWD	GM	454	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510203	HCY 1	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-60M	ORAL	POWD	GM	454	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510205	WND 1	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-60MG/1	ORAL	POWD	GM	454	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510206	WND 1	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-60MG/1	ORAL	POWD	GM	454	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510242	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	LIQD	ML	237	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510243	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	LIQD	ML	237	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510244	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	CONC	ML	237	SSB	8/12/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510251	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	LIQD	ML	237	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510266	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	12MG/150	ORAL	LIQD	ML	59	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510268	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	PACK	EA	14	SSB	8/12/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510299	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-16MG/1	ORAL	LIQD	ML	237	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510301	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	LIQD	ML	237	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510341	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	LIQD	ML	237	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510342	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	LIQD	ML	237	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510480	PURAMIN	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-12M	ORAL	POWD	GM	400	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510481	PURAMIN	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-12M	ORAL	POWD	GM	400	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510517	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	LIQD	ML	177	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510518	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	LIQD	ML	177	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510523	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	LIQD	ML	177	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510524	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	LIQD	ML	177	SSB		87	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510525	ENFAPOF	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/9	ORAL	LIQD	ML	177	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510526	ENFAPOF	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/9	ORAL	LIQD	ML	177	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510586	ENFAMIL	PRENATA	882800	Multivitam	88280000	Multivitam	O	28-0.8 & 2	ORAL	MISC	EA	60	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510734	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-19MG/1	ORAL	POWD	GM	357	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510735	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-19MG/1	ORAL	POWD	GM	357	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87510823	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	LIQD	ML	59	SSB	8/12/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87511132	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	352	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87511133	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	352	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87511157	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	553	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87511158	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	553	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87511413	ENFAGR(	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	10MG/36C	ORAL	POWD	GM	907	SSB		87	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87511503	ENFAMIL	ORAL ELE	401200	Replacem	40120000	Replacem	O	45MEQ/L-	ORAL	SOLN	ML	59	SSB		87	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87511560	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	LIQD	ML	946	SSB	8/12/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87511561	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	LIQD	ML	946	SSB	8/12/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87511562	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	12MG/150	ORAL	LIQD	ML	946	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87511563	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	12MG/150	ORAL	LIQD	ML	946	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87511564	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	LIQD	ML	946	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87511565	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	LIQD	ML	946	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87511568	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-20MG/1	ORAL	LIQD	ML	59	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87511569	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-20MG/1	ORAL	LIQD	ML	59	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87511570	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-20MG/1	ORAL	LIQD	ML	59	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87511571	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-20MG/1	ORAL	LIQD	ML	59	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87511572	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-20MG/9	ORAL	LIQD	ML	59	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87511573	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-20MG/9	ORAL	LIQD	ML	59	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87511574	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-20MG/1	ORAL	LIQD	ML	59	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87511575	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-20MG/1	ORAL	LIQD	ML	59	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87511728	PORTAGE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	38MG/100	ORAL	POWD	GM	410	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87511729	PORTAGE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	38MG/100	ORAL	POWD	GM	410	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87511732	PURAMIN	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-60M	ORAL	POWD	GM	400	SSB	8/12/2022	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87511748	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	12MG/150	ORAL	POWD	GM	581	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87511751	ENFAGR(	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-7.5MG/2	ORAL	LIQD	ML	237	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87511752	ENFAGR(	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	7.5MG/23	ORAL	LIQD	ML	237	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87511754	ENFAGR(	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87511834	ENFAMIL	ORAL ELE	401200	Replacem	40120000	Replacem	O	4.5MEQ/1	ORAL	SOLN	ML	946	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87511961	ENFAGR(	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	7.5MG/24	ORAL	LIQD	ML	946	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87511963	ENFAGR(	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	7.5MG/24	ORAL	LIQD	ML	946	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87511976	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	598	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87511977	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	598	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87511978	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	564	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87511979	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	564	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512058	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	LIQD	ML	59	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512059	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	LIQD	ML	59	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512103	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	PACK	EA	14	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512104	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	PACK	EA	14	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512105	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	204	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512106	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	12MG/150	ORAL	POWD	GM	204	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512107	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	587	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512108	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	587	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512109	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	802	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512110	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	802	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512111	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	445	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512112	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	12MG/150	ORAL	POWD	GM	890	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512113	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	PACK	EA	14	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512114	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	PACK	EA	14	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512118	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	204	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512119	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	553	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512120	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	553	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512121	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	777	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512122	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	777	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512123	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	431	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512124	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	431	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512125	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	785	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512126	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	785	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512127	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	834	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512128	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	834	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512129	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	LIQD	ML	59	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512133	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	LIQD	ML	177	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512134	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	LIQD	ML	177	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512141	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	LIQD	ML	946	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512143	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	LIQD	ML	946	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512154	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	LIQD	ML	946	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512155	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	LIQD	ML	946	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512158	ENFAMIL	ORAL ELE	401200	Replacem	40120000	Replacem	O	4.5MEQ/1	ORAL	SOLN	ML	177	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512159	ENFAMIL	ORAL ELE	401200	Replacem	40120000	Replacem	O	4.5MEQ/1	ORAL	SOLN	ML	177	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512203	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-16MG/1	ORAL	LIQD	ML	59	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512205	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-16MG/1	ORAL	LIQD	ML	59	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512206	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-16MG/1	ORAL	POWD	GM	204	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512207	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-16MG/1	ORAL	POWD	GM	204	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512208	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-16MG/1	ORAL	POWD	GM	386	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512209	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-16MG/1	ORAL	POWD	GM	386	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512222	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	788	SSB		87	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512223	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	788	SSB		87	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512244	PURAMIN	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-44MG	ORAL	POWD	GM	400	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512245	PURAMIN	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-44MG	ORAL	POWD	GM	400	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512246	PURAMIN	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-44MG	ORAL	POWD	GM	400	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512247	PURAMIN	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-44MG	ORAL	POWD	GM	400	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512252	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	LIQD	ML	177	SSB	4/24/2023	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512301	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	LIQD	ML	59	SSB	4/24/2023	87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512302	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	LIQD	ML	59	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512353	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	567	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512354	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	567	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512355	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	411	SSB		87	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512356	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	411	SSB		87	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512364	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	12MG/150	ORAL	LIQD	ML	946	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512365	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	12MG/150	ORAL	LIQD	ML	946	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512452	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	12MG/150	ORAL	POWD	GM	553	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512453	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	12MG/150	ORAL	POWD	GM	553	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
87512454	ENFAMIL	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	12MG/150	ORAL	POWD	GM	417	SSB		87		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM

87512455	ENFAMIL	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	12MG/150	ORAL	POWD	GM	833	SSB		87		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIMI
87512529	ENFAMIL	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-3.8MG/5	ORAL	CONC	ML	163	SSB		87 N		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIMI
87512530	ENFAMIL	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-3.8MG/5	ORAL	CONC	ML	163	SSB		87		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIMI
87512531	ENFAMIL	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-3.8MG/5	ORAL	CONC	ML	163	SSB		87 N		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIMI
87512532	ENFAMIL	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-3.8MG/5	ORAL	CONC	ML	163	SSB		87 N		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIMI
87512542	ENFAGR(	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	10MG/36(	ORAL	POWD	GM	907	SSB		87		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIMI
87512611	ENFAMIL	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	40MG/0.5I	ORAL	LIQD	ML	59	SSB		87		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIMI
87512612	ENFAMIL	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	40MG/0.5I	ORAL	LIQD	ML	59	SSB		87		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIMI
87512642	ENFAMIL	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	12MG/150	ORAL	POWD	GM	777	SSB		87		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIMI
87512643	ENFAMIL	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	12MG/150	ORAL	POWD	GM	777	SSB		87		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIMI
87512682	ENFAMIL	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	12MG/150	ORAL	POWD	GM	777	SSB		87		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIMI
87512683	ENFAMIL	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	12MG/150	ORAL	POWD	GM	777	SSB		87		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIMI
87512731	ENFAMIL	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-16MG/1:	ORAL	LIQD	ML	59	SSB		87 N		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIMI
87512748	ENFAMIL	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	12MG/150	ORAL	POWD	GM	516	SSB		87		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIMI
87512749	ENFAMIL	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	12MG/150	ORAL	POWD	GM	516	SSB		87		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIMI
87512750	ENFAMIL	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-12MG/1!	ORAL	POWD	GM	499	SSB		87		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIMI
87512751	ENFAMIL	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-12MG/1!	ORAL	POWD	GM	499	SSB		87		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIMI
87512903	ENFAGR(	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	22MG/36(	ORAL	POWD	GM	825	SSB		87 N		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIMI
87512904	ENFAGR(	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	22MG/36(	ORAL	POWD	GM	825	SSB		87 N		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIMI
87513167	ENFAGR(	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	10MG/36(	ORAL	POWD	GM	907	SSB		87 N		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIMI
87513168	ENFAGR(	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	10MG/36(	ORAL	POWD	GM	907	SSB		87		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIMI
87869207	ENFAGR(	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	POWD	GM	680	SSB		87 Y		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIMI
87869247	ENFAGR(	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	POWD	GM	680	SSB		87 N		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIMI
88165125	OS-CAL E	CALCIUM	401200 Replacem	40120000 Replacem	P	500-15 M(	ORAL	TABS	EA	60	GENERIC		88 N		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIMI
88165149	OS-CAL E	CALCIUM	401200 Replacem	40120000 Replacem	P	500-15 M(	ORAL	TABS	EA	120	GENERIC		88 N		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIMI
88165475	OS-CAL C	CALCIUM	401200 Replacem	40120000 Replacem	P	500-5 MG-	ORAL	TABS	EA	75	GENERIC		88 N		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIMI
88166301	OS-CAL	CALCIUM	401200 Replacem	40120000 Replacem	P	500MG-60	ORAL	CHEW	EA	60	GENERIC		88 N		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIMI
88210201	PRIFTIN	RIFAPEN'	81604 Antitubero	8160400 Antitubero	R	150 MG	ORAL	TABS	EA	1	SSB		88		N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND					R	MEDPRIMI
88210224	PRIFTIN	RIFAPEN'	81604 Antitubero	8160400 Antitubero	R	150 MG	ORAL	TABS	EA	24	SSB		88		N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND					R	MEDPRIMI
88216030	ARAVA	LEFLUNO	902404 UNKNOW	90240400 UNKNOW	S	10 MG	ORAL	TABS	EA	30 X	MSB		88 Y		N	EXCLUDED	3 BRND2	FORMULARY EXCLUSION					R	MEDPRIMI
88216130	ARAVA	LEFLUNO	902404 UNKNOW	90240400 UNKNOW	S	20 MG	ORAL	TABS	EA	30 X	MSB		88 Y		N	EXCLUDED	3 BRND2	FORMULARY EXCLUSION					R	MEDPRIMI
88221900	LANTUS	INSULIN (	682008 Insulins	68200816 UNKNOW	R	100 UNIT/	SUBCUT/	SOPN	ML	3 X	MSB		88		Y	EXCLUDEINSTIT: [INSTITUTIONAL DRU		FORMULARY EXCLUSION					R	MEDPRIMI
88221901	LANTUS S	INSULIN (	682008 Insulins	68200816 UNKNOW	R	100 UNIT/	SUBCUT/	SOPN	ML	3 X	MSB		88	Y	N	EXCLUDEHARD_M!	3 BRND2	FORMULARY EXCLUSION			PLEASE DISPENSE SEMGLEE YFGN (NDC 49502025080, 49502025171, 49502025175)		R	MEDPRIMI
88221905	LANTUS S	INSULIN (	682008 Insulins	68200816 UNKNOW	R	100 UNIT/	SUBCUT/	SOPN	ML	3 X	MSB		88	Y	N	EXCLUDEHARD_M!	3 BRND2	FORMULARY EXCLUSION			PLEASE DISPENSE SEMGLEE YFGN (NDC 49502025080, 49502025171, 49502025175)		R	MEDPRIMI
88222033	LANTUS	INSULIN (	682008 Insulins	68200816 UNKNOW	R	100 UNIT/	SUBCUT/	SOLN	ML	10 X	SSB		88	Y	N	EXCLUDEHARD_M!	3 BRND2	FORMULARY EXCLUSION			PLEASE DISPENSE SEMGLEE YFGN (NDC 49502025080, 49502025171, 49502025175)		R	MEDPRIMI
88250033	APIDRA	INSULIN (	682008 Insulins	68200804 UNKNOW	R	100 UNIT/	INJECTIO	SOLN	ML	10 X	SSB		88	Y	N	EXCLUDEEXCLUDE	3 BRND2	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]		R	MEDPRIMI
88250034	APIDRA	INSULIN (	682008 Insulins	68200804 UNKNOW	R	100 UNIT/	INJECTIO	SOLN	ML	10 X	SSB		88		Y	EXCLUDEINSTIT: [INSTITUTIONAL DRU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIMI
88250200	APIDRA S	INSULIN (	682008 Insulins	68200804 UNKNOW	R	100 UNIT/	SUBCUT/	SOPN	ML	3 X	SSB		88	Y	N	EXCLUDEEXCLUDE	3 BRND2	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]		R	MEDPRIMI
88250205	APIDRA S	INSULIN (	682008 Insulins	68200804 UNKNOW	R	100 UNIT/	SUBCUT/	SOPN	ML	3 X	SSB		88	Y	N	EXCLUDEEXCLUDE	3 BRND2	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]		R	MEDPRIMI
88502001	LANTUS S	INSULIN (	682008 Insulins	68200816 UNKNOW	R	100 UNIT/	SUBCUT/	SOPN	ML	3 X	SSB	6/28/2023	88	Y	N	EXCLUDEHARD_M!	3 BRND2	FORMULARY EXCLUSION			PLEASE DISPENSE SEMGLEE YFGN (NDC 49502025080, 49502025171, 49502025175)		R	MEDPRIMI
88502005	LANTUS S	INSULIN (	682008 Insulins	68200816 UNKNOW	R	100 UNIT/	SUBCUT/	SOPN	ML	3 X	SSB	6/28/2023	88	Y	N	EXCLUDEHARD_M!	3 BRND2	FORMULARY EXCLUSION			PLEASE DISPENSE SEMGLEE YFGN (NDC 49502025080, 49502025171, 49502025175)		R	MEDPRIMI
88502101	LANTUS	INSULIN (	682008 Insulins	68200816 UNKNOW	R	100 UNIT/	SUBCUT/	SOLN	ML	10 X	SSB	6/28/2023	88	Y	N	EXCLUDEHARD_M!	3 BRND2	FORMULARY EXCLUSION			PLEASE DISPENSE SEMGLEE YFGN (NDC 49502025080, 49502025171, 49502025175)		R	MEDPRIMI
93001006	TOLTERC	TOLTERC	861204 UNKNOW	86120400 UNKNOW	S	1 MG	ORAL	TABS	EA	60 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93001701	MOEXIPR	MOEXIPR	243204 Angiotens	24320400 Angiotens	S	7.5MG	ORAL	TABS	EA	100 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93001805	TOLTERC	TOLTERC	861204 UNKNOW	86120400 UNKNOW	S	2 MG	ORAL	TABS	EA	500 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93001806	TOLTERC	TOLTERC	861204 UNKNOW	86120400 UNKNOW	S	2 MG	ORAL	TABS	EA	60 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93005001	ACETAMI	ACETAMI	280808 Opiate Ag	28080800 Opiate Ag	S	300-15 M(	ORAL	TABS	EA	100	GENERIC	3/14/2022	93		N	FORMULARY	1 GEN	GENERICS		X 12 IN 1 DAYS		X AGE_YEAMUST BE AT LEAST	R	MEDPRIMI
93005101	CARVEDI	CARVEDI	242000 Alpha-Adr	24200000 Alpha-Adr	S	3.125 MG	ORAL	TABS	EA	100 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93005105	CARVEDI	CARVEDI	242000 Alpha-Adr	24200000 Alpha-Adr	S	3.125 MG	ORAL	TABS	EA	500 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93005301	BUSPIRO	BUSPIRO	282412 UNKNOW	28241200 UNKNOW	S	5 MG	ORAL	TABS	EA	100	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93005305	BUSPIRO	BUSPIRO	282412 UNKNOW	28241200 UNKNOW	S	5 MG	ORAL	TABS	EA	500	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93005401	BUSPIRO	BUSPIRO	282412 UNKNOW	28241200 UNKNOW	S	10 MG	ORAL	TABS	EA	100	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93005405	BUSPIRO	BUSPIRO	282412 UNKNOW	28241200 UNKNOW	S	10 MG	ORAL	TABS	EA	500	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93005801	TRAMAD(	TRAMAD(	280808 Opiate Ag	28080800 Opiate Ag	S	50 MG	ORAL	TABS	EA	100	GENERIC	9/17/2024	93		N	FORMULARY	1 GEN	GENERICS		X 8 IN 1 DAYS		X AGE_YEAMUST BE AT LEAST	R	MEDPRIMI
93005805	TRAMAD(	TRAMAD(	280808 Opiate Ag	28080800 Opiate Ag	S	50 MG	ORAL	TABS	EA	500	GENERIC	9/12/2024	93		N	FORMULARY	1 GEN	GENERICS		X 8 IN 1 DAYS		X AGE_YEAMUST BE AT LEAST	R	MEDPRIMI
93007301	ZOLPIDEI	ZOLPIDEI	282444 UNKNOW	28244400 UNKNOW	S	5 MG	ORAL	TABS	EA	100	GENERIC		93		N	FORMULARY	1 GEN	GENERICS		X 1 IN 1 DAYS			R	MEDPRIMI
93007401	ZOLPIDEI	ZOLPIDEI	282444 UNKNOW	28244400 UNKNOW	S	10 MG	ORAL	TABS	EA	100	GENERIC		93		N	FORMULARY	1 GEN	GENERICS		X 1 IN 1 DAYS			R	MEDPRIMI
93009001	EPITOL	CARBAM/	281292 Anticonvul	28129200 Anticonvul	S	200MG	ORAL	TABS	EA	100 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93010901	CARBAM/	CARBAM/	281292 Anticonvul	28129200 Anticonvul	S	200 MG	ORAL	TABS	EA	100 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93010910	CARBAM/	CARBAM/	281292 Anticonvul	28129200 Anticonvul	S	200 MG	ORAL	TABS	EA	1000 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93013501	CARVEDI	CARVEDI	242000 Alpha-Adr	24200000 Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	100 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93013505	CARVEDI	CARVEDI	242000 Alpha-Adr	24200000 Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	500 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93015001	ACETAMI	ACETAMI	280808 Opiate Ag	28080800 Opiate Ag	S	300-30 M(	ORAL	TABS	EA	100	GENERIC	3/14/2022	93		N	FORMULARY	1 GEN	GENERICS		X 12 IN 1 DAYS		X AGE_YEAMUST BE AT LEAST	R	MEDPRIMI
93015010	ACETAMI	ACETAMI	280808 Opiate Ag	28080800 Opiate Ag	S	300-30 M(	ORAL	TABS	EA	1000	GENERIC	3/14/2022	93		N	FORMULARY	1 GEN	GENERICS		X 12 IN 1 DAYS		X AGE_YEAMUST BE AT LEAST	R	MEDPRIMI
93026215	FLUOCIN	FLUOCIN	840608 UNKNOW	84060800 UNKNOW	S	0.05%	EXTERNA	CREA	GM	15	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93026230	FLUOCIN	FLUOCIN	840608 UNKNOW	84060800 UNKNOW	S	0.05%	EXTERNA	CREA	GM	30	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93026292	FLUOCIN	FLUOCIN	840608 UNKNOW	84060800 UNKNOW	S	0.05%	EXTERNA	CREA	GM	60	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93026315	FLUOCIN	FLUOCIN	840608 UNKNOW	84060800 UNKNOW	S	0.05%	EXTERNA	CREA	GM	15	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93026330	FLUOCIN	FLUOCIN	840608 UNKNOW	84060800 UNKNOW	S	0.05%	EXTERNA	CREA	GM	30	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93026392	FLUOCIN	FLUOCIN	840608 UNKNOW	84060800 UNKNOW	S	0.05%	EXTERNA	CREA	GM	60	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93026415	FLUOCIN	FLUOCIN	840608 UNKNOW	84060800 UNKNOW	S	0.05%	EXTERNA	OINT	GM	15	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93026430	FLUOCIN	FLUOCIN	840608 UNKNOW	84060800 UNKNOW	S	0.05%	EXTERNA	OINT	GM	30	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93026492	FLUOCIN	FLUOCIN	840608 UNKNOW	84060800 UNKNOW	S	0.05%	EXTERNA	OINT	GM	60	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93030801	CLEMAST	CLEMAST	40400 First Gene	4040000 First Gene	S	2.68 MG	ORAL	TABS	EA	100	MSB	12/4/2024	93		N	EXCLUDED	3 BRND2	FORMULARY EXCLUSION					R	MEDPRIMI
93031101	LOPERA	LOPERA	560800 Antidiarrh	56080000 Antidiarrh	S	2 MG	ORAL	CAPS	EA	100	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93031105	LOPERA	LOPERA	560800 Antidiarrh	56080000 Antidiarrh	S	2 MG	ORAL	CAPS	EA	500	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93031401	KETOROI	KETOROI	280804 Nonsteroi	28080404 UNKNOW	S	10 MG	ORAL	TABS	EA	100	GENERIC		93		N	FORMULARY	1 GEN	GENERICS		X 4 IN 1 DAYS			R	MEDPRIMI
93031801	DILTIAZEI	DILTIAZEI	240404 Antiarrhyt	24040424 Class IV A	S	30 MG	ORAL	TABS	EA	100 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93031805	DILTIAZEI	DILTIAZEI	240404 Antiarrhyt	24040424 Class IV A	S	30 MG	ORAL	TABS	EA	500 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93031901	DILTIAZEI	DILTIAZEI	240404 Antiarrhyt	24040424 Class IV A	S	60 MG	ORAL	TABS	EA	100 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93031905	DILTIAZEI	DILTIAZEI	240404 Antiarrhyt	24040424 Class IV A	S	60 MG	ORAL	TABS	EA	500 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93032001	DILTIAZEI	DILTIAZEI	240404 Antiarrhyt	24040424 Class IV A	S	90 MG	ORAL	TABS	EA	100 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93032101	DILTIAZEI	DILTIAZEI	240404 Antiarrhyt	24040424 Class IV A	S	120 MG	ORAL	TABS	EA	100 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93035001	ACETAMI	ACETAMI	280808 Opiate Ag	28080800 Opiate Ag	S	300-60 M(	ORAL	TABS	EA	100	GENERIC	3/14/2022	93		N	FORMULARY	1 GEN	GENERICS		X 6 IN 1 DAYS		X AGE_YEAMUST BE AT LEAST	R	MEDPRIMI
93035005	ACETAMI	ACETAMI	280808 Opiate Ag	28080800 Opiate Ag	S	300-60 M(	ORAL	TABS	EA	500	GENERIC	3/14/2022	93		N	FORMULARY	1 GEN	GENERICS		X 6 IN 1 DAYS		X AGE_YEAMUST BE AT LEAST	R	MEDPRIMI
93035010	ACETAMI	ACETAMI	280808 Opiate Ag	28080800 Opiate Ag	S	300-60 M(	ORAL	TABS	EA	1000	GENERIC	3/14/2022	93		N	FORMULARY	1 GEN	GENERICS		X 6 IN 1 DAYS		X AGE_YEAMUST BE AT LEAST	R	MEDPRIMI
93057606	LOVASTA	LOVASTA	240608 HMG-CoA	24060800 HMG-CoA	S	20 MG	ORAL	TABS	EA	60 X	GENERIC		93		N	#N/A ORIG_FR	10 EHB	#N/A		X 2 IN 1 DAYS		X IF AGE=40-75 YEARS AND R/	R	MEDPRIMI
93057610	LOVASTA	LOVASTA	240608 HMG-CoA	24060800 HMG-CoA	S	20 MG	ORAL	TABS	EA	1000 X	GENERIC		93		N	#N/A ORIG_FR	10 EHB	#N/A		X 2 IN 1 DAYS		X IF AGE=40-75 YEARS AND R/	R	MEDPRIMI
93071101	FLURBIPI	FLURBIPI	280804 Nonsteroi	28080404 UNKNOW	S	100 MG	ORAL	TABS	EA	100 X	GENERIC	12/4/2024	93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93071105	FLURBIPI	FLURBIPI	280804 Nonsteroi	28080404 UNKNOW	S	100 MG	ORAL	TABS	EA	500 X	GENERIC	12/4/2024	93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93075201	ATENOLC	ATENOLC	242000 Alpha-Adr	24200000 Alpha-Adr	S	50 MG	ORAL	TABS	EA	100 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93075210	ATENOLC	ATENOLC	242000 Alpha-Adr	24200000 Alpha-Adr	S	50 MG	ORAL	TABS	EA	1000 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93075301	ATENOLC	ATENOLC	242000 Alpha-Adr	24200000 Alpha-Adr	S	100 MG	ORAL	TABS	EA	100 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93075305	ATENOLC	ATENOLC	242000 Alpha-Adr	24200000 Alpha-Adr	S	100 MG	ORAL	TABS	EA	500 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93075505	DIFLUNIS	DIFLUNIS	280804 Nonsteroi	28080404 UNKNOW	S	500 MG	ORAL	TABS	EA	500 X	GENERIC	8/25/2022	93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93075601	PIROXIC/	PIROXIC/	280804 Nonsteroi	28080404 UNKNOW	S	10 MG	ORAL	CAPS	EA	100 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93075701	PIROXIC/	PIROXIC/	280804 Nonsteroi	28080404 UNKNOW	S	20 MG	ORAL	CAPS	EA	100 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93075705	PIROXIC/	PIROXIC/	280804 Nonsteroi	28080404 UNKNOW	S	20 MG	ORAL	CAPS	EA	500 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93077110	PRAVAST	PRAVAST	240608 HMG-CoA	24060800 HMG-CoA	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC		93		N	#N/A ORIG_FR	10 EHB	#N/A		X 1 IN 1 DAYS		X IF AGE=40-75 YEARS AND R/	R	MEDPRIMI
93077198	PRAVAST	PRAVAST	240608 HMG-CoA	24060800 HMG-CoA	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		93		N	#N/A ORIG_FR	10 EHB	#N/A		X 1 IN 1 DAYS		X IF AGE=40-75 YEARS AND R/	R	MEDPRIMI
93077801	CARBAM/	CARBAM/	281292 Anticonvul	28129200 Anticonvul	S	100 MG	ORAL	CHEW	EA	100 X	GENERIC	8/26/2024	93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93078701	ATENOLC	ATENOLC	242000 Alpha-Adr	24200000 Alpha-Adr	S	25 MG	ORAL	TABS	EA	100 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93078710	ATENOLC	ATENOLC	242000 Alpha-Adr	24200000 Alpha-Adr	S	25 MG	ORAL	TABS	EA	1000 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93080701	FLUOXET	FLUOXET	281604 Antidepres	28160420 Selective-	S	20 MG	ORAL	TABS	EA	100 X	GENERIC	1/9/2023	93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93080756	FLUOXET	FLUOXET	281604 Antidepres	28160420 Selective-	S	20 MG	ORAL	TABS	EA	30 X	GENERIC	1/9/2023	93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93081001	NORTRIP	NORTRIP	281604 Antidepres	28160428 Tricyclics	S	10 MG	ORAL	CAPS	EA	100 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93081005	NORTRIP	NORTRIP	281604 Antidepres	28160428 Tricyclics	S	10 MG	ORAL	CAPS	EA	500 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93081101	NORTRIP	NORTRIP	281604 Antidepres	28160428 Tricyclics	S	25 MG	ORAL	CAPS	EA	100 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93081105	NORTRIP	NORTRIP	281604 Antidepres	28160428 Tricyclics	S	25 MG	ORAL	CAPS	EA	500 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93081201	NORTRIP	NORTRIP	281604 Antidepres	28160428 Tricyclics	S	50 MG	ORAL	CAPS	EA	100 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93081205	NORTRIP	NORTRIP	281604 Antidepres	28160428 Tricyclics	S	50 MG	ORAL	CAPS	EA	500 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93081301	NORTRIP	NORTRIP	281604 Antidepres	28160428 Tricyclics	S	75 MG	ORAL	CAPS	EA	100 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93081305	NORTRIP	NORTRIP	281604 Antidepres	28160428 Tricyclics	S	75 MG	ORAL	CAPS	EA	500 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93083201	CLONAZE	CLONAZE	281208 Anticonvul	28120800 Anticonvul	S	0.5 MG	ORAL	TABS	EA	100	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93083205	CLONAZE	CLONAZE	281208 Anticonvul	28120800 Anticonvul	S	0.5 MG	ORAL	TABS	EA	500	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93092606	LOVASTA	LOVASTA	240608 HMG-CoA	24060800 HMG-CoA	S	10 MG	ORAL	TABS	EA	60 X	GENERIC		93		N	#N/A ORIG_FR	10 EHB	#N/A		X 2 IN 1 DAYS		X IF AGE=40-75 YEARS AND R/	R	MEDPRIMI
93092610	LOVASTA	LOVASTA	240608 HMG-CoA	24060800 HMG-CoA	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC		93		N	#N/A ORIG_FR	10 EHB	#N/A		X 2 IN 1 DAYS		X IF AGE=40-75 YEARS AND R/	R	MEDPRIMI
93092806	LOVASTA	LOVASTA	240608 HMG-CoA	24060800 HMG-CoA	S	40 MG	ORAL	TABS	EA	60 X	GENERIC		93		N	#N/A ORIG_FR	10 EHB	#N/A		X 2 IN 1 DAYS		X IF AGE=40-75 YEARS AND R/	R	MEDPRIMI
93092810	LOVASTA	LOVASTA	240608 HMG-CoA	24060800 HMG-CoA	S	40 MG	ORAL	TABS	EA	1000 X	GENERIC		93		N	#N/A ORIG_FR	10 EHB	#N/A		X 2 IN 1 DAYS		X IF AGE=40-75 YEARS AND R/	R	MEDPRIMI
93094801	DICLOFEI	DICLOFEI	280804 Nonsteroi	28080492 Other Non	S	50 MG	ORAL	TABS	EA	100 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93094805	DICLOFEI	DICLOFEI	280804 Nonsteroi	28080492 Other Non	S	50 MG	ORAL	TABS	EA	500 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93098301	NYSTATII	NYSTATII	81428 Polyenes	8142800 Polyenes	S	500000 U	ORAL	TABS	EA	100	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93100301	BUSPIRO	BUSPIRO	282412 UNKNOW	28241200 UNKNOW	S	15 MG	ORAL	TABS	EA	100	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93100305	BUSPIRO	BUSPIRO	282412 UNKNOW	28241200 UNKNOW	S	15 MG	ORAL	TABS	EA	500	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93100501	NAPROXI	NAPROXI	280804 Nonsteroi	28080404 UNKNOW	S	375 MG	ORAL	TBEC	EA	100 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93100505	NAPROXI	NAPROXI	280804 Nonsteroi	28080404 UNKNOW	S	375 MG	ORAL	TBEC	EA	500 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93101042	MUPIROC	MUPIROC	840404 Antibacter	84040400 Antibacter	S	2%	EXTERNA	OINT	GM	22	GENERIC		93		N	FORMULARY	1 GEN	GENERICS		X <= 90			R	MEDPRIMI
93102406	NEFAZOC	NEFAZOC	281604 Antidepres	28160424 Serotonin	R	100 MG	ORAL	TABS	EA	60 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93102506	NEFAZOC	NEFAZOC	281604 Antidepres	28160424 Serotonin	R	200MG	ORAL	TABS	EA	60 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93102606	NEFAZOC	NEFAZOC	281604 Antidepres	28160424 Serotonin	R	250 MG	ORAL	TABS	EA	60 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93106001	SOTALOL	SOTALOL	242000 Alpha-Adr	24200000 Alpha-Adr	S	120 MG	ORAL	TABS	EA	100 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93106101	SOTALOL	SOTALOL	242000 Alpha-Adr	24200000 Alpha-Adr	S	80 MG	ORAL	TABS	EA	100 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93106201	SOTALOL	SOTALOL	242000 Alpha-Adr	24200000 Alpha-Adr	S	160 MG	ORAL	TABS	EA	100 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93106301	SOTALOL	SOTALOL	242000 Alpha-Adr	24200000 Alpha-Adr	S	240 MG	ORAL	TABS	EA	100 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93107701	CEFPRO2	CEFPRO2	81206 Cephalosp	8120608 Second G	S	250 MG	ORAL	TABS	EA	100	GENERIC		93 N		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93107853	CEFPRO2	CEFPRO2	81206 Cephalosp	8120608 Second G	S	500MG	ORAL	TABS	EA	50	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93108701	CEFACLC	CEFACLC	81206 Cephalosp	8120608 Second G	R	500MG	ORAL	TB12	EA	100	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93110616	TERIPAR	TERIPAR	682408 UNKNOW	68240800 UNKNOW	S	600 MCG/	SUBCUT/	SOPN	ML	2.4 X	GENERIC		93	Y	N	FORMULARY	4 SPGEN	SPECIALTY GENERICS	X PA:X				R	MEDPRIMI
93112589	ABIRATEI	ABIRATEI	100000 Antineopla	10000000 Antineopla	S	250 MG	ORAL	TABS	EA	120	GENERIC		93		N	FORMULARY	4 SPGEN	SPECIALTY GENERICS	X PA:X				R	MEDPRIMI
93113556	ACITRETI	ACITRETI	842800 Keratolytic	84280000 Keratolytic	S	10 MG	ORAL	CAPS	EA	30	GENERIC		93		N	FORMULARY	4 SPGEN	SPECIALTY GENERICS					R	MEDPRIMI
93113656	ACITRETI	ACITRETI	842800 Keratolytic	84280000 Keratolytic	S	25 MG	ORAL	CAPS	EA	30	GENERIC		93		N	FORMULARY	4 SPGEN	SPECIALTY GENERICS					R	MEDPRIMI
93113856	ACITRETI	ACITRETI	842800 Keratolytic	84280000 Keratolytic	S	17.5 MG	ORAL	CAPS	EA	30	GENERIC		93		N	FORMULARY	4 SPGEN	SPECIALTY GENERICS					R	MEDPRIMI
93117201	PENICILL	PENICILL	81216 Penicillins	8121604 Natural Pe	S	250 MG	ORAL	TABS	EA	100	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93117210	PENICILL	PENICILL	81216 Penicillins	8121604 Natural Pe	S	250 MG	ORAL	TABS	EA	1000	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93117401	PENICILL	PENICILL	81216 Penicillins	8121604 Natural Pe	S	500 MG	ORAL	TABS	EA	100	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93117410	PENICILL	PENICILL	81216 Penicillins	8121604 Natural Pe	S	500 MG	ORAL	TABS	EA	1000	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93117701	NEOMYC	NEOMYCI	81202 Aminoglyc	8120200 Aminoglyc	S	500 MG	ORAL	TABS	EA	100	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93171201	WARFARI	WARFARI	201204 Anticoagu	20120408 Coumarin	S	1 MG	ORAL	TABS	EA	100 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93171210	WARFARI	WARFARI	201204 Anticoagu	20120408 Coumarin	S	1 MG	ORAL	TABS	EA	1000 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93171301	WARFARI	WARFARI	201204 Anticoagu	20120408 Coumarin	S	2 MG	ORAL	TABS	EA	100 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93171310	WARFARI	WARFARI	201204 Anticoagu	20120408 Coumarin	S	2 MG	ORAL	TABS	EA	1000 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93171401	WARFARI	WARFARI	201204 Anticoagu	20120408 Coumarin	S	2.5 MG	ORAL	TABS	EA	100 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93171410	WARFARI	WARFARI	201204 Anticoagu	20120408 Coumarin	S	2.5 MG	ORAL	TABS	EA	1000 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93171501	WARFARI	WARFARI	201204 Anticoagu	20120408 Coumarin	S	3 MG	ORAL	TABS	EA	100 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93171601	WARFARI	WARFARI	201204 Anticoagu	20120408 Coumarin	S	4 MG	ORAL	TABS	EA	100 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93171610	WARFARI	WARFARI	201204 Anticoagu	20120408 Coumarin	S	4 MG	ORAL	TABS	EA	1000 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93171801	WARFARI	WARFARI	201204 Anticoagu	20120408 Coumarin	S	6 MG	ORAL	TABS	EA	100 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93172001	WARFARI	WARFARI	201204 Anticoagu	20120408 Coumarin	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93172101	WARFARI	WARFARI	201204 Anticoagu	20120408 Coumarin	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93172110	WARFARI	WARFARI	201204 Anticoagu	20120408 Coumarin	S	5 MG	ORAL	TABS	EA	1000 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93172301	WARFARI	WARFARI	201204 Anticoagu	20120408 Coumarin	S	7.5 MG	ORAL	TABS	EA	100 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93192006	CYCLOBE	CYCLOBE	122004 UNKNOW	12200400 UNKNOW	S	15 MG	ORAL	CP24	EA	60	GENERIC		93		N	EXCLUDEEXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]		R	MEDPRIMI
93192106	CYCLOBE	CYCLOBE	122004 UNKNOW	12200400 UNKNOW	S	30 MG	ORAL	CP24	EA	60	GENERIC		93		N	EXCLUDEEXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]		R	MEDPRIMI
93201312	SUMATRI	SUMATRI	283228 Selective	28322800 Selective	S	4 MG/0.5	SUBCUT/	SOAJ	ML	0.5	GENERIC	6/4/2024	93	Y	N	FORMULARY	1 GEN	GENERICS		X 18 IN 30 DAYS			R	MEDPRIMI
93201334	SUMATRI	SUMATRI	283228 Selective	28322800 Selective	S	4 MG/0.5	SUBCUT/	SOAJ	ML	0.5	GENERIC	6/4/2024	93	Y	N	FORMULARY	1 GEN	GENERICS		X 18 IN 30 DAYS			R	MEDPRIMI
93201412	SUMATRI	SUMATRI	283228 Selective	28322800 Selective	S	6 MG/0.5	SUBCUT/	SOAJ	ML	0.5	GENERIC	1/2/2024	93	Y	N	FORMULARY	1 GEN	GENERICS		X 18 IN 30 DAYS			R	MEDPRIMI
93201434	SUMATRI	SUMATRI	283228 Selective	28322800 Selective	S	6 MG/0.5	SUBCUT/	SOAJ	ML	0.5	GENERIC	1/2/2024	93	Y	N	FORMULARY	1 GEN	GENERICS		X 18 IN 30 DAYS			R	MEDPRIMI
93202623	AZITHRO	AZITHRO	81212 Macrolides	8121208 UNKNOW	S	200 MG/5	ORAL	SUSR	ML	15	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93202631	AZITHRO	AZITHRO	81212 Macrolides	8121208 UNKNOW	S	200 MG/5	ORAL	SUSR	ML	30	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93202694	AZITHRO	AZITHRO	81212 Macrolides	8121208 UNKNOW	S	200 MG/5	ORAL	SUSR	ML	22.5	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93202723	AZITHRO	AZITHRO	81212 Macrolides	8121208 UNKNOW	S	100 MG/5	ORAL	SUSR	ML	15	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93206301	QUETIAP	QUETIAP	281608 Antipsych	28160804 Atypical A	S	25 MG	ORAL	TABS	EA	100 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93206406	CILOSTA	CILOSTA	201218 Platelet-A	20121800 Platelet-A	S	100 MG	ORAL	TABS	EA	60 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93206450	CILOSTA	CILOSTA	201218 Platelet-A	20121800 Platelet-A	S	100 MG	ORAL	TABS	EA	5000 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93206506	CILOSTA	CILOSTA	201218 Platelet-A	20121800 Platelet-A	S	50 MG	ORAL	TABS	EA	60 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93206701	DOXAZO	DOXAZO	241600 Sclerosing	24160000 Sclerosing	S	8 MG	ORAL	TABS	EA	100 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93206801	DOXAZO	DOXAZO	241600 Sclerosing	24160000 Sclerosing	S	4 MG	ORAL	TABS	EA	100 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93206901	DOXAZO	DOXAZO	241600 Sclerosing	24160000 Sclerosing	S	2 MG	ORAL	TABS	EA	100 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93207001	DOXAZO	DOXAZO	241600 Sclerosing	24160000 Sclerosing	S	1 MG	ORAL	TABS	EA	100 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93214028	TRI-LO-SI	NORGES'	681200 Contracep	68120000 Contracep	S	0.18/0.215	ORAL	TABS	EA	28 X	GENERIC		93		N	#N/A ORIG_FR	10 EHB	#N/A				X IF RATIO=1.34 THEN $0 COP/	R	MEDPRIMI
93214062	TRI-LO-SI	NORGES'	681200 Contracep	68120000 Contracep	S	0.18/0.215	ORAL	TABS	EA	28 X	GENERIC		93		N	#N/A ORIG_FR	10 EHB	#N/A				X IF RATIO=1.34 THEN $0 COP/	R	MEDPRIMI
93216519	NALOXON	NALOXON	281000 Opiate An	28100000 Opiate An	S	4 MG/0.1	NASAL	LIQD	EA	1	GENERIC	9/30/2024	93		N	FORMULARY	1 GEN	GENERICS		X 4 IN 30 DAYS			R	MEDPRIMI
93216568	NALOXON	NALOXON	281000 Opiate An	28100000 Opiate An	S	4 MG/0.1	NASAL	LIQD	EA	2	GENERIC	9/30/2024	93		N	FORMULARY	1 GEN	GENERICS		X 4 IN 30 DAYS			R	MEDPRIMI
93217801	LIOTHYRI	LIOTHYRI	683604 Thyroid A	68360400 Thyroid A	S	25 MCG	ORAL	TABS	EA	100 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93217901	LIOTHYRI	LIOTHYRI	683604 Thyroid A	68360400 Thyroid A	S	5 MCG	ORAL	TABS	EA	100 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93218001	LIOTHYRI	LIOTHYRI	683604 Thyroid A	68360400 Thyroid A	S	50 MCG	ORAL	TABS	EA	100 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93220301	METOCL(	METOCL(	563200 Prokinetic	56320000 Prokinetic	S	10 MG	ORAL	TABS	EA	100	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93220305	METOCL(	METOCL(	563200 Prokinetic	56320000 Prokinetic	S	10 MG	ORAL	TABS	EA	500	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93220310	METOCL(	METOCL(	563200 Prokinetic	56320000 Prokinetic	S	10 MG	ORAL	TABS	EA	1000	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93220401	METOCL(	METOCL(	563200 Prokinetic	56320000 Prokinetic	S	5 MG	ORAL	TABS	EA	100	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93220405	METOCL(	METOCL(	563200 Prokinetic	56320000 Prokinetic	S	5 MG	ORAL	TABS	EA	500	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93221001	SUCRALF	SUCRALF	562832 Protectant	56283200 Protectant	S	1 GM	ORAL	TABS	EA	100 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93221005	SUCRALF	SUCRALF	562832 Protectant	56283200 Protectant	S	1 GM	ORAL	TABS	EA	500 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93221098	SUCRALF	SUCRALF	562832 Protectant	56283200 Protectant	S	1 GM	ORAL	TABS	EA	90 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93223801	CEPHALE	CEPHALE	81206 Cephalosp	8120604 First Gene	S	250 MG	ORAL	TABS	EA	100	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93224001	CEPHALE	CEPHALE	81206 Cephalosp	8120604 First Gene	S	500 MG	ORAL	TABS	EA	100	GENERIC		93 N		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93226301	AMOXICI	AMOXICI	81216 Penicillins	8121608 Aminopen	S	500 MG	ORAL	TABS	EA	100	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93226401	AMOXICI	AMOXICI	81216 Penicillins	8121608 Aminopen	S	875 MG	ORAL	TABS	EA	100	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93226701	AMOXICI	AMOXICI	81216 Penicillins	8121608 Aminopen	R	125 MG	ORAL	CHEW	EA	100	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93226801	AMOXICI	AMOXICI	81216 Penicillins	8121608 Aminopen	R	250 MG	ORAL	CHEW	EA	100	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93227034	AMOXICI	AMOXICI	81216 Penicillins	8121608 Aminopen	R	200-28.5	ORAL	CHEW	EA	20	GENERIC	8/29/2024	93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93227234	AMOXICI	AMOXICI	81216 Penicillins	8121608 Aminopen	R	400-57 M(	ORAL	CHEW	EA	20	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93227434	AMOXICI	AMOXICI	81216 Penicillins	8121608 Aminopen	S	500-125 M	ORAL	TABS	EA	20	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93227534	AMOXICI	AMOXICI	81216 Penicillins	8121608 Aminopen	S	875-125 M	ORAL	TABS	EA	20	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93227773	AMOXICI	AMOXICI	81216 Penicillins	8121608 Aminopen	S	200-28.5	ORAL	SUSR	ML	100	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93227973	AMOXICI	AMOXICI	81216 Penicillins	8121608 Aminopen	S	400-57 M(	ORAL	SUSR	ML	100	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93240101	HYDROX'	HYDROX'	83008 Antimalari	8300800 Antimalari	S	200 MG	ORAL	TABS	EA	100 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS		X 100 IN 30 DAYS			R	MEDPRIMI
93300256	QUININE	QUININE	83008 Antimalari	8300800 Antimalari	S	324MG	ORAL	CAPS	EA	30	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93300819	LANSOPF	LANSOPF	562836 Proton-pu	56283600 Proton-pu	S	15 MG	ORAL	TBDD	EA	1 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS			X Must meet 5 DS Cvs TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZ		R	MEDPRIMI
93300893	LANSOPF	LANSOPF	562836 Proton-pu	56283600 Proton-pu	S	15 MG	ORAL	TBDD	EA	100 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS			X Must meet 5 DS Cvs TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZ		R	MEDPRIMI
93300919	LANSOPF	LANSOPF	562836 Proton-pu	56283600 Proton-pu	S	30 MG	ORAL	TBDD	EA	1 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS			X Must meet 5 DS Cvs TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZ		R	MEDPRIMI
93300993	LANSOPF	LANSOPF	562836 Proton-pu	56283600 Proton-pu	S	30 MG	ORAL	TBDD	EA	100 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS			X Must meet 5 DS Cvs TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZ		R	MEDPRIMI
93301630	TADALAF	TADALAF	240812 Calcium-c	24081200 UNKNOW	S	2.5 MG	ORAL	TABS	EA	15 X	GENERIC	11/6/2024	93		N	FORMULARY	1 GEN	GENERICS	X PA:X				R	MEDPRIMI
93301665	TADALAF	TADALAF	240812 Calcium-c	24081200 UNKNOW	S	2.5 MG	ORAL	TABS	EA	30 X	GENERIC	11/6/2024	93		N	FORMULARY	1 GEN	GENERICS	X PA:X				R	MEDPRIMI
93301730	TADALAF	TADALAF	240812 Calcium-c	24081200 UNKNOW	S	5 MG	ORAL	TABS	EA	15 X	GENERIC	11/6/2024	93		N	FORMULARY	1 GEN	GENERICS	X PA:X				R	MEDPRIMI
93301756	TADALAF	TADALAF	240812 Calcium-c	24081200 UNKNOW	S	5 MG	ORAL	TABS	EA	30 X	GENERIC	1/16/2024	93		N	FORMULARY	1 GEN	GENERICS	X PA:X				R	MEDPRIMI
93301765	TADALAF	TADALAF	240812 Calcium-c	24081200 UNKNOW	S	5 MG	ORAL	TABS	EA	30 X	GENERIC	11/6/2024	93		N	FORMULARY	1 GEN	GENERICS	X PA:X				R	MEDPRIMI
93301856	TADALAF	TADALAF	240812 Calcium-c	24081200 UNKNOW	S	10 MG	ORAL	TABS	EA	30	GENERIC	2/7/2024	93		N	FORMULARY	1 GEN	GENERICS		X 1 IN 5 DAYS			R	MEDPRIMI
93301956	TADALAF	TADALAF	240812 Calcium-c	24081200 UNKNOW	S	20 MG	ORAL	TABS	EA	30	GENERIC	1/16/2024	93		N	FORMULARY	1 GEN	GENERICS		X 1 IN 5 DAYS			R	MEDPRIMI
93306056	RASAGILI	RASAGILI	283632 UNKNOW	28363200 UNKNOW	S	0.5 MG	ORAL	TABS	EA	30 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS		X 1 IN 1 DAYS			R	MEDPRIMI
93306156	RASAGILI	RASAGILI	283632 UNKNOW	28363200 UNKNOW	S	1 MG	ORAL	TABS	EA	30 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS		X 1 IN 1 DAYS			R	MEDPRIMI
93306619	ICATIBAN	ICATIBAN	244804 UNKNOW	24480400 UNKNOW	S	30 MG/3M	SUBCUT/	SOSY	ML	3	GENERIC		93	Y	N	FORMULARY	4 SPGEN	SPECIALTY GENERICS	X PA:X				R	MEDPRIMI
93306634	ICATIBAN	ICATIBAN	244804 UNKNOW	24480400 UNKNOW	S	30 MG/3M	SUBCUT/	SOSY	ML	3	GENERIC		93	Y	N	FORMULARY	4 SPGEN	SPECIALTY GENERICS	X PA:X				R	MEDPRIMI
93306693	ICATIBAN	ICATIBAN	244804 UNKNOW	24480400 UNKNOW	S	30 MG/3M	SUBCUT/	SOSY	ML	3	GENERIC		93	Y	N	FORMULARY	4 SPGEN	SPECIALTY GENERICS	X PA:X				R	MEDPRIMI
93309056	ARMODA	ARMODA	282080 UNKNOW	28208000 UNKNOW	S	50 MG	ORAL	TABS	EA	30 X	GENERIC	3/29/2024	93		N	FORMULARY	1 GEN	GENERICS		X 3 IN 1 DAYS			R	MEDPRIMI
93309256	ARMODA	ARMODA	282080 UNKNOW	28208000 UNKNOW	S	150 MG	ORAL	TABS	EA	30 X	GENERIC	3/29/2024	93		N	FORMULARY	1 GEN	GENERICS		X 1 IN 1 DAYS			R	MEDPRIMI
93309356	ARMODA	ARMODA	282080 UNKNOW	28208000 UNKNOW	S	200 MG	ORAL	TABS	EA	30 X	GENERIC	3/29/2024	93		N	FORMULARY	1 GEN	GENERICS		X 1 IN 1 DAYS			R	MEDPRIMI
93309456	ARMODA	ARMODA	282080 UNKNOW	28208000 UNKNOW	S	250 MG	ORAL	TABS	EA	30 X	GENERIC	3/29/2024	93		N	FORMULARY	1 GEN	GENERICS		X 1 IN 1 DAYS			R	MEDPRIMI
93309819	RISEDRO	RISEDRO	922400 UNKNOW	92240000 UNKNOW	S	35 MG	ORAL	TABS	EA	1 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS		X 1 IN 7 DAYS	X Must meet 5 DS Alen TRIAL OF ALENDRONATE AND IBANDRONATE IN THE PAST 365 DAYS		R	MEDPRIMI
93309829	RISEDRO	RISEDRO	922400 UNKNOW	92240000 UNKNOW	S	35 MG	ORAL	TABS	EA	12 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS		X 1 IN 7 DAYS	X Must meet 5 DS Alen TRIAL OF ALENDRONATE AND IBANDRONATE IN THE PAST 365 DAYS		R	MEDPRIMI
93309844	RISEDRO	RISEDRO	922400 UNKNOW	92240000 UNKNOW	S	35 MG	ORAL	TABS	EA	4 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS		X 1 IN 7 DAYS	X Must meet 5 DS Alen TRIAL OF ALENDRONATE AND IBANDRONATE IN THE PAST 365 DAYS		R	MEDPRIMI
93309956	RISEDRO	RISEDRO	922400 UNKNOW	92240000 UNKNOW	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS		X 1 IN 1 DAYS	X Must meet 5 DS Alen TRIAL OF ALENDRONATE AND IBANDRONATE IN THE PAST 365 DAYS		R	MEDPRIMI
93310056	RISEDRO	RISEDRO	922400 UNKNOW	92240000 UNKNOW	S	30MG	ORAL	TABS	EA	30	GENERIC		93		N	FORMULARY	1 GEN	GENERICS		X 1 IN 1 DAYS	X Must meet 5 DS Alen TRIAL OF ALENDRONATE AND IBANDRONATE IN THE PAST 365 DAYS		R	MEDPRIMI
93310701	AMOXICI	AMOXICI	81216 Penicillins	8121608 Aminopen	S	250 MG	ORAL	CAPS	EA	100	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93310705	AMOXICI	AMOXICI	81216 Penicillins	8121608 Aminopen	S	250 MG	ORAL	CAPS	EA	500	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93310901	AMOXICI	AMOXICI	81216 Penicillins	8121608 Aminopen	S	500 MG	ORAL	CAPS	EA	100	GENERIC	8/30/2024	93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93310905	AMOXICI	AMOXICI	81216 Penicillins	8121608 Aminopen	S	500 MG	ORAL	CAPS	EA	500	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93310906	AMOXICI	AMOXICI	81216 Penicillins	8121608 Aminopen	S	500 MG	ORAL	CAPS	EA	60	GENERIC	8/30/2024	93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93310953	AMOXICI	AMOXICI	81216 Penicillins	8121608 Aminopen	S	500 MG	ORAL	CAPS	EA	50	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93312228	JINTELI	NORETHI	681604 Estrogens	68160400 Estrogens	S	5MCG-1M	ORAL	TABS	EA	28 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93312242	JINTELI	NORETHI	681604 Estrogens	68160400 Estrogens	S	5MCG-1M	ORAL	TABS	EA	28 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93312298	JINTELI	NORETHI	681604 Estrogens	68160400 Estrogens	S	5MCG-1M	ORAL	TABS	EA	90 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93312301	DICLOXA	DICLOXA	81216 Penicillins	8121612 Penicillina	S	250 MG	ORAL	CAPS	EA	100	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93312501	DICLOXA	DICLOXA	81216 Penicillins	8121612 Penicillina	S	500 MG	ORAL	CAPS	EA	100	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93312701	DISOPYR	DISOPYR	240404 Antiarrhyt	24040404 Class Ia A	S	100 MG	ORAL	CAPS	EA	100 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93312901	DISOPYR	DISOPYR	240404 Antiarrhyt	24040404 Class Ia A	S	150 MG	ORAL	CAPS	EA	100 X	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93313331	IMIQUIMC	IMIQUIMC	841800 UNKNOW	84180000 UNKNOW	S	3.75%	EXTERNA	CREA	GM	7.5	GENERIC		93		N	EXCLUDEEXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]		R	MEDPRIMI
93313482	CAMRESI	LEVONOF	681200 Contracep	68120000 Contracep	S	0.15-0.03	ORAL	TABS	EA	91 X	GENERIC		93		N	#N/A ORIG_FR	10 EHB	#N/A		X 91 IN 84 DAYS		X IF RATIO=1.34 THEN $0 COP/	R	MEDPRIMI
93313491	CAMRESI	LEVONOF	681200 Contracep	68120000 Contracep	S	0.15-0.03	ORAL	TABS	EA	91 X	GENERIC		93		N	#N/A ORIG_FR	10 EHB	#N/A		X 91 IN 84 DAYS		X IF RATIO=1.34 THEN $0 COP/	R	MEDPRIMI
93314501	CEPHALE	CEPHALE	81206 Cephalosp	8120604 First Gene	S	250 MG	ORAL	CAPS	EA	100	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93314505	CEPHALE	CEPHALE	81206 Cephalosp	8120604 First Gene	S	250 MG	ORAL	CAPS	EA	500	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI
93314701	CEPHALE	CEPHALE	81206 Cephalosp	8120604 First Gene	S	500 MG	ORAL	CAPS	EA	100	GENERIC		93		N	FORMULARY	1 GEN	GENERICS					R	MEDPRIMI

93314705	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	500	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93316006	CEFDINIR	CEFDINIR	81206	Cephalosp	8120612	Third Gen	S	300 MG	ORAL	CAPS	EA	60	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93317431	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	108 (90 B	INHALATI	AERS	GM	8.5 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93318620	PENCICL	PENCICL	840406	Antivirals	84040600	Antivirals	S	1%	EXTERNA	CREA	GM	5	GENERIC		93	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
93319601	CEFADRO	CEFADRO	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	100	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93319653	CEFADRO	CEFADRO	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	50	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93320414	MOISTUR	DIMETHIC	842412	Basic Oint	84241200	Basic Oint	P	3%	EXTERNA	LOTN	GM	397	GENERIC	8/25/2023	93	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
93320487	MOISTUR	DIMETHIC	842412	Basic Oint	84241200	Basic Oint	P	3%	EXTERNA	LOTN	GM	226	GENERIC	8/25/2023	93	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
93321201	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	100	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93321205	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	500	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93321301	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	100	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93321305	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	500	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93321915	KETOCON	KETOCON	840408	Antifungal	84040808	Azoles	S	2%	EXTERNA	CREA	GM	15	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	<= 180			R	MEDPRMI
93321930	KETOCON	KETOCON	840408	Antifungal	84040808	Azoles	S	2%	EXTERNA	CREA	GM	30	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	<= 180			R	MEDPRMI
93321992	KETOCON	KETOCON	840408	Antifungal	84040808	Azoles	S	2%	EXTERNA	CREA	GM	60	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	<= 180			R	MEDPRMI
93322308	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	10MCG	VAGINAL	TABS	EA	8 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93322397	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	10MCG	VAGINAL	TABS	EA	18 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93323401	SULFASA	SULFASA	81220	Sulfonami	8122000	Sulfonami	S	500 MG	ORAL	TABS	EA	100 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93323405	SULFASA	SULFASA	81220	Sulfonami	8122000	Sulfonami	S	500 MG	ORAL	TABS	EA	500 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93323410	SULFASA	SULFASA	81220	Sulfonami	8122000	Sulfonami	S	500 MG	ORAL	TABS	EA	1000 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93323921	BUPRENC	BUPRENC	280812	Opiate Pa	28081200	Opiate Pa	S	7.5 MCG/H	TRANSDE	PTWK	EA	1	GENERIC		93 Y	N	FORMULARY		1 GEN	GENERICS			X	4 IN 28 DAYS	X	Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
93323940	BUPRENC	BUPRENC	280812	Opiate Pa	28081200	Opiate Pa	S	7.5 MCG/H	TRANSDE	PTWK	EA	4	GENERIC		93 Y	N	FORMULARY		1 GEN	GENERICS			X	4 IN 28 DAYS	X	Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
93324101	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	2.5-6.25 M	ORAL	TABS	EA	100 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93324201	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	5-6.25 MG	ORAL	TABS	EA	100 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93324356	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	10-6.25 M	ORAL	TABS	EA	30 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93330101	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	100	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	8 IN 1 DAYS	X	AGE_YEA MUST BE AT LEAST	R	MEDPRMI
93330105	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	500	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	8 IN 1 DAYS	X	AGE_YEA MUST BE AT LEAST	R	MEDPRMI
93330416	RECLIPSE	DESOGES	681200	Contracep	68120000	Contracep	S	0.15-30 M	ORAL	TABS	EA	28 X	GENERIC		93	N	#N/A	ORIG_FR	10 EHB	#N/A					X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
93330428	RECLIPSE	DESOGES	681200	Contracep	68120000	Contracep	S	0.15-30 M	ORAL	TABS	EA	28 X	GENERIC		93	N	#N/A	ORIG_FR	10 EHB	#N/A					X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
93333406	ALYQ	TADALAF	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	60 X	GENERIC	2/20/2024	93	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
93342001	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	100	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS			R	MEDPRMI
93342101	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	100	GENERIC		93	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
93342201	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	100	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS			R	MEDPRMI
93342205	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	500	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS			R	MEDPRMI
93342210	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	1000	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS			R	MEDPRMI
93342501	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	100	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93342505	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	500	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93342510	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	1000	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93342601	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	100	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93342605	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	500	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93342610	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	1000	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93342701	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	100	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93342705	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	500	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93342710	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	1000	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93342810	TACROLI	TACROLI	840628	UNKNOW	84062800	UNKNOW	S	0.03%	EXTERNA	OINT	GM	100	GENERIC	5/13/2024	93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93342830	TACROLI	TACROLI	840628	UNKNOW	84062800	UNKNOW	S	0.03%	EXTERNA	OINT	GM	30	GENERIC	5/13/2024	93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93342892	TACROLI	TACROLI	840628	UNKNOW	84062800	UNKNOW	S	0.03%	EXTERNA	OINT	GM	60	GENERIC	5/13/2024	93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93342910	TACROLI	TACROLI	840628	UNKNOW	84062800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	100	GENERIC	5/13/2024	93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93342930	TACROLI	TACROLI	840628	UNKNOW	84062800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	30	GENERIC	5/13/2024	93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93342992	TACROLI	TACROLI	840628	UNKNOW	84062800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	60	GENERIC	5/13/2024	93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93354143	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.1 MG/G	VAGINAL	CREA	GM	42.5 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93354256	ATOMOXI	ATOMOXI	282032	UNKNOW	28203200	UNKNOW	S	10 MG	ORAL	CAPS	EA	30 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93354356	ATOMOXI	ATOMOXI	282032	UNKNOW	28203200	UNKNOW	S	18 MG	ORAL	CAPS	EA	30 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93354456	ATOMOXI	ATOMOXI	282032	UNKNOW	28203200	UNKNOW	S	25 MG	ORAL	CAPS	EA	30 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93354556	ATOMOXI	ATOMOXI	282032	UNKNOW	28203200	UNKNOW	S	40 MG	ORAL	CAPS	EA	30 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93354656	ATOMOXI	ATOMOXI	282032	UNKNOW	28203200	UNKNOW	S	60 MG	ORAL	CAPS	EA	30 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93354756	ATOMOXI	ATOMOXI	282032	UNKNOW	28203200	UNKNOW	S	80 MG	ORAL	CAPS	EA	30 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93354856	ATOMOXI	ATOMOXI	282032	UNKNOW	28203200	UNKNOW	S	100 MG	ORAL	CAPS	EA	30 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93356026	PEG-KCL-	PEG 3350	561200	Cathartics	56120000	Cathartics	S	100 GM	ORAL	SOLR	EA	1	GENERIC		93	N	#N/A	ORIG_FR	10 EHB	#N/A			X	<= 1	X	IF AGE=45-75 YEARS AND QS	R	MEDPRMI
93360782	FLUTICAS	FLUTICAS	680400	Adrenals	68040000	Adrenals	S	55MCG/A	INHALATI	AEPB	EA	1 X	GENERIC		93	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
93360882	FLUTICAS	FLUTICAS	680400	Adrenals	68040000	Adrenals	S	113MCG/A	INHALATI	AEPB	EA	1 X	GENERIC		93	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
93360982	FLUTICAS	FLUTICAS	680400	Adrenals	68040000	Adrenals	S	232MCG/A	INHALATI	AEPB	EA	1 X	GENERIC		93	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
93363020	ACYCLOV	ACYCLOV	840406	Antivirals	84040600	Antivirals	S	5%	EXTERNA	CREA	GM	5	GENERIC		93	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
93365522	METHYLE	METHYLE	760000	Oxytocics	76000000	Oxytocics	S	0.2 MG	ORAL	TABS	EA	12	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	28 IN 30 DAYS			R	MEDPRMI
93365528	METHYLE	METHYLE	760000	Oxytocics	76000000	Oxytocics	S	0.2 MG	ORAL	TABS	EA	28	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	28 IN 30 DAYS			R	MEDPRMI
93365621	BUPRENC	BUPRENC	280812	Opiate Pa	28081200	Opiate Pa	S	5 MCG/HR	TRANSDE	PTWK	EA	1	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	4 IN 28 DAYS	X	Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
93365640	BUPRENC	BUPRENC	280812	Opiate Pa	28081200	Opiate Pa	S	5 MCG/HR	TRANSDE	PTWK	EA	4	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	4 IN 28 DAYS	X	Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
93365721	BUPRENC	BUPRENC	280812	Opiate Pa	28081200	Opiate Pa	S	10 MCG/H	TRANSDE	PTWK	EA	1	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	4 IN 28 DAYS	X	Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
93365740	BUPRENC	BUPRENC	280812	Opiate Pa	28081200	Opiate Pa	S	10 MCG/H	TRANSDE	PTWK	EA	4	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	4 IN 28 DAYS	X	Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
93365821	BUPRENC	BUPRENC	280812	Opiate Pa	28081200	Opiate Pa	S	15 MCG/H	TRANSDE	PTWK	EA	1	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	4 IN 28 DAYS	X	Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
93365840	BUPRENC	BUPRENC	280812	Opiate Pa	28081200	Opiate Pa	S	15 MCG/H	TRANSDE	PTWK	EA	4	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	4 IN 28 DAYS	X	Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
93365921	BUPRENC	BUPRENC	280812	Opiate Pa	28081200	Opiate Pa	S	20 MCG/H	TRANSDE	PTWK	EA	1	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	4 IN 28 DAYS	X	Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
93365940	BUPRENC	BUPRENC	280812	Opiate Pa	28081200	Opiate Pa	S	20 MCG/H	TRANSDE	PTWK	EA	4	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	4 IN 28 DAYS	X	Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
93372750	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	1.30%	EXTERNA	PTCH	EA	5	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93372755	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	1.30%	EXTERNA	PTCH	EA	30	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93375028	TOBRAMY	TOBRAMY	81202	Aminoglyc	8120200	Aminoglyc	S	300 MG/4	INHALATI	NEBU	ML	4 X	GENERIC		93	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
93375063	TOBRAMY	TOBRAMY	81202	Aminoglyc	8120200	Aminoglyc	S	300 MG/4	INHALATI	NEBU	ML	4 X	GENERIC		93	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
93400028	VESTURA	DROSPIR	681200	Contracep	68120000	Contracep	S	3-0.02 MG	ORAL	TABS	EA	28 X	GENERIC		93	N	#N/A	ORIG_FR	10 EHB	#N/A					X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
93400062	VESTURA	DROSPIR	681200	Contracep	68120000	Contracep	S	3-0.02 MG	ORAL	TABS	EA	28 X	GENERIC		93	N	#N/A	ORIG_FR	10 EHB	#N/A					X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
93405953	CEFADRO	CEFADRO	81206	Cephalosp	8120604	First Gene	R	1 GM	ORAL	TABS	EA	50	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93406106	FORMOTI	FORMOTI	121208	beta-Adre	12120812	Selective I	S	20 MCG/2	INHALATI	NEBU	ML	2 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS			R	MEDPRMI
93406130	FORMOTI	FORMOTI	121208	beta-Adre	12120812	Selective I	S	20 MCG/2	INHALATI	NEBU	ML	2 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS			R	MEDPRMI
93406701	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	CAPS	EA	100 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93406710	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	CAPS	EA	1000 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93406801	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	100 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93406810	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	1000 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93406901	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	100 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93406905	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	500 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93406952	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	250 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93408563	TOBRAMY	TOBRAMY	81202	Aminoglyc	8120200	Aminoglyc	S	300 MG/5	INHALATI	NEBU	ML	5 X	GENERIC		93	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
93412573	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	R	125 MG/5	ORAL	SOLR	ML	100	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93412574	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	R	125 MG/5	ORAL	SOLR	ML	200	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93412773	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	R	250 MG/5	ORAL	SOLR	ML	100	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93412774	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	R	250 MG/5	ORAL	SOLR	ML	200	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93413664	CEFDINIR	CEFDINIR	81206	Cephalosp	8120612	Third Gen	S	125 MG/5	ORAL	SUSR	ML	60	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93413673	CEFDINIR	CEFDINIR	81206	Cephalosp	8120612	Third Gen	S	125 MG/5	ORAL	SUSR	ML	100	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93413764	CEFDINIR	CEFDINIR	81206	Cephalosp	8120612	Third Gen	S	250 MG/5	ORAL	SUSR	ML	60	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93413773	CEFDINIR	CEFDINIR	81206	Cephalosp	8120612	Third Gen	S	250 MG/5	ORAL	SUSR	ML	100	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93414545	LEVALBU	LEVALBU	121208	beta-Adre	12120812	Selective I	S	0.31 MG/3	INHALATI	NEBU	ML	3 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93414556	LEVALBU	LEVALBU	121208	beta-Adre	12120812	Selective I	S	0.31 MG/3	INHALATI	NEBU	ML	3 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93414645	LEVALBU	LEVALBU	121208	beta-Adre	12120812	Selective I	S	0.63 MG/3	INHALATI	NEBU	ML	3 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93414656	LEVALBU	LEVALBU	121208	beta-Adre	12120812	Selective I	S	0.63 MG/3	INHALATI	NEBU	ML	3 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93414719	LEVALBU	LEVALBU	121208	beta-Adre	12120812	Selective I	S	1.25 MG/0	INHALATI	NEBU	EA	1 X	GENERIC	10/14/2024	93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93414756	LEVALBU	LEVALBU	121208	beta-Adre	12120812	Selective I	S	1.25 MG/0	INHALATI	NEBU	EA	30 X	GENERIC	10/14/2024	93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93414845	LEVALBU	LEVALBU	121208	beta-Adre	12120812	Selective I	S	1.25 MG/3	INHALATI	NEBU	ML	3 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93414856	LEVALBU	LEVALBU	121208	beta-Adre	12120812	Selective I	S	1.25 MG/3	INHALATI	NEBU	ML	3 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93415573	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250 MG/5	ORAL	SUSR	ML	100	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93415579	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250 MG/5	ORAL	SUSR	ML	80	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93415580	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250 MG/5	ORAL	SUSR	ML	150	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93416073	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	200 MG/5	ORAL	SUSR	ML	100	GENERIC		93 N	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93416076	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	200 MG/5	ORAL	SUSR	ML	50	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93416078	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	200 MG/5	ORAL	SUSR	ML	75	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93416173	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	400 MG/5	ORAL	SUSR	ML	100	GENERIC		93 N	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93416176	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	400 MG/5	ORAL	SUSR	ML	50	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93416178	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	400 MG/5	ORAL	SUSR	ML	75	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93417573	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	125 MG/5	ORAL	SUSR	ML	100	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93417574	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	125 MG/5	ORAL	SUSR	ML	200	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93417773	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG/5	ORAL	SUSR	ML	100	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93417774	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG/5	ORAL	SUSR	ML	200	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93435901	CLOZAPI	CLOZAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	100	GENERIC	9/19/2022	93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93435905	CLOZAPI	CLOZAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	500	GENERIC	9/19/2022	93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93435919	CLOZAPI	CLOZAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	1	GENERIC	9/19/2022	93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93435993	CLOZAPI	CLOZAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	100	GENERIC	9/19/2022	93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93440401	CLOZAPI	CLOZAPI	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TABS	EA	100	GENERIC	9/19/2022	93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93440405	CLOZAPI	CLOZAPI	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TABS	EA	500	GENERIC	9/19/2022	93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93440419	CLOZAPI	CLOZAPI	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TABS	EA	1	GENERIC	9/19/2022	93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93440493	CLOZAPI	CLOZAPI	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TABS	EA	100	GENERIC	9/19/2022	93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93440501	CLOZAPI	CLOZAPI	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	100	GENERIC	9/19/2022	93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93440505	CLOZAPI	CLOZAPI	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	500	GENERIC	9/19/2022	93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93440519	CLOZAPI	CLOZAPI	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	1	GENERIC	9/19/2022	93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93440593	CLOZAPI	CLOZAPI	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	100	GENERIC	9/19/2022	93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93500256	OLMESAF	OLMESAF	242808	Dihydropy	24280800	Dihydropy	S	40-10-25 M	ORAL	TABS	EA	30 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93500356	OLMESAF	OLMESAF	242808	Dihydropy	24280800	Dihydropy	S	40-10-12.5	ORAL	TABS	EA	30 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93500456	OLMESAF	OLMESAF	242808	Dihydropy	24280800	Dihydropy	S	40-5-25 M	ORAL	TABS	EA	30 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93500556	OLMESAF	OLMESAF	242808	Dihydropy	24280800	Dihydropy	S	20-5-12.5	ORAL	TABS	EA	30 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93500656	OLMESAF	OLMESAF	242808	Dihydropy	24280800	Dihydropy	S	40-5-12.5	ORAL	TABS	EA	30 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93503056	TIAGABIN	TIAGABIN	281228	UNKNOW	28122800	UNKNOW	S	2 MG	ORAL	TABS	EA	30 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS			R	MEDPRMI
93503156	TIAGABIN	TIAGABIN	281228	UNKNOW	28122800	UNKNOW	S	4 MG	ORAL	TABS	EA	30 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS			R	MEDPRMI
93504501	DEXMETH	DEXMETH	282032	UNKNOW	28203200	UNKNOW	S	25 MG	ORAL	CP24	EA	100 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
93504601	DEXMETH	DEXMETH	282032	UNKNOW	28203200	UNKNOW	S	35 MG	ORAL	CP24	EA	100 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
93505610	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC		93	N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
93505698	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		93	N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
93505705	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	500 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
93505798	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
93505810	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	1000 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
93505898	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
93505910	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	1000 X	GENERIC		93	N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
93505998	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		93	N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
93506001	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	10 MG	ORAL	TABS	EA	100	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93506005	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	10 MG	ORAL	TABS	EA	500	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93506101	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	100	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93506105	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	500	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93506110	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	1000	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93506201	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	TABS	EA	100	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93506205	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	TABS	EA	500	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93515001	MOEXIPR	MOEXIPR	243204	Angiotens	24320400	Angiotens	S	15MG	ORAL	TABS	EA	100 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93520005	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	30 MG	ORAL	TABS	EA	500	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93520006	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	30 MG	ORAL	TABS	EA	60	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93523456	EFAVIRE	EFAVIRE	81808	Antiretrovi	8180820	Nucleosid	S	600-200-3	ORAL	TABS	EA	30 X	GENERIC		93	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
93524519	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TBDP	EA	1 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93524565	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TBDP	EA	30 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93524619	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TBDP	EA	1 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93524665	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TBDP	EA	30 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93524719	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TBDP	EA	1 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93524765	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TBDP	EA	30 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93524819	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TBDP	EA	1 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93524865	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TBDP	EA	30 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93526256	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	60 MG	ORAL	TABS	EA	30 X	GENERIC	1/9/2023	93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93529201	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	50 MG	ORAL	CPCR	EA	100 X	GENERIC	12/18/2023	93	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
93529301	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	60 MG	ORAL	CPCR	EA	100 X	GENERIC	12/18/2023	93	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
93529501	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	10 MG	ORAL	CPCR	EA	100 X	GENERIC	10/21/2024	93	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
93529601	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	20 MG	ORAL	CPCR	EA	100 X	GENERIC	10/21/2024	93	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
93529701	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	30 MG	ORAL	CPCR	EA	100 X	GENERIC	10/21/2024	93	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
93529801	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	40 MG	ORAL	CPCR	EA	100 X	GENERIC	12/18/2023	93	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
93532828	JUNEL FE	NORETHI	681200	Contracep	68120000	Contracep	S	1-20 MG-M	ORAL	TABS	EA	28 X	GENERIC		93	N	#N/A	ORIG_FR	10 EHB	#N/A					X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
93532862	JUNEL FE	NORETHI	681200	Contracep	68120000	Contracep	S	1-20 MG-M	ORAL	TABS	EA	28 X	GENERIC		93	N	#N/A	ORIG_FR	10 EHB	#N/A					X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
93534156	SILDENA	SILDENA	240812	Calcium-c	24081200	UNKNOW	S	25 MG	ORAL	TABS	EA	30	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	1 IN 5 DAYS			R	MEDPRMI
93534201	SILDENA	SILDENA	240812	Calcium-c	24081200	UNKNOW	S	50 MG	ORAL	TABS	EA	100	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	1 IN 5 DAYS			R	MEDPRMI
93534256	SILDENA	SILDENA	240812	Calcium-c	24081200	UNKNOW	S	50 MG	ORAL	TABS	EA	30	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	1 IN 5 DAYS			R	MEDPRMI
93534301	SILDENA	SILDENA	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	100	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	1 IN 5 DAYS			R	MEDPRMI
93534356	SILDENA	SILDENA	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	30	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	1 IN 5 DAYS			R	MEDPRMI
93535286	ACAMPRO	ACAMPRO	910200	UNKNOW	91020000	UNKNOW	S	333 MG	ORAL	TBEC	EA	180 X	GENERIC	10/24/2022	93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93537601	CLOZAPI	CLOZAPI	281608	Antipsych	28160804	Atypical A	S	150 MG	ORAL	TBDP	EA	100	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS			R	MEDPRMI
93537619	CLOZAPI	CLOZAPI	281608	Antipsych	28160804	Atypical A	S	150 MG	ORAL	TBDP	EA	1	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS			R	MEDPRMI
93537684	CLOZAPI	CLOZAPI	281608	Antipsych	28160804	Atypical A	S	150 MG	ORAL	TBDP	EA	48	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS			R	MEDPRMI
93537701	CLOZAPI	CLOZAPI	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TBDP	EA	100	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS			R	MEDPRMI
93537719	CLOZAPI	CLOZAPI	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TBDP	EA	1	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS			R	MEDPRMI
93537784	CLOZAPI	CLOZAPI	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TBDP	EA	48	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS			R	MEDPRMI
93541601	CLOZAPI	CLOZAPI	281608	Antipsych	28160804	Atypical A	R	12.5 MG	ORAL	TBDP	EA	100	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS			R	MEDPRMI
93541701	CLOZAPI	CLOZAPI	281608	Antipsych	28160804	Atypical A	S	25MG	ORAL	TBDP	EA	100	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS			R	MEDPRMI
93541719	CLOZAPI	CLOZAPI	281608	Antipsych	28160804	Atypical A	S	25MG	ORAL	TBDP	EA	1	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS			R	MEDPRMI
93541784	CLOZAPI	CLOZAPI	281608	Antipsych	28160804	Atypical A	S	25MG	ORAL	TBDP	EA	48	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS			R	MEDPRMI
93541901	CLOZAPI	CLOZAPI	281608	Antipsych	28160804	Atypical A	S	100MG	ORAL	TBDP	EA	100	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS			R	MEDPRMI
93541919	CLOZAPI	CLOZAPI	281608	Antipsych	28160804	Atypical A	S	100MG	ORAL	TBDP	EA	1	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS			R	MEDPRMI
93541984	CLOZAPI	CLOZAPI	281608	Antipsych	28160804	Atypical A	S	100MG	ORAL	TBDP	EA	48	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS			R	MEDPRMI
93542088	CABERGO	CABERGO	283620	UNKNOW	28362004	UNKNOW	S	0.5 MG	ORAL	TABS	EA	8	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93545528	MIMVEY	ESTRADI	681604	Estrogens	68160400	Estrogens	S	1MG-.5MG	ORAL	TABS	EA	28 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93545542	MIMVEY	ESTRADI	681604	Estrogens	68160400	Estrogens	S	1MG-.5MG	ORAL	TABS	EA	28 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93550356	OLANZAF	OLANZAF	281604	Antidepres	28160420	Selective-	S	3-25 MG	ORAL	CAPS	EA	30 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
93550456	OLANZAF	OLANZAF	281604	Antidepres	28160420	Selective-	S	6-25 MG	ORAL	CAPS	EA	30 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
93550556	OLANZAF	OLANZAF	281604	Antidepres	28160420	Selective-	S	6-50 MG	ORAL	CAPS	EA	30 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
93550656	OLANZAF	OLANZAF	281604	Antidepres	28160420	Selective-	S	12-25 MG	ORAL	CAPS	EA	30 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
93550756	OLANZAF	OLANZAF	281604	Antidepres	28160420	Selective-	S	12-50 MG	ORAL	CAPS	EA	30 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
93551798	SILDENA	SILDENA	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS	X	PA:X					R	MEDPRMI
93552606	ATAZANA	ATAZANA	81808	Antiretrovi	8180808	HIV Prote	S	150 MG	ORAL	CAPS	EA	60 X	GENERIC		93	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
93552706	ATAZANA	ATAZANA	81808	Antiretrovi	8180808	HIV Prote	S	200 MG	ORAL	CAPS	EA	60 X	GENERIC		93	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
93552856	ATAZANA	ATAZANA	81808	Antiretrovi	8180808	HIV Prote	S	300 MG	ORAL	CAPS	EA	30 X	GENERIC		93	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
93553756	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	1 MG	ORAL	TABS	EA	30	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
93553801	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	2 MG	ORAL	TABS	EA	100	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
93553901	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	3 MG	ORAL	TABS	EA	100	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
93555001	DEXMETH	DEXMETH	282032	UNKNOW	28203200	UNKNOW	S	5 MG	ORAL	CP24	EA	100 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
93555101	DEXMETH	DEXMETH	282032	UNKNOW	28203200	UNKNOW	S	10 MG	ORAL	CP24	EA	100 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
93555201	DEXMETH	DEXMETH	282032	UNKNOW	28203200	UNKNOW	S	15 MG	ORAL	CP24	EA	100 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
93555301	DEXMETH	DEXMETH	282032	UNKNOW	28203200	UNKNOW	S	20 MG	ORAL	CP24	EA	100 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
93555401	DEXMETH	DEXMETH	282032	UNKNOW	28203200	UNKNOW	S	30 MG	ORAL	CP24	EA	100 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
93556201	DEXMETH	DEXMETH	282032	UNKNOW	28203200	UNKNOW	S	40 MG	ORAL	CP24	EA	100 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
93557101	ERYTHRO	ERYTHRO	81212	Macrolides	8121204	Erythromy	S	250 MG	ORAL	TABS	EA	100	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93557156	ERYTHRO	ERYTHRO	81212	Macrolides	8121204	Erythromy	S	250 MG	ORAL	TABS	EA	30	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93557201	ERYTHRO	ERYTHRO	81212	Macrolides	8121204	Erythromy	S	500 MG	ORAL	TABS	EA	100	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93557256	ERYTHRO	ERYTHRO	81212	Macrolides	8121204	Erythromy	S	500 MG	ORAL	TABS	EA	30	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93573101	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	10 MG	ORAL	T12A	EA	100	GENERIC	2/13/2023	93	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS	X	Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
93573201	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	20 MG	ORAL	T12A	EA	100	GENERIC	2/13/2023	93	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS	X	Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
93573301	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	40 MG	ORAL	T12A	EA	100	GENERIC	2/13/2023	93	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS	X	Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
93573401	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	80 MG	ORAL	T12A	EA	100	GENERIC	2/13/2023	93	N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS	X	Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
93574019	CYCLOSP	CYCLOSP	902828	UNKNOW	90282892	UNKNOW	S	25 MG	ORAL	CAPS	EA	1 X	GENERIC	1/3/2023	93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93574065	CYCLOSP	CYCLOSP	902828	UNKNOW	90282892	UNKNOW	S	25 MG	ORAL	CAPS	EA	30 X	GENERIC	1/3/2023	93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93574119	CYCLOSP	CYCLOSP	902828	UNKNOW	90282892	UNKNOW	S	50 MG	ORAL	CAPS	EA	1 X	GENERIC	1/31/2023	93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93574165	CYCLOSP	CYCLOSP	902828	UNKNOW	90282892	UNKNOW	S	50 MG	ORAL	CAPS	EA	30 X	GENERIC	1/31/2023	93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93574219	CYCLOSP	CYCLOSP	902828	UNKNOW	90282892	UNKNOW	S	100 MG	ORAL	CAPS	EA	1 X	GENERIC	1/31/2023	93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93574265	CYCLOSP	CYCLOSP	902828	UNKNOW	90282892	UNKNOW	S	100 MG	ORAL	CAPS	EA	30 X	GENERIC	1/31/2023	93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93590786	MESALAM	MESALAM	563600	Anti-inflam	56360000	Anti-inflam	S	400 MG	ORAL	CPDR	EA	180 X	GENERIC		93	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
93593854	LANTHAN	LANTHAN	401819	Phosphate	40181900	Phosphate	S	500 MG	ORAL	CHEW	EA	45 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93593898	LANTHAN	LANTHAN	401819	Phosphate	40181900	Phosphate	S	500 MG	ORAL	CHEW	EA	45 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93593985	LANTHAN	LANTHAN	401819	Phosphate	40181900	Phosphate	S	750 MG	ORAL	CHEW	EA	15 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93593998	LANTHAN	LANTHAN	401819	Phosphate	40181900	Phosphate	S	750 MG	ORAL	CHEW	EA	15 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93594040	LANTHAN	LANTHAN	401819	Phosphate	40181900	Phosphate	S	1000 MG	ORAL	CHEW	EA	10 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93594098	LANTHAN	LANTHAN	401819	Phosphate	40181900	Phosphate	S	1000 MG	ORAL	CHEW	EA	10 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
93595506	ARFORM	ARFORM	121208	beta-Adre	12120812	Selective I	S	15 MCG/2	INHALATI	NEBU	ML	2 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS	X	Must mee 5 DS Form TRIAL OF SEREVENT, STRIVERDI, OR PERFOROMIST IN THE PAST 120 DAYS	R	MEDPRMI
93595511	ARFORM	ARFORM	121208	beta-Adre	12120812	Selective I	S	15 MCG/2	INHALATI	NEBU	ML	2 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS	X	Must mee 5 DS Form TRIAL OF SEREVENT, STRIVERDI, OR PERFOROMIST IN THE PAST 120 DAYS	R	MEDPRMI
93595545	ARFORM	ARFORM	121208	beta-Adre	12120812	Selective I	S	15 MCG/2	INHALATI	NEBU	ML	2 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS	X	Must mee 5 DS Form TRIAL OF SEREVENT, STRIVERDI, OR PERFOROMIST IN THE PAST 120 DAYS	R	MEDPRMI
93595556	ARFORM	ARFORM	121208	beta-Adre	12120812	Selective I	S	15 MCG/2	INHALATI	NEBU	ML	2 X	GENERIC		93	N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS	X	Must mee 5 DS Form TRIAL OF SEREVENT, STRIVERDI, OR PERFOROMIST IN THE PAST 120 DAYS	R	MEDPRMI

93598519	EPINEPHI	EPINEPHI	121212	alpha- anc	12121200	alpha- anc	S	0.15 MG/0	INJECTIO	SOAJ	EA	1		GENERIC		93		Y	N	FORMULARY		1 GEN	GENERICS			X	<= 4							R	MEDPRMI
93598527	EPINEPHI	EPINEPHI	121212	alpha- anc	12121200	alpha- anc	S	0.15 MG/0	INJECTIO	SOAJ	EA	2		GENERIC		93		Y	N	FORMULARY		1 GEN	GENERICS			X	<= 4							R	MEDPRMI
93598619	EPINEPHI	EPINEPHI	121212	alpha- anc	12121200	alpha- anc	S	0.3 MG/0.3	INJECTIO	SOAJ	EA	1		GENERIC		93		Y	N	FORMULARY		1 GEN	GENERICS			X	<= 4							R	MEDPRMI
93598627	EPINEPHI	EPINEPHI	121212	alpha- anc	12121200	alpha- anc	S	0.3 MG/0.3	INJECTIO	SOAJ	EA	2		GENERIC		93		Y	N	FORMULARY		1 GEN	GENERICS			X	<= 4							R	MEDPRMI
93603182	RIVELSA	LEVONOF	681200	Contracep	68120000	Contracep	S	42-21-21-7	ORAL	TABS	EA	91	X	GENERIC		93			N	#N/A	ORIG_FR	10 EHB	#N/A									X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
93603191	RIVELSA	LEVONOF	681200	Contracep	68120000	Contracep	S	42-21-21-7	ORAL	TABS	EA	91	X	GENERIC		93			N	#N/A	ORIG_FR	10 EHB	#N/A									X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
93614882	CAMRESE	LEVONOF	681200	Contracep	68120000	Contracep	S	0.1-0.02 &	ORAL	TABS	EA	91	X	GENERIC		93			N	#N/A	ORIG_FR	10 EHB	#N/A			X	91 IN 84 DAYS					X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
93614891	CAMRESE	LEVONOF	681200	Contracep	68120000	Contracep	S	0.1-0.02 &	ORAL	TABS	EA	91	X	GENERIC		93			N	#N/A	ORIG_FR	10 EHB	#N/A			X	91 IN 84 DAYS					X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
93630345	ADAPALE	ADAPALE	842800	Keratolytic	84280000	Keratolytic	S	0.3-2.5 %	EXTERNA	GEL	GM	45		GENERIC	11/28/2022	93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93645056	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC	5/13/2024	93			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS							R	MEDPRMI
93645098	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90	X	GENERIC	5/13/2024	93			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS							R	MEDPRMI
93645156	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30	X	GENERIC	5/13/2024	93			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS							R	MEDPRMI
93645198	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	GENERIC	5/13/2024	93			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS							R	MEDPRMI
93681519	BUDESON	BUDESON	680400	Adrenals	68040000	Adrenals	S	0.25 MG/2	INHALATI	SUSP	ML	2	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS							R	MEDPRMI
93681545	BUDESON	BUDESON	680400	Adrenals	68040000	Adrenals	S	0.25 MG/2	INHALATI	SUSP	ML	2	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS							R	MEDPRMI
93681555	BUDESON	BUDESON	680400	Adrenals	68040000	Adrenals	S	0.25 MG/2	INHALATI	SUSP	ML	2	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS							R	MEDPRMI
93681573	BUDESON	BUDESON	680400	Adrenals	68040000	Adrenals	S	0.25 MG/2	INHALATI	SUSP	ML	2	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS							R	MEDPRMI
93681619	BUDESON	BUDESON	680400	Adrenals	68040000	Adrenals	S	0.5 MG/2M	INHALATI	SUSP	ML	2	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS							R	MEDPRMI
93681645	BUDESON	BUDESON	680400	Adrenals	68040000	Adrenals	S	0.5 MG/2M	INHALATI	SUSP	ML	2	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS							R	MEDPRMI
93681655	BUDESON	BUDESON	680400	Adrenals	68040000	Adrenals	S	0.5 MG/2M	INHALATI	SUSP	ML	2	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS							R	MEDPRMI
93681673	BUDESON	BUDESON	680400	Adrenals	68040000	Adrenals	S	0.5 MG/2M	INHALATI	SUSP	ML	2	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS							R	MEDPRMI
93681719	BUDESON	BUDESON	680400	Adrenals	68040000	Adrenals	S	1 MG/2ML	INHALATI	SUSP	ML	2	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS							R	MEDPRMI
93681745	BUDESON	BUDESON	680400	Adrenals	68040000	Adrenals	S	1MG/2ML	INHALATI	SUSP	ML	2	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS							R	MEDPRMI
93681773	BUDESON	BUDESON	680400	Adrenals	68040000	Adrenals	S	1 MG/2ML	INHALATI	SUSP	ML	2	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS							R	MEDPRMI
93711306	NEFAZOD	NEFAZOD	281604	Antidepres	28160424	Serotonin	R	150 MG	ORAL	TABS	EA	60	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93716305	TOLTERO	TOLTERO	861204	UNKNOW	86120400	UNKNOW	S	2 MG	ORAL	CP24	EA	500	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93716356	TOLTERO	TOLTERO	861204	UNKNOW	86120400	UNKNOW	S	2 MG	ORAL	CP24	EA	30	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93716398	TOLTERO	TOLTERO	861204	UNKNOW	86120400	UNKNOW	S	2 MG	ORAL	CP24	EA	90	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93716405	TOLTERO	TOLTERO	861204	UNKNOW	86120400	UNKNOW	S	4 MG	ORAL	CP24	EA	500	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93716456	TOLTERO	TOLTERO	861204	UNKNOW	86120400	UNKNOW	S	4 MG	ORAL	CP24	EA	30	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93716498	TOLTERO	TOLTERO	861204	UNKNOW	86120400	UNKNOW	S	4 MG	ORAL	CP24	EA	90	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93716501	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC	7/28/2023	93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93716505	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	500	X	GENERIC	9/11/2023	93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93716601	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	100	X	GENERIC	7/28/2023	93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93716605	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	500	X	GENERIC	7/28/2023	93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93717006	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	400 MG	ORAL	CAPS	EA	60	X	GENERIC	7/28/2023	93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93717801	NEFAZOD	NEFAZOD	281604	Antidepres	28160424	Serotonin	R	50 MG	ORAL	TABS	EA	100	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93718801	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	1/9/2023	93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93718810	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC	1/9/2023	93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93718856	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	1/9/2023	93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93719801	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	40 MG	ORAL	CAPS	EA	100	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93719805	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	40 MG	ORAL	CAPS	EA	500	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93719856	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	40 MG	ORAL	CAPS	EA	30	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93720110	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC		93			N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS					X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
93720198	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		93			N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS					X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
93720210	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	1000	X	GENERIC		93			N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS					X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
93720298	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		93			N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS					X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
93727010	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	1000	X	GENERIC	3/20/2023	93			N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS					X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
93727098	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90	X	GENERIC	2/9/2023	93			N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS					X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
93727105	PIOGLITA	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	15 MG	ORAL	TABS	EA	500	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93727156	PIOGLITA	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	15 MG	ORAL	TABS	EA	30	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93727198	PIOGLITA	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	15 MG	ORAL	TABS	EA	90	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93727205	PIOGLITA	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	30 MG	ORAL	TABS	EA	500	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93727256	PIOGLITA	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	30 MG	ORAL	TABS	EA	30	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93727298	PIOGLITA	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	30 MG	ORAL	TABS	EA	90	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93727305	PIOGLITA	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	45 MG	ORAL	TABS	EA	500	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93727356	PIOGLITA	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	45 MG	ORAL	TABS	EA	30	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93727398	PIOGLITA	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	45 MG	ORAL	TABS	EA	90	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93729001	RALOXIFE	RALOXIFE	681612	Estrogen /	68161200	Estrogen /	S	60 MG	ORAL	TABS	EA	100	X	GENERIC		93			N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS					X	IF AGE=35-999 YEARS AND R	R	MEDPRMI
93729056	RALOXIFE	RALOXIFE	681612	Estrogen /	68161200	Estrogen /	S	60 MG	ORAL	TABS	EA	30	X	GENERIC		93			N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS					X	IF AGE=35-999 YEARS AND R	R	MEDPRMI
93729501	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	100	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93729505	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	500	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93729601	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93729605	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	500	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93730606	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	50 MG	ORAL	CAPS	EA	60	X	GENERIC	7/28/2023	93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93733401	MYCOPHI	MYCOPHI	902808	UNKNOW	90280892	UNKNOW	S	250 MG	ORAL	CAPS	EA	100	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93733405	MYCOPHI	MYCOPHI	902808	UNKNOW	90280892	UNKNOW	S	250 MG	ORAL	CAPS	EA	500	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93733506	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	15 MG	ORAL	CPSP	EA	60	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93733606	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	CPSP	EA	60	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93735056	LANSOPR	LANSOPR	562836	Proton-pu	56283600	Proton-pu	S	15 MG	ORAL	CPDR	EA	30	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93735156	LANSOPR	LANSOPR	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	30	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93735201	CALCITRI	CALCITRI	881600	Vitamin D	88160000	Vitamin D	S	0.25 MCG	ORAL	CAPS	EA	100	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93735301	CALCITRI	CALCITRI	881600	Vitamin D	88160000	Vitamin D	S	0.5 MCG	ORAL	CAPS	EA	100	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93735505	FINASTEF	FINASTEF	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	500	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93735556	FINASTEF	FINASTEF	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93735598	FINASTEF	FINASTEF	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93736710	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50-12.5 M	ORAL	TABS	EA	1000	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93736756	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50-12.5 M	ORAL	TABS	EA	30	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93736798	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50-12.5 M	ORAL	TABS	EA	90	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93736810	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-25 MC	ORAL	TABS	EA	1000	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93736856	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-25 MC	ORAL	TABS	EA	30	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93736898	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-25 MC	ORAL	TABS	EA	90	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93736910	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-12.5 M	ORAL	TABS	EA	1000	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93736956	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-12.5 M	ORAL	TABS	EA	30	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93736998	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-12.5 M	ORAL	TABS	EA	90	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93738405	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	500	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93738456	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	30	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93738498	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	90	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93738505	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	500	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93738556	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	30	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93738598	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	90	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93738605	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	500	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93738656	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	30	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93738698	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	90	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93738756	MOXIFLO	MOXIFLO	81218	Quinolone	8121800	Quinolone	S	400 MG	ORAL	TABS	EA	30		GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93744201	FLUVAST	FLUVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	CAPS	EA	100	X	GENERIC		93			N	#N/A	ORIG_FR	10 EHB	#N/A			X	2 IN 1 DAYS	X	Must meet	5 DS Aton	TRIAL OF 2 OF THE FOLLOWING: ATOR	X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
93744256	FLUVAST	FLUVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	CAPS	EA	30	X	GENERIC		93	Y		N	#N/A	ORIG_FR	10 EHB	#N/A			X	2 IN 1 DAYS	X	Must meet	5 DS Aton	TRIAL OF 2 OF THE FOLLOWING: ATOR	X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
93744301	FLUVAST	FLUVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	CAPS	EA	100	X	GENERIC		93			N	#N/A	ORIG_FR	10 EHB	#N/A			X	2 IN 1 DAYS	X	Must meet	5 DS Aton	TRIAL OF 2 OF THE FOLLOWING: ATOR	X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
93744356	FLUVAST	FLUVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	CAPS	EA	30	X	GENERIC		93			N	#N/A	ORIG_FR	10 EHB	#N/A			X	2 IN 1 DAYS	X	Must meet	5 DS Aton	TRIAL OF 2 OF THE FOLLOWING: ATOR	X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
93744601	FLUVAST	FLUVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TB24	EA	100	X	GENERIC		93			N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	Must meet	5 DS Aton	TRIAL OF 2 OF THE FOLLOWING: ATOR	X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
93744656	FLUVAST	FLUVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TB24	EA	30	X	GENERIC		93			N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	Must meet	5 DS Aton	TRIAL OF 2 OF THE FOLLOWING: ATOR	X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
93745501	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	2.5-250 M	ORAL	TABS	EA	100	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93745601	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	2.5-500 M	ORAL	TABS	EA	100	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93745701	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5-500 MG	ORAL	TABS	EA	100	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93747119	RIZATRIP	RIZATRIP	283228	Selective	28322800	Selective	S	5 MG	ORAL	TABS	EA	1		GENERIC		93			N	FORMULARY		1 GEN	GENERICS			X	27 IN 30 DAYS							R	MEDPRMI
93747143	RIZATRIP	RIZATRIP	283228	Selective	28322800	Selective	S	5 MG	ORAL	TABS	EA	18		GENERIC		93			N	FORMULARY		1 GEN	GENERICS			X	27 IN 30 DAYS							R	MEDPRMI
93747219	RIZATRIP	RIZATRIP	283228	Selective	28322800	Selective	S	10 MG	ORAL	TABS	EA	1		GENERIC		93			N	FORMULARY		1 GEN	GENERICS			X	27 IN 30 DAYS							R	MEDPRMI
93747243	RIZATRIP	RIZATRIP	283228	Selective	28322800	Selective	S	10 MG	ORAL	TABS	EA	18		GENERIC		93			N	FORMULARY		1 GEN	GENERICS			X	27 IN 30 DAYS							R	MEDPRMI
93747306	CAPECIT	CAPECIT	100000	Antineopla	10000000	Antineopla	S	150 MG	ORAL	TABS	EA	60		GENERIC		93			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRMI
93747489	CAPECIT	CAPECIT	100000	Antineopla	10000000	Antineopla	S	500 MG	ORAL	TABS	EA	120		GENERIC		93			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRMI
93748719	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	4 MG	ORAL	PACK	EA	1	X	GENERIC	6/12/2023	93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93748756	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	4 MG	ORAL	PACK	EA	30	X	GENERIC	6/12/2023	93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93751631	FLUTICAS	FLUTICAS	121208	beta-Adre	12120812	Selective I	S	500-50 MC	INHALATI	AEPB	EA	60	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS							R	MEDPRMI
93751731	FLUTICAS	FLUTICAS	121208	beta-Adre	12120812	Selective I	S	100-50 MC	INHALATI	AEPB	EA	60	X	GENERIC		93	Y		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS							R	MEDPRMI
93751831	FLUTICAS	FLUTICAS	121208	beta-Adre	12120812	Selective I	S	250-50 MC	INHALATI	AEPB	EA	60	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS							R	MEDPRMI
93753656	ANASTRO	ANASTRO	681608	Antiestrog	68160800	Antiestrog	S	1 MG	ORAL	TABS	EA	30	X	GENERIC		93			N	#N/A	ORIG_FR	10 EHB	#N/A									X	IF AGE=35-999 YEARS AND R	R	MEDPRMI
93762056	LETROZO	LETROZO	681608	Antiestrog	68160800	Antiestrog	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93762998	IMATINIB	IMATINIB	100000	Antineopla	10000000	Antineopla	S	100 MG	ORAL	TABS	EA	90		GENERIC		93			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRMI
93763056	IMATINIB	IMATINIB	100000	Antineopla	10000000	Antineopla	S	400 MG	ORAL	TABS	EA	30		GENERIC		93			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRMI
93765256	VARDENA	VARDENA	240812	Calcium-c	24081200	UNKNOW	S	2.5 MG	ORAL	TABS	EA	30		GENERIC		93			N	FORMULARY		1 GEN	GENERICS			X	1 IN 5 DAYS	X	Must meet	5 DS Silde	TRIAL OF GENERIC VIAGRA IN THE PAST 120 DAYS			R	MEDPRMI
93765356	VARDENA	VARDENA	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC		93			N	FORMULARY		1 GEN	GENERICS			X	1 IN 5 DAYS	X	Must meet	5 DS Silde	TRIAL OF GENERIC VIAGRA IN THE PAST 120 DAYS			R	MEDPRMI
93765456	VARDENA	VARDENA	240812	Calcium-c	24081200	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		93			N	FORMULARY		1 GEN	GENERICS			X	1 IN 5 DAYS	X	Must meet	5 DS Silde	TRIAL OF GENERIC VIAGRA IN THE PAST 120 DAYS			R	MEDPRMI
93765556	VARDENA	VARDENA	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	30		GENERIC		93			N	FORMULARY		1 GEN	GENERICS			X	1 IN 5 DAYS	X	Must meet	5 DS Silde	TRIAL OF GENERIC VIAGRA IN THE PAST 120 DAYS			R	MEDPRMI
93766256	ERLOTINI	ERLOTINI	100000	Antineopla	10000000	Antineopla	S	25 MG	ORAL	TABS	EA	30		GENERIC		93			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRMI
93766356	ERLOTINI	ERLOTINI	100000	Antineopla	10000000	Antineopla	S	100 MG	ORAL	TABS	EA	30		GENERIC		93			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRMI
93766456	ERLOTINI	ERLOTINI	100000	Antineopla	10000000	Antineopla	S	150 MG	ORAL	TABS	EA	30		GENERIC		93			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRMI
93767901	ETONOGI	ETONOGI	681200	Contracep	68120000	Contracep	S	0.12-0.015	VAGINAL	RING	EA	1	X	GENERIC		93			N	#N/A	ORIG_FR	10 EHB	#N/A									X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
93767902	ETONOGI	ETONOGI	681200	Contracep	68120000	Contracep	S	0.12-0.015	VAGINAL	RING	EA	1	X	GENERIC		93			N	#N/A	ORIG_FR	10 EHB	#N/A									X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
93770198	LEVOCET	LEVOCET	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	90		GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93770456	EMTRICIT	EMTRICIT	81808	Antiretrovi	8180820	Nucleosid	S	200-300 M	ORAL	TABS	EA	30	X	GENERIC		93			N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS					X	IF RATIO=IF FOR PREEXPOSI	R	MEDPRMI
93776619	EVEROLI	EVEROLI	100000	Antineopla	10000000	Antineopla	S	2.5 MG	ORAL	TABS	EA	1		GENERIC		93			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRMI
93776624	EVEROLI	EVEROLI	100000	Antineopla	10000000	Antineopla	S	2.5 MG	ORAL	TABS	EA	28		GENERIC		93			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRMI
93776719	EVEROLI	EVEROLI	100000	Antineopla	10000000	Antineopla	S	5 MG	ORAL	TABS	EA	1		GENERIC		93			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRMI
93776724	EVEROLI	EVEROLI	100000	Antineopla	10000000	Antineopla	S	5 MG	ORAL	TABS	EA	28		GENERIC		93			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRMI
93776819	EVEROLI	EVEROLI	100000	Antineopla	10000000	Antineopla	S	7.5 MG	ORAL	TABS	EA	1		GENERIC		93			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRMI
93776824	EVEROLI	EVEROLI	100000	Antineopla	10000000	Antineopla	S	7.5 MG	ORAL	TABS	EA	28		GENERIC		93			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRMI
93776919	EVEROLI	EVEROLI	100000	Antineopla	10000000	Antineopla	S	10 MG	ORAL	TABS	EA	1		GENERIC		93			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRMI
93776924	EVEROLI	EVEROLI	100000	Antineopla	10000000	Antineopla	S	10 MG	ORAL	TABS	EA	28		GENERIC		93			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRMI
93777113	RISEDRO	RISEDRO	922400	UNKNOW	92240000	UNKNOW	S	150 MG	ORAL	TABS	EA	3	X	GENERIC	5/23/2024	93			N	FORMULARY		1 GEN	GENERICS			X	1 IN 30 DAYS	X	Must meet	5 DS Alen	TRIAL OF ALENDRONATE AND IBANDRONATE IN THE PAST 365 DAYS			R	MEDPRMI
93777119	RISEDRO	RISEDRO	922400	UNKNOW	92240000	UNKNOW	S	150 MG	ORAL	TABS	EA	1	X	GENERIC	5/23/2024	93			N	FORMULARY		1 GEN	GENERICS			X	1 IN 30 DAYS	X	Must meet	5 DS Alen	TRIAL OF ALENDRONATE AND IBANDRONATE IN THE PAST 365 DAYS			R	MEDPRMI
93777179	RISEDRO	RISEDRO	922400	UNKNOW	92240000	UNKNOW	S	150 MG	ORAL	TABS	EA	1	X	GENERIC	5/23/2024	93			N	FORMULARY		1 GEN	GENERICS			X	1 IN 30 DAYS	X	Must meet	5 DS Alen	TRIAL OF ALENDRONATE AND IBANDRONATE IN THE PAST 365 DAYS			R	MEDPRMI
93777201	CLOZAPI	CLOZAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	100		GENERIC	9/19/2022	93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93777205	CLOZAPI	CLOZAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	500		GENERIC	9/19/2022	93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93777219	CLOZAPI	CLOZAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	1		GENERIC	9/19/2022	93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93777293	CLOZAPI	CLOZAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	100		GENERIC	9/19/2022	93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93786519	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	200 MCG	BUCCAL	LPOP	EA	1		GENERIC	9/30/2024	93			N	FORMULARY		1 GEN	GENERICS	X	PA:X									R	MEDPRMI
93786565	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	200 MCG	BUCCAL	LPOP	EA	30		GENERIC	9/30/2024	93			N	FORMULARY		1 GEN	GENERICS	X	PA:X									R	MEDPRMI
93786619	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	400 MCG	BUCCAL	LPOP	EA	1		GENERIC	9/30/2024	93			N	FORMULARY		1 GEN	GENERICS	X	PA:X									R	MEDPRMI
93786665	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	400 MCG	BUCCAL	LPOP	EA	30		GENERIC	9/30/2024	93			N	FORMULARY		1 GEN	GENERICS	X	PA:X									R	MEDPRMI
93786719	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	600 MCG	BUCCAL	LPOP	EA	1		GENERIC	9/30/2024	93			N	FORMULARY		1 GEN	GENERICS	X	PA:X									R	MEDPRMI
93786765	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	600 MCG	BUCCAL	LPOP	EA	30		GENERIC	9/30/2024	93			N	FORMULARY		1 GEN	GENERICS	X	PA:X									R	MEDPRMI
93786819	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	800 MCG	BUCCAL	LPOP	EA	1		GENERIC	9/30/2024	93			N	FORMULARY		1 GEN	GENERICS	X	PA:X									R	MEDPRMI
93786865	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	800 MCG	BUCCAL	LPOP	EA	30		GENERIC	9/30/2024	93			N	FORMULARY		1 GEN	GENERICS	X	PA:X									R	MEDPRMI
93786919	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	1200 MCG	BUCCAL	LPOP	EA	1		GENERIC	9/30/2024	93			N	FORMULARY		1 GEN	GENERICS	X	PA:X									R	MEDPRMI
93786965	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	1200 MCG	BUCCAL	LPOP	EA	30		GENERIC	9/30/2024	93			N	FORMULARY		1 GEN	GENERICS	X	PA:X									R	MEDPRMI
93787019	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	1600 MCG	BUCCAL	LPOP	EA	1		GENERIC	9/30/2024	93			N	FORMULARY		1 GEN	GENERICS	X	PA:X									R	MEDPRMI
93787065	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	1600 MCG	BUCCAL	LPOP	EA	30		GENERIC	9/30/2024	93			N	FORMULARY		1 GEN	GENERICS	X	PA:X									R	MEDPRMI
93790901	TIOPRON	TIOPRON	929200	UNKNOW	92920000	UNKNOW	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		93			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS											R	MEDPRMI
93803401	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	R	1.5 MG	ORAL	TABS	EA	100	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93803501	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	R	3 MG	ORAL	TABS	EA	100	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93803505	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	R	3 MG	ORAL	TABS	EA	500	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93803601	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	R	6 MG	ORAL	TABS	EA	100	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93807256	TIAGABIN	TIAGABIN	281228	UNKNOW	28122800	UNKNOW	S	12 MG	ORAL	TABS	EA	30	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS							R	MEDPRMI
93807316	KELNOR	ETHYNOD	681200	Contracep	68120000	Contracep	S	1-50 MG-M	ORAL	TABS	EA	28	X	GENERIC		93			N	#N/A	ORIG_FR	10 EHB	#N/A									X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
93807328	KELNOR	ETHYNOD	681200	Contracep	68120000	Contracep	S	1-50 MG-M	ORAL	TABS	EA	28	X	GENERIC		93			N	#N/A	ORIG_FR	10 EHB	#N/A									X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
93807656	TIAGABIN	TIAGABIN	281228	UNKNOW	28122800	UNKNOW	S	16 MG	ORAL	TABS	EA	30	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS							R	MEDPRMI
93810798	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800-26.6 M	ORAL	TABS	EA	90	X	GENERIC	10/14/2024	93			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]						R	MEDPRMI
93811756	FAMCICL	FAMCICL	81832	Nucleosid	8183200	Nucleosid	S	125MG	ORAL	TABS	EA	30		GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93811856	FAMCICL	FAMCICL	81832	Nucleosid	8183200	Nucleosid	S	250MG	ORAL	TABS	EA	30		GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93811956	FAMCICL	FAMCICL	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	30		GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93816201	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93816301	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	100	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93816401	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	300 MG	ORAL	TABS	EA	100	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93816501	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	400 MG	ORAL	TABS	EA	100	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93816601	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93818064	OSELTAM	OSELTAM	81828	Neuramini	8182800	Neuramini	S	6 MG/ML	ORAL	SUSR	ML	60		GENERIC		93			N	FORMULARY		1 GEN	GENERICS			X	360 IN 180 DAYS							R	MEDPRMI
93819201	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	300 MG	ORAL	TABS	EA	100	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93819205	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	300 MG	ORAL	TABS	EA	500	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93819928	SUNITINI	SUNITINI	100000	Antineopla	10000000	Antineopla	S	12.5 MG	ORAL	CAPS	EA	28		GENERIC		93			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRMI
93820401	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	400 MG	ORAL	TABS	EA	100	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93820405	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	400 MG	ORAL	TABS	EA	500	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93821028	FINZALA	NORETHI	681200	Contracep	68120000	Contracep	S	1-20 MG-M	ORAL	CHEW	EA	28	X	GENERIC		93			N	#N/A	ORIG_FR	10 EHB	#N/A									X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
93821062	FINZALA	NORETHI	681200	Contracep	68120000	Contracep	S	1-20 MG-M	ORAL	CHEW	EA	28	X	GENERIC		93			N	#N/A	ORIG_FR	10 EHB	#N/A									X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
93822428	SUNITINI	SUNITINI	100000	Antineopla	10000000	Antineopla	S	25 MG	ORAL	CAPS	EA	28		GENERIC		93			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRMI
93822928	SUNITINI	SUNITINI	100000	Antineopla	10000000	Antineopla	S	37.5 MG	ORAL	CAPS	EA	28		GENERIC		93			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRMI
93823128	SUNITINI	SUNITINI	100000	Antineopla	10000000	Antineopla	S	50 MG	ORAL	CAPS	EA	28		GENERIC		93			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRMI
93823256	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	12.5MG-30	ORAL	TABS	EA	30	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93823298	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	12.5MG-30	ORAL	TABS	EA	90	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93823856	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	150-12.5 M	ORAL	TABS	EA	30	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93823898	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	150-12.5 M	ORAL	TABS	EA	90	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93830501	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	800 MG	ORAL	TABS	EA	100	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93831018	ELETRIPT	ELETRIPT	283228	Selective	28322800	Selective	S	20 MG	ORAL	TABS	EA	6		GENERIC		93			N	FORMULARY		1 GEN	GENERICS			X	18 IN 30 DAYS	X	Must meet	5 DS Imitr	TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS			R	MEDPRMI
93831019	ELETRIPT	ELETRIPT	283228	Selective	28322800	Selective	S	20 MG	ORAL	TABS	EA	1		GENERIC		93			N	FORMULARY		1 GEN	GENERICS			X	18 IN 30 DAYS	X	Must meet	5 DS Imitr	TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS			R	MEDPRMI
93831118	ELETRIPT	ELETRIPT	283228	Selective	28322800	Selective	S	40 MG	ORAL	TABS	EA	6		GENERIC		93			N	FORMULARY		1 GEN	GENERICS			X	18 IN 30 DAYS	X	Must meet	5 DS Imitr	TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS			R	MEDPRMI
93831119	ELETRIPT	ELETRIPT	283228	Selective	28322800	Selective	S	40 MG	ORAL	TABS	EA	1		GENERIC		93			N	FORMULARY		1 GEN	GENERICS			X	18 IN 30 DAYS	X	Must meet	5 DS Imitr	TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS			R	MEDPRMI
93834201	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	1.25 MG	ORAL	TABS	EA	100	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93834301	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93834305	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	2.5 MG	ORAL	TABS	EA	500	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93834310	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	2.5 MG	ORAL	TABS	EA	1000	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93834398	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	2.5 MG	ORAL	TABS	EA	90	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93834401	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93834405	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	500	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93834410	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	1000	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93834498	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93867574	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	600-42.9 M	ORAL	SUSR	ML	200		GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93867575	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	600-42.9 M	ORAL	SUSR	ML	125		GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93867578	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	600-42.9 M	ORAL	SUSR	ML	75		GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93873901	MEXILETI	MEXILETI	240404	Antiarrhyt	24040408	Class Ib A	S	150 MG	ORAL	CAPS	EA	100	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93874001	MEXILETI	MEXILETI	240404	Antiarrhyt	24040408	Class Ib A	S	200 MG	ORAL	CAPS	EA	100	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93874101	MEXILETI	MEXILETI	240404	Antiarrhyt	24040408	Class Ib A	S	250 MG	ORAL	CAPS	EA	100	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93901819	CYCLOSP	CYCLOSP	902828	UNKNOW	90282892	UNKNOW	S	25 MG	ORAL	CAPS	EA	1	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93901865	CYCLOSP	CYCLOSP	902828	UNKNOW	90282892	UNKNOW	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93901919	CYCLOSP	CYCLOSP	902828	UNKNOW	90282892	UNKNOW	S	50 MG	ORAL	CAPS	EA	1	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93901965	CYCLOSP	CYCLOSP	902828	UNKNOW	90282892	UNKNOW	S	50 MG	ORAL	CAPS	EA	30	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93902019	CYCLOSP	CYCLOSP	902828	UNKNOW	90282892	UNKNOW	S	100 MG	ORAL	CAPS	EA	1	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93902065	CYCLOSP	CYCLOSP	902828	UNKNOW	90282892	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93914701	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93914801	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	TABS	EA	100	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93914901	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93915701	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	TABS	EA	100	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93916301	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93922201	DIFLUNIS	DIFLUNIS	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	100	X	GENERIC		93	N		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93922205	DIFLUNIS	DIFLUNIS	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	500	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93922206	DIFLUNIS	DIFLUNIS	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		93	N		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93922489	MESALAM	MESALAM	563600	Anti-inflam	56360000	Anti-inflam	S	0.375 GM	ORAL	CP24	EA	120	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93929019	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.125 MG	ORAL	TBDP	EA	1		GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93929067	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.125 MG	ORAL	TBDP	EA	60		GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93929119	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.25 MG	ORAL	TBDP	EA	1		GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93929167	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.25 MG	ORAL	TBDP	EA	60		GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93929219	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TBDP	EA	1		GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93929267	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TBDP	EA	60		GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93929319	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TBDP	EA	1		GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93929367	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TBDP	EA	60		GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93929419	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TBDP	EA	1		GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93929467	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TBDP	EA	60		GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93936401	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
93936405	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	500	X	GENERIC	10/14/2024	93			N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI

93936410	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	1000	X	GENERIC		93		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
93943301	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC		93		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
93943305	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	2.5 MG	ORAL	TABS	EA	500	X	GENERIC	10/14/2024	93		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
93947753	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	1.25 MG	ORAL	TABS	EA	50	X	GENERIC		93		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
93960995	DOXEPIN	DOXEPIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	CREA	GM	45		GENERIC		93		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
93961413	SILVER N	SILVER N	520492	EENT Ant	52049200	EENT Ant	S	0.50%	EXTERNA	SOLN	ML	960		GENERIC	12/4/2024	93		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
93970101	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	10-100 MC	ORAL	TABS	EA	100	X	GENERIC		93		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
93970105	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	10-100 MC	ORAL	TABS	EA	500	X	GENERIC		93		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
93970201	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MC	ORAL	TABS	EA	100	X	GENERIC		93		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
93970205	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MC	ORAL	TABS	EA	500	X	GENERIC		93		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
93970210	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MC	ORAL	TABS	EA	1000	X	GENERIC		93	Y	N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
93970301	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-250 MC	ORAL	TABS	EA	100	X	GENERIC		93		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
93970305	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-250 MC	ORAL	TABS	EA	500	X	GENERIC		93		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
93970310	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-250 MC	ORAL	TABS	EA	1000	X	GENERIC		93		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
95300001	BUPAP	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-300 MC	ORAL	TABS	EA	100		GENERIC	7/12/2024	95	Y	N	FORMULARY		1 GEN	GENERICS	X	6 IN 1 DAYS		X	Must meet 5 DS Buta TRIAL OF GENERIC BUTALBITAL/ACETAMINOPHEN 50MG-325MG COMBINATI	R	MEDPRMI
96051104	HAND SA	ETHYL AL	840492	Local Anti-	84049200	Local Anti-	P	70%	EXTERNA	LIQD	ML	118		GENERIC		96		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
96068204	SOLBAR	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	5%-7.5%	EXTERNA	CREA	ML	118		SSB		96	Y	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
96068275	SOLBAR	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	7.5-5 %	EXTERNA	CREA	GM	75		SSB		96		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
96068404	SOLBAR	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	7.5%-6%	EXTERNA	LOTN	ML	120		SSB		96		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
96068504	SOLBAR	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	0-0-0-0	EXTERNA	GEL	ML	118		SSB		96		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
96068604	SOLBAR	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	7.5%-10%	EXTERNA	CREA	GM	120		SSB		96		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
96068704	SOLBAR	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	3%-8%-7.5	EXTERNA	LOTN	GM	115		SSB		96		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
96068804	SOLBAR	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	10%-7.5%	EXTERNA	CREA	GM	113		SSB		96		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
96070735	DRYSOL	ALUMINU	841200	Astringent	84120000	Astringent	R	20%	EXTERNA	SOLN	ML	35		SSB		96		N	FORMULARY		2 BRAND	PREFERRED BRAND						R	MEDPRMI
96070737	DRYSOL	ALUMINU	841200	Astringent	84120000	Astringent	R	20%	EXTERNA	SOLN	ML	37.5		SSB		96		N	FORMULARY		2 BRAND	PREFERRED BRAND						R	MEDPRMI
96070760	DRYSOL	ALUMINU	841200	Astringent	84120000	Astringent	R	20%	EXTERNA	SOLN	ML	60		SSB		96		N	FORMULARY		2 BRAND	PREFERRED BRAND						R	MEDPRMI
96070935	XERAC A	ALUMINU	841200	Astringent	84120000	Astringent	R	6.25%	EXTERNA	SOLN	ML	35		SSB		96		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
96070960	XERAC A	ALUMINU	841200	Astringent	84120000	Astringent	R	6.25%	EXTERNA	SOLN	ML	60		SSB		96		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
96072004	DML FOR	EMOLLIE	842412	Basic Oint	84241200	Basic Oint	O	0	EXTERNA	CREA	GM	113		SSB		96		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
96072145	DML FAC	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	8-4 %	EXTERNA	CREA	GM	45		SSB		96		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
96072208	DML	EMOLLIE	842404	Basic Loti	84240400	Basic Loti	P	0-0-0-0-0	EXTERNA	LOTN	ML	240		GENERIC		96		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
96072216	DML	EMOLLIE	842404	Basic Loti	84240400	Basic Loti	P	0-0-0-0-0	EXTERNA	LOTN	ML	480		GENERIC		96		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
96072308	DHS COL	SHAMPO	842000	Detergent	84200000	Detergent	O	0-0	EXTERNA	SHAM	ML	240		SSB		96		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
96072408	AQUANIL	SOAP & C	842000	Detergent	84200000	Detergent	O	0-0-0-0-0	EXTERNA	LOTN	ML	240		SSB		96	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
96072416	AQUANIL	SOAP & C	842000	Detergent	84200000	Detergent	O	0-0-0-0-0	EXTERNA	LOTN	ML	480		SSB		96	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
96072508	DHS	SHAMPO	842000	Detergent	84200000	Detergent	O	0.5-0.5 %	EXTERNA	SHAM	ML	240		SSB		96		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
96072516	DHS	SHAMPO	842000	Detergent	84200000	Detergent	O	0.5-0.5 %	EXTERNA	SHAM	ML	480		SSB		96	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
96072608	DHS CON	SHAMPO	842000	Detergent	84200000	Detergent	O	0-0-0-0-0	EXTERNA	LIQD	ML	240		SSB		96		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
96072708	DHS	SHAMPO	842000	Detergent	84200000	Detergent	O	0.5-0.5 %	EXTERNA	SHAM	ML	240		SSB		96	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
96072804	DHS TAR	COAL TAI	843200	Keratoplas	84320000	Keratoplas	P	0.50%	EXTERNA	SHAM	ML	120		MSB		96	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
96072808	DHS TAR	COAL TAI	843200	Keratoplas	84320000	Keratoplas	P	0.50%	EXTERNA	SHAM	ML	240		MSB		96	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
96073008	DHS TAR	COAL TAI	843200	Keratoplas	84320000	Keratoplas	P	0.50%	EXTERNA	SHAM	ML	240		MSB		96	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
96073108	DHS COL	SHAMPO	842000	Detergent	84200000	Detergent	O	0-0-0-0	EXTERNA	SHAM	ML	240		SSB		96		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
96073204	AQUANIL	HYDROC	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	LOTN	ML	120		GENERIC		96	Y	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
96073508	DHS ZINC	PYRITHIC	840492	Local Anti-	84049200	Local Anti-	P	2%	EXTERNA	SHAM	ML	240		MSB	1/3/2024	96		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
96073516	DHS ZINC	PYRITHIC	840492	Local Anti-	84049200	Local Anti-	P	2%	EXTERNA	SHAM	ML	480		MSB	1/3/2024	96		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
96073608	DHS TAR	COAL TAI	843200	Keratoplas	84320000	Keratoplas	P	0.50%	EXTERNA	SHAM	ML	240		MSB		96	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
96073704	DHS TAR	COAL TAI	843200	Keratoplas	84320000	Keratoplas	P	0.50%	EXTERNA	SHAM	ML	120		MSB		96	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
96073708	DHS TAR	COAL TAI	843200	Keratoplas	84320000	Keratoplas	P	0.50%	EXTERNA	SHAM	ML	240		MSB		96	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
96073804	DHS SAL	SALICYLI	842800	Keratolytic	84280000	Keratolytic	O	3%	EXTERNA	SHAM	ML	120		SSB		96		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
96074104	SOLBAR	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	1%-7.5%-	EXTERNA	CREA	ML	118		SSB		96	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
96074208	DHS BOD	PYRITHIC	840492	Local Anti-	84049200	Local Anti-	O	0.50%	EXTERNA	LIQD	ML	240		SSB		96		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
96074216	DHS BOD	PYRITHIC	840492	Local Anti-	84049200	Local Anti-	O	0.50%	EXTERNA	LIQD	ML	480		SSB		96	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
111070752	COVID-19	COVID-19	360000	Diagnostic	36000000	Diagnostic	O	0	IN VITRO	KIT	EA	1		NON DRUG		111		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
111070772	COVID-19	COVID-19	360000	Diagnostic	36000000	Diagnostic	O	0	IN VITRO	KIT	EA	1		NON DRU	8/15/2022	111		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113001940	GOODSE	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-6.25-10-	ORAL	LIQD	ML	354		GENERIC		113	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113002026	GOODSE	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	SUSP	ML	118		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113002391	GOODSE	DEXTROM	480800	Antitussive	48080000	Antitussive	P	20-10-500	ORAL	PACK	EA	6		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113002562	GOODSE	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	24		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113002571	GOODSE	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	50		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113002578	GOODSE	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	100		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113002809	GOODSE	FLUTICAS	520808	Corticoste	52080800	Corticoste	P	50 MCG/A	NASAL	SUSP	ML	18.2		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113002925	GOODSE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	GUM	EA	110		GENERIC		113		N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF AGE=1:LIMITED TO 24 PIE	R	MEDPRMI
113002960	GOODSE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	GUM	EA	20		GENERIC		113		N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF AGE=1:LIMITED TO 24 PIE	R	MEDPRMI
113002971	GOODSE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	GUM	EA	50		GENERIC		113		N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF AGE=1:LIMITED TO 24 PIE	R	MEDPRMI
113003263	GOODSE	FAMOTID	562812	Histamine	56281200	Histamine	P	10-800-16	ORAL	CHEW	EA	25		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113005058	GOODSE	IBUPROF	282492	Anxiolytics	28249200	Anxiolytics	P	200-38 MC	ORAL	TABS	EA	40		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113005060	GOODSE	IBUPROF	282492	Anxiolytics	28249200	Anxiolytics	P	200-38 MC	ORAL	TABS	EA	20		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113005253	GOODSE	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	25 MG	ORAL	CAPS	EA	12		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113005267	GOODSE	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	25 MG	ORAL	CAPS	EA	48		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113005306	GOODSE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	GUM	EA	160		GENERIC		113		N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF AGE=1:LIMITED TO 24 PIE	R	MEDPRMI
113005452	SUPHEDI	PSEUDOE	121212	alpha- and	12121200	alpha- and	P	120 MG	ORAL	TB12	EA	10		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113005651	GOODSE	DEXTROM	480800	Antitussive	48080000	Antitussive	P	15-6.25-32	ORAL	CAPS	EA	8		GENERIC	10/24/2024	113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113005662	GOODSE	DEXTROM	480800	Antitussive	48080000	Antitussive	P	15-6.25-32	ORAL	CAPS	EA	24		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113005673	GOODSE	DEXTROM	480800	Antitussive	48080000	Antitussive	P	15-6.25-32	ORAL	CAPS	EA	16		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113005705	GOODSE	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	P	50 MG/1.2	ORAL	SUSP	ML	15		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113005803	GOODSE	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	P	20-1100 M	ORAL	CAPS	EA	14	X	GENERIC		113	Y	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	X	1 IN 1 DAYS				R	MEDPRMI
113006126	TUSSIN M	GUAIFEN	481600	Expectora	48160000	Expectora	P	100 MG/5	ORAL	LIQD	ML	118		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113006134	TUSSIN M	GUAIFEN	481600	Expectora	48160000	Expectora	P	100 MG/5	ORAL	LIQD	ML	237		GENERIC	7/31/2024	113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113006462	GOODSE	DEXTROM	480800	Antitussive	48080000	Antitussive	P	10-5-325 M	ORAL	TABS	EA	24		GENERIC	10/3/2022	113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113006510	NASAL S	OXYMETA	523200	Vasocons	52320000	Vasocons	P	0.05%	NASAL	SOLN	ML	30		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113007471	GOODSE	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	50		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113007478	GOODSE	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	100		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113008100	MICONAZ	MICONAZ	840408	Antifungal	84040808	Azoles	P	200 & 2 M	VAGINAL	KIT	EA	1		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113008458	GOODSE	NEOMYCI	840404	Antibacter	84040400	Antibacter	P	400UNIT-3	EXTERNA	OINT	GM	14		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113008464	GOODSE	NEOMYCI	840404	Antibacter	84040400	Antibacter	P	400UNIT-3	EXTERNA	OINT	GM	28		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113008753	GOODSE	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	P	2-125 MG	ORAL	TABS	EA	12		GENERIC		113	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113008762	GOODSE	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	P	2-125 MG	ORAL	TABS	EA	24		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113009423	NASAL D	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	P	10 MG	ORAL	TABS	EA	72		GENERIC	12/4/2024	113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113009468	NASAL D	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	P	10 MG	ORAL	TABS	EA	36		GENERIC	12/1/2024	113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113009489	NASAL D	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	P	10 MG	ORAL	TABS	EA	18		GENERIC	12/1/2024	113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113009691	FLU/SEVE	DEXTROM	480800	Antitussive	48080000	Antitussive	P	20-10-650	ORAL	PACK	EA	6		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113010862	GOODSE	PYRETHR	840412	Scabicides	84041200	Scabicides	P	.5%-4%-4	COMBINA	KIT	EA	1		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113011226	GOODSE	FRUCTOS	562292	Antiemetic	56229200	Antiemetic	P	1.87-1.87-	ORAL	SOLN	ML	118		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113011655	GOODSE	LANSOPR	562836	Proton-pu	56283600	Proton-pu	P	15 MG	ORAL	TBDD	EA	42	X	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113011701	GOODSE	LANSOPR	562836	Proton-pu	56283600	Proton-pu	P	15 MG	ORAL	CPDR	EA	14	X	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113011702	GOODSE	LANSOPR	562836	Proton-pu	56283600	Proton-pu	P	15 MG	ORAL	CPDR	EA	28	X	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113011703	GOODSE	LANSOPR	562836	Proton-pu	56283600	Proton-pu	P	15 MG	ORAL	CPDR	EA	42	X	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113014165	ACID RED	FAMOTID	562812	Histamine	56281200	Histamine	P	10 MG	ORAL	TABS	EA	30		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113014753	GOODSE	CETIRIZI	40800	Second G	4080000	Second G	P	5-120 MG	ORAL	TB12	EA	12		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113014762	GOODSE	CETIRIZI	40800	Second G	4080000	Second G	P	5-120 MG	ORAL	TB12	EA	24		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113015473	ATHLETE	TOLNAFT	840408	Antifungal	84040840	Thiocarba	P	1%	EXTERNA	AERO	GM	150		GENERIC	9/27/2022	113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113016110	GOODSE	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	SUSP	ML	30		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113016626	GOODSE	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	120		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113016634	GOODSE	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	240		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113017025	GOODSE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	GUM	EA	110		GENERIC		113		N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF AGE=1:LIMITED TO 24 PIE	R	MEDPRMI
113017060	GOODSE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	GUM	EA	20		GENERIC		113		N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF AGE=1:LIMITED TO 24 PIE	R	MEDPRMI
113017071	GOODSE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	GUM	EA	50		GENERIC		113		N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF AGE=1:LIMITED TO 24 PIE	R	MEDPRMI
113017465	WOMENS	BISACOD	561200	Cathartics	56120000	Cathartics	P	5 MG	ORAL	TBEC	EA	30		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113017653	ALL DAY	CETIRIZI	40800	Second G	4080000	Second G	P	5-120 MG	ORAL	TB12	EA	12		GENERIC	10/3/2022	113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113017662	ALL DAY	CETIRIZI	40800	Second G	4080000	Second G	P	5-120 MG	ORAL	TB12	EA	24		GENERIC	10/3/2022	113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113018630	GOODSE	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	50 MG/30	ORAL	LIQD	ML	177		GENERIC	11/19/2024	113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113018640	GOODSE	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	50 MG/30	ORAL	LIQD	ML	355		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113018816	GOODSE	PHENYLE	841600	Cell Stimu	84160000	Cell Stimu	P	14%-74.9%	RECTAL	OINT	GM	57		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113018926	GOODSE	CETIRIZI	40800	Second G	4080000	Second G	P	5 MG/5ML	ORAL	SOLN	ML	118		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113019402	ACID RED	FAMOTID	562812	Histamine	56281200	Histamine	P	20 MG	ORAL	TABS	EA	25	X	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113019496	KLS ACID	FAMOTID	562812	Histamine	56281200	Histamine	P	20MG	ORAL	TABS	EA	85	X	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113020625	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	GUM	EA	110		GENERIC		113		N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF AGE=1:LIMITED TO 24 PIE	R	MEDPRMI
113021226	GOODSE	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	SUSP	ML	118		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113021429	MICONAZ	MICONAZ	840408	Antifungal	84040808	Azoles	P	2%	VAGINAL	CREA	GM	45		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113022453	ANTI-DIA	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	P	2 MG	ORAL	TABS	EA	12		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113022462	ANTI-DIA	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	P	2 MG	ORAL	TABS	EA	24		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113022491	ANTI-DIA	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	P	2 MG	ORAL	TABS	EA	6		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113022771	GOODSE	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	50		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113024101	LEVOCET	LEVOCET	40800	Second G	4080000	Second G	P	5 MG	ORAL	TABS	EA	35		GENERIC		113	Y	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113025968	GOODSE	ASPIRIN	280804	Nonsteroid	28080424	Salicylates	P	81 MG	ORAL	CHEW	EA	36		GENERIC	4/18/2022	113		N	#N/A	ORIG_FR	10 EHB	#N/A				X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
113027408	GOODSE	ASPIRIN	280804	Nonsteroid	28080424	Salicylates	P	81 MG	ORAL	CHEW	EA	36		GENERIC		113		N	#N/A	ORIG_FR	10 EHB	#N/A				X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
113027468	GOODSE	ASPIRIN	280804	Nonsteroid	28080424	Salicylates	P	81 MG	ORAL	CHEW	EA	36		GENERIC		113		N	#N/A	ORIG_FR	10 EHB	#N/A				X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
113027953	GOODSE	PHENYLE	841600	Cell Stimu	84160000	Cell Stimu	P	0.25-88.44	RECTAL	SUPP	EA	12		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113028251	DAYHIST	CLEMAST	40400	First Gene	4040000	First Gene	O	1.34 MG	ORAL	TABS	EA	8		SSB		113		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113029827	GOODSE	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	P	200 MG	ORAL	CAPS	EA	80		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113029962	GOODSE	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-10-200-	ORAL	TABS	EA	24		GENERIC	2/23/2022	113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113030410	NASAL S	OXYMETA	523200	Vasocons	52320000	Vasocons	P	0.05%	NASAL	SOLN	ML	30		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113030601	GOODSE	POLYETH	561200	Cathartics	56120000	Cathartics	P	17GM/SC	ORAL	POWD	GM	119		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113030602	GOODSE	POLYETH	561200	Cathartics	56120000	Cathartics	P	0-17GM/S	ORAL	POWD	GM	238		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113030603	GOODSE	POLYETH	561200	Cathartics	56120000	Cathartics	P	0-17GM/S	ORAL	POWD	GM	510		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113032176	KLS ACID	FAMOTID	562812	Histamine	56281200	Histamine	P	10-800-16	ORAL	CHEW	EA	120		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113032365	GOODSE	CARBOXY	529200	EENT Dru	52920000	EENT Dru	P	0.50%	OPHTHAL	SOLN	EA	30		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113033240	MILK OF	MAGNESI	561200	Cathartics	56120000	Cathartics	P	1200 MG/	ORAL	SUSP	ML	355		GENERIC	11/30/2022	113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113033534	NIGHTTIM	DEXTROM	480800	Antitussive	48080000	Antitussive	P	15-6.25-32	ORAL	LIQD	ML	237		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113033540	NIGHTTIM	DEXTROM	480800	Antitussive	48080000	Antitussive	P	15-6.25-32	ORAL	LIQD	ML	354		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113034040	ANTACID	ALUM & M	560400	Antacids a	56040000	Antacids a	P	400-400-4	ORAL	SUSP	ML	355		GENERIC	9/27/2022	113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113034330	SORE TH	PHENOL	522800	Mouthwas	52280000	Mouthwas	P	1.40%	MOUTH/T	LIQD	ML	177		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113034405	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	LOZG	EA	72		GENERIC		113		N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF AGE=1:LIMITED TO 20 LOZ	R	MEDPRMI
113035571	GOODSE	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	25-500 MC	ORAL	TABS	EA	50		GENERIC	2/23/2022	113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113035740	ANTACID	ALUM & M	560400	Antacids a	56040000	Antacids a	P	200-200-2	ORAL	SUSP	ML	355		GENERIC	9/27/2022	113	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113035926	TUSSIN D	DEXTROM	480800	Antitussive	48080000	Antitussive	P	100-10 MC	ORAL	SYRP	ML	118		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113035934	TUSSIN D	DEXTROM	480800	Antitussive	48080000	Antitussive	P	100-10 MC	ORAL	SYRP	ML	237		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113036887	GOODSE	NAPROXE	280804	Nonsteroid	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	300		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113037462	GOODSE	ASPIRIN-	280804	Nonsteroid	28080424	Salicylates	P	250-250-6	ORAL	TABS	EA	24		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113037478	GOODSE	ASPIRIN-	280804	Nonsteroid	28080424	Salicylates	P	250-250-6	ORAL	TABS	EA	100		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113037926	ALLERGY	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5 MG/5	ORAL	LIQD	ML	118		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113037943	ALLERGY	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5 MG/5	ORAL	LIQD	ML	480		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113038428	GOODSE	DEXTROM	480800	Antitussive	48080000	Antitussive	P	30 MG/5M	ORAL	SUER	ML	148		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113038810	12 HOUR	OXYMETA	523200	Vasocons	52320000	Vasocons	P	0.05%	NASAL	SOLN	ML	30		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113039640	MILK OF	MAGNESI	561200	Cathartics	56120000	Cathartics	P	1200 MG/	ORAL	SUSP	ML	355		GENERIC	1/31/2023	113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113039726	GOODSE	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	SUSP	ML	118		GENERIC	11/19/2024	113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113040162	ZEPHREX	PSEUDOE	121212	alpha- and	12121200	alpha- and	O	30 MG	ORAL	CAPA	EA	24		SSB		113		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113040378	GOODSE	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	100		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113040951	STAY AW	CAFFEINE	282032	UNKNOW	28203200	UNKNOW	P	200 MG	ORAL	TABS	EA	8		GENERIC	9/27/2022	113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113040958	STAY AW	CAFFEINE	282032	UNKNOW	28203200	UNKNOW	P	200 MG	ORAL	TABS	EA	40		GENERIC	9/27/2022	113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113040973	STAY AW	CAFFEINE	282032	UNKNOW	28203200	UNKNOW	P	200 MG	ORAL	TABS	EA	16		GENERIC	9/27/2022	113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113041678	GOODSE	ASPIRIN	280804	Nonsteroid	28080424	Salicylates	P	325 MG	ORAL	TABS	EA	100		GENERIC	3/4/2024	113		N	#N/A	ORIG_FR	10 EHB	#N/A				X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
113041687	GOODSE	ASPIRIN	280804	Nonsteroid	28080424	Salicylates	P	325 MG	ORAL	TABS	EA	300		GENERIC	3/4/2024	113		N	#N/A	ORIG_FR	10 EHB	#N/A				X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
113041690	GOODSE	ASPIRIN	280804	Nonsteroid	28080424	Salicylates	P	325 MG	ORAL	TABS	EA	500		GENERIC	9/29/2022	113		N	#N/A	ORIG_FR	10 EHB	#N/A				X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
113041693	GOODSE	ASPIRIN	280804	Nonsteroid	28080424	Salicylates	P	325 MG	ORAL	TABS	EA	1000		GENERIC		113		N	#N/A	ORIG_FR	10 EHB	#N/A				X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
113041926	MUCUS R	DEXTROM	480800	Antitussive	48080000	Antitussive	P	5-100 MG	ORAL	LIQD	ML	118		GENERIC	2/29/2024	113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113042225	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	GUM	EA	110		GENERIC		113		N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF AGE=1:LIMITED TO 24 PIE	R	MEDPRMI
113042553	ALLER-EA	FEXOFEN	40800	Second G	4080000	Second G	P	60 MG	ORAL	TABS	EA	12		GENERIC	10/3/2022	113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113042654	TIOCONA	TIOCONA	840408	Antifungal	84040808	Azoles	P	6.50%	VAGINAL	OINT	GM	4.6		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113042865	GOODSE	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	125 MG	ORAL	CAPS	EA	30		GENERIC		113	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113043071	HEADACH	ASPIRIN-	280804	Nonsteroid	28080424	Salicylates	P	250-250-6	ORAL	TABS	EA	50		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113043162	NIGHTTIM	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	25 MG	ORAL	TABS	EA	24		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113043262	NASAL D	PSEUDOE	121212	alpha- and	12121200	alpha- and	P	30 MG	ORAL	TABS	EA	24		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113043771	GOODSE	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	25-500 MC	ORAL	TABS	EA	50		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113044164	SLEEP AI	DOXYLAM	282492	Anxiolytics	28249200	Anxiolytics	P	25 MG	ORAL	TABS	EA	32		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113044173	SLEEP AI	DOXYLAM	282492	Anxiolytics	28249200	Anxiolytics	P	25 MG	ORAL	TABS	EA	16		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113044301	GOODSE	TRIAMCIN	520808	Corticoste	52080800	Corticoste	P	55 MCG/A	NASAL	AERO	ML	16.9		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113045660	GOODSE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	GUM	EA	20		GENERIC		113		N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF AGE=1:LIMITED TO 24 PIE	R	MEDPRMI
113045888	KLS ALLE	CETIRIZI	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	365		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113045934	NIGHTTIM	DEXTROM	480800	Antitussive	48080000	Antitussive	P	15-6.25-32	ORAL	LIQD	ML	237		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113045940	NIGHTTIM	DEXTROM	480800	Antitussive	48080000	Antitussive	P	15-6.25-32	ORAL	LIQD	ML	354		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113046262	ALLERGY	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	24		GENERIC	10/7/2022	113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113046267	ALLERGY	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	48		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113046708	GOODSE	ASPIRIN	280804	Nonsteroid	28080424	Salicylates	P	81 MG	ORAL	CHEW	EA	36		GENERIC		113		N	#N/A	ORIG_FR	10 EHB	#N/A				X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
113046768	GOODSE	ASPIRIN	280804	Nonsteroid	28080424	Salicylates	P	81 MG	ORAL	CHEW	EA	36		GENERIC		113		N	#N/A	ORIG_FR	10 EHB	#N/A				X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
113046991	GOODSE	BISMUTH	560800	Antidiarrhe	56080000	Antidiarrhe	P	262 MG	ORAL	CHEW	EA	6		GENERIC	9/27/2022	113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113047164	GOODSE	HYDROC	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	OINT	GM	28		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113047962	ALLERGY	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	TABS	EA	24		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113047978	ALLERGY	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	TABS	EA	100		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113047979	ALLERGY	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	TABS	EA	400		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113048452	GOODSE	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	10		GENERIC	4/18/2022	113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113048462	GOODSE	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	24		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113048471	GOODSE	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	50		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113048478	GOODSE	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	100		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113048485	GOODSE	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	250		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113048490	GOODSE	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	500		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113048493	GOODSE	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	1000		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113048672	STOOL S	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	60		GENERIC	3/1/2024	113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113050326	GOODSE	CETIRIZI	40800	Second G	4080000	Second G	P	5 MG/5ML	ORAL	SOLN	ML	118		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113051771	GOODSE	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	50		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113052055	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	P	20MG	ORAL	TBDD	EA	14		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113052074	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	P	20MG	ORAL	TBDD	EA	14		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113053260	GOODSE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	GUM	EA	20		GENERIC		113		N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF AGE=1:LIMITED TO 24 PIE	R	MEDPRMI
113053278	GOODSE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	GUM	EA	100		GENERIC		113		N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF AGE=1:LIMITED TO 24 PIE	R	MEDPRMI
113054164	ANTI-ITC	HYDROC	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	CREA	GM	28		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113054462	GOODSE	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	650 MG	ORAL	TBCR	EA	24		GENERIC	11/19/2024	113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113054471	GOODSE	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	650 MG	ORAL	TBCR	EA	50		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113054478	GOODSE	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	650 MG	ORAL	TBCR	EA	100		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113054853	GOODSE	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-10-200-	ORAL	TABS	EA	12		GENERIC	9/29/2022	113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113054862	GOODSE	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-10-200-	ORAL	TABS	EA	24		GENERIC	9/29/2022	113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113057122	GOODSE	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	15		GENERIC	3/1/2024	113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113057139	GOODSE	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	30		GENERIC	3/1/2024	113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113057195	GOODSE	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	45		GENERIC	3/1/2024	113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113057826	TUSSIN D	DEXTROM	480800	Antitussive	48080000	Antitussive	P	100-10 MC	ORAL	LIQD	ML	118		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113057834	TUSSIN D	DEXTROM	480800	Antitussive	48080000	Antitussive	P	100-10 MC	ORAL	LIQD	ML	240		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113058840	ANTACID	ALUM & M	560400	Antacids a	56040000	Antacids a	P	400-400-4	ORAL	SUSP	ML	355		GENERIC	9/27/2022	113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113059010	GOODSE	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	SUSP	ML	30		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113060334	GOODSE	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-10-200-	ORAL	LIQD	ML	237		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113060340	GOODSE	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-10-200-	ORAL	LIQD	ML	354		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113060462	GOODSE	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	24		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113060471	GOODSE	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	50		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113060478	GOODSE	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	100		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113060490	GOODSE	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	500		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113060826	GOODSE	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	SUSP	ML	118		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113061239	ALLERGY	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113061246	ALLERGY	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	10		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113061260	ALLERGY	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	20		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113061265	ALLERGY	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113061275	GOODSE	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113061287	KLS ALLE	LORATAD	40800	Second G	4080000	Second G	P	10MG	ORAL	TABS	EA	300		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113062264	ITCH REL	DIPHENH	840800	Antipruritic	84080000	Antipruritic	P	2-0.1 %	EXTERNA	CREA	GM	28		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113064762	GOODSE	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	24		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113064771	GOODSE	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	50		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113064778	GOODSE	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	100		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113064810	NASAL F	PHENYLE	523200	Vasocons	52320000	Vasocons	P	1%	NASAL	SOLN	ML	29.6		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113065634	GOODSE	DEXTROM	480800	Antitussive	48080000	Antitussive	P	10-5-325 M	ORAL	LIQD	ML	237		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113065640	GOODSE	DEXTROM	480800	Antitussive	48080000	Antitussive	P	10-5-325 M	ORAL	LIQD	ML	354		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113065772	GAS REL	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	180 MG	ORAL	CAPS	EA	60		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113066026	GOODSE	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	120		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113066834	GOODSE	DOXYLAM	480800	Antitussive	48080000	Antitussive	P	6.25-15 M	ORAL	LIQD	ML	237		GENERIC	7/1/2024	113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113066838	GOODSE	DOXYLAM	480800	Antitussive	48080000	Antitussive	P	6.25-15 M	ORAL	LIQD	ML	300		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113067126	GOODSE	LORATAD	40800	Second G	4080000	Second G	P	5 MG/5ML	ORAL	SOLN	ML	120		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113068526	GOODSE	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	120		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113070326	GOODSE	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-10-100 M	ORAL	LIQD	ML	118		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113070334	GOODSE	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-10-100 M	ORAL	LIQD	ML	237		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113073402	GOODSE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	LOZG	EA	27		GENERIC		113		N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF AGE=1:LIMITED TO 20 LOZ	R	MEDPRMI
113076340	GOODSE	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-6.25-10-	ORAL	LIQD	ML	354		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113079830	HAIR REC	MINOXIDI	849200	Skin and M	84920000	Skin and M	P	5%	EXTERNA	SOLN	ML	60		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113081266	GOODSE	DEXTROM	480800	Antitussive	48080000	Antitussive	P	60-1200 M	ORAL	TB12	EA	14		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113081710	SINUS NA	OXYMETA	523200	Vasocons	52320000	Vasocons	P	0.05%	NASAL	SOLN	ML	30		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113082529	MICONAZ	MICONAZ	840408	Antifungal	84040808	Azoles	P	2%	VAGINAL	CREA	GM	45		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
113083926	GOODSE	PHENYLE	480800	Antitussive	48080000	Antitussive	P	2.5-5-100	ORAL	LIQD	ML	118		GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI

113084795	GOODSE	FEXOFEN	40800 Second G	4080000 Second G P	180 MG	ORAL	TABS	EA	45	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113085140	ANTACID	ALUM & M	560400 Antacids a	56040000 Antacids a P	200-200-2	ORAL	SUSP	ML	355	GENERIC	9/27/2022	113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113085251	GOODSE	RANITIDI	562812 Histamine	56281200 Histamine P	150 MG	ORAL	TABS	EA	8 X	GENERIC	4/1/2020	113		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113085271	GOODSE	RANITIDI	562812 Histamine	56281200 Histamine P	150 MG	ORAL	TABS	EA	50 X	GENERIC	4/1/2020	113		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113086626	LICE KILL	PYRETHR	840412 Scabicides	84041200 Scabicides P	0.33-4 %	EXTERNA	SHAM	ML	118	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113087305	GOODSE	NICOTINE	120200 UNKNOW	12020000 UNKNOW P	4 MG	MOUTH/T	LOZG	EA	72	GENERIC		113		N	#N/A	ORIG_FR	10 EHB	#N/A					X	IF AGE=1:LIMITED TO 20 LOZ	R	MEDPRM
113087306	GOODSE	NICOTINE	120200 UNKNOW	12020000 UNKNOW P	4 MG	MOUTH/T	LOZG	EA	24	GENERIC	3/1/2024	113		N	#N/A	ORIG_FR	10 EHB	#N/A					X	IF AGE=1:LIMITED TO 20 LOZ	R	MEDPRM
113087665	GOODSE	RANITIDI	562812 Histamine	56281200 Histamine P	75 MG	ORAL	TABS	EA	30	GENERIC	4/1/2020	113		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113088013	GOODSE	ASPIRIN	280804 Nonsteroi	28080424 Salicylates P	81 MG	ORAL	TBEC	EA	500	GENERIC		113		N	#N/A	ORIG_FR	10 EHB	#N/A					X	THEN $0 COPAY AND TIER=1	R	MEDPRM
113088210	INFANTS	SIMETHIC	561000 Antiflatule	56100000 Antiflatule P	20 MG/0.3	ORAL	SUSP	ML	30	GENERIC	9/27/2022	113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113089665	GOODSE	POLYETH	529200 EENT Dru	52920000 EENT Dru P	0.4-0.3 %	OPHTHAL	SOLN	EA	30	GENERIC	9/29/2022	113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113089726	GOODSE	IBUPROF	280804 Nonsteroi	28080404 UNKNOW P	100 MG/5	ORAL	SUSP	ML	120	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113089734	GOODSE	IBUPROF	280804 Nonsteroi	28080404 UNKNOW P	100 MG/5	ORAL	SUSP	ML	240	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113089801	GOODSE	ESOMEPR	562836 Proton-pu	56283600 Proton-pu P	20 MG	ORAL	CPDR	EA	14 X	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			X	1 IN 1 DAYS			R	MEDPRM
113089802	GOODSE	ESOMEPR	562836 Proton-pu	56283600 Proton-pu P	20 MG	ORAL	CPDR	EA	14 X	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			X	1 IN 1 DAYS			R	MEDPRM
113089803	GOODSE	ESOMEPR	562836 Proton-pu	56283600 Proton-pu P	20 MG	ORAL	CPDR	EA	14 X	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			X	1 IN 1 DAYS			R	MEDPRM
113090162	GOODSE	NAPROXE	280804 Nonsteroi	28080404 UNKNOW P	220 MG	ORAL	TABS	EA	24	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113090175	GOODSE	NAPROXE	280804 Nonsteroi	28080404 UNKNOW P	220 MG	ORAL	TABS	EA	90	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113090178	GOODSE	NAPROXE	280804 Nonsteroi	28080404 UNKNOW P	220 MG	ORAL	TABS	EA	100	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113091530	OMEPRA	OMEPRA	562836 Proton-pu	56283600 Proton-pu P	20 MG	ORAL	TBEC	EA	28	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113091555	OMEPRA	OMEPRA	562836 Proton-pu	56283600 Proton-pu P	20 MG	ORAL	TBEC	EA	42	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113091574	OMEPRA	OMEPRA	562836 Proton-pu	56283600 Proton-pu P	20 MG	ORAL	TBEC	EA	14	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113091600	GOODSE	MICONAZ	840408 Antifungal	84040808 Azoles P	1200 & 2	VAGINAL	KIT	EA	1	GENERIC	10/12/2022	113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113092726	GOODSE	DEXTROM	480800 Antitussive	48080000 Antitussive P	20-400 MG	ORAL	LIQD	ML	118	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113092734	GOODSE	DEXTROM	480800 Antitussive	48080000 Antitussive P	20-400 MG	ORAL	LIQD	ML	237	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113094424	HEMORR	PRAMOXI	840800 Antipruritic	84080000 Antipruritic P	1-0.25-14.	EXTERNA	CREA	GM	51	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113094610	GOODSE	ACETAMI	280816 UNKNOW	28081600 UNKNOW P	160 MG/5	ORAL	SUSP	ML	30	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113095702	GOODSE	NICOTINE	120200 UNKNOW	12020000 UNKNOW P	4 MG	MOUTH/T	LOZG	EA	27	GENERIC		113		N	#N/A	ORIG_FR	10 EHB	#N/A					X	IF AGE=1:LIMITED TO 20 LOZ	R	MEDPRM
113095760	GOODSE	NICOTINE	120200 UNKNOW	12020000 UNKNOW P	4 MG	MOUTH/T	LOZG	EA	20	GENERIC		113		N	#N/A	ORIG_FR	10 EHB	#N/A					X	IF AGE=1:LIMITED TO 20 LOZ	R	MEDPRM
113095821	GOODSE	DEXTROM	480800 Antitussive	48080000 Antitussive P	30 MG/5M	ORAL	SUER	ML	89	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113095828	GOODSE	DEXTROM	480800 Antitussive	48080000 Antitussive P	30 MG/5M	ORAL	SUER	ML	148	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113096491	GOODSE	DIPHENH	40400 First Gene	4040000 First Gene P	25-10-650	ORAL	PACK	EA	6	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113097364	ANTI-ITCH	HYDROC	840608 UNKNOW	84060800 UNKNOW P	1%	EXTERNA	CREA	GM	28	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113098726	COLD/CO	PHENYLE	480800 Antitussive	48080000 Antitussive P	2.5-1-5 MG	ORAL	LIQD	ML	118	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113099451	GOODSE	DEXTROM	480800 Antitussive	48080000 Antitussive P	10-5-325	ORAL	CAPS	EA	8	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113099462	GOODSE	DEXTROM	480800 Antitussive	48080000 Antitussive P	10-5-325	ORAL	CAPS	EA	24	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113099473	GOODSE	DEXTROM	480800 Antitussive	48080000 Antitussive P	10-5-325	ORAL	CAPS	EA	16	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113118901	GOODSE	DICLOFE	840620 UNKNOW	84062000 UNKNOW P	1%	EXTERNA	GEL	GM	100	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113118903	GOODSE	DICLOFE	840620 UNKNOW	84062000 UNKNOW P	1%	EXTERNA	GEL	GM	150	GENERIC		113 Y		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113121209	GOODSE	IBUPROF	280804 Nonsteroi	28080404 UNKNOW P	200 MG	ORAL	TABS	EA	2	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113121285	GOODSE	IBUPROF	280804 Nonsteroi	28080404 UNKNOW P	200 MG	ORAL	TABS	EA	250	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113136964	GOODSE	HYDROC	840608 UNKNOW	84060800 UNKNOW P	1%	EXTERNA	CREA	GM	28	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113164526	GOODSE	LOPERAM	560800 Antidiarrhe	56080000 Antidiarrhe P	1 MG/7.5	ORAL	SOLN	ML	120	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113172002	NASONEX	MOMETA	520808 Corticoste	52080800 Corticoste P	50 MCG/A	NASAL	SUSP	ML	17	MSB		113 Y		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRM
113172011	NASONEX	MOMETA	520808 Corticoste	52080800 Corticoste P	50 MCG/A	NASAL	SUSP	ML	10	MSB		113 Y		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRM
113172526	GOODSE	DEXTROM	480800 Antitussive	48080000 Antitussive P	20-200 MG	ORAL	LIQD	ML	118	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113172534	GOODSE	DEXTROM	480800 Antitussive	48080000 Antitussive P	20-200 MG	ORAL	LIQD	ML	237	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113191016	GOODSE	PERMETH	840412 Scabicides	84041200 Scabicides P	1%	EXTERNA	LIQD	ML	59	GENERIC		113 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113191978	GOODSE	ASPIRIN	280804 Nonsteroi	28080424 Salicylates P	325 MG	ORAL	TABS	EA	100	GENERIC	11/19/2024	113		N	#N/A	ORIG_FR	10 EHB	#N/A					X	THEN $0 COPAY AND TIER=1	R	MEDPRM
113191990	GOODSE	ASPIRIN	280804 Nonsteroi	28080424 Salicylates P	325 MG	ORAL	TABS	EA	500	GENERIC	11/19/2024	113		N	#N/A	ORIG_FR	10 EHB	#N/A					X	THEN $0 COPAY AND TIER=1	R	MEDPRM
113200078	ALCOHOL	ALCOHOL	940000 Devices	94000000 Devices O	70%	DOES NO	PADS	EA	100	NON DRUG		113		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113200268	MUCUS D	PSEUDOE	481600 Expectora	48160000 Expectora P	60-600 MG	ORAL	TB12	EA	36	GENERIC	9/12/2022	113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113200289	MUCUS D	PSEUDOE	481600 Expectora	48160000 Expectora P	60-600 MG	ORAL	TB12	EA	18	GENERIC	9/12/2022	113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113200312	OPTION 2	LEVONOR	681200 Contracep	68120000 Contracep P	1.5 MG	ORAL	TABS	EA	1	GENERIC		113		N	#N/A	ORIG_FR	10 EHB	#N/A					X	THEN $0 COPAY AND TIER=1	R	MEDPRM
113200562	MUCUS D	PSEUDOE	481600 Expectora	48160000 Expectora P	120-1200	ORAL	TB12	EA	24	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113200760	ALLERGY	LORATAD	40800 Second G	4080000 Second G P	5-120 MG	ORAL	TB12	EA	20	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113200880	SINUS CO	PSEUDOE	121212 alpha- and	12121200 alpha- and P	30 MG	ORAL	TABS	EA	96	GENERIC	11/19/2024	113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113201760	SINUS 12	PSEUDOE	121212 alpha- and	12121200 alpha- and P	120 MG	ORAL	TB12	EA	20	GENERIC	11/19/2024	113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113202360	GOODSE	GUAIFEN	481600 Expectora	48160000 Expectora P	600 MG	ORAL	TB12	EA	20	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113206126	TUSSIN M	GUAIFEN	481600 Expectora	48160000 Expectora P	100 MG/5	ORAL	LIQD	ML	118	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113217653	ALL DAY	CETIRIZI	40800 Second G	4080000 Second G P	5-120 MG	ORAL	TB12	EA	12	GENERIC	10/3/2022	113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113217662	ALL DAY	CETIRIZI	40800 Second G	4080000 Second G P	5-120 MG	ORAL	TB12	EA	24	GENERIC	10/3/2022	113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113222462	LOPERAM	LOPERAM	560800 Antidiarrhe	56080000 Antidiarrhe P	2 MG	ORAL	TABS	EA	24	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113222468	LOPERAM	LOPERAM	560800 Antidiarrhe	56080000 Antidiarrhe P	2 MG	ORAL	TABS	EA	36	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113246162	GOODSE	IBUPROF	280804 Nonsteroi	28080404 UNKNOW P	100 MG	ORAL	CHEW	EA	24	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113365074	GOODSE	GUAIFEN	481600 Expectora	48160000 Expectora P	1200 MG	ORAL	TB12	EA	14	GENERIC		113 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113436862	GOODSE	NAPROXE	280804 Nonsteroi	28080404 UNKNOW P	220 MG	ORAL	TABS	EA	24	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113436871	GOODSE	NAPROXE	280804 Nonsteroi	28080404 UNKNOW P	220 MG	ORAL	TABS	EA	50	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113436875	GOODSE	NAPROXE	280804 Nonsteroi	28080404 UNKNOW P	220 MG	ORAL	TABS	EA	90	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113436878	GOODSE	NAPROXE	280804 Nonsteroi	28080404 UNKNOW P	220 MG	ORAL	TABS	EA	100	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113436879	GOODSE	NAPROXE	280804 Nonsteroi	28080404 UNKNOW P	220 MG	ORAL	TABS	EA	400	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113530016	GOODSE	IBUPROF	280816 UNKNOW	28081600 UNKNOW P	125-250 M	ORAL	TABS	EA	144	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113530068	GOODSE	IBUPROF	280816 UNKNOW	28081600 UNKNOW P	125-250 M	ORAL	TABS	EA	36	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113600203	PREVACI	LANSOPR	562836 Proton-pu	56283600 Proton-pu P	15 MG	ORAL	CPDR	EA	14 X	MSB		113 Y		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRM
113810025	GOODSE	NICOTINE	120200 UNKNOW	12020000 UNKNOW P	2 MG	MOUTH/T	GUM	EA	110	GENERIC		113		N	#N/A	ORIG_FR	10 EHB	#N/A					X	IF AGE=1:LIMITED TO 24 PIE(	R	MEDPRM
113810101	OPILL	NORGES	681200 Contracep	68120000 Contracep O	0.075 MG	ORAL	TABS	EA	28 X	SSB		113		N	#N/A	ORIG_FR	10 EHB	#N/A					X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRM
113810103	OPILL	NORGES	681200 Contracep	68120000 Contracep O	0.075 MG	ORAL	TABS	EA	28 X	SSB		113		N	#N/A	ORIG_FR	10 EHB	#N/A					X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRM
113810104	OPILL	NORGES	681200 Contracep	68120000 Contracep O	0.075 MG	ORAL	TABS	EA	28 X	SSB		113		N	#N/A	ORIG_FR	10 EHB	#N/A					X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRM
113810106	OPILL	NORGES	681200 Contracep	68120000 Contracep O	0.075 MG	ORAL	TABS	EA	28 X	SSB		113		N	#N/A	ORIG_FR	10 EHB	#N/A					X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRM
113895926	GOODSE	ACETAMI	280816 UNKNOW	28081600 UNKNOW P	160 MG/5	ORAL	SUSP	ML	118	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113945813	GOODSE	CETIRIZI	40800 Second G	4080000 Second G P	10 MG	ORAL	TABS	EA	5	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113945839	GOODSE	CETIRIZI	40800 Second G	4080000 Second G P	10 MG	ORAL	TABS	EA	30	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113945866	GOODSE	CETIRIZI	40800 Second G	4080000 Second G P	10 MG	ORAL	TABS	EA	14	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
113945895	GOODSE	CETIRIZI	40800 Second G	4080000 Second G P	10 MG	ORAL	TABS	EA	45	GENERIC		113		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
115052201	FENOFIB	FENOFIB	240606 Fibric Acid	24060600 Fibric Acid S	134 MG	ORAL	CAPS	EA	100 X	GENERIC	2/3/2022	115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115052202	FENOFIB	FENOFIB	240606 Fibric Acid	24060600 Fibric Acid S	134 MG	ORAL	CAPS	EA	500 X	GENERIC	2/3/2022	115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115101001	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW S	10 MG	ORAL	TABS	EA	100	GENERIC	4/24/2023	115		N	FORMULARY		1 GEN	GENERICS			X	8 IN 1 DAYS			R	MEDPRM
115101003	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW S	10 MG	ORAL	TABS	EA	1000	GENERIC	1/5/2024	115		N	FORMULARY		1 GEN	GENERICS			X	8 IN 1 DAYS			R	MEDPRM
115101101	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW S	5 MG	ORAL	TABS	EA	100	GENERIC	1/5/2024	115		N	FORMULARY		1 GEN	GENERICS			X	16 IN 1 DAYS			R	MEDPRM
115101201	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW S	20 MG	ORAL	TABS	EA	100	GENERIC	4/7/2023	115		N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS			R	MEDPRM
115101203	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW S	20 MG	ORAL	TABS	EA	1000	GENERIC	1/5/2024	115		N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS			R	MEDPRM
115107001	DIPYRIDA	DIPYRIDA	361800 Cardiac Fu	36180000 Cardiac Fu S	25 MG	ORAL	TABS	EA	100 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115107101	DIPYRIDA	DIPYRIDA	361800 Cardiac Fu	36180000 Cardiac Fu S	50 MG	ORAL	TABS	EA	100 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115107201	DIPYRIDA	DIPYRIDA	361800 Cardiac Fu	36180000 Cardiac Fu S	75 MG	ORAL	TABS	EA	100 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115124808	CARVEDI	CARVEDI	242000 Alpha-Adr	24200000 Alpha-Adr S	10 MG	ORAL	CP24	EA	30 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRM
115124908	CARVEDI	CARVEDI	242000 Alpha-Adr	24200000 Alpha-Adr S	20 MG	ORAL	CP24	EA	30 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRM
115125008	CARVEDI	CARVEDI	242000 Alpha-Adr	24200000 Alpha-Adr S	40 MG	ORAL	CP24	EA	30 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRM
115125108	CARVEDI	CARVEDI	242000 Alpha-Adr	24200000 Alpha-Adr S	80 MG	ORAL	CP24	EA	30 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRM
115132019	COLESEV	COLESEV	240604 Bile Acid S	24060400 Bile Acid S S	625 MG	ORAL	TABS	EA	180 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115132510	FENOFIB	CHOLINE	240606 Fibric Acid	24060600 Fibric Acid S	135 MG	ORAL	CPDR	EA	90 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115132713	DOXYCY	DOXYCY	81224 Tetracycli	8122400 Tetracycli S	150 MG	ORAL	CAPS	EA	60	GENERIC	2/24/2022	115		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRM
115136529	SEVELAM	SEVELAM	401819 Phosphate	40181900 Phosphate S	0.8 GM	ORAL	PACK	EA	90 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115136530	SEVELAM	SEVELAM	401819 Phosphate	40181900 Phosphate S	0.8 GM	ORAL	PACK	EA	1 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115136629	SEVELAM	SEVELAM	401819 Phosphate	40181900 Phosphate S	2.4 GM	ORAL	PACK	EA	90 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115136630	SEVELAM	SEVELAM	401819 Phosphate	40181900 Phosphate S	2.4 GM	ORAL	PACK	EA	1 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115140408	PYRIDOS	PYRIDOS	120400 Parasymp	12040000 Parasymp S	180 MG	ORAL	TBCR	EA	30	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115140801	METHYLT	METHYLT	680800 Androgens	68080000 Androgens S	10 MG	ORAL	CAPS	EA	100 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS	X	PA:X					R	MEDPRM
115143613	CYCLOBE	CYCLOBE	122004 UNKNOW	12200400 UNKNOW S	15 MG	ORAL	CP24	EA	60	GENERIC		115		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
115143713	CYCLOBE	CYCLOBE	122004 UNKNOW	12200400 UNKNOW S	30 MG	ORAL	CP24	EA	60	GENERIC		115		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
115147446	METRONI	METRONI	840404 Antibacter	84040400 Antibacter S	0.75%	EXTERNA	GEL	GM	45	GENERIC	9/30/2022	115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115148361	DICLOFE	DICLOFE	840620 UNKNOW	84062000 UNKNOW S	3%	EXTERNA	GEL	GM	100	GENERIC	4/22/2022	115		N	FORMULARY		1 GEN	GENERICS			X	<= 100			R	MEDPRM
115148601	AMPHETA	AMPHETA	282004 Amphetam	28200400 Amphetam S	5 MG	ORAL	CP24	EA	100 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRM
115148701	AMPHETA	AMPHETA	282004 Amphetam	28200400 Amphetam S	10 MG	ORAL	CP24	EA	100 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRM
115148801	AMPHETA	AMPHETA	282004 Amphetam	28200400 Amphetam S	15 MG	ORAL	CP24	EA	100 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRM
115148901	AMPHETA	AMPHETA	282004 Amphetam	28200400 Amphetam S	20 MG	ORAL	CP24	EA	100 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRM
115149001	AMPHETA	AMPHETA	282004 Amphetam	28200400 Amphetam S	25 MG	ORAL	CP24	EA	100 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRM
115149101	AMPHETA	AMPHETA	282004 Amphetam	28200400 Amphetam S	30 MG	ORAL	CP24	EA	100 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRM
115151048	NAFTIFIN	NAFTIFIN	840408 Antifungal	84040804 Allylamine S	1%	EXTERNA	GEL	GM	90	GENERIC	2/22/2022	115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115151058	NAFTIFIN	NAFTIFIN	840408 Antifungal	84040804 Allylamine S	1%	EXTERNA	GEL	GM	60	GENERIC	2/22/2022	115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115151063	NAFTIFIN	NAFTIFIN	840408 Antifungal	84040804 Allylamine S	1%	EXTERNA	GEL	GM	40	GENERIC	2/22/2022	115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115151246	NAFTIFIN	NAFTIFIN	840408 Antifungal	84040804 Allylamine S	2%	EXTERNA	CREA	GM	45	GENERIC	2/22/2022	115		N	FORMULARY		1 GEN	GENERICS			X	<= 180			R	MEDPRM
115151258	NAFTIFIN	NAFTIFIN	840408 Antifungal	84040804 Allylamine S	2%	EXTERNA	CREA	GM	60	GENERIC	2/22/2022	115		N	FORMULARY		1 GEN	GENERICS			X	<= 180			R	MEDPRM
115152210	FENOFIB	FENOFIB	240606 Fibric Acid	24060600 Fibric Acid S	40 MG	ORAL	TABS	EA	90 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115152310	FENOFIB	FENOFIB	240606 Fibric Acid	24060600 Fibric Acid S	120 MG	ORAL	TABS	EA	90 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115155410	FENOFIB	CHOLINE	240606 Fibric Acid	24060600 Fibric Acid S	45 MG	ORAL	CPDR	EA	90 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115155510	FENOFIB	CHOLINE	240606 Fibric Acid	24060600 Fibric Acid S	135 MG	ORAL	CPDR	EA	90 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115155601	OXYCOD	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag S	10 MG	ORAL	T12A	EA	100	GENERIC	2/9/2022	115		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS	X	Must meet 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRM
115155701	OXYCOD	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag S	15 MG	ORAL	T12A	EA	100	GENERIC	2/9/2022	115		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS	X	Must meet 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRM
115155801	OXYCOD	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag S	20 MG	ORAL	T12A	EA	100	GENERIC	2/9/2022	115		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS	X	Must meet 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRM
115155901	OXYCOD	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag S	30 MG	ORAL	T12A	EA	100	GENERIC	2/9/2022	115		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS	X	Must meet 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRM
115156001	OXYCOD	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag S	40 MG	ORAL	T12A	EA	100	GENERIC	2/9/2022	115		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS	X	Must meet 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRM
115156101	OXYCOD	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag S	60 MG	ORAL	T12A	EA	100	GENERIC	2/9/2022	115		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS	X	Must meet 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRM
115156201	OXYCOD	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag S	80 MG	ORAL	T12A	EA	100	GENERIC	2/9/2022	115		N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS	X	Must meet 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRM
115162456	AZELAIC	AZELAIC	840404 Antibacter	84040400 Antibacter S	15%	EXTERNA	GEL	GM	50	GENERIC	1/25/2022	115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115164301	NITROFU	NITROFU	83600 Urinary Ar	8360000 Urinary Ar S	50 MG	ORAL	CAPS	EA	100	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115164501	NITROFU	NITROFU	83600 Urinary Ar	8360000 Urinary Ar S	100 MG	ORAL	CAPS	EA	100	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115165901	PROPRAN	PROPRAN	242000 Alpha-Adr	24200000 Alpha-Adr S	10 MG	ORAL	TABS	EA	100 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115165903	PROPRAN	PROPRAN	242000 Alpha-Adr	24200000 Alpha-Adr S	10 MG	ORAL	TABS	EA	1000 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115166001	PROPRAN	PROPRAN	242000 Alpha-Adr	24200000 Alpha-Adr S	20 MG	ORAL	TABS	EA	100 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115166003	PROPRAN	PROPRAN	242000 Alpha-Adr	24200000 Alpha-Adr S	20 MG	ORAL	TABS	EA	1000 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115166101	PROPRAN	PROPRAN	242000 Alpha-Adr	24200000 Alpha-Adr S	40 MG	ORAL	TABS	EA	100 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115166103	PROPRAN	PROPRAN	242000 Alpha-Adr	24200000 Alpha-Adr S	40 MG	ORAL	TABS	EA	1000 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115166201	PROPRAN	PROPRAN	242000 Alpha-Adr	24200000 Alpha-Adr S	80 MG	ORAL	TABS	EA	100 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115166202	PROPRAN	PROPRAN	242000 Alpha-Adr	24200000 Alpha-Adr S	80 MG	ORAL	TABS	EA	500 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115168774	BUDESON	BUDESON	680400 Adrenals	68040000 Adrenals S	0.25 MG/2	INHALATI	SUSP	ML	2 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS			R	MEDPRM
115168776	BUDESON	BUDESON	680400 Adrenals	68040000 Adrenals S	0.25 MG/2	INHALATI	SUSP	ML	2 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS			R	MEDPRM
115168974	BUDESON	BUDESON	680400 Adrenals	68040000 Adrenals S	0.5 MG/2M	INHALATI	SUSP	ML	2 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS			R	MEDPRM
115168976	BUDESON	BUDESON	680400 Adrenals	68040000 Adrenals S	0.5 MG/2M	INHALATI	SUSP	ML	2 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS			R	MEDPRM
115169301	PROPRAN	PROPRAN	242000 Alpha-Adr	24200000 Alpha-Adr S	60 MG	ORAL	TABS	EA	100 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115169449	EPINEPH	EPINEPHI	121212 alpha- and	12121200 alpha- and R	0.3 MG/0.3	INJECTIO	SOAJ	EA	2	GENERIC		115	Y	N	FORMULARY		1 GEN	GENERICS			X	<= 4			R	MEDPRM
115169530	EPINEPH	EPINEPHI	121212 alpha- and	12121200 alpha- and R	0.15 MG/0	INJECTIO	SOAJ	EA	1	GENERIC		115 Y	Y	N	FORMULARY		1 GEN	GENERICS			X	<= 4			R	MEDPRM
115169549	EPINEPH	EPINEPHI	121212 alpha- and	12121200 alpha- and R	0.15 MG/0	INJECTIO	SOAJ	EA	2	GENERIC		115	Y	N	FORMULARY		1 GEN	GENERICS			X	<= 4			R	MEDPRM
115169606	HYDROC	HYDROC	680400 Adrenals	68040000 Adrenals S	5 MG	ORAL	TABS	EA	50	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115169701	HYDROC	HYDROC	680400 Adrenals	68040000 Adrenals S	10 MG	ORAL	TABS	EA	100	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115170001	HYDROC	HYDROC	680400 Adrenals	68040000 Adrenals S	20 MG	ORAL	TABS	EA	100	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115170901	DEXMETH	DEXMETH	282032 UNKNOW	28203200 UNKNOW S	25 MG	ORAL	CP24	EA	100 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRM
115171001	DEXMETH	DEXMETH	282032 UNKNOW	28203200 UNKNOW S	35 MG	ORAL	CP24	EA	100 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRM
115172401	GRISEOF	GRISEOF	81492 Antifungal	8149200 Antifungal S	125 MG	ORAL	TABS	EA	100	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115172501	GRISEOF	GRISEOF	81492 Antifungal	8149200 Antifungal S	250 MG	ORAL	TABS	EA	100	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115173601	METHYLP	METHYLP	282032 UNKNOW	28203200 UNKNOW S	10 MG	ORAL	CPCR	EA	100 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRM
115173701	METHYLP	METHYLP	282032 UNKNOW	28203200 UNKNOW S	20 MG	ORAL	CPCR	EA	100 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRM
115173801	METHYLP	METHYLP	282032 UNKNOW	28203200 UNKNOW S	30 MG	ORAL	CPCR	EA	100 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRM
115173901	METHYLP	METHYLP	282032 UNKNOW	28203200 UNKNOW S	40 MG	ORAL	CPCR	EA	100 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRM
115174001	METHYLP	METHYLP	282032 UNKNOW	28203200 UNKNOW S	50 MG	ORAL	CPCR	EA	100 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRM
115174101	METHYLP	METHYLP	282032 UNKNOW	28203200 UNKNOW S	60 MG	ORAL	CPCR	EA	100 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRM
115174501	METAXAL	METAXAL	122004 UNKNOW	12200400 UNKNOW S	400 MG	ORAL	TABS	EA	100	GENERIC		115		N	FORMULARY		1 GEN	GENERICS			X	8 IN 1 DAYS			R	MEDPRM
115174801	METAXAL	METAXAL	122004 UNKNOW	12200400 UNKNOW S	800 MG	ORAL	TABS	EA	100	GENERIC	4/11/2023	115		N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS			R	MEDPRM
115175008	ACITRETI	ACITRETI	842800 Keratolytic	84280000 Keratolytic S	10 MG	ORAL	CAPS	EA	30	GENERIC		115		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS							R	MEDPRM
115175108	ACITRETI	ACITRETI	842800 Keratolytic	84280000 Keratolytic S	17.5 MG	ORAL	CAPS	EA	30	GENERIC		115		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS							R	MEDPRM
115175308	ACITRETI	ACITRETI	842800 Keratolytic	84280000 Keratolytic S	25 MG	ORAL	CAPS	EA	30	GENERIC		115		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS							R	MEDPRM
115175701	CYPROHE	CYPROHE	40400 First Gene	4040000 First Gene S	4 MG	ORAL	TABS	EA	100	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115180001	METHYLP	METHYLP	282032 UNKNOW	28203200 UNKNOW S	5 MG	ORAL	TABS	EA	100 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS			R	MEDPRM
115180101	METHYLP	METHYLP	282032 UNKNOW	28203200 UNKNOW S	10 MG	ORAL	TABS	EA	100 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS			R	MEDPRM
115180201	METHYLP	METHYLP	282032 UNKNOW	28203200 UNKNOW S	20 MG	ORAL	TABS	EA	100 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS			R	MEDPRM
115180301	HYDROXY	HYDROXY	282492 Anxiolytics	28249200 Anxiolytics S	25 MG	ORAL	CAPS	EA	100	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115180302	HYDROXY	HYDROXY	282492 Anxiolytics	28249200 Anxiolytics S	25 MG	ORAL	CAPS	EA	500	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115180401	HYDROXY	HYDROXY	282492 Anxiolytics	28249200 Anxiolytics S	50 MG	ORAL	CAPS	EA	100	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115180402	HYDROXY	HYDROXY	282492 Anxiolytics	28249200 Anxiolytics S	50 MG	ORAL	CAPS	EA	500	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115186418	COLESEV	COLESEV	240604 Bile Acid S	24060400 Bile Acid S S	3.75 GM	ORAL	PACK	EA	30 X	GENERIC	4/3/2024	115 Y		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115186430	COLESEV	COLESEV	240604 Bile Acid S	24060400 Bile Acid S S	3.75 GM	ORAL	PACK	EA	1 X	GENERIC	4/3/2024	115 Y		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115191101	RIMANTA	RIMANTA	81804 Adamanta	8180400 Adamanta R	100 MG	ORAL	TABS	EA	100	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115201101	ORPHENA	ORPHENA	122010 UNKNOW	12201000 UNKNOW S	100 MG	ORAL	TB12	EA	100	GENERIC	3/17/2023	115		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRM
115201102	ORPHENA	ORPHENA	122010 UNKNOW	12201000 UNKNOW S	100 MG	ORAL	TB12	EA	500	GENERIC	3/17/2023	115		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRM
115202310	NITROFU	NITROFU	83600 Urinary Ar	8360000 Urinary Ar S	50 MG	ORAL	CAPS	EA	100	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115214216	COLESTI	COLESTI	240604 Bile Acid S	24060400 Bile Acid S S	1 GM	ORAL	TABS	EA	120 X	GENERIC	3/18/2022	115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115261101	TERBUTA	TERBUTA	121208 beta-Adre	12120812 Selective S	2.5 MG	ORAL	TABS	EA	100 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115262201	TERBUTA	TERBUTA	121208 beta-Adre	12120812 Selective S	5 MG	ORAL	TABS	EA	100 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115279006	CHLOROQ	CHLOROQ	83008 Antimalari	8300800 Antimalari S	250 MG	ORAL	TABS	EA	50 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS			X	36 IN 16 DAYS			R	MEDPRM
115351101	PYRIDOS	PYRIDOS	120400 Parasymp	12040000 Parasymp S	60 MG	ORAL	TABS	EA	100	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115441101	DANTROL	DANTROL	122008 UNKNOW	12200800 UNKNOW S	25 MG	ORAL	CAPS	EA	100	GENERIC		115		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS			R	MEDPRM
115442201	DANTROL	DANTROL	122008 UNKNOW	12200800 UNKNOW S	50 MG	ORAL	CAPS	EA	100	GENERIC		115		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS			R	MEDPRM
115443301	DANTROL	DANTROL	122008 UNKNOW	12200800 UNKNOW S	100 MG	ORAL	CAPS	EA	100	GENERIC		115		N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS			R	MEDPRM
115521116	COLESTI	COLESTI	240604 Bile Acid S	24060400 Bile Acid S S	1 GM	ORAL	TABS	EA	120 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115521218	COLESTI	COLESTI	240604 Bile Acid S	24060400 Bile Acid S S	5 GM	ORAL	PACK	EA	30 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115521229	COLESTI	COLESTI	240604 Bile Acid S	24060400 Bile Acid S S	5 GM	ORAL	PACK	EA	90 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115521302	COLESTI	COLESTI	240604 Bile Acid S	24060400 Bile Acid S S	5 GM	ORAL	GRAN	GM	500 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115551110	FENOFIB	FENOFIB	240606 Fibric Acid	24060600 Fibric Acid S	54 MG	ORAL	TABS	EA	90 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115552202	FENOFIB	FENOFIB	240606 Fibric Acid	24060600 Fibric Acid S	160 MG	ORAL	TABS	EA	500 X	GENERIC	11/2/2022	115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115552210	FENOFIB	FENOFIB	240606 Fibric Acid	24060600 Fibric Acid S	160 MG	ORAL	TABS	EA	90 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115592201	PILOCAR	PILOCAR	120400 Parasymp	12040000 Parasymp S	5 MG	ORAL	TABS	EA	100 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115701009	CHLOROQ	CHLOROQ	83008 Antimalari	8300800 Antimalari S	500 MG	ORAL	TABS	EA	25 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS			X	18 IN 16 DAYS			R	MEDPRM
115703301	FLUDROC	FLUDROC	680400 Adrenals	68040000 Adrenals S	0.1 MG	ORAL	TABS	EA	100 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115703302	FLUDROC	FLUDROC	680400 Adrenals	68040000 Adrenals S	0.1 MG	ORAL	TABS	EA	500 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115703701	METHITE	METHYLT	680800 Androgens	68080000 Androgens R	10 MG	ORAL	TABS	EA	100 X	SSB		115		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X					R	MEDPRM
115991801	DEXMETH	DEXMETH	282032 UNKNOW	28203200 UNKNOW S	5 MG	ORAL	CP24	EA	100 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRM
115991901	DEXMETH	DEXMETH	282032 UNKNOW	28203200 UNKNOW S	10 MG	ORAL	CP24	EA	100 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRM
115992001	DEXMETH	DEXMETH	282032 UNKNOW	28203200 UNKNOW S	15 MG	ORAL	CP24	EA	100 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRM
115992101	DEXMETH	DEXMETH	282032 UNKNOW	28203200 UNKNOW S	20 MG	ORAL	CP24	EA	100 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRM
115992201	DEXMETH	DEXMETH	282032 UNKNOW	28203200 UNKNOW S	30 MG	ORAL	CP24	EA	100 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRM
115993076	LEVALBU	LEVALBU	121208 beta-Adre	12120812 Selective S	0.31 MG/3	INHALATI	NEBU	ML	3 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115993078	LEVALBU	LEVALBU	121208 beta-Adre	12120812 Selective S	0.31 MG/3	INHALATI	NEBU	ML	3 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115993176	LEVALBU	LEVALBU	121208 beta-Adre	12120812 Selective S	0.63 MG/3	INHALATI	NEBU	ML	3 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115993178	LEVALBU	LEVALBU	121208 beta-Adre	12120812 Selective S	0.63 MG/3	INHALATI	NEBU	ML	3 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115993276	LEVALBU	LEVALBU	121208 beta-Adre	12120812 Selective S	1.25 MG/3	INHALATI	NEBU	ML	3 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115993278	LEVALBU	LEVALBU	121208 beta-Adre	12120812 Selective S	1.25 MG/3	INHALATI	NEBU	ML	3 X	GENERIC		115		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM
115993508	MINOCYC	MINOCYC	849200 Skin and M	84920000 Skin and M S	65 MG	ORAL	TB24	EA	30	GENERIC	2/8/2022	115		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
115993608	MINOCYC	MINOCYC	849200 Skin and M	84920000 Skin and M S	115 MG	ORAL	TB24	EA	30	GENERIC	2/8/2022	115		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
116102104	DYNA-HE	CHLORHE	840416 UNKNOW	84041600 UNKNOW P	2%	EXTERNA	SOLN	ML	118	GENERIC		116 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
116102116	DYNA-HE	CHLORHE	840416 UNKNOW	84041600 UNKNOW P	2%	EXTERNA	SOLN	ML	473	GENERIC	6/30/2024	116		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
116102117	DYNA-HE	CHLORHE	840416 UNKNOW	84041600 UNKNOW P	2%	EXTERNA	SOLN	ML	473	GENERIC	6/30/2024	116		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
116106032	DYNA-HE	CHLORHE	840416 UNKNOW	84041600 UNKNOW P	4%	EXTERNA	SOLN	ML	946	GENERIC		116 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
116106101	DYNA-HE	CHLORHE	840416 UNKNOW	84041600 UNKNOW P	4%	EXTERNA	SOLN	ML	3785	GENERIC		116 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
116106104	DYNA-HE	CHLORHE	840416 UNKNOW	84041600 UNKNOW P	4%	EXTERNA	SOLN	ML	118	GENERIC		116 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
116106108	DYNA-HE	CHLORHE	840416 UNKNOW	84041600 UNKNOW P	4%	EXTERNA	SOLN	ML	237	GENERIC		116 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
116106116	DYNA-HE	CHLORHE	840416 UNKNOW	84041600 UNKNOW P	4%	EXTERNA	SOLN	ML	473	GENERIC		116 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
116106118	DYNA-HE	CHLORHE	840416 UNKNOW	84041600 UNKNOW P	4%	EXTERNA	SOLN	ML	532	GENERIC		116 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
116106132	DYNA-HE	CHLORHE	840416 UNKNOW	84041600 UNKNOW P	4%	EXTERNA	SOLN	ML	946	GENERIC		116 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
116106140	DYNA-HE	CHLORHE	840416 UNKNOW	84041600 UNKNOW P	4%	EXTERNA	SOLN	ML	118	GENERIC		116 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRM
116200104	CHLORHE	CHLORHE	520424 UNKNOW	52042400 UNKNOW S	0.12%	MOUTH/T	SOLN	ML	118	GENERIC		116		N	FORMULARY		1 GEN	GENERICS							R	MEDPRM

121223200	GUAIFEN	GUAIFEN	481600 Expectora	48160000 Expectora	P	100 MG/5	ORAL	LIQD	ML	15	GENERIC		121	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
121223215	GUAIFEN	GUAIFEN	481600 Expectora	48160000 Expectora	P	100 MG/5	ORAL	LIQD	ML	15	GENERIC		121	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
121231615	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	7.5-325 M	ORAL	SOLN	ML	15	GENERIC		121	N	FORMULARY		1 GEN	GENERICS	X	184 IN 1 DAYS			R	MEDPRMI
121231640	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	7.5-325 M	ORAL	SOLN	ML	15	GENERIC	9/22/2023	121	N	FORMULARY		1 GEN	GENERICS	X	184 IN 1 DAYS			R	MEDPRMI
121231650	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	7.5-325 M	ORAL	SOLN	ML	15	GENERIC		121	N	FORMULARY		1 GEN	GENERICS	X	184 IN 1 DAYS			R	MEDPRMI
121252000	POTASSI	POTASSI	401200 Replacem	40120000 Replacem	S	20 MEQ/1	ORAL	SOLN	ML	30 X	GENERIC	3/15/2023	121	N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
121252030	POTASSI	POTASSI	401200 Replacem	40120000 Replacem	S	20 MEQ/1	ORAL	SOLN	ML	30 X	GENERIC	4/18/2023	121	N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
121252040	POTASSI	POTASSI	401200 Replacem	40120000 Replacem	S	20 MEQ/1	ORAL	SOLN	ML	30 X	GENERIC	3/15/2023	121	N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
121252050	POTASSI	POTASSI	401200 Replacem	40120000 Replacem	S	20 MEQ/1	ORAL	SOLN	ML	30 X	GENERIC	4/18/2023	121	N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
121282321	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	160 MG/5	ORAL	SUSP	ML	20.3	GENERIC		121	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
121282394	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	160 MG/5	ORAL	SUSP	ML	20.3	GENERIC		121	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
121282615	PHENOB	PHENOB	282404 Barbiturat	28240400 Barbiturat	S	20 MG/5M	ORAL	ELIX	ML	15 X	GENERIC		121	N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
121282650	PHENOB	PHENOB	282404 Barbiturat	28240400 Barbiturat	S	20 MG/5M	ORAL	ELIX	ML	15 X	GENERIC		121	N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
121284716	POTASSI	POTASSI	401200 Replacem	40120000 Replacem	S	40 MEQ/1	ORAL	SOLN	ML	473 X	GENERIC		121	N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
121303615	LACOSAM	LACOSAM	281224 UNKNOW	28122400 UNKNOW	S	10 MG/ML	ORAL	SOLN	ML	15 X	GENERIC		121	N	FORMULARY		1 GEN	GENERICS	X	1200 IN 30 DAYS			R	MEDPRMI
121303695	LACOSAM	LACOSAM	281224 UNKNOW	28122400 UNKNOW	S	10 MG/ML	ORAL	SOLN	ML	15 X	GENERIC		121	N	FORMULARY		1 GEN	GENERICS	X	1200 IN 30 DAYS			R	MEDPRMI
121404874	LACOSAM	LACOSAM	281224 UNKNOW	28122400 UNKNOW	S	10 MG/ML	ORAL	SOLN	ML	20 X	GENERIC		121	N	FORMULARY		1 GEN	GENERICS	X	1200 IN 30 DAYS			R	MEDPRMI
121404895	LACOSAM	LACOSAM	281224 UNKNOW	28122400 UNKNOW	S	10 MG/ML	ORAL	SOLN	ML	20 X	GENERIC		121	N	FORMULARY		1 GEN	GENERICS	X	1200 IN 30 DAYS			R	MEDPRMI
121457706	LACTULO	LACTULO	401000 Ammonia	40100000 Ammonia	S	10 GM/15	ORAL	SOLN	ML	15 X	GENERIC	1/29/2022	121	N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
121457715	LACTULO	LACTULO	401000 Ammonia	40100000 Ammonia	S	10 GM/15	ORAL	SOLN	ML	15 X	GENERIC		121	N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
121457740	LACTULO	LACTULO	401000 Ammonia	40100000 Ammonia	S	10 GM/15	ORAL	SOLN	ML	15 X	GENERIC		121	N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
121467500	VALPROI	VALPROA	281228 UNKNOW	28122800 UNKNOW	S	250 MG/5	ORAL	SOLN	ML	5 X	GENERIC		121	N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
121467505	VALPROI	VALPROA	281228 UNKNOW	28122800 UNKNOW	S	250 MG/5	ORAL	SOLN	ML	5 X	GENERIC		121	N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
121467540	VALPROI	VALPROA	281228 UNKNOW	28122800 UNKNOW	S	250 MG/5	ORAL	SOLN	ML	5 X	GENERIC		121	N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
121472105	FLUOXET	FLUOXET	281604 Antidepres	28160420 Selective-	S	20 MG/5M	ORAL	SOLN	ML	5 X	GENERIC		121	N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
121472215	SENNA	SENNA	561200 Cathartics	56120000 Cathartics	O	176 MG/5	ORAL	SYRP	ML	15	MSB		121 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
121472710	RANITIDI	RANITIDI	562812 Histamine	56281200 Histamine	S	150 MG/1	ORAL	SYRP	ML	10 X	GENERIC	4/1/2020	121	N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
121475905	PREDNIS	PREDNIS	680400 Adrenals	68040000 Adrenals	S	15 MG/5M	ORAL	SOLN	ML	5	GENERIC		121	N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
121475950	PREDNIS	PREDNIS	680400 Adrenals	68040000 Adrenals	S	15 MG/5M	ORAL	SOLN	ML	5	GENERIC		121	N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
121476605	CALCIUM	CALCIUM	560400 Antacids a	56040000 Antacids a	O	1250 MG/	ORAL	SUSP	ML	5	GENERIC		121	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
121477205	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	2.5-108 M	ORAL	SOLN	ML	5	GENERIC		121	N	FORMULARY		1 GEN	GENERICS	X	184 IN 1 DAYS			R	MEDPRMI
121477240	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	2.5-108 M	ORAL	SOLN	ML	5	GENERIC		121	N	FORMULARY		1 GEN	GENERICS	X	184 IN 1 DAYS			R	MEDPRMI
121478505	NYSTATI	NYSTATI	81428 Polyenes	8142800 Polyenes	S	100000 U	MOUTH/T	SUSP	ML	5	GENERIC	11/20/2024	121	N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
121478535	NYSTATI	NYSTATI	81428 Polyenes	8142800 Polyenes	S	100000 U	MOUTH/T	SUSP	ML	5	GENERIC	11/20/2024	121	N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
121479415	THEOPHY	THEOPHY	861600 Respirator	86160000 Respirator	S	80 MG/15	ORAL	ELIX	ML	15 X	GENERIC	5/23/2024	121	N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
121479905	LEVETIR	LEVETIR	281292 Anticonvul	28129200 Anticonvul	S	100 MG/M	ORAL	SOLN	ML	5 X	GENERIC		121	N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
121479940	LEVETIR	LEVETIR	281292 Anticonvul	28129200 Anticonvul	S	100 MG/M	ORAL	SOLN	ML	5 X	GENERIC		121	N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
121479950	LEVETIR	LEVETIR	281292 Anticonvul	28129200 Anticonvul	S	100 MG/M	ORAL	SOLN	ML	5 X	GENERIC		121	N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
121480205	LEVETIR	LEVETIR	281292 Anticonvul	28129200 Anticonvul	S	100 MG/M	ORAL	SOLN	ML	5 X	GENERIC	11/20/2024	121	N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
121481105	HYDROC	HYDROC	480800 Antitussive	48080000 Antitussive	S	5-1.5 MG/	ORAL	SOLN	ML	5	GENERIC	7/16/2024	121	N	FORMULARY		1 GEN	GENERICS	X	30 IN 1 DAYS	X	AGE_YEAMUST BE AT LEAST	R	MEDPRMI
121481140	HYDROC	HYDROC	480800 Antitussive	48080000 Antitussive	S	5-1.5 MG/	ORAL	SOLN	ML	5	GENERIC	12/5/2023	121	N	FORMULARY		1 GEN	GENERICS	X	30 IN 1 DAYS	X	AGE_YEAMUST BE AT LEAST	R	MEDPRMI
121482015	THEOPHY	THEOPHY	861600 Respirator	86160000 Respirator	S	80 MG/15	ORAL	ELIX	ML	15 X	GENERIC		121	N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
121482040	THEOPHY	THEOPHY	861600 Respirator	86160000 Respirator	S	80 MG/15	ORAL	ELIX	ML	15 X	GENERIC		121	N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
121482225	HYDROX	HYDROX	282492 Anxiolytics	28249200 Anxiolytics	S	10 MG/5M	ORAL	SYRP	ML	25	GENERIC	5/16/2024	121	N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
121482705	OXYCOD	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag	S	5 MG/5ML	ORAL	SOLN	ML	5	GENERIC		121	N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
121482740	OXYCOD	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag	S	5 MG/5ML	ORAL	SOLN	ML	5	GENERIC		121	N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
121482750	OXYCOD	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag	S	5 MG/5ML	ORAL	SOLN	ML	5	GENERIC		121	N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
121483905	OXYCOD	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag	S	5 MG/5ML	ORAL	SOLN	ML	5	GENERIC	5/16/2024	121	N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
121483940	OXYCOD	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag	S	5 MG/5ML	ORAL	SOLN	ML	5	GENERIC	5/16/2024	121	N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
121494800	POTASSI	POTASSI	401200 Replacem	40120000 Replacem	S	10%	ORAL	SOLN	ML	15 X	GENERIC		121	N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
121494815	POTASSI	POTASSI	401200 Replacem	40120000 Replacem	S	10%	ORAL	SOLN	ML	15 X	GENERIC		121	N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
121494840	POTASSI	POTASSI	401200 Replacem	40120000 Replacem	S	10%	ORAL	SOLN	ML	15 X	GENERIC		121	N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
121494850	POTASSI	POTASSI	401200 Replacem	40120000 Replacem	S	10%	ORAL	SOLN	ML	15 X	GENERIC		121	N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
121494880	POTASSI	POTASSI	401200 Replacem	40120000 Replacem	S	10%	ORAL	SOLN	ML	15 X	GENERIC		121	N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
121494894	POTASSI	POTASSI	401200 Replacem	40120000 Replacem	S	10%	ORAL	SOLN	ML	15 X	GENERIC		121	N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
121495015	LIDOCAI	LIDOCAI	521600 Local Ane	52160000 Local Ane	S	2%	MOUTH/T	SOLN	ML	15	GENERIC		121	N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
121495040	LIDOCAI	LIDOCAI	521600 Local Ane	52160000 Local Ane	S	2%	MOUTH/T	SOLN	ML	15	GENERIC		121	N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
121496705	SENNA	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.8 MG/5M	ORAL	SYRP	ML	5	GENERIC		121	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
121496740	SENNA	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.8 MG/5M	ORAL	SYRP	ML	5	GENERIC		121	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
126001661	PREVIDE	SODIUM F	340400 UNKNOW	34040000 UNKNOW	S	1.10%	DENTAL	GEL	ML	100 X	MSB		126	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
126002292	PREVIDE	SODIUM F	340000 Dental Ag	34000000 Dental Ag	R	1.1-5 %	DENTAL	GEL	ML	100	SSB		126	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRMI
126003316	PREVIDE	SODIUM F	340400 UNKNOW	34040000 UNKNOW	S	0.20%	MOUTH/T	SOLN	ML	473 X	MSB		126	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
126007061	PREVIDE	SODIUM F	340000 Dental Ag	34000000 Dental Ag	R	1.1-5 %	DENTAL	GEL	ML	100	SSB		126	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRMI
126007292	PREVIDE	SODIUM F	340000 Dental Ag	34000000 Dental Ag	S	1.10%	DENTAL	PSTE	ML	100 X	MSB		126	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
126007492	PREVIDE	SODIUM F	340000 Dental Ag	34000000 Dental Ag	S	1.10%	DENTAL	PSTE	ML	100 X	MSB		126	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
126008008	PEROXYL	HYDROGE	522800 Mouthwas	52280000 Mouthwas	O	6%-1.5%	EXTERNA	SOLN	ML	236	SSB		126 N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
126008188	PEROXYL	HYDROGE	522800 Mouthwas	52280000 Mouthwas	O	1.50%	MOUTH/T	GEL	GM	15	SSB		126	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
126008802	PREVIDE	SODIUM F	340400 UNKNOW	34040000 UNKNOW	S	1.10%	DENTAL	GEL	GM	56.6 X	MSB		126 N	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
126016593	GEL-KAM	STANNOU	340400 UNKNOW	34040000 UNKNOW	P	0.40%	DENTAL	GEL	GM	122	MSB		126 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
126019293	GEL-KAM	STANNOU	340400 UNKNOW	34040000 UNKNOW	P	0.40%	DENTAL	GEL	GM	122	MSB		126 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
126027216	PERIOGA	CHLORHE	520424 UNKNOW	52042400 UNKNOW	S	0.12%	MOUTH/T	SOLN	ML	473	GENERIC		126	N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
126028666	PREVIDE	SODIUM F	340400 UNKNOW	34040000 UNKNOW	S	1.10%	DENTAL	CREA	GM	51 X	MSB		126 N	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
126028766	PREVIDE	SODIUM F	340400 UNKNOW	34040000 UNKNOW	S	1.10%	DENTAL	CREA	GM	51 X	MSB		126 N	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
126028802	PREVIDE	SODIUM F	340400 UNKNOW	34040000 UNKNOW	S	1.10%	DENTAL	GEL	GM	56.6 X	MSB		126 N	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
126028992	PREVIDE	SODIUM F	340000 Dental Ag	34000000 Dental Ag	S	1.10%	DENTAL	PSTE	ML	100 X	MSB		126 N	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
126031192	PREVIDE	SODIUM F	340000 Dental Ag	34000000 Dental Ag	S	1.10%	DENTAL	PSTE	ML	100 X	GENERIC		126 N	N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
131181067	VIMPAT	LACOSAM	281224 UNKNOW	28122400 UNKNOW	S	200 MG/2	INTRAVE	SOLN	ML	20	MSB		131	N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
131247735	VIMPAT	LACOSAM	281224 UNKNOW	28122400 UNKNOW	S	50 MG	ORAL	TABS	EA	60 X	MSB		131	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION	X	2 IN 1 DAYS			R	MEDPRMI
131247760	VIMPAT	LACOSAM	281224 UNKNOW	28122400 UNKNOW	S	50 MG	ORAL	TABS	EA	60 X	MSB		131	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION	X	2 IN 1 DAYS			R	MEDPRMI
131247835	VIMPAT	LACOSAM	281224 UNKNOW	28122400 UNKNOW	S	100 MG	ORAL	TABS	EA	60 X	MSB		131	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION	X	2 IN 1 DAYS			R	MEDPRMI
131247860	VIMPAT	LACOSAM	281224 UNKNOW	28122400 UNKNOW	S	100 MG	ORAL	TABS	EA	60 X	MSB		131	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION	X	2 IN 1 DAYS			R	MEDPRMI
131247935	VIMPAT	LACOSAM	281224 UNKNOW	28122400 UNKNOW	S	150 MG	ORAL	TABS	EA	60 X	MSB		131	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION	X	2 IN 1 DAYS			R	MEDPRMI
131247960	VIMPAT	LACOSAM	281224 UNKNOW	28122400 UNKNOW	S	150 MG	ORAL	TABS	EA	60 X	MSB		131	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION	X	2 IN 1 DAYS			R	MEDPRMI
131248035	VIMPAT	LACOSAM	281224 UNKNOW	28122400 UNKNOW	S	200 MG	ORAL	TABS	EA	60 X	MSB		131	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION	X	2 IN 1 DAYS			R	MEDPRMI
131248060	VIMPAT	LACOSAM	281224 UNKNOW	28122400 UNKNOW	S	200 MG	ORAL	TABS	EA	60 X	MSB		131	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION	X	2 IN 1 DAYS			R	MEDPRMI
131541072	VIMPAT	LACOSAM	281224 UNKNOW	28122400 UNKNOW	S	10 MG/ML	ORAL	SOLN	ML	200 X	MSB		131	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION	X	1200 IN 30 DAYS			R	MEDPRMI
132000036	PHAZYME	SIMETHIC	561000 Antiflatule	56100000 Antiflatule	O	500 MG	ORAL	CAPS	EA	20	SSB		132	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
132000046	FLEET LA	MINERAL	561200 Cathartics	56120000 Cathartics	P	0	ORAL	OIL	ML	480	GENERIC		132	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
132000047	FLEET ST	BISACOD	561200 Cathartics	56120000 Cathartics	P	5 MG	ORAL	TBEC	EA	25	GENERIC		132	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
132000048	FLEET ST	DOCUSAT	561200 Cathartics	56120000 Cathartics	P	100 MG	ORAL	CAPS	EA	25	GENERIC		132	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
132000177	PEDIA-LA	LACTOBA	560800 Antidiarrhe	56080000 Antidiarrhe	O	0	ORAL	CHEW	EA	30	SSB	4/15/2022	132	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
132000206	PHAZYME	SIMETHIC	561000 Antiflatule	56100000 Antiflatule	P	180 MG	ORAL	CAPS	EA	12	GENERIC		132 N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
132000214	PHAZYME	SIMETHIC	561000 Antiflatule	56100000 Antiflatule	P	250 MG	ORAL	CAPS	EA	24	GENERIC		132	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
132000507	PHAZYME	CALCIUM	560400 Antacids a	56040000 Antacids a	O	750-250 M	ORAL	CHEW	EA	24	SSB		132	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
132000508	PHAZYME	SIMETHIC	561000 Antiflatule	56100000 Antiflatule	P	180 MG	ORAL	CAPS	EA	48	GENERIC		132 N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
132000655	PEDIA-LA	MAGNESI	561200 Cathartics	56120000 Cathartics	O	400 MG	ORAL	CHEW	EA	30	SSB		132	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
132002011	FLEET SA	SODIUM F	561200 Cathartics	56120000 Cathartics	P	7-19 GM/1	RECTAL	ENEM	ML	230	GENERIC		132	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
132007512	GLYCERI	GLYCERI	561200 Cathartics	56120000 Cathartics	P	2 GM	RECTAL	SUPP	EA	12	GENERIC		132 N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
132007524	GLYCERI	GLYCERI	561200 Cathartics	56120000 Cathartics	P	2 GM	RECTAL	SUPP	EA	24	GENERIC		132 N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
132007550	GLYCERI	GLYCERI	561200 Cathartics	56120000 Cathartics	P	2 GM	RECTAL	SUPP	EA	50	GENERIC		132 N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
132007900	GLYCERI	GLYCERI	561200 Cathartics	56120000 Cathartics	P	2 GM	RECTAL	SUPP	EA	100	MSB		132	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
132007912	GLYCERI	GLYCERI	561200 Cathartics	56120000 Cathartics	P	2 GM	RECTAL	SUPP	EA	12	MSB		132 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
132007924	GLYCERI	GLYCERI	561200 Cathartics	56120000 Cathartics	P	2 GM	RECTAL	SUPP	EA	24	MSB		132 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
132007950	GLYCERI	GLYCERI	561200 Cathartics	56120000 Cathartics	P	2 GM	RECTAL	SUPP	EA	50	MSB		132 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
132008112	PEDIA-LA	GLYCERI	561200 Cathartics	56120000 Cathartics	P	1 GM	RECTAL	SUPP	EA	12	MSB	5/2/2022	132 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
132010624	PEDIA-LA	DOCUSAT	561200 Cathartics	56120000 Cathartics	O	50 MG/15	ORAL	LIQD	ML	118	SSB		132	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
132011460	PEDIA-LA	FIBER	561200 Cathartics	56120000 Cathartics	P	0	ORAL	CHEW	EA	60	GENERIC		132	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
132011946	FLEET EN	SODIUM F	561200 Cathartics	56120000 Cathartics	P	7-19 GM/1	RECTAL	ENEM	ML	133	MSB		132 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
132017703	PEDIA-LA	LACTOBA	560800 Antidiarrhe	56080000 Antidiarrhe	O	0	ORAL	CHEW	EA	30	SSB		132 N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
132018501	FLEET LI	GLYCERI	561200 Cathartics	56120000 Cathartics	O	5.4 GM/D	RECTAL	ENEM	ML	7.5	SSB		132	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
132018582	FLEET LI	GLYCERI	561200 Cathartics	56120000 Cathartics	O	5.4 GM/D	RECTAL	ENEM	ML	7.5	SSB		132	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
132019012	PEDIA-LA	GLYCERI	561200 Cathartics	56120000 Cathartics	O	2.8 GM	RECTAL	SUPP	ML	4	SSB		132	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
132019024	PEDIA-LA	GLYCERI	561200 Cathartics	56120000 Cathartics	O	2.8 GM	RECTAL	SUPP	ML	4	SSB		132	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
132020110	FLEET EN	SODIUM F	561200 Cathartics	56120000 Cathartics	P	7GM/118M	RECTAL	ENEM	ML	230	MSB	7/6/2022	132	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
132020140	FLEET EN	SODIUM F	561200 Cathartics	56120000 Cathartics	P	7GM/118M	RECTAL	ENEM	ML	133	MSB		132 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
132020142	FLEET EN	SODIUM F	561200 Cathartics	56120000 Cathartics	P	7GM/118M	RECTAL	ENEM	ML	133	MSB		132 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
132020145	FLEET EN	SODIUM F	561200 Cathartics	56120000 Cathartics	P	7GM/118M	RECTAL	ENEM	ML	133	MSB		132 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
132020220	FLEET PE	SODIUM F	561200 Cathartics	56120000 Cathartics	P	3.5-9.5 G	RECTAL	ENEM	ML	66	MSB		132 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
132020612	PHAZYME	SIMETHIC	561000 Antiflatule	56100000 Antiflatule	P	180 MG	ORAL	CAPS	EA	12	MSB		132 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
132021112	PHAZYME	SIMETHIC	561000 Antiflatule	56100000 Antiflatule	P	250 MG	ORAL	CAPS	EA	12	MSB		132	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
132021424	PHAZYME	SIMETHIC	561000 Antiflatule	56100000 Antiflatule	O	250 MG	ORAL	CAPS	EA	24	SSB	4/15/2022	132	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
132021537	PHAZYME	SIMETHIC	561000 Antiflatule	56100000 Antiflatule	P	250 MG	ORAL	CAPS	EA	36	MSB		132	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
132030140	FLEET OI	MINERAL	561200 Cathartics	56120000 Cathartics	P	0	RECTAL	ENEM	ML	133	MSB		132 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
132065501	PEDIA-LA	MAGNESI	561200 Cathartics	56120000 Cathartics	O	400 MG	ORAL	CHEW	EA	30	SSB		132	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
132070336	FLEET BI	BISACOD	561200 Cathartics	56120000 Cathartics	O	10 MG/30	RECTAL	ENEM	ML	37	SSB		132	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
132874302	SUMMER	POVIDON	840416 UNKNOW	84041600 UNKNOW	P	0.30%	VAGINAL	SOLN	ML	274	GENERIC		132	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135007003	TUMS	CALCIUM	560400 Antacids a	56040000 Antacids a	P	500 MG	ORAL	CHEW	EA	12	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135007027	TUMS	CALCIUM	560400 Antacids a	56040000 Antacids a	P	500 MG	ORAL	CHEW	EA	150	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135007048	TUMS	CALCIUM	560400 Antacids a	56040000 Antacids a	P	500 MG	ORAL	CHEW	EA	12	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135007127	TUMS	CALCIUM	560400 Antacids a	56040000 Antacids a	P	500 MG	ORAL	CHEW	EA	150	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135007148	TUMS	CALCIUM	560400 Antacids a	56040000 Antacids a	P	500 MG	ORAL	CHEW	EA	12	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135007401	TUMS EX	CALCIUM	560400 Antacids a	56040000 Antacids a	P	750 MG	ORAL	CHEW	EA	116	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135007407	TUMS EX	CALCIUM	560400 Antacids a	56040000 Antacids a	P	750 MG	ORAL	CHEW	EA	330	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135007422	TUMS EX	CALCIUM	560400 Antacids a	56040000 Antacids a	P	750 MG	ORAL	CHEW	EA	48	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135007424	TUMS EX	CALCIUM	560400 Antacids a	56040000 Antacids a	P	750 MG	ORAL	CHEW	EA	8	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135007425	TUMS EX	CALCIUM	560400 Antacids a	56040000 Antacids a	P	750 MG	ORAL	CHEW	EA	96	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135007446	TUMS EX	CALCIUM	560400 Antacids a	56040000 Antacids a	P	750 MG	ORAL	CHEW	EA	8	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135007625	TUMS E-X	CALCIUM	560400 Antacids a	56040000 Antacids a	P	750 MG	ORAL	CHEW	EA	96	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135008969	CITRUCE	METHYLC	561200 Cathartics	56120000 Cathartics	P	0	ORAL	POWD	GM	454	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135008971	CITRUCE	METHYLC	561200 Cathartics	56120000 Cathartics	P	0	ORAL	POWD	GM	850	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135009070	CITRUCE	METHYLC	561200 Cathartics	56120000 Cathartics	P	0	ORAL	POWD	GM	479	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135009074	CITRUCE	METHYLC	561200 Cathartics	56120000 Cathartics	P	0	ORAL	POWD	GM	907	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135009075	CITRUCE	METHYLC	561200 Cathartics	56120000 Cathartics	P	0	ORAL	POWD	GM	1191	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135009441	GAVISCO	ALUMINU	560400 Antacids a	56040000 Antacids a	P	95-358 M	ORAL	SUSP	ML	355	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135009442	GAVISCO	ALUMINU	560400 Antacids a	56040000 Antacids a	P	95-358 M	ORAL	SUSP	ML	177	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135009541	GAVISCO	ALUMINU	560400 Antacids a	56040000 Antacids a	P	508-475 M	ORAL	SUSP	ML	355	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135009826	GAVISCO	ALUMINU	560400 Antacids a	56040000 Antacids a	P	160-105 M	ORAL	CHEW	EA	100	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135011814	TUMS UL	CALCIUM	560400 Antacids a	56040000 Antacids a	P	1000 MG	ORAL	CHEW	EA	160	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135011883	TUMS UL	CALCIUM	560400 Antacids a	56040000 Antacids a	P	1000 MG	ORAL	CHEW	EA	72	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135014001	TUMS E-X	CALCIUM	560400 Antacids a	56040000 Antacids a	P	750 MG	ORAL	CHEW	EA	8	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135015405	TUMS E-X	CALCIUM	560400 Antacids a	56040000 Antacids a	P	750 MG	ORAL	CHEW	EA	80	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135015501	TUMS EX	CALCIUM	560400 Antacids a	56040000 Antacids a	P	750 MG	ORAL	CHEW	EA	80	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135015707	NICORET	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	2 MG	MOUTH/T	GUM	EA	110	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135015710	NICORET	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	2 MG	MOUTH/T	GUM	EA	170	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135015711	NICORET	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	2 MG	MOUTH/T	GUM	EA	200	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135015807	NICORET	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	4 MG	MOUTH/T	GUM	EA	110	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135015810	NICORET	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	4 MG	MOUTH/T	GUM	EA	170	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135015811	NICORET	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	4 MG	MOUTH/T	GUM	EA	200	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135017802	TUMS E-X	CALCIUM	560400 Antacids a	56040000 Antacids a	P	750 MG	ORAL	CHEW	EA	48	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135017803	TUMS E-X	CALCIUM	560400 Antacids a	56040000 Antacids a	P	750 MG	ORAL	CHEW	EA	96	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135017808	TUMS E-X	CALCIUM	560400 Antacids a	56040000 Antacids a	P	750 MG	ORAL	CHEW	EA	8	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135017809	TUMS E-X	CALCIUM	560400 Antacids a	56040000 Antacids a	P	750 MG	ORAL	CHEW	EA	200	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135018002	TUMS UL	CALCIUM	560400 Antacids a	56040000 Antacids a	P	1000 MG	ORAL	CHEW	EA	72	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135018014	TUMS UL	CALCIUM	560400 Antacids a	56040000 Antacids a	P	1000 MG	ORAL	CHEW	EA	160	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135018102	TUMS UL	CALCIUM	560400 Antacids a	56040000 Antacids a	P	1000 MG	ORAL	CHEW	EA	72	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135018105	TUMS UL	CALCIUM	560400 Antacids a	56040000 Antacids a	P	1000 MG	ORAL	CHEW	EA	265	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135018114	TUMS UL	CALCIUM	560400 Antacids a	56040000 Antacids a	P	1000 MG	ORAL	CHEW	EA	160	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135019401	NICODER	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	21 MG/24	TRANSDE	PT24	EA	7	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135019402	NICODER	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	21 MG/24	TRANSDE	PT24	EA	14	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135019403	NICODER	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	21 MG/24	TRANSDE	PT24	EA	21	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135019405	NICODER	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	21 MG/24	TRANSDE	PT24	EA	14	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135019502	NICODER	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	14 MG/24	TRANSDE	PT24	EA	14	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135019503	NICODER	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	14 MG/24	TRANSDE	PT24	EA	21	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135019505	NICODER	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	14 MG/24	TRANSDE	PT24	EA	14	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135019602	NICODER	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	7 MG/24H	TRANSDE	PT24	EA	14	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135019605	NICODER	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	7 MG/24H	TRANSDE	PT24	EA	14	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135019901	CITRUCE	METHYLC	561200 Cathartics	56120000 Cathartics	P	500 MG	ORAL	TABS	EA	180	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135019902	CITRUCE	METHYLC	561200 Cathartics	56120000 Cathartics	P	500 MG	ORAL	TABS	EA	100	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135019907	CITRUCE	METHYLC	561200 Cathartics	56120000 Cathartics	P	500 MG	ORAL	TABS	EA	240	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135020001	ABREVA	DOCOSAN	840406 Antivirals	84040600 Antivirals	P	10%	EXTERNA	CREA	GM	2	MSB		135	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135020003	ABREVA	DOCOSAN	840406 Antivirals	84040600 Antivirals	P	10%	EXTERNA	CREA	GM	2	MSB		135	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135020005	ABREVA	DOCOSAN	840406 Antivirals	84040600 Antivirals	P	10%	EXTERNA	CREA	GM	2	MSB		135	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135022502	NICORET	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	2 MG	MOUTH/T	GUM	EA	100	MSB	8/12/2024	135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135022602	NICORET	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	4 MG	MOUTH/T	GUM	EA	100	MSB	8/12/2024	135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135022801	TUMS UL	CALCIUM	560400 Antacids a	56040000 Antacids a	P	1000 MG	ORAL	CHEW	EA	12	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135022905	NICORET	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	2 MG	MOUTH/T	GUM	EA	170	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135023005	NICORET	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	4 MG	MOUTH/T	GUM	EA	170	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135023408	AQUAFRE	DENTIFRI	340000 Dental Ag	34000000 Dental Ag	O	0.25%	DENTAL	PSTE	GM	158.7	SSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135024102	NICORET	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	2 MG	MOUTH/T	GUM	EA	100	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135024105	NICORET	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	2 MG	MOUTH/T	GUM	EA	160	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135024106	NICORET	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	2 MG	MOUTH/T	GUM	EA	20	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135024108	NICORET	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	2 MG	MOUTH/T	GUM	EA	20	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135024202	NICORET	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	4 MG	MOUTH/T	GUM	EA	100	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135024205	NICORET	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	4 MG	MOUTH/T	GUM	EA	160	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135024206	NICORET	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	4 MG	MOUTH/T	GUM	EA	20	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135024208	NICORET	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	4 MG	MOUTH/T	GUM	EA	20	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135024302	TUMS SM	CALCIUM	560400 Antacids a	56040000 Antacids a	P	750 MG	ORAL	CHEW	EA	60	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135024502	TUMS SM	CALCIUM	560400 Antacids a	56040000 Antacids a	P	750 MG	ORAL	CHEW	EA	60	GENERIC		135 N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135024601	TUMS SM	CALCIUM	560400 Antacids a	56040000 Antacids a	P	750 MG	ORAL	CHEW	EA	12	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135024602	TUMS SM	CALCIUM	560400 Antacids a	56040000 Antacids a	P	750 MG	ORAL	CHEW	EA	60	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135024607	TUMS SM	CALCIUM	560400 Antacids a	56040000 Antacids a	P	750 MG	ORAL	CHEW	EA	250	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135030001	ABREVA	DOCOSAN	840406 Antivirals	84040600 Antivirals	P	10%	EXTERNA	CREA	GM	2	GENERIC		135 N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135035503	NICORET	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	4 MG	MOUTH/T	GUM	EA	160	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135043003	GAVISCO	ALUMINU	560400 Antacids a	56040000 Antacids a	P	160-105 M	ORAL	CHEW	EA	100	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135045603	TUMS SM	CALCIUM	560400 Antacids a	56040000 Antacids a	P	750 MG	ORAL	CHEW	EA	60	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135046001	SENSODY	DENTIFRI	340000 Dental Ag	34000000 Dental Ag	O	5%-.15%	DENTAL	PSTE	GM	113	SSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135046101	ALLI	ORLISTAT	569200 GI Drugs,	56920000 GI Drugs,	O	60 MG	ORAL	CAPS	EA	60	SSB		135	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135046102	ALLI	ORLISTAT	569200 GI Drugs,	56920000 GI Drugs,	O	60 MG	ORAL	CAPS	EA	90	SSB		135	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135046105	ALLI	ORLISTAT	569200 GI Drugs,	56920000 GI Drugs,	O	60 MG	ORAL	CAPS	EA	120	SSB		135	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135046106	ALLI	ORLISTAT	569200 GI Drugs,	56920000 GI Drugs,	O	60 MG	ORAL	CAPS	EA	170	SSB		135	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135046107	ALLI	ORLISTAT	569200 GI Drugs,	56920000 GI Drugs,	O	60 MG	ORAL	CAPS	EA	21	SSB		135	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135046601	NICORET	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	2 MG	MOUTH/T	GUM	EA	20	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135046602	NICORET	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	2 MG	MOUTH/T	GUM	EA	100	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135046603	NICORET	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	2 MG	MOUTH/T	GUM	EA	190	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135046605	NICORET	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	2 MG	MOUTH/T	GUM	EA	160	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135046702	NICORET	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	4 MG	MOUTH/T	GUM	EA	100	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135046705	NICORET	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	4 MG	MOUTH/T	GUM	EA	160	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135047401	NICORET	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	2 MG	MOUTH/T	GUM	EA	20	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135047402	NICORET	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	2 MG	MOUTH/T	GUM	EA	100	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135047405	NICORET	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	2 MG	MOUTH/T	GUM	EA	160	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135047408	NICORET	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	2 MG	MOUTH/T	GUM	EA	20	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135047501	NICORET	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	4 MG	MOUTH/T	GUM	EA	20	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135047502	NICORET	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	4 MG	MOUTH/T	GUM	EA	100	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135047505	NICORET	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	4 MG	MOUTH/T	GUM	EA	160	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135047508	NICORET	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	4 MG	MOUTH/T	GUM	EA	20	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135048403	SENSODY	DENTIFRI	340000 Dental Ag	34000000 Dental Ag	O	5-0.25 %	DENTAL	PSTE	GM	23	NON DRUG		135	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135048701	BIOTENE	DENTIFRI	340000 Dental Ag	34000000 Dental Ag	O	0.14%	DENTAL	PSTE	GM	127.6	SSB	1/10/2022	135	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135048702	BIOTENE	DENTIFRI	340000 Dental Ag	34000000 Dental Ag	O	0.14%	DENTAL	PSTE	GM	21	SSB	1/10/2022	135	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135049202	SENSODY	DENTIFRI	340000 Dental Ag	34000000 Dental Ag	O	5-0.25 %	DENTAL	PSTE	GM	23	SSB		135	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135050802	NICORET	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	2 MG	MOUTH/T	LOZG	EA	81	MSB	8/31/2024	135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135050803	NICORET	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	2 MG	MOUTH/T	LOZG	EA	135	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135050804	NICORET	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	2 MG	MOUTH/T	LOZG	EA	20	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135050902	NICORET	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	4 MG	MOUTH/T	LOZG	EA	81	MSB	8/31/2024	135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135050904	NICORET	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	4 MG	MOUTH/T	LOZG	EA	20	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135051001	NICORET	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	2 MG	MOUTH/T	LOZG	EA	72	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135051006	NICORET	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	2 MG	MOUTH/T	LOZG	EA	24	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135051007	NICORET	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	2 MG	MOUTH/T	LOZG	EA	24	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135051101	NICORET	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	4 MG	MOUTH/T	LOZG	EA	72	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135051106	NICORET	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	4 MG	MOUTH/T	LOZG	EA	24	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135051107	NICORET	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	4 MG	MOUTH/T	LOZG	EA	24	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135052001	SENSODY	DENTIFRI	340000 Dental Ag	34000000 Dental Ag	O	5%-.15%	DENTAL	PSTE	GM	113	SSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135052504	SENSODY	DENTIFRI	340000 Dental Ag	34000000 Dental Ag	O	5-0.24 %	DENTAL	PSTE	GM	113	SSB		135	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135052507	SENSODY	DENTIFRI	340000 Dental Ag	34000000 Dental Ag	O	5-0.24 %	DENTAL	PSTE	GM	23	SSB		135	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135052904	SENSODY	DENTIFRI	340000 Dental Ag	34000000 Dental Ag	O	5-0.25 %	DENTAL	PSTE	GM	113	SSB		135	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135053202	NICORET	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	2 MG	MOUTH/T	GUM	EA	100	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135053203	NICORET	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	2 MG	MOUTH/T	GUM	EA	160	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135053302	NICORET	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	4 MG	MOUTH/T	GUM	EA	100	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135053703	PANADOL	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	160 MG/5	ORAL	SUSP	ML	118	GENERIC		135	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135053902	PANADOL	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	160 MG/5	ORAL	SUSP	ML	54.7	GENERIC		135	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135055701	BIOTENE	DENTIFRI	340000 Dental Ag	34000000 Dental Ag	O	0.15%	DENTAL	PSTE	GM	121.9	SSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135056001	TUMS CH	CALCIUM	560400 Antacids a	56040000 Antacids a	O	1177 MG	ORAL	CHEW	EA	32	SSB		135	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135056901	TUMS CH	CALCIUM	560400 Antacids a	56040000 Antacids a	O	1177 MG	ORAL	CHEW	EA	32	SSB		135	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135057202	SENSODY	STANNOU	340400 UNKNOW	34040000 UNKNOW	O	0.45%	MOUTH/T	PSTE	GM	96.4	SSB		135	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135057401	GAVISCO	ALUMINU	560400 Antacids a	56040000 Antacids a	P	254-237.5	ORAL	SUSP	ML	355	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135057501	SENSODY	STANNOU	340400 UNKNOW	34040000 UNKNOW	O	0.45%	MOUTH/T	PSTE	GM	96.4	SSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135057602	FLONASE	FLUTICAS	520808 Corticoste	52080800 Corticoste	P	50 MCG/A	NASAL	SUSP	ML	9.9	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	X	16 IN 30 DAYS			R	MEDPRMI
135057603	FLONASE	FLUTICAS	520808 Corticoste	52080800 Corticoste	P	50 MCG/A	NASAL	SUSP	ML	15.8	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	X	16 IN 30 DAYS			R	MEDPRMI
135057604	FLONASE	FLUTICAS	520808 Corticoste	52080800 Corticoste	P	50 MCG/A	NASAL	SUSP	ML	15.8	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	X	16 IN 30 DAYS			R	MEDPRMI
135057614	FLONASE	FLUTICAS	520808 Corticoste	52080800 Corticoste	P	50 MCG/A	NASAL	SUSP	ML	18.2	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	X	16 IN 30 DAYS			R	MEDPRMI
135057615	FLONASE	FLUTICAS	520808 Corticoste	52080800 Corticoste	P	50 MCG/A	NASAL	SUSP	ML	18.2	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	X	16 IN 30 DAYS			R	MEDPRMI
135057616	FLONASE	FLUTICAS	520808 Corticoste	52080800 Corticoste	P	50 MCG/A	NASAL	SUSP	ML	18.2	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	X	16 IN 30 DAYS			R	MEDPRMI
135057617	FLONASE	FLUTICAS	520808 Corticoste	52080800 Corticoste	P	50 MCG/A	NASAL	SUSP	ML	11.1	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	X	16 IN 30 DAYS			R	MEDPRMI
135057801	FLONASE	CHLORPH	40400 First Gene	4040000 First Gene	P	2-5-325 M	ORAL	TABS	EA	12	GENERIC		135	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135057802	FLONASE	CHLORPH	40400 First Gene	4040000 First Gene	P	2-5-325 M	ORAL	TABS	EA	48	GENERIC		135	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135057803	FLONASE	CHLORPH	40400 First Gene	4040000 First Gene	P	2-5-325 M	ORAL	TABS	EA	96	GENERIC		135	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135058201	FLONASE	FLUTICAS	520808 Corticoste	52080800 Corticoste	P	50 MCG/A	NASAL	SUSP	ML	9.9	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	X	16 IN 30 DAYS			R	MEDPRMI
135058202	FLONASE	FLUTICAS	520808 Corticoste	52080800 Corticoste	P	50 MCG/A	NASAL	SUSP	ML	9.9	MSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	X	16 IN 30 DAYS			R	MEDPRMI
135058204	FLONASE	FLUTICAS	520808 Corticoste	52080800 Corticoste	P	50 MCG/A	NASAL	SUSP	ML	11.1	MSB		135	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	X	16 IN 30 DAYS			R	MEDPRMI
135059001	AQUAFRE	DENTIFRI	340000 Dental Ag	34000000 Dental Ag	O	0.25%	DENTAL	PSTE	GM	158.8	SSB		135	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135059301	SENSODY	DENTIFRI	340000 Dental Ag	34000000 Dental Ag	O	5-0.25 %	DENTAL	PSTE	GM	113	SSB		135 N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI

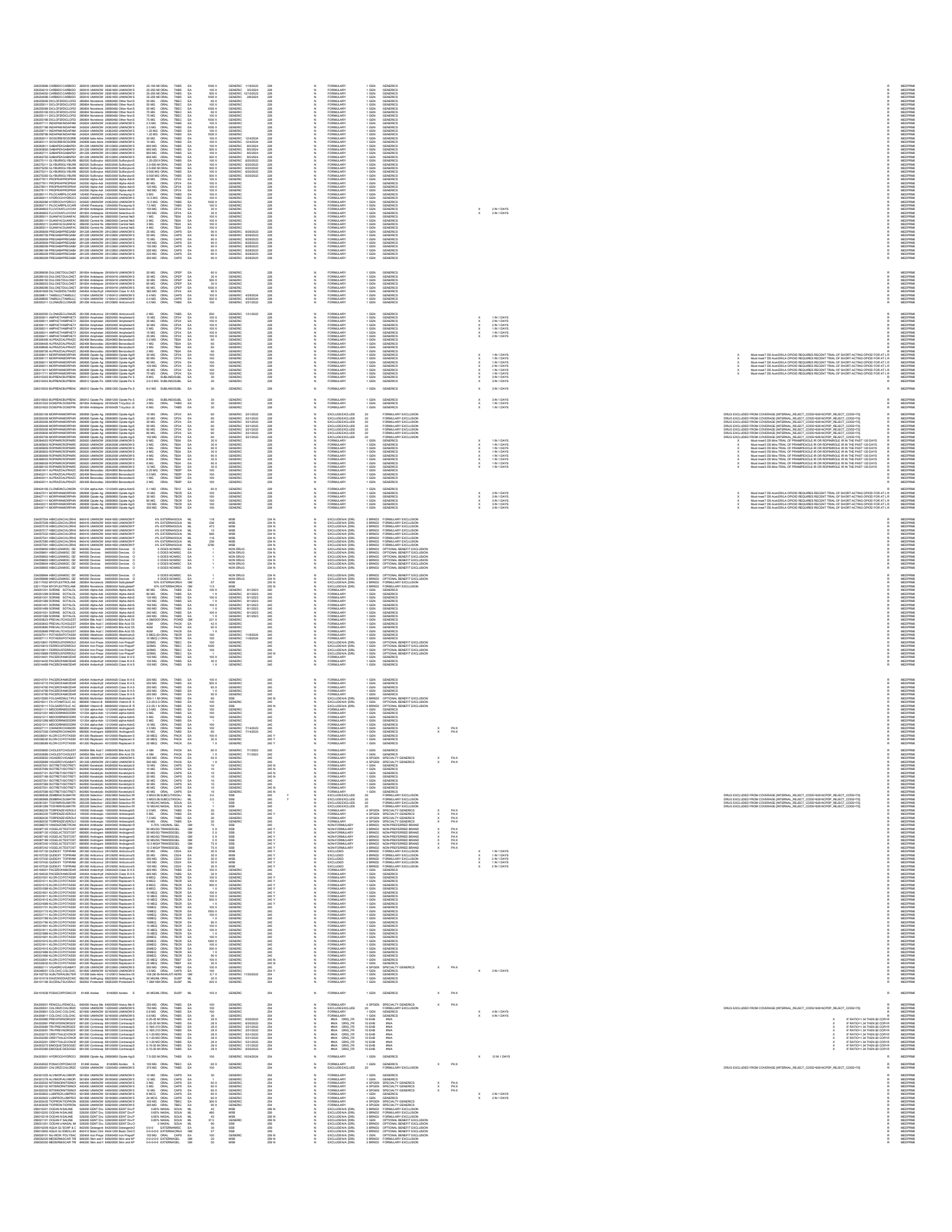
135059801	PARODOI	STANNOU	340400	UNKNOW	34040000	UNKNOW	O	0.45%	MOUTH/T	PSTE	GM	96.4	SSB		135 N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135059902	PARODOI	STANNOU	340400	UNKNOW	34040000	UNKNOW	O	0.45%	MOUTH/T	PSTE	GM	96.4	SSB		135 N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135060101	PARODOI	STANNOU	340400	UNKNOW	34040000	UNKNOW	O	0.45%	MOUTH/T	PSTE	GM	96.4	SSB		135 N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135060201	SENSODY	DENTIFRI	340000	Dental Ag	34000000	Dental Ag	O	5-0.25 %	DENTAL	PSTE	GM	85	SSB		135 N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135060301	SENSODY	DENTIFRI	340000	Dental Ag	34000000	Dental Ag	O	5-0.25 %	DENTAL	PSTE	GM	85	SSB		135 N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135060601	TUMS CH	CALCIUM	560400	Antacids a	56040000	Antacids a	P	750 MG	ORAL	CHEW	EA	32	MSB		135 N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135060602	TUMS CH	CALCIUM	560400	Antacids a	56040000	Antacids a	P	750 MG	ORAL	CHEW	EA	60	MSB		135 N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135060702	PANADOL	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	P	5-325 MG	ORAL	TABS	EA	24	GENERIC		135		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135060801	PANADOL	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	25-500 MC	ORAL	TABS	EA	24	GENERIC		135		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135060802	PANADOL	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	25-500 MC	ORAL	TABS	EA	50	GENERIC		135		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135060901	PANADOL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	24	GENERIC		135		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135060902	PANADOL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	50	GENERIC		135		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135060903	PANADOL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	100	GENERIC		135		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135061101	TUMS	CALCIUM	560400	Antacids a	56040000	Antacids a	P	500 MG	ORAL	CHEW	EA	150	MSB		135 N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135061201	TUMS UL	CALCIUM	560400	Antacids a	56040000	Antacids a	P	1000 MG	ORAL	CHEW	EA	72	MSB	4/8/2024	135 N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135061202	TUMS UL	CALCIUM	560400	Antacids a	56040000	Antacids a	P	1000 MG	ORAL	CHEW	EA	160	MSB	4/8/2024	135 N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135061502	FLONASE	FLUTICAS	520808	Corticoste	52080800	Corticoste	O	27.5 MCG	NASAL	SUSP	ML	5.9	SSB		135		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135061503	FLONASE	FLUTICAS	520808	Corticoste	52080800	Corticoste	O	27.5 MCG	NASAL	SUSP	ML	9.1	SSB		135		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135061504	FLONASE	FLUTICAS	520808	Corticoste	52080800	Corticoste	O	27.5 MCG	NASAL	SUSP	ML	9.1	SSB		135		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135061505	FLONASE	FLUTICAS	520808	Corticoste	52080800	Corticoste	O	27.5 MCG	NASAL	SUSP	ML	9.1	SSB		135		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135061506	FLONASE	FLUTICAS	520808	Corticoste	52080800	Corticoste	O	27.5 MCG	NASAL	SUSP	ML	6.6	SSB		135		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135061601	FLONASE	FLUTICAS	520808	Corticoste	52080800	Corticoste	O	27.5 MCG	NASAL	SUSP	ML	5.9	SSB		135		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135062001	PANADOL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500-65 MC	ORAL	TABS	EA	24	GENERIC		135		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135062101	SENSODY	STANNOU	340400	UNKNOW	34040000	UNKNOW	O	0.45%	MOUTH/T	PSTE	GM	96.4	SSB		135		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135062102	SENSODY	STANNOU	340400	UNKNOW	34040000	UNKNOW	O	0.45%	MOUTH/T	PSTE	GM	23	SSB		135		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135062201	SENSODY	STANNOU	340400	UNKNOW	34040000	UNKNOW	O	0.45%	MOUTH/T	PSTE	GM	96.4	SSB		135		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135062401	TUMS GA	CALCIUM	560400	Antacids a	56040000	Antacids a	P	750-80 MC	ORAL	CHEW	EA	28	GENERIC		135		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135062402	TUMS GA	CALCIUM	560400	Antacids a	56040000	Antacids a	P	750-80 MC	ORAL	CHEW	EA	54	GENERIC		135		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135062501	NICORET	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	LOZG	EA	20	MSB		135 N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135062601	NICORET	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	LOZG	EA	20	MSB		135 N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135062602	NICORET	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	LOZG	EA	20	MSB		135 N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135062702	PARODOI	STANNOU	340400	UNKNOW	34040000	UNKNOW	O	0.45%	MOUTH/T	PSTE	GM	96.4	SSB		135		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
135063502	NICORET	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	LOZG	EA	24	MSB		135		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135150002	NICORET	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	LOZG	EA	27	MSB		135		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
135280002	NICORET	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	LOZG	EA	27	MSB		135 N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
140000401	VALIUM	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	100	MSB	5/5/2022	140 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
140000501	VALIUM	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	100	MSB	5/5/2022	140 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
140000601	VALIUM	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	100	MSB	5/5/2022	140 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
143117101	CAPTOPF	CAPTOPF	243204	Angiotens	24320400	Angiotens	S	12.5 MG	ORAL	TABS	EA	100 X	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
143117110	CAPTOPF	CAPTOPF	243204	Angiotens	24320400	Angiotens	S	12.5 MG	ORAL	TABS	EA	1000 X	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
143117201	CAPTOPF	CAPTOPF	243204	Angiotens	24320400	Angiotens	S	25 MG	ORAL	TABS	EA	100 X	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
143117210	CAPTOPF	CAPTOPF	243204	Angiotens	24320400	Angiotens	S	25 MG	ORAL	TABS	EA	1000 X	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
143117301	CAPTOPF	CAPTOPF	243204	Angiotens	24320400	Angiotens	S	50 MG	ORAL	TABS	EA	100 X	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
143117310	CAPTOPF	CAPTOPF	243204	Angiotens	24320400	Angiotens	S	50 MG	ORAL	TABS	EA	1000 X	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
143117401	CAPTOPF	CAPTOPF	243204	Angiotens	24320400	Angiotens	S	100 MG	ORAL	TABS	EA	100 X	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
143122701	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	100	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
143122710	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	1000	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
143124001	DIGOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	125 MCG	ORAL	TABS	EA	100 X	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
143124010	DIGOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	125 MCG	ORAL	TABS	EA	1000 X	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
143124101	DIGOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	250 MCG	ORAL	TABS	EA	100 X	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
143124110	DIGOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	250 MCG	ORAL	TABS	EA	1000 X	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
143145501	PHENOB/	PHENOB/	282404	Barbiturat	28240400	Barbiturat	S	60 MG	ORAL	TABS	EA	100 X	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
143145505	PHENOB/	PHENOB/	282404	Barbiturat	28240400	Barbiturat	S	60 MG	ORAL	TABS	EA	500 X	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
143145801	PHENOB/	PHENOB/	282404	Barbiturat	28240400	Barbiturat	S	100 MG	ORAL	TABS	EA	100 X	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
143145805	PHENOB/	PHENOB/	282404	Barbiturat	28240400	Barbiturat	S	100 MG	ORAL	TABS	EA	500 X	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
143149501	PHENOB/	PHENOB/	282404	Barbiturat	28240400	Barbiturat	S	15 MG	ORAL	TABS	EA	100 X	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
143149505	PHENOB/	PHENOB/	282404	Barbiturat	28240400	Barbiturat	S	15 MG	ORAL	TABS	EA	500 X	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
143150001	PHENOB/	PHENOB/	282404	Barbiturat	28240400	Barbiturat	S	30 MG	ORAL	TABS	EA	100 X	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
143150005	PHENOB/	PHENOB/	282404	Barbiturat	28240400	Barbiturat	S	30 MG	ORAL	TABS	EA	500 X	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
143176901	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
143177101	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
143177201	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
143211205	DOXYCY(	DOXYCY(	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	TABS	EA	500	GENERIC		143		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS	R	MEDPRMI
143211250	DOXYCY(	DOXYCY(	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	TABS	EA	50	GENERIC		143		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS	R	MEDPRMI
143301801	COLCHIC	COLCHIC	921600	UNKNOW	92160000	UNKNOW	S	0.6 MG	ORAL	CAPS	EA	100	GENERIC		143		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS	R	MEDPRMI
143301810	COLCHIC	COLCHIC	921600	UNKNOW	92160000	UNKNOW	S	0.6 MG	ORAL	CAPS	EA	1000	GENERIC		143		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS	R	MEDPRMI
143301830	COLCHIC	COLCHIC	921600	UNKNOW	92160000	UNKNOW	S	0.6 MG	ORAL	CAPS	EA	30	GENERIC		143		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS	R	MEDPRMI
143312601	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	100	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
143312610	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	1000	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
143314150	DOXYCY(	DOXYCY(	81224	Tetracycli	8122400	Tetracycli	S	50 MG	ORAL	CAPS	EA	50	GENERIC		143		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS	R	MEDPRMI
143314250	DOXYCY(	DOXYCY(	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	CAPS	EA	50	GENERIC		143		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS	R	MEDPRMI
143900501	TESTOST	TESTOST	680800	Androgens	68080000	Androgens	S	200 MG/M	INTRAMU	SOLN	ML	10 X	GENERIC		143	Y	N	FORMULARY		1 GEN	GENERICS	X	PA:X			R	MEDPRMI
143900601	ACETAZC	ACETAZC	524012	UNKNOW	52401200	UNKNOW	S	500 MG	INJECTIO	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143902201	FULVEST	FULVEST	100000	Antineopla	10000000	Antineopla	S	250 MG/5I	INTRAMU	SOSY	ML	5	GENERIC		143		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143902202	FULVEST	FULVEST	100000	Antineopla	10000000	Antineopla	S	250 MG/5I	INTRAMU	SOSY	ML	5	GENERIC		143		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143908401	DOXORU	DOXORU	100000	Antineopla	10000000	Antineopla	S	2 MG/ML	INTRAVEI	SOLN	ML	5	GENERIC		143		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143908501	DOXORU	DOXORU	100000	Antineopla	10000000	Antineopla	S	2 MG/ML	INTRAVEI	SOLN	ML	10	GENERIC		143		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143908601	DOXORU	DOXORU	100000	Antineopla	10000000	Antineopla	S	2 MG/ML	INTRAVEI	SOLN	ML	25	GENERIC		143		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143908701	DOXORU	DOXORU	100000	Antineopla	10000000	Antineopla	S	2 MG/ML	INTRAVEI	SOLN	ML	100	GENERIC		143		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143908801	DOXORU	DOXORU	100000	Antineopla	10000000	Antineopla	S	2 MG/ML	INTRAVEI	SOLN	ML	5	GENERIC		143		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143908901	DOXORU	DOXORU	100000	Antineopla	10000000	Antineopla	S	2 MG/ML	INTRAVEI	SOLN	ML	10	GENERIC		143		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143909001	DOXORU	DOXORU	100000	Antineopla	10000000	Antineopla	S	2 MG/ML	INTRAVEI	SOLN	ML	25	GENERIC		143		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143909101	DOXORU	DOXORU	100000	Antineopla	10000000	Antineopla	S	2 MG/ML	INTRAVEI	SOLN	ML	100	GENERIC		143		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143909201	DOXORU	DOXORU	100000	Antineopla	10000000	Antineopla	R	10 MG	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143909301	DOXORU	DOXORU	100000	Antineopla	10000000	Antineopla	S	50 MG	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143909801	BORTEZC	BORTEZC	100000	Antineopla	10000000	Antineopla	S	3.5 MG	INJECTIO	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143912801	GENTAMI	GENTAMI	81202	Aminoglyc	8120200	Aminoglyc	S	40 MG/ML	INJECTIO	SOLN	ML	2	GENERIC		143 Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143912825	GENTAMI	GENTAMI	81202	Aminoglyc	8120200	Aminoglyc	S	40 MG/ML	INJECTIO	SOLN	ML	2	GENERIC		143 Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143913501	MITOMYC	MITOMYC	100000	Antineopla	10000000	Antineopla	S	20 MG	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143913601	MITOMYC	MITOMYC	100000	Antineopla	10000000	Antineopla	S	40 MG	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143913901	CEFAZOL	CEFAZOL	81206	Cephalos	8120604	First Gene	R	2 GM	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143913925	CEFAZOL	CEFAZOL	81206	Cephalos	8120604	First Gene	R	2 GM	INTRAVEI	SOLR	EA	1	MSB		143		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
143914001	CEFAZOL	CEFAZOL	81206	Cephalos	8120604	First Gene	R	3 GM	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143914025	CEFAZOL	CEFAZOL	81206	Cephalos	8120604	First Gene	R	3 GM	INTRAVEI	SOLR	EA	1	MSB		143		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
143914101	DOBUTAI	DOBUTAI	121208	beta-Adre	12120808	Selective I	S	12.5 MG/N	INTRAVEI	SOLN	ML	20	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143914110	DOBUTAI	DOBUTAI	121208	beta-Adre	12120808	Selective I	S	12.5 MG/N	INTRAVEI	SOLN	ML	20	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143915001	COMBOG	IBUPROF	280816	UNKNOW	28081600	UNKNOW	R	1000-300 I	INTRAVEI	SOLN	ML	100	SSB		143		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143915010	COMBOG	IBUPROF	280816	UNKNOW	28081600	UNKNOW	R	1000-300 I	INTRAVEI	SOLN	ML	100	SSB		143		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143915201	VANCOM'	VANCOM'	81228	Antibacter	8122816	Glycopept	S	1.25 GM	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143915210	VANCOM'	VANCOM'	81228	Antibacter	8122816	Glycopept	S	1.25 GM	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143915301	VANCOM'	VANCOM'	81228	Antibacter	8122816	Glycopept	S	1.5 GM	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143915310	VANCOM'	VANCOM'	81228	Antibacter	8122816	Glycopept	S	1.5 GM	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143915501	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	2	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143915525	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	2	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143915601	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	4	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143915610	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	4	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143915701	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	10	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143915710	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	10	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143915801	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	50	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143915901	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	100	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143916101	VANCOM'	VANCOM'	81228	Antibacter	8122816	Glycopept	R	500 MG	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143916125	VANCOM'	VANCOM'	81228	Antibacter	8122816	Glycopept	R	500 MG	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143916201	VANCOM'	VANCOM'	81228	Antibacter	8122816	Glycopept	R	1 GM	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143916210	VANCOM'	VANCOM'	81228	Antibacter	8122816	Glycopept	R	1 GM	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143916301	VANCOM'	VANCOM'	81228	Antibacter	8122816	Glycopept	R	5 GM	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143916401	VANCOM'	VANCOM'	81228	Antibacter	8122816	Glycopept	R	10 GM	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143916701	ERIBULIN	ERIBULIN	100000	Antineopla	10000000	Antineopla	S	1 MG/2ML	INTRAVEI	SOLN	ML	2	GENERIC		143		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143918001	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	S	10%	INTRAVEI	SOLN	ML	10	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143918025	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	S	10%	INTRAVEI	SOLN	ML	10	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143918401	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	S	10%	INTRAVEI	SOLN	ML	50	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143918425	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	S	10%	INTRAVEI	SOLN	ML	50	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143919201	FOSCARI	FOSCARI	81892	Antivirals,	8189200	Antivirals,	S	6000 MG/	INTRAVEI	SOLN	ML	250	GENERIC		143 Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143920401	DOCETA)	DOCETA)	100000	Antineopla	10000000	Antineopla	S	20 MG/ML	INTRAVEI	CONC	ML	1	GENERIC		143		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143920501	DOCETA)	DOCETA)	100000	Antineopla	10000000	Antineopla	S	80 MG/4M	INTRAVEI	CONC	ML	4	GENERIC		143		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143920901	CHLOROI	CHLOROI	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	20	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143920910	CHLOROI	CHLOROI	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	20	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143921001	CHLOROI	CHLOROI	720000	Local Ane	72000000	Local Ane	S	3%	INJECTIO	SOLN	ML	20	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143921010	CHLOROI	CHLOROI	720000	Local Ane	72000000	Local Ane	S	3%	INJECTIO	SOLN	ML	20	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143921701	IDARUBIC	IDARUBIC	100000	Antineopla	10000000	Antineopla	S	5 MG/5ML	INTRAVEI	SOLN	ML	5	GENERIC		143		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143921801	IDARUBIC	IDARUBIC	100000	Antineopla	10000000	Antineopla	S	10 MG/10I	INTRAVEI	SOLN	ML	10	GENERIC		143		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143921901	IDARUBIC	IDARUBIC	100000	Antineopla	10000000	Antineopla	S	20 MG/20I	INTRAVEI	SOLN	ML	20	GENERIC		143		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143923201	VECURO	VECURO	122020	UNKNOW	12202000	UNKNOW	S	20 MG	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143923210	VECURO	VECURO	122020	UNKNOW	12202000	UNKNOW	S	20 MG	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143923301	BENZTR(	BENZTR(	283608	UNKNOW	28360800	UNKNOW	S	1 MG/ML	INJECTIO	SOLN	ML	2	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143923305	BENZTR(	BENZTR(	283608	UNKNOW	28360800	UNKNOW	S	1 MG/ML	INJECTIO	SOLN	ML	2	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143923401	VECURO	VECURO	122020	UNKNOW	12202000	UNKNOW	S	10 MG	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143923410	VECURO	VECURO	122020	UNKNOW	12202000	UNKNOW	S	10 MG	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143924001	BLEOMY(	BLEOMY(	100000	Antineopla	10000000	Antineopla	S	15 UNIT	INJECTIO	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143924101	BLEOMY(	BLEOMY(	100000	Antineopla	10000000	Antineopla	S	30 UNIT	INJECTIO	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143924501	DACARB/	DACARB/	100000	Antineopla	10000000	Antineopla	S	200 MG	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143924510	DACARB/	DACARB/	100000	Antineopla	10000000	Antineopla	S	200 MG	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143924601	BUPREN(	BUPREN(	280812	Opiate Pa	28081200	Opiate Pa	S	0.3 MG/MI	INJECTIO	SOLN	ML	1	GENERIC		143	Y	N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
143924605	BUPREN(	BUPREN(	280812	Opiate Pa	28081200	Opiate Pa	S	0.3 MG/MI	INJECTIO	SOLN	ML	1	GENERIC		143	Y	N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
143924701	DEXRAZ(	DEXRAZ(	910412	UNKNOW	91041200	UNKNOW	S	250 MG	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143924801	DEXRAZ(	DEXRAZ(	910412	UNKNOW	91041200	UNKNOW	S	500 MG	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143924920	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 N	ORAL	TABS	EA	20	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
143925001	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	50 MG/5M	INTRAVEI	SOLN	ML	5	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143925010	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	50 MG/5M	INTRAVEI	SOLN	ML	5	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143925101	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	100 MG/1(	INTRAVEI	SOLN	ML	10	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143925110	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	100 MG/1(	INTRAVEI	SOLN	ML	10	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143925201	DOPAMIN	DOPAMIN	121208	beta-Adre	12120808	Selective I	S	40 MG/ML	INTRAVEI	SOLN	ML	5	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143925225	DOPAMIN	DOPAMIN	121208	beta-Adre	12120808	Selective I	S	40 MG/ML	INTRAVEI	SOLN	ML	5	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143925401	DOPAMIN	DOPAMIN	121208	beta-Adre	12120808	Selective I	S	40 MG/ML	INTRAVEI	SOLN	ML	10	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143925425	DOPAMIN	DOPAMIN	121208	beta-Adre	12120808	Selective I	S	40 MG/ML	INTRAVEI	SOLN	ML	10	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143926001	MESNA	MESNA	925600	UNKNOW	92560000	UNKNOW	S	100 MG/M	INTRAVEI	SOLN	ML	10	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143926101	CEFAZOL	CEFAZOL	81206	Cephalos	8120604	First Gene	S	10 GM	INJECTIO	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143926110	CEFAZOL	CEFAZOL	81206	Cephalos	8120604	First Gene	S	10 GM	INJECTIO	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143926201	CEFAZOL	CEFAZOL	81206	Cephalos	8120604	First Gene	S	1 GM	INJECTIO	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143926225	CEFAZOL	CEFAZOL	81206	Cephalos	8120604	First Gene	S	1 GM	INJECTIO	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143926301	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	20	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143926310	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	20	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143926701	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG/5(	INTRAVEI	SOLN	ML	50	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143926801	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	600 MG/5(	INTRAVEI	SOLN	ML	50	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143926901	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	900 MG/5(	INTRAVEI	SOLN	ML	50	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143927001	FLOXURII	FLOXURII	100000	Antineopla	10000000	Antineopla	R	0.5 GM	INJECTIO	SOLR	EA	1	GENERIC	1/27/2023	143		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143927301	DIHYDRO	DIHYDRO	121604	UNKNOW	12160404	UNKNOW	S	1 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		143	Y	N	FORMULARY		1 GEN	GENERICS			X	15 IN 14 DAYS	R	MEDPRMI
143927310	DIHYDRO	DIHYDRO	121604	UNKNOW	12160404	UNKNOW	S	1 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		143	Y	N	FORMULARY		1 GEN	GENERICS			X	15 IN 14 DAYS	R	MEDPRMI
143927501	ADRIAMY	DOXORU	100000	Antineopla	10000000	Antineopla	R	10 MG	INTRAVEI	SOLR	EA	1	SSB	1/1/2022	143		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143927701	ADRIAMY	DOXORU	100000	Antineopla	10000000	Antineopla	S	50 MG	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143927901	MITOMYC	MITOMYC	100000	Antineopla	10000000	Antineopla	S	20 MG	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143928001	MITOMYC	MITOMYC	100000	Antineopla	10000000	Antineopla	S	40 MG	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143928401	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	40 MG	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143928410	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	40 MG	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143928501	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875 MG	ORAL	TABS	EA	100	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
143928520	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875 MG	ORAL	TABS	EA	20	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
143928801	ARGATR(	ARGATR(	201204	Anticoagu	20120412	Direct Thr	R	250 MG/2.	INTRAVEI	SOLN	ML	2.5	MSB	10/10/2024	143		N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION					R	MEDPRMI
143928901	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	10 MG/ML	INTRAMU	OIL	ML	5	GENERIC		143	Y	N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
143929001	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	20 MG/ML	INTRAMU	OIL	ML	5	GENERIC		143	Y	N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
143929101	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	40 MG/ML	INTRAMU	OIL	ML	5	GENERIC		143	Y	N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
143929201	THIOTEP/	THIOTEP/	100000	Antineopla	10000000	Antineopla	S	100 MG	INJECTIO	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143929501	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	100 MG/M	INTRAMU	SOLN	ML	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143929601	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	100 MG/M	INTRAMU	SOLN	ML	5	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143929701	DANTROI	DANTROL	122008	UNKNOW	12200800	UNKNOW	S	20 MG	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143929801	SODIUM I	SODIUM F	200404	Iron Prepa	20040400	Iron Prepa	S	12.5 MG/N	INTRAVEI	SOLN	ML	5	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143929810	SODIUM I	SODIUM F	200404	Iron Prepa	20040400	Iron Prepa	S	12.5 MG/N	INTRAVEI	SOLN	ML	5	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143929901	GANCICL	GANCICL	81832	Nucleosid	8183200	Nucleosid	S	500 MG	INTRAVEI	SOLR	EA	1	GENERIC		143 Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143929910	GANCICL	GANCICL	81832	Nucleosid	8183200	Nucleosid	S	500 MG	INTRAVEI	SOLR	EA	1	GENERIC		143 Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143930001	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	40 MG	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143930010	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	40 MG	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143930601	IDARUBIC	IDARUBIC	100000	Antineopla	10000000	Antineopla	S	5 MG/5ML	INTRAVEI	SOLN	ML	5	GENERIC		143		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143930701	IDARUBIC	IDARUBIC	100000	Antineopla	10000000	Antineopla	S	10 MG/10I	INTRAVEI	SOLN	ML	10	GENERIC		143		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143930801	IDARUBIC	IDARUBIC	100000	Antineopla	10000000	Antineopla	S	20 MG/20I	INTRAVEI	SOLN	ML	20	GENERIC		143		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143930901	THIOTEP/	THIOTEP/	100000	Antineopla	10000000	Antineopla	S	15 MG	INJECTIO	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143931001	ETOMIDA	ETOMIDA	280408	UNKNOW	28040800	UNKNOW	S	2 MG/ML	INTRAVEI	SOLN	ML	10	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143931010	ETOMIDA	ETOMIDA	280408	UNKNOW	28040800	UNKNOW	S	2 MG/ML	INTRAVEI	SOLN	ML	10	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143931101	ETOMIDA	ETOMIDA	280408	UNKNOW	28040800	UNKNOW	S	2 MG/ML	INTRAVEI	SOLN	ML	20	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143931110	ETOMIDA	ETOMIDA	280408	UNKNOW	28040800	UNKNOW	S	2 MG/ML	INTRAVEI	SOLN	ML	20	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143931501	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	250 MG/5(	INTRAVEI	SOLN	ML	50	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143931524	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	250 MG/5(	INTRAVEI	SOLN	ML	50	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143931601	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG/1(	INTRAVEI	SOLN	ML	100	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143931624	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG/1(	INTRAVEI	SOLN	ML	100	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143931701	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG/1!	INTRAVEI	SOLN	ML	150	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143931724	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG/1!	INTRAVEI	SOLN	ML	150	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143931801	NOREPIN	NOREPIN	121212	alpha- and	12121200	alpha- and	S	1 MG/ML	INTRAVEI	SOLN	ML	4	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143931810	NOREPIN	NOREPIN	121212	alpha- and	12121200	alpha- and	S	1 MG/ML	INTRAVEI	SOLN	ML	4	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143931901	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	5 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143931925	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	5 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143932001	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG/ML	INTRAVEI	SOLN	ML	20	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143932601	MILRINOI	MILRINOI	240408	Cardiotoni	24040800	Cardiotoni	S	20 MG/20I	INTRAVEI	SOLN	ML	20	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143932610	MILRINOI	MILRINOI	240408	Cardiotoni	24040800	Cardiotoni	S	20 MG/20I	INTRAVEI	SOLN	ML	20	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143932801	BUPIVAC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.25%	INJECTIO	SOLN	ML	50	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143932810	BUPIVAC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.25%	INJECTIO	SOLN	ML	50	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143932901	BUPIVAC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.50%	INJECTIO	SOLN	ML	50	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143932910	BUPIVAC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.50%	INJECTIO	SOLN	ML	50	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143933001	BUPIVAC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.25%	INJECTIO	SOLN	ML	10	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143933010	BUPIVAC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.25%	INJECTIO	SOLN	ML	10	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143933101	BUPIVAC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.50%	INJECTIO	SOLN	ML	10	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143933110	BUPIVAC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.50%	INJECTIO	SOLN	ML	10	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143933201	BUPIVAC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.75%	INJECTIO	SOLN	ML	10	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143933210	BUPIVAC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.75%	INJECTIO	SOLN	ML	10	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143933301	BUPIVAC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.25%	INJECTIO	SOLN	ML	30	GENERIC		143 Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143933310	BUPIVAC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.25%	INJECTIO	SOLN	ML	30	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143933401	BUPIVAC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.50%	INJECTIO	SOLN	ML	30	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143933410	BUPIVAC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.50%	INJECTIO	SOLN	ML	30	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143933501	BUPIVAC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.75%	INJECTIO	SOLN	ML	30	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143933510	BUPIVAC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.75%	INJECTIO	SOLN	ML	30	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143933801	SUCCINY	SUCCINY	122020	UNKNOW	12202000	UNKNOW	S	20 MG/ML	INJECTIO	SOLN	ML	10	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143933825	SUCCINY	SUCCINY	122020	UNKNOW	12202000	UNKNOW	S	20 MG/ML	INJECTIO	SOLN	ML	10	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143935501	VANCOM'	VANCOM'	81228	Antibacter	8122816	Glycopept	S	750 MG	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143935510	VANCOM'	VANCOM'	81228	Antibacter	8122816	Glycopept	S	750 MG	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143935701	VANCOM'	VANCOM'	81228	Antibacter	8122816	Glycopept	S	1 GM	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143935710	VANCOM'	VANCOM'	81228	Antibacter	8122816	Glycopept	S	1 GM	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143935801	VANCOM'	VANCOM'	81228	Antibacter	8122816	Glycopept	S	5 GM	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143935901	VANCOM'	VANCOM'	81228	Antibacter	8122816	Glycopept	S	10 GM	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143936101	MICAFUN	MICAFUN	81416	Echinocan	8141600	Echinocan	S	50 MG	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143936201	MICAFUN	MICAFUN	81416	Echinocan	8141600	Echinocan	S	100 MG	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143936310	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	R	100-0.72 N	INTRAVEI	SOLN	ML	100	MSB	10/10/2024	143		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
143936410	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	R	200-0.72 N	INTRAVEI	SOLN	ML	200	MSB	10/10/2024	143		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
143936510	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	R	300-0.72 N	INTRAVEI	SOLN	ML	300	MSB	10/10/2024	143		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
143936610	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	R	200-5 MG/	INTRAVEI	SOLN	ML	200	MSB	10/10/2024	143		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
143936701	METHOTF	METHOTF	100000	Antineopla	10000000	Antineopla	S	1GM	INJECTIO	SOLR	EA	1	GENERIC		143	Y	N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
143936801	LEUCOV(	LEUCOV(	910412	UNKNOW	91041200	UNKNOW	S	200 MG	INJECTIO	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143936901	ADRIAMY	DOXORU	100000	Antineopla	10000000	Antineopla	S	2 MG/ML	INTRAVEI	SOLN	ML	5	GENERIC	1/1/2022	143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143937001	ADRIAMY	DOXORU	100000	Antineopla	10000000	Antineopla	S	2 MG/ML	INTRAVEI	SOLN	ML	10	GENERIC	1/1/2022	143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143937101	ADRIAMY	DOXORU	100000	Antineopla	10000000	Antineopla	S	2 MG/ML	INTRAVEI	SOLN	ML	25	GENERIC	1/1/2022	143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143937201	ADRIAMY	DOXORU	100000	Antineopla	10000000	Antineopla	S	2 MG/ML	INTRAVEI	SOLN	ML	100	GENERIC	1/1/2022	143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143937301	MILRINOI	MILRINOI	240408	Cardiotoni	24040800	Cardiotoni	S	10 MG/10I	INTRAVEI	SOLN	ML	10	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143937310	MILRINOI	MILRINOI	240408	Cardiotoni	24040800	Cardiotoni	S	10 MG/10I	INTRAVEI	SOLN	ML	10	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143937401	MILRINOI	MILRINOI	240408	Cardiotoni	24040800	Cardiotoni	S	20 MG/20I	INTRAVEI	SOLN	ML	20	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143937410	MILRINOI	MILRINOI	240408	Cardiotoni	24040800	Cardiotoni	S	20 MG/20I	INTRAVEI	SOLN	ML	20	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143937501	TERBUTA	TERBUTA	121208	beta-Adre	12120812	Selective I	S	1 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143937510	TERBUTA	TERBUTA	121208	beta-Adre	12120812	Selective I	S	1 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143937601	ETOPOSI	ETOPOSI	100000	Antineopla	10000000	Antineopla	S	100 MG/5I	INTRAVEI	SOLN	ML	5	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143937701	ARGATR(	ARGATR(	201204	Anticoagu	20120412	Direct Thr	S	50 MG/50I	INTRAVEI	SOLN	ML	50	MSB		143		N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION					R	MEDPRMI
143937801	DAPTOM'	DAPTOM'	81228	Antibacter	8122812	Cyclic Lip	S	500 MG	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143937901	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	50-0.9 MG	INTRAVEI	SOLN	ML	50	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143937910	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	50-0.9 MG	INTRAVEI	SOLN	ML	50	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143938001	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	100-0.9 M	INTRAVEI	SOLN	ML	100	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143938010	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	100-0.9 M	INTRAVEI	SOLN	ML	100	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
143938110	DOXYCY(	DOXYCY(	81224	Tetracycli	8122400	Tetracycli	S	100 MG	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI

143938401	FOSAPRE	FOSAPRE	562232	UNKNOW	56223200	UNKNOW	S	150 MG	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143938501	DECITABI	DECITABI	100000	Antineopla	10000000	Antineopla	S	50 MG	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143938601	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	S	10 MG/ML	INTRAVEI	SOLN	ML	100	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143938610	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	S	10 MG/ML	INTRAVEI	SOLN	ML	100	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143939101	REMIFEN	REMIFEN	280808	Opiate Ag	28080800	Opiate Ag	S	1 MG	INTRAVEI	SOLR	EA	1	GENERIC	12/19/2022	143 Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143939110	REMIFEN	REMIFEN	280808	Opiate Ag	28080800	Opiate Ag	S	1 MG	INTRAVEI	SOLR	EA	1	GENERIC	12/19/2022	143 Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143939201	REMIFEN	REMIFEN	280808	Opiate Ag	28080800	Opiate Ag	S	2 MG	INTRAVEI	SOLR	EA	1	GENERIC		143 Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143939210	REMIFEN	REMIFEN	280808	Opiate Ag	28080800	Opiate Ag	S	2 MG	INTRAVEI	SOLR	EA	1	GENERIC		143 Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143939301	REMIFEN	REMIFEN	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	INTRAVEI	SOLR	EA	1	GENERIC		143 Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143939310	REMIFEN	REMIFEN	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	INTRAVEI	SOLR	EA	1	GENERIC		143 Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143939401	GEMCITA	GEMCITA	100000	Antineopla	10000000	Antineopla	S	200 MG	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143939601	CISATRA	CISATRA	122020	UNKNOW	12202000	UNKNOW	S	10 MG/5M	INTRAVEI	SOLN	ML	5	GENERIC		143 Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143939801	ERTAPEN	ERTAPEN	81207	Miscellane	8120708	Carbapen	S	1 GM	INJECTIO	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143939810	ERTAPEN	ERTAPEN	81207	Miscellane	8120708	Carbapen	S	1 GM	INJECTIO	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143942801	FOSAPRE	FOSAPRE	562232	UNKNOW	56223200	UNKNOW	S	150 MG	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143950101	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	5 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143950125	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	5 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143950201	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	5 MG/ML	INJECTIO	SOLN	ML	10	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143950301	ACETAZC	ACETAZC	524012	UNKNOW	52401200	UNKNOW	S	500 MG	INJECTIO	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143950401	CISPLATI	CISPLATI	100000	Antineopla	10000000	Antineopla	S	50 MG/50	INTRAVEI	SOLN	ML	50	GENERIC		143		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143950501	CISPLATI	CISPLATI	100000	Antineopla	10000000	Antineopla	S	100 MG/1	INTRAVEI	SOLN	ML	100	GENERIC		143		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143950601	ETOMIDA	ETOMIDA	280408	UNKNOW	28040800	UNKNOW	S	2 MG/ML	INTRAVEI	SOLN	ML	10	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143950610	ETOMIDA	ETOMIDA	280408	UNKNOW	28040800	UNKNOW	S	2 MG/ML	INTRAVEI	SOLN	ML	10	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143950701	ETOMIDA	ETOMIDA	280408	UNKNOW	28040800	UNKNOW	S	2 MG/ML	INTRAVEI	SOLN	ML	20	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143950710	ETOMIDA	ETOMIDA	280408	UNKNOW	28040800	UNKNOW	S	2 MG/ML	INTRAVEI	SOLN	ML	20	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143950801	KETAMIN	KETAMIN	280408	UNKNOW	28040800	UNKNOW	S	50 MG/ML	INJECTIO	SOLN	ML	10	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143950810	KETAMIN	KETAMIN	280408	UNKNOW	28040800	UNKNOW	S	50 MG/ML	INJECTIO	SOLN	ML	10	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143950901	KETAMIN	KETAMIN	280408	UNKNOW	28040800	UNKNOW	S	100 MG/M	INJECTIO	SOLN	ML	5	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143950910	KETAMIN	KETAMIN	280408	UNKNOW	28040800	UNKNOW	S	100 MG/M	INJECTIO	SOLN	ML	5	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143951001	ETOPOSI	ETOPOSI	100000	Antineopla	10000000	Antineopla	S	100 MG/5	INTRAVEI	SOLN	ML	5	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143951101	ETOPOSI	ETOPOSI	100000	Antineopla	10000000	Antineopla	S	500 MG/2	INTRAVEI	SOLN	ML	25	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143951201	ETOPOSI	ETOPOSI	100000	Antineopla	10000000	Antineopla	S	1 GM/50M	INTRAVEI	SOLN	ML	50	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143951301	PALONOS	PALONOS	562220	5-HT3 Re	56222000	5-HT3 Re	R	0.25 MG/2	INTRAVEI	SOLN	ML	2	MSB		143		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION					R	MEDPRIM
143951401	DROPERI	DROPERI	562212	UNKNOW	56221200	UNKNOW	S	2.5 MG/M	INJECTIO	SOLN	ML	2	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143951425	DROPERI	DROPERI	562212	UNKNOW	56221200	UNKNOW	S	2.5 MG/M	INJECTIO	SOLN	ML	2	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143951501	DROPERI	DROPERI	562212	UNKNOW	56221200	UNKNOW	S	2.5 MG/M	INJECTIO	SOLN	ML	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143951525	DROPERI	DROPERI	562212	UNKNOW	56221200	UNKNOW	S	2.5 MG/M	INJECTIO	SOLN	ML	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143951901	METHOTF	METHOTF	100000	Antineopla	10000000	Antineopla	S	50 MG/2M	INJECTIO	SOLN	ML	2	GENERIC		143	Y	N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
143951910	METHOTF	METHOTF	100000	Antineopla	10000000	Antineopla	S	50 MG/2M	INJECTIO	SOLN	ML	2	GENERIC		143	Y	N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
143952501	DEXMEDI	DEXMEDI	121204	alpha-Adr	12120400	alpha-Adr	S	400 MCG/	INTRAVEI	SOLN	ML	100	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143952510	DEXMEDI	DEXMEDI	121204	alpha-Adr	12120400	alpha-Adr	S	400 MCG/	INTRAVEI	SOLN	ML	100	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143952601	DEXMEDI	DEXMEDI	121204	alpha-Adr	12120400	alpha-Adr	S	200-0.9 M	INTRAVEI	SOLN	ML	50	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143952610	DEXMEDI	DEXMEDI	121204	alpha-Adr	12120400	alpha-Adr	S	200-0.9 M	INTRAVEI	SOLN	ML	50	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143952901	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	25 MG/ML	INJECTIO	SOLN	ML	5	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143953001	IFOSFAM	IFOSFAM	100000	Antineopla	10000000	Antineopla	R	3 GM/60M	INTRAVEI	SOLN	ML	60	GENERIC		143		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143953101	IFOSFAM	IFOSFAM	100000	Antineopla	10000000	Antineopla	R	1 GM/20M	INTRAVEI	SOLN	ML	20	GENERIC		143		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143953201	DEXMEDI	DEXMEDI	121204	alpha-Adr	12120400	alpha-Adr	S	200 MCG/	INTRAVEI	SOLN	ML	2	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143953225	DEXMEDI	DEXMEDI	121204	alpha-Adr	12120400	alpha-Adr	S	200 MCG/	INTRAVEI	SOLN	ML	2	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143953301	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	500 MG	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143953401	LINEZOLI	LINEZOLI	81228	Antibacter	8122824	Oxazolidin	S	600 MG/3	INTRAVEI	SOLN	ML	300	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143953410	LINEZOLI	LINEZOLI	81228	Antibacter	8122824	Oxazolidin	S	600 MG/3	INTRAVEI	SOLN	ML	300	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143954201	NICARDIF	NICARDIF	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG/M	INTRAVEI	SOLN	ML	10	MSB		143		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION					R	MEDPRIM
143954210	NICARDIF	NICARDIF	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG/M	INTRAVEI	SOLN	ML	10	MSB		143		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION					R	MEDPRIM
143954601	ADRIAMY	DOXORUI	100000	Antineopla	10000000	Antineopla	S	2 MG/ML	INTRAVEI	SOLN	ML	100	GENERIC	1/1/2022	143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143954701	ADRIAMY	DOXORUI	100000	Antineopla	10000000	Antineopla	S	2 MG/ML	INTRAVEI	SOLN	ML	25	GENERIC	1/1/2022	143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143954801	ADRIAMY	DOXORUI	100000	Antineopla	10000000	Antineopla	S	2 MG/ML	INTRAVEI	SOLN	ML	10	GENERIC	1/1/2022	143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143954901	ADRIAMY	DOXORUI	100000	Antineopla	10000000	Antineopla	S	2 MG/ML	INTRAVEI	SOLN	ML	5	GENERIC	1/1/2022	143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143955001	DAUNORI	DAUNORI	100000	Antineopla	10000000	Antineopla	S	50 MG/10	INTRAVEI	SOLN	ML	10	MSB		143		N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION					R	MEDPRIM
143955101	DAUNORI	DAUNORI	100000	Antineopla	10000000	Antineopla	S	20 MG/4M	INTRAVEI	SOLN	ML	4	MSB		143		N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION					R	MEDPRIM
143955110	DAUNORI	DAUNORI	100000	Antineopla	10000000	Antineopla	S	20 MG/4M	INTRAVEI	SOLN	ML	4	MSB		143		N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION					R	MEDPRIM
143955201	LEUCOV	LEUCOV	910412	UNKNOW	91041200	UNKNOW	S	350 MG	INJECTIO	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143955301	LEUCOV	LEUCOV	910412	UNKNOW	91041200	UNKNOW	S	200 MG	INJECTIO	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143955401	LEUCOV	LEUCOV	910412	UNKNOW	91041200	UNKNOW	S	100 MG	INJECTIO	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143955501	LEUCOV	LEUCOV	910412	UNKNOW	91041200	UNKNOW	S	50 MG	INJECTIO	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143955801	LEVOLEU	LEVOLEU	910412	UNKNOW	91041200	UNKNOW	S	50 MG	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143955901	ARGATR	ARGATR	201204	Anticoagu	20120412	Direct Thr	S	50 MG/50	INTRAVEI	SOLN	ML	50	MSB		143		N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION					R	MEDPRIM
143956401	PHENTOL	PHENTOL	121604	UNKNOW	12160404	UNKNOW	S	5 MG	INJECTIO	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143956410	PHENTOL	PHENTOL	121604	UNKNOW	12160404	UNKNOW	S	5 MG	INJECTIO	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143956501	THIOTEP	THIOTEP	100000	Antineopla	10000000	Antineopla	S	15 MG	INJECTIO	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143956601	AZATHIOI	AZATHIOI	902808	UNKNOW	90280892	UNKNOW	R	100 MG	INJECTIO	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143956701	CEFURO	CEFURO	81206	Cephalos	8120608	Second G	S	1.5GM	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143956725	CEFURO	CEFURO	81206	Cephalos	8120608	Second G	S	1.5GM	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143956801	CEFURO	CEFURO	81206	Cephalos	8120608	Second G	S	750MG	INJECTIO	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143956825	CEFURO	CEFURO	81206	Cephalos	8120608	Second G	S	750MG	INJECTIO	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143957001	NA FERRI	SODIUM F	200404	Iron Prepa	20040400	Iron Prepa	S	12.5 MG/M	INTRAVEI	SOLN	ML	5	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143957010	NA FERRI	SODIUM F	200404	Iron Prepa	20040400	Iron Prepa	S	12.5 MG/M	INTRAVEI	SOLN	ML	5	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143957425	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	500 MG/5	INTRAVEI	SOLN	ML	5	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143957501	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	50	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143957510	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	50	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143957701	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	50	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143957710	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	50	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143958301	IRINOTEC	IRINOTEC	100000	Antineopla	10000000	Antineopla	S	100 MG/5	INTRAVEI	SOLN	ML	5	GENERIC	10/10/2024	143		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143958401	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	4 MG/20M	INJECTIO	SOLN	ML	20	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143958410	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	4 MG/20M	INJECTIO	SOLN	ML	20	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143958501	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	1 MG/5ML	INJECTIO	SOLN	ML	5	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143958525	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	1 MG/5ML	INJECTIO	SOLN	ML	5	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143958601	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.4 MG/2	INJECTIO	SOLN	ML	2	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143958625	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.4 MG/2	INJECTIO	SOLN	ML	2	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143958701	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.2 MG/M	INJECTIO	SOLN	ML	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143958725	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.2 MG/M	INJECTIO	SOLN	ML	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143959301	NICARDIF	NICARDIF	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG/M	INTRAVEI	SOLN	ML	10	GENERIC	10/10/2024	143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143959310	NICARDIF	NICARDIF	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG/M	INTRAVEI	SOLN	ML	10	GENERIC	10/10/2024	143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143959401	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	5	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143959425	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	5	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143959501	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	5	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143959525	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	5	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143959721	ABIRATEI	ABIRATEI	100000	Antineopla	10000000	Antineopla	S	250 MG	ORAL	TABS	EA	120	GENERIC		143		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X			R	MEDPRIM
143960601	AZACITID	AZACITID	100000	Antineopla	10000000	Antineopla	S	100 MG	INJECTIO	SUSR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143961901	CYANOC	CYANOC	880800	Vitamin B	88080000	Vitamin B	S	1000 MCG	INJECTIO	SOLN	ML	30	GENERIC		143	Y	N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
143961910	CYANOC	CYANOC	880800	Vitamin B	88080000	Vitamin B	S	1000 MCG	INJECTIO	SOLN	ML	30	GENERIC		143	Y	N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
143962001	CYANOC	CYANOC	880800	Vitamin B	88080000	Vitamin B	S	1000 MCG	INJECTIO	SOLN	ML	10	GENERIC		143	Y	N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
143962010	CYANOC	CYANOC	880800	Vitamin B	88080000	Vitamin B	S	1000 MCG	INJECTIO	SOLN	ML	10	GENERIC		143	Y	N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
143962101	CYANOC	CYANOC	880800	Vitamin B	88080000	Vitamin B	S	1000 MCG	INJECTIO	SOLN	ML	1	GENERIC		143	Y	N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
143962125	CYANOC	CYANOC	880800	Vitamin B	88080000	Vitamin B	S	1000 MCG	INJECTIO	SOLN	ML	1	GENERIC		143	Y	N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
143962201	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG/ML	INTRAVEI	SOLN	ML	20	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143962301	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG/ML	INTRAVEI	SOLN	ML	40	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143963301	NICARDIF	NICARDIF	242808	Dihydropy	24280800	Dihydropy	S	40-0.9 MG	INTRAVEI	SOLN	ML	200	MSB		143		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION					R	MEDPRIM
143963310	NICARDIF	NICARDIF	242808	Dihydropy	24280800	Dihydropy	S	40-0.9 MG	INTRAVEI	SOLN	ML	200	MSB		143		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION					R	MEDPRIM
143963401	NICARDIF	NICARDIF	242808	Dihydropy	24280800	Dihydropy	S	20-0.9 MG	INTRAVEI	SOLN	ML	200	MSB		143		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION					R	MEDPRIM
143963410	NICARDIF	NICARDIF	242808	Dihydropy	24280800	Dihydropy	S	20-0.9 MG	INTRAVEI	SOLN	ML	200	MSB		143		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION					R	MEDPRIM
143963701	VALPROA	VALPROA	281228	UNKNOW	28122800	UNKNOW	S	100 MG/M	INTRAVEI	SOLN	ML	5	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143963710	VALPROA	VALPROA	281228	UNKNOW	28122800	UNKNOW	S	100 MG/M	INTRAVEI	SOLN	ML	5	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143963801	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	6 MG/0.5M	SUBCUTA	SOLN	ML	0.5	GENERIC		143	Y	N	FORMULARY		1 GEN	GENERICS			X	18 IN 30 DAYS	R	MEDPRIM
143963805	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	6 MG/0.5M	SUBCUTA	SOLN	ML	0.5	GENERIC		143	Y	N	FORMULARY		1 GEN	GENERICS			X	18 IN 30 DAYS	R	MEDPRIM
143965901	TESTOST	TESTOST	680800	Androgen	68080000	Androgen	S	200 MG/M	INTRAMU	SOLN	ML	1 X	GENERIC		143	Y	N	FORMULARY		1 GEN	GENERICS	X	PA:X			R	MEDPRIM
143966001	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG/5ML	INTRAVEI	SOLN	ML	5	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143966010	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG/5ML	INTRAVEI	SOLN	ML	5	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143967325	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	500 MG/5	INTRAVEI	SOLN	ML	5	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143967401	ARGATR	ARGATR	201204	Anticoagu	20120412	Direct Thr	R	250 MG/2.	INTRAVEI	SOLN	ML	2.5	MSB		143		N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION					R	MEDPRIM
143967801	CEFTRIA	CEFTRIA	81206	Cephalos	8120612	Third Gen	S	10 GM	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143967901	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	4 MG/20M	INJECTIO	SOLN	ML	20	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143967910	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	4 MG/20M	INJECTIO	SOLN	ML	20	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143968001	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	1 MG/5ML	INJECTIO	SOLN	ML	5	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143968025	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	1 MG/5ML	INJECTIO	SOLN	ML	5	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143968101	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.4 MG/2	INJECTIO	SOLN	ML	2	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143968125	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.4 MG/2	INJECTIO	SOLN	ML	2	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143968201	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.2 MG/M	INJECTIO	SOLN	ML	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143968225	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.2 MG/M	INJECTIO	SOLN	ML	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143968301	FLUMAZE	FLUMAZE	913204	UNKNOW	91320400	UNKNOW	S	1 MG/10M	INTRAVEI	SOLN	ML	10	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143968310	FLUMAZE	FLUMAZE	913204	UNKNOW	91320400	UNKNOW	S	1 MG/10M	INTRAVEI	SOLN	ML	10	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143968401	FLUMAZE	FLUMAZE	913204	UNKNOW	91320400	UNKNOW	S	0.5 MG/5M	INTRAVEI	SOLN	ML	5	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143968410	FLUMAZE	FLUMAZE	913204	UNKNOW	91320400	UNKNOW	S	0.5 MG/5M	INTRAVEI	SOLN	ML	5	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143968901	NICARDIF	NICARDIF	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG/M	INTRAVEI	SOLN	ML	10	MSB		143		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION					R	MEDPRIM
143968910	NICARDIF	NICARDIF	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG/M	INTRAVEI	SOLN	ML	10	MSB		143		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION					R	MEDPRIM
143970101	IRINOTEC	IRINOTEC	100000	Antineopla	10000000	Antineopla	S	100 MG/5	INTRAVEI	SOLN	ML	5	GENERIC		143		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143970201	IRINOTEC	IRINOTEC	100000	Antineopla	10000000	Antineopla	S	40 MG/2M	INTRAVEI	SOLN	ML	2	GENERIC		143		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143970801	MILRINO	MILRINO	240408	Cardiotoni	24040800	Cardiotoni	S	50 MG/50	INTRAVEI	SOLN	ML	50	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143970910	MILRINO	MILRINO	240408	Cardiotoni	24040800	Cardiotoni	S	20 MG/20	INTRAVEI	SOLN	ML	20	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143971010	MILRINO	MILRINO	240408	Cardiotoni	24040800	Cardiotoni	S	10 MG/10	INTRAVEI	SOLN	ML	10	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143971801	MILRINO	MILRINO	240408	Cardiotoni	24040800	Cardiotoni	S	40-5 MG/2	INTRAVEI	SOLN	ML	200	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143971810	MILRINO	MILRINO	240408	Cardiotoni	24040800	Cardiotoni	S	40-5 MG/2	INTRAVEI	SOLN	ML	200	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143971901	MILRINO	MILRINO	240408	Cardiotoni	24040800	Cardiotoni	S	20-5 MG/1	INTRAVEI	SOLN	ML	100	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143971910	MILRINO	MILRINO	240408	Cardiotoni	24040800	Cardiotoni	S	20-5 MG/1	INTRAVEI	SOLN	ML	100	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143972001	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG/1	INTRAVEI	SOLN	ML	150	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143972024	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG/1	INTRAVEI	SOLN	ML	150	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143972101	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG/1	INTRAVEI	SOLN	ML	100	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143972124	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG/1	INTRAVEI	SOLN	ML	100	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143972201	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	250 MG/5	INTRAVEI	SOLN	ML	50	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143972224	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	250 MG/5	INTRAVEI	SOLN	ML	50	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143972301	CLONIDIN	CLONIDIN	121204	alpha-Adr	12120400	alpha-Adr	R	500 MCG/	EPIDURA	SOLN	ML	10	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143972401	CLONIDIN	CLONIDIN	121204	alpha-Adr	12120400	alpha-Adr	S	100 MCG/	EPIDURA	SOLN	ML	10	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143972501	PROGES	PROGES	683200	Progestins	68320000	Progestins	S	50 MG/ML	INTRAMU	OIL	ML	10	GENERIC		143	Y	N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
143972601	TESTOST	TESTOST	680800	Androgen	68080000	Androgen	S	200 MG/M	INTRAMU	SOLN	ML	10 X	GENERIC		143	Y	N	FORMULARY		1 GEN	GENERICS	X	PA:X			R	MEDPRIM
143972901	BENZTRC	BENZTRC	283608	UNKNOW	28360800	UNKNOW	S	1 MG/ML	INJECTIO	SOLN	ML	2	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143972905	BENZTRC	BENZTRC	283608	UNKNOW	28360800	UNKNOW	S	1 MG/ML	INJECTIO	SOLN	ML	2	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143974401	GRANISE	GRANISE	562220	5-HT3 Re	56222000	5-HT3 Re	S	1 MG/ML	INTRAVEI	SOLN	ML	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143974410	GRANISE	GRANISE	562220	5-HT3 Re	56222000	5-HT3 Re	S	1 MG/ML	INTRAVEI	SOLN	ML	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143974501	GRANISE	GRANISE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG/4ML	INTRAVEI	SOLN	ML	4	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143974505	GRANISE	GRANISE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG/4ML	INTRAVEI	SOLN	ML	4	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143974601	TERBUTA	TERBUTA	121208	beta-Adre	12120812	Selective	S	1 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143974610	TERBUTA	TERBUTA	121208	beta-Adre	12120812	Selective	S	1 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143975001	TESTOST	TESTOST	680800	Androgen	68080000	Androgen	R	200 MG/M	INTRAMU	SOLN	ML	5 X	GENERIC		143	Y	N	FORMULARY		1 GEN	GENERICS	X	PA:X			R	MEDPRIM
143975301	METHYLF	METHYLF	680400	Adrenals	68040000	Adrenals	S	40 MG	INJECTIO	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143975325	METHYLF	METHYLF	680400	Adrenals	68040000	Adrenals	S	40 MG	INJECTIO	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143975401	METHYLF	METHYLF	680400	Adrenals	68040000	Adrenals	S	125 MG	INJECTIO	SOLR	EA	1	GENERIC		143 Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143975425	METHYLF	METHYLF	680400	Adrenals	68040000	Adrenals	S	125 MG	INJECTIO	SOLR	EA	1	GENERIC		143 Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143978301	FLUMAZE	FLUMAZE	913204	UNKNOW	91320400	UNKNOW	S	1 MG/10M	INTRAVEI	SOLN	ML	10	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143978310	FLUMAZE	FLUMAZE	913204	UNKNOW	91320400	UNKNOW	S	1 MG/10M	INTRAVEI	SOLN	ML	10	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143978401	FLUMAZE	FLUMAZE	913204	UNKNOW	91320400	UNKNOW	S	0.5 MG/5M	INTRAVEI	SOLN	ML	5	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143978410	FLUMAZE	FLUMAZE	913204	UNKNOW	91320400	UNKNOW	S	0.5 MG/5M	INTRAVEI	SOLN	ML	5	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143978501	VALPROA	VALPROA	281228	UNKNOW	28122800	UNKNOW	S	100 MG/M	INTRAVEI	SOLN	ML	5	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143978510	VALPROA	VALPROA	281228	UNKNOW	28122800	UNKNOW	S	100 MG/M	INTRAVEI	SOLN	ML	5	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143978601	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	1.25 MG/M	INTRAVEI	SOLN	ML	2	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143978610	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	1.25 MG/M	INTRAVEI	SOLN	ML	2	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143978701	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	1.25 MG/M	INTRAVEI	SOLN	ML	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143978710	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	1.25 MG/M	INTRAVEI	SOLN	ML	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143980250	DOXYCY	DOXYCY	81224	Tetracycli	8122400	Tetracycli	S	50 MG	ORAL	CAPS	EA	50	GENERIC		143		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS	R	MEDPRIM
143980305	DOXYCY	DOXYCY	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	CAPS	EA	500	GENERIC		143		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS	R	MEDPRIM
143980350	DOXYCY	DOXYCY	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	CAPS	EA	50	GENERIC		143		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS	R	MEDPRIM
143983001	METHOTF	METHOTF	100000	Antineopla	10000000	Antineopla	S	1 GM	INJECTIO	SOLR	EA	1	GENERIC		143	Y	N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
143983601	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	100	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
143983610	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	1000	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
143983701	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	250 MG	ORAL	TABS	EA	100	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
143983710	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	250 MG	ORAL	TABS	EA	1000	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
143985001	METHYLF	METHYLF	680400	Adrenals	68040000	Adrenals	S	500 MG	INJECTIO	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143985101	METHYLF	METHYLF	680400	Adrenals	68040000	Adrenals	S	1000 MG	INJECTIO	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143985201	LEVOCAF	LEVOCAF	929200	UNKNOW	92920000	UNKNOW	S	200 MG/M	INTRAVEI	SOLN	ML	5	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143985210	LEVOCAF	LEVOCAF	929200	UNKNOW	92920000	UNKNOW	S	200 MG/M	INTRAVEI	SOLN	ML	5	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143985316	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	600-42.9 M	ORAL	SUSR	ML	125	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
143985324	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	600-42.9 M	ORAL	SUSR	ML	200	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
143985375	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	600-42.9 M	ORAL	SUSR	ML	75	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
143985601	CEFTRIA	CEFTRIA	81206	Cephalos	8120612	Third Gen	S	2 GM	INJECTIO	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143985625	CEFTRIA	CEFTRIA	81206	Cephalos	8120612	Third Gen	S	2 GM	INJECTIO	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143985701	CEFTRIA	CEFTRIA	81206	Cephalos	8120612	Third Gen	S	1 GM	INJECTIO	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143985725	CEFTRIA	CEFTRIA	81206	Cephalos	8120612	Third Gen	S	1 GM	INJECTIO	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143985801	CEFTRIA	CEFTRIA	81206	Cephalos	8120612	Third Gen	S	500 MG	INJECTIO	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143985825	CEFTRIA	CEFTRIA	81206	Cephalos	8120612	Third Gen	S	500 MG	INJECTIO	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143985901	CEFTRIA	CEFTRIA	81206	Cephalos	8120612	Third Gen	S	250 MG	INJECTIO	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143985925	CEFTRIA	CEFTRIA	81206	Cephalos	8120612	Third Gen	S	250 MG	INJECTIO	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143987101	CLADRIBI	CLADRIBI	100000	Antineopla	10000000	Antineopla	S	10 MG/10	INTRAVEI	SOLN	ML	10	GENERIC		143		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143987201	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	1 MG/ML	INTRAVEI	SOLN	ML	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143987210	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	1 MG/ML	INTRAVEI	SOLN	ML	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143987325	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG/5ML	INTRAVEI	SOLN	ML	5	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143987501	AMIODAR	AMIODAR	240404	Antiarrhyt	24040420	Class III A	S	150 MG/3	INTRAVEI	SOLN	ML	3	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143987510	AMIODAR	AMIODAR	240404	Antiarrhyt	24040420	Class III A	S	150 MG/3	INTRAVEI	SOLN	ML	3	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143987525	AMIODAR	AMIODAR	240404	Antiarrhyt	24040420	Class III A	S	150 MG/3	INTRAVEI	SOLN	ML	3	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143987610	CEFOXITI	CEFOXITI	81207	Miscellane	8120712	Cephamy	S	10 GM	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143987701	CEFOXITI	CEFOXITI	81207	Miscellane	8120712	Cephamy	S	2 GM	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143987725	CEFOXITI	CEFOXITI	81207	Miscellane	8120712	Cephamy	S	2 GM	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143987801	CEFOXITI	CEFOXITI	81207	Miscellane	8120712	Cephamy	S	1 GM	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143987825	CEFOXITI	CEFOXITI	81207	Miscellane	8120712	Cephamy	S	1 GM	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143988601	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	200 MG/5	ORAL	SUSR	ML	100	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
143988650	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	200 MG/5	ORAL	SUSR	ML	50	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
143988675	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	200 MG/5	ORAL	SUSR	ML	75	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
143988701	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	400 MG/5	ORAL	SUSR	ML	100	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
143988750	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	400 MG/5	ORAL	SUSR	ML	50	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
143988775	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	400 MG/5	ORAL	SUSR	ML	75	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
143988801	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	125 MG/5	ORAL	SUSR	ML	100	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
143988815	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	125 MG/5	ORAL	SUSR	ML	150	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
143988880	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	125 MG/5	ORAL	SUSR	ML	80	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
143988901	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250 MG/5	ORAL	SUSR	ML	100	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
143988915	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250 MG/5	ORAL	SUSR	ML	150	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
143988980	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250 MG/5	ORAL	SUSR	ML	80	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
143989001	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	40 MG/20	INJECTIO	SOLN	ML	20	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143989010	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	40 MG/20	INJECTIO	SOLN	ML	20	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143992390	CEFAZOL	CEFAZOL	81206	Cephalos	8120604	First Gene	S	500 MG	INJECTIO	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143992490	CEFAZOL	CEFAZOL	81206	Cephalos	8120604	First Gene	S	1 GM	INJECTIO	SOLR	EA	1	GENERIC		143 Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143992701	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	100	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
143992801	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	100	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
143992950	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	50	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
143993905	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	500	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
143997722	CEFURO	CEFURO	81206	Cephalos	8120608	Second G	S	1.5 GM	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143997790	CEFURO	CEFURO	81206	Cephalos	8120608	Second G	S	1.5 GM	INTRAVEI	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143997922	CEFURO	CEFURO	81206	Cephalos	8120608	Second G	S	750 MG	INJECTIO	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143997990	CEFURO	CEFURO	81206	Cephalos	8120608	Second G	S	750 MG	INJECTIO	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143998101	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	200-28.5 M	ORAL	SUSR	ML	100	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
143998150	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	200-28.5 M	ORAL	SUSR	ML	50	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
143998175	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	200-28.5 M	ORAL	SUSR	ML	75	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
143998201	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	400-57 MC	ORAL	SUSR	ML	100	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
143998250	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	400-57 MC	ORAL	SUSR	ML	50	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
143998275	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	400-57 MC	ORAL	SUSR	ML	75	GENERIC		143		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
143998303	CEFAZOL	CEFAZOL	81206	Cephalos	8120604	First Gene	S	10 GM	INJECTIO	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
143998391	CEFAZOL	CEFAZOL	81206	Cephalos	8120604	First Gene	S	10 GM	INJECTIO	SOLR	EA	1	GENERIC		143		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
145020105	BRASIVO	ALUMINU	840492	Local Anti	84049200	Local Anti	O	0	EXTERNA	PSTE	GM	70.9	SSB		145 Y		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
145062202	SARNOL-	HYDROC	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	LOTN	ML	59	GENERIC		145 Y		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
145062404	EPILYT	EMOLLIEI	842404	Basic Loti	84240400	Basic Loti	O	0-0-0-0-0	EXTERNA	LOTN	ML	118	SSB		145		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
145099505	PANOXYL	BENZOYL	840492	Local Anti	84049200	Local Anti	P	2.50%	EXTERNA	LIQD	GM	156	MSB		145		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRIM
145101203	ACNE-AID	SOAP & C	842000	Detergent	84200000	Detergent	O	0	EXTERNA	BAR	EA	1	SSB		145		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
145102403	SULFUR	SULFUR	842800	Keratolytic	84280000	Keratolytic	O	10%	EXTERNA	BAR	EA	1	MSB		145		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRIM
145105703	OILATUM	SOAP & C	842000	Detergent	84200000	Detergent	O	7.50%	EXTERNA	BAR	EA	1	SSB		145		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
145108703	SASTID	SALICYLI	842800	Keratolytic	84280000	Keratolytic	O	3%-5%	EXTERNA	BAR	EA	1	SSB		145 N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
145268606	DERMAVI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	120MG-12	ORAL	TABS	EA	60	SSB		145		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
149000173	PEPTO BI	BISMUTH	560800	Antidiarrh	56080000	Antidiarrh	O	262 MG	ORAL	CAPS	EA	12	SSB		149		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
149000177	PEPTO D	BISMUTH	560800	Antidiarrh	56080000	Antidiarrh	O	525 MG	ORAL	TABS	EA	12	SSB		149		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
168000215	TRIAMCI	TRIAMCI	840608	UNKNOW	84060800	UNKNOW	S	0.50%	EXTERNA	CREA	GM	15	GENERIC		168		N	FORMULARY		1 GEN	GENERICS			X	454 IN 30 DAYS	R	MEDPRIM
168000315	TRIAMCI	TRIAMCI	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	CREA	GM	15	GENERIC		168		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
168000380	TRIAMCI	TRIAMCI	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	CREA	GM	80	GENERIC		168		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
168000415	TRIAMCI	TRIAMCI	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	15	GENERIC		168		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
168000416	TRIAMCI	TRIAMCI	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	453.6	GENERIC		168		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
168000480	TRIAMCI	TRIAMCI	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	80	GENERIC		168		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
168000580	TRIAMCI	TRIAMCI	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	OINT	GM	80	GENERIC		168		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
168000615	TRIAMCI	TRIAMCI	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	15	GENERIC		168		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
168000616	TRIAMCI	TRIAMCI	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	453.6	GENERIC		168		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
168000680	TRIAMCI	TRIAMCI	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	80	GENERIC		168		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
168000715	NYSTATII	NYSTATII	840408	Antifungal	84040828	Polyenes	S	100000 U	EXTERNA	OINT	GM	15	GENERIC	6/25/2024	168		N	FORMULARY		1 GEN	GENERICS			X	<= 90	R	MEDPRIM
168000730	NYSTATII	NYSTATII	840408	Antifungal	84040828	Polyenes	S	100000 U	EXTERNA	OINT	GM	30	GENERIC	6/25/2024	168		N	FORMULARY		1 GEN	GENERICS			X	<= 90	R	MEDPRIM
168001431	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	P	0.50%	EXTERNA	CREA	GM	28.35	GENERIC	3/29/2022	168 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM

168001516	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	1%	EXTERNA	CREA	GM	453.6	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168001531	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	1%	EXTERNA	CREA	GM	28.35	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168002016	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	1%	EXTERNA	OINT	GM	453.6	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168002031	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	1%	EXTERNA	OINT	GM	28.35	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168003315	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	15	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168003346	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	45	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168003501	VITAMINS	VITAMINS	842412	Basic Oint	84241200	Basic Oint	P	0-0-0	EXTERNA	OINT	GM	56.7	GENERIC	8/29/2024	168 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
168003504	VITAMINS	VITAMINS	842412	Basic Oint	84241200	Basic Oint	P	0-0-0	EXTERNA	OINT	GM	113.4	GENERIC	8/29/2024	168 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
168003516	VITAMINS	VITAMINS	842412	Basic Oint	84241200	Basic Oint	P	0-0-0	EXTERNA	OINT	GM	453.6	GENERIC	8/29/2024	168 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
168003545	VITAMINS	VITAMINS	842412	Basic Oint	84241200	Basic Oint	P	0-0-0	EXTERNA	OINT	GM	5	GENERIC	8/29/2024	168 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
168004015	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	15	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168004046	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	45	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168004160	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	LOTN	ML	60	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168004631	DIBUCAIN	DIBUCAIN	840800	Antipruritic	84080000	Antipruritic	P	1%	EXTERNA	OINT	GM	28.35	GENERIC		168 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
168005316	WHITE PE	WHITE PE	842412	Basic Oint	84241200	Basic Oint	O	0	EXTERNA	OINT	GM	453.6	MSB	7/29/2024	168		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION										R	MEDPRM
168005321	WHITE PE	WHITE PE	842412	Basic Oint	84241200	Basic Oint	O	0	EXTERNA	OINT	GM	28.35	MSB	7/29/2024	168		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION										R	MEDPRM
168005345	WHITE PE	WHITE PE	842412	Basic Oint	84241200	Basic Oint	O	0	EXTERNA	OINT	GM	5	MSB	7/29/2024	168		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION										R	MEDPRM
168005415	NYSTATIN	NYSTATIN	840408	Antifungal	84040828	Polyenes	S	100000 U	EXTERNA	CREA	GM	15	GENERIC	6/25/2024	168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168005430	NYSTATIN	NYSTATIN	840408	Antifungal	84040828	Polyenes	S	100000 U	EXTERNA	CREA	GM	30	GENERIC	6/25/2024	168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168005515	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	15	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168005546	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	45	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168005615	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	15	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168005646	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	45	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168005760	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	LOTN	ML	60	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168005815	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.01%	EXTERNA	CREA	GM	15	GENERIC	12/28/2023	168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168005860	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.01%	EXTERNA	CREA	GM	60	GENERIC	12/28/2023	168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168005960	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.01%	EXTERNA	SOLN	ML	60	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168006015	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	CREA	GM	15	GENERIC	12/28/2023	168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168006060	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	CREA	GM	60	GENERIC	12/28/2023	168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168006202	ZINC OXI	ZINC OXI	841200	Astringent	84120000	Astringent	P	20%	EXTERNA	OINT	GM	56.7	GENERIC	6/30/2022	168 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
168006216	ZINC OXI	ZINC OXI	841200	Astringent	84120000	Astringent	P	20%	EXTERNA	OINT	GM	453.6	GENERIC	7/29/2022	168 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
168006231	ZINC OXI	ZINC OXI	841200	Astringent	84120000	Astringent	P	20%	EXTERNA	OINT	GM	28.35	GENERIC	6/30/2022	168 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
168006415	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	OINT	GM	15	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168006460	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	OINT	GM	60	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168008016	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	2.50%	EXTERNA	CREA	GM	453.6	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168008031	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	2.50%	EXTERNA	CREA	GM	30	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168008115	NYSTATIN	NYSTATIN	840608	UNKNOW	84060800	UNKNOW	S	100000-0.	EXTERNA	CREA	GM	15	GENERIC	6/25/2024	168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168008130	NYSTATIN	NYSTATIN	840608	UNKNOW	84060800	UNKNOW	S	100000-0.	EXTERNA	CREA	GM	30	GENERIC	6/25/2024	168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168008160	NYSTATIN	NYSTATIN	840608	UNKNOW	84060800	UNKNOW	S	100000-0.	EXTERNA	CREA	GM	60	GENERIC	6/25/2024	168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168008915	NYSTATIN	NYSTATIN	840608	UNKNOW	84060800	UNKNOW	S	100000-0.	EXTERNA	OINT	GM	15	GENERIC	7/2/2024	168		N	FORMULARY		1 GEN	GENERICS				X	<= 180					R	MEDPRM
168008930	NYSTATIN	NYSTATIN	840608	UNKNOW	84060800	UNKNOW	S	100000-0.	EXTERNA	OINT	GM	30	GENERIC	7/2/2024	168		N	FORMULARY		1 GEN	GENERICS				X	<= 180					R	MEDPRM
168008960	NYSTATIN	NYSTATIN	840608	UNKNOW	84060800	UNKNOW	S	100000-0.	EXTERNA	OINT	GM	60	GENERIC	7/2/2024	168		N	FORMULARY		1 GEN	GENERICS				X	<= 180					R	MEDPRM
168009915	KETOCON	KETOCON	840408	Antifungal	84040808	Azoles	S	2%	EXTERNA	CREA	GM	15	GENERIC		168 Y		N	FORMULARY		1 GEN	GENERICS				X	<= 180					R	MEDPRM
168009930	KETOCON	KETOCON	840408	Antifungal	84040808	Azoles	S	2%	EXTERNA	CREA	GM	30	GENERIC		168 Y		N	FORMULARY		1 GEN	GENERICS				X	<= 180					R	MEDPRM
168009960	KETOCON	KETOCON	840408	Antifungal	84040808	Azoles	S	2%	EXTERNA	CREA	GM	60	GENERIC		168 Y		N	FORMULARY		1 GEN	GENERICS				X	<= 180					R	MEDPRM
168012691	SWIM EA	ISOPROP	529200	EENT Dru	52920000	EENT Dru	P	95%	OTIC	LIQD	ML	29.57	MSB		168 N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION										R	MEDPRM
168013315	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	S	1%	EXTERNA	CREA	GM	15	GENERIC	1/10/2023	168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168013330	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	S	1%	EXTERNA	CREA	GM	30	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168013346	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	S	1%	EXTERNA	CREA	GM	45	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168013460	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	SOLN	ML	60	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168013515	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	GEL	GM	15	GENERIC	6/25/2024	168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168013560	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	GEL	GM	60	GENERIC	6/25/2024	168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168014616	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	2.50%	EXTERNA	OINT	GM	453.6	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168014630	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	2.50%	EXTERNA	OINT	GM	28.35	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168015115	DESOXIM	DESOXIM	840608	UNKNOW	84060800	UNKNOW	S	0.25%	EXTERNA	OINT	GM	15	GENERIC	6/25/2024	168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168015160	DESOXIM	DESOXIM	840608	UNKNOW	84060800	UNKNOW	S	0.25%	EXTERNA	OINT	GM	60	GENERIC	6/25/2024	168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168016215	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	15	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168016230	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	30	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168016246	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	45	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168016260	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	60	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168016315	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	15	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168016330	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	30	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168016346	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	45	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168016360	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	60	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168018131	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	OINT	GM	28.35	GENERIC	1/3/2022	168 Y		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
168020130	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1%	EXTERNA	SOLN	ML	30	GENERIC		168		N	FORMULARY		1 GEN	GENERICS				X	<= 180					R	MEDPRM
168020160	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1%	EXTERNA	SOLN	ML	60	GENERIC		168		N	FORMULARY		1 GEN	GENERICS				X	<= 180					R	MEDPRM
168020230	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1%	EXTERNA	GEL	GM	30	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168020260	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1%	EXTERNA	GEL	GM	60	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168020360	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1%	EXTERNA	LOTN	ML	60	GENERIC		168 N		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168020437	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	OINT	GM	35.44	GENERIC		168		N	FORMULARY		1 GEN	GENERICS				X	240 IN 30 DAYS					R	MEDPRM
168025815	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	S	1-0.05 %	EXTERNA	CREA	GM	15	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168025846	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	S	1-0.05 %	EXTERNA	CREA	GM	45	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168026315	ALCLOME	ALCLOME	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	15	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168026345	ALCLOME	ALCLOME	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	45	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168026360	ALCLOME	ALCLOME	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	60	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168026415	ALCLOME	ALCLOME	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	15	GENERIC	10/2/2024	168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168026445	ALCLOME	ALCLOME	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	45	GENERIC	8/1/2024	168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168026460	ALCLOME	ALCLOME	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	60	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168026515	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	15	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168026550	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	50	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168026730	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	LOTN	ML	30	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168026760	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	LOTN	ML	60	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168026815	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	15	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168026850	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	50	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168026950	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	SOLN	ML	50	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168027115	MOMETA	MOMETA	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	15	GENERIC	6/25/2024	168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168027146	MOMETA	MOMETA	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	45	GENERIC	6/25/2024	168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168027230	MOMETA	MOMETA	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	SOLN	ML	30	GENERIC	6/25/2024	168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168027260	MOMETA	MOMETA	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	SOLN	ML	60	GENERIC	6/25/2024	168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168027545	METRONI	METRONI	840404	Antibacter	84040400	Antibacter	S	0.75%	EXTERNA	GEL	GM	45	GENERIC	7/2/2024	168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168027740	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	2%	VAGINAL	CREA	GM	40	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168027815	AMCINON	AMCINON	840608	UNKNOW	84060800	UNKNOW	R	0.10%	EXTERNA	CREA	GM	15	GENERIC	10/25/2022	168		N	FORMULARY		1 GEN	GENERICS						X	Must mee	5 DS Beta	TRIAL OF BETAMETHASONE 0.1% OINT, FLUTICASONE 0.005% OINT, TRIAMCI	R	MEDPRM
168027830	AMCINON	AMCINON	840608	UNKNOW	84060800	UNKNOW	R	0.10%	EXTERNA	CREA	GM	30	GENERIC	10/25/2022	168		N	FORMULARY		1 GEN	GENERICS						X	Must mee	5 DS Beta	TRIAL OF BETAMETHASONE 0.1% OINT, FLUTICASONE 0.005% OINT, TRIAMCI	R	MEDPRM
168027860	AMCINON	AMCINON	840608	UNKNOW	84060800	UNKNOW	R	0.10%	EXTERNA	CREA	GM	60	GENERIC	10/25/2022	168		N	FORMULARY		1 GEN	GENERICS						X	Must mee	5 DS Beta	TRIAL OF BETAMETHASONE 0.1% OINT, FLUTICASONE 0.005% OINT, TRIAMCI	R	MEDPRM
168028060	AMCINON	AMCINON	840608	UNKNOW	84060800	UNKNOW	R	0.10%	EXTERNA	LOTN	ML	60	GENERIC	1/11/2024	168		N	FORMULARY		1 GEN	GENERICS						X	Must mee	5 DS Beta	TRIAL OF BETAMETHASONE 0.1% OINT, FLUTICASONE 0.005% OINT, TRIAMCI	R	MEDPRM
168028802	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	2.50%	EXTERNA	LOTN	ML	59	GENERIC	5/23/2024	168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168029315	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	GEL	GM	15	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168029330	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	GEL	GM	30	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168029360	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	GEL	GM	60	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168030115	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	15	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168030130	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	30	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168030160	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	60	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168030915	DESONID	DESONID	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	15	GENERIC	5/23/2024	168 Y		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168030960	DESONID	DESONID	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	60	GENERIC		168 Y		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168031002	DESONID	DESONID	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	LOTN	ML	59	GENERIC	5/23/2024	168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168031004	DESONID	DESONID	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	LOTN	ML	118	GENERIC	5/23/2024	168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168031430	CICLOPIR	CICLOPIR	840408	Antifungal	84040820	Hydroxypy	S	0.77%	EXTERNA	SUSP	ML	30	GENERIC		168		N	FORMULARY		1 GEN	GENERICS				X	<= 180					R	MEDPRM
168032346	METRONI	METRONI	840404	Antibacter	84040400	Antibacter	S	0.75%	EXTERNA	CREA	GM	45	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168033215	FLUTICAS	FLUTICAS	680400	Adrenals	68040000	Adrenals	S	0.05%	EXTERNA	CREA	GM	15	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168033230	FLUTICAS	FLUTICAS	680400	Adrenals	68040000	Adrenals	S	0.05%	EXTERNA	CREA	GM	30	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168033260	FLUTICAS	FLUTICAS	680400	Adrenals	68040000	Adrenals	S	0.05%	EXTERNA	CREA	GM	60	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168033660	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	LOTN	ML	60	GENERIC	7/11/2024	168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168033760	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	LOTN	ML	60	GENERIC	7/11/2024	168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168034646	TERCONA	TERCONA	840408	Antifungal	84040808	Azoles	S	0.40%	VAGINAL	CREA	GM	45	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168034720	TERCONA	TERCONA	840408	Antifungal	84040808	Azoles	S	0.80%	VAGINAL	CREA	GM	20	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168035222	MUPIROC	MUPIROC	840404	Antibacter	84040400	Antibacter	S	2%	EXTERNA	OINT	GM	22	GENERIC	5/23/2024	168		N	FORMULARY		1 GEN	GENERICS				X	<= 90					R	MEDPRM
168035515	HALOBET	HALOBET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	15	GENERIC	10/31/2024	168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168035550	HALOBET	HALOBET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	50	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168035730	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	2.5-2.5 %	EXTERNA	CREA	GM	30	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168035755	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	2.5-2.5 %	EXTERNA	CREA	GM	5	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168035756	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	2.5%-2.5%	EXTERNA	KIT	EA	1	GENERIC		168		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRM
168035830	OXICONA	OXICONA	840408	Antifungal	84040808	Azoles	S	1%	EXTERNA	CREA	GM	30	GENERIC		168		N	FORMULARY		1 GEN	GENERICS				X	<= 180					R	MEDPRM
168035860	OXICONA	OXICONA	840408	Antifungal	84040808	Azoles	S	1%	EXTERNA	CREA	GM	60	GENERIC		168		N	FORMULARY		1 GEN	GENERICS				X	<= 180					R	MEDPRM
168035890	OXICONA	OXICONA	840408	Antifungal	84040808	Azoles	S	1%	EXTERNA	CREA	GM	90	GENERIC		168		N	FORMULARY		1 GEN	GENERICS				X	<= 180					R	MEDPRM
168037030	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	S	1-0.05 %	EXTERNA	LOTN	ML	30	GENERIC	6/4/2024	168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168038360	METRONI	METRONI	840404	Antibacter	84040400	Antibacter	S	0.75%	EXTERNA	LOTN	ML	59	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168040060	CALCIPO	CALCIPO	842412	Basic Oint	84241200	Basic Oint	S	0.01%	EXTERNA	SOLN	ML	60	GENERIC	6/4/2024	168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168040730	CICLOPIR	CICLOPIR	840408	Antifungal	84040820	Hydroxypy	S	0.77%	EXTERNA	GEL	GM	30	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168040746	CICLOPIR	CICLOPIR	840408	Antifungal	84040820	Hydroxypy	S	0.77%	EXTERNA	GEL	GM	45	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168040799	CICLOPIR	CICLOPIR	840408	Antifungal	84040820	Hydroxypy	S	0.77%	EXTERNA	GEL	GM	100	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168041015	PREDNIC	PREDNIC	840608	UNKNOW	84060800	UNKNOW	R	0.10%	EXTERNA	OINT	GM	15	GENERIC	3/16/2023	168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168041060	PREDNIC	PREDNIC	840608	UNKNOW	84060800	UNKNOW	R	0.10%	EXTERNA	OINT	GM	60	GENERIC	3/16/2023	168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168041630	TACROLI	TACROLI	840628	UNKNOW	84062800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	30	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168041660	TACROLI	TACROLI	840628	UNKNOW	84062800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	60	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168041699	TACROLI	TACROLI	840628	UNKNOW	84062800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	100	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168041730	TACROLI	TACROLI	840628	UNKNOW	84062800	UNKNOW	S	0.03%	EXTERNA	OINT	GM	30	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168041760	TACROLI	TACROLI	840628	UNKNOW	84062800	UNKNOW	S	0.03%	EXTERNA	OINT	GM	60	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168041799	TACROLI	TACROLI	840628	UNKNOW	84062800	UNKNOW	S	0.03%	EXTERNA	OINT	GM	100	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168042446	ADAPALE	ADAPALE	842800	Keratolytic	84280000	Keratolytic	S	0.10%	EXTERNA	CREA	GM	45	GENERIC		168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168043404	FLUTICAS	FLUTICAS	680400	Adrenals	68040000	Adrenals	S	0.05%	EXTERNA	LOTN	ML	120	GENERIC	4/28/2022	168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168043460	FLUTICAS	FLUTICAS	680400	Adrenals	68040000	Adrenals	S	0.05%	EXTERNA	LOTN	ML	60	GENERIC	4/28/2022	168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168045704	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	120	GENERIC	6/4/2024	168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168045730	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	30	GENERIC	6/4/2024	168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168045760	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	60	GENERIC	6/4/2024	168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168052204	CICLOPIR	CICLOPIR	840408	Antifungal	84040820	Hydroxypy	S	1%	EXTERNA	SHAM	ML	120	GENERIC	5/31/2022	168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168082530	ACYCLOV	ACYCLOV	840406	Antivirals	84040600	Antivirals	S	5%	EXTERNA	OINT	GM	30	GENERIC	6/10/2024	168		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
168084401	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	3%	EXTERNA	GEL	GM	100	GENERIC	11/21/2022	168		N	FORMULARY		1 GEN	GENERICS				X	<= 100					R	MEDPRM
169140101	MACRILE	MACIMOR	366600	Pituitary F	36660000	Pituitary F	R	60 MG	ORAL	PACK	EA	1	SSB	5/23/2023	169		N	EXCLUDE	N/A: [DRU	6 SPBD2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRM
169183302	NOVOLIN	INSULIN R	682008	Insulins	68200808	UNKNOW	O	100 UNIT/	INJECTIO	SOLN	ML	10 X	SSB		169	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRM
169183311	NOVOLIN	INSULIN R	682008	Insulins	68200808	UNKNOW	O	100 UNIT/	INJECTIO	SOLN	ML	10 X	SSB		169	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRM
169183402	NOVOLIN	INSULIN N	682008	Insulins	68200812	UNKNOW	O	100 UNIT/	SUBCUTA	SUSP	ML	10 X	SSB		169	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRM
169183411	NOVOLIN	INSULIN N	682008	Insulins	68200812	UNKNOW	O	100 UNIT/	SUBCUTA	SUSP	ML	10 X	SSB		169	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRM
169183702	NOVOLIN	INSULIN N	682008	Insulins	68200812	UNKNOW	O	30UNIT/M	SUBCUTA	SUSP	ML	10 X	SSB		169	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRM
169183711	NOVOLIN	INSULIN N	682008	Insulins	68200812	UNKNOW	O	(70-30) 10	SUBCUTA	SUSP	ML	10 X	SSB		169	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRM
169185189	NOVOFIN	INSULIN P	940000	Devices	94000000	Devices	O	32G X 6 M	DOES NO	MISC	EA	100	NON DRUG		169		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE				R	MEDPRM
169185275	NOVOFIN	INSULIN P	940000	Devices	94000000	Devices	O	30G X 8 M	DOES NO	MISC	EA	100	NON DRU	4/30/2024	169		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE				R	MEDPRM
169185389	NOVOTW	INSULIN P	940000	Devices	94000000	Devices	O	32G X 5 M	DOES NO	MISC	EA	100	NON DRU	5/5/2022	169		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE				R	MEDPRM
169185459	NOVOPE	INJECTIO	940000	Devices	94000000	Devices	R	0	DOES NO	DEVI	EA	1	NON DRUG		169	Y	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
169185550	NOVOFIN	INSULIN P	940000	Devices	94000000	Devices	O	32G X 4 M	DOES NO	MISC	EA	100	NON DRUG		169		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE				R	MEDPRM
169191201	ZEGALOG	DASIGLU	682212	Glycogen	68221200	Glycogen	R	0.6 MG/0.	SUBCUTA	SOAJ	ML	0.6	SSB		169	Y	N	FORMULARY		2 BRAND	PREFERRED BRAND				X	<= 2.4					R	MEDPRM
169191202	ZEGALOG	DASIGLU	682212	Glycogen	68221200	Glycogen	R	0.6 MG/0.	SUBCUTA	SOAJ	ML	0.6	SSB		169	Y	N	FORMULARY		2 BRAND	PREFERRED BRAND				X	<= 2.4					R	MEDPRM
169191301	ZEGALOG	DASIGLU	682212	Glycogen	68221200	Glycogen	R	0.6 MG/0.	SUBCUTA	SOSY	ML	0.6	SSB		169	Y	N	FORMULARY		2 BRAND	PREFERRED BRAND				X	<= 2.4					R	MEDPRM
169191302	ZEGALOG	DASIGLU	682212	Glycogen	68221200	Glycogen	R	0.6 MG/0.	SUBCUTA	SOSY	ML	0.6	SSB		169	Y	N	FORMULARY		2 BRAND	PREFERRED BRAND				X	<= 2.4					R	MEDPRM
169203011	SOGROY	SOMAPA	682800	Pituitary	68280000	Pituitary	R	10 MG/1.5	SUBCUTA	SOPN	ML	1.5 X	SSB		169		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X								R	MEDPRM
169203511	SOGROY	SOMAPA	682800	Pituitary	68280000	Pituitary	R	5 MG/1.5M	SUBCUTA	SOPN	ML	1.5 X	SSB		169		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X								R	MEDPRM
169203711	SOGROY	SOMAPA	682800	Pituitary	68280000	Pituitary	R	15 MG/1.5	SUBCUTA	SOPN	ML	1.5 X	SSB		169		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X								R	MEDPRM
169210011	NOVOLO	INSULIN A	682008	Insulins	68200804	UNKNOW	R	100 UNIT/	INJECTIO	SOLN	ML	10 X	SSB		169	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRM
169210125	NOVOLO	INSULIN A	682008	Insulins	68200804	UNKNOW	R	100 UNIT/	SUBCUTA	SOPN	ML	3 X	SSB		169	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRM
169220011	NOVOLO	INSULIN A	682008	Insulins	68200804	UNKNOW	R	(70-30) 10	SUBCUTA	SUSP	ML	10 X	SSB		169	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRM
169220125	NOVOLO	INSULIN A	682008	Insulins	68200804	UNKNOW	R	(70-30) 10	SUBCUTA	SUPN	ML	3 X	SSB		169	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRM
169255013	TRESIBA	INSULIN D	682008	Insulins	68200816	UNKNOW	R	200 UNIT/	SUBCUTA	SOPN	ML	3 X	SSB		169	Y	N	FORMULARY		2 BRAND	PREFERRED BRAND				X	18 IN 28 DAYS					R	MEDPRM
169266015	TRESIBA	INSULIN D	682008	Insulins	68200816	UNKNOW	R	100 UNIT/	SUBCUTA	SOPN	ML	3 X	SSB		169	Y	N	FORMULARY		2 BRAND	PREFERRED BRAND				X	30 IN 28 DAYS					R	MEDPRM
169266211	TRESIBA	INSULIN D	682008	Insulins	68200816	UNKNOW	R	100 UNIT/	SUBCUTA	SOLN	ML	10 X	SSB		169	Y	N	FORMULARY		2 BRAND	PREFERRED BRAND				X	40 IN 28 DAYS					R	MEDPRM
169280015	SAXENDA	LIRAGLU	682006	UNKNOW	68200600	UNKNOW	R	18 MG/3M	SUBCUTA	SOPN	ML	3 X	SSB		169	Y	N	FORMULARY		2 BRAND	PREFERRED BRAND	X	PA:X								R	MEDPRM
169291115	XULTOPH	INSULIN D	682008	Insulins	68200816	UNKNOW	R	100-3.6 U	SUBCUTA	SOPN	ML	3 X	SSB		169	Y	N	FORMULARY		2 BRAND	PREFERRED BRAND				X	15 IN 28 DAYS					R	MEDPRM
169300315	NOVOLIN	INSULIN R	682008	Insulins	68200808	UNKNOW	O	100 UNIT/	INJECTIO	SOPN	ML	3 X	SSB		169	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRM
169300325	NOVOLIN	INSULIN R	682008	Insulins	68200808	UNKNOW	O	100 UNIT/	INJECTIO	SOPN	ML	3 X	SSB		169	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRM
169300415	NOVOLIN	INSULIN N	682008	Insulins	68200812	UNKNOW	O	100 UNIT/	SUBCUTA	SUPN	ML	3 X	SSB		169	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRM
169300425	NOVOLIN	INSULIN N	682008	Insulins	68200812	UNKNOW	O	100 UNIT/	SUBCUTA	SUPN	ML	3 X	SSB		169	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRM
169300701	NOVOLIN	INSULIN N	682008	Insulins	68200812	UNKNOW	O	(70-30) 10	SUBCUTA	SUPN	ML	3 X	SSB		169	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRM
169300712	NOVOLIN	INSULIN N	682008	Insulins	68200812	UNKNOW	O	(70-30) 10	SUBCUTA	SUPN	ML	3 X	SSB		169	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRM
169300715	NOVOLIN	INSULIN N	682008	Insulins	68200812	UNKNOW	O	(70-30) 10	SUBCUTA	SUPN	ML	3 X	SSB		169	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRM
169300725	NOVOLIN	INSULIN N	682008	Insulins	68200812	UNKNOW	O	(70-30) 10	SUBCUTA	SUPN	ML	3 X	SSB		169	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRM
169320111	FIASP	INSULIN A	682008	Insulins	68200804	UNKNOW	R	100 UNIT/	INJECTIO	SOLN	ML	10 X	SSB		169	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRM
169320415	FIASP FL	INSULIN A	682008	Insulins	68200804	UNKNOW	R	100 UNIT/	SUBCUTA	SOPN	ML	3 X	SSB		169	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRM
169320511	FIASP PE	INSULIN A	682008	Insulins	68200804	UNKNOW	R	100 UNIT/	SUBCUTA	SOCT	ML	3 X	SSB		169	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRM
169320515	FIASP PE	INSULIN A	682008	Insulins	68200804	UNKNOW	R	100 UNIT/	SUBCUTA	SOCT	ML	3 X	SSB		169	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRM
169320611	FIASP PU	INSULIN A	682008	Insulins	68200804	UNKNOW	R	100 UNIT/	SUBCUTA	SOCT	ML	1.6 X	SSB		169	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRM
169320615	FIASP PU	INSULIN A	682008	Insulins	68200804	UNKNOW	R	100 UNIT/	SUBCUTA	SOCT	ML	1.6 X	SSB		169	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRM
169330312	NOVOLO	INSULIN A	682008	Insulins	68200804	UNKNOW	R	100 UNIT/	SUBCUTA	SOCT	ML	3 X	SSB		169	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRM
169368512	NOVOLO	INSULIN A	682008	Insulins	68200804	UNKNOW	R	(70-30) 10	SUBCUTA	SUSP	ML	10 X	SSB		169	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRM
169368712	LEVEMIR	INSULIN D	682008	Insulins	68200816	UNKNOW	R	100 UNIT/	SUBCUTA	SOLN	ML	10 X	SSB		169	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRM
169369619	NOVOLO	INSULIN A	682008	Insulins	68200804	UNKNOW	R	(70-30) 10	SUBCUTA	SUPN	ML	3 X	SSB		169	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRM
169406012	VICTOZA	LIRAGLU	682006	UNKNOW	68200600	UNKNOW	S	18 MG/3M	SUBCUTA	SOPN	ML	3 X	MSB		169	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION	X	PA:X	RESTRIC	X	9 IN 30 DAYS					R	MEDPRM
169406013	VICTOZA	LIRAGLU	682006	UNKNOW	68200600	UNKNOW	S	18 MG/3M	SUBCUTA	SOPN	ML	3 X	MSB		169	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION	X	PA:X	RESTRIC	X	9 IN 30 DAYS					R	MEDPRM
169413001	OZEMPIC	SEMAGLU	682006	UNKNOW	68200600	UNKNOW	R	4 MG/3ML	SUBCUTA	SOPN	ML	3 X	SSB		169	Y	N	FORMULARY		2 BRAND	PREFERRED BRAND	X	PA:X	RESTRIC	X	3 IN 28 DAYS					R	MEDPRM
169413013	OZEMPIC	SEMAGLU	682006	UNKNOW	68200600	UNKNOW	R	4 MG/3ML	SUBCUTA	SOPN	ML	3 X	SSB		169	Y	N	FORMULARY		2 BRAND	PREFERRED BRAND	X	PA:X	RESTRIC	X	3 IN 28 DAYS					R	MEDPRM
169413211	OZEMPIC	SEMAGLU	682006	UNKNOW	68200600	UNKNOW	R	2 MG/1.5M	SUBCUTA	SOPN	ML	1.5 X	SSB	4/3/2023	169	Y	N	FORMULARY		2 BRAND	PREFERRED BRAND	X	PA:X	RESTRIC	X	1.5 IN 28 DAYS					R	MEDPRM
169413212	OZEMPIC	SEMAGLU	682006	UNKNOW	68200600	UNKNOW	R	2 MG/1.5M	SUBCUTA	SOPN	ML	1.5 X	SSB	4/3/2023	169	Y	N	FORMULARY		2 BRAND	PREFERRED BRAND	X	PA:X	RESTRIC	X	1.5 IN 28 DAYS					R	MEDPRM
169413602	OZEMPIC	SEMAGLU	682006	UNKNOW	68200600	UNKNOW	R	2 MG/1.5M	SUBCUTA	SOPN	ML	1.5 X	SSB	1/1/2022	169	Y	N	FORMULARY		2 BRAND	PREFERRED BRAND	X	PA:X	RESTRICTED DIAGNOSIS AND QUANTITY LIMIT - RESUBMIT CLAIM WITH ICD-10 CODE AND/OR UPDATED QUANTITY PER DAY SUPPLY							R	MEDPRM
169413611	OZEMPIC	SEMAGLU	682006	UNKNOW	68200600	UNKNOW	R	2 MG/1.5M	SUBCUTA	SOPN	ML	1.5 X	SSB	1/1/2022	169	Y	N	FORMULARY		2 BRAND	PREFERRED BRAND	X	PA:X	RESTRICTED DIAGNOSIS AND QUANTITY LIMIT - RESUBMIT CLAIM WITH ICD-10 CODE AND/OR UPDATED QUANTITY PER DAY SUPPLY							R	MEDPRM
169418113	OZEMPIC	SEMAGLU	682006	UNKNOW	68200600	UNKNOW	R	2 MG/3ML	SUBCUTA	SOPN	ML	3 X	SSB		169	Y	N	FORMULARY		2 BRAND	PREFERRED BRAND	X	PA:X	RESTRIC	X	3 IN 28 DAYS					R	MEDPRM
169430313	RYBELSU	SEMAGLU	682006	UNKNOW	68200600	UNKNOW	R	3 MG	ORAL	TABS	EA	30 X	SSB	2/9/2022	169		N	FORMULARY		2 BRAND	PREFERRED BRAND	X	PA:X	RESTRIC	X	1 IN 1 DAYS					R	MEDPRM
169430330	RYBELSU	SEMAGLU	682006	UNKNOW	68200600	UNKNOW	R	3 MG	ORAL	TABS	EA	30 X	SSB		169		N	FORMULARY		2 BRAND	PREFERRED BRAND	X	PA:X	RESTRIC	X	1 IN 1 DAYS					R	MEDPRM
169430399	RYBELSU	SEMAGLU	682006	UNKNOW	68200600	UNKNOW	R	3 MG	ORAL	TABS	EA	30 X	SSB		169		Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU		OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
169430713	RYBELSU	SEMAGLU	682006	UNKNOW	68200600	UNKNOW	R	7 MG	ORAL	TABS	EA	30 X	SSB	2/9/2022	169		N	FORMULARY		2 BRAND	PREFERRED BRAND	X	PA:X	RESTRIC	X	1 IN 1 DAYS					R	MEDPRM
169430730	RYBELSU	SEMAGLU	682006	UNKNOW	68200600	UNKNOW	R	7 MG	ORAL	TABS	EA	30 X	SSB		169		N	FORMULARY		2 BRAND	PREFERRED BRAND	X	PA:X	RESTRIC	X	1 IN 1 DAYS					R	MEDPRM
169431413	RYBELSU	SEMAGLU	682006	UNKNOW	68200600	UNKNOW	R	14 MG	ORAL	TABS	EA	30 X	SSB	2/9/2022	169		N	FORMULARY		2 BRAND	PREFERRED BRAND	X	PA:X	RESTRIC	X	1 IN 1 DAYS					R	MEDPRM
169431430	RYBELSU	SEMAGLU	682006	UNKNOW	68200600	UNKNOW	R	14 MG	ORAL	TABS	EA	30 X	SSB		169		N	FORMULARY		2 BRAND	PREFERRED BRAND	X	PA:X	RESTRIC	X	1 IN 1 DAYS					R	MEDPRM
169450114	WEGOVY	SEMAGLU	682006	UNKNOW	68200600	UNKNOW	R	1 MG/0.5M	SUBCUTA	SOAJ	ML	0.5	SSB		169	Y	N	FORMULARY		2 BRAND	PREFERRED BRAND	X	PA:X								R	MEDPRM
169450514	WEGOVY	SEMAGLU	682006	UNKNOW	68200600	UNKNOW	R	0.5 MG/0.	SUBCUTA	SOAJ	ML	0.5	SSB		169	Y	N	FORMULARY		2 BRAND	PREFERRED BRAND	X	PA:X								R	MEDPRM
169451714	WEGOVY	SEMAGLU	682006	UNKNOW	68200600	UNKNOW	R	1.7 MG/0.	SUBCUTA	SOAJ	ML	0.75 X	SSB		169	Y	N	FORMULARY		2 BRAND	PREFERRED BRAND	X	PA:X								R	MEDPRM
169452414	WEGOVY	SEMAGLU	682006	UNKNOW	68200600	UNKNOW	R	2.4 MG/0.	SUBCUTA	SOAJ	ML	0.75 X	SSB		169	Y	N	FORMULARY		2 BRAND	PREFERRED BRAND	X	PA:X								R	MEDPRM
169452514	WEGOVY	SEMAGLU	682006	UNKNOW	68200600	UNKNOW	R	0.25 MG/0	SUBCUTA	SOAJ	ML	0.5	SSB		169	Y	N	FORMULARY		2 BRAND	PREFERRED BRAND	X	PA:X								R	MEDPRM
169477211	OZEMPIC	SEMAGLU	682006	UNKNOW	68200600	UNKNOW	R	8 MG/3ML	SUBCUTA	SOPN	ML	3 X	SSB		169	Y	N	FORMULARY		2 BRAND	PREFERRED BRAND	X	PA:X	RESTRIC	X	3 IN 28 DAYS					R	MEDPRM
169477212	OZEMPIC	SEMAGLU	682006	UNKNOW	68200600	UNKNOW	R	8 MG/3ML	SUBCUTA	SOPN	ML	3 X	SSB		169	Y	N	FORMULARY		2 BRAND	PREFERRED BRAND	X	PA:X	RESTRIC	X	3 IN 28 DAYS					R	MEDPRM
169517603	VAGIFEM	ESTRADI	681604	Estrogens	68160400	Estrogens	S	10MCG	VAGINAL	TABS	EA	8 X	MSB		169 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRM
169517604	VAGIFEM	ESTRADI	681604	Estrogens	68160400	Estrogens	S	10MCG	VAGINAL	TABS	EA	18 X	MSB		169 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRM
169530610	RIVFLOZ	NEDOSIR	929200	UNKNOW	92920000	UNKNOW	R	160 MG/M	SUBCUTA	SOSY	ML	1 X	SSB		169	Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X								R	MEDPRM
169530708	RIVFLOZ	NEDOSIR	929200	UNKNOW	92920000	UNKNOW	R	128 MG/0.	SUBCUTA	SOSY	ML	0.8 X	SSB		169	Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X								R	MEDPRM
169530801	RIVFLOZ	NEDOSIR	929200	UNKNOW	92920000	UNKNOW	R	80 MG/0.5	SUBCUTA	SOLN	ML	0.5 X	SSB		169	Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X								R	MEDPRM
169633910	NOVOLO	INSULIN A	682008	Insulins	68200804	UNKNOW	R	100 UNIT/	SUBCUTA	SOPN	ML	3 X	SSB		169	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRM
169643210	LEVEMIR	INSULIN D	682008	Insulins	68200816	UNKNOW	R	100 UNIT/	SUBCUTA	SOPN	ML	3 X	SSB	10/18/2024	169	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRM
169643810	LEVEMIR	INSULIN D	682008	Insulins	68200816	UNKNOW	R	100 UNIT/	SUBCUTA	SOPN	ML	3 X	SSB	2/1/2023	169	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRM
169701301	TRETTEN	COAGULA	202816	Hemostati	20281600	Hemostati	R	2500 UNIT	INTRAVE	SOLR	EA	1	SSB		169	Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND										R	MEDPRM
169706515	GLUCAGE	GLUCAGO	682212	Glycogen	68221200	Glycogen	R	1 MG	INJECTIO	SOLR	EA	1	SSB	6/30/2024	169	Y	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				X	<= 4					R	MEDPRM
169720101	NOVOSE	COAGULA	202816	Hemostati	20281600	Hemostati	R	1 MG	INTRAVE	SOLR	EA	1	SSB		169	Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND										R	MEDPRM
169720201	NOVOSE	COAGULA	202816	Hemostati	20281600	Hemostati	R	2 MG	INTRAVE	SOLR	EA	1	SSB		169	Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND										R	MEDPRM
169720501	NOVOSE	COAGULA	202816	Hemostati	20281600	Hemostati	R	5 MG	INTRAVE	SOLR	EA	1	SSB		169	Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND										R	MEDPRM
169720801	NOVOSE	COAGULA	202816	Hemostati	20281600	Hemostati	R	8 MG	INTRAVE	SOLR	EA	1	SSB		169	Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND										R	MEDPRM
169721111	NOVOSE	COAGULA	202816	Hemostati	20281600	Hemostati	R	1 MG	INTRAVE	SOLR	EA	1	SSB		169	Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND										R	MEDPRM
169721211	NOVOSE	COAGULA	202816	Hemostati	20281600	Hemostati	R	2 MG	INTRAVE	SOLR	EA	1	SSB		169	Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND										R	MEDPRM
169750111	NOVOLO	INSULIN A	682008	Insulins	68200804	UNKNOW	R	100 UNIT/	INJECTIO	SOLN	ML	10 X	SSB		169	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRM
169770321	NORDITR	SOMATR	683004	Somatotr	68300400	Somatotr	R	30 MG/3M	SUBCUTA	SOPN	ML	3 X	SSB		169	Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X								R	MEDPRM
169770421	NORDITR	SOMATR	683004	Somatotr	68300400	Somatotr	R	5 MG/1.5M	SUBCUTA	SOPN	ML	1.5 X	SSB		169	Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X								R	MEDPRM
169770521	NORDITR	SOMATR	683004	Somatotr	68300400	Somatotr	R	10 MG/1.5	SUBCUTA	SOPN	ML	1.5 X	SSB		169	Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X								R	MEDPRM
169770821	NORDITR	SOMATR	683004	Somatotr	68300400	Somatotr	R	15 MG/1.5	SUBCUTA	SOPN	ML	1.5 X	SSB		169	Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X								R	MEDPRM
169776411	NORDIPE	INJECTIO	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		169	Y	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND										R	MEDPRM
169776413	NORDIPE	INJECTIO	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		169	Y	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND										R	MEDPRM
169781001	NOVOEIG	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	1000 UNIT	INTRAVE	SOLR	EA	1	SSB		169	Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND										R	MEDPRM
169781501	NOVOEIG	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	1500 UNIT	INTRAVE	SOLR	EA	1	SSB		169	Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND										R	MEDPRM
169782001	NOVOEIG	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	2000 UNIT	INTRAVE	SOLR	EA	1	SSB		169	Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND										R	MEDPRM
169782501	NOVOEIG	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	250 UNIT	INTRAVE	SOLR	EA	1	SSB		169	Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND										R	MEDPRM
169783001	NOVOEIG	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	3000 UNIT	INTRAVE	SOLR	EA	1	SSB		169	Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND										R	MEDPRM
169785001	NOVOEIG	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	500 UNIT	INTRAVE	SOLR	EA	1	SSB		169	Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND										R	MEDPRM
169790101	REBINYN	COAGULA	202816	Hemostati	20281600	Hemostati	R	1000 UNIT	INTRAVE	SOLR	EA	1	SSB		169	Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND										R	MEDPRM
169790201	REBINYN	COAGULA	202816	Hemostati	20281600	Hemostati	R	2000 UNIT	INTRAVE	SOLR	EA	1	SSB		169	Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND										R	MEDPRM
169790301	REBINYN	COAGULA	202816	Hemostati	20281600	Hemostati	R	3000 UNIT	INTRAVE	SOLR	EA	1	SSB		169	Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND										R	MEDPRM
169790501	REBINYN	COAGULA	202816	Hemostati	20281600	Hemostati	R	500 UNIT	INTRAVE	SOLR	EA	1	SSB		169	Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND										R	MEDPRM
169791111	REBINYN	COAGULA	202816	Hemostati	20281600	Hemostati	R	1000 UNIT	INTRAVE	SOLR	EA	1	SSB		169	Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND										R	MEDPRM
169792211	REBINYN	COAGULA	202816	Hemostati	20281600	Hemostati	R	2000 UNIT	INTRAVE	SOLR	EA	1	SSB		169	Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND										R	MEDPRM
169793311	REBINYN	COAGULA	202816	Hemostati	20281600	Hemostati	R	3000 UNIT	INTRAVE	SOLR	EA	1	SSB		169	Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND										R	MEDPRM
169795511	REBINYN	COAGULA	202816	Hemostati	20281600	Hemostati	R	500 UNIT	INTRAVE	SOLR	EA	1	SSB		169	Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND										R	MEDPRM
169810001	ESPERO	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	1000 UNIT	INTRAVE	SOLR	EA	1	SSB		169	Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND										R	MEDPRM
169810111	ESPERO	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	1000 UNIT	INTRAVE	SOLR	EA	1	SSB		169	Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND										R	MEDPRM
169815001	ESPERO	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	1500 UNIT	INTRAVE	SOLR	EA	1	SSB		169	Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND										R	MEDPRM
169815111	ESPERO	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	1500 UNIT	INTRAVE	SOLR	EA	1	SSB		169	Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND										R	MEDPRM
169820001	ESPERO	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	2000 UNIT	INTRAVE	SOLR	EA	1	SSB		169	Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND										R	MEDPRM
169820111	ESPERO	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	2000 UNIT	INTRAVE	SOLR	EA	1	SSB		169	Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND										R	MEDPRM
169830001	ESPERO	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	3000 UNIT	INTRAVE	SOLR	EA	1	SSB		169	Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND										R	MEDPRM
169830111	ESPERO	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	3000 UNIT	INTRAVE	SOLR	EA	1	SSB		169	Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND										R	MEDPRM
169850001	ESPERO	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	500 UNIT	INTRAVE	SOLR	EA	1	SSB		169	Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND										R	MEDPRM
169850111	ESPERO	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	500 UNIT	INTRAVE	SOLR	EA	1	SSB		169	Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND										R	MEDPRM
172208360	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	100 X	GENERIC		172		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
172208380	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	1000 X	GENERIC		172		N	FORMULARY		1 GEN	GENERICS										R	MEDPRM

179832330	KP FEXOI	FEXOFEN	40800	Second G	4080000	Second G	P	60 MG	ORAL	TABS	EA	100		GENERIC		179			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
179840418	KP VITAM	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	400UNIT	ORAL	CHEW	EA	180		GENERIC		179			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
179840702	KP B COM	B-COMPL	882800	Multivitam	88280000	Multivitam	P	250MG-25	ORAL	TABS	EA	200		GENERIC		179			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
179840902	KP CALCI	CALCIUM	401200	Replacem	40120000	Replacem	P	333MG-13	ORAL	TABS	EA	200		GENERIC		179			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
179841102	KP CALCI	CALCIUM	401200	Replacem	40120000	Replacem	P	600-12.5 M	ORAL	CAPS	EA	200		GENERIC		179			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
179841302	KP CALCI	CALCIUM	401200	Replacem	40120000	Replacem	P	600-10 MC	ORAL	TABS	EA	200		GENERIC		179			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
179841512	KP OMEG	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1200 MG	ORAL	CPDR	EA	120		GENERIC		179			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
179841701	KP FERR	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	324 (37.5	ORAL	TABS	EA	100		GENERIC		179			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
179841901	KP FERR	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	325 (65 FE	ORAL	TABS	EA	100		GENERIC		179			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
179842118	KP FISH (	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1200 MG	ORAL	CAPS	EA	180		GENERIC		179			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
179842302	KP FOLIC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	P	800 MCG	ORAL	TABS	EA	200	X	GENERIC		179			N	#N/A	ORIG_FR	10	EHB	#N/A								X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
179842590	KP LUTEI	LUTEIN	929200	UNKNOW	92920000	UNKNOW	P	6MG	ORAL	CAPS	EA	90		GENERIC		179			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
179842712	KP MELA	MELATON	929200	UNKNOW	92920000	UNKNOW	P	3MG	ORAL	TABS	EA	120		GENERIC		179			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
179842912	KP ADUL	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	120		GENERIC		179			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
179843112	KP MENS	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	120		GENERIC		179			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
179843312	KP MENS	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	120		GENERIC		179			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
179843512	KP WOME	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	120		GENERIC		179			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
179843712	KP WOME	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	120		GENERIC		179			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
179843990	KP PREN	PRENATA	882800	Multivitam	88280000	Multivitam	O	28-0.8 MG	ORAL	TABS	EA	90		SSB		179			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
179844124	KP SAW F	SAW PAL	929200	UNKNOW	92920000	UNKNOW	O	100MG-16	ORAL	CAPS	EA	240		SSB		179			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
179844312	KP GLUC	GLUCOSA	929200	UNKNOW	92920000	UNKNOW	P	600MG-75	ORAL	TABS	EA	120		GENERIC		179			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
179844502	KP VITAM	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	1000UNIT	ORAL	CAPS	EA	200		GENERIC		179			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
179844702	KP VITAM	VITAMIN E	882000	Vitamin E	88200000	Vitamin E	P	45 MG (10	ORAL	CAPS	EA	200		GENERIC		179			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
179844912	KP ADUL	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	120		GENERIC		179			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
179870730	KP DOUB	BACITRA	840404	Antibacter	84040400	Antibacter	P	500-10000	EXTERNA	OINT	GM	28.4		GENERIC	11/2/2022	179			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
179871130	KP HYDR	HYDROC	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	OINT	GM	28.4		GENERIC	6/30/2022	179			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
179871416	KP GENT	SOAP & C	842000	Detergent	84200000	Detergent	O	0	EXTERNA	LIQD	ML	473		SSB		179			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
179872402	KP SILIC	OCCLUSI	940000	Devices	94000000	Devices	O	0	DOES NO	STRP	EA	2		NON DRUG		179			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
179901012	KP FAST	ELECTRO	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		179			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
185001001	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	100	X	GENERIC	10/2/2023	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185001005	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	500	X	GENERIC	10/2/2023	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185002201	ORPHEN	ORPHEN	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	100		GENERIC		185			N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS						R	MEDPRMI
185002210	ORPHEN	ORPHEN	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	1000		GENERIC	4/2/2024	185			N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS						R	MEDPRMI
185003451	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	150		GENERIC	3/31/2022	185			N	FORMULARY		1	GEN	GENERICS			X	18 IN 1 DAYS						R	MEDPRMI
185005501	METOLAZ	METOLAZ	243624	UNKNOW	24362400	UNKNOW	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185005510	METOLAZ	METOLAZ	243624	UNKNOW	24362400	UNKNOW	S	5 MG	ORAL	TABS	EA	1000	X	GENERIC		185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185007201	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	100	X	GENERIC	3/31/2022	185			N	#N/A	ORIG_FR	10	EHB	#N/A			X	2 IN 1 DAYS				X	IF AGE=40-75 YEARS AND R/	R	MEDPRMI
185007210	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC	6/30/2022	185			N	#N/A	ORIG_FR	10	EHB	#N/A			X	2 IN 1 DAYS				X	IF AGE=40-75 YEARS AND R/	R	MEDPRMI
185007260	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	60	X	GENERIC	3/31/2022	185			N	#N/A	ORIG_FR	10	EHB	#N/A			X	2 IN 1 DAYS				X	IF AGE=40-75 YEARS AND R/	R	MEDPRMI
185007401	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	100	X	GENERIC	1/3/2022	185			N	#N/A	ORIG_FR	10	EHB	#N/A			X	2 IN 1 DAYS				X	IF AGE=40-75 YEARS AND R/	R	MEDPRMI
185007410	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	1000	X	GENERIC	5/31/2022	185			N	#N/A	ORIG_FR	10	EHB	#N/A			X	2 IN 1 DAYS				X	IF AGE=40-75 YEARS AND R/	R	MEDPRMI
185007460	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	60	X	GENERIC	5/31/2022	185			N	#N/A	ORIG_FR	10	EHB	#N/A			X	2 IN 1 DAYS				X	IF AGE=40-75 YEARS AND R/	R	MEDPRMI
185011701	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TABS	EA	100	X	GENERIC	7/31/2023	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185011705	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TABS	EA	500	X	GENERIC	10/2/2023	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185011801	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	300 MG	ORAL	TABS	EA	100	X	GENERIC	10/2/2023	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185011805	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	300 MG	ORAL	TABS	EA	500	X	GENERIC	10/2/2023	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185012201	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	100		GENERIC		185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185012210	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	1000		GENERIC		185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185012801	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	0.5 MG	ORAL	TABS	EA	100	X	GENERIC		185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185012805	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	0.5 MG	ORAL	TABS	EA	500	X	GENERIC		185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185012901	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185012905	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	1 MG	ORAL	TABS	EA	500	X	GENERIC		185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185013001	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	2 MG	ORAL	TABS	EA	100	X	GENERIC		185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185013005	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	2 MG	ORAL	TABS	EA	500	X	GENERIC		185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185014101	OXAPRO	OXAPRO	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	100	X	GENERIC		185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185014105	OXAPRO	OXAPRO	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	500	X	GENERIC	11/6/2023	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185014405	AMIODAR	AMIODAR	240404	Antiarrhyt	24040420	Class III A	S	200 MG	ORAL	TABS	EA	500	X	GENERIC	8/2/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185014460	AMIODAR	AMIODAR	240404	Antiarrhyt	24040420	Class III A	S	200 MG	ORAL	TABS	EA	60	X	GENERIC	8/2/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185014501	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	100	X	GENERIC	11/2/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185014505	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	500	X	GENERIC	8/2/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185014601	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	100	X	GENERIC	8/2/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185014605	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	500	X	GENERIC	6/30/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185015201	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	100	X	GENERIC	10/3/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185015210	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	1000	X	GENERIC	10/3/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185017301	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-25 MG	ORAL	TABS	EA	100	X	GENERIC	8/31/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185017310	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-25 MG	ORAL	TABS	EA	1000	X	GENERIC	8/31/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185020501	METHIMA	METHIMA	683608	Antithyroic	68360800	Antithyroic	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	9/27/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185020510	METHIMA	METHIMA	683608	Antithyroic	68360800	Antithyroic	S	5 MG	ORAL	TABS	EA	1000	X	GENERIC	6/30/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185021001	METHIMA	METHIMA	683608	Antithyroic	68360800	Antithyroic	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	10/28/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185021010	METHIMA	METHIMA	683608	Antithyroic	68360800	Antithyroic	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC	6/30/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185021101	BENAZEF	BENAZEF	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	100	X	GENERIC		185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185022305	CILOSTA	CILOSTA	201218	Platelet-A	20121800	Platelet-A	S	100 MG	ORAL	TABS	EA	500	X	GENERIC	8/2/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185022360	CILOSTA	CILOSTA	201218	Platelet-A	20121800	Platelet-A	S	100 MG	ORAL	TABS	EA	60	X	GENERIC	8/2/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185023601	BENAZEF	BENAZEF	243204	Angiotens	24320400	Angiotens	S	5-6.25 MG	ORAL	TABS	EA	100	X	GENERIC		185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185027701	BENAZEF	BENAZEF	243204	Angiotens	24320400	Angiotens	S	20-25 MG	ORAL	TABS	EA	100	X	GENERIC		185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185032501	BENAZEF	BENAZEF	243204	Angiotens	24320400	Angiotens	S	10-12.5 M	ORAL	TABS	EA	100	X	GENERIC		185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185037101	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	4/18/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185037201	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	100	X	GENERIC	4/18/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185037301	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	100	X	GENERIC	4/18/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185041001	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TB12	EA	100	X	GENERIC	2/28/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185041005	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TB12	EA	500	X	GENERIC	2/28/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185041060	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TB12	EA	60	X	GENERIC	2/28/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185041501	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	100	X	GENERIC	2/28/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185041505	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	500	X	GENERIC	2/28/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185041552	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	250	X	GENERIC	2/28/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185041560	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	60	X	GENERIC	2/28/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185044801	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	100		GENERIC		185			N	FORMULARY		1	GEN	GENERICS			X	4 IN 1 DAYS						R	MEDPRMI
185060201	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC	5/3/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185060210	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	1000	X	GENERIC	5/31/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185061001	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	5/31/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185061010	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC	8/2/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185062001	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	100	X	GENERIC	6/30/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185062010	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC	6/30/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185063010	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	30 MG	ORAL	TABS	EA	1000	X	GENERIC	5/3/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185064010	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	1000	X	GENERIC	8/31/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185064401	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	15 MG	ORAL	CAPS	EA	100		GENERIC	11/2/2022	185			N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS				X	AGE_YEA MUST BE AT LEAST	R	MEDPRMI
185067401	HYDROX	HYDROX	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	100		GENERIC		185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185067405	HYDROX	HYDROX	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	500		GENERIC		185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185067501	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	100	X	GENERIC	10/23/2023	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185067510	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	1000	X	GENERIC	4/2/2024	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185067601	HYDROX	HYDROX	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	CAPS	EA	100		GENERIC		185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185067605	HYDROX	HYDROX	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	CAPS	EA	500		GENERIC		185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185068701	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	100	X	GENERIC	1/2/2024	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185075701	SULFADI	SULFADI	81220	Sulfonami	8122000	Sulfonami	S	500 MG	ORAL	TABS	EA	100		GENERIC	2/28/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185079901	RIFAMPIN	RIFAMPIN	81604	Antituberc	8160400	Antituberc	S	300 MG	ORAL	CAPS	EA	100		GENERIC	2/28/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185079905	RIFAMPIN	RIFAMPIN	81604	Antituberc	8160400	Antituberc	S	300 MG	ORAL	CAPS	EA	500		GENERIC	2/28/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185079930	RIFAMPIN	RIFAMPIN	81604	Antituberc	8160400	Antituberc	S	300 MG	ORAL	CAPS	EA	30		GENERIC	2/28/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185079960	RIFAMPIN	RIFAMPIN	81604	Antituberc	8160400	Antituberc	S	300 MG	ORAL	CAPS	EA	60		GENERIC	2/28/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185080101	RIFAMPIN	RIFAMPIN	81604	Antituberc	8160400	Antituberc	S	150 MG	ORAL	CAPS	EA	100		GENERIC	2/28/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185080130	RIFAMPIN	RIFAMPIN	81604	Antituberc	8160400	Antituberc	S	150 MG	ORAL	CAPS	EA	30		GENERIC	2/28/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185084201	AMPHETA	AMPHETA	282004	Amphetan	28200400	Amphetan	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		185			N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS						R	MEDPRMI
185085301	AMPHETA	AMPHETA	282004	Amphetan	28200400	Amphetan	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		185			N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS						R	MEDPRMI
185086401	AMPHETA	AMPHETA	282004	Amphetan	28200400	Amphetan	S	30 MG	ORAL	TABS	EA	100	X	GENERIC	3/18/2024	185			N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS						R	MEDPRMI
185093997	CHOLEST	CHOLEST	240604	Bile Acid S	24060400	Bile Acid S	S	4 GM/DOS	ORAL	POWD	GM	239.4	X	GENERIC	2/28/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185093998	CHOLEST	CHOLEST	240604	Bile Acid S	24060400	Bile Acid S	S	4 GM	ORAL	PACK	EA	60	X	GENERIC	2/28/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185094097	CHOLEST	CHOLEST	240604	Bile Acid S	24060400	Bile Acid S	S	4 GM/DOS	ORAL	POWD	GM	378	X	GENERIC	2/28/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185094098	CHOLEST	CHOLEST	240604	Bile Acid S	24060400	Bile Acid S	S	4 GM	ORAL	PACK	EA	60	X	GENERIC	2/28/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185104701	QUINIDIN	QUINIDIN	240404	Antiarrhyt	24040404	Class Ia A	S	300 MG	ORAL	TABS	EA	100	X	GENERIC	2/28/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185111160	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	200 MG	ORAL	TB12	EA	60	X	GENERIC	2/28/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185209801	AMPHETA	AMPHETA	282004	Amphetan	28200400	Amphetan	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		185			N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS						R	MEDPRMI
185209901	AMPHETA	AMPHETA	282004	Amphetan	28200400	Amphetan	S	30 MG	ORAL	TABS	EA	100	X	GENERIC		185			N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS						R	MEDPRMI
185405701	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	S	35 MG	ORAL	TABS	EA	100		GENERIC	1/31/2024	185			N	FORMULARY		1	GEN	GENERICS			X	6 IN 1 DAYS				X	AGE_YEA MUST BE AT LEAST	R	MEDPRMI
185405710	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	S	35 MG	ORAL	TABS	EA	1000		GENERIC	10/31/2023	185			N	FORMULARY		1	GEN	GENERICS			X	6 IN 1 DAYS				X	AGE_YEA MUST BE AT LEAST	R	MEDPRMI
185434601	QUINIDIN	QUINIDIN	240404	Antiarrhyt	24040404	Class Ia A	S	200 MG	ORAL	TABS	EA	100	X	GENERIC	2/28/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185440051	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	150		GENERIC	10/3/2022	185			N	FORMULARY		1	GEN	GENERICS			X	9 IN 1 DAYS						R	MEDPRMI
185500001	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	100		GENERIC	8/31/2023	185			N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS				X	AGE_YEA MUST BE AT LEAST	R	MEDPRMI
185500010	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	1000		GENERIC	5/31/2023	185	Y		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS				X	AGE_YEA MUST BE AT LEAST	R	MEDPRMI
185505001	METOLAZ	METOLAZ	243624	UNKNOW	24362400	UNKNOW	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC		185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185536809	EPLEREN	EPLEREN	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	8/1/2024	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185536830	EPLEREN	EPLEREN	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	8/1/2024	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185536909	EPLEREN	EPLEREN	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	8/1/2024	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185536930	EPLEREN	EPLEREN	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	8/1/2024	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185538076	FOLTRIN	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	S	75MG-75M	ORAL	CAPS	EA	60		GENERIC		185			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
185560001	METOLAZ	METOLAZ	243624	UNKNOW	24362400	UNKNOW	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
185710001	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10-12.5 M	ORAL	TABS	EA	100	X	GENERIC	8/2/2022	185			N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
186037020	SYMBICO	BUDESON	680400	Adrenals	68040000	Adrenals	S	160-4.5 M	INHALATI	AERO	GM	10.2	X	MSB		186	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION			X	30.6 IN 30 DAYS						R	MEDPRMI
186037028	SYMBICO	BUDESON	680400	Adrenals	68040000	Adrenals	S	160-4.5 M	INHALATI	AERO	GM	6	X	MSB		186	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION			X	30.6 IN 30 DAYS						R	MEDPRMI
186037220	SYMBICO	BUDESON	680400	Adrenals	68040000	Adrenals	S	80-4.5 MC	INHALATI	AERO	GM	10.2	X	MSB		186	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION			X	30.6 IN 30 DAYS						R	MEDPRMI
186037228	SYMBICO	BUDESON	680400	Adrenals	68040000	Adrenals	S	80-4.5 MC	INHALATI	AERO	GM	6.9	X	MSB		186	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION			X	30.6 IN 30 DAYS						R	MEDPRMI
186038230	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC	2/28/2022	186			N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
186038290	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90	X	GENERIC	8/2/2022	186			N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
186038430	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30	X	GENERIC	8/31/2022	186			N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS						R	MEDPRMI
186038490	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	GENERIC	5/31/2022	186			N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS						R	MEDPRMI
186077660	BRILINTA	TICAGRE	201218	Platelet-A	20121800	Platelet-A	R	60 MG	ORAL	TABS	EA	60	X	SSB		186			N	FORMULARY		2	BRAND	PREFERRED BRAND			X	2 IN 1 DAYS						R	MEDPRMI
186077708	BRILINTA	TICAGRE	201218	Platelet-A	20121800	Platelet-A	R	90 MG	ORAL	TABS	EA	8	X	SSB		186			Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU			OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
186077739	BRILINTA	TICAGRE	201218	Platelet-A	20121800	Platelet-A	R	90 MG	ORAL	TABS	EA	100	X	SSB		186			N	FORMULARY		2	BRAND	PREFERRED BRAND			X	2 IN 1 DAYS						R	MEDPRMI
186077760	BRILINTA	TICAGRE	201218	Platelet-A	20121800	Platelet-A	R	90 MG	ORAL	TABS	EA	60	X	SSB		186			N	FORMULARY		2	BRAND	PREFERRED BRAND			X	2 IN 1 DAYS						R	MEDPRMI
186091612	PULMICO	BUDESON	680400	Adrenals	68040000	Adrenals	S	180 MCG/	INHALATI	AEPB	EA	1	X	SSB		186			N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
186091706	PULMICO	BUDESON	680400	Adrenals	68040000	Adrenals	S	90 MCG/A	INHALATI	AEPB	EA	1	X	SSB		186			N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
186091765	PULMICO	BUDESON	680400	Adrenals	68040000	Adrenals	S	90 MCG/A	INHALATI	AEPB	EA	1	X	SSB	10/3/2022	186			Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU			OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
186198804	PULMICO	BUDESON	680400	Adrenals	68040000	Adrenals	S	0.25 MG/2	INHALATI	SUSP	ML	2	X	MSB		186	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION			X	4 IN 1 DAYS						R	MEDPRMI
186198904	PULMICO	BUDESON	680400	Adrenals	68040000	Adrenals	S	0.5 MG/2M	INHALATI	SUSP	ML	2	X	MSB		186	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION			X	4 IN 1 DAYS						R	MEDPRMI
186199004	PULMICO	BUDESON	680400	Adrenals	68040000	Adrenals	S	1 MG/2ML	INHALATI	SUSP	ML	2	X	MSB		186	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS						R	MEDPRMI
186401001	NEXIUM	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	10MG	ORAL	PACK	EA	30	X	MSB		186			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS		X	Must meet 5 DS Cvs TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZ			R	MEDPRMI
186402001	NEXIUM	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	20MG	ORAL	PACK	EA	30	X	MSB		186			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS		X	Must meet 5 DS Cvs TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZ			R	MEDPRMI
186402501	NEXIUM	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	R	2.5MG	ORAL	PACK	EA	30	X	SSB		186			N	FORMULARY		2	BRAND	PREFERRED BRAND			X	1 IN 1 DAYS		X	Must meet 5 DS Cvs TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZ			R	MEDPRMI
186404001	NEXIUM	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	40MG	ORAL	PACK	EA	30	X	MSB		186			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS		X	Must meet 5 DS Cvs TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZ			R	MEDPRMI
186405001	NEXIUM	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	R	5MG	ORAL	PACK	EA	30	X	SSB		186			N	FORMULARY		2	BRAND	PREFERRED BRAND			X	1 IN 1 DAYS		X	Must meet 5 DS Cvs TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZ			R	MEDPRMI
186502031	NEXIUM	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	MSB		186	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS						R	MEDPRMI
186502054	NEXIUM	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90	X	MSB		186	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS						R	MEDPRMI
186504031	NEXIUM	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30	X	MSB		186	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS						R	MEDPRMI
186504054	NEXIUM	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	MSB		186	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS						R	MEDPRMI
186604001	NEXIUM I	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	40 MG	INTRAVEI	SOLR	EA	1		MSB		186	Y		N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
187000201	BRYHALI	HALOBET	840608	UNKNOW	84060800	UNKNOW	R	0.01%	EXTERNA	LOTN	GM	100		SSB		187			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
187000260	BRYHALI	HALOBET	840608	UNKNOW	84060800	UNKNOW	R	0.01%	EXTERNA	LOTN	GM	60		SSB		187			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
187000400	SILIQ	BRODALU	840628	UNKNOW	84062800	UNKNOW	R	210 MG/1.	SUBCUTA	SOSY	ML	1.5	X	SSB		187		Y	N	EXCLUDE	EXCLUDE	6	SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
187000402	SILIQ	BRODALU	840628	UNKNOW	84062800	UNKNOW	R	210 MG/1.	SUBCUTA	SOSY	ML	1.5	X	SSB		187		Y	N	EXCLUDE	EXCLUDE	6	SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
187000520	ALTRENC	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	R	0.05%	EXTERNA	LOTN	GM	20		SSB		187			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND										R	MEDPRMI
187000545	ALTRENC	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	R	0.05%	EXTERNA	LOTN	GM	45		SSB		187			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND										R	MEDPRMI
187000625	CABTREC	ADAPALE	840404	Antibacter	84040400	Antibacter	R	0.15-3.1-1	EXTERNA	GEL	GM	50		SSB		187			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	X	PA:X								R	MEDPRMI
187000714	VIRAZOLI	RIBAVIRII	81832	Nucleosid	8183200	Nucleosid	S	6 GM	INHALATI	SOLR	EA	1		MSB		187	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
187001050	AMMONU	SOD BEN	401000	Ammonia	40100000	Ammonia	S	10-10 %	INTRAVEI	SOLN	ML	50		MSB		187	Y		N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
187001310	HYLATOF	DERMATO	849200	Skin and M	84920000	Skin and M	R	0-0-0-0-0	EXTERNA	CREA	GM	100		SSB	4/22/2022	187			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
187001340	HYLATOF	DERMATO	849200	Skin and M	84920000	Skin and M	R	0-0-0-0-0	EXTERNA	CREA	GM	405		SSB	2/17/2023	187			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
187001345	HYLATOF	DERMATO	849200	Skin and M	84920000	Skin and M	R	0-0-0-0-0	EXTERNA	CREA	GM	450		SSB	7/12/2024	187			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
187001514	HYLATOF	DERMATO	849200	Skin and M	84920000	Skin and M	R	0-0-0	EXTERNA	LOTN	ML	420		SSB	2/17/2023	187			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
187001690	TETRIX	DERMATO	849200	Skin and M	84920000	Skin and M	R	0	EXTERNA	CREA	GM	90		SSB	6/28/2023	187			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
187006301	ATIVAN	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	100		MSB		187	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
187006401	ATIVAN	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	100		MSB		187	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
187006410	ATIVAN	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	1000		MSB		187	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
187006501	ATIVAN	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	100		MSB		187	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
187010801	TUSSICA	HYDROC	480800	Antitussive	48080000	Antitussive	R	10-8 MG	ORAL	CP12	EA	100		SSB	1/28/2022	187			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND			X	2 IN 1 DAYS				X	AGE_YEA MUST BE AT LEAST	R	MEDPRMI
187010820	TUSSICA	HYDROC	480800	Antitussive	48080000	Antitussive	R	10-8 MG	ORAL	CP12	EA	20		SSB	1/28/2022	187			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND			X	2 IN 1 DAYS				X	AGE_YEA MUST BE AT LEAST	R	MEDPRMI
187014030	VASOTEC	ENALAPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	30	X	MSB		187	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
187014090	VASOTEC	ENALAPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	90	X	MSB		187	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
187014130	VASOTEC	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	30	X	MSB		187	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
187014190	VASOTEC	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	90	X	MSB		187	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
187014210	VASOTEC	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	1000	X	MSB		187	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
187014230	VASOTEC	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30	X	MSB		187	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
187014290	VASOTEC	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90	X	MSB		187	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
187014310	VASOTEC	ENALAPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	1000	X	MSB		187	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
187014330	VASOTEC	ENALAPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	MSB		187	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
187014390	VASOTEC	ENALAPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	MSB		187	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
187014601	VASERET	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10-25 MG	ORAL	TABS	EA	100	X	MSB		187	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
187015201	ISORDIL	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	5 MG	ORAL	TABS	EA	100	X	MSB		187	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
187019201	ISORDIL	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	40 MG	ORAL	TABS	EA	100	X	MSB		187			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
187019410	BENZEFC	BENZOYL	840492	Local Anti-	84049200	Local Anti-	P	5.30%	EXTERNA	FOAM	GM	100		GENERIC	8/22/2024	187			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
187024503	MIGRANA	DIHYDRO	121604	UNKNOW	12160404	UNKNOW	S	4 MG/ML	NASAL	SOLN	ML	1		MSB		187	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION			X	8 IN 28 DAYS		X	Must meet 5 DS Imitr TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS			R	MEDPRMI
187040148	KINERASI	KINETIN	849200	Skin and M	84920000	Skin and M	O	0.10%	EXTERNA	CREA	GM	80		SSB		187			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
187040355	KINERASI	KINETIN	849200	Skin and M	84920000	Skin and M	O	0.10%	EXTERNA	LOTN	ML	80		SSB		187			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
187040944	KINERASI	KINETIN	849200	Skin and M	84920000	Skin and M	O	0.13%	EXTERNA	CREA	GM	20		SSB		187			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
187041302	VITADYE	DIHYDRO	845006	Pigmentin	84500600	Pigmentin	O	5%	EXTERNA	LOTN	ML	60		SSB		187			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
187041335	VITADYE	DIHYDRO	845006	Pigmentin	84500600	Pigmentin	O	5%	EXTERNA	LOTN	ML	15		SSB		187			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
187045302	ZELAPAR	SELEGILI	283632	UNKNOW	28363200	UNKNOW	R	1.25 MG	ORAL	TBDP	EA	10	X	SSB		187			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND			X	2 IN 1 DAYS		X	Must meet 5 DS Sele TRIAL OF GENERIC SELEGILINE CAPSULES OR TABLETS IN THE PAST 120 DA			R	MEDPRMI
187053934	RV PAQU	SUNSCRE	848000	Sunscreer	84800000	Sunscreer	O	0-0-0	EXTERNA	CREA	GM	37.5		SSB		187			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
187053935	RV PAQU	SUNSCRE	848000	Sunscreer	84800000	Sunscreer	O	0-0-0	EXTERNA	CREA	GM	15		SSB		187			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
187065301	DUOBRII	HALOBET	840608	UNKNOW	84060800	UNKNOW	R	0.01-0.045	EXTERNA	LOTN	GM	100		SSB		187			N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
187065820	DIASTAT	DIAZEPAI	281208	Anticonvul	28120800	Anticonvul	S	10 MG	RECTAL	GEL	EA	1		MSB	1/22/2024	187	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION			X	<= 1						R	MEDPRMI
187065920	DIASTAT	DIAZEPAI	281208	Anticonvul	28120800	Anticonvul	S	20 MG	RECTAL	GEL	EA	1		MSB	1/4/2024	187	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION			X	<= 1						R	MEDPRMI

212358751	IMPACT/F	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	20MG/250	ORAL	LIQD	ML	250		SSB	11/1/2022	212	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
212358814	IMPACT/F	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-200MCC	ORAL	LIQD	ML	1000		SSB	11/1/2022	212	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
212358951	IMPACT 1	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	24MG/250	ORAL	LIQD	ML	250		SSB	11/1/2022	212	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
212362542	VIVONEX	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-16.7M	ORAL	LIQD	ML	1000		SSB	11/1/2022	212		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
212362544	VIVONEX	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-16.7M	ORAL	LIQD	ML	1500		SSB	11/1/2022	212		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
212365014	DIABETIS	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-300MCC	ORAL	LIQD	ML	1000		SSB	11/1/2022	212		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
212365142	DIABETIS	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-300MCC	ORAL	LIQD	ML	1000		SSB	11/1/2022	212		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
212365244	DIABETIS	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-450MCC	ORAL	LIQD	ML	1500		SSB	11/1/2022	212		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
212370142	PEPTINE>	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-17MG	ORAL	LIQD	ML	1000		SSB	11/1/2022	212	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
212370144	PEPTINE>	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-17MG	ORAL	LIQD	ML	1500		SSB	11/1/2022	212	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
212370151	PEPTINE>	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-17MG	ORAL	LIQD	ML	250		SSB	11/1/2022	212	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
212371913	PEPTAME	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	40MG/237	ORAL	LIQD	ML	237		SSB	11/1/2022	212	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
212372213	PEPTAME	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	60MG/237	ORAL	LIQD	ML	237		SSB	11/1/2022	212	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
212372913	PEPTAME	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	40MG/237	ORAL	LIQD	ML	237		SSB	11/1/2022	212	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
212375151	PEDIATRI	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-25MG	ORAL	LIQD	ML	250		SSB	11/1/2022	212		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
212375251	PEDIATRI	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-25MG	ORAL	LIQD	ML	250		SSB	11/1/2022	212		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
212375751	PEPTINE>	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-17MG	ORAL	LIQD	ML	250		SSB	11/1/2022	212		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
212598575	RESOUR(	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	PACK	EA	14		SSB	11/1/2022	212		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
212628461	CRUCIAL	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	1000MG/1	ORAL	LIQD	ML	1000		SSB	11/1/2022	212		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
212728490	VIVONEX	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1		NON DRU	11/1/2022	212		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
212880093	COMPAT	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRU	11/1/2022	212		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
219010102	HUMPHRI	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	ORAL	PLLT	EA	135		SSB	11/30/2022	219		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
219111001	HUMPHRI	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	ORAL	TABS	EA	100		SSB	11/30/2022	219		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
220004404	ARNICAR	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	SUBLINGI	SUBL	EA	60		SSB		220		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
220050841	ARNICA M	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	ORAL	PLLT	EA	80		MSB		220		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
220099962	ENTERAD	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB		220		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
220110451	CALENDU	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	EXTERNA	OINT	GM	30		SSB		220		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
220110554	CALENDU	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	EXTERNA	GEL	GM	45		SSB		220		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
220110859	CALENDU	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	EXTERNA	GEL	GM	75		SSB		220		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
220110963	CALENDU	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	EXTERNA	CREA	GM	70		SSB		220		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
220147541	COFFEA (	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	ORAL	PLLT	EA	80		MSB		220		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
220402241	PHYTOLA	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	ORAL	PLLT	EA	80		MSB		220		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
220417841	PULSATIL	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	ORAL	PLLT	EA	80		MSB		220		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
220420141	PHYTOLA	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	ORAL	PLLT	EA	1		MSB		220		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
220420241	PHYTOLA	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	ORAL	PLLT	EA	1		MSB		220		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
220420341	PHYTOLA	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	ORAL	PLLT	EA	1		MSB		220		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
220420441	PHYTOLA	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	ORAL	PLLT	EA	1		MSB		220		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
220420541	PHYTOLA	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	ORAL	PLLT	EA	1		MSB		220		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
220420641	PHYTOLA	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	ORAL	PLLT	EA	1		MSB		220		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
220420741	PHYTOLA	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	ORAL	PLLT	EA	1		MSB		220		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
220420841	PHYTOLA	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	ORAL	PLLT	EA	1		MSB		220		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
220420941	PHYTOLA	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	ORAL	PLLT	EA	1		MSB		220		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
220780341	STREPTC	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	R	0	SUBLINGI	PLLT	EA	80		SSB		220		N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRMI
220900054	ARNICAR	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	EXTERNA	GEL	GM	45		SSB		220		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
220900059	ARNICAR	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	EXTERNA	GEL	GM	75		SSB		220		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
220900084	ARNICAR	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	EXTERNA	LIQD	GM	45		SSB		220	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
220901351	AVENOC	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	EXTERNA	OINT	GM	30		SSB	7/2/2024	220		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
220902160	ARNICAR	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	EXTERNA	CREA	GM	40		SSB		220		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
220902163	ARNICAR	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	EXTERNA	CREA	GM	70		SSB		220		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
220902351	ARNICAR	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	EXTERNA	OINT	GM	30		SSB		220		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
220904404	ARNICAR	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	ORAL	TBDP	EA	60		SSB		220		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
220904804	COLDCAL	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	SUBLINGI	SUBL	EA	60		SSB		220		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
220905904	ARNICAR	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	SUBLINGI	SUBL	EA	60		SSB		220		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
220907763	ARNICAR	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	EXTERNA	CREA	GM	70		SSB		220		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
220907804	CYCLEAS	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	SUBLINGI	SUBL	EA	60		SSB		220		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
220908454	ARNICAR	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	EXTERNA	GEL	GM	45		SSB		220		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
220927776	OPTIQUE	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	OPHTHAL	SOLN	EA	10		SSB	10/30/2023	220		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
220928033	OSCILLO	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	ORAL	PLLT	EA	6		SSB		220		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
220928034	OSCILLO	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	ORAL	PLLT	EA	12		SSB		220		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
220931004	SLEEP C/	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	SUBLINGI	SUBL	EA	60		SSB		220		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
220932104	ROXALIA	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	SUBLINGI	SUBL	EA	60		SSB	12/4/2023	220		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
221180003	PROTEIN	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-350M(	ORAL	MISC	GM	56		SSB		221		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223004963	OPSITE 4	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10		NON DRUG		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223004975	OPSITE 4	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50		NON DRUG		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223004986	OPSITE 1	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10		NON DRUG		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223004987	OPSITE 1	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10		NON DRUG		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223004988	OPSITE 1	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10		NON DRUG		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223004989	OPSITE 1	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10		NON DRUG		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223041124	PROFORI	COMPRE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	4		NON DRUG		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223041158	ALLEVYN	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223041493	PRIMAPO	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223041557	ALLEVYN	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10		NON DRUG		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223041586	ALLEVYN	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223042024	PRIMAPO	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20		NON DRUG		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223042027	PRIMAPO	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20		NON DRUG		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223042030	PRIMAPO	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20		NON DRUG		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223042036	PRIMAPO	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20		NON DRUG		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223042671	ALLEVYN	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	5		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223043838	ALLEVYN	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223043839	ALLEVYN	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223043840	ALLEVYN	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223043842	ALLEVYN	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223043843	ALLEVYN	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223043844	ALLEVYN	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223043850	OPSITE F	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223043851	OPSITE F	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10		NON DRUG		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223043852	OPSITE F	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50		NON DRUG		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223043853	OPSITE F	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20		NON DRUG		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223043854	OPSITE F	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10		NON DRUG		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223043855	INTRASIT	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	GEL	GM	8		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223043856	INTRASIT	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	GEL	GM	15		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223043857	INTRASIT	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	GEL	GM	25		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223044128	OPSITE P	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10		NON DRUG		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223044137	OPSITE P	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20		NON DRUG		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223044140	OPSITE P	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20		NON DRUG		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223044146	OPSITE P	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20		NON DRUG		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223044165	CICA-CAF	WOUND D	960000 Pharmace	96000000 Pharmace	O	0	EXTERNA	SHEE	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223044190	PROFORI	COMPRE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50		NON DRUG		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223044896	LEUKOST	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	400		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223044905	LEUKOST	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	150		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223044911	LEUKOST	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	250		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223044920	LEUKOST	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	300		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223044976	ACTICOA	SILVER	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	SHEE	EA	12		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223045011	CUTICER	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	25		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223045014	CUTICER	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	50		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223045017	CUTICER	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	50		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223045020	CUTICER	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223045023	CUTICER	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223045637	CUTICER	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223045658	CUTICER	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	75		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223045698	PRIMAPO	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20		NON DRUG		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223045915	PROFORI	COMPRE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	4		NON DRUG		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223045932	ACTICOA	SILVER	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	PADS	EA	5		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223045934	ACTICOA	SILVER	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	PADS	EA	5		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223045936	ACTICOA	SILVER	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	PADS	EA	5		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223045979	ALLEVYN	SILVER	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	20		FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
223045982	ALLEVYN	SILVER	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	20		FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
223045985	ALLEVYN	SILVER	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	20		FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
223045986	ALLEVYN	SILVER	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	MISC	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223045989	ALLEVYN	SILVER	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	MISC	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223045992	ALLEVYN	SILVER	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223045995	ALLEVYN	SILVER	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223045998	ALLEVYN	SILVER	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223046001	ALLEVYN	SILVER	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223046308	OPSITE P	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20		NON DRUG		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223046314	OPSITE P	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20		NON DRUG		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223046370	ALLEVYN	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223046371	ALLEVYN	WOUND D	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	PADS	EA	10		SSB		223		N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRMI
223046372	ALLEVYN	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223046373	ALLEVYN	WOUND D	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	PADS	EA	10		SSB		223		N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRMI
223046391	ALLEVYN	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223046392	ALLEVYN	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223046409	ALLEVYN	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223046415	ALLEVYN	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223046417	ALLEVYN	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223046524	ALLEVYN	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	5		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223046545	ALLEVYN	SILVER	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223046548	ALLEVYN	SILVER	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223046554	ALLEVYN	SILVER	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223046557	ALLEVYN	SILVER	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223046588	ALLEVYN	SILVER	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223046591	ALLEVYN	SILVER	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223046594	ALLEVYN	SILVER	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223046672	DURAFIBI	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	5		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223046692	DURAFIBI	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223046695	DURAFIBI	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223046704	DURAFIBI	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	5		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223046718	DURAFIBI	SILVER	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223046787	DURAFIBI	SILVER	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223046790	DURAFIBI	SILVER	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223046793	DURAFIBI	SILVER	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	PADS	EA	5		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223046796	DURAFIBI	SILVER	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	PADS	EA	5		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223046818	ACTICOA	SILVER	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	PADS	EA	5		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223046867	OPSITE P	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20		NON DRUG		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223046868	OPSITE P	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20		NON DRUG		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223046869	OPSITE P	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20		NON DRUG		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223046963	NO-STIN(	SKIN PRC	842412 Basic Oint	84241200 Basic Oint	O	0	EXTERNA	MISC	ML	28		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223047545	ALLEVYN	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223047548	ALLEVYN	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223047549	ALLEVYN	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223047552	ALLEVYN	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223047558	ALLEVYN	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223047614	ALLEVYN	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223047650	ALLEVYN	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223047781	ALLEVYN	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223047799	ALLEVYN	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223047802	ALLEVYN	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223047805	ALLEVYN	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223047808	ALLEVYN	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223048022	DURAFIBI	SILVER	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223048143	ALLEVYN	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223048146	ALLEVYN	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223048251	ALLEVYN	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	5		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223048341	ALLEVYN	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10		SSB		223		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223172001	SODIUM E	SODIUM E	560400 Antacids a	56040000 Antacids a	P	325MG	ORAL	TABS	EA	100		GENERIC		223	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223172002	SODIUM E	SODIUM E	560400 Antacids a	56040000 Antacids a	P	325MG	ORAL	TABS	EA	1000		GENERIC		223	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223172101	SODIUM E	SODIUM E	560400 Antacids a	56040000 Antacids a	P	650 MG	ORAL	TABS	EA	100		GENERIC		223	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223172102	SODIUM E	SODIUM E	560400 Antacids a	56040000 Antacids a	P	650 MG	ORAL	TABS	EA	1000		GENERIC		223	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223176001	SODIUM (	SODIUM (	401200 Replacem	40120000 Replacem	P	1 GM	ORAL	TABS	EA	100		GENERIC		223	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223176002	SODIUM (	SODIUM (	401200 Replacem	40120000 Replacem	P	1 GM	ORAL	TABS	EA	1000		GENERIC		223	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223450106	CUTICER	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	25		SSB		223	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223450137	CUTICER	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	50		SSB		223	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223450168	CUTICER	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	50		SSB		223	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223450199	CUTICER	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	10		SSB		223	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223450229	CUTICER	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	10		SSB		223	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223456368	CUTICER	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	10		SSB		223	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
223456573	CUTICER	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	3		SSB		223	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
224180100	KONSYL I	PSYLLIUM	561200 Cathartics	56120000 Cathartics	O	100%	ORAL	PACK	EA	1		SSB	1/5/2022	224		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
224180124	KONSYL I	PSYLLIUM	561200 Cathartics	56120000 Cathartics	O	100%	ORAL	PACK	EA	100		SSB		224		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
224180180	KONSYL I	PSYLLIUM	561200 Cathartics	56120000 Cathartics	P	100%	ORAL	POWD	GM	300		MSB	1/5/2022	224		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
224180181	KONSYL I	PSYLLIUM	561200 Cathartics	56120000 Cathartics	P	100%	ORAL	POWD	GM	450		MSB	1/5/2022	224		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
224180184	KONSYL I	PSYLLIUM	561200 Cathartics	56120000 Cathartics	O	100%	ORAL	PACK	EA	30		SSB	1/5/2022	224		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
224182280	KONSYL-I	PSYLLIUM	561200 Cathartics	56120000 Cathartics	O	52.30%	ORAL	POWD	GM	397		SSB	8/2/2022	224		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
224185200	KONSYL I	PSYLLIUM	561200 Cathartics	56120000 Cathartics	O	28.30%	ORAL	PACK	EA	1		SSB	8/2/2022	224	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
224185280	KONSYL I	PSYLLIUM	561200 Cathartics	56120000 Cathartics	P	28.30%	ORAL	POWD	GM	538		GENERIC	5/2/2024	224		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
224185281	KONSYL I	PSYLLIUM	561200 Cathartics	56120000 Cathartics	O	28.30%	ORAL	PACK	EA	30		SSB	8/2/2022	224		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
224188481	KONSYL I	PSYLLIUM	561200 Cathartics	56120000 Cathartics	O	60.30%	ORAL	POWD	GM	450		SSB	6/4/2024	224		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
224188482	KONSYL I	PSYLLIUM	561200 Cathartics	56120000 Cathartics	O	60.30%	ORAL	PACK	EA	30		SSB	8/2/2022	224		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
224190185	KONSYL (	PSYLLIUM	561200 Cathartics	56120000 Cathartics	O	100%	ORAL	PACK	EA	30		SSB	9/1/2023	224		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
225029515	ANASPAZ	HYOSCY/	120808 Antimusca	12080800 Antimusca	S	0.125 MG	ORAL	TBDP	EA	100	X	MSB		225	N	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
225029520	ANASPAZ	HYOSCY/	120808 Antimusca	12080800 Antimusca	S	0.125 MG	ORAL	TBDP	EA	500	X	MSB		225	N	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
225036011	MOBISYL	TROLAMI	280804 Nonsteroi	28080424 Salicylates	P	10%	EXTERNA	CREA	GM	100		MSB		225	N	N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
225036035	MOBISYL	TROLAMI	280804 Nonsteroi	28080424 Salicylates	P	10%	EXTERNA	CREA	GM	226.8		MSB		225	N	N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
225038080	AYR	SALINE	529200 EENT Dru	52920000 EENT Dru	P	0.65%	NASAL	SOLN	ML	50		GENERIC		225	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
225038180	AYR NAS	SALINE	529200 EENT Dru	52920000 EENT Dru	O	2.65%	NASAL	SOLN	ML	50		SSB		225		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
225038280	AYR NAS	SALINE	529200 EENT Dru	52920000 EENT Dru	O	0.65%	NASAL	SOLN	ML	50		SSB		225	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
225044034	PEN-KER	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	O	0	EXTERNA	CREA	ML	118		SSB		225		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
225044035	PEN-KER	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	O	0	EXTERNA	CREA	ML	236		SSB		225		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
225049533	ITCH-X	PRAMOXI	840800 Antipruritic	84080000 Antipruritic	O	10%-1%	EXTERNA	GEL	GM	35.4		SSB		225		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
225051651	ITCH-X	PRAMOXI	840800 Antipruritic	84080000 Antipruritic	O	10%-1%	EXTERNA	SOLN	ML	59.1		SSB		225		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
225052053	PRETTY F	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	O	0-0-0-0-0	EXTERNA	CREA	ML	88.7		SSB		225		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
225052547	AYR SALI	SALINE	529200 EENT Dru	52920000 EENT Dru	P	0	NASAL	GEL	GM	14.1		GENERIC		225	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
225052573	AYR SALI	SALINE	529200 EENT Dru	52920000 EENT Dru	P	0	NASAL	GEL	GM	14.1		GENERIC		225	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
225052686	AYR SALI	ALOE-SO	529200 EENT Dru	52920000 EENT Dru	O	0-0-0	NASAL	SWAB	EA	20		SSB		225		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
225052848	AYR SALI	SALINE	529200 EENT Dru	52920000 EENT Dru	P	0	NASAL	GEL	ML	22		GENERIC		225		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
225055050	BABY AYI	SALINE	529200 EENT Dru	52920000 EENT Dru	P	0.65%	NASAL	SOLN	ML	30		GENERIC		225	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
225061023	BENZEDF	PROPYLH	523200 Vasocons	52320000 Vasocons	O	0	NASAL	INHA	EA	1		SSB		225		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
225062076	HOLD	DEXTROI	480800 Antitussive	48080000 Antitussive	O	5 MG	MOUTH/T	LOZG	EA	10		SSB		225		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
225063076	HOLD	DEXTROI	480800 Antitussive	48080000 Antitussive	O	5 MG	MOUTH/T	LOZG	EA	10		SSB		225		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
225068051	AYR THR(	MISC. THI	521600 Local Ane	52160000 Local Ane	O	0-0-0-0-0	MOUTH/T	LIQD	ML	59		SSB		225		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
225070010	AYR SALI	SODIUM (	529200 EENT Dru	52920000 EENT Dru	O	1.57 GM	NASAL	PACK	EA	50		SSB		225	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
225070015	AYR SALI	SODIUM (	529200 EENT Dru	52920000 EENT Dru	O	1.57 GM	NASAL	PACK	EA	100		SSB		225	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
225070515	AYR SALI	SODIUM (	529200 EENT Dru	52920000 EENT Dru	O	1.57 GM	NASAL	PACK	EA	100		SSB		225	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
225070591	AYR SALI	SODIUM (	529200 EENT Dru	52920000 EENT Dru	O	1.57 GM	NASAL	PACK	EA	51		SSB		225	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
225071019	AYR SALI	SODIUM (	529200 EENT Dru	52920000 EENT Dru	O	1.57 GM	NASAL	PACK	EA	40		SSB		225	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
225080047	NEO-SYN	PHENYLE	523200 Vasocons	52320000 Vasocons	O	0.25%	NASAL	SOLN	ML	15		SSB		225		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
225080547	NEO-SYN	PHENYLE	523200 Vasocons	52320000 Vasocons	O	0.50%	NASAL	SOLN	ML	15		SSB		225		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
225081047	NEO-SYN	PHENYLE	523200 Vasocons	52320000 Vasocons	P	1%	NASAL	SOLN	ML	15		MSB		225		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
228141003	LAMOTRI	LAMOTRI	281292 Anticonvul	28129200 Anticonvul	S	25 MG	ORAL	TB24	EA	30	X	GENERIC		228		N	FORMULARY		1	GEN	GENERICS	X	6 IN 1 DAYS		R	MEDPRMI
228142203	LAMOTRI	LAMOTRI	281292 Anticonvul	28129200 Anticonvul	S	100 MG	ORAL	TB24	EA	30	X	GENERIC		228		N	FORMULARY		1	GEN	GENERICS	X	3 IN 1 DAYS		R	MEDPRMI
228143503	LAMOTRI	LAMOTRI	281292 Anticonvul	28129200 Anticonvul	S	50 MG	ORAL	TB24	EA	30	X	GENERIC		228		N	FORMULARY		1	GEN	GENERICS	X	6 IN 1 DAYS		R	MEDPRMI
228145303	LAMOTRI	LAMOTRI	281292 Anticonvul	28129200 Anticonvul	S	200 MG	ORAL	TB24	EA	30	X	GENERIC		228		N	FORMULARY		1	GEN	GENERICS	X	2 IN 1 DAYS		R	MEDPRMI
228158003	LAMOTRI	LAMOTRI	281292 Anticonvul	28129200 Anticonvul	S	300 MG	ORAL	TB24	EA	30	X	GENERIC		228		N	FORMULARY		1	GEN	GENERICS	X	2 IN 1 DAYS		R	MEDPRMI
228163803	LAMOTRI	LAMOTRI	281292 Anticonvul	28129200 Anticonvul	S	250 MG	ORAL	TB24	EA	30	X	GENERIC		228		N	FORMULARY		1	GEN	GENERICS	X	2 IN 1 DAYS		R	MEDPRMI
228202710	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	0.25 MG	ORAL	TABS	EA	100		GENERIC		228		N	FORMULARY		1	GEN	GENERICS				R	MEDPRMI
228202750	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	0.25 MG	ORAL	TABS	EA	500		GENERIC		228		N	FORMULARY		1	GEN	GENERICS				R	MEDPRMI
228202796	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	0.25 MG	ORAL	TABS	EA	1000		GENERIC		228		N	FORMULARY		1	GEN	GENERICS				R	MEDPRMI
228202910	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	0.5 MG	ORAL	TABS	EA	100		GENERIC		228		N	FORMULARY		1	GEN	GENERICS				R	MEDPRMI
228202950	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	0.5 MG	ORAL	TABS	EA	500		GENERIC		228		N	FORMULARY		1	GEN	GENERICS				R	MEDPRMI
228202996	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	0.5 MG	ORAL	TABS	EA	1000		GENERIC		228		N	FORMULARY		1	GEN	GENERICS				R	MEDPRMI
228203110	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	1 MG	ORAL	TABS	EA	100		GENERIC		228		N	FORMULARY		1	GEN	GENERICS				R	MEDPRMI
228203150	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	1 MG	ORAL	TABS	EA	500		GENERIC		228		N	FORMULARY		1	GEN	GENERICS				R	MEDPRMI
228203196	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	1 MG	ORAL	TABS	EA	1000		GENERIC		228		N	FORMULARY		1	GEN	GENERICS				R	MEDPRMI
228203910	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	2 MG	ORAL	TABS	EA	100		GENERIC		228		N	FORMULARY		1	GEN	GENERICS				R	MEDPRMI
228206710	OXAZEPA	OXAZEPA	282408 Benzodiaz	28240800 Benzodiaz	S	10 MG	ORAL	CAPS	EA	100		GENERIC		228		N	FORMULARY		1	GEN	GENERICS				R	MEDPRMI
228206910	OXAZEPA	OXAZEPA	282408 Benzodiaz	28240800 Benzodiaz	S	15 MG	ORAL	CAPS	EA	100		GENERIC		228		N	FORMULARY		1	GEN	GENERICS				R	MEDPRMI
228207310	OXAZEPA	OXAZEPA	282408 Benzodiaz	28240800 Benzodiaz	S	30 MG	ORAL	CAPS	EA	100		GENERIC		228		N	FORMULARY		1	GEN	GENERICS				R	MEDPRMI
228207610	TEMAZEF	TEMAZEF	282408 Benzodiaz	28240800 Benzodiaz	S	15 MG	ORAL	CAPS	EA	100		GENERIC		228		N	FORMULARY		1	GEN	GENERICS				R	MEDPRMI
228207650	TEMAZEF	TEMAZEF	282408 Benzodiaz	28240800 Benzodiaz	S	15 MG	ORAL	CAPS	EA	500		GENERIC		228		N	FORMULARY		1	GEN	GENERICS				R	MEDPRMI
228207710	TEMAZEF	TEMAZEF	282408 Benzodiaz	28240800 Benzodiaz	S	30 MG	ORAL	CAPS	EA	100		GENERIC		228		N	FORMULARY		1	GEN	GENERICS				R	MEDPRMI
228207750	TEMAZEF	TEMAZEF	282408 Benzodiaz	28240800 Benzodiaz	S	30 MG	ORAL	CAPS	EA	500		GENERIC		228		N	FORMULARY		1	GEN	GENERICS				R	MEDPRMI
228212710	CLONIDIN	CLONIDIN	242400 Beta-Adre	24240000 Beta-Adre	S	0.1 MG	ORAL	TABS	EA	100	X	GENERIC		228		N	FORMULARY		1	GEN	GENERICS				R	MEDPRMI
228212750	CLONIDIN	CLONIDIN	242400 Beta-Adre	24240000 Beta-Adre	S	0.1 MG	ORAL	TABS	EA	500	X	GENERIC		228		N	FORMULARY		1	GEN	GENERICS				R	MEDPRMI
228212810	CLONIDIN	CLONIDIN	242400 Beta-Adre	24240000 Beta-Adre	S	0.2 MG	ORAL	TABS	EA	100	X	GENERIC		228		N	FORMULARY		1	GEN	GENERICS				R	MEDPRMI
228212850	CLONIDIN	CLONIDIN	242400 Beta-Adre	24240000 Beta-Adre	S	0.2 MG	ORAL	TABS	EA	500	X	GENERIC		228		N	FORMULARY		1	GEN	GENERICS				R	MEDPRMI
228212910	CLONIDIN	CLONIDIN	242400 Beta-Adre	24240000 Beta-Adre	S	0.3 MG	ORAL	TABS	EA	100	X	GENERIC		228		N	FORMULARY		1	GEN	GENERICS				R	MEDPRMI
228234810	PROPYLT	PROPYLT	683608 Antithyroic	68360800 Antithyroic	S	50 MG	ORAL	TABS	EA	100	X	GENERIC	7/10/2024	228		N	FORMULARY		1	GEN	GENERICS				R	MEDPRMI
228249710	NIFEDIPII	NIFEDIPII	242808 Dihydropy	24280800 Dihydropy	S	10 MG	ORAL	CAPS	EA	100	X	GENERIC	7/1/2024	228		N	FORMULARY		1	GEN	GENERICS				R	MEDPRMI
228253010	NIFEDIPII	NIFEDIPII	242808 Dihydropy	24280800 Dihydropy	S	20 MG	ORAL	CAPS	EA	100	X	GENERIC	7/1/2024	228		N	FORMULARY		1	GEN	GENERICS				R	MEDPRMI
228253810	CARBIDO	CARBIDO	283616 UNKNOW	28361600 UNKNOW	S	10-100 M(	ORAL	TABS	EA	100	X	GENERIC	1/18/2022	228		N	FORMULARY		1	GEN	GENERICS				R	MEDPRMI
228253850	CARBIDO	CARBIDO	283616 UNKNOW	28361600 UNKNOW	S	10-100 M(	ORAL	TABS	EA	500	X	GENERIC	6/14/2022	228		N	FORMULARY		1	GEN	GENERICS				R	MEDPRMI
228253910	CARBIDO	CARBIDO	283616 UNKNOW	28361600 UNKNOW	S	25-100 M(	ORAL	TABS	EA	100	X	GENERIC	2/25/2022	228		N	FORMULARY		1	GEN	GENERICS				R	MEDPRMI
228253950	CARBIDO	CARBIDO	283616 UNKNOW	28361600 UNKNOW	S	25-100 M(	ORAL	TABS	EA	500	X	GENERIC	3/24/2022	228		N	FORMULARY		1	GEN	GENERICS				R	MEDPRMI



259030921	MEDERM	SCAR TRI	849200	Skin and I	84920000	Skin and I	P	0-0-0-0-0	EXTERNA	GEL	GM	20		MSB		259	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
259035116	ELDERTO	B-COMPL	882800	Multivitam	88280000	Multivitam	P	13.5%-2M	ORAL	LIQD	ML	473		GENERIC		259	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
259050116	CUVPOSA	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	1 MG/5ML	ORAL	SOLN	ML	473	X	MSB		259			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
259050216	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	1 MG/5ML	ORAL	SOLN	ML	473	X	GENERIC		259			N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
259060180	AQUA GL	EMOLLIEI	842404	Basic Loti	84240400	Basic Loti	O	0-0-0-0-0	EXTERNA	LOTN	ML	177		SSB		259			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
259060190	AQUA GL	SOAP & C	842000	Detergents	84200000	Detergents	O	0-0-0-0-0	EXTERNA	LIQD	ML	177		SSB		259			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
259060200	AQUA GL	SOAP & C	842000	Detergents	84200000	Detergents	O	0-0-0	EXTERNA	LIQD	ML	177		SSB		259			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
259060210	AQUA GL	SOAP & C	842000	Detergents	84200000	Detergents	O	0-0-0-0-0	EXTERNA	LIQD	ML	237		SSB		259			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
259110520	MEDERM	SCAR TRI	849200	Skin and I	84920000	Skin and I	P	0.50%	EXTERNA	GEL	GM	20		MSB	8/31/2023	259			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
259110550	MEDERM	SCAR TRI	849200	Skin and I	84920000	Skin and I	P	0.50%	EXTERNA	GEL	GM	50		MSB	6/4/2024	259			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
259130210	MEDERM	DIMETHIC	842412	Basic Oint	84241200	Basic Oint	P	2%	EXTERNA	CREA	GM	28		GENERIC		259			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
259130217	MEDERM	DIMETHIC	842412	Basic Oint	84241200	Basic Oint	P	2%	EXTERNA	CREA	GM	48		GENERIC		259			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
259160501	XEOMIN	INCOBOT	122020	UNKNOW	12202024	UNKNOW	R	50 UNIT	INTRAMU	SOLR	EA	1		SSB		259			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
259161001	XEOMIN	INCOBOT	122020	UNKNOW	12202024	UNKNOW	R	100 UNIT	INTRAMU	SOLR	EA	1		SSB		259			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
259162001	XEOMIN	INCOBOT	122020	UNKNOW	12202024	UNKNOW	R	200 UNIT	INTRAMU	SOLR	EA	1		SSB		259			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
259319282	MEDERM	SCAR TRI	849200	Skin and I	84920000	Skin and I	O	3%-10%-6	EXTERNA	CREA	GM	20		SSB		259			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
259415001	XEOMIN	INCOBOT	122020	UNKNOW	12202024	UNKNOW	R	50 UNIT	INTRAMU	SOLR	EA	1		SSB		259			Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
259600216	AQUAMEI	EMOLLIEI	842404	Basic Loti	84240400	Basic Loti	O	0	EXTERNA	LOTN	ML	473		SSB		259			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
259600516	MAPO BA	BATH PR(	842408	Basic Oils	84240800	Basic Oils	P	0	EXTERNA	OIL	ML	473		GENERIC		259			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
259601416	CAM	EMOLLIEI	842404	Basic Loti	84240400	Basic Loti	O	0	EXTERNA	LOTN	ML	480		SSB		259	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
259601716	AQUA LA	EMOLLIEI	842404	Basic Loti	84240400	Basic Loti	O	0	EXTERNA	LOTN	ML	473		SSB		259			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
259609351	MEDERM	EMOLLIEI	842412	Basic Oint	84241200	Basic Oint	O	0-0-0	EXTERNA	CREA	GM	150		SSB		259			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264100990	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	1000 MG/	INTRAVE	SOLN	ML	100		GENERIC		264			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264150990	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	1500 MG/	INTRAVE	SOLN	ML	100		GENERIC		264			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264151031	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	S	5%	INTRAVE	SOLN	ML	50		GENERIC		264			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264151032	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	S	5%	INTRAVE	SOLN	ML	100		GENERIC		264			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264180031	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVE	SOLN	ML	50		GENERIC		264		Y	N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
264180032	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVE	SOLN	ML	100		GENERIC		264		Y	N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
264180036	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVE	SOLN	ML	25		GENERIC		264		Y	N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
264191507	PROCALA	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	3%	INTRAVE	SOLN	ML	1000		SSB	5/31/2022	264			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264193310	TROPHAI	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	10%	INTRAVE	SOLN	ML	500		SSB		264			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264194020	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	2 MEQ/ML	INTRAVE	SOLN	ML	250		GENERIC	2/28/2023	264			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264194320	HYPERLY	PARENTE	401200	Replacem	40120000	Replacem	R	30MEQ/L-	INTRAVE	CONC	ML	250		SSB	1/31/2023	264			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264194420	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	2 MEQ/ML	INTRAVE	SOLN	ML	250		GENERIC		264			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264196510	HESPAN	HETASTA	401200	Replacem	40120000	Replacem	S	6-0.9 %	INTRAVE	SOLN	ML	500		MSB	9/11/2024	264	N		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
264210100	STERILE	WATER F	403600	Irrigating S	40360000	Irrigating S	S	0	IRRIGATI	SOLN	ML	1000		GENERIC		264	Y		N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
264210110	STERILE	WATER F	403600	Irrigating S	40360000	Irrigating S	S	0	IRRIGATI	SOLN	ML	500		GENERIC		264	Y		N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
264210150	STERILE	WATER F	403600	Irrigating S	40360000	Irrigating S	S	0	IRRIGATI	SOLN	ML	2000		GENERIC	8/31/2022	264	Y		N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
264220100	SODIUM (	SODIUM (	403600	Irrigating S	40360000	Irrigating S	S	0.90%	IRRIGATI	SOLN	ML	1000		GENERIC		264	Y		N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
264220110	SODIUM (	SODIUM (	403600	Irrigating S	40360000	Irrigating S	S	0.90%	IRRIGATI	SOLN	ML	500		GENERIC		264	Y		N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
264220150	SODIUM (	SODIUM (	403600	Irrigating S	40360000	Irrigating S	S	0.90%	IRRIGATI	SOLN	ML	2000		GENERIC	6/30/2022	264	N		N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
264220200	RINGERS	RINGER'S	403600	Irrigating S	40360000	Irrigating S	S	4.5MEQ/L-	IRRIGATI	SOLN	ML	1000		GENERIC		264			N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
264220300	LACTATE	LACTATE	403600	Irrigating S	40360000	Irrigating S	S	3MEQ/L-1	IRRIGATI	SOLN	ML	1000		GENERIC		264			N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
264220500	PHYSIOL	IRRIGATI	403600	Irrigating S	40360000	Irrigating S	S	27MEQ/10	IRRIGATI	SOLN	ML	1000		GENERIC		264			N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
264230400	ACETIC A	ACETIC A	403600	Irrigating S	40360000	Irrigating S	S	0.25%	IRRIGATI	SOLN	ML	1000		GENERIC		264	Y		N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
264230410	ACETIC A	ACETIC A	403600	Irrigating S	40360000	Irrigating S	S	0.25%	IRRIGATI	SOLN	ML	500		GENERIC		264	Y		N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
264251410	BALANCE	OPHTHAL	529200	EENT Dru	52920000	EENT Dru	S	.048%-.04	INTRAOC	SOLN	ML	500		GENERIC	2/11/2022	264			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264310311	CEFAZOL	CEFAZOL	81206	Cephalosp	8120604	First Gene	R	1GM-4%	INTRAVE	SOLR	EA	1		MSB		264			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
264310511	CEFAZOL	CEFAZOL	81206	Cephalosp	8120604	First Gene	R	2GM-3%	INTRAVE	SOLR	EA	1		MSB		264			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
264312311	CEFOXITI	CEFOXITI	81207	Miscellane	8120712	Cephamyc	R	1GM-4%	INTRAVE	SOLR	EA	1		MSB		264			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
264312511	CEFOXITI	CEFOXITI	81207	Miscellane	8120712	Cephamyc	R	2GM-2.2%	INTRAVE	SOLR	EA	1		MSB		264			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
264314311	CEFTAZI	CEFTAZI	81206	Cephalosp	8120612	Third Gen	R	1-5 GM-%	INTRAVE	SOLR	EA	1		MSB	5/31/2023	264			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
264314511	CEFTAZI	CEFTAZI	81206	Cephalosp	8120612	Third Gen	R	2-5 GM-%	INTRAVE	SOLR	EA	1		MSB	5/31/2023	264			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
264315311	CEFTRIA	CEFTRIA	81206	Cephalosp	8120612	Third Gen	R	1GM-3.74	INTRAVE	SOLR	EA	1		MSB		264			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
264315511	CEFTRIA	CEFTRIA	81206	Cephalosp	8120612	Third Gen	R	2GM-2.22	INTRAVE	SOLR	EA	1		MSB		264			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
264317311	CEFOTET	CEFOTET	81207	Miscellane	8120712	Cephamyc	R	1-3.58 GM	INTRAVE	SOLR	EA	1		MSB	5/18/2022	264			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
264317511	CEFOTET	CEFOTET	81207	Miscellane	8120712	Cephamyc	R	2-2.08 GM	INTRAVE	SOLR	EA	1		MSB	5/18/2022	264			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
264318311	MEROPEI	MEROPEI	81207	Miscellane	8120708	Carbapen	R	500MG-.9	INTRAVE	SOLR	EA	1		MSB		264			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
264318511	MEROPEI	MEROPEI	81207	Miscellane	8120708	Carbapen	R	1GM/50MI	INTRAVE	SOLR	EA	1		MSB		264			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
264319311	CEFEPIM	CEFEPIM	81206	Cephalosp	8120616	Fourth Ge	R	1GM/50MI	INTRAVE	SOLR	EA	1		MSB		264			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
264319511	CEFEPIM	CEFEPIM	81206	Cephalosp	8120616	Fourth Ge	R	2GM/50MI	INTRAVE	SOLR	EA	1		MSB		264			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
264405080	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	S	10 MG/ML	INTRAVE	SOLN	ML	50		GENERIC		264			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264410090	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	S	10 MG/ML	INTRAVE	SOLN	ML	100		GENERIC		264			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264410095	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	S	10 MG/ML	INTRAVE	SOLN	ML	100		GENERIC	7/31/2023	264			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264420452	MAGNESI	MAGNESI	281292	Anticonvul	28129200	Anticonvul	S	2 GM/50M	INTRAVE	SOLN	ML	50		GENERIC		264			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264420552	MAGNESI	MAGNESI	281292	Anticonvul	28129200	Anticonvul	S	4 GM/50M	INTRAVE	SOLN	ML	50		GENERIC		264			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264420654	MAGNESI	MAGNESI	281292	Anticonvul	28129200	Anticonvul	S	4 GM/100	INTRAVE	SOLN	ML	100		GENERIC		264			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264440054	MAGNESI	MAGNESI	401200	Replacem	40120000	Replacem	S	1-5 GM/10	INTRAVE	SOLN	ML	100		GENERIC		264			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264446000	NUTRILIP	FAT EMUI	402000	Caloric Ag	40200000	Caloric Ag	R	20%	INTRAVE	EMUL	ML	1000		SSB		264			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264446010	NUTRILIP	FAT EMUI	402000	Caloric Ag	40200000	Caloric Ag	R	20%	INTRAVE	EMUL	ML	500		SSB		264			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264446030	NUTRILIP	FAT EMUI	402000	Caloric Ag	40200000	Caloric Ag	R	20%	INTRAVE	EMUL	ML	250		SSB		264			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264450000	PLENAMI	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	S	15%	INTRAVE	SOLN	ML	1000		GENERIC		264			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264450005	PLENAMI	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	S	15%	INTRAVE	SOLN	ML	2000		GENERIC		264			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264485001	PROPOF(	PROPOF(	280408	UNKNOW	28040800	UNKNOW	S	1000 MG/	INTRAVE	EMUL	ML	100		GENERIC		264			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264500990	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG/1(	INTRAVE	SOLN	ML	100		GENERIC		264			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264553532	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG/1(	INTRAVE	SOLN	ML	100		MSB		264	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
264560052	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	S	10%	INTRAVE	SOLN	ML	100		GENERIC		264			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264570505	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	5000 UNI	INJECTIO	SOLN	ML	0.5		GENERIC		264		Y	N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
264570510	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	5000 UNI	INJECTIO	SOLN	ML	0.5		GENERIC		264		Y	N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
264580200	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVE	SOLN	ML	1000		GENERIC		264		Y	N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
264580210	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVE	SOLN	ML	500		GENERIC		264		Y	N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
264580400	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.45%	INTRAVE	SOLN	ML	1000		GENERIC		264	Y	Y	N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
264705505	CLOROTE	CHLOROI	720000	Local Ane	72000000	Local Ane	R	50 MG/5M	INTRATHI	SOLN	ML	5		SSB		264			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264705510	CLOROTE	CHLOROI	720000	Local Ane	72000000	Local Ane	R	50 MG/5M	INTRATHI	SOLN	ML	5		SSB		264			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264738550	STERILE	WATER F	960000	Pharmace	96000000	Pharmace	S	0	INJECTIO	SOLN	ML	2000		NON DRUG		264			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264738560	STERILE	WATER F	960000	Pharmace	96000000	Pharmace	S	0	INJECTIO	SOLN	ML	3000		NON DRUG		264			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264738650	STERILE	WATER F	403600	Irrigating S	40360000	Irrigating S	S	0	IRRIGATI	SOLN	ML	2000		GENERIC		264			N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
264738660	STERILE	WATER F	403600	Irrigating S	40360000	Irrigating S	S	0	IRRIGATI	SOLN	ML	3000		GENERIC		264			N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
264738750	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	R	70%	INTRAVE	SOLN	ML	2000		MSB		264			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
264738850	SODIUM (	SODIUM (	403600	Irrigating S	40360000	Irrigating S	S	0.90%	IRRIGATI	SOLN	ML	2000		GENERIC		264			N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
264738860	SODIUM (	SODIUM (	403600	Irrigating S	40360000	Irrigating S	S	0.90%	IRRIGATI	SOLN	ML	3000		GENERIC		264			N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
264738960	LACTATE	LACTATE	403600	Irrigating S	40360000	Irrigating S	S	3MEQ/L-1	IRRIGATI	SOLN	ML	3000		GENERIC		264			N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
264739060	GLYCINE	GLYCINE	403600	Irrigating S	40360000	Irrigating S	S	1.50%	IRRIGATI	SOLN	ML	3000		GENERIC		264			N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
264751000	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	S	5%	INTRAVE	SOLN	ML	1000		GENERIC		264	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264751010	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	S	5%	INTRAVE	SOLN	ML	500		GENERIC		264	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264751020	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	S	5%	INTRAVE	SOLN	ML	250		GENERIC		264			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264752000	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	S	10%	INTRAVE	SOLN	ML	1000		GENERIC		264			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264752010	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	S	10%	INTRAVE	SOLN	ML	500		GENERIC		264			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264752020	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	S	10%	INTRAVE	SOLN	ML	250		GENERIC		264			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264757810	MANNITO	MANNITO	243612	UNKNOW	24361200	UNKNOW	S	20%	INTRAVE	SOLN	ML	500		GENERIC		264			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264761000	DEXTROS	DEXTROS	401200	Replacem	40120000	Replacem	S	5-0.9 %	INTRAVE	SOLN	ML	1000		GENERIC		264	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264761010	DEXTROS	DEXTROS	401200	Replacem	40120000	Replacem	S	5-0.9 %	INTRAVE	SOLN	ML	500		GENERIC		264	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264761200	DEXTROS	DEXTROS	401200	Replacem	40120000	Replacem	S	5-0.45 %	INTRAVE	SOLN	ML	1000		GENERIC		264			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264761210	DEXTROS	DEXTROS	401200	Replacem	40120000	Replacem	S	5-0.45 %	INTRAVE	SOLN	ML	500		GENERIC		264			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264761410	DEXTROS	DEXTROS	401200	Replacem	40120000	Replacem	R	5-0.33 %	INTRAVE	SOLN	ML	500		MSB		264			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
264761600	DEXTROS	DEXTROS	401200	Replacem	40120000	Replacem	S	5-0.2 %	INTRAVE	SOLN	ML	1000		GENERIC		264			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264761610	DEXTROS	DEXTROS	401200	Replacem	40120000	Replacem	S	5-0.2 %	INTRAVE	SOLN	ML	500		GENERIC		264			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264761620	DEXTROS	DEXTROS	401200	Replacem	40120000	Replacem	S	5-0.2 %	INTRAVE	SOLN	ML	250		GENERIC		264			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264762200	DEXTROS	DEXTROS	401200	Replacem	40120000	Replacem	R	10-0.45 %	INTRAVE	SOLN	ML	1000		MSB		264			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
264762320	DEXTROS	DEXTROS	401200	Replacem	40120000	Replacem	R	10-0.2 %	INTRAVE	SOLN	ML	250		MSB		264	N		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
264762500	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	20 MEQ/L	INTRAVE	SOLN	ML	1000		GENERIC		264			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264763400	KCL IN DE	POTASSII	401200	Replacem	40120000	Replacem	S	10-5-0.45	INTRAVE	SOLN	ML	1000		GENERIC		264			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264763500	KCL IN DE	POTASSII	401200	Replacem	40120000	Replacem	S	20-5-0.45	INTRAVE	SOLN	ML	1000		GENERIC		264	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264763600	KCL IN DE	POTASSII	401200	Replacem	40120000	Replacem	S	30-5-0.45	INTRAVE	SOLN	ML	1000		GENERIC		264			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264763800	KCL IN DE	POTASSII	401200	Replacem	40120000	Replacem	S	40-5-0.45	INTRAVE	SOLN	ML	1000		GENERIC		264			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264764500	KCL 0.15%	POTASSII	401200	Replacem	40120000	Replacem	S	5%-20ME(	INTRAVE	SOLN	ML	1000		GENERIC		264			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264765200	KCL IN DE	POTASSII	401200	Replacem	40120000	Replacem	S	20-5-0.9 M	INTRAVE	SOLN	ML	1000		GENERIC		264			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264770300	ISOLYTE-	ELECTRO	401200	Replacem	40120000	Replacem	R	27MEQ/L-	INTRAVE	SOLN	ML	1000		SSB		264			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264770700	ISOLYTE-	ELECTRO	401200	Replacem	40120000	Replacem	R	27MEQ/10	INTRAVE	SOLN	ML	1000		SSB		264			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264770710	ISOLYTE-	ELECTRO	401200	Replacem	40120000	Replacem	R	27MEQ/10	INTRAVE	SOLN	ML	500		SSB		264			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264773010	ISOLYTE-	ELECTRO	401200	Replacem	40120000	Replacem	R	23MEQ/L-	INTRAVE	SOLN	ML	500		SSB		264			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264775000	LACTATE	LACTATE	401200	Replacem	40120000	Replacem	R	3MEQ/L-3	INTRAVE	SOLN	ML	1000		MSB		264			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
264775007	LACTATE	LACTATE	401200	Replacem	40120000	Replacem	R	3MEQ/L-3	INTRAVE	SOLN	ML	1000		MSB		264			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
264775010	LACTATE	LACTATE	401200	Replacem	40120000	Replacem	R	3MEQ/L-3	INTRAVE	SOLN	ML	500		MSB		264			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
264775020	LACTATE	LACTATE	401200	Replacem	40120000	Replacem	R	3MEQ/L-3	INTRAVE	SOLN	ML	250		MSB		264			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
264775100	DEXTROS	DEXTROS	401200	Replacem	40120000	Replacem	S	5%	INTRAVE	SOLN	ML	1000		GENERIC		264			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264775110	DEXTROS	DEXTROS	401200	Replacem	40120000	Replacem	S	5%	INTRAVE	SOLN	ML	500		GENERIC		264			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264778000	RINGERS	RINGER'S	401200	Replacem	40120000	Replacem	S	4.5MEQ/L-	INTRAVE	SOLN	ML	1000		GENERIC		264			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264780000	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVE	SOLN	ML	1000		GENERIC		264		Y	N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
264780001	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVE	SOLN	ML	500		GENERIC	2/24/2023	264		Y	N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
264780009	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVE	SOLN	ML	1000		GENERIC		264		Y	N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
264780010	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVE	SOLN	ML	500		GENERIC		264		Y	N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
264780020	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVE	SOLN	ML	250		GENERIC		264		Y	N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
264780200	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.45%	INTRAVE	SOLN	ML	1000		GENERIC		264		Y	N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
264780210	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.45%	INTRAVE	SOLN	ML	500		GENERIC		264		Y	N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
264780510	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	3%	INTRAVE	SOLN	ML	500		GENERIC		264			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264780610	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	5%	INTRAVE	SOLN	ML	500		GENERIC		264			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264785000	STERILE	WATER F	960000	Pharmace	96000000	Pharmace	S	0	INJECTIO	SOLN	ML	1000		NON DRUG		264			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264785010	STERILE	WATER F	960000	Pharmace	96000000	Pharmace	S	0	INJECTIO	SOLN	ML	500		NON DRUG		264			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264785020	STERILE	WATER F	960000	Pharmace	96000000	Pharmace	S	0	INJECTIO	SOLN	ML	250		NON DRUG		264			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264786500	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	20-0.9 ME	INTRAVE	SOLN	ML	1000		GENERIC		264	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264934155	TROPHAI	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	10%	INTRAVE	SOLN	ML	500		SSB	10/31/2022	264			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264956710	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	R	40-5 UNIT	INTRAVE	SOLN	ML	500		MSB		264	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
264957710	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	R	25000-5 U	INTRAVE	SOLN	ML	500		MSB		264	Y	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
264958720	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	R	100 UNIT/	INTRAVE	SOLN	ML	250		MSB		264	Y	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
264959410	LIDOCAIN	LIDOCAIN	240404	Antiarrhyt	24040408	Class Ib A	S	4-5 MG/MI	INTRAVE	SOLN	ML	500		GENERIC		264	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264959420	LIDOCAIN	LIDOCAIN	240404	Antiarrhyt	24040408	Class Ib A	S	4-5 MG/MI	INTRAVE	SOLN	ML	250		GENERIC		264			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264959820	LIDOCAIN	LIDOCAIN	240404	Antiarrhyt	24040408	Class Ib A	S	8-5 MG/MI	INTRAVE	SOLN	ML	250		GENERIC		264	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
264987200	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	2000-0.9 U	INTRAVE	SOLN	ML	1000		GENERIC		264		Y	N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
264987210	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	1000-0.9 U	INTRAVE	SOLN	ML	500		GENERIC		264	Y	Y	N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
268024705	HISTATR(	HISTAMIN	366400	Pheochror	36640000	Pheochror	R	2.75 MG/N	INJECTIO	SOLN	ML	5		NON DRUG		268			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268024805	HISTATR(	HISTAMIN	366400	Pheochror	36640000	Pheochror	R	0.275 MG/	INTRADEI	SOLN	ML	5		NON DRUG		268			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268027550	MITE (D. F	MITE (D. F	800200	UNKNOW	80020000	UNKNOW	R	10000 AU	SUBCUTA	SOLN	ML	50		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268027750	MITE (D. F	MITE (D. F	800200	UNKNOW	80020000	UNKNOW	R	10000 AU	SUBCUTA	SOLN	ML	50		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268027950	TIMOTHY	TIMOTHY	800200	UNKNOW	80020000	UNKNOW	R	100000 B/	SUBCUTA	SOLN	ML	50		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268028110	ORCHARI	ORCHARI	800200	UNKNOW	80020000	UNKNOW	R	100000 B/	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268028310	JUNE GR	JUNE GR	800200	UNKNOW	80020000	UNKNOW	R	100000 B/	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268028510	RED TOP	RED TOP	800200	UNKNOW	80020000	UNKNOW	R	100000 B/	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268028710	SWEET V	SWEET V	800200	UNKNOW	80020000	UNKNOW	R	100000 B/	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268029110	MEADOW	MEADOW	800200	UNKNOW	80020000	UNKNOW	R	100000 B/	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268029350	BERMUDA	BERMUDA	800200	UNKNOW	80020000	UNKNOW	R	10000 BAI	SUBCUTA	SOLN	ML	50		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268060310	CATTLE E	CATTLE E	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268061510	DOG EPIT	DOG EPIT	800200	UNKNOW	80020000	UNKNOW	R	1:10	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268061550	DOG EPIT	DOG EPIT	800200	UNKNOW	80020000	UNKNOW	R	1:10	SUBCUTA	SOLN	ML	50		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268062110	DOG EPIT	DOG EPIT	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268062650	DOG EPIT	DOG EPIT	800200	UNKNOW	80020000	UNKNOW	R	1:10	SUBCUTA	SOLN	ML	50		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268062810	HORSE E	HORSE E	800200	UNKNOW	80020000	UNKNOW	R	1:10	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268063110	HORSE E	HORSE E	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268063810	MOUSE E	MOUSE E	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268065010	RABBIT E	RABBIT E	800200	UNKNOW	80020000	UNKNOW	R	1:10	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268065110	RABBIT E	RABBIT E	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268070710	AMERICA	AMERICA	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268070750	AMERICA	AMERICA	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	50		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268071410	GERMAN	GERMAN	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268072210	FIRE ANT	FIRE ANT	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268072310	MIXED FE	MIXED FE	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268072410	FIRE ANT	FIRE ANT	800200	UNKNOW	80020000	UNKNOW	R	1:10	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268072510	MOSQUIT	MOSQUIT	360600	UNKNOW	36060000	UNKNOW	R	0.111111	INTRADEI	SOLN	ML	10		NON DRUG		268			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268100110	ACACIA	ACACIA (/	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268100810	ALDER	ALDER	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268103510	BAHIA	BAHIA GF	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268104210	BAYBERF	BAYBERF	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268104710	AMERICA	AMERICA	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268107010	WHITE BI	WHITE BI	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268108710	BROME	BROME G	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268109850	MOUNTAI	MOUNTAI	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	50		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268111110	COCKLEE	COCKLEE	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268112110	CORN PO	CORN PO	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268112750	EASTERN	EASTERN	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	50		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268114310	ARIZONA	ARIZONA	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268114710	BALD CYF	BALD CYF	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268115210	SHEEP S(	SHEEP S(	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268116010	YELLOW	YELLOW	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268116510	DOG FEN	DOG FEN	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268116950	AMERICA	AMERICA	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	50		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268117850	CEDAR E	CEDAR E	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	50		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268119210	GOLDENF	GOLDENF	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268119910	HACKBEF	HACKBEF	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268121550	JOHNSON	JOHNSON	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	50		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268122410	WESTERI	WESTERI	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268123310	KOCHIA	KOCHIA (/	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268124910	RED MAP	RED MAP	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268126410	ROUGH M	ROUGH M	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268127710	MELALEU	MELALEU	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268128010	MESQUIT	MESQUIT	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268129810	MUGWOF	MUGWOF	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268130210	SORREL/	SHEEP S(	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268130510	RED MUL	RED MUL	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268131110	WHITE MI	WHITE MI	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268132850	WHITE O/	WHITE O/	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	50		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268134010	OLIVE TR	OLIVE TR	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268134810	QUEEN P	QUEEN P	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268136110	CALIFORI	CALIFORI	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268137210	SPINY PI(	SPINY PI(	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268137710	AUSTRAL	AUSTRAL	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10		SSB	1/1/2022	268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268138310	WHITE PI	WHITE PI	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268141310	PRIVET	PRIVET (L	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
268141510	SHAGBAF	SHAGBAF	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10		SSB		268			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

338012204	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	R	1.25-5 GM	INTRAVE	SOLN	ML	250	GENERIC		338			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338012404	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	R	1.5-5 GM/	INTRAVE	SOLN	ML	300	GENERIC		338			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338012503	DEXTROS	DEXTROS	401200	Replacem	40120000	Replacem	S	5%	INTRAVE	SOLN	ML	500	GENERIC		338	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338012504	DEXTROS	DEXTROS	401200	Replacem	40120000	Replacem	S	5%	INTRAVE	SOLN	ML	1000	GENERIC		338	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338012612	MYXREDI	INSULIN F	682008	Insulins	68200808	UNKNOW	R	100UNIT/1	INTRAVE	SOLN	ML	100	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338013727	LACTATE	LACTATE	403600	Irrigating S	40360000	Irrigating S	S	3MEQ/L-1	IRRIGATI	SOLN	ML	3000	GENERIC		338			N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
338013729	LACTATE	LACTATE	403600	Irrigating S	40360000	Irrigating S	S	3MEQ/L-1	IRRIGATI	SOLN	ML	5000	GENERIC		338			N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
338014303	DEXTROS	ELECTRO	401200	Replacem	40120000	Replacem	R	24MEQ/L-	INTRAVE	SOLN	ML	500	MSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338017903	PLASMA-I	ELECTRO	401200	Replacem	40120000	Replacem	S	27MEQ/L-	INTRAVE	SOLN	ML	500	MSB	12/31/2023	338			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338017904	PLASMA-I	ELECTRO	401200	Replacem	40120000	Replacem	S	27MEQ/L-	INTRAVE	SOLN	ML	1000	MSB	12/31/2023	338			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338018001	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	8%	INTRAVE	SOLN	ML	1000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338018006	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	8%	INTRAVE	SOLN	ML	1000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338018401	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	8%	INTRAVE	SOLN	ML	2000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338018404	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	8%	INTRAVE	SOLN	ML	2000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338018801	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	8%	INTRAVE	SOLN	ML	1000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338018806	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	8%	INTRAVE	SOLN	ML	1000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338019004	TIS-U-SOI	RINGER'S	403600	Irrigating S	40360000	Irrigating S	S	4.5MEQ/L-	IRRIGATI	SOLN	ML	1000	GENERIC		338			N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
338019401	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	8%	INTRAVE	SOLN	ML	2000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338019404	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	8%	INTRAVE	SOLN	ML	2000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338019801	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	6%	INTRAVE	SOLN	ML	1000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338019806	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	6%	INTRAVE	SOLN	ML	1000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338020201	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	8%	INTRAVE	SOLN	ML	1000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338020206	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	8%	INTRAVE	SOLN	ML	1000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338020601	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	8%	INTRAVE	SOLN	ML	2000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338020604	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	8%	INTRAVE	SOLN	ML	2000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338021001	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	8%	INTRAVE	SOLN	ML	1000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338021006	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	8%	INTRAVE	SOLN	ML	1000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338021401	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	8%	INTRAVE	SOLN	ML	2000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338021404	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	8%	INTRAVE	SOLN	ML	2000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338022103	PLASMA-I	ELECTRO	401200	Replacem	40120000	Replacem	S	27MEQ/L-	INTRAVE	SOLN	ML	500	MSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338022104	PLASMA-I	ELECTRO	401200	Replacem	40120000	Replacem	S	27MEQ/L-	INTRAVE	SOLN	ML	1000	MSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338028947	GLYCINE	GLYCINE	403600	Irrigating S	40360000	Irrigating S	S	1.50%	IRRIGATI	SOLN	ML	3000	GENERIC		338	Y		N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
338029547	SORBITO	SORBITO	403600	Irrigating S	40360000	Irrigating S	R	3%	IRRIGATI	SOLN	ML	3000	MSB		338			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338032201	RECOTHI	THROMBI	202816	Hemostati	20281600	Hemostati	R	5000UNIT	EXTERNA	SOLR	EA	1	SSB		338			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	R	MEDPRMI
338032401	RECOTHI	THROMBI	202816	Hemostati	20281600	Hemostati	R	5000 UNIT	EXTERNA	SOLR	EA	1	SSB		338			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	R	MEDPRMI
338032601	RECOTHI	THROMBI	202816	Hemostati	20281600	Hemostati	R	20000UNI	EXTERNA	SOLR	EA	1	SSB		338			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	R	MEDPRMI
338033001	RECOTHI	THROMBI	202816	Hemostati	20281600	Hemostati	R	20000UNI	EXTERNA	SOLR	EA	1	SSB		338			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	R	MEDPRMI
338034104	CARDIOP	CARDIOP	401200	Replacem	40120000	Replacem	S	17.6MG/1	PERFUSI	SOLN	ML	1000	GENERIC		338	N		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338035303	OSMITRO	MANNITO	243612	UNKNOW	24361200	UNKNOW	R	10%	INTRAVE	SOLN	ML	500	SSB		338	Y		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338035702	OSMITRO	MANNITO	243612	UNKNOW	24361200	UNKNOW	S	20%	INTRAVE	SOLN	ML	250	GENERIC		338	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338035703	OSMITRO	MANNITO	243612	UNKNOW	24361200	UNKNOW	S	20%	INTRAVE	SOLN	ML	500	GENERIC		338	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338040903	LIDOCAIN	LIDOCAIN	240404	Antiarrhyt	24040408	Class Ib A	S	4-5 MG/MI	INTRAVE	SOLN	ML	500	GENERIC		338			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338041102	LIDOCAIN	LIDOCAIN	240404	Antiarrhyt	24040408	Class Ib A	S	8-5 MG/MI	INTRAVE	SOLN	ML	250	GENERIC		338			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338042418	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	1000-0.9 U	INTRAVE	SOLN	ML	500	GENERIC		338			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338043304	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	2000-0.9 U	INTRAVE	SOLN	ML	1000	GENERIC		338			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338049906	PROSOL	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	140MEQ/1	INTRAVE	SOLN	ML	2000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338050203	CLINISOL	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	S	151MEQ/L	INTRAVE	SOLN	ML	500	GENERIC		338			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338050206	CLINISOL	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	S	151MEQ/L	INTRAVE	SOLN	ML	2000	GENERIC		338			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338050348	GENTAMI	GENTAMI	81202	Aminoglyc	8120200	Aminoglyc	R	0.8-0.9 MG	INTRAVE	SOLN	ML	100	GENERIC		338	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338050548	GENTAMI	GENTAMI	81202	Aminoglyc	8120200	Aminoglyc	R	1MG/ML-.	INTRAVE	SOLN	ML	100	GENERIC		338	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338050741	GENTAMI	GENTAMI	81202	Aminoglyc	8120200	Aminoglyc	R	1.2MG/ML	INTRAVE	SOLN	ML	50	GENERIC		338	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338050748	GENTAMI	GENTAMI	81202	Aminoglyc	8120200	Aminoglyc	S	1.2MG/ML	INTRAVE	SOLN	ML	100	GENERIC		338			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338050941	GENTAMI	GENTAMI	81202	Aminoglyc	8120200	Aminoglyc	R	1.6MG/ML	INTRAVE	SOLN	ML	50	GENERIC		338	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338051141	GENTAMI	GENTAMI	81202	Aminoglyc	8120200	Aminoglyc	R	2MG/ML-.	INTRAVE	SOLN	ML	50	GENERIC		338			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338051909	INTRALIP	FAT EMUI	402000	Caloric Ag	40200000	Caloric Ag	S	20%	INTRAVE	EMUL	ML	250	SSB	6/30/2024	338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338051913	INTRALIP	FAT EMUI	402000	Caloric Ag	40200000	Caloric Ag	S	20%	INTRAVE	EMUL	ML	500	SSB	6/30/2024	338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338051914	INTRALIP	FAT EMUI	402000	Caloric Ag	40200000	Caloric Ag	S	20%	INTRAVE	EMUL	ML	1000	SSB	6/30/2024	338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338051958	INTRALIP	FAT EMUI	402000	Caloric Ag	40200000	Caloric Ag	S	20%	INTRAVE	EMUL	ML	100	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338052013	INTRALIP	FAT EMUI	402000	Caloric Ag	40200000	Caloric Ag	S	30%	INTRAVE	EMUL	ML	500	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338055111	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	S	5%	INTRAVE	SOLN	ML	50	GENERIC		338	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338055118	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	S	5%	INTRAVE	SOLN	ML	100	GENERIC		338	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338055311	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVE	SOLN	ML	50	GENERIC		338		Y	N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
338055318	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVE	SOLN	ML	100	GENERIC		338		Y	N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
338064403	TRAVASC	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	10%	INTRAVE	SOLN	ML	500	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338064404	TRAVASC	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	10%	INTRAVE	SOLN	ML	1000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338064406	TRAVASC	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	10%	INTRAVE	SOLN	ML	2000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338065604	ACETIC A	ACETIC A	403600	Irrigating S	40360000	Irrigating S	S	0.25%	IRRIGATI	SOLN	ML	1000	GENERIC		338			N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
338066304	KCL 0.15	POTASSI	401200	Replacem	40120000	Replacem	S	5%-20ME	INTRAVE	SOLN	ML	1000	GENERIC		338	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338066904	KCL IN D	POTASSI	401200	Replacem	40120000	Replacem	S	10-5-0.45	INTRAVE	SOLN	ML	1000	GENERIC		338	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338067104	KCL IN D	POTASSI	401200	Replacem	40120000	Replacem	S	20-5-0.45	INTRAVE	SOLN	ML	1000	GENERIC		338	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338067304	KCL IN D	POTASSI	401200	Replacem	40120000	Replacem	S	30-5-0.45	INTRAVE	SOLN	ML	1000	GENERIC		338	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338067504	KCL IN D	POTASSI	401200	Replacem	40120000	Replacem	S	40-5-0.45	INTRAVE	SOLN	ML	1000	GENERIC		338	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338068304	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ/L	INTRAVE	SOLN	ML	1000	GENERIC		338	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338069104	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20-0.9 ME	INTRAVE	SOLN	ML	1000	MSB		338	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338069504	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	40-0.9 ME	INTRAVE	SOLN	ML	1000	MSB		338	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338070341	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ/5	INTRAVE	SOLN	ML	50	MSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338070348	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	40 MEQ/1	INTRAVE	SOLN	ML	100	MSB		338	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338070434	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20-0.45 M	INTRAVE	SOLN	ML	1000	MSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338070541	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ/5	INTRAVE	SOLN	ML	50	MSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338070548	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ/1	INTRAVE	SOLN	ML	100	MSB		338	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338070948	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ/1	INTRAVE	SOLN	ML	100	MSB		338	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338071224	DAPTOM	DAPTOM	81228	Antibacter	8122812	Cyclic Lip	R	350-0.9 M	INTRAVE	SOLN	ML	50	MSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338071424	DAPTOM	DAPTOM	81228	Antibacter	8122812	Cyclic Lip	R	500-0.9 M	INTRAVE	SOLN	ML	50	MSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338071612	DAPTOM	DAPTOM	81228	Antibacter	8122812	Cyclic Lip	R	700-0.9 M	INTRAVE	SOLN	ML	100	MSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338071812	DAPTOM	DAPTOM	81228	Antibacter	8122812	Cyclic Lip	R	1000-0.9 M	INTRAVE	SOLN	ML	100	MSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338071906	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	R	70%	INTRAVE	SOLN	ML	2000	MSB		338	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338072001	PEMETRE	PEMETRE	100000	Antineopla	10000000	Antineopla	S	100 MG	INTRAVE	SOLR	EA	1	GENERIC	7/31/2023	338			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338072201	PEMETRE	PEMETRE	100000	Antineopla	10000000	Antineopla	S	500 MG	INTRAVE	SOLR	EA	1	GENERIC	12/31/2023	338			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338080304	KCL IN D	POTASSI	401200	Replacem	40120000	Replacem	S	20-5-0.9 M	INTRAVE	SOLN	ML	1000	GENERIC		338			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338080704	KCL IN D	POTASSI	401200	Replacem	40120000	Replacem	R	40-5-0.9 M	INTRAVE	SOLN	ML	1000	MSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338081104	KCL-LAC	POTASSI	401200	Replacem	40120000	Replacem	R	20 MEQ/L	INTRAVE	SOLN	ML	1000	MSB		338	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338100502	DOPAMIN	DOPAMIN	121208	beta-Adre	12120808	Selective	R	0.8-5 MG/	INTRAVE	SOLN	ML	250	MSB		338	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338100503	DOPAMIN	DOPAMIN	121208	beta-Adre	12120808	Selective	R	0.8-5 MG/	INTRAVE	SOLN	ML	500	MSB		338	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338100702	DOPAMIN	DOPAMIN	121208	beta-Adre	12120808	Selective	R	1.6-5 MG/	INTRAVE	SOLN	ML	250	MSB		338	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338100703	DOPAMIN	DOPAMIN	121208	beta-Adre	12120808	Selective	R	1.6-5 MG/	INTRAVE	SOLN	ML	500	MSB		338	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338100902	DOPAMIN	DOPAMIN	121208	beta-Adre	12120808	Selective	R	3.2-5 MG/	INTRAVE	SOLN	ML	250	MSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338101341	OXACILLI	OXACILLI	81216	Penicillins	8121612	Penicillina	R	1 GM/50M	INTRAVE	SOLN	ML	50	MSB	10/31/2023	338			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338101541	OXACILLI	OXACILLI	81216	Penicillins	8121612	Penicillina	R	0-300MG/	INTRAVE	SOLN	ML	50	MSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338101741	NAFCILLI	NAFCILLI	81216	Penicillins	8121612	Penicillina	R	1 GM/50M	INTRAVE	SOLN	ML	50	MSB	7/10/2024	338			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338101948	NAFCILLI	NAFCILLI	81216	Penicillins	8121612	Penicillina	R	5%-2GM/1	INTRAVE	SOLN	ML	100	MSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338102141	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	R	20000 UN	INTRAVE	SOLN	ML	50	MSB	7/26/2023	338			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338102341	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	R	0-40000U	INTRAVE	SOLN	ML	50	MSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338102541	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	R	0-60000U	INTRAVE	SOLN	ML	50	MSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338104702	NITROGL	NITROGL	240808	beta-Adre	24080800	UNKNOW	R	100-5 MC	INTRAVE	SOLN	ML	250	MSB		338	N		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338104902	NITROGL	NITROGL	240808	beta-Adre	24080800	UNKNOW	R	200-5 MC	INTRAVE	SOLN	ML	250	MSB		338	N		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338105102	NITROGL	NITROGL	240808	beta-Adre	24080800	UNKNOW	R	400-5 MC	INTRAVE	SOLN	ML	250	MSB		338	N		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338105548	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG/1	INTRAVE	SOLN	ML	100	GENERIC		338			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338107302	DOBUTAI	DOBUTAI	121208	beta-Adre	12120808	Selective	R	5%-1MG/	INTRAVE	SOLN	ML	250	MSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338107502	DOBUTAI	DOBUTAI	121208	beta-Adre	12120808	Selective	R	5%-2MG/	INTRAVE	SOLN	ML	250	MSB		338	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338107702	DOBUTAI	DOBUTAI	121208	beta-Adre	12120808	Selective	R	5%-4MG/	INTRAVE	SOLN	ML	250	MSB		338	N		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338108904	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	4.25%	INTRAVE	SOLN	ML	2000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338109104	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	4.25%	INTRAVE	SOLN	ML	2000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338109904	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	5%	INTRAVE	SOLN	ML	2000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338110104	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	5%	INTRAVE	SOLN	ML	2000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338111304	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	4.25%	INTRAVE	SOLN	ML	2000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338111504	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	4.25%	INTRAVE	SOLN	ML	2000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338112304	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	5%	INTRAVE	SOLN	ML	2000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338112504	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	5%	INTRAVE	SOLN	ML	2000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338113003	PREMAS	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	10%	INTRAVE	SOLN	ML	500	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338113004	PREMAS	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	10%	INTRAVE	SOLN	ML	1000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338113006	PREMAS	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	10%	INTRAVE	SOLN	ML	2000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338113303	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	4.25%	INTRAVE	SOLN	ML	1000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338113403	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	4.25%	INTRAVE	SOLN	ML	1000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338113703	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	5%	INTRAVE	SOLN	ML	1000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338113803	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	5%	INTRAVE	SOLN	ML	1000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338114203	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	2.75%	INTRAVE	SOLN	ML	1000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338114403	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	4.25%	INTRAVE	SOLN	ML	1000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338114503	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	4.25%	INTRAVE	SOLN	ML	1000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338114703	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	5%	INTRAVE	SOLN	ML	1000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338114803	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	5%	INTRAVE	SOLN	ML	1000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338130141	CEFEPIM	CEFEPIM	81206	Cephalosp	8120616	Fourth Ge	R	1 GM/50M	INTRAVE	SOLN	ML	50	MSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338130148	CEFEPIM	CEFEPIM	81206	Cephalosp	8120616	Fourth Ge	R	2 GM/100	INTRAVE	SOLN	ML	100	MSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338130501	MESNEX	MESNA	925600	UNKNOW	92560000	UNKNOW	S	100 MG/M	INTRAVE	SOLN	ML	10	MSB		338	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338170840	MAGNESI	MAGNESI	281292	Anticonvul	28129200	Anticonvul	S	2 GM/50M	INTRAVE	SOLN	ML	50	GENERIC		338			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338170940	MAGNESI	MAGNESI	401200	Replacem	40120000	Replacem	S	1-5 GM/10	INTRAVE	SOLN	ML	100	GENERIC		338			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338171540	MAGNESI	MAGNESI	281292	Anticonvul	28129200	Anticonvul	S	4 GM/100	INTRAVE	SOLN	ML	100	GENERIC		338			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338171612	DAPTOM	DAPTOM	81228	Antibacter	8122812	Cyclic Lip	R	700-0.9 M	INTRAVE	SOLN	ML	100	GENERIC		338			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338171812	DAPTOM	DAPTOM	81228	Antibacter	8122812	Cyclic Lip	R	1000-0.9 M	INTRAVE	SOLN	ML	100	GENERIC		338			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338171940	MAGNESI	MAGNESI	281292	Anticonvul	28129200	Anticonvul	S	4 GM/50M	INTRAVE	SOLN	ML	50	GENERIC		338			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338341024	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG/5	INTRAVE	SOLN	ML	50	GENERIC		338			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338341050	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG/5	INTRAVE	SOLN	ML	50	GENERIC		338			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338350341	CEFAZOL	CEFAZOL	81206	Cephalosp	8120604	First Gene	R	1GM/50M	INTRAVE	SOLN	ML	50	GENERIC		338			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338350841	CEFAZOL	CEFAZOL	81206	Cephalosp	8120604	First Gene	R	2GM/100M	INTRAVE	SOLN	ML	100	MSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338355148	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	R	5%-500M	INTRAVE	SOLN	ML	100	MSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338355248	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	R	5%-1GM/2	INTRAVE	SOLN	ML	200	MSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338358048	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	R	750-5 MG	INTRAVE	SOLN	ML	150	MSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338358101	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	R	.9%-500M	INTRAVE	SOLN	ML	100	MSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338358201	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	R	.9%-750M	INTRAVE	SOLN	ML	150	MSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338358301	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	R	.9%-1GM/	INTRAVE	SOLN	ML	200	MSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338361224	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	600 MG/5	INTRAVE	SOLN	ML	50	GENERIC		338			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338361250	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	600 MG/5	INTRAVE	SOLN	ML	50	GENERIC		338			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338361624	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	600 MG/5	INTRAVE	SOLN	ML	50	GENERIC		338			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338361650	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	600 MG/5	INTRAVE	SOLN	ML	50	GENERIC		338			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338381424	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	900 MG/5	INTRAVE	SOLN	ML	50	GENERIC		338			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338381450	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	900 MG/5	INTRAVE	SOLN	ML	50	GENERIC		338			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338399101	IFEX	IFOSFAM	100000	Antineopla	10000000	Antineopla	S	1GM	INTRAVE	SOLR	EA	1	MSB		338	Y		N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION	R	MEDPRMI
338399301	IFEX	IFOSFAM	100000	Antineopla	10000000	Antineopla	S	3GM	INTRAVE	SOLR	EA	1	SSB		338	Y		N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338411424	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	900 MG/5	INTRAVE	SOLN	ML	50	GENERIC		338			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338411450	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	900 MG/5	INTRAVE	SOLN	ML	50	GENERIC		338			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338421002	TISSEEL	FIBRIN SE	842412	Basic Oint	84241200	Basic Oint	R	2 ML	EXTERNA	KIT	EA	1	SSB		338			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	R	MEDPRMI
338421104	TISSEEL	FIBRIN SE	842412	Basic Oint	84241200	Basic Oint	R	4 ML	EXTERNA	KIT	EA	1	SSB		338			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	R	MEDPRMI
338421210	TISSEEL	FIBRIN SE	842412	Basic Oint	84241200	Basic Oint	R	10 ML	EXTERNA	KIT	EA	1	SSB		338			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	R	MEDPRMI
338430102	TISSEEL	FIBRIN SE	842412	Basic Oint	84241200	Basic Oint	R	2 ML	EXTERNA	KIT	EA	1	SSB		338			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	R	MEDPRMI
338430204	TISSEEL	FIBRIN SE	842412	Basic Oint	84241200	Basic Oint	R	4 ML	EXTERNA	KIT	EA	1	SSB		338			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	R	MEDPRMI
338430310	TISSEEL	FIBRIN SE	842412	Basic Oint	84241200	Basic Oint	R	10 ML	EXTERNA	KIT	EA	1	SSB		338			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	R	MEDPRMI
338500241	CEFTRIA	CEFTRIA	81206	Cephalosp	8120612	Third Gen	R	20MG/ML-	INTRAVE	SOLN	ML	50	GENERIC		338			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338500341	CEFTRIA	CEFTRIA	81206	Cephalosp	8120612	Third Gen	R	40MG/ML-	INTRAVE	SOLN	ML	50	GENERIC		338			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338519741	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	R	20-0.9 MG	INTRAVE	SOLN	ML	50	GENERIC		338			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338601048	MILRINOI	MILRINOI	240408	Cardiotoni	24040800	Cardiotoni	S	20-5 MG/1	INTRAVE	SOLN	ML	100	GENERIC		338	N		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338601137	MILRINOI	MILRINOI	240408	Cardiotoni	24040800	Cardiotoni	S	40-5 MG/2	INTRAVE	SOLN	ML	200	GENERIC		338	N		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338604537	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	400MG/20	INTRAVE	SOLN	ML	200	GENERIC		338			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338604648	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200MG/10	INTRAVE	SOLN	ML	100	GENERIC		338			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338701101	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	5%	INTRAVE	SOLN	ML	2000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338701104	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	5%	INTRAVE	SOLN	ML	2000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338702001	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	2.75%	INTRAVE	SOLN	ML	1000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338702006	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	2.75%	INTRAVE	SOLN	ML	1000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338702201	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	4.25%	INTRAVE	SOLN	ML	1000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338702206	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	4.25%	INTRAVE	SOLN	ML	1000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338702401	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	4.25%	INTRAVE	SOLN	ML	2000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338702404	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	4.25%	INTRAVE	SOLN	ML	2000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338702601	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	4.25%	INTRAVE	SOLN	ML	1000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338702606	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	4.25%	INTRAVE	SOLN	ML	1000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338702801	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	4.25%	INTRAVE	SOLN	ML	2000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338702804	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	4.25%	INTRAVE	SOLN	ML	2000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338703001	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	5%	INTRAVE	SOLN	ML	1000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338703006	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	5%	INTRAVE	SOLN	ML	1000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338703201	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	5%	INTRAVE	SOLN	ML	2000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338703204	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	5%	INTRAVE	SOLN	ML	2000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338703401	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	5%	INTRAVE	SOLN	ML	1000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338703406	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	5%	INTRAVE	SOLN	ML	1000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338703601	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	5%	INTRAVE	SOLN	ML	2000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338703604	CLINIMIX	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	R	5%	INTRAVE	SOLN	ML	2000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338850302	ARTISS	FIBRIN SE	842412	Basic Oint	84241200	Basic Oint	R	0-0-0-0-0	EXTERNA	SOLN	ML	2	SSB		338			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	R	MEDPRMI
338850304	ARTISS	FIBRIN SE	842412	Basic Oint	84241200	Basic Oint	R	0-0-0-0-0	EXTERNA	SOLN	ML	4	SSB		338			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	R	MEDPRMI
338850310	ARTISS	FIBRIN SE	842412	Basic Oint	84241200	Basic Oint	R	0-0-0-0-0	EXTERNA	SOLN	ML	10	SSB		338			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	R	MEDPRMI
338870101	TACHOSI	ABSORBA	842412	Basic Oint	84241200	Basic Oint	R	9.5 X 4.8 (	EXTERNA	PTCH	EA	1	SSB		338			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	R	MEDPRMI
338870202	TACHOSI	ABSORBA	842412	Basic Oint	84241200	Basic Oint	R	4.8 X 4.8 (	EXTERNA	PTCH	EA	2	SSB		338			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	R	MEDPRMI
338905101	MICAFUN	MICAFUN	81416	Echinocan	8141600	Echinocan	R	50-0.9 MG	INTRAVE	SOLN	ML	50	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338905112	MICAFUN	MICAFUN	81416	Echinocan	8141600	Echinocan	R	50-0.9 MG	INTRAVE	SOLN	ML	50	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338905301	MICAFUN	MICAFUN	81416	Echinocan	8141600	Echinocan	R	100-0.9 M	INTRAVE	SOLN	ML	100	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338905312	MICAFUN	MICAFUN	81416	Echinocan	8141600	Echinocan	R	100-0.9 M	INTRAVE	SOLN	ML	100	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338905501	MICAFUN	MICAFUN	81416	Echinocan	8141600	Echinocan	R	150-0.9 M	INTRAVE	SOLN	ML	150	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338905510	MICAFUN	MICAFUN	81416	Echinocan	8141600	Echinocan	R	150-0.9 M	INTRAVE	SOLN	ML	150	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338914330	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	S	5%	INTRAVE	SOLN	ML	50	GENERIC		338	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338914730	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	S	5%	INTRAVE	SOLN	ML	100	GENERIC		338			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338915130	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVE	SOLN	ML	50	GENERIC		338		Y	N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
338915930	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVE	SOLN	ML	100	GENERIC		338		Y	N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
338954001	CLINOLIP	FAT EMUI	402000	Caloric Ag	40200000	Caloric Ag	R	20%	INTRAVE	EMUL	ML	100	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338954002	CLINOLIP	FAT EMUI	402000	Caloric Ag	40200000	Caloric Ag	R	20%	INTRAVE	EMUL	ML	250	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338954003	CLINOLIP	FAT EMUI	402000	Caloric Ag	40200000	Caloric Ag	R	20%	INTRAVE	EMUL	ML	500	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338954004	CLINOLIP	FAT EMUI	402000	Caloric Ag	40200000	Caloric Ag	R	20%	INTRAVE	EMUL	ML	1000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338954005	CLINOLIP	FAT EMUI	402000	Caloric Ag	40200000	Caloric Ag	R	20%	INTRAVE	EMUL	ML	100	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338954006	CLINOLIP	FAT EMUI	402000	Caloric Ag	40200000	Caloric Ag	R	20%	INTRAVE	EMUL	ML	250	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338954007	CLINOLIP	FAT EMUI	402000	Caloric Ag	40200000	Caloric Ag	R	20%	INTRAVE	EMUL	ML	500	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338954008	CLINOLIP	FAT EMUI	402000	Caloric Ag	40200000	Caloric Ag	R	20%	INTRAVE	EMUL	ML	1000	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338954124	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG/1	INTRAVE	SOLN	ML	100	GENERIC		338			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338954302	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVE	SOLN	ML	250	GENERIC		338		Y	N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
338954304	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVE	SOLN	ML	500	GENERIC		338		Y	N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
338954306	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVE	SOLN	ML	1000	GENERIC		338		Y	N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
338954524	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	R	300-0.9 M	INTRAVE	SOLN	ML	50	MSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338954550	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	R	300-0.9 M	INTRAVE	SOLN	ML	50	MSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338954924	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	R	600-0.9 M	INTRAVE	SOLN	ML	50	MSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338954950	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	R	600-0.9 M	INTRAVE	SOLN	ML	50	MSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338955210	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	2UNIT/ML	INJECTIO	SOLN	ML	1000	MSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338955324	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	R	900-0.9 M	INTRAVE	SOLN	ML	50	MSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338955350	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	R	900-0.9 M	INTRAVE	SOLN	ML	50	MSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338955524	DEXMEDI	DEXMEDI	121204	alpha-Adr	12120400	alpha-Adr	S	200 MCG/	INTRAVE	SOLN	ML	50	GENERIC		338			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338955712	DEXMEDI	DEXMEDI	121204	alpha-Adr	12120400	alpha-Adr	S	400 MCG/	INTRAVE	SOLN	ML	100	GENERIC		338			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338955810	EPTIFIBA	EPTIFIBA	201218	Platelet-A	20121800	Platelet-A	S	75 MG/10	INTRAVE	SOLN	ML	100	GENERIC		338			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338956001	TISSEEL	FIBRIN SE	842412	Basic Oint	84241200	Basic Oint	R	0-0-0-0	EXTERNA	SOLN	ML	2	SSB		338			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	R	MEDPRMI
338956401	TISSEEL	FIBRIN SE	842412	Basic Oint	84241200	Basic Oint	R	0-0-0-0	EXTERNA	SOLN	ML	4	SSB		338			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	R	MEDPRMI
338956801	TISSEEL	FIBRIN SE	842412	Basic Oint	84241200	Basic Oint	R	0-0-0-0	EXTERNA	SOLN	ML	10	SSB		338			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	R	MEDPRMI
338957996	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVE	SOLN	ML	50	GENERIC		338		Y	N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
338958396	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVE	SOLN	ML	100	MSB	4/4/2024	338		Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338963201	ZOSYN	PIPERACI	81216	Penicillins	8121616	Extended-	R	2-0.25 GM	INTRAVE	SOLN	ML	50	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338963224	ZOSYN	PIPERACI	81216	Penicillins	8121616	Extended-	R	2-0.25 GM	INTRAVE	SOLN	ML	50	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338963601	ZOSYN	PIPERACI	81216	Penicillins	8121616	Extended-	R	3-0.375 G	INTRAVE	SOLN	ML	50	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338963624	ZOSYN	PIPERACI	81216	Penicillins	8121616	Extended-	R	3-0.375 G	INTRAVE	SOLN	ML	50	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338963701	ARTISS	FIBRIN SE	842412	Basic Oint	84241200	Basic Oint	R	2 ML	EXTERNA	KIT	ML	2	NON DRUG		338			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	R	MEDPRMI
338963801	ZOSYN	PIPERACI	81216	Penicillins	8121616	Extended-	R	4-0.5 GM/	INTRAVE	SOLN	ML	100	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338963812	ZOSYN	PIPERACI	81216	Penicillins	8121616	Extended-	R	4-0.5 GM/	INTRAVE	SOLN	ML	100	SSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338963901	ARTISS	FIBRIN SE	842412	Basic Oint	84241200	Basic Oint	R	4 ML	EXTERNA	KIT	ML	4	NON DRUG		338			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	R	MEDPRMI
338964012	VASOPRE	VASOPRE	682800	Pituitary	68280000	Pituitary	R	20-0.9 UT/	INTRAVE	SOLN	ML	100	MSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338964101	ARTISS	FIBRIN SE	842412	Basic Oint	84241200	Basic Oint	R	10 ML	EXTERNA	KIT	ML	10	NON DRUG		338			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	R	MEDPRMI
338964401	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	R	40-0.9 MG	INTRAVE	SOLN	ML	100	GENERIC		338			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338964412	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	R	40-0.9 MG	INTRAVE	SOLN	ML	100	GENERIC		338			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338964601	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	R	40-0.9 MG	INTRAVE	SOLN	ML	50	MSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338964624	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	R	40-0.9 MG	INTRAVE	SOLN	ML	50	MSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338964712	VASOPRE	VASOPRE	682800	Pituitary	68280000	Pituitary	R	40-0.9 UT/	INTRAVE	SOLN	ML	100	MSB		338			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
338964801	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	R	80-0.9 MG	INTRAVE	SOLN	ML	100	GENERIC		338			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338964812	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	R	80-0.9 MG	INTRAVE	SOLN	ML	100	GENERIC		338			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338977701	CYCLOPH	CYCLOPH	100000	Antineopla	10000000	Antineopla	R	500 MG/2.	INTRAVE	SOLN	ML	2.5	MSB		338			N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION	R	MEDPRMI
338977901	CYCLOPH	CYCLOPH	100000	Antineopla	10000000	Antineopla	R	1 GM/5ML	INTRAVE	SOLN	ML	5	MSB		338			N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION	R	MEDPRMI
338978201	STERILE	WATER F	960000	Pharmace	96000000	Pharmace	R	0	INJECTIO	SOLN	ML	1000	GENERIC		338	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338978701	GLUCOSE	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	R	50%	INTRAVE	SOLN	ML	3000	GENERIC		338			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
338978901	GLUCOSE	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	R	70%	INTRAVE	SOLN	ML	3000	GENERIC		338			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
362055705	MARCAIN	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.5% -1:2	INJECTIO	SOLN	ML	1.8	GENERIC		362			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
362397105	DYCLOPF	DYCLONI	840800	Antipruritic	84080000	Antipruritic	R	0.50%	EXTERNA	SOLN	ML	30	SSB		362			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	R	MEDPRMI
363000220	EASY-LA	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	200	GENERIC		363			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
363000260	EASY-LA	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	60	GENERIC		363			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
363000518	CHOCOL	SENNOSI	561200	Cathartics	56120000	Cathartics	P	15 MG	ORAL	CHEW	EA	18	GENERIC		363			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
363000611	ENEMA	SODIUM F	561200	Cathartics	56120000	Cathartics	P	7-19 GM/1	RECTAL	ENEM	ML	133	GENERIC		363			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
363000703	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	TBEC	EA	14	GENERIC		363			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
363000905	STOOL S	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	400	GENERIC		363			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
363000920	STOOL S	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	200	GENERIC		363			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
363001607	SOOTHE	BISMUTH	560800	Antidiarrhe	56080000	Antidiarrhe	P	262 MG/1	ORAL	SUSP	ML	473	GENERIC		363			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
363001608	SOOTHE	BISMUTH	560800	Antidiarrhe	56080000	Antidiarrhe	P	262 MG/1	ORAL	SUSP	ML	237	GENERIC		363			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

363001830	SENNA	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6 MG	ORAL	TABS	EA	300		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363002002	TOLNAFT	TOLNAFT	840408	Antifungal	84040840	Thiocarba	P	1%	EXTERNA	CREA	GM	30		GENERIC	4/26/2022	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363002239	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	P	200MG	ORAL	TABS	EA	30		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363002265	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	P	200MG	ORAL	TABS	EA	30		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363002271	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	P	200MG	ORAL	TABS	EA	50		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363002272	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	P	200MG	ORAL	TABS	EA	60		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363002405	WAL-SOM	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	50 MG	ORAL	CAPS	EA	32		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363003434	WAL-TAP	BROMPHI	40400	First Gene	4040000	First Gene	P	1-15 MG/5	ORAL	ELIX	ML	237		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363003814	WAL-PRO	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	CAPS	EA	50		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363003820	WAL-PRO	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	CAPS	EA	100		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363005002	COMFOR	ALUM & M	560400	Antacids a	56040000	Antacids a	P	400MG/5M	ORAL	SUSP	ML	355		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363006048	WAL-SLE	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	25 MG	ORAL	CAPS	EA	48		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363006330	CALAMIN	CALAMIN	842412	Basic Oint	84241200	Basic Oint	O	8%-8%	EXTERNA	LOTN	ML	177		MSB		363		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
363006997	PETROLE	SKIN PRO	842412	Basic Oint	84241200	Basic Oint	O	0	EXTERNA	OINT	GM	9.9		SSB		363		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363007302	ANTACID	ALUM & M	560400	Antacids a	56040000	Antacids a	P	200-200-2	ORAL	SUSP	ML	355		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363007326	ANTACID	ALUM & M	560400	Antacids a	56040000	Antacids a	P	200-200-2	ORAL	SUSP	ML	769		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363007405	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	LOZG	EA	27		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=1 LIMITED TO 20 LOZ	R	MEDPRMI
363008001	ATHLETE	TERBINAI	840408	Antifungal	84040804	Allylamine	P	1%	EXTERNA	CREA	GM	15		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363008002	ATHLETE	TERBINAI	840408	Antifungal	84040804	Allylamine	P	1%	EXTERNA	CREA	GM	30		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363008100	MICONAZ	MICONAZ	840408	Antifungal	84040808	Azoles	P	200 & 2 M	VAGINAL	KIT	EA	1		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363008501	WAL-ITIN	LORATAD	40800	Second G	4080000	Second G	P	5 MG/5ML	ORAL	SOLN	ML	240		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363008816	WAL-ITIN	LORATAD	40800	Second G	4080000	Second G	P	5 MG/5ML	ORAL	SOLN	ML	120		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363010104	WAL-DRY	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5 MG/5	ORAL	LIQD	ML	118		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363010301	INFANTS	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	SUSP	ML	30		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363010302	INFANTS	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	SUSP	ML	59		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363010412	PAIN REL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	100		GENERIC	6/19/2023	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363010612	WAL-DRY	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5 MG/5	ORAL	LIQD	ML	118		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363010706	WAL-DRY	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	200		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363010708	WAL-DRY	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	24		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363010722	WAL-DRY	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	48		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363010908	GENTLE L	BISACOD	561200	Cathartics	56120000	Cathartics	P	10 MG	RECTAL	SUPP	EA	8		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363011018	GAS RELI	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	125 MG	ORAL	CHEW	EA	18		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363011122	WAL-PHE	CHLORPH	40400	First Gene	4040000	First Gene	P	4-60 MG	ORAL	TABS	EA	48		GENERIC	1/16/2024	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363011208	WAL-PHE	PSEUDOE	121212	alpha- and	12121200	alpha- and	P	30 MG	ORAL	TABS	EA	24		GENERIC	11/11/2024	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363011222	WAL-PHE	PSEUDOE	121212	alpha- and	12121200	alpha- and	P	30 MG	ORAL	TABS	EA	48		GENERIC	11/11/2024	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363011246	WAL-PHE	PSEUDOE	121212	alpha- and	12121200	alpha- and	P	30 MG	ORAL	TABS	EA	96		GENERIC	11/11/2024	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363011312	URINARY	PHENAZO	840800	Antipruritic	84080000	Antipruritic	P	97.5 MG	ORAL	TABS	EA	12		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363011916	WAL-MUC	PSYLLIUM	561200	Cathartics	56120000	Cathartics	P	0.52 GM	ORAL	CAPS	EA	160		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363011932	WAL-MUC	PSYLLIUM	561200	Cathartics	56120000	Cathartics	P	0.52 GM	ORAL	CAPS	EA	320		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363012014	FIBER-LA	CALCIUM	561200	Cathartics	56120000	Cathartics	P	625MG	ORAL	TABS	EA	140		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363012140	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	CAPS	EA	40		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363012203	INFANTS	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	40 MG/0.6	ORAL	SUSP	ML	30		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363012318	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	CAPS	EA	180		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363012330	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	CAPS	EA	300		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363012460	LACTOSE	LACTASE	561600	Digestants	56160000	Digestants	P	9000 UNIT	ORAL	CHEW	EA	60		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363012824	WAL-MUC	PSYLLIUM	561200	Cathartics	56120000	Cathartics	P	60MG-.08	ORAL	CAPS	EA	240		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363013040	PAIN & FE	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	SUSP	ML	118		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363013130	WAL-ZAN	RANITIDI	562812	Histamine	56281200	Histamine	P	75 MG	ORAL	TABS	EA	30		GENERIC	4/1/2020	363		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363013133	WAL-ZAN	RANITIDI	562812	Histamine	56281200	Histamine	P	75 MG	ORAL	TABS	EA	45		GENERIC	4/1/2020	363		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363013180	WAL-ZAN	RANITIDI	562812	Histamine	56281200	Histamine	P	75 MG	ORAL	TABS	EA	80		GENERIC	4/1/2020	363		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363013220	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	CAPS	EA	20		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363013280	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	CAPS	EA	80		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363013338	MAGNESI	MAGNESI	561200	Cathartics	56120000	Cathartics	P	1.745 GM/	ORAL	SOLN	ML	296		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363013607	SOOTHE	BISMUTH	560800	Antidiarrhe	56080000	Antidiarrhe	P	262 MG/1	ORAL	SUSP	ML	473		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363013608	SOOTHE	BISMUTH	560800	Antidiarrhe	56080000	Antidiarrhe	P	262 MG/1	ORAL	SUSP	ML	237		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363013820	SENNA	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6 MG	ORAL	TABS	EA	300		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363014175	ACID CON	FAMOTID	562812	Histamine	56281200	Histamine	P	10MG	ORAL	TABS	EA	90		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363014460	LACTOSE	LACTASE	561600	Digestants	56160000	Digestants	P	9000 UNIT	ORAL	TABS	EA	60		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363014504	CHILDREI	PHENYLE	480800	Antitussive	48080000	Antitussive	P	2.5-1-5-16	ORAL	SUSP	ML	118		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363014730	COOL N H	MENTHOL	842404	Basic Lotio	84240400	Basic Lotio	P	10%-30%	EXTERNA	CREA	GM	85		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363014804	DAYTIME	PHENYLE	480800	Antitussive	48080000	Antitussive	P	2.5-5 MG/	ORAL	SOLN	ML	118		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363014940	MEDICAT	CAMPHOI	849200	Skin and M	84920000	Skin and M	P	1.2%-5.7%	EXTERNA	PTCH	EA	40		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363015508	WAL-FLU	DEXTROM	480800	Antitussive	48080000	Antitussive	P	10-5-325 M	ORAL	LIQD	ML	245		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363015601	MUCUS R	PHENYLE	481600	Expectora	48160000	Expectora	P	5-325-200	ORAL	TABS	EA	30		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363015714	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TABS	EA	500		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A			X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
363015716	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TABS	EA	1000		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A			X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
363015798	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TABS	EA	100		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A			X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
363015912	HEADACH	ASPIRIN-/	280804	Nonsteroi	28080424	Salicylates	P	250-250-6	ORAL	TABS	EA	100		GENERIC	5/1/2023	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363015915	HEADACH	ASPIRIN-/	280804	Nonsteroi	28080424	Salicylates	P	250-250-6	ORAL	TABS	EA	50		GENERIC	5/1/2023	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363016012	SENNA S	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	120		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363016022	SENNA S	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	220		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363016060	SENNA S	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	60		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363016115	PAIN REL	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	25-500 MG	ORAL	TABS	EA	150		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363016150	PAIN REL	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	25-500 MG	ORAL	TABS	EA	50		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363016204	PAIN REL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	SUSP	ML	118		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363016406	ORAL RE	PHENOL (	522800	Mouthwas	52280000	Mouthwas	P	1.40%	MOUTH/T	LIQD	ML	177		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363016626	CHILDREI	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	120		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363016634	CHILDREI	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	240		GENERIC	3/13/2023	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363016640	CHILDREI	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	118		GENERIC	3/13/2023	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363016704	PAIN REL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	SUSP	ML	118		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363017324	STOP LIC	PYRETHR	840412	Scabicides	84041200	Scabicides	P	0.33-4-0.5	COMBINA	KIT	EA	1		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363017508	PAIN REL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	24		GENERIC	4/11/2024	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363017512	PAIN REL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	100		GENERIC	12/9/2024	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363017515	PAIN REL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	50		GENERIC	3/18/2024	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363017526	PAIN REL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	SUSP	ML	118		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363017529	PAIN REL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	150		GENERIC	7/24/2024	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363017534	PAIN REL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	SUSP	ML	118		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363017822	WAL-ACT	TRIPROLI	40400	First Gene	4040000	First Gene	P	2.5-60 MG	ORAL	TABS	EA	48		GENERIC	2/20/2024	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363018026	CHILDREI	IBUPROF	121212	alpha- and	12121200	alpha- and	P	100MG/5M	ORAL	SUSP	ML	120		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363018100	SENNA	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6 MG	ORAL	TABS	EA	100		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363018214	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	P	20-1100 M	ORAL	CAPS	EA	14	X	GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	X	1 IN 1 DAYS			R	MEDPRMI
363018242	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	P	20-1100 M	ORAL	CAPS	EA	14	X	GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	X	1 IN 1 DAYS			R	MEDPRMI
363018330	TRI-BUFF	ASPIRIN E	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TABS	EA	130		GENERIC	3/21/2022	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363018422	ANTACID	CALCIUM	560400	Antacids a	56040000	Antacids a	P	750 MG	ORAL	CHEW	EA	96		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363018601	CHILDREI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	80 MG	ORAL	CHEW	EA	30		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363018762	WAL-FLU	PHENIRA	40400	First Gene	4040000	First Gene	O	20-10-650	ORAL	PACK	EA	6		SSB		363		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363018908	SLEEP II	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	25 MG	ORAL	TABS	EA	24		GENERIC	8/23/2022	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363018923	SLEEP II	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	25 MG	ORAL	TABS	EA	72		GENERIC	2/14/2022	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363019326	COUGH 8	DEXTROM	480800	Antitussive	48080000	Antitussive	P	15-6.25-50	ORAL	LIQD	ML	240		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363019415	WAL-FIN	CHLORPH	40400	First Gene	4040000	First Gene	P	4 MG	ORAL	TABS	EA	50		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363019808	WAL-DRA	DIMENHY	562208	Antihistam	56220800	Antihistam	P	50 MG	ORAL	TABS	EA	24		GENERIC	10/23/2023	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363019900	MICONAZ	MICONAZ	840408	Antifungal	84040808	Azoles	P	1200 & 2 M	VAGINAL	KIT	EA	1		GENERIC	11/15/2022	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363020105	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	LOZG	EA	72		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=1 LIMITED TO 20 LOZ	R	MEDPRMI
363020176	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	LOZG	EA	24		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=1 LIMITED TO 20 LOZ	R	MEDPRMI
363020421	WAL-PHE	PSEUDOE	121212	alpha- and	12121200	alpha- and	P	120MG	ORAL	TB12	EA	20		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363020469	WAL-PHE	PSEUDOE	121212	alpha- and	12121200	alpha- and	P	120MG	ORAL	TB12	EA	10		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363020632	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	CREA	GM	28.4		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363020765	ACID CON	FAMOTID	562812	Histamine	56281200	Histamine	P	10 MG	ORAL	TABS	EA	30		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363020772	ACID CON	FAMOTID	562812	Histamine	56281200	Histamine	P	10 MG	ORAL	TABS	EA	60		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363020775	ACID CON	FAMOTID	562812	Histamine	56281200	Histamine	P	10 MG	ORAL	TABS	EA	90		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363021108	SOOTHE	BISMUTH	560800	Antidiarrhe	56080000	Antidiarrhe	P	262 MG/1	ORAL	SUSP	ML	237		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363021116	SOOTHE	BISMUTH	560800	Antidiarrhe	56080000	Antidiarrhe	P	262 MG/1	ORAL	SUSP	ML	473		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363021212	SOOTHE	BISMUTH	560800	Antidiarrhe	56080000	Antidiarrhe	P	525 MG/1	ORAL	SUSP	ML	355		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363021879	ASPIRIN L	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	CHEW	EA	36		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A			X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
363021925	WART RE	SALICYLI	842800	Keratolytic	84280000	Keratolytic	P	17%	EXTERNA	GEL	GM	7		GENERIC		363	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363022301	WAL-SOM	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	25MG	ORAL	TBDP	EA	6		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363022302	WAL-SOM	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	25MG	ORAL	TBDP	EA	24		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363022434	ANTACID	CALCIUM	560400	Antacids a	56040000	Antacids a	P	500 MG	ORAL	CHEW	EA	150		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363022610	STAY AW	CAFFEINE	282032	UNKNOW	28203200	UNKNOW	P	200 MG	ORAL	TABS	EA	40		GENERIC	2/27/2023	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363022612	STAY AW	CAFFEINE	282032	UNKNOW	28203200	UNKNOW	P	200 MG	ORAL	TABS	EA	100		GENERIC	12/28/2023	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363022908	WAL-TUS	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-10-200 M	ORAL	LIQD	ML	237		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363023064	WAL-SOM	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	50 MG	ORAL	CAPS	EA	64		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363023108	SOOTHE	BISMUTH	560800	Antidiarrhe	56080000	Antidiarrhe	P	262 MG/1	ORAL	SUSP	ML	237		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363023116	SOOTHE	BISMUTH	560800	Antidiarrhe	56080000	Antidiarrhe	P	262 MG/1	ORAL	SUSP	ML	473		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363023206	MUCUS R	DEXTROM	480800	Antitussive	48080000	Antitussive	P	5-100 MG/	ORAL	LIQD	ML	177		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363023208	MUCUS R	DEXTROM	480800	Antitussive	48080000	Antitussive	P	5-100 MG/	ORAL	LIQD	ML	237		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363023306	MUCUS R	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-10-200-3	ORAL	LIQD	ML	177		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363023406	MUCUS R	PHENYLE	480800	Antitussive	48080000	Antitussive	P	10-20-400	ORAL	LIQD	ML	177		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363023408	MUCUS R	PHENYLE	480800	Antitussive	48080000	Antitussive	P	10-20-400	ORAL	LIQD	ML	237		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363023908	NON-ASP	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG	ORAL	CHEW	EA	24		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363024108	COLD MU	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-6.25-10-	ORAL	LIQD	ML	237		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363025402	WAL-TUS	DEXTROM	480800	Antitussive	48080000	Antitussive	O	7.5 MG	ORAL	CHEW	EA	12		SSB		363		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363025514	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	500		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A			X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
363025517	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	300		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A			X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
363025527	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	32		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A			X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
363025532	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	120		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A			X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
363025602	WAL-SLE	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	25 MG	ORAL	TBDP	EA	30		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363026832	HYDROGI	HYDROGI	840492	Local Anti-	84049200	Local Anti-	P	3%	EXTERNA	SOLN	ML	946		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363028826	CHEST C	GUAIFEN	481600	Expectora	48160000	Expectora	P	100 MG/5	ORAL	LIQD	ML	118		GENERIC	4/17/2023	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363029108	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	24		GENERIC	9/25/2023	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363029112	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	100		GENERIC	7/3/2023	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363029115	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	50		GENERIC	11/14/2023	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363029117	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	300		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363029158	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	750		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363029208	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	24		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363029212	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	100		GENERIC	7/10/2023	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363029214	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	500		GENERIC	7/7/2023	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363029215	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	50		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363029258	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	750		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363029327	WAL-SOM	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	50 MG	ORAL	CAPS	EA	32		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363029908	WAL-DRY	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	24		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363030026	WAL-TUS	DEXTROM	480800	Antitussive	48080000	Antitussive	P	15 MG/5M	ORAL	SYRP	ML	118		GENERIC	10/15/2024	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363030403	ANEFRIN	OXYMETA	523200	Vasocons	52320000	Vasocons	P	0.05%	NASAL	SOLN	ML	30		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363030410	ANEFRIN	OXYMETA	523200	Vasocons	52320000	Vasocons	P	0.05%	NASAL	SOLN	ML	30		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363030602	SMOOTH	POLYETH	561200	Cathartics	56120000	Cathartics	P	0-17GM/S	ORAL	POWD	GM	238		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363030603	SMOOTH	POLYETH	561200	Cathartics	56120000	Cathartics	P	0-17GM/S	ORAL	POWD	GM	510		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363031034	WAL-TUS	GUAIFEN	481600	Expectora	48160000	Expectora	P	100 MG/5	ORAL	SYRP	ML	237		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363031152	WAL-ITIN	LORATAD	40800	Second G	4080000	Second G	P	10MG	ORAL	TBDP	EA	10		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363031165	WAL-ITIN	LORATAD	40800	Second G	4080000	Second G	P	10MG	ORAL	TBDP	EA	30		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363031734	ANTACID	CALCIUM	560400	Antacids a	56040000	Antacids a	P	500 MG	ORAL	CHEW	EA	150		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363031801	CHILDREI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	80 MG	ORAL	CHEW	EA	30		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363031901	SOOTHE	BISMUTH	560800	Antidiarrhe	56080000	Antidiarrhe	P	262 MG	ORAL	CHEW	EA	30		GENERIC	5/15/2023	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363031922	SOOTHE	BISMUTH	560800	Antidiarrhe	56080000	Antidiarrhe	P	262 MG	ORAL	CHEW	EA	48		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363031952	SOOTHE	BISMUTH	560800	Antidiarrhe	56080000	Antidiarrhe	P	262 MG	ORAL	CHEW	EA	90		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363032706	GENTLE L	BISACOD	561200	Cathartics	56120000	Cathartics	P	5 MG	ORAL	TBEC	EA	200		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363032756	GENTLE L	BISACOD	561200	Cathartics	56120000	Cathartics	P	5 MG	ORAL	TBEC	EA	25		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363032830	ORA REL	PHENOL (	522800	Mouthwas	52280000	Mouthwas	P	1.40%	MOUTH/T	LIQD	ML	177		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363032907	WAL-DRY	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	TABS	EA	36		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363032908	WAL-DRY	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	TABS	EA	24		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363032912	WAL-DRY	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	TABS	EA	100		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363032922	WAL-DRY	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	TABS	EA	48		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363033082	TIOCONA	TIOCONA	840408	Antifungal	84040808	Azoles	P	6.50%	VAGINAL	OINT	GM	8		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363033144	PAIN REL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	SUSP	ML	118		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363033301	ARTHRITI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	650 MG	ORAL	TBCR	EA	100		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363033304	ARTHRITI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	650 MG	ORAL	TBCR	EA	250		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363033323	ARTHRITI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	650 MG	ORAL	TBCR	EA	24		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363033350	ARTHRITI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	650 MG	ORAL	TBCR	EA	50		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363033355	ARTHRITI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	650 MG	ORAL	TBCR	EA	150		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363033412	HEADACH	ASPIRIN-/	280804	Nonsteroi	28080424	Salicylates	P	250-250-6	ORAL	TABS	EA	100		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363033550	ANTACID	CALCIUM	560400	Antacids a	56040000	Antacids a	P	750 MG	ORAL	CHEW	EA	96		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363033630	CALAHIS	PRAMOXI	840800	Antipruritic	84080000	Antipruritic	P	8%-1%	EXTERNA	LOTN	ML	177		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363033706	MUCUS R	PHENYLE	480800	Antitussive	48080000	Antitussive	P	2.5-5-100	ORAL	LIQD	ML	177		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363033950	ANTACID	CALCIUM	560400	Antacids a	56040000	Antacids a	P	750 MG	ORAL	CHEW	EA	96		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363034044	PAIN REL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	SUSP	ML	118		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363034330	ORA REL	PHENOL (	522800	Mouthwas	52280000	Mouthwas	P	1.40%	MOUTH/T	LIQD	ML	177		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363034408	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	LOZG	EA	108		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=1 LIMITED TO 20 LOZ	R	MEDPRMI
363034410	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	LOZG	EA	27		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=1 LIMITED TO 20 LOZ	R	MEDPRMI
363034423	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	LOZG	EA	72		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=1 LIMITED TO 20 LOZ	R	MEDPRMI
363034444	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	LOZG	EA	168		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=1 LIMITED TO 20 LOZ	R	MEDPRMI
363034467	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	LOZG	EA	48		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=1 LIMITED TO 20 LOZ	R	MEDPRMI
363034544	PAIN REL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	SUSP	ML	118		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363034610	SOOTHE	BISMUTH	560800	Antidiarrhe	56080000	Antidiarrhe	P	262 MG	ORAL	TABS	EA	40		GENERIC	2/2/2023	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363034701	LAXATIVE	SENNOSI	561200	Cathartics	56120000	Cathartics	P	15 MG	ORAL	TABS	EA	30		GENERIC	1/10/2023	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363035260	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	GUM	EA	20		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=1 LIMITED TO 24 PIE	R	MEDPRMI
363035278	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	GUM	EA	100		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=1 LIMITED TO 24 PIE	R	MEDPRMI
363036010	ACETAMI	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	500-25 MG	ORAL	TABS	EA	100		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363036050	ACETAMI	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	500-25 MG	ORAL	TABS	EA	50		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363036312	WAL-PHE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	P	10 MG	ORAL	TABS	EA	100		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363036506	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	GUM	EA	160		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=1 LIMITED TO 24 PIE	R	MEDPRMI
363036638	NATURAL	PSYLLIUM	561200	Cathartics	56120000	Cathartics	P	58.60%	ORAL	POWD	GM	283		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363036707	NIGHTTIM	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	25 MG	ORAL	TABS	EA	36		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363036708	NIGHTTIM	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	25 MG	ORAL	TABS	EA	24		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363036712	NIGHTTIM	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	25 MG	ORAL	TABS	EA	100		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363036722	NIGHTTIM	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	25 MG	ORAL	TABS	EA	48		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363036837	ALL DAY I	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	270		GENERIC	8/12/2022	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363036861	ALL DAY I	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	600		GENERIC	9/18/2024	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363036862	ALL DAY I	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	24		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363036871	ALL DAY I	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	50		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363036878	ALL DAY I	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	100		GENERIC	9/18/2024	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363036882	ALL DAY I	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	200		GENERIC	1/3/2023	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363037115	ACETAMI	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	500-25 MG	ORAL	TABS	EA	50		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363037462	MIGRAINE	ASPIRIN-/	280804	Nonsteroi	28080424	Salicylates	P	250-250-6	ORAL	TABS	EA	24		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363037478	MIGRAINE	ASPIRIN-/	280804	Nonsteroi	28080424	Salicylates	P	250-250-6	ORAL	TABS	EA	100		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363037502	ANTI-DIA	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	P	2 MG	ORAL	TABS	EA	12		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363037508	ANTI-DIA	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	P	2 MG	ORAL	TABS	EA	24		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363037544	ANTI-DIA	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	P	2 MG	ORAL	TABS	EA	18		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363037545	ANTI-DIA	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	P	2 MG	ORAL	TABS	EA	6		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363037606	ORAL RE	PHENOL (	522800	Mouthwas	52280000	Mouthwas	P	1.40%	MOUTH/T	LIQD	ML	177		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363037926	WAL-DRY	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5 MG/5	ORAL	LIQD	ML	118		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363038016	MINOXIDI	MINOXIDI	849200	Skin and M	84920000	Skin and M	P	5%	EXTERNA	SOLN	ML	60		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363038030	MINOXIDI	MINOXIDI	849200	Skin and M	84920000	Skin and M	P	5%	EXTERNA	SOLN	ML	60		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363038222	WAL-FIN	CHLORPH	40400	First Gene	4040000	First Gene	P	4-60 MG	ORAL	TABS	EA	48		GENERIC	7/14/2022	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363038421	COUGH D	DEXTROM	480800	Antitussive	48080000	Antitussive	P	30 MG/5M	ORAL	SUER	ML	89		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363038428	COUGH D	DEXTROM	480800	Antitussive	48080000	Antitussive	P	30 MG/5M	ORAL	SUER	ML	148		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363038508	WOMENS	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500-25 MG	ORAL	TABS	EA	24		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363039010	EPHRINE	PHENYLE	523200	Vasocons	52320000	Vasocons	P	1%	NASAL	SOLN	ML	30		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363039212	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	100		GENERIC	7/13/2023	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363039214	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	500		GENERIC	7/13/2023	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363039215	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	50		GENERIC	7/13/2023	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363039216	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	1000		GENERIC	7/13/2023	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363039312	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	100		GENERIC	4/7/2023	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363039315	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	50		GENERIC	1/10/2022	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363039640	WAL-TUS	DEXTROM	480800	Antitussive	48080000	Antitussive	P	100-10 MG	ORAL	LIQD	ML	355		GENERIC	4/17/2023	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363039733	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	P	20.6 (20 B	ORAL	CPDR	EA	14		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363039752	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	P	20.6 (20 B	ORAL	CPDR	EA	14		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363039908	NON-ASP	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG	ORAL	CHEW	EA	24		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363040321	WAL-DRA	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	TABS	EA	16		GENERIC	4/22/2022	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363040421	MOTION S	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	16		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363040511	WAL-MUC	PSYLLIUM	561200	Cathartics	56120000	Cathartics	P	0	ORAL	POWD	GM	660		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
363041110	NICOTINE	NICOTINE	129200	Autonomic	12920000	Autonomic	P	2 MG	MOUTH/T	LOZG	EA	27		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=1 LIMITED TO 20 LOZ	R	MEDPRMI
363041315	BACK & B	ASPIRIN-(	280804	Nonsteroi	28080424	Salicylates	P	500MG-32	ORAL	TABS	EA	50		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI

363041474	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	54		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A	X	THEN $0 COPAY AND TIER=1		R	MEDPRMI
363041804	WAL-DRY	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5 MG/5	ORAL	LIQD	ML	118		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363041926	CHILDREI	DEXTROI	480800	Antitussive	48080000	Antitussive	P	5-100 MG	ORAL	LIQD	ML	118		GENERIC	10/24/2024	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363042062	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	GUM	EA	110		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1	LIMITED TO 24 PIE	R	MEDPRMI
363042098	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	GUM	EA	170		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1	LIMITED TO 24 PIE	R	MEDPRMI
363042162	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	GUM	EA	110		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1	LIMITED TO 24 PIE	R	MEDPRMI
363042198	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	GUM	EA	170		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1	LIMITED TO 24 PIE	R	MEDPRMI
363042321	WAL-PRO	PSEUDOE	121212	alpha- anc	12121200	alpha- anc	P	30-200 MC	ORAL	TABS	EA	20		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363042341	WAL-PRO	PSEUDOE	121212	alpha- anc	12121200	alpha- anc	P	30-200 MC	ORAL	TABS	EA	40		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363042405	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	LOZG	EA	72		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1	LIMITED TO 20 LOZ	R	MEDPRMI
363042476	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	LOZG	EA	24		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1	LIMITED TO 20 LOZ	R	MEDPRMI
363042654	TIOCONA	TIOCONA	840408	Antifungal	84040808	Azoles	P	6.50%	VAGINAL	OINT	GM	4.6		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363042816	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	GUM	EA	160		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1	LIMITED TO 24 PIE	R	MEDPRMI
363042849	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	GUM	EA	40		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1	LIMITED TO 24 PIE	R	MEDPRMI
363042949	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	GUM	EA	40		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1	LIMITED TO 24 PIE	R	MEDPRMI
363043052	HEADACH	ASPIRIN-/	280804	Nonsteroi	28080424	Salicylates	P	250-250-6	ORAL	TABS	EA	10		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363043925	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	45		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A	X	THEN $0 COPAY AND TIER=1		R	MEDPRMI
363043982	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	68		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A	X	THEN $0 COPAY AND TIER=1		R	MEDPRMI
363044167	WAL-SOM	DOXYLAM	282492	Anxiolytics	28249200	Anxiolytics	P	25 MG	ORAL	TABS	EA	48		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363044209	WAL-TUS	DEXTROI	480800	Antitussive	48080000	Antitussive	P	15 MG	ORAL	CAPS	EA	20		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363044308	HEADACH	ASPIRIN-/	280804	Nonsteroi	28080424	Salicylates	P	250-250-6	ORAL	TABS	EA	24		GENERIC	7/13/2023	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363045307	WAL-PHE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	P	10 MG	ORAL	TABS	EA	36		GENERIC	2/5/2024	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363045312	WAL-PHE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	P	10 MG	ORAL	TABS	EA	100		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363045323	WAL-PHE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	P	10 MG	ORAL	TABS	EA	72		GENERIC	2/5/2024	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363045344	WAL-PHE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	P	10 MG	ORAL	TABS	EA	18		GENERIC	2/5/2024	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363045522	ALLERGY	CHLORPH	40400	First Gene	4040000	First Gene	P	2-5-325 M	ORAL	TABS	EA	48		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363045660	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	GUM	EA	20		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1	LIMITED TO 24 PIE	R	MEDPRMI
363045678	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	GUM	EA	100		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1	LIMITED TO 24 PIE	R	MEDPRMI
363045802	WAL-ZYR	CETIRIZII	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	45		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363045865	WAL-ZYR	CETIRIZII	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363045934	COLD/FLU	DEXTROI	480800	Antitussive	48080000	Antitussive	P	15-6.25-32	ORAL	LIQD	ML	237		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363045950	COLD/FLU	DEXTROI	480800	Antitussive	48080000	Antitussive	P	15-6.25-32	ORAL	LIQD	ML	355		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363046109	FLU BP M	DEXTROI	480800	Antitussive	48080000	Antitussive	P	15-500-2 I	ORAL	TABS	EA	20		GENERIC	3/7/2022	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363046207	WAL-PHE	CHLORPH	40400	First Gene	4040000	First Gene	P	4-10 MG	ORAL	TABS	EA	36		GENERIC	2/16/2024	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363046208	WAL-PHE	CHLORPH	40400	First Gene	4040000	First Gene	P	4-10 MG	ORAL	TABS	EA	24		GENERIC	2/16/2024	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363046408	WAL-DRY	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5-5-325	ORAL	TABS	EA	24		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363046622	SINUS CC	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	P	5-325 MG	ORAL	TABS	EA	48		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363047340	DAYTIME	DEXTROI	480800	Antitussive	48080000	Antitussive	P	15 MG/15I	ORAL	LIQD	ML	355		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363047608	COLD MU	DEXTROI	480800	Antitussive	48080000	Antitussive	P	10-5-325 I	ORAL	TABS	EA	24		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363048044	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	GUM	EA	100		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1	LIMITED TO 24 PIE	R	MEDPRMI
363048144	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	GUM	EA	100		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1	LIMITED TO 24 PIE	R	MEDPRMI
363048208	ALLERGY	CHLORPH	40400	First Gene	4040000	First Gene	P	2-5-325 M	ORAL	TABS	EA	24		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363048316	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	GUM	EA	160		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1	LIMITED TO 24 PIE	R	MEDPRMI
363048344	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	GUM	EA	100		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1	LIMITED TO 24 PIE	R	MEDPRMI
363048349	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	GUM	EA	40		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1	LIMITED TO 24 PIE	R	MEDPRMI
363048808	SINUS CC	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	P	5-325 MG	ORAL	TABS	EA	24		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363049062	ALL DAY I	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	24		GENERIC	4/17/2023	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363049071	ALL DAY I	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	50		GENERIC	4/17/2023	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363049078	ALL DAY I	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	100		GENERIC	4/17/2023	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363049421	COUGH D	DEXTROI	480800	Antitussive	48080000	Antitussive	P	30 MG/5M	ORAL	SUER	ML	89		GENERIC	6/19/2023	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363049539	WAL-ZYR	CETIRIZII	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC	10/2/2023	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363049547	WAL-ZYR	CETIRIZII	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	150		GENERIC	1/2/2024	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363049575	WAL-ZYR	CETIRIZII	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC	10/2/2023	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363049587	WAL-ZYR	CETIRIZII	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	300		GENERIC	10/2/2023	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363049595	WAL-ZYR	CETIRIZII	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	45		GENERIC	10/13/2023	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363050304	COLD MU	ACETAMI	480800	Antitussive	48080000	Antitussive	P	325MG-10	ORAL	TABS	EA	70		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363050307	COLD MU	ACETAMI	480800	Antitussive	48080000	Antitussive	P	325MG-10	ORAL	TABS	EA	36		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363050308	COLD MU	ACETAMI	480800	Antitussive	48080000	Antitussive	P	325MG-10	ORAL	TABS	EA	24		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363050322	COLD MU	ACETAMI	480800	Antitussive	48080000	Antitussive	P	325MG-10	ORAL	TABS	EA	48		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363051111	WAL-MUC	PSYLLIUM	561200	Cathartics	56120000	Cathartics	P	43%	ORAL	POWD	GM	822		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363051311	WAL-MUC	PSYLLIUM	561200	Cathartics	56120000	Cathartics	P	28.30%	ORAL	POWD	GM	1368		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363051511	WAL-MUC	PSYLLIUM	561200	Cathartics	56120000	Cathartics	P	58.60%	ORAL	POWD	GM	662		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363051518	WAL-MUC	PSYLLIUM	561200	Cathartics	56120000	Cathartics	P	58.60%	ORAL	POWD	GM	1043		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363051822	SEVERE /	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5-500 I	ORAL	TABS	EA	48		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363051908	PAIN REL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	24		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363051912	PAIN REL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	100		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363051915	PAIN REL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	50		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363051920	PAIN REL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	225		GENERIC	4/15/2024	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363051929	PAIN REL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	150		GENERIC	7/9/2024	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363051954	PAIN REL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	375		GENERIC	5/23/2024	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363052048	ANTI-DIAI	LOPERAM	560800	Antidiarrh	56080000	Antidiarrh	P	2 MG	ORAL	CAPS	EA	48		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363052278	WAL-ITIN	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	300		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363052611	WAL-ITIN	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	10		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363052621	WAL-ITIN	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	20		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363052631	WAL-ITIN	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363052660	WAL-ITIN	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	60		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363052690	WAL-ITIN	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363052806	HEAD CO	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-2-10-32	ORAL	MISC	EA	24		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363053112	PAIN REL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	100		GENERIC	7/24/2024	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363053115	PAIN REL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	50		GENERIC	7/24/2024	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363053206	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	GUM	EA	160		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1	LIMITED TO 24 PIE	R	MEDPRMI
363053258	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	GUM	EA	40		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1	LIMITED TO 24 PIE	R	MEDPRMI
363053260	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	GUM	EA	20		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1	LIMITED TO 24 PIE	R	MEDPRMI
363053278	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	GUM	EA	100		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1	LIMITED TO 24 PIE	R	MEDPRMI
363053301	MUCUS R	DEXTROI	480800	Antitussive	48080000	Antitussive	P	20-400 MC	ORAL	TABS	EA	30		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363053325	MUCUS R	DEXTROI	480800	Antitussive	48080000	Antitussive	P	20-400 MC	ORAL	TABS	EA	45		GENERIC	1/12/2022	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363053332	MUCUS R	DEXTROI	480800	Antitussive	48080000	Antitussive	P	20-400 MC	ORAL	TABS	EA	120		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363053402	DAYTIME	DEXTROI	480800	Antitussive	48080000	Antitussive	P	10-5-325 I	ORAL	CAPS	EA	12		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363053409	DAYTIME	DEXTROI	480800	Antitussive	48080000	Antitussive	P	10-5-325 I	ORAL	CAPS	EA	20		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363053410	DAYTIME	DEXTROI	480800	Antitussive	48080000	Antitussive	P	10-5-325 I	ORAL	CAPS	EA	40		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363053422	DAYTIME	DEXTROI	480800	Antitussive	48080000	Antitussive	P	10-5-325 I	ORAL	CAPS	EA	48		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363053502	NIGHTTIN	DEXTROI	480800	Antitussive	48080000	Antitussive	P	15-6.25-32	ORAL	CAPS	EA	12		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363053509	NIGHTTIN	DEXTROI	480800	Antitussive	48080000	Antitussive	P	15-6.25-32	ORAL	CAPS	EA	20		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363053510	NIGHTTIN	DEXTROI	480800	Antitussive	48080000	Antitussive	P	15-6.25-32	ORAL	CAPS	EA	40		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363054201	MUCUS R	PHENYLE	481600	Expectora	48160000	Expectora	P	400MG-10	ORAL	TABS	EA	30		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363054263	MUCUS R	PHENYLE	481600	Expectora	48160000	Expectora	P	10-400 MC	ORAL	TABS	EA	240		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363054309	WAL-DRY	DIPHENH	40400	First Gene	4040000	First Gene	P	25-5-325 I	ORAL	TABS	EA	20		GENERIC	12/18/2023	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363054409	WAL-PHE	DIPHENH	40400	First Gene	4040000	First Gene	P	25-5-325 I	ORAL	TABS	EA	20		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363054508	ALLERGY	DIPHENH	40400	First Gene	4040000	First Gene	P	25-5-325 I	ORAL	TABS	EA	24		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363054710	COLD/FLU	PHENYLE	480800	Antitussive	48080000	Antitussive	P	0-0-0-0	ORAL	MISC	EA	40		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363055020	GAS RELI	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	125 MG	ORAL	CAPS	EA	20		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363055050	GAS RELI	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	125 MG	ORAL	CAPS	EA	50		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363055072	GAS RELI	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	125 MG	ORAL	CAPS	EA	72		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363055291	WAL-FLU	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	O	10-650 MC	ORAL	PACK	EA	6		SSB		363		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363055522	SINUS DA	DOXYLAM	40400	First Gene	4040000	First Gene	P	325MG-6.:	ORAL	MISC	EA	48		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363055601	PAIN REL	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	500-25 MC	ORAL	TABS	EA	30		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363055609	PAIN REL	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	500-25 MC	ORAL	TABS	EA	20		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363055654	PAIN REL	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	500-25 MC	ORAL	TABS	EA	375		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363055657	PAIN REL	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	500-25 MC	ORAL	TABS	EA	125		GENERIC	8/29/2024	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363055707	WAL-FEX	FEXOFEN	40800	Second G	4080000	Second G	P	180MG-24	ORAL	TB24	EA	5		GENERIC		363	Y	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363055729	WAL-FEX	FEXOFEN	40800	Second G	4080000	Second G	P	180MG-24	ORAL	TB24	EA	15		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363055735	WAL-FEX	FEXOFEN	40800	Second G	4080000	Second G	P	180MG-24	ORAL	TB24	EA	10		GENERIC		363	Y	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363055834	WAL-TUS	PSEUDOE	480800	Antitussive	48080000	Antitussive	P	30-10-100	ORAL	LIQD	ML	237		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363055840	WAL-TUS	PSEUDOE	480800	Antitussive	48080000	Antitussive	P	30-10-100	ORAL	LIQD	ML	355		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363056314	ASPIRIN I	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	500		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A	X	THEN $0 COPAY AND TIER=1		R	MEDPRMI
363056317	ASPIRIN I	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	300		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A	X	THEN $0 COPAY AND TIER=1		R	MEDPRMI
363056332	ASPIRIN I	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	120		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A	X	THEN $0 COPAY AND TIER=1		R	MEDPRMI
363056450	DECONGI	AROMATI	929200	UNKNOW	92920000	UNKNOW	P	0	INHALATI	INHA	EA	1		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363056702	COLD & F	PHENYLE	480800	Antitussive	48080000	Antitussive	P	LIQUID	ORAL	MISC	ML	355		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363057708	WAL-ZYR	CETIRIZII	40800	Second G	4080000	Second G	P	5MG-120I	ORAL	TB12	EA	24		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363057826	WAL-TUS	DEXTROI	480800	Antitussive	48080000	Antitussive	P	100-10 MC	ORAL	SYRP	ML	118		GENERIC	11/4/2024	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363057834	WAL-TUS	DEXTROI	480800	Antitussive	48080000	Antitussive	P	100-10 MC	ORAL	SYRP	ML	237		GENERIC	11/4/2024	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363057973	WAL-ZYR	CETIRIZII	40800	Second G	4080000	Second G	P	5MG	ORAL	CHEW	EA	5		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363058226	BABY VIT	VITAMINS	842412	Basic Oint	84241200	Basic Oint	P	15.5%-53.	EXTERNA	OINT	GM	113		GENERIC	4/17/2023	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363058572	WAL-DRY	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5 MG	ORAL	TBDP	EA	27		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363058714	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	500		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A	X	THEN $0 COPAY AND TIER=1		R	MEDPRMI
363058732	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	120		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A	X	THEN $0 COPAY AND TIER=1		R	MEDPRMI
363059016	INFANTS	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5I	ORAL	SUSP	ML	59		GENERIC	4/17/2023	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363059608	CHILDREI	CALCIUM	560400	Antacids a	56040000	Antacids a	P	400 MG	ORAL	CHEW	EA	24		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363059944	WAL-DRY	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5 MG	ORAL	TBDP	EA	18		GENERIC	4/17/2023	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363059972	WAL-DRY	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5 MG	ORAL	TBDP	EA	27		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363060106	WAL-FLU	PHENIRA	40400	First Gene	4040000	First Gene	O	20-10-325	ORAL	PACK	EA	6		SSB		363		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363060206	WAL-FLU	DIPHENH	40400	First Gene	4040000	First Gene	P	25-10-650	ORAL	PACK	EA	6		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363060340	COLD & F	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-10-200-:	ORAL	LIQD	ML	355		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363060630	WAL-ZYR	CETIRIZII	40800	Second G	4080000	Second G	P	10MG	ORAL	TABS	EA	300		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363060822	WAL-FEX	FEXOFEN	40800	Second G	4080000	Second G	P	180MG	ORAL	TABS	EA	15		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363060839	WAL-FEX	FEXOFEN	40800	Second G	4080000	Second G	P	180MG	ORAL	TABS	EA	30		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363060895	WAL-FEX	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	45		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363060962	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	GUM	EA	110		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1	LIMITED TO 24 PIE	R	MEDPRMI
363060998	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	GUM	EA	170		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1	LIMITED TO 24 PIE	R	MEDPRMI
363061112	COMFOR	ALUM & M	560400	Antacids a	56040000	Antacids a	P	200MG/5M	ORAL	SUSP	ML	355		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363062908	COLD MU	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-2-10-32	ORAL	MISC	EA	24		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363063112	COMFOR	ALUM & M	560400	Antacids a	56040000	Antacids a	P	200-200-2	ORAL	SUSP	ML	355		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363064008	COLD & F	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-10-200-:	ORAL	TABS	EA	24		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363064526	LOPERAM	LOPERAM	560800	Antidiarrh	56080000	Antidiarrh	O	1 MG/7.5M	ORAL	SUSP	ML	120		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363064534	LOPERAM	LOPERAM	560800	Antidiarrh	56080000	Antidiarrh	O	1 MG/7.5M	ORAL	SUSP	ML	240		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363064810	WAL-FOU	PHENYLE	523200	Vasocons	52320000	Vasocons	P	1%	NASAL	SOLN	ML	29.6		GENERIC	11/4/2024	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363064926	WAL-ITIN	LORATAD	40800	Second G	4080000	Second G	P	5 MG/5ML	ORAL	SOLN	ML	118		GENERIC	8/24/2022	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363065126	WAL-MUC	PSYLLIUM	561200	Cathartics	56120000	Cathartics	P	60MG-.08I	ORAL	CAPS	EA	120		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363066026	CHILDREI	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5I	ORAL	SUSP	ML	120		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363066738	MAGNESI	MAGNESI	561200	Cathartics	56120000	Cathartics	P	1.745 GM/	ORAL	SOLN	ML	296		GENERIC	8/23/2022	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363066834	NIGHTTIN	DOXYLAM	480800	Antitussive	48080000	Antitussive	P	6.25-15 M	ORAL	LIQD	ML	237		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363066840	NIGHTTIN	DOXYLAM	480800	Antitussive	48080000	Antitussive	P	6.25-15 M	ORAL	LIQD	ML	355		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363067560	LACTOSE	LACTASE	561600	Digestants	56160000	Digestants	P	9000 UNI	ORAL	TABS	EA	60		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363067660	LACTOSE	LACTASE	561600	Digestants	56160000	Digestants	P	9000 UNI	ORAL	CHEW	EA	60		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363069338	MAGNESI	MAGNESI	561200	Cathartics	56120000	Cathartics	P	1.745 GM/	ORAL	SOLN	ML	296		GENERIC	8/23/2022	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363069590	JOCK ITC	TOLNAFT	840408	Antifungal	84040840	Thiocarba	P	1%	EXTERNA	AERP	GM	130		GENERIC	11/6/2024	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363069904	WAL-ITIN	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	70		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363069965	WAL-ITIN	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC	11/21/2023	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363069987	WAL-ITIN	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	300		GENERIC	11/21/2023	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363069995	WAL-ITIN	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	45		GENERIC	11/21/2023	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363070008	SORE TH	BENZOC/	840800	Antipruritic	84080000	Antipruritic	P	6-10 MG	MOUTH/T	LOZG	EA	18		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363070530	SALINE N	SALINE	529200	EENT Dru	52920000	EENT Dru	P	0.65%	NASAL	SOLN	ML	30		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363070712	SOOTHE	BISMUTH	560800	Antidiarrh	56080000	Antidiarrh	P	525 MG/1!	ORAL	SUSP	ML	354		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363070804	NAUSEA I	FRUCTOS	562292	Antiemetic	56229200	Antiemetic	P	1.87-1.87-	ORAL	SOLN	ML	118		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363071312	DIARRHE	BISMUTH	560800	Antidiarrh	56080000	Antidiarrh	P	262 MG/1!	ORAL	SUSP	ML	355		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363072415	WAL-ITIN	LORATAD	40800	Second G	4080000	Second G	P	10MG-240	ORAL	TB24	EA	15		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363072456	WAL-ITIN	LORATAD	40800	Second G	4080000	Second G	P	10MG-240	ORAL	TB24	EA	5		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363072469	WAL-ITIN	LORATAD	40800	Second G	4080000	Second G	P	10MG-240	ORAL	TB24	EA	10		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363072515	WAL-ITIN	LORATAD	40800	Second G	4080000	Second G	P	10MG-240	ORAL	TB24	EA	15		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363072569	WAL-ITIN	LORATAD	40800	Second G	4080000	Second G	P	10MG-240	ORAL	TB24	EA	10		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363073012	WAL-SLEI	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	50 MG/30I	ORAL	LIQD	ML	354		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363073150	WAL-SLEI	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	O	50 MG/50I	ORAL	LIQD	ML	50		SSB		363		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363073306	COLD & F	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5-5-32	ORAL	LIQD	ML	180		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363073402	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	LOZG	EA	27		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1	LIMITED TO 20 LOZ	R	MEDPRMI
363073745	MICONAZ	MICONAZ	840408	Antifungal	84040808	Azoles	P	1200 & 2 I	VAGINAL	KIT	EA	1		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363075312	WAL-SLEI	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	50 MG/30I	ORAL	LIQD	ML	354		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363075934	PAIN & FE	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5I	ORAL	SUSP	ML	118		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363076340	SEVERE (	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-6.25-10-	ORAL	LIQD	ML	355		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363076415	WAL-FEX	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	150		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363076430	WAL-FEX	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	30		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363077332	URINARY	PHENAZC	840800	Antipruritic	84080000	Antipruritic	P	95MG	ORAL	TABS	EA	32		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363078192	LONG LA!	CALCIUM	560400	Antacids a	56040000	Antacids a	P	500 MG	ORAL	CHEW	EA	45		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363078260	WAL-FEX	FEXOFEN	40800	Second G	4080000	Second G	P	60-120 MC	ORAL	TB12	EA	20		GENERIC		363	Y	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363078407	WAL-FEX	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	5		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363078414	WAL-FEX	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	20		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363078415	WAL-FEX	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	150		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363078423	WAL-FEX	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	15		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363078429	WAL-FEX	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	15		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363078430	WAL-FEX	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	30		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363078443	WAL-FEX	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	30		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363078445	WAL-FEX	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	45		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363078475	WAL-FEX	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	70		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363078490	WAL-FEX	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	90		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363080026	PAIN & FE	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5I	ORAL	SUSP	ML	118		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363080626	WAL-TAP	BROMPHI	40420	Propylami	4042000	Propylami	P	1MG/5ML-	ORAL	ELIX	ML	118		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363081043	ISOPROP	ISOPROP	840492	Local Anti-	84049200	Local Anti-	P	70%	DOES NO	SOLN	ML	473		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363081045	ISOPROP	ISOPROP	840492	Local Anti-	84049200	Local Anti-	P	70%	DOES NO	SOLN	ML	946		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363081930	MINOXIDI	MINOXIDI	849200	Skin and I	84920000	Skin and I	P	2%	EXTERNA	SOLN	ML	60		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363082453	WAL-VER	LORATAD	40800	Second G	4080000	Second G	P	10MG	ORAL	TBDP	EA	12		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363082622	WAL-ITIN	LORATAD	40800	Second G	4080000	Second G	P	5 MG/5ML	ORAL	SOLN	ML	120		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363083143	MINERAL	MINERAL	561200	Cathartics	56120000	Cathartics	P	0	ORAL	OIL	ML	473		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363083145	MINERAL	MINERAL	561200	Cathartics	56120000	Cathartics	P	0	ORAL	OIL	ML	946		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363084543	ISOPROP	ISOPROP	840492	Local Anti-	84049200	Local Anti-	P	70%	DOES NO	SOLN	ML	473		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363087134	HYDROGI	HYDROGI	840492	Local Anti-	84049200	Local Anti-	P	3%	EXTERNA	SOLN	ML	237		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363087143	HYDROGI	HYDROGI	840492	Local Anti-	84049200	Local Anti-	P	3%	EXTERNA	SOLN	ML	473		GENERIC	1/25/2024	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363087145	HYDROGI	HYDROGI	840492	Local Anti-	84049200	Local Anti-	P	3%	EXTERNA	SOLN	ML	946		GENERIC	1/25/2024	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363087305	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	LOZG	EA	24		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1	LIMITED TO 20 LOZ	R	MEDPRMI
363087308	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	LOZG	EA	108		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1	LIMITED TO 20 LOZ	R	MEDPRMI
363087310	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	LOZG	EA	27		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1	LIMITED TO 20 LOZ	R	MEDPRMI
363087323	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	LOZG	EA	72		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1	LIMITED TO 20 LOZ	R	MEDPRMI
363087367	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	LOZG	EA	48		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1	LIMITED TO 20 LOZ	R	MEDPRMI
363087520	COLD RE	CHLORPH	40400	First Gene	4040000	First Gene	P	2-7.8-325	ORAL	TBEF	EA	20		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363087643	ETHYL RI	ALCOHOL	840492	Local Anti-	84049200	Local Anti-	P	70%	DOES NO	SOLN	ML	473		NON DRUG		363		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363088078	HEARTBU	ALUMINU	560400	Antacids a	56040000	Antacids a	P	160MG-10	ORAL	CHEW	EA	100		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363088210	INFANTS	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	20 MG/0.3	ORAL	SUSP	ML	30		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363089488	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	7 MG/24H	TRANSDE	PT24	EA	14		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=18-999 YEARS AND D		R	MEDPRMI
363089588	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	14 MG/24I	TRANSDE	PT24	EA	14		GENERIC		363	N	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=18-999 YEARS AND D		R	MEDPRMI
363089653	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	21 MG/24I	TRANSDE	PT24	EA	7		GENERIC		363	N	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=18-999 YEARS AND D		R	MEDPRMI
363089688	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	21 MG/24I	TRANSDE	PT24	EA	14		GENERIC		363	N	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=18-999 YEARS AND D		R	MEDPRMI
363089726	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5I	ORAL	SUSP	ML	120		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363089921	COUGH D	DEXTROI	480800	Antitussive	48080000	Antitussive	P	30 MG/5M	ORAL	SUER	ML	89		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363090182	ALL DAY I	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	200		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363091501	OMEPRA:	OMEPRA:	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	TBEC	EA	14		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363091503	OMEPRA:	OMEPRA:	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	TBEC	EA	14		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363091530	OMEPRA:	OMEPRA:	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	TBEC	EA	28		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363091555	OMEPRA:	OMEPRA:	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	TBEC	EA	42		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363093604	WAL-ZYR	CETIRIZII	40800	Second G	4080000	Second G	P	1 MG/ML	ORAL	SOLN	ML	118		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363094610	PAIN & FE	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5I	ORAL	SUSP	ML	30		GENERIC	9/7/2023	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363094616	PAIN & FE	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5I	ORAL	SUSP	ML	60		GENERIC	9/7/2023	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363095002	WAL-ZAN	RANITIDII	562812	Histamine	56281200	Histamine	P	150 MG	ORAL	TABS	EA	24	X	GENERIC	4/1/2020	363		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363095009	WAL-ZAN	RANITIDII	562812	Histamine	56281200	Histamine	P	150 MG	ORAL	TABS	EA	65	X	GENERIC	4/1/2020	363		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363095235	EYE LUBI	WHITE PE	529200	EENT Dru	52920000	EENT Dru	P	42.5%-57.	OPHTHAL	OINT	GM	3.5		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363095526	LICE TRE	PERMETH	840412	Scabicides	84041200	Scabicides	P	1%	EXTERNA	LIQD	ML	59		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363095702	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	LOZG	EA	27		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1	LIMITED TO 20 LOZ	R	MEDPRMI
363095704	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	LOZG	EA	27		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1	LIMITED TO 20 LOZ	R	MEDPRMI
363095705	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	LOZG	EA	27		GENERIC	9/7/2023	363		N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1	LIMITED TO 20 LOZ	R	MEDPRMI
363095828	COUGH D	DEXTROI	480800	Antitussive	48080000	Antitussive	P	30 MG/5M	ORAL	SUER	ML	148		GENERIC	12/28/2023	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363100504	NIGHTTIN	DEXTROI	480800	Antitussive	48080000	Antitussive	P	15-6.25-32	ORAL	CAPS	EA	48		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363103472	SINUS W/	SODIUM (	529200	EENT Dru	52920000	EENT Dru	P	2300-700 I	NASAL	KIT	EA	30		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363106108	ANTISEP	CHLORHE	840416	UNKNOW	84041600	UNKNOW	P	4%	EXTERNA	SOLN	ML	237		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363110006	WAL-FLU	DEXTROI	480800	Antitussive	48080000	Antitussive	P	20-10-650	ORAL	PACK	EA	6		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363110106	WAL-FLU	DIPHENH	40400	First Gene	4040000	First Gene	P	25-10-650	ORAL	PACK	EA	6		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363110510	HEARTBU	ALUMINU	560400	Antacids a	56040000	Antacids a	P	160MG-10	ORAL	CHEW	EA	100		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363112112	ANTACID	ALUM & M	560400	Antacids a	56040000	Antacids a	P	200MG/5M	ORAL	SUSP	ML	355		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363112126	ANTACID	ALUM & M	560400	Antacids a	56040000	Antacids a	P	200MG/5M	ORAL	SUSP	ML	769		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
363113156	COD LIVE	COD LIVE	882800	Multivitam	88280000	Multivitam	O	0	ORAL	OIL	ML	473		MSB		363		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRMI
363113212	ANTACID	ALUM & M	560400	Antacids a	56040000	Antacids a	P	400-400-4	ORAL	SUSP	ML	355		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI

363159702	SEVERE (	PHENYLE	480800	Antitussiv	48080000	Antitussiv	P	325MG/15	ORAL	LQPK	ML	355		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
363173012	WAL-SLEI	DIPHENH	282492	Anxiolytic	28249200	Anxiolytic	P	50 MG/30	ORAL	LIQD	ML	354		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
363192112	MILK OF I	MAGNESI	561200	Cathartics	56120000	Cathartics	P	400 MG/5	ORAL	SUSP	ML	355		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
363193112	MILK OF I	MAGNESI	561200	Cathartics	56120000	Cathartics	P	400 MG/5	ORAL	SUSP	ML	355		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
363193126	MILK OF I	MAGNESI	561200	Cathartics	56120000	Cathartics	P	400 MG/5	ORAL	SUSP	ML	769		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
363208812	COMFOR	ALUM & M	560400	Antacids a	56040000	Antacids a	P	200-200-2	ORAL	SUSP	ML	355		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
363209208	WAL-ITIN	LORATAD	40800	Second G	4080000	Second G	P	5 MG/5ML	ORAL	SOLN	ML	120		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
363210017	SMOOTH	POLYETH	561200	Cathartics	56120000	Cathartics	P	0-17GM-0	ORAL	PACK	EA	10		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
363210204	WAL-ZYR	CETIRIZIN	40800	Second G	4080000	Second G	P	5 MG/5ML	ORAL	SOLN	ML	60		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
363210316	ANTACID	CALCIUM	560400	Antacids a	56040000	Antacids a	P	1000 MG	ORAL	CHEW	EA	160		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
363217107	COOL 'N I	MENTHOI	849200	Skin and M	84920000	Skin and M	P	5%	EXTERNA	PTCH	EA	5		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
363217109	COOL 'N I	MENTHOI	849200	Skin and M	84920000	Skin and M	P	5%	EXTERNA	PTCH	EA	3		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
363237102	LANCETS	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		363		N	FORMULARY		2 BRAND	PREFERRED BRAND							R	MEDPRMI
363252967	BRONCHI	EPHEDRI	481600	Expectora	48160000	Expectora	P	12.5-200 M	ORAL	TABS	EA	60		GENERIC	5/1/2023	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
363307312	ANTACID	ALUM & M	560400	Antacids a	56040000	Antacids a	P	200MG/5M	ORAL	SUSP	ML	355		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
363326702	CHEST RI	CAMPHOI	929200	UNKNOW	92920000	UNKNOW	P	4.8%-1.2%	EXTERNA	OINT	GM	42.5		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
363330152	12 HOUR	PSEUDOE	121212	alpha- and	12121200	alpha- and	P	120 MG	ORAL	TB12	EA	10		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
363336006	MUCUS R	PHENYLE	480800	Antitussiv	48080000	Antitussiv	P	5-10-200-	ORAL	LIQD	ML	177		GENERIC	12/30/2022	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
363410040	STOOL SI	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	400		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
363412250	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	GUM	EA	50		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A					X	IF AGE=1:LIMITED TO 24 PIE(	R	MEDPRMI
363412262	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	GUM	EA	110		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A					X	IF AGE=1:LIMITED TO 24 PIE(	R	MEDPRMI
363412298	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	GUM	EA	170		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A					X	IF AGE=1:LIMITED TO 24 PIE(	R	MEDPRMI
363414950	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	GUM	EA	50		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A					X	IF AGE=1:LIMITED TO 24 PIE(	R	MEDPRMI
363414962	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	GUM	EA	110		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A					X	IF AGE=1:LIMITED TO 24 PIE(	R	MEDPRMI
363414998	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	GUM	EA	170		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A					X	IF AGE=1:LIMITED TO 24 PIE(	R	MEDPRMI
363420008	MULTI-SY	PHENYLE	480800	Antitussiv	48080000	Antitussiv	O	0-0-0-0-0	ORAL	MISC	ML	118		SSB		363		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
363436010	CALAMIN	CALAMIN	842412	Basic Oint	84241200	Basic Oint	O	8%-8%	EXTERNA	LOTN	ML	177		MSB		363		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
363443404	MULTI-SY	PHENYLE	480800	Antitussiv	48080000	Antitussiv	P	160MG/5M	ORAL	SUSP	ML	118		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
363546001	WAL-PHE	PHENYLE	480800	Antitussiv	48080000	Antitussiv	P	5-10-100-	ORAL	TABS	EA	30		GENERIC	3/6/2023	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
363546008	WAL-PHE	PHENYLE	480800	Antitussiv	48080000	Antitussiv	P	5-10-100-	ORAL	TABS	EA	24		GENERIC	3/6/2023	363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
363645014	ASPIRIN I	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	500		GENERIC		363		N	#N/A	ORIG_FR	10 EHB	#N/A					X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
363706510	DICLOFEI	DICLOFEI	840620	UNKNOW	84062000	UNKNOW	P	1%	EXTERNA	GEL	GM	100		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
363711000	NOSEBLE	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1		NON DRUG		363		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
363714201	ZINC OXII	ZINC OXII	841200	Astringent	84120000	Astringent	P	40%	EXTERNA	OINT	GM	57		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
363720230	HAIR REC	MINOXIDI	849200	Skin and M	84920000	Skin and M	P	2%	EXTERNA	SOLN	ML	60		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
363721601	CHEST RI	CAMPHOI	929200	UNKNOW	92920000	UNKNOW	P	4.8%-1.2%	EXTERNA	OINT	GM	70.8		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
363767428	DADS ME	MENTHOI	521600	Local Ane	52160000	Local Ane	O	3.5 MG	MOUTH/T	LOZG	EA	28		SSB		363		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
363769828	CRUSH V	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	60 MG	MOUTH/T	LOZG	EA	28		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
363773004	CALLUS F	SALICYLI	842800	Keratolytic	84280000	Keratolytic	P	40%	EXTERNA	PADS	EA	8		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
363848001	CHEST RI	CAMPHOI	929200	UNKNOW	92920000	UNKNOW	P	4.8%-1.2%	EXTERNA	OINT	GM	42.5		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
363902011	EAR PAIN	HOMEOP.	929200	UNKNOW	92920000	UNKNOW	O	0	OTIC	SOLN	ML	10		SSB		363		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
363905000	SODIUM (	SODIUM (	529200	EENT Dru	52920000	EENT Dru	P	5%	OPHTHAL	OINT	GM	3.5		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
363906000	EYE ITCH	KETOTIFE	520200	Antiallergi	52020000	Antiallergi	P	0.04%	OPHTHAL	SOLN	ML	10		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
363951161	TOLNAFT	TOLNAFT	840408	Antifungal	84040840	Thiocarba	P	1%	EXTERNA	CREA	GM	28		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
363983926	MULTI-SY	PHENYLE	480800	Antitussiv	48080000	Antitussiv	P	2.5-5-100	ORAL	LIQD	ML	118		GENERIC		363		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
378000532	EVEROLII	EVEROLII	100000	Antineopla	10000000	Antineopla	S	2 MG	ORAL	TBSO	EA	1		GENERIC		378		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
378000585	EVEROLII	EVEROLII	100000	Antineopla	10000000	Antineopla	S	2 MG	ORAL	TBSO	EA	28		GENERIC		378		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
378000632	EVEROLII	EVEROLII	100000	Antineopla	10000000	Antineopla	S	3 MG	ORAL	TBSO	EA	1		GENERIC		378		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
378000685	EVEROLII	EVEROLII	100000	Antineopla	10000000	Antineopla	S	3 MG	ORAL	TBSO	EA	28		GENERIC		378		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
378000732	EVEROLII	EVEROLII	100000	Antineopla	10000000	Antineopla	S	5 MG	ORAL	TBSO	EA	1		GENERIC		378		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
378000785	EVEROLII	EVEROLII	100000	Antineopla	10000000	Antineopla	S	5 MG	ORAL	TBSO	EA	28		GENERIC		378		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
378001401	METHOTI	METHOTI	100000	Antineopla	10000000	Antineopla	S	2.5 MG	ORAL	TABS	EA	100		GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378001801	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378001805	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	500	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378002801	NADOLOL	NADOLOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	100	X	GENERIC	12/4/2023	378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378003001	CLORAZE	CLORAZE	282408	Benzodiaz	28240800	Benzodiaz	S	3.75 MG	ORAL	TABS	EA	100		GENERIC	1/23/2023	378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378003005	CLORAZE	CLORAZE	282408	Benzodiaz	28240800	Benzodiaz	S	3.75 MG	ORAL	TABS	EA	500		GENERIC	1/23/2023	378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378003201	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378003210	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	1000	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378004001	CLORAZE	CLORAZE	282408	Benzodiaz	28240800	Benzodiaz	S	7.5 MG	ORAL	TABS	EA	100		GENERIC	1/23/2023	378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378004005	CLORAZE	CLORAZE	282408	Benzodiaz	28240800	Benzodiaz	S	7.5 MG	ORAL	TABS	EA	500		GENERIC	1/23/2023	378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378004201	PERPHEN	PERPHEN	281604	Antidepres	28160428	Tricyclics	R	10MG-4M	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378004701	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378004710	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	1000	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378005201	PINDOLO	PINDOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378005301	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	200 MG	ORAL	TABS	EA	100		GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378005501	TIMOLOL	TIMOLOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378007001	CLORAZE	CLORAZE	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	TABS	EA	100		GENERIC	1/23/2023	378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378007301	PERPHEN	PERPHEN	281604	Antidepres	28160428	Tricyclics	R	50MG-4M	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378007801	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	10-100 M	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378008501	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 M	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378008801	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 M	ORAL	TBCR	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378009401	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	50-200 M	ORAL	TBCR	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378012701	PINDOLO	PINDOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378013701	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378013710	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	1000	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378014491	TAMOXIF	TAMOXIF	681612	Estrogen /	68161200	Estrogen /	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		378		N	#N/A	ORIG_FR	10 EHB	#N/A					X	IF AGE=35-999 YEARS AND R	R	MEDPRMI
378016702	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	TABS	EA	100		GENERIC		378		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
378016713	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	TABS	EA	20		GENERIC		378		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
378018101	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378018105	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	500	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378018201	PROPRAI	PROPRAI	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378018210	PROPRAI	PROPRAI	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378018301	PROPRAI	PROPRAI	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378018310	PROPRAI	PROPRAI	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378018401	PROPRAI	PROPRAI	242000	Alpha-Adr	24200000	Alpha-Adr	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378018410	PROPRAI	PROPRAI	242000	Alpha-Adr	24200000	Alpha-Adr	S	40 MG	ORAL	TABS	EA	1000	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378018501	PROPRAI	PROPRAI	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378018505	PROPRAI	PROPRAI	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	TABS	EA	500	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378018701	PROPRAI	PROPRAI	242000	Alpha-Adr	24200000	Alpha-Adr	S	60 MG	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378020801	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	100	X	GENERIC	3/1/2024	378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378020810	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC	9/4/2024	378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378021101	CHLORDI	CHLORDI	281604	Antidepres	28160428	Tricyclics	R	5-12.5 MG	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378021105	CHLORDI	CHLORDI	281604	Antidepres	28160428	Tricyclics	R	5-12.5 MG	ORAL	TABS	EA	500	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378021301	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378021310	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	50 MG	ORAL	TABS	EA	1000	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378021401	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	2 MG	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378021410	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	2 MG	ORAL	TABS	EA	1000	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378021601	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	100	X	GENERIC	1/31/2024	378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378021610	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	1000	X	GENERIC	9/4/2024	378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378021801	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378021810	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378022101	TIMOLOL	TIMOLOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378022201	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378022210	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378023101	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378023110	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	1000	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378023201	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	80 MG	ORAL	TABS	EA	100	X	GENERIC	9/4/2024	378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378024301	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378024305	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	500	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378025501	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	2 MG	ORAL	TABS	EA	100	X	GENERIC	1/31/2023	378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378025701	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378025710	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	1 MG	ORAL	TABS	EA	1000	X	GENERIC		378	Y	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378027101	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	100		GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378027105	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	500		GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378027493	TAMOXIF	TAMOXIF	681612	Estrogen /	68161200	Estrogen /	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		378		N	#N/A	ORIG_FR	10 EHB	#N/A					X	IF AGE=35-999 YEARS AND R	R	MEDPRMI
378027701	CHLORDI	CHLORDI	281604	Antidepres	28160428	Tricyclics	R	10-25 MG	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378027705	CHLORDI	CHLORDI	281604	Antidepres	28160428	Tricyclics	R	10-25 MG	ORAL	TABS	EA	500	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378031701	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	300 MG	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378032701	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378032710	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	5 MG	ORAL	TABS	EA	1000	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378033001	PERPHEN	PERPHEN	281604	Antidepres	28160428	Tricyclics	R	10MG-2M	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378033005	PERPHEN	PERPHEN	281604	Antidepres	28160428	Tricyclics	R	2-10 MG	ORAL	TABS	EA	500	X	GENERIC	11/30/2022	378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378033401	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378033501	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378034501	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	100		GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378034505	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	500		GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378035101	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	0.5 MG	ORAL	TABS	EA	100	X	GENERIC		378	Y	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378035110	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	0.5 MG	ORAL	TABS	EA	1000	X	GENERIC		378	Y	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378037201	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	400 MG	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378037301	HYDROX	HYDROX	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	100	X	GENERIC	5/1/2023	378		N	FORMULARY		1 GEN	GENERICS			X	100 IN 30 DAYS			R	MEDPRMI
378039614	DIMETHY	DIMETHY	900408	UNKNOW	90040800	UNKNOW	S	120 MG	ORAL	CPDR	EA	14	X	GENERIC		378		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
378039918	DIMETHY	DIMETHY	900408	UNKNOW	90040800	UNKNOW	S	240 MG	ORAL	CPDR	EA	60	X	GENERIC	11/2/2022	378		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
378039991	DIMETHY	DIMETHY	900408	UNKNOW	90040800	UNKNOW	S	240 MG	ORAL	CPDR	EA	60	X	GENERIC		378		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
378040301	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25-25 MG	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378040305	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25-25 MG	ORAL	TABS	EA	500	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378041501	DIPHENO	DIPHENO	560800	Antidiarrh	56080000	Antidiarrh	S	2.5-0.025	ORAL	TABS	EA	100		GENERIC	4/2/2024	378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378041510	DIPHENO	DIPHENO	560800	Antidiarrh	56080000	Antidiarrh	S	2.5-0.025	ORAL	TABS	EA	1000		GENERIC	4/2/2024	378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378041577	DIPHENO	DIPHENO	560800	Antidiarrh	56080000	Antidiarrh	S	2.5-0.025	ORAL	TABS	EA	90		GENERIC	4/2/2024	378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378042401	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	50-25 MG	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378043401	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	100-25 M	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378043701	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378044201	PERPHEN	PERPHEN	281604	Antidepres	28160428	Tricyclics	R	25MG-2M	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378044205	PERPHEN	PERPHEN	281604	Antidepres	28160428	Tricyclics	R	2-25 MG	ORAL	TABS	EA	500	X	GENERIC	11/30/2022	378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378044501	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	100-50 M	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378046001	MAXZIDE	TRIAMTEI	402816	Potassium	40281600	Potassium	S	75-50 MG	ORAL	TABS	EA	100	X	MSB	4/30/2024	378	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
378046401	MAXZIDE	TRIAMTEI	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	TABS	EA	100	X	MSB	3/31/2024	378	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
378046701	PIROXICA	PIROXICA	280804	Nonsteroi	28080404	UNKNOW	S	20 MG	ORAL	CAPS	EA	100	X	GENERIC	1/3/2022	378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378046705	PIROXICA	PIROXICA	280804	Nonsteroi	28080404	UNKNOW	S	20 MG	ORAL	CAPS	EA	500	X	GENERIC	1/3/2022	378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378047201	DIVALPR(	DIVALPR(	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TB24	EA	100	X	GENERIC		378	Y	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378047205	DIVALPR(	DIVALPR(	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TB24	EA	500	X	GENERIC		378	Y	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378047277	DIVALPR(	DIVALPR(	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TB24	EA	90	X	GENERIC	7/14/2022	378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378047301	DIVALPR(	DIVALPR(	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	100	X	GENERIC		378	Y	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378047305	DIVALPR(	DIVALPR(	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	500	X	GENERIC		378	Y	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378047377	DIVALPR(	DIVALPR(	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	90	X	GENERIC	8/2/2022	378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378047701	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	100		GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378047705	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	500		GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378048601	THEOPHY	THEOPHY	861600	Respirator	86160000	Respirator	S	400 MG	ORAL	TB24	EA	100	X	GENERIC	8/2/2022	378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378050101	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	2.5-6.25 M	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378050105	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	2.5-6.25 M	ORAL	TABS	EA	500	X	GENERIC	10/3/2022	378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378050301	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	5-6.25 MG	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378050305	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	5-6.25 MG	ORAL	TABS	EA	500	X	GENERIC	10/3/2022	378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378050501	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	10-6.25 M	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378050505	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	10-6.25 M	ORAL	TABS	EA	500	X	GENERIC	10/3/2022	378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378050991	DALFAMF	DALFAMF	925600	UNKNOW	92560000	UNKNOW	S	10 MG	ORAL	TB12	EA	60	X	GENERIC	5/31/2022	378		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
378054101	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	800 MG	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378057201	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	4 MG	ORAL	TABS	EA	100	X	GENERIC	3/1/2023	378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378057401	PERPHEN	PERPHEN	281604	Antidepres	28160428	Tricyclics	R	25MG-4M	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378057405	PERPHEN	PERPHEN	281604	Antidepres	28160428	Tricyclics	R	4-25 MG	ORAL	TABS	EA	500	X	GENERIC	11/30/2022	378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378057701	AMILORIC	AMILORIC	402816	Potassium	40281600	Potassium	S	5-50 MG	ORAL	TABS	EA	100	X	GENERIC	3/1/2023	378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378057705	AMILORIC	AMILORIC	402816	Potassium	40281600	Potassium	S	5-50 MG	ORAL	TABS	EA	500	X	GENERIC	3/1/2023	378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378061201	THIORIDA	THIORIDA	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378061401	THIORIDA	THIORIDA	281608	Antipsych	28160824	Phenothia	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378061601	THIORIDA	THIORIDA	281608	Antipsych	28160824	Phenothia	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378061801	THIORIDA	THIORIDA	281608	Antipsych	28160824	Phenothia	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378064001	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	100		GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378064010	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	1000		GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378064101	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	100		GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378064110	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	1000		GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378064201	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	100		GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378064205	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	500		GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378064210	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	1000		GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378071501	TIMOLOL	TIMOLOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378075701	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378075710	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	1000	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI

378309832	EVEROLI	EVEROLI	100000	Antineopla	10000000	Antineopla	S	7.5 MG	ORAL	TABS	EA	1		GENERIC		378	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X								R	MEDPRMI
378309885	EVEROLI	EVEROLI	100000	Antineopla	10000000	Antineopla	S	7.5 MG	ORAL	TABS	EA	28		GENERIC		378	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X								R	MEDPRMI
378309932	EVEROLI	EVEROLI	100000	Antineopla	10000000	Antineopla	S	10 MG	ORAL	TABS	EA	1		GENERIC		378	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X								R	MEDPRMI
378309985	EVEROLI	EVEROLI	100000	Antineopla	10000000	Antineopla	S	10 MG	ORAL	TABS	EA	28		GENERIC		378	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X								R	MEDPRMI
378312501	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	100	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378312510	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	1000	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378314032	FROVATR	FROVATR	283228	Selective	28322800	Selective	S	2.5 MG	ORAL	TABS	EA	1		GENERIC	5/1/2023	378	N	FORMULARY		1 GEN	GENERICS			X	18 IN 30 DAYS		X	Must meet 5 DS Imitr TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS			R	MEDPRMI
378314085	FROVATR	FROVATR	283228	Selective	28322800	Selective	S	2.5 MG	ORAL	TABS	EA	9		GENERIC	5/1/2023	378	N	FORMULARY		1 GEN	GENERICS			X	18 IN 30 DAYS		X	Must meet 5 DS Imitr TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS			R	MEDPRMI
378320501	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	100	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378320525	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	250	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378322477	CANDESA	CANDESA	243208	Angiotens	24320800	Angiotens	S	4 MG	ORAL	TABS	EA	90	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378322493	CANDESA	CANDESA	243208	Angiotens	24320800	Angiotens	S	4 MG	ORAL	TABS	EA	30	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378322577	CANDESA	CANDESA	243208	Angiotens	24320800	Angiotens	S	8 MG	ORAL	TABS	EA	90	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378322593	CANDESA	CANDESA	243208	Angiotens	24320800	Angiotens	S	8 MG	ORAL	TABS	EA	30	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378323177	CANDESA	CANDESA	243208	Angiotens	24320800	Angiotens	S	16 MG	ORAL	TABS	EA	90	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378323193	CANDESA	CANDESA	243208	Angiotens	24320800	Angiotens	S	16 MG	ORAL	TABS	EA	30	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378323277	CANDESA	CANDESA	243208	Angiotens	24320800	Angiotens	S	32 MG	ORAL	TABS	EA	90	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378323293	CANDESA	CANDESA	243208	Angiotens	24320800	Angiotens	S	32 MG	ORAL	TABS	EA	30	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378326632	ETOPOSI	ETOPOSI	100000	Antineopla	10000000	Antineopla	R	50 MG	ORAL	CAPS	EA	1		MSB		378	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
378326694	ETOPOSI	ETOPOSI	100000	Antineopla	10000000	Antineopla	R	50MG	ORAL	CAPS	EA	20		GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378334016	XULANE	NORELGE	681200	Contracep	68120000	Contracep	S	150-35 MC	TRANSDE	PTWK	EA	1	X	GENERIC		378	N	#N/A	ORIG_FR	10 EHB	#N/A								X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
378334053	XULANE	NORELGE	681200	Contracep	68120000	Contracep	S	150-35 MC	TRANSDE	PTWK	EA	3	X	GENERIC		378	N	#N/A	ORIG_FR	10 EHB	#N/A								X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
378334916	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.025 MG/	TRANSDE	PTWK	EA	1	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	1 IN 7 DAYS						R	MEDPRMI
378334999	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.025 MG/	TRANSDE	PTWK	EA	4	X	GENERIC		378 N	N	FORMULARY		1 GEN	GENERICS			X	1 IN 7 DAYS						R	MEDPRMI
378335016	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.05 MG/2	TRANSDE	PTWK	EA	1	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	1 IN 7 DAYS						R	MEDPRMI
378335099	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.05 MG/2	TRANSDE	PTWK	EA	4	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	1 IN 7 DAYS						R	MEDPRMI
378335116	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.075 MG/	TRANSDE	PTWK	EA	1	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	1 IN 7 DAYS						R	MEDPRMI
378335199	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.075 MG/	TRANSDE	PTWK	EA	4	X	GENERIC		378 N	N	FORMULARY		1 GEN	GENERICS			X	1 IN 7 DAYS						R	MEDPRMI
378335216	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.1 MG/24	TRANSDE	PTWK	EA	1	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	1 IN 7 DAYS						R	MEDPRMI
378335299	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.1 MG/24	TRANSDE	PTWK	EA	4	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	1 IN 7 DAYS						R	MEDPRMI
378336016	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.0375 MC	TRANSDE	PTWK	EA	1	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	1 IN 7 DAYS						R	MEDPRMI
378336099	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.0375 MC	TRANSDE	PTWK	EA	4	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	1 IN 7 DAYS						R	MEDPRMI
378336116	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.06 MG/2	TRANSDE	PTWK	EA	1	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	1 IN 7 DAYS						R	MEDPRMI
378336199	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.06 MG/2	TRANSDE	PTWK	EA	4	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	1 IN 7 DAYS						R	MEDPRMI
378343193	ARMODA	ARMODA	282080	UNKNOW	28208000	UNKNOW	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS						R	MEDPRMI
378343293	ARMODA	ARMODA	282080	UNKNOW	28208000	UNKNOW	S	150 MG	ORAL	TABS	EA	30	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
378343393	ARMODA	ARMODA	282080	UNKNOW	28208000	UNKNOW	S	250 MG	ORAL	TABS	EA	30	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
378345823	AZELAST	AZELAST	520200	Antiallergi	52020000	Antiallergi	S	137-50 MC	NASAL	SUSP	GM	23		GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	23 IN 30 DAYS						R	MEDPRMI
378351501	MIRTAZA	MIRTAZA	281604	Antidepres	28160424	Serotonin	S	15 MG	ORAL	TABS	EA	100	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378351510	MIRTAZA	MIRTAZA	281604	Antidepres	28160424	Serotonin	S	15 MG	ORAL	TABS	EA	1000	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378351593	MIRTAZA	MIRTAZA	281604	Antidepres	28160424	Serotonin	S	15 MG	ORAL	TABS	EA	30	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378352091	FOSAMPR	FOSAMPR	81808	Antiretrovi	8180808	HIV Protea	S	700MG	ORAL	TABS	EA	60	X	GENERIC		378	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	4 IN 1 DAYS						R	MEDPRMI
378353001	MIRTAZA	MIRTAZA	281604	Antidepres	28160424	Serotonin	S	30 MG	ORAL	TABS	EA	100	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378353005	MIRTAZA	MIRTAZA	281604	Antidepres	28160424	Serotonin	S	30 MG	ORAL	TABS	EA	500	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378353070	MIRTAZA	MIRTAZA	281604	Antidepres	28160424	Serotonin	S	30 MG	ORAL	TABS	EA	30	X	GENERIC	1/3/2022	378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378353093	MIRTAZA	MIRTAZA	281604	Antidepres	28160424	Serotonin	S	30 MG	ORAL	TABS	EA	30	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378354501	MIRTAZA	MIRTAZA	281604	Antidepres	28160424	Serotonin	S	45 MG	ORAL	TABS	EA	100	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378354505	MIRTAZA	MIRTAZA	281604	Antidepres	28160424	Serotonin	S	45 MG	ORAL	TABS	EA	500	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378354570	MIRTAZA	MIRTAZA	281604	Antidepres	28160424	Serotonin	S	45 MG	ORAL	TABS	EA	30	X	GENERIC	3/31/2022	378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378354593	MIRTAZA	MIRTAZA	281604	Antidepres	28160424	Serotonin	S	45 MG	ORAL	TABS	EA	30	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378354725	MERCAPT	MERCAPT	100000	Antineopla	10000000	Antineopla	S	50MG	ORAL	TABS	EA	250		GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378354752	MERCAPT	MERCAPT	100000	Antineopla	10000000	Antineopla	S	50MG	ORAL	TABS	EA	25		GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378363101	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	3.125 MG	ORAL	TABS	EA	100	X	GENERIC	4/2/2024	378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378363105	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	3.125 MG	ORAL	TABS	EA	500	X	GENERIC	4/2/2024	378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378363201	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	100	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378363205	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	500	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378363301	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	100	X	GENERIC	3/1/2024	378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378363305	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	500	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378363401	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	100	X	GENERIC	12/4/2024	378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378363405	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	500	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378363501	CETIRIZI	CETIRIZI	40800	Second G	4080000	Second G	P	5MG	ORAL	TABS	EA	100		GENERIC		378	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
378363701	CETIRIZI	CETIRIZI	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	100		GENERIC		378	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
378363705	CETIRIZI	CETIRIZI	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	500		GENERIC		378	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
378375001	PHENYTE	PHENYTO	281212	Hydantoin	28121200	Hydantoin	S	300 MG	ORAL	CAPS	EA	100	X	GENERIC		378 Y	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378375093	PHENYTE	PHENYTO	281212	Hydantoin	28121200	Hydantoin	S	300 MG	ORAL	CAPS	EA	30	X	GENERIC		378 Y	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378381301	CLOZAPI	CLOZAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TBDP	EA	100		GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS						R	MEDPRMI
378381501	CLOZAPI	CLOZAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TBDP	EA	100		GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS						R	MEDPRMI
378381601	CLOZAPI	CLOZAPI	281608	Antipsych	28160804	Atypical A	S	150 MG	ORAL	TBDP	EA	100		GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS						R	MEDPRMI
378381701	CLOZAPI	CLOZAPI	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TBDP	EA	100		GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS						R	MEDPRMI
378385001	PHENYTO	PHENYTO	281212	Hydantoin	28121200	Hydantoin	S	50 MG	ORAL	CHEW	EA	100	X	GENERIC	2/28/2022	378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378392593	FEBUXOS	FEBUXOS	921600	UNKNOW	92160000	UNKNOW	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	10/2/2023	378	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS		X	Must meet 5 DS Allop TRIAL OF ALLOPURINOL IN THE PAST 120 DAYS			R	MEDPRMI
378392693	FEBUXOS	FEBUXOS	921600	UNKNOW	92160000	UNKNOW	S	80 MG	ORAL	TABS	EA	30	X	GENERIC	5/31/2023	378	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS		X	Must meet 5 DS Allop TRIAL OF ALLOPURINOL IN THE PAST 120 DAYS			R	MEDPRMI
378395005	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	500	X	GENERIC		378	N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS				X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
378395077	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		378	N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS				X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
378395105	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	500	X	GENERIC		378	N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS				X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
378395177	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		378	N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS				X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
378395205	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	500	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
378395277	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
378395305	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	500	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
378395377	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
378397893	PALIPERI	PALIPERI	281608	Antipsych	28160804	Atypical A	S	1.5 MG	ORAL	TB24	EA	30	X	GENERIC	2/28/2022	378	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
378397993	PALIPERI	PALIPERI	281608	Antipsych	28160804	Atypical A	S	3 MG	ORAL	TB24	EA	30	X	GENERIC	4/14/2023	378	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
378398093	PALIPERI	PALIPERI	281608	Antipsych	28160804	Atypical A	S	6 MG	ORAL	TB24	EA	30	X	GENERIC	4/14/2023	378	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS						R	MEDPRMI
378398193	PALIPERI	PALIPERI	281608	Antipsych	28160804	Atypical A	S	9 MG	ORAL	TB24	EA	30	X	GENERIC	3/31/2022	378	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
378405091	NEVIRAPI	NEVIRAPI	81808	Antiretrovi	8180816	Nonnuclec	S	200MG	ORAL	TABS	EA	60	X	GENERIC		378	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	2 IN 1 DAYS						R	MEDPRMI
378410591	ABACAVI	ABACAVI	81808	Antiretrovi	8180820	Nucleosid	S	300 MG	ORAL	TABS	EA	60	X	GENERIC		378	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	2 IN 1 DAYS						R	MEDPRMI
378414591	RILUZOLE	RILUZOLE	284400	UNKNOW	28440000	UNKNOW	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378415101	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	100		GENERIC	8/31/2022	378	N	FORMULARY		1 GEN	GENERICS			X	8 IN 1 DAYS				X	AGE_YEA MUST BE AT LEAST	R	MEDPRMI
378415105	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	500		GENERIC	6/30/2022	378	N	FORMULARY		1 GEN	GENERICS			X	8 IN 1 DAYS				X	AGE_YEA MUST BE AT LEAST	R	MEDPRMI
378415293	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	100 MG	ORAL	TB24	EA	30		GENERIC	8/31/2022	378	N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS		X	Must meet 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRI	X	AGE_YEA MUST BE AT LEAST	R	MEDPRMI
378415393	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	200 MG	ORAL	TB24	EA	30		GENERIC	5/3/2022	378	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS		X	Must meet 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRI	X	AGE_YEA MUST BE AT LEAST	R	MEDPRMI
378415493	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	300 MG	ORAL	TB24	EA	30		GENERIC	5/3/2022	378	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS		X	Must meet 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRI	X	AGE_YEA MUST BE AT LEAST	R	MEDPRMI
378416001	ATOVAQU	ATOVAQU	83008	Antimalari	8300800	Antimalari	S	62.5MG-2	ORAL	TABS	EA	100		GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378416201	ATOVAQU	ATOVAQU	83008	Antimalari	8300800	Antimalari	S	250-100 M	ORAL	TABS	EA	100		GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378420178	MYCOPHE	MYCOPHE	924400	UNKNOW	92440000	UNKNOW	S	180 MG	ORAL	TBEC	EA	120	X	GENERIC	3/6/2023	378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378420278	MYCOPHE	MYCOPHE	924400	UNKNOW	92440000	UNKNOW	S	360 MG	ORAL	TBEC	EA	120	X	GENERIC	3/6/2023	378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378425001	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	100	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378425010	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	1000	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378427093	AMBRISE	AMBRISE	484800	Vasodilati	48481200	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		378	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X								R	MEDPRMI
378427193	AMBRISE	AMBRISE	484800	Vasodilati	48481200	UNKNOW	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		378	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X								R	MEDPRMI
378427577	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	90		GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378427593	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	30		GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378427677	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	90		GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378427693	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	30		GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378428785	ELETRIPT	ELETRIPT	283228	Selective	28322800	Selective	S	20 MG	ORAL	TABS	EA	6		GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	18 IN 30 DAYS		X	Must meet 5 DS Imitr TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS			R	MEDPRMI
378428808	ELETRIPT	ELETRIPT	283228	Selective	28322800	Selective	S	40 MG	ORAL	TABS	EA	12		GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	18 IN 30 DAYS		X	Must meet 5 DS Imitr TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS			R	MEDPRMI
378428885	ELETRIPT	ELETRIPT	283228	Selective	28322800	Selective	S	40 MG	ORAL	TABS	EA	6		GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	18 IN 30 DAYS		X	Must meet 5 DS Imitr TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS			R	MEDPRMI
378438591	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	375-20 MC	ORAL	TBEC	EA	60	X	GENERIC	10/31/2023	378	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
378438691	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500-20 MC	ORAL	TBEC	EA	60	X	GENERIC	10/31/2023	378	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
378439077	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378439177	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	120 MG	ORAL	TABS	EA	90	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378441501	FLURAZE	FLURAZE	282408	Benzodiaz	28240800	Benzodiaz	R	15 MG	ORAL	CAPS	EA	100		GENERIC	1/31/2023	378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378443001	FLURAZE	FLURAZE	282408	Benzodiaz	28240800	Benzodiaz	R	30 MG	ORAL	CAPS	EA	100		GENERIC	1/31/2023	378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378447201	MYCOPHE	MYCOPHE	924400	UNKNOW	92440000	UNKNOW	S	500 MG	ORAL	TABS	EA	100	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378447205	MYCOPHE	MYCOPHE	924400	UNKNOW	92440000	UNKNOW	S	500 MG	ORAL	TABS	EA	500	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378450093	BUDESON	BUDESON	680400	Adrenals	68040000	Adrenals	S	9 MG	ORAL	TB24	EA	30		GENERIC	4/30/2024	378	N	FORMULARY		1 GEN	GENERICS						X	Must meet 5 DS Bals TRIAL OF BALSALAZIDE IN THE PAST 120 DAYS			R	MEDPRMI
378451393	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-10 MG	ORAL	TABS	EA	30	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
378451493	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-20 MG	ORAL	TABS	EA	30	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
378451593	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-40 MG	ORAL	TABS	EA	30	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
378451693	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-80 MG	ORAL	TABS	EA	30	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
378451793	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-10 MG	ORAL	TABS	EA	30	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
378451893	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-20 MG	ORAL	TABS	EA	30	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
378451993	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-40 MG	ORAL	TABS	EA	30	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
378452093	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-80 MG	ORAL	TABS	EA	30	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
378452593	FINGOLIM	FINGOLIM	900416	UNKNOW	90041600	UNKNOW	S	0.5 MG	ORAL	CAPS	EA	30	X	GENERIC		378	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X								R	MEDPRMI
378453578	DOXYCYC	DOXYCYC	81224	Tetracycli	8122400	Tetracycli	S	50 MG	ORAL	TBEC	EA	120		GENERIC	2/28/2022	378	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
378456005	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	8 MEQ	ORAL	TBCR	EA	500	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378456077	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	8 MEQ	ORAL	TBCR	EA	90	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378456105	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	500	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378456177	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	90	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378459301	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	37.5 MG	ORAL	TABS	EA	100	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378459401	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	75 MG	ORAL	TABS	EA	100	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378459510	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	1000	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378459577	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	90	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378459610	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	1000	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378459677	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	90	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378459710	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	1000	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378459777	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	90	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378459805	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TB24	EA	500	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378459877	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TB24	EA	90	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378461501	DOXYLAM	DOXYLAM	562208	Antihistam	56220800	Antihistam	S	10-10 MG	ORAL	TBEC	EA	100		GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS						R	MEDPRMI
378461916	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.025 MG/	TRANSDE	PTTW	EA	1	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	2 IN 7 DAYS						R	MEDPRMI
378461926	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.025 MG/	TRANSDE	PTTW	EA	8	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	2 IN 7 DAYS						R	MEDPRMI
378462016	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.0375 MC	TRANSDE	PTTW	EA	1	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	2 IN 7 DAYS						R	MEDPRMI
378462026	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.0375 MC	TRANSDE	PTTW	EA	8	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	2 IN 7 DAYS						R	MEDPRMI
378462116	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.05 MG/2	TRANSDE	PTTW	EA	1	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	2 IN 7 DAYS						R	MEDPRMI
378462126	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.05 MG/2	TRANSDE	PTTW	EA	8	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	2 IN 7 DAYS						R	MEDPRMI
378462216	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.075 MG/	TRANSDE	PTTW	EA	1	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	2 IN 7 DAYS						R	MEDPRMI
378462226	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.075 MG/	TRANSDE	PTTW	EA	8	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	2 IN 7 DAYS						R	MEDPRMI
378462316	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.1 MG/24	TRANSDE	PTTW	EA	1	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	2 IN 7 DAYS						R	MEDPRMI
378462326	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.1 MG/24	TRANSDE	PTTW	EA	8	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	2 IN 7 DAYS						R	MEDPRMI
378464016	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.1 MG/24	TRANSDE	PTTW	EA	1	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	2 IN 7 DAYS						R	MEDPRMI
378464026	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.1 MG/24	TRANSDE	PTTW	EA	8	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	2 IN 7 DAYS						R	MEDPRMI
378464116	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.075 MG/	TRANSDE	PTTW	EA	1	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	2 IN 7 DAYS						R	MEDPRMI
378464126	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.075 MG/	TRANSDE	PTTW	EA	8	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	2 IN 7 DAYS						R	MEDPRMI
378464211	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	.05MG/24	TRANSDE	PTTW	EA	1	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	2 IN 7 DAYS						R	MEDPRMI
378464216	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.05 MG/2	TRANSDE	PTTW	EA	1	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	2 IN 7 DAYS						R	MEDPRMI
378464226	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.05 MG/2	TRANSDE	PTTW	EA	8	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	2 IN 7 DAYS						R	MEDPRMI
378464316	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.0375 MC	TRANSDE	PTTW	EA	1	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	2 IN 7 DAYS						R	MEDPRMI
378464326	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.0375 MC	TRANSDE	PTTW	EA	8	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	2 IN 7 DAYS						R	MEDPRMI
378464416	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.025 MG/	TRANSDE	PTTW	EA	1	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	2 IN 7 DAYS						R	MEDPRMI
378464426	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.025 MG/	TRANSDE	PTTW	EA	8	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	2 IN 7 DAYS						R	MEDPRMI
378470577	SAXAGLI	SAXAGLI	682005	UNKNOW	68200500	UNKNOW	S	2.5 MG	ORAL	TABS	EA	90	X	GENERIC		378	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
378470593	SAXAGLI	SAXAGLI	682005	UNKNOW	68200500	UNKNOW	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC		378	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
378470677	SAXAGLI	SAXAGLI	682005	UNKNOW	68200500	UNKNOW	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		378	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
378470693	SAXAGLI	SAXAGLI	682005	UNKNOW	68200500	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		378	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
378479106	FLUOROU	FLUOROU	841800	UNKNOW	84180000	UNKNOW	S	5%	EXTERNA	CREA	GM	40		GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378481093	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	3 MG	ORAL	TABS	EA	30		GENERIC	4/30/2024	378	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
378481193	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	6 MG	ORAL	TABS	EA	30		GENERIC	4/30/2024	378	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
378483060	DAPSONE	DAPSONE	840404	Antibacter	84040400	Antibacter	S	7.50%	EXTERNA	GEL	GM	60		GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378483090	DAPSONE	DAPSONE	840404	Antibacter	84040400	Antibacter	S	7.50%	EXTERNA	GEL	GM	90		GENERIC		378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378489093	NEVIRAPI	NEVIRAPI	81808	Antiretrovi	8180816	Nonnuclec	S	400MG	ORAL	TB24	EA	30	X	GENERIC		378	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
378500193	EXEMEST	EXEMEST	681608	Antiestrog	68160800	Antiestrog	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	378	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF AGE=35-999 YEARS AND R	R	MEDPRMI
378501001	THIOTHIX	THIOTHIX	281608	Antipsych	28160832	Thioxanth	S	10 MG	ORAL	CAPS	EA	100	X	GENERIC	10/31/2023	378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378505577	PITAVAST	PITAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	1 MG	ORAL	TABS	EA	90	X	GENERIC		378	N	EXCLUDE	HARD_MS	10 EHB	FORMULARY EXCLUSION					PLEASE DISPENSE BRAND FOR GENERIC COPAY.			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
378505677	PITAVAST	PITAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	2 MG	ORAL	TABS	EA	90	X	GENERIC		378	N	EXCLUDE	HARD_MS	10 EHB	FORMULARY EXCLUSION					PLEASE DISPENSE BRAND FOR GENERIC COPAY.			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
378505777	PITAVAST	PITAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	4 MG	ORAL	TABS	EA	90	X	GENERIC		378	N	EXCLUDE	HARD_MS	10 EHB	FORMULARY EXCLUSION					PLEASE DISPENSE BRAND FOR GENERIC COPAY.			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
378508973	VARENIC	VARENIC	120200	UNKNOW	12020000	UNKNOW	S	0.5 MG	ORAL	TABS	EA	56		GENERIC		378	N	#N/A	ORIG_FR	10 EHB	#N/A			X	2 IN 1 DAYS				X	IF AGE=18-999 YEARS AND C	R	MEDPRMI
378509073	VARENIC	VARENIC	120200	UNKNOW	12020000	UNKNOW	S	1 MG	ORAL	TABS	EA	56		GENERIC		378	N	#N/A	ORIG_FR	10 EHB	#N/A			X	2 IN 1 DAYS				X	IF AGE=18-999 YEARS AND C	R	MEDPRMI
378509185	VARENIC	VARENIC	120200	UNKNOW	12020000	UNKNOW	S	0.5 MG X	ORAL	TBPK	EA	53		GENERIC		378	N	#N/A	ORIG_FR	10 EHB	#N/A			X	2 IN 1 DAYS				X	IF AGE=18-999 YEARS AND C	R	MEDPRMI
378510093	ITRACON	ITRACON	81408	Azoles	8140800	Azoles	S	100 MG	ORAL	CAPS	EA	30		GENERIC	7/3/2023	378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378510501	PROCHLO	PROCHLO	281608	Antipsych	28160824	Phenothia	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	10/12/2022	378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378511001	PROCHLO	PROCHLO	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	10/12/2022	378	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
378518593	PRASUGR	PRASUGR	201218	Platelet-A	20121800	Platelet-A	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
378518693	PRASUGR	PRASUGR	201218	Platelet-A	20121800	Platelet-A	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
378524532	ALMOTRI	ALMOTRI	283228	Selective	28322800	Selective	S	6.25MG	ORAL	TABS	EA	1		GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	18 IN 30 DAYS		X	Must meet 5 DS Imitr TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS			R	MEDPRMI
378524585	ALMOTRI	ALMOTRI	283228	Selective	28322800	Selective	S	6.25MG	ORAL	TABS	EA	6		GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	18 IN 30 DAYS		X	Must meet 5 DS Imitr TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS			R	MEDPRMI
378524632	ALMOTRI	ALMOTRI	283228	Selective	28322800	Selective	S	12.5MG	ORAL	TABS	EA	6		GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	18 IN 30 DAYS		X	Must meet 5 DS Imitr TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS			R	MEDPRMI
378524685	ALMOTRI	ALMOTRI	283228	Selective	28322800	Selective	S	12.5MG	ORAL	TABS	EA	12		GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	18 IN 30 DAYS		X	Must meet 5 DS Imitr TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS			R	MEDPRMI
378527001	ESZOPICL	ESZOPICL	282444	UNKNOW	28244400	UNKNOW	S	1 MG	ORAL	TABS	EA	100		GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
378527101	ESZOPICL	ESZOPICL	282444	UNKNOW	28244400	UNKNOW	S	2 MG	ORAL	TABS	EA	100		GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
378527201	ESZOPICL	ESZOPICL	282444	UNKNOW	28244400	UNKNOW	S	3 MG	ORAL	TABS	EA	100		GENERIC		378	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI

378535001	PERPHEN	PERPHEN	281608 Antipsych	28160824 Phenothia	S	2 MG	ORAL	TABS	EA	100 X	GENERIC	2/28/2022	378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378535101	PERPHEN	PERPHEN	281608 Antipsych	28160824 Phenothia	S	4 MG	ORAL	TABS	EA	100 X	GENERIC	2/28/2022	378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378535201	PERPHEN	PERPHEN	281608 Antipsych	28160824 Phenothia	S	8 MG	ORAL	TABS	EA	100 X	GENERIC	1/3/2022	378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378537501	DOXEPIN	DOXEPIN	281604 Antidepres	28160428 Tricyclics	S	75 MG	ORAL	CAPS	EA	100 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378537510	DOXEPIN	DOXEPIN	281604 Antidepres	28160428 Tricyclics	S	75 MG	ORAL	CAPS	EA	1000 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378539093	DOXEPIN	DOXEPIN	281604 Antidepres	28160428 Tricyclics	S	3 MG	ORAL	TABS	EA	30	GENERIC	4/1/2022	378			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS								R	MEDPRM
378539193	DOXEPIN	DOXEPIN	281604 Antidepres	28160428 Tricyclics	S	6 MG	ORAL	TABS	EA	30	GENERIC	6/1/2022	378			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS								R	MEDPRM
378543035	MOXIFLO	MOXIFLO	520404 Antibacter	52040400 Antibacter	S	0.50%	OPHTHAL	SOLN	ML	3	GENERIC	10/31/2024	378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378550101	ROPINIR	ROPINIR	283620 UNKNOW	28362008 UNKNOW	S	1 MG	ORAL	TABS	EA	100 X	GENERIC	5/1/2023	378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378550201	ROPINIR	ROPINIR	283620 UNKNOW	28362008 UNKNOW	S	2 MG	ORAL	TABS	EA	100 X	GENERIC	5/1/2023	378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378550301	ROPINIR	ROPINIR	283620 UNKNOW	28362008 UNKNOW	S	3 MG	ORAL	TABS	EA	100 X	GENERIC	5/1/2023	378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378550401	ROPINIR	ROPINIR	283620 UNKNOW	28362008 UNKNOW	S	4 MG	ORAL	TABS	EA	100 X	GENERIC	5/1/2023	378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378550501	ROPINIR	ROPINIR	283620 UNKNOW	28362008 UNKNOW	S	5 MG	ORAL	TABS	EA	100 X	GENERIC	3/1/2023	378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378551093	OLANZAF	OLANZAF	281608 Antipsych	28160804 Atypical A	S	5 MG	ORAL	TBDP	EA	30 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378551193	OLANZAF	OLANZAF	281608 Antipsych	28160804 Atypical A	S	10 MG	ORAL	TBDP	EA	30 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378551293	OLANZAF	OLANZAF	281608 Antipsych	28160804 Atypical A	S	15 MG	ORAL	TBDP	EA	30 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378551393	OLANZAF	OLANZAF	281608 Antipsych	28160804 Atypical A	S	20 MG	ORAL	TBDP	EA	30 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378552501	ROPINIR	ROPINIR	283620 UNKNOW	28362008 UNKNOW	S	0.25 MG	ORAL	TABS	EA	100 X	GENERIC	5/1/2023	378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378555001	ROPINIR	ROPINIR	283620 UNKNOW	28362008 UNKNOW	S	0.5 MG	ORAL	TABS	EA	100 X	GENERIC	5/1/2023	378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378561305	LEVETIR	LEVETIR	281292 Anticonvul	28129200 Anticonvul	S	250 MG	ORAL	TABS	EA	500 X	GENERIC	4/3/2023	378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378561378	LEVETIR	LEVETIR	281292 Anticonvul	28129200 Anticonvul	S	250 MG	ORAL	TABS	EA	120 X	GENERIC	4/3/2023	378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378561505	LEVETIR	LEVETIR	281292 Anticonvul	28129200 Anticonvul	S	500 MG	ORAL	TABS	EA	500 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378561578	LEVETIR	LEVETIR	281292 Anticonvul	28129200 Anticonvul	S	500 MG	ORAL	TABS	EA	120 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378561705	LEVETIR	LEVETIR	281292 Anticonvul	28129200 Anticonvul	S	750 MG	ORAL	TABS	EA	500 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378561778	LEVETIR	LEVETIR	281292 Anticonvul	28129200 Anticonvul	S	750 MG	ORAL	TABS	EA	120 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378561991	LEVETIR	LEVETIR	281292 Anticonvul	28129200 Anticonvul	S	1000 MG	ORAL	TABS	EA	60 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378563059	SUMATRI	SUMATRI	283228 Selective	28322800 Selective	S	25 MG	ORAL	TABS	EA	9	GENERIC		378	Y		N	FORMULARY		1 GEN	GENERICS			X	3 IN 5 DAYS								R	MEDPRM
378563159	SUMATRI	SUMATRI	283228 Selective	28322800 Selective	S	50 MG	ORAL	TABS	EA	9	GENERIC		378			N	FORMULARY		1 GEN	GENERICS			X	3 IN 5 DAYS								R	MEDPRM
378563259	SUMATRI	SUMATRI	283228 Selective	28322800 Selective	S	100 MG	ORAL	TABS	EA	9	GENERIC		378	Y		N	FORMULARY		1 GEN	GENERICS			X	18 IN 30 DAYS								R	MEDPRM
378580793	VALSART	VALSART	243208 Angiotens	24320800 Angiotens	S	40 MG	ORAL	TABS	EA	30 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378581377	VALSART	VALSART	243208 Angiotens	24320800 Angiotens	S	80 MG	ORAL	TABS	EA	90 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378581477	VALSART	VALSART	243208 Angiotens	24320800 Angiotens	S	160 MG	ORAL	TABS	EA	90 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378581577	VALSART	VALSART	243208 Angiotens	24320800 Angiotens	S	320 MG	ORAL	TABS	EA	90 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378600191	METFORM	METFORM	682004 Biguanide	68200400 Biguanide	S	1000 MG	ORAL	TB24	EA	60 X	GENERIC		378			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]							R	MEDPRM
378600291	METFORM	METFORM	682004 Biguanide	68200400 Biguanide	S	500 MG	ORAL	TB24	EA	60 X	GENERIC		378			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]							R	MEDPRM
378606001	DILTIAZE	DILTIAZE	240404 Antiarrhyt	24040424 Class IV A	S	60 MG	ORAL	CP12	EA	100 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378609001	DILTIAZE	DILTIAZE	240404 Antiarrhyt	24040424 Class IV A	S	90 MG	ORAL	CP12	EA	100 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378612001	DILTIAZE	DILTIAZE	240404 Antiarrhyt	24040424 Class IV A	S	120 MG	ORAL	CP12	EA	100 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378614044	AVITA	TRETINOI	841600 Cell Stimu	84160000 Cell Stimu	S	0.03%	EXTERNA	GEL	GM	20	GENERIC	5/31/2023	378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378614045	AVITA	TRETINOI	841600 Cell Stimu	84160000 Cell Stimu	S	0.03%	EXTERNA	GEL	GM	45	GENERIC	5/31/2023	378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378614144	AVITA	TRETINOI	841600 Cell Stimu	84160000 Cell Stimu	S	0.03%	EXTERNA	CREA	GM	20	GENERIC	10/31/2023	378	Y		N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378614145	AVITA	TRETINOI	841600 Cell Stimu	84160000 Cell Stimu	S	0.03%	EXTERNA	CREA	GM	45	GENERIC	10/31/2023	378	Y		N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378615146	MENTAX	BUTENAF	840408 Antifungal	84040812 Benzylami	R	1%	EXTERNA	CREA	GM	15	SSB	7/31/2023	378			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND												R	MEDPRM
378615149	MENTAX	BUTENAF	840408 Antifungal	84040812 Benzylami	R	1%	EXTERNA	CREA	GM	30	SSB	7/31/2023	378			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND												R	MEDPRM
378615501	DIGITEK	DIGOXIN	240408 Cardiotoni	24040800 Cardiotoni	S	125 MCG	ORAL	TABS	EA	100 X	GENERIC	1/3/2023	378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378615510	DIGITEK	DIGOXIN	240408 Cardiotoni	24040800 Cardiotoni	S	125 MCG	ORAL	TABS	EA	1000 X	GENERIC	1/3/2023	378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378615601	DIGITEK	DIGOXIN	240408 Cardiotoni	24040800 Cardiotoni	S	250 MCG	ORAL	TABS	EA	100 X	GENERIC	3/1/2023	378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378615610	DIGITEK	DIGOXIN	240408 Cardiotoni	24040800 Cardiotoni	S	250 MCG	ORAL	TABS	EA	1000 X	GENERIC	3/1/2023	378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378617201	METOLAZ	METOLAZ	243624 UNKNOW	24362400 UNKNOW	S	2.5 MG	ORAL	TABS	EA	100 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378617301	METOLAZ	METOLAZ	243624 UNKNOW	24362400 UNKNOW	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378617401	METOLAZ	METOLAZ	243624 UNKNOW	24362400 UNKNOW	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378623101	CITALOP	CITALOP	281604 Antidepres	28160420 Selective-	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378623105	CITALOP	CITALOP	281604 Antidepres	28160420 Selective-	S	10 MG	ORAL	TABS	EA	500 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378623201	CITALOP	CITALOP	281604 Antidepres	28160420 Selective-	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378623205	CITALOP	CITALOP	281604 Antidepres	28160420 Selective-	S	20 MG	ORAL	TABS	EA	500 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378623301	CITALOP	CITALOP	281604 Antidepres	28160420 Selective-	S	40 MG	ORAL	TABS	EA	100 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378623305	CITALOP	CITALOP	281604 Antidepres	28160420 Selective-	S	40 MG	ORAL	TABS	EA	500 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378632001	VERAPAM	VERAPAM	240404 Antiarrhyt	24040424 Class IV A	S	120 MG	ORAL	CP24	EA	100 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378632177	VALSART	VALSART	243208 Angiotens	24320800 Angiotens	S	80-12.5 M	ORAL	TABS	EA	90 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378632277	VALSART	VALSART	243208 Angiotens	24320800 Angiotens	S	160-12.5 M	ORAL	TABS	EA	90 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378632377	VALSART	VALSART	243208 Angiotens	24320800 Angiotens	S	160-25 MC	ORAL	TABS	EA	90 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378632477	VALSART	VALSART	243208 Angiotens	24320800 Angiotens	S	320-12.5 M	ORAL	TABS	EA	90 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378632577	VALSART	VALSART	243208 Angiotens	24320800 Angiotens	S	320-25 MC	ORAL	TABS	EA	90 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378633380	ACAMPR	ACAMPR	910200 UNKNOW	91020000 UNKNOW	S	333 MG	ORAL	TBEC	EA	180 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378638001	VERAPAM	VERAPAM	240404 Antiarrhyt	24040424 Class IV A	S	180 MG	ORAL	CP24	EA	100 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378641001	DOXEPIN	DOXEPIN	281604 Antidepres	28160428 Tricyclics	S	100 MG	ORAL	CAPS	EA	100 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378641010	DOXEPIN	DOXEPIN	281604 Antidepres	28160428 Tricyclics	S	100 MG	ORAL	CAPS	EA	1000 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378644001	VERAPAM	VERAPAM	240404 Antiarrhyt	24040424 Class IV A	S	240 MG	ORAL	CP24	EA	100 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378647016	SCOPOL	SCOPOL	562292 Antiemetic	56229200 Antiemetic	S	1 MG/3DA	TRANSDE	PT72	EA	1	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378647044	SCOPOL	SCOPOL	120808 Antimusca	12080800 Antimusca	S	1 MG/3DA	TRANSDE	PT72	EA	24	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378647097	SCOPOL	SCOPOL	120808 Antimusca	12080800 Antimusca	S	1 MG/3DA	TRANSDE	PT72	EA	10	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378647099	SCOPOL	SCOPOL	120808 Antimusca	12080800 Antimusca	S	1 MG/3DA	TRANSDE	PT72	EA	4	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378655053	LEVONOF	LEVONOF	681200 Contracep	68120000 Contracep	S	0.15-30 M	ORAL	TABS	EA	28 X	GENERIC		378			N	#N/A	ORIG_FR	10 EHB	#N/A										X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRM
378661185	AMNESTE	ISOTRETI	842800 Keratolytic	84280000 Keratolytic	S	10 MG	ORAL	CAPS	EA	10	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378661193	AMNESTE	ISOTRETI	842800 Keratolytic	84280000 Keratolytic	S	10 MG	ORAL	CAPS	EA	30	GENERIC		378	N		N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378661285	AMNESTE	ISOTRETI	842800 Keratolytic	84280000 Keratolytic	S	20 MG	ORAL	CAPS	EA	10	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378661293	AMNESTE	ISOTRETI	842800 Keratolytic	84280000 Keratolytic	S	20 MG	ORAL	CAPS	EA	30	GENERIC		378	N		N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378661485	AMNESTE	ISOTRETI	842800 Keratolytic	84280000 Keratolytic	S	40 MG	ORAL	CAPS	EA	10	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378661493	AMNESTE	ISOTRETI	842800 Keratolytic	84280000 Keratolytic	S	40 MG	ORAL	CAPS	EA	30	GENERIC		378	N		N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378667828	SUNITINI	SUNITINI	100000 Antineopla	10000000 Antineopla	S	12.5 MG	ORAL	CAPS	EA	28	GENERIC		378			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X										R	MEDPRM
378667928	SUNITINI	SUNITINI	100000 Antineopla	10000000 Antineopla	S	25 MG	ORAL	CAPS	EA	28	GENERIC		378			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X										R	MEDPRM
378668028	SUNITINI	SUNITINI	100000 Antineopla	10000000 Antineopla	S	50 MG	ORAL	CAPS	EA	28	GENERIC		378			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X										R	MEDPRM
378668128	SUNITINI	SUNITINI	100000 Antineopla	10000000 Antineopla	S	37.5 MG	ORAL	CAPS	EA	28	GENERIC		378			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X										R	MEDPRM
378668877	PANTOPF	PANTOPF	562836 Proton-pu	56283600 Proton-pu	S	20 MG	ORAL	TBEC	EA	90 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378668899	PANTOPF	PANTOPF	562836 Proton-pu	56283600 Proton-pu	S	20 MG	ORAL	TBEC	EA	90 X	GENERIC	1/31/2023	378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378668910	PANTOPF	PANTOPF	562836 Proton-pu	56283600 Proton-pu	S	40 MG	ORAL	TBEC	EA	1000 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378668977	PANTOPF	PANTOPF	562836 Proton-pu	56283600 Proton-pu	S	40 MG	ORAL	TBEC	EA	90 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378668999	PANTOPF	PANTOPF	562836 Proton-pu	56283600 Proton-pu	S	40 MG	ORAL	TBEC	EA	90 X	GENERIC	1/3/2023	378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378685477	LISDEXA	LISDEXA	282004 Amphetan	28200400 Amphetan	S	10 MG	ORAL	CAPS	EA	90 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS								R	MEDPRM
378685577	LISDEXA	LISDEXA	282004 Amphetan	28200400 Amphetan	S	20 MG	ORAL	CAPS	EA	90 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS								R	MEDPRM
378685677	LISDEXA	LISDEXA	282004 Amphetan	28200400 Amphetan	S	30 MG	ORAL	CAPS	EA	90 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS								R	MEDPRM
378685777	LISDEXA	LISDEXA	282004 Amphetan	28200400 Amphetan	S	40 MG	ORAL	CAPS	EA	90 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS								R	MEDPRM
378685877	LISDEXA	LISDEXA	282004 Amphetan	28200400 Amphetan	S	50 MG	ORAL	CAPS	EA	90 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS								R	MEDPRM
378685977	LISDEXA	LISDEXA	282004 Amphetan	28200400 Amphetan	S	60 MG	ORAL	CAPS	EA	90 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS								R	MEDPRM
378686077	LISDEXA	LISDEXA	282004 Amphetan	28200400 Amphetan	S	70 MG	ORAL	CAPS	EA	90 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS								R	MEDPRM
378692078	ABIRATE	ABIRATE	100000 Antineopla	10000000 Antineopla	S	250 MG	ORAL	TABS	EA	120	GENERIC		378			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X										R	MEDPRM
378692191	ABIRATE	ABIRATE	100000 Antineopla	10000000 Antineopla	S	500 MG	ORAL	TABS	EA	60	GENERIC		378			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X										R	MEDPRM
378695501	BEXAROT	BEXAROT	100000 Antineopla	10000000 Antineopla	S	75 MG	ORAL	CAPS	EA	100	GENERIC		378			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X										R	MEDPRM
378696032	GLATIRA	GLATIRA	900424 UNKNOW	90042400 UNKNOW	S	20 MG/ML	SUBCUT	SOSY	ML	1 X	GENERIC		378		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X										R	MEDPRM
378696093	GLATIRA	GLATIRA	900424 UNKNOW	90042400 UNKNOW	S	20 MG/ML	SUBCUT	SOSY	ML	1 X	GENERIC		378		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X										R	MEDPRM
378696112	GLATIRA	GLATIRA	900424 UNKNOW	90042400 UNKNOW	S	40 MG/ML	SUBCUT	SOSY	ML	1 X	GENERIC		378		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X										R	MEDPRM
378696132	GLATIRA	GLATIRA	900424 UNKNOW	90042400 UNKNOW	S	40 MG/ML	SUBCUT	SOSY	ML	1 X	GENERIC		378		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X										R	MEDPRM
378698132	LANSOPF	LANSOPF	562836 Proton-pu	56283600 Proton-pu	S	15 MG	ORAL	TBDD	EA	1 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS						X	Must meet	5 DS Cvs	TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZ			R	MEDPRM
378698188	LANSOPF	LANSOPF	562836 Proton-pu	56283600 Proton-pu	S	15 MG	ORAL	TBDD	EA	100 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS						X	Must meet	5 DS Cvs	TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZ			R	MEDPRM
378698232	LANSOPF	LANSOPF	562836 Proton-pu	56283600 Proton-pu	S	30 MG	ORAL	TBDD	EA	1 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS						X	Must meet	5 DS Cvs	TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZ			R	MEDPRM
378698288	LANSOPF	LANSOPF	562836 Proton-pu	56283600 Proton-pu	S	30 MG	ORAL	TBDD	EA	100 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS						X	Must meet	5 DS Cvs	TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZ			R	MEDPRM
378698501	SODIUM (	SODIUM (	482400 Mucolytic	48240000 Mucolytic	S	0.90%	INHALATI	NEBU	ML	3	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378698601	SODIUM (	SODIUM (	482400 Mucolytic	48240000 Mucolytic	S	0.90%	INHALATI	NEBU	ML	5	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378698789	SODIUM (	SODIUM (	482400 Mucolytic	48240000 Mucolytic	S	0.90%	INHALATI	NEBU	ML	15	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378699152	ALBUTER	ALBUTER	121208 beta-Adre	12120812 Selective I	S	0.63 MG/3	INHALATI	NEBU	ML	3 X	GENERIC	6/1/2023	378	Y		N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378699198	ALBUTER	ALBUTER	121208 beta-Adre	12120812 Selective I	S	0.63 MG/3	INHALATI	NEBU	ML	3 X	GENERIC	6/1/2023	378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378699252	ALBUTER	ALBUTER	121208 beta-Adre	12120812 Selective I	S	1.25 MG/3	INHALATI	NEBU	ML	3 X	GENERIC	10/12/2022	378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378699298	ALBUTER	ALBUTER	121208 beta-Adre	12120812 Selective I	S	1.25 MG/3	INHALATI	NEBU	ML	3 X	GENERIC	10/12/2022	378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378699331	LEVALBU	LEVALBU	121208 beta-Adre	12120812 Selective I	S	1.25 MG/0	INHALATI	NEBU	EA	1 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378699393	LEVALBU	LEVALBU	121208 beta-Adre	12120812 Selective I	S	1.25 MG/0	INHALATI	NEBU	EA	30 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378699789	SODIUM (	SODIUM (	482400 Mucolytic	48240000 Mucolytic	S	3%	INHALATI	NEBU	ML	15	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378699889	SODIUM (	SODIUM (	482400 Mucolytic	48240000 Mucolytic	S	10%	INHALATI	NEBU	ML	15	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378700110	PAROXET	PAROXET	281604 Antidepres	28160420 Selective-	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378700193	PAROXET	PAROXET	281604 Antidepres	28160420 Selective-	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378700210	PAROXET	PAROXET	281604 Antidepres	28160420 Selective-	S	20 MG	ORAL	TABS	EA	1000 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378700293	PAROXET	PAROXET	281604 Antidepres	28160420 Selective-	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378700310	PAROXET	PAROXET	281604 Antidepres	28160420 Selective-	S	30 MG	ORAL	TABS	EA	1000 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378700393	PAROXET	PAROXET	281604 Antidepres	28160420 Selective-	S	30 MG	ORAL	TABS	EA	30 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378700410	PAROXET	PAROXET	281604 Antidepres	28160420 Selective-	S	40 MG	ORAL	TABS	EA	1000 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378700493	PAROXET	PAROXET	281604 Antidepres	28160420 Selective-	S	40 MG	ORAL	TABS	EA	30 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378700701	KETOCO	KETOCO	840408 Antifungal	84040808 Azoles	S	2%	EXTERNA	FOAM	GM	100	GENERIC	12/28/2023	378			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]							R	MEDPRM
378700750	KETOCO	KETOCO	840408 Antifungal	84040808 Azoles	S	2%	EXTERNA	FOAM	GM	50	GENERIC	12/28/2023	378			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]							R	MEDPRM
378702093	ACITRETI	ACITRETI	842800 Keratolytic	84280000 Keratolytic	S	10 MG	ORAL	CAPS	EA	30	GENERIC		378			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS												R	MEDPRM
378702393	ACITRETI	ACITRETI	842800 Keratolytic	84280000 Keratolytic	S	25 MG	ORAL	CAPS	EA	30	GENERIC		378			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS												R	MEDPRM
378705535	BEPOTAS	BEPOTAS	520200 Antiallergi	52020000 Antiallergi	S	1.50%	OPHTHAL	SOLN	ML	5	GENERIC		378			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]							R	MEDPRM
378705567	BEPOTAS	BEPOTAS	520200 Antiallergi	52020000 Antiallergi	S	1.50%	OPHTHAL	SOLN	ML	10	GENERIC		378			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]							R	MEDPRM
378705752	ALBUTER	ALBUTER	121208 beta-Adre	12120812 Selective I	S	0.63 MG/3	INHALATI	NEBU	ML	3 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378705852	ALBUTER	ALBUTER	121208 beta-Adre	12120812 Selective I	S	1.25 MG/3	INHALATI	NEBU	ML	3 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378705898	ALBUTER	ALBUTER	121208 beta-Adre	12120812 Selective I	S	1.25 MG/3	INHALATI	NEBU	ML	3 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378709601	BROMOC	BROMOC	283620 UNKNOW	28362004 UNKNOW	S	5 MG	ORAL	CAPS	EA	100 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378709693	BROMOC	BROMOC	283620 UNKNOW	28362004 UNKNOW	S	5 MG	ORAL	CAPS	EA	30 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378709801	CIPROFL	CIPROFL	81218 Quinolone	8121800 Quinolone	S	500 MG	ORAL	TABS	EA	100	GENERIC	1/3/2022	378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378710077	FENOFIBI	FENOFIBI	240606 Fibric Acic	24060600 Fibric Acid	S	54 MG	ORAL	TABS	EA	90 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378710177	FENOFIBI	FENOFIBI	240606 Fibric Acic	24060600 Fibric Acid	S	160 MG	ORAL	TABS	EA	90 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378713193	ERLOTINI	ERLOTINI	100000 Antineopla	10000000 Antineopla	S	25 MG	ORAL	TABS	EA	30	GENERIC	11/30/2022	378			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X										R	MEDPRM
378713293	ERLOTINI	ERLOTINI	100000 Antineopla	10000000 Antineopla	S	100 MG	ORAL	TABS	EA	30	GENERIC	11/30/2022	378			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X										R	MEDPRM
378713393	ERLOTINI	ERLOTINI	100000 Antineopla	10000000 Antineopla	S	150 MG	ORAL	TABS	EA	30	GENERIC	11/30/2022	378			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X										R	MEDPRM
378715001	CELECOX	CELECOX	280804 Nonsteroi	28080408 Cyclooxyg	S	200 MG	ORAL	CAPS	EA	100 X	GENERIC	11/14/2022	378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378715005	CELECOX	CELECOX	280804 Nonsteroi	28080408 Cyclooxyg	S	200 MG	ORAL	CAPS	EA	500 X	GENERIC	5/31/2023	378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378715501	BUDESOI	BUDESOI	680400 Adrenals	68040000 Adrenals	S	3 MG	ORAL	CPEP	EA	100	GENERIC	8/31/2022	378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378716001	CELECOX	CELECOX	280804 Nonsteroi	28080408 Cyclooxyg	S	100 MG	ORAL	CAPS	EA	100 X	GENERIC	11/30/2022	378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378716005	CELECOX	CELECOX	280804 Nonsteroi	28080408 Cyclooxyg	S	100 MG	ORAL	CAPS	EA	500 X	GENERIC	3/1/2023	378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378716591	CELECOX	CELECOX	280804 Nonsteroi	28080408 Cyclooxyg	S	50 MG	ORAL	CAPS	EA	60 X	GENERIC	7/3/2023	378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378717091	CELECOX	CELECOX	280804 Nonsteroi	28080408 Cyclooxyg	S	400 MG	ORAL	CAPS	EA	60 X	GENERIC	7/3/2023	378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378718505	METFORM	METFORM	682004 Biguanide	68200400 Biguanide	S	500 MG	ORAL	TABS	EA	500 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378718605	METFORM	METFORM	682004 Biguanide	68200400 Biguanide	S	850 MG	ORAL	TABS	EA	500 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378718705	METFORM	METFORM	682004 Biguanide	68200400 Biguanide	S	1000 MG	ORAL	TABS	EA	500 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378727253	NORETHI	NORETHI	681200 Contracep	68120000 Contracep	S	0.35 MG	ORAL	TABS	EA	28 X	GENERIC		378			N	#N/A	ORIG_FR	10 EHB	#N/A										X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRM
378727285	NORETHI	NORETHI	681200 Contracep	68120000 Contracep	S	0.35 MG	ORAL	TABS	EA	28 X	GENERIC		378			N	#N/A	ORIG_FR	10 EHB	#N/A										X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRM
378727453	NORETHI	NORETHI	681200 Contracep	68120000 Contracep	S	1.5-30 MG	ORAL	TABS	EA	21 X	GENERIC		378			N	#N/A	ORIG_FR	10 EHB	#N/A										X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRM
378727485	NORETHI	NORETHI	681200 Contracep	68120000 Contracep	S	1.5-30 MG	ORAL	TABS	EA	21 X	GENERIC		378			N	#N/A	ORIG_FR	10 EHB	#N/A										X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRM
378728053	NORETHI	NORETHI	681200 Contracep	68120000 Contracep	S	1-20 MG-M	ORAL	TABS	EA	21 X	GENERIC		378			N	#N/A	ORIG_FR	10 EHB	#N/A										X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRM
378728085	NORETHI	NORETHI	681200 Contracep	68120000 Contracep	S	1-20 MG-M	ORAL	TABS	EA	21 X	GENERIC		378			N	#N/A	ORIG_FR	10 EHB	#N/A										X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRM
378728153	LEVONOF	LEVONOF	681200 Contracep	68120000 Contracep	S	0.15-0.03	ORAL	TABS	EA	91 X	GENERIC		378			N	#N/A	ORIG_FR	10 EHB	#N/A			X	91 IN 84 DAYS						X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRM
378728353	NORETHI	NORETHI	681200 Contracep	68120000 Contracep	S	1-20 MG-M	ORAL	TABS	EA	28 X	GENERIC		378			N	#N/A	ORIG_FR	10 EHB	#N/A										X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRM
378728385	NORETHI	NORETHI	681200 Contracep	68120000 Contracep	S	1-20 MG-M	ORAL	TABS	EA	28 X	GENERIC		378			N	#N/A	ORIG_FR	10 EHB	#N/A										X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRM
378728485	LEVONOF	LEVONOF	681200 Contracep	68120000 Contracep	S	0.1-0.02 &	ORAL	TABS	EA	91 X	GENERIC		378			N	#N/A	ORIG_FR	10 EHB	#N/A			X	91 IN 84 DAYS						X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRM
378728490	LEVONOF	LEVONOF	681200 Contracep	68120000 Contracep	S	0.1-0.02 &	ORAL	TABS	EA	91 X	GENERIC		378			N	#N/A	ORIG_FR	10 EHB	#N/A			X	91 IN 84 DAYS						X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRM
378728590	LEVONOF	LEVONOF	681200 Contracep	68120000 Contracep	S	0.15-0.03	ORAL	TABS	EA	91 X	GENERIC		378			N	#N/A	ORIG_FR	10 EHB	#N/A			X	91 IN 84 DAYS						X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRM
378728753	LEVONOF	LEVONOF	681200 Contracep	68120000 Contracep	S	0.1-20 MG	ORAL	TABS	EA	28 X	GENERIC		378			N	#N/A	ORIG_FR	10 EHB	#N/A										X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRM
378728785	LEVONOF	LEVONOF	681200 Contracep	68120000 Contracep	S	0.1-20 MG	ORAL	TABS	EA	28 X	GENERIC		378			N	#N/A	ORIG_FR	10 EHB	#N/A										X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRM
378728853	NORETHI	NORETHI	681200 Contracep	68120000 Contracep	S	1.5-30 MG	ORAL	TABS	EA	28 X	GENERIC		378			N	#N/A	ORIG_FR	10 EHB	#N/A										X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRM
378728885	NORETHI	NORETHI	681200 Contracep	68120000 Contracep	S	1.5-30 MG	ORAL	TABS	EA	28 X	GENERIC		378	Y		N	#N/A	ORIG_FR	10 EHB	#N/A										X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRM
378729189	NORETHI	NORETHI	683200 Progestins	68320000 Progestins	S	5 MG	ORAL	TABS	EA	50 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378729253	NORETHI	NORETHI	681200 Contracep	68120000 Contracep	S	0.35 MG	ORAL	TABS	EA	28 X	GENERIC		378			N	#N/A	ORIG_FR	10 EHB	#N/A										X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRM
378729285	NORETHI	NORETHI	681200 Contracep	68120000 Contracep	S	0.35 MG	ORAL	TABS	EA	28 X	GENERIC		378			N	#N/A	ORIG_FR	10 EHB	#N/A										X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRM
378729453	ESTRADI	ESTRADI	681604 Estrogens	68160400 Estrogens	S	0.5-0.1 MC	ORAL	TABS	EA	28 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378729485	ESTRADI	ESTRADI	681604 Estrogens	68160400 Estrogens	S	0.5-0.1 MC	ORAL	TABS	EA	28 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378729553	ESTRADI	ESTRADI	681604 Estrogens	68160400 Estrogens	S	1-0.5 MG	ORAL	TABS	EA	28 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378729585	ESTRADI	ESTRADI	681604 Estrogens	68160400 Estrogens	S	1-0.5 MG	ORAL	TABS	EA	28 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378729653	DESOGE	DESOGE	681200 Contracep	68120000 Contracep	S	0.15-0.02/	ORAL	TABS	EA	28 X	GENERIC		378			N	#N/A	ORIG_FR	10 EHB	#N/A										X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRM
378729753	NORETHI	NORETHI	681200 Contracep	68120000 Contracep	S	0.4-35 MG	ORAL	CHEW	EA	28 X	GENERIC		378			N	#N/A	ORIG_FR	10 EHB	#N/A										X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRM
378729785	NORETHI	NORETHI	681200 Contracep	68120000 Contracep	S	0.4-35 MG	ORAL	CHEW	EA	28 X	GENERIC		378			N	#N/A	ORIG_FR	10 EHB	#N/A										X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRM
378729953	DROSPIR	DROSPIR	681200 Contracep	68120000 Contracep	S	3-0.02 MG	ORAL	TABS	EA	28 X	GENERIC		378			N	#N/A	ORIG_FR	10 EHB	#N/A										X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRM
378729985	DROSPIR	DROSPIR	681200 Contracep	68120000 Contracep	S	3-0.02 MG	ORAL	TABS	EA	28 X	GENERIC		378			N	#N/A	ORIG_FR	10 EHB	#N/A										X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRM
378730053	DROSPIR	DROSPIR	681200 Contracep	68120000 Contracep	S	3-0.03 MG	ORAL	TABS	EA	28 X	GENERIC		378			N	#N/A	ORIG_FR	10 EHB	#N/A										X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRM
378730353	NORETHI	NORETHI	681200 Contracep	68120000 Contracep	S	1-20/1-30/	ORAL	TABS	EA	28 X	GENERIC		378			N	#N/A	ORIG_FR	10 EHB	#N/A										X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRM
378730653	ETHYNOD	ETHYNOD	681200 Contracep	68120000 Contracep	S	1-50 MG-M	ORAL	TABS	EA	28 X	GENERIC		378			N	#N/A	ORIG_FR	10 EHB	#N/A										X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRM
378730685	ETHYNOD	ETHYNOD	681200 Contracep	68120000 Contracep	S	1-50 MG-M	ORAL	TABS	EA	28 X	GENERIC		378			N	#N/A	ORIG_FR	10 EHB	#N/A										X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRM
378730753	ETHYNOD	ETHYNOD	681200 Contracep	68120000 Contracep	S	1-35 MG-M	ORAL	TABS	EA	28 X	GENERIC		378			N	#N/A	ORIG_FR	10 EHB	#N/A										X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRM
378730785	ETHYNOD	ETHYNOD	681200 Contracep	68120000 Contracep	S	1-35 MG-M	ORAL	TABS	EA	28 X	GENERIC		378			N	#N/A	ORIG_FR	10 EHB	#N/A										X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRM
378730853	NORETHI	NORETHI	681200 Contracep	68120000 Contracep	S	0.8-25 MG	ORAL	CHEW	EA	28 X	GENERIC		378			N	#N/A	ORIG_FR	10 EHB	#N/A										X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRM
378730885	NORETHI	NORETHI	681200 Contracep	68120000 Contracep	S	0.8-25 MG	ORAL	CHEW	EA	28 X	GENERIC		378			N	#N/A	ORIG_FR	10 EHB	#N/A										X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRM
378731685	LEVONOF	LEVONOF	681200 Contracep	68120000 Contracep	S	42-21-21-	ORAL	TABS	EA	91 X	GENERIC		378			N	#N/A	ORIG_FR	10 EHB	#N/A										X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRM
378740178	MESALAN	MESALAN	563600 Anti-inflam	56360000 Anti-inflam	S	1.2 GM	ORAL	TBEC	EA	120 X	GENERIC	1/10/2022	378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378750232	BREYNA	BUDESOI	680400 Adrenals	68040000 Adrenals	S	80-4.5 MC	INHALATI	AERO	GM	10.3 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS			X	30.9 IN 30 DAYS								R	MEDPRM
378750332	BREYNA	BUDESOI	680400 Adrenals	68040000 Adrenals	S	160-4.5 M	INHALATI	AERO	GM	10.3 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS			X	30.9 IN 30 DAYS								R	MEDPRM
378773293	ONDANSI	ONDANSI	562220 5-HT3 Re	56222000 5-HT3 Re	S	4 MG	ORAL	TBDP	EA	30	GENERIC	6/4/2024	378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378773493	ONDANSI	ONDANSI	562220 5-HT3 Re	56222000 5-HT3 Re	S	8 MG	ORAL	TBDP	EA	30	GENERIC	6/4/2024	378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378773497	ONDANSI	ONDANSI	562220 5-HT3 Re	56222000 5-HT3 Re	S	8 MG	ORAL	TBDP	EA	10	GENERIC	6/4/2024	378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378797031	IPRATRO	IPRATRO	120808 Antimusca	12080800 Antimusca	S	0.02%	INHALATI	SOLN	ML	2.5 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378797052	IPRATRO	IPRATRO	120808 Antimusca	12080800 Antimusca	S	0.02%	INHALATI	SOLN	ML	2.5 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378797055	IPRATRO	IPRATRO	120808 Antimusca	12080800 Antimusca	S	0.02%	INHALATI	SOLN	ML	2.5 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378797091	IPRATRO	IPRATRO	120808 Antimusca	12080800 Antimusca	S	0.02%	INHALATI	SOLN	ML	2.5 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378797093	IPRATRO	IPRATRO	120808 Antimusca	12080800 Antimusca	S	0.02%	INHALATI	SOLN	ML	2.5 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378801593	LANSOPF	LANSOPF	562836 Proton-pu	56283600 Proton-pu	S	15 MG	ORAL	CPDR	EA	30 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378802077	FLUVAST	FLUVAST	240608 HMG-CoA	24060800 HMG-CoA	S	20MG	ORAL	CAPS	EA	90 X	GENERIC		378			N	#N/A	ORIG_FR	10 EHB	#N/A			X	2 IN 1 DAYS		X	Must meet	5 DS Aton	TRIAL OF 2 OF THE FOLLOWING: ATOR	X	IF AGE=40-75 YEARS AND RA	R	MEDPRM
378802093	FLUVAST	FLUVAST	240608 HMG-CoA	24060800 HMG-CoA	S	20MG	ORAL	CAPS	EA	30 X	GENERIC		378			N	#N/A	ORIG_FR	10 EHB	#N/A			X	2 IN 1 DAYS		X	Must meet	5 DS Aton	TRIAL OF 2 OF THE FOLLOWING: ATOR	X	IF AGE=40-75 YEARS AND RA	R	MEDPRM
378802177	FLUVAST	FLUVAST	240608 HMG-CoA	24060800 HMG-CoA	S	40 MG	ORAL	CAPS	EA	90 X	GENERIC		378			N	#N/A	ORIG_FR	10 EHB	#N/A			X	2 IN 1 DAYS		X	Must meet	5 DS Aton	TRIAL OF 2 OF THE FOLLOWING: ATOR	X	IF AGE=40-75 YEARS AND RA	R	MEDPRM
378802193	FLUVAST	FLUVAST	240608 HMG-CoA	24060800 HMG-CoA	S	40 MG	ORAL	CAPS	EA	30 X	GENERIC		378			N	#N/A	ORIG_FR	10 EHB	#N/A			X	2 IN 1 DAYS		X	Must meet	5 DS Aton	TRIAL OF 2 OF THE FOLLOWING: ATOR	X	IF AGE=40-75 YEARS AND RA	R	MEDPRM
378803005	LANSOPF	LANSOPF	562836 Proton-pu	56283600 Proton-pu	S	30 MG	ORAL	CPDR	EA	500 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378803077	LANSOPF	LANSOPF	562836 Proton-pu	56283600 Proton-pu	S	30 MG	ORAL	CPDR	EA	90 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378803093	LANSOPF	LANSOPF	562836 Proton-pu	56283600 Proton-pu	S	30 MG	ORAL	CPDR	EA	30 X	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378804321	CLOBAZA	CLOBAZA	281208 Anticonvul	28120800 Anticonvul	S	2.5 MG/MI	ORAL	SUSP	ML	120 X	GENERIC	3/13/2023	378			N	FORMULARY		1 GEN	GENERICS			X	480 IN 30 DAYS								R	MEDPRM
378805501	CLOBETA	CLOBETA	840608 UNKNOW	84060800 UNKNOW	S	0.05%	EXTERNA	FOAM	GM	100	GENERIC	12/4/2023	378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378805550	CLOBETA	CLOBETA	840608 UNKNOW	84060800 UNKNOW	S	0.05%	EXTERNA	FOAM	GM	50	GENERIC	12/4/2023	378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378805649	HALCINO	HALCINO	840608 UNKNOW	84060800 UNKNOW	S	0.10%	EXTERNA	CREA	GM	30	GENERIC		378			N	FORMULARY		1 GEN	GENERICS						X	Must meet	5 DS Beta	TRIAL OF ONE OF THE FOLLOWING: BETAMETHASONE 0.05% OINTMENT OR			R	MEDPRM
378805660	HALCINO	HALCINO	840608 UNKNOW	84060800 UNKNOW	S	0.10%	EXTERNA	CREA	GM	60	GENERIC		378			N	FORMULARY		1 GEN	GENERICS						X	Must meet	5 DS Beta	TRIAL OF ONE OF THE FOLLOWING: BETAMETHASONE 0.05% OINTMENT OR			R	MEDPRM
378807560	ERYGEL	ERYTHRO	520404 Antibacter	52040400 Antibacter	S	2%	EXTERNA	GEL	GM	60	MSB		378	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION												R	MEDPRM
378807593	ERYGEL	ERYTHRO	520404 Antibacter	52040400 Antibacter	S	2%	EXTERNA	GEL	GM	30	MSB		378	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION												R	MEDPRM
378807849	FLUOROL	FLUOROL	841800 UNKNOW	84180000 UNKNOW	S	0.50%	EXTERNA	CREA	GM	30	GENERIC	9/4/2024	378			N	FORMULARY		1 GEN	GENERICS	X	PA:X										R	MEDPRM
378808220	TRETINOI	TRETINOI	841600 Cell Stimu	84160000 Cell Stimu	S	0.03%	EXTERNA	CREA	GM	20	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM
378808245	TRETINOI	TRETINOI	841600 Cell Stimu	84160000 Cell Stimu	S	0.03%	EXTERNA	CREA	GM	45	GENERIC		378			N	FORMULARY		1 GEN	GENERICS												R	MEDPRM

378808320	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.05%	EXTERNA	CREA	GM	20		GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378808345	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.05%	EXTERNA	CREA	GM	45		GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378808420	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.10%	EXTERNA	CREA	GM	20		GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378808445	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.10%	EXTERNA	CREA	GM	45		GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378808515	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.01%	EXTERNA	GEL	GM	15		GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378808545	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.01%	EXTERNA	GEL	GM	45		GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378808615	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.03%	EXTERNA	GEL	GM	15		GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378808645	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.03%	EXTERNA	GEL	GM	45		GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378809045	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.05%	EXTERNA	GEL	GM	45		GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378809220	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.04%	EXTERNA	GEL	GM	20		GENERIC		378		N	FORMULARY		1 GEN	GENERICS					X	AGE_YEA PA REQUIRED IF A	R	MEDPRMI
378809245	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.04%	EXTERNA	GEL	GM	45		GENERIC		378		N	FORMULARY		1 GEN	GENERICS					X	AGE_YEA PA REQUIRED IF A	R	MEDPRMI
378809250	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.04%	EXTERNA	GEL	GM	50		GENERIC		378		N	FORMULARY		1 GEN	GENERICS					X	AGE_YEA PA REQUIRED IF A	R	MEDPRMI
378809320	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.10%	EXTERNA	GEL	GM	20		GENERIC		378		N	FORMULARY		1 GEN	GENERICS					X	AGE_YEA PA REQUIRED IF A	R	MEDPRMI
378809345	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.10%	EXTERNA	GEL	GM	45		GENERIC		378		N	FORMULARY		1 GEN	GENERICS					X	AGE_YEA PA REQUIRED IF A	R	MEDPRMI
378809350	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.10%	EXTERNA	GEL	GM	50		GENERIC		378		N	FORMULARY		1 GEN	GENERICS					X	AGE_YEA PA REQUIRED IF A	R	MEDPRMI
378811745	DOXEPIN	DOXEPIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	CREA	GM	45		GENERIC		378		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
378812330	ZONALOI	DOXEPIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	CREA	GM	30		MSB		378	Y	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
378812345	ZONALOI	DOXEPIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	CREA	GM	45		MSB		378	Y	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
378813045	PRUDOXI	DOXEPIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	CREA	GM	45		MSB		378	Y	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
378813401	EVOCLIN	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1%	EXTERNA	FOAM	GM	100		MSB	3/13/2023	378	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
378813450	EVOCLIN	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1%	EXTERNA	FOAM	GM	50		MSB	3/13/2023	378	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
378813601	EXTINA	KETOCOI	840408	Antifungal	84040808	Azoles	S	2%	EXTERNA	FOAM	GM	100		MSB	3/13/2023	378	Y	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
378813650	EXTINA	KETOCOI	840408	Antifungal	84040808	Azoles	S	2%	EXTERNA	FOAM	GM	50		MSB	3/13/2023	378	Y	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
378814701	OLUX-E	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	FOAM	GM	100		MSB	11/30/2023	378	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
378814750	OLUX-E	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	FOAM	GM	50		MSB	12/4/2023	378	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
378815501	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	18 MG	ORAL	TBCR	EA	100	X	GENERIC	11/2/2022	378		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
378815601	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	27 MG	ORAL	TBCR	EA	100	X	GENERIC	11/2/2022	378		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
378815701	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	36 MG	ORAL	TBCR	EA	100	X	GENERIC	11/2/2022	378		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
378815801	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	54 MG	ORAL	TBCR	EA	100	X	GENERIC	11/2/2022	378		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
378816701	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	FOAM	GM	100		GENERIC	3/13/2023	378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378816750	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	FOAM	GM	50		GENERIC	3/13/2023	378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378817593	SAXAGLI	SAXAGLI	682005	UNKNOW	68200500	UNKNOW	S	5-500 MG	ORAL	TB24	EA	30	X	GENERIC		378		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
378817691	SAXAGLI	SAXAGLI	682005	UNKNOW	68200500	UNKNOW	S	2.5-1000 M	ORAL	TB24	EA	60	X	GENERIC		378		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
378817793	SAXAGLI	SAXAGLI	682005	UNKNOW	68200500	UNKNOW	S	5-1000 MC	ORAL	TB24	EA	30	X	GENERIC		378		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
378818050	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.12%	EXTERNA	FOAM	GM	50		GENERIC	8/31/2023	378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378818099	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.12%	EXTERNA	FOAM	GM	100		GENERIC	8/31/2023	378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378818201	OLUX	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	FOAM	GM	100		MSB	3/13/2023	378	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
378818250	OLUX	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	FOAM	GM	50		MSB	3/13/2023	378	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
378818701	LUXIQ	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.12%	EXTERNA	FOAM	GM	100		MSB	8/31/2023	378	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
378818750	LUXIQ	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.12%	EXTERNA	FOAM	GM	50		MSB	8/31/2023	378	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
378820001	KETOPR	KETOPR	280804	Nonsteroi	28080492	Other Non	R	200MG	ORAL	CP24	EA	100	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378821260	ERYTHR	ERYTHR	520404	Antibacter	52040400	Antibacter	S	2%	EXTERNA	GEL	GM	60		GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378821293	ERYTHR	ERYTHR	520404	Antibacter	52040400	Antibacter	S	2%	EXTERNA	GEL	GM	30		GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378822250	MICONAZ	MICONAZ	840408	Antifungal	84040808	Azoles	S	.25%-81.3	EXTERNA	OINT	GM	50		GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378826016	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	10 MG/9H	TRANSDE	PTCH	EA	1	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet5 DS Meta TRIAL OF ORAL METHYLPHENIDATE CD, ER OR LA FORMULATION OR METHY	R	MEDPRMI
378826093	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	10 MG/9H	TRANSDE	PTCH	EA	30	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet5 DS Meta TRIAL OF ORAL METHYLPHENIDATE CD, ER OR LA FORMULATION OR METHY	R	MEDPRMI
378826116	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	15 MG/9H	TRANSDE	PTCH	EA	1	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet5 DS Meta TRIAL OF ORAL METHYLPHENIDATE CD, ER OR LA FORMULATION OR METHY	R	MEDPRMI
378826193	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	15 MG/9H	TRANSDE	PTCH	EA	30	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet5 DS Meta TRIAL OF ORAL METHYLPHENIDATE CD, ER OR LA FORMULATION OR METHY	R	MEDPRMI
378826216	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	20 MG/9H	TRANSDE	PTCH	EA	1	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet5 DS Meta TRIAL OF ORAL METHYLPHENIDATE CD, ER OR LA FORMULATION OR METHY	R	MEDPRMI
378826293	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	20 MG/9H	TRANSDE	PTCH	EA	30	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet5 DS Meta TRIAL OF ORAL METHYLPHENIDATE CD, ER OR LA FORMULATION OR METHY	R	MEDPRMI
378826316	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	30 MG/9H	TRANSDE	PTCH	EA	1	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet5 DS Meta TRIAL OF ORAL METHYLPHENIDATE CD, ER OR LA FORMULATION OR METHY	R	MEDPRMI
378826393	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	30 MG/9H	TRANSDE	PTCH	EA	30	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet5 DS Meta TRIAL OF ORAL METHYLPHENIDATE CD, ER OR LA FORMULATION OR METHY	R	MEDPRMI
378827052	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	(2.5 MG/3I	INHALATI	NEBU	ML	3	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378827055	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	(2.5 MG/3I	INHALATI	NEBU	ML	3	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378827091	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	(2.5 MG/3I	INHALATI	NEBU	ML	3	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378827093	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	(2.5 MG/3I	INHALATI	NEBU	ML	3	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378830201	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100-20	ORAL	TABS	EA	100	X	GENERIC	5/3/2022	378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378830301	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	31.25-125	ORAL	TABS	EA	100	X	GENERIC	2/28/2022	378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378830501	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	50-200-20	ORAL	TABS	EA	100	X	GENERIC	6/30/2022	378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378868835	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1-5 %	EXTERNA	GEL	GM	25		GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378868854	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1-5 %	EXTERNA	GEL	GM	50		GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378870006	ACYCLOV	ACYCLOV	840406	Antivirals	84040600	Antivirals	S	5%	EXTERNA	OINT	GM	15		GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378870049	ACYCLOV	ACYCLOV	840406	Antivirals	84040600	Antivirals	S	5%	EXTERNA	OINT	GM	30		GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378871273	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG/5	ORAL	SUSP	ML	473		GENERIC	3/1/2023	378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378875559	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	85-500 MG	ORAL	TABS	EA	9		GENERIC	1/3/2022	378		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
378876058	CYCLOSF	CYCLOSF	520800	Anti-inflam	52080000	Anti-inflam	S	0.05%	OPHTHAL	EMUL	EA	30	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
378876091	CYCLOSF	CYCLOSF	520800	Anti-inflam	52080000	Anti-inflam	S	0.05%	OPHTHAL	EMUL	EA	60	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
378876516	BUPRENC	BUPRENC	280812	Opiate Pa	28081200	Opiate Pa	S	2-0.5 MG	SUBLINGI	FILM	EA	1		GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378876593	BUPRENC	BUPRENC	280812	Opiate Pa	28081200	Opiate Pa	S	2-0.5 MG	SUBLINGI	FILM	EA	30		GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378876616	BUPRENC	BUPRENC	280812	Opiate Pa	28081200	Opiate Pa	S	4-1 MG	SUBLINGI	FILM	EA	1		GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378876693	BUPRENC	BUPRENC	280812	Opiate Pa	28081200	Opiate Pa	S	4-1 MG	SUBLINGI	FILM	EA	30		GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378876716	BUPRENC	BUPRENC	280812	Opiate Pa	28081200	Opiate Pa	S	8-2 MG	SUBLINGI	FILM	EA	1		GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378876793	BUPRENC	BUPRENC	280812	Opiate Pa	28081200	Opiate Pa	S	8-2 MG	SUBLINGI	FILM	EA	30		GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378876816	BUPRENC	BUPRENC	280812	Opiate Pa	28081200	Opiate Pa	S	12-3 MG	SUBLINGI	FILM	EA	1		GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378876893	BUPRENC	BUPRENC	280812	Opiate Pa	28081200	Opiate Pa	S	12-3 MG	SUBLINGI	FILM	EA	30		GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378877035	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.1 MG/GI	VAGINAL	CREA	GM	42.5	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378904005	CYSTAGC	CYSTEAN	929200	UNKNOW	92920000	UNKNOW	R	50 MG	ORAL	CAPS	EA	500	X	SSB		378		N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND							R	MEDPRMI
378904505	CYSTAGC	CYSTEAN	929200	UNKNOW	92920000	UNKNOW	R	150MG	ORAL	CAPS	EA	500	X	SSB		378		N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND							R	MEDPRMI
378905516	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	1		GENERIC		378		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS			R	MEDPRMI
378905593	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	30		GENERIC		378		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS			R	MEDPRMI
378907016	RIVASTIG	RIVASTIG	120400	Parasymp	12040000	Parasymp	S	4.6 MG/24	TRANSDE	PT24	EA	1	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
378907093	RIVASTIG	RIVASTIG	120400	Parasymp	12040000	Parasymp	S	4.6 MG/24	TRANSDE	PT24	EA	30	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
378907116	RIVASTIG	RIVASTIG	120400	Parasymp	12040000	Parasymp	S	9.5 MG/24	TRANSDE	PT24	EA	1	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
378907193	RIVASTIG	RIVASTIG	120400	Parasymp	12040000	Parasymp	S	9.5 MG/24	TRANSDE	PT24	EA	30	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
378907216	RIVASTIG	RIVASTIG	120400	Parasymp	12040000	Parasymp	S	13.3 MG/2	TRANSDE	PT24	EA	1	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
378907293	RIVASTIG	RIVASTIG	120400	Parasymp	12040000	Parasymp	S	13.3 MG/2	TRANSDE	PT24	EA	30	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
378908001	ENTACAF	ENTACAF	283612	UNKNOW	28361200	UNKNOW	S	200 MG	ORAL	TABS	EA	100	X	GENERIC	8/31/2022	378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378910216	NITROGL	NITROGL	240808	beta-Adre	24080800	UNKNOW	S	0.1 MG/H	TRANSDE	PT24	EA	1	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378910293	NITROGL	NITROGL	240808	beta-Adre	24080800	UNKNOW	S	0.1 MG/H	TRANSDE	PT24	EA	30	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378910416	NITROGL	NITROGL	240808	beta-Adre	24080800	UNKNOW	S	0.2 MG/H	TRANSDE	PT24	EA	1	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378910493	NITROGL	NITROGL	240808	beta-Adre	24080800	UNKNOW	S	0.2 MG/H	TRANSDE	PT24	EA	30	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378911216	NITROGL	NITROGL	240808	beta-Adre	24080800	UNKNOW	S	0.4 MG/H	TRANSDE	PT24	EA	1	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378911293	NITROGL	NITROGL	240808	beta-Adre	24080800	UNKNOW	S	0.4 MG/H	TRANSDE	PT24	EA	30	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378911616	NITROGL	NITROGL	240808	beta-Adre	24080800	UNKNOW	S	0.6 MG/H	TRANSDE	PT24	EA	1	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378911693	NITROGL	NITROGL	240808	beta-Adre	24080800	UNKNOW	S	0.6 MG/H	TRANSDE	PT24	EA	30	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378911916	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	12 MCG/H	TRANSDE	PT72	EA	1		GENERIC		378		N	FORMULARY		1 GEN	GENERICS	X	PA:X			X	Must meet7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
378911998	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	12 MCG/H	TRANSDE	PT72	EA	5		GENERIC		378		N	FORMULARY		1 GEN	GENERICS	X	PA:X			X	Must meet7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
378912116	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	25 MCG/H	TRANSDE	PT72	EA	1		GENERIC		378		N	FORMULARY		1 GEN	GENERICS	X	PA:X			X	Must meet7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
378912198	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	25 MCG/H	TRANSDE	PT72	EA	5		GENERIC		378		N	FORMULARY		1 GEN	GENERICS	X	PA:X			X	Must meet7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
378912216	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	50 MCG/H	TRANSDE	PT72	EA	1		GENERIC		378		N	FORMULARY		1 GEN	GENERICS	X	PA:X			X	Must meet7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
378912298	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	50 MCG/H	TRANSDE	PT72	EA	5		GENERIC		378		N	FORMULARY		1 GEN	GENERICS	X	PA:X			X	Must meet7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
378912316	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	75 MCG/H	TRANSDE	PT72	EA	1		GENERIC		378		N	FORMULARY		1 GEN	GENERICS	X	PA:X			X	Must meet7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
378912398	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	75 MCG/H	TRANSDE	PT72	EA	5		GENERIC		378		N	FORMULARY		1 GEN	GENERICS	X	PA:X			X	Must meet7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
378912416	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	100 MCG/	TRANSDE	PT72	EA	1		GENERIC		378		N	FORMULARY		1 GEN	GENERICS	X	PA:X			X	Must meet7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
378912498	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	100 MCG/	TRANSDE	PT72	EA	5		GENERIC		378		N	FORMULARY		1 GEN	GENERICS	X	PA:X			X	Must meet7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
378912516	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	37.5 MCG	TRANSDE	PT72	EA	1		GENERIC		378		N	FORMULARY		1 GEN	GENERICS	X	PA:X			X	Must meet7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
378912598	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	37.5 MCG	TRANSDE	PT72	EA	5		GENERIC		378		N	FORMULARY		1 GEN	GENERICS	X	PA:X			X	Must meet7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
378912616	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	62.5 MCG	TRANSDE	PT72	EA	1		GENERIC		378		N	FORMULARY		1 GEN	GENERICS	X	PA:X			X	Must meet7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
378912698	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	62.5 MCG	TRANSDE	PT72	EA	5		GENERIC		378		N	FORMULARY		1 GEN	GENERICS	X	PA:X			X	Must meet7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
378912716	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	87.5 MCG	TRANSDE	PT72	EA	1		GENERIC		378		N	FORMULARY		1 GEN	GENERICS	X	PA:X			X	Must meet7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
378912798	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	87.5 MCG	TRANSDE	PT72	EA	5		GENERIC		378		N	FORMULARY		1 GEN	GENERICS	X	PA:X			X	Must meet7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
378920535	SUCRALF	SUCRALF	562832	Protectant	56283200	Protectant	S	1 GM/10M	ORAL	SUSP	ML	420	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378923093	MESALAM	MESALAM	563600	Anti-inflam	56360000	Anti-inflam	S	1000 MG	RECTAL	SUPP	EA	30		GENERIC	4/3/2023	378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378932032	WIXELA I	FLUTICAS	121208	beta-Adre	12120812	Selective I	S	100-50 M	INHALATI	AEPB	EA	60	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
378932132	WIXELA I	FLUTICAS	121208	beta-Adre	12120812	Selective I	S	250-50 M	INHALATI	AEPB	EA	60	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
378932232	WIXELA I	FLUTICAS	121208	beta-Adre	12120812	Selective I	S	500-50 M	INHALATI	AEPB	EA	60	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
378965132	TRAVOPF	TRAVOPF	524028	UNKNOW	52402800	UNKNOW	S	0.00%	OPHTHAL	SOLN	ML	2.5	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS			X	2.5 IN 25 DAYS			R	MEDPRMI
378965150	TRAVOPF	TRAVOPF	524028	UNKNOW	52402800	UNKNOW	S	0.00%	OPHTHAL	SOLN	ML	5	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS			X	2.5 IN 25 DAYS			R	MEDPRMI
378967130	IPRATRO	IPRATRO	121208	beta-Adre	12120812	Selective I	S	0.5-2.5 (3)	INHALATI	SOLN	ML	3	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378967131	IPRATRO	IPRATRO	121208	beta-Adre	12120812	Selective I	S	0.5-2.5 (3)	INHALATI	SOLN	ML	3	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378967160	IPRATRO	IPRATRO	121208	beta-Adre	12120812	Selective I	S	0.5-2.5 (3)	INHALATI	SOLN	ML	3	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378967193	IPRATRO	IPRATRO	121208	beta-Adre	12120812	Selective I	S	0.5-2.5 (3)	INHALATI	SOLN	ML	3	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378969052	LEVALBU	LEVALBU	121208	beta-Adre	12120812	Selective I	S	0.31 MG/3	INHALATI	NEBU	ML	3	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378969062	LEVALBU	LEVALBU	121208	beta-Adre	12120812	Selective I	S	0.31 MG/3	INHALATI	NEBU	ML	3	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378969152	LEVALBU	LEVALBU	121208	beta-Adre	12120812	Selective I	S	0.63 MG/3	INHALATI	NEBU	ML	3	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378969162	LEVALBU	LEVALBU	121208	beta-Adre	12120812	Selective I	S	0.63 MG/3	INHALATI	NEBU	ML	3	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378969252	LEVALBU	LEVALBU	121208	beta-Adre	12120812	Selective I	S	1.25 MG/3	INHALATI	NEBU	ML	3	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378969262	LEVALBU	LEVALBU	121208	beta-Adre	12120812	Selective I	S	1.25 MG/3	INHALATI	NEBU	ML	3	X	GENERIC		378		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
378972055	DENAVIR	PENCICL	840406	Antivirals	84040600	Antivirals	S	1%	EXTERNA	CREA	GM	5		MSB		378		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
378973050	VUSION	MICONAZ	840408	Antifungal	84040808	Azoles	S	.25%-81.3	EXTERNA	OINT	GM	50		SSB		378		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
378973573	ZOVIRAX	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG/5	ORAL	SUSP	ML	473		MSB	3/1/2023	378	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
386000102	ETHYL CI	ETHYL CI	840800	Antipruritic	84080000	Antipruritic	R	0	EXTERNA	AERO	ML	116		MSB		386	N	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
386000103	ETHYL CI	ETHYL CI	840800	Antipruritic	84080000	Antipruritic	R	0	EXTERNA	AERO	ML	116		MSB		386	N	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
386000104	ETHYL CI	ETHYL CI	840800	Antipruritic	84080000	Antipruritic	R	0	EXTERNA	AERO	ML	116		MSB		386	N	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
386000111	ETHYL CI	ETHYL CI	840800	Antipruritic	84080000	Antipruritic	R	0	EXTERNA	AERO	ML	116		MSB		386		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
386000113	ETHYL CI	ETHYL CI	840800	Antipruritic	84080000	Antipruritic	R	0	EXTERNA	AERO	ML	116		MSB		386		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
386000404	GEBAUEF	PENTAFL	840800	Antipruritic	84080000	Antipruritic	R	0-0	EXTERNA	AERO	ML	116		SSB		386		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
386000801	GEBAUEF	PENTAFL	840800	Antipruritic	84080000	Antipruritic	R	0-0	EXTERNA	AERO	ML	30		SSB		386		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
386000802	GEBAUEF	PENTAFL	840800	Antipruritic	84080000	Antipruritic	R	0-0	EXTERNA	AERO	ML	116		SSB		386		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
386000803	GEBAUEF	PENTAFL	840800	Antipruritic	84080000	Antipruritic	R	0-0	EXTERNA	AERO	ML	116		SSB		386		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
386000804	GEBAUEF	PENTAFL	840800	Antipruritic	84080000	Antipruritic	R	0-0	EXTERNA	AERO	ML	30		SSB		386		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
386001001	GEBAUEF	PENTAFL	840800	Antipruritic	84080000	Antipruritic	O	0-0	EXTERNA	AERO	ML	103.5		SSB		386		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
386001005	GEBAUEF	PENTAFL	840800	Antipruritic	84080000	Antipruritic	O	0-0	EXTERNA	AERO	ML	103.5		SSB		386		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
394010002	FLORICAI	SODIUM F	340400	UNKNOW	34040000	UNKNOW	O	8.3-364 M	ORAL	TABS	EA	100	X	SSB		394		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
394010005	FLORICAI	SODIUM F	340400	UNKNOW	34040000	UNKNOW	O	8.3-364 M	ORAL	TABS	EA	500	X	SSB		394		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
394010202	FLORICAI	SODIUM F	340400	UNKNOW	34040000	UNKNOW	O	8.3-364 M	ORAL	CAPS	EA	100	X	SSB		394		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
394010205	FLORICAI	SODIUM F	340400	UNKNOW	34040000	UNKNOW	O	8.3-364 M	ORAL	CAPS	EA	500	X	SSB		394		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
394010502	MONOCA	SODIUM I	922800	UNKNOW	92280000	UNKNOW	O	625MG-22	ORAL	TABS	EA	100	X	SSB		394		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
394012202	ZINC 15	ZINC SUL	401200	Replacem	40120000	Replacem	O	66MG	ORAL	TABS	EA	100		SSB		394		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
394012402	ORAZINC	ZINC SUL	401200	Replacem	40120000	Replacem	O	110MG	ORAL	TABS	EA	100		SSB		394		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
394013012	MERIBIN	BIOTIN	880800	Vitamin B	88080000	Vitamin B	P	5 MG	ORAL	CAPS	EA	120		GENERIC		394	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
394013142	HARD NA	BIOTIN	880800	Vitamin B	88080000	Vitamin B	P	2.5 MG	ORAL	CAPS	EA	42		MSB		394	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
394021760	GINKGO	GINKGO I	929200	UNKNOW	92920000	UNKNOW	P	60MG	ORAL	TABS	EA	60		GENERIC		394		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
394025009	GLUCOS	GLUCOS	929200	UNKNOW	92920000	UNKNOW	P	500MG	ORAL	TABS	EA	90		GENERIC		394		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
394049902	ORAZINC	ZINC SUL	401200	Replacem	40120000	Replacem	P	220MG	ORAL	CAPS	EA	100		GENERIC		394	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
394085932	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	LOTN	GM	114		GENERIC		394		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
395003594	COLA SY	COLA (SY	960000	Pharmace	96000000	Pharmace	O	0-0-0-0	ORAL	SYRP	ML	118		MSB		395		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
395003716	ALCOHOL	ALCOHOL	840492	Local Anti	84049200	Local Anti	O	95%	EXTERNA	SOLN	ML	473		NON DRUG		395		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
395003728	ALCOHOL	ALCOHOL	840492	Local Anti	84049200	Local Anti	O	95%	EXTERNA	SOLN	ML	3800		NON DRUG		395		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
395004016	ALCOHOL	ALCOHOL	840492	Local Anti	84049200	Local Anti	P	70%	DOES NO	SOLN	ML	473		NON DRUG		395	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
395007392	AMMONI	AMMONI	282032	UNKNOW	28203200	UNKNOW	O	0-0	INHALATI	SPRT	ML	59		GENERIC	6/23/2022	395		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
395008916	FLAVOR	ORAL VEI	960000	Pharmace	96000000	Pharmace	R	0-0-0-0	ORAL	SUSP	ML	473		SSB		395		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
395008928	FLAVOR	ORAL VEI	960000	Pharmace	96000000	Pharmace	R	0-0-0-0	ORAL	SUSP	ML	3800		SSB		395		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
395008985	FLAVOR	ORAL VEI	960000	Pharmace	96000000	Pharmace	R	0-0-0-0	ORAL	SUSP	ML	1		SSB		395		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
395009016	FLAVOR	ORAL VEI	960000	Pharmace	96000000	Pharmace	R	0-0	ORAL	SYRP	ML	473		SSB		395		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
395009028	FLAVOR	ORAL VEI	960000	Pharmace	96000000	Pharmace	R	0-0	ORAL	SYRP	ML	3800		SSB		395		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
395009085	FLAVOR	ORAL VEI	960000	Pharmace	96000000	Pharmace	R	0-0	ORAL	SYRP	ML	1		SSB		395		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
395009116	FLAVOR	ORAL VEI	960000	Pharmace	96000000	Pharmace	R	0-0-0-0	ORAL	LIQD	ML	473		SSB		395		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
395009128	FLAVOR	ORAL VEI	960000	Pharmace	96000000	Pharmace	R	0-0-0-0	ORAL	LIQD	ML	3800		SSB		395		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
395009185	FLAVOR	ORAL VEI	960000	Pharmace	96000000	Pharmace	R	0-0-0-0	ORAL	LIQD	ML	1		SSB		395		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
395009416	FLAVOR	ORAL VEI	960000	Pharmace	96000000	Pharmace	O	0-0-0-0	ORAL	SYRP	ML	473		SSB		395		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
395009428	FLAVOR	ORAL VEI	960000	Pharmace	96000000	Pharmace	O	0-0	ORAL	SYRP	ML	3800		SSB		395		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
395009891	SWIMMEI	ISOPROP	529200	EENT Dru	52920000	EENT Dru	P	95%	OTIC	LIQD	ML	30		GENERIC		395		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
395011181	ZOE SCR	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	19200		SSB		395		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
395011231	SANARE	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	5800		SSB		395		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
395011256	SANARE	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	500		SSB		395		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
395011259	SANARE	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	2500		SSB		395		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
395011594	ARNICA	HOMEOP	929200	UNKNOW	92920000	UNKNOW	O	20%-0	EXTERNA	TINC	ML	120		MSB	6/30/2022	395		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
395011996	IVY WASH	POISON I	840800	Antipruritic	84080000	Antipruritic	O	1%	EXTERNA	LOTN	ML	177		SSB		395		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
395012394	ASCORBI	ASCORBI	881200	Vitamin C	88120000	Vitamin C	O	0-0	ORAL	POWD	GM	113		MSB		395		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
395012516	VERSAFI	ORAL VEI	960000	Pharmace	96000000	Pharmace	R	0	ORAL	SYRP	ML	473		SSB		395		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
395012528	VERSAFI	ORAL VEI	960000	Pharmace	96000000	Pharmace	R	0	ORAL	SYRP	ML	3800		SSB		395		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
395012585	VERSAFI	ORAL VEI	960000	Pharmace	96000000	Pharmace	R	0	ORAL	SYRP	ML	1		SSB		395		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
395012616	VERSAPL	ORAL VEI	960000	Pharmace	96000000	Pharmace	R	0-0	ORAL	SYRP	ML	473		SSB		395		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
395012628	VERSAPL	ORAL VEI	960000	Pharmace	96000000	Pharmace	R	0-0	ORAL	SYRP	ML	3800		SSB		395		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
395012685	VERSAPL	ORAL VEI	960000	Pharmace	96000000	Pharmace	R	0-0	ORAL	SYRP	ML	1		SSB		395		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
395012994	CASTIVA	MENTHOI	842404	Basic Loti	84240400	Basic Loti	O	5%-14%	EXTERNA	LOTN	GM	113		SSB		395		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
395013094	CASTIVA	CAPSAICI	849200	Skin and I	84920000	Skin and I	O	0.04%	EXTERNA	LOTN	GM	113		SSB		395		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
395013554	PLO20 FL	PREMIUM	960000	Pharmace	96000000	Pharmace	R	0-0	EXTERNA	GEL	GM	1		SSB		395		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
395013556	PLO20 FL	PREMIUM	960000	Pharmace	96000000	Pharmace	R	0-0	EXTERNA	GEL	GM	500		SSB		395		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
395020001	BARIUM	BARIUM	366800	Roentgen	36680000	Roentgen	R	0-0	DOES NO	POWD	GM	454		GENERIC		395		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
395024316	BENZOIN	BENZOIN	842416	Basic Pow	84241600	Basic Pow	P	0	EXTERNA	TINC	ML	473		GENERIC		395		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
395024392	BENZOIN	BENZOIN	842416	Basic Pow	84241600	Basic Pow	P	0	EXTERNA	TINC	ML	59		GENERIC		395		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
395024792	BENZOIN	BENZOIN	842416	Basic Pow	84241600	Basic Pow	O	0	EXTERNA	TINC	ML	59		MSB		395		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
395030001	BORIC AC	BORIC AC	840416	UNKNOW	84041600	UNKNOW	O	0	EXTERNA	GRAN	GM	454		MSB		395		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
395030094	BORIC AC	BORIC AC	840416	UNKNOW	84041600	UNKNOW	O	0	EXTERNA	GRAN	GM	113		MSB		395		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
395040096	CALACLE	PRAMOXI	840800	Antipruritic	84080000	Antipruritic	P	1%-.1%	EXTERNA	LOTN	ML	177		GENERIC		395		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
395040796	CALAMIN	CALAMIN	841200	Astringent	84120000	Astringent	O	0-8%-0-1	EXTERNA	LOTN	ML	177		MSB		395		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
395041396	CALAMIN	CALAMIN	842412	Basic Oint	84241200	Basic Oint	O	8-8 %	EXTERNA	LOTN	ML	177		MSB		395		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
395042096	CALAGES	PRAMOXI	840800	Antipruritic	84080000	Antipruritic	P	1-8 %	EXTERNA	LOTN	ML	177		GENERIC		395		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
395063516	COD LIVE	COD LIVE	882800	Multivitam	88280000	Multivitam	O	5000-500	ORAL	OIL	ML	473		MSB		395		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
395063594	COD LIVE	COD LIVE	882800	Multivitam	88280000	Multivitam	O	5000-500	ORAL	OIL	ML	118		MSB		395		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
395071392	DEWEES	MAGNESI	560400	Antacids a	56040000	Antacids a	O	250 MG/5	ORAL	SUSP	ML	59		SSB		395		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
395100392	GENTIAN	GENTIAN	840416	UNKNOW	84041600	UNKNOW	O	1%	EXTERNA	SOLN	ML	59		MSB		395		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
395100592	GENTIAN	GENTIAN	840416	UNKNOW	84041600	UNKNOW	P	2%	EXTERNA	SOLN	ML	59		GENERIC		395		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
395104916	GREEN S	GREEN S	842000	Detergent	84200000	Detergent	O	0	EXTERNA	TINC	ML	480		MSB		395		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
395104928	GREEN S	GREEN S	842000	Detergent	84200000	Detergent	O	0	EXTERNA	TINC	ML	3840		MSB		395		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
395104994	GREEN S	GREEN S	842000	Detergent	84200000	Detergent	O	0	EXTERNA	TINC	ML	120		MSB		395		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
395111328	HYDROGI	HYDROGI	840492	Local Anti	84049200	Local Anti	O	3%	EXTERNA	SOLN	ML	3840		MSB		395		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
395120716	IODINE S	IODINE (T	840416	UNKNOW	84041600	UNKNOW	O	6.9-5 %	EXTERNA	TINC	ML	480		MSB		395	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
395120792	IODINE S	IODINE (T	840416	UNKNOW	84041600	UNKNOW	O	6.9-5 %	EXTERNA	TINC	ML	59		MSB		395		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
395121116	IODINE T	IODINE (T	840416	UNKNOW	84041600	UNKNOW	O	70%	EXTERNA	TINC	ML	473		MSB		395		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
395121316	IODINE T	IODINE (T	840416	UNKNOW	84041600	UNKNOW	O	2%-2.4%	EXTERNA	TINC	ML	473		MSB		395		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
395121391	IODINE T	IODINE (T	840416	UNKNOW	84041600	UNKNOW	O	2%-2.4%	EXTERNA	TINC	ML	30		MSB		395		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
395124904	ISOPROP	ISOPROP	840492	Local Anti	84049200	Local Anti	P	70%	DOES NO	SOLN	ML	3840		GENERIC		395		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
395124928	ISOPROP	ISOPROP	840492	Local Anti	84049200	Local Anti	P	70%	DOES NO	SOLN	ML	3840		GENERIC		395		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
395125928	ISOPROP	ISOPROP	840492	Local Anti	84049200	Local Anti	P	70%	DOES NO	SOLN	ML	3840		GENERIC		395		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
395166716	WINTERC	METHYL S	842404	Basic Loti	84240400	Basic Loti	O	0	EXTERNA	LIQD	ML	473		MSB	1/1/2024	395		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
395167328	MINERAL	MINERAL	842408	Basic Oils	84240800	Basic Oils	O	0	EXTERNA	OIL	ML	3800		MSB		395		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
395232516	POVIDON	POVIDON	840416	UNKNOW	84041600	UNKNOW	P	10%	EXTERNA	SOLN	ML	473		GENERIC		395		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
395232598	POVIDON	POVIDON	840416	UNKNOW	84041600	UNKNOW	P	10%	EXTERNA	SOLN	ML	237		GENERIC		395		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
395251394	ROSE W	ROSE ES	842404	Basic Loti	84240400	Basic Loti	O	0	EXTERNA	LIQD	ML	118		MSB		395		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
395266116	SIMPLE S	SIMPLE S	960000	Pharmace	96000000	Pharmace	R	85%	ORAL	SYRP	ML	473		MSB		395		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
395266128	SIMPLE S	SIMPLE S	960000	Pharmace	96000000	Pharmace	R	85%	ORAL	SYRP	ML	3800		MSB		395		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
395266175	SIMPLE S	SIMPLE S	960000	Pharmace	96000000	Pharmace	R	85%	ORAL	SYRP	ML	19000		MSB		395		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
395266185	SIMPLE S	SIMPLE S	960000	Pharmace	96000000	Pharmace	R	85%	ORAL	SYRP	ML	1		MSB		395		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
395266216	CHERRY	CHERRY	960000	Pharmace	96000000	Pharmace	R	82.30%	ORAL	SYRP	ML	473		MSB		395		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
395266228	CHERRY	CHERRY	960000	Pharmace	96000000	Pharmace	R	82.30%	ORAL	SYRP	ML	3800		MSB		395		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
395266285	CHERRY	CHERRY	960000	Pharmace	96000000	Pharmace	R	82.30%	ORAL	SYRP	ML	1		MSB		395		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
395266416	RASPBEF	RASPBEF	929200	UNKNOW	92920000	UNKNOW	R	0	ORAL	SYRP	ML	480		MSB		395		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
395268501	SODIUM I	SODIUM I	560400	Antacids a	56040000	Antacids a	O	0	ORAL	POWD	GM	454		MSB		395		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
395268594	SODIUM I	SODIUM I	560400	Antacids a	56040000	Antacids a	O	0	ORAL	POWD	GM	113		MSB		395		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
395277516	IODINE S	IODINE S	683608	Antithyroic	68360800	Antithyroic	R	5%	ORAL	SOLN	ML	473		MSB		395		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
395392085	SYRPALT	ORAL VEI	960000	Pharmace	96000000	Pharmace	R	83%	ORAL	SYRP	ML	1		SSB		395		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
395392716	SYRPALT	ORAL VEI	960000	Pharmace	96000000	Pharmace	O	83%	ORAL	SYRP	ML	473		SSB		395		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
395392785	SYRPALT	ORAL VEI	960000	Pharmace	96000000	Pharmace	R	83%	ORAL	SYRP	ML	1		SSB		395		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
395420228	ISOPROP	ISOPROP	840492	Local Anti	84049200	Local Anti	O	70%	DOES NO	SOLN	ML	3800		NON DRUG		395		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
395421316	GREEN S	GREEN S	842000	Detergent	84200000	Detergent	O	0	EXTERNA	TINC	ML	480		MSB		395		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
395481791	AUSTRAL	TEA TREI	929200	UNKNOW	92920000	UNKNOW	O	100%	EXTERNA	OIL	ML	30		SSB		395		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
395600354	LIPOSOM	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	1		SSB		395		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
395600356	LIPOSOM	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	500		SSB		395		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
395600357	LIPOSOM	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	4500		SSB		395		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
395600381	LIPOSOM	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	19200		SSB		395		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
395600401	LIPOSOM	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	480		SSB		395		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
395600454	LIPOSOM	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	1		SSB		395		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
395600456	LIPOSOM	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	500		SSB		395		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
395600457	LIPOSOM	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	4500		SSB		395		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
395600458	LIPOSOM	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	18000		SSB		395		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
395600856	PLO20 N	PREMIUM	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	GEL	GM	500		SSB		395		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
395600857	PLO20 N	PREMIUM	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	GEL	GM	4500		SSB		395		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
395600901	SALTSTA	CREAM B	960000	Pharmace	96000000	Pharmace	R	0-0	EXTERNA	CREA	GM	480		SSB	9/1/2024	395		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
395600954	SALTSTA	CREAM B	960000	Pharmace	96000000	Pharmace	R	0-0	EXTERNA	CREA	GM	1		SSB	9/1/2024	395		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
395600956	SALTSTA	CREAM B	960000	Pharmace	96000000	Pharmace	R	0-0	EXTERNA	CREA	GM	500		SSB		395		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
395600957	SALTSTA	CREAM B	960000	Pharmace	96000000	Pharmace	R	0-0	EXTERNA	CREA	GM	4500		SSB		395		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
395600958	SALTSTA	CREAM B	960000	Pharmace	96000000	Pharmace	R	0-0	EXTERNA	CREA	GM	18000		SSB		395		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
395601054	PENCREA	CREAM B	960000	Pharmace	96000000	Pharmace	R	0-0	EXTERNA	CREA	GM	1		SSB		395		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
395601056	PENCREA	CREAM B	960000	Pharmace	96000000	Pharmace	R	0-0	EXTERNA	CREA	GM	500		SSB		395		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
395601057	PENCREA	CREAM B	960000	Pharmace	96000000	Pharmace	R	0-0	EXTERNA	CREA	GM	4500		SSB		395		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
395601058	PENCREA	CREAM B	960000	Pharmace	96000000	Pharmace	R	0-0	EXTERNA	CREA	GM	18000		SSB		395		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
395601301	ANHYDR	CETYL AL	960000	Pharmace	96000000	Pharmace	R	0-0-0-0	DOES NO	OINT	GM	480		MSB		395		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
395601354	ANHYDR	CETYL AL	960000	Pharmace	96000000	Pharmace	R	0-0-0-0	DOES NO	OINT	GM	1		MSB		395		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI

395601356	ANHYDR	ANHYDR	960000 Pharmace	96000000 Pharmace	R	0-0	DOES NO	CREA	GM	500	SSB		395	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
395601501	MULTIBA	CREAM B	960000 Pharmace	96000000 Pharmace	R	0-0	EXTERNA	CREA	GM	480	SSB		395	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
395601554	MULTIBA	CREAM B	960000 Pharmace	96000000 Pharmace	R	0-0	EXTERNA	CREA	GM	1	SSB		395	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
395601556	MULTIBA	CREAM B	960000 Pharmace	96000000 Pharmace	R	0-0	EXTERNA	CREA	GM	500	SSB		395	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
395601557	MULTIBA	CREAM B	960000 Pharmace	96000000 Pharmace	R	0-0	EXTERNA	CREA	GM	4500	SSB		395	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
395601701	UNIVERS.	ALCOHOL	840492 Local Anti	84049200 Local Anti	R	0	DOES NO	GEL	GM	480	SSB		395	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
395601754	UNIVERS.	ALCOHOL	840492 Local Anti	84049200 Local Anti	R	0	DOES NO	GEL	GM	1	SSB		395	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
395601757	UNIVERS.	ALCOHOL	840492 Local Anti	84049200 Local Anti	R	0	DOES NO	GEL	GM	4500	SSB		395	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
395602055	HUMCO E	DOES NO	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	CREA	EA	1	SSB		395	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
395602056	RECURA	ANTIFUN	840408 Antifungal	84040892 Miscellane	R	0-0-0-0-0	EXTERNA	CREA	GM	500	SSB		395	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
395602059	RECURA	ANTIFUN	840408 Antifungal	84040892 Miscellane	R	0-0-0-0-0	EXTERNA	CREA	GM	2500	SSB		395	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
395602080	HUMCO E	DOES NO	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	CREA	GM	36320	SSB		395	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
395602156	SALT STA	CREAM B	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	CREA	GM	500	SSB		395	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
395602157	SALT STA	CREAM B	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	CREA	GM	4500	SSB		395	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
395602158	SALT STA	CREAM B	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	CREA	GM	18000	SSB		395	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
395602193	SALT STA	CREAM B	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	CREA	GM	85	SSB		395	Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
395606062	XERALUX	DERMAT	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	CREA	GM	100	SSB		395	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
395700156	LAVARE \	WOUND (	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	GEL	GM	500	SSB		395	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
395700159	LAVARE \	WOUND (	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	GEL	GM	2500	SSB		395	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
395701156	SANARE	CREAM B	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	CREA	GM	500	SSB		395	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
395701159	SANARE	CREAM B	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	CREA	GM	2500	SSB		395	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
395801092	MERTHIO	BENZALK	840416 UNKNOW	84041600 UNKNOW	P	0.13%	EXTERNA	LIQD	ML	59	GENERIC		395	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
396391000	PRO-CEP	FERTILIT	929200 UNKNOW	92920000 UNKNOW	O	0	VAGINAL	KIT	EA	1	SSB		396	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
396401060	WIDE-SE	DIAPHRA	320000 Contracep	32000000 Contracep	R	2%	VAGINAL	DPRH	EA	1	SSB		396	N	#N/A	ORIG_FR	10 EHB	#N/A			X THEN $0 COPAY AND TIER=1	R	MEDPRMI
396401065	WIDE-SE	DIAPHRA	320000 Contracep	32000000 Contracep	R	2%	VAGINAL	DPRH	EA	1	SSB		396	N	#N/A	ORIG_FR	10 EHB	#N/A			X THEN $0 COPAY AND TIER=1	R	MEDPRMI
396401070	WIDE-SE	DIAPHRA	320000 Contracep	32000000 Contracep	R	2%	VAGINAL	DPRH	EA	1	SSB		396	N	#N/A	ORIG_FR	10 EHB	#N/A			X THEN $0 COPAY AND TIER=1	R	MEDPRMI
396401075	WIDE-SE	DIAPHRA	320000 Contracep	32000000 Contracep	R	2%	VAGINAL	DPRH	EA	1	SSB		396	N	#N/A	ORIG_FR	10 EHB	#N/A			X THEN $0 COPAY AND TIER=1	R	MEDPRMI
396401080	WIDE-SE	DIAPHRA	320000 Contracep	32000000 Contracep	R	2%	VAGINAL	DPRH	EA	1	SSB		396	N	#N/A	ORIG_FR	10 EHB	#N/A			X THEN $0 COPAY AND TIER=1	R	MEDPRMI
396401085	WIDE-SE	DIAPHRA	320000 Contracep	32000000 Contracep	R	2%	VAGINAL	DPRH	EA	1	SSB		396	N	#N/A	ORIG_FR	10 EHB	#N/A			X THEN $0 COPAY AND TIER=1	R	MEDPRMI
396401090	WIDE-SE	DIAPHRA	320000 Contracep	32000000 Contracep	R	2%	VAGINAL	DPRH	EA	1	SSB		396	N	#N/A	ORIG_FR	10 EHB	#N/A			X THEN $0 COPAY AND TIER=1	R	MEDPRMI
396401095	WIDE-SE	DIAPHRA	320000 Contracep	32000000 Contracep	R	2%	VAGINAL	DPRH	EA	1	SSB		396	N	#N/A	ORIG_FR	10 EHB	#N/A			X THEN $0 COPAY AND TIER=1	R	MEDPRMI
396503000	TRIMO-S	OXYQUIN	840492 Local Anti	84049200 Local Anti	O	0.03%	VAGINAL	GEL	GM	113.4	SSB	11/29/2023	396	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
396602400	OMNIFLE	DIAPHRA	320000 Contracep	32000000 Contracep	R	0	VAGINAL	DPRH	EA	1	NON DRUG		396	N	#N/A	ORIG_FR	10 EHB	#N/A			X THEN $0 COPAY AND TIER=1	R	MEDPRMI
404001713	IBUPROF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	2	GENERIC	2/19/2024	404	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
404001799	IBUPROF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	2	GENERIC	2/19/2024	404	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
404651205	LIDOCAIN	LIDOCAIN	720000 Local Ane	72000000 Local Ane	S	2 %-1:100	INJECTIO	SOLN	ML	1.7	GENERIC	2/19/2024	404	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
404719201	TROPICA	TROPICA	522400 Mydriatics	52240000 Mydriatics	S	1%	OPHTHAL	SOLN	ML	15 X	GENERIC	11/29/2023	404	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
404719901	PROPARA	PROPARA	521600 Local Ane	52160000 Local Ane	S	0.50%	OPHTHAL	SOLN	ML	15	GENERIC	11/29/2023	404	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
406012301	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	5-325 MG	ORAL	TABS	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 12 IN 1 DAYS		R	MEDPRMI
406012305	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	5-325 MG	ORAL	TABS	EA	500	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 12 IN 1 DAYS		R	MEDPRMI
406012310	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	5-325 MG	ORAL	TABS	EA	1000	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 12 IN 1 DAYS		R	MEDPRMI
406012312	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	5-325 MG	ORAL	TABS	EA	120	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 12 IN 1 DAYS		R	MEDPRMI
406012323	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	5-325 MG	ORAL	TABS	EA	1	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 12 IN 1 DAYS		R	MEDPRMI
406012330	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	5-325 MG	ORAL	TABS	EA	30	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 12 IN 1 DAYS		R	MEDPRMI
406012362	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	5-325 MG	ORAL	TABS	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 12 IN 1 DAYS		R	MEDPRMI
406012401	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 12 IN 1 DAYS		R	MEDPRMI
406012405	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	500	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 12 IN 1 DAYS		R	MEDPRMI
406012410	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	1000	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 12 IN 1 DAYS		R	MEDPRMI
406012412	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	120	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 12 IN 1 DAYS		R	MEDPRMI
406012423	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	1	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 12 IN 1 DAYS		R	MEDPRMI
406012462	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 12 IN 1 DAYS		R	MEDPRMI
406012501	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	10-325 M	ORAL	TABS	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 12 IN 1 DAYS		R	MEDPRMI
406012505	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	10-325 M	ORAL	TABS	EA	500	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 12 IN 1 DAYS		R	MEDPRMI
406012510	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	10-325 M	ORAL	TABS	EA	1000	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 12 IN 1 DAYS		R	MEDPRMI
406012512	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	10-325 M	ORAL	TABS	EA	120	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 12 IN 1 DAYS		R	MEDPRMI
406012523	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	10-325 M	ORAL	TABS	EA	1	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 12 IN 1 DAYS		R	MEDPRMI
406012560	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	10-325 M	ORAL	TABS	EA	60	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 12 IN 1 DAYS		R	MEDPRMI
406012562	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	10-325 M	ORAL	TABS	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 12 IN 1 DAYS		R	MEDPRMI
406012701	METHYLF	METHYLF	282032 UNKNOW	28203200 UNKNOW	S	27 MG	ORAL	TBCR	EA	100 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 1 IN 1 DAYS		R	MEDPRMI
406013601	METHYLF	METHYLF	282032 UNKNOW	28203200 UNKNOW	S	36 MG	ORAL	TBCR	EA	100 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 2 IN 1 DAYS		R	MEDPRMI
406015401	METHYLF	METHYLF	282032 UNKNOW	28203200 UNKNOW	S	54 MG	ORAL	TBCR	EA	100 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 1 IN 1 DAYS		R	MEDPRMI
406037601	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	5-300 MG	ORAL	TABS	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 13 IN 1 DAYS		R	MEDPRMI
406037605	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	5-300 MG	ORAL	TABS	EA	500	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 13 IN 1 DAYS		R	MEDPRMI
406037701	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	7.5-300 M	ORAL	TABS	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 13 IN 1 DAYS		R	MEDPRMI
406037705	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	7.5-300 M	ORAL	TABS	EA	500	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 13 IN 1 DAYS		R	MEDPRMI
406037801	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	10-300 M	ORAL	TABS	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 13 IN 1 DAYS		R	MEDPRMI
406037805	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	10-300 M	ORAL	TABS	EA	500	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 13 IN 1 DAYS		R	MEDPRMI
406048301	ACETAMI	ACETAMI	280808 Opiate Ag	28080800 Opiate Ag	S	300-15 M	ORAL	TABS	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 12 IN 1 DAYS	X AGE_YEA MUST BE AT LEAST	R	MEDPRMI
406048401	ACETAMI	ACETAMI	280808 Opiate Ag	28080800 Opiate Ag	S	300-30 M	ORAL	TABS	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 12 IN 1 DAYS	X AGE_YEA MUST BE AT LEAST	R	MEDPRMI
406048403	ACETAMI	ACETAMI	280808 Opiate Ag	28080800 Opiate Ag	S	300-30 M	ORAL	TABS	EA	30	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 12 IN 1 DAYS	X AGE_YEA MUST BE AT LEAST	R	MEDPRMI
406048410	ACETAMI	ACETAMI	280808 Opiate Ag	28080800 Opiate Ag	S	300-30 M	ORAL	TABS	EA	1000	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 12 IN 1 DAYS	X AGE_YEA MUST BE AT LEAST	R	MEDPRMI
406048423	ACETAMI	ACETAMI	280808 Opiate Ag	28080800 Opiate Ag	S	300-30 M	ORAL	TABS	EA	1	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 12 IN 1 DAYS	X AGE_YEA MUST BE AT LEAST	R	MEDPRMI
406048462	ACETAMI	ACETAMI	280808 Opiate Ag	28080800 Opiate Ag	S	300-30 M	ORAL	TABS	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 12 IN 1 DAYS	X AGE_YEA MUST BE AT LEAST	R	MEDPRMI
406048501	ACETAMI	ACETAMI	280808 Opiate Ag	28080800 Opiate Ag	S	300-60 M	ORAL	TABS	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 6 IN 1 DAYS	X AGE_YEA MUST BE AT LEAST	R	MEDPRMI
406048505	ACETAMI	ACETAMI	280808 Opiate Ag	28080800 Opiate Ag	S	300-60 M	ORAL	TABS	EA	500	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 6 IN 1 DAYS	X AGE_YEA MUST BE AT LEAST	R	MEDPRMI
406051201	OXYCOD	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag	S	5-325 MG	ORAL	TABS	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 12 IN 1 DAYS		R	MEDPRMI
406051205	OXYCOD	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag	S	5-325 MG	ORAL	TABS	EA	500	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 12 IN 1 DAYS		R	MEDPRMI
406051223	OXYCOD	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag	S	5-325 MG	ORAL	TABS	EA	1	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 12 IN 1 DAYS		R	MEDPRMI
406051262	OXYCOD	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag	S	5-325 MG	ORAL	TABS	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 12 IN 1 DAYS		R	MEDPRMI
406052201	OXYCOD	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 12 IN 1 DAYS		R	MEDPRMI
406052205	OXYCOD	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	500	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 12 IN 1 DAYS		R	MEDPRMI
406052223	OXYCOD	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	1	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 12 IN 1 DAYS		R	MEDPRMI
406052262	OXYCOD	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 12 IN 1 DAYS		R	MEDPRMI
406052301	OXYCOD	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag	S	10-325 M	ORAL	TABS	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 12 IN 1 DAYS		R	MEDPRMI
406052305	OXYCOD	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag	S	10-325 M	ORAL	TABS	EA	500	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 12 IN 1 DAYS		R	MEDPRMI
406052323	OXYCOD	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag	S	10-325 M	ORAL	TABS	EA	1	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 12 IN 1 DAYS		R	MEDPRMI
406052362	OXYCOD	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag	S	10-325 M	ORAL	TABS	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 12 IN 1 DAYS		R	MEDPRMI
406052510	CHERRY	PLACEBO	960000 Pharmace	96000000 Pharmace	O	0	ORAL	CONC	ML	1000	MSB		406	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRMI
406052710	METHAD	METHAD	280808 Opiate Ag	28080800 Opiate Ag	S	10 MG/ML	ORAL	CONC	ML	1000	MSB		406 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION		X 4 IN 1 DAYS		R	MEDPRMI
406054034	METHAD	METHAD	280808 Opiate Ag	28080800 Opiate Ag	S	40 MG	ORAL	TBSO	EA	100	GENERIC		406 Y	N	FORMULARY		1 GEN	GENERICS		X 1 IN 1 DAYS		R	MEDPRMI
406055201	OXYCOD	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag	S	5 MG	ORAL	TABS	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
406055223	OXYCOD	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag	S	5 MG	ORAL	TABS	EA	1	GENERIC		406	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
406055262	OXYCOD	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag	S	5 MG	ORAL	TABS	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
406080301	AMPHET-	AMPHET	282004 Amphetan	28200400 Amphetan	S	25 MG	ORAL	CP24	EA	100 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 1 IN 1 DAYS		R	MEDPRMI
406080401	AMPHET-	AMPHET	282004 Amphetan	28200400 Amphetan	S	50 MG	ORAL	CP24	EA	100 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 1 IN 1 DAYS		R	MEDPRMI
406080701	AMPHET-	AMPHET	282004 Amphetan	28200400 Amphetan	S	37.5 MG	ORAL	CP24	EA	100 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 1 IN 1 DAYS		R	MEDPRMI
406114201	METHYLF	METHYLF	282032 UNKNOW	28203200 UNKNOW	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 3 IN 1 DAYS		R	MEDPRMI
406114401	METHYLF	METHYLF	282032 UNKNOW	28203200 UNKNOW	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 3 IN 1 DAYS		R	MEDPRMI
406114601	METHYLF	METHYLF	282032 UNKNOW	28203200 UNKNOW	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 3 IN 1 DAYS		R	MEDPRMI
406117001	NALTREX	NALTREX	281000 Opiate An	28100000 Opiate An	S	50 MG	ORAL	TABS	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
406117003	NALTREX	NALTREX	281000 Opiate An	28100000 Opiate An	S	50 MG	ORAL	TABS	EA	30	GENERIC		406	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
406121901	AMPHET	AMPHET	282004 Amphetan	28200400 Amphetan	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS	X PA:X			R	MEDPRMI
406122001	AMPHET	AMPHET	282004 Amphetan	28200400 Amphetan	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		406 Y	N	FORMULARY		1 GEN	GENERICS	X PA:X			R	MEDPRMI
406123601	DIPHENO	DIPHENO	560800 Antidiarrh	56080000 Antidiarrh	S	2.5-0.025	ORAL	TABS	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
406123610	DIPHENO	DIPHENO	560800 Antidiarrh	56080000 Antidiarrh	S	2.5-0.025	ORAL	TABS	EA	1000	GENERIC		406	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
406144501	METHYLF	METHYLF	282032 UNKNOW	28203200 UNKNOW	S	10MG	ORAL	TBCR	EA	100 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 3 IN 1 DAYS		R	MEDPRMI
406147301	METHYLF	METHYLF	282032 UNKNOW	28203200 UNKNOW	S	20MG	ORAL	TBCR	EA	100 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 3 IN 1 DAYS		R	MEDPRMI
406181001	METHYLF	METHYLF	282032 UNKNOW	28203200 UNKNOW	S	10 MG	ORAL	CPCR	EA	100 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 1 IN 1 DAYS		R	MEDPRMI
406182001	METHYLF	METHYLF	282032 UNKNOW	28203200 UNKNOW	S	20 MG	ORAL	CPCR	EA	100 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 1 IN 1 DAYS		R	MEDPRMI
406183001	METHYLF	METHYLF	282032 UNKNOW	28203200 UNKNOW	S	30 MG	ORAL	CPCR	EA	100 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 2 IN 1 DAYS		R	MEDPRMI
406184001	METHYLF	METHYLF	282032 UNKNOW	28203200 UNKNOW	S	40MG	ORAL	CPCR	EA	100 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 1 IN 1 DAYS		R	MEDPRMI
406185001	METHYLF	METHYLF	282032 UNKNOW	28203200 UNKNOW	S	50 MG	ORAL	CPCR	EA	100 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 1 IN 1 DAYS		R	MEDPRMI
406186001	METHYLF	METHYLF	282032 UNKNOW	28203200 UNKNOW	S	60MG	ORAL	CPCR	EA	100 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 1 IN 1 DAYS		R	MEDPRMI
406205310	WARFARI	WARFARI	201204 Anticoagu	20120408 Coumarin	S	2 MG	ORAL	TABS	EA	1000 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
406205401	WARFARI	WARFARI	201204 Anticoagu	20120408 Coumarin	S	3 MG	ORAL	TABS	EA	100 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
406205410	WARFARI	WARFARI	201204 Anticoagu	20120408 Coumarin	S	3 MG	ORAL	TABS	EA	1000 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
406222401	LEVORPH	LEVORPH	280808 Opiate Ag	28080800 Opiate Ag	S	2 MG	ORAL	TABS	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS			X Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
406254001	METHAD	METHAD	280808 Opiate Ag	28080800 Opiate Ag	S	40 MG	ORAL	TBSO	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 1 IN 1 DAYS		R	MEDPRMI
406324301	HYDROM	HYDROM	280808 Opiate Ag	28080800 Opiate Ag	S	2 MG	ORAL	TABS	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
406324401	HYDROM	HYDROM	280808 Opiate Ag	28080800 Opiate Ag	S	4 MG	ORAL	TABS	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
406324901	HYDROM	HYDROM	280808 Opiate Ag	28080800 Opiate Ag	S	8MG	ORAL	TABS	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
406412303	METHAD	METHAD	280808 Opiate Ag	28080800 Opiate Ag	S	10 MG/ML	ORAL	CONC	ML	30	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 4 IN 1 DAYS		R	MEDPRMI
406412310	METHAD	METHAD	280808 Opiate Ag	28080800 Opiate Ag	S	10 MG/ML	ORAL	CONC	ML	1000	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 4 IN 1 DAYS		R	MEDPRMI
406511101	LISDEXA	LISDEXA	282004 Amphetan	28200400 Amphetan	S	10 MG	ORAL	CAPS	EA	100 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 1 IN 1 DAYS		R	MEDPRMI
406511201	LISDEXA	LISDEXA	282004 Amphetan	28200400 Amphetan	S	20 MG	ORAL	CAPS	EA	100 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 1 IN 1 DAYS		R	MEDPRMI
406511301	LISDEXA	LISDEXA	282004 Amphetan	28200400 Amphetan	S	30 MG	ORAL	CAPS	EA	100 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 1 IN 1 DAYS		R	MEDPRMI
406511401	LISDEXA	LISDEXA	282004 Amphetan	28200400 Amphetan	S	40 MG	ORAL	CAPS	EA	100 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 1 IN 1 DAYS		R	MEDPRMI
406511501	LISDEXA	LISDEXA	282004 Amphetan	28200400 Amphetan	S	50 MG	ORAL	CAPS	EA	100 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 1 IN 1 DAYS		R	MEDPRMI
406511601	LISDEXA	LISDEXA	282004 Amphetan	28200400 Amphetan	S	60 MG	ORAL	CAPS	EA	100 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 1 IN 1 DAYS		R	MEDPRMI
406511701	LISDEXA	LISDEXA	282004 Amphetan	28200400 Amphetan	S	70 MG	ORAL	CAPS	EA	100 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 1 IN 1 DAYS		R	MEDPRMI
406511801	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	S	15 MG	ORAL	TABS	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
406511823	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	S	15 MG	ORAL	TABS	EA	1	GENERIC		406	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
406511862	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	S	15 MG	ORAL	TABS	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
406511901	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	S	30 MG	ORAL	TABS	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
406511923	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	S	30 MG	ORAL	TABS	EA	1	GENERIC		406	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
406511962	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	S	30 MG	ORAL	TABS	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
406575501	METHAD	METHAD	280808 Opiate Ag	28080800 Opiate Ag	S	5 MG	ORAL	TABS	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 8 IN 1 DAYS		R	MEDPRMI
406575523	METHAD	METHAD	280808 Opiate Ag	28080800 Opiate Ag	S	5 MG	ORAL	TABS	EA	1	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 8 IN 1 DAYS		R	MEDPRMI
406575562	METHAD	METHAD	280808 Opiate Ag	28080800 Opiate Ag	S	5 MG	ORAL	TABS	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 8 IN 1 DAYS		R	MEDPRMI
406577101	METHAD	METHAD	280808 Opiate Ag	28080800 Opiate Ag	S	10 MG	ORAL	TABS	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 4 IN 1 DAYS		R	MEDPRMI
406577123	METHAD	METHAD	280808 Opiate Ag	28080800 Opiate Ag	S	10 MG	ORAL	TABS	EA	1	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 4 IN 1 DAYS		R	MEDPRMI
406577162	METHAD	METHAD	280808 Opiate Ag	28080800 Opiate Ag	S	10 MG	ORAL	TABS	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 4 IN 1 DAYS		R	MEDPRMI
406622105	METHAD	METHAD	280808 Opiate Ag	28080800 Opiate Ag	S	10 MG/5M	ORAL	SOLN	ML	500	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 20 IN 1 DAYS		R	MEDPRMI
406622505	METHAD	METHAD	280808 Opiate Ag	28080800 Opiate Ag	S	5 MG/5ML	ORAL	SOLN	ML	500	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 40 IN 1 DAYS		R	MEDPRMI
406640860	LUBIPRO	LUBIPRO	569200 GI Drugs,	56920000 GI Drugs,	S	8 MCG	ORAL	CAPS	EA	60 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 2 IN 1 DAYS		R	MEDPRMI
406642460	LUBIPRO	LUBIPRO	569200 GI Drugs,	56920000 GI Drugs,	S	24 MCG	ORAL	CAPS	EA	60 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 2 IN 1 DAYS		R	MEDPRMI
406771160	POSACO	POSACO	81408 Azoles	8140800 Azoles	S	100 MG	ORAL	TBEC	EA	60 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS	X PA:X			R	MEDPRMI
406800312	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	S	100 MG/5	ORAL	SOLN	ML	120	GENERIC		406	N	FORMULARY		1 GEN	GENERICS	X PA:X			R	MEDPRMI
406800315	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	S	100 MG/5	ORAL	SOLN	ML	15	GENERIC		406	N	FORMULARY		1 GEN	GENERICS	X PA:X			R	MEDPRMI
406800324	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	S	100 MG/5	ORAL	SOLN	ML	240	GENERIC		406	N	FORMULARY		1 GEN	GENERICS	X PA:X			R	MEDPRMI
406800330	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	S	100 MG/5	ORAL	SOLN	ML	30	GENERIC		406	N	FORMULARY		1 GEN	GENERICS	X PA:X			R	MEDPRMI
406800503	BUPREN	BUPREN	280812 Opiate Pa	28081200 Opiate Pa	S	2-0.5 MG	SUBLING	SUBL	EA	30	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 3 IN 1 DAYS		R	MEDPRMI
406802003	BUPREN	BUPREN	280812 Opiate Pa	28081200 Opiate Pa	S	8-2 MG	SUBLING	SUBL	EA	30	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 3 IN 1 DAYS		R	MEDPRMI
406831501	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	S	15 MG	ORAL	TBCR	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 3 IN 1 DAYS	X Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
406831523	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	S	15 MG	ORAL	TBCR	EA	1	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 3 IN 1 DAYS	X Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
406831562	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	S	15 MG	ORAL	TBCR	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 3 IN 1 DAYS	X Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
406832001	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	S	200 MG	ORAL	TBCR	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 3 IN 1 DAYS	X Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
406833001	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	S	30 MG	ORAL	TBCR	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 3 IN 1 DAYS	X Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
406833023	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	S	30 MG	ORAL	TBCR	EA	1	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 3 IN 1 DAYS	X Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
406833062	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	S	30 MG	ORAL	TBCR	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 3 IN 1 DAYS	X Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
406838001	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	S	60 MG	ORAL	TBCR	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 3 IN 1 DAYS	X Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
406838023	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	S	60 MG	ORAL	TBCR	EA	1	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 3 IN 1 DAYS	X Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
406838062	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	S	60 MG	ORAL	TBCR	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 3 IN 1 DAYS	X Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
406839001	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	S	100 MG	ORAL	TBCR	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 3 IN 1 DAYS	X Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
406839023	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	S	100 MG	ORAL	TBCR	EA	1	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 3 IN 1 DAYS	X Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
406839062	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	S	100 MG	ORAL	TBCR	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 3 IN 1 DAYS	X Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
406851001	OXYCOD	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag	S	10 MG	ORAL	TABS	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
406851062	OXYCOD	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag	S	10 MG	ORAL	TABS	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
406851501	OXYCOD	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag	S	15 MG	ORAL	TABS	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
406851523	OXYCOD	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag	S	15 MG	ORAL	TABS	EA	1	GENERIC		406	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
406851562	OXYCOD	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag	S	15 MG	ORAL	TABS	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
406852001	OXYCOD	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag	S	20 MG	ORAL	TABS	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
406853001	OXYCOD	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag	S	30 MG	ORAL	TABS	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
406853023	OXYCOD	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag	S	30 MG	ORAL	TABS	EA	1	GENERIC		406	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
406853062	OXYCOD	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag	S	30 MG	ORAL	TABS	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
406855605	OXYCOD	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag	S	5 MG/5ML	ORAL	SOLN	ML	500	GENERIC		406	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
406855730	OXYCOD	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag	S	100 MG/5	ORAL	CONC	ML	30	GENERIC		406	N	FORMULARY		1 GEN	GENERICS	X PA:X			R	MEDPRMI
406872510	METHAD	METHAD	280808 Opiate Ag	28080800 Opiate Ag	S	10 MG/ML	ORAL	CONC	ML	1000	MSB		406 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION		X 4 IN 1 DAYS		R	MEDPRMI
406880601	CLOMIPR	CLOMIPR	281604 Antidepres	28160428 Tricyclics	S	25 MG	ORAL	CAPS	EA	100 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
406880701	CLOMIPR	CLOMIPR	281604 Antidepres	28160428 Tricyclics	S	50 MG	ORAL	CAPS	EA	100 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
406880801	CLOMIPR	CLOMIPR	281604 Antidepres	28160428 Tricyclics	S	75 MG	ORAL	CAPS	EA	100 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
406888401	AMPHET	AMPHET	282004 Amphetan	28200400 Amphetan	S	7.5 MG	ORAL	TABS	EA	100 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 2 IN 1 DAYS		R	MEDPRMI
406888501	AMPHET	AMPHET	282004 Amphetan	28200400 Amphetan	S	15 MG	ORAL	TABS	EA	100 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 2 IN 1 DAYS		R	MEDPRMI
406889101	AMPHET	AMPHET	282004 Amphetan	28200400 Amphetan	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 2 IN 1 DAYS		R	MEDPRMI
406889201	AMPHET	AMPHET	282004 Amphetan	28200400 Amphetan	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 2 IN 1 DAYS		R	MEDPRMI
406889301	AMPHET	AMPHET	282004 Amphetan	28200400 Amphetan	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 2 IN 1 DAYS		R	MEDPRMI
406889401	AMPHET	AMPHET	282004 Amphetan	28200400 Amphetan	S	30 MG	ORAL	TABS	EA	100 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 2 IN 1 DAYS		R	MEDPRMI
406895101	AMPHET	AMPHET	282004 Amphetan	28200400 Amphetan	S	5 MG	ORAL	CP24	EA	100 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 1 IN 1 DAYS		R	MEDPRMI
406895201	AMPHET	AMPHET	282004 Amphetan	28200400 Amphetan	S	10 MG	ORAL	CP24	EA	100 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 1 IN 1 DAYS		R	MEDPRMI
406895301	AMPHET	AMPHET	282004 Amphetan	28200400 Amphetan	S	15 MG	ORAL	CP24	EA	100 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 1 IN 1 DAYS		R	MEDPRMI
406895401	AMPHET	AMPHET	282004 Amphetan	28200400 Amphetan	S	20 MG	ORAL	CP24	EA	100 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 2 IN 1 DAYS		R	MEDPRMI
406895501	AMPHET	AMPHET	282004 Amphetan	28200400 Amphetan	S	25 MG	ORAL	CP24	EA	100 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 2 IN 1 DAYS		R	MEDPRMI
406895601	AMPHET	AMPHET	282004 Amphetan	28200400 Amphetan	S	30 MG	ORAL	CP24	EA	100 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 2 IN 1 DAYS		R	MEDPRMI
406895801	DEXTRO	DEXTRO	282004 Amphetan	28200400 Amphetan	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 3 IN 1 DAYS		R	MEDPRMI
406895901	DEXTRO	DEXTRO	282004 Amphetan	28200400 Amphetan	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 6 IN 1 DAYS		R	MEDPRMI
406896001	DEXTRO	DEXTRO	282004 Amphetan	28200400 Amphetan	S	5 MG	ORAL	CP24	EA	100 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 2 IN 1 DAYS		R	MEDPRMI
406896101	DEXTRO	DEXTRO	282004 Amphetan	28200400 Amphetan	S	10 MG	ORAL	CP24	EA	100 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 2 IN 1 DAYS		R	MEDPRMI
406896201	DEXTRO	DEXTRO	282004 Amphetan	28200400 Amphetan	S	15 MG	ORAL	CP24	EA	100 X	GENERIC		406	N	FORMULARY		1 GEN	GENERICS		X 4 IN 1 DAYS		R	MEDPRMI
406900076	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	S	100 MCG/	TRANSDE	PT72	EA	5	GENERIC	10/2/2023	406	N	FORMULARY		1 GEN	GENERICS	X PA:X		X Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
406901276	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	S	12 MCG/H	TRANSDE	PT72	EA	5	GENERIC	9/25/2023	406	N	FORMULARY		1 GEN	GENERICS	X PA:X		X Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
406902576	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	S	25 MCG/H	TRANSDE	PT72	EA	5	GENERIC	9/25/2023	406	N	FORMULARY		1 GEN	GENERICS	X PA:X		X Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
406903776	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	S	37.5 MCG	TRANSDE	PT72	EA	5	GENERIC		406	N	FORMULARY		1 GEN	GENERICS	X PA:X		X Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
406905076	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	S	50 MCG/H	TRANSDE	PT72	EA	5	GENERIC	10/2/2023	406	N	FORMULARY		1 GEN	GENERICS	X PA:X		X Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
406906276	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	S	62.5 MCG	TRANSDE	PT72	EA	5	GENERIC		406	N	FORMULARY		1 GEN	GENERICS	X PA:X		X Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
406907576	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	S	75 MCG/H	TRANSDE	PT72	EA	5	GENERIC	9/25/2023	406	N	FORMULARY		1 GEN	GENERICS	X PA:X		X Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
406910076	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	S	100 MCG/	TRANSDE	PT72	EA	5	GENERIC		406	N	FORMULARY		1 GEN	GENERICS	X PA:X		X Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
406911276	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	S	12 MCG/H	TRANSDE	PT72	EA	5	GENERIC		406	N	FORMULARY		1 GEN	GENERICS	X PA:X		X Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
406912576	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	S	25 MCG/H	TRANSDE	PT72	EA	5	GENERIC		406	N	FORMULARY		1 GEN	GENERICS	X PA:X		X Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
406915076	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	S	50 MCG/H	TRANSDE	PT72	EA	5	GENERIC		406	N	FORMULARY		1 GEN	GENERICS	X PA:X		X Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
406917576	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	S	75 MCG/H	TRANSDE	PT72	EA	5	GENERIC		406	N	FORMULARY		1 GEN	GENERICS	X PA:X		X Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
406920230	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	200 MCG	BUCCAL	LPOP	EA	30	GENERIC		406	N	FORMULARY		1 GEN	GENERICS	X PA:X			R	MEDPRMI
406920430	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	400 MCG	BUCCAL	LPOP	EA	30	GENERIC		406	N	FORMULARY		1 GEN	GENERICS	X PA:X			R	MEDPRMI
406920630	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	600 MCG	BUCCAL	LPOP	EA	30	GENERIC		406	N	FORMULARY		1 GEN	GENERICS	X PA:X			R	MEDPRMI
406920830	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	800 MCG	BUCCAL	LPOP	EA	30	GENERIC		406	N	FORMULARY		1 GEN	GENERICS	X PA:X			R	MEDPRMI
406921230	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	1200 MCG	BUCCAL	LPOP	EA	30	GENERIC	10/31/2024	406	N	FORMULARY		1 GEN	GENERICS	X PA:X			R	MEDPRMI
406921630	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	1600 MCG	BUCCAL	LPOP	EA	30	GENERIC		406	N	FORMULARY		1 GEN	GENERICS	X PA:X			R	MEDPRMI
406990603	ANAFRAN	CLOMIPR	281604 Antidepres	28160428 Tricyclics	S	25MG	ORAL	CAPS	EA	30 X	MSB		406 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION				R	MEDPRMI
406990703	ANAFRAN	CLOMIPR	281604 Antidepres	28160428 Tricyclics	S	50MG	ORAL	CAPS	EA	30 X	MSB		406 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION				R	MEDPRMI
406990803	ANAFRAN	CLOMIPR	281604 Antidepres	28160428 Tricyclics	S	75MG	ORAL	CAPS	EA	30 X	MSB		406 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION				R	MEDPRMI
406991003	PAMELOR	NORTRIP	281604 Antidepres	28160428 Tricyclics	S	10 MG	ORAL	CAPS	EA	30 X	MSB		406 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION				R	MEDPRMI
406991103	PAMELOR	NORTRIP	281604 Antidepres	28160428 Tricyclics	S	25 MG	ORAL	CAPS	EA	30 X	MSB		406 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION				R	MEDPRMI
406991203	PAMELOR	NORTRIP	281604 Antidepres	28160428 Tricyclics	S	50MG	ORAL	CAPS	EA	30 X	MSB		406 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION				R	MEDPRMI
406991303	PAMELOR	NORTRIP	281604 Antidepres	28160428 Tricyclics	S	75 MG	ORAL	CAPS	EA	30 X	MSB		406 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION				R	MEDPRMI
406991403	RESTORI	TEMAZEF	282408 Benzodiaz	28240800 Benzodiaz	S	22.5 MG	ORAL	CAPS	EA	30	MSB		406 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION				R	MEDPRMI
406991501	RESTORI	TEMAZEF	282408 Benzodiaz	28240800 Benzodiaz	S	7.5 MG	ORAL	CAPS	EA	100	MSB		406 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION				R	MEDPRMI
406991503	RESTORI	TEMAZEF	282408 Benzodiaz	28240800 Benzodiaz	S	7.5 MG	ORAL	CAPS	EA	30	MSB		406 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION				R	MEDPRMI
406991601	RESTORI	TEMAZEF	282408 Benzodiaz	28240800 Benzodiaz	S	15 MG	ORAL	CAPS	EA	100	MSB		406 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION				R	MEDPRMI
406991701	RESTORI	TEMAZEF	282408 Benzodiaz	28240800 Benzodiaz	S	30 MG	ORAL	CAPS	EA	100	MSB		406 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION				R	MEDPRMI
406995903	TEMAZEF	TEMAZEF	282408 Benzodiaz	28240800 Benzodiaz	S	22.5 MG	ORAL	CAPS	EA	30	GENERIC		406	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
406996001	TEMAZEF	TEMAZEF	282408 Benzodiaz	28240800 Benzodiaz	S	7.5 MG	ORAL	CAPS	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
406996101	TEMAZEF	TEMAZEF	282408 Benzodiaz	28240800 Benzodiaz	S	15 MG	ORAL	CAPS	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
406996201	TEMAZEF	TEMAZEF	282408 Benzodiaz	28240800 Benzodiaz	S	30 MG	ORAL	CAPS	EA	100	GENERIC		406	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
407069005	OMNISCA	GADODIA	360000 Diagnostic	36000000 Diagnostic	R	287 MG/M	INTRAVE	SOLN	ML	5	SSB	3/30/2023	407	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
407069010	OMNISCA	GADODIA	360000 Diagnostic	36000000 Diagnostic	R	287 MG/M	INTRAVE	SOLN	ML	10	SSB		407	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
407069012	OMNISCA	GADODIA	360000 Diagnostic	36000000 Diagnostic	R	287 MG/M	INJECTIO	INJ	ML	10	SSB	1/6/2023	407	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
407069015	OMNISCA	GADODIA	360000 Diagnostic	36000000 Diagnostic	R	287 MG/M	INTRAVE	SOLN	ML	15	SSB		407	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
407069017	OMNISCA	GADODIA	360000 Diagnostic	36000000 Diagnostic	R	287 MG/M	INJECTIO	INJ	ML	15	SSB	1/6/2023	407	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
407069020	OMNISCA	GADODIA	360000 Diagnostic	36000000 Diagnostic	R	287 MG/M	INTRAVE	SOLN	ML	20	SSB		407	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
407069022	OMNISCA	GADODIA	360000 Diagnostic	36000000 Diagnostic	R	287 MG/M	INJECTIO	INJ	ML	20	SSB	1/6/2023	407	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
407069030	OMNISCA	GADODIA	360000 Diagnostic	36000000 Diagnostic	R	287 MG/M	INTRAVE	SOLN	ML	10	SSB	1/6/2023	407	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
407069040	OMNISCA	GADODIA	360000 Diagnostic	36000000 Diagnostic	R	287 MG/M	INTRAVE	SOLN	ML	15	SSB	1/6/2023	407	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
407069042	OMNISCA	GADODIA	360000 Diagnostic	36000000 Diagnostic	R	287 MG/M	INJECTIO	INJ	ML	15	SSB	7/5/2022	407	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
407069043	OMNISCA	GADODIA	360000 Diagnostic	36000000 Diagnostic	R	287 MG/M	INJECTIO	INJ	ML	20	SSB	7/5/2022	407	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
407069050	OMNISCA	GADODIA	360000 Diagnostic	36000000 Diagnostic	R	287 MG/M	INTRAVE	SOLN	ML	20	SSB	7/5/2022	407	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
407069070	OMNISCA	GADODIA	360000 Diagnostic	36000000 Diagnostic	R	287 MG/M	INTRAVE	SOLN	ML	100	SSB	2/15/2022	407	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
407140152	OMNIPAC	IOHEXOL	366800 Roentgen	36680000 Roentgen	R	140 MG/M	INTRAVE	SOLN	ML	50	SSB		407	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
407141110	OMNIPAC	IOHEXOL	366800 Roentgen	36680000 Roentgen	R	180 MG/M	INJECTIO	SOLN	ML	10	SSB		407	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
407141120	OMNIPAC	IOHEXOL	366800 Roentgen	36680000 Roentgen	R	180 MG/M	INJECTIO	SOLN	ML	20	SSB	2/1/2023	407	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
407141210	OMNIPAC	IOHEXOL	366800 Roentgen	36680000 Roentgen	R	240 MG/M	INJECTIO	SOLN	ML	10	SSB		407	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
407141220	OMNIPAC	IOHEXOL	366800 Roentgen	36680000 Roentgen	R	240 MG/M	INJECTIO	SOLN	ML	20	SSB		407	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
407141230	OMNIPAC	IOHEXOL	366800 Roentgen	36680000 Roentgen	R	240 MG/M	INJECTIO	SOLN	ML	50	SSB		407	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
407141233	OMNIPAC	IOHEXOL	366800 Roentgen	36680000 Roentgen	R	240 MG/M	INJECTIO	SOLN	ML	100	SSB		407	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
407141234	OMNIPAC	IOHEXOL	366800 Roentgen	36680000 Roentgen	R	240 MG/M	INJECTIO	SOLN	ML	150	SSB	2/1/2023	407	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
407141235	OMNIPAC	IOHEXOL	366800 Roentgen	36680000 Roentgen	R	240 MG/M	INJECTIO	SOLN	ML	200	SSB	2/1/2023	407	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
407141238	OMNIPAC	IOHEXOL	366800 Roentgen	36680000 Roentgen	R	240 MG/M	INJECTIO	SOLN	ML	50	SSB	1/6/2023	407	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
407141310	OMNIPAC	IOHEXOL	366800 Roentgen	36680000 Roentgen	R	300 MG/M	INJECTIO	SOLN	ML	10	SSB		407	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
407141348	OMNIPAC	IOHEXOL	366800 Roentgen	36680000 Roentgen	R	300 MG/M	INJECTIO	SOLN	ML	500	SSB	1/6/2023	407	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
407141353	OMNIPAC	IOHEXOL	366800 Roentgen	36680000 Roentgen	R	300 MG/M	INJECTIO	SOLN	ML	125	SSB	1/6/2023	407	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
407141358	OMNIPAC	IOHEXOL	366800 Roentgen	36680000 Roentgen	R	300 MG/M	INJECTIO	SOLN	ML	30	NON DRUG		407	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
407141359	OMNIPAC	IOHEXOL	366800 Roentgen	36680000 Roentgen	R	300 MG/M	INJECTIO	SOLN	ML	30	SSB		407	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
407141361	OMNIPAC	IOHEXOL	366800 Roentgen	36680000 Roentgen	R	300 MG/M	INJECTIO	SOLN	ML	50	SSB		407	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
407141362	OMNIPAC	IOHEXOL	366800 Roentgen	36680000 Roentgen	R	300 MG/M	INJECTIO	SOLN	ML	75	SSB	2/1/2023	407	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
407141363	OMNIPAC	IOHEXOL	366800 Roentgen	36680000 Roentgen	R	300 MG/M	INJECTIO	SOLN	ML	100	SSB		407	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
407141365	OMNIPAC	IOHEXOL	366800 Roentgen	36680000 Roentgen	R	300 MG/M	INJECTIO	SOLN	ML	150	SSB		407	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
407141366	OMNIPAC	IOHEXOL	366800 Roentgen	36680000 Roentgen	R	300 MG/M	INJECTIO	SOLN	ML	200	SSB	2/1/2023	407	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI

407141368	OMNIPAC	IOHEXOL	366800 Roentgen	36680000 Roentgen	R	300 MG/M	INJECTIO	SOLN	ML	500	SSB	2/1/2023	407			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
407141369	OMNIPAC	IOHEXOL	366800 Roentgen	36680000 Roentgen	R	300 MG/M	COMBINA	SOLN	ML	125	SSB	2/1/2023	407			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
407141372	OMNIPAC	IOHEXOL	366800 Roentgen	36680000 Roentgen	R	300 MG/M	INJECTIO	SOLN	ML	500	SSB		407			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
407141386	OMNIPAC	IOHEXOL	366800 Roentgen	36680000 Roentgen	R	300 MG/M	INJECTIO	SOLN	ML	50	SSB	1/6/2023	407			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
407141387	OMNIPAC	IOHEXOL	366800 Roentgen	36680000 Roentgen	R	300 MG/M	INJECTIO	SOLN	ML	100	SSB	1/6/2023	407			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
407141388	OMNIPAC	IOHEXOL	366800 Roentgen	36680000 Roentgen	R	300 MG/M	INJECTIO	SOLN	ML	150	SSB	1/6/2023	407			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
407141389	OMNIPAC	IOHEXOL	366800 Roentgen	36680000 Roentgen	R	300 MG/M	INJECTIO	SOLN	ML	500	SSB	1/6/2023	407			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
407141408	OMNIPAC	IOHEXOL	366800 Roentgen	36680000 Roentgen	R	350 MG/M	INTRAVE	SOLN	ML	50	NON DRUG		407			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
407141448	OMNIPAC	IOHEXOL	366800 Roentgen	36680000 Roentgen	R	350 MG/M	INTRAVE	SOLN	ML	500	SSB	1/6/2023	407			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
407141472	OMNIPAC	IOHEXOL	366800 Roentgen	36680000 Roentgen	R	350 MG/M	INTRAVE	SOLN	ML	500	SSB		407			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
407141476	OMNIPAC	IOHEXOL	366800 Roentgen	36680000 Roentgen	R	350 MG/M	INTRAVE	SOLN	ML	125	SSB	1/6/2023	407			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
407141482	OMNIPAC	IOHEXOL	366800 Roentgen	36680000 Roentgen	R	350 MG/M	INTRAVE	SOLN	ML	50	SSB	1/6/2023	407			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
407141483	OMNIPAC	IOHEXOL	366800 Roentgen	36680000 Roentgen	R	350 MG/M	COMBINA	SOLN	ML	125	SSB	1/6/2023	407			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
407141484	OMNIPAC	IOHEXOL	366800 Roentgen	36680000 Roentgen	R	350 MG/M	INTRAVE	SOLN	ML	100	SSB	1/6/2023	407			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
407141485	OMNIPAC	IOHEXOL	366800 Roentgen	36680000 Roentgen	R	350 MG/M	INTRAVE	SOLN	ML	125	SSB	1/6/2023	407			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
407141486	OMNIPAC	IOHEXOL	366800 Roentgen	36680000 Roentgen	R	350 MG/M	INTRAVE	SOLN	ML	150	SSB	1/6/2023	407			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
407141487	OMNIPAC	IOHEXOL	366800 Roentgen	36680000 Roentgen	R	350 MG/M	INTRAVE	SOLN	ML	200	SSB	1/6/2023	407			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
407141488	OMNIPAC	IOHEXOL	366800 Roentgen	36680000 Roentgen	R	350 MG/M	INTRAVE	SOLN	ML	500	SSB	1/6/2023	407			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
407141489	OMNIPAC	IOHEXOL	366800 Roentgen	36680000 Roentgen	R	350 MG/M	INTRAVE	SOLN	ML	50	SSB		407			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
407141490	OMNIPAC	IOHEXOL	366800 Roentgen	36680000 Roentgen	R	350 MG/M	INTRAVE	SOLN	ML	75	SSB		407			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
407141491	OMNIPAC	IOHEXOL	366800 Roentgen	36680000 Roentgen	R	350 MG/M	INTRAVE	SOLN	ML	100	SSB		407			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
407141493	OMNIPAC	IOHEXOL	366800 Roentgen	36680000 Roentgen	R	350 MG/M	INTRAVE	SOLN	ML	150	SSB		407			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
407141494	OMNIPAC	IOHEXOL	366800 Roentgen	36680000 Roentgen	R	350 MG/M	INTRAVE	SOLN	ML	200	SSB		407			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
407141495	OMNIPAC	IOHEXOL	366800 Roentgen	36680000 Roentgen	R	350 MG/M	COMBINA	SOLN	ML	125	SSB	2/1/2023	407			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
407141498	OMNIPAC	IOHEXOL	366800 Roentgen	36680000 Roentgen	R	350 MG/M	INTRAVE	SOLN	ML	500	SSB	2/1/2023	407			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
407141509	OMNIPAC	IOHEXOL	366800 Roentgen	36680000 Roentgen	R	9 MG/ML	ORAL	SOLN	ML	500	SSB		407			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
407141612	OMNIPAC	IOHEXOL	366800 Roentgen	36680000 Roentgen	R	12 MG/ML	ORAL	SOLN	ML	500	SSB		407			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
407222216	VISIPAQU	IODIXANC	366800 Roentgen	36680000 Roentgen	S	270 MG/M	INTRAVE	SOLN	ML	50	MSB		407			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
407222217	VISIPAQU	IODIXANC	366800 Roentgen	36680000 Roentgen	S	270 MG/M	INTRAVE	SOLN	ML	100	MSB		407			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
407222219	VISIPAQU	IODIXANC	366800 Roentgen	36680000 Roentgen	S	270 MG/M	INTRAVE	SOLN	ML	150	MSB		407			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
407222221	VISIPAQU	IODIXANC	366800 Roentgen	36680000 Roentgen	S	270 MG/M	INTRAVE	SOLN	ML	200	MSB		407			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
407222302	VISIPAQU	IODIXANC	366800 Roentgen	36680000 Roentgen	S	320 MG/M	INTRAVE	SOLN	ML	100	MSB	7/19/2022	407			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
407222316	VISIPAQU	IODIXANC	366800 Roentgen	36680000 Roentgen	S	320 MG/M	INTRAVE	SOLN	ML	50	MSB		407			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
407222317	VISIPAQU	IODIXANC	366800 Roentgen	36680000 Roentgen	S	320 MG/M	INTRAVE	SOLN	ML	100	MSB		407			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
407222319	VISIPAQU	IODIXANC	366800 Roentgen	36680000 Roentgen	S	320 MG/M	INTRAVE	SOLN	ML	150	MSB		407			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
407222321	VISIPAQU	IODIXANC	366800 Roentgen	36680000 Roentgen	S	320 MG/M	INTRAVE	SOLN	ML	200	MSB		407			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
407222323	VISIPAQU	IODIXANC	366800 Roentgen	36680000 Roentgen	S	320 MG/M	INTRAVE	SOLN	ML	500	MSB		407			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
407222362	VISIPAQU	IODIXANC	366800 Roentgen	36680000 Roentgen	S	320 MG/M	INTRAVE	SOLN	ML	50	MSB	1/6/2023	407			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
407222364	VISIPAQU	IODIXANC	366800 Roentgen	36680000 Roentgen	S	320 MG/M	INTRAVE	SOLN	ML	100	MSB	1/6/2023	407			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
407222366	VISIPAQU	IODIXANC	366800 Roentgen	36680000 Roentgen	S	320 MG/M	INTRAVE	SOLN	ML	150	MSB	1/6/2023	407			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
407222367	VISIPAQU	IODIXANC	366800 Roentgen	36680000 Roentgen	S	320 MG/M	INTRAVE	SOLN	ML	200	MSB	1/6/2023	407			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
407270703	OPTISON	PERFLUT	360000 Diagnostic	36000000 Diagnostic	R	0	INTRAVE	SUSP	ML	3	SSB		407			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
407270718	OPTISON	PERFLUT	360000 Diagnostic	36000000 Diagnostic	R	0	INTRAVE	SUSP	ML	3	SSB		407			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
407294301	CLARISC	GADOTEF	366800 Roentgen	36680000 Roentgen	S	5 MMOL/1	INTRAVE	SOLN	ML	10	GENERIC		407			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
407294302	CLARISC	GADOTEF	366800 Roentgen	36680000 Roentgen	S	7.5 MMOL	INTRAVE	SOLN	ML	15	GENERIC		407			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
407294305	CLARISC	GADOTEF	366800 Roentgen	36680000 Roentgen	S	10 MMOL/	INTRAVE	SOLN	ML	20	GENERIC		407			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
407294306	CLARISC	GADOTEF	366800 Roentgen	36680000 Roentgen	S	2.5 MMOL	INTRAVE	SOLN	ML	5	SSB		407			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
407294312	CLARISC	GADOTEF	366800 Roentgen	36680000 Roentgen	S	5 MMOL/1	INTRAVE	SOSY	ML	10	SSB		407			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
407294317	CLARISC	GADOTEF	366800 Roentgen	36680000 Roentgen	S	7.5 MMOL	INTRAVE	SOSY	ML	15	SSB		407			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
407294322	CLARISC	GADOTEF	366800 Roentgen	36680000 Roentgen	S	10 MMOL/	INTRAVE	SOSY	ML	20	SSB		407			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
407294370	CLARISC	GADOTEF	366800 Roentgen	36680000 Roentgen	S	50 MMOL/	INTRAVE	SOLN	ML	100	SSB		407			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409000404	PEMETRE	PEMETRE	100000 Antineopla	10000000 Antineopla	R	1 GM/40M	INTRAVE	SOLN	ML	40	MSB		409			N	EXCLUDE	SELF_INJ	6	SPBD2	FORMULARY EXCLUSION	R	MEDPRIM
409000701	LIDOCAIN	LIDOCAIN	720000 Local Ane	72000000 Local Ane	S	1 %-1:100	INJECTIO	SOLN	ML	20	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409000710	LIDOCAIN	LIDOCAIN	720000 Local Ane	72000000 Local Ane	S	1 %-1:100	INJECTIO	SOLN	ML	20	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409001202	HEPARIN	HEPARIN	201204 Anticoagu	20120416 Heparins	R	12500-0.4	INTRAVE	SOLN	ML	250	MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
409001230	HEPARIN	HEPARIN	201204 Anticoagu	20120416 Heparins	R	12500-0.4	INTRAVE	SOLN	ML	250	MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
409001601	DOCETAX	DOCETAX	100000 Antineopla	10000000 Antineopla	S	160 MG/1	INTRAVE	SOLN	ML	16	MSB		409			N	EXCLUDE	SELF_INJ	6	SPBD2	FORMULARY EXCLUSION	R	MEDPRIM
409002002	PEMETRE	PEMETRE	100000 Antineopla	10000000 Antineopla	R	100 MG/4	INTRAVE	SOLN	ML	4	MSB		409			N	EXCLUDE	SELF_INJ	6	SPBD2	FORMULARY EXCLUSION	R	MEDPRIM
409002103	PEMETRE	PEMETRE	100000 Antineopla	10000000 Antineopla	R	500 MG/2	INTRAVE	SOLN	ML	20	MSB		409			N	EXCLUDE	SELF_INJ	6	SPBD2	FORMULARY EXCLUSION	R	MEDPRIM
409004005	KETAMIN	KETAMIN	280408 UNKNOW	28040800 UNKNOW	S	100 MG/M	INJECTIO	SOLN	ML	5	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409004010	KETAMIN	KETAMIN	280408 UNKNOW	28040800 UNKNOW	S	100 MG/M	INJECTIO	SOLN	ML	5	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409005101	ADD-VAN	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG		409			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409006401	CARBOPF	CARBOPF	760000 Oxytocics	76000000 Oxytocics	S	250 MCG/	INTRAMU	SOLN	ML	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409006410	CARBOPF	CARBOPF	760000 Oxytocics	76000000 Oxytocics	S	250 MCG/	INTRAMU	SOLN	ML	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409012001	DAPTOMY	DAPTOMY	81228 Antibacter	8122812 Cyclic Lip	R	350 MG	INTRAVE	SOLR	EA	1	MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
409012201	DAPTOMY	DAPTOMY	81228 Antibacter	8122812 Cyclic Lip	R	500 MG	INTRAVE	SOLR	EA	1	MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
409012501	LABETAL	LABETAL	242000 Alpha-Adr	24200000 Alpha-Adr	S	5 MG/ML	INTRAVE	SOLN	ML	20	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409012525	LABETAL	LABETAL	242000 Alpha-Adr	24200000 Alpha-Adr	S	5 MG/ML	INTRAVE	SOLN	ML	20	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409014411	AZITHRO	AZITHRO	81212 Macrolide	8121208 UNKNOW	S	500 MG	INTRAVE	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409014421	AZITHRO	AZITHRO	81212 Macrolide	8121208 UNKNOW	S	500 MG	INTRAVE	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409014701	LIDOCAIN	LIDOCAIN	720000 Local Ane	72000000 Local Ane	S	2 %-1:100	INJECTIO	SOLN	ML	20	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409014710	LIDOCAIN	LIDOCAIN	720000 Local Ane	72000000 Local Ane	S	2 %-1:100	INJECTIO	SOLN	ML	20	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409015201	METRONI	METRONI	83016 UNKNOW	8301692 UNKNOW	S	500 MG/1	INTRAVE	SOLN	ML	100	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409015224	METRONI	METRONI	83016 UNKNOW	8301692 UNKNOW	S	500 MG/1	INTRAVE	SOLN	ML	100	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409015501	PRECEDE	DEXMEDE	121204 alpha-Adr	12120400 alpha-Adr	S	400 MCG/	INTRAVE	SOLN	ML	100	MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
409015502	PRECEDE	DEXMEDE	121204 alpha-Adr	12120400 alpha-Adr	S	400 MCG/	INTRAVE	SOLN	ML	100	MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
409016101	LEVOPHE	NOREPIN	121212 alpha- anc	12121200 alpha- anc	S	1 MG/ML	INTRAVE	SOLN	ML	4	MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
409016110	LEVOPHE	NOREPIN	121212 alpha- anc	12121200 alpha- anc	S	1 MG/ML	INTRAVE	SOLN	ML	4	MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
409018101	GEMCITA	GEMCITA	100000 Antineopla	10000000 Antineopla	S	1 GM/26.3	INTRAVE	SOLN	ML	26.3	MSB		409			N	EXCLUDE	SELF_INJ	6	SPBD2	FORMULARY EXCLUSION	R	MEDPRIM
409018125	GEMCITA	GEMCITA	100000 Antineopla	10000000 Antineopla	S	1 GM/26.3	INTRAVE	SOLN	ML	26.3	MSB		409			N	EXCLUDE	SELF_INJ	6	SPBD2	FORMULARY EXCLUSION	R	MEDPRIM
409018201	GEMCITA	GEMCITA	100000 Antineopla	10000000 Antineopla	S	2 GM/52.6	INTRAVE	SOLN	ML	52.6	MSB		409			N	EXCLUDE	SELF_INJ	6	SPBD2	FORMULARY EXCLUSION	R	MEDPRIM
409018225	GEMCITA	GEMCITA	100000 Antineopla	10000000 Antineopla	S	2 GM/52.6	INTRAVE	SOLN	ML	52.6	MSB		409			N	EXCLUDE	SELF_INJ	6	SPBD2	FORMULARY EXCLUSION	R	MEDPRIM
409018301	GEMCITA	GEMCITA	100000 Antineopla	10000000 Antineopla	S	200 MG/5.	INTRAVE	SOLN	ML	5.26	MSB		409			N	EXCLUDE	SELF_INJ	6	SPBD2	FORMULARY EXCLUSION	R	MEDPRIM
409018325	GEMCITA	GEMCITA	100000 Antineopla	10000000 Antineopla	S	200 MG/5.	INTRAVE	SOLN	ML	5.26	MSB		409			N	EXCLUDE	SELF_INJ	6	SPBD2	FORMULARY EXCLUSION	R	MEDPRIM
409018501	GEMCITA	GEMCITA	100000 Antineopla	10000000 Antineopla	S	200 MG	INTRAVE	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409018601	GEMCITA	GEMCITA	100000 Antineopla	10000000 Antineopla	S	1GM	INTRAVE	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409018701	GEMCITA	GEMCITA	100000 Antineopla	10000000 Antineopla	S	2GM	INTRAVE	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409020102	DOCETAX	DOCETAX	100000 Antineopla	10000000 Antineopla	S	20 MG/2M	INTRAVE	SOLN	ML	2	MSB		409			N	EXCLUDE	SELF_INJ	6	SPBD2	FORMULARY EXCLUSION	R	MEDPRIM
409020110	DOCETAX	DOCETAX	100000 Antineopla	10000000 Antineopla	S	80 MG/8M	INTRAVE	SOLN	ML	8	MSB		409			N	EXCLUDE	SELF_INJ	6	SPBD2	FORMULARY EXCLUSION	R	MEDPRIM
409020120	DOCETAX	DOCETAX	100000 Antineopla	10000000 Antineopla	S	160 MG/1	INTRAVE	SOLN	ML	16	MSB		409			N	EXCLUDE	SELF_INJ	6	SPBD2	FORMULARY EXCLUSION	R	MEDPRIM
409021201	MILRINON	MILRINON	240408 Cardiotoni	24040800 Cardiotoni	S	10 MG/10	INTRAVE	SOLN	ML	10	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409021202	MILRINON	MILRINON	240408 Cardiotoni	24040800 Cardiotoni	S	20 MG/20	INTRAVE	SOLN	ML	20	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409021203	MILRINON	MILRINON	240408 Cardiotoni	24040800 Cardiotoni	S	50 MG/50	INTRAVE	SOLN	ML	50	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409021210	MILRINON	MILRINON	240408 Cardiotoni	24040800 Cardiotoni	S	10 MG/10	INTRAVE	SOLN	ML	10	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409021211	MILRINON	MILRINON	240408 Cardiotoni	24040800 Cardiotoni	S	20 MG/20	INTRAVE	SOLN	ML	20	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409022201	MEROPEI	MEROPEI	81207 Miscellane	8120708 Carbapen	S	500 MG	INTRAVE	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409022210	MEROPEI	MEROPEI	81207 Miscellane	8120708 Carbapen	S	500 MG	INTRAVE	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409030201	TOPOTEC	TOPOTEC	100000 Antineopla	10000000 Antineopla	S	4 MG/4ML	INTRAVE	SOLN	ML	4	MSB		409			N	EXCLUDE	SELF_INJ	6	SPBD2	FORMULARY EXCLUSION	R	MEDPRIM
409032320	BLEOMYC	BLEOMYC	100000 Antineopla	10000000 Antineopla	S	30UNIT	INJECTIO	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409033220	BLEOMYC	BLEOMYC	100000 Antineopla	10000000 Antineopla	S	15UNIT	INJECTIO	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409036501	DOCETAX	DOCETAX	100000 Antineopla	10000000 Antineopla	R	160 MG/8	INTRAVE	CONC	ML	8	MSB		409			N	EXCLUDE	SELF_INJ	6	SPBD2	FORMULARY EXCLUSION	R	MEDPRIM
409036601	DOCETAX	DOCETAX	100000 Antineopla	10000000 Antineopla	R	20 MG/ML	INTRAVE	CONC	ML	1	MSB		409			N	EXCLUDE	SELF_INJ	6	SPBD2	FORMULARY EXCLUSION	R	MEDPRIM
409036701	DOCETAX	DOCETAX	100000 Antineopla	10000000 Antineopla	R	80 MG/4M	INTRAVE	CONC	ML	4	MSB		409			N	EXCLUDE	SELF_INJ	6	SPBD2	FORMULARY EXCLUSION	R	MEDPRIM
409036801	DOCETAX	DOCETAX	100000 Antineopla	10000000 Antineopla	R	160 MG/8	INTRAVE	CONC	ML	8	MSB		409			N	EXCLUDE	SELF_INJ	6	SPBD2	FORMULARY EXCLUSION	R	MEDPRIM
409052501	MARCAIN	BUPIVAC	720000 Local Ane	72000000 Local Ane	S	0.50%	INJECTIO	SOLN	ML	50	MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
409052525	MARCAIN	BUPIVAC	720000 Local Ane	72000000 Local Ane	S	0.50%	INJECTIO	SOLN	ML	50	MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
409052813	LEVOFLO	LEVOFLO	81218 Quinolone	8121800 Quinolone	S	250 MG/5	INTRAVE	SOLN	ML	50	GENERIC	7/8/2024	409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409052815	LEVOFLO	LEVOFLO	81218 Quinolone	8121800 Quinolone	S	250 MG/5	INTRAVE	SOLN	ML	50	GENERIC	7/8/2024	409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409052823	LEVOFLO	LEVOFLO	81218 Quinolone	8121800 Quinolone	S	500 MG/1	INTRAVE	SOLN	ML	100	GENERIC	7/8/2024	409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409052825	LEVOFLO	LEVOFLO	81218 Quinolone	8121800 Quinolone	S	500 MG/1	INTRAVE	SOLN	ML	100	GENERIC	7/8/2024	409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409052831	LEVOFLO	LEVOFLO	81218 Quinolone	8121800 Quinolone	S	750 MG/1	INTRAVE	SOLN	ML	150	GENERIC	7/8/2024	409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409052835	LEVOFLO	LEVOFLO	81218 Quinolone	8121800 Quinolone	S	750 MG/1	INTRAVE	SOLN	ML	150	GENERIC	7/8/2024	409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409080101	NIPENT	PENTOST	100000 Antineopla	10000000 Antineopla	R	10MG	INTRAVE	SOLR	EA	1	SSB		409			N	EXCLUDE	SELF_INJ	6	SPBD2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409082901	AZTREON	AZTREON	81207 Miscellane	8120716 Monobact	S	1 GM	INJECTIO	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409082911	AZTREON	AZTREON	81207 Miscellane	8120716 Monobact	S	1 GM	INJECTIO	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409083001	AZTREON	AZTREON	81207 Miscellane	8120716 Monobact	S	2 GM	INJECTIO	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409083011	AZTREON	AZTREON	81207 Miscellane	8120716 Monobact	S	2 GM	INJECTIO	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409100501	HEPARIN	HEPARIN	201204 Anticoagu	20120416 Heparins	S	1000-0.9	INTRAVE	SOLN	ML	500	GENERIC		409		Y	N	FORMULARY		1	GEN	GENERICS	R	MEDPRIM
409100520	HEPARIN	HEPARIN	201204 Anticoagu	20120416 Heparins	S	1000-0.9	INTRAVE	SOLN	ML	500	GENERIC		409		Y	N	FORMULARY		1	GEN	GENERICS	R	MEDPRIM
409100701	PARICAL	PARICAL	881600 Vitamin D	88160000 Vitamin D	S	2 MCG/ML	INTRAVE	SOLN	ML	1	GENERIC	1/1/2022	409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409100711	PARICAL	PARICAL	881600 Vitamin D	88160000 Vitamin D	S	2 MCG/ML	INTRAVE	SOLN	ML	1	GENERIC	1/1/2022	409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409100801	PARICAL	PARICAL	881600 Vitamin D	88160000 Vitamin D	S	5 MCG/ML	INTRAVE	SOLN	ML	1	GENERIC	1/1/2022	409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409100802	PARICAL	PARICAL	881600 Vitamin D	88160000 Vitamin D	S	5 MCG/ML	INTRAVE	SOLN	ML	2	GENERIC	1/1/2022	409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409100811	PARICAL	PARICAL	881600 Vitamin D	88160000 Vitamin D	S	5 MCG/ML	INTRAVE	SOLN	ML	1	GENERIC	1/1/2022	409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409100812	PARICAL	PARICAL	881600 Vitamin D	88160000 Vitamin D	S	5 MCG/ML	INTRAVE	SOLN	ML	2	GENERIC	1/1/2022	409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409103850	CARBOC	MEPIVAC	720000 Local Ane	72000000 Local Ane	S	1%	INJECTIO	SOLN	ML	50	MSB	1/7/2022	409	Y		N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
409104501	PEMETRE	PEMETRE	100000 Antineopla	10000000 Antineopla	R	100 MG/4	INTRAVE	SOLN	ML	4	MSB		409			N	EXCLUDE	SELF_INJ	6	SPBD2	FORMULARY EXCLUSION	R	MEDPRIM
409106001	PEMETRE	PEMETRE	100000 Antineopla	10000000 Antineopla	R	100 MG	INTRAVE	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409106101	PEMETRE	PEMETRE	100000 Antineopla	10000000 Antineopla	R	500 MG	INTRAVE	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409109802	CISATRA	CISATRA	122020 UNKNOW	12202000 UNKNOW	S	10 MG/5M	INTRAVE	SOLN	ML	5	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409109812	CISATRA	CISATRA	122020 UNKNOW	12202000 UNKNOW	S	10 MG/5M	INTRAVE	SOLN	ML	5	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409110301	CISATRA	CISATRA	122020 UNKNOW	12202000 UNKNOW	S	200 MG/2	INTRAVE	SOLN	ML	20	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409110311	CISATRA	CISATRA	122020 UNKNOW	12202000 UNKNOW	S	200 MG/2	INTRAVE	SOLN	ML	20	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409110502	ATRACUF	ATRACUF	122020 UNKNOW	12202000 UNKNOW	S	100 MG/1	INTRAVE	SOLN	ML	10	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409110522	ATRACUF	ATRACUF	122020 UNKNOW	12202000 UNKNOW	S	100 MG/1	INTRAVE	SOLN	ML	10	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409110901	ATRACUF	ATRACUF	122020 UNKNOW	12202000 UNKNOW	S	50 MG/5M	INTRAVE	SOLN	ML	5	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409110911	ATRACUF	ATRACUF	122020 UNKNOW	12202000 UNKNOW	S	50 MG/5M	INTRAVE	SOLN	ML	5	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409111201	BUSULFA	BUSULFA	100000 Antineopla	10000000 Antineopla	S	6 MG/ML	INTRAVE	SOLN	ML	10	GENERIC		409			N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409111210	BUSULFA	BUSULFA	100000 Antineopla	10000000 Antineopla	S	6 MG/ML	INTRAVE	SOLN	ML	10	GENERIC		409			N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409111301	INDOMET	INDOMET	280804 Nonsteroi	28080404 UNKNOW	S	1 MG	INTRAVE	SOLR	EA	1	GENERIC	10/4/2022	409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409113403	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	R	50 MG/ML	INTRAVE	SOLN	ML	20	GENERIC	12/11/2023	409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409113405	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	R	50 MG/ML	INTRAVE	SOLN	ML	50	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409114001	ARGATR	ARGATR	201204 Anticoagu	20120412 Direct Thr	S	250 MG/2.	INTRAVE	SOLN	ML	2.5	GENERIC		409			N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409114102	SODIUM	SODIUM	401200 Replacem	40120000 Replacem	S	4 MEQ/ML	INTRAVE	SOLN	ML	100	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409114112	SODIUM	SODIUM	401200 Replacem	40120000 Replacem	S	4 MEQ/ML	INTRAVE	SOLN	ML	100	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409114402	VERAPAM	VERAPAM	240404 Antiarrhyt	24040424 Class IV A	S	2.5 MG/M	INTRAVE	SOLN	ML	4	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409114405	VERAPAM	VERAPAM	240404 Antiarrhyt	24040424 Class IV A	S	2.5 MG/M	INTRAVE	SOLN	ML	2	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409114410	VERAPAM	VERAPAM	240404 Antiarrhyt	24040424 Class IV A	S	2.5 MG/M	INTRAVE	SOLN	ML	2	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409114411	VERAPAM	VERAPAM	240404 Antiarrhyt	24040424 Class IV A	S	2.5 MG/M	INTRAVE	SOLN	ML	2	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409114462	VERAPAM	VERAPAM	240404 Antiarrhyt	24040424 Class IV A	S	2.5 MG/M	INTRAVE	SOLN	ML	4	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409114465	VERAPAM	VERAPAM	240404 Antiarrhyt	24040424 Class IV A	S	2.5 MG/M	INTRAVE	SOLN	ML	2	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409115901	BUPIVAC	BUPIVAC	720000 Local Ane	72000000 Local Ane	S	0.25%	INJECTIO	SOLN	ML	10	GENERIC		409	Y		N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409115902	BUPIVAC	BUPIVAC	720000 Local Ane	72000000 Local Ane	S	0.25%	INJECTIO	SOLN	ML	30	GENERIC		409	N		N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409115909	BUPIVAC	BUPIVAC	720000 Local Ane	72000000 Local Ane	S	0.25%	INJECTIO	SOLN	ML	30	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409115910	BUPIVAC	BUPIVAC	720000 Local Ane	72000000 Local Ane	S	0.25%	INJECTIO	SOLN	ML	30	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409115918	BUPIVAC	BUPIVAC	720000 Local Ane	72000000 Local Ane	S	0.25%	INJECTIO	SOLN	ML	10	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409115919	BUPIVAC	BUPIVAC	720000 Local Ane	72000000 Local Ane	S	0.25%	INJECTIO	SOLN	ML	30	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409116001	BUPIVAC	BUPIVAC	720000 Local Ane	72000000 Local Ane	S	0.25%	INJECTIO	SOLN	ML	50	GENERIC		409	Y		N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409116018	BUPIVAC	BUPIVAC	720000 Local Ane	72000000 Local Ane	S	0.25%	INJECTIO	SOLN	ML	50	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409116201	BUPIVAC	BUPIVAC	720000 Local Ane	72000000 Local Ane	S	0.50%	INJECTIO	SOLN	ML	10	GENERIC		409	Y		N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409116202	BUPIVAC	BUPIVAC	720000 Local Ane	72000000 Local Ane	S	0.50%	INJECTIO	SOLN	ML	30	GENERIC		409	Y		N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409116209	BUPIVAC	BUPIVAC	720000 Local Ane	72000000 Local Ane	S	0.50%	INJECTIO	SOLN	ML	30	GENERIC	3/2/2023	409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409116210	BUPIVAC	BUPIVAC	720000 Local Ane	72000000 Local Ane	S	0.50%	INJECTIO	SOLN	ML	30	GENERIC	3/2/2023	409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409116218	BUPIVAC	BUPIVAC	720000 Local Ane	72000000 Local Ane	S	0.50%	INJECTIO	SOLN	ML	10	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409116219	BUPIVAC	BUPIVAC	720000 Local Ane	72000000 Local Ane	S	0.50%	INJECTIO	SOLN	ML	30	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409116301	BUPIVAC	BUPIVAC	720000 Local Ane	72000000 Local Ane	S	0.50%	INJECTIO	SOLN	ML	50	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409116318	BUPIVAC	BUPIVAC	720000 Local Ane	72000000 Local Ane	S	0.50%	INJECTIO	SOLN	ML	50	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409116501	BUPIVAC	BUPIVAC	720000 Local Ane	72000000 Local Ane	S	0.75%	INJECTIO	SOLN	ML	10	GENERIC		409	Y		N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409116502	BUPIVAC	BUPIVAC	720000 Local Ane	72000000 Local Ane	S	0.75%	INJECTIO	SOLN	ML	30	GENERIC		409	Y		N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409116518	BUPIVAC	BUPIVAC	720000 Local Ane	72000000 Local Ane	S	0.75%	INJECTIO	SOLN	ML	10	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409116519	BUPIVAC	BUPIVAC	720000 Local Ane	72000000 Local Ane	S	0.75%	INJECTIO	SOLN	ML	30	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409117401	PRECEDE	DEXMEDE	121204 alpha-Adr	12120400 alpha-Adr	S	400 MCG/	INTRAVE	SOLN	ML	100	MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
409117410	PRECEDE	DEXMEDE	121204 alpha-Adr	12120400 alpha-Adr	S	400 MCG/	INTRAVE	SOLN	ML	100	MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
409117603	DEMERO	MEPERID	280808 Opiate Ag	28080800 Opiate Ag	S	25 MG/ML	INJECTIO	SOLN	ML	1	MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
409117630	DEMERO	MEPERID	280808 Opiate Ag	28080800 Opiate Ag	S	25 MG/ML	INJECTIO	SOLN	ML	1	MSB		409		Y	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
409117803	DEMERO	MEPERID	280808 Opiate Ag	28080800 Opiate Ag	S	50 MG/ML	INJECTIO	SOLN	ML	1	MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
409117830	DEMERO	MEPERID	280808 Opiate Ag	28080800 Opiate Ag	S	50 MG/ML	INJECTIO	SOLN	ML	1	MSB		409		Y	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
409117903	DEMERO	MEPERID	280808 Opiate Ag	28080800 Opiate Ag	R	75 MG/ML	INJECTIO	SOLN	ML	1	SSB		409		Y	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	R	MEDPRIM
409117930	DEMERO	MEPERID	280808 Opiate Ag	28080800 Opiate Ag	R	75 MG/ML	INJECTIO	SOLN	ML	1	SSB		409		Y	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	R	MEDPRIM
409118059	DEMERO	MEPERID	280808 Opiate Ag	28080800 Opiate Ag	S	100 MG/M	INJECTIO	SOLN	ML	1	MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
409118069	DEMERO	MEPERID	280808 Opiate Ag	28080800 Opiate Ag	S	100 MG/M	INJECTIO	SOLN	ML	1	MSB		409		Y	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
409118130	DEMERO	MEPERID	280808 Opiate Ag	28080800 Opiate Ag	S	50 MG/ML	INJECTIO	SOLN	ML	30	MSB		409	Y	Y	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
409120703	GENTAMI	GENTAMI	81202 Aminoglyc	8120200 Aminoglyc	S	40 MG/ML	INJECTIO	SOLN	ML	2	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409120713	GENTAMI	GENTAMI	81202 Aminoglyc	8120200 Aminoglyc	S	40 MG/ML	INJECTIO	SOLN	ML	2	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409120801	CISATRA	CISATRA	122020 UNKNOW	12202000 UNKNOW	S	20 MG/10	INTRAVE	SOLN	ML	10	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409120811	CISATRA	CISATRA	122020 UNKNOW	12202000 UNKNOW	S	20 MG/10	INTRAVE	SOLN	ML	10	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409120901	LIDOCAIN	LIDOCAIN	720000 Local Ane	72000000 Local Ane	S	1.5 %-1:2	INJECTIO	SOLN	ML	5	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409120910	LIDOCAIN	LIDOCAIN	720000 Local Ane	72000000 Local Ane	S	1.5 %-1:2	INJECTIO	SOLN	ML	5	GENERIC		409	Y		N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409120965	LIDOCAIN	LIDOCAIN	720000 Local Ane	72000000 Local Ane	S	1.5 %-1:2	INJECTIO	SOLN	ML	5	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409121501	NALOXON	NALOXON	281000 Opiate An	28100000 Opiate An	S	0.4 MG/M	INJECTIO	SOLN	ML	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409121521	NALOXON	NALOXON	281000 Opiate An	28100000 Opiate An	S	0.4 MG/M	INJECTIO	SOLN	ML	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409121901	NALOXON	NALOXON	281000 Opiate An	28100000 Opiate An	S	4 MG/10M	INJECTIO	SOLN	ML	10	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409127303	DIAZEPAI	DIAZEPAI	282408 Benzodiaz	28240800 Benzodiaz	S	5 MG/ML	INJECTIO	SOLN	ML	2	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409127332	DIAZEPAI	DIAZEPAI	282408 Benzodiaz	28240800 Benzodiaz	S	5 MG/ML	INJECTIO	SOLN	ML	2	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409128303	HYDROM	HYDROM	280808 Opiate Ag	28080800 Opiate Ag	S	1 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409128304	HYDROM	HYDROM	280808 Opiate Ag	28080800 Opiate Ag	S	1 MG/ML	INJECTIO	SOLN	ML	0.5	GENERIC	2/15/2023	409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409128305	HYDROM	HYDROM	280808 Opiate Ag	28080800 Opiate Ag	S	1 MG/ML	INJECTIO	SOLN	ML	0.5	GENERIC	2/15/2023	409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409128317	HYDROM	HYDROM	280808 Opiate Ag	28080800 Opiate Ag	S	1 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409128331	HYDROM	HYDROM	280808 Opiate Ag	28080800 Opiate Ag	S	1 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409128337	HYDROM	HYDROM	280808 Opiate Ag	28080800 Opiate Ag	S	1 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409130403	HYDROM	HYDROM	280808 Opiate Ag	28080800 Opiate Ag	R	4 MG/ML	INJECTIO	SOLN	ML	1	MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
409130431	HYDROM	HYDROM	280808 Opiate Ag	28080800 Opiate Ag	R	4 MG/ML	INJECTIO	SOLN	ML	1	MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
409131203	HYDROM	HYDROM	280808 Opiate Ag	28080800 Opiate Ag	S	2 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409131216	HYDROM	HYDROM	280808 Opiate Ag	28080800 Opiate Ag	S	2 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409131230	HYDROM	HYDROM	280808 Opiate Ag	28080800 Opiate Ag	S	2 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409131236	HYDROM	HYDROM	280808 Opiate Ag	28080800 Opiate Ag	S	2 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409131611	HEPARIN	HEPARIN	201204 Anticoagu	20120416 Heparins	S	5000 UNI	INJECTIO	SOLN	ML	0.5	GENERIC		409		Y	N	FORMULARY		1	GEN	GENERICS	R	MEDPRIM
409131632	HEPARIN	HEPARIN	201204 Anticoagu	20120416 Heparins	S	5000 UNI	INJECTIO	SOLN	ML	0.5	GENERIC		409	N	Y	N	FORMULARY		1	GEN	GENERICS	R	MEDPRIM
409131901	VANCOM	VANCOM	81228 Antibacter	8122816 Glycopept	S	10 GM	INTRAVE	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409132305	LIDOCAIN	LIDOCAIN	240404 Antiarrhyt	24040408 Class Ib A	R	100 MG/5	INTRAVE	SOSY	ML	5	GENERIC		409	Y		N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409132315	LIDOCAIN	LIDOCAIN	240404 Antiarrhyt	24040408 Class Ib A	R	100 MG/5	INTRAVE	SOSY	ML	5	GENERIC		409	Y		N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409133001	DOXERC	DOXERC	881600 Vitamin D	88160000 Vitamin D	S	4 MCG/2M	INTRAVE	SOLN	ML	2	GENERIC	8/26/2022	409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409133011	DOXERC	DOXERC	881600 Vitamin D	88160000 Vitamin D	S	4 MCG/2M	INTRAVE	SOLN	ML	2	GENERIC	8/26/2022	409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409136201	DEMERO	MEPERID	280808 Opiate Ag	28080800 Opiate Ag	S	25 MG/ML	INJECTIO	SOLN	ML	1	MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
409136211	DEMERO	MEPERID	280808 Opiate Ag	28080800 Opiate Ag	S	25 MG/ML	INJECTIO	SOLN	ML	1	MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
409139021	MEROPEI	MEROPEI	81207 Miscellane	8120708 Carbapen	S	500 MG	INTRAVE	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409139051	MEROPEI	MEROPEI	81207 Miscellane	8120708 Carbapen	S	500 MG	INTRAVE	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409139121	MEROPEI	MEROPEI	81207 Miscellane	8120708 Carbapen	S	1 GM	INTRAVE	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409139122	MEROPEI	MEROPEI	81207 Miscellane	8120708 Carbapen	S	1 GM	INTRAVE	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409140101	REGADEN	REGADEN	361800 Cardiac F	36180000 Cardiac F	S	0.4 MG/5	INTRAVE	SOLN	ML	5	GENERIC		409			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409140105	REGADEN	REGADEN	361800 Cardiac F	36180000 Cardiac F	S	0.4 MG/5	INTRAVE	SOLN	ML	5	GENERIC		409			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409140212	HEPARIN	HEPARIN	201204 Anticoagu	20120416 Heparins	S	5000 UNI	INJECTIO	SOLN	ML	1	GENERIC		409		Y	N	FORMULARY		1	GEN	GENERICS	R	MEDPRIM
409140227	HEPARIN	HEPARIN	201204 Anticoagu	20120416 Heparins	S	5000 UNI	INJECTIO	SOLN	ML	1	GENERIC		409		Y	N	FORMULARY		1	GEN	GENERICS	R	MEDPRIM
409140305	ROCURO	ROCURO	122020 UNKNOW	12202000 UNKNOW	S	50 MG/5M	INTRAVE	SOLN	ML	5	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409140310	ROCURO	ROCURO	122020 UNKNOW	12202000 UNKNOW	S	50 MG/5M	INTRAVE	SOLN	ML	5	GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409141204	BUMETAN	BUMETAN	243608 UNKNOW	24360800 UNKNOW	S	0.25 MG/	INJECTIO	SOLN	ML	4	GENERIC	10/27/2022	409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409141210	BUMETAN	BUMETAN	243608 UNKNOW	24360800 UNKNOW	S	0.25 MG/	INJECTIO	SOLN	ML	10	GENERIC	9/21/2022	409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409141234	BUMETAN	BUMETAN	243608 UNKNOW	24360800 UNKNOW	S	0.25 MG/	INJECTIO	SOLN	ML	4	GENERIC	10/27/2022	409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409141240	BUMETAN	BUMETAN	243608 UNKNOW	24360800 UNKNOW	S	0.25 MG/	INJECTIO	SOLN	ML	10	GENERIC	9/21/2022	409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409141801	DEMERO	MEPERID	280808 Opiate Ag	28080800 Opiate Ag	S	50 MG/ML	INJECTIO	SOLN	ML	1	MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
409141811	DEMERO	MEPERID	280808 Opiate Ag	28080800 Opiate Ag	S	50 MG/ML	INJECTIO	SOLN	ML	1	MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
409143401	PRECEDE	DEXMEDE	121204 alpha-Adr	12120400 alpha-Adr	R	1000 MCG	INTRAVE	SOLN	ML	250	SSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409145401	PRECEDE	DEXMEDE	121204 alpha-Adr	12120400 alpha-Adr	S	200 MCG/	INTRAVE	SOLN	ML	50	MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
409145420	PRECEDE	DEXMEDE	121204 alpha-Adr	12120400 alpha-Adr	S	200 MCG/	INTRAVE	SOLN	ML	50	MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
409146301	NALBUPH	NALBUPH	280812 Opiate Pa	28081200 Opiate Pa	S	10 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		409	N	Y	N	FORMULARY		1	GEN	GENERICS	R	MEDPRIM
409146349	NALBUPH	NALBUPH	280812 Opiate Pa	28081200 Opiate Pa	S	10 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		409	Y	Y	N	FORMULARY		1	GEN	GENERICS	R	MEDPRIM
409146371	NALBUPH	NALBUPH	280812 Opiate Pa	28081200 Opiate Pa	S	10 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		409		Y	N	FORMULARY		1	GEN	GENERICS	R	MEDPRIM
409146401	NALBUPH	NALBUPH	280812 Opiate Pa	28081200 Opiate Pa	S	10 MG/ML	INJECTIO	SOLN	ML	10	GENERIC		409	Y	Y	N	FORMULARY		1	GEN	GENERICS	R	MEDPRIM
409146461	NALBUPH	NALBUPH	280812 Opiate Pa	28081200 Opiate Pa	S	10 MG/ML	INJECTIO	SOLN	ML	10	GENERIC		409		Y	N	FORMULARY		1	GEN	GENERICS	R	MEDPRIM
409146501	NALBUPH	NALBUPH	280812 Opiate Pa	28081200 Opiate Pa	S	20 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		409	N	Y	N	FORMULARY		1	GEN	GENERICS	R	MEDPRIM
409146701	NALBUPH	NALBUPH	280812 Opiate Pa	28081200 Opiate Pa	S	20 MG/ML	INJECTIO	SOLN	ML	10	GENERIC		409	Y	Y	N	FORMULARY		1	GEN	GENERICS	R	MEDPRIM
409146761	NALBUPH	NALBUPH	280812 Opiate Pa	28081200 Opiate Pa	S	20 MG/ML	INJECTIO	SOLN	ML	10	GENERIC		409		Y	N	FORMULARY		1	GEN	GENERICS	R	MEDPRIM
409154101	MARCAIN	BUPIVAC	720000 Local Ane	72000000 Local Ane	S	0.25-1:20	INJECTIO	SOLN	ML	30	MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
409154110	MARCAIN	BUPIVAC	720000 Local Ane	72000000 Local Ane	S	0.25-1:20	INJECTIO	SOLN	ML	30	MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
409155554	HEXTEND	HETASTA	401200 Replacem	40120000 Replacem	R	6%	INTRAVE	SOLN	ML	500	SSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409155564	HEXTEND	HETASTA	401200 Replacem	40120000 Replacem	R	6%	INTRAVE	SOLN	ML	500	SSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
409155910	MARCAIN	BUPIVAC	720000 Local Ane	72000000 Local Ane	S	0.25%	INJECTIO	SOLN	ML	10	MSB		409	Y		N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
409155918	MARCAIN	BUPIVAC	720000 Local Ane	72000000 Local Ane	S	0.25%	INJECTIO	SOLN	ML	10	MSB		409	Y		N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
409155919	MARCAIN	BUPIVAC	720000 Local Ane	72000000 Local Ane	S	0.25%	INJECTIO	SOLN	ML	30	MSB		409	Y		N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
409155930	MARCAIN	BUPIVAC	720000 Local Ane	72000000 Local Ane	S	0.25%	INJECTIO	SOLN	ML	30	MSB		409	Y		N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
409156010	MARCAIN	BUPIVAC	720000 Local Ane	72000000 Local Ane	S	0.50%	INJECTIO	SOLN	ML	10	MSB		409	Y		N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM

409156018	MARCAIN	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.50%	INJECTIO	SOLN	ML	10	MSB		409	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409156019	MARCAIN	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.50%	INJECTIO	SOLN	ML	30	MSB		409	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409156029	MARCAIN	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.50%	INJECTIO	SOLN	ML	30	MSB		409	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409158210	MARCAIN	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.75%	INJECTIO	SOLN	ML	10	MSB		409	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409158218	MARCAIN	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.75%	INJECTIO	SOLN	ML	10	MSB		409	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409158219	MARCAIN	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.75%	INJECTIO	SOLN	ML	30	MSB		409	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409158229	MARCAIN	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.75%	INJECTIO	SOLN	ML	30	MSB		409	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409158750	MARCAIN	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.25%	INJECTIO	SOLN	ML	50	MSB		409	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409159304	THAM	TROMETH	400800	Alkalinizin	40080000	Alkalinizing	R	30 MEQ/1	INTRAVEI	SOLN	ML	500	SSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409159314	THAM	TROMETH	400800	Alkalinizin	40080000	Alkalinizing	R	30 MEQ/1	INTRAVEI	SOLN	ML	500	SSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409159601	PRECEDE	DEXMEDE	121204	alpha-Adr	12120400	alpha-Adr	S	400 MCG/	INTRAVEI	SOLN	ML	100	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409159610	PRECEDE	DEXMEDE	121204	alpha-Adr	12120400	alpha-Adr	S	400 MCG/	INTRAVEI	SOLN	ML	100	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409161050	MARCAIN	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.50%	INJECTIO	SOLN	ML	50	MSB		409	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409162301	BUTORPH	BUTORPH	280812	Opiate Pa	28081200	Opiate Pa	R	1 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		409		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
409162321	BUTORPH	BUTORPH	280812	Opiate Pa	28081200	Opiate Pa	R	1 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		409		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
409162601	BUTORPH	BUTORPH	280812	Opiate Pa	28081200	Opiate Pa	R	2 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		409		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
409162602	BUTORPH	BUTORPH	280812	Opiate Pa	28081200	Opiate Pa	R	2 MG/ML	INJECTIO	SOLN	ML	2	GENERIC		409		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
409162621	BUTORPH	BUTORPH	280812	Opiate Pa	28081200	Opiate Pa	R	2 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		409		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
409162642	BUTORPH	BUTORPH	280812	Opiate Pa	28081200	Opiate Pa	R	2 MG/ML	INJECTIO	SOLN	ML	2	GENERIC		409		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
409163010	ATROPIN	ATROPIN	120808	Antimusca	12080800	Antimusca	S	1 MG/10M	INJECTIO	SOSY	ML	10	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409163015	ATROPIN	ATROPIN	120808	Antimusca	12080800	Antimusca	S	1 MG/10M	INJECTIO	SOSY	ML	10	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409163110	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	S	10%	INTRAVEI	SOLN	ML	10	GENERIC		409	N		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409163140	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	S	10%	INTRAVEI	SOLN	ML	10	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409163201	VECURO	VECURON	122020	UNKNOW	12202000	UNKNOW	S	10 MG	INTRAVEI	SOLR	EA	1	GENERIC	6/18/2024	409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409163221	VECURO	VECURON	122020	UNKNOW	12202000	UNKNOW	S	10 MG	INTRAVEI	SOLR	EA	1	GENERIC	6/18/2024	409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409163802	PRECEDE	DEXMEDE	121204	alpha-Adr	12120400	alpha-Adr	S	200 MCG/	INTRAVEI	SOLN	ML	2	MSB		409	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409163832	PRECEDE	DEXMEDE	121204	alpha-Adr	12120400	alpha-Adr	S	200 MCG/	INTRAVEI	SOLN	ML	2	MSB		409	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409163910	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	10	GENERIC	8/5/2022	409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409163921	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	10	GENERIC	8/5/2022	409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409166010	PRECEDE	DEXMEDE	121204	alpha-Adr	12120400	alpha-Adr	S	400 MCG/	INTRAVEI	SOLN	ML	100	MSB	12/11/2023	409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409166020	PRECEDE	DEXMEDE	121204	alpha-Adr	12120400	alpha-Adr	S	80 MCG/2	INTRAVEI	SOLN	ML	20	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409166022	PRECEDE	DEXMEDE	121204	alpha-Adr	12120400	alpha-Adr	S	80 MCG/2	INTRAVEI	SOLN	ML	20	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409166035	PRECEDE	DEXMEDE	121204	alpha-Adr	12120400	alpha-Adr	S	400 MCG/	INTRAVEI	SOLN	ML	100	MSB	12/11/2023	409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409166050	PRECEDE	DEXMEDE	121204	alpha-Adr	12120400	alpha-Adr	S	200 MCG/	INTRAVEI	SOLN	ML	50	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409166055	PRECEDE	DEXMEDE	121204	alpha-Adr	12120400	alpha-Adr	S	200 MCG/	INTRAVEI	SOLN	ML	50	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409170001	BORTEZO	BORTEZO	100000	Antineopla	10000000	Antineopla	S	3.5 MG	INJECTIO	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409170301	BORTEZO	BORTEZO	100000	Antineopla	10000000	Antineopla	R	2.5 MG	INJECTIO	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409170401	BORTEZO	BORTEZO	100000	Antineopla	10000000	Antineopla	R	1 MG	INJECTIO	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409173201	DOCETAX	DOCETAX	100000	Antineopla	10000000	Antineopla	S	160 MG/1	INTRAVEI	SOLN	ML	16	MSB		409			N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION			R	MEDPRIM
409174610	MARCAIN	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	.25%-1:20	INJECTIO	SOLN	ML	10	MSB		409	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409174630	MARCAIN	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	.25%-1:20	INJECTIO	SOLN	ML	30	MSB		409	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409174670	MARCAIN	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	.25%-1:20	INJECTIO	SOLN	ML	10	MSB		409	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409174671	MARCAIN	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	.25%-1:20	INJECTIO	SOLN	ML	30	MSB		409	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409174910	MARCAIN	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.5% -1:2	INJECTIO	SOLN	ML	10	MSB		409	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409174929	MARCAIN	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.5% -1:2	INJECTIO	SOLN	ML	30	MSB		409	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409174970	MARCAIN	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.5% -1:2	INJECTIO	SOLN	ML	10	MSB		409	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409174971	MARCAIN	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.5% -1:2	INJECTIO	SOLN	ML	30	MSB		409	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409175250	MARCAIN	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	.25%-1:20	INJECTIO	SOLN	ML	50	MSB		409	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409175410	MAGNESI	MAGNESI	281292	Anticonvul	28129200	Anticonvul	S	50%	INJECTIO	SOLN	ML	10	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409175415	MAGNESI	MAGNESI	281292	Anticonvul	28129200	Anticonvul	S	50%	INJECTIO	SOLN	ML	10	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409175550	MARCAIN	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.5% -1:2	INJECTIO	SOLN	ML	50	MSB		409	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409176102	MARCAIN	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.75-8.25	INTRATHI	SOLN	ML	2	MSB	3/8/2022	409	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409176110	MARCAIN	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.75-8.25	INTRATHI	SOLN	ML	2	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409176118	MARCAIN	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.75-8.25	INTRATHI	SOLN	ML	2	MSB		409	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409176119	MARCAIN	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.75-8.25	INTRATHI	SOLN	ML	2	MSB	3/8/2022	409	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409176162	MARCAIN	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	.75%-8.25	INTRATHI	SOLN	ML	2	MSB		409	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409177510	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	R	250 MG/M	INTRAVEI	SOLN	ML	10	MSB		409	N		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409177540	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	R	250 MG/M	INTRAVEI	SOLN	ML	10	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409177805	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG/5ML	INTRAVEI	SOLN	ML	5	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409177815	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG/5ML	INTRAVEI	SOLN	ML	5	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409178203	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	R	0.4 MG/M	INJECTIO	SOCT	ML	1	GENERIC		409		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
409178269	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	R	0.4 MG/M	INJECTIO	SOCT	ML	1	GENERIC		409		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
409180501	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	R	0.25 MG/0	INJECTIO	SOLN	ML	0.5	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409180510	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	R	0.25 MG/0	INJECTIO	SOLN	ML	0.5	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409188602	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	500 MG/5	INTRAVEI	SOLN	ML	5	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409188605	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	500 MG/5	INTRAVEI	SOLN	ML	5	GENERIC	12/14/2022	409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409188615	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	500 MG/5	INTRAVEI	SOLN	ML	5	GENERIC	12/14/2022	409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409188622	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	500 MG/5	INTRAVEI	SOLN	ML	5	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409189001	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	2 MG/ML	INTRAVEI	SOLN	ML	1	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409189003	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	2 MG/ML	INTRAVEI	SOLN	ML	1	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409189013	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	2 MG/ML	INTRAVEI	SOLN	ML	1	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409189023	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	2 MG/ML	INTRAVEI	SOLN	ML	1	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409189101	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	4 MG/ML	INTRAVEI	SOLN	ML	1	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409189103	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	4 MG/ML	INTRAVEI	SOLN	ML	1	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409189113	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	4 MG/ML	INTRAVEI	SOLN	ML	1	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409189123	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	4 MG/ML	INTRAVEI	SOLN	ML	1	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409189201	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	8 MG/ML	INTRAVEI	SOLN	ML	1	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409189203	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	8 MG/ML	INTRAVEI	SOLN	ML	1	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409189301	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	10 MG/ML	INTRAVEI	SOLN	ML	1	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409189303	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	10 MG/ML	INTRAVEI	SOLN	ML	1	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409189313	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	10 MG/ML	INTRAVEI	SOLN	ML	1	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409189323	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	10 MG/ML	INTRAVEI	SOLN	ML	1	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409189620	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	50 MG/ML	INTRAVEI	SOLN	ML	20	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409190201	PROCAIN	PROCAIN	240404	Antiarrhyt	24040404	Class Ia A	S	100 MG/M	INJECTIO	SOLN	ML	10	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409190211	PROCAIN	PROCAIN	240404	Antiarrhyt	24040404	Class Ia A	S	100 MG/M	INJECTIO	SOLN	ML	10	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409193201	ADENOSI	ADENOSI	361800	Cardiac Fu	36180000	Cardiac Fu	S	3 MG/ML	INTRAVEI	SOLN	ML	20	GENERIC	6/23/2023	409			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409193202	ADENOSI	ADENOSI	361800	Cardiac Fu	36180000	Cardiac Fu	S	3 MG/ML	INTRAVEI	SOLN	ML	30	GENERIC	12/5/2022	409			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409196601	SODIUM (	BACTERI	401200	Replacem	40120000	Replacem	S	0.90%	INJECTIO	SOLN	ML	20	GENERIC		409		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
409196602	SODIUM (	BACTERI	401200	Replacem	40120000	Replacem	S	0.90%	INJECTIO	SOLN	ML	30	GENERIC		409		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
409196605	SODIUM (	BACTERI	401200	Replacem	40120000	Replacem	S	0.90%	INJECTIO	SOLN	ML	20	GENERIC		409	N	Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
409196606	SODIUM (	BACTERI	401200	Replacem	40120000	Replacem	S	0.90%	INJECTIO	SOLN	ML	10	GENERIC		409		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
409196607	SODIUM (	BACTERI	401200	Replacem	40120000	Replacem	S	0.90%	INJECTIO	SOLN	ML	30	GENERIC		409	N	Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
409196612	SODIUM (	BACTERI	401200	Replacem	40120000	Replacem	S	0.90%	INJECTIO	SOLN	ML	10	GENERIC		409	N	Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
409198301	MILRINON	MILRINON	240408	Cardiotoni	24040800	Cardiotoni	S	40-5 MG/2	INTRAVEI	SOLN	ML	200	GENERIC		409	N		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409198310	MILRINON	MILRINON	240408	Cardiotoni	24040800	Cardiotoni	S	40-5 MG/2	INTRAVEI	SOLN	ML	200	GENERIC		409	N		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409198503	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409198530	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409201105	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	500 MG/5	INTRAVEI	SOLN	ML	5	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409201125	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	500 MG/5	INTRAVEI	SOLN	ML	5	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409201203	BUPRENO	BUPRENO	280812	Opiate Pa	28081200	Opiate Pa	S	0.3 MG/M	INJECTIO	SOLN	ML	1	GENERIC		409		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
409201232	BUPRENO	BUPRENO	280812	Opiate Pa	28081200	Opiate Pa	S	0.3 MG/M	INJECTIO	SOLN	ML	1	GENERIC		409		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
409201605	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG/5ML	INTRAVEI	SOLN	ML	5	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409201610	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG/5ML	INTRAVEI	SOLN	ML	5	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409202601	DOCETAX	DOCETAX	100000	Antineopla	10000000	Antineopla	S	20 MG/2M	INTRAVEI	SOLN	ML	2	MSB		409			N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION			R	MEDPRIM
409204501	MILRINON	MILRINON	240408	Cardiotoni	24040800	Cardiotoni	S	20-5 MG/1	INTRAVEI	SOLN	ML	100	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409204510	MILRINON	MILRINON	240408	Cardiotoni	24040800	Cardiotoni	S	20-5 MG/1	INTRAVEI	SOLN	ML	100	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409204902	WINTHRO	PARENTE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		409			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409205001	MAGNESI	MAGNESI	281292	Anticonvul	28129200	Anticonvul	S	20 GM/50	INTRAVEI	SOLN	ML	500	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409205020	MAGNESI	MAGNESI	281292	Anticonvul	28129200	Anticonvul	S	20 GM/50	INTRAVEI	SOLN	ML	500	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409205105	KETAMIN	KETAMIN	280408	UNKNOW	28040800	UNKNOW	S	100 MG/M	INJECTIO	SOLN	ML	5	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409205115	KETAMIN	KETAMIN	280408	UNKNOW	28040800	UNKNOW	S	100 MG/M	INJECTIO	SOLN	ML	5	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409205310	KETAMIN	KETAMIN	280408	UNKNOW	28040800	UNKNOW	S	50 MG/ML	INJECTIO	SOLN	ML	10	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409206605	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	5	GENERIC		409	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409206610	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	5	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409216817	MAGNESI	MAGNESI	281292	Anticonvul	28129200	Anticonvul	S	50%	INJECTIO	SOLN	ML	20	GENERIC		409	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409216877	MAGNESI	MAGNESI	281292	Anticonvul	28129200	Anticonvul	S	50%	INJECTIO	SOLN	ML	20	GENERIC		409	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409218801	PEMETRE	PEMETRE	100000	Antineopla	10000000	Antineopla	R	500 MG/2	INTRAVEI	SOLN	ML	20	MSB		409			N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION			R	MEDPRIM
409222001	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	250 MG/5	INTRAVEI	SOLN	ML	50	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409222024	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	250 MG/5	INTRAVEI	SOLN	ML	50	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409222201	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	2000-0.9 U	INTRAVEI	SOLN	ML	1000	GENERIC		409		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
409222212	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	2000-0.9 U	INTRAVEI	SOLN	ML	1000	GENERIC		409		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
409226720	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG/ML	INTRAVEI	SOLN	ML	20	GENERIC	8/28/2023	409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409226754	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG/ML	INTRAVEI	SOLN	ML	40	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409230001	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	200 MG/1	INTRAVEI	SOLN	ML	100	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409230024	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	200 MG/1	INTRAVEI	SOLN	ML	100	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409230504	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG/5ML	INJECTIO	SOLN	ML	5	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409230505	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG/5ML	INJECTIO	SOLN	ML	5	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409230516	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG/2ML	INJECTIO	SOLN	ML	2	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409230517	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG/2ML	INJECTIO	SOLN	ML	2	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409230550	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG/5ML	INJECTIO	SOLN	ML	5	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409230555	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG/5ML	INJECTIO	SOLN	ML	5	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409230801	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		409		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
409230802	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG/2M	INJECTIO	SOLN	ML	2	GENERIC		409		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
409230821	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409230822	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG/2M	INJECTIO	SOLN	ML	2	GENERIC		409		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
409230849	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		409		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
409230850	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG/2M	INJECTIO	SOLN	ML	2	GENERIC		409		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
409230869	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409233715	DEFEROX	DEFEROX	640000	Heavy Me	64000000	Heavy Me	S	2 GM	INJECTIO	SOLR	EA	1	GENERIC		409		Y	N	FORMULARY		1 GEN	GENERICS	X	PA:X	R	MEDPRIM
409233725	DEFEROX	DEFEROX	640000	Heavy Me	64000000	Heavy Me	S	2GM	INJECTIO	SOLR	EA	1	GENERIC		409		Y	N	FORMULARY		1 GEN	GENERICS	X	PA:X	R	MEDPRIM
409233924	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG/ML	INTRAVEI	SOLN	ML	4	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409233934	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG/ML	INTRAVEI	SOLN	ML	4	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409234401	DOBUTAM	DOBUTAM	121208	beta-Adre	12120808	Selective I	S	250 MG/2	INTRAVEI	SOLN	ML	20	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409234402	DOBUTAM	DOBUTAM	121208	beta-Adre	12120808	Selective I	S	250 MG/2	INTRAVEI	SOLN	ML	20	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409234462	DOBUTAM	DOBUTAM	121208	beta-Adre	12120808	Selective I	S	250 MG/2	INTRAVEI	SOLN	ML	20	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409234468	DOBUTAM	DOBUTAM	121208	beta-Adre	12120808	Selective I	S	250 MG/2	INTRAVEI	SOLN	ML	20	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409234488	DOBUTAM	DOBUTAM	121208	beta-Adre	12120808	Selective I	S	250 MG/2	INTRAVEI	SOLN	ML	20	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409234631	DOBUTAM	DOBUTAM	121208	beta-Adre	12120808	Selective I	R	5%-1MG/M	INTRAVEI	SOLN	ML	250	MSB		409	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409234632	DOBUTAM	DOBUTAM	121208	beta-Adre	12120808	Selective I	R	5%-1MG/M	INTRAVEI	SOLN	ML	250	MSB		409	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409234731	DOBUTAM	DOBUTAM	121208	beta-Adre	12120808	Selective I	R	5%-2MG/M	INTRAVEI	SOLN	ML	250	MSB		409	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409234732	DOBUTAM	DOBUTAM	121208	beta-Adre	12120808	Selective I	R	5%-2MG/M	INTRAVEI	SOLN	ML	250	MSB		409	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409250410	PALONOS	PALONOS	562220	5-HT3 Re	56222000	5-HT3 Re	S	0.25 MG/5	INTRAVEI	SOLN	ML	5	GENERIC	4/12/2023	409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409255201	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	1 MG/ML	INJECTIO	SOLN	ML	1	GENERIC	11/30/2022	409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409255211	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	1 MG/ML	INJECTIO	SOLN	ML	1	GENERIC	11/30/2022	409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409258501	CEFAZOL	CEFAZOL	81206	Cephalosp	8120604	First Gene	R	1GM	INTRAVEI	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409258511	CEFAZOL	CEFAZOL	81206	Cephalosp	8120604	First Gene	R	1GM	INTRAVEI	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409258705	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG/10	INJECTIO	SOLN	ML	10	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409259603	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	25 MG/5M	INJECTIO	SOLN	ML	5	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409259605	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	50 MG/10	INJECTIO	SOLN	ML	10	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409259615	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	50 MG/10	INJECTIO	SOLN	ML	10	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409263401	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	10 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409263405	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG/5M	INJECTIO	SOLN	ML	5	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409263410	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	10 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409263425	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG/5M	INJECTIO	SOLN	ML	5	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409263450	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	500 MG/5	INJECTIO	SOLN	ML	50	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409268901	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	R	1.5 (1-0.5)	INTRAVEI	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409268921	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	R	1.5 (1-0.5)	INTRAVEI	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409272001	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	1000 UNI	INJECTIO	SOLN	ML	1	GENERIC		409		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
409272002	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	1000 UNI	INJECTIO	SOLN	ML	10	GENERIC		409		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
409272003	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	1000 UNI	INJECTIO	SOLN	ML	30	GENERIC		409		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
409272030	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	1000 UNI	INJECTIO	SOLN	ML	1	GENERIC		409		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
409272031	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	1000 UNI	INJECTIO	SOLN	ML	10	GENERIC		409		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
409272032	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	1000 UNI	INJECTIO	SOLN	ML	30	GENERIC		409		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
409272101	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	10000 UN	INJECTIO	SOLN	ML	1	GENERIC		409		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
409272130	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	10000 UN	INJECTIO	SOLN	ML	1	GENERIC		409		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
409272301	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	5000 UNI	INJECTIO	SOLN	ML	1	GENERIC		409		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
409272302	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	5000 UNI	INJECTIO	SOLN	ML	10	GENERIC		409		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
409272330	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	5000 UNI	INJECTIO	SOLN	ML	1	GENERIC		409		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
409272331	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	5000 UNI	INJECTIO	SOLN	ML	10	GENERIC		409		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
409275701	DAPTOMY	DAPTOMY	81228	Antibacter	8122812	Cyclic Lipo	S	500 MG	INTRAVEI	SOLR	EA	1	GENERIC	9/13/2022	409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409277623	MILRINON	MILRINON	240408	Cardiotoni	24040800	Cardiotoni	S	20-5 MG/1	INTRAVEI	SOLN	ML	100	GENERIC	5/2/2022	409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409277643	MILRINON	MILRINON	240408	Cardiotoni	24040800	Cardiotoni	S	20-5 MG/1	INTRAVEI	SOLN	ML	100	GENERIC	5/2/2022	409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409281501	PRECEDE	DEXMEDE	121204	alpha-Adr	12120400	alpha-Adr	R	1000 MCG	INTRAVEI	SOLN	ML	250	SSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409298703	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	R	3 (2-1) GM	INTRAVEI	SOLR	EA	1	GENERIC		409	N		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409298723	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	R	3 (2-1) GM	INTRAVEI	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409299914	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	13.5 (12-1	INTRAVEI	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409315005	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	R	25000-0.4	INTRAVEI	SOLN	ML	500	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409315020	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	R	25000-0.4	INTRAVEI	SOLN	ML	500	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409316401	MAGNESI	MAGNESI	281292	Anticonvul	28129200	Anticonvul	S	40 GM/10	INTRAVEI	SOLN	ML	1000	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409316412	MAGNESI	MAGNESI	281292	Anticonvul	28129200	Anticonvul	S	40 GM/10	INTRAVEI	SOLN	ML	1000	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409317701	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1:200000-	INJECTIO	SOLN	ML	50	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409317716	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	0.5 %-1:2	INJECTIO	SOLN	ML	50	GENERIC		409	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409317801	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1 %-1:100	INJECTIO	SOLN	ML	20	GENERIC	11/18/2024	409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409317802	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1 %-1:100	INJECTIO	SOLN	ML	30	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409317803	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1 %-1:100	INJECTIO	SOLN	ML	50	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409317816	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1 %-1:100	INJECTIO	SOLN	ML	20	GENERIC	11/18/2024	409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409317817	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1 %-1:100	INJECTIO	SOLN	ML	30	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409317818	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1 %-1:100	INJECTIO	SOLN	ML	50	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409318101	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1.5 %-1:2	INJECTIO	SOLN	ML	30	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409318111	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1.5 %-1:2	INJECTIO	SOLN	ML	30	GENERIC		409	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409318201	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2 %-1:100	INJECTIO	SOLN	ML	20	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409318202	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2 %-1:100	INJECTIO	SOLN	ML	30	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409318203	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2 %-1:100	INJECTIO	SOLN	ML	50	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409318211	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2 %-1:100	INJECTIO	SOLN	ML	20	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409318221	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2 %-1:100	INJECTIO	SOLN	ML	30	GENERIC		409	N		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409318231	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2 %-1:100	INJECTIO	SOLN	ML	50	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409318301	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2 %-1:200	INJECTIO	SOLN	ML	20	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409318311	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2 %-1:200	INJECTIO	SOLN	ML	20	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409318905	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	50 MG/5M	INTRAVEI	SOLN	ML	5	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409318910	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	50 MG/5M	INTRAVEI	SOLN	ML	5	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409321311	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG/ML	INJECTIO	SOLN	ML	10	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409321312	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG/ML	INJECTIO	SOLN	ML	10	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409329415	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	2 MEQ/ML	INTRAVEI	SOLN	ML	50	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409329425	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	2 MEQ/ML	INTRAVEI	SOLN	ML	50	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409329451	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	2 MEQ/ML	INTRAVEI	SOLN	ML	50	MSB		409	N		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409329461	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	2 MEQ/ML	INTRAVEI	SOLN	ML	50	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409329905	SODIUM	SODIUM	400800	Alkalinizin	40080000	Alkalinizing	S	2 MEQ/ML	INTRAVEI	SOLN	ML	50	MSB		409	N		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409329906	SODIUM	SODIUM	400800	Alkalinizin	40080000	Alkalinizing	S	2 MEQ/ML	INTRAVEI	SOLN	ML	100	MSB		409	N		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409329915	SODIUM	SODIUM	400800	Alkalinizin	40080000	Alkalinizing	S	2 MEQ/ML	INTRAVEI	SOLN	ML	50	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409329916	SODIUM	SODIUM	400800	Alkalinizin	40080000	Alkalinizing	S	2 MEQ/ML	INTRAVEI	SOLN	ML	100	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409329925	SODIUM	SODIUM	400800	Alkalinizin	40080000	Alkalinizing	S	2 MEQ/ML	INTRAVEI	SOLN	ML	100	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409329926	SODIUM	SODIUM	400800	Alkalinizin	40080000	Alkalinizing	S	2 MEQ/ML	INTRAVEI	SOLN	ML	50	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409329945	SODIUM	SODIUM	400800	Alkalinizin	40080000	Alkalinizing	S	2 MEQ/ML	INTRAVEI	SOLN	ML	100	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409329946	SODIUM	SODIUM	400800	Alkalinizin	40080000	Alkalinizing	S	2 MEQ/ML	INTRAVEI	SOLN	ML	50	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409330001	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	400 MG/2	INTRAVEI	SOLN	ML	200	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409330024	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	400 MG/2	INTRAVEI	SOLN	ML	200	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409330101	PRECEDE	DEXMEDE	121204	alpha-Adr	12120400	alpha-Adr	S	80 MCG/2	INTRAVEI	SOLN	ML	20	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409330110	PRECEDE	DEXMEDE	121204	alpha-Adr	12120400	alpha-Adr	S	80 MCG/2	INTRAVEI	SOLN	ML	20	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409330703	ACETYLC	ACETYLC	910404	UNKNOW	91040400	UNKNOW	S	10%	INHALATI	SOLN	ML	30	GENERIC		409			N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
409330711	ACETYLC	ACETYLC	910404	UNKNOW	91040400	UNKNOW	S	10%	INHALATI	SOLN	ML	30	GENERIC		409			N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
409330803	ACETYLC	ACETYLC	910404	UNKNOW	91040400	UNKNOW	S	20%	INHALATI	SOLN	ML	30	GENERIC		409			N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
409330811	ACETYLC	ACETYLC	910404	UNKNOW	91040400	UNKNOW	S	20%	INHALATI	SOLN	ML	30	GENERIC		409			N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
409333001	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG/1	INTRAVEI	SOLN	ML	100	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409333024	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG/1	INTRAVEI	SOLN	ML	100	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409336510	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	2 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409337301	CORLOPA	FENOLDO	240816	Central Al	24081600	Central Al	R	10 MG/ML	INTRAVEI	SOLN	ML	1	SSB	11/22/2023	409			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409337302	CORLOPA	FENOLDO	240816	Central Al	24081600	Central Al	R	20 MG/2M	INTRAVEI	SOLN	ML	2	SSB	1/19/2023	409			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409337402	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	2.25 (2-0.2	INTRAVEI	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409337411	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	2.25 (2-0.2	INTRAVEI	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409337504	LEVOPHE	NOREPIN	121212	alpha- and	12121200	alpha- and	S	1 MG/ML	INTRAVEI	SOLN	ML	4	MSB		409	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409337514	LEVOPHE	NOREPIN	121212	alpha- and	12121200	alpha- and	S	1 MG/ML	INTRAVEI	SOLN	ML	4	MSB		409	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
409337811	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	3.375 (3-0	INTRAVEI	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409337813	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	3.375 (3-0	INTRAVEI	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409337904	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	4.5 (4-0.5)	INTRAVEI	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409337911	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	4.5 (4-0.5)	INTRAVEI	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409338211	SUFENTA	SUFENTA	280808	Opiate Ag	28080800	Opiate Ag	S	50 MCG/M	INTRAVEI	SOLN	ML	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409338221	SUFENTA	SUFENTA	280808	Opiate Ag	28080800	Opiate Ag	S	50 MCG/M	INTRAVEI	SOLN	ML	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409338302	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	2.25 (2-0.2	INTRAVEI	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409338311	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	2.25 (2-0.2	INTRAVEI	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409338511	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	3.375 (3-0	INTRAVEI	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409338513	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	3.375 (3-0	INTRAVEI	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409339004	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	4.5 (4-0.5)	INTRAVEI	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409339011	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	4.5 (4-0.5)	INTRAVEI	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409341201	MEROPEN	MEROPEN	81207	Miscellane	8120708	Carbapen	S	1 GM	INTRAVEI	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
409341210	MEROPEN	MEROPEN	81207	Miscellane	8120708	Carbapen	S	1 GM	INTRAVEI	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM

409341401	METOCL	METOCL	563200	Prokinetic	56320000	Prokinetic	S	5 MG/ML	INJECTIO	SOLN	ML	2		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409341411	METOCL	METOCL	563200	Prokinetic	56320000	Prokinetic	S	5 MG/ML	INJECTIO	SOLN	ML	2		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409341418	METOCL	METOCL	563200	Prokinetic	56320000	Prokinetic	S	5 MG/ML	INJECTIO	SOLN	ML	2		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409341421	METOCL	METOCL	563200	Prokinetic	56320000	Prokinetic	S	5 MG/ML	INJECTIO	SOLN	ML	2		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409351021	ERTAPEN	ERTAPEN	81207	Miscellane	8120708	Carbapen	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409351022	ERTAPEN	ERTAPEN	81207	Miscellane	8120708	Carbapen	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409351501	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	R	1.5 GM	INTRAVE	SOLR	EA	1		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409351511	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	R	1.5 GM	INTRAVE	SOLR	EA	1		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409353201	PEMETRE	PEMETRE	100000	Antineopla	10000000	Antineopla	R	1 GM/40M	INTRAVE	SOLN	ML	40		GENERIC		409			N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409357801	TOBRAM	TOBRAM	81202	Aminoglyc	8120200	Aminoglyc	S	80 MG/2M	INJECTIO	SOLN	ML	2		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409357811	TOBRAM	TOBRAM	81202	Aminoglyc	8120200	Aminoglyc	S	80 MG/2M	INJECTIO	SOLN	ML	2		GENERIC		409	Y		N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409361301	BUPIVAC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.75-8.25	INTRATH	SOLN	ML	2		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409361311	BUPIVAC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.75-8.25	INTRATH	SOLN	ML	2		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409367001	CISATRA	CISATRA	122020	UNKNOW	12202000	UNKNOW	S	200 MG/2	INTRAVE	SOLN	ML	20		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409367010	CISATRA	CISATRA	122020	UNKNOW	12202000	UNKNOW	S	200 MG/2	INTRAVE	SOLN	ML	20		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409371801	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	500 MG	INJECTIO	SOLR	EA	1		GENERIC	9/27/2022	409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409371810	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	500 MG	INJECTIO	SOLR	EA	1		GENERIC	9/27/2022	409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409372001	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	2 GM	INJECTIO	SOLR	EA	1		GENERIC	7/15/2022	409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409372010	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	2 GM	INJECTIO	SOLR	EA	1		GENERIC	7/15/2022	409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409372411	DOBUTAM	DOBUTAM	121208	beta-Adre	12120808	Selective I	R	5%-4MG/M	INTRAVE	SOLN	ML	250		MSB		409	N		N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409372432	DOBUTAM	DOBUTAM	121208	beta-Adre	12120808	Selective I	R	5%-4MG/M	INTRAVE	SOLN	ML	250		MSB		409	N		N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409372501	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	10 GM	INTRAVE	SOLR	EA	1		GENERIC	9/6/2023	409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409372511	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	10 GM	INTRAVE	SOLR	EA	1		GENERIC	9/6/2023	409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409372601	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC	10/4/2022	409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409372610	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC	10/4/2022	409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409379301	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	15 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		409		Y	N	FORMULARY		1	GEN	GENERICS			X	5 DAYS	R	MEDPRMI
409379319	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	15 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		409		Y	N	FORMULARY		1	GEN	GENERICS			X	5 DAYS	R	MEDPRMI
409379501	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	30 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		409		Y	N	FORMULARY		1	GEN	GENERICS			X	5 DAYS	R	MEDPRMI
409379519	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	30 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		409		Y	N	FORMULARY		1	GEN	GENERICS			X	5 DAYS	R	MEDPRMI
409379601	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	60 MG/2M	INTRAMU	SOLN	ML	2		GENERIC		409		Y	N	FORMULARY		1	GEN	GENERICS			X	5 DAYS	R	MEDPRMI
409379619	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	60 MG/2M	INTRAMU	SOLN	ML	2		GENERIC		409		Y	N	FORMULARY		1	GEN	GENERICS			X	5 DAYS	R	MEDPRMI
409381201	MARCAIN	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.25-1:20	INJECTIO	SOLN	ML	50		MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409381411	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	0.5 MG/M	INJECTIO	SOLN	ML	10		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409381412	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	0.5 MG/M	INJECTIO	SOLN	ML	10		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409381511	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	1 MG/ML	INJECTIO	SOLN	ML	10		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409381512	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	1 MG/ML	INJECTIO	SOLN	ML	10		GENERIC		409	Y		N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409397701	BACTERI	WATER F	960000	Pharmace	96000000	Pharmace	R	.9%-0	INJECTIO	SOLN	ML	30		MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409397703	BACTERI	WATER F	960000	Pharmace	96000000	Pharmace	R	.9%-0	INJECTIO	SOLN	ML	30		MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409401101	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	2.5 MG/M	INTRAVE	SOLN	ML	2		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409401161	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	2.5 MG/M	INTRAVE	SOLN	ML	2		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409403101	MANNITO	MANNITO	243612	UNKNOW	24361200	UNKNOW	S	25%	INTRAVE	SOLN	ML	50		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409403116	MANNITO	MANNITO	243612	UNKNOW	24361200	UNKNOW	S	25%	INTRAVE	SOLN	ML	50		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409409001	ZINC CHL	ZINC CHL	401200	Replacem	40120000	Replacem	S	1 MG/ML	INTRAVE	SOLN	ML	10		MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409409011	ZINC CHL	ZINC CHL	401200	Replacem	40120000	Replacem	S	1 MG/ML	INTRAVE	SOLN	ML	10		MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409409101	MANGANI	MANGANI	401200	Replacem	40120000	Replacem	R	0.1 MG/M	INTRAVE	SOLN	ML	10		MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409409111	MANGANI	MANGANI	401200	Replacem	40120000	Replacem	R	0.1 MG/M	INTRAVE	SOLN	ML	10		MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409409201	CUPRIC	CUPRIC	401200	Replacem	40120000	Replacem	S	0.4 MG/M	INTRAVE	SOLN	ML	10		MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409409211	CUPRIC	CUPRIC	401200	Replacem	40120000	Replacem	S	0.4 MG/M	INTRAVE	SOLN	ML	10		MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409409301	CHROMIU	CHROMIC	401200	Replacem	40120000	Replacem	R	40 MCG/1	INTRAVE	SOLN	ML	10		MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409409309	CHROMIU	CHROMIC	401200	Replacem	40120000	Replacem	R	40 MCG/1	INTRAVE	SOLN	ML	10		MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409409310	CHROMIU	CHROMIC	401200	Replacem	40120000	Replacem	R	40 MCG/1	INTRAVE	SOLN	ML	10		MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409409311	CHROMIU	CHROMIC	401200	Replacem	40120000	Replacem	R	40 MCG/1	INTRAVE	SOLN	ML	10		MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409412101	MAGNESI	MAGNESI	281292	Anticonvul	28129200	Anticonvul	S	4 GM/100	INTRAVE	SOLN	ML	100		MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409412150	MAGNESI	MAGNESI	281292	Anticonvul	28129200	Anticonvul	S	4 GM/100	INTRAVE	SOLN	ML	100		MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409420801	MARCAIN	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.5% -1:2	INJECTIO	SOLN	ML	30		MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409420810	MARCAIN	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.5% -1:2	INJECTIO	SOLN	ML	30		MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409421501	ZOLEDRO	ZOLEDRO	922400	UNKNOW	92240000	UNKNOW	S	4 MG/5ML	INTRAVE	CONC	ML	5		GENERIC	8/31/2023	409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409423501	DOCETAX	DOCETAX	100000	Antineopla	10000000	Antineopla	R	20 MG/ML	INTRAVE	CONC	ML	1		MSB		409			N	EXCLUDE	SELF_INJ	6	SPBD2	FORMULARY EXCLUSION					R	MEDPRMI
409426401	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	1 MG/ML	INJECTIO	SOLN	ML	0.5		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409426411	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	1 MG/ML	INJECTIO	SOLN	ML	0.5		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409427501	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	0.50%	INJECTIO	SOLN	ML	50		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409427516	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	0.50%	INJECTIO	SOLN	ML	50		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409427601	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	20		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409427602	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	50		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409427616	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	20		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409427617	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	50		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409427701	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	20		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409427702	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	50		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409427716	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	20		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409427717	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	50		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409427801	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	0.50%	INJECTIO	SOLN	ML	50		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409427816	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	0.50%	INJECTIO	SOLN	ML	50		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409427902	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	30		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409427916	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	30		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409428201	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	2		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409428202	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	10		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409428211	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	2		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409428212	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	10		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409428301	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	4%	INJECTIO	SOLN	ML	5		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409428311	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	4%	INJECTIO	SOLN	ML	5		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409433201	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	500 MG	INTRAVE	SOLR	EA	1		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409433211	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	500 MG	INTRAVE	SOLR	EA	1		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409434616	AMINOCA	AMINOCA	202816	Hemostati	20281600	Hemostati	S	250 MG/M	INTRAVE	SOLN	ML	20		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409434673	AMINOCA	AMINOCA	202816	Hemostati	20281600	Hemostati	S	250 MG/M	INTRAVE	SOLN	ML	20		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409435003	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	R	100 MG	INTRAVE	SOLR	EA	1		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409435013	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	R	100 MG	INTRAVE	SOLR	EA	1		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409444401	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG/1	INTRAVE	SOLN	ML	150		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409444424	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG/1	INTRAVE	SOLN	ML	150		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409452002	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	R	100 UNIT/	INTRAVE	SOLN	ML	250		MSB		409		Y	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409452030	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	R	100 UNIT/	INTRAVE	SOLN	ML	250		MSB		409		Y	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409459601	PRECEDE	DEXMEDE	121204	alpha-Adr	12120400	alpha-Adr	S	200 MCG/	INTRAVE	SOLN	ML	50		MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409459620	PRECEDE	DEXMEDE	121204	alpha-Adr	12120400	alpha-Adr	S	200 MCG/	INTRAVE	SOLN	ML	50		MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409468812	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	400MG/20	INTRAVE	SOLN	ML	200		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409468816	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	400MG/20	INTRAVE	SOLN	ML	200		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409468818	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200MG/10	INTRAVE	SOLN	ML	100		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409468822	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200MG/10	INTRAVE	SOLN	ML	100		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409469924	PROPOFO	PROPOFO	280408	UNKNOW	28040800	UNKNOW	S	1000 MG/	INTRAVE	EMUL	ML	100		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409469930	PROPOFO	PROPOFO	280408	UNKNOW	28040800	UNKNOW	S	200 MG/2	INTRAVE	EMUL	ML	20		GENERIC	8/15/2022	409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409469933	PROPOFO	PROPOFO	280408	UNKNOW	28040800	UNKNOW	S	500 MG/5	INTRAVE	EMUL	ML	50		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409469950	PROPOFO	PROPOFO	280408	UNKNOW	28040800	UNKNOW	S	200 MG/2	INTRAVE	EMUL	ML	20		GENERIC	8/15/2022	409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409469953	PROPOFO	PROPOFO	280408	UNKNOW	28040800	UNKNOW	S	500 MG/5	INTRAVE	EMUL	ML	50		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409469954	PROPOFO	PROPOFO	280408	UNKNOW	28040800	UNKNOW	S	1000 MG/	INTRAVE	EMUL	ML	100		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409471302	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	5		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409471312	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	5		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409471332	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	2		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409471342	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	2		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409471362	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	2		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409471365	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	5		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409471372	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	2		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409471375	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	5		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409475503	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG/2ML	INJECTIO	SOLN	ML	2		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409475518	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG/2ML	INJECTIO	SOLN	ML	2		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409475901	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	40 MG/20	INJECTIO	SOLN	ML	20		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409477601	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1.50%	INJECTIO	SOLN	ML	20		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409477610	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1.50%	INJECTIO	SOLN	ML	20		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409477702	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	400 MG/2	INTRAVE	SOLN	ML	200		GENERIC	4/17/2023	409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409477711	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	200 MG/1	INTRAVE	SOLN	ML	100		GENERIC	7/24/2023	409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409477721	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	400 MG/2	INTRAVE	SOLN	ML	200		GENERIC	4/17/2023	409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409477723	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	200 MG/1	INTRAVE	SOLN	ML	100		GENERIC	7/24/2023	409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409488301	LINEZOLI	LINEZOLI	81228	Antibacter	8122824	Oxazolidin	R	600-0.9 M	INTRAVE	SOLN	ML	300		MSB	8/14/2023	409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409488303	LINEZOLI	LINEZOLI	81228	Antibacter	8122824	Oxazolidin	R	600-0.9 M	INTRAVE	SOLN	ML	300		MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409488310	LINEZOLI	LINEZOLI	81228	Antibacter	8122824	Oxazolidin	R	600-0.9 M	INTRAVE	SOLN	ML	300		MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409488311	LINEZOLI	LINEZOLI	81228	Antibacter	8122824	Oxazolidin	R	600-0.9 M	INTRAVE	SOLN	ML	300		MSB	8/14/2023	409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409488710	STERILE	WATER F	960000	Pharmace	96000000	Pharmace	S	0	INJECTIO	SOLN	ML	10		MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409488717	STERILE	WATER F	960000	Pharmace	96000000	Pharmace	S	0	INJECTIO	SOLN	ML	10		MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409488720	STERILE	WATER F	960000	Pharmace	96000000	Pharmace	S	0	INJECTIO	SOLN	ML	20		MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409488723	STERILE	WATER F	960000	Pharmace	96000000	Pharmace	S	0	INJECTIO	SOLN	ML	20		MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409488724	STERILE	WATER F	960000	Pharmace	96000000	Pharmace	S	0	INJECTIO	SOLN	ML	50		MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409488725	STERILE	WATER F	960000	Pharmace	96000000	Pharmace	S	0	INJECTIO	SOLN	ML	100		MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409488750	STERILE	WATER F	960000	Pharmace	96000000	Pharmace	S	0	INJECTIO	SOLN	ML	50		MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409488799	STERILE	WATER F	960000	Pharmace	96000000	Pharmace	S	0	INJECTIO	SOLN	ML	100		MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409488801	SODIUM C	SODIUM C	401200	Replacem	40120000	Replacem	S	0.90%	INJECTIO	SOLN	ML	10		GENERIC		409		Y	N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
409488802	SODIUM C	SODIUM C	401200	Replacem	40120000	Replacem	S	0.90%	INJECTIO	SOLN	ML	10		GENERIC		409		Y	N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
409488803	SODIUM C	SODIUM C	401200	Replacem	40120000	Replacem	S	0.90%	INJECTIO	SOLN	ML	20		GENERIC		409		Y	N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
409488806	SODIUM C	SODIUM C	401200	Replacem	40120000	Replacem	S	0.90%	INJECTIO	SOLN	ML	50		GENERIC		409		Y	N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
409488810	SODIUM C	SODIUM C	401200	Replacem	40120000	Replacem	S	0.90%	INJECTIO	SOLN	ML	10		GENERIC		409		Y	N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
409488812	SODIUM C	SODIUM C	401200	Replacem	40120000	Replacem	S	0.90%	INJECTIO	SOLN	ML	10		GENERIC		409		Y	N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
409488820	SODIUM C	SODIUM C	401200	Replacem	40120000	Replacem	S	0.90%	INJECTIO	SOLN	ML	20		GENERIC		409		Y	N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
409488850	SODIUM C	SODIUM C	401200	Replacem	40120000	Replacem	S	0.90%	INJECTIO	SOLN	ML	50		GENERIC		409		Y	N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
409490014	SODIUM B	SODIUM B	400800	Alkalinizin	40080000	Alkalinizin	S	8.40%	INTRAVE	SOLN	ML	10		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409490024	SODIUM B	SODIUM B	400800	Alkalinizin	40080000	Alkalinizin	S	8.40%	INTRAVE	SOLN	ML	10		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409490234	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	S	50%	INTRAVE	SOLN	ML	50		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409490264	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	S	50%	INTRAVE	SOLN	ML	50		MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409490311	LIDOCAIN	LIDOCAIN	240404	Antiarrhyt	24040408	Class Ib A	S	100 MG/5	INTRAVE	SOSY	ML	5		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409490334	LIDOCAIN	LIDOCAIN	240404	Antiarrhyt	24040408	Class Ib A	S	100 MG/5	INTRAVE	SOSY	ML	5		GENERIC		409	Y		N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409490411	LIDOCAIN	LIDOCAIN	240404	Antiarrhyt	24040408	Class Ib A	R	50 MG/5M	INTRAVE	SOSY	ML	5		GENERIC		409	N		N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409490434	LIDOCAIN	LIDOCAIN	240404	Antiarrhyt	24040408	Class Ib A	R	50 MG/5M	INTRAVE	SOSY	ML	5		GENERIC		409	N		N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409491011	ATROPIN	ATROPIN	120808	Antimusca	12080800	Antimusca	S	0.5 MG/5	INJECTIO	SOSY	ML	5		MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409491034	ATROPIN	ATROPIN	120808	Antimusca	12080800	Antimusca	S	0.5 MG/5	INJECTIO	SOSY	ML	5		MSB		409	N		N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409491111	ATROPIN	ATROPIN	120808	Antimusca	12080800	Antimusca	S	1 MG/10M	INJECTIO	SOSY	ML	10		MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409491134	ATROPIN	ATROPIN	120808	Antimusca	12080800	Antimusca	S	1 MG/10M	INJECTIO	SOSY	ML	10		MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409491614	SODIUM B	SODIUM B	400800	Alkalinizin	40080000	Alkalinizin	R	7.50%	INTRAVE	SOLN	ML	50		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409491624	SODIUM B	SODIUM B	400800	Alkalinizin	40080000	Alkalinizin	R	7.50%	INTRAVE	SOLN	ML	50		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409492811	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	S	10%	INTRAVE	SOLN	ML	10		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409492834	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	S	10%	INTRAVE	SOLN	ML	10		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409493301	EPINEPH	EPINEPH	523200	Vasocons	52320000	Vasocons	R	1 MG/10M	INTRAVE	SOSY	ML	10		MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409493311	EPINEPH	EPINEPH	523200	Vasocons	52320000	Vasocons	R	1 MG/10M	INTRAVE	SOSY	ML	10		MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409501701	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	10 GM	INTRAVE	SOLR	EA	1		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409506801	DOCETAX	DOCETAX	100000	Antineopla	10000000	Antineopla	R	80 MG/4M	INTRAVE	CONC	ML	4		MSB		409			N	EXCLUDE	SELF_INJ	6	SPBD2	FORMULARY EXCLUSION					R	MEDPRMI
409508211	TAZICEF	CEFTAZID	81206	Cephalos	8120612	Third Gen	S	1GM	INJECTIO	SOLR	EA	1		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409508216	TAZICEF	CEFTAZID	81206	Cephalos	8120612	Third Gen	S	1GM	INJECTIO	SOLR	EA	1		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409508411	TAZICEF	CEFTAZID	81206	Cephalos	8120612	Third Gen	S	2 GM	INTRAVE	SOLR	EA	1		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409508413	TAZICEF	CEFTAZID	81206	Cephalos	8120612	Third Gen	S	2 GM	INTRAVE	SOLR	EA	1		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409508611	TAZICEF	CEFTAZID	81206	Cephalos	8120612	Third Gen	R	6 GM	INTRAVE	SOLR	EA	1		SSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409508613	TAZICEF	CEFTAZID	81206	Cephalos	8120612	Third Gen	R	6 GM	INTRAVE	SOLR	EA	1		SSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409509211	TAZICEF	CEFTAZID	81206	Cephalos	8120612	Third Gen	R	1GM	INTRAVE	SOLR	EA	1		SSB		409	Y		N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409509216	TAZICEF	CEFTAZID	81206	Cephalos	8120612	Third Gen	R	1GM	INTRAVE	SOLR	EA	1		SSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409509311	TAZICEF	CEFTAZID	81206	Cephalos	8120612	Third Gen	S	2 GM	INTRAVE	SOLR	EA	1		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409509314	TAZICEF	CEFTAZID	81206	Cephalos	8120612	Third Gen	S	2 GM	INTRAVE	SOLR	EA	1		GENERIC		409	Y		N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409516001	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	100 MG/1	INTRAVE	SOLN	ML	10		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409516010	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	100 MG/1	INTRAVE	SOLN	ML	10		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409523901	MAGNESI	MAGNESI	281292	Anticonvul	28129200	Anticonvul	S	2 GM/50M	INTRAVE	SOLN	ML	50		MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409523960	MAGNESI	MAGNESI	281292	Anticonvul	28129200	Anticonvul	S	2 GM/50M	INTRAVE	SOLN	ML	50		MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409525502	METOCL	METOCL	563200	Prokinetic	56320000	Prokinetic	S	5 MG/ML	INJECTIO	SOLN	ML	2		GENERIC	9/23/2024	409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409525510	METOCL	METOCL	563200	Prokinetic	56320000	Prokinetic	S	5 MG/ML	INJECTIO	SOLN	ML	2		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409525515	METOCL	METOCL	563200	Prokinetic	56320000	Prokinetic	S	5 MG/ML	INJECTIO	SOLN	ML	2		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409525525	METOCL	METOCL	563200	Prokinetic	56320000	Prokinetic	S	5 MG/ML	INJECTIO	SOLN	ML	2		GENERIC	9/23/2024	409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409553414	SODIUM B	SODIUM B	400800	Alkalinizin	40080000	Alkalinizin	S	4.20%	INTRAVE	SOLN	ML	10		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409553424	SODIUM B	SODIUM B	400800	Alkalinizin	40080000	Alkalinizin	S	4.20%	INTRAVE	SOLN	ML	10		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409554701	CISATRA	CISATRA	122020	UNKNOW	12202000	UNKNOW	S	10 MG/5M	INTRAVE	SOLN	ML	5		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409554710	CISATRA	CISATRA	122020	UNKNOW	12202000	UNKNOW	S	10 MG/5M	INTRAVE	SOLN	ML	5		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409555501	SODIUM B	SODIUM B	400800	Alkalinizin	40080000	Alkalinizin	S	4.20%	INTRAVE	SOLN	ML	5		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409555502	SODIUM B	SODIUM B	400800	Alkalinizin	40080000	Alkalinizin	S	4.20%	INTRAVE	SOLN	ML	5		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409555511	SODIUM B	SODIUM B	400800	Alkalinizin	40080000	Alkalinizin	S	4.20%	INTRAVE	SOLN	ML	5		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409555512	SODIUM B	SODIUM B	400800	Alkalinizin	40080000	Alkalinizin	S	4.20%	INTRAVE	SOLN	ML	5		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409573801	MARCAIN	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.25-1:20	INJECTIO	SOLN	ML	10		MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409573810	MARCAIN	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.25-1:20	INJECTIO	SOLN	ML	10		MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409577901	TPN ELE	PARENTE	401200	Replacem	40120000	Replacem	R	29.5MEQ/	INTRAVE	CONC	ML	20		SSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409577911	TPN ELE	PARENTE	401200	Replacem	40120000	Replacem	R	29.5MEQ/	INTRAVE	CONC	ML	20		SSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409581610	STERILE	PARENTE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG		409			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409581611	STERILE	PARENTE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		409			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409581631	STERILE	PARENTE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	25		NON DRUG		409			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409582001	DOPAMIN	DOPAMIN	121208	beta-Adre	12120808	Selective I	S	40 MG/ML	INTRAVE	SOLN	ML	5		MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409582011	DOPAMIN	DOPAMIN	121208	beta-Adre	12120808	Selective I	S	40 MG/ML	INTRAVE	SOLN	ML	5		MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409592101	AMINOPH	AMINOPH	861600	Respirator	86160000	Respirator	S	25 MG/ML	INTRAVE	SOLN	ML	10		GENERIC		409	Y		N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409592116	AMINOPH	AMINOPH	861600	Respirator	86160000	Respirator	S	25 MG/ML	INTRAVE	SOLN	ML	10		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409592201	AMINOPH	AMINOPH	861600	Respirator	86160000	Respirator	S	25 MG/ML	INTRAVE	SOLN	ML	20		GENERIC		409	Y		N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409592216	AMINOPH	AMINOPH	861600	Respirator	86160000	Respirator	S	25 MG/ML	INTRAVE	SOLN	ML	20		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409593301	DAPTOMY	DAPTOMY	81228	Antibacter	8122812	Cyclic Lip	S	350 MG	INTRAVE	SOLR	EA	1		MSB	8/19/2022	409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409601002	PROPOFO	PROPOFO	280408	UNKNOW	28040800	UNKNOW	S	200 MG/2	INTRAVE	EMUL	ML	20		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409601025	PROPOFO	PROPOFO	280408	UNKNOW	28040800	UNKNOW	S	200 MG/2	INTRAVE	EMUL	ML	20		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409610202	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	2		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409610204	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	4		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409610210	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	10		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409610218	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	4		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409610219	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	2		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409610220	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	10		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409610225	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	2		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409610226	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	4		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409610227	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	10		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409610235	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	2		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409610236	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	4		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409610237	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	10		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409647644	ERYTHRO	ERYTHRO	81212	Macrolide	8121204	Erythromy	S	500 MG	INTRAVE	SOLR	EA	1		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409647654	ERYTHRO	ERYTHRO	81212	Macrolide	8121204	Erythromy	S	500 MG	INTRAVE	SOLR	EA	1		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409648201	ERYTHRO	ERYTHRO	81212	Macrolide	8121204	Erythromy	S	500 MG	INTRAVE	SOLR	EA	1		MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409648211	ERYTHRO	ERYTHRO	81212	Macrolide	8121204	Erythromy	S	500 MG	INTRAVE	SOLR	EA	1		MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409650901	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	5 GM	INTRAVE	SOLR	EA	1		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409650949	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	5 GM	INTRAVE	SOLR	EA	1		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409653101	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	750 MG	INTRAVE	SOLR	EA	1		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409653102	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	750 MG	INTRAVE	SOLR	EA	1		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409653111	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	750 MG	INTRAVE	SOLR	EA	1		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409653112	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	750 MG	INTRAVE	SOLR	EA	1		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409653311	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	1 GM	INTRAVE	SOLR	EA	1		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409653321	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	1 GM	INTRAVE	SOLR	EA	1		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409653331	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	1 GM	INTRAVE	SOLR	EA	1		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409653401	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	500 MG	INTRAVE	SOLR	EA	1		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409653411	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	500 MG	INTRAVE	SOLR	EA	1		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409653501	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	1 GM	INTRAVE	SOLR	EA	1		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409653511	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	1 GM	INTRAVE	SOLR	EA	1		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409655701	TESTOST	TESTOST	680800	Androgen	68080000	Androgen	S	100 MG/M	INTRAMU	SOLN	ML	10	X	GENERIC		409		Y	N	FORMULARY		1	GEN	GENERICS	X	PA:X			R	MEDPRMI
409656201	TESTOST	TESTOST	680800	Androgen	68080000	Androgen	S	200 MG/M	INTRAMU	SOLN	ML	1	X	GENERIC		409		Y	N	FORMULARY		1	GEN	GENERICS	X	PA:X			R	MEDPRMI
409656202	TESTOST	TESTOST	680800	Androgen	68080000	Androgen	S	200 MG/M	INTRAMU	SOLN	ML	1	X	GENERIC		409		Y	N	FORMULARY		1	GEN	GENERICS	X	PA:X			R	MEDPRMI
409656220	TESTOST	TESTOST	680800	Androgen	68080000	Androgen	S	200 MG/M	INTRAMU	SOLN	ML	10	X	GENERIC		409		Y	N	FORMULARY		1	GEN	GENERICS	X	PA:X			R	MEDPRMI
409656222	TESTOST	TESTOST	680800	Androgen	68080000	Androgen	S	200 MG/M	INTRAMU	SOLN	ML	10	X	GENERIC		409		Y	N	FORMULARY		1	GEN	GENERICS	X	PA:X			R	MEDPRMI
409658101	MARCAIN	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.5% -1:2	INJECTIO	SOLN	ML	50		MSB		409	Y		N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409662514	SODIUM B	SODIUM B	400800	Alkalinizin	40080000	Alkalinizin	S	8.40%	INTRAVE	SOLN	ML	50		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409662522	SODIUM B	SODIUM B	400800	Alkalinizin	40080000	Alkalinizin	S	8.40%	INTRAVE	SOLN	ML	50		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409662530	SODIUM B	SODIUM B	400800	Alkalinizin	40080000	Alkalinizin	S	8.40%	INTRAVE	SOLN	ML	50		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409662535	SODIUM B	SODIUM B	400800	Alkalinizin	40080000	Alkalinizin	S	8.40%	INTRAVE	SOLN	ML	50		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409662902	QUELICIN	SUCCINY	122020	UNKNOW	12202000	UNKNOW	S	20 MG/ML	INJECTIO	SOLN	ML	10		MSB		409	Y		N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409662912	QUELICIN	SUCCINY	122020	UNKNOW	12202000	UNKNOW	S	20 MG/ML	INJECTIO	SOLN	ML	10		MSB		409	Y		N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409663501	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	2 MEQ/ML	INTRAVE	SOLN	ML	5		GENERIC		409	Y		N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409663518	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	2 MEQ/ML	INTRAVE	SOLN	ML	5		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409663714	SODIUM B	SODIUM B	400800	Alkalinizin	40080000	Alkalinizin	S	8.40%	INTRAVE	SOLN	ML	50		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409663724	SODIUM B	SODIUM B	400800	Alkalinizin	40080000	Alkalinizin	S	8.40%	INTRAVE	SOLN	ML	50		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409664802	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	S	50%	INTRAVE	SOLN	ML	50		MSB		409	N		N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409664816	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	S	50%	INTRAVE	SOLN	ML	50		MSB		409			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
409665106	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	2 MEQ/ML	INTRAVE	SOLN	ML	10		GENERIC		409	Y		N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409665119	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	2 MEQ/ML	INTRAVE	SOLN	ML	10		GENERIC		409			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
409665305	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	2 MEQ/ML	INTRAVE	SOLN	ML	20		GENERIC		409	Y		N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI

409665318	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	2 MEQ/ML	INTRAVEI	SOLN	ML	20	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409666001	SODIUM	SODIUM	401200	Replacem	40120000	Replacem	S	2.5 MEQ/	INJECTIO	SOLN	ML	40	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409666075	SODIUM	SODIUM	401200	Replacem	40120000	Replacem	S	2.5 MEQ/	INJECTIO	SOLN	ML	40	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409669501	AMIDATE	ETOMIDA	280408	UNKNOW	28040800	UNKNOW	S	2 MG/ML	INTRAVEI	SOLN	ML	10	MSB		409 Y			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409669502	AMIDATE	ETOMIDA	280408	UNKNOW	28040800	UNKNOW	S	2 MG/ML	INTRAVEI	SOLN	ML	20	MSB		409 Y			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409669511	AMIDATE	ETOMIDA	280408	UNKNOW	28040800	UNKNOW	S	2 MG/ML	INTRAVEI	SOLN	ML	10	MSB		409 Y			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409669512	AMIDATE	ETOMIDA	280408	UNKNOW	28040800	UNKNOW	S	2 MG/ML	INTRAVEI	SOLN	ML	20	MSB		409 Y			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409672723	MAGNESI	MAGNESI	401200	Replacem	40120000	Replacem	S	1-5 GM/10	INTRAVEI	SOLN	ML	100	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409672750	MAGNESI	MAGNESI	401200	Replacem	40120000	Replacem	S	1-5 GM/10	INTRAVEI	SOLN	ML	100	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409672755	MAGNESI	MAGNESI	401200	Replacem	40120000	Replacem	S	1-5 GM/10	INTRAVEI	SOLN	ML	100	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409672903	MAGNESI	MAGNESI	281292	Anticonvul	28129200	Anticonvul	S	20 GM/50	INTRAVEI	SOLN	ML	500	MSB	6/16/2023	409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409672909	MAGNESI	MAGNESI	281292	Anticonvul	28129200	Anticonvul	S	40 GM/10	INTRAVEI	SOLN	ML	1000	MSB	6/18/2024	409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409672911	MAGNESI	MAGNESI	281292	Anticonvul	28129200	Anticonvul	S	2 GM/50M	INTRAVEI	SOLN	ML	50	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409672923	MAGNESI	MAGNESI	281292	Anticonvul	28129200	Anticonvul	S	4 GM/100	INTRAVEI	SOLN	ML	100	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409672924	MAGNESI	MAGNESI	281292	Anticonvul	28129200	Anticonvul	S	2 GM/50M	INTRAVEI	SOLN	ML	50	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409672931	MAGNESI	MAGNESI	281292	Anticonvul	28129200	Anticonvul	S	40 GM/10	INTRAVEI	SOLN	ML	1000	MSB	6/18/2024	409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409672941	MAGNESI	MAGNESI	281292	Anticonvul	28129200	Anticonvul	S	4 GM/100	INTRAVEI	SOLN	ML	100	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409673011	MAGNESI	MAGNESI	281292	Anticonvul	28129200	Anticonvul	S	4 GM/50M	INTRAVEI	SOLN	ML	50	MSB	5/6/2022	409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409673013	MAGNESI	MAGNESI	281292	Anticonvul	28129200	Anticonvul	S	4 GM/50M	INTRAVEI	SOLN	ML	50	MSB	5/6/2022	409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409673050	MAGNESI	MAGNESI	281292	Anticonvul	28129200	Anticonvul	S	4 GM/50M	INTRAVEI	SOLN	ML	50	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409673060	MAGNESI	MAGNESI	281292	Anticonvul	28129200	Anticonvul	S	4 GM/50M	INTRAVEI	SOLN	ML	50	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409677802	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG/ML	INJECTIO	SOLN	ML	1	GENERIC	3/6/2023	409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409677811	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG/ML	INJECTIO	SOLN	ML	1	GENERIC	3/6/2023	409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409703701	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	100 MG/1	INTRAVEI	SOLN	ML	10	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409703710	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	100 MG/1	INTRAVEI	SOLN	ML	10	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409708301	CISATRA	CISATRA	122020	UNKNOW	12202000	UNKNOW	S	20 MG/10	INTRAVEI	SOLN	ML	10	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409708310	CISATRA	CISATRA	122020	UNKNOW	12202000	UNKNOW	S	20 MG/10	INTRAVEI	SOLN	ML	10	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409710002	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	S	5%	INTRAVEI	SOLN	ML	250	GENERIC		409 Y			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409710004	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	S	5%	INTRAVEI	SOLN	ML	250	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409710066	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	S	5%	INTRAVEI	SOLN	ML	50	GENERIC		409 Y			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409710067	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	S	5%	INTRAVEI	SOLN	ML	100	GENERIC		409 Y			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409710068	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	S	5%	INTRAVEI	SOLN	ML	50	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409710069	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	S	5%	INTRAVEI	SOLN	ML	100	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409710102	SODIUM	SODIUM	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVEI	SOLN	ML	250	GENERIC		409 Y	Y		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
409710104	SODIUM	SODIUM	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVEI	SOLN	ML	250	GENERIC		409	Y		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
409710166	SODIUM	SODIUM	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVEI	SOLN	ML	50	GENERIC		409 Y	Y		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
409710167	SODIUM	SODIUM	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVEI	SOLN	ML	100	GENERIC		409 Y	Y		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
409710168	SODIUM	SODIUM	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVEI	SOLN	ML	50	GENERIC		409	Y		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
409710169	SODIUM	SODIUM	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVEI	SOLN	ML	100	GENERIC		409	Y		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
409724803	HETASTA	HETASTA	401200	Replacem	40120000	Replacem	R	6-0.9 %	INTRAVEI	SOLN	ML	500	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409724813	HETASTA	HETASTA	401200	Replacem	40120000	Replacem	R	6-0.9 %	INTRAVEI	SOLN	ML	500	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409729501	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	45 MMOL	INTRAVEI	SOLN	ML	15	GENERIC		409 N			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409729511	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	45 MMOL	INTRAVEI	SOLN	ML	15	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409729925	SODIUM	SODIUM	400800	Alkalinizin	40080000	Alkalinizin	S	2 MEQ/ML	INTRAVEI	SOLN	ML	20	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409729945	SODIUM	SODIUM	400800	Alkalinizin	40080000	Alkalinizin	S	2 MEQ/ML	INTRAVEI	SOLN	ML	20	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409729973	SODIUM	SODIUM	400800	Alkalinizin	40080000	Alkalinizin	S	2 MEQ/ML	INTRAVEI	SOLN	ML	20	MSB		409 N			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409729983	SODIUM	SODIUM	400800	Alkalinizin	40080000	Alkalinizin	S	2 MEQ/ML	INTRAVEI	SOLN	ML	20	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409733201	CEFTRIA	CEFTRIA	81206	Cephalos	8120612	Third Gen	S	1 GM	INJECTIO	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409733211	CEFTRIA	CEFTRIA	81206	Cephalos	8120612	Third Gen	S	1 GM	INJECTIO	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409733220	CEFTRIA	CEFTRIA	81206	Cephalos	8120612	Third Gen	S	1 GM	INJECTIO	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409733221	CEFTRIA	CEFTRIA	81206	Cephalos	8120612	Third Gen	S	1 GM	INJECTIO	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409733304	CEFTRIA	CEFTRIA	81206	Cephalos	8120612	Third Gen	S	1GM	INTRAVEI	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409733311	CEFTRIA	CEFTRIA	81206	Cephalos	8120612	Third Gen	S	1GM	INTRAVEI	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409733331	CEFTRIA	CEFTRIA	81206	Cephalos	8120612	Third Gen	S	1GM	INTRAVEI	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409733349	CEFTRIA	CEFTRIA	81206	Cephalos	8120612	Third Gen	S	1GM	INTRAVEI	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409733410	CEFTRIA	CEFTRIA	81206	Cephalos	8120612	Third Gen	S	10 GM	INTRAVEI	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409733420	CEFTRIA	CEFTRIA	81206	Cephalos	8120612	Third Gen	S	10 GM	INTRAVEI	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409733503	CEFTRIA	CEFTRIA	81206	Cephalos	8120612	Third Gen	S	2 GM	INJECTIO	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409733513	CEFTRIA	CEFTRIA	81206	Cephalos	8120612	Third Gen	S	2 GM	INJECTIO	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409733520	CEFTRIA	CEFTRIA	81206	Cephalos	8120612	Third Gen	S	2 GM	INJECTIO	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409733521	CEFTRIA	CEFTRIA	81206	Cephalos	8120612	Third Gen	S	2 GM	INJECTIO	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409733604	CEFTRIA	CEFTRIA	81206	Cephalos	8120612	Third Gen	S	2GM	INTRAVEI	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409733611	CEFTRIA	CEFTRIA	81206	Cephalos	8120612	Third Gen	S	2GM	INTRAVEI	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409733701	CEFTRIA	CEFTRIA	81206	Cephalos	8120612	Third Gen	S	250 MG	INJECTIO	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409733711	CEFTRIA	CEFTRIA	81206	Cephalos	8120612	Third Gen	S	250 MG	INJECTIO	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409733720	CEFTRIA	CEFTRIA	81206	Cephalos	8120612	Third Gen	S	250 MG	INJECTIO	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409733721	CEFTRIA	CEFTRIA	81206	Cephalos	8120612	Third Gen	S	250 MG	INJECTIO	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409733801	CEFTRIA	CEFTRIA	81206	Cephalos	8120612	Third Gen	S	500 MG	INJECTIO	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409733811	CEFTRIA	CEFTRIA	81206	Cephalos	8120612	Third Gen	S	500 MG	INJECTIO	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409733820	CEFTRIA	CEFTRIA	81206	Cephalos	8120612	Third Gen	S	500 MG	INJECTIO	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409733821	CEFTRIA	CEFTRIA	81206	Cephalos	8120612	Third Gen	S	500 MG	INJECTIO	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409739172	SODIUM	SODIUM	401200	Replacem	40120000	Replacem	S	45 MMOL	INTRAVEI	SOLN	ML	15	GENERIC		409 N			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409739182	SODIUM	SODIUM	401200	Replacem	40120000	Replacem	S	45 MMOL	INTRAVEI	SOLN	ML	15	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409741803	LMD 10%	DEXTRAN	401200	Replacem	40120000	Replacem	R	10%-5%	INTRAVEI	SOLN	ML	500	SSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409741813	LMD 10%	DEXTRAN	401200	Replacem	40120000	Replacem	R	10%-5%	INTRAVEI	SOLN	ML	500	SSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409741903	LMD 10%	DEXTRAN	401200	Replacem	40120000	Replacem	R	10%-.9%	INTRAVEI	SOLN	ML	500	SSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409741914	LMD 10%	DEXTRAN	401200	Replacem	40120000	Replacem	R	10%-.9%	INTRAVEI	SOLN	ML	500	SSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409751716	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	S	50%	INTRAVEI	SOLN	ML	50	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409751766	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	S	50%	INTRAVEI	SOLN	ML	50	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409762003	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	1000-0.9 U	INTRAVEI	SOLN	ML	500	GENERIC		409	Y		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
409762013	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	1000-0.9 U	INTRAVEI	SOLN	ML	500	GENERIC		409	Y		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
409762049	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	2000-0.9 U	INTRAVEI	SOLN	ML	1000	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409762059	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	2000-0.9 U	INTRAVEI	SOLN	ML	1000	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409765005	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	R	25000-0.4	INTRAVEI	SOLN	ML	250	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409765030	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	R	25000-0.4	INTRAVEI	SOLN	ML	250	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409765052	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	R	25000-0.4	INTRAVEI	SOLN	ML	250	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409765062	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	R	25000-0.4	INTRAVEI	SOLN	ML	250	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409765103	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	R	25000-0.4	INTRAVEI	SOLN	ML	500	MSB	3/28/2023	409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409765113	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	R	25000-0.4	INTRAVEI	SOLN	ML	500	MSB	3/28/2023	409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409765152	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	R	12500-0.4	INTRAVEI	SOLN	ML	250	MSB	3/27/2023	409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409765162	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	R	12500-0.4	INTRAVEI	SOLN	ML	250	MSB	3/27/2023	409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409779352	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	R	100 UNIT/	INTRAVEI	SOLN	ML	250	MSB	7/20/2023	409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409779362	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	R	100 UNIT/	INTRAVEI	SOLN	ML	250	MSB	7/20/2023	409 Y	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409780911	DOPAMIN	DOPAMIN	121208	beta-Adre	12120808	Selective I	R	1.6-5 MG/	INTRAVEI	SOLN	ML	250	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409780922	DOPAMIN	DOPAMIN	121208	beta-Adre	12120808	Selective I	R	1.6-5 MG/	INTRAVEI	SOLN	ML	250	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409780924	DOPAMIN	DOPAMIN	121208	beta-Adre	12120808	Selective I	R	1.6-5 MG/	INTRAVEI	SOLN	ML	500	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409780931	DOPAMIN	DOPAMIN	121208	beta-Adre	12120808	Selective I	R	1.6-5 MG/	INTRAVEI	SOLN	ML	500	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409781011	DOPAMIN	DOPAMIN	121208	beta-Adre	12120808	Selective I	R	3.2-5 MG/	INTRAVEI	SOLN	ML	250	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409781022	DOPAMIN	DOPAMIN	121208	beta-Adre	12120808	Selective I	R	3.2-5 MG/	INTRAVEI	SOLN	ML	250	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409781124	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG/1	INTRAVEI	SOLN	ML	100	GENERIC	6/14/2022	409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409781137	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG/1	INTRAVEI	SOLN	ML	100	GENERIC	6/1/2023	409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409787001	DOCETAX	DOCETAX	100000	Antineopla	10000000	Antineopla	S	80 MG/8M	INTRAVEI	SOLN	ML	8	MSB		409			N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION							R	MEDPRMI
409796905	PLEGISOI	CARDIOP	401200	Replacem	40120000	Replacem	S	17.6MG/1	PERFUSI	SOLN	ML	1000	MSB		409 Y			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409812601	MARCAIN	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.5% -1:2	INJECTIO	SOLN	ML	10	MSB		409 Y			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409812610	MARCAIN	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.5% -1:2	INJECTIO	SOLN	ML	10	MSB		409 Y			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409818301	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	2 MEQ/ML	INTRAVEI	SOLN	ML	20	MSB		409 N			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409818311	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	2 MEQ/ML	INTRAVEI	SOLN	ML	20	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409818315	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	2 MEQ/ML	INTRAVEI	SOLN	ML	20	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409818325	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	2 MEQ/ML	INTRAVEI	SOLN	ML	20	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409830010	BIVALIRU	BIVALIRU	201204	Anticoagu	20120412	Direct Thr	S	250 MG	INTRAVEI	SOLR	EA	1	GENERIC	2/9/2023	409			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409830015	BIVALIRU	BIVALIRU	201204	Anticoagu	20120412	Direct Thr	S	250 MG	INTRAVEI	SOLR	EA	1	GENERIC	11/10/2023	409			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409830020	BIVALIRU	BIVALIRU	201204	Anticoagu	20120412	Direct Thr	S	250 MG	INTRAVEI	SOLR	EA	1	GENERIC	2/9/2023	409			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409830025	BIVALIRU	BIVALIRU	201204	Anticoagu	20120412	Direct Thr	S	250 MG	INTRAVEI	SOLR	EA	1	GENERIC	11/10/2023	409			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409904201	BUPIVAC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.25% -1:2	INJECTIO	SOLN	ML	10	GENERIC		409 Y			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409904211	BUPIVAC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.25% -1:2	INJECTIO	SOLN	ML	10	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409904216	BUPIVAC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.25% -1:2	INJECTIO	SOLN	ML	30	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409904217	BUPIVAC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.25% -1:2	INJECTIO	SOLN	ML	30	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409904301	BUPIVAC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.25% -1:2	INJECTIO	SOLN	ML	50	GENERIC		409 Y			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409904311	BUPIVAC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.25% -1:2	INJECTIO	SOLN	ML	50	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409904501	BUPIVAC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.5% -1:2	INJECTIO	SOLN	ML	10	GENERIC		409 Y			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409904511	BUPIVAC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.5% -1:2	INJECTIO	SOLN	ML	10	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409904516	BUPIVAC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.5% -1:2	INJECTIO	SOLN	ML	30	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409904517	BUPIVAC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.5% -1:2	INJECTIO	SOLN	ML	30	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409904601	BUPIVAC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.5% -1:2	INJECTIO	SOLN	ML	50	GENERIC		409 Y			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409904611	BUPIVAC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.5% -1:2	INJECTIO	SOLN	ML	50	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409909332	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	100 MCG/	INJECTIO	SOLN	ML	2	GENERIC	6/13/2023	409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409909335	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	250 MCG/	INJECTIO	SOLN	ML	5	GENERIC	8/21/2023	409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409909337	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	100 MCG/	INJECTIO	SOLN	ML	2	GENERIC	6/13/2023	409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409909345	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	250 MCG/	INJECTIO	SOLN	ML	5	GENERIC	8/21/2023	409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409909412	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	100 MCG/	INJECTIO	SOLN	ML	2	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409909416	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	1000 MCG	INJECTIO	SOLN	ML	20	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409909417	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	500 MCG/	INJECTIO	SOLN	ML	10	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409909418	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	250 MCG/	INJECTIO	SOLN	ML	5	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409909422	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	100 MCG/	INJECTIO	SOLN	ML	2	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409909425	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	250 MCG/	INJECTIO	SOLN	ML	5	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409909428	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	500 MCG/	INJECTIO	SOLN	ML	10	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409909431	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	1000 MCG	INJECTIO	SOLN	ML	20	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409909441	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	2500 MCG	INJECTIO	SOLN	ML	50	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409909461	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	2500 MCG	INJECTIO	SOLN	ML	50	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409910420	DOPAMIN	DOPAMIN	121208	beta-Adre	12120808	Selective I	S	40 MG/ML	INTRAVEI	SOLN	ML	10	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409910421	DOPAMIN	DOPAMIN	121208	beta-Adre	12120808	Selective I	S	40 MG/ML	INTRAVEI	SOLN	ML	10	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409913705	LIDOCAIN	LIDOCAIN	240404	Antiarrhyt	24040408	Class Ib A	R	50 MG/5M	INTRAVEI	SOSY	ML	5	GENERIC		409 Y			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409915701	VITAMIN	PHYTONA	882400	Vitamin K	88240000	Vitamin K	S	1 MG/0.5M	INJECTIO	SOLN	ML	0.5	GENERIC		409	Y		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
409915731	VITAMIN	PHYTONA	882400	Vitamin K	88240000	Vitamin K	S	1 MG/0.5M	INJECTIO	SOLN	ML	0.5	GENERIC		409	Y		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
409915801	VITAMIN	PHYTONA	882400	Vitamin K	88240000	Vitamin K	S	10 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		409	Y		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
409915811	VITAMIN	PHYTONA	882400	Vitamin K	88240000	Vitamin K	S	10 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		409	Y		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
409915825	VITAMIN	PHYTONA	882400	Vitamin K	88240000	Vitamin K	S	10 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		409	Y		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
409915831	VITAMIN	PHYTONA	882400	Vitamin K	88240000	Vitamin K	S	10 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		409	Y		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
409930020	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	20	GENERIC	8/29/2022	409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409930021	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	20	GENERIC	8/29/2022	409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409930130	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	5 MG/ML	INJECTIO	SOLN	ML	30	GENERIC	7/1/2022	409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409930131	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	5 MG/ML	INJECTIO	SOLN	ML	30	GENERIC	7/1/2022	409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409930220	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	7.5 MG/M	INJECTIO	SOLN	ML	20	GENERIC	7/6/2022	409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409930221	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	7.5 MG/M	INJECTIO	SOLN	ML	20	GENERIC	7/6/2022	409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409930310	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	10 MG/ML	INJECTIO	SOLN	ML	10	GENERIC	4/11/2022	409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409930311	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	10 MG/ML	INJECTIO	SOLN	ML	10	GENERIC	4/11/2022	409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409930320	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	10 MG/ML	INJECTIO	SOLN	ML	20	GENERIC	12/22/2022	409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409930321	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	10 MG/ML	INJECTIO	SOLN	ML	20	GENERIC	12/22/2022	409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409955805	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	50 MG/5M	INTRAVEI	SOLN	ML	5	GENERIC	8/21/2023	409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409955810	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	100 MG/1	INTRAVEI	SOLN	ML	10	GENERIC	8/21/2023	409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409955811	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	50 MG/5M	INTRAVEI	SOLN	ML	5	GENERIC	8/21/2023	409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409955831	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	100 MG/1	INTRAVEI	SOLN	ML	10	GENERIC	8/21/2023	409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409955849	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	50 MG/5M	INTRAVEI	SOLN	ML	5	GENERIC	9/25/2023	409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409955850	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	100 MG/1	INTRAVEI	SOLN	ML	10	GENERIC	9/25/2023	409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409956601	CEFEPIM	CEFEPIM	81206	Cephalos	8120616	Fourth Ge	S	1 GM	INJECTIO	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409956610	CEFEPIM	CEFEPIM	81206	Cephalos	8120616	Fourth Ge	S	1 GM	INJECTIO	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409963005	ATROPIN	ATROPIN	120808	Antimusca	12080800	Antimusca	R	0.25 MG/5	INJECTIO	SOSY	ML	5	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409963015	ATROPIN	ATROPIN	120808	Antimusca	12080800	Antimusca	R	0.25 MG/5	INJECTIO	SOSY	ML	5	MSB		409			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
409963104	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	4	GENERIC	2/2/2022	409 Y			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409963114	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	4	GENERIC	2/2/2022	409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409963305	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	2.5 MG/M	INTRAVEI	SOLN	ML	4	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409963365	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	2.5 MG/M	INTRAVEI	SOLN	ML	4	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409973501	CEFEPIM	CEFEPIM	81206	Cephalos	8120616	Fourth Ge	S	2 GM	INTRAVEI	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
409973510	CEFEPIM	CEFEPIM	81206	Cephalos	8120616	Fourth Ge	S	2 GM	INTRAVEI	SOLR	EA	1	GENERIC		409			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
430000531	ESTROST	NORETHI	681200	Contracep	68120000	Contracep	S	1-20/1-30/	ORAL	TABS	EA	28 X	MSB	3/31/2022	430 Y			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	Must meet	5 DS Afirm	TRIAL OF A GENERIC CONTRACEPTIVE IN THE PAST 120 DAYS	R	MEDPRMI
430014514	FEMHRT	NORETHI	681604	Estrogens	68160400	Estrogens	S	0.5-2.5 MC	ORAL	TABS	EA	28 X	MSB	5/3/2022	430 Y			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
430042014	LO LOEST	NORETHI	681200	Contracep	68120000	Contracep	R	1 MG-10 M	ORAL	TABS	EA	28 X	SSB		430			N	#N/A	ORIG_FR	10 EHB	#N/A				DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_X		IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
430047203	ACTONEL	RISEDRO	922400	UNKNOW	92240000	UNKNOW	S	35MG	ORAL	TABS	EA	4 X	MSB		430 Y			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION	X	1 IN 7 DAYS	X	Must meet	5 DS Alen	TRIAL OF ALENDRONATE AND IBANDRONATE IN THE PAST 365 DAYS	R	MEDPRMI
430047207	ACTONEL	RISEDRO	922400	UNKNOW	92240000	UNKNOW	S	35MG	ORAL	TABS	EA	12 X	MSB		430 Y			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION	X	1 IN 7 DAYS	X	Must meet	5 DS Alen	TRIAL OF ALENDRONATE AND IBANDRONATE IN THE PAST 365 DAYS	R	MEDPRMI
430047801	ACTONEL	RISEDRO	922400	UNKNOW	92240000	UNKNOW	S	150 MG	ORAL	TABS	EA	1 X	MSB		430 Y			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION	X	1 IN 30 DAYS	X	Must meet	5 DS Alen	TRIAL OF ALENDRONATE AND IBANDRONATE IN THE PAST 365 DAYS	R	MEDPRMI
430047802	ACTONEL	RISEDRO	922400	UNKNOW	92240000	UNKNOW	S	150 MG	ORAL	TABS	EA	3 X	MSB		430 Y			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION	X	1 IN 30 DAYS	X	Must meet	5 DS Alen	TRIAL OF ALENDRONATE AND IBANDRONATE IN THE PAST 365 DAYS	R	MEDPRMI
430054014	MINASTR	NORETHI	681200	Contracep	68120000	Contracep	S	1-20 MG-M	ORAL	CHEW	EA	28 X	MSB	2/20/2024	430 Y			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
430054050	MINASTR	NORETHI	681200	Contracep	68120000	Contracep	S	1-20 MG-M	ORAL	CHEW	EA	28 X	MSB	2/20/2024	430 Y			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
430072024	ESTRACE	ESTRADI	681604	Estrogens	68160400	Estrogens	S	.5MG	ORAL	TABS	EA	100 X	MSB		430 Y			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
430072124	ESTRACE	ESTRADI	681604	Estrogens	68160400	Estrogens	S	1MG	ORAL	TABS	EA	100 X	MSB		430 Y			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
430072224	ESTRACE	ESTRADI	681604	Estrogens	68160400	Estrogens	S	2MG	ORAL	TABS	EA	100 X	MSB		430 Y			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
430097903	ATELVIA	RISEDRO	922400	UNKNOW	92240000	UNKNOW	S	35 MG	ORAL	TBEC	EA	4 X	MSB		430 Y			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION	X	1 IN 7 DAYS	X	Must meet	5 DS Alen	TRIAL OF ALENDRONATE AND IBANDRONATE IN THE PAST 365 DAYS	R	MEDPRMI
430375414	ESTRACE	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.1 MG/GI	VAGINAL	CREA	GM	42.5 X	MSB		430 Y			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
436066916	DI-DAK-S	SODIUM	840492	Local Anti-	84049200	Local Anti-	O	0.01%	EXTERNA	SOLN	ML	473	SSB		436			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
436067216	DAKINS S	SODIUM	840492	Local Anti-	84049200	Local Anti-	P	0.13%	EXTERNA	SOLN	ML	473	MSB		436 N			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
436093616	DAKINS S	SODIUM	840492	Local Anti-	84049200	Local Anti-	P	.2%-.25%	EXTERNA	SOLN	ML	473	MSB		436 N			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
436094616	DAKINS S	SODIUM	840492	Local Anti-	84049200	Local Anti-	P	.4%-.5%	EXTERNA	SOLN	ML	473	MSB		436 N			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
440012405	SILVER S	SILVER S	840416	UNKNOW	84041600	UNKNOW	S	1%	EXTERNA	CREA	GM	50	GENERIC	12/27/2022	440 N		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
440012420	SILVER S	SILVER S	840416	UNKNOW	84041600	UNKNOW	S	1%	EXTERNA	CREA	GM	20	GENERIC	12/27/2022	440 N		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
440012425	SILVER S	SILVER S	840416	UNKNOW	84041600	UNKNOW	S	1%	EXTERNA	CREA	GM	25	GENERIC	12/27/2022	440 N		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
440012440	SILVER S	SILVER S	840416	UNKNOW	84041600	UNKNOW	S	1%	EXTERNA	CREA	GM	400	GENERIC	12/27/2022	440 N		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
440012450	SILVER S	SILVER S	840416	UNKNOW	84041600	UNKNOW	S	1%	EXTERNA	CREA	GM	50	GENERIC	12/27/2022	440 N		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
440012485	SILVER S	SILVER S	840416	UNKNOW	84041600	UNKNOW	S	1%	EXTERNA	CREA	GM	85	GENERIC	12/27/2022	440 N		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
440014601	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	100	GENERIC	12/27/2022	440 N		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI

440014605	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	500		GENERIC	12/27/2022	440	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440014701	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	100		GENERIC	12/27/2022	440	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440014705	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	500		GENERIC	12/27/2022	440	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440014801	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	7.5 MG	ORAL	CAPS	EA	100		GENERIC	12/27/2022	440	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440014930	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	22.5 MG	ORAL	CAPS	EA	30		GENERIC	12/27/2022	440	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440025115	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	15		GENERIC	12/27/2022	440	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440025130	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	30		GENERIC	12/27/2022	440	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440025145	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	454		GENERIC	12/27/2022	440	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440025180	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	80		GENERIC	12/27/2022	440	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440031212	HYDROCO	HYDROCO	840608	UNKNOW	84060800	UNKNOW	S	25 MG	RECTAL	SUPP	EA	12		GENERIC	12/27/2022	440	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440031224	HYDROCO	HYDROCO	840608	UNKNOW	84060800	UNKNOW	S	25 MG	RECTAL	SUPP	EA	24		GENERIC	12/27/2022	440	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440031715	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	CREA	GM	15		GENERIC	12/27/2022	440	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440031745	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	CREA	GM	454		GENERIC	12/27/2022	440	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440031780	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	CREA	GM	80		GENERIC	12/27/2022	440	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440031815	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.50%	EXTERNA	CREA	GM	15		GENERIC	12/27/2022	440	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440060430	PRASUGR	PRASUGR	201218	Platelet-Ag	20121800	Platelet-Ag	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440060530	PRASUGR	PRASUGR	201218	Platelet-Ag	20121800	Platelet-Ag	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440124440	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	40		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440165530	ISONIAZI	ISONIAZI	81604	Antituberc	8160400	Antituberc	S	300 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440173608	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	8		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440174040	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	40		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440179528	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	28		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440179614	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	14		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440185260	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440185460	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440186620	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	20		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440205540	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	250 MG	ORAL	TABS	EA	40		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440205640	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	40		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440216512	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	12		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440216715	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	15		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440216720	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	20		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440219012	PROCHLO	PROCHLO	281608	Antipsych	28160824	Phenothia	S	5 MG	ORAL	TABS	EA	12	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440240620	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	20		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440250528	TETRACY	TETRACY	81224	Tetracyclin	8122400	Tetracyclin	S	250 MG	ORAL	CAPS	EA	28		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440255730	PYRIDOX	PYRIDOX	880800	Vitamin B	88080000	Vitamin B	P	50 MG	ORAL	TABS	EA	30		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440500001	ALFUZOS	ALFUZOS	121604	UNKNOW	12160412	UNKNOW	S	10 MG	ORAL	TB24	EA	100	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440500005	ALFUZOS	ALFUZOS	121604	UNKNOW	12160412	UNKNOW	S	10 MG	ORAL	TB24	EA	500	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440500030	ALFUZOS	ALFUZOS	121604	UNKNOW	12160412	UNKNOW	S	10 MG	ORAL	TB24	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440500060	ALFUZOS	ALFUZOS	121604	UNKNOW	12160412	UNKNOW	S	10 MG	ORAL	TB24	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440500081	ALFUZOS	ALFUZOS	121604	UNKNOW	12160412	UNKNOW	S	10 MG	ORAL	TB24	EA	300	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440500090	ALFUZOS	ALFUZOS	121604	UNKNOW	12160412	UNKNOW	S	10 MG	ORAL	TB24	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440509600	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	1000	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440509605	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	500	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440509630	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440509660	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440509681	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	300	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440509685	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	800	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440509700	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	1000	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440509705	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	500	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440509730	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440509760	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440509781	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	300	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440509785	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	800	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440509790	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440509800	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440509805	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	500	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440509830	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440509860	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440509881	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	300	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440509885	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	800	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440509890	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440529505	RALOXIF	RALOXIF	681612	Estrogen A	68161200	Estrogen A	S	60 MG	ORAL	TABS	EA	500	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440529530	RALOXIF	RALOXIF	681612	Estrogen A	68161200	Estrogen A	S	60 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440529560	RALOXIF	RALOXIF	681612	Estrogen A	68161200	Estrogen A	S	60 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440529581	RALOXIF	RALOXIF	681612	Estrogen A	68161200	Estrogen A	S	60 MG	ORAL	TABS	EA	300	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440529590	RALOXIF	RALOXIF	681612	Estrogen A	68161200	Estrogen A	S	60 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440550400	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-S	S	5 MG	ORAL	TABS	EA	1000	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440550430	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-S	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440550460	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-S	S	5 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440550481	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-S	S	5 MG	ORAL	TABS	EA	300	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440550485	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-S	S	5 MG	ORAL	TABS	EA	800	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440550490	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-S	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440550500	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-S	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440550530	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-S	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440550560	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-S	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440550581	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-S	S	10 MG	ORAL	TABS	EA	300	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440550585	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-S	S	10 MG	ORAL	TABS	EA	800	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440550590	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-S	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440550600	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-S	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440550630	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-S	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440550660	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-S	S	20 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440550681	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-S	S	20 MG	ORAL	TABS	EA	300	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440550685	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-S	S	20 MG	ORAL	TABS	EA	800	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440550690	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-S	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440555000	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440555030	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440555045	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	45	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440555060	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440555081	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	300	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440555085	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	800	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440555090	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440555100	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440555130	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440555145	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	45	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440555160	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440555181	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	300	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440555185	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	800	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440555190	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440555200	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	1000	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440555230	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440555245	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	45	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440555260	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440555281	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	300	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440555285	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	800	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440555290	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440556005	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	500	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440556060	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440556092	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	180	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440556205	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	500	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440556230	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440556260	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440556281	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	300	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440556290	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440556291	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	120	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440556292	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	180	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440556294	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	270	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440556305	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	500	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440556330	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440556360	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440556381	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	300	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440556390	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440556391	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	120	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440556392	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	180	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440556394	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	270	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440573801	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	100	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440573805	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	500	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440573881	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	300	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440573890	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440573892	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	180	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440573900	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	1000	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440573901	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	100	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440573905	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	500	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440573981	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	300	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440573985	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	800	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440573990	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440573992	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	180	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440574500	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	1000	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440574501	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	100	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440574505	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	500	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440574581	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	300	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440574585	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	800	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440574590	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440574592	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	180	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440574600	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	1000	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440574601	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	100	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440574605	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	500	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440574681	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	300	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440574685	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	800	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440574690	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440574692	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	180	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440584000	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	1000	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440584001	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	100	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440584030	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440584081	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	300	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440584085	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	800	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440584090	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440584100	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	1000	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440584101	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	100	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440584130	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440584160	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440584181	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	300	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440584185	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	800	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440584190	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440584191	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	120	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440584305	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	500	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440584330	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440584360	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440584381	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	300	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440584390	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440584391	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	120	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440584392	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	180	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440584393	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	240	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440584395	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	360	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440584405	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	500	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440584430	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440584460	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440584481	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	300	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440584490	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440584491	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	120	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440584492	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	180	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440603001	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	100		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440603005	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	500		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440603060	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	60		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440603081	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	300		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440603101	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	100		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440603105	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	500		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440603125	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	25		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440603130	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	30		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440603181	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	300		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440603301	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	100		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440603305	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	500		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440603310	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	10		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440603320	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	20		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440603381	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	300		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440629001	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	100		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440629014	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	14		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440629020	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	20		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440629040	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	40		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440632500	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	1000	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440632501	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	100	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440632505	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	500	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440632530	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440632560	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440632581	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	300	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440632585	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	800	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440632590	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440632600	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	1000	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440632601	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	100	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440632605	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	500	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440632630	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440632660	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440632681	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	300	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440632685	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	800	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440632690	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440632701	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.3 MG	ORAL	TABS	EA	100	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440639500	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	1000	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440639501	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	100	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440639560	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440639581	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	300	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440639585	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	800	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440639601	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	100	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440639605	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	500	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440639681	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	300	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440639685	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	800	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440652500	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440652501	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	100	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440652530	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440652560	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440652581	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	300	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440652585	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	800	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440652600	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	1000	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440652601	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	100	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440652630	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440652660	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440652681	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	300	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440652685	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	800	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440656401	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	1 MG	ORAL	TABS	EA	100	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440656501	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	100	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440669200	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440669201	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440669230	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440669260	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440669281	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	300	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440669285	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	800	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440669300	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440669301	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	100	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440669330	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440669360	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440669381	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	300	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440669385	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	800	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440669400	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	1000	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440669430	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440669460	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440669481	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	300	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440669485	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	800	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440673900	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	1000	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440673901	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	100	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440673905	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	500	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440673981	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	300	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440673985	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	800	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440673990	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440673992	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	180	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440674501	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	100	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440674505	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	500	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440674581	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	300	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440674585	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	800	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440674590	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440674592	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	180	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440674605	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	500	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440674681	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	300	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

44606746665	METFORMETFORI	682004	Biguanide	68004600	Biguanide	S	1000 MG	ORAL	TABS	EA	800 X	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44606746692	METFORMETFORI	682004	Biguanide	68004600	Biguanide	S	1000 MG	ORAL	TABS	EA	1000 X	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44606846000	MELOXIC MELOXIC	280804	Nonsteroi	28080404	UNKNOWN	S	15 MG	ORAL	TABS	EA	100 X	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44606846001	MELOXIC MELOXIC	280804	Nonsteroi	28080404	UNKNOWN	S	15 MG	ORAL	TABS	EA	500 X	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44606846114	MELOXIC MELOXIC	280804	Nonsteroi	28080404	UNKNOWN	S	15 MG	ORAL	TABS	EA	14 X	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44606846130	MELOXIC MELOXIC	280804	Nonsteroi	28080404	UNKNOWN	S	15 MG	ORAL	TABS	EA	30 X	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44606846081	MELOXIC MELOXIC	280804	Nonsteroi	28080404	UNKNOWN	S	15 MG	ORAL	TABS	EA	300 X	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44606846085	MELOXIC MELOXIC	280804	Nonsteroi	28080404	UNKNOWN	S	15 MG	ORAL	TABS	EA	800 X	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44606846090	MELOXIC MELOXIC	280804	Nonsteroi	28080404	UNKNOWN	S	15 MG	ORAL	TABS	EA	90 X	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44606846100	MELOXIC MELOXIC	280804	Nonsteroi	28080404	UNKNOWN	S	7.5 MG	ORAL	TABS	EA	1000 X	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44606846101	MELOXIC MELOXIC	280804	Nonsteroi	28080404	UNKNOWN	S	7.5 MG	ORAL	TABS	EA	100 X	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44606846120	MELOXIC MELOXIC	280804	Nonsteroi	28080404	UNKNOWN	S	7.5 MG	ORAL	TABS	EA	30 X	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44606846130	MELOXIC MELOXIC	280804	Nonsteroi	28080404	UNKNOWN	S	7.5 MG	ORAL	TABS	EA	60 X	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44606846191	MELOXIC MELOXIC	280804	Nonsteroi	28080404	UNKNOWN	S	7.5 MG	ORAL	TABS	EA	300 X	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44606846185	MELOXIC MELOXIC	280804	Nonsteroi	28080404	UNKNOWN	S	7.5 MG	ORAL	TABS	EA	800 X	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44606846190	MELOXIC MELOXIC	280804	Nonsteroi	28080404	UNKNOWN	S	7.5 MG	ORAL	TABS	EA	90 X	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44606846191	MELOXIC MELOXIC	280804	Nonsteroi	28080404	UNKNOWN	S	7.5 MG	ORAL	TABS	EA	120 X	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607015001	ACETAMI ACETAMI	280816	UNKNOW	28081600	UNKNOWN	P	325 MG	ORAL	TABS	EA	100	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607016006	ACETAMI ACETAMI	280816	UNKNOW	28081600	UNKNOWN	P	325 MG	ORAL	TABS	EA	6	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607016010	ACETAMI ACETAMI	280816	UNKNOW	28081600	UNKNOWN	P	325 MG	ORAL	TABS	EA	10	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607016020	ACETAMI ACETAMI	280816	UNKNOW	28081600	UNKNOWN	P	325 MG	ORAL	TABS	EA	20	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607016024	ACETAMI ACETAMI	280816	UNKNOW	28081600	UNKNOWN	P	325 MG	ORAL	TABS	EA	24	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607016030	ACETAMI ACETAMI	280816	UNKNOW	28081600	UNKNOWN	P	325 MG	ORAL	TABS	EA	30	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607016060	ACETAMI ACETAMI	280816	UNKNOW	28081600	UNKNOWN	P	325 MG	ORAL	TABS	EA	60	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607016050	ACETAMI ACETAMI	280816	UNKNOW	28081600	UNKNOWN	P	325 MG	ORAL	TABS	EA	50	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607015101	ACETAMI ACETAMI	280816	UNKNOW	28081600	UNKNOWN	P	500 MG	ORAL	TABS	EA	100	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607015124	ACETAMI ACETAMI	280816	UNKNOW	28081600	UNKNOWN	P	500 MG	ORAL	TABS	EA	24	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607015150	ACETAMI ACETAMI	280816	UNKNOW	28081600	UNKNOWN	P	500 MG	ORAL	TABS	EA	50	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607016591	CILOSTAZCILOSTA	201218	Platelet-A	20121800	Platelet-An	S	50 MG	ORAL	TABS	EA	100 X	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607016760	CILOSTAZCILOSTA	201218	Platelet-A	20121800	Platelet-An	S	100 MG	ORAL	TABS	EA	60 X	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607001610	ACETAMI ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MC	ORAL	TABS	EA	10	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607001210	ACETAMI ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MC	ORAL	TABS	EA	12	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607001510	ACETAMI ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MC	ORAL	TABS	EA	15	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607002030	ACETAMI ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MC	ORAL	TABS	EA	20	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607002060	ACETAMI ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MC	ORAL	TABS	EA	60	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607003081	ACETAMI ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MC	ORAL	TABS	EA	300	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607003085	ACETAMI ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MC	ORAL	TABS	EA	800	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607003090	ACETAMI ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MC	ORAL	TABS	EA	90	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607003100	ACETAMI ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MC	ORAL	TABS	EA	120	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607003630	ACETAMI ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MC	ORAL	TABS	EA	4	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607003660	ACETAMI ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MC	ORAL	TABS	EA	6	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607003610	ACETAMI ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MC	ORAL	TABS	EA	10	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607003612	ACETAMI ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MC	ORAL	TABS	EA	12	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607003615	ACETAMI ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MC	ORAL	TABS	EA	15	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607003620	ACETAMI ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MC	ORAL	TABS	EA	20	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607003630	ACETAMI ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MC	ORAL	TABS	EA	30	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607003645	ACETAMI ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MC	ORAL	TABS	EA	45	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607003660	ACETAMI ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MC	ORAL	TABS	EA	60	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607003690	ACETAMI ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MC	ORAL	TABS	EA	90	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607003691	ACETAMI ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MC	ORAL	TABS	EA	120	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607003630	ACYCLOVACYCLOV	81832	Nucleosid	8183200	Nucleosides	S	200 MG	ORAL	CAPS	EA	30	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607003660	ACYCLOVACYCLOV	81832	Nucleosid	8183200	Nucleosides	S	200 MG	ORAL	CAPS	EA	60	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607003691	ACYCLOVACYCLOV	81832	Nucleosid	8183200	Nucleosides	S	200 MG	ORAL	CAPS	EA	120	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607003630	ACYCLOVACYCLOV	81832	Nucleosid	8183200	Nucleosides	S	400 MG	ORAL	CAPS	EA	30	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607003660	ACYCLOVACYCLOV	81832	Nucleosid	8183200	Nucleosides	S	400 MG	ORAL	CAPS	EA	60	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607003691	ACYCLOVACYCLOV	81832	Nucleosid	8183200	Nucleosides	S	400 MG	ORAL	CAPS	EA	120	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607003165	ACYCLOVACYCLOV	81832	Nucleosid	8183200	Nucleosides	S	600 MG	ORAL	TABS	EA	60	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607003210	ACYCLOVACYCLOV	81832	Nucleosid	8183200	Nucleosides	S	800 MG	ORAL	TABS	EA	10	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607003320	ACYCLOVACYCLOV	81832	Nucleosid	8183200	Nucleosides	S	800 MG	ORAL	TABS	EA	20	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607003391	ACYCLOVACYCLOV	81832	Nucleosid	8183200	Nucleosides	S	800 MG	ORAL	TABS	EA	300	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607003465	ACYCLOVACYCLOV	81832	Nucleosid	8183200	Nucleosides	S	800 MG	ORAL	TABS	EA	800	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607004001	ATOVAQUATOVAQ	83008	Antimalari	8300800	Antimalaria	S	250-100 M	ORAL	TABS	EA	100	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607004060	ATOVAQUATOVAQ	83008	Antimalari	8300800	Antimalaria	S	250-100 M	ORAL	TABS	EA	360	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607004524	ALBUTERALBUTER	121208	beta-Adre	12120812	Selective ßS		2 MG	ORAL	TABS	EA	24 X	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607004530	ALBUTERALBUTER	121208	beta-Adre	12120812	Selective ßS		2 MG	ORAL	TABS	EA	30 X	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607004630	ALBUTERALBUTER	121208	beta-Adre	12120812	Selective ßS		4 MG	ORAL	TABS	EA	30 X	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607005030	ALLOPURALLOPUR	921600	UNKNOW	92160000	UNKNOWN	S	100 MG	ORAL	TABS	EA	30 X	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607005060	ALLOPURALLOPUR	921600	UNKNOW	92160000	UNKNOWN	S	100 MG	ORAL	TABS	EA	60 X	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607005081	ALLOPURALLOPUR	921600	UNKNOW	92160000	UNKNOWN	S	100 MG	ORAL	TABS	EA	300 X	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607005090	ALLOPURALLOPUR	921600	UNKNOW	92160000	UNKNOWN	S	100 MG	ORAL	TABS	EA	90 X	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607005091	ALLOPURALLOPUR	921600	UNKNOW	92160000	UNKNOWN	S	100 MG	ORAL	TABS	EA	120 X	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607005130	ALLOPURALLOPUR	921600	UNKNOW	92160000	UNKNOWN	S	300 MG	ORAL	TABS	EA	30 X	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607005160	ALLOPURALLOPUR	921600	UNKNOW	92160000	UNKNOWN	S	300 MG	ORAL	TABS	EA	60 X	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607005181	ALLOPURALLOPUR	921600	UNKNOW	92160000	UNKNOWN	S	300 MG	ORAL	TABS	EA	300 X	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607005185	ALLOPURALLOPUR	921600	UNKNOW	92160000	UNKNOWN	S	300 MG	ORAL	TABS	EA	800 X	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607005190	ALLOPURALLOPUR	921600	UNKNOW	92160000	UNKNOWN	S	300 MG	ORAL	TABS	EA	90 X	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607005191	ALLOPURALLOPUR	921600	UNKNOW	92160000	UNKNOWN	S	300 MG	ORAL	TABS	EA	120 X	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607007001	ALPRAZOALPRAZ	282408	Benzodiaz	28240800	Benzodiaze	S	0.25 MG	ORAL	TABS	EA	6	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607007006	ALPRAZOALPRAZ	282408	Benzodiaz	28240800	Benzodiaze	S	0.25 MG	ORAL	TABS	EA	10	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607007060	ALPRAZOALPRAZ	282408	Benzodiaz	28240800	Benzodiaze	S	0.25 MG	ORAL	TABS	EA	60	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607007090	ALPRAZOALPRAZ	282408	Benzodiaz	28240800	Benzodiaze	S	0.25 MG	ORAL	TABS	EA	90	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607007103	ALPRAZOALPRAZ	282408	Benzodiaz	28240800	Benzodiaze	S	0.5 MG	ORAL	TABS	EA	3	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607007106	ALPRAZOALPRAZ	282408	Benzodiaz	28240800	Benzodiaze	S	0.5 MG	ORAL	TABS	EA	6	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607007110	ALPRAZOALPRAZ	282408	Benzodiaz	28240800	Benzodiaze	S	0.5 MG	ORAL	TABS	EA	10	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607007130	ALPRAZOALPRAZ	282408	Benzodiaz	28240800	Benzodiaze	S	0.5 MG	ORAL	TABS	EA	30	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607007160	ALPRAZOALPRAZ	282408	Benzodiaz	28240800	Benzodiaze	S	0.5 MG	ORAL	TABS	EA	60	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607007190	ALPRAZOALPRAZ	282408	Benzodiaz	28240800	Benzodiaze	S	0.5 MG	ORAL	TABS	EA	90	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607007191	ALPRAZOALPRAZ	282408	Benzodiaz	28240800	Benzodiaze	S	0.5 MG	ORAL	TABS	EA	120	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607007230	ALPRAZOALPRAZ	282408	Benzodiaz	28240800	Benzodiaze	S	1 MG	ORAL	TABS	EA	30	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607007260	ALPRAZOALPRAZ	282408	Benzodiaz	28240800	Benzodiaze	S	1 MG	ORAL	TABS	EA	60	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607007291	ALPRAZOALPRAZ	282408	Benzodiaz	28240800	Benzodiaze	S	1 MG	ORAL	TABS	EA	100	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607007360	ALPRAZOALPRAZ	282408	Benzodiaz	28240800	Benzodiaze	S	2 MG	ORAL	TABS	EA	60	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607007390	ALPRAZOALPRAZ	282408	Benzodiaz	28240800	Benzodiaze	S	2 MG	ORAL	TABS	EA	90	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607007504	AMANTACAMANTAC	283604	UNKNOW	28360400	UNKNOWN	S	100 MG	ORAL	CAPS	EA	4 X	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607007506	AMANTACAMANTAC	283604	UNKNOW	28360400	UNKNOWN	S	100 MG	ORAL	CAPS	EA	6 X	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607007510	AMANTACAMANTAC	283604	UNKNOW	28360400	UNKNOWN	S	100 MG	ORAL	CAPS	EA	10 X	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607007520	AMANTACAMANTAC	283604	UNKNOW	28360400	UNKNOWN	S	100 MG	ORAL	CAPS	EA	20 X	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607008030	AMITRIPTAMITRIPT	281604	Antidepre	28160428	Tricyclics (	S	10 MG	ORAL	TABS	EA	30 X	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607008081	AMITRIPTAMITRIPT	281604	Antidepre	28160428	Tricyclics (	S	10 MG	ORAL	TABS	EA	300 X	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607008085	AMITRIPTAMITRIPT	281604	Antidepre	28160428	Tricyclics (	S	10 MG	ORAL	TABS	EA	800 X	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607008090	AMITRIPTAMITRIPT	281604	Antidepre	28160428	Tricyclics (	S	10 MG	ORAL	TABS	EA	90 X	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607008100	AMITRIPTAMITRIPT	281604	Antidepre	28160428	Tricyclics (	S	25 MG	ORAL	TABS	EA	30 X	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION						R	MEDPRIM
44607008160	AMITRIPTAMITRIPT	281604	Antidepre	28160428	Tricyclics (	S	25 MG	ORAL	TABS	EA	60 X	GENERIC	12/27/2022	440		X	N	EXCLUDEREPACK: PREPACKED

440722590	OYSTER	CALCIUM	401200	Replacem	40120000	Replacem	P	500-5 MG	ORAL	TABS	EA	90		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440722592	OYSTER	CALCIUM	401200	Replacem	40120000	Replacem	P	500-5 MG	ORAL	TABS	EA	180		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440722594	OYSTER	CALCIUM	401200	Replacem	40120000	Replacem	P	500-5 MG	ORAL	TABS	EA	270		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440722792	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	600-10 MC	ORAL	TABS	EA	180		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440723060	CAPTOPF	CAPTOPF	243204	Angiotens	24320400	Angiotens	S	12.5 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440723090	CAPTOPF	CAPTOPF	243204	Angiotens	24320400	Angiotens	S	12.5 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440723092	CAPTOPF	CAPTOPF	243204	Angiotens	24320400	Angiotens	S	12.5 MG	ORAL	TABS	EA	180	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440723094	CAPTOPF	CAPTOPF	243204	Angiotens	24320400	Angiotens	S	12.5 MG	ORAL	TABS	EA	270	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440723130	CAPTOPF	CAPTOPF	243204	Angiotens	24320400	Angiotens	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440723160	CAPTOPF	CAPTOPF	243204	Angiotens	24320400	Angiotens	S	25 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440723190	CAPTOPF	CAPTOPF	243204	Angiotens	24320400	Angiotens	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440723191	CAPTOPF	CAPTOPF	243204	Angiotens	24320400	Angiotens	S	25 MG	ORAL	TABS	EA	120	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440723192	CAPTOPF	CAPTOPF	243204	Angiotens	24320400	Angiotens	S	25 MG	ORAL	TABS	EA	180	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440723194	CAPTOPF	CAPTOPF	243204	Angiotens	24320400	Angiotens	S	25 MG	ORAL	TABS	EA	270	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440723230	CAPTOPF	CAPTOPF	243204	Angiotens	24320400	Angiotens	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440723260	CAPTOPF	CAPTOPF	243204	Angiotens	24320400	Angiotens	S	50 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440723290	CAPTOPF	CAPTOPF	243204	Angiotens	24320400	Angiotens	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440723291	CAPTOPF	CAPTOPF	243204	Angiotens	24320400	Angiotens	S	50 MG	ORAL	TABS	EA	120	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440723292	CAPTOPF	CAPTOPF	243204	Angiotens	24320400	Angiotens	S	50 MG	ORAL	TABS	EA	180	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440723294	CAPTOPF	CAPTOPF	243204	Angiotens	24320400	Angiotens	S	50 MG	ORAL	TABS	EA	270	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440723528	CARBAM/	CARBAM/	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	CHEW	EA	28	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440723590	CARBAM/	CARBAM/	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	CHEW	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440723591	CARBAM/	CARBAM/	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	CHEW	EA	120	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440723620	CARBAM/	CARBAM/	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	20	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440723628	CARBAM/	CARBAM/	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	28	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440723690	CARBAM/	CARBAM/	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440723691	CARBAM/	CARBAM/	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	120	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440723820	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	20		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440723830	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	30		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440723840	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	40		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440723890	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	90		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440723891	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	120		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

440724030	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	30	X	MSB	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
440724202	CEFADR(	CEFADR(	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	2		GENERIC	12/27/2022	440	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440724206	CEFADR(	CEFADR(	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	6		GENERIC	12/27/2022	440	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440724210	CEFADR(	CEFADR(	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	10		GENERIC	12/27/2022	440	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440724328	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	28		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440724340	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	40		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440724430	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	30		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440724440	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	40		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440724503	CEFURO)	CEFURO)	81206	Cephalosp	8120608	Second G	S	250 MG	ORAL	TABS	EA	3		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440724504	CEFURO)	CEFURO)	81206	Cephalosp	8120608	Second G	S	250 MG	ORAL	TABS	EA	4		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440724620	CEFPROZ	CEFPROZ	81206	Cephalosp	8120608	Second G	S	500 MG	ORAL	TABS	EA	20		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440724703	CEFPROZ	CEFPROZ	81206	Cephalosp	8120608	Second G	S	250 MG	ORAL	TABS	EA	3		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440724720	CEFPROZ	CEFPROZ	81206	Cephalosp	8120608	Second G	S	250 MG	ORAL	TABS	EA	20		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440725030	CHLORDI	CHLORDI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	CAPS	EA	30		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440725160	CHLORDI	CHLORDI	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	CAPS	EA	60		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440725190	CHLORDI	CHLORDI	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	CAPS	EA	90		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440725191	CHLORDI	CHLORDI	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	CAPS	EA	120		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440725206	CHLORDI	CHLORDI	282408	Benzodiaz	28240800	Benzodiaz	S	25 MG	ORAL	CAPS	EA	6		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440725208	CHLORDI	CHLORDI	282408	Benzodiaz	28240800	Benzodiaz	S	25 MG	ORAL	CAPS	EA	8		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440725212	CHLORDI	CHLORDI	282408	Benzodiaz	28240800	Benzodiaz	S	25 MG	ORAL	CAPS	EA	12		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440725215	CHLORDI	CHLORDI	282408	Benzodiaz	28240800	Benzodiaz	S	25 MG	ORAL	CAPS	EA	15		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440725230	CHLORDI	CHLORDI	282408	Benzodiaz	28240800	Benzodiaz	S	25 MG	ORAL	CAPS	EA	30		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440725290	CHLORDI	CHLORDI	282408	Benzodiaz	28240800	Benzodiaz	S	25 MG	ORAL	CAPS	EA	90		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440725291	CHLORDI	CHLORDI	282408	Benzodiaz	28240800	Benzodiaz	S	25 MG	ORAL	CAPS	EA	120		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440725304	CHLORO(	CHLORO(	83008	Antimalari	8300800	Antimalari	S	250 MG	ORAL	TABS	EA	4	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440725314	CHLORO(	CHLORO(	83008	Antimalari	8300800	Antimalari	S	250 MG	ORAL	TABS	EA	14	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440725404	CHLORO(	CHLORO(	83008	Antimalari	8300800	Antimalari	S	500 MG	ORAL	TABS	EA	4	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440725530	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440725581	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	300		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440725585	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	800		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440725590	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440727010	CHLORZ(	CHLORZ(	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	10		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440727020	CHLORZ(	CHLORZ(	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	20		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440727028	CHLORZ(	CHLORZ(	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	28		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440727030	CHLORZ(	CHLORZ(	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440727040	CHLORZ(	CHLORZ(	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	40		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440727905	CHLORPH	CHLORPH	40400	First Gene	4040000	First Gene	P	4 MG	ORAL	TABS	EA	5		GENERIC	12/27/2022	440	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440727910	CHLORPH	CHLORPH	40400	First Gene	4040000	First Gene	P	4 MG	ORAL	TABS	EA	10		GENERIC	12/27/2022	440	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440727912	CHLORPH	CHLORPH	40400	First Gene	4040000	First Gene	P	4 MG	ORAL	TABS	EA	12		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440727916	CHLORPH	CHLORPH	40400	First Gene	4040000	First Gene	P	4 MG	ORAL	TABS	EA	16		GENERIC	12/27/2022	440	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440727924	CHLORPH	CHLORPH	40400	First Gene	4040000	First Gene	P	4 MG	ORAL	TABS	EA	24		GENERIC	12/27/2022	440	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440727930	CHLORPH	CHLORPH	40400	First Gene	4040000	First Gene	P	4 MG	ORAL	TABS	EA	30		GENERIC	12/27/2022	440	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440728104	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	300 MG	ORAL	TABS	EA	4	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440728108	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	300 MG	ORAL	TABS	EA	8	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440728115	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	300 MG	ORAL	TABS	EA	15	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440728130	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	300 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440728160	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	300 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440728191	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	300 MG	ORAL	TABS	EA	120	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440728192	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	300 MG	ORAL	TABS	EA	180	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440728194	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	300 MG	ORAL	TABS	EA	270	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440728206	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	400 MG	ORAL	TABS	EA	6	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440728215	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	400 MG	ORAL	TABS	EA	15	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440728220	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	400 MG	ORAL	TABS	EA	20	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440728230	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	400 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440728260	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	400 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440728290	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	400 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440728291	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	400 MG	ORAL	TABS	EA	120	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440728292	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	400 MG	ORAL	TABS	EA	180	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440728315	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	800 MG	ORAL	TABS	EA	15	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440728330	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	800 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440728360	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	800 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440728390	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	800 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440728391	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	800 MG	ORAL	TABS	EA	120	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440728530	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440728590	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440728630	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440728690	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440729002	CIPROFL(	CIPROFL(	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	2		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440729006	CIPROFL(	CIPROFL(	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	6		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440729014	CIPROFL(	CIPROFL(	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	14		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440729020	CIPROFL(	CIPROFL(	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	20		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440729040	CIPROFL(	CIPROFL(	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	40		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440729102	CIPROFL(	CIPROFL(	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	2		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440729104	CIPROFL(	CIPROFL(	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	4		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440729106	CIPROFL(	CIPROFL(	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	6		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440729110	CIPROFL(	CIPROFL(	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	10		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440729114	CIPROFL(	CIPROFL(	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	14		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440729120	CIPROFL(	CIPROFL(	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	20		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440729130	CIPROFL(	CIPROFL(	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	30		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440729160	CIPROFL(	CIPROFL(	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	60		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440729191	CIPROFL(	CIPROFL(	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	120		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440729220	CIPROFL(	CIPROFL(	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	20		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440729330	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-:	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440729390	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-:	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440729415	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-:	S	40 MG	ORAL	TABS	EA	15	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440729430	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-:	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440729445	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-:	S	40 MG	ORAL	TABS	EA	45	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440729490	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-:	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440729590	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-:	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440729604	CLARITHI	CLARITHI	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	4		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440729614	CLARITHI	CLARITHI	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	14		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440729620	CLARITHI	CLARITHI	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	20		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440729628	CLARITHI	CLARITHI	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	28		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440729702	CLARITHI	CLARITHI	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TB24	EA	2		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440729704	CLARITHI	CLARITHI	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TB24	EA	4		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440729714	CLARITHI	CLARITHI	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TB24	EA	14		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440729720	CLARITHI	CLARITHI	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TB24	EA	20		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440729728	CLARITHI	CLARITHI	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TB24	EA	28		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440729740	CLARITHI	CLARITHI	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TB24	EA	40		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440729830	CLEMAST	CLEMAST	40400	First Gene	4040000	First Gene	P	1.34 MG	ORAL	TABS	EA	30		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440730004	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	4		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440730006	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	6		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440730017	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	17		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440730030	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	30		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

440730060	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	60		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

440730520	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	20		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440730528	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	28		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440730540	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	40		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440730730	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440730830	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440730930	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	CAPS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440731560	CLOZAPI	CLOZAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	60		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440731790	CLOZAPI	CLOZAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	90		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440731791	CLOZAPI	CLOZAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	120		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440732030	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	30		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440732060	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	60		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440732090	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	90		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440732091	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	120		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440732130	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	30		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440732160	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	60		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440732190	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	90		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440732191	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	120		GENERIC	12/27/2022	440	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440732230	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	30		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440732260	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	60		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440732290	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	90		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440732510	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	10	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440732515	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	15	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440732530	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440732560	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440732590	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440732592	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	180	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440732594	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	270	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440732630	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440732660	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440732690	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440732692	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	180	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440732694	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	270	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440732706	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.3 MG	ORAL	TABS	EA	6	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440735003	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	3		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440735004	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	4		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440735006	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	6		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440735009	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	9		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440735010	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	10		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440735012	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	12		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440735015	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	15		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440735021	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	21		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440735030	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440735060	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440735081	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	300		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440735085	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	800		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440735089	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	1200		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440735090	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440735200	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	1000		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440735209	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	9		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440735210	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	10		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440735212	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	12		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440735215	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	15		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440735221	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	21		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440735230	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440735260	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440735281	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	300		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440735285	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	800		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440735290	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440736030	CYPROHE	CYPROHE	40400	First Gene	4040000	First Gene	S	4 MG	ORAL	TABS	EA	30		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440737160	DESMOPI	DESMOPI	682800	Pituitary	68280000	Pituitary	S	0.1 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440737260	DESMOPI	DESMOPI	682800	Pituitary	68280000	Pituitary	S	0.2 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440737530	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	30		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440737603	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	3		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440737604	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	4		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440737606	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	6		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440737610	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	10		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440737630	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	30		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440737660	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	60		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440737690	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	90		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440737691	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	120		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440737730	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	30		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440737760	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	60		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440737790	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	90		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440737791	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	120		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440737793	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	240		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440738006	DICLOXA(	DICLOXA(	81216	Penicillins	8121612	Penicillina	S	250 MG	ORAL	CAPS	EA	6		GENERIC	12/27/2022	440	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440738040	DICLOXA(	DICLOXA(	81216	Penicillins	8121612	Penicillina	S	250 MG	ORAL	CAPS	EA	40		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440738104	DICLOXA(	DICLOXA(	81216	Penicillins	8121612	Penicillina	S	500 MG	ORAL	CAPS	EA	4		GENERIC	12/27/2022	440	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440738140	DICLOXA(	DICLOXA(	81216	Penicillins	8121612	Penicillina	S	500 MG	ORAL	CAPS	EA	40		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440738404	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	4		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440738406	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	6		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440738412	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	12		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440738420	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	20		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440738504	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	4		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440738508	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	8		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440738510	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	10		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440738512	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	12		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440738515	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	15		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440738520	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	20		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440738528	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	28		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440738530	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	30		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440739090	DIGOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	125 MCG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440739130	DIGOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	250 MCG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440739190	DIGOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	250 MCG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440739530	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440739604	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	4	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440739630	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440739730	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	100 MG	ORAL	TB24	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440740090	DILTIAZEI	DILTIAZEI	240404	Antiarrhyt	24040424	Class IV A	S	120 MG	ORAL	CP24	EA	90	X	GENERIC	12/27/2022	440	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440741090	DILTIAZEI	DILTIAZEI	240404	Antiarrhyt	24040424	Class IV A	S	30 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440741094	DILTIAZEI	DILTIAZEI	240404	Antiarrhyt	24040424	Class IV A	S	30 MG	ORAL	TABS	EA	270	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440741190	DILTIAZEI	DILTIAZEI	240404	Antiarrhyt	24040424	Class IV A	S	60 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440741191	DILTIAZEI	DILTIAZEI	240404	Antiarrhyt	24040424	Class IV A	S	60 MG	ORAL	TABS	EA	120	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440741194	DILTIAZEI	DILTIAZEI	240404	Antiarrhyt	24040424	Class IV A	S	60 MG	ORAL	TABS	EA	270	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440741290	DILTIAZEI	DILTIAZEI	240404	Antiarrhyt	24040424	Class IV A	S	90 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440741294	DILTIAZEI	DILTIAZEI	240404	Antiarrhyt	24040424	Class IV A	S	90 MG	ORAL	TABS	EA	270	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440741390	DILTIAZEI	DILTIAZEI	240404	Antiarrhyt	24040424	Class IV A	S	120 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440741510	DIMENHY	DIMENHY	562208	Antihistam	56220800	Antihistam	P	50 MG	ORAL	TABS	EA	10		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440742504	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	4		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440742505	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	5		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440742506	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	6		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440742510	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	10		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440742512	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	12		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440742516	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	16		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440742520	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	20		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440742524	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	24		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440742530	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	30		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440742560	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	60		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440742604	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	50 MG	ORAL	CAPS	EA	4		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440742606	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	50 MG	ORAL	CAPS	EA	6		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440742609	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	50 MG	ORAL	CAPS	EA	9		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440742612	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	50 MG	ORAL	CAPS	EA	12		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440742620	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	50 MG	ORAL	CAPS	EA	20		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440742630	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	50 MG	ORAL	CAPS	EA	30		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440742660	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	50 MG	ORAL	CAPS	EA	60		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440743510	DIPHENO	DIPHENO	560800	Antidiarrhe	56080000	Antidiarrhe	S	2.5-0.025	ORAL	TABS	EA	10		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440746510	DOCUSAT	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	10		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440746514	DOCUSAT	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	14		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440746515	DOCUSAT	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	15		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440746518	DOCUSAT	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	18		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440746530	DOCUSAT	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	30		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440746560	DOCUSAT	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	60		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440746590	DOCUSAT	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	90		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440746591	DOCUSAT	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	120		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440746592	DOCUSAT	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	180		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440746630	DOCUSAT	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	250 MG	ORAL	CAPS	EA	30		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440746660	DOCUSAT	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	250 MG	ORAL	CAPS	EA	60		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440746690	DOCUSAT	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	250 MG	ORAL	CAPS	EA	90		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440746860	DOCUSAT	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	240 MG	ORAL	CAPS	EA	60		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440747030	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440747060	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440747090	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

440747091	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	TABS	EA	120	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440747130	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440747160	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440747190	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440747191	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	TABS	EA	120	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440747230	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	4 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440747260	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	4 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440747290	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	4 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440747291	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	4 MG	ORAL	TABS	EA	120	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440747330	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	8 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440747360	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	8 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440747390	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	8 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440747391	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	8 MG	ORAL	TABS	EA	120	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440748205	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	500		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440748214	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	14		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440748219	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	190		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440748220	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	20		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440748228	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	28		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440748230	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	30		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440748239	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	390		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440748271	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	210		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440748281	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	300		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440748291	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	120		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440748292	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	180		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440748295	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	360		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440748297	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	400		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440748414	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	14		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440748420	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	20		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440748428	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	28		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440748430	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	30		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440748460	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	60		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440748590	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440748610	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	10	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440748630	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440748660	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440748690	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440748691	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	120	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440748730	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440748790	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440748890	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440749007	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	20 MG	ORAL	CPEP	EA	7	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440749030	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	20 MG	ORAL	CPEP	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440749060	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	20 MG	ORAL	CPEP	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440749090	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	20 MG	ORAL	CPEP	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440749107	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	7	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440749130	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440749160	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440749190	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440749207	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	7	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440749230	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440749260	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440749290	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440750002	FAMCICL	FAMCICL	81832	Nucleosid	8183200	Nucleosid	S	125 MG	ORAL	TABS	EA	2		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440750010	FAMCICL	FAMCICL	81832	Nucleosid	8183200	Nucleosid	S	125 MG	ORAL	TABS	EA	10		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440750121	FAMCICL	FAMCICL	81832	Nucleosid	8183200	Nucleosid	S	250 MG	ORAL	TABS	EA	21		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440750160	FAMCICL	FAMCICL	81832	Nucleosid	8183200	Nucleosid	S	250 MG	ORAL	TABS	EA	60		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440750202	FAMCICL	FAMCICL	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	21		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440750530	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440750730	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TB24	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440750830	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TB24	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440750930	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TB24	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440751630	ESTAZOL	ESTAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	30		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440751820	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	300 MG	ORAL	CAPS	EA	20	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440751830	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	300 MG	ORAL	CAPS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440751912	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	12	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440751915	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	15	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440751921	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	21	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440751928	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	28	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440751930	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440752030	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440752107	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	7	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440752114	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	14	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440752128	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	28	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440752130	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440752160	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440752181	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	300	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440752185	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	800	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440752190	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440752290	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TB24	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440752390	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TB24	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440752490	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TB24	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440752502	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	2	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440752506	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	6	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440752530	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440752560	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440752630	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440752660	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440752920	FLURBIPI	FLURBIPI	280804	Nonsteroi	28080404	UNKNOW	S	100 MG	ORAL	TABS	EA	20	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440752930	FLURBIPI	FLURBIPI	280804	Nonsteroi	28080404	UNKNOW	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440753030	FLURAZE	FLURAZE	282408	Benzodiaz	28240800	Benzodiaz	R	15 MG	ORAL	CAPS	EA	30		MSB	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIMI
440753130	FLURAZE	FLURAZE	282408	Benzodiaz	28240800	Benzodiaz	R	30 MG	ORAL	CAPS	EA	30		MSB	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIMI
440753204	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	4		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440753220	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	20		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440753610	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	60 MG	ORAL	TABS	EA	10		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440753660	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	60 MG	ORAL	TABS	EA	60		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440753690	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	60 MG	ORAL	TABS	EA	90		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440753692	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	60 MG	ORAL	TABS	EA	180		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440753710	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	10		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440753714	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	14		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440753730	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	30		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440753790	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	90		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440753807	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	CAPS	EA	7	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440753814	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	CAPS	EA	14	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440753830	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	CAPS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440753890	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	CAPS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440753981	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	CAPS	EA	300	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440753985	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	CAPS	EA	800	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440753990	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	CAPS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440754030	FINASTER	FINASTER	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440754060	FINASTER	FINASTER	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440754090	FINASTER	FINASTER	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440754190	FERROUS	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	325 (65 FE	ORAL	TABS	EA	90		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440754260	FLECAINI	FLECAINI	240404	Antiarrhyt	24040412	Class Ic A	S	50 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440754360	FLECAINI	FLECAINI	240404	Antiarrhyt	24040412	Class Ic A	S	100 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440754460	FLECAINI	FLECAINI	240404	Antiarrhyt	24040412	Class Ic A	S	150 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440754530	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440754590	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440755045	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	45	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440755090	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440755145	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	45	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440755190	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440755245	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	45	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440755290	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440755292	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	180	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440755506	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	6	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440755510	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	10	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440755520	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	20	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440755530	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440755560	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440755590	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440755594	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	270	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440755604	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	4	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440755607	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	7	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440755630	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440755660	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440755690	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440755692	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	180	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440755694	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	270	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440755790	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	80 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440755792	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	80 MG	ORAL	TABS	EA	180	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440755881	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	300	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440755885	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	800	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440755892	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	180	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440755894	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	270	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440755895	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	360	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440755901	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	100	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440755960	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440755981	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	300	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440755985	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	800	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440755990	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440755992	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	180	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440755994	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	270	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440755995	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	360	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440755996	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	540	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440756060	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440756092	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	180	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440756181	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	300	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440756185	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	800	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440756192	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	180	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440756292	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	180	X	GENERIC	12/27/2022	440	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440756392	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	180	X	GENERIC	12/27/2022	440	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440756514	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	14	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440756530	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440756560	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440756590	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440756630	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440756660	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440756690	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440756691	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	120	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440756692	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	180	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440756890	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TB24	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440756892	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TB24	EA	180	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440756990	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TB24	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440756992	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TB24	EA	180	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440757020	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	2.5 MG	ORAL	TABS	EA	20	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440757114	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	14	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440757130	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440757160	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440757190	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440757191	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	120	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440757192	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	180	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440757194	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	270	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440757195	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	360	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440757306	GUAIFEN	GUAIFEN	481600	Expectora	48160000	Expectora	P	200 MG	ORAL	TABS	EA	6		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440757320	GUAIFEN	GUAIFEN	481600	Expectora	48160000	Expectora	P	200 MG	ORAL	TABS	EA	20		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440757391	GUAIFEN	GUAIFEN	481600	Expectora	48160000	Expectora	P	200 MG	ORAL	TABS	EA	120		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440758030	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440758090	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440758292	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	50 MG	ORAL	TABS	EA	180	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440758590	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	1.25-250 M	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440758790	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	2.5-500 M	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440758990	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5-500 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440758995	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5-500 MG	ORAL	TABS	EA	360	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440759490	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440759510	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	10	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440759514	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	14	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440759530	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440759545	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	45	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440759560	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440759581	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	300	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440759585	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	800	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440759589	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	1200	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440759591	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	120	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440759594	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	270	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440759630	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440759660	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440759690	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440759691	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	120	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440759694	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	270	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440760510	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	10		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440760520	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	20		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440760530	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	30		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440760710	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MG	ORAL	TABS	EA	10		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440761120	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	20		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440761310	HYDROXY	HYDROXY	100000	Antineopla	10000000	Antineopla	S	500 MG	ORAL	CAPS	EA	10		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440761320	HYDROXY	HYDROXY	100000	Antineopla	10000000	Antineopla	S	500 MG	ORAL	CAPS	EA	20		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440761360	HYDROXY	HYDROXY	100000	Antineopla	10000000	Antineopla	S	500 MG	ORAL	CAPS	EA	60		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440761530	HYDROXY	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440761560	HYDROXY	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440761630	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	10 MG	ORAL	TABS	EA	30		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440761704	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	4		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440761706	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	6		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440761715	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	15		GENERIC	12/27/2022	440	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440761716	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	16		GENERIC	12/27/2022	440	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440761721	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	21		GENERIC	12/27/2022	440	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440761730	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	30		GENERIC	12/27/2022	440	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440762004	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	4		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440762506	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	6		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440762510	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	10		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440762520	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	20		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440762524	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	24		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440762530	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	30		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440762590	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	90		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440762604	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	4	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440762606	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	6	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440762610	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	10	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440762615	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	15	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440762616	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	16	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440762620	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	20	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440762630	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440762640	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	40	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440762660	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440762690	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440762691	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	120	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440762694	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	270	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440762704	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	4	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440762706	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	6	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440762710	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	10	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440762720	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	20	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440762730	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440762740	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	40	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440762760	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440762790	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440762791	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	120	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440762792	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	180	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440762794	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	270	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440762803	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	3	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440762804	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	4	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440762806	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	6	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440762810	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	10	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440762815	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	15	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440762820	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	20	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440762821	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	21	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440762830	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440762860	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440762881	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	300	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440762885	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	800	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440762889	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	1200	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440762890	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440762891	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	120	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440762892	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	180	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440762894	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	270	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440763590	IMIPRAMI	IMIPRAMI	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440763690	IMIPRAMI	IMIPRAMI	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440764030	INDAPAM	INDAPAM	243624	UNKNOW	24362400	UNKNOW	S	1.25 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440764060	INDAPAM	INDAPAM	243624	UNKNOW	24362400	UNKNOW	S	1.25 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440765015	HYDROC	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	325MG-5M	ORAL	TABS	EA	15		GENERIC		440	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440765206	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	6	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440765208	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	8	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440765212	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	12	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440765220	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	20	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440765221	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	21	X	GENERIC	12/27/2022	440	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
440765230	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI

440765290	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	90	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440765295	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	360	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440765430	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	75 MG	ORAL	CPCR	EA	30	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440765530	ISONIAZI	ISONIAZI	81604	Antituberc	8160400	Antituberc	S	300 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440765560	ISONIAZI	ISONIAZI	81604	Antituberc	8160400	Antituberc	S	300 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440765730	ISONIAZI	ISONIAZI	81604	Antituberc	8160400	Antituberc	R	100 MG	ORAL	TABS	EA	30	X	MSB	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
440765760	ISONIAZI	ISONIAZI	81604	Antituberc	8160400	Antituberc	R	100 MG	ORAL	TABS	EA	60	X	MSB	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
440765920	KETOCON	KETOCON	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	20		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440765930	KETOCON	KETOCON	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	30		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440766640	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	10 MG	ORAL	TABS	EA	40	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440766690	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440766691	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	10 MG	ORAL	TABS	EA	120	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440766694	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	10 MG	ORAL	TABS	EA	270	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440766695	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	10 MG	ORAL	TABS	EA	360	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440766790	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440766794	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	20 MG	ORAL	TABS	EA	270	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440766795	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	20 MG	ORAL	TABS	EA	360	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440766796	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	20 MG	ORAL	TABS	EA	540	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440767204	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	4		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440767208	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	8		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440767215	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	15		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440767220	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440767310	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	5 MG	ORAL	CHEW	EA	10	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440767320	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	5 MG	ORAL	CHEW	EA	20	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440767330	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	5 MG	ORAL	CHEW	EA	30	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440767481	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	300	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440767485	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	800	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440767490	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440767530	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440767581	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	300	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440767585	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	800	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440767590	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440767614	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	14	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440767630	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440767645	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	45	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440767681	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	300	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440767685	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	800	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440767690	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440767781	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	300	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440767785	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	800	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440767790	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440767860	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440767960	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440768230	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10-12.5 M	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440768330	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440768360	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440768430	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-25 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440768910	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	CHEW	EA	10	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440768920	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	CHEW	EA	20	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440768930	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	CHEW	EA	30	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440769012	LITHIUM (	LITHIUM (	282800	Antimanic	28280000	Antimanic	S	300 MG	ORAL	CAPS	EA	12	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440769060	LITHIUM (	LITHIUM (	282800	Antimanic	28280000	Antimanic	S	300 MG	ORAL	CAPS	EA	60	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440769110	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	5 MG	ORAL	CHEW	EA	10	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440769120	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	5 MG	ORAL	CHEW	EA	20	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440769130	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	5 MG	ORAL	CHEW	EA	30	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440769230	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440769260	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440769330	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440769360	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440769430	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440769460	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440769510	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	10	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440769520	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	20	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440769530	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440769610	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	10	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440769620	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	20	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440769630	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440769710	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	150 MG	ORAL	TABS	EA	10	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440769720	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	150 MG	ORAL	TABS	EA	20	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440769730	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	150 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440769810	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	10	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440769820	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	20	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440769830	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440770006	LEVITRA	VARDENA	240812	Calcium-c	24081200	UNKNOW	S	10 MG	ORAL	TABS	EA	6		MSB	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
440770018	LEVITRA	VARDENA	240812	Calcium-c	24081200	UNKNOW	S	10 MG	ORAL	TABS	EA	18		MSB	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
440770106	LEVITRA	VARDENA	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	6		MSB	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
440770118	LEVITRA	VARDENA	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	18		MSB	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
440770230	LUNESTA	ESZOPICL	282444	UNKNOW	28244400	UNKNOW	S	3 MG	ORAL	TABS	EA	30		MSB	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
440770506	LOPERAM	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	S	2 MG	ORAL	CAPS	EA	6		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440770508	LOPERAM	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	S	2 MG	ORAL	CAPS	EA	8		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440770510	LOPERAM	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	S	2 MG	ORAL	CAPS	EA	10		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440770512	LOPERAM	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	S	2 MG	ORAL	CAPS	EA	12		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440770515	LOPERAM	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	S	2 MG	ORAL	CAPS	EA	15		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440770516	LOPERAM	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	S	2 MG	ORAL	CAPS	EA	16		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440770530	LOPERAM	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	S	2 MG	ORAL	CAPS	EA	30		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440770590	LOPERAM	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	S	2 MG	ORAL	CAPS	EA	90		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440771003	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	3		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440771010	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	10		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440771030	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440771090	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440771403	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	3		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440771407	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	7		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440771410	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	10		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440771414	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	14		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440771502	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	2		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440771503	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	3		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440771507	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	7		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440771510	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	10		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440771514	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	14		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440771581	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	300		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440771585	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	800		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440771605	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	5		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440771607	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	7		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440772230	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	30		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440772260	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	60		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440772290	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	90		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440772790	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	25 MCG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440772990	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	75 MCG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440773090	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	100 MCG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440773190	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	125 MCG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440773290	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	150 MCG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440773390	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	200 MCG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440773490	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	300 MCG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440773504	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	12.5 MG	ORAL	TABS	EA	4		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440773506	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	12.5 MG	ORAL	TABS	EA	6		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440773512	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	12.5 MG	ORAL	TABS	EA	12		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440773540	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	12.5 MG	ORAL	TABS	EA	40		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440773604	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	4		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440773606	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	6		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440773608	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	8		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440773610	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	10		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440773612	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	12		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440773615	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	15		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440773620	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	20		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440773621	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	21		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440773630	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	30		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440773690	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	90		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440773691	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	120		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440773730	MEDROX	MEDROX	683200	Progestins	68320000	Progestins	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440773790	MEDROX	MEDROX	683200	Progestins	68320000	Progestins	S	2.5 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440773914	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	14	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440773960	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440773990	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440773992	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	180	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440773994	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	270	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440773995	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	360	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440774010	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	10		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440774012	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	12		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440774020	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	20		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440774024	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	24		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440774028	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	28		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440774040	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	40		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440774060	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	60		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440774081	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	300		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440774085	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	800		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440774090	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	90		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440774104	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	4		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440774106	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	6		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440774120	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	20		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440774130	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	30		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440774140	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	40		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440774190	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	90		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440774192	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	180		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440774310	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	10		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440774312	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	12		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440774320	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	20		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440774330	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	30		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440774390	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	90		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440774590	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440774592	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	180	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440774690	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440774692	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	180	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440774890	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	90	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440774910	MEGESTR	MEGESTR	683200	Progestins	68320000	Progestins	S	20 MG	ORAL	TABS	EA	10		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440774920	MEGESTR	MEGESTR	683200	Progestins	68320000	Progestins	S	20 MG	ORAL	TABS	EA	20		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440774930	MEGESTR	MEGESTR	683200	Progestins	68320000	Progestins	S	20 MG	ORAL	TABS	EA	30		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440774960	MEGESTR	MEGESTR	683200	Progestins	68320000	Progestins	S	20 MG	ORAL	TABS	EA	60		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440775590	METHYLD	METHYLD	242400	Beta-Adre	24240000	Beta-Adre	R	250 MG	ORAL	TABS	EA	90	X	MSB	8/31/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
440775594	METHYLD	METHYLD	242400	Beta-Adre	24240000	Beta-Adre	R	250 MG	ORAL	TABS	EA	270	X	MSB	8/31/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
440775690	METHYLD	METHYLD	242400	Beta-Adre	24240000	Beta-Adre	R	500 MG	ORAL	TABS	EA	90	X	MSB	8/31/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
440775694	METHYLD	METHYLD	242400	Beta-Adre	24240000	Beta-Adre	R	500 MG	ORAL	TABS	EA	270	X	MSB	8/31/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
440776021	METHYLP	METHYLP	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	21		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440777006	METOCLO	METOCLO	563200	Prokinetic	56320000	Prokinetic	S	5 MG	ORAL	TABS	EA	6		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440777008	METOCLO	METOCLO	563200	Prokinetic	56320000	Prokinetic	S	5 MG	ORAL	TABS	EA	8		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440777104	METOCLO	METOCLO	563200	Prokinetic	56320000	Prokinetic	S	10 MG	ORAL	TABS	EA	4		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440777106	METOCLO	METOCLO	563200	Prokinetic	56320000	Prokinetic	S	10 MG	ORAL	TABS	EA	6		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440777108	METOCLO	METOCLO	563200	Prokinetic	56320000	Prokinetic	S	10 MG	ORAL	TABS	EA	8		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440777130	METOCLO	METOCLO	563200	Prokinetic	56320000	Prokinetic	S	10 MG	ORAL	TABS	EA	30		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440777190	METOCLO	METOCLO	563200	Prokinetic	56320000	Prokinetic	S	10 MG	ORAL	TABS	EA	90		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440777191	METOCLO	METOCLO	563200	Prokinetic	56320000	Prokinetic	S	10 MG	ORAL	TABS	EA	120		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440777195	METOCLO	METOCLO	563200	Prokinetic	56320000	Prokinetic	S	10 MG	ORAL	TABS	EA	360		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440777710	METOLAZ	METOLAZ	243624	UNKNOW	24362400	UNKNOW	S	10 MG	ORAL	TABS	EA	10	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440778445	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	45	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440778490	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440778506	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	6	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440778520	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	20	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440778528	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	28	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440778530	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440778545	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	45	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440778560	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440778590	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440778592	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	180	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440778594	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	270	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440778606	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	6	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440778630	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440778660	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440778692	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	180	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440778694	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	270	X	GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440779504	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	4		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440779506	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	6		GENERIC	12/27/2022	440	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

440786490	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	90 MG	ORAL	TB24	EA	90	X	GENERIC	12/27/2022	440	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440786604	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	4		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440786606	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	6		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440786614	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	14		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440786620	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	20		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440786640	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	40		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440786802	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	2		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440786806	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	6		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440786820	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	20		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440786840	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	40		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440787007	NEXIUM	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	7	X	MSB	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
440787830	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440787860	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440787890	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440787892	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	180	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440788014	ORPHEN	ORPHEN	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	14		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440788020	ORPHEN	ORPHEN	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	20		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440788028	ORPHEN	ORPHEN	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	28		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440788040	ORPHEN	ORPHEN	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	40		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440788060	ORPHEN	ORPHEN	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	60		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440788202	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	2		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440788204	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	4		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440788206	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	6		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440788210	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	10		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440788302	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	2		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440788304	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	4		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440788520	OXAPRO	OXAPRO	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	20	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440788530	OXAPRO	OXAPRO	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440788560	OXAPRO	OXAPRO	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440788590	OXAPRO	OXAPRO	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440788591	OXAPRO	OXAPRO	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	120	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440799530	OXAZEPA	OXAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	CAPS	EA	30		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440799550	OXAZEPA	OXAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	CAPS	EA	50		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440799560	OXAZEPA	OXAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	CAPS	EA	60		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440799590	OXAZEPA	OXAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	CAPS	EA	90		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440799591	OXAZEPA	OXAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	CAPS	EA	120		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440799630	OXAZEPA	OXAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	30		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440799650	OXAZEPA	OXAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	50		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440799660	OXAZEPA	OXAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	60		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440799690	OXAZEPA	OXAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	90		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440799691	OXAZEPA	OXAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	120		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440799730	OXAZEPA	OXAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	30		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440799750	OXAZEPA	OXAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	50		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440799760	OXAZEPA	OXAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	60		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440799790	OXAZEPA	OXAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	90		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440799791	OXAZEPA	OXAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	120		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440800204	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	4		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440800206	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	6		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440800210	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	10		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440800212	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	12		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440800215	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	15		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440800220	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	20		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440800230	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	30		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440800291	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	120		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440800293	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	240		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440800294	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	270		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440800430	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440800530	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	10 MG	ORAL	TB24	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440800630	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	15 MG	ORAL	TB24	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440801030	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440801090	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440801130	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440801190	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440801230	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	30 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440801290	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	30 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440801315	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	15	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440801330	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440801390	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440801503	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	3	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440805504	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	250 MG	ORAL	TABS	EA	4		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440805506	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	250 MG	ORAL	TABS	EA	6		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440805508	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	250 MG	ORAL	TABS	EA	8		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440805509	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	250 MG	ORAL	TABS	EA	9		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440805510	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	250 MG	ORAL	TABS	EA	10		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440805530	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	250 MG	ORAL	TABS	EA	30		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440805540	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	250 MG	ORAL	TABS	EA	40		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440805604	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	4		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440805606	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	6		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440805609	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	9		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440805620	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	20		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440805628	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	28		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440805630	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	30		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440805640	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	40		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440806060	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	4 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440806160	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	8 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440806569	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	P	95 MG	ORAL	TABS	EA	96		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

440807001	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	100		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440807004	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	4		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440807006	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	6		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440807008	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	8		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440807010	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	10		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440807012	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	12		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440807018	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	18		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440807020	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	20		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440807103	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	3		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440807106	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	6		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440807118	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	18		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440807120	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	20		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440807206	QUINAPR	QUINAPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	6	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440807901	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	16.2 MG	ORAL	TABS	EA	100	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440807990	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	16.2 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440808501	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	30 MG	ORAL	TABS	EA	100	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440808530	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	30 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440808590	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	30 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440808591	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	30 MG	ORAL	TABS	EA	120	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440808592	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	30 MG	ORAL	TABS	EA	180	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440808594	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	30 MG	ORAL	TABS	EA	270	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440808595	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	30 MG	ORAL	TABS	EA	360	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440810514	PIROXICA	PIROXICA	280804	Nonsteroi	28080404	UNKNOW	S	20 MG	ORAL	CAPS	EA	14	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440810530	PIROXICA	PIROXICA	280804	Nonsteroi	28080404	UNKNOW	S	20 MG	ORAL	CAPS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440810560	PIROXICA	PIROXICA	280804	Nonsteroi	28080404	UNKNOW	S	20 MG	ORAL	CAPS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440810590	PIROXICA	PIROXICA	280804	Nonsteroi	28080404	UNKNOW	S	20 MG	ORAL	CAPS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440810930	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	8 MEQ	ORAL	TBCR	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440810960	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	8 MEQ	ORAL	TBCR	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440810990	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	8 MEQ	ORAL	TBCR	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440810991	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	8 MEQ	ORAL	TBCR	EA	120	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440810992	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	8 MEQ	ORAL	TBCR	EA	180	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440811030	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	30	X	GENERIC	12/27/2022	440	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440811060	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	60	X	GENERIC	12/27/2022	440	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440811090	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440811290	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440811292	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	180	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440815060	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	CAPS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440815090	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	CAPS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440815092	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	CAPS	EA	180	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440815094	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	CAPS	EA	270	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440815130	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440815190	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440815192	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	180	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440815194	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	270	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440815390	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440815392	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	180	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440815530	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440815560	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440815581	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	300	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440815585	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	800	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440815590	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440815630	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440815660	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440815681	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	300	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440815685	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	800	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440815690	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440815730	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440815760	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440815781	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	300	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440815785	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	800	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440815790	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440815830	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440815860	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440815890	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440816510	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	10		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440816512	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	12		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440816520	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	20		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440816521	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	21		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440816530	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	30		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440816560	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	60		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440816590	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	90		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440816610	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	10		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440816612	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	12		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440816620	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	20		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440816630	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	30		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440816710	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	10		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440816715	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	15		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440816718	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	18		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440816720	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	20		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440816721	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	21		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440816730	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	30		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440816760	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	60		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

440818781	PRIMAQU	PRIMAQU	83008	Antimalari	8300800	Antimalari	S	26.3 (15 B	ORAL	TABS	EA	300		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440818830	PRIMIDO	PRIMIDO	281204	Anticonvul	28120400	Anticonvul	S	250 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440818860	PRIMIDO	PRIMIDO	281204	Anticonvul	28120400	Anticonvul	S	250 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440818890	PRIMIDO	PRIMIDO	281204	Anticonvul	28120400	Anticonvul	S	250 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440819006	PROCHL	PROCHL	281608	Antipsych	28160824	Phenothia	S	5 MG	ORAL	TABS	EA	6	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440819012	PROCHL	PROCHL	281608	Antipsych	28160824	Phenothia	S	5 MG	ORAL	TABS	EA	12	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440819106	PROCHL	PROCHL	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	6	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440819504	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	4		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440819506	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	6		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440819510	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	10		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440819512	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	12		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440819520	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	20		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440823060	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440823090	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440823091	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	120	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440823092	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	180	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440823094	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	270	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440823230	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440823290	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440823294	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	40 MG	ORAL	TABS	EA	270	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440823490	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440823494	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	TABS	EA	270	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440824515	PSEUDOE	PSEUDOE	121212	alpha- anc	12121200	alpha- anc	P	30 MG	ORAL	TABS	EA	15		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440824520	PSEUDOE	PSEUDOE	121212	alpha- anc	12121200	alpha- anc	P	30 MG	ORAL	TABS	EA	20		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440824524	PSEUDOE	PSEUDOE	121212	alpha- anc	12121200	alpha- anc	P	30 MG	ORAL	TABS	EA	24		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440824530	PSEUDOE	PSEUDOE	121212	alpha- anc	12121200	alpha- anc	P	30 MG	ORAL	TABS	EA	30		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440824624	PSEUDOE	PSEUDOE	121212	alpha- anc	12121200	alpha- anc	P	60 MG	ORAL	TABS	EA	24		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440824630	PSEUDOE	PSEUDOE	121212	alpha- anc	12121200	alpha- anc	P	60 MG	ORAL	TABS	EA	30		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440827006	QUINAPR	QUINAPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	6	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

440830060	RANITIDI	RANITIDI	562812	Histamine	56281200	Histamine	S	150 MG	ORAL	TABS	EA	60	X	GENERIC	4/1/2020	440		X	N	EXCLUDE	RECALL_DENY: [RECALLED F	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

440831030	RIFAMPI	RIFAMPI	81604	Antituberc	8160400	Antituberc	S	150 MG	ORAL	CAPS	EA	30		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440831060	RIFAMPI	RIFAMPI	81604	Antituberc	8160400	Antituberc	S	150 MG	ORAL	CAPS	EA	60		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440831120	RIFAMPI	RIFAMPI	81604	Antituberc	8160400	Antituberc	S	300 MG	ORAL	CAPS	EA	20		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440831130	RIFAMPI	RIFAMPI	81604	Antituberc	8160400	Antituberc	S	300 MG	ORAL	CAPS	EA	30		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440831310	SENNA	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6 MG	ORAL	TABS	EA	10		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440831530	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440831581	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TABS	EA	300	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440831585	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TABS	EA	800	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440831590	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440831630	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440831681	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	300	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440831685	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	800	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440831690	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440831730	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440831790	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440832030	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440832090	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440832130	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440832190	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440832230	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440832290	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440832330	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440832390	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440832430	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440832490	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440835030	SALSALA	SALSALA	280804	Nonsteroi	28080424	Salicylates	S	500 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440835040	SALSALA	SALSALA	280804	Nonsteroi	28080424	Salicylates	S	500 MG	ORAL	TABS	EA	40	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440835060	SALSALA	SALSALA	280804	Nonsteroi	28080424	Salicylates	S	500 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440835090	SALSALA	SALSALA	280804	Nonsteroi	28080424	Salicylates	S	500 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440835091	SALSALA	SALSALA	280804	Nonsteroi	28080424	Salicylates	S	500 MG	ORAL	TABS	EA	120	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440835094	SALSALA	SALSALA	280804	Nonsteroi	28080424	Salicylates	S	500 MG	ORAL	TABS	EA	270	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440835120	SALSALA	SALSALA	280804	Nonsteroi	28080424	Salicylates	S	750 MG	ORAL	TABS	EA	20	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440835130	SALSALA	SALSALA	280804	Nonsteroi	28080424	Salicylates	S	750 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440835140	SALSALA	SALSALA	280804	Nonsteroi	28080424	Salicylates	S	750 MG	ORAL	TABS	EA	40	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440835160	SALSALA	SALSALA	280804	Nonsteroi	28080424	Salicylates	S	750 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440835190	SALSALA	SALSALA	280804	Nonsteroi	28080424	Salicylates	S	750 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440835191	SALSALA	SALSALA	280804	Nonsteroi	28080424	Salicylates	S	750 MG	ORAL	TABS	EA	120	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440835192	SALSALA	SALSALA	280804	Nonsteroi	28080424	Salicylates	S	750 MG	ORAL	TABS	EA	180	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440835194	SALSALA	SALSALA	280804	Nonsteroi	28080424	Salicylates	S	750 MG	ORAL	TABS	EA	270	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440835302	SIMETHIC	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	80 MG	ORAL	CHEW	EA	2		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440835315	SIMETHIC	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	80 MG	ORAL	CHEW	EA	15		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440835320	SIMETHIC	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	80 MG	ORAL	CHEW	EA	20		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440835802	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	2		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440835803	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	3		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440835804	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	4		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440835806	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	6		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440835810	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	10		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440835820	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	20		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440835840	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	40		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440835881	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	300		GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440836030	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440836060	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440836090	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440836091	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	TABS	EA	120	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440836130	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	120 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440836160	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	120 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440836190	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	120 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440836191	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	120 MG	ORAL	TABS	EA	120	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440836230	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	160 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440836260	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	160 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440836290	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	160 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440836291	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	160 MG	ORAL	TABS	EA	120	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440838510	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	10	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440838530	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
440838560	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	440		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

472032126	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	1%	EXTERNA	CREA	GM	28.4	GENERIC		472		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
472033720	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	2.50%	EXTERNA	CREA	GM	20	GENERIC		472		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
472033730	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	2.50%	EXTERNA	CREA	GM	30	GENERIC		472		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
472033956	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	CREA	GM	28	GENERIC	11/30/2022	472		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
472034356	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	CREA	GM	28	GENERIC	11/30/2022	472 Y		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
472034556	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	OINT	GM	28	GENERIC	11/2/2022	472		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
472035056	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	P	1%	EXTERNA	CREA	GM	28	GENERIC	8/2/2022	472		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
472037015	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	15	GENERIC	11/19/2024	472		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
472037045	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	45	GENERIC	11/19/2024	472		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
472037115	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	15	GENERIC	11/19/2024	472		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
472037145	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	45	GENERIC	11/19/2024	472		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
472037915	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	S	1-0.05 %	EXTERNA	CREA	GM	15	GENERIC		472		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
472037945	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	S	1-0.05 %	EXTERNA	CREA	GM	45	GENERIC		472		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
472038015	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	15	GENERIC		472		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
472038045	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	45	GENERIC		472		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
472038115	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	15	GENERIC		472		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
472038145	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	45	GENERIC		472		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
472038215	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	15	GENERIC		472		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
472038245	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	45	GENERIC		472		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
472040394	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	SHAM	ML	118	GENERIC		472		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
472040492	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	LOTN	ML	59	GENERIC		472		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
472040494	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	LOTN	ML	118	GENERIC		472		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
472047815	DESOXIM	DESOXIM	840608	UNKNOW	84060800	UNKNOW	S	0.25%	EXTERNA	CREA	GM	15	GENERIC		472		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
472047860	DESOXIM	DESOXIM	840608	UNKNOW	84060800	UNKNOW	S	0.25%	EXTERNA	CREA	GM	60	GENERIC		472		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
472047915	DESOXIM	DESOXIM	840608	UNKNOW	84060800	UNKNOW	S	0.25%	EXTERNA	OINT	GM	15	GENERIC		472		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
472047960	DESOXIM	DESOXIM	840608	UNKNOW	84060800	UNKNOW	S	0.25%	EXTERNA	OINT	GM	60	GENERIC		472		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
472073041	MICONAZ	MICONAZ	840408	Antifungal	84040808	Azoles	P	2%	VAGINAL	CREA	GM	45	GENERIC	6/30/2022	472		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
472073063	MICONAZ	MICONAZ	840408	Antifungal	84040808	Azoles	P	2%	VAGINAL	CREA	GM	45	GENERIC	8/31/2022	472		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
472073514	ANTIFUN	MICONAZ	840408	Antifungal	84040808	Azoles	P	2%	EXTERNA	CREA	GM	14	GENERIC	2/24/2023	472		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
472073542	ANTIFUN	MICONAZ	840408	Antifungal	84040808	Azoles	P	2%	EXTERNA	CREA	GM	42.5	GENERIC	2/24/2023	472		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
472073556	ANTIFUN	MICONAZ	840408	Antifungal	84040808	Azoles	P	2%	EXTERNA	CREA	GM	28	GENERIC	2/24/2023	472		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
472080302	DESONID	DESONID	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	LOTN	ML	59	GENERIC		472		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
472080304	DESONID	DESONID	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	LOTN	ML	118	GENERIC		472		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
472080415	DESONID	DESONID	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	15	GENERIC		472		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
472080460	DESONID	DESONID	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	60	GENERIC		472		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
472082516	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	2 MG/5ML	ORAL	SYRP	ML	473 X	GENERIC	10/21/2024	472		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
472103016	HYDROM	HYDROC	480800	Antitussive	48080000	Antitussive	S	5-1.5 MG/	ORAL	SOLN	ML	473	GENERIC		472		N	FORMULARY		1 GEN	GENERICS				X	30 IN 1 DAYS		X	AGE_YE MUST BE AT LEAST	R	MEDPRM
472110534	BACITRA	BACITRA	840404	Antibacter	84040400	Antibacter	P	500 UNIT/	EXTERNA	OINT	GM	14	GENERIC	1/31/2023	472 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
472110556	BACITRA	BACITRA	840404	Antibacter	84040400	Antibacter	P	500 UNIT/	EXTERNA	OINT	GM	28	GENERIC	1/31/2023	472 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
472173607	MICONAZ	MICONAZ	840408	Antifungal	84040808	Azoles	P	100 MG	VAGINAL	SUPP	EA	7	GENERIC	2/28/2022	472		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
472173803	MICONAZ	MICONAZ	840408	Antifungal	84040808	Azoles	R	200MG	VAGINAL	SUPP	EA	3	SSB		472		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND									R	MEDPRM
472176094	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	118	GENERIC	1/3/2022	472		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
472176098	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	237	GENERIC	10/3/2022	472		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
472176194	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	118	GENERIC	8/31/2022	472		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
472176394	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	118	GENERIC	4/3/2023	472		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
472176494	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	118	GENERIC	11/2/2022	472		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
472178310	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	3%	EXTERNA	GEL	GM	100	GENERIC		472		N	FORMULARY		1 GEN	GENERICS				X	<= 100				R	MEDPRM
472179030	CLINDAM	CLINDAM	849200	Skin and M	84920000	Skin and M	S	1.2-0.025	EXTERNA	GEL	GM	30	GENERIC		472		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRM
472179060	CLINDAM	CLINDAM	849200	Skin and M	84920000	Skin and M	S	1.2-0.025	EXTERNA	GEL	GM	60	GENERIC		472		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRM
472191501	MESALAM	MESALAM	563600	Anti-inflam	56360000	Anti-inflam	S	1000 MG	RECTAL	SUPP	EA	1	GENERIC		472		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
472191530	MESALAM	MESALAM	563600	Anti-inflam	56360000	Anti-inflam	S	1000 MG	RECTAL	SUPP	EA	30	GENERIC		472		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
472199208	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	25 MG/5M	ORAL	SUSP	ML	230	GENERIC	10/2/2024	472		N	FORMULARY		1 GEN	GENERICS	X	PA:X							R	MEDPRM
472200216	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	100 MG/5	ORAL	SUSP	ML	473	GENERIC		472		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
472200294	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	100 MG/5	ORAL	SUSP	ML	118	GENERIC		472		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
480008305	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	500 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
480008398	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	90 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
480012649	ICOSAPE	ICOSAPE	240612	UNKNOW	24061200	UNKNOW	S	0.5 GM	ORAL	CAPS	EA	240 X	GENERIC		480		N	EXCLUDE	HARD_MS	1 GEN	FORMULARY EXCLUSION						PLEASE DISPENSE BRAND FOR GENERIC COPAY.			R	MEDPRM
480012789	ICOSAPE	ICOSAPE	240612	UNKNOW	24061200	UNKNOW	S	1 GM	ORAL	CAPS	EA	120 X	GENERIC		480		N	EXCLUDE	HARD_MS	1 GEN	FORMULARY EXCLUSION						PLEASE DISPENSE BRAND FOR GENERIC COPAY.			R	MEDPRM
480095101	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	375 MG	ORAL	TB24	EA	100 X	GENERIC		480		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRM
480095258	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TB24	EA	75 X	GENERIC		480 Y		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRM
480095356	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TB24	EA	30 X	GENERIC		480		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRM
480117522	MYCOPHI	MYCOPHI	924400	UNKNOW	92440000	UNKNOW	S	200 MG/M	ORAL	SUSR	ML	170 X	GENERIC	6/3/2024	480		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
480123208	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	25 MG	INTRAMU	SRER	EA	1	GENERIC		480 Y		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
480124128	LENALID	LENALID	100000	Antineopla	10000000	Antineopla	S	2.5 MG	ORAL	CAPS	EA	28	GENERIC		480		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRM
480124228	LENALID	LENALID	100000	Antineopla	10000000	Antineopla	S	5 MG	ORAL	CAPS	EA	28	GENERIC		480		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRM
480124328	LENALID	LENALID	100000	Antineopla	10000000	Antineopla	S	10 MG	ORAL	CAPS	EA	28	GENERIC		480		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRM
480124421	LENALID	LENALID	100000	Antineopla	10000000	Antineopla	S	15 MG	ORAL	CAPS	EA	21	GENERIC		480		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRM
480124521	LENALID	LENALID	100000	Antineopla	10000000	Antineopla	S	20 MG	ORAL	CAPS	EA	21	GENERIC		480		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRM
480124621	LENALID	LENALID	100000	Antineopla	10000000	Antineopla	S	25 MG	ORAL	CAPS	EA	21	GENERIC		480		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRM
480134208	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	37.5 MG	INTRAMU	SRER	EA	1	GENERIC		480		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
480145308	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	50 MG	INTRAMU	SRER	EA	1	GENERIC		480		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
480155408	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	12.5 MG	INTRAMU	SRER	EA	1	GENERIC		480		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
480204356	VILAZOD	VILAZOD	281604	Antidepres	28160424	Serotonin	S	40 MG	ORAL	TABS	EA	30 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
480204456	VILAZOD	VILAZOD	281604	Antidepres	28160424	Serotonin	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
480204556	VILAZOD	VILAZOD	281604	Antidepres	28160424	Serotonin	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
480230830	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	2.5 MG	ORAL	TABS	EA	15 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS	X	PA:X							R	MEDPRM
480230865	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	2.5 MG	ORAL	TABS	EA	15 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS	X	PA:X							R	MEDPRM
480230930	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	15 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS	X	PA:X							R	MEDPRM
480230956	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS	X	PA:X							R	MEDPRM
480230965	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	15 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS	X	PA:X							R	MEDPRM
480231056	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	10 MG	ORAL	TABS	EA	30	GENERIC		480		N	FORMULARY		1 GEN	GENERICS				X	1 IN 5 DAYS				R	MEDPRM
480231156	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	30	GENERIC		480		N	FORMULARY		1 GEN	GENERICS				X	1 IN 5 DAYS				R	MEDPRM
480235601	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	CP24	EA	100 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS				X	8 IN 1 DAYS				R	MEDPRM
480235656	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	CP24	EA	30 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS				X	8 IN 1 DAYS				R	MEDPRM
480235701	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	CP24	EA	100 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS				X	4 IN 1 DAYS				R	MEDPRM
480235756	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	CP24	EA	30 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS				X	4 IN 1 DAYS				R	MEDPRM
480235801	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	CP24	EA	100 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS				X	2 IN 1 DAYS				R	MEDPRM
480235856	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	CP24	EA	30 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS				X	2 IN 1 DAYS				R	MEDPRM
480235901	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	CP24	EA	100 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS				X	2 IN 1 DAYS				R	MEDPRM
480235956	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	CP24	EA	30 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS				X	2 IN 1 DAYS				R	MEDPRM
480315445	ADAPALE	ADAPALE	842800	Keratolytic	84280000	Keratolytic	S	0.3-2.5 %	EXTERNA	GEL	GM	45	GENERIC		480		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
480315656	TERIFLU	TERIFLU	900420	UNKNOW	90042000	UNKNOW	S	14 MG	ORAL	TABS	EA	30 X	GENERIC		480		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRM
480315756	TERIFLU	TERIFLU	900420	UNKNOW	90042000	UNKNOW	S	7 MG	ORAL	TABS	EA	30 X	GENERIC		480		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRM
480327356	ALVAIZ	ELTROME	201600	Hematopo	20160000	Hematopo	R	9 MG	ORAL	TABS	EA	30 X	SSB		480		N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X							R	MEDPRM
480327456	ALVAIZ	ELTROME	201600	Hematopo	20160000	Hematopo	R	18 MG	ORAL	TABS	EA	30 X	SSB		480		N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X							R	MEDPRM
480327556	ALVAIZ	ELTROME	201600	Hematopo	20160000	Hematopo	R	36 MG	ORAL	TABS	EA	30 X	SSB		480		N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X							R	MEDPRM
480327656	ALVAIZ	ELTROME	201600	Hematopo	20160000	Hematopo	R	54 MG	ORAL	TABS	EA	30 X	SSB		480		N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X							R	MEDPRM
480329001	PACLITA	PACLITA	100000	Antineopla	10000000	Antineopla	R	100 MG	INTRAVEI	SUSR	EA	1	MSB		480		N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION									R	MEDPRM
480330901	THEOPHY	THEOPHY	861600	Respirator	86160000	Respirator	S	450 MG	ORAL	TB12	EA	100 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
480331001	THEOPHY	THEOPHY	861600	Respirator	86160000	Respirator	S	300 MG	ORAL	TB12	EA	100 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
480347001	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	100	GENERIC	5/13/2024	480 Y		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
480347224	AMETHYS	LEVONOF	681200	Contracep	68120000	Contracep	S	90-20 MC	ORAL	TABS	EA	28 X	GENERIC		480		N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRM
480347516	NORA-BE	NORETHI	681200	Contracep	68120000	Contracep	S	0.35 MG	ORAL	TABS	EA	28 X	GENERIC		480		N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRM
480347519	NORA-BE	NORETHI	681200	Contracep	68120000	Contracep	S	0.35 MG	ORAL	TABS	EA	28 X	GENERIC		480 Y		N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRM
480347819	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	P	4 MG/0.1N	NASAL	LIQD	EA	1	GENERIC		480		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
480347868	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	P	4 MG/0.1N	NASAL	LIQD	EA	2	GENERIC		480		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
480347966	LUBIPRO	LUBIPRO	561808	UNKNOW	56180800	UNKNOW	S	8 MCG	ORAL	CAPS	EA	60 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS				X	2 IN 1 DAYS				R	MEDPRM
480357101	MYCOPHI	MYCOPHI	924400	UNKNOW	92440000	UNKNOW	S	500 MG	ORAL	TABS	EA	100 X	GENERIC	5/13/2024	480		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
480357105	MYCOPHI	MYCOPHI	924400	UNKNOW	92440000	UNKNOW	S	500 MG	ORAL	TABS	EA	500 X	GENERIC	5/13/2024	480		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
480358301	CETRORE	CETRORE	681804	UNKNOW	68180400	UNKNOW	S	0.25 MG	SUBCUTA	KIT	EA	1	GENERIC		480	Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS									R	MEDPRM
480361087	PIRFENID	PIRFENID	480200	UNKNOW	48020000	UNKNOW	S	267 MG	ORAL	TABS	EA	270 X	GENERIC		480		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRM
480361198	PIRFENID	PIRFENID	480200	UNKNOW	48020000	UNKNOW	S	801 MG	ORAL	TABS	EA	90 X	GENERIC		480		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRM
480363198	PITAVAS	PITAVAS	240608	HMG-CoA	24060800	HMG-CoA	S	1 MG	ORAL	TABS	EA	90 X	GENERIC		480		N	EXCLUDE	HARD_MS	10 EHB	FORMULARY EXCLUSION						PLEASE DISPENSE BRAND FOR GENERIC COPAY.	X	IF AGE=40-75 YEARS AND RA	R	MEDPRM
480363298	PITAVAS	PITAVAS	240608	HMG-CoA	24060800	HMG-CoA	S	2 MG	ORAL	TABS	EA	90 X	GENERIC		480		N	EXCLUDE	HARD_MS	10 EHB	FORMULARY EXCLUSION						PLEASE DISPENSE BRAND FOR GENERIC COPAY.	X	IF AGE=40-75 YEARS AND RA	R	MEDPRM
480363398	PITAVAS	PITAVAS	240608	HMG-CoA	24060800	HMG-CoA	S	4 MG	ORAL	TABS	EA	90 X	GENERIC		480		N	EXCLUDE	HARD_MS	10 EHB	FORMULARY EXCLUSION						PLEASE DISPENSE BRAND FOR GENERIC COPAY.	X	IF AGE=40-75 YEARS AND RA	R	MEDPRM
480366720	LIRAGLU	LIRAGLU	682006	UNKNOW	68200600	UNKNOW	S	18 MG/3M	SUBCUTA	SOPN	ML	3 X	GENERIC		480	Y	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X	RESTRICT	X	9 IN 30 DAYS				R	MEDPRM
480366722	LIRAGLU	LIRAGLU	682006	UNKNOW	68200600	UNKNOW	S	18 MG/3M	SUBCUTA	SOPN	ML	3 X	GENERIC		480	Y	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X	RESTRICT	X	9 IN 30 DAYS				R	MEDPRM
480368301	AMPHET-	AMPHET	282004	Amphetam	28200400	Amphetam	S	12.5 MG	ORAL	CP24	EA	100 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS				X	1 IN 1 DAYS				R	MEDPRM
480368401	AMPHET-	AMPHET	282004	Amphetam	28200400	Amphetam	S	25 MG	ORAL	CP24	EA	100 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS				X	1 IN 1 DAYS				R	MEDPRM
480368501	AMPHET-	AMPHET	282004	Amphetam	28200400	Amphetam	S	37.5 MG	ORAL	CP24	EA	100 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS				X	1 IN 1 DAYS				R	MEDPRM
480368601	AMPHET-	AMPHET	282004	Amphetam	28200400	Amphetam	S	50 MG	ORAL	CP24	EA	100 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS				X	1 IN 1 DAYS				R	MEDPRM
480372001	PYRIMET	PYRIMET	83008	Antimalari	8300800	Antimalari	S	25 MG	ORAL	TABS	EA	100	GENERIC		480		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRM
480372056	PYRIMET	PYRIMET	83008	Antimalari	8300800	Antimalari	S	25 MG	ORAL	TABS	EA	30	GENERIC		480		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRM
480400028	VESTURA	DROSPIR	681200	Contracep	68120000	Contracep	S	3-0.02 MG	ORAL	TABS	EA	28 X	GENERIC		480		N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRM
480400062	VESTURA	DROSPIR	681200	Contracep	68120000	Contracep	S	3-0.02 MG	ORAL	TABS	EA	28 X	GENERIC		480		N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRM
480405356	GEFITINI	GEFITINI	100000	Antineopla	10000000	Antineopla	S	250 MG	ORAL	TABS	EA	30	GENERIC		480		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRM
480411101	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	INTRAVEI	SOLR	EA	1	GENERIC	5/13/2024	480		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
480411103	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	INTRAVEI	SOLR	EA	1	GENERIC	5/13/2024	480		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
480413806	LUBIPRO	LUBIPRO	561808	UNKNOW	56180800	UNKNOW	S	24 MCG	ORAL	CAPS	EA	60 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS				X	2 IN 1 DAYS				R	MEDPRM
480418489	PAZOPAN	PAZOPAN	100000	Antineopla	10000000	Antineopla	S	200 MG	ORAL	TABS	EA	120	GENERIC		480		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRM
480432001	PLERIXA	PLERIXA	201600	Hematopo	20160000	Hematopo	S	24 MG/1.2	SUBCUTA	SOLN	ML	1.2	GENERIC		480		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
480449056	TASIMEL	TASIMEL	282448	UNKNOW	28244800	UNKNOW	S	20 MG	ORAL	CAPS	EA	30 X	GENERIC		480		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRM
480451401	PEMETRE	PEMETRE	100000	Antineopla	10000000	Antineopla	R	500 MG/2	INTRAVEI	SOLN	ML	20	MSB		480		N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION									R	MEDPRM
480451501	PEMETRE	PEMETRE	100000	Antineopla	10000000	Antineopla	R	1 GM/40M	INTRAVEI	SOLN	ML	40	GENERIC		480		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
480451601	PEMETRE	PEMETRE	100000	Antineopla	10000000	Antineopla	R	100 MG/4	INTRAVEI	SOLN	ML	4	GENERIC		480		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
480542589	SORAFEN	SORAFEN	100000	Antineopla	10000000	Antineopla	S	200 MG	ORAL	TABS	EA	120	GENERIC		480		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRM
480579508	CETRORE	CETRORE	681804	UNKNOW	68180400	UNKNOW	S	0.25 MG	SUBCUTA	KIT	EA	1	GENERIC		480	Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS									R	MEDPRM
480701156	DEFERAS	DEFERAS	640000	Heavy Me	64000000	Heavy Me	S	125 MG	ORAL	TBSO	EA	30 X	GENERIC		480		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRM
480701256	DEFERAS	DEFERAS	640000	Heavy Me	64000000	Heavy Me	S	250 MG	ORAL	TBSO	EA	30 X	GENERIC		480		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRM
480701356	DEFERAS	DEFERAS	640000	Heavy Me	64000000	Heavy Me	S	500 MG	ORAL	TBSO	EA	30 X	GENERIC		480		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRM
480716710	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	1000 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
480716798	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	90 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
480716810	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
480716898	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
480727010	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	1000 X	GENERIC		480		N	#N/A	ORIG_FR	10 EHB	#N/A				X	1 IN 1 DAYS		X	IF AGE=40-75 YEARS AND RA	R	MEDPRM
480727098	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90 X	GENERIC		480		N	#N/A	ORIG_FR	10 EHB	#N/A				X	1 IN 1 DAYS		X	IF AGE=40-75 YEARS AND RA	R	MEDPRM
480773606	DARUNA	DARUNA	81808	Antiretrovi	8180808	HIV Prote	S	600 MG	ORAL	TABS	EA	60 X	GENERIC		480		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS				X	2 IN 1 DAYS				R	MEDPRM
480775080	MESALAM	MESALAM	563600	Anti-inflam	56360000	Anti-inflam	S	800 MG	ORAL	TBEC	EA	180	GENERIC		480		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
480782056	FINGOLI	FINGOLI	900416	UNKNOW	90041600	UNKNOW	S	0.5 MG	ORAL	CAPS	EA	30 X	GENERIC		480		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRM
480782498	TIOPRON	TIOPRON	929200	UNKNOW	92920000	UNKNOW	S	300 MG	ORAL	TBEC	EA	90 X	GENERIC		480		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS									R	MEDPRM
480868201	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	25 MCG	ORAL	TABS	EA	100 X	GENERIC		480 Y		N	FORMULARY		1 GEN	GENERICS				X	2 IN 1 DAYS				R	MEDPRM
480868210	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	25 MCG	ORAL	TABS	EA	1000 X	GENERIC		480 Y		N	FORMULARY		1 GEN	GENERICS				X	2 IN 1 DAYS				R	MEDPRM
480868298	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	25 MCG	ORAL	TABS	EA	90 X	GENERIC		480 Y		N	FORMULARY		1 GEN	GENERICS				X	2 IN 1 DAYS				R	MEDPRM
480868701	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	50 MCG	ORAL	TABS	EA	100 X	GENERIC		480 Y		N	FORMULARY		1 GEN	GENERICS				X	2 IN 1 DAYS				R	MEDPRM
480868710	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	50 MCG	ORAL	TABS	EA	1000 X	GENERIC		480 Y		N	FORMULARY		1 GEN	GENERICS				X	2 IN 1 DAYS				R	MEDPRM
480868798	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	50 MCG	ORAL	TABS	EA	90 X	GENERIC		480 Y		N	FORMULARY		1 GEN	GENERICS				X	2 IN 1 DAYS				R	MEDPRM
480869001	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	75 MCG	ORAL	TABS	EA	100 X	GENERIC		480 Y		N	FORMULARY		1 GEN	GENERICS				X	2 IN 1 DAYS				R	MEDPRM
480869010	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	75 MCG	ORAL	TABS	EA	1000 X	GENERIC		480 Y		N	FORMULARY		1 GEN	GENERICS				X	2 IN 1 DAYS				R	MEDPRM
480869098	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	75 MCG	ORAL	TABS	EA	90 X	GENERIC		480 Y		N	FORMULARY		1 GEN	GENERICS				X	2 IN 1 DAYS				R	MEDPRM
480869301	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	88 MCG	ORAL	TABS	EA	100 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS				X	2 IN 1 DAYS				R	MEDPRM
480869310	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	88 MCG	ORAL	TABS	EA	1000 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS				X	2 IN 1 DAYS				R	MEDPRM
480869398	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	88 MCG	ORAL	TABS	EA	90 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS				X	2 IN 1 DAYS				R	MEDPRM
480870101	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	100 MCG	ORAL	TABS	EA	100 X	GENERIC		480 Y		N	FORMULARY		1 GEN	GENERICS				X	2 IN 1 DAYS				R	MEDPRM
480870110	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	100 MCG	ORAL	TABS	EA	1000 X	GENERIC		480 Y		N	FORMULARY		1 GEN	GENERICS				X	2 IN 1 DAYS				R	MEDPRM
480870198	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	100 MCG	ORAL	TABS	EA	90 X	GENERIC		480 Y		N	FORMULARY		1 GEN	GENERICS				X	2 IN 1 DAYS				R	MEDPRM
480870401	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	112 MCG	ORAL	TABS	EA	100 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS				X	2 IN 1 DAYS				R	MEDPRM
480870410	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	112 MCG	ORAL	TABS	EA	1000 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS				X	2 IN 1 DAYS				R	MEDPRM
480870498	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	112 MCG	ORAL	TABS	EA	90 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS				X	2 IN 1 DAYS				R	MEDPRM
480870701	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	125 MCG	ORAL	TABS	EA	100 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS				X	2 IN 1 DAYS				R	MEDPRM
480870710	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	125 MCG	ORAL	TABS	EA	1000 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS				X	2 IN 1 DAYS				R	MEDPRM
480870798	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	125 MCG	ORAL	TABS	EA	90 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS				X	2 IN 1 DAYS				R	MEDPRM
480871001	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	137 MCG	ORAL	TABS	EA	100 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS				X	2 IN 1 DAYS				R	MEDPRM
480871010	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	137 MCG	ORAL	TABS	EA	1000 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS				X	2 IN 1 DAYS				R	MEDPRM
480871098	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	137 MCG	ORAL	TABS	EA	90 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS				X	2 IN 1 DAYS				R	MEDPRM
480871501	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	150 MCG	ORAL	TABS	EA	100 X	GENERIC		480 Y		N	FORMULARY		1 GEN	GENERICS				X	2 IN 1 DAYS				R	MEDPRM
480871510	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	150 MCG	ORAL	TABS	EA	1000 X	GENERIC		480 Y		N	FORMULARY		1 GEN	GENERICS				X	2 IN 1 DAYS				R	MEDPRM
480871598	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	150 MCG	ORAL	TABS	EA	90 X	GENERIC		480 Y		N	FORMULARY		1 GEN	GENERICS				X	2 IN 1 DAYS				R	MEDPRM
480871801	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	175 MCG	ORAL	TABS	EA	100 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS				X	2 IN 1 DAYS				R	MEDPRM
480871810	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	175 MCG	ORAL	TABS	EA	1000 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS				X	2 IN 1 DAYS				R	MEDPRM
480871898	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	175 MCG	ORAL	TABS	EA	90 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS				X	2 IN 1 DAYS				R	MEDPRM
480872210	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	200 MCG	ORAL	TABS	EA	1000 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS				X	2 IN 1 DAYS				R	MEDPRM
480872298	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	200 MCG	ORAL	TABS	EA	90 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS				X	2 IN 1 DAYS				R	MEDPRM
480872501	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	300 MCG	ORAL	TABS	EA	100 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS				X	2 IN 1 DAYS				R	MEDPRM
480872510	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	300 MCG	ORAL	TABS	EA	1000 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS				X	2 IN 1 DAYS				R	MEDPRM
480872598	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	300 MCG	ORAL	TABS	EA	90 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS				X	2 IN 1 DAYS				R	MEDPRM
480922755	TIOPRON	TIOPRON	929200	UNKNOW	92920000	UNKNOW	S	100 MG	ORAL	TBEC	EA	300 X	GENERIC		480		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS									R	MEDPRM
480924201	PROPYLT	PROPYLT	683608	Antithyroi	68360800	Antithyroi	S	50 MG	ORAL	TABS	EA	100 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
480925908	OCTREO	OCTREO	682904	UNKNOW	68290400	UNKNOW	S	20 MG	INTRAMU	KIT	EA	1	GENERIC		480		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
480926208	OCTREO	OCTREO	682904	UNKNOW	68290400	UNKNOW	S	30 MG	INTRAMU	KIT	EA	1	GENERIC		480		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
480927706	ALYQ	TADALAF	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	60 X	GENERIC		480		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRM
480943589	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	25 MG	ORAL	CAPS	EA	120	GENERIC		480		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRM
480973201	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	12.5 MG	INTRAMU	SRER	EA	1	GENERIC		480		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
480973301	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	25 MG	INTRAMU	SRER	EA	1	GENERIC		480 Y		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
480973401	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	37.5 MG	INTRAMU	SRER	EA	1	GENERIC		480		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
480973501	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	50 MG	INTRAMU	SRER	EA	1	GENERIC		480		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
480973701	LISDEXA	LISDEXA	282004	Amphetam	28200400	Amphetam	S	10 MG	ORAL	CHEW	EA	100 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS				X	1 IN 1 DAYS				R	MEDPRM
480973801	LISDEXA	LISDEXA	282004	Amphetam	28200400	Amphetam	S	20 MG	ORAL	CHEW	EA	100 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS				X	1 IN 1 DAYS				R	MEDPRM
480973901	LISDEXA	LISDEXA	282004	Amphetam	28200400	Amphetam	S	30 MG	ORAL	CHEW	EA	100 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS				X	1 IN 1 DAYS				R	MEDPRM
480974101	LISDEXA	LISDEXA	282004	Amphetam	28200400	Amphetam	S	40 MG	ORAL	CHEW	EA	100 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS				X	1 IN 1 DAYS				R	MEDPRM
480974201	LISDEXA	LISDEXA	282004	Amphetam	28200400	Amphetam	S	50 MG	ORAL	CHEW	EA	100 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS				X	1 IN 1 DAYS				R	MEDPRM
480974401	LISDEXA	LISDEXA	282004	Amphetam	28200400	Amphetam	S	60 MG	ORAL	CHEW	EA	100 X	GENERIC		480		N	FORMULARY		1 GEN	GENERICS				X	1 IN 1 DAYS				R	MEDPRM
485002301	ECEE PLU	VITAMIN	882800	Multivitam	88280000	Multivitam	O	100MG-10	ORAL	TABS	EA	100	SSB		485		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
485005708	ED-APAP	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	LIQD	ML	236	GENERIC		485		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
485008001	RYMED	DEXCHLO	40400	First Gene	4040000	First Gene	O	2-10 MG	ORAL	TABS	EA	100	SSB		485		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
485008201	ED-SPAZ	HYOSCYA	120808	Antimusca	12080800	Antimusca	S	0.125 MG	ORAL	TBDP	EA	100 X	GENERIC	12/27/2022	485		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
485009816	ED CHLO	CHLORPH	40400	First Gene	4040000	First Gene	P	2 MG/5ML	ORAL	SYRP	ML	473	GENERIC		485		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
485015101	UROGESI	METHENA	83600	Urinary Ar	8360000	Urinary Ar	S	81.6 MG	ORAL	TABS	EA	100	MSB		485		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION									R	MEDPRM
485015130	UROGESI	METHENA	83600	Urinary Ar	8360000	Urinary Ar	S	81.6 MG	ORAL	TABS	EA	30	MSB		485		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION									R	MEDPRM
485015516	ED A-HIS	CHLORPH	40400	First Gene	4040000	First Gene	P	4-10 MG/5	ORAL	LIQD	ML	473	MSB		485		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION									R	MEDPRM
485017116	ED-A-HIS	PHENYLE	480800	Antitussive	48080000	Antitussive	P	10-4-15 M	ORAL	LIQD	ML	473	GENERIC		485		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
485020216	RYNEX P	BROMPHI	40400	First Gene	4040000	First Gene	P	1-2.5 MG/	ORAL	ELIX	ML	473	GENERIC		485		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
485020404	RYNEX D	PHENYLE	480800	Antitussive	48080000	Antitussive	P	2.5-1-5 M	ORAL	LIQD	ML	118	GENERIC		485		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
485020416	RYNEX D	PHENYLE	480800	Antitussive	48080000	Antitussive	P	1MG/5ML-	ORAL	LIQD	ML	473	GENERIC		485		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
485020616	RYNEX P	BROMPHI	40400	First Gene	4040000	First Gene	P	1-15 MG/5	ORAL	LIQD	ML	473	GENERIC		485		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
485020816	ED BRON	PHENYLE	481600	Expectora	48160000	Expectora	O	100MG/5M	ORAL	LIQD	ML	473	SSB		485		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
485024001	ED A-HIS	PHENYLE	480800	Antitussive	48080000	Antitussive	O	4MG-10M	ORAL	TABS	EA	100	SSB		485		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
485025401	ED A-HIS	CHLORPH	40400	First Gene	4040000	First Gene	P	4-10 MG	ORAL	TABS	EA	100	GENERIC		485		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
485031621	MUCOTR	ORAL WC	849200	Skin and M	84920000	Skin and M	R	0-0-0-0-0	MOUTH/T	WAFR	EA	21	SSB		485		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
485031645	MUCOTR	ORAL WC	849200	Skin and M	84920000	Skin and M	R	0-0-0-0-0	MOUTH/T	WAFR	EA	45	SSB		485		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
486111101	K-PHOS	POTASSI	401200	Replacem	40120000	Replacem	S	500 MG	ORAL	TABS	EA	100 X	MSB		486		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION									R	MEDPRM
486111105	K-PHOS	POTASSI	401200	Replacem	40120000	Replacem	S	500 MG	ORAL	TABS	EA	500 X	MSB		486		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION									R	MEDPRM
486112501	K-PHOS N	POT PHO	401200	Replacem	40120000	Replacem	S	155MG-85	ORAL	TABS	EA	100 X	MSB		486 N		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION									R	MEDPRM
486112505	K-PHOS N	POT PHO	401200	Replacem	40120000	Replacem	S	155MG-85	ORAL	TABS	EA	500 X	MSB		486 N		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION									R	MEDPRM
486113201	BEELITH	MAGNESI	561200	Cathartics	56120000	Cathartics	O	362-20 M	ORAL	TABS	EA	100	SSB		486 N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
486113401	K-PHOS N	POTASSI	400400	Acidifying	40040000	Acidifying	R	305MG-70	ORAL	TABS	EA	100	SSB		486		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND									R	MEDPRM
487020101	IPRATRO	IPRATRO	121208	beta-Adre	12120812	Selective I	S	0.5-2.5 (3)	INHALATI	SOLN	ML	3 X	GENERIC		487		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
487020103	IPRATRO	IPRATRO	121208	beta-Adre	12120812	Selective I	S	0.5-2.5 (3)	INHALATI	SOLN	ML	3 X	GENERIC		487		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
487020160	IPRATRO	IPRATRO	121208	beta-Adre	12120812	Selective I	S	0.5-2.5 (3)	INHALATI	SOLN	ML	3 X	GENERIC		487		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
487030101	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	0.63 MG/3	INHALATI	NEBU	ML	3 X	GENERIC		487		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
487278401	ASTHMAN	RACEPIN	121212	alpha- and	12121200	alpha- and	P	2.25%	INHALATI	NEBU	EA	1	GENERIC		487		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
487430105	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVEI	SOLN	ML	50	GENERIC		487		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
487430110	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVEI	SOLN	ML	100	GENERIC		487		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
487430125	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVEI	SOLN	ML	250	GENERIC		487		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
487430150	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVEI	SOLN	ML	500	GENERIC		487		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
487590199	S2 (RACE	RACEPIN	121212	alpha- and	12121200	alpha- and	P	2.25%	INHALATI	NEBU	EA	1	MSB		487		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION									R	MEDPRM
487610501	STERILE	WATER F	960000	Pharmace	96000000	Pharmace	S	0	INJECTIO	SOLN	ML	5	NON DRUG		487 Y		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
487623201	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	60 MG/2M	INTRAMU	SOLN	ML	2	GENERIC		487	Y	N	FORMULARY		1 GEN	GENERICS				X	5 DAYS				R	MEDPRM
487900330	SODIUM (	SODIUM (	482400	Mucolytic	48240000	Mucolytic	S	3%	INHALATI	NEBU	ML	4	GENERIC		487		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
487900360	SODIUM (	SODIUM (	482400	Mucolytic	48240000	Mucolytic	S	3%	INHALATI	NEBU	ML	4	GENERIC	5/18/2022	487		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
487900730	SODIUM (	SODIUM (	482400	Mucolytic	48240000	Mucolytic	S	7%	INHALATI	NEBU	ML	4	GENERIC		487 N		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
487900760	SODIUM (	SODIUM (	482400	Mucolytic	48240000	Mucolytic	S	7%	INHALATI	NEBU	ML	4	GENERIC	5/18/2022	487		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
487901060	SODIUM (	SODIUM (	482400	Mucolytic	48240000	Mucolytic	S	10%	INHALATI	NEBU	ML	4	GENERIC		487		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
487930103	SODIUM (	SODIUM (	482400	Mucolytic	48240000	Mucolytic	S	0.90%	INHALATI	NEBU	ML	3	GENERIC		487		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
487930133	SODIUM (	SODIUM (	482400	Mucolytic	48240000	Mucolytic	S	0.90%	INHALATI	NEBU	ML	3	GENERIC		487		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
487930201	SODIUM (	SODIUM (	482400	Mucolytic	48240000	Mucolytic	S	0.90%	INHALATI	NEBU	ML	5	GENERIC		487		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
487950101	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	(2.5 MG/3	INHALATI	NEBU	ML	3 X	GENERIC		487		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
487950103	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	(2.5 MG/3	INHALATI	NEBU	ML	3 X	GENERIC		487		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
487950125	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	(2.5 MG/3	INHALATI	NEBU	ML	3 X	GENERIC		487		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
487950160	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	(2.5 MG/3	INHALATI	NEBU	ML	3 X	GENERIC		487		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
487960101	BUDESON	BUDESON	680400	Adrenals	68040000	Adrenals	S	0.25 MG/2	INHALATI	SUSP	ML	2 X	GENERIC		487		N	FORMULARY		1 GEN	GENERICS				X	4 IN 1 DAYS				R	MEDPRM
487960130	BUDESON	BUDESON	680400	Adrenals	68040000	Adrenals	S	0.25 MG/2	INHALATI	SUSP	ML	2 X	GENERIC		487		N	FORMULARY		1 GEN	GENERICS				X	4 IN 1 DAYS				R	MEDPRM
487970101	BUDESON	BUDESON	680400	Adrenals	68040000	Adrenals	S	0.5 MG/2	INHALATI	SUSP	ML	2 X	GENERIC		487		N	FORMULARY		1 GEN	GENERICS				X	4 IN 1 DAYS				R	MEDPRM
487970130	BUDESON	BUDESON	680400	Adrenals	68040000	Adrenals	S	0.5 MG/2	INHALATI	SUSP	ML	2 X	GENERIC		487		N	FORMULARY		1 GEN	GENERICS				X	4 IN 1 DAYS				R	MEDPRM
487980101	IPRATRO	IPRATRO	120808	Antimusca	12080800	Antimusca	S	0.02%	INHALATI	SOLN	ML	2.5 X	GENERIC		487		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
487980125	IPRATRO	IPRATRO	120808	Antimusca	12080800	Antimusca	S	0.02%	INHALATI	SOLN	ML	2.5 X	GENERIC		487		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
487980130	IPRATRO	IPRATRO	120808	Antimusca	12080800	Antimusca	S	0.02%	INHALATI	SOLN	ML	2.5 X	GENERIC		487		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
487980160	IPRATRO	IPRATRO	120808	Antimusca	12080800	Antimusca	S	0.02%	INHALATI	SOLN	ML	2.5 X	GENERIC		487		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
487990130	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	2.5 MG/0.5	INHALATI	NEBU	EA	1 X	GENERIC		487		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
487990401	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	1.25 MG/3	INHALATI	NEBU	ML	3 X	GENERIC		487 N		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
487990425	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	1.25 MG/3	INHALATI	NEBU	ML	3 X	GENERIC		487		N	FORMULARY		1 GEN	GENERICS									R	MEDPRM
492007604	IODINE	IODINE (T	840416	UNKNOW	84041600	UNKNOW	O	1%	EXTERNA	TINC	ML	118	MSB		492		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION									R	MEDPRM
492007616	IODINE	IODINE (T	840416	UNKNOW	84041600	UNKNOW	O	1%	EXTERNA	TINC	ML	474	MSB		492		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION									R	MEDPRM
496040101	ELOSHIE	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	150	NON DRUG		496 N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
496048010	HELIOCA	POLYPOD	929200	UNKNOW	92920000	UNKNOW	O	240MG	ORAL	CAPS	EA	60	SSB		496		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
496048108	HELIOCA	NIACIN-P	929200	UNKNOW	92920000	UNKNOW	O	250-120 M	ORAL	CAPS	EA	120	SSB		496		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
496051302	DETACH	DERMAT	849200	Skin and M	84920000	Skin and M	O	0	EXTERNA	LIQD	ML	237	SSB		496		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
496051304	DETACH	DERMAT	849200	Skin and M	84920000	Skin and M	O	0	EXTERNA	LIQD	ML	118	SSB		496		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
496051306	DETACH	DERMAT	849200	Skin and M	84920000	Skin and M	O	0	EXTERNA	LIQD	ML	59	SSB		496		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
496051315	DETACH	DERMAT	849200	Skin and M	84920000	Skin and M	O	0	EXTERNA	LIQD	ML	15	SSB		496		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
496051324	DETACH	DERMAT	849200	Skin and M	84920000	Skin and M	O	0	EXTERNA	LIQD	ML	1.6	SSB		496		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
496051348	DETACH	DERMAT	849200	Skin and M	84920000	Skin and M	O	0	EXTERNA	LIQD	EA	48	SSB		496		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
496052306	MASTISO	WOUND D	849200	Skin and M	84920000	Skin and M	O	0-0	EXTERNA	LIQD	ML	59	SSB		496		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
496052315	MASTISO	WOUND D	849200	Skin and M	84920000	Skin and M	O	0-0	EXTERNA	LIQD	ML	15	SSB		496		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
496052316	MASTISO	WOUND D	849200	Skin and M	84920000	Skin and M	O	0-0	EXTERNA	LIQD	ML	15	SSB		496		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM
496052323	MASTISO	WOUND D	849200	Skin and M	84920000	Skin and M	O	0-0	EXTERNA	LIQD	EA	1	SSB		496		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRM

496052348	MASTISO	WOUND D	849200 Skin and I	84920000 Skin and I	O	0-0	EXTERNA	LIQD	EA	48		SSB		496			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
496058002	DERMENI	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	O	0-0-0-0-0	EXTERNA	CREA	GM	75		SSB		496			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
496058014	DERMENI	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	O	0-0-0-0-0	EXTERNA	CREA	GM	127		SSB		496			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
496058112	DERMENI	EMOLLIEI	842404 Basic Loti	84240400 Basic Loti	O	0-0-0-0-0	EXTERNA	LOTN	GM	340		SSB	6/14/2022	496			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
496058214	DERMENI	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	O	0-0-0-0-0	EXTERNA	CREA	GM	127		SSB	6/14/2022	496			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
496058308	DERMENI	DERMATO	849200 Skin and I	84920000 Skin and I	O	0-0-0-0-0	EXTERNA	LOTN	GM	227		SSB		496			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
496058414	DERMENI	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	O	0-0-0-0-0	EXTERNA	CREA	GM	127		SSB		496			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
496058608	DERMENI	PRAMOXI	840800 Antipruritic	84080000 Antipruritic	P	1%	EXTERNA	LOTN	ML	237		GENERIC		496			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
496074803	PRAX	PRAMOXI	840800 Antipruritic	84080000 Antipruritic	P	1%	EXTERNA	LOTN	ML	237		MSB		496	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
496074804	PRAX	PRAMOXI	840800 Antipruritic	84080000 Antipruritic	P	1%	EXTERNA	LOTN	ML	118		MSB		496	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
496088205	LMX 4	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	4%	EXTERNA	CREA	GM	5		MSB		496	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
496088206	LMX 4	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	4%	EXTERNA	CREA	GM	5		MSB		496	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
496088207	LMX 4 PL	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	4%	EXTERNA	KIT	EA	1		MSB		496	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
496088215	LMX 4	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	4%	EXTERNA	CREA	GM	15		MSB		496	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
496088230	LMX 4	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	4%	EXTERNA	CREA	GM	30		MSB		496	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
496088271	LMX 4 PL	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	4%	EXTERNA	KIT	EA	1		MSB		496			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
496088315	LMX 5	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	5%	EXTERNA	CREA	GM	15		MSB		496	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
496088330	LMX 5	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	5%	EXTERNA	CREA	GM	30		MSB		496	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
496089215	RECTICAI	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	5%	EXTERNA	CREA	GM	15		MSB		496	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
496089230	RECTICAI	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	5%	EXTERNA	CREA	GM	30		MSB		496	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
496090845	OC8	DERMATO	849200 Skin and I	84920000 Skin and I	O	0	EXTERNA	GEL	GM	45		SSB		496	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
496097830	RECTICAI	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	O	5-0.25-17-	EXTERNA	CREA	GM	30		SSB		496			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
496098065	RECTICAI	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	O	5-20 %	EXTERNA	PADS	EA	12		SSB		496			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
516001312	BOULES (	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	14		NON DRU	10/4/2022	516			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
516005110	POTABA	POTASSII	880800 Vitamin B	88080000 Vitamin B	R	500 MG	ORAL	CAPS	EA	1000	X	SSB	10/4/2022	516			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
516012101	AMMONIA	AMMONIA	282032 UNKNOW	28203200 UNKNOW	P	0-0	INHALATI	INHA	EA	10		GENERIC	10/4/2022	516			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517002010	CAFFEINE	CAFFEINE	282032 UNKNOW	28203200 UNKNOW	S	60 MG/3M	INTRAVEI	SOLN	ML	3		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517003101	CYANOC(	CYANOC(	880800 Vitamin B	88080000 Vitamin B	S	1000 MCG	INJECTIO	SOLN	ML	1		GENERIC		517		Y	N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
517003125	CYANOC(	CYANOC(	880800 Vitamin B	88080000 Vitamin B	S	1000 MCG	INJECTIO	SOLN	ML	1		GENERIC		517		Y	N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
517003201	CYANOC(	CYANOC(	880800 Vitamin B	88080000 Vitamin B	S	1000 MCG	INJECTIO	SOLN	ML	10		GENERIC		517		Y	N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
517003225	CYANOC(	CYANOC(	880800 Vitamin B	88080000 Vitamin B	S	1000 MCG	INJECTIO	SOLN	ML	10		GENERIC		517		Y	N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
517013001	CYANOC(	CYANOC(	880800 Vitamin B	88080000 Vitamin B	S	1000 MCG	INJECTIO	SOLN	ML	30		GENERIC		517		Y	N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
517037401	PROVAYE	METHYLE	910400 UNKNOW	91040000 UNKNOW	S	50 MG/10	INTRAVEI	SOLN	ML	10		MSB		517			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
517037405	PROVAYE	METHYLE	910400 UNKNOW	91040000 UNKNOW	S	50 MG/10	INTRAVEI	SOLN	ML	10		MSB		517			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
517037501	INDIGO C	INDIGOTI	364000 Kidney Fu	36400000 Kidney Fu	R	8 MG/ML	INJECTIO	SOLN	ML	5		SSB	6/15/2023	517			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517037505	INDIGO C	INDIGOTI	364000 Kidney Fu	36400000 Kidney Fu	R	8 MG/ML	INJECTIO	SOLN	ML	5		SSB	6/15/2023	517			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517038101	PROVAYE	METHYLE	910400 UNKNOW	91040000 UNKNOW	S	50 MG/10	INTRAVEI	SOLN	ML	10		MSB		517			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
517038105	PROVAYE	METHYLE	910400 UNKNOW	91040000 UNKNOW	S	50 MG/10	INTRAVEI	SOLN	ML	10		MSB		517			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
517040125	ATROPIN	ATROPIN	120808 Antimusca	12080800 Antimusca	R	0.4 MG/MI	INJECTIO	SOLN	ML	1		GENERIC	8/31/2023	517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517042001	ESTRADI	ESTRADI	681604 Estrogens	68160400 Estrogens	S	20 MG/ML	INTRAMU	OIL	ML	5		GENERIC		517		Y	N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
517044001	ESTRADI	ESTRADI	681604 Estrogens	68160400 Estrogens	S	40 MG/ML	INTRAMU	OIL	ML	5		GENERIC		517		Y	N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
517060201	INJECTAF	FERRIC C	200404 Iron Prepa	20040400 Iron Prepa	R	100 MG/2	INTRAVEI	SOLN	ML	2		SSB		517			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517065001	INJECTAF	FERRIC C	200404 Iron Prepa	20040400 Iron Prepa	R	750 MG/1	INTRAVEI	SOLN	ML	15		SSB		517			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517071001	FOMEPIZ	FOMEPIZ	910408 UNKNOW	91040800 UNKNOW	S	1.5 GM/1.	INTRAVEI	SOLN	ML	1.5		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517072001	BETAMET	BETAMET	680400 Adrenals	68040000 Adrenals	S	6 (3-3) MG	INJECTIO	SUSP	ML	5		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517073501	NICARDIF	NICARDIF	242808 Dihydropy	24280800 Dihydropy	S	2.5 MG/MI	INTRAVEI	SOLN	ML	10		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517073510	NICARDIF	NICARDIF	242808 Dihydropy	24280800 Dihydropy	S	2.5 MG/MI	INTRAVEI	SOLN	ML	10		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517074001	METHYLE	METHYLE	760000 Oxytocics	76000000 Oxytocics	S	0.2 MG/MI	INJECTIO	SOLN	ML	1		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517074020	METHYLE	METHYLE	760000 Oxytocics	76000000 Oxytocics	S	0.2 MG/MI	INJECTIO	SOLN	ML	1		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517079101	BETAMET	BETAMET	680400 Adrenals	68040000 Adrenals	S	6 (3-3) MG	INJECTIO	SUSP	ML	5		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517079901	BETAMET	BETAMET	680400 Adrenals	68040000 Adrenals	S	6 (3-3) MG	INJECTIO	SUSP	ML	5		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517090101	HYDRALA	HYDRALA	240816 Central Al	24081600 Central Al	S	20 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517090125	HYDRALA	HYDRALA	240816 Central Al	24081600 Central Al	S	20 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		517	N		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517092001	BUSULFA	BUSULFA	100000 Antineopla	10000000 Antineopla	S	6 MG/ML	INTRAVEI	SOLN	ML	10		GENERIC	11/25/2022	517			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517092008	BUSULFA	BUSULFA	100000 Antineopla	10000000 Antineopla	S	6 MG/ML	INTRAVEI	SOLN	ML	10		GENERIC	11/25/2022	517			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517095501	OLANZAF	OLANZAF	281608 Antipsych	28160804 Atypical A	S	10 MG	INTRAMU	SOLR	EA	1		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517096001	TRANEXA	TRANEXA	202816 Hemostati	20281600 Hemostati	S	1000 MG/	INTRAVEI	SOLN	ML	10		GENERIC	6/15/2023	517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517096010	TRANEXA	TRANEXA	202816 Hemostati	20281600 Hemostati	S	1000 MG/	INTRAVEI	SOLN	ML	10		GENERIC	6/15/2023	517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517100101	ATROPIN	ATROPIN	120808 Antimusca	12080800 Antimusca	S	1 MG/ML	INTRAVEI	SOLN	ML	1		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517100125	ATROPIN	ATROPIN	120808 Antimusca	12080800 Antimusca	S	1 MG/ML	INTRAVEI	SOLN	ML	1		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517100401	ATROPIN	ATROPIN	120808 Antimusca	12080800 Antimusca	S	0.4 MG/MI	INTRAVEI	SOLN	ML	1		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517100425	ATROPIN	ATROPIN	120808 Antimusca	12080800 Antimusca	S	0.4 MG/MI	INTRAVEI	SOLN	ML	1		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517101025	ATROPIN	ATROPIN	120808 Antimusca	12080800 Antimusca	R	1 MG/ML	INJECTIO	SOLN	ML	1		GENERIC	8/31/2023	517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517102001	VASOPRE	VASOPRE	682800 Pituitary	68280000 Pituitary	S	20 UNIT/M	INTRAVEI	SOLN	ML	1		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517102025	VASOPRE	VASOPRE	682800 Pituitary	68280000 Pituitary	S	20 UNIT/M	INTRAVEI	SOLN	ML	1		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517103001	VASOPRE	VASOPRE	682800 Pituitary	68280000 Pituitary	S	20 UNIT/M	INTRAVEI	SOLN	ML	10		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517104501	LEVOCAF	LEVOCAF	929200 UNKNOW	92920000 UNKNOW	S	200 MG/M	INTRAVEI	SOLN	ML	5		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517104505	LEVOCAF	LEVOCAF	929200 UNKNOW	92920000 UNKNOW	S	200 MG/M	INTRAVEI	SOLN	ML	5		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517107501	LEVOCAF	LEVOCAF	929200 UNKNOW	92920000 UNKNOW	S	200 MG/M	INTRAVEI	SOLN	ML	20		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517113301	NEOSTIG	NEOSTIG	120400 Parasymp	12040000 Parasymp	S	5 MG/10M	INTRAVEI	SOLN	ML	10		GENERIC	4/4/2022	517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517113305	NEOSTIG	NEOSTIG	120400 Parasymp	12040000 Parasymp	S	5 MG/10M	INTRAVEI	SOLN	ML	10		GENERIC	4/4/2022	517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517113401	NEOSTIG	NEOSTIG	120400 Parasymp	12040000 Parasymp	S	10 MG/10	INTRAVEI	SOLN	ML	10		GENERIC	4/4/2022	517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517113405	NEOSTIG	NEOSTIG	120400 Parasymp	12040000 Parasymp	S	10 MG/10	INTRAVEI	SOLN	ML	10		GENERIC	4/4/2022	517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517117101	EPINEPHI	EPINEPHI	121212 alpha- and	12121200 alpha- and	S	1 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		517	N		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517117110	EPINEPHI	EPINEPHI	121212 alpha- and	12121200 alpha- and	S	1 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		517	N		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517176701	HYDROX'	HYDROX'	683200 Progestins	68320000 Progestins	S	250 MG/M	INTRAMU	OIL	ML	1		GENERIC	4/7/2023	517			N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517179101	HYDROX'	HYDROX'	683200 Progestins	68320000 Progestins	S	250 MG/M	INTRAMU	OIL	ML	1		GENERIC	4/7/2023	517			N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517182001	CHLORO'	CHLORO'	243620 UNKNOW	24362000 UNKNOW	S	500 MG	INTRAVEI	SOLR	EA	1		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517182501	METHOC/	METHOC/	122004 UNKNOW	12200400 UNKNOW	S	1000 MG/	INJECTIO	SOLN	ML	10		GENERIC	9/12/2023	517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517182510	METHOC/	METHOC/	122004 UNKNOW	12200400 UNKNOW	S	1000 MG/	INJECTIO	SOLN	ML	10		GENERIC	9/12/2023	517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517183001	TESTOST	TESTOST	680800 Androgens	68080000 Androgens	S	200 MG/M	INTRAMU	SOLN	ML	1	X	GENERIC		517		Y	N	FORMULARY		1 GEN	GENERICS	X	PAX				R	MEDPRMI
517198001	DICYCLO	DICYCLO	120808 Antimusca	12080800 Antimusca	S	10 MG/ML	INTRAMU	SOLN	ML	2		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517198005	DICYCLO	DICYCLO	120808 Antimusca	12080800 Antimusca	S	10 MG/ML	INTRAMU	SOLN	ML	2		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517205101	POTASSII	POTASSII	401200 Replacem	40120000 Replacem	S	15 MMOL	INTRAVEI	SOLN	ML	5		GENERIC		517	N		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517205125	POTASSII	POTASSII	401200 Replacem	40120000 Replacem	S	15 MMOL	INTRAVEI	SOLN	ML	5		GENERIC		517	N		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517210201	POTASSII	POTASSII	401200 Replacem	40120000 Replacem	S	45 MMOL	INTRAVEI	SOLN	ML	15		GENERIC		517	N		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517210225	POTASSII	POTASSII	401200 Replacem	40120000 Replacem	S	45 MMOL	INTRAVEI	SOLN	ML	15		GENERIC		517	N		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517231001	VENOFEF	IRON SU(	200404 Iron Prepa	20040400 Iron Prepa	R	20 MG/ML	INTRAVEI	SOLN	ML	10		SSB		517			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517231005	VENOFEF	IRON SU(	200404 Iron Prepa	20040400 Iron Prepa	R	20 MG/ML	INTRAVEI	SOLN	ML	10		SSB		517			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517232510	VENOFEF	IRON SU(	200404 Iron Prepa	20040400 Iron Prepa	R	20 MG/ML	INTRAVEI	SOLN	ML	2.5		SSB		517			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517234010	VENOFEF	IRON SU(	200404 Iron Prepa	20040400 Iron Prepa	R	20 MG/ML	INTRAVEI	SOLN	ML	5		SSB		517			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517234025	VENOFEF	IRON SU(	200404 Iron Prepa	20040400 Iron Prepa	R	20 MG/ML	INTRAVEI	SOLN	ML	5		SSB		517			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517234099	VENOFEF	IRON SU(	200404 Iron Prepa	20040400 Iron Prepa	R	20 MG/ML	INTRAVEI	SOLN	ML	5		SSB		517			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517250201	CAFFEINE	CAFFEINE	282032 UNKNOW	28203200 UNKNOW	R	125MG/MI	INJECTIO	SOLN	ML	2		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517250210	CAFFEINE	CAFFEINE	282032 UNKNOW	28203200 UNKNOW	R	125MG/MI	INJECTIO	SOLN	ML	2		GENERIC		517	N		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517250501	POTASSII	POTASSII	401200 Replacem	40120000 Replacem	S	150 MMOI	INTRAVEI	SOLN	ML	50		GENERIC		517	N		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517250525	POTASSII	POTASSII	401200 Replacem	40120000 Replacem	S	150 MMOI	INTRAVEI	SOLN	ML	50		GENERIC		517	N		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517271025	CALCIUM	CALCIUM	401200 Replacem	40120000 Replacem	S	10%	INTRAVEI	SOLN	ML	10		GENERIC	5/13/2022	517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517281025	SODIUM (	SODIUM (	401200 Replacem	40120000 Replacem	S	0.90%	INJECTIO	SOLN	ML	10		GENERIC	12/5/2022	517		Y	N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
517300525	STERILE	WATER F	960000 Pharmace	96000000 Pharmace	S	0	INJECTIO	SOLN	ML	5		GENERIC	2/3/2022	517	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517301001	STERILE	WATER F	960000 Pharmace	96000000 Pharmace	S	0	INJECTIO	SOLN	ML	10		NON DRUG		517			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517301025	STERILE	WATER F	960000 Pharmace	96000000 Pharmace	S	0	INJECTIO	SOLN	ML	10		NON DRUG		517	Y		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517302001	STERILE	WATER F	960000 Pharmace	96000000 Pharmace	S	0	INJECTIO	SOLN	ML	20		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517302025	STERILE	WATER F	960000 Pharmace	96000000 Pharmace	S	0	INJECTIO	SOLN	ML	20		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517303001	EPINEPHI	EPINEPHI	523200 Vasocons	52320000 Vasocons	R	1 MG/ML	INJECTIO	SOLN	ML	30		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517400225	PAPAVER	PAPAVER	240816 Central Al	24081600 Central Al	S	30 MG/ML	INJECTIO	SOLN	ML	2		GENERIC		517		Y	N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
517420125	HYDROX'	HYDROX'	282492 Anxiolytics	28249200 Anxiolytics	R	25 MG/ML	INTRAMU	SOLN	ML	1		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517430001	PACLITA>	PACLITA>	100000 Antineopla	10000000 Antineopla	R	100 MG	INTRAVEI	SUSR	EA	1		MSB		517			N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION						R	MEDPRMI
517460125	GLYCOPY	GLYCOPY	120808 Antimusca	12080800 Antimusca	S	0.2 MG/MI	INJECTIO	SOLN	ML	1		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517460225	GLYCOPY	GLYCOPY	120808 Antimusca	12080800 Antimusca	S	0.4 MG/2M	INJECTIO	SOLN	ML	2		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517460525	GLYCOPY	GLYCOPY	120808 Antimusca	12080800 Antimusca	S	1 MG/5ML	INJECTIO	SOLN	ML	5		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517462025	GLYCOPY	GLYCOPY	120808 Antimusca	12080800 Antimusca	S	4 MG/20M	INJECTIO	SOLN	ML	20		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517481025	NITROGL'	NITROGL'	240808 beta-Adre	24080800 UNKNOW	S	5 MG/ML	INTRAVEI	SOLN	ML	10		GENERIC		517	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517502325	SODIUM /	SODIUM /	400800 Alkalinizin	40080000 Alkalinizin	S	4 MEQ/ML	INTRAVEI	SOLN	ML	50		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517560125	HYDROX'	HYDROX'	282492 Anxiolytics	28249200 Anxiolytics	R	50 MG/ML	INTRAMU	SOLN	ML	1		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517560225	HYDROX'	HYDROX'	282492 Anxiolytics	28249200 Anxiolytics	R	50 MG/ML	INTRAMU	SOLN	ML	2		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517610101	ZINC SUL	ZINC SUL	401200 Replacem	40120000 Replacem	S	1 MG/ML	INTRAVEI	SOLN	ML	10		MSB		517			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
517610125	ZINC SUL	ZINC SUL	401200 Replacem	40120000 Replacem	S	1 MG/ML	INTRAVEI	SOLN	ML	10		MSB		517			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
517610301	ZINC SUL	ZINC SUL	401200 Replacem	40120000 Replacem	S	3 MG/ML	INTRAVEI	SOLN	ML	10		MSB		517			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
517610325	ZINC SUL	ZINC SUL	401200 Replacem	40120000 Replacem	S	3 MG/ML	INTRAVEI	SOLN	ML	10		MSB		517			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
517620225	MULTITR/	TRACE M	401200 Replacem	40120000 Replacem	R	100-25-15	INTRAVEI	SOLN	ML	2		SSB	12/5/2022	517			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517650201	SELENIOI	SELENIOI	401200 Replacem	40120000 Replacem	R	12 MCG/2	INTRAVEI	SOLN	ML	2		MSB		517			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
517650210	SELENIOI	SELENIOI	401200 Replacem	40120000 Replacem	R	12 MCG/2	INTRAVEI	SOLN	ML	2		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517656001	SELENIOI	SELENIOI	401200 Replacem	40120000 Replacem	R	60 MCG/M	INTRAVEI	SOLN	ML	10		MSB		517			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
517656005	SELENIOI	SELENIOI	401200 Replacem	40120000 Replacem	R	60 MCG/M	INTRAVEI	SOLN	ML	10		MSB		517			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
517671001	CALCIUM	CALCIUM	401200 Replacem	40120000 Replacem	S	10%	INTRAVEI	SOLN	ML	10		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517671010	CALCIUM	CALCIUM	401200 Replacem	40120000 Replacem	S	10%	INTRAVEI	SOLN	ML	10		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517730501	SODIUM F	SODIUM F	401200 Replacem	40120000 Replacem	S	15 MMOL	INTRAVEI	SOLN	ML	5		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517730525	SODIUM F	SODIUM F	401200 Replacem	40120000 Replacem	S	15 MMOL	INTRAVEI	SOLN	ML	5		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517731501	SODIUM F	SODIUM F	401200 Replacem	40120000 Replacem	S	45 MMOL	INTRAVEI	SOLN	ML	15		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517731525	SODIUM F	SODIUM F	401200 Replacem	40120000 Replacem	S	45 MMOL	INTRAVEI	SOLN	ML	15		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517735001	SODIUM F	SODIUM F	401200 Replacem	40120000 Replacem	S	150 MMOI	INTRAVEI	SOLN	ML	50		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517735025	SODIUM F	SODIUM F	401200 Replacem	40120000 Replacem	S	150 MMOI	INTRAVEI	SOLN	ML	50		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517750401	ACETYLC	ACETYLC	910404 UNKNOW	91040400 UNKNOW	S	10%	INHALATI	SOLN	ML	4		GENERIC		517			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
517750425	ACETYLC	ACETYLC	910404 UNKNOW	91040400 UNKNOW	S	10%	INHALATI	SOLN	ML	4		GENERIC		517			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
517751003	ACETYLC	ACETYLC	910404 UNKNOW	91040400 UNKNOW	S	10%	INHALATI	SOLN	ML	10		GENERIC		517	Y		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
517760401	ACETYLC	ACETYLC	910404 UNKNOW	91040400 UNKNOW	S	20%	INHALATI	SOLN	ML	4		GENERIC		517			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
517760425	ACETYLC	ACETYLC	910404 UNKNOW	91040400 UNKNOW	S	20%	INHALATI	SOLN	ML	4		GENERIC		517	Y		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
517761003	ACETYLC	ACETYLC	910404 UNKNOW	91040400 UNKNOW	S	20%	INHALATI	SOLN	ML	10		GENERIC		517	Y		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
517800501	ZINC SUL	ZINC SUL	401200 Replacem	40120000 Replacem	S	5 MG/ML	INTRAVEI	SOLN	ML	5		MSB		517			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
517800525	ZINC SUL	ZINC SUL	401200 Replacem	40120000 Replacem	S	5 MG/ML	INTRAVEI	SOLN	ML	5		MSB		517			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
517912001	AMINOCA	AMINOCA	202816 Hemostati	20281600 Hemostati	S	250 MG/M	INTRAVEI	SOLN	ML	20		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517912025	AMINOCA	AMINOCA	202816 Hemostati	20281600 Hemostati	S	250 MG/M	INTRAVEI	SOLN	ML	20		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517919101	AMINOCA	AMINOCA	202816 Hemostati	20281600 Hemostati	S	250 MG/M	INTRAVEI	SOLN	ML	20		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517919125	AMINOCA	AMINOCA	202816 Hemostati	20281600 Hemostati	S	250 MG/M	INTRAVEI	SOLN	ML	20		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517920325	MULTITR/	TRACE M	401200 Replacem	40120000 Replacem	R	1MCG/ML	INTRAVEI	SOLN	ML	3		SSB		517			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517930201	MULTRYS	TRACE M	401200 Replacem	40120000 Replacem	R	60-3-6-10(	INTRAVEI	SOLN	ML	1		SSB		517			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517930225	MULTRYS	TRACE M	401200 Replacem	40120000 Replacem	R	60-3-6-10(	INTRAVEI	SOLN	ML	1		SSB		517			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517930501	TRALEME	TRACE M	401200 Replacem	40120000 Replacem	R	300-55-60	INTRAVEI	SOLN	ML	1		SSB		517			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517930525	TRALEME	TRACE M	401200 Replacem	40120000 Replacem	R	300-55-60	INTRAVEI	SOLN	ML	1		SSB		517			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517931025	TRACE EI	TRACE M	401200 Replacem	40120000 Replacem	R	1-100-30-5	INTRAVEI	SOLN	ML	10		SSB	12/5/2022	517			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517970201	DROPERI	DROPERI	562212 UNKNOW	56221200 UNKNOW	S	2.5 MG/MI	INJECTIO	SOLN	ML	2		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
517970225	DROPERI	DROPERI	562212 UNKNOW	56221200 UNKNOW	S	2.5 MG/MI	INJECTIO	SOLN	ML	2		GENERIC		517			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
525031590	NEEVO D	PRENATA	882800 Multivitam	88280000 Multivitam	R	27-1.13 M	ORAL	CAPS	EA	90		SSB		525	N		N	EXCLUDE	N/A: [DRU	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
525050390	CEREFOL	L-METHYI	880800 Vitamin B	88080000 Vitamin B	R	6-1-50-5 M	ORAL	TABS	EA	90		SSB		525	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
525055590	CEREFOL	L-METHYI	880800 Vitamin B	88080000 Vitamin B	R	6-90.314-2	ORAL	TABS	EA	90		SSB		525	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
525096690	FOLTX	L-METHYI	880800 Vitamin B	88080000 Vitamin B	R	1.13-25-2	ORAL	TABS	EA	90		SSB		525	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
525097160	ZELNORM	TEGASEF	563200 Prokinetic	56320000 Prokinetic	R	6 MG	ORAL	TABS	EA	60		SSB	6/30/2022	525			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
525110290	DEPLIN 1	L-METHYI	929200 UNKNOW	92920000 UNKNOW	R	15-90.314	ORAL	CAPS	EA	90		SSB		525	N		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
525113990	DEPLIN 7	L-METHYI	929200 UNKNOW	92920000 UNKNOW	R	7.5-90.314	ORAL	CAPS	EA	90		SSB		525	N		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
525115090	DEPLIN F	L-METHYI	929200 UNKNOW	92920000 UNKNOW	R	15 MG	ORAL	CAPS	EA	90		SSB		525			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
525116090	DEPLIN F	L-METHYI	929200 UNKNOW	92920000 UNKNOW	R	7.5 MG	ORAL	CAPS	EA	90		SSB		525			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
525804918	METANX	L-METHYI	880800 Vitamin B	88080000 Vitamin B	R	3-90.314-2	ORAL	CAPS	EA	180		SSB		525	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
525804990	METANX	L-METHYI	880800 Vitamin B	88080000 Vitamin B	R	3-90.314-2	ORAL	CAPS	EA	90		SSB		525	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
525811018	METANX	L-METHYI	880800 Vitamin B	88080000 Vitamin B	R	3-35-2 MG	ORAL	CAPS	EA	180		SSB		525			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
525811090	METANX	L-METHYI	880800 Vitamin B	88080000 Vitamin B	R	3-35-2 MG	ORAL	CAPS	EA	90		SSB		525			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
527058601	DICYCLO	DICYCLO	120808 Antimusca	12080800 Antimusca	S	10 MG	ORAL	CAPS	EA	100		GENERIC		527			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
527058610	DICYCLO	DICYCLO	120808 Antimusca	12080800 Antimusca	S	10 MG	ORAL	CAPS	EA	1000		GENERIC		527			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
527059701	PHENTEF	PHENTEF	282008 UNKNOW	28200804 UNKNOW	S	30 MG	ORAL	CAPS	EA	100		GENERIC		527			N	FORMULARY		1 GEN	GENERICS	X	1 IN 1 DAYS		X	AGE_YEAMUST BE AT LEAST	R	MEDPRMI
527059710	PHENTEF	PHENTEF	282008 UNKNOW	28200804 UNKNOW	S	30 MG	ORAL	CAPS	EA	1000		GENERIC		527			N	FORMULARY		1 GEN	GENERICS	X	1 IN 1 DAYS		X	AGE_YEAMUST BE AT LEAST	R	MEDPRMI
527076037	AMPHETA	AMPHETA	282004 Amphetan	28200400 Amphetan	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		527			N	FORMULARY		1 GEN	GENERICS	X	2 IN 1 DAYS				R	MEDPRMI
527076137	AMPHETA	AMPHETA	282004 Amphetan	28200400 Amphetan	S	7.5 MG	ORAL	TABS	EA	100	X	GENERIC		527			N	FORMULARY		1 GEN	GENERICS	X	2 IN 1 DAYS				R	MEDPRMI
527076237	AMPHETA	AMPHETA	282004 Amphetan	28200400 Amphetan	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		527			N	FORMULARY		1 GEN	GENERICS	X	2 IN 1 DAYS				R	MEDPRMI
527076337	AMPHETA	AMPHETA	282004 Amphetan	28200400 Amphetan	S	12.5 MG	ORAL	TABS	EA	100	X	GENERIC		527			N	FORMULARY		1 GEN	GENERICS	X	2 IN 1 DAYS				R	MEDPRMI
527076437	AMPHETA	AMPHETA	282004 Amphetan	28200400 Amphetan	S	15 MG	ORAL	TABS	EA	100	X	GENERIC		527			N	FORMULARY		1 GEN	GENERICS	X	2 IN 1 DAYS				R	MEDPRMI
527076537	AMPHETA	AMPHETA	282004 Amphetan	28200400 Amphetan	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		527			N	FORMULARY		1 GEN	GENERICS	X	2 IN 1 DAYS				R	MEDPRMI
527076637	AMPHETA	AMPHETA	282004 Amphetan	28200400 Amphetan	S	30 MG	ORAL	TABS	EA	100	X	GENERIC		527			N	FORMULARY		1 GEN	GENERICS	X	2 IN 1 DAYS				R	MEDPRMI
527079037	AMPHETA	AMPHETA	282004 Amphetan	28200400 Amphetan	S	5 MG	ORAL	CP24	EA	100	X	GENERIC		527			N	FORMULARY		1 GEN	GENERICS	X	1 IN 1 DAYS				R	MEDPRMI
527079137	AMPHETA	AMPHETA	282004 Amphetan	28200400 Amphetan	S	10 MG	ORAL	CP24	EA	100	X	GENERIC		527			N	FORMULARY		1 GEN	GENERICS	X	1 IN 1 DAYS				R	MEDPRMI
527079237	AMPHETA	AMPHETA	282004 Amphetan	28200400 Amphetan	S	15 MG	ORAL	CP24	EA	100	X	GENERIC		527	N		N	FORMULARY		1 GEN	GENERICS	X	1 IN 1 DAYS				R	MEDPRMI
527079337	AMPHETA	AMPHETA	282004 Amphetan	28200400 Amphetan	S	20 MG	ORAL	CP24	EA	100	X	GENERIC		527			N	FORMULARY		1 GEN	GENERICS	X	2 IN 1 DAYS				R	MEDPRMI
527079437	AMPHETA	AMPHETA	282004 Amphetan	28200400 Amphetan	S	25 MG	ORAL	CP24	EA	100	X	GENERIC		527			N	FORMULARY		1 GEN	GENERICS	X	2 IN 1 DAYS				R	MEDPRMI
527079537	AMPHETA	AMPHETA	282004 Amphetan	28200400 Amphetan	S	30 MG	ORAL	CP24	EA	100	X	GENERIC		527			N	FORMULARY		1 GEN	GENERICS	X	2 IN 1 DAYS				R	MEDPRMI
527105001	ACETAZC	ACETAZC	524012 UNKNOW	52401200 UNKNOW	S	250 MG	ORAL	TABS	EA	100	X	GENERIC	11/2/2022	527			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
527117001	DIPHENO	DIPHENO	560800 Antidiarrh	56080000 Antidiarrh	S	2.5-0.025	ORAL	TABS	EA	100		GENERIC		527			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
527117010	DIPHENO	DIPHENO	560800 Antidiarrh	56080000 Antidiarrh	S	2.5-0.025	ORAL	TABS	EA	1000		GENERIC		527			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
527122106	MEMANTI	MEMANTI	289200 Central Ne	28920000 Central Ne	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		527			N	FORMULARY		1 GEN	GENERICS	X	2 IN 1 DAYS				R	MEDPRMI
527122205	MEMANTI	MEMANTI	289200 Central Ne	28920000 Central Ne	S	10 MG	ORAL	TABS	EA	500	X	GENERIC		527			N	FORMULARY		1 GEN	GENERICS	X	2 IN 1 DAYS				R	MEDPRMI
527122206	MEMANTI	MEMANTI	289200 Central Ne	28920000 Central Ne	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		527			N	FORMULARY		1 GEN	GENERICS	X	2 IN 1 DAYS				R	MEDPRMI
527123101	PRIMIDOI	PRIMIDOI	281204 Anticonvul	28120400 Anticonvul	S	250 MG	ORAL	TABS	EA	100	X	GENERIC		527			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
527123110	PRIMIDOI	PRIMIDOI	281204 Anticonvul	28120400 Anticonvul	S	250 MG	ORAL	TABS	EA	1000	X	GENERIC		527			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
527128201	DICYCLO	DICYCLO	120808 Antimusca	12080800 Antimusca	S	20 MG	ORAL	TABS	EA	100		GENERIC		527			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
527128210	DICYCLO	DICYCLO	120808 Antimusca	12080800 Antimusca	S	20 MG	ORAL	TABS	EA	1000		GENERIC		527			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
527130101	PRIMIDOI	PRIMIDOI	281204 Anticonvul	28120400 Anticonvul	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		527			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
527130105	PRIMIDOI	PRIMIDOI	281204 Anticonvul	28120400 Anticonvul	S	50 MG	ORAL	TABS	EA	500	X	GENERIC		527			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
527130801	PHENTEF	PHENTEF	282008 UNKNOW	28200804 UNKNOW	S	30 MG	ORAL	CAPS	EA	100		GENERIC		527			N	FORMULARY		1 GEN	GENERICS	X	1 IN 1 DAYS		X	AGE_YEAMUST BE AT LEAST	R	MEDPRMI
527130810	PHENTEF	PHENTEF	282008 UNKNOW	28200804 UNKNOW	S	30 MG	ORAL	CAPS	EA	1000		GENERIC		527			N	FORMULARY		1 GEN	GENERICS	X	1 IN 1 DAYS		X	AGE_YEAMUST BE AT LEAST	R	MEDPRMI
527131001	PHENTEF	PHENTEF	282008 UNKNOW	28200804 UNKNOW	S	30 MG	ORAL	CAPS	EA	100		GENERIC		527			N	FORMULARY		1 GEN	GENERICS	X	1 IN 1 DAYS		X	AGE_YEAMUST BE AT LEAST	R	MEDPRMI
527131010	PHENTEF	PHENTEF	282008 UNKNOW	28200804 UNKNOW	S	30 MG	ORAL	CAPS	EA	1000		GENERIC		527			N	FORMULARY		1 GEN	GENERICS	X	1 IN 1 DAYS		X	AGE_YEAMUST BE AT LEAST	R	MEDPRMI
527131101	TERBUTA	TERBUTA	121208 beta-Adre	12120812 Selective I	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		527			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
527131201	BUTALBIT	BUTALBIT	280808 Opiate Ag	28080800 Opiate Ag	S	50-325-40	ORAL	CAPS	EA	100		GENERIC	4/7/2022	527			N	FORMULARY		1 GEN	GENERICS	X	6 IN 1 DAYS		X	AGE_YEAMUST BE AT LEAST	R	MEDPRMI
527131301	PILOCARI	PILOCARI	120400 Parasymp	12040000 Parasymp	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		527			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
527131501	RIFAMPIN	RIFAMPIN	81604 Antituberc	8160400 Antituberc	S	300 MG	ORAL	CAPS	EA	100		GENERIC	11/2/2022	527			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
527131506	RIFAMPIN	RIFAMPIN	81604 Antituberc	8160400 Antituberc	S	300 MG	ORAL	CAPS	EA	60		GENERIC	11/2/2022	527			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
527131530	RIFAMPIN	RIFAMPIN	81604 Antituberc	8160400 Antituberc	S	300 MG	ORAL	CAPS	EA	30		GENERIC	11/2/2022	527			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
527131801	TERBUTA	TERBUTA	121208 beta-Adre	12120812 Selective I	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC		527			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
527132401	DIGOX	DIGOXIN	240408 Cardiotoni	24040800 Cardiotoni	S	125 MCG	ORAL	TABS	EA	100	X	GENERIC	8/8/2022	527			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
527132410	DIGOX	DIGOXIN	240408 Cardiotoni	24040800 Cardiotoni	S	125 MCG	ORAL	TABS	EA	1000	X	GENERIC	8/8/2022	527			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
527132501	DIGOX	DIGOXIN	240408 Cardiotoni	24040800 Cardiotoni	S	250 MCG	ORAL	TABS	EA	100	X	GENERIC	8/8/2022	527			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
527132510	DIGOX	DIGOXIN	240408 Cardiotoni	24040800 Cardiotoni	S	250 MCG	ORAL	TABS	EA	1000	X	GENERIC	8/8/2022	527			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
527132601	URSODIC	URSODIC	561400 Cholelitho	56140000 Cholelitho	S	300 MG	ORAL	CAPS	EA	100	X	GENERIC		527			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
527132901	BETHANE	BETHANE	120400 Parasymp	12040000 Parasymp	S	50 MG	ORAL	TABS	EA	100		GENERIC		527			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
527133001	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC		527			N	FORMULARY		1 GEN	GENERICS	X	8 IN 1 DAYS				R	MEDPRMI
527133010	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	10 MG	ORAL	TABS	EA	1000		GENERIC		527			N	FORMULARY		1 GEN	GENERICS	X	8 IN 1 DAYS				R	MEDPRMI
527133201	BETHANE	BETHANE	120400 Parasymp	12040000 Parasymp	S	5 MG	ORAL	TABS	EA	100		GENERIC		527			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
527133301	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	5 MG	ORAL	TABS	EA	100		GENERIC		527			N	FORMULARY		1 GEN	GENERICS	X	16 IN 1 DAYS				R	MEDPRMI
527133501	DOXYCY(	DOXYCY(	81224 Tetracyclir	8122400 Tetracyclir	S	50 MG	ORAL	TABS	EA	100		GENERIC		527			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
527133601	DOXYCY(	DOXYCY(	81224 Tetracyclir	8122400 Tetracyclir	S	20 MG	ORAL	TABS	EA	100		GENERIC	8/2/2022	527			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
527133701	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	20 MG	ORAL	TABS	EA	100		GENERIC		527			N	FORMULARY		1 GEN	GENERICS	X	4 IN 1 DAYS				R	MEDPRMI
527133705	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	20 MG	ORAL	TABS	EA	500		GENERIC		527			N	FORMULARY		1 GEN	GENERICS	X	4 IN 1 DAYS				R	MEDPRMI
527133710	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	20 MG	ORAL	TABS	EA	1000		GENERIC		527			N	FORMULARY		1 GEN	GENERICS	X	4 IN 1 DAYS				R	MEDPRMI
527133825	DOXYCY(	DOXYCY(	81224 Tetracyclir	8122400 Tetracyclir	S	100 MG	ORAL	TABS	EA	250		GENERIC		527			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
527133850	DOXYCY(	DOXYCY(	81224 Tetracyclir	8122400 Tetracyclir	S	100 MG	ORAL	TABS	EA	50		GENERIC		527			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
527134001	BETHANE	BETHANE	120400 Parasymp	12040000 Parasymp	S	10 MG	ORAL	TABS	EA	100		GENERIC		527			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
527135301	HYDROM	HYDROM	280808 Opiate Ag	28080800 Opiate Ag	S	2 MG	ORAL	TABS	EA	100		GENERIC	4/2/2024	527			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
527135401	HYDROM	HYDROM	280808 Opiate Ag	28080800 Opiate Ag	S	4 MG	ORAL	TABS	EA	100		GENERIC	4/2/2024	527			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
527135501	HYDROM	HYDROM	280808 Opiate Ag	28080800 Opiate Ag	S	8 MG	ORAL	TABS	EA	100		GENERIC	4/2/2024	527			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
527135601	BETHANE	BETHANE	120400 Parasymp	12040000 Parasymp	S	25 MG	ORAL	TABS	EA	100		GENERIC		527			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
527136701	PROBENE	PROBENE	404000 Uricosuric	40400000 Uricosuric	S	500 MG	ORAL	TABS	EA	100	X	GENERIC		527			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
527136710	PROBENE	PROBENE	404000 Uricosuric	40400000 Uricosuric	S	500 MG	ORAL	TABS	EA	1000	X	GENERIC		527			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
527136801	DANAZOL	DANAZOL	680800 Androgens	68080000 Androgens	S	100 MG	ORAL	CAPS	EA	100		GENERIC		527			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
527136901	DANAZOL	DANAZOL	680800 Androgens	68080000 Androgens	S	200 MG	ORAL	CAPS	EA	100		GENERIC		527			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
527136906	DANAZOL	DANAZOL	680800 Androgens	68080000 Androgens	S	200 MG	ORAL	CAPS	EA	60		GENERIC		527			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
527138104	CLINDAM	CLINDAM	81228 Antibacter	8122820 Lincomyci	S	75 MG	ORAL	CAPS	EA	200		GENERIC	9/26/2022	527			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
527138302	CLINDAM	CLINDAM	81228 Antibacter	8122820 Lincomyci	S	300 MG	ORAL	CAPS	EA	16		GENERIC	9/26/2022	527			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
527139201	DANAZOL	DANAZOL	680800 Androgens	68080000 Androgens	S	50 MG	ORAL	CAPS	EA	100		GENERIC		527			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
527139301	RIFAMPIN	RIFAMPIN	81604 Antituberc	8160400 Antituberc	S	150 MG	ORAL	CAPS	EA	100		GENERIC	6/20/2022	527			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI

536105625	ACNE ME	BENZOYL	840492 Local Anti	84049200 Local Anti	P	10%	EXTERNA	GEL	GM	60	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536105656	ACNE ME	BENZOYL	840492 Local Anti	84049200 Local Anti	P	10%	EXTERNA	GEL	GM	42.5	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536105775	ACNE ME	BENZOYL	840492 Local Anti	84049200 Local Anti	O	5%	EXTERNA	LOTN	ML	29.5	SSB		536	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536105875	ACNE ME	BENZOYL	840492 Local Anti	84049200 Local Anti	O	10%	EXTERNA	LOTN	ML	29.5	SSB		536	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536106139	BLUE GEI	MENTHOL	849200 Skin and I	84920000 Skin and I	P	2%	EXTERNA	GEL	GM	226.8	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536109301	ALL DAY I	NAPROXE	280804 Nonsteroi	28080404 UNKNOW	P	220 MG	ORAL	TABS	EA	100	GENERIC	8/22/2022	536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536109306	ALL DAY I	NAPROXE	280804 Nonsteroi	28080404 UNKNOW	P	220 MG	ORAL	TABS	EA	50	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536109311	ALL DAY I	NAPROXE	280804 Nonsteroi	28080404 UNKNOW	P	220 MG	ORAL	TABS	EA	90	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536109401	ALL DAY I	NAPROXE	280804 Nonsteroi	28080404 UNKNOW	P	220 MG	ORAL	TABS	EA	100	GENERIC	6/8/2023	536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536109406	ALL DAY I	NAPROXE	280804 Nonsteroi	28080404 UNKNOW	P	220 MG	ORAL	TABS	EA	50	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536109411	ALL DAY I	NAPROXE	280804 Nonsteroi	28080404 UNKNOW	P	220 MG	ORAL	TABS	EA	90	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536110145	PAIN REL	MENTHOL	842404 Basic Loti	84240400 Basic Loti	P	1%-10%-1	EXTERNA	CREA	GM	85	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536110301	ALCOHOL	ALCOHOL	940000 Devices	94000000 Devices	O	70%	DOES NO	PADS	EA	100	MSB		536	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
536110688	NICOTINE	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	7 MG/24H	TRANSDE	PT24	EA	14	GENERIC		536	N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=18-999 YEARS AND DR	R	MEDPRMI
536110788	NICOTINE	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	14 MG/24I	TRANSDE	PT24	EA	14	GENERIC		536	N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=18-999 YEARS AND DR	R	MEDPRMI
536110888	NICOTINE	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	21 MG/24I	TRANSDE	PT24	EA	14	GENERIC		536	N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=18-999 YEARS AND DR	R	MEDPRMI
536110945	UREA 20	UREA	842800 Keratolytic	84280000 Keratolytic	P	20%	EXTERNA	CREA	GM	85	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536111248	BUDESO	BUDESON	520808 Corticoste	52080800 Corticoste	P	32 MCG/A	NASAL	SUSP	ML	8.43	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536111825	ARTHRITI	CAPSAICI	849200 Skin and I	84920000 Skin and I	P	0.08%	EXTERNA	CREA	GM	57	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536112925	ACNE ME	BENZOYL	840492 Local Anti	84049200 Local Anti	P	2.50%	EXTERNA	GEL	GM	60	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536113428	MICONAZ	MICONAZ	840408 Antifungal	84040808 Azoles	P	2%	EXTERNA	CREA	GM	30	GENERIC	3/23/2023	536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536114263	LEVONOF	LEVONOF	681200 Contracep	68120000 Contracep	P	1.5 MG	ORAL	TABS	EA	1	GENERIC		536	N	#N/A	ORIG_FR	10 EHB	#N/A			X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
536114397	PETROLA	PETROLA	842412 Basic Oint	84241200 Basic Oint	O	42%	EXTERNA	OINT	GM	100	MSB		536	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
536114398	PETROLA	PETROLA	842412 Basic Oint	84241200 Basic Oint	O	42%	EXTERNA	OINT	GM	454	MSB		536	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
536114730	IBUPROF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	CAPS	EA	80	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536116134	MUCUS R	DEXTROI	480800 Antitussiv	48080000 Antitussiv	P	30-600 MC	ORAL	TB12	EA	20	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536116137	MUCUS R	DEXTROI	480800 Antitussiv	48080000 Antitussiv	P	30-600 MC	ORAL	TB12	EA	40	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536116361	GUAIFEN	GUAIFEN	481600 Expectora	48160000 Expectora	P	600 MG	ORAL	TB12	EA	100	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536117201	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	100	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536118170	CLOTRIM	CLOTRIM	840408 Antifungal	84040808 Azoles	P	1%	EXTERNA	SOLN	ML	10	GENERIC	10/10/2024	536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536118297	MUCUS &	GUAIFEN	481600 Expectora	48160000 Expectora	P	100 MG/5I	ORAL	LIQD	ML	118	GENERIC	6/1/2023	536 N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536118313	FLUTICAS	FLUTICAS	520808 Corticoste	52080800 Corticoste	P	50 MCG/A	NASAL	SUSP	ML	11.1	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	X	16 IN 30 DAYS			R	MEDPRMI
536118321	FLUTICAS	FLUTICAS	520808 Corticoste	52080800 Corticoste	P	50 MCG/A	NASAL	SUSP	ML	18.2	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	X	16 IN 30 DAYS			R	MEDPRMI
536118365	FLUTICAS	FLUTICAS	520808 Corticoste	52080800 Corticoste	P	50 MCG/A	NASAL	SUSP	ML	15.8	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	X	16 IN 30 DAYS			R	MEDPRMI
536118399	FLUTICAS	FLUTICAS	520808 Corticoste	52080800 Corticoste	P	50 MCG/A	NASAL	SUSP	ML	9.9	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	X	16 IN 30 DAYS			R	MEDPRMI
536118497	COUGH/C	DEXTROI	480800 Antitussiv	48080000 Antitussiv	P	10-100 MC	ORAL	SYRP	ML	118	GENERIC	6/20/2022	536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536118612	HEMORR	PHENYLE	841600 Cell Stimu	84160000 Cell Stimu	P	0.25-88.44	RECTAL	SUPP	EA	12	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536120207	LIDOCAIN	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	4%	EXTERNA	PTCH	EA	30	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536120215	LIDOCAIN	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	4%	EXTERNA	PTCH	EA	5	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536120610	CALCIUM	CALCIUM	560400 Antacids a	56040000 Antacids a	O	648MG	ORAL	TABS	EA	1000	MSB		536	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
536121195	DIBUCAIN	DIBUCAIN	840800 Antipruritic	84080000 Antipruritic	P	1%	EXTERNA	OINT	GM	28	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536121277	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	160 MG/5I	ORAL	SUSP	ML	59	GENERIC	10/3/2024	536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536121388	MUCUS R	DEXTROI	480800 Antitussiv	48080000 Antitussiv	P	60-1200 M	ORAL	TB12	EA	14	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536121429	DIPHENH	DIPHENH	40400 First Gene	4040000 First Gene	P	25 MG	ORAL	TABS	EA	100	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536121794	EYE DRO	TETRAHY	523200 Vasocons	52320000 Vasocons	P	0.05%	OPHTHAL	SOLN	ML	15	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536121994	LUBRICA	POLYETH	529200 EENT Dru	52920000 EENT Dru	P	0.4-0.3 %	OPHTHAL	SOLN	ML	15	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536122308	GAS RELI	SIMETHIC	561000 Antiflatule	56100000 Antiflatule	P	125 MG	ORAL	CHEW	EA	60	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536122497	EYE WAS	OPHTHAL	529200 EENT Dru	52920000 EENT Dru	P	0	OPHTHAL	SOLN	ML	118	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536122522	ANTACID	CALCIUM	560400 Antacids a	56040000 Antacids a	P	750 MG	ORAL	CHEW	EA	96	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536122858	PHENASE	PHENOL	522800 Mouthwas	52280000 Mouthwas	P	1.40%	MOUTH/T	LIQD	ML	177	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536122922	CALCIUM	CALCIUM	560400 Antacids a	56040000 Antacids a	P	750 MG	ORAL	CHEW	EA	96	GENERIC	10/4/2024	536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536123201	ASPIRIN	ASPIRIN	280804 Nonsteroi	28080424 Salicylate	P	325 MG	ORAL	TBEC	EA	100	GENERIC		536	N	#N/A	ORIG_FR	10 EHB	#N/A			X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
536123441	ASPIRIN I	ASPIRIN	280804 Nonsteroi	28080424 Salicylate	P	81 MG	ORAL	TBEC	EA	120	GENERIC		536	N	#N/A	ORIG_FR	10 EHB	#N/A			X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
536123613	LANSOPF	LANSOPR	562836 Proton-pu	56283600 Proton-pu	P	15 MG	ORAL	CPDR	EA	14 X	GENERIC	1/1/2022	536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536123981	NICOTINE	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	2 MG	MOUTH/T	LOZG	EA	27	GENERIC		536	N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=1! LIMITED TO 20 LOZ	R	MEDPRMI
536124181	NICOTINE	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	4 MG	MOUTH/T	LOZG	EA	27	GENERIC		536	N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=1! LIMITED TO 20 LOZ	R	MEDPRMI
536124207	ANTIHIST	FEXOFEN	40800 Second G	4080000 Second G	P	60-120 M	ORAL	TB12	EA	30	GENERIC	4/26/2023	536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536124234	ANTIHIST	FEXOFEN	40800 Second G	4080000 Second G	P	60-120 M	ORAL	TB12	EA	20	GENERIC	5/11/2023	536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536124701	SENEXOI	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.6-50 MG	ORAL	TABS	EA	100	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536124710	SENEXOI	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.6-50 MG	ORAL	TABS	EA	1000	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536124801	STIMULAI	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.6-50 MG	ORAL	TABS	EA	100	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536124810	STIMULAI	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.6-50 MG	ORAL	TABS	EA	1000	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536125240	EYE ITCH	KETOTIFE	520200 Antiallergi	52020000 Antiallergi	P	0.04%	OPHTHAL	SOLN	ML	5	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536125391	SODIUM (	SODIUM (	529200 EENT Dru	52920000 EENT Dru	P	5%	OPHTHAL	OINT	GM	3.5	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536125494	SODIUM (	SODIUM (	529200 EENT Dru	52920000 EENT Dru	P	5%	OPHTHAL	SOLN	ML	15	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536125628	BACITRAI	BACITRAI	840404 Antibacter	84040400 Antibacter	P	500 UNIT/	EXTERNA	OINT	GM	30	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536125775	TRIPROLI	TRIPROLI	40400 First Gene	4040000 First Gene	P	0.938 MG/	ORAL	LIQD	ML	30	GENERIC	1/30/2023	536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536125919	BENZOYL	BENZOYL	840492 Local Anti	84049200 Local Anti	P	5%	EXTERNA	LIQD	ML	236	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536125963	BENZOYL	BENZOYL	840492 Local Anti	84049200 Local Anti	P	5%	EXTERNA	LIQD	ML	148	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536126163	BENZOYL	BENZOYL	840492 Local Anti	84049200 Local Anti	P	10%	EXTERNA	LIQD	ML	148	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536126328	BACITRAI	BACITRAI	840404 Antibacter	84040400 Antibacter	P	500 UNIT/	EXTERNA	OINT	GM	28	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536126456	CAPSAICI	CAPSAICI	849200 Skin and I	84920000 Skin and I	P	0.10%	EXTERNA	CREA	GM	42.5	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536126511	CLOTRIM	CLOTRIM	840408 Antifungal	84040808 Azoles	P	1%	EXTERNA	CREA	GM	14.17	GENERIC		536 N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536126526	CLOTRIM	CLOTRIM	840408 Antifungal	84040808 Azoles	P	1%	EXTERNA	CREA	GM	45	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536126595	CLOTRIM	CLOTRIM	840408 Antifungal	84040808 Azoles	P	1%	EXTERNA	CREA	GM	28	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536126659	SENNA	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.8 MG/5I	ORAL	LIQD	ML	237	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536126720	LIDOCAIN	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	4%	EXTERNA	CREA	GM	15	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536126812	ANTI-ITCI	CAMPHOI	840800 Antipruritic	84080000 Antipruritic	P	.5%-.5%	EXTERNA	LOTN	ML	222	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536126958	CALDYPI	PRAMOXI	840800 Antipruritic	84080000 Antipruritic	P	1-0.1 %	EXTERNA	LOTN	ML	177	GENERIC	8/8/2024	536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536127180	FIRST AI	POVIDON	840416 UNKNOW	84041600 UNKNOW	O	10%	EXTERNA	OINT	GM	28.4	SSB		536	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536127211	ANTIFUN	CLOTRIM	840408 Antifungal	84040808 Azoles	P	1%	EXTERNA	CREA	GM	14	GENERIC	7/22/2024	536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536127222	ANTIFUN	CLOTRIM	840408 Antifungal	84040808 Azoles	P	1%	EXTERNA	CREA	GM	28	GENERIC	8/6/2024	536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536127780	HYDROCI	HYDROCI	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	CREA	GM	28	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536127803	LIDOCAIN	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	4%	EXTERNA	CREA	GM	15	GENERIC	4/25/2024	536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536127912	CETIRIZII	CETIRIZII	40800 Second G	4080000 Second G	P	5-120 MG	ORAL	TB12	EA	12	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536127935	CETIRIZII	CETIRIZII	40800 Second G	4080000 Second G	P	5-120 MG	ORAL	TB12	EA	24	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536128128	LIDOCAIN	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	4%	EXTERNA	CREA	GM	30	GENERIC	1/28/2022	536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536128294	LUBRICA	DEXTRAN	529200 EENT Dru	52920000 EENT Dru	P	0.1-0.3 %	OPHTHAL	SOLN	ML	15	GENERIC	10/26/2023	536	N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536128636	STOMACI	BISMUTH	560800 Antidiarrh	56080000 Antidiarrh	P	525 MG/3I	ORAL	SUSP	ML	237	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536128736	STOMACI	BISMUTH	560800 Antidiarrh	56080000 Antidiarrh	P	525 MG/1!	ORAL	SUSP	ML	237	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536128806	HEMORR	PHENYLE	841600 Cell Stimu	84160000 Cell Stimu	P	0.25-14-7(	RECTAL	OINT	GM	57	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536128935	SINUS CC	PHENYLE	121204 alpha-Adr	12120400 alpha-Adr	P	5-325 MG	ORAL	TABS	EA	24	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536129136	PHENYLE	PHENYLE	121204 alpha-Adr	12120400 alpha-Adr	P	10 MG	ORAL	TABS	EA	36	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536129229	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	100	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536129383	ANTACID	ALUM & N	560400 Antacids a	56040000 Antacids a	P	200-200-2	ORAL	SUSP	ML	355	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536129431	DICLOFEI	DICLOFEI	840620 UNKNOW	84062000 UNKNOW	P	1%	EXTERNA	GEL	GM	150	GENERIC	7/20/2022	536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536129434	DICLOFEI	DICLOFEI	840620 UNKNOW	84062000 UNKNOW	P	1%	EXTERNA	GEL	GM	50	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536129497	DICLOFEI	DICLOFEI	840620 UNKNOW	84062000 UNKNOW	P	1%	EXTERNA	GEL	GM	100	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536129701	MECLIZIN	MECLIZIN	562208 Antihistam	56220800 Antihistam	P	12.5 MG	ORAL	TABS	EA	100	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536129710	MECLIZIN	MECLIZIN	562208 Antihistam	56220800 Antihistam	P	12.5 MG	ORAL	TABS	EA	1000	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536129801	FAMOTID	FAMOTID	562812 Histamine	56281200 Histamine	P	20 MG	ORAL	TABS	EA	100 X	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536129901	MECLIZIN	MECLIZIN	562208 Antihistam	56220800 Antihistam	P	25 MG	ORAL	CHEW	EA	100	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536129910	MECLIZIN	MECLIZIN	562208 Antihistam	56220800 Antihistam	P	25 MG	ORAL	CHEW	EA	1000	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536130297	ANTI-NAL	FRUCTOS	562292 Antiemetic	56229200 Antiemetic	P	1.87-1.87-	ORAL	SOLN	ML	118	GENERIC		536 N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536130375	SIMETHIC	SIMETHIC	561000 Antiflatule	56100000 Antiflatule	P	20 MG/0.3	ORAL	SUSP	ML	30	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536130485	DOCUSA	DOCUSA	561200 Cathartics	56120000 Cathartics	P	50 MG/5M	ORAL	LIQD	ML	473	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536130608	SIMETHIC	SIMETHIC	561000 Antiflatule	56100000 Antiflatule	P	180 MG	ORAL	CAPS	EA	60	GENERIC	8/26/2024	536 N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536130723	OLOPATA	OLOPATA	520200 Antiallergi	52020000 Antiallergi	P	0.20%	OPHTHAL	SOLN	ML	2.5	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536130840	OLOPATA	OLOPATA	520200 Antiallergi	52020000 Antiallergi	P	0.10%	OPHTHAL	SOLN	ML	5	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536130907	CHEST C	PHENYLE	481600 Expectora	48160000 Expectora	P	10-400 M	ORAL	TABS	EA	30	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536130908	CHEST C	PHENYLE	481600 Expectora	48160000 Expectora	P	10-400 M	ORAL	TABS	EA	60	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536131108	CHEST C	GUAIFEN	481600 Expectora	48160000 Expectora	P	400 MG	ORAL	TABS	EA	60	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536131208	CHEST C	DEXTROI	480800 Antitussiv	48080000 Antitussiv	P	20-400 M	ORAL	TABS	EA	60	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536131385	CHEST C	DEXTROI	480800 Antitussiv	48080000 Antitussiv	P	10-100 M	ORAL	SYRP	ML	473	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536131485	CHEST C	GUAIFEN	481600 Expectora	48160000 Expectora	P	100 MG/5I	ORAL	LIQD	ML	473	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536131543	TOLNAFT	TOLNAFT	840408 Antifungal	84040840 Thiocarba	P	1%	EXTERNA	CREA	GM	14.18	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536131625	ZINC OXII	ZINC OXII	841200 Astringent	84120000 Astringent	P	20%	EXTERNA	OINT	GM	60	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536131628	ZINC OXII	ZINC OXII	841200 Astringent	84120000 Astringent	P	20%	EXTERNA	OINT	GM	30	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536131698	ZINC OXII	ZINC OXII	841200 Astringent	84120000 Astringent	P	20%	EXTERNA	OINT	GM	454	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536131783	ANTACID	ALUM & N	560400 Antacids a	56040000 Antacids a	P	400-400-4	ORAL	SUSP	ML	355	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536131883	ANTACID	ALUM & N	560400 Antacids a	56040000 Antacids a	P	400-400-4	ORAL	SUSP	ML	355	GENERIC	5/5/2022	536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536131983	MILK OF I	MAGNESI	561200 Cathartics	56120000 Cathartics	P	1200 MG/	ORAL	SUSP	ML	355	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536132197	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	160 MG/5I	ORAL	SUSP	ML	118	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536132213	OMEPRA	OMEPRA	562836 Proton-pu	56283600 Proton-pu	P	20 MG	ORAL	TBEC	EA	42	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536132271	OMEPRA	OMEPRA	562836 Proton-pu	56283600 Proton-pu	P	20 MG	ORAL	TBEC	EA	28	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536132288	OMEPRA	OMEPRA	562836 Proton-pu	56283600 Proton-pu	P	20 MG	ORAL	TBEC	EA	14	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536132334	DEXTROI	DEXTROI	480800 Antitussiv	48080000 Antitussiv	P	15 MG	ORAL	CAPS	EA	20	GENERIC	5/4/2022	536 N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536132413	LANSOPF	LANSOPF	562836 Proton-pu	56283600 Proton-pu	P	15 MG	ORAL	CPDR	EA	14 X	GENERIC	6/1/2023	536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536132488	LANSOPF	LANSOPF	562836 Proton-pu	56283600 Proton-pu	P	15 MG	ORAL	CPDR	EA	14 X	GENERIC	2/18/2022	536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536132594	POLYVIN	POLYVIN	529200 EENT Dru	52920000 EENT Dru	P	1.40%	OPHTHAL	SOLN	ML	15	GENERIC	10/26/2023	536	N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536132601	PAIN REL	ASPIRIN-/	280804 Nonsteroi	28080424 Salicylate	P	250-250-6	ORAL	TABS	EA	100	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536132701	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	325 MG	ORAL	TABS	EA	100	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536132706	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	325 MG	ORAL	TABS	EA	50	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536132710	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	325 MG	ORAL	TABS	EA	1000	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536132926	TOLNAFT	TOLNAFT	840408 Antifungal	84040840 Thiocarba	P	1%	EXTERNA	POWD	GM	45	GENERIC		536 N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536133215	MENTHOI	MENTHOI	849200 Skin and I	84920000 Skin and I	P	5%	EXTERNA	PTCH	EA	5	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536133321	PSEUDOI	PSEUDOI	481600 Expectora	48160000 Expectora	P	60-600 M	ORAL	TB12	EA	18	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536133336	PSEUDOI	PSEUDOI	481600 Expectora	48160000 Expectora	P	60-600 M	ORAL	TB12	EA	36	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536133434	DEXTROI	DEXTROI	480800 Antitussiv	48080000 Antitussiv	P	15 MG	ORAL	CAPS	EA	20	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536133559	SENNA	SENNA	561200 Cathartics	56120000 Cathartics	O	176 MG/5I	ORAL	SYRP	ML	237	MSB		536 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
536133632	CALCIUM	CALCIUM	401200 Replacem	40120000 Replacem	P	667 MG	ORAL	TABS	EA	200 X	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536133709	NICOTINE	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	2 MG	MOUTH/T	LOZG	EA	24	GENERIC		536	N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=1! LIMITED TO 20 LOZ	R	MEDPRMI
536133735	NICOTINE	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	2 MG	MOUTH/T	LOZG	EA	24	GENERIC		536	N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=1! LIMITED TO 20 LOZ	R	MEDPRMI
536133809	NICOTINE	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	4 MG	MOUTH/T	LOZG	EA	24	GENERIC		536	N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=1! LIMITED TO 20 LOZ	R	MEDPRMI
536134201	SODIUM I	SODIUM (	401200 Replacem	40120000 Replacem	P	1 GM	ORAL	TABS	EA	100	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536134380	VITAMIN I	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	10 MCG/N	ORAL	LIQD	ML	50	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536134480	IRON INF.	FERROUS	200404 Iron Prepa	20040400 Iron Prepa	P	75 (15 FE)	ORAL	SOLN	ML	50	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536134580	MULTIVIT	PEDIATRI	882800 Multivitam	88280000 Multivitam	O	50MG/ML-	ORAL	SOLN	ML	50	SSB		536	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536134680	MULTIVIT	PEDIATRI	882800 Multivitam	88280000 Multivitam	O	11 MG/ML	ORAL	SOLN	ML	50	SSB		536	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536134780	VITAMIN /	PEDIATRI	882800 Multivitam	88280000 Multivitam	O	250-10-50	ORAL	SOLN	ML	50	SSB		536 N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536134897	COUGH 8	DEXTROI	480800 Antitussiv	48080000 Antitussiv	O	20-200 M	ORAL	SYRP	ML	118	SSB		536	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536134957	MUSCLE	MENTHOI	842404 Basic Loti	84240400 Basic Loti	P	10-15 %	EXTERNA	CREA	GM	85	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536135142	BENZOYL	BENZOYL	840492 Local Anti	84049200 Local Anti	P	10%	EXTERNA	LIQD	GM	237	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536135201	VITAMIN I	VITAMIN I	882000 Vitamin E	88200000 Vitamin E	P	180 MG (4	ORAL	CAPS	EA	100	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536135301	VITAMIN I	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	50 MCG (:	ORAL	CAPS	EA	100	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536135795	LIDOCAIN	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	4%	EXTERNA	CREA	GM	28	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536135807	COENZYI	COENZYI	929200 UNKNOW	92920000 UNKNOW	P	30 MG	ORAL	CAPS	EA	30	NON DRUG		536	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536136206	NICOTINE	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	2 MG	MOUTH/T	GUM	EA	50	GENERIC		536	N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=1! LIMITED TO 24 PIE(	R	MEDPRMI
536136223	NICOTINE	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	2 MG	MOUTH/T	GUM	EA	110	GENERIC		536	N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=1! LIMITED TO 24 PIE(	R	MEDPRMI
536136234	NICOTINE	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	2 MG	MOUTH/T	GUM	EA	20	GENERIC		536	N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=1! LIMITED TO 24 PIE(	R	MEDPRMI
536136307	COENZYI	COENZYI	929200 UNKNOW	92920000 UNKNOW	P	200 MG	ORAL	CAPS	EA	30	GENERIC	7/18/2024	536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536136601	VITAMIN I	CYANOC	880800 Vitamin B	88080000 Vitamin B	P	1000 MCG	ORAL	TABS	EA	100	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536136707	LORATAL	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TBDP	EA	30	GENERIC		536 N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536136813	LANSOPF	LANSOPF	562836 Proton-pu	56283600 Proton-pu	P	15 MG	ORAL	CPDR	EA	14 X	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536136888	LANSOPF	LANSOPF	562836 Proton-pu	56283600 Proton-pu	P	15 MG	ORAL	CPDR	EA	14 X	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536137206	NICOTINE	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	4 MG	MOUTH/T	GUM	EA	50	GENERIC		536	N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=1! LIMITED TO 24 PIE(	R	MEDPRMI
536137223	NICOTINE	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	4 MG	MOUTH/T	GUM	EA	110	GENERIC		536	N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=1! LIMITED TO 24 PIE(	R	MEDPRMI
536137234	NICOTINE	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	4 MG	MOUTH/T	GUM	EA	20	GENERIC		536	N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=1! LIMITED TO 24 PIE(	R	MEDPRMI
536137575	MICONAZ	MICONAZ	840408 Antifungal	84040808 Azoles	P	2%	EXTERNA	CREA	GM	30	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536137636	ACETAMI	IBUPROF	280816 UNKNOW	28081600 UNKNOW	P	250-125 M	ORAL	TABS	EA	36	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536137785	SODIUM I	SODIUM (	401200 Replacem	40120000 Replacem	P	4 MEQ/ML	ORAL	SOLN	ML	473	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536137801	VITAMIN I	B-COMPL	880800 Vitamin B	88080000 Vitamin B	P	60MG-1M	ORAL	CAPS	EA	100	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536137904	DOCOSAI	DOCOSAI	840406 Antivirals	84040600 Antivirals	P	10%	EXTERNA	CREA	GM	2	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536138130	MOMETA	MOMETA	520808 Corticoste	52080800 Corticoste	P	50 MCG/A	NASAL	SUSP	ML	17	MSB		536 Y	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
536138170	MOMETA	MOMETA	520808 Corticoste	52080800 Corticoste	P	50 MCG/A	NASAL	SUSP	ML	10	MSB		536 Y	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
536138635	CARBOXY	CARBOXY	529200 EENT Dru	52920000 EENT Dru	P	0.50%	OPHTHAL	SOLN	ML	15	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536138694	CARBOXY	CARBOXY	529200 EENT Dru	52920000 EENT Dru	P	0.50%	OPHTHAL	SOLN	ML	15	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536138792	LUBRICA	CARBOXY	529200 EENT Dru	52920000 EENT Dru	P	0.50%	OPHTHAL	SOLN	EA	30	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536138793	LUBRICA	CARBOXY	529200 EENT Dru	52920000 EENT Dru	P	0.50%	OPHTHAL	SOLN	EA	50	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536139047	IBUPROF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	2	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536139048	IBUPROF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	2	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536139163	LEVONOI	LEVONOI	681200 Contracep	68120000 Contracep	P	1.5 MG	ORAL	TABS	EA	1	GENERIC		536	N	#N/A	ORIG_FR	10 EHB	#N/A			X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
536139288	GUAIFEN	GUAIFEN	481600 Expectora	48160000 Expectora	P	1200 MG	ORAL	TB12	EA	14	GENERIC		536 N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536139426	FEXOFEN	FEXOFEN	40800 Second G	4080000 Second G	P	180-240 M	ORAL	TB24	EA	15	GENERIC	4/1/2024	536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536139517	ORALYTE	ORAL ELI	401200 Replacem	40120000 Replacem	P	35MEQ/L-	ORAL	SOLN	ML	62.5	GENERIC	7/14/2022	536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536139619	HYDRATI	ORAL ELI	401200 Replacem	40120000 Replacem	O	73MG/16(	ORAL	PACK	EA	10	SSB		536	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536139708	MELATOI	MELATOI	929200 UNKNOW	92920000 UNKNOW	P	10 MG	ORAL	TBDP	EA	60	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536140085	FERROUS	FERROUS	200404 Iron Prepa	20040400 Iron Prepa	P	220 (44 F	ORAL	SOLN	ML	473	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536140117	ORALYTE	ORAL ELI	401200 Replacem	40120000 Replacem	P	440MG/36	ORAL	SOLN	ML	1014	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536140317	ORALYTE	ORAL ELI	401200 Replacem	40120000 Replacem	P	440MG/36	ORAL	SOLN	ML	1014	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536140417	ORALYTE	ORAL ELI	401200 Replacem	40120000 Replacem	P	440MG/36	ORAL	SOLN	ML	1014	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536140517	ORALYTE	ORAL ELI	401200 Replacem	40120000 Replacem	P	440MG/36	ORAL	SOLN	ML	1014	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536140619	HYDRATI	ORAL ELI	401200 Replacem	40120000 Replacem	O	0-76MG/1:	ORAL	PACK	EA	10	SSB		536	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536140795	HYDROCI	HYDROCI	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	CREA	GM	28	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536140894	POLYVIN	POLYVIN	529200 EENT Dru	52920000 EENT Dru	P	1.40%	OPHTHAL	SOLN	ML	15	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536141107	PHENAZC	PHENAZC	840800 Antipruritic	84080000 Antipruritic	P	95 MG	ORAL	TABS	EA	30	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536141220	ADAPALE	ADAPALE	842800 Keratolytic	84280000 Keratolytic	P	0.10%	EXTERNA	GEL	GM	15	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536141226	ADAPALE	ADAPALE	842800 Keratolytic	84280000 Keratolytic	P	0.10%	EXTERNA	GEL	GM	45	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536141401	VITAMIN I	B-COMPL	880800 Vitamin B	88080000 Vitamin B	P	5MCG-5M	ORAL	TABS	EA	100	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536141501	NEPHRO-	B-COMPL	882800 Multivitam	88280000 Multivitam	P	0.8 MG	ORAL	TABS	EA	100	GENERIC		536 N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536141638	VITAMIN I	CYANOC	880800 Vitamin B	88080000 Vitamin B	P	250 MCG	ORAL	TABS	EA	130	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536142108	SIMETHIC	SIMETHIC	561000 Antiflatule	56100000 Antiflatule	P	180 MG	ORAL	CAPS	EA	60	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536142201	ACIDOPH	PROBIOT	560800 Antidiarrh	56080000 Antidiarrh	O	4.17MG-2	ORAL	TABS	EA	100	SSB		536	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536142401	ACIDOPH	LACTOBA	560800 Antidiarrh	56080000 Antidiarrh	O	35MG-2.0	ORAL	TABS	EA	100	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536142541	MICONAZ	MICONAZ	840408 Antifungal	84040808 Azoles	P	200 & 2 M	VAGINAL	KIT	GM	24	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536142677	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	160 MG/5I	ORAL	SUSP	ML	59	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536143097	MUCUS &	GUAIFEN	481600 Expectora	48160000 Expectora	P	200 MG/1(	ORAL	LIQD	ML	118	GENERIC		536 N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536143407	COENZYI	COENZYI	929200 UNKNOW	92920000 UNKNOW	P	100 MG	ORAL	CAPS	EA	30	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536143507	COENZYI	COENZYI	929200 UNKNOW	92920000 UNKNOW	P	200 MG	ORAL	CAPS	EA	30	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536143901	COPPER	COPPER	401200 Replacem	40120000 Replacem	P	2 MG	ORAL	TABS	EA	100	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536196297	SEBEX	SALICYLI	842800 Keratolytic	84280000 Keratolytic	O	2-2 %	EXTERNA	SHAM	ML	118	SSB		536	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536199553	ANTI-DAI	SELENIUI	840416 UNKNOW	84041600 UNKNOW	P	1%	EXTERNA	SHAM	ML	207	GENERIC		536 N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536247085	MILK OF I	MAGNESI	561200 Cathartics	56120000 Cathartics	P	7.75%	ORAL	SUSP	ML	473	GENERIC		536 N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536250676	SALINE N	SALINE	529200 EENT Dru	52920000 EENT Dru	P	0.65%	NASAL	SOLN	ML	44	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536252525	CAPSAICI	CAPSAICI	849200 Skin and I	84920000 Skin and I	P	0.03%	EXTERNA	CREA	GM	60	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536302906	NICOTINE	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	2 MG	MOUTH/T	GUM	EA	50	GENERIC		536	N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=1! LIMITED TO 24 PIE(	R	MEDPRMI
536302923	NICOTINE	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	2 MG	MOUTH/T	GUM	EA	110	GENERIC		536	N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=1! LIMITED TO 24 PIE(	R	MEDPRMI
536302934	NICOTINE	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	2 MG	MOUTH/T	GUM	EA	20	GENERIC		536	N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=1! LIMITED TO 24 PIE(	R	MEDPRMI
536303006	NICOTINE	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	4 MG	MOUTH/T	GUM	EA	50	GENERIC		536	N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=1! LIMITED TO 24 PIE(	R	MEDPRMI
536303023	NICOTINE	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	4 MG	MOUTH/T	GUM	EA	110	GENERIC		536	N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=1! LIMITED TO 24 PIE(	R	MEDPRMI
536311201	NICOTINE	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	2 MG	MOUTH/T	GUM	EA	100	GENERIC		536	N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=1! LIMITED TO 24 PIE(	R	MEDPRMI
536311237	NICOTINE	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	2 MG	MOUTH/T	GUM	EA	40	GENERIC		536	N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=1! LIMITED TO 24 PIE(	R	MEDPRMI
536311301	NICOTINE	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	4 MG	MOUTH/T	GUM	EA	100	GENERIC		536	N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=1! LIMITED TO 24 PIE(	R	MEDPRMI
536311337	NICOTINE	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	4 MG	MOUTH/T	GUM	EA	40	GENERIC		536	N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=1! LIMITED TO 24 PIE(	R	MEDPRMI
536322301	CITRUS C	CALCIUM	401200 Replacem	40120000 Replacem	P	200-6.25 I	ORAL	TABS	EA	100	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536329210	ASCORBI	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	500 MG	ORAL	TABS	EA	1000	GENERIC		536 N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536338601	NICOTINE	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	2 MG	MOUTH/T	GUM	EA	100	GENERIC		536	N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=1! LIMITED TO 24 PIE(	R	MEDPRMI
536338701	NICOTINE	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	4 MG	MOUTH/T	GUM	EA	100	GENERIC		536	N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=1! LIMITED TO 24 PIE(	R	MEDPRMI
536340401	NICOTINE	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	2 MG	MOUTH/T	GUM	EA	100	GENERIC		536	N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=1! LIMITED TO 24 PIE(	R	MEDPRMI
536340501	NICOTINE	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	4 MG	MOUTH/T	GUM	EA	100	GENERIC		536	N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=1! LIMITED TO 24 PIE(	R	MEDPRMI
536344308	CEROVIT	PEDIATRI	882800 Multivitam	88280000 Multivitam	P	18 MG	ORAL	CHEW	EA	60	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536344508	CEROVIT	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	60MG-60I	ORAL	TABS	EA	60	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536354710	DAILY-VIT	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	60MG-60I	ORAL	TABS	EA	1000	GENERIC		536 N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
536360735	NASAL DI	PSEUDOE	121212 alpha- anc	12121200 alpha- anc	P	30 MG	ORAL	TABS	EA	24	GENERIC		536	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI

536406301	CLASSIC	PRENATA	882800 Multivitam	88280000 Multivitam	O	28-0.8 MG	ORAL	TABS	EA	100	SSB		536	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
536407810	NIACIN	NIACIN	880800 Vitamin B	88080000 Vitamin B	P	500 MG	ORAL	TABS	EA	1000	GENERIC		536	Y		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
536408501	PRENATA	PRENATA	882800 Multivitam	88280000 Multivitam	O	28-0.8 MG	ORAL	TABS	EA	100	MSB		536			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
536430605	FIBER-LA	CALCIUM	561200 Cathartics	56120000 Cathartics	P	625MG	ORAL	TABS	EA	500	GENERIC		536			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
536430608	FIBER-LA	CALCIUM	561200 Cathartics	56120000 Cathartics	P	625MG	ORAL	TABS	EA	60	GENERIC		536			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
536430611	FIBER-LA	CALCIUM	561200 Cathartics	56120000 Cathartics	P	625MG	ORAL	TABS	EA	90	GENERIC		536			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
536440601	VITAMIN I	PYRIDOX	880800 Vitamin B	88080000 Vitamin B	P	25MG	ORAL	TABS	EA	100	GENERIC		536	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
536466110	THEREM	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	90MG-90M	ORAL	TABS	EA	1000	SSB	10/30/2023	536	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
536478701	B COMPL	B-COMPL	880800 Vitamin B	88080000 Vitamin B	P	5MG-1MC	ORAL	CAPS	EA	100	GENERIC	1/4/2023	536	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
536509008	I-VITE	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	200MG-20	ORAL	TABS	EA	60	GENERIC		536			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
536589453	NICOTINE	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	7 MG/24H	TRANSDE	PT24	EA	7	GENERIC		536			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF AGE=18-999 YEARS AND D	R	MEDPRMI
536589488	NICOTINE	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	7 MG/24H	TRANSDE	PT24	EA	14	GENERIC	6/10/2024	536			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF AGE=18-999 YEARS AND D	R	MEDPRMI
536589553	NICOTINE	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	14 MG/24	TRANSDE	PT24	EA	7	GENERIC		536			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF AGE=18-999 YEARS AND D	R	MEDPRMI
536589571	NICOTINE	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	14 MG/24	TRANSDE	PT24	EA	28	GENERIC		536			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF AGE=18-999 YEARS AND D	R	MEDPRMI
536589588	NICOTINE	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	14 MG/24	TRANSDE	PT24	EA	14	GENERIC	6/10/2024	536	N		N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF AGE=18-999 YEARS AND D	R	MEDPRMI
536589653	NICOTINE	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	21 MG/24	TRANSDE	PT24	EA	7	GENERIC		536			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF AGE=18-999 YEARS AND D	R	MEDPRMI
536589671	NICOTINE	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	21 MG/24	TRANSDE	PT24	EA	28	GENERIC		536			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF AGE=18-999 YEARS AND D	R	MEDPRMI
536589688	NICOTINE	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	21 MG/24	TRANSDE	PT24	EA	14	GENERIC		536	N		N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF AGE=18-999 YEARS AND D	R	MEDPRMI
536703301	NIACIN EI	NIACIN	880800 Vitamin B	88080000 Vitamin B	P	750 MG	ORAL	TBCR	EA	100	GENERIC	1/5/2023	536			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
536703801	NIACIN EI	NIACIN	880800 Vitamin B	88080000 Vitamin B	O	1000 MG	ORAL	TBCR	EA	100	MSB		536	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
536718101	ACIDOPH	LACTOBA	560800 Antidiarrhe	56080000 Antidiarrhe	P	0-0	ORAL	TABS	EA	100	GENERIC	2/26/2024	536	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
536718701	FISH OIL	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	P	1000 MG	ORAL	CAPS	EA	100	GENERIC		536			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
536718706	SEA-OME	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	P	1000 MG	ORAL	CAPS	EA	50	GENERIC		536	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
536730001	NEPHRO-	B-COMPL	882800 Multivitam	88280000 Multivitam	P	0.8 MG	ORAL	TABS	EA	100	GENERIC	3/14/2024	536	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
536741551	ENEMA	SODIUM I	561200 Cathartics	56120000 Cathartics	P	7-19 GM/1	RECTAL	ENEM	ML	133	GENERIC		536			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
536781708	OYSCO 5	CALCIUM	401200 Replacem	40120000 Replacem	P	200UNIT-	ORAL	TABS	EA	60	GENERIC		536			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
536781710	OYSCO 5	CALCIUM	401200 Replacem	40120000 Replacem	P	200UNIT-	ORAL	TABS	EA	1000	GENERIC		536			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
536999512	PREMIUM	CONDOM	320000 Contracep	32000000 Contracep	O	0 DOES NO		MISC	EA	12	NON DRU	9/14/2022	536			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
548500100	GANIRELI	GANIRELI	681804 UNKNOW	68180400 UNKNOW	S	250 MCG/	SUBCUTA	SOSY	ML	0.5	GENERIC		548		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS						R	MEDPRMI
548540000	MEDROX	MEDROX	683200 Progestins	68320000 Progestins	S	150 MG/M	INTRAMU	SUSP	ML	1	GENERIC		548		Y	N	#N/A	ORIG_FR	10 EHB	#N/A		X	1 IN 84 DAYS	X	IF DS LIMIT=90 THEN $0 COP	R	MEDPRMI
548540025	MEDROX	MEDROX	683200 Progestins	68320000 Progestins	S	150 MG/M	INTRAMU	SUSP	ML	1	GENERIC		548		Y	N	#N/A	ORIG_FR	10 EHB	#N/A		X	1 IN 84 DAYS	X	IF DS LIMIT=90 THEN $0 COP	R	MEDPRMI
548541000	MEDROX	MEDROX	683200 Progestins	68320000 Progestins	S	150 MG/M	INTRAMU	SUSP	ML	1	GENERIC	10/1/2024	548		Y	N	#N/A	ORIG_FR	10 EHB	#N/A		X	1 IN 84 DAYS	X	IF DS LIMIT=90 THEN $0 COP	R	MEDPRMI
548541025	MEDROX	MEDROX	683200 Progestins	68320000 Progestins	S	150 MG/M	INTRAMU	SUSP	ML	1	GENERIC	10/1/2024	548		Y	N	#N/A	ORIG_FR	10 EHB	#N/A		X	1 IN 84 DAYS	X	IF DS LIMIT=90 THEN $0 COP	R	MEDPRMI
548560100	ENOXAPA	ENOXAPA	201204 Anticoagu	20120416 Heparins	S	30 MG/0.3	INJECTIO	SOSY	ML	0.3	GENERIC		548		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS						R	MEDPRMI
548560200	ENOXAPA	ENOXAPA	201204 Anticoagu	20120416 Heparins	S	40 MG/0.4	INJECTIO	SOSY	ML	0.4	GENERIC		548		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS						R	MEDPRMI
548560300	ENOXAPA	ENOXAPA	201204 Anticoagu	20120416 Heparins	S	60 MG/0.6	INJECTIO	SOSY	ML	0.6	GENERIC		548		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS						R	MEDPRMI
548560400	ENOXAPA	ENOXAPA	201204 Anticoagu	20120416 Heparins	S	80 MG/0.8	INJECTIO	SOSY	ML	0.8	GENERIC		548		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS						R	MEDPRMI
548560500	ENOXAPA	ENOXAPA	201204 Anticoagu	20120416 Heparins	S	100 MG/M	INJECTIO	SOSY	ML	1	GENERIC		548		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS						R	MEDPRMI
548560600	ENOXAPA	ENOXAPA	201204 Anticoagu	20120416 Heparins	S	120 MG/0.	INJECTIO	SOSY	ML	0.8	GENERIC		548		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS						R	MEDPRMI
548560700	ENOXAPA	ENOXAPA	201204 Anticoagu	20120416 Heparins	S	150 MG/M	INJECTIO	SOSY	ML	1	GENERIC		548		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS						R	MEDPRMI
548560800	ENOXAPA	ENOXAPA	201204 Anticoagu	20120416 Heparins	S	300 MG/3	INJECTIO	SOLN	ML	3	GENERIC		548		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS		X	1 IN 1 DAYS			R	MEDPRMI
548563100	ENOXAPA	ENOXAPA	201204 Anticoagu	20120416 Heparins	S	30 MG/0.3	INJECTIO	SOSY	ML	0.3	GENERIC	7/1/2022	548		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS						R	MEDPRMI
548563200	ENOXAPA	ENOXAPA	201204 Anticoagu	20120416 Heparins	S	40 MG/0.4	INJECTIO	SOSY	ML	0.4	GENERIC	7/1/2022	548		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS						R	MEDPRMI
548563300	ENOXAPA	ENOXAPA	201204 Anticoagu	20120416 Heparins	S	60 MG/0.6	INJECTIO	SOSY	ML	0.6	GENERIC	7/1/2022	548		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS						R	MEDPRMI
548563400	ENOXAPA	ENOXAPA	201204 Anticoagu	20120416 Heparins	S	80 MG/0.8	INJECTIO	SOSY	ML	0.8	GENERIC	7/1/2022	548		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS						R	MEDPRMI
548563500	ENOXAPA	ENOXAPA	201204 Anticoagu	20120416 Heparins	S	100 MG/M	INJECTIO	SOSY	ML	1	GENERIC	7/1/2022	548		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS						R	MEDPRMI
548563600	ENOXAPA	ENOXAPA	201204 Anticoagu	20120416 Heparins	S	120 MG/0.	INJECTIO	SOSY	ML	0.8	GENERIC	7/1/2022	548		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS						R	MEDPRMI
548563700	ENOXAPA	ENOXAPA	201204 Anticoagu	20120416 Heparins	S	150 MG/M	INJECTIO	SOSY	ML	1	GENERIC	7/1/2022	548		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS						R	MEDPRMI
548570100	MEDROX	MEDROX	683200 Progestins	68320000 Progestins	S	150 MG/M	INTRAMU	SUSY	ML	1	GENERIC		548		Y	N	#N/A	ORIG_FR	10 EHB	#N/A		X	1 IN 84 DAYS	X	IF DS LIMIT=90 THEN $0 COP	R	MEDPRMI
548571100	MEDROX	MEDROX	683200 Progestins	68320000 Progestins	S	150 MG/M	INTRAMU	SUSY	ML	1	GENERIC	10/1/2024	548		Y	N	#N/A	ORIG_FR	10 EHB	#N/A		X	1 IN 84 DAYS	X	IF DS LIMIT=90 THEN $0 COP	R	MEDPRMI
548585000	GLUCAG	GLUCAG	682212 Glycogen	68221200 Glycogen	R	1 MG	INJECTIO	KIT	EA	1	GENERIC		548		Y	N	FORMULARY		1 GEN	GENERICS		X	<= 4			R	MEDPRMI
548590000	CORTRO	COSYNTF	360400 Adrenocor	36040000 Adrenocor	S	0.25 MG	INJECTIO	SOLR	EA	1	MSB		548	Y		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
548835101	BAQSIMI	GLUCAG	682212 Glycogen	68221200 Glycogen	R	3 MG/DOS	NASAL	POWD	EA	1	SSB		548			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
548835202	BAQSIMI	GLUCAG	682212 Glycogen	68221200 Glycogen	R	3 MG/DOS	NASAL	POWD	EA	1	SSB		548			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
548909010	AMPHAD	HYALURC	440000 Enzymes	44000000 Enzymes	R	150 UNIT/	INJECTIO	SOLN	ML	1	SSB		548			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
548950100	ISOPROT	ISOPROT	121208 beta-Adre	12120804 Non-selec	S	0.2 MG/M	INJECTIO	SOLN	ML	1	GENERIC		548			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
548950200	ISOPROT	ISOPROT	121208 beta-Adre	12120804 Non-selec	S	0.2 MG/M	INJECTIO	SOLN	ML	5	GENERIC		548			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
548960100	NEOSTIG	NEOSTIG	120400 Parasymp	12040000 Parasymp	S	5 MG/10M	INTRAVE	SOLN	ML	10	GENERIC		548			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
548960200	NEOSTIG	NEOSTIG	120400 Parasymp	12040000 Parasymp	S	10 MG/10	INTRAVE	SOLN	ML	10	GENERIC		548			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
548970100	VASOPRE	VASOPRE	682800 Pituitary	68280000 Pituitary	S	20 UNIT/N	INTRAVE	SOLN	ML	1	GENERIC		548			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
555003302	CHLORDI	CHLORDI	282408 Benzodiaz	28240800 Benzodiaz	S	10 MG	ORAL	CAPS	EA	100	GENERIC		555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555003305	CHLORDI	CHLORDI	282408 Benzodiaz	28240800 Benzodiaz	S	10 MG	ORAL	CAPS	EA	1000	GENERIC		555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555006602	ISONIAZI	ISONIAZI	81604 Antituberc	8160400 Antituberc	S	100 MG	ORAL	TABS	EA	100 X	GENERIC		555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555007101	ISONIAZI	ISONIAZI	81604 Antituberc	8160400 Antituberc	S	300 MG	ORAL	TABS	EA	30 X	GENERIC		555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555007102	ISONIAZI	ISONIAZI	81604 Antituberc	8160400 Antituberc	S	300 MG	ORAL	TABS	EA	100 X	GENERIC		555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555009496	CLONAZE	CLONAZE	281208 Anticonvul	28120800 Anticonvul	S	0.125 MG	ORAL	TBDP	EA	60	GENERIC	3/2/2022	555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555009596	CLONAZE	CLONAZE	281208 Anticonvul	28120800 Anticonvul	S	0.25 MG	ORAL	TBDP	EA	60	GENERIC	3/2/2022	555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555009696	CLONAZE	CLONAZE	281208 Anticonvul	28120800 Anticonvul	S	0.5 MG	ORAL	TBDP	EA	60	GENERIC	3/2/2022	555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555009796	CLONAZE	CLONAZE	281208 Anticonvul	28120800 Anticonvul	S	1 MG	ORAL	TBDP	EA	60	GENERIC	3/2/2022	555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555009896	CLONAZE	CLONAZE	281208 Anticonvul	28120800 Anticonvul	S	2 MG	ORAL	TBDP	EA	60	GENERIC	3/2/2022	555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555015802	CHLORDI	CHLORDI	282408 Benzodiaz	28240800 Benzodiaz	S	5 MG	ORAL	CAPS	EA	100	GENERIC		555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555015804	CHLORDI	CHLORDI	282408 Benzodiaz	28240800 Benzodiaz	S	5 MG	ORAL	CAPS	EA	500	GENERIC		555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555015902	CHLORDI	CHLORDI	282408 Benzodiaz	28240800 Benzodiaz	S	25 MG	ORAL	CAPS	EA	100	GENERIC		555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555015904	CHLORDI	CHLORDI	282408 Benzodiaz	28240800 Benzodiaz	S	25 MG	ORAL	CAPS	EA	500	GENERIC		555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555017178	MEFLOQU	MEFLOQU	83008 Antimalari	8300800 Antimalari	S	250 MG	ORAL	TABS	EA	25 X	GENERIC		555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555017188	MEFLOQU	MEFLOQU	83008 Antimalari	8300800 Antimalari	S	250 MG	ORAL	TABS	EA	1 X	GENERIC		555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555021110	NORETHI	NORETHI	683200 Progestins	68320000 Progestins	S	5MG	ORAL	TABS	EA	50 X	GENERIC		555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555030202	HYDROX	HYDROX	282492 Anxiolytics	28249200 Anxiolytics	S	50 MG	ORAL	CAPS	EA	100	GENERIC		555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555030204	HYDROX	HYDROX	282492 Anxiolytics	28249200 Anxiolytics	S	50 MG	ORAL	CAPS	EA	500	GENERIC		555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555032302	HYDROX	HYDROX	282492 Anxiolytics	28249200 Anxiolytics	S	25 MG	ORAL	CAPS	EA	100	GENERIC		555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555032304	HYDROX	HYDROX	282492 Anxiolytics	28249200 Anxiolytics	S	25 MG	ORAL	CAPS	EA	500	GENERIC		555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555032402	HYDROX	HYDROX	282492 Anxiolytics	28249200 Anxiolytics	R	100 MG	ORAL	CAPS	EA	100	GENERIC		555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555048302	AMILORI	AMILORI	402816 Potassium	40281600 Potassium	R	5-50 MG	ORAL	TABS	EA	100 X	GENERIC		555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555048305	AMILORI	AMILORI	402816 Potassium	40281600 Potassium	R	5-50 MG	ORAL	TABS	EA	1000 X	GENERIC		555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555048401	LEUCOV	LEUCOV	910412 UNKNOW	91041200 UNKNOW	S	5 MG	ORAL	TABS	EA	30	GENERIC		555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555048402	LEUCOV	LEUCOV	910412 UNKNOW	91041200 UNKNOW	S	5 MG	ORAL	TABS	EA	100	GENERIC		555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555048527	LEUCOV	LEUCOV	910412 UNKNOW	91041200 UNKNOW	S	25 MG	ORAL	TABS	EA	25	GENERIC		555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555057202	METHOT	METHOT	100000 Antineopla	10000000 Antineopla	S	2.5 MG	ORAL	TABS	EA	100	GENERIC		555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555057235	METHOT	METHOT	100000 Antineopla	10000000 Antineopla	S	2.5 MG	ORAL	TABS	EA	36	GENERIC		555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555060602	MEGEST	MEGEST	683200 Progestins	68320000 Progestins	S	20 MG	ORAL	TABS	EA	100	GENERIC		555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555060702	MEGEST	MEGEST	683200 Progestins	68320000 Progestins	S	40 MG	ORAL	TABS	EA	100	GENERIC		555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555063302	DANAZOL	DANAZOL	680800 Androgens	68080000 Androgens	S	50 MG	ORAL	CAPS	EA	100	GENERIC		555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555063402	DANAZOL	DANAZOL	680800 Androgens	68080000 Androgens	S	100 MG	ORAL	CAPS	EA	100	GENERIC		555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555063502	DANAZOL	DANAZOL	680800 Androgens	68080000 Androgens	S	200 MG	ORAL	CAPS	EA	100	GENERIC		555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555063509	DANAZOL	DANAZOL	680800 Androgens	68080000 Androgens	S	200 MG	ORAL	CAPS	EA	60	GENERIC		555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555071102	TRAZOD	TRAZOD	281604 Antidepres	28160424 Serotonin	S	300 MG	ORAL	TABS	EA	100 X	GENERIC		555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555077502	AMPHETA	AMPHETA	282004 Amphetan	28200400 Amphetan	S	7.5 MG	ORAL	TABS	EA	100 X	GENERIC		555			N	FORMULARY		1 GEN	GENERICS		X	2 IN 1 DAYS			R	MEDPRMI
555077602	AMPHETA	AMPHETA	282004 Amphetan	28200400 Amphetan	S	12.5 MG	ORAL	TABS	EA	100 X	GENERIC		555			N	FORMULARY		1 GEN	GENERICS		X	2 IN 1 DAYS			R	MEDPRMI
555077702	AMPHETA	AMPHETA	282004 Amphetan	28200400 Amphetan	S	15 MG	ORAL	TABS	EA	100 X	GENERIC		555			N	FORMULARY		1 GEN	GENERICS		X	2 IN 1 DAYS			R	MEDPRMI
555077902	MEDROX	MEDROX	683200 Progestins	68320000 Progestins	S	10MG	ORAL	TABS	EA	100 X	GENERIC		555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555077904	MEDROX	MEDROX	683200 Progestins	68320000 Progestins	S	10MG	ORAL	TABS	EA	500 X	GENERIC		555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555080802	TRETINO	TRETINO	100000 Antineopla	10000000 Antineopla	S	10 MG	ORAL	CAPS	EA	100	GENERIC		555			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS						R	MEDPRMI
555087202	MEDROX	MEDROX	683200 Progestins	68320000 Progestins	S	2.5MG	ORAL	TABS	EA	100 X	GENERIC		555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555087204	MEDROX	MEDROX	683200 Progestins	68320000 Progestins	S	2.5MG	ORAL	TABS	EA	500 X	GENERIC		555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555087302	MEDROX	MEDROX	683200 Progestins	68320000 Progestins	S	5MG	ORAL	TABS	EA	100 X	GENERIC		555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555087304	MEDROX	MEDROX	683200 Progestins	68320000 Progestins	S	5MG	ORAL	TABS	EA	500 X	GENERIC		555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555088202	HYDROX	HYDROX	100000 Antineopla	10000000 Antineopla	S	500 MG	ORAL	CAPS	EA	100	GENERIC		555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555088602	ESTRADI	ESTRADI	681604 Estrogens	68160400 Estrogens	S	1 MG	ORAL	TABS	EA	100 X	GENERIC		555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555088604	ESTRADI	ESTRADI	681604 Estrogens	68160400 Estrogens	S	1 MG	ORAL	TABS	EA	500 X	GENERIC		555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555088702	ESTRADI	ESTRADI	681604 Estrogens	68160400 Estrogens	S	2 MG	ORAL	TABS	EA	100 X	GENERIC		555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555088704	ESTRADI	ESTRADI	681604 Estrogens	68160400 Estrogens	S	2 MG	ORAL	TABS	EA	500 X	GENERIC		555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555089902	ESTRADI	ESTRADI	681604 Estrogens	68160400 Estrogens	S	0.5 MG	ORAL	TABS	EA	100 X	GENERIC		555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555095202	DEXTROA	DEXTROA	282004 Amphetan	28200400 Amphetan	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		555			N	FORMULARY		1 GEN	GENERICS		X	3 IN 1 DAYS			R	MEDPRMI
555095302	DEXTROA	DEXTROA	282004 Amphetan	28200400 Amphetan	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		555	N		N	FORMULARY		1 GEN	GENERICS		X	6 IN 1 DAYS			R	MEDPRMI
555097102	AMPHETA	AMPHETA	282004 Amphetan	28200400 Amphetan	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		555			N	FORMULARY		1 GEN	GENERICS		X	2 IN 1 DAYS			R	MEDPRMI
555097202	AMPHETA	AMPHETA	282004 Amphetan	28200400 Amphetan	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		555			N	FORMULARY		1 GEN	GENERICS		X	2 IN 1 DAYS			R	MEDPRMI
555097302	AMPHETA	AMPHETA	282004 Amphetan	28200400 Amphetan	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		555			N	FORMULARY		1 GEN	GENERICS		X	2 IN 1 DAYS			R	MEDPRMI
555097402	AMPHETA	AMPHETA	282004 Amphetan	28200400 Amphetan	S	30 MG	ORAL	TABS	EA	100 X	GENERIC		555			N	FORMULARY		1 GEN	GENERICS		X	2 IN 1 DAYS			R	MEDPRMI
555099702	FLUDROC	FLUDROC	680400 Adrenals	68040000 Adrenals	S	0.1 MG	ORAL	TABS	EA	100 X	GENERIC	7/15/2024	555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555105456	CLARAVI	ISOTRETI	842800 Keratolytic	84280000 Keratolytic	S	10 MG	ORAL	CAPS	EA	100	GENERIC		555	N		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555105486	CLARAVI	ISOTRETI	842800 Keratolytic	84280000 Keratolytic	S	10 MG	ORAL	CAPS	EA	10	GENERIC		555	N		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555105556	CLARAVI	ISOTRETI	842800 Keratolytic	84280000 Keratolytic	S	20 MG	ORAL	CAPS	EA	100	GENERIC		555	N		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555105586	CLARAVI	ISOTRETI	842800 Keratolytic	84280000 Keratolytic	S	20 MG	ORAL	CAPS	EA	10	GENERIC		555	N		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555105660	CLARAVI	ISOTRETI	842800 Keratolytic	84280000 Keratolytic	S	30 MG	ORAL	CAPS	EA	10	GENERIC		555			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555105686	CLARAVI	ISOTRETI	842800 Keratolytic	84280000 Keratolytic	S	30 MG	ORAL	CAPS	EA	10	GENERIC		555	N		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555105756	CLARAVI	ISOTRETI	842800 Keratolytic	84280000 Keratolytic	S	40 MG	ORAL	CAPS	EA	100	GENERIC		555	N		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555105786	CLARAVI	ISOTRETI	842800 Keratolytic	84280000 Keratolytic	S	40 MG	ORAL	CAPS	EA	10	GENERIC		555	N		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
555900867	NORTREL	NORETHI	681200 Contracep	68120000 Contracep	S	35MCG-.5	ORAL	TABS	EA	28 X	GENERIC		555			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
555900879	NORTREL	NORETHI	681200 Contracep	68120000 Contracep	S	35MCG-.5	ORAL	TABS	EA	28 X	GENERIC		555			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
555900942	NORTREL	NORETHI	681200 Contracep	68120000 Contracep	S	35MCG-1	ORAL	TABS	EA	21 X	GENERIC		555			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
555900980	NORTREL	NORETHI	681200 Contracep	68120000 Contracep	S	35MCG-1	ORAL	TABS	EA	21 X	GENERIC		555			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
555901058	NORTREL	NORETHI	681200 Contracep	68120000 Contracep	S	35MCG-1	ORAL	TABS	EA	28 X	GENERIC		555			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
555901079	NORTREL	NORETHI	681200 Contracep	68120000 Contracep	S	35MCG-1	ORAL	TABS	EA	28 X	GENERIC		555			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
555901258	NORTREL	NORETHI	681200 Contracep	68120000 Contracep	S	0.5/0.75/1	ORAL	TABS	EA	28 X	GENERIC		555			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
555901279	NORTREL	NORETHI	681200 Contracep	68120000 Contracep	S	0.5/0.75/1	ORAL	TABS	EA	28 X	GENERIC		555			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
555901467	LESSINA	LEVONOF	681200 Contracep	68120000 Contracep	S	0.1-20 MG	ORAL	TABS	EA	28 X	GENERIC		555			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
555901479	LESSINA	LEVONOF	681200 Contracep	68120000 Contracep	S	0.1-20 MG	ORAL	TABS	EA	28 X	GENERIC		555			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
555901658	SPRINTE	NORGES	681200 Contracep	68120000 Contracep	S	0.25-35 M	ORAL	TABS	EA	28 X	GENERIC		555			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
555901858	TRI-SPRI	NORGES	681200 Contracep	68120000 Contracep	S	0.18/0.215	ORAL	TABS	EA	28 X	GENERIC		555			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
555902058	PORTIA-2	LEVONOF	681200 Contracep	68120000 Contracep	S	.03MG-.15	ORAL	TABS	EA	28 X	GENERIC		555			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
555902079	PORTIA-2	LEVONOF	681200 Contracep	68120000 Contracep	S	.03MG-.15	ORAL	TABS	EA	28 X	GENERIC		555			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
555902542	JUNEL 1/	NORETHI	681200 Contracep	68120000 Contracep	S	1-20 MG-	ORAL	TABS	EA	21 X	GENERIC		555			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
555902658	JUNEL FE	NORETHI	681200 Contracep	68120000 Contracep	S	1-20 MG-	ORAL	TABS	EA	28 X	GENERIC		555			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
555902742	JUNEL 1.	NORETHI	681200 Contracep	68120000 Contracep	S	1.5-30 MG	ORAL	TABS	EA	21 X	GENERIC		555			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
555902858	JUNEL FE	NORETHI	681200 Contracep	68120000 Contracep	S	1.5-30 MG	ORAL	TABS	EA	28 X	GENERIC		555			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
555903270	TRI-LEGE	NORETHI	681200 Contracep	68120000 Contracep	S	1-20/1-30/	ORAL	TABS	EA	28 X	GENERIC		555			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
555903458	BALZIVA	NORETHI	681200 Contracep	68120000 Contracep	S	0.4-35 MG	ORAL	TABS	EA	28 X	GENERIC		555			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
555903479	BALZIVA	NORETHI	681200 Contracep	68120000 Contracep	S	0.4-35 MG	ORAL	TABS	EA	28 X	GENERIC		555			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
555904358	APRI	DESOGE	681200 Contracep	68120000 Contracep	S	.15MG-30	ORAL	TABS	EA	28 X	GENERIC		555			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
555904379	APRI	DESOGE	681200 Contracep	68120000 Contracep	S	.15MG-30	ORAL	TABS	EA	28 X	GENERIC		555			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
555904558	AVIANE	LEVONOF	681200 Contracep	68120000 Contracep	S	20MCG-.1	ORAL	TABS	EA	28 X	GENERIC		555			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
555904579	AVIANE	LEVONOF	681200 Contracep	68120000 Contracep	S	20MCG-.1	ORAL	TABS	EA	28 X	GENERIC		555			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
555904758	ENPRESS	LEVONOF	681200 Contracep	68120000 Contracep	S	0-0	ORAL	TABS	EA	28 X	GENERIC		555			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
555904958	CRYSELL	NORGES	681200 Contracep	68120000 Contracep	S	0.3-30 MG	ORAL	TABS	EA	28 X	GENERIC		555			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
555904979	CRYSELL	NORGES	681200 Contracep	68120000 Contracep	S	0.3-30 MG	ORAL	TABS	EA	28 X	GENERIC		555			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
555905058	KARIVA	DESOGE	681200 Contracep	68120000 Contracep	S	0.15-0.02/	ORAL	TABS	EA	28 X	GENERIC		555			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
555905079	KARIVA	DESOGE	681200 Contracep	68120000 Contracep	S	0.15-0.02/	ORAL	TABS	EA	28 X	GENERIC		555			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
555905167	VELIVET	DESOGE	681200 Contracep	68120000 Contracep	R	0.1/0.125/	ORAL	TABS	EA	28 X	SSB		555			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
555905179	VELIVET	DESOGE	681200 Contracep	68120000 Contracep	R	0.1/0.125/	ORAL	TABS	EA	28 X	SSB		555			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
555906458	KELNOR	ETHYNOD	681200 Contracep	68120000 Contracep	S	1-35 MG-	ORAL	TABS	EA	28 X	GENERIC		555			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
555906479	KELNOR	ETHYNOD	681200 Contracep	68120000 Contracep	S	1-35 MG-	ORAL	TABS	EA	28 X	GENERIC		555			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
555906667	ARANELL	NORETHI	681200 Contracep	68120000 Contracep	S	0.5/1/0.5-	ORAL	TABS	EA	28 X	GENERIC		555			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
555906679	ARANELL	NORETHI	681200 Contracep	68120000 Contracep	S	0.5/1/0.5-	ORAL	TABS	EA	28 X	GENERIC		555			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
555912366	JOLESSA	LEVONOF	681200 Contracep	68120000 Contracep	S	0.15-0.03	ORAL	TABS	EA	91 X	GENERIC		555			N	#N/A	ORIG_FR	10 EHB	#N/A		X	91 IN 84 DAYS	X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
555913167	OCELLA	DROSPIR	681200 Contracep	68120000 Contracep	S	3MG-.03M	ORAL	TABS	EA	28 X	GENERIC		555	Y		N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
555913179	OCELLA	DROSPIR	681200 Contracep	68120000 Contracep	S	3MG-.03M	ORAL	TABS	EA	28 X	GENERIC		555			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
562780500	RHOGAM	RHO D IM	800400 Serums	80040000 Serums	R	1500 UNIT	INTRAMU	SOSY	EA	1	SSB		562			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
562780501	RHOGAM	RHO D IM	800400 Serums	80040000 Serums	R	1500 UNIT	INTRAMU	SOSY	EA	1	SSB		562			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
562780505	RHOGAM	RHO D IM	800400 Serums	80040000 Serums	R	1500 UNIT	INTRAMU	SOSY	EA	1	SSB		562			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
562780525	RHOGAM	RHO D IM	800400 Serums	80040000 Serums	R	1500 UNIT	INTRAMU	SOSY	EA	1	SSB		562			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
562780600	MICRHO	RHO D IM	800400 Serums	80040000 Serums	R	250 UNIT	INTRAMU	SOSY	EA	1	SSB		562			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
562780601	MICRHO	RHO D IM	800400 Serums	80040000 Serums	R	250 UNIT	INTRAMU	SOSY	EA	1	SSB		562			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
562780605	MICRHO	RHO D IM	800400 Serums	80040000 Serums	R	250 UNIT	INTRAMU	SOSY	EA	1	SSB		562			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
562780625	MICRHO	RHO D IM	800400 Serums	80040000 Serums	R	250 UNIT	INTRAMU	SOSY	EA	1	SSB		562			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
573013305	ADVIL	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	4	MSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573013320	ADVIL	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	20	MSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573013340	ADVIL	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	40	MSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573013380	ADVIL	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	80	MSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573013389	ADVIL	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	160	MSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573013420	ADVIL	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	20	MSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573013480	ADVIL	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	80	MSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573014572	ADVIL DU	IBUPROF	280816 UNKNOW	28081600 UNKNOW	P	125-250 M	ORAL	TABS	EA	72	MSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573014718	ADVIL DU	IBUPROF	280816 UNKNOW	28081600 UNKNOW	P	125-250 M	ORAL	TABS	EA	18	MSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573014736	ADVIL DU	IBUPROF	280816 UNKNOW	28081600 UNKNOW	P	125-250 M	ORAL	TABS	EA	36	MSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573014772	ADVIL DU	IBUPROF	280816 UNKNOW	28081600 UNKNOW	P	125-250 M	ORAL	TABS	EA	72	MSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573014794	ADVIL DU	IBUPROF	280816 UNKNOW	28081600 UNKNOW	P	125-250 M	ORAL	TABS	EA	144	MSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573014795	ADVIL DU	IBUPROF	280816 UNKNOW	28081600 UNKNOW	P	125-250 M	ORAL	TABS	EA	2	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573015020	ADVIL	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	24	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573015030	ADVIL	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	50	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573015040	ADVIL	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	100	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573015110	ADVIL	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	10	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573015112	ADVIL	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	10	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573015120	ADVIL	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	10	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573015140	ADVIL	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	100	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573015417	ADVIL	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	2	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573015421	ADVIL	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	200	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573015435	ADVIL	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	150	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573015459	ADVIL	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	200	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573015475	ADVIL	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	200	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573015489	ADVIL	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	2	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573015498	ADVIL	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	300	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573016020	ADVIL	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	24	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573016030	ADVIL	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	50	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573016040	ADVIL	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	100	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573016135	ADVIL	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	150	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573016151	ADVIL	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	200	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573016405	ADVIL PM	IBUPROF	282492 Anxiolytics	28249200 Anxiolytics	P	200-38 MG	ORAL	TABS	EA	4	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573016412	ADVIL PM	IBUPROF	282492 Anxiolytics	28249200 Anxiolytics	P	200-38 MG	ORAL	TABS	EA	12	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573016414	ADVIL PM	IBUPROF	282492 Anxiolytics	28249200 Anxiolytics	P	200-38 MG	ORAL	TABS	EA	4	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573016420	ADVIL PM	IBUPROF	282492 Anxiolytics	28249200 Anxiolytics	P	200-38 MG	ORAL	TABS	EA	20	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573016430	ADVIL PM	IBUPROF	282492 Anxiolytics	28249200 Anxiolytics	P	200-38 MG	ORAL	TABS	EA	40	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573016440	ADVIL PM	IBUPROF	282492 Anxiolytics	28249200 Anxiolytics	P	200-38 MG	ORAL	TABS	EA	80	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573016443	ADVIL PM	IBUPROF	282492 Anxiolytics	28249200 Anxiolytics	P	200-38 MG	ORAL	TABS	EA	120	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573016455	ADVIL PM	IBUPROF	282492 Anxiolytics	28249200 Anxiolytics	P	200-38 MG	ORAL	TABS	EA	2	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573016520	ADVIL	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	24	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573016530	ADVIL	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	50	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573016540	ADVIL	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	100	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573016651	ADVIL	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	200	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573016725	ADVIL PM	IBUPROF	282492 Anxiolytics	28249200 Anxiolytics	P	200-25 MG	ORAL	CAPS	EA	20	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573016743	ADVIL PM	IBUPROF	282492 Anxiolytics	28249200 Anxiolytics	P	200-25 MG	ORAL	CAPS	EA	40	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573016755	ADVIL PM	IBUPROF	282492 Anxiolytics	28249200 Anxiolytics	P	200-25 MG	ORAL	CAPS	EA	80	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573016820	ADVIL MI	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	CAPS	EA	20	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573016830	ADVIL MI	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	CAPS	EA	40	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573016840	ADVIL MI	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	CAPS	EA	80	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573016902	ADVIL	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	CAPS	EA	2	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573016908	ADVIL	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	CAPS	EA	120	MSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573016911	ADVIL	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	CAPS	EA	120	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573016917	ADVIL	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	CAPS	EA	2	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573016920	ADVIL	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	CAPS	EA	20	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573016930	ADVIL	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	CAPS	EA	40	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573016940	ADVIL	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	CAPS	EA	80	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573016949	ADVIL	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	CAPS	EA	200	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573016976	ADVIL	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	CAPS	EA	160	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573016989	ADVIL	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	CAPS	EA	160	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573017030	CHILDRE	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	100 MG/5	ORAL	SUSP	ML	120	MSB		573	Y		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573017130	CHILDRE	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	100 MG/5	ORAL	SUSP	ML	120	MSB		573	Y		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573017430	CHILDRE	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	100 MG/5	ORAL	SUSP	ML	120	MSB	8/2/2022	573	Y		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573017511	ADVIL JU	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	100 MG	ORAL	TABS	EA	24	GENERIC		573	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
573017920	ADVIL JU	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	100 MG	ORAL	CHEW	EA	24	GENERIC		573	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
573018010	ADVIL CC	PSEUDOE	121212 alpha- and	12121200 alpha- and	P	30-200 MG	ORAL	TABS	EA	20	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573018021	ADVIL CC	PSEUDOE	121212 alpha- and	12121200 alpha- and	P	30-200 MG	ORAL	TABS	EA	40	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573018432	ADVIL CC	PSEUDOE	121212 alpha- and	12121200 alpha- and	P	30-200 MG	ORAL	CAPS	EA	32	MSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
573018810	ADVIL AL	CHLORPH	40400 First Gene	4040000 First Gene	O	2-30-200	ORAL	TABS	EA	20	SSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
573019010	ADVIL MU	CHLORPH	40400 First Gene	4040000 First Gene	O	4-10-200	ORAL	TABS	EA	10	SSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
573019020	ADVIL MU	CHLORPH	40400 First Gene	4040000 First Gene	O	4-10-200	ORAL	TABS	EA	20	SSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
573019120	INFANTS	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	50 MG/1.2	ORAL	SUSP	ML	15	MSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI

573019150	INFANTS	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	50 MG/1.2	ORAL	SUSP	ML	30	MSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
573019160	INFANTS	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	50 MG/1.2	ORAL	SUSP	ML	30	MSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
573019601	ADVIL ALI	CHLORPH	40400	First Gene	4040000	First Gene	O	4-10-200	ORAL	TABS	EA	50	SSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573019610	ADVIL ALI	CHLORPH	40400	First Gene	4040000	First Gene	O	4-10-200	ORAL	TABS	EA	10	SSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573019620	ADVIL ALI	CHLORPH	40400	First Gene	4040000	First Gene	O	4-10-200	ORAL	TABS	EA	20	SSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573019911	ADVIL SIN	PHENYLE	280804	Nonsteroi	28080404	UNKNOW	P	10-200 MG	ORAL	TABS	EA	10	MSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
573019921	ADVIL SIN	PHENYLE	280804	Nonsteroi	28080404	UNKNOW	P	10-200 MG	ORAL	TABS	EA	20	MSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
573020730	CHILDREN	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	120	MSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
573021541	ANBESOL	BENZOCA	840800	Antipruritic	84080000	Antipruritic	P	20%	MOUTH/T	LIQD	ML	12	MSB	1/10/2022	573			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
573021626	BABY ANB	BENZOCA	840800	Antipruritic	84080000	Antipruritic	P	7.50%	MOUTH/T	GEL	GM	9	MSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
573022567	ANBESOL	BENZOCA	840800	Antipruritic	84080000	Antipruritic	P	20%	MOUTH/T	GEL	GM	9	MSB	1/10/2022	573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
573023230	CHILDREN	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	120	MSB		573	Y		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
573024626	ANBESOL	COLD SO	840800	Antipruritic	84080000	Antipruritic	P	1%-20%-3	EXTERNA	OINT	GM	9	GENERIC		573			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573029001	CHILDREN	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	30	MSB		573	Y		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
573029030	CHILDREN	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	120	MSB		573	Y		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
573050375	CENTRUM	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	112.5MG-	ORAL	TABS	EA	160	SSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573051330	CENTRUM	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG/15M	ORAL	LIQD	ML	236	MSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
573055211	PREPARA	HYDROC	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	CREA	GM	26	GENERIC		573			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573055360	PREPARA	WITCH HA	842412	Basic Oint	84241200	Basic Oint	P	20%	EXTERNA	PADS	EA	60	GENERIC		573			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573055410	PREPARA	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	O	5-0.25-20	RECTAL	MISC	EA	10	SSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573055607	PREPARA	WITCH HA	842412	Basic Oint	84241200	Basic Oint	P	50%	EXTERNA	PADS	EA	10	GENERIC		573	Y		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573055620	PREPARA	WITCH HA	842412	Basic Oint	84241200	Basic Oint	P	50%	EXTERNA	PADS	EA	48	GENERIC		573			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573055696	PREPARA	WITCH HA	842412	Basic Oint	84241200	Basic Oint	P	50%	EXTERNA	PADS	EA	48	GENERIC		573			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573055807	PREPARA	WITCH HA	842412	Basic Oint	84241200	Basic Oint	P	50%	EXTERNA	PADS	EA	10	GENERIC		573			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573055910	PREPARA	WITCH HA	842412	Basic Oint	84241200	Basic Oint	P	20%	EXTERNA	PADS	EA	10	GENERIC		573			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573055940	PREPARA	WITCH HA	842412	Basic Oint	84241200	Basic Oint	P	20%	EXTERNA	PADS	EA	48	GENERIC		573			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573070151	CHAPSTI	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	45%	EXTERNA	STCK	GM	4	SSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573070512	CHAPSTI	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	45%	EXTERNA	STCK	GM	4	SSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573072012	CHAPSTI	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	1%-.6%-4	EXTERNA	STCK	GM	4	SSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573128424	CENTRUM	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	15MG-15M	ORAL	CHEW	EA	90	SSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573128434	CENTRUM	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	15MG-15M	ORAL	CHEW	EA	110	SSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573132125	PREPARA	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	O	5-0.25 %	EXTERNA	AERO	GM	107.7	SSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573137800	PREPARA	PHENYLE	841600	Cell Stimu	84160000	Cell Stimu	O	0.25%	RECTAL	SUPP	EA	48	SSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573137801	PREPARA	PHENYLE	841600	Cell Stimu	84160000	Cell Stimu	O	0.25%	RECTAL	SUPP	EA	12	SSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573137806	PREPARA	PHENYLE	841600	Cell Stimu	84160000	Cell Stimu	O	0.25%	RECTAL	SUPP	EA	24	SSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573170605	ADVIL	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	CAPS	EA	2	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
573170772	INFANTS	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	50 MG/1.2	ORAL	SUSP	ML	15	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
573170773	CHILDREN	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	120	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
573176913	ADVIL LIC	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	CAPS	EA	200	GENERIC		573			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573176920	ADVIL LIC	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	CAPS	EA	20	GENERIC		573			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573176980	ADVIL LIC	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	CAPS	EA	80	GENERIC		573			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573190530	CHAPSTI	SUNSCRE	848000	Sunscreer	84800000	Sunscreer	O	1.5%-44%	EXTERNA	STCK	GM	4	SSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573191050	CHAPSTI	SUNSCRE	848000	Sunscreer	84800000	Sunscreer	O	0-1.5%-44	EXTERNA	STCK	GM	4	SSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573191212	CHAPSTI	SUNSCRE	848000	Sunscreer	84800000	Sunscreer	O	0-1.5%-44	EXTERNA	STCK	GM	4	SSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573191224	CHAPSTI	SUNSCRE	848000	Sunscreer	84800000	Sunscreer	O	0-1.5%-44	EXTERNA	STCK	GM	4	SSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573191250	CHAPSTI	SUNSCRE	848000	Sunscreer	84800000	Sunscreer	O	0-1.5%-44	EXTERNA	STCK	GM	4	SSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573191550	CHAPSTI	SUNSCRE	848000	Sunscreer	84800000	Sunscreer	O	.5%-1%-1	EXTERNA	STCK	GM	4	SSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573191575	CHAPSTI	SUNSCRE	848000	Sunscreer	84800000	Sunscreer	O	.5%-1%-1	EXTERNA	STCK	GM	4	SSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573191717	CHAPSTI	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	0	EXTERNA	STCK	GM	4.4	SSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573191917	CHAPSTI	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	0	EXTERNA	STCK	GM	4.4	SSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573192549	CHAPSTI	SUNSCRE	848000	Sunscreer	84800000	Sunscreer	O	7.5%-7.5%	EXTERNA	STCK	GM	4	SSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573192560	CHAPSTI	SUNSCRE	848000	Sunscreer	84800000	Sunscreer	O	7.5%-7.5%	EXTERNA	STCK	GM	4	SSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573192830	CHAPSTI	SUNSCRE	848000	Sunscreer	84800000	Sunscreer	O	7.5%-7.5%	EXTERNA	STCK	GM	4	SSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573193312	CHAPSTI	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	0	EXTERNA	STCK	GM	4	SSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573193450	CHAPSTI	SUNSCRE	848000	Sunscreer	84800000	Sunscreer	O	7.5%-7.5%	EXTERNA	STCK	GM	4	SSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573196012	CHAPSTI	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	0-0-0-0-0	EXTERNA	STCK	GM	4	SSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573196050	CHAPSTI	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	0-0-0-0-0	EXTERNA	STCK	GM	4	SSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573196412	CHAPSTI	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	0-0-0-0	EXTERNA	STCK	GM	4	SSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573196450	CHAPSTI	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	0-0-0-0	EXTERNA	STCK	GM	4	SSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573196512	CHAPSTI	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	0-0-0-0	EXTERNA	STCK	GM	4	SSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573196550	CHAPSTI	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	0-0-0-0	EXTERNA	STCK	GM	4	SSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573197524	CHAPSTI	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	0-0-0-0	EXTERNA	STCK	GM	4	SSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573197724	CHAPSTI	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	0-0-0-0	EXTERNA	STCK	GM	4	SSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573197725	CHAPSTI	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	0-0-0-0	EXTERNA	STCK	GM	4	SSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573197824	CHAPSTI	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	0-0-0-0	EXTERNA	STCK	GM	4	SSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573197825	CHAPSTI	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	0-0-0-0	EXTERNA	STCK	GM	4	SSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573198024	CHAPSTI	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	0-0-0-0	EXTERNA	STCK	GM	4	SSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573198110	CHAPSTI	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	0-0-0-0	EXTERNA	STCK	GM	4	SSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573198150	CHAPSTI	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	0-0-0-0	EXTERNA	STCK	GM	4	SSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573198310	CHAPSTI	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	0-0-0-0	EXTERNA	STCK	GM	4	SSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573198350	CHAPSTI	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	0-0-0-0	EXTERNA	STCK	GM	4	SSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573198421	CHAPSTI	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	0-0-0-0	EXTERNA	OINT	GM	6	SSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573198521	CHAPSTI	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	0-0-0-0	EXTERNA	OINT	GM	6	SSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573198621	CHAPSTI	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	0-0-0-0	EXTERNA	OINT	GM	6	SSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573198721	CHAPSTI	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	0-0-0-0	EXTERNA	OINT	GM	6	SSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573199107	CHAPSTI	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	0-0-0-0	EXTERNA	STCK	GM	2	SSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573199207	CHAPSTI	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	0-0-0-0	EXTERNA	STCK	GM	2	SSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573199403	CHAPSTI	DIMETHIC	842412	Basic Oint	84241200	Basic Oint	P	2%	EXTERNA	CREA	GM	7	GENERIC		573	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573199950	CHAPSTI	SUNSCRE	848000	Sunscreer	84800000	Sunscreer	O	4.5%-3%-	EXTERNA	STCK	GM	4	SSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573200786	CHAPSTI	SUNSCRE	848000	Sunscreer	84800000	Sunscreer	O	1.5%-44%	EXTERNA	STCK	GM	4	SSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573201266	CHAPSTI	SUNSCRE	848000	Sunscreer	84800000	Sunscreer	O	7.5%-7.5%	EXTERNA	STCK	GM	4	SSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573245014	NEXIUM 2	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	CPDR	EA	14 X	MSB		573	Y		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS			R	MEDPRMI
573245015	NEXIUM 2	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	CPDR	EA	14 X	MSB	1/3/2023	573	Y		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS			R	MEDPRMI
573245028	NEXIUM 2	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	CPDR	EA	14 X	MSB		573	Y		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS			R	MEDPRMI
573245042	NEXIUM 2	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	CPDR	EA	14 X	MSB		573	Y		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS			R	MEDPRMI
573245043	NEXIUM 2	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	CPDR	EA	14 X	MSB		573	Y		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS			R	MEDPRMI
573245114	NEXIUM 2	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	TBEC	EA	14	MSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
573245142	NEXIUM 2	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	TBEC	EA	14	MSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
573245214	NEXIUM 2	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	CPDR	EA	14 X	MSB		573	Y		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS			R	MEDPRMI
573245242	NEXIUM 2	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	CPDR	EA	14 X	MSB		573	Y		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS			R	MEDPRMI
573266012	ALAVERT	LORATAD	40800	Second G	4080000	Second G	P	5-120 MG	ORAL	TB12	EA	12	GENERIC	5/13/2024	573			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573266024	ALAVERT	LORATAD	40800	Second G	4080000	Second G	P	5-120 MG	ORAL	TB12	EA	24	GENERIC	5/13/2024	573			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573283011	PREPARA	HYDROC	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	CREA	GM	26	GENERIC		573			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573284020	PREPARA	PHENYLE	841200	Astringent	84120000	Astringent	P	0.25-50 %	EXTERNA	GEL	GM	51	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
573284021	PREPARA	PHENYLE	841200	Astringent	84120000	Astringent	P	0.25-50 %	EXTERNA	GEL	GM	51	MSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
573284093	PREPARA	PHENYLE	841200	Astringent	84120000	Astringent	P	0.25-50 %	EXTERNA	GEL	GM	26	MSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
573284301	PREPARA	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	O	5-0.25-14.	EXTERNA	CREA	GM	23	SSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573284310	PREPARA	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	O	5-0.25-14.	EXTERNA	CREA	GM	28	SSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573286810	PREPARA	PRAMOXI	840800	Antipruritic	84080000	Antipruritic	P	1-0.25-14.	EXTERNA	CREA	GM	26	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
573286820	PREPARA	PRAMOXI	840800	Antipruritic	84080000	Antipruritic	P	1-0.25-14.	EXTERNA	CREA	GM	51	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
573286893	PREPARA	PRAMOXI	840800	Antipruritic	84080000	Antipruritic	P	1-0.25-14.	EXTERNA	CREA	GM	26	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
573286898	PREPARA	PRAMOXI	840800	Antipruritic	84080000	Antipruritic	P	1-0.25-14.	EXTERNA	CREA	GM	51	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
573287104	PREPARA	PHENYLE	841600	Cell Stimu	84160000	Cell Stimu	P	0.25-14-7	RECTAL	OINT	GM	57	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
573287110	PREPARA	PHENYLE	841600	Cell Stimu	84160000	Cell Stimu	P	0.25-14-7	RECTAL	OINT	GM	28	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
573287120	PREPARA	PHENYLE	841600	Cell Stimu	84160000	Cell Stimu	P	0.25-14-7	RECTAL	OINT	GM	57	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
573287193	PREPARA	PHENYLE	841600	Cell Stimu	84160000	Cell Stimu	P	0.25-14-7	RECTAL	OINT	GM	28	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
573287194	PREPARA	PHENYLE	841600	Cell Stimu	84160000	Cell Stimu	P	0.25-14-7	RECTAL	OINT	GM	57	MSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
573288031	PREPARA	PHENYLE	841600	Cell Stimu	84160000	Cell Stimu	P	0.25-88.44	RECTAL	SUPP	EA	48	GENERIC		573	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573288310	PREPARA	PHENYLE	841600	Cell Stimu	84160000	Cell Stimu	P	0.25-88.44	RECTAL	SUPP	EA	12	GENERIC	10/31/2024	573	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573288320	PREPARA	PHENYLE	841600	Cell Stimu	84160000	Cell Stimu	P	0.25-88.44	RECTAL	SUPP	EA	24	GENERIC	10/31/2024	573	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573288330	PREPARA	PHENYLE	841600	Cell Stimu	84160000	Cell Stimu	P	0.25-88.44	RECTAL	SUPP	EA	48	GENERIC	10/31/2024	573	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573288712	PREPARA	WITCH HA	849200	Skin and M	84920000	Skin and M	O	20%	EXTERNA	LIQD	GM	77	SSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573300502	THERMA	HEAT WR	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		573			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573300503	THERMA	HEAT WR	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	3	NON DRUG		573			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573300504	THERMA	HEAT WR	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		573			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573300905	THERMA	HEAT WR	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		573			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573300913	THERMA	HEAT WR	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	3	NON DRUG		573			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573301301	THERMA	HEAT WR	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		573			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573301303	THERMA	HEAT WR	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	3	NON DRUG		573			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573301304	THERMA	HEAT WR	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	4	NON DRUG		573			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573301501	THERMA	HEAT WR	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		573			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573301502	THERMA	HEAT WR	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	3	NON DRUG		573			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573301534	THERMA	HEAT WR	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	4	NON DRUG		573			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573301544	THERMA	HEAT WR	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	4	NON DRUG		573			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573301724	THERMA	HEAT WR	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	4	NON DRUG		573			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573302001	THERMA	HEAT WR	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		573			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573302002	THERMA	HEAT WR	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	3	NON DRUG		573			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573304001	THERMA	COLD PA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		573			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573304102	THERMA	COLD PA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		573			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573417990	CENTRUM	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	220	MSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
573445160	CENTRUM	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	60	MSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
573445174	CENTRUM	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	200	MSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
573446381	CENTRUM	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	80	MSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
573446391	CENTRUM	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	125	MSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
573475592	CENTRUM	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	75MG-75M	ORAL	TABS	EA	120	MSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
573475652	CENTRUM	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	100MG-10	ORAL	TABS	EA	100	MSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
573475665	CENTRUM	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	100MG-10	ORAL	TABS	EA	65	MSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
573475770	CENTRUM	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	90MG-90M	ORAL	TABS	EA	200	SSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573475792	CENTRUM	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	90MG-90M	ORAL	TABS	EA	120	SSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573475850	CENTRUM	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	120MG-12	ORAL	TABS	EA	100	MSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
573478199	CENTRUM	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	50MG-50M	ORAL	TABS	EA	160	SSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573478299	CENTRUM	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	60MG-60M	ORAL	TABS	EA	160	SSB		573	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573478399	CENTRUM	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	30MG-30M	ORAL	TABS	EA	180	SSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573550919	CALTRAT	CALCIUM	401200	Replacem	40120000	Replacem	P	600-20 MG	ORAL	TABS	EA	60	GENERIC		573			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573550924	CALTRAT	CALCIUM	401200	Replacem	40120000	Replacem	P	600-20 MG	ORAL	TABS	EA	120	GENERIC		573	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573551210	CALTRAT	CALCIUM	401200	Replacem	40120000	Replacem	O	300-800 M	ORAL	TABS	EA	150	SSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573555619	CALTRAT	CALCIUM	401200	Replacem	40120000	Replacem	P	600-800 M	ORAL	TABS	EA	60	GENERIC		573	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573556711	CALTRAT	CALCIUM	401200	Replacem	40120000	Replacem	P	600-800 M	ORAL	CHEW	EA	90	GENERIC		573			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573556720	CALTRAT	CALCIUM	401200	Replacem	40120000	Replacem	P	600-800 M	ORAL	CHEW	EA	60	GENERIC		573			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573556819	CALTRAT	CALCIUM	401200	Replacem	40120000	Replacem	O	600-20 MG	ORAL	CHEW	EA	60	SSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
573556919	CALTRAT	CALCIUM	401200	Replacem	40120000	Replacem	O	600-20 MG	ORAL	CHEW	EA	60	SSB		573			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
574003016	AQUABAS	AQUABAS	960000	Pharmace	96000000	Pharmace	O	0	EXTERNA	OINT	GM	454	MSB	1/31/2023	574			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
574006716	ISOPROP	ISOPROP	840492	Local Anti	84049200	Local Anti	O	70%	DOES NO	SOLN	ML	473	MSB	10/11/2024	574			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
574006905	GLUTOSE	DEXTROS	682292	Antihypog	68229200	Antihypog	P	40%	ORAL	GEL	GM	12.5	GENERIC		574			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
574006915	GLUTOSE	DEXTROS	682292	Antihypog	68229200	Antihypog	P	40%	ORAL	GEL	GM	37.5	GENERIC		574	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
574006924	GLUTOSE	DEXTROS	682292	Antihypog	68229200	Antihypog	P	40%	ORAL	GEL	GM	12.5	GENERIC		574			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
574006930	GLUTOSE	DEXTROS	682292	Antihypog	68229200	Antihypog	P	40%	ORAL	GEL	GM	37.5	GENERIC		574	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
574006945	GLUTOSE	DEXTROS	682292	Antihypog	68229200	Antihypog	P	40%	ORAL	GEL	GM	112.5	GENERIC		574	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
574007030	GLUTOSE	DEXTROS	682292	Antihypog	68229200	Antihypog	P	40%	ORAL	GEL	GM	37.5	GENERIC		574	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
574007116	DERMAB	EMOLLIEI	842412	Basic Oint	84241200	Basic Oint	O	2.5%-0-0-(	EXTERNA	CREA	GM	454	SSB		574			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
574010601	BROMOC	BROMOC	283620	UNKNOW	28362004	UNKNOW	S	2.5 MG	ORAL	TABS	EA	100 X	GENERIC		574			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574010603	BROMOC	BROMOC	283620	UNKNOW	28362004	UNKNOW	S	2.5 MG	ORAL	TABS	EA	30 X	GENERIC		574			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574010714	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	S	10 MG	MOUTH/T	TROC	EA	140	GENERIC		574			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574010770	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	S	10 MG	MOUTH/T	TROC	EA	70	GENERIC		574			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574010777	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	S	10 MG	MOUTH/T	TROC	EA	70	GENERIC		574			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574011501	FLAVOXA	FLAVOXA	861204	UNKNOW	86120400	UNKNOW	S	100 MG	ORAL	TABS	EA	100 X	GENERIC		574			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574011830	TROSPIU	TROSPIU	861204	UNKNOW	86120400	UNKNOW	S	60 MG	ORAL	CP24	EA	30 X	GENERIC		574			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574012008	ACTIDOS	CHARCO	560400	Antacids a	56040000	Antacids a	P	50 GM/24	ORAL	SUSP	ML	240	GENERIC	1/31/2022	574			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
574012074	ACTIDOS	CHARCO	560400	Antacids a	56040000	Antacids a	P	25 GM/12	ORAL	SUSP	ML	120	GENERIC	1/31/2022	574	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
574012125	ACTIDOS	CHARCO	560400	Antacids a	56040000	Antacids a	P	15 GM/72	ORAL	LIQD	ML	72	GENERIC	9/14/2022	574	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
574012225	EZ CHAR	CHARCO	560400	Antacids a	56040000	Antacids a	O	25 GM	ORAL	SUSR	EA	1	SSB		574			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
574012901	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	75 MG/5M	ORAL	SOLR	ML	100	GENERIC		574			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574014560	TROSPIU	TROSPIU	861204	UNKNOW	86120400	UNKNOW	S	20 MG	ORAL	TABS	EA	60 X	GENERIC		574			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574015004	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG/ML	ORAL	SYRP	ML	118	GENERIC		574			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574015710	TAVABOF	TAVABOF	840408	Antifungal	84040824	UNKNOW	S	5%	EXTERNA	SOLN	ML	10	GENERIC		574			N	FORMULARY		1 GEN	GENERICS	X	PA:X					R	MEDPRMI
574016712	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	2%	EXTERNA	SOLN	GM	112	GENERIC	9/30/2024	574			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
574018101	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	CPCR	EA	100 X	GENERIC	5/1/2022	574			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574018105	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	CPCR	EA	500 X	GENERIC	6/1/2023	574			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574020101	VIGABATI	VIGABATI	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TABS	EA	100 X	GENERIC	8/30/2022	574			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
574022701	BENAZEF	BENAZEF	243204	Angiotens	24320400	Angiotens	S	10-12.5 M	ORAL	TABS	EA	100 X	GENERIC		574			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574022801	BENAZEF	BENAZEF	243204	Angiotens	24320400	Angiotens	S	20-25 MG	ORAL	TABS	EA	100 X	GENERIC		574			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574022901	BENAZEF	BENAZEF	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	100 X	GENERIC		574			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574024001	REPAGLI	REPAGLI	682016	Meglitinide	68201600	Meglitinide	S	0.5 MG	ORAL	TABS	EA	100 X	GENERIC	6/30/2024	574			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574024101	REPAGLI	REPAGLI	682016	Meglitinide	68201600	Meglitinide	S	1 MG	ORAL	TABS	EA	100 X	GENERIC		574			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574024201	REPAGLI	REPAGLI	682016	Meglitinide	68201600	Meglitinide	S	2 MG	ORAL	TABS	EA	100 X	GENERIC	5/31/2024	574			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574027401	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	8 MEQ	ORAL	TBCR	EA	100 X	GENERIC	7/31/2023	574			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574027405	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	8 MEQ	ORAL	TBCR	EA	500 X	GENERIC	7/31/2023	574			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574027500	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	1 X	GENERIC		574			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574027501	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	100 X	GENERIC	8/31/2023	574			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574027505	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	500 X	GENERIC	6/30/2023	574			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574027511	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	100 X	GENERIC		574			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574027930	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	7.5 MG	ORAL	CAPS	EA	30 X	GENERIC		574			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet 5 DS Effe TRIAL OF PAROXETINE HCL OR VENLAFAXINE IN THE PAST 120 DAYS	R	MEDPRMI
574029201	AMILORI	AMILORI	243616	UNKNOW	24361600	UNKNOW	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		574			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574029301	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	8 MG	ORAL	TB24	EA	100	GENERIC		574			N	FORMULARY		1 GEN	GENERICS	X	PA:X					R	MEDPRMI
574029401	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	12 MG	ORAL	TB24	EA	100	GENERIC		574			N	FORMULARY		1 GEN	GENERICS	X	PA:X					R	MEDPRMI
574029501	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	16 MG	ORAL	TB24	EA	100	GENERIC		574			N	FORMULARY		1 GEN	GENERICS	X	PA:X					R	MEDPRMI
574029701	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	32 MG	ORAL	TB24	EA	100	GENERIC		574			N	FORMULARY		1 GEN	GENERICS	X	PA:X					R	MEDPRMI
574030216	ORA-SWE	ORAL VEI	960000	Pharmace	96000000	Pharmace	O	0-9%-0-10	ORAL	SYRP	ML	473	SSB		574			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
574030316	ORA-PLU	ORAL VEI	960000	Pharmace	96000000	Pharmace	O	0-0-0-0	ORAL	LIQD	ML	473	SSB		574			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
574030416	ORA-SWE	ORAL VEI	960000	Pharmace	96000000	Pharmace	O	0-5%-0-4	ORAL	SYRP	ML	473	SSB		574			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
574030716	SUSPENI	VEHICLE	960000	Pharmace	96000000	Pharmace	O	0-0	DOES NO	LIQD	ML	473	SSB		574			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
574030816	FATTIBAS	POLYETH	960000	Pharmace	96000000	Pharmace	O	0-0	EXTERNA	OINT	GM	454	MSB	7/31/2023	574			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
574031116	ORA-BLEI	ORAL VEI	960000	Pharmace	96000000	Pharmace	O	0-0-0-0-0	ORAL	SUSP	ML	473	SSB		574	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
574031216	ORA-BLEI	ORAL VEI	960000	Pharmace	96000000	Pharmace	O	0-0-0	ORAL	SUSP	ML	473	SSB		574			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
574047000	VIGABATI	VIGABATI	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	PACK	EA	1 X	GENERIC	7/29/2022	574	Y		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
574047050	VIGABATI	VIGABATI	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	PACK	EA	50 X	GENERIC	7/29/2022	574	Y		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
574050801	FERROUS	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	O	324 (38 F	ORAL	TABS	EA	100	MSB		574	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
574050810	FERROUS	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	O	324 (38 F	ORAL	TABS	EA	1000	MSB		574	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
574050811	FERROUS	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	O	324 (38 F	ORAL	TABS	EA	100	MSB		574	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
574052004	ACTIDOS	CHARCO	560400	Antacids a	56040000	Antacids a	P	25 GM/12	ORAL	SUSP	ML	120	GENERIC	2/28/2023	574			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
574052008	ACTIDOS	CHARCO	560400	Antacids a	56040000	Antacids a	P	50 GM/24	ORAL	SUSP	ML	240	GENERIC	2/28/2023	574			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
574052074	ACTIDOS	CHARCO	560400	Antacids a	56040000	Antacids a	P	25 GM/12	ORAL	SUSP	ML	120	GENERIC		574			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
574052076	ACTIDOS	CHARCO	560400	Antacids a	56040000	Antacids a	P	50 GM/24	ORAL	SUSP	ML	240	GENERIC		574			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
574052104	ACTIDOS	CHARCO	560400	Antacids a	56040000	Antacids a	P	25 GM/12	ORAL	LIQD	ML	120	GENERIC	12/31/2022	574			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
574052108	ACTIDOS	CHARCO	560400	Antacids a	56040000	Antacids a	P	50 GM/24	ORAL	LIQD	ML	240	GENERIC	9/30/2022	574			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
574052125	ACTIDOS	CHARCO	560400	Antacids a	56040000	Antacids a	P	15 GM/72	ORAL	LIQD	ML	72	GENERIC		574			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
574052174	ACTIDOS	CHARCO	560400	Antacids a	56040000	Antacids a	P	25 GM/12	ORAL	LIQD	ML	120	GENERIC		574			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
574052176	ACTIDOS	CHARCO	560400	Antacids a	56040000	Antacids a	P	50 GM/24	ORAL	LIQD	ML	240	GENERIC		574			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
574060115	PODOCO	PODOPHY	842800	Keratolytic	84280000	Keratolytic	R	25%	EXTERNA	SOLN	ML	15	SSB		574			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
574060801	FERROUS	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	324 (65 F	ORAL	TBEC	EA	100	MSB		574	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
574060810	FERROUS	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	324 (65 F	ORAL	TBEC	EA	1000	MSB		574	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
574060811	FERROUS	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	324 (65 F	ORAL	TBEC	EA	100	MSB		574	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
574061105	PODOFIL	PODOFIL	842800	Keratolytic	84280000	Keratolytic	R	0.50%	EXTERNA	SOLN	ML	3.5	GENERIC		574	N		N	FORMULARY		1 GEN	GENERICS			X	0.5 IN 1 DAYS			R	MEDPRMI
574062105	PODOFIL	PODOFIL	842800	Keratolytic	84280000	Keratolytic	S	0.50%	EXTERNA	GEL	GM	3.5	GENERIC		574			N	FORMULARY		1 GEN	GENERICS			X	0.5 IN 1 DAYS	X	Must meet 5 DS Pod TRIAL OF 0.5% PODOFILOX SOLUTION IN THE PAST 120 DAYS	R	MEDPRMI
574079001	METHAZ	METHAZ	243604	UNKNOW	24360400	UNKNOW	S	25 MG	ORAL	TABS	EA	100 X	GENERIC		574			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574079101	METHAZ	METHAZ	243604	UNKNOW	24360400	UNKNOW	S	50 MG	ORAL	TABS	EA	100 X	GENERIC		574			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574079201	PILOCARI	PILOCARI	120400	Parasymp	12040000	Parasymp	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		574			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574080500	ACETYLC	ACETYLC	921200	UNKNOW	92120000	UNKNOW	S	200 MG/M	INTRAVE	SOLN	ML	30	GENERIC		574			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
574080530	ACETYLC	ACETYLC	910400	UNKNOW	91040000	UNKNOW	S	200 MG/M	INTRAVE	SOLN	ML	30	GENERIC		574			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
574082001	TESTOST	TESTOST	680800	Androgens	68080000	Androgens	S	200 MG/M	INTRAMU	SOLN	ML	1 X	GENERIC		574		Y	N	FORMULARY		1 GEN	GENERICS	X	PA:X					R	MEDPRMI
574082010	TESTOST	TESTOST	680800	Androgens	68080000	Androgens	S	200 MG/M	INTRAMU	SOLN	ML	10 X	GENERIC		574		Y	N	FORMULARY		1 GEN	GENERICS	X	PA:X					R	MEDPRMI
574082701	TESTOST	TESTOST	680800	Androgens	68080000	Androgens	S	200 MG/M	INTRAMU	SOLN	ML	1 X	GENERIC		574		Y	N	FORMULARY		1 GEN	GENERICS	X	PA:X					R	MEDPRMI
574082710	TESTOST	TESTOST	680800	Androgens	68080000	Androgens	S	200 MG/M	INTRAMU	SOLN	ML	10 X	GENERIC		574		Y	N	FORMULARY		1 GEN	GENERICS	X	PA:X					R	MEDPRMI
574085005	DIHYDRO	DIHYDRO	121604	UNKNOW	12160404	UNKNOW	S	1 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		574		Y	N	FORMULARY		1 GEN	GENERICS			X	15 IN 14 DAYS			R	MEDPRMI
574085010	DIHYDRO	DIHYDRO	121604	UNKNOW	12160404	UNKNOW	S	1 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		574		Y	N	FORMULARY		1 GEN	GENERICS			X	15 IN 14 DAYS			R	MEDPRMI
574086601	CYCLOSF	CYCLOSF	902828	UNKNOW	90282892	UNKNOW	S	50 MG/ML	INTRAVE	SOLN	ML	5	GENERIC	8/1/2024	574			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
574086610	CYCLOSF	CYCLOSF	902828	UNKNOW	90282892	UNKNOW	S	50 MG/ML	INTRAVE	SOLN	ML	5	GENERIC	8/1/2024	574			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
574087005	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	20 MG/ML	INTRAMU	OIL	ML	5	GENERIC	2/28/2022	574		Y	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574087205	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	40 MG/ML	INTRAMU	OIL	ML	5	GENERIC	1/31/2022	574		Y	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574093010	DOXORU	DOXORU	100000	Antineopla	10000000	Antineopla	S	2 MG/ML	INTRAVE	SUSP	ML	10	GENERIC	4/30/2024	574			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
574093125	DOXORU	DOXORU	100000	Antineopla	10000000	Antineopla	S	2 MG/ML	INTRAVE	SUSP	ML	25	GENERIC	4/30/2024	574			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
574110404	PSEUDOE	PSEUDOE	480800	Antitussive	48080000	Antitussive	S	30-2-10 M	ORAL	SYRP	ML	118	GENERIC		574			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574110416	PSEUDOE	PSEUDOE	480800	Antitussive	48080000	Antitussive	S	30-2-10 M	ORAL	SYRP	ML	473	GENERIC		574			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574113304	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG/5M	ORAL	SUSP	ML	118 X	GENERIC		574			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI

574113316	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG/5M	ORAL	SUSP	ML	473 X	GENERIC		574		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
574195906	GLUTOL	GLUCOSE	362600	Diabetes I	36260000	Diabetes I	O	0	ORAL	LIQD	ML	180	SSB	7/31/2024	574		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
574200802	NYSTOP	NYSTATIN	840408	Antifungal	84040828	Polyenes	S	100000 UI	EXTERNA	POWD	GM	60	GENERIC		574 Y		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574200815	NYSTOP	NYSTATIN	840408	Antifungal	84040828	Polyenes	S	100000 UI	EXTERNA	POWD	GM	15	GENERIC		574		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574200830	NYSTOP	NYSTATIN	840408	Antifungal	84040828	Polyenes	S	100000 UI	EXTERNA	POWD	GM	30	GENERIC		574		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574204205	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	2.5-2.5 %	EXTERNA	CREA	GM	5	GENERIC		574		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574204213	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	2.5-2.5 %	EXTERNA	CREA	GM	5	GENERIC		574		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574204230	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	2.5-2.5 %	EXTERNA	CREA	GM	30	GENERIC		574		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574206101	CICLOPIR	CICLOPIR	840408	Antifungal	84040820	Hydroxypy	S	0.77%	EXTERNA	GEL	GM	100	GENERIC		574		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574206130	CICLOPIR	CICLOPIR	840408	Antifungal	84040820	Hydroxypy	S	0.77%	EXTERNA	GEL	GM	30	GENERIC		574		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574206145	CICLOPIR	CICLOPIR	840408	Antifungal	84040820	Hydroxypy	S	0.77%	EXTERNA	GEL	GM	45	GENERIC		574		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574206700	EVAMIST	ESTRADI	681604	Estrogens	68160400	Estrogens	R	1.53 MG/S	TRANSDE	SOLN	ML	8.1 X	SSB		574		Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
574206727	EVAMIST	ESTRADI	681604	Estrogens	68160400	Estrogens	R	1.53 MG/S	TRANSDE	SOLN	ML	8.1 X	SSB		574		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND			X	16.2 IN 30 DAYS	X	Must mee 5 DS Clim TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 I	R	MEDPRMI
574210745	IVERMEC	IVERMEC	840412	Scabicides	84041200	Scabicides	S	1%	EXTERNA	CREA	GM	45	GENERIC		574 Y		N	FORMULARY		1 GEN	GENERICS					X	Must mee 5 DS Azel TRIAL OF FINACEA GEL OR FOAM IN THE PAST 120 DAYS	R	MEDPRMI
574220120	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.10%	EXTERNA	CREA	GM	20	GENERIC		574		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574220145	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.10%	EXTERNA	CREA	GM	45	GENERIC		574		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574220520	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.05%	EXTERNA	CREA	GM	20	GENERIC		574		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574220545	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.05%	EXTERNA	CREA	GM	45	GENERIC		574		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574222520	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.03%	EXTERNA	CREA	GM	20	GENERIC		574		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574222545	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.03%	EXTERNA	CREA	GM	45	GENERIC		574		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574230115	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.01%	EXTERNA	GEL	GM	15	GENERIC		574		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574230145	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.01%	EXTERNA	GEL	GM	45	GENERIC		574		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574232515	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.03%	EXTERNA	GEL	GM	15	GENERIC		574		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574232545	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.03%	EXTERNA	GEL	GM	45	GENERIC		574		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574241001	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	10 MG/9H	TRANSDE	PTCH	EA	1 X	GENERIC		574		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must mee 5 DS Meta TRIAL OF ORAL METHYLPHENIDATE CD, ER OR LA FORMULATION OR METHY	R	MEDPRMI
574241065	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	10 MG/9H	TRANSDE	PTCH	EA	30 X	GENERIC		574		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must mee 5 DS Meta TRIAL OF ORAL METHYLPHENIDATE CD, ER OR LA FORMULATION OR METHY	R	MEDPRMI
574241501	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	15 MG/9H	TRANSDE	PTCH	EA	1 X	GENERIC		574		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must mee 5 DS Meta TRIAL OF ORAL METHYLPHENIDATE CD, ER OR LA FORMULATION OR METHY	R	MEDPRMI
574241565	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	15 MG/9H	TRANSDE	PTCH	EA	30 X	GENERIC		574		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must mee 5 DS Meta TRIAL OF ORAL METHYLPHENIDATE CD, ER OR LA FORMULATION OR METHY	R	MEDPRMI
574242001	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	20 MG/9H	TRANSDE	PTCH	EA	1 X	GENERIC		574		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must mee 5 DS Meta TRIAL OF ORAL METHYLPHENIDATE CD, ER OR LA FORMULATION OR METHY	R	MEDPRMI
574242065	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	20 MG/9H	TRANSDE	PTCH	EA	30 X	GENERIC		574		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must mee 5 DS Meta TRIAL OF ORAL METHYLPHENIDATE CD, ER OR LA FORMULATION OR METHY	R	MEDPRMI
574243001	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	30 MG/9H	TRANSDE	PTCH	EA	1 X	GENERIC		574		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must mee 5 DS Meta TRIAL OF ORAL METHYLPHENIDATE CD, ER OR LA FORMULATION OR METHY	R	MEDPRMI
574243065	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	30 MG/9H	TRANSDE	PTCH	EA	30 X	GENERIC		574		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must mee 5 DS Meta TRIAL OF ORAL METHYLPHENIDATE CD, ER OR LA FORMULATION OR METHY	R	MEDPRMI
574401210	BRINZOL	BRINZOL	524012	UNKNOW	52401200	UNKNOW	S	1%	OPHTHAL	SUSP	ML	10 X	GENERIC		574		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574401215	BRINZOL	BRINZOL	524012	UNKNOW	52401200	UNKNOW	S	1%	OPHTHAL	SUSP	ML	15 X	GENERIC		574		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574402135	POLYCIN	BACITRA	520404	Antibacter	52040400	Antibacter	S	500-10000	OPHTHAL	OINT	GM	3.5	GENERIC		574		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574402235	BACITRA	BACITRA	520404	Antibacter	52040400	Antibacter	R	500 UNIT/	OPHTHAL	OINT	GM	3.5	GENERIC		574		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574402411	ERYTHRO	ERYTHRO	520404	Antibacter	52040400	Antibacter	S	5 MG/GM	OPHTHAL	OINT	GM	1	GENERIC		574		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574402435	ERYTHRO	ERYTHRO	520404	Antibacter	52040400	Antibacter	S	5 MG/GM	OPHTHAL	OINT	GM	3.5	GENERIC		574		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574402439	ERYTHRO	ERYTHRO	520404	Antibacter	52040400	Antibacter	S	5 MG/GM	OPHTHAL	OINT	GM	3.5	GENERIC		574		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574402450	ERYTHRO	ERYTHRO	520404	Antibacter	52040400	Antibacter	S	5 MG/GM	OPHTHAL	OINT	GM	1	GENERIC		574		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574402535	PURALUE	WHITE PE	529200	EENT Dru	52920000	EENT Dru	P	85-15 %	OPHTHAL	OINT	GM	3.5	GENERIC	1/1/2022	574		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
574403105	TOBRAMY	TOBRAMY	520808	Corticoste	52080800	Corticoste	S	0.3-0.1 %	OPHTHAL	SUSP	ML	5	GENERIC		574		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574403110	TOBRAMY	TOBRAMY	520808	Corticoste	52080800	Corticoste	S	0.3-0.1 %	OPHTHAL	SUSP	ML	10	GENERIC		574		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574403125	TOBRAMY	TOBRAMY	520808	Corticoste	52080800	Corticoste	S	0.3-0.1 %	OPHTHAL	SUSP	ML	2.5	GENERIC		574		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574414435	NEO-POL	BACITRA	520808	Corticoste	52080800	Corticoste	S	1%	OPHTHAL	OINT	GM	3.5	GENERIC		574		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574416035	NEOMYCI	NEOMYCI	520808	Corticoste	52080800	Corticoste	S	3.5-10000	OPHTHAL	OINT	GM	3.5	GENERIC		574		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574419035	SULFACE	SULFACE	520404	Antibacter	52040400	Antibacter	R	10%	OPHTHAL	OINT	GM	3.5	GENERIC		574		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574425035	NEO-POL	NEOMYCI	520404	Antibacter	52040400	Antibacter	S	3.5-400-1(	OPHTHAL	OINT	GM	3.5	GENERIC		574		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574703412	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	O	300 MG	RECTAL	SUPP	EA	12	MSB		574		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
574704004	BELLADO	BELLADO	120808	Antimusca	12080800	Antimusca	R	16.2-60 M	RECTAL	SUPP	EA	4	GENERIC	11/22/2022	574		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574704012	BELLADO	BELLADO	120808	Antimusca	12080800	Antimusca	R	16.2-60 M	RECTAL	SUPP	EA	12	GENERIC		574		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574704504	BELLADO	BELLADO	120808	Antimusca	12080800	Antimusca	R	16.2-30 M	RECTAL	SUPP	EA	4	GENERIC	1/5/2023	574		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574704512	BELLADO	BELLADO	120808	Antimusca	12080800	Antimusca	R	16.2-30 M	RECTAL	SUPP	EA	12	GENERIC		574		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574705012	BISACOD	BISACOD	561200	Cathartics	56120000	Cathartics	P	10 MG	RECTAL	SUPP	EA	12	GENERIC		574		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
574705050	BISACOD	BISACOD	561200	Cathartics	56120000	Cathartics	P	10 MG	RECTAL	SUPP	EA	50	GENERIC		574		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
574709012	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	25 MG	RECTAL	SUPP	EA	12	GENERIC		574		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574709312	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	30 MG	RECTAL	SUPP	EA	12	GENERIC		574 N		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574711012	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	5 MG	RECTAL	SUPP	EA	12	GENERIC		574		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574711212	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	10 MG	RECTAL	SUPP	EA	12	GENERIC		574		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574711412	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	20 MG	RECTAL	SUPP	EA	12	GENERIC		574		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574711612	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	30 MG	RECTAL	SUPP	EA	12	GENERIC		574		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574722406	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	R	3 MG	RECTAL	SUPP	EA	6	GENERIC		574 N		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574722612	COMPRO	PROCHLO	281608	Antipsych	28160824	Phenothia	S	25 MG	RECTAL	SUPP	EA	12	GENERIC		574		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
574985010	ENTOCO	BUDESON	680400	Adrenals	68040000	Adrenals	S	3 MG	ORAL	CPEP	EA	100	MSB	1/31/2022	574 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
574985510	BUDESON	BUDESON	680400	Adrenals	68040000	Adrenals	S	3 MG	ORAL	CPEP	EA	100	GENERIC		574		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
575620030	PROGLY	DIAZOXID	682292	Antihypog	68229200	Antihypog	S	50 MG/ML	ORAL	SUSP	ML	30 X	MSB		575		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
591024105	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	500	GENERIC	5/1/2023	591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591034301	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	80 MG	ORAL	TABS	EA	100 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591034305	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	80 MG	ORAL	TABS	EA	500 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591034310	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	80 MG	ORAL	TABS	EA	1000 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591034501	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	120 MG	ORAL	TABS	EA	100 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591034505	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	120 MG	ORAL	TABS	EA	500 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591034510	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	120 MG	ORAL	TABS	EA	1000 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591034701	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	100 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591034705	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	500 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591034801	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	75-50 MG	ORAL	TABS	EA	100 X	GENERIC		591 Y		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591034805	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	75-50 MG	ORAL	TABS	EA	500 X	GENERIC		591 Y		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591034810	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	75-50 MG	ORAL	TABS	EA	1000 X	GENERIC		591 Y		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591036901	LOXAPINI	LOXAPINI	281608	Antipsych	28160826	UNKNOW	S	5 MG	ORAL	CAPS	EA	100 X	GENERIC		591 Y		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591037001	LOXAPINI	LOXAPINI	281608	Antipsych	28160826	UNKNOW	S	10 MG	ORAL	CAPS	EA	100 X	GENERIC		591 N		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591037101	LOXAPINI	LOXAPINI	281608	Antipsych	28160826	UNKNOW	S	25 MG	ORAL	CAPS	EA	100 X	GENERIC		591 N		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591037201	LOXAPINI	LOXAPINI	281608	Antipsych	28160826	UNKNOW	S	50 MG	ORAL	CAPS	EA	100 X	GENERIC		591 Y		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591039501	PENTAZO	PENTAZO	280812	Opiate Pa	28081200	Opiate Pa	S	50-0.5 MG	ORAL	TABS	EA	100	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591039719	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	50-0.2 MG	ORAL	TBEC	EA	90 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591039760	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	50-0.2 MG	ORAL	TBEC	EA	60 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591039860	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	75-0.2 MG	ORAL	TBEC	EA	60 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591040401	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	40 MG	ORAL	TABS	EA	100 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591040501	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	100 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591040505	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	500 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591040601	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591040610	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	1000 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591040701	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591040710	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591040801	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591040810	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	1000 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591040901	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	100 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591040905	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	500 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591042401	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	TABS	EA	100 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591042405	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	TABS	EA	500 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591044401	GUANFAC	GUANFAC	242400	Beta-Adre	24240000	Beta-Adre	S	1 MG	ORAL	TABS	EA	100 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591045301	GUANFAC	GUANFAC	242400	Beta-Adre	24240000	Beta-Adre	S	2 MG	ORAL	TABS	EA	100 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591046001	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591046005	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	500 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591046010	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	1000 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591046101	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		591 Y		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591046105	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	500 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591046110	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC		591 Y		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591058201	PROPAFE	PROPAFE	240404	Antiarrhyt	24040412	Class Ic A	S	150 MG	ORAL	TABS	EA	100 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591058301	PROPAFE	PROPAFE	240404	Antiarrhyt	24040412	Class Ic A	S	225 MG	ORAL	TABS	EA	100 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591060501	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	100 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591060505	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	500 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591060601	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TABS	EA	100 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591060605	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TABS	EA	500 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591060701	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	300 MG	ORAL	TABS	EA	100 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591074401	ESTAZOL	ESTAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	100	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591074501	ESTAZOL	ESTAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	100	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591079401	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	100	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591079410	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	1000	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591079501	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	100	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591079510	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	1000	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591079601	SULFASA	SULFASA	81220	Sulfonami	8122000	Sulfonami	S	500 MG	ORAL	TABS	EA	100 X	GENERIC	12/15/2022	591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591079605	SULFASA	SULFASA	81220	Sulfonami	8122000	Sulfonami	S	500 MG	ORAL	TABS	EA	500 X	GENERIC	2/27/2023	591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591079610	SULFASA	SULFASA	81220	Sulfonami	8122000	Sulfonami	S	500 MG	ORAL	TABS	EA	1000 X	GENERIC	12/15/2022	591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591084401	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TB24	EA	100 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591084410	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TB24	EA	1000 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591084501	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TB24	EA	100 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591084510	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TB24	EA	1000 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591086001	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10-12.5 M	ORAL	TABS	EA	100 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591086005	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10-12.5 M	ORAL	TABS	EA	500 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591086101	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	100 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591086105	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	500 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591086201	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-25 MG	ORAL	TABS	EA	100 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591086205	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-25 MG	ORAL	TABS	EA	500 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591088501	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	30 MG	ORAL	TABS	EA	100 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591090030	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	2.5 MG	ORAL	TB24	EA	30 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591115930	ACYCLOV	ACYCLOV	840406	Antivirals	84040600	Antivirals	S	5%	EXTERNA	OINT	GM	30	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591207026	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	2.5-2.5 %	EXTERNA	CREA	GM	5	GENERIC	6/5/2023	591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591207030	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	2.5-2.5 %	EXTERNA	CREA	GM	30	GENERIC	6/5/2023	591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591207072	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	2.5-2.5 %	EXTERNA	CREA	GM	5	GENERIC	6/5/2023	591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591211481	TESTOST	TESTOST	680800	Androgens	68080000	Androgens	S	30 MG/AC	TRANSDE	SOLN	ML	90 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS	X	PA:X					R	MEDPRMI
591212712	BRINZOL	BRINZOL	524012	UNKNOW	52401200	UNKNOW	S	1%	OPHTHAL	SUSP	ML	15 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591212779	BRINZOL	BRINZOL	524012	UNKNOW	52401200	UNKNOW	S	1%	OPHTHAL	SUSP	ML	10 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591213155	AZELAIC	AZELAIC	840404	Antibacter	84040400	Antibacter	S	15%	EXTERNA	GEL	GM	50	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591213201	DOXYLAM	DOXYLAM	562208	Antihistam	56220800	Antihistam	S	10-10 MG	ORAL	TBEC	EA	100	GENERIC		591		N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS			R	MEDPRMI
591213651	PROPOF	PROPOF	280408	UNKNOW	28040800	UNKNOW	S	500 MG/5(	INTRAVE	EMUL	ML	50	GENERIC	1/9/2023	591		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
591213655	PROPOF	PROPOF	280408	UNKNOW	28040800	UNKNOW	S	500 MG/5(	INTRAVE	EMUL	ML	50	GENERIC	1/9/2023	591		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
591213657	PROPOF	PROPOF	280408	UNKNOW	28040800	UNKNOW	S	1000 MG/	INTRAVE	EMUL	ML	100	GENERIC	1/9/2023	591		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
591213668	PROPOF	PROPOF	280408	UNKNOW	28040800	UNKNOW	S	1000 MG/	INTRAVE	EMUL	ML	100	GENERIC	1/9/2023	591		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
591213680	PROPOF	PROPOF	280408	UNKNOW	28040800	UNKNOW	S	200 MG/2(	INTRAVE	EMUL	ML	20	GENERIC	1/9/2023	591		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
591213695	PROPOF	PROPOF	280408	UNKNOW	28040800	UNKNOW	S	200 MG/2(	INTRAVE	EMUL	ML	20	GENERIC	1/9/2023	591		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
591215990	CICLOPIR	CICLOPIR	840408	Antifungal	84040820	Hydroxypy	S	1%	EXTERNA	SHAM	ML	120	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591219101	RAMELTE	RAMELTE	282448	UNKNOW	28244800	UNKNOW	S	8 MG	ORAL	TABS	EA	100	GENERIC		591		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
591219130	RAMELTE	RAMELTE	282448	UNKNOW	28244800	UNKNOW	S	8 MG	ORAL	TABS	EA	30	GENERIC		591		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
591224522	MESALAM	MESALAM	563600	Anti-inflam	56360000	Anti-inflam	S	1.2 GM	ORAL	TBEC	EA	120 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591225804	SCOPOLA	SCOPOLA	120808	Antimusca	12080800	Antimusca	S	1 MG/3DA	TRANSDE	PT72	EA	4	GENERIC		591 Y		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591225823	SCOPOLA	SCOPOLA	120808	Antimusca	12080800	Antimusca	S	1 MG/3DA	TRANSDE	PT72	EA	24	GENERIC		591 Y		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591225879	SCOPOLA	SCOPOLA	120808	Antimusca	12080800	Antimusca	S	1 MG/3DA	TRANSDE	PT72	EA	10	GENERIC		591 Y		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591228560	PROPAFE	PROPAFE	240404	Antiarrhyt	24040412	Class Ic A	S	225 MG	ORAL	CP12	EA	60 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591228660	PROPAFE	PROPAFE	240404	Antiarrhyt	24040412	Class Ic A	S	325 MG	ORAL	CP12	EA	60 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591228760	PROPAFE	PROPAFE	240404	Antiarrhyt	24040412	Class Ic A	S	425 MG	ORAL	CP12	EA	60 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591231215	ALVIMOP	ALVIMOP	561804	UNKNOW	56180400	UNKNOW	S	12 MG	ORAL	CAPS	EA	30	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591234101	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	100	GENERIC		591		N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS			R	MEDPRMI
591236360	TESTOST	TESTOST	680800	Androgens	68080000	Androgens	R	10 MG/AC	TRANSDE	GEL	GM	60 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS	X	PA:X					R	MEDPRMI
591240530	AMBRISE	AMBRISE	484800	Vasodilati	48481200	UNKNOW	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		591		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
591240630	AMBRISE	AMBRISE	484800	Vasodilati	48481200	UNKNOW	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		591		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
591241101	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	100 X	GENERIC	10/14/2024	591		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
591241219	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TB24	EA	90 X	GENERIC	10/14/2024	591		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
591242212	BRIMONI	BRIMONI	840624	UNKNOW	84062400	UNKNOW	S	0.2-0.5 %	OPHTHAL	SOLN	ML	15 X	GENERIC	6/3/2024	591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591242226	BRIMONI	BRIMONI	840624	UNKNOW	84062400	UNKNOW	S	0.2-0.5 %	OPHTHAL	SOLN	ML	5 X	GENERIC	6/3/2024	591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591242279	BRIMONI	BRIMONI	840624	UNKNOW	84062400	UNKNOW	S	0.2-0.5 %	OPHTHAL	SOLN	ML	10 X	GENERIC	6/3/2024	591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591243315	ISOTRETI	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	S	10 MG	ORAL	CAPS	EA	10	GENERIC		591 N		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591243345	ISOTRETI	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	S	10 MG	ORAL	CAPS	EA	10	GENERIC		591 N		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591243415	ISOTRETI	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	S	20 MG	ORAL	CAPS	EA	10	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591243445	ISOTRETI	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	S	20 MG	ORAL	CAPS	EA	10	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591243515	ISOTRETI	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	S	30 MG	ORAL	CAPS	EA	10	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591243545	ISOTRETI	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	S	30 MG	ORAL	CAPS	EA	10	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591243615	ISOTRETI	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	S	40 MG	ORAL	CAPS	EA	10	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591243645	ISOTRETI	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	S	40 MG	ORAL	CAPS	EA	10	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591245115	ISOTRETI	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	S	25 MG	ORAL	CAPS	EA	10	GENERIC		591		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
591245145	ISOTRETI	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	S	25 MG	ORAL	CAPS	EA	10	GENERIC		591		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
591246401	DESMOPI	DESMOPI	682800	Pituitary	68280000	Pituitary	S	0.1 MG	ORAL	TABS	EA	100 X	GENERIC	2/6/2023	591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591246501	DESMOPI	DESMOPI	682800	Pituitary	68280000	Pituitary	S	0.2 MG	ORAL	TABS	EA	100 X	GENERIC	2/6/2023	591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591247218	TAMOXIF	TAMOXIF	681612	Estrogen /	68161200	Estrogen /	S	10 MG	ORAL	TABS	EA	180 X	GENERIC		591		N	#N/A	ORIG_FR	10 EHB	#N/A					X	IF AGE=35-999 YEARS AND R	R	MEDPRMI
591247260	TAMOXIF	TAMOXIF	681612	Estrogen /	68161200	Estrogen /	S	10 MG	ORAL	TABS	EA	60 X	GENERIC		591		N	#N/A	ORIG_FR	10 EHB	#N/A					X	IF AGE=35-999 YEARS AND R	R	MEDPRMI
591247319	TAMOXIF	TAMOXIF	681612	Estrogen /	68161200	Estrogen /	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		591		N	#N/A	ORIG_FR	10 EHB	#N/A					X	IF AGE=35-999 YEARS AND R	R	MEDPRMI
591247330	TAMOXIF	TAMOXIF	681612	Estrogen /	68161200	Estrogen /	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		591		N	#N/A	ORIG_FR	10 EHB	#N/A					X	IF AGE=35-999 YEARS AND R	R	MEDPRMI
591247401	TETRACY	TETRACY	81224	Tetracyclir	8122400	Tetracyclir	S	250 MG	ORAL	CAPS	EA	100	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591247501	TETRACY	TETRACY	81224	Tetracyclir	8122400	Tetracyclir	S	500 MG	ORAL	CAPS	EA	100	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591250115	ISOTRETI	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	S	35 MG	ORAL	CAPS	EA	10	GENERIC		591		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
591250145	ISOTRETI	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	S	35 MG	ORAL	CAPS	EA	10	GENERIC		591		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
591251030	BUDESON	BUDESON	680400	Adrenals	68040000	Adrenals	S	9 MG	ORAL	TB24	EA	30	GENERIC		591		N	FORMULARY		1 GEN	GENERICS					X	Must mee 5 DS Bals TRIAL OF BALSALAZIDE IN THE PAST 120 DAYS	R	MEDPRMI
591251160	BOSENTA	BOSENTA	484800	Vasodilati	48481200	UNKNOW	S	62.5 MG	ORAL	TABS	EA	60 X	GENERIC		591		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
591251260	BOSENTA	BOSENTA	484800	Vasodilati	48481200	UNKNOW	S	125 MG	ORAL	TABS	EA	60 X	GENERIC		591		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
591252001	CHLORZO	CHLORZO	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	100	GENERIC		591		N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS			R	MEDPRMI
591252005	CHLORZO	CHLORZO	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	500	GENERIC		591		N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS			R	MEDPRMI
591253360	DALFAMF	DALFAMF	925600	UNKNOW	92560000	UNKNOW	S	10 MG	ORAL	TB12	EA	60 X	GENERIC		591		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
591256201	COLCHIC	COLCHIC	921600	UNKNOW	92160000	UNKNOW	S	0.6 MG	ORAL	TABS	EA	100	GENERIC		591		N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS			R	MEDPRMI
591256230	COLCHIC	COLCHIC	921600	UNKNOW	92160000	UNKNOW	S	0.6 MG	ORAL	TABS	EA	30	GENERIC		591		N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS			R	MEDPRMI
591257920	VALGANC	VALGANC	81832	Nucleosid	8183200	Nucleosid	S	50 MG/ML	ORAL	SOLR	ML	88 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591264001	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-300-40	ORAL	CAPS	EA	100	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591264005	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-300-40	ORAL	CAPS	EA	500	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591264101	BUTALBIT	BUTALBIT	280808	Opiate Ag	28080800	Opiate Ag	S	50-300-40	ORAL	CAPS	EA	100	GENERIC		591		N	FORMULARY		1 GEN	GENERICS			X	6 IN 1 DAYS	X	AGE_YEA MUST BE AT LEAST	R	MEDPRMI
591267911	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	1	GENERIC		591		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS			R	MEDPRMI
591267930	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	30	GENERIC		591		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS			R	MEDPRMI
591268201	POTASSI	POTASSI	400800	Alkalinizin	40080000	Alkalinizin	S	5 MEQ (5(	ORAL	TBCR	EA	100	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591269301	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	40 MG	ORAL	T12A	EA	100	GENERIC	2/13/2023	591		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS	X	Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
591270801	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	80 MG	ORAL	T12A	EA	100	GENERIC	2/13/2023	591		N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS	X	Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
591271202	ALBENDA	ALBENDA	80800	Anthelmin	8080000	Anthelmin	S	200 MG	ORAL	TABS	EA	2	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591271960	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	60 X	GENERIC		591		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
591272060	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TB24	EA	60 X	GENERIC		591		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
591272901	POTASSI	POTASSI	400800	Alkalinizin	40080000	Alkalinizin	S	10 MEQ (1	ORAL	TBCR	EA	100	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591274201	POTASSI	POTASSI	400800	Alkalinizin	40080000	Alkalinizin	S	15 MEQ (1	ORAL	TBCR	EA	100	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591278886	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	CAPS	EA	150	GENERIC		591		N	FORMULARY		1 GEN	GENERICS			X	18 IN 1 DAYS			R	MEDPRMI
591278986	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	CAPS	EA	150	GENERIC		591		N	FORMULARY		1 GEN	GENERICS			X	9 IN 1 DAYS			R	MEDPRMI
591279086	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	6 MG	ORAL	CAPS	EA	150	GENERIC		591		N	FORMULARY		1 GEN	GENERICS			X	6 IN 1 DAYS			R	MEDPRMI
591280560	CLARITHI	CLARITHI	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TB24	EA	60	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591283201	BEXAROT	BEXAROT	100000	Antineopla	10000000	Antineopla	S	75 MG	ORAL	CAPS	EA	100	GENERIC		591		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
591288001	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	120 MG	ORAL	CP24	EA	100 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591288201	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	180 MG	ORAL	CP24	EA	100 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591288401	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	240 MG	ORAL	CP24	EA	100 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591288601	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	360 MG	ORAL	CP24	EA	100 X	MSB		591		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
591288830	HYDROX	HYDROX	880800	Vitamin B	88080000	Vitamin B	R	1000 MCG	INTRAMU	SOLN	ML	30	GENERIC		591 N	Y	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591292102	TESTOST	TESTOST	680800	Androgens	68080000	Androgens	S	12.5 MG/A	TRANSDE	GEL	GM	75 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS	X	PA:X					R	MEDPRMI
591292118	TESTOST	TESTOST	680800	Androgens	68080000	Androgens	S	12.5 MG/A	TRANSDE	GEL	GM	75 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS	X	PA:X					R	MEDPRMI
591292418	TESTOST	TESTOST	680800	Androgens	68080000	Androgens	S	20.25 MG/	TRANSDE	GEL	GM	75 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS	X	PA:X					R	MEDPRMI
591292530	TESTOST	TESTOST	680800	Androgens	68080000	Androgens	S	20.25 MG/	TRANSDE	GEL	GM	1.25 X	GENERIC		591 Y		N	FORMULARY		1 GEN	GENERICS	X	PA:X					R	MEDPRMI
591292532	TESTOST	TESTOST	680800	Androgens	68080000	Androgens	S	20.25 MG/	TRANSDE	GEL	GM	1.25 X	GENERIC		591 Y		N	FORMULARY		1 GEN	GENERICS	X	PA:X					R	MEDPRMI
591292625	TESTOST	TESTOST	680800	Androgens	68080000	Androgens	S	40.5 MG/2	TRANSDE	GEL	GM	2.5 X	GENERIC		591 Y		N	FORMULARY		1 GEN	GENERICS	X	PA:X					R	MEDPRMI
591292630	TESTOST	TESTOST	680800	Androgens	68080000	Androgens	S	40.5 MG/2	TRANSDE	GEL	GM	2.5 X	GENERIC		591 Y		N	FORMULARY		1 GEN	GENERICS	X	PA:X					R	MEDPRMI
591292754	LEVALBU	LEVALBU	121208	beta-Adre	12120812	Selective I	S	45 MCG/A	INHALATI	AERO	GM	15 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591294430	PIMECRO	PIMECRO	840628	UNKNOW	84062800	UNKNOW	S	1%	EXTERNA	CREA	GM	30	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591294460	PIMECRO	PIMECRO	840628	UNKNOW	84062800	UNKNOW	S	1%	EXTERNA	CREA	GM	60	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591294487	PIMECRO	PIMECRO	840628	UNKNOW	84062800	UNKNOW	S	1%	EXTERNA	CREA	GM	100	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591298135	DOCOSA	DOCOSA	840406	Antivirals	84040600	Antivirals	P	10%	EXTERNA	CREA	GM	2	GENERIC	11/2/2022	591		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
591299801	URSODIO	URSODIO	561400	Cholelitho	56140000	Cholelitho	S	250 MG	ORAL	TABS	EA	100 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591300501	URSODIO	URSODIO	561400	Cholelitho	56140000	Cholelitho	S	500 MG	ORAL	TABS	EA	100 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591312879	PROGEST	PROGEST	683200	Progestins	68320000	Progestins	S	50 MG/ML	INTRAMU	OIL	ML	10	GENERIC		591 Y	Y	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591313760	NIZATIDI	NIZATIDI	562812	Histamine	56281200	Histamine	R	150 MG	ORAL	CAPS	EA	60 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591313830	NIZATIDI	NIZATIDI	562812	Histamine	56281200	Histamine	R	300 MG	ORAL	CAPS	EA	30 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591315301	MINOCYC	MINOCYC	81224	Tetracyclir	8122400	Tetracyclir	S	75MG	ORAL	CAPS	EA	100	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591315901	URSODIO	URSODIO	561400	Cholelitho	56140000	Cholelitho	S	300 MG	ORAL	CAPS	EA	100 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591320413	PODOFIL	PODOFIL	842800	Keratolytic	84280000	Keratolytic	S	0.50%	EXTERNA	SOLN	ML	3.5	GENERIC	7/17/2023	591		N	FORMULARY		1 GEN	GENERICS			X	0.5 IN 1 DAYS			R	MEDPRMI
591321617	TESTOST	TESTOST	680800	Androgens	68080000	Androgens	S	25 MG/2.5	TRANSDE	GEL	GM	2.5 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS	X	PA:X					R	MEDPRMI
591321630	TESTOST	TESTOST	680800	Androgens	68080000	Androgens	S	25 MG/2.5	TRANSDE	GEL	GM	2.5 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS	X	PA:X					R	MEDPRMI
591321726	TESTOST	TESTOST	680800	Androgens	68080000	Androgens	S	50 MG/5G	TRANSDE	GEL	GM	5 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS	X	PA:X					R	MEDPRMI
591321730	TESTOST	TESTOST	680800	Androgens	68080000	Androgens	S	50 MG/5G	TRANSDE	GEL	GM	5 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS	X	PA:X					R	MEDPRMI
591321901	BUTALBIT	BUTALBIT	280804	Nonsteroi	28080424	Salicylates	S	50-325-40	ORAL	CAPS	EA	100	GENERIC	4/24/2023	591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
591322001	BUTALBIT	BUTALBIT	280808	Opiate Ag	28080800	Opiate Ag	S	50-325-40	ORAL	CAPS	EA	100	GENERIC		591		N	FORMULARY		1 GEN	GENERICS			X	6 IN 1 DAYS	X	AGE_YEA MUST BE AT LEAST	R	MEDPRMI
591333105	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	500 X	GENERIC		591		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI

641602101	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	200 MG/2(	INTRAVEI	SOLN	ML	20	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641602110	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	200 MG/2(	INTRAVEI	SOLN	ML	20	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641602201	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG/2M	INTRAVEI	SOLN	ML	2	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641602225	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG/2M	INTRAVEI	SOLN	ML	2	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641602301	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG/4M	INTRAVEI	SOLN	ML	4	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641602310	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG/4M	INTRAVEI	SOLN	ML	4	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641602325	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG/4M	INTRAVEI	SOLN	ML	4	GENERIC	12/28/2023	641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641602401	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	100 MCG/	INJECTIO	SOLN	ML	2	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641602410	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	100 MCG/	INJECTIO	SOLN	ML	2	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641602501	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	250 MCG/	INJECTIO	SOLN	ML	5	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641602510	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	250 MCG/	INJECTIO	SOLN	ML	5	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641602601	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	1000 MCG	INJECTIO	SOLN	ML	20	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641602605	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	1000 MCG	INJECTIO	SOLN	ML	20	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641602701	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	100 MCG/	INJECTIO	SOLN	ML	2	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641602725	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	100 MCG/	INJECTIO	SOLN	ML	2	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641602801	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	250 MCG/	INJECTIO	SOLN	ML	5	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641602810	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	250 MCG/	INJECTIO	SOLN	ML	5	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641602825	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	250 MCG/	INJECTIO	SOLN	ML	5	GENERIC	12/28/2023	641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641602901	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	1000 MCG	INJECTIO	SOLN	ML	20	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641602925	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	1000 MCG	INJECTIO	SOLN	ML	20	GENERIC	5/1/2022	641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641603001	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	2500 MCG	INJECTIO	SOLN	ML	50	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641603901	INFUMOR	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	200 MG/2(	INJECTIO	SOLN	ML	20	MSB		641		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
641604001	INFUMOR	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	500 MG/2(	INJECTIO	SOLN	ML	20	MSB		641		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
641604101	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	15 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		641	Y	N	FORMULARY		1 GEN	GENERICS	X	5 DAYS		R	MEDPRM
641604125	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	15 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		641	Y	N	FORMULARY		1 GEN	GENERICS	X	5 DAYS		R	MEDPRM
641604201	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	30 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		641	Y	N	FORMULARY		1 GEN	GENERICS	X	5 DAYS		R	MEDPRM
641604225	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	30 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		641	Y	N	FORMULARY		1 GEN	GENERICS	X	5 DAYS		R	MEDPRM
641604301	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	60 MG/2M	INTRAMU	SOLN	ML	2	GENERIC		641	Y	N	FORMULARY		1 GEN	GENERICS	X	5 DAYS		R	MEDPRM
641604325	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	60 MG/2M	INTRAMU	SOLN	ML	2	GENERIC		641	Y	N	FORMULARY		1 GEN	GENERICS	X	5 DAYS		R	MEDPRM
641604401	LORAZEF	LORAZEF	282408	Benzodia	28240800	Benzodia	S	2 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641604425	LORAZEF	LORAZEF	282408	Benzodia	28240800	Benzodia	S	2 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641604501	LORAZEF	LORAZEF	282408	Benzodia	28240800	Benzodia	S	4 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641604525	LORAZEF	LORAZEF	282408	Benzodia	28240800	Benzodia	S	4 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641604601	LORAZEF	LORAZEF	282408	Benzodia	28240800	Benzodia	S	2 MG/ML	INJECTIO	SOLN	ML	10	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641604610	LORAZEF	LORAZEF	282408	Benzodia	28240800	Benzodia	S	2 MG/ML	INJECTIO	SOLN	ML	10	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641604701	LORAZEF	LORAZEF	282408	Benzodia	28240800	Benzodia	S	4 MG/ML	INJECTIO	SOLN	ML	10	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641604710	LORAZEF	LORAZEF	282408	Benzodia	28240800	Benzodia	S	4 MG/ML	INJECTIO	SOLN	ML	10	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641604801	LORAZEF	LORAZEF	282408	Benzodia	28240800	Benzodia	S	2 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641604825	LORAZEF	LORAZEF	282408	Benzodia	28240800	Benzodia	S	2 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641604901	LORAZEF	LORAZEF	282408	Benzodia	28240800	Benzodia	S	4 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641604925	LORAZEF	LORAZEF	282408	Benzodia	28240800	Benzodia	S	4 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641605001	LORAZEF	LORAZEF	282408	Benzodia	28240800	Benzodia	S	2 MG/ML	INJECTIO	SOLN	ML	10	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641605010	LORAZEF	LORAZEF	282408	Benzodia	28240800	Benzodia	S	2 MG/ML	INJECTIO	SOLN	ML	10	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641605101	LORAZEF	LORAZEF	282408	Benzodia	28240800	Benzodia	S	4 MG/ML	INJECTIO	SOLN	ML	10	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641605110	LORAZEF	LORAZEF	282408	Benzodia	28240800	Benzodia	S	4 MG/ML	INJECTIO	SOLN	ML	10	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641605201	MEPERID	MEPERID	280808	Opiate Ag	28080800	Opiate Ag	S	25 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		641	Y	N	FORMULARY		1 GEN	GENERICS				R	MEDPRM
641605225	MEPERID	MEPERID	280808	Opiate Ag	28080800	Opiate Ag	S	25 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641605301	MEPERID	MEPERID	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		641	Y	N	FORMULARY		1 GEN	GENERICS				R	MEDPRM
641605325	MEPERID	MEPERID	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		641	Y	N	FORMULARY		1 GEN	GENERICS				R	MEDPRM
641605401	MEPERID	MEPERID	280808	Opiate Ag	28080800	Opiate Ag	S	100 MG/M	INJECTIO	SOLN	ML	1	GENERIC		641	Y	N	FORMULARY		1 GEN	GENERICS				R	MEDPRM
641605425	MEPERID	MEPERID	280808	Opiate Ag	28080800	Opiate Ag	S	100 MG/M	INJECTIO	SOLN	ML	1	GENERIC		641	Y	N	FORMULARY		1 GEN	GENERICS				R	MEDPRM
641605601	MIDAZOL	MIDAZOL	282408	Benzodia	28240800	Benzodia	S	10 MG/10I	INJECTIO	SOLN	ML	10	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641605610	MIDAZOL	MIDAZOL	282408	Benzodia	28240800	Benzodia	S	10 MG/10I	INJECTIO	SOLN	ML	10	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641605725	MIDAZOL	MIDAZOL	282408	Benzodia	28240800	Benzodia	S	2 MG/2ML	INJECTIO	SOLN	ML	2	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641605901	MIDAZOL	MIDAZOL	282408	Benzodia	28240800	Benzodia	S	5 MG/5ML	INJECTIO	SOLN	ML	5	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641605910	MIDAZOL	MIDAZOL	282408	Benzodia	28240800	Benzodia	S	5 MG/5ML	INJECTIO	SOLN	ML	5	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641606001	MIDAZOL	MIDAZOL	282408	Benzodia	28240800	Benzodia	S	50 MG/10I	INJECTIO	SOLN	ML	10	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641606010	MIDAZOL	MIDAZOL	282408	Benzodia	28240800	Benzodia	S	50 MG/10I	INJECTIO	SOLN	ML	10	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641606125	MIDAZOL	MIDAZOL	282408	Benzodia	28240800	Benzodia	S	5 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		641	Y	N	FORMULARY		1 GEN	GENERICS				R	MEDPRM
641606325	MIDAZOL	MIDAZOL	282408	Benzodia	28240800	Benzodia	S	10 MG/2M	INJECTIO	SOLN	ML	2	GENERIC		641	Y	N	FORMULARY		1 GEN	GENERICS				R	MEDPRM
641607801	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG/2ML	INJECTIO	SOLN	ML	2	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641607825	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG/2ML	INJECTIO	SOLN	ML	2	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641607901	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	40 MG/20I	INJECTIO	SOLN	ML	20	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641608001	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG/2ML	INJECTIO	SOLN	ML	2	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641608025	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG/2ML	INJECTIO	SOLN	ML	2	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641608201	PHENER(	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG/ML	INJECTIO	SOLN	ML	1	MSB		641 Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
641608225	PHENER(	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG/ML	INJECTIO	SOLN	ML	1	MSB		641 Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
641608301	PHENER(	PROMETH	40400	First Gene	4040000	First Gene	S	50 MG/ML	INJECTIO	SOLN	ML	1	MSB		641 Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
641608325	PHENER(	PROMETH	40400	First Gene	4040000	First Gene	S	50 MG/ML	INJECTIO	SOLN	ML	1	MSB		641 Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
641608401	PHENER(	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG/ML	INJECTIO	SOLN	ML	1	MSB		641 Y	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
641608425	PHENER(	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG/ML	INJECTIO	SOLN	ML	1	MSB		641 Y	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
641608501	PHENER(	PROMETH	40400	First Gene	4040000	First Gene	S	50 MG/ML	INJECTIO	SOLN	ML	1	MSB		641 Y	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
641608525	PHENER(	PROMETH	40400	First Gene	4040000	First Gene	S	50 MG/ML	INJECTIO	SOLN	ML	1	MSB		641 Y	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
641610301	ROBAXIN	METHOC/	122004	UNKNOW	12200400	UNKNOW	S	1000 MG/'	INJECTIO	SOLN	ML	10	MSB		641 Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
641610310	ROBAXIN	METHOC/	122004	UNKNOW	12200400	UNKNOW	S	1000 MG/'	INJECTIO	SOLN	ML	10	MSB		641 Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
641610325	ROBAXIN	METHOC/	122004	UNKNOW	12200400	UNKNOW	S	1000 MG/'	INJECTIO	SOLN	ML	10	MSB	12/28/2023	641 Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
641611001	SUFENTA	SUFENTA	280808	Opiate Ag	28080800	Opiate Ag	S	50 MCG/M	INTRAVEI	SOLN	ML	1	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641611010	SUFENTA	SUFENTA	280808	Opiate Ag	28080800	Opiate Ag	S	50 MCG/M	INTRAVEI	SOLN	ML	1	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641611101	SUFENTA	SUFENTA	280808	Opiate Ag	28080800	Opiate Ag	R	100 MCG/	INTRAVEI	SOLN	ML	2	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641611110	SUFENTA	SUFENTA	280808	Opiate Ag	28080800	Opiate Ag	R	100 MCG/	INTRAVEI	SOLN	ML	2	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641611201	SUFENTA	SUFENTA	280808	Opiate Ag	28080800	Opiate Ag	R	250 MCG/	INTRAVEI	SOLN	ML	5	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641611210	SUFENTA	SUFENTA	280808	Opiate Ag	28080800	Opiate Ag	R	250 MCG/	INTRAVEI	SOLN	ML	5	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641611601	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	1.5 (1-0.5)	INJECTIO	SOLR	EA	1	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641611610	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	1.5 (1-0.5)	INJECTIO	SOLR	EA	1	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641611701	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	3 (2-1) GM	INJECTIO	SOLR	EA	1	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641611710	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	3 (2-1) GM	INJECTIO	SOLR	EA	1	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641611801	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	15 (10-5) (	INTRAVEI	SOLR	EA	1	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641612301	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	3 (2-1) GM	INJECTIO	SOLR	EA	1	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641612310	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	3 (2-1) GM	INJECTIO	SOLR	EA	1	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641612501	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	4 MG/ML	INTRAVEI	SOLN	ML	1	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641612525	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	4 MG/ML	INTRAVEI	SOLN	ML	1	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641612601	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	8 MG/ML	INTRAVEI	SOLN	ML	1	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641612625	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	8 MG/ML	INTRAVEI	SOLN	ML	1	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641612701	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	10 MG/ML	INTRAVEI	SOLN	ML	1	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641612725	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	10 MG/ML	INTRAVEI	SOLN	ML	1	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641613201	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	S	0.4 MG/MI	INJECTIO	SOLN	ML	1	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641613225	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	S	0.4 MG/MI	INJECTIO	SOLN	ML	1	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641613501	PROCHL(	PROCHL(	281608	Antipsych	28160824	Phenothia	S	10 MG/2M	INJECTIO	SOLN	ML	2	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641613525	PROCHL(	PROCHL(	281608	Antipsych	28160824	Phenothia	S	10 MG/2M	INJECTIO	SOLN	ML	2	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641613601	FOSPHEN	FOSPHEN	281212	Hydantoin	28121200	Hydantoin	S	100 MG P	INJECTIO	SOLN	ML	2	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641613625	FOSPHEN	FOSPHEN	281212	Hydantoin	28121200	Hydantoin	S	100 MG P	INJECTIO	SOLN	ML	2	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641613701	FOSPHEN	FOSPHEN	281212	Hydantoin	28121200	Hydantoin	S	500 MG P	INJECTIO	SOLN	ML	10	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641613710	FOSPHEN	FOSPHEN	281212	Hydantoin	28121200	Hydantoin	S	500 MG P	INJECTIO	SOLN	ML	10	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641613801	PHENYT(	PHENYT(	281212	Hydantoin	28121200	Hydantoin	S	50 MG/ML	INJECTIO	SOLN	ML	2	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641613825	PHENYT(	PHENYT(	281212	Hydantoin	28121200	Hydantoin	S	50 MG/ML	INJECTIO	SOLN	ML	2	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641613901	PHENYT(	PHENYT(	281212	Hydantoin	28121200	Hydantoin	R	50 MG/ML	INJECTIO	SOLN	ML	5	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641613910	PHENYT(	PHENYT(	281212	Hydantoin	28121200	Hydantoin	S	50 MG/ML	INJECTIO	SOLN	ML	5	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641613925	PHENYT(	PHENYT(	281212	Hydantoin	28121200	Hydantoin	S	50 MG/ML	INJECTIO	SOLN	ML	5	GENERIC	12/28/2023	641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641614201	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	S	10 MG/ML	INTRAVEI	SOLN	ML	1	MSB		641		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
641614225	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	S	10 MG/ML	INTRAVEI	SOLN	ML	1	MSB		641		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
641614501	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641614525	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641614601	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	20 MG/5M	INJECTIO	SOLN	ML	5	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641614610	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	20 MG/5M	INJECTIO	SOLN	ML	5	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641614625	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	20 MG/5M	INJECTIO	SOLN	ML	5	GENERIC	12/28/2023	641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641614701	STERILE	WATER F	960000	Pharmace	96000000	Pharmace	S	0	INJECTIO	SOLN	ML	10	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641614710	STERILE	WATER F	960000	Pharmace	96000000	Pharmace	S	0	INJECTIO	SOLN	ML	10	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641614725	STERILE	WATER F	960000	Pharmace	96000000	Pharmace	S	0	INJECTIO	SOLN	ML	10	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641614901	NEOSTIG	NEOSTIG	120400	Parasymp	12040000	Parasymp	S	10 MG/10I	INTRAVEI	SOLN	ML	10	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641614910	NEOSTIG	NEOSTIG	120400	Parasymp	12040000	Parasymp	S	10 MG/10I	INTRAVEI	SOLN	ML	10	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641615001	NEOSTIG	NEOSTIG	120400	Parasymp	12040000	Parasymp	S	5 MG/10M	INTRAVEI	SOLN	ML	10	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641615010	NEOSTIG	NEOSTIG	120400	Parasymp	12040000	Parasymp	S	5 MG/10M	INTRAVEI	SOLN	ML	10	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641615101	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	2 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641615125	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	2 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641616101	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	0.25 MG/N	INJECTIO	SOLN	ML	4	GENERIC	4/26/2024	641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641616110	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	0.25 MG/N	INJECTIO	SOLN	ML	4	GENERIC	4/26/2024	641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641616201	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	0.25 MG/N	INJECTIO	SOLN	ML	10	GENERIC	4/26/2024	641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641616210	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	0.25 MG/N	INJECTIO	SOLN	ML	10	GENERIC	4/26/2024	641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641616401	CAFCIT	CAFFEINE	282032	UNKNOW	28203200	UNKNOW	S	60 MG/3M	INTRAVEI	SOLN	ML	3	MSB	5/8/2023	641 Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
641616410	CAFCIT	CAFFEINE	282032	UNKNOW	28203200	UNKNOW	S	60 MG/3M	INTRAVEI	SOLN	ML	3	MSB	5/8/2023	641 Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
641616601	AMIKACIN	AMIKACIN	81202	Aminoglyc	8120200	Aminoglyc	S	1 GM/4ML	INJECTIO	SOLN	ML	4	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641616610	AMIKACIN	AMIKACIN	81202	Aminoglyc	8120200	Aminoglyc	S	1 GM/4ML	INJECTIO	SOLN	ML	4	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641616701	AMIKACIN	AMIKACIN	81202	Aminoglyc	8120200	Aminoglyc	S	500 MG/2I	INJECTIO	SOLN	ML	2	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641616710	AMIKACIN	AMIKACIN	81202	Aminoglyc	8120200	Aminoglyc	S	500 MG/2I	INJECTIO	SOLN	ML	2	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641616901	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	1 MG/ML	INJECTIO	SOLN	ML	1	NON DRUG		641	Y	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRM
641616910	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	1 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		641	Y	N	FORMULARY		1 GEN	GENERICS				R	MEDPRM
641617301	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG/ML	INTRAMU	SOLN	ML	2	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641617310	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG/ML	INTRAMU	SOLN	ML	2	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641617401	OCTREO	OCTREO	682904	UNKNOW	68290400	UNKNOW	S	50 MCG/M	INJECTIO	SOLN	ML	1 X	GENERIC		641	Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS				R	MEDPRM
641617410	OCTREO	OCTREO	682904	UNKNOW	68290400	UNKNOW	S	50 MCG/M	INJECTIO	SOLN	ML	1 X	GENERIC		641	Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS				R	MEDPRM
641617501	OCTREO	OCTREO	682904	UNKNOW	68290400	UNKNOW	S	100 MCG/	INJECTIO	SOLN	ML	1 X	GENERIC		641	Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS				R	MEDPRM
641617510	OCTREO	OCTREO	682904	UNKNOW	68290400	UNKNOW	S	100 MCG/	INJECTIO	SOLN	ML	1 X	GENERIC		641	Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS				R	MEDPRM
641617601	OCTREO	OCTREO	682904	UNKNOW	68290400	UNKNOW	S	500 MCG/	INJECTIO	SOLN	ML	1 X	GENERIC		641	Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS				R	MEDPRM
641617610	OCTREO	OCTREO	682904	UNKNOW	68290400	UNKNOW	S	500 MCG/	INJECTIO	SOLN	ML	1 X	GENERIC		641	Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS				R	MEDPRM
641617701	OCTREO	OCTREO	682904	UNKNOW	68290400	UNKNOW	S	200 MCG/	INJECTIO	SOLN	ML	5 X	GENERIC		641	Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS				R	MEDPRM
641617801	OCTREO	OCTREO	682904	UNKNOW	68290400	UNKNOW	S	1000 MCG	INJECTIO	SOLN	ML	5 X	GENERIC		641	Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS				R	MEDPRM
641618201	ORPHEN/	ORPHEN/	122010	UNKNOW	12201000	UNKNOW	S	30 MG/ML	INJECTIO	SOLN	ML	2	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641618210	ORPHEN/	ORPHEN/	122010	UNKNOW	12201000	UNKNOW	S	30 MG/ML	INJECTIO	SOLN	ML	2	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641618225	ORPHEN/	ORPHEN/	122010	UNKNOW	12201000	UNKNOW	S	30 MG/ML	INJECTIO	SOLN	ML	2	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641618401	DIGOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	0.25 MG/N	INJECTIO	SOLN	ML	2	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641618425	DIGOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	0.25 MG/N	INJECTIO	SOLN	ML	2	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641618801	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	S	10 MG/ML	INTRAVEI	SOLN	ML	5	MSB		641		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
641618810	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	S	10 MG/ML	INTRAVEI	SOLN	ML	5	MSB		641		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
641618901	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	S	10 MG/ML	INTRAVEI	SOLN	ML	10	MSB		641		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
641618910	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	S	10 MG/ML	INTRAVEI	SOLN	ML	10	MSB		641		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
641619001	MIDAZOL	MIDAZOL	282408	Benzodia	28240800	Benzodia	S	50 MG/10I	INJECTIO	SOLN	ML	10	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641619010	MIDAZOL	MIDAZOL	282408	Benzodia	28240800	Benzodia	S	50 MG/10I	INJECTIO	SOLN	ML	10	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641619401	PROPOF(	PROPOF(	280408	UNKNOW	28040800	UNKNOW	S	200 MG/2(	INTRAVEI	EMUL	ML	20	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641619410	PROPOF(	PROPOF(	280408	UNKNOW	28040800	UNKNOW	S	200 MG/2(	INTRAVEI	EMUL	ML	20	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641619501	PROPOF(	PROPOF(	280408	UNKNOW	28040800	UNKNOW	S	500 MG/5(	INTRAVEI	EMUL	ML	50	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641619520	PROPOF(	PROPOF(	280408	UNKNOW	28040800	UNKNOW	S	500 MG/5(	INTRAVEI	EMUL	ML	50	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641619601	PROPOF(	PROPOF(	280408	UNKNOW	28040800	UNKNOW	S	1000 MG/'	INTRAVEI	EMUL	ML	100	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641619610	PROPOF(	PROPOF(	280408	UNKNOW	28040800	UNKNOW	S	1000 MG/'	INTRAVEI	EMUL	ML	100	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641619901	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	R	5000 UNI	INJECTIO	SOLN	ML	1	MSB		641	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
641619910	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	R	5000 UNI	INJECTIO	SOLN	ML	1	MSB		641	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
641620401	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	5000 UNI	INJECTIO	SOLN	ML	0.5	GENERIC		641	Y	N	FORMULARY		1 GEN	GENERICS				R	MEDPRM
641620410	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	5000 UNI	INJECTIO	SOLN	ML	0.5	GENERIC		641	Y	N	FORMULARY		1 GEN	GENERICS				R	MEDPRM
641620501	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	S	2 MG/2ML	INJECTIO	SOSY	ML	2	GENERIC		641	Y	N	FORMULARY		1 GEN	GENERICS				R	MEDPRM
641620510	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	S	2 MG/2ML	INJECTIO	SOSY	ML	2	GENERIC		641	Y	N	FORMULARY		1 GEN	GENERICS				R	MEDPRM
641620601	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	1 MG/ML	INJECTIO	SOLN	ML	0.5	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641620610	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	1 MG/ML	INJECTIO	SOLN	ML	0.5	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641620701	LORAZEF	LORAZEF	282408	Benzodia	28240800	Benzodia	S	2 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641620725	LORAZEF	LORAZEF	282408	Benzodia	28240800	Benzodia	S	2 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641620801	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		641	Y	N	FORMULARY		1 GEN	GENERICS				R	MEDPRM
641620825	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		641	Y	N	FORMULARY		1 GEN	GENERICS				R	MEDPRM
641620901	MIDAZOL	MIDAZOL	282408	Benzodia	28240800	Benzodia	S	2 MG/2ML	INJECTIO	SOLN	ML	2	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641620925	MIDAZOL	MIDAZOL	282408	Benzodia	28240800	Benzodia	S	2 MG/2ML	INJECTIO	SOLN	ML	2	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641621001	MIDAZOL	MIDAZOL	282408	Benzodia	28240800	Benzodia	S	5 MG/5ML	INJECTIO	SOLN	ML	5	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641621010	MIDAZOL	MIDAZOL	282408	Benzodia	28240800	Benzodia	S	5 MG/5ML	INJECTIO	SOLN	ML	5	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641621101	MIDAZOL	MIDAZOL	282408	Benzodia	28240800	Benzodia	S	50 MG/10I	INJECTIO	SOLN	ML	10	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641621110	MIDAZOL	MIDAZOL	282408	Benzodia	28240800	Benzodia	S	50 MG/10I	INJECTIO	SOLN	ML	10	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641621701	ROBAXIN	METHOC/	122004	UNKNOW	12200400	UNKNOW	S	1000 MG/'	INJECTIO	SOLN	ML	10	MSB		641 Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
641621710	ROBAXIN	METHOC/	122004	UNKNOW	12200400	UNKNOW	S	1000 MG/'	INJECTIO	SOLN	ML	10	MSB		641 Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
641621725	ROBAXIN	METHOC/	122004	UNKNOW	12200400	UNKNOW	S	1000 MG/'	INJECTIO	SOLN	ML	10	MSB	12/28/2023	641 Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
641621901	MIDAZOL	MIDAZOL	282408	Benzodia	28240800	Benzodia	S	10 MG/2M	INJECTIO	SOLN	ML	2	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641621910	MIDAZOL	MIDAZOL	282408	Benzodia	28240800	Benzodia	S	10 MG/2M	INJECTIO	SOLN	ML	2	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641622001	MIDAZOL	MIDAZOL	282408	Benzodia	28240800	Benzodia	S	2 MG/2ML	INJECTIO	SOLN	ML	2	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641622010	MIDAZOL	MIDAZOL	282408	Benzodia	28240800	Benzodia	S	2 MG/2ML	INJECTIO	SOLN	ML	2	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641622801	THIAMINE	THIAMINE	880800	Vitamin B	88080000	Vitamin B	S	100 MG/M	INJECTIO	SOLN	ML	2	GENERIC		641	Y	N	FORMULARY		1 GEN	GENERICS				R	MEDPRM
641622825	THIAMINE	THIAMINE	880800	Vitamin B	88080000	Vitamin B	S	100 MG/M	INJECTIO	SOLN	ML	2	GENERIC		641	Y	N	FORMULARY		1 GEN	GENERICS				R	MEDPRM
641622901	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	S	10 MG/ML	INTRAVEI	SOLN	ML	1	MSB		641		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
641622925	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	S	10 MG/ML	INTRAVEI	SOLN	ML	1	MSB		641		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
641623101	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	20 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641623125	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	20 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641623401	SUCCINY	SUCCINY	122020	UNKNOW	12202000	UNKNOW	R	100 MG/5I	INJECTIO	SOSY	ML	5	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641623410	SUCCINY	SUCCINY	122020	UNKNOW	12202000	UNKNOW	R	100 MG/5I	INJECTIO	SOSY	ML	5	MSB		641		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
641623801	EPHEDRI	EPHEDRI	121212	alpha- anc	12121200	alpha- anc	S	50 MG/ML	INTRAVEI	SOLN	ML	1	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641623825	EPHEDRI	EPHEDRI	121212	alpha- anc	12121200	alpha- anc	S	50 MG/ML	INTRAVEI	SOLN	ML	1	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641624001	NEOSTIG	NEOSTIG	120400	Parasymp	12040000	Parasymp	S	3 MG/3ML	INTRAVEI	SOSY	ML	3	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641624010	NEOSTIG	NEOSTIG	120400	Parasymp	12040000	Parasymp	S	3 MG/3ML	INTRAVEI	SOSY	ML	3	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641624301	DIAZEPAI	DIAZEPAI	282408	Benzodia	28240800	Benzodia	S	5 MG/ML	INJECTIO	SOLN	ML	10	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641624310	DIAZEPAI	DIAZEPAI	282408	Benzodia	28240800	Benzodia	S	5 MG/ML	INJECTIO	SOLN	ML	10	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641624410	DIAZEPAI	DIAZEPAI	282408	Benzodia	28240800	Benzodia	S	5 MG/ML	INJECTIO	SOLN	ML	2	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641624501	IMMPHEN	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	R	0.5 MG/5N	INTRAVEI	SOLN	ML	5	SSB		641		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641624510	IMMPHEN	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	R	0.5 MG/5N	INTRAVEI	SOLN	ML	5	SSB		641		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641624601	IMMPHEN	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	R	1 MG/10M	INTRAVEI	SOLN	ML	10	SSB		641		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641624610	IMMPHEN	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	R	1 MG/10M	INTRAVEI	SOLN	ML	10	SSB		641		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641624701	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	50 MCG/M	INJECTIO	SOLN	ML	1	MSB		641		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
641624725	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	50 MCG/M	INJECTIO	SOLN	ML	1	MSB		641		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
641624801	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	50 MCG/M	INJECTIO	SOSY	ML	1	MSB		641		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
641624810	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	50 MCG/M	INJECTIO	SOSY	ML	1	MSB		641		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
641624901	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	25 MCG/0	INJECTIO	SOSY	ML	0.5	MSB		641		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
641624910	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	25 MCG/0	INJECTIO	SOSY	ML	0.5	MSB		641		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
641625101	ATROPIN	ATROPIN	120808	Antimusca	12080800	Antimusca	S	8 MG/20M	INJECTIO	SOLN	ML	20	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641625110	ATROPIN	ATROPIN	120808	Antimusca	12080800	Antimusca	S	8 MG/20M	INJECTIO	SOLN	ML	20	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641625201	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	R	10 MG/2M	INTRAVEI	SOSY	ML	2	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641625210	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	R	10 MG/2M	INTRAVEI	SOSY	ML	2	MSB		641		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
641625301	REGADEN	REGADEN	361800	Cardiac F	36180000	Cardiac F	S	0.4 MG/5N	INTRAVEI	SOLN	ML	5	GENERIC		641		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641625901	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	0.2 MG/MI	INJECTIO	SOLN	ML	1	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641625910	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	0.2 MG/MI	INJECTIO	SOLN	ML	1	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641626101	SODIUM /	SODIUM /	400800	Alkalinizin	40080000	Alkalinizin	S	2 MEQ/ML	INTRAVEI	SOLN	ML	20	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641626501	NEOSTIG	NEOSTIG	120400	Parasymp	12040000	Parasymp	S	10 MG/10I	INTRAVEI	SOLN	ML	10	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641626510	NEOSTIG	NEOSTIG	120400	Parasymp	12040000	Parasymp	S	10 MG/10I	INTRAVEI	SOLN	ML	10	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641626701	CAFFEINE	CAFFEINE	282032	UNKNOW	28203200	UNKNOW	S	60 MG/3M	INTRAVEI	SOLN	ML	3	MSB		641		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
641626710	CAFFEINE	CAFFEINE	282032	UNKNOW	28203200	UNKNOW	S	60 MG/3M	INTRAVEI	SOLN	ML	3	MSB		641 Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
641627701	NEOSTIG	NEOSTIG	120400	Parasymp	12040000	Parasymp	S	10 MG/10I	INTRAVEI	SOLN	ML	10	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641627710	NEOSTIG	NEOSTIG	120400	Parasymp	12040000	Parasymp	S	10 MG/10I	INTRAVEI	SOLN	ML	10	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641628101	MIDAZOL	MIDAZOL	282408	Benzodia	28240800	Benzodia	S	2 MG/2ML	INJECTIO	SOLN	ML	2	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641628125	MIDAZOL	MIDAZOL	282408	Benzodia	28240800	Benzodia	S	2 MG/2ML	INJECTIO	SOLN	ML	2	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641628201	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	S	50 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641628225	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	S	50 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641921701	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	25 MG/5M	INTRAVEI	SOLN	ML	5	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641921710	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	25 MG/5M	INTRAVEI	SOLN	ML	5	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641921801	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	50 MG/10I	INTRAVEI	SOLN	ML	10	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641921810	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	50 MG/10I	INTRAVEI	SOLN	ML	10	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641921901	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	125 MG/2!	INTRAVEI	SOLN	ML	25	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
641921910	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	125 MG/2!	INTRAVEI	SOLN	ML	25	GENERIC		641		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
642006630	CALCIFOI	CALCIUM	401200	Replacem	40120000	Replacem	R	1342-1.6 I	ORAL	WAFR	EA	30	SSB		642		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRM
642007030	VITAFOL-	PRENATA	882800	Multivitam	88280000	Multivitam	R	29-1-200 I	ORAL	CAPS	EA	30	SSB		642		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
642007212	VITAFOL	IRON W/ \	200404	Iron Prepa	20040400	Iron Prepa	S	60MG-60I	ORAL	TABS	EA	100	GENERIC	1/17/2023	642		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
642007530	SELECT-(	PRENATA	882800	Multivitam	88280000	Multivitam	R	29-1 & 25(	ORAL	MISC	EA	60	SSB		642		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
642007630	VITAFOL-	PRENATA	882800	Multivitam	88280000	Multivitam	R	65-1 & 25(	ORAL	MISC	EA	60	SSB		642		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
642007790	SELECT-(	PRENATA	882800	Multivitam	88280000	Multivitam	R	29-1 MG	ORAL	CHEW	EA	90	SSB		642 N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
642007912	VITAFOL-	PRENATA	882800	Multivitam	88280000	Multivitam	R	70MG-70I	ORAL	TABS	EA	100	SSB		642		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
642009330	VITAFOL	PRENATA	882800	Multivitam	88280000	Multivitam	R	29-0.6-0.4	ORAL	CAPS	EA	30	SSB		642		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
642009401	VITAFOL-	PRENATA	882800	Multivitam	88280000	Multivitam	R	18-0.6-0.4	ORAL	TABS	EA	30	SSB	10/15/2024	642		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
642010260	ZE-PLUS	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	500UNIT-!	ORAL	CAPS	EA	60	MSB		642		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
642012090	SELECT-(	PRENATA	882800	Multivitam	88280000	Multivitam	R	29-0.6-0.4	ORAL	CHEW	EA	90	SSB		642		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
642012360	PREGNIT	INOSITOL	562400	Lipotropic	56240000	Lipotropic	O	2000-200 I	ORAL	PACK	EA	60	SSB		642		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
642012590	VITAFOL	PRENATA	882800	Multivitam	88280000	Multivitam	R	3.33-0.33:	ORAL	CHEW	EA	90	SSB		642		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
642020316	STROVITI	MULTIPLE	882800	Multivitam	88280000	Multivitam	R	300MG/15	ORAL	SYRP	ML	473	SSB		642		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
642020410	STROVITI	MULTIPLE	882800	Multivitam	88280000	Multivitam	S	500MG-50	ORAL	TABS	EA	100	MSB	1/17/2023	642 N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
642020790	STROVITI	MULTIPLE	882800	Multivitam	88280000	Multivitam	R	15MG-15I	ORAL	TABS	EA	90	SSB		642		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
642401560	EVOLUTI(	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	0-0-0-0-0	ORAL	PACK	EA	60	SSB		642		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
642401604	BLUES A\	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-0-0	ORAL	LQPK	ML	236	SSB		642		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
642403030	STUART (	PRENATA	882800	Multivitam	88280000	Multivitam	O	27-0.8-20(	ORAL	CAPS	EA	30	SSB		642		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
642746312	BENZNID	BENZNID	83016	UNKNOW	8301604	UNKNOW	R	12.5 MG	ORAL	TABS	EA	100	MSB		642		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
642746410	BENZNID	BENZNID	83016	UNKNOW	8301604	UNKNOW	R	100 MG	ORAL	TABS	EA	100	MSB		642		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
642746605	NUVESS/	METRONI	840404	Antibacter	84040400	Antibacter	R	1.30%	VAGINAL	GEL	GM	5	SSB		642		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRM
642746830	VITAFOL	PRENATA	882800	Multivitam	88280000	Multivitam	R	1 MG	ORAL	FILM	EA	30	SSB	10/24/2024	642		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
642747001	SLYND	DROSPIR	681200	Contracep	68120000	Contracep	R	4 MG	ORAL	TABS	EA	28 X	SSB		642		N	#N/A	ORIG_FR	10 EHB	#N/A	X	1 IN 1 DAYS	X Must meet 5 DS Cam TRIAL OF GENERIC NORETHINDRONE X IF RATIO=1.34 THEN $0 COP/	R	MEDPRM
642747002	SLYND	DROSPIR	681200	Contracep	68120000	Contracep	R	4 MG	ORAL	TABS	EA	28 X	SSB		642		Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
642747101	TYBLUME	LEVONOF	681200	Contracep	68120000	Contracep	R	0.1-20 MG	ORAL	CHEW	EA	28 X	SSB		642		N	#N/A	ORIG_FR	10 EHB	#N/A			X Must meet 5 DS Afirm TRIAL OF A GENERIC CONTRACEPTIVE X IF RATIO=1.34 THEN $0 COP/	R	MEDPRM
642747330	VITAFOL	PRENATA	882800	Multivitam	88280000	Multivitam	R	90-0.6-0.4	ORAL	CAPS	EA	30	SSB		642		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
682004601	HYPOCY	EYELID C	849200	Skin and I	84920000	Skin and I	R	.01%-.048	EXTERNA	SOLN	ML	59	SSB	5/1/2022	682		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
682004801	HYCLODE	HYPOCHL	849200	Skin and I	84920000	Skin and I	R	0.01%	EXTERNA	SOLN	ML	59	SSB		682		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
682004901	HYCLODE	HYPOCHL	849200	Skin and I	84920000	Skin and I	R	0.01%	EXTERNA	SOLN	ML	237	SSB		682		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
682005110	CROTAN	CROTAMI	840412	Scabicides	84041200	Scabicides	R	10%	EXTERNA	LOTN	GM	237	SSB		682		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
682005120	CROTAN	CROTAMI	840412	Scabicides	84041200	Scabicides	R	10%	EXTERNA	LOTN	GM	60	SSB		682		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
682005130	CROTAN	CROTAMI	840412	Scabicides	84041200	Scabicides	R	10%	EXTERNA	LOTN	GM	454	SSB		682		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
682005330	PLIXDA	ADAPALE	849200	Skin and I	84920000	Skin and I	R	0.10%	EXTERNA	PADS	EA	30	SSB		682		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM

781210301	TACROLII	TACROLII	902828	UNKNOW	90282892	UNKNOW	S	1 MG	ORAL	CAPS	EA	100	X	GENERIC		781			N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
781210401	TACROLII	TACROLII	902828	UNKNOW	90282892	UNKNOW	S	5 MG	ORAL	CAPS	EA	100	X	GENERIC		781			N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
781214501	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	100		GENERIC		781			N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
781214505	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	500		GENERIC		781			N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
781214710	LANSOPF	LANSOPF	562836	Proton-pu	56283600	Proton-pu	S	15 MG	ORAL	CPDR	EA	1000	X	GENERIC	5/31/2022	781			N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
781214731	LANSOPF	LANSOPF	562836	Proton-pu	56283600	Proton-pu	S	15 MG	ORAL	CPDR	EA	30	X	GENERIC	5/31/2022	781			N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
781214801	LANSOPF	LANSOPF	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	100	X	GENERIC	5/31/2022	781			N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
781214810	LANSOPF	LANSOPF	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	1000	X	GENERIC	5/31/2022	781			N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
781214892	LANSOPF	LANSOPF	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	90	X	GENERIC	5/31/2022	781			N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
781215832	PIRFENID	PIRFENID	480200	UNKNOW	48020000	UNKNOW	S	267 MG	ORAL	CAPS	EA	270	X	GENERIC		781			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X			R	MEDPRIM
781216460	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	CAPS	EA	60	X	GENERIC		781			N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
781216660	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	40 MG	ORAL	CAPS	EA	60	X	GENERIC		781			N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
781216760	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	60 MG	ORAL	CAPS	EA	60	X	GENERIC		781			N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
781216860	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	80 MG	ORAL	CAPS	EA	60	X	GENERIC		781			N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
781217660	CEFDINIF	CEFDINIF	81206	Cephalosp	8120612	Third Gen	S	300 MG	ORAL	CAPS	EA	60		GENERIC		781			N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
781223401	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	100	X	GENERIC		781			N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
781223410	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	1000	X	GENERIC		781			N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
781223431	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30	X	GENERIC		781			N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
781224801	DICLOXA	DICLOXA	81216	Penicillins	8121612	Penicillina	S	250 MG	ORAL	CAPS	EA	100		GENERIC	8/11/2023	781	Y		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
781225801	DICLOXA	DICLOXA	81216	Penicillins	8121612	Penicillina	S	500 MG	ORAL	CAPS	EA	100		GENERIC	8/11/2023	781	Y		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
781227001	BUTALBIT	BUTALBIT	280804	Nonsteroi	28080424	Salicylates	S	50-325-40	ORAL	CAPS	EA	100		GENERIC		781			N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
781227660	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	CPSP	EA	60	X	GENERIC		781			N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
781232106	APREPIT	APREPIT	562232	UNKNOW	56223200	UNKNOW	S	40MG	ORAL	CAPS	EA	1		GENERIC		781			N	FORMULARY		1 GEN	GENERICS			X	1 IN 28 DAYS	R	MEDPRIM
781232151	APREPIT	APREPIT	562232	UNKNOW	56223200	UNKNOW	S	40MG	ORAL	CAPS	EA	5		GENERIC		781			N	FORMULARY		1 GEN	GENERICS			X	1 IN 28 DAYS	R	MEDPRIM
781232246	APREPIT	APREPIT	562232	UNKNOW	56223200	UNKNOW	S	80MG	ORAL	CAPS	EA	2		GENERIC		781			N	FORMULARY		1 GEN	GENERICS			X	2 IN 21 DAYS	R	MEDPRIM
781232268	APREPIT	APREPIT	562232	UNKNOW	56223200	UNKNOW	S	80MG	ORAL	CAPS	EA	6		GENERIC		781			N	FORMULARY		1 GEN	GENERICS			X	2 IN 21 DAYS	R	MEDPRIM
781232306	APREPIT	APREPIT	562232	UNKNOW	56223200	UNKNOW	S	125 MG	ORAL	CAPS	EA	1		GENERIC		781			N	FORMULARY		1 GEN	GENERICS			X	1 IN 21 DAYS	R	MEDPRIM
781232368	APREPIT	APREPIT	562232	UNKNOW	56223200	UNKNOW	S	125 MG	ORAL	CAPS	EA	6		GENERIC		781			N	FORMULARY		1 GEN	GENERICS			X	1 IN 21 DAYS	R	MEDPRIM
781232901	AMPHET	AMPHET	282004	Amphetan	28200400	Amphetan	S	5 MG	ORAL	CP24	EA	100	X	GENERIC		781			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	R	MEDPRIM
781233501	AMPHET	AMPHET	282004	Amphetan	28200400	Amphetan	S	10 MG	ORAL	CP24	EA	100	X	GENERIC		781			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	R	MEDPRIM
781234301	AMPHET	AMPHET	282004	Amphetan	28200400	Amphetan	S	15 MG	ORAL	CP24	EA	100	X	GENERIC		781			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	R	MEDPRIM
781235201	AMPHET	AMPHET	282004	Amphetan	28200400	Amphetan	S	20 MG	ORAL	CP24	EA	100	X	GENERIC		781			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS	R	MEDPRIM
781236101	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	10 MG	ORAL	CP24	EA	100	X	GENERIC		781			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	R	MEDPRIM
781236201	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	20MG	ORAL	CP24	EA	100	X	GENERIC		781			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	R	MEDPRIM
781236301	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	30MG	ORAL	CP24	EA	100	X	GENERIC		781			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS	R	MEDPRIM
781236401	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	40MG	ORAL	CP24	EA	100	X	GENERIC		781			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	R	MEDPRIM
781236801	AMPHET	AMPHET	282004	Amphetan	28200400	Amphetan	S	25 MG	ORAL	CP24	EA	100	X	GENERIC		781			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS	R	MEDPRIM
781237101	AMPHET	AMPHET	282004	Amphetan	28200400	Amphetan	S	30 MG	ORAL	CP24	EA	100	X	GENERIC	12/19/2023	781			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS	R	MEDPRIM
781261301	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	100		GENERIC		781			N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
781261305	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	500		GENERIC		781			N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
781261376	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	30		GENERIC		781			N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
781262331	SILODOS	SILODOS	121604	UNKNOW	12160412	UNKNOW	S	4 MG	ORAL	CAPS	EA	30	X	GENERIC	12/4/2023	781			N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
781262431	SILODOS	SILODOS	121604	UNKNOW	12160412	UNKNOW	S	8 MG	ORAL	CAPS	EA	30	X	GENERIC	12/4/2023	781			N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
781262492	SILODOS	SILODOS	121604	UNKNOW	12160412	UNKNOW	S	8 MG	ORAL	CAPS	EA	90	X	GENERIC	12/4/2023	781			N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
781268201	DEXMETH	DEXMETH	282032	UNKNOW	28203200	UNKNOW	S	5 MG	ORAL	CP24	EA	100	X	GENERIC		781			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	R	MEDPRIM
781268301	DEXMETH	DEXMETH	282032	UNKNOW	28203200	UNKNOW	S	10 MG	ORAL	CP24	EA	100	X	GENERIC		781			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	R	MEDPRIM
781268401	DEXMETH	DEXMETH	282032	UNKNOW	28203200	UNKNOW	S	15 MG	ORAL	CP24	EA	100	X	GENERIC		781			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	R	MEDPRIM
781268501	DEXMETH	DEXMETH	282032	UNKNOW	28203200	UNKNOW	S	20 MG	ORAL	CP24	EA	100	X	GENERIC		781			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	R	MEDPRIM
781268601	DEXMETH	DEXMETH	282032	UNKNOW	28203200	UNKNOW	S	25 MG	ORAL	CP24	EA	100	X	GENERIC		781			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	R	MEDPRIM
781268701	DEXMETH	DEXMETH	282032	UNKNOW	28203200	UNKNOW	S	30 MG	ORAL	CP24	EA	100	X	GENERIC		781			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	R	MEDPRIM
781268801	DEXMETH	DEXMETH	282032	UNKNOW	28203200	UNKNOW	S	35 MG	ORAL	CP24	EA	100	X	GENERIC		781			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	R	MEDPRIM
781268901	DEXMETH	DEXMETH	282032	UNKNOW	28203200	UNKNOW	S	40 MG	ORAL	CP24	EA	100	X	GENERIC		781			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	R	MEDPRIM
781269144	TEMOZOL	TEMOZOL	100000	Antineopla	10000000	Antineopla	S	5 MG	ORAL	CAPS	EA	14		GENERIC	11/30/2022	781			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X			R	MEDPRIM
781269175	TEMOZOL	TEMOZOL	100000	Antineopla	10000000	Antineopla	S	5 MG	ORAL	CAPS	EA	5		GENERIC	11/30/2022	781			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X			R	MEDPRIM
781269244	TEMOZOL	TEMOZOL	100000	Antineopla	10000000	Antineopla	S	20 MG	ORAL	CAPS	EA	14		GENERIC	11/30/2022	781			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X			R	MEDPRIM
781269275	TEMOZOL	TEMOZOL	100000	Antineopla	10000000	Antineopla	S	20 MG	ORAL	CAPS	EA	5		GENERIC	11/30/2022	781			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X			R	MEDPRIM
781269344	TEMOZOL	TEMOZOL	100000	Antineopla	10000000	Antineopla	S	100 MG	ORAL	CAPS	EA	14		GENERIC	11/30/2022	781			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X			R	MEDPRIM
781269375	TEMOZOL	TEMOZOL	100000	Antineopla	10000000	Antineopla	S	100 MG	ORAL	CAPS	EA	5		GENERIC	11/30/2022	781			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X			R	MEDPRIM
781269444	TEMOZOL	TEMOZOL	100000	Antineopla	10000000	Antineopla	S	140 MG	ORAL	CAPS	EA	14		GENERIC	11/30/2022	781			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X			R	MEDPRIM
781269475	TEMOZOL	TEMOZOL	100000	Antineopla	10000000	Antineopla	S	140 MG	ORAL	CAPS	EA	5		GENERIC	11/30/2022	781			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X			R	MEDPRIM
781269544	TEMOZOL	TEMOZOL	100000	Antineopla	10000000	Antineopla	S	180 MG	ORAL	CAPS	EA	14		GENERIC	11/30/2022	781			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X			R	MEDPRIM
781269575	TEMOZOL	TEMOZOL	100000	Antineopla	10000000	Antineopla	S	180 MG	ORAL	CAPS	EA	5		GENERIC	11/30/2022	781			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X			R	MEDPRIM
781269675	TEMOZOL	TEMOZOL	100000	Antineopla	10000000	Antineopla	S	250 MG	ORAL	CAPS	EA	5		GENERIC	11/30/2022	781			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X			R	MEDPRIM
781282210	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	1000	X	GENERIC	10/3/2022	781			N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
781282301	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	CAPS	EA	100	X	GENERIC	8/31/2022	781			N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
781282401	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	CAPS	EA	100	X	GENERIC	10/3/2022	781			N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
781282410	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	CAPS	EA	1000	X	GENERIC	11/2/2022	781			N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
781282431	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	CAPS	EA	30	X	GENERIC	5/31/2022	781			N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
781285505	RANITIDI	RANITIDI	562812	Histamine	56281200	Histamine	S	150 MG	ORAL	CAPS	EA	500	X	GENERIC	4/1/2020	781			N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781285560	RANITIDI	RANITIDI	562812	Histamine	56281200	Histamine	S	150 MG	ORAL	CAPS	EA	60	X	GENERIC	4/1/2020	781			N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781285901	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	10 MG	ORAL	CPDR	EA	100	X	GENERIC		781			N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
781285910	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	10 MG	ORAL	CPDR	EA	1000	X	GENERIC		781			N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
781285931	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	10 MG	ORAL	CPDR	EA	30	X	GENERIC		781			N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
781286531	RANITIDI	RANITIDI	562812	Histamine	56281200	Histamine	S	300 MG	ORAL	CAPS	EA	30	X	GENERIC	4/1/2020	781			N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781286801	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	100	X	GENERIC		781			N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
781286810	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	1000	X	GENERIC		781			N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
781286831	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC		781			N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
781286892	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90	X	GENERIC		781			N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
781300094	MEROPEI	MEROPEI	81207	Miscellane	8120708	Carbapen	S	500 MG	INTRAVE	SOLR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781300095	MEROPEI	MEROPEI	81207	Miscellane	8120708	Carbapen	S	500 MG	INTRAVE	SOLR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781300096	MEROPEI	MEROPEI	81207	Miscellane	8120708	Carbapen	S	500 MG	INTRAVE	SOLR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781300107	OMNITRC	SOMATR	683004	Somatotro	68300400	Somatotro	R	5 MG/1.5M	SUBCUTA	SOCT	ML	1.5	X	SSB		781		Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X			R	MEDPRIM
781300126	OMNITRC	SOMATR	683004	Somatotro	68300400	Somatotro	R	5 MG/1.5M	SUBCUTA	SOCT	ML	1.5	X	SSB		781		Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X			R	MEDPRIM
781300407	OMNITRC	SOMATR	683004	Somatotro	68300400	Somatotro	R	10 MG/1.5	SUBCUTA	SOCT	ML	1.5	X	SSB		781		Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X			R	MEDPRIM
781300426	OMNITRC	SOMATR	683004	Somatotro	68300400	Somatotro	R	10 MG/1.5	SUBCUTA	SOCT	ML	1.5	X	SSB		781		Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X			R	MEDPRIM
781304072	REGONO	PYRIDOS	120400	Parasymp	12040000	Parasymp	R	10 MG/2M	INTRAVE	SOLN	ML	2		SSB		781			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781304095	REGONO	PYRIDOS	120400	Parasymp	12040000	Parasymp	R	10 MG/2M	INTRAVE	SOLN	ML	2		SSB		781			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781305670	ISONIAZI	ISONIAZI	81604	Antituberc	8160400	Antituberc	R	100 MG/M	INJECTIO	SOLN	ML	10		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781305972	DIGOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	0.25 MG/M	INJECTIO	SOLN	ML	2		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781305995	DIGOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	0.25 MG/M	INJECTIO	SOLN	ML	2		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781307901	FULVEST	FULVEST	100000	Antineopla	10000000	Antineopla	S	250 MG/5	INTRAMU	SOSY	ML	5		GENERIC	11/7/2023	781			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781307912	FULVEST	FULVEST	100000	Antineopla	10000000	Antineopla	S	250 MG/5	INTRAMU	SOSY	ML	5		GENERIC	11/7/2023	781			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781309894	MEROPEI	MEROPEI	81207	Miscellane	8120708	Carbapen	S	1 GM	INTRAVE	SOLR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781309895	MEROPEI	MEROPEI	81207	Miscellane	8120708	Carbapen	S	1 GM	INTRAVE	SOLR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781309896	MEROPEI	MEROPEI	81207	Miscellane	8120708	Carbapen	S	1 GM	INTRAVE	SOLR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781311090	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	2.25 (2-0.2	INTRAVE	SOLR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781311095	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	2.25 (2-0.2	INTRAVE	SOLR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781311390	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	3.375 (3-0	INTRAVE	SOLR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781311395	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	3.375 (3-0	INTRAVE	SOLR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781311491	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	4.5 (4-0.5)	INTRAVE	SOLR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781311495	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	4.5 (4-0.5)	INTRAVE	SOLR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781312485	NAFCILLI	NAFCILLI	81216	Penicillins	8121612	Penicillina	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC	6/19/2023	781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781312495	NAFCILLI	NAFCILLI	81216	Penicillins	8121612	Penicillina	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC	6/19/2023	781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781312585	NAFCILLI	NAFCILLI	81216	Penicillins	8121612	Penicillina	S	2 GM	INJECTIO	SOLR	EA	1		GENERIC	6/19/2023	781	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781312595	NAFCILLI	NAFCILLI	81216	Penicillins	8121612	Penicillina	S	2 GM	INJECTIO	SOLR	EA	1		GENERIC	6/19/2023	781	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781312646	NAFCILLI	NAFCILLI	81216	Penicillins	8121612	Penicillina	S	10 GM	INTRAVE	SOLR	EA	1		GENERIC	6/19/2023	781	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781312695	NAFCILLI	NAFCILLI	81216	Penicillins	8121612	Penicillina	S	10 GM	INTRAVE	SOLR	EA	1		GENERIC	6/19/2023	781	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781312815	NAFCILLI	NAFCILLI	81216	Penicillins	8121612	Penicillina	R	1 GM	INTRAVE	SOLR	EA	1		GENERIC	6/19/2023	781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781312892	NAFCILLI	NAFCILLI	81216	Penicillins	8121612	Penicillina	R	1 GM	INTRAVE	SOLR	EA	1		GENERIC	6/19/2023	781	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781312915	NAFCILLI	NAFCILLI	81216	Penicillins	8121612	Penicillina	R	2 GM	INTRAVE	SOLR	EA	1		GENERIC	6/19/2023	781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781312992	NAFCILLI	NAFCILLI	81216	Penicillins	8121612	Penicillina	R	2 GM	INTRAVE	SOLR	EA	1		GENERIC	6/19/2023	781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781313301	ENOXAPA	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	30 MG/0.3	INJECTIO	SOSY	ML	0.3		GENERIC	5/31/2023	781		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS					R	MEDPRIM
781313363	ENOXAPA	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	30 MG/0.3	INJECTIO	SOSY	ML	0.3		GENERIC	5/31/2023	781		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS					R	MEDPRIM
781314030	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	5 MG/ML	INJECTIO	SOLN	ML	30		GENERIC	11/2/2022	781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781314214	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	10 MG/ML	INJECTIO	SOLN	ML	20		GENERIC	11/2/2022	781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781315075	CISATRA	CISATRA	122020	UNKNOW	12202000	UNKNOW	S	10 MG/5M	INTRAVE	SOLN	ML	5		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781315095	CISATRA	CISATRA	122020	UNKNOW	12202000	UNKNOW	S	10 MG/5M	INTRAVE	SOLN	ML	5		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781315270	CISATRA	CISATRA	122020	UNKNOW	12202000	UNKNOW	S	20 MG/10	INTRAVE	SOLN	ML	10		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781315295	CISATRA	CISATRA	122020	UNKNOW	12202000	UNKNOW	S	20 MG/10	INTRAVE	SOLN	ML	10		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781315380	CISATRA	CISATRA	122020	UNKNOW	12202000	UNKNOW	S	200 MG/2	INTRAVE	SOLN	ML	20		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781315395	CISATRA	CISATRA	122020	UNKNOW	12202000	UNKNOW	S	200 MG/2	INTRAVE	SOLN	ML	20		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781315401	FERUMO	FERUMO	200404	Iron Prepa	20040400	Iron Prepa	S	510 MG/1	INTRAVE	SOLN	ML	17		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781315606	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	S	10 MG/ML	INTRAVE	SOLN	ML	100		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781315695	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	S	10 MG/ML	INTRAVE	SOLN	ML	100		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781315894	BIVALIRU	BIVALIRU	201204	Anticoagu	20120412	Direct Thr	S	250 MG	INTRAVE	SOLR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781315895	BIVALIRU	BIVALIRU	201204	Anticoagu	20120412	Direct Thr	S	250 MG	INTRAVE	SOLR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781315972	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	10 MG	INTRAMU	SOLR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781318094	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	40.5 (36-4	INTRAVE	SOLR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781318273	FOMEPIZ	FOMEPIZ	910408	UNKNOW	91040800	UNKNOW	S	1.5 GM/1.	INTRAVE	SOLN	ML	1.5		GENERIC	4/18/2022	781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781318284	FOMEPIZ	FOMEPIZ	910408	UNKNOW	91040800	UNKNOW	S	1.5 GM/1.	INTRAVE	SOLN	ML	1.5		GENERIC	4/18/2022	781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781320194	LEVOLEU	LEVOLEU	910412	UNKNOW	91041200	UNKNOW	S	175 MG/1	INTRAVE	SOLN	ML	17.5		GENERIC	5/1/2023	781			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781320470	NICARDIF	NICARDIF	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG/M	INTRAVE	SOLN	ML	10		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781320495	NICARDIF	NICARDIF	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG/M	INTRAVE	SOLN	ML	10		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781320685	CEFTRIA	CEFTRIA	81206	Cephalosp	8120612	Third Gen	S	250 MG	INJECTIO	SOLR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781320695	CEFTRIA	CEFTRIA	81206	Cephalosp	8120612	Third Gen	S	250 MG	INJECTIO	SOLR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781320785	CEFTRIA	CEFTRIA	81206	Cephalosp	8120612	Third Gen	S	500 MG	INJECTIO	SOLR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781320795	CEFTRIA	CEFTRIA	81206	Cephalosp	8120612	Third Gen	S	500 MG	INJECTIO	SOLR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781320885	CEFTRIA	CEFTRIA	81206	Cephalosp	8120612	Third Gen	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781320895	CEFTRIA	CEFTRIA	81206	Cephalosp	8120612	Third Gen	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781320990	CEFTRIA	CEFTRIA	81206	Cephalosp	8120612	Third Gen	S	2 GM	INJECTIO	SOLR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781320995	CEFTRIA	CEFTRIA	81206	Cephalosp	8120612	Third Gen	S	2 GM	INJECTIO	SOLR	EA	1		GENERIC		781	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781321046	CEFTRIA	CEFTRIA	81206	Cephalosp	8120612	Third Gen	S	10 GM	INTRAVE	SOLR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781322070	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	100 MG/1	INTRAVE	SOLN	ML	10		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781322075	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	50 MG/5M	INTRAVE	SOLN	ML	5		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781322092	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	100 MG/1	INTRAVE	SOLN	ML	10		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781322095	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	50 MG/5M	INTRAVE	SOLN	ML	5		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781322280	CEFEPIM	CEFEPIM	81206	Cephalosp	8120616	Fourth Ge	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781322295	CEFEPIM	CEFEPIM	81206	Cephalosp	8120616	Fourth Ge	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781322391	CEFEPIM	CEFEPIM	81206	Cephalosp	8120616	Fourth Ge	S	2 GM	INTRAVE	SOLR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781322395	CEFEPIM	CEFEPIM	81206	Cephalosp	8120616	Fourth Ge	S	2 GM	INTRAVE	SOLR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781322402	ENOXAPA	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	40 MG/0.4	INJECTIO	SOSY	ML	0.4		GENERIC	6/1/2023	781		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS					R	MEDPRIM
781322464	ENOXAPA	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	40 MG/0.4	INJECTIO	SOSY	ML	0.4		GENERIC	6/1/2023	781		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS					R	MEDPRIM
781323294	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	40 MG	INTRAVE	SOLR	EA	1		GENERIC		781	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781323295	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	40 MG	INTRAVE	SOLR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781323394	CYCLOPH	CYCLOPH	100000	Antineopla	10000000	Antineopla	S	500 MG	INTRAVE	SOLR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781323434	GLATOPA	GLATIRAI	900424	UNKNOW	90042400	UNKNOW	S	20 MG/ML	SUBCUTA	SOSY	ML	1	X	GENERIC		781		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X			R	MEDPRIM
781323471	GLATOPA	GLATIRAI	900424	UNKNOW	90042400	UNKNOW	S	20 MG/ML	SUBCUTA	SOSY	ML	1	X	GENERIC		781		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X			R	MEDPRIM
781323801	ENOXAPA	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	30 MG/0.3	INJECTIO	SOSY	ML	0.3		GENERIC		781		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS					R	MEDPRIM
781323863	ENOXAPA	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	30 MG/0.3	INJECTIO	SOSY	ML	0.3		GENERIC		781		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS					R	MEDPRIM
781324494	CYCLOPH	CYCLOPH	100000	Antineopla	10000000	Antineopla	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781324602	ENOXAPA	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	40 MG/0.4	INJECTIO	SOSY	ML	0.4		GENERIC		781		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS					R	MEDPRIM
781324664	ENOXAPA	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	40 MG/0.4	INJECTIO	SOSY	ML	0.4		GENERIC		781		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS					R	MEDPRIM
781325071	GLATOPA	GLATIRAI	900424	UNKNOW	90042400	UNKNOW	S	40 MG/ML	SUBCUTA	SOSY	ML	1	X	GENERIC		781		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X			R	MEDPRIM
781325089	GLATOPA	GLATIRAI	900424	UNKNOW	90042400	UNKNOW	S	40 MG/ML	SUBCUTA	SOSY	ML	1	X	GENERIC		781		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X			R	MEDPRIM
781325394	AZACITID	AZACITID	100000	Antineopla	10000000	Antineopla	S	100 MG	INJECTIO	SUSR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781325594	CYCLOPH	CYCLOPH	100000	Antineopla	10000000	Antineopla	S	2 GM	INJECTIO	SOLR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781325603	ENOXAPA	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	60 MG/0.6	INJECTIO	SOSY	ML	0.6		GENERIC		781		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS					R	MEDPRIM
781325666	ENOXAPA	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	60 MG/0.6	INJECTIO	SOSY	ML	0.6		GENERIC		781		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS					R	MEDPRIM
781326204	ENOXAPA	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	80 MG/0.8	INJECTIO	SOSY	ML	0.8		GENERIC		781		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS					R	MEDPRIM
781326268	ENOXAPA	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	80 MG/0.8	INJECTIO	SOSY	ML	0.8		GENERIC		781		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS					R	MEDPRIM
781326805	ENOXAPA	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	100 MG/M	INJECTIO	SOSY	ML	1		GENERIC		781		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS					R	MEDPRIM
781326869	ENOXAPA	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	100 MG/M	INJECTIO	SOSY	ML	1		GENERIC		781		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS					R	MEDPRIM
781326971	EPHEDRI	EPHEDRI	121212	alpha- and	12121200	alpha- and	S	50 MG/ML	INTRAVE	SOLN	ML	1		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781326995	EPHEDRI	EPHEDRI	121212	alpha- and	12121200	alpha- and	S	50 MG/ML	INTRAVE	SOLN	ML	1		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781328809	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG/5	INTRAVE	SOLN	ML	50		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781328891	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG/5	INTRAVE	SOLN	ML	50		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781328909	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	600 MG/5	INTRAVE	SOLN	ML	50		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781328991	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	600 MG/5	INTRAVE	SOLN	ML	50		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781329009	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	900 MG/5	INTRAVE	SOLN	ML	50		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781329091	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	900 MG/5	INTRAVE	SOLN	ML	50		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781329570	DAPTOM	DAPTOM	81228	Antibacter	8122812	Cyclic Lip	S	500 MG	INTRAVE	SOLR	EA	1		GENERIC	4/4/2023	781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781329680	DECITABI	DECITABI	100000	Antineopla	10000000	Antineopla	S	50 MG	INTRAVE	SOLR	EA	1		GENERIC	11/25/2022	781			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781329804	ENOXAPA	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	120 MG/0.	INJECTIO	SOSY	ML	0.8		GENERIC		781		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS					R	MEDPRIM
781329868	ENOXAPA	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	120 MG/0.	INJECTIO	SOSY	ML	0.8		GENERIC		781		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS					R	MEDPRIM
781329905	ENOXAPA	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	150 MG/M	INJECTIO	SOSY	ML	1		GENERIC		781		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS					R	MEDPRIM
781329969	ENOXAPA	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	150 MG/M	INJECTIO	SOSY	ML	1		GENERIC		781		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS					R	MEDPRIM
781331275	PALONOS	PALONOS	562220	5-HT3 Re	56222000	5-HT3 Re	S	0.25 MG/5	INTRAVE	SOLN	ML	5		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781331570	OXALIPLA	OXALIPLA	100000	Antineopla	10000000	Antineopla	S	50 MG/10	INTRAVE	SOLN	ML	10		GENERIC		781			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781331780	OXALIPLA	OXALIPLA	100000	Antineopla	10000000	Antineopla	S	100 MG/2	INTRAVE	SOLN	ML	20		GENERIC		781			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781335603	ENOXAPA	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	60 MG/0.6	INJECTIO	SOSY	ML	0.6		GENERIC	5/31/2023	781		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS					R	MEDPRIM
781335666	ENOXAPA	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	60 MG/0.6	INJECTIO	SOSY	ML	0.6		GENERIC	5/31/2023	781		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS					R	MEDPRIM
781340078	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	R	125 MG	INJECTIO	SOLR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781340095	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	R	125 MG	INJECTIO	SOLR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781340278	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	250 MG	INJECTIO	SOLR	EA	1		GENERIC		781	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781340295	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	250 MG	INJECTIO	SOLR	EA	1		GENERIC		781	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781340485	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC		781	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781340495	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC		781	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781340778	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	500 MG	INJECTIO	SOLR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781340795	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	500 MG	INJECTIO	SOLR	EA	1		GENERIC		781	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781340880	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	2 GM	INJECTIO	SOLR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781340895	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	2 GM	INJECTIO	SOLR	EA	1		GENERIC		781	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781340946	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	10 GM	INTRAVE	SOLR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781340995	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	10 GM	INTRAVE	SOLR	EA	1		GENERIC		781	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781341170	ANECTIN	SUCCINY	122020	UNKNOW	12202000	UNKNOW	S	20 MG/ML	INJECTIO	SOLN	ML	10		SSB		781	Y		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781341195	ANECTIN	SUCCINY	122020	UNKNOW	12202000	UNKNOW	S	20 MG/ML	INJECTIO	SOLN	ML	10		SSB		781	Y		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781341215	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	R	1GM	INTRAVE	SOLR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781341292	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	R	1GM	INTRAVE	SOLR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781341315	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	R	2 GM	INTRAVE	SOLR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781341392	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	R	2 GM	INTRAVE	SOLR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781341575	PALONOS	PALONOS	562220	5-HT3 Re	56222000	5-HT3 Re	S	0.25 MG/5	INTRAVE	SOLN	ML	5		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781341694	VORICON	VORICON	81408	Azoles	8140800	Azoles	S	200 MG	INTRAVE	SOLR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781342080	TREPROS	TREPROS	484800	Vasodilati	48482800	UNKNOW	S	20 MG/20	INJECTIO	SOLN	ML	20		GENERIC		781		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X			R	MEDPRIM
781342101	CASPOFL	CASPOFL	81416	Echinocan	8141600	Echinocan	S	50 MG	INTRAVE	SOLR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781342194	CASPOFL	CASPOFL	81416	Echinocan	8141600	Echinocan	S	50 MG	INTRAVE	SOLR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781342271	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	S	10 MG/ML	INTRAVE	SOLN	ML	1		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781342292	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	S	10 MG/ML	INTRAVE	SOLN	ML	1		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781342301	CASPOFL	CASPOFL	81416	Echinocan	8141600	Echinocan	S	70 MG	INTRAVE	SOLR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781342394	CASPOFL	CASPOFL	81416	Echinocan	8141600	Echinocan	S	70 MG	INTRAVE	SOLR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781342580	TREPROS	TREPROS	484800	Vasodilati	48482800	UNKNOW	S	50 MG/20	INJECTIO	SOLN	ML	20		GENERIC		781		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X			R	MEDPRIM
781342780	TREPROS	TREPROS	484800	Vasodilati	48482800	UNKNOW	S	100 MG/2	INJECTIO	SOLN	ML	20		GENERIC		781		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X			R	MEDPRIM
781342804	ENOXAPA	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	80 MG/0.8	INJECTIO	SOSY	ML	0.8		GENERIC	5/31/2023	781		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS					R	MEDPRIM
781342868	ENOXAPA	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	80 MG/0.8	INJECTIO	SOSY	ML	0.8		GENERIC	5/31/2023	781		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS					R	MEDPRIM
781343080	TREPROS	TREPROS	484800	Vasodilati	48482800	UNKNOW	S	200 MG/2	INJECTIO	SOLN	ML	20		GENERIC		781		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X			R	MEDPRIM
781343346	LINEZOLI	LINEZOLI	81228	Antibacter	8122824	Oxazolidin	S	600 MG/3	INTRAVE	SOLN	ML	300		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781343395	LINEZOLI	LINEZOLI	81228	Antibacter	8122824	Oxazolidin	S	600 MG/3	INTRAVE	SOLN	ML	300		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781344071	COSYNTF	COSYNTF	360400	Adrenocor	36040000	Adrenocor	S	0.25 MG	INJECTIO	SOLR	EA	1		GENERIC		781			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781344095	COSYNTF	COSYNTF	360400	Adrenocor	36040000	Adrenocor	S	0.25 MG	INJECTIO	SOLR	EA	1		GENERIC		781			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
781344312	FONDAPA	FONDAPA	201204	Anticoagu	20120415	UNKNOW	S	2.5 MG/0.5	SUBCUTA	SOLN	ML	0.5		GENERIC		781		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	15 IN 30 DAYS	R	MEDPRIM
781344395	FONDAPA	FONDAPA	201204	Anticoagu	20120415	UNKNOW	S	2.5 MG/0.5	SUBCUTA	SOLN	ML	0.5		GENERIC		781		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	15 IN 30 DAYS	R	MEDPRIM
781344795	ANGIOMA	BIVALIRU	201204	Anticoagu	20120412	Direct Thr	S	250MG	INTRAVE	SOLR	EA	1		MSB		781			N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION					R	MEDPRIM
781345070	CEFAZOL	CEFAZOL	81206	Cephalosp	8120604	First Gene	S	500 MG	INJECTIO	SOLR	EA	1		GENERIC		781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM

781579001	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	100		GENERIC	11/29/2024	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781579050	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	50		GENERIC	11/29/2024	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781579101	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	100		GENERIC	11/29/2024	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781579150	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	50		GENERIC	11/29/2024	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781579220	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	20		GENERIC	11/29/2024	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781579250	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	50		GENERIC	11/29/2024	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781582701	GRISEOF	GRISEOF	81492	Antifungal	8149200	Antifungal	S	125 MG	ORAL	TABS	EA	100		GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781582801	GRISEOF	GRISEOF	81492	Antifungal	8149200	Antifungal	S	250 MG	ORAL	TABS	EA	100		GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781589331	NEVIRAPI	NEVIRAPI	81808	Antiretrovi	8180816	Nonnuclec	S	400 MG	ORAL	TB24	EA	30	X	GENERIC	9/20/2022	781		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	1 IN 1 DAYS							R	MEDPRIM
781591301	CHLORP	CHLORP	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	1/3/2023	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781591401	CHLORP	CHLORP	281608	Antipsych	28160824	Phenothia	S	25 MG	ORAL	TABS	EA	100	X	GENERIC	5/3/2022	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781591501	CHLORP	CHLORP	281608	Antipsych	28160824	Phenothia	S	50 MG	ORAL	TABS	EA	100	X	GENERIC	3/31/2022	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781591601	CHLORP	CHLORP	281608	Antipsych	28160824	Phenothia	S	100 MG	ORAL	TABS	EA	100	X	GENERIC	3/31/2022	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781591701	CHLORP	CHLORP	281608	Antipsych	28160824	Phenothia	S	200 MG	ORAL	TABS	EA	100	X	GENERIC	8/31/2022	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781594992	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	160-12.5	ORAL	TABS	EA	90	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781595064	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	160-25 MG	ORAL	TABS	EA	30	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781595092	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	160-25 MG	ORAL	TABS	EA	90	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781595192	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	320-12.5	ORAL	TABS	EA	90	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781595210	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	320-25 MG	ORAL	TABS	EA	1000	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781595292	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	320-25 MG	ORAL	TABS	EA	90	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781598701	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TB12	EA	100	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781598801	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	400 MG	ORAL	TB12	EA	100	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781599401	HYDROX	HYDROX	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	100	X	GENERIC	3/1/2024	781		N	FORMULARY		1 GEN	GENERICS			X	100 IN 30 DAYS							R	MEDPRIM
781599405	HYDROX	HYDROX	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	500	X	GENERIC	3/1/2024	781		N	FORMULARY		1 GEN	GENERICS			X	100 IN 30 DAYS							R	MEDPRIM
781600078	DIFLUPR	DIFLUPR	520808	Corticoste	52080800	Corticoste	S	0.05%	OPHTHAL	EMUL	ML	5		GENERIC		781		N	FORMULARY		1 GEN	GENERICS			X	5 IN 7 DAYS							R	MEDPRIM
781601470	BRINZOL	BRINZOL	524012	UNKNOW	52401200	UNKNOW	S	1%	OPHTHAL	SUSP	ML	10	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781601485	BRINZOL	BRINZOL	524012	UNKNOW	52401200	UNKNOW	S	1%	OPHTHAL	SUSP	ML	15	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781602194	DILUENT	GLYCINE	960000	Pharmace	96000000	Pharmace	S	94MG/50	INTRAVEI	SOLN	ML	50		GENERIC		781		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781602246	CLARITH	CLARITH	81212	Macrolide	8121208	UNKNOW	R	125 MG/5	ORAL	SUSR	ML	100		GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781602252	CLARITH	CLARITH	81212	Macrolide	8121208	UNKNOW	R	125 MG/5	ORAL	SUSR	ML	50		GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781602346	CLARITH	CLARITH	81212	Macrolide	8121208	UNKNOW	R	250 MG/5	ORAL	SUSR	ML	100		GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781602352	CLARITH	CLARITH	81212	Macrolide	8121208	UNKNOW	R	250 MG/5	ORAL	SUSR	ML	50		GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781603946	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	125 MG/5	ORAL	SUSR	ML	100		GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781603955	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	125 MG/5	ORAL	SUSR	ML	150		GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781603958	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	125 MG/5	ORAL	SUSR	ML	80		GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781604146	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250 MG/5	ORAL	SUSR	ML	100		GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781604155	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250 MG/5	ORAL	SUSR	ML	150		GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781604158	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250 MG/5	ORAL	SUSR	ML	80		GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781607746	CEFDINI	CEFDINI	81206	Cephalosp	8120612	Third Gen	S	125 MG/5	ORAL	SUSR	ML	100		GENERIC	8/11/2023	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781607761	CEFDINI	CEFDINI	81206	Cephalosp	8120612	Third Gen	S	125 MG/5	ORAL	SUSR	ML	60		GENERIC	8/11/2023	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781607846	CEFDINI	CEFDINI	81206	Cephalosp	8120612	Third Gen	S	250 MG/5	ORAL	SUSR	ML	100		GENERIC	8/11/2023	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781607861	CEFDINI	CEFDINI	81206	Cephalosp	8120612	Third Gen	S	250 MG/5	ORAL	SUSR	ML	60		GENERIC	8/11/2023	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781610246	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	200-28.5	ORAL	SUSR	ML	100		GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781610252	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	200-28.5	ORAL	SUSR	ML	50		GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781610257	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	200-28.5	ORAL	SUSR	ML	75		GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781610446	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	400-57 MG	ORAL	SUSR	ML	100		GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781610452	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	400-57 MG	ORAL	SUSR	ML	50		GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781610457	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	400-57 MG	ORAL	SUSR	ML	75		GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781613594	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	5000000 U	INJECTIO	SOLR	EA	1		GENERIC		781	Y	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781613595	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	5000000 U	INJECTIO	SOLR	EA	1		GENERIC		781		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781613694	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	20000000	INJECTIO	SOLR	EA	1		GENERIC		781		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781613948	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	600-42.9	ORAL	SUSR	ML	200		GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781613954	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	600-42.9	ORAL	SUSR	ML	125		GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781613957	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	600-42.9	ORAL	SUSR	ML	75		GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781615394	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	R	5000000U	INJECTIO	SOLR	EA	1		GENERIC		781		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781615395	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	R	5000000U	INJECTIO	SOLR	EA	1		GENERIC		781		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781615646	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	200 MG/5	ORAL	SUSR	ML	100		GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781615652	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	200 MG/5	ORAL	SUSR	ML	50		GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781615657	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	200 MG/5	ORAL	SUSR	ML	75		GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781615746	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	400 MG/5	ORAL	SUSR	ML	100		GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781615752	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	400 MG/5	ORAL	SUSR	ML	50		GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781615757	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	400 MG/5	ORAL	SUSR	ML	75		GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781616086	SEVOFLU	SEVOFLU	280416	UNKNOW	28041600	UNKNOW	S	0	INHALATI	SOLN	ML	250		GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781617222	DESFLUR	DESFLUR	280416	UNKNOW	28041600	UNKNOW	S	0	INHALATI	SOLN	ML	240		GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781617286	DESFLUR	DESFLUR	280416	UNKNOW	28041600	UNKNOW	S	0	INHALATI	SOLN	ML	240		GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781618414	TAFLUPR	TAFLUPR	524028	UNKNOW	52402800	UNKNOW	S	0.00%	OPHTHAL	SOLN	EA	5	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS							R	MEDPRIM
781618487	TAFLUPR	TAFLUPR	524028	UNKNOW	52402800	UNKNOW	S	0.00%	OPHTHAL	SOLN	EA	5	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS							R	MEDPRIM
781618556	TRAVOP	TRAVOP	524028	UNKNOW	52402800	UNKNOW	S	0.00%	OPHTHAL	SOLN	ML	2.5	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS			X	2.5 IN 25 DAYS							R	MEDPRIM
781618575	TRAVOP	TRAVOP	524028	UNKNOW	52402800	UNKNOW	S	0.00%	OPHTHAL	SOLN	ML	5	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS			X	2.5 IN 25 DAYS							R	MEDPRIM
781618667	CIPROFL	CIPROFL	520808	Corticoste	52080800	Corticoste	S	0.3-0.1 %	OTIC	SUSP	ML	7.5		GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781620675	BIMATOP	BIMATOP	849200	Skin and M	84920000	Skin and M	S	0.03%	EXTERNA	SOLN	ML	5		GENERIC		781		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781620693	BIMATOP	BIMATOP	849200	Skin and M	84920000	Skin and M	S	0.03%	EXTERNA	SOLN	ML	3		GENERIC		781		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781627043	OXCARB	OXCARB	281224	UNKNOW	28122400	UNKNOW	S	300 MG/5	ORAL	SUSP	ML	250	X	GENERIC		781	N	N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781652306	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	20 MG/AC	NASAL	SOLN	EA	1		GENERIC	1/31/2022	781	Y	N	FORMULARY		1 GEN	GENERICS			X	36 IN 30 DAYS							R	MEDPRIM
781652386	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	20 MG/AC	NASAL	SOLN	EA	1		GENERIC	1/31/2022	781	Y	N	FORMULARY		1 GEN	GENERICS			X	36 IN 30 DAYS							R	MEDPRIM
781652406	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	5 MG/ACT	NASAL	SOLN	EA	1		GENERIC	1/31/2022	781	Y	N	FORMULARY		1 GEN	GENERICS			X	36 IN 30 DAYS							R	MEDPRIM
781652486	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	5 MG/ACT	NASAL	SOLN	EA	1		GENERIC	1/31/2022	781	Y	N	FORMULARY		1 GEN	GENERICS			X	36 IN 30 DAYS							R	MEDPRIM
781705449	BENZOYL	BENZOYL	840404	Antibacter	84040400	Antibacter	S	5-3 %	EXTERNA	GEL	GM	23.3		GENERIC	2/7/2024	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781707787	METRONI	METRONI	840404	Antibacter	84040400	Antibacter	S	0.75%	VAGINAL	GEL	GM	70		GENERIC	12/4/2024	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781708035	METRONI	METRONI	840404	Antibacter	84040400	Antibacter	S	1%	EXTERNA	GEL	GM	60		GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781708055	METRONI	METRONI	840404	Antibacter	84040400	Antibacter	S	1%	EXTERNA	GEL	GM	55		GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781708806	MESALAM	MESALAM	563600	Anti-inflam	56360000	Anti-inflam	S	1000 MG	RECTAL	SUPP	EA	1		GENERIC	8/31/2023	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781708833	MESALAM	MESALAM	563600	Anti-inflam	56360000	Anti-inflam	S	1000 MG	RECTAL	SUPP	EA	30		GENERIC	8/31/2023	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781709459	BENZOYL	BENZOYL	840404	Antibacter	84040400	Antibacter	S	5-3 %	EXTERNA	GEL	GM	46.6		GENERIC	2/7/2024	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781709879	AMLACTI	LACTIC A	842404	Basic Loti	84240400	Basic Loti	P	12%	EXTERNA	LOTN	GM	225		GENERIC		781		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781710454	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.1 MG/24	TRANSDE	PTWK	EA	4	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS			X	1 IN 7 DAYS							R	MEDPRIM
781710458	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.1 MG/24	TRANSDE	PTWK	EA	1	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS			X	1 IN 7 DAYS							R	MEDPRIM
781711735	CALCIPO	CALCIPO	842412	Basic Oint	84241200	Basic Oint	S	0.01%	EXTERNA	CREA	GM	60		GENERIC	4/2/2024	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781711783	CALCIPO	CALCIPO	842412	Basic Oint	84241200	Basic Oint	S	0.01%	EXTERNA	CREA	GM	120		GENERIC	10/2/2024	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781711954	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.025 MG/	TRANSDE	PTWK	EA	4	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS			X	1 IN 7 DAYS							R	MEDPRIM
781711958	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.025 MG/	TRANSDE	PTWK	EA	1	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS			X	1 IN 7 DAYS							R	MEDPRIM
781712254	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.0375 M	TRANSDE	PTWK	EA	4	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS			X	1 IN 7 DAYS							R	MEDPRIM
781712258	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.0375 M	TRANSDE	PTWK	EA	1	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS			X	1 IN 7 DAYS							R	MEDPRIM
781712958	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.025 MG/	TRANSDE	PTTW	EA	1	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS			X	2 IN 7 DAYS							R	MEDPRIM
781712983	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.025 MG/	TRANSDE	PTTW	EA	8	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS			X	2 IN 7 DAYS							R	MEDPRIM
781713354	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.05 MG/2	TRANSDE	PTWK	EA	4	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS			X	1 IN 7 DAYS							R	MEDPRIM
781713358	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.05 MG/2	TRANSDE	PTWK	EA	1	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS			X	1 IN 7 DAYS							R	MEDPRIM
781713454	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.06 MG/2	TRANSDE	PTWK	EA	4	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS			X	1 IN 7 DAYS							R	MEDPRIM
781713458	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.06 MG/2	TRANSDE	PTWK	EA	1	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS			X	1 IN 7 DAYS							R	MEDPRIM
781713593	MOXIFLO	MOXIFLO	520404	Antibacter	52040400	Antibacter	S	0.50%	OPHTHAL	SOLN	ML	3		GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781713654	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.075 MG/	TRANSDE	PTWK	EA	4	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS			X	1 IN 7 DAYS							R	MEDPRIM
781713658	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.075 MG/	TRANSDE	PTWK	EA	1	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS			X	1 IN 7 DAYS							R	MEDPRIM
781713704	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	SHAM	ML	118		GENERIC	5/3/2022	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781713858	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.0375 M	TRANSDE	PTTW	EA	1	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS			X	2 IN 7 DAYS							R	MEDPRIM
781713883	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.0375 M	TRANSDE	PTTW	EA	8	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS			X	2 IN 7 DAYS							R	MEDPRIM
781714219	ADAPALE	ADAPALE	842800	Keratolytic	84280000	Keratolytic	S	0.30%	EXTERNA	GEL	GM	45		GENERIC	5/29/2023	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781714270	ADAPALE	ADAPALE	842800	Keratolytic	84280000	Keratolytic	S	0.30%	EXTERNA	GEL	GM	45		GENERIC	5/29/2023	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781714377	AMLACTI	PODIATR	849200	Skin and M	84920000	Skin and M	O	0-0-0	EXTERNA	CREA	GM	85		SSB		781		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781714458	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.05 MG/2	TRANSDE	PTTW	EA	1	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS			X	2 IN 7 DAYS							R	MEDPRIM
781714483	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.05 MG/2	TRANSDE	PTTW	EA	8	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS			X	2 IN 7 DAYS							R	MEDPRIM
781714651	IPRATRO	IPRATRO	121208	beta-Adre	12120812	Selective I	S	0.5-2.5 (3)	INHALATI	SOLN	ML	3	X	GENERIC	3/11/2022	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781714663	IPRATRO	IPRATRO	121208	beta-Adre	12120812	Selective I	S	0.5-2.5 (3)	INHALATI	SOLN	ML	3	X	GENERIC	3/11/2022	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781714687	IPRATRO	IPRATRO	121208	beta-Adre	12120812	Selective I	S	0.5-2.5 (3)	INHALATI	SOLN	ML	3	X	GENERIC	3/11/2022	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781715529	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	(2.5 MG/3	INHALATI	NEBU	ML	3	X	GENERIC	3/7/2022	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781715564	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	(2.5 MG/3	INHALATI	NEBU	ML	3	X	GENERIC	3/7/2022	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781715586	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	(2.5 MG/3	INHALATI	NEBU	ML	3	X	GENERIC	3/7/2022	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781715640	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.075 MG/	TRANSDE	PTTW	EA	8	X	GENERIC	1/21/2022	781		N	FORMULARY		1 GEN	GENERICS			X	2 IN 7 DAYS							R	MEDPRIM
781715658	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.075 MG/	TRANSDE	PTTW	EA	1	X	GENERIC	1/21/2022	781		N	FORMULARY		1 GEN	GENERICS			X	2 IN 7 DAYS							R	MEDPRIM
781715683	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.075 MG/	TRANSDE	PTTW	EA	8	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS			X	2 IN 7 DAYS							R	MEDPRIM
781715729	IPRATRO	IPRATRO	120808	Antimusca	12080800	Antimusca	S	0.02%	INHALATI	SOLN	ML	2.5	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781715764	IPRATRO	IPRATRO	120808	Antimusca	12080800	Antimusca	S	0.02%	INHALATI	SOLN	ML	2.5	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781715786	IPRATRO	IPRATRO	120808	Antimusca	12080800	Antimusca	S	0.02%	INHALATI	SOLN	ML	2.5	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781716119	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1.2-5 %	EXTERNA	GEL	GM	45		GENERIC	1/29/2024	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781716535	CALCIPO	CALCIPO	840608	UNKNOW	84060800	UNKNOW	S	0.005-0.06	EXTERNA	OINT	GM	60		GENERIC	4/30/2024	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781716595	CALCIPO	CALCIPO	840608	UNKNOW	84060800	UNKNOW	S	0.005-0.06	EXTERNA	OINT	GM	100		GENERIC	4/30/2024	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781716758	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.1 MG/24	TRANSDE	PTTW	EA	1	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS			X	2 IN 7 DAYS							R	MEDPRIM
781716783	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.1 MG/24	TRANSDE	PTTW	EA	8	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS			X	2 IN 7 DAYS							R	MEDPRIM
781717250	AZELAIC	AZELAIC	840404	Antibacter	84040400	Antibacter	S	15%	EXTERNA	GEL	GM	50		GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781717606	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	S	4 MG/0.1	NASAL	LIQD	EA	1		GENERIC		781		N	FORMULARY		1 GEN	GENERICS			X	4 IN 30 DAYS							R	MEDPRIM
781717612	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	S	4 MG/0.1	NASAL	LIQD	EA	2		GENERIC		781		N	FORMULARY		1 GEN	GENERICS			X	4 IN 30 DAYS							R	MEDPRIM
781717770	BRIMONI	BRIMONI	524004	UNKNOW	52400400	UNKNOW	S	0.10%	OPHTHAL	SOLN	ML	10	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781717775	BRIMONI	BRIMONI	524004	UNKNOW	52400400	UNKNOW	S	0.10%	OPHTHAL	SOLN	ML	5	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781717785	BRIMONI	BRIMONI	524004	UNKNOW	52400400	UNKNOW	S	0.10%	OPHTHAL	SOLN	ML	15	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781718270	ADAPALE	ADAPALE	842800	Keratolytic	84280000	Keratolytic	S	0.1-2.5 %	EXTERNA	GEL	GM	45		GENERIC	2/7/2024	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781718670	BRIMONI	BRIMONI	840624	UNKNOW	84062400	UNKNOW	S	0.2-0.5 %	OPHTHAL	SOLN	ML	10	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781718675	BRIMONI	BRIMONI	840624	UNKNOW	84062400	UNKNOW	S	0.2-0.5 %	OPHTHAL	SOLN	ML	5	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781718685	BRIMONI	BRIMONI	840624	UNKNOW	84062400	UNKNOW	S	0.2-0.5 %	OPHTHAL	SOLN	ML	15	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781726368	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1-5 %	EXTERNA	GEL	GM	25		GENERIC	1/16/2024	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781728750	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1-5 %	EXTERNA	GEL	GM	50		GENERIC	1/16/2024	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781729146	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1-5 %	EXTERNA	GEL	GM	50		GENERIC	1/16/2024	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781729685	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	108 (90 B	INHALATI	AERS	GM	6.7	X	GENERIC		781	Y	N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781730431	RIVASTIG	RIVASTIG	120400	Parasymp	12040000	Parasymp	S	4.6 MG/24	TRANSDE	PT24	EA	30	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS							R	MEDPRIM
781730458	RIVASTIG	RIVASTIG	120400	Parasymp	12040000	Parasymp	S	4.6 MG/24	TRANSDE	PT24	EA	1	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS							R	MEDPRIM
781730931	RIVASTIG	RIVASTIG	120400	Parasymp	12040000	Parasymp	S	9.5 MG/24	TRANSDE	PT24	EA	30	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS							R	MEDPRIM
781730958	RIVASTIG	RIVASTIG	120400	Parasymp	12040000	Parasymp	S	9.5 MG/24	TRANSDE	PT24	EA	1	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS							R	MEDPRIM
781731331	RIVASTIG	RIVASTIG	120400	Parasymp	12040000	Parasymp	S	13.3 MG/2	TRANSDE	PT24	EA	30	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS							R	MEDPRIM
781731358	RIVASTIG	RIVASTIG	120400	Parasymp	12040000	Parasymp	S	13.3 MG/2	TRANSDE	PT24	EA	1	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS							R	MEDPRIM
781751514	BUDESON	BUDESON	680400	Adrenals	68040000	Adrenals	S	0.25 MG/2	INHALATI	SUSP	ML	2	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS							R	MEDPRIM
781751587	BUDESON	BUDESON	680400	Adrenals	68040000	Adrenals	S	0.25 MG/2	INHALATI	SUSP	ML	2	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS							R	MEDPRIM
781751614	BUDESON	BUDESON	680400	Adrenals	68040000	Adrenals	S	0.5 MG/2	INHALATI	SUSP	ML	2	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS							R	MEDPRIM
781751687	BUDESON	BUDESON	680400	Adrenals	68040000	Adrenals	S	0.5 MG/2	INHALATI	SUSP	ML	2	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS							R	MEDPRIM
781751714	BUDESON	BUDESON	680400	Adrenals	68040000	Adrenals	S	1 MG/2ML	INHALATI	SUSP	ML	2	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS							R	MEDPRIM
781751787	BUDESON	BUDESON	680400	Adrenals	68040000	Adrenals	S	1 MG/2ML	INHALATI	SUSP	ML	2	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS							R	MEDPRIM
781800401	NADOLOL	NADOLOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	100	X	GENERIC	3/28/2024	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781800410	NADOLOL	NADOLOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC	9/20/2022	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781800492	NADOLOL	NADOLOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	9/20/2022	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781800501	NADOLOL	NADOLOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	40 MG	ORAL	TABS	EA	100	X	GENERIC	3/28/2024	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781800592	NADOLOL	NADOLOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	9/22/2022	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781800601	NADOLOL	NADOLOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	TABS	EA	100	X	GENERIC	3/28/2024	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781800692	NADOLOL	NADOLOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	TABS	EA	90	X	GENERIC	3/28/2024	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781801301	CLOBAZA	CLOBAZA	281208	Anticonvul	28120800	Anticonvul	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS							R	MEDPRIM
781801401	CLOBAZA	CLOBAZA	281208	Anticonvul	28120800	Anticonvul	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS							R	MEDPRIM
781801601	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TB12	EA	100	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781801701	FLUVAST	FLUVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TB24	EA	100	X	GENERIC		781		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	Must meet	5 DS Aton	TRIAL OF 2 OF THE FOLLOWING: ATOR	X	IF AGE=40-75 YEARS AND RA	R	MEDPRIM
781801731	FLUVAST	FLUVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TB24	EA	30	X	GENERIC		781		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	Must meet	5 DS Aton	TRIAL OF 2 OF THE FOLLOWING: ATOR	X	IF AGE=40-75 YEARS AND RA	R	MEDPRIM
781802801	TRIFLUO	TRIFLUO	281608	Antipsych	28160824	Phenothia	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781802931	ARMODA	ARMODA	282080	UNKNOW	28208000	UNKNOW	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS							R	MEDPRIM
781803201	TRIFLUO	TRIFLUO	281608	Antipsych	28160824	Phenothia	S	2 MG	ORAL	TABS	EA	100	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781803401	TRIFLUO	TRIFLUO	281608	Antipsych	28160824	Phenothia	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781803601	TRIFLUO	TRIFLUO	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781803731	ARMODA	ARMODA	282080	UNKNOW	28208000	UNKNOW	S	150 MG	ORAL	TABS	EA	30	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS							R	MEDPRIM
781804531	ARMODA	ARMODA	282080	UNKNOW	28208000	UNKNOW	S	200 MG	ORAL	TABS	EA	30	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS							R	MEDPRIM
781804601	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	2 MG	ORAL	TABS	EA	100	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781804701	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	4 MG	ORAL	TABS	EA	100	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781804801	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	8 MG	ORAL	TABS	EA	100	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781804901	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	16 MG	ORAL	TABS	EA	100	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781805201	CAPTOP	CAPTOP	243204	Angiotens	24320400	Angiotens	S	12.5 MG	ORAL	TABS	EA	100	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781805210	CAPTOP	CAPTOP	243204	Angiotens	24320400	Angiotens	S	12.5 MG	ORAL	TABS	EA	1000	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781805331	ARMODA	ARMODA	282080	UNKNOW	28208000	UNKNOW	S	250 MG	ORAL	TABS	EA	30	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS							R	MEDPRIM
781806101	CAPTOP	CAPTOP	243204	Angiotens	24320400	Angiotens	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781806110	CAPTOP	CAPTOP	243204	Angiotens	24320400	Angiotens	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781807501	CAPTOP	CAPTOP	243204	Angiotens	24320400	Angiotens	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781807510	CAPTOP	CAPTOP	243204	Angiotens	24320400	Angiotens	S	50 MG	ORAL	TABS	EA	1000	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781808001	CAPTOP	CAPTOP	243204	Angiotens	24320400	Angiotens	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781808532	PIRFENID	PIRFENID	480200	UNKNOW	48020000	UNKNOW	S	267 MG	ORAL	TABS	EA	270	X	GENERIC		781		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRIM
781808692	PIRFENID	PIRFENID	480200	UNKNOW	48020000	UNKNOW	S	801 MG	ORAL	TABS	EA	90	X	GENERIC		781		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRIM
781808926	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6		GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781808931	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	30		GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781809003	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	3		GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781809031	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781809131	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	600 MG	ORAL	TABS	EA	30		GENERIC		781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781821801	DESIPRA	DESIPRA	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	3/1/2024	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781897201	DESIPRA	DESIPRA	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	100	X	GENERIC	3/1/2024	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781897301	DESIPRA	DESIPRA	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	100	X	GENERIC	3/1/2024	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781897401	DESIPRA	DESIPRA	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	TABS	EA	100	X	GENERIC	3/1/2024	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781897501	DESIPRA	DESIPRA	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	TABS	EA	100	X	GENERIC	3/1/2024	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781897650	DESIPRA	DESIPRA	281604	Antidepres	28160428	Tricyclics	S	150 MG	ORAL	TABS	EA	50	X	GENERIC	3/1/2024	781		N	FORMULARY		1 GEN	GENERICS											R	MEDPRIM
781905395	ANECTIN	SUCCINY	122020	UNKNOW	12202000	UNKNOW	S	20 MG/ML	INJECTIO	SOLN	ML	10		SSB		781	Y	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781905501	FULVEST	FULVEST	100000	Antineopla	10000000	Antineopla	S	250 MG/5	INTRAMU	SOSY	ML	5		GENERIC		781		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781905512	FULVEST	FULVEST	100000	Antineopla	10000000	Antineopla	S	250 MG/5	INTRAMU	SOSY	ML	5		GENERIC		781		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781910572	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	10 MG	INTRAMU	SOLR	EA	1		GENERIC		781		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781912495	NAFCILLI	NAFCILLI	81216	Penicillins	8121612	Penicillina	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC	6/19/2023	781		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781915894	BIVALIRU	BIVALIRU	201204	Anticoagu	20120412	Direct Thr	S	250 MG	INTRAVEI	SOLR	EA	1		GENERIC		781		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781915895	BIVALIRU	BIVALIRU	201204	Anticoagu	20120412	Direct Thr	S	250 MG	INTRAVEI	SOLR	EA	1		GENERIC		781		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781921090	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	2.25 (2-0.2	INTRAVEI	SOLR	EA	1		GENERIC		781		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781921095	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	2.25 (2-0.2	INTRAVEI	SOLR	EA	1		GENERIC		781		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781921390	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	3.375 (3-0	INTRAVEI	SOLR	EA	1		GENERIC		781		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781921395	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	3.375 (3-0	INTRAVEI	SOLR	EA	1		GENERIC		781		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781921491	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	4.5 (4-0.5)	INTRAVEI	SOLR	EA	1		GENERIC		781		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781921495	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	4.5 (4-0.5)	INTRAVEI	SOLR	EA	1		GENERIC		781		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781922009	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG/5	INTRAVEI	SOLN	ML	50		GENERIC	6/7/2023	781		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781922091	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG/5	INTRAVEI	SOLN	ML	50		GENERIC	6/7/2023	781		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781922109	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	600 MG/5	INTRAVEI	SOLN	ML	50		GENERIC	6/7/2023	781		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781922191	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	600 MG/5	INTRAVEI	SOLN	ML	50		GENERIC	6/7/2023	781		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781922209	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	900 MG/5	INTRAVEI	SOLN	ML	50		GENERIC	6/7/2023	781		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781922291	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	900 MG/5	INTRAVEI	SOLN	ML	50		GENERIC	6/7/2023	781		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781922795	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	S	10 MG/ML	INTRAVEI	SOLN	ML	5		GENERIC		781		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781922870	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	S	10 MG/ML	INTRAVEI	SOLN	ML	10		GENERIC		781		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781924278	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	250MG	INJECTIO	SOLR	EA	1		GENERIC		781		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781924295	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	250MG	INJECTIO	SOLR	EA	1		GENERIC		781		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781925078	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	500 MG	INJECTIO	SOLR	EA	1		GENERIC	12/4/2024	781		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781925095	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	500 MG	INJECTIO	SOLR	EA	1		GENERIC	12/4/2024	781		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781926185	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC		781		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781926195	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC		781		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781927380	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	2 GM	INJECTIO	SOLR	EA	1		GENERIC		781		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781927395	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	2 GM	INJECTIO	SOLR	EA	1		GENERIC		781		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781927406	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	S	10 MG/ML	INTRAVEI	SOLN	ML	100		GENERIC		781		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781927495	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	S	10 MG/ML	INTRAVEI	SOLN	ML	100		GENERIC		781		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781931570	OXALIPL	OXALIPL	100000	Antineopla	10000000	Antineopla	S	50 MG/10	INTRAVEI	SOLN	ML	10		GENERIC		781		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781931780	OXALIPL	OXALIPL	100000	Antineopla	10000000	Antineopla	S	100 MG/20	INTRAVEI	SOLN	ML	20		GENERIC		781		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781940178	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	R	125MG	INJECTIO	SOLR	EA	1		GENERIC		781		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781940195	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	R	125MG	INJECTIO	SOLR	EA	1		GENERIC		781		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781940278	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	250MG	INJECTIO	SOLR	EA	1		GENERIC		781		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781940295	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	250MG	INJECTIO	SOLR	EA	1		GENERIC		781	Y	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781940485	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC		781		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781940495	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC		781	Y	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781940778	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	500 MG	INJECTIO	SOLR	EA	1		GENERIC		781		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781940795	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	500 MG	INJECTIO	SOLR	EA	1		GENERIC		781	Y	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781940880	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	2 GM	INJECTIO	SOLR	EA	1		GENERIC		781		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781940895	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	2 GM	INJECTIO	SOLR	EA	1		GENERIC		781	Y	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
781940946	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	10 GM	INTRAVEI	SOLR	EA	1		GENERIC		781		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM

781940995	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	10 GM	INTRAVEI	SOLR	EA	1		GENERIC		781	Y	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
781960249	OMNITRC	INJECTIO	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		SSB	2/25/2022	781		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
799000102	CALMOSE	MENTHOI	841200	Astringent	84120000	Astringent	P	0.44-20.6 '	EXTERNA	OINT	GM	71		GENERIC		799		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
799000103	CALMOSE	MENTHOI	841200	Astringent	84120000	Astringent	P	0.44-20.6 '	EXTERNA	OINT	GM	71		GENERIC		799		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
799000104	CALMOSE	MENTHOI	841200	Astringent	84120000	Astringent	P	0.44-20.6 '	EXTERNA	OINT	GM	113		GENERIC		799		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
799000105	CALMOSE	MENTHOI	841200	Astringent	84120000	Astringent	P	0.44-20.6 '	EXTERNA	OINT	GM	3.5		GENERIC		799		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
799000106	CALMOSE	MENTHOI	841200	Astringent	84120000	Astringent	P	0.44-20.6 '	EXTERNA	OINT	GM	20		GENERIC		799		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
802392016	SYRPALT	SIMPLE S	960000	Pharmace	96000000	Pharmace	R	85%	ORAL	SYRP	ML	473		SSB		802		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
802392716	SYRPALT	ORAL VEI	960000	Pharmace	96000000	Pharmace	R	83%-85%	ORAL	SYRP	ML	473		SSB		802		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
802395928	CHERRY	CHERRY	960000	Pharmace	96000000	Pharmace	R	0	ORAL	SYRP	ML	3840		MSB		802		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
813001206	FERRETT	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	O	325MG	ORAL	TABS	EA	60		SSB		813	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
813071206	FERRETT	CARBONY	200404	Iron Prepa	20040400	Iron Prepa	O	18MG	ORAL	CHEW	EA	60		SSB		813		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
813079955	FEM PH	ACETIC A	840492	Local Anti-	84049200	Local Anti-	R	0.9-0.025 '	VAGINAL	GEL	GM	50		SSB		813		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
813200408	FERRETT	IRON SUC	200404	Iron Prepa	20040400	Iron Prepa	O	40 MG/15I	ORAL	SOLN	ML	237		SSB		813		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
813202101	FERRETT	IRON SUC	200404	Iron Prepa	20040400	Iron Prepa	O	18 MG	ORAL	CAPS	EA	100		SSB		813		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
832003800	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832003801	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832003810	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	1000	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832003850	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	500	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832003889	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	1	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832011100	AMANTAD	AMANTAD	283604	UNKNOW	28360400	UNKNOW	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832011103	AMANTAD	AMANTAD	283604	UNKNOW	28360400	UNKNOW	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832011150	AMANTAD	AMANTAD	283604	UNKNOW	28360400	UNKNOW	S	100 MG	ORAL	TABS	EA	500	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832011189	AMANTAD	AMANTAD	283604	UNKNOW	28360400	UNKNOW	S	100 MG	ORAL	TABS	EA	1	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832022500	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	10 MG	ORAL	CP24	EA	100		GENERIC		832		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
832022600	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	20 MG	ORAL	CP24	EA	100		GENERIC		832		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
832022700	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	30 MG	ORAL	CP24	EA	100		GENERIC		832		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
832022800	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	50 MG	ORAL	CP24	EA	100		GENERIC		832		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
832022900	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	60 MG	ORAL	CP24	EA	100		GENERIC		832		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
832023000	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	80 MG	ORAL	CP24	EA	100		GENERIC		832		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
832023300	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	100 MG	ORAL	CP24	EA	100		GENERIC		832		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
832027311	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TABS	EA	100		GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832027411	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TABS	EA	100		GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832028500	BEXAROT	BEXAROT	100000	Antineopla	10000000	Antineopla	S	75 MG	ORAL	CAPS	EA	100		GENERIC		832		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X						R	MEDPRMI
832030000	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	8/1/2023	832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832030100	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	25 MG	ORAL	TABS	EA	100	X	GENERIC	8/1/2023	832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832030101	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	25 MG	ORAL	TABS	EA	100	X	GENERIC	8/1/2023	832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832030110	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC	8/1/2023	832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832030189	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	25 MG	ORAL	TABS	EA	1	X	GENERIC	8/1/2023	832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832030200	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	50 MG	ORAL	TABS	EA	100	X	GENERIC	8/1/2023	832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832030201	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	50 MG	ORAL	TABS	EA	100	X	GENERIC	8/1/2023	832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832030210	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	50 MG	ORAL	TABS	EA	1000	X	GENERIC	8/1/2023	832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832030289	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	50 MG	ORAL	TABS	EA	1	X	GENERIC	8/1/2023	832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832030300	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	100 MG	ORAL	TABS	EA	100	X	GENERIC	8/1/2023	832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832030301	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	100 MG	ORAL	TABS	EA	100	X	GENERIC	8/1/2023	832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832030310	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	100 MG	ORAL	TABS	EA	1000	X	GENERIC	8/1/2023	832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832030389	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	100 MG	ORAL	TABS	EA	1	X	GENERIC	8/1/2023	832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832030400	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	200 MG	ORAL	TABS	EA	100	X	GENERIC	8/1/2023	832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832030401	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	200 MG	ORAL	TABS	EA	100	X	GENERIC	8/1/2023	832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832030410	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	200 MG	ORAL	TABS	EA	1000	X	GENERIC	8/1/2023	832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832030489	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	200 MG	ORAL	TABS	EA	1	X	GENERIC	8/1/2023	832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832031011	VALPROI	VALPROI	281292	Anticonvul	28129200	Anticonvul	S	250 MG	ORAL	CAPS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832035611	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832035711	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832035811	DOXAZOS	DOXAZOS	242000	Alpha-Adr	24200000	Alpha-Adr	S	8MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832035911	DOXAZOS	DOXAZOS	242000	Alpha-Adr	24200000	Alpha-Adr	S	4MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832040211	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-:	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	5/3/2024	832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832040230	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-:	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	5/3/2024	832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832040311	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-:	S	20 MG	ORAL	TABS	EA	100	X	GENERIC	5/3/2024	832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832040330	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-:	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	5/3/2024	832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832046515	NYAMYC	NYSTATII	840408	Antifungal	84040828	Polyenes	S	100000 UI	EXTERNA	POWD	GM	15		GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832046530	NYAMYC	NYSTATII	840408	Antifungal	84040828	Polyenes	S	100000 UI	EXTERNA	POWD	GM	30		GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832046560	NYAMYC	NYSTATII	840408	Antifungal	84040828	Polyenes	S	100000 UI	EXTERNA	POWD	GM	60		GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832051000	BETHANE	BETHANE	120400	Parasymp	12040000	Parasymp	S	5 MG	ORAL	TABS	EA	100		GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832051100	BETHANE	BETHANE	120400	Parasymp	12040000	Parasymp	S	10 MG	ORAL	TABS	EA	100		GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832051101	BETHANE	BETHANE	120400	Parasymp	12040000	Parasymp	S	10 MG	ORAL	TABS	EA	100		GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832051189	BETHANE	BETHANE	120400	Parasymp	12040000	Parasymp	S	10 MG	ORAL	TABS	EA	1		GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832051200	BETHANE	BETHANE	120400	Parasymp	12040000	Parasymp	S	25 MG	ORAL	TABS	EA	100		GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832051201	BETHANE	BETHANE	120400	Parasymp	12040000	Parasymp	S	25 MG	ORAL	TABS	EA	100		GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832051289	BETHANE	BETHANE	120400	Parasymp	12040000	Parasymp	S	25 MG	ORAL	TABS	EA	1		GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832051300	BETHANE	BETHANE	120400	Parasymp	12040000	Parasymp	S	50 MG	ORAL	TABS	EA	100		GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832051301	BETHANE	BETHANE	120400	Parasymp	12040000	Parasymp	S	50 MG	ORAL	TABS	EA	100		GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832051389	BETHANE	BETHANE	120400	Parasymp	12040000	Parasymp	S	50 MG	ORAL	TABS	EA	1		GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832053209	IMATINIB	IMATINIB	100000	Antineopla	10000000	Antineopla	S	100 MG	ORAL	TABS	EA	90		GENERIC		832		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X						R	MEDPRMI
832053303	IMATINIB	IMATINIB	100000	Antineopla	10000000	Antineopla	S	400 MG	ORAL	TABS	EA	30		GENERIC		832		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X						R	MEDPRMI
832054011	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	0.5 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832054111	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832054211	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	2 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832058011	CLOBAZA	CLOBAZA	281208	Anticonvul	28120800	Anticonvul	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS				R	MEDPRMI
832058111	CLOBAZA	CLOBAZA	281208	Anticonvul	28120800	Anticonvul	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS				R	MEDPRMI
832058525	CLOBAZA	CLOBAZA	281208	Anticonvul	28120800	Anticonvul	S	2.5 MG/MI	ORAL	SUSP	ML	120	X	GENERIC	2/28/2022	832		N	FORMULARY		1 GEN	GENERICS			X	480 IN 30 DAYS				R	MEDPRMI
832059010	DIPHENO	DIPHENO	560800	Antidiarrhe	56080000	Antidiarrhe	S	2.5-0.025 I	ORAL	TABS	EA	1000		GENERIC	1/27/2023	832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832059011	DIPHENO	DIPHENO	560800	Antidiarrhe	56080000	Antidiarrhe	S	2.5-0.025 I	ORAL	TABS	EA	100		GENERIC	1/27/2023	832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832059530	EXEMEST	EXEMEST	681608	Antiestrog	68160800	Antiestrog	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		832		N	#N/A	ORIG_FR	10 EHB	#N/A						X	IF AGE=35-999 YEARS AND RA	R	MEDPRMI
832063011	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	100	X	GENERIC	4/1/2024	832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832063111	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	100	X	GENERIC	4/1/2024	832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832063211	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	CAPS	EA	100	X	GENERIC	4/1/2024	832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832074060	PROPAFE	PROPAFE	240404	Antiarrhyt	24040412	Class Ic A	S	225 MG	ORAL	CP12	EA	60	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832074160	PROPAFE	PROPAFE	240404	Antiarrhyt	24040412	Class Ic A	S	325 MG	ORAL	CP12	EA	60	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832074260	PROPAFE	PROPAFE	240404	Antiarrhyt	24040412	Class Ic A	S	425 MG	ORAL	CP12	EA	60	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832101500	AMANTAD	AMANTAD	283604	UNKNOW	28360400	UNKNOW	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832101550	AMANTAD	AMANTAD	283604	UNKNOW	28360400	UNKNOW	S	100 MG	ORAL	CAPS	EA	500	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832105410	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	1000		GENERIC		832		N	FORMULARY		1 GEN	GENERICS			X	8 IN 1 DAYS				R	MEDPRMI
832105411	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC		832		N	FORMULARY		1 GEN	GENERICS			X	8 IN 1 DAYS				R	MEDPRMI
832105415	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	500		GENERIC		832		N	FORMULARY		1 GEN	GENERICS			X	8 IN 1 DAYS				R	MEDPRMI
832105511	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	100		GENERIC		832		N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS				R	MEDPRMI
832105515	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	500		GENERIC		832		N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS				R	MEDPRMI
832107130	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	CS24	EA	30	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS				R	MEDPRMI
832107230	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	CS24	EA	30	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS				R	MEDPRMI
832107330	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	CS24	EA	30	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS				R	MEDPRMI
832107430	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	CS24	EA	30	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS				R	MEDPRMI
832107530	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	150 MG	ORAL	CS24	EA	30	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS				R	MEDPRMI
832111260	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS				R	MEDPRMI
832111360	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS				R	MEDPRMI
832112005	TESTOST	TESTOST	680800	Androgens	68080000	Androgens	S	50 MG/5G	TRANSDE	GEL	GM	5	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS	X	PA:X						R	MEDPRMI
832112035	TESTOST	TESTOST	680800	Androgens	68080000	Androgens	S	50 MG/5G	TRANSDE	GEL	GM	5	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS	X	PA:X						R	MEDPRMI
832112065	TESTOST	TESTOST	680800	Androgens	68080000	Androgens	S	50 MG/5G	TRANSDE	GEL	GM	5	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS	X	PA:X						R	MEDPRMI
832112089	TESTOST	TESTOST	680800	Androgens	68080000	Androgens	S	50 MG/5G	TRANSDE	GEL	GM	5	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS	X	PA:X						R	MEDPRMI
832112140	TESTOST	TESTOST	680800	Androgens	68080000	Androgens	S	12.5 MG/A	TRANSDE	GEL	GM	75	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS	X	PA:X						R	MEDPRMI
832112142	TESTOST	TESTOST	680800	Androgens	68080000	Androgens	S	12.5 MG/A	TRANSDE	GEL	GM	75	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS	X	PA:X						R	MEDPRMI
832121100	JANTOVE	WARFARI	201204	Anticoagu	20120408	Coumarin	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832121101	JANTOVE	WARFARI	201204	Anticoagu	20120408	Coumarin	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832121110	JANTOVE	WARFARI	201204	Anticoagu	20120408	Coumarin	S	1 MG	ORAL	TABS	EA	1000	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832121189	JANTOVE	WARFARI	201204	Anticoagu	20120408	Coumarin	S	1 MG	ORAL	TABS	EA	1	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832121200	JANTOVE	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832121201	JANTOVE	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832121210	JANTOVE	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2 MG	ORAL	TABS	EA	1000	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832121289	JANTOVE	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2 MG	ORAL	TABS	EA	1	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832121300	JANTOVE	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832121301	JANTOVE	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832121310	JANTOVE	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2.5 MG	ORAL	TABS	EA	1000	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832121389	JANTOVE	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2.5 MG	ORAL	TABS	EA	1	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832121400	JANTOVE	WARFARI	201204	Anticoagu	20120408	Coumarin	S	3MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832121401	JANTOVE	WARFARI	201204	Anticoagu	20120408	Coumarin	S	3MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832121410	JANTOVE	WARFARI	201204	Anticoagu	20120408	Coumarin	S	3MG	ORAL	TABS	EA	1000	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832121489	JANTOVE	WARFARI	201204	Anticoagu	20120408	Coumarin	S	3MG	ORAL	TABS	EA	1	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832121500	JANTOVE	WARFARI	201204	Anticoagu	20120408	Coumarin	S	4 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832121501	JANTOVE	WARFARI	201204	Anticoagu	20120408	Coumarin	S	4 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832121510	JANTOVE	WARFARI	201204	Anticoagu	20120408	Coumarin	S	4 MG	ORAL	TABS	EA	1000	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832121589	JANTOVE	WARFARI	201204	Anticoagu	20120408	Coumarin	S	4 MG	ORAL	TABS	EA	1	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832121600	JANTOVE	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832121601	JANTOVE	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832121610	JANTOVE	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	1000	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832121689	JANTOVE	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	1	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832121700	JANTOVE	WARFARI	201204	Anticoagu	20120408	Coumarin	S	6 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832121701	JANTOVE	WARFARI	201204	Anticoagu	20120408	Coumarin	S	6 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832121710	JANTOVE	WARFARI	201204	Anticoagu	20120408	Coumarin	S	6 MG	ORAL	TABS	EA	1000	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832121789	JANTOVE	WARFARI	201204	Anticoagu	20120408	Coumarin	S	6 MG	ORAL	TABS	EA	1	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832121800	JANTOVE	WARFARI	201204	Anticoagu	20120408	Coumarin	S	7.5 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832121801	JANTOVE	WARFARI	201204	Anticoagu	20120408	Coumarin	S	7.5 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832121889	JANTOVE	WARFARI	201204	Anticoagu	20120408	Coumarin	S	7.5 MG	ORAL	TABS	EA	1	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832121900	JANTOVE	WARFARI	201204	Anticoagu	20120408	Coumarin	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832121901	JANTOVE	WARFARI	201204	Anticoagu	20120408	Coumarin	S	10MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832121989	JANTOVE	WARFARI	201204	Anticoagu	20120408	Coumarin	S	10MG	ORAL	TABS	EA	1	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832125011	RAMELTE	RAMELTE	282448	UNKNOW	28244800	UNKNOW	S	8 MG	ORAL	TABS	EA	100		GENERIC		832		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
832125030	RAMELTE	RAMELTE	282448	UNKNOW	28244800	UNKNOW	S	8 MG	ORAL	TABS	EA	30		GENERIC		832		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
832135811	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	4 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832135911	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	8 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832141003	MOXIFLO	MOXIFLO	520404	Antibacter	52040400	Antibacter	S	0.50%	OPHTHAL	SOLN	ML	3		GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832142505	BRIMONII	BRIMONII	840624	UNKNOW	84062400	UNKNOW	S	0.2-0.5 %	OPHTHAL	SOLN	ML	5	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832142510	BRIMONII	BRIMONII	840624	UNKNOW	84062400	UNKNOW	S	0.2-0.5 %	OPHTHAL	SOLN	ML	10	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832142515	BRIMONII	BRIMONII	840624	UNKNOW	84062400	UNKNOW	S	0.2-0.5 %	OPHTHAL	SOLN	ML	15	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832151011	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	0.5 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832152001	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832152011	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832152089	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	1 MG	ORAL	TABS	EA	1	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832153011	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	2 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832154001	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832154011	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832154089	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	5 MG	ORAL	TABS	EA	1	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832155001	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832155011	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832155089	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	10 MG	ORAL	TABS	EA	1	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832156011	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832167011	FLUVOXA	FLUVOXA	281604	Antidepres	28160420	Selective-:	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832167111	FLUVOXA	FLUVOXA	281604	Antidepres	28160420	Selective-:	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832167211	FLUVOXA	FLUVOXA	281604	Antidepres	28160420	Selective-:	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832169011	ETHACRY	ETHACRY	243608	UNKNOW	24360800	UNKNOW	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS	X	PA:X						R	MEDPRMI
832532210	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	8 MEQ	ORAL	TBCR	EA	1000	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832532211	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	8 MEQ	ORAL	TBCR	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832532310	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	1000	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832532311	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832532410	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	1000	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832532411	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832532510	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	1000	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832532511	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832532515	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	500	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832600311	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832600411	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832600511	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832600611	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832601700	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832601800	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832601810	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832601900	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832601901	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832601910	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	50 MG	ORAL	TABS	EA	1000	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832601989	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	50 MG	ORAL	TABS	EA	1	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832602000	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832602001	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832602010	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	100 MG	ORAL	TABS	EA	1000	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832602089	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	100 MG	ORAL	TABS	EA	1	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832602100	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	200 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832602101	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	200 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832602110	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	200 MG	ORAL	TABS	EA	1000	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832602189	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	200 MG	ORAL	TABS	EA	1	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832602211	CARBAM/	CARBAM/	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TB12	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832602311	CARBAM/	CARBAM/	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TB12	EA	100	X	GENERIC		832	Y	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832602411	CARBAM/	CARBAM/	281292	Anticonvul	28129200	Anticonvul	S	400 MG	ORAL	TB12	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832603212	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-:	S	20 MG/5M	ORAL	SOLN	ML	120	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832604510	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG/5M	ORAL	SUSR	ML	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832604515	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG/5M	ORAL	SUSR	ML	150	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832604550	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG/5M	ORAL	SUSR	ML	50	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832604890	PITAVAST	PITAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	1 MG	ORAL	TABS	EA	90	X	GENERIC		832		N	EXCLUDE	HARD_MS	10 EHB	FORMULARY EXCLUSION					PLEASE DISPENSE BRAND FOR GENERIC COPAY.	X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
832604990	PITAVAST	PITAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	2 MG	ORAL	TABS	EA	90	X	GENERIC		832		N	EXCLUDE	HARD_MS	10 EHB	FORMULARY EXCLUSION					PLEASE DISPENSE BRAND FOR GENERIC COPAY.	X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
832605090	PITAVAST	PITAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	4 MG	ORAL	TABS	EA	90	X	GENERIC		832		N	EXCLUDE	HARD_MS	10 EHB	FORMULARY EXCLUSION					PLEASE DISPENSE BRAND FOR GENERIC COPAY.	X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
832605210	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	1000		GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832605211	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	100		GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832605310	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	1000		GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832605311	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	100		GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832605612	MESALAM	MESALAM	563600	Anti-inflam	56360000	Anti-inflam	S	0.375 GM	ORAL	CP24	EA	120	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832607211	METHIMA	METHIMA	683608	Antithyroic	68360800	Antithyroic	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832607311	METHIMA	METHIMA	683608	Antithyroic	68360800	Antithyroic	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832607803	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832607850	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	2.5 MG	ORAL	TABS	EA	500	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832607903	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832607950	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	500	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832608003	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	7.5 MG	ORAL	TABS	EA	30	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832608050	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	7.5 MG	ORAL	TABS	EA	500	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832608103	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832608150	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	500	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832608203	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TABS	EA	30	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832608250	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TABS	EA	500	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832608303	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832608350	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	500	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832712211	DIVALPR(	DIVALPR(	281228	UNKNOW	28122800	UNKNOW	S	125 MG	ORAL	TBEC	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832712215	DIVALPR(	DIVALPR(	281228	UNKNOW	28122800	UNKNOW	S	125 MG	ORAL	TBEC	EA	500	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832712301	DIVALPR(	DIVALPR(	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TBEC	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832712311	DIVALPR(	DIVALPR(	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TBEC	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832712315	DIVALPR(	DIVALPR(	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TBEC	EA	500	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832712389	DIVALPR(	DIVALPR(	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TBEC	EA	1	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832712401	DIVALPR(	DIVALPR(	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TBEC	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832712411	DIVALPR(	DIVALPR(	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TBEC	EA	100	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832712415	DIVALPR(	DIVALPR(	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TBEC	EA	500	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832712489	DIVALPR(	DIVALPR(	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TBEC	EA	1	X	GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832830130	ISOTRETI	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	S	10 MG	ORAL	CAPS	EA	10		GENERIC		832	N	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832830189	ISOTRETI	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	S	10 MG	ORAL	CAPS	EA	10		GENERIC		832	N	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832830230	ISOTRETI	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	S	20 MG	ORAL	CAPS	EA	10		GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832830289	ISOTRETI	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	S	20 MG	ORAL	CAPS	EA	10		GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832830330	ISOTRETI	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	S	30 MG	ORAL	CAPS	EA	10		GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832830389	ISOTRETI	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	S	30 MG	ORAL	CAPS	EA	10		GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832830430	ISOTRETI	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	S	40 MG	ORAL	CAPS	EA	10		GENERIC		832	N	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
832830489	ISOTRETI	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	S	40 MG	ORAL	CAPS	EA	10		GENERIC		832		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
847001200	L-ARGINII	ARGININE	402000	Caloric Ag	40200000	Caloric Ag	P	0	ORAL	POWD	GM	50		MSB		847		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
847001300	GLYCINE	GLYCINE	402000	Caloric Ag	40200000	Caloric Ag	P	0	ORAL	POWD	GM	50		MSB		847		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
847001400	L-ISOLEU	ISOLEUCI	402000	Caloric Ag	40200000	Caloric Ag	O	0	ORAL	POWD	GM	50		MSB	3/31/2023	847		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
847001500	L-LEUCIN	LEUCINE	402000	Caloric Ag	40200000	Caloric Ag	O	0	ORAL	POWD	GM	50		MSB		847		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
847001600	L-TYROSI	TYROSIN	402000	Caloric Ag	40200000	Caloric Ag	O	0	ORAL	POWD	GM	50		MSB		847		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
847001700	L-VALINE	VALINE	402000	Caloric Ag	40200000	Caloric Ag	O	0	ORAL	POWD	GM	50		MSB		847		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
847007500	GLUTARA	AMINO AC	929200	UNKNOW	92920000	UNKNOW	O	0-12GM/1:	ORAL	POWD	GM	454		SSB		847		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
847007510	GLUTARA	AMINO AC	929200	UNKNOW	92920000	UNKNOW	O	0-12GM/1(	ORAL	POWD	GM	400		SSB		847		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
847059000	COMPLE)	AMINO AC	929200	UNKNOW	92920000	UNKNOW	O	1.81GM/1:	ORAL	POWD	GM	454		SSB		847	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
847059102	COMPLE)	AMINO AC	929200	UNKNOW	92920000	UNKNOW	O	0-0-78MG	ORAL	POWD	GM	400		SSB		847		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
847059722	COMPLE)	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-2.7GM/1	ORAL	POWD	GM	454		SSB		847		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
847059806	COMPLE)	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	O	1.77GM/5(	ORAL	BAR	EA	1		SSB		847		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
847075000	GLUTARA	AMINO AC	929200	UNKNOW	92920000	UNKNOW	O	0-12GM/1:	ORAL	POWD	GM	454		SSB		847		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
847075002	GLUTARA	AMINO AC	929200	UNKNOW	92920000	UNKNOW	O	0-12GM/1:	ORAL	POWD	GM	454		SSB		847		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI

847075102	GLUTARA	AMINO AC	929200	UNKNOW	92920000	UNKNOW	O	0-12GM/1(	ORAL	POWD	GM	400		SSB		847		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
847075422	GLUTARA	AMINO AC	929200	UNKNOW	92920000	UNKNOW	O	0-30GM/1(	ORAL	POWD	GM	454		SSB		847		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
847095000	PHENYLA	AMINO AC	929200	UNKNOW	92920000	UNKNOW	O	1018MG/1	ORAL	POWD	GM	454		SSB		847		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
847095004	PHENYLA	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	O	1018MG-8	ORAL	PACK	EA	30		SSB		847		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
847095012	PHENYLA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-60MG	ORAL	POWD	GM	454		SSB		847		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
847095014	PHENYLA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-60MG	ORAL	PACK	EA	16		SSB		847		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
847095022	PHENYLA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-60MG	ORAL	POWD	GM	454		SSB		847		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
847095024	PHENYLA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-60MG	ORAL	PACK	EA	16		SSB		847		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
847095032	PHENYLA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-60MG	ORAL	POWD	GM	454		SSB		847		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
847095034	PHENYLA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-60MG	ORAL	PACK	EA	16		SSB		847		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
847095042	PHENYLA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-60MG	ORAL	POWD	GM	454		SSB		847		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
847095044	PHENYLA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-60MG	ORAL	PACK	EA	16		SSB		847		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
847095082	PHENYLA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-60MG	ORAL	POWD	GM	454		SSB		847		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
847095084	PHENYLA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-60MG	ORAL	PACK	EA	16		SSB		847		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
847095112	PHENYLA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	2350MG/1	ORAL	POWD	GM	454		SSB		847		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
847095222	PHENYLA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	2350MG/1	ORAL	POWD	GM	454		SSB		847		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
847095332	PHENYLA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	2350MG/1	ORAL	POWD	GM	454		SSB		847		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
847095404	PHENYLA	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-18.5M	ORAL	PACK	EA	20		SSB		847		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
847095414	PHENYLA	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-18.5M	ORAL	PACK	EA	20		SSB		847		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
847095442	PHENYLA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	2350MG/1	ORAL	POWD	GM	454		SSB		847		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
847095501	PHENYLA	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	TABS	EA	550		SSB		847		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
847095504	PHENYLA	AMINO AC	929200	UNKNOW	92920000	UNKNOW	O	2.6GM/3G	ORAL	POWD	EA	110		SSB		847		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
847095602	PHENYLA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-113M(	ORAL	POWD	GM	454		SSB		847		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
847095604	PHENYLA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-113M(	ORAL	PACK	EA	30		SSB		847		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
847095622	PHENYLA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-113M(	ORAL	POWD	GM	454		SSB		847		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
847095624	PHENYLA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-113M(	ORAL	PACK	EA	30		SSB		847		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
847095668	PHENYLA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-18.8M	ORAL	LIQD	ML	75		SSB		847		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
847095706	PHENYLA	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	O	938MG-79	ORAL	BAR	EA	1		SSB		847		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
847095806	PHENYLA	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	O	987MG-85	ORAL	BAR	EA	1		SSB		847		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
847095906	PHENYLA	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	O	938MG-79	ORAL	BAR	EA	1		SSB		847		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
847095960	PHENYLA	AMINO AC	929200	UNKNOW	92920000	UNKNOW	O	992MG/13	ORAL	POWD	GM	454		SSB		847		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
847095964	PHENYLA	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	O	992MG-84	ORAL	PACK	EA	30		SSB		847		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
851000001	CERALYT	ORAL ELE	401200	Replacem	40120000	Replacem	O	1.3GM/L-2	ORAL	PACK	EA	100		SSB		851		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
851000002	CERALYT	ORAL ELE	401200	Replacem	40120000	Replacem	O	1.3GM/L-3	ORAL	PACK	EA	100		SSB		851		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
851000005	CERALYT	ORAL ELE	401200	Replacem	40120000	Replacem	O	1.3GM/L-2	ORAL	PACK	EA	100		SSB		851		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
851000009	CERALYT	ORAL ELE	401200	Replacem	40120000	Replacem	O	1.3GM/L-2	ORAL	PACK	EA	100		SSB		851	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
851000010	CERALYT	ORAL ELE	401200	Replacem	40120000	Replacem	O	1.3GM/L-2	ORAL	PACK	EA	100		SSB		851	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
851000012	CERALYT	ORAL ELE	401200	Replacem	40120000	Replacem	O	1.3GM/L-2	ORAL	PACK	EA	100		SSB		851	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
851000014	CERALYT	ORAL ELE	401200	Replacem	40120000	Replacem	O	0-0-0-0	ORAL	PACK	EA	100		SSB		851		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
851000019	CERALYT	ORAL ELE	401200	Replacem	40120000	Replacem	O	240MG/20	ORAL	PACK	EA	100		SSB		851		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
851020001	CERASP(	ORAL ELE	401200	Replacem	40120000	Replacem	O	0-0-0-0-0	ORAL	PACK	EA	100		SSB		851		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
851020003	CERASP(	ORAL ELE	401200	Replacem	40120000	Replacem	O	4MEQ/L-2	ORAL	PACK	EA	100		SSB		851		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
851020009	CERASP(	ORAL ELE	401200	Replacem	40120000	Replacem	O	0-0-0-0-0	ORAL	PACK	EA	100		SSB		851		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
851020010	CERASP(	ORAL ELE	401200	Replacem	40120000	Replacem	O	0-0-0-0-0	ORAL	PACK	EA	100		SSB		851		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
851020012	CERASP(	ORAL ELE	401200	Replacem	40120000	Replacem	O	0-0-0-0-0	ORAL	PACK	EA	100		SSB		851		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
851020020	CERASP(	ORAL ELE	401200	Replacem	40120000	Replacem	O	85MG-230	ORAL	PACK	EA	100		SSB		851		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
851022003	CERASP(	ORAL ELE	401200	Replacem	40120000	Replacem	O	4MEQ/L-2	ORAL	SOLR	GM	399		SSB		851		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
851022005	CERASP(	ORAL ELE	401200	Replacem	40120000	Replacem	O	0-0-0-0-0	ORAL	SOLR	GM	238		SSB		851		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
851022010	CERASP(	ORAL ELE	401200	Replacem	40120000	Replacem	O	0-0-0-0-0	ORAL	SOLR	GM	399		SSB		851		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
851023000	CERASP(	ORAL ELE	401200	Replacem	40120000	Replacem	O	160-400 M	ORAL	PACK	EA	100		SSB		851		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
851023001	CERASP(	ORAL ELE	401200	Replacem	40120000	Replacem	O	160-400 M	ORAL	PACK	EA	100		SSB		851		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
851050012	CERASP(	ORAL ELE	401200	Replacem	40120000	Replacem	O	18MEQ/L-	ORAL	SOLN	ML	250		SSB		851		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
851050013	CERASP(	ORAL ELE	401200	Replacem	40120000	Replacem	O	30MEQ/L-	ORAL	SOLN	ML	250		SSB		851		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
851050030	CERALYT	ORAL ELE	401200	Replacem	40120000	Replacem	P	0-0-0-0-0	ORAL	SOLN	ML	250		GENERIC		851		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
856000309	ROMPE P	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-10-200-(	ORAL	LIQD	ML	237		GENERIC		856	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
869006330	CALAMIN	CALAMIN	842412	Basic Oint	84241200	Basic Oint	O	8-8 %	EXTERNA	LOTN	ML	177		MSB		869	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
869007816	CASTOR	CASTOR	561200	Cathartics	56120000	Cathartics	P	100%	ORAL	OIL	ML	59		GENERIC		869		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
869008810	IODINE TI	IODINE (T	840416	UNKNOW	84041600	UNKNOW	O	2%	EXTERNA	TINC	ML	30		MSB	4/8/2024	869		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
869016638	CITROMA	MAGNESI	561200	Cathartics	56120000	Cathartics	P	1.745 GM/	ORAL	SOLN	ML	296		GENERIC		869		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
869060207	EPSOM S	MAGNESI	561200	Cathartics	56120000	Cathartics	P	0-0	ORAL	GRAN	GM	1810		GENERIC		869		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
869060243	EPSOM S	MAGNESI	561200	Cathartics	56120000	Cathartics	P	0-0	ORAL	GRAN	GM	454		GENERIC		869		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
869081043	ISOPROP	ISOPROP	840492	Local Anti-	84049200	Local Anti-	O	70%	DOES NO	SOLN	ML	473		MSB		869		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
869081045	ISOPROP	ISOPROP	840492	Local Anti-	84049200	Local Anti-	O	70%	DOES NO	SOLN	ML	946		MSB		869		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
869082243	WITCH H/	WITCH H/	849200	Skin and M	84920000	Skin and M	P	86%	EXTERNA	SOLN	ML	473		GENERIC	3/12/2024	869		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
869083143	MINERAL	MINERAL	561200	Cathartics	56120000	Cathartics	P	0	ORAL	OIL	ML	473		GENERIC		869		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
869086443	ISOPROP	ISOPROP	380000	Disinfectai	38000000	Disinfectai	P	50%	DOES NO	SOLN	ML	473		GENERIC		869		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
869087143	HYDROGI	HYDROGI	840492	Local Anti-	84049200	Local Anti-	P	3%	EXTERNA	SOLN	ML	473		GENERIC		869		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
869087145	HYDROGI	HYDROGI	840492	Local Anti-	84049200	Local Anti-	P	3%	EXTERNA	SOLN	ML	946		GENERIC		869		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
869087643	ETHYL AL	ALCOHOL	840492	Local Anti-	84049200	Local Anti-	P	70%	DOES NO	SOLN	ML	473		NON DRUG		869		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
869462910	PETROLE	WHITE PE	842400	Emollients	84240000	Emollients	P	0	EXTERNA	GEL	GM	369		GENERIC		869		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
884029301	FUNGOID	MICONAZ	840408	Antifungal	84040808	Azoles	O	2%	EXTERNA	SOLN	ML	29.57		SSB		884	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
884044904	UREACIN	UREA	842800	Keratolytic	84280000	Keratolytic	P	20%	EXTERNA	CREA	GM	113.4		GENERIC		884	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
884065904	BREEZEE	UNDECYL	840416	UNKNOW	84041600	UNKNOW	O	0-0	EXTERNA	AERP	GM	113		SSB		884	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
884169311	PEDI-PRE	WOUND D	849200	Skin and M	84920000	Skin and M	O	0	EXTERNA	LIQD	GM	312		SSB		884		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
884324908	UREACIN	UREA	842800	Keratolytic	84280000	Keratolytic	P	10%	EXTERNA	LOTN	ML	236.56		GENERIC		884	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
884489102	NAIL SCR	DERMAT(	849200	Skin and M	84920000	Skin and M	O	0-0-0-0-0	EXTERNA	LIQD	ML	56.7		SSB		884		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
884629730	PHENOL I	PHENOL	840492	Local Anti-	84049200	Local Anti-	O	89%	EXTERNA	SWAB	EA	30		SSB		884		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
884801102	SLEEP-N-	FOOT CA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		884		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
884801104	SLEEP-N-	FOOT CA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		884		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
884811104	EXFOLIX	PODIATR	849200	Skin and M	84920000	Skin and M	O	0	EXTERNA	BAR	EA	1		SSB		884		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
884831103	SLEEP-N-	PODIATR	849200	Skin and M	84920000	Skin and M	O	20%	EXTERNA	KIT	EA	1		SSB		884		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
884881204	LACTINOI	EMOLLIEI	842412	Basic Oint	84241200	Basic Oint	O	0-0-0	EXTERNA	CREA	GM	113.4		SSB		884		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891000101	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891000201	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891000301	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891011700	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	36		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891013600	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	18		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891015100	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891015400	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	12		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891056001	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	22		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891056011	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	2		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891056201	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	20		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891056211	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	2		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891057000	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	24		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891057011	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891057100	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	25		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891057101	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	25		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891059101	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	36		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891059111	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891059201	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891059211	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891059301	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891059311	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891059401	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891061100	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891061101	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891061200	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891061201	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891061300	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891061301	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891061400	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891061401	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891063101	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891063201	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891063301	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891063401	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891064101	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891064201	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891064301	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891064401	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891071010	SECURE	DISPOSA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891071011	SECURE	DISPOSA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891071020	SECURE	DISPOSA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891071021	SECURE	DISPOSA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891071030	SECURE	DISPOSA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891071031	SECURE	DISPOSA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891081021	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891081031	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891081041	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891081051	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891081071	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891081081	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891082001	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891082301	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891083011	O-RING C	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891085001	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	144		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891090000	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	25		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891090100	SECURE	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	52		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891090200	SECURE	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	36		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891090300	SECURE	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	28		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891090400	SECURE	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	24		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891090500	SECURE	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	52		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891090600	SECURE	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	36		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891090700	SECURE	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	28		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891090800	SECURE	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	24		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891091000	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	24		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891091001	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891091011	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891091201	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	28		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891091211	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891092000	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	24		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891092010	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	12		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891092011	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891093000	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	24		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891093010	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	12		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891093011	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891094000	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	24		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891094010	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	12		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891094011	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891095000	SECURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	12		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891096201	SECURE	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891096301	SECURE	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	17		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891096601	SECURE	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
891096701	SECURE	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	17		NON DRUG		891		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
904001224	ALLERGY	CHLORPH	40400	First Gene	4040000	First Gene	P	4 MG	ORAL	TABS	EA	24		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
904001259	ALLERGY	CHLORPH	40400	First Gene	4040000	First Gene	P	4 MG	ORAL	TABS	EA	100		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
904001261	ALLERGY	CHLORPH	40400	First Gene	4040000	First Gene	P	4 MG	ORAL	TABS	EA	100		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
904001280	ALLERGY	CHLORPH	40400	First Gene	4040000	First Gene	P	4 MG	ORAL	TABS	EA	1000		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
904020161	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	100	X	GENERIC	8/1/2022	904		N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
904020261	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	100	X	GENERIC	8/1/2022	904		N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
904025024	APRODIN	TRIPROLI	40400	First Gene	4040000	First Gene	P	2.5-60 MG	ORAL	TABS	EA	24		GENERIC	10/10/2022	904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
904025059	APRODIN	TRIPROLI	40400	First Gene	4040000	First Gene	P	2.5-60 MG	ORAL	TABS	EA	100		GENERIC	11/22/2022	904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
904026252	STRESS I	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	500MG-50	ORAL	TABS	EA	60		GENERIC		904	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
904027746	VITAMIN I	VITAMIN I	882000	Vitamin E	88200000	Vitamin E	P	450 MG (1	ORAL	CAPS	EA	30		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
904027760	VITAMIN I	VITAMIN I	882000	Vitamin E	88200000	Vitamin E	P	450 MG (1	ORAL	CAPS	EA	100		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
904042804	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	30		GENERIC		904		N	FORMULARY		1 GEN	GENERICS	X	2 IN 1 DAYS	R	MEDPRIM
904042806	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	50		GENERIC		904		N	FORMULARY		1 GEN	GENERICS	X	2 IN 1 DAYS	R	MEDPRIM
904043004	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	TABS	EA	30		GENERIC		904		N	FORMULARY		1 GEN	GENERICS	X	2 IN 1 DAYS	R	MEDPRIM
904043006	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	TABS	EA	50		GENERIC		904		N	FORMULARY		1 GEN	GENERICS	X	2 IN 1 DAYS	R	MEDPRIM
904043095	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	TABS	EA	20		GENERIC		904		N	FORMULARY		1 GEN	GENERICS	X	2 IN 1 DAYS	R	MEDPRIM
904052360	ASCORBI	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	TABS	EA	100		GENERIC		904	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
904052361	ASCORBI	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	TABS	EA	100		GENERIC		904	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
904052372	ASCORBI	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	TABS	EA	300		GENERIC		904	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
904052380	ASCORBI	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	TABS	EA	1000		GENERIC		904	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
904053061	TAB-A-VI	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	100		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
904053160	TAB-A-VI	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	100		GENERIC	2/25/2022	904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
904053670	ANIMAL S	PEDIATRI	882800	Multivitam	88280000	Multivitam	O	18 MG	ORAL	CHEW	EA	250		SSB	3/31/2022	904		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
904053961	THERA	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	90MG-90M	ORAL	TABS	EA	100		SSB		904	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
904072236	ANTIFUN(	TOLNAFT	840408	Antifungal	84040840	Thiocarba	P	1%	EXTERNA	CREA	GM	14.18		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
904072645	TOLNAFT	TOLNAFT	840408	Antifungal	84040840	Thiocarba	P	1%	EXTERNA	POWD	GM	45		GENERIC	3/31/2022	904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
904073431	TRIPLE A	NEOMYCI	840404	Antibacter	84040400	Antibacter	P	3.5-400-5(	EXTERNA	OINT	GM	28		GENERIC	9/3/2024	904	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
904078816	MILK OF I	MAGNESI	561200	Cathartics	56120000	Cathartics	P	400 MG/5I	ORAL	SUSP	ML	473		GENERIC		904	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
904098316	GERAVIN	VITAMINS	882800	Multivitam	88280000	Multivitam	O	50MG/15M	ORAL	ELIX	ML	480		SSB		904		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
904110309	POVIDON	POVIDON	840416	UNKNOW	84041600	UNKNOW	P	10%	EXTERNA	SOLN	ML	236		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
904131546	BISMATR	BISMUTH	560800	Antidiarrh	56080000	Antidiarrh	P	262 MG	ORAL	CHEW	EA	30		GENERIC	3/22/2022	904	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
904145361	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	100		GENERIC	5/31/2023	904		N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
904188260	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	250-3.125	ORAL	TABS	EA	100		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
904188361	OYSTER S	OYSTER S	401200	Replacem	40120000	Replacem	P	500 MG	ORAL	TABS	EA	100		GENERIC		904	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
904188372	OYSTER S	OYSTER S	401200	Replacem	40120000	Replacem	P	500 MG	ORAL	TABS	EA	300		GENERIC		904	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
904198760	MAPAP	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	CAPS	EA	100		GENERIC		904	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
904201559	TRI-BUFF	ASPIRIN E	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TABS	EA	100		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
904205159	DRIMINAT	DIMENHY	562208	Antihistam	56220800	Antihistam	P	50MG	ORAL	TABS	EA	100		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
904205661	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	50 MG	ORAL	CAPS	EA	100		GENERIC		904	Y	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
904208560	VITAMIN A	VITAMIN A	880400	Vitamin A	88040000	Vitamin A	P	3 MG (100	ORAL	CAPS	EA	100		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
904216680	FERROUS	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	325MG	ORAL	TBEC	EA	1000		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
904227260	NIACIN	NIACIN	880800	Vitamin B	88080000	Vitamin B	P	500 MG	ORAL	TABS	EA	100		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
904250091	FIBER TA	CALCIUM	561200	Cathartics	56120000	Cathartics	P	625MG	ORAL	TABS	EA	90		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
904252820	LICE KILL	PYRETHR	840412	Scabicides	84041200	Scabicides	P	0.33-4 %	EXTERNA	SHAM	ML	118		GENERIC	1/9/2024	904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
904253321	CALAMIN	CALAMIN	842412	Basic Oint	84241200	Basic Oint	O	8%-8%	EXTERNA	LOTN	ML	177		MSB		904		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
904261460	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
904264113	CERTAVI	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	130		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
904264172	CERTAVI	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	300		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
904272561	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	100		GENERIC		904		N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
904282161	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	9/19/2022	904		N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
904343551	SHARK C	SHARK C	929200	UNKNOW	92920000	UNKNOW	O	740 MG	ORAL	CAPS	EA	50		MSB		904		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
904357161	MEGESTI	MEGESTI	683200	Progestins	68320000	Progestins	S	40 MG	ORAL	TABS	EA	100		GENERIC	3/4/2022	904		N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
904385461	CARBAM/	CARBAM/	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	CHEW	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
904386575	DEEP SE	SALINE	529200	EENT Dru	52920000	EENT Dru	P	0.65%	NASAL	SOLN	ML	44		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
904404073	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	CHEW	EA	36		GENERIC		904		N	#N/A	ORIG_FR	10 EHB	#N/A	X	THEN $0 COPAY AND TIER=1	R	MEDPRIM
904404360	FISH OIL	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	100		GENERIC	7/25/2022	904	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
904408984	HYDRO-T	BUCHU-C	402892	Diuretics,	40289200	Diuretics,	P	65MG-32.!	ORAL	TABS	EA	84		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
904418160	B-COMPL	B-COMPL	880800	Vitamin B	88080000	Vitamin B	P	.1MG-5MC	ORAL	TABS	EA	100		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
904421360	ACIDOPH	LACTOBA	560800	Antidiarrh	56080000	Antidiarrh	P	0-0	ORAL	CAPS	EA	100		GENERIC	2/7/2024	904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
904421551	ARGININE	ARGININE	402000	Caloric Ag	40200000	Caloric Ag	O	500MG	ORAL	TABS	EA	50		MSB		904		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
904423960	MAGNESI	MAGNESI	401200	Replacem	40120000	Replacem	P	500 MG	ORAL	TABS	EA	100		GENERIC		904	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM

904424352	OCTACOS	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	1000-5 MC	ORAL	TABS	EA	60		MSB		904	N	N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
904425418	ULTRA-M	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	250MG-25	ORAL	TBCR	EA	120		GENERIC		904	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904425684	WATER T	BUCHU-C	402892	Diuretics,	40289200	Diuretics,	P	65MG-32.5	ORAL	TABS	EA	84		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904427451	SLEEP TA	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	25 MG	ORAL	TABS	EA	50		GENERIC		904	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904429909	THERA-D	EMOLLIEI	842404	Basic Loti	84240400	Basic Loti	P	0-0-0-0-0	EXTERNA	LOTN	ML	236		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904434651	GERMANI	MISC NAT	929200	UNKNOW	92920000	UNKNOW	P	10MG	ORAL	CAPS	EA	50		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904453560	PUMPKIN	MISC NAT	929200	UNKNOW	92920000	UNKNOW	P	0	ORAL	CAPS	EA	100		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904505359	SUDOGE	PSEUDOE	121212	alpha- anc	12121200	alpha- anc	P	30 MG	ORAL	TABS	EA	100		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904513559	PAIN REL	ASPIRIN-A	280804	Nonsteroi	28080424	Salicylates	P	250-250-6	ORAL	TABS	EA	100		GENERIC	3/31/2022	904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904515260	GARLIN	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0	ORAL	TABS	EA	100		SSB		904		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904515460	GUAIFEN	GUAIFEN	481600	Expectora	48160000	Expectora	P	200 MG	ORAL	TABS	EA	100		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904519556	ARTHRIC	TROLAMI	280804	Nonsteroi	28080424	Salicylates	P	10%	EXTERNA	CREA	GM	90		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904522452	LACTASE	LACTASE	561600	Digestants	56160000	Digestants	P	3000 UNIT	ORAL	TABS	EA	60		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904525944	THERAPE	COAL TAR	843200	Keratoplas	84320000	Keratoplas	P	0.50%	EXTERNA	SHAM	ML	251		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904526460	HAWTHO	HAWTHO	929200	UNKNOW	92920000	UNKNOW	O	550MG	ORAL	CAPS	EA	100		MSB		904		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
904527152	DHEA	PRASTER	929200	UNKNOW	92920000	UNKNOW	P	25 MG	ORAL	TABS	EA	60		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904527360	CATS CLA	CAT'S CLA	929200	UNKNOW	92920000	UNKNOW	O	350 MG	ORAL	CAPS	EA	100		MSB		904	N	N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
904528261	RIFAMPIN	RIFAMPIN	81604	Antituberc	8160400	Antituberc	S	300 MG	ORAL	CAPS	EA	100		GENERIC	3/11/2022	904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904529418	CALCIUM	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	600MG	ORAL	CAPS	EA	120		MSB		904	N	N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
904530016	LUBRISOI	EMOLLIEI	842404	Basic Loti	84240400	Basic Loti	O	0-0-0-0-0	EXTERNA	LOTN	ML	473		SSB		904		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904530624	BANOPHE	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	24		GENERIC	4/7/2023	904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904530660	BANOPHE	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	100		GENERIC	10/27/2022	904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904530661	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	100		GENERIC	12/7/2022	904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904530680	BANOPHE	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	1000		GENERIC	1/31/2023	904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904530760	BANOPHE	DIPHENH	40400	First Gene	4040000	First Gene	P	50 MG	ORAL	CAPS	EA	100		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904530780	BANOPHE	DIPHENH	40400	First Gene	4040000	First Gene	P	50 MG	ORAL	CAPS	EA	1000		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904530909	CHILDREI	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5I	ORAL	SUSP	ML	240		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904530920	CHILDREI	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5I	ORAL	SUSP	ML	120		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904531346	PRENATA	PRENATA	882800	Multivitam	88280000	Multivitam	O	27-0.8 MG	ORAL	TABS	EA	30		SSB		904		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904531360	PRENATA	PRENATA	882800	Multivitam	88280000	Multivitam	O	27-0.8 MG	ORAL	TABS	EA	100		SSB		904	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904532152	MILK THIS	MILK THIS	929200	UNKNOW	92920000	UNKNOW	O	150 MG	ORAL	CAPS	EA	60		MSB		904	N	N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
904535124	SUDOGE	CHLORPH	40400	First Gene	4040000	First Gene	P	4-60 MG	ORAL	TABS	EA	24		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904535196	SUDOGE	CHLORPH	40400	First Gene	4040000	First Gene	P	4-60 MG	ORAL	TABS	EA	48		GENERIC	1/20/2022	904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904535431	BANOPHE	DIPHENH	840800	Antipruritic	84080000	Antipruritic	P	2%-.1%	EXTERNA	CREA	GM	28		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904536560	ACID GOI	ALUMINU	560400	Antacids a	56040000	Antacids a	P	160-105 M	ORAL	CHEW	EA	100		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904539561	FERREX	POLYSAC	200404	Iron Prepa	20040400	Iron Prepa	P	150 MG	ORAL	CAPS	EA	100		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904541501	MICONAZ	MICONAZ	840408	Antifungal	84040808	Azoles	P	200 & 2 M	VAGINAL	KIT	EA	1		GENERIC	12/13/2023	904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904544861	PENTOXII	PENTOXII	202400	Hemorrhe	20240000	Hemorrhe	S	400 MG	ORAL	TBCR	EA	100	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904546052	OYSTER	CALCIUM	401200	Replacem	40120000	Replacem	P	500-5 MG	ORAL	TABS	EA	60		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904546072	OYSTER	CALCIUM	401200	Replacem	40120000	Replacem	P	500-5 MG	ORAL	TABS	EA	300		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904546080	OYSTER	CALCIUM	401200	Replacem	40120000	Replacem	P	500-5 MG	ORAL	TABS	EA	1000		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904546092	OYSTER	CALCIUM	401200	Replacem	40120000	Replacem	P	500-5 MG	ORAL	TABS	EA	150		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904546335	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	50 MG/1.2	ORAL	SUSP	ML	15		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904548652	CERTAVI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	60MG-60M	ORAL	TABS	EA	60		SSB		904		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904549261	THERA M	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	90MG-90M	ORAL	TABS	EA	100		SSB	10/31/2023	904	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904549280	THERA-M	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	90MG-90M	ORAL	TABS	EA	1000		SSB	10/31/2023	904	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904550261	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	12/19/2022	904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904552261	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904552361	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904552461	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	4 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904552952	HEARTBU	FAMOTID	562812	Histamine	56281200	Histamine	P	10MG	ORAL	TABS	EA	60		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904552987	HEARTBU	FAMOTID	562812	Histamine	56281200	Histamine	P	10MG	ORAL	TABS	EA	30		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904555124	BANOPHE	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	TABS	EA	24		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904555159	BANOPHE	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	TABS	EA	100		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904557720	CHILDREI	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5I	ORAL	SUSP	ML	120		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904559652	ESTER-C	BIOFLAV	882800	Multivitam	88280000	Multivitam	P	500MG-50	ORAL	TABS	EA	60		GENERIC		904	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904560413	FISH OIL	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	500 MG	ORAL	CAPS	EA	130		GENERIC	9/7/2023	904	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904560961	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC	10/5/2023	904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904561061	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	1/10/2023	904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904561161	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	100	X	GENERIC	2/15/2023	904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904561646	CO Q-10	COENZYM	929200	UNKNOW	92920000	UNKNOW	P	50 MG	ORAL	CAPS	EA	30		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904563889	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904563943	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	45	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904563946	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904563948	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	15	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904564046	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904564048	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	15	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904564089	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904564289	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904567516	SOLUBLE	METHYLC	561200	Cathartics	56120000	Cathartics	P	0	ORAL	POWD	GM	454		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904567661	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-s	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904567761	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904569915	ALLERGY	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	10		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904570161	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904572514	MINTOX I	ALUM & M	560400	Antacids a	56040000	Antacids a	P	400-400-4	ORAL	SUSP	ML	355		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904573182	WHITE PE	WHITE PE	842400	Emollients	84240000	Emollients	P	0	EXTERNA	GEL	GM	368		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904576960	MAPAP A	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	650 MG	ORAL	TBCR	EA	100		GENERIC	9/6/2023	904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904578017	HEARTBU	FAMOTID	562812	Histamine	56281200	Histamine	P	20MG	ORAL	TABS	EA	25	X	GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904578051	HEARTBU	FAMOTID	562812	Histamine	56281200	Histamine	P	20MG	ORAL	TABS	EA	50	X	GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904578461	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	10 MG	ORAL	CAPS	EA	100	X	GENERIC	3/13/2024	904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904578561	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	CAPS	EA	100	X	GENERIC	4/25/2024	904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904578624	MAPAP C	DEXTROM	480800	Antitussive	48080000	Antitussive	P	325MG-10	ORAL	TABS	EA	24		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904578961	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	100		GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904579061	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	100		GENERIC		904	Y	N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904579146	MAPAP C	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	80 MG	ORAL	CHEW	EA	30		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904582360	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	10 MCG (4	ORAL	TABS	EA	100		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904583315	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10-240 MC	ORAL	TB24	EA	10		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904583348	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10-240 MC	ORAL	TB24	EA	15		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904583441	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	TBEC	EA	14		GENERIC	2/2/2022	904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904584709	MAPAP A	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG/15	ORAL	LIQD	ML	237		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904585340	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	500	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904585360	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904585361	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904585440	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	500	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904585460	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904585461	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904585540	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	500	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904585560	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904585561	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904589161	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	#N/A	ORIG_FR	10	EHB	#N/A	X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
904589261	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	#N/A	ORIG_FR	10	EHB	#N/A	X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
904589361	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	#N/A	ORIG_FR	10	EHB	#N/A	X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
904590887	LACTASE	LACTASE	561600	Digestants	56160000	Digestants	P	9000 UNIT	ORAL	TABS	EA	32		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904592161	DIGOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	125 MCG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904592261	DIGOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	250 MCG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904595961	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	100		GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904598348	AMMONIL	LACTIC A	842404	Basic Loti	84240400	Basic Loti	P	12%	EXTERNA	CREA	GM	140		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904598426	AMMONIL	LACTIC A	842404	Basic Loti	84240400	Basic Loti	P	12%	EXTERNA	LOTN	GM	226		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904598463	AMMONIL	LACTIC A	842404	Basic Loti	84240400	Basic Loti	P	12%	EXTERNA	LOTN	GM	396		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904600760	LORAZEF	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	100		GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904600761	LORAZEF	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	100		GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904600860	LORAZEF	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	100		GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904600861	LORAZEF	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	100		GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904600960	LORAZEF	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	100		GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904600961	LORAZEF	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	100		GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904601946	BICALUTA	BICALUTA	100000	Antineopla	10000000	Antineopla	S	50 MG	ORAL	TABS	EA	30		GENERIC	12/28/2023	904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904608261	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	100		GENERIC		904		N	FORMULARY		1	GEN	GENERICS	X	1 IN 1 DAYS			R	MEDPRMI
904608461	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-s	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904608561	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904615760	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	50 MCG (2	ORAL	TABS	EA	100		GENERIC	1/1/2022	904	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904617250	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	2000	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904617261	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904617861	BETHANE	BETHANE	120400	Parasymp	12040000	Parasymp	S	25 MG	ORAL	TABS	EA	100		GENERIC	11/28/2022	904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904618761	PHENYTC	PHENYTC	281212	Hydantoin	28121200	Hydantoin	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC	3/25/2024	904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904619546	ANASTRC	ANASTRC	681608	Antiestrog	68160800	Antiestrog	S	1 MG	ORAL	TABS	EA	30	X	GENERIC	11/14/2023	904		N	#N/A	ORIG_FR	10	EHB	#N/A			X	IF AGE=35-999 YEARS AND R	R	MEDPRMI
904622106	URSODIO	URSODIO	561400	Cholelitho	56140000	Cholelitho	S	300 MG	ORAL	CAPS	EA	50	X	GENERIC	2/3/2022	904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904622161	URSODIO	URSODIO	561400	Cholelitho	56140000	Cholelitho	S	300 MG	ORAL	CAPS	EA	100	X	GENERIC	4/21/2022	904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904623761	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MC	ORAL	TABS	EA	100	X	GENERIC	6/15/2022	904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904623861	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-250 MC	ORAL	TABS	EA	100	X	GENERIC	1/9/2024	904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904625549	SORE TH	BENZOCA	840800	Antipruritic	84080000	Antipruritic	P	15-3.6 MG	MOUTH/T	LOZG	EA	18		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904626908	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	CAPS	EA	40	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904626945	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	CAPS	EA	80	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904627008	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	40 MG	ORAL	CAPS	EA	40	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904627045	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	40 MG	ORAL	CAPS	EA	80	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904627108	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	60 MG	ORAL	CAPS	EA	40	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904627145	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	60 MG	ORAL	CAPS	EA	80	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904627208	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	80 MG	ORAL	CAPS	EA	40	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904627245	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	80 MG	ORAL	CAPS	EA	80	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904628361	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC	8/22/2024	904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904628606	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TABS	EA	50	X	GENERIC	8/12/2024	904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904628661	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904628706	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	50	X	GENERIC	5/20/2024	904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904628761	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904629006	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	50	X	GENERIC		904		N	#N/A	ORIG_FR	10	EHB	#N/A	X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
904629061	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	#N/A	ORIG_FR	10	EHB	#N/A	X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
904629106	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	50	X	GENERIC		904		N	#N/A	ORIG_FR	10	EHB	#N/A	X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
904629161	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	#N/A	ORIG_FR	10	EHB	#N/A	X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
904629206	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	50	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS	X	1 IN 1 DAYS			R	MEDPRMI
904629261	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS	X	1 IN 1 DAYS			R	MEDPRMI
904629304	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	30	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS	X	1 IN 1 DAYS			R	MEDPRMI
904629461	CLOPIDO	CLOPIDO	201218	Platelet-Ag	20121800	Platelet-Ag	S	75 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904630061	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	3.125 MG	ORAL	TABS	EA	100	X	GENERIC	8/12/2024	904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904630161	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	100	X	GENERIC	7/9/2024	904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904630261	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	100	X	GENERIC	8/12/2024	904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904630361	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	100	X	GENERIC	7/17/2024	904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904630521	SORE TH	PHENOL	522800	Mouthwas	52280000	Mouthwas	P	1.40%	MOUTH/T	LIQD	ML	177		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904631256	COUGH D	DEXTROM	480800	Antitussive	48080000	Antitussive	P	30 MG/5M	ORAL	SUER	ML	89		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904632078	ENEMA	SODIUM F	561200	Cathartics	56120000	Cathartics	P	7-19 GM/1	RECTAL	ENEM	ML	133		GENERIC	6/24/2024	904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904632206	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	50	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904632261	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	100	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904632361	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	100	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904632461	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	100	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904632946	LUBRICA	CARBOXY	529200	EENT Dru	52920000	EENT Dru	P	0.50%	OPHTHAL	SOLN	EA	30		GENERIC	5/18/2023	904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904632951	LUBRICA	CARBOXY	529200	EENT Dru	52920000	EENT Dru	P	0.50%	OPHTHAL	SOLN	EA	50		GENERIC	4/27/2023	904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904633724	SUDOGE	PSEUDOE	121212	alpha- anc	12121200	alpha- anc	P	30 MG	ORAL	TABS	EA	24		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904635161	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	100		GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904635261	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	100		GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904635361	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	100		GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904635761	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	0.25 MG	ORAL	TABS	EA	100	X	GENERIC	12/1/2022	904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904635861	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	0.5 MG	ORAL	TABS	EA	100	X	GENERIC	1/8/2024	904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904635961	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	1 MG	ORAL	TABS	EA	100	X	GENERIC	11/20/2023	904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904636061	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	100	X	GENERIC	2/7/2024	904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904636161	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	3 MG	ORAL	TABS	EA	100	X	GENERIC	1/31/2024	904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904636261	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	4 MG	ORAL	TABS	EA	100	X	GENERIC	1/22/2024	904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904636345	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TB24	EA	80	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904636361	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TB24	EA	100	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904636445	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	80	X	GENERIC	1/9/2023	904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904636461	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	100	X	GENERIC	12/19/2022	904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904636961	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904637061	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904637161	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904637361	ROPINIRO	ROPINIRO	283620	UNKNOW	28362008	UNKNOW	S	0.25 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904637461	ROPINIRO	ROPINIRO	283620	UNKNOW	28362008	UNKNOW	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904637661	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904637761	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904640161	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	100	X	GENERIC	5/23/2023	904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904640180	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	1000	X	GENERIC	10/26/2023	904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904640189	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	90	X	GENERIC	12/5/2023	904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904640360	FERATE	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	240 (27 FE	ORAL	TABS	EA	100		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904640604	MOXIFLO	MOXIFLO	81218	Quinolone	8121800	Quinolone	S	400 MG	ORAL	TABS	EA	30		GENERIC	6/12/2023	904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904640606	MOXIFLO	MOXIFLO	81218	Quinolone	8121800	Quinolone	S	400 MG	ORAL	TABS	EA	50		GENERIC	7/13/2023	904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904640761	BISACOD	BISACOD	561200	Cathartics	56120000	Cathartics	P	5 MG	ORAL	TBEC	EA	100		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904641292	CALCIUM	CALCIUM	560400	Antacids a	56040000	Antacids a	P	500 MG	ORAL	CHEW	EA	150		GENERIC		904		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
904641861	TIZANIDII	TIZANIDII	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	100		GENERIC		904		N	FORMULARY		1	GEN	GENERICS	X	9 IN 1 DAYS			R	MEDPRMI
904642661	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-s	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904642761	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904643604	TEMAZEF	TEMAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	7.5 MG	ORAL	CAPS	EA	30		GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904644061	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	7/3/2023	904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904644161	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	25 MG	ORAL	TABS	EA	100	X	GENERIC	12/12/2023	904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904644261	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	50 MG	ORAL	TABS	EA	100	X	GENERIC	10/26/2023	904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904644361	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	100 MG	ORAL	TABS	EA	100	X	GENERIC	3/7/2024	904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904644961	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	30 MG	ORAL	TB24	EA	100	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
904645061	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	100	X	GENERIC		904		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI

904646161	PROMETI	PROMETI	40400 First Gene	4040000 First Gene	S	25 MG	ORAL	TABS	EA	100		GENERIC	5/4/2023	904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904646320	DIMAPHE	PHENYLE	480800 Antitussive	48080000 Antitussive	P	2.5-1-5 MC	ORAL	LIQD	ML	118		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904646420	ROBAFEN	DEXTROM	480800 Antitussive	48080000 Antitussive	P	10-100 MC	ORAL	LIQD	ML	118		GENERIC	8/5/2022	904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904646509	ALL-NITE	DEXTROM	480800 Antitussive	48080000 Antitussive	P	30-12.5-65	ORAL	LIQD	ML	237		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904646707	CLOPIDO	CLOPIDO	201218 Platelet-Ag	20121800 Platelet-Ag	S	300 MG	ORAL	TABS	EA	30		GENERIC		904		N	FORMULARY		1 GEN	GENERICS			X	4 IN 30 DAYS					R	MEDPRMI
904646710	CLOPIDO	CLOPIDO	201218 Platelet-Ag	20121800 Platelet-Ag	S	300 MG	ORAL	TABS	EA	20		GENERIC		904	Y	N	FORMULARY		1 GEN	GENERICS			X	4 IN 30 DAYS					R	MEDPRMI
904646861	VENLAFA	VENLAFA	281604 Antidepres	28160416 UNKNOW	S	37.5 MG	ORAL	CP24	EA	100	X	GENERIC	8/8/2022	904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904647461	PANTOPF	PANTOPF	562836 Proton-pu	56283600 Proton-pu	S	40 MG	ORAL	TBEC	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904647561	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC		904		N	FORMULARY		1 GEN	GENERICS			X	8 IN 1 DAYS					R	MEDPRMI
904647661	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	20 MG	ORAL	TABS	EA	100		GENERIC		904		N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS					R	MEDPRMI
904647761	DONEPEZ	DONEPEZ	120400 Parasymp	12040000 Parasymp	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904647861	DONEPEZ	DONEPEZ	120400 Parasymp	12040000 Parasymp	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904648838	LUBRIFRI	WHITE PE	529200 EENT Dru	52920000 EENT Dru	P	15%-83%	OPHTHAL	OINT	GM	3.5		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904650006	FLUCONA	FLUCONA	81408 Azoles	8140800 Azoles	S	100 MG	ORAL	TABS	EA	50		GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904650061	FLUCONA	FLUCONA	81408 Azoles	8140800 Azoles	S	100 MG	ORAL	TABS	EA	100		GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904650106	FLUCONA	FLUCONA	81408 Azoles	8140800 Azoles	S	200 MG	ORAL	TABS	EA	50		GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904650161	FLUCONA	FLUCONA	81408 Azoles	8140800 Azoles	S	200 MG	ORAL	TABS	EA	100		GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904650261	CELECOX	CELECOX	280804 Nonsteroi	28080408 Cyclooxyg	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904650361	CELECOX	CELECOX	280804 Nonsteroi	28080408 Cyclooxyg	S	200 MG	ORAL	CAPS	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904650506	MEMANTI	MEMANTI	289200 Central Ne	28920000 Central Ne	S	5 MG	ORAL	TABS	EA	50	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
904650561	MEMANTI	MEMANTI	289200 Central Ne	28920000 Central Ne	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
904650606	MEMANTI	MEMANTI	289200 Central Ne	28920000 Central Ne	S	10 MG	ORAL	TABS	EA	50	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
904650661	MEMANTI	MEMANTI	289200 Central Ne	28920000 Central Ne	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
904650904	ARIPIPRA	ARIPIPRA	281608 Antipsych	28160804 Atypical A	S	2 MG	ORAL	TABS	EA	30	X	GENERIC	4/15/2024	904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904651006	ARIPIPRA	ARIPIPRA	281608 Antipsych	28160804 Atypical A	S	5 MG	ORAL	TABS	EA	50	X	GENERIC	2/14/2024	904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904651061	ARIPIPRA	ARIPIPRA	281608 Antipsych	28160804 Atypical A	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	6/17/2024	904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904651106	ARIPIPRA	ARIPIPRA	281608 Antipsych	28160804 Atypical A	S	10 MG	ORAL	TABS	EA	50	X	GENERIC	8/19/2024	904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904651161	ARIPIPRA	ARIPIPRA	281608 Antipsych	28160804 Atypical A	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	2/5/2024	904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904651204	ARIPIPRA	ARIPIPRA	281608 Antipsych	28160804 Atypical A	S	15 MG	ORAL	TABS	EA	30	X	GENERIC	4/1/2024	904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904651304	ARIPIPRA	ARIPIPRA	281608 Antipsych	28160804 Atypical A	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	2/26/2024	904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904651404	ARIPIPRA	ARIPIPRA	281608 Antipsych	28160804 Atypical A	S	30 MG	ORAL	TABS	EA	30	X	GENERIC	12/28/2022	904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904651661	MECLIZIN	MECLIZIN	562208 Antihistam	56220800 Antihistam	S	12.5 MG	ORAL	TABS	EA	100		GENERIC	8/7/2023	904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904651761	MECLIZIN	MECLIZIN	562208 Antihistam	56220800 Antihistam	S	25 MG	ORAL	TABS	EA	100		GENERIC	7/25/2023	904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904651961	MIRTAZAI	MIRTAZAI	281604 Antidepres	28160424 Serotonin	S	15 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904652261	SENNA-L	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.6 MG	ORAL	TABS	EA	100		GENERIC	4/17/2023	904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904653061	METHADO	METHADO	280808 Opiate Ag	28080800 Opiate Ag	S	10 MG	ORAL	TABS	EA	100		GENERIC	4/18/2024	904		N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS					R	MEDPRMI
904653720	ROBAFEN	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-10-100 I	ORAL	LIQD	ML	118		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904655061	PROPRAI	PROPRAI	242000 Alpha-Adr	24200000 Alpha-Adr	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	2/26/2024	904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904655161	ONDANSI	ONDANSE	562220 5-HT3 Re	56222000 5-HT3 Re	S	4 MG	ORAL	TABS	EA	100		GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904655261	ONDANSI	ONDANSE	562220 5-HT3 Re	56222000 5-HT3 Re	S	8 MG	ORAL	TABS	EA	100		GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904655304	LINEZOLI	LINEZOLI	81228 Antibacter	8122824 Oxazolidin	S	600 MG	ORAL	TABS	EA	30		GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904655761	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	S	15 MG	ORAL	TBCR	EA	100		GENERIC		904		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS	X	Must mee7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L			R	MEDPRMI
904655861	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	S	30 MG	ORAL	TBCR	EA	100		GENERIC		904		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS	X	Must mee7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L			R	MEDPRMI
904655961	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	S	60 MG	ORAL	TBCR	EA	100		GENERIC		904		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS	X	Must mee7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L			R	MEDPRMI
904656061	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	S	100 MG	ORAL	TBCR	EA	100		GENERIC		904		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS	X	Must mee7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L			R	MEDPRMI
904656460	BENZONA	BENZONA	480800 Antitussive	48080000 Antitussive	S	100 MG	ORAL	CAPS	EA	100		GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904656461	BENZONA	BENZONA	480800 Antitussive	48080000 Antitussive	S	100 MG	ORAL	CAPS	EA	100		GENERIC	12/27/2022	904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904656507	VALACYC	VALACYC	81832 Nucleosid	8183200 Nucleosid	S	500 MG	ORAL	TABS	EA	30		GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904656561	VALACYC	VALACYC	81832 Nucleosid	8183200 Nucleosid	S	500 MG	ORAL	TABS	EA	100		GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904657004	OXYBUTY	OXYBUTY	861204 UNKNOW	86120400 UNKNOW	S	5 MG	ORAL	TB24	EA	30	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904657006	OXYBUTY	OXYBUTY	861204 UNKNOW	86120400 UNKNOW	S	5 MG	ORAL	TB24	EA	50	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904657061	OXYBUTY	OXYBUTY	861204 UNKNOW	86120400 UNKNOW	S	5 MG	ORAL	TB24	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904657261	ALLOPUR	ALLOPUR	921600 UNKNOW	92160000 UNKNOW	S	300 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904657304	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	300 MG	ORAL	TB24	EA	30	X	GENERIC	9/18/2023	904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904657561	PHENOB	PHENOB	282404 Barbiturat	28240400 Barbiturat	S	32.4 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904657580	PHENOB	PHENOB	282404 Barbiturat	28240400 Barbiturat	S	32.4 MG	ORAL	TABS	EA	1000	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904658168	ESOMEPI	ESOMEPI	562836 Proton-pu	56283600 Proton-pu	S	40 MG	ORAL	CPDR	EA	60	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
904658304	LAMIVUD	LAMIVUD	81808 Antiretrovi	8180820 Nucleosid	S	150 MG	ORAL	TABS	EA	30	X	GENERIC		904		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
904658561	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	150 MG	ORAL	TB12	EA	100	X	GENERIC	8/2/2022	904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904659204	TOLTERC	TOLTERC	861204 UNKNOW	86120400 UNKNOW	S	2 MG	ORAL	CP24	EA	30	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904659304	TOLTERC	TOLTERC	861204 UNKNOW	86120400 UNKNOW	S	4 MG	ORAL	CP24	EA	30	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904659604	VORICON	VORICON	81408 Azoles	8140800 Azoles	S	50 MG	ORAL	TABS	EA	30		GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904659961	PERPHEN	PERPHEN	281608 Antipsych	28160824 Phenothia	S	2 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904660061	PERPHEN	PERPHEN	281608 Antipsych	28160824 Phenothia	S	4 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904660161	PERPHEN	PERPHEN	281608 Antipsych	28160824 Phenothia	S	8 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904661561	DIVALPR	DIVALPR	281292 Anticonvul	28129200 Anticonvul	S	125 MG	ORAL	CSDR	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904661761	HYDROX	HYDROX	282492 Anxiolytics	28249200 Anxiolytics	S	25 MG	ORAL	TABS	EA	100		GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904661861	HYDROX	HYDROX	282492 Anxiolytics	28249200 Anxiolytics	S	50 MG	ORAL	TABS	EA	100		GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904661961	ISOSORB	ISOSORB	240808 beta-Adre	24080800 UNKNOW	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904662061	ISOSORB	ISOSORB	240808 beta-Adre	24080800 UNKNOW	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904662104	IMATINIB	IMATINIB	100000 Antineopla	10000000 Antineopla	S	400 MG	ORAL	TABS	EA	30		GENERIC		904		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
904662261	PYRIDOS	PYRIDOS	120400 Parasymp	12040000 Parasymp	S	60 MG	ORAL	TABS	EA	100		GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904662361	TACROLI	TACROLI	902828 UNKNOW	90282892 UNKNOW	S	0.5 MG	ORAL	CAPS	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904662461	TACROLI	TACROLI	902828 UNKNOW	90282892 UNKNOW	S	5 MG	ORAL	CAPS	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904662735	EAR DRO	CARBAMI	520424 UNKNOW	52042400 UNKNOW	P	6.50%	OTIC	SOLN	ML	15		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904663444	COUGH &	CHLORPI	480800 Antitussive	48080000 Antitussive	P	4-30 MG	ORAL	TABS	EA	16		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904663561	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	75 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904663661	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904663761	GLIPIZIDE	GLIPIZIDE	682020 Sulfonylur	68202000 Sulfonylur	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904663861	QUETIAPI	QUETIAPI	281608 Antipsych	28160804 Atypical A	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904663961	QUETIAPI	QUETIAPI	281608 Antipsych	28160804 Atypical A	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904664061	QUETIAPI	QUETIAPI	281608 Antipsych	28160804 Atypical A	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904664161	QUETIAPI	QUETIAPI	281608 Antipsych	28160804 Atypical A	S	200 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904664261	QUETIAPI	QUETIAPI	281608 Antipsych	28160804 Atypical A	S	300 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904664361	QUETIAPI	QUETIAPI	281608 Antipsych	28160804 Atypical A	S	400 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904664524	MAPAP C	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	160 MG	ORAL	CHEW	EA	24		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904665640	ARIPIPRA	ARIPIPRA	281608 Antipsych	28160804 Atypical A	S	5 MG	ORAL	TABS	EA	500	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904666104	HALOPEF	HALOPEF	281608 Antipsych	28160808 Butyrophe	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904666245	LANSOPF	LANSOPF	562836 Proton-pu	56283600 Proton-pu	S	30 MG	ORAL	CPDR	EA	80	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904666361	ACETAZC	ACETAZC	524012 UNKNOW	52401200 UNKNOW	S	250 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904666561	GABAPEN	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904666661	GABAPEN	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	300 MG	ORAL	CAPS	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904666761	GABAPEN	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	400 MG	ORAL	CAPS	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904667104	SILDENAI	SILDENAF	484824 UNKNOW	48482400 UNKNOW	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS	X	PA:X							R	MEDPRMI
904667106	SILDENAI	SILDENAF	484824 UNKNOW	48482400 UNKNOW	S	20 MG	ORAL	TABS	EA	50	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS	X	PA:X							R	MEDPRMI
904667840	OXYCODO	OXYCODO	280808 Opiate Ag	28080800 Opiate Ag	S	5 MG/5ML	ORAL	SOLN	ML	500		GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904668108	DOFETILI	DOFETILI	240404 Antiarrhyth	24040420 Class III A	S	125 MCG	ORAL	CAPS	EA	40	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904668208	DOFETILI	DOFETILI	240404 Antiarrhyth	24040420 Class III A	S	250 MCG	ORAL	CAPS	EA	40	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904668308	DOFETILI	DOFETILI	240404 Antiarrhyth	24040420 Class III A	S	500 MCG	ORAL	CAPS	EA	40	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904670060	MINTOX F	ALUM & M	560400 Antacids a	56040000 Antacids a	P	200-200-2	ORAL	CHEW	EA	100		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904670310	LEUCOVO	LEUCOVO	910412 UNKNOW	91041200 UNKNOW	S	25 MG	ORAL	TABS	EA	20		GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904670461	PRAMIPE	PRAMIPE	283620 UNKNOW	28362008 UNKNOW	S	0.25 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904670506	PROPRAI	PROPRAI	242000 Alpha-Adr	24200000 Alpha-Adr	S	20 MG	ORAL	TABS	EA	50	X	GENERIC	11/22/2023	904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904670561	PROPRAI	PROPRAI	242000 Alpha-Adr	24200000 Alpha-Adr	S	20 MG	ORAL	TABS	EA	100	X	GENERIC	12/6/2023	904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904670606	OMEGA-3	OMEGA-3	240612 UNKNOW	24061200 UNKNOW	S	1 GM	ORAL	CAPS	EA	50	X	GENERIC	6/6/2024	904		N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS	X	Must mee5 DS FencTRIAL OF GENERIC FENOFIBRATE IN THE PAST 120 DAYS			R	MEDPRMI
904670706	SEVELAM	SEVELAM	401819 Phosphate	40181900 Phosphate	S	800 MG	ORAL	TABS	EA	50	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904670782	SEVELAM	SEVELAM	401819 Phosphate	40181900 Phosphate	S	800 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904670806	AZITHRO	AZITHRO	81212 Macrolides	8121208 UNKNOW	S	250 MG	ORAL	TABS	EA	50		GENERIC	5/8/2023	904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904670861	AZITHRO	AZITHRO	81212 Macrolides	8121208 UNKNOW	S	250 MG	ORAL	TABS	EA	100		GENERIC	2/6/2023	904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904670961	GLYCOPY	GLYCOPY	120808 Antimusca	12080800 Antimusca	S	1 MG	ORAL	TABS	EA	100		GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904671110	FEXOFEN	FEXOFEN	40800 Second G	4080000 Second G	P	180 MG	ORAL	TABS	EA	15		GENERIC	3/3/2022	904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904671146	FEXOFEN	FEXOFEN	40800 Second G	4080000 Second G	P	180 MG	ORAL	TABS	EA	30		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904671156	FEXOFEN	FEXOFEN	40800 Second G	4080000 Second G	P	180MG	ORAL	TABS	EA	30		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904671740	CETIRIZIN	CETIRIZIN	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	500		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904671741	CETIRIZIN	CETIRIZIN	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	14		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904671743	CETIRIZIN	CETIRIZIN	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	45		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904671746	CETIRIZIN	CETIRIZIN	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904671760	CETIRIZIN	CETIRIZIN	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	100		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904671761	CETIRIZIN	CETIRIZIN	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	100		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904671772	CETIRIZIN	CETIRIZIN	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	300		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904671786	CETIRIZIN	CETIRIZIN	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904671839	MUCUS R	GUAIFEN	481600 Expectora	48160000 Expectora	P	600 MG	ORAL	TB12	EA	100		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904672024	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	24		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904672040	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	500		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904672051	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	50		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904672059	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	100		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904672060	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	100		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904672080	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	1000		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904672559	SENNA	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.6 MG	ORAL	TABS	EA	100		GENERIC	7/24/2024	904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904672580	SENNA	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.6 MG	ORAL	TABS	EA	1000		GENERIC	3/6/2023	904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904672760	SUDOGE	PSEUDOE	121212 alpha- anc	12121200 alpha- anc	P	30 MG	ORAL	TABS	EA	100		GENERIC	8/19/2024	904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904672846	SUDOGE	PSEUDOE	121212 alpha- anc	12121200 alpha- anc	P	60 MG	ORAL	TABS	EA	30		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904672852	SUDOGE	PSEUDOE	121212 alpha- anc	12121200 alpha- anc	P	60 MG	ORAL	TABS	EA	100		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904673059	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	100		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904673060	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	100		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904673061	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	100		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904673080	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	1000		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904673151	ACETAMI	DIPHENH	282492 Anxiolytics	28249200 Anxiolytics	P	500-25 MC	ORAL	TABS	EA	50		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904673204	COLCHIC	COLCHIC	921600 UNKNOW	92160000 UNKNOW	S	0.6 MG	ORAL	CAPS	EA	30		GENERIC		904		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
904673361	HALOPEF	HALOPEF	281608 Antipsych	28160808 Butyrophe	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904673461	MEMANTI	MEMANTI	289200 Central Ne	28920000 Central Ne	S	7 MG	ORAL	CP24	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must mee5 DS MemTRIAL OF MEMANTINE IMMEDIATE RELEASE TABLETS IN THE PAST 120 DAYS			R	MEDPRMI
904673561	MEMANTI	MEMANTI	289200 Central Ne	28920000 Central Ne	S	28 MG	ORAL	CP24	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must mee5 DS MemTRIAL OF MEMANTINE IMMEDIATE RELEASE TABLETS IN THE PAST 120 DAYS			R	MEDPRMI
904673661	MEMANTI	MEMANTI	289200 Central Ne	28920000 Central Ne	S	14 MG	ORAL	CP24	EA	100	X	GENERIC	10/18/2022	904		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must mee5 DS MemTRIAL OF MEMANTINE IMMEDIATE RELEASE TABLETS IN THE PAST 120 DAYS			R	MEDPRMI
904673761	MEMANTI	MEMANTI	289200 Central Ne	28920000 Central Ne	S	21 MG	ORAL	CP24	EA	100	X	GENERIC	2/23/2023	904		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must mee5 DS MemTRIAL OF MEMANTINE IMMEDIATE RELEASE TABLETS IN THE PAST 120 DAYS			R	MEDPRMI
904673870	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	160 MG/5I	ORAL	SOLN	ML	5		GENERIC	9/27/2022	904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904673971	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	325 MG/1(	ORAL	SOLN	ML	10.15		GENERIC	9/27/2022	904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904674070	DIPHENH	DIPHENH	40400 First Gene	4040000 First Gene	P	12.5 MG/5	ORAL	LIQD	ML	5		GENERIC	9/27/2022	904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904674172	DIPHENH	DIPHENH	40400 First Gene	4040000 First Gene	P	12.5 MG/5	ORAL	LIQD	ML	10		GENERIC	4/15/2022	904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904674724	IBUPROF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	24		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904674740	IBUPROF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	500		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904674751	IBUPROF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	50		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904674759	IBUPROF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	100		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904674770	IBUPROF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	250		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904674780	IBUPROF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	1000		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904674817	BISACOD	BISACOD	561200 Cathartics	56120000 Cathartics	P	5 MG	ORAL	TBEC	EA	25		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904674860	BISACOD	BISACOD	561200 Cathartics	56120000 Cathartics	P	5 MG	ORAL	TBEC	EA	100		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904674880	BISACOD	BISACOD	561200 Cathartics	56120000 Cathartics	P	5 MG	ORAL	TBEC	EA	1000		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904675060	DOK	DOCUSA	561200 Cathartics	56120000 Cathartics	P	100MG	ORAL	TABS	EA	100		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904675180	ASPIRIN I	ASPIRIN	280804 Nonsteroi	28080424 Salicylates	P	81 MG	ORAL	TBEC	EA	1000		GENERIC		904		N	#N/A	ORIG_FR	10 EHB	#N/A							X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
904675415	SUDOGE	PSEUDOE	121212 alpha- anc	12121200 alpha- anc	P	120 MG	ORAL	TB12	EA	10		GENERIC	6/19/2024	904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904675859	ROBAFEN	DEXTROM	480800 Antitussive	48080000 Antitussive	P	10-100 MC	ORAL	LIQD	ML	237		GENERIC	7/5/2022	904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904675920	ROBAFEN	DEXTROM	480800 Antitussive	48080000 Antitussive	P	10-100 MC	ORAL	LIQD	ML	118		GENERIC	7/29/2022	904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904676130	12 HOUR	OXYMETA	523200 Vasocons	52320000 Vasocons	P	0.05%	NASAL	SOLN	ML	30		GENERIC	8/12/2024	904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904676320	ROBAFEN	GUAIFEN	481600 Expectora	48160000 Expectora	P	200 MG/1(	ORAL	LIQD	ML	118		GENERIC	5/2/2023	904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904676520	CETIRIZIN	CETIRIZIN	40800 Second G	4080000 Second G	P	5 MG/5ML	ORAL	SOLN	ML	118		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904676620	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	160 MG/5I	ORAL	SUSP	ML	118		GENERIC	1/9/2024	904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904676720	LORATAD	LORATAD	40800 Second G	4080000 Second G	P	5 MG/5ML	ORAL	SOLN	ML	120		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904677212	DRIMINA	DIMENHY	562208 Antihistam	56220800 Antihistam	P	50MG	ORAL	TABS	EA	12		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904677361	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	325 MG	ORAL	TABS	EA	100		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904677861	ROSUVAS	ROSUVAS	240608 HMG-CoA	24060800 HMG-CoA	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	9/23/2024	904		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
904677961	ROSUVAS	ROSUVAS	240608 HMG-CoA	24060800 HMG-CoA	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	10/7/2024	904		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
904678061	ROSUVAS	ROSUVAS	240608 HMG-CoA	24060800 HMG-CoA	S	20 MG	ORAL	TABS	EA	100	X	GENERIC	8/13/2024	904		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
904678161	ROSUVAS	ROSUVAS	240608 HMG-CoA	24060800 HMG-CoA	S	40 MG	ORAL	TABS	EA	100	X	GENERIC	6/20/2024	904		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
904678261	HALOPEF	HALOPEF	281608 Antipsych	28160808 Butyrophe	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904678370	ASPIRIN I	ASPIRIN	280804 Nonsteroi	28080424 Salicylates	P	81 MG	ORAL	TBEC	EA	250		GENERIC		904		N	#N/A	ORIG_FR	10 EHB	#N/A							X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
904678504	MYCOPHI	MYCOPHI	924400 UNKNOW	92440000 UNKNOW	S	180 MG	ORAL	TBEC	EA	30	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904678561	MYCOPHI	MYCOPHI	924400 UNKNOW	92440000 UNKNOW	S	180 MG	ORAL	TBEC	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904678604	MYCOPHI	MYCOPHI	924400 UNKNOW	92440000 UNKNOW	S	360 MG	ORAL	TBEC	EA	30	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904678661	MYCOPHI	MYCOPHI	924400 UNKNOW	92440000 UNKNOW	S	360 MG	ORAL	TBEC	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904678744	MAGNESI	MAGNESI	561200 Cathartics	56120000 Cathartics	P	1.745 GM/	ORAL	SOLN	ML	296		GENERIC	7/18/2022	904		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904678861	BENZTRC	BENZTRC	283608 UNKNOW	28360800 UNKNOW	S	0.5 MG	ORAL	TABS	EA	100	X	GENERIC	9/1/2023	904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904678961	BENZTRC	BENZTRC	283608 UNKNOW	28360800 UNKNOW	S	2 MG	ORAL	TABS	EA	100	X	GENERIC	5/2/2023	904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904679061	BENZTRC	BENZTRC	283608 UNKNOW	28360800 UNKNOW	S	1 MG	ORAL	TABS	EA	100	X	GENERIC	3/14/2023	904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904679104	MODAFIN	MODAFIN	282080 UNKNOW	28208000 UNKNOW	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
904679204	MODAFIN	MODAFIN	282080 UNKNOW	28208000 UNKNOW	S	200 MG	ORAL	TABS	EA	30	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
904679430	ASPIRIN I	ASPIRIN	280804 Nonsteroi	28080424 Salicylates	P	81 MG	ORAL	CHEW	EA	300		GENERIC		904		N	#N/A	ORIG_FR	10 EHB	#N/A							X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
904679480	ASPIRIN I	ASPIRIN	280804 Nonsteroi	28080424 Salicylates	P	81 MG	ORAL	CHEW	EA	1000		GENERIC		904		N	#N/A	ORIG_FR	10 EHB	#N/A							X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
904679489	ASPIRIN I	ASPIRIN	280804 Nonsteroi	28080424 Salicylates	P	81 MG	ORAL	CHEW	EA	90		GENERIC		904		N	#N/A	ORIG_FR	10 EHB	#N/A							X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
904679604	VALGANC	VALGANC	81832 Nucleosid	8183200 Nucleosid	S	450 MG	ORAL	TABS	EA	30	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904679610	VALGANC	VALGANC	81832 Nucleosid	8183200 Nucleosid	S	450 MG	ORAL	TABS	EA	20	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904679761	LISINOPR	LISINOPR	243204 Angiotens	24320400 Angiotens	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904679861	LISINOPR	LISINOPR	243204 Angiotens	24320400 Angiotens	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904679961	LISINOPR	LISINOPR	243204 Angiotens	24320400 Angiotens	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904680061	LISINOPR	LISINOPR	243204 Angiotens	24320400 Angiotens	S	40 MG	ORAL	TABS	EA	100	X	GENERIC	2/3/2022	904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904680161	QUETIAPI	QUETIAPI	281608 Antipsych	28160804 Atypical A	S	50 MG	ORAL	TB24	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904680261	QUETIAPI	QUETIAPI	281608 Antipsych	28160804 Atypical A	S	150 MG	ORAL	TB24	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904680361	QUETIAPI	QUETIAPI	281608 Antipsych	28160804 Atypical A	S	200 MG	ORAL	TB24	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904680461	QUETIAPI	QUETIAPI	281608 Antipsych	28160804 Atypical A	S	300 MG	ORAL	TB24	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904680561	QUETIAPI	QUETIAPI	281608 Antipsych	28160804 Atypical A	S	400 MG	ORAL	TB24	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904680806	MONTELU	MONTELU	481024 Leukotrien	48102400 Leukotrien	S	10 MG	ORAL	TABS	EA	50	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904680861	MONTELU	MONTELU	481024 Leukotrien	48102400 Leukotrien	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904681706	MIDODRI	MIDODRI	121204 alpha-Adr	12120400 alpha-Adr	S	2.5 MG	ORAL	TABS	EA	50		GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904681761	MIDODRI	MIDODRI	121204 alpha-Adr	12120400 alpha-Adr	S	2.5 MG	ORAL	TABS	EA	100		GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904681806	MIDODRI	MIDODRI	121204 alpha-Adr	12120400 alpha-Adr	S	5 MG	ORAL	TABS	EA	50		GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904681861	MIDODRI	MIDODRI	121204 alpha-Adr	12120400 alpha-Adr	S	5 MG	ORAL	TABS	EA	100		GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904681907	MIDODRI	MIDODRI	121204 alpha-Adr	12120400 alpha-Adr	S	10 MG	ORAL	TABS	EA	30		GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904682076	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	650 MG/2(	ORAL	SOLN	ML	20.3		GENERIC	4/19/2022	904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904682104	TENOFO\	TENOFO\	81808 Antiretrovi	8180820 Nucleosid	S	300 MG	ORAL	TABS	EA	30	X	GENERIC		904		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF RATIO=IF FOR PREEXPOS	R	MEDPRMI
904682207	ENTACAF	ENTACAF	283612 UNKNOW	28361200 UNKNOW	S	200 MG	ORAL	TABS	EA	30	X	GENERIC		904	Y	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904682361	GABAPEN	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	600 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904682461	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	5-325 MG	ORAL	TABS	EA	100		GENERIC	1/9/2024	904		N	FORMULARY		1 GEN	GENERICS			X	12 IN 1 DAYS					R	MEDPRMI
904682561	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	10-325 MC	ORAL	TABS	EA	100		GENERIC	11/9/2023	904		N	FORMULARY		1 GEN	GENERICS			X	12 IN 1 DAYS					R	MEDPRMI
904682661	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	100		GENERIC	8/23/2023	904		N	FORMULARY		1 GEN	GENERICS			X	12 IN 1 DAYS					R	MEDPRMI
904682892	OXYCODO	OXYCODO	280808 Opiate Ag	28080800 Opiate Ag	S	5 MG/5ML	ORAL	SOLN	ML	5		GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904682894	OXYCODO	OXYCODO	280808 Opiate Ag	28080800 Opiate Ag	S	5 MG/5ML	ORAL	SOLN	ML	5		GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904682960	MEDI-PAI	WITCH H	842412 Basic Oint	84241200 Basic Oint	P	50%	EXTERNA	PADS	EA	100		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904683006	FINASTEI	FINASTEI	920400 UNKNOW	92040000 UNKNOW	S	5 MG	ORAL	TABS	EA	50	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904683061	FINASTEI	FINASTEI	920400 UNKNOW	92040000 UNKNOW	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904683104	METAXAL	METAXAL	122004 UNKNOW	12200400 UNKNOW	S	800 MG	ORAL	TABS	EA	30		GENERIC		904		N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS					R	MEDPRMI
904683106	METAXAL	METAXAL	122004 UNKNOW	12200400 UNKNOW	S	800 MG	ORAL	TABS	EA	50		GENERIC		904		N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS					R	MEDPRMI
904683204	MESALAM	MESALAM	563600 Anti-inflam	56360000 Anti-inflam	S	1.2 GM	ORAL	TBEC	EA	30	X	GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904683407	FLUCYTC	FLUCYTO	81432 Pyrimidine	8143200 Pyrimidine	S	250 MG	ORAL	CAPS	EA	30		GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904683507	FLUCYTC	FLUCYTO	81432 Pyrimidine	8143200 Pyrimidine	S	500 MG	ORAL	CAPS	EA	30		GENERIC		904		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
904683620	LOPERAI	LOPERAI	560800 Antidiarrhe	56080000 Antidiarrhe	P	1 MG/7.5M	ORAL	SOLN	ML	120		GENERIC		904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904683873	ALUM & M	ALUM & M	560400 Antacids a	56040000 Antacids a	P	200-200-2	ORAL	SUSP	ML	30		GENERIC	2/2/2022	904	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904683973	ALUM & M	ALUM & M	560400 Antacids a	56040000 Antacids a	P	400-400-4	ORAL	SUSP	ML	30		GENERIC	1/21/2022	904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
904684072	MILK OF I	MAGNESI	561200 Cathartics	56120000 Cathartics	P	2400 MG/	ORAL	SUSP	ML	10		GENERIC	4/6/2022	904		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI

5244001938	SURE T I	INSULIN I	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG		5244	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5244001941	SURE T I	INSULIN I	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG		5244	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5244001944	SURE T I	INSULIN I	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG		5244	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5244001947	SILHOUET	INSULIN I	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG		5244	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5244001950	SILHOUET	INSULIN I	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG		5244	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5244001953	SILHOUET	INSULIN I	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG		5244	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5244001956	SILHOUET	INSULIN I	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG		5244	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5244001959	MINIMED	INSULIN I	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		5244	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5244001962	MINIMED	INSULIN I	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		5244	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5244001965	MINIMED	INSULIN I	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		5244	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI

5244002268	EXTENDE	INSULIN I	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG		5244	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5244002280	EXTENDE	INSULIN I	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG		5244	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5244002283	EXTENDE	INSULIN I	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG		5244	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5244002292	EXTENDE	INSULIN I	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		5244	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5244002295	EXTENDE	INSULIN I	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		5244	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5244002304	EXTENDE	INSULIN I	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		5244	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5244002307	EXTENDE	INSULIN I	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		5244	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5244002316	EXTENDE	INSULIN I	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	3	NON DRUG		5244	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5244002328	EXTENDE	INSULIN I	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	3	NON DRUG		5244	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5244002331	EXTENDE	INSULIN I	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	3	NON DRUG		5244	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5244002340	EXTENDE	INSULIN I	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	5	NON DRUG		5244	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5244002343	EXTENDE	INSULIN I	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	5	NON DRUG		5244	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5244002352	EXTENDE	INSULIN I	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	5	NON DRUG		5244	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5244002355	EXTENDE	INSULIN I	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	5	NON DRUG		5244	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5244002535	EXTENDE	INSULIN I	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	4	NON DRUG		5244	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5244002538	EXTENDE	INSULIN I	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	4	NON DRUG		5244	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5244002547	EXTENDE	INSULIN I	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	4	NON DRUG		5244	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5244002550	EXTENDE	INSULIN I	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	4	NON DRUG		5244	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5244018877	MINIMED	INSULIN I	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG		5244	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5244018907	MINIMED	INSULIN I	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG		5244	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5244018938	MINIMED	INSULIN I	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG		5244	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5244019089	MINIMED	INSULIN I	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG		5244	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5388000924	VITAMIN I	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	1000UNIT	ORAL	CAPS	EA	450	GENERIC		5388	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5388000926	B-12	CYANOC	880800 Vitamin B	88080000 Vitamin B	P	5000MCG	SUBLINGI	SUBL	EA	60	GENERIC		5388	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5388000927	D3 MAXIM	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	5000UNIT	ORAL	CAPS	EA	250	GENERIC		5388	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5388000929	CINNAMC	CHROMIU	929200 UNKNOW	92920000 UNKNOW	O	200-1000	ORAL	CAPS	EA	180	SSB		5388	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5388001239	MINI FISH	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	P	645 MG	ORAL	CAPS	EA	100	GENERIC		5388	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5388004152	GREEN C	GREEN C	929200 UNKNOW	92920000 UNKNOW	O	133.333M	ORAL	CAPS	EA	30	SSB		5388	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5388004426	RELION F	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1	NON DRUG		5388	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5388019332	RELION G	DEXTROS	682292 Antihypog	68229200 Antihypog	P	15 GM/38	ORAL	GEL	GM	38	GENERIC		5388	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5388027309	CHROMIU	CHROMIU	401200 Replacem	40120000 Replacem	O	500 MCG	ORAL	CAPS	EA	100	MSB		5388	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
5388032554	SELENIU	SELENIU	401200 Replacem	40120000 Replacem	P	200 MCG	ORAL	TABS	EA	100	GENERIC		5388	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5388032556	ECHINAC	ECHINAC	929200 UNKNOW	92920000 UNKNOW	O	380 MG	ORAL	CAPS	EA	100	MSB		5388	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
5388032575	CAYENNE	CAPSICU	929200 UNKNOW	92920000 UNKNOW	O	455 MG	ORAL	CAPS	EA	100	MSB		5388	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
5388043611	ECHINAC	ECHINAC	929200 UNKNOW	92920000 UNKNOW	O	380 MG	ORAL	CAPS	EA	250	MSB		5388	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
5388043617	ALOE VE	ALOE VE	929200 UNKNOW	92920000 UNKNOW	P	25MG	ORAL	CAPS	EA	50	GENERIC		5388	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5388049375	EQ TAMP	SANITARY	940000 Devices	94000000 Devices	O	0	VAGINAL	TAMP	EA	40	NON DRUG		5388	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5388050378	EQ TAMP	SANITARY	940000 Devices	94000000 Devices	O	0	VAGINAL	TAMP	EA	40	NON DRUG		5388	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5388050379	EQ TAMP	SANITARY	940000 Devices	94000000 Devices	O	0	VAGINAL	TAMP	EA	40	NON DRUG		5388	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5388056446	RELION N	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		5388	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5388057722	RELION B	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1	NON DRUG		5388	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5388062772	ST JOHNS	ST JOHN'	929200 UNKNOW	92920000 UNKNOW	P	300 MG	ORAL	CAPS	EA	150	GENERIC		5388	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5388062777	ALPHA LI	ALPHA-LI	929200 UNKNOW	92920000 UNKNOW	P	200 MG	ORAL	CAPS	EA	100	GENERIC		5388	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5388062780	CO Q-10	COENZYM	929200 UNKNOW	92920000 UNKNOW	P	100 MG	ORAL	CAPS	EA	60	GENERIC		5388	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5388062807	OMEGA 3	OMEGA 3	929200 UNKNOW	92920000 UNKNOW	O	0-0-70MG	ORAL	CAPS	EA	120	MSB		5388	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
5388062808	MELATON	MELATON	929200 UNKNOW	92920000 UNKNOW	P	3 MG	ORAL	TABS	EA	120	GENERIC		5388	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5388062809	MELATON	MELATON	929200 UNKNOW	92920000 UNKNOW	P	5 MG	ORAL	TABS	EA	120	GENERIC		5388	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5388062810	NATURAL	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	500 MG	ORAL	TABS	EA	250	GENERIC		5388	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5388062812	VITAMIN E	VITAMIN E	882000 Vitamin E	88200000 Vitamin E	P	400 UNIT	ORAL	CAPS	EA	100	GENERIC		5388	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5388062818	CALCIUM	CALCIUM	401200 Replacem	40120000 Replacem	P	600-20 MC	ORAL	TABS	EA	250	GENERIC		5388	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5388062840	Q-SORB C	COENZYM	929200 UNKNOW	92920000 UNKNOW	P	100 MG	ORAL	CAPS	EA	60	GENERIC		5388	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5388062841	GARLIC	GARLIC	929200 UNKNOW	92920000 UNKNOW	P	1000 MG	ORAL	CAPS	EA	100	GENERIC		5388	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5388062842	VITAMIN I	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	1000UNIT	ORAL	CAPS	EA	100	GENERIC		5388	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5388066113	EQ SALIN	SALINE	529200 EENT Dru	52920000 EENT Dru	P	0.65%	NASAL	SOLN	ML	88	GENERIC		5388	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5388081745	TEA TREE	TEA TREE	929200 UNKNOW	92920000 UNKNOW	O	100%	EXTERNA	OIL	ML	60	MSB		5388	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
5388081765	VITAMIN E	VITAMIN E	882000 Vitamin E	88200000 Vitamin E	P	450 MG (1	ORAL	CAPS	EA	100	GENERIC		5388	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5388087811	RELION B	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		5388	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5388099500	EQ CALCI	CALCIUM	401200 Replacem	40120000 Replacem	P	315MG-25	ORAL	TABS	EA	200	GENERIC		5388	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5388099945	VITAMIN I	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	10 MCG (	ORAL	CAPS	EA	200	GENERIC		5388	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5632083005	TRUSTEX	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	12	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632083010	TRUSTEX	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	3	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632083015	TRUSTEX	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	12	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632083020	TRUSTEX	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	3	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632083025	TRUSTEX	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	12	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632083027	TRUSTEX	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	12	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632083030	TRUSTEX	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	3	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632083035	TRUSTEX	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	12	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632083040	TRUSTEX	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	3	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632083045	TRUSTEX	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	12	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632083047	TRUSTEX	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	12	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632083050	TRUSTEX	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	3	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632083055	TRUSTEX	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	12	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632083060	TRUSTEX	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	3	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632083065	TRUSTEX	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	12	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632083067	TRUSTEX	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	12	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632083087	TRUSTEX	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	12	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632083137	TRUSTEX	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	12	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632083157	TRUSTEX	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	12	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632083177	TRUSTEX	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	12	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632083197	TRUSTEX	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	12	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632083220	TRUSTEX	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	3	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632083225	TRUSTEX	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	12	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632083240	TRUSTEX	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	3	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632083245	TRUSTEX	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	12	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632084005	TRUSTEX	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	3	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632084010	TRUSTEX	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	3	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632084015	TRUSTEX	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	3	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632084020	TRUSTEX	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	3	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632084025	TRUSTEX	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	3	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632084030	TRUSTEX	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	3	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632084035	TRUSTEX	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	3	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632084040	TRUSTEX	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	12	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632084140	TRUSTEX	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	12	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632084150	TRUSTEX	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	12	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632084152	TRUSTEX	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	12	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632084154	TRUSTEX	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	12	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632084156	TRUSTEX	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	12	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632084158	TRUSTEX	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	12	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632084240	TRUSTEX	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	12	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632086800	FANTASY	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	3	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632086805	FANTASY	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	12	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632086810	FANTASY	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	3	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632086815	FANTASY	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	12	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632086820	FANTASY	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	3	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632086825	FANTASY	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	12	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632086830	FANTASY	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	3	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632086835	FANTASY	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	12	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632088080	TRUSTEX	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	12	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632088082	TRUSTEX	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	12	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632089200	KAMELEC	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	3	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632089204	KAMELEC	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	3	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5632098082	TRUSTEX	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	12	NON DRUG		5632	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
5861001329	VANISH	SODIUM F	340400 UNKNOW	34040000 UNKNOW	R	5%	DENTAL	LQCR	EA	50	SSB		5861	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND			R	MEDPRMI
5928000099	NASOGEL	SALINE	529200 EENT Dru	52920000 EENT Dru	P	0	NASAL	GEL	GM	28.4	GENERIC		5928	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5928000100	SINUS RI	HYPERTC	529200 EENT Dru	52920000 EENT Dru	O	0-0	NASAL	PACK	EA	50	SSB		5928	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5928000200	SINUS RI	HYPERTC	529200 EENT Dru	52920000 EENT Dru	O	0-0	NASAL	PACK	EA	100	SSB		5928	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5928000204	SINUS RI	HYPERTC	529200 EENT Dru	52920000 EENT Dru	O	0-0	NASAL	PACK	EA	120	SSB		5928	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5928000300	SINUS RI	HYPERTC	529200 EENT Dru	52920000 EENT Dru	O	0-0	NASAL	PACK	EA	60	SSB		5928	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5928000308	SINUS RI	HYPERTC	529200 EENT Dru	52920000 EENT Dru	O	0-0	NASAL	PACK	EA	5	SSB		5928	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5928000400	SINUS RI	HYPERTC	529200 EENT Dru	52920000 EENT Dru	O	0-0	NASAL	PACK	EA	70	SSB		5928	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5928000816	NASAFLO	HYPERTC	529200 EENT Dru	52920000 EENT Dru	O	0-0	NASAL	PACK	EA	50	SSB		5928	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5928000901	NASAFLO	HYPERTC	529200 EENT Dru	52920000 EENT Dru	O	0-0	NASAL	PACK	EA	50	SSB		5928	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5928001400	SINUS RI	HYPERTC	529200 EENT Dru	52920000 EENT Dru	O	0-0	NASAL	PACK	EA	25	SSB		5928	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5928004530	NASOGEL	SALINE	529200 EENT Dru	52920000 EENT Dru	P	0	NASAL	GEL	ML	30	GENERIC		5928	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5928005075	NASAMIS	SODIUM C	529200 EENT Dru	52920000 EENT Dru	O	0-0	NASAL	AERS	ML	75	SSB		5928	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5928005177	NASAMIS	SODIUM C	529200 EENT Dru	52920000 EENT Dru	O	0-0	NASAL	AERS	ML	177	SSB		5928	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5928005200	SINUS RI	HYPERTC	529200 EENT Dru	52920000 EENT Dru	O	0-0	NASAL	PACK	EA	50	SSB		5928	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5928007125	NASAMIS	SODIUM C	529200 EENT Dru	52920000 EENT Dru	O	0-0	NASAL	AERS	GM	126.6	SSB		5928	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5928010008	SINUFLO	SODIUM C	529200 EENT Dru	52920000 EENT Dru	O	0-0	NASAL	KIT	EA	1	SSB		5928	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5928011001	NASADRO	SALINE	529200 EENT Dru	52920000 EENT Dru	O	0.90%	NASAL	SOLN	ML	15	SSB		5928	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5928060311	CLEARCA	CARBAMI	520492 EENT Ant	52049200 EENT Ant	O	6.5%-0-0	OTIC	KIT	ML	192	SSB		5928	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5928088801	SINUGAT	SODIUM C	529200 EENT Dru	52920000 EENT Dru	O	0-0	NASAL	PACK	EA	30	SSB		5928	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5928090901	NASADO	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		5928	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
5928091901	NASADO	HYPERTC	529200 EENT Dru	52920000 EENT Dru	O	0-0	NASAL	PACK	EA	10	SSB		5928	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
6000043744	CICAPLA	EMOLLIE	842412 Basic Oint	84241200 Basic Oint	O	0	EXTERNA	CREA	ML	40	SSB		6000 N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
6000051215	CERAVE	EMOLLIE	842412 Basic Oint	84241200 Basic Oint	O	0-0-0-0	EXTERNA	CREA	ML	236	SSB		6000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
6000051223	CERAVE	BENZOYL	840492 Local Anti	84049200 Local Anti	P	4%	EXTERNA	LIQD	ML	150	GENERIC		6000	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
6000053717	CERAVE	SOAP & C	842000 Detergent	84200000 Detergent	O	0	EXTERNA	LIQD	ML	296	SSB		6000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
6000053721	CERAVE	EMOLLIE	842412 Basic Oint	84241200 Basic Oint	O	46.50%	EXTERNA	OINT	GM	144	SSB		6000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
6000053743	CERAVE	EMOLLIE	842412 Basic Oint	84241200 Basic Oint	O	0	EXTERNA	CREA	GM	453	SSB		6000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
6000053745	CERAVE	EMOLLIE	842404 Basic Loti	84240400 Basic Loti	O	0	EXTERNA	LOTN	ML	89	SSB		6000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
6000053746	CERAVE	EMOLLIE	842404 Basic Loti	84240400 Basic Loti	O	10%-5%-5	EXTERNA	LOTN	ML	89	SSB		6000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
6000053748	CERAVE	EMOLLIE	842412 Basic Oint	84241200 Basic Oint	O	46.50%	EXTERNA	OINT	GM	85	SSB		6000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
6000053751	CERAVE	EMOLLIE	842404 Basic Loti	84240400 Basic Loti	O	0	EXTERNA	LOTN	ML	87	SSB		6000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
6000053754	CERAVE	SALICYLI	842800 Keratolytic	84280000 Keratolytic	P	2%	EXTERNA	CREA	GM	227	GENERIC		6000	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
6000053757	CERAVE	SOAP & C	842000 Detergent	84200000 Detergent	O	0	EXTERNA	LIQD	ML	87	SSB		6000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
6000053758	CERAVE	EMOLLIE	842412 Basic Oint	84241200 Basic Oint	O	0	EXTERNA	CREA	GM	340	SSB		6000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
6000053762	CERAVE	PRAMOXI	840800 Antipruritic	84080000 Antipruritic	O	1%	EXTERNA	CREA	GM	340	SSB		6000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
6000053763	CERAVE	PRAMOXI	840800 Antipruritic	84080000 Antipruritic	P	1%	EXTERNA	LOTN	ML	237	GENERIC		6000	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
6000053764	CERAVE	EMOLLIE	842412 Basic Oint	84241200 Basic Oint	O	46.50%	EXTERNA	OINT	GM	340	SSB		6000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
6000053766	CERAVE	EMOLLIE	842412 Basic Oint	84241200 Basic Oint	O	0	EXTERNA	CREA	GM	453	SSB		6000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
6000053769	CERAVE	SOAP & C	842000 Detergent	84200000 Detergent	O	0	EXTERNA	LIQD	ML	355	SSB		6000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
6000053771	CERAVE	EMOLLIE	842404 Basic Loti	84240400 Basic Loti	O	0	EXTERNA	LOTN	ML	237	SSB		6000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
6000053772	CERAVE	EMOLLIE	842412 Basic Oint	84241200 Basic Oint	O	0	EXTERNA	CREA	GM	340	SSB		6000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
6000053773	CERAVE	EMOLLIE	842404 Basic Loti	84240400 Basic Loti	O	0-0-0	EXTERNA	LOTN	ML	237	SSB		6000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
6000053774	CERAVE	EMOLLIE	842404 Basic Loti	84240400 Basic Loti	O	0	EXTERNA	LOTN	ML	355	SSB		6000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
6000053775	CERAVE	SOAP & C	842000 Detergent	84200000 Detergent	O	0	EXTERNA	LIQD	ML	355	SSB		6000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
6000053784	CERAVE	DIAPER R	842400 Emollients	84240000 Emollients	P	46.50%	EXTERNA	OINT	GM	85	GENERIC		6000	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
6000053797	CERAVE	EMOLLIE	842412 Basic Oint	84241200 Basic Oint	O	0	EXTERNA	CREA	ML	56	SSB		6000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
6000053816	CERAVE	DIMETHIC	842412 Basic Oint	84241200 Basic Oint	O	1%	EXTERNA	CREA	GM	85	SSB		6000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
6000053817	CERAVE	SUNSCRE	848000 Sunscreen	84800000 Sunscreen	O	6%-4.7%	EXTERNA	STCK	GM	13.32	NON DRUG		6000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
6000054610	ANTHELI	SUNSCRE	848000 Sunscreen	84800000 Sunscreen	O	5%-3%-15	EXTERNA	LOTN	ML	90	SSB		6000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
6000055471	CERAVE	EMOLLIE	842412 Basic Oint	84241200 Basic Oint	O	46.50%	EXTERNA	OINT	GM	56	SSB		6000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
6000055999	CERAVE	SOAP & C	842000 Detergent	84200000 Detergent	O	0-0-0-0-0	EXTERNA	LIQD	ML	355	NON DRUG		6000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
6000056019	CERAVE	INFANT C	842000 Detergent	84200000 Detergent	O	0-0	EXTERNA	SHAM	ML	237	NON DRUG		6000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
6000056023	CERAVE	INFANT C	842404 Basic Loti	84240400 Basic Loti	O	0	EXTERNA	LOTN	ML	237	NON DRUG		6000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
6000056031	CERAVE	INFANT C	842412 Basic Oint	84241200 Basic Oint	O	0-0	EXTERNA	CREA	GM	142	NON DRUG		6000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
6121076304	DIATRUS	COVID-19	360000 Diagnostic	36000000 Diagnostic	O	0	IN VITRO	KIT	EA	1	NON DRUG		6121	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
6121076323	DIATRUS	COVID-19	360000 Diagnostic	36000000 Diagnostic	O	0	IN VITRO	KIT	EA	1	NON DRUG		6121	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
6278000069	FEATHER	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG		6278	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
6278000398	SKIN TAC	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		6278	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
6278005267	TORBOT	OSTOMY	940000 Devices	94000000 Devices	O	0-0-0	DOES NO	LIQD	ML	120	SSB		6278	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7249011105	NUTRA/S	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	(FROZE	ORAL	LIQD	ML	118	SSB		7249	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7249012006	RE/GEN F	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0	ORAL	MISC	EA	50	SSB		7249	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7249019103	NUTRA B	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0	ORAL	MISC	EA	50	SSB		7249	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7249019104	NUTRA B	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0	ORAL	MISC	EA	50	SSB		7249	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7249019107	NUTRA B	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0	ORAL	MISC	EA	50	SSB		7249	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7249019109	NUTRA B	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0	ORAL	MISC	EA	50	SSB		7249	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7249022224	THIK & CL	CELLULO	960000 Pharmace	96000000 Pharmace	O	0	ORAL	PACK	EA	200	SSB		7249	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7249022225	THIK & CL	CELLULO	960000 Pharmace	96000000 Pharmace	O	0	ORAL	PACK	EA	200	SSB		7249	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7249022227	THIK & CL	CELLULO	960000 Pharmace	96000000 Pharmace	O	0-0	ORAL	POWD	GM	227	SSB		7249	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7249050101	JUICE PL	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-10G	ORAL	LIQD	ML	237	SSB		7249	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7249050102	JUICE PL	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-10G	ORAL	LIQD	ML	237	SSB		7249	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7249050103	JUICE PL	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-10G	ORAL	LIQD	ML	237	SSB		7249	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7249050104	JUICE PL	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-10G	ORAL	LIQD	ML	237	SSB		7249	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7249055182	NUTRA B	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0	ORAL	MISC	EA	36	SSB		7249	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7249055184	NUTRA B	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0	ORAL	MISC	EA	36	SSB		7249	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7249055187	NUTRA B	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0	ORAL	BAR	EA	36	SSB		7249	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7249060021	NUTRA/B	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	(FROZE	ORAL	LIQD	ML	118	SSB		7249	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7249060022	NUTRA/B	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	(FROZE	ORAL	LIQD	ML	118	SSB		7249	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7249080407	NUTRA S	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	(FROZE	ORAL	LIQD	ML	118	SSB		7249	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7249080408	NUTRA/S	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	118	SSB		7249	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7249080409	NUTRA S	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	(FROZE	ORAL	LIQD	ML	118	SSB		7249	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7249080410	NUTRA S	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	(FROZE	ORAL	LIQD	ML	118	SSB		7249	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7249080411	NUTRA S	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	(FROZE	ORAL	LIQD	ML	118	SSB		7249	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7249080413	NUTRA S	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	(FROZE	ORAL	LIQD	ML	118	SSB		7249	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7249080417	NUTRA S	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	(FROZE	ORAL	LIQD	ML	118	SSB		7249	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7249080420	NUTRA/S	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	(FROZE	ORAL	LIQD	ML	118	SSB		7249	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7249080421	NUTRA/S	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	(FROZE	ORAL	LIQD	ML	118	SSB		7249	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7249080422	NUTRA/S	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	(FROZE	ORAL	LIQD	ML	118	SSB		7249	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7249080423	NUTRA/S	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	(FROZE	ORAL	LIQD	ML	118	SSB		7249	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7249091101	EGG/PRO	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0	ORAL	POWD	GM	238	SSB		7249 N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7249091104	NUTRA/P	PROTEIN	402000 Caloric Ag	40200000 Caloric Ag	O	0-0	ORAL	PACK	GM	26	SSB		7249	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7249091105	NUTRA/P	PROTEIN	402000 Caloric Ag	40200000 Caloric Ag	O	0-0	ORAL	PACK	GM	26	SSB		7249	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7249091106	NUTRA/P	PROTEIN	402000 Caloric Ag	40200000 Caloric Ag	O	0-0	ORAL	PACK	GM	26	SSB		7249	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7387002283	STERI-ST	BENZOIN	842416 Basic Pow	84241600 Basic Pow	P	0	EXTERNA	TINC	EA	40	GENERIC		7387	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7411060007	SPIROME	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG		7411	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7411089003	FULL KIT	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		7411	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7610003220	VITAMIN I	RIBOFLA	880800 Vitamin B	88080000 Vitamin B	P	100 MG	ORAL	TABS	EA	100	GENERIC		7610	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7610003920	PROBIOT	LACTOBA	560800 Antidiarrhe	56080000 Antidiarrhe	O	0	ORAL	CAPS	EA	100	SSB		7610	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7610010418	PRENATA	PRENATA	882800 Multivitam	88280000 Multivitam	O	28-0.8 MG	ORAL	TABS	EA	90	MSB	8/15/2024	7610	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
7610011907	L-CARNIT	LEVOCAR	402000 Caloric Ag	40200000 Caloric Ag	P	500 MG	ORAL	CAPS	EA	36	GENERIC		7610	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7610012012	ALPHA-LI	ALPHA-LI	929200 UNKNOW	92920000 UNKNOW	P	100 MG	ORAL	CAPS	EA	60	GENERIC		7610	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7610015224	MELATON	MELATON	929200 UNKNOW	92920000 UNKNOW	O	2.5MG-33	SUBLINGI	SUBL	EA	120	MSB		7610	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
7610015540	MELATON	MELATON	929200 UNKNOW	92920000 UNKNOW	P	5 MG	ORAL	TABS	EA	200	GENERIC	6/9/2023	7610	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7610015832	CALCIUM	CALCIUM	401200 Replacem	40120000 Replacem	P	315-5 MG-	ORAL	TABS	EA	160	GENERIC		7610	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7610016840	VITAMIN I	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	50 MCG (	ORAL	TABS	EA	200	GENERIC		7610	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7610017120	ODORLES	DOCOSAI	929200 UNKNOW	92920000 UNKNOW	P	0-0-1000M	ORAL	CPDR	EA	100	GENERIC		7610	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7610017840	NATURAL	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	5000UNIT	ORAL	TABS	EA	200	GENERIC		7610	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7610021510	PRO HOR	PRASTER	929200 UNKNOW	92920000 UNKNOW	P	25MG	ORAL	CAPS	EA	50	GENERIC		7610	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7610022640	MELATON	MELATON	929200 UNKNOW	92920000 UNKNOW	P	3 MG	ORAL	TABS	EA	200	GENERIC		7610	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7610028320	MAGNESI	MAGNESI	401200 Replacem	40120000 Replacem	P	250 MG	ORAL	TABS	EA	100	GENERIC		7610	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7610032024	MAGNESI	MAGNESI	560400 Antacids a	56040000 Antacids a	P	400 MG	ORAL	TABS	EA	120	GENERIC		7610	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7610060512	5-HTP	5-HYDRO	929200 UNKNOW	92920000 UNKNOW	P	100MG	ORAL	CAPS	EA	60	GENERIC		7610	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7610081007	COENZYM	COENZYM	929200 UNKNOW	92920000 UNKNOW	P	100 MG	ORAL	CAPS	EA	36	GENERIC		7610	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
7610093040	CALCIUM	OYSTER S	401200 Replacem	40120000 Replacem	P	500 MG	ORAL	TABS	EA	200	GENERIC		7610	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI

8006006412	S.T. GEN	NERVE S	940000 Devices	94000000 Devices	R	0	DOES NO	DEVI	EA	1	NON DRUG		8006	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8011000102	2-WAY FC	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG		8011	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8011000500	BARD DR	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8011	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8011000538	BARD LE	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8011	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8011003750	X-RAY OF	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8011	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8011004052	BARD CU	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8011	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8011004053	BARD CU	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8011	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8011004054	BARD CU	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8011	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8011009408	DAVOL U	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8011	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8011009414	DAVOL U	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8011	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8011009416	DAVOL U	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8011	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8011010112	BARD CO	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8011	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8011015914	BARD FE	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8011	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8011016514	BARDEX	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		8011	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8011016516	BARDEX	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8011	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8011016520	FOLEY C	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	12	NON DRUG		8011	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8011016620	BARDEX	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8011	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8011016816	BARDEX	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG		8011	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8011033620	SILASTIC	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8011	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8011039301	SPIRIT H	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	30	NON DRUG		8011	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8011041170	TOOMEY	SYRINGE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG		8011	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8011050612	MAGIC3 I	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	180	NON DRUG		8011	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8011051814	MAGIC3 (	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	30	NON DRUG		8011	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8011053612	MAGIC3 I	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	30	NON DRUG		8011	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8011053614	MAGIC3 I	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	30	NON DRUG		8011	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8011053618	MAGIC3 I	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	30	NON DRUG		8011	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8011053812	MAGIC3 (	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	30	NON DRUG		8011	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8011094140	BARD UR	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8011	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8011120000	RELIASE	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8011	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8011120200	RELIASE	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8011	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8011120608	BARD CO	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8011	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8011120610	BARD CO	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8011	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8011120612	BARD CO	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8011	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8011120614	BARD CO	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG		8011	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8011120616	BARD CO	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG		8011	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8011120618	BARD CO	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8011	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8011120620	BARD CO	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8011	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI

8011120622 BARD CO	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011121000 RELIASE	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011121200 RELIASE	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011121400 RELIASE	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011121500 RELIASE	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011123514 BARDIA F	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011123516 BARDIA S	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011123518 BARDIA F	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011123520 BARDIA F	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011123530 BARDIA S	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011123620 BARDIA F	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011150101 BARD DIS	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011150102 BARD DIS	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011150103 BARD DIS	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011150108 BARDIA L	INCONTIN	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	12	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011150111 BARD LE	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011150121 BARD LE	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011150131 BARD LE	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011150200 BARD DIS	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011150201 BARDIC L	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011150202 BARDIC L	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011150203 BARDIC L	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011150319 BARD DIS	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011150332 BARD DIS	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011150419 BARD DIS	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011150432 BARD DIS	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011150501 BARD MA	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011150502 BARD MA	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011150503 BARD MA	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011150507 BARD DE	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011150520 BARD CA	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011150525 BARD TW	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	STRP	EA	25	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011150615 BARD LE	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011150619 BARD DIS	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011150632 BARD DIS	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011150702 BARD MA	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011150703 BARD MA	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011150707 LATEX LE	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011150719 BARD DIS	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011150732 BARD DIS	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011150819 BARD DIS	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011150832 BARD DIS	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011150919 BARD DIS	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011150932 BARD DIS	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011151919 BARD DIS	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011151932 BARD DIS	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011153504 BARD CE	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011153509 BARD CE	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011154002 BARD CE	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011154004 BARD INF	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011154006 BARD UR	INCONTIN	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	20	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011162110 BARD LE	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011162210 BARD LE	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011162310 BARD LE	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011165810 BARDEX	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011165814 BARDEX	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011165816 BARDEX	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011165818 BARDEX	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011165820 BARDEX	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011165822 BARDEX	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011165824 BARDEX	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011166816 BARDEX	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011166818 BARDEX	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011166820 BARDEX	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011166822 BARDEX	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011166824 BARDEX	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011277708 BARD RU	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011277710 BARD RU	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011277712 BARD RU	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011277714 BARD RU	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011277716 BARD RU	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011277718 BARD RU	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011277720 BARD RU	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011366716 BARD LU	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011420614 BARD CL	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011421010 VINYL CA	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011421108 BARD CL	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011421614 VINYL CA	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011421708 BARD CL	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011423714 CLEAN-C	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011651005 CONTIGE	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	ML	2.5	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011740013 BARD PR	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011740020 BARD AD	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011740041 VIGILON I	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	1	SSB	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011740042 VIGILON I	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	1	SSB	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011740043 VIGILON I	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	1	SSB	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011740047 VIGILON I	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	1	SSB	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011750101 BARD IRF	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011750107 BARD BA	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011750301 BARD IRF	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011750307 BARD BA	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011750379 BARD PIS	ENTERAL	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	30	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011770715 BARD UR	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011771114 BARD UR	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011771215 BARD UR	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011772414 BARD UR	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011772415 BARD UR	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011772416 BARD UR	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011772514 BARD UR	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011775516 BARDEX I	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011782100 BARD UN	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011782102 BARD UN	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011800316 BARDIA C	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011800318 BARDIA C	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011800516 BARDIA C	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011800518 BARDIA C	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011802001 BARDIA L	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011802002 BARDIA L	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011802010 BARDIA F	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011802011 BARDIA F	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011802015 BARDIA L	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011802016 BARDIA C	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011802018 BARDIA C	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011802030 BARDIA F	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011802031 BARDIA F	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011802035 BARDIA L	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011802055 BARDIA E	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011802060 BARDIA I	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011802065 BARDIA F	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011802100 BARDIA L	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011802110 BARDIA F	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011802115 BARDIA L	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011802130 BARDIA F	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011802412 BARDIA L	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011802414 BARDIA L	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011802416 BARDIA L	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011806316 BARDIA A	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011806318 BARDIA A	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011806320 BARDIA A	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011806322 BARDIA A	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011806324 BARDIA A	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011806514 BARDIA A	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011806516 BARDIA A	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011806518 BARDIA A	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011806520 BARDIA A	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011806522 BARDIA A	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011806524 BARDIA A	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011896300 BARDEX I	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011899100 BARD INF	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011899616 BARDEX I	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011899618 BARDEX I	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011899716 BARD LU	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011960001 CLOSED-	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011960002 CLOSED-	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011960003 CLOSED-	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011960004 CLOSED-	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011960101 CLOSED-	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011960102 CLOSED-	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011960103 CLOSED-	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011960401 ILEO B D	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011960406 ILEO B D	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011960414 ILEO B D	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011960601 INFANT U	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011961002 SECURIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011961003 IRRIGATI	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011961016 STOMA U	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011961017 STOMA U	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011961020 SECURIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011962000 OPEN EN	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011962002 OPEN EN	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011962003 FISTULA	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011968602 SCANPOR	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011968622 SCANPOR	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011968624 SCANPOR	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8011971015 STOMA U	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8011		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8026465400 IV3000 1-I	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8026		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8026480200 ALGISITE	CALCIUM	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	10	SSB	8026		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8026763800 ALLEVYN	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	10	NON DRUG	8026		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8065100002 MICROSF	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	8065		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8065100003 MICROSF	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	8065		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8065183004 PROVISC	SODIUM H	529200 EENT Dru	52920000 EENT Dru	R	4 MG/0.4M	INTRAOC	SOSY	ML	0.4	SSB	8065		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8065183055 PROVISC	SODIUM H	529200 EENT Dru	52920000 EENT Dru	R	5.5 MG/0.5	INTRAOC	SOSY	ML	0.55	SSB	8065		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8065183085 PROVISC	SODIUM H	529200 EENT Dru	52920000 EENT Dru	R	8.5 MG/0.8	INTRAOC	SOSY	ML	0.85	SSB	8065		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8065183135 DUOVISC	NA HYALU	529200 EENT Dru	52920000 EENT Dru	R	0.4-0.35 M	INTRAOC	KIT	ML	0.75	SSB	8065		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8065183150 DUOVISC	NA HYALU	529200 EENT Dru	52920000 EENT Dru	R	0.55-0.5 M	INTRAOC	KIT	ML	1.05	SSB	8065		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8065183710 DISCOVIS	NA CHON	529200 EENT Dru	52920000 EENT Dru	R	40-17 MG	INTRAOC	SOLN	ML	1	SSB	8065		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8065183810 CELLUGE	HYPROMI	529200 EENT Dru	52920000 EENT Dru	R	2%	INTRAOC	SOLN	ML	1	SSB	8065	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8065183905 VISCOAT	NA CHON	529200 EENT Dru	52920000 EENT Dru	R	20-15 MG	INTRAOC	SOSY	ML	0.5	SSB	8065		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8065183975 VISCOAT	NA CHON	529200 EENT Dru	52920000 EENT Dru	R	30-22.5 M	INTRAOC	SOSY	ML	0.75	SSB	8065		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8065199907 DUOVISC	NA HYALU	529200 EENT Dru	52920000 EENT Dru	R	0.85-0.5 M	INTRAOC	KIT	ML	1.35	SSB	8065		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080000555 MONOJE	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	120	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080000777 MONOJE	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	120	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080032010 MONOJE	SYRINGE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	800	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080041530 KENDALL	POVIDON	840416 UNKNOW	84041600 UNKNOW	O	1%	EXTERNA	KIT	EA	1	SSB	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080041531 KENDALL	POVIDON	840416 UNKNOW	84041600 UNKNOW	O	1%	EXTERNA	KIT	EA	1	SSB	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080041533 KENDALL	POVIDON	840416 UNKNOW	84041600 UNKNOW	O	1%	EXTERNA	KIT	EA	1	SSB	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080041535 KENDALL	POVIDON	840416 UNKNOW	84041600 UNKNOW	O	0.75%	EXTERNA	KIT	EA	1	SSB	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080041536 KENDALL	POVIDON	840416 UNKNOW	84041600 UNKNOW	O	1%	EXTERNA	KIT	EA	1	SSB	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080041550 KENDALL	POVIDON	840416 UNKNOW	84041600 UNKNOW	O	1%	EXTERNA	MISC	EA	20	SSB	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080041560 KENDALL	POVIDON	840416 UNKNOW	84041600 UNKNOW	O	1%	EXTERNA	KIT	EA	1	SSB	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080041561 KENDALL	POVIDON	840416 UNKNOW	84041600 UNKNOW	O	1%	EXTERNA	KIT	EA	1	SSB	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080041589 KENDALL	POVIDON	840416 UNKNOW	84041600 UNKNOW	O	1%	EXTERNA	KIT	EA	1	SSB	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080041590 KENDALL	POVIDON	840416 UNKNOW	84041600 UNKNOW	O	1%	EXTERNA	KIT	EA	1	SSB	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080041591 KENDALL	POVIDON	840416 UNKNOW	84041600 UNKNOW	O	1%	EXTERNA	KIT	EA	1	SSB	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080055535 AMD ANT	GAUZE P	940000 Devices	94000000 Devices	R	0	DOES NO	PADS	EA	10	NON DRUG	8080		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND		R	MEDPRMI
8080055544 AMD FOA	GAUZE P	940000 Devices	94000000 Devices	R	0	DOES NO	PADS	EA	10	NON DRUG	8080		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND		R	MEDPRMI
8080055566 AMD FOA	GAUZE P	940000 Devices	94000000 Devices	R	0	DOES NO	PADS	EA	10	NON DRUG	8080		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND		R	MEDPRMI
8080072030 NUTRIPO	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080094700 WINGS FL	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080096800 WINGS FL	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080098400 WINGS BI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080098800 WINGS BI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080099500 WINGS FL	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080100000 ARGYLE S	WATER F	403600 Irrigating S	40360000 Irrigating S	S	0	IRRIGATI	SOLN	ML	100	GENERIC	8080		N	FORMULARY		1 GEN	GENERICS		R	MEDPRMI
8080100005 DOVER A	INCONTIN	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080100555 MONOJE	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	500	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080100707 MONOJE	INSULIN S	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	60	NON DRUG	8080		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8080100777 MONOJE	SYRINGE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	60	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080102000 ARGYLE S	SODIUM C	403600 Irrigating S	40360000 Irrigating S	S	0.90%	IRRIGATI	SOLN	ML	100	GENERIC	8080		N	FORMULARY		1 GEN	GENERICS		R	MEDPRMI
8080102200 CURITY S	SODIUM C	403600 Irrigating S	40360000 Irrigating S	S	0.90%	IRRIGATI	SOLN	ML	100	GENERIC	8080		N	FORMULARY		1 GEN	GENERICS		R	MEDPRMI
8080103800 WINGS FL	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080104000 SIMPLICI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080104200 SIMPLICI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080104400 SIMPLICI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080104600 SIMPLICI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080105000 TELFA NC	GAUZE P	940000 Devices	94000000 Devices	O	3""X4""	DOES NO	PADS	EA	50	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080105800 MAXICAR	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	30	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080109300 WINGS FL	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080110900 TELFA NC	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	25	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080111100 TELFA NC	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	25	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080111300 TELFA NC	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	25	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080111400 TELFA NC	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	25	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080111500 TELFA CL	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080114063 MONOJE	SYRINGE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	20	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080114300 CURITY M	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	180	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080116700 KERLIX S	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	600	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080116900 TELFA NC	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	50	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080120500 SURE CA	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	72	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080121500 SURE CA	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	64	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080123800 TELFA NC	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	50	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080123880 TELFA NC	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	200	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080125058 MONOJE	TUBERCU	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	500	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080125158 MONOJE	TUBERCU	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	500	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080126038 MONOJE	TUBERCU	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	500	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080127012 MONOJE	TUBERCU	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	500	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080127200 KERLIX S	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	100	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080128012 MONOJE	TUBERCU	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	500	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080133400 CURITY M	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	90	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080140980 ARGYLE	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080140988 ARGYLE	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080141600 DOVER H	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080141900 TOUCH-T	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080141901 DOVER H	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080141902 ARGYLE S	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080141904 ARGYLE S	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080141906 ARGYLE S	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080141908 ARGYLE S	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080142000 DOVER H	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080142200 DOVER H	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080142400 DOVER H	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080142600 DOVER H	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080142700 DOVER H	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080142900 CURITY C	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	250	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080143100 DOVER H	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080145540 DOVER E	HARD SO	561200 Cathartics	56120000 Cathartics	O	0	RECTAL	KIT	EA	50	SSB	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080147300 CURITY #	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080151100 MONOJE	PARENTE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080152200 CURITY M	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	60	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080152801 SURE CA	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	30	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080153000 SIMPLICI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	25	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080154500 SURE CA	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	36	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080154700 SURE CA	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	30	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080155000 SURE CA	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	18	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080155201 SURE CA	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080155922 ARGYLE I	IV SETS/T	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080159610 KENDALL	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	24	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080159611 KENDALL	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	24	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080160405 MONOJE	SYRINGE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	20	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080161200 DOVER H	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080161400 DOVER H	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080161600 DOVER H	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080161900 DOVER H	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080162100 DOVER H	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080162200 DOVER H	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080162400 DOVER H	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080162500 SURE CA	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	56	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080162600 DOVER H	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080162800 DOVER H	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080163100 DOVER H	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080170000 CURITY C	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	100	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080171010 SURE CA	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080171300 CURITY C	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	100	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080176250 NUTRIPO	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080179200 CURITY C	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	100	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI

8080180100	KERLIX G	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	96	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080180600	CURITY G	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	3000	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080181030	SURE CA	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	30	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080181400	DOVER H	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	12	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080181700	DOVER H	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	12	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080181800	DOVER H	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	12	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080182400	CURITY N	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	45	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080189200	KERLIX G	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080190300	CURITY G	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	50	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080191300	CURITY C	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	250	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080191411	KENDALL	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080191412	KENDALL	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	12	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080196100	TELFA NC	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080200055	MONOJE	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	160	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080200077	MONOJE	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	160	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080200777	MONOJE	SYRINGE	940000 Devices	94000000 Devices	O	12 ML	DOES NO	MISC	EA	480	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080202132	MONOJE	SYRINGE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	480	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080205010	MONOJE	NEEDLE (	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080210100	DOVER H	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	20	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080213200	TELFA NC	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080214600	CURITY G	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	200	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080214800	WEBCOL	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1000	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080218100	MONOJE	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	480	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080218700	CURITY G	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	50	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080220000	PRECISIC	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080220112	MONOJE	SYRINGE	940000 Devices	94000000 Devices	O	20G X 1-1.	DOES NO	MISC	EA	480	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080223000	CURITY S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080223100	CURITY S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080223200	CURITY S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080223600	CURITY S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080223800	CURITY S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080223900	CURITY S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	24	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080224200	CURITY S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080224400	CURITY S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080224700	CURITY S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080224900	CURITY S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080225174	MONOJE	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080225182	MONOJE	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080225190	MONOJE	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080225200	CURITY G	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	200	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080225207	MONOJE	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080225208	MONOJE	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080225216	MONOJE	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080225224	MONOJE	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080225232	ANGEL W	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080225240	ANGEL W	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080225241	ANGEL W	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080225257	MONOJE	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080225265	ANGEL W	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080225273	ANGEL W	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080225281	MONOJE	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080225299	MONOJE	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080225315	MONOJE	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080225900	CURITY G	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080226000	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080226100	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080226200	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080226300	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080229000	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080229100	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080229200	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080229300	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	6	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080230000	PRECISIC	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080233601	WINGS Q	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080234600	CURITY G	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	200	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080241910	KENDALL	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	6	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080241911	KENDALL	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	50	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080241912	KENDALL	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	6	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080243800	CURITY G	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080245000	PRECISIC	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080248000	DOVER C	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	20	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080250000	DOVER M	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	400	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080250600	CURITY A	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080253300	CURITY A	GAUZE P	940000 Devices	94000000 Devices	R	0	DOES NO	PADS	EA	50	NON DRUG	8080	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND		R	MEDPRIM
8080253900	CURITY A	GAUZE P	940000 Devices	94000000 Devices	R	0	DOES NO	PADS	EA	10	NON DRUG	8080	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND		R	MEDPRIM
8080254000	DOVER V	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080255600	CURITY G	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	200	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080256200	TELFA PL	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	25	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080256300	TELFA PL	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	25	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080256400	TELFA PL	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	25	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080256500	TELFA PL	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	15	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080258500	KERLIX S	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	480	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080260000	CURITY C	COTTON	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	500	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080260010	PRECISIC	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080260100	CURITY C	COTTON	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080260200	CURITY C	COTTON	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080263000	CURITY N	NURSING	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	12	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080263400	CURITY G	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	200	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080263506	PRECISIC	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080265001	PRECISIC	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080271800	DOVER H	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	12	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080272000	DOVER H	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	12	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080272200	DOVER H	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	12	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080272300	DOVER H	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	12	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080273300	CURITY G	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	200	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080279800	CURITY #	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080281800	SURE CA	APPLICAT	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	40	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080281900	DOVER H	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	12	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080282100	DOVER H	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080282200	DOVER H	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080282400	DOVER H	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080282600	DOVER H	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080283500	CURITY G	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	200	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080283506	PRECISIC	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080284100	CURITY E	EYE PATC	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	600	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080289100	TELFA NC	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	200	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080291300	CURITY C	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	50	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080294900	KERLIX X	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	500	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080300555	MONOJE	SYRINGE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	800	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080300777	MONOJE	SYRINGE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	800	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080301116	MONOJE	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080301214	MONOJE	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080301215	MONOJE	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080301413	MONOJE	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080301512	MONOJE	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080301611	MONOJE	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080301710	MONOJE	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080301819	MONOJE	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080302411	MONOJE	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080302510	MONOJE	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080302718	MONOJE	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080303001	WINGS Q	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080303300	CURITY G	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	50	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080303601	WINGS Q	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080303900	T.E.D. TH	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080304100	CURITY S	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	200	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080304400	DOVER H	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	20	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080305700	DOVER U	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080307022	MONOJE	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080308500	KERLIX S	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	5	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080311149	MONOJE	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080311248	MONOJE	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080311347	MONOJE	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080311446	MONOJE	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080311545	MONOJE	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080311743	MONOJE	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080314100	DOVER O	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	20	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080314400	T.E.D. AN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080314440	MONOJE	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080315700	CURITY C	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	50	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080317000	DOVER C	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	50	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080319500	CURITY #	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	400	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080320112	MONOJE	SYRINGE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	800	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080320157	MONOJE	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080320256	MONOJE	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080320800	CURITY S	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080321100	MONOJE	SYRINGE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	800	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080321112	MONOJE	SYRINGE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	800	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080321700	DOVER O	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	20	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080322100	MONOJE	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080322110	T.E.D. AN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080322112	MONOJE	SYRINGE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	800	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080323100	MONOJE	SYRINGE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	800	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080325000	CURITY N	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	63	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080325058	MONOJE	SYRINGE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	800	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080325100	MONOJE	SYRINGE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	800	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080325114	MONOJE	SYRINGE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	800	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080327114	MONOJE	SYRINGE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	800	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080327900	TELFA NC	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	125	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080330200	CURITY E	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080330500	DOVER U	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	20	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080330600	T.E.D. AN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080332000	T.E.D. AN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080332400	KERLIX G	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	48	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080333100	KERLIX A	GAUZE P	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	60	NON DRUG	8080	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND		R	MEDPRIM
8080333200	KERLIX A	GAUZE P	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	8080	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND		R	MEDPRIM
8080333500	CURITY H	WOUND D	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	MISC	EA	12	SSB	8080	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND		R	MEDPRIM
8080333700	CURITY V	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	4	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080333800	KERLIX S	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	24	SSB	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080333900	CURITY S	WOUND D	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	PADS	EA	24	SSB	8080	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND		R	MEDPRIM
8080336400	T.E.D. AN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080338100	CURITY G	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080339410	KENDALL	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	4	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080340478	MONOJE	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080341000	DOVER O	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	20	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080343300	DOVER U	INCONTIN	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080344900	T.E.D. TH	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080345000	DOVER C	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	20	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080350001	PRECISIC	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080350200	DOVER U	INCONTIN	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	20	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080350501	PRECISIC	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080351200	DOVER U	INCONTIN	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	20	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080351220	DOVER U	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080351500	KENGUAF	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080352300	T.E.D. AN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080352481	MONOJE	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080352788	MONOJE	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080353100	KENGUAF	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080355000	TENSOR	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080355800	DOVER S	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080356000	DOVER S	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080356300	DOVER S	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080356500	DOVER S	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080356700	DOVER S	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080357000	DOVER S	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080357300	DOVER S	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080357500	DOVER S	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080357700	DOVER S	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080360100	DOVER S	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080360600	CURITY S	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	4	SSB	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080360700	DOVER S	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080361100	DOVER S	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080361400	DOVER S	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080361600	CURITY E	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080361800	DOVER S	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080361900	DOVER S	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080362300	DOVER S	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080363100	DOVER S	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080368500	DOVER IF	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080383400	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080391300	CURITY H	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	48	SSB	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080392200	T.E.D. AN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080393000	CURITY E	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080396700	CURITY G	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	50	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080396800	CURITY G	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080399500	T.E.D. AN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080400616	DOVER V	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080401400	DOVER C	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080402718	DOVER S	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080403200	KERLIX S	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080403728	DOVER S	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080412600	VASELINE	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	12	SSB	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080413605	VASELINE	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	50	SSB	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080414600	VASELINE	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	12	SSB	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080415290	KENDALL	POVIDON	840416 UNKNOW	84041600 UNKNOW	O	1%	EXTERNA	KIT	EA	1	SSB	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080415600	VASELINE	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	12	SSB	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080416600	VASELINE	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	12	SSB	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080417601	VASELINE	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	50	SSB	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080420200	CURITY E	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080420300	CURITY E	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080420400	CURITY E	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080420600	CURITY E	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080421600	VASELINE	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	12	SSB	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080422600	VASELINE	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	12	SSB	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080423600	VASELINE	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	12	SSB	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080424600	VASELINE	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	12	SSB	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080425600	VASELINE	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	12	SSB	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080426500	T.E.D. AN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080426600	VASELINE	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	12	SSB	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080427100	T.E.D. KN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080427601	VASELINE	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	50	SSB	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080427800	T.E.D. AN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080427900	T.E.D. AN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080428000	T.E.D. AN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080428100	T.E.D. AN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080428200	T.E.D. AN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080428300	T.E.D. AN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080428400	T.E.D. AN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080428500	T.E.D. AN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080428900	T.E.D. AN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080429600	T.E.D. AN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080429700	T.E.D. AN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080429800	T.E.D. AN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080429900	T.E.D. AN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080430000	T.E.D. AN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080430100	T.E.D. AN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080430101	VASELINE	WHITE PE	842400 Emollients	84240000 Emollients	P	0	EXTERNA	GEL	ML	18	GENERIC	8080	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080430200	T.E.D. AN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080430201	VASELINE	WHITE PE	842400 Emollients	84240000 Emollients	P	0	EXTERNA	GEL	ML	30	GENERIC	8080	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080430300	T.E.D. AN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080430301	VASELINE	WHITE PE	842400 Emollients	84240000 Emollients	P	0	EXTERNA	GEL	ML	97.5	GENERIC	8080	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080430400	T.E.D. AN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080430500	T.E.D. AN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080430800	KERLIX S	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	20	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080431302	XEROFOI	BISMUTH	940000 Devices	94000000 Devices	R	3%-0	EXTERNA	MISC	EA	50	NON DRUG	8080	N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
8080431605	XEROFOI	BISMUTH	940000 Devices	94000000 Devices	R	3%-0	EXTERNA	MISC	EA	50	NON DRUG	8080	N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
8080431700	T.E.D. AN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080432000	XEROFOI	BISMUTH	940000 Devices	94000000 Devices	R	3%-0	EXTERNA	MISC	EA	6	NON DRUG	8080	N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
8080432300	T.E.D. AN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080433200	VASELINE	WHITE PE	842400 Emollients	84240000 Emollients	S	0	EXTERNA	GEL	GM	5	GENERIC	8080	N	FORMULARY		1	GEN	GENERICS		R	MEDPRIM
8080433301	XEROFOI	BISMUTH	940000 Devices	94000000 Devices	R	3%-0	EXTERNA	MISC	EA	50	NON DRUG	8080	N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
8080433401	XEROFOI	BISMUTH	940000 Devices	94000000 Devices	R	3%-0	EXTERNA	PADS	EA	25	NON DRUG	8080	N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
8080433500	T.E.D. AN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080433501	XEROFOI	BISMUTH	940000 Devices	94000000 Devices	R	3%-0	EXTERNA	PADS	EA	25	NON DRUG	8080	N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
8080433605	XEROFOI	BISMUTH	940000 Devices	94000000 Devices	R	3%-0	EXTERNA	MISC	EA	50	NON DRUG	8080	N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
8080434400	T.E.D. AN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080436400	XEROFOI	BISMUTH	940000 Devices	94000000 Devices	R	3%-0	EXTERNA	PADS	EA	50	NON DRUG	8080	N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
8080437100	XEROFOI	BISMUTH	940000 Devices	94000000 Devices	R	3%-0	EXTERNA	PADS	EA	12	NON DRUG	8080	N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
8080437201	XEROFOI	BISMUTH	940000 Devices	94000000 Devices	R	0	EXTERNA	MISC	EA	50	NON DRUG	8080	N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
8080437305	XEROFOI	BISMUTH	940000 Devices	94000000 Devices	R	3%-0	EXTERNA	MISC	EA	6	NON DRUG	8080	N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
8080441000	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	50	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080441001	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	50	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080441002	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8080441009	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	50	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM

8080441100	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441101	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	96	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441102	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	96	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441103	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	60	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441105	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441106	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441107	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441108	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441109	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	6	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441121	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	6	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441122	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441123	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441124	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441200	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441201	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	40	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441202	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	50	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441203	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	200	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441204	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	100	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441205	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	200	NON DRUG	8080	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441206	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	200	NON DRUG	8080	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441208	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	50	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441209	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	200	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441210	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	200	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441211	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	100	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441214	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	200	NON DRUG	8080	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441215	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	200	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441216	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	200	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441217	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	200	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441218	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	200	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441219	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	200	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441250	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	96	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441251	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441400	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	200	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441401	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	200	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441402	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	200	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441403	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	50	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441404	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	50	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441405	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	50	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441406	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	5	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441407	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	50	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441408	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	70	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441410	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	50	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441411	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	50	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441412	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	50	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441500	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441501	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441502	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441503	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	6	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441504	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441505	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441506	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441507	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441602	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441603	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	100	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441604	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441605	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	100	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441606	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080441607	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	100	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080442200	CURITY E	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080442211	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	200	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080442212	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	50	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080442213	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	50	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080442214	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080442215	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080442300	CURITY E	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080442308	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	200	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080442400	CURITY E	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080442600	CURITY E	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080443400	T.E.D. AN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080443500	T.E.D. AN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080443600	T.E.D. AN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080443700	T.E.D. AN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080457200	T.E.D. AN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080457300	T.E.D. AN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080457400	T.E.D. AN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080457500	T.E.D. AN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080458230	TELFA AN	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080458800	KERLIX S	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080476139	KENDALL	HYDROA	849200 Skin and	84920000 Skin and	R	0	EXTERNA	MISC	EA	5	SSB	8080		N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	R	MEDPRMI
8080476154	KENDALL	HYDROA	849200 Skin and	84920000 Skin and	R	0	EXTERNA	MISC	EA	5	SSB	8080		N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	R	MEDPRMI
8080478000	ARGYLE	TRACHE	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080478020	ARGYLE	TRACHE	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080478850	ARGYLE	TRACHE	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080478910	ARGYLE	TRACHE	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080478920	ARGYLE	TRACHE	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080490000	ARGYLE	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080493500	KERLIX X	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080500555	MONOJE	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	160	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080500777	MONOJE	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	160	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080500888	MONOJE	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	160	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080501459	MONOJE	SYRINGE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080501640	MONOJE	TUBERCU	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080502700	DOVER U	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	20	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080502900	DOVER U	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	20	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080503300	WEBCOL	ALCOHOL	940000 Devices	94000000 Devices	O	70%	DOES NO	PADS	EA	200	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080504200	KERLIX S	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	100	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080507200	KERLIX S	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	50	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080511000	WEBCOL	ALCOHOL	940000 Devices	94000000 Devices	O	70%	DOES NO	PADS	EA	200	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080520400	DOVER M	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	48	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080520500	DOVER M	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	48	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080531020	ARGYLE	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080531038	ARGYLE	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080531046	ARGYLE	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080536000	KERLIX X	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080540111	MONOJE	PARENTE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080540400	CURITY C	APPLICAT	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080540500	CURITY C	APPLICAT	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080541034	MONOJE	SYRINGE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080541067	MONOJE	SYRINGE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080541400	CURITY C	APPLICAT	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080555220	KENDALL	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	25	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080555221	KENDALL	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	25	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080555330	KENDALL	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080555331	KENDALL	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080555350	KENDALL	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080555351	COPA PL	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080555440	KENDALL	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080555441	COPA PL	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080555442	COPA ISL	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080555443	AMD FOA	GAUZE P	940000 Devices	94000000 Devices	R	0	DOES NO	PADS	EA	10	NON DRUG	8080		N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	R	MEDPRMI
8080555480	KENDALL	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080555481	COPA PL	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080555550	KENDALL	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080555660	KENDALL	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080555661	COPA PL	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080555662	COPA ISL	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080555880	KENDALL	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080555881	COPA PL	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080555882	COPA ISL	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080575000	CURITY A	ALCOHOL	940000 Devices	94000000 Devices	O	70%	DOES NO	PADS	EA	200	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080587400	SIMPLICI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080589701	KENDALL	BLOOD P	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080600057	DOVER O	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	20	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080600073	DOVER O	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	20	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080600149	DOVER C	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080600310	WINGS C	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080600320	WINGS C	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080600330	WINGS C	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080600340	WINGS C	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080600350	WINGS C	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080600430	SIMPLICI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080600440	SIMPLICI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080600444	MONOJE	SYRINGE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080600555	MONOJE	SYRINGE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	400	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080600776	DOVER S	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	20	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080600777	MONOJE	SYRINGE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080600784	DOVER S	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	20	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080601121	DOVER U	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080601139	DOVER U	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080601220	DOVER U	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	20	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080601400	DOVER H	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080601700	TELFA AD	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	100	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080602091	MONOLE	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG	8080		N	FORMULARY		2	BRAND	PREFERRED BRAND	R	MEDPRMI
8080602100	CURITY N	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	47	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080602422	MONOLE	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG	8080		N	FORMULARY		2	BRAND	PREFERRED BRAND	R	MEDPRMI
8080603500	KERLIX S	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	50	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080604001	KENDALL	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080605148	DOVER S	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080605205	DOVER S	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080605221	DOVER S	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080605247	DOVER S	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080605262	DOVER S	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080606161	DOVER S	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	20	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080606187	DOVER S	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	20	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080606203	DOVER S	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	20	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080607000	CURITY F	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080608000	DOVER H	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080610102	MONOJE	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080610290	BODY WA	SOAP & C	842000 Detergent	84200000 Detergent	O	0	EXTERNA	FOAM	ML	266	SSB	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080611100	CURITY N	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080611200	CURITY N	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	600	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080611300	CURITY N	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	24	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080611400	CURITY N	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	36	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080611500	CURITY N	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	108	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080611600	CURITY N	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080612000	KERLIX S	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080612100	CURITY N	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	STRP	EA	25	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080612200	CURITY #	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	900	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080613200	CURITY C	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	100	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080614000	CURITY F	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080615300	CURITY F	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080615400	CURITY F	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080615500	DOVER H	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080615600	DOVER H	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080617500	CURITY A	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080620112	MONOJE	SYRINGE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	400	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080620600	DOVER U	INCONTIN	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	20	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080620800	DOVER U	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080620900	DOVER U	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080621000	DOVER S	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080621100	MONOJE	SYRINGE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	400	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080621112	MONOJE	SYRINGE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	400	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080622112	MONOJE	SYRINGE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	400	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080622901	SIMPLICI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080624100	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	70	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080624200	TENDER	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	24	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080624250	DERMACI	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	50	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080624300	TENDER	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080624400	TENDER	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080624600	TENDER	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	6	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080625100	DOVER U	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080625500	DOVER A	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080626100	DOVER U	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	15	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080628600	CURITY T	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080630000	DOVER U	INCONTIN	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	20	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080630103	SIMPLICI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080630104	SIMPLICI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080630105	SIMPLICI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080630187	DOVER S	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080630245	DOVER S	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080630260	DOVER S	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080630602	WINGS H	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080630603	WINGS H	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080630640	WINGS H	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080630650	WINGS H	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080630702	WINGS H	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080630705	WINGS H	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080630730	WINGS H	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080630740	WINGS H	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080630900	CURITY C	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	100	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080631000	DOVER U	INCONTIN	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	20	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080631800	CURITY C	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080634901	WINGS F	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080635000	SIMPLICI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	25	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080636000	KENDALL	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	125	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080636100	KENDALL	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080636300	KENDALL	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	750	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080639910	WINGS W	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	48	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080640000	SIMPLICI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080641800	WINGS F	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	24	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080642200	WINGS F	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080642601	SIMPLICI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080650351	SIMPLICI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	60	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080656000	WEBCOL	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080659622	WINGS C	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	22	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080659701	WINGS C	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080659801	WINGS C	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	24	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080659910	WINGS W	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	64	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080660040	CURITY S	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080660085	DOVER R	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080660101	DOVER R	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080660127	DOVER R	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080660143	DOVER R	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080660168	DOVER R	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080660184	DOVER R	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080660218	DOVER R	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080660320	WINGS A	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080660330	WINGS A	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080660340	WINGS A	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	18	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080660350	WINGS A	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	15	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080664000	POLYSKI	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080664100	KENDALL	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080664200	KENDALL	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080664700	KENDALL	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080664800	KENDALL	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080665100	KENDALL	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080666000	KERLIX A	GAUZE P	940000 Devices	94000000 Devices	R	0	DOES NO	PADS	EA	10	NON DRUG	8080		N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	R	MEDPRMI
8080666200	KERLIX S	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	40	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080666500	KERLIX A	GAUZE P	940000 Devices	94000000 Devices	R	0	DOES NO	PADS	EA	50	NON DRUG	8080		N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	R	MEDPRMI
8080669901	WINGS W	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	64	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080670000	DOVER B	IRRIGATI	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080670930	WINGS A	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080670950	WINGS B	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	8	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080671500	KERLIX B	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080671600	KERLIX B	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080672000	KERLIX B	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	96	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080672500	KERLIX B	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	96	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080673000	KERLIX B	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	60	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080673500	KERLIX G	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	96	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080676434	MONOJE	SHARPS	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080678000	DOVER I	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080678030	DOVER I	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080680002	DOVER P	IRRIGATI	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080681800	WEBCOL	ALCOHOL	940000 Devices	94000000 Devices	O	70%	DOES NO	PADS	EA	200	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080682010	MONOJE	PARENTE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080685001	SIMPLICI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080688000	DOVER I	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	20	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080688030	DOVER I	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	20	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080688169	DOVER S	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080688185	DOVER S	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080688200	DOVER I	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	20	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080688201	DOVER S	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080688227	DOVER S	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8080688243	DOVER S	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	8080		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

8080688268	DOVER S	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080689167	DOVER S	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080689183	DOVER S	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080689209	DOVER S	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080689225	DOVER S	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080689241	DOVER S	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080689266	DOVER S	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080689900	WINGS W	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	8	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080693900	CURITY (	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	128	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080700001	PRECISIC	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	50	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080700108	KANGAR(	IRRIGATI(	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080700116	KANGAR(	IRRIGATI(	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080700124	KANGAR(	IRRIGATI(	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080700207	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080700702	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080700744	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080702520	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080704605	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080704805	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080705000	WINGS IN	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080705008	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080705300	SURE CA	APPLICAT	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080705801	WINGS U	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080705901	WINGS U	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080706000	WINGS IN	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080706001	WINGS M	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080706011	WINGS M	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080706212	KANGAR(	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080707000	WINGS IN	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080707001	WINGS M	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080707011	WINGS M	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080707100	T.E.D. KN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080708000	WINGS IN	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080708001	WINGS M	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080708300	CURITY [	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	50	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080708400	CURITY [	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	50	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080708401	EXCILON	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	50	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080708500	CURITY [	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	50	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080708600	EXCILON	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	50	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080708700	EXCILON	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	70	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080708800	EXCILON	GAUZE P/	940000 Devices	94000000 Devices	R	0	DOES NO	PADS	EA	50	NON DRUG	8080	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND		R	MEDPRMI
8080710000	DOVER U	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	20	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080710500	SIMPLICI'	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	300	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080710701	SIMPLICI'	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080710826	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080710842	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080710867	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080711006	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080711246	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080711253	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080711500	T.E.D. AN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080711501	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080711519	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080711550	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080711568	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080712080	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080712100	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080712120	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080712150	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080712170	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080712200	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080712230	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080712250	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080712270	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080712300	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080712301	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080712350	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080712400	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080712450	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080712500	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080713400	SIMPLICI'	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080713600	SIMPLICI'	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080713650	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080714080	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080714100	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080714120	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080714150	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080714170	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080714200	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080714230	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080714250	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080714270	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080714300	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080714350	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080714400	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080714450	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080714500	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080714600	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080714650	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080715801	WINGS U	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	75	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080715901	WINGS U	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	60	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080716080	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080716100	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080716101	KANGAR(	IV SETS/T	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080716120	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080716150	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080716154	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080716170	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080716200	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080716230	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080716250	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080716270	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080716300	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080716350	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080716400	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080716450	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080716500	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080717400	SIMPLICI'	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080717600	SIMPLICI'	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080718080	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080718100	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080718120	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080718150	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080718170	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080718200	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080718230	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080718250	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080718270	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080718300	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080718350	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080718400	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080718450	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080718500	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080719300	WINGS FI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	15	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080719401	WINGS FI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080719810	CURITY A	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	18	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080720080	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080720100	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080720120	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080720150	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080720163	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080720170	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080720189	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080720200	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080720205	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080720221	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080720230	KANGAR(	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080720247	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080720250	NUTRIPO	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080720265	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080720270	NUTRIPO	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080720285	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080720300	T.E.D. AN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080720350	NUTRIPO	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080720400	NUTRIPO	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080720450	NUTRIPO	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080720500	NUTRIPO	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080720817	ENTRIFLE	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080720825	ENTRIFLE	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080720841	ENTRIFLE	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080720855	ENTRIFLE	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080720858	ENTRIFLE	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080720900	CURITY I	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	600	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080721055	ENTRIFLE	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080721088	ENTRIFLE	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080721096	ENTRIFLE	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080721211	ENTRIFLE	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080721237	ENTRIFLE	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080721252	ENTRIFLE	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080721255	ENTRIFLE	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080724080	NUTRIPO	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080724100	NUTRIPO	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080724120	NUTRIPO	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080724150	NUTRIPO	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080724170	NUTRIPO	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080724200	NUTRIPO	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080724230	NUTRIPO	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080724250	NUTRIPO	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080724270	NUTRIPO	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080724300	NUTRIPO	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080724350	NUTRIPO	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080724400	NUTRIPO	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080724450	NUTRIPO	OSTOMY	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080724500	NUTRIPO	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080726700	CURITY (	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	200	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080730200	DOVER M	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	144	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080730300	DOVER M	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	144	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080730600	DOVER E	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	500	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080730709	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080730725	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080730741	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080730766	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080730774	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080730790	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080731000	KERLIX S	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	480	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080731100	DOVER A	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	500	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080731300	DOVER M	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	144	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080731901	DOVER U	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	24	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080732300	DOVER M	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	144	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080732501	DOVER M	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	144	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080733100	DOVER U	INCONTIN	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	24	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080733200	DOVER U	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	24	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080733900	T.E.D. AN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080733901	DOVER U	INCONTIN	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	24	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080734600	DOVER M	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	144	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080741805	KANGAR(	ENTERAL	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080741813	ENTRIST/	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080741821	ENTRIST/	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080742000	SURE CA	APPLICAT	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080748000	T.E.D. AN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080750095	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080750300	DOVER O	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	20	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080751622	ENTRIST/	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	20	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080752042	ENTRIST/	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	20	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080752505	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080752513	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080753901	TELFA ISI	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	50	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080754000	TELFA ISI	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	25	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080754100	TELFA ISI	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	25	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080754200	TELFA ISI	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	25	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080754400	TELFA ISI	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	25	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080759400	T.E.D. AN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080760000	DOVER U	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	20	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080760100	DOVER U	INCONTIN	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	20	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080760400	T.E.D. AN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080760500	CURITY (	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080761600	ENTRIST/	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080761610	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080762000	ENTRIST/	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080762010	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080762055	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080763100	CURITY F	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080763200	CURITY F	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080763203	DOVER S	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080763229	DOVER S	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080763300	CURITY F	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080763400	CURITY F	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080764300	TELFA AD	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080766300	TELFA AN	GAUZE P/	940000 Devices	94000000 Devices	R	0	DOES NO	PADS	EA	50	NON DRUG	8080	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND		R	MEDPRMI
8080766500	TELFA AN	GAUZE P/	940000 Devices	94000000 Devices	R	0	DOES NO	PADS	EA	25	NON DRUG	8080	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND		R	MEDPRMI
8080766600	TELFA AN	GAUZE P/	940000 Devices	94000000 Devices	R	0	DOES NO	PADS	EA	25	NON DRUG	8080	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND		R	MEDPRMI
8080771111	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080772055	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080773642	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080773656	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080773662	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080774655	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080774669	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080775759	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080776150	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080776250	KANGAR(	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080777101	SALEM SI	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080777111	SALEM SI	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080777120	SALEM SI	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080777121	SALEM SI	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080777140	SALEM SI	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080777141	SALEM SI	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080777160	SALEM SI	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080777161	SALEM SI	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080777180	SALEM SI	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080777181	SALEM SI	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080780200	T.E.D. AN	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080783100	CURITY I(	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080783110	CURITY A	GAUZE P/	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	8080	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND		R	MEDPRMI
8080783200	CURITY I(	GAUZE P/	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND		R	MEDPRMI
8080783210	CURITY A	GAUZE P/	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	8080	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND		R	MEDPRMI
8080783300	CURITY I(	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080783310	CURITY A	GAUZE P/	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	8080	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND		R	MEDPRMI
8080783400	CURITY I(	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080791100	CURITY E	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	70	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080800000	DOVER U	INCONTIN	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080800001	PRECISIC	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	50	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080804200	CURITY A	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	50	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080804300	CURITY A	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	50	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080804400	CURITY A	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	50	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080804500	CURITY A	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	50	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080804600	CURITY A	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	50	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080804700	CURITY A	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080810055	MONOJE(	INSULIN S	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	500	NON DRUG	8080	N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8080812200	DOVER S	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	10	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080812701	MONOJE(	INSULIN S	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	500	NON DRUG	8080	N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8080812801	MONOJE(	INSULIN S	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	500	NON DRUG	8080	N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8080818100	MONOJE(	NEEDLE (	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080818112	MONOJE(	NEEDLE (	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080818113	MONOJE(	NEEDLE (	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080819010	CURITY A	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	36	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080819100	MONOJE(	NEEDLE (	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080819112	MONOJE(	NEEDLE (	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080819210	CURITY A	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	18	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080820100	MONOJE(	NEEDLE (	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080820112	MONOJE(	NEEDLE (	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080821100	MONOJE(	NEEDLE (	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080821112	MONOJE(	NEEDLE (	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8080822100	MONOJE(	NEEDLE (	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	8080	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI

8080822112	MONOJE(	NEEDLE (	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080822300	DOVER S	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	10	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080823100	MONOJE(	NEEDLE (	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080825058	MONOJE(	NEEDLE (	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080825100	MONOJE(	NEEDLE (	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080825112	MONOJE(	NEEDLE (	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080826112	MONOJE(	NEEDLE (	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080827012	MONOJE(	NEEDLE (	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080827112	MONOJE(	NEEDLE (	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080830340	MONOJE(	NEEDLE (	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080832400	CURITY A	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	10	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080840640	KANGAR(	IRRIGATI(	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080841000	DOVER R	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080841200	DOVER R	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	12	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080841400	DOVER R	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	12	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080841600	DOVER R	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	12	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080841800	DOVER R	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	12	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080842000	DOVER R	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	12	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080842200	DOVER R	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	12	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080842400	DOVER R	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	12	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080850010	MONOJE(	NEEDLE (	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080850015	MONOJE(	NEEDLE (	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080850110	MONOJE(	NEEDLE (	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080850115	MONOJE(	NEEDLE (	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080850158	MONOJE(	NEEDLE (	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080850210	MONOJE(	NEEDLE (	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080850215	MONOJE(	NEEDLE (	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080850310	MONOJE(	NEEDLE (	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080850358	MONOJE(	NEEDLE (	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080850510	MONOJE(	NEEDLE (	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080850558	MONOJE(	NEEDLE (	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080850810	MONOJE(	NEEDLE (	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080850815	MONOJE(	NEEDLE (	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080850910	MONOJE(	NEEDLE (	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080850915	MONOJE(	NEEDLE (	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080852801	MONOJE(	INSULIN S	940000 Devices	94000000 Devices	R	28G X 1/2'	DOES NO	MISC	EA	500	NON DRUG		8080	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRM
8080866810	MONOJE(	SYRINGE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080894400	DOVER H	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	10	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080902200	CURITY A	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	200	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080902300	CURITY A	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	200	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080902400	CURITY A	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	200	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080902600	CURITY A	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	200	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080913200	CURITY A	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	200	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080913400	CURITY A	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	200	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080917300	WINGS FI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080919010	CURITY A	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	36	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080919210	CURITY A	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	18	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080919410	CURITY A	GAUZE P/	940000 Devices	94000000 Devices	O	8""X10""	DOES NO	PADS	EA	18	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080923100	KENDALL	CALCIUM	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	5	SSB		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080923200	KENDALL	CALCIUM	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	10	SSB		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080923300	KENDALL	CALCIUM	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	10	SSB		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080923600	KENDALL	CALCIUM	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	10	SSB		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080923800	KENDALL	CALCIUM	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	5	SSB		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080923900	KENDALL	CALCIUM	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	10	SSB		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080924000	KENDALL	CALCIUM	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	10	SSB		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080924200	KENDALL	CALCIUM	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	1	SSB		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080924300	KENDALL	CALCIUM	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	5	SSB		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080924400	KENDALL	CALCIUM	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	5	SSB		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080925000	KENDALL	WOUND D	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	GEL	GM	14.2	SSB		8080	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
8080925100	KENDALL	WOUND D	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	GEL	ML	30	SSB		8080	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
8080925200	CURAFIL	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	GEL	GM	85	SSB		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080925500	KENDALL	HYDROA(	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	PADS	EA	25	SSB		8080	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND		R	MEDPRM
8080925600	KENDALL	HYDROA(	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	PADS	EA	25	SSB		8080	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND		R	MEDPRM
8080925700	KENDALL	HYDROA(	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	PADS	EA	25	SSB		8080	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND		R	MEDPRM
8080931024	SIMPLICI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	24	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080935100	KENDALL	WOUND D	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	MISC	EA	25	SSB		8080	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND		R	MEDPRM
8080935400	KENDALL	WOUND D	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	PADS	EA	10	SSB		8080	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND		R	MEDPRM
8080935500	KENDALL	WOUND D	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	PADS	EA	10	SSB		8080	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND		R	MEDPRM
8080935600	KENDALL	WOUND D	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	PADS	EA	5	SSB		8080	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND		R	MEDPRM
8080941110	KENDALL	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	2	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080941210	KENDALL	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	1	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080941310	KENDALL	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	1	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080941410	KENDALL	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	1	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080941610	KENDALL	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	1	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080948000	WINGS FI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080949000	WINGS FI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	300	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080949010	WINGS FI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080950000	PRECISIO	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	25	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080958010	WINGS FI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080959000	WINGS FI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080964000	DERMACI	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	100	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080964200	DERMACI	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	100	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080965200	SIMPLICI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080980100	KENDALL	HYDROA(	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	5	SSB		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080980200	KENDALL	HYDROA(	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	5	SSB		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080980400	KENDALL	HYDROA(	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	5	SSB		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080980500	KENDALL	HYDROA(	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	5	SSB		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080980600	KENDALL	HYDROA(	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	5	SSB		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080982010	WINGS FI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080988000	WINGS BI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	6	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080988600	WINGS BI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	6	NON DRUG		8080	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8080989000	CURITY A	ADHESIVI	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	250	NON DRUG		8080	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND		R	MEDPRM
8080989100	CURITY A	ADHESIVI	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	300	NON DRUG		8080	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND		R	MEDPRM
8080989200	CURITY A	ADHESIVI	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	150	NON DRUG		8080	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND		R	MEDPRM
8080989300	CURITY A	ADHESIVI	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	500	NON DRUG		8080	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND		R	MEDPRM
8080989400	CURITY A	ADHESIVI	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	300	NON DRUG		8080	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND		R	MEDPRM
8137001137	AVEENO	DIMETHIC	842412 Basic Oint	84241200 Basic Oint	O	1.30%	EXTERNA	CREA	GM	207	SSB		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137001297	AVEENO	BATH PR(	842408 Basic Oils	84240800 Basic Oils	O	0-0-0	EXTERNA	LIQD	ML	532	SSB		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137001418	AVEENO	BATH PR(	842408 Basic Oils	84240800 Basic Oils	O	0-0-0	EXTERNA	LIQD	ML	354	SSB		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137001423	AVEENO	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	O	3%-7.5%-;	EXTERNA	LOTN	ML	120	SSB	10/3/2022	8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137001424	AVEENO	SOAP & C	842000 Detergent:	84200000 Detergent:	O	0	EXTERNA	FOAM	ML	180	SSB	10/3/2022	8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137001531	AVEENO	EMOLLIEI	842404 Basic Lotio	84240400 Basic Lotio	O	0-0-0	EXTERNA	LOTN	ML	532	SSB		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137001579	AVEENO	DIMETHIC	842412 Basic Oint	84241200 Basic Oint	P	1.30%	EXTERNA	LOTN	ML	354	MSB		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION		R	MEDPRM
8137001580	AVEENO	DIMETHIC	842412 Basic Oint	84241200 Basic Oint	P	1.30%	EXTERNA	LOTN	GM	227	MSB		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION		R	MEDPRM
8137001584	AVEENO	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	O	3%-12%-1	EXTERNA	LOTN	ML	75	SSB	10/3/2022	8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137001617	CLEAN &	SOAP & C	842000 Detergent:	84200000 Detergent:	O	0-0	EXTERNA	LIQD	ML	240	SSB		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137001619	CLEAN &	SOAP & C	842000 Detergent:	84200000 Detergent:	O	0	EXTERNA	GEL	GM	141	SSB		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137001668	CLEAN &	SOAP & C	842000 Detergent:	84200000 Detergent:	O	0-0	EXTERNA	CREA	GM	184	SSB		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137001760	NU GAUZ	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137001936	CLEAN &	SOAP & C	842000 Detergent:	84200000 Detergent:	O	0-0	EXTERNA	GEL	GM	141	SSB		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137001940	SURGICE	OXIDIZED	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	PADS	EA	1	SSB		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137001941	SURGICE	OXIDIZED	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	PADS	EA	1	SSB		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137001943	SURGICE	OXIDIZED	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	PADS	EA	1	SSB		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137001946	SURGICE	OXIDIZED	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	PADS	EA	1	SSB		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137001961	SURGICE	OXIDIZED	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	PADS	EA	1	SSB		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137001962	SURGICE	OXIDIZED	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	PADS	EA	1	SSB		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137001963	SURGICE	OXIDIZED	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	PADS	EA	1	SSB		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137001981	INSTAT 2.	ABSORB/	202816 Hemostati	20281600 Hemostati	R	0	EXTERNA	PADS	EA	12	SSB		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137001983	INSTAT 7.	ABSORB/	202816 Hemostati	20281600 Hemostati	R	0	EXTERNA	PADS	EA	1	SSB		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002060	DURA-CU	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002061	DURA-CU	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002062	DURA-CU	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002063	DURA-CU	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002064	DURA-CU	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002065	DURA-CU	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002080	DURA-CU	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002089	DURA-CU	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002090	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002091	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002092	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002093	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002094	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002095	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002096	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002097	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002100	MICROCL	ANTISEPT	840492 Local Anti-	84049200 Local Anti-	O	30%	EXTERNA	PADS	EA	560	SSB		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002101	MICROCL	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002103	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002104	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002105	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002106	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002107	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002108	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002111	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002112	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002113	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002116	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002117	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002118	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002119	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002121	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002122	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002123	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002124	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002125	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002126	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002128	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002130	DURA-CU	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002131	DURA-CU	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002133	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002138	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002140	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002141	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002143	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002150	BIOPATC	CHLORHE	840416 UNKNOW	84041600 UNKNOW	O	0	EXTERNA	MISC	EA	10	SSB		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002151	BIOPATC	CHLORHE	840416 UNKNOW	84041600 UNKNOW	O	0	EXTERNA	MISC	EA	10	SSB		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002152	BIOPATC	CHLORHE	840416 UNKNOW	84041600 UNKNOW	O	0	EXTERNA	MISC	EA	10	SSB		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002219	AMBI EVE	SALICYLI(	842800 Keratolytic	84280000 Keratolytic	O	0.50%	EXTERNA	LIQD	ML	177	SSB		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002226	AMBI EVE	SALICYLI(	842800 Keratolytic	84280000 Keratolytic	O	0.50%	EXTERNA	LIQD	GM	141	SSB		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002248	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002275	DURA-CU	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002276	DURA-CU	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002277	DURA-CU	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002278	DURA-CU	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002279	DURA-CU	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002281	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002283	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002285	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002287	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002301	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002302	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002303	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002304	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002305	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002321	J & J GAU	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002322	J & J GAU	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002329	J & J GAU	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002331	KLING FL	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002340	CLEAN &	SALICYLI(	842800 Keratolytic	84280000 Keratolytic	P	0.50%	EXTERNA	LOTN	ML	120	GENERIC	1/31/2022	8137	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002344	NU GAUZ	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	6	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002354	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002355	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002356	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002357	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002358	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002359	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002361	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002362	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002363	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002364	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002365	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002378	CUFF AC(	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002380	DURA-CU	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002381	DURA-CU	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002382	DURA-CU	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002383	DURA-CU	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002384	DURA-CU	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002385	DURA-CU	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002401	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002402	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002403	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002404	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002405	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002406	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002422	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002439	TIELLE H'	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	10	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002440	TIELLE H'	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	10	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002441	TIELLE H'	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	5	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002442	TIELLE H'	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	5	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002443	TIELLE H'	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	5	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002457	BIOCLUSI	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	50	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002458	BIOCLUSI	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	20	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002459	BIOCLUSI	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	20	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002461	BIOCLUSI	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	100	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002474	BIOCLUSI	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	100	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002476	BIOCLUSI	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	100	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002477	BIOCLUSI	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	100	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002478	BIOCLUSI	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	25	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002479	BIOCLUSI	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	25	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002481	FIBRACO	WOUND D	849200 Skin and M	84920000 Skin and M	O	10%-90%	EXTERNA	PADS	EA	12	SSB		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002495	FIBRACO	WOUND D	849200 Skin and M	84920000 Skin and M	O	10%-90%	EXTERNA	PADS	EA	6	SSB		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002496	FIBRACO	WOUND D	849200 Skin and M	84920000 Skin and M	O	10%-90%	EXTERNA	MISC	EA	6	SSB		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002497	NU-GEL V	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	5	SSB		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002498	NU-GEL V	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	5	SSB		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002499	NU-GEL (	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	GEL	GM	90	SSB		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002500	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002501	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002502	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002503	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002504	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002505	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002515	RAY-TEC	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002520	RAY-TEC	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002521	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002523	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002524	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002525	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002527	RAY-TEC	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002580	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002581	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002583	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002584	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002602	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002603	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002604	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002607	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002608	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002613	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002618	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002619	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002623	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002628	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002633	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002638	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002643	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002644	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002648	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002659	CUFF AC(	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002770	DURA-CU	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002771	DURA-CU	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002772	DURA-CU	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002774	DURA-CU	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002778	DURA-CU	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002780	DURA-CU	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002781	DURA-CU	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002782	DURA-CU	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002783	DURA-CU	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002790	DURA-CU	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002791	DURA-CU	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
8137002796	DURA-CU	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM

8137002948	JOHNSON	APPLICAT	940000 Devices	94000000 Devices	O	0	DOES NO	SWAB	EA	185	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137003017	JOHNSON	CORN ST	842416 Basic Pow	84241600 Basic Pow	P	0	EXTERNA	POWD	GM	425	GENERIC		8137		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137003043	JOHNSON	CORN ST	842416 Basic Pow	84241600 Basic Pow	P	0	EXTERNA	POWD	GM	624	GENERIC		8137		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137003044	JOHNSON	CORN ST	842416 Basic Pow	84241600 Basic Pow	P	0	EXTERNA	POWD	GM	120	GENERIC		8137	N	N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137003048	JOHNSON	CORN ST	842416 Basic Pow	84241600 Basic Pow	P	0	EXTERNA	POWD	GM	255	GENERIC		8137	N	N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137003058	JOHNSON	CORN ST	842416 Basic Pow	84241600 Basic Pow	P	0	EXTERNA	POWD	GM	425	GENERIC		8137	N	N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137003059	JOHNSON	CORN ST	842416 Basic Pow	84241600 Basic Pow	P	0	EXTERNA	POWD	GM	624	GENERIC		8137	N	N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137003262	JOHNSON	SOAP & C	842000 Detergent	84200000 Detergent	O	0	EXTERNA	BAR	EA	1	SSB		8137	N	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137003296	JOHNSON	INFANT C	842404 Basic Loti	84240400 Basic Loti	O	0	EXTERNA	GEL	ML	192	NON DRUG		8137	N	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137003314	JOHNSON	SKIN OILS	842408 Basic Oils	84240800 Basic Oils	P	0	EXTERNA	OIL	ML	414	MSB		8137		N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRIM
8137003320	JOHNSON	SKIN OILS	842408 Basic Oils	84240800 Basic Oils	P	0	EXTERNA	OIL	ML	600	MSB		8137		N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRIM
8137003332	JOHNSON	SKIN OILS	842408 Basic Oils	84240800 Basic Oils	P	0	EXTERNA	OIL	ML	414	MSB		8137		N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRIM
8137003339	JOHNSON	SKIN OILS	842408 Basic Oils	84240800 Basic Oils	P	0	EXTERNA	OIL	ML	592	MSB		8137		N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRIM
8137003342	CLEAN &	SOAP & C	842000 Detergent	84200000 Detergent	O	0-0	EXTERNA	CREA	GM	156	SSB		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137003361	CLEAN &	SOAP & C	842000 Detergent	84200000 Detergent	O	0	EXTERNA	CREA	GM	184	SSB		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137003367	CLEAN &	SALICYLI	842800 Keratolytic	84280000 Keratolytic	P	2%	EXTERNA	LIQD	ML	240	GENERIC		8137		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137003377	CLEAN &	SALICYLI	842800 Keratolytic	84280000 Keratolytic	O	0.50%	EXTERNA	LIQD	ML	240	SSB	9/30/2022	8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137003387	CLEAN &	SOAP & C	842000 Detergent	84200000 Detergent	O	0-0-0	EXTERNA	LIQD	ML	240	SSB		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137003405	CLEAN &	BENZOYL	840492 Local Anti-	84049200 Local Anti-	P	10%	EXTERNA	GEL	GM	28	GENERIC		8137		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137003566	CLEAN &	SOAP & C	842000 Detergent	84200000 Detergent	O	0	EXTERNA	PADS	EA	50	SSB		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137003572	CLEAN &	SALICYLI	842800 Keratolytic	84280000 Keratolytic	O	0.50%	EXTERNA	LOTN	ML	120	SSB		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137003593	CLEAN &	SALICYLI	842800 Keratolytic	84280000 Keratolytic	P	2%	EXTERNA	CREA	GM	141	GENERIC		8137		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137003600	AVEENO	DIMETHIC	842412 Basic Oint	84241200 Basic Oint	P	1.25%	EXTERNA	LOTN	ML	354	MSB		8137		N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRIM
8137003601	AVEENO	DIMETHIC	842412 Basic Oint	84241200 Basic Oint	P	1.30%	EXTERNA	LOTN	GM	227	MSB		8137		N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRIM
8137003602	AVEENO	DIMETHIC	842412 Basic Oint	84241200 Basic Oint	O	1.20%	EXTERNA	LOTN	GM	71	SSB		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137003623	AVEENO	SOAP & C	842000 Detergent	84200000 Detergent	O	0-0	EXTERNA	BAR	EA	1	SSB		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137003640	AVEENO	COLLOIDA	842400 Emollients	84240000 Emollients	P	0	EXTERNA	PACK	EA	8	MSB		8137	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRIM
8137003645	AVEENO	DIMETHIC	842412 Basic Oint	84241200 Basic Oint	P	1.25%	EXTERNA	LOTN	GM	227	MSB		8137	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRIM
8137003657	AVEENO	EMOLLIE	842412 Basic Oint	84241200 Basic Oint	O	0-0-0-0	EXTERNA	CREA	GM	100	SSB		8137	N	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137003658	AVEENO	HYDROC	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	CREA	GM	28	GENERIC		8137		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137003662	AVEENO	COLLOIDA	842400 Emollients	84240000 Emollients	P	43%	EXTERNA	PACK	EA	5	MSB		8137		N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRIM
8137003664	AVEENO	DIMETHIC	842412 Basic Oint	84241200 Basic Oint	O	1.20%	EXTERNA	LOTN	GM	227	SSB		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137003665	AVEENO	INFANT C	842404 Basic Loti	84240400 Basic Loti	O	0-0	EXTERNA	LIQD	ML	236	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137003670	AVEENO	BATH PR	842408 Basic Oils	84240800 Basic Oils	O	0	EXTERNA	GEL	GM	198	SSB		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137003672	AVEENO	SOAP & C	842000 Detergent	84200000 Detergent	O	0-0	EXTERNA	LOTN	ML	200	SSB	10/3/2022	8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137003676	AVEENO	SOAP & C	842000 Detergent	84200000 Detergent	O	0-0-0	EXTERNA	CREA	GM	140	SSB		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137003690	AVEENO	PRAMOXI	840800 Antipruritic	84080000 Antipruritic	O	1-3 %	EXTERNA	LOTN	ML	118	SSB		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137003695	AVEENO	SUNSCRE	848000 Sunscreen	84800000 Sunscreen	O	3%-7.5%-	EXTERNA	LOTN	ML	120	SSB	8/15/2022	8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137003802	AVEENO	SOAP & C	842000 Detergent	84200000 Detergent	O	0-0-0-0	EXTERNA	LIQD	ML	236	SSB		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137003844	AVEENO	DIMETHIC	842412 Basic Oint	84241200 Basic Oint	P	1.25%	EXTERNA	LOTN	ML	532	MSB		8137		N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRIM
8137003859	AVEENO	BATH PR	842408 Basic Oils	84240800 Basic Oils	O	0	EXTERNA	GEL	GM	198	SSB		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137003916	AVEENO	EMOLLIE	842404 Basic Loti	84240400 Basic Loti	O	0-0-0	EXTERNA	LOTN	ML	354	SSB		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137003921	AVEENO	EMOLLIE	842408 Basic Oils	84240800 Basic Oils	O	0-0-0-0	EXTERNA	OIL	ML	354	SSB		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137003955	AVEENO	BATH PR	842408 Basic Oils	84240800 Basic Oils	O	0-0-0-0	EXTERNA	LIQD	ML	354	SSB		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137003991	CLEAN &	SALICYLI	842800 Keratolytic	84280000 Keratolytic	P	2%	EXTERNA	GEL	ML	22	GENERIC		8137		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137004170	JOHNSON	SKIN OILS	842408 Basic Oils	84240800 Basic Oils	P	0	EXTERNA	OIL	ML	89	MSB		8137		N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRIM
8137004229	AVEENO	DIMETHIC	842412 Basic Oint	84241200 Basic Oint	O	1.20%	EXTERNA	LOTN	ML	354	SSB		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137004230	AVEENO	INFANT C	842404 Basic Loti	84240400 Basic Loti	O	0-0	EXTERNA	LIQD	ML	354	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137004267	AVEENO	DIMETHIC	842412 Basic Oint	84241200 Basic Oint	P	1.30%	EXTERNA	LOTN	ML	532	MSB		8137		N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRIM
8137004317	BAND-AID	GAUZE PA	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	25	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137004318	BAND-AID	GAUZE PA	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	25	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137004319	BAND-AID	GAUZE PA	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	25	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137004331	BAND AID	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137004332	BAND-AID	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137004340	INTERCE	OXIDIZED	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	PADS	EA	1	SSB		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137004350	INTERCE	OXIDIZED	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	PADS	EA	1	SSB		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137004408	BAND-AID	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	SSB		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137004424	BAND-AID	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	SSB		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137004430	BAND-AID	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	30	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137004431	BAND-AID	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	30	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137004434	BAND-AID	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137004436	BAND-AID	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137004438	BAND-AID	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137004444	BAND-AID	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137004452	BAND-AID	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137004459	BAND-AID	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	O	2-0.13 %	EXTERNA	LIQD	ML	177	SSB	4/4/2022	8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137004633	BAND-AID	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137004644	BAND-AID	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137004650	BAND-AID	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	150	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137004651	BAND-AID	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	150	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137004666	BAND-AID	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	40	SSB		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137004669	BAND-AID	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	80	SSB		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137004708	BAND-AID	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	SSB		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137004711	BAND-AID	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	280	SSB		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137004723	BAND-AID	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	30	SSB		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137004731	J & J NON	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137004751	BAND-AID	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137004752	BAND-AID	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137004754	BAND-AID	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	8	SSB		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137004768	J & J ADH	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	10	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137004833	BAND-AID	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	SSB		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137004930	BAND-AID	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005060	MAXXUS	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005065	MAXXUS	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005070	MAXXUS	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005075	MAXXUS	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005080	MAXXUS	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005085	MAXXUS	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005090	MAXXUS	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005103	ZONAS P	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	24	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005104	ZONAS P	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	12	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005105	ZONAS P	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	8	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005106	ZONAS P	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	6	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005107	ZONAS P	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	4	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005131	J & J WAT	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	24	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005132	J & J WAT	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	12	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005134	J & J WAT	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	6	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005135	J & J WAT	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	4	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005139	DERMICE	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	96	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005140	DERMICE	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	48	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005143	DERMICE	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	24	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005145	DERMICE	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	6	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005146	DERMICE	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	4	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005147	BAND-AID	FOOT CA	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	12	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005172	ELASTIK	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	12	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005174	ELASTIK	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	6	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005175	ELASTIK	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	4	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005177	ELASTIK	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	6	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005178	DERMIFO	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	96	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005179	DERMIFO	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	48	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005180	DERMIFO	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	24	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005182	DERMIFO	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	6	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005183	DERMIFO	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	4	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005256	JOHNSON	CORN ST	842416 Basic Pow	84241600 Basic Pow	P	0	EXTERNA	POWD	GM	42	GENERIC		8137		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005272	MICRO-T	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005274	MICRO-T	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005276	MICRO-T	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005355	NEUTRAL	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005360	NEUTRAL	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005365	NEUTRAL	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005370	NEUTRAL	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005375	NEUTRAL	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005380	NEUTRAL	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005385	NEUTRAL	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005390	NEUTRAL	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005501	TOPPER	GAUZE PA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	24	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005505	J & J EYE	GAUZE E	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	12	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005518	RELEASE	GAUZE PA	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	12	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005520	MICRO-T	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005523	MICRO-T	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	75	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005532	PROXI-ST	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	30	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005534	J & J HEA	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005536	NU GAUZ	GAUZE PA	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	24	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005540	MICRO-T	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005544	PROXI-ST	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	18	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005548	ELASTIK	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	6	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005549	ELASTIK	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	4	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005551	ADAPTIC	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	12	SSB		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005556	SOF-BAN	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005560	MICRO-T	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005561	BIOCLUS	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	8	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005562	BIOCLUS	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	4	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005563	MICRO-T	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	75	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005566	BAND-AID	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	SSB		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005567	BAND-AID	BACITRA	840404 Antibacter	84040400 Antibacter	O	500-1000	EXTERNA	PADS	EA	8	SSB		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005570	BAND-AID	BACITRA	840404 Antibacter	84040400 Antibacter	O	500-1000	EXTERNA	PADS	EA	20	SSB		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005571	SOF-WICK	GAUZE PA	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	24	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005576	SOF-WIK	GAUZE PA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	24	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005583	J & J GER	MASKS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005616	BAND-AID	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	SSB		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005620	J & J HEA	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005621	MICRO-T	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005622	J & J HEA	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005634	BAND-AID	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005635	BAND-AID	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	60	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005641	MICRO-T	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005644	BAND-AID	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005661	MICRO-T	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005664	BAND-AID	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005685	BAND-AID	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	SSB		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005716	BAND-AID	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005721	MICRO-T	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005723	MICRO-T	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005741	MICRO-T	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005743	MICRO-T	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005761	MICRO-T	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005855	MICRO-T	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005860	MICRO-T	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005865	MICRO-T	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005870	MICRO-T	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005875	MICRO-T	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005880	MICRO-T	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005885	MICRO-T	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137005890	MICRO-T	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137006026	RED CRO	COTTON	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137006155	ALLERGA	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137006160	ALLERGA	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137006165	ALLERGA	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137006170	ALLERGA	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137006175	ALLERGA	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137006180	ALLERGA	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137006185	ALLERGA	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137006190	ALLERGA	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137006455	SURGIKO	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137006460	SURGIKO	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137006465	SURGIKO	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137006470	SURGIKO	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137006475	SURGIKO	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137006480	SURGIKO	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137006485	SURGIKO	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137006490	SURGIKO	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137006555	MICRO-T	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137006560	MICRO-T	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137006565	MICRO-T	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137006570	MICRO-T	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137006575	MICRO-T	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137006580	MICRO-T	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137006585	MICRO-T	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137006590	MICRO-T	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137006655	NEUTRAL	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137006660	NEUTRAL	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137006665	NEUTRAL	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137006670	NEUTRAL	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137006675	NEUTRAL	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137006680	NEUTRAL	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137006685	NEUTRAL	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137006690	NEUTRAL	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137006930	KLING FL	GAUZE BA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137006931	KLING FL	GAUZE BA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137006937	KLING FL	GAUZE BA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137006981	SOF-KLIN	GAUZE BA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	96	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137007201	REACH A	TOOTHBR	340000 Dental Ag	34000000 Dental Ag	O	0	DOES NO	MISC	EA	1	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137007202	REACH A	TOOTHBR	340000 Dental Ag	34000000 Dental Ag	O	0	DOES NO	MISC	EA	1	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137007238	REACH A	TOOTHBR	340000 Dental Ag	34000000 Dental Ag	O	0	DOES NO	MISC	EA	1	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137007330	REACH A	TOOTHBR	340000 Dental Ag	34000000 Dental Ag	O	0	DOES NO	MISC	EA	2	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137007610	J & J GAU	GAUZE PA	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	200	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137007612	J & J GAU	GAUZE PA	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	200	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137007623	J & J GAU	GAUZE PA	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	200	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137007902	COACH S	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	1	NON DRU	4/4/2022	8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137007928	COACH E	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137007929	COACH E	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137007962	REACH A	TOOTHBR	340000 Dental Ag	34000000 Dental Ag	O	0	DOES NO	MISC	EA	2	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137008042	BAND-AID	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137008043	BAND-AID	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137008044	J & J BUR	EMOLLIE	842412 Basic Oint	84241200 Basic Oint	O	0	EXTERNA	CREA	GM	3.75	SSB		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137008045	JOHNSON	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137008047	BAND-AID	ADHESIV	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	32	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137008054	EYEAID I	OPHTHAL	529200 EENT Dru	52920000 EENT Dru	P	0-0-0-0-0	OPHTHAL	SOLN	ML	15	MSB		8137		N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRIM
8137008056	JOHNSON	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137008064	J & J TOU	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137008068	J & J TRI	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137008072	J & J TRI	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137008086	REACH A	TOOTHBR	340000 Dental Ag	34000000 Dental Ag	O	0	DOES NO	MISC	EA	2	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137008155	FIRST AID	FIRST AID	940000 Devices	94000000 Devices	O	0	COMBINA	KIT	EA	1	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137008161	FIRST AID	FIRST AID	940000 Devices	94000000 Devices	O	0	COMBINA	KIT	EA	1	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137008162	FIRST AID	FIRST AID	940000 Devices	94000000 Devices	O	0	COMBINA	KIT	EA	1	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137008163	FIRST AID	FIRST AID	940000 Devices	94000000 Devices	O	0	COMBINA	KIT	EA	1	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137008172	FIRST AID	FIRST AID	940000 Devices	94000000 Devices	O	0	COMBINA	KIT	EA	1	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137008173	FIRST AID	FIRST AID	940000 Devices	94000000 Devices	O	0	COMBINA	KIT	EA	1	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137008176	FIRST AID	FIRST AID	940000 Devices	94000000 Devices	O	0	COMBINA	KIT	EA	1	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137008256	JOHNSON	APPLICAT	940000 Devices	94000000 Devices	O	0	DOES NO	SWAB	EA	55	NON DRU	9/12/2022	8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137008295	J & J FIRS	FIRST AID	940000 Devices	94000000 Devices	O	0	COMBINA	KIT	EA	1	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137008311	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137008312	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137008313	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137008314	CRITIKON	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137008591	REACH U	TOOTHBR	340000 Dental Ag	34000000 Dental Ag	O	0	DOES NO	MISC	EA	1	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137008594	REACH U	TOOTHBR	340000 Dental Ag	34000000 Dental Ag	O	0	DOES NO	MISC	EA	2	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137008751	NU GAUZ	GAUZE PA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137008771	J & J OVA	GAUZE E	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	50	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137008772	J & J STE	GAUZE E	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	12	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137008773	JOHNSON	GAUZE E	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	50	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137008815	DINAMAP	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5000	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137008917	K-Y LUBR	LUBRICA	849200 Skin and M	84920000 Skin and M	P	0	EXTERNA	GEL	GM	60	GENERIC		8137	N	N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137008919	K-Y LUBR	LUBRICA	849200 Skin and M	84920000 Skin and M	P	0	EXTERNA	GEL	GM	120	GENERIC		8137	N	N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137008944	K-Y LUBR	LUBRICA	849200 Skin and M	84920000 Skin and M	P	0	EXTERNA	GEL	GM	5	GENERIC		8137	N	N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137008946	K-Y LUBR	LUBRICA	849200 Skin and M	84920000 Skin and M	P	0	EXTERNA	GEL	GM	5	GENERIC		8137	N	N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137009198	REACH W	TOOTHBR	340000 Dental Ag	34000000 Dental Ag	O	0	DOES NO	MISC	EA	2	NON DRUG		8137	N	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137009218	J & J DEN	DENTAL F	340000 Dental Ag	34000000 Dental Ag	O	0	DOES NO	MISC	EA	1	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137009222	J & J DEN	DENTAL F	340000 Dental Ag	34000000 Dental Ag	O	0	DOES NO	MISC	EA	1	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137009508	REACH C	TOOTHBR	340000 Dental Ag	34000000 Dental Ag	O	0	DOES NO	MISC	EA	1	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137009509	REACH C	TOOTHBR	340000 Dental Ag	34000000 Dental Ag	O	0	DOES NO	MISC	EA	1	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8137009510	REACH C	TOOTHBR	340000 Dental Ag	34000000 Dental Ag	O	0	DOES NO	MISC	EA	1	NON DRUG		8137		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

8137009541	REACH C	TOOTHBR	340000	Dental Ag	34000000	Dental Ag	O	0	DOES NO	MISC	EA	2	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137009543	REACH C	TOOTHBR	340000	Dental Ag	34000000	Dental Ag	O	0	DOES NO	MISC	EA	2	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137009585	REACH FI	TOOTHBR	340000	Dental Ag	34000000	Dental Ag	O	0	DOES NO	MISC	EA	1	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137009586	REACH FI	TOOTHBR	340000	Dental Ag	34000000	Dental Ag	O	0	DOES NO	MISC	EA	1	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137009614	REACH FI	TOOTHBR	340000	Dental Ag	34000000	Dental Ag	O	0	DOES NO	MISC	EA	2	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137009615	REACH FI	TOOTHBR	340000	Dental Ag	34000000	Dental Ag	O	0	DOES NO	MISC	EA	2	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137016628	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	4	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137101137	AVEENO	BATH PR	842408	Basic Oils	84240800	Basic Oils	O	0-0	EXTERNA	LIQD	ML	473	SSB	12/26/2022	8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137101503	CLEAN &	SOAP & C	842000	Detergent	84200000	Detergent	O	0-0	EXTERNA	PADS	EA	25	SSB	1/31/2022	8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137101676	AVEENO	INFANT C	940000	Devices	94000000	Devices	O	0-0-0-0-0	COMBINA	KIT	EA	1	NON DRU	1/31/2022	8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137101842	AVEENO	COLLOID	842400	Emollients	84240000	Emollients	P	1%	EXTERNA	CREA	GM	206	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137101845	AVEENO	COLLOID	842400	Emollients	84240000	Emollients	P	1%	EXTERNA	CREA	GM	140	MSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIMI
8137101941	AVEENO	DIMETHIC	842412	Basic Oint	84241200	Basic Oint	O	1.20%	EXTERNA	LOTN	ML	532	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137101942	AVEENO	SOAP & C	842000	Detergent	84200000	Detergent	O	0-0-0-0	EXTERNA	LIQD	ML	532	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137102065	JOHNSON	INFANT C	842404	Basic Loti	84240400	Basic Loti	O	0	EXTERNA	GEL	ML	192	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137102080	CLEAN &	SOAP & C	842000	Detergent	84200000	Detergent	O	0-0-0	EXTERNA	GEL	ML	240	SSB	9/30/2022	8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137102390	AVEENO	INFANT C	842404	Basic Loti	84240400	Basic Loti	O	0-0-0	EXTERNA	LIQD	ML	532	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137102423	JOHNSON	SKIN OILS	842408	Basic Oils	84240800	Basic Oils	P	0	EXTERNA	OIL	ML	591	MSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIMI
8137102561	JOHNSON	INFANT C	842000	Detergent	84200000	Detergent	O	0-0-0-0	EXTERNA	SHAM	ML	50	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137102660	AVEENO	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	21.60%	EXTERNA	LOTN	ML	207	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137102661	AVEENO	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	21.60%	EXTERNA	LOTN	ML	88	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137102955	CLEAN &	SOAP & C	842000	Detergent	84200000	Detergent	O	0	EXTERNA	GEL	GM	198	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137108922	REACH T	TOOTHBR	340000	Dental Ag	34000000	Dental Ag	O	0	DOES NO	MISC	EA	1	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137108923	REACH T	TOOTHBR	340000	Dental Ag	34000000	Dental Ag	O	0	DOES NO	MISC	EA	1	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137109163	REACH U	TOOTHBR	340000	Dental Ag	34000000	Dental Ag	O	0	DOES NO	MISC	EA	1	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137109218	REACH Y	TOOTHBR	340000	Dental Ag	34000000	Dental Ag	O	0	DOES NO	MISC	EA	2	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137109222	REACH Y	TOOTHBR	340000	Dental Ag	34000000	Dental Ag	O	0	DOES NO	MISC	EA	1	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137109237	REACH T	TOOTHBR	340000	Dental Ag	34000000	Dental Ag	O	0	DOES NO	MISC	EA	2	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137109273	REACH T	TOOTHBR	340000	Dental Ag	34000000	Dental Ag	O	0	DOES NO	MISC	EA	1	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137109275	REACH T	TOOTHBR	340000	Dental Ag	34000000	Dental Ag	O	0	DOES NO	MISC	EA	1	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137115077	AVEENO	EMOLLIE	842412	Basic Oint	84241200	Basic Oint	O	0-0-0	EXTERNA	CREA	GM	311	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137115078	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137115105	AVEENO	COLLOID	842400	Emollients	84240000	Emollients	P	1%	EXTERNA	CREA	GM	141	MSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIMI
8137115162	AVEENO	INFANT C	940000	Devices	94000000	Devices	O	0-1.2%-0	EXTERNA	KIT	EA	1	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137115204	AVEENO	COLLOID	842400	Emollients	84240000	Emollients	P	1%	EXTERNA	CREA	GM	207	MSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIMI
8137115210	REACH T	TOOTHBR	340000	Dental Ag	34000000	Dental Ag	O	0	DOES NO	MISC	EA	1	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137115268	AVEENO .	SOAP & C	842000	Detergent	84200000	Detergent	O	0	EXTERNA	PADS	EA	25	SSB	10/3/2022	8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137115349	CLEAN &	SOAP & C	842000	Detergent	84200000	Detergent	O	0	EXTERNA	LIQD	ML	240	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137115567	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	60	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137115665	AVEENO	COLLOID	842400	Emollients	84240000	Emollients	P	1%	EXTERNA	CREA	ML	354	MSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIMI
8137115686	CLEAN &	SOAP & C	842000	Detergent	84200000	Detergent	O	0-0	EXTERNA	LIQD	ML	240	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137115719	AVEENO .	SOAP & C	842000	Detergent	84200000	Detergent	O	0	EXTERNA	PADS	EA	25	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137115764	CLEAN &	SOAP & C	842000	Detergent	84200000	Detergent	O	0-0-0	EXTERNA	LIQD	ML	240	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137115767	CLEAN &	SOAP & C	842000	Detergent	84200000	Detergent	O	0	EXTERNA	PADS	EA	25	SSB	1/31/2022	8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137116104	AVEENO	EMOLLIE	842404	Basic Loti	84240400	Basic Loti	O	0-0-0	EXTERNA	LOTN	ML	350	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137116123	BAND-AID	GAUZE P	940000	Devices	94000000	Devices	O	2""X2""	DOES NO	PADS	EA	10	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137116124	BAND-AID	GAUZE P	940000	Devices	94000000	Devices	O	2""X2""	DOES NO	PADS	EA	25	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137116125	BAND-AID	GAUZE P	940000	Devices	94000000	Devices	O	3""X3""	DOES NO	PADS	EA	10	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137116126	BAND-AID	GAUZE P	940000	Devices	94000000	Devices	O	3""X3""	DOES NO	PADS	EA	25	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137116127	BAND-AID	GAUZE P	940000	Devices	94000000	Devices	O	4""X4""	DOES NO	PADS	EA	10	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137116128	BAND-AID	GAUZE P	940000	Devices	94000000	Devices	O	4""X4""	DOES NO	PADS	EA	25	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137116137	BAND-AID	GAUZE P	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137116138	BAND-AID	GAUZE P	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137116139	BAND-AID	GAUZE P	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137116140	BAND-AID	GAUZE P	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	5	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137116141	BAND-AID	GAUZE P	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	5	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137116142	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	10	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137116143	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	10	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137116146	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	TAPE	EA	1	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137116147	BAND-AID	GAUZE P	940000	Devices	94000000	Devices	O	4""X4""	DOES NO	PADS	EA	50	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137116150	BAND-AID	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137116151	BAND-AID	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137116152	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	TAPE	EA	1	NON DRU	4/4/2022	8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137116153	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	TAPE	EA	1	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137116249	AVEENO	EMOLLIE	842412	Basic Oint	84241200	Basic Oint	O	0-0	EXTERNA	CREA	GM	48	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137116286	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137116317	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137116327	AVEENO	DIMETHIC	842412	Basic Oint	84241200	Basic Oint	P	1.30%	EXTERNA	LOTN	ML	354	MSB	1/31/2022	8137		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIMI
8137116329	AVEENO	BATH PR	842408	Basic Oils	84240800	Basic Oils	O	0-0-0	EXTERNA	LIQD	ML	354	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137116450	AVEENO	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	21.60%	EXTERNA	LOTN	ML	88	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137116589	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137116853	CLEAN &	SALICYLI	842800	Keratolytic	84280000	Keratolytic	P	2%	EXTERNA	GEL	GM	141	GENERIC		8137		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137116923	AVEENO	BATH PR	842408	Basic Oils	84240800	Basic Oils	O	0-0-0-0	EXTERNA	LIQD	ML	532	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137116924	AVEENO	BATH PR	842408	Basic Oils	84240800	Basic Oils	O	0-0-0-0-0	EXTERNA	LIQD	ML	532	SSB	12/26/2022	8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137116932	AVEENO	BATH PR	842408	Basic Oils	84240800	Basic Oils	O	0-0-0	EXTERNA	LIQD	ML	532	SSB	12/26/2022	8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137117024	AVEENO	BATH PR	842408	Basic Oils	84240800	Basic Oils	O	0-0-0	EXTERNA	LIQD	ML	532	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137117029	AVEENO	BATH PR	842408	Basic Oils	84240800	Basic Oils	O	0-0-0	EXTERNA	LIQD	ML	354	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137117030	AVEENO	BATH PR	842408	Basic Oils	84240800	Basic Oils	O	0-0-0	EXTERNA	LIQD	ML	532	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137117120	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	TAPE	EA	1	NON DRU	4/4/2022	8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137117121	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	TAPE	EA	1	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137117284	AVEENO	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	1.5%-5%-(	EXTERNA	LOTN	ML	73	SSB	10/3/2022	8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137117297	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137117401	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	6	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137117419	BAND-AID	FOOT CA	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	6	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137117461	JOHNSON	INFANT C	842404	Basic Loti	84240400	Basic Loti	O	0-0	EXTERNA	LOTN	ML	400	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137117462	JOHNSON	INFANT C	842404	Basic Loti	84240400	Basic Loti	O	0-0	EXTERNA	LOTN	ML	800	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137117468	JOHNSON	INFANT C	842404	Basic Loti	84240400	Basic Loti	O	0-0-0	EXTERNA	LOTN	ML	50	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137117474	JOHNSON	INFANT C	842404	Basic Loti	84240400	Basic Loti	O	0	EXTERNA	LIQD	ML	400	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137117475	JOHNSON	INFANT C	842404	Basic Loti	84240400	Basic Loti	O	0	EXTERNA	LIQD	ML	800	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137117477	JOHNSON	INFANT C	842404	Basic Loti	84240400	Basic Loti	O	0	EXTERNA	LIQD	ML	400	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137117478	JOHNSON	INFANT C	842404	Basic Loti	84240400	Basic Loti	O	0	EXTERNA	LIQD	ML	800	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137117479	JOHNSON	INFANT C	842404	Basic Loti	84240400	Basic Loti	O	0-0	EXTERNA	LIQD	ML	800	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137117480	JOHNSON	INFANT C	842404	Basic Loti	84240400	Basic Loti	O	0-0	EXTERNA	LIQD	ML	400	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137117483	JOHNSON	INFANT C	842404	Basic Loti	84240400	Basic Loti	O	0-0-0-0-0	EXTERNA	LIQD	ML	50	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137117501	JOHNSON	INFANT C	842000	Detergent	84200000	Detergent	O	0-0	EXTERNA	SHAM	ML	200	NON DRU	9/12/2022	8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137117502	JOHNSON	INFANT C	842000	Detergent	84200000	Detergent	O	0-0-0	EXTERNA	SHAM	ML	600	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137117547	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	5	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137117548	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	6	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137117549	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	5	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137117550	BAND-AID	FOOT CA	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	10	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137117558	JOHNSON	INFANT C	842404	Basic Loti	84240400	Basic Loti	O	0	EXTERNA	LOTN	ML	500	NON DRU	9/12/2022	8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137117559	JOHNSON	INFANT C	842404	Basic Loti	84240400	Basic Loti	O	0	EXTERNA	LOTN	ML	800	NON DRU	9/12/2022	8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137117561	JOHNSON	INFANT C	842404	Basic Loti	84240400	Basic Loti	O	0	EXTERNA	LOTN	ML	800	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137117568	JOHNSON	INFANT C	842404	Basic Loti	84240400	Basic Loti	O	0-0-0-0-0	EXTERNA	LIQD	ML	800	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137117572	JOHNSON	INFANT C	842000	Detergent	84200000	Detergent	O	0-0-0	EXTERNA	SHAM	ML	600	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137117573	JOHNSON	INFANT C	842000	Detergent	84200000	Detergent	O	0-0-0	EXTERNA	SHAM	ML	800	NON DRU	9/12/2022	8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137117582	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137117584	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20	SSB	4/4/2022	8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137117707	JOHNSON	INFANT C	842404	Basic Loti	84240400	Basic Loti	O	0-0	EXTERNA	LIQD	ML	400	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137117722	JOHNSON	INFANT C	842404	Basic Loti	84240400	Basic Loti	O	0-0	EXTERNA	LIQD	ML	800	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137117725	JOHNSON	INFANT C	842404	Basic Loti	84240400	Basic Loti	O	0	EXTERNA	LIQD	ML	400	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137117730	JOHNSON	INFANT C	842000	Detergent	84200000	Detergent	O	0-0	EXTERNA	SHAM	ML	400	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137117746	JOHNSON	INFANT C	940000	Devices	94000000	Devices	O	0-0-0-0-0	EXTERNA	KIT	EA	1	NON DRU	1/31/2022	8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137117747	JOHNSON	INFANT C	940000	Devices	94000000	Devices	O	0-0-0-0	EXTERNA	KIT	EA	1	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137117756	AVEENO	BATH PR	842408	Basic Oils	84240800	Basic Oils	O	0-0-0	EXTERNA	LIQD	ML	532	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137117834	JOHNSON	INFANT C	842404	Basic Loti	84240400	Basic Loti	O	0-0	EXTERNA	LOTN	ML	800	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137117835	JOHNSON	INFANT C	842404	Basic Loti	84240400	Basic Loti	O	0-0	EXTERNA	LIQD	ML	800	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137118117	JOHNSON	INFANT C	842404	Basic Loti	84240400	Basic Loti	O	0-0-0-0-0	EXTERNA	LIQD	ML	236	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137118238	CLEAN &	SOAP & C	842000	Detergent	84200000	Detergent	O	0-0-0	EXTERNA	GEL	ML	222	SSB	9/30/2022	8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137118239	CLEAN &	SOAP & C	842000	Detergent	84200000	Detergent	O	0-0-0	EXTERNA	LIQD	GM	119	SSB	9/30/2022	8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137118349	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	7	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137118351	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	60	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137118368	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137118369	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20	SSB	4/4/2022	8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137118370	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20	SSB	4/4/2022	8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137118385	JOHNSON	SHAMPO	842000	Detergent	84200000	Detergent	O	0-0-0	EXTERNA	SHAM	ML	400	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137118386	JOHNSON	SHAMPO	842000	Detergent	84200000	Detergent	O	0-0	EXTERNA	SHAM	ML	200	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137118387	JOHNSON	SHAMPO	842000	Detergent	84200000	Detergent	O	0-0-0-0	EXTERNA	SHAM	ML	400	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137118388	JOHNSON	SHAMPO	842000	Detergent	84200000	Detergent	O	0-0-0-0	EXTERNA	SHAM	ML	400	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137118389	JOHNSON	SHAMPO	842000	Detergent	84200000	Detergent	O	0-0-0-0	EXTERNA	SHAM	ML	400	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137118390	JOHNSON	SOAP & C	842000	Detergent	84200000	Detergent	O	0-0-0-0	EXTERNA	LIQD	ML	400	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137118416	AVEENO	INFANT C	842404	Basic Loti	84240400	Basic Loti	O	0-0	EXTERNA	LIQD	ML	976	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137118420	JOHNSON	SHAMPO	842000	Detergent	84200000	Detergent	O	0-0-0	EXTERNA	SHAM	ML	295	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137118760	AVEENO	COLLOID	842400	Emollients	84240000	Emollients	P	1%	EXTERNA	CREA	GM	156	MSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIMI
8137118761	AVEENO	COLLOID	842400	Emollients	84240000	Emollients	P	43%	EXTERNA	PACK	EA	10	MSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIMI
8137118769	AVEENO	INFANT C	940000	Devices	94000000	Devices	O	0-0-0-0	DOES NO	MISC	EA	64	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137118770	AVEENO	INFANT C	940000	Devices	94000000	Devices	O	0-0-0-0	DOES NO	MISC	EA	56	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137118786	AVEENO	BATH PR	842408	Basic Oils	84240800	Basic Oils	O	0-0-0	EXTERNA	LIQD	ML	532	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137118788	AVEENO	PRAMOXI	840800	Antipruritic	84080000	Antipruritic	O	0.50%	EXTERNA	OINT	GM	113	NON DRU	9/30/2022	8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137118789	AVEENO	EMOLLIE	842412	Basic Oint	84241200	Basic Oint	O	0-0	EXTERNA	CREA	GM	340	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137118790	AVEENO	EMOLLIE	842412	Basic Oint	84241200	Basic Oint	O	0-0	EXTERNA	CREA	GM	57	SSB	9/30/2022	8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137118799	AVEENO	INFANT C	940000	Devices	94000000	Devices	O	0-0-0-0	DOES NO	MISC	EA	10	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137118878	JOHNSON	INFANT C	940000	Devices	94000000	Devices	O	0	EXTERNA	MISC	EA	1	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119015	JOHNSON	INFANT C	842000	Detergent	84200000	Detergent	O	0-0	EXTERNA	SHAM	ML	100	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119016	JOHNSON	INFANT C	842404	Basic Loti	84240400	Basic Loti	O	0-0-0-0-0	EXTERNA	LIQD	ML	100	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119017	JOHNSON	INFANT C	842404	Basic Loti	84240400	Basic Loti	O	0-0-0	EXTERNA	LOTN	ML	100	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119053	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	15	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119054	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	15	SSB	4/4/2022	8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119055	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	15	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119056	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	110	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119057	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119059	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119060	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119061	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	7	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119062	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	6	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119066	CLEAN &	SOAP & C	842000	Detergent	84200000	Detergent	O	0-0	EXTERNA	GEL	GM	119	SSB	9/30/2022	8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119068	CLEAN &	EMOLLIE	842412	Basic Oint	84241200	Basic Oint	O	0-0	EXTERNA	GEL	GM	48	SSB	9/30/2022	8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119172	JOHNSON	SHAMPO	842000	Detergent	84200000	Detergent	O	0	EXTERNA	SHAM	ML	400	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119173	JOHNSON	SHAMPO	842000	Detergent	84200000	Detergent	O	0	EXTERNA	SHAM	ML	400	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119181	AVEENO	SOAP & C	842000	Detergent	84200000	Detergent	O	0	EXTERNA	LIQD	ML	232	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119183	AVEENO	EMOLLIE	842404	Basic Loti	84240400	Basic Loti	O	0-0	EXTERNA	LIQD	ML	30	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119184	AVEENO	EMOLLIE	842412	Basic Oint	84241200	Basic Oint	O	0-0-0	EXTERNA	GEL	GM	48	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119185	AVEENO	EMOLLIE	842412	Basic Oint	84241200	Basic Oint	O	0-0-0	EXTERNA	GEL	GM	14	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119192	AVEENO	SKIN OILS	842408	Basic Oils	84240800	Basic Oils	O	1.20%	EXTERNA	OIL	GM	227	SSB	1/31/2022	8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119194	AVEENO	SOAP & C	842000	Detergent	84200000	Detergent	O	0	EXTERNA	LIQD	ML	236	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119195	AVEENO	SKIN OILS	842408	Basic Oils	84240800	Basic Oils	O	1.20%	EXTERNA	OIL	GM	141	SSB	1/31/2022	8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119196	AVEENO	INFANT C	842404	Basic Loti	84240400	Basic Loti	O	0-0	EXTERNA	LIQD	ML	236	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119197	AVEENO	INFANT C	842404	Basic Loti	84240400	Basic Loti	O	0-0	EXTERNA	LIQD	ML	354	NON DRU	9/12/2022	8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119199	AVEENO	INFANT C	842404	Basic Loti	84240400	Basic Loti	O	0-0-0-0	EXTERNA	LIQD	ML	354	NON DRU	9/12/2022	8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119252	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	6	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119253	BAND-AID	BACITRA	840404	Antibacter	84040400	Antibacter	O	500-1000(	EXTERNA	PADS	EA	6	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119273	AVEENO	EMOLLIE	842408	Basic Oils	84240800	Basic Oils	O	0-0	EXTERNA	OIL	ML	200	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119284	JOHNSON	SKIN OILS	842408	Basic Oils	84240800	Basic Oils	O	0-0	EXTERNA	OIL	ML	414	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119285	CLEAN &	SOAP & C	842000	Detergent	84200000	Detergent	O	0	EXTERNA	GEL	ML	222	SSB	9/30/2022	8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119291	AVEENO	EMOLLIE	842404	Basic Loti	84240400	Basic Loti	O	0-0	EXTERNA	LOTN	GM	71	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119292	JOHNSON	INFANT C	842404	Basic Loti	84240400	Basic Loti	O	0	EXTERNA	LIQD	ML	236	NON DRU	1/31/2022	8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119293	JOHNSON	INFANT C	842404	Basic Loti	84240400	Basic Loti	O	0	EXTERNA	LIQD	ML	236	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119454	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119457	AVEENO	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	5%-3%-13	EXTERNA	LOTN	ML	354	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119458	AVEENO	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	5%-3%-13	EXTERNA	LOTN	ML	30	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119459	AVEENO	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	5%-3%-13	EXTERNA	LOTN	ML	60	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119460	AVEENO	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	5%-3%-13	EXTERNA	LOTN	ML	88	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119461	AVEENO	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	4%-1.5%-!	EXTERNA	LOTN	ML	88	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119475	AVEENO	SOAP & C	842000	Detergent	84200000	Detergent	O	0	EXTERNA	PADS	EA	25	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119490	AVEENO	BATH PR	842408	Basic Oils	84240800	Basic Oils	O	0-0	EXTERNA	LIQD	ML	532	SSB	12/26/2022	8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119491	AVEENO	BATH PR	842408	Basic Oils	84240800	Basic Oils	O	0-0	EXTERNA	LIQD	ML	532	SSB	12/26/2022	8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119534	AVEENO	DIAPER R	842400	Emollients	84240000	Emollients	P	0-70.3%	EXTERNA	OINT	GM	133	GENERIC		8137		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119536	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119537	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119538	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119585	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119586	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119587	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119606	CLEAN &	EMOLLIE	842412	Basic Oint	84241200	Basic Oint	O	0-0-0	EXTERNA	GEL	GM	140	NON DRU	1/31/2022	8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119607	CLEAN &	SOAP & C	842000	Detergent	84200000	Detergent	O	0-0	EXTERNA	LIQD	ML	222	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119648	JOHNSON	EMOLLIE	842404	Basic Loti	84240400	Basic Loti	O	0-0	EXTERNA	LOTN	ML	500	NON DRUG		8137	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119649	JOHNSON	SOAP & C	842000	Detergent	84200000	Detergent	O	0-0	EXTERNA	LIQD	ML	600	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119650	JOHNSON	EMOLLIE	842404	Basic Loti	84240400	Basic Loti	O	0	EXTERNA	LOTN	ML	500	NON DRUG		8137	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119651	JOHNSON	SOAP & C	842000	Detergent	84200000	Detergent	O	0	EXTERNA	LIQD	ML	600	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119655	AVEENO	BATH PR	842408	Basic Oils	84240800	Basic Oils	O	0-0	EXTERNA	LIQD	ML	1064	NON DRUG		8137	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119657	AVEENO	BATH PR	842408	Basic Oils	84240800	Basic Oils	O	0-0	EXTERNA	LIQD	ML	1064	NON DRUG		8137	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119664	JOHNSON	INFANT C	842404	Basic Loti	84240400	Basic Loti	O	0	EXTERNA	LOTN	ML	400	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119665	JOHNSON	INFANT C	842404	Basic Loti	84240400	Basic Loti	O	0-0-0-0-0	EXTERNA	LIQD	ML	400	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119666	JOHNSON	INFANT C	842404	Basic Loti	84240400	Basic Loti	O	0-0	EXTERNA	LIQD	ML	400	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119691	JOHNSON	INFANT C	940000	Devices	94000000	Devices	O	0-0-13%	EXTERNA	KIT	EA	1	NON DRU	1/31/2022	8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119692	JOHNSON	INFANT C	940000	Devices	94000000	Devices	O	0-0-0-0-0	EXTERNA	KIT	EA	1	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119694	AVEENO	EMOLLIE	842412	Basic Oint	84241200	Basic Oint	O	0-0	EXTERNA	CREA	GM	141	SSB		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119695	AVEENO	SOAP & C	842000	Detergent	84200000	Detergent	O	0-0	EXTERNA	LIQD	ML	147	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137119696	AVEENO	SOAP & C	842000	Detergent	84200000	Detergent	O	0-0	EXTERNA	LIQD	ML	354	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137202007	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137202008	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	7	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137202011	J & J FIRS	FIRST AID	940000	Devices	94000000	Devices	O	500MG-2%	COMBINA	KIT	EA	1	NON DRU	4/4/2022	8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137202023	BAND-AID	BENZALK	840416	UNKNOW	84041600	UNKNOW	O	0.13%	EXTERNA	FOAM	ML	68	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137202024	BAND-AID	PRAMOXI	840800	Antipruritic	84080000	Antipruritic	O	1-0.13 %	EXTERNA	LIQD	ML	7.7	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137202025	BAND-AID	PRAMOXI	840800	Antipruritic	84080000	Antipruritic	O	1-0.13 %	EXTERNA	LIQD	ML	237	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137202045	J & J FIRS	FIRST AID	940000	Devices	94000000	Devices	O	500MG-2%	COMBINA	KIT	EA	1	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137202053	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137202054	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137202055	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137202056	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137202088	BAND-AID	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	O	2-0.13 %	EXTERNA	LIQD	ML	177	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
8137202089	BAND-AID	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	7	NON DRUG		8137		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI

8225044505	FUTURO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225104600	T.E.D. BE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225106600	T.E.D. BE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225107700	T.E.D. BE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225108700	T.E.D. BE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225109700	T.E.D. BE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225203500	T.E.D. BE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225203600	CANE/WC	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225204500	T.E.D. BE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225205500	T.E.D. BE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225206600	CANE/WC	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225207200	EXCILON	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225207600	CANE/WC	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225209500	T.E.D. BE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225210400	CANE/ALI	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225210500	CANE/ALI	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225210600	CANE/ALI	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225210800	CANE/ALI	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225211600	CANE/ALI	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225211800	CANE/ALI	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225212100	CANE/ALI	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225212500	CANE/ALI	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225212600	CANE/ALI	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225218100	QUAD CA	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225218400	QUAD CA	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225241600	CRUTCH	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225242600	CRUTCH	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225243600	CRUTCH	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225256600	CRUTCH	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225257600	CRUTCH/	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225260600	BEDPAN/	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225261600	BEDPAN/	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225262600	SITZ BAT	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225264600	FEMALE U	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225265600	MALE UR	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225272600	FUTURO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225272700	CERVICA	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225273600	CERVICA	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225280600	WHEELC	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225280800	LUMBAR	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225281600	WHEELC	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225292600	CRUTCH	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225296600	CRUTCH	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225297600	CRUTCH	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225298600	CRUTCH	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225299600	CRUTCH	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225299700	CRUTCH	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225300500	T.E.D. BE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225303500	T.E.D. BE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225311800	T.E.D. BE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225312800	T.E.D. BE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225390018	CANE TIP	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225390019	CANE TIP	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225390020	CANE TIP	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225390022	CANE TIP	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225390025	WALKER	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225399171	QUAD CA	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	4	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225399181	QUAD CA	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	4	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225401502	NEOPRE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225401503	NEOPRE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225401505	NEOPRE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225402300	FUTURO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225402900	T.E.D. BE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225403900	T.E.D. BE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225404202	NEOPRE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225404203	NEOPRE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225404205	NEOPRE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225404502	NEOPRE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225404503	NEOPRE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225404505	NEOPRE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225412300	FUTURO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225503500	T.E.D. BE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225504500	T.E.D. BE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225514202	FUTURO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225514203	FUTURO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225514205	FUTURO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225514402	FUTURO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225514403	FUTURO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225514405	FUTURO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225514502	FUTURO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225514503	FUTURO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225514505	FUTURO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225519400	T.E.D. TH	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225521300	T.E.D. TH	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225521500	FUTURO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225521503	NEOPRE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225522300	FUTURO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225524200	FUTURO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225524500	FUTURO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225541700	T.E.D. TH	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225553300	T.E.D. TH	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225562800	T.E.D. TH	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225570700	T.E.D. TH	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225582200	T.E.D. TH	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225582400	TENNIS E	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225594300	T.E.D. TH	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225646000	CURAD F	FIRST AID	940000 Devices	94000000 Devices	O	0	COMBINA	KIT	EA	1	NON DRUG		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225647000	FIRST AID	NEOMYCI	840404 Antibacter	84040400 Antibacter	P	500UNIT/(	EXTERNA	OINT	GM	15	GENERIC		8225	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8225648000	CURAD M	SOAP & C	842000 Detergent	84200000 Detergent	O	0	EXTERNA	MISC	EA	10	SSB		8225	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8271033100	LANCETS	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRU	1/29/2024	8271	N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
8271035100	LANCETS	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRU	1/29/2024	8271	N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
8271036100	LANCETS	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRU	1/29/2024	8271	N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
8271036200	LANCETS	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRU	1/29/2024	8271	N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
8271087100	FINE 30	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRU	1/29/2024	8271	N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
8271138100	MEDLANC	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRU	1/29/2024	8271	N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
8271138200	MEDLANC	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRU	1/29/2024	8271	N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
8271138300	MEDLANC	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRU	1/29/2024	8271	N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
8271138400	MEDLANC	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRU	1/29/2024	8271	N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
8271310200	LANCING	LANCET D	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRU	1/29/2024	8271	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8271310300	DRUG MA	LANCET D	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRU	1/29/2024	8271	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8271352300	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	O	31G X 5/1	DOES NO	MISC	EA	100	NON DRU	1/29/2024	8271	N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8271450100	INSUPEN	INSULIN P	940000 Devices	94000000 Devices	O	30G X 8 M	DOES NO	MISC	EA	100	NON DRU	1/29/2024	8271	N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8271450200	INSUPEN	INSULIN P	940000 Devices	94000000 Devices	O	31G X 6 M	DOES NO	MISC	EA	100	NON DRU	1/29/2024	8271	N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8271450300	INSUPEN	INSULIN P	940000 Devices	94000000 Devices	O	31G X 8 M	DOES NO	MISC	EA	100	NON DRU	1/29/2024	8271	N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8271450400	INSUPEN	INSULIN P	940000 Devices	94000000 Devices	O	32G X 6 M	DOES NO	MISC	EA	100	NON DRU	1/29/2024	8271	N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8271450500	INSUPEN	INSULIN P	940000 Devices	94000000 Devices	O	32G X 8 M	DOES NO	MISC	EA	100	NON DRU	1/29/2024	8271	N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8271450600	INSUPEN	INSULIN P	940000 Devices	94000000 Devices	O	32G X 4 M	DOES NO	MISC	EA	100	NON DRU	1/29/2024	8271	N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8287126001	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	O	28G X 1/2	DOES NO	MISC	EA	1000	NON DRU	12/27/2022	8287	N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8287126002	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	O	27G X 1/2	DOES NO	MISC	EA	1000	NON DRU	12/27/2022	8287	N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8287126003	EXEL CO	INSULIN P	940000 Devices	94000000 Devices	O	29G X 12M	DOES NO	MISC	EA	100	NON DRU	12/27/2022	8287	N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8287126004	EXEL CO	INSULIN P	940000 Devices	94000000 Devices	O	31G X 6 M	DOES NO	MISC	EA	100	NON DRU	12/27/2022	8287	N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8287126005	EXEL CO	INSULIN P	940000 Devices	94000000 Devices	O	31G X 8 M	DOES NO	MISC	EA	100	NON DRU	12/27/2022	8287	N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8287126006	EXEL CO	INSULIN P	940000 Devices	94000000 Devices	O	31G X 4 M	DOES NO	MISC	EA	100	NON DRU	12/27/2022	8287	N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8287126014	EXEL CO	INSULIN S	940000 Devices	94000000 Devices	O	30G X 5/1	DOES NO	MISC	EA	100	NON DRU	12/27/2022	8287	N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8287126015	EXEL CO	INSULIN S	940000 Devices	94000000 Devices	O	30G X 5/1	DOES NO	MISC	EA	100	NON DRU	12/27/2022	8287	N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8287126016	EXEL CO	INSULIN S	940000 Devices	94000000 Devices	O	30G X 5/1	DOES NO	MISC	EA	100	NON DRU	12/27/2022	8287	N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8287126018	EXEL CO	INSULIN S	940000 Devices	94000000 Devices	O	29G X 1/2	DOES NO	MISC	EA	100	NON DRU	12/27/2022	8287	N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8287126022	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	O	28G X 1/2	DOES NO	MISC	EA	1000	NON DRU	12/27/2022	8287	N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8287126026	EXEL CO	INSULIN S	940000 Devices	94000000 Devices	O	28G X 1/2	DOES NO	MISC	EA	100	NON DRU	12/27/2022	8287	N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8287126027	EXEL CO	INSULIN S	940000 Devices	94000000 Devices	O	28G X 1/2	DOES NO	MISC	EA	100	NON DRU	12/27/2022	8287	N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8287126028	EXEL CO	INSULIN S	940000 Devices	94000000 Devices	O	29G X 1/2	DOES NO	MISC	EA	100	NON DRU	12/27/2022	8287	N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8287126029	EXEL CO	INSULIN S	940000 Devices	94000000 Devices	O	29G X 1/2	DOES NO	MISC	EA	100	NON DRU	12/27/2022	8287	N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8287126040	TUBERCU	TUBERCU	940000 Devices	94000000 Devices	O	27G X 1/2	DOES NO	MISC	EA	1000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126042	TUBERCU	TUBERCU	940000 Devices	94000000 Devices	O	26G X 3/8	DOES NO	MISC	EA	1000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126044	TUBERCU	TUBERCU	940000 Devices	94000000 Devices	O	25G X 5/8	DOES NO	MISC	EA	1000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126048	TB SYRIN	NEEDLES	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126061	ALLERGY	TUBERCU	940000 Devices	94000000 Devices	O	27G X 1/2	DOES NO	MISC	EA	25	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126063	ALLERGY	TUBERCU	940000 Devices	94000000 Devices	O	27G X 3/8	DOES NO	MISC	EA	25	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126101	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	23G X 1""	DOES NO	MISC	EA	1000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126102	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	22G X 1""	DOES NO	MISC	EA	1000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126103	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	2G X 1-1/4	DOES NO	MISC	EA	1000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126104	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	22G X 1-1	DOES NO	MISC	EA	1000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126105	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	21G X 1""	DOES NO	MISC	EA	1000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126107	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	21G X 1-1	DOES NO	MISC	EA	1000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126108	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	20G X 1""	DOES NO	MISC	EA	1000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126109	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	20G X 1-1	DOES NO	MISC	EA	1000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126110	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	18G X 1-1	DOES NO	MISC	EA	1000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126111	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	25G X 1""	DOES NO	MISC	EA	1000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126112	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	25G X 1-1	DOES NO	MISC	EA	1000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126115	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	22G X 3/4	DOES NO	MISC	EA	1000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126127	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	21G X 1-1	DOES NO	MISC	EA	1000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126129	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	27G X 1-1	DOES NO	MISC	EA	1000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126200	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	3 ML	DOES NO	MISC	EA	1000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126201	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	3 ML	DOES NO	MISC	EA	1000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126210	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	22G X 1""	DOES NO	MISC	EA	1000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126211	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	22G X 1-1	DOES NO	MISC	EA	1000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126212	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	21G X 1""	DOES NO	MISC	EA	1000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126213	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	21G X 1-1	DOES NO	MISC	EA	1000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126214	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	20G X 1""	DOES NO	MISC	EA	1000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126218	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	21G X 1-1	DOES NO	MISC	EA	1000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126219	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	22G X 1-1	DOES NO	MISC	EA	1000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126230	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	6 ML	DOES NO	MISC	EA	1000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126231	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	6 ML	DOES NO	MISC	EA	1000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126250	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	22G X 1""	DOES NO	MISC	EA	1000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126251	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	22G X 1-1	DOES NO	MISC	EA	1000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126252	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	21G X 1""	DOES NO	MISC	EA	1000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126253	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	21G X 1-1	DOES NO	MISC	EA	1000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126254	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	20G X 1""	DOES NO	MISC	EA	1000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126255	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	20G X 1-1	DOES NO	MISC	EA	1000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126265	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	12 ML	DOES NO	MISC	EA	1000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126266	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	12 ML	DOES NO	MISC	EA	1000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126280	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	25 ML	DOES NO	MISC	EA	500	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126281	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	25 ML	DOES NO	MISC	EA	500	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126290	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	35 ML	DOES NO	MISC	EA	250	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126291	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	35 ML	DOES NO	MISC	EA	250	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126292	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	35 ML	DOES NO	MISC	EA	250	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126300	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	60 ML	DOES NO	MISC	EA	150	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126301	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	60 ML	DOES NO	MISC	EA	150	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126302	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	60 ML	DOES NO	MISC	EA	150	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126400	HYPODE	NEEDLE (	940000 Devices	94000000 Devices	O	27G X 1/2	DOES NO	MISC	EA	2000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126401	HYPODE	NEEDLE (	940000 Devices	94000000 Devices	O	26G X 3/8	DOES NO	MISC	EA	2000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126402	HYPODE	NEEDLE (	940000 Devices	94000000 Devices	O	26G X 1/2	DOES NO	MISC	EA	2000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126403	HYPODE	NEEDLE (	940000 Devices	94000000 Devices	O	25G X 5/8	DOES NO	MISC	EA	2000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126405	HYPODE	NEEDLE (	940000 Devices	94000000 Devices	O	25G X 1""	DOES NO	MISC	EA	2000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126406	HYPODE	NEEDLE (	940000 Devices	94000000 Devices	O	25G X 1-1	DOES NO	MISC	EA	2000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126407	HYPODE	NEEDLE (	940000 Devices	94000000 Devices	O	23G X 3/4	DOES NO	MISC	EA	2000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126408	HYPODE	NEEDLE (	940000 Devices	94000000 Devices	O	23G X 1""	DOES NO	MISC	EA	2000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126410	HYPODE	NEEDLE (	940000 Devices	94000000 Devices	O	22G X 3/4	DOES NO	MISC	EA	2000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126411	HYPODE	NEEDLE (	940000 Devices	94000000 Devices	O	22G X 1""	DOES NO	MISC	EA	2000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126412	HYPODE	NEEDLE (	940000 Devices	94000000 Devices	O	22G X 1-1	DOES NO	MISC	EA	2000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126413	HYPODE	NEEDLE (	940000 Devices	94000000 Devices	O	22G X 1-1	DOES NO	MISC	EA	2000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126414	HYPODE	NEEDLE (	940000 Devices	94000000 Devices	O	21G X 1""	DOES NO	MISC	EA	2000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126415	HYPODE	NEEDLE (	940000 Devices	94000000 Devices	O	21G X 1-1	DOES NO	MISC	EA	2000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126416	HYPODE	NEEDLE (	940000 Devices	94000000 Devices	O	21G X 1-1	DOES NO	MISC	EA	2000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126417	HYPODE	NEEDLE (	940000 Devices	94000000 Devices	O	20G X 1""	DOES NO	MISC	EA	100	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126418	HYPODE	NEEDLE (	940000 Devices	94000000 Devices	O	20G X 1-1	DOES NO	MISC	EA	2000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126419	HYPODE	NEEDLE (	940000 Devices	94000000 Devices	O	18G X 1""	DOES NO	MISC	EA	2000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126420	HYPODE	NEEDLE (	940000 Devices	94000000 Devices	O	18G X 1-1	DOES NO	MISC	EA	2000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126424	HYPODE	NEEDLE (	940000 Devices	94000000 Devices	O	19G X 1""	DOES NO	MISC	EA	2000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126425	HYPODE	NEEDLE (	940000 Devices	94000000 Devices	O	25G X 3/4	DOES NO	MISC	EA	2000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126426	HYPODE	NEEDLE (	940000 Devices	94000000 Devices	O	27G X 1-1	DOES NO	MISC	EA	2000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126427	HYPODE	NEEDLE (	940000 Devices	94000000 Devices	O	27G X 1-1	DOES NO	MISC	EA	2000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126430	HYPODE	NEEDLE (	940000 Devices	94000000 Devices	O	20G X 3/4	DOES NO	MISC	EA	2000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126437	HYPODE	NEEDLE (	940000 Devices	94000000 Devices	O	30G X 1/2	DOES NO	MISC	EA	2000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126438	HYPODE	NEEDLE (	940000 Devices	94000000 Devices	O	19G X 1-1	DOES NO	MISC	EA	2000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126440	HYPODE	NEEDLE (	940000 Devices	94000000 Devices	O	26G X 5/8	DOES NO	MISC	EA	2000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126501	MULTI-DF	BLOOD C	940000 Devices	94000000 Devices	R	20G X 1""	DOES NO	MISC	EA	2000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126502	MULTI-DF	NEEDLE (	940000 Devices	94000000 Devices	O	20G X 1-1	DOES NO	MISC	EA	2000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126503	MULTI-DF	BLOOD C	940000 Devices	94000000 Devices	R	21G X 1""	DOES NO	MISC	EA	2000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126504	MULTI-DF	NEEDLE (	940000 Devices	94000000 Devices	O	21G X 1-1	DOES NO	MISC	EA	2000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126505	MULTI-DF	BLOOD C	940000 Devices	94000000 Devices	R	22G X 1""	DOES NO	MISC	EA	2000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126506	MULTI-DF	NEEDLE (	940000 Devices	94000000 Devices	O	22G X 1-1	DOES NO	MISC	EA	2000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126530	LUER HO	PARENTE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126555	DENTAL N	DENTAL N	940000 Devices	94000000 Devices	R	30G X 21M	DOES NO	MISC	EA	2000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126556	DENTAL N	DENTAL N	940000 Devices	94000000 Devices	R	30G X 12M	DOES NO	MISC	EA	2000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126557	DENTAL N	DENTAL N	940000 Devices	94000000 Devices	R	27G X 32M	DOES NO	MISC	EA	2000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126558	DENTAL N	DENTAL N	940000 Devices	94000000 Devices	R	27G X 21M	DOES NO	MISC	EA	2000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126559	DENTAL N	DENTAL N	940000 Devices	94000000 Devices	R	25G X 21M	DOES NO	MISC	EA	2000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126560	DENTAL N	DENTAL N	940000 Devices	94000000 Devices	R	25G X 32M	DOES NO	MISC	EA	2000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126562	DENTAL N	DENTAL N	940000 Devices	94000000 Devices	R	30G X 32M	DOES NO	MISC	EA	2000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126601	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	22G X 3/4	DOES NO	MISC	EA	1000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126602	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	25G X 5/8	DOES NO	MISC	EA	1000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126603	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	23G X 1""	DOES NO	MISC	EA	1000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8287126605	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	22G X 1""	DOES NO	MISC	EA	1000	NON DRU	12/27/2022	8287	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI

8287126608	SYRINGE	SYRINGE	940000	Devices	94000000	Devices	O	21G X 1""	DOES NO	MISC	EA	1000	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126611	SYRINGE	SYRINGE	940000	Devices	94000000	Devices	O	20G X 1""	DOES NO	MISC	EA	1000	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126702	SCALP VE	IV SETS/T	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	500	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126703	SCALP VE	IV SETS/T	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	500	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126704	SCALP VE	IV SETS/T	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	500	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126705	SCALP VE	IV SETS/T	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	500	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126706	SCALP VE	IV SETS/T	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	500	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126707	SCALP VE	IV SETS/T	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	500	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126708	SCALP VE	IV SETS/T	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	500	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126709	SCALP VE	IV SETS/T	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	500	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126729	SAFELET	IV SETS/T	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	200	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126730	SAFELET	IV SETS/T	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	200	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126731	SAFELET	IV SETS/T	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	200	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126732	SAFELET	IV SETS/T	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	200	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126735	SAFELET	IV SETS/T	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	200	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126736	SAFELET	IV SETS/T	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	200	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126738	SAFELET	IV SETS/T	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	200	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126741	SAFELET	IV SETS/T	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	200	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126742	SAFELET	IV SETS/T	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	200	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126743	SAFELET	IV SETS/T	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	200	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126746	SAFELET	IV SETS/T	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	200	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126751	SAFELET	IV SETS/T	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	200	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126781	AV FISTU	PARENTE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	500	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126786	AV FISTU	PARENTE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	500	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126791	AV FISTU	PARENTE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	500	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126901	HUBER N	NEEDLE (	940000	Devices	94000000	Devices	O	20G X 3/4'	DOES NO	MISC	EA	50	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126902	HUBER N	NEEDLE (	940000	Devices	94000000	Devices	O	22G X 3/4'	DOES NO	MISC	EA	50	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126903	HUBER N	NEEDLE (	940000	Devices	94000000	Devices	O	22G X 1-1.	DOES NO	MISC	EA	50	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126904	HUBER N	NEEDLE (	940000	Devices	94000000	Devices	O	22G X 1""	DOES NO	MISC	EA	50	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126905	HUBER N	NEEDLE (	940000	Devices	94000000	Devices	O	19G X 3/4'	DOES NO	MISC	EA	50	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126906	HUBER N	NEEDLE (	940000	Devices	94000000	Devices	O	22G X 1-1.	DOES NO	MISC	EA	50	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126907	HUBER N	NEEDLE (	940000	Devices	94000000	Devices	O	19G X 1""	DOES NO	MISC	EA	50	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126908	HUBER N	NEEDLE (	940000	Devices	94000000	Devices	O	20G X 1""	DOES NO	MISC	EA	50	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126909	HUBER N	NEEDLE (	940000	Devices	94000000	Devices	O	20G X 1-1.	DOES NO	MISC	EA	50	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126921	HUBER N	NEEDLE (	940000	Devices	94000000	Devices	O	22G X 1""	DOES NO	MISC	EA	50	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126922	HUBER N	NEEDLE (	940000	Devices	94000000	Devices	O	22G X 1-1.	DOES NO	MISC	EA	50	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126923	HUBER N	NEEDLE (	940000	Devices	94000000	Devices	O	20G X 1-1.	DOES NO	MISC	EA	50	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126924	HUBER N	NEEDLE (	940000	Devices	94000000	Devices	O	20G X 1""	DOES NO	MISC	EA	50	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126925	HUBER N	NEEDLE (	940000	Devices	94000000	Devices	O	20G X 1-1.	DOES NO	MISC	EA	50	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126927	HUBER N	NEEDLE (	940000	Devices	94000000	Devices	O	19G X 1-1.	DOES NO	MISC	EA	50	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126940	HUBER IN	IV SETS/T	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126941	HUBER IN	IV SETS/T	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126944	HUBER IN	IV SETS/T	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126945	HUBER IN	IV SETS/T	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126946	HUBER IN	IV SETS/T	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126948	HUBER IN	IV SETS/T	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126949	HUBER IN	IV SETS/T	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126950	HUBER IN	IV SETS/T	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126954	HUBER IN	IV SETS/T	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126955	HUBER IN	IV SETS/T	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126958	HUBER IN	IV SETS/T	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126959	HUBER IN	IV SETS/T	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126960	SPINAL N	SPINAL N	940000	Devices	94000000	Devices	O	18G X 3-1.	DOES NO	MISC	EA	100	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126964	SPINAL N	SPINAL N	940000	Devices	94000000	Devices	O	20G X 3-1.	DOES NO	MISC	EA	100	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126967	SPINAL N	SPINAL N	940000	Devices	94000000	Devices	O	22G X 3-1.	DOES NO	MISC	EA	100	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8287126970	SPINAL N	SPINAL N	940000	Devices	94000000	Devices	O	25G X 3-1.	DOES NO	MISC	EA	100	NON DRU	12/27/2022	8287			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290004009	BD THER	BASAL TH	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290004040	BD THER	ORAL THI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	6	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290004060	BD THER	RECTAL T	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	6	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290004061	BD THER	RECTAL T	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290004069	BD THER	ORAL THI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290004337	HYPOTHE	HYPOTHE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	6	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290005500	BD PLAS	SYRINGE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290005528	ALLERGI	TUBERCU	940000	Devices	94000000	Devices	O	26G X 1/2'	DOES NO	KIT	EA	100	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290005540	BD ALLEF	TUBERCU	940000	Devices	94000000	Devices	O	27G X 1/2'	DOES NO	KIT	EA	25	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290006893	BD SWAB	ALCOHOL	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	100	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290201030	M-5 PANT	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290201031	M-5 PANT	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290201032	M-5 PANT	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290201033	M-5 PANT	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290201034	M-5 PANT	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290201035	M-5 PANT	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290201036	M-5 PANT	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290201037	M-5 PANT	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290201038	M-5 PANT	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290201039	M-5 PANT	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290201042	M-5 MATE	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290201043	M-5 MATE	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290201044	M-5 MATE	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290201045	M-5 MATE	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290201051	M-4 KNEE	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290201052	M-4 KNEE	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290201053	M-4 KNEE	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290201054	M-4 KNEE	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290201055	M-4 KNEE	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290201056	M-4 KNEE	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290201070	O-2 SUSF	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290201090	B & B NYL	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290201161	O-2 SUSF	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290201206	B & B KNE	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290201207	B & B KNE	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290201208	B & B KNE	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290201209	B & B RIG	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290201210	B & B RIG	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290201211	B & B RIG	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290201212	B & B NYL	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290201255	O-2 SUSF	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290201298	B & B HEF	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290201352	O-2 SUSF	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290201493	B & B NYL	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290201744	B & B HEF	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290201791	P-5 PANT	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290201792	P-5 PANT	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290201933	P-5 PANT	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290201969	B-4 MED (	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290201993	P-5 PANT	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290201994	P-5 PANT	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290202099	V-4 HIGH	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290202110	B & B O-1	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290202169	P-5 PANT	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290202170	P-5 PANT	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290202172	B & B HEF	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290202202	B & B A-2	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290202254	B & B SA(	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290202262	B & B O-1	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290202296	B & B A-2	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290202328	B & B ELA	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290202364	B & B A-2	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290202387	B & B HEF	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290202430	B & B O-1	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290202460	B & B A-3	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290202466	P-5 PANT	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290202467	P-5 PANT	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290202468	P-5 PANT	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290202469	P-5 PANT	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290202495	B & B ELA	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290202549	B & B A-3	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290202612	B & B O-1	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290202636	B & B A-3	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290202657	B & B ELA	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290202824	B & B ELE	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290202838	B & B ELA	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290202945	B & B SA(	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290203031	B & B ELA	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290203071	ELASTIC	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290203072	ELASTIC	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290203073	ELASTIC	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290203095	V-4 HIGH	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290203224	B & B ELA	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290203257	B & B ELE	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290203373	B-4 MED (	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290203775	V-4 HIGH	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290203950	B & B ARI	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290203951	B & B ARI	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290203952	B & B RIB	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290203953	B & B RIB	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290203954	B & B RIB	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290203955	B & B RIB	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290203956	B & B RIB	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290203957	B & B RIB	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290204004	V-2 HIGH	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290204015	V-5 HIGH	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290204016	V-5 HIGH	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290204017	V-5 HIGH	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290204018	V-5 HIGH	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290204041	G-4 SUPF	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290204042	G-4 SUPF	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290204043	G-4 SUPF	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290204045	G-4 SUPF	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290204047	G-4 SUPF	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290205031	V-2 HIGH	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290205200	B & B NYL	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290205201	B & B NYL	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290205202	B & B NYL	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290206006	B & B NYL	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290206012	V-2 HIGH	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290206147	B-4 MED (	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290206161	B & B NYL	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290206228	A-4 HIGH	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290206231	A-4 HIGH	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290206235	A-4 HIGH	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290206244	A-4 HIGH	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290206254	B & B SA(	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290206257	A-4 HIGH	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290206267	A-4 HIGH	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290206338	B & B NYL	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290206390	B & B ELE	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290206481	B-2 EXTR	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290206497	B-2 EXTR	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290206508	B-2 EXTR	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290206509	B-1 EXTR	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290206510	B-1 EXTR	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290206511	B-1 EXTR	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290206521	B-3 EXTR	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290206555	B-4 MED (	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290206559	B-3 EXTR	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290206608	B-3 EXTR	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290206832	B & B S-1	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290206916	B & B SN	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290206931	B & B S-1	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290206972	B & B S-1	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290207004	B & B CAF	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290207005	B & B CAF	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290207006	B & B CAF	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290207007	B & B CAF	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290207071	T.E.D. AN	ELASTIC	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	2	NON DRU	7/2/2024	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290207223	ACE NEO	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290207312	B & B DEL	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290207457	B-4 MED (	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290207725	B-4 MED (	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290236712	LACTINE)	LACTOBA	560800	Antidiarrhe	56080000	Antidiarrhe	P	0-0	ORAL	PACK	EA	12	MSB		8290	N		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
8290236850	LACTINE)	LACTOBA	560800	Antidiarrhe	56080000	Antidiarrhe	P	0-0	ORAL	CHEW	EA	50	GENERIC	6/1/2022	8290	N		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290256040	BD VERIT	STREPTC	360000	Diagnostic	36000000	Diagnostic	R	0	IN VITRO	KIT	EA	1	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290256082	BD VERIT	COVID-19	360000	Diagnostic	36000000	Diagnostic	R	0	IN VITRO	KIT	EA	1	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290256088	BD VERIT	INFLUENZ	360000	Diagnostic	36000000	Diagnostic	R	0	IN VITRO	KIT	EA	1	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290256094	BD VERIT	COVID-19	360000	Diagnostic	36000000	Diagnostic	O	0	IN VITRO	KIT	EA	1	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290300649	BD POSIF	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVEI	SOLN	ML	10	GENERIC		8290		Y	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290301625	BD SYRIN	SYRINGE	940000	Devices	94000000	Devices	O	20 ML	DOES NO	MISC	EA	40	NON DRU	6/1/2022	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290301629	BD PREC	NEEDLE (	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290302830	BD SYRIN	SYRINGE	940000	Devices	94000000	Devices	O	20 ML	DOES NO	MISC	EA	48	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290302831	BD SYRIN	SYRINGE	940000	Devices	94000000	Devices	R	20 ML	DOES NO	MISC	EA	48	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290302832	BD SYRIN	SYRINGE	940000	Devices	94000000	Devices	O	30 ML	DOES NO	MISC	EA	56	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290302995	BD LUER-	SYRINGE	940000	Devices	94000000	Devices	O	10 ML	DOES NO	MISC	EA	200	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290303134	BD SYRIN	SYRINGE	940000	Devices	94000000	Devices	O	10 ML	DOES NO	MISC	EA	200	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290303191	BD POSIF	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVEI	SOLN	ML	10	GENERIC		8290		Y	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290303302	BD PREC	NEEDLE (	940000	Devices	94000000	Devices	O	27G X 3/8'	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290303306	BD ECLIP	SYRINGE	940000	Devices	94000000	Devices	O	23G X 1-1.	DOES NO	MISC	EA	50	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290303327	BD SAFE	TUBERCU	940000	Devices	94000000	Devices	O	27G X 3/8'	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290303344	BD TB SY	TUBERCU	940000	Devices	94000000	Devices	O	27G X 3/8'	DOES NO	MISC	EA	100	SSB		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290303345	BD INTER	PARENTE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290303348	BD SYRIN	SYRINGE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290303393	BD 10ML	SYRINGE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290304387	BD SAFE	NEEDLE (	940000	Devices	94000000	Devices	O	23G X 1-1.	DOES NO	MISC	EA	50	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305060	BD LUER-	SYRINGE	940000	Devices	94000000	Devices	O	18G X 1-1.	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305106	BD NEED	NEEDLE (	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305109	BD DISP	NEEDLE (	940000	Devices	94000000	Devices	O	27G X 1/2'	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305111	BD HYPO	NEEDLE (	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305122	BD DISP	NEEDLE (	940000	Devices	94000000	Devices	O	25G X 5/8'	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305124	BD NEED	NEEDLE (	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305125	BD DISP	NEEDLE (	940000	Devices	94000000	Devices	O	25G X 1""	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305127	BD HYPO	NEEDLE (	940000	Devices	94000000	Devices	O	25G X 1-1.	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305128	BD DISP	NEEDLE (	940000	Devices	94000000	Devices	O	30G X 1""	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305129	BD HYPO	NEEDLE (	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305143	BD HYPO	NEEDLE (	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305145	BD DISP	NEEDLE (	940000	Devices	94000000	Devices	O	23G X 1""	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305155	BD HYPO	NEEDLE (	940000	Devices	94000000	Devices	O	22G X 1""	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305156	BD DISP	NEEDLE (	940000	Devices	94000000	Devices	O	22G X 1-1.	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305159	BD HYPO	NEEDLE (	940000	Devices	94000000	Devices	O	22G X 1-1.	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305165	BD HYPO	NEEDLE (	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305166	YALE NEE	NEEDLE (	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305167	BD NEED	NEEDLE (	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305175	BD NEED	NEEDLE (	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305176	BD NEED	NEEDLE (	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305178	BD NEED	NEEDLE (	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305179	BD NEED	NEEDLE (	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305180	BD BLUN	NEEDLE (	940000	Devices	94000000	Devices	O	18G X 1-1.	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305185	BD HYPO	NEEDLE (	940000	Devices	94000000	Devices	O	18G X 1-1.	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305186	BD NEED	NEEDLE (	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305187	BD HYPO	NEEDLE (	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305188	BD HYPO	NEEDLE (	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305189	BD HYPO	NEEDLE (	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305193	BD HYPO	NEEDLE (	940000	Devices	94000000	Devices	O	23G X 1""	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305194	BD PREC	NEEDLE (	940000	Devices	94000000	Devices	O	23G X 1-1.	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305195	BD HYPO	NEEDLE (	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305196	BD NEED	NEEDLE (	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305197	BD HYPO	NEEDLE (	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305198	BD NEED	NEEDLE (	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305199	BD HYPO	NEEDLE (	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305200	BD FILTE	NEEDLES	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRU	1/1/2023	8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305201	BD FILTE	FILTER N	940000	Devices	94000000	Devices	O	18G X 1-1.	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305207	ORAL SY	ORAL SY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305209	BD ORAL	ORAL SY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305211	BD BLUN	NEEDLE (	940000	Devices	94000000	Devices	O	18G X 1-1.	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305214	NOKOR V	NEEDLE (	940000	Devices	94000000	Devices	O	18G X 1""	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305215	BD NOKO	NEEDLE (	940000	Devices	94000000	Devices	O	18G X 1-1.	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305218	BD ORAL	ORAL SY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305219	BD ORAL	ORAL SY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305269	BD INTEG	SYRINGE	940000	Devices	94000000	Devices	O	25G X 5/8'	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305270	BD INTEG	SYRINGE	940000	Devices	94000000	Devices	O	25G X 1""	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305271	BD INTEG	SYRINGE	940000	Devices	94000000	Devices	O	23G X 1""	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305272	BD INTEG	SYRINGE	940000	Devices	94000000	Devices	O	22G X 1-1.	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305273	BD INTEG	SYRINGE	940000	Devices	94000000	Devices	O	21G X 1""	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305274	BD INTEG	SYRINGE	940000	Devices	94000000	Devices	O	21G X 1-1.	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305312	BD INTEG	NEEDLE (	940000	Devices	94000000	Devices	O	23G X 1""	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305426	BD SHAR	SHARPS (	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305482	10ML SYF	SYRINGE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305487	BD PHLE	SHARPS (	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305488	BD SHAR	SHARPS (	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305489	BD SHAR	SHARPS (	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305490	BD SHAR	SHARPS (	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305500	BD ALLEF	TUBERCU	940000	Devices	94000000	Devices	O	28G X 1/2'	DOES NO	MISC	EA	100	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8290305517	BD SHAR	SHARPS (	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8290			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

8290305535	BD ALLEF	TUBERCU	940000 Devices	94000000 Devices	O	27G X 1/2'	DOES NO	MISC	EA	25	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305536	BD ALLEF	TUBERCU	940000 Devices	94000000 Devices	O	27G X 3/8'	DOES NO	MISC	EA	25	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305540	BD ALLEF	TUBERCU	940000 Devices	94000000 Devices	O	27G X 1/2'	DOES NO	KIT	EA	25	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305541	BD ALLEF	TUBERCU	940000 Devices	94000000 Devices	O	27G X 3/8'	DOES NO	MISC	EA	25	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305542	BD ALLEF	TUBERCU	940000 Devices	94000000 Devices	O	27G X 3/8'	DOES NO	MISC	EA	25	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305557	BD SHAR	SHARPS (	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305577	BD SHAR	SHARPS (	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305617	BD SYRIN	SYRINGE	940000 Devices	94000000 Devices	O	20 ML	DOES NO	MISC	EA	10	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305618	BD SYRIN	SYRINGE	940000 Devices	94000000 Devices	O	30 ML	DOES NO	MISC	EA	10	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305620	BD TB SY	TUBERCU	940000 Devices	94000000 Devices	O	27G X 1/2'	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305712	BD ECLIP	NEEDLE (	940000 Devices	94000000 Devices	O	18G X 1-1.	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305757	BD ECLIP	NEEDLE (	940000 Devices	94000000 Devices	O	30G X 1/2'	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305758	BD ECLIP	NEEDLE (	940000 Devices	94000000 Devices	O	27G X 1/2'	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305759	BD ECLIP	NEEDLE (	940000 Devices	94000000 Devices	O	25G X 5/8'	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305761	BD ECLIP	NEEDLE (	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305762	BD ECLIP	NEEDLE (	940000 Devices	94000000 Devices	O	23G X 1""	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305764	BD ECLIP	NEEDLE (	940000 Devices	94000000 Devices	O	21G X 1""	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305765	BD ECLIP	NEEDLE (	940000 Devices	94000000 Devices	O	21G X 1-1.	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305766	BD ECLIP	NEEDLE (	940000 Devices	94000000 Devices	O	18G X 1-1.	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305767	BD ECLIP	NEEDLE (	940000 Devices	94000000 Devices	O	25G X 1-1.	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305778	BD ECLIP	SYRINGE	940000 Devices	94000000 Devices	O	30G X 1/2'	DOES NO	MISC	EA	50	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305779	BD ECLIP	SYRINGE	940000 Devices	94000000 Devices	O	21G X 1""	DOES NO	MISC	EA	50	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305780	BD LUER-	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305781	BD ECLIP	SYRINGE	940000 Devices	94000000 Devices	O	25G X 5/8'	DOES NO	MISC	EA	50	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305782	BD ECLIP	SYRINGE	940000 Devices	94000000 Devices	O	23G X 1""	DOES NO	MISC	EA	50	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305787	BD ECLIP	SYRINGE	940000 Devices	94000000 Devices	O	25G X 1""	DOES NO	MISC	EA	50	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305788	BD ECLIP	SYRINGE	940000 Devices	94000000 Devices	O	22G X 1""	DOES NO	MISC	EA	50	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305789	BD ECLIP	SYRINGE	940000 Devices	94000000 Devices	O	27G X 1/2'	DOES NO	MISC	EA	50	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305826	BD ECLIP	NEEDLE (	940000 Devices	94000000 Devices	R	23G X 1""	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305829	BD ECLIP	NEEDLE (	940000 Devices	94000000 Devices	O	25G X 5/8'	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305837	BD ECLIP	NEEDLE (	940000 Devices	94000000 Devices	R	25G X 1""	DOES NO	MISC	EA	100	NON DRU	1/1/2023	8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305838	BD ECLIP	NEEDLE (	940000 Devices	94000000 Devices	O	25G X 1-1.	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305900	BD SAFE	NEEDLE (	940000 Devices	94000000 Devices	O	22G X 1-1.	DOES NO	MISC	EA	50	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305901	BD SAFE	NEEDLE (	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305902	BD SAFE	NEEDLE (	940000 Devices	94000000 Devices	O	23G X 1""	DOES NO	MISC	EA	50	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305903	BD SYRIN	SYRINGE	940000 Devices	94000000 Devices	O	25G X 5/8'	DOES NO	MISC	EA	50	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305904	BD SYRIN	SYRINGE	940000 Devices	94000000 Devices	O	25G X 5/8'	DOES NO	MISC	EA	50	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305905	BD 3ML S	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305906	BD SYRIN	SYRINGE	940000 Devices	94000000 Devices	O	22G X 1-1.	DOES NO	MISC	EA	50	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305907	BD SAFE	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305909	BD SAFE	SYRINGE	940000 Devices	94000000 Devices	O	21G X 1-1.	DOES NO	MISC	EA	50	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305915	BD SAFE	NEEDLE (	940000 Devices	94000000 Devices	O	21G X 1""	DOES NO	MISC	EA	50	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305916	BD SAFE	NEEDLE (	940000 Devices	94000000 Devices	O	25G X 1""	DOES NO	MISC	EA	50	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305917	BD SAFE	NEEDLE (	940000 Devices	94000000 Devices	R	21G X 1-1.	DOES NO	MISC	EA	50	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305918	BD SAFE	NEEDLE (	940000 Devices	94000000 Devices	O	18G X 1-1.	DOES NO	MISC	EA	50	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305921	BD SAFE	NEEDLE (	940000 Devices	94000000 Devices	O	27G X 5/8'	DOES NO	MISC	EA	50	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305924	BD SAFE	SYRINGE	940000 Devices	94000000 Devices	O	25G X 1""	DOES NO	MISC	EA	50	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305927	BD SAFE	SYRINGE	940000 Devices	94000000 Devices	O	27G X 5/8'	DOES NO	MISC	EA	50	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305930	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	O	29G X 1/2'	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290305932	BD SAFE	INSULIN S	940000 Devices	94000000 Devices	O	29G X 1/2'	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290305934	BD SAFE	INSULIN S	940000 Devices	94000000 Devices	O	30G X 5/1(	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290305935	BD SAFE	INSULIN S	940000 Devices	94000000 Devices	O	29G X 1/2'	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290305937	BD SAFE	INSULIN S	940000 Devices	94000000 Devices	O	31G X 5/1(	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290305945	BD 1ML T	TUBERCU	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305946	BD 1ML T	TUBERCU	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290305950	BD SAFE	TUBERCU	940000 Devices	94000000 Devices	O	27G X 1/2'	DOES NO	MISC	EA	25	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290306413	BD HEPA	HEPARIN	201204 Anticoagu	20120416 Heparins	S	10 UNIT/N	INTRAVEI	SOLN	ML	3	GENERIC		8290	Y	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290306414	HEPARIN	HEPARIN	201204 Anticoagu	20120416 Heparins	S	10 UNIT/N	INTRAVEI	SOLN	ML	5	GENERIC		8290	Y	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290306423	BD HEPA	HEPARIN	201204 Anticoagu	20120416 Heparins	S	100 UNIT/	INTRAVEI	SOLN	ML	3	GENERIC		8290	Y	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290306424	HEPARIN	HEPARIN	201204 Anticoagu	20120416 Heparins	S	100 UNIT/	INTRAVEI	SOLN	ML	5	GENERIC		8290	Y	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290306499	BD POSIF	SODIUM (	401200 Replacem	40120000 Replacem	S	0.90%	INTRAVEI	SOLN	ML	10	GENERIC		8290	Y	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290306544	BD POSIF	SODIUM (	401200 Replacem	40120000 Replacem	S	0.90%	INTRAVEI	SOLN	ML	3	GENERIC		8290	Y	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290306545	BD POSIF	SODIUM (	401200 Replacem	40120000 Replacem	S	0.90%	INTRAVEI	SOLN	ML	5	GENERIC		8290	Y	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290306546	BD POSIF	SODIUM (	401200 Replacem	40120000 Replacem	S	0.90%	INTRAVEI	SOLN	ML	10	GENERIC		8290	Y	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290306547	BD POSIF	SODIUM (	401200 Replacem	40120000 Replacem	S	0.90%	INTRAVEI	SOLN	ML	10	GENERIC		8290	Y	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290306553	BD POSIF	SODIUM (	401200 Replacem	40120000 Replacem	S	0.90%	INTRAVEI	SOLN	ML	10	GENERIC		8290	Y	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309310	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290309570	BD LUER-	SYRINGE	940000 Devices	94000000 Devices	O	25G X 5/8'	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309571	BD LUER-	SYRINGE	940000 Devices	94000000 Devices	O	23G X 1""	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309572	BD LUER-	SYRINGE	940000 Devices	94000000 Devices	O	22G X 1""	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309574	BD LUER-	SYRINGE	940000 Devices	94000000 Devices	O	22G X 1-1.	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309575	BD PLAS	SYRINGE	940000 Devices	94000000 Devices	O	21G X 1""	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309577	BD LUER-	SYRINGE	940000 Devices	94000000 Devices	O	21G X 1-1.	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309578	BD 3ML L	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309580	BD LUER-	SYRINGE	940000 Devices	94000000 Devices	O	18G X 1-1.	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309581	BD 3ML L	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309582	BD LUER-	SYRINGE	940000 Devices	94000000 Devices	O	25G X 1-1.	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309587	BD 3ML L	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309588	BD LUER-	SYRINGE	940000 Devices	94000000 Devices	R	23G X 1""	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309589	BD LUER-	SYRINGE	940000 Devices	94000000 Devices	O	23G X 1-1.	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309597	BD SYRIN	SYRINGE	940000 Devices	94000000 Devices	O	26G X 5/8'	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309598	BD 3ML L	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309599	BD 3ML L	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309604	10ML SYF	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309605	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	10 ML	DOES NO	MISC	EA	20	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309620	BD CATH	CATHETE	940000 Devices	94000000 Devices	O	50 ML	DOES NO	MISC	EA	40	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309623	BD TB SY	TUBERCU	940000 Devices	94000000 Devices	O	27G X 1/2'	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309624	BD TB SY	TUBERCU	940000 Devices	94000000 Devices	O	21G X 1""	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309625	BD SYRIN	TUBERCU	940000 Devices	94000000 Devices	O	26G X 3/8'	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309626	BD SYRIN	TUBERCU	940000 Devices	94000000 Devices	O	25G X 5/8'	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309628	BD SYRIN	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309629	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290309630	BD LUER-	SYRINGE	940000 Devices	94000000 Devices	O	22G X 1""	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309631	BD LUER-	SYRINGE	940000 Devices	94000000 Devices	O	22G X 1-1.	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309632	BD 5ML L	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309633	BD 5ML L	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309634	BD 5ML L	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309635	BD 5ML L	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309637	BD LUER	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309640	BD LUER-	SYRINGE	940000 Devices	94000000 Devices	O	22G X 1""	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309642	BD 10ML	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309643	BD 10ML	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309644	BD SYRIN	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309645	BD 10ML	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309646	BD SYRIN	SYRINGE	940000 Devices	94000000 Devices	O	5 ML	DOES NO	MISC	EA	125	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309647	BD SYRIN	SYRINGE	940000 Devices	94000000 Devices	O	5 ML	DOES NO	MISC	EA	125	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309653	BD SYRIN	SYRINGE	940000 Devices	94000000 Devices	O	50 ML	DOES NO	MISC	EA	40	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309654	BD SYRIN	SYRINGE	940000 Devices	94000000 Devices	O	50 ML	DOES NO	MISC	EA	40	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309656	BD SYRIN	SYRINGE	940000 Devices	94000000 Devices	R	3 ML	DOES NO	MISC	EA	200	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309657	BD PLAS	SYRINGE	940000 Devices	94000000 Devices	O	3 ML	DOES NO	MISC	EA	200	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309659	BD SYRIN	SYRINGE	940000 Devices	94000000 Devices	O	1 ML	DOES NO	MISC	EA	200	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309680	BD SYRIN	SYRINGE	940000 Devices	94000000 Devices	O	50 ML	DOES NO	MISC	EA	20	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309695	BD CONT	SYRINGE	940000 Devices	94000000 Devices	O	10 ML	DOES NO	MISC	EA	25	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309701	BD SYRIN	SYRINGE	940000 Devices	94000000 Devices	O	1 ML	DOES NO	MISC	EA	25	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309702	BD SYRIN	SYRINGE	940000 Devices	94000000 Devices	R	3 ML	DOES NO	MISC	EA	25	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290309703	BD SYRIN	SYRINGE	940000 Devices	94000000 Devices	R	5 ML	DOES NO	MISC	EA	25	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290320109	BD PEN N	INSULIN F	940000 Devices	94000000 Devices	O	31G X 8 M	DOES NO	MISC	EA	100	NON DRUG		8290		N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
8290320119	BD PEN N	INSULIN F	940000 Devices	94000000 Devices	O	31G X 5 M	DOES NO	MISC	EA	100	NON DRUG		8290		N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
8290320122	BD PEN N	INSULIN F	940000 Devices	94000000 Devices	O	32G X 4 M	DOES NO	MISC	EA	100	NON DRUG		8290		N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
8290320550	BD PEN N	INSULIN F	940000 Devices	94000000 Devices	O	32G X 4 M	DOES NO	MISC	EA	100	NON DRUG		8290		N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
8290320574	BD PEN N	INSULIN F	940000 Devices	94000000 Devices	O	32G X 4 M	DOES NO	MISC	EA	90	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8290320749	BD PEN N	INSULIN F	940000 Devices	94000000 Devices	O	32G X 6 M	DOES NO	MISC	EA	100	NON DRUG		8290		N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
8290320880	BD PEN N	INSULIN F	940000 Devices	94000000 Devices	O	29G X 12.	DOES NO	MISC	EA	90	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8290320881	BD PEN N	INSULIN F	940000 Devices	94000000 Devices	O	31G X 8 M	DOES NO	MISC	EA	90	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8290320882	BD PEN N	INSULIN F	940000 Devices	94000000 Devices	O	31G X 5 M	DOES NO	MISC	EA	90	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8290320883	BD PEN N	INSULIN F	940000 Devices	94000000 Devices	O	32G X 4 M	DOES NO	MISC	EA	90	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8290321951	BD PEN M	INJECTIO	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290322025	BD LOGIC	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8290		N	EXCLUDE	HARD_MS	20		FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GF	R	MEDPRMI
8290322026	BD LATIT	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRU	6/1/2022	8290		N	EXCLUDE	HARD_MS	20		FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GF	R	MEDPRMI
8290322050	BD LATIT	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8290		N	EXCLUDE	HARD_MS	20		FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GF	R	MEDPRMI
8290323487	BD SHAR	SHARPS (	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRU	8/30/2024	8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290323488	BD SHAR	SHARPS (	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRU	10/10/2023	8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290324702	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	O	29G X 1/2'	DOES NO	MISC	EA	200	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290324703	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	O	29G X 1/2'	DOES NO	MISC	EA	200	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290324704	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	O	29G X 1/2'	DOES NO	MISC	EA	200	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290324705	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	O	27G X 1/2'	DOES NO	MISC	EA	200	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290324906	BD VEO II	INSULIN S	940000 Devices	94000000 Devices	O	31G X 15/(	DOES NO	MISC	EA	90	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290324907	BD VEO II	INSULIN S	940000 Devices	94000000 Devices	O	31G X 15/(	DOES NO	MISC	EA	90	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290324908	BD VEO II	INSULIN S	940000 Devices	94000000 Devices	O	31G X 15/(	DOES NO	MISC	EA	90	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290324909	BD VEO II	INSULIN S	940000 Devices	94000000 Devices	O	31G X 15/(	DOES NO	MISC	EA	100	NON DRUG		8290		N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
8290324910	BD VEO II	INSULIN S	940000 Devices	94000000 Devices	O	31G X 15/(	DOES NO	MISC	EA	100	NON DRUG		8290		N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
8290324911	BD VEO II	INSULIN S	940000 Devices	94000000 Devices	O	31G X 15/(	DOES NO	MISC	EA	100	NON DRUG		8290		N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
8290324912	BD VEO II	INSULIN S	940000 Devices	94000000 Devices	O	31G X 15/(	DOES NO	MISC	EA	100	NON DRUG		8290		N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
8290326730	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	R	31G X 6M	DOES NO	MISC	EA	100	NON DRUG		8290		N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
8290326895	BD SWAB	ALCOHOL	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	100	NON DRU	12/9/2024	8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290328203	BD PEN N	INSULIN F	940000 Devices	94000000 Devices	O	29G X 12.	DOES NO	MISC	EA	100	NON DRUG		8290		N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
8290328204	BD PEN	INJECTIO	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290328235	BD SAFE	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRU	10/10/2023	8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290328278	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	O	30G X 1/2'	DOES NO	MISC	EA	90	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290328279	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	O	30G X 1/2'	DOES NO	MISC	EA	90	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290328280	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	O	30G X 1/2'	DOES NO	MISC	EA	90	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290328289	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	O	31G X 5/1(	DOES NO	MISC	EA	90	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290328290	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	O	31G X 5/1(	DOES NO	MISC	EA	90	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290328291	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	O	31G X 5/1(	DOES NO	MISC	EA	90	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290328411	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	O	30G X 1/2'	DOES NO	MISC	EA	100	NON DRUG		8290		N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
8290328418	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	O	31G X 5/1(	DOES NO	MISC	EA	100	NON DRUG		8290		N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
8290328431	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	O	30G X 1/2'	DOES NO	MISC	EA	100	NON DRUG		8290		N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
8290328438	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	O	31G X 5/1(	DOES NO	MISC	EA	100	NON DRUG		8290		N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
8290328440	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	O	31G X 5/1(	DOES NO	MISC	EA	100	NON DRUG		8290		N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
8290328446	BD SAFE	INSULIN S	940000 Devices	94000000 Devices	O	31G X 15/(	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290328447	BD SAFE	INSULIN S	940000 Devices	94000000 Devices	O	31G X 15/(	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290328449	BD SAFE	INSULIN S	940000 Devices	94000000 Devices	R	31G X 15/(	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290328466	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	O	30G X 1/2'	DOES NO	MISC	EA	100	NON DRUG		8290		N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
8290328468	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	O	31G X 5/1(	DOES NO	MISC	EA	100	NON DRUG		8290		N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
8290329410	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	O	28G X 1/2'	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290329412	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	O	27G X 5/8'	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290329420	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	O	28G X 1/2'	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290329424	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	O	28G X 1/2'	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290329431	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290329461	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	O	28G X 1/2'	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290329465	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	O	28G X 1/2'	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290329466	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290329485	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290329515	BD AUTO	INSULIN F	940000 Devices	94000000 Devices	O	30G X 5 M	DOES NO	MISC	EA	100	NON DRUG		8290		N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
8290329622	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	O	25G X 1""	DOES NO	MISC	EA	100	NON DRU	1/1/2022	8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290329651	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	O	25G X 5/8'	DOES NO	MISC	EA	100	NON DRU	1/1/2022	8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290329652	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	O	26G X 1/2'	DOES NO	MISC	EA	100	NON DRU	1/1/2022	8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290329654	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	O	U-100 1 M	DOES NO	MISC	EA	200	NON DRU	1/1/2022	8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290364880	BD VACU	IV SETS/T	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRU	3/5/2024	8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290364902	BD LUER-	PARENTE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290366592	BD MICR(	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		8290		N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
8290366593	BD MICR(	LANCETS	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	200	NON DRUG		8290		N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
8290366594	BD MICR(	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		8290		N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
8290367292	BD SAFE	IV SETS/T	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290367294	BD SAFE	IV SETS/T	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290367342	BD VACU	IV SETS/T	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRU	6/1/2022	8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290381423	INSYTE A	IV CATHE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290381433	INSYTE A	IV CATHE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290381434	INSYTE A	IV CATHE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290381512	INSYTE A	IV CATHE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290381523	INSYTE A	IV CATHE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290381533	INSYTE A	IV CATHE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290383312	BD SAF-T	IV CATHE	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	25	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290383313	BD SAF-T	IV CATHE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	25	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290383323	BD SAF-T	IV CATHE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	25	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290383336	BD SAF-T	IV CATHE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	25	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290383346	BD SAF-T	IV CATHE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	25	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290383511	BD NEXIV	IV CATHE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	20	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290383512	BD NEXIV	IV CATHE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	20	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290385100	BD Q-STY	PARENTE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290385102	BD Q-STY	PARENTE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290385108	BD Q-STY	PARENTE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	25	NON DRUG		8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290481116	BD VINYL	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRU	6/1/2022	8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290486089	TRU-FIT H	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290487051	BD SENSI	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRU	6/1/2022	8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290487052	BD SENSI	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRU	6/1/2022	8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290487053	BD SENSI	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRU	6/1/2022	8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290487082	BD TRU-T	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	120	NON DRU	6/1/2022	8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290487083	BD TRU-T	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	120	NON DRU	6/1/2022	8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290490901	BD VEO II	INSULIN S	940000 Devices	94000000 Devices	O	31G X 15/(	DOES NO	MISC	EA	10	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290491001	BD VEO II	INSULIN S	940000 Devices	94000000 Devices	O	31G X 15/(	DOES NO	MISC	EA	10	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290491101	BD VEO II	INSULIN S	940000 Devices	94000000 Devices	O	31G X 15/(	DOES NO	MISC	EA	10	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290491201	BD VEO II	INSULIN S	940000 Devices	94000000 Devices	O	31G X 15/(	DOES NO	MISC	EA	10	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290498041	PRECISE	PREGNAN	940000 Devices	94000000 Devices	O	0	IN VITRO	TEST	EA	1	NON DRU	6/1/2022	8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290498042	PRECISE	PREGNAN	940000 Devices	94000000 Devices	O	0	IN VITRO	TEST	EA	2	NON DRU	6/1/2022	8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290511012	BD YALE	NEEDLE (	940000 Devices	94000000 Devices	O	26G X 1/2'	DOES NO	MISC	EA	12	NON DRU	6/1/2022	8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290523905	SENTINEL	ORAL THE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290523906	SENTINEL	INFANT T	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290524015	ASEPTO I	ORAL THE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290524025	ASEPTO I	RECTAL T	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290524030	DIGITAL F	ELECTRO	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290524034	DIGITAL F	ELECTRO	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290524041	BD THERI	ORAL THE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290524061	BD THERI	RECTAL T	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290524130	BASAL TH	BASAL TH	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290524141	BD THERI	INFANT T	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290524550	BASAL TH	BASAL TH	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290524560	BASAL TH	BASAL TH	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290525500	BD ASSUI	ORAL THE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290525505	BD ASSUI	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290525506	BD ASSUI	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290525507	BD ASSUI	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290525508	BD ASSUI	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290525509	BD ASSUI	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRU	6/1/2022	8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290593001	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	O	29G X 1/2'	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290593201	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	O	29G X 1/2'	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290701200	BD TRU-T	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRU	6/1/2022	8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290701201	BD TRU-T	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRU	6/1/2022	8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290701400	BD TRU-T	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRU	6/1/2022	8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290701401	BD TRU-T	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRU	6/1/2022	8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290701600	BD TRU-T	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRU	6/1/2022	8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290701601	BD TRU-T	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRU	6/1/2022	8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290702800	BD TRU-T	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRU	6/1/2022	8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290702801	BD TRU-T	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRU	6/1/2022	8290		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290823000	BD GLUC	DEXTROS	682292 Antihypog	68229200 Antihypog	O	5GM	ORAL	CHEW	EA	6	SSB		8290	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8290841002	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	O	28G X 1/2'	DOES NO	MISC	EA	10	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290841101	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	O	30G X 1/2'	DOES NO	MISC	EA	10	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290841103	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290841201	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290841203	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290841801	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	O	31G X 5/1(	DOES NO	MISC	EA	10	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290841803	B-D INSUI	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290843101	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	O	30G X 1/2'	DOES NO	MISC	EA	10	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290843103	B-D INSUI	INSULIN S	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290843801	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	O	31G X 5/1(	DOES NO	MISC	EA	10	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290843803	B-D INSUI	INSULIN S	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290844001	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	O	31G X 5/1(	DOES NO	MISC	EA	10	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290846601	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	O	30G X 1/2'	DOES NO	MISC	EA	10	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290846603	B-D INSUI	INSULIN S	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290846801	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	O	31G X 5/1(	DOES NO	MISC	EA	10	NON DRUG		8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8290846803	BD INSUL	INSULIN S	940000 Devices	94000000 Devices	O	31G X 5/1(	DOES NO	MISC	EA	100	NON DRU	9/23/2024	8290		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8317015001	HAEMOLA	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	150	NON DRUG		8317		N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
8317035050	HAEMOLA	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		8317		N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
8317110000	DIASCRE	URINE GL	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8317		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI

8317111000	DIASCRE	URINE GL	940000 Devices	94000000 Devices	O	0	DOES NO	STRP	EA	100	NON DRUG		8317	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8317112000	DIASCRE	URINE GL	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8317	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8317113000	DIASCRE	URINE GL	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8317	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8317114000	DIASCRE	URINE GL	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8317	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8317115000	DIASCRE	URINE GL	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8317	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8317116000	DIASCRE	URINE GL	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8317	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8317117000	DIASCRE	URINE GL	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8317	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8317118000	DIASCRE	URINE GL	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8317	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8317119000	DIASCRE	URINE GL	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8317	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8317121000	DIASCRE	URINE GL	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8317	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8317121550	DIASCRE	URINE GL	940000 Devices	94000000 Devices	O	0	DOES NO	STRP	EA	50	NON DRUG		8317	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8317122000	DIASCRE	URINE GL	940000 Devices	94000000 Devices	O	0	DOES NO	STRP	EA	100	NON DRUG		8317	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8317124000	DIASCRE	URINE GL	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8317	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8317131550	DIASCRE	URINE GL	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		8317	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8317134000	DIASCRE	URINE GL	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8317	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8317220501	ASSURE	BLOOD G	940000 Devices	94000000 Devices	O	0	IN VITRO	LIQD	EA	1	NON DRUG		8317	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8317220602	ASSURE	BLOOD G	940000 Devices	94000000 Devices	O	0	IN VITRO	LIQD	EA	1	NON DRUG		8317	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8317220801	ASSURE	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	1	NON DRUG		8317	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8317221000	ASSURE	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	100	NON DRUG		8317	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8317225050	ASSURE	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	50	NON DRUG		8317	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8317230129	TECHLITE	INSULIN F	940000 Devices	94000000 Devices	O	29G X 10M	DOES NO	MISC	EA	100	NON DRU	5/15/2022	8317	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTER	R	MEDPRMI
8317232129	TECHLITE	INSULIN F	940000 Devices	94000000 Devices	O	29G X 12M	DOES NO	MISC	EA	100	NON DRUG		8317	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTER	R	MEDPRMI
8317234132	TECHLITE	INSULIN F	940000 Devices	94000000 Devices	O	32G X 4 M	DOES NO	MISC	EA	100	NON DRUG		8317	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTER	R	MEDPRMI
8317234232	TECHLITE	INSULIN F	940000 Devices	94000000 Devices	O	32G X 4 M	DOES NO	MISC	EA	100	NON DRU	5/15/2022	8317	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTER	R	MEDPRMI
8317235131	TECHLITE	INSULIN F	940000 Devices	94000000 Devices	O	31G X 5 M	DOES NO	MISC	EA	100	NON DRUG		8317	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTER	R	MEDPRMI
8317236132	TECHLITE	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8317	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTER	R	MEDPRMI
8317238131	TECHLITE	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8317	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTER	R	MEDPRMI
8317253311	ASSURE	INSULIN S	940000 Devices	94000000 Devices	O	31G X 15/	DOES NO	MISC	EA	100	NON DRU	5/15/2022	8317	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8317253315	ASSURE	INSULIN S	940000 Devices	94000000 Devices	O	31G X 15/	DOES NO	MISC	EA	100	NON DRU	5/15/2022	8317	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8317260291	TECHLITE	INSULIN S	940000 Devices	94000000 Devices	O	29G X 1/2'	DOES NO	MISC	EA	100	NON DRU	5/15/2022	8317	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8317260292	TECHLITE	INSULIN S	940000 Devices	94000000 Devices	O	29G X 1/2'	DOES NO	MISC	EA	100	NON DRU	5/15/2022	8317	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8317260293	TECHLITE	INSULIN S	940000 Devices	94000000 Devices	O	29G X 1/2'	DOES NO	MISC	EA	100	NON DRU	7/1/2023	8317	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8317260302	TECHLITE	INSULIN S	940000 Devices	94000000 Devices	O	30G X 5/1	DOES NO	MISC	EA	100	NON DRU	7/1/2023	8317	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8317260303	TECHLITE	INSULIN S	940000 Devices	94000000 Devices	O	30G X 1/2'	DOES NO	MISC	EA	100	NON DRU	7/1/2023	8317	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8317260304	TECHLITE	INSULIN S	940000 Devices	94000000 Devices	O	30G X 5/1	DOES NO	MISC	EA	100	NON DRU	7/1/2023	8317	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8317260305	TECHLITE	INSULIN S	940000 Devices	94000000 Devices	O	30G X 1/2'	DOES NO	MISC	EA	100	NON DRUG		8317	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8317260311	TECHLITE	INSULIN S	940000 Devices	94000000 Devices	O	31G X 5/1	DOES NO	MISC	EA	100	NON DRUG		8317	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8317260312	TECHLITE	INSULIN S	940000 Devices	94000000 Devices	O	31G X 5/1	DOES NO	MISC	EA	100	NON DRUG		8317	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8317260313	TECHLITE	INSULIN S	940000 Devices	94000000 Devices	O	31G X 5/1	DOES NO	MISC	EA	100	NON DRUG		8317	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8317260314	TECHLITE	INSULIN S	940000 Devices	94000000 Devices	O	31G X 15/	DOES NO	MISC	EA	100	NON DRUG		8317	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8317260315	TECHLITE	INSULIN S	940000 Devices	94000000 Devices	O	31G X 15/	DOES NO	MISC	EA	100	NON DRUG		8317	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8317260316	TECHLITE	INSULIN S	940000 Devices	94000000 Devices	O	31G X 15/	DOES NO	MISC	EA	100	NON DRUG		8317	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8317276530	ASSURE	INSULIN F	940000 Devices	94000000 Devices	O	30G X 5 M	DOES NO	MISC	EA	100	NON DRUG		8317	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTER	R	MEDPRMI
8317277531	ASSURE	INSULIN F	940000 Devices	94000000 Devices	O	31G X 5 M	DOES NO	MISC	EA	100	NON DRUG		8317	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTER	R	MEDPRMI
8317278130	ASSURE	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8317	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTER	R	MEDPRMI
8317330000	QUICKTE	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	100	NON DRUG		8317	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8317330001	QUICKTE	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8317	N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRMI
8317330501	QUICKTE	BLOOD G	940000 Devices	94000000 Devices	O	0	IN VITRO	LIQD	EA	1	NON DRUG		8317	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8317331100	QUICKTE	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8317	N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRMI
8317335050	QUICKTE	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	50	NON DRUG		8317	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8317410000	ADVANCE	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	100	NON DRUG		8317	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8317410001	ADVANCE	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1	NON DRUG		8317	N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRMI
8317410012	HYPOLAN	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8317	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8317410501	ADVANCE	BLOOD G	940000 Devices	94000000 Devices	O	0	IN VITRO	LIQD	EA	1	NON DRUG		8317	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8317410602	ADVANCE	BLOOD G	940000 Devices	94000000 Devices	O	0	IN VITRO	LIQD	EA	1	NON DRUG		8317	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8317411100	ADVANCE	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1	NON DRUG		8317	N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRMI
8317415050	ADVANCE	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	50	NON DRUG		8317	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8317420001	ADVANCE	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1	NON DRUG		8317	N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRMI
8317420005	ADVANCE	BLOOD G	940000 Devices	94000000 Devices	O	0	IN VITRO	LIQD	EA	1	NON DRUG		8317	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8317420050	ADVANCE	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	50	NON DRUG		8317	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8317421100	ADVANCE	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8317	N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRMI
8317460001	ASSURE	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1	NON DRUG		8317	N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRMI
8317460006	ASSURE	BLOOD G	940000 Devices	94000000 Devices	O	0	IN VITRO	LIQD	EA	1	NON DRUG		8317	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8317460050	ASSURE	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	50	NON DRUG		8317	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8317460100	ASSURE	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	100	NON DRUG		8317	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8317500001	ASSURE	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1	NON DRUG		8317	N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRMI
8317500005	ASSURE	BLOOD G	940000 Devices	94000000 Devices	O	0	IN VITRO	SOLN	EA	1	NON DRUG		8317	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8317500006	ASSURE	BLOOD G	940000 Devices	94000000 Devices	O	0	IN VITRO	SOLN	EA	1	NON DRUG		8317	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8317500050	ASSURE	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	50	NON DRUG		8317	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8317500100	ASSURE	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	50	NON DRUG		8317	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8317502030	ASSURE	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	30	NON DRUG		8317	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8317530001	ASSURE	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1	NON DRUG		8317	N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRMI
8317530006	ASSURE	BLOOD G	940000 Devices	94000000 Devices	O	0	IN VITRO	SOLN	EA	1	NON DRUG		8317	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8317530050	ASSURE	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	50	NON DRUG		8317	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8317530101	ASSURE	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	100	NON DRUG		8317	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8317532050	ASSURE	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	50	NON DRUG		8317	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8317540001	GLUCOC	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1	NON DRUG		8317	N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRMI
8317540005	GLUCOC	BLOOD G	940000 Devices	94000000 Devices	O	0	IN VITRO	SOLN	EA	1	NON DRUG		8317	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8317540050	GLUCOC	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	50	NON DRUG		8317	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8317541100	GLUCOC	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8317	N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRMI
8317542110	GLUCOC	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1	NON DRUG		8317	N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRMI
8317543110	GLUCOC	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8317	N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRMI
8317544110	GLUCOC	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8317	N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRMI
8317550101	ASSURE	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8317	N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRMI
8317550602	ASSURE	BLOOD G	940000 Devices	94000000 Devices	O	0	IN VITRO	LIQD	EA	1	NON DRUG		8317	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8317551000	ASSURE	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	100	NON DRUG		8317	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8317555050	ASSURE	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	50	NON DRUG		8317	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8317560001	ASSURE	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1	NON DRUG		8317	N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRMI
8317560006	ASSURE	BLOOD G	940000 Devices	94000000 Devices	O	0	IN VITRO	LIQD	EA	1	NON DRUG		8317	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8317560050	ASSURE	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	50	NON DRUG		8317	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8317560100	ASSURE	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	100	NON DRUG		8317	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8317570001	GLUCOC	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8317	N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRMI
8317570005	GLUCOC	BLOOD G	940000 Devices	94000000 Devices	O	0	IN VITRO	SOLN	EA	1	NON DRUG		8317	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8317570015	LANZO	LANCET D	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8317	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8317570050	GLUCOC	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	50	NON DRUG		8317	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8317571100	GLUCOC	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8317	N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRMI
8317572050	GLUCOC	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	50	NON DRUG		8317	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8317630005	POCKETC	BLOOD G	940000 Devices	94000000 Devices	O	0	IN VITRO	SOLN	EA	1	NON DRUG		8317	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8317630050	POCKETC	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	50	NON DRUG		8317	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8317631101	POCKETC	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8317	N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRMI
8317660001	SELECT-L	LANCET D	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8317	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8317660015	MULTI-LA	LANCET D	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8317	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8317660016	MULTI-LA	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8317	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8317661201	SELECT-L	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8317	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8317700025	RELION F	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	25	NON DRUG		8317	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8317700050	RELION F	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	50	NON DRUG		8317	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8317700100	RELION F	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	100	NON DRUG		8317	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8317701102	RELION F	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1	NON DRUG		8317	N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRMI
8317701103	RELION F	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1	NON DRUG		8317	N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRMI
8317710001	RELION M	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8317	N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRMI
8317710050	RELION C	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	50	NON DRUG		8317	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8317712001	RELION M	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8317	N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRMI
8317712002	RELION C	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8317	N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRMI
8317712003	RELION C	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8317	N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRMI
8317712020	RELION C	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	20	NON DRUG		8317	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8317712100	RELION C	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	100	NON DRUG		8317	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8317720001	GLUCOC	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1	NON DRUG		8317	N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRMI
8317720005	GLUCOC	BLOOD G	940000 Devices	94000000 Devices	O	0	IN VITRO	SOLN	EA	1	NON DRUG		8317	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8317720050	GLUCOC	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	50	NON DRUG		8317	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8317721100	GLUCOC	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8317	N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRMI
8317731100	GLUCOC	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8317	N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRMI
8317740001	GLUCOC	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8317	N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRMI
8317740006	GLUCOC	BLOOD G	940000 Devices	94000000 Devices	O	0	IN VITRO	LIQD	EA	1	NON DRUG		8317	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8317740050	GLUCOC	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	50	NON DRUG		8317	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8317741100	GLUCOC	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8317	N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRMI
8317750005	GLUCOC	BLOOD G	940000 Devices	94000000 Devices	O	0	IN VITRO	SOLN	EA	1	NON DRUG		8317	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8317750050	GLUCOC	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	50	NON DRUG		8317	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8317751100	GLUCOC	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8317	N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRMI
8317752050	GLUCOC	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	50	NON DRUG		8317	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8317760001	GLUCOC	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8317	N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRMI
8317760002	GLUCOC	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8317	N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRMI
8317760003	GLUCOC	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8317	N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRMI
8317760004	DIASCRE	URINE GL	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	4	NON DRUG		8317	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8317760050	GLUCOC	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	50	NON DRUG		8317	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8317761101	GLUCOC	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8317	N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRMI
8317761102	GLUCOC	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8317	N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRMI
8317761103	GLUCOC	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8317	N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRMI
8317762050	GLUCOC	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	50	NON DRUG		8317	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8317780001	RELION F	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1	NON DRUG		8317	N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRMI
8317780025	RELION F	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	25	NON DRUG		8317	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8317780050	RELION F	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	50	NON DRUG		8317	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8317780100	RELION F	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	100	NON DRUG		8317	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8317782001	RELION F	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1	NON DRUG		8317	N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRMI
8317783110	RELION F	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8317	N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRMI
8317784001	RELION F	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1	NON DRUG		8317	N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRMI
8317880125	TECHLITE	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRU	11/1/2023	8317	N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
8317880126	TECHLITE	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8317	N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
8317880128	TECHLITE	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8317	N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
8317880130	TECHLITE	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRU	5/15/2022	8317	N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
8317880225	TECHLITE	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRU	3/1/2022	8317	N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
8317880228	TECHLITE	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRU	5/15/2022	8317	N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
8317880300	TECHLITE	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8317	N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
8317882501	SUPREME	BLOOD G	940000 Devices	94000000 Devices	O	0	IN VITRO	LIQD	EA	1	NON DRUG		8317	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8317882801	SUPREME	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		8317	N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRMI
8317885050	SUPREME	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	50	NON DRUG		8317	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8317950000	HAEMOL	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	150	NON DRUG		8317	N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
8317955000	HAEMOL	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		8317	N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
8317970112	ASSURE	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRU	5/15/2022	8317	N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
8317970118	ASSURE	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRU	5/15/2022	8317	N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
8317970121	ASSURE	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRU	5/15/2022	8317	N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
8317970125	ASSURE	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRU	5/15/2022	8317	N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
8317970128	ASSURE	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRU	5/15/2022	8317	N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
8317980121	ASSURE	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8317	N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
8317980125	ASSURE	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8317	N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
8317980128	ASSURE	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8317	N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
8317980225	ASSURE	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		8317	N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
8317980228	ASSURE	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		8317	N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
8317980328	ASSURE	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	30	NON DRUG		8317	N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
8317990125	ASSURE	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8317	N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
8317990130	ASSURE	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8317	N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
8317990200	HAEMOL	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	150	NON DRUG		8317	N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
8317990250	HAEMOL	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		8317	N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
8317990400	HAEMOL	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	150	NON DRUG		8317	N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
8317990600	HAEMOL	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	150	NON DRUG		8317	N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
8317990700	HAEMOL	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	150	NON DRUG		8317	N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
8317990750	HAEMOL	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		8317	N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
8317990800	HAEMOL	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	150	NON DRUG		8317	N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
8317990900	HAEMOL	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	150	NON DRUG		8317	N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
8317990950	HAEMOL	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		8317	N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
8326003001	LIBERTY	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8326	N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
8326212201	ULTILET	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8326	N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
8326212225	ULTILET	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	25	NON DRUG		8326	N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
8326231001	ULTILET	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8326	N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
8326261001	ULTILET	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8326	N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
8326280001	ULTILET	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8326	N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
8326280002	ULTILET	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		8326	N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
8326281001	ULTILET	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8326	N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
8326281002	ULTILET	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		8326	N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
8326290012	ULTILET	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8326	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTER	R	MEDPRMI
8326290212	ULTILET	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	90	NON DRUG		8326	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTER	R	MEDPRMI
8326300001	ULTILET	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8326	N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
8326301001	ULTILET	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8326	N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
8326310005	ULTILET	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8326	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTER	R	MEDPRMI
8326310008	ULTILET	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8326	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTER	R	MEDPRMI
8326310905	ULTILET	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	90	NON DRUG		8326	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTER	R	MEDPRMI
8326310908	ULTILET	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	90	NON DRUG		8326	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTER	R	MEDPRMI
8326320004	ULTILET	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8326	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTER	R	MEDPRMI
8326320904	ULTILET	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	90	NON DRUG		8326	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTER	R	MEDPRMI
8326330001	ULTILET	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8326	N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
8326331001	ULTILET	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8326	N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
8326401001	ULTILET	SHARPS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8326	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8326402002	ULTILET	SHARPS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8326	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI

8333052701	TRANSPC	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	TAPE	EA	1	NON DRUG		8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333052702	TRANSPC	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	TAPE	EA	1	NON DRUG		8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333053000	MICROPC	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	TAPE	EA	12	NON DRUG		8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333053001	MICROPC	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	TAPE	EA	12	NON DRUG		8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333053002	MICROPC	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	TAPE	EA	12	NON DRUG		8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333053801	DURAPOI	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	TAPE	EA	1	NON DRUG		8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333053802	DURAPOI	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	TAPE	EA	1	NON DRUG		8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333150701	STOMASE	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30	NON DRU	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333152500	BLENDEF	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	TAPE	EA	1	NON DRU	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333152501	BLENDEF	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	TAPE	EA	1	NON DRU	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333152502	BLENDEF	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	TAPE	EA	1	NON DRU	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333152700	TRANSPC	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	TAPE	EA	1	NON DRU	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333152701	TRANSPC	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	TAPE	EA	1	NON DRU	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333152702	TRANSPC	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	TAPE	EA	1	NON DRU	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333152703	TRANSPC	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	TAPE	EA	1	NON DRU	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333152711	TRANSPC	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	TAPE	EA	1	NON DRU	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333152712	TRANSPC	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	TAPE	EA	1	NON DRU	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333152801	MICROFC	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	TAPE	EA	1	NON DRU	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
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8333334301	CAVILON	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	0	EXTERNA	MISC	EA	1	SSB	1/9/2024	8333	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333334401	CAVILON	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	0	EXTERNA	MISC	EA	30	SSB	1/9/2024	8333	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333334501	CAVILON	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	0	EXTERNA	MISC	EA	1	SSB	1/9/2024	8333	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333334601	CAVILON	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	P	0	EXTERNA	LIQD	ML	28	GENERIC	1/9/2024	8333	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
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8333356901	MEDIPOR	GAUZE P/	940000	Devices	94000000	Devices	O	3-1/2""X6"	DOES NO	PADS	EA	1	NON DRU	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
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8333564301	TEGADEF	GAUZE P/	940000	Devices	94000000	Devices	O	3""X8""	DOES NO	PADS	EA	1	NON DRU	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
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8333851601	STERI-ST	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	5	NON DRU	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333900010	TEGADEF	HYDROA(	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	MISC	EA	5	SSB	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333900020	TEGADEF	HYDROA(	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	MISC	EA	1	SSB	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333900030	TEGADEF	HYDROA(	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	MISC	EA	1	SSB	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333900040	TEGADEF	HYDROA(	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	MISC	EA	1	SSB	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333900050	TEGADEF	HYDROA(	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	MISC	EA	1	SSB	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
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8333900210	TEGADEF	HYDROA(	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	MISC	EA	1	SSB	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333900220	TEGADEF	HYDROA(	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	MISC	EA	1	SSB	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333900230	TEGADEF	HYDROA(	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	MISC	EA	1	SSB	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333900240	TEGADEF	HYDROA(	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	MISC	EA	1	SSB	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333901120	TEGADEF	WOUND [	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	PADS	EA	1	SSB	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333901200	TEGADEF	WOUND [	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	MISC	EA	1	SSB	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333902120	TEGADEF	WOUND [	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	PADS	EA	1	SSB	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333902200	TEGADEF	WOUND [	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	MISC	EA	1	SSB	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333903010	TEGADEF	CARBOXY	849200	Skin and I	84920000	Skin and I	O	2"" X 2""	EXTERNA	PADS	EA	1	SSB	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333903030	TEGADEF	CARBOXY	849200	Skin and I	84920000	Skin and I	O	4"" X 5""	EXTERNA	PADS	EA	1	SSB	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333903050	TEGADEF	CARBOXY	849200	Skin and I	84920000	Skin and I	O	6"" X 6""	EXTERNA	PADS	EA	1	SSB	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333903070	TEGADEF	CARBOXY	849200	Skin and I	84920000	Skin and I	O	1"" X 12""	EXTERNA	MISC	EA	1	SSB	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333905000	TEGADEF	SILVER	849200	Skin and I	84920000	Skin and I	R	2""X2""	EXTERNA	PADS	EA	1	SSB	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333905010	TEGADEF	SILVER	849200	Skin and I	84920000	Skin and I	R	4""X5""	EXTERNA	PADS	EA	1	SSB	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333905020	TEGADEF	SILVER	849200	Skin and I	84920000	Skin and I	R	4""X8""	EXTERNA	PADS	EA	1	SSB	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333905030	TEGADEF	SILVER	849200	Skin and I	84920000	Skin and I	R	8""X8""	EXTERNA	PADS	EA	1	SSB	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333906000	TEGADEF	GAUZE P/	940000	Devices	94000000	Devices	O	2""X2""	DOES NO	PADS	EA	1	NON DRU	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333906010	TEGADEF	GAUZE P/	940000	Devices	94000000	Devices	O	4""X4""	DOES NO	PADS	EA	1	NON DRU	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333906020	TEGADEF	GAUZE P/	940000	Devices	94000000	Devices	O	4""X8""	DOES NO	PADS	EA	1	NON DRU	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333906030	TEGADEF	GAUZE P/	940000	Devices	94000000	Devices	O	8""X8""	DOES NO	PADS	EA	1	NON DRU	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333906040	TEGADEF	GAUZE P/	940000	Devices	94000000	Devices	O	3-1/2""X3-	DOES NO	PADS	EA	1	NON DRU	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333906050	TEGADEF	GAUZE P/	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333906100	TEGADEF	GAUZE P/	940000	Devices	94000000	Devices	O	3-1/2""X3-	DOES NO	PADS	EA	1	NON DRU	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333906110	TEGADEF	GAUZE P/	940000	Devices	94000000	Devices	O	4""X4-1/2"	DOES NO	PADS	EA	1	NON DRU	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333906120	TEGADEF	GAUZE P/	940000	Devices	94000000	Devices	O	5-5/8""X5-	DOES NO	PADS	EA	1	NON DRU	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333906130	TEGADEF	GAUZE P/	940000	Devices	94000000	Devices	O	5-5/8""X6-	DOES NO	PADS	EA	1	NON DRU	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333906140	TEGADEF	GAUZE P/	940000	Devices	94000000	Devices	O	2-3/4""X3"	DOES NO	PADS	EA	1	NON DRU	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333906150	TEGADEF	GAUZE P/	940000	Devices	94000000	Devices	O	2-3/4""X2-	DOES NO	PADS	EA	1	NON DRU	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333906160	TEGADEF	GAUZE P/	940000	Devices	94000000	Devices	O	7-1/2""X8-	DOES NO	PADS	EA	1	NON DRU	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333906190	TEGADEF	GAUZE P/	940000	Devices	94000000	Devices	O	5-1/2""X5-	DOES NO	PADS	EA	1	NON DRU	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333908000	TEGADEF	TRANSPA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333908010	TEGADEF	TRANSPA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333908020	TEGADEF	TRANSPA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333908030	TEGADEF	TRANSPA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333908050	TEGADEF	TRANSPA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333908070	TEGADEF	TRANSPA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333911110	TEGADEF	WOUND [	849200	Skin and I	84920000	Skin and I	O	0-0-0	EXTERNA	GEL	GM	25	SSB	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333950505	TEGADEF	TRANSPA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20	NON DRU	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333950605	TEGADEF	TRANSPA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333951901	TEGADEF	TRANSPA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333953401	TEGADEF	TRANSPA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333953601	TEGADEF	TRANSPA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333954301	TEGADEF	TRANSPA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333954501	TEGADEF	TRANSPA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333954601	TEGADEF	TRANSPA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8333954801	TEGADEF	TRANSPA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	1/9/2024	8333		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8337000158	INTELISW	COVID-19	360000	Diagnostic	36000000	Diagnostic	O	0	IN VITRO	KIT	EA	1	NON DRUG		8337		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8337010340	ORAQUIC	HIV 1/2 TE	360000	Diagnostic	36000000	Diagnostic	O	0	IN VITRO	KIT	EA	1	NON DRUG		8337		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8347100010	LANCETS	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8347		N	FORMULARY		2	BRAND	PREFERRED BRAND	R	MEDPRIM
8347200001	ADJUSTA	LANCET [	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8347		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

8348129700	QUAKE	RESPIRA	940000 Devices	94000000 Devices	R	0 DOES NO	DEVI	EA	1	NON DRUG	8348	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8373000800	SIDESTRI	NEBULIZE	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	8373	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8373000860	SIDESTRI	NEBULIZE	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	8373	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8373025531	SIDESTRI	RESPIRA	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	8373	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8373031200	INNOSPIF	NEBULIZE	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	8373	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8373043461	SIDESTRI	RESPIRA	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	8373	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8373052521	SIDESTRI	RESPIRA	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	8373	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8373053000	HOMENEI	NEBULIZE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	8373	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8373053100	HOMENEI	NEBULIZE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	8373	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8373055300	PFLEX	RESPIRA	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	8373	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8373073000	THRESH	RESPIRA	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	8373	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8373073500	THRESH	RESPIRA	940000 Devices	94000000 Devices	R	0 DOES NO	DEVI	EA	1	NON DRUG	8373	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8373075500	PERSON	PEAK FL	940000 Devices	94000000 Devices	O	0 DOES NO	DEVI	EA	1	SSB	8373	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8373081111	PEDIATRI	MASKS	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	8373	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8373081211	PEDIATRI	MASKS	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	8373	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8373081311	ADULT M	RESPIRA	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	8373	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8373087000	SIDESTRI	NEBULIZE	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	8373	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8373092904	REPLACE	RESPIRA	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	4	NON DRUG	8373	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8373208800	INNOSPIF	RESPIRA	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	4	NON DRUG	8373	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8373228600	SIDESTRI	RESPIRA	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	1	NON DRUG	8373	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8373229900	SIDESTRI	NEBULIZE	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	8373	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8373245600	SAMI THE	RESPIRA	940000 Devices	94000000 Devices	R	0 DOES NO	KIT	EA	1	NON DRUG	8373	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8373252100	SIDESTRI	RESPIRA	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	8373	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8373271400	LITETOU	RESPIRA	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	8373	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8373271500	LITETOU	RESPIRA	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	8373	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8373271600	LITETOU	RESPIRA	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	8373	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8373273100	SAMI THE	RESPIRA	940000 Devices	94000000 Devices	R	0 DOES NO	KIT	EA	1	NON DRUG	8373	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8373312800	SAMI THE	RESPIRA	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8373	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8373346100	SIDESTRI	RESPIRA	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	8373	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8373381800	PHILLIPS	NEBULIZE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	8373	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8373438200	SIDESTRI	RESPIRA	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	8373	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8373552900	SIDESTRI	RESPIRA	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	8373	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8373616000	SIDESTRI	RESPIRA	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	8373	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8373659100	INNOSPIF	NEBULIZE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	8373	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8373689800	MINIELIT	RESPIRA	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	4	NON DRUG	8373	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8373747800	OPTICHA	SPACER/	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	8373	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8373917700	PROCHAI	SPACER/	940000 Devices	94000000 Devices	R	0 DOES NO	DEVI	EA	1	NON DRUG	8373	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8373982300	OPTICHA	SPACER/	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	8373	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8373982600	OPTICHA	SPACER/	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	8373	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8373982700	OPTICHA	SPACER/	940000 Devices	94000000 Devices	R	0 DOES NO	DEVI	EA	1	NON DRUG	8373	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8373983000	OPTICHA	SPACER/	940000 Devices	94000000 Devices	R	0 DOES NO	DEVI	EA	1	NON DRUG	8373	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8373996600	INNOSPIF	NEBULIZE	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	8373	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8373996900	INNOSPIF	NEBULIZE	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	8373	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380001064	INTERMIT	CATHETE	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	30	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380001432	LO-PROF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380001433	LO-PROF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380001434	LO-PROF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380001438	LO-PROF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380001439	LO-PROF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380001460	FIRSTCH	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380001466	FIRSTCH	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380001481	FIRSTCH	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380001482	FIRSTCH	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380001483	FIRSTCH	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380001484	FIRSTCH	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380001485	FIRSTCH	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380001486	FIRSTCH	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380001487	FIRSTCH	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380001488	FIRSTCH	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380001796	CONTOU	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003142	FILTER S	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003143	FILTER S	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003144	FILTER S	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003148	FILTER S	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003149	FILTER S	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003184	STOMA C	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003186	STOMA C	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003222	KARAYA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003223	KARAYA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003224	KARAYA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003225	KARAYA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003226	KARAYA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003228	KARAYA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003229	KARAYA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003232	KARAYA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003233	KARAYA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003234	KARAYA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003238	KARAYA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003239	KARAYA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003273	KARAYA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003274	KARAYA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003275	KARAYA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003276	KARAYA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003278	KARAYA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003279	KARAYA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003323	KARAYA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003324	KARAYA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003325	KARAYA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003326	KARAYA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003328	KARAYA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003329	KARAYA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003342	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	15	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003343	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	15	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003344	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	15	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003347	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	15	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003402	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	25	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003403	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	25	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003404	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	25	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003407	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	25	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003450	FIRSTCH	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	15	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003452	FIRSTCH	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	15	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003453	FIRSTCH	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	15	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003454	FIRSTCH	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	15	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003455	FIRSTCH	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	15	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003458	FIRSTCH	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	15	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003459	FIRSTCH	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	15	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003520	FIRSTCH	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	15	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003603	PREMIUM	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003604	PREMIUM	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003605	PREMIUM	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003606	PREMIUM	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003608	PREMIUM	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003609	PREMIUM	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003610	FIRSTCH	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003611	FIRSTCH	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003612	FIRSTCH	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003613	FIRSTCH	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003614	FIRSTCH	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003615	FIRSTCH	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003616	FIRSTCH	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003617	FIRSTCH	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003630	FIRST CH	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003631	FIRST CH	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003632	FIRSTCH	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003633	FIRSTCH	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003634	FIRSTCH	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003636	FIRSTCH	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003638	FIRSTCH	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003639	FIRSTCH	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003662	PREMIUM	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003663	PREMIUM	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003664	PREMIUM	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003665	PREMIUM	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003668	PREMIUM	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003669	PREMIUM	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003680	FIRSTCH	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003681	FIRSTCH	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003682	FIRSTCH	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003683	FIRSTCH	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003684	FIRSTCH	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003702	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003703	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003704	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003706	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003707	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003722	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003723	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003724	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003726	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003727	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003730	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003731	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003732	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003733	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003734	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003735	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003736	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003737	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003738	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003739	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003742	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003743	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003747	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003748	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003749	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003761	POUCHKI	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003762	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003763	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003764	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003766	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003767	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003770	POUCHKI	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003771	POUCHKI	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003772	POUCHKI	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003774	POUCHKI	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003777	POUCHKI	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	15	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003778	POUCHKI	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	15	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003779	POUCHKI	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003795	POUCHKI	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003796	POUCHKI	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003797	POUCHKI	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003799	POUCHKI	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003802	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003803	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003804	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003806	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003807	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003812	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003813	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003814	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003817	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003822	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003823	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003824	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003826	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003827	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003832	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003833	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003834	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003837	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003842	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003843	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003844	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003847	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003872	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003873	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003874	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003892	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003893	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003894	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003897	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003902	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003903	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003904	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
8380003907	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE	N/A; [DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

8380007163 KARAYA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007164 KARAYA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007165 KARAYA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007166 KARAYA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007168 KARAYA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007169 KARAYA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007299 LARGE O	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007300 MEDIUM	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007331 UROSTO	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007501 U-BAG UF	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	100	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007503 U-BAG UF	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	50	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007505 U-BAG UF	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	100	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007507 U-BAG UF	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	50	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007511 U-BAG UF	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	100	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007513 U-BAG UF	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	50	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007515 U-BAG UF	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	100	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007517 U-BAG UF	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	50	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007521 U-BAG UF	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	100	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007523 U-BAG UF	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	50	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007525 U-BAG UF	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	100	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007527 U-BAG UF	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	50	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007531 U-BAG UF	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	100	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007533 U-BAG UF	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	50	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007535 U-BAG UF	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	100	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007537 U-BAG UF	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	50	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007540 U-BAG UF	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	100	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007541 FIRST-TI	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	25	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007543 FIRST-TI	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007545 FIRST-TI	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	25	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007547 FIRST-TI	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007700 HOLLIHE	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007715 M9 ODOR	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	LIQD	ML	30	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007717 M9 ODOR	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	LIQD	ML	240	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007721 COMBINA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	1	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007723 STOMA C	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007724 COMBINA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	20	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007728 COMBINA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	20	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007731 MEDICAL	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	LIQD	GM	76	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007732 M9 ODOR	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	LIQD	ML	60	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007733 M9 ODOR	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	LIQD	ML	240	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007734 M9 ODOR	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	LIQD	ML	60	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007735 M9 ODOR	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	LIQD	ML	240	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007736 M9 CLEA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	LIQD	ML	480	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007740 STOMA L	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	PSTE	ML	118	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007760 UNIVERS	SKIN PRC	842412 Basic Oint	84241200 Basic Oint	O	0 EXTERNA	MISC	EA	50	MSB	8380	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRIM
8380007766 HOLLISTE	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	20	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007767 LOOP OS	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	20	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007800 PREMIUM	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007805 SOFTFLE	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007806 SOFTFLE	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007808 SOFTFLE	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007905 KARAYA	KARAYA (	940000 Devices	94000000 Devices	O	0 DOES NO	POWD	GM	71	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007906 ADAPT S	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	POWD	GM	28.3	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007910 KARAYA I	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	PSTE	GM	128	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380007917 SKIN GEL	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	PADS	EA	50	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008081 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008331 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008342 CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	15	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008343 CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	15	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008344 CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	15	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008347 CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	15	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008371 FLEXTEN	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008381 FLEXWE	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008434 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008438 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008440 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008442 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008443 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008444 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008447 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008448 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008449 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008450 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008460 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008462 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008463 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008464 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008467 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008468 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008469 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008474 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008478 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008480 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008481 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008482 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008483 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008484 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008485 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008486 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008487 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008488 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008489 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008490 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008491 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008492 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008493 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008494 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008495 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008496 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008497 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008498 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008499 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008504 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008508 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008510 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008511 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008512 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008513 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008514 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008515 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008524 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008528 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008531 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008532 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008533 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008538 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008539 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008544 FLEXTEN	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008548 FLEXTEN	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008551 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008552 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008553 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008558 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008559 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008574 FLEXTEN	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008578 FLEXTEN	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008584 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008588 FLEXTEN	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008590 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008591 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008592 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008593 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008594 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008595 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008610 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008611 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008612 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008613 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008614 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008615 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008616 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008617 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008618 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008619 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008624 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008628 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008631 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008632 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008633 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008634 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008635 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008637 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008638 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008639 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008641 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008642 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008643 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008644 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008647 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008648 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008649 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008651 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008661 FLEXTEN	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008662 FLEXTEN	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008663 FLEXTEN	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008664 FLEXTEN	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008665 FLEXTEN	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008666 FLEXTEN	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008674 FLEXTEN	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008678 FLEXTEN	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008722 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008723 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008724 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008727 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008731 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008732 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008733 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008734 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008735 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008736 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008737 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008738 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008743 CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008744 CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008745 CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008746 CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008747 CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008748 CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008752 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008753 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008754 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008770 DRAINAB	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	20	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008774 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008778 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008800 FLEXTEN	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008801 FLEXTEN	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	3	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008812 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008813 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008814 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008817 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008901 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008902 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008903 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008904 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008907 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008914 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008918 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008925 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008930 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008931 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008935 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008940 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008954 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008958 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008960 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008961 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008962 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008963 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008990 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008991 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008992 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380008993 PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009106 EVERYDA	CATHETE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009107 EVERYDA	CATHETE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009207 EXTENDE	CATHETE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009208 EXTENDE	CATHETE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009209 EXTENDE	CATHETE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009342 URINARY	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009343 URINARY	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009345 EXTENSI	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009346 EXTENSI	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009348 URINARY	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	12	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009349 URINARY	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	12	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009354 URINARY	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	12	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009355 URINARY	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	12	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009356 URINARY	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	12	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009357 URINARY	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	12	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009606 EVERYDA	CATHETE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	12	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009607 EVERYDA	CATHETE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	12	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009608 EVERYDA	CATHETE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	12	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009609 EVERYDA	CATHETE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	12	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009626 EVERYDA	CATHETE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	100	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009627 EVERYDA	CATHETE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	100	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009628 EVERYDA	CATHETE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	100	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009629 EVERYDA	CATHETE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	100	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009636 ADVANCE	CATHETE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	12	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009637 ADVANCE	CATHETE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	12	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009638 ADVANCE	CATHETE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	12	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009639 ADVANCE	CATHETE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	12	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009645 VENTED I	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009655 VENTED I	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009656 ADVANCE	CATHETE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	100	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009657 ADVANCE	CATHETE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	100	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009658 ADVANCE	CATHETE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	100	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009659 ADVANCE	CATHETE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	100	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009701 WOUND D	WOUND C	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009702 WOUND D	WOUND C	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009703 WOUND D	WOUND C	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	3	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009763 FIRSTCH	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009764 FIRSTCH	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009766 PEDIATRI	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	15	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009767 PEDIATRI	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	15	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009768 POUCHK	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	15	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009772 WOUND D	WOUND C	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009773 WOUND D	WOUND C	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009775 WOUND D	WOUND C	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009776 WOUND D	WOUND C	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009777 WOUND D	WOUND C	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	3	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009778 WOUND D	WOUND C	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	3	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009779 UNIVERS	WOUND C	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009780 DRAIN/TU	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009781 HORIZON	WOUND C	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009782 VERTICAI	WOUND C	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009785 SUCTION	WOUND C	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	20	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009786 FEEDING	FEEDING	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	20	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009788 REPLACE	MISC. DE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	4	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009789 ORAL EN	MISC. DE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	4	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009803 EXTENSI	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009805 URINARY	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009806 EXTENDE	CATHETE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	12	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009807 EXTENDE	CATHETE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	12	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009808 EXTENDE	CATHETE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	12	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009809 EXTENDE	CATHETE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	12	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009811 RETRACT	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

8380009813	EXTENSI	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009814	URINARY	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009816	EXTENDE	CATHETE	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	1	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009817	EXTENDE	CATHETE	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	1	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009818	EXTENDE	CATHETE	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	1	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009821	DRAINAB	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009822	DRAINAB	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009823	DRAINAB	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009824	URINARY	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	12	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009825	URINARY	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	12	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009826	EXTENDE	CATHETE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	100	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009827	EXTENDE	CATHETE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	100	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009828	EXTENDE	CATHETE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	100	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009829	EXTENDE	CATHETE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	100	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009834	URINARY	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	1	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009835	URINARY	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	1	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009839	BEDSIDE	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	20	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009840	FEMALE I	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009873	RETRACT	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009880	DRAINAB	INCONTIN	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009897	EXTENDE	CATHETE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	12	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009898	EXTENDE	CATHETE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	12	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009927	RESTORE	WOUND D	849200 Skin and M	84920000 Skin and M	O	0 EXTERNA	PADS	EA	5	SSB	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009928	RESTORE	WOUND D	849200 Skin and M	84920000 Skin and M	O	0 EXTERNA	PADS	EA	3	SSB	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009931	RESTORE	WOUND D	849200 Skin and M	84920000 Skin and M	O	0 EXTERNA	PADS	EA	5	SSB	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009933	RESTORE	WOUND D	849200 Skin and M	84920000 Skin and M	O	0 EXTERNA	PADS	EA	3	SSB	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009936	RESTORE	WOUND D	849200 Skin and M	84920000 Skin and M	O	0 EXTERNA	PADS	EA	3	SSB	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380009979	RESTORE	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	CREA	GM	120	SSB	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380011202	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380011203	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380011204	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380011402	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380011403	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380011404	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380011503	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380011504	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380011505	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380011506	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380012000	HEELBO	MISC. DE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380012001	HEELBO	MISC. DE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380012002	HEELBO	MISC. DE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	6	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380012003	HEELBO	MISC. DE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	6	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380012004	HEELBO	MISC. DE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380012005	HEELBO	MISC. DE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380013402	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380013902	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014102	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014103	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014104	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014202	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014203	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014204	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014206	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014301	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014302	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014303	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014304	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014305	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014306	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014307	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014308	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014309	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014402	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014403	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014404	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014503	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014504	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014505	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014506	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014602	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014603	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014604	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014606	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014701	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014702	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014703	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014704	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014705	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014706	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014707	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014708	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014709	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014802	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014803	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014804	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014901	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014902	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014903	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014904	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014905	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014906	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014907	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014908	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014909	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014910	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380014911	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380015102	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380015103	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380015104	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380015202	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380015203	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380015204	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380015302	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380015303	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380015304	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380015402	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380015403	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380015404	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380015503	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380015504	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380015505	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380015506	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380015602	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380015603	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380015604	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380015802	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380015803	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380015804	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380015903	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380015904	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380015905	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380	N	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380015906	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380016101	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380016102	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380016103	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380016104	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380016105	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380016106	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380016107	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380016108	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380016401	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380016402	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380016403	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380016404	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380016405	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380016406	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380016407	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380016408	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	WAFR	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380017131	DUAL HY	MISC. DE	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	1	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380017262	COMFOR	NURSING	940000 Devices	94000000 Devices	O	0 DOES NO	PADS	EA	2	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018002	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018003	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018004	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018006	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018012	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018013	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018014	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018016	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018102	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018103	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018104	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018112	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018113	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018114	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018122	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018123	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018124	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018132	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018133	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018134	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018142	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018143	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018144	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018152	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018153	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018154	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018162	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018163	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018164	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018172	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018173	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018174	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018176	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018182	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018183	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018184	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018192	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018193	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018194	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018202	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018203	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018204	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018282	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	20	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018283	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	20	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018284	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	20	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018292	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	20	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018293	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	20	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018294	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	20	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018323	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018324	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018332	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018333	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018334	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018352	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018353	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018354	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018362	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	60	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018363	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	60	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018364	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	60	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018372	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	60	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018373	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	60	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018374	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	60	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018382	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	60	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018383	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	60	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018384	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	60	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018392	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	60	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018393	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	60	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018394	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	60	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018402	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018403	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018404	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018412	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018413	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018414	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018422	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018423	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018424	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018732	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	60	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018733	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	60	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018734	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	60	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018752	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	60	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018753	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	60	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018754	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	60	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380018902	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380019002	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380019003	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380019004	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380019006	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380019052	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380019053	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380019054	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380019056	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380019102	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380019103	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380019104	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380019106	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380019152	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380019153	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380019154	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380019156	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380019202	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380019203	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380019204	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380019252	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380019253	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380019254	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380019304	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380037310	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380037311	CENTERF	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380071122	VAPRO P	CATHETE	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	30	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380071142	VAPRO P	CATHETE	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	30	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380074144	VAPRO P	CATHETE	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	25	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380078500	ADAPT L	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	LIQD	ML	236	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380078501	ADAPT L	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	LIQD	ML	8	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380079300	ADAPT	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	PSTE	GM	60	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380079301	ADAPT	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	PSTE	GM	14	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380079400	ADAPT B	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	STRP	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380079520	ADAPT C	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380079530	ADAPT B	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380079540	ADAPT C	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380080070	PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380080085	ADVANCE	CATHETE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380080103	ADVANCE	CATHETE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380080105	ADVANCE	CATHETE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380080108	ADVANCE	CATHETE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380080110	PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	10	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380080123	ADVANCE	CATHETE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380080128	ADVANCE	CATHETE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380080143	ADVANCE	CATHETE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380080148	ADVANCE	CATHETE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380080163	ADVANCE	CATHETE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380080168	ADVANCE	CATHETE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380080183	ADVANCE	CATHETE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380080188	ADVANCE	CATHETE	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380081070	PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380081110	PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380081911	PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	5	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380082100	PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380082125	PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380082130	PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380082135	PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380082300	PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380082325	PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
8380082330	PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	30	NON DRUG	8380		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

8396900100	CLICKFIN	INSULIN F	940000 Devices	94000000 Devices	O	31G X 6 M	DOES NO	MISC	EA	100	NON DRUG		8396		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8396900118	PEN NEE	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8396		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8396900200	CLICKFIN	INSULIN F	940000 Devices	94000000 Devices	O	31G X 8 M	DOES NO	MISC	EA	100	NON DRUG		8396		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8396900218	PEN NEE	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8396		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8396900400	CLICKFIN	INSULIN F	940000 Devices	94000000 Devices	O	31G X 6 M	DOES NO	MISC	EA	100	NON DRUG		8396		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8396900500	CLICKFIN	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8396		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8396900700	CLICKFIN	INSULIN F	940000 Devices	94000000 Devices	O	32G X 4 M	DOES NO	MISC	EA	100	NON DRUG		8396		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8396900718	PEN NEE	INSULIN F	940000 Devices	94000000 Devices	O	32G X 4 M	DOES NO	MISC	EA	100	NON DRUG		8396		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8396900900	CLICKFIN	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8396		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8396901034	RELION M	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		8396		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8396901134	RELION S	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		8396		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8396901234	RELION F	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		8396		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8396901334	RELION F	INSULIN F	940000 Devices	94000000 Devices	O	31G X 8 M	DOES NO	MISC	EA	100	NON DRUG		8396		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8396901434	RELION F	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		8396		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8396901534	RELION F	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		8396		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8396901634	RELION F	INSULIN F	940000 Devices	94000000 Devices	O	31G X 8 M	DOES NO	MISC	EA	50	NON DRUG		8396		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8396901734	RELION F	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		8396		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8396902000	GOODSE	INSULIN F	940000 Devices	94000000 Devices	O	31G X 5 M	DOES NO	MISC	EA	100	NON DRUG		8396		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8396902400	RELION F	INSULIN F	940000 Devices	94000000 Devices	O	31G X 6 M	DOES NO	MISC	EA	50	NON DRUG		8396		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8396902700	RELION F	INSULIN F	940000 Devices	94000000 Devices	O	31G X 8 M	DOES NO	MISC	EA	50	NON DRUG		8396		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8396902900	CLICKFIN	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8396		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8396903100	GOODSE	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	90	NON DRUG		8396		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8396903200	GOODSE	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	90	NON DRUG		8396		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8396903300	GOODSE	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	90	NON DRUG		8396		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8396903400	GOODSE	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	90	NON DRUG		8396		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8396903500	RELION F	INSULIN F	940000 Devices	94000000 Devices	O	32G X 4 M	DOES NO	MISC	EA	50	NON DRUG		8396		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8396903700	CLICKFIN	INSULIN F	940000 Devices	94000000 Devices	O	32G X 4 M	DOES NO	MISC	EA	100	NON DRUG		8396		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8423112613	NERIA SC	IV SETS/T	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8423		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8423112617	NERIA SC	IV SETS/T	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8423		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8423112721	NERIA MU	IV SETS/T	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8423		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8423112731	NERIA MU	IV SETS/T	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8423		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8423112742	NERIA MU	IV SETS/T	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8423		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8423112906	NERIA 29	IV SETS/T	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8423		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8423112908	NERIA 29	IV SETS/T	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8423		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8423112910	NERIA 29	IV SETS/T	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8423		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8423162126	INSUFLO	SUBCUTA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG		8423		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8423200110	CRONO S	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	80	NON DRUG		8423		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8423200220	CRONO S	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	80	NON DRUG		8423		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8439060026	ADULT DI	RESPIRA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	500	NON DRUG		8439		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8439060030	EXPIRAT	RESPIRA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		8439		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8439122002	ADULT DI	RESPIRA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8439		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8439123020	PEDIATRI	RESPIRA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8439		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8439212151	KOKO PE	PARENTE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8439		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8439343110	KOKO PE	PARENTE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8439		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8439345010	PIKO 1 EL	PEAK FL	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1	SSB		8439		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8439345011	PIKO 1 EL	PEAK FL	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	10	SSB		8439		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8439345012	PIKO 1 EL	PEAK FL	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	50	SSB		8439		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8439345013	PIKO 1 EL	PEAK FL	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	200	SSB		8439		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8439393535	KOKO PE	RESPIRA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8439		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8439600101	POCKET	PEAK FL	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1	SSB		8439		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8439600112	POCKET	PEAK FL	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	12	SSB		8439		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8439620101	POCKET	SPACER/	940000 Devices	94000000 Devices	R	0	DOES NO	DEVI	EA	1	NON DRUG		8439		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8439620110	POCKET	SPACER/	940000 Devices	94000000 Devices	R	0	DOES NO	DEVI	EA	1	NON DRUG		8439		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8439620150	POCKET	SPACER/	940000 Devices	94000000 Devices	R	0	DOES NO	DEVI	EA	1	NON DRUG		8439		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8439620201	POCKET	SPACER/	940000 Devices	94000000 Devices	R	0	DOES NO	DEVI	EA	1	NON DRUG		8439		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8439620210	POCKET	SPACER/	940000 Devices	94000000 Devices	R	0	DOES NO	DEVI	EA	1	NON DRUG		8439		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8439620250	POCKET	SPACER/	940000 Devices	94000000 Devices	R	0	DOES NO	DEVI	EA	1	NON DRUG		8439		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8439620301	ACTIVITY	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		8439		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8439640101	PEDIATRI	SPACER/	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8439		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8439640102	PANDA M	SPACER/	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8439		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8439640103	PANDA M	SPACER/	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8439		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8439640105	PANDA M	SPACER/	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8439		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8439640111	PEDIATRI	SPACER/	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8439		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8439640112	PANDA M	SPACER/	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8439		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8439640113	PANDA M	SPACER/	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8439		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8439640115	PANDA M	SPACER/	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8439		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8439660110	KOKO PE	PARENTE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8439		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8439660210	KOKO PE	PARENTE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8439		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8454000122	FEMCAP	CERVICA	320000 Contracep	32000000 Contracep	R	0	VAGINAL	DEVI	EA	1	NON DRUG		8454		N	#N/A	ORIG_FR	10	EHB	#N/A	X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
8454000226	FEMCAP	CERVICA	320000 Contracep	32000000 Contracep	R	0	VAGINAL	DEVI	EA	1	NON DRUG		8454		N	#N/A	ORIG_FR	10	EHB	#N/A	X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
8454000330	FEMCAP	CERVICA	320000 Contracep	32000000 Contracep	R	0	VAGINAL	DEVI	EA	1	NON DRUG		8454		N	#N/A	ORIG_FR	10	EHB	#N/A	X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
8462003100	PILLOW M	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462003110	PILLOW M	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462004100	PILLOW M	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462004110	PILLOW M	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462005100	PILLOW M	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462005110	PILLOW M	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462014505	SPLASH S	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	24	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462014507	FLEX SHI	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	24	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462014511	SPLASH S	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	24	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462034507	FLEX SHI	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	24	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462102008	CO MONI	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462102010	CO MONI	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	DEVI	EA	1	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462102011	CO MONI	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462102013	DISPOSA	RESPIRA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462103104	MINI WRI	PEAK FL	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1	SSB		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462104001	MINI WRI	PEAK FL	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1	SSB		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462109750	IN-CHEC	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	DEVI	EA	1	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462109751	IN-CHEC	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	DEVI	EA	1	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462109912	IN-CHEC	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	DEVI	EA	1	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462122015	WINDMILL	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462122064	ONE-WAY	RESPIRA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462122069	ONE-WAY	RESPIRA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462122200	ADULT DI	RESPIRA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462122220	ADAPTER	RESPIRA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462123200	PEDIATRI	RESPIRA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462130045	AIRZONE	PEAK FL	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1	SSB		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462141001	ONE FLO	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462141007	ONE FLO	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	DEVI	EA	1	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462141086	ONE FLO	RESPIRA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462426001	SILICONE	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462426002	SILICONE	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462426003	SILICONE	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462426011	SILICONE	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462426012	SILICONE	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462426013	SILICONE	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462430100	BREATHE	SPACER/	940000 Devices	94000000 Devices	R	0	DOES NO	DEVI	EA	1	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462430120	BREATHE	SPACER/	940000 Devices	94000000 Devices	R	0	DOES NO	DEVI	EA	20	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462430200	BREATHE	SPACER/	940000 Devices	94000000 Devices	R	0	DOES NO	DEVI	EA	1	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462430220	BREATHE	SPACER/	940000 Devices	94000000 Devices	R	0	DOES NO	DEVI	EA	20	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462550047	NOSE CL	RESPIRA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462551000	ALL FLOV	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462551095	ALL FLOV	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462551100	ALL FLOV	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	DEVI	EA	100	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462551595	ALL FLOV	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	50	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462552000	ALL FLOV	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	DEVI	EA	1	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462552100	ALL FLOV	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	DEVI	EA	100	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462553000	ALL FLOV	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	DEVI	EA	1	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462553095	ALL FLOV	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462553100	ALL FLOV	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	DEVI	EA	100	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462553595	ALL FLOV	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	50	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462554000	ALL FLOV	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	DEVI	EA	1	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462554095	ALL FLOV	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462554100	ALL FLOV	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	DEVI	EA	100	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462554595	ALL FLOV	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	50	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462555000	ALL FLOV	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	DEVI	EA	1	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462555095	ALL FLOV	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462555100	ALL FLOV	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	DEVI	EA	100	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462555595	ALL FLOV	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	50	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462556000	ALL FLOV	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	DEVI	EA	1	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462556095	ALL FLOV	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462556100	ALL FLOV	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	DEVI	EA	100	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462556595	ALL FLOV	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	50	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462557000	ALL FLOV	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	DEVI	EA	1	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462557100	ALL FLOV	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	DEVI	EA	100	NON DRUG		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462900151	CETYLCI	DISINFEC	380000 Disinfectai	38000000 Disinfectai	O	2.37%-2.3	DOES NO	CONC	ML	946	SSB		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8462900156	CETYLCI	DISINFEC	380000 Disinfectai	38000000 Disinfectai	O	2.37%-2.3	DOES NO	CONC	ML	946	SSB		8462		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8463000301	EASYGLU	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8463		N	EXCLUDE	HARD_MS	20		FORMULARY EXCLUSION		FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GF	R	MEDPRMI
8463010301	EASYGLU	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8463		N	EXCLUDE	HARD_MS	20		FORMULARY EXCLUSION		FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GF	R	MEDPRMI
8463020350	EASYGLU	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	50	NON DRUG		8463		N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION		DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8463382001	LANCING	LANCET D	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8463		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8463500301	INFINITY	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8463		N	EXCLUDE	HARD_MS	20		FORMULARY EXCLUSION		FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GF	R	MEDPRMI
8463500501	INFINITY	BLOOD G	940000 Devices	94000000 Devices	O	0	IN VITRO	SOLN	EA	1	NON DRUG		8463		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8463510301	INFINITY	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8463		N	EXCLUDE	HARD_MS	20		FORMULARY EXCLUSION		FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GF	R	MEDPRMI
8463510501	INFINITY	BLOOD G	940000 Devices	94000000 Devices	O	HIGH	IN VITRO	SOLN	EA	1	NON DRUG		8463		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8463520350	INFINITY	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	50	NON DRUG		8463		N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION		DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8463520501	INFINITY	BLOOD G	940000 Devices	94000000 Devices	O	LOW	IN VITRO	SOLN	EA	1	NON DRUG		8463		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8463702930	LANCETS	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8463		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8463803028	SAFETY L	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8463		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470010001	NEUROP	NEUROL	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	SSB		8470		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8470010401	NEUROP	NEUROL	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	SSB		8470		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8470010501	NEUROP	NEUROL	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	SSB		8470		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8470026001	AUTOLET	LANCET D	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8470		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8470026501	AUTOLET	LANCET D	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8470		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8470027001	AUTOLET	LANCET D	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8470		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8470027101	AUTOLET	LANCET D	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8470		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8470027401	AUTOLET	LANCET D	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRU	7/1/2023	8470		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8470027601	AUTOLET	LANCET D	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRU	7/1/2023	8470		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8470030001	AUTOLET	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		8470		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8470030101	AUTOLET	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		8470		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8470030201	AUTOLET	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		8470		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8470040001	UNILET L	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470041401	UNILET G	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470041801	UNILET G	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470043001	UNILET C	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRU	7/1/2023	8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470043501	UNILET C	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470044001	UNILET S	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470044501	UNILET S	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470045001	UNILET G	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRU	7/1/2023	8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470045501	UNILET G	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470046001	UNILET C	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRU	7/1/2023	8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470046501	UNILET C	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470051001	UNILET E	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRU	7/1/2023	8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470051501	UNILET E	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRU	7/1/2023	8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470053001	UNILET E	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRU	7/1/2023	8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470053501	UNILET E	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRU	7/1/2023	8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470056501	UNILET L	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470056901	AUTOLET	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8470		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8470057501	UNILET L	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470057601	AUTOLET	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8470		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8470058501	UNILET L	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470060001	UNISTIK 1	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470061001	UNISTIK 1	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470070001	UNISTIK 2	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRU	7/1/2023	8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470070201	UNISTIK N	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470070401	UNISTIK 2	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470071001	UNISTIK 2	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRU	7/1/2023	8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470071201	UNISTIK 2	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470071401	UNISTIK 2	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470074001	UNISTIK 2	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRU	7/1/2023	8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470074201	UNISTIK 2	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470074701	UNISTIK 2	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470075201	UNISTIK 2	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470076201	UNISTIK 2	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470090001	AUTOLET	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8470		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8470092001	UNILET G	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRU	7/1/2023	8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470092501	UNILET G	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470100201	UNISTIK 3	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470100401	UNISTIK 3	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470100701	UNISTIK 3	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470100801	UNISTIK (	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	25	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470101201	UNISTIK 3	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470101401	UNISTIK 3	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470101501	SAFETY L	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470101701	UNISTIK 3	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRU	7/1/2023	8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470101801	UNISTIK 3	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	25	NON DRU	7/1/2023	8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470102201	UNISTIK 3	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470102401	UNISTIK 3	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470102701	UNISTIK 3	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470102801	UNISTIK 3	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	25	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470104201	UNISTIK 3	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470104401	UNISTIK 3	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470104701	UNISTIK 3	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470104801	UNISTIK (	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	25	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470106201	UNISTIK 3	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470106401	UNISTIK 3	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470112901	UNIFINE	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	30	NON DRUG		8470		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8470113001	UNIFINE	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	30	NON DRUG		8470		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8470114001	UNIFINE	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	30	NON DRUG		8470		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8470115001	UNIFINE	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	30	NON DRUG		8470		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8470119001	UNIFINE	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	30	NON DRUG		8470		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8470130001	AUTOJEC	INJECTIO	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8470	Y	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND			R	MEDPRMI
8470131001	AUTOJEC	INJECTIO	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8470	Y	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND			R	MEDPRMI
8470131101	AUTOJEC	INJECTIO	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8470	Y	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND			R	MEDPRMI
8470140201	UNISTIK T	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470140401	UNISTIK T	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470141201	UNISTIK T	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470141401	UNISTIK T	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470142201	UNISTIK S	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470142401	UNISTIK T	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470144201	UNISTIK S	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470144401	UNISTIK T	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470161401	UNISTIK F	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470163401	UNISTIK F	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470164401	UNISTIK F	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		8470		N	FORMULARY		2	BRAND	PREFERRED BRAND			R	MEDPRMI
8470182901	UNIFINE	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	30	NON DRUG		8470		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8470183001	UNIFINE	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	30	NON DRUG		8470		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8470184001	UNIFINE	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	30	NON DRUG		8470		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8470185001	UNIFINE	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	30	NON DRUG		8470		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8470189001	UNIFINE	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	30	NON DRUG		8470		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8470200001	RAPPORT	IMPOTEN	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG		8470		N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND			R	MEDPRMI
8470202901	UNIFINE	INSULIN F	940000 Devices	94000000 Devices	O	29G X 12M	DOES NO	MISC	EA	90	NON DRU	7/1/2023	8470		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8470203001	UNIFINE	INSULIN F	940000 Devices	94000000 Devices	O	31G X 8 M	DOES NO	MISC	EA	90	NON DRU	7/1/2023	8470		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8470204001	UNIFINE	INSULIN F	940000 Devices	94000000 Devices	O	32G X 4 M	DOES NO	MISC	EA	90	NON DRU	7/1/2023	8470		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8470205001	UNIFINE	INSULIN F	940000 Devices	94000000 Devices	O	31G X 5 M	DOES NO	MISC	EA	90	NON DRU	7/1/2023	8470		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8470209001	UNIFINE	INSULIN F	940000 Devices	94000000 Devices	O	31G X 6 M	DOES NO	MISC	EA	90	NON DRU	7/1/2023	8470		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8470210001	AMIELLE	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8470		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8470215001	AMIELLE	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRU	7/1/2023	8470		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8470221001	RAPPORT	IMPOTEN	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG		8470		N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND			R	MEDPRMI
8470282901	UNIFINE	INSULIN F	940000 Devices	94000000 Devices	O	29G X 12M	DOES NO	MISC	EA	90	NON DRU	7/1/2023	8470		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8470283001	UNIFINE	INSULIN F	940000 Devices	94000000 Devices	O	31G X 8 M	DOES NO	MISC	EA	90	NON DRU	7/1/2023	8470		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8470284001	UNIFINE	INSULIN F	940000 Devices	94000000 Devices	O	32G X 4 M	DOES NO	MISC	EA	90	NON DRU	7/1/2023	8470		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8470285001	UNIFINE	INSULIN F	940000 Devices	94000000 Devices	O	31G X 5 M	DOES NO	MISC	EA	90	NON DRU	7/1/2023	8470		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8470289001	UNIFINE	INSULIN F	940000 Devices	94000000 Devices	O	31G X 6 M	DOES NO	MISC	EA	90	NON DRU	7/1/2023	8470		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8470310001	AMIELLE	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG		8470	Y	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
8470342901	PENTIPS	INSULIN F	940000 Devices	94000000 Devices	O	29G X 12M	DOES NO	MISC	EA	100	NON DRUG		8470		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8470343001	PENTIPS	INSULIN F	940000 Devices	94000000 Devices	O	31G X 8 M	DOES NO	MISC	EA	100	NON DRUG		8470		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8470344001	PENTIPS	INSULIN F	940000 Devices	94000000 Devices	O	32G X 4 M	DOES NO	MISC	EA	100	NON DRUG		8470		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8470345001	PENTIPS	INSULIN F	940000 Devices	94000000 Devices	O	31G X 5 M	DOES NO	MISC	EA	100	NON DRUG		8470		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8470349001	PENTIPS	INSULIN F	940000 Devices	94000000 Devices	O	31G X 6 M	DOES NO	MISC	EA	100	NON DRUG		8470		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8470349501	PENTIPS	INSULIN F	940000 Devices	94000000 Devices	O	32G X 6 M	DOES NO	MISC	EA	100	NON DRUG		8470		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8470352901	UNIFINE	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8470		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8470353001	UNIFINE	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8470		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
8470354001	UNIFINE	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8470		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI

8536011000	DUO-CAR	GLUCOSE	362600	Diabetes I	36260000	Diabetes I	O	0	IN VITRO	STRP	EA	100	NON DRUG		8536		N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8536011500	DUO-CAR	GLUCOSE	362600	Diabetes I	36260000	Diabetes I	O	0	IN VITRO	STRP	EA	50	NON DRUG		8536		N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8536012000	DUO-CAR	BLOOD G	940000	Devices	94000000	Devices	O	0	IN VITRO	LIQD	EA	1	NON DRUG		8536		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8539000101	RIGHTES	BLOOD G	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8539		N	EXCLUDE	HARD_MS	20		FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, G	R	MEDPRMI
8539000501	RIGHTES	GLUCOSE	362600	Diabetes I	36260000	Diabetes I	O	0	IN VITRO	STRP	EA	50	NON DRUG		8539		N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8539001201	RIGHTES	BLOOD G	940000	Devices	94000000	Devices	O	0	IN VITRO	LIQD	EA	1	NON DRUG		8539		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8539001301	RIGHTES	BLOOD G	940000	Devices	94000000	Devices	O	0	IN VITRO	LIQD	EA	1	NON DRUG		8539		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8539002001	RIGHTES	LANCET D	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8539		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8539002201	RIGHTES	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8539		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8539010001	RIGHTES	BLOOD G	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8539		N	EXCLUDE	HARD_MS	20		FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, G	R	MEDPRMI
8539055003	RIGHTES	BLOOD G	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8539		N	EXCLUDE	HARD_MS	20		FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, G	R	MEDPRMI
8539060000	RIGHTES	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8539		N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
8539105002	RIGHTES	GLUCOSE	362600	Diabetes I	36260000	Diabetes I	O	0	IN VITRO	STRP	EA	50	NON DRUG		8539		N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8539291000	IGLUCOS	BLOOD G	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8539		N	EXCLUDE	HARD_MS	20		FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, G	R	MEDPRMI
8539291501	IGLUCOS	GLUCOSE	362600	Diabetes I	36260000	Diabetes I	O	0	IN VITRO	STRP	EA	25	NON DRUG		8539		N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8539391000	BLOOD G	BLOOD G	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1	NON DRUG		8539		N	EXCLUDE	HARD_MS	20		FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, G	R	MEDPRMI
8539391502	BLOOD G	GLUCOSE	362600	Diabetes I	36260000	Diabetes I	O	0	IN VITRO	STRP	EA	25	NON DRUG		8539		N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8539392000	RIGHTES	BLOOD G	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1	NON DRUG		8539		N	EXCLUDE	HARD_MS	20		FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, G	R	MEDPRMI
8539392101	RIGHTES	GLUCOSE	362600	Diabetes I	36260000	Diabetes I	O	0	IN VITRO	STRP	EA	25	NON DRUG		8539		N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8539392203	RIGHTES	GLUCOSE	362600	Diabetes I	36260000	Diabetes I	O	0	IN VITRO	STRP	EA	25	NON DRUG		8539		N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8539392502	RIGHTES	GLUCOSE	362600	Diabetes I	36260000	Diabetes I	O	0	IN VITRO	STRP	EA	50	NON DRUG		8539		N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8539505003	RIGHTES	GLUCOSE	362600	Diabetes I	36260000	Diabetes I	O	0	IN VITRO	STRP	EA	50	NON DRUG		8539		N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8539710001	GE100 BL	BLOOD G	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1	NON DRUG		8539		N	EXCLUDE	HARD_MS	20		FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, G	R	MEDPRMI
8539710002	GE100 BL	BLOOD G	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8539		N	EXCLUDE	HARD_MS	20		FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, G	R	MEDPRMI
8539810000	GE100 BL	GLUCOSE	362600	Diabetes I	36260000	Diabetes I	O	0	IN VITRO	STRP	EA	50	NON DRUG		8539		N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8539810001	GE100 BL	GLUCOSE	362600	Diabetes I	36260000	Diabetes I	O	0	IN VITRO	STRP	EA	50	NON DRUG		8539		N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8539810002	GE100 BL	GLUCOSE	362600	Diabetes I	36260000	Diabetes I	O	0	IN VITRO	STRP	EA	25	NON DRUG		8539		N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8539810003	GE100 BL	GLUCOSE	362600	Diabetes I	36260000	Diabetes I	O	0	IN VITRO	STRP	EA	100	NON DRUG		8539		N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8539900100	GE100 C	BLOOD G	940000	Devices	94000000	Devices	O	0	IN VITRO	SOLN	EA	1	NON DRUG		8539		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8539900400	LANCING	LANCET D	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8539		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8540003001	LANCETS	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8540		N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
8544636971	HEALON	SODIUM H	529200	EENT Dru	52920000	EENT Dru	R	5.5 MG/0.	INTRAOC	SOSY	ML	0.55	SSB		8544		N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8544636981	HEALON	SODIUM H	529200	EENT Dru	52920000	EENT Dru	R	8.5 MG/0.	INTRAOC	SOSY	ML	0.85	SSB		8544		N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8544636991	HEALON5	SODIUM H	529200	EENT Dru	52920000	EENT Dru	R	13.8 MG/0	INTRAOC	SOSY	ML	0.6	SSB		8544		N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8548043416	NOVA MA	GLUCOSE	362600	Diabetes I	36260000	Diabetes I	O	0	IN VITRO	STRP	EA	100	NON DRUG		8548		N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8548043421	NOVA SU	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8548		N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
8548043423	NOVA MA	GLUCOSE	362600	Diabetes I	36260000	Diabetes I	O	0	IN VITRO	STRP	EA	50	NON DRUG		8548		N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8548043433	NOVA SU	LANCET D	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8548		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8548043435	NOVA MA	BLOOD G	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8548		N	EXCLUDE	HARD_MS	20		FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, G	R	MEDPRMI
8548043436	NOVA MA	BLOOD G	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1	NON DRUG		8548		N	EXCLUDE	HARD_MS	20		FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, G	R	MEDPRMI
8548043437	NOVA MA	GLUCOSE	362600	Diabetes I	36260000	Diabetes I	O	0	IN VITRO	STRP	EA	50	NON DRUG		8548		N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8548043447	NOVA SU	LANCET D	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8548		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8548043523	NOVA MA	GLUCOSE	362600	Diabetes I	36260000	Diabetes I	O	0	IN VITRO	STRP	EA	50	NON DRUG		8548		N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8548045824	NOVA MA	BLOOD G	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8548		N	EXCLUDE	HARD_MS	20		FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, G	R	MEDPRMI
8548048607	NOVA MA	KETONE	362600	Diabetes I	36260000	Diabetes I	O	0	IN VITRO	STRP	EA	10	NON DRUG		8548		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8548048738	NOVA SU	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8548		N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
8548049640	NOVA MA	BLOOD G	940000	Devices	94000000	Devices	O	0	IN VITRO	LIQD	EA	1	NON DRUG		8548		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8548050938	NOVA SA	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		8548		N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
8548050939	NOVA SA	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		8548		N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
8548053493	NOVA MA	KETONE	362600	Diabetes I	36260000	Diabetes I	O	0	IN VITRO	STRP	EA	10	NON DRUG		8548		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8554100320	AGAMATR	BLOOD G	940000	Devices	94000000	Devices	O	0	IN VITRO	SOLN	EA	1	NON DRUG		8554		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8554100340	AGAMATR	BLOOD G	940000	Devices	94000000	Devices	O	0	IN VITRO	SOLN	EA	1	NON DRUG		8554		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8554107410	AGAMATR	GLUCOSE	362600	Diabetes I	36260000	Diabetes I	O	0	IN VITRO	STRP	EA	25	NON DRUG		8554		N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8554132801	AGAMATR	GLUCOSE	362600	Diabetes I	36260000	Diabetes I	O	0	IN VITRO	STRP	EA	50	NON DRUG		8554		N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8554133301	AGAMATR	BLOOD G	940000	Devices	94000000	Devices	O	0	IN VITRO	SOLN	EA	1	NON DRUG		8554		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8554197101	AGAMATR	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8554		N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
8554201101	AGAMATR	BLOOD G	940000	Devices	94000000	Devices	O	0	IN VITRO	SOLN	EA	1	NON DRUG		8554		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8554226502	AGAMATR	GLUCOSE	362600	Diabetes I	36260000	Diabetes I	O	0	IN VITRO	STRP	EA	50	NON DRUG		8554		N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8554229701	AGAMATR	BLOOD G	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8554		N	EXCLUDE	HARD_MS	20		FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, G	R	MEDPRMI
8554232001	AGAMATR	GLUCOSE	362600	Diabetes I	36260000	Diabetes I	O	0	IN VITRO	STRP	EA	50	NON DRUG		8554		N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8554264901	AGAMATR	BLOOD G	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8554		N	EXCLUDE	HARD_MS	20		FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, G	R	MEDPRMI
8554318802	AGAMATR	GLUCOSE	362600	Diabetes I	36260000	Diabetes I	O	0	IN VITRO	STRP	EA	100	NON DRUG		8554		N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8554333702	AGAMATR	GLUCOSE	362600	Diabetes I	36260000	Diabetes I	O	0	IN VITRO	STRP	EA	50	NON DRUG		8554		N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8554362901	AGAMATR	BLOOD G	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8554		N	EXCLUDE	HARD_MS	20		FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, G	R	MEDPRMI
8554376402	AGAMATR	BLOOD G	940000	Devices	94000000	Devices	O	0	IN VITRO	SOLN	EA	1	NON DRUG		8554		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8554386401	AGAMATR	BLOOD G	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8554		N	EXCLUDE	HARD_MS	20		FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, G	R	MEDPRMI
8554402401	WAVESE	BLOOD G	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		8554		N	EXCLUDE	HARD_MS	20		FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, G	R	MEDPRMI
8554402501	AGAMATR	BLOOD G	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1	NON DRUG		8554		N	EXCLUDE	HARD_MS	20		FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, G	R	MEDPRMI
8554403601	AGAMATR	GLUCOSE	362600	Diabetes I	36260000	Diabetes I	O	0	IN VITRO	STRP	EA	50	NON DRUG		8554		N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8554408801	AGAMATR	BLOOD G	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1	NON DRUG		8554		N	EXCLUDE	HARD_MS	20		FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, G	R	MEDPRMI
8554424001	KROGER	GLUCOSE	362600	Diabetes I	36260000	Diabetes I	O	0	IN VITRO	STRP	EA	25	NON DRUG		8554		N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8554442601	LIBERTY	GLUCOSE	362600	Diabetes I	36260000	Diabetes I	O	0	IN VITRO	STRP	EA	50	NON DRUG		8554		N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8554444201	LIBERTY	BLOOD G	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1	NON DRUG		8554		N	EXCLUDE	HARD_MS	20		FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, G	R	MEDPRMI
8554453801	LIBERTY	BLOOD G	940000	Devices	94000000	Devices	O	0	IN VITRO	SOLN	EA	1	NON DRUG		8554		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8554454601	LIBERTY	BLOOD G	940000	Devices	94000000	Devices	O	0	IN VITRO	SOLN	EA	1	NON DRUG		8554		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8560940001	V-GO 40	INSULIN I	940000	Devices	94000000	Devices	R	40 UNIT/2	DOES NO	KIT	EA	30	NON DRUG		8560		N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
8560940002	V-GO 30	INSULIN I	940000	Devices	94000000	Devices	R	30 UNIT/2	DOES NO	KIT	EA	30	NON DRUG		8560		N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
8560940003	V-GO 20	INSULIN I	940000	Devices	94000000	Devices	R	20 UNIT/2	DOES NO	KIT	EA	30	NON DRUG		8560		N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
8564000000	EARPOP	MISC. DE	940000	Devices	94000000	Devices	R	0	DOES NO	DEVI	EA	1	NON DRUG		8564		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8565015915	STERILA	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8565		N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
8565016915	STERILA	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8565		N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
8565017915	STERILA	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8565		N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
8565044415	STERILA	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRU	6/8/2022	8565		N	EXCLUDE	N/A: [DRU	2	BRAND	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8566123401	CINIS PRI	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8566		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8566123501	CINIS PRI	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8566		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8566123601	CINIS PRI	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8566		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567509338	RESTORE	WOUND D	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	PADS	EA	10	SSB		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567509339	RESTORE	WOUND D	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	PADS	EA	10	SSB		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567509341	RESTORE	SILVER	849200	Skin and I	84920000	Skin and I	R	0	EXTERNA	PADS	EA	10	SSB		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567509342	RESTORE	SILVER	849200	Skin and I	84920000	Skin and I	R	0	EXTERNA	PADS	EA	10	SSB		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567509343	RESTORE	WOUND D	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	PADS	EA	10	SSB		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567509344	RESTORE	WOUND D	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	PADS	EA	10	SSB		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567509345	RESTORE	SILVER	849200	Skin and I	84920000	Skin and I	R	0	EXTERNA	PADS	EA	10	SSB		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567509346	RESTORE	SILVER	849200	Skin and I	84920000	Skin and I	R	0	EXTERNA	PADS	EA	10	SSB		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567509347	RESTORE	WOUND D	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	PADS	EA	10	SSB		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567509348	RESTORE	WOUND D	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	PADS	EA	10	SSB		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567509349	RESTORE	WOUND D	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	PADS	EA	10	SSB		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567509372	RESTORE	GAUZE P	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	10	NON DRUG		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567509373	RESTORE	GAUZE P	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	10	NON DRUG		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567509374	RESTORE	GAUZE P	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	10	NON DRUG		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567509375	RESTORE	GAUZE P	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	10	NON DRUG		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567509376	RESTORE	GAUZE P	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	10	NON DRUG		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567509377	RESTORE	GAUZE P	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	10	NON DRUG		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567509378	RESTORE	GAUZE P	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	10	NON DRUG		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567509379	RESTORE	GAUZE P	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	10	NON DRUG		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567509380	RESTORE	GAUZE P	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	10	NON DRUG		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567509381	RESTORE	GAUZE P	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	10	NON DRUG		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567509382	RESTORE	GAUZE P	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	10	NON DRUG		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567509384	RESTORE	GAUZE P	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	10	NON DRUG		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567509387	RESTORE	GAUZE P	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	10	NON DRUG		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567509388	RESTORE	GAUZE P	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	10	NON DRUG		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567509389	RESTORE	GAUZE P	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	10	NON DRUG		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567509390	RESTORE	GAUZE P	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	10	NON DRUG		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567509393	RESTORE	GAUZE P	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	10	NON DRUG		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567509394	RESTORE	GAUZE P	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	10	NON DRUG		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567509395	RESTORE	GAUZE P	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	10	NON DRUG		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567509396	RESTORE	GAUZE P	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	10	NON DRUG		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567517210	SKIN CLE	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	LIQD	ML	237	NON DRUG		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567517220	SKIN CO	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	CREA	ML	118	NON DRUG		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567519904	RESTORE	GAUZE P	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	10	NON DRUG		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567519906	RESTORE	GAUZE P	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	10	NON DRUG		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567519921	RESTORE	WOUND D	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	PADS	EA	5	SSB		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567519923	RESTORE	WOUND D	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	PADS	EA	3	SSB		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567519925	RESTORE	WOUND D	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	PADS	EA	3	SSB		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567519930	RESTORE	WOUND D	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	PADS	EA	5	SSB		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567519932	RESTORE	WOUND D	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	PADS	EA	3	SSB		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567519935	RESTORE	WOUND D	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	PADS	EA	3	SSB		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567519953	RESTORE	WOUND D	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	PADS	EA	5	SSB		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567519954	RESTORE	WOUND D	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	PADS	EA	3	SSB		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567519955	RESTORE	WOUND D	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	PADS	EA	3	SSB		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567519956	RESTORE	WOUND D	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	PADS	EA	5	SSB		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567519957	RESTORE	WOUND D	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	PADS	EA	3	SSB		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567519958	RESTORE	WOUND D	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	PADS	EA	3	SSB		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567519959	RESTORE	WOUND D	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	PADS	EA	5	SSB		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567519963	RESTORE	WOUND D	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	PADS	EA	5	SSB		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567519965	RESTORE	WOUND D	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	PADS	EA	5	SSB		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567527230	MOISTUR	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	OINT	GM	71	NON DRUG		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567529311	ENDOFO	COLLAGE	849200	Skin and I	84920000	Skin and I	R	0	EXTERNA	SHEE	EA	10	SSB		8567		N	EXCLUDE	N/A: [DRU	20		FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8567529312	ENDOFO	COLLAGE	849200	Skin and I	84920000	Skin and I	R	0	EXTERNA	SHEE	EA	10	SSB		8567		N	EXCLUDE	N/A: [DRU	20		FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8567529313	ENDOFO	COLLAGE	849200	Skin and I	84920000	Skin and I	R	0	EXTERNA	SHEE	EA	10	SSB		8567		N	EXCLUDE	N/A: [DRU	20		FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8567529314	ENDOFO	COLLAGE	849200	Skin and I	84920000	Skin and I	R	0	EXTERNA	SHEE	EA	10	SSB		8567		N	EXCLUDE	N/A: [DRU	20		FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8567529937	RESTORE	CALCIUM	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	MISC	EA	10	SSB		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567529938	RESTORE	CALCIUM	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	MISC	EA	10	SSB		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567529939	RESTORE	CALCIUM	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	MISC	EA	5	SSB		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567529940	RESTORE	CALCIUM	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	MISC	EA	5	SSB		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567529967	RESTORE	CALCIUM	849200	Skin and I	84920000	Skin and I	R	0-0	EXTERNA	PADS	EA	10	SSB		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567529968	RESTORE	CALCIUM	849200	Skin and I	84920000	Skin and I	R	0-0	EXTERNA	PADS	EA	10	SSB		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567529969	RESTORE	CALCIUM	849200	Skin and I	84920000	Skin and I	O	0-0	EXTERNA	MISC	EA	5	SSB		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567529972	RESTORE	WOUND D	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	PADS	EA	15	SSB		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567529973	RESTORE	WOUND D	849200	Skin and I	84920000	Skin and I	O	20%	EXTERNA	MISC	EA	12	SSB		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567529974	RESTORE	WOUND D	849200	Skin and I	84920000	Skin and I	O	99.70%	EXTERNA	GEL	ML	89	SSB		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567529975	RESTORE	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	LIQD	ML	236	NON DRUG		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8567529976	RESTORE	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	LIQD	ML	354	NON DRUG		8567		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8568001003	SHARPS	SHARPS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8568		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8568001010	SHARPS	SHARPS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8568		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8568001100	SHARPS	SHARPS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8568		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8568001200	SHARPS	SHARPS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8568		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8568001202	SHARPS	SHARPS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		8568		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8568001227	SHARPS	SHARPS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	3	NON DRUG		8568		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8568001700	TAKEAW	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8568		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8568001701	TAKEAW	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		8568		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8568007101	TAKEAW	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8568		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8568007201	TAKEAW	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8568		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8568101041	COMPLET	SHARPS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8568		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8568770101	TAKEAW	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8568		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8573011113	HYDROFE	WOUND D	849200	Skin and I	84920000	Skin and I	R	0	EXTERNA	PADS	EA	10	SSB		8573		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8573012214	HYDROFE	WOUND D	849200	Skin and I	84920000	Skin and I	R	0	EXTERNA	PADS	EA	10	SSB		8573		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8573014414	HYDROFE	WOUND D	849200	Skin and I	84920000	Skin and I	R	0	EXTERNA	PADS	EA	10	SSB		8573		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8573016614	HYDROFE	WOUND D	849200	Skin and I	84920000	Skin and I	R	0	EXTERNA	PADS	EA	10	SSB		8573		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8573020906	HYDROFE	WOUND D	849200	Skin and I	84920000	Skin and I	R	0	EXTERNA	PADS	EA	10	SSB		8573		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8573034450	HYDROFE	WOUND D	849200	Skin and I	84920000	Skin and I	R	0	EXTERNA	PADS	EA	5	SSB		8573		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8573036675	HYDROFE	WOUND D	849200	Skin and I	84920000	Skin and I	R	0	EXTERNA	PADS	EA	5	SSB		8573		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8573042258	HYDROFE	WOUND D	849200	Skin and I	84920000	Skin and I	R	0	EXTERNA	PADS	EA	10	SSB		8573		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8573042650	HYDROFE	WOUND D	849200	Skin and I	84920000	Skin and I	R	0	EXTERNA	PADS	EA	10	SSB		8573		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8573044414	HYDROFE	WOUND D	849200	Skin and I	84920000	Skin and I	R	0	EXTERNA	PADS	EA	10	SSB		8573		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8573044475	HYDROFE	WOUND D	849200	Skin and I	84920000	Skin and I	R	0	EXTERNA	PADS	EA	10	SSB		8573		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8573052520	HYDROFE	WOUND D	849200	Skin and I	84920000	Skin and I	R	0	EXTERNA	PADS	EA	10	SSB		8573		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
8573054520	HYDROFE	WOUND D	849200	Skin and I	84920000	Skin and I	R	0	EXTERNA	PADS	EA	10	SSB		8573		N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND		R	MEDPRMI
8573058820	HYDROFE	WOUND D	849200	Skin and I	84920000	Skin and I	R	0	EXTERNA	PADS	EA	10	SSB		8573		N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND		R	MEDPRMI
8587183529	INSULIN	INSULIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8587		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8587183530	INSULIN	INSULIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		8587		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
8589050118	DOCTORS	WOUND D	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	MISC	EA	18	SSB		8589		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8589050205	DOCTORS	WOUND D	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	PADS	EA	5	SSB		8589		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8589050405	DOCTORS	WOUND D	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	KIT	EA	30	SSB		8589		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8589050612	DOCTORS	WOUND D	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	PADS	EA	12	SSB		8589		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8589050724	DOCTORS	SALICYLI	842800	Keratolytic	84280000	Keratolytic	P	40%	EXTERNA	PADS	EA	24	GENERIC		8589	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8589050810	DOCTORS	WOUND D	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	KIT	EA	10	SSB		8589		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8589050910	DOCTORS	WOUND D	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	KIT	EA	10	SSB		8589		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8589051808	DOCTORS	WOUND D	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	KIT	EA	8	SSB		8589		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8589051908	DOCTORS	WOUND D	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	KIT	EA	8	SSB		8589		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
8590000100	MEDICAL	MEDICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	MSB		8590		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
8590000200	MEDICAL	MEDICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	MSB		8590		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
8590000500	MEDICAL	MEDICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	MSB		8590		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
8590000600	MEDICAL	MEDICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	MSB		8590		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
8590000900	MEDICAL	MEDICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	MSB		8590		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
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8590001300	MEDICAL	MEDICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	MSB		8590		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
8590001400	MEDICAL	MEDICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	MSB		8590		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
8590004800	MEDICAL	MEDICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	MSB		8590		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
8590004900	MEDICAL	MEDICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	MSB		8590		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
8590005100	MEDICAL	MEDICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	MSB		8590		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
8590005200	MEDICAL	MEDICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	MSB		8590		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
8590005400	MEDICAL	MEDICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	MSB		8590		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
8590005500	MEDICAL	MEDICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	MSB		8590		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
8590005700	MEDICAL	MEDICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	MSB		8590		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
8590005900	MEDICAL	MEDICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	MSB		8590		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
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8590006200	MEDICAL	MEDICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	MSB		8590		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
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8590006600	MEDICAL	MEDICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	MSB		8590		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
8590007000	MEDICAL	MEDICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	MSB		8590		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
8590007100	MEDICAL	MEDICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	MSB		8590		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
8590007200	MEDICAL	MEDICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	MSB		8590		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
8590007300	MEDICAL	MEDICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	MSB		8590		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
8590007400	MEDICAL	MEDICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	MSB		8590		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
8590007500	MEDICAL	MEDICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	MSB		8590		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
8590007600	MEDICAL	MEDICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	MSB		8590		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
8590007700	MEDICAL	MEDICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	MSB		8590		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
8590007800	MEDICAL	MEDICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	MSB		8590		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
8590007900	MEDICAL	MEDICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	MSB		8590		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
8590008000	MEDICAL	MEDICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	MSB		8590		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
8590008100	MEDICAL	MEDICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	MSB		8590		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
8590008200	MEDICAL	MEDICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	MSB		8590		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
8590008300	MEDICAL	MEDICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	MSB		8590		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
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8590008500	MEDICAL	MEDICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	MSB		8590		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
8590009100	MEDICAL	MEDICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	MSB		8590		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
8590010300	MEDICAL	MEDICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	MSB		8590		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
8590010600	MEDICAL	MEDICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	MSB		8590		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
8590010700	MEDICAL	MEDICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	MSB		8590		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
8590010800	MEDICAL	MEDICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	MSB		8590		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
8590011200	MEDICAL	MEDICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	MSB		8590		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
8590011300	MEDICAL	MEDICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	MSB		8590		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
8590011400	MEDICAL	MEDICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	MSB		8590		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
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8590012000	MEDICAL	MEDICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	MSB		8590		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
8590012100	MEDICAL	MEDICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	MSB		8590		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
8590012200	MEDICAL	MEDICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	MSB		8590		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
8590012400	MEDICAL	MEDICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	MSB		8590		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
8590012700	MEDICAL	MEDICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	MSB		8590		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
8590012800	MEDICAL	MEDICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	MSB		8590		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
8590012900	MEDICAL	MEDICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	MSB		8590		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
8591601001	RITEFLO	SPACER/	940000	Devices	94000000	Devices	R	0	DOES NO	DEVI	EA	1	NON DRUG		8591		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI

8881833110	MONOJE	SYRINGE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG		8881	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8881833115	MONOJE	SYRINGE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG		8881	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8881833210	MONOJE	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		8881	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8881833215	MONOJE	SYRINGE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG		8881	N	EXCLUDE	N/A: [DRU	2 BRAND	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8881833310	MONOJE	SYRINGE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG		8881	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8881833510	MONOJE	SYRINGE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG		8881	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8881833558	MONOJE	SYRINGE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG		8881	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8881847035	MONOJE	LIDOCAIN	720000 Local Ane	72000000 Local Ane	R	1%	INJECTIO	KIT	EA	1	SSB		8881	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8881847084	MONOJE	LIDOCAIN	720000 Local Ane	72000000 Local Ane	R	1%	INJECTIO	KIT	EA	1	SSB		8881	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8881847118	MONOJE	LIDOCAIN	720000 Local Ane	72000000 Local Ane	R	1%	INJECTIO	KIT	EA	1	SSB		8881	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8881866015	MONOJE	SYRINGE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	200	NON DRUG		8881	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8881866110	MONOJE	SYRINGE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	200	NON DRUG		8881	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8881866115	MONOJE	SYRINGE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	200	NON DRUG		8881	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8881866215	MONOJE	SYRINGE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	200	NON DRUG		8881	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8881882712	MAGELLA	TUBERCL	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG		8881	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8881882812	MAGELLA	TUBERCL	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG		8881	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8881892910	MAGELLA	INSULIN	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG		8881	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRIM
8881892930	MAGELLA	INSULIN	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG		8881	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRIM
8881892950	MAGELLA	INSULIN	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG		8881	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRIM
8881893010	MAGELLA	INSULIN	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG		8881	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRIM
8881893030	MAGELLA	INSULIN	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG		8881	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRIM
8881893050	MAGELLA	INSULIN	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG		8881	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRIM
8881901006	MONOJE	ORAL SY	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG		8881	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8881901014	MONOJE	ORAL SY	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG		8881	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8881903002	MONOJE	ORAL SY	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG		8881	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8881903010	MONOJE	ORAL SY	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG		8881	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8881906005	MONOJE	ORAL SY	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG		8881	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8881906104	MONOJE	ORAL SY	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG		8881	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8881907003	MONOJE	ORAL SY	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG		8881	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8884433301	XEROFO	BISMUTH	940000 Devices	94000000 Devices	R	3%-0	EXTERNA	PADS	EA	50	SSB		8884	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
8884433500	XEROFO	BISMUTH	940000 Devices	94000000 Devices	R	3%-0	EXTERNA	PADS	EA	25	SSB		8884	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
8884433605	XEROFO	BISMUTH	940000 Devices	94000000 Devices	R	3%-0	EXTERNA	MISC	EA	50	SSB		8884	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
8884540500	Q-TIPS/SI	APPLICAT	940000 Devices	94000000 Devices	O	0	DOES NO	SWAB	EA	100	NON DRUG		8884	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8884541300	Q-TIPS/SI	APPLICAT	940000 Devices	94000000 Devices	O	0	DOES NO	SWAB	EA	2000	NON DRUG		8884	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8884541400	Q-TIPS/SI	APPLICAT	940000 Devices	94000000 Devices	O	0	DOES NO	SWAB	EA	200	NON DRUG		8884	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8884700108	KANGAR	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		8884	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8884700116	KANGAR	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		8884	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8884700207	KANGAR	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		8884	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8884702005	KANGAR	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8884	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8884702105	KANGAR	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8884	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8884702500	KANGAR	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8884	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8884704305	KANGAR	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8884	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8884704605	KANGAR	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8884	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8884704805	KANGAR	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8884	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8884712100	KANGAR	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8884	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8884712300	KANGAR	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8884	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8884714300	KANGAR	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8884	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8884714600	KANGAR	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8884	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8884716100	KANGAR	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		8884	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8884730200	DOVER T	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	144	NON DRUG		8884	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8884730300	DOVER T	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	144	NON DRUG		8884	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8884731100	DOVER T	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	500	NON DRUG		8884	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8884731900	DOVER E	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8884	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8884732000	DOVER U	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8884	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8884732300	DOVER U	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8884	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8884732500	DOVER U	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8884	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8884733100	DOVER U	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8884	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8884733900	DOVER U	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8884	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8884734600	DOVER U	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8884	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8884741813	KANGAR	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		8884	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8887600057	DOVER U	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	20	NON DRUG		8887	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8887600073	DOVER U	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	20	NON DRUG		8887	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8887600149	DOVER C	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8887	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8887600776	DOVER S	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	20	NON DRUG		8887	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8887600784	DOVER S	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	20	NON DRUG		8887	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8887600909	DOVER D	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8887	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8887601121	DOVER U	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8887	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8887601139	DOVER U	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8887	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8887603085	DOVER A	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8887	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8887603101	DOVER A	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8887	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8887605122	DOVER S	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8887	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8887605148	DOVER S	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8887	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8887605163	DOVER S	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8887	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8887605189	DOVER S	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8887	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8887605205	DOVER S	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8887	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8887605221	DOVER S	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8887	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8887605247	DOVER S	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8887	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8887605262	DOVER S	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8887	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8887606146	DOVER S	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	20	NON DRUG		8887	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8887606161	DOVER S	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	20	NON DRUG		8887	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8887606187	DOVER S	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	20	NON DRUG		8887	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8887606203	DOVER S	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	20	NON DRUG		8887	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8887630187	DOVER S	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8887	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8887630203	DOVER S	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8887	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8887630229	DOVER S	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8887	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8887630245	DOVER S	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		8887	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8887630260	DOVER S	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		8887	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8887660085	DOVER R	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8887	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8887660101	DOVER R	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8887	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8887660127	DOVER R	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8887	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8887660143	DOVER R	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8887	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8887660168	DOVER R	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8887	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8887660184	DOVER R	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8887	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8887660903	DOVER V	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG		8887	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8887665183	DOVER A	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8887	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8887665209	DOVER A	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8887	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8887665225	DOVER A	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8887	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8887665241	DOVER A	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		8887	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8888492017	DOVER V	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG		8888	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8888492025	DOVER P	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG		8888	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8888492033	DOVER P	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG		8888	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8888492041	DOVER P	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG		8888	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8888492058	DOVER P	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG		8888	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8888492066	DOVER U	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG		8888	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
8910003311	REMESE	DENTAL	340000 Dental Ag	34000000 Dental Ag	R	3%	DENTAL	MISC	EA	1	SSB		8910	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND		R	MEDPRIM
9038000625	MIC GAS	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000648	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000650	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000652	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000654	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000656	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000658	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000661	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000662	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000663	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000664	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000665	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000666	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000667	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000668	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000669	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000670	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000671	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000672	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000673	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000674	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000675	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000676	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000677	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000678	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000679	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000681	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000683	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000685	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000687	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000689	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000691	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000693	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000695	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000697	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000699	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000701	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000703	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000705	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000708	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000709	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000710	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000711	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000713	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000714	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000715	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000716	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000717	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000718	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000719	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000720	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000722	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000724	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000726	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000728	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000730	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000732	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000734	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000736	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000738	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038000740	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038022300	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038022301	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038022302	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038022303	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038022304	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038022305	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038022306	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038022307	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038022308	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038022309	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038022310	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9038022311	MIC-KEY	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9038	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9115090565	OHC COV	COVID-19	360000 Diagnostic	36000000 Diagnostic	O	0	IN VITRO	KIT	EA	1	NON DRUG		9115	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM

9492021103	GLUCOS	GLUCOS	929200 UNKNOW	92920000 UNKNOW	P	500-400 M	ORAL	CAPS	EA	180	GENERIC		9492	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9492072201	L-CARNIT	CARNITIN	402000 Caloric Ag	40200000 Caloric Ag	O	500-15-5 M	ORAL	TABS	EA	60	SSB		9492	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9869541523	SAFE-T-S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9869	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958000020	PRIMER	WOUND	849200 Skin and	84920000 Skin and	O	25%	EXTERNA	MISC	EA	1	SSB	9/1/2022	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958000512	TCC-EZ T	CASTS A	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958000522	TCC-EZ T	CASTS A	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958000562	TCC-EZ T	CASTS A	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG		9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958000582	TCC-EZ T	CASTS A	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG		9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958000592	TCC-EZ T	CASTS A	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958000602	TCC-EZ T	CASTS A	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958000611	TCC-EZ T	CASTS A	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958000642	TCC-EZ T	CASTS A	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG		9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958000672	TCC-EZ T	CASTS A	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRU	2/1/2023	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958000682	TCC-EZ T	CASTS A	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRU	2/1/2023	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958000692	TCC-EZ T	CASTS A	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRU	2/1/2023	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958000702	TCC-EZ T	CASTS A	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG		9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958000712	TCC-EZ T	CASTS A	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958000722	TCC-EZ T	CASTS A	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRU	2/1/2023	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958000732	TCC-EZ T	CASTS A	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRU	2/1/2023	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958000742	TCC-EZ T	CASTS A	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958003101	DERMAG	WOUND	849200 Skin and	84920000 Skin and	O	0	EXTERNA	PADS	EA	25	SSB	9/1/2022	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958003111	DERMAG	WOUND	849200 Skin and	84920000 Skin and	O	0	EXTERNA	PADS	EA	15	SSB	9/1/2022	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958003121	DERMAG	WOUND	849200 Skin and	84920000 Skin and	O	0	EXTERNA	PADS	EA	15	SSB	9/1/2022	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958003131	MEDIHON	WOUND	849200 Skin and	84920000 Skin and	R	0-0	EXTERNA	PADS	EA	10	SSB		9958	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
9958003140	MEDIHON	WOUND	849200 Skin and	84920000 Skin and	R	0-0	EXTERNA	PADS	EA	1	SSB		9958	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND		R	MEDPRIM
9958003141	MEDIHON	WOUND	849200 Skin and	84920000 Skin and	R	0-0	EXTERNA	PADS	EA	10	SSB		9958	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
9958003142	MEDIHON	WOUND	849200 Skin and	84920000 Skin and	R	0-0	EXTERNA	PADS	EA	10	SSB		9958	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
9958003161	MEDIHON	WOUND	849200 Skin and	84920000 Skin and	R	0-0	EXTERNA	PADS	EA	5	SSB		9958	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND		R	MEDPRIM
9958003350	MEDIHON	WOUND	849200 Skin and	84920000 Skin and	R	0	EXTERNA	PSTE	ML	103	NON DRUG		9958	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
9958003351	MEDIHON	WOUND	849200 Skin and	84920000 Skin and	R	0-0	EXTERNA	PSTE	ML	103	SSB		9958	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
9958003352	MEDIHON	WOUND	849200 Skin and	84920000 Skin and	R	0-0	EXTERNA	PSTE	ML	103	NON DRUG		9958	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
9958003360	MEDIHON	WOUND	849200 Skin and	84920000 Skin and	R	0	EXTERNA	PSTE	ML	44	NON DRUG		9958	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
9958003361	MEDIHON	WOUND	849200 Skin and	84920000 Skin and	R	0	EXTERNA	PSTE	ML	44	SSB		9958	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
9958003400	MEDIHON	WOUND	849200 Skin and	84920000 Skin and	R	0	EXTERNA	GEL	ML	15	SSB		9958	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
9958003401	MEDIHON	WOUND	849200 Skin and	84920000 Skin and	R	0	EXTERNA	PSTE	ML	15	SSB		9958	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
9958003402	MEDIHON	WOUND	849200 Skin and	84920000 Skin and	R	0	EXTERNA	PSTE	ML	15	SSB		9958	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
9958003450	MEDIHON	WOUND	849200 Skin and	84920000 Skin and	O	0	EXTERNA	PADS	EA	1	NON DRUG		9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958003451	MEDIHON	WOUND	849200 Skin and	84920000 Skin and	O	0	EXTERNA	PADS	EA	10	NON DRUG		9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958003460	MEDIHON	WOUND	849200 Skin and	84920000 Skin and	R	0	EXTERNA	GEL	ML	15	SSB		9958	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
9958003461	MEDIHON	WOUND	849200 Skin and	84920000 Skin and	R	0	EXTERNA	GEL	ML	15	SSB		9958	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
9958003462	MEDIHON	WOUND	849200 Skin and	84920000 Skin and	R	0	EXTERNA	GEL	ML	15	SSB		9958	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
9958003470	MEDIHON	WOUND	849200 Skin and	84920000 Skin and	R	0	EXTERNA	GEL	ML	44	SSB		9958	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
9958003471	MEDIHON	WOUND	849200 Skin and	84920000 Skin and	R	0	EXTERNA	GEL	ML	44	SSB		9958	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
9958003472	MEDIHON	WOUND	849200 Skin and	84920000 Skin and	R	0	EXTERNA	GEL	ML	44	SSB		9958	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
9958005020	DERMA P	WOUND	849200 Skin and	84920000 Skin and	O	5%	EXTERNA	MISC	EA	1	SSB	9/1/2022	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958005030	DERMA P	WOUND	849200 Skin and	84920000 Skin and	O	5%	EXTERNA	MISC	EA	1	SSB	9/1/2022	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958005170	AQUASIT	WOUND	849200 Skin and	84920000 Skin and	O	0	EXTERNA	PADS	EA	10	SSB	9/1/2022	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958005180	AQUASIT	WOUND	849200 Skin and	84920000 Skin and	O	0	EXTERNA	PADS	EA	10	SSB	9/1/2022	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958008160	PRIMACC	HYDROA	849200 Skin and	84920000 Skin and	O	0	EXTERNA	MISC	EA	10	SSB	9/1/2022	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958008250	ALGICEL	CALCIUM	849200 Skin and	84920000 Skin and	O	0	EXTERNA	MISC	EA	10	SSB	9/1/2022	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958008260	ALGICEL	CALCIUM	849200 Skin and	84920000 Skin and	O	0	EXTERNA	MISC	EA	10	SSB	9/1/2022	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958008270	ALGICEL	CALCIUM	849200 Skin and	84920000 Skin and	O	0	EXTERNA	MISC	EA	10	SSB	9/1/2022	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958008290	ALGICEL	CALCIUM	849200 Skin and	84920000 Skin and	O	0	EXTERNA	MISC	EA	10	SSB	9/1/2022	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958008310	PRIMACC	WOUND	849200 Skin and	84920000 Skin and	O	0	EXTERNA	PADS	EA	5	SSB	9/1/2022	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958008320	PRIMACC	WOUND	849200 Skin and	84920000 Skin and	O	0	EXTERNA	PADS	EA	5	SSB	9/1/2022	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958008330	PRIMACC	WOUND	849200 Skin and	84920000 Skin and	O	0	EXTERNA	PADS	EA	5	SSB	9/1/2022	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958008350	PRIMACC	WOUND	849200 Skin and	84920000 Skin and	O	0	EXTERNA	PADS	EA	5	SSB	9/1/2022	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958008360	PRIMACC	WOUND	849200 Skin and	84920000 Skin and	O	0	EXTERNA	PADS	EA	20	SSB	9/1/2022	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958008370	PRIMACC	WOUND	849200 Skin and	84920000 Skin and	O	0	EXTERNA	PADS	EA	10	SSB	9/1/2022	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958008380	PRIMACC	WOUND	849200 Skin and	84920000 Skin and	O	0	EXTERNA	PADS	EA	5	SSB	9/1/2022	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958008420	AQUASIT	WOUND	849200 Skin and	84920000 Skin and	O	0	EXTERNA	PADS	EA	10	SSB	9/1/2022	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958008430	AQUASIT	WOUND	849200 Skin and	84920000 Skin and	O	0	EXTERNA	PADS	EA	10	SSB	9/1/2022	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958008440	AQUASIT	WOUND	849200 Skin and	84920000 Skin and	O	0	EXTERNA	PADS	EA	10	SSB	9/1/2022	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958008580	HYDROC	GAUZE P	940000 Devices	94000000 Devices	O	4""X4""	DOES NO	PADS	EA	10	NON DRU	9/1/2022	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958008600	HYDROC	GAUZE P	940000 Devices	94000000 Devices	O	6""X6""	DOES NO	PADS	EA	10	NON DRU	9/1/2022	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958008680	HYDROC	GAUZE P	940000 Devices	94000000 Devices	O	4""X4""	DOES NO	PADS	EA	10	NON DRU	9/1/2022	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958008682	BIOGUAR	GAUZE P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRU	9/1/2022	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958008700	HYDROC	GAUZE P	940000 Devices	94000000 Devices	O	6""X6""	DOES NO	PADS	EA	10	NON DRU	9/1/2022	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958008701	BIOGUAR	GAUZE P	940000 Devices	94000000 Devices	R	2""X2""	DOES NO	PADS	EA	100	NON DRU	9/1/2022	9958	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND		R	MEDPRIM
9958008711	BIOGUAR	GAUZE P	940000 Devices	94000000 Devices	R	4""X4""	DOES NO	PADS	EA	50	NON DRU	9/1/2022	9958	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND		R	MEDPRIM
9958008800	PRIMACC	HYDROA	849200 Skin and	84920000 Skin and	O	0	EXTERNA	MISC	EA	5	SSB	9/1/2022	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958008811	BIOGUAR	GAUZE P	940000 Devices	94000000 Devices	R	3""X4""	DOES NO	PADS	EA	50	NON DRU	9/1/2022	9958	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND		R	MEDPRIM
9958008820	SORBAC	WOUND	849200 Skin and	84920000 Skin and	O	0	EXTERNA	PADS	EA	10	SSB	9/1/2022	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958008821	BIOGUAR	GAUZE P	940000 Devices	94000000 Devices	R	3""X8""	DOES NO	PADS	EA	50	NON DRU	9/1/2022	9958	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND		R	MEDPRIM
9958008831	BIOGUAR	GAUZE P	940000 Devices	94000000 Devices	R	4""X5""	DOES NO	PADS	EA	25	NON DRU	9/1/2022	9958	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND		R	MEDPRIM
9958008840	SORBAC	WOUND	849200 Skin and	84920000 Skin and	O	0	EXTERNA	PADS	EA	10	SSB	9/1/2022	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958008841	BIOGUAR	GAUZE P	940000 Devices	94000000 Devices	R	4""X10""	DOES NO	PADS	EA	25	NON DRU	9/1/2022	9958	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND		R	MEDPRIM
9958008851	BIOGUAR	GAUZE P	940000 Devices	94000000 Devices	R	4""X14""	DOES NO	PADS	EA	25	NON DRU	9/1/2022	9958	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND		R	MEDPRIM
9958008890	DUDRES	WOUND	849200 Skin and	84920000 Skin and	O	0	EXTERNA	PADS	EA	25	SSB	9/1/2022	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958008920	DUDRES	WOUND	849200 Skin and	84920000 Skin and	O	0	EXTERNA	PADS	EA	25	SSB	9/1/2022	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958008940	COMPDR	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	25	NON DRU	9/1/2022	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958008950	COMPDR	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	25	NON DRU	9/1/2022	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958008960	COMPDR	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	25	NON DRU	9/1/2022	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958008970	COMPDR	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	25	NON DRU	9/1/2022	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958008980	COMPDR	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	25	NON DRU	9/1/2022	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958008990	COMPDR	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	25	NON DRU	9/1/2022	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958018000	COMPDR	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	25	NON DRU	9/1/2022	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958018010	COMPDR	TRANSPA	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	25	NON DRU	9/1/2022	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958018060	AQUASIT	WOUND	849200 Skin and	84920000 Skin and	O	0	EXTERNA	PADS	EA	10	SSB	9/1/2022	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958018201	ALGICEL	SILVER	849200 Skin and	84920000 Skin and	O	4-1/4""X4-	EXTERNA	PADS	EA	10	SSB	9/1/2022	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958018211	ALGICEL	SILVER	849200 Skin and	84920000 Skin and	O	3/4""X12""	EXTERNA	MISC	EA	5	SSB	9/1/2022	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958018221	ALGICEL	SILVER	849200 Skin and	84920000 Skin and	O	4""X8""	EXTERNA	PADS	EA	5	SSB	9/1/2022	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958018231	ALGICEL	SILVER	849200 Skin and	84920000 Skin and	O	8""X12""	EXTERNA	PADS	EA	5	SSB	9/1/2022	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
9958018281	ALGICEL	SILVER	849200 Skin and	84920000 Skin and	O	4""X5""	EXTERNA	PADS	EA	10	SSB	9/1/2022	9958	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM

10006070010	NIACIN E	NIACIN	880800 Vitamin B	88080000 Vitamin B	P	500 MG	ORAL	TBCR	EA	250	GENERIC		10006	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
10006070011	THIAMINE	THIAMINE	880800 Vitamin B	88080000 Vitamin B	P	100 MG	ORAL	TABS	EA	1000	GENERIC		10006	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
10006070012	VITAMIN	PYRIDOX	880800 Vitamin B	88080000 Vitamin B	P	50 MG	ORAL	TABS	EA	100	GENERIC		10006	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
10006070013	MAGDEL	MAGNESI	401200 Replacem	40120000 Replacem	P	64MG	ORAL	TBEC	EA	60	GENERIC		10006	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM

10006070020	NIACIN EI	NIACIN	880800 Vitamin B	88080000 Vitamin B	P	250 MG	ORAL	CPCR	EA	100		GENERIC		10006		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10006070022	VITAMIN I	CYANOC	880800 Vitamin B	88080000 Vitamin B	P	1000 MCG	ORAL	TABS	EA	130		GENERIC		10006		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10006070028	MAGNESI	MAGNESI	401200 Replacem	40120000 Replacem	P	400 (240 M	ORAL	TABS	EA	100		GENERIC		10006		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10006070038	OYSTER	CALCIUM	401200 Replacem	40120000 Replacem	P	500-5 MG	ORAL	TABS	EA	100		GENERIC		10006		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10006070039	VITAMIN	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	500 MG	ORAL	CPCR	EA	100		GENERIC		10006		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10006073002	UREA 10	UREA	842800 Keratolytic	84280000 Keratolytic	P	10%	EXTERNA	CREA	GM	85		GENERIC		10006		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10006073013	FERROUS	FERROUS	200404 Iron Prepa	20040400 Iron Prepa	P	45 MG	ORAL	TBCR	EA	30		GENERIC		10006		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10006073014	IRON SLC	FERROUS	200404 Iron Prepa	20040400 Iron Prepa	P	45 MG	ORAL	TBCR	EA	60		GENERIC	7/24/2024	10006		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10006073016	VITAMIN I	PYRIDOX	880800 Vitamin B	88080000 Vitamin B	P	50 MG	ORAL	TABS	EA	1000		GENERIC		10006		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10006073017	VITAMIN I	PYRIDOX	880800 Vitamin B	88080000 Vitamin B	P	50MG	ORAL	TABS	EA	100		GENERIC		10006		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10006073021	THIAMINE	THIAMINE	880800 Vitamin B	88080000 Vitamin B	P	100 MG	ORAL	TABS	EA	1000		GENERIC		10006		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10006073027	ZINC SUL	ZINC SUL	401200 Replacem	40120000 Replacem	P	220MG	ORAL	TABS	EA	100		GENERIC		10006		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10006073031	DAILY MC	EMOLLIEI	842404 Basic Loti	84240400 Basic Loti	O	0	EXTERNA	LOTN	ML	355		SSB		10006		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10006073032	MOISTUR	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	O	0-0-0-0	EXTERNA	CREA	GM	454		SSB		10006		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10006073038	MAGNESI	MAGNESI	401200 Replacem	40120000 Replacem	P	400 (240 M	ORAL	TABS	EA	120		GENERIC		10006		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10006073043	VITAMIN I	CYANOC	880800 Vitamin B	88080000 Vitamin B	P	1000 MCG	ORAL	TABS	EA	100		GENERIC	4/24/2023	10006		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10006073118	REGULOI	PSYLLIUM	561200 Cathartics	56120000 Cathartics	P	51.70%	ORAL	POWD	GM	426		GENERIC		10006		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10011073008	CARESEN	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		10011		N	FORMULARY		2 BRAND	PREFERRED BRAND				R	MEDPRMI
10019005561	BREVIBL	ESMOLOI	242000 Alpha-Adr	24200000 Alpha-Adr	S	2500 MG/	INTRAVEI	SOLN	ML	250		MSB		10019	Y	N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRMI
10019007587	BREVIBL	ESMOLOI	242000 Alpha-Adr	24200000 Alpha-Adr	S	2000 MG/	INTRAVEI	SOLN	ML	100		MSB		10019	Y	N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRMI
10019007901	BENDAMI	BENDAMI	100000 Antineopla	10000000 Antineopla	R	100 MG/4	INTRAVEI	SOLN	ML	4		MSB		10019		N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION				R	MEDPRMI
10019008001	ERIBULIN	ERIBULIN	100000 Antineopla	10000000 Antineopla	S	1 MG/2ML	INTRAVEI	SOLN	ML	2		GENERIC		10019		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10019011501	BREVIBL	ESMOLOI	242000 Alpha-Adr	24200000 Alpha-Adr	S	100 MG/1	INTRAVEI	SOLN	ML	10		MSB		10019	Y	N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRMI
10019011539	BREVIBL	ESMOLOI	242000 Alpha-Adr	24200000 Alpha-Adr	S	100 MG/1	INTRAVEI	SOLN	ML	10		MSB		10019	Y	N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRMI
10019012001	ESMOLOI	ESMOLOI	242000 Alpha-Adr	24200000 Alpha-Adr	S	100 MG/1	INTRAVEI	SOLN	ML	10		GENERIC		10019		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10019012039	ESMOLOI	ESMOLOI	242000 Alpha-Adr	24200000 Alpha-Adr	S	100 MG/1	INTRAVEI	SOLN	ML	10		GENERIC		10019		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10019036040	FORANE	ISOFLUR	280416 UNKNOW	28041600 UNKNOW	S	0	INHALATI	SOLN	ML	100		MSB		10019	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION				R	MEDPRMI
10019036060	FORANE	ISOFLUR	280416 UNKNOW	28041600 UNKNOW	S	0	INHALATI	SOLN	ML	250		MSB		10019	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION				R	MEDPRMI
10019055303	TRANSDE	SCOPOL	120808 Antimusca	12080800 Antimusca	S	1 MG/3DA	TRANSDE	PT72	EA	10		MSB		10019	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION				R	MEDPRMI
10019055304	TRANSDE	SCOPOL	120808 Antimusca	12080800 Antimusca	S	1 MG/3DA	TRANSDE	PT72	EA	24		MSB		10019	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION				R	MEDPRMI
10019055390	TRANSDE	SCOPOL	120808 Antimusca	12080800 Antimusca	S	1 MG/3DA	TRANSDE	PT72	EA	1		MSB		10019	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION				R	MEDPRMI
10019064134	SUPRANE	DESFLUR	280416 UNKNOW	28041600 UNKNOW	S	0	INHALATI	SOLN	ML	240		MSB		10019		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION				R	MEDPRMI
10019064164	SUPRANE	DESFLUR	280416 UNKNOW	28041600 UNKNOW	S	0	INHALATI	SOLN	ML	240		MSB		10019		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION				R	MEDPRMI
10019064434	SUPRANE	DESFLUR	280416 UNKNOW	28041600 UNKNOW	S	0	INHALATI	SOLN	ML	240		MSB		10019		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION				R	MEDPRMI
10019064634	SUPRANE	DESFLUR	280416 UNKNOW	28041600 UNKNOW	S	0	INHALATI	SOLN	ML	240		MSB		10019		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION				R	MEDPRMI
10019065164	SEVOFLU	SEVOFLU	280416 UNKNOW	28041600 UNKNOW	S	0	INHALATI	SOLN	ML	250		GENERIC		10019		N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
10019065364	SEVOFLU	SEVOFLU	280416 UNKNOW	28041600 UNKNOW	S	0	INHALATI	SOLN	ML	250		GENERIC		10019		N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
10019066610	BREVIBL	ESMOLOI	242000 Alpha-Adr	24200000 Alpha-Adr	S	2000 MG/	INTRAVEI	SOLN	ML	100		MSB		10019	Y	N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRMI
10019066810	BREVIBL	ESMOLOI	242000 Alpha-Adr	24200000 Alpha-Adr	S	2000 MG/	INTRAVEI	SOLN	ML	100		MSB		10019	Y	N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRMI
10019067010	BREVIBL	ESMOLOI	242000 Alpha-Adr	24200000 Alpha-Adr	S	2500 MG/	INTRAVEI	SOLN	ML	250		MSB		10019	Y	N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRMI
10019067210	BREVIBL	ESMOLOI	242000 Alpha-Adr	24200000 Alpha-Adr	S	2500 MG/	INTRAVEI	SOLN	ML	250		MSB		10019	Y	N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRMI
10019092501	IFOSFAM	IFOSFAM	100000 Antineopla	10000000 Antineopla	S	1GM	INTRAVEI	SOLR	EA	1		GENERIC		10019		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10019092582	IFOSFAM	IFOSFAM	100000 Antineopla	10000000 Antineopla	S	1GM	INTRAVEI	SOLR	EA	1		GENERIC		10019		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10019092602	IFOSFAM	IFOSFAM	100000 Antineopla	10000000 Antineopla	S	3GM	INTRAVEI	SOLR	EA	1		MSB		10019		N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION				R	MEDPRMI
10019092616	IFOSFAM	IFOSFAM	100000 Antineopla	10000000 Antineopla	S	3GM	INTRAVEI	SOLR	EA	1		MSB		10019		N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION				R	MEDPRMI
10019092701	IFOSFAM	IFOSFAM	100000 Antineopla	10000000 Antineopla	S	1GM	INTRAVEI	SOLR	EA	1		GENERIC		10019		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10019092720	IFOSFAM	IFOSFAM	100000 Antineopla	10000000 Antineopla	S	1GM	INTRAVEI	SOLR	EA	1		GENERIC		10019		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10019092903	IFOSFAM	IFOSFAM	100000 Antineopla	10000000 Antineopla	S	3GM	INTRAVEI	SOLR	EA	1		MSB		10019		N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION				R	MEDPRMI
10019092960	IFOSFAM	IFOSFAM	100000 Antineopla	10000000 Antineopla	S	3GM	INTRAVEI	SOLR	EA	1		MSB		10019		N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION				R	MEDPRMI
10019093501	CYCLOPH	CYCLOPH	100000 Antineopla	10000000 Antineopla	S	500 MG	INJECTIO	SOLR	EA	1		GENERIC		10019		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10019093525	CYCLOPH	CYCLOPH	100000 Antineopla	10000000 Antineopla	S	500 MG	INJECTIO	SOLR	EA	1		GENERIC		10019		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10019093601	CYCLOPH	CYCLOPH	100000 Antineopla	10000000 Antineopla	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC		10019		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10019093650	CYCLOPH	CYCLOPH	100000 Antineopla	10000000 Antineopla	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC		10019		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10019093701	CYCLOPH	CYCLOPH	100000 Antineopla	10000000 Antineopla	S	2 GM	INJECTIO	SOLR	EA	1		GENERIC		10019		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10019093710	CYCLOPH	CYCLOPH	100000 Antineopla	10000000 Antineopla	S	2 GM	INJECTIO	SOLR	EA	1		GENERIC		10019		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10019093801	CYCLOPH	CYCLOPH	100000 Antineopla	10000000 Antineopla	S	500 MG	INJECTIO	SOLR	EA	1		GENERIC		10019		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10019093825	CYCLOPH	CYCLOPH	100000 Antineopla	10000000 Antineopla	S	500 MG	INJECTIO	SOLR	EA	1		GENERIC		10019		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10019093901	CYCLOPH	CYCLOPH	100000 Antineopla	10000000 Antineopla	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC		10019		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10019093950	CYCLOPH	CYCLOPH	100000 Antineopla	10000000 Antineopla	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC		10019		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10019094201	CYCLOPH	CYCLOPH	100000 Antineopla	10000000 Antineopla	S	2 GM	INJECTIO	SOLR	EA	1		GENERIC		10019		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10019094210	CYCLOPH	CYCLOPH	100000 Antineopla	10000000 Antineopla	S	2 GM	INJECTIO	SOLR	EA	1		GENERIC		10019		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10019094301	CYCLOPH	CYCLOPH	100000 Antineopla	10000000 Antineopla	S	500 MG	INJECTIO	SOLR	EA	1		GENERIC		10019		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10019094325	CYCLOPH	CYCLOPH	100000 Antineopla	10000000 Antineopla	S	500 MG	INJECTIO	SOLR	EA	1		GENERIC		10019		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10019094401	CYCLOPH	CYCLOPH	100000 Antineopla	10000000 Antineopla	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC		10019		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10019094450	CYCLOPH	CYCLOPH	100000 Antineopla	10000000 Antineopla	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC		10019		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10019094501	CYCLOPH	CYCLOPH	100000 Antineopla	10000000 Antineopla	S	2 GM	INJECTIO	SOLR	EA	1		GENERIC		10019		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10019094510	CYCLOPH	CYCLOPH	100000 Antineopla	10000000 Antineopla	S	2 GM	INJECTIO	SOLR	EA	1		GENERIC		10019		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10019095105	MESNA	MESNA	925600 UNKNOW	92560000 UNKNOW	S	100 MG/M	INTRAVEI	SOLN	ML	10		GENERIC		10019		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10019095110	MESNA	MESNA	925600 UNKNOW	92560000 UNKNOW	S	100 MG/M	INTRAVEI	SOLN	ML	10		GENERIC		10019		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10019095301	MESNA	MESNA	925600 UNKNOW	92560000 UNKNOW	S	100 MG/M	INTRAVEI	SOLN	ML	10		GENERIC		10019		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10019095501	CYCLOPH	CYCLOPH	100000 Antineopla	10000000 Antineopla	S	500 MG	INJECTIO	SOLR	EA	1		GENERIC		10019		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10019095550	CYCLOPH	CYCLOPH	100000 Antineopla	10000000 Antineopla	S	500 MG	INJECTIO	SOLR	EA	1		GENERIC		10019	Y	N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10019095601	CYCLOPH	CYCLOPH	100000 Antineopla	10000000 Antineopla	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC		10019		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10019095616	CYCLOPH	CYCLOPH	100000 Antineopla	10000000 Antineopla	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC		10019	Y	N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10019095701	CYCLOPH	CYCLOPH	100000 Antineopla	10000000 Antineopla	S	2 GM	INJECTIO	SOLR	EA	1		GENERIC		10019		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10019095711	CYCLOPH	CYCLOPH	100000 Antineopla	10000000 Antineopla	S	2 GM	INJECTIO	SOLR	EA	1		GENERIC		10019	Y	N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10019098201	CYCLOPH	CYCLOPH	100000 Antineopla	10000000 Antineopla	R	25 MG	ORAL	TABS	EA	100		GENERIC		10019		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS				R	MEDPRMI
10019098209	CYCLOPH	CYCLOPH	100000 Antineopla	10000000 Antineopla	R	25 MG	ORAL	TABS	EA	100		GENERIC		10019		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS				R	MEDPRMI
10019098401	CYCLOPH	CYCLOPH	100000 Antineopla	10000000 Antineopla	R	50 MG	ORAL	TABS	EA	100		MSB		10019		N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND				R	MEDPRMI
10019098409	CYCLOPH	CYCLOPH	100000 Antineopla	10000000 Antineopla	R	50 MG	ORAL	TABS	EA	100		MSB		10019		N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND				R	MEDPRMI
10019099101	BORTEZC	BORTEZC	100000 Antineopla	10000000 Antineopla	S	3.5 MG	INJECTIO	SOLR	EA	1		GENERIC		10019		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10022063031	FASTEP (	COVID-19	360000 Diagnostic	36000000 Diagnostic	O	0	IN VITRO	KIT	EA	1		NON DRUG		10022		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10022063035	FASTEP (	COVID-19	360000 Diagnostic	36000000 Diagnostic	O	0	IN VITRO	KIT	EA	1		NON DRUG		10022		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10022063036	FASTEP (	COVID-19	360000 Diagnostic	36000000 Diagnostic	O	0	IN VITRO	KIT	EA	1		NON DRUG		10022		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10022063037	FASTEP (	COVID-19	360000 Diagnostic	36000000 Diagnostic	O	0	IN VITRO	KIT	EA	1		NON DRUG		10022		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10022063038	FASTEP (	COVID-19	360000 Diagnostic	36000000 Diagnostic	O	0	IN VITRO	KIT	EA	1		NON DRUG		10022		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10022063041	FASTEP (	COVID-19	360000 Diagnostic	36000000 Diagnostic	O	0	IN VITRO	KIT	EA	1		NON DRUG		10022		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10022063042	FASTEP (	COVID-19	360000 Diagnostic	36000000 Diagnostic	O	0	IN VITRO	KIT	EA	1		NON DRUG		10022		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10022063043	FASTEP (	COVID-19	360000 Diagnostic	36000000 Diagnostic	O	0	IN VITRO	KIT	EA	1		NON DRUG		10022		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10022063044	FASTEP (	COVID-19	360000 Diagnostic	36000000 Diagnostic	O	0	IN VITRO	KIT	EA	1		NON DRUG		10022		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10027043047	HAND SA	ETHYL AL	840492 Local Anti-	84049200 Local Anti-	O	62%	EXTERNA	GEL	ML	473		SSB		10027		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10037091014	XYLIMEL	XYLITOL (	529200 EENT Dru	52920000 EENT Dru	O	500 MG	MOUTH/T	DISK	EA	80		NON DRUG		10037		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10037091086	CANKERI	BENZOC	840800 Antipruritic	84080000 Antipruritic	O	15 MG	MOUTH/T	DISK	EA	20		NON DRUG		10037		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10037091093	XYLIMEL	XYLITOL (	529200 EENT Dru	52920000 EENT Dru	O	500 MG	MOUTH/T	DISK	EA	40		NON DRUG		10037		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10040082001	CUE HEA	COVID-19	360000 Diagnostic	36000000 Diagnostic	O	0	IN VITRO	MISC	EA	1		NON DRUG		10040		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10040082002	CUE COV	COVID-19	360000 Diagnostic	36000000 Diagnostic	O	0	IN VITRO	CART	EA	1		NON DRUG		10040		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10040082003	CUE COV	COVID-19	360000 Diagnostic	36000000 Diagnostic	O	0	IN VITRO	CART	EA	1		NON DRUG		10040		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10040082004	CUE COV	COVID-19	360000 Diagnostic	36000000 Diagnostic	O	0	IN VITRO	CART	EA	1		NON DRUG		10040		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10042059001	SUSVIMO	OCULAR	940000 Devices	94000000 Devices	R	0	INTRAVIT	IMPL	EA	1		NON DRU	7/12/2024	10042		N	EXCLUDE	N/A: [DRU	6 SPBD2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10042059005	SUSVIMO	OCULAR	940000 Devices	94000000 Devices	R	0	INTRAVIT	IMPL	EA	1		NON DRUG		10042		N	EXCLUDE	N/A: [DRU	6 SPBD2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10048061021	YUMVS T	TURMERI	929200 UNKNOW	92920000 UNKNOW	O	125-6-50	ORAL	CHEW	EA	60		SSB		10048		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10048061025	YUMVSKI	PEDIATRI	882800 Multivitam	88280000 Multivitam	O	45MG-45M	ORAL	CHEW	EA	60		SSB		10048		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10048061026	YUMVSKI	ECHINAC	929200 UNKNOW	92920000 UNKNOW	O	75-3 MG	ORAL	CHEW	EA	60		SSB		10048		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10048061027	YUMVSKI	PROBIOT	560800 Antidiarrhe	56080000 Antidiarrhe	P	0	ORAL	CHEW	EA	60		GENERIC		10048		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10048061028	YUMVSKI	FIBER	561200 Cathartics	56120000 Cathartics	P	2 GM	ORAL	CHEW	EA	60		GENERIC		10048		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10048061032	YUMVS P	FIBER	561200 Cathartics	56120000 Cathartics	P	2 GM	ORAL	CHEW	EA	60		GENERIC		10048		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10048061067	YUMVS V	CHOLEC	881600 Vitamin D	88160000 Vitamin D	P	25MCG	ORAL	CHEW	EA	120		GENERIC		10048		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10048061073	YUMVS B	BIOTIN	880800 Vitamin B	88080000 Vitamin B	O	5000 MCG	ORAL	CHEW	EA	70		SSB		10048		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10048061097	YUMVS B	MISC NAT	929200 UNKNOW	92920000 UNKNOW	O	250-0.5 M	ORAL	CHEW	EA	60		SSB		10048		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10048061117	YUMVS Z	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	18MG-18M	ORAL	CHEW	EA	60		SSB		10048		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10048061129	YUMVS C	MULTIPLE	401200 Replacem	40120000 Replacem	O	100MG-17	ORAL	CHEW	EA	90		SSB		10048		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10048061145	YUMVS V	CHOLEC	881600 Vitamin D	88160000 Vitamin D	P	25MCG	ORAL	CHEW	EA	60		GENERIC		10048		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10048061153	YUMVS M	MELATON	929200 UNKNOW	92920000 UNKNOW	P	2.5 MG	ORAL	CHEW	EA	60		GENERIC		10048		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10048061156	YUMVS M	MAGNESI	401200 Replacem	40120000 Replacem	O	83 MG	ORAL	CHEW	EA	90		SSB		10048		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10048061216	YUMVS V	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	125 MG	ORAL	CHEW	EA	60		GENERIC		10048		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10048061217	YUMVS V	CHOLEC	881600 Vitamin D	88160000 Vitamin D	P	25 MCG (	ORAL	CHEW	EA	60		GENERIC		10048		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10048061218	YUMVS V	CHOLEC	881600 Vitamin D	88160000 Vitamin D	O	62.5 MCG	ORAL	CHEW	EA	60		SSB		10048		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10048061219	YUMVS P	PROBIOT	560800 Antidiarrhe	56080000 Antidiarrhe	P	0	ORAL	CHEW	EA	60		GENERIC		10048		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10048061220	YUMVS B	BIOTIN	880800 Vitamin B	88080000 Vitamin B	P	2500 MCG	ORAL	CHEW	EA	60		GENERIC		10048		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10048061230	YUMVS P	FIBER	561200 Cathartics	56120000 Cathartics	P	2.5 GM	ORAL	CHEW	EA	90		GENERIC		10048		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10048061233	YUMVSKI	CHOLEC	881600 Vitamin D	88160000 Vitamin D	P	25 MCG (	ORAL	CHEW	EA	60		GENERIC		10048		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10048061234	YUMVS M	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	18MG-18M	ORAL	CHEW	EA	60		SSB		10048		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10048061291	YUMVS M	MELATON	929200 UNKNOW	92920000 UNKNOW	P	5 MG	ORAL	CHEW	EA	60		GENERIC		10048		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10048061307	YUMVS A	APPLE CI	929200 UNKNOW	92920000 UNKNOW	O	500-5 MG	ORAL	CHEW	EA	60		SSB		10048		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10055097000	LUCIRA C	COVID-19	360000 Diagnostic	36000000 Diagnostic	R	0	IN VITRO	KIT	EA	1		NON DRUG		10055		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10055097004	LUCIRA C	COVID-19	360000 Diagnostic	36000000 Diagnostic	O	0	IN VITRO	KIT	EA	1		NON DRUG		10055		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10061004811	RID SUPE	NIT REMC	840412 Scabicides	84041200 Scabicides	O	0-0	EXTERNA	KIT	ML	100		SSB		10061		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10061004813	RID SUPE	NIT REMC	840412 Scabicides	84041200 Scabicides	O	0-0-0-0	EXTERNA	KIT	ML	301		SSB		10061		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10061004814	RID SUPE	NIT REMC	840412 Scabicides	84041200 Scabicides	O	0-0	EXTERNA	KIT	ML	100		SSB		10061		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10061004817	RID LICE	PYRETHR	840412 Scabicides	84041200 Scabicides	P	0.33-4 %	EXTERNA	SHAM	ML	59		GENERIC		10061		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10061004818	RID LICE	PYRETHR	840412 Scabicides	84041200 Scabicides	P	0.33-4 %	EXTERNA	SHAM	ML	236		GENERIC		10061		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10066007008	DIABETE	HEMOGL	360000 Diagnostic	36000000 Diagnostic	P	0	IN VITRO	KIT	EA	1		NON DRUG		10066		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10066007009	CHOLEST	CHOLEST	360000 Diagnostic	36000000 Diagnostic	R	0	IN VITRO	TEST	EA	1		NON DRUG		10066		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10066007010	INFLAMM	C-REACT	360000 Diagnostic	36000000 Diagnostic	O	0	DOES NO	KIT	EA	1		NON DRUG		10066		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10071080002	BREATHE	NASAL DI	940000 Devices	94000000 Devices	O	0	DOES NO	STRP	EA	26		SSB		10071		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10071080007	BREATHE	NASAL DI	940000 Devices	94000000 Devices	O	0	DOES NO	STRP	EA	30		SSB		10071		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10071080054	BREATHE	NASAL DI	940000 Devices	94000000 Devices	O	0	DOES NO	STRP	EA	72		SSB		10071		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10071080055	BREATHE	NASAL DI	940000 Devices	94000000 Devices	O	0	DOES NO	STRP	EA	72		SSB		10071		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10071080056	BREATHE	NASAL DI	940000 Devices	94000000 Devices	O	0	DOES NO	STRP	EA	44		SSB		10071		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10071080078	BREATHE	NASAL DI	940000 Devices	94000000 Devices	O	0	DOES NO	STRP	EA	10		SSB		10071		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10075002983	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	5		NON DRUG		10075		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10075002987	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	5		NON DRUG		10075		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10075003224	KARAYA	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	30		NON DRUG		10075		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10075005177	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5		NON DRUG		10075		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10075005180	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5		NON DRUG		10075		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10075005182	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	5		NON DRUG		10075		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10075005368	PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	POUCH	DOES NO	MISC	EA	5		NON DRUG		10075		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10075005400	VAPRO P	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	30		NON DRUG		10075		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10075005401	VAPRO P	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	30		NON DRUG		10075		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10075005707	PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5		NON DRUG		10075		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10075005713	PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5		NON DRUG		10075		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10075005733	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	5		NON DRUG		10075		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10075005971	ADAPT C	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10		NON DRUG		10075		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10075005972	ADAPT C	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10		NON DRUG		10075		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10075006193	HYDROFE	WOUND D	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	PADS	EA	10		SSB		10075		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
10075006194	HYDROFE	WOUND D	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	PADS	EA	10		SSB		10075		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
10075006195	HYDROFE	WOUND D	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	PADS	EA	10		SSB		10075		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
10075006444	CERAPLL	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		10075		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10075006445	CERAPLL	OSTOMY	940000 Devices	94000000 Devices	O	POUCH	DOES NO	MISC	EA	5		NON DRUG		10075		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10075006446	CERAPLL	OSTOMY	940000 Devices	94000000 Devices	O	POUCH	DOES NO	MISC	EA	5		NON DRUG		10075		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10075006447	CERAPLL	OSTOMY	940000 Devices	94000000 Devices	O	POUCH	DOES NO	MISC	EA	5		NON DRUG		10075		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10075006627	ADAPT M	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	LIQD	ML	112		NON DRUG		10075		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10075006902	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	5		NON DRUG		10075		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10075006908	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	5		NON DRUG		10075		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10075006909	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	5		NON DRUG		10075		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10075007721	STOMA C	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1		NON DRUG		10075		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10075015483	EXTENDE	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	30		NON DRUG		10075		N	EXCLUDE	EXCLUDE	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10075015586	PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10		NON DRUG		10075		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10075017621	VAPRO P	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	30		NON DRUG		10075		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10075017712	APOGEE	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	100		NON DRUG		10075		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10075017737	APOGEE	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100		NON DRUG		10075		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10075018791	CERAPLL	OSTOMY	940000 Devices	94000000 Devices	O	POUCH	DOES NO	MISC	EA	10		NON DRUG		10075		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10075018792	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	POUCH	DOES NO	MISC	EA	10		NON DRUG		10075		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10075018796	NEW IMA	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10		NON DRUG		10075		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10075018848	PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	POUCH	DOES NO	MISC	EA	5		NON DRUG		10075		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10075018863	PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10		NON DRUG		10075		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10075018869	PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	POUCH	DOES NO	MISC	EA	5		NON DRUG		10075		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10075018871	PREMIER	OSTOMY	940000 Devices	94000000 Devices	O	POUCH	DOES NO	MISC	EA	5		SSB		10075		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10075020523	APOGEE	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	30		NON DRUG		10075		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10075020524	APOGEE	CATHETE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	30		NON DRUG		10075		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10094020501	SYMPAZ	CLOBAZA	281208 Anticonvul	28120800 Anticonvul	R	5 MG	ORAL	FILM	EA	1	X	SSB		10094		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
10094020560	SYMPAZ	CLOBAZA	281208 Anticonvul	28120800 Anticonvul	R	5 MG	ORAL	FILM	EA	60	X	SSB		10094		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
10094021001	SYMPAZ	CLOBAZA	281208 Anticonvul	28120800 Anticonvul	R	10 MG	ORAL	FILM	EA	1	X	SSB		10094		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
10094021060	SYMPAZ	CLOBAZA	281208 Anticonvul	28120800 Anticonvul	R	10 MG	ORAL	FILM	EA	60	X	SSB		10094		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
10094022001	SYMPAZ	CLOBAZA	281208 Anticonvul	28120800 Anticonvul	R	20 MG	ORAL	FILM	EA	1	X	SSB		10094		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
10094022060	SYMPAZ	CLOBAZA	281208 Anticonvul	28120800 Anticonvul	R	20 MG	ORAL	FILM	EA	60	X	SSB		10094		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
10094030501	LIBERVA	DIAZEPA	281208 Anticonvul	28120800 Anticonvul	R	5 MG	BUCCAL	FILM	EA	1		SSB		10094		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	10 IN 30 DAYS		R	MEDPRMI
10094030502	LIBERVA	DIAZEPA	281208 Anticonvul	28120800 Anticonvul	R	5 MG	BUCCAL	FILM	EA	2		SSB		10094		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	10 IN 30 DAYS		R	MEDPRMI
10094030701	LIBERVA	DIAZEPA	281208 Anticonvul	28120800 Anticonvul	R	7.5 MG	BUCCAL	FILM	EA	1		SSB		10094		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	10 IN 30 DAYS		R	MEDPRMI
10094030702	LIBERVA	DIAZEPA	281208 Anticonvul	28120800 Anticonvul	R	7.5 MG	BUCCAL	FILM	EA	2		SSB		10094		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	10 IN 30 DAYS		R	MEDPRMI
10094031001	LIBERVA	DIAZEPA	281208 Anticonvul	28120800 Anticonvul	R	10 MG	BUCCAL	FILM	EA	1		SSB		10094		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	10 IN 30 DAYS		R	MEDPRMI
10094031002	LIBERVA	DIAZEPA	281208 Anticonvul	28120800 Anticonvul	R	10 MG	BUCCAL	FILM	EA	2		SSB		10094		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	10 IN 30 DAYS		R	MEDPRMI
10094031201	LIBERVA	DIAZEPA	281208 Anticonvul	28120800 Anticonvul	R	12.5 MG	BUCCAL	FILM	EA	1		SSB		10094		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	10 IN 30 DAYS		R	MEDPRMI
10094031202	LIBERVA	DIAZEPA	281208 Anticonvul	28120800 Anticonvul	R	12.5 MG	BUCCAL	FILM	EA	2		SSB		10094		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	10 IN 30 DAYS		R	MEDPRMI
10094031501	LIBERVA	DIAZEPA	281208 Anticonvul	28120800 Anticonvul	R	15 MG	BUCCAL	FILM	EA	1		SSB		10094		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	10 IN 30 DAYS		R	MEDPRMI
10094031502	LIBERVA	DIAZEPA	281208 Anticonvul	28120800 Anticonvul	R	15 MG	BUCCAL	FILM	EA	2		SSB		10094		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	10 IN 30 DAYS		R	MEDPRMI
10107029001	FLOWFLE	INFLUEN	360000 Diagnostic	36000000 Diagnostic	O	0	IN VITRO	KIT	EA	1		NON DRUG		10107		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10107029002	FLOWFLE	INFLUEN	360000 Diagnostic	36000000 Diagnostic	O	0	IN VITRO	KIT	EA	1		NON DRUG		10107		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10107029003	FLOWFLE	INFLUEN	360000 Diagnostic	36000000 Diagnostic	O	0	IN VITRO	KIT	EA	1		NON DRUG		10107		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10118089025	AQINJEC	INSULIN	940000 Devices	94000000 Devices	R	32G X 4 M	DOES NO	MISC	EA	100		NON DRUG		10118		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
10118089028	AQINJEC	INSULIN	940000 Devices	94000000 Devices	R	31G X 5 M	DOES NO	MISC	EA	100		NON DRUG		10118		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
10118089032	AQ INSUL	INSULIN	940000 Devices	94000000 Devices	R	30G X 5/1	DOES NO	MISC	EA	100		NON DRUG		10118		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
10118089036	AQ INSUL	INSULIN	940000 Devices	94000000 Devices	R	29G X 1/2	DOES NO	MISC	EA	100		NON DRUG		10118		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
10118089040	AQ INSUL	INSULIN	940000 Devices	94000000 Devices	R	31G X 5/1	DOES NO	MISC	EA	100		NON DRUG		10118		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
10119000104	B&L SEN	SOFT LEN	521200 Contact Le	52120000 Contact Le	O	0-.001%-.(	DOES NO	SOLN	ML	355		SSB		10119		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10119000105	B&L SEN	SOFT LEN	521200 Contact Le	52120000 Contact Le	P	1-1 %	DOES NO	SOLN	ML	118		MSB		10119		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRMI
10119000106	B&L SEN	SOFT LEN	521200 Contact Le	52120000 Contact Le	P	1-1 %	DOES NO	SOLN	ML	237		MSB		10119		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRMI
10119000107	B&L SEN	SOFT LEN	521200 Contact Le	52120000 Contact Le	P	1-1 %	DOES NO	SOLN	ML	355		MSB		10119		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRMI
10119000114	B&L SEN	SOFT LEN	521200 Contact Le	52120000 Contact Le	P	0	DOES NO	SOLN	ML	30		MSB		10119		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRMI
10119000198	RENU SA	SOFT LEN	521200 Contact Le	52120000 Contact Le	O	0-0-0	DOES NO	SOLN	ML	355		SSB		10119		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10119000238	SENSITIV	SOFT LEN	521200 Contact Le	52120000 Contact Le	O	0-0-0-0-0	DOES NO	SOLN	ML	355		SSB		10119		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10119000246	SENSITIV	SOFT LEN	521200 Contact Le	52120000 Contact Le	O	0-0-0-0-0	DOES NO	SOLN	ML	118		SSB		10119		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
10119000252	EYE WAS	OPHTHAL	529200 EENT Dru	52920000 EENT Dru	P	0-.025%-.(	OPHTHAL	SOLN	ML	118		GENERIC		10119	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI

10135036801	PROCHL(	PROCHL(	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135039310	ONCE DA	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	50MG-50M	ORAL	TABS	EA	1000		GENERIC	10135		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIM
10135040401	SALSALA	SALSALA	280804	Nonsteroi	28080424	Salicylates	S	750 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135040405	SALSALA	SALSALA	280804	Nonsteroi	28080424	Salicylates	S	750 MG	ORAL	TABS	EA	500	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135040410	SALSALA	SALSALA	280804	Nonsteroi	28080424	Salicylates	S	750 MG	ORAL	TABS	EA	1000	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135049201	SALSALA	SALSALA	280804	Nonsteroi	28080424	Salicylates	S	500 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135049205	SALSALA	SALSALA	280804	Nonsteroi	28080424	Salicylates	S	500 MG	ORAL	TABS	EA	500	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135049210	SALSALA	SALSALA	280804	Nonsteroi	28080424	Salicylates	S	500 MG	ORAL	TABS	EA	1000	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135049301	SALSALA	SALSALA	280804	Nonsteroi	28080424	Salicylates	S	750 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135049305	SALSALA	SALSALA	280804	Nonsteroi	28080424	Salicylates	S	750 MG	ORAL	TABS	EA	500	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135049310	SALSALA	SALSALA	280804	Nonsteroi	28080424	Salicylates	S	750 MG	ORAL	TABS	EA	1000	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135049501	PROMETI	PROMETI	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	100		GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135049510	PROMETI	PROMETI	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	1000		GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135049601	PROMETI	PROMETI	40400	First Gene	4040000	First Gene	S	50 MG	ORAL	TABS	EA	100		GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135049890	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	10135		N	#N/A	ORIG_FR	10	EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIM
10135049990	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	10135		N	#N/A	ORIG_FR	10	EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIM
10135050090	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	10135		N	#N/A	ORIG_FR	10	EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIM
10135050805	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	500	X	GENERIC	10135		N	#N/A	ORIG_FR	10	EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIM
10135050830	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	10135		N	#N/A	ORIG_FR	10	EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIM
10135050890	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	10135		N	#N/A	ORIG_FR	10	EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIM
10135050905	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	500	X	GENERIC	10135		N	#N/A	ORIG_FR	10	EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIM
10135050930	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	10135		N	#N/A	ORIG_FR	10	EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIM
10135050990	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	10135		N	#N/A	ORIG_FR	10	EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIM
10135051005	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	500	X	GENERIC	10135		N	#N/A	ORIG_FR	10	EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIM
10135051030	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	10135		N	#N/A	ORIG_FR	10	EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIM
10135051090	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	10135		N	#N/A	ORIG_FR	10	EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIM
10135051105	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	500	X	GENERIC	10135		N	#N/A	ORIG_FR	10	EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIM
10135051130	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	10135		N	#N/A	ORIG_FR	10	EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIM
10135051190	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	10135		N	#N/A	ORIG_FR	10	EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIM
10135051205	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	500	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS	X	PA:X	X	1 IN 1 DAYS			R	MEDPRIM
10135051230	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	30	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS	X	PA:X	X	1 IN 1 DAYS			R	MEDPRIM
10135051290	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS	X	PA:X	X	1 IN 1 DAYS			R	MEDPRIM
10135051501	BETHANE	BETHANE	120400	Parasymp	12040000	Parasymp	S	5 MG	ORAL	TABS	EA	100		GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135051601	BETHANE	BETHANE	120400	Parasymp	12040000	Parasymp	S	10 MG	ORAL	TABS	EA	100		GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135051701	BETHANE	BETHANE	120400	Parasymp	12040000	Parasymp	S	25 MG	ORAL	TABS	EA	100		GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135051705	BETHANE	BETHANE	120400	Parasymp	12040000	Parasymp	S	25 MG	ORAL	TABS	EA	500		GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135051801	BETHANE	BETHANE	120400	Parasymp	12040000	Parasymp	S	50 MG	ORAL	TABS	EA	100		GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135052001	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	100		GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135052010	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	1000		GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135052101	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	100		GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135052201	PRIMIDOI	PRIMIDOI	281204	Anticonvul	28120400	Anticonvul	S	250 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135052205	PRIMIDOI	PRIMIDOI	281204	Anticonvul	28120400	Anticonvul	S	250 MG	ORAL	TABS	EA	500	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135052210	PRIMIDOI	PRIMIDOI	281204	Anticonvul	28120400	Anticonvul	S	250 MG	ORAL	TABS	EA	1000	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135052403	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	300	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135052405	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	500	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135052410	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	1000	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135052490	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	90	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135052503	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	300	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135052505	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	500	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135052510	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	1000	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135052590	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135052603	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	300	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135052605	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	500	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135052610	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135052690	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135053201	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC	10135		N	FORMULARY		1	GEN	GENERICS			X	8 IN 1 DAYS			R	MEDPRIM
10135053210	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	1000		GENERIC	10135		N	FORMULARY		1	GEN	GENERICS			X	8 IN 1 DAYS			R	MEDPRIM
10135053301	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	100		GENERIC	10135		N	FORMULARY		1	GEN	GENERICS			X	4 IN 1 DAYS			R	MEDPRIM
10135053305	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	500		GENERIC	10135		N	FORMULARY		1	GEN	GENERICS			X	4 IN 1 DAYS			R	MEDPRIM
10135053310	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	1000		GENERIC	10135		N	FORMULARY		1	GEN	GENERICS			X	4 IN 1 DAYS			R	MEDPRIM
10135053401	DIGOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	125 MCG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135053410	DIGOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	125 MCG	ORAL	TABS	EA	1000	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135053501	DIGOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	250 MCG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135053510	DIGOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	250 MCG	ORAL	TABS	EA	1000	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135053610	DIPYRIDA	DIPYRIDA	361800	Cardiac F	36180000	Cardiac F	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135053710	DIPYRIDA	DIPYRIDA	361800	Cardiac F	36180000	Cardiac F	S	50 MG	ORAL	TABS	EA	1000	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135053810	DIPYRIDA	DIPYRIDA	361800	Cardiac F	36180000	Cardiac F	S	75 MG	ORAL	TABS	EA	1000	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135053901	DOXYCY(	DOXYCY(	81224	Tetracycli	8122400	Tetracycli	S	20 MG	ORAL	TABS	EA	100		GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135054001	PRIMIDOI	PRIMIDOI	281204	Anticonvul	28120400	Anticonvul	S	50 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135054005	PRIMIDOI	PRIMIDOI	281204	Anticonvul	28120400	Anticonvul	S	50 MG	ORAL	TABS	EA	500	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135054101	PROBENE	PROBENE	404000	Uricosuric	40400000	Uricosuric	S	500 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135054110	PROBENE	PROBENE	404000	Uricosuric	40400000	Uricosuric	S	500 MG	ORAL	TABS	EA	1000	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135054301	URSODIC	URSODIO	561400	Cholelitho	56140000	Cholelitho	S	300 MG	ORAL	CAPS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135054420	DOXYCY(	DOXYCY(	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	TABS	EA	20		GENERIC	10135		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRIM
10135056701	ACETAZC	ACETAZC	524012	UNKNOW	52401200	UNKNOW	S	250 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135056919	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	75 MG/5M	ORAL	SOLR	ML	100		GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135057901	TERBUTA	TERBUTA	121208	beta-Adre	12120812	Selective I	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135057932	TERBUTA	TERBUTA	121208	beta-Adre	12120812	Selective I	S	2.5 MG	ORAL	TABS	EA	180	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135058001	TERBUTA	TERBUTA	121208	beta-Adre	12120812	Selective I	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135058032	TERBUTA	TERBUTA	121208	beta-Adre	12120812	Selective I	S	5 MG	ORAL	TABS	EA	180	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135058101	TRIAMTEI	TRIAMTEI	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	CAPS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135058110	TRIAMTEI	TRIAMTEI	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	CAPS	EA	1000	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135058362	MAGNESI	MAGNESI	401200	Replacem	40120000	Replacem	P	400 (240 M	ORAL	TABS	EA	120		GENERIC	10135		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIM
10135058401	ISONIAZI	ISONIAZI	81604	Antituberc	8160400	Antituberc	S	300 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135058430	ISONIAZI	ISONIAZI	81604	Antituberc	8160400	Antituberc	S	300 MG	ORAL	TABS	EA	30	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135058501	LOXAPINI	LOXAPINI	281608	Antipsych	28160826	UNKNOW	S	5 MG	ORAL	CAPS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135058601	LOXAPINI	LOXAPINI	281608	Antipsych	28160826	UNKNOW	S	10 MG	ORAL	CAPS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135058701	LOXAPINI	LOXAPINI	281608	Antipsych	28160826	UNKNOW	S	25 MG	ORAL	CAPS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135058801	LOXAPINI	LOXAPINI	281608	Antipsych	28160826	UNKNOW	S	50 MG	ORAL	CAPS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135058901	PILOCARI	PILOCARI	120400	Parasymp	12040000	Parasymp	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135059001	PILOCARI	PILOCARI	120400	Parasymp	12040000	Parasymp	S	7.5 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135059130	SIMETHIC	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	125 MG	ORAL	CAPS	EA	30		GENERIC	10135		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIM
10135059160	SIMETHIC	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	125 MG	ORAL	CAPS	EA	60		GENERIC	10135		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIM
10135059230	SIMETHIC	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	180 MG	ORAL	CAPS	EA	30		GENERIC	10135		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIM
10135059260	SIMETHIC	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	180 MG	ORAL	CAPS	EA	60		GENERIC	10135		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIM
10135059324	NIGHT TI	DEXTROI	480800	Antitussiv	48080000	Antitussiv	P	15-6.25-3	ORAL	CAPS	EA	24		GENERIC	10135	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIM
10135059374	NIGHT TI	DEXTROI	480800	Antitussiv	48080000	Antitussiv	P	15-6.25-3	ORAL	CAPS	EA	72		GENERIC	10135	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIM
10135059386	NIGHT TI	DEXTROI	480800	Antitussiv	48080000	Antitussiv	P	15-6.25-3	ORAL	CAPS	EA	48		GENERIC	10135	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIM
10135059401	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	100		GENERIC	10135		N	FORMULARY		1	GEN	GENERICS			X	3 IN 1 DAYS			R	MEDPRIM
10135059501	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC	10135		N	FORMULARY		1	GEN	GENERICS			X	3 IN 1 DAYS			R	MEDPRIM
10135059505	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	500		GENERIC	10135		N	FORMULARY		1	GEN	GENERICS			X	3 IN 1 DAYS			R	MEDPRIM
10135059510	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	1000		GENERIC	10135		N	FORMULARY		1	GEN	GENERICS			X	3 IN 1 DAYS			R	MEDPRIM
10135059601	OMEGA-3	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	300 MG	ORAL	CAPS	EA	100		GENERIC	10135		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIM
10135059797	UREA	UREA	842800	Keratolytic	84280000	Keratolytic	S	40%	EXTERNA	CREA	GM	198		GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135059798	UREA	UREA	842800	Keratolytic	84280000	Keratolytic	S	40%	EXTERNA	CREA	GM	85		GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135059799	UREA	UREA	842800	Keratolytic	84280000	Keratolytic	S	40%	EXTERNA	CREA	GM	28		GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135059901	PERINDO	PERINDO	243204	Angiotens	24320400	Angiotens	S	4MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135060190	FELBAMA	FELBAMA	281292	Anticonvul	28129200	Anticonvul	S	400 MG	ORAL	TABS	EA	90	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS			X	9 IN 1 DAYS			R	MEDPRIM
10135060290	FELBAMA	FELBAMA	281292	Anticonvul	28129200	Anticonvul	S	600 MG	ORAL	TABS	EA	90	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS			X	6 IN 1 DAYS			R	MEDPRIM
10135060301	PHENYTC	PHENYTC	281212	Hydantoin	28121200	Hydantoin	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135060310	PHENYTC	PHENYTC	281212	Hydantoin	28121200	Hydantoin	S	100 MG	ORAL	CAPS	EA	1000	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135060408	THEOPHY	THEOPHY	861600	Respirator	86160000	Respirator	S	80 MG/15	ORAL	SOLN	ML	473	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135060571	LAMIVUD	LAMIVUD	81808	Antiretrovi	8180820	Nucleosid	S	10 MG/ML	ORAL	SOLN	ML	240	X	GENERIC	10135		N	FORMULARY		4	SPGEN	SPECIALTY GENERICS			X	960 IN 30 DAYS			R	MEDPRIM
10135060601	BENZTRC	BENZTRC	283608	UNKNOW	28360800	UNKNOW	S	0.5 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135060610	BENZTRC	BENZTRC	283608	UNKNOW	28360800	UNKNOW	S	0.5 MG	ORAL	TABS	EA	1000	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135060701	BENZTRC	BENZTRC	283608	UNKNOW	28360800	UNKNOW	S	1 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135060710	BENZTRC	BENZTRC	283608	UNKNOW	28360800	UNKNOW	S	1 MG	ORAL	TABS	EA	1000	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135060801	BENZTRC	BENZTRC	283608	UNKNOW	28360800	UNKNOW	S	2 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135060810	BENZTRC	BENZTRC	283608	UNKNOW	28360800	UNKNOW	S	2 MG	ORAL	TABS	EA	1000	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135060901	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TB24	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135060905	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TB24	EA	500	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135061001	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	10 MG	ORAL	TB24	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135061005	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	10 MG	ORAL	TB24	EA	500	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135061101	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	15 MG	ORAL	TB24	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135061290	NIACIN E	NIACIN (A	240692	Antilipemi	24069200	Antilipemi	S	500 MG	ORAL	TBCR	EA	90	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135061390	NIACIN E	NIACIN (A	240692	Antilipemi	24069200	Antilipemi	S	750 MG	ORAL	TBCR	EA	90	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135061490	NIACIN E	NIACIN (A	240692	Antilipemi	24069200	Antilipemi	S	1000 MG	ORAL	TBCR	EA	90	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135061530	ENTECAV	ENTECAV	81832	Nucleosid	8183200	Nucleosid	S	0.5 MG	ORAL	TABS	EA	30	X	GENERIC	10135		N	FORMULARY		4	SPGEN	SPECIALTY GENERICS			X	1 IN 1 DAYS			R	MEDPRIM
10135061630	ENTECAV	ENTECAV	81832	Nucleosid	8183200	Nucleosid	S	1 MG	ORAL	TABS	EA	30	X	GENERIC	10135		N	FORMULARY		4	SPGEN	SPECIALTY GENERICS			X	1 IN 1 DAYS			R	MEDPRIM
10135061710	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	1000	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135061805	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	500	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135061905	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	500	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135062001	PHENAZC	PHENAZC	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	100		GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135062101	PHENAZC	PHENAZC	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	100		GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135062201	CHLORDI	CHLORDI	120808	Antimusca	12080800	Antimusca	S	5MG-2.5M	ORAL	CAPS	EA	100		GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135062301	BETAXOL	BETAXOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135062401	BETAXOL	BETAXOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135062501	DEMECL(	DEMECL(	81224	Tetracycli	8122400	Tetracycli	S	150 MG	ORAL	TABS	EA	100		GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135062648	DEMECL(	DEMECL(	81224	Tetracycli	8122400	Tetracycli	S	300 MG	ORAL	TABS	EA	48		GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135062801	BUTALBI	BUTALBI	280816	UNKNOW	28081600	UNKNOW	S	50-300-40	ORAL	CAPS	EA	100		GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135062902	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	S	667 MG	ORAL	CAPS	EA	200	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135063001	ACEBUTC	ACEBUTC	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	CAPS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135063101	ACEBUTC	ACEBUTC	242000	Alpha-Adr	24200000	Alpha-Adr	S	400 MG	ORAL	CAPS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135063205	BENZONA	BENZONA	480800	Antitussiv	48080000	Antitussiv	S	200 MG	ORAL	CAPS	EA	500		GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135063301	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	3.125 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135063305	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	3.125 MG	ORAL	TABS	EA	500	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135063401	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135063405	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	500	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135063501	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135063505	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	500	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135063632	ACAMPR	ACAMPR	910200	UNKNOW	91020000	UNKNOW	S	333 MG	ORAL	TBEC	EA	180	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135063701	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135063705	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	500	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135063801	CYPROHI	CYPROHI	40400	First Gene	4040000	First Gene	S	4 MG	ORAL	TABS	EA	100		GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135063810	CYPROHI	CYPROHI	40400	First Gene	4040000	First Gene	S	4 MG	ORAL	TABS	EA	1000		GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135063930	LEVOCET	LEVOCET	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	30		GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135063990	LEVOCET	LEVOCET	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	90		GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135064001	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135064005	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	500	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135064010	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	1000	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135064101	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135064201	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135064301	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	300 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135064401	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135064405	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	500	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135064501	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135064505	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	500	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135064601	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135064605	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	500	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135064701	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135064705	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	500	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135064801	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135064805	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	500	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135064910	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC	10135		N	#N/A	ORIG_FR	10	EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIM
10135065005	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	500	X	GENERIC	10135		N	#N/A	ORIG_FR	10	EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIM
10135065110	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	1000	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRIM
10135065201	B-12	CYANOC	880800	Vitamin B	88080000	Vitamin B	P	1000 MCG	ORAL	TABS	EA	100		GENERIC	10135	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIM
10135065250	B-12	CYANOC	880800	Vitamin B	88080000	Vitamin B	P	1000 MCG	ORAL	TABS	EA	50		GENERIC	10135	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIM
10135065263	B-12	CYANOC	880800	Vitamin B	88080000	Vitamin B	P	1000 MCG	ORAL	TABS	EA	130		GENERIC	10135	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIM
10135065305	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	500	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRIM
10135065401	DAPSONI	DAPSONE	81608	UNKNOW	8160800	UNKNOW	S	25 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135065430	DAPSONI	DAPSONE	81608	UNKNOW	8160800	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135065501	DAPSONI	DAPSONE	81608	UNKNOW	8160800	UNKNOW	S	100 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135065530	DAPSONI	DAPSONE	81608	UNKNOW	8160800	UNKNOW	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135065660	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	150 MG	ORAL	TB24	EA	60	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135065760	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TB24	EA	60	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135065860	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	300 MG	ORAL	TB24	EA	60	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135065960	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	400 MG	ORAL	TB24	EA	60	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135066101	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135066201	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	120 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135066301	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	160 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135066401	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	100		GENERIC	10135		N	FORMULARY		1	GEN	GENERICS			X	8 IN 1 DAYS			R	MEDPRIM
10135066501	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	100		GENERIC	10135		N	FORMULARY		1	GEN	GENERICS			X	6 IN 1 DAYS			R	MEDPRIM
10135066601	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	CAPS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135066610	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	CAPS	EA	1000	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135066701	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135066710	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	1000	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135066801	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135066869	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	250	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135066901	SENNA S	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	100		GENERIC	10135		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIM
10135067061	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.01%	EXTERNA	SOLN	ML	60		GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135067181	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	P	1%	EXTERNA	SOLN	ML	10		GENERIC	10135		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIM
10135067191	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	P	1%	EXTERNA	SOLN	ML	30		GENERIC	10135		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIM
10135067296	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4%	EXTERNA	CREA	GM	15		GENERIC	10135		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIM
10135067299	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4%	EXTERNA	CREA	GM	30		GENERIC	10135		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIM
10135067301	ROPINIR(	ROPINIR(	283620	UNKNOW	28362008	UNKNOW	S	0.25 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135067401	ROPINIR(	ROPINIR(	283620	UNKNOW	28362008	UNKNOW	S	0.5 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135067501	ROPINIR(	ROPINIR(	283620	UNKNOW	28362008	UNKNOW	S	1 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135067601	ROPINIR(	ROPINIR(	283620	UNKNOW	28362008	UNKNOW	S	2 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135067701	ROPINIR(	ROPINIR(	283620	UNKNOW	28362008	UNKNOW	S	3 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135067801	ROPINIR(	ROPINIR(	283620	UNKNOW	28362008	UNKNOW	S	4 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135067901	ROPINIR(	ROPINIR(	283620	UNKNOW	28362008	UNKNOW	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135068001	PILOCARI	PILOCARI	120400	Parasymp	12040000	Parasymp	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135068101	GUAIFEN	GUAIFEN	481600	Expectora	48160000	Expectora	P	200MG	ORAL	TABS	EA	100		GENERIC	10135		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIM
10135068230	GUAIFEN	GUAIFEN	481600	Expectora	48160000	Expectora	P	400 MG	ORAL	TABS	EA	30		GENERIC	10135		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIM
10135068260	GUAIFEN	GUAIFEN	481600	Expectora	48160000	Expectora	P	400 MG	ORAL	TABS	EA	60		GENERIC	10135		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIM
10135068304	POLYETH	POLYETH	561200	Cathartics	56120000	Cathartics	P	0-17GM/S	ORAL	POWD	GM	119		GENERIC	10135		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIM
10135068308	POLYETH	POLYETH	561200	Cathartics	56120000	Cathartics	P	0-17GM/S	ORAL	POWD	GM	238		GENERIC	10135		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIM
10135068312	POLYETH	POLYETH	561200	Cathartics	56120000	Cathartics	P	0-17GM/S	ORAL	POWD	GM	510		GENERIC	10135		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIM
10135068410	SODIUM I	SODIUM I	560400	Antacids a	56040000	Antacids a	P	325MG	ORAL	TABS	EA	1000		GENERIC	10135		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIM
10135068510	SODIUM I	SODIUM I	560400	Antacids a	56040000	Antacids a	P	650 MG	ORAL	TABS	EA	1000		GENERIC	10135		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIM
10135068601	NADOLOI	NADOLOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135068701	NADOLOI	NADOLOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	40 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135068801	NADOLOI	NADOLOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135068962	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	120		GENERIC	10135		N	#N/A	ORIG_FR	10	EHB	#N/A					X	THEN $0 COPAY AND TIER=1	R	MEDPRIM
10135069001	FERROUS	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	325 (65 F	ORAL	TABS	EA	100		GENERIC	10135		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIM
10135069161	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1%	EXTERNA	SOLN	ML	60		GENERIC	10135		N	FORMULARY		1	GEN	GENERICS			X	<= 180			R	MEDPRIM
10135069201	AMANTAI	AMANTAI	283604	UNKNOW	28360400	UNKNOW	S	100 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135069205	AMANTAI	AMANTAI	283604	UNKNOW	28360400	UNKNOW	S	100 MG	ORAL	TABS	EA	500	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135069301	AMANTAI	AMANTAI	283604	UNKNOW	28360400	UNKNOW	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135069305	AMANTAI	AMANTAI	283604	UNKNOW	28360400	UNKNOW	S	100 MG	ORAL	CAPS	EA	500	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135069461	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective	S	20 MG/ML	ORAL	CONC	ML	60	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135069508	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	100 MG/M	ORAL	SOLN	ML	473	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135069612	ALENDR(	ALENDR(	922400	UNKNOW	92240000	UNKNOW	S	35 MG	ORAL	TABS	EA	12	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135069644	ALENDR(	ALENDR(	922400	UNKNOW	92240000	UNKNOW	S	35 MG	ORAL	TABS	EA	4	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135069712	ALENDR(	ALENDR(	922400	UNKNOW	92240000	UNKNOW	S	70 MG	ORAL	TABS	EA	12	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135069720	ALENDR(	ALENDR(	922400	UNKNOW	92240000	UNKNOW	S	70 MG	ORAL	TABS	EA	20	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135069744	ALENDR(	ALENDR(	922400	UNKNOW	92240000	UNKNOW	S	70 MG	ORAL	TABS	EA	4	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135069801	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135069901	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135070001	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	CAPS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135070104	MENTHOI	MENTHOI	841200	Astringent	84120000	Astringent	O	0.44-20.6	EXTERNA	OINT	GM	113		MSB	10135		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION							R	MEDPRIM
10135070201	HYDROXY	HYDROXY	100000	Antineopla	10000000	Antineopla	S	500 MG	ORAL	CAPS	EA	100		GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135070305	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	500	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135070330	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	30	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135070390	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	90	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135070405	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	500	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135070430	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	30	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135070490	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	90	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135070550	LACTOBA	LACTOBA	560800	Antidiarrh	56080000	Antidiarrh	P	.2MG-.2M	ORAL	TABS	EA	50		GENERIC	10135		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIM
10135070605	TOLTERC	TOLTERC	861204	UNKNOW	86120400	UNKNOW	S	1 MG	ORAL	TABS	EA	500	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135070660	TOLTERC	TOLTERC	861204	UNKNOW	86120400	UNKNOW	S	1 MG	ORAL	TABS	EA	60	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135070705	TOLTERC	TOLTERC	861204	UNKNOW	86120400	UNKNOW	S	2 MG	ORAL	TABS	EA	500	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135070760	TOLTERC	TOLTERC	861204	UNKNOW	86120400	UNKNOW	S	2 MG	ORAL	TABS	EA	60	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135070801	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135070805	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	500	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135070901	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135070905	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	500	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135071001	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.3 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135071101	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135071105	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	500	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135071201	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135071205	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TABS	EA	500	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135071301	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	300 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135071305	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	300 MG	ORAL	TABS	EA	500	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135071492	FIBER	PSYLLIUM	561200	Cathartics	56120000	Cathartics	P	28.30%	ORAL	POWD	GM	368		GENERIC	10135		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIM
10135071501	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135071601	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	120 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135071701	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	160 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135071812	ALENDR(	ALENDR(	922400	UNKNOW	92240000	UNKNOW	S	35 MG	ORAL	TABS	EA	12	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135071844	ALENDR(	ALENDR(	922400	UNKNOW	92240000	UNKNOW	S	35 MG	ORAL	TABS	EA	4	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135071912	ALENDR(	ALENDR(	922400	UNKNOW	92240000	UNKNOW	S	70 MG	ORAL	TABS	EA	12	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135071944	ALENDR(	ALENDR(	922400	UNKNOW	92240000	UNKNOW	S	70 MG	ORAL	TABS	EA	4	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM
10135072085	ANTIFUN	MICONAZ	840408	Antifungal	84040808	Azoles	P	2%	EXTERNA	POWD	GM	85		GENERIC	10135		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIM
10135072101	MAGNESI	MAGNESI	401200	Replacem	40120000	Replacem	O	420 (252 M	ORAL	TABS	EA	100		GENERIC	10135		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIM
10135072201	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	100		GENERIC	10135		N	FORMULARY		1	GEN	GENERICS			X	8 IN 1 DAYS			R	MEDPRIM
10135072205	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	500		GENERIC	10135		N	FORMULARY		1	GEN	GENERICS			X	8 IN 1 DAYS			R	MEDPRIM
10135072301	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	100		GENERIC	10135		N	FORMULARY		1	GEN	GENERICS			X	6 IN 1 DAYS			R	MEDPRIM
10135072305	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	500		GENERIC	10135		N	FORMULARY		1	GEN	GENERICS			X	6 IN 1 DAYS			R	MEDPRIM
10135072499	HYDROQ	HYDROQ	845004	Depigmen	84500400	Depigmen	S	4%	EXTERNA	CREA	GM	28.35		GENERIC	10135		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIM
10135072501	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	1 MG	ORAL	TABS	EA	100	X	GENERIC	10135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRIM

10370011610	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	12.5 MG	ORAL	TBCR	EA	100		GENERIC	7/31/2023	10370			N	FORMULARY		1 GEN	GENERICS	X	1 IN 1 DAYS								R	MEDPRMI
10370011710	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	6.25 MG	ORAL	TBCR	EA	100		GENERIC	6/30/2023	10370			N	FORMULARY		1 GEN	GENERICS	X	1 IN 1 DAYS								R	MEDPRMI
10370017511	FLUVOXA	FLUVOXA	281604	Antidepres	28160420	Selective-S	S	100 MG	ORAL	CP24	EA	30	X	GENERIC		10370			N	FORMULARY		1 GEN	GENERICS	X	2 IN 1 DAYS								R	MEDPRMI
10370017611	FLUVOXA	FLUVOXA	281604	Antidepres	28160420	Selective-S	S	150 MG	ORAL	CP24	EA	30	X	GENERIC		10370			N	FORMULARY		1 GEN	GENERICS	X	2 IN 1 DAYS								R	MEDPRMI
10370022111	TRAMADC	TRAMADC	280808	Opiate Ag	28080800	Opiate Ag	S	100 MG	ORAL	TB24	EA	30		GENERIC	1/31/2022	10370			N	FORMULARY		1 GEN	GENERICS	X	3 IN 1 DAYS	X	Must meet	7 DS Acet	ER/LA OPIOID REQUIRES RECENT TRIA	X	AGE_YEA	MUST BE AT LEAST	R	MEDPRMI
10370022211	TRAMADC	TRAMADC	280808	Opiate Ag	28080800	Opiate Ag	S	200 MG	ORAL	TB24	EA	30		GENERIC	1/31/2022	10370			N	FORMULARY		1 GEN	GENERICS	X	1 IN 1 DAYS	X	Must meet	7 DS Acet	ER/LA OPIOID REQUIRES RECENT TRIA	X	AGE_YEA	MUST BE AT LEAST	R	MEDPRMI
10370022311	TRAMADC	TRAMADC	280808	Opiate Ag	28080800	Opiate Ag	S	300 MG	ORAL	TB24	EA	30		GENERIC	1/31/2022	10370			N	FORMULARY		1 GEN	GENERICS	X	1 IN 1 DAYS	X	Must meet	7 DS Acet	ER/LA OPIOID REQUIRES RECENT TRIA	X	AGE_YEA	MUST BE AT LEAST	R	MEDPRMI
10370025111	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	0.375 MG	ORAL	TB24	EA	30	X	GENERIC	11/2/2022	10370			N	FORMULARY		1 GEN	GENERICS	X	1 IN 1 DAYS	X	Must meet	5 DS Mira	TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS				R	MEDPRMI
10370025211	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	0.75 MG	ORAL	TB24	EA	30	X	GENERIC	8/2/2022	10370			N	FORMULARY		1 GEN	GENERICS	X	1 IN 1 DAYS	X	Must meet	5 DS Mira	TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS				R	MEDPRMI
10370025311	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	1.5 MG	ORAL	TB24	EA	30	X	GENERIC	9/30/2023	10370			N	FORMULARY		1 GEN	GENERICS	X	1 IN 1 DAYS	X	Must meet	5 DS Mira	TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS				R	MEDPRMI
10370025411	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	3 MG	ORAL	TB24	EA	30	X	GENERIC	1/31/2023	10370			N	FORMULARY		1 GEN	GENERICS	X	1 IN 1 DAYS	X	Must meet	5 DS Mira	TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS				R	MEDPRMI
10370025702	CLONIDIN	CLONIDIN	121204	alpha-Adre	12120400	alpha-Adre	S	0.1 MG	ORAL	TB12	EA	60	X	GENERIC	4/30/2023	10370			N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
10370026801	TRETINOI	TRETINOI	100000	Antineopla	10000000	Antineopla	S	10 MG	ORAL	CAPS	EA	100		GENERIC		10370			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS										R	MEDPRMI
10370028009	DUTASTE	DUTASTE	920400	UNKNOW	92040000	UNKNOW	S	0.5-0.4 MC	ORAL	CAPS	EA	90	X	GENERIC		10370			N	FORMULARY		1 GEN	GENERICS			X	Must meet	5 DS Alfuz	TRIAL OF FINASTERIDE 5MG, ALFUZOSIN, DOXAZOSIN, PRAZOSIN, SILODOSI				R	MEDPRMI
10370028011	DUTASTE	DUTASTE	920400	UNKNOW	92040000	UNKNOW	S	0.5-0.4 MC	ORAL	CAPS	EA	30	X	GENERIC		10370			N	FORMULARY		1 GEN	GENERICS			X	Must meet	5 DS Alfuz	TRIAL OF FINASTERIDE 5MG, ALFUZOSIN, DOXAZOSIN, PRAZOSIN, SILODOSI				R	MEDPRMI
10370030511	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	2.25 MG	ORAL	TB24	EA	30	X	GENERIC	7/31/2023	10370			N	FORMULARY		1 GEN	GENERICS	X	1 IN 1 DAYS	X	Must meet	5 DS Mira	TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS				R	MEDPRMI
10370030611	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	3.75 MG	ORAL	TB24	EA	30	X	GENERIC	1/31/2023	10370			N	FORMULARY		1 GEN	GENERICS	X	1 IN 1 DAYS	X	Must meet	5 DS Mira	TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS				R	MEDPRMI
10370034611	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	7 MG	ORAL	CP24	EA	30	X	GENERIC	6/30/2023	10370			N	FORMULARY		1 GEN	GENERICS	X	1 IN 1 DAYS	X	Must meet	5 DS Mem	TRIAL OF MEMANTINE IMMEDIATE RELEASE TABLETS IN THE PAST 120 DAYS				R	MEDPRMI
10370034709	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	14 MG	ORAL	CP24	EA	90	X	GENERIC	6/30/2023	10370			N	FORMULARY		1 GEN	GENERICS	X	1 IN 1 DAYS	X	Must meet	5 DS Mem	TRIAL OF MEMANTINE IMMEDIATE RELEASE TABLETS IN THE PAST 120 DAYS				R	MEDPRMI
10370034711	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	14 MG	ORAL	CP24	EA	30	X	GENERIC	6/30/2023	10370			N	FORMULARY		1 GEN	GENERICS	X	1 IN 1 DAYS	X	Must meet	5 DS Mem	TRIAL OF MEMANTINE IMMEDIATE RELEASE TABLETS IN THE PAST 120 DAYS				R	MEDPRMI
10370034811	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	21 MG	ORAL	CP24	EA	30	X	GENERIC	7/3/2023	10370			N	FORMULARY		1 GEN	GENERICS	X	1 IN 1 DAYS	X	Must meet	5 DS Mem	TRIAL OF MEMANTINE IMMEDIATE RELEASE TABLETS IN THE PAST 120 DAYS				R	MEDPRMI
10370034909	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	28 MG	ORAL	CP24	EA	90	X	GENERIC	7/3/2023	10370			N	FORMULARY		1 GEN	GENERICS	X	1 IN 1 DAYS	X	Must meet	5 DS Mem	TRIAL OF MEMANTINE IMMEDIATE RELEASE TABLETS IN THE PAST 120 DAYS				R	MEDPRMI
10370034911	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	28 MG	ORAL	CP24	EA	30	X	GENERIC	7/3/2023	10370			N	FORMULARY		1 GEN	GENERICS	X	1 IN 1 DAYS	X	Must meet	5 DS Mem	TRIAL OF MEMANTINE IMMEDIATE RELEASE TABLETS IN THE PAST 120 DAYS				R	MEDPRMI
10370036501	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	CP24	EA	100	X	GENERIC		10370			N	FORMULARY		1 GEN	GENERICS	X	8 IN 1 DAYS								R	MEDPRMI
10370036511	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	CP24	EA	30	X	GENERIC		10370			N	FORMULARY		1 GEN	GENERICS	X	8 IN 1 DAYS								R	MEDPRMI
10370036601	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	CP24	EA	100	X	GENERIC		10370			N	FORMULARY		1 GEN	GENERICS	X	4 IN 1 DAYS								R	MEDPRMI
10370036611	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	CP24	EA	30	X	GENERIC		10370			N	FORMULARY		1 GEN	GENERICS	X	4 IN 1 DAYS								R	MEDPRMI
10370036701	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	CP24	EA	100	X	GENERIC		10370			N	FORMULARY		1 GEN	GENERICS	X	2 IN 1 DAYS								R	MEDPRMI
10370036711	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	CP24	EA	30	X	GENERIC		10370			N	FORMULARY		1 GEN	GENERICS	X	2 IN 1 DAYS								R	MEDPRMI
10370036801	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	CP24	EA	100	X	GENERIC		10370			N	FORMULARY		1 GEN	GENERICS	X	2 IN 1 DAYS								R	MEDPRMI
10370036811	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	CP24	EA	30	X	GENERIC		10370			N	FORMULARY		1 GEN	GENERICS	X	2 IN 1 DAYS								R	MEDPRMI
10370074501	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TB24	EA	100	X	GENERIC	10/31/2022	10370			N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
10370074505	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TB24	EA	500	X	GENERIC	9/30/2022	10370			N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
10370074601	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TB24	EA	100	X	GENERIC	10/31/2022	10370			N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
10370074605	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TB24	EA	500	X	GENERIC	10/31/2022	10370			N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
10370082905	DILTIAZEI	DILTIAZEI	240404	Antiarrhyth	24040424	Class IV A	S	120 MG	ORAL	CP24	EA	500	X	GENERIC		10370			N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
10370082909	DILTIAZEI	DILTIAZEI	240404	Antiarrhyth	24040424	Class IV A	S	120 MG	ORAL	CP24	EA	90	X	GENERIC		10370			N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
10370082911	DILTIAZEI	DILTIAZEI	240404	Antiarrhyth	24040424	Class IV A	S	120 MG	ORAL	CP24	EA	30	X	GENERIC		10370			N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
10370083005	DILTIAZEI	DILTIAZEI	240404	Antiarrhyth	24040424	Class IV A	S	180 MG	ORAL	CP24	EA	500	X	GENERIC		10370			N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
10370083009	DILTIAZEI	DILTIAZEI	240404	Antiarrhyth	24040424	Class IV A	S	180 MG	ORAL	CP24	EA	90	X	GENERIC		10370			N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
10370083011	DILTIAZEI	DILTIAZEI	240404	Antiarrhyth	24040424	Class IV A	S	180 MG	ORAL	CP24	EA	30	X	GENERIC		10370			N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
10370083105	DILTIAZEI	DILTIAZEI	240404	Antiarrhyth	24040424	Class IV A	S	240 MG	ORAL	CP24	EA	500	X	GENERIC		10370			N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
10370083109	DILTIAZEI	DILTIAZEI	240404	Antiarrhyth	24040424	Class IV A	S	240 MG	ORAL	CP24	EA	90	X	GENERIC		10370			N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
10370083111	DILTIAZEI	DILTIAZEI	240404	Antiarrhyth	24040424	Class IV A	S	240 MG	ORAL	CP24	EA	30	X	GENERIC		10370			N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
10370083205	DILTIAZEI	DILTIAZEI	240404	Antiarrhyth	24040424	Class IV A	S	300 MG	ORAL	CP24	EA	500	X	GENERIC		10370			N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
10370083209	DILTIAZEI	DILTIAZEI	240404	Antiarrhyth	24040424	Class IV A	S	300 MG	ORAL	CP24	EA	90	X	GENERIC		10370			N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
10370083211	DILTIAZEI	DILTIAZEI	240404	Antiarrhyth	24040424	Class IV A	S	300 MG	ORAL	CP24	EA	30	X	GENERIC		10370			N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
10432000101	MANGANI	MANGANI	401200	Replacem	40120000	Replacem	O	50 MG	ORAL	TABS	EA	100		MSB		10432			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
10454071010	MYOBLOC	RIMABOT	122020	UNKNOW	12202024	UNKNOW	R	2500 UNIT	INTRAMU	SOLN	ML	0.5		SSB		10454			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10454071110	MYOBLOC	RIMABOT	122020	UNKNOW	12202024	UNKNOW	R	5000 UNIT	INTRAMU	SOLN	ML	1		SSB		10454			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10454071210	MYOBLOC	RIMABOT	122020	UNKNOW	12202024	UNKNOW	R	10000 UN	INTRAMU	SOLN	ML	2		SSB		10454			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481011202	MONSELS	FERRIC S	202816	Hemostati	20281600	Hemostati	R	0	EXTERNA	SOLN	ML	60		SSB		10481			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND										R	MEDPRMI
10481011208	MONSELS	FERRIC S	202816	Hemostati	20281600	Hemostati	R	0	EXTERNA	SOLN	ML	8		SSB		10481			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND										R	MEDPRMI
10481100201	ANACAIN	BENZOCA	840800	Antipruritic	84080000	Antipruritic	R	10%	EXTERNA	OINT	GM	30		SSB	2/20/2023	10481			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND										R	MEDPRMI
10481100602	BROMI-LC	DERMATC	849200	Skin and M	84920000	Skin and M	O	0	EXTERNA	LOTN	ML	120		SSB		10481	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481100701	GORDOM	EMOLLIEI	842404	Basic Lotio	84240400	Basic Lotio	P	0	EXTERNA	LOTN	ML	120		GENERIC		10481	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481100801	GORDOM	EUCALYP	849200	Skin and M	84920000	Skin and M	O	0-0-0-0-0	EXTERNA	CRYS	GM	240		NON DRUG		10481			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481100802	GORDOM	EUCALYP	849200	Skin and M	84920000	Skin and M	O	0-0-0-0-0	EXTERNA	CRYS	GM	3178		NON DRUG		10481			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481100901	GORDOM	FOOT CA	849200	Skin and M	84920000	Skin and M	O	0-0-0	EXTERNA	POWD	GM	105		NON DRUG		10481	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481101101	BROMI-T/	FOOT CA	849200	Skin and M	84920000	Skin and M	O	0-0-0-0	EXTERNA	POWD	GM	105		NON DRUG		10481			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481101202	CALICYLI	DERMATC	849200	Skin and M	84920000	Skin and M	O	0-0	EXTERNA	CREA	GM	60		SSB		10481			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481101601	CYDONOI	LINIMENT	842404	Basic Lotio	84240400	Basic Lotio	P	1:5000-14	EXTERNA	LOTN	ML	3840		GENERIC	2/1/2022	10481			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481101704	GORDON	UNDECYL	840416	UNKNOW	84041600	UNKNOW	O	0-0	EXTERNA	AERP	GM	113		SSB		10481			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481102301	METHAGI	LINIMENT	842404	Basic Lotio	84240400	Basic Lotio	P	2%-8%	EXTERNA	OINT	GM	60		GENERIC		10481			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481102502	OXYZAL \	BENZALK	840416	UNKNOW	84041600	UNKNOW	O	1.430556	EXTERNA	SOLN	ML	120		SSB		10481			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481102801	PYROGAI	PYROGAI	842800	Keratolytic	84280000	Keratolytic	R	2%-25%	EXTERNA	OINT	GM	30		MSB		10481			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
10481103702	UNDELEN	UNDECYL	840416	UNKNOW	84041600	UNKNOW	P	0-0	EXTERNA	OINT	GM	60		GENERIC		10481	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481103801	UNDELEN	ANTIFUN	840408	Antifungal	84040892	Miscellane	O	0-79%-0-0	EXTERNA	TINC	ML	30		SSB		10481	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481104201	GORDON	VITAMIN A	842412	Basic Oint	84241200	Basic Oint	O	100000 UI	EXTERNA	CREA	GM	75		SSB		10481	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481104203	GORDON	VITAMIN A	842412	Basic Oint	84241200	Basic Oint	O	100000 UI	EXTERNA	CREA	GM	120		SSB		10481	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481104205	GORDON	VITAMIN A	842412	Basic Oint	84241200	Basic Oint	O	100000 UI	EXTERNA	CREA	GM	2400		SSB		10481	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481104216	GORDON	VITAMIN A	842412	Basic Oint	84241200	Basic Oint	O	100000 UI	EXTERNA	CREA	GM	480		SSB		10481	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481104301	GORDON	VITAMIN A	842412	Basic Oint	84241200	Basic Oint	O	100000 UI	EXTERNA	LOTN	ML	120		SSB		10481	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481104302	GORDON	VITAMIN A	842412	Basic Oint	84241200	Basic Oint	O	100000 UI	EXTERNA	LOTN	ML	3840		SSB		10481	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481104602	GORDOB	LINIMENT	842404	Basic Lotio	84240400	Basic Lotio	P	0-0-0-16%	EXTERNA	LOTN	ML	120		GENERIC		10481	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481104603	GORDOB	LINIMENT	842404	Basic Lotio	84240400	Basic Lotio	P	0-0-0-16%	EXTERNA	LOTN	ML	3840		GENERIC		10481	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481104902	MECHOL	LINIMENT	842404	Basic Lotio	84240400	Basic Lotio	P	0.25%	EXTERNA	OINT	GM	120		GENERIC		10481	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481200301	SPORTBA	LINIMENT	842404	Basic Lotio	84240400	Basic Lotio	P	0-0-0-0	EXTERNA	LOTN	ML	120		GENERIC		10481			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481200404	EMOLLIA	EMOLLIEI	842404	Basic Lotio	84240400	Basic Lotio	O	0	EXTERNA	LOTN	ML	120		SSB		10481			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481200408	EMOLLIA	EMOLLIEI	842404	Basic Lotio	84240400	Basic Lotio	O	0	EXTERNA	LOTN	ML	240		SSB		10481			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481200504	EMOLLIA	EMOLLIEI	842412	Basic Oint	84241200	Basic Oint	O	0	EXTERNA	CREA	GM	120		SSB		10481			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481200516	EMOLLIA	EMOLLIEI	842412	Basic Oint	84241200	Basic Oint	O	0	EXTERNA	CREA	GM	480		SSB		10481			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481200704	SORBIDO	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	0-0-0	EXTERNA	CREA	GM	120		SSB		10481			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481200716	SORBIDO	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	0-0-0	EXTERNA	CREA	GM	480		SSB		10481			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481200916	GORDO-F	HUMIDIFI	940000	Devices	94000000	Devices	O	0	DOES NO	CONC	ML	480		NON DRUG		10481			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481200964	GORDO-F	HUMIDIFI	940000	Devices	94000000	Devices	O	0	DOES NO	CONC	ML	3840		NON DRUG		10481			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481300001	GORDON	VITAMIN E	842412	Basic Oint	84241200	Basic Oint	P	1500 UNIT	EXTERNA	CREA	GM	15		GENERIC		10481	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481300003	GORDON	VITAMIN E	842412	Basic Oint	84241200	Basic Oint	P	1500 UNIT	EXTERNA	CREA	GM	75		GENERIC		10481	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481300005	GORDON	VITAMIN E	842412	Basic Oint	84241200	Basic Oint	P	1500 UNIT	EXTERNA	CREA	GM	2400		GENERIC		10481			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481300016	GORDON	VITAMIN E	842412	Basic Oint	84241200	Basic Oint	P	1500 UNIT	EXTERNA	CREA	GM	480		GENERIC		10481	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481300101	GORMEL	UREA	842800	Keratolytic	84280000	Keratolytic	P	20%	EXTERNA	CREA	GM	75		GENERIC		10481	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481300105	GORMEL	UREA	842800	Keratolytic	84280000	Keratolytic	P	20%	EXTERNA	CREA	GM	120		GENERIC		10481	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481300106	GORMEL	UREA	842800	Keratolytic	84280000	Keratolytic	P	20%	EXTERNA	CREA	GM	2400		GENERIC		10481	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481300116	GORMEL	UREA	842800	Keratolytic	84280000	Keratolytic	P	20%	EXTERNA	CREA	GM	480		GENERIC		10481	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481300504	GORDON	UREA	842800	Keratolytic	84280000	Keratolytic	P	40%	EXTERNA	CREA	GM	120		GENERIC		10481			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481300901	GORDOF	SALICYLI	842800	Keratolytic	84280000	Keratolytic	R	16.7%-16.	EXTERNA	SOLN	ML	15		SSB		10481			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND										R	MEDPRMI
10481301303	ALOE GR	VITAMINS	842412	Basic Oint	84241200	Basic Oint	O	100000-15	EXTERNA	CREA	GM	120		SSB		10481			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481301305	ALOE GR	VITAMINS	842412	Basic Oint	84241200	Basic Oint	O	100000-15	EXTERNA	CREA	GM	2400		SSB		10481			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481301316	ALOE GR	VITAMINS	842412	Basic Oint	84241200	Basic Oint	O	100000-15	EXTERNA	CREA	GM	480		SSB		10481			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481301401	VITA-RAY	VITAMINS	842412	Basic Oint	84241200	Basic Oint	O	10-200000	EXTERNA	CREA	GM	15		SSB		10481			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481301402	VITA-RAY	VITAMINS	842412	Basic Oint	84241200	Basic Oint	O	10-200000	EXTERNA	CREA	GM	75		SSB		10481			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481301608	ALOE GR	VITAMINS	842404	Basic Lotio	84240400	Basic Lotio	O	10000-150	EXTERNA	LOTN	ML	240		SSB		10481			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481301701	ULTRASC	ULTRASC	360000	Diagnostic	36000000	Diagnostic	O	0-0-0-0	EXTERNA	CREA	GM	3840		NON DRUG		10481	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481301801	BORO-PA	ALUMINU	841200	Astringent	84120000	Astringent	P	49%-51%	EXTERNA	PACK	EA	100		GENERIC		10481			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481301803	BORO-PA	ALUMINU	841200	Astringent	84120000	Astringent	P	49%-51%	EXTERNA	PACK	EA	14		GENERIC		10481			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481600008	GORMEL	UREA	842800	Keratolytic	84280000	Keratolytic	P	10%	EXTERNA	LOTN	GM	228		GENERIC		10481			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481600104	BROMI-T/	FOOT CA	849200	Skin and M	84920000	Skin and M	O	0-0-0-0	EXTERNA	POWD	GM	120		NON DRUG		10481			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481610705	STIK-IT	WOUND D	849200	Skin and M	84920000	Skin and M	O	0	EXTERNA	LIQD	EA	100		SSB		10481			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481801002	GORDOC	UNDECYL	840416	UNKNOW	84041600	UNKNOW	P	25%	EXTERNA	SOLN	ML	30		GENERIC		10481			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481801003	GORDOC	UNDECYL	840416	UNKNOW	84041600	UNKNOW	P	25%	EXTERNA	SOLN	ML	480		GENERIC		10481			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10481801006	GORDOC	UNDECYL	840416	UNKNOW	84041600	UNKNOW	P	25%	EXTERNA	SOLN	ML	6		GENERIC		10481			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10486000100	DENTS T(	BENZOCA	840800	Antipruritic	84080000	Antipruritic	O	20%	MOUTH/T	GUM	EA	1		SSB		10486			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10486000700	GRANDP/	PINE TAR	843200	Keratoplas	84320000	Keratoplas	O	0	EXTERNA	BAR	EA	1		SSB		10486			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10486000701	GRANDP/	PINE TAR	843200	Keratoplas	84320000	Keratoplas	O	0	EXTERNA	BAR	EA	1		SSB		10486			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10486000702	GRANDP/	PINE TAR	843200	Keratoplas	84320000	Keratoplas	O	0	EXTERNA	BAR	EA	1		SSB		10486			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10486000703	GRANDP/	SOAP & C	842000	Detergent	84200000	Detergent	O	0-0-0-0	EXTERNA	BAR	EA	1		SSB		10486			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10486000707	GRANDP/	SOAP & C	842000	Detergent	84200000	Detergent	O	0-0-0-0	EXTERNA	BAR	EA	1		SSB		10486			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10486000708	GRANDP/	SOAP & C	842000	Detergent	84200000	Detergent	O	0-0-0	EXTERNA	BAR	EA	1		SSB		10486			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10486000710	GRANDP/	PINE TAR	843200	Keratoplas	84320000	Keratoplas	O	0	EXTERNA	SHAM	ML	237		SSB		10486			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10486000711	GRANDP/	PINE TAR	843200	Keratoplas	84320000	Keratoplas	O	0	EXTERNA	LIQD	ML	237		SSB		10486			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10486000712	GRANDP/	SOAP & C	842000	Detergent	84200000	Detergent	O	0-0-0-0-0	EXTERNA	BAR	EA	1		SSB		10486			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10486000714	GRANDP/	SOAP & C	842000	Detergent	84200000	Detergent	O	0-0-0-0-0	EXTERNA	BAR	EA	1		SSB		10486			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10486000718	GRANDP/	SOAP & C	842000	Detergent	84200000	Detergent	O	0-0-0-0-0	EXTERNA	BAR	EA	1		SSB		10486			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10486000720	GRANDP/	SOAP & C	842000	Detergent	84200000	Detergent	O	0-0-0-0	EXTERNA	BAR	EA	1		SSB		10486			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10486000724	GRANDP/	BATH PR	842408	Basic Oils	84240800	Basic Oils	O	0-0-0-0-0	EXTERNA	GEL	ML	237		SSB		10486			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10486000725	GRANDP/	SOAP & C	842000	Detergent	84200000	Detergent	O	0-0-0-0-0	EXTERNA	BAR	EA	1		SSB		10486			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10486000728	LE STICK	DERMATC	849200	Skin and M	84920000	Skin and M	O	0-0-0-0-0	EXTERNA	STCK	GM	85		SSB		10486			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10486000732	LE STICK	DERMATC	849200	Skin and M	84920000	Skin and M	O	0-0-0-0-0	EXTERNA	STCK	GM	85		SSB		10486			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10486000734	LE STICK	DERMATC	849200	Skin and M	84920000	Skin and M	O	0-0-0-0-0	EXTERNA	STCK	GM	85		SSB		10486			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10486000738	NATURE	SOAP & C	842000	Detergent	84200000	Detergent	O	0-0-0-0	EXTERNA	BAR	EA	1		SSB		10486			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10486000740	NATURE	SOAP & C	842000	Detergent	84200000	Detergent	O	0-0-0-0-0	EXTERNA	BAR	EA	1		SSB		10486			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10486000742	NATURE	SOAP & C	842000	Detergent	84200000	Detergent	O	0-0-0-0	EXTERNA	BAR	EA	1		SSB		10486			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10486001212	GRANDP/	SULFUR	842800	Keratolytic	84280000	Keratolytic	P	3%	EXTERNA	BAR	EA	1		MSB		10486			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
10511300102	CYSVIEW	HEXAMIN	360000	Diagnostic	36000000	Diagnostic	R	100MG	INTRAVE	SOLR	EA	1		SSB		10511			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10530081503	NEXAVIR	LIVER DE	929200	UNKNOW	92920000	UNKNOW	R	25.5 MG/M	INJECTIO	SOLN	ML	20		SSB		10530		Y	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND										R	MEDPRMI
10542000909	DIALYVIT	MULTIPLE	882800	Multivitam	88280000	Multivitam	R	100MG-10	ORAL	TABS	EA	90		SSB		10542			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10542001010	DIALYVIT	B-COMPL	882800	Multivitam	88280000	Multivitam	S	100MG-10	ORAL	TABS	EA	100		GENERIC		10542			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10542001109	DIALYVIT	B-COMPL	882800	Multivitam	88280000	Multivitam	R	5 MG	ORAL	TABS	EA	90		SSB		10542			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10542001210	DIALYVIT	B-COMPL	882800	Multivitam	88280000	Multivitam	R	100MG-10	ORAL	TABS	EA	100		SSB		10542			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10542001409	DIALYVIT	B-COMPL	882800	Multivitam	88280000	Multivitam	R	3 MG	ORAL	TABS	EA	90		SSB		10542			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10542001510	DIALYVIT	B-COMPL	882800	Multivitam	88280000	Multivitam	O	0.8 MG	ORAL	TABS	EA	100		SSB		10542			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10542001860	DIALYVIT	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	60MG/5ML	ORAL	LIQD	ML	300		SSB		10542			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10542001895	DIALYVIT	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	60MG/5ML	ORAL	LIQD	ML	475		SSB		10542			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10542002509	DIALYVIT	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	80MG-80M	ORAL	TABS	EA	90		GENERIC		10542			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10542003009	DIALYVIT	B-COMPL	882800	Multivitam	88280000	Multivitam	O	800 MCG	ORAL	WAFR	EA	90		SSB		10542			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10542003209	DIALYVIT	B-COMPL	882800	Multivitam	88280000	Multivitam	O	0.8 MG	ORAL	WAFR	EA	90		SSB		10542			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10542004520	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	O	668 (169 (	ORAL	TABS	EA	200		MSB		10542			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
10542004550	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	O	668MG	ORAL	TABS	EA	500		MSB		10542			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
10542005010	DIALYVIT	B-COMPL	882800	Multivitam	88280000	Multivitam	O	0.8 MG	ORAL	TABS	EA	100		SSB		10542			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10542007010	DIALYVIT	B-COMPL	882800	Multivitam	88280000	Multivitam	P	0.8 MG	ORAL	TABS	EA	100		GENERIC		10542	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10542007510	DIALYVIT	B-COMPL	200404	Iron Prepa	20040400	Iron Prepa	O	29-0.8 MG	ORAL	TABS	EA	100		SSB		10542			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10542008012	FERRIMIN	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	O	150MG	ORAL	TABS	EA	120		SSB		10542	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10542009090	DIALYVIT	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	125 MCG	ORAL	CAPS	EA	90		GENERIC		10542			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10542009512	BIOTIN	BIOTIN	880800	Vitamin B	88080000	Vitamin B	P	5 MG	ORAL	TABS	EA	120		GENERIC		10542			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10542010002	DIALYVIT	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	1.25 MG (	ORAL	TABS	EA	12		GENERIC		10542			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10542010008	DIALYVIT	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	50000UNI	ORAL	TABS	EA	80		GENERIC		10542			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10542012006	DIALYVIT	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	600 MG	ORAL	CAPS	EA	60		GENERIC		10542			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
10542016506	DIALYVIT	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	P	0-0	ORAL	CHEW	EA	60		GENERIC		10542			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI

10552006450	SAFER LC	ORAL ME	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		10552		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION													R	MEDPRMI
10563021424	ONCOZEI	EMBOLIZ	940000	Devices	94000000	Devices	R	0	INJECTIO	PRSY	ML	2		SSB		10563		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION													R	MEDPRMI
10563021431	ONCOZEI	EMBOLIZ	940000	Devices	94000000	Devices	R	0	INJECTIO	PRSY	ML	3		SSB		10563		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION													R	MEDPRMI
10563021448	ONCOZEI	EMBOLIZ	940000	Devices	94000000	Devices	R	0	INJECTIO	PRSY	ML	2		SSB		10563		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION													R	MEDPRMI
10563021455	ONCOZEI	EMBOLIZ	940000	Devices	94000000	Devices	R	0	INJECTIO	PRSY	ML	3		SSB		10563		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION													R	MEDPRMI
10563021462	ONCOZEI	EMBOLIZ	940000	Devices	94000000	Devices	R	0	INJECTIO	PRSY	ML	2		SSB		10563		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION													R	MEDPRMI
10563021479	ONCOZEI	EMBOLIZ	940000	Devices	94000000	Devices	R	0	INJECTIO	PRSY	ML	3		SSB		10563		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION													R	MEDPRMI
10572001101	NA SULF	SODIUM S	561200	Cathartics	56120000	Cathartics	S	17.5-3.13-	ORAL	SOLN	ML	177		GENERIC		10572		N	#N/A	ORIG_FR	10	EHB	#N/A			X	<= 354						X	IF AGE=45-75 YEARS AND QS		R	MEDPRMI
10572001201	NA SULF	SODIUM S	561200	Cathartics	56120000	Cathartics	S	17.5-3.13-	ORAL	SOLN	ML	177		GENERIC		10572		N	#N/A	ORIG_FR	10	EHB	#N/A			X	<= 354						X	IF AGE=45-75 YEARS AND QS		R	MEDPRMI
10572010001	PEG-3350	PEG 3350	561200	Cathartics	56120000	Cathartics	S	236 GM	ORAL	SOLR	ML	4000		GENERIC		10572		N	#N/A	ORIG_FR	10	EHB	#N/A			X	<= 4000						X	IF AGE=45-75 YEARS AND QS		R	MEDPRMI
10572030201	PEG 3350	PEG 3350	561200	Cathartics	56120000	Cathartics	S	420 GM	ORAL	SOLR	ML	4000		GENERIC		10572		N	#N/A	ORIG_FR	10	EHB	#N/A			X	<= 4000						X	IF AGE=45-75 YEARS AND QS		R	MEDPRMI
10592000101	PONARIS	MISC NAT	529200	EENT Dru	52920000	EENT Dru	O	0-0-0-0-0	NASAL	SOLN	ML	30		SSB		10592		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION													R	MEDPRMI
10599000001	PROPEL	MOMETA	520808	Corticoste	52080800	Corticoste	R	370MCG	NASAL	IMPL	EA	1		SSB		10599		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION													R	MEDPRMI
10599000101	PROPEL I	MOMETA	520808	Corticoste	52080800	Corticoste	R	370MCG	NASAL	IMPL	EA	1		SSB		10599		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION													R	MEDPRMI
10599000201	PROPEL	MOMETA	520808	Corticoste	52080800	Corticoste	R	370MCG	NASAL	IMPL	EA	1		SSB		10599		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION													R	MEDPRMI
10599000301	SINUVA	MOMETA	520808	Corticoste	52080800	Corticoste	R	1350 MCG	NASAL	IMPL	EA	1		SSB		10599		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	X	PA:X											R	MEDPRMI
10599000401	PROPEL I	MOMETA	520808	Corticoste	52080800	Corticoste	R	370 MCG	NASAL	IMPL	EA	1		SSB		10599		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION													R	MEDPRMI
10631000231	ABSORIC	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	R	8 MG	ORAL	CAPS	EA	30		SSB		10631		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]								R	MEDPRMI
10631000331	ABSORIC	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	R	16 MG	ORAL	CAPS	EA	30		SSB		10631		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]								R	MEDPRMI
10631000531	ABSORIC	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	R	24 MG	ORAL	CAPS	EA	30		SSB		10631		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]								R	MEDPRMI
10631000731	ABSORIC	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	R	32 MG	ORAL	CAPS	EA	30		SSB		10631		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]								R	MEDPRMI
10631000830	KAPSPAR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	R	25 MG	ORAL	CS24	EA	30	X	SSB		10631		N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND													R	MEDPRMI
10631000930	KAPSPAR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	R	50 MG	ORAL	CS24	EA	30	X	SSB		10631		N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND													R	MEDPRMI
10631001030	KAPSPAR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	R	100 MG	ORAL	CS24	EA	30	X	SSB		10631		N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND													R	MEDPRMI
10631001130	KAPSPAR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	R	200 MG	ORAL	CS24	EA	30	X	SSB		10631		N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND													R	MEDPRMI
10631009307	KENALOG	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.147 MG/	EXTERNA	AERS	GM	100		MSB		10631	Y	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION													R	MEDPRMI
10631009362	KENALOG	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.147 MG/	EXTERNA	AERS	GM	63		MSB		10631	Y	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION													R	MEDPRMI
10631009430	HALOG	HALCINO	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	60		MSB		10631	Y	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION						X	Must meet	5 DS Beta	TRIAL OF ONE OF THE FOLLOWING: BETAMETHASONE 0.05% OINTMENT OR				R	MEDPRMI
10631009471	HALOG	HALCINO	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	60		MSB	5/12/2022	10631	Y	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION						X	Must meet	5 DS Beta	TRIAL OF ONE OF THE FOLLOWING: BETAMETHASONE 0.05% OINTMENT OR				R	MEDPRMI
10631009510	HALOG	HALCINO	840608	UNKNOW	84060800	UNKNOW	R	0.10%	EXTERNA	SOLN	ML	120		SSB		10631		N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND						X	Must meet	5 DS Beta	TRIAL OF ONE OF THE FOLLOWING: BETAMETHASONE 0.05% OINTMENT OR				R	MEDPRMI
10631009630	HALOG	HALCINO	840608	UNKNOW	84060800	UNKNOW	R	0.10%	EXTERNA	OINT	GM	60		SSB		10631		N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND						X	Must meet	5 DS Beta	TRIAL OF ONE OF THE FOLLOWING: BETAMETHASONE 0.05% OINTMENT OR				R	MEDPRMI
10631009671	HALOG	HALCINO	840608	UNKNOW	84060800	UNKNOW	R	0.10%	EXTERNA	OINT	GM	60		SSB	5/12/2022	10631		N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND						X	Must meet	5 DS Beta	TRIAL OF ONE OF THE FOLLOWING: BETAMETHASONE 0.05% OINTMENT OR				R	MEDPRMI
10631011531	ABSORIC	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	S	10 MG	ORAL	CAPS	EA	30		MSB		10631		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]								R	MEDPRMI
10631011569	ABSORIC	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	S	10 MG	ORAL	CAPS	EA	10		MSB		10631		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]								R	MEDPRMI
10631011631	ABSORIC	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	S	20 MG	ORAL	CAPS	EA	30		MSB		10631		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]								R	MEDPRMI
10631011669	ABSORIC	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	S	20 MG	ORAL	CAPS	EA	10		MSB		10631		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]								R	MEDPRMI
10631011731	ABSORIC	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	S	30 MG	ORAL	CAPS	EA	30		MSB		10631		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]								R	MEDPRMI
10631011769	ABSORIC	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	S	30 MG	ORAL	CAPS	EA	10		MSB		10631		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]								R	MEDPRMI
10631011831	ABSORIC	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	S	40 MG	ORAL	CAPS	EA	30		MSB		10631		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]								R	MEDPRMI
10631011869	ABSORIC	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	S	40 MG	ORAL	CAPS	EA	10		MSB		10631		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]								R	MEDPRMI
10631012204	ULTRAVA	HALOBET	840608	UNKNOW	84060800	UNKNOW	R	0.05%	EXTERNA	LOTN	ML	60		SSB		10631		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]								R	MEDPRMI
10631012251	ULTRAVA	HALOBET	840608	UNKNOW	84060800	UNKNOW	R	0.05%	EXTERNA	LOTN	ML	60		SSB		10631		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]								R	MEDPRMI
10631013331	ABSORIC	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	S	25 MG	ORAL	CAPS	EA	30		MSB		10631		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]								R	MEDPRMI
10631013369	ABSORIC	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	S	25 MG	ORAL	CAPS	EA	10		MSB		10631		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]								R	MEDPRMI
10631013431	ABSORIC	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	S	35 MG	ORAL	CAPS	EA	30		MSB		10631		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]								R	MEDPRMI
10631013469	ABSORIC	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	S	35 MG	ORAL	CAPS	EA	10		MSB		10631		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]								R	MEDPRMI
10631020601	RIOMET	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG/5I	ORAL	SOLN	ML	118	X	MSB		10631		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION													R	MEDPRMI
10631020602	RIOMET	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG/5I	ORAL	SOLN	ML	473	X	MSB		10631		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION													R	MEDPRMI
10631023801	RIOMET	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG/5I	ORAL	SOLN	ML	118	X	MSB		10631		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION													R	MEDPRMI
10631023802	RIOMET	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG/5I	ORAL	SOLN	ML	473	X	MSB		10631		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION													R	MEDPRMI
10631028605	LAC-HYDI	LACTIC A	842404	Basic Loti	84240400	Basic Loti	O	5%	EXTERNA	LOTN	GM	226		SSB		10631		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION													R	MEDPRMI
10631033030	XIMINO	MINOCYC	849200	Skin and M	84920000	Skin and M	S	45 MG	ORAL	CP24	EA	30		SSB	7/7/2023	10631		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]								R	MEDPRMI
10631033130	XIMINO	MINOCYC	849200	Skin and M	84920000	Skin and M	S	90 MG	ORAL	CP24	EA	30		SSB	7/7/2023	10631		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]								R	MEDPRMI
10631033230	XIMINO	MINOCYC	849200	Skin and M	84920000	Skin and M	S	135 MG	ORAL	CP24	EA	30		SSB	7/7/2023	10631		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]								R	MEDPRMI
10631040701	PROCTOS	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	2.50%	EXTERNA	CREA	GM	28.35		GENERIC		10631		N	FORMULARY		1	GEN	GENERICS													R	MEDPRMI
10641000300	SUPERFA	SOAP & C	842000	Detergent	84200000	Detergent	O	0	EXTERNA	MISC	EA	1		MSB		10641		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION													R	MEDPRMI
10702000109	LOMAIRA	PHENTER	282008	UNKNOW	28200804	UNKNOW	R	8 MG	ORAL	TABS	EA	90		SSB		10702		N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND			X	3 IN 1 DAYS						X	AGE_YEA	MUST BE AT LEAST	R	MEDPRMI
10702000125	LOMAIRA	PHENTER	282008	UNKNOW	28200804	UNKNOW	R	8 MG	ORAL	TABS	EA	250		SSB		10702		N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND			X	3 IN 1 DAYS						X	AGE_YEA	MUST BE AT LEAST	R	MEDPRMI
10702000201	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	12.5 MG	ORAL	TABS	EA	100		GENERIC		10702		N	FORMULARY		1	GEN	GENERICS													R	MEDPRMI
10702000301	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	100		GENERIC		10702		N	FORMULARY		1	GEN	GENERICS													R	MEDPRMI
10702000310	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	1000		GENERIC		10702		N	FORMULARY		1	GEN	GENERICS													R	MEDPRMI
10702000350	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	500		GENERIC		10702		N	FORMULARY		1	GEN	GENERICS													R	MEDPRMI
10702000401	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	50 MG	ORAL	TABS	EA	100		GENERIC		10702		N	FORMULARY		1	GEN	GENERICS													R	MEDPRMI
10702000601	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	100		GENERIC		10702		N	FORMULARY		1	GEN	GENERICS			X	3 IN 1 DAYS									R	MEDPRMI
10702000610	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	1000		GENERIC		10702		N	FORMULARY		1	GEN	GENERICS			X	3 IN 1 DAYS									R	MEDPRMI
10702000650	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	500		GENERIC		10702		N	FORMULARY		1	GEN	GENERICS			X	3 IN 1 DAYS									R	MEDPRMI
10702000701	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC		10702		N	FORMULARY		1	GEN	GENERICS			X	3 IN 1 DAYS									R	MEDPRMI
10702000703	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		10702		N	FORMULARY		1	GEN	GENERICS			X	3 IN 1 DAYS									R	MEDPRMI
10702000709	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		10702		N	FORMULARY		1	GEN	GENERICS			X	3 IN 1 DAYS									R	MEDPRMI
10702000710	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	1000		GENERIC		10702		N	FORMULARY		1	GEN	GENERICS			X	3 IN 1 DAYS									R	MEDPRMI
10702000750	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	500		GENERIC		10702		N	FORMULARY		1	GEN	GENERICS			X	3 IN 1 DAYS									R	MEDPRMI
10702000801	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TABS	EA	100		GENERIC		10702		N	FORMULARY		1	GEN	GENERICS													R	MEDPRMI
10702000850	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TABS	EA	500		GENERIC		10702		N	FORMULARY		1	GEN	GENERICS													R	MEDPRMI
10702000901	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TABS	EA	100		GENERIC		10702		N	FORMULARY		1	GEN	GENERICS													R	MEDPRMI
10702000950	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TABS	EA	500		GENERIC		10702		N	FORMULARY		1	GEN	GENERICS													R	MEDPRMI
10702001001	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	10 MG	ORAL	TABS	EA	100		GENERIC		10702		N	FORMULARY		1	GEN	GENERICS													R	MEDPRMI
10702001050	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	10 MG	ORAL	TABS	EA	500		GENERIC		10702		N	FORMULARY		1	GEN	GENERICS													R	MEDPRMI
10702001101	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	100		GENERIC		10702		N	FORMULARY		1	GEN	GENERICS													R	MEDPRMI
10702001110	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	1000		GENERIC		10702		N	FORMULARY		1	GEN	GENERICS													R	MEDPRMI
10702001150	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	500		GENERIC		10702		N	FORMULARY		1	GEN	GENERICS													R	MEDPRMI
10702001201	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	TABS	EA	100		GENERIC		10702		N	FORMULARY		1	GEN	GENERICS													R	MEDPRMI
10702001210	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	TABS	EA	1000		GENERIC		10702		N	FORMULARY		1	GEN	GENERICS													R	MEDPRMI
10702001250	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	TABS	EA	500		GENERIC		10702		N	FORMULARY		1	GEN	GENERICS													R	MEDPRMI
10702001301	BETAXOL	BETAXOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		10702		N	FORMULARY		1	GEN	GENERICS													R	MEDPRMI
10702001401	BETAXOL	BETAXOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		10702		N	FORMULARY		1	GEN	GENERICS													R	MEDPRMI
10702001601	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	75 MG	ORAL	CPCR	EA	100	X	GENERIC		10702		N	FORMULARY		1	GEN	GENERICS													R	MEDPRMI
10702001606	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	75 MG	ORAL	CPCR	EA	60	X	GENERIC		10702		N	FORMULARY		1	GEN	GENERICS													R	MEDPRMI
10702001650	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	75 MG	ORAL	CPCR	EA	500	X	GENERIC		10702		N	FORMULARY		1	GEN	GENERICS													R	MEDPRMI
10702001706	CHLORPH	CHLORPH	40400	First Gene	4040000	First Gene	P	12 MG	ORAL	TBCR	EA	60		GENERIC		10702		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION													R	MEDPRMI
10702001724	CHLORPH	CHLORPH	40400	First Gene	4040000	First Gene	P	12 MG	ORAL	TBCR	EA	24		GENERIC		10702		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION													R	MEDPRMI
10702001801	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	TABS	EA	100		GENERIC		10702		N	FORMULARY		1	GEN	GENERICS													R	MEDPRMI
10702001850	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	TABS	EA	500		GENERIC		10702		N	FORMULARY		1	GEN	GENERICS													R	MEDPRMI
10702002301	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5MG	ORAL	CAPS	EA	100		GENERIC		10702		N	FORMULARY		1	GEN	GENERICS													R	MEDPRMI
10702002501	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	100		GENERIC		10702		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS						X	AGE_YEA	MUST BE AT LEAST	R	MEDPRMI
10702002503	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	30		GENERIC		10702		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS						X	AGE_YEA	MUST BE AT LEAST	R	MEDPRMI
10702002510	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	1000		GENERIC		10702		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS						X	AGE_YEA	MUST BE AT LEAST	R	MEDPRMI
10702002601	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	15 MG	ORAL	CAPS	EA	100		GENERIC		10702		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS						X	AGE_YEA	MUST BE AT LEAST	R	MEDPRMI
10702002610	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	15 MG	ORAL	CAPS	EA	1000		GENERIC		10702		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS						X	AGE_YEA	MUST BE AT LEAST	R	MEDPRMI
10702002701	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	100		GENERIC		10702		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS						X	AGE_YEA	MUST BE AT LEAST	R	MEDPRMI
10702002710	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	1000		GENERIC		10702		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS						X	AGE_YEA	MUST BE AT LEAST	R	MEDPRMI
10702002801	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	100		GENERIC		10702		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS						X	AGE_YEA	MUST BE AT LEAST	R	MEDPRMI
10702002810	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	1000		GENERIC		10702		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS						X	AGE_YEA	MUST BE AT LEAST	R	MEDPRMI
10702002901	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	CAPS	EA	100		GENERIC		10702		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS						X	AGE_YEA	MUST BE AT LEAST	R	MEDPRMI
10702002903	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	CAPS	EA	30		GENERIC		10702		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS						X	AGE_YEA	MUST BE AT LEAST	R	MEDPRMI
10702002910	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	CAPS	EA	1000		GENERIC		10702		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS						X	AGE_YEA	MUST BE AT LEAST	R	MEDPRMI
10702003615	SODIUM F	SODIUM F	401818	Potassium	40181800	Potassium	S	0	ORAL	POWD	GM	15		GENERIC		10702		N	FORMULARY		1	GEN	GENERICS													R	MEDPRMI

11169000004	YAGERS	LINIMENT	842404 Basic Loti	84240400 Basic Loti	P	3.1-8.2 %	EXTERNA	LIQD	ML	118	GENERIC		11169	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169000008	YAGERS	LINIMENT	842404 Basic Loti	84240400 Basic Loti	P	3.1%-8.2%	EXTERNA	LIQD	ML	236	GENERIC		11169	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169001206	GETS-IT (	SALICYLI	842800 Keratolytic	84280000 Keratolytic	P	17%	EXTERNA	LIQD	ML	15	GENERIC		11169		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169001612	CREOLIN	DISINFEC	929200 UNKNOW	92920000 UNKNOW	O	0-0-0	DOES NO	LIQD	ML	480	SSB		11169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169003024	CREOLIN	DISINFEC	929200 UNKNOW	92920000 UNKNOW	O	0-0-0	DOES NO	LIQD	ML	90	SSB		11169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169003323	PEARSON	SACCHAF	402400 Salt and S	40240000 Salt and S	O	12%	ORAL	SOLN	ML	85.2	SSB		11169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169004024	DR JH MC	LINIMENT	842404 Basic Loti	84240400 Basic Loti	P	9.70%	EXTERNA	LIQD	ML	118	GENERIC		11169		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169004036	TONSILIN	MOUTHW	522800 Mouthwas	52280000 Mouthwas	O	4%-0-0-0-(	MOUTH/T	LIQD	ML	118	SSB		11169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169004128	CREOLIN	DISINFEC	929200 UNKNOW	92920000 UNKNOW	O	0-0-0	DOES NO	LIQD	ML	3840	SSB		11169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169004410	DR JH MC	LINIMENT	842404 Basic Loti	84240400 Basic Loti	P	9.70%	EXTERNA	LIQD	ML	295	GENERIC		11169		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169004816	STRIP EA	DERMAT(	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	LIQD	ML	473	SSB		11169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169004904	FATHER J	DEXTROM	480800 Antitussive	48080000 Antitussive	P	10 MG/5M	ORAL	SYRP	ML	118	GENERIC		11169		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169004908	FATHER J	DEXTROM	480800 Antitussive	48080000 Antitussive	P	10 MG/5M	ORAL	SYRP	ML	236	GENERIC		11169		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169005040	FATHER J	PHENYLE	480800 Antitussive	48080000 Antitussive	O	4MG/30ML	ORAL	SOLN	ML	118	SSB		11169	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169008024	CREOLIN	DISINFEC	929200 UNKNOW	92920000 UNKNOW	O	0-0-0	DOES NO	LIQD	ML	236	SSB		11169	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169010001	THUM	DERMAT(	849200 Skin and M	84920000 Skin and M	O	0-0	EXTERNA	LIQD	ML	6	SSB		11169	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169010011	SOLTICE	MENTHOL	842404 Basic Loti	84240400 Basic Loti	O	5.1%-5.1%	EXTERNA	OINT	GM	37	SSB		11169	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169010012	SOLTICE	MENTHOL	842404 Basic Loti	84240400 Basic Loti	O	5.1%-5.1%	EXTERNA	OINT	GM	85	SSB		11169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169010077	ENNDS	CHLOROF	929200 UNKNOW	92920000 UNKNOW	O	10MG	ORAL	TABS	EA	100	SSB		11169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169010216	UNGUENT	CAMPHOI	842412 Basic Oint	84241200 Basic Oint	O	3%-2.5%-(	EXTERNA	OINT	GM	28	SSB		11169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169011250	UNGUENT	CAMPHOI	842412 Basic Oint	84241200 Basic Oint	O	3%-2.5%-(	EXTERNA	OINT	GM	28.3	SSB		11169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169012065	NOSE BE	GLYCERI	529200 EENT Dru	52920000 EENT Dru	O	1%-.35%	NASAL	SOLN	ML	30	SSB		11169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169012500	ENNDS	CHLOROF	929200 UNKNOW	92920000 UNKNOW	O	10MG	ORAL	TABS	EA	500	SSB		11169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169012864	PETERSC	CAMPHOI	842412 Basic Oint	84241200 Basic Oint	O	3-2.5-2.2-(	EXTERNA	OINT	GM	85	SSB		11169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169014402	DR JH MC	LINIMENT	842404 Basic Loti	84240400 Basic Loti	P	9.70%	EXTERNA	LIQD	ML	59	GENERIC		11169		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169020011	BLIS-TO-S	TOLNAFT	840408 Antifungal	84040840 Thiocarba	P	1%	EXTERNA	LIQD	ML	29.5	GENERIC		11169		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169020012	BLIS-TO-S	TOLNAFT	840408 Antifungal	84040840 Thiocarba	P	1%	EXTERNA	LIQD	ML	54.5	GENERIC		11169		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169020051	BLIS-TO-S	UNDECYL	840416 UNKNOW	84041600 UNKNOW	O	12%	EXTERNA	POWD	GM	56.6	SSB		11169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169021446	GUADALU	CAPSAICI	849200 Skin and M	84920000 Skin and M	O	0.15%	EXTERNA	SHEE	EA	1	SSB		11169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169022438	SLOANS L	CAPSAICI	842404 Basic Loti	84240400 Basic Loti	O	0.025-47 %	EXTERNA	LIQD	ML	118	SSB		11169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169029424	LITE'N UF	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		11169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169042256	PROTEIN	DERMAT(	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	LIQD	ML	118	SSB		11169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169042356	PROTEIN	DERMAT(	849200 Skin and M	84920000 Skin and M	O	0-0	EXTERNA	GEL	GM	85	NON DRUG		11169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169051080	BLACK-DI	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.6 MG	ORAL	TABS	EA	30	GENERIC		11169		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169053163	EVAC-U-(	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.6 MG	ORAL	TABS	EA	1000	GENERIC		11169		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169056789	PEARSON	SACCHAF	402400 Salt and S	40240000 Salt and S	O	12%	ORAL	SOLN	ML	34.5	SSB		11169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169060451	NOSE BE	ALLANTO	529200 EENT Dru	52920000 EENT Dru	O	0.5-0.75-0	EXTERNA	GEL	GM	13	SSB		11169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169061569	EVAC-U-(	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.6 MG	ORAL	TABS	EA	80	GENERIC		11169		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169062055	BALMBAR	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	O	0-0-0	EXTERNA	CREA	GM	170	SSB		11169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169062455	BALMBAR	EMOLLIEI	842404 Basic Loti	84240400 Basic Loti	O	0-0-0-0	EXTERNA	LOTN	ML	236	NON DRUG		11169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169064355	BALMBAR	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	O	0-0	EXTERNA	CREA	ML	176	NON DRUG		11169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169067555	BALMBAR	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	O	0-0	EXTERNA	CREA	GM	170	NON DRUG		11169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169068680	PLATE-W	DENTURE	340000 Dental Ag	34000000 Dental Ag	O	0	DOES NO	MISC	EA	1	NON DRUG		11169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169068970	KLUTCH	DENTURE	340000 Dental Ag	34000000 Dental Ag	O	0	DOES NO	POWD	GM	49.6	NON DRUG		11169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169069100	AQUA FIL	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		11169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169069310	ONE STEI	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	4	NON DRUG		11169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169069330	LITE'N UF	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		11169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169071006	DR JH MC	LINIMENT	842404 Basic Loti	84240400 Basic Loti	P	9.70%	EXTERNA	LIQD	ML	236	GENERIC		11169		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169071390	WILDROC	DERMAT(	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	CREA	ML	97.6	SSB		11169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169071480	WILDROC	DERMAT(	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	CREA	ML	118	SSB		11169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169071880	WILDROC	DERMAT(	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	LIQD	ML	236	NON DRUG		11169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169071980	WILDROC	DERMAT(	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	LIQD	ML	444	NON DRUG		11169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11169072181	ASTRING	MOUTHW	522800 Mouthwas	52280000 Mouthwas	O	75.6%-0-0	MOUTH/T	LIQD	ML	236	SSB		11169	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11344007826	GOODSEI	CASTOR	561200 Cathartics	56120000 Cathartics	P	100%	ORAL	OIL	ML	118	GENERIC		11344	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11344021830	GOODSEI	PRAMOXI	840800 Antipruritic	84080000 Antipruritic	P	1%-.1%	EXTERNA	LOTN	ML	177	GENERIC		11344	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11344031812	GOODSEI	MOUTHW	522800 Mouthwas	52280000 Mouthwas	P	.092%-.04	MOUTH/T	LIQD	ML	1500	GENERIC	2/29/2024	11344	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11344033630	GOODSEI	PRAMOXI	840800 Antipruritic	84080000 Antipruritic	P	8%-1%	EXTERNA	LOTN	ML	177	GENERIC		11344	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11344081045	GOODSEI	ISOPROP	840492 Local Anti-	84049200 Local Anti-	O	70%	DOES NO	SOLN	ML	946	SSB		11344	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11344086443	GOODSEI	ISOPROP	380000 Disinfecta	38000000 Disinfecta	P	50%	DOES NO	SOLN	ML	473	GENERIC		11344	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11344087145	GOODSEI	HYDROGI	840492 Local Anti-	84049200 Local Anti-	P	3%	EXTERNA	SOLN	ML	946	GENERIC		11344	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

11423000328	REPEL F/	DIETHYLT	849200 Skin and M	84920000 Skin and M	O	15%	EXTERNA	AERO	GM	184	SSB		11423		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11423000329	REPEL SI	DIETHYLT	849200 Skin and M	84920000 Skin and M	O	25%	EXTERNA	AERO	GM	184	SSB		11423		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11423000338	REPEL SI	DIETHYLT	849200 Skin and M	84920000 Skin and M	O	40%	EXTERNA	AERO	GM	184	SSB		11423		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11423000402	REPEL 1(	DIETHYLT	849200 Skin and M	84920000 Skin and M	O	98.11%	EXTERNA	LIQD	ML	29.5	SSB		11423		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11423094079	REPEL SI	DIETHYLT	849200 Skin and M	84920000 Skin and M	O	40%	EXTERNA	LOTN	GM	113	SSB		11423		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11423094095	REPEL SI	DIETHYLT	849200 Skin and M	84920000 Skin and M	O	40%	EXTERNA	LIQD	ML	14	SSB		11423		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11423094098	REPEL 1(	DIETHYLT	849200 Skin and M	84920000 Skin and M	O	98.11%	EXTERNA	LIQD	ML	14	SSB		11423		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11423094100	REPEL M	DIETHYLT	849200 Skin and M	84920000 Skin and M	O	30%	EXTERNA	SHEE	EA	15	SSB		11423		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11423094101	REPEL SI	DIETHYLT	849200 Skin and M	84920000 Skin and M	O	40%	EXTERNA	LIQD	ML	177	SSB		11423		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11423094108	REPEL 1(	DIETHYLT	849200 Skin and M	84920000 Skin and M	O	98.11%	EXTERNA	LIQD	ML	118	SSB		11423		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11423094109	REPEL LE	INSECT R	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	AERO	ML	118	SSB		11423		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11423094120	REPEL F/	DIETHYLT	849200 Skin and M	84920000 Skin and M	O	10%	EXTERNA	AERO	GM	113	SSB		11423		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11423094133	REPEL SI	DIETHYLT	849200 Skin and M	84920000 Skin and M	O	25%	EXTERNA	AERO	GM	113	SSB		11423		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11423094136	REPEL F/	DIETHYLT	849200 Skin and M	84920000 Skin and M	O	15%	EXTERNA	AERO	GM	184	SSB		11423		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11423094137	REPEL SI	DIETHYLT	849200 Skin and M	84920000 Skin and M	O	25%	EXTERNA	AERO	GM	184	SSB		11423		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11423094138	REPEL TI	PICARIDI	849200 Skin and M	84920000 Skin and M	O	15%	EXTERNA	AERO	GM	184	SSB		11423		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11423094139	REPEL H	DIETHYLT	849200 Skin and M	84920000 Skin and M	O	25%	EXTERNA	AERO	GM	184	SSB		11423		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11505003016	IVENIX L\	PARENTE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	25	NON DRUG		11505		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509000001	CEPACOL	MENTHOI	521600 Local Ane	52160000 Local Ane	O	3 MG	MOUTH/T	LOZG	EA	9	SSB		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509000162	SEA BON	DENTURE	340000 Dental Ag	34000000 Dental Ag	O	0	DOES NO	WAFR	EA	15	NON DRUG		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509000163	SEA BON	DENTURE	340000 Dental Ag	34000000 Dental Ag	O	0	DOES NO	WAFR	EA	15	NON DRUG		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509000205	SEA BON	DENTURE	340000 Dental Ag	34000000 Dental Ag	O	0	DOES NO	WAFR	EA	30	NON DRUG		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509000206	SEA BON	DENTURE	340000 Dental Ag	34000000 Dental Ag	O	0	DOES NO	WAFR	EA	30	NON DRUG		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509000302	LANACAN	BENZOC/	840800 Antipruritic	84080000 Antipruritic	O	.2%-6%	EXTERNA	CREA	GM	56	SSB		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509000321	VAGISIL Y	MISCELL/	842412 Basic Oint	84241200 Basic Oint	O	0-0-0	VAGINAL	SUPP	EA	10	SSB		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509000325	SCALPICI	SALICYLI	842800 Keratolytic	84280000 Keratolytic	P	3%	EXTERNA	LIQD	ML	44	GENERIC		11509	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509000327	SCALPICI	SALICYLI	842800 Keratolytic	84280000 Keratolytic	P	3%	EXTERNA	LIQD	ML	74	GENERIC		11509	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509000340	LANABIO	NEOMYCI	840404 Antibacter	84040400 Antibacter	P	500UNIT/(	EXTERNA	OINT	GM	14	GENERIC		11509	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509000348	LICEMD	NIT REMC	840412 Scabicides	84041200 Scabicides	P	0	EXTERNA	GEL	ML	118	GENERIC		11509		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509000363	VAGISIL	BENZOC/	840800 Antipruritic	84080000 Antipruritic	O	5-2 %	EXTERNA	CREA	GM	60	SSB		11509	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509000367	VAGISIL	BENZOC/	840800 Antipruritic	84080000 Antipruritic	O	5-2 %	EXTERNA	CREA	GM	28	SSB		11509	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509000372	VAGISIL M	BENZOC/	840800 Antipruritic	84080000 Antipruritic	P	20-3 %	EXTERNA	CREA	GM	28	MSB		11509	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11509000381	LANACAN	BENZOC/	840800 Antipruritic	84080000 Antipruritic	P	.2%-20%	EXTERNA	AERO	GM	99	GENERIC		11509		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509000392	VAGISIL [	POWDER	842416 Basic Pow	84241600 Basic Pow	O	0-0-0-0-0	EXTERNA	POWD	GM	227	SSB		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509000401	JOHNSON	FOOT CA	849200 Skin and M	84920000 Skin and M	O	0-0-0	EXTERNA	PACK	EA	4	SSB		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509000403	JOHNSON	FOOT CA	849200 Skin and M	84920000 Skin and M	O	0-0-0	EXTERNA	PACK	EA	8	SSB		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509000404	ODOR EA	FOOT CA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509000405	ODOR EA	FOOT CA	849200 Skin and M	84920000 Skin and M	O	0-0-0-0-0	EXTERNA	POWD	GM	97.5	SSB		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509000410	ODOR EA	FOOT CA	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	1	NON DRUG		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509000411	ODOR EA	TOLNAFT	840408 Antifungal	84040840 Thiocarba	P	1%	EXTERNA	AERP	GM	120	GENERIC		11509		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509000422	ODOR EA	TOLNAFT	840408 Antifungal	84040840 Thiocarba	P	1%	EXTERNA	POWD	GM	67.5	GENERIC		11509		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509000446	ODOR EA	FOOT CA	849200 Skin and M	84920000 Skin and M	O	0-0-0-0-0	EXTERNA	POWD	GM	180	NON DRUG		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509000462	JOHNSON	FOOT CA	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	AERO	ML	90	NON DRUG		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509000511	LANACOF	HYDROC(	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	CREA	GM	15	GENERIC	12/6/2023	11509		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509000512	LANACOF	HYDROC(	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	CREA	GM	30	GENERIC	12/6/2023	11509		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509000515	GYNECOI	HYDROC(	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	CREA	GM	15	GENERIC	12/6/2023	11509		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509004460	CONTROI	PYRITHIC	840492 Local Anti-	84049200 Local Anti-	P	1%	EXTERNA	SHAM	ML	118	GENERIC		11509		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509005000	SEA BON	DENTURE	340000 Dental Ag	34000000 Dental Ag	O	0	DOES NO	MISC	EA	1	NON DRUG		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509005007	LANACAN	BENZOC/	840800 Antipruritic	84080000 Antipruritic	O	20-0.2 %	EXTERNA	CREA	GM	28	SSB		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509005400	SCALPICI	HYDROC(	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	SOLN	ML	44	GENERIC		11509		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509006000	VAGISIL F	VAGINAL	849200 Skin and M	84920000 Skin and M	O	0-0-0-0-0	VAGINAL	LOTN	ML	59	SSB		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509006002	VAGISIL M	PRAMOXI	840800 Antipruritic	84080000 Antipruritic	P	1%	EXTERNA	MISC	EA	12	MSB		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11509006003	VAGISIL /	PRAMOXI	840800 Antipruritic	84080000 Antipruritic	P	1%	EXTERNA	MISC	EA	20	MSB		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11509006007	VAGISIL I	INCONTIN	940000 Devices	94000000 Devices	O	0-0-0	DOES NO	MISC	EA	30	NON DRUG		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509006022	VAGISIL F	PERIVAG	849200 Skin and M	84920000 Skin and M	P	0-0-0	EXTERNA	LIQD	ML	355	GENERIC		11509		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509006023	VAGISIL (	PERIVAG	849200 Skin and M	84920000 Skin and M	P	0-0	EXTERNA	LIQD	ML	354	GENERIC		11509		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509006027	VAGISIL F	PERIVAG	849200 Skin and M	84920000 Skin and M	P	0	EXTERNA	LIQD	ML	354	GENERIC		11509		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509006028	VAGISIL S	PERIVAG	849200 Skin and M	84920000 Skin and M	P	0	EXTERNA	LIQD	ML	354	GENERIC		11509		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509006033	VAGISIL S	PERIVAG	849200 Skin and M	84920000 Skin and M	P	0	EXTERNA	LIQD	ML	354	GENERIC		11509		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509006034	VAGISIL S	PERIVAG	849200 Skin and M	84920000 Skin and M	P	0	EXTERNA	LIQD	ML	354	GENERIC		11509		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509006041	VAGISTA	MICONAZ	840408 Antifungal	84040808 Azoles	P	0	VAGINAL	KIT	EA	1	GENERIC		11509		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509006047	VAGISIL (	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509006050	VAGISIL L	VAGINAL	849200 Skin and M	84920000 Skin and M	O	0-0	VAGINAL	GEL	GM	5.9	SSB		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509006054	VAGISIL (	DERMAT(	849200 Skin and M	84920000 Skin and M	O	0-0-0-0	EXTERNA	AERO	GM	73	SSB		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509006056	VAGISIL S	DERMAT(	849200 Skin and M	84920000 Skin and M	O	0-0-0-0	EXTERNA	AERO	GM	73	SSB		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509006057	VAGISIL S	DERMAT(	849200 Skin and M	84920000 Skin and M	O	0-0-0-0	EXTERNA	AERO	GM	73	SSB		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509006061	VAGISIL E	SODIUM E	929200 UNKNOW	92920000 UNKNOW	O	0-0	EXTERNA	MISC	EA	1	SSB		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509006062	VAGISIL S	SODIUM E	929200 UNKNOW	92920000 UNKNOW	O	0-0	EXTERNA	MISC	EA	1	SSB		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509006412	VAGISIL	HYDROC(	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	CREA	GM	28	GENERIC	12/6/2023	11509		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509006507	SEA BON	DENTURE	340000 Dental Ag	34000000 Dental Ag	O	0	DOES NO	WAFR	EA	30	NON DRUG		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509006508	SEA BON	DENTURE	340000 Dental Ag	34000000 Dental Ag	O	0	DOES NO	WAFR	EA	30	NON DRUG		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509006709	ODOR EA	FOOT CA	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	2	NON DRUG		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509006710	ODOR EA	FOOT CA	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	6	NON DRUG		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509008900	SEA BON	DENTURE	340000 Dental Ag	34000000 Dental Ag	O	0	DOES NO	MISC	EA	1	NON DRUG		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509013100	SEA BON	DENTURE	340000 Dental Ag	34000000 Dental Ag	O	0	DOES NO	GEL	GM	45	NON DRUG		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509014900	SEA BON	DENTURE	340000 Dental Ag	34000000 Dental Ag	O	0	DOES NO	MISC	EA	1	NON DRUG		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509020440	CEPACOL	BENZOC/	840800 Antipruritic	84080000 Antipruritic	O	10-2.1 MG	MOUTH/T	LOZG	EA	18	SSB		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509020518	CEPACOL	MENTHOI	521600 Local Ane	52160000 Local Ane	P	5.4 MG	MOUTH/T	LOZG	EA	18	MSB		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11509020565	CEPACOL	MENTHOI	521600 Local Ane	52160000 Local Ane	P	5.4 MG	MOUTH/T	LOZG	EA	9	MSB		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11509020914	CEPACOL	BENZOC/	840800 Antipruritic	84080000 Antipruritic	O	15-4 MG	MOUTH/T	LOZG	EA	9	SSB		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509020919	CEPACOL	BENZOC/	521600 Local Ane	52160000 Local Ane	O	6 MG	MOUTH/T	TBDP	EA	12	SSB		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509021008	CEPACOL	CETYLPY	522800 Mouthwas	52280000 Mouthwas	O	0.05%	MOUTH/T	LIQD	ML	118	SSB		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509021012	CEPACOL	CETYLPY	522800 Mouthwas	52280000 Mouthwas	O	0.05%	MOUTH/T	LIQD	ML	354	SSB		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509021024	CEPACOL	CETYLPY	522800 Mouthwas	52280000 Mouthwas	O	0.05%	MOUTH/T	LIQD	ML	710	SSB		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509021034	CEPACOL	CETYLPY	522800 Mouthwas	52280000 Mouthwas	O	0.05%	MOUTH/T	LIQD	ML	118	SSB		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509021091	CEPACOL	CETYLPY	522800 Mouthwas	52280000 Mouthwas	O	0.05%	MOUTH/T	LIQD	ML	946	SSB		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509021265	CEPACOL	MENTHOI	521600 Local Ane	52160000 Local Ane	O	3 MG	MOUTH/T	LOZG	EA	9	SSB		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509023007	CEPACOL	DYCLONI	840800 Antipruritic	84080000 Antipruritic	O	.1%-33%	MOUTH/T	LIQD	ML	118	SSB		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509023117	CEPACOL	BENZOC/	840800 Antipruritic	84080000 Antipruritic	O	5%-33%	MOUTH/T	LIQD	ML	22.2	SSB		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509023207	CEPACOL	BENZOC/	840800 Antipruritic	84080000 Antipruritic	O	5-30-5 %-I	ORAL	LIQD	ML	20.2	SSB		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509023307	CEPACOL	DYCLONI	840800 Antipruritic	84080000 Antipruritic	O	0.1-33 %	MOUTH/T	LIQD	ML	118	SSB		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11509025024	CEPACOL	CETYLPY	522800 Mouthwas	52280000 Mouthwas	O	0.05%	MOUTH/T	LIQD	ML	710	SSB		11509		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

11523009606	A+D PRE\	VITAMINS	842412 Basic Oint	84241200 Basic Oint	P	15.5%-53.	EXTERNA	OINT	GM	113		GENERIC	5/1/2023	11523		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11523010202	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10-240 MG	ORAL	TB24	EA	15		GENERIC	11/7/2024	11523		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11523016503	TINACTIN	TOLNAFT	840408 Antifungal	84040840 Thiocarba	O	1%	EXTERNA	AERO	GM	150		SSB	8/15/2022	11523		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11523043605	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	5 MG/5ML	ORAL	SOLN	ML	240		MSB	11/7/2024	11523		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523432501	CORICIDI	CHLORPH	40400 First Gene	4040000 First Gene	P	2-325 MG	ORAL	TABS	EA	10		MSB	8/15/2022	11523		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523432502	CORICIDI	CHLORPH	40400 First Gene	4040000 First Gene	P	2-325 MG	ORAL	TABS	EA	20		MSB	8/15/2022	11523		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523432601	CORICIDI	CHLORPH	480800 Antitussive	48080000 Antitussive	P	4-30 MG	ORAL	TABS	EA	16		MSB	8/15/2022	11523	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523432801	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	5 MG	ORAL	CHEW	EA	10		MSB		11523	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523432802	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	5 MG	ORAL	CHEW	EA	20		MSB	8/15/2022	11523	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523432803	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	5 MG	ORAL	CHEW	EA	30		MSB	8/15/2022	11523	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523432805	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	5 MG	ORAL	CHEW	EA	50		MSB	12/4/2022	11523	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523432901	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TBDP	EA	30		MSB	11/7/2024	11523	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523432902	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TBDP	EA	60		MSB	11/7/2024	11523	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523433001	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	5 MG	ORAL	CHEW	EA	10		MSB	11/7/2024	11523		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523433002	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	5 MG	ORAL	CHEW	EA	30		MSB	11/7/2024	11523	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523433003	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	5 MG	ORAL	CHEW	EA	30		MSB	11/7/2024	11523		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523433004	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	5 MG	ORAL	CHEW	EA	40		MSB	11/7/2024	11523		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523433201	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10-240 MG	ORAL	TB24	EA	5		MSB	8/15/2022	11523	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523433202	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10-240 MG	ORAL	TB24	EA	10		MSB	8/15/2022	11523	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523433203	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10-240 MG	ORAL	TB24	EA	15		MSB		11523	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523433801	LOTRIMIN	BUTENAF	840408 Antifungal	84040812 Benzylami	P	1%	EXTERNA	CREA	GM	12		MSB	11/7/2024	11523	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523665501	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	105		MSB	11/7/2024	11523	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523665502	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	70		MSB	11/7/2024	11523	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523665506	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	105		MSB	11/7/2024	11523	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523665508	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	30		MSB	11/7/2024	11523	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523715701	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TBDP	EA	4		MSB	11/7/2024	11523	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523715702	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TBDP	EA	10		MSB	11/7/2024	11523	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523715703	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TBDP	EA	30		MSB	8/15/2022	11523	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523715704	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TBDP	EA	20		MSB	11/7/2024	11523	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523715707	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TBDP	EA	40		MSB	11/7/2024	11523	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523715708	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TBDP	EA	50		MSB	8/15/2022	11523	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523716001	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	5		MSB	11/7/2024	11523	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523716002	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	10		MSB	11/7/2024	11523	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523716003	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	20		MSB	11/7/2024	11523	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523716005	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	30		MSB	11/7/2024	11523	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523716009	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	60		MSB	11/7/2024	11523	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523716201	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	5-120 MG	ORAL	TB12	EA	10		MSB	8/15/2022	11523	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523716202	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	5-120 MG	ORAL	TB12	EA	20		MSB		11523	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523716203	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	5-120 MG	ORAL	TB12	EA	30		MSB	8/15/2022	11523	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523716204	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	5-120 MG	ORAL	TB12	EA	5		MSB		11523	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523720001	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	CAPS	EA	10		MSB	11/7/2024	11523	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523720006	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	CAPS	EA	30		MSB	11/7/2024	11523	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523720008	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	CAPS	EA	40		MSB	8/15/2022	11523	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523720201	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	5 MG	ORAL	TBDP	EA	30		MSB	11/7/2024	11523		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523720203	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	5 MG	ORAL	TBDP	EA	10		MSB	11/7/2024	11523		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523721402	CORICIDI	DEXTROM	480800 Antitussive	48080000 Antitussive	P	15-6.25-32	ORAL	LIQD	ML	355		GENERIC	11/7/2024	11523		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11523723401	MIRALAX	POLYETH	561200 Cathartics	56120000 Cathartics	P	0-17GM-0	ORAL	PACK	EA	1		MSB	4/6/2023	11523	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523723402	MIRALAX	POLYETH	561200 Cathartics	56120000 Cathartics	P	0-17GM/S	ORAL	POWD	GM	119		MSB	8/15/2022	11523	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523723403	MIRALAX	POLYETH	561200 Cathartics	56120000 Cathartics	P	0-17GM/S	ORAL	POWD	GM	238		MSB	11/7/2024	11523	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523723404	MIRALAX	POLYETH	561200 Cathartics	56120000 Cathartics	P	0-17GM/S	ORAL	POWD	GM	510		MSB	11/7/2024	11523	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523723405	MIRALAX	POLYETH	561200 Cathartics	56120000 Cathartics	P	0-17GM-0	ORAL	PACK	EA	12		MSB	4/6/2023	11523	Y	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523723701	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	45		MSB	11/7/2024	11523	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523723703	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	70		MSB	8/15/2022	11523	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523723705	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	90		MSB	8/15/2022	11523	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523723706	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	15		MSB	8/15/2022	11523		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523723707	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	40		MSB	11/7/2024	11523		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523723708	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	108		MSB	11/7/2024	11523		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523726802	MIRALAX	POLYETH	561200 Cathartics	56120000 Cathartics	P	0-17GM/S	ORAL	POWD	EA	1		MSB	11/7/2024	11523	Y	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523726803	MIRALAX	POLYETH	561200 Cathartics	56120000 Cathartics	P	0-17GM/S	ORAL	PACK	EA	10		MSB	8/15/2022	11523	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523726804	MIRALAX	POLYETH	561200 Cathartics	56120000 Cathartics	P	0-17GM/S	ORAL	POWD	GM	765		MSB	8/15/2022	11523	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523726805	MIRALAX	POLYETH	561200 Cathartics	56120000 Cathartics	P	0-17GM/S	ORAL	POWD	GM	510		MSB	11/7/2024	11523	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11523726808	MIRALAX	POLYETH	561200 Cathartics	56120000 Cathartics	P	0-17GM/S	ORAL	PACK	EA	24		MSB	8/15/2022	11523	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
11527005740	MUSCLE	MENTHOL	842404 Basic Loti	84240400 Basic Loti	P	10-15 %	EXTERNA	CREA	GM	35		GENERIC	4/25/2023	11527	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11527016247	TRIPLE A	NEOMYCI	840404 Antibacter	84040400 Antibacter	P	400UNIT/	EXTERNA	OINT	GM	9.35		GENERIC	4/25/2023	11527	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11527016351	BACITRA	BACITRA	840404 Antibacter	84040400 Antibacter	P	500 UNIT/	EXTERNA	OINT	GM	14		GENERIC	4/25/2023	11527	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
11527070442	SODIUM F	SODIUM F	340000 Dental Ag	34000000 Dental Ag	R	1.1-5 %	DENTAL	GEL	ML	100		SSB		11527		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	R	MEDPRMI
11527073044	SODIUM F	SODIUM F	340000 Dental Ag	34000000 Dental Ag	S	1.10%	DENTAL	PSTE	ML	100	X	GENERIC		11527		N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
11527073516	SODIUM F	SODIUM F	340400 UNKNOW	34040000 UNKNOW	S	0.20%	MOUTH/T	SOLN	ML	473	X	GENERIC		11527		N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
11527074534	SODIUM F	SODIUM F	340000 Dental Ag	34000000 Dental Ag	R	1.1-5 %	DENTAL	GEL	ML	100		SSB		11527		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	R	MEDPRMI
11527075043	SODIUM F	SODIUM F	340000 Dental Ag	34000000 Dental Ag	S	1.10%	DENTAL	PSTE	ML	100	X	GENERIC		11527		N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
11527075534	SODIUM F	SODIUM F	340400 UNKNOW	34040000 UNKNOW	S	1.10%	DENTAL	GEL	ML	100	X	GENERIC		11527		N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
11528001001	COVARY)	ESTERIFI	681604 Estrogens	68160400 Estrogens	S	1.25MG-2.	ORAL	TABS	EA	100	X	GENERIC		11528		N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
11528002001	COVARY)	ESTERIFI	681604 Estrogens	68160400 Estrogens	S	.625MG-1.	ORAL	TABS	EA	100	X	GENERIC		11528		N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI

11534009001	SENNA-D	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.6-50 MG	ORAL	TABS	EA	100		GENERIC	11534		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	
11534009060	SENNA-D	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.6-50 MG	ORAL	TABS	EA	60		GENERIC	11534		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11534015701	PHENTEF	PHENTEF	282008 UNKNOW	28200804 UNKNOW	S	15 MG	ORAL	CAPS	EA	100		GENERIC	11534		N	FORMULARY		1 GEN	GENERICS	X	1 IN 1 DAYS	X	AGE_YEA	MUST BE AT LEAST	R	MEDPRMI
11534015703	PHENTEF	PHENTEF	282008 UNKNOW	28200804 UNKNOW	S	15 MG	ORAL	CAPS	EA	1000		GENERIC	11534		N	FORMULARY		1 GEN	GENERICS	X	1 IN 1 DAYS	X	AGE_YEA	MUST BE AT LEAST	R	MEDPRMI
11534015901	PHENTEF	PHENTEF	282008 UNKNOW	28200804 UNKNOW	S	37.5 MG	ORAL	CAPS	EA	100		GENERIC	11534		N	FORMULARY		1 GEN	GENERICS	X	1 IN 1 DAYS	X	AGE_YEA	MUST BE AT LEAST	R	MEDPRMI
11534015903	PHENTEF	PHENTEF	282008 UNKNOW	28200804 UNKNOW	S	37.5 MG	ORAL	CAPS	EA	1000		GENERIC	11534		N	FORMULARY		1 GEN	GENERICS	X	1 IN 1 DAYS	X	AGE_YEA	MUST BE AT LEAST	R	MEDPRMI
11534015930	PHENTEF	PHENTEF	282008 UNKNOW	28200804 UNKNOW	S	37.5 MG	ORAL	CAPS	EA	30		GENERIC	11534		N	FORMULARY		1 GEN	GENERICS	X	1 IN 1 DAYS	X	AGE_YEA	MUST BE AT LEAST	R	MEDPRMI
11534016001	PHENTEF	PHENTEF	282008 UNKNOW	28200804 UNKNOW	S	37.5 MG	ORAL	TABS	EA	100		GENERIC	11534		N	FORMULARY		1 GEN	GENERICS	X	1 IN 1 DAYS	X	AGE_YEA	MUST BE AT LEAST	R	MEDPRMI
11534016003	PHENTEF	PHENTEF	282008 UNKNOW	28200804 UNKNOW	S	37.5 MG	ORAL	TABS	EA	1000		GENERIC	11534		N	FORMULARY		1 GEN	GENERICS	X	1 IN 1 DAYS	X	AGE_YEA	MUST BE AT LEAST	R	MEDPRMI
11534016030	PHENTEF	PHENTEF	282008 UNKNOW	28200804 UNKNOW	S	37.5 MG	ORAL	TABS	EA	30		GENERIC	11534		N	FORMULARY		1 GEN	GENERICS	X	1 IN 1 DAYS	X	AGE_YEA	MUST BE AT LEAST	R	MEDPRMI
11534016501	FOLIC AC	FOLIC AC	880800 Vitamin B	88080000 Vitamin B	S	1 MG	ORAL	TABS	EA	100	X	GENERIC	11534		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
11534016503	FOLIC AC	FOLIC AC	880800 Vitamin B	88080000 Vitamin B	S	1 MG	ORAL	TABS	EA	1000	X	GENERIC	11534		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
11534016615	SODIUM F	SODIUM F	401818 Potassium	40181800 Potassium	S	0	ORAL	POWD	GM	15		GENERIC	11534		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
11534016616	SODIUM F	SODIUM F	401818 Potassium	40181800 Potassium	S	0	ORAL	POWD	GM	15		GENERIC	11534		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
11534016644	SODIUM F	SODIUM F	401818 Potassium	40181800 Potassium	S	0	ORAL	POWD	GM	454		GENERIC	11534		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
11534016709	BENZTRC	BENZTRC	283608 UNKNOW	28360800 UNKNOW	S	0.5 MG	ORAL	TABS	EA	100	X	GENERIC	11534		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
11534016710	BENZTRC	BENZTRC	283608 UNKNOW	28360800 UNKNOW	S	0.5 MG	ORAL	TABS	EA	1000	X	GENERIC	11534		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
11534016809	BENZTRC	BENZTRC	283608 UNKNOW	28360800 UNKNOW	S	1 MG	ORAL	TABS	EA	100	X	GENERIC	11534	Y	N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
11534016810	BENZTRC	BENZTRC	283608 UNKNOW	28360800 UNKNOW	S	1 MG	ORAL	TABS	EA	1000	X	GENERIC	11534	Y	N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
11534016909	BENZTRC	BENZTRC	283608 UNKNOW	28360800 UNKNOW	S	2 MG	ORAL	TABS	EA	100	X	GENERIC	11534		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
11534016910	BENZTRC	BENZTRC	283608 UNKNOW	28360800 UNKNOW	S	2 MG	ORAL	TABS	EA	1000	X	GENERIC	11534		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI

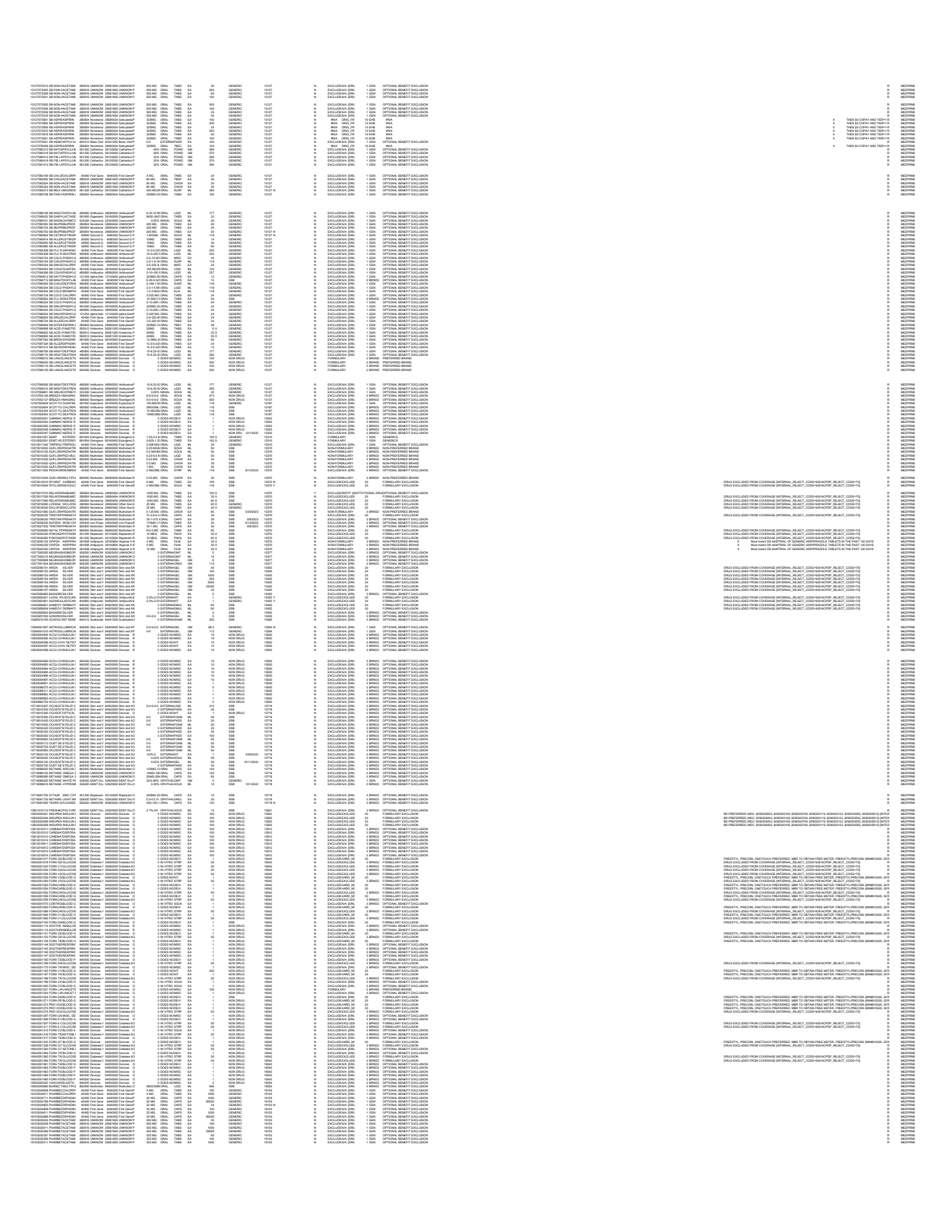
11534017601	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	100		GENERIC	11534	N	FORMULARY		1 GEN	GENERICS	X	1 IN 1 DAYS	X	AGE_YEA	MUST BE AT LEAST	R	MEDPRMI
11534017603	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	1000		GENERIC	11534	N	FORMULARY		1 GEN	GENERICS	X	1 IN 1 DAYS	X	AGE_YEA	MUST BE AT LEAST	R	MEDPRMI
11534018019	POLYETH	POLYETH	561200	Cathartics	56120000	Cathartics	P	0-17GM/S	ORAL	POWD	GM	119		GENERIC	11534	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11534018028	POLYETH	POLYETH	561200	Cathartics	56120000	Cathartics	P	0-17GM/S	ORAL	POWD	GM	238		GENERIC	11534	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11534018050	POLYETH	POLYETH	561200	Cathartics	56120000	Cathartics	P	0-17GM/S	ORAL	POWD	GM	510		GENERIC	11534	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11534018701	BUTALBI	BUTALBI	280816	UNKNOW	28081600	UNKNOW	S	50-300-40	ORAL	CAPS	EA	100		GENERIC	11534	N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
11534018704	BUTALBI	BUTALBI	280816	UNKNOW	28081600	UNKNOW	S	50-300-40	ORAL	CAPS	EA	500		GENERIC	11534	N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
11534018801	DEXTRO	DEXTRO	282004	Amphetan	28200400	Amphetan	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	11534	N	FORMULARY		1 GEN	GENERICS	X	3 IN 1 DAYS				R	MEDPRMI
11534018901	DEXTRO	DEXTRO	282004	Amphetan	28200400	Amphetan	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	11534	N	FORMULARY		1 GEN	GENERICS	X	6 IN 1 DAYS				R	MEDPRMI
11534019001	AMPHET	AMPHET	282004	Amphetan	28200400	Amphetan	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	11534	N	FORMULARY		1 GEN	GENERICS	X	2 IN 1 DAYS				R	MEDPRMI
11534019101	AMPHET	AMPHET	282004	Amphetan	28200400	Amphetan	S	7.5 MG	ORAL	TABS	EA	100	X	GENERIC	11534	N	FORMULARY		1 GEN	GENERICS	X	2 IN 1 DAYS				R	MEDPRMI
11534019201	AMPHET	AMPHET	282004	Amphetan	28200400	Amphetan	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	11534	N	FORMULARY		1 GEN	GENERICS	X	2 IN 1 DAYS				R	MEDPRMI
11534019301	AMPHET	AMPHET	282004	Amphetan	28200400	Amphetan	S	12.5 MG	ORAL	TABS	EA	100	X	GENERIC	11534	N	FORMULARY		1 GEN	GENERICS	X	2 IN 1 DAYS				R	MEDPRMI
11534019401	AMPHET	AMPHET	282004	Amphetan	28200400	Amphetan	S	15 MG	ORAL	TABS	EA	100	X	GENERIC	11534	N	FORMULARY		1 GEN	GENERICS	X	2 IN 1 DAYS				R	MEDPRMI
11534019501	AMPHET	AMPHET	282004	Amphetan	28200400	Amphetan	S	20 MG	ORAL	TABS	EA	100	X	GENERIC	11534	N	FORMULARY		1 GEN	GENERICS	X	2 IN 1 DAYS				R	MEDPRMI
11534019601	AMPHET	AMPHET	282004	Amphetan	28200400	Amphetan	S	30 MG	ORAL	TABS	EA	100	X	GENERIC	11534	N	FORMULARY		1 GEN	GENERICS	X	2 IN 1 DAYS				R	MEDPRMI
11534019701	CHLORDI	CHLORDI	120808	Antimusca	12080800	Antimusca	S	5-2.5 MG	ORAL	CAPS	EA	100		GENERIC	11534	N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
11534020401	HYDROX	HYDROX	282492	Anxiolytics	28249200	Anxiolytics	S	10 MG	ORAL	TABS	EA	100		GENERIC	11534	N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
11534020403	HYDROX	HYDROX	282492	Anxiolytics	28249200	Anxiolytics	S	10 MG	ORAL	TABS	EA	1000		GENERIC	11534	N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
11534020501	HYDROX	HYDROX	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	100		GENERIC	11534	N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
11534020503	HYDROX	HYDROX	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	1000		GENERIC	11534	N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
11534020601	HYDROX	HYDROX	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	TABS	EA	100		GENERIC	11534	N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
11534020603	HYDROX	HYDROX	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	TABS	EA	1000		GENERIC	11534	N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
11584003001	TENCON	BUTALBI	280816	UNKNOW	28081600	UNKNOW	R	50-325 MC	ORAL	TABS	EA	100		SSB	11584	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
11584047703	RELAGES	PHENYLT	40400	First Gene	4040000	First Gene	O	29-500 MC	ORAL	TABS	EA	30		SSB	11584	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11584104604	DESPEC	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-10-100 M	ORAL	SYRP	ML	120		GENERIC	11584	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11584104706	DESPEC	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-10-100 M	ORAL	SYRP	ML	473		GENERIC	11584	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11584111001	DESPEC	PHENYLE	480800	Antitussive	48080000	Antitussive	P	2.5-5-50 M	ORAL	LIQD	ML	30		GENERIC	11584	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000001	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	PSTE	GM	60		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000002	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000004	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000034	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	STRP	EA	30		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000044	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	WAFR	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000049	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000100	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	WAFR	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000101	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	WAFR	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000102	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	WAFR	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000103	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	WAFR	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000104	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	WAFR	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000105	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	WAFR	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000106	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	WAFR	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000107	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	WAFR	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000108	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	WAFR	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000109	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	WAFR	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000110	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	WAFR	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000111	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	WAFR	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000112	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	WAFR	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000113	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	WAFR	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000114	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	WAFR	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000122	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	WAFR	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000125	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	WAFR	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000129	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	WAFR	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000132	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	WAFR	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000135	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	5		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000153	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	5		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000200	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000201	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000202	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000203	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000204	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000205	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000206	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000207	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000208	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000209	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000210	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000212	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000213	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000214	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000255	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000256	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000257	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000300	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000301	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000302	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000303	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000304	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000401	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000402	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000403	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000404	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000481	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000482	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000483	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000484	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000505	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000506	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000507	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000509	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000510	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000511	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000512	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000600	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000601	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000605	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000606	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000610	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000622	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000632	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000633	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000634	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000655	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000678	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000701	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	5		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000702	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	5		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000703	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	5		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000704	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	5		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000705	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	5		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000719	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	5		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000722	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	5		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000725	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	5		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000729	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	5		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000732	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	5		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000735	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	5		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000738	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	5		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000741	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	5		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000810	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	LIQD	ML	240		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000811	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	WAFR	EA	5		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000812	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	WAFR	EA	5		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000813	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	WAFR	EA	5		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000814	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	WAFR	EA	5		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000815	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	WAFR	EA	5		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000821	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	WAFR	EA	5		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000822	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	WAFR	EA	5		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000823	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	WAFR	EA	5		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000824	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	WAFR	EA	5		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000825	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	WAFR	EA	5		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000831	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	WAFR	EA	5		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000832	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	WAFR	EA	5		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000833	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	WAFR	EA	5		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000834	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	WAFR	EA	5		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000835	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	WAFR	EA	5		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11640000836	SECURI-T	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	WAFR	EA	5		NON DRUG	11640	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI

11701000270	SWEEN N	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	P	0	EXTERNA	CREA	GM	85		NON DRUG		11701	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11701000280	SWEEN N	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	P	0	EXTERNA	CREA	GM	85		NON DRUG		11701	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11701002223	ATRAC-TA	UREA-LA	842800	Keratolytic	84280000	Keratolytic	O	10-4 %	EXTERNA	CREA	GM	57		SSB		11701			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11701003132	TRIAD HY	WOUND D	849200	Skin and M	84920000	Skin and M	O	0-0-0-0	EXTERNA	PSTE	GM	170		SSB		11701			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11701003816	MICRO GI	MICONAZ	840408	Antifungal	84040808	Azoles	P	2%	EXTERNA	POWD	GM	85		GENERIC		11701			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11701004514	BAZA AN	MICONAZ	840408	Antifungal	84040808	Azoles	P	2%	EXTERNA	CREA	GM	142		GENERIC		11701			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11701004523	BAZA AN	MICONAZ	840408	Antifungal	84040808	Azoles	P	2%	EXTERNA	CREA	GM	57		GENERIC		11701			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11701005032	CRITIC-AI	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	51%-20%	EXTERNA	PSTE	GM	170		SSB		11701	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11701005033	CRITIC-AI	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	51%-20%	EXTERNA	PSTE	GM	71		SSB		11701			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11701006371	SWEEN 2	DIMETHIC	842412	Basic Oint	84241200	Basic Oint	O	6%	EXTERNA	CREA	GM	142		SSB		11701			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11701006373	SWEEN 2	DIMETHIC	842412	Basic Oint	84241200	Basic Oint	O	6%	EXTERNA	CREA	GM	57		SSB		11701			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11701006714	CRITIC-AI	MICONAZ	840408	Antifungal	84040808	Azoles	P	2%	EXTERNA	OINT	GM	142		GENERIC		11701			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11701006723	CRITIC-AI	MICONAZ	840408	Antifungal	84040808	Azoles	P	2%	EXTERNA	OINT	GM	57		GENERIC		11701			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11701006882	INTERDR	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	0.02%	EXTERNA	SHEE	EA	10		SSB		11701			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11701006932	INTERDR	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	0	EXTERNA	SHEE	EA	10		SSB		11701			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11701008203	BAZA PR(	ZINC OXI	841200	Astringent	84120000	Astringent	O	12%	EXTERNA	CREA	GM	57		NON DRUG		11701			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11701008224	BAZA PR(	ZINC OXI	841200	Astringent	84120000	Astringent	O	12%	EXTERNA	CREA	GM	142		NON DRUG		11701			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11701008333	CRITIC-AI	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	86.50%	EXTERNA	OINT	GM	71		SSB		11701	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11701016116	WOUN'DF	WOUND D	849200	Skin and M	84920000	Skin and M	O	0-0-0	EXTERNA	GEL	GM	84		SSB		11701			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11704010401	ATROPEN	ATROPIN	120808	Antimusca	12080800	Antimusca	R	0.5 MG/0.7	INTRAMU	SOAJ	ML	0.7		SSB	10/12/2023	11704		Y	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
11704010501	ATROPEN	ATROPIN	120808	Antimusca	12080800	Antimusca	R	1 MG/0.7M	INTRAMU	SOAJ	ML	0.7		SSB	10/12/2023	11704		Y	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
11704010601	ATROPEN	ATROPIN	120808	Antimusca	12080800	Antimusca	R	2 MG/0.7M	INTRAMU	SOAJ	ML	0.7		SSB	10/12/2023	11704		Y	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
11704010701	ATROPEN	ATROPIN	120808	Antimusca	12080800	Antimusca	R	0.25 MG/0	INTRAMU	SOAJ	ML	0.3		SSB	10/12/2023	11704		Y	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
11704037001	CYANOKI	HYDROX(	910400	UNKNOW	91040000	UNKNOW	R	5 GM	INTRAVEI	SOLR	EA	1		SSB	10/12/2023	11704			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11704060001	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	R	10 MG/2M	INTRAMU	SOAJ	ML	2		MSB	10/12/2023	11704			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
11704062001	DUODOTI	ATROPIN	910420	UNKNOW	91042000	UNKNOW	R	2.1-600 M	INTRAMU	SOAJ	ML	2.7		SSB	10/12/2023	11704		Y	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
11763052201	PERRY PI	PRENATA	882800	Multivitam	88280000	Multivitam	O	13.5-0.4 M	ORAL	CAPS	EA	200		SSB	10/14/2022	11763	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11788000101	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		11788			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
11788000110	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	1000	X	GENERIC		11788			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
11788000801	IBUPROF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	100	X	GENERIC		11788			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
11788000805	IBUPROF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	500	X	GENERIC		11788			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
11788000901	IBUPROF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	100	X	GENERIC		11788			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
11788000905	IBUPROF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	500	X	GENERIC		11788			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
11788001001	IBUPROF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	100	X	GENERIC		11788			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
11788001005	IBUPROF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	500	X	GENERIC		11788			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
11788002701	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	100		GENERIC		11788			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
11788002705	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	500		GENERIC		11788			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
11788002801	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	100		GENERIC		11788			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
11788002805	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	500		GENERIC		11788			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
11788002901	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	R	150 MG	ORAL	CAPS	EA	100		GENERIC		11788			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
11788003760	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	60	X	GENERIC		11788			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
11788003860	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TB24	EA	60	X	GENERIC		11788			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
11797011001	DUVYZAT	GIVINOST	929200	UNKNOW	92920000	UNKNOW	R	8.86 MG/M	ORAL	SUSP	ML	140	X	SSB		11797			N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X				R	MEDPRMI
11797011002	DUVYZAT	GIVINOST	929200	UNKNOW	92920000	UNKNOW	R	8.86 MG/M	ORAL	SUSP	ML	140	X	SSB		11797			N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X				R	MEDPRMI
11822000178	RA COL-F	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	100		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822000207	RA ALLEF	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	TABS	EA	36		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822000230	RA DAIRY	LACTASE	561600	Digestants	56160000	Digestants	P	9000 UNIT	ORAL	CHEW	EA	32		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822000396	RA COL-F	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	250		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822000470	RA CALCI	CALCIUM	401200	Replacem	40120000	Replacem	P	600-400 M	ORAL	TABS	EA	60		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822000850	RA IBUPF	IBUPROF	282492	Anxiolytics	28249200	Anxiolytics	P	200-38 MG	ORAL	TABS	EA	30		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822000930	RA COLD	PHENYLE	480800	Antitussive	4808000	Antitussive	P	2.5-1-5 MG	ORAL	LIQD	ML	118		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822001110	RA TUSSI	GUAIFEN	481600	Expectora	48160000	Expectora	P	100 MG/5I	ORAL	LIQD	ML	237		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822001150	RA ST JO	ST JOHN'	929200	UNKNOW	92920000	UNKNOW	P	300 MG	ORAL	TABS	EA	120		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822001290	RA HEMC	PHENYLE	841600	Cell Stimu	84160000	Cell Stimu	P	85.5%-.25	RECTAL	SUPP	EA	12		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822001310	RA HEMC	PHENYLE	841600	Cell Stimu	84160000	Cell Stimu	P	85.5%-.25	RECTAL	SUPP	EA	24		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822001520	RA LORA	LORATAD	40800	Second G	4080000	Second G	P	10MG	ORAL	TABS	EA	40		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822001550	RA MEDI(	WITCH HA	842412	Basic Oint	84241200	Basic Oint	P	50%	EXTERNA	PADS	EA	48		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822001887	RA PADS	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	33		NON DRUG		11822			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822002050	RA ALLEF	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5 MG/5	ORAL	LIQD	ML	118		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822002380	RA BEE P	BEE POLI	929200	UNKNOW	92920000	UNKNOW	P	500 MG	ORAL	CHEW	EA	100		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822002601	RA VITAM	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	1000UNIT	ORAL	TABS	EA	100		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822002870	RA ANTI-I	UNDECYL	840416	UNKNOW	84041600	UNKNOW	P	25%	EXTERNA	SOLN	ML	30		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822003220	RA IBUPF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	500		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822003340	RA VITAM	CYANOC(	880800	Vitamin B	88080000	Vitamin B	P	2000MCG	ORAL	TBCR	EA	60		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822003360	RA VITAM	CYANOC(	880800	Vitamin B	88080000	Vitamin B	P	100MCG	ORAL	TABS	EA	100		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822003849	RA IBUPF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	50		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822004023	RA SINUS	PSEUDOE	121212	alpha- anc	12121200	alpha- anc	P	30 MG	ORAL	TABS	EA	48		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822004370	RA BALAI	B-COMPL	882800	Multivitam	88280000	Multivitam	P	100MCG-1	ORAL	TABS	EA	60		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822005680	RA IBUPF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	12		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822005830	RA WRIS	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		11822			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822005831	RA WRIS	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		11822			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822006422	RA EPSO	MAGNESI	561200	Cathartics	56120000	Cathartics	P	0-0	ORAL	GRAN	GM	453		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822007050	RA IRON	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	27 MG	ORAL	TABS	EA	100		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822008130	RA IBUPF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	100		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822008950	RA MILK	MILK THIS	929200	UNKNOW	92920000	UNKNOW	P	200 MG	ORAL	CAPS	EA	50		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822009550	RA OMEG	OMEGA 3	929200	UNKNOW	92920000	UNKNOW	O	40MG-40M	ORAL	CAPS	EA	60		SSB		11822			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822009830	RA LORA	LORATAD	40800	Second G	4080000	Second G	P	5 MG/5ML	ORAL	SOLN	ML	118		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822009965	RA UNDE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	32		NON DRUG		11822			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822010035	RA IBUPF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	P	200 MG	ORAL	CAPS	EA	40		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822010233	RA PAIN I	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	125		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822010597	RA ALLEF	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	120		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822011391	RA WART	SALICYLI	842800	Keratolytic	84280000	Keratolytic	P	17%	EXTERNA	LIQD	ML	9		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822011585	RA EYE I	KETOTIFE	520200	Antiallergi	52020000	Antiallergi	P	0.04%	OPHTHAL	SOLN	ML	5		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822011717	RA WEEK	ORAL ME	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		11822			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822013725	RA PAIN I	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4%	EXTERNA	PTCH	EA	6		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822013729	RA COL-F	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	30		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822013940	RA CALCI	CALCIUM	401200	Replacem	40120000	Replacem	P	600MG	ORAL	TABS	EA	60		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822014378	RA BACIT	BACITRA(	840404	Antibacter	84040400	Antibacter	P	500 UNIT/	EXTERNA	OINT	GM	28		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822014600	RA CALCI	CALCIUM	401200	Replacem	40120000	Replacem	O	500 MG	ORAL	TABS	EA	100		SSB		11822			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822015794	RA HIGH	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	27 MG	ORAL	TABS	EA	100		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822015796	RA VITAM	THIAMINE	880800	Vitamin B	88080000	Vitamin B	P	100 MG	ORAL	TABS	EA	100		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822020568	RA IBUPF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	125		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822021003	IVERMEC	IVERMEC	840412	Scabicides	84041200	Scabicides	P	0.50%	EXTERNA	LOTN	GM	117		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822021099	RA EYELI	EYELID C	849200	Skin and M	84920000	Skin and M	O	0	EXTERNA	PADS	EA	30		SSB		11822			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822021155	RA UNDE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	28		NON DRUG		11822			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822022260	RA NICOT	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	14 MG/24I	TRANSDE	PT24	EA	14		GENERIC		11822			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF AGE=18-999 YEARS AND D	R	MEDPRMI
11822022527	RA MUCU	GUAIFEN	481600	Expectora	48160000	Expectora	P	600 MG	ORAL	TB12	EA	20		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822025115	RA UNDE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	32		NON DRUG		11822			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822025348	RA NICOT	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	GUM	EA	100		GENERIC		11822			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF AGE=1; LIMITED TO 24 PIE(	R	MEDPRMI
11822026010	RA VITAM	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	1000UNIT	ORAL	TABS	EA	100		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822028785	RA IRON	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	325 (65 FE	ORAL	TABS	EA	100		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822028826	RA PROB	LACTOBA	560800	Antidiarrhe	56080000	Antidiarrhe	O	1 MG	ORAL	CAPS	EA	100		SSB		11822			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822029040	RA PANT	SANITARY	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	22		NON DRUG		11822			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822029233	RA LAXA	BISACOD	561200	Cathartics	56120000	Cathartics	P	5 MG	ORAL	TBEC	EA	25		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822030241	RA IBUPF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	P	200 MG	ORAL	CAPS	EA	80		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822030300	RA ACET	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	50		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822030310	RA ACET	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	100		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822030568	RA IBUPF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	125		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822031299	RA UNDE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	34		NON DRUG		11822			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822031378	RA BACIT	BACITRA(	840404	Antibacter	84040400	Antibacter	P	500 UNIT/	EXTERNA	OINT	GM	28		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822031525	RA LICE S	PYRETHF	840412	Scabicides	84041200	Scabicides	P	0.5-0.33-4	COMBINA	KIT	EA	1		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822031577	RA ANTI-I	DIPHENH	840800	Antipruritic	84080000	Antipruritic	P	2%-.1%	EXTERNA	CREA	GM	28		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822031650	RA COL-F	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	400		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822031751	RA PAIN I	ASPIRIN	280804	Nonsteroic	28080424	Salicylates	P	325MG	ORAL	TABS	EA	100		GENERIC		11822			N	#N/A	ORIG_FR	10 EHB	#N/A				X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
11822031808	RA LUBRI	PROPYLE	529200	EENT Dru	52920000	EENT Dru	P	0.60%	OPHTHAL	SOLN	ML	15		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822031810	RA LUBRI	CARBOXY	529200	EENT Dru	52920000	EENT Dru	P	0.50%	OPHTHAL	SOLN	ML	15		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822031986	RA SINUS	PSEUDOE	121212	alpha- anc	12121200	alpha- anc	P	30 MG	ORAL	TABS	EA	24		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822032300	RA MICOI	MICONAZ	840408	Antifungal	84040808	Azoles	P	200 & 2 M	VAGINAL	KIT	GM	24		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822032343	RA VITAM	PEDIATRI	882800	Multivitam	88280000	Multivitam	P	18 MG	ORAL	CHEW	EA	60		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822032527	RA MUCU	GUAIFEN	481600	Expectora	48160000	Expectora	P	600 MG	ORAL	TB12	EA	40		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822033155	RA ALLEF	LORATAD	40800	Second G	4080000	Second G	P	10-240 MG	ORAL	TB24	EA	10		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822033197	RA 2-IN-1	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	400		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822033209	RA ALLEF	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	24		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822033502	RA FOOT	TOLNAFT	840408	Antifungal	84040840	Thiocarba	P	1%	EXTERNA	CREA	GM	14		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822033550	RA PREN	PRENATA	882800	Multivitam	88280000	Multivitam	O	28-0.8 MG	ORAL	TABS	EA	100		SSB		11822			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822033670	RA VITAM	THIAMINE	880800	Vitamin B	88080000	Vitamin B	P	100 MG	ORAL	TABS	EA	100		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822034163	RA PADS	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	45		NON DRUG		11822			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822034762	RA DELU	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		11822			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822034952	RA SINUS	PSEUDOE	121212	alpha- anc	12121200	alpha- anc	P	120 MG	ORAL	TB12	EA	20		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822035340	RA FEVEI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5I	ORAL	SUSP	ML	59		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822035649	RA URIN	URINARY	368800	Urine and	36880000	Urine and	O	0	IN VITRO	STRP	EA	3		SSB		11822			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822035652	RA INTIM	LUBRICAI	849200	Skin and M	84920000	Skin and M	P	0	EXTERNA	GEL	ML	59.1		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822035790	RA HIGH	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	27 MG	ORAL	TABS	EA	250		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822035870	RA HEAR	HEARING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	8		NON DRUG		11822			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822035872	RA HEAR	HEARING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	8		NON DRUG		11822			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822035873	RA HEAR	HEARING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	8		NON DRUG		11822			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822036054	RA DAYL(	BENZOYL	840492	Local Anti-	84049200	Local Anti-	P	10%	EXTERNA	FOAM	GM	156		GENERIC		11822			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
11822036187	RA NICOT	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	21 MG/24I	TRANSDE	PT24	EA	2		GENERIC		11822			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF AGE=18-999 YEARS AND D	R	MEDPRMI
11822036326	RA VITAM	CYANOC(	880800	Vitamin B	88080000	Vitamin B	O	1000 MCG	ORAL	LIQD	ML	60		SSB		11822			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI

11845016162	OMEGA-3	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	P	500 MG	ORAL	CAPS	EA	120	GENERIC	6/7/2022	11845		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11845016175	FISH OIL/	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	P	1000 MG	ORAL	CAPS	EA	60	GENERIC	6/7/2022	11845		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11845016185	LIQUID C/	CALCIUM	401200 Replacem	40120000 Replacem	O	600-25 MC	ORAL	CAPS	EA	60	SSB		11845		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11845016238	D 10000	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	250 MCG	ORAL	CAPS	EA	30	GENERIC		11845		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11845016245	ALPHA-LI	ALPHA-LI	929200 UNKNOW	92920000 UNKNOW	P	200 MG	ORAL	CAPS	EA	60	GENERIC		11845		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11845016261	K2 PLUS	VITAMIN I	881600 Vitamin D	88160000 Vitamin D	O	100-1000	ORAL	TABS	EA	100	SSB		11845		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11845016275	MEGAVIT	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	0-0-180MC	ORAL	TABS	EA	60	SSB		11845		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11845016305	ASTAXAN	ASTAXAN	929200 UNKNOW	92920000 UNKNOW	P	4 MG	ORAL	CAPS	EA	60	GENERIC	6/7/2022	11845		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11845016325	SUPER BI	BIOTIN	880800 Vitamin B	88080000 Vitamin B	P	5000 MCG	ORAL	CAPS	EA	60	GENERIC		11845		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11845016335	CRANBEF	MISC NAT	929200 UNKNOW	92920000 UNKNOW	O	30MG-30M	ORAL	TABS	EA	60	SSB		11845		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11845016375	DIABETES	ALPHA LII	929200 UNKNOW	92920000 UNKNOW	O	50-500-20	ORAL	TBCR	EA	60	SSB		11845		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11845016385	CRANBEF	CRANBEF	929200 UNKNOW	92920000 UNKNOW	O	12600 MG	ORAL	CAPS	EA	60	MSB	6/7/2022	11845		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRM
11845016407	COCONU	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	O	0	EXTERNA	CREA	GM	57	SSB		11845		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11845016459	WOMENS	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	60MG-60M	ORAL	TABS	EA	90	GENERIC		11845		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11845016472	OMEGA-3	OMEGA 3	929200 UNKNOW	92920000 UNKNOW	O	400MG-0-	ORAL	CAPS	EA	120	MSB	6/7/2022	11845		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRM
11845016475	TRIPLE O	OMEGA 3	929200 UNKNOW	92920000 UNKNOW	O	400MG-0-	ORAL	CAPS	EA	60	SSB	6/7/2022	11845		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11845016481	FLAX SEE	FLAXSEE	929200 UNKNOW	92920000 UNKNOW	O	1300 MG	ORAL	CAPS	EA	100	MSB	6/7/2022	11845		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRM
11845016491	B-12	CYANOC	880800 Vitamin B	88080000 Vitamin B	P	3000 MCG	SUBLINGU	SUBL	EA	100	GENERIC		11845		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11845016518	KRILL OIL	KRILL OIL	929200 UNKNOW	92920000 UNKNOW	O	1500 MG	ORAL	CAPS	EA	30	MSB	6/7/2022	11845		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRM
11845016525	ULTRA DI	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-250MG-	ORAL	CAPS	EA	60	SSB	6/7/2022	11845		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11845016535	COCONU	COCONU	929200 UNKNOW	92920000 UNKNOW	P	1000 MG	ORAL	CAPS	EA	60	GENERIC		11845		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11845016555	CINNAMC	ALPHA LII	929200 UNKNOW	92920000 UNKNOW	O	150-0.1-5(	ORAL	CAPS	EA	60	SSB		11845		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11845016565	MELATON	MELATON	929200 UNKNOW	92920000 UNKNOW	O	500 MCG	ORAL	TBDP	EA	60	SSB	9/1/2022	11845		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11845016635	MAGNESI	MAGNESI	929200 UNKNOW	92920000 UNKNOW	O	500-3000-	ORAL	TABS	EA	60	MSB		11845		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRM
11845016645	MEGAVIT	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	0-0-0-180M	ORAL	TABS	EA	60	SSB	6/7/2022	11845		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11845016668	LUTEIN	LUTEIN	929200 UNKNOW	92920000 UNKNOW	P	40 MG	ORAL	CAPS	EA	30	GENERIC		11845		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11845016775	MORINGA	MORINGA	929200 UNKNOW	92920000 UNKNOW	O	500 MG	ORAL	CAPS	EA	60	NON DRUG		11845		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11845016799	MEGA BIC	BIOTIN	880800 Vitamin B	88080000 Vitamin B	P	10 MG	ORAL	CAPS	EA	50	MSB		11845		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRM
11845016825	VITAMIN I	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	0-0-180MC	ORAL	TABS	EA	60	SSB	6/7/2022	11845		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11845016835	HEALTHY	SPECIALT	882800 Multivitam	88280000 Multivitam	O	0-0-0-0-0	ORAL	TABS	EA	60	SSB	6/7/2022	11845		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11845016845	BEAUTY &	MISC NAT	929200 UNKNOW	92920000 UNKNOW	O	0-0-0-0-0	ORAL	TABS	EA	60	SSB	6/7/2022	11845		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11845016865	GARCINIA	GARCINIA	929200 UNKNOW	92920000 UNKNOW	O	500-200 M	ORAL	TABS	EA	60	MSB	6/7/2022	11845		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRM
11845016878	OAT BRAI	OAT BRAI	929200 UNKNOW	92920000 UNKNOW	O	0	ORAL	POWD	GM	225	MSB	6/7/2022	11845		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRM
11845016891	ACIDOPH	PROBIOT	560800 Antidiarrhe	56080000 Antidiarrhe	O	0-0	ORAL	WAFR	EA	100	MSB		11845		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRM
11845016905	LUTEIN-Z	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	60MG-60M	ORAL	TABS	EA	60	MSB		11845		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRM
11845016935	ADRENAL	SPECIALT	882800 Multivitam	88280000 Multivitam	O	80MG-150	ORAL	TABS	EA	60	SSB	6/7/2022	11845		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11845016965	COCONU	COCONU	929200 UNKNOW	92920000 UNKNOW	O	500-500 M	ORAL	CAPS	EA	60	MSB	9/1/2022	11845		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRM
11845016995	OMEGA 3	OMEGA 3	929200 UNKNOW	92920000 UNKNOW	O	0-0-0-0-0	ORAL	CAPS	EA	60	MSB		11845		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRM
11845017012	COLLAGE	COLLAGE	929200 UNKNOW	92920000 UNKNOW	O	500-50-0.8	ORAL	CAPS	EA	120	SSB		11845		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11845017051	HEALTHY	PEDIATRI	882800 Multivitam	88280000 Multivitam	P	45MG-45M	ORAL	CHEW	EA	100	GENERIC	4/6/2022	11845		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11845017105	NAC	ACETYLC	402000 Caloric Ag	40200000 Caloric Ag	O	500 MG	ORAL	CAPS	EA	60	SSB		11845		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11845017145	MAG OXI	MAGNESI	929200 UNKNOW	92920000 UNKNOW	O	500-3000-	ORAL	TABS	EA	60	GENERIC		11845		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11845017199	PEPPERM	PEPPERM	929200 UNKNOW	92920000 UNKNOW	O	50 MG	ORAL	CPDR	EA	90	MSB		11845		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRM
11845017228	ALPHA-LI	ALPHA-LI	929200 UNKNOW	92920000 UNKNOW	P	600 MG	ORAL	CAPS	EA	30	GENERIC		11845		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11845017475	TURMERI	TURMERI	929200 UNKNOW	92920000 UNKNOW	P	500 MG	ORAL	CAPS	EA	60	GENERIC	4/15/2022	11845		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11845017605	B-COMPL	B-COMPL	882800 Multivitam	88280000 Multivitam	P	6MCG-6M	ORAL	TABS	EA	60	GENERIC		11845		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11845017615	PROBIOT	PROBIOT	560800 Antidiarrhe	56080000 Antidiarrhe	P	0	ORAL	CHEW	EA	60	GENERIC		11845		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11845017639	TURMERI	TURMERI	929200 UNKNOW	92920000 UNKNOW	O	100-1000	ORAL	CAPS	EA	60	GENERIC		11845		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11845017671	ZINC SUL	ZINC SUL	401200 Replacem	40120000 Replacem	O	50 MG	ORAL	CAPS	EA	100	GENERIC	1/27/2022	11845		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11845017681	VITAMIN I	MENATET	882400 Vitamin K	88240000 Vitamin K	O	100 MCG	ORAL	TABS	EA	100	MSB		11845		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRM
11845017735	GINKGO E	GINKGO E	929200 UNKNOW	92920000 UNKNOW	O	500 MG	ORAL	CAPS	EA	60	MSB		11845		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRM
11845017737	GINKGO E	GINKGO E	929200 UNKNOW	92920000 UNKNOW	O	125 MG	ORAL	CAPS	EA	180	GENERIC		11845		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11845017739	GINKGO E	GINKGO E	929200 UNKNOW	92920000 UNKNOW	O	125 MG	ORAL	CAPS	EA	90	GENERIC		11845		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11845017745	ECHINAC	ECHINAC	929200 UNKNOW	92920000 UNKNOW	O	125 MG	ORAL	CAPS	EA	60	GENERIC		11845		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11845017778	HYALURC	SODIUM I	929200 UNKNOW	92920000 UNKNOW	O	100 MG	ORAL	CAPS	EA	30	GENERIC		11845		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11845017825	TURMERI	TURMERI	929200 UNKNOW	92920000 UNKNOW	O	135-6 MG	ORAL	CHEW	EA	60	GENERIC		11845		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11845017958	5-HTP	5-HYDRO	929200 UNKNOW	92920000 UNKNOW	O	200 MG	ORAL	TABS	EA	30	GENERIC	9/1/2022	11845		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11845017975	GINGER-I	GINGER (	929200 UNKNOW	92920000 UNKNOW	O	1 MG	ORAL	CHEW	EA	60	SSB		11845		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11845033701	GLUCOS/	GLUCOS/	929200 UNKNOW	92920000 UNKNOW	P	66MG-66M	ORAL	CAPS	EA	100	GENERIC	6/7/2022	11845		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11845058331	THERADE	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	120MG-12	ORAL	TABS	EA	130	GENERIC	6/7/2022	11845		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11845058386	THERADE	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	120MG-12	ORAL	TABS	EA	30	GENERIC	6/7/2022	11845		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11868000610	THROAT I	THROAT I	521600 Local Ane	52160000 Local Ane	P	0-0-0-0-0	MOUTH/T	LOZG	EA	70	GENERIC		11868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11877000158	ID NOW R	RESPIRA	360000 Diagnostic	36000000 Diagnostic	R	0	IN VITRO	KIT	EA	1	NON DRUG		11877		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11877001042	ID NOW I	INFLUENZ	360000 Diagnostic	36000000 Diagnostic	R	0	IN VITRO	KIT	EA	1	NON DRUG		11877		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11877001043	ID NOW I	INFLUENZ	360000 Diagnostic	36000000 Diagnostic	R	0	IN VITRO	KIT	EA	1	NON DRUG		11877		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11877001052	ID NOW R	RESPIRA	360000 Diagnostic	36000000 Diagnostic	R	0	IN VITRO	KIT	EA	1	NON DRUG		11877		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11877001053	ID NOW S	STREPTC	360000 Diagnostic	36000000 Diagnostic	R	0	IN VITRO	KIT	EA	1	NON DRUG		11877		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11877001055	ID NOW S	STREPTC	360000 Diagnostic	36000000 Diagnostic	R	0	IN VITRO	KIT	EA	1	NON DRUG		11877		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11877001126	ID NOW C	COVID-19	360000 Diagnostic	36000000 Diagnostic	R	0	IN VITRO	KIT	EA	1	NON DRUG		11877		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11877001127	ID NOW C	COVID-19	360000 Diagnostic	36000000 Diagnostic	R	0	IN VITRO	KIT	EA	1	NON DRUG		11877		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11877001129	BINAXNO	COVID-19	360000 Diagnostic	36000000 Diagnostic	R	0	IN VITRO	KIT	EA	1	NON DRUG		11877		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11877001133	BINAXNO	COVID-19	360000 Diagnostic	36000000 Diagnostic	O	0	IN VITRO	KIT	EA	1	NON DRUG		11877		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11877001135	ID NOW C	COVID-19	360000 Diagnostic	36000000 Diagnostic	R	0	IN VITRO	KIT	EA	1	NON DRUG		11877		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11877001136	ID NOW C	COVID-19	360000 Diagnostic	36000000 Diagnostic	O	0	IN VITRO	KIT	EA	1	NON DRUG		11877		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11877001140	BINAXNO	COVID-19	360000 Diagnostic	36000000 Diagnostic	O	0	IN VITRO	KIT	EA	1	NON DRUG		11877		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917000074	BURN RE	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	O	0.50%	EXTERNA	AERS	GM	170	SSB		11917		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917000135	BABY PO	TALC	842416 Basic Pow	84241600 Basic Pow	P	0	EXTERNA	POWD	GM	425	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917000136	BABY CO	CORN ST	842416 Basic Pow	84241600 Basic Pow	P	0	EXTERNA	POWD	GM	425	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917000257	DISPOSA	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	22	NON DRUG		11917		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917000258	DISPOSA	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	18	NON DRUG		11917		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917000259	DISPOSA	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	16	NON DRUG		11917		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917000426	EFFERVE	ASPIRIN E	280804 Nonsteroi	28080424 Salicylates	P	325MG-10	ORAL	TBEF	EA	36	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917000451	ZINC OXII	ZINC OXII	841200 Astringent	84120000 Astringent	P	40%	EXTERNA	OINT	GM	56.7	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917000540	VITAMIN I	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	50 MCG (:	ORAL	TABS	EA	100	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917000544	ONE-STE	PREGNAI	940000 Devices	94000000 Devices	O	0	IN VITRO	TEST	EA	1	NON DRUG		11917		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917000577	AWAKE M	CAFFEINE	282032 UNKNOW	28203200 UNKNOW	P	200MG	ORAL	TABS	EA	36	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917000642	SAW PAL	SAW PAL	929200 UNKNOW	92920000 UNKNOW	P	160MG	ORAL	CAPS	EA	60	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917000643	GRAPE S	GRAPE S	929200 UNKNOW	92920000 UNKNOW	O	50MG	ORAL	TABS	EA	60	MSB		11917		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRM
11917000644	ST JOHNS	ST JOHN'	929200 UNKNOW	92920000 UNKNOW	P	300 MG	ORAL	TABS	EA	100	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917000646	GINKGO E	GINKGO E	929200 UNKNOW	92920000 UNKNOW	P	60MG	ORAL	TABS	EA	100	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917000649	CRANBEF	CRANBEF	929200 UNKNOW	92920000 UNKNOW	O	250MG	ORAL	TABS	EA	100	MSB		11917		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRM
11917000693	PAIN & FE	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	160 MG/5	ORAL	SUSP	ML	240	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917000703	STOOL S	DOCUSAT	561200 Cathartics	56120000 Cathartics	P	240 MG	ORAL	CAPS	EA	100	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917000798	SLEEP EY	EYE PATC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		11917		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917000803	ENEMA	SODIUM F	561200 Cathartics	56120000 Cathartics	P	7-19 GM/1	RECTAL	ENEM	ML	133	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917000812	GLUCOS/	GLUCOS/	929200 UNKNOW	92920000 UNKNOW	P	500MG	ORAL	CAPS	EA	60	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917000813	GLUCOS/	GLUCOS/	929200 UNKNOW	92920000 UNKNOW	P	500MG	ORAL	CAPS	EA	150	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917000814	GLUCOS/	GLUCOS/	929200 UNKNOW	92920000 UNKNOW	P	500-400 M	ORAL	CAPS	EA	60	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917000815	GLUCOS/	GLUCOS/	929200 UNKNOW	92920000 UNKNOW	P	500-400 M	ORAL	CAPS	EA	120	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917000872	COTTON	APPLICAT	940000 Devices	94000000 Devices	O	0	DOES NO	SWAB	EA	500	NON DRUG		11917		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917000873	COTTON	APPLICAT	940000 Devices	94000000 Devices	O	0	DOES NO	SWAB	EA	500	NON DRUG		11917		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917000921	PAIN REL	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	100	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917000928	PAIN REL	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	50	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917000929	PAIN REL	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	24	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917000960	ASTHMA	EPHEDRI	121212 alpha- anc	12121200 alpha- anc	O	25 MG	ORAL	TABS	EA	60	SSB		11917		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917000966	ALLERGY	FEXOFEN	40800 Second G	4080000 Second G	P	180-240 M	ORAL	TB24	EA	15	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917000968	ALLERGY	FEXOFEN	40800 Second G	4080000 Second G	P	180-240 M	ORAL	TB24	EA	10	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917001005	GLYCERI	GLYCERI	561200 Cathartics	56120000 Cathartics	P	1.2GM	RECTAL	SUPP	EA	12	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917001006	GLYCERI	GLYCERI	561200 Cathartics	56120000 Cathartics	P	2.1GM	RECTAL	SUPP	EA	12	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917001008	GLYCERI	GLYCERI	561200 Cathartics	56120000 Cathartics	P	2.1GM	RECTAL	SUPP	EA	50	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917001009	GLYCERI	GLYCERI	561200 Cathartics	56120000 Cathartics	P	2.1GM	RECTAL	SUPP	EA	100	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917001058	TUSSIN D	DEXTROM	480800 Antitussive	48080000 Antitussive	P	20-200 MC	ORAL	LIQD	ML	237	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917001080	PAIN REL	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	4%	EXTERNA	CREA	GM	76.5	GENERIC		11917	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917001140	ASTHMA	EPHEDRI	121212 alpha- anc	12121200 alpha- anc	P	12.5 MG	ORAL	TABS	EA	60	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917001164	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	60	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917001170	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	500	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917001197	PILL REM	ORAL ME	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		11917		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917001219	CERTAIN	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	26	NON DRUG		11917		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917001238	ECHINAC	ECHINAC	929200 UNKNOW	92920000 UNKNOW	P	125 MG	ORAL	TABS	EA	150	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917001257	SALINE N	SALINE	529200 EENT Dru	52920000 EENT Dru	P	0.65%	NASAL	SOLN	ML	88	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917001271	GLUCOS/	GLUCOS/	929200 UNKNOW	92920000 UNKNOW	P	500-400 M	ORAL	CAPS	EA	180	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917001273	SAW PAL	SAW PAL	929200 UNKNOW	92920000 UNKNOW	P	160 MG	ORAL	CAPS	EA	150	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917001322	IVERMEC	IVERMEC	840412 Scabicides	84041200 Scabicides	P	0.50%	EXTERNA	LOTN	GM	117	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917001338	NICOTINE	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	21 MG/24	TRANSDE	PT24	EA	7	GENERIC		11917	N	N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF AGE=18-999 YEARS AND D	R	MEDPRM
11917001339	NICOTINE	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	21 MG/24	TRANSDE	PT24	EA	14	GENERIC		11917	N	N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF AGE=18-999 YEARS AND D	R	MEDPRM
11917001343	NICOTINE	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	14 MG/24	TRANSDE	PT24	EA	7	GENERIC		11917	N	N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF AGE=18-999 YEARS AND D	R	MEDPRM
11917001378	FITTED B	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	26	NON DRUG		11917		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917001380	FITTED B	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	22	NON DRUG		11917		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917001381	FITTED B	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	18	NON DRUG		11917		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917001394	NICOTINE	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	14 MG/24	TRANSDE	PT24	EA	14	GENERIC		11917		N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF AGE=18-999 YEARS AND D	R	MEDPRM
11917001407	IBUPROF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	100	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917001414	WAL-PRO	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	100	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917001422	ANTI-EME	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		11917		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917001431	ASPIRIN 8	ASPIRIN	280804 Nonsteroi	28080424 Salicylates	P	81 MG	ORAL	TBEC	EA	500	GENERIC		11917		N	#N/A	ORIG_FR	10 EHB	#N/A				X	THEN $0 COPAY AND TIER=1	R	MEDPRM
11917001440	WALGREE	DEXTROS	682292 Antihypog	68229200 Antihypog	O	4 GM	ORAL	CHEW	EA	10	SSB		11917		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917001487	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		11917		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290			R	MEDPRM
11917001489	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		11917		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290			R	MEDPRM
11917001492	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		11917		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290			R	MEDPRM
11917001501	PAIN REL	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	325 MG	ORAL	TABS	EA	100	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917001513	ETHYL RU	ALCOHOL	840492 Local Anti-	84049200 Local Anti-	P	70%	DOES NO	SOLN	ML	473	NON DRUG		11917		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917001648	SUPER TI	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		11917		N	FORMULARY		2 BRAND	PREFERRED BRAND						R	MEDPRM
11917001927	ORAL AN	BENZOCA	840800 Antipruritic	84080000 Antipruritic	P	20%	MOUTH/T	PSTE	GM	5.95	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917001970	VITAMIN (	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	500 MG	ORAL	TABS	EA	200	GENERIC		11917	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917002072	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		11917		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290			R	MEDPRM
11917002103	SENNA	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.6 MG	ORAL	TABS	EA	100	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917002191	VITAMIN I	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	125 MCG	ORAL	CAPS	EA	100	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917002236	VITAMIN I	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	25 MCG ('	ORAL	CAPS	EA	100	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917002362	NUTRITIC	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		11917		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917002413	ATHLETE	UNDECYL	840416 UNKNOW	84041600 UNKNOW	P	0-0	EXTERNA	OINT	GM	43	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917002459	ANTISEP	CAMPHOI	849200 Skin and M	84920000 Skin and M	P	10.8%-4.7	EXTERNA	LIQD	ML	45	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917002527	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		11917		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290			R	MEDPRM
11917002528	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		11917		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290			R	MEDPRM
11917002529	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		11917		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290			R	MEDPRM
11917002532	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	O	30G X 5/1	DOES NO	MISC	EA	10	NON DRUG		11917		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290			R	MEDPRM
11917002536	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		11917		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290			R	MEDPRM
11917002580	SELENIU	SELENIU	401200 Replacem	40120000 Replacem	P	200 MCG	ORAL	TABS	EA	100	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917002600	EASY-LA	DOCUSAT	561200 Cathartics	56120000 Cathartics	P	100 MG	ORAL	CAPS	EA	60	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917002603	STOOL S	DOCUSAT	561200 Cathartics	56120000 Cathartics	P	100 MG	ORAL	CAPS	EA	200	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917002613	PEDIATRI	ORAL ELE	401200 Replacem	40120000 Replacem	P	35MEQ/L-	ORAL	SOLN	ML	1000	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917002615	PEDIATRI	ORAL ELE	401200 Replacem	40120000 Replacem	P	35MEQ/L-	ORAL	SOLN	ML	1000	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917002642	SALINE N	SALINE	529200 EENT Dru	52920000 EENT Dru	P	0.65%	NASAL	SOLN	ML	44	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917002690	VITAMIN I	VITAMIN E	842400 Emollients	84240000 Emollients	P	0-0	EXTERNA	OIL	ML	142	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917002710	PEDIATRI	ORAL ELE	401200 Replacem	40120000 Replacem	P	35MEQ/L-	ORAL	SOLN	ML	1000	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917002761	NUTRITIC	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		11917		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917002801	CLOTRIM	CLOTRIM	840408 Antifungal	84040808 Azoles	P	1%	EXTERNA	CREA	GM	15	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917002802	ALLERGY	FEXOFEN	40800 Second G	4080000 Second G	P	60-120 MC	ORAL	TB12	EA	30	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917002907	LEVOCAF	LEVOCAF	402000 Caloric Ag	40200000 Caloric Ag	O	250 MG	ORAL	CAPS	EA	30	MSB		11917		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRM
11917003010	SORE TH	BENZOCA	840800 Antipruritic	84080000 Antipruritic	P	6-10 MG	MOUTH/T	LOZG	EA	18	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003095	BLOOD P	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		11917		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003133	12 HR MU	GUAIFEN	481600 Expectora	48160000 Expectora	P	1200 MG	ORAL	TB12	EA	42	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003166	ALLERGY	FLUTICAS	520808 Corticoste	52080800 Corticoste	P	50 MCG/A	NASAL	SUSP	ML	18.2	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	X	16 IN 30 DAYS				R	MEDPRM
11917003170	GLUCOS/	GLUCOS/	929200 UNKNOW	92920000 UNKNOW	P	500-400 M	ORAL	CAPS	EA	24	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003172	GLUCOS/	GLUCOS/	929200 UNKNOW	92920000 UNKNOW	O	500MG-50	ORAL	TABS	EA	90	MSB		11917		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRM
11917003175	ALCOHOI	ALCOHOL	940000 Devices	94000000 Devices	O	70%	DOES NO	PADS	EA	100	NON DRUG		11917		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003182	BLOOD G	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	100	NON DRUG		11917		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRM
11917003194	NICOTINE	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	14 MG/24	TRANSDE	PT24	EA	14	GENERIC		11917	N	N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF AGE=18-999 YEARS AND D	R	MEDPRM
11917003277	LANCING	LANCET D	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		11917		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003359	DISPOSA	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	44	NON DRUG		11917		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003360	DISPOSA	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	36	NON DRUG		11917		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003361	DISPOSA	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	32	NON DRUG		11917		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003448	GLUCOS/	GLUCOS/	929200 UNKNOW	92920000 UNKNOW	O	500MG-50	ORAL	TABS	EA	180	MSB		11917		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRM
11917003453	MSM	METHYLS	929200 UNKNOW	92920000 UNKNOW	P	500MG	ORAL	CAPS	EA	120	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003586	CLOTRIM	CLOTRIM	840408 Antifungal	84040808 Azoles	P	2%	VAGINAL	CREA	GM	21	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003595	BRIEFS C	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		11917		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003596	BRIEFS C	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	16	NON DRUG		11917		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003687	MULTI-PU	SOFT LEN	521200 Contact Le	52120000 Contact Le	P	0-0-0-0-0	DOES NO	SOLN	ML	355	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003688	ARTIFICIA	DEXTRAN	529200 EENT Dru	52920000 EENT Dru	P	0.1-0.3 %	OPHTHAL	SOLN	ML	15	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003689	DAILY CL	SOFT LEN	521200 Contact Le	52120000 Contact Le	P	.1%-.1%-.(	DOES NO	SOLN	ML	20	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003692	REWETTI	SOFT LEN	521200 Contact Le	52120000 Contact Le	P	0	DOES NO	SOLN	ML	20	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003693	EYE ALLE	NAPHAZC	523200 Vasocons	52320000 Vasocons	P	.025%-.3%	OPHTHAL	SOLN	ML	15	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003728	SALINE N	SALINE	529200 EENT Dru	52920000 EENT Dru	P	0.65%	NASAL	SOLN	ML	44	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003748	ULTRACH	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	120MG-12	ORAL	TABS	EA	90	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003752	ULTRACH	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	120MG-12	ORAL	TABS	EA	90	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003753	ULTRACH	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	120MG-12	ORAL	TABS	EA	180	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003754	ULTRACH	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	120MG-12	ORAL	TABS	EA	180	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003761	LAND BEI	DIAPERS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	58	NON DRUG		11917		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003764	LAND BEI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	38	NON DRUG		11917		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003767	LAND BEI	DIAPERS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	18	NON DRUG		11917		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003770	LAND BEI	DIAPERS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	22	NON DRUG		11917		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003807	D-MANNC	D-MANNC	929200 UNKNOW	92920000 UNKNOW	P	500 MG	ORAL	CAPS	EA	120	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003813	STERILE	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	30	NON DRUG		11917		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003814	STERILE	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	30	NON DRUG		11917		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003883	LAND BEI	PEDIATRI	882800 Multivitam	88280000 Multivitam	P	15 MG	ORAL	CHEW	EA	60	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003886	LAND BEI	PEDIATRI	882800 Multivitam	88280000 Multivitam	P	250MG-25	ORAL	CHEW	EA	60	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003895	ULTRA CI	PEDIATRI	882800 Multivitam	88280000 Multivitam	P	18 MG	ORAL	CHEW	EA	60	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003897	THIAMINE	THIAMINE	880800 Vitamin B	88080000 Vitamin B	P	100 MG	ORAL	TABS	EA	100	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003898	SUPER B-	B COMPL	882800 Multivitam	88280000 Multivitam	O	300MG-30	ORAL	TABS	EA	80	SSB		11917		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003899	SUPER B	B COMPL	882800 Multivitam	88280000 Multivitam	P	300MG-30	ORAL	TABS	EA	80	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003910	MULTIPLE	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	60MG-60M	ORAL	TABS	EA	365	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003911	MULTIPLE	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	60MG-60M	ORAL	TABS	EA	100	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003912	MULTIPLE	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	60MG-60M	ORAL	TABS	EA	365	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003913	MULTIPLE	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	60MG-60M	ORAL	TABS	EA	100	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003916	FERROUS	FERROUS	200404 Iron Prepa	20040400 Iron Prepa	P	240 (27 FE	ORAL	TABS	EA	100	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003920	FOLIC AC	FOLIC AC	880800 Vitamin B	88080000 Vitamin B	P	400 MCG	ORAL	TABS	EA	250	GENERIC		11917		N	#N/A	ORIG_FR	10 EHB	#N/A				X	THEN $0 COPAY AND TIER=1	R	MEDPRM
11917003925	VITAMIN I	PYRIDOX	880800 Vitamin B	88080000 Vitamin B	P	50 MG	ORAL	TABS	EA	100	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003926	VITAMIN I	PYRIDOX	880800 Vitamin B	88080000 Vitamin B	P	100 MG	ORAL	TABS	EA	100	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003928	VITAMIN I	CYANOC	880800 Vitamin B	88080000 Vitamin B	P	50MCG	ORAL	TABS	EA	100	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003929	VITAMIN I	CYANOC	880800 Vitamin B	88080000 Vitamin B	P	100 MCG	ORAL	TABS	EA	100	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003930	NIACIN	NIACIN	880800 Vitamin B	88080000 Vitamin B	P	100 MG	ORAL	TABS	EA	100	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003937	VITAMIN /	VITAMINS	882800 Multivitam	88280000 Multivitam	P	8000-400	ORAL	CAPS	EA	160	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003939	VITAMIN I	PYRIDOX	880800 Vitamin B	88080000 Vitamin B	P	100 MG	ORAL	TABS	EA	100	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003940	VITAMIN I	CYANOC	880800 Vitamin B	88080000 Vitamin B	P	500 MCG	ORAL	TABS	EA	100	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003941	VITAMIN I	CYANOC	880800 Vitamin B	88080000 Vitamin B	P	1000MCG	ORAL	TBCR	EA	60	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003942	BALANCE	B-COMPL	882800 Multivitam	88280000 Multivitam	P	50MCG-5(	ORAL	TABS	EA	50	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003943	BALANCE	B-COMPL	882800 Multivitam	88280000 Multivitam	P	100MCG-'	ORAL	TBCR	EA	50	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003944	BALANCE	B-COMPL	882800 Multivitam	88280000 Multivitam	P	100MCG-'	ORAL	TABS	EA	50	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003945	VITAMIN /	VITAMIN /	880400 Vitamin A	88040000 Vitamin A	P	2400 MCG	ORAL	CAPS	EA	100	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003947	B COMPL	B COMPL	882800 Multivitam	88280000 Multivitam	P	300MG-30	ORAL	TABS	EA	180	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003949	B-COMPL	B COMPL	882800 Multivitam	88280000 Multivitam	P	300MG-30	ORAL	TABS	EA	100	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003952	COD LIVE	COD LIVE	882800 Multivitam	88280000 Multivitam	P	1250-135	ORAL	CAPS	EA	300	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003955	BETA CAI	BETA CAI	880400 Vitamin A	88040000 Vitamin A	P	25000 UN	ORAL	CAPS	EA	200	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003956	BETA CAI	BETA CAI	880400 Vitamin A	88040000 Vitamin A	P	25000 UN	ORAL	CAPS	EA	100	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003958	SELENIU	SELENIU	401200 Replacem	40120000 Replacem	P	200 MCG	ORAL	TABS	EA	100	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003960	FOLIC AC	FOLIC AC	880800 Vitamin B	88080000 Vitamin B	P	400 MCG	ORAL	TABS	EA	400	GENERIC		11917		N	#N/A	ORIG_FR	10 EHB	#N/A				X	THEN $0 COPAY AND TIER=1	R	MEDPRM
11917003961	FISH OIL	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	P	300 MG	ORAL	CAPS	EA	100	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003964	ZINC GLU	ZINC GLU	401200 Replacem	40120000 Replacem	P	50 MG	ORAL	TABS	EA	300	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003965	ZINC GLU	ZINC GLU	401200 Replacem	40120000 Replacem	P	50 MG	ORAL	TABS	EA	100	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003971	MAGNESI	MAGNESI	401200 Replacem	40120000 Replacem	P	250MG	ORAL	TABS	EA	100	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917003975	GARLIC C	GARLIC	929200 UNKNOW	92920000 UNKNOW	P	3MG	ORAL	CAPS	EA	100	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917004006	SUPER A	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	0-0-120MC	ORAL	TABS	EA	160	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917004008	SUPER A	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	0-0-120MC	ORAL	TABS	EA	300	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917004009	SUPER A	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	90MG-90M	ORAL	TABS	EA	300	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917004033	NALOXON	NALOXON	281000 Opiate An	28100000 Opiate An	P	4 MG/0.1M	NASAL	LIQD	EA	2	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917004065	PAPAYA /	DIGESTIV	561600 Digestants	56160000 Digestants	O	.5MG-.5M	ORAL	CHEW	EA	100	SSB		11917		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917004068	SLEEP AI	DOXYLAM	282492 Anxiolytics	28249200 Anxiolytics	P	25 MG	ORAL	TABS	EA	48	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917004105	RELIEF E	TETRAHY	523200 Vasocons	52320000 Vasocons	P	.05%-.25%	OPHTHAL	SOLN	ML	15	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917004108	ARTIFICIA	DEXTRAN	529200 EENT Dru	52920000 EENT Dru	P	0.1-0.3 %	OPHTHAL	SOLN	EA	32	GENERIC	1/5/2023	11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917004109	REDNESS	TETRAHY	523200 Vasocons	52320000 Vasocons	P	0.05%	OPHTHAL	SOLN	ML	15	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917004110	ADVANCE	TETRAHY	523200 Vasocons	52320000 Vasocons	P	0.05-1 %	OPHTHAL	SOLN	ML	15	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917004113	ALLERGY	LORATAD	40800 Second G	4080000 Second G	P	10-240 MC	ORAL	TB24	EA	15	GENERIC		11917		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917004161	ASPIRIN	ASPIRIN	280804 Nonsteroi	28080424 Salicylates	P	325 MG	ORAL	TABS	EA	100	GENERIC		11917		N	#N/A	ORIG_FR	10 EHB	#N/A				X	THEN $0 COPAY AND TIER=1	R	MEDPRM
11917004245	PROTECT	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	16	NON DRUG		11917		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917004248	PROTECT	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	18	NON DRUG		11917		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917004250	PROTECT	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	18	NON DRUG		11917		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
11917004251	PROTECT	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	14	NON DRUG		11917		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRM

11917004280	GLUCOS/	GLUCOS/	929200	UNKNOW	92920000	UNKNOW	P	600MG-75	ORAL	TABS	EA	60	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004416	B-COMPL	B-COMPL	882800	Multivitam	88280000	Multivitam	P	500MG-50	ORAL	TABS	EA	100	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004424	VAPORIZ	CAMPHOI	929200	UNKNOW	92920000	UNKNOW	P	4.8%-1.2%	EXTERNA	OINT	GM	100	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004432	EPSOM S	MAGNESI	561200	Cathartics	56120000	Cathartics	P	0-0	ORAL	GRAN	GM	1350	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004433	EPSOM S	MAGNESI	561200	Cathartics	56120000	Cathartics	P	0-0	ORAL	GRAN	GM	453	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004434	POVIDON	POVIDON	840416	UNKNOW	84041600	UNKNOW	P	10%	EXTERNA	SOLN	ML	236	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004479	CORN CU	FOOT CA	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	18	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004480	CALLUS (	FOOT CA	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	12	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004481	CALLUS F	SALICYLI	842800	Keratolytic	84280000	Keratolytic	P	40%	EXTERNA	PADS	EA	6	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004482	MOLESKI	FOOT CA	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	3	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004490	SILICONE	MISC. DE'	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004494	SILICONE	MISC. DE'	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004523	FISH OIL	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	200	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004542	ANTI-NAU	FRUCTOS	562292	Antiemetic	56229200	Antiemetic	P	1.87-1.87-	ORAL	SOLN	ML	118	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004544	DAIRY DI	LACTASE	561600	Digestants	56160000	Digestants	P	9000 UNIT	ORAL	TABS	EA	60	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004548	SENNA-S	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	60	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004559	CHAP-AID	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	1.5%-45%	EXTERNA	STCK	GM	4.3	SSB	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004562	CHAP-AID	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	1.5%-45%	EXTERNA	STCK	GM	4.3	SSB	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004583	VAPORIZ	CAMPHOI	929200	UNKNOW	92920000	UNKNOW	P	6.20%	INHALATI	LIQD	ML	236	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004605	A THRU Z	SPECIALT	882800	Multivitam	88280000	Multivitam	P	120MG-12	ORAL	TABS	EA	45	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004606	A THRU Z	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	150	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004607	A THRU Z	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	60	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004609	A THRU Z	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	240	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004610	A THRU Z	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	365	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004612	A THRU Z	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	100	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004614	VITAMIN (	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	1000 MG	ORAL	TBCR	EA	100	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004615	VITAMIN (	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	1000 MG	ORAL	TABS	EA	100	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004616	VITAMIN (	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	CHEW	EA	100	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004617	VITAMIN (	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	CHEW	EA	50	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004618	VITAMIN (	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	TABS	EA	300	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004619	VITAMIN (	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	TBCR	EA	100	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004620	VITAMIN (	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	TABS	EA	100	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004621	ESTER-C	BIOFLAV(	882800	Multivitam	88280000	Multivitam	P	500MG-50	ORAL	TABS	EA	90	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004624	VITAMIN (	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	1000 MG	ORAL	TABS	EA	180	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004625	VITAMIN (	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	1000 MG	ORAL	TABS	EA	100	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004626	VITAMIN (	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	TBCR	EA	100	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004627	ASCORBI	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	TABS	EA	250	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004628	ASCORBI	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	TABS	EA	100	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004629	ASCORBI	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	TABS	EA	400	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004630	VITAMIN (	ECHINAC	929200	UNKNOW	92920000	UNKNOW	O	500-100 M	ORAL	TABS	EA	130	SSB	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004631	VITAMIN (	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	CHEW	EA	100	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004632	VITAMIN (	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	250 MG	ORAL	TABS	EA	100	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004634	VITAMIN I	VITAMIN I	882000	Vitamin E	88200000	Vitamin E	P	450 MG (1	ORAL	CAPS	EA	50	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004637	VITAMIN I	VITAMIN I	882000	Vitamin E	88200000	Vitamin E	P	400 UNIT	ORAL	CAPS	EA	100	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004640	VITAMIN I	VITAMIN I	882000	Vitamin E	88200000	Vitamin E	P	100 UNIT	ORAL	CAPS	EA	100	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004644	VITAMIN I	VITAMIN I	882000	Vitamin E	88200000	Vitamin E	P	1000 UNIT	ORAL	CAPS	EA	100	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004647	VITAMIN I	VITAMIN I	882000	Vitamin E	88200000	Vitamin E	P	400 UNIT	ORAL	CAPS	EA	180	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004650	VITAMIN I	VITAMIN I	882000	Vitamin E	88200000	Vitamin E	P	400 UNIT	ORAL	CAPS	EA	100	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004651	VITAMIN I	VITAMIN I	882000	Vitamin E	88200000	Vitamin E	O	200 UNIT	ORAL	CAPS	EA	100	MSB	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRM
11917004653	A THRU Z	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	180	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004670	ESTRON/	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	P	40MG-40M	ORAL	TABS	EA	30	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004681	WALGREI	DEXTROS	682292	Antihypog	68229200	Antihypog	O	4 GM	ORAL	CHEW	EA	50	SSB	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004682	WALGREI	DEXTROS	682292	Antihypog	68229200	Antihypog	O	4 GM	ORAL	CHEW	EA	50	SSB	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004738	FIBER TH	METHYLC	561200	Cathartics	56120000	Cathartics	P	500 MG	ORAL	TABS	EA	100	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004739	COOL & H	MENTHOI	849200	Skin and M	84920000	Skin and M	P	5%	EXTERNA	PTCH	EA	5	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004776	ANTACID	CALCIUM	560400	Antacids a	56040000	Antacids a	P	750 MG	ORAL	CHEW	EA	96	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004785	GLUCOS/	GLUCOS/	929200	UNKNOW	92920000	UNKNOW	P	600MG-75	ORAL	TABS	EA	120	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004793	DISPOSA	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	18	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004794	DISPOSA	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	22	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004795	DISPOSA	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	16	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004801	CALCIUM	CALCIUM	882800	Multivitam	88280000	Multivitam	P	500-100-4	ORAL	CHEW	EA	60	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004802	CALCIUM	CALCIUM	882800	Multivitam	88280000	Multivitam	P	500-100-4	ORAL	CHEW	EA	60	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004813	INSULIN S	INSULIN S	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	11917	N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290			R	MEDPRM
11917004814	INSULIN S	INSULIN S	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	11917	N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290			R	MEDPRM
11917004815	INSULIN S	INSULIN S	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	11917	N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290			R	MEDPRM
11917004865	TOLNAFT	TOLNAFT	840408	Antifungal	84040840	Thiocarba	P	1%	EXTERNA	AERP	GM	130	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004871	TOENAIL	FOOT CA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004874	PUMICE S	FOOT CA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004875	CALLUS F	FOOT CA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004876	CALLUS/(	FOOT CA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004877	CALLUS/(	FOOT CA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004887	LAND BEI	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	15	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004888	TRAINING	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	13	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004891	LAND BEI	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	40	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004892	LAND BEI	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	28	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004893	LAND BEI	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	24	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004894	LAND BEI	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	22	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004896	LAND BEI	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	40	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004897	LAND BEI	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	34	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004898	LAND BEI	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004899	LAND BEI	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	60	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004900	LAND BEI	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	52	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004901	LAND BEI	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	46	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004910	LAND BEI	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	26	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004916	ONE STEI	OVULATI(	940000	Devices	94000000	Devices	O	0	IN VITRO	KIT	EA	7	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004917	WAL-PRO	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	100	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004918	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	100	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004929	ONE DAIL	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	75MG-75M	ORAL	TABS	EA	55	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004931	ONE DAIL	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	100	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004932	ONE DAIL	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	90MG-90M	ORAL	TABS	EA	100	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004933	ONE DAIL	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	120MG-12	ORAL	TABS	EA	80	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004934	ONE DAIL	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	200	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004940	MENSTRU	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500-60-15	ORAL	TABS	EA	40	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004948	MEDICAT	WITCH H/	842412	Basic Oint	84241200	Basic Oint	P	50%	EXTERNA	PADS	EA	48	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004951	ICE BLUE	MENTHOI	849200	Skin and M	84920000	Skin and M	P	2%	EXTERNA	GEL	GM	226.8	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004952	HYGIENIC	WITCH H/	842412	Basic Oint	84241200	Basic Oint	P	0-50%	EXTERNA	PADS	EA	100	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004953	HYDROC(	HYDROC(	840608	UNKNOW	84060800	UNKNOW	P	0.50%	EXTERNA	CREA	GM	28.4	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004954	HYDROC(	HYDROC(	840608	UNKNOW	84060800	UNKNOW	P	0.50%	EXTERNA	CREA	GM	56	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004955	HYDROC(	HYDROC(	840608	UNKNOW	84060800	UNKNOW	P	0.50%	EXTERNA	OINT	GM	56	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004957	HYDROC(	HYDROC(	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	OINT	GM	28	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004958	HYDROC(	HYDROC(	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	CREA	GM	28	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004960	LUBRICA	LUBRICAI	849200	Skin and M	84920000	Skin and M	P	0-0-0-0	EXTERNA	GEL	GM	113.4	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004962	CALAHIS	PRAMOXI	840800	Antipruritic	84080000	Antipruritic	P	1-0.1 %	EXTERNA	LOTN	ML	177	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004964	PETROLE	WHITE PE	842400	Emollients	84240000	Emollients	P	0	EXTERNA	GEL	GM	368	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004966	PETROLE	WHITE PE	842400	Emollients	84240000	Emollients	P	0	EXTERNA	GEL	GM	71	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004980	PETROLE	WHITE PE	842400	Emollients	84240000	Emollients	P	0	EXTERNA	GEL	GM	106	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004988	ANALGES	TROLAMI	280804	Nonsteroic	28080424	Salicylates	P	10%	EXTERNA	CREA	GM	86	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004994	WAL-ITIN	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	10	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004995	WAL-ITIN	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	20	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917004997	WAL-DRY	DIPHENH	840800	Antipruritic	84080000	Antipruritic	P	2%-.1%	EXTERNA	LIQD	ML	59	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005000	COLD & A	TRIPROLI	40400	First Gene	4040000	First Gene	P	2.5-60 MG	ORAL	TABS	EA	48	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005003	WAL-PRO	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	P	200 MG	ORAL	CAPS	EA	40	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005004	WAL-PRO	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	P	200 MG	ORAL	CAPS	EA	80	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005014	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	200MG	ORAL	TABS	EA	200	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005015	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	315-5 MG-	ORAL	TABS	EA	120	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005016	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	315-5 MG-	ORAL	TABS	EA	60	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005017	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	600-200 M	ORAL	TABS	EA	400	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005018	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	600-200 M	ORAL	TABS	EA	60	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005019	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	500-5 MG-	ORAL	TABS	EA	60	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005020	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	500-5 MG-	ORAL	TABS	EA	200	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005021	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	1250 (500	ORAL	TABS	EA	60	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005022	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	500-5 MG-	ORAL	TABS	EA	400	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005023	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	600 MG	ORAL	TABS	EA	400	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005024	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	600-5 MG-	ORAL	TABS	EA	400	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005025	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	600-5 MG-	ORAL	TABS	EA	60	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005026	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	600-5 MG-	ORAL	TABS	EA	200	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005027	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	600 MG	ORAL	TABS	EA	60	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005028	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	1500MG	ORAL	TABS	EA	200	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005034	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	500MG	ORAL	TABS	EA	250	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005035	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	500-3.125	ORAL	TABS	EA	100	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005036	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	500-3.125	ORAL	TABS	EA	250	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005037	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	500-3.125	ORAL	TABS	EA	375	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005039	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	600-5 MG-	ORAL	TABS	EA	100	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005040	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	333MG-13	ORAL	TABS	EA	100	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005047	GAUZE P/	GAUZE P/	940000	Devices	94000000	Devices	O	4""X4""	DOES NO	PADS	EA	30	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005048	GLUCOS/	GLUCOS/	929200	UNKNOW	92920000	UNKNOW	P	750MG	ORAL	TABS	EA	200	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005056	MUSCLE	CAMPHOI	842404	Basic Loti	84240400	Basic Loti	P	4%-10%-3	EXTERNA	CREA	GM	114	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005059	TRUETRA	BLOOD G	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1	NON DRUG	11917	N	EXCLUDE	HARD_M	20		FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GF			R	MEDPRM
11917005065	ADHESIV	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	TAPE	EA	1	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005066	ADHESIV	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	TAPE	EA	1	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005067	ADHESIV	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005068	ADHESIV	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	18	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005069	ADHESIV	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	36	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005072	ADHESIV	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	60	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005075	BLOOD G	GLUCOSE	362600	Diabetes M	36260000	Diabetes M	O	0	IN VITRO	STRP	EA	100	NON DRUG	11917	N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRM
11917005076	BLOOD G	GLUCOSE	362600	Diabetes M	36260000	Diabetes M	O	0	IN VITRO	STRP	EA	50	NON DRUG	11917	N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRM
11917005092	FIRST AID	NEOMYCI	840404	Antibacter	84040400	Antibacter	P	500UNIT/(	EXTERNA	OINT	GM	28	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005093	BOIL PAIN	BENZOC/	840800	Antipruritic	84080000	Antipruritic	P	20%	EXTERNA	OINT	GM	28	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005095	TRIPLE A	NEOMYCI	840404	Antibacter	84040400	Antibacter	P	3.5-400-5(	EXTERNA	OINT	GM	14	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005097	MULTI AN	NEOMYCI	840404	Antibacter	84040400	Antibacter	P	3.5MG/GM	EXTERNA	CREA	GM	14	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005098	TRIPLE A	NEOMYCI	840404	Antibacter	84040400	Antibacter	P	500UNIT/(	EXTERNA	OINT	GM	28	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005099	WAL-SPO	BACITRA(	840404	Antibacter	84040400	Antibacter	P	500UNIT/(	EXTERNA	OINT	GM	28	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005100	ADHESIV	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	60	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005101	ADHESIV	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005102	ADHESIV	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	54	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005103	ADHESIV	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	24	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005104	ADHESIV	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	36	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005105	ADHESIV	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005106	ADHESIV	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005107	ADHESIV	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005110	ADHESIV	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	36	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005112	NON-STIC	GAUZE P/	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	12	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005113	ADHESIV	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	12	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005115	GAUZE S	GAUZE P/	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005118	TUBULAR	GAUZE B/	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005126	STRESS I	B-COMPL	882800	Multivitam	88280000	Multivitam	P	500MG-50	ORAL	TABS	EA	60	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005128	OCUTABS	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	200MG-20	ORAL	TABS	EA	120	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005135	EAR DRO	CARBAMI	520424	UNKNOW	52042400	UNKNOW	P	6.50%	OTIC	SOLN	ML	15	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005138	ENEMA	SODIUM F	561200	Cathartics	56120000	Cathartics	P	7-19 GM/1	RECTAL	ENEM	ML	133	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005140	ENEMA D	SODIUM F	561200	Cathartics	56120000	Cathartics	P	7GM/118M	RECTAL	ENEM	ML	133	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005146	CONVEX	EYE PAT(	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005153	ADHESIV	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	60	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005159	CORAL C	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	26.667MG	ORAL	CAPS	EA	90	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005174	BLOOD P	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005175	BLOOD P	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005176	BLOOD P	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005177	BLOOD P	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005193	VITAMIN (	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	1000 MG	ORAL	TABS	EA	300	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005194	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	333MG-13	ORAL	TABS	EA	250	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005195	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	250MG-12	ORAL	TABS	EA	150	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005199	GLUCOS/	GLUCOS/	929200	UNKNOW	92920000	UNKNOW	P	500-400 M	ORAL	CAPS	EA	240	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005206	FLAX SEE	FLAXSEE	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	100	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005207	FISH OIL	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	435 MG	ORAL	CAPS	EA	60	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005232	A THRU Z	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	130	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005233	A THRU Z	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	160	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005249	GARLIC	GARLIC	929200	UNKNOW	92920000	UNKNOW	O	400 MG	ORAL	TABS	EA	60	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005253	GAUZE P/	GAUZE P/	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	30	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005254	GAUZE P/	GAUZE P/	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	30	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005261	STRETCH	GAUZE P/	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005262	ADHESIV	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	TAPE	EA	1	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005315	TABLET (	MISC. DE'	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005318	EASY-LA	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	60	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005319	STOOL S	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	200	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005331	BLOOD P	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005347	LATEX GI	DISPOSA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005348	LATEX GI	DISPOSA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005356	NUTRITIC	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005357	NUTRITIC	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005358	NUTRITIC	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005393	WAL-DRY	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	36	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005406	ANTI-SNC	MISC. THI	521600	Local Ane	52160000	Local Ane	O	7.5%-0-0-(	MOUTH/T	LIQD	ML	59	SSB	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005426	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	P	1%	EXTERNA	CREA	GM	30	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005427	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	P	1%	EXTERNA	CREA	GM	15	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005438	EYE WAS	OPHTHAL	529200	EENT Dru	52920000	EENT Dru	P	0	OPHTHAL	SOLN	ML	118	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005463	BLADDEF	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	16	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005465	BLADDEF	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	42	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005466	BLADDEF	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	60	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005467	BLADDEF	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	72	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005468	UNDERP/	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	40	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005469	DISPOSA	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005470	DISPOSA	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005471	BLADDEF	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	22	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005472	BLADDEF	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005478	PROTECT	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005479	PROTECT	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	18	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005480	PROTECT	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	14	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005481	PROTECT	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	18	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005482	PROTECT	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	16	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005483	BELTED I	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005484	PROTECT	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005485	BELTED I	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	36	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005486	PROTECT	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	40	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005487	PROTECT	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	36	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005488	GUARDS	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	52	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005489	PROTECT	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	28	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005491	TRIPLE A	NEOMYCI	840404	Antibacter	84040400	Antibacter	P	3.5-400-5(	EXTERNA	OINT	GM	28.4	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005501	UNDERG/	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	9	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005502	UNDERG/	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005505	PEDIATRI	ORAL ELE	401200	Replacem	40120000	Replacem	P	35MEQ/L-	ORAL	SOLN	ML	1000	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005506	PEDIATRI	ORAL ELE	401200	Replacem	40120000	Replacem	P	35MEQ/L-	ORAL	SOLN	ML	237	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005507	PEDIATRI	ORAL ELE	401200	Replacem	40120000	Replacem	P	35MEQ/L-	ORAL	SOLN	ML	1000	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005508	PEDIATRI	ORAL ELE	401200	Replacem	40120000	Replacem	P	35MEQ/L-	ORAL	SOLN	ML	1000	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005509	PEDIATRI	ORAL ELE	401200	Replacem	40120000	Replacem	P	35MEQ/L-	ORAL	SOLN	ML	1000	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005510	PED ELE(	ORAL ELE	401200	Replacem	40120000	Replacem	P	35MEQ/1(	ORAL	SOLN	ML	62.5	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005574	L-FORMU	LYSINE H	402000	Caloric Ag	40200000	Caloric Ag	P	500MG	ORAL	TABS	EA	100	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005575	LECITHIN	LECITHIN	562400	Lipotropic	56240000	Lipotropic	P	1200 MG	ORAL	CAPS	EA	200	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005576	LYSINE H	LYSINE H	402000	Caloric Ag	40200000	Caloric Ag	P	1000 MG	ORAL	TABS	EA	100	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005579	LECITHIN	LECITHIN	562400	Lipotropic	56240000	Lipotropic	P	1200 MG	ORAL	CAPS	EA	90	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005580	L-FORMU	LYSINE H	402000	Caloric Ag	40200000	Caloric Ag	P	500MG	ORAL	TABS	EA	300	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005585	FERROUS	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	325 (65 FE	ORAL	TABS	EA	260	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005586	FERROUS	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	325 (65 FE	ORAL	TABS	EA	100	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005633	SENNA	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6 MG	ORAL	CAPS	EA	80	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005642	MELATON	MELATON	929200	UNKNOW	92920000	UNKNOW	P	3 MG	ORAL	TABS	EA	240	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005655	NASAL DI	PSEUDOE	121212	alpha- anc	12121200	alpha- anc	P	30 MG	ORAL	TABS	EA	48	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005656	PROTECT	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	32	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005658	PROTECT	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	36	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005659	PROTECT	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	24	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005660	NASAL DI	PSEUDOE	121212	alpha- anc	12121200	alpha- anc	P	30 MG	ORAL	TABS	EA	24	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005663	HEATWR/	HEAT WR	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005664	SAM-E	S-ADENO	929200	UNKNOW	92920000	UNKNOW	P	200 MG	ORAL	TBEC	EA	50	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005665	DISPOSA	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	26	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005670	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	650 MG	ORAL	TBCR	EA	100	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005691	ASPIRIN	ASPIRIN	280804	Nonsteroic	28080424	Salicylates	P	325 MG	ORAL	TBEC	EA	125	GENERIC	11917	N	#N/A	ORIG_FR	10	EHB	#N/A		X	THEN $0 COPAY AND TIER=1	R	MEDPRM
11917005695	LAND BEI	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	27	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005715	GIN-ZING	GINSENG	929200	UNKNOW	92920000	UNKNOW	P	100 MG	ORAL	CAPS	EA	120	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005747	CRAYON	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005748	ADHESIV	ADHESIV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	24	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005749	BACITRA(	BACITRA(	840404	Antibacter	84040400	Antibacter	P	500 UNIT/	EXTERNA	OINT	GM	28.4	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005762	COTTON	APPLICAT	940000	Devices	94000000	Devices	O	0	DOES NO	SWAB	EA	1000	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005793	CRACKEI	PODIATR	849200	Skin and M	84920000	Skin and M	O	0-0-0-0-0	EXTERNA	OINT	GM	15	SSB	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005801	COTTON	APPLICAT	940000	Devices	94000000	Devices	O	0	DOES NO	SWAB	EA	300	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005805	PEDIATRI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	24MG/237	ORAL	LIQD	ML	237	SSB	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005812	DIGITAL 1	ELECTRC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005813	DIGITAL 1	ELECTRC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005814	BASAL DI	BASAL TH	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005815	DIGITAL 1	ELECTRC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005831	VITAMIN I	CHOLEC/	881600	Vitamin D	88160000	Vitamin D	P	400UNIT	ORAL	CAPS	EA	125	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005833	ONE DAIL	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	50	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005834	ONE DAIL	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	100	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005880	PRENATA	PRENATA	882800	Multivitam	88280000	Multivitam	O	28-0.8 MG	ORAL	TABS	EA	240	SSB	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005881	PRENATA	PRENATA	882800	Multivitam	88280000	Multivitam	O	28-0.8 MG	ORAL	TABS	EA	100	SSB	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005893	MAGNESI	MAGNESI	401200	Replacem	40120000	Replacem	P	250MG-0-(	ORAL	TABS	EA	300	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005894	FLAX SEE	FLAXSEE	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	200	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005895	FISH OIL	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	435 MG	ORAL	CAPS	EA	120	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005896	FLAX OIL-	FLAXSEE	929200	UNKNOW	92920000	UNKNOW	P	800MG-17	ORAL	CAPS	EA	60	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005897	FISH OIL	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	100	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005903	PROTECT	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	22	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005911	ONE DAIL	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	90MG-90M	ORAL	TABS	EA	200	GENERIC	11917	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
11917005929	PANTILIN	SANITARY	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	26	NON DRUG	11917	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM

12496120403	SUBOXO	BUPRENO	280812	Opiate Pa	28081200	Opiate Pa	S	4MG-1MG	SUBLINGU	FILM	EA	30		MSB		12496	Y		N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRMI
12496120801	SUBOXO	BUPRENO	280812	Opiate Pa	28081200	Opiate Pa	S	8-2 MG	SUBLINGU	FILM	EA	1		MSB		12496	Y		N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRMI
12496120803	SUBOXO	BUPRENO	280812	Opiate Pa	28081200	Opiate Pa	S	8-2 MG	SUBLINGU	FILM	EA	30		MSB		12496	Y		N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRMI
12496121201	SUBOXO	BUPRENO	280812	Opiate Pa	28081200	Opiate Pa	S	12MG-3M	SUBLINGU	FILM	EA	1		MSB		12496	Y		N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRMI
12496121203	SUBOXO	BUPRENO	280812	Opiate Pa	28081200	Opiate Pa	S	12MG-3M	SUBLINGU	FILM	EA	30		MSB		12496	Y		N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRMI
12539001101	SUPPORT	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	0-500MG-	ORAL	CAPS	EA	60		SSB		12539	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539002007	MMA/PA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-1.48GM/	ORAL	PACK	EA	30		SSB		12539			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539002111	PKU SPH	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	2.23GM/1	ORAL	PACK	EA	30		SSB		12539			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539002112	PKU SPH	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	2.23GM/1	ORAL	PACK	EA	30		SSB		12539			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539002113	PKU SPH	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	2.23GM/1	ORAL	PACK	EA	30		SSB		12539			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539002143	PKU SPH	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	2.23GM/1	ORAL	PACK	EA	30		SSB		12539			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539002147	LIPISTAR	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	100MG/10	ORAL	POWD	GM	400		SSB		12539			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539002148	RENASTA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	200MG/10	ORAL	POWD	GM	400		SSB		12539			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539002169	PKU AIR2	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	.92GM/17	ORAL	LIQD	ML	174		SSB		12539			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539002170	PKU AIR2	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	.92GM/17	ORAL	LIQD	ML	174		SSB		12539			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539002171	PKU AIR2	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	.92GM/17	ORAL	LIQD	ML	174		SSB		12539			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539002205	PKU SPH	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	.83GM/35	ORAL	PACK	EA	30		SSB		12539			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539002209	TYR SPH	DIETARY	402000	Caloric Ag	40200000	Caloric Ag	O	.83GM/35	ORAL	PACK	EA	30		SSB		12539			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539002465	PKU EXP	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	.21GM/12.	ORAL	PACK	EA	30		SSB		12539			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539002466	PKU EXP	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	.43GM/25	ORAL	PACK	EA	30		SSB		12539			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539002467	PKU EXP	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	.43GM/25	ORAL	PACK	EA	30		SSB		12539			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539002476	GLYCOS	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0	ORAL	PACK	EA	30		SSB		12539			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539002480	PKU SPH	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	.83GM/23	ORAL	LIQD	ML	237		SSB	11/1/2022	12539			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539002484	RENASTE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	16MG/200	ORAL	LIQD	ML	200		SSB		12539			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539002487	PKU EXP	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	R	0-0-24MG	ORAL	PACK	EA	30		SSB		12539	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539002488	PKU EXP	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	R	0-0-24MG	ORAL	PACK	EA	30		SSB		12539	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539002489	PKU EXP	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	R	0-0-24MG	ORAL	PACK	EA	30		SSB		12539	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539002490	PKU EXP	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	R	0-0-24MG	ORAL	PACK	EA	30		SSB		12539	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539002491	PKU EXP	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	R	0-0-33MG	ORAL	PACK	EA	30		SSB		12539	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539002492	PKU EXP	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	R	0-0-33MG	ORAL	PACK	EA	30		SSB		12539	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539002493	PKU EXP	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	R	0-0-33MG	ORAL	PACK	EA	30		SSB		12539	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539002494	PKU EXP	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	R	0-0-33MG	ORAL	PACK	EA	30		SSB		12539	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539002495	TYR EXP	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	R	0-0-24MG	ORAL	PACK	EA	30		SSB		12539	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539002496	TYR EXP	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	R	0-0-33MG	ORAL	PACK	EA	30		SSB		12539	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539002497	HCU EXP	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	R	0-0-24MG	ORAL	PACK	EA	30		SSB		12539	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539002498	HCU EXP	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	R	0-0-33MG	ORAL	PACK	EA	30		SSB		12539	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539002499	MSUD EX	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-24M	ORAL	PACK	EA	30		SSB		12539	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539002500	MSUD EX	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-33M	ORAL	PACK	EA	30		SSB		12539	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539002519	EAA SUP	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	18MG/12.	ORAL	PACK	EA	30		SSB		12539	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539002521	PKU EXP	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	R	0-0-24MG	ORAL	PACK	EA	30		SSB	1/1/2024	12539	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539002522	PKU EXP	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	R	0-0-33MG	ORAL	PACK	EA	30		SSB		12539	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539002575	KQUIK	MEDIUM	402000	Caloric Ag	40200000	Caloric Ag	O	0	ORAL	EMUL	ML	225		SSB		12539			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539002577	KFLO	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	110MG/25	ORAL	LIQD	ML	250		SSB		12539			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539002580	PKU SPH	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-28MG-2	ORAL	PACK	EA	30		SSB		12539	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539002582	PKU SPH	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-28MG-2	ORAL	PACK	EA	30		SSB		12539	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539002584	PKU SPH	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	.83GM/23	ORAL	LIQD	ML	237		SSB		12539			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539002587	TYR SPH	DIETARY	402000	Caloric Ag	40200000	Caloric Ag	O	.83GM/35	ORAL	PACK	EA	30		SSB		12539			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539002590	PKU STA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	.63GM/10	ORAL	POWD	GM	400		SSB		12539			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539002600	PKU SPH	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	10MG/100	ORAL	LIQD	ML	180		SSB		12539			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539008308	SUPPORT	MULTIPLE	882800	Multivitam	88280000	Multivitam	R	10MCG/5M	ORAL	LIQD	ML	237		SSB		12539			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539010830	INTESTIN	LACTOBA	560800	Antidiarrh	56080000	Antidiarrh	O	600 MG	ORAL	CAPS	EA	30		SSB		12539			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539013030	FLORA V	PROBIOT	560800	Antidiarrh	56080000	Antidiarrh	O	0-0-0-0-0	ORAL	CAPS	EA	30		SSB		12539			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539014401	URETRO	METHENA	83600	Urinary Ar	8360000	Urinary Ar	S	81.6 MG	ORAL	TABS	EA	100		GENERIC		12539			N	FORMULARY		1	GEN	GENERICS				R	MEDPRMI
12539024842	RENASTE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	16MG/200	ORAL	LIQD	ML	200		SSB		12539			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539036060	SIDEROL	MULTIPLE	882800	Multivitam	88280000	Multivitam	R	250MG-25	ORAL	TABS	EA	60		SSB		12539			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539049760	HYPROS	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-150MG-	ORAL	CAPS	EA	60		SSB		12539	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539050001	ACTICAL	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	25MG-500	ORAL	CAPS	EA	60		GENERIC		12539			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539053104	EXODER	SODIUM	840408	Antifungal	84040892	Miscellane	R	25-1 %	EXTERNA	LOTN	ML	120		SSB		12539			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRMI
12539053301	PREVENT	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	500MG-50	ORAL	CAPS	EA	60		GENERIC		12539	N		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539055516	NEOTUS	DEXTROM	480800	Antitussive	48080000	Antitussive	P	30-200 M	ORAL	LIQD	ML	474		GENERIC		12539	N		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539058024	DOLORE	PHENYLT	40400	First Gene	4040000	First Gene	O	25-325 M	ORAL	TABS	EA	24		SSB		12539	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12539077916	NEOTUS	PHENYLE	480800	Antitussive	48080000	Antitussive	R	7.5-4-30 M	ORAL	LIQD	ML	474		SSB		12539			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRMI
12547003491	DESITIN	DIAPER R	842400	Emollients	84240000	Emollients	P	71.30%	EXTERNA	OINT	GM	99		GENERIC		12547	N		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12547011374	LISTERIN	MOUTHW	522800	Mouthwas	52280000	Mouthwas	O	0-0-0	MOUTH/T	LIQD	ML	500		SSB		12547			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12547017004	BENADRY	DIPHENH	840800	Antipruritic	84080000	Antipruritic	P	2-0.1 %	EXTERNA	LIQD	ML	59		GENERIC		12547	N		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12547017021	BENADRY	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	24		MSB		12547	N		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
12547017031	BENADRY	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	TABS	EA	24		MSB		12547	N		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
12547017136	BENADRY	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	TABS	EA	48		MSB		12547	N		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
12547017140	BENADRY	DIPHENH	840800	Antipruritic	84080000	Antipruritic	O	2-0.1 %	EXTERNA	STCK	ML	14		SSB		12547			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12547017157	BENADRY	DIPHENH	840800	Antipruritic	84080000	Antipruritic	P	2%	EXTERNA	GEL	ML	103		GENERIC		12547	N		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12547017162	BENADRY	DIPHENH	840800	Antipruritic	84080000	Antipruritic	P	1-0.1 %	EXTERNA	CREA	GM	28.3		MSB		12547	N		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
12547017167	BENADRY	DIPHENH	840800	Antipruritic	84080000	Antipruritic	P	2-0.1 %	EXTERNA	CREA	GM	28.3		MSB		12547	N		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
12547020430	ZYRTEC	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	5		MSB		12547	N		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
12547020432	ZYRTEC	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	14		MSB		12547	N		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
12547020436	ZYRTEC	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		MSB		12547	N		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
12547023722	NEOSPO	PRAMOXI	840800	Antipruritic	84080000	Antipruritic	P	1-0.13 %	EXTERNA	LIQD	ML	7.7		MSB	4/4/2022	12547			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
12547023756	NEOSPO	PRAMOXI	840800	Antipruritic	84080000	Antipruritic	P	1-0.13 %	EXTERNA	LIQD	ML	7.7		MSB	4/4/2022	12547			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
12547023779	NEOSPO	NEOMYCI	840404	Antibacter	84040400	Antibacter	P	3.5-10000	EXTERNA	CREA	GM	28.3		MSB		12547			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
12547023808	NEOSPO	NEOMYCI	840404	Antibacter	84040400	Antibacter	P	1%	EXTERNA	OINT	GM	14.2		GENERIC		12547	N		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12547023809	NEOSPO	NEOMYCI	840404	Antibacter	84040400	Antibacter	P	1%	EXTERNA	OINT	GM	28.3		GENERIC		12547	N		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12547023813	POLYSPO	BACITRA	840404	Antibacter	84040400	Antibacter	P	500-10000	EXTERNA	OINT	EA	144		MSB		12547			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
12547023815	NEOSPO	NEOMYCI	840404	Antibacter	84040400	Antibacter	P	1%	EXTERNA	OINT	GM	56.7		GENERIC		12547			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12547023836	NEOSPO	NEOMYCI	840404	Antibacter	84040400	Antibacter	P	1%	EXTERNA	OINT	GM	14.2		GENERIC		12547	N		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12547023850	NEOSPO	BACITRA	840404	Antibacter	84040400	Antibacter	P	500-10000	EXTERNA	OINT	GM	14.2		GENERIC		12547			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12547023871	NEOSPO	SKIN PRO	842412	Basic Oint	84241200	Basic Oint	O	77.40%	EXTERNA	OINT	GM	7.7		SSB		12547			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12547023885	NEOSPO	NEOMYCI	840404	Antibacter	84040400	Antibacter	P	4%	EXTERNA	OINT	GM	14.2		GENERIC		12547			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12547030625	LISTERIN	SODIUM F	340400	UNKNOW	34040000	UNKNOW	P	0.0221 (0.	MOUTH/T	SOLN	ML	500		MSB		12547			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
12547030635	LISTERIN	SODIUM F	340400	UNKNOW	34040000	UNKNOW	P	0.0221 (0.	MOUTH/T	SOLN	ML	1000		MSB		12547			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
12547030668	LISTERIN	SODIUM F	340400	UNKNOW	34040000	UNKNOW	P	0.02%	MOUTH/T	SOLN	ML	95		MSB		12547			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
12547030670	LISTERIN	SODIUM F	340400	UNKNOW	34040000	UNKNOW	P	0.02%	MOUTH/T	SOLN	ML	500		MSB		12547			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
12547030671	LISTERIN	SODIUM F	340400	UNKNOW	34040000	UNKNOW	P	0.02%	MOUTH/T	SOLN	ML	1000		MSB		12547			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
12547030695	LISTERIN	SODIUM F	340400	UNKNOW	34040000	UNKNOW	P	0.0221 (0.	MOUTH/T	SOLN	ML	95		MSB		12547			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
12547033901	LISTERIN	MOUTHW	522800	Mouthwas	52280000	Mouthwas	O	0-0-0-0-0	MOUTH/T	LIQD	ML	7.7		SSB		12547			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12547033902	LISTERIN	MOUTHW	522800	Mouthwas	52280000	Mouthwas	O	0-0-0-0-0	MOUTH/T	LIQD	ML	7.7		SSB		12547			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12547033946	LISTERIN	MOUTHW	522800	Mouthwas	52280000	Mouthwas	O	0-0-0-0-0	MOUTH/T	LIQD	ML	7.7		SSB		12547			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12547038634	LISTERIN	MOUTHW	522800	Mouthwas	52280000	Mouthwas	O	0-0-0	MOUTH/T	LIQD	ML	500		SSB		12547			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12547038636	LISTERIN	MOUTHW	522800	Mouthwas	52280000	Mouthwas	O	0-0-0	MOUTH/T	LIQD	ML	1000		SSB		12547			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12547040740	NEOSPO	NEOMYCI	840404	Antibacter	84040400	Antibacter	P	3.5-10000	EXTERNA	CREA	GM	14.2		MSB		12547	N		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
12547042266	LISTERIN	MOUTHW	522800	Mouthwas	52280000	Mouthwas	O	.092%-.04	MOUTH/T	LIQD	ML	1500		SSB		12547			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12547042267	LISTERIN	MOUTHW	522800	Mouthwas	52280000	Mouthwas	O	.092%-.04	MOUTH/T	LIQD	ML	1000		SSB		12547			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12547042268	LISTERIN	MOUTHW	522800	Mouthwas	52280000	Mouthwas	O	.092%-.04	MOUTH/T	LIQD	ML	500		SSB		12547			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12547042720	LISTERIN	MOUTHW	522800	Mouthwas	52280000	Mouthwas	O	.09%-.04%	MOUTH/T	LIQD	ML	250		SSB		12547	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12547042725	LISTERIN	MOUTHW	522800	Mouthwas	52280000	Mouthwas	O	.09%-.04%	MOUTH/T	LIQD	ML	500		SSB		12547	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12547042735	LISTERIN	MOUTHW	522800	Mouthwas	52280000	Mouthwas	O	.09%-.04%	MOUTH/T	LIQD	ML	1000		SSB		12547	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12547042755	LISTERIN	MOUTHW	522800	Mouthwas	52280000	Mouthwas	O	.09%-.04%	MOUTH/T	LIQD	ML	1500		SSB		12547	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12547042795	LISTERIN	MOUTHW	522800	Mouthwas	52280000	Mouthwas	O	.09%-.04%	MOUTH/T	LIQD	ML	95		SSB		12547	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12547042820	LISTERIN	MOUTHW	522800	Mouthwas	52280000	Mouthwas	O	.092%-.04	MOUTH/T	LIQD	ML	250		SSB		12547	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12547042825	LISTERIN	MOUTHW	522800	Mouthwas	52280000	Mouthwas	O	.092%-.04	MOUTH/T	LIQD	ML	500		SSB		12547	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12547042830	LISTERIN	MOUTHW	522800	Mouthwas	52280000	Mouthwas	O	0	MOUTH/T	LIQD	ML	95		SSB		12547	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12547042832	LISTERIN	MOUTHW	522800	Mouthwas	52280000	Mouthwas	O	0	MOUTH/T	LIQD	ML	500		SSB		12547	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12547042833	LISTERIN	MOUTHW	522800	Mouthwas	52280000	Mouthwas	O	0	MOUTH/T	LIQD	ML	1000		SSB		12547	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12547042834	LISTERIN	MOUTHW	522800	Mouthwas	52280000	Mouthwas	O	0	MOUTH/T	LIQD	ML	1500		SSB		12547	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12547042835	LISTERIN	MOUTHW	522800	Mouthwas	52280000	Mouthwas	O	.092%-.04	MOUTH/T	LIQD	ML	1000		SSB		12547	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12547042855	LISTERIN	MOUTHW	522800	Mouthwas	52280000	Mouthwas	O	.092%-.04	MOUTH/T	LIQD	ML	1500		SSB		12547	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12547043310	LISTERIN	MOUTHW	522800	Mouthwas	52280000	Mouthwas	O	0-0-0-0-0	MOUTH/T	STRP	EA	24		SSB		12547	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12547043320	LISTERIN	MOUTHW	522800	Mouthwas	52280000	Mouthwas	O	0-0-0-0-0	MOUTH/T	STRP	EA	24		SSB		12547	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12547043365	LISTERIN	MOUTHW	522800	Mouthwas	52280000	Mouthwas	O	0-0-0-0-0	MOUTH/T	STRP	EA	24		SSB		12547	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12547043455	LISTERIN	SOD MON	922800	UNKNOW	92280000	UNKNOW	O	0.76 (0.13	DENTAL	GEL	GM	119		SSB		12547	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12547043610	LISTERIN	MOUTHW	522800	Mouthwas	52280000	Mouthwas	O	0-0-0-0-0	MOUTH/T	STRP	EA	24		SSB		12547	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12547043620	LISTERIN	MOUTHW	522800	Mouthwas	52280000	Mouthwas	O	0-0-0-0-0	MOUTH/T	STRP	EA	24		SSB		12547	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12547043720	LISTERIN	MOUTHW	522800	Mouthwas	52280000	Mouthwas	O	0-0-0-0	MOUTH/T	STRP	EA	24		SSB	12/30/2022	12547	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12547046604	PEDIACA	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5 MG/5	ORAL	LIQD	ML	118		GENERIC		12547	N		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12547049309	VISINE T	POLYETH	529200	EENT Dru	52920000	EENT Dru	P	1%	OPHTHAL	SOLN	ML	15		MSB		12547			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
12547049376	VISINE D	POLYETH	529200	EENT Dru	52920000	EENT Dru	P	1%	OPHTHAL	SOLN	ML	15		MSB		12547			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
12547049378	VISINE	NAPHAZO	523200	Vasocons	52320000	Vasocons	P	0.025-0.3	OPHTHAL	SOLN	ML	15		GENERIC		12547			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12547049380	VISINE R	TETRAHY	523200	Vasocons	52320000	Vasocons	P	0.05%	OPHTHAL	SOLN	ML	15		MSB		12547			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
12547049383	VISINE R	TETRAHY	523200	Vasocons	52320000	Vasocons	P	0.05-1 %	OPHTHAL	SOLN	ML	8		GENERIC		12547			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12547049384	VISINE R	TETRAHY	523200	Vasocons	52320000	Vasocons	P	0.05-1 %	OPHTHAL	SOLN	ML	15		GENERIC		12547			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12547049386	VISINE R	TETRAHY	523200	Vasocons	52320000	Vasocons	P	0.05-1-0.2	OPHTHAL	SOLN	ML	15		MSB		12547			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
12547070020	ROGAINE	MINOXIDI	849200	Skin and M	84920000	Skin and M	P	5%	EXTERNA	SOLN	ML	60		MSB		12547	N		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
12547070060	ROGAINE	MINOXIDI	849200	Skin and M	84920000	Skin and M	P	5%	EXTERNA	SOLN	ML	60		MSB		12547	N		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
12547070152	LISTERIN	MOUTHW	522800	Mouthwas	52280000	Mouthwas	O	0-0-0-0-0	MOUTH/T	LIQD	ML	1000		SSB		12547	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12547070153	LISTERIN	MOUTHW	522800	Mouthwas	52280000	Mouthwas	O	0-0-0-0-0	MOUTH/T	LIQD	ML	1500		SSB		12547	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12547078020	ROGAINE	MINOXIDI	849200	Skin and M	84920000	Skin and M	P	2%	EXTERNA	SOLN	ML	60		MSB		12547	N		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
12547078021	ROGAINE	MINOXIDI	849200	Skin and M	84920000	Skin and M	P	5%	EXTERNA	FOAM	GM	60		MSB		12547	N		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
12547078022	ROGAINE	MINOXIDI	849200	Skin and M	84920000	Skin and M	P	5%	EXTERNA	FOAM	GM	60		MSB		12547	N		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
12547078060	ROGAINE	MINOXIDI	849200	Skin and M	84920000	Skin and M	P	2%	EXTERNA	SOLN	ML	60		MSB		12547	N		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
12547078130	ROGAINE	MINOXIDI	849200	Skin and M	84920000	Skin and M	P	5%	EXTERNA	FOAM	GM	60		MSB		12547	N		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
12547078135	ROGAINE	MINOXIDI	849200	Skin and M	84920000	Skin and M	P	5%	EXTERNA	FOAM	GM	60		MSB		12547	N		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
12547093657	NEOSPO	BENZALK	840416	UNKNOW	84041600	UNKNOW	P	0.13%	EXTERNA	LIQD	ML	68		MSB	4/4/2022	12547	N		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
12608003001	ONETOU	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		12608			N	FORMULARY		2	BRAND	PREFERRED BRAND				R	MEDPRMI
12608003002	ONETOU	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		12608			N	FORMULARY		2	BRAND	PREFERRED BRAND				R	MEDPRMI
12608003005	ONETOU	LANCET D	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		12608			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12608003022	ONETOU	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	200		NON DRU	8/21/2023	12608			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRMI
12608003026	ONETOU	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	200		NON DRUG		12608			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12622000001	NUTRAMI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	360MG/3.	ORAL	PACK	EA	42		SSB		12622	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12622000100	NUTRAMI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	360MG/3.	ORAL	PACK	EA	42		SSB		12622	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12622000101	NUTRAMI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	360MG/3.	ORAL	PACK	EA	42		SSB		12622	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12622000102	NUTRAMI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	360MG/3.	ORAL	PACK	EA	42		SSB		12622	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12622000104	NUTRAMI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	360MG/3.	ORAL	PACK	EA	42		SSB		12622	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12622000105	NUTRAMI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	360MG/3.	ORAL	PACK	EA	42		SSB		12622	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12622000106	NUTRAMI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	360MG/3.	ORAL	PACK	EA	42		SSB		12622	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12622000107	NUTRAMI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	360MG/3.	ORAL	PACK	EA	42		SSB		12622	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12622000601	NUTRASE	AMINO AC	929200	UNKNOW	92920000	UNKNOW	O	280MG/4.	ORAL	POWD	GM	238		SSB		12622			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12622000602	NUTRASE	AMINO AC	929200	UNKNOW	92920000	UNKNOW	O	280MG/4.	ORAL	POWD	GM	200		SSB		12622			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12622000603	NUTRASE	AMINO AC	929200	UNKNOW	92920000	UNKNOW	O	280MG/3.	ORAL	POWD	GM	200		SSB		12622			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12622000605	NUTRASE	AMINO AC	929200	UNKNOW	92920000	UNKNOW	O	280MG/4.	ORAL	POWD	GM	235		SSB		12622			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12622000606	NUTRASE	AMINO AC	929200	UNKNOW	92920000	UNKNOW	O	280MG/3.	ORAL	POWD	GM	238		SSB		12622			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12622000607	NUTRASE	AMINO AC	929200	UNKNOW	92920000	UNKNOW	O	280MG/3.	ORAL	POWD	GM	238		SSB		12622			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12622000608	NUTRASE	AMINO AC	929200	UNKNOW	92920000	UNKNOW	O	280MG/3.	ORAL	POWD	GM	238		SSB		12622			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12622000609	NUTRASE	AMINO AC	929200	UNKNOW	92920000	UNKNOW	O	280MG/3.	ORAL	POWD	GM	238		SSB		12622			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12634000101	NONYX	DERMATO	849200	Skin and M	84920000	Skin and M	O	0	EXTERNA	GEL	GM	120		SSB		12634			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12634014471	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	120		GENERIC		12634		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12634016171	IBUPROF	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	30		GENERIC		12634		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12634017171	IBUPROF	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	30	X	GENERIC		12634		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12634024760	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	60		GENERIC		12634		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12634024771	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	30		GENERIC		12634		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12634040171	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		12634		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12634041871	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	30		GENERIC		12634		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12634043371	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	20		GENERIC		12634		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12634043440	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	40		GENERIC		12634		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12634043471	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	30		GENERIC		12634		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12634043480	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	20		GENERIC		12634		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12634052680	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 M	ORAL	TABS	EA	20		GENERIC		12634		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12634052800	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	10		GENERIC		12634		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12634052845	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	45		GENERIC		12634		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12634052860	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		12634		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12634052871	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		12634		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12634052881	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	21		GENERIC		12634		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12634052885	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	15		GENERIC		12634		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12634052890	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		12634		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12634068260	IBUPROF	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC		12634		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12634068271	IBUPROF	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC		12634		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12634068290	IBUPROF	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC		12634		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12634068460	NAPROXE	NAPROXE	280804	Nonsteroid	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		12634		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12634068471	NAPROXE	NAPROXE	280804	Nonsteroid	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30	X	GENERIC		12634		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12634075571	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	30	X	GENERIC		12634		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12634078612	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	120		GENERIC		12634		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12634078624	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	240		GENERIC		12634		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12634078660	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	60		GENERIC		12634		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12634078671	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	30		GENERIC		12634		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12634078680	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	20		GENERIC		12634		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12634080771	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	30		GENERIC		12634		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12634080860	OXAPRO	OXAPRO	280804	Nonsteroid	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC		12634		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12634083471	CELEBRE	CELECOX	280804	Nonsteroid	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	30	X	MSB		12634		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION				R	MEDPRMI
12634083671	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	30		GENERIC		12634		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12634083690	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	90		GENERIC		12634		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12634090471	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		12634		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12634090560	NABUMET	NABUMET	280804	Nonsteroid	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	60	X	GENERIC		12634		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12634090571	NABUMET	NABUMET	280804	Nonsteroid	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	30	X	GENERIC		12634		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12634092971	DICLOFE	DICLOFE	280804	Nonsteroid	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	30	X	GENERIC		12634		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12634093871	PIROXICA	PIROXICA	280804	Nonsteroid	28080404	UNKNOW	S	20 MG	ORAL	CAPS	EA	30	X	GENERIC		12634		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12634094060	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	60		GENERIC		12634		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12634094471	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		12634		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12634098771	CETIRIZI	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		12634		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12716050580	FALL MA	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		12716			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12823040033	CURITY L	WOUND D	849200	Skin and M	84920000	Skin and M	O	25%	EXTERNA	MISC	EA	12		SSB		12823			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12823040034	CURITY L	WOUND D	849200	Skin and M	84920000	Skin and M	O	25%	EXTERNA	MISC	EA	12		SSB		12823			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12830071716	M-CLEAR	GUAIFEN	480800	Antitussive	48080000	Antitussive	O	100-6.33 M	ORAL	SOLN	ML	473		SSB	10/1/2023	12830			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	X	AGE_YEA	MUST BE AT LEAST	R	MEDPRMI
12830075412	M-END PE	PHENYLE	480800	Antitussive	48080000	Antitussive	O	3.33-1.33-	ORAL	LIQD	ML	354		SSB	10/1/2023	12830			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	X	AGE_YEA	MUST BE AT LEAST	R	MEDPRMI
12830076216	CHLO TU	PSEUDOE	480800	Antitussive	48080000	Antitussive	O	12.5MG/5	ORAL	LIQD	ML	473		SSB		12830			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12830081616	M-END D	PSEUDOE	480800	Antitussive	48080000	Antitussive	O	.667MG/5	ORAL	LIQD	ML	473		SSB		12830			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12830082401	EZFE 200	POLYSAC	200404	Iron Prepa	20040400	Iron Prepa	O	434.8 (200	ORAL	CAPS	EA	100		SSB		12830			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12830082430	EZFE 200	POLYSAC	200404	Iron Prepa	20040400	Iron Prepa	O	434.8 (200	ORAL	CAPS	EA	30		SSB		12830			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12830086404	CHLO HIS	CHLOPHE	480800	Antitussive	48080000	Antitussive	O	12.5MG/5	ORAL	SOLN	ML	120		SSB		12830			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12830086416	CHLO HIS	CHLOPHE	480800	Antitussive	48080000	Antitussive	O	12.5MG/5	ORAL	SOLN	ML	473		SSB		12830			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
12843002471	MIDOL M	ACETAMI	280892	Analgesics	28089200	Analgesics	P	500MG-60	ORAL	TABS	EA	16		MSB		12843	N		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI



16714012101	PILOCARI	PILOCARI	120400	Parasymp	12040000	Parasymp	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714012201	PILOCARI	PILOCARI	120400	Parasymp	12040000	Parasymp	S	7.5 MG	ORAL	TABS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714012301	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714012302	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714012303	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	500 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714012701	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	54 MG	ORAL	TBCR	EA	100 X	GENERIC	2/4/2022	16714		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
16714012801	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	25 MG	ORAL	TABS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714012901	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	50 MG	ORAL	TABS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714013001	TRIAMCIN	TRIAMCIN	680400	Adrenals	68040000	Adrenals	S	40 MG/ML	INJECTIO	SUSP	ML	1	GENERIC		16714		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714013025	TRIAMCIN	TRIAMCIN	680400	Adrenals	68040000	Adrenals	S	40 MG/ML	INJECTIO	SUSP	ML	1	GENERIC		16714		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714013101	IRINOTEC	IRINOTEC	100000	Antineopla	10000000	Antineopla	S	100 MG/5	INTRAVE	SOLN	ML	5	GENERIC		16714		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714013201	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	CAPS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714013301	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714013401	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714013501	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	CAPS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714013601	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	CAPS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714013701	PACLITAX	PACLITAX	100000	Antineopla	10000000	Antineopla	S	300 MG/5	INTRAVE	CONC	ML	50	GENERIC		16714		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714014001	TRIAMCIN	TRIAMCIN	680400	Adrenals	68040000	Adrenals	S	40 MG/ML	INJECTIO	SUSP	ML	5	GENERIC		16714		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714014101	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	30 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714014201	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714014301	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714014401	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TABS	EA	30 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714014501	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714014601	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	30 MG	ORAL	TABS	EA	30 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714015001	TRIAMCIN	TRIAMCIN	680400	Adrenals	68040000	Adrenals	S	40 MG/ML	INJECTIO	SUSP	ML	10	GENERIC		16714		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714015501	NORETHI	NORETHI	681200	Contracep	68120000	Contracep	S	1-20 MG-	ORAL	CAPS	EA	28 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
16714015503	NORETHI	NORETHI	681200	Contracep	68120000	Contracep	S	1-20 MG-	ORAL	CAPS	EA	28 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
16714015601	POSACON	POSACON	81408	Azoles	8140800	Azoles	S	100 MG	ORAL	TBEC	EA	60 X	GENERIC		16714 Y		N	FORMULARY		1 GEN	GENERICS	X	PA:X							R	MEDPRMI
16714015701	PROGEST	PROGEST	683200	Progestins	68320000	Progestins	S	100 MG	ORAL	CAPS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714015801	PROGEST	PROGEST	683200	Progestins	68320000	Progestins	S	200 MG	ORAL	CAPS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714015901	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	30	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714016001	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	30	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714016101	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1%	EXTERNA	GEL	GM	30	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714016102	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1%	EXTERNA	GEL	GM	60	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714016401	MICAFUN	MICAFUN	81416	Echinocan	8141600	Echinocan	S	50 MG	INTRAVE	SOLR	EA	1	GENERIC		16714		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714016410	MICAFUN	MICAFUN	81416	Echinocan	8141600	Echinocan	S	50 MG	INTRAVE	SOLR	EA	1	GENERIC		16714		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714016501	CYANOCO	CYANOCO	880800	Vitamin B	88080000	Vitamin B	S	1000 MCG	INJECTIO	SOLN	ML	1	GENERIC	7/1/2024	16714	Y	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714016525	CYANOCO	CYANOCO	880800	Vitamin B	88080000	Vitamin B	S	1000 MCG	INJECTIO	SOLN	ML	1	GENERIC	7/1/2024	16714		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714016601	LIOTHYR	LIOTHYR	683604	Thyroid Ag	68360400	Thyroid Ag	S	5 MCG	ORAL	TABS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714016701	LIOTHYR	LIOTHYR	683604	Thyroid Ag	68360400	Thyroid Ag	S	25 MCG	ORAL	TABS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714016801	LIOTHYR	LIOTHYR	683604	Thyroid Ag	68360400	Thyroid Ag	S	50 MCG	ORAL	TABS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714017001	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-300-40	ORAL	CAPS	EA	100	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714017101	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	150	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	18 IN 1 DAYS					R	MEDPRMI
16714017201	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	150	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	9 IN 1 DAYS					R	MEDPRMI
16714017202	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	1000	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	9 IN 1 DAYS					R	MEDPRMI
16714017301	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
16714017302	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	500 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
16714017303	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
16714017401	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
16714017402	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	500 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
16714017403	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	1000 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
16714017501	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
16714017502	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	500 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
16714017503	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	1000 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
16714017601	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
16714017602	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	500 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
16714017603	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	1000 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
16714017701	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	1	GENERIC	11/30/2023	16714		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS					R	MEDPRMI
16714017730	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	30	GENERIC	11/30/2023	16714		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS					R	MEDPRMI
16714017801	FLUOROU	FLUOROU	841800	UNKNOW	84180000	UNKNOW	S	5%	EXTERNA	CREA	GM	40	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714018001	ADENOSI	ADENOSI	361800	Cardiac Fu	36180000	Cardiac Fu	S	3 MG/ML	INTRAVE	SOLN	ML	20	GENERIC	11/23/2022	16714		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714018101	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714018102	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714018103	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714018104	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	500 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714018105	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714018201	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714018202	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714018203	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714018204	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	1000 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714018301	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	30 MG	ORAL	TABS	EA	30 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714018302	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	30 MG	ORAL	TABS	EA	90 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714018303	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	30 MG	ORAL	TABS	EA	1000 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714018401	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	30 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714018402	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	90 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714018403	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714018404	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	500 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714018405	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	1000 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714018502	LANSOPR	LANSOPR	562836	Proton-pu	56283600	Proton-pu	S	15 MG	ORAL	TBDD	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS					X	Must meet 5 DS Cvs TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZ			R	MEDPRMI
16714018602	LANSOPR	LANSOPR	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	TBDD	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS					X	Must meet 5 DS Cvs TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZ			R	MEDPRMI
16714018701	SIROLIMU	SIROLIMU	902824	UNKNOW	90282492	UNKNOW	S	0.5 MG	ORAL	TABS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714018801	SIROLIMU	SIROLIMU	902824	UNKNOW	90282492	UNKNOW	S	1 MG	ORAL	TABS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714018901	SIROLIMU	SIROLIMU	902824	UNKNOW	90282492	UNKNOW	S	2 MG	ORAL	TABS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714019001	GUANFAC	GUANFAC	289200	Central Ne	28920000	Central Ne	S	1 MG	ORAL	TB24	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714019101	GUANFAC	GUANFAC	289200	Central Ne	28920000	Central Ne	S	2 MG	ORAL	TB24	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714019201	GUANFAC	GUANFAC	289200	Central Ne	28920000	Central Ne	S	3 MG	ORAL	TB24	EA	100 X	GENERIC		16714 Y		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714019301	GUANFAC	GUANFAC	289200	Central Ne	28920000	Central Ne	S	4 MG	ORAL	TB24	EA	100 X	GENERIC		16714 Y		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714019401	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714019501	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714019601	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	150 MG	ORAL	TABS	EA	60 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714019701	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	60 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714019801	VORICON	VORICON	81408	Azoles	8140800	Azoles	S	50 MG	ORAL	TABS	EA	30	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714019901	VORICON	VORICON	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	30	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714020010	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TBDP	EA	1	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714020030	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TBDP	EA	30	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714020110	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TBDP	EA	10	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714020130	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TBDP	EA	30	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714021301	RALOXIFE	RALOXIFE	681612	Estrogen /	68161200	Estrogen /	S	60 MG	ORAL	TABS	EA	30 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=35-999 YEARS AND RA	R	MEDPRMI
16714021302	RALOXIFE	RALOXIFE	681612	Estrogen /	68161200	Estrogen /	S	60 MG	ORAL	TABS	EA	100 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=35-999 YEARS AND RA	R	MEDPRMI
16714021303	RALOXIFE	RALOXIFE	681612	Estrogen /	68161200	Estrogen /	S	60 MG	ORAL	TABS	EA	1000 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=35-999 YEARS AND RA	R	MEDPRMI
16714022401	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-12.5 M	ORAL	TABS	EA	30 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714022402	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-12.5 M	ORAL	TABS	EA	90 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714022403	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-12.5 M	ORAL	TABS	EA	1000 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714022501	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-25 MG	ORAL	TABS	EA	30 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714022502	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-25 MG	ORAL	TABS	EA	90 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714022504	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-25 MG	ORAL	TABS	EA	1000 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714022601	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50-12.5 M	ORAL	TABS	EA	30 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714022602	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50-12.5 M	ORAL	TABS	EA	90 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714022604	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50-12.5 M	ORAL	TABS	EA	1000 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714022701	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	CP24	EA	30 X	GENERIC		16714 Y		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
16714022801	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	CP24	EA	30 X	GENERIC		16714 Y		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
16714022901	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	40 MG	ORAL	CP24	EA	30 X	GENERIC		16714 Y		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
16714023001	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	CP24	EA	30 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
16714023401	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	250 MG	ORAL	TABS	EA	100	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714023402	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	250 MG	ORAL	TABS	EA	1000	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714023501	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	100	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714023502	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	1000	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714024401	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG/5M	ORAL	SUSR	ML	50 X	GENERIC	9/30/2024	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714024501	MESALAM	MESALAM	563600	Anti-inflam	56360000	Anti-inflam	S	1000 MG	RECTAL	SUPP	EA	1	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714024530	MESALAM	MESALAM	563600	Anti-inflam	56360000	Anti-inflam	S	1000 MG	RECTAL	SUPP	EA	30	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714024601	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1%	EXTERNA	LOTN	ML	60	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714024701	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	500 MG	INTRAVE	SOLR	EA	1	GENERIC		16714		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714024710	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	500 MG	INTRAVE	SOLR	EA	1	GENERIC		16714		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714024801	FOSAPRE	FOSAPRE	562232	UNKNOW	56223200	UNKNOW	S	150 MG	INTRAVE	SOLR	EA	1	GENERIC		16714 Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714024901	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.05%	EXTERNA	CREA	GM	20	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714024902	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.05%	EXTERNA	CREA	GM	45	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714025001	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.10%	EXTERNA	CREA	GM	20	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714025002	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.10%	EXTERNA	CREA	GM	45	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714025701	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714025702	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714025801	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714025802	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	1000 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714025901	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714025902	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	1000 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714026001	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	TABS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714026101	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	TABS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714026201	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	150 MG	ORAL	TABS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714026701	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	OINT	GM	15	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714026702	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	OINT	GM	80	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714026703	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	OINT	GM	454	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714026801	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.50%	EXTERNA	OINT	GM	15	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714027001	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.03%	EXTERNA	CREA	GM	20	GENERIC		16714 Y		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714027002	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.03%	EXTERNA	CREA	GM	45	GENERIC		16714 Y		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714029201	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	200-28.5 M	ORAL	SUSR	ML	50	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714029202	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	200-28.5 M	ORAL	SUSR	ML	75	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714029203	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	200-28.5 M	ORAL	SUSR	ML	100	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714029301	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	400-57 MG	ORAL	SUSR	ML	50	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714029302	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	400-57 MG	ORAL	SUSR	ML	75	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714029303	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	400-57 MG	ORAL	SUSR	ML	100	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714029401	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	600-42.9 M	ORAL	SUSR	ML	75	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714029402	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	600-42.9 M	ORAL	SUSR	ML	125	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714029403	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	600-42.9 M	ORAL	SUSR	ML	200	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714029501	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250-125 M	ORAL	TABS	EA	30	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714029601	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500-125 M	ORAL	TABS	EA	20	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714029701	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	20	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714029702	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	100	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714029801	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250 MG	ORAL	CAPS	EA	100	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714029802	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250 MG	ORAL	CAPS	EA	500	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714029902	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	50	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714029903	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	100	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714029904	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	500	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714030101	MICAFUN	MICAFUN	81416	Echinocan	8141600	Echinocan	S	100 MG	INTRAVE	SOLR	EA	1	GENERIC		16714		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714030110	MICAFUN	MICAFUN	81416	Echinocan	8141600	Echinocan	S	100 MG	INTRAVE	SOLR	EA	1	GENERIC		16714		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714030201	CYANOCO	CYANOCO	880800	Vitamin B	88080000	Vitamin B	S	1000 MCG	INJECTIO	SOLN	ML	10	GENERIC	7/29/2024	16714	Y	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714030210	CYANOCO	CYANOCO	880800	Vitamin B	88080000	Vitamin B	S	1000 MCG	INJECTIO	SOLN	ML	10	GENERIC	7/29/2024	16714	Y	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714030901	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	1 GM	INTRAVE	SOLR	EA	1	GENERIC		16714		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714030910	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	1 GM	INTRAVE	SOLR	EA	1	GENERIC		16714		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714031001	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	1000 MG	ORAL	TABS	EA	60 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714033001	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714033002	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	500 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714033201	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714033202	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	500 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714034001	LEVONES	LEVONOF	681200	Contracep	68120000	Contracep	S	50-30/75-4	ORAL	TABS	EA	28 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
16714034004	LEVONES	LEVONOF	681200	Contracep	68120000	Contracep	S	50-30/75-4	ORAL	TABS	EA	28 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
16714034501	MYCOPHI	MYCOPHI	924400	UNKNOW	92440000	UNKNOW	S	200 MG/M	ORAL	SUSR	ML	160 X	GENERIC	2/29/2024	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714034601	DASETTA	NORETHI	681200	Contracep	68120000	Contracep	S	0.5/0.75/1-	ORAL	TABS	EA	28 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
16714034604	DASETTA	NORETHI	681200	Contracep	68120000	Contracep	S	0.5/0.75/1-	ORAL	TABS	EA	28 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
16714034701	PHILITH	NORETHI	681200	Contracep	68120000	Contracep	S	0.4-35 MG	ORAL	TABS	EA	28 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
16714034704	PHILITH	NORETHI	681200	Contracep	68120000	Contracep	S	0.4-35 MG	ORAL	TABS	EA	28 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
16714034801	DASETTA	NORETHI	681200	Contracep	68120000	Contracep	S	1-35 MG-	ORAL	TABS	EA	28 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
16714034804	DASETTA	NORETHI	681200	Contracep	68120000	Contracep	S	1-35 MG-	ORAL	TABS	EA	28 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
16714035101	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	CAPS	EA	30 X	GENERIC	10/31/2022	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714035201	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	30 X	GENERIC	10/31/2022	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714035401	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	250 MG	ORAL	TABS	EA	120 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714035402	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	250 MG	ORAL	TABS	EA	500 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714035501	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TABS	EA	120 X	GENERIC	8/31/2024	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714035502	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TABS	EA	500 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714035601	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	750 MG	ORAL	TABS	EA	120 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714035602	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	750 MG	ORAL	TABS	EA	500 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714035701	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	1000 MG	ORAL	TABS	EA	60 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714035801	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	100 MG/M	ORAL	SOLN	ML	473 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714035901	FALMINA	LEVONOF	681200	Contracep	68120000	Contracep	S	0.1-20 MG	ORAL	TABS	EA	28 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
16714035903	FALMINA	LEVONOF	681200	Contracep	68120000	Contracep	S	0.1-20 MG	ORAL	TABS	EA	28 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
16714035904	FALMINA	LEVONOF	681200	Contracep	68120000	Contracep	S	0.1-20 MG	ORAL	TABS	EA	28 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
16714036001	MONO-LI	NORGES	681200	Contracep	68120000	Contracep	S	0.25-35 M	ORAL	TABS	EA	28 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
16714036004	MONO-LI	NORGES	681200	Contracep	68120000	Contracep	S	0.25-35 M	ORAL	TABS	EA	28 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
16714036301	TRI-LINYA	NORGES	681200	Contracep	68120000	Contracep	S	0.18/0.215	ORAL	TABS	EA	28 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
16714036304	TRI-LINYA	NORGES	681200	Contracep	68120000	Contracep	S	0.18/0.215	ORAL	TABS	EA	28 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
16714036501	ELINEST	NORGES	681200	Contracep	68120000	Contracep	S	0.3-30 MG	ORAL	TABS	EA	28 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
16714036504	ELINEST	NORGES	681200	Contracep	68120000	Contracep	S	0.3-30 MG	ORAL	TABS	EA	28 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
16714036601	SETLAKIN	LEVONOF	681200	Contracep	68120000	Contracep	S	0.15-0.03	ORAL	TABS	EA	91 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A			X	91 IN 84 DAYS			X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
16714036603	SETLAKIN	LEVONOF	681200	Contracep	68120000	Contracep	S	0.15-0.03	ORAL	TABS	EA	91 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A			X	91 IN 84 DAYS			X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
16714037001	WERA	NORETHI	681200	Contracep	68120000	Contracep	S	35MCG-.5	ORAL	TABS	EA	28 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
16714037003	WERA	NORETHI	681200	Contracep	68120000	Contracep	S	35MCG-.5	ORAL	TABS	EA	28 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
16714037501	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714037502	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	1000 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714037601	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TABS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714037602	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TABS	EA	1000 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714037701	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714037702	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	1000 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714037801	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714037901	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	300 MG	ORAL	TABS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714038001	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	400 MG	ORAL	TABS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714038801	CEFADRO	CEFADRO	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	50	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714038802	CEFADRO	CEFADRO	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	100	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714038901	CEFADRO	CEFADRO	81206	Cephalosp	8120604	First Gene	S	250 MG/5	ORAL	SUSR	ML	100	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714039001	CEFADRO	CEFADRO	81206	Cephalosp	8120604	First Gene	S	500 MG/5	ORAL	SUSR	ML	75	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714039002	CEFADRO	CEFADRO	81206	Cephalosp	8120604	First Gene	S	500 MG/5	ORAL	SUSR	ML	100	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714039101	CEFDINIR	CEFDINIR	81206	Cephalosp	8120612	Third Gen	S	300 MG	ORAL	CAPS	EA	30	GENERIC	9/30/2023	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714039102	CEFDINIR	CEFDINIR	81206	Cephalosp	8120612	Third Gen	S	300 MG	ORAL	CAPS	EA	60	GENERIC	10/31/2023	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714039201	CEFDINIR	CEFDINIR	81206	Cephalosp	8120612	Third Gen	S	125 MG/5	ORAL	SUSR	ML	60	GENERIC	11/30/2023	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714039202	CEFDINIR	CEFDINIR	81206	Cephalosp	8120612	Third Gen	S	125 MG/5	ORAL	SUSR	ML	100	GENERIC	11/30/2023	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714039301	CEFDINIR	CEFDINIR	81206	Cephalosp	8120612	Third Gen	S	250 MG/5	ORAL	SUSR	ML	60	GENERIC	9/30/2023	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714039302	CEFDINIR	CEFDINIR	81206	Cephalosp	8120612	Third Gen	S	250 MG/5	ORAL	SUSR	ML	100	GENERIC	11/30/2022	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714039401	CEFPODO	CEFPODO	81206	Cephalosp	8120612	Third Gen	S	100 MG	ORAL	TABS	EA	20	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714039501	CEFPODO	CEFPODO	81206	Cephalosp	8120612	Third Gen	S	200 MG	ORAL	TABS	EA	20	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714039601	CEFPROZ	CEFPROZ	81206	Cephalosp	8120608	Second G	S	125 MG/5	ORAL	SUSR	ML	50	GENERIC	11/9/2023	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714039602	CEFPROZ	CEFPROZ	81206	Cephalosp	8120608	Second G	S	125 MG/5	ORAL	SUSR	ML	75	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714039603	CEFPROZ	CEFPROZ	81206	Cephalosp	8120608	Second G	S	125 MG/5	ORAL	SUSR	ML	100	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714039701	CEFPROZ	CEFPROZ	81206	Cephalosp	8120608	Second G	S	250 MG/5	ORAL	SUSR	ML	50	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714039702	CEFPROZ	CEFPROZ	81206	Cephalosp	8120608	Second G	S	250 MG/5	ORAL	SUSR	ML	75	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714039703	CEFPROZ	CEFPROZ	81206	Cephalosp	8120608	Second G	S	250 MG/5	ORAL	SUSR	ML	100	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714039801	CEFPROZ	CEFPROZ	81206	Cephalosp	8120608	Second G	S	250 MG	ORAL	TABS	EA	100	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714039901	CEFPROZ	CEFPROZ	81206	Cephalosp	8120608	Second G	S	500MG	ORAL	TABS	EA	50	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714040001	CEFURO	CEFURO	81206	Cephalosp	8120608	Second G	S	250 MG	ORAL	TABS	EA	20	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714040002	CEFURO	CEFURO	81206	Cephalosp	8120608	Second G	S	250 MG	ORAL	TABS	EA	60	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714040101	CEFURO	CEFURO	81206	Cephalosp	8120608	Second G	S	500 MG	ORAL	TABS	EA	20	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714040102	CEFURO	CEFURO	81206	Cephalosp	8120608	Second G	S	500 MG	ORAL	TABS	EA	60	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714040201	CEFPODO	CEFPODO	81206	Cephalosp	8120612	Third Gen	S	50 MG/5M	ORAL	SUSR	ML	50	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714040202	CEFPODO	CEFPODO	81206	Cephalosp	8120612	Third Gen	S	50 MG/5M	ORAL	SUSR	ML	100	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714040301	CEFPODO	CEFPODO	81206	Cephalosp	8120612	Third Gen	S	100 MG/5	ORAL	SUSR	ML	50	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714040302	CEFPODO	CEFPODO	81206	Cephalosp	8120612	Third Gen	S	100 MG/5	ORAL	SUSR	ML	100	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714040401	PIMTREA	DESOGES	681200	Contracep	68120000	Contracep	S	0.15-0.02/	ORAL	TABS	EA	28 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
16714040404	PIMTREA	DESOGES	681200	Contracep	68120000	Contracep	S	0.15-0.02/	ORAL	TABS	EA	28 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
16714040501	LARIN FE	NORETHI	681200	Contracep	68120000	Contracep	S	1.5-30 MG	ORAL	TABS	EA	28 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
16714040504	LARIN FE	NORETHI	681200	Contracep	68120000	Contracep	S	1.5-30 MG	ORAL	TABS	EA	28 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
16714040601	LARIN FE	NORETHI	681200	Contracep	68120000	Contracep	S	1-20 MG-	ORAL	TABS	EA	28 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
16714040604	LARIN FE	NORETHI	681200	Contracep	68120000	Contracep	S	1-20 MG-	ORAL	TABS	EA	28 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
16714040701	LARIN 1.5	NORETHI	681200	Contracep	68120000	Contracep	S	1.5-30 MG	ORAL	TABS	EA	21 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
16714040703	LARIN 1.5	NORETHI	681200	Contracep	68120000	Contracep	S	1.5-30 MG	ORAL	TABS	EA	21 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
16714040801	LARIN 1/2	NORETHI	681200	Contracep	68120000	Contracep	S	1-20 MG-	ORAL	TABS	EA	21 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
16714040803	LARIN 1/2	NORETHI	681200	Contracep	68120000	Contracep	S	1-20 MG-	ORAL	TABS	EA	21 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
16714041601	LARIN 24	NORETHI	681200	Contracep	68120000	Contracep	S	1-20 MG-	ORAL	TABS	EA	28 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
16714041603	LARIN 24	NORETHI	681200	Contracep	68120000	Contracep	S	1-20 MG-	ORAL	TABS	EA	28 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
16714043901	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	100	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714044001	DEBLITAN	NORETHI	681200	Contracep	68120000	Contracep	S	0.35 MG	ORAL	TABS	EA	28 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
16714044004	DEBLITAN	NORETHI	681200	Contracep	68120000	Contracep	S	0.35 MG	ORAL	TABS	EA	28 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
16714044101	SHAROBE	NORETHI	681200	Contracep	68120000	Contracep	S	0.35 MG	ORAL	TABS	EA	28 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
16714044104	SHAROBE	NORETHI	681200	Contracep	68120000	Contracep	S	0.35 MG	ORAL	TABS	EA	28 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
16714044201	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714044202	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	1000 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714044301	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714044302	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	1000 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714044401	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714044402	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714044501	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714044502	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	1000 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714044601	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	100 X	GENERIC	8/31/2024	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714044602	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC	8/31/2024	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714044701	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	100 X	GENERIC	8/31/2024	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714044702	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	1000 X	GENERIC	2/28/2023	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714044801	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	100 X	GENERIC	5/31/2024	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714044802	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	1000 X	GENERIC	5/31/2024	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI

16714073902	FENOFIBI	FENOFIBI	240606	Fibric Acic	24060600	Fibric Acid	S	67 MG	ORAL	CAPS	EA	100 X	GENERIC	1/31/2023	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714074002	FENOFIBI	FENOFIBI	240606	Fibric Acic	24060600	Fibric Acid	S	134 MG	ORAL	CAPS	EA	100 X	GENERIC	10/31/2022	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714074102	FENOFIBI	FENOFIBI	240606	Fibric Acic	24060600	Fibric Acid	S	200 MG	ORAL	CAPS	EA	100 X	GENERIC	12/31/2022	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714074201	DOXORUI	DOXORUI	100000	Antineopla	10000000	Antineopla	S	2 MG/ML	INTRAVEI	SUSP	ML	10	GENERIC		16714		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714074302	ITRACON	ITRACON	81408	Azoles	8140800	Azoles	S	100 MG	ORAL	CAPS	EA	30	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714074802	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	100 X	GENERIC	4/4/2022	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714075301	HYDROXY	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	100 X	GENERIC	10/31/2022	16714		N	FORMULARY		1 GEN	GENERICS			X	100 IN 30 DAYS					R	MEDPRMI
16714075501	ATOMOXI	ATOMOXI	282032	UNKNOW	28203200	UNKNOW	S	10 MG	ORAL	CAPS	EA	30 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714075601	ATOMOXI	ATOMOXI	282032	UNKNOW	28203200	UNKNOW	S	18 MG	ORAL	CAPS	EA	30 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714075701	ATOMOXI	ATOMOXI	282032	UNKNOW	28203200	UNKNOW	S	25 MG	ORAL	CAPS	EA	30 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714075801	ATOMOXI	ATOMOXI	282032	UNKNOW	28203200	UNKNOW	S	40 MG	ORAL	CAPS	EA	30 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714075901	ATOMOXI	ATOMOXI	282032	UNKNOW	28203200	UNKNOW	S	60 MG	ORAL	CAPS	EA	30 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714076001	ATOMOXI	ATOMOXI	282032	UNKNOW	28203200	UNKNOW	S	80 MG	ORAL	CAPS	EA	30 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714076101	ATOMOXI	ATOMOXI	282032	UNKNOW	28203200	UNKNOW	S	100 MG	ORAL	CAPS	EA	30 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714076301	CALCIPO	CALCIPO	842412	Basic Oint	84241200	Basic Oint	S	0.01%	EXTERNA	CREA	GM	60	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714076302	CALCIPO	CALCIPO	842412	Basic Oint	84241200	Basic Oint	S	0.01%	EXTERNA	CREA	GM	120	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714076501	VALGANC	VALGANC	81832	Nucleosid	8183200	Nucleosid	S	450 MG	ORAL	TABS	EA	60 X	GENERIC	8/31/2022	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714076601	CEFIXIME	CEFIXIME	81206	Cephalosp	8120612	Third Gen	S	100 MG/5	ORAL	SUSR	ML	50	GENERIC	1/31/2024	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714076701	CEFIXIME	CEFIXIME	81206	Cephalosp	8120612	Third Gen	S	200 MG/5	ORAL	SUSR	ML	50	GENERIC	1/31/2024	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714076702	CEFIXIME	CEFIXIME	81206	Cephalosp	8120612	Third Gen	S	200 MG/5	ORAL	SUSR	ML	75	GENERIC	1/31/2024	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714076901	NYSTATI	NYSTATI	840408	Antifungal	84040828	Polyenes	S	100000 U	EXTERNA	POWD	GM	15	GENERIC	9/30/2024	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714076902	NYSTATI	NYSTATI	840408	Antifungal	84040828	Polyenes	S	100000 U	EXTERNA	POWD	GM	30	GENERIC	9/30/2024	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714076903	NYSTATI	NYSTATI	840408	Antifungal	84040828	Polyenes	S	100000 U	EXTERNA	POWD	GM	60	GENERIC	10/2/2024	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714077001	RASAGILI	RASAGILI	283632	UNKNOW	28363200	UNKNOW	S	0.5 MG	ORAL	TABS	EA	30 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
16714077101	RASAGILI	RASAGILI	283632	UNKNOW	28363200	UNKNOW	S	1 MG	ORAL	TABS	EA	30 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
16714077501	FELBAMA	FELBAMA	281292	Anticonvul	28129200	Anticonvul	S	600 MG/5	ORAL	SUSP	ML	237 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	30 IN 1 DAYS					R	MEDPRMI
16714077502	FELBAMA	FELBAMA	281292	Anticonvul	28129200	Anticonvul	S	600 MG/5	ORAL	SUSP	ML	473 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	30 IN 1 DAYS					R	MEDPRMI
16714077801	EZETIMIB	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-10 MG	ORAL	TABS	EA	30 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
16714077802	EZETIMIB	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-10 MG	ORAL	TABS	EA	90 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
16714077901	EZETIMIB	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-20 MG	ORAL	TABS	EA	30 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
16714077902	EZETIMIB	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-20 MG	ORAL	TABS	EA	90 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
16714078001	EZETIMIB	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-40 MG	ORAL	TABS	EA	30 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
16714078002	EZETIMIB	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-40 MG	ORAL	TABS	EA	90 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
16714078101	EZETIMIB	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-80 MG	ORAL	TABS	EA	30 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS	X	PA:X	X	1 IN 1 DAYS					R	MEDPRMI
16714078102	EZETIMIB	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-80 MG	ORAL	TABS	EA	90 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS	X	PA:X	X	1 IN 1 DAYS					R	MEDPRMI
16714078201	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	15	GENERIC	6/30/2024	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714078202	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	30	GENERIC	7/31/2024	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714078203	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	45	GENERIC	7/31/2024	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714078204	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	60	GENERIC	8/31/2024	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714078301	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	30 X	GENERIC	7/31/2022	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714078401	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	30 X	GENERIC	8/31/2022	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714078501	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	30 X	GENERIC	10/31/2023	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714078601	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TABS	EA	30 X	GENERIC	5/31/2022	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714078701	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	30 X	GENERIC	5/31/2022	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714078801	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	30 MG	ORAL	TABS	EA	30 X	GENERIC	8/31/2022	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714079501	TERBINAI	TERBINAI	81404	Allylamine	8140400	Allylamine	S	250 MG	ORAL	TABS	EA	30	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714079502	TERBINAI	TERBINAI	81404	Allylamine	8140400	Allylamine	S	250 MG	ORAL	TABS	EA	100	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714079601	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	25 MG	ORAL	TABS	EA	9	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	3 IN 5 DAYS					R	MEDPRMI
16714079701	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	50 MG	ORAL	TABS	EA	9	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	3 IN 5 DAYS					R	MEDPRMI
16714079801	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	100 MG	ORAL	TABS	EA	9	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	18 IN 30 DAYS					R	MEDPRMI
16714079901	CETIRIZI	CETIRIZI	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30	GENERIC		16714		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714079902	CETIRIZI	CETIRIZI	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	100	GENERIC		16714		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714079903	CETIRIZI	CETIRIZI	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	300	GENERIC		16714		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714079904	CETIRIZI	CETIRIZI	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	500	GENERIC		16714		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714080001	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	25 MG	ORAL	TABS	EA	100 X	GENERIC	12/31/2022	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714080101	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	50 MG	ORAL	TABS	EA	100 X	GENERIC	8/31/2022	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714080401	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	10 MG	ORAL	TABS	EA	100 X	GENERIC	7/31/2022	16714		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
16714080501	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	12.5 MG	ORAL	TABS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
16714080601	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	15 MG	ORAL	TABS	EA	100 X	GENERIC	5/31/2022	16714		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
16714080701	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	20 MG	ORAL	TABS	EA	100 X	GENERIC	6/30/2022	16714		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
16714080801	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	30 MG	ORAL	TABS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
16714080901	NEW DAY	LEVONOF	681200	Contracep	68120000	Contracep	P	1.5 MG	ORAL	TABS	EA	1	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A							X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
16714081301	EZETIMIB	EZETIMIB	240605	Cholester	24060500	Cholester	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
16714081302	EZETIMIB	EZETIMIB	240605	Cholester	24060500	Cholester	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
16714081303	EZETIMIB	EZETIMIB	240605	Cholester	24060500	Cholester	S	10 MG	ORAL	TABS	EA	500 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
16714081401	SEVELAM	SEVELAM	401819	Phosphate	40181900	Phosphate	S	800 MG	ORAL	TABS	EA	270 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714081501	ZOLEDRC	ZOLEDRC	922400	UNKNOW	92240000	UNKNOW	S	4 MG/5ML	INTRAVEI	CONC	ML	5	GENERIC		16714		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714081601	BICALUT	BICALUT	100000	Antineopla	10000000	Antineopla	S	50 MG	ORAL	TABS	EA	30	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714081602	BICALUT	BICALUT	100000	Antineopla	10000000	Antineopla	S	50 MG	ORAL	TABS	EA	100	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714082001	TENOFOV	TENOFOV	81808	Antiretrovi	8180820	Nucleosid	S	300 MG	ORAL	TABS	EA	30 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF RATIO=IF FOR PREEXPOSI	R	MEDPRMI
16714082101	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	5 MG	ORAL	TABS	EA	100 X	GENERIC	6/30/2024	16714		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS					R	MEDPRMI
16714082201	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	10 MG	ORAL	TABS	EA	100 X	GENERIC	4/30/2024	16714		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS					R	MEDPRMI
16714082301	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	20 MG	ORAL	TABS	EA	100 X	GENERIC	4/30/2024	16714		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS					R	MEDPRMI
16714082501	PROPAFE	PROPAFE	240404	Antiarrhyt	24040412	Class Ic A	S	225 MG	ORAL	CP12	EA	60 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714082601	PROPAFE	PROPAFE	240404	Antiarrhyt	24040412	Class Ic A	S	325 MG	ORAL	CP12	EA	60 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714082701	PROPAFE	PROPAFE	240404	Antiarrhyt	24040412	Class Ic A	S	425 MG	ORAL	CP12	EA	60 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714082801	DESONID	DESONID	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	15	GENERIC	6/1/2024	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714082802	DESONID	DESONID	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	60	GENERIC	6/1/2024	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714082901	BUDESOI	BUDESOI	680400	Adrenals	68040000	Adrenals	S	3 MG	ORAL	CPEP	EA	100	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714083001	MESALAM	MESALAM	563600	Anti-inflam	56360000	Anti-inflam	S	1.2 GM	ORAL	TBEC	EA	120 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714083101	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	0.5 MG	ORAL	TABS	EA	100 X	GENERIC	7/31/2022	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714083201	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	1 MG	ORAL	TABS	EA	100 X	GENERIC	8/31/2022	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714083202	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	1 MG	ORAL	TABS	EA	500 X	GENERIC	7/31/2022	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714083301	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	2 MG	ORAL	TABS	EA	100 X	GENERIC	7/31/2022	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714083302	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	2 MG	ORAL	TABS	EA	500 X	GENERIC	8/31/2022	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714083401	PALONOS	PALONOS	562220	5-HT3 Re	56222000	5-HT3 Re	S	0.25 MG/5	INTRAVEI	SOLN	ML	5	GENERIC		16714		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714083501	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	CAPS	EA	60 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714083601	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	40 MG	ORAL	CAPS	EA	60 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714083701	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	60 MG	ORAL	CAPS	EA	60 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714083801	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	80 MG	ORAL	CAPS	EA	60 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714084001	DOFETILI	DOFETILI	240404	Antiarrhyt	24040420	Class III A	S	125 MCG	ORAL	CAPS	EA	60 X	GENERIC	3/31/2024	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714084101	DOFETILI	DOFETILI	240404	Antiarrhyt	24040420	Class III A	S	250 MCG	ORAL	CAPS	EA	60 X	GENERIC	6/30/2024	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714084201	DOFETILI	DOFETILI	240404	Antiarrhyt	24040420	Class III A	S	500 MCG	ORAL	CAPS	EA	60 X	GENERIC	6/30/2024	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714084301	AMIODAR	AMIODAR	240404	Antiarrhyt	24040420	Class III A	S	100 MG	ORAL	TABS	EA	30 X	GENERIC	5/31/2023	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714084401	AMIODAR	AMIODAR	240404	Antiarrhyt	24040420	Class III A	S	200 MG	ORAL	TABS	EA	60 X	GENERIC	5/31/2023	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714084402	AMIODAR	AMIODAR	240404	Antiarrhyt	24040420	Class III A	S	200 MG	ORAL	TABS	EA	500 X	GENERIC	5/31/2023	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714084501	AMIODAR	AMIODAR	240404	Antiarrhyt	24040420	Class III A	S	400 MG	ORAL	TABS	EA	30 X	GENERIC	7/31/2023	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714084901	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	30 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714084902	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	90 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714084903	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714085001	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	30 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714085002	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	90 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714085003	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714085101	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	CAPS	EA	30 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714085102	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	CAPS	EA	90 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714085103	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	CAPS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714085201	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	100 X	GENERIC	7/19/2024	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714085202	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	500 X	GENERIC	7/19/2024	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714085203	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	1000 X	GENERIC	7/19/2024	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714085301	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	100 X	GENERIC	7/19/2024	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714085302	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	500 X	GENERIC	7/19/2024	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714085303	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	1000 X	GENERIC	7/19/2024	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714085401	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	100 X	GENERIC	7/19/2024	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714085402	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	500 X	GENERIC	7/19/2024	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714085403	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	1000 X	GENERIC	7/19/2024	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714085501	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TB24	EA	100 X	GENERIC	7/19/2024	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714085502	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TB24	EA	500 X	GENERIC	7/19/2024	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714085601	DOXORUI	DOXORUI	100000	Antineopla	10000000	Antineopla	S	2 MG/ML	INTRAVEI	SUSP	ML	25	GENERIC		16714		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714085701	CYCLOPH	CYCLOPH	100000	Antineopla	10000000	Antineopla	S	1 GM	INJECTIO	SOLR	EA	1	GENERIC		16714		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714085801	CYCLOPH	CYCLOPH	100000	Antineopla	10000000	Antineopla	S	2 GM	INJECTIO	SOLR	EA	1	GENERIC		16714		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714085901	CYCLOPH	CYCLOPH	100000	Antineopla	10000000	Antineopla	S	500 MG	INJECTIO	SOLR	EA	1	GENERIC		16714		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714086001	ATAZANA	ATAZANA	81808	Antiretrovi	8180808	HIV Prote	S	150 MG	ORAL	CAPS	EA	60 X	GENERIC	4/30/2024	16714		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
16714086101	ATAZANA	ATAZANA	81808	Antiretrovi	8180808	HIV Prote	S	200 MG	ORAL	CAPS	EA	60 X	GENERIC	12/31/2023	16714		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
16714086201	ATAZANA	ATAZANA	81808	Antiretrovi	8180808	HIV Prote	S	300 MG	ORAL	CAPS	EA	30 X	GENERIC	2/29/2024	16714		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
16714086601	PALIPERI	PALIPERI	281608	Antipsych	28160804	Atypical A	S	1.5 MG	ORAL	TB24	EA	30 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
16714086701	PALIPERI	PALIPERI	281608	Antipsych	28160804	Atypical A	S	3 MG	ORAL	TB24	EA	30 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
16714086801	PALIPERI	PALIPERI	281608	Antipsych	28160804	Atypical A	S	6 MG	ORAL	TB24	EA	30 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
16714086901	PALIPERI	PALIPERI	281608	Antipsych	28160804	Atypical A	S	9 MG	ORAL	TB24	EA	30 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
16714087001	RISEDRO	RISEDRO	922400	UNKNOW	92240000	UNKNOW	S	35 MG	ORAL	TBEC	EA	1 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	1 IN 7 DAYS	X	Must meel 5 DS Alen TRIAL OF ALENDRONATE AND IBANDRONATE IN THE PAST 365 DAYS			R	MEDPRMI
16714087002	RISEDRO	RISEDRO	922400	UNKNOW	92240000	UNKNOW	S	35 MG	ORAL	TBEC	EA	4 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	1 IN 7 DAYS	X	Must meel 5 DS Alen TRIAL OF ALENDRONATE AND IBANDRONATE IN THE PAST 365 DAYS			R	MEDPRMI
16714087401	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90 X	GENERIC	2/28/2023	16714		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
16714087402	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	500 X	GENERIC	2/28/2023	16714		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
16714087403	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC	5/1/2023	16714		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
16714087501	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90 X	GENERIC	2/28/2023	16714		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
16714087502	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	500 X	GENERIC	3/31/2023	16714		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
16714087503	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	1000 X	GENERIC	3/31/2023	16714		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
16714087601	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90 X	GENERIC	3/31/2023	16714		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
16714087602	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	500 X	GENERIC	5/1/2023	16714		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
16714087603	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	1000 X	GENERIC	3/31/2023	16714		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
16714087701	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90 X	GENERIC	3/31/2023	16714		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
16714087702	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	500 X	GENERIC	3/31/2023	16714		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
16714087703	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	1000 X	GENERIC	3/31/2023	16714		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
16714087801	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	OINT	GM	35.44	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	240 IN 30 DAYS					R	MEDPRMI
16714087802	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	OINT	GM	50	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	240 IN 30 DAYS					R	MEDPRMI
16714088301	DESMOPI	DESMOPI	682800	Pituitary	68280000	Pituitary	S	0.1 MG	ORAL	TABS	EA	100 X	GENERIC	1/31/2024	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714088401	DESMOPI	DESMOPI	682800	Pituitary	68280000	Pituitary	S	0.2 MG	ORAL	TABS	EA	100 X	GENERIC	3/31/2024	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714088501	ACYCLOV	ACYCLOV	840406	Antivirals	84040600	Antivirals	S	5%	EXTERNA	OINT	GM	15	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714088502	ACYCLOV	ACYCLOV	840406	Antivirals	84040600	Antivirals	S	5%	EXTERNA	OINT	GM	30	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714088601	BLEOMY	BLEOMY	100000	Antineopla	10000000	Antineopla	S	15UNIT	INJECTIO	SOLR	EA	1	GENERIC		16714		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714088701	CLOBAZA	CLOBAZA	281208	Anticonvul	28120800	Anticonvul	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
16714088801	CLOBAZA	CLOBAZA	281208	Anticonvul	28120800	Anticonvul	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
16714088901	ERTAPEN	ERTAPEN	81207	Miscellane	8120708	Carbapene	S	1 GM	INJECTIO	SOLR	EA	1	GENERIC		16714		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714088910	ERTAPEN	ERTAPEN	81207	Miscellane	8120708	Carbapene	S	1 GM	INJECTIO	SOLR	EA	1	GENERIC		16714		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714089101	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	85-500 MC	ORAL	TABS	EA	9	GENERIC		16714		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
16714089201	DAPTOMY	DAPTOMY	81228	Antibacter	8122812	Cyclic Lip	S	500 MG	INTRAVEI	SOLR	EA	1	GENERIC		16714		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714089301	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	250 MG	ORAL	TB24	EA	30 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
16714089401	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	2.5 MG	ORAL	TB24	EA	30 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714089501	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TB24	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714089502	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TB24	EA	500 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714089601	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TB24	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714089602	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TB24	EA	500 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714089701	PERMETH	PERMETH	840412	Scabicides	84041200	Scabicides	S	5%	EXTERNA	CREA	GM	60	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714089801	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30	GENERIC		16714		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714089802	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	100	GENERIC	12/6/2024	16714		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714089803	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	300	GENERIC		16714		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714089901	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	30	GENERIC		16714		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714089902	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	100	GENERIC		16714		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714090001	ATOVAQU	ATOVAQU	83092	Antiprotoz	8309200	Antiprotoz	S	750 MG/5	ORAL	SUSP	ML	210	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714090301	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	TB24	EA	30 X	GENERIC	11/30/2023	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714090302	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	TB24	EA	90 X	GENERIC	11/30/2023	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714090401	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	TB24	EA	30 X	GENERIC	6/30/2024	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714090402	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	TB24	EA	90 X	GENERIC	6/30/2024	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714090501	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	TB24	EA	30 X	GENERIC	8/31/2024	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714090502	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	TB24	EA	90 X	GENERIC	11/30/2023	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714090601	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.2 MG/M	INJECTIO	SOLN	ML	1	GENERIC	7/31/2023	16714		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714090625	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.2 MG/M	INJECTIO	SOLN	ML	1	GENERIC	7/31/2023	16714		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714090701	ALBENDA	ALBENDA	80800	Anthelmin	8080000	Anthelmin	S	200 MG	ORAL	TABS	EA	2	GENERIC	3/1/2023	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714090702	ALBENDA	ALBENDA	80800	Anthelmin	8080000	Anthelmin	S	200 MG	ORAL	TABS	EA	2	GENERIC	11/23/2022	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714090801	BLEOMY	BLEOMY	100000	Antineopla	10000000	Antineopla	S	30UNIT	INJECTIO	SOLR	EA	1	GENERIC		16714		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714090901	GEMCITA	GEMCITA	100000	Antineopla	10000000	Antineopla	S	200 MG	INTRAVEI	SOLR	EA	1	GENERIC		16714		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714091501	LEVOLEU	LEVOLEU	910412	UNKNOW	91041200	UNKNOW	S	250 MG/2	INTRAVEI	SOLN	ML	25	GENERIC	6/30/2022	16714		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714091601	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	0.375 MG	ORAL	TB24	EA	30 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meel 5 DS Mira TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS			R	MEDPRMI
16714091701	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	0.75 MG	ORAL	TB24	EA	30 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meel 5 DS Mira TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS			R	MEDPRMI
16714091801	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	1.5 MG	ORAL	TB24	EA	30 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meel 5 DS Mira TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS			R	MEDPRMI
16714091901	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	2.25 MG	ORAL	TB24	EA	30 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meel 5 DS Mira TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS			R	MEDPRMI
16714092001	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	3 MG	ORAL	TB24	EA	30 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meel 5 DS Mira TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS			R	MEDPRMI
16714092101	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	3.75 MG	ORAL	TB24	EA	30 X	GENERIC	10/12/2022	16714		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meel 5 DS Mira TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS			R	MEDPRMI
16714092201	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	4.5 MG	ORAL	TB24	EA	30 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meel 5 DS Mira TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS			R	MEDPRMI
16714092701	AZACITID	AZACITID	100000	Antineopla	10000000	Antineopla	S	100 MG	INJECTIO	SUSR	EA	1	GENERIC		16714		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714092801	DECITABI	DECITABI	100000	Antineopla	10000000	Antineopla	S	50 MG	INTRAVEI	SOLR	EA	1	GENERIC	10/31/2022	16714		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714092901	FOSAPRE	FOSAPRE	562232	UNKNOW	56223200	UNKNOW	S	150 MG	INTRAVEI	SOLR	EA	1	GENERIC	11/23/2022	16714		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714093001	GEMCITA	GEMCITA	100000	Antineopla	10000000	Antineopla	S	1GM	INTRAVEI	SOLR	EA	1	GENERIC		16714		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714093601	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	50-25 MG	ORAL	TABS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714093701	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	100-25 MC	ORAL	TABS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714093901	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TB24	EA	90 X	GENERIC	2/28/2022	16714		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
16714094801	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
16714094901	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	7.5 MG	ORAL	TABS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
16714095001	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
16714095201	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	15 MG	ORAL	TABS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
16714095301	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
16714095401	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	30 MG	ORAL	TABS	EA	100 X	GENERIC	12/31/2023	16714		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
16714095501	KETOCOI	KETOCOI	840408	Antifungal	84040808	Azoles	S	2%	EXTERNA	CREA	GM	15	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	<= 180					R	MEDPRMI
16714095502	KETOCOI	KETOCOI	840408	Antifungal	84040808	Azoles	S	2%	EXTERNA	CREA	GM	30	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	<= 180					R	MEDPRMI
16714095503	KETOCOI	KETOCOI	840408	Antifungal	84040808	Azoles	S	2%	EXTERNA	CREA	GM	60	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	<= 180					R	MEDPRMI
16714095601	DAPSONE	DAPSONE	840404	Antibacter	84040400	Antibacter	S	5%	EXTERNA	GEL	GM	60	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714095602	DAPSONE	DAPSONE	840404	Antibacter	84040400	Antibacter	S	5%	EXTERNA	GEL	GM	90	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714095901	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	7 MG	ORAL	CP24	EA	30 X	GENERIC	10/3/2022	16714		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meel 5 DS Mem TRIAL OF MEMANTINE IMMEDIATE RELEASE TABLETS IN THE PAST 120 DAYS			R	MEDPRMI
16714096001	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	14 MG	ORAL	CP24	EA	30 X	GENERIC	10/3/2022	16714		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meel 5 DS Mem TRIAL OF MEMANTINE IMMEDIATE RELEASE TABLETS IN THE PAST 120 DAYS			R	MEDPRMI
16714096002	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	14 MG	ORAL	CP24	EA	90 X	GENERIC	10/3/2022	16714		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meel 5 DS Mem TRIAL OF MEMANTINE IMMEDIATE RELEASE TABLETS IN THE PAST 120 DAYS			R	MEDPRMI
16714096101	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	21 MG	ORAL	CP24	EA	30 X	GENERIC	10/3/2022	16714		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meel 5 DS Mem TRIAL OF MEMANTINE IMMEDIATE RELEASE TABLETS IN THE PAST 120 DAYS			R	MEDPRMI
16714096201	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	28 MG	ORAL	CP24	EA	30 X	GENERIC	10/3/2022	16714		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meel 5 DS Mem TRIAL OF MEMANTINE IMMEDIATE RELEASE TABLETS IN THE PAST 120 DAYS			R	MEDPRMI
16714096202	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	28 MG	ORAL	CP24	EA	90 X	GENERIC	10/3/2022	16714		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meel 5 DS Mem TRIAL OF MEMANTINE IMMEDIATE RELEASE TABLETS IN THE PAST 120 DAYS			R	MEDPRMI
16714096301	ABIRATE	ABIRATE	100000	Antineopla	10000000	Antineopla	S	250 MG	ORAL	TABS	EA	120	GENERIC		16714		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
16714096401	ASPIRIN-I	ASPIRIN-I	361800	Cardiac Fu	36180000	Cardiac Fu	S	25-200 MC	ORAL	CP12	EA	60 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714096701	TESTOST	TESTOST	680800	Androgens	68080000	Androgens	S	1.62%	TRANSDE	GEL	GM	75 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS	X	PA:X							R	MEDPRMI
16714096801	TESTOST	TESTOST	680800	Androgens	68080000	Androgens	S	20.25 MG/	TRANSDE	GEL	GM	1.25 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS	X	PA:X							R	MEDPRMI
16714096802	TESTOST	TESTOST	680800	Androgens	68080000	Androgens	S	20.25 MG/	TRANSDE	GEL	GM	1.25 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS	X	PA:X							R	MEDPRMI
16714096901	TESTOST	TESTOST	680800	Androgens	68080000	Androgens	S	40.5 MG/2	TRANSDE	GEL	GM	2.5 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS	X	PA:X							R	MEDPRMI
16714096902	TESTOST	TESTOST	680800	Androgens	68080000	Androgens	S	40.5 MG/2	TRANSDE	GEL	GM	2.5 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS	X	PA:X							R	MEDPRMI
16714097201	ADENOSI	ADENOSI	361800	Cardiac Fu	36180000	Cardiac Fu	S	3 MG/ML	INTRAVEI	SOLN	ML	30	GENERIC	11/23/2022	16714		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714097301	PHYTONA	PHYTONA	882400	Vitamin K	88240000	Vitamin K	S	5 MG	ORAL	TABS	EA	100	GENERIC	10/31/2023	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714097302	PHYTONA	PHYTONA	882400	Vitamin K	88240000	Vitamin K	S	5 MG	ORAL	TABS	EA	30	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714097401	MOMETA	MOMETA	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	15	GENERIC	6/30/2024	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714097402	MOMETA	MOMETA	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	45	GENERIC	1/31/2024	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714097501	DAPSONE	DAPSONE	840404	Antibacter	84040400	Antibacter	S	7.50%	EXTERNA	GEL	GM	60	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714097502	DAPSONE	DAPSONE	840404	Antibacter	84040400	Antibacter	S	7.50%	EXTERNA	GEL	GM	90	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714097601	DICLOFEI	DICLOFEI	840620	UNKNOW	84062000	UNKNOW	S	1%	EXTERNA	GEL	GM	100	GENERIC	7/31/2022	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714097701	PROPOF	PROPOF	280408	UNKNOW	28040800	UNKNOW	S	500 MG/5	INTRAVEI	EMUL	ML	50	GENERIC		16714		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714097720	PROPOF	PROPOF	280408	UNKNOW	28040800	UNKNOW	S	500 MG/5	INTRAVEI	EMUL	ML	50	GENERIC		16714		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
16714097901	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
16714097902	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
16714098001	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
16714098002	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
16714098003	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	1000 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
16714098101	MEDROX	MEDROX	683200	Progestins	68320000	Progestins	S	150 MG/M	INTRAMU	SUSP	ML	1	GENERIC	9/30/2023	16714	Y	N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 84 DAYS			X	IF DS LIMIT=90 THEN $0 COP	R	MEDPRMI
16714098102	MEDROX	MEDROX	683200	Progestins	68320000	Progestins	S	150 MG/M	INTRAMU	SUSP	ML	1	GENERIC	4/30/2023	16714	Y	N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 84 DAYS			X	IF DS LIMIT=90 THEN $0 COP	R	MEDPRMI
16714098425	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1-5 %	EXTERNA	GEL	GM	25	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714098450	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1-5 %	EXTERNA	GEL	GM	50	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714098501	TRIAMCI	TRIAMCI	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	CREA	GM	15	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714098502	TRIAMCI	TRIAMCI	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	CREA	GM	80	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714098601	TRIAMCI	TRIAMCI	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	15	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714098602	TRIAMCI	TRIAMCI	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	30	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714098603	TRIAMCI	TRIAMCI	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	80	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714098604	TRIAMCI	TRIAMCI	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	454	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714098701	TRIAMCI	TRIAMCI	840608	UNKNOW	84060800	UNKNOW	S	0.50%	EXTERNA	CREA	GM	15	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	454 IN 30 DAYS					R	MEDPRMI
16714098801	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	90 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
16714098901	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		16714		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
16714099001	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
16714099101	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30 X	GENERIC		16714		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
16714099201	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	15	GENERIC	11/23/2022	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714099202	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	30	GENERIC	11/23/2022	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714099203	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	45	GENERIC	12/31/2022	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714099204	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	60	GENERIC	11/23/2022	16714		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
16714099301	DEFERAS	DEFERAS	640000	Heavy Me	64000000	Heavy Me	S	90 MG	ORAL	TABS	EA	30 X	GENERIC	2/28/2022	16714		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
16714099401	DEFERAS	DEFERAS	640000	Heavy Me	64000000	Heavy Me	S	180 MG	ORAL	TABS	EA	30 X	GENERIC	7/31/2022	16714		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
16714099501	DEFERAS	DEFERAS	640000	Heavy Me	64000000	Heavy Me	S	360 MG	ORAL	TABS	EA	30 X	GENERIC	3/31/2022	16714		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI

16784030171	DYNADEF	HYDROA(	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030172	DYNADEF	HYDROA(	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	5	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030173	DYNADEF	HYDROA(	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	5	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030181	DYNADEF	HYDROA(	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030182	DYNADEF	HYDROA(	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030183	DYNADEF	HYDROA(	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030191	DYNADEF	HYDROA(	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030192	DYNADEF	HYDROA(	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	5	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030193	DYNADEF	HYDROA(	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	5	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030201	DYNADEF	HYDROA(	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030202	DYNADEF	HYDROA(	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	5	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030203	DYNADEF	HYDROA(	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	5	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030211	DYNALEV	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030212	DYNALEV	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030213	DYNALEV	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030221	DYNALEV	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030222	DYNALEV	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030223	DYNALEV	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030231	FOAMFLE	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030232	FOAMFLE	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030233	FOAMFLE	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030241	FOAMFLE	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030242	FOAMFLE	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030243	FOAMFLE	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030251	FOAMFLE	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030252	FOAMFLE	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030253	FOAMFLE	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030261	DYNAGIN	CALCIUM	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030262	DYNAGIN	CALCIUM	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030263	DYNAGIN	CALCIUM	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030271	DYNAGIN	CALCIUM	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030272	DYNAGIN	CALCIUM	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030273	DYNAGIN	CALCIUM	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030281	DYNAGIN	CALCIUM	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030282	DYNAGIN	CALCIUM	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	5	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030283	DYNAGIN	CALCIUM	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	5	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030291	DYNAGIN	CALCIUM	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030292	DYNAGIN	CALCIUM	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	5	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030293	DYNAGIN	CALCIUM	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	5	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030302	DYNAGIN	CALCIUM	849200 Skin and M	84920000 Skin and M	R	2""X2""	EXTERNA	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030303	DYNAGIN	CALCIUM	849200 Skin and M	84920000 Skin and M	R	2""X2""	EXTERNA	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030312	DYNAGIN	CALCIUM	849200 Skin and M	84920000 Skin and M	R	4""X5""	EXTERNA	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030313	DYNAGIN	CALCIUM	849200 Skin and M	84920000 Skin and M	R	4""X5""	EXTERNA	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030321	DYNAGIN	CALCIUM	849200 Skin and M	84920000 Skin and M	R	4""X8""	EXTERNA	PADS	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030322	DYNAGIN	CALCIUM	849200 Skin and M	84920000 Skin and M	R	4""X8""	EXTERNA	PADS	EA	5	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030323	DYNAGIN	CALCIUM	849200 Skin and M	84920000 Skin and M	R	4""X8""	EXTERNA	PADS	EA	5	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030331	DYNAGIN	CALCIUM	849200 Skin and M	84920000 Skin and M	R	1/4"" X 12'	EXTERNA	MISC	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030332	DYNAGIN	CALCIUM	849200 Skin and M	84920000 Skin and M	R	1/4"" X 12'	EXTERNA	MISC	EA	5	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030333	DYNAGIN	CALCIUM	849200 Skin and M	84920000 Skin and M	R	1/4"" X 12'	EXTERNA	MISC	EA	5	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030351	DYNAGU/	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030352	DYNAGU/	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030353	DYNAGU/	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030361	DYNAGU/	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030362	DYNAGU/	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030363	DYNAGU/	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030371	DYNAFO/	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030372	DYNAFO/	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030373	DYNAFO/	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030381	DYNAFO/	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030382	DYNAFO/	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030383	DYNAFO/	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030391	PETROLE	WOUND D	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	MISC	EA	1	NON DRUG		16784		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND		R	MEDPRMI
16784030392	PETROLE	WOUND D	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	MISC	EA	50	NON DRUG		16784		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND		R	MEDPRMI
16784030393	PETROLE	WOUND D	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	MISC	EA	50	NON DRUG		16784		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND		R	MEDPRMI
16784030401	PETROLE	WOUND D	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	MISC	EA	1	NON DRUG		16784		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND		R	MEDPRMI
16784030402	PETROLE	WOUND D	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	MISC	EA	12	NON DRUG		16784		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND		R	MEDPRMI
16784030403	PETROLE	WOUND D	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	MISC	EA	12	NON DRUG		16784		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND		R	MEDPRMI
16784030471	CURAFO/	SILVER	849200 Skin and M	84920000 Skin and M	R	4""X4""	EXTERNA	PADS	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030472	CURAFO/	SILVER	849200 Skin and M	84920000 Skin and M	R	4""X4""	EXTERNA	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030473	CURAFO/	SILVER	849200 Skin and M	84920000 Skin and M	R	4""X4""	EXTERNA	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030491	DYNAFO/	SILVER	849200 Skin and M	84920000 Skin and M	R	4""X4""	EXTERNA	PADS	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030492	DYNAFO/	SILVER	849200 Skin and M	84920000 Skin and M	R	4""X4""	EXTERNA	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030493	DYNAFO/	SILVER	849200 Skin and M	84920000 Skin and M	R	4""X4""	EXTERNA	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030531	XEROFOI	BISMUTH	940000 Devices	94000000 Devices	R	3%	EXTERNA	PADS	EA	1	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]]	R	MEDPRMI
16784030532	XEROFOI	BISMUTH	940000 Devices	94000000 Devices	R	3%	EXTERNA	PADS	EA	25	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]]	R	MEDPRMI
16784030533	XEROFOI	BISMUTH	940000 Devices	94000000 Devices	R	3%	EXTERNA	PADS	EA	25	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]]	R	MEDPRMI
16784030541	XEROFOI	BISMUTH	940000 Devices	94000000 Devices	R	3%	EXTERNA	PADS	EA	1	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]]	R	MEDPRMI
16784030542	XEROFOI	BISMUTH	940000 Devices	94000000 Devices	R	3%	EXTERNA	PADS	EA	50	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]]	R	MEDPRMI
16784030543	XEROFOI	BISMUTH	940000 Devices	94000000 Devices	R	3%	EXTERNA	PADS	EA	50	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]]	R	MEDPRMI
16784030551	SILIGENT	GAUZE P/	940000 Devices	94000000 Devices	O	2""X2""	DOES NO	PADS	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030552	SILIGENT	GAUZE P/	940000 Devices	94000000 Devices	O	2""X2""	DOES NO	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030553	SILIGENT	GAUZE P/	940000 Devices	94000000 Devices	O	2""X2""	DOES NO	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030561	SILIGENT	GAUZE P/	940000 Devices	94000000 Devices	O	4""X4""	DOES NO	PADS	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030562	SILIGENT	GAUZE P/	940000 Devices	94000000 Devices	O	4""X4""	DOES NO	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030563	SILIGENT	GAUZE P/	940000 Devices	94000000 Devices	O	4""X4""	DOES NO	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030571	SILIGENT	GAUZE P/	940000 Devices	94000000 Devices	O	6""X6""	DOES NO	PADS	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030572	SILIGENT	GAUZE P/	940000 Devices	94000000 Devices	O	6""X6""	DOES NO	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030573	SILIGENT	GAUZE P/	940000 Devices	94000000 Devices	O	6""X6""	DOES NO	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030581	SILIGENT	GAUZE P/	940000 Devices	94000000 Devices	O	2""X2""	DOES NO	PADS	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030582	SILIGENT	GAUZE P/	940000 Devices	94000000 Devices	O	2""X2""	DOES NO	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030583	SILIGENT	GAUZE P/	940000 Devices	94000000 Devices	O	2""X2""	DOES NO	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030591	SILIGENT	GAUZE P/	940000 Devices	94000000 Devices	O	4""X4""	DOES NO	PADS	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030592	SILIGENT	GAUZE P/	940000 Devices	94000000 Devices	O	4""X4""	DOES NO	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030593	SILIGENT	GAUZE P/	940000 Devices	94000000 Devices	O	4""X4""	DOES NO	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030601	SILIGENT	GAUZE P/	940000 Devices	94000000 Devices	O	6""X6""	DOES NO	PADS	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030602	SILIGENT	GAUZE P/	940000 Devices	94000000 Devices	O	6""X6""	DOES NO	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030603	SILIGENT	GAUZE P/	940000 Devices	94000000 Devices	O	6""X6""	DOES NO	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030611	SILIGENT	GAUZE P/	940000 Devices	94000000 Devices	O	10""X9""	DOES NO	PADS	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030612	SILIGENT	GAUZE P/	940000 Devices	94000000 Devices	O	10""X9""	DOES NO	PADS	EA	5	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030613	SILIGENT	GAUZE P/	940000 Devices	94000000 Devices	O	10""X9""	DOES NO	PADS	EA	5	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030621	SILIGENT	GAUZE P/	940000 Devices	94000000 Devices	O	7""X7""	DOES NO	PADS	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030622	SILIGENT	GAUZE P/	940000 Devices	94000000 Devices	O	7""X7""	DOES NO	PADS	EA	5	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030623	SILIGENT	GAUZE P/	940000 Devices	94000000 Devices	O	7""X7""	DOES NO	PADS	EA	5	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030631	SILIGENT	GAUZE P/	940000 Devices	94000000 Devices	O	9""X9""	DOES NO	PADS	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030632	SILIGENT	GAUZE P/	940000 Devices	94000000 Devices	O	9""X9""	DOES NO	PADS	EA	5	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030633	SILIGENT	GAUZE P/	940000 Devices	94000000 Devices	O	9""X9""	DOES NO	PADS	EA	5	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030671	OIL EMUL	GAUZE P/	940000 Devices	94000000 Devices	O	3""X3""	DOES NO	PADS	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030672	OIL EMUL	GAUZE P/	940000 Devices	94000000 Devices	O	3""X3""	DOES NO	PADS	EA	50	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030673	OIL EMUL	GAUZE P/	940000 Devices	94000000 Devices	O	3""X3""	DOES NO	PADS	EA	50	GENERIC		16784		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030681	OIL EMUL	GAUZE P/	940000 Devices	94000000 Devices	O	3""X8""	DOES NO	PADS	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030682	OIL EMUL	GAUZE P/	940000 Devices	94000000 Devices	O	3""X8""	DOES NO	PADS	EA	24	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030683	OIL EMUL	GAUZE P/	940000 Devices	94000000 Devices	O	3""X8""	DOES NO	PADS	EA	24	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030701	OIL EMUL	GAUZE P/	940000 Devices	94000000 Devices	O	5""X9""	DOES NO	PADS	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030702	OIL EMUL	GAUZE P/	940000 Devices	94000000 Devices	O	5""X9""	DOES NO	PADS	EA	12	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030703	OIL EMUL	GAUZE P/	940000 Devices	94000000 Devices	O	5""X9""	DOES NO	PADS	EA	12	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030782	L-MESITR	WOUND D	849200 Skin and M	84920000 Skin and M	R	40%	EXTERNA	GEL	GM	50	NON DRUG		16784	N	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]]	R	MEDPRMI
16784030783	L-MESITR	WOUND D	849200 Skin and M	84920000 Skin and M	R	40%	EXTERNA	GEL	GM	50	NON DRUG		16784	N	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]]	R	MEDPRMI
16784030801	SILIGENT	SILVER	849200 Skin and M	84920000 Skin and M	R	2""X2""	EXTERNA	PADS	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030802	SILIGENT	SILVER	849200 Skin and M	84920000 Skin and M	R	2""X2""	EXTERNA	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030803	SILIGENT	SILVER	849200 Skin and M	84920000 Skin and M	R	2""X2""	EXTERNA	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030821	SILIGENT	SILVER	849200 Skin and M	84920000 Skin and M	R	4""X5""	EXTERNA	PADS	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030822	SILIGENT	SILVER	849200 Skin and M	84920000 Skin and M	R	4""X5""	EXTERNA	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030823	SILIGENT	SILVER	849200 Skin and M	84920000 Skin and M	R	4""X5""	EXTERNA	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030831	SILIGENT	SILVER	849200 Skin and M	84920000 Skin and M	R	6""X6""	EXTERNA	PADS	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030832	SILIGENT	SILVER	849200 Skin and M	84920000 Skin and M	R	6""X6""	EXTERNA	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030833	SILIGENT	SILVER	849200 Skin and M	84920000 Skin and M	R	6""X6""	EXTERNA	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030841	SILIGENT	SILVER	849200 Skin and M	84920000 Skin and M	R	2""X2""	EXTERNA	PADS	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030842	SILIGENT	SILVER	849200 Skin and M	84920000 Skin and M	R	2""X2""	EXTERNA	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030843	SILIGENT	SILVER	849200 Skin and M	84920000 Skin and M	R	2""X2""	EXTERNA	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030851	SILIGENT	SILVER	849200 Skin and M	84920000 Skin and M	R	4""X4""	EXTERNA	PADS	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030852	SILIGENT	SILVER	849200 Skin and M	84920000 Skin and M	R	4""X4""	EXTERNA	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030853	SILIGENT	SILVER	849200 Skin and M	84920000 Skin and M	R	4""X4""	EXTERNA	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030861	SILIGENT	SILVER	849200 Skin and M	84920000 Skin and M	R	6""X6""	EXTERNA	PADS	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030862	SILIGENT	SILVER	849200 Skin and M	84920000 Skin and M	R	6""X6""	EXTERNA	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030863	SILIGENT	SILVER	849200 Skin and M	84920000 Skin and M	R	6""X6""	EXTERNA	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030871	DYNASOI	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030872	DYNASOI	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030873	DYNASOI	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030881	DYNASOI	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030882	DYNASOI	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030883	DYNASOI	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030891	DYNASOI	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030892	DYNASOI	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030893	DYNASOI	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030901	DYNASOI	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030902	DYNASOI	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784030903	DYNASOI	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784032223	SURGICA	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	200	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784035011	COMBINE	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784035012	COMBINE	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	20	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784035013	COMBINE	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	20	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784035031	COMBINE	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784035032	COMBINE	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	24	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784035033	COMBINE	GAUZE P/	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	24	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784042803	ENTERAL	ENTERAL	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	30	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784042843	ENTERAL	ENTERAL	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	30	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784056053	ELITE CO	NEBULIZE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784056063	PORTABL	NEBULIZE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784056103	ECONOM	ELECTRC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784056113	DIGITAL T	ELECTRC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784056133	INFRAREI	ELECTRC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784069013	SAFETY I	INSULIN S	940000 Devices	94000000 Devices	O	29G X 1/2'	DOES NO	MISC	EA	100	NON DRU	8/1/2022	16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
16784069023	SAFETY I	INSULIN S	940000 Devices	94000000 Devices	O	30G X 5/1(	DOES NO	MISC	EA	100	NON DRU	8/1/2022	16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
16784069043	SAFETY I	INSULIN S	940000 Devices	94000000 Devices	O	29G X 1/2'	DOES NO	MISC	EA	100	NON DRU	8/1/2022	16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
16784069053	SAFETY I	INSULIN S	940000 Devices	94000000 Devices	O	30G X 1/2'	DOES NO	MISC	EA	100	NON DRU	8/1/2022	16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
16784069153	SAFETY S	SYRINGE	940000 Devices	94000000 Devices	O	20G X 1-1.	DOES NO	MISC	EA	100	NON DRU	8/1/2022	16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784069163	SAFETY S	SYRINGE	940000 Devices	94000000 Devices	O	27G X 1-1.	DOES NO	MISC	EA	100	NON DRU	8/1/2022	16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784069173	SAFETY S	SYRINGE	940000 Devices	94000000 Devices	O	22G X 1-1.	DOES NO	MISC	EA	100	NON DRU	8/1/2022	16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784069183	SAFETY S	SYRINGE	940000 Devices	94000000 Devices	O	20G X 1-1.	DOES NO	MISC	EA	100	NON DRU	8/1/2022	16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784069193	SAFETY S	SYRINGE	940000 Devices	94000000 Devices	O	21G X 1-1.	DOES NO	MISC	EA	100	NON DRU	8/1/2022	16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784069203	SAFETY S	SYRINGE	940000 Devices	94000000 Devices	O	22G X 1-1.	DOES NO	MISC	EA	100	NON DRU	8/1/2022	16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784069213	SAFETY S	SYRINGE	940000 Devices	94000000 Devices	O	20G X 1-1.	DOES NO	MISC	EA	100	NON DRU	8/1/2022	16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784069223	SAFETY S	SYRINGE	940000 Devices	94000000 Devices	O	20G X 1""	DOES NO	MISC	EA	100	NON DRU	8/1/2022	16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784069233	SAFETY S	SYRINGE	940000 Devices	94000000 Devices	O	21G X 1-1.	DOES NO	MISC	EA	100	NON DRU	8/1/2022	16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784069243	SAFETY S	SYRINGE	940000 Devices	94000000 Devices	O	21G X 1""	DOES NO	MISC	EA	100	NON DRU	8/1/2022	16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784069253	SAFETY S	SYRINGE	940000 Devices	94000000 Devices	O	22G X 1-1.	DOES NO	MISC	EA	100	NON DRU	8/1/2022	16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784069263	SAFETY S	SYRINGE	940000 Devices	94000000 Devices	O	22G X 1""	DOES NO	MISC	EA	100	NON DRU	8/1/2022	16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784069273	SAFETY S	SYRINGE	940000 Devices	94000000 Devices	O	23G X 1""	DOES NO	MISC	EA	100	NON DRU	8/1/2022	16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784069283	SAFETY S	SYRINGE	940000 Devices	94000000 Devices	O	25G X 5/8'	DOES NO	MISC	EA	100	NON DRU	8/1/2022	16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784069293	SAFETY S	SYRINGE	940000 Devices	94000000 Devices	O	25G X 5/8'	DOES NO	MISC	EA	100	NON DRU	8/1/2022	16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784069303	SAFETY S	SYRINGE	940000 Devices	94000000 Devices	O	27G X 1/2'	DOES NO	MISC	EA	100	NON DRU	8/1/2022	16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784069313	DIALYSIS	SYRINGE	940000 Devices	94000000 Devices	O	22G X 1-1.	DOES NO	MISC	EA	100	NON DRU	8/1/2022	16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784069323	DIALYSIS	SYRINGE	940000 Devices	94000000 Devices	O	22G X 1-1.	DOES NO	MISC	EA	100	NON DRU	8/1/2022	16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784069333	BLOOD C	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	250	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784069342	BLOOD C	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784069352	BLOOD C	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784069402	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	O	27G X 1/2'	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
16784069403	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	O	27G X 1/2'	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
16784069452	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	O	27G X 1/2'	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
16784069453	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	O	27G X 1/2'	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
16784069462	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	O	28G X 1/2'	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
16784069463	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	O	28G X 1/2'	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
16784069472	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	R	29G X 1/2'	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
16784069473	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	O	29G X 1/2'	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
16784069482	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	R	30G X 1/2'	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
16784069483	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	O	30G X 1/2'	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
16784069492	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	R	31G X 5/1(	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
16784069493	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	O	31G X 5/1(	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
16784069501	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	R	27G X 1/2'	DOES NO	MISC	EA	10	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
16784069502	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	R	27G X 1/2'	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
16784069503	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	O	27G X 1/2'	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
16784069511	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	R	28G X 1/2'	DOES NO	MISC	EA	10	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
16784069512	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	R	28G X 1/2'	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
16784069513	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	O	28G X 1/2'	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
16784069521	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	R	29G X 1/2'	DOES NO	MISC	EA	10	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
16784069522	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	R	29G X 1/2'	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
16784069523	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	O	29G X 1/2'	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
16784069531	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	R	30G X 5/1(	DOES NO	MISC	EA	10	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
16784069532	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	R	30G X 5/1(	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
16784069533	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	O	30G X 5/1(	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
16784069541	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	O	31G X 5/1(	DOES NO	MISC	EA	10	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
16784069542	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	R	31G X 5/1(	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
16784069543	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	O	31G X 5/1(	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
16784069551	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	R	27G X 1/2'	DOES NO	MISC	EA	10	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
16784069552	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	R	27G X 1/2'	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
16784069553	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	O	27G X 1/2'	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
16784069561	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	R	28G X 1/2'	DOES NO	MISC	EA	10	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
16784069562	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	R	28G X 1/2'	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
16784069563	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	O	28G X 1/2'	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
16784069571	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	R	29G X 1/2'	DOES NO	MISC	EA	10	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
16784069572	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	R	29G X 1/2'	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
16784069573	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	O	29G X 1/2'	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
16784069581	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	R	30G X 1/2'	DOES NO	MISC	EA	10	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
16784069582	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	R	30G X 1/2'	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
16784069583	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	O	30G X 1/2'	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
16784069591	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	R	31G X 5/1(	DOES NO	MISC	EA	10	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
16784069592	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	R	31G X 5/1(	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
16784069593	INSULIN S	INSULIN S	940000 Devices	94000000 Devices	O	31G X 5/1(	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
16784069603	HYPODEI	NEEDLE (	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784069613	HYPODEI	NEEDLE (	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784069643	HYPODEI	NEEDLE (	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784069653	HYPODEI	NEEDLE (	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784069663	HYPODEI	NEEDLE (	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784069673	HYPODEI	NEEDLE (	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784069683	HYPODEI	NEEDLE (	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
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16784069713	HYPODEI	NEEDLE (	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784069723	HYPODEI	NEEDLE (	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784069733	HYPODEI	NEEDLE (	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784069743	HYPODEI	NEEDLE (	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784069753	HYPODEI	NEEDLE (	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784069763	HYPODEI	NEEDLE (	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784069873	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784069883	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784069893	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784069903	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784069913	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784069923	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784069933	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	25	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784069943	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784069953	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784069963	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784069973	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784069983	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784069993	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784070003	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784070013	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784070023	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784070033	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784070043	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784070053	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784070063	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784070073	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784070093	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784070103	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784070113	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784070123	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784070143	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784070153	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
16784070242	PEN NEEI	INSULIN F	940000 Devices	94000000 Devices	R	30G X 5 M	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTER		MEDPRMI
16784070243	PEN NEEI	INSULIN F	940000 Devices	94000000 Devices	O	30G X 5 M	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTER		MEDPRMI
16784070252	PEN NEEI	INSULIN F	940000 Devices	94000000 Devices	R	31G X 8 M	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTER		MEDPRMI
16784070253	PEN NEEI	INSULIN F	940000 Devices	94000000 Devices	O	31G X 8 M	DOES NO	MISC	EA	100	NON DRUG		16784		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTER		MEDPRMI

19869052982	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869052983	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869052984	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869052985	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869052986	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869052987	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869052988	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869052989	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869052990	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869052995	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869052996	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869052997	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869052998	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869052999	ACTIVA A	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053009	ABDOMIN	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053020	JOBST RI	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053043	WRIST SL	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053250	ACTIVA A	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053251	ACTIVA A	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053252	ACTIVA A	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053258	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053259	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053260	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053261	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053278	PROLITE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053285	PROLITE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053312	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053313	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053314	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053315	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053370	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053371	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053372	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053373	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053439	FLEXLITE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053498	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053499	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053500	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053501	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053502	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053503	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053504	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053505	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053506	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053507	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053508	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053509	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053510	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053511	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053512	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053513	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053514	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053515	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053516	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053517	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053518	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053519	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053520	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053521	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053522	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053523	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053524	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053525	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053526	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053527	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053528	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053529	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053535	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053536	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053537	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053538	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053539	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053540	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053548	ACTIVA A	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053549	ACTIVA A	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053550	ACTIVA A	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053551	ACTIVA A	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053554	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053555	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053556	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053557	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053659	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053660	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053661	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053662	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053663	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053664	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053665	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053666	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053667	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053668	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053669	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053670	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053671	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053672	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053673	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053674	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
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19869053676	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053677	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053678	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053679	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053680	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053681	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053682	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053683	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053684	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053685	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053686	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053687	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053688	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053689	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053690	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053691	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053692	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053693	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053694	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053695	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053696	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053697	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053698	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053699	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053700	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053701	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053702	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053703	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053704	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053705	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053706	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053707	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053708	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053709	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053710	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053711	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053712	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053713	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053816	ACTIVA A	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053817	ACTIVA A	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053818	ACTIVA A	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053819	ACTIVA A	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053821	ACTIVA A	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053822	ACTIVA A	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053823	ACTIVA A	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053824	ACTIVA A	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053825	ACTIVA A	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053848	ACTIVA C	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053849	ACTIVA C	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053850	ACTIVA C	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053851	ACTIVA C	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053852	ACTIVA C	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053853	ACTIVA C	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053854	ACTIVA C	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053855	ACTIVA C	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869053971	INNER LC	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054062	PROLITE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054076	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054077	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054078	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054079	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054080	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054081	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054082	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054083	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054084	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054085	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054086	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054087	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054088	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054089	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054090	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054091	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054092	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054093	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054094	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054095	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054096	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054097	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054098	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054099	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054182	ACTIVA C	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054183	ACTIVA C	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054184	ACTIVA C	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054185	ACTIVA C	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054186	ACTIVA C	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054187	ACTIVA C	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054188	ACTIVA C	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054189	ACTIVA C	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054279	J-HOOK K	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054301	ACTIVA A	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054302	ACTIVA A	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054303	ACTIVA A	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054304	ACTIVA A	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054306	ACTIVA M	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054307	ACTIVA M	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054308	ACTIVA M	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054309	ACTIVA M	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054310	ACTIVA M	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054311	ACTIVA M	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054312	ACTIVA M	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054313	ACTIVA M	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054314	ACTIVA M	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054315	ACTIVA M	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054316	ACTIVA M	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054317	ACTIVA M	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054533	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054534	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054543	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054544	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054545	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054546	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054547	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054548	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054549	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054558	ACTIVA U	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054559	ACTIVA U	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054560	ACTIVA U	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054561	ACTIVA U	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054562	ACTIVA U	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054563	ACTIVA U	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054564	ACTIVA U	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054565	ACTIVA U	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054628	PROLITE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054630	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054631	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054632	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869054633	ACTIVA D	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869055410	PROLITE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869055428	ACTIVA A	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869055429	ACTIVA A	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869055430	ACTIVA A	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869055431	ACTIVA A	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869055432	ACTIVA A	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869055433	ACTIVA A	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869055434	ACTIVA A	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869055435	ACTIVA A	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869055480	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869055481	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869055482	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869055483	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869055484	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869055485	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869055486	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869055487	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869055488	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869055489	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869055915	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869055916	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869055917	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869055918	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19869055919	ACTIVA S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	19869		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19903001020	MYLICON	SIMETHIC	561000 Antiflatule	56100000 Antiflatule	P	20 MG/0.3	ORAL	SUSP	ML	30	MSB	19903	N	N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
19903001021	MYLICON	SIMETHIC	561000 Antiflatule	56100000 Antiflatule	P	20 MG/0.3	ORAL	SUSP	ML	15	MSB	19903	N	N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
19903001022	MYLICON	SIMETHIC	561000 Antiflatule	56100000 Antiflatule	P	20 MG/0.3	ORAL	SUSP	ML	30	MSB	19903	N	N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
19903001023	MYLICON	SIMETHIC	561000 Antiflatule	56100000 Antiflatule	P	20 MG/0.3	ORAL	SUSP	ML	15	MSB	19903	N	N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
19903001024	MYLICON	SIMETHIC	561000 Antiflatule	56100000 Antiflatule	P	20 MG/0.3	ORAL	SUSP	ML	30	GENERIC	19903		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19903001028	MYLANTA	ALUM & M	560400 Antacids a	56040000 Antacids a	P	400-400-4	ORAL	SUSP	ML	355	GENERIC	19903		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19903001029	MYLANTA	ALUM & M	560400 Antacids a	56040000 Antacids a	P	400-400-4	ORAL	SUSP	ML	355	GENERIC	19903		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19903001030	MYLANTA	CAL CARI	560400 Antacids a	56040000 Antacids a	O	800-270-8	ORAL	SUSP	ML	355	SSB	19903		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19903001035	MYLANTA	SIMETHIC	561000 Antiflatule	56100000 Antiflatule	O	41.667 MC	ORAL	CHEW	EA	50	SSB	19903		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19903001037	MYLANTA	SIMETHIC	561000 Antiflatule	56100000 Antiflatule	O	41.667 MC	ORAL	CHEW	EA	50	SSB	19903		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19903001039	MYLANTA	SIMETHIC	561000 Antiflatule	56100000 Antiflatule	O	41.667 MC	ORAL	CHEW	EA	50	SSB	19903		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19903001055	MYLICON	CALCIUM	560400 Antacids a	56040000 Antacids a	O	400-40 MC	ORAL	CHEW	EA	24	SSB	19903		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19903001058	MYLANTA	ALUM & M	560400 Antacids a	56040000 Antacids a	P	400-400-4	ORAL	SUSP	ML	10	GENERIC	19903		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19903001061	MYLANTA	CAL CARI	560400 Antacids a	56040000 Antacids a	O	1200-270-	ORAL	SUSP	ML	355	SSB	19903		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
19903001063	MYLANTA	ALUM & M	560400 Antacids a	56040000 Antacids a	P	400-400-4	ORAL	SUSP	ML	100	GENERIC	19903		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
20065060023	ALPHA BE	ALPHA-LI	929200 UNKNOW	92920000 UNKNOW	P	200 MG	ORAL	CAPS	EA	60	GENERIC	20065		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
20065060038	ALPHA BE	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	100MG-10	ORAL	TABS	EA	30	SSB	20065		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
20451035077	MEDELA I	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	20451		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
20451035078	MEDELA ,	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	20451		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
20451040145	PUMP IN	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	20451		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
20451040484	POWER A	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	20451		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
20451040485	PUMP IN	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	20451		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
20451041267	PERSONA	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	20451		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
20451046709	SWING M	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	20451		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
20451057062	PUMP IN	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	20451		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
20451057063	PUMP IN	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	20451		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
20451057081	PUMP IN	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	20451		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
20451067060	FREESTY	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	20451		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
20451067094	MEDELA I	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	20451		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
20451067099	SYMPHOI	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	20451		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
20451067186	HARMON	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	20451		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
20451087121	MEDELA	LANOLIN	842412 Basic Oint	84241200 Basic Oint	P	0	EXTERNA	CREA	ML	9	GENERIC	20451		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
20451087122	MEDELA	LANOLIN	842412 Basic Oint	84241200 Basic Oint	P	0	EXTERNA	CREA	ML	59	GENERIC	20451		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

20482000801	SUBSYS	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	800 MCG	SUBLINGI	LIQD	EA	1	SSB	12/31/2022	20482	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
20482000830	SUBSYS	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	800 MCG	SUBLINGI	LIQD	EA	30	SSB	12/31/2022	20482	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
20482033530	SYNDROS	DRONABI	569200 GI Drugs,	56920000 GI Drugs,	R	5 MG/ML	ORAL	SOLN	ML	30	SSB		20482	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND			X	2 IN 1 DAYS		X	Must meet 5 DS Dron TRIAL OF GENERIC DRONABINOL CAPSULES OR MEGESTROL SUSPENSION I			R	MEDPRMI
20513001001	SIMPLYTI	XANTHAN	960000 Pharmace	96000000 Pharmace	O	0	ORAL	GEL	GM	15	SSB		20513	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20513001004	SIMPLYTI	XANTHAN	960000 Pharmace	96000000 Pharmace	O	0	ORAL	GEL	GM	120	SSB		20513	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20513001005	SIMPLYTI	XANTHAN	960000 Pharmace	96000000 Pharmace	O	0	ORAL	GEL	GM	15	SSB		20513	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20513001006	SIMPLYTI	XANTHAN	960000 Pharmace	96000000 Pharmace	O	0	ORAL	GEL	GM	120	SSB		20513	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20513002001	SIMPLYTI	XANTHAN	960000 Pharmace	96000000 Pharmace	O	0	ORAL	GEL	GM	30	SSB		20513	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20513002004	SIMPLYTI	XANTHAN	960000 Pharmace	96000000 Pharmace	O	0	ORAL	GEL	GM	240	SSB		20513	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20513002006	SIMPLYTI	XANTHAN	960000 Pharmace	96000000 Pharmace	O	0	ORAL	GEL	GM	200	SSB		20513	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20513004001	SIMPLYTI	XANTHAN	960000 Pharmace	96000000 Pharmace	O	0	ORAL	GEL	GM	4	SSB		20513	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20513005000	SIMPLYTI	XANTHAN	960000 Pharmace	96000000 Pharmace	O	0	ORAL	GEL	GM	1815	SSB		20513	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20513005005	SIMPLYTI	XANTHAN	960000 Pharmace	96000000 Pharmace	O	0	ORAL	GEL	GM	1815	SSB		20513	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20513005010	SIMPLYTI	XANTHAN	960000 Pharmace	96000000 Pharmace	O	0	ORAL	GEL	GM	1815	SSB		20513	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20513006005	SIMPLYTI	XANTHAN	960000 Pharmace	96000000 Pharmace	O	0	ORAL	GEL	ML	1600	SSB		20513	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20513007001	SIMPLYTI	XANTHAN	960000 Pharmace	96000000 Pharmace	O	0	ORAL	GEL	GM	6	SSB		20513	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20513007004	SIMPLYTI	XANTHAN	960000 Pharmace	96000000 Pharmace	O	0	ORAL	GEL	GM	48	SSB		20513	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20513007005	SIMPLYTI	XANTHAN	960000 Pharmace	96000000 Pharmace	O	0	ORAL	GEL	GM	6	SSB		20513	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20513007006	SIMPLYTI	XANTHAN	960000 Pharmace	96000000 Pharmace	O	0	ORAL	GEL	GM	48	SSB		20513	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20513008001	SIMPLYTI	XANTHAN	960000 Pharmace	96000000 Pharmace	O	0	ORAL	GEL	GM	12	SSB		20513	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20513008004	SIMPLYTI	XANTHAN	960000 Pharmace	96000000 Pharmace	O	0	ORAL	GEL	GM	96	SSB		20513	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20513008005	SIMPLYTI	XANTHAN	960000 Pharmace	96000000 Pharmace	O	0	ORAL	GEL	GM	12	SSB		20513	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20513008006	SIMPLYTI	XANTHAN	960000 Pharmace	96000000 Pharmace	O	0	ORAL	GEL	GM	96	SSB		20513	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20513060106	SIMPLYTI	XANTHAN	960000 Pharmace	96000000 Pharmace	O	0	ORAL	GEL	ML	2000	SSB		20513	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20525010118	DIGESTIV	PROBIOT	560800 Antidiarrhe	56080000 Antidiarrhe	P	0-0	ORAL	CHEW	EA	48	GENERIC	12/19/2023	20525	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20525010119	DIGESTIV	PROBIOT	560800 Antidiarrhe	56080000 Antidiarrhe	P	0-0	ORAL	CHEW	EA	65	GENERIC	12/19/2023	20525	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20525010434	MEGAREI	KRILL OIL	929200 UNKNOW	92920000 UNKNOW	P	350 MG	ORAL	CAPS	EA	60	GENERIC		20525	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20525010437	MEGAREI	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	O	35 MG	ORAL	CHEW	EA	60	SSB	12/19/2023	20525	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20525010446	MEGAREI	KRILL OIL	929200 UNKNOW	92920000 UNKNOW	P	500 MG	ORAL	CAPS	EA	40	GENERIC		20525	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20525010711	MEGAREI	OMEGA 3	929200 UNKNOW	92920000 UNKNOW	O	375 MG	ORAL	CAPS	EA	30	SSB		20525	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20525010713	MEGAREI	OMEGA 3	929200 UNKNOW	92920000 UNKNOW	O	375 MG	ORAL	CAPS	EA	65	SSB		20525	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20525011275	VALERIAI	VALERIAI	929200 UNKNOW	92920000 UNKNOW	O	500-120 M	ORAL	CAPS	EA	30	SSB	3/31/2022	20525	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20525011835	MOVE FR	GLUCOSA	929200 UNKNOW	92920000 UNKNOW	O	108MG-10	ORAL	TABS	EA	80	SSB		20525	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20525011841	MOVE FR	COLLAGE	929200 UNKNOW	92920000 UNKNOW	O	40-5-3.3 M	ORAL	TABS	EA	30	SSB		20525	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20525011873	MOVE FR	GLUCOSA	929200 UNKNOW	92920000 UNKNOW	O	108MG-10	ORAL	TABS	EA	80	SSB		20525	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20525012187	SCHIFF G	GLUCOSA	929200 UNKNOW	92920000 UNKNOW	O	1000-100(	ORAL	TABS	EA	150	SSB		20525	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20525018167	DIGESTIV	PROBIOT	560800 Antidiarrhe	56080000 Antidiarrhe	O	133MG-14	ORAL	CAPS	EA	50	SSB		20525	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20525018365	DIGESTIV	PROBIOT	560800 Antidiarrhe	56080000 Antidiarrhe	P	3.33MG	ORAL	CHEW	EA	80	GENERIC		20525	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20525018367	DIGESTIV	PROBIOT	560800 Antidiarrhe	56080000 Antidiarrhe	P	0	ORAL	CHEW	EA	60	GENERIC		20525	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20525090124	DIGESTIV	PROBIOT	560800 Antidiarrhe	56080000 Antidiarrhe	P	0	ORAL	CHEW	EA	60	GENERIC		20525	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20525090125	DIGESTIV	PROBIOT	560800 Antidiarrhe	56080000 Antidiarrhe	P	3.33MG	ORAL	CHEW	EA	80	GENERIC		20525	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20525091153	TURMERI	TURMERI	929200 UNKNOW	92920000 UNKNOW	O	0-0-0-0	ORAL	TABS	EA	30	SSB	5/15/2023	20525	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20525091154	SCHIFF K	FISH OIL-	929200 UNKNOW	92920000 UNKNOW	P	0-0-0-0	ORAL	CAPS	EA	40	GENERIC	5/15/2023	20525	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20525091155	ANTARCT	KRILL OIL	929200 UNKNOW	92920000 UNKNOW	P	500 MG	ORAL	CAPS	EA	40	GENERIC	5/15/2023	20525	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20525091156	SCHIFF T	COLLAGE	929200 UNKNOW	92920000 UNKNOW	O	40-3.3-5 M	ORAL	TABS	EA	30	SSB	5/15/2023	20525	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20525093617	DIGESTIV	PROBIOT	560800 Antidiarrhe	56080000 Antidiarrhe	P	3.33MG	ORAL	CHEW	EA	60	GENERIC	12/19/2023	20525	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20525093924	DIGESTIV	PROBIOT	560800 Antidiarrhe	56080000 Antidiarrhe	O	0-0-0	ORAL	CAPS	EA	24	SSB	12/19/2023	20525	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20525095330	MEGAREI	KRILL OIL	929200 UNKNOW	92920000 UNKNOW	P	350 MG	ORAL	CAPS	EA	120	GENERIC		20525	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20525096098	MEGAREI	FISH OIL-	929200 UNKNOW	92920000 UNKNOW	O	0-0-0-0	ORAL	CAPS	EA	25	SSB		20525	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20525096399	MEGAREI	FISH OIL-	929200 UNKNOW	92920000 UNKNOW	O	0-0-0-0	ORAL	CAPS	EA	40	SSB		20525	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20525096949	DIGESTIV	PROBIOT	560800 Antidiarrhe	56080000 Antidiarrhe	O	0-133MG-	ORAL	CAPS	EA	40	SSB	12/19/2023	20525	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20525096956	DIGESTIV	PROBIOT	560800 Antidiarrhe	56080000 Antidiarrhe	P	0	ORAL	CHEW	EA	48	GENERIC	12/19/2023	20525	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20525096958	DIGESTIV	PROBIOT	560800 Antidiarrhe	56080000 Antidiarrhe	O	0	ORAL	TABS	EA	24	SSB	11/4/2022	20525	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20525096959	DIGESTIV	PROBIOT	560800 Antidiarrhe	56080000 Antidiarrhe	O	0	ORAL	TABS	EA	32	SSB	11/4/2022	20525	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20525097022	DIGESTIV	PROBIOT	560800 Antidiarrhe	56080000 Antidiarrhe	O	0-133MG-	ORAL	CAPS	EA	32	SSB		20525	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20525097412	MEGAREI	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	O	800 MG	ORAL	CAPS	EA	40	SSB		20525	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20525097413	MEGAREI	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	O	800 MG	ORAL	CAPS	EA	80	SSB		20525	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20525098093	MEGAREI	KRILL OIL	929200 UNKNOW	92920000 UNKNOW	P	500 MG	ORAL	CAPS	EA	80	GENERIC		20525	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20525098225	DIGESTIV	PROBIOT	560800 Antidiarrhe	56080000 Antidiarrhe	O	0-33MG-0	ORAL	CAPS	EA	96	SSB		20525	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20525099130	DIGESTIV	PROBIOT	560800 Antidiarrhe	56080000 Antidiarrhe	P	0	ORAL	CHEW	EA	65	GENERIC	12/19/2023	20525	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20525099549	MEGAREI	KRILL OIL	929200 UNKNOW	92920000 UNKNOW	O	1000 MG	ORAL	CAPS	EA	60	SSB		20525	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20555000100	VITAMIN	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	250 MG	ORAL	TABS	EA	100	GENERIC		20555	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20555000300	OYSTER	OYSTER	401200 Replacem	40120000 Replacem	P	500 MG	ORAL	TABS	EA	1000	GENERIC		20555	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20555000301	OYSTER	OYSTER	401200 Replacem	40120000 Replacem	P	500 MG	ORAL	TABS	EA	150	GENERIC		20555	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20555000400	HIGH POT	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	60MG-60N	ORAL	TABS	EA	100	MSB		20555 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
20555000500	CALCIUM	CALCIUM	401200 Replacem	40120000 Replacem	P	1500 (600	ORAL	TABS	EA	150	GENERIC		20555	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20555000600	VITAMIN	CYANOC(	880800 Vitamin B	88080000 Vitamin B	P	1000 MCG	ORAL	TABS	EA	50	GENERIC		20555	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20555001100	GENTLE	SOAP & C	842000 Detergent	84200000 Detergent	O	0-0-0-0-0	EXTERNA	LIQD	ML	473	SSB		20555	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20555001600	VITAMIN	CYANOC(	880800 Vitamin B	88080000 Vitamin B	P	1000 MCG	ORAL	TABS	EA	500	GENERIC		20555	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20555001700	CALCIUM	CALCIUM	401200 Replacem	40120000 Replacem	P	600-10 MC	ORAL	TABS	EA	50	GENERIC		20555	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20555001900	FERROUS	FERROUS	200404 Iron Prepa	20040400 Iron Prepa	P	324 (37.5	ORAL	TABS	EA	100	GENERIC		20555 N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20555002101	FERROUS	FERROUS	200404 Iron Prepa	20040400 Iron Prepa	P	325 (65 FE	ORAL	TABS	EA	100	GENERIC		20555	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20555002200	HIGH POT	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	90MG-90N	ORAL	TABS	EA	1000	SSB		20555	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20555002500	OYSTER	CALCIUM	401200 Replacem	40120000 Replacem	P	250-3.125	ORAL	TABS	EA	100	GENERIC		20555	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20555002700	TAB-A-VI	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	60MG-60N	ORAL	TABS	EA	1000	GENERIC		20555	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20555003200	VITAMIN	CYANOC(	880800 Vitamin B	88080000 Vitamin B	P	500 MCG	ORAL	TABS	EA	50	GENERIC		20555	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20555003300	VITAMIN	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	25 MCG	ORAL	TABS	EA	100	GENERIC		20555	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20555003600	MELATON	MELATON	929200 UNKNOW	92920000 UNKNOW	P	3 MG	ORAL	TABS	EA	50	GENERIC		20555	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20555003601	MELATON	MELATON	929200 UNKNOW	92920000 UNKNOW	P	3 MG	ORAL	TABS	EA	100	GENERIC		20555	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20555003900	MELATON	MELATON	929200 UNKNOW	92920000 UNKNOW	P	5 MG	ORAL	TABS	EA	50	GENERIC		20555	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20555003901	MELATON	MELATON	929200 UNKNOW	92920000 UNKNOW	P	5 MG	ORAL	TABS	EA	100	GENERIC		20555	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
20555004000	ZINC SUL	ZINC SUL	401200 Replacem	40120000 Replacem	P	220 (50 ZI	ORAL	CAPS	EA	100	GENERIC		20555 N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
21078000261	MAGNESI	MAGNESI	401200 Replacem	40120000 Replacem	O	1250MG	ORAL	TABS	EA	90	MSB		21078	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
21078000262	MAGNESI	MAGNESI	401200 Replacem	40120000 Replacem	O	1250MG	ORAL	TABS	EA	180	MSB		21078	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
21078000535	MAGNESI	MAGNESI	401200 Replacem	40120000 Replacem	O	1250MG	ORAL	TABS	EA	360	MSB		21078	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
21078001402	CALCIUM	CALCIUM	401200 Replacem	40120000 Replacem	O	333 MG	ORAL	TABS	EA	90	MSB		21078	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
21078001403	CALCIUM	CALCIUM	401200 Replacem	40120000 Replacem	O	333 MG	ORAL	TABS	EA	180	MSB		21078	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
21200076591	TITRALA(	CALCIUM	560400 Antacids a	56040000 Antacids a	P	420MG	ORAL	CHEW	EA	100	GENERIC		21200	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
21245087768	GABA	GAMMA-A	929200 UNKNOW	92920000 UNKNOW	O	25 MG	ORAL	TBDP	EA	120	GENERIC		21245	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
21247000002	PEDIA-PC	ORAL ELE	401200 Replacem	40120000 Replacem	O	117MG-8.	ORAL	PACK	EA	4	SSB		21247	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
21247000003	PEDIA-PC	ORAL ELE	401200 Replacem	40120000 Replacem	O	117MG-8.	ORAL	PACK	EA	4	SSB		21247	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
21586001101	CEFOTAX	CEFOTAX	81206 Cephalos	8120612 Third Gen	R	1 GM	INJECTIO	SOLR	EA	1	GENERIC		21586	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
21586001102	CEFOTAX	CEFOTAX	81206 Cephalos	8120612 Third Gen	R	1 GM	INJECTIO	SOLR	EA	1	GENERIC		21586	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
21586001201	CEFOTAX	CEFOTAX	81206 Cephalos	8120612 Third Gen	R	2 GM	INJECTIO	SOLR	EA	1	GENERIC		21586	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
21586001202	CEFOTAX	CEFOTAX	81206 Cephalos	8120612 Third Gen	R	2 GM	INJECTIO	SOLR	EA	1	GENERIC		21586	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
21586011002	CEFOTAX	CEFOTAX	81206 Cephalos	8120612 Third Gen	R	1 GM	INJECTIO	SOLR	EA	1	MSB		21586	N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
21586012002	CEFOTAX	CEFOTAX	81206 Cephalos	8120612 Third Gen	R	2 GM	INJECTIO	SOLR	EA	1	MSB		21586	N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
21724010041	NITROLIN	NITROGL	240808 beta-Adre	24080800 UNKNOW	S	0.4 MG/SF	TRANSLI	SOLN	GM	12 X	GENERIC		21724 Y	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
21724010050	NITROLIN	NITROGL	240808 beta-Adre	24080800 UNKNOW	S	0.4 MG/SF	TRANSLI	SOLN	GM	4.9 X	GENERIC		21724 Y	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
21724070105	PROCENT	DEXTROA	282004 Amphetan	28200400 Amphetan	S	5 MG/5ML	ORAL	SOLN	ML	473 X	GENERIC		21724 Y	N	FORMULARY		1 GEN	GENERICS			X	1800 IN 30 DAYS						R	MEDPRMI
21922000101	FLUOCIN	FLUOCIN	840608 UNKNOW	84060800 UNKNOW	S	0.05%	EXTERNA	SOLN	ML	60	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
21922000201	CLINDAM	CLINDAM	840404 Antibacter	84040400 Antibacter	S	1%	EXTERNA	SOLN	ML	60	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS			X	<= 180						R	MEDPRMI
21922000221	CLINDAM	CLINDAM	840404 Antibacter	84040400 Antibacter	S	1%	EXTERNA	SOLN	ML	30	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS			X	<= 180						R	MEDPRMI
21922000301	FLUOCIN	FLUOCIN	840608 UNKNOW	84060800 UNKNOW	S	0.01%	EXTERNA	SOLN	ML	60	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
21922000404	DESONID	DESONID	840608 UNKNOW	84060800 UNKNOW	S	0.05%	EXTERNA	OINT	GM	15	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
21922000407	DESONID	DESONID	840608 UNKNOW	84060800 UNKNOW	S	0.05%	EXTERNA	OINT	GM	60	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
21922000704	HYDROC(	HYDROC(	840608 UNKNOW	84060800 UNKNOW	S	0.20%	EXTERNA	CREA	GM	15	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
21922000706	HYDROC(	HYDROC(	840608 UNKNOW	84060800 UNKNOW	S	0.20%	EXTERNA	CREA	GM	45	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
21922000707	HYDROC(	HYDROC(	840608 UNKNOW	84060800 UNKNOW	S	0.20%	EXTERNA	CREA	GM	60	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
21922000909	DICLOFEI	DICLOFEI	840620 UNKNOW	84062000 UNKNOW	S	1%	EXTERNA	GEL	GM	100	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
21922001105	TACROLI	TACROLI	840628 UNKNOW	84062800 UNKNOW	S	0.10%	EXTERNA	OINT	GM	30	GENERIC		21922 Y	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
21922001107	TACROLI	TACROLI	840628 UNKNOW	84062800 UNKNOW	S	0.10%	EXTERNA	OINT	GM	60	GENERIC		21922 Y	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
21922001109	TACROLI	TACROLI	840628 UNKNOW	84062800 UNKNOW	S	0.10%	EXTERNA	OINT	GM	100	GENERIC		21922 Y	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
21922001604	CLOBETA	CLOBETA	840608 UNKNOW	84060800 UNKNOW	S	0.05%	EXTERNA	CREA	GM	15	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
21922001605	CLOBETA	CLOBETA	840608 UNKNOW	84060800 UNKNOW	S	0.05%	EXTERNA	CREA	GM	30	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
21922001606	CLOBETA	CLOBETA	840608 UNKNOW	84060800 UNKNOW	S	0.05%	EXTERNA	CREA	GM	45	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
21922001607	CLOBETA	CLOBETA	840608 UNKNOW	84060800 UNKNOW	S	0.05%	EXTERNA	CREA	GM	60	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
21922001704	CLOBETA	CLOBETA	840608 UNKNOW	84060800 UNKNOW	S	0.05%	EXTERNA	OINT	GM	15	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
21922001705	CLOBETA	CLOBETA	840608 UNKNOW	84060800 UNKNOW	S	0.05%	EXTERNA	OINT	GM	30	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
21922001706	CLOBETA	CLOBETA	840608 UNKNOW	84060800 UNKNOW	S	0.05%	EXTERNA	OINT	GM	45	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
21922001707	CLOBETA	CLOBETA	840608 UNKNOW	84060800 UNKNOW	S	0.05%	EXTERNA	OINT	GM	60	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
21922001807	DAPSONE	DAPSONE	840404 Antibacter	84040400 Antibacter	S	5%	EXTERNA	GEL	GM	60	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
21922001808	DAPSONE	DAPSONE	840404 Antibacter	84040400 Antibacter	S	5%	EXTERNA	GEL	GM	90	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
21922001902	TESTOST	TESTOST	680800 Androgen	68080000 Androgen	S	50 MG/5G	TRANSDE	GEL	GM	5 X	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS	X	PA:X								R	MEDPRMI
21922001947	TESTOST	TESTOST	680800 Androgen	68080000 Androgen	S	12.5 MG/A	TRANSDE	GEL	GM	75 X	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS	X	PA:X								R	MEDPRMI
21922002012	TAVABOF	TAVABOF	840408 Antifungal	84040824 UNKNOW	S	5%	EXTERNA	SOLN	ML	10	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS	X	PA:X								R	MEDPRMI
21922002107	PERMETH	PERMETH	840412 Scabicide	84041200 Scabicide	S	5%	EXTERNA	CREA	GM	60	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
21922002206	CLINDAM	CLINDAM	840404 Antibacter	84040400 Antibacter	S	1.2-5 %	EXTERNA	GEL	GM	45	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
21922002411	TRIAMCIN	TRIAMCIN	840608 UNKNOW	84060800 UNKNOW	S	0.05%	EXTERNA	OINT	GM	430	GENERIC		21922	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
21922002504	KETOCOI	KETOCOI	840408 Antifungal	84040808 Azoles	S	2%	EXTERNA	CREA	GM	15	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS			X	<= 180						R	MEDPRMI
21922002505	KETOCOI	KETOCOI	840408 Antifungal	84040808 Azoles	S	2%	EXTERNA	CREA	GM	30	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS			X	<= 180						R	MEDPRMI
21922002507	KETOCOI	KETOCOI	840408 Antifungal	84040808 Azoles	S	2%	EXTERNA	CREA	GM	60	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS			X	<= 180						R	MEDPRMI
21922002705	CLINDAM	CLINDAM	840404 Antibacter	84040400 Antibacter	S	1%	EXTERNA	GEL	GM	30	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
21922002707	CLINDAM	CLINDAM	840404 Antibacter	84040400 Antibacter	S	1%	EXTERNA	GEL	GM	60	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
21922002904	MUPIROC	MUPIROC	840404 Antibacter	84040400 Antibacter	S	2%	EXTERNA	CREA	GM	15	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS			X	<= 90						R	MEDPRMI
21922002905	MUPIROC	MUPIROC	840404 Antibacter	84040400 Antibacter	S	2%	EXTERNA	CREA	GM	30	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS			X	<= 90						R	MEDPRMI
21922003020	TESTOST	TESTOST	680800 Androgen	68080000 Androgen	S	20.25 MG/	TRANSDE	GEL	GM	75 X	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS	X	PA:X								R	MEDPRMI
21922003104	NYSTATI	NYSTATI	840608 UNKNOW	84060800 UNKNOW	S	100000-0.	EXTERNA	OINT	GM	15	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS			X	<= 180						R	MEDPRMI
21922003105	NYSTATI	NYSTATI	840608 UNKNOW	84060800 UNKNOW	S	100000-0.	EXTERNA	OINT	GM	30	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS			X	<= 180						R	MEDPRMI
21922003107	NYSTATI	NYSTATI	840608 UNKNOW	84060800 UNKNOW	S	100000-0.	EXTERNA	OINT	GM	60	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS			X	<= 180						R	MEDPRMI
21922003601	CLINDAM	CLINDAM	840404 Antibacter	84040400 Antibacter	S	1%	EXTERNA	LOTN	ML	60	GENERIC		21922 N	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
21922003814	AZELAIC	AZELAIC	840404 Antibacter	84040400 Antibacter	S	15%	EXTERNA	GEL	GM	50	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
21922003923	METRONI	METRONI	840404 Antibacter	84040400 Antibacter	S	0.75%	VAGINAL	GEL	GM	70	GENERIC		21922 Y	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
21922004112	FLUOROL	FLUOROL	841800 UNKNOW	84180000 UNKNOW	S	5%	EXTERNA	SOLN	ML	10	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
21922004340	TRETINO	TRETINO	841600 Cell Stimu	84160000 Cell Stimu	S	0.08%	EXTERNA	GEL	GM	50	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
21922004409	DICLOFEI	DICLOFEI	840620 UNKNOW	84062000 UNKNOW	P	1%	EXTERNA	GEL	GM	100	GENERIC		21922	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								X	AGE_YEAMUST BE LESS THA	R	MEDPRMI
21922004429	DICLOFEI	DICLOFEI	840620 UNKNOW	84062000 UNKNOW	S	1%	EXTERNA	GEL	GM	100	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
21922004547	MESALAM	MESALAM	563600 Anti-inflam	56360000 Anti-inflam	S	4 GM	RECTAL	ENEM	ML	60	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
21922004549	MESALAM	MESALAM	563600 Anti-inflam	56360000 Anti-inflam	S	4 GM	RECTAL	ENEM	ML	60	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
21922005005	CLINDAM	CLINDAM	849200 Skin and M	84920000 Skin and M	S	1.2-0.025	EXTERNA	GEL	GM	30	GENERIC		21922	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
21922005007	CLINDAM	CLINDAM	849200 Skin and M	84920000 Skin and M	S	1.2-0.025	EXTERNA	GEL	GM	60	GENERIC		21922	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
21922005106	ADAPALE	ADAPALE	842800 Keratolytic	84280000 Keratolytic	S	0.30%	EXTERNA	GEL	GM	45	GENERIC		21922 Y	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
21922005150	ADAPALE	ADAPALE	842800 Keratolytic	84280000 Keratolytic	S	0.30%	EXTERNA	GEL	GM	45	GENERIC		21922 Y	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
21922005250	ADAPALE	ADAPALE	842800 Keratolytic	84280000 Keratolytic	S	0.1-2.5 %	EXTERNA	GEL	GM	45	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
21922005351	CICLOPIF	CICLOPIF	840408 Antifungal	84040820 Hydroxypy	S	8%	EXTERNA	SOLN	ML	6.6	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS			X	<= 19.8						R	MEDPRMI
21922006122	CLOBETA	CLOBETA	840608 UNKNOW	84060800 UNKNOW	S	0.05%	EXTERNA	SOLN	ML	25	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
21922006127	CLOBETA	CLOBETA	840608 UNKNOW	84060800 UNKNOW	S	0.05%	EXTERNA	SOLN	ML	50	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
21922006204	TRIAMCIN	TRIAMCIN	840608 UNKNOW	84060800 UNKNOW	S	0.10%	EXTERNA	CREA	GM	15	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
21922006205	TRIAMCIN	TRIAMCIN	840608 UNKNOW	84060800 UNKNOW	S	0.10%	EXTERNA	CREA	GM	30	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
21922006215	TRIAMCIN	TRIAMCIN	840608 UNKNOW	84060800 UNKNOW	S	0.10%	EXTERNA	CREA	GM	80	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
21922006230	TRIAMCIN	TRIAMCIN	840608 UNKNOW	84060800 UNKNOW	S	0.10%	EXTERNA	CREA	GM	454	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
21922006304	TRIAMCIN	TRIAMCIN	840608 UNKNOW	84060800 UNKNOW	S	0.10%	EXTERNA	OINT	GM	15	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
21922006315	TRIAMCIN	TRIAMCIN	840608 UNKNOW	84060800 UNKNOW	S	0.10%	EXTERNA	OINT	GM	80	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
21922006330	TRIAMCIN	TRIAMCIN	840608 UNKNOW	84060800 UNKNOW	S	0.10%	EXTERNA	OINT	GM	454	GENERIC		21922	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
22066000511	RAPID RE	COVID-19	360000 Diagnostic	36000000 Diagnostic	O	0	IN VITRO	KIT	EA	1	NON DRUG		22066	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22318000015	BENSONS	DIAPER R	842400 Emollients	84240000 Emollients	O	0-0-0	EXTERNA	CREA	GM	14.2	SSB		22318	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22318000060	BENSONS	DIAPER R	842400 Emollients	84240000 Emollients	O	0-0-0	EXTERNA	CREA	GM	56.7	SSB		22318	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22318000180	BENSONS	DIAPER R	842400 Emollients	84240000 Emollients	O	0-0-0	EXTERNA	CREA	GM	170.1	SSB		22318	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22383025896	UNIVERS	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		22383	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22383057103	HURRYC	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		22383	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22510002700	OKEEFFE	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	O	0	EXTERNA	CREA	GM	76	SSB		22510	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22537051142	BERBERI	MISC NAT	929200 UNKNOW	92920000 UNKNOW	O	250-500-7	ORAL	CAPS	EA	60	SSB		22537 N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22537051143	PREBIO M	XYLOOLI(	560800 Antidiarrhe	56080000 Antidiarrhe	O	1.4 GM	ORAL	CHEW	EA	60	SSB		22537	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22537051145	BUFFERE	ASCORBI	881200 Vitamin C	88120000 Vitamin C	O	3000MG-3	ORAL	PACK	EA	20	SSB		22537	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22537051146	FITFOOD	PROTEIN	402000 Caloric Ag	40200000 Caloric Ag	O	900MG/40	ORAL	PACK	EA	10	SSB		22537	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22537051148	OPTICLE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	150MG/57	ORAL	PACK	EA	10	SSB		22537	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22537051150	OPTICLE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	150MG/62	ORAL	PACK	EA	10	SSB		22537	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22537051153	OPTICLE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	150MG/57	ORAL	PACK	EA	10	SSB		22537	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22537051155	FITFOOD	PROTEIN	402000 Caloric Ag	40200000 Caloric Ag	O	1290MG/2	ORAL	POWD	GM	392	SSB		22537	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22537051156	BERBERI	BERBERI	929200 UNKNOW	92920000 UNKNOW	O	500 MG	ORAL	CAPS	EA	120	SSB		22537	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22537051158	RED YEA	RED YEA	929200 UNKNOW	92920000 UNKNOW	O	55 MG	ORAL	CAPS	EA	30	GENERIC		22537	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22537051159	RED YEA	RED YEA	929200 UNKNOW	92920000 UNKNOW	O	55 MG	ORAL	CAPS	EA	60	GENERIC		22537	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22537051160	PRENATA	PRENATA	882800 Multivitam	88280000 Multivitam	O	0.272 MG	ORAL	CAPS	EA	150	SSB		22537	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22537051163	OPTICLE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	55MG/58(	ORAL	PACK	EA	10	SSB		22537	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22537051167	OPTICLE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	150MG/58	ORAL	PACK	EA	10	SSB		22537	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22537051170	FITFOOD	PROTEIN	402000 Caloric Ag	40200000 Caloric Ag	O	900MG/45	ORAL	PACK	EA	10	SSB		22537	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22537051176	ASHWAG	ASHWAG	929200 UNKNOW	92920000 UNKNOW	O	120 MG	ORAL	CAPS	EA	60	SSB		22537	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22537051179	ADENO+	COBALAM	880800 Vitamin B	88080000 Vitamin B	O	2500 MCG	ORAL	TBDP	EA	60	SSB		22537	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22537051187	GI BALAN	MISC NAT	929200 UNKNOW	92920000 UNKNOW	O	100MG-10	ORAL	CAPS	EA	150	SSB		22537 N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22537051189	GI BALAN	MISC NAT	929200 UNKNOW	92920000 UNKNOW	O	2GM/13.7(	ORAL	POWD	GM	192	SSB		22537	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22537051195	SYNOVX	MISC NAT	929200 UNKNOW	92920000 UNKNOW	O	0-0-0	ORAL	CAPS	EA	40	SSB		22537 N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22537051203	ACTIVNU	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	125MG-50	ORAL	CAPS	EA	120	SSB		22537	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22537051204	FITFOOD	PROTEIN	402000 Caloric Ag	40200000 Caloric Ag	O	1290MG/2	ORAL	POWD	GM	350	SSB		22537	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22537051207	HMB PRC	VITAMIN I	401200 Replacem	40120000 Replacem	O	2.08-500 M	ORAL	CAPS	EA	150	SSB		22537	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22537051208	BERBEM	MISC NAT	929200 UNKNOW	92920000 UNKNOW	O	125MG-17	ORAL	CAPS	EA	120	SSB		22537 N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22537051211	PROBIOM	LACTOBA	560800 Antidiarrhe	56080000 Antidiarrhe	O	43.75 MG	ORAL	CAPS	EA	30	SSB		22537	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22537051212	OPTIMAG	MAGNESI	401200 Replacem	40120000 Replacem	O	0-66.67MC	ORAL	CAPS	EA	90	SSB		22537	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22537051222	OMEGAP	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	O	800 MG	ORAL	CAPS	EA	30	SSB		22537	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22537051224	BERBERI	DIHYDRO	929200 UNKNOW	92920000 UNKNOW	O	200 MG	ORAL	CAPS	EA	60	SSB		22537	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22537051225	MITOPRI	ERGOTHI	929200 UNKNOW	92920000 UNKNOW	O	12.5 MG	ORAL	CAPS	EA	30	SSB		22537	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22537051226	K2-D3 MA	VITAMIN I	881600 Vitamin D	88160000 Vitamin D	O	180-125 M	ORAL	CAPS	EA	60	SSB		22537	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22537051228	MYROSIN	MYROSIN	929200 UNKNOW	92920000 UNKNOW	O	287.5-50 M	ORAL	CAPS	EA	60	SSB		22537	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22537051229	ONCOPLE	GLUCORA	929200 UNKNOW	92920000 UNKNOW	O	30-170-10	ORAL	CAPS	EA	30	SSB		22537	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22537051234	IMMUNE	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	300MG-15	ORAL	CAPS	EA	120	SSB		22537	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22537051235	SYNOVX	MISC NAT	929200 UNKNOW	92920000 UNKNOW	O	0-0-0	ORAL	CAPS	EA	120	SSB		22537 N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22600000104	REPLENS	VAGINAL	849200 Skin and M	84920000 Skin and M	O	0-0-0-0	VAGINAL	GEL	GM	6.7	NON DRUG		22600	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22600000111	REPHRES	VAGINAL	849200 Skin and M	84920000 Skin and M	O	0	VAGINAL	GEL	GM	2	NON DRUG		22600	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22600000112	REPHRES	LACTOBA	560800 Antidiarrhe	56080000 Antidiarrhe	O	0-0-0	ORAL	CAPS	EA	30	SSB		22600	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22600000127	REPLENS	VAGINAL	849200 Skin and M	84920000 Skin and M	O	0-0-0-0	VAGINAL	GEL	GM	42.5	NON DRUG		22600	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22600002915	SIMPLY S	SALINE	529200 EENT Dru	52920000 EENT Dru	O	0.90%	NASAL	AERS	GM	45	SSB		22600	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22600002950	SIMPLY S	SALINE	529200 EENT Dru	52920000 EENT Dru	O	0.90%	NASAL	AERS	GM	127	SSB		22600	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22600008552	SIMPLY S	WOUND (	849200 Skin and M	84920000 Skin and M	O	0.90%	EXTERNA	SOLN	GM	211	NON DRUG		22600	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22600064203	TROJAN	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	3	NON DRUG		22600	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
22600090125	FIRST RE	PREGNAN	940000 Devices	94000000 Devices	O	0	IN VITRO	TEST	EA	2	NON DRUG		22600	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22600092050	TROJAN	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	3	NON DRUG		22600	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
22600092620	TROJAN	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	3	NON DRUG		22600	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
22600092720	TROJAN	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	3	NON DRUG		22600	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
22600093050	TROJAN-I	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	3	NON DRUG		22600	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
22600093150	TROJAN-I	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	3	NON DRUG		22600	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
22600094050	TROJAN	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	DEVI	EA	3	NON DRUG		22600	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
22600098789	REPHRES	MISC NAT	929200 UNKNOW	92920000 UNKNOW	O	250MG-25	ORAL	CAPS	EA	50	SSB		22600 N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22840003306	MITE (D. F	MITE (D. F	800200 UNKNOW	80020000 UNKNOW	R	5000 AU/M	INJECTIO	SOLN	ML	10	SSB		22840	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22840003309	MITE (D. F	MITE (D. F	800200 UNKNOW	80020000 UNKNOW	R	5000 AU/M	INJECTIO	SOLN	ML	50	SSB		22840	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22840003403	MITE (D. F	MITE (D. F	800200 UNKNOW	80020000 UNKNOW	R	10000 AU/	SUBCUTA	SOLN	ML	5	SSB		22840	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22840003406	MITE (D. F	MITE (D. F	800200 UNKNOW	80020000 UNKNOW	R	10000 AU/	INJECTIO	SOLN	ML	10	SSB		22840	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22840003409	MITE (D. F	MITE (D. F	800200 UNKNOW	80020000 UNKNOW	R	10000 AU/	INJECTIO	SOLN	ML	50	SSB		22840	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22840003506	MITE (D. F	MITE (D. F	800200 UNKNOW	80020000 UNKNOW	R	5000 AU/M	INJECTIO	SOLN	ML	10	SSB		22840	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22840003509	MITE (D. F	MITE (D. F	800200 UNKNOW	80020000 UNKNOW	R	5000 AU/M	INJECTIO	SOLN	ML	50	SSB		22840	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22840003603	MITE (D. F	MITE (D. F	800200 UNKNOW	80020000 UNKNOW	R	10000 AU/	SUBCUTA	SOLN	ML	5	SSB		22840	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22840003606	MITE (D. F	MITE (D. F	800200 UNKNOW	80020000 UNKNOW	R	10000 AU/	INJECTIO	SOLN	ML	10	SSB		22840	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22840003609	MITE (D. F	MITE (D. F	800200 UNKNOW	80020000 UNKNOW	R	10000 AU/	INJECTIO	SOLN	ML	50	SSB		22840	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22840003703	DUST MI	DUST MIT	800200 UNKNOW	80020000 UNKNOW	R	10000 AU/	SUBCUTA	SOLN	ML	5	SSB		22840	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22840003706	DUST MI	DUST MIT	800200 UNKNOW	80020000 UNKNOW	R	10000 AU/	INJECTIO	SOLN	ML	10	SSB		22840	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22840003709	DUST MI	DUST MIT	800200 UNKNOW	80020000 UNKNOW	R	10000 AU/	INJECTIO	SOLN	ML	50	SSB		22840	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22840003809	MITE (D. F	MITE (D. F	800200 UNKNOW	80020000 UNKNOW	R	30000 AU/	INJECTIO	SOLN	ML	50	SSB		22840	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22840003909	MITE (D. F	MITE (D. F	800200 UNKNOW	80020000 UNKNOW	R	30000 AU/	INJECTIO	SOLN	ML	50	SSB		22840	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22840004009	DUST MI	DUST MIT	800200 UNKNOW	80020000 UNKNOW	R	30000 AU/	INJECTIO	SOLN	ML	50	SSB		22840	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22840010002	CAT HAIR	CAT HAIR	800200 UNKNOW	80020000 UNKNOW	R	5000 BAU	INJECTIO	SOLN	ML	10	NON DRUG		22840	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22840010004	CAT HAIR	CAT HAIR	800200 UNKNOW	80020000 UNKNOW	R	5000 BAU	INJECTIO	SOLN	ML	50	NON DRUG		22840	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22840010102	CAT HAIR	CAT HAIR	800200 UNKNOW	80020000 UNKNOW	R	10000 BAI	INJECTIO	SOLN	ML	10	NON DRUG		22840	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22840010104	CAT HAIR	CAT HAIR	800200 UNKNOW	80020000 UNKNOW	R	10000 BAI	INJECTIO	SOLN	ML	50	NON DRUG		22840	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22840010105	CAT HAIR	CAT HAIR	800200 UNKNOW	80020000 UNKNOW	R	10000 BAI	INJECTIO	SOLN	ML	5	NON DRUG		22840	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22840020002	BERMUD	BERMUD	800200 UNKNOW	80020000 UNKNOW	R	10000 BAI	INJECTIO	SOLN	ML	10	NON DRUG		22840	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22840020004	BERMUD	BERMUD	800200 UNKNOW	80020000 UNKNOW	R	10000 BAI	INJECTIO	SOLN	ML	50	NON DRUG		22840	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22840020902	PERENNI	PERENNI	800200 UNKNOW	80020000 UNKNOW	R	10000 BAI	INJECTIO	SOLN	ML	10	NON DRUG		22840	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22840020904	PERENNI	PERENNI	800200 UNKNOW	80020000 UNKNOW	R	10000 BAI	INJECTIO	SOLN	ML	50	NON DRUG		22840	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22840021002	PERENNI	PERENNI	800200 UNKNOW	80020000 UNKNOW	R	100000 B/	INJECTIO	SOLN	ML	10	NON DRUG		22840	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
22840021004	PERENNI	PERENNI	800200 UNKNOW	80020000 UNKNOW	R	100000 B/	INJECTIO	SOLN	ML	50	NON DRUG		22840	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI

22840021302	TIMOTHY	TIMOTHY	800200	UNKNOW	80020000	UNKNOW	R	10000 BAI	INJECTIO	SOLN	ML	10	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840021304	TIMOTHY	TIMOTHY	800200	UNKNOW	80020000	UNKNOW	R	10000 BAI	INJECTIO	SOLN	ML	50	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840021402	TIMOTHY	TIMOTHY	800200	UNKNOW	80020000	UNKNOW	R	100000 BA	INJECTIO	SOLN	ML	10	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840021404	TIMOTHY	TIMOTHY	800200	UNKNOW	80020000	UNKNOW	R	100000 BA	INJECTIO	SOLN	ML	50	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840022102	GRASS P	GRASS P	800200	UNKNOW	80020000	UNKNOW	R	100000 BA	INJECTIO	SOLN	ML	10	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840022104	GRASS P	GRASS P	800200	UNKNOW	80020000	UNKNOW	R	100000 BA	INJECTIO	SOLN	ML	50	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840022105	GRASS P	GRASS P	800200	UNKNOW	80020000	UNKNOW	R	100000 BA	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840030102	SHORT R	SHORT R	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	10	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840030105	SHORT-G	SHORT R	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840142604	WHITE AS	WHITE AS	800200	UNKNOW	80020000	UNKNOW	R	40000 PNI	INJECTIO	SOLN	ML	50	SSB		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840164601	CANDIDA	CANDIDA	800200	UNKNOW	80020000	UNKNOW	R	0.736111	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840349802	BLACK W	BLACK W	800200	UNKNOW	80020000	UNKNOW	R	75000 PNI	INJECTIO	SOLN	ML	10	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840349804	BLACK W	BLACK W	800200	UNKNOW	80020000	UNKNOW	R	75000 PNI	INJECTIO	SOLN	ML	50	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840349902	BLACK W	BLACK W	800200	UNKNOW	80020000	UNKNOW	R	40000 PNI	INJECTIO	SOLN	ML	10	SSB		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840349904	BLACK W	BLACK W	800200	UNKNOW	80020000	UNKNOW	R	40000 PNI	INJECTIO	SOLN	ML	50	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840440002	BLACK W	BLACK W	800200	UNKNOW	80020000	UNKNOW	R	20000 PNI	INJECTIO	SOLN	ML	10	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840440004	BLACK W	BLACK W	800200	UNKNOW	80020000	UNKNOW	R	20000 PNI	INJECTIO	SOLN	ML	50	SSB		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840440102	BLACK W	BLACK W	800200	UNKNOW	80020000	UNKNOW	R	75000 PNI	INJECTIO	SOLN	ML	10	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840440104	BLACK W	BLACK W	800200	UNKNOW	80020000	UNKNOW	R	75000 PNI	INJECTIO	SOLN	ML	50	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840510102	DOG EPI	DOG EPI	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840510105	DOG EPI	DOG EPI	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840510602	HORSE E	HORSE E	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840510605	HORSE E	HORSE E	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840510702	MOUSE E	MOUSE E	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840510705	MOUSE E	MOUSE E	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840531105	LAMBS Q	LAMBS Q	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840531702	NETTLE	NETTLE (	800200	UNKNOW	80020000	UNKNOW	R	1:40	INJECTIO	SOLN	ML	10	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840531705	NETTLE (	NETTLE (	800200	UNKNOW	80020000	UNKNOW	R	1:40	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840531902	ROUGH F	ROUGH F	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	10	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840532102	ENGLISH	ENGLISH	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	10	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840532105	ENGLISH	ENGLISH	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840533202	SAGEBRU	SAGEBRU	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	10	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840533205	SAGEBRU	SAGEBRU	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840540002	ACACIA F	ACACIA (/	800200	UNKNOW	80020000	UNKNOW	R	1:40	INJECTIO	SOLN	ML	10	SSB		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840540004	ACACIA F	ACACIA (/	800200	UNKNOW	80020000	UNKNOW	R	1:40	INJECTIO	SOLN	ML	50	SSB		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840540102	RED ALDI	RED ALDI	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	10	SSB		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840540104	RED ALDI	RED ALDI	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	50	SSB		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840540302	WHITE AL	WHITE AL	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	10	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840540305	WHITE AL	WHITE AL	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840540502	OREGON	OREGON	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	10	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840540602	GREEN A	GREEN A	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	10	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840540604	GREEN A	GREEN A	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	50	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840540702	WHITE AS	WHITE AS	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	10	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840540704	WHITE AS	WHITE AS	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	50	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840540705	WHITE AS	WHITE AS	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840540802	ASPEN P	ASPEN P	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	10	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840540804	ASPEN P	ASPEN P	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	50	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840540902	BAYBERR	BAYBERR	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840540904	BAYBERR	BAYBERR	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	50	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840541002	AMERICA	AMERICA	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840541004	AMERICA	AMERICA	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	50	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840541202	BLACK/S\	BLACK/S\	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	10	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840541204	BLACK/S\	BLACK/S\	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	50	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840541302	RIVER BI	RIVER BI	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	10	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840541304	RIVER BI	RIVER BI	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	50	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840541402	SPRING E	RED BIRC	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	10	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840541404	SPRING E	RED BIRC	800200	UNKNOW	80020000	UNKNOW	R	1:20	SUBCUTA	SOLN	ML	50	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840541502	WHITE BI	WHITE BI	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	10	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840541504	WHITE BI	WHITE BI	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	50	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840541505	WHITE BI	WHITE BI	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840541602	BOX ELDI	BOX ELDI	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	10	SSB		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840541604	BOX ELDI	BOX ELDI	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	50	SSB		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840541702	MOUNTAI	MOUNTAI	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	10	SSB		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840541704	MOUNTAI	MOUNTAI	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	50	SSB		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840541705	MOUNTAI	MOUNTAI	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840541802	RED CED	RED CED	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	10	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840542102	EASTERN	EASTERN	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	10	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840542105	EASTERN	EASTERN	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	SSB		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840542602	AMERICA	AMERICA	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	10	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840542605	AMERICA	AMERICA	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840543602	WESTERI	WESTERI	800200	UNKNOW	80020000	UNKNOW	R	1:40	INJECTIO	SOLN	ML	10	SSB		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840543605	WESTERI	WESTERI	800200	UNKNOW	80020000	UNKNOW	R	1:40	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840543902	RED MAP	RED MAP	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	10	SSB		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840543905	RED MAP	RED MAP	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840545302	RED OAK	RED OAK	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	10	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840545305	RED OAK	RED OAK	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840545902	PECAN P	PECAN P	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	10	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840547202	AMERICA	AMERICA	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	10	SSB		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840547402	BLACK W	BLACK W	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	10	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840547505	BLACK W	BLACK W	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840547802	BLACK W	BLACK W	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	10	SSB		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840547805	BLACK W	BLACK W	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840560005	ALTERNA	ALTERNA	360600	UNKNOW	36060000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840560402	ASPERGI	ASPERGI	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	10	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840560405	ASPERGI	ASPERGI	360600	UNKNOW	36060000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840560802	BIPOLARI	BIPOLARI	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	10	SSB		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840560805	BIPOLARI	BIPOLARI	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840561402	CLADOSF	CLADOSF	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	10	SSB		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840561405	CLADOSF	CLADOSF	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840563102	PENICILL	PENICILL	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	10	SSB		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840563105	PENICILL	PENICILL	360600	UNKNOW	36060000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840570005	APPLE (D	APPLE (M	360600	UNKNOW	36060000	UNKNOW	R	1:40	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840570205	BANANA (	BANANA (	360600	UNKNOW	36060000	UNKNOW	R	1:40	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840570305	WHOLE G	WHOLE G	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840571405	CELERY (	CELERY (	800200	UNKNOW	80020000	UNKNOW	R	1:40	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840571505	SWEET C	SWEET C	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840571905	CORN (ZE	CORN (ZE	360600	UNKNOW	36060000	UNKNOW	R	1:40	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840573305	OAT (DIA	OAT (AVE	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840573605	ORANGE	ORANGE	360600	UNKNOW	36060000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840574205	PINEAPPI	PINEAPPI	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840574405	WHITE P(	WHITE P(	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840574605	RICE (DIA	RICE (DIA	360600	UNKNOW	36060000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840574805	SESAME	SESAME	360600	UNKNOW	36060000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840574905	SOYBEAN	SOYBEAN	360600	UNKNOW	36060000	UNKNOW	R	1:40	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840575205	STRAWBI	STRAWBE	360600	UNKNOW	36060000	UNKNOW	R	1:40	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840575305	TOMATO	TOMATO	360600	UNKNOW	36060000	UNKNOW	R	1:40	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840575605	WHOLE W	WHOLE W	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840575705	BEEF (DI/	BEEF (DI/	360600	UNKNOW	36060000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840575905	PORK (DI	PORK (SU	360600	UNKNOW	36060000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840576005	CHICKEN	CHICKEN	360600	UNKNOW	36060000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840576505	COW MILI	COW MILI	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840576805	NORTHEF	NORTHEF	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	SSB		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840576905	ATLANTIC	ATLANTIC	360600	UNKNOW	36060000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840577005	BLUE CR/	BLUE CR/	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840577205	AMERICA	AMERICA	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840577405	ATLANTIC	ATLANTIC	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840577605	ATLANTIC	ATLANTIC	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840577705	SEA SCAI	SEA SCAI	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840577805	BROWN S	BROWN S	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840578105	ALMOND	ALMOND	360600	UNKNOW	36060000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840578205	BRAZIL N	BRAZIL N	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840578305	CASHEW	CASHEW	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840578405	COCONU	COCONU	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840578505	HAZELNU	HAZELNU	360600	UNKNOW	36060000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840578605	PEANUT (	PEANUT (	360600	UNKNOW	36060000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840578705	PECAN N	PECAN N	360600	UNKNOW	36060000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840578905	ENGLISH	ENGLISH	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	SSB		22840		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840900202	COCKRO/	COCKRO/	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	10	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840900205	COCKRO/	COCKRO/	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840931902	SHEEP S	SHEEP S	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	10	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
22840931905	SHEEP S	SHEEP S	800200	UNKNOW	80020000	UNKNOW	R	1:20	INJECTIO	SOLN	ML	5	NON DRUG		22840		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23155000101	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155000110	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155000201	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	25 MG	ORAL	TABS	EA	100 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155000210	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	25 MG	ORAL	TABS	EA	1000 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155000301	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	50 MG	ORAL	TABS	EA	100 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155000310	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	50 MG	ORAL	TABS	EA	1000 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155000401	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	100 MG	ORAL	TABS	EA	100 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155000801	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	100 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155000810	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	1000 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155000901	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	100 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155000910	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	1000 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155001701	TETRACY	TETRACY	81224	Tetracycli	8122400	Tetracycli	S	250 MG	ORAL	CAPS	EA	100	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155001801	TETRACY	TETRACY	81224	Tetracycli	8122400	Tetracycli	S	500 MG	ORAL	CAPS	EA	100	GENERIC	8/24/2023	23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155001901	SULFASA	SULFASA	81220	Sulfonami	8122000	Sulfonami	S	500 MG	ORAL	TABS	EA	100 X	GENERIC	7/2/2024	23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155002101	KETOPR(	KETOPR(	280804	Nonsteroi	28080492	Other Non	R	50 MG	ORAL	CAPS	EA	100 X	GENERIC	1/31/2022	23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155002201	KETOPR(	KETOPR(	280804	Nonsteroi	28080492	Other Non	R	75 MG	ORAL	CAPS	EA	100 X	GENERIC	3/31/2022	23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155002301	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	100	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155002305	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	500	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155002401	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	100	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155002405	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	500	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155002501	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	100	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155002505	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	500	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155002506	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	60	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155002508	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	180	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155002601	VERAPAN	VERAPAN	240404	Antiarrhyt	24040424	Class IV A	S	80 MG	ORAL	TABS	EA	100 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155002801	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	CAPS	EA	100 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155002810	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	CAPS	EA	1000 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155002901	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	100 X	GENERIC		23155	Y	N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155002910	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	1000 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155003001	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	CAPS	EA	100 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155003003	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	CAPS	EA	30 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155003005	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	CAPS	EA	500 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155003010	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	CAPS	EA	1000 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155004303	LEFLUNO	LEFLUNO	902404	UNKNOW	90240400	UNKNOW	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155004403	LEFLUNO	LEFLUNO	902404	UNKNOW	90240400	UNKNOW	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155004801	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TB24	EA	100 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155004901	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TB24	EA	100 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155005001	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TB24	EA	100 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155005101	NYSTATII	NYSTATII	81428	Polyenes	8142800	Polyenes	S	500000 UI	ORAL	TABS	EA	100	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155005419	NARATRII	NARATRII	283228	Selective	28322800	Selective	S	1MG	ORAL	TABS	EA	9	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS	X	18 IN 30 DAYS		R	MEDPRIM
23155005519	NARATRII	NARATRII	283228	Selective	28322800	Selective	S	2.5 MG	ORAL	TABS	EA	9	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS	X	18 IN 30 DAYS		R	MEDPRIM
23155005601	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	1.25 MG	ORAL	TABS	EA	100 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155005701	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	2.5 MG	ORAL	TABS	EA	100 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155005801	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155005810	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	1000 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155005901	VERAPAN	VERAPAN	240404	Antiarrhyt	24040424	Class IV A	S	40 MG	ORAL	TABS	EA	100 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155007001	METHIMA	METHIMA	683608	Antithyroi	68360800	Antithyroi	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155007101	METHIMA	METHIMA	683608	Antithyroi	68360800	Antithyroi	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155009201	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	TABS	EA	100 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155009301	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	TABS	EA	100 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155009401	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	4 MG	ORAL	TABS	EA	100 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155009501	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	8 MG	ORAL	TABS	EA	100 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155009705	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	30 MG	ORAL	TABS	EA	500	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155009706	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	30 MG	ORAL	TABS	EA	60	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155010201	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	100 X	GENERIC	7/3/2023	23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155010205	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	500 X	GENERIC	7/3/2023	23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155010206	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	60 X	GENERIC	9/20/2022	23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155010209	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	90 X	GENERIC	7/3/2023	23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155010210	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	1000 X	GENERIC	7/3/2023	23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155010301	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	100 X	GENERIC	7/3/2023	23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155010305	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	500 X	GENERIC	7/3/2023	23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155010306	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	60 X	GENERIC	9/20/2022	23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155010309	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	90 X	GENERIC	7/3/2023	23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155010310	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	1000 X	GENERIC	7/3/2023	23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155010401	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	100 X	GENERIC	7/3/2023	23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155010405	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	500 X	GENERIC	7/3/2023	23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155010406	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	60 X	GENERIC	7/3/2023	23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155010409	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	90 X	GENERIC	7/3/2023	23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155010410	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	1000 X	GENERIC	7/3/2023	23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155011501	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	2.5-250 M	ORAL	TABS	EA	100 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155011601	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	2.5-500 M	ORAL	TABS	EA	100 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155011701	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5-500 MG	ORAL	TABS	EA	100 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155012001	ACETAZC	ACETAZC	524012	UNKNOW	52401200	UNKNOW	S	500 MG	ORAL	CP12	EA	100 X	GENERIC	1/3/2023	23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155013301	DOXYCY(	DOXYCY(	81224	Tetracycli	8122400	Tetracycli	S	50 MG	ORAL	TABS	EA	100	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155013401	DOXYCY(	DOXYCY(	81224	Tetracycli	8122400	Tetracycli	S	75MG	ORAL	TABS	EA	100	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155013505	DOXYCY(	DOXYCY(	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	TABS	EA	500	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155013525	DOXYCY(	DOXYCY(	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	TABS	EA	50	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155013603	DOXYCY(	DOXYCY(	81224	Tetracycli	8122400	Tetracycli	S	150 MG	ORAL	TABS	EA	30	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS	X	2 IN 1 DAYS		R	MEDPRIM
23155014101	DOXYCY(	DOXYCY(	81224	Tetracycli	8122400	Tetracycli	S	75 MG	ORAL	TBEC	EA	100	GENERIC		23155		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
23155014201	DOXYCY(	DOXYCY(	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	TBEC	EA	100	GENERIC		23155		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
23155014301	DOXYCY(	DOXYCY(	81224	Tetracycli	8122400	Tetracycli	S	150 MG	ORAL	TBEC	EA	100	GENERIC		23155		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
23155014701	ACARBOS	ACARBOS	682002	Alpha-Glu	68200200	Alpha-Glu	S	25 MG	ORAL	TABS	EA	100 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155014801	ACARBOS	ACARBOS	682002	Alpha-Glu	68200200	Alpha-Glu	S	50 MG	ORAL	TABS	EA	100 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155014901	ACARBOS	ACARBOS	682002	Alpha-Glu	68200200	Alpha-Glu	S	100 MG	ORAL	TABS	EA	100 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155016031	ETOMIDA	ETOMIDA	280408	UNKNOW	28040800	UNKNOW	S	2 MG/ML	INTRAVEI	SOLN	ML	10	GENERIC	10/10/2023	23155		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23155016032	ETOMIDA	ETOMIDA	280408	UNKNOW	28040800	UNKNOW	S	2 MG/ML	INTRAVEI	SOLN	ML	20	GENERIC	10/10/2023	23155		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23155016041	ETOMIDA	ETOMIDA	280408	UNKNOW	28040800	UNKNOW	S	2 MG/ML	INTRAVEI	SOLN	ML	10	GENERIC	10/10/2023	23155		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23155016042	ETOMIDA	ETOMIDA	280408	UNKNOW	28040800	UNKNOW	S	2 MG/ML	INTRAVEI	SOLN	ML	20	GENERIC	10/10/2023	23155		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23155016631	TRANEXA	TRANEXA	202816	Hemostati	20281600	Hemostati	S	1000 MG/	INTRAVEI	SOLN	ML	10	GENERIC		23155		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23155016641	TRANEXA	TRANEXA	202816	Hemostati	20281600	Hemostati	S	1000 MG/	INTRAVEI	SOLN	ML	10	GENERIC		23155		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23155017031	ZOLEDR(	ZOLEDR(	922400	UNKNOW	92240000	UNKNOW	S	4 MG/5ML	INTRAVEI	CONC	ML	5	GENERIC		23155		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23155017801	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	100 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155017805	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	500 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155019101	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	75 MG	ORAL	TABS	EA	100 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155019201	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TABS	EA	100 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155019331	COLISTIM	COLISTIM	81228	Antibacter	8122828	Polymyxin	S	150 MG	INJECTIO	SOLR	EA	1	GENERIC		23155		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23155019341	COLISTIM	COLISTIM	81228	Antibacter	8122828	Polymyxin	S	150 MG	INJECTIO	SOLR	EA	1	GENERIC		23155		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23155019401	NIFEDIPII	NIFEDIPII	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	CAPS	EA	100 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155019501	NIFEDIPII	NIFEDIPII	242808	Dihydropy	24280800	Dihydropy	S	20 MG	ORAL	CAPS	EA	100 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155021631	CIDOFOV	CIDOFOV	81832	Nucleosid	8183200	Nucleosid	S	75 MG/ML	INTRAVEI	SOLN	ML	5	GENERIC		23155		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23155022701	ACYCLO\	ACYCLO\	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	100	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155022705	ACYCLO\	ACYCLO\	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	500	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155022801	ACYCLO\	ACYCLO\	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	100	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155022805	ACYCLO\	ACYCLO\	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	500	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155022901	ACYCLO\	ACYCLO\	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	100	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155022905	ACYCLO\	ACYCLO\	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	500	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM
23155023301	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	1.25-250 I	ORAL	TABS	EA	100 X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS				R	MEDPRIM

23155085705	ANASTRO	ANASTRO	681608	Antiestrog	68160800	Antiestrog	S	1 MG	ORAL	TABS	EA	500	X	GENERIC		23155		N	#N/A	ORIG_FR	10 EHB	#N/A						X	IF AGE=35-999 YEARS AND R	R	MEDPRMI
23155085709	ANASTRO	ANASTRO	681608	Antiestrog	68160800	Antiestrog	S	1 MG	ORAL	TABS	EA	90	X	GENERIC		23155		N	#N/A	ORIG_FR	10 EHB	#N/A						X	IF AGE=35-999 YEARS AND R	R	MEDPRMI
23155085825	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	125 MG	ORAL	CAPS	EA	50		GENERIC		23155		N	FORMULARY		1 GEN	GENERICS	X	<= 56						R	MEDPRMI
23155085878	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	125 MG	ORAL	CAPS	EA	20		GENERIC		23155		N	FORMULARY		1 GEN	GENERICS	X	<= 56						R	MEDPRMI
23155085925	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	250 MG	ORAL	CAPS	EA	50		GENERIC		23155		N	FORMULARY		1 GEN	GENERICS	X	<= 112						R	MEDPRMI
23155085978	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	250 MG	ORAL	CAPS	EA	20		GENERIC		23155		N	FORMULARY		1 GEN	GENERICS	X	<= 112						R	MEDPRMI
23155086001	FLUCYTO	FLUCYTO	81432	Pyrimidine	8143200	Pyrimidine	S	250 MG	ORAL	CAPS	EA	100		GENERIC		23155		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
23155086003	FLUCYTO	FLUCYTO	81432	Pyrimidine	8143200	Pyrimidine	S	250 MG	ORAL	CAPS	EA	30		GENERIC		23155		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
23155086101	FLUCYTO	FLUCYTO	81432	Pyrimidine	8143200	Pyrimidine	S	500 MG	ORAL	CAPS	EA	100		GENERIC		23155		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
23155086103	FLUCYTO	FLUCYTO	81432	Pyrimidine	8143200	Pyrimidine	S	500 MG	ORAL	CAPS	EA	30		GENERIC		23155		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
23155086203	MODAFIN	MODAFIN	282080	UNKNOW	28208000	UNKNOW	S	200 MG	ORAL	TABS	EA	30	X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS	X	2 IN 1 DAYS						R	MEDPRMI
23155086209	MODAFIN	MODAFIN	282080	UNKNOW	28208000	UNKNOW	S	200 MG	ORAL	TABS	EA	90	X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS	X	2 IN 1 DAYS						R	MEDPRMI
23155086301	GRISEOF	GRISEOF	81492	Antifungal	8149200	Antifungal	S	125 MG	ORAL	TABS	EA	100		GENERIC		23155		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
23155086401	GRISEOF	GRISEOF	81492	Antifungal	8149200	Antifungal	S	250 MG	ORAL	TABS	EA	100		GENERIC		23155		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
23155086501	GRISEOF	GRISEOF	81492	Antifungal	8149200	Antifungal	S	500 MG	ORAL	TABS	EA	100		GENERIC		23155		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
23155086601	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
23155086605	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	500	X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
23155086610	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	1000	X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
23155086701	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	100	X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
23155086705	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	500	X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
23155086710	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	1000	X	GENERIC	10/30/2024	23155		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
23155086801	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	100	X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
23155086805	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	500	X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
23155086810	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	1000	X	GENERIC	10/30/2024	23155		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
23155086931	ARSENIC	ARSENIC	100000	Antineopla	10000000	Antineopla	S	10 MG/10I	INTRAVEI	SOLN	ML	10		GENERIC		23155		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23155086941	ARSENIC	ARSENIC	100000	Antineopla	10000000	Antineopla	S	10 MG/10I	INTRAVEI	SOLN	ML	10		GENERIC		23155		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23155087031	ARSENIC	ARSENIC	100000	Antineopla	10000000	Antineopla	S	12 MG/6M	INTRAVEI	SOLN	ML	6		GENERIC		23155		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23155087041	ARSENIC	ARSENIC	100000	Antineopla	10000000	Antineopla	S	12 MG/6M	INTRAVEI	SOLN	ML	6		GENERIC		23155		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23155087101	TORSEMI	TORSEMI	402808	Loop Diur	40280800	Loop Diur	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
23155087201	TORSEMI	TORSEMI	402808	Loop Diur	40280800	Loop Diur	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		23155	Y	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
23155087301	TORSEMI	TORSEMI	402808	Loop Diur	40280800	Loop Diur	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
23155087401	TORSEMI	TORSEMI	402808	Loop Diur	40280800	Loop Diur	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
23155087503	LETROZO	LETROZO	681608	Antiestrog	68160800	Antiestrog	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
23155087509	LETROZO	LETROZO	681608	Antiestrog	68160800	Antiestrog	S	2.5 MG	ORAL	TABS	EA	90	X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
23155087510	LETROZO	LETROZO	681608	Antiestrog	68160800	Antiestrog	S	2.5 MG	ORAL	TABS	EA	1000	X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
23155087601	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
23155087605	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	500	X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
23155087701	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
23155087710	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	1000	X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
23155087801	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
23155087810	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
23155087901	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
23155087910	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
23155088001	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	30 MG	ORAL	TABS	EA	100	X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
23155088005	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	30 MG	ORAL	TABS	EA	500	X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
23155088101	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
23155088110	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	1000	X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
23155088231	PACLITA	PACLITA	100000	Antineopla	10000000	Antineopla	S	30 MG/5M	INTRAVEI	CONC	ML	5		GENERIC		23155		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23155088331	PACLITA	PACLITA	100000	Antineopla	10000000	Antineopla	S	100 MG/1	INTRAVEI	CONC	ML	16.7		GENERIC		23155		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23155088431	PACLITA	PACLITA	100000	Antineopla	10000000	Antineopla	S	300 MG/5	INTRAVEI	CONC	ML	50		GENERIC		23155		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23155088601	NALTREX	NALTREX	281000	Opiate An	28100000	Opiate An	S	50 MG	ORAL	TABS	EA	100		GENERIC		23155		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
23155088603	NALTREX	NALTREX	281000	Opiate An	28100000	Opiate An	S	50 MG	ORAL	TABS	EA	30		GENERIC		23155		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
23155089331	METHOHI	METHOHI	280404	UNKNOW	28040400	UNKNOW	S	500 MG	INJECTIO	SOLR	EA	1		GENERIC		23155		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23155089406	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	15 MG	ORAL	CPSP	EA	60	X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
23155089506	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	CPSP	EA	60	X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
23155090101	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
23155090105	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	1 MG	ORAL	TABS	EA	500	X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
23155090201	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	2 MG	ORAL	TABS	EA	100	X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
23155090205	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	2 MG	ORAL	TABS	EA	500	X	GENERIC		23155		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
23190011097	NORMLGI	SODIUM (	849200	Skin and I	84920000	Skin and I	O	0.90%	EXTERNA	GEL	GM	15		SSB		23190	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23190017444	MEPILEX	WOUND D	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	PADS	EA	5		NON DRUG		23190		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23190017445	MEPILEX	WOUND D	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	PADS	EA	5		NON DRUG		23190		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23190023314	MESALT	WOUND D	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	PADS	EA	30		NON DRUG		23190		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23190024903	MEPILEX	WOUND D	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	PADS	EA	50		NON DRUG		23190		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23190024904	MEPILEX	WOUND D	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	PADS	EA	5		NON DRUG		23190		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23190027185	MEPILEX	WOUND D	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	PADS	EA	5		NON DRUG		23190		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23323001122	MINI WRI	PEAK FLC	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		SSB		23323		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23359001204	WEE CAR	CARBONY	200404	Iron Prepa	20040400	Iron Prepa	P	15 MG/1.2	ORAL	SUSP	ML	118		GENERIC		23359		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23359002316	RYDEX	PSEUDOE	480800	Antitussive	48080000	Antitussive	O	10-1.33-6.	ORAL	LIQD	ML	473		SSB		23359		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						X	AGE_YEA MUST BE AT LEAST	R	MEDPRMI
23359002410	RYDEX G	PSEUDOE	481600	Expectora	48160000	Expectora	O	398MG-38	ORAL	TABS	EA	100		SSB		23359		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23359003210	NINJACO	CHLOPHE	480800	Antitussive	48080000	Antitussive	O	12.5-12.5	ORAL	LIQD	ML	10		SSB		23359		Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23359003216	NINJACO	CHLOPHE	480800	Antitussive	48080000	Antitussive	O	12.5-12.5	ORAL	LIQD	ML	473		SSB		23359		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23359003316	NINJACO	CHLOPHE	480800	Antitussive	48080000	Antitussive	O	12.5-12.5-	ORAL	LIQD	ML	473		SSB		23359		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23359003416	NINJACO	PSEUDOE	480800	Antitussive	48080000	Antitussive	O	30-12.5-12	ORAL	LIQD	ML	473		SSB		23359		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23359004016	NINJACO	GUAIFEN	480800	Antitussive	48080000	Antitussive	O	8MG/5ML-	ORAL	LIQD	ML	473		SSB		23359		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						X	AGE_YEA MUST BE AT LEAST	R	MEDPRMI
23359010010	CENTRAT	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	R	106-1 MG	ORAL	CAPS	EA	100		SSB		23359		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23359010030	CENTRAT	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	R	106-1 MG	ORAL	CAPS	EA	30		SSB		23359		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23359010190	AIRAVITE	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	2.5-25-1 M	ORAL	TABS	EA	90		GENERIC		23359		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23359010290	CENFOL	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	R	2.3-24.5-2	ORAL	TABS	EA	90		SSB		23359		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23359010530	C-NATE D	PRENATA	882800	Multivitam	88280000	Multivitam	R	28-1-200 M	ORAL	CAPS	EA	30		SSB		23359		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23359020030	RELNATE	PRENATA	882800	Multivitam	88280000	Multivitam	R	28-1-200 M	ORAL	CAPS	EA	30		SSB		23359		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23594010030	POLY-VI-F	PED MUL	882800	Multivitam	88280000	Multivitam	R	0.5-10 MG	ORAL	CHEW	EA	30		SSB		23594		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
23594010105	KARBINAL	CARBINO	40400	First Gene	4040000	First Gene	S	4 MG/5ML	ORAL	SUER	ML	480		MSB		23594		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION	X	960 IN 30 DAYS	X	Must meet 5 DS Carb	TRIAL OF CARBINOXAMINE IR ORAL S(	X	AGE_YEA MUST BE AT LEAST	R	MEDPRMI
23594012501	CEFACLO	CEFACLO	81206	Cephalosp	8120608	Second G	R	125 MG/5I	ORAL	SUSR	ML	150		GENERIC	10/23/2023	23594		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
23594020030	POLY-VI-F	PEDIATRI	882800	Multivitam	88280000	Multivitam	R	0.25 MG	ORAL	CHEW	EA	30		SSB		23594		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
23594020501	ACIPHEX	RABEPRA	562836	Proton-pu	56283600	Proton-pu	R	5 MG	ORAL	CPSP	EA	30	X	SSB	1/31/2022	23594		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	1 IN 1 DAYS	X	Must meet 5 DS Cvs	TRIAL OF 2 OF THE FOLLOWING: OMEPRAZOLE, LANSOPRAZOLE OR PANTOI			R	MEDPRMI
23594021001	ACIPHEX	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	10 MG	ORAL	CPSP	EA	30	X	SSB	1/31/2022	23594		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	1 IN 1 DAYS	X	Must meet 5 DS Cvs	TRIAL OF 2 OF THE FOLLOWING: OMEPRAZOLE, LANSOPRAZOLE OR PANTOI			R	MEDPRMI
23594022530	POLY-VI-F	PEDIATRI	882800	Multivitam	88280000	Multivitam	R	0.25 MG	ORAL	CHEW	EA	30		SSB		23594		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
23594025001	CEFACLO	CEFACLO	81206	Cephalosp	8120608	Second G	R	250 MG/5I	ORAL	SUSR	ML	150		GENERIC	10/28/2022	23594		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
23594030030	POLY-VI-F	PEDIATRI	882800	Multivitam	88280000	Multivitam	R	0.5 MG	ORAL	CHEW	EA	30		SSB		23594		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
23594032530	POLY-VI-F	PEDIATRI	882800	Multivitam	88280000	Multivitam	R	0.5 MG	ORAL	CHEW	EA	30		SSB		23594		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
23594035030	POLY-VI-F	PEDIATRI	882800	Multivitam	88280000	Multivitam	R	0.5 MG	ORAL	CHEW	EA	30		SSB	9/28/2023	23594		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
23594037501	CEFACLO	CEFACLO	81206	Cephalosp	8120608	Second G	R	375 MG/5I	ORAL	SUSR	ML	100		GENERIC	10/23/2023	23594		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
23594040030	POLY-VI-F	PEDIATRI	882800	Multivitam	88280000	Multivitam	R	1 MG	ORAL	CHEW	EA	30		SSB		23594		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
23594042530	POLY-VI-F	PEDIATRI	882800	Multivitam	88280000	Multivitam	R	1 MG	ORAL	CHEW	EA	30		SSB		23594		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
23594050050	POLY-VI-F	PEDIATRI	882800	Multivitam	88280000	Multivitam	R	0.25 MG/N	ORAL	SUSP	ML	50		SSB	9/28/2023	23594		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
23594050501	MILLIPRE	PREDNIS	680400	Adrenals	68040000	Adrenals	R	5 MG	ORAL	TABS	EA	100		SSB	3/31/2022	23594		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION				DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRMI
23594052530	POLY-VI-F	PED MUL	882800	Multivitam	88280000	Multivitam	R	0.5-10 MG	ORAL	CHEW	EA	30		SSB		23594		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
23594055050	POLY-VI-F	PEDIATRI	882800	Multivitam	88280000	Multivitam	R	0.25 MG/N	ORAL	SUSP	ML	50		SSB		23594		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
23594060050	POLY-VI-F	PED MUL	882800	Multivitam	88280000	Multivitam	O	0.25-7 MG	ORAL	SUSP	ML	50		SSB		23594		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
23594060550	POLY-VI-F	PED MUL	882800	Multivitam	88280000	Multivitam	R	0.25-7 MG	ORAL	SUSP	ML	50		SSB		23594		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
23594070050	TRI-VI-FL	PEDIATRI	882800	Multivitam	88280000	Multivitam	R	0.25 MG/N	ORAL	SUSP	ML	50		SSB		23594		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
23594080050	TRI-VI-FL	PEDIATRI	882800	Multivitam	88280000	Multivitam	R	0.5 MG/MI	ORAL	SUSP	ML	50		SSB	9/28/2023	23594		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
23594080550	POLY-VI-F	PEDIATRI	882800	Multivitam	88280000	Multivitam	R	0.25 MG/N	ORAL	SUSP	ML	50		SSB		23594		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
23594090101	FLEXICHA	SPACER/	940000	Devices	94000000	Devices	R	0	DOES NO	DEVI	EA	1		NON DRUG		23594		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23594090301	FLEXICHA	SPACER/	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		23594		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23594090302	FLEXICHA	SPACER/	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		23594		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23594090303	FLEXICHA	SPACER/	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		23594		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23601000003	BATH/SH	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601	Y	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23601000004	PLASTIC	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601	Y	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23601000005	BATH/SH	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601	Y	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23601000006	TUB TRAI	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601	Y	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23601000012	COMPOS	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601	Y	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23601000021	WALKER	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		23601	Y	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23601000043	FRACTUF	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601	Y	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23601000051	CANE/WC	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601	Y	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23601000053	CANE/WC	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601	Y	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23601000054	CANE/ALI	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601	Y	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23601000055	CANE/ALI	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601	Y	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23601000056	CANE/RO	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601	Y	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23601000545	CANE/AD	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601	Y	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23601000700	CANE/WC	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601	Y	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23601000701	FOAM CR	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		23601	Y	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23601000711	WOODEN	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601	Y	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23601000715	STANDAF	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		23601	Y	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23601000717	CANE TIP	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		23601	Y	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23601000718	CANE TIP	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		23601	Y	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23601000719	CANE TIP	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		23601	Y	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23601000720	CANE TIP	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		23601	Y	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23601000725	CANE TIP	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		23601	Y	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23601000728	ADJUST A	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601	Y	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23601000729	WOODEN	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601	Y	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23601000756	ADJUST A	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601	Y	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23601000761	ADJUST A	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601	Y	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23601000773	ADJUST F	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601	Y	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
23601000805	UNIVERS	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601	Y	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI

23601001221	STEEL R(	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601001222	ROLLING	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601001223	STEP N' F	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601001333	TRIO ROL	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601001335	CLASSIC:	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601002650	ADJUSTA	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601	Y	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601002651	ADJUSTA	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601	Y	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601005144	CANE/DE	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601	Y	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601005175	CANE/DE	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601	Y	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601007030	CANE HO	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601	Y	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601007040	CANE WF	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601	Y	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601007360	QUAD CA	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601	Y	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601007460	ADJUSTA	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601	Y	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601007810	WOODEN	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601008210	WALKER	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	4		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601008250	WALKER	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601008570	WALKER/	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601009510	SPLIT HA	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601009520	CRUTCH	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601009750	CRUTCH/	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601009760	ADULT PU	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601009770	YOUTH P	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601011000	CANE/WC	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601011100	CANE/WC	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601011300	CANE/WC	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601011400	CANE/WC	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601011520	CANE/WC	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601012010	BATHTUB	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601012020	TRI-GRIP	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601012030	CANE/ME	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601012040	CANE/ME	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601012050	WHITE W.	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601012060	WHITE W.	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601012070	WHITE W.	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601012080	WHITE W.	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601012090	TEXTURE	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601012101	TEXTURE	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601012110	TEXTURE	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601012120	TEXTURE	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601012130	TEXTURE	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601012140	DIVERTEI	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601012150	HAND HE	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601012227	ROLLER \	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601012550	CANE/ALI	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601012800	QUAD CA	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601012801	QUAD CA	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601012802	QUAD CA	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601012860	QUAD CA	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601012900	QUAD CA	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601012901	QUAD CA	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601012960	QUAD CA	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601013040	E-Z LOCK	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601013050	E-Z LOCK	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601013061	ELONGAT	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601013071	TOILET S	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601013080	HIP/FRAC	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601013090	HIP/FRAC	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601013100	RAISED T	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601013580	TOILET S.	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601021227	CAREX W	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601022560	CANE/ALI	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601022791	CANE/ALI	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601022820	CANE/ALI	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601022831	CANE/ALI	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601022861	CANE/ALI	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601022871	CANE/ALI	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601022900	FOLDING	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601023100	CRUTCH/	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601023200	CRUTCH/	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601023300	CRUTCH/	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601023407	FOLDING	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601023572	COMMOD	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601031013	CAREX C	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601031217	QUAD CA	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	4		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601032001	CRUTCH	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601033600	CRUTCH/	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601036021	SUCTION	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601040350	PLATFOR	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601043010	WALKER/	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601044010	WALKER/	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601045010	WALKER/	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601045011	WALKER/	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601045050	WALKER/	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601045280	WALKER	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601045290	WALKER	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601045300	WALKER	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601045310	WALKER	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601045320	WALKER	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601045330	WALKER	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601045340	WALKER	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601045350	WALKER	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601045360	WALKER	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601045378	WALKER	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601045380	WALKER	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601045390	WALKER	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601046020	REMOVAI	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601046050	3-IN-1 CO	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601046550	HEAD HA	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601047000	BEDSIDE	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601048070	EXTRA-W	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601049000	STEP N' F	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601049021	STEP N' F	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601049040	STEP N' F	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601057100	METAL RI	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601057200	METAL RI	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601058600	IV POLE	PARENTE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601058700	HOME ST	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601060600	CAREX U	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601063250	WALKER/	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601065042	BATH/SH(	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601065043	BATH/SH(	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601065071	ROUND S	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601065110	RAISED T	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601065140	TOILET S.	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601065180	COMMOD	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601065190	COMMOD	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601065202	UNIVERS.	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	4		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601065320	DELUXE \	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601065370	VINYL PA	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601065380	BLOW MC	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601065400	BLOW MC	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601065750	E-Z LOCK	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601065850	E-Z LOCK	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601074380	CONTOUI	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601074420	ZIPPERE(	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601085520	PEDAL E)	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601086030	FOLDING	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601087010	FOAM IN\	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601087020	VINYL INF	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601087030	RUBBER	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601087060	FEMALE I	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601087070	MALE UR	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601087080	SITZ BATI	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601087110	CONTOUI	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601087120	INFLATAE	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601087130	CERVICA	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601087300	CERVICA	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601087350	UNIVERS.	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601087400	BACK SUI	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601087401	BACK SUI	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601087402	BACK SUI	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601087500	SOFT HAI	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601087501	SOFT HAI	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601087502	SOFT HAI	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601087600	COOL-WE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601087601	COOL-WE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601087602	COOL-WE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601087603	COOL-WE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601087900	COOL-WE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601087901	COOL-WE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601087902	COOL-WE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601088000	COOL-WE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601088001	COOL-WE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601088100	COOL-WE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601088101	COOL-WE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601088400	COOL-WE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601088401	COOL-WE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601088402	COOL-WE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601088500	COOL-WE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601088501	COOL-WE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601088502	COOL-WE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601089100	COOL-WE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601089101	COOL-WE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23601089102	COOL-WE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		23601		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23635050860	AMITIZA	LUBIPRO:	561808 UNKNOW	56180800 UNKNOW	S	8 MCG	ORAL	CAPS	EA	60	X	MSB		23635		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION	X	2 IN 1 DAYS		R	MEDPRIM
23635052460	AMITIZA	LUBIPRO:	561808 UNKNOW	56180800 UNKNOW	S	24 MCG	ORAL	CAPS	EA	60	X	MSB		23635		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION	X	2 IN 1 DAYS		R	MEDPRIM
23635058010	ROXICOD	OXYCOD(	280808 Opiate Ag	28080800 Opiate Ag	S	5 MG	ORAL	TABS	EA	100		MSB	8/23/2022	23635	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
23635058110	ROXICOD	OXYCOD(	280808 Opiate Ag	28080800 Opiate Ag	S	15 MG	ORAL	TABS	EA	100		MSB		23635	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
23635058210	ROXICOD	OXYCOD(	280808 Opiate Ag	28080800 Opiate Ag	S	30MG	ORAL	TABS	EA	100		MSB		23635	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
23710000002	NEOSALL	DERMAT(	849200 Skin and I	84920000 Skin and I	R	0-0-0	EXTERNA	FOAM	GM	200		SSB		23710		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
23710000110	NEOSALL	DERMAT(	849200 Skin and I	84920000 Skin and I	R	0-0	EXTERNA	CREA	GM	100		SSB		23710		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
23710000208	NEOSALL	DERMAT(	849200 Skin and I	84920000 Skin and I	R	0-0	EXTERNA	LOTN	ML	236		SSB		23710		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
23710000602	SALVAX	SALICYLI	842800 Keratolytic	84280000 Keratolytic	S	6%	EXTERNA	FOAM	GM	200		MSB		23710		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
23710000670	SALVAX	SALICYLI	842800 Keratolytic	84280000 Keratolytic	S	6%	EXTERNA	FOAM	GM	70		MSB		23710	N	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
23710000730	HYLAMEN	HYDROGI	840492 Local Anti-	84049200 Local Anti-	O	1.80%	EXTERNA	GEL	GM	30		SSB		23710	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23710004015	HYDRO 4	UREA	842800 Keratolytic	84280000 Keratolytic	S	40%	EXTERNA	FOAM	GM	150		MSB		23710	N	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
23710006004	ATRAPR(	WOUND D	849200 Skin and I	84920000 Skin and I	R	0	EXTERNA	GEL	GM	113		SSB		23710		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
23710006042	ATRAPR(	WOUND D	849200 Skin and I	84920000 Skin and I	R	0-0	EXTERNA	KIT	GM	313		SSB		23710		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRIM
23710006508	ATRAPR(	WOUND (	849200 Skin and I	84920000 Skin and I	R	0	EXTERNA	LIQD	ML	236		SSB		23710		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
23710010070	ECOZA	ECONAZ(	840408 Antifungal	84040808 Azoles	R	1%	EXTERNA	FOAM	GM	70		SSB	11/15/2024	23710		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRIM
23710020020	PRESER/	DERMAT(	849200 Skin and I	84920000 Skin and I	R	0-0	EXTERNA	FOAM	GM	200		SSB		23710		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRIM
23710052020	RECEDO	SCAR TRI	849200 Skin and I	84920000 Skin and I	R	0-0-0	EXTERNA	GEL	GM	20		SSB		23710		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
23710063501	SALVAX [	SALICYLI	842800 Keratolytic	84280000 Keratolytic	R	0-6%-35%	EXTERNA	KIT	GM	220		SSB		23710		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRIM
23731603003	TRICITRA	ANTICOA	201204 Anticoagu	20120492 Miscellane	R	46.70%	IN VITRO	CONC	ML	30		SSB		23731		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRIM
23731603203	TRICITRA	ANTICOA	201204 Anticoagu	20120492 Miscellane	R	46.70%	IN VITRO	CONC	ML	30		SSB		23731		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRIM
23731605305	ACD-A N(	ANTICOA	201204 Anticoagu	20120492 Miscellane	R	.73GM/10(	IN VITRO	SOLN	ML	50		SSB		23731	N	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRIM
23900000015	VICKS VA	CAMPHOI	929200 UNKNOW	92920000 UNKNOW	P	4.73%-1.2	EXTERNA	OINT	GM	170		MSB		23900		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
23900000031	VICKS NY	DEXTROI	480800 Antitussive	48080000 Antitussive	P	15-6.25-3:	ORAL	CAPS	EA	72		GENERIC		23900		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23900000361	VICKS VA	CAMPHOI	929200 UNKNOW	92920000 UNKNOW	P	4.73%-1.2	EXTERNA	OINT	GM	50		MSB		23900	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
23900000362	VICKS VA	CAMPHOI	929200 UNKNOW	92920000 UNKNOW	P	4.73%-1.2	EXTERNA	OINT	GM	100		MSB		23900	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
23900000617	VICKS BA	LINIMENT	842404 Basic Loti(	84240400 Basic Loti(	O	0-0-0-0-0	EXTERNA	CREA	GM	50		SSB		23900		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23900001035	VICKS VA	CAMPHOI	929200 UNKNOW	92920000 UNKNOW	P	6.20%	INHALATI	LIQD	ML	236		MSB		23900		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
23900001051	VICKS VA	CAMPHOI	929200 UNKNOW	92920000 UNKNOW	P	4.7%-1.2%	EXTERNA	OINT	GM	50		MSB		23900		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
23900001076	VICKS VA	MENTHOI	521600 Local Ane	52160000 Local Ane	O	1.7 MG	MOUTH/T	LOZG	EA	20		SSB		23900		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23900001077	VICKS VA	MENTHOI	521600 Local Ane	52160000 Local Ane	O	3.3MG	MOUTH/T	LOZG	EA	20		SSB		23900		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23900001252	VICKS SII	OXYMETA	523200 Vasocons	52320000 Vasocons	P	0.05%	NASAL	SOLN	ML	15		MSB		23900		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
23900001396	ZZZQUIL	DIPHENH	282492 Anxiolytics	28249200 Anxiolytics	P	50 MG/30	ORAL	LIQD	ML	177		MSB		23900	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
23900001398	ZZZQUIL	DIPHENH	282492 Anxiolytics	28249200 Anxiolytics	P	50 MG/30	ORAL	LIQD	ML	354		MSB		23900	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
23900001399	ZZZQUIL	DIPHENH	282492 Anxiolytics	28249200 Anxiolytics	P	25 MG	ORAL	CAPS	EA	24		MSB		23900	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
23900001401	ZZZQUIL	DIPHENH	282492 Anxiolytics	28249200 Anxiolytics	P	25 MG	ORAL	CAPS	EA	48		MSB		23900	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
23900001424	VICKS NY	DEXTROI	480800 Antitussive	48080000 Antitussive	P	15-6.25-3	ORAL	LIQD	ML	236		MSB		23900	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
23900001425	VICKS NY	DEXTROI	480800 Antitussive	48080000 Antitussive	P	15-6.25-3	ORAL	LIQD	ML	236		MSB		23900	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
23900001426	VICKS NY	DEXTROI	480800 Antitussive	48080000 Antitussive	P	15-6.25-3	ORAL	LIQD	ML	354		MSB		23900	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
23900001427	VICKS NY	DEXTROI	480800 Antitussive	48080000 Antitussive	P	15-6.25-3	ORAL	LIQD	ML	354		MSB		23900	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
23900001428	VICKS NY	DEXTROI	480800 Antitussive	48080000 Antitussive	P	15-6.25-3	ORAL	LIQD	ML	354		MSB		23900	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
23900001429	VICKS NY	DEXTROI	480800 Antitussive	48080000 Antitussive	P	15-6.25-3	ORAL	LIQD	ML	354		MSB		23900	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
23900001430	VICKS NY	DEXTROI	480800 Antitussive	48080000 Antitussive	P	15-6.25-3	ORAL	LIQD	ML	354		MSB		23900	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
23900001431	VICKS NY	DOXYLAN	480800 Antitussive	48080000 Antitussive	P	6.25-15 M	ORAL	LIQD	ML	236		MSB		23900		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
23900001432	VICKS NY	DOXYLAN	480800 Antitussive	48080000 Antitussive	P	12.5-30 M	ORAL	LIQD	ML	354		MSB		23900		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
23900001433	VICKS NY	CHLORPH	480800 Antitussive	48080000 Antitussive	O	2-15 MG/1	ORAL	LIQD	ML	236		SSB		23900	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23900001434	VICKS NY	DEXTROI	480800 Antitussive	48080000 Antitussive	O	30-650-4	ORAL	LIQD	ML	354		SSB		23900		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23900001435	VICKS DA	DEXTROI	480800 Antitussive	48080000 Antitussive	P	10-5-325	ORAL	LIQD	ML	236		GENERIC		23900		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23900001436	VICKS DA	DEXTROI	480800 Antitussive	48080000 Antitussive	P	10-5-325	ORAL	LIQD	ML	354		GENERIC		23900		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23900001437	VICKS DA	DEXTROI	480800 Antitussive	48080000 Antitussive	P	15 MG/15	ORAL	LIQD	ML	354		MSB		23900		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
23900001438	VICKS DA	DEXTROI	480800 Antitussive	48080000 Antitussive	O	10-200 M	ORAL	LIQD	ML	354		SSB		23900		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23900001439	VICKS NY	DEXTROI	480800 Antitussive	48080000 Antitussive	P	15-6.25-3	ORAL	CAPS	EA	16		GENERIC		23900		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23900001440	VICKS NY	DEXTROI	480800 Antitussive	48080000 Antitussive	P	15-6.25-3	ORAL	CAPS	EA	24		GENERIC		23900		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23900001441	VICKS NY	DEXTROI	480800 Antitussive	48080000 Antitussive	P	15-6.25-3	ORAL	CAPS	EA	48		GENERIC		23900		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23900001442	VICKS DA	DEXTROI	480800 Antitussive	48080000 Antitussive	P	10-5-325	ORAL	CAPS	EA	16		GENERIC		23900		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23900001443	VICKS DA	DEXTROI	480800 Antitussive	48080000 Antitussive	P	10-5-325	ORAL	CAPS	EA	24		GENERIC		23900		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23900001444	VICKS DA	DEXTROI	480800 Antitussive	48080000 Antitussive	P	10-5-325	ORAL	CAPS	EA	48		GENERIC		23900		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23900001446	VICKS DA	DEXTROI	480800 Antitussive	48080000 Antitussive	P	10-5-325	ORAL	CAPS	EA	72		GENERIC		23900		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23900001452	VICKS DA	PHENYLE	480800 Antitussive	48080000 Antitussive	P	0-0-0-0	ORAL	MISC	EA	48		GENERIC		23900	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23900001453	VICKS DA	PHENYLE	480800 Antitussive	48080000 Antitussive	P	0-0-0-0	ORAL	MISC	EA	72		GENERIC		23900	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23900001454	VICKS SII	DOXYLAN	40400 First Gene	4040000 First Gene	P	325MG-6.	ORAL	MISC	EA	48		MSB		23900	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
23900001478	VICKS DA	DOXYLAN	480800 Antitussive	48080000 Antitussive	P	6.25-15 &	ORAL	LQPK	ML	708		MSB		23900	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
23900001479	VICKS DA	PHENYLE	480800 Antitussive	48080000 Antitussive	P	LIQUID	ORAL	MISC	ML	708		GENERIC		23900		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23900001531	ZZZQUIL	DIPHENH	282492 Anxiolytics	28249200 Anxiolytics	P	50 MG/30	ORAL	LIQD	ML	354		MSB		23900		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
23900001577	VICKS DA	DEXTROI	480800 Antitussive	48080000 Antitussive	P	10-5-325	ORAL	LIQD	ML	354		GENERIC		23900		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23900001619	ZZZQUIL	DIPHENH	282492 Anxiolytics	28249200 Anxiolytics	P	50 MG/30	ORAL	LIQD	ML	354		MSB		23900		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
23900001778	VICKS DA	PHENYLE	480800 Antitussive	48080000 Antitussive	P	325MG/15	ORAL	LQPK	ML	708		MSB		23900	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
23900001986	QLEARQI	OXYMETA	523200 Vasocons	52320000 Vasocons	P	0.05%	NASAL	SOLN	ML	15		GENERIC		23900		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23900002325	VICKS SII	OXYMETA	523200 Vasocons	52320000 Vasocons	P	0.05%	NASAL	SOLN	ML	15		MSB		23900		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
23900002326	VICKS SII	OXYMETA	523200 Vasocons	52320000 Vasocons	P	0.05%	NASAL	SOLN	ML	15		MSB		23900		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
23900002327	VICKS SII	PHENYLE	121204 alpha-Adr	12120400 alpha-Adr	P	325MG-5N	ORAL	CAPS	EA	24		GENERIC		23900		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23900002329	VICKS SII	DOXYLAN	40400 First Gene	4040000 First Gene	P	325MG-6.	ORAL	MISC	EA	24		MSB		23900		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
23900002330	VICKS SII	DOXYLAN	40400 First Gene	4040000 First Gene	P	325MG-6.	ORAL	MISC	EA	48		MSB		23900		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
23900002441	VICKS SII	OXYMETA	523200 Vasocons	52320000 Vasocons	P	0.05%	NASAL	SOLN	ML	15		MSB		23900		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
23900003802	ZZZQUIL	DIPHENH	282492 Anxiolytics	28249200 Anxiolytics	P	25 MG	ORAL	CAPS	EA	12		MSB		23900	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
23900003803	ZZZQUIL	DIPHENH	282492 Anxiolytics	28249200 Anxiolytics	P	25 MG	ORAL	CAPS	EA	72		MSB		23900	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
23900003809	VICKS DA	PHENYLE	480800 Antitussive	48080000 Antitussive	P	325MG-10	ORAL	TABS	EA	24		GENERIC		23900		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23900003811	VICKS DA	PHENYLE	480800 Antitussive	48080000 Antitussive	P	325MG-10	ORAL	TABS	EA	72		GENERIC		23900		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23900003812	VICKS DA	PHENYLE	480800 Antitussive	48080000 Antitussive	P	325MG/15	ORAL	LIQD	ML	236		GENERIC		23900		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23900003813	VICKS DA	PHENYLE	480800 Antitussive	48080000 Antitussive	P	325MG/15	ORAL	LIQD	ML	354		GENERIC		23900		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23900003814	VICKS NY	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-6.25-10-	ORAL	LIQD	ML	236		GENERIC		23900		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23900003815	VICKS NY	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-6.25-10-	ORAL	LIQD	ML	354		GENERIC		23900		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23900003816	VICKS NY	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-6.25-10-	ORAL	LIQD	ML	354		GENERIC		23900		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23900003822	VICKS NY	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-6.25-10-	ORAL	LIQD	ML	354		GENERIC		23900		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23900003839	VICKS NY	PHENYLE	480800 Antitussive	48080000 Antitussive	O	5-6.25-10-	ORAL	TABS	EA	24		SSB		23900		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23900003843	VICKS NY	DEXTROI	480800 Antitussive	48080000 Antitussive	P	15-6.25-3	ORAL	CAPS	EA	8		GENERIC		23900		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23900003844	VICKS DA	DEXTROI	480800 Antitussive	48080000 Antitussive	P	10-5-325	ORAL	CAPS	EA	8		GENERIC		23900		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23900003846	VICKS DA	PHENYLE	480800 Antitussive	48080000 Antitussive	O	325MG-10	ORAL	TBPK	EA	48		SSB		23900		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23900003848	VICKS DA	PHENYLE	480800 Antitussive	48080000 Antitussive	O	325MG-10	ORAL	TBPK	EA	24		SSB		23900		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23900003849	VICKS DA	PHENYLE	480800 Antitussive	48080000 Antitussive	P	0-0-0-0	ORAL	MISC	EA	24		GENERIC		23900		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23900003902	NYQUIL H	DEXTROI	480800 Antitussive	48080000 Antitussive	P	15-6.25-3	ORAL	LIQD	ML	354		MSB		23900		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
23900003904	VICKS DA	ACETAMI	480800 Antitussive	48080000 Antitussive	O	325-10 M	ORAL	CAPS	EA	24		SSB		23900		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23900003920	VICKS VA	CAMPHOI	929200 UNKNOW	92920000 UNKNOW	P	4.7%-1.2%	EXTERNA	OINT	GM	50		MSB		23900		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
23900003921	VICKS VA	CAMPHOI	929200 UNKNOW	92920000 UNKNOW	P	4.8%-1.2%	EXTERNA	OINT	GM	50		MSB		23900		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
23900003922	VICKS BA	AROMATI	929200 UNKNOW	92920000 UNKNOW	P	0-0-0-0-0	EXTERNA	OINT	GM	50		MSB		23900		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
23900003940	DAYQUIL	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-10-200-	ORAL	LIQD	ML	354		GENERIC		23900		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23900003941	NYQUIL S	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-6.25-10-	ORAL	LIQD	ML	354		GENERIC		23900		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23900003942	SINEX SE	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-6.25-10-	ORAL	LIQD	ML	236		GENERIC		23900		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23900003951	VICKS DA	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-10-200-	ORAL	CAPS	EA	24		GENERIC		23900		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23900003952	NYQUIL S	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-6.25-10-	ORAL	CAPS	EA	24		GENERIC		23900		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23900003953	VICKS DA	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-10-200-	ORAL	CAPS	EA	16		GENERIC		23900		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23900003958	VICKS SII	PHENYLE	481600 Expectora	48160000 Expectora	O	5-325-200	ORAL	CAPS	EA	24		SSB		23900		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
23900003984	VICKS SII	OXYMETA	523200 Vasocons	52320000 Vasocons	P	0.05%	NASAL	SOLN	ML	15		MSB		23900		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
23900004120	NYQUIL C	PHENYLE	480800 Antitussive	48080000 Antitussive	O	5-6.25-10	ORAL	LIQD	ML	236		SSB		23900		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
24155001300	PINXAV	ZINC OXII	841200 Astringent	84120000 Astringent	P	30%	EXTERNA	OINT	GM	113.4		GENERIC		24155		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
24201000201	LEVOTHY	LEVOTHY	683604 Thyroid Ag	68360400 Thyroid Ag	R	100 MCG/	INTRAVEI	SOLN	ML	1		GENERIC		24201		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
24201001020	PENTOBA	PENTOBA	282404 Barbiturat	28240400 Barbiturat	S	50 MG/ML	INJECTIO	SOLN	ML	20		GENERIC		24201		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
24201001050	PENTOBA	PENTOBA	282404 Barbiturat	28240400 Barbiturat	S	50 MG/ML	INJECTIO	SOLN	ML	50		GENERIC		24201		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
24201010001	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	S	10 MG/ML	INTRAVEI	SOLN	ML	100		GENERIC		24201		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
24201010024	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	S	10 MG/ML	INTRAVEI	SOLN	ML	100		GENERIC		24201		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM

24478011001	DYANAVE	AMPHETA	282004 Amphetan	28200400 Amphetan	R	20 MG	ORAL	TBCR	EA	30 X	SSB		24478	N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND			X	1 IN 1 DAYS	X	Must mee 5 DS Azst TRIAL OF AZSTARYS OR JORNAY PM IN THE PAST 120 DAYS			R	MEDPRMI
24478014801	ONYDA X	CLONIDIN	121204 alpha-Adr	12120400 alpha-Adr	R	0.1 MG/MI	ORAL	SUER	ML	7 X	SSB		24478	Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
24478014803	ONYDA X	CLONIDIN	121204 alpha-Adr	12120400 alpha-Adr	R	0.1 MG/MI	ORAL	SUER	ML	30 X	SSB		24478	N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND			X	4 IN 1 DAYS	X	Must mee 5 DS Clon TRIAL OF CLONIDINE 0.1 MG ER TABLE	X	AGE_YEA MUST BE AT LEAS	R	MEDPRMI
24478014804	ONYDA X	CLONIDIN	121204 alpha-Adr	12120400 alpha-Adr	R	0.1 MG/MI	ORAL	SUER	ML	60 X	SSB		24478	N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND			X	4 IN 1 DAYS	X	Must mee 5 DS Clon TRIAL OF CLONIDINE 0.1 MG ER TABLE	X	AGE_YEA MUST BE AT LEAS	R	MEDPRMI
24478032102	QUILLIVA	METHYLF	282032 UNKNOW	28203200 UNKNOW	R	25 MG/5M	ORAL	SRER	ML	60 X	SSB		24478	N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND			X	60 IN 30 DAYS	X	Must mee 5 DS Amp TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHE			R	MEDPRMI
24478032204	QUILLIVA	METHYLF	282032 UNKNOW	28203200 UNKNOW	R	25 MG/5M	ORAL	SRER	ML	120 X	SSB		24478	N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND			X	240 IN 30 DAYS	X	Must mee 5 DS Amp TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHE			R	MEDPRMI
24478032305	QUILLIVA	METHYLF	282032 UNKNOW	28203200 UNKNOW	R	25 MG/5M	ORAL	SRER	ML	150 X	SSB		24478	N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND			X	300 IN 30 DAYS	X	Must mee 5 DS Amp TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHE			R	MEDPRMI
24478032406	QUILLIVA	METHYLF	282032 UNKNOW	28203200 UNKNOW	R	25 MG/5M	ORAL	SRER	ML	180 X	SSB		24478	N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND			X	360 IN 30 DAYS	X	Must mee 5 DS Amp TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHE			R	MEDPRMI
24490010121	K-PRIME	POTASSI	401200 Replacem	40120000 Replacem	S	25 MEQ	ORAL	TBEF	EA	30 X	GENERIC		24490 N	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24492085056	KITABIS F	TOBRAMY	81202 Aminoglyc	8120200 Aminoglyc	S	300 MG/5I	INHALATI	NEBU	ML	5 X	SSB		24492 Y	N	NON-FORMULARY	6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X							R	MEDPRMI
24492089999	TOBRAMY	TOBRAMY	81202 Aminoglyc	8120200 Aminoglyc	S	300MG/5N	INHALATI	NEBU	ML	5	GENERIC		24492	N	FORMULARY	4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
24510005010	NUCYNT	TAPENTA	280808 Opiate Ag	28080800 Opiate Ag	R	50 MG	ORAL	TABS	EA	100	SSB		24510	N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND			X	6 IN 1 DAYS					R	MEDPRMI
24510005860	NUCYNT	TAPENTA	280808 Opiate Ag	28080800 Opiate Ag	R	50MG	ORAL	TB12	EA	60	SSB		24510	N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND			X	2 IN 1 DAYS	X	Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L			R	MEDPRMI
24510007510	NUCYNT	TAPENTA	280808 Opiate Ag	28080800 Opiate Ag	R	75 MG	ORAL	TABS	EA	100	SSB		24510	N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND			X	6 IN 1 DAYS					R	MEDPRMI
24510010010	NUCYNT	TAPENTA	280808 Opiate Ag	28080800 Opiate Ag	R	100 MG	ORAL	TABS	EA	100	SSB		24510	N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND			X	6 IN 1 DAYS					R	MEDPRMI
24510011010	XTAMPZA	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag	R	9MG	ORAL	C12A	EA	100	SSB		24510	N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND			X	2 IN 1 DAYS	X	Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L			R	MEDPRMI
24510011510	XTAMPZA	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag	R	13.5MG	ORAL	C12A	EA	100	SSB		24510	N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND			X	2 IN 1 DAYS	X	Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L			R	MEDPRMI
24510011660	NUCYNT	TAPENTA	280808 Opiate Ag	28080800 Opiate Ag	R	100 MG	ORAL	TB12	EA	60	SSB		24510	N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND			X	2 IN 1 DAYS	X	Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L			R	MEDPRMI
24510012010	XTAMPZA	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag	R	18MG	ORAL	C12A	EA	100	SSB		24510	N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND			X	2 IN 1 DAYS	X	Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L			R	MEDPRMI
24510013010	XTAMPZA	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag	R	27MG	ORAL	C12A	EA	100	SSB		24510	N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND			X	4 IN 1 DAYS	X	Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L			R	MEDPRMI
24510014010	XTAMPZA	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag	R	36MG	ORAL	C12A	EA	100	SSB		24510	N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND			X	8 IN 1 DAYS	X	Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L			R	MEDPRMI
24510017460	NUCYNT	TAPENTA	280808 Opiate Ag	28080800 Opiate Ag	R	150 MG	ORAL	TB12	EA	60	SSB		24510	N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND			X	2 IN 1 DAYS	X	Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L			R	MEDPRMI
24510023260	NUCYNT	TAPENTA	280808 Opiate Ag	28080800 Opiate Ag	R	200 MG	ORAL	TB12	EA	60	SSB		24510	N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND			X	2 IN 1 DAYS	X	Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L			R	MEDPRMI
24510029160	NUCYNT	TAPENTA	280808 Opiate Ag	28080800 Opiate Ag	R	250 MG	ORAL	TB12	EA	60	SSB		24510	N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND			X	2 IN 1 DAYS	X	Must mee 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L			R	MEDPRMI
24571010206	PRISMAS	BICARBO	401200 Replacem	40120000 Replacem	R	32-2 MEQ	EXTRACC	SOLN	ML	5000	SSB		24571	N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND									R	MEDPRMI
24571010306	PRISMAS	BICARBO	401200 Replacem	40120000 Replacem	R	32-2-3.5 M	EXTRACC	SOLN	ML	5000	SSB		24571	N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND									R	MEDPRMI
24571010506	PRISMAS	BICARBO	401200 Replacem	40120000 Replacem	R	32-4-2.5 M	EXTRACC	SOLN	ML	5000	SSB		24571	N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND									R	MEDPRMI
24571010806	PRISMAS	BICARBO	401200 Replacem	40120000 Replacem	R	32-2.5 ME	EXTRACC	SOLN	ML	5000	SSB		24571	N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND									R	MEDPRMI
24571011106	PRISMAS	BICARBO	401200 Replacem	40120000 Replacem	R	22-4 MEQ	EXTRACC	SOLN	ML	5000	SSB		24571	N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND									R	MEDPRMI
24571011306	PRISMAS	BICARBO	401200 Replacem	40120000 Replacem	R	32-1.2 ME	EXTRACC	SOLN	ML	5000	SSB		24571	N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND									R	MEDPRMI
24571011406	PRISMAS	BICARBO	401200 Replacem	40120000 Replacem	R	32-4-1.2 M	EXTRACC	SOLN	ML	5000	SSB		24571	N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND									R	MEDPRMI
24571011606	PHOXILL	BICARBO	401200 Replacem	40120000 Replacem	R	32-4-2.5-1	EXTRACC	SOLN	ML	5000	SSB		24571	N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND									R	MEDPRMI
24571011706	PHOXILL	BICARBO	401200 Replacem	40120000 Replacem	R	22-4-1 ME	EXTRACC	SOLN	ML	5000	SSB		24571	N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND									R	MEDPRMI
24571012302	REGIOCI	REGIONA	201204 Anticoagu	20120492 Miscellane	R	0.53%	EXTRACC	SOLN	ML	5000	SSB		24571	N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND									R	MEDPRMI
24658017230	DILTIAZE	DILTIAZE	240404 Antiarrhyt	24040424 Class IV A	S	240 MG	ORAL	CP24	EA	30 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24658017330	DILTIAZE	DILTIAZE	240404 Antiarrhyt	24040424 Class IV A	S	300 MG	ORAL	CP24	EA	30 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24658017430	DILTIAZE	DILTIAZE	240404 Antiarrhyt	24040424 Class IV A	S	360 MG	ORAL	CP24	EA	30 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24658026005	GEMFIBR	GEMFIBR	240606 Fibric Acid	24060600 Fibric Acid	S	600 MG	ORAL	TABS	EA	500 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24658026018	GEMFIBR	GEMFIBR	240606 Fibric Acid	24060600 Fibric Acid	S	600 MG	ORAL	TABS	EA	180 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24658026060	GEMFIBR	GEMFIBR	240606 Fibric Acid	24060600 Fibric Acid	S	600 MG	ORAL	TABS	EA	60 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24658026105	ROSUVAS	ROSUVAS	240608 HMG-CoA	24060800 HMG-CoA	S	5 MG	ORAL	TABS	EA	500 X	GENERIC		24658	N	#N/A ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
24658026190	ROSUVAS	ROSUVAS	240608 HMG-CoA	24060800 HMG-CoA	S	5 MG	ORAL	TABS	EA	90 X	GENERIC		24658	N	#N/A ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
24658026205	ROSUVAS	ROSUVAS	240608 HMG-CoA	24060800 HMG-CoA	S	10 MG	ORAL	TABS	EA	500 X	GENERIC		24658	N	#N/A ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
24658026245	ROSUVAS	ROSUVAS	240608 HMG-CoA	24060800 HMG-CoA	S	10 MG	ORAL	TABS	EA	45 X	GENERIC		24658 Y	N	#N/A ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
24658026290	ROSUVAS	ROSUVAS	240608 HMG-CoA	24060800 HMG-CoA	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		24658 Y	N	#N/A ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
24658026305	ROSUVAS	ROSUVAS	240608 HMG-CoA	24060800 HMG-CoA	S	20 MG	ORAL	TABS	EA	500 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
24658026345	ROSUVAS	ROSUVAS	240608 HMG-CoA	24060800 HMG-CoA	S	20 MG	ORAL	TABS	EA	45 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
24658026390	ROSUVAS	ROSUVAS	240608 HMG-CoA	24060800 HMG-CoA	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
24658026405	ROSUVAS	ROSUVAS	240608 HMG-CoA	24060800 HMG-CoA	S	40 MG	ORAL	TABS	EA	500 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
24658026430	ROSUVAS	ROSUVAS	240608 HMG-CoA	24060800 HMG-CoA	S	40 MG	ORAL	TABS	EA	30 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
24658026445	ROSUVAS	ROSUVAS	240608 HMG-CoA	24060800 HMG-CoA	S	40 MG	ORAL	TABS	EA	45 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
24658026693	CHOLEST	CHOLEST	240604 Bile Acid S	24060400 Bile Acid S	S	4 GM/DOS	ORAL	POWD	GM	378 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24658026695	CHOLEST	CHOLEST	240604 Bile Acid S	24060400 Bile Acid S	S	4 GM	ORAL	PACK	EA	60 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24658026697	CHOLEST	CHOLEST	240604 Bile Acid S	24060400 Bile Acid S	S	4 GM/DOS	ORAL	POWD	GM	378 X	GENERIC	7/22/2024	24658	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24658027095	CHOLEST	CHOLEST	240604 Bile Acid S	24060400 Bile Acid S	S	4 GM	ORAL	PACK	EA	60 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24658027197	CHOLEST	CHOLEST	240604 Bile Acid S	24060400 Bile Acid S	S	4 GM/DOS	ORAL	POWD	GM	239.4 X	GENERIC		24658 Y	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24658031201	DOXYCY	DOXYCY	81224 Tetracycli	8122400 Tetracycli	S	100 MG	ORAL	TABS	EA	100	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
24658031205	DOXYCY	DOXYCY	81224 Tetracycli	8122400 Tetracycli	S	100 MG	ORAL	TABS	EA	500	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
24658031210	DOXYCY	DOXYCY	81224 Tetracycli	8122400 Tetracycli	S	100 MG	ORAL	TABS	EA	1000	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
24658031220	DOXYCY	DOXYCY	81224 Tetracycli	8122400 Tetracycli	S	100 MG	ORAL	TABS	EA	20	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
24658031250	DOXYCY	DOXYCY	81224 Tetracycli	8122400 Tetracycli	S	100 MG	ORAL	TABS	EA	50	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
24658034130	DILTIAZE	DILTIAZE	240404 Antiarrhyt	24040424 Class IV A	S	120 MG	ORAL	CP24	EA	30 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24658034190	DILTIAZE	DILTIAZE	240404 Antiarrhyt	24040424 Class IV A	S	120 MG	ORAL	CP24	EA	90 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24658034230	DILTIAZE	DILTIAZE	240404 Antiarrhyt	24040424 Class IV A	S	180 MG	ORAL	CP24	EA	30 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24658034290	DILTIAZE	DILTIAZE	240404 Antiarrhyt	24040424 Class IV A	S	180 MG	ORAL	CP24	EA	90 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24658034330	DILTIAZE	DILTIAZE	240404 Antiarrhyt	24040424 Class IV A	S	240 MG	ORAL	CP24	EA	30 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24658034390	DILTIAZE	DILTIAZE	240404 Antiarrhyt	24040424 Class IV A	S	240 MG	ORAL	CP24	EA	90 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24658034430	DILTIAZE	DILTIAZE	240404 Antiarrhyt	24040424 Class IV A	S	300 MG	ORAL	CP24	EA	30 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24658034490	DILTIAZE	DILTIAZE	240404 Antiarrhyt	24040424 Class IV A	S	300 MG	ORAL	CP24	EA	90 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24658034530	DILTIAZE	DILTIAZE	240404 Antiarrhyt	24040424 Class IV A	S	360 MG	ORAL	CP24	EA	30 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24658034590	DILTIAZE	DILTIAZE	240404 Antiarrhyt	24040424 Class IV A	S	360 MG	ORAL	CP24	EA	90 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24658034690	DILTIAZE	DILTIAZE	240404 Antiarrhyt	24040424 Class IV A	S	420 MG	ORAL	CP24	EA	90 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24658035012	OMEGA-3	OMEGA-3	240612 UNKNOW	24061200 UNKNOW	S	1 GM	ORAL	CAPS	EA	120 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS			X	4 IN 1 DAYS	X	Must mee 5 DS Fenc TRIAL OF GENERIC FENOFIBRATE IN THE PAST 120 DAYS			R	MEDPRMI
24658050010	SIMVAST	SIMVAST	240608 HMG-CoA	24060800 HMG-CoA	S	5 MG	ORAL	TABS	EA	1000 X	GENERIC		24658 Y	N	#N/A ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
24658050030	SIMVAST	SIMVAST	240608 HMG-CoA	24060800 HMG-CoA	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		24658 Y	N	#N/A ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
24658050090	SIMVAST	SIMVAST	240608 HMG-CoA	24060800 HMG-CoA	S	5 MG	ORAL	TABS	EA	90 X	GENERIC		24658 Y	N	#N/A ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
24658050110	SIMVAST	SIMVAST	240608 HMG-CoA	24060800 HMG-CoA	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC		24658	N	#N/A ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
24658050130	SIMVAST	SIMVAST	240608 HMG-CoA	24060800 HMG-CoA	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		24658	N	#N/A ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
24658050145	SIMVAST	SIMVAST	240608 HMG-CoA	24060800 HMG-CoA	S	10 MG	ORAL	TABS	EA	45 X	GENERIC		24658	N	#N/A ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
24658050190	SIMVAST	SIMVAST	240608 HMG-CoA	24060800 HMG-CoA	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		24658	N	#N/A ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
24658050210	SIMVAST	SIMVAST	240608 HMG-CoA	24060800 HMG-CoA	S	20 MG	ORAL	TABS	EA	1000 X	GENERIC		24658	N	#N/A ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
24658050230	SIMVAST	SIMVAST	240608 HMG-CoA	24060800 HMG-CoA	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		24658 Y	N	#N/A ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
24658050245	SIMVAST	SIMVAST	240608 HMG-CoA	24060800 HMG-CoA	S	20 MG	ORAL	TABS	EA	45 X	GENERIC		24658 Y	N	#N/A ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
24658050290	SIMVAST	SIMVAST	240608 HMG-CoA	24060800 HMG-CoA	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		24658 Y	N	#N/A ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
24658050310	SIMVAST	SIMVAST	240608 HMG-CoA	24060800 HMG-CoA	S	40 MG	ORAL	TABS	EA	1000 X	GENERIC		24658	N	#N/A ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
24658050330	SIMVAST	SIMVAST	240608 HMG-CoA	24060800 HMG-CoA	S	40 MG	ORAL	TABS	EA	30 X	GENERIC		24658 Y	N	#N/A ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
24658050345	SIMVAST	SIMVAST	240608 HMG-CoA	24060800 HMG-CoA	S	40 MG	ORAL	TABS	EA	45 X	GENERIC		24658 Y	N	#N/A ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
24658050390	SIMVAST	SIMVAST	240608 HMG-CoA	24060800 HMG-CoA	S	40 MG	ORAL	TABS	EA	90 X	GENERIC		24658 Y	N	#N/A ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
24658050410	SIMVAST	SIMVAST	240608 HMG-CoA	24060800 HMG-CoA	S	80 MG	ORAL	TABS	EA	1000 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS	X	PA:X	X	1 IN 1 DAYS					R	MEDPRMI
24658050430	SIMVAST	SIMVAST	240608 HMG-CoA	24060800 HMG-CoA	S	80 MG	ORAL	TABS	EA	30 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS	X	PA:X	X	1 IN 1 DAYS					R	MEDPRMI
24658050445	SIMVAST	SIMVAST	240608 HMG-CoA	24060800 HMG-CoA	S	80 MG	ORAL	TABS	EA	45 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS	X	PA:X	X	1 IN 1 DAYS					R	MEDPRMI
24658050490	SIMVAST	SIMVAST	240608 HMG-CoA	24060800 HMG-CoA	S	80 MG	ORAL	TABS	EA	90 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS	X	PA:X	X	1 IN 1 DAYS					R	MEDPRMI
24658050710	ATORVAS	ATORVAS	240608 HMG-CoA	24060800 HMG-CoA	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC		24658	N	#N/A ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
24658050790	ATORVAS	ATORVAS	240608 HMG-CoA	24060800 HMG-CoA	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		24658	N	#N/A ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
24658050810	ATORVAS	ATORVAS	240608 HMG-CoA	24060800 HMG-CoA	S	20 MG	ORAL	TABS	EA	1000 X	GENERIC		24658	N	#N/A ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
24658050890	ATORVAS	ATORVAS	240608 HMG-CoA	24060800 HMG-CoA	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		24658	N	#N/A ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
24658050910	ATORVAS	ATORVAS	240608 HMG-CoA	24060800 HMG-CoA	S	40 MG	ORAL	TABS	EA	1000 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
24658050990	ATORVAS	ATORVAS	240608 HMG-CoA	24060800 HMG-CoA	S	40 MG	ORAL	TABS	EA	90 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
24658051010	ATORVAS	ATORVAS	240608 HMG-CoA	24060800 HMG-CoA	S	80 MG	ORAL	TABS	EA	1000 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
24658051090	ATORVAS	ATORVAS	240608 HMG-CoA	24060800 HMG-CoA	S	80 MG	ORAL	TABS	EA	90 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
24658070001	BETAXOL	BETAXOL	242000 Alpha-Adr	24200000 Alpha-Adr	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24658070101	BETAXOL	BETAXOL	242000 Alpha-Adr	24200000 Alpha-Adr	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24658070201	ESTRADI	ESTRADI	681604 Estrogens	68160400 Estrogens	S	0.5 MG	ORAL	TABS	EA	100 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24658070301	ESTRADI	ESTRADI	681604 Estrogens	68160400 Estrogens	S	1 MG	ORAL	TABS	EA	100 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24658070305	ESTRADI	ESTRADI	681604 Estrogens	68160400 Estrogens	S	1 MG	ORAL	TABS	EA	500 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24658070401	ESTRADI	ESTRADI	681604 Estrogens	68160400 Estrogens	S	2 MG	ORAL	TABS	EA	100 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24658070405	ESTRADI	ESTRADI	681604 Estrogens	68160400 Estrogens	S	2 MG	ORAL	TABS	EA	500 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24658070632	AZITHRO	AZITHRO	81212 Macrolide	8121208 UNKNOW	S	200 MG/5I	ORAL	SUSR	ML	15	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24658070834	AZITHRO	AZITHRO	81212 Macrolide	8121208 UNKNOW	S	200 MG/5I	ORAL	SUSR	ML	30	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24658071001	DEMECLO	DEMECLO	81224 Tetracycli	8122400 Tetracycli	S	150 MG	ORAL	TABS	EA	100	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24658071148	DEMECLO	DEMECLO	81224 Tetracycli	8122400 Tetracycli	S	300 MG	ORAL	TABS	EA	48	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24658072001	FLAVOXA	FLAVOXA	861204 UNKNOW	86120400 UNKNOW	S	100MG	ORAL	TABS	EA	100 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24658073001	GUANFAC	GUANFAC	242400 Beta-Adre	24240000 Beta-Adre	S	1 MG	ORAL	TABS	EA	100 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24658073101	GUANFAC	GUANFAC	242400 Beta-Adre	24240000 Beta-Adre	S	2 MG	ORAL	TABS	EA	100 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24658076016	SODIUM F	SODIUM F	401818 Potassium	40181800 Potassium	S	0	ORAL	POWD	GM	453.6	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24658077005	SULINDA	SULINDA	280804 Nonsteroi	28080404 UNKNOW	S	150 MG	ORAL	TABS	EA	500 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24658077105	SULINDA	SULINDA	280804 Nonsteroi	28080404 UNKNOW	S	200 MG	ORAL	TABS	EA	500 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24658078001	URSODIC	URSODIO	561400 Cholelitho	56140000 Cholelitho	S	300 MG	ORAL	CAPS	EA	100 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24658079001	METFORM	METFORM	682004 Biguanide	68200400 Biguanide	S	500 MG	ORAL	TABS	EA	100 X	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24658079830	AMINOCA	AMINOCA	202816 Hemostati	20281600 Hemostati	S	500 MG	ORAL	TABS	EA	30	GENERIC		24658 Y	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24658079930	AMINOCA	AMINOCA	202816 Hemostati	20281600 Hemostati	S	1000 MG	ORAL	TABS	EA	30	GENERIC		24658 Y	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24658080130	RIFAMPIN	RIFAMPIN	81604 Antituberc	8160400 Antituberc	S	150 MG	ORAL	CAPS	EA	30	GENERIC		24658 Y	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24658080260	RIFAMPIN	RIFAMPIN	81604 Antituberc	8160400 Antituberc	S	300 MG	ORAL	CAPS	EA	60	GENERIC		24658	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24689010101	HYDROQ	HYDROQ	845004 Depigmen	84500400 Depigmen	S	4%	EXTERNA	CREA	GM	28.35	GENERIC		24689	N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
24689010201	HYDROC	HYDROC	840608 UNKNOW	84060800 UNKNOW	S	25 MG	RECTAL	SUPP	EA	12	GENERIC		24689	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24689010301	HYDROC	HYDROC	840608 UNKNOW	84060800 UNKNOW	S	30 MG	RECTAL	SUPP	EA	12	GENERIC		24689 N	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24689011901	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	75 MG	ORAL	TABS	EA	100 X	GENERIC		24689	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24689012001	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	100 MG	ORAL	TABS	EA	100 X	GENERIC		24689	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24689012201	GUAIFEN	GUAIFEN	481600 Expectora	48160000 Expectora	P	400 MG	ORAL	TABS	EA	20	GENERIC		24689	N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
24689012202	GUAIFEN	GUAIFEN	481600 Expectora	48160000 Expectora	P	400 MG	ORAL	TABS	EA	500	GENERIC		24689	N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
24689012301	DEXTROM	DEXTROM	480800 Antitussive	48080000 Antitussive	P	20-400 MC	ORAL	TABS	EA	20	GENERIC		24689	N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
24689012302	DEXTROM	DEXTROM	480800 Antitussive	48080000 Antitussive	P	20-400 MC	ORAL	TABS	EA	500	GENERIC		24689	N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
24689012401	LIDOCAIN	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	5%	EXTERNA	CREA	GM	30	NON DRUG		24689	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
24689012902	BISACOD	BISACOD	561200 Cathartics	56120000 Cathartics	P	5 MG	ORAL	TBEC	EA	20	GENERIC		24689	N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
24689012903	BISACOD	BISACOD	561200 Cathartics	56120000 Cathartics	P	5 MG	ORAL	TBEC	EA	100	GENERIC		24689	N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
24689012905	BISACOD	BISACOD	561200 Cathartics	56120000 Cathartics	P	5 MG	ORAL	TBEC	EA	500	GENERIC		24689	N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
24689013001	DOCUSAT	DOCUSAT	561200 Cathartics	56120000 Cathartics	P	100 MG	ORAL	CAPS	EA	100	GENERIC		24689	N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
24689013201	MAGNESI	MAGNESI	560400 Antacids a	56040000 Antacids a	P	400 MG	ORAL	TABS	EA	120	GENERIC		24689	N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
24689013701	SODIUM B	SODIUM B	560400 Antacids a	56040000 Antacids a	P	650 MG	ORAL	TABS	EA	1000	GENERIC		24689	N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
24689013801	MECLIZIN	MECLIZIN	562208 Antihistam	56220800 Antihistam	P	12.5 MG	ORAL	TABS	EA	100	GENERIC		24689	N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
24689013901	MECLIZIN	MECLIZIN	562208 Antihistam	56220800 Antihistam	P	25 MG	ORAL	TABS	EA	100	GENERIC		24689	N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
24689014002	PRAVAST	PRAVAST	240608 HMG-CoA	24060800 HMG-CoA	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		24689	N	#N/A ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
24689014102	PRAVAST	PRAVAST	240608 HMG-CoA	24060800 HMG-CoA	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		24689	N	#N/A ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
24689014105	PRAVAST	PRAVAST	240608 HMG-CoA	24060800 HMG-CoA	S	20 MG	ORAL	TABS	EA	1000 X	GENERIC		24689	N	#N/A ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
24689014202	PRAVAST	PRAVAST	240608 HMG-CoA	24060800 HMG-CoA	S	40 MG	ORAL	TABS	EA	90 X	GENERIC		24689	N	#N/A ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
24689014205	PRAVAST	PRAVAST	240608 HMG-CoA	24060800 HMG-CoA	S	40 MG	ORAL	TABS	EA	1000 X	GENERIC		24689	N	#N/A ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
24689014301	PRAVAST	PRAVAST	240608 HMG-CoA	24060800 HMG-CoA	S	80 MG	ORAL	TABS	EA	90 X	GENERIC		24689	N	#N/A ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
24689014401	GUAIFEN	GUAIFEN	481600 Expectora	48160000 Expectora	P	400 MG	ORAL	TABS	EA	100	GENERIC		24689	N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
24689014601	MECLIZIN	MECLIZIN	562208 Antihistam	56220800 Antihistam	P	25 MG	ORAL	TABS	EA	100	GENERIC		24689	N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
24689015901	NEBIVOL	NEBIVOL	242000 Alpha-Adr	24200000 Alpha-Adr	S	2.5 MG	ORAL	TABS	EA	30 X	GENERIC		24689	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24689016001	NEBIVOL	NEBIVOL	242000 Alpha-Adr	24200000 Alpha-Adr	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		24689	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24689016101	NEBIVOL	NEBIVOL	242000 Alpha-Adr	24200000 Alpha-Adr	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		24689	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24689016201	NEBIVOL	NEBIVOL	242000 Alpha-Adr	24200000 Alpha-Adr	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		24689	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24689078101	BUSPIRO	BUSPIRO	282412 UNKNOW	28241200 UNKNOW	S	5 MG	ORAL	TABS	EA	100	GENERIC		24689	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24689078105	BUSPIRO	BUSPIRO	282412 UNKNOW	28241200 UNKNOW	S	5 MG	ORAL	TABS	EA	500	GENERIC		24689	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24689078501	BUSPIRO	BUSPIRO	282412 UNKNOW	28241200 UNKNOW	S	7.5 MG	ORAL	TABS	EA	100	GENERIC		24689	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24689079201	TERAZOS	TERAZOS	241600 Sclerosing	24160000 Sclerosing	S	1 MG	ORAL	CAPS	EA	100 X	GENERIC		24689	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24689079210	TERAZOS	TERAZOS	241600 Sclerosing	24160000 Sclerosing	S	1 MG	ORAL	CAPS	EA	1000 X	GENERIC		24689	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24689079302	CALCIUM	CALCIUM	401200 Replacem	40120000 Replacem	S	667 MG	ORAL	CAPS	EA	200 X	GENERIC	8/10/2022	24689	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24689081601	CYPROHE	CYPROHE	40400 First Gene	4040000 First Gene	S	4 MG	ORAL	TABS	EA	100	GENERIC	3/1/2023	24689	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24689081610	CYPROHE	CYPROHE	40400 First Gene	4040000 First Gene	S	4 MG	ORAL	TABS	EA	1000	GENERIC	3/1/2023	24689	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24689085501	TERAZOS	TERAZOS	241600 Sclerosing	24160000 Sclerosing	S	2 MG	ORAL	CAPS	EA	100 X	GENERIC		24689	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24689085510	TERAZOS	TERAZOS	241600 Sclerosing	24160000 Sclerosing	S	2 MG	ORAL	CAPS	EA	1000 X	GENERIC		24689	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24689088201	TERAZOS	TERAZOS	241600 Sclerosing	24160000 Sclerosing	S	5 MG	ORAL	CAPS	EA	100 X	GENERIC		24689	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24689088210	TERAZOS	TERAZOS	241600 Sclerosing	24160000 Sclerosing	S	5 MG	ORAL	CAPS	EA	1000 X	GENERIC		24689	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24689090701	BUSPIRO	BUSPIRO	282412 UNKNOW	28241200 UNKNOW	S	10 MG	ORAL	TABS	EA	100	GENERIC		24689	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24689090705	BUSPIRO	BUSPIRO	282412 UNKNOW	28241200 UNKNOW	S	10 MG	ORAL	TABS	EA	500	GENERIC		24689	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24689092101	BUSPIRO	BUSPIRO	282412 UNKNOW	28241200 UNKNOW	S	15 MG	ORAL	TABS	EA	100	GENERIC		24689	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24689092105	BUSPIRO	BUSPIRO	282412 UNKNOW	28241200 UNKNOW	S	15 MG	ORAL	TABS	EA	500	GENERIC		24689	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24689092106	BUSPIRO	BUSPIRO	282412 UNKNOW	28241200 UNKNOW	S	15 MG	ORAL	TABS	EA	60	GENERIC		24689	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24689093306	BUSPIRO	BUSPIRO	282412 UNKNOW	28241200 UNKNOW	S	30 MG	ORAL	TABS	EA	60	GENERIC		24689	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24689096101	TERAZOS	TERAZOS	241600 Sclerosing	24160000 Sclerosing	S	10 MG	ORAL	CAPS	EA	100 X	GENERIC		24689	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24689096110	TERAZOS	TERAZOS	241600 Sclerosing	24160000 Sclerosing	S	10 MG	ORAL	CAPS	EA	1000 X	GENERIC		24689	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979000106	DEXLANS	DEXLANS	562836 Proton-pu	56283600 Proton-pu	S	30 MG	ORAL	CPDR	EA	30 X	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must mee 5 DS Cvs TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZ			R	MEDPRMI
24979000206	DEXLANS	DEXLANS	562836 Proton-pu	56283600 Proton-pu	S	60 MG	ORAL	CPDR	EA	30 X	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must mee 5 DS Cvs TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZ			R	MEDPRMI
24979000207	DEXLANS	DEXLANS	562836 Proton-pu	56283600 Proton-pu	S	60 MG	ORAL	CPDR	EA	90 X	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must mee 5 DS Cvs TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZ			R	MEDPRMI
24979000406	DONEPEZ	DONEPEZ	120400 Parasymp	12040000 Parasymp	S	23 MG	ORAL	TABS	EA	30 X	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979000407	DONEPEZ	DONEPEZ	120400 Parasymp	12040000 Parasymp	S	23 MG	ORAL	TABS	EA	90 X	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979000901	NIFEDIPI	NIFEDIPI	242808 Dihydropy	24280800 Dihydropy	S	90 MG	ORAL	TB24	EA	100 X	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979000912	NIFEDIPI	NIFEDIPI	242808 Dihydropy	24280800 Dihydropy	S	90 MG	ORAL	TB24	EA	300 X	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979001001	NIFEDIPI	NIFEDIPI	242808 Dihydropy	24280800 Dihydropy	S	60 MG	ORAL	TB24	EA	100 X	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979001012	NIFEDIPI	NIFEDIPI	242808 Dihydropy	24280800 Dihydropy	S	60 MG	ORAL	TB24	EA	300 X	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979001101	NIFEDIPI	NIFEDIPI	242808 Dihydropy	24280800 Dihydropy	S	30 MG	ORAL	TB24	EA	100 X	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979001112	NIFEDIPI	NIFEDIPI	242808 Dihydropy	24280800 Dihydropy	S	30 MG	ORAL	TB24	EA	300 X	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979002602	DILTIAZE	DILTIAZE	240404 Antiarrhyt	24040424 Class IV A	S	120 MG	ORAL	CP24	EA	500 X	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979002606	DILTIAZE	DILTIAZE	240404 Antiarrhyt	24040424 Class IV A	S	120 MG	ORAL	CP24	EA	30 X	GENERIC	5/30/2024	24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979002607	DILTIAZE	DILTIAZE	240404 Antiarrhyt	24040424 Class IV A	S	120 MG	ORAL	CP24	EA	90 X	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979002702	DILTIAZE	DILTIAZE	240404 Antiarrhyt	24040424 Class IV A	S	180 MG	ORAL	CP24	EA	500 X	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979002706	DILTIAZE	DILTIAZE	240404 Antiarrhyt	24040424 Class IV A	S	180 MG	ORAL	CP24	EA	30 X	GENERIC	5/30/2024	24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979002707	DILTIAZE	DILTIAZE	240404 Antiarrhyt	24040424 Class IV A	S	180 MG	ORAL	CP24	EA	90 X	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979002802	DILTIAZE	DILTIAZE	240404 Antiarrhyt	24040424 Class IV A	S	240 MG	ORAL	CP24	EA	500 X	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979002806	DILTIAZE	DILTIAZE	240404 Antiarrhyt	24040424 Class IV A	S	240 MG	ORAL	CP24	EA	30 X	GENERIC	5/30/2024	24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979002807	DILTIAZE	DILTIAZE	240404 Antiarrhyt	24040424 Class IV A	S	240 MG	ORAL	CP24	EA	90 X	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979002902	DILTIAZE	DILTIAZE	240404 Antiarrhyt	24040424 Class IV A	S	300 MG	ORAL	CP24	EA	500 X	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979002906	DILTIAZE	DILTIAZE	240404 Antiarrhyt	24040424 Class IV A	S	300 MG	ORAL	CP24	EA	30 X	GENERIC	5/30/2024	24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979002907	DILTIAZE	DILTIAZE	240404 Antiarrhyt	24040424 Class IV A	S	300 MG	ORAL	CP24	EA	90 X	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979003007	DILTIAZE	DILTIAZE	240404 Antiarrhyt	24040424 Class IV A	S	360 MG	ORAL	CP24	EA	90 X	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979003504	CYCLOBE	CYCLOBE	122004 UNKNOW	12200400 UNKNOW	S	15 MG	ORAL	CP24	EA	60	GENERIC		24979	N	EXCLUDE EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
24979003604	CYCLOBE	CYCLOBE	122004 UNKNOW	12200400 UNKNOW	S	30 MG	ORAL	CP24	EA	60	GENERIC		24979	N	EXCLUDE EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
24979003701	METOPRO	METOPRO	242000 Alpha-Adr	24200000 Alpha-Adr	S	25 MG	ORAL	TB24	EA	100 X	GENERIC	10/14/2022	24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979003702	METOPRO	METOPRO	242000 Alpha-Adr	24200000 Alpha-Adr	S	25 MG	ORAL	TB24	EA	500 X	GENERIC	10/14/2022	24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979003703	METOPRO	METOPRO	242000 Alpha-Adr	24200000 Alpha-Adr	S	25 MG	ORAL	TB24	EA	1000 X	GENERIC	10/14/2022	24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979003801	METOPRO	METOPRO	242000 Alpha-Adr	24200000 Alpha-Adr	S	50 MG	ORAL	TB24	EA	100 X	GENERIC	10/14/2022	24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979003802	METOPRO	METOPRO	242000 Alpha-Adr	24200000 Alpha-Adr	S	50 MG	ORAL	TB24	EA	500 X	GENERIC	10/14/2022	24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979003803	METOPRO	METOPRO	242000 Alpha-Adr	24200000 Alpha-Adr	S	50 MG	ORAL	TB24	EA	1000 X	GENERIC	10/14/2022	24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979003901	METOPRO	METOPRO	242000 Alpha-Adr	24200000 Alpha-Adr	S	100 MG	ORAL	TB24	EA	100 X	GENERIC	10/14/2022	24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979003902	METOPRO	METOPRO	242000 Alpha-Adr	24200000 Alpha-Adr	S	100 MG	ORAL	TB24	EA	500 X	GENERIC	10/14/2022	24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979003903	METOPRO	METOPRO	242000 Alpha-Adr	24200000 Alpha-Adr	S	100 MG	ORAL	TB24	EA	1000 X	GENERIC	10/14/2022	24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979004001	METOPRO	METOPRO	242000 Alpha-Adr	24200000 Alpha-Adr	S	200 MG	ORAL	TB24	EA	100 X	GENERIC	10/14/2022	24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979004113	MEGESTF	MEGESTF	683200 Progestins	68320000 Progestins	R	625 MG/5I	ORAL	SUSP	ML	150 X	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS					X	Must mee 5 DS Meg TRIAL OF MEGESTROL ACETATE 40MG/ML SUSPENSION IN THE PAST 120 DA			R	MEDPRMI
24979007815	TESTOST	TESTOST	680800 Androgens	68080000 Androgens	S	20.25 MG/	TRANSDE	GEL	GM	75 X	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS	X	PA:X							R	MEDPRMI
24979008504	PROPAFE	PROPAFE	240404 Antiarrhyt	24040412 Class Ic A	S	225 MG	ORAL	CP12	EA	60 X	GENERIC	5/14/2024	24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979008604	PROPAFE	PROPAFE	240404 Antiarrhyt	24040412 Class Ic A	S	325 MG	ORAL	CP12	EA	60 X	GENERIC	5/14/2024	24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979008704	PROPAFE	PROPAFE	240404 Antiarrhyt	24040412 Class Ic A	S	425 MG	ORAL	CP12	EA	60 X	GENERIC	5/24/2024	24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979010102	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	150 MG	ORAL	TB24	EA	500 X	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979010106	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	150 MG	ORAL	TB24	EA	30 X	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979010107	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	150 MG	ORAL	TB24	EA	90 X	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979010202	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	300 MG	ORAL	TB24	EA	500 X	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979010206	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	300 MG	ORAL	TB24	EA	30 X	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979010207	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	300 MG	ORAL	TB24	EA	90 X	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979010907	FENOFIBI	CHOLINE	240606 Fibric Acid	24060600 Fibric Acid	S	45 MG	ORAL	CPDR	EA	90 X	GENERIC	12/1/2022	24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979011207	FENOFIBI	CHOLINE	240606 Fibric Acid	24060600 Fibric Acid	S	135 MG	ORAL	CPDR	EA	90 X	GENERIC	12/1/2022	24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979012721	DIMETHY	DIMETHY	900408 UNKNOW	90040800 UNKNOW	S	120 MG	ORAL	CPDR	EA	14 X	GENERIC		24979	N	FORMULARY	4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
24979012804	DIMETHY	DIMETHY	900408 UNKNOW	90040800 UNKNOW	S	240 MG	ORAL	CPDR	EA	60 X	GENERIC		24979	N	FORMULARY	4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
24979013026	TESTOST	TESTOST	680800 Androgens	68080000 Androgens	S	30 MG/AC	TRANSDE	SOLN	ML	90 X	GENERIC	10/1/2024	24979	N	FORMULARY	1 GEN	GENERICS	X	PA:X							R	MEDPRMI
24979013201	TERBUTA	TERBUTA	121208 beta-Adre	12120812 Selective I	S	2.5 MG	ORAL	TABS	EA	100 X	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979013301	TERBUTA	TERBUTA	121208 beta-Adre	12120812 Selective I	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979013601	FLUPHEN	FLUPHEN	281608 Antipsych	28160824 Phenothia	S	1 MG	ORAL	TABS	EA	100 X	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979013701	FLUPHEN	FLUPHEN	281608 Antipsych	28160824 Phenothia	S	2.5 MG	ORAL	TABS	EA	100 X	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979013801	FLUPHEN	FLUPHEN	281608 Antipsych	28160824 Phenothia	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979013901	FLUPHEN	FLUPHEN	281608 Antipsych	28160824 Phenothia	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979014136	HYDROQ	HYDROQ	845004 Depigmen	84500400 Depigmen	S	4%	EXTERNA	CREA	GM	28.35	GENERIC	11/11/2022	24979	N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
24979014604	METFORM	METFORM	682004 Biguanide	68200400 Biguanide	S	1000 MG	ORAL	TB24	EA	60 X	GENERIC	12/1/2022	24979 Y	N	EXCLUDE EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
24979015304	METFORM	METFORM	682004 Biguanide	68200400 Biguanide	S	500 MG	ORAL	TB24	EA	60 X	GENERIC	12/1/2022	24979 Y	N	EXCLUDE EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
24979015414	CEPHALE	CEPHALE	81206 Cephalosp	8120604 First Gene	S	125 MG/5I	ORAL	SUSR	ML	100	GENERIC	6/28/2022	24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979015438	CEPHALE	CEPHALE	81206 Cephalosp	8120604 First Gene	S	125 MG/5I	ORAL	SUSR	ML	200	GENERIC	6/28/2022	24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979015514	CEPHALE	CEPHALE	81206 Cephalosp	8120604 First Gene	S	250 MG/5I	ORAL	SUSR	ML	100	GENERIC	6/28/2022	24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979015538	CEPHALE	CEPHALE	81206 Cephalosp	8120604 First Gene	S	250 MG/5I	ORAL	SUSR	ML	200	GENERIC	6/28/2022	24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979016044	MYCOPHI	MYCOPHI	924400 UNKNOW	92440000 UNKNOW	S	180 MG	ORAL	TBEC	EA	120 X	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979016144	MYCOPHI	MYCOPHI	924400 UNKNOW	92440000 UNKNOW	S	360 MG	ORAL	TBEC	EA	120 X	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979018101	DILTIAZE	DILTIAZE	240404 Antiarrhyt	24040424 Class IV A	S	60 MG	ORAL	CP12	EA	100 X	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979018201	DILTIAZE	DILTIAZE	240404 Antiarrhyt	24040424 Class IV A	S	90 MG	ORAL	CP12	EA	100 X	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979018301	DILTIAZE	DILTIAZE	240404 Antiarrhyt	24040424 Class IV A	S	120 MG	ORAL	CP12	EA	100 X	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979018646	SEVELAM	SEVELAM	401819 Phosphate	40181900 Phosphate	S	800 MG	ORAL	TABS	EA	270 X	GENERIC	5/30/2024	24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979019801	GUANFAC	GUANFAC	242400 Beta-Adre	24240000 Beta-Adre	S	1 MG	ORAL	TABS	EA	100 X	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979019901	GUANFAC	GUANFAC	242400 Beta-Adre	24240000 Beta-Adre	S	2 MG	ORAL	TABS	EA	100 X	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979020001	DICYCLO	DICYCLO	120808 Antimusca	12080800 Antimusca	S	20 MG	ORAL	TABS	EA	100	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979020003	DICYCLO	DICYCLO	120808 Antimusca	12080800 Antimusca	S	20 MG	ORAL	TABS	EA	1000	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979020101	DICYCLO	DICYCLO	120808 Antimusca	12080800 Antimusca	S	10 MG	ORAL	CAPS	EA	100	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979020103	DICYCLO	DICYCLO	120808 Antimusca	12080800 Antimusca	S	10 MG	ORAL	CAPS	EA	1000	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979021004	TOPIRAM	TOPIRAM	281292 Anticonvul	28129200 Anticonvul	S	15 MG	ORAL	CPSP	EA	60 X	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979021104	TOPIRAM	TOPIRAM	281292 Anticonvul	28129200 Anticonvul	S	25 MG	ORAL	CPSP	EA	60 X	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979023101	POTASSI	POTASSI	401200 Replacem	40120000 Replacem	S	10 MEQ	ORAL	TBCR	EA	100 X	GENERIC		24979 N	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979023102	POTASSI	POTASSI	401200 Replacem	40120000 Replacem	S	10 MEQ	ORAL	TBCR	EA	500 X	GENERIC		24979 N	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979023103	POTASSI	POTASSI	401200 Replacem	40120000 Replacem	S	10 MEQ	ORAL	TBCR	EA	1000 X	GENERIC		24979 N	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979023201	POTASSI	POTASSI	401200 Replacem	40120000 Replacem	S	20 MEQ	ORAL	TBCR	EA	100 X	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI
24979024706	FORFIVO	BUPROPI	281604 Antidepres	28160492 Miscellane	S	450 MG	ORAL	TB24	EA	30 X	SSB		24979 Y	N	EXCLUDE EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
24979024806	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	450 MG	ORAL	TB24	EA	30 X	GENERIC		24979 Y	N	EXCLUDE EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
24979025201	NAPROXE	NAPROXE	280804 Nonsteroi	28080404 UNKNOW	S	375 MG	ORAL	TB24	EA	100 X	GENERIC		24979 Y	N	EXCLUDE EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
24979025368	NAPROXE	NAPROXE	280804 Nonsteroi	28080404 UNKNOW	S	500 MG	ORAL	TB24	EA	75 X	GENERIC		24979	N	EXCLUDE EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
24979025406	NAPROXE	NAPROXE	280804 Nonsteroi	28080404 UNKNOW	S	750 MG	ORAL	TB24	EA	30 X	GENERIC		24979	N	EXCLUDE EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
24979025607	TENORET	ATENOLO	242000 Alpha-Adr	24200000 Alpha-Adr	S	50-25 MG	ORAL	TABS	EA	90 X	MSB		24979 Y	N	EXCLUDED	3 BRND2	FORMULARY EXCLUSION									R	MEDPRMI
24979025707	TENORET	ATENOLO	242000 Alpha-Adr	24200000 Alpha-Adr	S	100-25 MC	ORAL	TABS	EA	90 X	MSB		24979 Y	N	EXCLUDED	3 BRND2	FORMULARY EXCLUSION									R	MEDPRMI
24979053301	GUANFAC	GUANFAC	289200 Central Ne	28920000 Central Ne	S	1 MG	ORAL	TB24	EA	100 X	GENERIC		24979	N	FORMULARY	1 GEN	GENERICS									R	MEDPRMI

25021067166	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	100		GENERIC		25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021067167	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	200		GENERIC		25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021067182	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	100		GENERIC		25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021067187	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	200		GENERIC		25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021067210	ATRACUR	ATRACUR	122020	UNKNOW	12202000	UNKNOW	S	100 MG/1	INTRAVE	SOLN	ML	10		GENERIC	10/3/2022	25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021067376	GLYDO	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	2%	EXTERNA	PRSY	ML	6		GENERIC		25021			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
25021067377	GLYDO	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	2%	EXTERNA	PRSY	ML	11		GENERIC		25021			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
25021067410	ETOMIDA	ETOMIDA	280408	UNKNOW	28040800	UNKNOW	S	2 MG/ML	INTRAVE	SOLN	ML	10		GENERIC	9/4/2024	25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021067420	ETOMIDA	ETOMIDA	280408	UNKNOW	28040800	UNKNOW	S	2 MG/ML	INTRAVE	SOLN	ML	20		GENERIC	9/4/2024	25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021067510	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	1000 MG/	INJECTIO	SOLN	ML	10		GENERIC		25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021067620	PENTOBA	PENTOBA	282404	Barbiturat	28240400	Barbiturat	S	50 MG/ML	INJECTIO	SOLN	ML	20		GENERIC		25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021067650	PENTOBA	PENTOBA	282404	Barbiturat	28240400	Barbiturat	S	50 MG/ML	INJECTIO	SOLN	ML	50		GENERIC		25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021067710	SUCCINY	SUCCINY	122020	UNKNOW	12202000	UNKNOW	S	20 MG/ML	INJECTIO	SOLN	ML	10		GENERIC	11/29/2024	25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021067820	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG/20	INTRATH	SOLN	ML	20		GENERIC		25021	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021067920	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	40 MG/20	INTRATH	SOLN	ML	20		GENERIC		25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021068020	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20000 MC	INTRATH	SOLN	ML	20		GENERIC		25021	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021068171	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	R	50 MCG/M	INTRATH	SOSY	ML	1		GENERIC		25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021068220	KETAMIN	KETAMIN	280408	UNKNOW	28040800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	20		GENERIC		25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021068310	KETAMIN	KETAMIN	280408	UNKNOW	28040800	UNKNOW	S	50 MG/ML	INJECTIO	SOLN	ML	10		GENERIC		25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021068405	KETAMIN	KETAMIN	280408	UNKNOW	28040800	UNKNOW	S	100 MG/M	INJECTIO	SOLN	ML	5		GENERIC		25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021068510	VECURO	VECURO	122020	UNKNOW	12202000	UNKNOW	S	10 MG	INTRAVE	SOLR	EA	1		GENERIC		25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021068620	VECURO	VECURO	122020	UNKNOW	12202000	UNKNOW	S	20 MG	INTRAVE	SOLR	EA	1		GENERIC		25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021068705	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	50 MG/5M	INTRAVE	SOLN	ML	5		GENERIC		25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021068710	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	100 MG/1	INTRAVE	SOLN	ML	10		GENERIC		25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021070001	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	15 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		25021		Y	N	FORMULARY		1 GEN	GENERICS			X	5 DAYS		R	MEDPRMI
25021070101	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	30 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		25021		Y	N	FORMULARY		1 GEN	GENERICS			X	5 DAYS		R	MEDPRMI
25021070102	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	60 MG/2M	INTRAMU	SOLN	ML	2		GENERIC		25021		Y	N	FORMULARY		1 GEN	GENERICS			X	5 DAYS		R	MEDPRMI
25021075110	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	INTRAVE	SOLR	EA	1		GENERIC		25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021075111	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	INTRAVE	SOLR	EA	1		GENERIC		25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021077702	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG/2ML	INJECTIO	SOLN	ML	2		GENERIC		25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021078005	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	500 MG/5	INTRAVE	SOLN	ML	5		GENERIC		25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021078305	PALONOS	PALONOS	562220	5-HT3 Re	56222000	5-HT3 Re	S	0.25 MG/5	INTRAVE	SOLN	ML	5		GENERIC		25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021078874	PALONOS	PALONOS	562220	5-HT3 Re	56222000	5-HT3 Re	S	0.25 MG/5	INTRAVE	SOSY	ML	5		GENERIC	12/1/2022	25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021079002	PROCHLO	PROCHLO	281608	Antipsych	28160824	Phenothia	S	10 MG/2M	INJECTIO	SOLN	ML	2		GENERIC		25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021079003	PROCHLO	PROCHLO	281608	Antipsych	28160824	Phenothia	S	10 MG/2M	INJECTIO	SOLN	ML	2		GENERIC		25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021079120	LACOSAM	LACOSAM	281224	UNKNOW	28122400	UNKNOW	S	200 MG/2	INTRAVE	SOLN	ML	20		GENERIC		25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021079382	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	500 MG/1	INTRAVE	SOLN	ML	100		GENERIC		25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021079482	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	1000 MG/	INTRAVE	SOLN	ML	100		GENERIC		25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021079582	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	1500 MG/	INTRAVE	SOLN	ML	100		GENERIC		25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021079601	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.2 MG/M	INJECTIO	SOLN	ML	1		GENERIC		25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021079602	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.4 MG/2	INJECTIO	SOLN	ML	2		GENERIC		25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021079605	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	1 MG/5ML	INJECTIO	SOLN	ML	5		GENERIC		25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021080166	ZOLEDRO	ZOLEDRO	922400	UNKNOW	92240000	UNKNOW	S	4 MG/5ML	INTRAVE	CONC	ML	5		GENERIC	2/7/2024	25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021080601	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	5 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021081230	ACETYLC	ACETYLC	910400	UNKNOW	91040000	UNKNOW	S	200 MG/M	INTRAVE	SOLN	ML	30		GENERIC		25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021081266	ACETYLC	ACETYLC	910400	UNKNOW	91040000	UNKNOW	S	200 MG/M	INTRAVE	SOLN	ML	30		GENERIC		25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021081310	LEUCOVO	LEUCOVO	910412	UNKNOW	91041200	UNKNOW	S	50 MG	INJECTIO	SOLR	EA	1		GENERIC		25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021081430	LEUCOVO	LEUCOVO	910412	UNKNOW	91041200	UNKNOW	S	100 MG	INJECTIO	SOLR	EA	1		GENERIC		25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021081530	LEUCOVO	LEUCOVO	910412	UNKNOW	91041200	UNKNOW	S	200 MG	INJECTIO	SOLR	EA	1		GENERIC		25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021081630	LEUCOVO	LEUCOVO	910412	UNKNOW	91041200	UNKNOW	S	350 MG	INJECTIO	SOLR	EA	1		GENERIC		25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021081667	LEUCOVO	LEUCOVO	910412	UNKNOW	91041200	UNKNOW	S	350 MG	INJECTIO	SOLR	EA	1		GENERIC	1/31/2022	25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021082005	METHYLP	METHYLP	680400	Adrenals	68040000	Adrenals	S	40 MG/ML	INJECTIO	SUSP	ML	5		GENERIC		25021	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021082010	METHYLP	METHYLP	680400	Adrenals	68040000	Adrenals	S	40 MG/ML	INJECTIO	SUSP	ML	10		GENERIC		25021	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021082105	METHYLP	METHYLP	680400	Adrenals	68040000	Adrenals	S	80 MG/ML	INJECTIO	SUSP	ML	5		GENERIC		25021	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021082273	IBANDRO	IBANDRO	922400	UNKNOW	92240000	UNKNOW	S	3 MG/3ML	INTRAVE	SOLN	ML	3		GENERIC	11/14/2022	25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021082667	ZOLEDRO	ZOLEDRO	922400	UNKNOW	92240000	UNKNOW	R	4 MG/100	INTRAVE	SOLN	ML	100		MSB		25021			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
25021082682	ZOLEDRO	ZOLEDRO	922400	UNKNOW	92240000	UNKNOW	R	4 MG/100	INTRAVE	SOLN	ML	100		MSB		25021			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
25021082761	IBANDRO	IBANDRO	922400	UNKNOW	92240000	UNKNOW	S	3 MG/3ML	INTRAVE	SOLN	ML	3		GENERIC	11/14/2022	25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021082850	LEUCOVO	LEUCOVO	910412	UNKNOW	91041200	UNKNOW	S	500 MG	INJECTIO	SOLR	EA	1		GENERIC		25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021082902	FOMEPIZ	FOMEPIZ	910408	UNKNOW	91040800	UNKNOW	S	1.5 GM/1.	INTRAVE	SOLN	ML	1.5		GENERIC		25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021083082	ZOLEDRO	ZOLEDRO	922400	UNKNOW	92240000	UNKNOW	S	5 MG/100	INTRAVE	SOLN	ML	100		GENERIC		25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021083101	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	50 MG/ML	INTRAMU	SOLN	ML	1		GENERIC		25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021083301	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	100 MG/M	INTRAMU	SOLN	ML	1		GENERIC		25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021083405	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	100 MG/M	INTRAMU	SOLN	ML	5		GENERIC		25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021083601	EPHEDRI	EPHEDRI	121212	alpha- and	12121200	alpha- and	S	50 MG/ML	INTRAVE	SOLN	ML	1		GENERIC		25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25021083805	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	25 MG/ML	INJECTIO	SOLN	ML	5		GENERIC		25021			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25077016970	ESTER-C	BIOFLAV	882800	Multivitam	88280000	Multivitam	P	500MG-50	ORAL	TABS	EA	60		GENERIC		25077			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25077016980	ESTER-C	BIOFLAV	882800	Multivitam	88280000	Multivitam	P	1000MG-1	ORAL	TABS	EA	60		GENERIC		25077			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25077016981	ESTER-C	BIOFLAV	882800	Multivitam	88280000	Multivitam	P	1000MG-1	ORAL	TABS	EA	90		GENERIC		25077			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25208000104	AGGRAST	TIROFIBA	201218	Platelet-A	20121800	Platelet-A	R	3.75 MG/1	INTRAVE	CONC	ML	15		SSB		25208			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25208000201	AGGRAST	TIROFIBA	201218	Platelet-A	20121800	Platelet-A	S	5-0.9 MG/	INTRAVE	SOLN	ML	100		MSB		25208			N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION						R	MEDPRMI
25208000202	AGGRAST	TIROFIBA	201218	Platelet-A	20121800	Platelet-A	S	12.5-0.9 M	INTRAVE	SOLN	ML	250		MSB		25208			N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION						R	MEDPRMI
25208000203	AGGRAST	TIROFIBA	201218	Platelet-A	20121800	Platelet-A	S	5-0.9 MG/	INTRAVE	SOLN	ML	100		MSB	3/1/2023	25208			N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION						R	MEDPRMI
25208000305	NITROPR	NITROPR	240816	Central Al	24081600	Central Al	S	25 MG/ML	INTRAVE	SOLN	ML	2		GENERIC	11/21/2023	25208	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25208020109	ZYPITAM	PITAVAST	240608	HMG-CoA	24060800	HMG-CoA	R	2 MG	ORAL	TABS	EA	90	X	SSB		25208			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
25208020115	ZYPITAM	PITAVAST	240608	HMG-CoA	24060800	HMG-CoA	R	2 MG	ORAL	TABS	EA	500	X	SSB		25208			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
25208020209	ZYPITAM	PITAVAST	240608	HMG-CoA	24060800	HMG-CoA	R	4 MG	ORAL	TABS	EA	90	X	SSB		25208			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
25208020215	ZYPITAM	PITAVAST	240608	HMG-CoA	24060800	HMG-CoA	R	4 MG	ORAL	TABS	EA	500	X	SSB		25208			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
25208090104	AGGRAST	TIROFIBA	201218	Platelet-A	20121800	Platelet-A	R	3.75 MG/1	INTRAVE	CONC	ML	15		SSB		25208			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25208090201	AGGRAST	TIROFIBA	201218	Platelet-A	20121800	Platelet-A	S	5-0.9 MG/	INTRAVE	SOLN	ML	100		MSB		25208	N		N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION						R	MEDPRMI
25208090202	AGGRAST	TIROFIBA	201218	Platelet-A	20121800	Platelet-A	S	12.5-0.9 M	INTRAVE	SOLN	ML	250		MSB		25208	Y		N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION						R	MEDPRMI
25273009529	SUNKIST	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	CHEW	EA	90		GENERIC		25273			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25294000616	AUTO-LA	LANCET D	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		25294			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25294000624	AUTO-LA	LANCET D	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		25294			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25294000810	EZ-LETS	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		25294			N	FORMULARY		2 BRAND	PREFERRED BRAND						R	MEDPRMI
25294000815	EZ-LETS	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		25294			N	FORMULARY		2 BRAND	PREFERRED BRAND						R	MEDPRMI
25294000820	EZ-LETS	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		25294			N	FORMULARY		2 BRAND	PREFERRED BRAND						R	MEDPRMI
25294000825	EZ-LETS	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		25294			N	FORMULARY		2 BRAND	PREFERRED BRAND						R	MEDPRMI
25294087400	INJECT-E	INJECTIO	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		25294			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
25294087500	INSUL-TO	BLOOD G	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRU	6/1/2023	25294			N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION					FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRMI
25294087501	INSUL-TO	BLOOD G	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		25294			N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION					FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRMI
25294090502	INSUL-TO	BLOOD G	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		25294			N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION					FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRMI
25294093505	INSUL-TO	BLOOD G	940000	Devices	94000000	Devices	O	SUPPLIES	DOES NO	MISC	EA	1		NON DRUG		25294			N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION					FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRMI
25294094600	INSUL-EZ	INSULIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		25294			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25294099200	INSUL-CA	INSULIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	4		NON DRUG		25294			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25294099500	AMBI-TRA	INSULIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		25294			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25334000515	UP4 PRO	PROBIOT	560800	Antidiarrh	56080000	Antidiarrh	P	15MG-15M	ORAL	CHEW	EA	30		GENERIC		25334			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25334000530	UP4 PRO	PROBIOT	560800	Antidiarrh	56080000	Antidiarrh	P	15MG-15M	ORAL	CHEW	EA	60		GENERIC		25334			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25334000590	UP4 PRO	PROBIOT	560800	Antidiarrh	56080000	Antidiarrh	P	0-0-5MG-	ORAL	CHEW	EA	60		GENERIC	1/1/2023	25334			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25334000592	UP4 PRO	PROBIOT	560800	Antidiarrh	56080000	Antidiarrh	O	90MG-90M	ORAL	CAPS	EA	30		SSB		25334			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25334001113	UP4 PRO	PROBIOT	560800	Antidiarrh	56080000	Antidiarrh	O	0-0-0-0-0	ORAL	CAPS	EA	30		SSB	1/1/2023	25334			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25334001115	UP4 PRO	PROBIOT	560800	Antidiarrh	56080000	Antidiarrh	O	0-0-0-0-0	ORAL	CAPS	EA	60		SSB	1/1/2023	25334			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25334001123	UP4 PRO	PROBIOT	560800	Antidiarrh	56080000	Antidiarrh	O	0-0-0-0-0	ORAL	CAPS	EA	30		SSB		25334			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25334001125	UP4 PRO	PROBIOT	560800	Antidiarrh	56080000	Antidiarrh	O	0-0-0-0-0	ORAL	CAPS	EA	60		SSB		25334			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25334001134	UP4 PRO	PROBIOT	560800	Antidiarrh	56080000	Antidiarrh	O	0-250MG-	ORAL	CAPS	EA	60		SSB		25334			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25334001415	UP4 PRO	PROBIOT	560800	Antidiarrh	56080000	Antidiarrh	P	0-20MCG-	ORAL	CHEW	EA	60		GENERIC		25334			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25334001437	UP4 PRO	PROBIOT	560800	Antidiarrh	56080000	Antidiarrh	P	0-20MCG-	ORAL	CHEW	EA	40		GENERIC		25334			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25357002201	PHOTREX	RIBOFLAV	529200	EENT Dru	52920000	EENT Dru	R	0.146-20	OPHTHAL	SOSY	ML	3		SSB	1/1/2022	25357			N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND						R	MEDPRMI
25357002501	PHOTREX	RIBOFLAV	529200	EENT Dru	52920000	EENT Dru	R	0.146 &0.1	OPHTHAL	SOSY	ML	6		SSB		25357			N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND						R	MEDPRMI
25357002503	PHOTREX	RIBOFLAV	529200	EENT Dru	52920000	EENT Dru	R	0.146 &0.1	OPHTHAL	SOSY	ML	6		SSB		25357			N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND						R	MEDPRMI
25357010001	IDOSE TR	TRAVOPR	524028	UNKNOW	52402800	UNKNOW	R	75 MCG	INTRAOC	IMPL	EA	1		SSB		25357			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25439093515	HEALTHY	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB		25439			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25439093516	HEALTHY	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB		25439			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25439093518	HEALTHY	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB		25439			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25439093519	HEALTHY	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB		25439			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25439093520	HEALTHY	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB		25439			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25682000101	SOLIRIS	ECULIZU	902000	UNKNOW	90200000	UNKNOW	R	300 MG/3	INTRAVE	SOLN	ML	30		SSB		25682			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25682000701	KANUMA	SEBELIPA	440000	Enzymes	44000000	Enzymes	R	20 MG/10	INTRAVE	SOLN	ML	10		SSB		25682			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25682001001	STRENSI	ASFOTAS	440000	Enzymes	44000000	Enzymes	R	18 MG/0.4	SUBCUTA	SOLN	ML	0.45	X	SSB		25682		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRMI
25682001012	STRENSI	ASFOTAS	440000	Enzymes	44000000	Enzymes	R	18 MG/0.4	SUBCUTA	SOLN	ML	0.45	X	SSB		25682		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRMI
25682001301	STRENSI	ASFOTAS	440000	Enzymes	44000000	Enzymes	R	28 MG/0.7	SUBCUTA	SOLN	ML	0.7	X	SSB		25682		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRMI
25682001312	STRENSI	ASFOTAS	440000	Enzymes	44000000	Enzymes	R	28 MG/0.7	SUBCUTA	SOLN	ML	0.7	X	SSB		25682		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRMI
25682001601	STRENSI	ASFOTAS	440000	Enzymes	44000000	Enzymes	R	40 MG/ML	SUBCUTA	SOLN	ML	1	X	SSB		25682		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRMI
25682001612	STRENSI	ASFOTAS	440000	Enzymes	44000000	Enzymes	R	40 MG/ML	SUBCUTA	SOLN	ML	1	X	SSB		25682		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRMI
25682001901	STRENSI	ASFOTAS	440000	Enzymes	44000000	Enzymes	R	80 MG/0.8	SUBCUTA	SOLN	ML	0.8	X	SSB		25682		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRMI
25682001912	STRENSI	ASFOTAS	440000	Enzymes	44000000	Enzymes	R	80 MG/0.8	SUBCUTA	SOLN	ML	0.8	X	SSB		25682		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRMI
25682002501	ULTOMIR	RAVULIZU	923208	UNKNOW	92320800	UNKNOW	R	300 MG/3	INTRAVE	SOLN	ML	3		SSB		25682			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25682002801	ULTOMIR	RAVULIZU	923208	UNKNOW	92320800	UNKNOW	R	1100 MG/	INTRAVE	SOLN	ML	11		SSB		25682			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25682004392	VOYDEYA	DANICOP	923208	UNKNOW	92320800	UNKNOW	R	100 MG	ORAL	TABS	EA	90	X	SSB		25682			N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X				R	MEDPRMI
25682004692	VOYDEYA	DANICOP	923208	UNKNOW	92320800	UNKNOW	R	50 & 100	ORAL	TBPK	EA	180	X	SSB		25682			N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X				R	MEDPRMI
25715000153	EZY DOS	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	500		NON DRUG		25715			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25715000154	EZY DOS	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	500		NON DRUG		25715			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25715023087	PILL COU	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		25715			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25715024950	RECONST	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		25715			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25715067015	EZY DOS	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		25715			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25715067124	ONE-DAY	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		25715			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25715067223	EZY DOS	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG		25715			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25715067708	EZY DOS	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		25715			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25715067750	EZY DOS	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		25715			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25715067767	EZY DOS	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		25715			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25715067790	PILL PLA	ORAL ME	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		25715			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25715067830	EZY DOS	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		25715			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25715068255	EZY DOS	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		25715			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25715068352	EZY-DRO	OPTICAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		25715			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25715090701	EZY DOS	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	500		NON DRUG		25715			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25715090730	COLD SE	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	500		NON DRUG		25715			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25715090732	COLD SE	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	500		NON DRUG		25715			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25715090734	COLD SE	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	500		NON DRUG		25715			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25715090736	COLD SE	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	500		NON DRUG		25715			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25715090738	COLD SE	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	500		NON DRUG		25715			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25715090751	COLD SE	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	500		NON DRUG		25715			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25715090757	COLD SE	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	500		NON DRUG		25715			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25866000003	ALEVE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	150		MSB	8/15/2022	25866	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
25866010501	ALEVE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	24		MSB	8/15/2022	25866	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
25866010502	ALEVE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	24		MSB	8/15/2022	25866	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
25866010503	ALEVE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	50		MSB	8/15/2022	25866	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
25866010504	ALEVE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	50		MSB	8/15/2022	25866	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
25866010505	ALEVE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	100		MSB	8/15/2022	25866	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
25866010506	ALEVE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	100		MSB	11/7/2024	25866	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
25866052812	ALEVE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	CAPS	EA	80		MSB	8/15/2022	25866	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
25866052813	ALEVE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	CAPS	EA	20		MSB	8/15/2022	25866	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
25866052814	ALEVE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	CAPS	EA	40		MSB	11/7/2024	25866	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
25866053590	ALEVE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	CAPS	EA	80		MSB	11/7/2024	25866	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
25866053646	ALEVE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	40		MSB	8/15/2022	25866			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
25866053647	ALEVE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	100		MSB	11/7/2024	25866			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
25866053648	ALEVE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	200		MSB	11/7/2024	25866			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
25866053935	ALEVE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	10		MSB	11/7/2024	25866			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
25866054051	ALEVE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	6		MSB	11/7/2024	25866			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
25866055306	ALEVE PM	NAPROXE	282492	Anxiolytics	28249200	Anxiolytics	P	220-25 MG	ORAL	TABS	EA	20		MSB	8/15/2022	25866			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
25866055307	ALEVE PM	NAPROXE	282492	Anxiolytics	28249200	Anxiolytics	P	220-25 MG	ORAL	TABS	EA	40		MSB	8/15/2022	25866			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
25866055308	ALEVE PM	NAPROXE	282492	Anxiolytics	28249200	Anxiolytics	P	220-25 MG	ORAL	TABS	EA	80		MSB	8/15/2022	25866			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
25866056494	ALEVE TE	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	4		NON DRU	11/7/2024	25866			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25866056504	ALEVE DI	NERVE ST	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		NON DRU	11/7/2024	25866			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25866056951	ALEVE-D	PSEUDOE	280804	Nonsteroi	28080404	UNKNOW	P	120-220 M	ORAL	TB12	EA	10		MSB	11/7/2024	25866			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
25866058005	ALEVE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	CAPS	EA	80		MSB	11/7/2024	25866	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
25866059188	ALEVE PM	NAPROXE	282492	Anxiolytics	28249200	Anxiolytics	P	220-25 M	ORAL	TABS	EA	20		MSB		25866			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
25866059190	ALEVE PM	NAPROXE	282492	Anxiolytics	28249200	Anxiolytics	P	220-25 M	ORAL	TABS	EA	50		MSB		25866			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
25866059194	ALEVE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	CAPS	EA	80		MSB		25866			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
25866059199	ALEVE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	24		GENERIC		25866			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25866059223	ALEVE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	90		GENERIC		25866	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25866059234	ALEVE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	40		GENERIC		25866			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25866059280	ALEVE-D	PSEUDOE	280804	Nonsteroi	28080404	UNKNOW	P	120-220 M	ORAL	TB12	EA	20		MSB		25866			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
25866059361	ALEVE AR	DICLOFE	840620	UNKNOW	84062000	UNKNOW	P	1%	EXTERNA	GEL	GM	100		GENERIC	6/1/2024	25866	Y		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
25866082514	ALEVE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	CAPS	EA	40		MSB	11/7/2024	25866	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
26072002349	NEBULIZE	RESPIRA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50		NON DRUG		26072			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26341012350	PRO-CAL	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	7.5MG-7.5	ORAL	TABS	EA	240		SSB		26341			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26341012400	PRO-CAL	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	7.5MG-7.5	ORAL	TABS	EA	120		SSB		26341			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26341012910	BIO-35 IR	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	20MG-45M	ORAL	CAPS	EA	100		SSB		26341			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26341012920	BIO-35 GL	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	45MG-45M	ORAL	CAPS	EA	100		SSB		26341			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26608000118	BIOMEPR	LACTOBA	560800	Antidiarrh	56080000	Antidiarrh	O	0-0-0-0	ORAL	CPDR	EA	20		SSB		26608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26608000120	BIOMEPR	LACTOBA	560800	Antidiarrh	56080000	Antidiarrh	O	0-0-0-0	ORAL	CAPS	EA	100		SSB		26608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26608000150	BIO-K PLU	LACTOBA	560800	Antidiarrh	56080000	Antidiarrh	O	0-0-0-0	ORAL	CPDR	EA	15		SSB		26608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26608000156	BIOMEPR	LACTOBA	560800	Antidiarrh	56080000	Antidiarrh	O	0-0-0-0	ORAL	CPDR	EA	100		SSB		26608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26608001202	BIOMEPR	LACTOBA	560800	Antidiarrh	56080000	Antidiarrh	O	0-0-0-0	ORAL	LIQD	ML	104		SSB		26608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26664000102	ADK	VITAMINS	882800	Multivitam	88280000	Multivitam	O	5000-500	ORAL	CAPS	EA	60		SSB		26664			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26704031825	RUSCH T	CATHETE	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	50		NON DRUG		26704			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26704032389	RUSCH F	CATHETE	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	30		NON DRUG		26704			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26704055130	RUSCH M	CATHETE	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	100		NON DRUG		26704			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26704061313	MAD NAS	MISC. DE	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	25		NON DRUG		26704			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26704062654	MAD NAS	MISC. DE	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	25		NON DRUG		26704			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26974030064	PRO-STA	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	P	9.3GM/10	ORAL	LIQD	ML	887		GENERIC		26974			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26974030464	PRO-STA	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	P	9.3GM/10	ORAL	LIQD	ML	30		GENERIC		26974			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26974041007	PRO-STA	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	P	0-0-0-0-0	ORAL	LIQD	ML	887		GENERIC		26974			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26974041008	PRO-STA	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	P	0-0-0-0-0	ORAL	LIQD	ML	887		GENERIC		26974	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26974041009	PRO-STA	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	P	9.3GM/10	ORAL	LIQD	ML	887		GENERIC		26974			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26974041010	PRO-STA	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	P	0-0-0-0-0	ORAL	LIQD	ML	887		GENERIC		26974	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26974041012	PRO-STA	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	P	0-0-0-0-0	ORAL	LIQD	ML	887		GENERIC		26974	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26974041017	PRO-STA	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	P	0-0-0-0-0	ORAL	LIQD	ML	30		GENERIC		26974			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26974041021	PRO-STA	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	P	0-0-0-0-0	ORAL	LIQD	ML	30		GENERIC		26974	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26974041023	PRO-STA	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	P	9.3GM/10	ORAL	LIQD	ML	887		GENERIC		26974			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26974041024	PRO-STA	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	P	9.3GM/10	ORAL	LIQD	ML	30		GENERIC		26974			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26974041030	PRO-STA	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	P	0-0-0-0-0	ORAL	LIQD	ML	887		GENERIC		26974	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26974041031	PRO-STA	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	P	0-0-0-0-0	ORAL	LIQD	ML	30		GENERIC		26974	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26974041040	PRO-STA	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	P	9.3GM/10	ORAL	LIQD	ML	887		GENERIC		26974			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26974041041	PRO-STA	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	P	0-0-0-0-0	ORAL	LIQD	ML	887		GENERIC		26974	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26974041042	PRO-STA	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	P	9.3GM/10	ORAL	LIQD	ML	30		GENERIC		26974			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26974041050	PRO-STA	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	P	9.3GM/10	ORAL	LIQD	ML	887		GENERIC		26974			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26974041051	PRO-STA	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	P	9.3GM/10	ORAL	LIQD	ML	887		GENERIC		26974			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26974041052	PRO-STA	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	P	9.3GM/10	ORAL	LIQD	ML	30		GENERIC		26974			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26974041053	PRO-STA	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	P	9.3GM/10	ORAL	LIQD	ML	30		GENERIC		26974			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26974041060	PRO-STA	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	P	0-30MG/3	ORAL	LIQD	ML	887		GENERIC		26974	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26974041061	PRO-STA	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	P	0-30MG/3	ORAL	LIQD	ML	30		GENERIC		26974			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26974041062	PRO-STA	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	P	9.3GM/10	ORAL	LIQD	ML	887		GENERIC		26974			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26974041063	PRO-STA	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	P	9.3GM/10	ORAL	LIQD	ML	30		GENERIC		26974			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26974041064	PRO-STA	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	P	0-0-0-0-0	ORAL	LIQD	ML	887		GENERIC	2/28/2023	26974			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26974041065	PRO-STA	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	P	0-0-0-0-0	ORAL	LIQD	ML	30		GENERIC	10/31/2022	26974			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26974041066	UTI-STAT	CRANBER	929200	UNKNOW	92920000	UNKNOW	O	0-0-0-0-0	ORAL	LIQD	ML	887		SSB		26974			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26974041067	UTI-STAT	CRANBER	929200	UNKNOW	92920000	UNKNOW	O	0-0-0-0-0	ORAL	LIQD	ML	30		SSB		26974			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26974041070	FIBER-ST	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0	ORAL	LIQD	ML	887		SSB	2/28/2023	26974			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26974041071	FIBER-ST	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0	ORAL	LIQD	ML	30		SSB	2/28/2023	26974			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26974041072	PRO-STA	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	P	9.3GM/10	ORAL	LIQD	ML	887		GENERIC		26974			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26974041073	PRO-STA	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	P	9.3GM/10	ORAL	LIQD	ML	887		GENERIC		26974			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26974041074	PRO-STA	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	P	9.3GM/10	ORAL	LIQD	ML	30		GENERIC		26974			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26974041075	PRO-STA	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	P	9.3GM/10	ORAL	LIQD	ML	30		GENERIC		26974			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26974041080	DIFF-STA	PROBIOT	560800	Antidiarrh	56080000	Antidiarrh	O	0-0-0	ORAL	CAPS	EA	60		SSB	9/30/2022	26974			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26974041081	DIFF-STA	PROBIOT	560800	Antidiarrh	56080000	Antidiarrh	O	0-0-0	ORAL	PACK	EA	48		SSB	1/1/2023	26974			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26974042001	PRO-STA	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	P	0-0-0-0-0	ORAL	LIQD	ML	887		GENERIC		26974			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26974042002	PRO-STA	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	P	0-0-0-0-0	ORAL	LIQD	ML	30		GENERIC		26974			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26974052183	PRO-STA	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	P	3.2GM/30	ORAL	LIQD	ML	887		GENERIC		26974	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26974056801	PRO-STA	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	P	3.3GM/30	ORAL	LIQD	ML	30		GENERIC		26974	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
26974090001	PRO-STA	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	P	6.6GM/10	ORAL	LIQD	ML	887		GENERIC		26974			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
27241000106	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	1 MG	ORAL	TABS	EA	60	X	GENERIC		27241			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
27241000150	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	1 MG	ORAL	TABS	EA	500	X	GENERIC		27241			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
27241000206	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	0.25 MG	ORAL	TABS	EA	60	X	GENERIC		27241			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
27241000250	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	0.25 MG	ORAL	TABS	EA	500	X	GENERIC		27241			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
27241000306	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	0.5 MG	ORAL	TABS	EA	60	X	GENERIC		27241			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
27241000350	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	0.5 MG	ORAL	TABS	EA	500	X	GENERIC		27241			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
27241000406	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	60	X	GENERIC		27241			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
27241000450	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	500	X	GENERIC		27241			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
27241000506	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	3 MG	ORAL	TABS	EA	60	X	GENERIC		27241			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI

29135040504	L-ARGINI	ARGININE	402000	Caloric Ag	40200000	Caloric Ag	O	350 MG	ORAL	TBCR	EA	400		MSB	3/20/2024	29135		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION								R	MEDPRIM
29135040518	L-ARGINI	ARGININE	402000	Caloric Ag	40200000	Caloric Ag	O	350 MG	ORAL	TBCR	EA	180		MSB		29135		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION								R	MEDPRIM
29135040760	PEPZING	POLAPRE	929200	UNKNOW	92920000	UNKNOW	O	59MG-0-1(	ORAL	CHEW	EA	60		SSB		29135		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
29135060018	OMEGA-3	KRILL OIL	929200	UNKNOW	92920000	UNKNOW	P	500 MG	ORAL	CAPS	EA	180		GENERIC		29135		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
29135060512	MIXED TC	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	3.3MG-6.6	ORAL	CAPS	EA	120		MSB		29135		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION								R	MEDPRIM
29135061012	CO-ENZY	COENZYM	929200	UNKNOW	92920000	UNKNOW	P	100 MG	ORAL	CAPS	EA	120		GENERIC		29135		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
29135061515	ALPHA-LI	ALPHA-LI	929200	UNKNOW	92920000	UNKNOW	O	300 MG	ORAL	CAPS	EA	150		MSB		29135		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION								R	MEDPRIM
29273040104	FLOLIPID	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	R	20 MG/5M	ORAL	SUSP	ML	150	X	SSB		29273		N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	X	PA:X						R	MEDPRIM
29273040204	FLOLIPID	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	R	40 MG/5M	ORAL	SUSP	ML	150	X	SSB		29273		N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	X	PA:X						R	MEDPRIM
29300011101	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300011105	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	500	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300011110	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300011201	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300011205	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	500	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300011210	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	1000	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300011305	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	150 MG	ORAL	TABS	EA	500	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300011316	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	150 MG	ORAL	TABS	EA	60	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300011405	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	500	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300011416	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	60	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300011505	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	500	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300011510	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300011516	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300011605	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	500	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300011610	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	1000	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300011616	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300011705	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	500	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300011710	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	1000	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300011716	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300011805	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	500	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300011810	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	1000	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300011816	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	60	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300012401	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300012410	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	1000	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300012501	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300012510	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	1000	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300012601	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300012613	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300012701	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300012713	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300012801	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300012810	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300012901	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300012910	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	1000	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300013001	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300013005	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	500	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300013010	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	1000	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300013101	ZALEPLO	ZALEPLO	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	CAPS	EA	100		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS				R	MEDPRIM
29300013201	ZALEPLO	ZALEPLO	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	CAPS	EA	100		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS				R	MEDPRIM
29300013501	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	100	X	GENERIC	6/1/2023	29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300013505	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	500	X	GENERIC	6/1/2023	29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300013510	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	1000	X	GENERIC	6/1/2023	29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300013601	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300013605	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	500	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300013610	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	1000	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300013701	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.3 MG	ORAL	TABS	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300013705	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.3 MG	ORAL	TABS	EA	500	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300013801	DIVALPR(	DIVALPR(	281228	UNKNOW	28122800	UNKNOW	S	125 MG	ORAL	TBEC	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300013805	DIVALPR(	DIVALPR(	281228	UNKNOW	28122800	UNKNOW	S	125 MG	ORAL	TBEC	EA	500	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300013901	DIVALPR(	DIVALPR(	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TBEC	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300013905	DIVALPR(	DIVALPR(	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TBEC	EA	500	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300014001	DIVALPR(	DIVALPR(	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TBEC	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300014005	DIVALPR(	DIVALPR(	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TBEC	EA	500	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300014419	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300014519	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		29300	Y	N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300014619	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300014701	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300014710	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300014801	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300014810	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TABS	EA	1000	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300014901	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300015001	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300015101	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	300 MG	ORAL	TABS	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300015116	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	300 MG	ORAL	TABS	EA	60	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300015201	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	400 MG	ORAL	TABS	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300015501	ALFUZOS	ALFUZOS	121604	UNKNOW	12160412	UNKNOW	S	10 MG	ORAL	TB24	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300015519	ALFUZOS	ALFUZOS	121604	UNKNOW	12160412	UNKNOW	S	10 MG	ORAL	TB24	EA	90	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300016810	TIZANIDIN	TIZANIDIN	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	1000		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS			X	18 IN 1 DAYS				R	MEDPRIM
29300016815	TIZANIDIN	TIZANIDIN	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	150		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS			X	18 IN 1 DAYS				R	MEDPRIM
29300016903	TIZANIDIN	TIZANIDIN	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	300		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS			X	9 IN 1 DAYS				R	MEDPRIM
29300016910	TIZANIDIN	TIZANIDIN	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	1000		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS			X	9 IN 1 DAYS				R	MEDPRIM
29300016915	TIZANIDIN	TIZANIDIN	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	150		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS			X	9 IN 1 DAYS				R	MEDPRIM
29300017105	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	5 MG	ORAL	TABS	EA	500	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS				R	MEDPRIM
29300017116	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS				R	MEDPRIM
29300017205	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	10 MG	ORAL	TABS	EA	500	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS				R	MEDPRIM
29300017216	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS				R	MEDPRIM
29300017513	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	30	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300017613	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300017713	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300017813	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TABS	EA	30	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300017913	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300018013	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	30 MG	ORAL	TABS	EA	30	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300018701	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	2.5-6.25 M	ORAL	TABS	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300018705	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	2.5-6.25 M	ORAL	TABS	EA	500	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300018713	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	2.5-6.25 M	ORAL	TABS	EA	30	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300018801	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	5-6.25 MG	ORAL	TABS	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300018805	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	5-6.25 MG	ORAL	TABS	EA	500	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300018813	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	5-6.25 MG	ORAL	TABS	EA	30	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300018901	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	10-6.25 M	ORAL	TABS	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300018905	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	10-6.25 M	ORAL	TABS	EA	500	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300018913	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	10-6.25 M	ORAL	TABS	EA	30	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300019010	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50-12.5 M	ORAL	TABS	EA	1000	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300019019	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50-12.5 M	ORAL	TABS	EA	90	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300019110	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-12.5 I	ORAL	TABS	EA	1000	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300019119	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-12.5 I	ORAL	TABS	EA	90	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300019210	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-25 MC	ORAL	TABS	EA	1000	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300019219	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-25 MC	ORAL	TABS	EA	90	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300021213	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	75 MG	ORAL	TABS	EA	30	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300021219	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	75 MG	ORAL	TABS	EA	90	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300021313	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	150 MG	ORAL	TABS	EA	30	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300021319	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	150 MG	ORAL	TABS	EA	90	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300021413	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	300 MG	ORAL	TABS	EA	30	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300021419	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	300 MG	ORAL	TABS	EA	90	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300022010	MONTELL	MONTELL	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300022013	MONTELL	MONTELL	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300022019	MONTELL	MONTELL	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300022110	MONTELL	MONTELL	481024	Leukotrien	48102400	Leukotrien	S	4 MG	ORAL	CHEW	EA	1000	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300022113	MONTELL	MONTELL	481024	Leukotrien	48102400	Leukotrien	S	4 MG	ORAL	CHEW	EA	30	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300022119	MONTELL	MONTELL	481024	Leukotrien	48102400	Leukotrien	S	4 MG	ORAL	CHEW	EA	90	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300022210	MONTELL	MONTELL	481024	Leukotrien	48102400	Leukotrien	S	5 MG	ORAL	CHEW	EA	1000	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300022213	MONTELL	MONTELL	481024	Leukotrien	48102400	Leukotrien	S	5 MG	ORAL	CHEW	EA	30	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300022219	MONTELL	MONTELL	481024	Leukotrien	48102400	Leukotrien	S	5 MG	ORAL	CHEW	EA	90	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300022601	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	100		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300022605	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	500		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300022652	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	250		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300022701	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	100		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300022705	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	500		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300022746	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	50		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300023213	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300023319	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	80 MG	ORAL	TABS	EA	90	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300023419	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	160 MG	ORAL	TABS	EA	90	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300023519	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	320 MG	ORAL	TABS	EA	90	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300023916	TOLTERC	TOLTERC	861204	UNKNOW	86120400	UNKNOW	S	1 MG	ORAL	TABS	EA	60	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300024016	TOLTERC	TOLTERC	861204	UNKNOW	86120400	UNKNOW	S	2 MG	ORAL	TABS	EA	60	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300024105	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	500	X	GENERIC	5/1/2023	29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300024110	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	1000	X	GENERIC	5/1/2023	29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300024119	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300024205	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	500	X	GENERIC	5/1/2023	29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300024210	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	1000	X	GENERIC	5/1/2023	29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300024219	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300024305	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	500	X	GENERIC	5/1/2023	29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300024310	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC	5/1/2023	29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300024319	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300024401	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	100		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300024405	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	500		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300024501	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300024505	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	500		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300024601	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	100		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300024605	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	500		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300024616	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	60		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300024618	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	180		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300024705	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	30 MG	ORAL	TABS	EA	500		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300024716	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	30 MG	ORAL	TABS	EA	60		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300025011	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	5MG	ORAL	TBDP	EA	1	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300025087	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	5MG	ORAL	TBDP	EA	30	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300025111	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	10MG	ORAL	TBDP	EA	1	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300025187	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	10MG	ORAL	TBDP	EA	30	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300025501	PIROXICA	PIROXICA	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	CAPS	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300025601	PIROXICA	PIROXICA	280804	Nonsteroi	28080404	UNKNOW	S	20 MG	ORAL	CAPS	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300025605	PIROXICA	PIROXICA	280804	Nonsteroi	28080404	UNKNOW	S	20 MG	ORAL	CAPS	EA	500	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300026881	RIZATRIP	RIZATRIP	283228	Selective	28322800	Selective	S	5 MG	ORAL	TBDP	EA	18		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS			X	27 IN 30 DAYS				R	MEDPRIM
29300026891	RIZATRIP	RIZATRIP	283228	Selective	28322800	Selective	S	5 MG	ORAL	TBDP	EA	9		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS			X	27 IN 30 DAYS				R	MEDPRIM
29300026981	RIZATRIP	RIZATRIP	283228	Selective	28322800	Selective	S	10 MG	ORAL	TBDP	EA	18		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS			X	27 IN 30 DAYS				R	MEDPRIM
29300026991	RIZATRIP	RIZATRIP	283228	Selective	28322800	Selective	S	10 MG	ORAL	TBDP	EA	9		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS			X	27 IN 30 DAYS				R	MEDPRIM
29300028605	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	2.5 MG	ORAL	TABS	EA	500	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS	X	PA:X						R	MEDPRIM
29300028613	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS	X	PA:X						R	MEDPRIM
29300028705	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	500	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS	X	PA:X						R	MEDPRIM
29300028713	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS	X	PA:X						R	MEDPRIM
29300028782	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	10/2/2023	29300		N	FORMULARY		1	GEN	GENERICS	X	PA:X						R	MEDPRIM
29300028805	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	10 MG	ORAL	TABS	EA	500		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS			X	1 IN 5 DAYS				R	MEDPRIM
29300028813	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS			X	1 IN 5 DAYS				R	MEDPRIM
29300028905	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	500		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS			X	1 IN 5 DAYS				R	MEDPRIM
29300028913	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	30		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS			X	1 IN 5 DAYS				R	MEDPRIM
29300029616	RANOLAZ	RANOLAZ	240492	Cardiac D	24049200	Cardiac D	S	500 MG	ORAL	TB12	EA	60	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS			X	4 IN 1 DAYS				R	MEDPRIM
29300029716	RANOLAZ	RANOLAZ	240492	Cardiac D	24049200	Cardiac D	S	1000 MG	ORAL	TB12	EA	60	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS				R	MEDPRIM
29300030113	PRASUGI	PRASUGI	201218	Platelet-A	20121800	Platelet-A	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS				R	MEDPRIM
29300030213	PRASUGI	PRASUGI	201218	Platelet-A	20121800	Platelet-A	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS				R	MEDPRIM
29300030816	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TB24	EA	60	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300030916	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	150 MG	ORAL	TB24	EA	60	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300031016	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TB24	EA	60	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300031116	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	300 MG	ORAL	TB24	EA	60	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300031216	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	400 MG	ORAL	TB24	EA	60	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300031621	RIZATRIP	RIZATRIP	283228	Selective	28322800	Selective	S	5 MG	ORAL	TABS	EA	12		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS			X	27 IN 30 DAYS				R	MEDPRIM
29300031681	RIZATRIP	RIZATRIP	283228	Selective	28322800	Selective	S	5 MG	ORAL	TABS	EA	18		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS			X	27 IN 30 DAYS				R	MEDPRIM
29300031721	RIZATRIP	RIZATRIP	283228	Selective	28322800	Selective	S	10 MG	ORAL	TABS	EA	12		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS			X	27 IN 30 DAYS				R	MEDPRIM
29300031781	RIZATRIP	RIZATRIP	283228	Selective	28322800	Selective	S	10 MG	ORAL	TABS	EA	18		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS			X	27 IN 30 DAYS				R	MEDPRIM
29300032813	SOLIFEN/	SOLIFEN/	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300032819	SOLIFEN/	SOLIFEN/	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300032913	SOLIFEN/	SOLIFEN/	861204	UNKNOW	86120400	UNKNOW	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300032919	SOLIFEN/	SOLIFEN/	861204	UNKNOW	86120400	UNKNOW	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300033301	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300033401	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300034301	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS			X	8 IN 1 DAYS				R	MEDPRIM
29300034310	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	1000		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS			X	8 IN 1 DAYS				R	MEDPRIM
29300034401	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	100		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS			X	4 IN 1 DAYS				R	MEDPRIM
29300034410	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	1000		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS			X	4 IN 1 DAYS				R	MEDPRIM
29300034901	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300034905	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	500	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300034910	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	1000	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300035001	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300035005	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	500	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300035010	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	1000	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300035101	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300035110	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	TABS	EA	1000	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300035201	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	TABS	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300035210	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	TABS	EA	1000	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300035301	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	4 MG	ORAL	TABS	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300035310	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	4 MG	ORAL	TABS	EA	1000	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300035401	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	8 MG	ORAL	TABS	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300035410	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	8 MG	ORAL	TABS	EA	1000	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300035501	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	100		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS			X	8 IN 1 DAYS	X	AGE_YEAR MUST BE AT LEAST		R	MEDPRIM
29300035505	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	500		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS			X	8 IN 1 DAYS	X	AGE_YEAR MUST BE AT LEAST		R	MEDPRIM
29300035510	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	1000		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS			X	8 IN 1 DAYS	X	AGE_YEAR MUST BE AT LEAST		R	MEDPRIM
29300035905	AMIODAR	AMIODAR	240404	Antiarrhyt	24040420	Class III A	S	200 MG	ORAL	TABS	EA	500	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300035916	AMIODAR	AMIODAR	240404	Antiarrhyt	24040420	Class III A	S	200 MG	ORAL	TABS	EA	60	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300038001	DIVALPR(	DIVALPR(	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TB24	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300038005	DIVALPR(	DIVALPR(	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TB24	EA	500	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300038101	DIVALPR(	DIVALPR(	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300038105	DIVALPR(	DIVALPR(	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	500	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300038201	CARBAM/	CARBAM/	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300038210	CARBAM/	CARBAM/	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	1000	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300038901	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300038905	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	500	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300039605	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	500	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300039610	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	1000	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300039619	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	90	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300039705	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	500	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300039710	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	1000	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300039719	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300039805	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	500	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300039810	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300039819	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300039901	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300040001	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	50-25 MG	ORAL	TABS	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300040101	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	100-25 MC	ORAL	TABS	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300041001	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300041005	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	500	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300041010	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300041101	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300041105	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	500	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300041110	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	1000	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300041201	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300041205	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	500	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300041210	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	1000	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300041301	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	100		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS			X	3 IN 1 DAYS				R	MEDPRIM
29300041305	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	500		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS			X	3 IN 1 DAYS				R	MEDPRIM
29300041319	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	90		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS			X	3 IN 1 DAYS				R	MEDPRIM
29300041401	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	100		GENERIC		29300		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
29300041501	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS			X	3 IN 1 DAYS				R	MEDPRIM
29300041510	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	1000		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS			X	3 IN 1 DAYS				R	MEDPRIM
29300041519	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS			X	3 IN 1 DAYS				R	MEDPRIM
29300041901	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300041910	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300042001	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300042010	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300042101	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300042110	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	1000	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300042201	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	TABS	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300042301	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300042401	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	150 MG	ORAL	TABS	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300042801	ZONISAM	ZONISAM	281224	UNKNOW	28122400	UNKNOW	S	25 MG	ORAL	CAPS	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300042901	ZONISAM	ZONISAM	281224	UNKNOW	28122400	UNKNOW	S	50 MG	ORAL	CAPS	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300043001	ZONISAM	ZONISAM	281224	UNKNOW	28122400	UNKNOW	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300045801	GUANFAC	GUANFAC	242400	Beta-Adre	24240000	Beta-Adre	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		29300	Y	N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300045901	GUANFAC	GUANFAC	242400	Beta-Adre	24240000	Beta-Adre	S	2 MG	ORAL	TABS	EA	100	X	GENERIC		29300	Y	N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300046801	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	100	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300046805	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	500	X	GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300046810	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	1000	X	GENERIC		29300	Y	N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300047401	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	5 MG	ORAL	TABS	EA	100		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS			X	16 IN 1 DAYS				R	MEDPRIM
29300047701	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	100		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300047705	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	500		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300047716	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	60		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300047718	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	180		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300047805	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	30 MG	ORAL	TABS	EA	500		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29300047816	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	30 MG	ORAL	TABS	EA	60		GENERIC		29300		N	FORMULARY		1	GEN	GENERICS								R	MEDPRIM
29609001965	GRIPE W/	SODIUM E	929200	UNKNOW	92920000	UNKNOW	P	12MG/5MI	ORAL	LIQD	ML	120		GENERIC		29609		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
29943000215	BLINK TE	POLYETH	529200	EENT Dru	52920000	EENT Dru	O	0.25%	OPHTHAL	SOLN	ML	15		SSB		29943		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
29943000410	BLINK TE	POLYETH	529200	EENT Dru	52920000	EENT Dru	O	0.25%	OPHTHAL	GEL	ML	10		SSB		29943		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
29978012590	DOSOQU	VITAMIN I	881600	Vitamin D	88160000	Vitamin D	O	5500-200	ORAL	TABS	EA	90		SSB	8/1/2022	29978		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
29978012716	CAPRON	DEXTROM	480800	Antitussive	48080000	Antitussive	P	7.5-7.5 MC	ORAL	LIQD	ML	473		MSB		29978		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION								R	MEDPRIM
29978012810	CAPRON	DEXTROM	480800	Antitussive	48080000	Antitussive	O	30MG-30M	ORAL	TABS	EA	100		SSB		29978		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
29978042016	CAPCOF	PHENYLE	480800	Antitussive	48080000	Antitussive	O	5-2-10 MG	ORAL	SYRP	ML	473		SSB	12/4/2024	29978		N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND								R	MEDPRIM
29978058701	AQUANA	PHENYLE	480800	Antitussive	48080000	Antitussive	O	10-15-400	ORAL	TABS	EA	100		SSB		29978		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					X	AGE_YEAR MUST BE AT LEAST		R	MEDPRIM
29978058890	AQUANA	PSEUDOE	480800	Antitussive	48080000	Antitussive	O	60-20-375	ORAL	TABS	EA	90		SSB	12/30/2022	29978		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM

29978060190	CAPMIST	PSEUDOE	480800	Antitussive	48080000	Antitussive	O	60-15-400	ORAL	TABS	EA	90	SSB		29978	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
29978091790	DOSOKAI	VITAMIN I	881600	Vitamin D	88160000	Vitamin D	O	137.5-200	ORAL	TABS	EA	90	SSB		29978	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
29978091860	ALEVAZO	CLOTRIM	840408	Antifungal	84040808	Azoles	O	1%	EXTERNA	OINT	GM	56.7	SSB		29978	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30103004000	BALMEX (	ZINC OXI	841200	Astringent	84120000	Astringent	O	11.30%	EXTERNA	CREA	GM	56	SSB		30103	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30103004100	BALMEX (	ZINC OXI	841200	Astringent	84120000	Astringent	O	11.30%	EXTERNA	CREA	GM	113	SSB		30103	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30103004200	BALMEX (	ZINC OXI	841200	Astringent	84120000	Astringent	O	11.30%	EXTERNA	CREA	GM	453	SSB		30103	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30103004300	BALMEX I	DIAPER F	842400	Emollients	84240000	Emollients	P	51.10%	EXTERNA	OINT	GM	99	GENERIC		30103	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30103004500	BALMEX /	ZINC OXI	841200	Astringent	84120000	Astringent	O	11.30%	EXTERNA	CREA	GM	85	SSB		30103	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30103004600	BALMEX /	ZINC OXI	841200	Astringent	84120000	Astringent	O	11.30%	EXTERNA	CREA	GM	340	SSB		30103	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142002925	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	GUM	EA	110	GENERIC		30142	N	#N/A	ORIG_FR	10 EHB	#N/A					X	IF AGE=1 LIMITED TO 24 PIE(	R	MEDPRMI
30142005027	IBUPROF	IBUPROF	282492	Anxiolytics	28249200	Anxiolytics	P	200-38 MG	ORAL	TABS	EA	80	GENERIC		30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142005060	IBUPROF	IBUPROF	282492	Anxiolytics	28249200	Anxiolytics	P	200-38 MG	ORAL	TABS	EA	20	GENERIC		30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142014082	ALL DAY I	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	200	GENERIC		30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142016626	CHILDREI	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5I	ORAL	SUSP	ML	120	GENERIC	1/2/2024	30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142016634	CHILDREI	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5I	ORAL	SUSP	ML	273	GENERIC		30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142017025	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	GUM	EA	110	GENERIC		30142	N	#N/A	ORIG_FR	10 EHB	#N/A					X	IF AGE=1 LIMITED TO 24 PIE(	R	MEDPRMI
30142017653	ALL DAY /	CETIRIZIN	40800	Second G	4080000	Second G	P	5-120 MG	ORAL	TB12	EA	12	GENERIC		30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142017662	ALL DAY /	CETIRIZIN	40800	Second G	4080000	Second G	P	5-120 MG	ORAL	TB12	EA	24	GENERIC	2/3/2023	30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142021429	MICONAZ	MICONAZ	840408	Antifungal	84040808	Azoles	P	2%	VAGINAL	CREA	GM	45	GENERIC		30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142022453	ANTI-DIAI	LOPERAN	560800	Antidiarrhe	56080000	Antidiarrhe	P	2 MG	ORAL	TABS	EA	12	GENERIC		30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142022462	ANTI-DIAI	LOPERAN	560800	Antidiarrhe	56080000	Antidiarrhe	P	2 MG	ORAL	TABS	EA	24	GENERIC		30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142022467	ANTI-DIAI	LOPERAN	560800	Antidiarrhe	56080000	Antidiarrhe	P	2 MG	ORAL	TABS	EA	48	GENERIC		30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142025121	ARTHRIC	TROLAMI	280804	Nonsteroi	28080424	Salicylates	P	10%	EXTERNA	CREA	GM	85	GENERIC	10/31/2024	30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142025510	INFANTS	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	50 MG/1.2	ORAL	SUSP	ML	30	GENERIC		30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142027468	ASPIRIN I	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	CHEW	EA	36	GENERIC	9/1/2022	30142	N	#N/A	ORIG_FR	10 EHB	#N/A					X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
30142030410	NASAL SI	OXYMETA	523200	Vasoconst	52320000	Vasoconst	P	0.05%	NASAL	SOLN	ML	30	GENERIC		30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142030601	GENTLEL	POLYETH	561200	Cathartics	56120000	Cathartics	P	0-17GM/S	ORAL	POWD	GM	119	GENERIC		30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142030602	GENTLEL	POLYETH	561200	Cathartics	56120000	Cathartics	P	0-17GM/S	ORAL	POWD	GM	238	GENERIC		30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142030603	GENTLEL	POLYETH	561200	Cathartics	56120000	Cathartics	P	0-17GM/S	ORAL	POWD	GM	510	GENERIC		30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142032910	NASAL SI	OXYMETA	523200	Vasoconst	52320000	Vasoconst	P	0.05%	NASAL	SOLN	ML	30	GENERIC		30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142034330	SORE TH	PHENOL (	522800	Mouthwas	52280000	Mouthwas	P	1.40%	MOUTH/T	LIQD	ML	177	GENERIC		30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142034405	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	LOZG	EA	24	GENERIC		30142	N	#N/A	ORIG_FR	10 EHB	#N/A					X	IF AGE=1 LIMITED TO 20 LOZ	R	MEDPRMI
30142035740	ANTACID	ALUM & M	560400	Antacids a	56040000	Antacids a	P	200-200-2	ORAL	SUSP	ML	355	GENERIC	11/7/2022	30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142037471	MIGRAINI	ASPIRIN-/	280804	Nonsteroi	28080424	Salicylates	P	250-250-6	ORAL	TABS	EA	50	GENERIC	2/6/2023	30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142038810	NASAL SI	OXYMETA	523200	Vasoconst	52320000	Vasoconst	P	0.05%	NASAL	SOLN	ML	30	GENERIC		30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142041678	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TABS	EA	100	GENERIC	11/7/2022	30142	N	#N/A	ORIG_FR	10 EHB	#N/A					X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
30142041687	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TABS	EA	300	GENERIC	11/7/2022	30142	N	#N/A	ORIG_FR	10 EHB	#N/A					X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
30142045813	ALL DAY /	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	5	GENERIC		30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142045839	ALL DAY /	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30	GENERIC	11/27/2023	30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142045866	ALL DAY /	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	14	GENERIC	11/27/2023	30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142046768	ASPIRIN I	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	CHEW	EA	36	GENERIC		30142	N	#N/A	ORIG_FR	10 EHB	#N/A					X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
30142051778	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	100	GENERIC		30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142060462	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	24	GENERIC		30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142060471	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	50	GENERIC	4/3/2023	30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142060478	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	100	GENERIC		30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142060485	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	250	GENERIC	4/3/2023	30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142060490	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	500	GENERIC		30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142061246	ALLERGY	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	10	GENERIC	2/13/2023	30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142061265	ALLERGY	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30	GENERIC	4/3/2023	30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142064762	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	24	GENERIC	1/3/2023	30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142064778	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	100	GENERIC	3/1/2023	30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142064790	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	500	GENERIC	4/3/2023	30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142065640	DAYTIME	DEXTROI	480800	Antitussive	48080000	Antitussive	P	10-5-325 I	ORAL	LIQD	ML	354	GENERIC		30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142066026	CHILDREI	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5I	ORAL	SUSP	ML	120	GENERIC		30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142081710	NASAL SI	OXYMETA	523200	Vasoconst	52320000	Vasoconst	P	0.05%	NASAL	SOLN	ML	30	GENERIC	10/24/2024	30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142082529	MICONAZ	MICONAZ	840408	Antifungal	84040808	Azoles	P	2%	VAGINAL	CREA	GM	45	GENERIC		30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142085140	ANTACID	ALUM & M	560400	Antacids a	56040000	Antacids a	P	200-200-2	ORAL	SUSP	ML	355	GENERIC	11/15/2022	30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142085478	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	GUM	EA	100	GENERIC	2/24/2023	30142	N	#N/A	ORIG_FR	10 EHB	#N/A					X	IF AGE=1 LIMITED TO 24 PIE(	R	MEDPRMI
30142087305	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	LOZG	EA	72	GENERIC		30142	N	#N/A	ORIG_FR	10 EHB	#N/A					X	IF AGE=1 LIMITED TO 20 LOZ	R	MEDPRMI
30142089726	CHILDREI	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5I	ORAL	SUSP	ML	120	GENERIC	11/7/2022	30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142089734	CHILDREI	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5I	ORAL	SUSP	ML	237	GENERIC		30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142090626	CHILDREI	BROMPHI	40400	First Gene	4040000	First Gene	P	1-2.5 MG/	ORAL	ELIX	ML	118	GENERIC		30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142091530	OMEPRA:	OMEPRA:	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	TBEC	EA	28	GENERIC		30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142091555	OMEPRA:	OMEPRA:	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	TBEC	EA	42	GENERIC		30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142091574	OMEPRA:	OMEPRA:	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	TBEC	EA	14	GENERIC		30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142098200	MICONAZ	MICONAZ	840408	Antifungal	84040808	Azoles	P	200 & 2 M	VAGINAL	KIT	GM	24	GENERIC	11/29/2023	30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30142098726	COLD/CO	PHENYLE	480800	Antitussive	48080000	Antitussive	P	2.5-1-5 MG	ORAL	LIQD	ML	118	GENERIC		30142	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30237890006	PROVEN(	SIPULEU(	260400	UNKNOW	26040000	UNKNOW	R	50000000	INTRAVEI	SUSP	ML	250	SSB		30237	N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30414063167	CLINISTI	URINARY	368800	Urine and	36880000	Urine and	O	0	IN VITRO	STRP	EA	5	NON DRUG		30414	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30414063170	CLINISTI	ALBUMIN	368828	Protein	36882800	Protein	O	0	IN VITRO	STRP	EA	5	NON DRUG		30414	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30610000327	GLYCOTF	SPECIALT	882800	Multivitam	88280000	Multivitam	O	0-200MCG	ORAL	CAPS	EA	90	SSB		30610	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30610000328	GLYCOTF	SPECIALT	882800	Multivitam	88280000	Multivitam	O	0-200MCG	ORAL	CAPS	EA	180	SSB		30610	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30610000330	GLYCOTF	SPECIALT	882800	Multivitam	88280000	Multivitam	O	100MCG-1	ORAL	CAPS	EA	90	SSB		30610	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30610000331	GLYCOTF	SPECIALT	882800	Multivitam	88280000	Multivitam	O	100MCG-1	ORAL	CAPS	EA	180	SSB		30610	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30669044966	CHICKEN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	GM	267	SSB		30669	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30669044967	SALMON/	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	GM	267	SSB		30669	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30669044968	QUINOA/	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	GM	267	SSB		30669	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30669044969	BEEF/PO	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	55MG/267	ORAL	LIQD	GM	267	SSB		30669	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30698000701	NORPRAI	DESIPRAI	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	100 X	MSB		30698 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
30698001101	NORPRAI	DESIPRAI	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	100 X	MSB		30698 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
30698003201	MARPLAN	ISOCARB	281604	Antidepres	28160412	Monoamin	R	10MG	ORAL	TABS	EA	100 X	SSB		30698	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
30698006001	LASIX	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	100 X	MSB		30698 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
30698006605	LASIX	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	80 MG	ORAL	TABS	EA	50 X	MSB		30698 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
30698006701	LASIX	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	100 X	MSB		30698 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
30698014301	ROCALTF	CALCITRI	881600	Vitamin D	88160000	Vitamin D	S	.25MCG	ORAL	CAPS	EA	100 X	MSB		30698 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
30698014323	ROCALTF	CALCITRI	881600	Vitamin D	88160000	Vitamin D	S	.25MCG	ORAL	CAPS	EA	30 X	MSB		30698 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
30698014401	ROCALTF	CALCITRI	881600	Vitamin D	88160000	Vitamin D	S	.5MCG	ORAL	CAPS	EA	100 X	MSB		30698 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
30698020101	PARLODE	BROMOC	283620	UNKNOW	28362004	UNKNOW	S	5MG	ORAL	CAPS	EA	100 X	MSB		30698 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
30698020130	PARLODE	BROMOC	283620	UNKNOW	28362004	UNKNOW	S	5MG	ORAL	CAPS	EA	30 X	MSB		30698 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
30698020201	PARLODE	BROMOC	283620	UNKNOW	28362004	UNKNOW	S	2.5MG	ORAL	TABS	EA	100 X	MSB		30698 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
30698020230	PARLODE	BROMOC	283620	UNKNOW	28362004	UNKNOW	S	2.5MG	ORAL	TABS	EA	30 X	MSB		30698 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
30698022010	ANZEMET	DOLASET	562220	5-HT3 Re	56222000	5-HT3 Re	R	50 MG	ORAL	TABS	EA	10	SSB		30698	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	<= 8	X	Must mee 5 DS Ond TRIAL OF ONDANSETRON TABLET OR ODT IN THE PAST 120 DAYS			R	MEDPRMI
30698027701	HIPREX	METHEN/	83600	Urinary Ar	8360000	Urinary Ar	S	1 GM	ORAL	TABS	EA	100	MSB	1/28/2022	30698 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
30698041912	EQUETR(	CARBAM/	281292	Anticonvul	28129200	Anticonvul	R	100 MG	ORAL	CP12	EA	120 X	SSB		30698	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
30698042112	EQUETR(	CARBAM/	281292	Anticonvul	28129200	Anticonvul	R	200 MG	ORAL	CP12	EA	120 X	SSB		30698	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
30698042312	EQUETR(	CARBAM/	281292	Anticonvul	28129200	Anticonvul	R	300 MG	ORAL	CP12	EA	120 X	SSB		30698	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
30698044801	LOTENSII	BENAZEF	243204	Angiotens	24320400	Angiotens	S	10MG	ORAL	TABS	EA	100 X	MSB		30698 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
30698044901	LOTENSII	BENAZEF	243204	Angiotens	24320400	Angiotens	S	20MG	ORAL	TABS	EA	100 X	MSB		30698 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
30698045001	LOTENSII	BENAZEF	243204	Angiotens	24320400	Angiotens	S	40MG	ORAL	TABS	EA	100 X	MSB		30698 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
30698045201	LOTENSII	BENAZEF	243204	Angiotens	24320400	Angiotens	S	10MG-12.5	ORAL	TABS	EA	100 X	MSB		30698 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
30698045301	LOTENSII	BENAZEF	243204	Angiotens	24320400	Angiotens	S	20MG-12.5	ORAL	TABS	EA	100 X	MSB		30698 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
30698045401	LOTENSII	BENAZEF	243204	Angiotens	24320400	Angiotens	S	20MG-25M	ORAL	TABS	EA	100 X	MSB		30698 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
30698045801	LOPRESS	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	100 X	MSB		30698 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
30698045901	LOPRESS	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	100 X	MSB		30698 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
30698047701	HIPREX	METHEN/	83600	Urinary Ar	8360000	Urinary Ar	S	1 GM	ORAL	TABS	EA	100	MSB		30698 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
30698049301	DRISDOL	ERGOCAI	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (!	ORAL	CAPS	EA	100 X	MSB		30698 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
30698063001	BUMEX	BUMETAI	243608	UNKNOW	24360800	UNKNOW	S	0.5 MG	ORAL	TABS	EA	100 X	MSB		30698 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
30698091115	ROCALTF	CALCITRI	881600	Vitamin D	88160000	Vitamin D	S	1 MCG/ML	ORAL	SOLN	ML	15 X	MSB		30698 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
30768000325	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	333MG-13	ORAL	TABS	EA	100	GENERIC		30768	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30768000339	ECHINAC	ECHINAC	929200	UNKNOW	92920000	UNKNOW	P	400 MG	ORAL	CAPS	EA	100	GENERIC		30768	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30768000343	VALERIAI	VALERIAI	929200	UNKNOW	92920000	UNKNOW	P	530 MG	ORAL	CAPS	EA	100	GENERIC		30768	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30768000348	MILK THI!	MILK THI!	929200	UNKNOW	92920000	UNKNOW	O	0-0-0-0-0	ORAL	CAPS	EA	60	SSB		30768	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30768000405	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	O	99MG	ORAL	TABS	EA	90	MSB		30768	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
30768000517	ASCORBI	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	TABS	EA	100	GENERIC		30768	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30768000541	MELATOI	MELATOI	929200	UNKNOW	92920000	UNKNOW	O	300 MCG	ORAL	TABS	EA	120	MSB		30768 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
30768000552	VITAMIN (	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	CHEW	EA	100	GENERIC		30768 N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30768000601	B-COMPL	B-COMPL	882800	Multivitam	88280000	Multivitam	P	6MCG-40(	ORAL	TABS	EA	100	GENERIC		30768	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30768000676	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	P	800 MCG	ORAL	TABS	EA	100 X	GENERIC		30768	N	#N/A	ORIG_FR	10 EHB	#N/A					X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
30768000691	ZINC GLU	ZINC GLU	401200	Replacem	40120000	Replacem	P	50 MG	ORAL	TABS	EA	100	GENERIC		30768	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30768000830	L-LYSINE	LYSINE H	402000	Caloric Ag	40200000	Caloric Ag	P	500MG	ORAL	TABS	EA	100	GENERIC		30768	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30768000967	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	600-12.5 I	ORAL	CAPS	EA	60	GENERIC		30768	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30768001014	SAW PAL	SAW PAL	929200	UNKNOW	92920000	UNKNOW	P	450 MG	ORAL	CAPS	EA	250	GENERIC		30768	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30768001136	ST JOHN!	ST JOHN'	929200	UNKNOW	92920000	UNKNOW	P	150 MG	ORAL	CAPS	EA	150	GENERIC		30768	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30768001880	GINKGO I	GINKGO I	929200	UNKNOW	92920000	UNKNOW	O	0	ORAL	TABS	EA	200	SSB		30768	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30768002505	VITAMIN (	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	1000 MG	ORAL	TABS	EA	250	GENERIC		30768	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30768002793	E-OIL	VITAMIN I	842400	Emollients	84240000	Emollients	P	933.333 U	EXTERNA	OIL	ML	75	GENERIC		30768	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30768003120	OSTEO B	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	30MG-30M	ORAL	TABS	EA	40	SSB		30768	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30768003121	OSTEO B	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	30MG-30M	ORAL	TABS	EA	80	SSB		30768	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30768003268	VITAMIN I	VITAMIN I	882000	Vitamin E	88200000	Vitamin E	P	180 MG (4	ORAL	CAPS	EA	100	GENERIC		30768	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30768003304	FISH OIL	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	200	GENERIC		30768	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30768003446	L-ARGINII	ARGININE	402000	Caloric Ag	40200000	Caloric Ag	P	500 MG	ORAL	CAPS	EA	90	GENERIC		30768	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30768003545	VITAMIN I	CYANOC(	880800	Vitamin B	88080000	Vitamin B	P	1000 MCG	ORAL	TBCR	EA	120	GENERIC		30768	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30768003553	CO Q-10	COENZYI	929200	UNKNOW	92920000	UNKNOW	P	100 MG	ORAL	CAPS	EA	40	GENERIC		30768	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30768003568	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	600-3.125	ORAL	TABS	EA	120	MSB		30768	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
30768003578	OSTEO B	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	30MG-30M	ORAL	TABS	EA	120	SSB		30768	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30768003720	FISH OIL	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	60	GENERIC		30768	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30768003741	L-CARNIT	LEVOCAF	402000	Caloric Ag	40200000	Caloric Ag	P	500MG	ORAL	TABS	EA	30	GENERIC		30768	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30768003749	GLUCOS/	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	100MG-10	ORAL	TABS	EA	120	SSB		30768	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
30768004001	CO Q-10	COENZYI	929200	UNKNOW	92920000	UNKNOW	P	200 MG	ORAL	CAPS	EA	40	GENERIC		30768	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI

30768004069	FOLATE	FOLIC AC	880800 Vitamin B	88080000 Vitamin B	P	400 MCG	ORAL	TABS	EA	350	GENERIC	30768		N	#N/A	ORIG_FR	10	EHB	#N/A	X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
30768004072	VITAMIN (	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	1000 MG	ORAL	TABS	EA	133	GENERIC	30768		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768004900	LUTEIN	LUTEIN	929200 UNKNOW	92920000 UNKNOW	P	20 MG	ORAL	CAPS	EA	30	GENERIC	30768		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768005031	DHEA	PRASTER	929200 UNKNOW	92920000 UNKNOW	P	50MG	ORAL	TABS	EA	60	GENERIC	30768		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768005533	GARLIC	GARLIC	929200 UNKNOW	92920000 UNKNOW	P	1000 MG	ORAL	CAPS	EA	250	GENERIC	30768		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768006653	GLUCOS/	MISC NAT	929200 UNKNOW	92920000 UNKNOW	O	100MG-10	ORAL	TABS	EA	180	SSB	30768		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768007584	HAIR/SKII	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	20MG-20M	ORAL	TABS	EA	120	GENERIC	30768		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768009808	BIOTIN	BIOTIN	880800 Vitamin B	88080000 Vitamin B	P	1000 MCG	ORAL	TABS	EA	120	GENERIC	30768		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768012336	FISH OIL	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	P	1000 MG	ORAL	CAPS	EA	144	GENERIC	30768		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768012508	GINKGO B	GINKGO B	929200 UNKNOW	92920000 UNKNOW	O	0	ORAL	TABS	EA	100	SSB	30768		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768012608	VITAMIN I	CYANOC(	880800 Vitamin B	88080000 Vitamin B	P	500 MCG	ORAL	TABS	EA	200	GENERIC	30768		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768013338	CO Q-10	COENZYM	929200 UNKNOW	92920000 UNKNOW	P	400 MG	ORAL	CAPS	EA	30	GENERIC	30768		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768013438	CALCIUM	CALCIUM	401200 Replacem	40120000 Replacem	P	600-12.5 M	ORAL	CAPS	EA	170	GENERIC	30768		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768014022	CINNAMC	CINNAMC	929200 UNKNOW	92920000 UNKNOW	P	500MG	ORAL	CAPS	EA	200	GENERIC	30768	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768015605	VITAMIN I	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	1000UNIT	ORAL	CAPS	EA	200	GENERIC	30768		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768015745	MELATON	MELATON	929200 UNKNOW	92920000 UNKNOW	P	5 MG	ORAL	TABS	EA	90	GENERIC	30768		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768016836	MELATON	MELATON	929200 UNKNOW	92920000 UNKNOW	P	1 MG/ML	ORAL	LIQD	ML	59	GENERIC	30768		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768016887	FISH OIL	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	P	1200 MG	ORAL	CAPS	EA	85	GENERIC	30768		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768016888	FISH OIL	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	P	1200 MG	ORAL	CAPS	EA	100	GENERIC	30768		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768017621	VITAMIN I	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	50 MCG (2	ORAL	CAPS	EA	150	GENERIC	30768		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768017965	ALPHA-LI	ALPHA-LI	929200 UNKNOW	92920000 UNKNOW	P	600 MG	ORAL	CAPS	EA	60	GENERIC	30768		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768018199	OSTEO B	MISC NAT	929200 UNKNOW	92920000 UNKNOW	O	30MG-30M	ORAL	TABS	EA	80	SSB	30768		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768018565	VITAMIN I	CYANOC(	880800 Vitamin B	88080000 Vitamin B	O	6000MCG	SUBLINGI	SUBL	EA	30	MSB	30768		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION			R	MEDPRMI
30768018673	FISH OIL	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	P	645 MG	ORAL	CAPS	EA	60	GENERIC	30768		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768019484	MELATON	MELATON	929200 UNKNOW	92920000 UNKNOW	P	10 MG	ORAL	CAPS	EA	90	GENERIC	30768		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768019607	OSTEO B	MISC NAT	929200 UNKNOW	92920000 UNKNOW	O	0-1000UN	ORAL	TABS	EA	80	SSB	30768		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768019941	VITAMIN I	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	50 MCG (2	ORAL	CAPS	EA	350	GENERIC	30768		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768019995	VITAMIN I	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	25 MCG (1	ORAL	CAPS	EA	400	GENERIC	30768		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768027664	FISH OIL	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	P	1200 MG	ORAL	CAPS	EA	300	GENERIC	30768		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768029173	VITAMIN I	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	125 MCG	ORAL	CAPS	EA	150	GENERIC	30768		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768029504	MILK THIS	MILK THIS	929200 UNKNOW	92920000 UNKNOW	O	0-0-0-0-0	ORAL	CAPS	EA	250	SSB	30768		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768029505	NIACIN EI	NIACIN	880800 Vitamin B	88080000 Vitamin B	P	500 MG	ORAL	TBCR	EA	200	GENERIC	30768		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768029545	KRILL OIL	KRILL OIL	929200 UNKNOW	92920000 UNKNOW	O	1000 MG	ORAL	CAPS	EA	60	MSB	30768		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION			R	MEDPRMI
30768030173	MAGNESI	MAGNESI	401200 Replacem	40120000 Replacem	P	500 MG	ORAL	TABS	EA	180	GENERIC	30768		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768030174	5-HTP MA	5-HYDRO	929200 UNKNOW	92920000 UNKNOW	O	200MG	ORAL	CAPS	EA	30	SSB	30768		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768030417	MULTIVIT	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	30MG-30M	ORAL	CHEW	EA	120	GENERIC	30768		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768032676	SUPER C	CRANBEF	929200 UNKNOW	92920000 UNKNOW	O	4200-500	ORAL	CAPS	EA	150	SSB	30768		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768033043	OSTEO B	BOSWELL	929200 UNKNOW	92920000 UNKNOW	P	100MG-10	ORAL	TABS	EA	60	MSB	30768	N	N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION			R	MEDPRMI
30768033049	OSTEO B	BOSWELL	929200 UNKNOW	92920000 UNKNOW	P	100MG-40	ORAL	TABS	EA	30	MSB	30768	N	N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION			R	MEDPRMI
30768041283	IRON	FERROUS	200404 Iron Prepa	20040400 Iron Prepa	P	325 (65 FE	ORAL	TABS	EA	120	GENERIC	30768	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768048678	MELATON	MELATON	929200 UNKNOW	92920000 UNKNOW	P	3 MG	ORAL	TABS	EA	120	GENERIC	30768		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768050356	VITAMIN I	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	25 MCG (1	ORAL	CHEW	EA	120	GENERIC	30768		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768051571	TURMERI	TURMERI	929200 UNKNOW	92920000 UNKNOW	P	500 MG	ORAL	CAPS	EA	90	GENERIC	30768		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768052531	FIBER/D3	INULIN-CI	561200 Cathartics	56120000 Cathartics	O	2.5-500 GI	ORAL	CHEW	EA	50	SSB	30768		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768052676	STRESS !	THEANINI	929200 UNKNOW	92920000 UNKNOW	O	0-0-0-100I	ORAL	CAPS	EA	60	SSB	30768		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768052816	MELATON	MELATON	929200 UNKNOW	92920000 UNKNOW	O	5MG	SUBLINGI	LOZG	EA	90	MSB	30768		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION			R	MEDPRMI
30768052957	CALCIUM	CALCIUM	401200 Replacem	40120000 Replacem	O	200-5 MG-	ORAL	CHEW	EA	50	SSB	30768		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768053491	VITAMIN I	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	25 MCG (1	ORAL	CHEW	EA	90	GENERIC	30768		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768053503	MELATON	MELATON	929200 UNKNOW	92920000 UNKNOW	P	2.5 MG	ORAL	CHEW	EA	60	GENERIC	30768		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768054055	COMPLET	OMEGA 3	929200 UNKNOW	92920000 UNKNOW	O	112.5MG-	ORAL	CAPS	EA	90	SSB	30768		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768056766	WOMENS	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	15MG-15M	ORAL	CHEW	EA	60	SSB	30768		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768058615	BIOTIN	BIOTIN	880800 Vitamin B	88080000 Vitamin B	O	1000 MCG	ORAL	CHEW	EA	130	MSB	30768		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION			R	MEDPRMI
30768060693	VITAMIN I	CYANOC(	880800 Vitamin B	88080000 Vitamin B	P	1000 MCG	ORAL	TABS	EA	60	GENERIC	30768	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768060962	VITAMIN I	CYANOC(	880800 Vitamin B	88080000 Vitamin B	O	1500 MCG	ORAL	TBCR	EA	60	MSB	30768	N	N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION			R	MEDPRMI
30768064427	TRIPLE O	OMEGA 3	929200 UNKNOW	92920000 UNKNOW	O	400MG-0-	ORAL	CAPS	EA	200	SSB	30768		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768071958	B12	METHYLC	880800 Vitamin B	88080000 Vitamin B	P	5000 MCG	SUBLINGI	SUBL	EA	90	GENERIC	30768		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768076397	PROBIOT	PROBIOT	560800 Antidiarrhe	56080000 Antidiarrhe	P	0-5MCG	ORAL	CHEW	EA	30	GENERIC	30768		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30768090526	VITAMIN (	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	500 MG	ORAL	CPCR	EA	90	GENERIC	30768		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30772000277	METAMU(	PSYLLIUM	561200 Cathartics	56120000 Cathartics	P	43%	ORAL	POWD	GM	798	GENERIC	30772	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30772004289	NERVIVE	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	O	4-1 %	EXTERNA	LIQD	GM	70.9	SSB	30772		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30772006282	HEAD & S	PYRITHIC	840492 Local Anti-	84049200 Local Anti-	P	1%	EXTERNA	SHAM	ML	370	GENERIC	30772		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
30772009108	PAMPERS	DIAPERS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	54	NON DRUG	30772		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31046060506	EAR WAX	OLIVE OIL	529200 EENT Dru	52920000 EENT Dru	O	100%	OTIC	OIL	ML	29	SSB	31046		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31060000661	SILVRSTA	SILVER	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	GEL	GM	28.35	SSB	31060		N	EXCLUDE	N/A: [DRU	20		FORMULARY EXCLUSION		DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
31060000663	SILVRSTA	SILVER	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	GEL	GM	85.05	SSB	31060		N	EXCLUDE	N/A: [DRU	20		FORMULARY EXCLUSION		DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
31064060251	UDDERLY	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	O	0-0-0	EXTERNA	CREA	GM	283	NON DRUG	31064		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31064060259	UDDERLY	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	O	0-0-0	EXTERNA	CREA	GM	114	SSB	31064		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31064071408	UDDERLY	PODIATR	849200 Skin and M	84920000 Skin and M	O	0-0-0-0	EXTERNA	CREA	GM	227	SSB	31064		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31064076002	UDDERLY	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	O	0-0-0-0	EXTERNA	CREA	GM	57	SSB	31064		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31064076008	UDDERLY	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	O	0-0-0-0	EXTERNA	CREA	GM	227	SSB	31064		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31064076028	UDDERLY	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	O	0-0-0	EXTERNA	CREA	GM	227	SSB	31064		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31248000009	DRAMAM	MECLIZIN	562208 Antihistam	56220800 Antihistam	P	25 MG	ORAL	CHEW	EA	12	MSB	31248		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION			R	MEDPRMI
31248000026	DRAMAM	GINGER-(	929200 UNKNOW	92920000 UNKNOW	O	15-421 MG	ORAL	CHEW	EA	20	SSB	31248		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31248000028	ADVANCE	GINGER-(	929200 UNKNOW	92920000 UNKNOW	O	15-421 MG	ORAL	CHEW	EA	6	SSB	31248		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31248000197	DRAMAM	DIMENHY	562208 Antihistam	56220800 Antihistam	P	50 MG	ORAL	TABS	EA	12	MSB	31248		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION			R	MEDPRMI
31248000198	DRAMAM	MECLIZIN	562208 Antihistam	56220800 Antihistam	P	25 MG	ORAL	TABS	EA	8	GENERIC	31248		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31248000199	DRAMAM	DIMENHY	562208 Antihistam	56220800 Antihistam	P	50 MG	ORAL	TABS	EA	36	MSB	31248		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION			R	MEDPRMI
31248000200	DRAMAM	DIMENHY	562208 Antihistam	56220800 Antihistam	O	50 MG	ORAL	CHEW	EA	8	SSB	31248		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31248000301	DRAMAM	DIMENHY	562208 Antihistam	56220800 Antihistam	O	25 MG	ORAL	CHEW	EA	8	SSB	31248		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31248000537	DRAMAM	GINGER (	929200 UNKNOW	92920000 UNKNOW	P	500 MG	ORAL	CAPS	EA	18	GENERIC	31248		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31248000567	DRAMAM	DIMENHY	562208 Antihistam	56220800 Antihistam	O	50 MG	ORAL	CHEW	EA	4	SSB	31248		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31248000737	DRAMAM	GINGER (	929200 UNKNOW	92920000 UNKNOW	O	50 MG	ORAL	TABS	EA	18	SSB	31248		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31248000738	DRAMAM	MECLIZIN	562208 Antihistam	56220800 Antihistam	P	25 MG	ORAL	TABS	EA	10	MSB	31248		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION			R	MEDPRMI
31604000171	SUPER D	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	100MCG-.	ORAL	TABS	EA	70	SSB	31604		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604000290	FIBER GL	FIBER	561200 Cathartics	56120000 Cathartics	P	2 GM	ORAL	CHEW	EA	90	GENERIC	31604		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604000324	IRON	FERROUS	200404 Iron Prepa	20040400 Iron Prepa	P	325 (65 FE	ORAL	TABS	EA	150	GENERIC	31604		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604000328	B-12	CYANOC(	880800 Vitamin B	88080000 Vitamin B	O	1000 MCG	ORAL	CAPS	EA	270	GENERIC	31604		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604000330	B-12	CYANOC(	880800 Vitamin B	88080000 Vitamin B	P	1000 MCG	ORAL	TBCR	EA	150	GENERIC	31604		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001015	WOMENS	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	670MG-67	ORAL	MISC	EA	4	SSB	31604	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001020	DIABETES	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	50MG-50M	ORAL	MISC	EA	6	SSB	31604	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001025	MENS PA	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	670MG-67	ORAL	MISC	EA	5	SSB	31604	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001030	MAXIMIN	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	0-1390MG	ORAL	PACK	EA	150	SSB	31604	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001069	LUTEIN	LUTEIN	929200 UNKNOW	92920000 UNKNOW	P	20MG	ORAL	CAPS	EA	30	GENERIC	31604	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001079	VITAMIN I	CYANOC(	880800 Vitamin B	88080000 Vitamin B	P	500 MCG	ORAL	TABS	EA	200	GENERIC	31604		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001091	MOOD PL	S-ADENO	929200 UNKNOW	92920000 UNKNOW	P	200 MG	ORAL	TBEC	EA	24	GENERIC	31604	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001092	SAM-E C(	S-ADENO	929200 UNKNOW	92920000 UNKNOW	P	200 MG	ORAL	TBEC	EA	60	GENERIC	31604	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001100	SAM-E C(	S-ADENO	929200 UNKNOW	92920000 UNKNOW	P	400 MG	ORAL	TBEC	EA	12	GENERIC	31604	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001130	SELENIUI	SELENIUI	401200 Replacem	40120000 Replacem	P	200 MCG	ORAL	TABS	EA	100	GENERIC	31604		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001138	TRIPLE FI	GLUCOS/	929200 UNKNOW	92920000 UNKNOW	O	100MG-37	ORAL	TABS	EA	60	SSB	31604		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001141	TRIPLE FI	MISC NAT	929200 UNKNOW	92920000 UNKNOW	O	0-750MG-	ORAL	CAPS	EA	50	SSB	31604		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001158	TRIPLE FI	GLUCOS/	929200 UNKNOW	92920000 UNKNOW	O	1000UNIT	ORAL	TABS	EA	120	SSB	31604		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001160	VITAMIN I	VITAMIN I	882000 Vitamin E	88200000 Vitamin E	P	180 MG (4	ORAL	CAPS	EA	100	GENERIC	31604		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001162	VITAMIN I	VITAMIN I	882000 Vitamin E	88200000 Vitamin E	P	180 MG (4	ORAL	CAPS	EA	180	GENERIC	31604		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001169	TRIPLE FI	MISC NAT	929200 UNKNOW	92920000 UNKNOW	O	0-750MG-	ORAL	CAPS	EA	100	SSB	31604		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001170	VITAMIN I	VITAMIN I	882000 Vitamin E	88200000 Vitamin E	P	450 MG (1	ORAL	CAPS	EA	60	GENERIC	31604		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001190	MELATON	MELATON	929200 UNKNOW	92920000 UNKNOW	P	10 MG	ORAL	TABS	EA	70	GENERIC	31604		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001212	CALCIUM	CALCIUM	401200 Replacem	40120000 Replacem	P	600-10 MC	ORAL	TABS	EA	220	GENERIC	31604		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001224	VITAMIN I	VITAMIN I	882000 Vitamin E	88200000 Vitamin E	P	268 MG (4	ORAL	CAPS	EA	100	GENERIC	31604		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001237	CALCIUM	CALCIUM	401200 Replacem	40120000 Replacem	P	600-10 MC	ORAL	TABS	EA	120	GENERIC	31604		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001253	TRIPLE FI	GLUCOS/	929200 UNKNOW	92920000 UNKNOW	O	400MG-50	ORAL	TABS	EA	50	SSB	31604	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001264	VITAMIN (	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	1000 MG	ORAL	TABS	EA	60	GENERIC	31604		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001269	MAGNESI	MAGNESI	401200 Replacem	40120000 Replacem	P	250 MG	ORAL	TABS	EA	100	GENERIC	31604	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001274	FOLIC AC	FOLIC AC	880800 Vitamin B	88080000 Vitamin B	P	400 MCG	ORAL	TABS	EA	250	GENERIC	31604		N	#N/A	ORIG_FR	10	EHB	#N/A	X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
31604001277	ZINC GLU	ZINC GLU	401200 Replacem	40120000 Replacem	P	30 MG	ORAL	TABS	EA	100	GENERIC	31604	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001281	B1	THIAMINE	880800 Vitamin B	88080000 Vitamin B	P	100 MG	ORAL	TABS	EA	100	GENERIC	31604		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001284	VITAMIN I	PYRIDOX	880800 Vitamin B	88080000 Vitamin B	P	50 MG	ORAL	TABS	EA	100	GENERIC	31604		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001285	VITAMIN I	PYRIDOX	880800 Vitamin B	88080000 Vitamin B	P	100 MG	ORAL	TABS	EA	100	GENERIC	31604		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001286	CHOLEST	PLANT ST	929200 UNKNOW	92920000 UNKNOW	O	450MG	ORAL	TABS	EA	60	SSB	31604		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001289	VITAMIN I	CYANOC(	880800 Vitamin B	88080000 Vitamin B	P	250 MCG	ORAL	TABS	EA	100	GENERIC	31604		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001290	VITAMIN I	CYANOC(	880800 Vitamin B	88080000 Vitamin B	P	500 MCG	ORAL	TABS	EA	100	GENERIC	31604		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001302	CHOLEST	PLANT ST	929200 UNKNOW	92920000 UNKNOW	O	450MG	ORAL	TABS	EA	120	SSB	31604		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001306	VITAMIN A	VITAMIN A	880400 Vitamin A	88040000 Vitamin A	P	2400 MCG	ORAL	CAPS	EA	100	GENERIC	31604		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001314	VITAMIN A	BETA CAI	880400 Vitamin A	88040000 Vitamin A	P	25000UNI	ORAL	CAPS	EA	100	GENERIC	31604	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001325	COD LIVE	COD LIVE	882800 Multivitam	88280000 Multivitam	P	1250-130	ORAL	CAPS	EA	100	GENERIC	31604		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001328	FISH OIL	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	P	1200 MG	ORAL	CAPS	EA	100	GENERIC	31604		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001329	TRIPLE FI	GLUCOS/	929200 UNKNOW	92920000 UNKNOW	P	400MG-75	ORAL	TABS	EA	80	GENERIC	31604		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001333	TRIPLE FI	GLUCOS/	929200 UNKNOW	92920000 UNKNOW	P	400MG-75	ORAL	TABS	EA	60	GENERIC	31604		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001338	B COMPL	B COMPL	882800 Multivitam	88280000 Multivitam	P	300MG-30	ORAL	TABS	EA	100	GENERIC	31604		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001347	L-LYSINE	LYSINE	402000 Caloric Ag	40200000 Caloric Ag	P	1000 MG	ORAL	TABS	EA	60	GENERIC	31604		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001358	POTASSII	POTASSII	401200 Replacem	40120000 Replacem	O	550 (90 K)	ORAL	TABS	EA	100	MSB	31604		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION			R	MEDPRMI
31604001416	FISH OIL	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	P	1200 MG	ORAL	CAPS	EA	60	GENERIC	31604		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001425	STRESS I	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	600MG-60	ORAL	TABS	EA	60	GENERIC	31604		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001426	FERROUS	FERROUS	200404 Iron Prepa	20040400 Iron Prepa	P	325 (65 FE	ORAL	TABS	EA	100	GENERIC	31604		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001431	TRIPLE FI	GLUCOS/	929200 UNKNOW	92920000 UNKNOW	P	400MG-75	ORAL	TABS	EA	120	GENERIC	31604		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001435	MULTI PR	PRENATA	882800 Multivitam	88280000 Multivitam	O	27-0.8 MG	ORAL	TABS	EA	250	SSB	31604		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001441	ODORLES	GARLIC	929200 UNKNOW	92920000 UNKNOW	P	500MG	ORAL	TABS	EA	100	GENERIC	31604		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001446	GLUCOS/	GLUCOS/	929200 UNKNOW	92920000 UNKNOW	O	200UNIT-1	ORAL	TABS	EA	60	MSB	31604		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION			R	MEDPRMI
31604001467	TRIPLE FI	GLUCOS/	929200 UNKNOW	92920000 UNKNOW	O	100MG-37	ORAL	TABS	EA	120	SSB	31604		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001470	CALCIUM	MULTIPLE	401200 Replacem	40120000 Replacem	O	333MG-20	ORAL	TABS	EA	100	MSB	31604	N	N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION			R	MEDPRMI
31604001473	CALCIUM	CALCIUM	401200 Replacem	40120000 Replacem	P	600-10 MC	ORAL	TABS	EA	60	GENERIC	31604		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001475	CALCIUM	CALCIUM	401200 Replacem	40120000 Replacem	P	315-5 MG-	ORAL	TABS	EA	60	GENERIC	31604	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001484	VITAMIN (	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	500 MG	ORAL	TBCR	EA	100	GENERIC	31604		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001485	ASCORBI	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	500 MG	ORAL	TABS	EA	100	GENERIC	31604	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001486	ASCORBI	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	500 MG	ORAL	TABS	EA	250	GENERIC	31604	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001489	VITAMIN (	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	1000 MG	ORAL	TABS	EA	100	GENERIC	31604		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001496	VITAMIN (	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	500 MG	ORAL	CHEW	EA	60	GENERIC	31604		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001499	MULTI PR	PRENATA	882800 Multivitam	88280000 Multivitam	O	27-0.8 MG	ORAL	TABS	EA	90	SSB	31604		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001617	FLAXSEE	FLAXSEE	929200 UNKNOW	92920000 UNKNOW	P	1000 MG	ORAL	CAPS	EA	100	GENERIC	31604		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001635	BALANCE	B-COMPL	882800 Multivitam	88280000 Multivitam	O	50MCG-5(	ORAL	TBCR	EA	60	SSB	31604		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001637	BALANCE	B-COMPL	882800 Multivitam	88280000 Multivitam	P	100MCG-1	ORAL	TBCR	EA	60	GENERIC	31604		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001645	VITAMIN (	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	500 MG	ORAL	TBCR	EA	60	GENERIC	31604		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001650	VITAMIN (	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	1000 MG	ORAL	TBCR	EA	60	GENERIC	31604		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001671	ANTIOXID	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	250-10000	ORAL	CAPS	EA	60	GENERIC	31604		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001681	L-LYSINE	LYSINE	402000 Caloric Ag	40200000 Caloric Ag	P	500 MG	ORAL	TABS	EA	100	GENERIC	31604		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001688	VITAMIN I	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	400UNIT	ORAL	TABS	EA	90	GENERIC	31604		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001691	ACIDOPH	LACTOBA	560800 Antidiarrhe	56080000 Antidiarrhe	P	0	ORAL	TABS	EA	45	GENERIC	31604	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001701	COQ10	COENZYM	929200 UNKNOW	92920000 UNKNOW	P	30 MG	ORAL	CAPS	EA	30	GENERIC	31604		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001702	DAILY DIA	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	50MG-50M	ORAL	MISC	EA	360	SSB	31604	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
31604001704	SKIN BEA	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	50MG-50M	ORAL	PACK	EA	5	SSB	31604		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI

31604001707	CALCIUM	CALCIUM	882800	Multivitam	88280000	Multivitam	O	750MG-50	ORAL	TABS	EA	100		SSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604001708	TRIPLE O	OMEGA 3	929200	UNKNOW	92920000	UNKNOW	O	0-0-0-434	ORAL	CAPS	EA	60		SSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604001714	FISH OIL	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1200 MG	ORAL	CAPS	EA	180		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604001715	FLAXSEE	FLAXSEE	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	180		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604001717	VITAMIN (	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	CHEW	EA	150		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604001718	MAGNESI	MAGNESI	401200	Replacem	40120000	Replacem	P	250 MG	ORAL	TABS	EA	200		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604001722	ESTER-C	BIOFLAV(	882800	Multivitam	88280000	Multivitam	P	500MG-50	ORAL	TBCR	EA	75		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604001724	FISH OIL	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1200 MG	ORAL	CAPS	EA	150		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604001759	ESSENTI/	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	120MG-12	ORAL	TABS	EA	250		GENERIC		31604	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604001769	ADVANCE	BIOFLAV(	882800	Multivitam	88280000	Multivitam	O	500MG-50	ORAL	TABS	EA	50		SSB		31604	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604001770	ADVANCE	VITAMIN E	882000	Vitamin E	88200000	Vitamin E	O	400 UNIT	ORAL	CAPS	EA	50		SSB		31604	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604001771	ADVANCE	MULTIPLE	401200	Replacem	40120000	Replacem	O	0-0-250M(	ORAL	TABS	EA	100		SSB		31604	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604001777	ESSENTI/	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	120MG-12	ORAL	TABS	EA	130		GENERIC		31604	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604001780	VITAMIN (	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	1000 MG	ORAL	TABS	EA	300		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604001782	BETA CAI	BETA CAI	880400	Vitamin A	88040000	Vitamin A	P	25000 UN	ORAL	CAPS	EA	300		GENERIC		31604	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604001783	ODORLES	GARLIC	929200	UNKNOW	92920000	UNKNOW	P	1250MG	ORAL	TABS	EA	200		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604001789	MULTI FC	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	180MG-18	ORAL	TABS	EA	90		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604001790	MULTI FC	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	180MG-18	ORAL	TABS	EA	90		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604001791	MULTI FC	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	120MG-12	ORAL	TABS	EA	90		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604001796	MULTI FC	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	180MG-18	ORAL	TABS	EA	90		GENERIC		31604	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604001797	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	P	550MG	ORAL	TABS	EA	500		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604001870	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	25 MCG (1	ORAL	TABS	EA	100		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604001873	FISH OIL	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1200 MG	ORAL	CAPS	EA	90		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604001879	VITAMIN (	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	TABS	EA	500		GENERIC		31604	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604001881	ASCORBI	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	TABS	EA	500		GENERIC		31604	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604001882	VITAMIN I	VITAMIN E	882000	Vitamin E	88200000	Vitamin E	P	180 MG (4	ORAL	CAPS	EA	300		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604001886	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	500-10 M(	ORAL	TABS	EA	300		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604001889	DAILY CC	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	300		GENERIC		31604	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604001893	CALCIUM	MULTIPLE	401200	Replacem	40120000	Replacem	O	333MG-33	ORAL	TABS	EA	300		GENERIC		31604	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604001894	COQ10	COENZYI	929200	UNKNOW	92920000	UNKNOW	P	100 MG	ORAL	CAPS	EA	40		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002438	KIDS FIR:	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	1000UNIT	ORAL	CHEW	EA	110		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002456	VITAMIN (	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	CHEW	EA	100		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002506	MULTI CC	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	CAPS	EA	60		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002507	MULTI FC	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	CAPS	EA	60		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002508	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	O	600-10 M(	ORAL	CAPS	EA	100		MSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
31604002509	VITAMIN (	ASCORBI	881200	Vitamin C	88120000	Vitamin C	O	500 MG	ORAL	CAPS	EA	60		MSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
31604002511	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	1000UNIT	ORAL	CAPS	EA	90		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002516	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	50 MCG (2	ORAL	TABS	EA	90		GENERIC		31604	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002517	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	500-10 M(	ORAL	TABS	EA	130		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002518	MULTI CC	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	180MG-18	ORAL	TABS	EA	130		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002537	MULTI FC	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	CAPS	EA	60		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002538	MULTI FC	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	CAPS	EA	60		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002574	OMEGA-3	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	O	1205 MG	ORAL	CAPS	EA	60		MSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
31604002575	SLEEP	MELATON	929200	UNKNOW	92920000	UNKNOW	O	0-0-0-0-0	ORAL	CAPS	EA	30		SSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002576	MAGNESI	MAGNESI	401200	Replacem	40120000	Replacem	O	400 MG	ORAL	CAPS	EA	60		MSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
31604002585	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	2000UNIT	ORAL	CAPS	EA	90		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002586	FISH OIL	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1200 MG	ORAL	CAPS	EA	300		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002602	FISH OIL-	FISH OIL-	929200	UNKNOW	92920000	UNKNOW	P	1200-1000	ORAL	CAPS	EA	90		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002603	FISH OIL	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	500 MG	ORAL	CAPS	EA	60		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002604	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	10 MCG (4	ORAL	CHEW	EA	90		GENERIC		31604	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002610	TRIPLE O	OMEGA 3	929200	UNKNOW	92920000	UNKNOW	O	0-0-0-434	ORAL	CAPS	EA	150		SSB		31604	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002612	IRON	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	325 (65 FE	ORAL	TABS	EA	180		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002613	COQ10	COENZYI	929200	UNKNOW	92920000	UNKNOW	P	100 MG	ORAL	CAPS	EA	72		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002616	COQ10	COENZYI	929200	UNKNOW	92920000	UNKNOW	P	200 MG	ORAL	CAPS	EA	40		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002618	SLEEP	MELATON	929200	UNKNOW	92920000	UNKNOW	O	17MG-2.5	ORAL	CAPS	EA	60		SSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002621	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	125 MCG	ORAL	CAPS	EA	90		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002631	FISH OIL	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1200 MG	ORAL	CAPS	EA	120		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002636	NIACIN FI	INOSITOL	241292	Vasodilati	24129200	Vasodilati	P	500 MG	ORAL	CAPS	EA	60	X	GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002645	ACAI+SUI	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-30MG-3	ORAL	TABS	EA	60		SSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002657	FISH OIL	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1200 MG	ORAL	CAPS	EA	200		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002659	FISH OIL	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	250		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002660	TRIPLE P	PROBIOT	560800	Antidiarrh	56080000	Antidiarrh	O	0-0-133M(	ORAL	TABS	EA	30		SSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002662	FISH OIL	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	90		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002663	FISH OIL	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	200		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002664	FISH OIL	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1200 MG	ORAL	CAPS	EA	120		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002665	FISH OIL	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	150		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002668	D3 KIDS	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	10 MCG (4	ORAL	CHEW	EA	120		GENERIC		31604	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002669	D3 KIDS	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	10 MCG (4	ORAL	CHEW	EA	320		GENERIC		31604	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002671	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	10 MCG (4	ORAL	TABS	EA	100		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002673	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	50 MCG (2	ORAL	TABS	EA	100		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002674	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	50 MCG (2	ORAL	TABS	EA	220		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002675	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	25 MCG (1	ORAL	CAPS	EA	100		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002676	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	25 MCG (1	ORAL	CAPS	EA	180		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002677	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	25 MCG (1	ORAL	CAPS	EA	300		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002678	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	50 MCG (2	ORAL	CAPS	EA	250		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002680	COQ10	COENZYI	929200	UNKNOW	92920000	UNKNOW	P	200 MG	ORAL	CAPS	EA	80		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002682	COQ10 M	COENZYI	929200	UNKNOW	92920000	UNKNOW	P	400 MG	ORAL	CAPS	EA	40		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002683	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	25 MCG (1	ORAL	TABS	EA	300		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002697	ULTRA O	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	O	1400 MG	ORAL	CAPS	EA	45		SSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002706	D3 ADUL	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	25 MCG (1	ORAL	CHEW	EA	120		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002707	D3/VITAM	VITAMIN (	882800	Multivitam	88280000	Multivitam	O	500MG-50	ORAL	TABS	EA	90		SSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002715	FISH OIL	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	200		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002716	BIOTIN	BIOTIN	880800	Vitamin B	88080000	Vitamin B	P	5000 MCG	ORAL	CAPS	EA	50		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002717	B-12	CYANOC(	880800	Vitamin B	88080000	Vitamin B	O	1000 MCG	ORAL	LOZG	EA	50		MSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
31604002718	B-12	CYANOC(	880800	Vitamin B	88080000	Vitamin B	O	2500 MCG	ORAL	TABS	EA	60		MSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
31604002719	B-12	CYANOC(	880800	Vitamin B	88080000	Vitamin B	O	3000 MCG	ORAL	LOZG	EA	40		MSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
31604002720	B-12	CYANOC(	880800	Vitamin B	88080000	Vitamin B	O	3000 MCG	ORAL	CAPS	EA	60		MSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
31604002722	SUPER D	VITAMIN A	882800	Multivitam	88280000	Multivitam	O	2000UNIT	ORAL	CAPS	EA	90		SSB	10/5/2022	31604		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002725	STRESS B	B-COMPL	882800	Multivitam	88280000	Multivitam	P	500MG-50	ORAL	TABS	EA	75		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002726	SUPER B	B-COMPL	882800	Multivitam	88280000	Multivitam	O	30MCG-3(	ORAL	CAPS	EA	100		SSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002727	SUPER B	B-COMPL	882800	Multivitam	88280000	Multivitam	P	150MG-15	ORAL	TABS	EA	140		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002729	SUPER B	B-COMPL	882800	Multivitam	88280000	Multivitam	P	150MG-15	ORAL	TABS	EA	360		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002730	B-12 TR	CYANOC(	880800	Vitamin B	88080000	Vitamin B	P	1000 MCG	ORAL	TBCR	EA	75		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002731	B-12	CYANOC(	880800	Vitamin B	88080000	Vitamin B	P	1000 MCG	ORAL	TBCR	EA	160		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002732	B-12	CYANOC(	880800	Vitamin B	88080000	Vitamin B	O	1000 MCG	ORAL	CAPS	EA	90		MSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
31604002734	SUPER B	B-COMPL	882800	Multivitam	88280000	Multivitam	P	150MG-15	ORAL	TABS	EA	60		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002738	KRILL OIL	KRILL OIL	929200	UNKNOW	92920000	UNKNOW	P	300 MG	ORAL	CAPS	EA	60		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002741	MELATON	MELATON	929200	UNKNOW	92920000	UNKNOW	P	3 MG	ORAL	TABS	EA	120		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002742	MELATON	MELATON	929200	UNKNOW	92920000	UNKNOW	P	3 MG	ORAL	TABS	EA	240		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002743	MELATON	MELATON	929200	UNKNOW	92920000	UNKNOW	P	5 MG	ORAL	TABS	EA	90		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002749	PRENATA	PRENATA	882800	Multivitam	88280000	Multivitam	O	27-0.8-22	ORAL	CAPS	EA	90		SSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002752	ASTAXAN	ASTAXAN	929200	UNKNOW	92920000	UNKNOW	P	4MG	ORAL	CAPS	EA	60		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002753	CINNAMC	CINNAMC	929200	UNKNOW	92920000	UNKNOW	P	500MG	ORAL	CAPS	EA	100		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002754	TURMERI	TURMERI	929200	UNKNOW	92920000	UNKNOW	P	500 MG	ORAL	CAPS	EA	60		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002755	FISH OIL	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1200 MG	ORAL	CAPS	EA	60		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002758	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	50 MCG (2	ORAL	TABS	EA	125		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002760	DIGESTI\	LACTOBA	560800	Antidiarrh	56080000	Antidiarrh	O	0	ORAL	CAPS	EA	30		SSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002761	ACIDOPH	LACTOBA	560800	Antidiarrh	56080000	Antidiarrh	P	0	ORAL	TABS	EA	60		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002766	PRENATA	PRENATA	882800	Multivitam	88280000	Multivitam	O	27-0.8-22	ORAL	CAPS	EA	60		SSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002778	D3 EXTR/	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	125 MCG	ORAL	CAPS	EA	180		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002781	ENERGY	CYANOC(	282032	UNKNOW	28203200	UNKNOW	O	250-50 M	ORAL	CHEW	EA	30		SSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002782	NIACIN E	NIACIN	880800	Vitamin B	88080000	Vitamin B	P	250 MG	ORAL	TBCR	EA	100		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002788	CHOLEST	PLANT ST	929200	UNKNOW	92920000	UNKNOW	O	450 MG	ORAL	CAPS	EA	100		SSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002791	CHOLEST	PLANT ST	929200	UNKNOW	92920000	UNKNOW	O	300-100 M	ORAL	CAPS	EA	120		SSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002793	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	25 MCG (1	ORAL	TABS	EA	125		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002794	MELATON	MELATON	929200	UNKNOW	92920000	UNKNOW	O	17MG-3M	ORAL	CAPS	EA	60		SSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002803	VITAMIN (	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	125 MG	ORAL	CHEW	EA	150		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002812	FLAXSEE	FLAXSEE	929200	UNKNOW	92920000	UNKNOW	O	1400 MG	ORAL	CAPS	EA	300		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002817	VITAMIN I	CYANOC(	880800	Vitamin B	88080000	Vitamin B	P	3000 MCG	SUBLINGU	SUBL	EA	120		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002834	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	O	200-10 M(	ORAL	CAPS	EA	180		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002840	FISH OIL	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	O	183.33 M(	ORAL	CAPS	EA	90		SSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002841	MULTI AD	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	30MG-30M	ORAL	CHEW	EA	90		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002842	FISH OIL	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	113.5 MG	ORAL	CHEW	EA	90		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002843	VITAMIN (	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	125 MG	ORAL	CHEW	EA	80		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002844	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	25 MCG (1	ORAL	CHEW	EA	90		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002845	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	250-12.5 M	ORAL	CHEW	EA	80		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002846	MULTI + (	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	1000UNIT	ORAL	CHEW	EA	90		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002848	COQ10 G	COENZYI	929200	UNKNOW	92920000	UNKNOW	O	50MG	ORAL	CHEW	EA	60		SSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002850	UBIQUIN(	UBIQUIN(	929200	UNKNOW	92920000	UNKNOW	P	100MG	ORAL	CAPS	EA	30		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002863	MULTI FC	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	CAPS	EA	60		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002867	MINI OME	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	O	540 MG	ORAL	CAPS	EA	60		SSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002876	VITAMEL	ASCORBI	881200	Vitamin C	88120000	Vitamin C	O	60 MG	ORAL	TBDP	EA	50		SSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002877	VITAMEL	CHOLECA	881600	Vitamin D	88160000	Vitamin D	O	1000UNIT	ORAL	TBDP	EA	60		SSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002878	VITAMEL	CYANOC(	880800	Vitamin B	88080000	Vitamin B	O	1500 MCG	ORAL	TBDP	EA	60		SSB		31604	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002881	VITAMEL	THEANINI	402000	Caloric Ag	40200000	Caloric Ag	O	50MG	ORAL	TBDP	EA	50		SSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002882	VITAMIN I	MENAQUI	882400	Vitamin K	88240000	Vitamin K	O	100 MCG	ORAL	CAPS	EA	30		MSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
31604002886	B-12	CYANOC(	880800	Vitamin B	88080000	Vitamin B	O	5000 MCG	ORAL	CAPS	EA	60		MSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
31604002887	MAGNESI	MAGNESI	560400	Antacids a	56040000	Antacids a	O	500 MG	ORAL	CAPS	EA	60		MSB		31604	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
31604002888	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	250 MCG	ORAL	CAPS	EA	60		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002895	MAGNESI	MAGNESI	401200	Replacem	40120000	Replacem	O	125 MG	ORAL	CAPS	EA	120		MSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
31604002896	MAGNESI	MAGNESI	401200	Replacem	40120000	Replacem	O	125 MG	ORAL	CAPS	EA	60		MSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
31604002915	FISH OIL	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	O	1400 MG	ORAL	CAPS	EA	90		SSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002916	B-12	CYANOC(	880800	Vitamin B	88080000	Vitamin B	O	1000 MCG	ORAL	CAPS	EA	150		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002918	BIOTIN M	BIOTIN	880800	Vitamin B	88080000	Vitamin B	P	5000 MCG	ORAL	CAPS	EA	120		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002920	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	25 MCG (1	ORAL	CHEW	EA	150		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002927	HAIR/SKI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	100MG-10	ORAL	CAPS	EA	60		SSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002929	B12	CYANOC(	880800	Vitamin B	88080000	Vitamin B	P	1000MCG	ORAL	TBCR	EA	200		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002952	FIBER AD	FIBER	561200	Cathartics	56120000	Cathartics	P	2 GM	ORAL	CHEW	EA	90		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604002953	ENERGY	CYANOC(	880800	Vitamin B	88080000	Vitamin B	O	500 MCG	ORAL	CHEW	EA	80		SSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604003047	ASHWAG	ASHWAG	929200	UNKNOW	92920000	UNKNOW	P	125 MG	ORAL	CAPS	EA	60		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604003081	FISH OIL	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	O	720 MG	ORAL	CAPS	EA	125		SSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604003089	D3	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	25 MCG (1	ORAL	CAPS	EA	500		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604003107	MAGNESI	MAGNESI	560400	Antacids a	56040000	Antacids a	P	250 MG	ORAL	TABS	EA	300		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604003169	B-12 TR	CYANOC(	880800	Vitamin B	88080000	Vitamin B	P	1000 MCG	ORAL	TBCR	EA	180		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604003192	D3	CHOLECA	881600	Vitamin D	88160000	Vitamin D	O	62.5 MCG	ORAL	CHEW	EA	80		SSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604003223	MELATON	MELATON	929200	UNKNOW	92920000	UNKNOW	P	10 MG	ORAL	TABS	EA	30		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604003226	MAGNESI	MAGNESI	401200	Replacem	40120000	Replacem	O	100 MG	ORAL	CHEW	EA	60		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604003254	C EXTRA	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	1000 MG	ORAL	TABS	EA	105		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604004022	VITAMIN (	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	CHEW	EA	90		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604004045	MULTI FC	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	CAPS	EA	60		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604004046	MULTI FC	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	CAPS	EA	60		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604004069	D3-1000	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	1000UNIT	ORAL	TABS	EA	120		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604004070	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	25 MCG (1	ORAL	TABS	EA	350		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604004071	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	50 MCG (2	ORAL	TABS	EA	110		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604004073	D3	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	2000UNIT	ORAL	CAPS	EA	260		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604004074	D3 EXTR/	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	125 MCG	ORAL	CAPS	EA	100		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604004077	PRENATA	PRENATA	882800	Multivitam	88280000	Multivitam	O	27-0.8-20(	ORAL	CAPS	EA	70		SSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604004078	MAGNESI	MAGNESI	401200	Replacem	40120000	Replacem	P	250 MG	ORAL	TABS	EA	120		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604004080	MELATON	MELATON	929200	UNKNOW	92920000	UNKNOW	P	3 MG	ORAL	TABS	EA	150		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604004104	VITAMEL	ZINC OXI	401200	Replacem	40120000	Replacem	O	15 MG	ORAL	TBDP	EA	100		SSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604004130	B-12	CYANOC(	880800	Vitamin B	88080000	Vitamin B	O	1000 MCG	ORAL	CAPS	EA	400		MSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
31604004132	HAIR SKI	BIOTIN W	880800	Vitamin B	88080000	Vitamin B	O	1250-50 M	ORAL	CHEW	EA	150		SSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604004135	MELATON	MELATON	929200	UNKNOW	92920000	UNKNOW	P	2.5 MG	ORAL	CHEW	EA	90		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604004216	MELATON	MELATON	929200	UNKNOW	92920000	UNKNOW	P	2.5 MG	ORAL	CHEW	EA	90		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604004218	PRENATA	PRENATA	882800	Multivitam	88280000	Multivitam	O	27-0.8-20(	ORAL	CAPS	EA	90		SSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604004251	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	25 MCG (1	ORAL	CAPS	EA	650		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604004252	IRON (FE	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	325 (65 FE	ORAL	TABS	EA	365		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604004293	FISH OIL	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	175		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604004295	FISH OIL	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1200 MG	ORAL	CAPS	EA	230		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604004313	MAGNESI	MAGNESI	401200	Replacem	40120000	Replacem	P	100 MG	ORAL	CAPS	EA	60		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604004345	D3 + K2	VITAMIN I	881600	Vitamin D	88160000	Vitamin D	O	125-100 M	ORAL	CAPS	EA	30		SSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604004373	D3 MAX S	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	250 MCG	ORAL	CAPS	EA	60		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604004375	FISH OIL	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	500 MG	ORAL	CAPS	EA	60		GENERIC		31604	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604011259	VITAMIN (	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	TABS	EA	130		GENERIC		31604	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604014002	ECHINAC	ECHINAC	929200	UNKNOW	92920000	UNKNOW	O	350 MG	ORAL	CAPS	EA	100		MSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
31604014004	VALERIAI	VALERIAI	929200	UNKNOW	92920000	UNKNOW	P	530 MG	ORAL	CAPS	EA	100		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604014032	MILK THI:	MILK THI:	929200	UNKNOW	92920000	UNKNOW	P	140 MG	ORAL	CAPS	EA	50		MSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
31604014035	EVENING	EVENING	929200	UNKNOW	92920000	UNKNOW	O	45-360-15	ORAL	CAPS	EA	50		MSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
31604014130	BLACK C(	BLACK C(	929200	UNKNOW	92920000	UNKNOW	P	40 MG	ORAL	CAPS	EA	50		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604014154	GINSENG	GINSENG	929200	UNKNOW	92920000	UNKNOW	P	250 MG	ORAL	CAPS	EA	60		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604014155	GINKGO I	GINKGO I	929200	UNKNOW	92920000	UNKNOW	P	60 MG	ORAL	CAPS	EA	60		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604014159	ST JOHN:	ST JOHN'	929200	UNKNOW	92920000	UNKNOW	O	450 MG	ORAL	CAPS	EA	40		MSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
31604014172	SAW PAL	SAW PAL	929200	UNKNOW	92920000	UNKNOW	P	160 MG	ORAL	CAPS	EA	50		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604014225	ECHINAC	ECHINAC	929200	UNKNOW	92920000	UNKNOW	O	125 MG	ORAL	CAPS	EA	100		MSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
31604014227	GINKGO I	GINKGO I	929200	UNKNOW	92920000	UNKNOW	O	30 MG	ORAL	CAPS	EA	200		MSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
31604014231	ST JOHN:	ST JOHN'	929200	UNKNOW	92920000	UNKNOW	P	150 MG	ORAL	CAPS	EA	75		GENERIC		31604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604014271	CRANBEF	CRANBEF	929200	UNKNOW	92920000	UNKNOW	O	450-125 M	ORAL	CAPS	EA	60		MSB		31604		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
31604040475	MULTI FC	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	CAPS	EA	60		GENERIC		31604	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31604041107	MOOD PL	S-ADENO	929200	UNKNOW	92920000	UNKNOW	P	400 MG	ORAL	TBEC	EA	36		GENERIC		31604	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI

31722000230	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	30	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722000290	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	90	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722000330	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	30	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722000390	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	90	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722000430	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	30	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722000490	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	90	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722000530	MESALAM	MESALAM	563600	Anti-inflam	56360000	Anti-inflam	S	1000 MG	RECTAL	SUPP	EA	30		GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722000631	ITRACON	ITRACON	81408	Azoles	8140800	Azoles	S	10 MG/ML	ORAL	SOLN	ML	150		GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722000760	ZAFIRLUI	ZAFIRLUI	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722000860	ZAFIRLUI	ZAFIRLUI	481024	Leukotrien	48102400	Leukotrien	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722000950	VIGABATI	VIGABATI	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	PACK	EA	50	X	GENERIC		31722	Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X						R	MEDPRMI
31722001090	DROXIDO	DROXIDO	121212	alpha- anc	12121200	alpha- anc	S	300 MG	ORAL	CAPS	EA	90		GENERIC		31722		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X						R	MEDPRMI
31722001130	DEFERAS	DEFERAS	640000	Heavy Me	64000000	Heavy Me	S	90 MG	ORAL	TABS	EA	30	X	GENERIC		31722		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X						R	MEDPRMI
31722001230	DEFERAS	DEFERAS	640000	Heavy Me	64000000	Heavy Me	S	180 MG	ORAL	TABS	EA	30	X	GENERIC		31722		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X						R	MEDPRMI
31722001330	DEFERAS	DEFERAS	640000	Heavy Me	64000000	Heavy Me	S	360 MG	ORAL	TABS	EA	30	X	GENERIC		31722		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X						R	MEDPRMI
31722001490	DROXIDO	DROXIDO	121212	alpha- anc	12121200	alpha- anc	S	100 MG	ORAL	CAPS	EA	90		GENERIC		31722		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X						R	MEDPRMI
31722001590	DROXIDO	DROXIDO	121212	alpha- anc	12121200	alpha- anc	S	200 MG	ORAL	CAPS	EA	90		GENERIC		31722		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X						R	MEDPRMI
31722001647	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	1 MG/5ML	ORAL	SOLN	ML	473	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722001701	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722001710	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722001801	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722001805	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	500	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722001810	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	1000	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722001912	DIATRIZO	DIATRIZO	366800	Roentgen	36680000	Roentgen	S	66-10 %	ORAL	SOLN	ML	120		GENERIC		31722	Y	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31722001930	DIATRIZO	DIATRIZO	366800	Roentgen	36680000	Roentgen	S	66-10 %	ORAL	SOLN	ML	30		GENERIC		31722	Y	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31722001931	DIATRIZO	DIATRIZO	366800	Roentgen	36680000	Roentgen	S	66-10 %	ORAL	SOLN	ML	30		GENERIC		31722	Y	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31722001932	DIATRIZO	DIATRIZO	366800	Roentgen	36680000	Roentgen	S	66-10 %	ORAL	SOLN	ML	120		GENERIC		31722	Y	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
31722002015	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	1 MG/ML	ORAL	SOLN	ML	150	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS			X	1200 IN 30 DAYS	X	Must meet 5 DS Enal TRIAL OF ENALAPRIL TABLETS IN THE PAST 120 DAYS		R	MEDPRMI
31722002101	DIVALPR(	DIVALPR(	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TB24	EA	100	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722002105	DIVALPR(	DIVALPR(	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TB24	EA	500	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722002201	DIVALPR(	DIVALPR(	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	100	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722002205	DIVALPR(	DIVALPR(	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	500	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722002301	OXCARB/	OXCARB/	281224	UNKNOW	28122400	UNKNOW	S	150 MG	ORAL	TABS	EA	100	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722002305	OXCARB/	OXCARB/	281224	UNKNOW	28122400	UNKNOW	S	150 MG	ORAL	TABS	EA	500	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722002401	OXCARB/	OXCARB/	281224	UNKNOW	28122400	UNKNOW	S	300 MG	ORAL	TABS	EA	100	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722002405	OXCARB/	OXCARB/	281224	UNKNOW	28122400	UNKNOW	S	300 MG	ORAL	TABS	EA	500	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722002501	OXCARB/	OXCARB/	281224	UNKNOW	28122400	UNKNOW	S	600 MG	ORAL	TABS	EA	100	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722002505	OXCARB/	OXCARB/	281224	UNKNOW	28122400	UNKNOW	S	600 MG	ORAL	TABS	EA	500	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722002730	SOLIFEN/	SOLIFEN/	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722002790	SOLIFEN/	SOLIFEN/	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722002830	SOLIFEN/	SOLIFEN/	861204	UNKNOW	86120400	UNKNOW	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722002890	SOLIFEN/	SOLIFEN/	861204	UNKNOW	86120400	UNKNOW	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722002932	DEFERAS	DEFERAS	640000	Heavy Me	64000000	Heavy Me	S	90 MG	ORAL	PACK	EA	30	X	GENERIC		31722		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X						R	MEDPRMI
31722003031	DEFERAS	DEFERAS	640000	Heavy Me	64000000	Heavy Me	S	180 MG	ORAL	PACK	EA	30	X	GENERIC	1/8/2024	31722		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X						R	MEDPRMI
31722003032	DEFERAS	DEFERAS	640000	Heavy Me	64000000	Heavy Me	S	180 MG	ORAL	PACK	EA	30	X	GENERIC		31722		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X						R	MEDPRMI
31722003131	DEFERAS	DEFERAS	640000	Heavy Me	64000000	Heavy Me	S	360 MG	ORAL	PACK	EA	30	X	GENERIC	1/8/2024	31722		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X						R	MEDPRMI
31722003132	DEFERAS	DEFERAS	640000	Heavy Me	64000000	Heavy Me	S	360 MG	ORAL	PACK	EA	30	X	GENERIC		31722		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X						R	MEDPRMI
31722003231	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	PACK	EA	1	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS					X	Must meet 5 DS Cvs TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZ		R	MEDPRMI
31722003232	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	PACK	EA	30	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS					X	Must meet 5 DS Cvs TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZ		R	MEDPRMI
31722003330	FESOTEF	FESOTEF	861204	UNKNOW	86120400	UNKNOW	S	4 MG	ORAL	TB24	EA	30	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS				R	MEDPRMI
31722003430	FESOTEF	FESOTEF	861204	UNKNOW	86120400	UNKNOW	S	8 MG	ORAL	TB24	EA	30	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS				R	MEDPRMI
31722003523	AMINOCA	AMINOCA	202816	Hemostati	20281600	Hemostati	S	0.25 GM/M	ORAL	SOLN	ML	236.5		GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722003601	MEXILETI	MEXILETI	240404	Antiarrhyt	24040408	Class Ib A	S	150 MG	ORAL	CAPS	EA	100	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722003701	MEXILETI	MEXILETI	240404	Antiarrhyt	24040408	Class Ib A	S	200 MG	ORAL	CAPS	EA	100	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722003801	MEXILETI	MEXILETI	240404	Antiarrhyt	24040408	Class Ib A	S	250 MG	ORAL	CAPS	EA	100	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722004031	PROMETI	PROMETI	40400	First Gene	4040000	First Gene	S	12.5 MG	RECTAL	SUPP	EA	12		GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722004032	PROMETI	PROMETI	40400	First Gene	4040000	First Gene	S	12.5 MG	RECTAL	SUPP	EA	1		GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722004131	PROMETI	PROMETI	40400	First Gene	4040000	First Gene	S	25 MG	RECTAL	SUPP	EA	12		GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722004132	PROMETI	PROMETI	40400	First Gene	4040000	First Gene	S	25 MG	RECTAL	SUPP	EA	1		GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722004312	MESALAM	MESALAM	563600	Anti-inflam	56360000	Anti-inflam	S	1.2 GM	ORAL	TBEC	EA	120	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722004412	ZILEUTOI	ZILEUTOI	481024	Leukotrien	48102400	Leukotrien	S	600 MG	ORAL	TB12	EA	120	X	GENERIC		31722		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
31722004512	SAPROPT	SAPROPT	440800	UNKNOW	44080000	UNKNOW	S	100 MG	ORAL	TABS	EA	120	X	GENERIC		31722		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS								R	MEDPRMI
31722004631	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	PACK	EA	1		GENERIC		31722		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
31722004632	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	PACK	EA	9		GENERIC		31722		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
31722004701	SAPROPT	SAPROPT	440800	UNKNOW	44080000	UNKNOW	S	100 MG	ORAL	PACK	EA	1	X	GENERIC		31722		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS								R	MEDPRMI
31722004730	SAPROPT	SAPROPT	440800	UNKNOW	44080000	UNKNOW	S	100 MG	ORAL	PACK	EA	30	X	GENERIC		31722		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS								R	MEDPRMI
31722004801	SAPROPT	SAPROPT	440800	UNKNOW	44080000	UNKNOW	S	500 MG	ORAL	PACK	EA	1	X	GENERIC		31722		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS								R	MEDPRMI
31722004830	SAPROPT	SAPROPT	440800	UNKNOW	44080000	UNKNOW	S	500 MG	ORAL	PACK	EA	30	X	GENERIC		31722		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS								R	MEDPRMI
31722004930	EPLEREN	EPLEREN	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722004990	EPLEREN	EPLEREN	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722005030	EPLEREN	EPLEREN	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722005090	EPLEREN	EPLEREN	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722005360	IVABRADI	IVABRADI	240408	Cardiotoni	24040800	Cardiotoni	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS				R	MEDPRMI
31722005460	IVABRADI	IVABRADI	240408	Cardiotoni	24040800	Cardiotoni	S	7.5 MG	ORAL	TABS	EA	60	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS				R	MEDPRMI
31722006331	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG/5M	ORAL	SUSR	ML	50	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722006601	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TB12	EA	100	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722006605	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TB12	EA	500	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722006660	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TB12	EA	60	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722006701	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	100	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722006705	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	500	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722006760	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	60	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722006801	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	200 MG	ORAL	TB12	EA	100	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722006860	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	200 MG	ORAL	TB12	EA	60	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
31722006947	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	250 MG/5I	ORAL	SOLN	ML	470	X	GENERIC		31722		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI

31722007701	THEOPHY	THEOPHY	861600	Respirator	86160000	Respirator	S	300 MG	ORAL	TB12	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722007801	THEOPHY	THEOPHY	861600	Respirator	86160000	Respirator	S	450 MG	ORAL	TB12	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722009190	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	TABS	EA	90 X	GENERIC		31722			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION								DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
31722009290	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	90 X	GENERIC		31722			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION								DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
31722010210	DAPTOMY	DAPTOMY	81228	Antibacter	8122812	Cyclic Lip	S	500 MG	INTRAVEI	SOLR	EA	1	GENERIC		31722			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
31722010330	CINACAL	CINACAL	682404	UNKNOW	68240400	UNKNOW	S	30 MG	ORAL	TABS	EA	30 X	GENERIC		31722			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
31722010430	CINACAL	CINACAL	682404	UNKNOW	68240400	UNKNOW	S	60 MG	ORAL	TABS	EA	30 X	GENERIC		31722			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
31722010530	CINACAL	CINACAL	682404	UNKNOW	68240400	UNKNOW	S	90 MG	ORAL	TABS	EA	30 X	GENERIC		31722			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	4 IN 1 DAYS					R	MEDPRMI
31722010901	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10 MG	ORAL	T12A	EA	100	MSB	12/31/2023	31722			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND			X	2 IN 1 DAYS			X	Must meet 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
31722011001	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	20 MG	ORAL	T12A	EA	100	MSB	12/31/2023	31722			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND			X	2 IN 1 DAYS			X	Must meet 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
31722011101	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	40 MG	ORAL	T12A	EA	100	MSB	12/31/2023	31722			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND			X	2 IN 1 DAYS			X	Must meet 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
31722011620	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	20	GENERIC		31722			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
31722011631	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	20	GENERIC		31722			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
31722011632	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	20	GENERIC		31722			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
31722011633	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	50	GENERIC		31722			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
31722011634	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	50	GENERIC		31722			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
31722011650	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	50	GENERIC		31722			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
31722011702	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	2	GENERIC		31722			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
31722011705	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	5	GENERIC		31722			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
31722011730	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	30	GENERIC		31722			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
31722011731	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	2	GENERIC		31722			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
31722011732	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	5	GENERIC		31722			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
31722011733	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	30	GENERIC		31722			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
31722011734	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	2	GENERIC		31722			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
31722011735	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	5	GENERIC		31722			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
31722011802	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	2	GENERIC		31722			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
31722011805	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	5	GENERIC		31722			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
31722011831	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	2	GENERIC		31722			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
31722011832	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	5	GENERIC		31722			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
31722011833	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	2	GENERIC		31722			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
31722011834	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	5	GENERIC		31722			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
31722011901	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	8 MG	ORAL	TB24	EA	100	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS	X	PA:X							R	MEDPRMI
31722012001	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	12 MG	ORAL	TB24	EA	100	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS	X	PA:X							R	MEDPRMI
31722012101	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	16 MG	ORAL	TB24	EA	100	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS	X	PA:X							R	MEDPRMI
31722012201	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	32 MG	ORAL	TB24	EA	100	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS	X	PA:X							R	MEDPRMI
31722012330	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	TB24	EA	30 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722012390	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	TB24	EA	90 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722012430	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	TB24	EA	30 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722012490	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	TB24	EA	90 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722012530	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	TB24	EA	30 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722012590	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	TB24	EA	90 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722012630	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	225 MG	ORAL	TB24	EA	30 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722012690	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	225 MG	ORAL	TB24	EA	90 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722012805	GEMFIBR	GEMFIBR	240606	Fibric Acic	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	500 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722012860	GEMFIBR	GEMFIBR	240606	Fibric Acic	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	60 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722012901	POTASSI	POTASSI	400800	Alkalinizin	40080000	Alkalinizin	S	5 MEQ (5	ORAL	TBCR	EA	100	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722013001	POTASSI	POTASSI	400800	Alkalinizin	40080000	Alkalinizin	S	10 MEQ (1	ORAL	TBCR	EA	100	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722013130	DUTASTE	DUTASTE	920400	UNKNOW	92040000	UNKNOW	S	0.5 MG	ORAL	CAPS	EA	30 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722013190	DUTASTE	DUTASTE	920400	UNKNOW	92040000	UNKNOW	S	0.5 MG	ORAL	CAPS	EA	90 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722013201	POTASSI	POTASSI	400800	Alkalinizin	40080000	Alkalinizin	S	15 MEQ (1	ORAL	TBCR	EA	100	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722013301	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722013305	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	500 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722013501	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722013505	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	500 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722013631	SILDENAF	SILDENAF	484824	UNKNOW	48482400	UNKNOW	S	10 MG/ML	ORAL	SUSR	ML	112 X	GENERIC		31722	Y		N	FORMULARY		1 GEN	GENERICS	X	PA:X							R	MEDPRMI
31722013801	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	5 MG	ORAL	TABS	EA	100	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	16 IN 1 DAYS					R	MEDPRMI
31722013910	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	5 MG	ORAL	TABS	EA	1000 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722014010	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722014101	CAPTOPR	CAPTOPR	243204	Angiotens	24320400	Angiotens	S	12.5 MG	ORAL	TABS	EA	100 X	GENERIC		31722	Y		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722014201	CAPTOPR	CAPTOPR	243204	Angiotens	24320400	Angiotens	S	25 MG	ORAL	TABS	EA	100 X	GENERIC		31722	Y		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722014301	CAPTOPR	CAPTOPR	243204	Angiotens	24320400	Angiotens	S	50 MG	ORAL	TABS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722014401	CAPTOPR	CAPTOPR	243204	Angiotens	24320400	Angiotens	S	100 MG	ORAL	TABS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722014505	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TABS	EA	500 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722014530	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TABS	EA	30 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722014590	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TABS	EA	90 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722014605	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	500 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722014630	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	30 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722014690	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	90 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722014705	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	500 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722014730	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	30 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722014790	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	90 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722014801	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722014805	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	500 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722014810	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	1000 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722014901	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722014905	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	500 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722015001	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722015005	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	500 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722015130	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	30 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722015290	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	80 MG	ORAL	TABS	EA	90 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722015390	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	160 MG	ORAL	TABS	EA	90 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722015490	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	320 MG	ORAL	TABS	EA	90 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722015501	AMPHETA	AMPHETA	282004	Amphetan	28200400	Amphetan	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
31722015601	AMPHETA	AMPHETA	282004	Amphetan	28200400	Amphetan	S	7.5 MG	ORAL	TABS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
31722015701	AMPHETA	AMPHETA	282004	Amphetan	28200400	Amphetan	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
31722015801	AMPHETA	AMPHETA	282004	Amphetan	28200400	Amphetan	S	12.5 MG	ORAL	TABS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
31722015901	AMPHETA	AMPHETA	282004	Amphetan	28200400	Amphetan	S	15 MG	ORAL	TABS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
31722016005	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	75 MG	ORAL	TABS	EA	500 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722016110	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	150 MG	ORAL	TABS	EA	1000 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722016205	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	300 MG	ORAL	TABS	EA	500 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722016301	AMPHETA	AMPHETA	282004	Amphetan	28200400	Amphetan	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
31722016401	AMPHETA	AMPHETA	282004	Amphetan	28200400	Amphetan	S	30 MG	ORAL	TABS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
31722016531	FOSAPRE	FOSAPRE	562232	UNKNOW	56223200	UNKNOW	S	150 MG	INTRAVEI	SOLR	EA	1	GENERIC		31722			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
31722016601	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722016605	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	500 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722016701	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722016705	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	500 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722016860	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	20 MG	ORAL	CPEP	EA	60 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722016930	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	30 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722017030	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	30 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722017201	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722017205	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	500 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722017301	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS					R	MEDPRMI
31722017401	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS					R	MEDPRMI
31722017501	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS					R	MEDPRMI
31722017601	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722017610	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	1000 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722017701	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722017710	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722017801	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722017810	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	1000 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722017901	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	30 MG	ORAL	TABS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722017905	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	30 MG	ORAL	TABS	EA	500 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722018001	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722018010	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	1000 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722018105	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	500 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722018160	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	60 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722018205	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	500 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722018260	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	60 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722018305	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	500 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722018360	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	60 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722018405	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	500 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722018460	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	60 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722018501	AMPHETA	AMPHETA	282004	Amphetan	28200400	Amphetan	S	5 MG	ORAL	CP24	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
31722018601	AMPHETA	AMPHETA	282004	Amphetan	28200400	Amphetan	S	10 MG	ORAL	CP24	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
31722018701	AMPHETA	AMPHETA	282004	Amphetan	28200400	Amphetan	S	15 MG	ORAL	CP24	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
31722018801	AMPHETA	AMPHETA	282004	Amphetan	28200400	Amphetan	S	20 MG	ORAL	CP24	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
31722018901	AMPHETA	AMPHETA	282004	Amphetan	28200400	Amphetan	S	25 MG	ORAL	CP24	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
31722019050	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG/5ML	ORAL	SOLN	ML	500	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722019101	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	2.5-325 M	ORAL	TABS	EA	100	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	12 IN 1 DAYS					R	MEDPRMI
31722019201	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	100	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	12 IN 1 DAYS					R	MEDPRMI
31722019205	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	500	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	12 IN 1 DAYS					R	MEDPRMI
31722019301	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	100	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	12 IN 1 DAYS					R	MEDPRMI
31722019305	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	500	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	12 IN 1 DAYS					R	MEDPRMI
31722019401	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	100	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	12 IN 1 DAYS					R	MEDPRMI
31722019405	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	500	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	12 IN 1 DAYS					R	MEDPRMI
31722019501	AMPHETA	AMPHETA	282004	Amphetan	28200400	Amphetan	S	30 MG	ORAL	CP24	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
31722019831	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	100 MG/5	ORAL	CONC	ML	30	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS	X	PA:X							R	MEDPRMI
31722020110	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	1000 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722020210	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	1000 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722020320	LACOSAM	LACOSAM	281224	UNKNOW	28122400	UNKNOW	S	200 MG/2	INTRAVEI	SOLN	ML	20	GENERIC		31722			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
31722020331	LACOSAM	LACOSAM	281224	UNKNOW	28122400	UNKNOW	S	200 MG/2	INTRAVEI	SOLN	ML	20	GENERIC		31722			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
31722020410	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	INTRAVEI	SOLR	EA	1	GENERIC		31722			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
31722020431	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	INTRAVEI	SOLR	EA	1	GENERIC		31722			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
31722020510	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	S	1000 MG/	INTRAVEI	SOLN	ML	100	GENERIC		31722			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
31722020524	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	S	1000 MG/	INTRAVEI	SOLN	ML	100	GENERIC		31722			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
31722020531	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	S	1000 MG/	INTRAVEI	SOLN	ML	100	GENERIC		31722			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
31722021010	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	500 MG	INTRAVEI	SOLR	EA	1	GENERIC		31722			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
31722021110	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	1 GM	INTRAVEI	SOLR	EA	1	GENERIC		31722			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
31722021133	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	1 GM	INTRAVEI	SOLR	EA	1	GENERIC		31722			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
31722021501	DAPTOMY	DAPTOMY	81228	Antibacter	8122812	Cyclic Lip	S	350 MG	INTRAVEI	SOLR	EA	1	GENERIC		31722			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
31722021601	DAPTOMY	DAPTOMY	81228	Antibacter	8122812	Cyclic Lip	S	500 MG	INTRAVEI	SOLR	EA	1	GENERIC		31722			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
31722021720	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	20	GENERIC		31722			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
31722021731	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	20	GENERIC		31722			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
31722021732	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	50	GENERIC		31722			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
31722021733	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	50	GENERIC		31722			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
31722021750	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	50	GENERIC		31722			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
31722022501	GEMFIBR	GEMFIBR	240606	Fibric Acic	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722022901	DEXMETH	DEXMETH	282032	UNKNOW	28203200	UNKNOW	S	5 MG	ORAL	CP24	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
31722023001	DEXMETH	DEXMETH	282032	UNKNOW	28203200	UNKNOW	S	10 MG	ORAL	CP24	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
31722023101	DEXMETH	DEXMETH	282032	UNKNOW	28203200	UNKNOW	S	15 MG	ORAL	CP24	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
31722023201	DEXMETH	DEXMETH	282032	UNKNOW	28203200	UNKNOW	S	20 MG	ORAL	CP24	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
31722023301	DEXMETH	DEXMETH	282032	UNKNOW	28203200	UNKNOW	S	25 MG	ORAL	CP24	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
31722023401	DEXMETH	DEXMETH	282032	UNKNOW	28203200	UNKNOW	S	30 MG	ORAL	CP24	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
31722023501	DEXMETH	DEXMETH	282032	UNKNOW	28203200	UNKNOW	S	35 MG	ORAL	CP24	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
31722023601	DEXMETH	DEXMETH	282032	UNKNOW	28203200	UNKNOW	S	40 MG	ORAL	CP24	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
31722024030	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TB24	EA	30 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	6 IN 1 DAYS					R	MEDPRMI
31722024130	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TB24	EA	30 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	6 IN 1 DAYS					R	MEDPRMI
31722024230	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TB24	EA	30 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS					R	MEDPRMI
31722024330	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TB24	EA	30 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
31722024430	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	250 MG	ORAL	TB24	EA	30 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
31722024530	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	300 MG	ORAL	TB24	EA	30 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
31722024630	TERIFLUN	TERIFLUN	900420	UNKNOW	90042000	UNKNOW	S	7 MG	ORAL	TABS	EA	30 X	GENERIC		31722			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
31722024730	TERIFLUN	TERIFLUN	900420	UNKNOW	90042000	UNKNOW	S	14 MG	ORAL	TABS	EA	30 X	GENERIC		31722			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
31722025201	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722025205	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	500 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722025210	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	1000 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722025301	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722025305	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	500 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722025310	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	1000 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722025728	LENALID	LENALID	100000	Antineopla	10000000	Antineopla	S	2.5 MG	ORAL	CAPS	EA	28	GENERIC		31722			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
31722025828	LENALID	LENALID	100000	Antineopla	10000000	Antineopla	S	5 MG	ORAL	CAPS	EA	28	GENERIC		31722			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
31722025928	LENALID	LENALID	100000	Antineopla	10000000	Antineopla	S	10 MG	ORAL	CAPS	EA	28	GENERIC		31722			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
31722026021	LENALID	LENALID	100000	Antineopla	10000000	Antineopla	S	15 MG	ORAL	CAPS	EA	21	GENERIC		31722			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
31722026121	LENALID	LENALID	100000	Antineopla	10000000	Antineopla	S	20 MG	ORAL	CAPS	EA	21	GENERIC		31722			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
31722026221	LENALID	LENALID	100000	Antineopla	10000000	Antineopla	S	25 MG	ORAL	CAPS	EA	21	GENERIC		31722			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
31722027101	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	1.25 MG	ORAL	CAPS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722027201	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	CAPS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722027205	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	CAPS	EA	500 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722027210	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	CAPS	EA	1000 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722027301	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	CAPS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722027305	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	CAPS	EA	500 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722027310	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	CAPS	EA	1000 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722027401	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	CAPS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722027405	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	CAPS	EA	500 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722027410	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	CAPS	EA	1000 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722027805	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	500 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722027905	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	500 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722028410	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	25 MCG	ORAL	TABS	EA	1000 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
31722028490	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	25 MCG	ORAL	TABS	EA	90 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
31722028510	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	50 MCG	ORAL	TABS	EA	1000 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
31722028590	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	50 MCG	ORAL	TABS	EA	90 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
31722028610	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	75 MCG	ORAL	TABS	EA	1000 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
31722028690	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	75 MCG	ORAL	TABS	EA	90 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
31722028710	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	88 MCG	ORAL	TABS	EA	1000 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
31722028790	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	88 MCG	ORAL	TABS	EA	90 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
31722028810	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	100 MCG	ORAL	TABS	EA	1000 X	GENERIC		31722	Y		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
31722028890	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	100 MCG	ORAL	TABS	EA	90 X	GENERIC		31722	Y		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
31722028910	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	112 MCG	ORAL	TABS	EA	1000 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
31722028990	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	112 MCG	ORAL	TABS	EA	90 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
31722029010	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	125 MCG	ORAL	TABS	EA	1000 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
31722029090	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	125 MCG	ORAL	TABS	EA	90 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
31722029110	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	137 MCG	ORAL	TABS	EA	1000 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
31722029190	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	137 MCG	ORAL	TABS	EA	90 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
31722029210	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	150 MCG	ORAL	TABS	EA	1000 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
31722029290	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	150 MCG	ORAL	TABS	EA	90 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
31722029310	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	175 MCG	ORAL	TABS	EA	1000 X	GENERIC		31722	Y		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
31722029390	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	175 MCG	ORAL	TABS	EA	90 X	GENERIC		31722	Y		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
31722029410	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	200 MCG	ORAL	TABS	EA	1000 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
31722029490	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	200 MCG	ORAL	TABS	EA	90 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
31722029510	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	300 MCG	ORAL	TABS	EA	1000 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
31722029590	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	300 MCG	ORAL	TABS	EA	90 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
31722029824	ICOSAPE	ICOSAPE	240612	UNKNOW	24061200	UNKNOW	S	0.5 GM	ORAL	CAPS	EA	240 X	GENERIC		31722			N	EXCLUDE	HARD_M	1 GEN	FORMULARY EXCLUSION								PLEASE DISPENSE BRAND FOR GENERIC COPAY.	R	MEDPRMI
31722029912	ICOSAPE	ICOSAPE	240612	UNKNOW	24061200	UNKNOW	S	1 GM	ORAL	CAPS	EA	120 X	GENERIC		31722			N	EXCLUDE	HARD_M	1 GEN	FORMULARY EXCLUSION								PLEASE DISPENSE BRAND FOR GENERIC COPAY.	R	MEDPRMI
31722030431	DECITABI	DECITABI	100000	Antineopla	10000000	Antineopla	S	50 MG	INTRAVEI	SOLR	EA	1	GENERIC		31722			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
31722030501	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	15 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		31722		Y	N	FORMULARY		1 GEN	GENERICS					X	5 DAYS			R	MEDPRMI
31722030510	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	15 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		31722		Y	N	FORMULARY		1 GEN	GENERICS					X	5 DAYS			R	MEDPRMI
31722030525	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	15 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		31722		Y	N	FORMULARY		1 GEN	GENERICS					X	5 DAYS			R	MEDPRMI
31722030601	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	30 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		31722		Y	N	FORMULARY		1 GEN	GENERICS					X	5 DAYS			R	MEDPRMI
31722030625	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	30 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		31722		Y	N	FORMULARY		1 GEN	GENERICS					X	5 DAYS			R	MEDPRMI
31722030702	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	60 MG/2M	INTRAMU	SOLN	ML	2	GENERIC		31722		Y	N	FORMULARY		1 GEN	GENERICS					X	5 DAYS			R	MEDPRMI
31722030725	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	60 MG/2M	INTRAMU	SOLN	ML	2	GENERIC		31722		Y	N	FORMULARY		1 GEN	GENERICS					X	5 DAYS			R	MEDPRMI
31722030801	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	10 MG	INTRAMU	SOLR	EA	1	GENERIC		31722			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
31722031590	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800-26.6 M	ORAL	TABS	EA	90 X	GENERIC		31722			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION								DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
31722031730	PALIPERI	PALIPERI	281608	Antipsych	28160804	Atypical A	S	1.5 MG	ORAL	TB24	EA	30 X	GENERIC		31722	Y		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
31722031830	PALIPERI	PALIPERI	281608	Antipsych	28160804	Atypical A	S	3 MG	ORAL	TB24	EA	30 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
31722031930	PALIPERI	PALIPERI	281608	Antipsych	28160804	Atypical A	S	6 MG	ORAL	TB24	EA	30 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
31722032030	PALIPERI	PALIPERI	281608	Antipsych	28160804	Atypical A	S	9 MG	ORAL	TB24	EA	30 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
31722032101	LISDEXA	LISDEXA	282004	Amphetan	28200400	Amphetan	S	10 MG	ORAL	CHEW	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
31722032201	LISDEXA	LISDEXA	282004	Amphetan	28200400	Amphetan	S	20 MG	ORAL	CHEW	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
31722032301	LISDEXA	LISDEXA	282004	Amphetan	28200400	Amphetan	S	30 MG	ORAL	CHEW	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
31722032401	LISDEXA	LISDEXA	282004	Amphetan	28200400	Amphetan	S	40 MG	ORAL	CHEW	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
31722032501	LISDEXA	LISDEXA	282004	Amphetan	28200400	Amphetan	S	50 MG	ORAL	CHEW	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
31722032601	LISDEXA	LISDEXA	282004	Amphetan	28200400	Amphetan	S	60 MG	ORAL	CHEW	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
31722032701	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	1 MG	ORAL	TABS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722032710	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	1 MG	ORAL	TABS	EA	1000 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722032801	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2 MG	ORAL	TABS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722032810	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2 MG	ORAL	TABS	EA	1000 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722032901	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2.5 MG	ORAL	TABS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722032910	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2.5 MG	ORAL	TABS	EA	1000 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722033001	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	3 MG	ORAL	TABS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722033010	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	3 MG	ORAL	TABS	EA	1000 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722033101	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	4 MG	ORAL	TABS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722033110	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	4 MG	ORAL	TABS	EA	1000 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722033201	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722033210	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	1000 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722033301	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	6 MG	ORAL	TABS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722033401	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	7.5 MG	ORAL	TABS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722033501	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722034701	NADOLOL	NADOLOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722034801	NADOLOL	NADOLOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	40 MG	ORAL	TABS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722034901	NADOLOL	NADOLOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	TABS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722035001	LISDEXA	LISDEXA	282004	Amphetan	28200400	Amphetan	S	10 MG	ORAL	CAPS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
31722035101	LISDEXA	LISDEXA	282004	Amphetan	28200400	Amphetan	S	20 MG	ORAL	CAPS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
31722035201	LISDEXA	LISDEXA	282004	Amphetan	28200400	Amphetan	S	30 MG	ORAL	CAPS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
31722035301	LISDEXA	LISDEXA	282004	Amphetan	28200400	Amphetan	S	40 MG	ORAL	CAPS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
31722035401	LISDEXA	LISDEXA	282004	Amphetan	28200400	Amphetan	S	50 MG	ORAL	CAPS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
31722035501	LISDEXA	LISDEXA	282004	Amphetan	28200400	Amphetan	S	60 MG	ORAL	CAPS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
31722035601	LISDEXA	LISDEXA	282004	Amphetan	28200400	Amphetan	S	70 MG	ORAL	CAPS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
31722041701	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722041710	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	1000 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722041801	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722041810	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	1000 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722041901	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722041910	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722042001	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722042010	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	1000 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722042101	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	30 MG	ORAL	TABS	EA	100 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
31722042110	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	30 MG	ORAL	TABS	EA	1000 X	GENERIC		31722			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI

32884017508	AMEDA E	MISC. DE'	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		32884			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
32884017688	SIMPLYG	MISC. DE'	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		32884			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
32884017690	SIMPLYG	MISC. DE'	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		32884			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
32909010510	VARIBAR	BARIUM S	366800	Roentgen	36680000	Roentgen	R	40%	ORAL	SUSR	GM	148		SSB		32909			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
32909011600	VARIBAR	BARIUM S	366800	Roentgen	36680000	Roentgen	R	40%	ORAL	SUSP	ML	240		SSB		32909			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
32909016755	LIQUID P	BARIUM S	366800	Roentgen	36680000	Roentgen	R	105%	COMBINA	SUSP	ML	750		SSB		32909			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
32909018702	LIQUID E-	BARIUM S	366800	Roentgen	36680000	Roentgen	R	60%	ORAL	SUSP	ML	355		SSB		32909			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
32909071103	READI-CA	BARIUM S	366800	Roentgen	36680000	Roentgen	R	2%	ORAL	SUSP	ML	450		SSB	5/3/2022	32909			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
32909072203	READI-CA	BARIUM S	366800	Roentgen	36680000	Roentgen	R	2%	ORAL	SUSP	ML	450		SSB	5/3/2022	32909			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
32909072403	READI-CA	BARIUM S	366800	Roentgen	36680000	Roentgen	R	2%	ORAL	SUSP	ML	450		SSB	5/31/2022	32909			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
32909074103	READI-CA	BARIUM S	366800	Roentgen	36680000	Roentgen	R	2%	ORAL	SUSP	ML	450		SSB		32909			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
32909074203	READI-CA	BARIUM S	366800	Roentgen	36680000	Roentgen	R	2%	ORAL	SUSP	ML	450		SSB		32909			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
32909074403	READI-CA	BARIUM S	366800	Roentgen	36680000	Roentgen	R	2%	ORAL	SUSP	ML	450		SSB		32909			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
32909074603	READI-CA	BARIUM S	366800	Roentgen	36680000	Roentgen	R	2%	ORAL	SUSP	ML	450		SSB		32909			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
32909074703	READI-CA	BARIUM S	366800	Roentgen	36680000	Roentgen	R	2%	ORAL	SUSP	ML	450		SSB		32909			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
32909075003	E-Z-PAQU	BARIUM S	366800	Roentgen	36680000	Roentgen	R	96%	ORAL	SUSR	GM	176		SSB		32909			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
32909075603	READI-CA	BARIUM S	366800	Roentgen	36680000	Roentgen	R	2%	ORAL	SUSP	ML	450		SSB	5/3/2022	32909			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
32909076401	E-Z-HD	BARIUM S	366800	Roentgen	36680000	Roentgen	R	98%	ORAL	SUSR	EA	1		SSB		32909			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
32909077001	E-Z-PAST	BARIUM S	366800	Roentgen	36680000	Roentgen	R	60%	ORAL	CREA	GM	454		SSB		32909			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
32909077703	READI-CA	BARIUM S	366800	Roentgen	36680000	Roentgen	R	2%	ORAL	SUSP	ML	450		SSB	3/31/2022	32909			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
32909081455	TAGITOL	BARIUM S	366800	Roentgen	36680000	Roentgen	R	40%	ORAL	SUSP	ML	20		SSB		32909			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
32909092703	NEULUMI	BARIUM S	366800	Roentgen	36680000	Roentgen	R	0.10%	ORAL	SUSP	ML	450		SSB		32909			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
32940000745	XPERT XI	COVID-19	360000	Diagnostic	36000000	Diagnostic	R	0	IN VITRO	KIT	EA	1		NON DRUG		32940			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
32953009907	ATHLETE	CLOTRIM	840408	Antifungal	84040808	Azoles	P	1%	EXTERNA	CREA	GM	35.4		GENERIC	4/25/2023	32953			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
32953021020	DIAPER F	ZINC OXI	841200	Astringent	84120000	Astringent	P	40%	EXTERNA	OINT	GM	56		GENERIC	4/25/2023	32953			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
32953022005	TRIPLE A	NEOMYCI	840404	Antibacter	84040400	Antibacter	P	3.5-400-5(	EXTERNA	OINT	GM	14		GENERIC	4/25/2023	32953	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
32953052330	EAR WAX	CARBAMI	520424	UNKNOW	52042400	UNKNOW	P	6.50%	OTIC	SOLN	ML	15		GENERIC	4/25/2023	32953			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
32953068965	SALINE N	SALINE	529200	EENT Dru	52920000	EENT Dru	P	0.65%	NASAL	SOLN	ML	44		GENERIC	4/25/2023	32953			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33031000003	PHASEAL	PARENTE	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	50		NON DRUG		33031			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33031000006	PHASEAL	PARENTE	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	25		NON DRUG		33031			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33031000009	PHASEAL	PARENTE	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	50		NON DRUG		33031			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33031000019	PHASEAL	PARENTE	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	50		NON DRUG		33031			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33031000032	PHASEAL	PARENTE	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	50		NON DRUG		33031			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33031000040	PHASEAL	PARENTE	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	40		NON DRUG		33031			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33031000043	PHASEAL	PARENTE	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	50		NON DRUG		33031			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33031000057	PHASEAL	PARENTE	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	30		NON DRUG		33031			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33031000064	PHASEAL	PARENTE	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		33031			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33031000065	PHASEAL	PARENTE	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	120		NON DRUG		33031			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33031000078	PHASEAL	PARENTE	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	25		NON DRUG		33031			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33031000082	PHASEAL	PARENTE	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	50		NON DRUG		33031			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33031000095	PHASEAL	PARENTE	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	50		NON DRUG		33031			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33031000097	PHASEAL	PARENTE	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	25		NON DRUG		33031			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33031000100	PHASEAL	PARENTE	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	20		NON DRUG		33031			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33216030224	MELLOW-	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-0-0-0	ORAL	STRP	EA	24		SSB	1/31/2024	33216			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33261001028	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10MG	ORAL	TABS	EA	28	X	GENERIC		33261		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

33261019610	OXYCODO/APAP	280808	Opiate Ag	28080800	Opiate Ag-S	5-325 MG	ORAL	TABS	EA	10	GENERIC	12/27/2022	33261		X	N	EXCLUDE/REPACK:		REPACKED PRODUCT	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
33261019615	OXYCODO/APAP	280808	Opiate Ag	28080800	Opiate Ag-S	5-325 MG	ORAL	TABS	EA	15	GENERIC	12/27/2022	33261		X	N	EXCLUDE/REPACK:		REPACKED PRODUCT	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
33261019620	OXYCODO/APAP	280808	Opiate Ag	28080800	Opiate Ag-S	5-325 MG	ORAL	TABS	EA	20	GENERIC	12/27/2022	33261		X	N	EXCLUDE/REPACK:		REPACKED PRODUCT	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
33261019630	OXYCODO/APAP	280808	Opiate Ag	28080800	Opiate Ag-S	5-325 MG	ORAL	TABS	EA	30	GENERIC	12/27/2022	33261		X	N	EXCLUDE/REPACK:		REPACKED PRODUCT	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM

33261040607	ISOMETH	ACETAMI	283292	Antimigrai	28329200	Antimigrai S	325MG-10	ORAL	CAPS	EA	7	GENERIC	33261	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

33261052830 PLAVIX CLOPIDO 201218 Platelet-Aj 20121800 Platelet-Aj/S 75MG ORAL TABS EA 30 X MSB 33261 X N EXCLUDEREPACK: [REPACKED PRODUFORMULARY EXCLUSION R MEDPRM

33261088000	TRAMADOTRAMADOL	280808	Opiate Ag	28080800	Opiate Ag	R	150MG	ORAL	CP24	EA	100	MSB	33261		X	N	EXCLUDE REPACK:	REPACKED PRODU	FORMULARY EXCLUSION							R	MEDPRIME
33261088100	HYDROCOACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	325MG-2	ORAL	TABS	EA	100	GENERIC	33261		X	N	EXCLUDE REPACK:	REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIME

33261092300	BUTALBITASPIRIN/I	280804	Nonsteroi	28080404	Salicylates	S	325MG-50	ORAL	CAPS	EA	100	GENERIC	33261		X	N	EXCLUDE REPACK:	REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIME

33342013509	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TB24	EA	60	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342013609	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	300 MG	ORAL	TB24	EA	60	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342013709	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	400 MG	ORAL	TB24	EA	60	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342013807	EFAVIREN	EFAVIREN	81808	Antiretrovi	8180820	Nucleosid	S	600-200-3	ORAL	TABS	EA	30	X	GENERIC		33342		N	FORMULARY		4	SPGEN	SPECIALTY GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
33342014409	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	CAPS	EA	60	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342014509	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	40 MG	ORAL	CAPS	EA	60	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342014609	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	60 MG	ORAL	CAPS	EA	60	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342014709	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	80 MG	ORAL	CAPS	EA	60	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342015001	IBANDRO	IBANDRO	922400	UNKNOW	92240000	UNKNOW	S	150 MG	ORAL	TABS	EA	1	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342015053	IBANDRO	IBANDRO	922400	UNKNOW	92240000	UNKNOW	S	150 MG	ORAL	TABS	EA	3	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342015107	VARDENA	VARDENA	240812	Calcium-c	24081200	UNKNOW	S	2.5 MG	ORAL	TABS	EA	30		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	1 IN 5 DAYS	X	Must meet 5 DS Silde TRIAL OF GENERIC VIAGRA IN THE PAST 120 DAYS	R	MEDPRMI
33342015207	VARDENA	VARDENA	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	1 IN 5 DAYS	X	Must meet 5 DS Silde TRIAL OF GENERIC VIAGRA IN THE PAST 120 DAYS	R	MEDPRMI
33342015307	VARDENA	VARDENA	240812	Calcium-c	24081200	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	1 IN 5 DAYS	X	Must meet 5 DS Silde TRIAL OF GENERIC VIAGRA IN THE PAST 120 DAYS	R	MEDPRMI
33342015407	VARDENA	VARDENA	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	30		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	1 IN 5 DAYS	X	Must meet 5 DS Silde TRIAL OF GENERIC VIAGRA IN THE PAST 120 DAYS	R	MEDPRMI
33342015509	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	50 MG	ORAL	CAPS	EA	60	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342015611	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342015615	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	500	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342015711	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	100	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342015715	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	500	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342015809	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	400 MG	ORAL	CAPS	EA	60	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342015911	TAMSULC	TAMSULC	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	100	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342015915	TAMSULC	TAMSULC	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	500	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342015944	TAMSULC	TAMSULC	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	1000	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342016009	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	20 MG	ORAL	CPEP	EA	60	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342016207	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	30	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342016244	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	1000	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342017307	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	20-12.5 M	ORAL	TABS	EA	30	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342017310	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	20-12.5 M	ORAL	TABS	EA	90	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342017407	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	40-12.5 M	ORAL	TABS	EA	30	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342017410	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	40-12.5 M	ORAL	TABS	EA	90	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342017507	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	40-25 MG	ORAL	TABS	EA	30	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342017510	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	40-25 MG	ORAL	TABS	EA	90	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342017609	PIOGLITA	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	15-500 MC	ORAL	TABS	EA	60	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS					X	Must meet 5 DS Ama TRIAL OF METFORMIN, SULFONYLUREA OR METFORMIN/SULFONYLUREA CC	R	MEDPRMI
33342017657	PIOGLITA	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	15-500 MC	ORAL	TABS	EA	180	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS					X	Must meet 5 DS Ama TRIAL OF METFORMIN, SULFONYLUREA OR METFORMIN/SULFONYLUREA CC	R	MEDPRMI
33342017709	PIOGLITA	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	15-850 MC	ORAL	TABS	EA	60	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS					X	Must meet 5 DS Ama TRIAL OF METFORMIN, SULFONYLUREA OR METFORMIN/SULFONYLUREA CC	R	MEDPRMI
33342017757	PIOGLITA	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	15-850 MC	ORAL	TABS	EA	180	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS					X	Must meet 5 DS Ama TRIAL OF METFORMIN, SULFONYLUREA OR METFORMIN/SULFONYLUREA CC	R	MEDPRMI
33342017807	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342017907	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342017910	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342018007	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342018010	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342018710	NIACIN EI	NIACIN (A	240692	Antilipemi	24069200	Antilipemi	S	500 MG	ORAL	TBCR	EA	90	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342018910	NIACIN EI	NIACIN (A	240692	Antilipemi	24069200	Antilipemi	S	1000 MG	ORAL	TBCR	EA	90	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342019007	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-20 MG	ORAL	TABS	EA	30	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342019010	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-20 MG	ORAL	TABS	EA	90	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342019107	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-40 MG	ORAL	TABS	EA	30	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342019110	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-40 MG	ORAL	TABS	EA	90	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342019207	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-20 MG	ORAL	TABS	EA	30	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342019210	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-20 MG	ORAL	TABS	EA	90	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342019307	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-40 MG	ORAL	TABS	EA	30	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342019310	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-40 MG	ORAL	TABS	EA	90	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342019407	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	30	X	GENERIC	1/9/2023	33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342019410	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	90	X	GENERIC	1/9/2023	33342	Y	N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342019507	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	30	X	GENERIC	1/9/2023	33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342019510	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	90	X	GENERIC	1/9/2023	33342	Y	N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342019607	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	30	X	GENERIC	1/9/2023	33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342019610	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	90	X	GENERIC	1/9/2023	33342	Y	N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342020010	LEVOCET	LEVOCET	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	90		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342020337	VARDENA	VARDENA	240812	Calcium-c	24081200	UNKNOW	S	10 MG	ORAL	TBDP	EA	4		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	1 IN 5 DAYS	X	Must meet 5 DS Silde TRIAL OF GENERIC VIAGRA IN THE PAST 120 DAYS	R	MEDPRMI
33342020807	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	0.375 MG	ORAL	TB24	EA	30	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet 5 DS Mira TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS	R	MEDPRMI
33342020907	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	0.75 MG	ORAL	TB24	EA	30	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet 5 DS Mira TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS	R	MEDPRMI
33342021007	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	1.5 MG	ORAL	TB24	EA	30	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet 5 DS Mira TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS	R	MEDPRMI
33342021107	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	2.25 MG	ORAL	TB24	EA	30	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet 5 DS Mira TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS	R	MEDPRMI
33342021207	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	3 MG	ORAL	TB24	EA	30	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet 5 DS Mira TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS	R	MEDPRMI
33342021307	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	3.75 MG	ORAL	TB24	EA	30	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet 5 DS Mira TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS	R	MEDPRMI
33342021407	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	4.5 MG	ORAL	TB24	EA	30	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet 5 DS Mira TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS	R	MEDPRMI
33342021558	SEVELAM	SEVELAM	401819	Phosphate	40181900	Phosphate	S	800 MG	ORAL	TABS	EA	270	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342023807	NEVIRAP	NEVIRAP	81808	Antiretrovi	8180816	Nonnucle	S	400MG	ORAL	TB24	EA	30	X	GENERIC		33342		N	FORMULARY		4	SPGEN	SPECIALTY GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
33342023911	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	100	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342024011	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	100	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342024165	SEVELAM	SEVELAM	401819	Phosphate	40181900	Phosphate	S	400 MG	ORAL	TABS	EA	360	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342024257	SEVELAM	SEVELAM	401819	Phosphate	40181900	Phosphate	S	800 MG	ORAL	TABS	EA	180	X	GENERIC		33342	Y	N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342024811	REPAGLI	REPAGLI	682016	Meglitinide	68201600	Meglitinide	S	0.5 MG	ORAL	TABS	EA	100	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342024911	REPAGLI	REPAGLI	682016	Meglitinide	68201600	Meglitinide	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342025011	REPAGLI	REPAGLI	682016	Meglitinide	68201600	Meglitinide	S	2 MG	ORAL	TABS	EA	100	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342025666	OSELTAM	OSELTAM	81828	Neuramini	8182800	Neuramini	S	30 MG	ORAL	CAPS	EA	10		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	40 IN 180 DAYS			R	MEDPRMI
33342025766	OSELTAM	OSELTAM	81828	Neuramini	8182800	Neuramini	S	45 MG	ORAL	CAPS	EA	10		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	20 IN 180 DAYS			R	MEDPRMI
33342025866	OSELTAM	OSELTAM	81828	Neuramini	8182800	Neuramini	S	75 MG	ORAL	CAPS	EA	10		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	20 IN 180 DAYS			R	MEDPRMI
33342026011	ENTACAP	ENTACAP	283612	UNKNOW	28361200	UNKNOW	S	200 MG	ORAL	TABS	EA	100	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342026507	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS	X	PA:X					R	MEDPRMI
33342026607	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS	X	PA:X					R	MEDPRMI
33342026707	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	1 IN 5 DAYS			R	MEDPRMI
33342026807	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	30		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	1 IN 5 DAYS			R	MEDPRMI
33342027407	FEBUXOS	FEBUXOS	921600	UNKNOW	92160000	UNKNOW	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet 5 DS Allop TRIAL OF ALLOPURINOL IN THE PAST 120 DAYS	R	MEDPRMI
33342027507	FEBUXOS	FEBUXOS	921600	UNKNOW	92160000	UNKNOW	S	80 MG	ORAL	TABS	EA	30	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet 5 DS Allop TRIAL OF ALLOPURINOL IN THE PAST 120 DAYS	R	MEDPRMI
33342027607	DARIFEN	DARIFEN	861204	UNKNOW	86120400	UNKNOW	S	7.5 MG	ORAL	TB24	EA	30	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342027610	DARIFEN	DARIFEN	861204	UNKNOW	86120400	UNKNOW	S	7.5 MG	ORAL	TB24	EA	90	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342027707	DARIFEN	DARIFEN	861204	UNKNOW	86120400	UNKNOW	S	15 MG	ORAL	TB24	EA	30	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342027710	DARIFEN	DARIFEN	861204	UNKNOW	86120400	UNKNOW	S	15 MG	ORAL	TB24	EA	90	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342027809	TADALAF	TADALAF	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		33342	Y	N	FORMULARY		4	SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
33342029709	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
33342029715	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	5 MG	ORAL	TABS	EA	500	X	GENERIC		33342	Y	N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
33342029809	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
33342029815	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	10 MG	ORAL	TABS	EA	500	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
33342029907	ESZOPICL	ESZOPICL	282444	UNKNOW	28244400	UNKNOW	S	1 MG	ORAL	TABS	EA	30		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
33342030011	ESZOPICL	ESZOPICL	282444	UNKNOW	28244400	UNKNOW	S	2 MG	ORAL	TABS	EA	100		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
33342030111	ESZOPICL	ESZOPICL	282444	UNKNOW	28244400	UNKNOW	S	3 MG	ORAL	TABS	EA	100		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
33342030807	RASAGILI	RASAGILI	283632	UNKNOW	28363200	UNKNOW	S	0.5 MG	ORAL	TABS	EA	30	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
33342030907	RASAGILI	RASAGILI	283632	UNKNOW	28363200	UNKNOW	S	1 MG	ORAL	TABS	EA	30	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
33342031411	PROPYLT	PROPYLT	683608	Antithyroi	68360800	Antithyroi	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342032084	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	SOLN	ML	20		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342032085	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	SOLN	ML	60		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342032186	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	SOLN	ML	50		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342032715	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	CREA	GM	15		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342032780	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	CREA	GM	80		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342032815	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.50%	EXTERNA	CREA	GM	15		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	454 IN 30 DAYS			R	MEDPRMI
33342032915	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	15		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342032954	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	454		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342032980	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	80		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342033115	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	OINT	GM	15		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342033154	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	OINT	GM	454		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342033180	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	OINT	GM	80		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342033215	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.50%	EXTERNA	OINT	GM	15		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342033315	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	15		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342033354	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	454		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342033380	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	80		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342033413	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	430		GENERIC		33342		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
33342033511	METHIMA	METHIMA	683608	Antithyroi	68360800	Antithyroi	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342033611	METHIMA	METHIMA	683608	Antithyroi	68360800	Antithyroi	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342038407	SILODOS	SILODOS	121604	UNKNOW	12160412	UNKNOW	S	4 MG	ORAL	CAPS	EA	30	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342038507	SILODOS	SILODOS	121604	UNKNOW	12160412	UNKNOW	S	8 MG	ORAL	CAPS	EA	30	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342038510	SILODOS	SILODOS	121604	UNKNOW	12160412	UNKNOW	S	8 MG	ORAL	CAPS	EA	90	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342039310	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	25 MCG	ORAL	TABS	EA	90	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
33342039311	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	25 MCG	ORAL	TABS	EA	100	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
33342039344	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	25 MCG	ORAL	TABS	EA	1000	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
33342039410	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	50 MCG	ORAL	TABS	EA	90	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
33342039411	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	50 MCG	ORAL	TABS	EA	100	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
33342039444	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	50 MCG	ORAL	TABS	EA	1000	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
33342039510	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	75 MCG	ORAL	TABS	EA	90	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
33342039511	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	75 MCG	ORAL	TABS	EA	100	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
33342039544	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	75 MCG	ORAL	TABS	EA	1000	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
33342039610	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	88 MCG	ORAL	TABS	EA	90	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
33342039611	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	88 MCG	ORAL	TABS	EA	100	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
33342039644	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	88 MCG	ORAL	TABS	EA	1000	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
33342039710	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	100 MCG	ORAL	TABS	EA	90	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
33342039711	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	100 MCG	ORAL	TABS	EA	100	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
33342039744	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	100 MCG	ORAL	TABS	EA	1000	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
33342039810	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	112 MCG	ORAL	TABS	EA	90	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
33342039811	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	112 MCG	ORAL	TABS	EA	100	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
33342039844	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	112 MCG	ORAL	TABS	EA	1000	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
33342039910	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	125 MCG	ORAL	TABS	EA	90	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
33342039911	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	125 MCG	ORAL	TABS	EA	100	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
33342039944	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	125 MCG	ORAL	TABS	EA	1000	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
33342040010	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	137 MCG	ORAL	TABS	EA	90	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
33342040011	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	137 MCG	ORAL	TABS	EA	100	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
33342040044	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	137 MCG	ORAL	TABS	EA	1000	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
33342040110	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	150 MCG	ORAL	TABS	EA	90	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
33342040111	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	150 MCG	ORAL	TABS	EA	100	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
33342040144	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	150 MCG	ORAL	TABS	EA	1000	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
33342040210	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	175 MCG	ORAL	TABS	EA	90	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
33342040211	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	175 MCG	ORAL	TABS	EA	100	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
33342040244	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	175 MCG	ORAL	TABS	EA	1000	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
33342040310	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	200 MCG	ORAL	TABS	EA	90	X	GENERIC		33342	Y	N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
33342040311	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	200 MCG	ORAL	TABS	EA	100	X	GENERIC		33342	Y	N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
33342040344	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	200 MCG	ORAL	TABS	EA	1000	X	GENERIC		33342	Y	N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
33342040410	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	300 MCG	ORAL	TABS	EA	90	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
33342040411	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	300 MCG	ORAL	TABS	EA	100	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
33342040444	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	300 MCG	ORAL	TABS	EA	1000	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
33342040530	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	OINT	GM	30		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	240 IN 30 DAYS			R	MEDPRMI
33342040535	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	OINT	GM	35.44		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	240 IN 30 DAYS			R	MEDPRMI
33342040550	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	OINT	GM	50		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	240 IN 30 DAYS			R	MEDPRMI
33342041907	LURASID	LURASID	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
33342042007	LURASID	LURASID	281608	Antipsych	28160804	Atypical A	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
33342042107	LURASID	LURASID	281608	Antipsych	28160804	Atypical A	S	60 MG	ORAL	TABS	EA	30	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
33342042207	LURASID	LURASID	281608	Antipsych	28160804	Atypical A	S	80 MG	ORAL	TABS	EA	30	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
33342042307	LURASID	LURASID	281608	Antipsych	28160804	Atypical A	S	120 MG	ORAL	TABS	EA	30	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
33342043915	ACYCLOV	ACYCLOV	840406	Antivirals	84040600	Antivirals	S	5%	EXTERNA	OINT	GM	15		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342043930	ACYCLOV	ACYCLOV	840406	Antivirals	84040600	Antivirals	S	5%	EXTERNA	OINT	GM	30		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342044711	PYRAZIN	PYRAZIN	81604	Antituberc	8160400	Antituberc	S	500 MG	ORAL	TABS	EA	100		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342044715	PYRAZIN	PYRAZIN	81604	Antituberc	8160400	Antituberc	S	500 MG	ORAL	TABS	EA	500		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342044811	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	2 MG	ORAL	TABS	EA	100	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342044911	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	4 MG	ORAL	TABS	EA	100	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342045011	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	8 MG	ORAL	TABS	EA	100	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342045111	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	16 MG	ORAL	TABS	EA	100	X	GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342046915	NYSTATIN	NYSTATIN	840408	Antifungal	84040828	Polyenes	S	100000 UI	EXTERNA	CREA	GM	15		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342046930	NYSTATIN	NYSTATIN	840408	Antifungal	84040828	Polyenes	S	100000 UI	EXTERNA	CREA	GM	30		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342048115	NYSTATIN	NYSTATIN	840408	Antifungal	84040828	Polyenes	S	100000 UI	EXTERNA	OINT	GM	15		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	<= 90			R	MEDPRMI
33342048130	NYSTATIN	NYSTATIN	840408	Antifungal	84040828	Polyenes	S	100000 UI	EXTERNA	OINT	GM	30		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	<= 90			R	MEDPRMI
33342048215	NYSTATIN	NYSTATIN	840608	UNKNOW	84060800	UNKNOW	S	100000-0.	EXTERNA	CREA	GM	15		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342048230	NYSTATIN	NYSTATIN	840608	UNKNOW	84060800	UNKNOW	S	100000-0.	EXTERNA	CREA	GM	30		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342048260	NYSTATIN	NYSTATIN	840608	UNKNOW	84060800	UNKNOW	S	100000-0.	EXTERNA	CREA	GM	60		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342048315	NYSTATIN	NYSTATIN	840608	UNKNOW	84060800	UNKNOW	S	100000-0.	EXTERNA	OINT	GM	15		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	<= 180			R	MEDPRMI
33342048330	NYSTATIN	NYSTATIN	840608	UNKNOW	84060800	UNKNOW	S	100000-0.	EXTERNA	OINT	GM	30		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	<= 180			R	MEDPRMI
33342048360	NYSTATIN	NYSTATIN	840608	UNKNOW	84060800	UNKNOW	S	100000-0.	EXTERNA	OINT	GM	60		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS			X	<= 180			R	MEDPRMI
33342050615	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	15		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342050630	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	30		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342050645	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	45		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342050660	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	60		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342053108	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	50		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342053208	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	50		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342053332	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	20		GENERIC		33342		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
33342053610	SILDENAF	SILDENAF	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		33342	Y	N	FORMULARY		1	GEN	GENERICS	X	PA:X					R	MEDPRMI
33350041292	MEPILEX	WOUND D	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	PADS	EA	5		NON DRUG		33350		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
33350051979	MEPILEX	WOUND D	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	PADS	EA	5		NON DRUG		33350		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
33350096700	MEPILEX	WOUND D	849200	Skin and I	84920000	Skin and I	O	0	EXTERNA	PADS	EA	5		NON DRUG		33350		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI

33435000050	ELECTRC	NERVE S	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	4	NON DRUG	33435	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33435000051	ELECTRC	NERVE S	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	4	NON DRUG	33435	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33435000060	IGLOVE	NERVE S	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	4	NON DRUG	33435	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33435000061	ISOCK	NERVE S	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	4	NON DRUG	33435	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33435000064	ELECTRC	NERVE S	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	33435	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33435000072	IGLOVE	NERVE S	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	4	NON DRUG	33435	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33435000073	ISOCK	NERVE S	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	4	NON DRUG	33435	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33435007003	ITOUCH S	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	33435	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33435012023	SPORTS	NERVE S	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1	NON DRUG	33435	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33435012041	KNEESTI	NERVE S	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	3	NON DRUG	33435	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33435013097	ELECTRC	NERVE S	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	33435	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33435013141	PERFECT	NERVE S	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1	NON DRUG	33435	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33435013223	PAIN AID	NERVE S	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1	NON DRUG	33435	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33435013314	ELECTRC	NERVE S	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	33435	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33435013318	ELECTRC	NERVE S	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	4	NON DRUG	33435	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33435013402	KEGEL T	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	33435	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33435013419	ELECTRC	NERVE S	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	33435	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33435013440	KEGEL FI	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	33435	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33435013441	NAILIT	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	33435	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33435013576	NOURI AL	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	33435	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33435013577	NOURI DI	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	33435	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33472000290	CLEARBL	PREGNAN	940000	Devices	94000000	Devices	O	0	IN VITRO	TEST	EA	2	SSB	33472	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33472000295	CLEARBL	PREGNAN	940000	Devices	94000000	Devices	O	0	IN VITRO	TEST	EA	3	SSB	33472	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33472000450	CLEARBL	OVULATI	940000	Devices	94000000	Devices	O	0	IN VITRO	TEST	EA	7	NON DRUG	33472	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33472002220	CLEARBL	FERTILIT	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1	SSB	33472	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33472002225	CLEARBL	FERTILIT	360000	Diagnostic	36000000	Diagnostic	O	0	IN VITRO	STCK	EA	30	SSB	33472	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33472015564	CLEARBL	OVULATI	940000	Devices	94000000	Devices	O	0	IN VITRO	TEST	EA	8	NON DRUG	33472	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33472019083	FACT PLU	PREGNAN	940000	Devices	94000000	Devices	O	0	IN VITRO	TEST	EA	2	SSB	33472	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33472022278	CLEARBL	PREGNAN	940000	Devices	94000000	Devices	O	0	IN VITRO	TEST	EA	3	SSB	33472	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33472024963	CLEARBL	PREGNAN	940000	Devices	94000000	Devices	O	0	IN VITRO	TEST	EA	1	SSB	33472	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33472027689	CLEARBL	OVULATI	940000	Devices	94000000	Devices	O	0	IN VITRO	TEST	EA	20	NON DRUG	33472	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33472032258	CLEARBL	PREGNAN	940000	Devices	94000000	Devices	O	0	IN VITRO	TEST	EA	2	SSB	33472	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33472060026	CLEARBL	PREGNAN	940000	Devices	94000000	Devices	O	0	IN VITRO	TEST	EA	2	SSB	33472	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33472060102	CLEARBL	OVULATI	929200	UNKNOW	92920000	UNKNOW	O	0	IN VITRO	KIT	EA	11	NON DRUG	33472	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33472080876	CLEARBL	PREGNAN	940000	Devices	94000000	Devices	O	0	IN VITRO	TEST	EA	5	SSB	33472	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33620020995	GLOVES	DIMETHIC	842412	Basic Oint	84241200	Basic Oint	O	0	EXTERNA	LOTN	ML	60	SSB	33620	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33620080995	GLOVES	DIMETHIC	842412	Basic Oint	84241200	Basic Oint	O	0	EXTERNA	LOTN	ML	240	SSB	33620	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33674002070	CHARCO	CHARCO	560400	Antacids a	56040000	Antacids a	O	280 MG	ORAL	CAPS	EA	100	GENERIC	33674	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33674006725	GINKGOL	GINKGO E	929200	UNKNOW	92920000	UNKNOW	P	60 MG	ORAL	TABS	EA	50	GENERIC	33674	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33674006800	PRIMADC	LACTOBA	560800	Antidiarrh	56080000	Antidiarrh	O	0-0-0	ORAL	CAPS	EA	90	SSB	33674	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33674006860	PRIMADC	PROBIOT	560800	Antidiarrh	56080000	Antidiarrh	O	0-0-0-0-0	ORAL	CPDR	EA	90	SSB	33674	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33674006970	SAMBUCI	BLACK EL	929200	UNKNOW	92920000	UNKNOW	O	50 MG/5M	ORAL	SYRP	ML	120	SSB	33674	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33674006974	SAMBUCI	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	50MG/5MI	ORAL	SYRP	ML	120	SSB	33674	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33674010009	COCONU	COCONU	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	120	GENERIC	33674	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33674010180	ASTRAGA	ASTRAGA	929200	UNKNOW	92920000	UNKNOW	O	470 MG	ORAL	CAPS	EA	100	GENERIC	33674	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33674010220	SAMBUCI	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	60MG-60M	MOUTH/T	LOZG	EA	24	SSB	33674	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33674010255	ALIVE CA	CALCIUM	401200	Replacem	40120000	Replacem	O	260-25 MC	ORAL	CHEW	EA	60	SSB	33674	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33674010293	FORTIFY	PROBIOT	560800	Antidiarrh	56080000	Antidiarrh	O	0-0-0-50M	ORAL	CPDR	EA	30	SSB	33674	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33674010294	FORTIFY	PROBIOT	560800	Antidiarrh	56080000	Antidiarrh	O	0-0-0-0-0	ORAL	CAPS	EA	30	SSB	33674	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33674010295	FORTIFY	PROBIOT	560800	Antidiarrh	56080000	Antidiarrh	O	0-50MG-0	ORAL	CPDR	EA	30	SSB	33674	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33674010336	FORTIFY	PROBIOT	560800	Antidiarrh	56080000	Antidiarrh	O	0-0-0-0-0	ORAL	CPDR	EA	30	SSB	33674	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33674010337	FORTIFY	PROBIOT	560800	Antidiarrh	56080000	Antidiarrh	O	0-0-0-0	ORAL	CPDR	EA	30	SSB	33674	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33674010400	BEET RO	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	500 MG	ORAL	CAPS	EA	100	GENERIC	33674	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33674010482	ALIVE PR	PRENATA	882800	Multivitam	88280000	Multivitam	O	0.12-25 M	ORAL	CHEW	EA	75	SSB	33674	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33674010486	SAMBUCI	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	45MG-45M	ORAL	CHEW	EA	60	SSB	33674	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33674010488	ALIVE DA	PRENATA	882800	Multivitam	88280000	Multivitam	O	0.18-25 M	ORAL	CHEW	EA	90	SSB	33674	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33674010501	ALIVE CA	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	0-0-0-0-0	ORAL	TABS	EA	180	SSB	33674	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33674010624	CRANRX	CRANBEF	929200	UNKNOW	92920000	UNKNOW	O	250-30-50	ORAL	CHEW	EA	50	SSB	33674	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33674010673	FORTIFY	PROBIOT	560800	Antidiarrh	56080000	Antidiarrh	O	0-0-50MG	ORAL	CPDR	EA	30	SSB	33674	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33674010895	ORGANIC	MEDIUM (	402000	Caloric Ag	40200000	Caloric Ag	O	7.7GM/15	ORAL	OIL	ML	480	SSB	33674	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33674011094	ALIVE HA	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	0-0-45MG	ORAL	CAPS	EA	60	SSB	33674	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33674011508	CAYENNE	CAPSICU	929200	UNKNOW	92920000	UNKNOW	O	450MG	ORAL	CAPS	EA	180	MSB	33674	N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
33674011534	ALIVE HA	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	67.5MG-6	ORAL	CHEW	EA	60	SSB	33674	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33674011536	ALIVE WC	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	15MG-15M	ORAL	CHEW	EA	130	SSB	33674	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33674011537	ALIVE WC	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	15MG-15M	ORAL	CHEW	EA	130	SSB	33674	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33674011581	FORTIFY	PROBIOT	560800	Antidiarrh	56080000	Antidiarrh	O	0-0-0-0-0	ORAL	CPDR	EA	30	SSB	33674	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33674011582	FORTIFY	PROBIOT	560800	Antidiarrh	56080000	Antidiarrh	O	0-0-0-50M	ORAL	CPDR	EA	30	SSB	33674	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33674011750	VITEX FR	CHASTE	929200	UNKNOW	92920000	UNKNOW	O	400 MG	ORAL	CAPS	EA	100	SSB	33674	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33674011772	ORGANIC	MEDIUM (	402000	Caloric Ag	40200000	Caloric Ag	O	7.7GM/15	ORAL	OIL	ML	887	SSB	33674	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33674012111	ALIVE GA	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	0-0-33.75	ORAL	TABS	EA	60	SSB	33674	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33674012112	ALIVE GA	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	0-0-45MG	ORAL	TABS	EA	60	SSB	33674	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
33674012150	CRANBEF	CRANBEF	929200	UNKNOW	92920000	UNKNOW	O	465 MG	ORAL	CAPS	EA	100	MSB	33674	N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM

33674012285	SAMBUCI	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	30MG-30M	ORAL	CHEW	EA	60		SSB		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674012300	DANDELI	DANDELI	929200	UNKNOW	92920000	UNKNOW	O	525 MG	ORAL	CAPS	EA	100		GENERIC		33674		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674012345	SAMBUCI	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	45MG-45M	ORAL	CHEW	EA	40		SSB		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674012346	SAMBUCI	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	30MG-30M	ORAL	CHEW	EA	40		SSB		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674012371	ALIVE DIA	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	0-0-125MG	ORAL	TABS	EA	60		SSB		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674012400	ECHINAC	ECHINAC	929200	UNKNOW	92920000	UNKNOW	P	400 MG	ORAL	CAPS	EA	100		GENERIC		33674		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674012440	BLACK EL	BLACK EL	929200	UNKNOW	92920000	UNKNOW	O	575 MG	ORAL	CAPS	EA	100		MSB		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIMI
33674012709	SAMBUCI	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	250MG-25	MOUTH/T	LOZG	EA	24		SSB		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674012800	FENUGRE	FENUGRE	929200	UNKNOW	92920000	UNKNOW	P	610 MG	ORAL	CAPS	EA	100		GENERIC		33674		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674013100	GINGER F	GINGER (	929200	UNKNOW	92920000	UNKNOW	P	550 MG	ORAL	CAPS	EA	100		GENERIC		33674		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674013108	GINGER F	GINGER (	929200	UNKNOW	92920000	UNKNOW	P	550 MG	ORAL	CAPS	EA	180		GENERIC		33674		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674013294	ALIVE EV	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	90MG-90M	ORAL	CAPS	EA	30		SSB		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674013607	VITAMIN (	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	125 MG	ORAL	CHEW	EA	120		GENERIC		33674		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674013608	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	25 MCG ('	ORAL	CHEW	EA	120		GENERIC		33674		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674013610	SAMBUCI	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	45MG-45M	ORAL	CHEW	EA	36		SSB		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674013660	ALIVE ME	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	135MG-13	ORAL	TABS	EA	50		SSB		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674013661	ALIVE ME	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	180MG-18	ORAL	TABS	EA	50		SSB		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674013662	ALIVE WC	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	135MG-13	ORAL	TABS	EA	50		SSB		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674013663	ALIVE WC	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	90MG-90M	ORAL	TABS	EA	50		SSB		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674013671	SAMBUCI	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	30MG/5ML	ORAL	SYRP	ML	120		SSB		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674013673	SAMBUCI	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	33.7MG/7.	ORAL	SYRP	ML	120		SSB		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674013676	SAMBUCI	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	30MG-30M	ORAL	CHEW	EA	36		SSB		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674013701	ZINC GUM	ZINC CITF	401200	Replacem	40120000	Replacem	O	11 MG	ORAL	CHEW	EA	120		SSB		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674013750	MELATON	MELATON	929200	UNKNOW	92920000	UNKNOW	P	2.5 MG	ORAL	CHEW	EA	120		GENERIC		33674		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674013900	GOLDENS	GOLDENS	929200	UNKNOW	92920000	UNKNOW	O	333 MG	ORAL	CAPS	EA	50		GENERIC		33674		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674014001	SAMBUCI	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	100MG-10	MOUTH/T	LOZG	EA	30		SSB		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674014242	PRIMADC	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	P	0-0-0-0	ORAL	CHEW	EA	30		GENERIC		33674		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674014243	PRIMADC	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	P	0-0-0-0	ORAL	CHEW	EA	30		GENERIC		33674		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674014280	ALOE VEI	ALOE VEI	929200	UNKNOW	92920000	UNKNOW	P	99.50%	ORAL	LIQD	ML	1000		GENERIC		33674		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674014537	PEPOGES	PEPPERM	929200	UNKNOW	92920000	UNKNOW	O	0.2 ML	ORAL	CPDR	EA	60		SSB		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674014600	LICORICE	LICORICE	929200	UNKNOW	92920000	UNKNOW	O	450 MG	ORAL	CAPS	EA	100		MSB		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIMI
33674014810	DIM-PLUS	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-0-50MG	ORAL	CAPS	EA	60		SSB		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674015181	OREGANO	OREGANO	929200	UNKNOW	92920000	UNKNOW	O	50-25 MG	ORAL	CAPS	EA	60		SSB		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674015310	MACA RO	MACA RO	929200	UNKNOW	92920000	UNKNOW	O	525 MG	ORAL	CAPS	EA	100		GENERIC		33674		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674015332	SAMBUCI	BLACK EL	929200	UNKNOW	92920000	UNKNOW	O	50 MG/5M	ORAL	SYRP	ML	240		SSB		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674015337	ASTRAGA	ASTRAGA	929200	UNKNOW	92920000	UNKNOW	O	470 MG	ORAL	CAPS	EA	180		GENERIC		33674		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674015352	GRAPE S	GRAPE S	929200	UNKNOW	92920000	UNKNOW	O	100 MG	ORAL	CAPS	EA	60		GENERIC		33674		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674015387	ASHWAG	ASHWAG	929200	UNKNOW	92920000	UNKNOW	O	500 MG	ORAL	CAPS	EA	60		MSB		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIMI
33674015395	ALIVE MU	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	0-25MG/3	ORAL	LIQD	ML	900		SSB		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674015542	ALIVE ME	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	150MG-15	ORAL	TABS	EA	90		SSB		33674	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674015652	FORTIFY	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0-0-0-0	ORAL	CPDR	EA	30		SSB		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674015659	COCONU	COCONU	929200	UNKNOW	92920000	UNKNOW	O	14-8.69 GI	ORAL	OIL	GM	907		NON DRUG		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674015679	ALIVE UL	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	0-0-0-0-27	ORAL	TABS	EA	60		SSB		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674015685	ALIVE ME	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	203MG-20	ORAL	TABS	EA	60		SSB		33674	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674015686	ALIVE ON	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	120MG-12	ORAL	TABS	EA	60		SSB		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674015691	ALIVE ME	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	203MG-20	ORAL	TABS	EA	60		SSB		33674	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674015692	ALIVE UL	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	0-0-0-0-18	ORAL	TABS	EA	60		SSB		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674015784	FORTIFY	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0-0-0-0	ORAL	CPDR	EA	30		SSB		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674015786	ALIVE MU	PEDIATRI	882800	Multivitam	88280000	Multivitam	O	0-0-0-0-60	ORAL	CHEW	EA	120		SSB		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674015787	ALIVE MU	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	45MG-45M	ORAL	CHEW	EA	50		SSB		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674015788	ALIVE GU	PEDIATRI	882800	Multivitam	88280000	Multivitam	O	0-0-0-20M	ORAL	CHEW	EA	60		SSB		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674015797	SAMBUCI	BLACK EL	929200	UNKNOW	92920000	UNKNOW	O	25 MG/5M	ORAL	SYRP	ML	120		SSB		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674015817	ALIVE AD	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	37.5MG-3	ORAL	CHEW	EA	90		SSB		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674015819	CALMAID	LAVENDE	929200	UNKNOW	92920000	UNKNOW	P	80 MG	ORAL	CAPS	EA	30		GENERIC		33674		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674015838	ALIVE CA	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	0-0-0-0-0	ORAL	TABS	EA	60		SSB		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674015839	ALIVE CA	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	0-0-0-0-0	ORAL	TABS	EA	120		SSB		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674015859	FORTIFY	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0-0-0-0	ORAL	CPDR	EA	30		SSB		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674015900	ALIVE ME	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	56.25MG-	ORAL	CHEW	EA	60		SSB		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674015902	ALIVE ME	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	45MG-45M	ORAL	CHEW	EA	60		SSB		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674015903	ALIVE WC	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	0-0-0-0-15	ORAL	CHEW	EA	60		SSB		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674015904	ALIVE WC	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	15MG-15M	ORAL	CHEW	EA	60		SSB		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674016750	SAW PAL	SAW PAL	929200	UNKNOW	92920000	UNKNOW	O	585 MG	ORAL	CAPS	EA	100		GENERIC		33674		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674016800	SCHISAN	SCHISAN	929200	UNKNOW	92920000	UNKNOW	O	580MG	ORAL	CAPS	EA	100		MSB		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIMI
33674017700	VALERIAN	VALERIAN	929200	UNKNOW	92920000	UNKNOW	P	530 MG	ORAL	CAPS	EA	100		GENERIC		33674		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674041051	MAGNESI	MAGNESI	401200	Replacem	40120000	Replacem	O	250 MG	ORAL	CAPS	EA	100		SSB		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674045161	PHOSPHA	PHOSPHA	562400	Lipotropic	56240000	Lipotropic	P	100 MG	ORAL	CAPS	EA	60		GENERIC		33674		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674045181	ALPHA LI	ALPHA-LI	929200	UNKNOW	92920000	UNKNOW	P	200 MG	ORAL	CAPS	EA	60		GENERIC		33674		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674060192	ALIVE DA	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	0-0-135MG	ORAL	TABS	EA	60		SSB		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674060193	ALIVE EN	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	60MG-60M	ORAL	TABS	EA	60		SSB		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674061700	ASIAN GI	GINSENG	929200	UNKNOW	92920000	UNKNOW	O	550 MG	ORAL	CAPS	EA	60		SSB		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674062400	MILK THIS	MILK THIS	929200	UNKNOW	92920000	UNKNOW	P	175 MG	ORAL	CAPS	EA	60		GENERIC		33674		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33674063100	TURMERI	TURMERI	929200	UNKNOW	92920000	UNKNOW	O	500 MG	ORAL	TABS	EA	60		MSB		33674		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIMI
33674064400	BOSWELL	BOSWELL	929200	UNKNOW	92920000	UNKNOW	O	307 MG	ORAL	TABS	EA	60		GENERIC		33674		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33739000035	L-ARGINI	ARGININE	402000	Caloric Ag	40200000	Caloric Ag	P	1000MG	ORAL	TABS	EA	120		GENERIC		33739		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33739000221	L-GLUTAI	GLUTAMI	402000	Caloric Ag	40200000	Caloric Ag	P	0-0	ORAL	POWD	GM	454		GENERIC		33739		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33739000373	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	125 MCG	ORAL	CAPS	EA	240		GENERIC		33739		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33739000377	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	50 MCG (2	ORAL	CAPS	EA	240		GENERIC		33739		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33739000528	INOSITOL	INOSITOL	562400	Lipotropic	56240000	Lipotropic	O	730MG/0.2	ORAL	POWD	GM	227		MSB		33739		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIMI
33739001290	MAGNESI	MAGNESI	401200	Replacem	40120000	Replacem	O	200MG	ORAL	TABS	EA	100		MSB		33739		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIMI
33739001448	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	O	99 MG	ORAL	CAPS	EA	180		MSB		33739		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIMI
33739002809	D-MANNC	D-MANNC	929200	UNKNOW	92920000	UNKNOW	O	0	ORAL	POWD	GM	170		MSB		33739		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIMI
33739002811	D-MANNC	D-MANNC	929200	UNKNOW	92920000	UNKNOW	P	500 MG	ORAL	CAPS	EA	120		MSB		33739		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIMI
33739002962	SUPER EI	DIGESTIV	561600	Digestants	56160000	Digestants	O	20000UNI	ORAL	TABS	EA	180		SSB		33739		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33739003029	ALOE 100	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0-0-0-0	ORAL	CAPS	EA	60		SSB		33739		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33739003079	BETA-SIT	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	200MG-0-	ORAL	CAPS	EA	180		SSB		33739		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33739003258	NOW MEI	MELATON	929200	UNKNOW	92920000	UNKNOW	O	3-3 MG	ORAL	LOZG	EA	90		SSB		33739		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33739003261	MELATON	MELATON	929200	UNKNOW	92920000	UNKNOW	O	3 MG/0.9M	ORAL	LIQD	ML	59		MSB		33739		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIMI
33739003262	NOW MEI	MELATON	929200	UNKNOW	92920000	UNKNOW	O	40MG-1M	ORAL	TBCR	EA	100		SSB		33739		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33739004744	SAW PAL	SAW PAL	929200	UNKNOW	92920000	UNKNOW	P	160 MG	ORAL	CAPS	EA	240		GENERIC		33739		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
33739007675	CASTOR	SKIN OILS	842408	Basic Oils	84240800	Basic Oils	O	100%	EXTERNA	OIL	ML	473		MSB		33739		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIMI
33801000301	ORAFATE	SUCRALF	849200	Skin and M	84920000	Skin and M	R	0-0-0-0-0	MOUTH/T	PSTE	ML	3		SSB		33801		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRIMI
33801003001	ORAFATE	SUCRALF	849200	Skin and M	84920000	Skin and M	R	0-0-0-0-0	MOUTH/T	PSTE	ML	30		SSB		33801		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRIMI
33801007501	PROTHEL	SUCRALF	849200	Skin and M	84920000	Skin and M	R	0-0-0-0-0	MOUTH/T	PSTE	ML	75		SSB		33801		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRIMI
33801009001	ORAFATE	SUCRALF	849200	Skin and M	84920000	Skin and M	R	0-0-0-0-0	MOUTH/T	PSTE	ML	90		SSB		33801		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRIMI
33801012001	PROTHEL	SUCRALF	849200	Skin and M	84920000	Skin and M	R	0-0-0-0-0	MOUTH/T	PSTE	ML	120		SSB		33801		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRIMI
33801012501	PROTHEL	SUCRALF	849200	Skin and M	84920000	Skin and M	R	0-0-0-0-0	MOUTH/T	PSTE	ML	125		SSB		33801		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRIMI
33801012504	PROTHEL	SUCRALF	849200	Skin and M	84920000	Skin and M	R	0-0-0-0-0	MOUTH/T	PSTE	ML	125		SSB		33801		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRIMI
33801025001	PROTHEL	SUCRALF	849200	Skin and M	84920000	Skin and M	R	0-0-0-0-0	MOUTH/T	PSTE	ML	250		SSB		33801		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRIMI
33801025002	PROTHEL	SUCRALF	849200	Skin and M	84920000	Skin and M	R	0-0-0-0-0	MOUTH/T	PSTE	ML	250		SSB		33801		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRIMI
34061000001	NOSEBLE	HYDROPH	202816	Hemostati	20281600	Hemostati	O	0	NASAL	POWD	EA	2		SSB		34061		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
34061000041	WOUNDS	HYDROPH	202816	Hemostati	20281600	Hemostati	O	0	EXTERNA	POWD	EA	4		SSB		34061		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
34362030201	OPTIONS	NONOXYI	320000	Contracep	32000000	Contracep	O	3%	VAGINAL	GEL	GM	81		SSB		34362		N	#N/A	ORIG_FR	10 EHB	#N/A		X	THEN $0 COPAY AND TIER=1	R	MEDPRIMI
34672010153	LOBOB H	HARD LEI	521200	Contact Le	52120000	Contact Le	O	0	DOES NO	SOLN	ML	60		SSB		34672		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
34672010155	LOBOB H	HARD LEI	521200	Contact Le	52120000	Contact Le	O	0	DOES NO	SOLN	ML	120		SSB		34672		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
34672010166	LOBOB H	HARD LEI	521200	Contact Le	52120000	Contact Le	O	0.01-0.25	DOES NO	SOLN	ML	120		SSB		34672		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
34672010188	LOBOB H	HARD LEI	521200	Contact Le	52120000	Contact Le	O	0.01-0.1 %	DOES NO	SOLN	ML	60		SSB		34672		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
34672010250	OPTIMUM	OXYGEN	521200	Contact Le	52120000	Contact Le	O	0	DOES NO	SOLN	ML	60		SSB		34672		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
34672010266	LOBOB G	OXYGEN	521200	Contact Le	52120000	Contact Le	O	0.1-0.5 %	DOES NO	SOLN	ML	118		SSB		34672		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
34672010268	OPTIMUM	OXYGEN	521200	Contact Le	52120000	Contact Le	O	0.1-0.5 %	DOES NO	SOLN	ML	118		SSB		34672		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
34672010270	OPTIMUM	OXYGEN	521200	Contact Le	52120000	Contact Le	O	.1%-.1%-.	DOES NO	SOLN	ML	30		SSB		34672		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
34672010288	LOBOB G	OXYGEN	521200	Contact Le	52120000	Contact Le	O	.1%-.1%-.	DOES NO	SOLN	ML	30		SSB		34672		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
34672010353	LOBOB S	SOFT LEN	521200	Contact Le	52120000	Contact Le	O	0.25-0.05-	DOES NO	SOLN	ML	30		SSB		34672		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
34672010354	SOF/PRO	CONTACT	940000	Devices	94000000	Devices	O	0-0-0-.1%-	DOES NO	MISC	ML	39.9		NON DRUG		34672		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
34672010611	LOBOB C	SOAP & C	842000	Detergent	84200000	Detergent	O	0	EXTERNA	BAR	EA	1		SSB		34672		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
34672040014	RAININ LE	SOFT LEN	521200	Contact Le	52120000	Contact Le	O	0	DOES NO	MISC	EA	1		SSB		34672		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35000032029	PEROXYL	HYDROGI	522800	Mouthwas	52280000	Mouthwas	P	1.50%	MOUTH/T	SOLN	ML	500		GENERIC		35000		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000048	MILLTRIU	SPECIALT	882800	Multivitam	88280000	Multivitam	P	120MG-12	ORAL	TABS	EA	75		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000049	MILLTRIU	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	120		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000050	STRESS I	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	500MG-50	ORAL	TABS	EA	60		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000051	MILLTRIU	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	30MG-30M	ORAL	TABS	EA	60		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000052	STRESS I	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	500MG-50	ORAL	TABS	EA	60		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000054	STRESS I	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	500MG-50	ORAL	TABS	EA	60		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000055	MILLTRIU	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	250		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000056	MULTI-LE	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	50		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000057	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	600-20 MC	ORAL	TABS	EA	120		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000058	MILLTRIU	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	60		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000059	OYSTER S	OYSTER S	401200	Replacem	40120000	Replacem	P	500 MG	ORAL	TABS	EA	150		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000060	MILLTRIU	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	130		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000062	OYSTER S	OYSTER S	401200	Replacem	40120000	Replacem	P	500 MG	ORAL	TABS	EA	60		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000063	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	600-20 MC	ORAL	TABS	EA	60		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000064	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	1500 (600	ORAL	TABS	EA	60		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000065	THERA-M	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	90MG-90M	ORAL	TABS	EA	130		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000066	THERA-M	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	90MG-90M	ORAL	TABS	EA	130		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000067	CAL-DAY	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	150MCG-	ORAL	TABS	EA	100		SSB	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000068	DAILY-VIT	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	100		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000069	OYSTER S	CALCIUM	401200	Replacem	40120000	Replacem	P	500-5 MG	ORAL	TABS	EA	60		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000070	DAILY-VIT	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	100		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000071	MILLGUA	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	P	800-10-11	ORAL	TABS	EA	100		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000074	DAILY-VIT	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	90MG-90M	ORAL	TABS	EA	100		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000076	OYSTER S	CALCIUM	401200	Replacem	40120000	Replacem	P	500-5 MG	ORAL	TABS	EA	120		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000077	DAILY ME	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	90MG-90M	ORAL	TABS	EA	60		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000078	DAILY WC	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	100		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000079	FE TABS	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	325 (65 FE	ORAL	TBEC	EA	300		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000080	FE TABS	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	325 (65 FE	ORAL	TBEC	EA	100		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000081	FERROUS	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	O	239 (27 FE	ORAL	TABS	EA	100		MSB	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIMI
35046000082	VISIVITES	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	200MG-20	ORAL	TABS	EA	60		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000083	FE CAPS/	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	O	50-100 MC	ORAL	TABS	EA	60		SSB	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000086	VISIVITES	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	60		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000100	ACIDOPH	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-20MG-0	ORAL	TABS	EA	100		SSB	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000101	ACIDOPH	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0-0	ORAL	CAPS	EA	100		MSB	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIMI
35046000102	ACIDOPH	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	15MG-0-1	ORAL	CAPS	EA	30		SSB	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000103	CHILDREI	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	P	0-0-0-0-0	ORAL	CHEW	EA	100		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000104	ALFALFA	ALFALFA	929200	UNKNOW	92920000	UNKNOW	O	500 MG	ORAL	TABS	EA	200		MSB	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIMI
35046000105	D-1000	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	25 MCG ('	ORAL	TABS	EA	100		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000106	A-10000	VITAMIN A	880400	Vitamin A	88040000	Vitamin A	P	3 MG (100	ORAL	CAPS	EA	100		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000114	BEE POLI	BEE POLI	929200	UNKNOW	92920000	UNKNOW	O	500MG-10	ORAL	TABS	EA	90		MSB	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIMI
35046000116	B-1	THIAMINE	880800	Vitamin B	88080000	Vitamin B	P	100 MG	ORAL	TABS	EA	100		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000118	B-1	THIAMINE	880800	Vitamin B	88080000	Vitamin B	P	250 MG	ORAL	TABS	EA	100		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000120	B-2	RIBOFLA	880800	Vitamin B	88080000	Vitamin B	P	50 MG	ORAL	TABS	EA	100		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000122	B-6	PYRIDOX	880800	Vitamin B	88080000	Vitamin B	P	50 MG	ORAL	TABS	EA	100		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000123	VITAMIN I	PYRIDOX	880800	Vitamin B	88080000	Vitamin B	P	100 MG	ORAL	TABS	EA	100		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000124	B-6	PYRIDOX	880800	Vitamin B	88080000	Vitamin B	P	250 MG	ORAL	TABS	EA	60		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000127	B-12	CYANOC	880800	Vitamin B	88080000	Vitamin B	P	100 MCG	ORAL	TABS	EA	100		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000128	B-12	CYANOC	880800	Vitamin B	88080000	Vitamin B	P	250 MCG	ORAL	TABS	EA	100		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000129	B-12	CYANOC	880800	Vitamin B	88080000	Vitamin B	P	500 MCG	ORAL	TABS	EA	60		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000131	B COMPL	B-COMPL	882800	Multivitam	88280000	Multivitam	P	6MCG-.4M	ORAL	TABS	EA	100		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000132	SUPER B	B-COMPL	882800	Multivitam	88280000	Multivitam	P	100MCG-	ORAL	TABS	EA	60		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000138	SUPER B	B-COMPL	882800	Multivitam	88280000	Multivitam	P	50MCG-5	ORAL	TABS	EA	100		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000140	THERABE	SPECIALT	882800	Multivitam	88280000	Multivitam	O	100MG-10	ORAL	TABS	EA	30		SSB	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000141	B-COMPL	B-COMPL	880800	Vitamin B	88080000	Vitamin B	P	50MCG-5	ORAL	TBCR	EA	60		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000142	THERABE	EMOLLIEI	842404	Basic Lotic	84240400	Basic Lotic	O	0-0-0	EXTERNA	LOTN	ML	115		SSB	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000143	THERABE	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	125MG-12	ORAL	TABS	EA	60		SSB	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000153	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	315-5 MG	ORAL	TABS	EA	120		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000154	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	315-6.25 M	ORAL	TABS	EA	60		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000155	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	200MG	ORAL	TABS	EA	100		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000156	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	O	500-250-1	ORAL	TABS	EA	100		MSB	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIMI
35046000157	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	500-250 M	ORAL	TABS	EA	60		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000161	CHEWABI	CALCIUM	401200	Replacem	40120000	Replacem	O	500-15 MC	ORAL	WAFR	EA	60		SSB	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000162	COD LIVE	COD LIVE	882800	Multivitam	88280000	Multivitam	P	1250-130	ORAL	CAPS	EA	100		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000172	C-250	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	250 MG	ORAL	TABS	EA	100		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000174	C-500 SR	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	TBCR	EA	90		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000176	C-500	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	TABS	EA	250		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000178	C-1000	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	1000 MG	ORAL	TABS	EA	90		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000179	C-500 SR	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	CPCR	EA	90		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000181	C-500 NO	CALCIUM	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	TABS	EA	60		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000185	C-1000 SI	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	1000 MG	ORAL	TBCR	EA	100		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000187	BIOTIN	BIOTIN	880800	Vitamin B	88080000	Vitamin B	O	300 MCG	ORAL	TABS	EA	100		MSB	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIMI
35046000188	BIOTIN	BIOTIN	880800	Vitamin B	88080000	Vitamin B	P	1000 MCG	ORAL	TABS	EA	60		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000189	OMEGA 3	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-60MG-6	ORAL	CAPS	EA	60		MSB	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIMI
35046000190	VITAMIN (	BIOFLAV	882800	Multivitam	88280000	Multivitam	O	0-500MG-	ORAL	CHEW	EA	50		MSB	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIMI
35046000193	C-500/RO	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	TABS	EA	100		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000196	SUPER C	BIOFLAV	882800	Multivitam	88280000	Multivitam	P	1MG-500M	ORAL	TABS	EA	100		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000200	C-1000/R	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	1000 MG	ORAL	TABS	EA	100		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000201	C-1000/R	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	1000 MG	ORAL	TBCR	EA	60		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000202	C-1500/R	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	1500 MG	ORAL	TBCR	EA	60		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000206	CHROMIU	CHROMIU	401200	Replacem	40120000	Replacem	P	200 MCG	ORAL	TABS	EA	60		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000207	SUPER-C	BIOFLAV	882800	Multivitam	88280000	Multivitam	P	2MG-1000	ORAL	TABS	EA	50		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000209	GTF CHR	CHROMIU	401200	Replacem	40120000	Replacem	P	200 MCG	ORAL	TABS	EA	60		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000210	HI-POTEN	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	150MCG-	ORAL	TABS	EA	90		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000213	MULTI-VI	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	30MG-30M	ORAL	TABS	EA	74		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000215	D-400	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	10 MCG (4	ORAL	TABS	EA	100		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000218	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	125 MCG	ORAL	TABS	EA	60		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000228	APPLE CI	APPLE CI	929200	UNKNOW	92920000	UNKNOW	O	188 MG	ORAL	CAPS	EA	100		MSB	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIMI
35046000233	NATURAL	VITAMIN I	882000	Vitamin E	88200000	Vitamin E	P	100 UNIT	ORAL	CAPS	EA	90		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000235	E-200	VITAMIN I	882000	Vitamin E	88200000	Vitamin E	P	200 UNIT	ORAL	CAPS	EA	90		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000238	NATURAL	VITAMIN I	882000	Vitamin E	88200000	Vitamin E	P	400 UNIT	ORAL	CAPS	EA	50		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000239	E-400	VITAMIN I	882000	Vitamin E	88200000	Vitamin E	P	400 UNIT	ORAL	CAPS	EA	90		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000256	E-1000	VITAMIN I	882000	Vitamin E	88200000	Vitamin E	P	450 MG (1	ORAL	CAPS	EA	30		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000257	E-1000	VITAMIN I	882000	Vitamin E	88200000	Vitamin E	P	1000 UNIT	ORAL	CAPS	EA	100		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000260	SUPER E	VITAMIN I	842412	Basic Oint	84241200	Basic Oint	O	0-0	EXTERNA	CREA	GM	30		SSB	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000261	SUPER E	VITAMIN I	842412	Basic Oint	84241200	Basic Oint	O	0-0	EXTERNA	CREA	GM	120		SSB	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000262	SUPER E	VITAMIN I	842412	Basic Oint	84241200	Basic Oint	O	0-0	EXTERNA	OINT	GM	60		SSB	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000266	ALPHA-LI	ALPHA-LI	929200	UNKNOW	92920000	UNKNOW	P	50 MG	ORAL	TABS	EA	60		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000267	E-400	VITAMIN I	882000	Vitamin E	88200000	Vitamin E	P	400 UNIT	ORAL	CAPS	EA	90		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000268	E-200	VITAMIN I	882000	Vitamin E	88200000	Vitamin E	P	200 UNIT	ORAL	CAPS	EA	90		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000269	E-400	VITAMIN I	882000	Vitamin E	88200000	Vitamin E	P	400 UNIT	ORAL	CAPS	EA	90		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000272	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	P	400 MCG	ORAL	TABS	EA	180		GENERIC	8/16/2023	35046		N	#N/A	ORIG_FR	10 EHB	#N/A		X	THEN $0 COPAY AND TIER=1	R	MEDPRIMI
35046000273	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	P	800 MCG	ORAL	TABS	EA	100	X	GENERIC	8/16/2023	35046		N	#N/A	ORIG_FR	10 EHB	#N/A		X	THEN $0 COPAY AND TIER=1	R	MEDPRIMI
35046000276	GARLIC	GARLIC	929200	UNKNOW	92920000	UNKNOW	P	350 MG	ORAL	TABS	EA	100		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000277	GARLIC C	GARLIC	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	100		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000278	GELATIN	GELATIN	929200	UNKNOW	92920000	UNKNOW	O	600 MG	ORAL	CAPS	EA	100		MSB	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIMI
35046000298	KELP	KELP	929200	UNKNOW	92920000	UNKNOW	O	100 MG	ORAL	TABS	EA	200		MSB	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIMI
35046000304	BITE-A-MI	PEDIATRI	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	CHEW	EA	90		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000305	BITE-A-MI	PEDIATRI	882800	Multivitam	88280000	Multivitam	P	15 MG	ORAL	CHEW	EA	90		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000312	LECITHIN	LECITHIN	562400	Lipotropic	56240000	Lipotropic	P	1200 MG	ORAL	CAPS	EA	90		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000318	L-LYSINE	LYSINE H	402000	Caloric Ag	40200000	Caloric Ag	P	500 MG	ORAL	TABS	EA	60		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000319	L-LYSINE	LYSINE H	402000	Caloric Ag	40200000	Caloric Ag	P	500 MG	ORAL	TABS	EA	120		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000322	MAGNESI	MAGNESI	401200	Replacem	40120000	Replacem	O	500 MG	ORAL	TABS	EA	90		MSB	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIMI
35046000324	MAGNESI	MAGNESI	401200	Replacem	40120000	Replacem	P	400 (240 M	ORAL	TABS	EA	60		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000329	NIACIN	NIACIN	880800	Vitamin B	88080000	Vitamin B	P	100 MG	ORAL	TABS	EA	100		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000331	NIACIN EI	NIACIN	880800	Vitamin B	88080000	Vitamin B	P	250 MG	ORAL	CPCR	EA	100		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000332	NO FLUSI	INOSITOL	241292	Vasodilati	24129200	Vasodilati	O	100 MG	ORAL	TABS	EA	60		SSB	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000334	OMEGA II	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	90		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000335	NO FLUSI	INOSITOL	241292	Vasodilati	24129200	Vasodilati	O	250 MG	ORAL	TABS	EA	60		SSB	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000336	NO FLUSI	INOSITOL	241292	Vasodilati	24129200	Vasodilati	O	500 MG	ORAL	TABS	EA	30	X	SSB	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000337	OMEGA II	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	180		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000339	NIACIN EI	NIACIN	880800	Vitamin B	88080000	Vitamin B	P	500 MG	ORAL	CPCR	EA	60		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000340	ALPHA-LI	ALPHA-LI	929200	UNKNOW	92920000	UNKNOW	O	300 MG	ORAL	TABS	EA	30		MSB	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIMI
35046000341	B-12	CYANOC	880800	Vitamin B	88080000	Vitamin B	P	3000 MCG	SUBLING	SUBL	EA	60		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000342	CRAN-MA	CRANBEF	929200	UNKNOW	92920000	UNKNOW	P	500 MG	ORAL	CAPS	EA	30		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000344	PAPAYA/I	DIGESTIV	561600	Digestants	56160000	Digestants	O	0-0-0-0-0	ORAL	CHEW	EA	90		MSB	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIMI
35046000345	FLAX SEE	FLAXSEE	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	60		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000348	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	P	595 (99 K)	ORAL	TABS	EA	100		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000378	ANTIOXID	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	250MG-25	ORAL	TABS	EA	60		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000380	SELENIUI	SELENIUI	401200	Replacem	40120000	Replacem	P	50 MCG	ORAL	TABS	EA	100		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000381	SELENIUI	SELENIUI	401200	Replacem	40120000	Replacem	P	200 MCG	ORAL	TABS	EA	60		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000382	E-400/SEI	VITAMIN I	882800	Multivitam	88280000	Multivitam	O	400-50 UN	ORAL	CAPS	EA	60		SSB	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000386	5-HTP	5-HYDRO	929200	UNKNOW	92920000	UNKNOW	O	50 MG	ORAL	TABS	EA	50		MSB	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIMI
35046000387	LUTEIN	LUTEIN	929200	UNKNOW	92920000	UNKNOW	P	20 MG	ORAL	CAPS	EA	60		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000389	DHEA	PRASTER	929200	UNKNOW	92920000	UNKNOW	P	50 MG	ORAL	TABS	EA	50		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000390	MELATON	MELATON	929200	UNKNOW	92920000	UNKNOW	P	3 MG	ORAL	TABS	EA	100		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000391	MELATON	MELATON	929200	UNKNOW	92920000	UNKNOW	P	1 MG	ORAL	TABS	EA	100		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000392	MELATON	MELATON	929200	UNKNOW	92920000	UNKNOW	P	10 MG	ORAL	TBCR	EA	60		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000393	MELATON	MELATON	929200	UNKNOW	92920000	UNKNOW	P	5 MG	ORAL	TABS	EA	60		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000400	GLUCOSA	GLUCOSA	929200	UNKNOW	92920000	UNKNOW	P	500-400 M	ORAL	TABS	EA	60		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000401	GLUCOSA	GLUCOSA	929200	UNKNOW	92920000	UNKNOW	P	500-400 M	ORAL	TABS	EA	120		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000414	ZINC GLU	ZINC GLU	401200	Replacem	40120000	Replacem	P	15 MG	ORAL	TABS	EA	100		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000416	ZINC GLU	ZINC GLU	401200	Replacem	40120000	Replacem	P	50 MG	ORAL	TABS	EA	100		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000419	ZINC SUL	ZINC SUL	401200	Replacem	40120000	Replacem	O	140 (50 ZN	ORAL	TABS	EA	90		MSB	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIMI
35046000423	ZINC-VIT	ZINC W/ V	401200	Replacem	40120000	Replacem	O	23-100 MC	MOUTH/T	LOZG	EA	50		MSB	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIMI
35046000424	ECHINAC	ECHINAC	929200	UNKNOW	92920000	UNKNOW	O	25-10-100	MOUTH/T	LOZG	EA	30		MSB	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIMI
35046000429	CO-ENZY	COENZYM	929200	UNKNOW	92920000	UNKNOW	O	15 MG	ORAL	TABS	EA	50		MSB	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIMI
35046000430	COQ10	COENZYM	929200	UNKNOW	92920000	UNKNOW	P	30 MG	ORAL	CAPS	EA	50		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000431	COQ10	COENZYM	929200	UNKNOW	92920000	UNKNOW	P	50 MG	ORAL	CAPS	EA	30		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000432	COQ10	COENZYM	929200	UNKNOW	92920000	UNKNOW	P	100 MG	ORAL	CAPS	EA	30		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000433	COQ10	COENZYM	929200	UNKNOW	92920000	UNKNOW	P	200 MG	ORAL	CAPS	EA	30		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000434	COQ10	COENZYM	929200	UNKNOW	92920000	UNKNOW	P	400 MG	ORAL	CAPS	EA	30		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000451	DAILY VIT	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	150MG-15	ORAL	CAPS	EA	60		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000452	L-ARGINI	ARGININE	402000	Caloric Ag	40200000	Caloric Ag	P	500 MG	ORAL	CAPS	EA	50		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000453	L-GLUTAI	GLUTAMI	402000	Caloric Ag	40200000	Caloric Ag	P	500 MG	ORAL	CAPS	EA	50		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000454	LEVOCAF	LEVOCAF	402000	Caloric Ag	40200000	Caloric Ag	P	250 MG	ORAL	CAPS	EA	50		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000455	GRAPE S	GRAPE S	929200	UNKNOW	92920000	UNKNOW	O	100 MG	ORAL	CAPS	EA	30		MSB	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIMI
35046000457	RED YEA	RED YEA	929200	UNKNOW	92920000	UNKNOW	O	600 MG	ORAL	TABS	EA	60		MSB	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIMI
35046000458	C-500	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	CHEW	EA	90		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000459	COQ10-A	COENZYM	929200	UNKNOW	92920000	UNKNOW	O	50-500-10	ORAL	CAPS	EA	30		MSB	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIMI
35046000503	SUPER E	VITAMIN I	842404	Basic Lotic	84240400	Basic Lotic	O	0-0	EXTERNA	LOTN	ML	473		SSB	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000714	ST JOHNS	ST JOHN'	929200	UNKNOW	92920000	UNKNOW	P	300 MG	ORAL	TABS	EA	60		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000716	SAW PAL	SAW PAL	929200	UNKNOW	92920000	UNKNOW	O	160 MG	ORAL	TABS	EA	60		MSB	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIMI
35046000751	CRANBEF	CRANBEF	929200	UNKNOW	92920000	UNKNOW	P	250 MG	ORAL	CAPS	EA	60		GENERIC	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIMI
35046000752	GINKGO I	GINKGO I	929200	UNKNOW	92920000	UNKNOW	O	200 MG	ORAL	CAPS	EA	60		MSB	8/16/2023	35046		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIMI

36000003341	KOTEX U	SANITARY	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	14	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000003347	KOTEX U	SANITARY	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	14	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000003365	KOTEX U	SANITARY	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	28	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000003800	KOTEX U	SANITARY	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	22	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000003900	KOTEX U	SANITARY	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	20	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000004001	KOTEX C	SANITARY	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	22	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000004008	KOTEX C	SANITARY	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	44	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000004624	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	250 MG/5	INTRAVE	SOLN	ML	50	GENERIC	12/4/2024	36000	N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000004724	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG/1	INTRAVE	SOLN	ML	100	GENERIC	12/4/2024	36000	N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000004824	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG/1	INTRAVE	SOLN	ML	150	GENERIC	12/4/2024	36000	N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000009201	BUPIVAC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.75-8.25	INTRATHI	SOLN	ML	2	GENERIC	2/1/2022	36000	N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000009210	BUPIVAC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.75-8.25	INTRATHI	SOLN	ML	2	GENERIC	2/1/2022	36000	N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000010544	DEPEND	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	48	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000011067	KOTEX LI	SANITARY	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	80	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000011407	HUGGIES	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	176	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000011464	DEPEND	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	6	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000011465	DEPEND	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	6	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000011467	DEPEND	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	6	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000011956	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	36	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000011957	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	36	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000011958	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	31	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000011959	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	27	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000011960	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	23	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000011968	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	48	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000012110	HUGGIES	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	72	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000012111	HUGGIES	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	144	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000012112	HUGGIES	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	360	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000012113	HUGGIES	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	72	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000012114	HUGGIES	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	144	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000012118	HUGGIES	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	504	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000012349	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	33	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000012350	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	33	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000012351	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	26	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000012352	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	26	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000012535	DEPEND	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	32	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000012537	DEPEND	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	28	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000012539	DEPEND	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	32	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000012776	DEPEND	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	12	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000012777	DEPEND	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000012778	DEPEND	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	12	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000012779	DEPEND	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000012855	POISE HC	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	39	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000012856	POISE HC	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	54	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000012857	POISE HC	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	27	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000013333	POISE LI	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	48	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000013406	DEPEND	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	26	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000013792	DEPEND	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	52	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000014801	FLUMAZE	FLUMAZE	913204	UNKNOW	91320400	UNKNOW	S	0.5 MG/5	INTRAVE	SOLN	ML	5	GENERIC		36000	N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000014810	FLUMAZE	FLUMAZE	913204	UNKNOW	91320400	UNKNOW	S	0.5 MG/5	INTRAVE	SOLN	ML	5	GENERIC		36000	N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000014901	FLUMAZE	FLUMAZE	913204	UNKNOW	91320400	UNKNOW	S	1 MG/10M	INTRAVE	SOLN	ML	10	GENERIC		36000	N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000014910	FLUMAZE	FLUMAZE	913204	UNKNOW	91320400	UNKNOW	S	1 MG/10M	INTRAVE	SOLN	ML	10	GENERIC		36000	N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000015063	KOTEX SI	SANITARY	940000	Devices	94000000	Devices	O	0	VAGINAL	TAMP	EA	18	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000015068	KOTEX SI	SANITARY	940000	Devices	94000000	Devices	O	0	VAGINAL	TAMP	EA	36	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000015073	KOTEX SI	SANITARY	940000	Devices	94000000	Devices	O	0	VAGINAL	TAMP	EA	18	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000015077	KOTEX SI	SANITARY	940000	Devices	94000000	Devices	O	0	VAGINAL	TAMP	EA	36	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000015080	KOTEX SI	SANITARY	940000	Devices	94000000	Devices	O	0	VAGINAL	TAMP	EA	18	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000015083	KOTEX SI	SANITARY	940000	Devices	94000000	Devices	O	0	VAGINAL	TAMP	EA	36	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000015165	KOTEX SI	SANITARY	940000	Devices	94000000	Devices	O	0	VAGINAL	TAMP	EA	18	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000015324	KOTEX SI	SANITARY	940000	Devices	94000000	Devices	O	0	VAGINAL	TAMP	EA	36	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000015346	KOTEX SI	SANITARY	940000	Devices	94000000	Devices	O	0	VAGINAL	TAMP	EA	46	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000016177	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	18	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000016178	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	16	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000016179	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	15	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000016184	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000016185	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	18	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000016186	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	17	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000016201	NOREPIN	NOREPIN	121212	alpha- anc	12121200	alpha- anc	S	1 MG/ML	INTRAVE	SOLN	ML	4	GENERIC	4/30/2024	36000	N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000016204	HUGGIES	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	128	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000016210	NOREPIN	NOREPIN	121212	alpha- anc	12121200	alpha- anc	S	1 MG/ML	INTRAVE	SOLN	ML	4	GENERIC	4/30/2024	36000	N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000016256	HUGGIES	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	128	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000016283	HUGGIES	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	184	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000016285	HUGGIES	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	64	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000016289	HUGGIES	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	32	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000016290	HUGGIES	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	232	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000016293	HUGGIES	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	320	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000016367	HUGGIES	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	216	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000016368	HUGGIES	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	360	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000016371	HUGGIES	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	216	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000016372	HUGGIES	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	360	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000016373	HUGGIES	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	448	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000016374	HUGGIES	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	448	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000016386	HUGGIES	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	184	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000016388	HUGGIES	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	64	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000016389	HUGGIES	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	128	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000016390	HUGGIES	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	320	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000016790	HUGGIES	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	64	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000016792	HUGGIES	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	184	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000016793	HUGGIES	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	184	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000016794	HUGGIES	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	184	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000016814	HUGGIES	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	368	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
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36000019295	POISE PA	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	36	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000019296	POISE PA	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	30	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000019301	POISE LI	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	26	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000019302	POISE LI	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	24	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000019303	POISE LI	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	48	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000019304	POISE LI	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	44	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000019305	POISE LI	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	26	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000019308	POISE LI	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	24	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
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36000019469	HUGGIES	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	368	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
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36000019484	POISE PA	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	36	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
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36000019575	POISE FR	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	16	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
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36000019598	POISE PA	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	72	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
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36000019601	POISE PA	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	16	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000019624	POISE PA	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	24	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
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36000021100	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	29	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
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36000021102	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	44	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000021103	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	44	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000021104	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	26	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000021105	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	26	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000021106	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	40	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000021107	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	40	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000021108	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	21	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000021109	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	21	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000021110	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	33	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
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36000021321	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	26	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000021322	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	26	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000021323	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	23	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
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36000021326	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	19	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000021327	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	26	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000021328	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	26	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000021330	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	23	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000021331	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	19	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000021332	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	19	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000021350	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	24	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000021351	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	24	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000021352	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	21	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000021353	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	21	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000021410	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	29	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000021411	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	29	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000021412	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	26	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000021413	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	26	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000021415	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	21	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000021416	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	21	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000021717	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	15	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000021718	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	15	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000021719	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	12	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000021720	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	12	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000021800	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	17	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000021801	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	17	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000021802	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	13	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000021803	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	13	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000021804	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	27	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000021805	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	27	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000021806	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	21	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000021807	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	21	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000021900	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	14	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000021901	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	14	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000021902	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	11	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000021903	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	11	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000021912	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	13	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000021913	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000022077	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	29	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000022078	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	29	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000022079	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	26	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000022080	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	26	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000022081	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	21	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000022082	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	21	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000022083	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	44	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000022084	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	44	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000022085	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	40	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000022086	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	40	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000022087	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	33	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000022088	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	33	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000022120	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	33	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000022121	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	33	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000023200	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	26	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000023202	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	26	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000023203	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	40	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000023204	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	40	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000023209	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	24	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000023210	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	24	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000023211	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	37	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000023212	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	37	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000024201	TOBRAMY	TOBRAMY	81202	Aminoglyc	8120200	Aminoglyc	S	1.2 GM/30	INJECTIO	SOLN	ML	30	GENERIC		36000	N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000024401	TOBRAMY	TOBRAMY	81202	Aminoglyc	8120200	Aminoglyc	S	80 MG/2M	INJECTIO	SOLN	ML	2	GENERIC		36000	N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000024425	TOBRAMY	TOBRAMY	81202	Aminoglyc	8120200	Aminoglyc	S	80 MG/2M	INJECTIO	SOLN	ML	2	GENERIC		36000	N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000025809	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	23	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000025810	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000025813	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000028225	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	2	GENERIC		36000	N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000028325	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	4	GENERIC		36000	N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000028425	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	10	GENERIC		36000	N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000029161	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	74	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000029162	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	64	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000029724	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	200 MG/1	INTRAVE	SOLN	ML	100	GENERIC	12/4/2024	36000	N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000029824	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	400 MG/2	INTRAVE	SOLN	ML	200	GENERIC	12/4/2024	36000	N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000030495	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	72	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000030522	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	54	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000030528	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	52	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000030529	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	44	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000030562	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	38	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000030564	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	32	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000030569	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000030570	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	42	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000030571	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	42	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000030660	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	S	10 MG/ML	INTRAVE	SOLN	ML	100	GENERIC		36000	N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000030713	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000030714	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000030715	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	27	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000030716	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	27	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000030717	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	35	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000030718	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	35	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000030721	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	26	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000030801	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	S	0.4 MG/M	INJECTIO	SOLN	ML	1	GENERIC		36000	N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000030810	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	S	0.4 MG/M	INJECTIO	SOLN	ML	1	GENERIC		36000	N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000031001	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	S	4 MG/10M	INJECTIO	SOLN	ML	10	GENERIC		36000	N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000031002	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	S	4 MG/10M	INJECTIO	SOLN	ML	10	GENERIC		36000	N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000032001	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG/ML	INTRAVE	SOLN	ML	4	GENERIC		36000	N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000032010	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG/ML	INTRAVE	SOLN	ML	4	GENERIC		36000	N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000032089	HUGGIES	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	216	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000032194	HUGGIES	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	320	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000032201	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG/ML	INTRAVE	SOLN	ML	20	GENERIC		36000	N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000032202	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG/ML	INTRAVE	SOLN	ML	20	GENERIC		36000	N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000032401	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG/ML	INTRAVE	SOLN	ML	40	GENERIC		36000	N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000032402	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG/ML	INTRAVE	SOLN	ML	40	GENERIC		36000	N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000032519	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	9	NON DRUG		36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000032601	PALONOS	PALONOS	562220	5-HT3 Re	56222000	5-HT3 Re	S	0.25 MG/5	INTRAVE	SOLN	ML	5	GENERIC		36000	N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

36000032602	PALONOS	PALONOS	562220	5-HT3 Re	56222000	5-HT3 Re	S	0.25 MG/5	INTRAVEI	SOLN	ML	5	GENERIC	36000	N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000033558	POISE PA	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	66	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000033590	POISE PA	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	54	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000033591	POISE FR	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	39	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000033592	POISE PA	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	33	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000033593	POISE PA	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	27	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000033594	POISE PA	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	48	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000033992	DEPEND	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	18	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000033993	DEPEND	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000033994	DEPEND	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	18	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000033995	DEPEND	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000034103	POISE PA	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	64	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000034104	POISE PA	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	45	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000034248	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	72	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000035201	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG/1(	INTRAVEI	SOLN	ML	100	GENERIC	36000	N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000035240	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG/1(	INTRAVEI	SOLN	ML	100	GENERIC	36000	N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000035401	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	1500 MG/	INTRAVEI	SOLN	ML	100	GENERIC	36000	N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000035440	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	1500 MG/	INTRAVEI	SOLN	ML	100	GENERIC	36000	N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000035446	DEPEND .	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	16	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000035456	DEPEND	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000035458	DEPEND	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	16	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000035478	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	31	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000035479	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	27	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000035601	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	1000 MG/	INTRAVEI	SOLN	ML	100	GENERIC	36000	N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000035640	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	1000 MG/	INTRAVEI	SOLN	ML	100	GENERIC	36000	N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000035641	DEPEND	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	58	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000035765	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	56	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000036401	REGADEN	REGADEN	361800	Cardiac Fu	36180000	Cardiac Fu	S	0.4 MG/5M	INTRAVEI	SOLN	ML	5	GENERIC	36000	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000036447	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000036734	COTTONE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	42	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000037137	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	16	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000037138	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	18	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000037394	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	42	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000037429	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	7	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000037430	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	7	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000037431	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	7	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000038529	DEPEND	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	17	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000038530	DEPEND	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	19	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000038531	DEPEND	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	17	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000038532	DEPEND	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	15	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000038533	DEPEND	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	19	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000038534	DEPEND	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	17	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000038535	DEPEND	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	21	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000038536	DEPEND	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	19	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000039815	POISE MI	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000040531	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	44	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000040532	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	44	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000040533	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	34	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000040534	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	34	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000040653	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	44	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000040656	HUGGIES	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	504	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000040674	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	21	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000040685	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	18	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000040689	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	42	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000040695	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	66	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000040696	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	54	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000040704	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	48	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000040736	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	68	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000040741	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	112	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000040754	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	27	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000040764	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	35	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000040765	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	32	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000040767	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	24	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000040798	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	21	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000040799	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	18	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000040808	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000040809	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	42	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000040813	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	92	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000040814	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	66	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000040815	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	54	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000040819	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	96	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000040821	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	76	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000041241	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	25	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000041244	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	22	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000041246	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	18	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000041247	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	18	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000041252	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	38	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000041254	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	38	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000041262	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000041265	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000041313	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	14	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000041314	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	14	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000041315	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	11	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000041316	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	11	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000041317	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	31	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000041318	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	31	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000041319	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	24	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000041320	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	24	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000042655	DEPEND	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000042660	DEPEND	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000043079	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	136	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000043089	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	29	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000043090	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	25	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000043111	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	112	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
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36000043114	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	80	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000043118	POISE TH	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	66	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
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36000043127	POISE TH	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	33	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000043131	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	82	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000043132	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	72	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000043133	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	60	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000043195	HUGGIES	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	368	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000043297	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	48	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000043299	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	48	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000043300	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	40	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000043301	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	40	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000043361	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	33	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000043362	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	33	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000043364	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	25	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
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36000043587	DEPEND	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	17	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000043632	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	192	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000043634	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	174	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000045122	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	74	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000045127	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	66	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000045130	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	56	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000045131	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	56	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000045132	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	25	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000045141	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	22	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000045142	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	18	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000045143	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	18	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000045150	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	40	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000045151	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	40	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000045801	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	168	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000045808	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	140	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000046753	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	15	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000046778	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	15	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000047478	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	24	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000047915	DEPEND	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	19	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000047919	DEPEND	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000047920	DEPEND	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	32	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000047926	DEPEND	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	17	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000047927	DEPEND	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	28	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000047930	DEPEND	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	15	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
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36000047933	DEPEND	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	26	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000048758	HUGGIES	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	216	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000049499	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	84	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000049505	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	66	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000049536	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	24	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000049539	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	21	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000049540	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	18	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000049541	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	15	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000049555	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	60	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000049556	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	26	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000049557	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	33	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000049558	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	70	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000049560	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	60	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000049678	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	25	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000049679	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	22	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000049680	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	19	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000049693	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	16	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000049694	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	31	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000049695	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	32	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000049697	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	29	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000049698	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	31	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000049699	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	22	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000049706	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	19	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000049738	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	96	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000049739	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	84	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000049748	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	128	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000049754	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	104	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000049755	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	148	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000049756	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	136	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000049757	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	120	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000049758	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	104	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000049797	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	168	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000050060	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	92	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000050061	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000050062	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	92	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000050063	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	80	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000050064	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	68	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000050065	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	62	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000050066	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000050073	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000050074	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	88	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000050075	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	76	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000050076	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	64	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000050094	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	60	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000050095	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	54	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000050100	HUGGIES	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	176	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000050120	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	72	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000050121	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	80	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000050122	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	72	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000050123	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	62	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000050124	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	54	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000050125	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	46	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000050126	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	40	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000050131	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000050132	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	86	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000050133	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	72	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000050135	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	46	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
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36000050144	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	54	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
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36000050670	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000050671	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	33	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000050672	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000050673	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	26	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000050674	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	23	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
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36000050781	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	66	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
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36000050981	DEPEND	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	12	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000050982	DEPEND	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	14	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
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36000051353	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000051355	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000051357	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	17	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000051358	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	17	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000051397	POISE UL	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	60	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000051412	DEPEND	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	14	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000051462	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	38	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000051469	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	34	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000051470	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	19	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000051471	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	31	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000051472	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	27	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000051473	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	22	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000051516	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	104	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000051517	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	132	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000051518	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	148	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000051519	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	64	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000051520	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	168	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000051521	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	74	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000051522	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000051523	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000051524	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	78	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000051527	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	62	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052010	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052014	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	14	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052015	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	126	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052041	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	34	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052048	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	40	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052054	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	28	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052057	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	24	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052061	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	22	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052093	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	36	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052094	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	31	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052095	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	27	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052099	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	23	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052109	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	144	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052121	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	40	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
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36000052123	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	28	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052124	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	24	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052125	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	22	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052126	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	18	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052137	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	192	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052138	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	92	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052147	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	140	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052173	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	60	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052182	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	112	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052214	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	18	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052234	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	40	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052237	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	52	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052241	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	56	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052242	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	48	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052243	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	40	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052244	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	34	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052245	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052246	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	26	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052366	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	72	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052367	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	46	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052368	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	40	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052370	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	56	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052371	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	48	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052381	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	66	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052382	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	60	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052383	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	52	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052384	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	46	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052385	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	40	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052521	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	44	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052542	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	40	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052614	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	29	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052624	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	44	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052634	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	58	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052641	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	84	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
36000052642	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	72	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

36000052643	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	60	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000052646	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	40	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000052818	LAVENDE	DISPOSA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	250	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000052873	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	116	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000052874	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000052875	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	88	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000052876	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	72	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000052951	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	112	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000052952	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	96	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000052953	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	80	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000052954	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	68	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000052955	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	60	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000052963	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	35	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000052964	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000052965	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	26	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000052966	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	22	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000052976	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	34	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053261	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	60	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053263	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	52	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053264	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	70	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053266	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	60	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053267	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	32	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053296	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	104	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053340	SAFESKI	DISPOSA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	40	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053359	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	34	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053361	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	34	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053362	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	11	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053363	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	11	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053378	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	28	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053379	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	28	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053381	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	9	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053382	GOODNIT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	9	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053438	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	88	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053439	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	40	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053440	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	68	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053497	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	26	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053498	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	70	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053499	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	60	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053516	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	48	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053587	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	76	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053588	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	66	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053589	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	58	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053591	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053592	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	136	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053593	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	120	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053594	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	84	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053597	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	66	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053598	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	58	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053599	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053606	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	42	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053619	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	48	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053620	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	76	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053623	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	174	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053624	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	156	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053627	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	132	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053628	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	108	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053761	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	32	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053762	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	29	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053763	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	22	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053764	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	25	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053765	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	19	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053766	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	16	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053767	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	76	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053768	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	84	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053769	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	74	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053770	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	66	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053771	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	58	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053772	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053773	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	42	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053775	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	66	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053815	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	186	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053816	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	204	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053851	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	14	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053877	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	192	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053878	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	174	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053879	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	144	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053880	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	116	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053938	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	66	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053939	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	58	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053941	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	42	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053971	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	92	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053972	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	174	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053973	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	156	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053974	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	144	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053975	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	132	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000053976	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	112	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054020	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	112	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054021	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	128	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054022	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	120	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054023	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	148	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054024	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	92	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054025	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	60	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054026	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	120	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054027	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	104	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054028	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	74	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054029	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	92	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054030	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	116	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054031	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	128	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054032	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	144	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054054	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	104	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054091	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054092	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	92	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054093	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	74	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054094	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	66	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054095	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	116	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054096	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	104	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054097	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	88	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054098	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	72	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054430	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054431	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	88	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054432	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	72	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054547	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054548	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	42	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054594	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	88	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054595	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	74	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054596	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	64	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054613	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	31	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054614	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	66	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054618	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	96	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054639	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	72	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054640	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	58	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054641	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054642	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	84	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054643	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	76	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054645	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	108	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054646	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054647	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	88	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054648	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	76	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054649	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	68	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054650	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	54	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054651	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	68	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054652	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	58	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054653	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054654	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	44	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054656	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	58	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054657	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	52	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054658	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	44	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054659	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	36	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054661	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	68	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054662	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	44	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054663	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	68	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054664	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	72	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054666	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	64	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054667	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	58	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054668	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	52	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054669	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	44	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054671	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	36	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054672	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	36	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054918	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	13	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054919	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	32	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054921	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	52	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054922	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	60	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000054923	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	34	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055030	SYNTHET	DISPOSA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055032	SYNTHET	DISPOSA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055033	SYNTHET	DISPOSA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055034	SYNTHET	DISPOSA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	90	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055083	NITRILE E	DISPOSA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055184	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	15	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055186	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	42	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055187	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	80	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055188	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	64	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055189	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	46	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055261	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	180	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055344	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	64	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055345	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	56	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055346	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	48	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055380	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	84	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055381	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	92	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055382	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	84	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055383	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	76	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055384	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	64	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055385	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	56	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055386	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	48	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055393	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	96	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055394	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	82	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055395	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	70	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055396	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	60	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055403	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	31	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055404	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	27	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055405	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	23	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055406	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055501	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055502	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	42	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055503	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	36	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055506	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	23	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055688	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	124	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055700	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	36	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055701	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	40	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055702	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	36	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055703	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	31	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055704	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	27	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055705	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	23	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055706	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055737	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	144	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055787	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	70	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055864	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	198	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055865	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	180	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055866	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	162	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055867	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	126	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055868	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	96	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055873	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	36	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055874	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	62	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055880	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	54	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055881	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	38	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055882	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	34	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055883	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	38	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055884	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	74	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055885	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	64	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055886	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	42	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000055887	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	88	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000062440	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	8	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000067330	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000070034	HUGGIES	INFANT C	842404	Basic Loti	84240400	Basic Loti	O	0-0-0	EXTERNA	LIQD	ML	444	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000070038	HUGGIES	INFANT C	842404	Basic Loti	84240400	Basic Loti	O	0-0-0	EXTERNA	LOTN	ML	444	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000070045	HUGGIES	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	1%-7.5%-.	EXTERNA	LOTN	ML	222	SSB	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000070046	HUGGIES	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	1%-7.5%-.	EXTERNA	LOTN	ML	222	SSB	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000070047	HUGGIES	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	1%-7.5%-.	EXTERNA	LOTN	ML	222	SSB	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000070048	HUGGIES	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	1%-4%-7.5	EXTERNA	AERO	ML	177	SSB	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000070080	HUGGIES	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000070091	HUGGIES	INFANT C	842000	Detergent	84200000	Detergent	O	0-0	EXTERNA	SHAM	ML	473	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000070094	HUGGIES	INFANT C	842404	Basic Loti	84240400	Basic Loti	O	0-0-0	EXTERNA	LIQD	ML	444	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000070095	HUGGIES	INFANT C	842404	Basic Loti	84240400	Basic Loti	O	0-0-0	EXTERNA	LIQD	ML	739	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000070097	HUGGIES	INFANT C	842404	Basic Loti	84240400	Basic Loti	O	0-0-0	EXTERNA	LOTN	ML	444	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000070130	HUGGIES	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000070141	HUGGIES	INFANT C	842404	Basic Loti	84240400	Basic Loti	O	0-0-0-0-0	EXTERNA	LIQD	ML	739	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000070163	HUGGIES	INFANT C	842404	Basic Loti	84240400	Basic Loti	O	0-0-0	EXTERNA	LIQD	ML	739	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000071003	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0-0	DOES NO	MISC	EA	20	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000071042	HUGGIES	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	42	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000071169	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0-0	DOES NO	MISC	EA	20	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000071171	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0-0	DOES NO	MISC	EA	20	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000071173	HUGGIES	DIAPERS	940000	Devices	94000000	Devices	O	0-0	DOES NO	MISC	EA	20	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000071400	HUGGIES	INFANT C	842404	Basic Loti	84240400	Basic Loti	O	0-0	EXTERNA	LIQD	ML	444	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000071415	HUGGIES	INFANT C	842404	Basic Loti	84240400	Basic Loti	O	0-0-0	EXTERNA	LOTN	ML	444	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000071615	HUGGIES	INFANT C	842404	Basic Loti	84240400	Basic Loti	O	0-0-0-0-0	EXTERNA	LIQD	ML	444	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000071715	HUGGIES	INFANT C	842404	Basic Loti	84240400	Basic Loti	O	0-0-0-0-0	EXTERNA	LOTN	ML	443	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000071904	HUGGIES	ZINC OXI	841200	Astringent	84120000	Astringent	P	10%	EXTERNA	CREA	GM	113	MSB	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
36000071906	HUGGIES	ZINC OXI	841200	Astringent	84120000	Astringent	P	10%	EXTERNA	CREA	GM	113	MSB	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
36000072010	COTTONE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000072012	COTTONE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000072033	COTTONE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	33	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000072140	COTTONE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	140	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000072142	COTTONE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	84	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000072234	COTTONE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	33	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000072360	COTTONE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	36	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000072401	COTTONE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000072444	COTTONE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	42	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000072472	COTTONE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	72	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000072484	COTTONE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	84	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000072850	COTTONE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000073042	HUGGIES	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	42	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000073098	HUGGIES	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	98	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000074042	SCOTT M	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	51	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000074050	SCOTT M	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	51	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000074102	SCOTT M	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	102	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000076442	COTTONE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	42	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36000076484	COTTONE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	84	NON DRUG	36000	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36211031381	BLOOD S	MISC NAT	929200	UNKNOW	92920000	UNKNOW	P	300MG-30	ORAL	CAPS	EA	90	GENERIC	36211	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36211031391	AMORYN	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	10MG-10	ORAL	CAPS	EA	60	GENERIC	36211	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36211031401	SEREDYN	MISC NAT	929200	UNKNOW	92920000	UNKNOW	P	14MG-200	ORAL	CAPS	EA	60	GENERIC	36211	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36211031411	MELLODY	MELATON	929200	UNKNOW	92920000	UNKNOW	O	200MG-1.	ORAL	CAPS	EA	60	SSB	36211	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36600080150	CHAPSTI	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	7.5%-10%	EXTERNA	STCK	GM	4	SSB	36600	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36600081091	CHAPSTI	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	0-1.5%-44	EXTERNA	STCK	GM	4	SSB	36600	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36600081212	CHAPSTI	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	44%	EXTERNA	STCK	GM	4	SSB	36600	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36600081240	CHAPSTI	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	44%	EXTERNA	STCK	GM	4	SSB	36600	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36600081301	CHAPSTI	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	7.5%-10%	EXTERNA	STCK	GM	4	SSB	36600	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36600081331	CHAPSTI	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	0-1.5%-44	EXTERNA	STCK	GM	4	SSB	36600	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36600081371	CHAPSTI	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	1.5%-44%	EXTERNA	STCK	GM	4	SSB	36600	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36600081401	CHAPSTI	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	.5%-1%-1	EXTERNA	STCK	GM	4	SSB	36600	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36600081402	CHAPSTI	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	.5%-1%-1	EXTERNA	STCK	GM	4	SSB	36600	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36600081461	CHAPSTI	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	0-1.5%-44	EXTERNA	STCK	GM	4	SSB	36600	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36600081481	CHAPSTI	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	0-1.5%-44	EXTERNA	STCK	GM	4	SSB	36600	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36600081501	CHAPSTI	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	1.5%-44%	EXTERNA	STCK	GM	4	SSB	36600	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36600082631	CHAPSTI	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	0-7.5%-7.5	EXTERNA	STCK	GM	4	SSB	36600	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36600082641	CHAPSTI	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	2%	EXTERNA	OINT	GM	7	SSB	36600	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36600082701	CHAPSTI	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	0-7.5%-7.5	EXTERNA	OINT	GM	10	SSB	36600	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36600082800	CHAPSTI	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	7.5%-7.5%	EXTERNA	STCK	GM	4	SSB	36600	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36600082801	CHAPSTI	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	7.5-3.5-40	EXTERNA	STCK	GM	4	SSB	36600	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36600082812	CHAPSTI	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	0-7.5%-7.5	EXTERNA	STCK	GM	4	SSB	36600	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36600083311	CHAPSTI	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	1%-.6%-4	EXTERNA	STCK	GM	4	SSB	36600	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36600083331	CHAPSTI	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	1%-.6%-4	EXTERNA	STCK	GM	4	SSB	36600	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
36652012519	STRESST	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	30MG-30	ORAL	TABS	EA	60	GENERIC	36652 N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

36652012619	STRESST	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	0-120MG-	ORAL	TABS	EA	60		GENERIC		36652	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36652026768	FERRO-S	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	O	65-25 MG	ORAL	TBCR	EA	30		SSB		36652		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36652026769	FERRO-S	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	O	65-25 MG	ORAL	TBCR	EA	100		SSB		36652		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36652030118	KROGER	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		36652		N	FORMULARY		2 BRAND	PREFERRED BRAND						R	MEDPRMI
36652030218	KROGER	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	200		NON DRUG		36652		N	FORMULARY		2 BRAND	PREFERRED BRAND						R	MEDPRMI
36652030318	KROGER	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		36652		N	FORMULARY		2 BRAND	PREFERRED BRAND						R	MEDPRMI
36652030418	KROGER	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	200		NON DRUG		36652		N	FORMULARY		2 BRAND	PREFERRED BRAND						R	MEDPRMI
36652037718	PROTEGI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	250MG-25	ORAL	CAPS	EA	60		SSB		36652	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36652067366	ALLBEE/C	B COMPL	882800	Multivitam	88280000	Multivitam	P	300MG-30	ORAL	TABS	EA	130		GENERIC		36652		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36652073020	POSTURE	CALCIUM	401200	Replacem	40120000	Replacem	O	600MG-28	ORAL	TABS	EA	90		SSB		36652		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36652074020	POSTURE	CALCIUM	401200	Replacem	40120000	Replacem	O	600MG-50	ORAL	TABS	EA	60		SSB		36652		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36652091621	FAST AC	METHYLC	880800	Vitamin B	88080000	Vitamin B	O	2500 MCG	SUBLINGI	SUBL	EA	60		SSB		36652		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36652091631	SPONGE	PEDIATRI	882800	Multivitam	88280000	Multivitam	O	15MG-15M	ORAL	CHEW	EA	240		SSB		36652		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36652091681	CRAN-MA	CRANBEF	929200	UNKNOW	92920000	UNKNOW	P	500MG	ORAL	CAPS	EA	60		GENERIC		36652		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800000202	ENEMA	SODIUM P	561200	Cathartics	56120000	Cathartics	P	7-19 GM/1	RECTAL	ENEM	ML	133		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800000236	ENEMA	SODIUM P	561200	Cathartics	56120000	Cathartics	P	7-19 GM/1	RECTAL	ENEM	ML	133		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800002712	ASPIRIN /	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	120		GENERIC	12/30/2022	36800		N	#N/A	ORIG_FR	10 EHB	#N/A				X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
36800002925	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	GUM	EA	110		GENERIC		36800		N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF AGE=1 LIMITED TO 24 PIE	R	MEDPRMI
36800003018	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	180		GENERIC	12/30/2022	36800		N	#N/A	ORIG_FR	10 EHB	#N/A				X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
36800003214	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	7 MG/24H	TRANSDE	PT24	EA	14		GENERIC	5/15/2023	36800		N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF AGE=18-999 YEARS AND D	R	MEDPRMI
36800003414	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	14 MG/24I	TRANSDE	PT24	EA	14		GENERIC		36800		N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF AGE=18-999 YEARS AND D	R	MEDPRMI
36800003814	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	21 MG/24I	TRANSDE	PT24	EA	14		GENERIC	12/4/2023	36800		N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF AGE=18-999 YEARS AND D	R	MEDPRMI
36800004030	URINARY	PHENAZC	840800	Antipruritic	84080000	Antipruritic	P	95MG	ORAL	TABS	EA	30		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800004840	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	CAPS	EA	40		GENERIC	1/3/2022	36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800005027	IBUPROF	IBUPROF	282492	Anxiolytics	28249200	Anxiolytics	P	200-38 MC	ORAL	TABS	EA	80		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800005058	IBUPROF	IBUPROF	282492	Anxiolytics	28249200	Anxiolytics	P	200-38 MC	ORAL	TABS	EA	40		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800005060	IBUPROF	IBUPROF	282492	Anxiolytics	28249200	Anxiolytics	P	200-38 MC	ORAL	TABS	EA	20		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800005452	12 HOUR	PSEUDOE	121212	alpha- anc	12121200	alpha- anc	P	120MG	ORAL	TB12	EA	10		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800005460	12 HOUR	PSEUDOE	121212	alpha- anc	12121200	alpha- anc	P	120MG	ORAL	TB12	EA	20		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800005705	INFANTS	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	50 MG/1.2	ORAL	SUSP	ML	15		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800006200	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	P	2%	VAGINAL	CREA	GM	21		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800006330	CALAMIN	CALAMIN	842412	Basic Oint	84241200	Basic Oint	O	8-8 %	EXTERNA	LOTN	ML	177		MSB		36800		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
36800007471	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	50		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800007478	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	100		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800008100	MICONAZ	MICONAZ	840408	Antifungal	84040808	Azoles	P	200 & 2 M	VAGINAL	KIT	EA	1		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800008177	PETROLE	PETROLA	842412	Basic Oint	84241200	Basic Oint	O	0	EXTERNA	OINT	GM	106		MSB		36800		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
36800008401	STOOL S	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	100		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800008512	VEGETAE	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	120		GENERIC	6/25/2024	36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800008560	VEGETAE	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	60		GENERIC	6/25/2024	36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800008902	BACITRA	BACITRA	840404	Antibacter	84040400	Antibacter	P	500 UNIT/	EXTERNA	OINT	GM	28.4		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800009100	POVIDON	POVIDON	840416	UNKNOW	84041600	UNKNOW	P	10%	EXTERNA	SOLN	ML	237		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800009132	VITAMIN I	VITAMIN I	842412	Basic Oint	84241200	Basic Oint	P	0-0	EXTERNA	CREA	GM	113.4		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800009208	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	5 MG/5ML	ORAL	SOLN	ML	120		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800009332	CO Q-10	COENZYM	929200	UNKNOW	92920000	UNKNOW	P	100 MG	ORAL	CAPS	EA	30		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800009423	NASAL DI	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	P	10 MG	ORAL	TABS	EA	72		GENERIC	1/31/2022	36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800009468	NASAL DI	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	P	10 MG	ORAL	TABS	EA	36		GENERIC	10/9/2024	36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800009489	NASAL DI	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	P	10 MG	ORAL	TABS	EA	18		GENERIC	10/9/2024	36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800009691	FLU/SEVE	DEXTROM	480800	Antitussive	48080000	Antitussive	P	20-10-650	ORAL	PACK	EA	6		GENERIC	10/30/2024	36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800011595	HOT/COL	HOT/COL	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	2		NON DRUG		36800		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800011702	LANSOPF	LANSOPF	562836	Proton-pu	56283600	Proton-pu	P	15 MG	ORAL	CPDR	EA	14	X	GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800011703	LANSOPF	LANSOPF	562836	Proton-pu	56283600	Proton-pu	P	15 MG	ORAL	CPDR	EA	14	X	GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800012550	GAS RELI	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	180 MG	ORAL	CAPS	EA	50		GENERIC	6/25/2024	36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800013108	ALLERGY	LORATAD	40800	Second G	4080000	Second G	P	5 MG/5ML	ORAL	SOLN	ML	120		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800014082	ALL DAY I	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	200		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800014165	ACID REL	FAMOTID	562812	Histamine	56281200	Histamine	P	10 MG	ORAL	TABS	EA	30		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800014172	ACID REL	FAMOTID	562812	Histamine	56281200	Histamine	P	10 MG	ORAL	TABS	EA	60		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800014489	MUCUS-D	PSEUDOE	481600	Expectora	48160000	Expectora	P	60-600 MC	ORAL	TB12	EA	18		GENERIC	12/12/2023	36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800015193	BIOTIN	BIOTIN	880800	Vitamin B	88080000	Vitamin B	P	5 MG	ORAL	CAPS	EA	60		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800015712	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TABS	EA	100		GENERIC		36800		N	#N/A	ORIG_FR	10 EHB	#N/A				X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
36800016582	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	600-400 M	ORAL	CHEW	EA	60		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800016626	CHILDREI	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5I	ORAL	SUSP	ML	120		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800017025	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	GUM	EA	110		GENERIC		36800		N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF AGE=1 LIMITED TO 24 PIE	R	MEDPRMI
36800017662	ALL DAY	CETIRIZIN	40800	Second G	4080000	Second G	P	5-120 MG	ORAL	TB12	EA	24		GENERIC	5/3/2022	36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800018236	PETROLE	PETROLA	842412	Basic Oint	84241200	Basic Oint	O	0	EXTERNA	OINT	GM	28.3		MSB		36800		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
36800018383	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	225		GENERIC	1/31/2022	36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800018926	ALL DAY	CETIRIZIN	40800	Second G	4080000	Second G	P	5 MG/5ML	ORAL	SOLN	ML	118		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800019402	ACID REL	FAMOTID	562812	Histamine	56281200	Histamine	P	20 MG	ORAL	TABS	EA	25	X	GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800019471	ACID REL	FAMOTID	562812	Histamine	56281200	Histamine	P	20 MG	ORAL	TABS	EA	50	X	GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800019900	MICONAZ	MICONAZ	840408	Antifungal	84040808	Azoles	P	1200 & 2 I	VAGINAL	KIT	EA	1		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800020226	PAIN & FE	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5I	ORAL	SUSP	ML	118		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800020625	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	GUM	EA	110		GENERIC		36800		N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF AGE=1 LIMITED TO 24 PIE	R	MEDPRMI
36800021830	CLEAR AI	PRAMOXI	840800	Antipruritic	84080000	Antipruritic	P	1%-.1%	EXTERNA	LOTN	ML	177		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800021901	MUCUS D	DEXTROM	480800	Antitussive	48080000	Antitussive	P	30-600 MC	ORAL	TB12	EA	20		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800022201	FLUTICAS	FLUTICAS	520808	Corticoste	52080800	Corticoste	P	50 MCG/A	NASAL	SUSP	ML	15.8		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	X	16 IN 30 DAYS				R	MEDPRMI
36800022453	ANTI-DIAI	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	P	2 MG	ORAL	TABS	EA	12		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800022462	ANTI-DIAI	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	P	2 MG	ORAL	TABS	EA	24		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800022491	ANTI-DIAI	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	P	2 MG	ORAL	TABS	EA	6		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800024712	MINERAL	MINERAL	561200	Cathartics	56120000	Cathartics	P	0	ORAL	OIL	ML	473		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800025101	NUTRITIC	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB		36800		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800025102	NUTRITIC	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB		36800		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800025103	NUTRITIC	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB		36800		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800025126	NUTRITIC	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB		36800		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800025127	NUTRITIC	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB		36800		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800025128	NUTRITIC	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB		36800		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800025510	INFANTS	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	50 MG/1.2	ORAL	SUSP	ML	30		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800027468	ASPIRIN I	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	CHEW	EA	36		GENERIC		36800		N	#N/A	ORIG_FR	10 EHB	#N/A				X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
36800027953	HEMORR	PHENYLE	841600	Cell Stimu	84160000	Cell Stimu	P	0.25-88.44	RECTAL	SUPP	EA	12		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800030026	TUSSIN C	DEXTROM	480800	Antitussive	48080000	Antitussive	P	15 MG/5M	ORAL	SYRP	ML	118		GENERIC	10/15/2024	36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800030410	NASAL SI	OXYMETA	523200	Vasocons	52320000	Vasocons	P	0.05%	NASAL	SOLN	ML	30		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800030601	CLEARLA	POLYETH	561200	Cathartics	56120000	Cathartics	P	0-17GM/S	ORAL	POWD	GM	116		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800030602	CLEARLA	POLYETH	561200	Cathartics	56120000	Cathartics	P	0-17GM/S	ORAL	POWD	GM	238		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800030603	CLEARLA	POLYETH	561200	Cathartics	56120000	Cathartics	P	0-17GM/S	ORAL	POWD	GM	510		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800031213	NASAL M	SALINE	529200	EENT Dru	52920000	EENT Dru	P	0.65%	NASAL	SOLN	ML	44		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800031913	ALLERGY	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	5		GENERIC	12/28/2023	36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800031995	ALLERGY	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	45		GENERIC	12/28/2023	36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800032910	MAGNESI	MAGNESI	561200	Cathartics	56120000	Cathartics	P	1.745 GM/	ORAL	SOLN	ML	296		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800033102	KNEE STA	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		36800		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800033109	CARPAL T	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		36800		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800034403	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	LOZG	EA	24		GENERIC		36800		N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF AGE=1 LIMITED TO 20 LOZ	R	MEDPRMI
36800034405	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	LOZG	EA	24		GENERIC		36800		N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF AGE=1 LIMITED TO 20 LOZ	R	MEDPRMI
36800034639	4X PROBI	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0-0-0	ORAL	TABS	EA	28		SSB		36800		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800034814	MAGNESI	MAGNESI	561200	Cathartics	56120000	Cathartics	P	1.745GM/	ORAL	SOLN	ML	296		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800035934	TUSSIN D	DEXTROM	480800	Antitussive	48080000	Antitussive	P	100-10 MC	ORAL	LIQD	ML	237		GENERIC	10/24/2024	36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800036088	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG	ORAL	TBDP	EA	24		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800036089	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	80 MG	ORAL	TBDP	EA	30		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800036347	BALANCE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB		36800		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800036740	BLOOD G	GLUCOSE	362600	Diabetes I	36260000	Diabetes I	O	0	IN VITRO	STRP	EA	25		NON DRUG		36800		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
36800036741	BLOOD G	GLUCOSE	362600	Diabetes I	36260000	Diabetes I	O	0	IN VITRO	STRP	EA	50		NON DRUG		36800		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
36800036742	BLOOD G	GLUCOSE	362600	Diabetes I	36260000	Diabetes I	O	0	IN VITRO	STRP	EA	100		NON DRUG		36800		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
36800036743	BLOOD G	BLOOD G	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1		NON DRUG		36800		N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION			FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GI			R	MEDPRMI
36800036744	BLOOD G	GLUCOSE	362600	Diabetes I	36260000	Diabetes I	O	0	IN VITRO	STRP	EA	50		NON DRUG		36800		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
36800036745	BLOOD G	GLUCOSE	362600	Diabetes I	36260000	Diabetes I	O	0	IN VITRO	STRP	EA	100		NON DRUG		36800		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
36800036746	PREMIUM	GLUCOSE	362600	Diabetes I	36260000	Diabetes I	O	0	IN VITRO	STRP	EA	25		NON DRUG		36800		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
36800036862	ALL DAY I	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	24		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800036871	ALL DAY I	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	50		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800036882	ALL DAY I	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	200		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800037012	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TBEC	EA	125		GENERIC		36800		N	#N/A	ORIG_FR	10 EHB	#N/A				X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
36800037926	ALLERGY	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5 MG/5	ORAL	LIQD	ML	118		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800037934	ALLERGY	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5 MG/5	ORAL	LIQD	ML	237		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800038525	MICONAZ	MICONAZ	840408	Antifungal	84040808	Azoles	P	2%	EXTERNA	POWD	GM	71		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800038810	NO DRIP	OXYMETA	523200	Vasocons	52320000	Vasocons	P	0.05%	NASAL	SOLN	ML	30		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800039726	PAIN & FE	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5I	ORAL	SUSP	ML	118		GENERIC	5/16/2024	36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800040213	WART RE	SALICYLI	842800	Keratolytic	84280000	Keratolytic	P	17%	EXTERNA	GEL	GM	7		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800040636	UNIVERS	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		36800		N	FORMULARY		2 BRAND	PREFERRED BRAND						R	MEDPRMI
36800041425	PAIN REL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	CAPS	EA	40		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800041926	CHILDREI	DEXTROM	480800	Antitussive	48080000	Antitussive	P	5-100 MG/	ORAL	LIQD	ML	118		GENERIC	10/24/2024	36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800042104	WART RE	SALICYLI	842800	Keratolytic	84280000	Keratolytic	P	17%	EXTERNA	LIQD	ML	9		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800042321	IBUPROF	PSEUDOE	121212	alpha- anc	12121200	alpha- anc	P	30-200 MC	ORAL	TABS	EA	20		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800042654	TIOCONA	TIOCONA	840408	Antifungal	84040808	Azoles	P	6.50%	VAGINAL	OINT	GM	4.6		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800043162	NIGHTTIN	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	25 MG	ORAL	TABS	EA	24		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800043167	NIGHTTIN	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	25 MG	ORAL	TABS	EA	48		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800043262	NASAL DI	PSEUDOE	121212	alpha- anc	12121200	alpha- anc	P	30 MG	ORAL	TABS	EA	24		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800043267	NASAL DI	PSEUDOE	121212	alpha- anc	12121200	alpha- anc	P	30 MG	ORAL	TABS	EA	48		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800043771	PAIN REL	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	500-25 MC	ORAL	TABS	EA	50		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800044164	SLEEP AI	DOXYLAM	282492	Anxiolytics	28249200	Anxiolytics	P	25 MG	ORAL	TABS	EA	32		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800044983	ALLERGY	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	100		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800045562	8 HR ART	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	650 MG	ORAL	TBCR	EA	24		GENERIC	8/29/2024	36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800045578	8 HR ART	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	650 MG	ORAL	TBCR	EA	100		GENERIC	8/29/2024	36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800045660	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	GUM	EA	20		GENERIC		36800		N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF AGE=1 LIMITED TO 24 PIE	R	MEDPRMI
36800045678	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	GUM	EA	100		GENERIC		36800		N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF AGE=1 LIMITED TO 24 PIE	R	MEDPRMI
36800045806	ALL DAY	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	70		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800045813	ALL DAY	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	5		GENERIC	1/3/2022	36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800045839	ALL DAY	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800045847	ALL DAY	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	150		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800045866	ALL DAY	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	14		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800045887	ALL DAY	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	300		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800045895	ALL DAY	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	45		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800046768	ASPIRIN I	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	CHEW	EA	36		GENERIC		36800		N	#N/A	ORIG_FR	10 EHB	#N/A				X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
36800046882	ANTACID	CALCIUM	560400	Antacids a	56040000	Antacids a	P	750 MG	ORAL	CHEW	EA	96		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800047526	ALL-DAY	CETIRIZIN	40800	Second G	4080000	Second G	P	5 MG/5ML	ORAL	SOLN	ML	118		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800047775	FIBER LA	CALCIUM	561200	Cathartics	56120000	Cathartics	P	625 MG	ORAL	TABS	EA	90		GENERIC	11/3/2022	36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800047848	ANTACID	CALCIUM	560400	Antacids a	56040000	Antacids a	P	500 MG	ORAL	CHEW	EA	150		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800048462	PAIN REL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	24		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800048471	PAIN REL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	50		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800048478	PAIN REL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	100		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800048490	PAIN REL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	500		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800049062	ALL DAY I	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	24		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800049071	ALL DAY I	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	50		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800049078	ALL DAY I	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	100		GENERIC	1/2/2024	36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800049916	HEMORR	PHENYLE	841600	Cell Stimu	84160000	Cell Stimu	P	0.25-14-74	RECTAL	OINT	GM	57		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800050602	ANTI-ITCI	DIPHENH	840800	Antipruritic	84080000	Antipruritic	P	2-0.1 %	EXTERNA	CREA	GM	28.4		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800051526	TUSSIN M	GUAIFEN	481600	Expectora	48160000	Expectora	P	100 MG/5I	ORAL	LIQD	ML	118		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800051626	TUSSIN C	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-10-100 I	ORAL	LIQD	ML	118		GENERIC	6/20/2022	36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800051634	TUSSIN C	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-10-100 I	ORAL	LIQD	ML	237		GENERIC	10/30/2024	36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800051771	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	50		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800051778	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	100		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800051927	PETROLE	PETROLA	842412	Basic Oint	84241200	Basic Oint	O	0	EXTERNA	OINT	GM	368		SSB		36800		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800053260	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	GUM	EA	20		GENERIC		36800		N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF AGE=1 LIMITED TO 24 PIE	R	MEDPRMI
36800053278	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	GUM	EA	100		GENERIC		36800		N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF AGE=1 LIMITED TO 24 PIE	R	MEDPRMI
36800053664	ANTIBIOT	BACITRA	840404	Antibacter	84040400	Antibacter	P	500 UNIT/	EXTERNA	OINT	GM	28		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800053905	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	LOZG	EA	24		GENERIC		36800		N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF AGE=1 LIMITED TO 20 LOZ	R	MEDPRMI
36800055221	COUGH D	DEXTROM	480800	Antitussive	48080000	Antitussive	P	30 MG/5M	ORAL	SUER	ML	89		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800055228	COUGH D	DEXTROM	480800	Antitussive	48080000	Antitussive	P	30 MG/5M	ORAL	SUER	ML	148		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800055726	PAIN & FE	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5I	ORAL	SUSP	ML	118		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800057201	FLUTICAS	FLUTICAS	520808	Corticoste	52080800	Corticoste	P	50 MCG/A	NASAL	SUSP	ML	9.9		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	X	16 IN 30 DAYS				R	MEDPRMI
36800057826	TUSSIN D	DEXTROM	480800	Antitussive	48080000	Antitussive	P	100-10 MC	ORAL	LIQD	ML	118		GENERIC	11/4/2024	36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800058326	LOPERAM	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	P	1 MG/7.5M	ORAL	SOLN	ML	120		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800058544	ALLERGY	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5 MG	ORAL	TBDP	EA	18		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800059016	PAIN & FE	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5I	ORAL	SUSP	ML	60		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800060155	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	P	20MG	ORAL	TBDD	EA	14		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800060462	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	24		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800060471	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	50		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800060478	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	100		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800060485	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	250		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800060490	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	500		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800060506	MUCUS R	DEXTROM	480800	Antitussive	48080000	Antitussive	P	5-100 MG/	ORAL	LIQD	ML	177		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800061246	ALLERGY	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	10		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800061287	ALLERGY	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	300		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800062610	MAGNESI	MAGNESI	561200	Cathartics	56120000	Cathartics	P	1.745 GM/	ORAL	SOLN	ML	296		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800064762	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	24		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800064771	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	50		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800064778	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	100		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800064790	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	500		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800064810	NASAL F	PHENYLE	523200	Vasocons	52320000	Vasocons	P	1%	NASAL	SOLN	ML	30		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800064912	MILK OF I	MAGNESI	561200	Cathartics	56120000	Cathartics	P	1200 MG/	ORAL	SUSP	ML	355		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800068526	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5I	ORAL	SUSP	ML	120		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800069926	PAIN & FE	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5I	ORAL	SUSP	ML	118		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800070938	MAGNESI	MAGNESI	561200	Cathartics	56120000	Cathartics	P	1.745 GM/	ORAL	SOLN	ML	296		GENERIC		36800		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800073402	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	LOZG	EA	27		GENERIC		36800		N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF AGE=1 LIMITED TO 20 LOZ	R	MEDPRMI
36800074462	ALL DAY	CETIRIZIN	40800	Second G	4080000	Second G	P	5-120 MG	ORAL	TB12	EA	24		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800076616	PAIN & FE	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5I	ORAL	SUSP	ML	60		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800076820	EFFERVE	CHLORPI	40400	First Gene	4040000	First Gene	P	2-7.8-325	ORAL	TBEF	EA	20		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800077947	8 HR ART	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	650 MG	ORAL	TBCR	EA	150		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800078312	VEGETAE	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	120		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800078601	SENNA L	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6 MG	ORAL	TABS	EA	100		GENERIC	6/25/2024	36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800079450	CHEST C	GUAIFEN	481600	Expectora	48160000	Expectora	P	400 MG	ORAL	TABS	EA	50		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800081710	NASAL SI	OXYMETA	523200	Vasocons	52320000	Vasocons	P	0.05%	NASAL	SOLN	ML	30		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800082529	MICONAZ	MICONAZ	840408	Antifungal	84040808	Azoles	P	2%	VAGINAL	CREA	GM	45		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800083533	EARWAX	CARBAMI	520424	UNKNOW	52042400	UNKNOW	P	6.50%	OTIC	SOLN	ML	15		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800083634	EARWAX	CARBAMI	520424	UNKNOW	52042400	UNKNOW	P	6.50%	OTIC	SOLN	ML	15		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800083926	MUCUS R	PHENYLE	480800	Antitussive	48080000	Antitussive	P	2.5-5-100	ORAL	LIQD	ML	118		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800084726	TUSSIN D	DEXTROM	480800	Antitussive	48080000	Antitussive	P	20-400 MC	ORAL	LIQD	ML	118		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800085926	NIGHT TI	DIPHENH	40400	First Gene	4040000	First Gene	O	6.25-2.5 M	ORAL	SYRP	ML	118		SSB	7/24/2024	36800	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800086634	LICE KILL	PYRETHR	840412	Scabicides	84041200	Scabicides	P	4-0.33 %	EXTERNA	SHAM	ML	236		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800087305	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	LOZG	EA	72		GENERIC		36800		N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF AGE=1 LIMITED TO 20 LOZ	R	MEDPRMI
36800088210	GAS RELI	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	20 MG/0.3	ORAL	SUSP	ML	30		GENERIC	1/3/2022	36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800089726	CHILDREI	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5I	ORAL	SUSP	ML	120		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800090002	PAIN REL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	100		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800090326	MULTI-SY	PHENYLE	480800	Antitussive	48080000	Antitussive	P	2.5-1-5-16	ORAL	SUSP	ML	118		GENERIC	8/7/2024	36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800090901	ALLERGY	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	TABS	EA	24		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800091501	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	TBEC	EA	14		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800091503	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	TBEC	EA	14		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
36800091530	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	TBEC	EA	28		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI

36800091555	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	TBEC	EA	42		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
36800091574	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	TBEC	EA	14		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
36800093214	MUCUS R	GUAIFEN	481600	Expectora	48160000	Expectora	P	1200 MG	ORAL	TB12	EA	14		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
36800093300	PETROLE	PETROLA	842412	Basic Oint	84241200	Basic Oint	O	0	EXTERNA	OINT	GM	213		MSB		36800		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
36800094424	HEMORR	PRAMOXI	840800	Antipruritic	84080000	Antipruritic	P	1-0.25-14.	EXTERNA	CREA	GM	51		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
36800095009	HEARTBU	RANITIDI	562812	Histamine	56281200	Histamine	P	150 MG	ORAL	TABS	EA	65	X	GENERIC	4/1/2020	36800		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
36800095062	HEARTBU	RANITIDI	562812	Histamine	56281200	Histamine	P	150 MG	ORAL	TABS	EA	24	X	GENERIC	4/1/2020	36800		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
36800095702	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	LOZG	EA	27		GENERIC		36800		N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE<1 LIMITED TO 20 LOZ	R	MEDPRIM
36800095926	PAIN & FE	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5I	ORAL	SUSP	ML	118		GENERIC	7/5/2022	36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
36800098726	COLD/CO	PHENYLE	480800	Antitussive	48080000	Antitussive	P	2.5-1-5 MG	ORAL	LIQD	ML	118		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
36800098850	CHEST C	DEXTROM	480800	Antitussive	48080000	Antitussive	P	20MG-400	ORAL	TABS	EA	50		GENERIC		36800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000000310	CREST T	DENTIFRI	340000	Dental Ag	34000000	Dental Ag	O	0-.243%-0	DENTAL	PSTE	GM	246		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000000311	CREST T	DENTIFRI	340000	Dental Ag	34000000	Dental Ag	O	0-.243%-0	DENTAL	GEL	GM	246		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000000312	CREST T	DENTIFRI	340000	Dental Ag	34000000	Dental Ag	O	0-.243%-0	DENTAL	GEL	GM	192		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000000321	CREST T	DENTIFRI	340000	Dental Ag	34000000	Dental Ag	O	0-.243%-0	DENTAL	PSTE	GM	192		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000000322	CREST T	DENTIFRI	340000	Dental Ag	34000000	Dental Ag	O	0-.243%-0	DENTAL	PSTE	GM	138		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000000323	CREST T	DENTIFRI	340000	Dental Ag	34000000	Dental Ag	O	0-.243%-0	DENTAL	PSTE	GM	81		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000000325	CREST T	DENTIFRI	340000	Dental Ag	34000000	Dental Ag	O	0-.243%-0	DENTAL	PSTE	GM	180		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000000326	CREST T	DENTIFRI	340000	Dental Ag	34000000	Dental Ag	O	0-.243%-0	DENTAL	PSTE	GM	180		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000000327	CREST T	DENTIFRI	340000	Dental Ag	34000000	Dental Ag	O	0-.243%-0	DENTAL	GEL	GM	180		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000000328	CREST T	DENTIFRI	340000	Dental Ag	34000000	Dental Ag	O	0	DENTAL	PSTE	GM	180		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000000335	CREST T	DENTIFRI	340000	Dental Ag	34000000	Dental Ag	O	0-.243%-0	DENTAL	GEL	GM	138		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000000337	CREST T	DENTIFRI	340000	Dental Ag	34000000	Dental Ag	O	0	DENTAL	GEL	GM	180		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000000340	CREST T	DENTIFRI	340000	Dental Ag	34000000	Dental Ag	O	0-.243%-0	DENTAL	PSTE	GM	25.5		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000000345	CREST T	DENTIFRI	340000	Dental Ag	34000000	Dental Ag	O	0	DENTAL	PSTE	GM	192		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000000346	CREST T	DENTIFRI	340000	Dental Ag	34000000	Dental Ag	O	0-.243%-0	DENTAL	PSTE	GM	138		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000000359	SCOPE	MOUTHW	522800	Mouthwas	52280000	Mouthwas	O	18.5%-.45	MOUTH/T	LIQD	ML	720		SSB		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000001198	HEAD & S	PYRITHIC	840492	Local Anti-	84049200	Local Anti-	P	1%	EXTERNA	SHAM	ML	700		MSB		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
37000002404	METAMU	PSYLLIUM	561200	Cathartics	56120000	Cathartics	O	51.70%	ORAL	PACK	EA	30		SSB		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000002410	METAMU	PSYLLIUM	561200	Cathartics	56120000	Cathartics	O	58.12%	ORAL	PACK	EA	1		SSB		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000003201	PEPTO-BI	BISMUTH	560800	Antidiarrhe	56080000	Antidiarrhe	P	524MG/30	ORAL	SUSP	ML	118		MSB		37000	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
37000005079	LUVS ULT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	66		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000005486	ALWAYS	SANITARY	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	48		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000006194	HEAD & S	PYRITHIC	840492	Local Anti-	84049200	Local Anti-	P	1%	EXTERNA	SHAM	ML	400		MSB		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
37000006205	HEAD & S	PYRITHIC	840492	Local Anti-	84049200	Local Anti-	P	1%	EXTERNA	SHAM	ML	420		MSB	11/15/2022	37000		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
37000006543	ATTENDS	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	26		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000006588	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	40		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000006622	ATTENDS	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	72		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000006685	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	22		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000006745	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	34		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000006751	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	28		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000006875	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000008176	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	174		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000008178	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	156		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000008180	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	136		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000008182	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	156		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000008183	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	140		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000008184	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	120		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000010449	LUVS ULT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	86		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000010450	LUVS ULT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	74		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000010514	LUVS ULT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	62		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000011431	ALWAYS	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000011724	LUVS ULT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	70		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000011725	LUVS SIZ	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	60		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000011911	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	28		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000011961	METAMU	PSYLLIUM	561200	Cathartics	56120000	Cathartics	P	58.60%	ORAL	POWD	GM	660		GENERIC		37000		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000014343	ALIGN	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	4 MG	ORAL	CAPS	EA	28		SSB		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000017116	PAMPERS	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	36		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000017356	THERMA	HEAT WR	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000017388	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	17		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000017390	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	17		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000017391	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	27		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000017392	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	27		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000017397	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	13		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000017399	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	13		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000017400	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	21		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000017401	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	21		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000019505	PAMPERS	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	64		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000019510	PAMPERS	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	320		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000020178	CREST 3I	DENTAL V	340000	Dental Ag	34000000	Dental Ag	O	0	DENTAL	STRP	EA	40		SSB		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000023297	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	44		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000023298	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	44		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000023305	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	40		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000023314	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	33		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000023315	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	33		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000024065	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	40		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000024463	ALIGN	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	4 MG	ORAL	CAPS	EA	49		SSB		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000025445	METAMU	PSYLLIUM	561200	Cathartics	56120000	Cathartics	O	51.70%	ORAL	PACK	EA	44		SSB		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000025989	LUVS ULT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	96		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000025996	LUVS ULT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	108		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000026003	LUVS ULT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	96		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000026006	LUVS ULT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	108		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000026008	LUVS ULT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	82		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000026010	LUVS ULT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	96		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000026221	LUVS ULT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000026223	LUVS ULT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	42		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000026224	LUVS ULT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	36		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000026229	LUVS ULT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	31		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000026230	LUVS ULT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	27		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000026231	LUVS ULT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	23		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
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37000026245	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	42		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000026246	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	23		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000026247	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	36		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000026249	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	31		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000026251	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	27		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000026257	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	23		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000026338	LUVS ULT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	38		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000026483	CREST 3I	DENTAL V	340000	Dental Ag	34000000	Dental Ag	O	0	DENTAL	STRP	EA	20		SSB		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000026583	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	26		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
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37000026586	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	23		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000026587	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	19		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000026590	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	19		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000027940	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	23		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000027941	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	40		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000027952	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000027953	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	34		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000027959	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	92		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000028052	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000028066	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	33		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000028068	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	54		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000028081	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000028084	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000028103	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	44		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000028516	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	31		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000028519	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	36		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000028521	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	60		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000028522	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	36		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000028524	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	60		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000028551	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	66		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000029379	CREST PI	SODIUM F	340400	UNKNOW	34040000	UNKNOW	P	0.0221 (0.	MOUTH/T	SOLN	ML	500		GENERIC		37000		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000029417	ALIGN	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	4MG	ORAL	CAPS	EA	42		SSB		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000030569	ATTENDS	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	68		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000030570	ATTENDS	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	68		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000030662	ALWAYS	SANITARY	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	28		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000030756	CREST C	SODIUM F	340000	Dental Ag	34000000	Dental Ag	O	0.24%	MOUTH/T	PSTE	GM	226	X	SSB		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000031290	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	18		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000031534	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	40		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000033710	METAMU	PSYLLIUM	561200	Cathartics	56120000	Cathartics	P	58.60%	ORAL	POWD	GM	174		GENERIC		37000		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000034273	ALWAYS	SANITARY	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	24		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000034895	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000035905	PRILOSE	OMEPRA	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	TBEC	EA	14		MSB		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
37000035906	PRILOSE	OMEPRA	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	TBEC	EA	28		MSB		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
37000035907	PRILOSE	OMEPRA	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	TBEC	EA	42		MSB		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
37000039798	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	32		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000040511	METAMU	PSYLLIUM	561200	Cathartics	56120000	Cathartics	O	.36GM-.52	ORAL	CAPS	EA	160		SSB		37000	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000040514	METAMU	PSYLLIUM	561200	Cathartics	56120000	Cathartics	P	400 MG	ORAL	CAPS	EA	100		GENERIC		37000	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000041946	LUVS SIZ	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	60		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000041947	LUVS SIZ	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	52		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000041948	LUVS SIZ	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	46		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000041949	LUVS ULT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	40		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000042020	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	84		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000042021	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	72		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000042022	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	60		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000042023	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	52		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000042024	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	46		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000042026	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	40		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000043012	ZZZQUIL	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	50 MG/30I	ORAL	LIQD	ML	354		MSB	11/15/2023	37000	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
37000043106	ZZZQUIL	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	50 MG/30I	ORAL	LIQD	ML	177		MSB	6/19/2023	37000	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
37000043112	ZZZQUIL	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	50 MG/30I	ORAL	LIQD	ML	354		MSB	6/19/2023	37000	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
37000043124	ZZZQUIL	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	50 MG/30I	ORAL	LIQD	ML	354		MSB	6/19/2023	37000	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
37000043463	ALWAYS	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	40		NON DRUG		37000	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000043487	METAMU	PSYLLIUM	561200	Cathartics	56120000	Cathartics	P	400 MG	ORAL	CAPS	EA	300		GENERIC		37000	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000043677	LUVS SIZ	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	80		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000044635	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	112		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000044981	CREST PI	CETYLPY	522800	Mouthwas	52280000	Mouthwas	P	0.07%	MOUTH/T	LIQD	ML	500		GENERIC		37000		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000045498	ALWAYS	SANITARY	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	42		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000045502	PRILOSE	OMEPRA	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	TBEC	EA	14		MSB		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
37000045503	PRILOSE	OMEPRA	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	TBEC	EA	28		MSB		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
37000045504	PRILOSE	OMEPRA	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	TBEC	EA	42		MSB		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
37000045902	PRILOSE	OMEPRA	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	TBEC	EA	14		MSB		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
37000045903	PRILOSE	OMEPRA	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	TBEC	EA	28		MSB	12/1/2022	37000		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
37000045904	PRILOSE	OMEPRA	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	TBEC	EA	42		MSB		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
37000046511	METAMU	PSYLLIUM	561200	Cathartics	56120000	Cathartics	P	60MG-.08I	ORAL	CAPS	EA	120		MSB		37000	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
37000047866	ALIGN	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	4 MG	ORAL	CAPS	EA	28		SSB		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000048764	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	180		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000048767	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	160		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000049109	ALIGN	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	4 MG	ORAL	CAPS	EA	63		SSB		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000049281	ALIGN KI	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	P	5MG-1.25I	ORAL	CHEW	EA	50		GENERIC		37000		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000049580	NERVIVE	SPECIALT	882800	Multivitam	88280000	Multivitam	O	600MG-60	ORAL	TABS	EA	30		SSB		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000049935	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	31		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000049936	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000050402	LUVS ULT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	124		NON DRUG		37000	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000050403	LUVS ULT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	108		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000050404	LUVS ULT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	92		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000050481	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000050482	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000050505	ALIGN EX	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0	ORAL	CAPS	EA	21		SSB		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000050579	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	24		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000050582	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	22		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000050585	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	21		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000051308	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000060148	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	24		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000064113	ALWAYS	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	39		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000064153	ALWAYS	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	3		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000064156	ALWAYS	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	9		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000064197	ALWAYS	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	42		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000072553	METAMU	PSYLLIUM	561200	Cathartics	56120000	Cathartics	P	43%	ORAL	POWD	GM	822		MSB		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
37000072827	CREST T	DENTIFRI	340000	Dental Ag	34000000	Dental Ag	O	0	DENTAL	GEL	GM	25.5		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000072829	CREST T	DENTIFRI	340000	Dental Ag	34000000	Dental Ag	O	0	DENTAL	GEL	GM	246		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000072830	CREST T	DENTIFRI	340000	Dental Ag	34000000	Dental Ag	O	0	DENTAL	GEL	GM	192		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000072935	CREST T	DENTIFRI	340000	Dental Ag	34000000	Dental Ag	O	0	DENTAL	PSTE	GM	180		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000072936	CREST T	DENTIFRI	340000	Dental Ag	34000000	Dental Ag	O	0	DENTAL	PSTE	GM	180		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000072938	CREST T	DENTIFRI	340000	Dental Ag	34000000	Dental Ag	O	0	DENTAL	PSTE	GM	180		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000072939	CREST T	DENTIFRI	340000	Dental Ag	34000000	Dental Ag	O	0	DENTAL	GEL	GM	180		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000072940	CREST T	DENTIFRI	340000	Dental Ag	34000000	Dental Ag	O	0	DENTAL	PSTE	GM	180		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000072978	CREST T	DENTIFRI	340000	Dental Ag	34000000	Dental Ag	O	0	DENTAL	PSTE	GM	246		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000072979	CREST T	DENTIFRI	340000	Dental Ag	34000000	Dental Ag	O	0	DENTAL	PSTE	GM	192		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000073174	SCOPE	MOUTHW	522800	Mouthwas	52280000	Mouthwas	O	18.5%-.45	MOUTH/T	LIQD	ML	1440		SSB		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000073200	SCOPE	MOUTHW	522800	Mouthwas	52280000	Mouthwas	O	18.5%-.45	MOUTH/T	LIQD	ML	1080		SSB		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000073917	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	27		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000074079	METAMU	PSYLLIUM	561200	Cathartics	56120000	Cathartics	P	28.30%	ORAL	POWD	GM	861		GENERIC		37000	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000074083	METAMU	PSYLLIUM	561200	Cathartics	56120000	Cathartics	P	58.60%	ORAL	POWD	GM	283		GENERIC		37000	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000074084	METAMU	PSYLLIUM	561200	Cathartics	56120000	Cathartics	P	58.60%	ORAL	POWD	GM	425		GENERIC		37000	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000074085	METAMU	PSYLLIUM	561200	Cathartics	56120000	Cathartics	P	58.60%	ORAL	POWD	GM	660		GENERIC		37000	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000074087	METAMU	PSYLLIUM	561200	Cathartics	56120000	Cathartics	O	25%	ORAL	PACK	EA	30		SSB		37000	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000074091	METAMU	PSYLLIUM	561200	Cathartics	56120000	Cathartics	O	0	ORAL	WAFR	EA	24		SSB		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000074092	METAMU	PSYLLIUM	561200	Cathartics	56120000	Cathartics	O	0	ORAL	WAFR	EA	24		SSB		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000074117	METAMU	PSYLLIUM	561200	Cathartics	56120000	Cathartics	O	55.60%	ORAL	POWD	GM	660		SSB		37000	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000074133	METAMU	PSYLLIUM	561200	Cathartics	56120000	Cathartics	P	48.57%	ORAL	POWD	GM	1254		MSB	4/17/2023	37000	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
37000074134	METAMU	PSYLLIUM	561200	Cathartics	56120000	Cathartics	P	28.30%	ORAL	POWD	GM	1368		GENERIC		37000	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000074136	METAMU	PSYLLIUM	561200	Cathartics	56120000	Cathartics	P	58.60%	ORAL	POWD	GM	1040		GENERIC		37000	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000074958	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	22		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000074961	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	16		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000076443	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	25		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000076456	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	25		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000076464	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	18		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000076465	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	18		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000076549	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	25		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000076552	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	25		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000076621	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	18		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000076622	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	18		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000077937	PREBIOTI	BACILLUS	560800	Antidiarrhe	56080000	Antidiarrhe	O	5MG-1.25	ORAL	CHEW	EA	60		SSB		37000	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000078339	ALIGN DU	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	P	5MG-1.25I	ORAL	CHEW	EA	54		GENERIC		37000		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000078859	METAMU	FIBER	561200	Cathartics	56120000	Cathartics	P	2 GM	ORAL	CHEW	EA	72		GENERIC		37000		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000079466	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	44		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
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37000081508	NYQUIL S	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-6.25-10-	ORAL	LIQD	ML	236		GENERIC		37000		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000081512	NYQUIL S	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-6.25-10-	ORAL	LIQD	ML	354		GENERIC		37000		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000081876	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	112		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
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37000081889	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	116		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
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37000081941	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	116		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000081945	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	80		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000081946	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000081950	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	72		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000081951	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	88		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000081955	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	58		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000081956	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	70		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000081962	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	96		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000081965	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	108		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000081966	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	136		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000081971	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000081972	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	120		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
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37000082000	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	60		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000082001	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	60		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000082005	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	54		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000082009	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	46		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
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37000082014	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	46		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000082241	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	128		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000082246	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	120		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000082429	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	140		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
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37000082431	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	140		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000082435	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	88		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
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37000082438	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	76		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000082440	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	66		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000082463	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	136		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000082465	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	152		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000082466	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	120		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
37000082467	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	132		NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM

37000082468	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	104	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000082469	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	116	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000082470	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	84	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000082497	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	96	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000082505	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	26	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000082506	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	80	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000082507	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	72	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000082508	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	58	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000082600	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	96	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
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37000082750	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	80	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000082751	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	72	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000082752	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	72	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000082753	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	60	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000082754	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	60	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000082787	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	172	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000082835	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	31	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000082843	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	26	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000085926	LUVS ULT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	25	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000085936	LUVS ULT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	74	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000086210	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	32	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000086211	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	28	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000086212	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	24	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000086213	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	21	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000086220	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	104	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000086221	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	120	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000086222	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	112	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000086223	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	104	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000086224	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	92	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000086225	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	78	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000086226	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	64	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000086236	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	96	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000086259	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	24	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000086260	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	21	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000086261	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	18	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000086262	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	16	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000086268	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	92	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000086269	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	74	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000086270	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	66	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000086284	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	108	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000086340	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	27	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000086342	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	35	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000086345	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	23	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000086358	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000086359	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	92	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000086360	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	88	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000086361	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	70	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000086372	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	148	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000087095	PAMPERS	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	64	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000087945	LUVS ULT	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	104	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000088700	ALWAYS	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000088701	ALWAYS	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	66	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000088730	ALWAYS	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	39	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000088732	ALWAYS	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	28	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000088736	ALWAYS	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	19	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000088755	ALWAYS	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	32	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000088762	ALWAYS	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	26	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000089373	META BIO	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	6MG	ORAL	CAPS	EA	75	SSB		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000089783	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	17	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000090434	ALWAYS	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000093952	ALIGN	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	4MG	ORAL	CAPS	EA	14	SSB		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000093953	ALIGN	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	4MG	ORAL	CAPS	EA	56	SSB		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000093982	ALWAYS	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	27	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000095995	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	23	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000096003	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	60	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000096004	PAMPERS	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	60	NON DRUG		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000096168	ALIGN	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	P	10.5MG	ORAL	CHEW	EA	24	GENERIC		37000		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000096172	ALIGN JR	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	P	10.5MG	ORAL	CHEW	EA	24	GENERIC		37000		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000096386	METAMU	PSYLLIUM	561200	Cathartics	56120000	Cathartics	O	52.63%	ORAL	POWD	GM	414	SSB		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000096913	META AP	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	1.4MG/11.	ORAL	POWD	GM	662	SSB		37000	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000096914	META AP	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	1.4MG/11.	ORAL	POWD	GM	679	SSB		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000096915	META AP	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	1.4MG/11.	ORAL	POWD	GM	418	SSB		37000	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37000097332	VICKS VA	AROMATI	929200	UNKNOW	92920000	UNKNOW	P	0-0	INHALATI	INHA	EA	1	MSB		37000		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRMI
37205001130	GLYCERI	GLYCERI	842408	Basic Oils	84240800	Basic Oils	P	99.50%	EXTERNA	LIQD	ML	177	GENERIC		37205		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37205005078	KAVA KA	KAVA (PIF	929200	UNKNOW	92920000	UNKNOW	P	425 MG	ORAL	CAPS	EA	100	GENERIC		37205		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37205006372	CHILDRE	PEDIATRI	882800	Multivitam	88280000	Multivitam	P	18 MG	ORAL	CHEW	EA	60	GENERIC		37205		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37205039272	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	600-10 MC	ORAL	TABS	EA	60	GENERIC		37205		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37205046026	MUSCLE	CAMPHOI	842404	Basic Loti	84240400	Basic Loti	P	4%-10%-3	EXTERNA	CREA	GM	120	GENERIC		37205		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37205057378	LEADER I	INSULIN F	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		37205		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE			R	MEDPRMI
37205057478	LEADER I	INSULIN F	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		37205		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE			R	MEDPRMI
37205059272	B-12	CYANOC	880800	Vitamin B	88080000	Vitamin B	P	2500 MCG	SUBLING	SUBL	EA	60	GENERIC	3/2/2022	37205		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37205066710	NATURAL	PSYLLIUM	561200	Cathartics	56120000	Cathartics	P	58.60%	ORAL	POWD	GM	283	GENERIC	1/23/2023	37205		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37205074685	D3 HIGH	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	25 MCG (	ORAL	CAPS	EA	250	GENERIC		37205		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37205074797	D3 SUPE	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	50 MCG (	ORAL	CAPS	EA	200	GENERIC	9/30/2022	37205		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37205075662	COLD HE	DEXTROI	480800	Antitussive	48080000	Antitussive	P	10-5-325 I	ORAL	TABS	EA	24	GENERIC	3/21/2022	37205		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37205077770	TRUETRA	BLOOD G	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1	NON DRUG		37205		N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GI			R	MEDPRMI
37205094960	MUCUS-D	DEXTROI	480800	Antitussive	48080000	Antitussive	P	30-600 MC	ORAL	TB12	EA	20	GENERIC		37205		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37205095066	MUCUS-D	DEXTROI	480800	Antitussive	48080000	Antitussive	P	60-1200 M	ORAL	TB12	EA	14	GENERIC		37205		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37205097275	GLUCOSA	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-66.667M	ORAL	TABS	EA	90	SSB		37205		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37205099226	MUCUS R	GUAIFEN	481600	Expectora	48160000	Expectora	P	100MG/5M	ORAL	LIQD	ML	118	GENERIC		37205		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37205099960	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	600-800 M	ORAL	CHEW	EA	60	GENERIC		37205		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37654049726	REFUAH I	BLOOD G	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		37654		N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GI			R	MEDPRMI
37654049727	REFUAH I	GLUCOSE	362600	Diabetes I	36260000	Diabetes I	O	0	IN VITRO	STRP	EA	50	NON DRUG		37654		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
37654049728	REFUAH I	BLOOD G	940000	Devices	94000000	Devices	O	0	IN VITRO	SOLN	EA	1	NON DRUG		37654		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37709000361	KABOOTI	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		37709		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37709000362	KABOOTI	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		37709		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37709000447	KABOOTI	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		37709		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37709000448	KABOOTI	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		37709		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37709000481	KABOOTI	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		37709		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37808037926	H-E-B CH	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5 MG/5	ORAL	LIQD	ML	118	GENERIC		37808		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37808060032	H-E-B AS	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	120	GENERIC		37808		N	#N/A	ORIG_FR	10 EHB	#N/A		X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
37864000016	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TABS	EA	100	GENERIC	2/17/2023	37864		N	#N/A	ORIG_FR	10 EHB	#N/A		X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
37864000017	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TABS	EA	1000	GENERIC	2/17/2023	37864		N	#N/A	ORIG_FR	10 EHB	#N/A		X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
37864000018	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	120	GENERIC	2/17/2023	37864		N	#N/A	ORIG_FR	10 EHB	#N/A		X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
37864000019	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	600-5 MG	ORAL	TABS	EA	60	GENERIC	2/17/2023	37864		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864000021	DOCUSA	DOCUSA	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	TABS	EA	100	GENERIC	2/17/2023	37864		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864000028	FERROUS	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	325 (65 FE	ORAL	TABS	EA	1000	GENERIC	2/17/2023	37864		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864000029	MAGNESI	MAGNESI	401200	Replacem	40120000	Replacem	P	400 (240 M	ORAL	TABS	EA	120	GENERIC	2/17/2023	37864		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864000030	OYSTER	OYSTER	401200	Replacem	40120000	Replacem	P	500 MG	ORAL	TABS	EA	60	GENERIC	2/17/2023	37864		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864000031	OYSTER	CALCIUM	401200	Replacem	40120000	Replacem	P	500-5 MG	ORAL	TABS	EA	60	GENERIC	2/17/2023	37864	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864000032	OYSTER	CALCIUM	401200	Replacem	40120000	Replacem	P	500-5 MG	ORAL	TABS	EA	1000	GENERIC	2/17/2023	37864	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864000033	SENNA	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6 MG	ORAL	TABS	EA	100	GENERIC	2/17/2023	37864		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864000034	SENNA P	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	60	GENERIC	2/17/2023	37864		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864000036	OYSTER	CALCIUM	401200	Replacem	40120000	Replacem	P	250-3.125	ORAL	TABS	EA	100	GENERIC	2/17/2023	37864	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864000038	OYSTER	OYSTER	401200	Replacem	40120000	Replacem	P	500 MG	ORAL	TABS	EA	1000	GENERIC	2/17/2023	37864		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864000040	OYSTER	CALCIUM	401200	Replacem	40120000	Replacem	P	500-10 MC	ORAL	CHEW	EA	60	GENERIC	2/17/2023	37864	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864000041	FERROUS	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	325 (65 FE	ORAL	TABS	EA	100	GENERIC	2/17/2023	37864		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864000042	ANIMAL C	PEDIATRI	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	CHEW	EA	100	GENERIC	2/17/2023	37864		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864000043	CERTA PI	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	90MG-90M	ORAL	TABS	EA	100	GENERIC	2/17/2023	37864	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864000046	DAILY VIT	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	100	GENERIC	2/17/2023	37864	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864000047	DAILY VIT	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	50MG-50M	ORAL	TABS	EA	100	GENERIC	2/17/2023	37864		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864000051	SENNA	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6 MG	ORAL	TABS	EA	1000	GENERIC	2/17/2023	37864		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864000052	THERA-M	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	120MG-12	ORAL	TABS	EA	130	GENERIC	2/17/2023	37864	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864000053	THERA-M	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	120MG-12	ORAL	TABS	EA	1000	GENERIC	2/17/2023	37864	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864000054	DAILY VIT	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	100	GENERIC	2/17/2023	37864		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864000056	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	1500 (600	ORAL	TABS	EA	1000	GENERIC	2/17/2023	37864		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864000058	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	1500 (600	ORAL	TABS	EA	60	GENERIC	2/17/2023	37864		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864000059	ASCORBI	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	TABS	EA	100	GENERIC	2/17/2023	37864		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864000060	ASCORBI	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	TABS	EA	1000	GENERIC	2/17/2023	37864		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864000101	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	100	GENERIC	2/17/2023	37864		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864000102	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	1000	GENERIC	2/17/2023	37864		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864000103	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	100	GENERIC	2/17/2023	37864		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864000104	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	1000	GENERIC	2/17/2023	37864		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864000110	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	100	GENERIC	2/17/2023	37864		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864000111	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	1000	GENERIC	2/17/2023	37864		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864000150	CALCIUM	CALCIUM	560400	Antacids a	56040000	Antacids a	P	500 MG	ORAL	CHEW	EA	150	GENERIC	2/17/2023	37864		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864000202	DAILY VIT	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	1000	GENERIC	2/17/2023	37864		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864007039	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	100	GENERIC	2/17/2023	37864		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864008289	OYSTER	CALCIUM	401200	Replacem	40120000	Replacem	P	500-5 MG	ORAL	TABS	EA	100	GENERIC	2/17/2023	37864		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864008759	THERA-M	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	120MG-12	ORAL	TABS	EA	100	GENERIC	2/17/2023	37864	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864070699	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	100	GENERIC	2/17/2023	37864		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864070901	ACIDOPH	LACTOBA	560800	Antidiarrhe	56080000	Antidiarrhe	P	0-100MG	ORAL	CAPS	EA	100	GENERIC	2/17/2023	37864		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864070905	ACETAMI	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	500-25 MC	ORAL	TABS	EA	50	GENERIC	2/17/2023	37864		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864071201	CHILDRE	PEDIATRI	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	CHEW	EA	100	GENERIC	2/17/2023	37864		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864072001	VITAMIN I	B-COMPL	880800	Vitamin B	88080000	Vitamin B	P	83MG-5M	ORAL	TABS	EA	100	GENERIC	2/17/2023	37864		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864073099	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	1500 (600	ORAL	TABS	EA	100	GENERIC	2/17/2023	37864		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864073306	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	600-20 MC	ORAL	TABS	EA	60	GENERIC	2/17/2023	37864		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864073308	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	600-20 MC	ORAL	TABS	EA	120	GENERIC	2/17/2023	37864		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864073310	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	600-20 MC	ORAL	TABS	EA	1000	GENERIC	2/17/2023	37864		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864073399	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	600-20 MC	ORAL	TABS	EA	100	GENERIC	2/17/2023	37864		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864073406	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	315-6.25 I	ORAL	TABS	EA	60	GENERIC	2/17/2023	37864		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864073706	CRANBEF	CRANBEF	929200	UNKNOW	92920000	UNKNOW	P	425 MG	ORAL	CAPS	EA	60	GENERIC	2/17/2023	37864		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864074099	DAILY VIT	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	100	GENERIC	2/17/2023	37864		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864074301	MULTI VI	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	100	GENERIC	2/17/2023	37864		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864074399	MULTI-VI	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	100	GENERIC	2/17/2023	37864		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864075010	DOCUSA	DOCUSA	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	TABS	EA	1000	GENERIC	2/17/2023	37864		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
37864075099	DOCUSA	DOCUSA	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	TABS	EA	100	GENERIC	2/17/2023	37864		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI

38396054475	CVS GLU	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396054564	GNP GLU	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	10	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396054614	RA GLUC	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	6-4 MG-G	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396054632	WALGREI	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396054663	DEX4	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396054664	GNP GLU	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396054675	CVS GLU	DEXTROS	682292	Antihypog	68229200	Antihypog	O	4 GM	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396054708	LEADER (	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396054763	DEX4	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396054964	GNP GLU	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396055020	MEIJER G	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396055025	VALUE PL	DEXTROS	682292	Antihypog	68229200	Antihypog	P	40%	ORAL	GEL	GM	38	GENERIC	38396		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396055064	GNP GLU	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396055075	CVS GLU	DEXTROS	682292	Antihypog	68229200	Antihypog	P	40%	ORAL	GEL	GM	38	GENERIC	38396		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396055101	PX GLUC	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396055118	KROGER	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396055120	MEIJER G	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396055125	SMART S	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396055164	GNP GLU	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396055191	TGT GLU	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396055201	PX GLUC	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396055220	MEIJER G	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396055225	SMART S	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396055264	GNP GLU	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396055270	LONGS G	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396055291	TGT GLU	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396055325	SMART S	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396055470	LONGS G	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396055563	DEX4	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396055601	PX GLUC	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396055618	KROGER	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396055675	CVS GLU	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396055691	TGT GLU	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396055701	PX GLUC	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396055718	KROGER	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396055720	MEIJER G	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396055725	VALUE PL	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396055863	DEX4	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396056008	LEADER (	DEXTROS	682292	Antihypog	68229200	Antihypog	O	4 GM	ORAL	CHEW	EA	40	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396056063	DEX4 QUI	DEXTROS	682292	Antihypog	68229200	Antihypog	O	4 GM	ORAL	CHEW	EA	40	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396056064	GNP QUI	DEXTROS	682292	Antihypog	68229200	Antihypog	O	4 GM	ORAL	CHEW	EA	40	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396056118	KROGER	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396056125	SMART S	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396056191	TGT GLU	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396056263	DEX4 NAT	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396056275	CVS GLU	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396059175	CVS GLU	DEXTROS	682292	Antihypog	68229200	Antihypog	P	15 GM/59	ORAL	LIQD	ML	59	GENERIC	38396		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396059263	DEX4 GLU	DEXTROS	682292	Antihypog	68229200	Antihypog	P	15 GM/59	ORAL	LIQD	ML	59	MSB	38396	N	N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38396059475	CVS GLU	DEXTROS	682292	Antihypog	68229200	Antihypog	P	40%	ORAL	GEL	GM	38	GENERIC	38396		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396059575	CVS GLU	DEXTROS	682292	Antihypog	68229200	Antihypog	O	1 GM	ORAL	CHEW	EA	60	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396060008	LEADER E	EMOLLIEI	842412	Basic Oint	84241200	Basic Oint	O	0-0-0-0	EXTERNA	CREA	GM	113.4	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396060118	KROGER	LANCET D	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396060163	DEX4 POI	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	24	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396061363	DEX4	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	100	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396061375	CVS GLU	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	100	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396061475	CVS GLU	DEXTROS	682292	Antihypog	68229200	Antihypog	P	15 GM/38	ORAL	GEL	GM	38	GENERIC	38396		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396061532	GLUCOSE	GLUCOSE	402000	Caloric Ag	40200000	Caloric Ag	P	0	ORAL	LIQD	ML	59	GENERIC	38396		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396061575	CVS GLU	DEXTROS	682292	Antihypog	68229200	Antihypog	P	15 GM/59	ORAL	LIQD	ML	59	GENERIC	38396		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396061675	CVS GLU	DEXTROS	682292	Antihypog	68229200	Antihypog	P	15 GM/59	ORAL	LIQD	ML	59	GENERIC	38396		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396062102	PX PEN N	INSULIN F	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	38396		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
38396062103	PX PEN N	INSULIN F	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	38396		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
38396066375	CVS GLU	DEXTROS	682292	Antihypog	68229200	Antihypog	P	40%	ORAL	GEL	GM	38	GENERIC	38396		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396070118	KROGER	INSULIN F	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	38396		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
38396070218	KROGER	INSULIN F	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	38396		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
38396070237	TOPCARE	INSULIN F	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	38396		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
38396070264	GNP CLIC	INSULIN F	940000	Devices	94000000	Devices	O	31G X 8 M	DOES NO	MISC	EA	100	NON DRUG	38396		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
38396070293	CLICKFIN	INSULIN F	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	38396		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
38396070601	PX EXTR	INSULIN F	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	38396		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
38396070618	KROGER	INSULIN F	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	38396		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
38396070637	TOPCARE	INSULIN F	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	38396		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
38396070664	GNP CLIC	INSULIN F	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	38396		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
38396070693	CLICKFIN	INSULIN F	940000	Devices	94000000	Devices	O	31G X 6 M	DOES NO	MISC	EA	100	NON DRUG	38396		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
38396090102	RELION C	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396090118	KROGER	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396090125	SMART S	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396090163	DEX4	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396090191	UP & UP (	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396090192	GOODSE	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396090202	RELION C	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396090218	GLUCOSE	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	MSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38396090225	SMART S	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396090263	DEX4	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396090291	TGT GLU	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396090292	GOODSE	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396090318	KROGER	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396090325	SMART S	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396090363	DEX4	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396090392	GOODSE	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396090402	RELION C	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396090463	DEX4 GLU	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396090492	GOODSE	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396090502	RELION C	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396090563	DEX4	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396090591	GLUCOSE	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	MSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38396090592	GOODSE	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396090625	SMART S	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396090663	DEX4 GLU	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396090692	GOODSE	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396090763	DEX4 GLU	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396090963	DEX4 GLU	DEXTROS	682292	Antihypog	68229200	Antihypog	P	15 GM/59	ORAL	LIQD	ML	59	MSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38396091063	DEX4 GLU	DEXTROS	682292	Antihypog	68229200	Antihypog	P	15 GM/59	ORAL	LIQD	ML	59	MSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38396091075	CVS GLU	DEXTROS	682292	Antihypog	68229200	Antihypog	P	15 GM/59	ORAL	LIQD	ML	59	GENERIC	38396		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396091163	DEX4 GLU	DEXTROS	682292	Antihypog	68229200	Antihypog	P	15 GM/59	ORAL	LIQD	ML	59	MSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38396091192	GOODSE	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	38396		N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
38396091263	DEX4 GLU	DEXTROS	682292	Antihypog	68229200	Antihypog	O	15 GM/33	ORAL	GEL	GM	33	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396091463	DEX4 GLU	DEXTROS	682292	Antihypog	68229200	Antihypog	O	15 GM/33	ORAL	GEL	GM	33	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396091525	SMART S	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	10	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396091563	DEX4	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	10	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396091592	GOODSE	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	10	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396091618	GLUCOSE	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	10	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396091663	DEX4	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	10	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396091692	GLUCOSE	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	6-4 MG-G	ORAL	CHEW	EA	10	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396091792	GOODSE	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	10	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396091825	VALUE PL	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	38396		N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
38396091925	VALUE PL	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	200	NON DRUG	38396		N	FORMULARY		2	BRAND	PREFERRED BRAND		R	MEDPRMI
38396092092	GOODSE	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	10	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396092192	GOODSE	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	10	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396092225	SMART S	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	10	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396092363	DEX4 GLU	DEXTROS	682292	Antihypog	68229200	Antihypog	P	15 GM/59	ORAL	LIQD	ML	59	MSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38396092463	DEX4 GLU	DEXTROS	682292	Antihypog	68229200	Antihypog	P	15 GM/59	ORAL	LIQD	ML	59	MSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38396092563	DEX4 GLU	DEXTROS	682292	Antihypog	68229200	Antihypog	P	15 GM/59	ORAL	LIQD	ML	59	MSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38396092663	DEX4 GLU	DEXTROS	682292	Antihypog	68229200	Antihypog	O	15 GM/33	ORAL	GEL	GM	33	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396092763	DEX4 GLU	DEXTROS	682292	Antihypog	68229200	Antihypog	O	15 GM/33	ORAL	GEL	GM	33	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38396092863	DEX4 GLU	DEXTROS	682292	Antihypog	68229200	Antihypog	O	15 GM/33	ORAL	GEL	GM	33	SSB	38396		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI

38481000169	ABDOMIN	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	38481	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38481000960	FAST FRE	CAMPHOI	840800	Antipruritic	84080000	Antipruritic	O	.2%-3.5%	EXTERNA	LIQD	ML	118	SSB	38481	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38481000961	FAST FRE	MENTHOI	849200	Skin and M	84920000	Skin and M	P	3.50%	EXTERNA	GEL	ML	119	GENERIC	38481	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38481000963	FAST FRE	MENTHOI	849200	Skin and M	84920000	Skin and M	O	3.50%	EXTERNA	LIQD	ML	89	SSB	38481	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38481011005	ANTI-EME	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	38481	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38481030103	AQUA AR	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	38481	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38481030201	AQUA AR	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	38481	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

38485000027	EQUALAC	CALCIUM	561200	Cathartics	56120000	Cathartics	O	625MG	ORAL	CHEW	EA	48	SSB		38485		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38485011042	5 DAY FR	DERMATO	849200	Skin and M	84920000	Skin and M	O	25%	EXTERNA	PADS	EA	75	SSB		38485		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38485014001	ALOPHEN	BISACOD	561200	Cathartics	56120000	Cathartics	P	5 MG	ORAL	TBEC	EA	100	GENERIC		38485		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38485032153	CONTI CA	SOAP & C	842000	Detergents	84200000	Detergents	O	0	EXTERNA	BAR	EA	1	SSB		38485		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38485050020	SARATOG	EMOLLIEI	842412	Basic Oint	84241200	Basic Oint	P	0-0-0-0-0	EXTERNA	OINT	GM	57	GENERIC	2/1/2022	38485		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38485050060	LIPOTRIA	VITAMINS	882800	Multivitam	88280000	Multivitam	P	120MG-12	ORAL	TABS	EA	60	MSB		38485		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRM
38485050208	LYDIA PIN	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-20MG/1	ORAL	LIQD	ML	240	SSB		38485		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38485050216	LYDIA PIN	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-20MG/1	ORAL	LIQD	ML	480	SSB		38485		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38485050407	LYDIA PIN	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-10MG-1	ORAL	TABS	EA	72	SSB		38485		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38485050415	LYDIA PIN	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-10MG-1	ORAL	TABS	EA	150	SSB		38485		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38485051741	LANOLOF	LANOLIN	842412	Basic Oint	84241200	Basic Oint	O	0	EXTERNA	CREA	GM	60	SSB		38485	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38485067250	YODORA	DERMATO	849200	Skin and M	84920000	Skin and M	O	0-0	EXTERNA	CREA	GM	56.7	SSB		38485		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38485080630	SWEETA	SACCHAR	402400	Salt and S	40240000	Salt and S	O	0	ORAL	SOLN	ML	120	SSB	2/1/2022	38485		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38485080855	HYDROCI	PSYLLIUM	561200	Cathartics	56120000	Cathartics	O	95%	ORAL	PACK	EA	500	SSB		38485		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38485080857	HYDROCI	PSYLLIUM	561200	Cathartics	56120000	Cathartics	O	95%	ORAL	PACK	EA	30	SSB		38485		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38485080868	HYDROCI	PSYLLIUM	561200	Cathartics	56120000	Cathartics	P	95%	ORAL	POWD	GM	300	MSB		38485	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRM
38485086000	ST-37	HEXYLRE	522800	Mouthwas	52280000	Mouthwas	O	0.10%	MOUTH/T	LIQD	ML	236.5	SSB		38485		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38485086001	ST-37	HEXYLRE	522800	Mouthwas	52280000	Mouthwas	O	0.10%	MOUTH/T	LIQD	ML	473	SSB		38485		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38485086335	THERMO	ORAL ELE	401200	Replacem	40120000	Replacem	O	287MG-28	ORAL	TABS	EA	100	SSB		38485		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38485091161	ADULT A	RESORCI	842800	Keratolytic	84280000	Keratolytic	O	2%-8%	EXTERNA	CREA	GM	36	SSB		38485		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38485098018	AQUA CA	UREA	842800	Keratolytic	84280000	Keratolytic	P	10%	EXTERNA	LOTN	ML	237	GENERIC		38485		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38485098035	AQUA CA	UREA	842800	Keratolytic	84280000	Keratolytic	P	10%	EXTERNA	CREA	GM	71	GENERIC		38485		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38488000101	PELVIC M	MISC. DE	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		38488		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38673000008	DIGITAL T	ELECTRO	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38673		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38673000009	DIGITAL T	ELECTRO	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38673		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38673000019	BLOOD P	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		38673		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38673000021	BLOOD P	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		38673		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38673000048	DIGITAL T	ELECTRO	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38673		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38673001002	SPHYGM	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38673		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38673001060	BLOOD P	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38673		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38673001083	BLOOD P	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38673		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38673001085	BLOOD P	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38673		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38673001091	BLOOD P	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38673		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38673001092	BLOOD P	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38673		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38673001093	BLOOD P	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38673		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38673001094	BLOOD P	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38673		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38673001095	BLOOD P	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38673		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38673001097	BLOOD P	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38673		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38673001100	BLOOD P	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38673		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38673001140	BLOOD P	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38673		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38673002210	DIGITAL T	ELECTRO	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38673		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38673002214	DIGITAL T	ELECTRO	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38673		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38673002215	EAR THE	THERMO	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38673		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38673004021	BLOOD P	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38673		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38673005501	REPLACE	RESPIRA	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		38673		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38673005502	REPLACE	RESPIRA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		38673		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38673005710	LUMINEB	NEBULIZE	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		38673		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38673006600	NEBULIZE	NEBULIZE	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		38673		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38673006610	NEBULIZE	NEBULIZE	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		38673		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38673011100	THERMO	THERMO	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		38673		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38673011306	BLOOD P	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38673		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38673011313	BLOOD P	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38673		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38673012345	STETHOS	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38673		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38673020109	DIGITAL F	INFANT T	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38673		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38673040001	STETHOS	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38673		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38673040205	STETHOS	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38673		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000007	THERMO	THERMO	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000060	SITZ BAT	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000065	CANE TIP	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000070	DIGITAL T	ELECTRO	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000081	BEDPAN/I	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000082	BEDPAN/	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000090	BEDPAN/I	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000118	SM DIGIT.	ELECTRO	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000120	CANE TIP	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000128	QUAD CA	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000150	CANE TIP	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000160	CANE TIP	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000161	WRIST CU	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000170	CANE TIP	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	4	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000180	CRUTCH	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000190	CRUTCH	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000210	CRUTCH	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000220	CRUTCH	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000230	CRUTCH	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000250	CRUTCH	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000270	CANE TIP	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	4	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000281	ENTRUST	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000415	ULTRASO	HUMIDIFI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000420	CANE/WC	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000421	CANE/WC	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000423	CANE/ALU	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000424	CRUTCH/	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000425	CRUTCH/	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000426	CRUTCH/	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000427	CRUTCH/	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000435	QUAD CA	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000436	QUAD CA	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000437	CRUTCH/	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000438	CRUTCH/	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000445	ADJUSTA	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000450	FOOT MA	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000459	TRACTIO	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000500	EVAPORA	HUMIDIFI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000502	EVAPORA	HUMIDIFI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000523	CANE/ALU	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000540	CRUTCH/	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000550	CANE TIP	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000558	TRACTIO	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000559	HEAD HA	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000560	HEAD HA	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000565	TRACTIO	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000644	COOL MIS	HUMIDIFI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000646	COOL MIS	HUMIDIFI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
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38703000751	VAPORIZI	VAPORIZI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000807	COMMOD	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000901	HUMIDIFI	HUMIDIFI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703000915	COMFOR	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
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38703000951	VAPORIZI	VAPORIZI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
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38703001260	QUAD CA	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703001270	QUAD CA	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703001280	HEATING	HEATING	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
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38703001290	QUAD CA	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
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38703001387	VAPORIZI	VAPORIZI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
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38703001447	TRAVEL M	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703001600	BLOOD P	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703001606	ENTRUST	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	18	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703001750	BLOOD P	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703001754	HOT/COL	HOT/COL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703001756	COLD PA	COLD PA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703001757	COLD PA	COLD PA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703001770	HEAT AN	HOT PAC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703001771	HEAT AN	HOT PAC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703001772	HEAT AN	HOT PAC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703001900	MASSAG	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
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38703002010	BASAL TH	BASAL TH	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703002110	CANE/WC	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703002158	POSTURE	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703002170	CANE/WC	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703002183	SACRO-C	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703002227	CANE/WC	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703002230	CANE/WC	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
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38703002362	PLASTIC	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703002363	PLASTIC	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703002365	PLASTIC	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703002372	OPEN NA	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703002373	OPEN NA	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703002414	CANE/WC	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703002415	CANE	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703002418	CANE/WC	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703002419	CANE/WC	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703002430	CANE/WC	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703002464	CANE/WC	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703002468	CANE/WC	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703002570	CANE/WC	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703002630	CANE/WC	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703002690	SEATING	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703002700	CANE/ALU	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703002702	CANE/ALU	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703002703	CANE/ALU	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703002704	CANE/ALU	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703003000	MASSAG	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703003110	DISPOSA	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	300	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703003210	DISPOSA	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703003252	CAST AN	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703003253	CAST AN	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703003254	CAST AN	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703003255	CAST AN	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703003261	CRUTCH/	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703003265	CRUTCH/	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703003269	CRUTCH/	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703003310	DISPOSA	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	150	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703003400	DISPOSA	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703003463	DISPOSA	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
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38703003515	ENTRUST	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	18	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703003525	ENTRUST	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703003530	DISPOSA	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	25	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703003538	SM INCO	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	25	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703003544	SM HUMI	HUMIDIFI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703003627	ENTRUST	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	120	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703003628	DISPOSA	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	108	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703003710	ENTRUST	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	16	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703003725	ENTRUST	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703004230	CANE/ALU	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703004231	CANE/ALU	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703004241	CRUTCH/	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703004251	CRUTCH/	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703004261	CRUTCH/	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703004271	CRUTCH/	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703004390	CANE/ALU	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703004391	CANE/LA	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703004394	CANE/ALU	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703004513	REUSABL	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703004522	REUSABL	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703004523	REUSABL	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703004533	REUSABL	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703004535	REUSABL	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703004536	REUSABL	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703004570	CERVICA	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703004580	CERVICA	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703004610	WATERPI	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703004620	WATERPI	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703004640	CERVICA	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703004642	CERVICA	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703004643	CERVICA	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703004645	CERVICA	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703004902	STETHOS	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703005360	CANE WI	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703005670	PELVIC T	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703005680	TRACTIO	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703005710	TRACTIO	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703006030	MATTRES	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703006050	MATTRES	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703006070	ALUMINU	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703006090	CONTOU	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703006150	CANE/ALU	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703006270	TRANSFE	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703006350	MOIST HE	HEATING	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703006370	QUAD CA	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703006950	VIBRATIN	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703007200	INSTANT	COLD PA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703007250	HOT/COL	HOT/COL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703007550	DISPOSA	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703007610	ORAL TH	ORAL TH	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703007710	RECTAL T	RECTAL T	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703007810	BABY TH	INFANT T	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703007910	ORAL TH	ORAL TH	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703007920	BABY TH	INFANT T	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703007970	FEVER S	THERMO	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703008000	WATER B	RUBBER	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703008020	FOUNTAI	RUBBER	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703008030	FEMININE	RUBBER	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703008040	FEMININE	RUBBER	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703008310	FOLDING	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703008333	SM WALK	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703008800	HEATING	HEATING	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703009010	KANESO	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703009100	COMFOR	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703009202	ULTRASO	HUMIDIFI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703009502	WICKING	HUMIDIFI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703009503	SM VAPO	HUMIDIFI	940000	Devices	94000000	Devices	O	0	DOES NO	LIQD	ML	180	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703009504	SM VAPO	HUMIDIFI	940000	Devices	94000000	Devices	O	0	DOES NO	TBSO	EA	24	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703009800	HEATING	HEATING	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703010000	WATER B	RUBBER	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703010010	COMBINA	RUBBER	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703010020	FOUNTAI	RUBBER	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703010030	FEMININE	RUBBER	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703010040	FEMININE	RUBBER	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703010050	ICE BAG	COLD PA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703010070	ENEMA S	RUBBER	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703010080	ENEMA S	RUBBER	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703010100	EAR SYR	RUBBER	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703010110	NASAL A	RUBBER	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703010120	ICE BAG	COLD PA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703010140	RECTAL S	RUBBER	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703010160	EAR SYR	RUBBER	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRU	5/29/2022	38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703010200	FEMININE	RUBBER	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703010750	SM DISP	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	36	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703010760	DISPOSA	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	18	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703010960	ENTRUST	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	14	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703012800	QUAD CA	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
38703012850	QUAD CA	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		38703		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM

38779271402	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779271409	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779271501	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	10000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779271502	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779271509	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779271601	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	10000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779271602	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779271609	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779271701	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	10000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779271702	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779271709	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779271801	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	10000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779271802	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779271809	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779271901	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	10000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779271902	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779271909	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779272001	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	10000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779272002	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779272009	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779272101	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	10000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779272102	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779272109	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779272201	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	10000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779272202	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779272209	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779272301	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	10000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779272302	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779272309	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779272401	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	10000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779272402	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779272409	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779272501	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	10000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779272502	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779272509	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779272601	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	10000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779272602	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779272609	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779272701	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	10000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779272702	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779272709	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779272801	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	10000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779272802	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779272809	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779272901	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	10000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779272902	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779272909	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779273001	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	10000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779273002	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779273009	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779275501	CHLORHE	CHLORHE	840416 UNKNOW	84041600 UNKNOW	R	20%	DOES NO	SOLN	ML	4000	NON DRUG	38779	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND		R	MEDPRMI
38779275505	CHLORHE	CHLORHE	840416 UNKNOW	84041600 UNKNOW	R	20%	DOES NO	SOLN	ML	100	NON DRUG	38779	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND		R	MEDPRMI
38779275508	CHLORHE	CHLORHE	840416 UNKNOW	84041600 UNKNOW	R	20%	DOES NO	SOLN	ML	500	NON DRUG	38779	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND		R	MEDPRMI
38779275509	CHLORHE	CHLORHE	840416 UNKNOW	84041600 UNKNOW	R	20%	DOES NO	SOLN	ML	1000	NON DRUG	38779	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND		R	MEDPRMI
38779287905	VERSAPF	CREAM B	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	CREA	GM	100	SSB	38779	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND		R	MEDPRMI
38779287906	VERSAPF	CREAM B	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	CREA	GM	200	SSB	38779	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND		R	MEDPRMI
38779295201	COPASIL	SCAR TRI	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	GEL	GM	2500	SSB	38779	N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
38779295205	COPASIL	SCAR TRI	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	GEL	GM	100	SSB	38779	N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
38779295208	COPASIL	SCAR TRI	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	GEL	GM	500	SSB	38779	N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
38779295301	ALPAWAS	POLYETH	960000 Pharmace	96000000 Pharmace	R	0-0	EXTERNA	OINT	GM	2500	SSB	38779	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND		R	MEDPRMI
38779295305	ALPAWAS	POLYETH	960000 Pharmace	96000000 Pharmace	R	0-0	EXTERNA	OINT	GM	100	SSB	38779	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND		R	MEDPRMI
38779295308	ALPAWAS	POLYETH	960000 Pharmace	96000000 Pharmace	R	0-0	EXTERNA	OINT	GM	500	SSB	38779	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND		R	MEDPRMI
38779295501	ISOPROP	ISOPROP	840492 Local Anti-	84049200 Local Anti-	R	70%	DOES NO	SOLN	ML	960	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779295502	ISOPROP	ISOPROP	840492 Local Anti-	84049200 Local Anti-	R	70%	DOES NO	SOLN	ML	960	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779295503	ISOPROP	ISOPROP	840492 Local Anti-	84049200 Local Anti-	R	70%	DOES NO	SOLN	ML	960	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779295901	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	10000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779295902	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779295909	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779302808	VERSAPF	FOAM BA	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	FOAM	ML	500	SSB	38779	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND		R	MEDPRMI
38779302809	VERSAPF	FOAM BA	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	FOAM	ML	1000	SSB	38779	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND		R	MEDPRMI
38779302908	VERSAPF	EXTERNA	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	SHAM	GM	500	SSB	38779	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND		R	MEDPRMI
38779302909	VERSAPF	EXTERNA	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	SHAM	GM	1000	SSB	38779	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND		R	MEDPRMI
38779303001	FOAMIL	EXTERNA	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	LIQD	ML	4000	SSB	38779	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND		R	MEDPRMI
38779303008	FOAMIL	EXTERNA	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	LIQD	ML	500	SSB	38779	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND		R	MEDPRMI
38779303009	FOAMIL	EXTERNA	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	LIQD	ML	1000	SSB	38779	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND		R	MEDPRMI
38779303108	ADA SHA	EXTERNA	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	SHAM	GM	500	SSB	38779	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND		R	MEDPRMI
38779303109	ADA SHA	EXTERNA	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	SHAM	GM	1000	SSB	38779	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND		R	MEDPRMI
38779303208	U-MILD S	EXTERNA	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	SHAM	GM	500	SSB	38779	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND		R	MEDPRMI
38779303209	U-MILD S	EXTERNA	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	SHAM	GM	1000	SSB	38779	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND		R	MEDPRMI
38779305008	VERSAPF	CREAM B	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	CREA	GM	480	SSB	38779	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND		R	MEDPRMI
38779306800	WHITE PE	WHITE PE	842412 Basic Oint	84241200 Basic Oint	R	0	EXTERNA	OINT	GM	30	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779306803	WHITE PE	WHITE PE	842412 Basic Oint	84241200 Basic Oint	R	0	EXTERNA	OINT	GM	5000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779306808	WHITE PE	WHITE PE	842412 Basic Oint	84241200 Basic Oint	R	0	EXTERNA	OINT	GM	500	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779306809	WHITE PE	WHITE PE	842412 Basic Oint	84241200 Basic Oint	R	0	EXTERNA	OINT	GM	1000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779309401	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	10000	SSB	38779	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND		R	MEDPRMI
38779309402	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	SSB	38779	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND		R	MEDPRMI
38779309409	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	SSB	38779	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND		R	MEDPRMI
38779309501	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	10000	SSB	38779	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND		R	MEDPRMI
38779309502	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	SSB	38779	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND		R	MEDPRMI
38779309509	CAPSULE	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	SSB	38779	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND		R	MEDPRMI
38779315701	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	10000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779315702	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779315709	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779315801	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	10000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779315802	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779315809	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779315901	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	10000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779315902	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779315909	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779316001	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	10000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779316002	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779316009	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779316101	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	10000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779316102	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779316109	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779316201	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	10000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779316202	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779316209	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779317302	COPADEF	SCAR TRI	849200 Skin and M	84920000 Skin and M	O	0-0-0-0-0	EXTERNA	GEL	GM	29	SSB	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779317502	COPADEF	SCAR TRI	849200 Skin and M	84920000 Skin and M	O	0-0-0-0-0	EXTERNA	GEL	GM	9	SSB	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779319402	CAPSULE	NON GEL	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779319409	CAPSULE	NON GEL	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779319502	CAPSULE	NON GEL	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779319509	CAPSULE	NON GEL	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779319601	CAPSULE	NON GEL	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	10000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779319602	CAPSULE	NON GEL	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779319609	CAPSULE	NON GEL	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779319701	CAPSULE	NON GEL	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	10000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779319702	CAPSULE	NON GEL	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779319709	CAPSULE	NON GEL	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779319801	CAPSULE	NON GEL	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	10000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779319802	CAPSULE	NON GEL	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779319809	CAPSULE	NON GEL	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779319901	CAPSULE	NON GEL	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	10000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779319902	CAPSULE	NON GEL	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779319909	CAPSULE	NON GEL	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB	38779	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
38779325609	NON GEL	NON GEL	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	GENERIC	38779	N	FORMULARY		1	GEN	GENERICS		R	MEDPRMI
38779574201	SAFE-SE	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779574301	SAFE-SE	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779574401	SAFE-SE	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779574501	SAFE-SE	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779575401	SURGICA	MASKS	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	30	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779575501	SAFE-SE	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779575601	SAFE-SE	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779575701	SAFE-SE	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779575801	SAFE-SE	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779576901	SAFE-SE	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779577001	SAFE-SE	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779577101	SAFE-SE	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779577201	SAFE-SE	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779578001	SAFE-SE	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779578101	SAFE-SE	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779578201	SAFE-SE	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779578301	SAFE-SE	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779579301	MIXER/M	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779580301	FACE SHI	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779580302	FACE SHI	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779580401	BOTTLE 1	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	400	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779581902	SAFE-SE	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779582002	SAFE-SE	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779582102	SAFE-SE	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779582202	SAFE-SE	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779582601	BOTTLE 2	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779582801	SYRINGE	PARENTE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779582901	SYRINGE	PARENTE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779583001	SYRINGE	PARENTE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	15	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779583101	SYRINGE	PARENTE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	15	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779584301	SAFE-SE	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	15	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779584401	BOTTLE 8	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	108	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779589301	MIXER/M	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779589302	MIXER/M	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	4	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779589303	MIXER/M	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	20	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779589401	MIXER/M	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779589402	MIXER/M	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	4	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779589403	MIXER/M	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	20	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779590801	STERI-TA	SAFETY S	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779590901	STERI-TA	SAFETY S	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779591001	STERI-TA	SAFETY S	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779591101	BOTTLE/6	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	24	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779594502	DISPENS	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779594901	SAFE-SE	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779594902	SAFE-SE	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779595001	SAFE-SE	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779595002	SAFE-SE	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779595101	SAFE-SE	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779595102	SAFE-SE	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779595201	SAFE-SE	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779595202	SAFE-SE	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779596901	SAFE-SE	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779596902	SAFE-SE	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779597101	SAFE-SE	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779597102	SAFE-SE	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779597201	SAFE-SE	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779597202	SAFE-SE	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779597301	SAFE-SE	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779597302	SAFE-SE	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779597401	SAFE-SE	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779597402	SAFE-SE	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779597501	SAFE-SE	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779597601	SAFE-SE	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779597701	BOTTLE 5	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	5	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779597702	BOTTLE 5	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779600701	UNODOS	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779600801	UNODOS	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779600802	UNODOS	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779600901	UNODOS	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779601001	UNODOS	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779601801	SAFE-SE	MASKS	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779602001	SAFE-SE	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779602002	SAFE-SE	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779604701	SYRINGE	PARENTE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	12	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779604702	SYRINGE	PARENTE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779618901	TOPI-CLI	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779618902	TOPI-CLI	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779618903	TOPI-CLI	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	250	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779619001	TOPI-CLI	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779619002	TOPI-CLI	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779619003	TOPI-CLI	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	250	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779619101	TOPI-CLI	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779619102	TOPI-CLI	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779619103	TOPI-CLI	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	250	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779624202	SPILL KIT	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779632401	MIXER/M	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779632501	MIXER/M	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779632601	MIXER/M	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779632701	MIXING/M	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779633701	DISPENS	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779633702	DISPENS	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779633801	DISPENS	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779633802	DISPENS	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779633901	DISPENS	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779633902	DISPENS	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779634001	DISPENS	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779634002	DISPENS	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779634101	DISPENS	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779634102	DISPENS	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779634201	DISPENS	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779634202	DISPENS	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779634301	DISPENS	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779634302	DISPENS	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779634401	DISPENS	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779634402	DISPENS	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779634501	DISPENS	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779634502	DISPENS	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779634601	DISPENS	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779634602	DISPENS	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779636301	MIXER/M	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779641001	OINTMEN	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	24	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779641002	OINTMEN	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	108	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779641003	OINTMEN	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	504	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779642001	SEALS/A	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779642002	SEALS/A	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779642003	SEALS/A	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779644701	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779646501	FACE MA	MASKS	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	20	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779646601	FACE MA	MASKS	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779646702	FACE SHI	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	20	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779647901	CHEMOP	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779648001	CHEMOP	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779648101	CHEMOP	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779648201	CHEMOP	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779650301	CHEMOP	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779650401	CHEMOP	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779650501	CHEMOP	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779650601	CHEMOP	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779650701	CHEMOP	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779650801	CHEMOP	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779650901	CHEMOP	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779651001	CHEMOP	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779651101	CHEMOP	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779651201	CHEMOP	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779651301	CHEMOP	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779657501	COVERA	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	20	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779658001	MIXER/M	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779658002	MIXER/M	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	4	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779667501	GLASS VI	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	371	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779667600	UNGUAT	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	48	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779667603	UNGUAT	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	96	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779667700	UNGUAT	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	48	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779667800	UNGUAT	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	48	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779667803	UNGUAT	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	96	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779669801	SYRINGE	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779669802	SYRINGE	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779669803	SYRINGE	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779670001	DISPENS	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779670002	DISPENS	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779670101	DISPENS	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779670102	DISPENS	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779673102	TOPI-CLI	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779673103	TOPI-CLI	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779673104	TOPI-CLI	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	250	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779673202	TOPI-CLI	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
38779673203	TOPI-CLI	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI

38779673204	TOPI-CLI(	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	250	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779673302	TOPI-CLI(	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779673303	TOPI-CLI(	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779673304	TOPI-CLI(	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	250	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779673501	POCKET I	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779674201	VIAL ACC	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779674301	INHALATI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779674302	INHALATI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779674401	INHALATI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779674402	INHALATI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779674501	INHALATI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779674502	INHALATI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779674601	INHALATI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779674602	INHALATI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779674701	INHALATI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779674702	INHALATI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779674801	INHALATI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779674802	INHALATI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779674901	INHALATI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779674902	INHALATI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779675001	INHALATI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779675002	INHALATI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779675101	INHALATI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779675102	INHALATI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779675201	INHALATI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779675202	INHALATI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779675301	INHALATI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779675302	INHALATI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779675401	INHALATI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779675402	INHALATI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779675501	INHALATI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779675502	INHALATI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779676401	MAZERUS	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779676501	MAZERUS	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779676802	ALUMINU	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779676902	ALUMINU	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779676903	ALUMINU	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779677002	ALUMINU	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779677102	ALUMINU	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779677201	ALUMINU	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779677202	ALUMINU	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779677203	ALUMINU	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779677301	ALUMINU	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779677302	ALUMINU	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779677303	ALUMINU	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779677402	ALUMINU	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779677502	ALUMINU	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779677601	ALUMINU	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779677602	ALUMINU	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779677702	ALUMINU	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779677802	ALUMINU	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779677901	SUPPOSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779678201	STIRRINC	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779678202	STIRRINC	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	5	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779678203	STIRRINC	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779678501	ALUMINU	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779678502	ALUMINU	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779678503	ALUMINU	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779678601	SERUM B	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	288	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779681201	TITAN3/S'	PARENTE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779681701	ALUMINU	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779681901	MONOJE(	SYRINGE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	80	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779682601	CERVICA	CERVICA	360000 Diagnostic	36000000 Diagnostic	R	0	DOES NO	SWAB	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779683001	SYRINGE	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779683301	APPLICAT	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	5	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779683902	TOPI-CLI(	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779683903	TOPI-CLI(	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779683904	TOPI-CLI(	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	250	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779684002	TOPI-CLI(	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779684003	TOPI-CLI(	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779684004	TOPI-CLI(	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	250	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779684102	TOPI-CLI(	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779684103	TOPI-CLI(	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779684104	TOPI-CLI(	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	250	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779684701	SUPPOSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779684801	NAIL POL	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	12	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779685901	SETTLIN(	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779686001	SETTLIN(	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779690401	ESSENTF	ALCOHOL	940000 Devices	94000000 Devices	R	70%	DOES NO	SHEE	EA	30	SSB	38779	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	R	MEDPRMI
38779690402	ESSENTF	ALCOHOL	940000 Devices	94000000 Devices	R	70%	DOES NO	SHEE	EA	270	SSB	38779	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	R	MEDPRMI
38779690801	SNAP-ON	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779690802	SNAP-ON	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779696001	DROPTAI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779696002	DROPTAI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779696003	DROPTAI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779697801	GLASS B(	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	144	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779697901	NASAL SF	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779697902	NASAL SF	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779698001	COVERAI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	75	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779698101	COVERAI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	20	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779698201	COVERAI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	20	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779698301	COVERAI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	15	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779705401	BUBBLE I	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779707001	PH ACCE	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779708001	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779708002	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779708101	STRAINEI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779709401	LAB COA'	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	30	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779709501	LAB COA'	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	30	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779709601	LAB COA'	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	30	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779709701	LAB COA'	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	30	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779709801	LAB COA'	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	30	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779710601	MINI MAL	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779710702	ADAPTER	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779710703	ADAPTER	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779710704	ADAPTER	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779710705	ADAPTER	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779710802	ADAPTER	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779710803	ADAPTER	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779710804	ADAPTER	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779710805	ADAPTER	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779710901	FOIL WR/	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779711501	TOPI-CLI(	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779711503	TOPI-CLI(	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779711601	GLASS VI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779711801	TONGUE	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779713401	NITRILE (	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779713501	NITRILE (	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779713601	NITRILE (	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779713701	NITRILE (	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779715101	ECO-SMA	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779717501	OINTMEN	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779718501	UNGUAT(	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779719101	NITRILE (	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779719301	SPRAY B(	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	48	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779720601	SYRINGE	SYRINGE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	300	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779720703	TOPI-CLI(	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779721601	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779721602	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779721603	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	36	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779721604	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	72	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779721701	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779721702	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779721901	MEDI-RD'	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	8	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779721902	MEDI-RD'	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	40	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779727301	DEODOR/	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	48	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779727401	GLASS B(	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	160	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779729101	BOTTLE /	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	12	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779729102	BOTTLE /	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	48	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779729201	BOTTLE /	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	12	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779729202	BOTTLE /	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	48	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779729301	GRADUA'	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	12	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779729302	GRADUA'	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	48	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779729401	GRADUA'	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	12	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779729402	GRADUA'	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	48	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779729601	POLYPR(	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	256	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779729701	PLASTIC	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	168	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779729901	DROPPEI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	12	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779732101	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779732102	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779732201	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779732202	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779732301	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779732302	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779732401	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779732402	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779732501	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779732502	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779732601	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779732602	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779732701	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779732702	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779733101	DROPPIN	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	144	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779733201	JAR/8OZ/	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	140	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779733301	SYRINGE	ORAL SYI	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779733302	SYRINGE	ORAL SYI	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779733303	SYRINGE	ORAL SYI	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779733401	SYRINGE	ORAL SYI	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779733402	SYRINGE	ORAL SYI	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779733403	SYRINGE	ORAL SYI	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779733501	SYRINGE	ORAL SYI	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779733502	SYRINGE	ORAL SYI	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779733503	SYRINGE	ORAL SYI	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779733601	SYRINGE	ORAL SYI	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779733602	SYRINGE	ORAL SYI	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779733603	SYRINGE	ORAL SYI	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779734002	AMBER G	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	128	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779734802	WEIGH B	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779734902	WEIGH B	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779735002	WEIGH B	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779735902	TOPI-CLI(	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779735903	TOPI-CLI(	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779736901	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779736902	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779737001	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779737002	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779737101	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779737102	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779737201	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779737202	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779737301	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779737302	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779737401	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779737402	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779737501	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779737502	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779737503	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	112	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779737601	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779737602	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779737701	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779737801	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779737901	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779738001	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779742401	TYVEK PI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	200	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779743701	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	48	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779743801	NITRILE (	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	200	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779743802	NITRILE (	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779743901	NITRILE (	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	200	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779743902	NITRILE (	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779744001	NITRILE (	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	200	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779744002	NITRILE (	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779744101	NITRILE (	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	200	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779744102	NITRILE (	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779744201	NITRILE (	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	200	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779744202	NITRILE (	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779744301	NITRILE (	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	200	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779744302	NITRILE (	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779744401	NITRILE (	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	200	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779744402	NITRILE (	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779745801	PLASTIC	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779746001	GLASS B(	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	144	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779746101	GLASS B(	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	432	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779746102	GLASS B(	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779746201	GLASS B(	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	144	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779746301	FILTER 0.	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	200	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779747001	NITRILE (	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	200	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779747601	LATEX GI	DISPOSA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	24	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779748301	SERUM B	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	96	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779748401	GLASS SI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	96	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779748801	GLASS SI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2575	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779748901	GLASS SI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	924	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779749101	FACE MA	MASKS	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779749401	GLASS SI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	460	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779752601	ALHPAM(	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779752701	PLASTIC	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	48	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779752801	PLASTIC	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	48	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779753001	GLASS B(	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	12	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779753201	COVERAI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	24	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779753303	TOPI-CLI(	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779753401	BOTTLET	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779753501	METEREI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779753502	METEREI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779754401	ALCOH-W	ALCOHOL	940000 Devices	94000000 Devices	R	0	DOES NO	SHEE	EA	100	NON DRUG	38779	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	R	MEDPRMI
38779754501	ALCOH-G	ALCOHOL	940000 Devices	94000000 Devices	R	0	DOES NO	PADS	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779755301	UNGUAT(	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779755302	UNGUAT(	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779757301	FILTER/M	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	10	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779757501	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779757502	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779757601	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779757602	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779757701	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779757702	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779758501	AUTOCLA	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779770101	AUTOCLA	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	6	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779770301	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779770302	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779770401	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779770402	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779770801	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779770802	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779776301	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779776302	DISPENSI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779776401	BOTTLET	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779776902	TIP RECT	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	12	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779776903	TIP RECT	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	48	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779776904	TIP RECT	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	144	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779777201	EMPTY VI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779777301	GLASS SI	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	110	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779777801	TOPI-CLI(	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	5	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779779001	VIAL STO	PARENTE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779779401	ENEMA B	RUBBER	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	72	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779780701	FILTER 0.	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	12	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779781301	ADAPTER	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	20	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779781302	ADAPTER	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779781303	ADAPTER	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779781304	ADAPTER	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779781401	ADAPTER	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	20	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779781402	ADAPTER	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779781403	ADAPTER	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779781404	ADAPTER	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779781501	ADAPTER	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	20	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779781502	ADAPTER	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
38779781503	ADAPTER	MISC. DE'	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

38779781504	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779781601	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	20	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779781602	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779781603	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779781604	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779781701	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	20	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779781702	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779781703	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779781704	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779781801	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	20	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779781802	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779781803	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779781804	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779781901	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	20	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779781902	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779781903	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779781904	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779782001	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	20	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779782002	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779782003	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779782004	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779782101	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	20	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779782102	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779782103	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779782104	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779782201	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	20	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779782202	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779782203	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779782204	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779782301	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	20	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779782302	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779782303	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779782304	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779782401	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	20	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779782402	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779782403	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779782404	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779782501	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	20	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779782502	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779782503	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779782504	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779782601	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	20	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779782602	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779782603	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779782604	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779782701	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	20	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779782702	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779782703	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779782704	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779782801	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	20	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779782802	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779782803	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779782804	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779782901	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	20	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779782902	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779782903	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779782904	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779783001	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	20	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779783002	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779783003	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779783004	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779783101	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	20	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779783102	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779783103	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779783104	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779783201	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	20	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779783202	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779783203	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779783204	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779783301	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	20	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779783302	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779783303	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779783304	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779783401	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	20	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779783402	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779783403	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779783404	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779783501	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	20	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779783502	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779783503	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779783504	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779783601	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	20	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779783602	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779783603	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779783604	ADAPTEF	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779787601	FILTER A'	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	10	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779789402	INDICATC	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	KIT	EA	25	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779790601	MONOJE(	NEEDLE (	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779791002	BD SYRIN	SYRINGE	940000	Devices	94000000	Devices	O	10 ML		DOES NO	MISC	EA	200	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779791301	SYRINGE	PARENTE	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779791401	SYRINGE	PARENTE	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779793101	FIRST AIL	FIRST AIL	940000	Devices	94000000	Devices	O		0	COMBINA	KIT	EA	1	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779797701	DISPENSI	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779797702	DISPENSI	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779797801	DISPENSI	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779797802	DISPENSI	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779797803	DISPENSI	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	300	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779807901	SYRINGE	PARENTE	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779813502	POWDER	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	1	GENERIC	38779	N	EXCLUDE/N/A (DRL	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779814401	SYRINGE	ORAL SYI	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779814402	SYRINGE	ORAL SYI	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779814403	SYRINGE	ORAL SYI	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779814501	SYRINGE	ORAL SYI	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779814502	SYRINGE	ORAL SYI	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779814503	SYRINGE	ORAL SYI	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779814601	SYRINGE	ORAL SYI	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779814602	SYRINGE	ORAL SYI	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779814603	SYRINGE	ORAL SYI	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779814701	SYRINGE	ORAL SYI	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779814702	SYRINGE	ORAL SYI	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779814703	SYRINGE	ORAL SYI	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779814704	SYRINGE	ORAL SYI	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	5000	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779814801	SYRINGE	ORAL SYI	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779814802	SYRINGE	ORAL SYI	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779814803	SYRINGE	ORAL SYI	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779814804	SYRINGE	ORAL SYI	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	5000	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779814901	SYRINGE	ORAL SYI	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779814902	SYRINGE	ORAL SYI	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779814903	SYRINGE	ORAL SYI	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779815001	SYRINGE	ORAL SYI	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779815002	SYRINGE	ORAL SYI	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779815003	SYRINGE	ORAL SYI	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779815101	SYRINGE	ORAL SYI	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779815102	SYRINGE	ORAL SYI	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779815103	SYRINGE	ORAL SYI	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779815201	SYRINGE	ORAL SYI	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779815202	SYRINGE	ORAL SYI	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779815203	SYRINGE	ORAL SYI	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779815301	SYRINGE	ORAL SYI	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779815302	SYRINGE	ORAL SYI	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779815303	SYRINGE	ORAL SYI	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779815401	SYRINGE	ORAL SYI	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779815402	SYRINGE	ORAL SYI	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779815403	SYRINGE	ORAL SYI	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779815501	SYRINGE	ORAL SYI	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779815502	SYRINGE	ORAL SYI	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779815503	SYRINGE	ORAL SYI	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779819001	DISPENSI	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779819002	DISPENSI	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779819101	DISPENSI	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779819102	DISPENSI	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779819201	DISPENSI	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779819202	DISPENSI	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779820901	PLASTIC	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	72	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779823301	MONOJE(	FILTER N	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779823502	SHARPS (	SHARPS (	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	1	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779824701	FILTER, F	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	48	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779824803	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779825803	NITRILE (	DISPOSA	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779826101	BOTTLE /	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	1	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779826201	JUG AMB	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	1	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779829701	CLEANR(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	4	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779832701	HEAD CO	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779833201	FILTER FI	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	3	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779836601	VACUUM	PARENTE	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	12	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779841102	TOPI-CLI(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	1	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779841103	TOPI-CLI(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	1	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779841202	TOPI-CLI(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	1	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779841203	TOPI-CLI(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	1	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779841302	TOPI-CLI(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	1	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779841303	TOPI-CLI(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	1	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779841402	TOPI-CLI(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	1	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779841403	TOPI-CLI(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	1	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779845301	GLASS B(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	12	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779845302	GLASS B(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	24	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779845401	GLASS B(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	12	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779845501	FILTER 0.	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779845601	SUPPOSI	MISC. DE'	940000	Devices	94000000	Devices	O		0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779845605	SUPPOSI	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779845608	SUPPOSI	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779866201	DISPENSI	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779866202	DISPENSI	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	300	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779866203	DISPENSI	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779866900	DISPENSI	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779866901	DISPENSI	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779866902	DISPENSI	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	300	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779866903	DISPENSI	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779867601	SYRINGE	PARENTE	940000	Devices	94000000	Devices	O		0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779867901	TOPI-CLI(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	1	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779867903	TOPI-CLI(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	1	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779867904	TOPI-CLI(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	1	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779868801	AMBER G	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779869601	SYRINGE	PARENTE	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779870101	SYRINGE	PARENTE	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779870501	TOPI-CLI(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	1	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779870503	TOPI-CLI(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	1	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779870504	TOPI-CLI(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	1	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779870601	TOPI-CLI(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	1	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779870603	TOPI-CLI(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	1	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779870604	TOPI-CLI(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	1	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779871902	AMBER G	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	10	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779876501	SYRINGE	PARENTE	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779877001	FILTER 0.	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779879503	COMAR F	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779881401	SERUM B	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	35	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779890202	BOTTLE /	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779890203	BOTTLE /	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779907402	AUTOCLA	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779914201	OINTMEN	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	12	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779914202	OINTMEN	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	48	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779914203	OINTMEN	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	144	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779917501	MONOJE(	PARENTE	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779924002	SERUM B	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	243	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779924300	CLEAR GI	PARENTE	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	299	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779925003	AMBER G	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	323	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779925204	SERUM B	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	270	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779925206	SERUM B	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	90	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779933901	TROCHE	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779933902	TROCHE	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779933903	TROCHE	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779934805	SUPPOSI	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779934808	SUPPOSI	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	500	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779934809	SUPPOSI	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	1000	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779939400	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	48	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779939401	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779939402	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779939403	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	96	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779939500	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779939502	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779939600	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779939602	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779939603	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	96	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779939604	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	48	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779939700	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	42	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779939701	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779939702	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779939703	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	98	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779939803	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	96	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779939901	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779939902	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779940000	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	48	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779940203	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	96	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779940204	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	48	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779940300	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	42	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779940303	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	98	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779940600	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	48	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779940603	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	96	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779940800	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	48	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779940803	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	96	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779940900	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	42	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779940903	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	98	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779941200	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779941202	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779941203	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	96	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779941204	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	48	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779941303	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	96	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779941304	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	48	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779941403	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	96	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779941404	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	48	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779941503	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	96	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779941504	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	48	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779941602	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779941603	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	98	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779941703	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	98	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779941704	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	42	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779941803	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	98	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779941804	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	42	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779942000	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779942004	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	48	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779942005	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779944101	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	100	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779944301	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	80	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779944401	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	80	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779944801	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779945001	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	50	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779945101	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	10	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779945201	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	20	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779945300	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	15	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779945301	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	3	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779945402	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	4	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779945403	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	24	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779945404	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779945405	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	5	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779945503	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	5	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779945505	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	24	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779945506	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	48	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779945602	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	4	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779945603	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	24	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779945604	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	25	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779945605	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	5	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779945703	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	24	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779945705	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	5	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779945707	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	48	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
38779945803	UNGUAT(	MISC. DE'	940000	Devices	94000000	Devices	R		0	DOES NO	MISC	EA	10	NON DRUG	38779	N	EXCLUDE/N/A (DRL	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI

41100000438	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	O	4.5%-3%-	EXTERNA	LOTN	ML	88		SSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100000493	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	O	5%-3%-10	EXTERNA	AERO	GM	45		SSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100000506	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	O	5%-3%-10	EXTERNA	AERO	GM	45		SSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100000559	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	P	4.5%-3%-	EXTERNA	LOTN	ML	207		GENERIC		41100		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100000561	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	P	4.5%-3%-	EXTERNA	LOTN	ML	89		GENERIC		41100		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100000563	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	P	4.5%-3%-	EXTERNA	LOTN	ML	207		GENERIC		41100		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100000567	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	P	4.5%-3%-	EXTERNA	LOTN	ML	89		GENERIC		41100		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100000569	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	P	4.5%-3%-	EXTERNA	LOTN	ML	207		GENERIC		41100		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100000575	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	P	5%-3%-13	EXTERNA	LOTN	ML	207		GENERIC		41100		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100000609	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	O	4.5%-3%-	EXTERNA	AERO	GM	142		SSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100000617	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	O	5%-3%-15	EXTERNA	STCK	GM	42.5		SSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100000619	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	O	20%	EXTERNA	STCK	GM	13.9		SSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100000621	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	O	5%-3%-15	EXTERNA	STCK	GM	3.69		SSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100000623	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	O	24.08%	EXTERNA	LOTN	ML	177		SSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100000631	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	P	4.5%-3%-	EXTERNA	LOTN	ML	148		GENERIC		41100		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100000632	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	P	4.5%-3%-	EXTERNA	LOTN	ML	148		GENERIC		41100		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100000666	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	O	4.5%-2%-	EXTERNA	AERO	GM	156		SSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100000667	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	O	5%-3%-10	EXTERNA	AERO	GM	156		SSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100000668	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	O	5%-3%-10	EXTERNA	AERO	GM	156		SSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100000670	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	O	4.5%-2%-	EXTERNA	AERO	GM	156		SSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100000671	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	O	4.5%-2%-	EXTERNA	AERO	GM	156		SSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100000672	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	O	4.5%-3%-	EXTERNA	AERO	GM	156		SSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100000673	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	O	5%-3%-15	EXTERNA	AERO	GM	156		SSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100000675	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	O	5%-3%-15	EXTERNA	AERO	GM	156		SSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100000681	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	O	5%-2%-10	EXTERNA	AERO	GM	156		SSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100000686	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	P	4.5%-3%-	EXTERNA	LOTN	ML	177		GENERIC		41100		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100000694	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	O	24.08%	EXTERNA	LOTN	ML	59		SSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100000696	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	P	4.5%-3%-	EXTERNA	AERO	GM	142		GENERIC		41100		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100000701	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	P	4.5%-3%-	EXTERNA	LOTN	ML	88		GENERIC		41100		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100000702	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	P	4.5%-3%-	EXTERNA	LOTN	ML	88		GENERIC		41100		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100000704	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	O	5%-3%-15	EXTERNA	STCK	GM	7.09		SSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100000705	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	P	4.5%-7.5%	EXTERNA	LOTN	ML	177		GENERIC		41100		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100000707	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	P	4.5%-7.5%	EXTERNA	LOTN	ML	88		GENERIC		41100		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100000709	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	P	4.5%-3%-	EXTERNA	AERO	GM	142		GENERIC		41100		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100000710	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	O	20%	EXTERNA	STCK	GM	13.9		SSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100000713	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	O	5%-3%-10	EXTERNA	AERO	GM	156		SSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100001509	AFRIN NC	OXYMETA	523200 Vasocons	52320000 Vasocons	P	0.05%	NASAL	SOLN	ML	15		MSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100001511	AFRIN NC	OXYMETA	523200 Vasocons	52320000 Vasocons	P	0.05%	NASAL	SOLN	ML	15		MSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100005813	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	O	4.5%-3%-	EXTERNA	LOTN	ML	237		SSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100006066	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TBDP	EA	10		MSB	11/7/2024	41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100006087	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TBDP	EA	4		MSB	11/7/2024	41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100007296	CORRECT	BISACOD	561200 Cathartics	56120000 Cathartics	P	5 MG	ORAL	TBEC	EA	30		GENERIC	8/15/2022	41100	N	N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100007299	CORRECT	BISACOD	561200 Cathartics	56120000 Cathartics	P	5 MG	ORAL	TBEC	EA	90		GENERIC	8/15/2022	41100	N	N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100008016	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	10		MSB		41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100008018	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	20		MSB		41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100008022	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	5		MSB		41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100008043	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10-240 M	ORAL	TB24	EA	10		MSB	8/15/2022	41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100008049	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10-240 M	ORAL	TB24	EA	5		MSB	8/15/2022	41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100008099	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	5-120 MG	ORAL	TB12	EA	5		MSB	11/7/2024	41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100008181	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	O	7%-3%-7	EXTERNA	LOTN	ML	237		SSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100008183	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	O	4.5%-3%-	EXTERNA	LOTN	ML	237		SSB		41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100008647	SOLARCA	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	0.50%	EXTERNA	AERO	GM	127		GENERIC	11/7/2024	41100	N	N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100040788	LOTRIMIN	MICONAZ	840408 Antifungal	84040808 Azoles	P	2%	EXTERNA	AERO	GM	133		MSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100056454	MIRALAX	POLYETH	561200 Cathartics	56120000 Cathartics	P	0-17GM/S	ORAL	POWD	GM	578		MSB		41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100056656	MIRALAX	POLYETH	561200 Cathartics	56120000 Cathartics	P	17 GM	ORAL	PACK	EA	20		MSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100057254	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TBDP	EA	60		MSB	11/7/2024	41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100057264	WATER B	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	P	4.5%-3%-	EXTERNA	LOTN	ML	237		MSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100057286	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	O	4.5%-2%-	EXTERNA	AERO	GM	156		SSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100057287	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	O	5%-3%-10	EXTERNA	AERO	GM	156		SSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100057288	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	O	4.5%-3%-	EXTERNA	AERO	GM	156		SSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100057463	CORICIDI	DEXTROM	480800 Antitussive	48080000 Antitussive	P	10-325-2	ORAL	TABS	EA	20		MSB	11/7/2024	41100		N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100057484	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	O	0-3%-10%	EXTERNA	KIT	EA	1		SSB	11/7/2024	41100		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100057690	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	P	4.5%-3%-	EXTERNA	LOTN	ML	207		GENERIC		41100		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100057862	AFRIN NC	OXYMETA	523200 Vasocons	52320000 Vasocons	P	0.05%	NASAL	SOLN	ML	15		GENERIC		41100		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100057879	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	P	5%-7.5%-	EXTERNA	LOTN	ML	237		GENERIC		41100		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100057880	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	P	4.5-7.5-9.	EXTERNA	LOTN	ML	74		GENERIC		41100		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100057909	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	5 MG/5ML	ORAL	SOLN	ML	60		MSB	8/15/2022	41100		N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100057974	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	P	24.08%	EXTERNA	LOTN	ML	177		GENERIC		41100		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100058004	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	P	5%-3%-15	EXTERNA	LOTN	ML	118		GENERIC		41100		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100058073	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	O	24.08%	EXTERNA	LOTN	ML	177		SSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100058097	CLARITIN	LORATAD	40800 Second G	4080000 Second G	O	10 MG	ORAL	CHEW	EA	8		SSB	11/7/2024	41100		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100058098	CLARITIN	LORATAD	40800 Second G	4080000 Second G	O	10 MG	ORAL	CHEW	EA	24		SSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100058190	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	O	4.5%-3%-	EXTERNA	LOTN	ML	148		SSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100058191	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	O	4.5%-3%-	EXTERNA	LOTN	ML	148		SSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100058192	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	O	4.5%-3%-	EXTERNA	LOTN	ML	148		SSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100058530	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10MG	ORAL	TBDP	EA	70		MSB		41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100058662	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	O	4.5%-3%-	EXTERNA	GEL	ML	133		SSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100058663	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	O	4.5%-3%-	EXTERNA	GEL	ML	133		SSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100058729	LOTRIMIN	TOLNAFT	840408 Antifungal	84040840 Thiocarba	P	1%	EXTERNA	POWD	GM	90		GENERIC		41100		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100058964	CORICIDI	DEXTROM	480800 Antitussive	48080000 Antitussive	P	10-325-2	ORAL	TABS	EA	24		GENERIC		41100		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100058990	ASTEPRO	AZELAST	520200 Antiallergi	52020000 Antiallergi	P	205.5 MC	NASAL	SOLN	ML	23		MSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100058992	ASTEPRO	AZELAST	520200 Antiallergi	52020000 Antiallergi	P	205.5 MC	NASAL	SOLN	ML	11		MSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100058993	ASTEPRO	AZELAST	520200 Antiallergi	52020000 Antiallergi	P	205.5 MC	NASAL	SOLN	ML	11		MSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100058995	ASTEPRO	AZELAST	520200 Antiallergi	52020000 Antiallergi	P	205.5 MC	NASAL	SOLN	ML	4		MSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100059034	AFRIN NC	OXYMETA	523200 Vasocons	52320000 Vasocons	P	0.05%	NASAL	SOLN	ML	15		GENERIC		41100		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100059367	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TBDP	EA	10		MSB		41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100059368	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TBDP	EA	30		MSB		41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100059371	ASTEPRO	AZELAST	520200 Antiallergi	52020000 Antiallergi	P	205.5 MC	NASAL	SOLN	ML	30		MSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100059393	CORICIDI	DEXTROM	480800 Antitussive	48080000 Antitussive	O	20-12.5-6	ORAL	LIQD	ML	355		SSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100059394	CORICIDI	DEXTROM	480800 Antitussive	48080000 Antitussive	O	20-400-65	ORAL	LIQD	ML	355		SSB	8/15/2022	41100		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100059414	LOTRIMIN	BUTENAF	840408 Antifungal	84040812 Benzylami	P	1%	EXTERNA	CREA	GM	30		GENERIC		41100	N	N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100059416	LOTRIMIN	CLOTRIM	840408 Antifungal	84040808 Azoles	P	1%	EXTERNA	CREA	GM	12		GENERIC		41100	N	N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100059419	LOTRIMIN	CLOTRIM	840408 Antifungal	84040808 Azoles	P	1%	EXTERNA	CREA	GM	30		GENERIC		41100	N	N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100059462	LOTRIMIN	CLOTRIM	840408 Antifungal	84040808 Azoles	P	1%	EXTERNA	CREA	GM	15		GENERIC		41100	Y	N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100059543	ASTEPRO	AZELAST	520200 Antiallergi	52020000 Antiallergi	P	205.5 MC	NASAL	SOLN	ML	23		MSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100059606	ASTEPRO	AZELAST	520200 Antiallergi	52020000 Antiallergi	P	205.5 MC	NASAL	SOLN	ML	4		GENERIC	10/1/2023	41100		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100059666	AFRIN CH	OXYMETA	523200 Vasocons	52320000 Vasocons	O	0.03%	NASAL	SOLN	ML	15		SSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100059667	AFRIN NC	OXYMETA	523200 Vasocons	52320000 Vasocons	P	0.05%	NASAL	SOLN	ML	15		GENERIC		41100		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100059694	AFRIN CH	OXYMETA	523200 Vasocons	52320000 Vasocons	O	0.03%	NASAL	SOLN	ML	15		SSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100059758	AFRIN NC	OXYMETA	523200 Vasocons	52320000 Vasocons	P	0.05%	NASAL	SOLN	ML	20		GENERIC		41100		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100059786	CORICIDI	ACETAMI	480800 Antitussive	48080000 Antitussive	O	650-20 M	ORAL	LIQD	ML	355		SSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100059790	AFRIN NC	OXYMETA	523200 Vasocons	52320000 Vasocons	P	0.05%	NASAL	SOLN	ML	15		GENERIC		41100		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100059877	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	5 MG	ORAL	CHEW	EA	10		GENERIC		41100		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100060056	MIRALAX	POLYETH	561200 Cathartics	56120000 Cathartics	P	17GM/SC	ORAL	POWD	GM	238		GENERIC		41100		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100070447	COPPERT	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	O	5%-2%-10	EXTERNA	LOTN	ML	237		SSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100070596	WATER B	SUNSCRE	848000 Sunscreer	84800000 Sunscreer	O	4.5%-3%-	EXTERNA	AERO	GM	340		SSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100080140	CORICIDI	DEXTROM	480800 Antitussive	48080000 Antitussive	P	15-500-2	ORAL	TABS	EA	20		MSB	8/15/2022	41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100080208	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	5-120 MG	ORAL	TB12	EA	10		MSB		41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100080217	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	5MG-120M	ORAL	TB12	EA	20		MSB		41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100080247	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	30		MSB	11/7/2024	41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100080289	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10-240 M	ORAL	TB24	EA	15		MSB	8/15/2022	41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100080293	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TBDP	EA	20		MSB	11/7/2024	41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100080317	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	5		MSB		41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100080319	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	5MG-120M	ORAL	TB12	EA	30		MSB		41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100080363	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	40		MSB	11/7/2024	41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100080463	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	5 MG/5ML	ORAL	SOLN	ML	60		MSB	11/7/2024	41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100080465	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	5 MG/5ML	ORAL	SOLN	ML	120		MSB	11/7/2024	41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100080510	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	15		MSB	8/15/2022	41100		N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100080519	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	5 MG/5ML	ORAL	SOLN	ML	120		MSB	11/7/2024	41100		N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100080521	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	5 MG	ORAL	TBDP	EA	30		SSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100080531	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	5 MG	ORAL	TBDP	EA	10		MSB	11/7/2024	41100		N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100080545	A+D FIRS	LANOLIN-	842412 Basic Oint	84241200 Basic Oint	O	15.5-53.4	EXTERNA	OINT	GM	42.5		SSB	5/1/2023	41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100080548	A+D CRA	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	O	2-0.13 %	EXTERNA	CREA	GM	56		SSB	5/1/2023	41100		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100080554	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	5 MG	ORAL	TBDP	EA	10		MSB	11/7/2024	41100		N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100080572	AFRIN OF	OXYMETA	523200 Vasocons	52320000 Vasocons	P	0.05%	NASAL	SOLN	ML	6		GENERIC		41100		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100080584	AFRIN AL	OXYMETA	523200 Vasocons	52320000 Vasocons	P	0.05%	NASAL	SOLN	ML	15		MSB	11/7/2024	41100		N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100080602	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TBDP	EA	10		MSB		41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100080604	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10MG	ORAL	TBDP	EA	30		MSB		41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100080606	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TBDP	EA	10		MSB	11/7/2024	41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100080610	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	CAPS	EA	10		MSB		41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100080614	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	45		MSB		41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100080619	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	CAPS	EA	40		MSB	8/15/2022	41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100080650	MIRALAX	POLYETH	561200 Cathartics	56120000 Cathartics	P	0-17GM/S	ORAL	POWD	GM	510		MSB		41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100080657	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	5 MG	ORAL	CHEW	EA	20		MSB	10/3/2023	41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100080668	CORICIDI	DEXTROM	480800 Antitussive	48080000 Antitussive	P	15-6.25-5	ORAL	LIQD	ML	296		GENERIC	11/7/2024	41100	N	N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100080676	MIRALAX	POLYETH	561200 Cathartics	56120000 Cathartics	P	17 GM	ORAL	PACK	EA	10		MSB		41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100080701	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	CAPS	EA	24		MSB	8/15/2022	41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100080727	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	5 MG	ORAL	CHEW	EA	25		MSB	11/7/2024	41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100080729	CORICIDI	DEXTROM	480800 Antitussive	48080000 Antitussive	O	10-20 &15	ORAL	MISC	EA	24		SSB	11/7/2024	41100		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100080743	CORICIDI	DEXTROM	480800 Antitussive	48080000 Antitussive	P	10-200 M	ORAL	CAPS	EA	20		GENERIC		41100		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100080747	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	5 MG	ORAL	CHEW	EA	40		MSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100080770	MIRALAX	POLYETH	561200 Cathartics	56120000 Cathartics	P	0-17GM/S	ORAL	POWD	GM	510		MSB	11/7/2024	41100		N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100080797	AFRIN 12	OXYMETA	523200 Vasocons	52320000 Vasocons	P	0.05%	NASAL	SOLN	ML	30		MSB	11/7/2024	41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100080798	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	CAPS	EA	30		MSB		41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100080808	CORICIDI	CHLORPH	40400 First Gene	4040000 First Gene	P	2-325 MG	ORAL	TABS	EA	10		MSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100080810	CORICIDI	CHLORPH	40400 First Gene	4040000 First Gene	P	2-325 MG	ORAL	TABS	EA	20		GENERIC		41100		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100080886	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	108		MSB	11/7/2024	41100		N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100080955	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	5 MG	ORAL	CHEW	EA	30		MSB	12/31/2023	41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100080964	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	70		MSB		41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100080973	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	CAPS	EA	45		MSB	11/7/2024	41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100080981	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	5 MG	ORAL	CHEW	EA	50		MSB	11/7/2024	41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100080989	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TBDP	EA	30		MSB	11/7/2024	41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100081008	CORICIDI	CHLORPH	40400 First Gene	4040000 First Gene	P	2-5-325 M	ORAL	TABS	EA	24		GENERIC	11/7/2024	41100	N	N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100081014	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	105		MSB	11/7/2024	41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100081035	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	5 MG/5ML	ORAL	SOLN	ML	150		MSB	11/7/2024	41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100081053	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	CAPS	EA	40		MSB	11/7/2024	41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100081076	MIRALAX	POLYETH	561200 Cathartics	56120000 Cathartics	P	0-17GM/S	ORAL	POWD	EA	1		MSB	11/7/2024	41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100081086	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10-240 M	ORAL	TB24	EA	10		MSB		41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100081088	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10-240 M	ORAL	TB24	EA	15		MSB		41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100081092	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	30		MSB		41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100081099	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	5 MG/5ML	ORAL	SOLN	ML	240		MSB		41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100081101	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	5 MG/5ML	ORAL	SOLN	ML	180		MSB	10/1/2023	41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100081102	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	5 MG/5ML	ORAL	SOLN	ML	120		GENERIC	8/15/2022	41100	N	N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100081110	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TBDP	EA	60		MSB	11/7/2024	41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100081112	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	5 MG	ORAL	CHEW	EA	10		MSB	11/7/2024	41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100081114	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	5 MG	ORAL	CHEW	EA	30		MSB	12/31/2023	41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100081117	AFRIN SE	OXYMETA	523200 Vasocons	52320000 Vasocons	P	0.05%	NASAL	SOLN	ML	15		GENERIC		41100		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100081119	AFRIN NC	OXYMETA	523200 Vasocons	52320000 Vasocons	P	0.05%	NASAL	SOLN	ML	15		MSB		41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100081121	AFRIN PU	OXYMETA	523200 Vasocons	52320000 Vasocons	P	0.05%	NASAL	SOLN	ML	15		MSB	11/7/2024	41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100081122	A+D PRE	VITAMINS	842412 Basic Oint	84241200 Basic Oint	P	15.5%-53.	EXTERNA	OINT	GM	42.5		GENERIC	5/1/2023	41100		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100081123	AFRIN OF	OXYMETA	523200 Vasocons	52320000 Vasocons	P	0.05%	NASAL	SOLN	ML	15		MSB		41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100081124	A+D PRE	VITAMINS	842412 Basic Oint	84241200 Basic Oint	P	15.5%-53.	EXTERNA	OINT	GM	113		GENERIC	5/1/2023	41100		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100081125	AFRIN 12	OXYMETA	523200 Vasocons	52320000 Vasocons	P	0.05%	NASAL	SOLN	ML	30		MSB		41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100081127	AFRIN AL	OXYMETA	523200 Vasocons	52320000 Vasocons	P	0.05%	NASAL	SOLN	ML	15		GENERIC		41100	N	N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100081128	A+D TRE	DIAPER R	842400 Emollients	84240000 Emollients	O	1%-10%	EXTERNA	CREA	GM	42.5		NON DRU	8/15/2022	41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100081132	A+D DIAP	DIAPER R	842400 Emollients	84240000 Emollients	O	1%-10%	EXTERNA	CREA	GM	113		SSB	5/1/2023	41100		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100081134	A+D PRE	VITAMINS	842412 Basic Oint	84241200 Basic Oint	P	15.5%-53.	EXTERNA	OINT	GM	454		GENERIC	5/1/2023	41100	N	N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100081138	CORICIDI	CHLORPH	480800 Antitussive	48080000 Antitussive	P	4-30 MG	ORAL	TABS	EA	16		GENERIC		41100	N	N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100081144	CLARISPI	FLUTICAS	520808 Corticoste	52080800 Corticoste	P	50 MCG/A	NASAL	SUSP	ML	15.8		GENERIC	11/7/2024	41100		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	X	16 IN 30 DAYS	R	MEDPRIM
41100081163	A+D FIRS	LANOLIN-	842412 Basic Oint	84241200 Basic Oint	P	15.5-53.4	EXTERNA	OINT	GM	42.5		GENERIC		41100	N	N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41100081165	CLARISPI	FLUTICAS	520808 Corticoste	52080800 Corticoste	P	50 MCG/A	NASAL	SUSP	ML	9.9		GENERIC	11/7/2024	41100		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	X	16 IN 30 DAYS	R	MEDPRIM
41100082033	AFRIN NC	OXYMETA	523200 Vasocons	52320000 Vasocons	P	0.05%	NASAL	SOLN	ML	15		MSB		41100		N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100082067	CLARITIN	LORATAD	40800 Second G	4080000 Second G	P	5 MG	ORAL	CHEW	EA	10		MSB	8/21/2023	41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100082071	MIRALAX	POLYETH	561200 Cathartics	56120000 Cathartics	P	0-17GM/S	ORAL	POWD	GM	510		MSB	8/15/2022	41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100082073	MIRALAX	POLYETH	561200 Cathartics	56120000 Cathartics	P	0-17GM/S	ORAL	POWD	GM	238		MSB		41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100082076	MIRALAX	POLYETH	561200 Cathartics	56120000 Cathartics	P	0-17GM/S	ORAL	POWD	GM	119		MSB		41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100085457	AFRIN NA	OXYMETA	523200 Vasocons	52320000 Vasocons	P	0.05%	NASAL	SOLN	ML	20		MSB	8/15/2022	41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41100089543	A+D DIAP	DIAPER R	842400 Emollients	84240000 Emollients	O	1%-10%	EXTERNA	CREA	GM	102		SSB	5/1/2023	41100	N	N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163000102	EQL HEA	FAMOTID	562812 Histamine	56281200 Histamine	P	20MG	ORAL	TABS	EA	25	X	GENERIC		41163		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163000171	EQL HEA	FAMOTID	562812 Histamine	56281200 Histamine	P	20MG	ORAL	TABS	EA	50	X	GENERIC		41163		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163000511	EQL REA	SODIUM F	561200 Cathartics	56120000 Cathartics	P	7GM/118M	RECTAL	ENEM	ML	133		GENERIC		41163		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163000930	EQL CAL	PRAMOXI	840800 Antipruritic	84080000 Antipruritic	P	8%-1%	EXTERNA	LOTN	ML	177		GENERIC		41163		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163002026	EQL BAB	ZINC OXI	841200 Astringent	84120000 Astringent	P	40%	EXTERNA	OINT	GM	113		GENERIC		41163		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163002301	EQL FLU	FLUTICAS	520808 Corticoste	52080800 Corticoste	P	50 MCG/A	NASAL	SUSP	ML	15.8		GENERIC	2/1/2023	41163		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	X	16 IN 30 DAYS	R	MEDPRIM
41163002302	EQL FLU	FLUTICAS	520808 Corticoste	52080800 Corticoste	P	50 MCG/A	NASAL	SUSP	ML	9.9		GENERIC	1/3/2023	41163		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	X	16 IN 30 DAYS	R	MEDPRIM
41163003101	EQL VAP	AROMATI	929200 UNKNOW	92920000 UNKNOW	P	50MG	INHALATI	INHA	EA	1		GENERIC		41163		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163004058	EQL FIRS	NEOMYCI	840404 Antibacter	84040400 Antibacter	P	1%	EXTERNA	OINT	GM	14		GENERIC	8/4/2023	41163		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163004064	EQL FIRS	NEOMYCI	840404 Antibacter	84040400 Antibacter	P	500UNIT/	EXTERNA	OINT	GM	28		GENERIC		41163		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163005034	EQ POVID	POVIDON	840416 UNKNOW	84041600 UNKNOW	P	10%	EXTERNA	SOLN	ML	237		GENERIC		41163		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163005705	EQL IBUP	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	50 MG/1.2	ORAL	SUSP	ML	15		GENERIC		41163		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163006110	EQL NAS	OXYMETA	523200 Vasocons	52320000 Vasocons	P	0.05%	NASAL	SOLN	ML	30		GENERIC		41163		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163007212	EQL ANTI	MOUTHW	522800 Mouthwas	52280000 Mouthwas	P	.092%-.04	MOUTH/T	LIQD	ML	1500		GENERIC		41163	N	N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163007277	EQL ANTI	MOUTHW	522800 Mouthwas	52280000 Mouthwas	P	.092%-.04	MOUTH/T	LIQD	ML	500		GENERIC		41163	N	N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163007286	EQL ANTI	MOUTHW	522800 Mouthwas	52280000 Mouthwas	P	.092%-.04	MOUTH/T	LIQD	ML	1000		GENERIC		41163	N	N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163007343	EQL ISOF	ISOPROP	840492 Local Anti	84049200 Local Anti	P	70%	DOES NO	SOLN	ML	473		GENERIC		41163		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163007345	EQL ISOF	ISOPROP	840492 Local Anti	84049200 Local Anti	P	70%	DOES NO	SOLN	ML	946		GENERIC		41163		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163007502	EQL BACI	BACITRA	840404 Antibacter	84040400 Antibacter	P	500 UNIT/	EXTERNA	OINT	GM	28.4		GENERIC		41163		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163007826	EQL CAS	CASTOR	561200 Cathartics	56120000 Cathartics	P	100%	ORAL	OIL	ML	118		GENERIC		41163		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163008100	EQL MIC	MICONAZ	840408 Antifungal	84040808 Azoles	P	0	VAGINAL	KIT	EA	1		GENERIC		41163		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163008463	EQL STO	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.6-50 MG	ORAL	TABS	EA	200		GENERIC	1/3/2022	41163		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163009930	EQL ANTI	PRAMOXI	840800 Antipruritic	84080000 Antipruritic	P	1%-.1%	EXTERNA	LOTN	ML	177		GENERIC		41163		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163010002	EQL FLU	FLUTICAS	520808 Corticoste	52080800 Corticoste	P	50 MCG/A	NASAL	SUSP	ML	9.9		GENERIC	10/5/2023	41163		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	X	16 IN 30 DAYS	R	MEDPRIM
41163010214	EQ ANTA	CALCIUM	560400 Antacids a	56040000 Antacids a	P	750 MG	ORAL	CHEW	EA	96		GENERIC		41163		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163010224	EQ ANTA	CALCIUM	560400 Antacids a	56040000 Antacids a	P	750 MG	ORAL	CHEW	EA	96		GENERIC		41163		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163010228	EQ ANTA	CALCIUM	560400 Antacids a	56040000 Antacids a	P	750 MG	ORAL	CHEW	EA	200		GENERIC		41163		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163010234	EQ ANTA	CALCIUM	560400 Antacids a	56040000 Antacids a	P	750 MG	ORAL	CHEW	EA	96		GENERIC		41163		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163010313	EQL ANT	CALCIUM	560400 Antacids a	56040000 Antacids a	P	1000 MG	ORAL	CHEW	EA	72		GENERIC		41163		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163010323	EQL ANT	CALCIUM	560400 Antacids a	56040000 Antacids a	P	1000 MG	ORAL	CHEW	EA	72		GENERIC		41163		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163010333	EQL ANT	CALCIUM	560400 Antacids a	56040000 Antacids a	P	1000 MG	ORAL	CHEW	EA	72		GENERIC		41163		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163010343	EQL ANT	CALCIUM	560400 Antacids a	56040000 Antacids a	P	1000 MG	ORAL	CHEW	EA	72		GENERIC		41163		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163010507	EQL EAR	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	OTIC	SOLN	ML	12		SSB		41163		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163010526	EQL CHIL	ACETAMI	280892 Analgesic	28089200 Analgesic	P	160MG/5M	ORAL	SUSP	ML	118		GENERIC		41163		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163011701	EQL LAN	LANSOPR	562836 Proton-pu	56283600 Proton-pu	P	15 MG	ORAL	CPDR	EA	14	X	GENERIC	12/28/2023	41163		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163011703	EQL LAN	LANSOPR	562836 Proton-pu	56283600 Proton-pu	P	15 MG	ORAL	CPDR	EA	42	X	GENERIC	12/28/2023	41163		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163011835	EQL ZINC	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	ORAL	TBDP	EA	25		SSB		41163		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163011845	EQL ZINC	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	ORAL	TBDP	EA	25		SSB		41163		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163011910	EQL GAS	SIMETHIC	561000 Antiflatule	56100000 Antiflatule	P	20MG/0.3	ORAL	SUSP	ML	30		GENERIC		41163		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163011953	EQL NIGH	DIPHENH	282492 Anxiolytic	28249200 Anxiolytic	P	25 MG	ORAL	CAPS	EA	12		GENERIC		41163		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163011962	EQL NIGH	DIPHENH	282492 Anxiolytic	28249200 Anxiolytic	P	25 MG	ORAL	CAPS	EA	24		GENERIC	7/25/2023	41163		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163012021	EQL FIBE	CALCIUM	561200 Cathartics	56120000 Cathartics	P	625MG	ORAL	TABS	EA	140		GENERIC		41163		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163012249	EQL STO	BISMUTH	560800 Antidiarrh	56080000 Antidiarrh	P	262MG	ORAL	CHEW	EA	30		GENERIC		41163		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163015003	EQL LAN	LANSOPR	562836 Proton-pu	56283600 Proton-pu	P	15 MG	ORAL	CPDR	EA	14	X	GENERIC		41163		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163015846	EQL CON	PHENYLE	280804 Nonsteroi	28080404 UNKNOW	P	10-200 M	ORAL	TABS	EA	10		GENERIC	8/9/2023	41163		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163016552	EQL ALLE	LORATAD	40800 Second G	4080000 Second G	P	10MG-240	ORAL	TB24	EA	10		GENERIC		41163		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163016634	EQL CHIL	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	100 MG/5	ORAL	SUSP	ML	240		GENERIC	8/9/2023	41163		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163017465	EQL WOM	BISACOD	561200 Cathartics	56120000 Cathartics	P	5MG	ORAL	TBEC	EA	30		GENERIC		41163		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163017472	EQL WOM	BISACOD	561200 Cathartics	56120000 Cathartics	P	5MG	ORAL	TBEC	EA	60		GENERIC		41163		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163017480	EQL WOM	BISACOD	561200 Cathartics	56120000 Cathartics	P	5MG	ORAL	TBEC	EA	45		GENERIC		41163		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163018630	EQL SLEE	DIPHENH	282492 Anxiolytic	28249200 Anxiolytic	P	50 MG/30	ORAL	LIQD	ML	177		GENERIC	3/13/2023	41163		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM

41163045866	EQL ALL I	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	14		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163045872	EQL ALL I	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	60		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163045876	EQL ALL I	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	120		GENERIC	8/4/2023	41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163045940	EQL NIGH	DEXTROM	480800	Antitussive	48080000	Antitussive	P	15-6.25-32	ORAL	LIQD	ML	355		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163045941	EQL ANTI	CETYLPY	522800	Mouthwas	52280000	Mouthwas	P	0.07%	MOUTH/T	LIQD	ML	1000		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163046056	EQL IBUP	IBUPROF	282492	Anxiolytics	28249200	Anxiolytics	P	200-38 MG	ORAL	TABS	EA	40		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163046110	EQL ALLE	CHLORPH	40400	First Gene	4040000	First Gene	P	4 MG	ORAL	TABS	EA	24		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163046112	EQL ALLE	DIPHENH	40404	Ethanolam	4040400	Ethanolam	P	25MG	ORAL	TABS	EA	24		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163046113	EQL ALLE	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	TABS	EA	100		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163046150	EQL CLEA	SOFT LEN	521200	Contact Le	52120000	Contact Le	P	3%	DOES NO	SOLN	ML	355		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163046151	EQL REDI	NAPHAZO	523200	Vasoconst	52320000	Vasoconst	O	0.012-0.2	OPHTHAL	SOLN	ML	15		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163046512	EQL EASY	TOOTHBR	340000	Dental Ag	34000000	Dental Ag	O	0	DOES NO	MISC	EA	3		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163046513	EQL ORB	TOOTHBR	340000	Dental Ag	34000000	Dental Ag	O	0	DOES NO	MISC	EA	2		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163046690	EQL GAS	SIMETHIC	561000	Antiflatulen	56100000	Antiflatulen	P	125MG	ORAL	CHEW	EA	18		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163046691	EQL GAS	SIMETHIC	561000	Antiflatulen	56100000	Antiflatulen	P	125 MG	ORAL	CHEW	EA	18		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163046692	EQL ANTA	CALCIUM	560400	Antacids a	56040000	Antacids a	P	1000 MG	ORAL	CHEW	EA	160		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163046693	EQL FIBE	WHEAT D	561200	Cathartics	56120000	Cathartics	P	0-0	ORAL	POWD	GM	350		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163046694	EQL FIBE	WHEAT D	561200	Cathartics	56120000	Cathartics	P	0-0	ORAL	POWD	GM	236		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163046695	EQL ANTA	CALCIUM	560400	Antacids a	56040000	Antacids a	P	1000 MG	ORAL	CHEW	EA	160		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163046718	EQL IBUP	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	P	200 MG	ORAL	CAPS	EA	20		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163046719	EQL IBUP	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	P	200 MG	ORAL	CAPS	EA	160		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163046734	EQL SLEE	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	50 MG	ORAL	CAPS	EA	32		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163046749	EQL ADVA	ADHESIVE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	6		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163046817	EQL HEAT	HEAT WR	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163046818	EQL HEAT	HEAT WR	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	3		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163046863	EQL ONE	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	90MG-90M	ORAL	TABS	EA	200		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163046866	EQL CINN	CINNAMO	929200	UNKNOW	92920000	UNKNOW	P	500MG	ORAL	CAPS	EA	100		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163046867	EQL MILK	MILK THIS	929200	UNKNOW	92920000	UNKNOW	P	175 MG	ORAL	CAPS	EA	100		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163046868	EQL CALC	CALCIUM	401200	Replacem	40120000	Replacem	O	600-2.5 M	ORAL	CAPS	EA	100		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163046888	EQL FLAX	FLAXSEE	929200	UNKNOW	92920000	UNKNOW	P	60MG-120	ORAL	CAPS	EA	100		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163046892	EQL CENT	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	100MG-10	ORAL	TABS	EA	100		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163046893	EQL CENT	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	120MG-12	ORAL	TABS	EA	100		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163046945	EQL OME	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1200 MG	ORAL	CAPS	EA	100		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163046963	EQL PRO	LACTOBA	560800	Antidiarrhe	56080000	Antidiarrhe	P	0-10MG	ORAL	CAPS	EA	100		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163046969	EQL BODY	SOAP & C	842000	Detergents	84200000	Detergents	O	0-0	EXTERNA	LIQD	ML	710		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163047046	EQL ANTI	SODIUM F	340400	UNKNOW	34040000	UNKNOW	P	0.02%	MOUTH/T	SOLN	ML	1000		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163047078	EQL SKIN	MISC. DEV	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163047133	EQL SENI	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	30		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163047136	EQL STOI	BISMUTH	560800	Antidiarrhe	56080000	Antidiarrhe	P	262 MG/15	ORAL	SUSP	ML	237		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163047155	EQL TAMI	SANITARY	940000	Devices	94000000	Devices	O	0	VAGINAL	TAMP	EA	18		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163047164	EQL ANTI	HYDROCO	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	OINT	GM	28		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163047209	EQL BODY	SOAP & C	842000	Detergents	84200000	Detergents	O	0-0-0-0-0	EXTERNA	LIQD	ML	700		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163047326	EQL ACET	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5M	ORAL	SUSP	ML	118		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163047413	EQL SMIL	TOOTHBR	340000	Dental Ag	34000000	Dental Ag	O	0	DOES NO	MISC	EA	2		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163047483	EQL CALC	CALCIUM	401200	Replacem	40120000	Replacem	P	600-20 MG	ORAL	TABS	EA	200		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163047484	EQL CALC	CALCIUM	401200	Replacem	40120000	Replacem	P	315MG-25	ORAL	TABS	EA	180		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163047485	EQL MELA	MELATON	929200	UNKNOW	92920000	UNKNOW	P	3MG-1MG	ORAL	TABS	EA	120		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163047486	EQL LUTE	LUTEIN	929200	UNKNOW	92920000	UNKNOW	P	20MG	ORAL	CAPS	EA	30		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163047521	EQL COU	MENTHOL	521600	Local Ane	52160000	Local Ane	P	7.6MG	MOUTH/T	LOZG	EA	25		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163047523	EQL NASA	PSEUDOE	121212	alpha- and	12121200	alpha- and	P	30 MG	ORAL	TABS	EA	24		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163047526	EQL ALL I	CETIRIZIN	40800	Second G	4080000	Second G	P	5 MG/5ML	ORAL	SOLN	ML	118		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163047531	EQL PRO	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0-0	ORAL	CAPS	EA	30		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163047532	EQL FIBE	METHYLC	561200	Cathartics	56120000	Cathartics	P	500 MG	ORAL	TABS	EA	100		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163047533	EQL FIRS	ADHESIVE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163047534	EQL ALL I	CETIRIZIN	40800	Second G	4080000	Second G	P	5 MG/5ML	ORAL	SOLN	ML	240		GENERIC	8/4/2023	41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163048255	EQL VITA	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	1000UNIT	ORAL	CAPS	EA	300		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163048256	EQL VITA	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	5000UNIT	ORAL	CAPS	EA	100		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163048468	EQL ULTR	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	5%-3%-10	EXTERNA	AERO	ML	237		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163048486	EQL SPOI	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	5%-3%-10	EXTERNA	AERO	ML	237		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163048516	EQL NIAC	INOSITOL	241292	Vasodilatin	24129200	Vasodilatin	P	500 MG	ORAL	CAPS	EA	100	X	GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163048755	EQL CALL	SALICYLI	842800	Keratolytic	84280000	Keratolytic	P	40%	EXTERNA	PADS	EA	8		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163048827	EQL IBUP	IBUPROF	282492	Anxiolytics	28249200	Anxiolytics	P	200-38 MG	ORAL	TABS	EA	20		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163048847	EQL TRIP	RAZORS /	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	3		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163048905	EQL ULTR	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163048927	EQL PERS	SANITARY	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	20		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163048931	EQL MAX	SANITARY	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	32		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163048935	EQL PANT	SANITARY	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	80		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163048998	EQL MELA	MELATON	929200	UNKNOW	92920000	UNKNOW	P	5MG-1MG	ORAL	TABS	EA	60		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049000	EQL B-12	CYANOCO	880800	Vitamin B	88080000	Vitamin B	P	1000MCG	ORAL	TABS	EA	75		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049001	EQL SUPE	B-COMPL	882800	Multivitam	88280000	Multivitam	P	150MG-15	ORAL	TABS	EA	120		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049017	EQL OME	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1200 MG	ORAL	CAPS	EA	200		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049018	EQL OME	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	180		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049019	EQL GEM	TOOTHBR	340000	Dental Ag	34000000	Dental Ag	O	0	DOES NO	MISC	EA	4		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049020	EQL GEM	TOOTHBR	340000	Dental Ag	34000000	Dental Ag	O	0	DOES NO	MISC	EA	4		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049021	EQL CLEA	TOOTHBR	340000	Dental Ag	34000000	Dental Ag	O	0	DOES NO	MISC	EA	1		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049022	EQL CLEA	TOOTHBR	340000	Dental Ag	34000000	Dental Ag	O	0	DOES NO	MISC	EA	4		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049023	EQL XTRE	TOOTHBR	340000	Dental Ag	34000000	Dental Ag	O	0	DOES NO	MISC	EA	1		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049024	EQL ANG	TOOTHBR	340000	Dental Ag	34000000	Dental Ag	O	0	DOES NO	MISC	EA	2		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049025	EQL ANG	TOOTHBR	340000	Dental Ag	34000000	Dental Ag	O	0	DOES NO	MISC	EA	2		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049026	EQL SMA	TOOTHBR	340000	Dental Ag	34000000	Dental Ag	O	0	DOES NO	MISC	EA	4		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049047	EQL ROLL	GAUZE BA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049048	EQL ROLL	GAUZE BA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049072	EQL VARI	ADHESIVE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049136	EQL VITA	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	1000 MG	ORAL	TABS	EA	300		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049147	EQL VITA	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	1000UNIT	ORAL	CAPS	EA	100		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049149	EQL COQ	COENZYM	929200	UNKNOW	92920000	UNKNOW	P	400MG	ORAL	CAPS	EA	30		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049161	EQL MOIS	SOAP & C	842000	Detergents	84200000	Detergents	O	0	EXTERNA	BAR	EA	2		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049162	EQL MOIS	SOAP & C	842000	Detergents	84200000	Detergents	O	0	EXTERNA	BAR	EA	2		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049163	EQL DEO	SOAP & C	842000	Detergents	84200000	Detergents	O	0	EXTERNA	BAR	EA	3		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049164	EQL HIGH	SOAP & C	842000	Detergents	84200000	Detergents	O	0-0	EXTERNA	LIQD	ML	532		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049170	EQL ANTI	BENZALK	840416	UNKNOW	84041600	UNKNOW	O	0.10%	EXTERNA	LIQD	ML	946		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049183	EQL HAND	BENZALK	840416	UNKNOW	84041600	UNKNOW	P	0.13%	EXTERNA	LIQD	ML	1650		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049248	EQL AIR F	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	1000MG-1	ORAL	TBEF	EA	10		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049252	EQL LIQU	SOAP & C	842000	Detergents	84200000	Detergents	O	0	EXTERNA	LIQD	ML	221		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049253	EQL LIQU	SOAP & C	842000	Detergents	84200000	Detergents	O	0	EXTERNA	LIQD	ML	221		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049261	EQL 4X P	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	10MG-0-0	ORAL	TABS	EA	28		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049318	EQL OME	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1200 MG	ORAL	CPDR	EA	200		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049322	EQL OME	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CPDR	EA	120		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049349	EQL PADS	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	66		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049351	EQL PADS	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	39		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049352	EQL PADS	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	33		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049353	EQL PADS	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	27		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049387	EQL ACNE	SALICYLI	842800	Keratolytic	84280000	Keratolytic	P	2%	EXTERNA	LIQD	ML	124		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049388	EQL ULTR	EMOLLIEN	842404	Basic Lotio	84240400	Basic Lotio	O	0-0-0-0-0	EXTERNA	LOTN	ML	621		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049389	EQL ADVA	EMOLLIEN	842412	Basic Oint	84241200	Basic Oint	P	41%	EXTERNA	OINT	GM	56		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049414	EQL SCAL	SALICYLI	842800	Keratolytic	84280000	Keratolytic	P	3%	EXTERNA	LIQD	ML	74		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049415	EQL EVER	PYRITHIO	840492	Local Anti-	84049200	Local Anti-	P	1%	EXTERNA	SHAM	ML	700		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049460	EQL LIP B	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	7.5%-7.5%	EXTERNA	STCK	GM	4.25		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049473	EQL PRO	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0-0	ORAL	CAPS	EA	45		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049479	EQL DRY	DENTIFRI	340000	Dental Ag	34000000	Dental Ag	P	0	DENTAL	MISC	EA	10		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049489	EQL UND	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	32		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049490	EQL UND	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	28		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049491	EQL MAX	SANITARY	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	28		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049492	EQL MAX	SANITARY	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	28		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049493	EQL MAX	SANITARY	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	32		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049494	EQL MAX	SANITARY	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	36		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049507	EQL VITA	CYANOCO	880800	Vitamin B	88080000	Vitamin B	P	1000MCG	ORAL	TBCR	EA	160		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049509	EQL STRE	B-COMPL	882800	Multivitam	88280000	Multivitam	P	500MG-50	ORAL	TABS	EA	60		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049511	EQL SUPE	B-COMPL	882800	Multivitam	88280000	Multivitam	P	150MG-15	ORAL	TABS	EA	360		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049520	EQL CARB	CARBONY	200404	Iron Prepa	20040400	Iron Prepa	P	45 MG	ORAL	TABS	EA	60		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049521	EQL DAIL	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0	ORAL	CAPS	EA	30		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049522	EQL DIGE	LACTOBA	560800	Antidiarrhe	56080000	Antidiarrhe	O	0	ORAL	CAPS	EA	30		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049523	EQL CALC	CALCIUM	401200	Replacem	40120000	Replacem	P	250-10 MG	ORAL	CHEW	EA	50		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049524	EQL COT	COTTON	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049527	EQL SMO	PSYLLIUM	561200	Cathartics	56120000	Cathartics	P	51.70%	ORAL	POWD	GM	425		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049529	EQL FIBE	PSYLLIUM	561200	Cathartics	56120000	Cathartics	P	43%	ORAL	POWD	GM	822		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049557	EQL 5 BLA	RAZORS /	940000	Devices	94000000	Devices	P	0	DOES NO	MISC	EA	1		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049558	EQL 5 BLA	RAZORS /	940000	Devices	94000000	Devices	P	0	DOES NO	MISC	EA	4		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049564	EQL ONE	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	120MG-12	ORAL	TABS	EA	65		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049565	EQL ONE	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	120MG-12	ORAL	TABS	EA	65		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049577	EQL DIGI	ELECTRO	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049578	EQL DIGI	ELECTRO	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049582	EQL INST	ELECTRO	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049583	EQL FEVE	ELECTRO	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049600	EQL ANTI	TRICLOS	840492	Local Anti-	84049200	Local Anti-	O	0.30%	EXTERNA	BAR	EA	3		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049601	EQL DRY	ARTIFICIA	529200	EENT Dru	52920000	EENT Dru	O	0-0-0-0-0	MOUTH/T	SOLN	ML	473		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049603	EQL PURE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049605	EQL UND	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	16		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049607	EQL UND	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	18		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049608	EQL UND	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049613	EQL MOIS	EMOLLIEN	842412	Basic Oint	84241200	Basic Oint	O	0-0-0-0	EXTERNA	CREA	GM	453.6		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049614	EQL APRI	SALICYLI	842800	Keratolytic	84280000	Keratolytic	P	2%	EXTERNA	LIQD	GM	170		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049662	EQL ANTI	BENZALK	840416	UNKNOW	84041600	UNKNOW	P	0.13%	EXTERNA	LIQD	ML	1650		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049663	EQL LIQU	SOAP & C	842000	Detergents	84200000	Detergents	O	0	EXTERNA	LIQD	ML	221		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049673	EQL MULT	SOFT LEN	521200	Contact Le	52120000	Contact Le	O	0	DOES NO	SOLN	ML	355		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049674	EQL MULT	SOFT LEN	521200	Contact Le	52120000	Contact Le	O	0	DOES NO	SOLN	ML	355		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049694	EQL PRES	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-10-100-3	ORAL	TABS	EA	24		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049712	EQL VITA	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	400UNIT	ORAL	CAPS	EA	100		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049713	EQL VITA	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	2000UNIT	ORAL	CAPS	EA	100		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049720	EQL COC	COCONUT	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	60		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049721	EQL DIGE	DIGESTIV	561600	Digestants	56160000	Digestants	O	75MG-15M	ORAL	TABS	EA	90		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049723	EQL BIOT	BIOTIN	880800	Vitamin B	88080000	Vitamin B	P	5000 MCG	ORAL	CAPS	EA	60		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049724	EQL GLUC	GLUCOSA	929200	UNKNOW	92920000	UNKNOW	O	66MG-66M	ORAL	CAPS	EA	80		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049729	EQL LINE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	44		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049730	EQL TAMI	SANITARY	940000	Devices	94000000	Devices	O	0	VAGINAL	TAMP	EA	18		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049731	EQL TAMI	SANITARY	940000	Devices	94000000	Devices	O	0	VAGINAL	TAMP	EA	18		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049732	EQL MULT	TOOTHBR	340000	Dental Ag	34000000	Dental Ag	O	0	DOES NO	MISC	EA	2		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049734	EQL TAMI	SANITARY	940000	Devices	94000000	Devices	O	0	VAGINAL	TAMP	EA	36		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049736	EQL TAMI	SANITARY	940000	Devices	94000000	Devices	O	0	VAGINAL	TAMP	EA	36		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049737	EQL TAMI	SANITARY	940000	Devices	94000000	Devices	O	0	VAGINAL	TAMP	EA	18		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049738	EQL THIN	SANITARY	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	60		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049739	EQL SUPE	SANITARY	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	48		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049770	EQL CENT	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	75MG-75M	ORAL	TABS	EA	120		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049771	EQL CENT	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	90MG-90M	ORAL	TABS	EA	120		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049772	EQL CENT	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	60MG-60M	ORAL	TABS	EA	130		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049778	EQL ONE	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	30MG-30M	ORAL	CHEW	EA	150		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049779	EQL GUM	PEDIATRI	882800	Multivitam	88280000	Multivitam	O	15MG-15M	ORAL	CHEW	EA	70		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049780	EQL SMO	PYRITHIO	840492	Local Anti-	84049200	Local Anti-	P	1%	EXTERNA	SHAM	ML	420		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049781	EQL ITCH	PYRITHIO	840492	Local Anti-	84049200	Local Anti-	P	1%	EXTERNA	SHAM	ML	420		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049782	EQL DRY	PYRITHIO	840492	Local Anti-	84049200	Local Anti-	P	1%	EXTERNA	SHAM	ML	700		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049783	EQL ANTI	ADHESIVE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049784	EQL PLAS	ADHESIVE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049785	EQL HEAV	ADHESIVE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049786	EQL ANIM	ADHESIVE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049787	EQL GEN	ADHESIVE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049802	EQL PAPE	ADHESIVE	940000	Devices	94000000	Devices	O	0	DOES NO	TAPE	EA	1		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049807	EQL VITA	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	125 MG	ORAL	CHEW	EA	150		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049808	EQL VITA	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	1000UNIT	ORAL	CHEW	EA	150		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049809	EQL ONE	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	30MG-30M	ORAL	CHEW	EA	70		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049816	EQL NITR	DISPOSA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049817	EQL NITR	DISPOSA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049818	EQL STRO	ADHESIVE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049829	EQL INVK	EYELID C	849200	Skin and M	84920000	Skin and M	O	0	EXTERNA	PADS	EA	25		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049830	EQL MAK	EYELID C	849200	Skin and M	84920000	Skin and M	O	0	EXTERNA	PADS	EA	25		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049837	EQL 2 IN	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0-0-0-0	ORAL	TABS	EA	30		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049848	EQL SOR	DEXTROM	521600	Local Ane	52160000	Local Ane	P	5-7.5 MG	MOUTH/T	LOZG	EA	18		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049850	EQL NASA	NASAL DI	940000	Devices	94000000	Devices	O	0	DOES NO	STRP	EA	26		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049851	EQL LIQU	SOAP & C	842000	Detergents	84200000	Detergents	O	0-0-0	EXTERNA	LIQD	ML	1650		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049852	EQL CLEA	SOAP & C	842000	Detergents	84200000	Detergents	O	0	EXTERNA	LIQD	ML	1650		SSB		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163049856	EQL GAS	ALPHA-D-	561000	Antiflatulen	56100000	Antiflatulen	P	0	ORAL	CAPS	EA	20		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163050001	EQL ACET	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	24		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163050004	EQL ACET	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	100		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163050006	EQL ACET	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	500		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163050126	EQL ACET	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5M	ORAL	SUSP	ML	118		GENERIC	10/2/2023	41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163050226	B-12	COBALAM	880800	Vitamin B	88080000	Vitamin B	P	100-5000	SUBLINGU	SUBL	EA	60		GENERIC		41163	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163050308	EQL COLI	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-10-200-3	ORAL	TABS	EA	24		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163051162	EQL NAPI	NAPROXE	280804	Nonsteroid	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	24		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163051171	EQL NAPI	NAPROXE	280804	Nonsteroid	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	50		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163051178	EQL NAPI	NAPROXE	280804	Nonsteroid	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	100		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163051202	EQL PRES	PHENYLE	481600	Expectora	48160000	Expectora	P	325MG-20	ORAL	TABS	EA	24		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163051372	EQL FIBE	PSYLLIUM	561200	Cathartics	56120000	Cathartics	P	28.30%	ORAL	POWD	GM	861		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163051402	EQL ACET	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	100		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163051501	EQL ACET	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	25-500 MG	ORAL	TABS	EA	24		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163052001	EQL ACET	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	24		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163052003	EQL ACET	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	100		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163052908	EQL DAY	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-2-10-325	ORAL	MISC	EA	24		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163053060	EQL GAS	SIMETHIC	561000	Antiflatulen	56100000	Antiflatulen	P	180 MG	ORAL	CAPS	EA	60		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163053073	EQL SEVE	ACETAMI	480800	Antitussive	48080000	Antitussive	P	500MG-2M	ORAL	TABS	EA	16		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163053504	EQL STOI	BISMUTH	560800	Antidiarrhe	56080000	Antidiarrhe	P	262 MG/15	ORAL	SUSP	ML	236		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163054609	EQL COU	ACETAMI	480800	Antitussive	48080000	Antitussive	P	325MG-10	ORAL	TABS	EA	20		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163054663	EQL DUAL	FAMOTID	562812	Histamine	56281200	Histamine	P	10-800-16	ORAL	CHEW	EA	25		GENERIC	7/28/2023	41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163055138	EQL MED	MENTHOL	842416	Basic Pow	84241600	Basic Pow	P	.15%-1%	EXTERNA	POWD	GM	283		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163055140	EQL NIGH	DOXYLAM	480800	Antitussive	48080000	Antitussive	P	12.5-30 M	ORAL	LIQD	ML	355		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163055389	EQL ANTI	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	P	2-125 MG	ORAL	TABS	EA	18		GENERIC		41163	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163056008	EQL COLI	DEXTROM	480800	Antitussive	48080000	Antitussive	P	10-5-325 M	ORAL	TABS	EA	24		GENERIC	10/24/2022	41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163056306	EQL ASPI	ASPIRIN	280804	Nonsteroid	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	200		GENERIC		41163		N	#N/A	ORIG_FR	10 EHB	#N/A	X	THEN $0 COPAY AND TIER=1	R	MEDPRM
41163056317	EQL ASPI	ASPIRIN	280804	Nonsteroid	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	300		GENERIC		41163		N	#N/A	ORIG_FR	10 EHB	#N/A	X	THEN $0 COPAY AND TIER=1	R	MEDPRM
41163056332	EQL ASPI	ASPIRIN	280804	Nonsteroid	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	120		GENERIC		41163		N	#N/A	ORIG_FR	10 EHB	#N/A	X	THEN $0 COPAY AND TIER=1	R	MEDPRM
41163056702	EQL DAY	PHENYLE	480800	Antitussive	48080000	Antitussive	P	LIQUID	ORAL	MISC	ML	710		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163057101	EQL ALLE	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	70		GENERIC	8/4/2023	41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163057122	EQL ALLE	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	15		GENERIC	8/4/2023	41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163057139	EQL ALLE	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	30		GENERIC	8/4/2023	41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163058544	EQL ALLE	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5 MG	ORAL	TBDP	EA	18		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163058840	EQL ANTA	ALUM & M	560400	Antacids a	56040000	Antacids a	P	400-400-4	ORAL	SUSP	ML	355		GENERIC	12/1/2022	41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163059730	EQL GAS	SIMETHIC	561000	Antiflatulen	56100000	Antiflatulen	P	125 MG	ORAL	CAPS	EA	30		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163060050	EQL NICO	NICOTINE	129200	Autonomic	12920000	Autonomic	P	2MG	MOUTH/T	GUM	EA	50		GENERIC		41163		N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1 LIMITED TO 24 PIE	R	MEDPRM
41163060062	EQL NICO	NICOTINE	129200	Autonomic	12920000	Autonomic	P	2MG	MOUTH/T	GUM	EA	110		GENERIC		41163		N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1 LIMITED TO 24 PIE	R	MEDPRM
41163060098	EQL NICO	NICOTINE	129200	Autonomic	12920000	Autonomic	P	2MG	MOUTH/T	GUM	EA	170		GENERIC		41163		N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1 LIMITED TO 24 PIE	R	MEDPRM
41163060340	EQL DAY	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-10-200-3	ORAL	LIQD	ML	355		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163060462	EQL IBUP	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	24		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163060471	EQL IBUP	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	50		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163060478	EQL IBUP	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	100		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163060485	EQL IBUP	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	250		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163060490	EQL IBUP	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	500		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163060752	EQL GEN	BISACOD	561200	Cathartics	56120000	Cathartics	P	5 MG	ORAL	TBEC	EA	90		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163060756	EQL GEN	BISACOD	561200	Cathartics	56120000	Cathartics	P	5 MG	ORAL	TBEC	EA	25		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163060916	EQL ACET	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5M	ORAL	SUSP	ML	59		GENERIC	2/28/2022	41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163061246	EQL ALLE	LORATAD	40800	Second G	4080000	Second G	P	10MG	ORAL	TABS	EA	10		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163061265	EQL ALLE	LORATAD	40800	Second G	4080000	Second G	P	10MG	ORAL	TABS	EA	30		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163061272	EQL ALLE	LORATAD	40800	Second G	4080000	Second G	P	10MG	ORAL	TABS	EA	60		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163061275	EQL ALLE	LORATAD	40800	Second G	4080000	Second G	P	10MG	ORAL	TABS	EA	90		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163062518	EQL LAXA	SENNOSI	561200	Cathartics	56120000	Cathartics	P	15 MG	ORAL	CHEW	EA	18		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163064771	EQL IBUP	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	50		GENERIC		41163	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163064778	EQL IBUP	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	100		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163065640	EQL DAY	DEXTROM	480800	Antitussive	48080000	Antitussive	P	10-5-325 M	ORAL	LIQD	ML	355		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163066738	EQL MAG	MAGNESI	561200	Cathartics	56120000	Cathartics	P	1.745 GM/	ORAL	SOLN	ML	296		GENERIC	8/23/2022	41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163068526	EQL CHIL	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	P	100 MG/5M	ORAL	SUSP	ML	120		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163069285	EQL COO	MENTHOL	842404	Basic Lotio	84240400	Basic Lotio	P	10%-30%	EXTERNA	CREA	GM	35		GENERIC	8/4/2023	41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163070126	EQL TUSS	GUAIFEN	481600	Expectora	48160000	Expectora	P	100 MG/5M	ORAL	LIQD	ML	118		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163070306	EQL SOR	PHENOL (	522800	Mouthwas	52280000	Mouthwas	P	1.40%	MOUTH/T	LIQD	ML	177		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163070426	EQL TUSS	DEXTROM	480800	Antitussive	48080000	Antitussive	P	20-400 MG	ORAL	LIQD	ML	118		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163070771	EQL NAPI	NAPROXE	280804	Nonsteroid	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	50		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163070778	EQL NAPI	NAPROXE	280804	Nonsteroid	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	100		GENERIC	12/4/2023	41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163070938	EQL MAG	MAGNESI	561200	Cathartics	56120000	Cathartics	P	1.745 GM/	ORAL	SOLN	ML	296		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163071601	EQL NASA	OXYMETA	523200	Vasoconst	52320000	Vasoconst	P	0.05%	NASAL	SOLN	ML	30		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163072801	EQL NASA	PHENYLE	523200	Vasoconst	52320000	Vasoconst	P	1%	NASAL	SOLN	ML	30		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163074448	EQL DAY	PHENYLE	480800	Antitussive	48080000	Antitussive	P	325MG-0-0	ORAL	MISC	EA	48		GENERIC	3/29/2024	41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163076340	EQL NIGH	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-6.25-10-	ORAL	LIQD	ML	355		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163077021	EQL MUS	MENTHOL	842404	Basic Lotio	84240400	Basic Lotio	P	10-15 %	EXTERNA	CREA	GM	85		GENERIC	10/31/2023	41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163079707	EQL ASPI	ASPIRIN	280804	Nonsteroid	28080424	Salicylates	P	81MG	ORAL	CHEW	EA	36		GENERIC		41163		N	#N/A	ORIG_FR	10 EHB	#N/A	X	THEN $0 COPAY AND TIER=1	R	MEDPRM
41163079830	EQL HAIR	MINOXIDI	849200	Skin and M	84920000	Skin and M	P	5%	EXTERNA	SOLN	ML	60		GENERIC	8/4/2023	41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163081334	EQL TUSS	DEXTROM	480800	Antitussive	48080000	Antitussive	P	20-200 MG	ORAL	LIQD	ML	237		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163081630	EQL ALCO	ALCOHOL	940000	Devices	94000000	Devices	O	70%	DOES NO	PADS	EA	100		NON DRUG		41163		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163081709	EQL MUC	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-10-200-3	ORAL	TABS	EA	20		GENERIC	7/2/2024	41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163082243	EQL WITC	WITCH HA	849200	Skin and M	84920000	Skin and M	P	86%	EXTERNA	SOLN	ML	473		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163082529	EQL MICO	MICONAZ	840408	Antifungal	84040808	Azoles	P	2%	VAGINAL	CREA	GM	45		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163083926	EQL MUC	PHENYLE	480800	Antitussive	48080000	Antitussive	P	2.5-5-100	ORAL	LIQD	ML	118		GENERIC	8/4/2023	41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163084543	EQL ISOP	ISOPROP	840492	Local Anti-	84049200	Local Anti-	P	70%	DOES NO	SOLN	ML	473		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163085140	EQL ANTA	ALUM & M	560400	Antacids a	56040000	Antacids a	P	200-200-2	ORAL	SUSP	ML	355		GENERIC	12/1/2022	41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
41163086201	EQL MUC	DEXTROM	480800	Antitussive	48080000	Antitussive	P	30-600 MG	ORAL	TB12	EA	20		GENERIC		41163		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM

41163086634	EQL LICE	PYRETHR	840412 Scabicides	84041200 Scabicides	P	0.33-4 %	EXTERNA	SHAM	ML	236	GENERIC	11/6/2024	41163		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163087143	EQL HYDI	HYDROGI	840492 Local Anti-	84049200 Local Anti-	P	3%	EXTERNA	SOLN	ML	473	GENERIC		41163		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163087145	EQL HYDI	HYDROGI	840492 Local Anti-	84049200 Local Anti-	P	3%	EXTERNA	SOLN	ML	946	GENERIC		41163		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163087240	EQL NIGH	DEXTROM	480800 Antitussive	48080000 Antitussive	P	30-12.5-6	ORAL	LIQD	ML	355	GENERIC	11/15/2024	41163		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163087305	EQL NICO	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	4 MG	MOUTH/T	LOZG	EA	72	GENERIC	8/4/2023	41163		N	#N/A ORIG_FR	10 EHB	#N/A	X	IF AGE>=1 LIMITED TO 20 LOZ	R	MEDPRIM
41163087643	EQL ETHY	ALCOHOL	840492 Local Anti-	84049200 Local Anti-	P	70%	DOES NO	SOLN	ML	473	NON DRUG		41163		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163088210	EQL INFA	SIMETHIC	561000 Antiflatulen	56100000 Antiflatulen	P	20 MG/0.3	ORAL	SUSP	ML	30	GENERIC	8/4/2023	41163		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163089726	EQL CHIL	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	100 MG/5	ORAL	SUSP	ML	120	GENERIC		41163		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163089734	EQL CHIL	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	100 MG/5	ORAL	SUSP	ML	240	GENERIC	8/4/2023	41163		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163090085	EQL LATE	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		41163		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163090891	EQL FLU/	DEXTROM	480800 Antitussive	48080000 Antitussive	P	20-10-500	ORAL	PACK	EA	6	GENERIC		41163		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163091501	EQL OME	OMEPRAZ	562836 Proton-pu	56283600 Proton-pu	P	20MG	ORAL	TBEC	EA	14	GENERIC		41163		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163091530	EQL OME	OMEPRAZ	562836 Proton-pu	56283600 Proton-pu	P	20MG	ORAL	TBEC	EA	28	GENERIC		41163		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163091555	EQL OME	OMEPRAZ	562836 Proton-pu	56283600 Proton-pu	P	20MG	ORAL	TBEC	EA	42	GENERIC		41163		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163091574	EQL OME	OMEPRAZ	562836 Proton-pu	56283600 Proton-pu	P	20MG	ORAL	TBEC	EA	14	GENERIC		41163		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163091807	EQL ASPI	ASPIRIN	280804 Nonsteroi	28080424 Salicylates	P	81 MG	ORAL	CHEW	EA	36	GENERIC		41163		N	#N/A ORIG_FR	10 EHB	#N/A	X	THEN $0 COPAY AND TIER=1	R	MEDPRIM
41163091899	EQL ASPI	ASPIRIN	280804 Nonsteroi	28080424 Salicylates	P	81 MG	ORAL	CHEW	EA	36	GENERIC		41163		N	#N/A ORIG_FR	10 EHB	#N/A	X	THEN $0 COPAY AND TIER=1	R	MEDPRIM
41163092201	EQL MUC	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-10-200-:	ORAL	TABS	EA	20	GENERIC	12/1/2022	41163		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163093286	EQL ANTI	MOUTHW	522800 Mouthwas	52280000 Mouthwas	P	.092%-.04	MOUTH/T	LIQD	ML	1000	GENERIC		41163		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163093705	EQL STOI	BISMUTH	560800 Antidiarrhe	56080000 Antidiarrhe	P	525 MG/1	ORAL	SUSP	ML	354	GENERIC		41163		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163094424	EQL HEM	PRAMOXI	840800 Antipruritic	84080000 Antipruritic	P	1-0.25-14.	EXTERNA	CREA	GM	51	GENERIC		41163		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163094532	EQL ASPI	ASPIRIN	280804 Nonsteroi	28080424 Salicylates	P	81 MG	ORAL	TBEC	EA	120	GENERIC		41163		N	#N/A ORIG_FR	10 EHB	#N/A	X	THEN $0 COPAY AND TIER=1	R	MEDPRIM
41163094940	EQL MILK	MAGNESI	561200 Cathartics	56120000 Cathartics	P	1200 MG/	ORAL	SUSP	ML	355	GENERIC	8/11/2023	41163		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163095821	EQL COU	DEXTROM	480800 Antitussive	48080000 Antitussive	P	30 MG/5M	ORAL	SUER	ML	89	GENERIC	8/11/2023	41163		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163096491	EQL FLU/	DIPHENH	40400 First Gene	4040000 First Gene	P	25-10-650	ORAL	PACK	EA	6	GENERIC	7/19/2024	41163		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163097364	EQL ANTI	HYDROC	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	CREA	GM	28	GENERIC		41163		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163098726	EQL COLI	PHENYLE	480800 Antitussive	48080000 Antitussive	P	2.5-1-5 M	ORAL	LIQD	ML	118	GENERIC		41163		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41163099726	EQL ACET	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	160 MG/5	ORAL	SUSP	ML	118	GENERIC	1/31/2022	41163		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167000133	UNISOM S	DIPHENH	282492 Anxiolytics	28249200 Anxiolytics	P	50 MG	ORAL	CAPS	EA	32	MSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41167000140	UNISOM S	DIPHENH	282492 Anxiolytics	28249200 Anxiolytics	P	25 MG	ORAL	TBDP	EA	24	MSB		41167	N	N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41167000210	CORTIZO	HYDROC	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	CREA	GM	28	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167000215	CORTIZO	HYDROC	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	CREA	GM	56	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167000220	CORTIZO	HYDROC	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	CREA	GM	28	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167000225	CORTIZO	HYDROC	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	CREA	GM	56	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167000250	CORTIZO	HYDROC	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	OINT	GM	28	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167000255	CORTIZO	HYDROC	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	OINT	GM	56	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167000270	CORTIZO	HYDROC	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	CREA	GM	28	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167000275	CORTIZO	HYDROC	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	CREA	GM	56	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167000280	CORTIZO	HYDROC	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	CREA	GM	56	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167000320	CORTIZO	HYDROC	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	LIQD	ML	36	MSB		41167	N	N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41167000350	CORTIZO	HYDROC	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	CREA	GM	28	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167000351	CORTIZO	HYDROC	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	CREA	GM	56	GENERIC		41167	Y	N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167000353	CORTIZO	HYDROC	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	CREA	GM	56	GENERIC	1/1/2023	41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167000360	CORTIZO	HYDROC	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	GEL	GM	28	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167000362	CORTIZO	HYDROC	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	GEL	GM	28	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167000390	CORTIZO	HYDROC	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	CREA	GM	14	GENERIC	1/1/2023	41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167000391	CORTIZO	HYDROC	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	CREA	GM	28	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167000393	CORTIZO	HYDROC	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	OINT	GM	28	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167000396	CORTIZO	HYDROC	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	CREA	GM	56	GENERIC	1/1/2023	41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167000397	CORTIZO	HYDROC	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	CREA	GM	14	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167000404	UNISOM	DIPHENH	282492 Anxiolytics	28249200 Anxiolytics	O	50-325 M	ORAL	TABS	EA	30	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167000602	UNISOM S	DOXYLAM	282492 Anxiolytics	28249200 Anxiolytics	P	25 MG	ORAL	TABS	EA	80	GENERIC		41167	N	N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167000607	UNISOM S	DOXYLAM	282492 Anxiolytics	28249200 Anxiolytics	P	25 MG	ORAL	TABS	EA	16	MSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41167000609	UNISOM S	DOXYLAM	282492 Anxiolytics	28249200 Anxiolytics	P	25 MG	ORAL	TABS	EA	32	MSB		41167	N	N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41167000610	UNISOM S	DIPHENH	282492 Anxiolytics	28249200 Anxiolytics	P	50 MG	ORAL	CAPS	EA	8	MSB		41167	N	N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41167000611	UNISOM S	DIPHENH	282492 Anxiolytics	28249200 Anxiolytics	P	50 MG	ORAL	CAPS	EA	16	MSB		41167	N	N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41167000616	UNISOM S	DIPHENH	282492 Anxiolytics	28249200 Anxiolytics	P	50 MG	ORAL	CAPS	EA	60	MSB		41167	N	N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41167000623	UNISOM S	DOXYLAM	282492 Anxiolytics	28249200 Anxiolytics	P	25 MG	ORAL	TABS	EA	48	MSB		41167	N	N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41167000641	UNISOM S	MELATON	929200 UNKNOW	92920000 UNKNOW	O	2.5 MG	ORAL	CHEW	EA	60	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167000642	UNISOM S	MELATON	929200 UNKNOW	92920000 UNKNOW	O	2.5 MG	ORAL	CHEW	EA	120	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167000652	UNISOM S	DIPHENH	282492 Anxiolytics	28249200 Anxiolytics	P	50 MG	ORAL	CAPS	EA	100	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167000670	UNISOM S	DIPHENH	282492 Anxiolytics	28249200 Anxiolytics	P	25 MG	ORAL	CAPS	EA	60	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167000715	ICY HOT I	MENTHOI	849200 Skin and M	84920000 Skin and M	P	5%	EXTERNA	PTCH	EA	6	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167000716	ICY HOT (	MENTHOI	849200 Skin and M	84920000 Skin and M	P	5%	EXTERNA	PTCH	EA	4	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167000796	ICY HOT I	MENTHOI	842404 Basic Lotio	84240400 Basic Lotio	O	16-11 %	EXTERNA	CREA	GM	85	NON DRUG		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167000832	ICY HOT I	MENTHOI	849200 Skin and M	84920000 Skin and M	P	5%	EXTERNA	PTCH	EA	1	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167000841	ICY HOT I	MENTHOI	849200 Skin and M	84920000 Skin and M	P	5%	EXTERNA	PTCH	EA	5	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167000843	ICY HOT I	MENTHOI	849200 Skin and M	84920000 Skin and M	P	5%	EXTERNA	PTCH	EA	5	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167000847	ICY HOT I	MENTHOI	849200 Skin and M	84920000 Skin and M	P	5%	EXTERNA	PTCH	EA	3	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167000856	ICY HOT /	MENTHOI	842404 Basic Lotio	84240400 Basic Lotio	O	4%-16%	EXTERNA	LOTN	GM	155	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167000879	ICY HOT I	MENTHOI	842404 Basic Lotio	84240400 Basic Lotio	P	7.6%-8%-:	EXTERNA	OINT	GM	99.2	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167000881	ICY HOT (	MENTHOI	842404 Basic Lotio	84240400 Basic Lotio	P	10-30 %	EXTERNA	CREA	GM	85	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167000883	ICY HOT (	MENTHOI	842404 Basic Lotio	84240400 Basic Lotio	P	10-30 %	EXTERNA	CREA	GM	35.4	GENERIC		41167	N	N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167000885	ICY HOT I	MENTHOI	842404 Basic Lotio	84240400 Basic Lotio	P	10%-30%	EXTERNA	CREA	GM	35.4	GENERIC		41167	N	N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167000891	ICY HOT I	MENTHOI	842404 Basic Lotio	84240400 Basic Lotio	P	10%-30%	EXTERNA	CREA	GM	85	GENERIC		41167	N	N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167000898	ICY HOT I	MENTHOI	842404 Basic Lotio	84240400 Basic Lotio	P	10%-30%	EXTERNA	STCK	GM	49	MSB		41167	N	N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41167000901	ICY HOT (	MENTHOI	849200 Skin and M	84920000 Skin and M	O	16%	EXTERNA	FOAM	ML	118	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167000910	ICY HOT	MENTHOI	849200 Skin and M	84920000 Skin and M	P	16%	EXTERNA	LIQD	ML	73	GENERIC		41167	N	N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167000920	ICY HOT I	MENTHOI	849200 Skin and M	84920000 Skin and M	P	2.50%	EXTERNA	GEL	GM	70.8	MSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41167000923	ICY HOT (	MENTHOI	849200 Skin and M	84920000 Skin and M	P	2.50%	EXTERNA	GEL	GM	70.8	MSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41167000933	ICY HOT I	MENTHOI	849200 Skin and M	84920000 Skin and M	O	7.50%	EXTERNA	CREA	GM	70.8	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167000940	ICY HOT I	CAMPHOI	929200 UNKNOW	92920000 UNKNOW	O	5.3%-1.3%	EXTERNA	GEL	GM	56	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167000943	ICY HOT I	CAMPHOI	929200 UNKNOW	92920000 UNKNOW	O	4.7%-1.2%	EXTERNA	GEL	GM	56	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167001043	GOLD BO	MENTHOI	849200 Skin and M	84920000 Skin and M	P	0.15%	EXTERNA	POWD	GM	28	NON DRUG		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167001046	GOLD BO	MENTHOI	849200 Skin and M	84920000 Skin and M	P	0.15%	EXTERNA	POWD	GM	113	NON DRUG		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167001056	CORTIZO	HYDROC	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	CREA	GM	28	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167001057	CORTIZO	HYDROC	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	CREA	GM	56	GENERIC	1/1/2023	41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167001081	CORTIZO	HYDROC	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	CREA	GM	28	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167001082	CORTIZO	HYDROC	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	CREA	GM	28	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167001109	GOLD BO	MENTHOI	849200 Skin and M	84920000 Skin and M	P	0.15%	EXTERNA	POWD	GM	283	NON DRUG		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167001240	GOLD BO	MENTHOI	842416 Basic Pow	84241600 Basic Pow	O	0-0	EXTERNA	POWD	GM	720	SSB		41167	N	N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167001314	GOLD BO	POWDER	842416 Basic Pow	84241600 Basic Pow	O	0-0	EXTERNA	AERP	GM	198	SSB		41167	N	N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167001323	GOLD BO	POWDER	842416 Basic Pow	84241600 Basic Pow	O	0-0	EXTERNA	AERP	GM	198	SSB		41167	N	N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167001650	GOLD BO	FOOT CA	849200 Skin and M	84920000 Skin and M	O	0-0-0-0-0	EXTERNA	CREA	GM	113	NON DRUG		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167001706	GOLD BO	MENTHOI	849200 Skin and M	84920000 Skin and M	O	1%	EXTERNA	POWD	GM	113	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167001712	GOLD BO	MENTHOI	849200 Skin and M	84920000 Skin and M	O	1%	EXTERNA	POWD	GM	283	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167001722	GOLD BO	MENTHOI	849200 Skin and M	84920000 Skin and M	O	1%	EXTERNA	AERP	GM	100	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167001735	GOLD BO	FOOT CA	849200 Skin and M	84920000 Skin and M	O	0-0-0-0-0	EXTERNA	CREA	GM	113	NON DRUG		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167001744	GOLD BO	MENTHOI	849200 Skin and M	84920000 Skin and M	O	16%	EXTERNA	CREA	GM	113	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167001760	GOLD BO	PODIATR	849200 Skin and M	84920000 Skin and M	O	0-0-0	EXTERNA	CREA	GM	113	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167001762	GOLD BO	MENTHOI	849200 Skin and M	84920000 Skin and M	P	16%	EXTERNA	LIQD	ML	73	MSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41167001810	GOLD BO	BENZETH	840492 Local Anti-	84049200 Local Anti-	O	.13%-1%	EXTERNA	LIQD	ML	59.1	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167002430	BALMEX	ZINC OXI	841200 Astringent	84120000 Astringent	O	11.30%	EXTERNA	STCK	GM	56	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167002440	BALMEX /	ZINC OXI	841200 Astringent	84120000 Astringent	O	11.30%	EXTERNA	CREA	GM	85	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167002625	BALMEX S	SKIN PRC	842412 Basic Oint	84241200 Basic Oint	P	51.10%	EXTERNA	OINT	GM	99	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167002672	BALMEX	ZINC OXI	841200 Astringent	84120000 Astringent	O	11.30%	EXTERNA	CREA	GM	453	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167002800	BALMEX I	POWDER	842416 Basic Pow	84241600 Basic Pow	O	83.6%-11.	EXTERNA	POWD	GM	283	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167003310	CORTIZO	HYDROC	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	LOTN	GM	99	GENERIC		41167	N	N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167003330	CORTIZO	HYDROC	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	LOTN	GM	113	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167003340	CORTIZO	HYDROC	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	LOTN	GM	113	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167003350	CORTIZO	HYDROC	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	CREA	GM	28	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167003353	CORTIZO	HYDROC	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	CREA	GM	28	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167003380	CORTIZO	HYDROC	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	LIQD	ML	44.3	GENERIC		41167	N	N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167003396	CORTIZO	HYDROC	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	OINT	GM	56	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167003410	CORTIZO	HYDROC	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	LOTN	GM	96	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167003420	CORTIZO	HYDROC	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	LOTN	GM	96	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167003923	GOLD BO	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	O	45%	EXTERNA	OINT	GM	49	NON DRUG		41167	N	N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167004045	GOLD BO	MENTHOI	849200 Skin and M	84920000 Skin and M	O	0.80%	EXTERNA	POWD	GM	113	NON DRUG		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167004104	GOLD BO	MENTHOI	849200 Skin and M	84920000 Skin and M	O	0.80%	EXTERNA	POWD	GM	283	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167004125	GOLD BO	SALICYLI	842800 Keratolytic	84280000 Keratolytic	O	3%	EXTERNA	CREA	GM	113	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167004235	GOLD BO	EMOLLIEI	842404 Basic Lotio	84240400 Basic Lotio	O	0-0-0-0-0	EXTERNA	LOTN	GM	226	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167004366	GOLD BO	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	O	0-0-0-0-0	EXTERNA	CREA	GM	85	NON DRUG		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167004370	GOLD BO	SUNSCRE	848000 Sunscreen	84800000 Sunscreen	O	5-3-10 %	EXTERNA	CREA	GM	85	NON DRUG		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167004400	GOLD BO	EMOLLIEI	842404 Basic Lotio	84240400 Basic Lotio	O	0-0-0-0	EXTERNA	LOTN	GM	201	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167004420	GOLD BO	EMOLLIEI	842404 Basic Lotio	84240400 Basic Lotio	O	0-0-0-0	EXTERNA	LOTN	GM	201	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167004434	GOLD BO	EMOLLIEI	842404 Basic Lotio	84240400 Basic Lotio	O	0-0-0-0-0	EXTERNA	LOTN	GM	155	NON DRUG		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167004702	GOLD BO	BENZETH	840492 Local Anti-	84049200 Local Anti-	O	0.20%	EXTERNA	LIQD	GM	76	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167004706	GOLD BO	BENZETH	840492 Local Anti-	84049200 Local Anti-	O	0.20%	EXTERNA	LIQD	GM	340	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167004709	GOLD BO	BENZETH	840492 Local Anti-	84049200 Local Anti-	O	0.20%	EXTERNA	LIQD	GM	28	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167004801	GOLD BO	BENZETH	840492 Local Anti-	84049200 Local Anti-	O	0.20%	EXTERNA	LIQD	GM	76	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167004805	GOLD BO	BENZETH	840492 Local Anti-	84049200 Local Anti-	O	0.20%	EXTERNA	LIQD	GM	340	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167005010	GOLD BO	PRAMOXI	840800 Antipruritic	84080000 Antipruritic	P	1-1 %	EXTERNA	CREA	GM	28	GENERIC		41167	N	N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167005012	GOLD BO	PRAMOXI	840800 Antipruritic	84080000 Antipruritic	P	1-1 %	EXTERNA	CREA	GM	56	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167005050	GOLD BO	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	4%	EXTERNA	CREA	GM	49	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167005060	GOLD BO	PRAMOXI	840800 Antipruritic	84080000 Antipruritic	O	1-0.5-5 %	EXTERNA	LOTN	GM	155	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167005070	GOLD BO	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	O	0-0-0-0	EXTERNA	CREA	GM	226	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167005100	GOLD BO	PRAMOXI	840800 Antipruritic	84080000 Antipruritic	O	1-6 %	EXTERNA	CREA	GM	28	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167005221	GOLD BO	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	O	0-0-0-0	EXTERNA	CREA	GM	155	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167005222	GOLD BO	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	O	0-0-0-0	EXTERNA	CREA	GM	49	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167005280	GOLD BO	PRAMOXI	840800 Antipruritic	84080000 Antipruritic	P	1-1 %	EXTERNA	CREA	GM	28	MSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41167005290	GOLD BO	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	4%	EXTERNA	CREA	GM	49	GENERIC		41167	N	N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167005350	GOLD BO	EMOLLIEI	842404 Basic Lotio	84240400 Basic Lotio	O	0-0	EXTERNA	LOTN	GM	368	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167005352	GOLD BO	EMOLLIEI	842404 Basic Lotio	84240400 Basic Lotio	O	0-0-0	EXTERNA	LOTN	GM	127	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167005360	GOLD BO	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	O	0-0	EXTERNA	CREA	GM	68	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167005367	GOLD BO	EMOLLIEI	842404 Basic Lotio	84240400 Basic Lotio	O	0-0	EXTERNA	LOTN	GM	510	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167005400	GOLD BO	DIMETHIC	842412 Basic Oint	84241200 Basic Oint	O	3%-3%-30	EXTERNA	CREA	GM	96	NON DRUG		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167005510	GOLD BO	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	O	0-0-0-0	EXTERNA	CREA	GM	85	NON DRUG		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167005530	GOLD BO	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	O	0-0-0-0-0	EXTERNA	CREA	GM	184	NON DRUG		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167005533	GOLD BO	EMOLLIEI	842404 Basic Lotio	84240400 Basic Lotio	O	0-0-0-0-0	EXTERNA	LOTN	GM	411	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167005660	ASPERCF	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	4%	EXTERNA	CREA	GM	85	MSB		41167	N	N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41167005685	ASPERCF	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	4%	EXTERNA	LIQD	ML	73	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167005686	ASPERCF	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	4%	EXTERNA	LIQD	ML	44.3	MSB		41167	N	N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41167005701	ASPERCF	TROLAMI	280804 Nonsteroi	28080424 Salicylates	P	10%	EXTERNA	CREA	GM	35.4	MSB		41167	N	N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41167005703	ASPERCF	TROLAMI	280804 Nonsteroi	28080424 Salicylates	P	10%	EXTERNA	CREA	GM	85	MSB		41167	N	N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41167005705	ASPERCF	TROLAMI	280804 Nonsteroi	28080424 Salicylates	P	10%	EXTERNA	CREA	GM	141.7	MSB		41167	N	N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41167005722	ASPERCF	TROLAMI	280804 Nonsteroi	28080424 Salicylates	P	10%	EXTERNA	CREA	GM	35.4	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167005723	ASPERCF	TROLAMI	280804 Nonsteroi	28080424 Salicylates	P	10%	EXTERNA	CREA	GM	85	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167005724	ASPERCF	TROLAMI	280804 Nonsteroi	28080424 Salicylates	P	10%	EXTERNA	CREA	GM	141	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167005730	ASPERCF	TROLAMI	280804 Nonsteroi	28080424 Salicylates	O	10%	EXTERNA	LOTN	GM	141	SSB		41167	N	N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167005742	ASPERCF	DICLOFEI	840620 UNKNOW	84062000 UNKNOW	P	1%	EXTERNA	GEL	GM	50	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167005743	ASPERCF	DICLOFEI	840620 UNKNOW	84062000 UNKNOW	P	1%	EXTERNA	GEL	GM	100	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167005744	ASPERCF	DICLOFEI	840620 UNKNOW	84062000 UNKNOW	P	1%	EXTERNA	GEL	GM	150	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167005750	ASPERCF	MENTHOI	849200 Skin and M	84920000 Skin and M	P	16%	EXTERNA	LIQD	ML	73	MSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41167005790	ASPERCF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	3	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167005791	ASPERCF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	3	NON DRUG		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167005796	ASPERCF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	3	NON DRUG		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167005797	ASPERCF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	6	NON DRUG		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167005810	ASPERCF	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	4%	EXTERNA	LIQD	ML	73	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167005815	ASPERCF	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	4%	EXTERNA	LIQD	ML	44.3	GENERIC		41167	N	N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167005820	ASPERCF	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	4%	EXTERNA	CREA	GM	76.5	GENERIC		41167	N	N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167005822	ASPERCF	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	4%	EXTERNA	CREA	GM	49.6	GENERIC		41167	N	N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167005823	ASPERCF	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	4%	EXTERNA	LIQD	ML	73	GENERIC		41167	N	N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167005828	ASPERCF	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	4%	EXTERNA	CREA	GM	133	GENERIC		41167	N	N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167005835	ASPERCF	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	O	4%	EXTERNA	AERO	GM	113	SSB		41167	N	N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167005840	ASPERCF	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	4%	EXTERNA	PTCH	EA	5	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167005842	ASPERCF	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	4%	EXTERNA	PTCH	EA	3	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167005847	ASPERCF	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	4%	EXTERNA	PTCH	EA	1	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167005851	ASPERCF	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	4%	EXTERNA	LIQD	ML	73	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167005862	ASPERCF	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	4%	EXTERNA	CREA	GM	113	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167005877	ASPERCF	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	4%	EXTERNA	CREA	GM	76.5	GENERIC		41167	N	N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167005878	ASPERCF	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	4%	EXTERNA	CREA	GM	49.6	GENERIC		41167	N	N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167005884	ASPERCF	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	4%	EXTERNA	CREA	GM	121	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167005970	ASPERCF	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	4%	EXTERNA	CREA	GM	113	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167005987	ASPERCF	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	4%	EXTERNA	LIQD	ML	73	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167006003	ARTHRITI	MENTHOI	842404 Basic Lotio	84240400 Basic Lotio	P	10-15 %	EXTERNA	CREA	GM	85	GENERIC		41167	N	N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167006006	ARTHRITI	MENTHOI	842404 Basic Lotio	84240400 Basic Lotio	P	10-15 %	EXTERNA	CREA	GM	85	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167006108	GOLD BO	EMOLLIEI	842404 Basic Lotio	84240400 Basic Lotio	O	5%-.15%	EXTERNA	LOTN	ML	236	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167006112	GOLD BO	EMOLLIEI	842404 Basic Lotio	84240400 Basic Lotio	O	5%-.15%	EXTERNA	LOTN	GM	396	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167006250	GOLD BO	EMOLLIEI	842404 Basic Lotio	84240400 Basic Lotio	O	0	EXTERNA	LOTN	GM	368	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167006301	GOLD BO	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	O	0	EXTERNA	CREA	GM	127	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167006303	GOLD BO	EMOLLIEI	842404 Basic Lotio	84240400 Basic Lotio	O	0	EXTERNA	LOTN	GM	368	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167006408	GOLD BO	EMOLLIEI	842404 Basic Lotio	84240400 Basic Lotio	O	5%-.5%	EXTERNA	LOTN	ML	236	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167006412	GOLD BO	EMOLLIEI	842404 Basic Lotio	84240400 Basic Lotio	O	0.50%	EXTERNA	LOTN	GM	396	NON DRUG		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167006608	GOLD BO	EMOLLIEI	842404 Basic Lotio	84240400 Basic Lotio	O	0-0	EXTERNA	LOTN	GM	396	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167006620	GOLD BO	EMOLLIEI	842404 Basic Lotio	84240400 Basic Lotio	O	0-0	EXTERNA	LOTN	GM	155	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167006621	GOLD BO	COLLOID/	842400 Emollients	84240000 Emollients	O	2%	EXTERNA	CREA	GM	226	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167006623	GOLD BO	EMOLLIEI	842404 Basic Lotio	84240400 Basic Lotio	O	0	EXTERNA	LOTN	GM	155	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167006626	GOLD BO	COLLOID/	842400 Emollients	84240000 Emollients	O	2%	EXTERNA	CREA	GM	155	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167006629	GOLD BO	EMOLLIEI	842404 Basic Lotio	84240400 Basic Lotio	O	0	EXTERNA	LOTN	GM	28	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167006639	GOLD BO	COLLOID/	842400 Emollients	84240000 Emollients	O	2%	EXTERNA	CREA	GM	85	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167006640	GOLD BO	EMOLLIEI	842404 Basic Lotio	84240400 Basic Lotio	O	0	EXTERNA	LOTN	GM	127	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167006644	GOLD BO	EMOLLIEI	842404 Basic Lotio	84240400 Basic Lotio	O	0	EXTERNA	LOTN	GM	368	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167006651	GOLD BO	EMOLLIEI	842404 Basic Lotio	84240400 Basic Lotio	O	0	EXTERNA	LOTN	GM	396	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167006654	GOLD BO	EMOLLIEI	842404 Basic Lotio	84240400 Basic Lotio	O	0	EXTERNA	LOTN	ML	396	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167006656	GOLD BO	EMOLLIEI	842404 Basic Lotio	84240400 Basic Lotio	O	0-0-0-0	EXTERNA	LOTN	GM	566	NON DRUG		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167006736	GOLD BO	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	O	0	EXTERNA	CREA	GM	100	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167006750	GOLD BO	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	O	0	EXTERNA	OINT	GM	100	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167006800	GOLD BO	POWDER	842416 Basic Pow	84241600 Basic Pow	O	0	EXTERNA	POWD	GM	283	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167006809	GOLD BO	POWDER	842416 Basic Pow	84241600 Basic Pow	O	0	EXTERNA	POWD	GM	28	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167007470	GOLD BO	EMOLLIEI	842400 Emollients	84240000 Emollients	O	0-0-0-0-0	EXTERNA	STCK	GM	49.6	NON DRUG		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167007730	GOLD BO	BENZETH	840492 Local Anti-	84049200 Local Anti-	O	0.20%	EXTERNA	LIQD	GM	76	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167007733	GOLD BO	BENZETH	840492 Local Anti-	84049200 Local Anti-	O	0.20%	EXTERNA	LIQD	GM	340	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167007739	GOLD BO	BENZETH	840492 Local Anti-	84049200 Local Anti-	O	0.20%	EXTERNA	LIQD	GM	28	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167007740	GOLD BO	BENZETH	840492 Local Anti-	84049200 Local Anti-	O	0.20%	EXTERNA	LIQD	GM	76	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167007749	GOLD BO	BENZETH	840492 Local Anti-	84049200 Local Anti-	O	0.20%	EXTERNA	LIQD	GM	28	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167007797	GOLD BO	BENZETH	840492 Local Anti-	84049200 Local Anti-	O	0.20%	EXTERNA	LIQD	GM	28	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167007800	GOLD BO	FOOT CA	849200 Skin and M	84920000 Skin and M	O	0-0	EXTERNA	CREA	GM	113	NON DRUG		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167008010	ICY HOT /	MENTHOI	842404 Basic Lotio	84240400 Basic Lotio	O	16-11 %	EXTERNA	CREA	GM	56	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167008016	ICY HOT /	MENTHOI	842404 Basic Lotio	84240400 Basic Lotio	O	16-11 %	EXTERNA	CREA	GM	56	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167008045	ICY HOT S	NERVE S	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1	NON DRUG		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167008046	ICY HOT S	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167008050	ICY HOT /	MENTHOI	849200 Skin and M	84920000 Skin and M	O	7.50%	EXTERNA	PTCH	EA	5	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167008150	ICY HOT (	MENTHOI	849200 Skin and M	84920000 Skin and M	P	16%	EXTERNA	LIQD	GM	113	MSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41167008300	ICY HOT S	MENTHOI	849200 Skin and M	84920000 Skin and M	O	16%	EXTERNA	MISC	EA	3	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167008501	ICY HOT	MENTHOI	849200 Skin and M	84920000 Skin and M	O	7.50%	EXTERNA	MISC	EA	1	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167008507	ICY HOT	MENTHOI	849200 Skin and M	84920000 Skin and M	O	7.50%	EXTERNA	MISC	EA	1	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167008520	ICY HOT I	CAPSAICI	840800 Antipruritic	84080000 Antipruritic	O	.025%-5%	EXTERNA	PTCH	EA	6	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167008530	ICY HOT I	MENTHOI	849200 Skin and M	84920000 Skin and M	O	7.50%	EXTERNA	LOTN	GM	113	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167008640	GOLD BO	SOAP & C	842000 Detergents	84200000 Detergents	O	0	EXTERNA	LIQD	ML	369	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167008649	GOLD BO	SOAP & C	842000 Detergents	84200000 Detergents	O	0	EXTERNA	LIQD	ML	44	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167008653	GOLD BO	SOAP & C	842000 Detergents	84200000 Detergents	O	0-0-0	EXTERNA	LIQD	ML	369	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167008659	GOLD BO	SOAP & C	842000 Detergents	84200000 Detergents	O	0-0-0	EXTERNA	LIQD	ML	44	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167008661	GOLD BO	SOAP & C	842000 Detergents	84200000 Detergents	O	0-0	EXTERNA	LIQD	ML	369	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167008684	GOLD BO	SOAP & C	842000 Detergents	84200000 Detergents	O	0	EXTERNA	LIQD	ML	369	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167009350	ACT ANTI	SODIUM F	340400 UNKNOW	34040000 UNKNOW	P	0.05%	MOUTH/T	SOLN	ML	500	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167009361	ACT ANTI	SODIUM F	340400 UNKNOW	34040000 UNKNOW	P	0.05%	MOUTH/T	SOLN	ML	500	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167009406	ACT ANTI	SODIUM F	340400 UNKNOW	34040000 UNKNOW	P	0.05%	MOUTH/T	SOLN	ML	30	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167009408	ACT ANTI	SODIUM F	340400 UNKNOW	34040000 UNKNOW	P	0.05%	MOUTH/T	SOLN	ML	532	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167009420	ACT ANTI	SODIUM F	340400 UNKNOW	34040000 UNKNOW	P	0.05%	MOUTH/T	SOLN	ML	30	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167009428	ACT ANTI	SODIUM F	340400 UNKNOW	34040000 UNKNOW	P	0.05%	MOUTH/T	SOLN	ML	532	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167009444	ACT KIDS	SODIUM F	340400 UNKNOW	34040000 UNKNOW	P	0.05%	MOUTH/T	SOLN	ML	500	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167009448	ACT ANTI	SODIUM F	340400 UNKNOW	34040000 UNKNOW	P	0.05%	MOUTH/T	SOLN	ML	532	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167009565	ACT RES	SODIUM F	340400 UNKNOW	34040000 UNKNOW	P	0.05%	MOUTH/T	SOLN	ML	532	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167009566	ACT RES	SODIUM F	340400 UNKNOW	34040000 UNKNOW	P	0.05%	MOUTH/T	SOLN	ML	532	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167009610	ACT TOT/	SODIUM F	340400 UNKNOW	34040000 UNKNOW	P	0.05%	MOUTH/T	SOLN	ML	532	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167009613	ACT TOT/	SODIUM F	340400 UNKNOW	34040000 UNKNOW	P	0.05%	MOUTH/T	SOLN	ML	90	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167009614	ACT TOT/	SODIUM F	340400 UNKNOW	34040000 UNKNOW	P	0.05%	MOUTH/T	SOLN	ML	1000	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167009641	ACT TOT/	SODIUM F	340400 UNKNOW	34040000 UNKNOW	P	0.02%	MOUTH/T	SOLN	ML	532	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167009650	ACT TOT/	SODIUM F	340400 UNKNOW	34040000 UNKNOW	P	0.05%	MOUTH/T	SOLN	ML	532	GENERIC	1/1/2023	41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167009653	ACT TOT/	SODIUM F	340400 UNKNOW	34040000 UNKNOW	P	0.05%	MOUTH/T	SOLN	ML	90	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167009657	ACT TOT/	SODIUM F	340400 UNKNOW	34040000 UNKNOW	P	0.05%	MOUTH/T	SOLN	ML	1000	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167009680	ACT TOT/	SODIUM F	340400 UNKNOW	34040000 UNKNOW	P	0.02%	MOUTH/T	SOLN	ML	532	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167009683	ACT TOT/	SODIUM F	340400 UNKNOW	34040000 UNKNOW	P	0.02%	MOUTH/T	SOLN	ML	1000	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167009746	ACT RES	SODIUM F	340400 UNKNOW	34040000 UNKNOW	P	0.05%	MOUTH/T	SOLN	ML	17	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167009751	ACT ANTI	SODIUM F	340400 UNKNOW	34040000 UNKNOW	P	0.05%	MOUTH/T	SOLN	ML	90	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167009769	ACT RES	SODIUM F	340400 UNKNOW	34040000 UNKNOW	P	0.05%	MOUTH/T	SOLN	ML	532	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167009770	ACT RES	SODIUM F	340400 UNKNOW	34040000 UNKNOW	P	0.05%	MOUTH/T	SOLN	ML	532	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167009806	ACT RES	SODIUM F	340400 UNKNOW	34040000 UNKNOW	P	0.05%	MOUTH/T	SOLN	ML	1000	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167009807	ACT RES	SODIUM F	340400 UNKNOW	34040000 UNKNOW	P	0.05%	MOUTH/T	SOLN	ML	1000	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167009921	ACT DRY	ARTIFICIA	529200 EENT Dru	52920000 EENT Dru	O	0	MOUTH/T	GUM	EA	20	SSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167009980	ACT DRY	ARTIFICIA	529200 EENT Dru	52920000 EENT Dru	P	0-0	MOUTH/T	LOZG	EA	18	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167010010	ROLAIDS	CALCIUM	560400 Antacids a	56040000 Antacids a	P	675-135 M	ORAL	CHEW	EA	120	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167010011	ROLAIDS	CALCIUM	560400 Antacids a	56040000 Antacids a	P	675-135 M	ORAL	CHEW	EA	96	MSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41167010015	ROLAIDS	CALCIUM	560400 Antacids a	56040000 Antacids a	P	675-135 M	ORAL	CHEW	EA	10	MSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41167010016	ROLAIDS	CALCIUM	560400 Antacids a	56040000 Antacids a	P	675-135 M	ORAL	CHEW	EA	10	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167010020	ROLAIDS	CALCIUM	560400 Antacids a	56040000 Antacids a	P	675-135 M	ORAL	CHEW	EA	120	MSB		41167		N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41167010023	ROLAIDS	CALCIUM	560400 Antacids a	56040000 Antacids a	P	675-135 M	ORAL	CHEW	EA	10	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41167010024	ROLAIDS	CALCIUM	560400 Antacids a	56040000 Antacids a	P	675-135 M	ORAL	CHEW	EA	10	GENERIC		41167		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM

41608000042	SUMMER	SOAP & C	842000 Detergent	84200000 Detergent	O	0	EXTERNA	MISC	EA	32		NON DRUG		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608000043	SUMMER	PERIVAG	849200 Skin and I	84920000 Skin and I	P	0-0-0-0-0	EXTERNA	LIQD	ML	444		MSB		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41608000052	SUMMER	SOAP & C	842000 Detergent	84200000 Detergent	O	0	EXTERNA	MISC	EA	32		NON DRUG		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608000085	SUMMER	PERIVAG	849200 Skin and I	84920000 Skin and I	P	0-0	EXTERNA	LIQD	ML	444		MSB		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41608000086	SUMMER	SOAP & C	842000 Detergent	84200000 Detergent	O	0	EXTERNA	MISC	EA	16		NON DRUG		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608000087	SUMMER	PERIVAG	849200 Skin and I	84920000 Skin and I	P	0-0	EXTERNA	LIQD	ML	354		NON DRUG		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608000088	SUMMER	SOAP & C	842000 Detergent	84200000 Detergent	O	0	EXTERNA	MISC	EA	14		NON DRUG		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608000089	SUMMER	DERMATC	849200 Skin and I	84920000 Skin and I	O	0	EXTERNA	AERO	GM	56.7		NON DRUG		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608000090	SUMMER	DERMATC	849200 Skin and I	84920000 Skin and I	O	0	EXTERNA	AERO	GM	56.7		NON DRUG		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608000105	SUMMER	SOAP & C	842000 Detergent	84200000 Detergent	O	0	EXTERNA	GEL	ML	354		SSB		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608000112	SUMMER	SOAP & C	842000 Detergent	84200000 Detergent	O	0	EXTERNA	MISC	EA	32		SSB		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608000113	SUMMER	SOAP & C	842000 Detergent	84200000 Detergent	O	0	EXTERNA	MISC	EA	16		SSB		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608000114	SUMMER	SOAP & C	842000 Detergent	84200000 Detergent	O	0-0-0	EXTERNA	GEL	ML	354		SSB		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608000127	SUMMER	PERIVAG	849200 Skin and I	84920000 Skin and I	P	0	EXTERNA	LIQD	ML	266		MSB		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41608000128	NORFORI	VAGINAL	849200 Skin and I	84920000 Skin and I	P	0	VAGINAL	SUPP	EA	12		GENERIC		41608			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608000130	SUMMER	DERMATC	849200 Skin and I	84920000 Skin and I	O	0	EXTERNA	AERO	GM	56.7		SSB		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608000131	SUMMER	DERMATC	849200 Skin and I	84920000 Skin and I	O	0	EXTERNA	AERO	GM	56.7		SSB		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608000132	SUMMER	DERMATC	849200 Skin and I	84920000 Skin and I	O	0	EXTERNA	AERO	GM	56.7		SSB		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608000133	SUMMER	DERMATC	849200 Skin and I	84920000 Skin and I	O	0	EXTERNA	AERO	GM	56.7		SSB	11/30/2022	41608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608000138	SUMMER	PERIVAG	849200 Skin and I	84920000 Skin and I	P	0	EXTERNA	LIQD	ML	444		MSB		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41608000142	SUMMER	PERIVAG	849200 Skin and I	84920000 Skin and I	P	0	EXTERNA	LIQD	ML	444		MSB	3/1/2023	41608			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41608000145	SUMMER	PERIVAG	849200 Skin and I	84920000 Skin and I	P	0-0	EXTERNA	LIQD	ML	266		NON DRU	9/5/2023	41608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608000146	SUMMER	SOAP & C	842000 Detergent	84200000 Detergent	O	0	EXTERNA	MISC	EA	16		NON DRU	3/31/2023	41608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608000157	SUMMER	DIMETHIC	842412 Basic Oint	84241200 Basic Oint	O	1.20%	EXTERNA	GEL	GM	42		NON DRU	7/3/2023	41608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608000160	SUMMER	DERMATC	849200 Skin and I	84920000 Skin and I	O	0	EXTERNA	AERO	GM	56.7		NON DRUG		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608000163	SUMMER	DERMATC	849200 Skin and I	84920000 Skin and I	O	0	EXTERNA	AERO	GM	56.7		NON DRUG		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608000198	SUMMER	SOAP & C	842000 Detergent	84200000 Detergent	O	0	EXTERNA	MISC	EA	32		SSB		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608000199	SUMMER	PERIVAG	849200 Skin and I	84920000 Skin and I	P	0-0	EXTERNA	LIQD	ML	266		MSB		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41608000200	SUMMER	SOAP & C	842000 Detergent	84200000 Detergent	O	0	EXTERNA	MISC	EA	16		SSB		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608000204	SUMMER	PERIVAG	849200 Skin and I	84920000 Skin and I	P	0-0	EXTERNA	LIQD	ML	444		MSB		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41608000217	SUMMER	EMOLLIEI	842404 Basic Loti	84240400 Basic Loti	O	0	EXTERNA	LIQD	ML	30		NON DRUG		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608000246	SUMMER	SOAP & C	842000 Detergent	84200000 Detergent	O	0	EXTERNA	MISC	EA	24		NON DRUG		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608000250	SUMMER	PERIVAG	849200 Skin and I	84920000 Skin and I	P	0-0	EXTERNA	LIQD	ML	444		MSB		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41608000251	SUMMER	SOAP & C	842000 Detergent	84200000 Detergent	O	0	EXTERNA	MISC	EA	32		NON DRUG		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608000256	SUMMER	DERMATC	849200 Skin and I	84920000 Skin and I	O	0	EXTERNA	AERO	GM	56.7		NON DRUG		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608000257	SUMMER	PERIVAG	849200 Skin and I	84920000 Skin and I	P	0-0	EXTERNA	LIQD	ML	354		MSB		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41608000259	SUMMER	SOAP & C	842000 Detergent	84200000 Detergent	O	0	EXTERNA	MISC	EA	32		SSB		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608000260	SUMMER	SOAP & C	842000 Detergent	84200000 Detergent	O	0	EXTERNA	BAR	EA	1		SSB		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608000261	SUMMER	CORN ST	842416 Basic Pow	84241600 Basic Pow	P	0	EXTERNA	POWD	GM	226		NON DRUG		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608000269	SUMMER	DERMATC	849200 Skin and I	84920000 Skin and I	O	0	EXTERNA	AERO	GM	56.7		NON DRUG		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608000270	SUMMER	PERIVAG	849200 Skin and I	84920000 Skin and I	P	0-0	EXTERNA	LIQD	ML	266		NON DRUG		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608000284	SUMMER	SOAP & C	842000 Detergent	84200000 Detergent	O	0	EXTERNA	MISC	EA	12		NON DRUG		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608000287	SUMMER	SOAP & C	842000 Detergent	84200000 Detergent	O	0	EXTERNA	MISC	EA	12		NON DRUG		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608000288	SUMMER	SOAP & C	842000 Detergent	84200000 Detergent	O	0	EXTERNA	MISC	EA	12		NON DRUG		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608000297	SUMMER	SOAP & C	842000 Detergent	84200000 Detergent	O	0	EXTERNA	MISC	EA	12		NON DRUG		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608000298	SUMMER	SOAP & C	842000 Detergent	84200000 Detergent	O	0	EXTERNA	MISC	EA	16		NON DRUG		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608000311	SUMMER	PERIVAG	849200 Skin and I	84920000 Skin and I	P	0-0	EXTERNA	LIQD	ML	444		NON DRUG		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608000312	SUMMER	SOAP & C	842000 Detergent	84200000 Detergent	O	0	EXTERNA	MISC	EA	12		NON DRUG		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608000313	SUMMER	DERMATC	849200 Skin and I	84920000 Skin and I	O	0	EXTERNA	AERO	GM	56.7		NON DRUG		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608000314	SUMMER	DOUCHE	840492 Local Anti	84049200 Local Anti	P	0	VAGINAL	SOLN	ML	133		NON DRUG		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608000522	NORFORI	VAGINAL	849200 Skin and I	84920000 Skin and I	P	0	VAGINAL	SUPP	EA	12		GENERIC		41608			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608008701	SUMMER	PERIVAG	849200 Skin and I	84920000 Skin and I	P	0	EXTERNA	LIQD	ML	444		MSB	4/15/2022	41608			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41608008720	SUMMER	DOUCHE	840492 Local Anti	84049200 Local Anti	P	0	VAGINAL	SOLN	ML	133		GENERIC		41608			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608008727	SUMMER	ACETIC A	840492 Local Anti	84049200 Local Anti	P	0	VAGINAL	SOLN	ML	133		GENERIC	4/15/2022	41608			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608008735	SUMMER	SOAP & C	842000 Detergent	84200000 Detergent	O	0-0-0-0	EXTERNA	MISC	EA	32		SSB		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608008740	SUMMER	DOUCHE	840492 Local Anti	84049200 Local Anti	P	0	VAGINAL	SOLN	ML	133		GENERIC	5/2/2023	41608			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608008743	SUMMER	POVIDON	840416 UNKNOW	84041600 UNKNOW	P	0.30%	VAGINAL	SOLN	ML	274		GENERIC		41608			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608008747	SUMMER	ACETIC A	840492 Local Anti	84049200 Local Anti	P	0	VAGINAL	SOLN	ML	133		GENERIC		41608			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608008748	SUMMER	DOUCHE	840492 Local Anti	84049200 Local Anti	P	0	VAGINAL	SOLN	ML	133		GENERIC	4/15/2022	41608	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608008754	SUMMER	DOUCHE	840492 Local Anti	84049200 Local Anti	P	0	VAGINAL	SOLN	ML	133		GENERIC		41608			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608008758	SUMMER	DOUCHE	840492 Local Anti	84049200 Local Anti	P	0-0-0-0	VAGINAL	SOLN	ML	133		GENERIC		41608			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608014078	SUMMER	PERIVAG	849200 Skin and I	84920000 Skin and I	P	0-0	EXTERNA	LIQD	ML	444		MSB		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41608087039	SUMMER	PERIVAG	849200 Skin and I	84920000 Skin and I	P	0	EXTERNA	LIQD	ML	266		MSB		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41608087049	SUMMER	PERIVAG	849200 Skin and I	84920000 Skin and I	P	0-0	EXTERNA	LIQD	ML	266		MSB		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41608087079	SUMMER	POWDER	842416 Basic Pow	84241600 Basic Pow	O	0	EXTERNA	POWD	GM	226		SSB		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608087099	SUMMER	CORN ST	842416 Basic Pow	84241600 Basic Pow	P	0	EXTERNA	POWD	GM	256		MSB		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41608087110	SUMMER	SOAP & C	842000 Detergent	84200000 Detergent	O	0-0-0-0	EXTERNA	MISC	EA	16		SSB		41608			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608087406	SUMMER	DOUCHE	840492 Local Anti	84049200 Local Anti	P	0	VAGINAL	SOLN	ML	133		GENERIC		41608			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608087474	SUMMER	ACETIC A	840492 Local Anti	84049200 Local Anti	P	0	VAGINAL	SOLN	ML	133		GENERIC		41608			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608087486	SUMMER	DOUCHE	840492 Local Anti	84049200 Local Anti	P	0	VAGINAL	SOLN	ML	133		GENERIC	4/15/2022	41608	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608087546	SUMMER	DOUCHE	840492 Local Anti	84049200 Local Anti	P	0	VAGINAL	SOLN	ML	133		GENERIC		41608			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41608087586	SUMMER	DOUCHE	840492 Local Anti	84049200 Local Anti	P	0-0-0-0	VAGINAL	SOLN	ML	133		GENERIC	4/15/2022	41608			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679008702	MICROLIF	FAT EMUI	402000 Caloric Ag	40200000 Caloric Ag	O	50%	ORAL	EMUL	ML	88.7		SSB	1/1/2024	41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679008742	MICROLIF	FAT EMUI	402000 Caloric Ag	40200000 Caloric Ag	O	50%	ORAL	EMUL	ML	88.7		SSB	11/1/2022	41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679011762	THICKEN	MALTODE	960000 Pharmace	96000000 Pharmace	O	0-0	ORAL	POWD	GM	125		SSB		41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679015079	BOOST M	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0	ORAL	LIQD	ML	325		SSB	2/6/2023	41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679015194	RESOUR(	MALTODE	960000 Pharmace	96000000 Pharmace	O	0-0	ORAL	POWD	GM	125		SSB	11/1/2022	41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679015195	RESOUR(	MALTODE	960000 Pharmace	96000000 Pharmace	O	0-0	ORAL	POWD	GM	125		SSB	11/1/2022	41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679015721	BOOST/B	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB	11/1/2022	41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679015761	BOOST/B	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB	11/1/2022	41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679015770	BOOST/B	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB	11/1/2022	41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679015781	BOOST G	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	1GM/237N	ORAL	LIQD	ML	237		SSB		41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679015782	BOOST G	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB		41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679015790	BOOST G	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB		41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679015791	BOOST G	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0	ORAL	LIQD	ML	237		SSB		41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679015792	BOOST G	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0	ORAL	LIQD	ML	237		SSB		41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679015801	BOOST/B	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB	6/1/2022	41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679015810	BOOST G	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-102MG/	ORAL	LIQD	ML	237		SSB		41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679015811	BOOST G	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB		41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679015812	BOOST G	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	1GM/237N	ORAL	LIQD	ML	237		SSB		41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679020075	BOOST S	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	12MG/244	ORAL	LIQD	ML	244		SSB	6/1/2022	41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679026272	BOOST H	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	POWD	GM	531		SSB	6/1/2022	41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679027080	BOOST S	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	12MG/244	ORAL	LIQD	ML	244		SSB	6/1/2022	41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679027700	BOOST S	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	12MG/244	ORAL	LIQD	ML	244		SSB	6/1/2022	41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679028087	BOOST P	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-36	ORAL	LIQD	ML	237		SSB		41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679033251	BOOST K	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	30MG/244	ORAL	LIQD	ML	237		SSB	6/1/2022	41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679033261	BOOST K	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	30MG/244	ORAL	LIQD	ML	237		SSB	6/1/2022	41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679035506	ISOCAL	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	15.9MG/1(	ORAL	LIQD	ML	1000		SSB	6/1/2022	41679	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679035525	ISOCAL	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	15.9MG/1(	ORAL	LIQD	ML	237		SSB	6/1/2022	41679	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679035903	ULTRACA	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	25MG/100	ORAL	LIQD	ML	237		SSB	6/1/2022	41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679035906	ULTRACA	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	25MG/100	ORAL	LIQD	ML	1000		SSB	6/1/2022	41679	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679036503	MCT OIL	MEDIUM (	402000 Caloric Ag	40200000 Caloric Ag	O	0	ORAL	OIL	ML	946		SSB		41679	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679036513	MCT OIL	MEDIUM (	402000 Caloric Ag	40200000 Caloric Ag	O	0	ORAL	OIL	ML	946		SSB		41679	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679037233	BOOST G	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB		41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679037424	BOOST G	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-45MG/3:	ORAL	LIQD	ML	325		SSB		41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679043085	PRONOUI	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB	6/1/2022	41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679043086	PRONOUI	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB	6/1/2022	41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679043099	PRONOUI	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB	6/1/2022	41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679044604	ISOCAL H	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	25MG/100	ORAL	LIQD	ML	237		SSB	6/1/2022	41679	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679044606	ISOCAL H	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	25MG/100	ORAL	LIQD	ML	1000		SSB	6/1/2022	41679	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679045713	BOOST M	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0	ORAL	LIQD	ML	325		SSB	2/6/2023	41679	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679047337	BOOST W	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB		41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679047371	BOOST W	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB		41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679047373	BOOST W	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0	ORAL	LIQD	ML	237		SSB		41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679047377	BOOST W	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0	ORAL	LIQD	ML	237		SSB		41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679047713	BOOST W	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB		41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679047731	BOOST W	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB		41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679051571	BOOST C	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	125		SSB	6/1/2022	41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679051572	BOOST C	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	125		SSB	6/1/2022	41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679051663	BOOST C	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	125		SSB	6/1/2022	41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679051664	BOOST C	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	125		SSB	6/1/2022	41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679051677	BOOST 1(	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	125		SSB	6/1/2022	41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679051697	BOOST 1(	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	125		SSB	6/1/2022	41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679053380	BOOST G	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-45MG/3:	ORAL	LIQD	ML	325		SSB		41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679057234	BOOST G	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	45MG/325	ORAL	LIQD	ML	325		SSB		41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679061877	BOOST M	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0	ORAL	LIQD	ML	325		SSB	2/6/2023	41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679065105	RESPALC	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	300MG/10	ORAL	LIQD	ML	1000		SSB	6/1/2022	41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679065227	BOOST G	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB	11/1/2022	41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679065228	BOOST G	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB	11/1/2022	41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679066380	BOOST G	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-60	ORAL	LIQD	ML	325		SSB		41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679067004	BOOST	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	60MG/240	ORAL	LIQD	ML	237		SSB	6/1/2022	41679	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679067400	BOOST	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB		41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679067417	BOOST	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	60MG/240	ORAL	LIQD	ML	237		SSB	6/1/2022	41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679067431	BOOST	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	60MG/240	ORAL	LIQD	ML	237		SSB	6/1/2022	41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679067436	BOOST	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	60MG/237	ORAL	LIQD	ML	237		SSB		41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679067466	BOOST	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	60MG/240	ORAL	LIQD	ML	237		SSB		41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679067500	BOOST	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	60MG/240	ORAL	LIQD	ML	237		SSB		41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679067501	BOOST	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-320M(	ORAL	LIQD	ML	237		SSB		41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679067520	BOOST	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	60MG/240	ORAL	LIQD	ML	237		SSB	6/1/2022	41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679067566	BOOST	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	60MG/240	ORAL	LIQD	ML	237		SSB		41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679067600	BOOST	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB		41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679067617	BOOST	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	60MG/240	ORAL	LIQD	ML	237		SSB	6/1/2022	41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679067636	BOOST	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	60MG/237	ORAL	LIQD	ML	237		SSB		41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679067666	BOOST	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	60MG/240	ORAL	LIQD	ML	237		SSB		41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679067711	BOOST	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	60MG/240	ORAL	LIQD	ML	237		SSB	6/1/2022	41679	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679072117	BOOST M	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0	ORAL	LIQD	ML	325		SSB	2/6/2023	41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679079450	BOOST G	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-45MG/3:	ORAL	LIQD	ML	325		SSB		41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679080218	BOOST	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-320M(	ORAL	LIQD	ML	237		SSB		41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679092520	BOOST M	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0	ORAL	LIQD	ML	325		SSB	2/6/2023	41679	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679093100	BOOST P	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB		41679	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679093133	BOOST P	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB	6/6/2022	41679	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679093134	BOOST P	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB	6/6/2022	41679	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679093166	BOOST P	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB		41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679093211	BOOST P	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB	6/6/2022	41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679093266	BOOST P	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB		41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679093304	BOOST P	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB	6/6/2022	41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679093366	BOOST P	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB		41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679094036	BOOST H	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	90MG/237	ORAL	LIQD	ML	237		SSB		41679	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679094066	BOOST H	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	13.3MG/2	ORAL	LIQD	ML	237		SSB		41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679094136	BOOST H	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	90MG/237	ORAL	LIQD	ML	237		SSB		41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679094166	BOOST H	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	13.3MG/2	ORAL	LIQD	ML	237		SSB		41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679094407	BOOST H	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	13.3MG/2	ORAL	LIQD	ML	237		SSB	6/1/2022	41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679094426	BOOST M	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0	ORAL	LIQD	ML	325		SSB	2/6/2023	41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679094466	BOOST H	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	13.3MG/2	ORAL	LIQD	ML	237		SSB		41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679094503	BOOST P	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	9MG/150(	ORAL	PUDG	GM	142		SSB	10/1/2023	41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679094543	BOOST P	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	PUDG	GM	142		SSB	10/1/2023	41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679094603	BOOST P	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	9MG/150(	ORAL	PUDG	GM	142		SSB	10/1/2023	41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679094643	BOOST P	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	9MG/150(	ORAL	PUDG	GM	142		SSB	10/1/2023	41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679094703	BOOST P	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	9MG/150(	ORAL	PUDG	GM	142		SSB	11/1/2022	41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679094743	BOOST P	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	9MG/150(	ORAL	PUDG	GM	142		SSB	11/1/2022	41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679096427	BOOST O	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	45MG/237	ORAL	LIQD	ML	237		SSB		41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679098700	BOOST	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	60MG/240	ORAL	LIQD	ML	237		SSB	6/1/2022	41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679098703	BOOST	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	60MG/240	ORAL	LIQD	ML	237		SSB	6/1/2022	41679			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41679098766	BOOST	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	60MG/240	ORAL	LIQD	ML	237		SSB	6/1/2022	41679	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41805091780	CRANBEF	CRANBEF	929200 UNKNOW	92920000 UNKNOW	O	600MG	ORAL	TABS	EA	30		MSB		41805	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
41932010110	SHAMRO	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		41932	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41932010111	SHAMRO	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		41932	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41932010112	SHAMRO	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		41932	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41932010113	SHAMRO	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		41932	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41932010114	SHAMRO	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		41932	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41932020211	SHAMRO	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		41932	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41932020212	SHAMRO	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		41932	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41932020213	SHAMRO	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		41932	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
41932020214	SHAMRO	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		41932	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
42023010301	ADRENAL	EPINEPHI	523200 Vasocons	52320000 Vasocons	S	0.10%	NASAL	SOLN	ML	30		MSB		42023			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
42023010401	APLISOL	TUBERCU	368400 Tuberculo	36840000 Tuberculo	R	5 UNIT/0.1	INTRADEI	SOLN	ML	1		SSB		42023			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
42023010405	APLISOL	TUBERCU	368400 Tuberculo	36840000 Tuberculo	R	5 UNIT/0.1	INTRADEI	SOLN	ML	5		SSB		42023			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
42023010501	BREVITAI	METHOHI	280404 UNKNOW	28040400 UNKNOW	S	500 MG	INJECTIO	SOLR	EA	1		MSB		42023			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
42023010701	COLY-MY	COLISTIM	81228 Antibacter	8122828 Polymyxin	S	150 MG	INJECTIO	SOLR	EA	1		MSB		42023	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
42023010706	COLY-MY	COLISTIM	81228 Antibacter	8122828 Polymyxin	S	150 MG	INJECTIO	SOLR	EA	1		MSB	10/31/2022	42023	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
42023011001	DELESTR	ESTRADI(	681604 Estrogens	68160400 Estrogens	S	10 MG/ML	INTRAMU	OIL	ML	5		MSB		42023		Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
42023011101	DELESTR	ESTRADI(	681604 Estrogens	68160400 Estrogens	S	20 MG/ML	INTRAMU	OIL	ML	5		MSB		42023	Y	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
42023011201	DELESTR	ESTRADI(	681604 Estrogens	68160400 Estrogens	S	40 MG/ML	INTRAMU	OIL	ML	5		MSB	10/2/2024	42023	Y	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
42023011310	KETALAR	KETAMIN	280408 UNKNOW	28040800 UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	20		MSB		42023	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
42023011410	KETALAR	KETAMIN	280408 UNKNOW	28040800 UNKNOW	S	50 MG/ML	INJECTIO	SOLN	ML	10		MSB		42023	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
42023011510	KETALAR	KETAMIN	280408 UNKNOW	28040800 UNKNOW	S	100 MG/M	INJECTIO	SOLN	ML	5		MSB		42023	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
42023011602	PITOCIN	OXYTOCI	760000 Oxytocics	76000000 Oxytocics	S	10 UNIT/M	INJECTIO	SOLN	ML	10		MSB		42023			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
42023011625	PITOCIN	OXYTOCI	760000 Oxytocics	76000000 Oxytocics	S	10 UNIT/M	INJECTIO	SOLN	ML	1		MSB		42023			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
42023011673	PITOCIN	OXYTOCI	760000 Oxytocics	76000000 Oxytocics	S	10 UNIT/M	INJECTIO	SOLN	ML	10		MSB		42023			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
42023011683	PITOCIN	OXYTOCI	760000 Oxytocics	76000000 Oxytocics	S	10 UNIT/M	INJECTIO	SOLN	ML	1		MSB		42023			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
42023011693	PITOCIN	OXYTOCI	760000 Oxytocics	76000000 Oxytocics	S	10 UNIT/M	INJECTIO	SOLN	ML	10		MSB		42023			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
42023011801	TIGAN	TRIMETH	562208 Antihistam	56220800 Antihistam	R	100 MG/M	INTRAMU	SOLN	ML	20		SSB	3/31/2022	42023			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
42023011925	TIGAN	TRIMETH	562208 Antihistam	56220800 Antihistam	R	100 MG/M	INTRAMU	SOLN	ML	2		SSB		42023			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
42023012001	TRIOSTA	LIOTHYR(	683604 Thyroid Ag	68360400 Thyroid Ag	S	10 MCG/M	INTRAVEI	SOLN	ML	1		MSB	2/28/2023	42023	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
42023012006	TRIOSTA	LIOTHYR(	683604 Thyroid Ag	68360400 Thyroid Ag	S	10 MCG/M	INTRAVEI	SOLN	ML	1		MSB	2/28/2023	42023	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
42023012306	DANTRIU	DANTROL	122008 UNKNOW	12200800 UNKNOW	S	20 MG	INTRAVEI	SOLR	EA	1		MSB		42023	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
42023012401	DANTRIU	DANTROL	122008 UNKNOW	12200800 UNKNOW	S	25 MG	ORAL	CAPS	EA	100		MSB		42023	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION	X	3 IN 1 DAYS	R	MEDPRIM
42023012501	DANTRIU	DANTROL	122008 UNKNOW	12200800 UNKNOW	S	50 MG	ORAL	CAPS	EA	100		MSB	2/28/2022	42023	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION	X	3 IN 1 DAYS	R	MEDPRIM
42023012901	FLUPHEN	FLUPHEN	281608 Antipsych	28160824 Phenothia	S	25 MG/ML	INJECTIO	SOLN	ML	5		GENERIC		42023			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
42023012989	FLUPHEN	FLUPHEN	281608 Antipsych	28160824 Phenothia	S	25 MG/ML	INJECTIO	SOLN	ML	5		GENERIC		42023			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
42023013006	PITOCIN	OXYTOCI	760000 Oxytocics	76000000 Oxytocics	S	10 UNIT/M	INJECTIO	SOLN	ML	50		MSB		42023			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
42023013101	COLISTIM	COLISTIM	81228 Antibacter	8122828 Polymyxin	S	150 MG	INJECTIO	SOLR	EA	1		GENERIC	7/28/2023	42023			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
42023013106	COLISTIM	COLISTIM	81228 Antibacter	8122828 Polymyxin	S	150 MG	INJECTIO	SOLR	EA	1		GENERIC	7/28/2023	42023			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
42023014625	DEXMEDI	DEXMEDI	121204 alpha-Adr	12120400 alpha-Adr	S	200 MCG/	INTRAVEI	SOLN	ML	2		GENERIC		42023			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
42023015701	ETHACRY	ETHACRY	243608 UNKNOW	24360800 UNKNOW	S	50 MG	INTRAVEI	SOLR	EA	1		GENERIC		42023			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
42023015789	ETHACRY	ETHACRY	243608 UNKNOW	24360800 UNKNOW	S	50 MG	INTRAVEI	SOLR	EA	1		GENERIC	11/30/2022	42023			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
42023015799	ETHACRY	ETHACRY	243608 UNKNOW	24360800 UNKNOW	S	50 MG	INTRAVEI	SOLR	EA	1		GENERIC	11/15/2024	42023			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
42023015901	ADRENAL	EPINEPHI	121212 alpha- anc	12121200 alpha- anc	S	1 MG/ML	INJECTIO	SOLN	ML	1		MSB		42023	N		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
42023015925	ADRENAL	EPINEPHI	121212 alpha- anc	12121200 alpha- anc	S	1 MG/ML	INJECTIO	SOLN	ML	1		MSB		42023	N		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
42023016401	VASOSTF	VASOPRE	682800 Pituitary	68280000 Pituitary	R	20 UNIT/M	INTRAVEI	SOLN	ML	1		SSB		42023			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
42023016410	VASOSTF	VASOPRE	682800 Pituitary	68280000 Pituitary	S	20 UNIT/M	INTRAVEI	SOLN	ML	1		MSB		42023			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
42023016425	VASOSTF	VASOPRE	682800 Pituitary	68280000 Pituitary	S	20 UNIT/M	INTRAVEI	SOLN	ML	1		MSB		42023			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
42023016483	VASOSTF	VASOPRE	682800 Pituitary	68280000 Pituitary	S	20 UNIT/M	INTRAVEI	SOLN	ML	1		MSB		42023			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
42023016801	ADRENAL	EPINEPHI	121212 alpha- anc	12121200 alpha- anc	S	30 MG/30I	INJECTIO	SOLN	ML	30		MSB		42023	N		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
42023016889	ADRENAL	EPINEPHI	121212 alpha- anc	12121200 alpha- anc	S	30 MG/30I	INJECTIO	SOLN	ML	30		MSB		42023			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
42023016899	ADRENAL	EPINEPHI	121212 alpha- anc	12121200 alpha- anc	S	30 MG/30I	INJECTIO	SOLN	ML	30		MSB		42023	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
42023017204	MYCOPHI	MYCOPHI	924400 UNKNOW	92440000 UNKNOW	S	500 MG	INTRAVEI	SOLR	EA	1		GENERIC		42023			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
42023017301	GANCICL	GANCICL	81832 Nucleosid	8183200 Nucleosid	S	500 MG	INTRAVEI	SOLR	EA	1		GENERIC		42023			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
42023017325	GANCICL	GANCICL	81832 Nucleosid	8183200 Nucleosid	S	500 MG	INTRAVEI	SOLR	EA	1		GENERIC		42023			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
42023017901	BUPRENC	BUPRENC	280812 Opiate Pa	28081200 Opiate Pa	S	0.3 MG/MI	INJECTIO	SOLN	ML	1		GENERIC		42023		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
42023017905	BUPRENC	BUPRENC	280812 Opiate Pa	28081200 Opiate Pa	S	0.3 MG/MI	INJECTIO	SOLN	ML	1		GENERIC		42023		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
42023018201	ARGATR(	ARGATR(	201204 Anticoagu	20120412 Direct Thr	S	250 MG/2.	INTRAVEI	SOLN	ML	2.5		GENERIC		42023			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
42023018289	ARGATR(	ARGATR(	201204 Anticoagu	20120412 Direct Thr	S	250 MG/2.	INTRAVEI	SOLN	ML	2.5		GENERIC		42023			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
42023018620	DEXMEDI	DEXMEDI	121204 alpha-Adr	12120400 alpha-Adr	S	200 MCG/	INTRAVEI	SOLN	ML	50		GENERIC		42023			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
42023018701	DEXMEDI	DEXMEDI	121204 alpha-Adr	12120400 alpha-Adr	S	400 MCG/	INTRAVEI	SOLN	ML	100		GENERIC		42023			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
42023018710	DEXMEDI	DEXMEDI	121204 alpha-Adr	12120400 alpha-Adr	S	400 MCG/	INTRAVEI	SOLN	ML	100		GENERIC		42023			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
42023018801	NEOSTIG	NEOSTIG	120400 Parasymp	12040000 Parasymp	S	5 MG/10M	INTRAVEI	SOLN	ML	10		GENERIC		42023			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
42023018810	NEOSTIG	NEOSTIG	120400 Parasymp	12040000 Parasymp	S	5 MG/10M	INTRAVEI	SOLN	ML	10		GENERIC		42023			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
42023018901	NEOSTIG	NEOSTIG	120400 Parasymp	12040000 Parasymp	S	10 MG/10I	INTRAVEI	SOLN	ML	10		GENERIC		42023			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
42023018910	NEOSTIG	NEOSTIG	120400 Parasymp	12040000 Parasymp	S	10 MG/10I	INTRAVEI	SOLN	ML	10		GENERIC		42023			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
42023019001	VASOSTF	VASOPRE	682800 Pituitary	68280000 Pituitary	S	20 UNIT/M	INTRAVEI	SOLN	ML	10		MSB		42023			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
42023019501	POSACOI	POSACOI	81408 Azoles	8140800 Azoles	S	300 MG/1	INTRAVEI	SOLN	ML	16.7	X	GENERIC		42023			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
42023020101	LEVOTHY	LEVOTHY	683604 Thyroid Ag	68360400 Thyroid Ag	S	100 MCG	INTRAVEI	SOLR	EA	1		GENERIC		42023			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
42023020201	LEVOTHY	LEVOTHY	683604 Thyroid Ag	68360400 Thyroid Ag	S	200 MCG	INTRAVEI	SOLR	EA	1		GENERIC		42023			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
42023020301	LEVOTHY	LEVOTHY	683604 Thyroid Ag	68360400 Thyroid Ag	S	500 MCG	INTRAVEI	SOLR	EA	1		GENERIC		42023			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
42023020501	CALCITOI	CALCITOI	682404 UNKNOW	68240400 UNKNOW	S	200 UNIT/	INJECTIO	SOLN	ML	2		GENERIC		42023		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
42023020601	TREPROS	TREPROS	484800 Vasodilati	48482800 UNKNOW	S	20 MG/20I	INJECTIO	SOLN	ML	20		GENERIC		42023		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X	R	MEDPRIM
42023020701	TREPROS	TREPROS	484800 Vasodilati	48482800 UNKNOW	S	50 MG/20I	INJECTIO	SOLN	ML	20		GENERIC		42023		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X	R	MEDPRIM
42023020801	TREPROS	TREPROS	484800 Vasodilati	48482800 UNKNOW	S	100 MG/2(	INJECTIO	SOLN	ML	20		GENERIC		42023		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X	R	MEDPRIM
42023020901	TREPROS	TREPROS	484800 Vasodilati	48482800 UNKNOW	S	200 MG/2(	INJECTIO	SOLN	ML	20		GENERIC		42023		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X	R	MEDPRIM
42023021301	PHENYLE	PHENYLE	121204 alpha-Adr	12120400 alpha-Adr	S	10 MG/ML	INTRAVEI	SOLN	ML	1		GENERIC	1/31/2022	42023			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
42023021325	PHENYLE	PHENYLE	121204 alpha-Adr	12120400 alpha-Adr	S	10 MG/ML	INTRAVEI	SOLN	ML	1		GENERIC	1/31/2022	42023			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
42023021401	PHENYLE	PHENYLE	121204 alpha-Adr	12120400 alpha-Adr	S	10 MG/ML	INTRAVEI	SOLN	ML	5		GENERIC		42023			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
42023021410	PHENYLE	PHENYLE	121204 alpha-Adr	12120400 alpha-Adr	S	10 MG/ML	INTRAVEI	SOLN	ML	5		GENERIC		42023			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
42023021501	PHENYLE	PHENYLE	121204 alpha-Adr	12120400 alpha-Adr	S	10 MG/ML	INTRAVEI	SOLN	ML	10		GENERIC		42023			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
42023021601	EPHEDRI	EPHEDRI	121212 alpha- anc	12121200 alpha- anc	R	50 MG/ML	INTRAVEI	SOLN	ML	1		MSB		42023			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
42023021625	EPHEDRI	EPHEDRI	121212 alpha- anc	12121200 alpha- anc	R	50 MG/ML	INTRAVEI	SOLN	ML	1		MSB		42023			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
42023021683	EPHEDRI	EPHEDRI	121212 alpha- anc	12121200 alpha- anc	R	50 MG/ML	INTRAVEI	SOLN	ML	1		MSB		42023			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
42023021689	EPHEDRI	EPHEDRI	121212 alpha- anc	12121200 alpha- anc	R	50 MG/ML	INTRAVEI	SOLN	ML	1		MSB		42023			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
42023021901	VASOSTF	VASOPRE	682800 Pituitary	68280000 Pituitary	R	40-5 UT/1(	INTRAVEI	SOLN	ML	100		SSB		42023			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
42023021910	VASOSTF	VASOPRE	682800 Pituitary	68280000 Pituitary	R	40-5 UT/1(	INTRAVEI	SOLN	ML	100		SSB		42023			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
42023022101	ERTAPEN	ERTAPEN	81207 Miscellane	8120708 Carbapen	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC		42023			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
42023022110	ERTAPEN	ERTAPEN	81207 Miscellane	8120708 Carbapen	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC		42023			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
42023022185	ERTAPEN	ERTAPEN	81207 Miscellane	8120708 Carbapen	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC		42023			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
42023022189	ERTAPEN	ERTAPEN	81207 Miscellane	8120708 Carbapen	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC		42023			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
42023022401	NALOXOI	NALOXOI	281000 Opiate An	28100000 Opiate An	S	2 MG/2ML	INJECTIO	SOSY	ML	2		GENERIC		42023		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
42023022901	MICAFUN	MICAFUN	81416 Echinocar	8141600 Echinocar	R	50 MG	INTRAVEI	SOLR	EA	1		MSB		42023			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
42023022910	MICAFUN	MICAFUN	81416 Echinocar	8141600 Echinocar	R	50 MG	INTRAVEI	SOLR	EA	1		MSB		42023			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
42023023001	MICAFUN	MICAFUN	81416 Echinocar	8141600 Echinocar	R	100 MG	INTRAVEI	SOLR	EA	1		MSB		42023			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
42023023010	MICAFUN	MICAFUN	81416 Echinocar	8141600 Echinocar	R	100 MG	INTRAVEI	SOLR	EA	1		MSB		42023			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
42023023701	VASOSTF	VASOPRE	682800 Pituitary	68280000 Pituitary	R	20-5 UT/1(	INTRAVEI	SOLN	ML	100		SSB		42023			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM

42291003001	DILTIAZE	DILTIAZE	240404	Antiarrhyth	24040424	Class IV A	S	120 MG	ORAL	CP12	EA	100	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291003130	DUTASTE	DUTASTE	920400	UNKNOW	92040000	UNKNOW	S	0.5-0.4 MG	ORAL	CAPS	EA	30	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291003212	ICOSAPE	ICOSAPE	240612	UNKNOW	24061200	UNKNOW	S	1 GM	ORAL	CAPS	EA	120	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291003360	DABIGATI	DABIGATI	201204	Anticoagu	20120412	Direct Thr	S	75 MG	ORAL	CAPS	EA	60	X	GENERIC		42291			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
42291003460	DABIGATI	DABIGATI	201204	Anticoagu	20120412	Direct Thr	S	150 MG	ORAL	CAPS	EA	60	X	GENERIC		42291			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
42291004201	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291004360	CEFDINIR	CEFDINIR	81206	Cephalosp	8120612	Third Gen	S	300 MG	ORAL	CAPS	EA	60		GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291004430	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	600 MG	ORAL	TABS	EA	30		GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291004590	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	145 MG	ORAL	TABS	EA	90	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291004612	ICOSAPE	ICOSAPE	240612	UNKNOW	24061200	UNKNOW	S	1 GM	ORAL	CAPS	EA	120	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291004725	CHLORO	CHLORO	83008	Antimalari	8300800	Antimalari	S	500 MG	ORAL	TABS	EA	25	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291004830	FINGOLIM	FINGOLIM	900416	UNKNOW	90041600	UNKNOW	S	0.5 MG	ORAL	CAPS	EA	30	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291005330	FESOTER	FESOTER	861204	UNKNOW	86120400	UNKNOW	S	4 MG	ORAL	TB24	EA	30	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291005430	FESOTER	FESOTER	861204	UNKNOW	86120400	UNKNOW	S	8 MG	ORAL	TB24	EA	30	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291005512	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	2%	EXTERNA	SOLN	GM	112		GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291005901	DILTIAZE	DILTIAZE	240404	Antiarrhyth	24040424	Class IV A	S	60 MG	ORAL	CP12	EA	100	X	GENERIC	9/13/2023	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291006001	DILTIAZE	DILTIAZE	240404	Antiarrhyth	24040424	Class IV A	S	90 MG	ORAL	CP12	EA	100	X	GENERIC	9/13/2023	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291006101	DILTIAZE	DILTIAZE	240404	Antiarrhyth	24040424	Class IV A	S	120 MG	ORAL	CP12	EA	100	X	GENERIC	9/13/2023	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291006201	ISRADIPI	ISRADIPI	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	CAPS	EA	100	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291006301	AZATHIO	AZATHIO	902808	UNKNOW	90280892	UNKNOW	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291006430	ATOMOXI	ATOMOXI	282032	UNKNOW	28203200	UNKNOW	S	10 MG	ORAL	CAPS	EA	30	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291006530	ATOMOXI	ATOMOXI	282032	UNKNOW	28203200	UNKNOW	S	18 MG	ORAL	CAPS	EA	30	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291006630	ATOMOXI	ATOMOXI	282032	UNKNOW	28203200	UNKNOW	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291006730	ATOMOXI	ATOMOXI	282032	UNKNOW	28203200	UNKNOW	S	40 MG	ORAL	CAPS	EA	30	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291006830	ATOMOXI	ATOMOXI	282032	UNKNOW	28203200	UNKNOW	S	60 MG	ORAL	CAPS	EA	30	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291006930	ATOMOXI	ATOMOXI	282032	UNKNOW	28203200	UNKNOW	S	80 MG	ORAL	CAPS	EA	30	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291007030	ATOMOXI	ATOMOXI	282032	UNKNOW	28203200	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291007101	AZATHIO	AZATHIO	902808	UNKNOW	90280892	UNKNOW	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		42291	Y		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
42291007201	BEXAROT	BEXAROT	100000	Antineopla	10000000	Antineopla	S	75 MG	ORAL	CAPS	EA	100		GENERIC		42291	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291007360	ABIRATE	ABIRATE	100000	Antineopla	10000000	Antineopla	S	500 MG	ORAL	TABS	EA	60		GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291007615	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	15		GENERIC		42291			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
42291007630	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	30		GENERIC		42291			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
42291007645	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	45		GENERIC		42291			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
42291007660	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	60		GENERIC		42291			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
42291007715	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	15		GENERIC		42291			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
42291007730	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	30		GENERIC		42291			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
42291007745	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	45		GENERIC		42291			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
42291007760	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	60		GENERIC		42291			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
42291007810	EZETIMIB	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-10 MG	ORAL	TABS	EA	1000	X	GENERIC		42291	Y		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
42291007910	EZETIMIB	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-20 MG	ORAL	TABS	EA	1000	X	GENERIC		42291			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
42291008010	EZETIMIB	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-40 MG	ORAL	TABS	EA	1000	X	GENERIC		42291			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
42291008150	EZETIMIB	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-80 MG	ORAL	TABS	EA	500	X	GENERIC		42291			N	FORMULARY		1 GEN	GENERICS	X	PA:X	X	1 IN 1 DAYS			R	MEDPRMI
42291008206	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6		GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291008230	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	30		GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291008303	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	3		GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291008330	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291008430	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	600 MG	ORAL	TABS	EA	30		GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291008530	ANASTRO	ANASTRO	681608	Antiestrog	68160800	Antiestrog	S	1 MG	ORAL	TABS	EA	30	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291008590	ANASTRO	ANASTRO	681608	Antiestrog	68160800	Antiestrog	S	1 MG	ORAL	TABS	EA	90	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291008630	ACITRETI	ACITRETI	842800	Keratolytic	84280000	Keratolytic	S	10 MG	ORAL	CAPS	EA	30		GENERIC		42291			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS							R	MEDPRMI
42291008730	ACITRETI	ACITRETI	842800	Keratolytic	84280000	Keratolytic	S	17.5 MG	ORAL	CAPS	EA	30		GENERIC		42291			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS							R	MEDPRMI
42291008830	ACITRETI	ACITRETI	842800	Keratolytic	84280000	Keratolytic	S	25 MG	ORAL	CAPS	EA	30		GENERIC		42291			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS							R	MEDPRMI
42291008901	ACETAZO	ACETAZO	524012	UNKNOW	52401200	UNKNOW	S	125 MG	ORAL	TABS	EA	100	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291009001	ACETAZO	ACETAZO	524012	UNKNOW	52401200	UNKNOW	S	250 MG	ORAL	TABS	EA	100	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291009101	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	100		GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291009150	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	500		GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291009201	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	100		GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291009302	ALBENDA	ALBENDA	80800	Anthelmin	8080000	Anthelmin	S	200 MG	ORAL	TABS	EA	2		GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291009430	AZELAST	AZELAST	520200	Antiallergi	52020000	Antiallergi	S	0.10%	NASAL	SOLN	ML	30		GENERIC		42291			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
42291011530	ABACAVI	ABACAVI	81808	Antiretrovi	8180820	Nucleoside	S	600-300 M	ORAL	TABS	EA	30	X	GENERIC	6/8/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291011660	ASPIRIN-I	ASPIRIN-I	361800	Cardiac Fu	36180000	Cardiac Fu	S	25-200 MC	ORAL	CP12	EA	60	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291012550	AMANTAD	AMANTAD	283604	UNKNOW	28360400	UNKNOW	S	100 MG	ORAL	CAPS	EA	500	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291013090	ACARBOS	ACARBOS	682002	Alpha-Glu	68200200	Alpha-Glu	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	7/11/2024	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291013190	ACARBOS	ACARBOS	682002	Alpha-Glu	68200200	Alpha-Glu	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	1/4/2024	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291013290	ACARBOS	ACARBOS	682002	Alpha-Glu	68200200	Alpha-Glu	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	1/4/2024	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291014718	COLESEV	COLESEV	240604	Bile Acid S	24060400	Bile Acid S	S	625 MG	ORAL	TABS	EA	180	X	GENERIC	4/8/2024	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291014860	CLONIDIN	CLONIDIN	121204	alpha-Adr	12120400	alpha-Adr	S	0.1 MG	ORAL	TB12	EA	60	X	GENERIC	1/4/2024	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291015410	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	1000		GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291015412	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	120		GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291015418	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	180		GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291015427	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	270		GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291015430	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291015445	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	45		GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291015460	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291015490	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291015501	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	100		GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291015605	DOXYCY	DOXYCY	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	50		GENERIC	9/12/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291015625	DOXYCY	DOXYCY	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	250		GENERIC	9/12/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291015810	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	1000		GENERIC	9/12/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291016001	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	12/5/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291016050	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	500	X	GENERIC	12/5/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291016101	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	12/5/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291016150	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	500	X	GENERIC	9/18/2023	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291016201	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	100	X	GENERIC	12/31/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291016250	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	500	X	GENERIC	9/18/2023	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291016301	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	100	X	GENERIC	12/5/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291016350	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	500	X	GENERIC	9/18/2023	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291017690	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90		GENERIC	8/31/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291018101	BUTALBI	BUTALBI	280816	UNKNOW	28081600	UNKNOW	S	50-300-40	ORAL	CAPS	EA	100		GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291018230	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	30	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291018250	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	500	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291018330	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	30	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291018350	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	500	X	GENERIC	10/31/2024	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291018450	DILTIAZE	DILTIAZE	240404	Antiarrhyth	24040424	Class IV A	S	120 MG	ORAL	CP24	EA	500	X	GENERIC	6/8/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291018490	DILTIAZE	DILTIAZE	240404	Antiarrhyth	24040424	Class IV A	S	120 MG	ORAL	CP24	EA	90	X	GENERIC	8/31/2023	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291018550	DILTIAZE	DILTIAZE	240404	Antiarrhyth	24040424	Class IV A	S	180 MG	ORAL	CP24	EA	500	X	GENERIC	6/8/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291018590	DILTIAZE	DILTIAZE	240404	Antiarrhyth	24040424	Class IV A	S	180 MG	ORAL	CP24	EA	90	X	GENERIC	8/31/2023	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291018650	DILTIAZE	DILTIAZE	240404	Antiarrhyth	24040424	Class IV A	S	240 MG	ORAL	CP24	EA	500	X	GENERIC	6/8/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291018690	DILTIAZE	DILTIAZE	240404	Antiarrhyth	24040424	Class IV A	S	240 MG	ORAL	CP24	EA	90	X	GENERIC	7/31/2023	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291018750	DILTIAZE	DILTIAZE	240404	Antiarrhyth	24040424	Class IV A	S	300 MG	ORAL	CP24	EA	500	X	GENERIC	6/8/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291018790	DILTIAZE	DILTIAZE	240404	Antiarrhyth	24040424	Class IV A	S	300 MG	ORAL	CP24	EA	90	X	GENERIC	5/31/2023	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291018920	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	S	667 MG	ORAL	CAPS	EA	200	X	GENERIC	1/7/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291020504	PHENOBA	PHENOBA	120808	Antimusca	12080800	Antimusca	S	16.2 MG/5	ORAL	ELIX	ML	120		GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291020516	PHENOBA	PHENOBA	120808	Antimusca	12080800	Antimusca	S	16.2 MG/5	ORAL	ELIX	ML	480		GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291020850	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	500		GENERIC		42291			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
42291020950	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	500		GENERIC		42291			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
42291021901	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	100		GENERIC	9/12/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291022501	CYPROHE	CYPROHE	40400	First Gene	4040000	First Gene	S	4 MG	ORAL	TABS	EA	100		GENERIC	12/5/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291022510	CYPROHE	CYPROHE	40400	First Gene	4040000	First Gene	S	4 MG	ORAL	TABS	EA	1000		GENERIC	3/1/2023	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291023010	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	1000	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291023018	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	180	X	GENERIC	1/4/2024	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291023110	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	1000	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291023118	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	180	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291023260	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50-0.2 MG	ORAL	TBEC	EA	60	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291023360	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75-0.2 MG	ORAL	TBEC	EA	60	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291023401	DISOPYR	DISOPYR	240404	Antiarrhyth	24040404	Class Ia A	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC	9/12/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291023501	DISOPYR	DISOPYR	240404	Antiarrhyth	24040404	Class Ia A	S	150 MG	ORAL	CAPS	EA	100	X	GENERIC	9/12/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291024090	DESLORA	DESLORA	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	90		GENERIC	1/4/2024	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291024301	DANAZOL	DANAZOL	680800	Androgens	68080000	Androgens	S	200 MG	ORAL	CAPS	EA	100		GENERIC	9/12/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291024501	DONNATA	PHENOBA	120808	Antimusca	12080800	Antimusca	S	16.2 MG	ORAL	TABS	EA	100		MSB	9/12/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION							R	MEDPRMI
42291024790	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	150 MG	ORAL	CAPS	EA	90	X	GENERIC	1/4/2024	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291025611	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	1%	EXTERNA	GEL	GM	100		GENERIC	9/18/2023	42291			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
42291025810	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	TABS	EA	1000	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291025901	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	4 MG	ORAL	TABS	EA	100	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291025910	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	4 MG	ORAL	TABS	EA	1000	X	GENERIC	8/8/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291026001	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	8 MG	ORAL	TABS	EA	100	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291026010	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	8 MG	ORAL	TABS	EA	1000	X	GENERIC	8/8/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291026130	ENTECAV	ENTECAV	81832	Nucleosid	8183200	Nucleosid	S	0.5 MG	ORAL	TABS	EA	30	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291026230	ENTECAV	ENTECAV	81832	Nucleosid	8183200	Nucleosid	S	1 MG	ORAL	TABS	EA	30	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291026601	VITAMIN I	ERGOCAL	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (!	ORAL	CAPS	EA	100	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291028110	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291028210	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	1000	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291028990	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	54 MG	ORAL	TABS	EA	90	X	GENERIC	1/4/2024	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291029090	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	160 MG	ORAL	TABS	EA	90	X	GENERIC	1/4/2024	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291030150	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	500	X	GENERIC	6/8/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291030390	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	1 MG	ORAL	TABS	EA	90		GENERIC	9/12/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291030490	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	2 MG	ORAL	TABS	EA	90		GENERIC	9/12/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291030501	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	2.5-500 M	ORAL	TABS	EA	100	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291030601	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5-500 MG	ORAL	TABS	EA	100	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291031001	GUANFAC	GUANFAC	242400	Beta-Adre	24240000	Beta-Adre	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		42291			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
42291031090	GUANFAC	GUANFAC	242400	Beta-Adre	24240000	Beta-Adre	S	1 MG	ORAL	TABS	EA	90	X	GENERIC	9/12/2022	42291			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
42291031650	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	2.5 MG	ORAL	TABS	EA	500	X	GENERIC	9/12/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291031710	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	1000	X	GENERIC	9/12/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291032101	HYDROXY	HYDROXY	100000	Antineopla	10000000	Antineopla	S	500 MG	ORAL	CAPS	EA	100		GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291032401	GUANFAC	GUANFAC	289200	Central Ne	28920000	Central Ne	S	1 MG	ORAL	TB24	EA	100	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291032501	GUANFAC	GUANFAC	289200	Central Ne	28920000	Central Ne	S	2 MG	ORAL	TB24	EA	100	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291032601	GUANFAC	GUANFAC	289200	Central Ne	28920000	Central Ne	S	3 MG	ORAL	TB24	EA	100	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291032701	GUANFAC	GUANFAC	289200	Central Ne	28920000	Central Ne	S	4 MG	ORAL	TB24	EA	100	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291034290	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	150-12.5 M	ORAL	TABS	EA	90	X	GENERIC	9/12/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291034390	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	300-12.5 M	ORAL	TABS	EA	90	X	GENERIC	9/12/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291034501	IMIPRAMI	IMIPRAMI	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	1/8/2024	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291034601	IMIPRAMI	IMIPRAMI	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	100	X	GENERIC	1/8/2024	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291034701	IMIPRAMI	IMIPRAMI	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	100	X	GENERIC	1/8/2024	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291034890	INDAPAM	INDAPAM	243624	UNKNOW	24362400	UNKNOW	S	1.25 MG	ORAL	TABS	EA	90	X	GENERIC	9/12/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291034990	INDAPAM	INDAPAM	243624	UNKNOW	24362400	UNKNOW	S	2.5 MG	ORAL	TABS	EA	90	X	GENERIC	9/12/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291035001	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	30 MG	ORAL	TABS	EA	100	X	GENERIC		42291			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
42291035801	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC	9/12/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291035990	L-METHYL	L-METHYL	880800	Vitamin B	88080000	Vitamin B	R	3-35-2 MG	ORAL	TABS	EA	90		MSB	4/22/2024	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION							R	MEDPRMI
42291036601	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291036610	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291036701	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291036710	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	1000	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291036850	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	150 MG	ORAL	TABS	EA	500	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291036860	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	150 MG	ORAL	TABS	EA	60	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291036950	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	500	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291036960	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	60	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291037430	LETROZO	LETROZO	681608	Antiestrog	68160800	Antiestrog	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291037490	LETROZO	LETROZO	681608	Antiestrog	68160800	Antiestrog	S	2.5 MG	ORAL	TABS	EA	90	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291038690	LEVOCET	LEVOCET	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	90		GENERIC	9/12/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291039601	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	CAPS	EA	100	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291039610	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	CAPS	EA	1000	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291039701	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	100	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291039710	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	1000	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291039801	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	CAPS	EA	100	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291039850	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	CAPS	EA	500	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291039930	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4%	EXTERNA	CREA	GM	30		GENERIC		42291			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291040030	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	5%	EXTERNA	CREA	GM	30		GENERIC	1/3/2023	42291			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291040305	FLORANE	LACTOBA	560800	Antidiarrhe	56080000	Antidiarrhe	P	0-0	ORAL	TABS	EA	50		GENERIC		42291			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291040401	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	200 MG	ORAL	CAPS	EA	100	X	GENERIC	4/8/2024	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291040501	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	300 MG	ORAL	CAPS	EA	100	X	GENERIC	4/8/2024	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291040650	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	500		GENERIC	9/12/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291040690	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	90		GENERIC	9/12/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291040750	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	CAPS	EA	500		GENERIC	9/12/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291040790	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	CAPS	EA	90		GENERIC	9/12/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291041160	DOFETILI	DOFETILI	240404	Antiarrhyth	24040420	Class III A	S	125 MCG	ORAL	CAPS	EA	60	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291041260	DOFETILI	DOFETILI	240404	Antiarrhyth	24040420	Class III A	S	250 MCG	ORAL	CAPS	EA	60	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291041360	DOFETILI	DOFETILI	240404	Antiarrhyth	24040420	Class III A	S	500 MCG	ORAL	CAPS	EA	60	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291041430	FAMCICL	FAMCICL	81832	Nucleosid	8183200	Nucleosid	S	125 MG	ORAL	TABS	EA	30		GENERIC		42291	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291041530	FAMCICL	FAMCICL	81832	Nucleosid	8183200	Nucleosid	S	250 MG	ORAL	TABS	EA	30		GENERIC		42291	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291041630	FAMCICL	FAMCICL	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	30		GENERIC		42291	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291041790	LIOTHYR	LIOTHYR	683604	Thyroid Ag	68360400	Thyroid Ag	S	5 MCG	ORAL	TABS	EA	90	X	GENERIC	4/8/2024	42291			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
42291041890	LIOTHYR	LIOTHYR	683604	Thyroid Ag	68360400	Thyroid Ag	S	25 MCG	ORAL	TABS	EA	90	X	GENERIC		42291			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
42291041990	LIOTHYR	LIOTHYR	683604	Thyroid Ag	68360400	Thyroid Ag	S	50 MCG	ORAL	TABS	EA	90	X	GENERIC	4/8/2024	42291			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
42291042030	LEFLUNO	LEFLUNO	902404	UNKNOW	90240400	UNKNOW	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291042130	LEFLUNO	LEFLUNO	902404	UNKNOW	90240400	UNKNOW	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291042210	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC	9/12/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291042310	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	1000	X	GENERIC	9/12/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291042410	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	1000	X	GENERIC	9/12/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291042502	EPINEPHI	EPINEPHI	121212	alpha- and	12121200	alpha- and	S	0.3 MG/0.:	INJECTIO	SOAJ	EA	2		GENERIC	9/18/2023	42291			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291042642	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.1 MG/GI	VAGINAL	CREA	GM	42.5	X	GENERIC		42291			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
42291042750	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	160 MG	ORAL	TABS	EA	500	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291042790	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	160 MG	ORAL	TABS	EA	90	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291042850	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	500	X	GENERIC	9/30/2023	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291042910	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	1000	X	GENERIC	1/31/2023	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291043010	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC	2/28/2023	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291043105	DOXYCY	DOXYCY	81224	Tetracyclin	8122400	Tetracyclin	S	50 MG	ORAL	CAPS	EA	50		GENERIC	2/15/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291043250	DOXYCY	DOXYCY	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	500		GENERIC	2/15/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291043301	LANSOPR	LANSOPR	562836	Proton-pu	56283600	Proton-pu	S	15 MG	ORAL	CPDR	EA	100	X	GENERIC	4/30/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291043501	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	1 MG	ORAL	TABS	EA	100	X	GENERIC	1/8/2024	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291043601	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC	1/8/2024	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291043701	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	1/8/2024	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291043801	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	1/8/2024	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291043930	EMTRICIT	EMTRICIT	81808	Antiretrovi	8180820	Nucleosid	S	200-300 M	ORAL	TABS	EA	30	X	GENERIC		42291			N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	IF RATIO=IF FOR PREEXPOS	R	MEDPRMI
42291044095	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	500	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI

42291044195	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	500	X	GENERIC	10/11/2024	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291044230	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291044290	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC	10/11/2024	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291044295	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	500	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291044330	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TB24	EA	30	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291044430	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TB24	EA	30	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291044530	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TB24	EA	30	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291044630	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TB24	EA	30	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291044730	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	250 MG	ORAL	TB24	EA	30	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291044830	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	300 MG	ORAL	TB24	EA	30	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291044960	DRONABI	DRONABI	569200	GI Drugs,	56920000	GI Drugs,	S	2.5 MG	ORAL	CAPS	EA	60		GENERIC	12/1/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291045060	DRONABI	DRONABI	569200	GI Drugs,	56920000	GI Drugs,	S	5 MG	ORAL	CAPS	EA	60		GENERIC	12/1/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291045160	DRONABI	DRONABI	569200	GI Drugs,	56920000	GI Drugs,	S	10 MG	ORAL	CAPS	EA	60		GENERIC	12/1/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291045360	CILOSTA	CILOSTA	201218	Platelet-A	20121800	Platelet-A	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		42291	N	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291045430	EPLEREN	EPLEREN	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		42291			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
42291045490	EPLEREN	EPLEREN	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		42291			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
42291045530	EPLEREN	EPLEREN	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		42291			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
42291045590	EPLEREN	EPLEREN	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		42291			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
42291045930	CINACAL	CINACAL	682404	UNKNOW	68240400	UNKNOW	S	30 MG	ORAL	TABS	EA	30	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291046030	CINACAL	CINACAL	682404	UNKNOW	68240400	UNKNOW	S	60 MG	ORAL	TABS	EA	30	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291046130	CINACAL	CINACAL	682404	UNKNOW	68240400	UNKNOW	S	90 MG	ORAL	TABS	EA	30	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291046211	TELMISA	TELMISA	243208	Angiotens	24320800	Angiotens	S	40-12.5 M	ORAL	TABS	EA	1	X	GENERIC		42291			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
42291046230	TELMISA	TELMISA	243208	Angiotens	24320800	Angiotens	S	40-12.5 M	ORAL	TABS	EA	30	X	GENERIC		42291			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
42291046311	TELMISA	TELMISA	243208	Angiotens	24320800	Angiotens	S	80-12.5 M	ORAL	TABS	EA	1	X	GENERIC		42291			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
42291046330	TELMISA	TELMISA	243208	Angiotens	24320800	Angiotens	S	80-12.5 M	ORAL	TABS	EA	30	X	GENERIC		42291			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
42291046411	TELMISA	TELMISA	243208	Angiotens	24320800	Angiotens	S	80-25 MG	ORAL	TABS	EA	1	X	GENERIC		42291			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
42291046430	TELMISA	TELMISA	243208	Angiotens	24320800	Angiotens	S	80-25 MG	ORAL	TABS	EA	30	X	GENERIC		42291			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
42291046501	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	10-100 M	ORAL	TABS	EA	100	X	GENERIC	3/1/2023	42291	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291046550	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	10-100 M	ORAL	TABS	EA	500	X	GENERIC	3/1/2023	42291	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291046601	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 M	ORAL	TABS	EA	100	X	GENERIC	10/31/2024	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291046610	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 M	ORAL	TABS	EA	1000	X	GENERIC	10/31/2024	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291046701	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-250 M	ORAL	TABS	EA	100	X	GENERIC		42291	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291046710	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-250 M	ORAL	TABS	EA	1000	X	GENERIC		42291	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291046801	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291046810	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291046890	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291046901	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291046910	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	1000	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291046990	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291047001	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	80 MG	ORAL	TABS	EA	100	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291047050	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	80 MG	ORAL	TABS	EA	500	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291047101	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	10-100 M	ORAL	TABS	EA	100	X	GENERIC		42291			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
42291047150	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	10-100 M	ORAL	TABS	EA	500	X	GENERIC		42291			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
42291047201	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 M	ORAL	TABS	EA	100	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291047210	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 M	ORAL	TABS	EA	1000	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291047312	ETRAVIRI	ETRAVIRI	81808	Antiretrovi	8180816	Nonnucle	S	100 MG	ORAL	TABS	EA	120	X	GENERIC		42291			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	4 IN 1 DAYS			R	MEDPRMI
42291047460	ETRAVIRI	ETRAVIRI	81808	Antiretrovi	8180816	Nonnucle	S	200 MG	ORAL	TABS	EA	60	X	GENERIC		42291			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
42291047560	LUBIPRO	LUBIPRO	561808	UNKNOW	56180800	UNKNOW	S	8 MCG	ORAL	CAPS	EA	60	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291047660	LUBIPRO	LUBIPRO	561808	UNKNOW	56180800	UNKNOW	S	24 MCG	ORAL	CAPS	EA	60	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291047711	LIDOCAIN	LIDOCAIN	840800	Antiprurit	84080000	Antiprurit	S	5%	EXTERNA	PTCH	EA	1		GENERIC		42291			N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS			R	MEDPRMI
42291047730	LIDOCAIN	LIDOCAIN	840800	Antiprurit	84080000	Antiprurit	S	5%	EXTERNA	PTCH	EA	30		GENERIC		42291			N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS			R	MEDPRMI
42291047803	ETONOGI	ETONOGI	681200	Contracep	68120000	Contracep	S	0.12-0.015	VAGINAL	RING	EA	3	X	GENERIC		42291			N	#N/A	ORIG_FR	10 EHB	#N/A					X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
42291047930	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	CP24	EA	30	X	GENERIC		42291			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
42291048030	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	CP24	EA	30	X	GENERIC		42291			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
42291048130	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	40 MG	ORAL	CP24	EA	30	X	GENERIC		42291	Y		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
42291048230	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	CP24	EA	30	X	GENERIC		42291			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
42291048801	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-250 M	ORAL	TABS	EA	100	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291048810	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-250 M	ORAL	TABS	EA	1000	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291048918	MESALAM	MESALAM	563600	Anti-inflam	56360000	Anti-inflam	S	800 MG	ORAL	TBEC	EA	180		GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291049027	PIRFENID	PIRFENID	480200	UNKNOW	48020000	UNKNOW	S	267 MG	ORAL	CAPS	EA	270	X	GENERIC		42291			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
42291049109	PIRFENID	PIRFENID	480200	UNKNOW	48020000	UNKNOW	S	267 MG	ORAL	TABS	EA	90	X	GENERIC		42291			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
42291049127	PIRFENID	PIRFENID	480200	UNKNOW	48020000	UNKNOW	S	267 MG	ORAL	TABS	EA	90	X	GENERIC		42291			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
42291049209	PIRFENID	PIRFENID	480200	UNKNOW	48020000	UNKNOW	S	801 MG	ORAL	TABS	EA	90	X	GENERIC		42291			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
42291049301	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	P	4 MG/0.1M	NASAL	LIQD	EA	1		GENERIC		42291			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291049302	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	P	4 MG/0.1M	NASAL	LIQD	EA	2		GENERIC		42291			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291049430	MIRTAZA	MIRTAZA	281604	Antidepres	28160424	Serotonin	S	7.5 MG	ORAL	TABS	EA	30	X	GENERIC		42291			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
42291049511	LIDOCAIN	LIDOCAIN	840800	Antiprurit	84080000	Antiprurit	S	5%	EXTERNA	PTCH	EA	1		GENERIC		42291			N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS			R	MEDPRMI
42291049530	LIDOCAIN	LIDOCAIN	840800	Antiprurit	84080000	Antiprurit	S	5%	EXTERNA	PTCH	EA	30		GENERIC		42291			N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS			R	MEDPRMI
42291049601	LITHIUM	LITHIUM	282800	Antimanic	28280000	Antimanic	S	450 MG	ORAL	TBCR	EA	100	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291049701	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	100	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291049705	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	50	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291049710	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	1000	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291049718	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	180	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291049736	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	360	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291049750	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	500	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291049790	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	90	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291049801	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	100	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291049818	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	180	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291049850	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	500	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291049890	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	90	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291049901	POTASSI	POTASSI	400800	Alkalinizin	40080000	Alkalinizin	S	10 MEQ (1	ORAL	TBCR	EA	100		GENERIC	1/8/2024	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291050001	POTASSI	POTASSI	400800	Alkalinizin	40080000	Alkalinizin	S	15 MEQ (1	ORAL	TBCR	EA	100		GENERIC	1/8/2024	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291050290	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50-12.5 M	ORAL	TABS	EA	90	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291050390	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-12.5 M	ORAL	TABS	EA	90	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291050490	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-25 M	ORAL	TABS	EA	90	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291050501	METHOTR	METHOTR	100000	Antineopla	10000000	Antineopla	S	2.5 MG	ORAL	TABS	EA	100		GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291050601	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	100	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291050650	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	500	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291050701	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	100	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291050750	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	500	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291050901	PRIMIDO	PRIMIDO	281204	Anticonvul	28120400	Anticonvul	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		42291			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
42291050950	PRIMIDO	PRIMIDO	281204	Anticonvul	28120400	Anticonvul	S	50 MG	ORAL	TABS	EA	500	X	GENERIC		42291			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
42291051001	PRIMAQU	PRIMAQU	83008	Antimalari	8300800	Antimalari	S	26.3 (15 B	ORAL	TABS	EA	100		GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291051101	PRIMIDO	PRIMIDO	281204	Anticonvul	28120400	Anticonvul	S	250 MG	ORAL	TABS	EA	100	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291051150	PRIMIDO	PRIMIDO	281204	Anticonvul	28120400	Anticonvul	S	250 MG	ORAL	TABS	EA	500	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291051601	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	275 MG	ORAL	TABS	EA	100	X	GENERIC	4/8/2024	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291051701	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	550 MG	ORAL	TABS	EA	100	X	GENERIC	4/8/2024	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291051750	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	550 MG	ORAL	TABS	EA	500	X	GENERIC	4/8/2024	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291052201	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	60 MG	ORAL	CP24	EA	100	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291052210	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	60 MG	ORAL	CP24	EA	1000	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291052301	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	CP24	EA	100	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291052310	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	CP24	EA	1000	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291052401	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	120 MG	ORAL	CP24	EA	100	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291052410	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	120 MG	ORAL	CP24	EA	1000	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291052501	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	160 MG	ORAL	CP24	EA	100	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291052510	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	160 MG	ORAL	CP24	EA	1000	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291052901	FLUDRO	FLUDRO	680400	Adrenals	68040000	Adrenals	S	0.1 MG	ORAL	TABS	EA	100	X	GENERIC	12/5/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291054230	OLMESA	OLMESA	243208	Angiotens	24320800	Angiotens	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	6/8/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291054330	OLMESA	OLMESA	243208	Angiotens	24320800	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	6/8/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291054430	OLMESA	OLMESA	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	6/8/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291054490	OLMESA	OLMESA	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	6/8/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291055328	NORGEST	NORGEST	681200	Contracep	68120000	Contracep	S	0.25-35 M	ORAL	TABS	EA	28	X	GENERIC		42291			N	#N/A	ORIG_FR	10 EHB	#N/A					X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
42291055384	NORGEST	NORGEST	681200	Contracep	68120000	Contracep	S	0.25-35 M	ORAL	TABS	EA	28	X	GENERIC		42291			N	#N/A	ORIG_FR	10 EHB	#N/A					X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
42291055890	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	90	X	GENERIC	1/3/2023	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291055990	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TB24	EA	90	X	GENERIC	1/3/2023	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291056090	MIDODRI	MIDODRI	121204	alpha-Adr	12120400	alpha-Adr	S	2.5 MG	ORAL	TABS	EA	90		GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291056190	MIDODRI	MIDODRI	121204	alpha-Adr	12120400	alpha-Adr	S	5 MG	ORAL	TABS	EA	90		GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291056290	MIDODRI	MIDODRI	121204	alpha-Adr	12120400	alpha-Adr	S	10 MG	ORAL	TABS	EA	90		GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291056318	MESALAM	MESALAM	563600	Anti-inflam	56360000	Anti-inflam	S	400 MG	ORAL	CPDR	EA	180	X	GENERIC	1/8/2024	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291056412	MESALAM	MESALAM	563600	Anti-inflam	56360000	Anti-inflam	S	1.2 GM	ORAL	TBEC	EA	120	X	GENERIC	1/8/2024	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291056528	NORGEST	NORGEST	681200	Contracep	68120000	Contracep	S	0.18/0.215	ORAL	TABS	EA	28	X	GENERIC		42291			N	#N/A	ORIG_FR	10 EHB	#N/A					X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
42291056584	NORGEST	NORGEST	681200	Contracep	68120000	Contracep	S	0.18/0.215	ORAL	TABS	EA	28	X	GENERIC		42291			N	#N/A	ORIG_FR	10 EHB	#N/A					X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
42291056630	PHYTONA	PHYTONA	882400	Vitamin K	88240000	Vitamin K	S	5 MG	ORAL	TABS	EA	30		GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291056760	OSELTAM	OSELTAM	81828	Neuramini	8182800	Neuramini	S	6 MG/ML	ORAL	SUSR	ML	60		GENERIC		42291			N	FORMULARY		1 GEN	GENERICS			X	360 IN 180 DAYS			R	MEDPRMI
42291056890	METHYLP	METHYLP	282032	UNKNOW	28203200	UNKNOW	S	18 MG	ORAL	TBCR	EA	90	X	GENERIC	7/11/2024	42291			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
42291056990	METHYLP	METHYLP	282032	UNKNOW	28203200	UNKNOW	S	27 MG	ORAL	TBCR	EA	90	X	GENERIC	7/11/2024	42291			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
42291057090	METHYLP	METHYLP	282032	UNKNOW	28203200	UNKNOW	S	36 MG	ORAL	TBCR	EA	90	X	GENERIC	7/11/2024	42291			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
42291057190	METHYLP	METHYLP	282032	UNKNOW	28203200	UNKNOW	S	54 MG	ORAL	TBCR	EA	90	X	GENERIC	7/11/2024	42291			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
42291057210	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	1000	X	GENERIC	2/15/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291057310	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	1000	X	GENERIC	2/16/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291058530	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40-1100 M	ORAL	CAPS	EA	30	X	GENERIC	9/12/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291058701	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	100		GENERIC	9/18/2023	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291058750	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	500		GENERIC	9/18/2023	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291058990	MINOCYC	MINOCYC	81224	Tetracycli	8122400	Tetracycli	S	50 MG	ORAL	TABS	EA	90		GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291059028	NORGEST	NORGEST	681200	Contracep	68120000	Contracep	S	0.18/0.215	ORAL	TABS	EA	28	X	GENERIC		42291			N	#N/A	ORIG_FR	10 EHB	#N/A					X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
42291059084	NORGEST	NORGEST	681200	Contracep	68120000	Contracep	S	0.18/0.215	ORAL	TABS	EA	28	X	GENERIC		42291			N	#N/A	ORIG_FR	10 EHB	#N/A					X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
42291059160	MINOCYC	MINOCYC	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	TABS	EA	60		GENERIC	7/11/2024	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291059690	METOCL	METOCL	563200	Prokinetic	56320000	Prokinetic	S	10 MG	ORAL	TABS	EA	90		GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291060030	MODAFIN	MODAFIN	282080	UNKNOW	28208000	UNKNOW	S	200 MG	ORAL	TABS	EA	30	X	GENERIC	6/8/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291060910	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	1000		GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291061010	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	1000	X	GENERIC	8/14/2020	42291		X	N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291061018	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	180	X	GENERIC	8/14/2020	42291		X	N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291061036	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	360	X	GENERIC	8/14/2020	42291		X	N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291061090	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	90	X	GENERIC	8/14/2020	42291		X	N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291061118	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	180	X	GENERIC	8/14/2020	42291		X	N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291061150	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	500	X	GENERIC	8/14/2020	42291		X	N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291061190	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	90	X	GENERIC	8/14/2020	42291		X	N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291061801	MINOXIDI	MINOXIDI	240816	Central Al	24081600	Central Al	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291061901	MINOXIDI	MINOXIDI	240816	Central Al	24081600	Central Al	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291062110	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC	6/8/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291062190	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	12/31/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291062210	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	4 MG	ORAL	CHEW	EA	1000	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291062230	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	4 MG	ORAL	CHEW	EA	30	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291062290	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	4 MG	ORAL	CHEW	EA	90	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291062310	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	5 MG	ORAL	CHEW	EA	1000	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291062330	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	5 MG	ORAL	CHEW	EA	30	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291062390	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	5 MG	ORAL	CHEW	EA	90	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291062401	MEXILETI	MEXILETI	240404	Antiarrhyt	24040408	Class Ib A	S	150 MG	ORAL	CAPS	EA	100	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291062501	MEXILETI	MEXILETI	240404	Antiarrhyt	24040408	Class Ib A	S	200 MG	ORAL	CAPS	EA	100	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291062601	MEXILETI	MEXILETI	240404	Antiarrhyt	24040408	Class Ib A	S	250 MG	ORAL	CAPS	EA	100	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291062818	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	180	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291062820	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	20	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291062860	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291063230	NALTREX	NALTREX	281000	Opiate An	28100000	Opiate An	S	50 MG	ORAL	TABS	EA	30		GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291063301	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TB24	EA	100	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291063350	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TB24	EA	500	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291063401	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	10 MG	ORAL	TB24	EA	100	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291063450	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	10 MG	ORAL	TB24	EA	500	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291063501	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	15 MG	ORAL	TB24	EA	100	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291064890	NITROGL	NITROGL	240808	beta-Adre	24080800	UNKNOW	R	2.5 MG	ORAL	CPCR	EA	90	X	GENERIC	3/31/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291065090	NORETHI	NORETHI	683200	Progestins	68320000	Progestins	S	5MG	ORAL	TABS	EA	90	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291065190	NYSTATIN	NYSTATIN	81428	Polyenes	8142800	Polyenes	S	500000 UI	ORAL	TABS	EA	90		GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291065230	OLANZAP	OLANZAP	281604	Antidepres	28160420	Selective-	S	3-25 MG	ORAL	CAPS	EA	30	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291065330	OLANZAP	OLANZAP	281604	Antidepres	28160420	Selective-	S	6-25 MG	ORAL	CAPS	EA	30	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291065430	OLANZAP	OLANZAP	281604	Antidepres	28160420	Selective-	S	6-50 MG	ORAL	CAPS	EA	30	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291065530	OLANZAP	OLANZAP	281604	Antidepres	28160420	Selective-	S	12-25 MG	ORAL	CAPS	EA	30	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291065630	OLANZAP	OLANZAP	281604	Antidepres	28160420	Selective-	S	12-50 MG	ORAL	CAPS	EA	30	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291065712	OMEGA-3	OMEGA-3	240612	UNKNOW	24061200	UNKNOW	S	1 GM	ORAL	CAPS	EA	120	X	GENERIC		42291			N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS	X	Must mee 5 DS Fenc TRIAL OF GENERIC FENOFIBRATE IN THE PAST 120 DAYS	R	MEDPRMI
42291066410	OSELTAM	OSELTAM	81828	Neuramini	8182800	Neuramini	S	75 MG	ORAL	CAPS	EA	10		GENERIC		42291			N	FORMULARY		1 GEN	GENERICS			X	20 IN 180 DAYS			R	MEDPRMI
42291066510	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291066590	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291066610	OSELTAM	OSELTAM	81828	Neuramini	8182800	Neuramini	S	30 MG	ORAL	CAPS	EA	10		GENERIC		42291			N	FORMULARY		1 GEN	GENERICS			X	40 IN 180 DAYS			R	MEDPRMI
42291066710	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291066790	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291066810	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	1000	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291066890	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291066910	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	1000	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291066990	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291067401	PIROXIC	PIROXIC	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	CAPS	EA	100	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291067701	PIROXIC	PIROXIC	280804	Nonsteroi	28080404	UNKNOW	S	20 MG	ORAL	CAPS	EA	100	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291067750	PIROXIC	PIROXIC	280804	Nonsteroi	28080404	UNKNOW	S	20 MG	ORAL	CAPS	EA	500	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291067950	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	CPCR	EA	500	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291068601	PRENATA	PRENATA	882800	Multivitam	88280000	Multivitam	R	27-1 MG	ORAL	TABS	EA	100		SSB	2/28/2023	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291069201	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	CAPS	EA	100	X	GENERIC	2/2/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291069510	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291069590	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291069610	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TABS	EA	1000	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291069690	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291069710	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	1000	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291069790	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291069850	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	500	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291069890	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	90	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291069950	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	300 MG	ORAL	TABS	EA	500	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291069990	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	300 MG	ORAL	TABS	EA	90	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291070050	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	400 MG	ORAL	TABS	EA	500	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291070090	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	400 MG	ORAL	TABS	EA	90	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291071330	ROPINIR	ROPINIR	283620	UNKNOW	28362008	UNKNOW	S	2 MG	ORAL	TB24	EA	30	X	GENERIC		42291	Y		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must mee 5 DS Mira TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS	R	MEDPRMI
42291071430	ROPINIR	ROPINIR	283620	UNKNOW	28362008	UNKNOW	S	4 MG	ORAL	TB24	EA	30	X	GENERIC		42291			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must mee 5 DS Mira TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS	R	MEDPRMI
42291071530	ROPINIR	ROPINIR	283620	UNKNOW	28362008	UNKNOW	S	6 MG	ORAL	TB24	EA	30	X	GENERIC		42291			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must mee 5 DS Mira TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS	R	MEDPRMI
42291071730	ROPINIR	ROPINIR	283620	UNKNOW	28362008	UNKNOW	S	12 MG	ORAL	TB24	EA	30	X	GENERIC		42291			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must mee 5 DS Mira TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS	R	MEDPRMI
42291072130	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	30	X	GENERIC	1/31/2022	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291072410	RANITIDI	RANITIDI	562812	Histamine	56281200	Histamine	S	150 MG	ORAL	TABS	EA	1000	X	GENERIC	4/1/2020	42291		X	N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291072710	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	1000		GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291072801	PROCHLO	PROCHLO	281608	Antipsych	28160824	Phenothia	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	9/18/2023	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291072901	PROCHLO	PROCHLO	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	9/18/2023	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291073790	PHENAZO	PHENAZO	840800	Antiprurit	84080000	Antiprurit	S	100 MG	ORAL	TABS	EA	90		GENERIC	8/8/2022	42291			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
42291073890	PHENAZO	PHENAZO	840800	Antiprurit	84080000	Antiprurit	S	200 MG	ORAL	TABS	EA	90		GENERIC	8/8/2022	42291			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
42291073930	SOLIFEN	SOLIFEN	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291073990	SOLIFEN	SOLIFEN	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291074030	SOLIFEN	SOLIFEN	861204	UNKNOW	86120400	UNKNOW	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291074090	SOLIFEN	SOLIFEN	861204	UNKNOW	86120400	UNKNOW	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291074151	SODIUM F	SODIUM F	340400	UNKNOW	34040000	UNKNOW	S	1.10%	DENTAL	CREA	GM	51	X	GENERIC		42291			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
42291074630	SILDENA	SILDENA	240812	Calcium-c	24081200	UNKNOW	S	25 MG	ORAL	TABS	EA	30		GENERIC	4/8/2024	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291074701	SILDENA	SILDENA	240812	Calcium-c	24081200	UNKNOW	S	50 MG	ORAL	TABS	EA	100		GENERIC	4/8/2024	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291074730	SILDENA	SILDENA	240812	Calcium-c	24081200	UNKNOW	S	50 MG	ORAL	TABS	EA	30		GENERIC	4/8/2024	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291074801	SILDENA	SILDENA	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	100		GENERIC	4/30/2024	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291074830	SILDENA	SILDENA	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	30		GENERIC	4/8/2024	42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
42291075201	TACROLI	TACROLI	902828	UNKNOW	90282892	UNKNOW	S	0.5 MG	ORAL	CAPS	EA	100	X	GENERIC	1/7/2022	42291			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
42291075301	TACROLI	TACROLI	902828	UNKNOW	90282892	UNKNOW	S	1 MG	ORAL	CAPS	EA	100	X	GENERIC	6/8/2022	42291			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
42291075401	TACROLI	TACROLI	902828	UNKNOW	90282892	UNKNOW	S	5 MG	ORAL	CAPS	EA	100	X	GENERIC	6/8/2022	42291			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
42291075801	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	400-80 M	ORAL	TABS	EA	100		GENERIC		42291		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI

42571013021	TRAVOPF	TRAVOPF	524028	UNKNOW	52402800	UNKNOW	S	0.00%	OPHTHAL	SOLN	ML	5	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS			X	2.5 IN 25 DAYS						R	MEDPRMI
42571013027	TRAVOPF	TRAVOPF	524028	UNKNOW	52402800	UNKNOW	S	0.00%	OPHTHAL	SOLN	ML	2.5	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS			X	2.5 IN 25 DAYS						R	MEDPRMI
42571013221	CROMOL'	CROMOL'	481032	Mast-cell	48103200	Mast-cell	S	100 MG/5I	ORAL	CONC	ML	5	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571013252	CROMOL'	CROMOL'	481032	Mast-cell	48103200	Mast-cell	S	100 MG/5I	ORAL	CONC	ML	5	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571013360	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	50-0.2 MG	ORAL	TBEC	EA	60	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571013460	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	75-0.2 MG	ORAL	TBEC	EA	60	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571013725	KETOROL	KETOROL	520820	Nonsteroi	52082000	Nonsteroi	S	0.50%	OPHTHAL	SOLN	ML	5		GENERIC		42571		N	FORMULARY		1	GEN	GENERICS			X	2 IN 3 DAYS						R	MEDPRMI
42571013726	KETOROL	KETOROL	520820	Nonsteroi	52082000	Nonsteroi	S	0.50%	OPHTHAL	SOLN	ML	10		GENERIC		42571		N	FORMULARY		1	GEN	GENERICS			X	2 IN 3 DAYS						R	MEDPRMI
42571014126	DORZOLA	DORZOLA	524012	UNKNOW	52401200	UNKNOW	S	2%	OPHTHAL	SOLN	ML	10	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571014260	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	50 MG	ORAL	CAPS	EA	60	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571014301	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571014305	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	500	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571014401	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	100	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571014405	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	500	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571014560	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	400 MG	ORAL	CAPS	EA	60	X	GENERIC	10/6/2023	42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571014726	DORZOLA	DORZOLA	524012	UNKNOW	52401200	UNKNOW	S	22.3MG/M	OPHTHAL	SOLN	ML	10	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571016030	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250-125 M	ORAL	TABS	EA	30		GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571016101	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500-125 M	ORAL	TABS	EA	100		GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571016142	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500-125 M	ORAL	TABS	EA	20		GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571016201	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	100		GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571016242	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	20		GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571016347	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	200-28.5 M	ORAL	SUSR	ML	100		GENERIC	10/6/2023	42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571016447	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	400-57 MG	ORAL	SUSR	ML	100		GENERIC	10/6/2023	42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571017210	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC		42571		N	#N/A	ORIG_FR	10	EHB	#N/A			X	1 IN 1 DAYS				X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
42571017290	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		42571		N	#N/A	ORIG_FR	10	EHB	#N/A			X	1 IN 1 DAYS				X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
42571017310	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC		42571		N	#N/A	ORIG_FR	10	EHB	#N/A			X	1 IN 1 DAYS				X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
42571017390	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		42571		N	#N/A	ORIG_FR	10	EHB	#N/A			X	1 IN 1 DAYS				X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
42571017410	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	1000	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
42571017490	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
42571017510	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	1000	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
42571017590	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
42571017601	PIROXICA	PIROXICA	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	CAPS	EA	100	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571017701	PIROXICA	PIROXICA	280804	Nonsteroi	28080404	UNKNOW	S	20 MG	ORAL	CAPS	EA	100	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571020130	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	10/6/2023	42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571020230	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	10/6/2023	42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571020290	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	10/6/2023	42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571020330	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	10/6/2023	42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571020390	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	10/6/2023	42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571022030	RASAGILI	RASAGILI	283632	UNKNOW	28363200	UNKNOW	S	0.5 MG	ORAL	TABS	EA	30	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
42571022130	RASAGILI	RASAGILI	283632	UNKNOW	28363200	UNKNOW	S	1 MG	ORAL	TABS	EA	30	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
42571022630	TELMISAI	TELMISAI	243208	Angiotens	24320800	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571022730	TELMISAI	TELMISAI	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571022830	TELMISAI	TELMISAI	243208	Angiotens	24320800	Angiotens	S	80 MG	ORAL	TABS	EA	30	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571023405	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	500		GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571023530	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-20 MG	ORAL	TABS	EA	30	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571023590	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-20 MG	ORAL	TABS	EA	90	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571023630	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-20 MG	ORAL	TABS	EA	30	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571023690	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-20 MG	ORAL	TABS	EA	90	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571023730	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-40 MG	ORAL	TABS	EA	30	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571023790	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-40 MG	ORAL	TABS	EA	90	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571023830	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-40 MG	ORAL	TABS	EA	30	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571023890	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-40 MG	ORAL	TABS	EA	90	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571024301	ACETAZC	ACETAZC	524012	UNKNOW	52401200	UNKNOW	S	500 MG	ORAL	CP12	EA	100	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571024469	CAFFEINE	CAFFEINE	282032	UNKNOW	28203200	UNKNOW	S	60 MG/3M	INTRAVEI	SOLN	ML	3		GENERIC		42571		N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42571025001	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	75 MG	ORAL	CAPS	EA	100		GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571025101	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	100		GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571025201	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	100		GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571025830	MEFENAM	MEFENAM	280804	Nonsteroi	28080404	UNKNOW	S	250 MG	ORAL	CAPS	EA	30	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571025930	ROFLUMI	ROFLUMI	483200	UNKNOW	48320000	UNKNOW	S	500 MCG	ORAL	TABS	EA	30	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
42571026473	TAFLUPR	TAFLUPR	524028	UNKNOW	52402800	UNKNOW	S	0.00%	OPHTHAL	SOLN	EA	10	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
42571026575	NITROPR	NITROPR	240816	Central Al	24081600	Central Al	S	25 MG/ML	INTRAVEI	SOLN	ML	2		GENERIC		42571		N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42571027460	ASPIRIN-I	ASPIRIN-I	361800	Cardiac Fu	36180000	Cardiac Fu	S	25-200 MC	ORAL	CP12	EA	60	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571027560	DALFAMF	DALFAMF	925600	UNKNOW	92560000	UNKNOW	S	10 MG	ORAL	TB12	EA	60	X	GENERIC		42571		N	FORMULARY		4	SPGEN	SPECIALTY GENERICS	X	PA:X								R	MEDPRMI
42571031386	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	2.5 MG/MI	INTRAVEI	SOLN	ML	4		GENERIC		42571		N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42571031387	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	2.5 MG/MI	INTRAVEI	SOLN	ML	2		GENERIC		42571		N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42571031396	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	2.5 MG/MI	INTRAVEI	SOLN	ML	4		GENERIC		42571		N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42571031397	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	2.5 MG/MI	INTRAVEI	SOLN	ML	2		GENERIC		42571		N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42571031501	CLOBAZA	CLOBAZA	281208	Anticonvul	28120800	Anticonvul	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS						R	MEDPRMI
42571031601	CLOBAZA	CLOBAZA	281208	Anticonvul	28120800	Anticonvul	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS						R	MEDPRMI
42571032460	RANOLAZ	RANOLAZ	240492	Cardiac D	24049200	Cardiac D	S	500 MG	ORAL	TB12	EA	60	X	GENERIC	10/6/2023	42571		N	FORMULARY		1	GEN	GENERICS			X	4 IN 1 DAYS						R	MEDPRMI
42571032560	RANOLAZ	RANOLAZ	240492	Cardiac D	24049200	Cardiac D	S	1000 MG	ORAL	TB12	EA	60	X	GENERIC	10/6/2023	42571		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS						R	MEDPRMI
42571033201	METHENA	METHENA	83600	Urinary Ar	8360000	Urinary Ar	S	1 GM	ORAL	TABS	EA	100		GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571033301	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	100	X	GENERIC		42571		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
42571033490	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TB24	EA	90	X	GENERIC		42571		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
42571034201	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	100	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571034230	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571034301	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	100	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571034330	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	30	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571034401	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	CAPS	EA	100	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571034430	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	CAPS	EA	30	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571034790	FENOFIBI	CHOLINE	240606	Fibric Acic	24060600	Fibric Acid	S	45 MG	ORAL	CPDR	EA	90	X	GENERIC		42571	Y	N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571034890	FENOFIBI	CHOLINE	240606	Fibric Acic	24060600	Fibric Acid	S	135 MG	ORAL	CPDR	EA	90	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571035009	CROMOL'	CROMOL'	481032	Mast-cell	48103200	Mast-cell	S	20 MG/2M	INHALATI	NEBU	ML	2	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571035707	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	20 MEQ/1	ORAL	SOLN	ML	473	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571035807	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	40 MEQ/1	ORAL	SOLN	ML	473	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571036007	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG/5I	ORAL	SOLN	ML	473	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571036010	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG/5I	ORAL	SOLN	ML	118	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571036281	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	SOLN	ML	25		GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571036299	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	SOLN	ML	50		GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571036983	ROFLUMI	ROFLUMI	483200	UNKNOW	48320000	UNKNOW	S	250 MCG	ORAL	TABS	EA	28	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
42571037501	RAMELTE	RAMELTE	282448	UNKNOW	28244800	UNKNOW	S	8 MG	ORAL	TABS	EA	100		GENERIC		42571		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
42571037530	RAMELTE	RAMELTE	282448	UNKNOW	28244800	UNKNOW	S	8 MG	ORAL	TABS	EA	30		GENERIC		42571		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
42571038101	CHLORDI	CHLORDI	120808	Antimusca	12080800	Antimusca	S	5-2.5 MG	ORAL	CAPS	EA	100		GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571038271	DORZOLA	DORZOLA	524012	UNKNOW	52401200	UNKNOW	S	2-0.5 %	OPHTHAL	SOLN	EA	15	X	GENERIC		42571	Y	N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS						R	MEDPRMI
42571038273	DORZOLA	DORZOLA	524012	UNKNOW	52401200	UNKNOW	S	2-0.5 %	OPHTHAL	SOLN	EA	60	X	GENERIC		42571	Y	N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS						R	MEDPRMI
42571038425	ERYTHRC	ERYTHRC	520404	Antibacter	52040400	Antibacter	S	2%	EXTERNA	SOLN	ML	60		GENERIC		42571		N	FORMULARY		1	GEN	GENERICS			X	<= 180						R	MEDPRMI
42571038519	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	LOTN	ML	60		GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42571039112	RUFINAM	RUFINAM	281224	UNKNOW	28122400	UNKNOW	S	200 MG	ORAL	TABS	EA	120	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS			X	16 IN 1 DAYS						R	MEDPRMI
42571039212	RUFINAM	RUFINAM	281224	UNKNOW	28122400	UNKNOW	S	400 MG	ORAL	TABS	EA	120	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS			X	8 IN 1 DAYS						R	MEDPRMI
42571039871	TIMOLOL	TIMOLOL	524008	UNKNOW	52400800	UNKNOW	S	0.50%	OPHTHAL	SOLN	EA	60	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS	X	Must meet 5 DS Istal	TRIAL OF TIMOLOL DROPS (NON-OCUDOSE FORMULATION) IN THE PAST 120			R	MEDPRMI
42571040819	TOBRAMY	TOBRAMY	81202	Aminoglyc	8120200	Aminoglyc	S	300 MG/5I	INHALATI	NEBU	ML	5	X	GENERIC		42571	Y	N	FORMULARY		4	SPGEN	SPECIALTY GENERICS	X	PA:X								R	MEDPRMI
42571040892	TOBRAMY	TOBRAMY	81202	Aminoglyc	8120200	Aminoglyc	S	300 MG/5I	INHALATI	NEBU	ML	5	X	GENERIC		42571	Y	N	FORMULARY		4	SPGEN	SPECIALTY GENERICS	X	PA:X								R	MEDPRMI
42571043345	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG/5M	ORAL	SUSR	ML	50	X	GENERIC		42571		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42582011110	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	100	X	GENERIC		42582		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42582011118	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	500	X	GENERIC		42582		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42582011210	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	100	X	GENERIC		42582		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42582011218	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	500	X	GENERIC		42582		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42582011310	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	100	X	GENERIC		42582		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42582011318	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	500	X	GENERIC		42582		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42582011410	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC		42582		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42582011418	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	500	X	GENERIC		42582		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42582011510	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	100	X	GENERIC		42582		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42582011518	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	500	X	GENERIC		42582		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42582011610	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	100	X	GENERIC		42582		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42582011618	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	500	X	GENERIC		42582		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42582021110	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	100		GENERIC		42582		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42582021118	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	500		GENERIC		42582		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42582021210	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	100		GENERIC		42582		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42582021218	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	500		GENERIC		42582		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42582021310	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250 MG	ORAL	CAPS	EA	100		GENERIC		42582		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42582021318	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250 MG	ORAL	CAPS	EA	500		GENERIC		42582		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42582021410	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	100		GENERIC		42582		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42582021418	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	500		GENERIC		42582		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42582021605	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	50		GENERIC		42582		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS						R	MEDPRMI
42582021618	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	500		GENERIC		42582		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS						R	MEDPRMI
42582030110	CHLORDI	CHLORDI	120808	Antimusca	12080800	Antimusca	S	5-2.5 MG	ORAL	CAPS	EA	100		GENERIC		42582		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42582030116	CHLORDI	CHLORDI	120808	Antimusca	12080800	Antimusca	S	5-2.5 MG	ORAL	CAPS	EA	250		GENERIC		42582		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42582030120	CHLORDI	CHLORDI	120808	Antimusca	12080800	Antimusca	S	5-2.5 MG	ORAL	CAPS	EA	1000		GENERIC		42582		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42582031109	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		42582		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42582031130	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		42582		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42582031209	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		42582		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42582031230	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		42582		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42582031309	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	90	X	GENERIC		42582		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42582031318	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	500	X	GENERIC		42582		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42582031409	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		42582		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42582031418	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	500	X	GENERIC		42582		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42582031509	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		42582		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42582031518	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	500	X	GENERIC		42582		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42582041110	POLYSAC	POLYSAC	200404	Iron Prepa	20040400	Iron Prepa	P	150 MG	ORAL	CAPS	EA	100		GENERIC		42582		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42582080008	SULFACE	SULFACE	842800	Keratolytic	84280000	Keratolytic	S	10-2 %	EXTERNA	LIQD	GM	227		GENERIC		42582	N	N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42582080111	SULFACE	SULFACE	842800	Keratolytic	84280000	Keratolytic	S	9.8-4.8 %	EXTERNA	LIQD	GM	285		GENERIC		42582		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42632000101	H-E-B INC	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		42632		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42632000202	H-E-B INC	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		42632		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42632000303	RA BLOO	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		42632		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42632000404	BLOOD P	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		42632		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42632000505	CVS BLO(	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		42632		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42632000606	MICROLIF	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		42632		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42632000707	MICROLIF	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		42632		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42632000808	QC BLOO	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		42632		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42632000909	SM BLOO	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		42632		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42632001010	KROGER	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		42632		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42632001111	H-E-B INC	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		42632		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42632001212	BLOOD P	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		42632		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42632001313	MICROLIF	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		42632		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42632001414	RA BLOO	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		42632		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42632001515	RA BLOO	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		42632		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42632001616	KROGER	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		42632		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42632001717	KROGER	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		42632		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42632001818	MICROLIF	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		42632		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42632002020	MICROLIF	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		42632		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42632002121	BLOOD P	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		42632		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42632002222	HM BLOO	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		42632		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42632002323	HM ADVA	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		42632		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42632002424	HM AUTO	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		42632		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42632002525	HM DELU	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		42632		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42632002626	HM BLOO	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		42632		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42632002727	SM BLOO	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		42632		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42632002828	SM BLOO	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		42632		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42632002929	SM BLOO	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		42632		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42632003030	SM BLOO	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		42632		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42632003131	SM BLOO	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		42632		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42632003232	CVS ADV.	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		42632		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42632003333	TGT BLO(	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		42632		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42632003434	MICROLIF	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1		NON DRUG		42632		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42632003535	MICROLIF	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1		NON DRUG		42632		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42632003636	MICROLIF	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1		NON DRUG		42632		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42632003737	MICROLIF	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1		NON DRUG		42632		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42632003939	MICROLIF	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		42632		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42632047200	NEB 200 (	NEBULIZE	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		42632		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42632073200	MICROLIF	PEAK FLC	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		SSB		42632		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42632074700	PROCHE(	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1		NON DRUG		42632		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42632090001	MICROLIF	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1		NON DRUG		42632		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42658000801	DACTINO	DACTINO	100000	Antineopla	10000000	Antineopla	S	0.5 MG	INTRAVEI	SOLR	EA	1		GENERIC		42658	Y	N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42658001001	CLADRIBI	CLADRIBI	100000	Antineopla	10000000	Antineopla	S	10 MG/10	INTRAVEI	SOLN	ML	10		GENERIC		42658		N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42658001091	CLADRIBI	CLADRIBI	100000	Antineopla	10000000	Antineopla	S	10 MG/10	INTRAVEI	SOLN	ML	10		GENERIC		42658		N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42658001901	DAUNORI	DAUNORI	100000	Antineopla	10000000	Antineopla	S	50 MG/10	INTRAVEI	SOLN	ML	10		GENERIC		42658		N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42658002101	DAUNORI	DAUNORI	100000	Antineopla	10000000	Antineopla	S	20 MG/4M	INTRAVEI	SOLN	ML	4		GENERIC		42658		N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42658002102	DAUNORI	DAUNORI	100000	Antineopla	10000000	Antineopla	S	20 MG/4M	INTRAVEI	SOLN	ML	4		GENERIC		42658		N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42658002191	DAUNORI	DAUNORI	100000	Antineopla	10000000	Antineopla	S	20 MG/4M	INTRAVEI	SOLN	ML	4		GENERIC		42658		N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42658002192	DAUNORI	DAUNORI	100000	Antineopla	10000000	Antineopla	S	20 MG/4M	INTRAVEI	SOLN	ML	4		GENERIC		42658		N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42658010105	MYCOPHI	MYCOPHI	924400	UNKNOW	92440000	UNKNOW	S	500 MG	ORAL	TABS	EA	100	X	GENERIC		42658		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42658010107	MYCOPHI	MYCOPHI	924400	UNKNOW	92440000	UNKNOW	S	500 MG	ORAL	TABS	EA	500	X	GENERIC		42658		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42658012101	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	75 MG	ORAL	TABS	EA	30	X	GENERIC		42658		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42658012104	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	75 MG	ORAL	TABS	EA	90	X	GENERIC		42658		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42658012201	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	150 MG	ORAL	TABS	EA	30	X	GENERIC		42658		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42658012204	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	150 MG	ORAL	TABS	EA	90	X	GENERIC		42658		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42658012301	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	300 MG	ORAL	TABS	EA	30	X	GENERIC		42658		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42658012304	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	300 MG	ORAL	TABS	EA	90	X	GENERIC		42658		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42658016005	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	100		GENERIC		42658		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
42667551101	NATESTC	TESTOST	680800	Androgen	68080000	Androgen	R	5.5 MG/A(	NASAL	GEL	GM	7.32	X	SSB		42667		N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
42699000005	ISOPROP	ISOPROP	840492	Local Anti-	84049200	Local Anti-	O	70%	DOES NO	SOLN	ML	473		MSB		42699		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
42699000007	ALCOHOL	ALCOHOL	840492	Local Anti-	84049200	Local Anti-	O	70%	DOES NO	SOLN	ML	350		SSB		42699		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42699000018	ICE RUB I	MENTHOI	849200	Skin and M	84920000	Skin and M	P	7%	EXTERNA	LIQD	ML	74		GENERIC		42699		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42699000020	ICE MENT	LINIMENT	842404	Basic Loti	84240400	Basic Loti	O	0-0-0	EXTERNA	GEL	GM	225		SSB		42699		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42699000027	INSTANT	ETHYL AL	840492	Local Anti-	84049200	Local Anti-	O	65%	EXTERNA	LIQD	ML	118		SSB		42699		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42699000041	HYDROGI	HYDROGI	840492	Local Anti-	84049200	Local Anti-	O	3%	EXTERNA	SOLN	ML	473		MSB		42699		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
42699000060	CHEST RI	CAMPHOI	929200	UNKNOW	92920000	UNKNOW	O	4.5-1-2.6	EXTERNA	OINT	GM	60		MSB		42699		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
42702010210	PHENYLE	PHENYLE	522400	Mydriatics	52240000	Mydriatics	S	2.50%	OPHTHAL	SOLN	ML	10		GENERIC	5/16/2024	42702		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42702010215	PHENYLE	PHENYLE	522400	Mydriatics	52240000	Mydriatics	S	2.50%	OPHTHAL	SOLN	ML	15		GENERIC	4/6/2022	42702		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42702010305	PHENYLE	PHENYLE	522400	Mydriatics	52240000	Mydriatics	S	10%	OPHTHAL	SOLN	ML	5		GENERIC	5/16/2024	42702		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42702016810	ZENOPTI(	EYELID C	849200	Skin and M	84920000	Skin and M	O	.01%-.048	EXTERNA	SOLN	ML	100		SSB		42702		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42702016960	ZENOPTI(	EYELID C	849200	Skin and M	84920000	Skin and M	O	.009%-.03	EXTERNA	GEL	ML	60		SSB		42702		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42747010201	CRYSVIT/	BUROSUI	409200	UNKNOW	40920000	UNKNOW	R	10 MG/ML	SUBCUT/	SOLN	ML	1	X	SSB		42747		N	EXCLUDE	SELF_INJ	6	SPBD2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42747020301	CRYSVIT/	BUROSUI	409200	UNKNOW	40920000	UNKNOW	R	20 MG/ML	SUBCUT/	SOLN	ML	1	X	SSB		42747		N	EXCLUDE	SELF_INJ	6	SPBD2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42747030401	CRYSVIT/	BUROSUI	409200	UNKNOW	40920000	UNKNOW	R	30 MG/ML	SUBCUT/	SOLN	ML	1	X	SSB		42747		N	EXCLUDE	SELF_INJ	6	SPBD2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42747032730	FARESTC	TOREMIF	681612	Estrogen /	68161200	Estrogen /	S	60MG	ORAL	TABS	EA	30	X	MSB		42747	Y	N	EXCLUDED		6	SPBD2	FORMULARY EXCLUSION	X	PA:X								R	MEDPRMI
42747060290	NOURIAN	ISTRADEI	283624	UNKNOW	28362400	UNKNOW	R	20 MG	ORAL	TABS	EA	90	X	SSB		42747		N	EXCLUDE	EXCLUDE	6	SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
42747060490	NOURIAN	ISTRADEI	283624	UNKNOW	28362400	UNKNOW	R	40 MG	ORAL	TABS	EA	90	X	SSB		42747		N	EXCLUDE	EXCLUDE	6	SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
42747072601	SANCUS(	GRANISE	562220	5-HT3 Re(	56222000	5-HT3 Re(	R	3.1 MG/24	TRANSDE	PTCH	EA	1		SSB	7/1/2024	42747		N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND			X	1 IN 7 DAYS	X	Must meet 5 DS Onda	TRIAL OF ONDANSETRON TABLET OR ODT IN THE PAST 120 DAYS			R	MEDPRMI
42747076101	POTELIGI	MOGAMU	100000	Antineopla	10000000	Antineopla	R	20 MG/5M	INTRAVEI	SOLN	ML	5		SSB		42747		N	EXCLUDE	SELF_INJ	6	SPBD2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42783011185	ZITHRAN(	ANTHRAL	849200	Skin and M	84920000	Skin and M	R	1%	EXTERNA	SHAM	GM	85		SSB		42783		N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND										R	MEDPRMI
42783031210	VIRASAL	SALICYLI(	842800	Keratolytic	84280000	Keratolytic	S	27.50%	EXTERNA	LIQD	ML	10		MSB		42783	N	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
42783032310	ULTRASA	SALICYLI(	842800	Keratolytic	84280000	Keratolytic	S	28.50%	EXTERNA	SOLN	ML	10		MSB		42783		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION										R	MEDPRMI
42783050160	NICAZEL	MULTIPLE	882800	Multivitam	88280000	Multivitam	R	5MG-1.5M	ORAL	TABS	EA	60		SSB		42783		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42783051060	NICAZEL	MULTIPLE	882800	Multivitam	88280000	Multivitam	R	0-2MG-0-5	ORAL	TABS	EA	60		SSB		42783	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42783063330	BENZOD(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	R	30 X 100 M	COMBINA	THPK	EA	1		SSB		42783		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
42783063504	ADVANCE	BENZOYL	840492	Local Anti-	84049200	Local Anti-	O	4.40%	EXTERNA	LQCR	ML	104		SSB		42783		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
42783066360	BENZOD(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	R	60 X 100 M	COMBINA	THPK	EA	1		SSB		42783		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
42792010108	UREA	UREA	842800	Keratolytic	84280000	Keratolytic	S	39%	EXTERNA	CREA	GM	227		GENERIC	11/1/2022	42792		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42794000308	ADEFOVII	ADEFOVII	81832	Nucleosid	8183200	Nucleosid	S	10MG	ORAL	TABS	EA	30	X	GENERIC		42794		N	FORMULARY		4	SPGEN	SPECIALTY GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
42794000402	PROTRIP	PROTRIP	281604	Antidepres	28160428	Tricyclics	S	5MG	ORAL	TABS	EA	100	X	GENERIC		42794		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42794000502	AMILORIC	AMILORIC	243616	UNKNOW	24361600	UNKNOW	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		42794		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42794000702	PROTRIP	PROTRIP	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		42794		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42794000908	FLUCYTC	FLUCYTO	81432	Pyrimidine	8143200	Pyrimidine	S	250 MG	ORAL	CAPS	EA	30		GENERIC		42794		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42794001008	FLUCYTC	FLUCYTO	81432	Pyrimidine	8143200	Pyrimidine	S	500 MG	ORAL	CAPS	EA	30		GENERIC		42794		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42794001208	GRISEOF	GRISEOF	81492	Antifungal	8149200	Antifungal	S	500 MG	ORAL	TABS	EA	30		GENERIC		42794		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42794001308	GRISEOF	GRISEOF	81492	Antifungal	8149200	Antifungal	S	125 MG	ORAL	TABS	EA	30		GENERIC		42794		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42794001408	GRISEOF	GRISEOF	81492	Antifungal	8149200	Antifungal	S	250 MG	ORAL	TABS	EA	30		GENERIC		42794		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42794001610	ASENAPII	ASENAPII	281608	Antipsych	28160804	Atypical A	S	5 MG	SUBLINGI	SUBL	EA	60	X	GENERIC		42794		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS						R	MEDPRMI
42794001710	ASENAPII	ASENAPII	281608	Antipsych	28160804	Atypical A	S	10 MG	SUBLINGI	SUBL	EA	60	X	GENERIC		42794		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS						R	MEDPRMI
42794001802	LIOTHYR(	LIOTHYR(	683604	Thyroid Ag	68360400	Thyroid Ag	S	5 MCG	ORAL	TABS	EA	100	X	GENERIC		42794		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42794001806	LIOTHYR(	LIOTHYR(	683604	Thyroid Ag	68360400	Thyroid Ag	S	5 MCG	ORAL	TABS	EA	1000	X	GENERIC		42794		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42794001812	LIOTHYR(	LIOTHYR(	683604	Thyroid Ag	68360400	Thyroid Ag	S	5 MCG	ORAL	TABS	EA	90	X	GENERIC		42794		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42794001902	LIOTHYR(	LIOTHYR(	683604	Thyroid Ag	68360400	Thyroid Ag	S	25 MCG	ORAL	TABS	EA	100	X	GENERIC		42794		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42794001906	LIOTHYR(	LIOTHYR(	683604	Thyroid Ag	68360400	Thyroid Ag	S	25 MCG	ORAL	TABS	EA	1000	X	GENERIC		42794		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42794001912	LIOTHYR(	LIOTHYR(	683604	Thyroid Ag	68360400	Thyroid Ag	S	25 MCG	ORAL	TABS	EA	90	X	GENERIC		42794		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42794002002	LIOTHYR(	LIOTHYR(	683604	Thyroid Ag	68360400	Thyroid Ag	S	50 MCG	ORAL	TABS	EA	100	X	GENERIC		42794		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42794002012	LIOTHYR(	LIOTHYR(	683604	Thyroid Ag	68360400	Thyroid Ag	S	50 MCG	ORAL	TABS	EA	90	X	GENERIC		42794		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42794002808	DISULFIR	DISULFIR	910200	UNKNOW	91020000	UNKNOW	S	250 MG	ORAL	TABS	EA	30	X	GENERIC		42794		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42794002908	DISULFIR	DISULFIR	910200	UNKNOW	91020000	UNKNOW	S	500 MG	ORAL	TABS	EA	30	X	GENERIC		42794		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42794004410	DOFETILI	DOFETILI	240404	Antiarrhyt	24040420	Class III A	S	125 MCG	ORAL	CAPS	EA	60	X	GENERIC		42794		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42794004510	DOFETILI	DOFETILI	240404	Antiarrhyt	24040420	Class III A	S	250 MCG	ORAL	CAPS	EA	60	X	GENERIC		42794		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42794004610	DOFETILI	DOFETILI	240404	Antiarrhyt	24040420	Class III A	S	500 MCG	ORAL	CAPS	EA	60	X	GENERIC		42794		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42794005108	AMBRISE	AMBRISE	484800	Vasodilati	48481200	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		42794		N	FORMULARY		4	SPGEN	SPECIALTY GENERICS	X	PA:X								R	MEDPRMI
42794005208	AMBRISE	AMBRISE	484800	Vasodilati	48481200	UNKNOW	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		42794		N	FORMULARY		4	SPGEN	SPECIALTY GENERICS	X	PA:X								R	MEDPRMI
42794008008	ACITRETI	ACITRETI	842800	Keratolytic	84280000	Keratolytic	S	10 MG	ORAL	CAPS	EA	30		GENERIC		42794		N	FORMULARY		4	SPGEN	SPECIALTY GENERICS										R	MEDPRMI
42794008108	ACITRETI	ACITRETI	842800	Keratolytic	84280000	Keratolytic	S	17.5 MG	ORAL	CAPS	EA	30		GENERIC		42794		N	FORMULARY		4	SPGEN	SPECIALTY GENERICS										R	MEDPRMI
42794008308	ACITRETI	ACITRETI	842800	Keratolytic	84280000	Keratolytic	S	25 MG	ORAL	CAPS	EA	30		GENERIC		42794		N	FORMULARY		4	SPGEN	SPECIALTY GENERICS										R	MEDPRMI
42794008614	SODIUM I	SODIUM F	401000	Ammonia	40100000	Ammonia	S	3 GM/TSP	ORAL	POWD	GM	266	X	GENERIC		42794		N	FORMULARY		4	SPGEN	SPECIALTY GENERICS	X	PA:X								R	MEDPRMI
42799010501	METHENA	METHENA	83600	Urinary Ar	8360000	Urinary Ar	S	0.5 GM	ORAL	TABS	EA	100		GENERIC		42799		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42799010601	METHENA	METHENA	83600	Urinary Ar	8360000	Urinary Ar	S	1 GM	ORAL	TABS	EA	100		GENERIC		42799		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42799011002	ALBENDA	ALBENDA	80800	Anthelmin	8080000	Anthelmin	S	200 MG	ORAL	TABS	EA	2		GENERIC		42799		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42799011101	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	100	X	GENERIC		42799		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42799011201	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	100	X	GENERIC		42799		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42799011501	COLESTII	COLESTII	240604	Bile Acid	24060400	Bile Acid	S	1 GM	ORAL	TABS	EA	120	X	GENERIC		42799	Y	N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42799011901	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	0.5 MG	ORAL	TABS	EA	100	X	GENERIC		42799		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42799012001	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		42799		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42799012002	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	1 MG	ORAL	TABS	EA	500	X	GENERIC		42799		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42799012101	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	2 MG	ORAL	TABS	EA	100	X	GENERIC		42799		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42799012102	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	2 MG	ORAL	TABS	EA	500	X	GENERIC		42799		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42799012301	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		42799		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42799012901	DILTIAZEI	DILTIAZEI	240404	Antiarrhyt	24040424	Class IV A	S	30 MG	ORAL	TABS	EA	100	X	GENERIC		42799		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42799012902	DILTIAZEI	DILTIAZEI	240404	Antiarrhyt	24040424	Class IV A	S	30 MG	ORAL	TABS	EA	500	X	GENERIC		42799		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42799013001	DILTIAZEI	DILTIAZEI	240404	Antiarrhyt	24040424	Class IV A	S	60 MG	ORAL	TABS	EA	100	X	GENERIC		42799		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI
42799013002	DILTIAZEI	DILTIAZEI	240404	Antiarrhyt	24040424	Class IV A	S	60 MG	ORAL	TABS	EA	500	X	GENERIC		42799		N	FORMULARY		1	GEN	GENERICS										R	MEDPRMI

42799013101	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	90 MG	ORAL	TABS	EA	100 X	GENERIC		42799	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42799013102	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	90 MG	ORAL	TABS	EA	500 X	GENERIC		42799	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42799013201	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	120 MG	ORAL	TABS	EA	100 X	GENERIC		42799	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42799020701	TINIDAZO	TINIDAZO	83016	UNKNOW	8301600	UNKNOW	S	250 MG	ORAL	TABS	EA	40	GENERIC		42799	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42799020801	TINIDAZO	TINIDAZO	83016	UNKNOW	8301600	UNKNOW	S	500 MG	ORAL	TABS	EA	20	GENERIC		42799	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42799020802	TINIDAZO	TINIDAZO	83016	UNKNOW	8301600	UNKNOW	S	500 MG	ORAL	TABS	EA	60	GENERIC		42799	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42799021701	OPIUM	OPIUM TI	280808	Opiate Ag	28080800	Opiate Ag	S	10 MG/ML	ORAL	TINC	ML	118	GENERIC		42799	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42799021702	OPIUM	OPIUM TI	280808	Opiate Ag	28080800	Opiate Ag	S	10 MG/ML	ORAL	TINC	ML	473	GENERIC		42799	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42799040501	ETHACRY	ETHACRY	243608	UNKNOW	24360800	UNKNOW	S	25 MG	ORAL	TABS	EA	100 X	GENERIC		42799	N	FORMULARY		1 GEN	GENERICS	X	PA:X					R	MEDPRIM
42799060501	LOPERAM	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	S	2 MG	ORAL	CAPS	EA	100	GENERIC		42799	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42799060502	LOPERAM	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	S	2 MG	ORAL	CAPS	EA	500	GENERIC		42799	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42799070815	MIGLUST	MIGLUST	440400	UNKNOW	44040000	UNKNOW	S	100 MG	ORAL	CAPS	EA	15 X	GENERIC	10/31/2023	42799	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRIM
42799070915	YARGES	MIGLUST	440400	UNKNOW	44040000	UNKNOW	S	100 MG	ORAL	CAPS	EA	15 X	GENERIC		42799 Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRIM
42799080601	IVERMEC	IVERMEC	80800	Anthelmin	8080000	Anthelmin	S	3 MG	ORAL	TABS	EA	20	GENERIC		42799	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42799081201	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG/5M	ORAL	SOLN	ML	237	GENERIC		42799	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42799081301	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG/5M	ORAL	SOLN	ML	237	GENERIC		42799	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42799081501	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	15 MG/5M	ORAL	SOLN	ML	237	GENERIC		42799	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42799081601	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	25 MG/5M	ORAL	SOLN	ML	237	GENERIC		42799	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42799092001	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	2.5-6.25 M	ORAL	TABS	EA	100 X	GENERIC		42799	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42799092002	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	2.5-6.25 M	ORAL	TABS	EA	500 X	GENERIC		42799	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42799092030	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	2.5-6.25 M	ORAL	TABS	EA	30 X	GENERIC		42799	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42799092101	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	5-6.25 MG	ORAL	TABS	EA	100 X	GENERIC		42799	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42799092102	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	5-6.25 MG	ORAL	TABS	EA	500 X	GENERIC		42799	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42799092130	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	5-6.25 MG	ORAL	TABS	EA	30 X	GENERIC		42799	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42799092201	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	10-6.25 M	ORAL	TABS	EA	100 X	GENERIC		42799	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42799092202	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	10-6.25 M	ORAL	TABS	EA	500 X	GENERIC		42799	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42799092230	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	10-6.25 M	ORAL	TABS	EA	30 X	GENERIC		42799	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42799093501	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	150 MG	ORAL	CAPS	EA	100 X	GENERIC		42799	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42799093502	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	150 MG	ORAL	CAPS	EA	500 X	GENERIC		42799	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42799093550	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	150 MG	ORAL	CAPS	EA	50 X	GENERIC		42799	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42799095001	VIGABATI	VIGABATI	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TABS	EA	100 X	GENERIC		42799	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRIM
42799095201	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	PACK	EA	1 X	GENERIC		42799	N	FORMULARY		1 GEN	GENERICS					X	Must meet 5 DS Cvs TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZ	R	MEDPRIM
42799095230	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	PACK	EA	30 X	GENERIC		42799	N	FORMULARY		1 GEN	GENERICS					X	Must meet 5 DS Cvs TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZ	R	MEDPRIM
42799095301	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	100 MG	ORAL	TB24	EA	100 X	GENERIC		42799	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42799095401	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	23 MG	ORAL	TABS	EA	30 X	GENERIC		42799	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42799095402	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	23 MG	ORAL	TABS	EA	90 X	GENERIC		42799	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42799095801	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	30 MG	ORAL	TB24	EA	100 X	GENERIC		42799	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42799095802	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	30 MG	ORAL	TB24	EA	500 X	GENERIC		42799	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42799095901	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	100 X	GENERIC		42799	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42799095902	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	500 X	GENERIC		42799	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42799096001	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	120 MG	ORAL	TB24	EA	100 X	GENERIC		42799	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42799096101	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	TB24	EA	30 X	GENERIC		42799	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42799096102	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	TB24	EA	90 X	GENERIC		42799	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42799096201	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	TB24	EA	30 X	GENERIC		42799	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42799096202	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	TB24	EA	90 X	GENERIC		42799	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42799096301	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	225 MG	ORAL	TB24	EA	30 X	GENERIC		42799	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42799096302	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	225 MG	ORAL	TB24	EA	90 X	GENERIC		42799	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806000501	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	TABS	EA	100	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806000601	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10 MG	ORAL	TABS	EA	100	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806000701	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TABS	EA	100	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806000801	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TABS	EA	100	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806000901	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	20 MG	ORAL	TABS	EA	100	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806001101	SULINDA	SULINDA	280804	Nonsteroi	28080404	UNKNOW	S	200 MG	ORAL	TABS	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806001105	SULINDA	SULINDA	280804	Nonsteroi	28080404	UNKNOW	S	200 MG	ORAL	TABS	EA	500 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806001394	SODIUM	SODIUM	401818	Potassium	40181800	Potassium	S	0	ORAL	POWD	GM	15	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806001396	SODIUM	SODIUM	401818	Potassium	40181800	Potassium	S	0	ORAL	POWD	GM	453.6	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806001801	SULINDA	SULINDA	280804	Nonsteroi	28080404	UNKNOW	S	150 MG	ORAL	TABS	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806001805	SULINDA	SULINDA	280804	Nonsteroi	28080404	UNKNOW	S	150 MG	ORAL	TABS	EA	500 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806001901	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806001910	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806002001	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806002010	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	1000 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806002101	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806002110	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	1000 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806003801	BETAXOL	BETAXOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806003901	BETAXOL	BETAXOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806004801	GUANFAC	GUANFAC	242400	Beta-Adre	24240000	Beta-Adre	S	1 MG	ORAL	TABS	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806005030	MEPERID	MEPERID	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	30	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS			X	6 IN 1 DAYS			R	MEDPRIM
42806005201	TRANDOL	TRANDOL	243204	Angiotens	24320400	Angiotens	S	1MG	ORAL	TABS	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806005301	TRANDOL	TRANDOL	243204	Angiotens	24320400	Angiotens	S	2MG	ORAL	TABS	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806005401	TRANDOL	TRANDOL	243204	Angiotens	24320400	Angiotens	S	4MG	ORAL	TABS	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806005505	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	500 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806005509	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	90 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806005510	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	1000 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806005605	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	500 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806005609	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	90 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806005610	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	1000 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806005705	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	500 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806005709	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806005710	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806005801	FLAVOXA	FLAVOXA	861204	UNKNOW	86120400	UNKNOW	S	100MG	ORAL	TABS	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806008101	BENZPHE	BENZPHE	282004	Amphetam	28200400	Amphetam	S	50 MG	ORAL	TABS	EA	100	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS	X	AGE_YEA MUST BE AT LEAST	R	MEDPRIM
42806008130	BENZPHE	BENZPHE	282004	Amphetam	28200400	Amphetam	S	50 MG	ORAL	TABS	EA	30	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS	X	AGE_YEA MUST BE AT LEAST	R	MEDPRIM
42806008201	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	100	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806008205	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	500	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806008301	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	7.5 MG	ORAL	TABS	EA	100	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806008305	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	7.5 MG	ORAL	TABS	EA	500	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806008401	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	100	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806008405	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	500	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806008501	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	100	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806008505	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	500	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806008605	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	30 MG	ORAL	TABS	EA	500	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806008660	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	30 MG	ORAL	TABS	EA	60	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806008701	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.5 MG	ORAL	TABS	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806008705	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.5 MG	ORAL	TABS	EA	500 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806008801	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	1 MG	ORAL	TABS	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806008805	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	1 MG	ORAL	TABS	EA	500 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806008901	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	2 MG	ORAL	TABS	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806008905	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	2 MG	ORAL	TABS	EA	500 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806009401	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	PACK	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806009430	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	PACK	EA	30 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806009630	PROTRIP	PROTRIP	281604	Antidepres	28160428	Tricyclics	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806009730	PROTRIP	PROTRIP	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806010101	ETHAMBU	ETHAMBU	81604	Antituberc	8160400	Antituberc	S	100 MG	ORAL	TABS	EA	100	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806010201	ETHAMBU	ETHAMBU	81604	Antituberc	8160400	Antituberc	S	400 MG	ORAL	TABS	EA	100	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806012101	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	TABS	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806012201	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	120 MG	ORAL	TABS	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806012301	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	160 MG	ORAL	TABS	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806013321	LEUCOV	LEUCOV	910412	UNKNOW	91041200	UNKNOW	S	10 MG	ORAL	TABS	EA	12	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806013324	LEUCOV	LEUCOV	910412	UNKNOW	91041200	UNKNOW	S	10 MG	ORAL	TABS	EA	24	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806013424	LEUCOV	LEUCOV	910412	UNKNOW	91041200	UNKNOW	S	15 MG	ORAL	TABS	EA	24	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806014301	DEMECL	DEMECL	81224	Tetracycli	8122400	Tetracycli	S	150 MG	ORAL	TABS	EA	100	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806014448	DEMECL	DEMECL	81224	Tetracycli	8122400	Tetracycli	S	300 MG	ORAL	TABS	EA	48	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806014731	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	100 MG/5	ORAL	SUSR	ML	15	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806014932	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	200 MG/5	ORAL	SUSR	ML	15	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806015033	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	200 MG/5	ORAL	SUSR	ML	22.5	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806015134	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	200 MG/5	ORAL	SUSR	ML	30	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806015901	HYDROX	HYDROX	282492	Anxiolytic	28249200	Anxiolytic	S	10 MG	ORAL	TABS	EA	100	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806015905	HYDROX	HYDROX	282492	Anxiolytic	28249200	Anxiolytic	S	10 MG	ORAL	TABS	EA	500	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806015910	HYDROX	HYDROX	282492	Anxiolytic	28249200	Anxiolytic	S	10 MG	ORAL	TABS	EA	1000	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806016001	HYDROX	HYDROX	282492	Anxiolytic	28249200	Anxiolytic	S	25 MG	ORAL	TABS	EA	100	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806016005	HYDROX	HYDROX	282492	Anxiolytic	28249200	Anxiolytic	S	25 MG	ORAL	TABS	EA	500	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806016010	HYDROX	HYDROX	282492	Anxiolytic	28249200	Anxiolytic	S	25 MG	ORAL	TABS	EA	1000	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806016101	HYDROX	HYDROX	282492	Anxiolytic	28249200	Anxiolytic	S	50 MG	ORAL	TABS	EA	100	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806016105	HYDROX	HYDROX	282492	Anxiolytic	28249200	Anxiolytic	S	50 MG	ORAL	TABS	EA	500	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806016110	HYDROX	HYDROX	282492	Anxiolytic	28249200	Anxiolytic	S	50 MG	ORAL	TABS	EA	1000	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806017815	NYSTATI	NYSTATI	840408	Antifungal	84040828	Polyenes	S	100000 U	EXTERNA	POWD	GM	15	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806017830	NYSTATI	NYSTATI	840408	Antifungal	84040828	Polyenes	S	100000 U	EXTERNA	POWD	GM	30	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806017860	NYSTATI	NYSTATI	840408	Antifungal	84040828	Polyenes	S	100000 U	EXTERNA	POWD	GM	60	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806018615	KLAYEST	NYSTATI	840408	Antifungal	84040828	Polyenes	S	100000 U	EXTERNA	POWD	GM	15	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806018630	KLAYEST	NYSTATI	840408	Antifungal	84040828	Polyenes	S	100000 U	EXTERNA	POWD	GM	30	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806018660	KLAYEST	NYSTATI	840408	Antifungal	84040828	Polyenes	S	100000 U	EXTERNA	POWD	GM	60	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806021305	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	500 X	GENERIC	8/31/2023	42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806021310	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	1000 X	GENERIC	11/2/2022	42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806026005	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	500 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806026060	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	60 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806026301	ISRADIPI	ISRADIPI	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	CAPS	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806026401	ISRADIPI	ISRADIPI	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	CAPS	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806026598	CHOLEST	CHOLEST	240604	Bile Acid	24060400	Bile Acid	S	4 GM	ORAL	PACK	EA	1 X	GENERIC	12/7/2022	42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806026695	CHOLEST	CHOLEST	240604	Bile Acid	24060400	Bile Acid	S	4 GM	ORAL	PACK	EA	60 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806026698	CHOLEST	CHOLEST	240604	Bile Acid	24060400	Bile Acid	S	4 GM	ORAL	PACK	EA	1 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806026793	CHOLEST	CHOLEST	240604	Bile Acid	24060400	Bile Acid	S	4 GM/DOS	ORAL	POWD	GM	378 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806026797	CHOLEST	CHOLEST	240604	Bile Acid	24060400	Bile Acid	S	4 GM/DOS	ORAL	POWD	GM	378 X	GENERIC	3/18/2024	42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806026998	CHOLEST	CHOLEST	240604	Bile Acid	24060400	Bile Acid	S	4 GM	ORAL	PACK	EA	1 X	GENERIC	1/27/2023	42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806027095	CHOLEST	CHOLEST	240604	Bile Acid	24060400	Bile Acid	S	4 GM	ORAL	PACK	EA	60 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806027098	CHOLEST	CHOLEST	240604	Bile Acid	24060400	Bile Acid	S	4 GM	ORAL	PACK	EA	1 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806027193	CHOLEST	CHOLEST	240604	Bile Acid	24060400	Bile Acid	S	4 GM/DOS	ORAL	POWD	GM	239.4 X	GENERIC		42806 Y	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806027197	CHOLEST	CHOLEST	240604	Bile Acid	24060400	Bile Acid	S	4 GM/DOS	ORAL	POWD	GM	239.4 X	GENERIC	3/18/2024	42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806027401	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TB12	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806027501	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TB12	EA	100 X	GENERIC		42806 Y	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806027601	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	400 MG	ORAL	TB12	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806029601	GUANFAC	GUANFAC	242400	Beta-Adre	24240000	Beta-Adre	S	2 MG	ORAL	TABS	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806031205	DOXYCY	DOXYCY	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	TABS	EA	500	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRIM
42806031250	DOXYCY	DOXYCY	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	TABS	EA	50	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRIM
42806031305	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	500 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806031401	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806031505	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	500 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806031701	METHAD	METHAD	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	TABS	EA	100	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS			X	8 IN 1 DAYS			R	MEDPRIM
42806031801	METHAD	METHAD	280808	Opiate Ag	28080800	Opiate Ag	S	10 MG	ORAL	TABS	EA	100	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS			R	MEDPRIM
42806033001	OXYMOR	OXYMOR	280808	Opiate Ag	28080800	Opiate Ag	S	5MG	ORAL	TABS	EA	100	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806033101	OXYMOR	OXYMOR	280808	Opiate Ag	28080800	Opiate Ag	S	10 MG	ORAL	TABS	EA	100	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806033601	MOLINDO	MOLINDO	281608	Antipsych	28160828	UNKNOW	R	5 MG	ORAL	TABS	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806033701	MOLINDO	MOLINDO	281608	Antipsych	28160828	UNKNOW	R	10 MG	ORAL	TABS	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS			X	8 IN 1 DAYS			R	MEDPRIM
42806033801	MOLINDO	MOLINDO	281608	Antipsych	28160828	UNKNOW	R	25 MG	ORAL	TABS	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS			X	9 IN 1 DAYS			R	MEDPRIM
42806033901	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRIM
42806034101	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRIM
42806034301	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	15 MG	ORAL	TABS	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRIM
42806034401	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRIM
42806034501	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	30 MG	ORAL	TABS	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRIM
42806034805	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	500 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806034809	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	90 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806034830	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	30 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806034905	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	500 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806034909	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	90 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806035801	LEUCOV	LEUCOV	910412	UNKNOW	91041200	UNKNOW	S	5 MG	ORAL	TABS	EA	100	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806035830	LEUCOV	LEUCOV	910412	UNKNOW	91041200	UNKNOW	S	5 MG	ORAL	TABS	EA	30	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806035925	LEUCOV	LEUCOV	910412	UNKNOW	91041200	UNKNOW	S	25 MG	ORAL	TABS	EA	25	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806036201	DOXYCY	DOXYCY	81224	Tetracycli	8122400	Tetracycli	S	20 MG	ORAL	TABS	EA	100	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806037130	DEFERAS	DEFERAS	640000	Heavy Me	64000000	Heavy Me	S	90 MG	ORAL	PACK	EA	30 X	GENERIC		42806	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRIM
42806037230	DEFERAS	DEFERAS	640000	Heavy Me	64000000	Heavy Me	S	180 MG	ORAL	PACK	EA	30 X	GENERIC		42806	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRIM
42806037330	DEFERAS	DEFERAS	640000	Heavy Me	64000000	Heavy Me	S	360 MG	ORAL	PACK	EA	30 X	GENERIC		42806	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRIM
42806040001	METHYLF	METHYLF	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	100	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806040021	METHYLF	METHYLF	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TBPK	EA	21	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806040560	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	60 X	GENERIC		42806	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
42806040660	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TB24	EA	60 X	GENERIC		42806	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
42806041001	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TB12	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806041005	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TB12	EA	500 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806041060	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TB12	EA	60 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806041160	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	200 MG	ORAL	TB12	EA	60 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806041360	BUPROPI	BUPROPI	120200	UNKNOW	12020000	UNKNOW	S	150 MG	ORAL	TB12	EA	60	GENERIC		42806	N	#N/A	ORIG_FR	10 EHB	#N/A					X	IF AGE=18-999 YEARS AND D	R	MEDPRIM
42806041405	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	500 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806041409	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	90 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806041430	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	30 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806041501	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806041505	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	500 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806041560	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	60 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806041605	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	500 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806041609	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	90 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806041630	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	30 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806042201	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	8 MEQ	ORAL	TBCR	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806042205	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	8 MEQ	ORAL	TBCR	EA	500 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806042210	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	8 MEQ	ORAL	TBCR	EA	1000 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806042301	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	100 X	GENERIC		42806 N	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806042305	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	500 X	GENERIC		42806 N	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806042310	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	1000 X	GENERIC		42806 N	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806042460	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TB12	EA	60 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806042501	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806042660	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	200 MG	ORAL	TB12	EA	60 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806050109	NICARDI	NICARDI	242808	Dihydropy	24280800	Dihydropy	S	20 MG	ORAL	CAPS	EA	90 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806050209	NICARDI	NICARDI	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	CAPS	EA	90 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806050301	URSODIO	URSODIO	561400	Cholelitho	56140000	Cholelitho	S	300 MG	ORAL	CAPS	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806050901	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806050910	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	1000 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806051001	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806051010	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	1000 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806051101	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806051110	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	1000 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806051230	QUINIDIN	QUINIDIN	240404	Antiarrhyt	24040404	Class Ia A	R	300 MG	ORAL	TABS	EA	30 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806051330	QUINIDIN	QUINIDIN	240404	Antiarrhyt	24040404	Class Ia A	R	200 MG	ORAL	TABS	EA	30 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806052401	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	CAPS	EA	100	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	AGE_YEA MUST BE AT LEAST	R	MEDPRIM
42806052410	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	CAPS	EA	1000	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	AGE_YEA MUST BE AT LEAST	R	MEDPRIM
42806052901	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	CAPS	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806052910	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	CAPS	EA	1000 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806053001	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806053010	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	1000 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806053301	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	CAPS	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806054701	VITAMIN	ERGOCAL	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (	ORAL	CAPS	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806054705	VITAMIN	ERGOCAL	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (	ORAL	CAPS	EA	500 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806054909	DUTASTE	DUTASTE	920400	UNKNOW	92040000	UNKNOW	S	0.5 MG	ORAL	CAPS	EA	90 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806054930	DUTASTE	DUTASTE	920400	UNKNOW	92040000	UNKNOW	S	0.5 MG	ORAL	CAPS	EA	30 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806055212	OMEGA-3	OMEGA-3	240612	UNKNOW	24061200	UNKNOW	S	1 GM	ORAL	CAPS	EA	120 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS	X	Must meet 5 DS Fenc TRIAL OF GENERIC FENOFIBRATE IN THE PAST 120 DAYS	R	MEDPRIM
42806055501	OSELTAM	OSELTAM	81828	Neuramini	8182800	Neuramini	S	75 MG	ORAL	CAPS	EA	100	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS			X	20 IN 180 DAYS			R	MEDPRIM
42806056012	ICOSAPE	ICOSAPE	240612	UNKNOW	24061200	UNKNOW	S	1 GM	ORAL	CAPS	EA	120 X	GENERIC		42806	N	EXCLUDE	HARD_M	1 GEN	FORMULARY EXCLUSION						PLEASE DISPENSE BRAND FOR GENERIC COPAY.	R	MEDPRIM
42806056201	CHLORDI	CHLORDI	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	CAPS	EA	100	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806056301	CHLORDI	CHLORDI	282408	Benzodiaz	28240800	Benzodiaz	S	25 MG	ORAL	CAPS	EA	100	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806056401	CHLORDI	CHLORDI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	CAPS	EA	100	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806056501	CHLORDI	CHLORDI	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	CAPS	EA	100	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806056601	CHLORDI	CHLORDI	282408	Benzodiaz	28240800	Benzodiaz	S	25 MG	ORAL	CAPS	EA	100	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806060022	OXCARB	OXCARB	281224	UNKNOW	28122400	UNKNOW	S	300 MG/5	ORAL	SUSP	ML	250 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806060109	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	90 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806060110	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	1000 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806060130	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	30 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806060209	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	90 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806060210	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	1000 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806060230	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	30 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806060305	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	500 X	GENERIC	3/13/2024	42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806060309	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	90 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806060330	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	30 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806063201	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806063205	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	500 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806063301	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806064801	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	100	GENERIC		42806	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIM
42806064810	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	1000	GENERIC		42806	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIM
42806064901	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	50 MG	ORAL	CAPS	EA	100	GENERIC		42806	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIM
42806064910	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	50 MG	ORAL	CAPS	EA	1000	GENERIC		42806	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIM
42806065609	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	TABS	EA	90 X	GENERIC		42806	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
42806065709	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	90 X	GENERIC		42806	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
42806065830	ENTECAV	ENTECAV	81832	Nucleosid	8183200	Nucleosid	S	0.5 MG	ORAL	TABS	EA	30 X	GENERIC		42806	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	1 IN 1 DAYS			R	MEDPRIM
42806065930	ENTECAV	ENTECAV	81832	Nucleosid	8183200	Nucleosid	S	1 MG	ORAL	TABS	EA	30 X	GENERIC		42806	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	1 IN 1 DAYS			R	MEDPRIM
42806066201	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	100	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806066205	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	500	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806066301	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	100	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806066305	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	500	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806066401	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	100	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806066405	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	500	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806066560	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	30 MG	ORAL	TABS	EA	60	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806070801	ETHOSU	ETHOSU	281220	Succinimi	28122000	Succinimi	S	250 MG	ORAL	CAPS	EA	100 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806071101	ETHOSU	ETHOSU	281220	Succinimi	28122000	Succinimi	S	250 MG	ORAL	CAPS	EA	100 X	GENERIC	3/27/2023	42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806071401	BENZON	BENZON	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	100	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806071405	BENZON	BENZON	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	500	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806071501	BENZON	BENZON	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	100	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806071505	BENZON	BENZON	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	500	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM
42806072060	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	50 MG	ORAL	CAPS	EA	60 X	GENERIC		42806	N	FORMULARY		1 GEN	GENERICS							R	MEDPRIM

43063025606	VIAGRA	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	25 MG	ORAL	TABS	EA	6		MSB	8/17/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRM
43063026030	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063026401	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	100	X	GENERIC	10/15/2024	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063026430	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	30	X	GENERIC	10/15/2024	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063026490	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	90	X	GENERIC	10/15/2024	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063026607	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	2 MG	ORAL	TABS	EA	7		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063027304	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TBDP	EA	4		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063031330	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	30	X	GENERIC	4/2/2024	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063032160	HYOSCY	HYOSCY	120808	Antimusca	12080800	Antimusca	S	0.125 MG	SUBLINGI	SUBL	EA	60	X	GENERIC	11/6/2023	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063032812	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	12	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063032830	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063033705	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	5		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063033710	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	10		GENERIC	11/10/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063033730	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	30		GENERIC	11/10/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063033790	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	90		GENERIC	11/10/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063034001	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	100		GENERIC	12/23/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063034004	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	4		GENERIC	12/23/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063034005	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	5		GENERIC	12/23/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063034015	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	15		GENERIC	12/23/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063034025	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	25		GENERIC	12/23/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063034030	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	30		GENERIC	12/23/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063034040	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	40		GENERIC	2/7/2023	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063034060	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	60		GENERIC	12/23/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063034104	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	R	250 MG	ORAL	CHEW	EA	4		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063034404	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	4	X	GENERIC	9/11/2023	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063034406	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	6	X	GENERIC	9/11/2023	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063034530	ARMOUR	THYROID	683604	Thyroid Ag	68360400	Thyroid Ag	R	30 MG	ORAL	TABS	EA	30	X	SSB		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063034801	DIETHYLP	DIETHYLP	282008	UNKNOW	28200804	UNKNOW	S	25 MG	ORAL	TABS	EA	100		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063034807	DIETHYLP	DIETHYLP	282008	UNKNOW	28200804	UNKNOW	S	25 MG	ORAL	TABS	EA	7		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063034814	DIETHYLP	DIETHYLP	282008	UNKNOW	28200804	UNKNOW	S	25 MG	ORAL	TABS	EA	14		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063034821	DIETHYLP	DIETHYLP	282008	UNKNOW	28200804	UNKNOW	S	25 MG	ORAL	TABS	EA	21		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063034828	DIETHYLP	DIETHYLP	282008	UNKNOW	28200804	UNKNOW	S	25 MG	ORAL	TABS	EA	28		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063034830	DIETHYLP	DIETHYLP	282008	UNKNOW	28200804	UNKNOW	S	25 MG	ORAL	TABS	EA	30		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063034856	DIETHYLP	DIETHYLP	282008	UNKNOW	28200804	UNKNOW	S	25 MG	ORAL	TABS	EA	56		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063034860	DIETHYLP	DIETHYLP	282008	UNKNOW	28200804	UNKNOW	S	25 MG	ORAL	TABS	EA	60		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063034890	DIETHYLP	DIETHYLP	282008	UNKNOW	28200804	UNKNOW	S	25 MG	ORAL	TABS	EA	90		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063034893	DIETHYLP	DIETHYLP	282008	UNKNOW	28200804	UNKNOW	S	25 MG	ORAL	TABS	EA	180		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063035206	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	6	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063035306	PROCHLO	PROCHLO	281608	Antipsych	28160824	Phenothia	S	5 MG	ORAL	TABS	EA	6	X	GENERIC	5/4/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063036806	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	6	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063036815	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	15	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063036830	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063036890	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	90	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063037130	CLOPIDO	CLOPIDO	201218	Platelet-Ag	20121800	Platelet-Ag	S	75 MG	ORAL	TABS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063037160	CLOPIDO	CLOPIDO	201218	Platelet-Ag	20121800	Platelet-Ag	S	75 MG	ORAL	TABS	EA	60	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063037190	CLOPIDO	CLOPIDO	201218	Platelet-Ag	20121800	Platelet-Ag	S	75 MG	ORAL	TABS	EA	90	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063037601	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	12.5 MG	RECTAL	SUPP	EA	1		GENERIC	3/17/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063037602	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	12.5 MG	RECTAL	SUPP	EA	2		GENERIC	3/17/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063037702	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	2		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063038121	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	4 MG	ORAL	CHEW	EA	21	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063038130	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	4 MG	ORAL	CHEW	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063038306	ANASTRO	ANASTRO	681608	Antiestrog	68160800	Antiestrog	S	1 MG	ORAL	TABS	EA	6	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063038315	ANASTRO	ANASTRO	681608	Antiestrog	68160800	Antiestrog	S	1 MG	ORAL	TABS	EA	15	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063038790	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	90	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063038890	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	90	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063039314	ATOVAQU	ATOVAQU	83008	Antimalari	8300800	Antimalari	S	250-100 M	ORAL	TABS	EA	14		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063039320	ATOVAQU	ATOVAQU	83008	Antimalari	8300800	Antimalari	S	250-100 M	ORAL	TABS	EA	20		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063039404	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	4		GENERIC	10/3/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063039406	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	6		GENERIC	10/3/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063039415	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	15		GENERIC	10/3/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063039417	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	17		GENERIC	10/3/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063039420	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	20		GENERIC	10/3/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063039421	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	21		GENERIC	10/3/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063039428	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	28		GENERIC	10/3/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063039430	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	30		GENERIC	10/3/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063039440	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	40		GENERIC	10/3/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063039442	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	42		GENERIC	10/3/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063039456	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	56		GENERIC	10/3/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063039460	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	60		GENERIC	10/3/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063039480	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	80		GENERIC	10/3/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063039514	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	14	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063039520	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	20	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063039530	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063039560	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	60	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063039590	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063039595	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	1000	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063039607	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	7	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063039615	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	15	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063039630	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063039660	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	60	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063039690	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	90	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063039695	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	1000	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063040002	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	2		GENERIC	8/17/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063040010	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	10		GENERIC	8/17/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063040012	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	12		GENERIC	8/17/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063040014	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	14		GENERIC	2/26/2024	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063040020	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	20		GENERIC	8/17/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063040040	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	40		GENERIC	9/7/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063040114	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	14	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063040115	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	15	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063040128	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	28	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063040130	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063040160	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	60	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063040190	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	90	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063040502	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	2		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063040504	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	4		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063040505	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	5		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063040510	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	10		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063040512	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	12		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063040515	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	15		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063040520	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	20		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063040525	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	25		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063040530	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	30		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063040560	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	60		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063040579	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	1		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063040601	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	100		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063040610	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	10		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063040615	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	15		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063040630	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	30		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063040714	ORPHENA	ORPHENA	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	14		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063040720	ORPHENA	ORPHENA	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	20		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063040730	ORPHENA	ORPHENA	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	30		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063041006	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	6		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063041010	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	10		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063041012	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	12		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063041014	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	14		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063041020	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	20		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063042490	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	TABS	EA	90	X	GENERIC	8/2/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063042703	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	3		GENERIC	5/4/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063042706	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	6		GENERIC	5/4/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063042710	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	10		GENERIC	5/4/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063042714	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	14		GENERIC	5/4/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063042720	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	20		GENERIC	5/4/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063042728	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	28		GENERIC	5/4/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063042730	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	30		GENERIC	5/4/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063042779	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	1		GENERIC	5/4/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063043314	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	14	X	GENERIC	1/3/2023	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063043330	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	8/17/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063043360	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	60	X	GENERIC	8/17/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063043386	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	360	X	GENERIC	8/17/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063043390	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	8/17/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063043393	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	180	X	GENERIC	1/3/2023	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063043707	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	7		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063043714	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	14		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063043715	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	15		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063043721	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	21		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063043728	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	28		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063043730	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	30		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063043745	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	45		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063043760	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	60		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063043790	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	90		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063043805	MEDROXY	MEDROXY	683200	Progestins	68320000	Progestins	S	10 MG	ORAL	TABS	EA	5	X	GENERIC	8/8/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063043810	MEDROXY	MEDROXY	683200	Progestins	68320000	Progestins	S	10 MG	ORAL	TABS	EA	10	X	GENERIC	8/8/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063043890	MEDROXY	MEDROXY	683200	Progestins	68320000	Progestins	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	8/8/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063044330	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063044430	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063044704	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	50 MG	ORAL	TABS	EA	4		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063045190	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	GENERIC	5/4/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063045330	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063045515	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	15		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063045520	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	20		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063045530	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	30		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063045540	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	40		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063045560	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	60		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063045590	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	90		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063045703	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	3		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063045705	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	5		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063045707	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	7		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063045710	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	10		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063045714	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	14		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063045720	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	20		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063045830	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063045890	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	90	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063045905	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	5		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063045907	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	7		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063045910	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	10		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063045920	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	20		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063046330	ISONIAZI	ISONIAZI	81604	Antituberc	8160400	Antituberc	S	300 MG	ORAL	TABS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063046714	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	14	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063046715	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	15	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063046720	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	20	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063046730	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063046830	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-25 MG	ORAL	TABS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063046890	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-25 MG	ORAL	TABS	EA	90	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063047330	DICLOXA	DICLOXA	81216	Penicillins	8121612	Penicillina	S	500 MG	ORAL	CAPS	EA	30		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063047430	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063047714	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	14	X	GENERIC	3/17/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063047730	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	3/17/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063047930	LEVOCET	LEVOCET	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	30		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063048030	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	4/2/2024	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063048090	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	4/2/2024	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063048105	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	5	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063048130	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063048230	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10-12.5 M	ORAL	TABS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063048290	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10-12.5 M	ORAL	TABS	EA	90	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063048330	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	3/17/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063049330	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063049401	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	100		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063049410	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	10		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063049414	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	14		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063049415	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	15		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063049420	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	20		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063049421	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	21		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063049430	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063049460	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063049482	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	500		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063049495	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	1000		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063049630	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063049660	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063049704	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	4		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063049706	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	6		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063049708	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	8		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063049709	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	9		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063049710	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	10		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063049715	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	15		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063049720	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	20		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063049728	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	28		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063049730	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	30		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063049740	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	40		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063049960	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063050530	ZALEPLO	ZALEPLO	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	CAPS	EA	30		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063051007	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	S	35 MG	ORAL	TABS	EA	7		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063051014	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	S	35 MG	ORAL	TABS	EA	14		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063051028	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	S	35 MG	ORAL	TABS	EA	28		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063051030	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	S	35 MG	ORAL	TABS	EA	30		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063051042	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	S	35 MG	ORAL	TABS	EA	42		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063051056	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	S	35 MG	ORAL	TABS	EA	56		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063051060	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	S	35 MG	ORAL	TABS	EA	60		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063051081	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	S	35 MG	ORAL	TABS	EA	135		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063051088	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	S	35 MG	ORAL	TABS	EA	112		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063051090	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	S	35 MG	ORAL	TABS	EA	90		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063051601	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063051603	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	3		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063051604	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	4		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063051606	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	6		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063051609	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	9		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063051610	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	10		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063051612	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	12		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063051614	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	14		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063051615	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	15		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063051620	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063051621	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	21		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063051630	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063051640	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	40		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063051642	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	42		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063051660	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063051682	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	500		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063051690	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063051695	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	1000		GENERIC	2/6/2024	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063051806	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	6		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063051812	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	12		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063051820	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	20		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063051828	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	28		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063051830	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	30		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063051840	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	40		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063051860	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	60		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063051890	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	90		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063051930	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	TABS	EA	30		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063052014	CLARITHI	CLARITHI	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TB24	EA	14		GENERIC	5/4/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063052207	ATOVAQU	ATOVAQU	83008	Antimalari	8300800	Antimalari	S	250-100 M	ORAL	TABS	EA	7		GENERIC	8/8/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063052214	ATOVAQU	ATOVAQU	83008	Antimalari	8300800	Antimalari	S	250-100 M	ORAL	TABS	EA	14		GENERIC	8/8/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063052220	ATOVAQU	ATOVAQU	83008	Antimalari	8300800	Antimalari	S	250-100 M	ORAL	TABS	EA	20		GENERIC	8/8/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063052224	ATOVAQU	ATOVAQU	83008	Antimalari	8300800	Antimalari	S	250-100 M	ORAL	TABS	EA	24		GENERIC	8/8/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063052268	ATOVAQU	ATOVAQU	83008	Antimalari	8300800	Antimalari	S	250-100 M	ORAL	TABS	EA	190		GENERIC	8/8/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063052269	ATOVAQU	ATOVAQU	83008	Antimalari	8300800	Antimalari	S	250-100 M	ORAL	TABS	EA	280		GENERIC	8/8/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063052273	ATOVAQU	ATOVAQU	83008	Antimalari	8300800	Antimalari	S	250-100 M	ORAL	TABS	EA	375		GENERIC	8/8/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063052714	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	14	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063052720	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	20	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063052730	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
43063052760	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM

43063052790	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	90	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063052793	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	180	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063052794	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	270	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063052798	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	120	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063053014	CLARITHR	CLARITHR	81212	Macrolides	8121208	UNKNOWN	S	500 MG	ORAL	TABS	EA	14		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063053020	CLARITHR	CLARITHR	81212	Macrolides	8121208	UNKNOWN	S	500 MG	ORAL	TABS	EA	20		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063053207	DIETHYLP	DIETHYLP	282008	UNKNOWN	28200804	UNKNOWN	S	75 MG	ORAL	TB24	EA	7		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063053214	DIETHYLP	DIETHYLP	282008	UNKNOWN	28200804	UNKNOWN	S	75 MG	ORAL	TB24	EA	14		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063053221	DIETHYLP	DIETHYLP	282008	UNKNOWN	28200804	UNKNOWN	S	75 MG	ORAL	TB24	EA	21		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063053228	DIETHYLP	DIETHYLP	282008	UNKNOWN	28200804	UNKNOWN	S	75 MG	ORAL	TB24	EA	28		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063053230	DIETHYLP	DIETHYLP	282008	UNKNOWN	28200804	UNKNOWN	S	75 MG	ORAL	TB24	EA	30		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063053330	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063053604	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	4		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063053606	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	6		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063053608	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	8		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063053609	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	9		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063053610	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	10		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063053614	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	14		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063053620	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	20		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063053621	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	21		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063053628	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	28		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063053630	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	30		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063053640	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	40		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063053656	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	56		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063054114	BENZPHE	BENZPHE	282004	Amphetam	28200400	Amphetam	S	50 MG	ORAL	TABS	EA	14		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063054130	BENZPHE	BENZPHE	282004	Amphetam	28200400	Amphetam	S	50 MG	ORAL	TABS	EA	30		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063054145	BENZPHE	BENZPHE	282004	Amphetam	28200400	Amphetam	S	50 MG	ORAL	TABS	EA	45		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063054160	BENZPHE	BENZPHE	282004	Amphetam	28200400	Amphetam	S	50 MG	ORAL	TABS	EA	60		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063054190	BENZPHE	BENZPHE	282004	Amphetam	28200400	Amphetam	S	50 MG	ORAL	TABS	EA	90		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063054198	BENZPHE	BENZPHE	282004	Amphetam	28200400	Amphetam	S	50 MG	ORAL	TABS	EA	120		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063054430	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	30	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063054460	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	60	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063054490	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	90	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063054493	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	180	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063054498	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	120	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063054701	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	100		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063054702	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	2		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063054703	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	3		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063054704	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	4		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063054706	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	6		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063054710	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	10		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063054714	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	14		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063054720	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	20		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063054728	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	28		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063054730	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	30		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063054779	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	1		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063054782	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	500		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063054814	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	14	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063054830	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063054890	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063054895	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	1000	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063055010	SILDENAF	SILDENAF	484824	UNKNOWN	48482400	UNKNOWN	S	20 MG	ORAL	TABS	EA	10	X	GENERIC	8/17/2022	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063055310	CEFADRO	CEFADRO	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	10		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063055314	CEFADRO	CEFADRO	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	14		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063055320	CEFADRO	CEFADRO	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	20		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063055328	CEFADRO	CEFADRO	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	28		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063055704	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	4		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063055706	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	6		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063055715	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	15		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063055720	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	20		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063055728	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	28		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063055730	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	30		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063055740	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	40		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063056306	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	6		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063056308	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	8		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063056309	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	9		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063056314	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	14		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063056315	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	15		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063056321	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	21		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063056328	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	28		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063056330	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	30		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063056340	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	40		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063056356	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	56		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063056360	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	60		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063056363	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	63		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063056430	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063056490	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063057021	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	CAPS	EA	21	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063057028	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	CAPS	EA	28	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063057030	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	CAPS	EA	30	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063057090	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	CAPS	EA	90	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063057315	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	15	X	GENERIC	5/4/2022	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063057330	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	5/4/2022	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063057404	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250 MG	ORAL	CAPS	EA	4		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063057406	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250 MG	ORAL	CAPS	EA	6		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063057415	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250 MG	ORAL	CAPS	EA	15		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063057421	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250 MG	ORAL	CAPS	EA	21		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063057430	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250 MG	ORAL	CAPS	EA	30		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063057628	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	28		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063057640	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	40		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063057730	SALSALA	SALSALA	280804	Nonsteroi	28080424	Salicylates	S	750 MG	ORAL	TABS	EA	30	X	GENERIC	8/30/2022	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063058210	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	10		GENERIC	2/26/2024	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063058420	CEFUROX	CEFUROX	81206	Cephalosp	8120608	Second G	S	250 MG	ORAL	TABS	EA	20		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063058730	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	30	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063058790	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	90	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063058910	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	10		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063058930	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	30		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063058935	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	35		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063058950	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	50		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063059520	CEFADRO	CEFADRO	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	20		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063059528	CEFADRO	CEFADRO	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	28		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063059601	PHENTER	PHENTER	282008	UNKNOWN	28200804	UNKNOWN	S	37.5 MG	ORAL	TABS	EA	100		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063059607	PHENTER	PHENTER	282008	UNKNOWN	28200804	UNKNOWN	S	37.5 MG	ORAL	TABS	EA	7		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063059614	PHENTER	PHENTER	282008	UNKNOWN	28200804	UNKNOWN	S	37.5 MG	ORAL	TABS	EA	14		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063059615	PHENTER	PHENTER	282008	UNKNOWN	28200804	UNKNOWN	S	37.5 MG	ORAL	TABS	EA	15		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063059621	PHENTER	PHENTER	282008	UNKNOWN	28200804	UNKNOWN	S	37.5 MG	ORAL	TABS	EA	21		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063059628	PHENTER	PHENTER	282008	UNKNOWN	28200804	UNKNOWN	S	37.5 MG	ORAL	TABS	EA	28		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063059630	PHENTER	PHENTER	282008	UNKNOWN	28200804	UNKNOWN	S	37.5 MG	ORAL	TABS	EA	30		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063059632	PHENTER	PHENTER	282008	UNKNOWN	28200804	UNKNOWN	S	37.5 MG	ORAL	TABS	EA	32		GENERIC		43063	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063059642	PHENTER	PHENTER	282008	UNKNOWN	28200804	UNKNOWN	S	37.5 MG	ORAL	TABS	EA	42		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063059645	PHENTER	PHENTER	282008	UNKNOWN	28200804	UNKNOWN	S	37.5 MG	ORAL	TABS	EA	45		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063059660	PHENTER	PHENTER	282008	UNKNOWN	28200804	UNKNOWN	S	37.5 MG	ORAL	TABS	EA	60		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063059690	PHENTER	PHENTER	282008	UNKNOWN	28200804	UNKNOWN	S	37.5 MG	ORAL	TABS	EA	90		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063059693	PHENTER	PHENTER	282008	UNKNOWN	28200804	UNKNOWN	S	37.5 MG	ORAL	TABS	EA	180		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063059890	TERBINAF	TERBINAF	81404	Allylamine	8140400	Allylamine	S	250 MG	ORAL	TABS	EA	90		GENERIC	10/13/2023	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063060006	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOWN	S	250 MG	ORAL	TABS	EA	6	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063060015	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOWN	S	250 MG	ORAL	TABS	EA	15	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063060020	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOWN	S	250 MG	ORAL	TABS	EA	20	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063060030	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOWN	S	250 MG	ORAL	TABS	EA	30	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063060060	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOWN	S	250 MG	ORAL	TABS	EA	60	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063060530	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063060560	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	60	X	GENERIC	3/8/2023	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063060930	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	30		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063060940	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	40		GENERIC	5/13/2024	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063060960	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	60		GENERIC	5/13/2024	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063060990	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	90		GENERIC	5/13/2024	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063061230	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063061260	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063061760	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063062314	CEFUROX	CEFUROX	81206	Cephalosp	8120608	Second G	S	250 MG	ORAL	TABS	EA	14		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063062430	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	30	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063062460	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	60	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063062490	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	90	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063063040	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	TABS	EA	40		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063063390	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOWN	S	75 MG	ORAL	TABS	EA	90	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063063428	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	28		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063063803	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	3		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063063805	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	5		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063063807	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	7		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063063810	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	10		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063063814	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	14		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063063820	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	20		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063063901	ZOLPIDEM	ZOLPIDEM	282444	UNKNOWN	28244400	UNKNOWN	S	10 MG	ORAL	TABS	EA	100		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063063906	ZOLPIDEM	ZOLPIDEM	282444	UNKNOWN	28244400	UNKNOWN	S	10 MG	ORAL	TABS	EA	6		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063063910	ZOLPIDEM	ZOLPIDEM	282444	UNKNOWN	28244400	UNKNOWN	S	10 MG	ORAL	TABS	EA	10		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063063914	ZOLPIDEM	ZOLPIDEM	282444	UNKNOWN	28244400	UNKNOWN	S	10 MG	ORAL	TABS	EA	14		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063063915	ZOLPIDEM	ZOLPIDEM	282444	UNKNOWN	28244400	UNKNOWN	S	10 MG	ORAL	TABS	EA	15		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063063921	ZOLPIDEM	ZOLPIDEM	282444	UNKNOWN	28244400	UNKNOWN	S	10 MG	ORAL	TABS	EA	21		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063063930	ZOLPIDEM	ZOLPIDEM	282444	UNKNOWN	28244400	UNKNOWN	S	10 MG	ORAL	TABS	EA	30		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063063960	ZOLPIDEM	ZOLPIDEM	282444	UNKNOWN	28244400	UNKNOWN	S	10 MG	ORAL	TABS	EA	60		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063064202	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	2		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063064510	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	100 MG	ORAL	TABS	EA	10		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063064607	PHENTER	PHENTER	282008	UNKNOWN	28200804	UNKNOWN	S	30 MG	ORAL	CAPS	EA	7		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063064614	PHENTER	PHENTER	282008	UNKNOWN	28200804	UNKNOWN	S	30 MG	ORAL	CAPS	EA	14		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063064621	PHENTER	PHENTER	282008	UNKNOWN	28200804	UNKNOWN	S	30 MG	ORAL	CAPS	EA	21		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063064628	PHENTER	PHENTER	282008	UNKNOWN	28200804	UNKNOWN	S	30 MG	ORAL	CAPS	EA	28		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063064630	PHENTER	PHENTER	282008	UNKNOWN	28200804	UNKNOWN	S	30 MG	ORAL	CAPS	EA	30		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063064660	PHENTER	PHENTER	282008	UNKNOWN	28200804	UNKNOWN	S	30 MG	ORAL	CAPS	EA	60		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063064730	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063064790	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063065006	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOWN	S	375 MG	ORAL	TABS	EA	6	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063065010	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOWN	S	375 MG	ORAL	TABS	EA	10	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063065014	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOWN	S	375 MG	ORAL	TABS	EA	14	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063065015	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOWN	S	375 MG	ORAL	TABS	EA	15	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063065020	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOWN	S	375 MG	ORAL	TABS	EA	20	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063065021	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOWN	S	375 MG	ORAL	TABS	EA	21	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063065024	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOWN	S	375 MG	ORAL	TABS	EA	24	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063065030	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOWN	S	375 MG	ORAL	TABS	EA	30	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063065042	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOWN	S	375 MG	ORAL	TABS	EA	42	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063065060	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOWN	S	375 MG	ORAL	TABS	EA	60	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063065202	ZOLPIDEM	ZOLPIDEM	282444	UNKNOWN	28244400	UNKNOWN	S	5 MG	ORAL	TABS	EA	2		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063065210	ZOLPIDEM	ZOLPIDEM	282444	UNKNOWN	28244400	UNKNOWN	S	5 MG	ORAL	TABS	EA	10		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063065214	ZOLPIDEM	ZOLPIDEM	282444	UNKNOWN	28244400	UNKNOWN	S	5 MG	ORAL	TABS	EA	14		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063065221	ZOLPIDEM	ZOLPIDEM	282444	UNKNOWN	28244400	UNKNOWN	S	5 MG	ORAL	TABS	EA	21		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063065230	ZOLPIDEM	ZOLPIDEM	282444	UNKNOWN	28244400	UNKNOWN	S	5 MG	ORAL	TABS	EA	30		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063065260	ZOLPIDEM	ZOLPIDEM	282444	UNKNOWN	28244400	UNKNOWN	S	5 MG	ORAL	TABS	EA	60		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063065279	ZOLPIDEM	ZOLPIDEM	282444	UNKNOWN	28244400	UNKNOWN	S	5 MG	ORAL	TABS	EA	1		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063065430	PHENTER	PHENTER	282008	UNKNOWN	28200804	UNKNOWN	S	30 MG	ORAL	CAPS	EA	30		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063065460	PHENTER	PHENTER	282008	UNKNOWN	28200804	UNKNOWN	S	30 MG	ORAL	CAPS	EA	60		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063065614	CEFUROX	CEFUROX	81206	Cephalosp	8120608	Second G	S	250 MG	ORAL	TABS	EA	14		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063065720	CEFUROX	CEFUROX	81206	Cephalosp	8120608	Second G	S	250 MG	ORAL	TABS	EA	20		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063065760	CEFUROX	CEFUROX	81206	Cephalosp	8120608	Second G	S	250 MG	ORAL	TABS	EA	60		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063065990	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	9/25/2023	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063066130	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063066190	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063066330	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	30	X	GENERIC	4/25/2022	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063066430	GABAPEN	GABAPEN	281228	UNKNOWN	28122800	UNKNOWN	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC	5/4/2022	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063066460	GABAPEN	GABAPEN	281228	UNKNOWN	28122800	UNKNOWN	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC	5/4/2022	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063066490	GABAPEN	GABAPEN	281228	UNKNOWN	28122800	UNKNOWN	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC	5/4/2022	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063066830	SILDENAF	SILDENAF	484824	UNKNOWN	48482400	UNKNOWN	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063066910	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	10	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063066914	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	14	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063066920	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	20	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063066930	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	30	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063066960	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	60	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063067030	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063067130	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOWN	S	500 MG	ORAL	TABS	EA	30	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063067330	GABAPEN	GABAPEN	281228	UNKNOWN	28122800	UNKNOWN	S	300 MG	ORAL	CAPS	EA	30	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063067360	GABAPEN	GABAPEN	281228	UNKNOWN	28122800	UNKNOWN	S	300 MG	ORAL	CAPS	EA	60	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063067390	GABAPEN	GABAPEN	281228	UNKNOWN	28122800	UNKNOWN	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063067528	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	50 MG	ORAL	CAPS	EA	28		GENERIC	8/17/2022	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063067540	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	50 MG	ORAL	CAPS	EA	40		GENERIC	8/17/2022	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063067730	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		43063	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063067790	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063067828	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	28		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063067930	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063067990	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	4/11/2022	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063068330	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063068360	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063068390	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063069230	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063069290	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063069293	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	180	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063069295	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063069520	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	20	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063069530	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063069560	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063069590	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063069593	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	180	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063069595	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063069630	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063069660	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	60	X	GENERIC	3/16/2023	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063069690	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063069693	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	180	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063069695	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	1000	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063069790	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	1 MG	ORAL	TABS	EA	90	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063069793	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	1 MG	ORAL	TABS	EA	180	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063069830	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	30	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063069890	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	90	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063069893	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	180	X	GENERIC	3/16/2023	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063069990	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	90	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063069993	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	180	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063070221	FUROSEM	FUROSEM	243608	UNKNOWN	24360800	UNKNOWN	S	20 MG	ORAL	TABS	EA	21	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063070230	FUROSEM	FUROSEM	243608	UNKNOWN	24360800	UNKNOWN	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063070260	FUROSEM	FUROSEM	243608	UNKNOWN	24360800	UNKNOWN	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063070279	FUROSEM	FUROSEM	243608	UNKNOWN	24360800	UNKNOWN	S	20 MG	ORAL	TABS	EA	1	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063070290	FUROSEM	FUROSEM	243608	UNKNOWN	24360800	UNKNOWN	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063070305	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	5		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063070306	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	6		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063070309	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	9		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063070310	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	10		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063070312	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	12		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063070314	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	14		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063070315	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	15		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063070318	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	18		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43063070320	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	20		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

43063070321	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	21		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063070325	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	25		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063070330	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	30		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063070406	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	250 MG	ORAL	TABS	EA	6		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063070420	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	250 MG	ORAL	TABS	EA	20		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063070428	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	250 MG	ORAL	TABS	EA	28		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063070440	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	250 MG	ORAL	TABS	EA	40		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063070630	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	1 MG	ORAL	TABS	EA	30	X	GENERIC	10/31/2023	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063070690	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	1 MG	ORAL	TABS	EA	90	X	GENERIC	10/31/2023	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063070702	MISOPRC	MISOPRC	562828	Prostaglar	56282800	Prostaglar	S	200 MCG	ORAL	TABS	EA	2	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063070704	MISOPRC	MISOPRC	562828	Prostaglar	56282800	Prostaglar	S	200 MCG	ORAL	TABS	EA	4	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063070706	MISOPRC	MISOPRC	562828	Prostaglar	56282800	Prostaglar	S	200 MCG	ORAL	TABS	EA	6	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063070708	MISOPRC	MISOPRC	562828	Prostaglar	56282800	Prostaglar	S	200 MCG	ORAL	TABS	EA	8	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063070713	MISOPRC	MISOPRC	562828	Prostaglar	56282800	Prostaglar	S	200 MCG	ORAL	TABS	EA	13	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063070720	MISOPRC	MISOPRC	562828	Prostaglar	56282800	Prostaglar	S	200 MCG	ORAL	TABS	EA	20	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063070802	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	RECTAL	SUPP	EA	2		GENERIC	3/17/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063071112	VITAMIN	ERGOCAL	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (	ORAL	CAPS	EA	12	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063071221	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	21	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063071230	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063071260	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	60	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063071290	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	90	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063071302	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	2		GENERIC	8/1/2024	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063071303	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	3		GENERIC	8/1/2024	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063071305	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	5		GENERIC	8/1/2024	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063071307	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	7		GENERIC	8/1/2024	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063071379	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	1		GENERIC	8/1/2024	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063071601	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063071630	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063071660	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	60	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063071690	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063071730	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	2 MG	ORAL	TABS	EA	30	X	GENERIC	10/31/2023	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063071790	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	2 MG	ORAL	TABS	EA	90	X	GENERIC	10/31/2023	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063071804	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	4		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063071806	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	6		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063071809	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	9		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063071810	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	10		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063071812	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	12		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063071815	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	15		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063071821	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	21		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063071830	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	30		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063071860	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	60		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063071890	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	90		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063071906	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	6		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063071921	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	21		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063071928	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	28		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063071930	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	30		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063071956	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	56		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063072010	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	50 MG	ORAL	CAPS	EA	10		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063072015	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	50 MG	ORAL	CAPS	EA	15		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063072020	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	50 MG	ORAL	CAPS	EA	20		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063072030	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	50 MG	ORAL	CAPS	EA	30		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063072040	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	50 MG	ORAL	CAPS	EA	40		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063072114	PRIMAQU	PRIMAQU	83008	Antimalari	8300800	Antimalari	S	26.3 (15 B	ORAL	TABS	EA	14		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063072128	PRIMAQU	PRIMAQU	83008	Antimalari	8300800	Antimalari	S	26.3 (15 B	ORAL	TABS	EA	28		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063072230	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063072435	GOODSEI	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	35		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063072530	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063072590	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	90	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063072630	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063072690	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063072730	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063072790	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063072802	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	2		GENERIC	7/31/2023	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063072804	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	4		GENERIC	7/31/2023	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063072907	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	7	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063072921	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	21	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063072928	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	28	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063072930	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063072960	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063073010	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	10		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063073014	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	14		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063073090	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	90		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063073330	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063073407	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	7	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063073421	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	21	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063073430	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063073460	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063073515	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	15	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063073530	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063073560	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063073614	MINOCYC	MINOCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	14		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063073620	MINOCYC	MINOCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	20		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063073630	MINOCYC	MINOCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	30		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063073660	MINOCYC	MINOCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	60		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063073804	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	4		GENERIC	6/10/2024	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063073806	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	6		GENERIC	6/10/2024	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063073809	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	9		GENERIC	6/10/2024	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063073814	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	14		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063073821	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	21		GENERIC	6/10/2024	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063073828	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	28		GENERIC	6/10/2024	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063073830	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063073879	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	1		GENERIC	6/10/2024	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063073990	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	TABS	EA	90	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063074001	METHSC	METHSC	120808	Antimusca	12080800	Antimusca	S	2.5 MG	ORAL	TABS	EA	100		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063074160	METHSC	METHSC	120808	Antimusca	12080800	Antimusca	S	5 MG	ORAL	TABS	EA	60		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063074206	PROCHL	PROCHL	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	6	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063074215	PROCHL	PROCHL	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	15	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063074314	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	14	X	GENERIC	11/19/2024	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063074330	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063074360	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	60	X	GENERIC	11/19/2024	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063074390	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90	X	GENERIC	11/19/2024	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063074430	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063074560	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	60	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063074593	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	180	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063074612	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	12		GENERIC	10/24/2024	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063074701	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063074830	BENAZEF	BENAZEF	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063075214	CLARITH	CLARITH	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	14		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063075220	CLARITH	CLARITH	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	20		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063075228	CLARITH	CLARITH	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	28		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063075430	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063075460	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063075490	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063075501	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063075507	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	7	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063075530	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063075560	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063075590	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063075595	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063075630	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC	3/17/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063075660	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC	3/17/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063075683	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	540	X	GENERIC	3/17/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063075686	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	360	X	GENERIC	3/17/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063075690	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC	3/17/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063075693	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	180	X	GENERIC	3/17/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063075694	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	270	X	GENERIC	3/17/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063075830	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	30	X	GENERIC	3/17/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063075860	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	60	X	GENERIC	3/17/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063075883	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	540	X	GENERIC	3/17/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063075886	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	360	X	GENERIC	3/17/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063075890	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	90	X	GENERIC	3/17/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063075893	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	180	X	GENERIC	3/17/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063075894	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	270	X	GENERIC	3/17/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063076030	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC	3/17/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063076045	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	45	X	GENERIC	3/17/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063076060	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC	3/17/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063076083	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	540	X	GENERIC	3/17/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063076086	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	360	X	GENERIC	3/17/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063076090	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC	3/17/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063076093	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	180	X	GENERIC	3/17/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063076094	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	270	X	GENERIC	3/17/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063076101	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063076130	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063076190	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063076230	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063076430	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063076530	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063076590	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063076912	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	12	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063076930	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063076960	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063076990	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063076993	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	180	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063076998	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	120	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063077006	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	6		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063077106	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	6		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063077114	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	14		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063077120	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	20		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063077121	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	21		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063077270	CONTRA	NALTREX	282008	UNKNOW	28200800	UNKNOW	R	8-90 MG	ORAL	TB12	EA	70		SSB	8/8/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063077315	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	15	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063077330	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063077430	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	30	X	GENERIC	8/29/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063077490	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	90	X	GENERIC	8/29/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063077720	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	20	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063077730	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063077810	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	10		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063077814	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	14		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063077890	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	90		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063077930	HYDROX	HYDROX	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	TABS	EA	30		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063078006	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	6		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063078015	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	15		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063078020	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	20		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063078028	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	28		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063078030	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	30		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063078040	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	40		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063078160	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	600-10 MC	ORAL	TABS	EA	60		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063078193	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	600-10 MC	ORAL	TABS	EA	180		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063078198	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	600-10 MC	ORAL	TABS	EA	120		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063078310	ZALEPLO	ZALEPLO	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	CAPS	EA	10		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063078493	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	500-5 MG-	ORAL	TABS	EA	180		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063078494	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	500-5 MG-	ORAL	TABS	EA	270		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063078590	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC	4/13/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063078614	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	14	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063078630	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063078660	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063078690	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063078693	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	180	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063078698	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	120	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063078830	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	30		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063079090	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	10 MG	ORAL	TB24	EA	90	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063079130	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063079190	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	90	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063079206	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	6		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063079320	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	20	X	GENERIC	8/30/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063079360	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	60	X	GENERIC	8/30/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063079390	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	8/30/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063079430	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	30		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063079460	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	60		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063079530	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	3 MG	ORAL	TABS	EA	30		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063079605	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	5		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063079607	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	7		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063079610	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	10		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063079730	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	30		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063079760	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	60		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063079801	BENZON	BENZON	480800	Antitussiv	48080000	Antitussiv	S	100 MG	ORAL	CAPS	EA	100		GENERIC	8/26/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063079806	BENZON	BENZON	480800	Antitussiv	48080000	Antitussiv	S	100 MG	ORAL	CAPS	EA	6		GENERIC	8/26/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063079810	BENZON	BENZON	480800	Antitussiv	48080000	Antitussiv	S	100 MG	ORAL	CAPS	EA	10		GENERIC	8/26/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063079812	BENZON	BENZON	480800	Antitussiv	48080000	Antitussiv	S	100 MG	ORAL	CAPS	EA	12		GENERIC	8/26/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063079815	BENZON	BENZON	480800	Antitussiv	48080000	Antitussiv	S	100 MG	ORAL	CAPS	EA	15		GENERIC	8/26/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063079820	BENZON	BENZON	480800	Antitussiv	48080000	Antitussiv	S	100 MG	ORAL	CAPS	EA	20		GENERIC	8/26/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063079821	BENZON	BENZON	480800	Antitussiv	48080000	Antitussiv	S	100 MG	ORAL	CAPS	EA	21		GENERIC	8/26/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063079830	BENZON	BENZON	480800	Antitussiv	48080000	Antitussiv	S	100 MG	ORAL	CAPS	EA	30		GENERIC	8/26/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063079901	BENZON	BENZON	480800	Antitussiv	48080000	Antitussiv	S	200 MG	ORAL	CAPS	EA	100		GENERIC	8/26/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063079921	BENZON	BENZON	480800	Antitussiv	48080000	Antitussiv	S	200 MG	ORAL	CAPS	EA	21		GENERIC	8/26/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063079930	BENZON	BENZON	480800	Antitussiv	48080000	Antitussiv	S	200 MG	ORAL	CAPS	EA	30		GENERIC	8/26/2022	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063080030	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063080090	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063080130	DEXTROM	DEXTROM	480800	Antitussiv	48080000	Antitussiv	P	20-400 MC	ORAL	TABS	EA	30		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063080160	DEXTROM	DEXTROM	480800	Antitussiv	48080000	Antitussiv	P	20-400 MC	ORAL	TABS	EA	60		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063080190	DEXTROM	DEXTROM	480800	Antitussiv	48080000	Antitussiv	P	20-400 MC	ORAL	TABS	EA	90		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063080401	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	100		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063080412	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	12		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063080420	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	20		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063080430	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	30		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063080501	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063080530	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063080590	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063080621	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	21	X	GENERIC	9/16/2024	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063080630	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	9/16/2024	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063080690	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	9/16/2024	43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063080730	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063080830	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063081001	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063081101	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063081130	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063081190	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063081201	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063081212	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	12	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063081214	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	14	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063081230	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063081260	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063081290	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063081293	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	180	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063081298	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	120	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063081301	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063081314	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	14	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063081330	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063081360	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063081390	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063081393	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	180	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063081398	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	120	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063081401	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	30 MG	ORAL	TABS	EA	100	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063081501	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063081530	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063081560	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	60	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063081590	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063081630	THIAMINE	THIAMINE	880800	Vitamin B	88080000	Vitamin B	P	100 MG	ORAL	TABS	EA	30		GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063081708	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	8	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063081715	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	15	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43063081730	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	30	X	GENERIC		43063	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

43063092230	RIGHT ST	PRENATA	882800	Multivitam	88280000	Multivitam	O	27-0.8 MG	ORAL	TABS	EA	30		SSB		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063092302	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	2		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063092304	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	4		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063092306	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	6		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063092310	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	10		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063092314	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	14		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063092320	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	20		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063092328	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	28		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063092330	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	30		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063092430	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.3 MG	ORAL	TABS	EA	30	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063092490	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.3 MG	ORAL	TABS	EA	90	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063092530	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	30	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063092650	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TBEC	EA	50		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063092701	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063092714	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	14	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063092730	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063092760	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063092790	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063092793	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	180	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063092804	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	4		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063092805	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	5		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063092815	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	15		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063092825	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	25		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063092830	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	30		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063092840	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	40		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063092860	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	60		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063092920	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	20	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063092930	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	30	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063093020	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	20	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063093130	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063093230	ZONISAM	ZONISAM	281224	UNKNOW	28122400	UNKNOW	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC	11/14/2022	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063093301	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063093401	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	100	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063093501	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063093630	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063093720	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	20	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063093830	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063093860	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063093890	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063093893	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	180	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063093930	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063094010	SILDENAF	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	10		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063094015	SILDENAF	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	15		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063094115	SILDENAF	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	50 MG	ORAL	TABS	EA	15		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063094214	CLARITHI	CLARITHI	81212	Macrolide	8121208	UNKNOW	S	500 MG	ORAL	TB24	EA	14		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063094330	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	10 MG	ORAL	TABS	EA	30		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063094430	PYRIDOX	PYRIDOX	880800	Vitamin B	88080000	Vitamin B	P	50MG	ORAL	TABS	EA	30		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063094590	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	112 MCG	ORAL	TABS	EA	90	X	GENERIC	8/17/2022	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063094693	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	180	X	GENERIC	12/30/2022	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063094730	TAMSULC	TAMSULC	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	30	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063094790	TAMSULC	TAMSULC	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	90	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063094890	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	75 MCG	ORAL	TABS	EA	90	X	GENERIC	8/17/2022	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063094930	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	100 MCG	ORAL	TABS	EA	30	X	GENERIC	8/17/2022	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063094990	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	100 MCG	ORAL	TABS	EA	90	X	GENERIC	8/17/2022	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063095090	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	150 MCG	ORAL	TABS	EA	90	X	GENERIC	8/17/2022	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063095130	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	50 MCG	ORAL	TABS	EA	30	X	GENERIC	8/17/2022	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063095190	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	50 MCG	ORAL	TABS	EA	90	X	GENERIC	8/17/2022	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063095230	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063095290	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063095330	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	32.4 MG	ORAL	TABS	EA	30	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063095430	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063095690	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	125 MCG	ORAL	TABS	EA	90	X	GENERIC	8/17/2022	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063095704	DIPHENO	DIPHENO	560800	Antidiarrh	56080000	Antidiarrh	S	2.5-0.025	ORAL	TABS	EA	4		GENERIC	10/24/2024	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063095710	DIPHENO	DIPHENO	560800	Antidiarrh	56080000	Antidiarrh	S	2.5-0.025	ORAL	TABS	EA	10		GENERIC	10/24/2024	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063095715	DIPHENO	DIPHENO	560800	Antidiarrh	56080000	Antidiarrh	S	2.5-0.025	ORAL	TABS	EA	15		GENERIC	10/24/2024	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063095720	DIPHENO	DIPHENO	560800	Antidiarrh	56080000	Antidiarrh	S	2.5-0.025	ORAL	TABS	EA	20		GENERIC	10/24/2024	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063095801	SENNOSI	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	100		GENERIC	10/24/2024	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063095895	SENNOSI	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	1000		GENERIC	10/24/2024	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063095914	CEFDINIR	CEFDINIR	81206	Cephalosp	8120612	Third Gen	S	300 MG	ORAL	CAPS	EA	14		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063095920	CEFDINIR	CEFDINIR	81206	Cephalosp	8120612	Third Gen	S	300 MG	ORAL	CAPS	EA	20		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063096001	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	10 MG	ORAL	TABS	EA	100		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063096082	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	10 MG	ORAL	TABS	EA	500		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063096101	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	15 MG	ORAL	CAPS	EA	100		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063096201	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	100		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063096282	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	500		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063096295	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	1000		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063096301	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	TABS	EA	100		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063096395	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	TABS	EA	1000		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063096414	CEFDINIR	CEFDINIR	81206	Cephalosp	8120612	Third Gen	S	300 MG	ORAL	CAPS	EA	14		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063096420	CEFDINIR	CEFDINIR	81206	Cephalosp	8120612	Third Gen	S	300 MG	ORAL	CAPS	EA	20		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063096560	DURAFLE	GLUCOSA	929200	UNKNOW	92920000	UNKNOW	O	60MG-60M	ORAL	TABS	EA	60		SSB		43063			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063096598	DURAFLE	GLUCOSA	929200	UNKNOW	92920000	UNKNOW	O	60MG-60M	ORAL	TABS	EA	120		SSB		43063			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063096630	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	25 MCG	ORAL	TABS	EA	30	X	GENERIC	8/17/2022	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063096690	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	25 MCG	ORAL	TABS	EA	90	X	GENERIC	8/17/2022	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063096714	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	14	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063096730	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	30	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063096760	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	60	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063096821	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	21		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063096830	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	30		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063096855	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	55		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063096915	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	15		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063097004	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	4		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063097006	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	6		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063097010	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	10		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063097015	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	15		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063097021	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	21		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063097030	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	30		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063097060	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	60		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063097220	NABUME	NABUME	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	20	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063097230	NABUME	NABUME	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063097330	NABUME	NABUME	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	30	X	GENERIC	9/20/2022	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063097490	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063097520	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	20	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063097590	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063097630	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	30	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063097690	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	90	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063097701	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	CPCR	EA	100	X	GENERIC	5/4/2022	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063097801	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	8 MEQ	ORAL	CPCR	EA	100	X	GENERIC	5/4/2022	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063097901	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	100		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063098001	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	100		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063098030	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	30		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063098082	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	500		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063098106	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	6		GENERIC	3/23/2023	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063098110	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	10		GENERIC	3/23/2023	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063098112	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	12		GENERIC	3/23/2023	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063098115	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	15		GENERIC	3/23/2023	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063098120	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	20		GENERIC	3/23/2023	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063098121	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	21		GENERIC	3/23/2023	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063098124	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	24		GENERIC	3/23/2023	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063098130	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	30		GENERIC	3/23/2023	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063098210	SILDENAF	SILDENAF	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	10	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063098230	SILDENAF	SILDENAF	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063098330	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063098502	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	2		GENERIC	11/7/2022	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063098514	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	14		GENERIC	11/7/2022	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063098630	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50-12.5 M	ORAL	TABS	EA	30	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063098702	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	2		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063098720	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	20		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063098730	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	30		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063098760	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	60		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063098820	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	20		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063098990	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	88 MCG	ORAL	TABS	EA	90	X	GENERIC	8/17/2022	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063099090	FERROUS	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	325 (65 FE	ORAL	TABS	EA	90		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063099215	FLURBIP	FLURBIP	280804	Nonsteroi	28080404	UNKNOW	S	100 MG	ORAL	TABS	EA	15	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063099330	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-S	S	40 MG	ORAL	CAPS	EA	30	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063099390	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-S	S	40 MG	ORAL	CAPS	EA	90	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063099430	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063099528	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	28		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063099540	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	40		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063099602	TRIAZOL	TRIAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	2		GENERIC	10/31/2024	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063099630	TRIAZOL	TRIAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	30		GENERIC	10/31/2024	43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063099721	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	21	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063099730	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063099760	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063099830	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063099860	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063099906	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	6		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43063099920	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	20		GENERIC		43063		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43066000101	DOCETAX	DOCETAX	100000	Antineopla	10000000	Antineopla	S	20 MG/2M	INTRAVE	SOLN	ML	2		MSB		43066			N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION							R	MEDPRMI
43066000601	DOCETAX	DOCETAX	100000	Antineopla	10000000	Antineopla	S	80 MG/8M	INTRAVE	SOLN	ML	8		MSB		43066			N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION							R	MEDPRMI
43066000710	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	50 MG/5M	INTRAVE	SOLN	ML	5		GENERIC		43066			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43066000801	TRANEXA	TRANEXA	202816	Hemostati	20281600	Hemostati	S	1000 MG/	INTRAVE	SOLN	ML	10		GENERIC		43066			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43066000810	TRANEXA	TRANEXA	202816	Hemostati	20281600	Hemostati	S	1000 MG/	INTRAVE	SOLN	ML	10		GENERIC		43066			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43066000910	CARDENE	NICARDIF	242808	Dihydropy	24280800	Dihydropy	R	20-0.86 M	INTRAVE	SOLN	ML	200		SSB		43066			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43066001001	DOCETAX	DOCETAX	100000	Antineopla	10000000	Antineopla	S	160 MG/16	INTRAVE	SOLN	ML	16		MSB		43066			N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION							R	MEDPRMI
43066001310	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	100 MG/10	INTRAVE	SOLN	ML	10		GENERIC		43066			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43066001401	OXALIPLA	OXALIPLA	100000	Antineopla	10000000	Antineopla	S	50 MG/10	INTRAVE	SOLN	ML	10		GENERIC	2/29/2024	43066			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43066001501	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	20		GENERIC		43066			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43066001510	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	20		GENERIC		43066			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43066001610	CARDENE	NICARDIF	242808	Dihydropy	24280800	Dihydropy	R	40-0.83 M	INTRAVE	SOLN	ML	200		SSB		43066			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43066001801	OXALIPLA	OXALIPLA	100000	Antineopla	10000000	Antineopla	S	100 MG/20	INTRAVE	SOLN	ML	20		GENERIC	2/29/2024	43066			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43066001901	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	5 MG/ML	INJECTIO	SOLN	ML	20		GENERIC		43066			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43066001910	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	5 MG/ML	INJECTIO	SOLN	ML	20		GENERIC		43066			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43066002110	CARDENE	NICARDIF	242808	Dihydropy	24280800	Dihydropy	R	20-0.86 M	INTRAVE	SOLN	ML	200		SSB		43066			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43066002301	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	5 MG/ML	INJECTIO	SOLN	ML	30		GENERIC		43066			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43066002310	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	5 MG/ML	INJECTIO	SOLN	ML	30		GENERIC		43066			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43066002410	CARDENE	NICARDIF	242808	Dihydropy	24280800	Dihydropy	R	40-0.83 M	INTRAVE	SOLN	ML	200		SSB		43066			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43066002610	CARDENE	NICARDIF	242808	Dihydropy	24280800	Dihydropy	R	20-0.86 M	INTRAVE	SOLN	ML	200		SSB		43066			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43066002701	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	10 MG/ML	INJECTIO	SOLN	ML	20		GENERIC		43066			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43066002710	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	10 MG/ML	INJECTIO	SOLN	ML	20		GENERIC		43066			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43066002810	CARDENE	NICARDIF	242808	Dihydropy	24280800	Dihydropy	R	40-0.83 M	INTRAVE	SOLN	ML	200		SSB		43066			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43066003101	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	2.5 MG/M	INTRAVE	SOLN	ML	2		GENERIC		43066			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43066003125	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	2.5 MG/M	INTRAVE	SOLN	ML	2		GENERIC		43066			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43066003501	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	2.5 MG/M	INTRAVE	SOLN	ML	4		GENERIC		43066			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43066003505	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	2.5 MG/M	INTRAVE	SOLN	ML	4		GENERIC		43066			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43066008910	FOSCARN	FOSCARN	81892	Antivirals,	8189200	Antivirals,	S	6000 MG/	INTRAVE	SOLN	ML	250		GENERIC		43066	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43066009001	PROCHLO	PROCHLO	281608	Antipsych	28160824	Phenothia	S	10 MG/2M	INJECTIO	SOLN	ML	2		GENERIC		43066			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43066009025	PROCHLO	PROCHLO	281608	Antipsych	28160824	Phenothia	S	10 MG/2M	INJECTIO	SOLN	ML	2		GENERIC		43066			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43066015010	NEXTERO	AMIODAR	240404	Antiarrhyt	24040420	Class III A	R	150MG/10	INTRAVE	SOLN	ML	100		SSB		43066			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43066015201	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	100		GENERIC		43066			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43066015210	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	100		GENERIC		43066			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43066015401	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	200		GENERIC		43066			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43066015410	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	200		GENERIC		43066			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43066036020	NEXTERO	AMIODAR	240404	Antiarrhyt	24040420	Class III A	R	360MG/20	INTRAVE	SOLN	ML	200		SSB		43066			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43066055524	DEXMEDE	DEXMEDE	121204	alpha-Adr	12120400	alpha-Adr	S	200 MCG/	INTRAVE	SOLN	ML	50		GENERIC		43066			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43066055712	DEXMEDE	DEXMEDE	121204	alpha-Adr	12120400	alpha-Adr	S	400 MCG/	INTRAVE	SOLN	ML	100		GENERIC		43066			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43066056124	DEXMEDE	DEXMEDE	121204	alpha-Adr	12120400	alpha-Adr	S	200 MCG/	INTRAVE	SOLN	ML	50		GENERIC		43066			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43066056512	DEXMEDE	DEXMEDE	121204	alpha-Adr	12120400	alpha-Adr	S	400 MCG/	INTRAVE	SOLN	ML	100		GENERIC		43066			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43066099324	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	600 MG/5	INTRAVE	SOLN	ML	50		GENERIC		43066	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43066099524	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	900 MG/5	INTRAVE	SOLN	ML	50		GENERIC		43066	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43066099701	NOREPIN	NOREPIN	121212	alpha- anc	12121200	alpha- anc	S	1 MG/ML	INTRAVE	SOLN	ML	4		GENERIC		43066	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43066099710	NOREPIN	NOREPIN	121212	alpha- anc	12121200	alpha- anc	S	1 MG/ML	INTRAVE	SOLN	ML	4		GENERIC		43066	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43068010102	FANAPT	ILOPERID	281608	Antipsych	28160804	Atypical A	R	1 MG	ORAL	TABS	EA	60		SSB		43068			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND			X	2 IN 1 DAYS			R	MEDPRMI
43068010202	FANAPT	ILOPERID	281608	Antipsych	28160804	Atypical A	R	2 MG	ORAL	TABS	EA	60		SSB		43068			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND			X	2 IN 1 DAYS			R	MEDPRMI
43068010402	FANAPT	ILOPERID	281608	Antipsych	28160804	Atypical A	R	4 MG	ORAL	TABS	EA	60		SSB		43068			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND			X	2 IN 1 DAYS			R	MEDPRMI
43068010602	FANAPT	ILOPERID	281608	Antipsych	28160804	Atypical A	R	6 MG	ORAL	TABS	EA	60		SSB		43068			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND			X	2 IN 1 DAYS			R	MEDPRMI
43068010802	FANAPT	ILOPERID	281608	Antipsych	28160804	Atypical A	R	8 MG	ORAL	TABS	EA	60		SSB		43068			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND			X	2 IN 1 DAYS			R	MEDPRMI
43068011002	FANAPT	ILOPERID	281608	Antipsych	28160804	Atypical A	R	10 MG	ORAL	TABS	EA	60		SSB		43068			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND			X	2 IN 1 DAYS			R	MEDPRMI
43068011202	FANAPT	ILOPERID	281608	Antipsych	28160804	Atypical A	R	12 MG	ORAL	TABS	EA	60		SSB		43068			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND			X	2 IN 1 DAYS			R	MEDPRMI
43068011304	FANAPT T	ILOPERID	281608	Antipsych	28160804	Atypical A	R	0	ORAL	TABS	EA	8		SSB		43068			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND			X	8 IN 28 DAYS			R	MEDPRMI
43068022001	HETLIOZ	TASIMEL	282448	UNKNOW	28244800	UNKNOW	S	20 MG	ORAL	CAPS	EA	30	X	MSB		43068			N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION	X	PA:X					R	MEDPRMI
43068030402	HETLIOZ	TASIMEL	282448	UNKNOW	28244800	UNKNOW	R	4 MG/ML	ORAL	SUSP	ML	48	X	SSB		43068			N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X					R	MEDPRMI
43068030406	HETLIOZ	TASIMEL	282448	UNKNOW	28244800	UNKNOW	R	4 MG/ML	ORAL	SUSP	ML	158	X	SSB		43068			N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X					R	MEDPRMI
43093010001	SYNAPRY	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	R	10 MG/ML	ORAL	SUSR	ML	500		SSB		43093			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
43093010101	TABRADO	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	R	1MG/ML-(	ORAL	SUSP	ML	250		SSB		43093			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
43093010401	DICOPAN	DIPHENH	40400	First Gene	4040000	First Gene	R	5 MG/ML	ORAL	SUSR	ML	150		SSB		43093			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
43093010501	FANATRE	GABAPEN	281292	Anticonvul	28129200	Anticonvul	R	25 MG/ML	ORAL	SUSP	ML	420		SSB		43093			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
43128010515	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2 %-1:100	INJECTIO	SOLN	ML	1.7		GENERIC		43128	N		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43169066869	OVAL TA	CONTINU	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG		43169			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43169069811	MINIMED	INSULIN I	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		43169			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43169070405	GUARDIA	CONTINU	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	5		NON DRUG		43169			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X					R	MEDPRMI
43169075272	MINIMED	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	KIT	EA	1		NON DRUG		43169			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X					R	MEDPRMI
43169077141	MINIMED	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	10		NON DRUG		43169			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43169078654	MINIMED	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	10		NON DRUG		43169			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43169080040	MINIMED	CONTINU	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		43169			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X					R	MEDPRMI
43169095568	GUARDIA	CONTINU	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		43169			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X					R	MEDPRMI
43199001101	HYOSCYA	HYOSCYA	120808	Antimusca	12080800	Antimusca	S	0.125 MG	SUBLING	SUBL	EA	100	X	GENERIC	4/29/2022	43199			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
43199001201	HYOSCYA	HYOSCYA	120808	Antimusca	12080800	Antimusca	S	0.125 MG	ORAL	TBDP	EA	100	X	GENERIC	4/7/2022	43199			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
43199001301	HYOSCYA	HYOSCYA	120808	Antimusca	12080800	Antimusca	S	0.125 MG	ORAL	TABS	EA	100	X	GENERIC	2/15/2022	43199			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
43199001401	HYOSCYA	HYOSCYA	120808	Antimusca	12080800	Antimusca	S	0.375 MG	ORAL	TB12	EA	100	X	GENERIC	3/18/2022	43199			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
43292012340	VITAMIN	VITAMIN	880400	Vitamin A	88040000	Vitamin A	P	3 MG (100	ORAL	TABS	EA	100		GENERIC		43292			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292012342	VITAMIN	VITAMINS	882800	Multivitam	88280000	Multivitam	P	25000-10(	ORAL	TABS	EA	100		GENERIC		43292			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292012343	VITAMINS	VITAMINS	882800	Multivitam	88280000	Multivitam	P	10000-40(	ORAL	TABS	EA	100		GENERIC		43292			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292012344	COD LIVE	COD LIVE	882800	Multivitam	88280000	Multivitam	P	1250-133	ORAL	CAPS	EA	100		GENERIC		43292			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292012345	THIAMINE	THIAMINE	880800	Vitamin B	88080000	Vitamin B	P	100 MG	ORAL	TABS	EA	100		GENERIC		43292			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292012349	VITAMIN	CYANOC	880800	Vitamin B	88080000	Vitamin B	P	250 MCG	ORAL	TABS	EA	100		GENERIC		43292			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292012354	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	P	800 MCG	ORAL	TABS	EA	250	X	GENERIC		43292			N	#N/A	ORIG_FR	10 EHB	#N/A					X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
43292012356	NIACIN	NIACIN	880800	Vitamin B	88080000	Vitamin B	P	500 MG	ORAL	TABS	EA	100		GENERIC		43292			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292012357	NIACINAM	NIACINAM	880800	Vitamin B	88080000	Vitamin B	P	100MG	ORAL	TABS	EA	100		GENERIC		43292			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292022311	BALANCE	VITAMINS	882800	Multivitam	88280000	Multivitam	P	0-50MCG-	ORAL	TABS	EA	100		GENERIC		43292			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292022313	BALANCE	VITAMINS	882800	Multivitam	88280000	Multivitam	P	0-50MCG-	ORAL	CAPS	EA	100		GENERIC		43292			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292022317	BREWERS	BREWERS	880800	Vitamin B	88080000	Vitamin B	P	487.5MG	ORAL	TABS	EA	250		GENERIC		43292			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292022320	C-250	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	250 MG	ORAL	CHEW	EA	100		GENERIC		43292			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292022321	C-250	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	250 MG	ORAL	CHEW	EA	250		GENERIC		43292			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292022322	C-500	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	CHEW	EA	100		GENERIC		43292			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292022323	C-500	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	CHEW	EA	250		GENERIC		43292			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292022324	VITAMIN	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	250 MG	ORAL	TABS	EA	250		GENERIC		43292			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292022325	ASCORBI	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	TABS	EA	100		GENERIC		43292			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292022326	ASCORBI	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	TABS	EA	250		GENERIC		43292			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292022327	VITAMIN	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	1000 MG	ORAL	TABS	EA	100		GENERIC		43292			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292022328	NIACIN E	NIACIN	880800	Vitamin B	88080000	Vitamin B	P	500 MG	ORAL	TBCR	EA	100		GENERIC		43292			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292032116	C1000 TR	BIOFLAV	882800	Multivitam	88280000	Multivitam	P	1000-50-5	ORAL	TBCR	EA	50		GENERIC		43292			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292032117	C1500 TR	BIOFLAV	882800	Multivitam	88280000	Multivitam	P	1500-50-5	ORAL	TBCR	EA	50		GENERIC		43292			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292032118	HI C-500	BIOFLAV	882800	Multivitam	88280000	Multivitam	P	500-100-5	ORAL	TABS	EA	100		GENERIC		43292			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292032119	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	O	750MG	ORAL	TABS	EA	100		MSB		43292			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
43292032120	BONE ME	BONE ME	401200	Replacem	40120000	Replacem	O	215MG-10	ORAL	TABS	EA	250		MSB		43292			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
43292032121	DOLOMIT	DOLOMIT	401200	Replacem	40120000	Replacem	O	130MG-78	ORAL	TABS	EA	250		MSB		43292	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
43292032128	VITAMIN	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	250 MG	ORAL	TABS	EA	100		GENERIC		43292			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292040120	MEGA-M	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	15MG-300	ORAL	TBCR	EA	60		GENERIC		43292			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292040123	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	P	550MG	ORAL	TABS	EA	100		GENERIC		43292			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292040124	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	P	550MG	ORAL	TABS	EA	250		GENERIC		43292			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292040126	ZINC	ZINC	401200	Replacem	40120000	Replacem	P	50 MG	ORAL	TABS	EA	250		GENERIC		43292			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292040127	MANGANI	MANGANI	401200	Replacem	40120000	Replacem	O	50MG	ORAL	TABS	EA	100		MSB		43292			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
43292040128	MAGNESI	MAGNESI	401200	Replacem	40120000	Replacem	O	250MG	ORAL	TABS	EA	100		MSB		43292			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
43292041236	SOYA LE	LECITHIN	562400	Lipotropic	56240000	Lipotropic	P	1200 MG	ORAL	CAPS	EA	200		GENERIC		43292			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292049129	ENZYME	DIGESTIV	561600	Digestants	56160000	Digestants	P	50MG-50M	ORAL	CAPS	EA	60		GENERIC		43292			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292050011	SELENIU	SELENIU	401200	Replacem	40120000	Replacem	P	50 MCG	ORAL	TABS	EA	100		GENERIC		43292			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292050012	L-LYSINE	LYSINE	402000	Caloric Ag	40200000	Caloric Ag	P	500 MG	ORAL	TABS	EA	100		GENERIC		43292	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292050017	L-PHENY	PHENYLA	402000	Caloric Ag	40200000	Caloric Ag	P	500MG	ORAL	TABS	EA	30		GENERIC		43292			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292050018	GARLIC	GARLIC	929200	UNKNOW	92920000	UNKNOW	P	500 MG	ORAL	CAPS	EA	100		GENERIC		43292			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292050019	GARLIC-F	GARLIC &	929200	UNKNOW	92920000	UNKNOW	O	0-0	ORAL	CAPS	EA	100		MSB		43292			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
43292050021	ALFALFA	ALFALFA	929200	UNKNOW	92920000	UNKNOW	P	650MG	ORAL	TABS	EA	250		GENERIC		43292			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292050022	ACIDOPH	LACTOBA	560800	Antidiarrh	56080000	Antidiarrh	O	0-0	ORAL	CAPS	EA	100		MSB		43292			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
43292050026	OYSTER	CALCIUM	401200	Replacem	40120000	Replacem	P	250-3.125	ORAL	TABS	EA	250		GENERIC		43292			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292050653	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	50		GENERIC		43292			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292053696	L-TYROSI	TYROSIN	402000	Caloric Ag	40200000	Caloric Ag	P	500MG	ORAL	TABS	EA	90		GENERIC		43292			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292055500	B COMPL	B COMPL	882800	Multivitam	88280000	Multivitam	P	300MG-30	ORAL	TABS	EA	100		GENERIC		43292			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292055506	FRUITY C	PEDIATRI	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	CHEW	EA	100		GENERIC		43292			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292055507	FRUITY C	PEDIATRI	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	CHEW	EA	250		GENERIC		43292			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292055508	FRUITY C	PEDIATRI	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	CHEW	EA	100		GENERIC		43292			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292055509	FRUITY C	PEDIATRI	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	CHEW	EA	250		GENERIC		43292			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292055515	PRENATA	PRENATA	882800	Multivitam	88280000	Multivitam	O	27-0.8 MG	ORAL	TABS	EA	100		SSB		43292	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292055520	ONE DAIL	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	50MG-50M	ORAL	TABS	EA	100		GENERIC		43292	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292055521	ONE DAIL	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	50MG-50M	ORAL	TABS	EA	250		GENERIC		43292	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292055523	BEC/ZINC	B-COMPL	882800	Multivitam	88280000	Multivitam	P	600MG-60	ORAL	TABS	EA	60		GENERIC		43292			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292055525	VITAMIN	THIAMINE	880800	Vitamin B	88080000	Vitamin B	P	250MG	ORAL	TABS	EA	100		GENERIC		43292			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
43292055526	VITAMIN	CYANOC	880800	Vitamin B	88080000	Vitamin B	P	1000MCG	ORAL	TBCR	EA	50		GENERIC		43292			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI

43353002730 DULOXETDULOXET	281604 Antidepres	28160416 UNKNOWN S	60 MG	ORAL	CPEP	EA	30 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353002753 DULOXETDULOXET	281604 Antidepres	28160416 UNKNOWN S	60 MG	ORAL	CPEP	EA	60 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353002760 PANTOPRPANTOPR	282836 Proton-pu	56283600 Proton-pur	40 MG	ORAL	TBEC	EA	90 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353002780 PANTOPRPANTOPR	282836 Proton-pu	56283600 Proton-pur	40 MG	ORAL	TBEC	EA	180 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353002830 WARFARWARFARI	201204 Anticoagu	20120408 Coumarin S	1 MG	ORAL	TABS	EA	30 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353002860 WARFARWARFARI	201204 Anticoagu	20120408 Coumarin S	1 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353002930 WARFARWARFARI	201204 Anticoagu	20120408 Coumarin S	2.5 MG	ORAL	TABS	EA	30 X	GENERIC		43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353002935 WARFARWARFARI	201204 Anticoagu	20120408 Coumarin S	2.5 MG	ORAL	TABS	EA	35 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353002940 WARFARWARFARI	201204 Anticoagu	20120408 Coumarin S	2.5 MG	ORAL	TABS	EA	40 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353002945 WARFARWARFARI	201204 Anticoagu	20120408 Coumarin S	2.5 MG	ORAL	TABS	EA	45 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353002953 WARFARWARFARI	201204 Anticoagu	20120408 Coumarin S	2.5 MG	ORAL	TABS	EA	60 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353002960 WARFARWARFARI	201204 Anticoagu	20120408 Coumarin S	2.5 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353002970 WARFARWARFARI	201204 Anticoagu	20120408 Coumarin S	2.5 MG	ORAL	TABS	EA	100 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353003030 WARFARWARFARI	201204 Anticoagu	20120408 Coumarin S	3 MG	ORAL	TABS	EA	30 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353003060 WARFARWARFARI	201204 Anticoagu	20120408 Coumarin S	3 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353003115 CRESTORROSUVA1	240608 HMG-CoA	24060800 HMG-CoA S	40 MG	ORAL	TABS	EA	15 X	MSB	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353003145 CRESTORROSUVA1	240608 HMG-CoA	24060800 HMG-CoA S	40 MG	ORAL	TABS	EA	45 X	MSB	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353003160 CRESTORROSUVA1	240608 HMG-CoA	24060800 HMG-CoA S	40 MG	ORAL	TABS	EA	60 X	MSB	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353003182 CRESTORROSUVA1	240608 HMG-CoA	24060800 HMG-CoA S	40 MG	ORAL	TABS	EA	1200 X	MSB	5/1/2023	43353 Y		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353003191 CRESTORROSUVA1	240608 HMG-CoA	24060800 HMG-CoA S	40 MG	ORAL	TABS	EA	1260 X	MSB	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353003283 TRICOR FENOFIB	240606 Fibric Acid	24060600 Fibric Acid S	145 MG	ORAL	TABS	EA	3600 X	MSB	5/1/2023	43353 Y		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353003298 TRICOR FENOFIB	240606 Fibric Acid	24060600 Fibric Acid S	145 MG	ORAL	TABS	EA	540 X	MSB	5/1/2023	43353 Y		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353003330 WARFARWARFARI	201204 Anticoagu	20120408 Coumarin S	4 MG	ORAL	TABS	EA	30 X	GENERIC		43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353003406 CALCITRICALCITRI	881600 Vitamin D	88160000 Vitamin D S	0.25 MCG	ORAL	CAPS	EA	9000 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353003430 CALCITRICALCITRI	881600 Vitamin D	88160000 Vitamin D S	0.25 MCG	ORAL	CAPS	EA	30 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353003440 CALCITRICALCITRI	881600 Vitamin D	88160000 Vitamin D S	0.25 MCG	ORAL	CAPS	EA	90 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353003580 PRAZOSIPRAZOSI	241600 Sclerosing	24160000 Sclerosing S	2 MG	ORAL	CAPS	EA	60 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353003590 PRAZOSIPRAZOSI	241600 Sclerosing	24160000 Sclerosing S	2 MG	ORAL	CAPS	EA	180 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353003630 CELECOXCELECOX	280804 Nonsteroi	28080406 Cyclooxyg	200 MG	ORAL	CAPS	EA	30 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353003730 LISINOPRLISINOPR	243304 Angiotens	24320400 Angiotens S	40 MG	ORAL	TABS	EA	30 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353003760 LISINOPRLISINOPR	243304 Angiotens	24320400 Angiotens S	40 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353003780 LISINOPRLISINOPR	243304 Angiotens	24320400 Angiotens S	40 MG	ORAL	TABS	EA	180 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353003830 MELOXIC MELOXIC	280804 Nonsteroi	28080404 UNKNOWN S	15 MG	ORAL	TABS	EA	30 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353003860 MELOXIC MELOXIC	280804 Nonsteroi	28080404 UNKNOWN S	15 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353004153 SODIUM ISODIUM I	580400 Antacids a	58040000 Antacids aP	650 MG	ORAL	TABS	EA	60 X	MSB	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353004160 SODIUM ISODIUM I	580400 Antacids a	58040000 Antacids aP	650 MG	ORAL	TABS	EA	90 X	MSB	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353004180 SODIUM ISODIUM I	580400 Antacids a	58040000 Antacids aP	650 MG	ORAL	TABS	EA	180 X	MSB	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353004195 SODIUM ISODIUM I	580400 Antacids a	58040000 Antacids aP	650 MG	ORAL	TABS	EA	200 X	MSB	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353004404 CIALIS TADALAF	240812 Calcium-c	24081200 UNKNOWN S	5 MG	ORAL	TABS	EA	4 X	MSB	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353004408 CIALIS TADALAF	240812 Calcium-c	24081200 UNKNOWN S	5 MG	ORAL	TABS	EA	8 X	MSB	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353004411 CIALIS TADALAF	240812 Calcium-c	24081200 UNKNOWN S	5 MG	ORAL	TABS	EA	48 X	MSB	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353004418 CIALIS TADALAF	240812 Calcium-c	24081200 UNKNOWN S	5 MG	ORAL	TABS	EA	16 X	MSB	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353004423 CIALIS TADALAF	240812 Calcium-c	24081200 UNKNOWN S	5 MG	ORAL	TABS	EA	18 X	MSB	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353004447 CIALIS TADALAF	240812 Calcium-c	24081200 UNKNOWN S	5 MG	ORAL	TABS	EA	24 X	MSB	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353004500 WARFARWARFARI	201204 Anticoagu	20120408 Coumarin S	4 MG	ORAL	TABS	EA	30 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353004560 WARFARWARFARI	201204 Anticoagu	20120408 Coumarin S	4 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353005011 WARFARWARFARI	201204 Anticoagu	20120408 Coumarin S	5 MG	ORAL	TABS	EA	48 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353005015 WARFARWARFARI	201204 Anticoagu	20120408 Coumarin S	5 MG	ORAL	TABS	EA	15 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353005020 WARFARWARFARI	201204 Anticoagu	20120408 Coumarin S	5 MG	ORAL	TABS	EA	20 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353005021 WARFARWARFARI	201204 Anticoagu	20120408 Coumarin S	5 MG	ORAL	TABS	EA	21 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353005028 WARFARWARFARI	201204 Anticoagu	20120408 Coumarin S	5 MG	ORAL	TABS	EA	28 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353005030 WARFARWARFARI	201204 Anticoagu	20120408 Coumarin S	5 MG	ORAL	TABS	EA	30 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353005035 WARFARWARFARI	201204 Anticoagu	20120408 Coumarin S	5 MG	ORAL	TABS	EA	35 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353005038 WARFARWARFARI	201204 Anticoagu	20120408 Coumarin S	5 MG	ORAL	TABS	EA	38 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353005040 WARFARWARFARI	201204 Anticoagu	20120408 Coumarin S	5 MG	ORAL	TABS	EA	40 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353005044 WARFARWARFARI	201204 Anticoagu	20120408 Coumarin S	5 MG	ORAL	TABS	EA	36 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353005045 WARFARWARFARI	201204 Anticoagu	20120408 Coumarin S	5 MG	ORAL	TABS	EA	45 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353005046 WARFARWARFARI	201204 Anticoagu	20120408 Coumarin S	5 MG	ORAL	TABS	EA	56 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353005047 WARFARWARFARI	201204 Anticoagu	20120408 Coumarin S	5 MG	ORAL	TABS	EA	24 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353005048 WARFARWARFARI	201204 Anticoagu	20120408 Coumarin S	5 MG	ORAL	TABS	EA	48 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353005053 WARFARWARFARI	201204 Anticoagu	20120408 Coumarin S	5 MG	ORAL	TABS	EA	60 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353005055 WARFARWARFARI	201204 Anticoagu	20120408 Coumarin S	5 MG	ORAL	TABS	EA	75 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353005057 WARFARWARFARI	201204 Anticoagu	20120408 Coumarin S	5 MG	ORAL	TABS	EA	80 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353005059 WARFARWARFARI	201204 Anticoagu	20120408 Coumarin S	5 MG	ORAL	TABS	EA	22 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353005060 WARFARWARFARI	201204 Anticoagu	20120408 Coumarin S	5 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353005061 WARFARWARFARI	201204 Anticoagu	20120408 Coumarin S	5 MG	ORAL	TABS	EA	70 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353005065 WARFARWARFARI	201204 Anticoagu	20120408 Coumarin S	5 MG	ORAL	TABS	EA	100 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353005068 WARFARWARFARI	201204 Anticoagu	20120408 Coumarin S	5 MG	ORAL	TABS	EA	26 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353005070 WARFARWARFARI	201204 Anticoagu	20120408 Coumarin S	5 MG	ORAL	TABS	EA	120 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353005078 WARFARWARFARI	201204 Anticoagu	20120408 Coumarin S	5 MG	ORAL	TABS	EA	34 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353005080 WARFARWARFARI	201204 Anticoagu	20120408 Coumarin S	5 MG	ORAL	TABS	EA	180 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353005153 HYDROXHYDROXI	630808 Antimalari	63080800 Antimalaria	200 MG	ORAL	TABS	EA	60 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353005160 HYDROXHYDROXI	630808 Antimalari	63080800 Antimalaria	200 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353005330 WARFARWARFARI	201204 Anticoagu	20120408 Coumarin S	7.5 MG	ORAL	TABS	EA	30 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353005430 WARFARWARFARI	201204 Anticoagu	20120408 Coumarin S	10 MG	ORAL	TABS	EA	30 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353005760 LOSARTALOSART	243308 Angiotens	24330800 Angiotens S	100 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353005917 VALSARTVALSART	243308 Angiotens	24330800 Angiotens S	160 MG	ORAL	TABS	EA	6030 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353005930 VALSARTVALSART	243308 Angiotens	24330800 Angiotens S	160 MG	ORAL	TABS	EA	30 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353006053 BUSPIRDBUSPIRD	282412 UNKNOWN	28241200 UNKNOWN S	10 MG	ORAL	TABS	EA	60 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353006060 BUSPIRDBUSPIRD	282412 UNKNOWN	28241200 UNKNOWN S	10 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353006070 BUSPIRDBUSPIRD	282412 UNKNOWN	28241200 UNKNOWN S	10 MG	ORAL	TABS	EA	120 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353006080 BUSPIRDBUSPIRD	282412 UNKNOWN	28241200 UNKNOWN S	10 MG	ORAL	TABS	EA	180 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353006090 BUSPIRDBUSPIRD	282412 UNKNOWN	28241200 UNKNOWN S	10 MG	ORAL	TABS	EA	270 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353006160 SUCRALFSUCRALF	582832 Protectant	58283200 Protectant S	1 GM	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353006170 SUCRALFSUCRALF	582832 Protectant	58283200 Protectant S	1 GM	ORAL	TABS	EA	120 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353006184 SUCRALFSUCRALF	582832 Protectant	58283200 Protectant S	1 GM	ORAL	TABS	EA	360 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353006430 KLOR-CO-POTASSI	401200 Replacem	40120000 Replacem S	10 MEQ	ORAL	TBCR	EA	30 X	GENERIC	1/31/2022	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353006453 KLOR-CO-POTASSI	401200 Replacem	40120000 Replacem S	10 MEQ	ORAL	TBCR	EA	60 X	GENERIC	1/31/2022	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353006460 KLOR-CO-POTASSI	401200 Replacem	40120000 Replacem S	10 MEQ	ORAL	TBCR	EA	90 X	GENERIC	1/31/2022	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353006470 KLOR-CO-POTASSI	401200 Replacem	40120000 Replacem S	10 MEQ	ORAL	TBCR	EA	120 X	GENERIC	1/31/2022	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353006480 KLOR-CO-POTASSI	401200 Replacem	40120000 Replacem S	10 MEQ	ORAL	TBCR	EA	180 X	GENERIC	1/31/2022	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353006490 KLOR-CO-POTASSI	401200 Replacem	40120000 Replacem S	10 MEQ	ORAL	TBCR	EA	200 X	GENERIC	1/31/2022	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353006492 KLOR-CO-POTASSI	401200 Replacem	40120000 Replacem S	10 MEQ	ORAL	TBCR	EA	270 X	GENERIC	1/31/2022	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353006494 KLOR-CO-POTASSI	401200 Replacem	40120000 Replacem S	10 MEQ	ORAL	TBCR	EA	360 X	GENERIC	1/31/2022	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353006730 VALSARTVALSART	243308 Angiotens	24330800 Angiotens S	320 MG	ORAL	TABS	EA	3600 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353006760 VALSARTVALSART	243308 Angiotens	24330800 Angiotens S	320 MG	ORAL	TABS	EA	3600 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353006909 FUROSEMFUROSEM	243608 UNKNOWN	24360800 UNKNOWN S	40 MG	ORAL	TABS	EA	9000 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353006930 FUROSEMFUROSEM	243608 UNKNOWN	24360800 UNKNOWN S	40 MG	ORAL	TABS	EA	30 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353006945 FUROSEMFUROSEM	243608 UNKNOWN	24360800 UNKNOWN S	40 MG	ORAL	TABS	EA	45 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353006953 FUROSEMFUROSEM	243608 UNKNOWN	24360800 UNKNOWN S	40 MG	ORAL	TABS	EA	60 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353006960 FUROSEMFUROSEM	243608 UNKNOWN	24360800 UNKNOWN S	40 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353006980 FUROSEMFUROSEM	243608 UNKNOWN	24360800 UNKNOWN S	40 MG	ORAL	TABS	EA	180 X	GENERIC	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353007002 ADCIRCA TADALAF	484824 UNKNOWN	48482400 UNKNOWN S	20 MG	ORAL	TABS	EA	2 X	MSB	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353007004 ADCIRCA TADALAF	484824 UNKNOWN	48482400 UNKNOWN S	20 MG	ORAL	TABS	EA	4 X	MSB	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353007006 ADCIRCA TADALAF	484824 UNKNOWN	48482400 UNKNOWN S	20 MG	ORAL	TABS	EA	6 X	MSB	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION									R	MEDPRM
43353007010 ADCIRCA TADALAF	484824 UNKNOWN	48482400 UNKNOWN S	20 MG	ORAL	TABS	EA	8 X	MSB	5/1/2023	43353		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLU

43353015360	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353015515	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353015530	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353015545	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353015553	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353015560	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353015653	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353015660	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353015680	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353016030	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353016053	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353016060	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353016070	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	120	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353016080	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353016115	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353016130	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353016153	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353016253	SODIUM B	SODIUM B	560400	Antacids a	56040000	Antacids a	P	650 MG	ORAL	TABS	EA	60		GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353016260	SODIUM B	SODIUM B	560400	Antacids a	56040000	Antacids a	P	650 MG	ORAL	TABS	EA	90		GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353016270	SODIUM B	SODIUM B	560400	Antacids a	56040000	Antacids a	P	650 MG	ORAL	TABS	EA	120		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353016280	SODIUM B	SODIUM B	560400	Antacids a	56040000	Antacids a	P	650 MG	ORAL	TABS	EA	180		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353016285	SODIUM B	SODIUM B	560400	Antacids a	56040000	Antacids a	P	650 MG	ORAL	TABS	EA	200		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353016294	SODIUM B	SODIUM B	560400	Antacids a	56040000	Antacids a	P	650 MG	ORAL	TABS	EA	360		GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353016330	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353016353	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353016360	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353016430	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353016453	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353016460	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353016518	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	10 MG	ORAL	TABS	EA	3000	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353016553	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353016709	TIZANIDIN	TIZANIDIN	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	9000		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353017018	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	10 MG	ORAL	TABS	EA	3000	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353017283	MINOCIN	MINOCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	3600		MSB	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
43353017360	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	90	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353017380	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	180	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353017853	PROGRAF	TACROLI	902828	UNKNOW	90282892	UNKNOW	S	1 MG	ORAL	CAPS	EA	60	X	MSB	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
43353017860	PROGRAF	TACROLI	902828	UNKNOW	90282892	UNKNOW	S	1 MG	ORAL	CAPS	EA	90	X	MSB	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
43353017880	PROGRAF	TACROLI	902828	UNKNOW	90282892	UNKNOW	S	1 MG	ORAL	CAPS	EA	180	X	MSB	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
43353018015	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353018079	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	2160	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353018321	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	21		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353018330	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353018345	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	45		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353018353	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353018360	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353018380	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	180		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353018392	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	270		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353018530	ESZOPICL	ESZOPICL	282444	UNKNOW	28244400	UNKNOW	S	3 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353018660	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	90	X	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353018983	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	200 MG	ORAL	TB12	EA	3600	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353019045	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353019053	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353019060	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353019070	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	120	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353019092	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353019409	ROPINIRO	ROPINIRO	283620	UNKNOW	28362008	UNKNOW	S	0.25 MG	ORAL	TABS	EA	9000	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353019509	ROPINIRO	ROPINIRO	283620	UNKNOW	28362008	UNKNOW	S	0.5 MG	ORAL	TABS	EA	9000	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353019609	ROPINIRO	ROPINIRO	283620	UNKNOW	28362008	UNKNOW	S	1 MG	ORAL	TABS	EA	9000	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353019809	ROPINIRO	ROPINIRO	283620	UNKNOW	28362008	UNKNOW	S	2 MG	ORAL	TABS	EA	9000	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353019930	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	30		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353019953	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	60		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353019960	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	90		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353019970	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	120		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353019980	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	180		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353020030	ESZOPICL	ESZOPICL	282444	UNKNOW	28244400	UNKNOW	S	2 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353020260	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353020280	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353020379	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	320 MG	ORAL	TABS	EA	2160	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353020505	HYDRALA	HYDRALA	240816	Central Alp	24081600	Central Alp	S	100 MG	ORAL	TABS	EA	4200	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353020745	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353020760	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353020780	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353020794	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	360	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353020815	CITALOPR	CITALOPR	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353020830	CITALOPR	CITALOPR	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353020845	CITALOPR	CITALOPR	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353020860	CITALOPR	CITALOPR	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353020930	NIFEDIPIN	NIFEDIPIN	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	30	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353020960	NIFEDIPIN	NIFEDIPIN	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	90	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353021153	NAPROXE	NAPROXE	280804	Nonsteroid	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353021160	NAPROXE	NAPROXE	280804	Nonsteroid	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353021170	NAPROXE	NAPROXE	280804	Nonsteroid	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	120	X	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353021180	NAPROXE	NAPROXE	280804	Nonsteroid	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	180	X	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353021530	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	30	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353021532	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	30	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353021545	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	45	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353021553	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	60	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353021560	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	90	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353021570	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	120	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353021573	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	135	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353021580	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	180	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353021592	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	270	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353021653	NAPROXE	NAPROXE	280804	Nonsteroid	28080404	UNKNOW	S	250 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353021660	NAPROXE	NAPROXE	280804	Nonsteroid	28080404	UNKNOW	S	250 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353021670	NAPROXE	NAPROXE	280804	Nonsteroid	28080404	UNKNOW	S	250 MG	ORAL	TABS	EA	120	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353021680	NAPROXE	NAPROXE	280804	Nonsteroid	28080404	UNKNOW	S	250 MG	ORAL	TABS	EA	180	X	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353021694	NAPROXE	NAPROXE	280804	Nonsteroid	28080404	UNKNOW	S	250 MG	ORAL	TABS	EA	360	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353021730	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353021760	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353021853	NAPROXE	NAPROXE	280804	Nonsteroid	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	60	X	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353021880	NAPROXE	NAPROXE	280804	Nonsteroid	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	180	X	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353021903	VITAMIN D	ERGOCAL	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (5	ORAL	CAPS	EA	3	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353021904	VITAMIN D	ERGOCAL	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (5	ORAL	CAPS	EA	4	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353021908	VITAMIN D	ERGOCAL	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (5	ORAL	CAPS	EA	8	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353021912	VITAMIN D	ERGOCAL	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (5	ORAL	CAPS	EA	12	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353022030	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353022045	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353022053	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353022060	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353022080	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353022092	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353022130	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353022145	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353022153	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353022160	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353022180	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353022192	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353022194	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	360	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353022230	DAPSONE	DAPSONE	81608	UNKNOW	8160800	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353022330	DAPSONE	DAPSONE	81608	UNKNOW	8160800	UNKNOW	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353022517	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	80 MG	ORAL	TABS	EA	6030	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353022530	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	80 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353022660	HYDRALA	HYDRALA	240816	Central Alp	24081600	Central Alp	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353022680	HYDRALA	HYDRALA	240816	Central Alp	24081600	Central Alp	S	25 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353022692	HYDRALA	HYDRALA	240816	Central Alp	24081600	Central Alp	S	25 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353022715	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353022745	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353022815	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353022830	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353022845	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353022860	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353022915	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353022930	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353022945	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353022960	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353023060	HYDRALA	HYDRALA	240816	Central Alp	24081600	Central Alp	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353023080	HYDRALA	HYDRALA	240816	Central Alp	24081600	Central Alp	S	50 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353023092	HYDRALA	HYDRALA	240816	Central Alp	24081600	Central Alp	S	50 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353023098	HYDRALA	HYDRALA	240816	Central Alp	24081600	Central Alp	S	50 MG	ORAL	TABS	EA	540	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353023130	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	160 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353023183	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	160 MG	ORAL	TABS	EA	3600	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353023279	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	320 MG	ORAL	TABS	EA	2160	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353023283	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	320 MG	ORAL	TABS	EA	3600	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353023379	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	2160	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353023453	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	60	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353023479	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	2160	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353023630	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	30		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353023653	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	60		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353023660	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	90		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353023670	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	120		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353023803	VITAMIN D	ERGOCAL	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (5	ORAL	CAPS	EA	3	X	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353023804	VITAMIN D	ERGOCAL	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (5	ORAL	CAPS	EA	4	X	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353023808	VITAMIN D	ERGOCAL	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (5	ORAL	CAPS	EA	8	X	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353023812	VITAMIN D	ERGOCAL	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (5	ORAL	CAPS	EA	12	X	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353023813	VITAMIN D	ERGOCAL	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (5	ORAL	CAPS	EA	13	X	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353024045	HYDROCH	HYDROCH	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353024060	HYDROCH	HYDROCH	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353024130	HYDROCH	HYDROCH	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353024145	HYDROCH	HYDROCH	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353024160	HYDROCH	HYDROCH	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353024210	ZOLPIDEM	ZOLPIDEM	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	10		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353024214	ZOLPIDEM	ZOLPIDEM	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	14		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353024215	ZOLPIDEM	ZOLPIDEM	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	15		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353024220	ZOLPIDEM	ZOLPIDEM	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	20		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353024228	ZOLPIDEM	ZOLPIDEM	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	28		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353024230	ZOLPIDEM	ZOLPIDEM	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353024245	ZOLPIDEM	ZOLPIDEM	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	45		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353024253	ZOLPIDEM	ZOLPIDEM	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353024259	ZOLPIDEM	ZOLPIDEM	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	22		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353024260	ZOLPIDEM	ZOLPIDEM	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353024310	ZOLPIDEM	ZOLPIDEM	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	10		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353024314	ZOLPIDEM	ZOLPIDEM	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	14		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353024315	ZOLPIDEM	ZOLPIDEM	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	15		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353024320	ZOLPIDEM	ZOLPIDEM	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353024321	ZOLPIDEM	ZOLPIDEM	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	21		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353024325	ZOLPIDEM	ZOLPIDEM	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	25		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353024328	ZOLPIDEM	ZOLPIDEM	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	28		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353024330	ZOLPIDEM	ZOLPIDEM	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353024345	ZOLPIDEM	ZOLPIDEM	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	45		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353024353	ZOLPIDEM	ZOLPIDEM	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353024359	ZOLPIDEM	ZOLPIDEM	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	22		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353024360	ZOLPIDEM	ZOLPIDEM	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353024430	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353024460	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353024515	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353024518	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	3000	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353024545	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353024560	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353024582	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	1200	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353024615	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353024617	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	6030	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353024645	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353024915	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353024919	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	3060	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353024945	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353025016	MINOCYC	MINOCYC	81224	Tetracyclin	8122400	Tetracyclin	S	50 MG	ORAL	CAPS	EA	6000		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353025115	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353025130	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353025145	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353025160	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353025360	RALOXIFE	RALOXIFE	681612	Estrogen A	68161200	Estrogen A	S	60 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353025415	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	15		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353025430	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353025453	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353025460	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353025470	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	120		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353025480	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	180		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353025515	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	15		GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353025530	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353025545	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	45		GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353025553	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	60		GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353025560	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	90		GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353025570	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	120		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353025575	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	150		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353025580	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	180		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353025590	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	240		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353025592	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	270		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353025730	CELECOX	CELECOX	280804	Nonsteroid	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	30	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353025753	CELECOX	CELECOX	280804	Nonsteroid	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	60	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353025760	CELECOX	CELECOX	280804	Nonsteroid	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	90	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353025809	ROPINIRO	ROPINIRO	283620	UNKNOW	28362008	UNKNOW	S	0.25 MG	ORAL	TABS	EA	9000	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353025909	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	9000		GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353025918	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	3000		GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353025930	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353025960	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353026015	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	15		GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353026020	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	20		GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353026028	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	28		GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353026030	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	30		GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353026053	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	60		GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353026060	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	90		GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353026230	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353026260	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353026330	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	30	X	MSB	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
43353026353	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	60	X	MSB		43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
43353026430	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	30	X	MSB	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
43353026446	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	56	X	MSB	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
43353026453	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	60	X	MSB	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
43353026470	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	120	X	MSB	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
43353026509	ROPINIRO	ROPINIRO	283620	UNKNOW	28362008	UNKNOW	S	0.5 MG	ORAL	TABS	EA	9000	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353026609	ROPINIRO	ROPINIRO	283620	UNKNOW	28362008	UNKNOW	S	1 MG	ORAL	TABS	EA	9000	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353026709	ROPINIRO	ROPINIRO	283620	UNKNOW	28362008	UNKNOW	S	2 MG	ORAL	TABS	EA	9000	X	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353026830	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	30	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353026879	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	2160	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353026930	CLOPIDO	CLOPIDO	201218	Platelet-Ag	20121800	Platelet-Ag	S	75 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353026960	CLOPIDO	CLOPIDO	201218	Platelet-Ag	20121800	Platelet-Ag	S	75 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353027060	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	90	X	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353027130	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353027145	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353027160	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353027180	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353027230	TRICOR	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	145 MG	ORAL	TABS	EA	30	X	MSB	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
43353027283	TRICOR	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	145 MG	ORAL	TABS	EA	3600	X	MSB	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
43353027360	IBUPROF	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353027380	IBUPROF	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353027392	IBUPROF	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353027453	METOCLO	METOCLO	563200	Prokinetic	56320000	Prokinetic	S	10 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353027530	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	30		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353027553	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	60		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353027560	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	90		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353027570	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	120		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353027615	DIAZEPAM	DIAZEPAM	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	15		GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353027630	DIAZEPAM	DIAZEPAM	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	30		GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353027645	DIAZEPAM	DIAZEPAM	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	45		GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353027653	DIAZEPAM	DIAZEPAM	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	60		GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353027660	DIAZEPAM	DIAZEPAM	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	90		GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353027670	DIAZEPAM	DIAZEPAM	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	120		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353027675	DIAZEPAM	DIAZEPAM	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	150		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353027680	DIAZEPAM	DIAZEPAM	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	180		GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353027730	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

43353027746	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	56	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353027755	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	75	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353027775	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	150	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353027780	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	180	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353027815	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	15	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353027820	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	20	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353027830	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	30	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353027845	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	45	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353027853	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	60	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353027855	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	75	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353027860	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	90	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353027870	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	120	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353027875	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	150	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353027880	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	180	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353027890	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	240	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353027953	VALPROI	VALPROI	281292	Anticonvul	28129200	Anticonvul	S	250 MG	ORAL	CAPS	EA	60 X	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353027960	VALPROI	VALPROI	281292	Anticonvul	28129200	Anticonvul	S	250 MG	ORAL	CAPS	EA	90 X	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353027970	VALPROI	VALPROI	281292	Anticonvul	28129200	Anticonvul	S	250 MG	ORAL	CAPS	EA	120 X	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353027980	VALPROI	VALPROI	281292	Anticonvul	28129200	Anticonvul	S	250 MG	ORAL	CAPS	EA	180 X	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353027990	VALPROI	VALPROI	281292	Anticonvul	28129200	Anticonvul	S	250 MG	ORAL	CAPS	EA	240 X	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353027994	VALPROI	VALPROI	281292	Anticonvul	28129200	Anticonvul	S	250 MG	ORAL	CAPS	EA	360 X	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353028015	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	15 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353028045	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	45 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353028130	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	30	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353028153	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	60	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353028160	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	90	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353028170	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	120	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353028230	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TB24	EA	30 X	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353028253	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TB24	EA	60 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353028260	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TB24	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353028280	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TB24	EA	180 X	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353028330	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	30	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353028353	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	60	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353028360	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	90	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353028370	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	120	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353028380	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	180	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353028390	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	240	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353028430	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	10 MG	ORAL	TB24	EA	30 X	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353028460	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	10 MG	ORAL	TB24	EA	90 X	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353028530	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TB24	EA	30 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353028553	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TB24	EA	60 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353028560	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TB24	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353028715	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	15 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353028730	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353028745	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	45 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353028760	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353028809	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	1 MG	ORAL	TABS	EA	9000 X	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

43353028915	CRESTOR	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	15 X	MSB	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
43353028917	CRESTOR	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	6030 X	MSB	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
43353028945	CRESTOR	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	45 X	MSB	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
43353028991	CRESTOR	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	1260 X	MSB	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
43353029015	CRESTOR	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	15 X	MSB	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
43353029045	CRESTOR	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	45 X	MSB	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
43353029216	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	2 MG	ORAL	TABS	EA	6000 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353029453	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	300 MG	ORAL	CAPS	EA	60 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353029460	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	300 MG	ORAL	CAPS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353029660	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	175 MCG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353029730	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	30 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353029745	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	45 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353029760	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353029780	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	180 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353029830	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353029845	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	45 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353029960	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353030130	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353030145	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	45 X	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353030160	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353030319	CYMBALT	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	3060 X	MSB	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
43353030560	ULORIC	FEBUXOS	921600	UNKNOW	92160000	UNKNOW	S	40 MG	ORAL	TABS	EA	90 X	MSB	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
43353030630	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	30 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353030653	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	60 X	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353030660	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353030680	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	180 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353030710	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	10	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353030714	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	14	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353030715	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	15	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353030720	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	20	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353030728	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	28	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353030730	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	30	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353030745	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	45	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353030746	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	56	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353030753	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	60	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353030754	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	84	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353030755	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	75	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353030760	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	90	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353030770	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	120	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353030775	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	150	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353030780	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	180	GENERIC	11/14/2022	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353030792	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	270	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353030815	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	15	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353030828	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	28	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353030830	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	30	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353030846	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	56	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353030853	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	60	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353030854	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	84	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353030855	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	75	GENERIC	11/14/2022	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353030860	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	90	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353030870	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	120	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353030875	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	150	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353030880	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	180	GENERIC	11/14/2022	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353031053	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	60 X	GENERIC	5/1/2023	43353 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353031060	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	90 X	GENERIC	5/1/2023	43353 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353031070	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	120 X	GENERIC	5/1/2023	43353 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353031080	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	180 X	GENERIC	5/1/2023	43353 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

43353031210	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	10	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353031215	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	15	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353031220	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	20	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353031228	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	28	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353031230	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	30	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353031245	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	45	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353031253	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	60	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353031260	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	90	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353031315	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	15 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353031360	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353031460	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353031480	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	180 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353031492	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	270 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353031516	TORSEMI	TORSEMI	402808	Loop Diur	40280800	Loop Diur	S	20 MG	ORAL	TABS	EA	6000 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353031609	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.3 MG	ORAL	TABS	EA	9000 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353031709	TACROLI	TACROLI	902828	UNKNOW	90282892	UNKNOW	S	1 MG	ORAL	CAPS	EA	9000 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353031716	TACROLI	TACROLI	902828	UNKNOW	90282892	UNKNOW	S	1 MG	ORAL	CAPS	EA	6000 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353031753	TACROLI	TACROLI	902828	UNKNOW	90282892	UNKNOW	S	1 MG	ORAL	CAPS	EA	60 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353031770	TACROLI	TACROLI	902828	UNKNOW	90282892	UNKNOW	S	1 MG	ORAL	CAPS	EA	120 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353031780	TACROLI	TACROLI	902828	UNKNOW	90282892	UNKNOW	S	1 MG	ORAL	CAPS	EA	180 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353032115	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	15 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353032130	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	30 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353032145	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	45 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353032160	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353032216	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	15 MG	ORAL	TB24	EA	6000 X	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353032318	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	3000 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353032345	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	45 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353032360	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353032454	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	84	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353032630	PIOGLITA	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	45 MG	ORAL	TABS	EA	30 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353032709	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MG	ORAL	TBCR	EA	9000 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353032909	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	CAPS	EA	9000 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353033109	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	9000 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353033116	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	6000 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353033215	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	15 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353033217	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	6030 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353033245	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	45 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353033330	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	30 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353033345	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	45 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353033617	SYNTHRO	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	137 MCG	ORAL	TABS	EA	6030 X	MSB	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
43353033660	SYNTHRO	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	137 MCG	ORAL	TABS	EA	90 X	MSB	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
43353033809	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	9000 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353033830	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	30 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353033853	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	60 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353033860	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353033879	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	2160 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353033888	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	900 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353033915	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	15 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353033919	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	3060 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353033945	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	45 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353034030	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	30 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353034053	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	60 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353034060	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353034070	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	120 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353034075	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	150 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353034080	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	180 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353034092	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	270 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353034094	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	360 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353034096	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	450 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353034130	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	30 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353034145	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	45 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353034153	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	60 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353034160	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353034180	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	180 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353034209	MINOXIDI	MINOXIDI	240816	Central Al	24081600	Central Al	S	2.5 MG	ORAL	TABS	EA	9000 X	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353034309	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	9000 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353034330	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	30 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353034353	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	60 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353034380	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	180 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353034453	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	60 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353034460	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353034480	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	180 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353034492	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	270 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353034510	SILDENA	SILDENA	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	10 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353034520	SILDENA	SILDENA	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	20 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353034553	SILDENA	SILDENA	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	60 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

43353034930	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	30 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353034945	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	45 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353034953	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	60 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353034960	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353034973	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	135 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353034980	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	180 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353034986	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	225 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353035030	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	30 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353035045	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	45 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353035060	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353035080	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	180 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353035215	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	15 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353035218	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	3000 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353035219	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	3060 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353035245	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	45 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353035260	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353035715	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	15	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353035730	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	30	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353035753	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	60	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353035760	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	90	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353035770	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	120	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353035820	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	20	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353035830	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	30	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353035845	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	45	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353035853	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	60	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353035860	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	90	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353035870	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	120	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353035875	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	150	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353035880	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	180	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353035892	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	270	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353035930	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	30	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353035945	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	45	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353035953	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	60	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353035960	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	90	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353035970	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	120	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353035975	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	150	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353035980	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	180	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353035990	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	240	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353036730	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	30 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353036753	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	60 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353036760	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353036780	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	180 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353036792	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	270 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353036953	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	60 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353036960	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353036970	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	120 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353036980	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	180 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353036992	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	270 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353036994	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	360 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353037053	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	TABS	EA	60 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353037260	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353037280	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	180 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353037292	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	270 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353037815	MIRTAZA	MIRTAZA	281604	Antidepres	28160424	Serotonin	S	30 MG	ORAL	TABS	EA	15 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353037830	MIRTAZA	MIRTAZA	281604	Antidepres	28160424	Serotonin	S	30 MG	ORAL	TABS	EA	30 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353037845	MIRTAZA	MIRTAZA	281604	Antidepres	28160424	Serotonin	S	30 MG	ORAL	TABS	EA	45 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353037860	MIRTAZA	MIRTAZA	281604	Antidepres	28160424	Serotonin	S	30 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353037880	MIRTAZA	MIRTAZA	281604	Antidepres	28160424	Serotonin	S	30 MG	ORAL	TABS	EA	180 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353037909	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	9000 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353037945	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	45 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353037960	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353037973	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	135 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353037980	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	180 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353037992	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	270 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353037998	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	540 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353038030	OYSTER	OYSTER S	401200	Replacem	40120000	Replacem	P	500 MG	ORAL	TABS	EA	30	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353038053	OYSTER	OYSTER S	401200	Replacem	40120000	Replacem	P	500 MG	ORAL	TABS	EA	60	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353038065	OYSTER	OYSTER S	401200	Replacem	40120000	Replacem	P	500 MG	ORAL	TABS	EA	100	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353038080	OYSTER	OYSTER S	401200	Replacem	40120000	Replacem	P	500 MG	ORAL	TABS	EA	180	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353038153	SODIUM B	SODIUM B	560400	Antacids a	56040000	Antacids a	P	650 MG	ORAL	TABS	EA	60	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353038160	SODIUM B	SODIUM B	560400	Antacids a	56040000	Antacids a	P	650 MG	ORAL	TABS	EA	90	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353038170	SODIUM B	SODIUM B	560400	Antacids a	56040000	Antacids a	P	650 MG	ORAL	TABS	EA	120	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353038180	SODIUM B	SODIUM B	560400	Antacids a	56040000	Antacids a	P	650 MG	ORAL	TABS	EA	180	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353038185	SODIUM B	SODIUM B	560400	Antacids a	56040000	Antacids a	P	650 MG	ORAL	TABS	EA	200	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353038194	SODIUM B	SODIUM B	560400	Antacids a	56040000	Antacids a	P	650 MG	ORAL	TABS	EA	360	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353038630	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	30 X	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353038660	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	90 X	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353038665	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	100 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353038960	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353038974	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	500 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353038980	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	180 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353038992	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	270 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353039160	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353039174	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	500 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353039180	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	180 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353039192	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	270 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353039360	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353039374	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	500 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353039380	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	180 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353039392	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	270 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353039415	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	15 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353039430	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	30 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353039445	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	45 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353039460	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353040065	OYSTER	CALCIUM	401200	Replacem	40120000	Replacem	O	500-5 MG	ORAL	TABS	EA	100	MSB	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
43353040430	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	30 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353040453	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	60 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353040460	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

43353040480	TRAZODO	TRAZODO	281604 Antidepres	28160424 Serotonin	S	100 MG	ORAL	TABS	EA	180 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353041215	RISPERID	RISPERID	281608 Antipsych	28160804 Atypical A	S	4 MG	ORAL	TABS	EA	15 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353041218	RISPERID	RISPERID	281608 Antipsych	28160804 Atypical A	S	4 MG	ORAL	TABS	EA	3000 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353041230	RISPERID	RISPERID	281608 Antipsych	28160804 Atypical A	S	4 MG	ORAL	TABS	EA	30 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353041245	RISPERID	RISPERID	281608 Antipsych	28160804 Atypical A	S	4 MG	ORAL	TABS	EA	45 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353041260	RISPERID	RISPERID	281608 Antipsych	28160804 Atypical A	S	4 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353041330	LYRICA	PREGABA	281228 UNKNOW	28122800 UNKNOW	S	100 MG	ORAL	CAPS	EA	30 X	MSB	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
43353041346	LYRICA	PREGABA	281228 UNKNOW	28122800 UNKNOW	S	100 MG	ORAL	CAPS	EA	56 X	MSB	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
43353041353	LYRICA	PREGABA	281228 UNKNOW	28122800 UNKNOW	S	100 MG	ORAL	CAPS	EA	60 X	MSB	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
43353041370	LYRICA	PREGABA	281228 UNKNOW	28122800 UNKNOW	S	100 MG	ORAL	CAPS	EA	120 X	MSB	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
43353041430	LYRICA	PREGABA	281228 UNKNOW	28122800 UNKNOW	S	150 MG	ORAL	CAPS	EA	30 X	MSB	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
43353041446	LYRICA	PREGABA	281228 UNKNOW	28122800 UNKNOW	S	150 MG	ORAL	CAPS	EA	56 X	MSB		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
43353041453	LYRICA	PREGABA	281228 UNKNOW	28122800 UNKNOW	S	150 MG	ORAL	CAPS	EA	60 X	MSB	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
43353041470	LYRICA	PREGABA	281228 UNKNOW	28122800 UNKNOW	S	150 MG	ORAL	CAPS	EA	120 X	MSB	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
43353041515	SERTRAL	SERTRAL	281604 Antidepres	28160420 Selective-s	S	100 MG	ORAL	TABS	EA	15 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353041530	SERTRAL	SERTRAL	281604 Antidepres	28160420 Selective-s	S	100 MG	ORAL	TABS	EA	30 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353041545	SERTRAL	SERTRAL	281604 Antidepres	28160420 Selective-s	S	100 MG	ORAL	TABS	EA	45 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353041553	SERTRAL	SERTRAL	281604 Antidepres	28160420 Selective-s	S	100 MG	ORAL	TABS	EA	60 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353041560	SERTRAL	SERTRAL	281604 Antidepres	28160420 Selective-s	S	100 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353041573	SERTRAL	SERTRAL	281604 Antidepres	28160420 Selective-s	S	100 MG	ORAL	TABS	EA	135 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353041580	SERTRAL	SERTRAL	281604 Antidepres	28160420 Selective-s	S	100 MG	ORAL	TABS	EA	180 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353041765	FERROUS	FERROUS	200404 Iron Prepa	20040400 Iron Prepa	P	325 (65 FE	ORAL	TBEC	EA	100	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353042116	VENLAFA	VENLAFA	281604 Antidepres	28160416 UNKNOW	S	75 MG	ORAL	TABS	EA	6000 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353042130	VENLAFA	VENLAFA	281604 Antidepres	28160416 UNKNOW	S	75 MG	ORAL	TABS	EA	30 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353042153	VENLAFA	VENLAFA	281604 Antidepres	28160416 UNKNOW	S	75 MG	ORAL	TABS	EA	60 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353042160	VENLAFA	VENLAFA	281604 Antidepres	28160416 UNKNOW	S	75 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353042170	VENLAFA	VENLAFA	281604 Antidepres	28160416 UNKNOW	S	75 MG	ORAL	TABS	EA	120 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353042180	VENLAFA	VENLAFA	281604 Antidepres	28160416 UNKNOW	S	75 MG	ORAL	TABS	EA	180 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353042184	VENLAFA	VENLAFA	281604 Antidepres	28160416 UNKNOW	S	75 MG	ORAL	TABS	EA	1100 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353043215	RISPERID	RISPERID	281608 Antipsych	28160804 Atypical A	S	1 MG	ORAL	TABS	EA	15 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353043230	RISPERID	RISPERID	281608 Antipsych	28160804 Atypical A	S	1 MG	ORAL	TABS	EA	30 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353043245	RISPERID	RISPERID	281608 Antipsych	28160804 Atypical A	S	1 MG	ORAL	TABS	EA	45 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353043260	RISPERID	RISPERID	281608 Antipsych	28160804 Atypical A	S	1 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353043390	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	325 MG	ORAL	TABS	EA	240	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353043653	METHOCA	METHOCA	122004 UNKNOW	12200400 UNKNOW	S	750 MG	ORAL	TABS	EA	60	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353043660	METHOCA	METHOCA	122004 UNKNOW	12200400 UNKNOW	S	750 MG	ORAL	TABS	EA	90	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353043670	METHOCA	METHOCA	122004 UNKNOW	12200400 UNKNOW	S	750 MG	ORAL	TABS	EA	120	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353043680	METHOCA	METHOCA	122004 UNKNOW	12200400 UNKNOW	S	750 MG	ORAL	TABS	EA	180	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353043815	SERTRAL	SERTRAL	281604 Antidepres	28160420 Selective-s	S	50 MG	ORAL	TABS	EA	15 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353043845	SERTRAL	SERTRAL	281604 Antidepres	28160420 Selective-s	S	50 MG	ORAL	TABS	EA	45 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353044330	AMBIEN (	ZOLPIDEI	282444 UNKNOW	28244400 UNKNOW	S	12.5 MG	ORAL	TBCR	EA	30	MSB	5/1/2023	43353 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
43353044665	FERROUS	FERROUS	200404 Iron Prepa	20040400 Iron Prepa	P	325 (65 FE	ORAL	TABS	EA	100	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353044715	SERTRAL	SERTRAL	281604 Antidepres	28160420 Selective-s	S	100 MG	ORAL	TABS	EA	15 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353044730	SERTRAL	SERTRAL	281604 Antidepres	28160420 Selective-s	S	100 MG	ORAL	TABS	EA	30 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353044745	SERTRAL	SERTRAL	281604 Antidepres	28160420 Selective-s	S	100 MG	ORAL	TABS	EA	45 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353044753	SERTRAL	SERTRAL	281604 Antidepres	28160420 Selective-s	S	100 MG	ORAL	TABS	EA	60 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353045130	TRIAZOL	TRIAZOL	282408 Benzodiaz	28240800 Benzodiaz	S	0.25 MG	ORAL	TABS	EA	30	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353045153	TRIAZOL	TRIAZOL	282408 Benzodiaz	28240800 Benzodiaz	S	0.25 MG	ORAL	TABS	EA	60	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353045565	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	100	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353045865	FERROUS	FERROUS	200404 Iron Prepa	20040400 Iron Prepa	P	325 (65 FE	ORAL	TABS	EA	100	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353045945	COZAAR	LOSARTA	243208 Angiotens	24320800 Angiotens	S	100 MG	ORAL	TABS	EA	45 X	MSB	5/1/2023	43353 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
43353046660	VITAMIN I	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	10 MCG (4	ORAL	TABS	EA	90	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353046680	VITAMIN I	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	10 MCG (4	ORAL	TABS	EA	180	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353047445	PRAVAST	PRAVAST	240608 HMG-CoA	24060800 HMG-CoA	S	40 MG	ORAL	TABS	EA	45 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353048115	CITALOPI	CITALOPI	281604 Antidepres	28160420 Selective-s	S	40 MG	ORAL	TABS	EA	15 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353048145	CITALOPI	CITALOPI	281604 Antidepres	28160420 Selective-s	S	40 MG	ORAL	TABS	EA	45 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353048173	CITALOPI	CITALOPI	281604 Antidepres	28160420 Selective-s	S	40 MG	ORAL	TABS	EA	135 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353048930	DIPHENO	DIPHENO	560800 Antidiarrhe	56080000 Antidiarrhe	S	2.5-0.025 I	ORAL	TABS	EA	30	GENERIC	5/1/2023	43353 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353048953	DIPHENO	DIPHENO	560800 Antidiarrhe	56080000 Antidiarrhe	S	2.5-0.025 I	ORAL	TABS	EA	60	GENERIC	5/1/2023	43353 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353048960	DIPHENO	DIPHENO	560800 Antidiarrhe	56080000 Antidiarrhe	S	2.5-0.025 I	ORAL	TABS	EA	90	GENERIC	5/1/2023	43353 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353048970	DIPHENO	DIPHENO	560800 Antidiarrhe	56080000 Antidiarrhe	S	2.5-0.025 I	ORAL	TABS	EA	120	GENERIC	5/1/2023	43353 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353049015	PROVIGIL	MODAFIN	282080 UNKNOW	28208000 UNKNOW	S	100 MG	ORAL	TABS	EA	15 X	MSB	5/1/2023	43353 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
43353049030	PROVIGIL	MODAFIN	282080 UNKNOW	28208000 UNKNOW	S	100 MG	ORAL	TABS	EA	30 X	MSB	5/1/2023	43353 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
43353049045	PROVIGIL	MODAFIN	282080 UNKNOW	28208000 UNKNOW	S	100 MG	ORAL	TABS	EA	45 X	MSB	5/1/2023	43353 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
43353049053	PROVIGIL	MODAFIN	282080 UNKNOW	28208000 UNKNOW	S	100 MG	ORAL	TABS	EA	60 X	MSB	5/1/2023	43353 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
43353049060	PROVIGIL	MODAFIN	282080 UNKNOW	28208000 UNKNOW	S	100 MG	ORAL	TABS	EA	90 X	MSB	5/1/2023	43353 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
43353049553	SULFASA	SULFASA	81220 Sulfonami	8122000 Sulfonami	S	500 MG	ORAL	TABS	EA	60 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353049570	SULFASA	SULFASA	81220 Sulfonami	8122000 Sulfonami	S	500 MG	ORAL	TABS	EA	120 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353049580	SULFASA	SULFASA	81220 Sulfonami	8122000 Sulfonami	S	500 MG	ORAL	TABS	EA	180 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353049645	PRAVAST	PRAVAST	240608 HMG-CoA	24060800 HMG-CoA	S	40 MG	ORAL	TABS	EA	45 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353049860	DIGOXIN	DIGOXIN	240408 Cardiotoni	24040800 Cardiotoni	S	125 MCG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353050332	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	30	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353050653	NAPROXE	NAPROXE	280804 Nonsteroi	28080404 UNKNOW	S	250 MG	ORAL	TABS	EA	60 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353050660	NAPROXE	NAPROXE	280804 Nonsteroi	28080404 UNKNOW	S	250 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353050670	NAPROXE	NAPROXE	280804 Nonsteroi	28080404 UNKNOW	S	250 MG	ORAL	TABS	EA	120 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353050680	NAPROXE	NAPROXE	280804 Nonsteroi	28080404 UNKNOW	S	250 MG	ORAL	TABS	EA	180 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353050694	NAPROXE	NAPROXE	280804 Nonsteroi	28080404 UNKNOW	S	250 MG	ORAL	TABS	EA	360 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353050860	PROPRAN	PROPRAN	242000 Alpha-Adr	24200000 Alpha-Adr	S	20 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353050960	CLONIDIN	CLONIDIN	242400 Beta-Adre	24240000 Beta-Adre	S	0.2 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353050980	CLONIDIN	CLONIDIN	242400 Beta-Adre	24240000 Beta-Adre	S	0.2 MG	ORAL	TABS	EA	180 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353051060	CARBIDO	CARBIDO	283616 UNKNOW	28361600 UNKNOW	S	25-100 MC	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353051080	CARBIDO	CARBIDO	283616 UNKNOW	28361600 UNKNOW	S	25-100 MC	ORAL	TABS	EA	180 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353051160	DIGOXIN	DIGOXIN	240408 Cardiotoni	24040800 Cardiotoni	S	250 MCG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353051360	MELOXIC	MELOXIC	280804 Nonsteroi	28080404 UNKNOW	S	15 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353051430	METFORI	METFORI	682004 Biguanide	68200400 Biguanide	S	1000 MG	ORAL	TABS	EA	30 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353051445	METFORI	METFORI	682004 Biguanide	68200400 Biguanide	S	1000 MG	ORAL	TABS	EA	45 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353051453	METFORI	METFORI	682004 Biguanide	68200400 Biguanide	S	1000 MG	ORAL	TABS	EA	60 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353051460	METFORI	METFORI	682004 Biguanide	68200400 Biguanide	S	1000 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353051473	METFORI	METFORI	682004 Biguanide	68200400 Biguanide	S	1000 MG	ORAL	TABS	EA	135 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353051480	METFORI	METFORI	682004 Biguanide	68200400 Biguanide	S	1000 MG	ORAL	TABS	EA	180 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353051486	METFORI	METFORI	682004 Biguanide	68200400 Biguanide	S	1000 MG	ORAL	TABS	EA	225 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353052160	ENALAPR	ENALAPR	243204 Angiotens	24320400 Angiotens	S	20 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353052180	ENALAPR	ENALAPR	243204 Angiotens	24320400 Angiotens	S	20 MG	ORAL	TABS	EA	180 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353053060	METFORI	METFORI	682004 Biguanide	68200400 Biguanide	S	850 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353053080	METFORI	METFORI	682004 Biguanide	68200400 Biguanide	S	850 MG	ORAL	TABS	EA	180 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353053332	VITAMIN I	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	10 MCG (4	ORAL	TABS	EA	30	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353053353	VITAMIN I	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	10 MCG (4	ORAL	TABS	EA	60	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353053360	VITAMIN I	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	10 MCG (4	ORAL	TABS	EA	90	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353053380	VITAMIN I	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	10 MCG (4	ORAL	TABS	EA	180	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353053430	AMLODIP	AMLODIP	242808 Dihydropy	24280800 Dihydropy	S	10 MG	ORAL	TABS	EA	30 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353053445	AMLODIP	AMLODIP	242808 Dihydropy	24280800 Dihydropy	S	10 MG	ORAL	TABS	EA	45 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353053460	AMLODIP	AMLODIP	242808 Dihydropy	24280800 Dihydropy	S	10 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353053509	MIRTAZAI	MIRTAZAI	281604 Antidepres	28160424 Serotonin	S	15 MG	ORAL	TABS	EA	9000 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353053515	MIRTAZAI	MIRTAZAI	281604 Antidepres	28160424 Serotonin	S	15 MG	ORAL	TABS	EA	15 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353053560	MIRTAZAI	MIRTAZAI	281604 Antidepres	28160424 Serotonin	S	15 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353053609	MIRTAZAI	MIRTAZAI	281604 Antidepres	28160424 Serotonin	S	30 MG	ORAL	TABS	EA	9000 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353053615	MIRTAZAI	MIRTAZAI	281604 Antidepres	28160424 Serotonin	S	30 MG	ORAL	TABS	EA	15 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353053645	MIRTAZAI	MIRTAZAI	281604 Antidepres	28160424 Serotonin	S	30 MG	ORAL	TABS	EA	45 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353053653	MIRTAZAI	MIRTAZAI	281604 Antidepres	28160424 Serotonin	S	30 MG	ORAL	TABS	EA	60 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353053660	MIRTAZAI	MIRTAZAI	281604 Antidepres	28160424 Serotonin	S	30 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353053671	MIRTAZAI	MIRTAZAI	281604 Antidepres	28160424 Serotonin	S	30 MG	ORAL	TABS	EA	1000 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353053816	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	100 MG	ORAL	TB12	EA	6000 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353053882	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	100 MG	ORAL	TB12	EA	1200 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353053930	RANITIDII	RANITIDII	562812 Histamine	56281200 Histamine	S	150 MG	ORAL	TABS	EA	30 X	GENERIC	4/1/2020	43353	X	N	EXCLUDE	RECALL_DENY: [RECALLED F	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353053980	RANITIDII	RANITIDII	562812 Histamine	56281200 Histamine	S	150 MG	ORAL	TABS	EA	180 X	GENERIC	4/1/2020	43353	X	N	EXCLUDE	RECALL_DENY: [RECALLED F	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353053994	RANITIDII	RANITIDII	562812 Histamine	56281200 Histamine	S	150 MG	ORAL	TABS	EA	360 X	GENERIC	4/1/2020	43353	X	N	EXCLUDE	RECALL_DENY: [RECALLED F	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353054330	RISPERID	RISPERID	281608 Antipsych	28160804 Atypical A	S	1 MG	ORAL	TABS	EA	30 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353054345	RISPERID	RISPERID	281608 Antipsych	28160804 Atypical A	S	1 MG	ORAL	TABS	EA	45 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353054360	RISPERID	RISPERID	281608 Antipsych	28160804 Atypical A	S	1 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353054415	PAROXET	PAROXET	281604 Antidepres	28160420 Selective-s	S	40 MG	ORAL	TABS	EA	15 X	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353054430	PAROXET	PAROXET	281604 Antidepres	28160420 Selective-s	S	40 MG	ORAL	TABS	EA	30 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353054445	PAROXET	PAROXET	281604 Antidepres	28160420 Selective-s	S	40 MG	ORAL	TABS	EA	45 X	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353054460	PAROXET	PAROXET	281604 Antidepres	28160420 Selective-s	S	40 MG	ORAL	TABS	EA	90 X	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353054545	AMLODIP	AMLODIP	242808 Dihydropy	24280800 Dihydropy	S	5 MG	ORAL	TABS	EA	45 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353054630	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	150 MG	ORAL	TB12	EA	30 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353054660	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	150 MG	ORAL	TB12	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353054680	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	150 MG	ORAL	TB12	EA	180 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353054730	DIVALPR	DIVALPR	281228 UNKNOW	28122800 UNKNOW	S	500 MG	ORAL	TB24	EA	30 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353054753	DIVALPR	DIVALPR	281228 UNKNOW	28122800 UNKNOW	S	500 MG	ORAL	TB24	EA	60 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353054760	DIVALPR	DIVALPR	281228 UNKNOW	28122800 UNKNOW	S	500 MG	ORAL	TB24	EA	90 X	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353054770	DIVALPR	DIVALPR	281228 UNKNOW	28122800 UNKNOW	S	500 MG	ORAL	TB24	EA	120 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353054775	DIVALPR	DIVALPR	281228 UNKNOW	28122800 UNKNOW	S	500 MG	ORAL	TB24	EA	150 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353054780	DIVALPR	DIVALPR	281228 UNKNOW	28122800 UNKNOW	S	500 MG	ORAL	TB24	EA	180 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353055015	RISPERID	RISPERID	281608 Antipsych	28160804 Atypical A	S	4 MG	ORAL	TABS	EA	15 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353055030	RISPERID	RISPERID	281608 Antipsych	28160804 Atypical A	S	4 MG	ORAL	TABS	EA	30 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353055045	RISPERID	RISPERID	281608 Antipsych	28160804 Atypical A	S	4 MG	ORAL	TABS	EA	45 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353055060	RISPERID	RISPERID	281608 Antipsych	28160804 Atypical A	S	4 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353055415	PAROXET	PAROXET	281604 Antidepres	28160420 Selective-s	S	20 MG	ORAL	TABS	EA	15 X	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353055430	PAROXET	PAROXET	281604 Antidepres	28160420 Selective-s	S	20 MG	ORAL	TABS	EA	30 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353055445	PAROXET	PAROXET	281604 Antidepres	28160420 Selective-s	S	20 MG	ORAL	TABS	EA	45 X	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353055515	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	0.5 MG	ORAL	TABS	EA	15	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353055520	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	0.5 MG	ORAL	TABS	EA	20	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353055530	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	0.5 MG	ORAL	TABS	EA	30	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353055545	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	0.5 MG	ORAL	TABS	EA	45	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353055553	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	0.5 MG	ORAL	TABS	EA	60	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353055555	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	0.5 MG	ORAL	TABS	EA	75	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353055560	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	0.5 MG	ORAL	TABS	EA	90	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353055570	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	0.5 MG	ORAL	TABS	EA	120	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353055575	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	0.5 MG	ORAL	TABS	EA	150	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353055580	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	0.5 MG	ORAL	TABS	EA	180	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353055590	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	0.5 MG	ORAL	TABS	EA	240	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353055592	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	0.5 MG	ORAL	TABS	EA	270	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353055930	LUNESTA	ESZOPICI	282444 UNKNOW	28244400 UNKNOW	S	3 MG	ORAL	TABS	EA	30	MSB	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
43353056380	LISINOPR	LISINOPR	243204 Angiotens	24320400 Angiotens	S	20-12.5 M	ORAL	TABS	EA	180 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353056715	ZOLPIDEI	ZOLPIDEI	282444 UNKNOW	28244400 UNKNOW	S	10 MG	ORAL	TABS	EA	15	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353056720	ZOLPIDEI	ZOLPIDEI	282444 UNKNOW	28244400 UNKNOW	S	10 MG	ORAL	TABS	EA	20	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353056721	ZOLPIDEI	ZOLPIDEI	282444 UNKNOW	28244400 UNKNOW	S	10 MG	ORAL	TABS	EA	21	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353056728	ZOLPIDEI	ZOLPIDEI	282444 UNKNOW	28244400 UNKNOW	S	10 MG	ORAL	TABS	EA	28	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353056730	ZOLPIDEI	ZOLPIDEI	282444 UNKNOW	28244400 UNKNOW	S	10 MG	ORAL	TABS	EA	30	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353056762	ZOLPIDEI	ZOLPIDEI	282444 UNKNOW	28244400 UNKNOW	S	10 MG	ORAL	TABS	EA	11	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353056930	PANTOPF	PANTOPF	562836 Proton-pu	56283600 Proton-pu	S	40 MG	ORAL	TBEC	EA	30 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353056953	PANTOPF	PANTOPF	562836 Proton-pu	56283600 Proton-pu	S	40 MG	ORAL	TBEC	EA	60 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353056960	PANTOPF	PANTOPF	562836 Proton-pu	56283600 Proton-pu	S	40 MG	ORAL	TBEC	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353056980	PANTOPF	PANTOPF	562836 Proton-pu	56283600 Proton-pu	S	40 MG	ORAL	TBEC	EA	180 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353057215	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	1 MG	ORAL	TABS	EA	15	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353057230	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	1 MG	ORAL	TABS	EA	30	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353057253	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	1 MG	ORAL	TABS	EA	60	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353057260	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	1 MG	ORAL	TABS	EA	90	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353057270	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	1 MG	ORAL	TABS	EA	120	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353057275	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	1 MG	ORAL	TABS	EA	150	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353057280	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	1 MG	ORAL	TABS	EA	180	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353057290	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	1 MG	ORAL	TABS	EA	240	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353057315	CITALOPI	CITALOPI	281604 Antidepres	28160420 Selective-s	S	40 MG	ORAL	TABS	EA	15 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353057330	CITALOPI	CITALOPI	281604 Antidepres	28160420 Selective-s	S	40 MG	ORAL	TABS	EA	30 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353057345	CITALOPI	CITALOPI	281604 Antidepres	28160420 Selective-s	S	40 MG	ORAL	TABS	EA	45 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353057360	CITALOPI	CITALOPI	281604 Antidepres	28160420 Selective-s	S	40 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353057453	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	75 MG	ORAL	TABS	EA	60 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353057470	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	75 MG	ORAL	TABS	EA	120 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353057480	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	75 MG	ORAL	TABS	EA	180 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353057488	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	75 MG	ORAL	TABS	EA	900 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353057494	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	75 MG	ORAL	TABS	EA	360 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353057583	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	100 MG	ORAL	TABS	EA	3600 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353057809	WARFARI	WARFARI	201204 Anticoagu	20120408 Coumarin	S	10 MG	ORAL	TABS	EA	9000 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353057830	WARFARI	WARFARI	201204 Anticoagu	20120408 Coumarin	S	10 MG	ORAL	TABS	EA	30 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353057930	WARFARI	WARFARI	201204 Anticoagu	20120408 Coumarin	S	7.5 MG	ORAL	TABS	EA	30 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353058030	BENZTRO	BENZTRO	283608 UNKNOW	28360800 UNKNOW	S	1 MG	ORAL	TABS	EA	30 X	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353058053	BENZTRO	BENZTRO	283608 UNKNOW	28360800 UNKNOW	S	1 MG	ORAL	TABS	EA	60 X	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353058260	GLYBURI	GLYBURI	682020 Sulfonylur	68202000 Sulfonylur	S	2.5 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353058280	GLYBURI	GLYBURI	682020 Sulfonylur	68202000 Sulfonylur	S	2.5 MG	ORAL	TABS	EA	180 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353058330	METOPR	METOPR	242000 Alpha-Adr	24200000 Alpha-Adr	S	50 MG	ORAL	TB24	EA	30 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353058345	METOPR	METOPR	242000 Alpha-Adr	24200000 Alpha-Adr	S	50 MG	ORAL	TB24	EA	45 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353058360	METOPR	METOPR	242000 Alpha-Adr	24200000 Alpha-Adr	S	50 MG	ORAL	TB24	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353058430	WARFARI	WARFARI	201204 Anticoagu	20120408 Coumarin	S	1 MG	ORAL	TABS	EA	30 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353058460	WARFARI	WARFARI	201204 Anticoagu	20120408 Coumarin	S	1 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353058594	METFORI	METFORI	682004 Biguanide	68200400 Biguanide	S	500 MG	ORAL	TB24	EA	360 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353058730	WARFARI	WARFARI	201204 Anticoagu	20120408 Coumarin	S	6 MG	ORAL	TABS	EA	30 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353058930	METFORI	METFORI	682004 Biguanide	68200400 Biguanide	S	500 MG	ORAL	TABS	EA	30 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353058953	METFORI	METFORI	682004 Biguanide	68200400 Biguanide	S	500 MG	ORAL	TABS	EA	60 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353058960	METFORI	METFORI	682004 Biguanide	68200400 Biguanide	S	500 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353058970	METFORI	METFORI	682004 Biguanide	68200400 Biguanide	S	500 MG	ORAL	TABS	EA	120 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353058975	METFORI	METFORI	682004 Biguanide	68200400 Biguanide	S	500 MG	ORAL	TABS	EA	150 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353058980	METFORI	METFORI	682004 Biguanide	68200400 Biguanide	S	500 MG	ORAL	TABS	EA	180 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353058992	METFORI	METFORI	682004 Biguanide	68200400 Biguanide	S	500 MG	ORAL	TABS	EA	270 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353058994	METFORI	METFORI	682004 Biguanide	68200400 Biguanide	S	500 MG	ORAL	TABS	EA	360 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353058996	METFORI	METFORI	682004 Biguanide	68200400 Biguanide	S	500 MG	ORAL	TABS	EA	450 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353059007	ZOLPIDEI	ZOLPIDEI	282444 UNKNOW	28244400 UNKNOW	S	5 MG	ORAL	TABS	EA	7	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353059010	ZOLPIDEI	ZOLPIDEI	282444 UNKNOW	28244400 UNKNOW	S	5 MG	ORAL	TABS	EA	10	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353059014	ZOLPIDEI	ZOLPIDEI	282444 UNKNOW	28244400 UNKNOW	S	5 MG	ORAL	TABS	EA	14	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353059015	ZOLPIDEI	ZOLPIDEI	282444 UNKNOW	28244400 UNKNOW	S	5 MG	ORAL	TABS	EA	15	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353059020	ZOLPIDEI	ZOLPIDEI	282444 UNKNOW	28244400 UNKNOW	S	5 MG	ORAL	TABS	EA	20	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353059028	ZOLPIDEI	ZOLPIDEI	282444 UNKNOW	28244400 UNKNOW	S	5 MG	ORAL	TABS	EA	28	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353059030	ZOLPIDEI	ZOLPIDEI	282444 UNKNOW	28244400 UNKNOW	S	5 MG	ORAL	TABS	EA	30	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353059045	ZOLPIDEI	ZOLPIDEI	282444 UNKNOW	28244400 UNKNOW	S	5 MG	ORAL	TABS	EA	45	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353059053	ZOLPIDEI	ZOLPIDEI	282444 UNKNOW	28244400 UNKNOW	S	5 MG	ORAL	TABS	EA	60	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353059059	ZOLPIDEI	ZOLPIDEI	282444 UNKNOW	28244400 UNKNOW	S	5 MG	ORAL	TABS	EA	22	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353059060	ZOLPIDEI	ZOLPIDEI	282444 UNKNOW	28244400 UNKNOW	S	5 MG	ORAL	TABS	EA	90	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353059330	MELOXIC	MELOXIC	280804 Nonsteroi	28080404 UNKNOW	S	15 MG	ORAL	TABS	EA	30 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353059360	MELOXIC	MELOXIC	280804 Nonsteroi	28080404 UNKNOW	S	15 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353059430	DIPHENO	DIPHENO	560800 Antidiarrhe	56080000 Antidiarrhe	S	2.5-0.025 I	ORAL	TABS	EA	30	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353059453	DIPHENO	DIPHENO	560800 Antidiarrhe	56080000 Antidiarrhe	S	2.5-0.025 I	ORAL	TABS	EA	60	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353059460	DIPHENO	DIPHENO	560800 Antidiarrhe	56080000 Antidiarrhe	S	2.5-0.025 I	ORAL	TABS	EA	90	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353059470	DIPHENO	DIPHENO	560800 Antidiarrhe	56080000 Antidiarrhe	S	2.5-0.025 I	ORAL	TABS	EA	120	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353059480	DIPHENO	DIPHENO	560800 Antidiarrhe	56080000 Antidiarrhe	S	2.5-0.025 I	ORAL	TABS	EA	180	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353059490	DIPHENO	DIPHENO	560800 Antidiarrhe	56080000 Antidiarrhe	S	2.5-0.025 I	ORAL	TABS	EA	240	GENERIC		43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353060315	SERTRAL	SERTRAL	281604 Antidepres	28160420 Selective-s	S	50 MG	ORAL	TABS	EA	15 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353060345	SERTRAL	SERTRAL	281604 Antidepres	28160420 Selective-s	S	50 MG	ORAL	TABS	EA	45 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353060460	CARBIDO	CARBIDO	283616 UNKNOW	28361600 UNKNOW	S	25-100 MC	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353060480	CARBIDO	CARBIDO	283616 UNKNOW	28361600 UNKNOW	S	25-100 MC	ORAL	TABS	EA	180 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353060730	BUSPIRO	BUSPIRO	282412 UNKNOW	28241200 UNKNOW	S	15 MG	ORAL	TABS	EA	30	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353060760	BUSPIRO	BUSPIRO	282412 UNKNOW	28241200 UNKNOW	S	15 MG	ORAL	TABS	EA	90	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353060780	BUSPIRO	BUSPIRO	282412 UNKNOW	28241200 UNKNOW	S	15 MG	ORAL	TABS	EA	180	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353060953	BUSPIRO	BUSPIRO	282412 UNKNOW	28241200 UNKNOW	S	5 MG	ORAL	TABS	EA	60	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353060960	BUSPIRO	BUSPIRO	282412 UNKNOW	28241200 UNKNOW	S	5 MG	ORAL	TABS	EA	90	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353060980	BUSPIRO	BUSPIRO	282412 UNKNOW	28241200 UNKNOW	S	5 MG	ORAL	TABS	EA	180	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353061053	BUSPIRO	BUSPIRO	282412 UNKNOW	28241200 UNKNOW	S	10 MG	ORAL	TABS	EA	60	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353061060	BUSPIRO	BUSPIRO	282412 UNKNOW	28241200 UNKNOW	S	10 MG	ORAL	TABS	EA	90	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353061070	BUSPIRO	BUSPIRO	282412 UNKNOW	28241200 UNKNOW	S	10 MG	ORAL	TABS	EA	120	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353061080	BUSPIRO	BUSPIRO	282412 UNKNOW	28241200 UNKNOW	S	10 MG	ORAL	TABS	EA	180	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353061092	BUSPIRO	BUSPIRO	282412 UNKNOW	28241200 UNKNOW	S	10 MG	ORAL	TABS	EA	270	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353061260	DOXAZOS	DOXAZOS	241600 Sclerosing	24160000 Sclerosing	S	4 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353061360	DOXAZOS	DOXAZOS	241600 Sclerosing	24160000 Sclerosing	S	8 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353061580	MINIPRES	PRAZOSII	241600 Sclerosing	24160000 Sclerosing	S	2 MG	ORAL	CAPS	EA	180 X	MSB	5/1/2023	43353 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
43353061630	SOTALOL	SOTALOL	242000 Alpha-Adr	24200000 Alpha-Adr	S	80 MG	ORAL	TABS	EA	30 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353061660	SOTALOL	SOTALOL	242000 Alpha-Adr	24200000 Alpha-Adr	S	80 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353061707	ZOLPIDEI	ZOLPIDEI	282444 UNKNOW	28244400 UNKNOW	S	10 MG	ORAL	TABS	EA	7	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353061710	ZOLPIDEI	ZOLPIDEI	282444 UNKNOW	28244400 UNKNOW	S	10 MG	ORAL	TABS	EA	10	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353061714	ZOLPIDEI	ZOLPIDEI	282444 UNKNOW	28244400 UNKNOW	S	10 MG	ORAL	TABS	EA	14	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353061715	ZOLPIDEI	ZOLPIDEI	282444 UNKNOW	28244400 UNKNOW	S	10 MG	ORAL	TABS	EA	15	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353061720	ZOLPIDEI	ZOLPIDEI	282444 UNKNOW	28244400 UNKNOW	S	10 MG	ORAL	TABS	EA	20	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353061721	ZOLPIDEI	ZOLPIDEI	282444 UNKNOW	28244400 UNKNOW	S	10 MG	ORAL	TABS	EA	21	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353061725	ZOLPIDEI	ZOLPIDEI	282444 UNKNOW	28244400 UNKNOW	S	10 MG	ORAL	TABS	EA	25	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353061728	ZOLPIDEI	ZOLPIDEI	282444 UNKNOW	28244400 UNKNOW	S	10 MG	ORAL	TABS	EA	28	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353061730	ZOLPIDEI	ZOLPIDEI	282444 UNKNOW	28244400 UNKNOW	S	10 MG	ORAL	TABS	EA	30	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353061740	ZOLPIDEI	ZOLPIDEI	282444 UNKNOW	28244400 UNKNOW	S	10 MG	ORAL	TABS	EA	40	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353061745	ZOLPIDEI	ZOLPIDEI	282444 UNKNOW	28244400 UNKNOW	S	10 MG	ORAL	TABS	EA	45	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353061753	ZOLPIDEI	ZOLPIDEI	282444 UNKNOW	28244400 UNKNOW	S	10 MG	ORAL	TABS	EA	60	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353061759	ZOLPIDEI	ZOLPIDEI	282444 UNKNOW	28244400 UNKNOW	S	10 MG	ORAL	TABS	EA	22	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353061760	ZOLPIDEI	ZOLPIDEI	282444 UNKNOW	28244400 UNKNOW	S	10 MG	ORAL	TABS	EA	90	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353061762	ZOLPIDEI	ZOLPIDEI	282444 UNKNOW	28244400 UNKNOW	S	10 MG	ORAL	TABS	EA	11	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353062007	ZOLPIDEI	ZOLPIDEI	282444 UNKNOW	28244400 UNKNOW	S	5 MG	ORAL	TABS	EA	7	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353062010	ZOLPIDEI	ZOLPIDEI	282444 UNKNOW	28244400 UNKNOW	S	5 MG	ORAL	TABS	EA	10	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353062014	ZOLPIDEI	ZOLPIDEI	282444 UNKNOW	28244400 UNKNOW	S	5 MG	ORAL	TABS	EA	14	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353062015	ZOLPIDEI	ZOLPIDEI	282444 UNKNOW	28244400 UNKNOW	S	5 MG	ORAL	TABS	EA	15	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353062020	ZOLPIDEI	ZOLPIDEI	282444 UNKNOW	28244400 UNKNOW	S	5 MG	ORAL	TABS	EA	20	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353062028	ZOLPIDEI	ZOLPIDEI	282444 UNKNOW	28244400 UNKNOW	S	5 MG	ORAL	TABS	EA	28	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
43353062030	ZOLPIDEI	ZOLPIDEI	282444 UNKNOW	28244400 UNKNOW	S	5 MG	ORAL	TABS	EA	30	GENERIC	5/1/2023	43353	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

43353076260	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353076280	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353076345	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353076402	VIAGRA	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	25 MG	ORAL	TABS	EA	2		MSB	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
43353076404	VIAGRA	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	25 MG	ORAL	TABS	EA	4		MSB	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
43353076406	VIAGRA	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	25 MG	ORAL	TABS	EA	6		MSB	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
43353076412	VIAGRA	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	25 MG	ORAL	TABS	EA	12		MSB	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
43353076508	PROBENE	PROBENE	404000	Uricosuric	40400000	Uricosuric	S	500 MG	ORAL	TABS	EA	8	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353076630	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	3 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353076753	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353076760	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353076770	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TABS	EA	120	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353076780	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353076783	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TABS	EA	3600	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353076792	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353076815	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353076941	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	10 MG	ORAL	TB24	EA	1600	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353077253	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353077260	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353077280	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353077315	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353077345	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353077360	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353077415	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353077445	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353077460	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353077530	PIROXICA	PIROXICA	280804	Nonsteroi	28080404	UNKNOW	S	20 MG	ORAL	CAPS	EA	30	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353077560	PIROXICA	PIROXICA	280804	Nonsteroi	28080404	UNKNOW	S	20 MG	ORAL	CAPS	EA	90	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353077815	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	15	X	GENERIC		43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353077830	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353077845	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	45	X	GENERIC		43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353077860	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353077930	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353077953	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353077960	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353077970	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	120		GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353077980	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	180		GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353077990	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	240		GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353077992	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	270		GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353078315	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	15		GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353078320	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	20		GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353078330	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353078345	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	45		GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353078353	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353078355	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	75		GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353078360	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353078370	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	120		GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353078375	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	150		GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353078380	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	180		GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353078390	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	240		GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353078453	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	60	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353078515	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353078516	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	6000	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353078530	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353078545	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353078553	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353078560	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353078630	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353078653	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353078830	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353078853	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353078860	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353079030	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	30	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353079053	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	60	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353079060	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	90	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353079070	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	120	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353079080	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	180	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353079085	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	200	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353079092	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	270	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353079094	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	360	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353079330	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353079416	HYDROXY	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	6000	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353079453	HYDROXY	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353079460	HYDROXY	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353079480	HYDROXY	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353079516	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	6000	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353079560	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	90	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353079630	BENZTRO	BENZTRO	283608	UNKNOW	28360800	UNKNOW	S	1 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353079653	BENZTRO	BENZTRO	283608	UNKNOW	28360800	UNKNOW	S	1 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353079817	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	TABS	EA	6030	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353079853	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353079860	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353079870	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	TABS	EA	120	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353079880	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353079884	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	TABS	EA	1100	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353079888	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	TABS	EA	900	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353079915	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	15		GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353079945	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	45		GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353079970	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	120		GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353080060	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-25 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353080445	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353080460	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353080480	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353080492	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353080560	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	90	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353080699	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	600		GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353080760	METOCL	METOCL	563200	Prokinetic	56320000	Prokinetic	S	10 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353080853	METOCL	METOCL	563200	Prokinetic	56320000	Prokinetic	S	10 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353080860	METOCL	METOCL	563200	Prokinetic	56320000	Prokinetic	S	10 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353080915	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	15	X	GENERIC		43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353080930	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353080945	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	45	X	GENERIC		43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353080953	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353080960	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353080973	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	135	X	GENERIC		43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353080980	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	180	X	GENERIC		43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353081080	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	180	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353081092	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	270	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353081094	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	360	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353081153	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353081160	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353081180	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353081192	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353081330	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353081353	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353081360	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353081416	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	6000	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353081430	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353081453	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353081515	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353081530	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353081545	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353081560	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353081579	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	2160	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353081603	VITAMIN	ERGOCAL	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (	ORAL	CAPS	EA	3	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353081604	VITAMIN	ERGOCAL	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (	ORAL	CAPS	EA	4	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353081715	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	15	X	GENERIC		43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353081730	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353081745	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	45	X	GENERIC		43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353081760	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353081815	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353081816	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	6000	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353081830	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353081845	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353081853	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353081860	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353081960	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353082030	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353082053	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353082060	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353082070	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	120		GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353082115	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353082130	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353082145	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353082160	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353082206	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6		GENERIC	5/1/2023	43353	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353082330	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	30	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353082360	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353082370	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	120	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353082392	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	270	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353082394	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	360	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353082398	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	540	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353082465	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	100	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353082530	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	30		GENERIC		43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353082553	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	60		GENERIC		43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353082560	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	90		GENERIC		43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353082570	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	120		GENERIC		43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353082615	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353082645	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353082660	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353082715	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353082730	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353082745	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353082753	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353082760	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353082960	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353082980	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	180	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353083060	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353083073	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	135	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353083130	MODAFIN	MODAFIN	282080	UNKNOW	28208000	UNKNOW	S	200 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353083153	MODAFIN	MODAFIN	282080	UNKNOW	28208000	UNKNOW	S	200 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353083209	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	9000	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353083260	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353083280	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353083330	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353083345	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353083360	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353083380	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353083430	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353083445	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	45	X	GENERIC		43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353083460	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353083473	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	135	X	GENERIC		43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353083480	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	180	X	GENERIC		43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353083530	DIGOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	125 MCG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	43353	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353083560	DIGOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	125 MCG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353083753	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	3.125 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353083760	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	3.125 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353083780	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	3.125 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353083830	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353083853	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353083860	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353083880	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353083960	PROBENE	PROBENE	404000	Uricosuric	40400000	Uricosuric	S	500 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353084030	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	30	X	MSB	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
43353084053	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	60	X	MSB		43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
43353084130	LUNESTA	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	2 MG	ORAL	TABS	EA	30		MSB	5/1/2023	43353	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
43353084230	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353084253	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353084260	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353084270	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	120	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353084280	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353084292	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353084294	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	360	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353084296	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	450	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353084315	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353084330	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353084345	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353084360	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353084430	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353084445	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353084515	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353084530	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353084545	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353084618	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	3000	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353084718	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	300 MG	ORAL	TABS	EA	3000	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353084815	ABILIFY	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	15	X	MSB	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
43353084816	ABILIFY	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	6000	X	MSB	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
43353084845	ABILIFY	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	45	X	MSB	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
43353084915	ABILIFY	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	15	X	MSB	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
43353084916	ABILIFY	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	6000	X	MSB	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
43353084945	ABILIFY	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	45	X	MSB	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
43353085015	ABILIFY	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	30 MG	ORAL	TABS	EA	15	X	MSB	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
43353085018	ABILIFY	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	30 MG	ORAL	TABS	EA	3000	X	MSB	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
43353085045	ABILIFY	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	30 MG	ORAL	TABS	EA	45	X	MSB	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
43353085099	ABILIFY	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	30 MG	ORAL	TABS	EA	600	X	MSB	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
43353085109	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	9000	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353085218	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	400 MG	ORAL	TABS	EA	3000	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353085318	AMANTAD	AMANTAD	283604	UNKNOW	28360400	UNKNOW	S	100 MG	ORAL	CAPS	EA	3000	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353085403	COLCRYS	COLCHIC	921600	UNKNOW	92160000	UNKNOW	S	0.6 MG	ORAL	TABS	EA	9		MSB	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
43353085409	COLCRYS	COLCHIC	921600	UNKNOW	92160000	UNKNOW	S	0.6 MG	ORAL	TABS	EA	9000		MSB	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
43353085518	ENTACAF	ENTACAF	283612	UNKNOW	28361200	UNKNOW	S	200 MG	ORAL	TABS	EA	3000	X	GENERIC	5/1/2023	43353	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353085615	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353085617	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	6030	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353085630	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353085645	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353085660	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353085688	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	900	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353085702	CIALIS	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	2		MSB	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
43353085704	CIALIS	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	4		MSB	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
43353085706	CIALIS	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	6		MSB	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
43353085712	CIALIS	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	12		MSB	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
43353085815	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353085819	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	3060	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353085830	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353085845	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353085860	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353085898	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	540	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353085960	VITAMIN	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	50 MCG (	ORAL	TABS	EA	90		GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353085980	VITAMIN	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	50 MCG (	ORAL	TABS	EA	180		GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353086109	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	9000	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353086115	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353086130	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353086145	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353086160	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353086188	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	900	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353086260	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353086280	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	180	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353086292	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	270	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353086298	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	540	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353086330	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	30	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353086353	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	60	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353086360	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353086370	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	120	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353086380	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	180	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353086392	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	270	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353086394	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	360	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353086398	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	540	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353086460	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	90	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353086480	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	180	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353086492	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	270	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353086494	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	360	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353086560	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353086580	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
43353086630	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10-12.5 M	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	43353		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

43386009660	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	15	GENERIC		43386		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43386009661	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	30	GENERIC		43386		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43386009662	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	60	GENERIC		43386		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43386009663	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	45	GENERIC		43386		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43386011803	HYDROC	HYDROC	480800	Antitussive	48080000	Antitussive	S	5-1.5 MG	ORAL	TABS	EA	30	GENERIC		43386		N	FORMULARY	1 GEN	GENERICS			X	6 IN 1 DAYS		X	AGE_YEA MUST BE AT LEAST	R	MEDPRMI
43386016006	MISOPRC	MISOPRC	562828	Prostaglar	56282800	Prostaglar	S	100 MCG	ORAL	TABS	EA	60 X	GENERIC	1/30/2023	43386		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43386016012	MISOPRC	MISOPRC	562828	Prostaglar	56282800	Prostaglar	S	100 MCG	ORAL	TABS	EA	120 X	GENERIC	1/30/2023	43386		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43386016101	MISOPRC	MISOPRC	562828	Prostaglar	56282800	Prostaglar	S	200 MCG	ORAL	TABS	EA	100 X	GENERIC	1/30/2023	43386		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43386016106	MISOPRC	MISOPRC	562828	Prostaglar	56282800	Prostaglar	S	200 MCG	ORAL	TABS	EA	60 X	GENERIC	1/30/2023	43386		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43386016801	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ/1	ORAL	SOLN	ML	473 X	GENERIC	5/17/2022	43386		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43386016901	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	40 MEQ/1	ORAL	SOLN	ML	473 X	GENERIC	5/17/2022	43386		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43386019430	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	PACK	EA	30 X	GENERIC	5/31/2022	43386		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43386019431	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	PACK	EA	100 X	GENERIC	5/31/2022	43386		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43386023760	CYANOC	CYANOC	880800	Vitamin B	88080000	Vitamin B	S	500 MCG/	NASAL	SOLN	EA	1 X	GENERIC		43386		N	EXCLUDE EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
43386023770	CYANOC	CYANOC	880800	Vitamin B	88080000	Vitamin B	S	500 MCG/	NASAL	SOLN	EA	1 X	GENERIC		43386		N	EXCLUDE EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
43386028001	DIAZEPAI	DIAZEPAI	281208	Anticonvul	28120800	Anticonvul	S	10 MG	RECTAL	GEL	EA	1	GENERIC		43386		N	FORMULARY	1 GEN	GENERICS			X	<= 1				R	MEDPRMI
43386028101	DIAZEPAI	DIAZEPAI	281208	Anticonvul	28120800	Anticonvul	S	20 MG	RECTAL	GEL	EA	1	GENERIC		43386		N	FORMULARY	1 GEN	GENERICS			X	<= 1				R	MEDPRMI
43386031208	GAVILAX	POLYETH	561200	Cathartics	56120000	Cathartics	P	0-17GM/S	ORAL	POWD	GM	238	GENERIC		43386 N		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43386031214	GAVILAX	POLYETH	561200	Cathartics	56120000	Cathartics	P	0-17GM/S	ORAL	POWD	GM	510	GENERIC		43386 N		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43386035101	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-300 MG	ORAL	TABS	EA	100	GENERIC	6/22/2023	43386		N	FORMULARY	1 GEN	GENERICS			X	13 IN 1 DAYS				R	MEDPRMI
43386035105	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-300 MG	ORAL	TABS	EA	500	GENERIC	6/22/2023	43386		N	FORMULARY	1 GEN	GENERICS			X	13 IN 1 DAYS				R	MEDPRMI
43386035201	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-300 M	ORAL	TABS	EA	100	GENERIC	6/22/2023	43386		N	FORMULARY	1 GEN	GENERICS			X	13 IN 1 DAYS				R	MEDPRMI
43386035205	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-300 M	ORAL	TABS	EA	500	GENERIC	6/22/2023	43386		N	FORMULARY	1 GEN	GENERICS			X	13 IN 1 DAYS				R	MEDPRMI
43386035301	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-300 M	ORAL	TABS	EA	100	GENERIC	6/22/2023	43386		N	FORMULARY	1 GEN	GENERICS			X	13 IN 1 DAYS				R	MEDPRMI
43386035305	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-300 M	ORAL	TABS	EA	500	GENERIC	6/22/2023	43386		N	FORMULARY	1 GEN	GENERICS			X	13 IN 1 DAYS				R	MEDPRMI
43386035601	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	100	GENERIC	6/22/2023	43386		N	FORMULARY	1 GEN	GENERICS			X	12 IN 1 DAYS				R	MEDPRMI
43386035605	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	500	GENERIC		43386		N	FORMULARY	1 GEN	GENERICS			X	12 IN 1 DAYS				R	MEDPRMI
43386035610	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	1000	GENERIC	6/22/2023	43386		N	FORMULARY	1 GEN	GENERICS			X	12 IN 1 DAYS				R	MEDPRMI
43386035701	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	100	GENERIC	6/22/2023	43386		N	FORMULARY	1 GEN	GENERICS			X	12 IN 1 DAYS				R	MEDPRMI
43386035705	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	500	GENERIC		43386		N	FORMULARY	1 GEN	GENERICS			X	12 IN 1 DAYS				R	MEDPRMI
43386035710	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	1000	GENERIC		43386		N	FORMULARY	1 GEN	GENERICS			X	12 IN 1 DAYS				R	MEDPRMI
43386035801	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	100	GENERIC	6/22/2023	43386		N	FORMULARY	1 GEN	GENERICS			X	12 IN 1 DAYS				R	MEDPRMI
43386035805	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	500	GENERIC		43386		N	FORMULARY	1 GEN	GENERICS			X	12 IN 1 DAYS				R	MEDPRMI
43386035810	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	1000	GENERIC	6/22/2023	43386		N	FORMULARY	1 GEN	GENERICS			X	12 IN 1 DAYS				R	MEDPRMI
43386036021	PHENELZ	PHENELZ	281604	Antidepres	28160412	Monoamin	S	15 MG	ORAL	TABS	EA	60 X	GENERIC	2/11/2022	43386		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43386037132	MERZEE	NORETHI	681200	Contracep	68120000	Contracep	S	1-20 MG-I	ORAL	CAPS	EA	28 X	MSB		43386		N	EXCLUDED	3 BRND2	FORMULARY EXCLUSION						X	Must meet 5 DS Afirm TRIAL OF TWO GENERIC ORAL CONTRACEPTIVES IN THE PAST 365 DAYS	R	MEDPRMI
43386040503	NITAZOX	NITAZOX	83020	UNKNOW	8302000	UNKNOW	S	500 MG	ORAL	TABS	EA	30	GENERIC	2/27/2023	43386		N	FORMULARY	1 GEN	GENERICS			X	2 IN 1 DAYS				R	MEDPRMI
43386040512	NITAZOX	NITAZOX	83020	UNKNOW	8302000	UNKNOW	S	500 MG	ORAL	TABS	EA	12	GENERIC	2/27/2023	43386		N	FORMULARY	1 GEN	GENERICS			X	2 IN 1 DAYS				R	MEDPRMI
43386045011	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	25 MG/5M	ORAL	SUSP	ML	230	GENERIC		43386		N	FORMULARY	1 GEN	GENERICS	X	PA:X						R	MEDPRMI
43386047060	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	100 MG/5	ORAL	SUSR	ML	15	GENERIC		43386		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43386047161	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	200 MG/5	ORAL	SUSR	ML	30	GENERIC		43386		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43386048024	ORPHEN	ORPHEN	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	100	GENERIC		43386		N	FORMULARY	1 GEN	GENERICS			X	2 IN 1 DAYS				R	MEDPRMI
43386048026	ORPHEN	ORPHEN	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	500	GENERIC		43386		N	FORMULARY	1 GEN	GENERICS			X	2 IN 1 DAYS				R	MEDPRMI
43386048028	ORPHEN	ORPHEN	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	1000	GENERIC		43386		N	FORMULARY	1 GEN	GENERICS			X	2 IN 1 DAYS				R	MEDPRMI
43386050011	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG/5M	ORAL	SUSR	ML	50 X	GENERIC		43386		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43386054001	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TBCR	EA	100	GENERIC		43386		N	FORMULARY	1 GEN	GENERICS			X	3 IN 1 DAYS		X	Must meet 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
43386054101	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TBCR	EA	100	GENERIC		43386		N	FORMULARY	1 GEN	GENERICS			X	3 IN 1 DAYS		X	Must meet 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
43386054201	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	60 MG	ORAL	TBCR	EA	100	GENERIC		43386		N	FORMULARY	1 GEN	GENERICS			X	3 IN 1 DAYS		X	Must meet 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
43386054301	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	100 MG	ORAL	TBCR	EA	100	GENERIC		43386		N	FORMULARY	1 GEN	GENERICS			X	3 IN 1 DAYS		X	Must meet 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
43386054401	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	200 MG	ORAL	TBCR	EA	100	GENERIC		43386		N	FORMULARY	1 GEN	GENERICS			X	3 IN 1 DAYS		X	Must meet 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
43386055106	TINIDAZO	TINIDAZO	83016	UNKNOW	8301600	UNKNOW	S	500 MG	ORAL	TABS	EA	60	GENERIC		43386		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43386058031	METOCL	METOCL	563200	Prokinetic	56320000	Prokinetic	R	10 MG	ORAL	TBDP	EA	10	GENERIC	2/11/2022	43386		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43386058131	METOCL	METOCL	563200	Prokinetic	56320000	Prokinetic	R	5MG	ORAL	TBDP	EA	10	GENERIC		43386		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43386064101	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	50 MG	ORAL	CAPS	EA	100	GENERIC		43386		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43386064201	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	100	GENERIC		43386		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43386066003	TRIMETH	TRIMETH	562208	Antihistam	56220800	Antihistam	S	300 MG	ORAL	CAPS	EA	30	GENERIC		43386		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43386066024	TRIMETH	TRIMETH	562208	Antihistam	56220800	Antihistam	S	300 MG	ORAL	CAPS	EA	100	GENERIC		43386		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43386066026	TRIMETH	TRIMETH	562208	Antihistam	56220800	Antihistam	S	300 MG	ORAL	CAPS	EA	500	GENERIC		43386		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43386068001	PENTAZO	PENTAZO	280812	Opiate Pa	28081200	Opiate Pa	S	50-0.5 MG	ORAL	TABS	EA	100	GENERIC		43386		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43386070002	NA SULF	SODIUM	561200	Cathartics	56120000	Cathartics	S	17.5-3.13-	ORAL	SOLN	ML	177	GENERIC		43386		N	#N/A ORIG_FR	10 EHB	#N/A			X	<= 354		X	IF AGE=45-75 YEARS AND QS	R	MEDPRMI
43386070083	NA SULF	SODIUM	561200	Cathartics	56120000	Cathartics	S	17.5-3.13-	ORAL	SOLN	ML	177	GENERIC		43386		N	#N/A ORIG_FR	10 EHB	#N/A			X	<= 354		X	IF AGE=45-75 YEARS AND QS	R	MEDPRMI
43386077001	FLUCYTO	FLUCYTO	81432	Pyrimidine	8143200	Pyrimidine	S	500 MG	ORAL	CAPS	EA	100	GENERIC		43386		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43386077101	FLUCYTO	FLUCYTO	81432	Pyrimidine	8143200	Pyrimidine	S	250 MG	ORAL	CAPS	EA	100	GENERIC		43386		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43386079001	DOXYCY	DOXYCY	81224	Tetracycli	8122400	Tetracycli	S	50 MG	ORAL	CAPS	EA	100	GENERIC		43386		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43386079101	DOXYCY	DOXYCY	81224	Tetracycli	8122400	Tetracycli	S	75MG	ORAL	CAPS	EA	100	GENERIC		43386		N	FORMULARY	1 GEN	GENERICS			X	2 IN 1 DAYS		X	Must meet 5 DS Doxy TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 75MG TABLET IN THE PAS	R	MEDPRMI
43386079202	DOXYCY	DOXYCY	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	CAPS	EA	250	GENERIC		43386		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43386079211	DOXYCY	DOXYCY	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	CAPS	EA	50	GENERIC		43386		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43386079401	DOXYCY	DOXYCY	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	TABS	EA	100	GENERIC		43386		N	FORMULARY	1 GEN	GENERICS			X	2 IN 1 DAYS				R	MEDPRMI
43386079405	DOXYCY	DOXYCY	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	TABS	EA	500	GENERIC		43386		N	FORMULARY	1 GEN	GENERICS			X	2 IN 1 DAYS				R	MEDPRMI
43386079450	DOXYCY	DOXYCY	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	TABS	EA	50	GENERIC		43386		N	FORMULARY	1 GEN	GENERICS			X	2 IN 1 DAYS				R	MEDPRMI
43386095001	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	CAPS	EA	100	GENERIC	1/13/2022	43386		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43386099901	CEVIMELI	CEVIMELI	120400	Parasymp	12040000	Parasymp	S	30 MG	ORAL	CAPS	EA	100 X	GENERIC		43386		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43393000101	MIFEPRIS	MIFEPRIS	760000	Oxytocics	76000000	Oxytocics	S	200 MG	ORAL	TABS	EA	1	GENERIC		43393		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43393000106	MIFEPRIS	MIFEPRIS	760000	Oxytocics	76000000	Oxytocics	S	200 MG	ORAL	TABS	EA	6	GENERIC		43393		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43393002004	MISOPRC	MISOPRC	562828	Prostaglar	56282800	Prostaglar	S	200 MCG	ORAL	TABS	EA	4 X	GENERIC		43393		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43393002204	MISOPRC	MISOPRC	562828	Prostaglar	56282800	Prostaglar	S	200 MCG	ORAL	TABS	EA	4 X	GENERIC		43393	X	N	EXCLUDE REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43393002304	MISOPRC	MISOPRC	562828	Prostaglar	56282800	Prostaglar	S	200 MCG	ORAL	TABS	EA	4 X	GENERIC		43393	X	N	EXCLUDE REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43393020004	MISOPRC	MISOPRC	562828	Prostaglar	56282800	Prostaglar	S	200 MCG	ORAL	TABS	EA	1 X	GENERIC		43393		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43393020048	MISOPRC	MISOPRC	562828	Prostaglar	56282800	Prostaglar	S	200 MCG	ORAL	TABS	EA	48 X	GENERIC		43393		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43393020060	MISOPRC	MISOPRC	562828	Prostaglar	56282800	Prostaglar	S	200 MCG	ORAL	TABS	EA	60 X	GENERIC		43393		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43485010101	SPRITAM	LEVETIR	281292	Anticonvul	28129200	Anticonvul	R	250 MG	ORAL	TB3D	EA	1 X	SSB		43485		N	EXCLUDE EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
43485010160	SPRITAM	LEVETIR	281292	Anticonvul	28129200	Anticonvul	R	250 MG	ORAL	TB3D	EA	60 X	SSB		43485		N	EXCLUDE EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
43485010201	SPRITAM	LEVETIR	281292	Anticonvul	28129200	Anticonvul	R	500 MG	ORAL	TB3D	EA	1 X	SSB		43485		N	EXCLUDE EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
43485010260	SPRITAM	LEVETIR	281292	Anticonvul	28129200	Anticonvul	R	500 MG	ORAL	TB3D	EA	60 X	SSB		43485		N	EXCLUDE EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
43485010301	SPRITAM	LEVETIR	281292	Anticonvul	28129200	Anticonvul	R	750 MG	ORAL	TB3D	EA	1 X	SSB		43485		N	EXCLUDE EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
43485010360	SPRITAM	LEVETIR	281292	Anticonvul	28129200	Anticonvul	R	750 MG	ORAL	TB3D	EA	60 X	SSB		43485		N	EXCLUDE EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
43485010401	SPRITAM	LEVETIR	281292	Anticonvul	28129200	Anticonvul	R	1000 MG	ORAL	TB3D	EA	1 X	SSB		43485		N	EXCLUDE EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
43485010460	SPRITAM	LEVETIR	281292	Anticonvul	28129200	Anticonvul	R	1000 MG	ORAL	TB3D	EA	60 X	SSB		43485		N	EXCLUDE EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
43528000301	HEPLISA	HEPATITI	801200	Vaccines	80120000	Vaccines	R	20 MCG/0	INTRAMU	SOSY	ML	0.5	SSB		43528		N	#N/A ORIG_FR	10 EHB	#N/A						X	IF AGE=18-999 YEARS AND C	R	MEDPRMI
43528000305	HEPLISA	HEPATITI	801200	Vaccines	80120000	Vaccines	R	20 MCG/0	INTRAMU	SOSY	ML	0.5	SSB		43528		N	#N/A ORIG_FR	10 EHB	#N/A						X	IF AGE=18-999 YEARS AND C	R	MEDPRMI
43538010060	SUMAXIN	SULFACE	842800	Keratolytic	84280000	Keratolytic	R	10-4 %	EXTERNA	PADS	EA	60	SSB		43538 N		N	EXCLUDE EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
43538010160	SUMAXIN	SULFACE	842800	Keratolytic	84280000	Keratolytic	R	10-4 %	EXTERNA	KIT	EA	1	SSB		43538		N	EXCLUDE EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
43538017069	CLINDAC	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1%	EXTERNA	SWAB	EA	69	GENERIC		43538 Y		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43538017169	CLINDAC	CLINDAM	840404	Antibacter	84040400	Antibacter	R	1%	EXTERNA	KIT	EA	1	SSB	1/3/2024	43538		N	EXCLUDE EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
43538017260	CLINDAC	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1%	EXTERNA	SWAB	EA	60	GENERIC		43538 Y		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43538017360	CLINDAC	CLINDAM	840404	Antibacter	84040400	Antibacter	R	0-1%-0	EXTERNA	KIT	EA	1	SSB		43538		N	EXCLUDE EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
43538017645	NEUAC	CLINDAM	840404	Antibacter	84040400	Antibacter	S	5%-1.2%	EXTERNA	GEL	GM	45	GENERIC		43538		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43538017745	NEUAC	CLINDAM	840404	Antibacter	84040400	Antibacter	R	1.2-5 %	EXTERNA	KIT	GM	130	SSB	3/8/2023	43538		N	EXCLUDE EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
43538017910	CLINDAC	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1%	EXTERNA	FOAM	GM	100	GENERIC		43538 Y		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43538018045	ROSADA	METRONI	840404	Antibacter	84040400	Antibacter	S	0.75%	EXTERNA	CREA	GM	45	GENERIC	3/8/2023	43538		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43538018145	ROSADA	METRONI	840404	Antibacter	84040400	Antibacter	R	0.75 % CR	EXTERNA	KIT	EA	1	SSB	3/8/2023	43538		N	EXCLUDE EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
43538018245	ROSADA	METRONI	840404	Antibacter	84040400	Antibacter	S	0.75%	EXTERNA	GEL	GM	45	GENERIC	3/8/2023	43538 Y		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43538018345	ROSADA	METRONI	840404	Antibacter	84040400	Antibacter	R	0.75 % GE	EXTERNA	KIT	EA	1	SSB	3/8/2023	43538		N	EXCLUDE EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
43538019016	SUMADA	SULFACE	842800	Keratolytic	84280000	Keratolytic	R	9-4.5 %	EXTERNA	LIQD	GM	454	MSB		43538 N		N	EXCLUDED	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
43538019116	SUMADA	SULFACE	842800	Keratolytic	84280000	Keratolytic	R	9-4.5 %	EXTERNA	KIT	EA	1	SSB		43538		N	EXCLUDE EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
43538019216	SUMADA	SULFACE	842800	Keratolytic	84280000	Keratolytic	R	9-4.5 %	EXTERNA	KIT	GM	539	SSB	12/28/2023	43538 N		N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
43538020028	URAMAXI	UREA	842800	Keratolytic	84280000	Keratolytic	S	45%	EXTERNA	GEL	ML	28	MSB		43538 N		N	EXCLUDED	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
43538029003	NISEKO S	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	5%-3%-7.5	EXTERNA	CREA	GM	85	SSB		43538		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43538029103	NISEKO I	EMOLLIE	842412	Basic Oint	84241200	Basic Oint	O		EXTERNA	CREA	GM	85	SSB		43538		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43538030030	CENTANY	MUPIROC	840404	Antibacter	84040400	Antibacter	R	2%	EXTERNA	OINT	GM	30	SSB	3/8/2023	43538 Y		N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND			X	<= 90				R	MEDPRMI
43538031030	CENTANY	MUPIROC	840404	Antibacter	84040400	Antibacter	R	2%	EXTERNA	KIT	EA	1	SSB	3/8/2023	43538		N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
43538040016	ACUWASI	SOAP & C	842000	Detergent	84200000	Detergent	O	0	EXTERNA	LIQD	ML	473	SSB		43538		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43538041028	TOETAL F	PODIATR	849200	Skin and M	84920000	Skin and M	O	0	EXTERNA	LIQD	ML	28	SSB		43538		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43538042016	REHYLA	SOAP & C	842000	Detergent	84200000	Detergent	O	0	EXTERNA	LIQD	ML	473	SSB		43538		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43538042116	REHYLA I	SOAP & C	842000	Detergent	84200000	Detergent	O	0	EXTERNA	LIQD	GM	454	SSB		43538		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43538043009	KERADAN	EMOLLIE	842412	Basic Oint	84241200	Basic Oint	O	0-0-0	EXTERNA	CREA	GM	255	SSB		43538		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43538044060	NICADAN	MULTIPLE	882800	Multivitam	88280000	Multivitam	R	50MG-50M	ORAL	TABS	EA	60	SSB		43538		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43538045030	NICADAN	ASTAXAN	882800	Multivitam	88280000	Multivitam	R	2MG-50MI	ORAL	TABS	EA	30	SSB		43538		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43538050006	CICLODA	CICLOPIR	840408	Antifungal	84040820	Hydroxypy	S	8%	EXTERNA	SOLN	ML	6.6	GENERIC		43538 Y		N	FORMULARY	1 GEN	GENERICS			X	<= 19.8				R	MEDPRMI
43538051012	GENADUI	DERMATC	849200	Skin and M	84920000	Skin and M	R	0-0-0	EXTERNA	LIQD	ML	12	SSB		43538		N	EXCLUDE EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
43538051112	GENADUI	DERMATC	849200	Skin and M	84920000	Skin and M	R	2500MCG	COMBINA	KIT	EA	1	SSB		43538		N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
43538053010	KETODAN	KETOCON	840408	Antifungal	84040808	Azoles	S	2%	EXTERNA	FOAM	GM	100	GENERIC		43538 N		N	EXCLUDE EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
43538053110	KETODAN	KETOCON	840408	Antifungal	84040808	Azoles	R	2%	EXTERNA	KIT	GM	554	SSB	1/3/2024	43538		N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
43538054090	LOPROX	CICLOPIR	840408	Antifungal	84040820	Hydroxypy	S	0.77%	EXTERNA	CREA	GM	90	MSB	3/8/2023	43538 Y		N	EXCLUDED	3 BRND2	FORMULARY EXCLUSION			X	<= 180				R	MEDPRMI
43538054190	LOPROX	CICLOPIR	840408	Antifungal	84040820	Hydroxypy	R	0.77%	EXTERNA	KIT	GM	544	SSB	3/8/2023	43538		N	EXCLUDE EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
43538055060	LOPROX	CICLOPIR	840408	Antifungal	84040820	Hydroxypy	S	0.77%	EXTERNA	SUSP	ML	60	MSB	10/31/2023	43538 Y		N	EXCLUDED	3 BRND2	FORMULARY EXCLUSION			X	<= 180				R	MEDPRMI
43538055160	LOPROX	CICLOPIR	840408	Antifungal	84040820	Hydroxypy	R	0.77 % (SI	EXTERNA	KIT	EA	1	SSB	10/31/2023	43538		N	EXCLUDE EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
43538071090	LEXINAL	BIOTIN	880800	Vitamin B	88080000	Vitamin B	P	2.5 MG	ORAL	TABS	EA	90	GENERIC		43538		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43538090012	SYNALAR	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	CREA	GM	120	MSB		43538 Y		N	EXCLUDED	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
43538090112	SYNALAR	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	R	0.03%	EXTERNA	KIT	GM	375	SSB	1/3/2024	43538		N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND			X	375 IN 30 DAYS				R	MEDPRMI
43538091012	SYNALAR	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	OINT	GM	120	MSB		43538 Y		N	EXCLUDED	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
43538091112	SYNALAR	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	R	0.03%	EXTERNA	KIT	GM	375	SSB	1/3/2024	43538		N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND			X	375 IN 30 DAYS				R	MEDPRMI
43538092060	SYNALAR	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.01%	EXTERNA	SOLN	ML	60	MSB	1/3/2024	43538 Y		N	EXCLUDED	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
43538092160	SYNALAR	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	R	0.01%	EXTERNA	KIT	EA	1	SSB	1/3/2024	43538		N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
43538094060	NEO-SYN	NEOMYCI	840608	UNKNOW	84060800	UNKNOW	R	.025%-.5%	EXTERNA	CREA	GM	60	SSB		43538		N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND						X	Must meet 5 DS Derm TRIAL OF GENERIC FLUOCINOLONE ACETONIDE CREAM, OIL, OINTMENT OR	R	MEDPRMI
43538094160	NEO-SYN	NEOMYCI	840608	UNKNOW	84060800	UNKNOW	R	0.5-0.025	EXTERNA	KIT	GM	315	SSB	1/3/2024	43538		N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND						X	Must meet 5 DS Derm TRIAL OF GENERIC FLUOCINOLONE ACETONIDE CREAM, OIL, OINTMENT OR	R	MEDPRMI
43538095004	CLODAN	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	SHAM	ML	118	GENERIC		43538 Y		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43538095104	CLODAN	CLOBETA	840608	UNKNOW	84060800	UNKNOW	R	0.05%	EXTERNA	KIT	EA	1	SSB	1/3/2024	43538		N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
43538095210	TOVET	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	FOAM	GM	100	GENERIC		43538 Y		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43538095310	TOVET	CLOBETA	840608	UNKNOW	84060800	UNKNOW	R	0.05%	EXTERNA	KIT	GM	355	SSB	1/3/2024	43538		N	EXCLUDE EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
43547000103	ESOMEP	ESOMEP	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS			X	1 IN 1 DAYS				R	MEDPRMI
43547000203	ESOMEP	ESOMEP	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS			X	2 IN 1 DAYS				R	MEDPRMI
43547000209	ESOMEP	ESOMEP	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS			X	2 IN 1 DAYS				R	MEDPRMI
43547000211	ESOMEP	ESOMEP	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	1000 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS			X	2 IN 1 DAYS				R	MEDPRMI
43547000503	ROFLUMI	ROFLUMI	483200	UNKNOW	48320000	UNKNOW	S	500 MCG	ORAL	TABS	EA	30 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS			X	1 IN 1 DAYS				R	MEDPRMI
43547000509	ROFLUMI	ROFLUMI	483200	UNKNOW	48320000	UNKNOW	S	500 MCG	ORAL	TABS	EA	90 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS			X	1 IN 1 DAYS				R	MEDPRMI
43547002414	DIMETHY	DIMETHY	900408	UNKNOW	90040800	UNKNOW	S	120 MG	ORAL	CPDR	EA	14 X	GENERIC		43547		N	FORMULARY	4 SPGEN	SPECIALTY GENERICS	X	PA:X						R	MEDPRMI
43547002506	DIMETHY	DIMETHY	900408	UNKNOW	90040800	UNKNOW	S	240 MG	ORAL	CPDR	EA	60 X	GENERIC		43547		N	FORMULARY	4 SPGEN	SPECIALTY GENERICS	X	PA:X						R	MEDPRMI
43547004703	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	2.5 MG	ORAL	TABS	EA	30 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS	X	PA:X						R	MEDPRMI
43547004750	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	2.5 MG	ORAL	TABS	EA	500 X	GENERIC		43547 Y		N	FORMULARY	1 GEN	GENERICS	X	PA:X						R	MEDPRMI
43547004903	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS	X	PA:X						R	MEDPRMI
43547004950	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	500 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS	X	PA:X						R	MEDPRMI
43547005003	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	10 MG	ORAL	TABS	EA	30	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS			X	1 IN 5 DAYS				R	MEDPRMI
43547005050	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	10 MG	ORAL	TABS	EA	500	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS			X	1 IN 5 DAYS				R	MEDPRMI
43547005103	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	30	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS			X	1 IN 5 DAYS				R	MEDPRMI
43547005150	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	500	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS			X	1 IN 5 DAYS				R	MEDPRMI
43547022115	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	250 MG	ORAL	TABS	EA	120 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43547022215	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TABS	EA	120 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43547022250	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TABS	EA	500 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43547022315	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	750 MG	ORAL	TABS	EA	120 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43547022406	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	1000 MG	ORAL	TABS	EA	60 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43547022610	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	100	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS			X	6 IN 1 DAYS				R	MEDPRMI
43547022650	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	500	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS			X	6 IN 1 DAYS				R	MEDPRMI
43547026810	ROPINIR	ROPINIR	283620	UNKNOW	28362008	UNKNOW	S	0.25 MG	ORAL	TABS	EA	100 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43547026850	ROPINIR	ROPINIR	283620	UNKNOW	28362008	UNKNOW	S	0.25 MG	ORAL	TABS	EA	500 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43547026910	ROPINIR	ROPINIR	283620	UNKNOW	28362008	UNKNOW	S	0.5 MG	ORAL	TABS	EA	100 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43547026950	ROPINIR	ROPINIR	283620	UNKNOW	28362008	UNKNOW	S	0.5 MG	ORAL	TABS	EA	500 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43547027010	ROPINIR	ROPINIR	283620	UNKNOW	28362008	UNKNOW	S	1 MG	ORAL	TABS	EA	100 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43547027050	ROPINIR	ROPINIR	283620	UNKNOW	28362008	UNKNOW	S	1 MG	ORAL	TABS	EA	500 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43547027110	ROPINIR	ROPINIR	283620	UNKNOW	28362008	UNKNOW	S	2 MG	ORAL	TABS	EA	100 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43547027150	ROPINIR	ROPINIR	283620	UNKNOW	28362008	UNKNOW	S	2 MG	ORAL	TABS	EA	500 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43547027210	ROPINIR	ROPINIR	283620	UNKNOW	28362008	UNKNOW	S	3 MG	ORAL	TABS	EA	100 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43547027310	ROPINIR	ROPINIR	283620	UNKNOW	28362008	UNKNOW	S	4 MG	ORAL	TABS	EA	100 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43547027410	ROPINIR	ROPINIR	283620	UNKNOW	28362008	UNKNOW	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43547027503	DONEPE	DONEPE	120400	Parasymp	12040000	Parasymp	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43547027509	DONEPE	DONEPE	120400	Parasymp	12040000	Parasymp	S	5 MG	ORAL	TABS	EA	90 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43547027511	DONEPE	DONEPE	120400	Parasymp	12040000	Parasymp	S	5 MG	ORAL	TABS	EA	1000 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43547027603	DONEPE	DONEPE	120400	Parasymp	12040000	Parasymp	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43547027609	DONEPE	DONEPE	120400	Parasymp	12040000	Parasymp	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43547027611	DONEPE	DONEPE	120400	Parasymp	12040000	Parasymp	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43547028010	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-S	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43547028011	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-S	S	5 MG	ORAL	TABS	EA	1000 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43547028110	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-S	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43547028111	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-S	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43547028210	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-S	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43547028211	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-S	S	20 MG	ORAL	TABS	EA	1000 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43547028303	TELMISA	TELMISA	243208	Angiotens	24320800	Angiotens	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43547028403	TELMISA	TELMISA	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	30 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43547028503	TELMISA	TELMISA	243208	Angiotens	24320800	Angiotens	S	80 MG	ORAL	TABS	EA	30 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43547028810	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TB12	EA	100 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43547028850	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TB12	EA	500 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43547028910	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	100 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43547028950	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	500 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43547029010	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	200 MG	ORAL	TB12	EA	100 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43547029503	FEBUXOS	FEBUXOS	921600	UNKNOW	92160000	UNKNOW	S	40 MG	ORAL	TABS	EA	30 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS			X	1 IN 1 DAYS		X	Must meet 5 DS Allop TRIAL OF ALLOPURINOL IN THE PAST 120 DAYS	R	MEDPRMI
43547029603	FEBUXOS	FEBUXOS	921600	UNKNOW	92160000	UNKNOW	S	80 MG	ORAL	TABS	EA	30 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS			X	1 IN 1 DAYS		X	Must meet 5 DS Allop TRIAL OF ALLOPURINOL IN THE PAST 120 DAYS	R	MEDPRMI
43547029903	OLMESA	OLMESA	243208	Angiotens	24320800	Angiotens	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43547030003	OLMESA	OLMESA	243208	Angiotens	24320800	Angiotens	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43547030009	OLMESA	OLMESA	243208	Angiotens	24320800	Angiotens	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43547030103	OLMESA	OLMESA	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	30 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43547030109	OLMESA	OLMESA	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	90 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43547030203	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	30 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43547030303	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43547030403	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43547030503	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TABS	EA	30 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43547030603	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
43547030703	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	30 MG	ORAL	TABS	EA	30 X	GENERIC		43547		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI

43547031109	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	80-12.5 M	ORAL	TABS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547031209	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	160-12.5 M	ORAL	TABS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547031309	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	160-25 M	ORAL	TABS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547031409	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	320-12.5 M	ORAL	TABS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547031509	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	320-25 M	ORAL	TABS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547032410	DOXYCY	DOXYCY	81224	Tetracycli	8122400	Tetracycli	S	150 MG	ORAL	TBEC	EA	100		GENERIC		43547		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION									DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
43547032506	DOXYCY	DOXYCY	81224	Tetracycli	8122400	Tetracycli	S	200 MG	ORAL	TBEC	EA	60		GENERIC		43547		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION									DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
43547033003	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	150-12.5 M	ORAL	TABS	EA	30	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547033009	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	150-12.5 M	ORAL	TABS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547033103	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	300-12.5 M	ORAL	TABS	EA	30	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547033109	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	300-12.5 M	ORAL	TABS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547033510	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547033610	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547033650	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	500	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547033703	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547033710	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547033750	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	500	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547033803	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547033810	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547033850	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	500	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547033906	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	0.25 MG	ORAL	TABS	EA	60	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547033950	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	0.25 MG	ORAL	TABS	EA	500	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547034006	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	0.5 MG	ORAL	TABS	EA	60	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547034050	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	0.5 MG	ORAL	TABS	EA	500	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547034106	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	1 MG	ORAL	TABS	EA	60	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547034150	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	1 MG	ORAL	TABS	EA	500	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547034206	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	60	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547034250	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	500	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547034306	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	3 MG	ORAL	TABS	EA	60	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547034350	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	3 MG	ORAL	TABS	EA	500	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547034406	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	4 MG	ORAL	TABS	EA	60	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547034450	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	4 MG	ORAL	TABS	EA	500	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547034506	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TB24	EA	60	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547034606	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	750 MG	ORAL	TB24	EA	60	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547034703	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547034709	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547034711	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547034750	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	500	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547034803	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547034809	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547034811	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547034903	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	30 MG	ORAL	TABS	EA	30	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547034909	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	30 MG	ORAL	TABS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547034911	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	30 MG	ORAL	TABS	EA	1000	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547035003	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547035009	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547035011	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	1000	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547035110	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547035150	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	500	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547035210	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547035211	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	1000	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547035310	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547035311	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547035410	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547035411	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547035510	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	30 MG	ORAL	TABS	EA	100	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547035550	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	30 MG	ORAL	TABS	EA	500	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547035610	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547035611	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	1000	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547036009	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547036011	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547036103	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547036109	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547036111	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	1000	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547036203	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547036209	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547036211	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	1000	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547036310	CAPTOPR	CAPTOPR	243204	Angiotens	24320400	Angiotens	S	12.5 MG	ORAL	TABS	EA	100	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547036410	CAPTOPR	CAPTOPR	243204	Angiotens	24320400	Angiotens	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547036510	CAPTOPR	CAPTOPR	243204	Angiotens	24320400	Angiotens	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547036610	CAPTOPR	CAPTOPR	243204	Angiotens	24320400	Angiotens	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547036703	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547036709	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547036809	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	80 MG	ORAL	TABS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547036909	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	160 MG	ORAL	TABS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547037009	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	320 MG	ORAL	TABS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547037403	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	75 MG	ORAL	TABS	EA	30	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547037409	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	75 MG	ORAL	TABS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547037450	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	75 MG	ORAL	TABS	EA	500	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547037503	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	150 MG	ORAL	TABS	EA	30	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547037509	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	150 MG	ORAL	TABS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547037550	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	150 MG	ORAL	TABS	EA	500	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547037603	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	300 MG	ORAL	TABS	EA	30	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547037609	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	300 MG	ORAL	TABS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547037650	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	300 MG	ORAL	TABS	EA	500	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547037703	VORICON	VORICON	81408	Azoles	8140800	Azoles	S	50 MG	ORAL	TABS	EA	30		GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547037803	VORICON	VORICON	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	30		GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547037906	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	20 MG	ORAL	CPEP	EA	60	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547037909	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	20 MG	ORAL	CPEP	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547038003	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	30	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547038009	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547038011	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	1000	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547038103	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	30	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547038109	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547038111	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	1000	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547038203	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	23 MG	ORAL	TABS	EA	30	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547038209	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	23 MG	ORAL	TABS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547038609	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547038611	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547038709	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547038711	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547038809	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547038811	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	1000	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547039103	OLMESAR	OLMESAR	243208	Angiotens	24320800	Angiotens	S	20-12.5 M	ORAL	TABS	EA	30	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547039109	OLMESAR	OLMESAR	243208	Angiotens	24320800	Angiotens	S	20-12.5 M	ORAL	TABS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547039203	OLMESAR	OLMESAR	243208	Angiotens	24320800	Angiotens	S	40-12.5 M	ORAL	TABS	EA	30	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547039209	OLMESAR	OLMESAR	243208	Angiotens	24320800	Angiotens	S	40-12.5 M	ORAL	TABS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547039303	OLMESAR	OLMESAR	243208	Angiotens	24320800	Angiotens	S	40-25 MG	ORAL	TABS	EA	30	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547039309	OLMESAR	OLMESAR	243208	Angiotens	24320800	Angiotens	S	40-25 MG	ORAL	TABS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547039410	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547039450	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	1 MG	ORAL	TABS	EA	500	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547039510	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	100	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547039550	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	500	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547039610	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	100	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547039650	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	500	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547039710	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547039711	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547039810	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547039811	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	1000	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547039910	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	100		GENERIC		43547		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS						R	MEDPRMI
43547039950	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	500		GENERIC		43547		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS						R	MEDPRMI
43547040010	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC		43547		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS						R	MEDPRMI
43547040011	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	1000		GENERIC		43547		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS						R	MEDPRMI
43547040050	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	500		GENERIC		43547		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS						R	MEDPRMI
43547040110	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547040111	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547040210	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547040211	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	1000	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547040310	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	80 MG	ORAL	TABS	EA	100	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547040350	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	80 MG	ORAL	TABS	EA	500	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547040410	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	100		GENERIC		43547		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			X	AGE_YEA	MUST BE AT LEAST	R	MEDPRMI
43547040411	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	1000		GENERIC		43547		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			X	AGE_YEA	MUST BE AT LEAST	R	MEDPRMI
43547040510	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	100		GENERIC		43547		N	FORMULARY		1 GEN	GENERICS			X	8 IN 1 DAYS						R	MEDPRMI
43547040550	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	500		GENERIC		43547		N	FORMULARY		1 GEN	GENERICS			X	8 IN 1 DAYS						R	MEDPRMI
43547040610	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	100		GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547040611	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	1000		GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547040650	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	500		GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547040710	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	100		GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547040711	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	1000		GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547040750	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	500		GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547040810	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	100		GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547040850	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	500		GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547040903	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	7.5MG	ORAL	CAPS	EA	30	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet 5 DS Effe TRIAL OF PAROXETINE HCL OR VENLAFAXINE IN THE PAST 120 DAYS				R	MEDPRMI
43547041009	QUINAPR	QUINAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547041109	QUINAPR	QUINAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547041209	QUINAPR	QUINAPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547041309	QUINAPR	QUINAPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547041410	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC	7/9/2023	43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547041450	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	500	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547041510	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	7/9/2023	43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547041511	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	1000	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547041610	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	7/9/2023	43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547041611	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547041710	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	100	X	GENERIC	7/9/2023	43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547041711	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547041810	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	30 MG	ORAL	TABS	EA	100	X	GENERIC	7/9/2023	43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547041850	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	30 MG	ORAL	TABS	EA	500	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547041910	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	100	X	GENERIC	7/9/2023	43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547041911	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	1000	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547042010	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10-12.5 M	ORAL	TABS	EA	100	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547042050	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10-12.5 M	ORAL	TABS	EA	500	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547042110	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	100	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547042150	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	500	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547042210	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-25 MG	ORAL	TABS	EA	100	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547042250	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-25 MG	ORAL	TABS	EA	500	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547042303	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50-12.5 M	ORAL	TABS	EA	30	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547042309	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50-12.5 M	ORAL	TABS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547042311	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50-12.5 M	ORAL	TABS	EA	1000	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547042403	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-25 M	ORAL	TABS	EA	30	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547042409	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-25 M	ORAL	TABS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547042411	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-25 M	ORAL	TABS	EA	1000	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547042503	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-12.5 M	ORAL	TABS	EA	30	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547042509	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-12.5 M	ORAL	TABS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547042511	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-12.5 M	ORAL	TABS	EA	1000	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547042603	PIOGLITA	PIOGLITA	682028	Thiazolidi	68202800	Thiazolidi	S	15 MG	ORAL	TABS	EA	30	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547042609	PIOGLITA	PIOGLITA	682028	Thiazolidi	68202800	Thiazolidi	S	15 MG	ORAL	TABS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547042650	PIOGLITA	PIOGLITA	682028	Thiazolidi	68202800	Thiazolidi	S	15 MG	ORAL	TABS	EA	500	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547042703	PIOGLITA	PIOGLITA	682028	Thiazolidi	68202800	Thiazolidi	S	30 MG	ORAL	TABS	EA	30	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547042709	PIOGLITA	PIOGLITA	682028	Thiazolidi	68202800	Thiazolidi	S	30 MG	ORAL	TABS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547042750	PIOGLITA	PIOGLITA	682028	Thiazolidi	68202800	Thiazolidi	S	30 MG	ORAL	TABS	EA	500	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547042803	PIOGLITA	PIOGLITA	682028	Thiazolidi	68202800	Thiazolidi	S	45 MG	ORAL	TABS	EA	30	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547042809	PIOGLITA	PIOGLITA	682028	Thiazolidi	68202800	Thiazolidi	S	45 MG	ORAL	TABS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547042850	PIOGLITA	PIOGLITA	682028	Thiazolidi	68202800	Thiazolidi	S	45 MG	ORAL	TABS	EA	500	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547043009	FENOFIB	FENOFIB	240606	Fibric Acid	24060600	Fibric Acid	S	48 MG	ORAL	TABS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547043109	FENOFIB	FENOFIB	240606	Fibric Acid	24060600	Fibric Acid	S	145 MG	ORAL	TABS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547043506	CLONIDIN	CLONIDIN	121204	alpha-Adr	12120400	alpha-Adr	S	0.1 MG	ORAL	TB12	EA	60	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547043603	ENTECAV	ENTECAV	81832	Nucleosid	8183200	Nucleosid	S	0.5 MG	ORAL	TABS	EA	30	X	GENERIC		43547		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
43547043703	ENTECAV	ENTECAV	81832	Nucleosid	8183200	Nucleosid	S	1 MG	ORAL	TABS	EA	30	X	GENERIC		43547		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
43547044103	TELMISAR	TELMISAR	243208	Angiotens	24320800	Angiotens	S	40-12.5 M	ORAL	TABS	EA	30	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547044203	TELMISAR	TELMISAR	243208	Angiotens	24320800	Angiotens	S	80-12.5 M	ORAL	TABS	EA	30	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547044303	TELMISAR	TELMISAR	243208	Angiotens	24320800	Angiotens	S	80-25 MG	ORAL	TABS	EA	30	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547045410	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG/5	INTRAVE	SOLN	ML	5		GENERIC		43547		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
43547045441	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG/5	INTRAVE	SOLN	ML	5		GENERIC		43547		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
43547045710	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS	X	PA:X								R	MEDPRMI
43547045810	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS	X	PA:X								R	MEDPRMI
43547045909	CANDESA	CANDESA	243208	Angiotens	24320800	Angiotens	S	16-12.5 M	ORAL	TABS	EA	90	X	GENERIC		43547	Y	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547046009	CANDESA	CANDESA	243208	Angiotens	24320800	Angiotens	S	32-12.5 M	ORAL	TABS	EA	90	X	GENERIC		43547	Y	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547046109	CANDESA	CANDESA	243208	Angiotens	24320800	Angiotens	S	32-25 MG	ORAL	TABS	EA	90	X	GENERIC		43547	Y	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547046212	DOXYCY	DOXYCY	81224	Tetracycli	8122400	Tetracycli	S	50 MG	ORAL	TBEC	EA	120		GENERIC		43547		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION									DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
43547048610	METHYLP	METHYLP	282032	UNKNOW	28203200	UNKNOW	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS						R	MEDPRMI
43547048710	METHYLP	METHYLP	282032	UNKNOW	28203200	UNKNOW	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS						R	MEDPRMI
43547048810	METHYLP	METHYLP	282032	UNKNOW	28203200	UNKNOW	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS						R	MEDPRMI
43547050609	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	25 MG	ORAL	CAPS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547050709	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547050809	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547050909	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547051009	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547051109	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547051209	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	225 MG	ORAL	CAPS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547051309	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547051810	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547051811	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547051910	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547051911	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TABS	EA	1000	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547052010	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547052011	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	1000	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547052110	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	100	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547052111	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	1000	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547052206	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	300 MG	ORAL	TABS	EA	60	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547052310	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	400 MG	ORAL	TABS	EA	100	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547052403	NEBIVOLO	NEBIVOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547052503	NEBIVOLO	NEBIVOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547052509	NEBIVOLO	NEBIVOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547052603	NEBIVOLO	NEBIVOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547052609	NEBIVOLO	NEBIVOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547052703	NEBIVOLO	NEBIVOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547052709	NEBIVOLO	NEBIVOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547053001	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	50 MG/5M	INTRAVE	SOLN	ML	5		GENERIC		43547		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
43547053010	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	50 MG/5M	INTRAVE	SOLN	ML	5		GENERIC		43547		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
43547053101	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	100 MG/1	INTRAVE	SOLN	ML	10		GENERIC		43547		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
43547053110	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	100 MG/1	INTRAVE	SOLN	ML	10		GENERIC		43547		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
43547054301	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.2 MG/M	INJECTIO	SOLN	ML	1		GENERIC		43547		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
43547054325	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.2 MG/M	INJECTIO	SOLN	ML	1		GENERIC		43547		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
43547054401	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.4 MG/2	INJECTIO	SOLN	ML	2		GENERIC		43547		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
43547054425	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.4 MG/2	INJECTIO	SOLN	ML	2		GENERIC		43547		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
43547054510	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547054511	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	1000	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547054610	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547054611	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	1000	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547054710	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547054711	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547054810	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547054811	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547055210	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	8 MEQ	ORAL	CPCR	EA	100	X	GENERIC		43547	Y	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547055310	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	CPCR	EA	100	X	GENERIC		43547	Y	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547055350	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	CPCR	EA	500	X	GENERIC		43547	Y	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547055403	ROPINIR	ROPINIR	283620	UNKNOW	28362008	UNKNOW	S	2 MG	ORAL	TB24	EA	30	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet 5 DS Mira TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS				R	MEDPRMI
43547055409	ROPINIR	ROPINIR	283620	UNKNOW	28362008	UNKNOW	S	2 MG	ORAL	TB24	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet 5 DS Mira TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS				R	MEDPRMI
43547055503	ROPINIR	ROPINIR	283620	UNKNOW	28362008	UNKNOW	S	4 MG	ORAL	TB24	EA	30	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet 5 DS Mira TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS				R	MEDPRMI
43547055509	ROPINIR	ROPINIR	283620	UNKNOW	28362008	UNKNOW	S	4 MG	ORAL	TB24	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet 5 DS Mira TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS				R	MEDPRMI
43547055603	ROPINIR	ROPINIR	283620	UNKNOW	28362008	UNKNOW	S	6 MG	ORAL	TB24	EA	30	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet 5 DS Mira TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS				R	MEDPRMI
43547055703	ROPINIR	ROPINIR	283620	UNKNOW	28362008	UNKNOW	S	8 MG	ORAL	TB24	EA	30	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet 5 DS Mira TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS				R	MEDPRMI
43547055709	ROPINIR	ROPINIR	283620	UNKNOW	28362008	UNKNOW	S	8 MG	ORAL	TB24	EA	90	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet 5 DS Mira TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS				R	MEDPRMI
43547055803	ROPINIR	ROPINIR	283620	UNKNOW	28362008	UNKNOW	S	12 MG	ORAL	TB24	EA	30	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet 5 DS Mira TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS				R	MEDPRMI
43547056510	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	100	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547056511	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	1000	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547056610	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	100	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547056611	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	1000	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547056710	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.3 MG	ORAL	TABS	EA	100	X	GENERIC		43547		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
43547059109	ROSUVA	ROSUVA	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	12/4/2024	43547		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND R/F		R	MEDPRMI
43547059150	ROSUVA	ROSUVA	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	500	X	GENERIC	12/4/2024	43547		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND R/F		R	MEDPRMI

43598046860	ABIRATE	ABIRATE	100000	Antineopla	10000000	Antineopla	S	500 MG	ORAL	TABS	EA	60		GENERIC		43598			N	FORMULARY		4	SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
43598047060	POSACO	POSACO	81408	Azoles	8140800	Azoles	S	100 MG	ORAL	TBEC	EA	60	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS	X	PA:X							R	MEDPRMI
43598047611	DAPTOMY	DAPTOMY	81228	Antibacter	8122812	Cyclic Lipo	S	350 MG	INTRAVE	SOLR	EA	1		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598047711	SAPROPT	SAPROPT	440800	UNKNOW	44080000	UNKNOW	S	100 MG	ORAL	PACK	EA	1	X	GENERIC		43598			N	FORMULARY		4	SPGEN	SPECIALTY GENERICS								R	MEDPRMI
43598047730	SAPROPT	SAPROPT	440800	UNKNOW	44080000	UNKNOW	S	100 MG	ORAL	PACK	EA	30	X	GENERIC		43598			N	FORMULARY		4	SPGEN	SPECIALTY GENERICS								R	MEDPRMI
43598047801	SEVELAM	SEVELAM	401819	Phosphate	40181900	Phosphate	S	0.8 GM	ORAL	PACK	EA	1	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598047890	SEVELAM	SEVELAM	401819	Phosphate	40181900	Phosphate	S	0.8 GM	ORAL	PACK	EA	90	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598047901	SEVELAM	SEVELAM	401819	Phosphate	40181900	Phosphate	S	2.4 GM	ORAL	PACK	EA	1	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598047990	SEVELAM	SEVELAM	401819	Phosphate	40181900	Phosphate	S	2.4 GM	ORAL	PACK	EA	90	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598048610	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	LOZG	EA	27		GENERIC		43598			N	#N/A	ORIG_FR	10	EHB	#N/A						X	IF AGE=1 LIMITED TO 20 LOZ	R	MEDPRMI
43598048624	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	LOZG	EA	24		GENERIC		43598			N	#N/A	ORIG_FR	10	EHB	#N/A						X	IF AGE=1 LIMITED TO 20 LOZ	R	MEDPRMI
43598048627	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	LOZG	EA	27		GENERIC		43598			N	#N/A	ORIG_FR	10	EHB	#N/A						X	IF AGE=1 LIMITED TO 20 LOZ	R	MEDPRMI
43598048672	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	LOZG	EA	24		GENERIC		43598			N	#N/A	ORIG_FR	10	EHB	#N/A						X	IF AGE=1 LIMITED TO 20 LOZ	R	MEDPRMI
43598048681	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	LOZG	EA	27		GENERIC		43598			N	#N/A	ORIG_FR	10	EHB	#N/A						X	IF AGE=1 LIMITED TO 20 LOZ	R	MEDPRMI
43598048710	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	LOZG	EA	27		GENERIC		43598			N	#N/A	ORIG_FR	10	EHB	#N/A						X	IF AGE=1 LIMITED TO 20 LOZ	R	MEDPRMI
43598048724	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	LOZG	EA	24		GENERIC		43598			N	#N/A	ORIG_FR	10	EHB	#N/A						X	IF AGE=1 LIMITED TO 20 LOZ	R	MEDPRMI
43598048727	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	LOZG	EA	27		GENERIC		43598			N	#N/A	ORIG_FR	10	EHB	#N/A						X	IF AGE=1 LIMITED TO 20 LOZ	R	MEDPRMI
43598048772	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	LOZG	EA	24		GENERIC		43598			N	#N/A	ORIG_FR	10	EHB	#N/A						X	IF AGE=1 LIMITED TO 20 LOZ	R	MEDPRMI
43598048781	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	LOZG	EA	27		GENERIC		43598			N	#N/A	ORIG_FR	10	EHB	#N/A						X	IF AGE=1 LIMITED TO 20 LOZ	R	MEDPRMI
43598049401	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	275 MG	ORAL	TABS	EA	100	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598049501	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	550 MG	ORAL	TABS	EA	100	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598049505	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	550 MG	ORAL	TABS	EA	500	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598050501	RALOXIFE	RALOXIFE	681612	Estrogen /	68161200	Estrogen /	S	60 MG	ORAL	TABS	EA	100	X	GENERIC		43598			N	#N/A	ORIG_FR	10	EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=35-999 YEARS AND R	R	MEDPRMI
43598050510	RALOXIFE	RALOXIFE	681612	Estrogen /	68161200	Estrogen /	S	60 MG	ORAL	TABS	EA	1000	X	GENERIC		43598			N	#N/A	ORIG_FR	10	EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=35-999 YEARS AND R	R	MEDPRMI
43598050530	RALOXIFE	RALOXIFE	681612	Estrogen /	68161200	Estrogen /	S	60 MG	ORAL	TABS	EA	30	X	GENERIC		43598			N	#N/A	ORIG_FR	10	EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=35-999 YEARS AND R	R	MEDPRMI
43598050910	ESOMEP	ESOMEP	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	1000	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
43598050930	ESOMEP	ESOMEP	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
43598050990	ESOMEP	ESOMEP	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
43598051010	ESOMEP	ESOMEP	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	1000	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
43598051030	ESOMEP	ESOMEP	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
43598051090	ESOMEP	ESOMEP	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
43598051163	LENALID	LENALID	100000	Antineopla	10000000	Antineopla	S	5 MG	ORAL	CAPS	EA	28		GENERIC		43598			N	FORMULARY		4	SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
43598051263	LENALID	LENALID	100000	Antineopla	10000000	Antineopla	S	10 MG	ORAL	CAPS	EA	28		GENERIC		43598			N	FORMULARY		4	SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
43598051321	LENALID	LENALID	100000	Antineopla	10000000	Antineopla	S	15 MG	ORAL	CAPS	EA	21		GENERIC		43598			N	FORMULARY		4	SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
43598051421	LENALID	LENALID	100000	Antineopla	10000000	Antineopla	S	20 MG	ORAL	CAPS	EA	21		GENERIC		43598			N	FORMULARY		4	SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
43598051521	LENALID	LENALID	100000	Antineopla	10000000	Antineopla	S	25 MG	ORAL	CAPS	EA	21		GENERIC		43598			N	FORMULARY		4	SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
43598051663	LENALID	LENALID	100000	Antineopla	10000000	Antineopla	S	2.5 MG	ORAL	CAPS	EA	28		GENERIC		43598			N	FORMULARY		4	SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
43598052811	NEOSTIG	NEOSTIG	120400	Parasymp	12040000	Parasymp	S	5 MG/10M	INTRAVE	SOLN	ML	10		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598052836	NEOSTIG	NEOSTIG	120400	Parasymp	12040000	Parasymp	S	5 MG/10M	INTRAVE	SOLN	ML	10		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598052911	NEOSTIG	NEOSTIG	120400	Parasymp	12040000	Parasymp	S	10 MG/10	INTRAVE	SOLN	ML	10		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598052936	NEOSTIG	NEOSTIG	120400	Parasymp	12040000	Parasymp	S	10 MG/10	INTRAVE	SOLN	ML	10		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598054125	DOXORU	DOXORU	100000	Antineopla	10000000	Antineopla	S	2 MG/ML	INTRAVE	SUSP	ML	25		GENERIC		43598			N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598054601	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	100		GENERIC		43598			N	FORMULARY		1	GEN	GENERICS			X	12 IN 1 DAYS					R	MEDPRMI
43598054605	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	500		GENERIC		43598			N	FORMULARY		1	GEN	GENERICS			X	12 IN 1 DAYS					R	MEDPRMI
43598054701	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	100		GENERIC		43598			N	FORMULARY		1	GEN	GENERICS			X	12 IN 1 DAYS					R	MEDPRMI
43598054705	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	500		GENERIC		43598			N	FORMULARY		1	GEN	GENERICS			X	12 IN 1 DAYS					R	MEDPRMI
43598054821	PROPOF	PROPOF	280408	UNKNOW	28040800	UNKNOW	S	500 MG/5	INTRAVE	EMUL	ML	50		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598054850	PROPOF	PROPOF	280408	UNKNOW	28040800	UNKNOW	S	500 MG/5	INTRAVE	EMUL	ML	50		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598054910	PROPOF	PROPOF	280408	UNKNOW	28040800	UNKNOW	S	1000 MG/	INTRAVE	EMUL	ML	100		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598054952	PROPOF	PROPOF	280408	UNKNOW	28040800	UNKNOW	S	1000 MG/	INTRAVE	EMUL	ML	100		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598055030	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TBDP	EA	30	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS			X	6 IN 1 DAYS					R	MEDPRMI
43598055130	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TBDP	EA	30	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS			X	6 IN 1 DAYS					R	MEDPRMI
43598055230	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TBDP	EA	30	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS			X	3 IN 1 DAYS					R	MEDPRMI
43598055330	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TBDP	EA	30	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
43598055430	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	30	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598055530	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598055630	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598055730	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TABS	EA	30	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598055830	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598055930	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	30 MG	ORAL	TABS	EA	30	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598056078	LANSOPR	LANSOPR	562836	Proton-pu	56283600	Proton-pu	S	15 MG	ORAL	TBDD	EA	100	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS					X	Must meet 5 DS Cvs TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZ			R	MEDPRMI
43598056178	LANSOPR	LANSOPR	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	TBDD	EA	100	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS					X	Must meet 5 DS Cvs TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZ			R	MEDPRMI
43598056311	PARICAL	PARICAL	881600	Vitamin D	88160000	Vitamin D	S	2 MCG/ML	INTRAVE	SOLN	ML	1		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598056325	PARICAL	PARICAL	881600	Vitamin D	88160000	Vitamin D	S	2 MCG/ML	INTRAVE	SOLN	ML	1		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598056411	PARICAL	PARICAL	881600	Vitamin D	88160000	Vitamin D	S	5 MCG/ML	INTRAVE	SOLN	ML	1		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598056425	PARICAL	PARICAL	881600	Vitamin D	88160000	Vitamin D	S	5 MCG/ML	INTRAVE	SOLN	ML	1		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598056508	PARICAL	PARICAL	881600	Vitamin D	88160000	Vitamin D	S	5 MCG/ML	INTRAVE	SOLN	ML	2		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598056510	PARICAL	PARICAL	881600	Vitamin D	88160000	Vitamin D	S	5 MCG/ML	INTRAVE	SOLN	ML	2		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598056601	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598056630	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598057330	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	30		GENERIC		43598			N	FORMULARY		1	GEN	GENERICS			X	1 IN 5 DAYS					R	MEDPRMI
43598057331	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	30		GENERIC		43598			N	FORMULARY		1	GEN	GENERICS			X	1 IN 5 DAYS					R	MEDPRMI
43598057379	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	1		GENERIC		43598			N	FORMULARY		1	GEN	GENERICS			X	1 IN 5 DAYS					R	MEDPRMI
43598057430	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		43598			N	FORMULARY		1	GEN	GENERICS			X	1 IN 5 DAYS					R	MEDPRMI
43598057530	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS	X	PA:X							R	MEDPRMI
43598057531	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS	X	PA:X							R	MEDPRMI
43598057579	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	1	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS	X	PA:X							R	MEDPRMI
43598057630	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS	X	PA:X							R	MEDPRMI
43598057860	TADALAF	TADALAF	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		43598			N	FORMULARY		4	SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
43598057901	BUPREN	BUPREN	280812	Opiate Pa	28081200	Opiate Pa	S	2-0.5 MG	SUBLING	FILM	EA	1		GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598057930	BUPREN	BUPREN	280812	Opiate Pa	28081200	Opiate Pa	S	2-0.5 MG	SUBLING	FILM	EA	30		GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598058001	BUPREN	BUPREN	280812	Opiate Pa	28081200	Opiate Pa	S	4-1 MG	SUBLING	FILM	EA	1		GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598058030	BUPREN	BUPREN	280812	Opiate Pa	28081200	Opiate Pa	S	4-1 MG	SUBLING	FILM	EA	30		GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598058101	BUPREN	BUPREN	280812	Opiate Pa	28081200	Opiate Pa	S	12-3 MG	SUBLING	FILM	EA	1		GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598058130	BUPREN	BUPREN	280812	Opiate Pa	28081200	Opiate Pa	S	12-3 MG	SUBLING	FILM	EA	30		GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598058201	BUPREN	BUPREN	280812	Opiate Pa	28081200	Opiate Pa	S	8-2 MG	SUBLING	FILM	EA	1		GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598058230	BUPREN	BUPREN	280812	Opiate Pa	28081200	Opiate Pa	S	8-2 MG	SUBLING	FILM	EA	30		GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI

43598058723	NITROPR	NITROPR	240816	Central Al	24081600	Central Al	S	25 MG/ML	INTRAVE	SOLN	ML	2		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598058811	DIFLUPR	DIFLUPR	520808	Corticoste	52080800	Corticoste	S	0.05%	OPHTHAL	EMUL	ML	5		GENERIC		43598			N	FORMULARY		1	GEN	GENERICS			X	5 IN 7 DAYS					R	MEDPRMI
43598060504	TOBRAM	TOBRAM	81202	Aminoglyc	8120200	Aminoglyc	S	300 MG/5	INHALATI	NEBU	ML	5	X	GENERIC		43598			N	FORMULARY		4	SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
43598060511	TOBRAM	TOBRAM	81202	Aminoglyc	8120200	Aminoglyc	S	300 MG/5	INHALATI	NEBU	ML	5	X	GENERIC		43598			N	FORMULARY		4	SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
43598060556	TOBRAM	TOBRAM	81202	Aminoglyc	8120200	Aminoglyc	S	300 MG/5	INHALATI	NEBU	ML	5	X	GENERIC		43598			N	FORMULARY		4	SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
43598060558	TOBRAM	TOBRAM	81202	Aminoglyc	8120200	Aminoglyc	S	300 MG/5	INHALATI	NEBU	ML	5	X	GENERIC		43598			N	FORMULARY		4	SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
43598060602	FONDAPA	FONDAPA	201204	Anticoagu	20120415	UNKNOW	S	10 MG/0.8	SUBCUTA	SOLN	ML	0.8		GENERIC		43598		Y	N	FORMULARY		4	SPGEN	SPECIALTY GENERICS			X	24 IN 30 DAYS					R	MEDPRMI
43598060610	FONDAPA	FONDAPA	201204	Anticoagu	20120415	UNKNOW	S	10 MG/0.8	SUBCUTA	SOLN	ML	0.8		GENERIC		43598		Y	N	FORMULARY		4	SPGEN	SPECIALTY GENERICS			X	24 IN 30 DAYS					R	MEDPRMI
43598060702	FONDAPA	FONDAPA	201204	Anticoagu	20120415	UNKNOW	S	2.5 MG/0.5	SUBCUTA	SOLN	ML	0.5		GENERIC		43598		Y	N	FORMULARY		4	SPGEN	SPECIALTY GENERICS			X	15 IN 30 DAYS					R	MEDPRMI
43598060710	FONDAPA	FONDAPA	201204	Anticoagu	20120415	UNKNOW	S	2.5 MG/0.5	SUBCUTA	SOLN	ML	0.5		GENERIC		43598		Y	N	FORMULARY		4	SPGEN	SPECIALTY GENERICS			X	15 IN 30 DAYS					R	MEDPRMI
43598060802	FONDAPA	FONDAPA	201204	Anticoagu	20120415	UNKNOW	S	5 MG/0.4M	SUBCUTA	SOLN	ML	0.4		GENERIC		43598		Y	N	FORMULARY		4	SPGEN	SPECIALTY GENERICS			X	12 IN 30 DAYS					R	MEDPRMI
43598060810	FONDAPA	FONDAPA	201204	Anticoagu	20120415	UNKNOW	S	5 MG/0.4M	SUBCUTA	SOLN	ML	0.4		GENERIC		43598		Y	N	FORMULARY		4	SPGEN	SPECIALTY GENERICS			X	12 IN 30 DAYS					R	MEDPRMI
43598060902	FONDAPA	FONDAPA	201204	Anticoagu	20120415	UNKNOW	S	7.5 MG/0.6	SUBCUTA	SOLN	ML	0.6		GENERIC		43598		Y	N	FORMULARY		4	SPGEN	SPECIALTY GENERICS			X	18 IN 30 DAYS					R	MEDPRMI
43598060910	FONDAPA	FONDAPA	201204	Anticoagu	20120415	UNKNOW	S	7.5 MG/0.6	SUBCUTA	SOLN	ML	0.6		GENERIC		43598		Y	N	FORMULARY		4	SPGEN	SPECIALTY GENERICS			X	18 IN 30 DAYS					R	MEDPRMI
43598061040	DOCETAX	DOCETAX	100000	Antineopla	10000000	Antineopla	S	80 MG/4M	INTRAVE	CONC	ML	4		GENERIC		43598			N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598061111	DOCETAX	DOCETAX	100000	Antineopla	10000000	Antineopla	S	20 MG/ML	INTRAVE	CONC	ML	1		GENERIC		43598			N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598061611	REGADEN	REGADEN	361800	Cardiac F	36180000	Cardiac F	S	0.4 MG/5M	INTRAVE	SOLN	ML	5		GENERIC		43598			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598061860	SAXAGLI	SAXAGLI	682005	UNKNOW	68200500	UNKNOW	S	2.5-1000 M	ORAL	TB24	EA	60	X	GENERIC		43598			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
43598061930	SAXAGLI	SAXAGLI	682005	UNKNOW	68200500	UNKNOW	S	5-1000 M	ORAL	TB24	EA	30	X	GENERIC		43598			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
43598062030	SAXAGLI	SAXAGLI	682005	UNKNOW	68200500	UNKNOW	S	5-500 MG	ORAL	TB24	EA	30	X	GENERIC		43598			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
43598062857	CARMUST	CARMUST	100000	Antineopla	10000000	Antineopla	S	100 MG	INTRAVE	SOLR	EA	1		GENERIC		43598			N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598063230	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	60 MG	ORAL	TABS	EA	30	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598063401	PENICILL	PENICILL	640000	Heavy Me	64000000	Heavy Me	S	250 MG	ORAL	CAPS	EA	100		GENERIC		43598			N	FORMULARY		4	SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
43598063510	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	500 MG/1	INTRAVE	SOLN	ML	100		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598063552	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	500 MG/1	INTRAVE	SOLN	ML	100		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598063610	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	1000 MG/	INTRAVE	SOLN	ML	100		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598063652	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	1000 MG/	INTRAVE	SOLN	ML	100		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598063710	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	1500 MG/	INTRAVE	SOLN	ML	100		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598063752	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	1500 MG/	INTRAVE	SOLN	ML	100		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598064611	TREPROS	TREPROS	484800	Vasodilati	48482800	UNKNOW	S	50 MG/20	INJECTIO	SOLN	ML	20		GENERIC		43598		Y	N	FORMULARY		4	SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
43598064711	TREPROS	TREPROS	484800	Vasodilati	48482800	UNKNOW	S	100 MG/2	INJECTIO	SOLN	ML	20		GENERIC		43598		Y	N	FORMULARY		4	SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
43598064811	TREPROS	TREPROS	484800	Vasodilati	48482800	UNKNOW	S	200 MG/2	INJECTIO	SOLN	ML	20		GENERIC		43598		Y	N	FORMULARY		4	SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
43598064911	TREPROS	TREPROS	484800	Vasodilati	48482800	UNKNOW	S	20 MG/20	INJECTIO	SOLN	ML	20		GENERIC		43598		Y	N	FORMULARY		4	SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
43598065011	THIOTEP	THIOTEP	100000	Antineopla	10000000	Antineopla	S	15 MG	INJECTIO	SOLR	EA	1		GENERIC		43598			N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598065101	VIGABAT	VIGABAT	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TABS	EA	100	X	GENERIC		43598			N	FORMULARY		4	SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
43598065505	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	500	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598065530	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	30	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598065590	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	90	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598065605	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	500	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598065630	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	30	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598066011	CYCLOPH	CYCLOPH	100000	Antineopla	10000000	Antineopla	R	500 MG/M	INTRAVE	SOLN	ML	1		MSB	7/24/2023	43598			N	EXCLUDE	SELF_INJ	6	SPBD2	FORMULARY EXCLUSION								R	MEDPRMI
43598066111	CYCLOPH	CYCLOPH	100000	Antineopla	10000000	Antineopla	R	500 MG/M	INTRAVE	SOLN	ML	2		MSB	7/24/2023	43598			N	EXCLUDE	SELF_INJ	6	SPBD2	FORMULARY EXCLUSION								R	MEDPRMI
43598066211	CYCLOPH	CYCLOPH	100000	Antineopla	10000000	Antineopla	R	500 MG/M	INTRAVE	SOLN	ML	4		MSB	7/24/2023	43598			N	EXCLUDE	SELF_INJ	6	SPBD2	FORMULARY EXCLUSION								R	MEDPRMI
43598066611	SUCCINY	SUCCINY	122020	UNKNOW	12202000	UNKNOW	S	20 MG/ML	INJECTIO	SOLN	ML	10		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598066625	SUCCINY	SUCCINY	122020	UNKNOW	12202000	UNKNOW	S	20 MG/ML	INJECTIO	SOLN	ML	10		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598067201	PYRIMET	PYRIMET	83008	Antimalari	8300800	Antimalari	S	25 MG	ORAL	TABS	EA	100		GENERIC		43598			N	FORMULARY		4	SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
43598067230	PYRIMET	PYRIMET	83008	Antimalari	8300800	Antimalari	S	25 MG	ORAL	TABS	EA	30		GENERIC		43598			N	FORMULARY		4	SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
43598067350	CEFIXIME	CEFIXIME	81206	Cephalosp	8120612	Third Gen	S	100 MG/5	ORAL	SUSR	ML	50		GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598067450	CEFIXIME	CEFIXIME	81206	Cephalosp	8120612	Third Gen	S	200 MG/5	ORAL	SUSR	ML	50		GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598067451	CEFIXIME	CEFIXIME	81206	Cephalosp	8120612	Third Gen	S	200 MG/5	ORAL	SUSR	ML	75		GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598067811	AZACITID	AZACITID	100000	Antineopla	10000000	Antineopla	S	100 MG	INJECTIO	SUSR	EA	1		GENERIC		43598			N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598068235	DOXORU	DOXORU	100000	Antineopla	10000000	Antineopla	S	2 MG/ML	INTRAVE	SUSP	ML	10		GENERIC		43598			N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598068325	DOXORU	DOXORU	100000	Antineopla	10000000	Antineopla	S	2 MG/ML	INTRAVE	SUSP	ML	25		GENERIC		43598			N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598069711	VIGABAT	VIGABAT	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	PACK	EA	1	X	GENERIC		43598			N	FORMULARY		4	SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
43598069750	VIGABAT	VIGABAT	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	PACK	EA	50	X	GENERIC		43598			N	FORMULARY		4	SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
43598069811	CARBOPR	CARBOPR	760000	Oxytocics	76000000	Oxytocics	S	250 MCG/	INTRAMU	SOLN	ML	1		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598069858	CARBOPR	CARBOPR	760000	Oxytocics	76000000	Oxytocics	S	250 MCG/	INTRAMU	SOLN	ML	1		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598070460	DARUNA	DARUNA	81808	Antiretrovi	8180808	HIV Prote	S	600 MG	ORAL	TABS	EA	60	X	GENERIC		43598			N	FORMULARY		4	SPGEN	SPECIALTY GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
43598070530	DARUNA	DARUNA	81808	Antiretrovi	8180808	HIV Prote	S	800 MG	ORAL	TABS	EA	30	X	GENERIC		43598			N	FORMULARY		4	SPGEN	SPECIALTY GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
43598070601	CHLORDI	CHLORDI	120808	Antimusca	12080800	Antimusca	S	5-2.5 MG	ORAL	CAPS	EA	100		GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598071901	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598071910	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598072001	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598072010	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	50 MG	ORAL	TABS	EA	1000	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598072101	HYDROXY	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	100	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS			X	100 IN 30 DAYS					R	MEDPRMI
43598072105	HYDROXY	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	500	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS			X	100 IN 30 DAYS					R	MEDPRMI
43598072511	EPHEDRI	EPHEDRI	121212	alpha- and	12121200	alpha- and	S	50 MG/ML	INTRAVE	SOLN	ML	1		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598072525	EPHEDRI	EPHEDRI	121212	alpha- and	12121200	alpha- and	S	50 MG/ML	INTRAVE	SOLN	ML	1		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598073330	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TBDP	EA	30	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS			X	3 IN 1 DAYS					R	MEDPRMI
43598073430	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TBDP	EA	30	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
43598073530	LEVOCET	LEVOCET	40800	Second G	4080000	Second G	P	5 MG	ORAL	TABS	EA	30		GENERIC		43598			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598073590	LEVOCET	LEVOCET	40800	Second G	4080000	Second G	P	5 MG	ORAL	TABS	EA	90		GENERIC		43598			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598074101	RAMELTE	RAMELTE	282448	UNKNOW	28244800	UNKNOW	S	8 MG	ORAL	TABS	EA	100		GENERIC		43598			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
43598074130	RAMELTE	RAMELTE	282448	UNKNOW	28244800	UNKNOW	S	8 MG	ORAL	TABS	EA	30		GENERIC		43598			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
43598074210	EZETIMIB	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-10 MG	ORAL	TABS	EA	1000	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
43598074230	EZETIMIB	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-10 MG	ORAL	TABS	EA	30	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
43598074290	EZETIMIB	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-10 MG	ORAL	TABS	EA	90	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
43598074305	EZETIMIB	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-40 MG	ORAL	TABS	EA	500	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
43598074330	EZETIMIB	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-40 MG	ORAL	TABS	EA	30	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
43598074390	EZETIMIB	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-40 MG	ORAL	TABS	EA	90	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
43598074410	EZETIMIB	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-20 MG	ORAL	TABS	EA	1000	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
43598074430	EZETIMIB	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-20 MG	ORAL	TABS	EA	30	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
43598074490	EZETIMIB	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-20 MG	ORAL	TABS	EA	90	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
43598074505	EZETIMIB	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-80 MG	ORAL	TABS	EA	500	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS	X	PA:X	X	1 IN 1 DAYS					R	MEDPRMI
43598074530	EZETIMIB	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-80 MG	ORAL	TABS	EA	30	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS	X	PA:X	X	1 IN 1 DAYS					R	MEDPRMI
43598074590	EZETIMIB	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-80 MG	ORAL	TABS	EA	90	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS	X	PA:X	X	1 IN 1 DAYS					R	MEDPRMI
43598074672	ICOSAPE	ICOSAPE	240612	UNKNOW	24061200	UNKNOW	S	0.5 GM	ORAL	CAPS	EA	240	X	GENERIC		43598			N	EXCLUDE	HARD_MS	1	GEN	FORMULARY EXCLUSION						PLEASE DISPENSE BRAND FOR GENERIC COPAY.			R	MEDPRMI
43598074711	TIMOLOL	TIMOLOL	524008	UNKNOW	52400800	UNKNOW	S	0.25%	OPHTHAL	SOLG	ML	5	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598074811	TIMOLOL	TIMOLOL	524008	UNKNOW	52400800	UNKNOW	S	0.50%	OPHTHAL	SOLG	ML	5	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598074904	SAPROPT	SAPROPT	440800	UNKNOW	44080000	UNKNOW	S	100 MG	ORAL	TABS	EA	120	X	GENERIC	7/11/2024	43598			N	FORMULARY		4	SPGEN	SPECIALTY GENERICS								R	MEDPRMI
43598075011	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	S	2 MG/2ML	INJECTIO	SOSY	ML	2		GENERIC		43598		Y	N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598075058	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	S	2 MG/2ML	INJECTIO	SOSY	ML	2		GENERIC		43598		Y	N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598075101	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TB12	EA	100	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598075105	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TB12	EA	500	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598075160	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TB12	EA	60	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598075201	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	100	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598075205	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	500	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598075260	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	60	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598075360	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	200 MG	ORAL	TB12	EA	60	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598075510	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	500 MG/1	INTRAVE	SOLN	ML	100		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598075552	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	500 MG/1	INTRAVE	SOLN	ML	100		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598075710	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	1000 MG/	INTRAVE	SOLN	ML	100		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598075752	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	1000 MG/	INTRAVE	SOLN	ML	100		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598075910	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	1500 MG/	INTRAVE	SOLN	ML	100		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598075952	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	1500 MG/	INTRAVE	SOLN	ML	100		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598076402	OLOPATA	OLOPATA	520200	Antiallergi	52020000	Antiallergi	P	0.20%	OPHTHAL	SOLN	ML	2.5		GENERIC		43598			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598076507	OLOPATA	OLOPATA	520200	Antiallergi	52020000	Antiallergi	P	0.10%	OPHTHAL	SOLN	ML	5		GENERIC		43598			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598076811	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	6 MG/0.5M	SUBCUTA	SOAJ	ML	0.5		GENERIC		43598		Y	N	FORMULARY		1	GEN	GENERICS			X	18 IN 30 DAYS					R	MEDPRMI
43598076823	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	6 MG/0.5M	SUBCUTA	SOAJ	ML	0.5		GENERIC		43598		Y	N	FORMULARY		1	GEN	GENERICS			X	18 IN 30 DAYS					R	MEDPRMI
43598077111	LEVOLEU	LEVOLEU	910412	UNKNOW	91041200	UNKNOW	S	175 MG/1	INTRAVE	SOLN	ML	17.5		GENERIC		43598			N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598077311	LEVOLEU	LEVOLEU	910412	UNKNOW	91041200	UNKNOW	R	250 MG/2	INTRAVE	SOLN	ML	25		GENERIC		43598			N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598081112	CETIRIZI	CETIRIZI	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	100		GENERIC		43598			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598081115	CETIRIZI	CETIRIZI	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	500		GENERIC		43598			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598082314	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	60MG-120	ORAL	TB12	EA	20		GENERIC		43598			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598082331	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	60MG-120	ORAL	TB12	EA	30		GENERIC		43598			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598082335	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	60MG-120	ORAL	TB12	EA	10		GENERIC		43598			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598083005	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	500	X	GENERIC		43598			N	#N/A	ORIG_FR	10	EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
43598083090	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		43598			N	#N/A	ORIG_FR	10	EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
43598083105	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	500	X	GENERIC		43598			N	#N/A	ORIG_FR	10	EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
43598083190	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		43598			N	#N/A	ORIG_FR	10	EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
43598083205	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	500	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
43598083290	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
43598083305	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	500	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
43598083390	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
43598083911	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	1000 MG/	INJECTIO	SOLN	ML	10		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598083936	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	1000 MG/	INJECTIO	SOLN	ML	10		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598084811	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	20 MG	INTRAMU	SOLR	EA	1		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598084858	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	20 MG	INTRAMU	SOLR	EA	1		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598085011	DOXERC	DOXERC	881600	Vitamin D	88160000	Vitamin D	S	4 MCG/2M	INTRAVE	SOLN	ML	2		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598085050	DOXERC	DOXERC	881600	Vitamin D	88160000	Vitamin D	S	4 MCG/2M	INTRAVE	SOLN	ML	2		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598085130	DEFERAS	DEFERAS	640000	Heavy Me	64000000	Heavy Me	S	360 MG	ORAL	TABS	EA	30	X	GENERIC		43598			N	FORMULARY		4	SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
43598085230	DEFERAS	DEFERAS	640000	Heavy Me	64000000	Heavy Me	S	180 MG	ORAL	TABS	EA	30	X	GENERIC		43598			N	FORMULARY		4	SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
43598085330	DEFERAS	DEFERAS	640000	Heavy Me	64000000	Heavy Me	S	90 MG	ORAL	TABS	EA	30	X	GENERIC		43598			N	FORMULARY		4	SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
43598085430	DEFERAS	DEFERAS	640000	Heavy Me	64000000	Heavy Me	S	500 MG	ORAL	TBSO	EA	30	X	GENERIC		43598			N	FORMULARY		4	SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
43598085530	DEFERAS	DEFERAS	640000	Heavy Me	64000000	Heavy Me	S	125 MG	ORAL	TBSO	EA	30	X	GENERIC		43598			N	FORMULARY		4	SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
43598085630	DEFERAS	DEFERAS	640000	Heavy Me	64000000	Heavy Me	S	250 MG	ORAL	TBSO	EA	30	X	GENERIC		43598			N	FORMULARY		4	SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
43598085911	FOSAPRE	FOSAPRE	562232	UNKNOW	56223200	UNKNOW	S	150 MG	INTRAVE	SOLR	EA	1		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598086111	CARMUST	CARMUST	100000	Antineopla	10000000	Antineopla	S	100 MG	INTRAVE	SOLR	EA	1		GENERIC		43598			N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598086360	BUPROPI	BUPROPI	120200	UNKNOW	12020000	UNKNOW	S	150 MG	ORAL	TB12	EA	60		GENERIC		43598			N	#N/A	ORIG_FR	10	EHB	#N/A						X	IF AGE=18-999 YEARS AND D	R	MEDPRMI
43598086560	BORTEZ	BORTEZ	100000	Antineopla	10000000	Antineopla	R	3.5 MG	INTRAVE	SOLR	EA	1		MSB	12/28/2023	43598			N	EXCLUDE	SELF_INJ	6	SPBD2	FORMULARY EXCLUSION								R	MEDPRMI
43598089110	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ/1	ORAL	SOLN	ML	15	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598089152	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ/1	ORAL	SOLN	ML	15	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598089235	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180-240 M	ORAL	TB24	EA	10		GENERIC		43598			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598089330	NITROGL	NITROGL	240808	beta-Adre	24080800	UNKNOW	S	0.6 MG/H	TRANSDE	PT24	EA	30	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598089430	NITROGL	NITROGL	240808	beta-Adre	24080800	UNKNOW	S	0.4 MG/H	TRANSDE	PT24	EA	30	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598089530	NITROGL	NITROGL	240808	beta-Adre	24080800	UNKNOW	S	0.2 MG/H	TRANSDE	PT24	EA	30	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598089630	NITROGL	NITROGL	240808	beta-Adre	24080800	UNKNOW	S	0.1 MG/H	TRANSDE	PT24	EA	30	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598089701	AMPHET	AMPHET	282004	Amphetam	28200400	Amphetam	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS	X	PA:X							R	MEDPRMI
43598089801	AMPHET	AMPHET	282004	Amphetam	28200400	Amphetam	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS	X	PA:X							R	MEDPRMI
43598090111	ERTAPEN	ERTAPEN	81207	Miscellane	8120708	Carbapen	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC		43598	Y		N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598090158	ERTAPEN	ERTAPEN	81207	Miscellane	8120708	Carbapen	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC		43598	Y		N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598090990	FENOFIB	FENOFIB	240606	Fibric Acid	24060600	Fibric Acid	S	54 MG	ORAL	TABS	EA	90	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598091005	FENOFIB	FENOFIB	240606	Fibric Acid	24060600	Fibric Acid	S	160 MG	ORAL	TABS	EA	500	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598091090	FENOFIB	FENOFIB	240606	Fibric Acid	24060600	Fibric Acid	S	160 MG	ORAL	TABS	EA	90	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598091406	VASOPRE	VASOPRE	682800	Pituitary	68280000	Pituitary	S	20 UNIT/M	INTRAVE	SOLN	ML	1		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598091411	VASOPRE	VASOPRE	682800	Pituitary	68280000	Pituitary	S	20 UNIT/M	INTRAVE	SOLN	ML	1		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598091425	VASOPRE	VASOPRE	682800	Pituitary	68280000	Pituitary	S	20 UNIT/M	INTRAVE	SOLN	ML	1		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598091711	CARBOPR	CARBOPR	760000	Oxytocics	76000000	Oxytocics	S	250 MCG/	INTRAMU	SOLN	ML	1		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598091758	CARBOPR	CARBOPR	760000	Oxytocics	76000000	Oxytocics	S	250 MCG/	INTRAMU	SOLN	ML	1		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598091911	CARBOPR	CARBOPR	760000	Oxytocics	76000000	Oxytocics	S	250 MCG/	INTRAMU	SOLN	ML	1		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598091958	CARBOPR	CARBOPR	760000	Oxytocics	76000000	Oxytocics	S	250 MCG/	INTRAMU	SOLN	ML	1		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598093109	DESMOPI	DESMOPI	682800	Pituitary	68280000	Pituitary	S	4 MCG/ML	INJECTIO	SOLN	ML	1		GENERIC		43598		Y	N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598093111	DESMOPI	DESMOPI	682800	Pituitary	68280000	Pituitary	S	4 MCG/ML	INJECTIO	SOLN	ML	1		GENERIC		43598		Y	N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598094330	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	TB24	EA	30	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598094390	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	TB24	EA	90	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598094430	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	225 MG	ORAL	TB24	EA	30	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598094490	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	225 MG	ORAL	TB24	EA	90	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598094511	NEOSTIG	NEOSTIG	120400	Parasymp	12040000	Parasymp	S	3 MG/3ML	INTRAVE	SOSY	ML	3		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598094558	NEOSTIG	NEOSTIG	120400	Parasymp	12040000	Parasymp	S	3 MG/3ML	INTRAVE	SOSY	ML	3		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598094811	FOSAPRE	FOSAPRE	562232	UNKNOW	56223200	UNKNOW	S	150 MG	INTRAVE	SOLR	EA	1		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598096530	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	30	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598096630	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598096730	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598096830	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TABS	EA	30	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598096930	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598097030	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	30 MG	ORAL	TABS	EA	30	X	GENERIC		43598			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598097511	DEXMED	DEXMED	121204	alpha-Adr	12120400	alpha-Adr	S	400 MCG/	INTRAVE	SOLN	ML	100		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598097558	DEXMED	DEXMED	121204	alpha-Adr	12120400	alpha-Adr	S	400 MCG/	INTRAVE	SOLN	ML	100		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598097611	DEXMED	DEXMED	121204	alpha-Adr	12120400	alpha-Adr	S	200 MCG/	INTRAVE	SOLN	ML	50		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598097658	DEXMED	DEXMED	121204	alpha-Adr	12120400	alpha-Adr	S	200 MCG/	INTRAVE	SOLN	ML	50		GENERIC		43598			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598097710	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	P	1%	EXTERNA	GEL	GM	100		GENERIC		43598			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
43598099910	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	1000	X	GENERIC		43598	Y		N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598099930	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	30	X	GENERIC		43598	Y		N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43598099990	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	90	X	GENERIC		43598	Y		N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
43684010011	SCALACC	HYDROC	840608	UNKNOW	84060800	UNKNOW	R	2 & 2-2 %	EXTERNA	KIT	ML	265.6		SSB		43684			N	FORMULARY		2	BRAND	PREFERRED BRAND								R	MEDPRMI

44807000937	SEROSTISOMATRI	683004	Somatotro	68300400	Somatotro	R	5 MG	SUBCUTSOLR	EA	1 X	SSB		44087	Y	N	NON-FORMULARY	6 SPB02	SPECIALTY NON-PREFERRED BRAND	X	PA X									R	MEDPRIM
44807000907	SEROSTISOMATRI	683004	Somatotro	68300400	Somatotro	R	5 MG	SUBCUTSOLR	EA	1 X	SSB		44087	Y	N	NON-FORMULARY	6 SPB02	SPECIALTY NON-PREFERRED BRAND	X	PA X									R	MEDPRIM
44807001601	SAIZENPRSOMATRI	683004	Somatotro	68300400	Somatotro	R	8.8 MG	INJECTO-SOLR	EA	1 X	SSB	6/23/2023	44087	Y	N	EXCLUDEEXCLUDE	6 SPB02	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=639 NCPDP_REJECT_CODE=70]						R	MEDPRIM
44807002203	REBIF INTERFEI	600412	UNKNOW	60041200	UNKNOWN	R	22 MCG/0	SUBCUTSYSOSY	ML	0.5 X	SSB		44087	Y	N	FORMULARY	5 SPB01	SPECIALTY PREFERRED BRAND											R	MEDPRIM
44807002206	REBIF INTERFEI	600412	UNKNOW	60041200	UNKNOWN	R	22 MCG/0	SUBCUTSYSOSY	ML	0.5 X	SSB		44087	Y	N	FORMULARY	5 SPB01	SPECIALTY PREFERRED BRAND	X	PA X									R	MEDPRIM
44807004403	REBIF INTERFEI	600412	UNKNOW	60041200	UNKNOWN	R	44 MCG/0	SUBCUTSYSOSY	ML	0.5 X	SSB		44087	Y	N	FORMULARY	5 SPB01	SPECIALTY PREFERRED BRAND	X	PA X									R	MEDPRIM
44807004406	REBIF INTERFEI	600412	UNKNOW	60041200	UNKNOWN	R	44 MCG/0	SUBCUTSYSOSY	ML	0.5 X	SSB		44087	Y	N	FORMULARY	5 SPB01	SPECIALTY PREFERRED BRAND	X	PA X									R	MEDPRIM
44807018801	REBIF REINTERFEI	600412	UNKNOW	60041200	UNKNOWN	R	8.8 MCG/0	SUBCUTSYSOJ	ML	4.2 X	SSB		44087	Y	N	FORMULARY	5 SPB01	SPECIALTY PREFERRED BRAND	X	PA X									R	MEDPRIM
44807040004	MAVENCLCLADRBI	924400	UNKNOW	92440000	UNKNOWN	R	10MG	ORAL	TBPK	EA	4	SSB		44087	N	N	FORMULARY	5 SPB01	SPECIALTY PREFERRED BRAND	X	PA X									R	MEDPRIM
44807040005	MAVENCLCLADRBI	924400	UNKNOW	92440000	UNKNOWN	R	10MG	ORAL	TBPK	EA	5	SSB		44087	N	N	FORMULARY	5 SPB01	SPECIALTY PREFERRED BRAND	X	PA X									R	MEDPRIM
44807040006	MAVENCLCLADRBI	924400	UNKNOW	92440000	UNKNOWN	R	10MG	ORAL	TBPK	EA	6	SSB		44087	N	N	FORMULARY	5 SPB01	SPECIALTY PREFERRED BRAND	X	PA X									R	MEDPRIM
44807040007	MAVENCLCLADRBI	924400	UNKNOW	92440000	UNKNOWN	R	10MG	ORAL	TBPK	EA	8	SSB		44087	N	N	FORMULARY	5 SPB01	SPECIALTY PREFERRED BRAND	X	PA X									R	MEDPRIM
44807040009	MAVENCLCLADRBI	924400	UNKNOW	92440000	UNKNOWN	R	10MG	ORAL	TBPK	EA	9	SSB		44087	N	N	FORMULARY	5 SPB01	SPECIALTY PREFERRED BRAND	X	PA X									R	MEDPRIM
44807100302	SAIZEN SOMATI	683004	Somatotro	68300400	Somatotro	R	8.8 MG	INJECTO-SOLR	EA	1 X	SSB	10/31/2024	44087	Y	N	EXCLUDEEXCLUDE	6 SPB02	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=639 NCPDP_REJECT_CODE=70]						R	MEDPRIM
44807189801	SAIZEN SOMATRI	683004	Somatotro	68300400	Somatotro	R	8.8 MG	INJECTO-SOLR	EA	1 X	SSB	4/2/2024	44087	Y	N	EXCLUDEEXCLUDE	6 SPB02	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=639 NCPDP_REJECT_CODE=70]						R	MEDPRIM
44807111501	GONAL-F FOLLITRO	681808	UNKNOW	68180800	UNKNOWN	R	300 UNIT/	SUBCUTSYSOPN	ML	0.5	SSB		44087	Y	N	FORMULARY	5 SPB01	SPECIALTY PREFERRED BRAND											R	MEDPRIM
44807111601	GONAL-F FOLLITRO	681808	UNKNOW	68180800	UNKNOWN	R	450 UNIT/	SUBCUTSYSOPN	ML	0.75	SSB		44087	Y	N	FORMULARY	5 SPB01	SPECIALTY PREFERRED BRAND											R	MEDPRIM
44807111701	GONAL-F FOLLITRO	681808	UNKNOW	68180800	UNKNOWN	R	900 UNIT/	SUBCUTSYSOPN	ML	1.5	SSB		44087	Y	N	FORMULARY	5 SPB01	SPECIALTY PREFERRED BRAND											R	MEDPRIM
44807115501	OVIDREL CHOROG	681808	UNKNOW	68180800	UNKNOWN	R	250 MCG/	SUBCUTSOSY	ML	0.5	SSB		44087	Y	N	FORMULARY	2 SPB04	PREFERRED BRAND											R	MEDPRIM
44807132501	CETROTIDETROPH	681804	UNKNOW	68180400	UNKNOWN	R	0.25 MG	SUBCUTKIT	EA	1	MSB		44087	Y	N	EXCLUDE	6 SPB02	FORMULARY EXCLUSION											R	MEDPRIM
44807202201	REBIF REINTERFEI	600412	UNKNOW	60041200	UNKNOWN	R	22 MCG/0	SUBCUTSOJ	ML	0.5 X	SSB		44087	Y	N	FORMULARY	5 SPB01	SPECIALTY PREFERRED BRAND	X	PA X									R	MEDPRIM
44807202206	REBIF REINTERFEI	600412	UNKNOW	60041200	UNKNOWN	R	22 MCG/0	SUBCUTSOJ	ML	0.5 X	SSB		44087	Y	N	FORMULARY	5 SPB01	SPECIALTY PREFERRED BRAND	X	PA X									R	MEDPRIM
44807204401	REBIF REINTERFEI	600412	UNKNOW	60041200	UNKNOWN	R	44 MCG/0	SUBCUTSOJ	ML	0.5 X	SSB		44087	Y	N	FORMULARY	5 SPB01	SPECIALTY PREFERRED BRAND	X	PA X									R	MEDPRIM
44807204406	REBIF REINTERFEI	600412	UNKNOW	60041200	UNKNOWN	R	44 MCG/0	SUBCUTSOJ	ML	0.5 X	SSB		44087	Y	N	FORMULARY	5 SPB01	SPECIALTY PREFERRED BRAND	X	PA X									R	MEDPRIM
44807218407	ZORBTIVSSOMATR	683004	Somatotro	68300400	Somatotro	R	8.8 MG	INJECTO-SOLR	EA	1 X	SSB	1/8/2024	44087	Y	N	NON-FORMULARY	6 SPB02	SPECIALTY NON-PREFERRED BRAND	X	PA X									R	MEDPRIM
44807235301	BAVENCIAVELUMM	100000	Antineopl	10000000	Antineopl	R	200 MG/1	INTRAVESOLN	ML	10	SSB		44087	N	N	EXCLUDESELF_INJ	6 SPB02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44807400004	MAVENCLCLADRBI	924400	UNKNOW	92440000	UNKNOWN	R	10 MG	ORAL	TBPK	EA	10	SSB		44087	N	N	FORMULARY	5 SPB01	SPECIALTY PREFERRED BRAND	X	PA X									R	MEDPRIM
44807400004	MAVENCLCLADRBI	924400	UNKNOW	92440000	UNKNOWN	R	10 MG	ORAL	TBPK	EA	4	SSB		44087	N	N	FORMULARY	5 SPB01	SPECIALTY PREFERRED BRAND	X	PA X									R	MEDPRIM
44807400005	MAVENCLCLADRBI	924400	UNKNOW	92440000	UNKNOWN	R	10 MG	ORAL	TBPK	EA	5	SSB		44087	N	N	FORMULARY	5 SPB01	SPECIALTY PREFERRED BRAND	X	PA X									R	MEDPRIM
44807400006	MAVENCLCLADRBI	924400	UNKNOW	92440000	UNKNOWN	R	10 MG	ORAL	TBPK	EA	6	SSB		44087	N	N	FORMULARY	5 SPB01	SPECIALTY PREFERRED BRAND	X	PA X									R	MEDPRIM
44807400007	MAVENCLCLADRBI	924400	UNKNOW	92440000	UNKNOWN	R	10 MG	ORAL	TBPK	EA	8	SSB		44087	N	N	FORMULARY	5 SPB01	SPECIALTY PREFERRED BRAND	X	PA X									R	MEDPRIM
44807400009	MAVENCLCLADRBI	924400	UNKNOW	92440000	UNKNOWN	R	10 MG	ORAL	TBPK	EA	9	SSB		44087	N	N	FORMULARY	5 SPB01	SPECIALTY PREFERRED BRAND	X	PA X									R	MEDPRIM
44807450303	TEPMELTKTEPOTIN	100000	Antineopl	10000000	Antineopl	R	225 MG	ORAL	TABS	EA	30	SSB		44087	N	N	FORMULARY	5 SPB01	SPECIALTY PREFERRED BRAND	X	PA X									R	MEDPRIM
44807450306	TEPMELTKTEPOTIN	100000	Antineopl	10000000	Antineopl	R	225 MG	ORAL	TABS	EA	60	SSB		44087	N	N	FORMULARY	5 SPB01	SPECIALTY PREFERRED BRAND	X	PA X									R	MEDPRIM
44807600501	GONAL-F FOLLITRO	681808	UNKNOW	68180800	UNKNOWN	R	75 UNIT	SUBCUTSOLR	EA	1	SSB		44087	Y	N	FORMULARY	5 SPB01	SPECIALTY PREFERRED BRAND											R	MEDPRIM
44807600506	GONAL-F FOLLITRO	681808	UNKNOW	68180800	UNKNOWN	R	75 UNIT	SUBCUTSOLR	EA	1	SSB		44087	Y	N	FORMULARY	5 SPB01	SPECIALTY PREFERRED BRAND											R	MEDPRIM
44807603001	GONAL-F FOLLITRC	681808	UNKNOW	68180800	UNKNOWN	R	450 UNIT	INJECTO-SOLR	EA	1	SSB		44087	Y	N	FORMULARY	5 SPB01	SPECIALTY PREFERRED BRAND											R	MEDPRIM
44807607001	GONAL-F FOLLITRC	681808	UNKNOW	68180800	UNKNOWN	R	1050UNIT	INJECTO-SOLR	EA	1	SSB		44087	Y	N	FORMULARY	5 SPB01	SPECIALTY PREFERRED BRAND											R	MEDPRIM
44932000041	AIRCAST ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44102	Y	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44118070310	PLEXION SULFACE	842800	Keratolytic	84280000	Keratolytic	R	8.8-8.8 %	EXTERNALQS	GM	285	MSB		44118	N	N	EXCLUDE	6 SPB02	FORMULARY EXCLUSION											R	MEDPRIM
44118070102	PLEXION SULFACE	842800	Keratolytic	84280000	Keratolytic	S	8.8-8.8 %	EXTRACNCREA	GM	57	MSB		44118	N	N	EXCLUDEEXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=639 NCPDP_REJECT_CODE=70]						R	MEDPRIM
44118070301	PLEXION SULFACE	842800	Keratolytic	84280000	Keratolytic	R	8.8-8.8 %	EXTRACNCREA	GM	2	SSB		44118	N	N	NON-FORMULARY	3 BRN02	NON-PREFERRED BRAND											R	MEDPRIM
44118070280	PLEXION SULFACE	842800	Keratolytic	84280000	Keratolytic	R	8.8-8.8 %	EXTRACNPADS	EA	60	SSB		44118	N	N	NON-FORMULARY	3 BRN02	NON-PREFERRED BRAND											R	MEDPRIM
44118070201	PLEXION SULFACE	842800	Keratolytic	84280000	Keratolytic	S	8.8-8.8 %	EXTRACNPADS	EA	60	SSB		44118	N	N	EXCLUDEEXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=639 NCPDP_REJECT_CODE=70]						R	MEDPRIM
44807207401	VYTONE IODOQUI	840416	UNKNOW	84041600	UNKNOWN	S	1-1.9 %	EXTRACNCREA	GM	2	GENERIC		44118	N	N	FORMULARY	1 GEN	GENERICS											R	MEDPRIM
44118070430	VYTONE IODOQUI	840416	UNKNOW	84041600	UNKNOWN	S	1-1.9 %	EXTRACNCREA	GM	2	GENERIC		44118	N	N	FORMULARY	1 GEN	GENERICS											R	MEDPRIM
44118071060	DESIRK DESONI	840608	UNKNOW	84060800	UNKNOWN	S	0.05%	EXTERNALQ	GM	60	GENERIC	9/11/2023	44118	Y	N	FORMULARY	1 GEN	GENERICS			X	Must meet 5 DS Beta TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE 0						R	MEDPRIM
44118071115	TRITOCONTRIAMCIN	840608	UNKNOW	84060800	UNKNOWN	S	0.05%	EXTERNAOINT	GM	430	GENERIC	9/11/2023	44118	N	N	EXCLUDEEXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=639 NCPDP_REJECT_CODE=70]						R	MEDPRIM
44118071208	ELOCON ELOCAC	840404	Antibacter	84040400	Antibacter	S	0.05%	EXTERNASHMP	ML	237	GENERIC		44161	N	N	FORMULARY	1 GEN	GENERICS											R	MEDPRIM
44118071301	RIAX BENZOYL	840492	Local Anti	84049200	Local Anti-O		9.55%	EXTERNAPADS	EA	1	SSB	1/25/2022	44118	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44118071380	RIAX BENZOYL	840492	Local Anti	84049200	Local Anti-O		9.55%	EXTERNAPADS	EA	60	SSB	1/25/2022	44118	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44118070330	DUET DHPRENATA	892800	Multivitam	89280000	Multivitam	R	25-1 & 26	ORAL	MISC	EA	60	SSB	9/11/2023	44118	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44118069739	DUET DHPRENATA	892800	Multivitam	89280000	Multivitam	R	25-1 & 90	ORAL	MISC	EA	90	SSB	4/30/2024	44118	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44118069290	NATACHCPRENATA	892800	Multivitam	89280000	Multivitam	R	28-1 MG	ORAL	CHEW	EA	90	SSB	8/1/2024	44118	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44118070310	PLEXION SULFACE	842800	Keratolytic	84280000	Keratolytic	R	8.8-8.8 %	EXTERNACREA	GM	285	MSB		44118	N	N	EXCLUDE	6 SPB02	FORMULARY EXCLUSION											R	MEDPRIM
44150001201	SPARTANINCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001202	SPARTANINCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001030	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	50	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001600	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001601	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001602	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001603	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001604	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001605	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001650	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOPADS	EA	30	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001654	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOPADS	EA	60	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001655	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOPADS	EA	25	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001656	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001657	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001658	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001659	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001660	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001661	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001662	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001663	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001664	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001665	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001666	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001667	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001668	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001669	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001670	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001671	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001680	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001681	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001682	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001683	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001684	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001685	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001686	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001687	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001688	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001689	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001690	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001691	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001692	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001693	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001694	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001695	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001696	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001697	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001698	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001699	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001700	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001701	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001702	DIGNITY INCONTN	940000	Devices	94000000	Devices	O	0	DOES NOMISC	EA	1	NON DRUG		44156	N	N	EXCLUDE N/A (DRU	3 BRN02	OPTIONAL BENEFIT EXCLUSION											R	MEDPRIM
44150001703	DIGNITY INCONTN	940000	Devices	94000000

45129000677	NATURAL	ELASTIC	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
45129000678	NATURAL	ELASTIC	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
45129000679	NATURAL	ELASTIC	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
45129000680	NATURAL	ELASTIC	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
45129000681	NATURAL	ELASTIC	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
45129000682	NATURAL	ELASTIC	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
45129000683	NATURAL	ELASTIC	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
45129000684	NATURAL	ELASTIC	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
45129000685	NATURAL	ELASTIC	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
45129000686	NATURAL	ELASTIC	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
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45129018814 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018816 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018818 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018820 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018822 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018824 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018826 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018827 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018828 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018829 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018830 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018831 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018832 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018833 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018834 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018835 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018836 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018837 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018838 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018839 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018840 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018841 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018842 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018843 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018844 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018845 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018846 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018847 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018848 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018849 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018850 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018852 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018854 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018856 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018858 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018860 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018862 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018863 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018864 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018865 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018866 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018867 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018868 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018869 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018870 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018871 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018872 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018873 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018874 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018875 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018876 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018877 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018878 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018879 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018880 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018881 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018882 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018883 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018884 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018885 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018886 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018887 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018888 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129018889 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019068 ATHLETI	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019069 ATHLETI	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019070 ATHLETI	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019071 ATHLETI	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019072 ATHLETI	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019073 ATHLETI	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019074 ATHLETI	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019075 ATHLETI	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019119 JEWEL S	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019120 JEWEL S	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019121 JEWEL S	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019122 JEWEL S	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019123 JEWEL S	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019124 JEWEL S	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019125 JEWEL S	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019126 JEWEL S	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019127 JEWEL S	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019132 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019133 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019134 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019135 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019136 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019137 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019138 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019139 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019140 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019141 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019142 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019143 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019144 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019145 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019146 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019147 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019148 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019149 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019150 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019151 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019152 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019153 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019154 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019155 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019156 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019157 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019158 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019159 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019160 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019161 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019162 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019163 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019164 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019165 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019166 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019167 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019168 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019169 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019170 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019171 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019172 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019173 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019174 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019175 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019176 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019177 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019178 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019179 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019180 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019181 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019182 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019183 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019184 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019185 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019186 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019187 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019188 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019189 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019190 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019191 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019192 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019193 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019194 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019195 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019196 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019197 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019198 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019199 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019200 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019201 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019202 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019203 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019204 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019205 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019206 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019207 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019208 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019209 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019210 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019211 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019212 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019213 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019214 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019215 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019216 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019217 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019218 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019219 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019220 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019221 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019222 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019223 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019224 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019225 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019226 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019227 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019228 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019229 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019230 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019231 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019232 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019233 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019234 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019235 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019236 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019237 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019238 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019239 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019240 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019241 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019242 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019243 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019244 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019245 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019246 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019247 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019248 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019249 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019250 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019251 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019252 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019253 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019254 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019255 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019256 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019257 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019258 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019259 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019260 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019261 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019262 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019263 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019264 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019265 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019266 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019267 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019268 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019269 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019270 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019271 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019272 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019273 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019274 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019275 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019283 PERFORM	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019284 PERFORM	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019285 PERFORM	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019286 PERFORM	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019287 PERFORM	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019288 PERFORM	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019289 PERFORM	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019290 PERFORM	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019291 PERFORM	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019292 PERFORM	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019293 PERFORM	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019294 PERFORM	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019295 PERFORM	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019296 PERFORM	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019297 PERFORM	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019298 PERFORM	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019299 PERFORM	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019300 PERFORM	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019301 PERFORM	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019302 PERFORM	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019303 PERFORM	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019304 PERFORM	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019305 PERFORM	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019306 PERFORM	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019317 COTTON	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019318 COTTON	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019319 COTTON	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019320 COTTON	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019321 COTTON	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019322 COTTON	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019323 COTTON	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019324 COTTON	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019325 COTTON	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019326 COTTON	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019327 COTTON	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019328 COTTON	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019361 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019362 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019363 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019364 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019365 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019366 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019367 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019368 MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

45129019369	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019370	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019371	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019372	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019373	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019374	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019375	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019376	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019377	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019378	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019379	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019380	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019381	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019382	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019383	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019384	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019385	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019386	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019387	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019388	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019389	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019390	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019391	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019392	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019393	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019394	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019395	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019396	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019397	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019398	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019399	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019400	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019401	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019402	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019403	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019404	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019405	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019406	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019407	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019408	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019409	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019410	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019411	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019412	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019413	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019414	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019415	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019416	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019417	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019418	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019419	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019420	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019421	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019422	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019423	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019424	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019425	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019426	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019427	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019428	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019429	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019430	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019431	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019432	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019433	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019434	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019435	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019436	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019437	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019438	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019439	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019440	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019441	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019442	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019443	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019444	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019445	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019446	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019447	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019448	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019449	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019450	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019451	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019452	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019453	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019454	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019455	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019456	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019457	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019458	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019459	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019460	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019461	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019462	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019463	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019464	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019465	COTTON/ ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019466	COTTON/ ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019467	COTTON/ ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019468	COTTON/ ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019469	COTTON/ ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019470	COTTON/ ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019471	COTTON/ ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019472	COTTON/ ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019473	COTTON/ ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019474	COTTON/ ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019475	COTTON/ ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019476	COTTON/ ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019477	COTTON/ ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019478	COTTON/ ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019479	COTTON/ ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019480	COTTON/ ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019481	COTTON/ ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019482	COTTON/ ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019483	COTTON/ ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019484	COTTON/ ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019485	COTTON/ ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019486	MEDICAL ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019487	COTTON/ ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019488	COTTON/ ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019489	COTTON/ ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019490	COTTON/ ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019491	COTTON/ ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019492	MEDICAL ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019493	COTTON/ ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019494	COTTON/ ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019495	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019496	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019497	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019498	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019499	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019500	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019501	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019502	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019503	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019504	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019505	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019506	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019507	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019508	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019509	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019510	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019511	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019512	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019513	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019514	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019515	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019516	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019517	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019518	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019519	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019520	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019521	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019522	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019523	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019524	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019525	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019526	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019527	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019528	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019529	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019530	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019531	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019532	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019533	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019534	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019535	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019536	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019537	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019538	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019539	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019540	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019541	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019542	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019543	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019544	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019545	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019546	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019547	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019548	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019549	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019550	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019551	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019552	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019553	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019554	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019555	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019556	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019557	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019558	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019559	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019560	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019561	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019562	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019563	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019564	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019565	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019566	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019567	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019568	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019569	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019570	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019571	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019572	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019573	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019574	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019575	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019576	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019577	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019578	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019579	MEDICAL ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019580	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019581	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019582	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019583	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019584	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019585	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019586	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019587	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019588	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019589	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019590	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019591	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019592	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019593	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019594	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019595	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019596	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019597	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019598	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019599	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019600	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019601	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019602	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019603	MEDICAL ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019604	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019605	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019606	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019607	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019608	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019609	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019610	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019611	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019612	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019613	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019614	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019615	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019616	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019617	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019618	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019619	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019620	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019621	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019622	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019623	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019624	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019625	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019626	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019627	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019628	MEDICAL ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019629	COTTON ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019630	COTTON ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019631	COTTON ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019632	COTTON ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019633	COTTON ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019634	COTTON ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019635	COTTON ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019636	COTTON ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019637	COTTON ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019638	COTTON ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019639	COTTON ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019640	COTTON ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019641	COTTON ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019642	COTTON ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019643	COTTON ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019644	COTTON ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019645	COTTON ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019646	COTTON ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019647	COTTON ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019648	COTTON ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019649	COTTON ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019650	COTTON ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019651	COTTON ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129019652	COTTON ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

45129019653	COTTON	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019654	COTTON	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019655	COTTON	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019656	COTTON	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019657	COTTON	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019658	COTTON	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019659	COTTON	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019660	COTTON	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019661	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019662	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019663	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019664	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019665	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019666	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019667	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019668	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019669	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019670	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019671	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019672	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019673	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019674	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019675	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019676	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019677	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019678	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019679	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019680	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019681	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019682	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019683	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019684	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019685	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019686	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019687	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019688	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019689	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019690	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019691	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019692	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019693	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019694	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019695	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019696	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019697	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019698	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019699	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019700	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019701	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019702	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019703	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019704	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019705	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019706	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019707	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019708	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019709	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019710	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019711	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019712	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019713	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019714	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019715	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019716	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019717	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019718	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019719	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019720	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019721	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019722	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019723	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019724	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019725	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019726	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019727	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019728	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019729	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019730	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019731	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019732	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019733	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019734	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019735	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019736	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019737	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019738	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019739	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019740	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019741	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019742	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019743	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019744	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019745	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019746	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019747	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019748	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019749	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019750	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019751	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019752	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019753	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019754	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019755	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019756	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019757	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019758	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019759	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019760	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019761	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019762	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019763	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019764	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019765	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019766	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019767	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019768	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019769	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019770	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019771	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019772	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019773	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019774	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019775	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019776	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019777	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019778	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019779	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019780	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019781	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019782	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019783	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019784	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019785	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019786	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019787	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019788	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019789	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019790	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019791	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019792	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019793	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019794	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019795	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019796	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019797	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019798	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019799	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019800	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019801	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019802	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019803	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019804	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019805	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019806	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019807	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019808	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019809	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019810	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019811	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019812	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019813	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019814	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019815	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019816	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019817	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019818	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019819	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019820	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019821	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019822	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019823	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019824	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019825	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019826	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019827	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019828	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019829	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019830	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019831	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019832	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019833	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019834	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019835	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019836	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019837	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019838	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019839	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019840	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019841	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019842	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019843	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019844	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019845	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019846	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019847	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019848	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019849	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019850	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019851	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019852	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019853	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019854	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019855	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019856	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019857	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019858	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019859	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019860	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019861	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019862	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019863	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019864	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019865	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019866	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019867	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019868	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019869	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019870	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019871	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019872	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019873	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019874	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019875	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019876	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019877	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019878	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019879	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019880	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019881	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019882	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019883	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019884	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019885	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019886	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019887	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019888	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019889	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019890	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019891	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019892	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019893	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019894	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019895	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019896	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019897	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019898	SELECT (	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019899	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019900	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019901	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019902	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019903	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019904	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019905	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019906	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019907	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019908	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019909	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019910	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019911	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019912	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019913	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019914	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019915	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019916	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019917	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019918	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019919	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019920	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019921	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019922	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019923	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019924	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019925	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019926	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019927	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019928	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019929	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019930	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019931	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019932	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019933	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019934	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019935	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019936	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

45129019937	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019938	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019939	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019940	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019941	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019942	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019943	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019944	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019945	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019946	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019947	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019948	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019949	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019950	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019951	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019952	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019953	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019954	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019955	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019956	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019957	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019958	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019959	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019960	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019961	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019962	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019963	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019964	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019965	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019966	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019967	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019968	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019969	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019970	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019971	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019972	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019973	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019974	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019975	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019976	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019977	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019978	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019979	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019980	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019981	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019982	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019983	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019984	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019985	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019986	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019987	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019988	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019989	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019990	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019991	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019992	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019993	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019994	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019995	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019996	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019997	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019998	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129019999	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020000	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020001	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020002	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020003	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020004	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020005	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020006	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020007	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020008	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020009	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020010	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020011	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020012	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020013	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020014	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020015	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020016	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020017	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020018	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020019	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020020	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020021	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020022	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020023	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020024	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020025	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020026	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020027	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020028	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020029	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020030	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020031	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020032	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020033	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020034	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020035	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020036	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020037	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020038	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020039	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020040	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020041	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020042	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020043	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020044	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020045	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020046	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020047	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020048	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020049	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020050	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020051	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020052	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020053	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020054	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020055	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020056	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020057	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020058	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020059	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020060	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020061	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020062	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020063	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020064	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020065	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020066	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020067	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020068	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020069	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020070	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020071	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020072	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020073	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020074	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020075	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020076	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020077	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020078	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020079	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020080	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020081	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020082	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020083	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020084	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020085	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020086	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020087	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020088	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020089	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020090	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020091	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020092	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020093	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020094	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020095	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020096	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020097	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020098	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020099	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020100	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020101	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020102	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020103	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020104	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020105	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020106	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020107	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020108	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020109	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020110	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020111	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020112	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020113	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020114	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020115	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020116	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020117	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020118	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020119	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020120	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020121	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020122	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020123	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020124	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020125	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020126	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020127	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020128	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020129	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020130	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020131	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020132	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020133	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020134	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020135	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020136	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020137	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020138	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020139	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020140	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020141	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020142	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020143	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020144	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020145	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020146	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020147	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020148	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020149	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020150	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020151	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020152	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020153	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020154	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020155	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020156	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020157	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020158	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020159	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020160	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020161	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020162	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020163	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020164	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020165	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020166	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020167	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020168	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020169	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020170	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020171	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020172	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020173	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020174	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020175	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020176	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020177	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020178	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020179	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020180	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020181	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020182	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020183	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020184	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020185	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020186	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020187	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020188	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020189	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020190	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020191	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020192	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020193	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020194	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020195	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020196	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020197	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020198	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020199	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020200	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020201	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020202	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020203	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020204	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020205	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020206	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020207	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020208	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020209	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020210	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020211	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020212	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020213	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020214	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020215	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020216	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020217	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020218	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020219	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020220	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

45129020221	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020222	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020223	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020224	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020225	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020226	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020227	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020228	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020229	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020230	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020231	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020232	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020233	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020234	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020235	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020236	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020237	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020238	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020239	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020240	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020241	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020242	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020243	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020244	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020245	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020246	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020247	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020248	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020249	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020250	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020251	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020252	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020253	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020254	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020255	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020256	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020257	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020258	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020259	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020260	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020261	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020262	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020263	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020264	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020265	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020266	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020267	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020268	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020269	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020270	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020271	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020272	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020273	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020274	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020275	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020276	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020277	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020278	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020279	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020280	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020281	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020282	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020283	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020284	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020285	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020286	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020287	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020288	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020289	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020290	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020291	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020292	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020293	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020294	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020295	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020296	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020297	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020298	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020299	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020300	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020301	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020302	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020303	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020304	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020305	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020306	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020307	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020308	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020309	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020310	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020311	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020312	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020313	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020314	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020315	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020316	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020317	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020318	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020319	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020320	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020321	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020322	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020323	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020324	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020325	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020326	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020327	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020328	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020329	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020330	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020331	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020332	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020333	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020334	SELECT (	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020358	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020359	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020360	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020361	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020362	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020363	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020364	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020365	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020366	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020367	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020368	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020369	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020370	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020371	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020372	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020373	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020374	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020375	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020376	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020377	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020378	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020379	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020380	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020381	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020382	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020383	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020384	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020385	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020386	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020387	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020388	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020389	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020390	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020391	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020392	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020393	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020394	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020395	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020396	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020397	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020398	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020399	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020400	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020401	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020402	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020403	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020404	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020405	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020406	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020407	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020408	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020409	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020410	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020411	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020412	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020413	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020414	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020415	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020416	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020417	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020418	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020419	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020420	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020421	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020422	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020423	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020424	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020425	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020426	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020427	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020428	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020429	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020430	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020431	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020432	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020433	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020434	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020435	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020436	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020437	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020438	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020439	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020440	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020441	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020442	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020443	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020444	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020445	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020446	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020447	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020448	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020449	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020450	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020451	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020452	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020453	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020454	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020455	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020456	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020457	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020458	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020459	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020460	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020461	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020462	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020463	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020464	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020465	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020466	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020467	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020468	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020469	TRULY TF	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	1	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020470	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020471	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020472	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020473	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020474	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020475	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020476	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020477	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020478	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020479	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020480	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020481	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020482	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020483	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020484	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020485	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020486	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020487	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020488	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020489	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020490	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020491	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020492	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020493	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020494	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020495	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020496	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020497	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020498	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020499	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020500	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020501	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020502	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020503	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020504	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020505	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020506	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020507	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020508	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020509	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020510	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020511	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020512	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020513	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020514	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020515	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020516	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020517	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020518	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020519	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020520	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020521	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020522	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020523	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020524	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020525	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020526	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
45129020527	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0 DOES NO	MISC	EA	2	NON DRUG	45129	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

45129020528	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020529	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020530	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020531	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020532	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020533	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020534	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020535	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020536	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020537	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020538	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020539	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020540	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020541	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020542	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020543	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020544	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020545	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020546	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020547	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020548	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020549	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020550	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020551	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020552	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020553	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020554	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020555	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020556	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020557	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020558	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020559	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020560	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020561	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020562	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020563	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020564	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020565	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020566	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020567	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020568	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020569	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020570	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020571	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020572	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020573	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020574	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020575	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020576	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020577	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020578	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020579	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020580	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020581	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020582	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020583	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020584	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020585	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020586	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020587	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020588	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020589	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020629	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020630	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020631	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020632	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020633	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020634	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020635	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020636	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020637	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020638	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020639	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020640	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020641	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020642	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020643	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020644	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020645	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020646	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020647	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020648	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020649	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020650	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020651	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020652	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020653	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020654	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020655	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020656	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020657	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020658	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020659	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020660	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020661	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020662	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020663	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020664	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020692	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020693	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020694	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRU	12/19/2022	45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020695	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020696	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020697	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020698	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020699	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020700	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020701	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020702	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020703	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020704	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020705	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020706	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020707	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020708	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020709	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020710	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020711	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020712	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020713	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020714	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020715	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020716	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020717	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020718	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020719	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020720	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020721	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020722	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020723	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020724	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020725	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020726	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020727	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020728	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020729	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020730	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020731	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020732	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020733	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020734	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020735	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020736	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020737	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020738	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020739	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020740	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020741	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020742	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020743	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020744	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020745	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020746	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020747	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020748	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020749	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020750	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020751	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020752	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020753	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020754	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020755	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020756	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020757	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020758	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020759	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020760	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020761	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020762	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020763	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020764	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020765	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020766	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020767	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020768	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020769	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020770	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020771	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020772	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020773	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020774	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020775	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020776	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020777	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020778	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020779	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020780	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020781	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020782	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020783	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020784	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020785	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020786	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020787	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020788	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020789	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020790	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020791	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020792	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020793	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020794	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020795	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020796	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020797	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020798	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020799	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020800	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020801	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020802	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020803	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020804	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020805	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020806	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020807	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020808	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020809	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020810	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020811	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020812	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020813	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020814	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020815	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020816	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020817	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020818	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020819	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020820	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020821	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020822	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020823	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020824	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020825	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020826	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020827	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020828	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020829	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020830	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020831	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020832	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020833	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020834	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020835	EVERSHE	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020843	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020844	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020845	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020846	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020847	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020848	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020849	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020850	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020851	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020852	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020853	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020854	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020855	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020856	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020857	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020858	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020859	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020860	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020861	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020862	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020863	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020864	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020865	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45129020866	MEDICAL	ELASTIC	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		45129		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45146011002	ORABLO(	ARTICAIN	720000 Local Ane	72000000 Local Ane	S	4%-1:100(	INJECTIO	SOCT	ML	1.8	MSB		45146		N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
45146012002	ORABLO(	ARTICAIN	720000 Local Ane	72000000 Local Ane	R	4 %-1:200	INJECTIO	SOCT	ML	1.8	SSB		45146		N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45291050766	VIVONEX	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	29.5MG/1:	ORAL	POWD	GM	400	SSB		45291		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45334010016	ROBATH(	COTTONS	842408 Basic Oils	84240800 Basic Oils	O	0	EXTERNA	OIL	ML	474	SSB		45334	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45334010099	ROBATH(	COTTONS	842408 Basic Oils	84240800 Basic Oils	O	0	EXTERNA	OIL	ML	3700	SSB		45334	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45334020002	FREE & C	SHAMPO(	842000 Detergent	84200000 Detergent	O	0-0-0	EXTERNA	SHAM	ML	59	SSB		45334	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45334020012	FREE & C	SHAMPO(	842000 Detergent	84200000 Detergent	O	0-0-0	EXTERNA	SHAM	ML	355	SSB		45334		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45334021002	FREE & C	DERMAT(	849200 Skin and M	84920000 Skin and M	O	0-0	EXTERNA	LIQD	ML	59	SSB		45334		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45334021012	FREE & C	DERMAT(	849200 Skin and M	84920000 Skin and M	O	0-0	EXTERNA	LIQD	ML	355	SSB		45334		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45334022008	FREE & C	SOAP & C	842000 Detergent	84200000 Detergent	O	0-0-0-0-0	EXTERNA	LIQD	ML	237	SSB		45334		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45334022032	FREE & C	SOAP & C	842000 Detergent	84200000 Detergent	O	0-0-0-0-0	EXTERNA	LIQD	ML	947	SSB		45334		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45334030001	VANICRE	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	O	0-0-0-0-0	EXTERNA	CREA	GM	453	SSB		45334		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45334030002	VANICRE	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	O	0-0-0-0-0	EXTERNA	CREA	GM	57	SSB		45334		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45334030004	VANICRE	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	O	0-0-0-0-0	EXTERNA	CREA	GM	113	SSB		45334		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45334030016	VANICRE	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	O	0-0-0-0-0	EXTERNA	CREA	GM	453	SSB		45334		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45334030040	VANICRE	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	O	0-0-0-0-0	EXTERNA	CREA	GM	18200	SSB		45334		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45334031002	VANICRE	EMOLLIEI	842404 Basic Loti	84240400 Basic Loti	O	0	EXTERNA	LOTN	GM	57	SSB		45334		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
45334031008	VANICRE	EMOLLIEI	842404 Basic Loti	84240400 Basic Loti	O	0	EXTERNA	LOTN	GM	227	SSB		45334	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

45963073355	DOXORUI	DOXORUI	100000	Antineopla	10000000	Antineopla S	2 MG/ML	INTRAVEI	SOLN	ML	5	GENERIC		45963	N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
45963073357	DOXORUI	DOXORUI	100000	Antineopla	10000000	Antineopla S	2 MG/ML	INTRAVEI	SOLN	ML	10	GENERIC		45963	N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
45963073360	DOXORUI	DOXORUI	100000	Antineopla	10000000	Antineopla S	2 MG/ML	INTRAVEI	SOLN	ML	100	GENERIC		45963	N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
45963073368	DOXORUI	DOXORUI	100000	Antineopla	10000000	Antineopla S	2 MG/ML	INTRAVEI	SOLN	ML	25	GENERIC		45963	N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
45963073454	DOCETAX	DOCETAX	100000	Antineopla	10000000	Antineopla R	20 MG/ML	INTRAVEI	CONC	ML	1	MSB		45963	N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION			R	MEDPRMI
45963076552	DOCETAX	DOCETAX	100000	Antineopla	10000000	Antineopla R	80 MG/4M	INTRAVEI	CONC	ML	4	MSB		45963	N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION			R	MEDPRMI
46011000102	SINUCLE	SODIUM (	529200	EENT Dru	52920000	EENT Dru P	2300-700 I	NASAL	KIT	EA	30	MSB		46011	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
46011000103	SINUCLE	SODIUM (	529200	EENT Dru	52920000	EENT Dru P	2300-700 I	NASAL	PACK	EA	60	MSB		46011	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
46011000104	SINUCLE	SODIUM (	529200	EENT Dru	52920000	EENT Dru P	2300-700 I	NASAL	KIT	EA	1	MSB		46011	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
46017001104	GERITOL	IRON W/ \	200404	Iron Prepa	20040400	Iron Prepa P	50MG/15N	ORAL	LIQD	ML	118	MSB		46017	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
46017001110	GERITOL	IRON W/ \	200404	Iron Prepa	20040400	Iron Prepa P	57MG-57N	ORAL	TABS	EA	100	GENERIC		46017	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46017001112	GERITOL	IRON W/ \	200404	Iron Prepa	20040400	Iron Prepa P	50MG/15N	ORAL	LIQD	ML	354	MSB		46017	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
46017001140	GERITOL	IRON W/ \	200404	Iron Prepa	20040400	Iron Prepa P	57MG-57N	ORAL	TABS	EA	40	GENERIC		46017	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46017001816	VIVARIN	CAFFEINE	282032	UNKNOW	28203200	UNKNOW P	200 MG	ORAL	TABS	EA	16	MSB		46017 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
46017001824	VIVARIN	CAFFEINE	282032	UNKNOW	28203200	UNKNOW P	200 MG	ORAL	TABS	EA	2	MSB		46017 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
46017001840	VIVARIN	CAFFEINE	282032	UNKNOW	28203200	UNKNOW P	200 MG	ORAL	TABS	EA	40	MSB		46017 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
46017002328	CONTAC	CHLORPH	40400	First Gene	4040000	First Gene O	2-5-500 &	ORAL	MISC	EA	28	SSB		46017	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46017002408	CONTAC	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr P	500MG-5N	ORAL	TABS	EA	8	GENERIC		46017	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46017002424	CONTAC	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr P	500MG-5N	ORAL	TABS	EA	24	GENERIC		46017	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46017002528	CONTAC	CHLORPH	40400	First Gene	4040000	First Gene O	2-5-500 M	ORAL	TABS	EA	28	SSB		46017	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46017004408	UNIFIBER	CELLULO	561200	Cathartics	56120000	Cathartics O	0	ORAL	POWD	GM	240	SSB		46017	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46017005010	MIDNITE	MISC NAT	929200	UNKNOW	92920000	UNKNOW O	0-0-0-1.5N	ORAL	CHEW	EA	10	SSB		46017	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46017005030	MIDNITE	MISC NAT	929200	UNKNOW	92920000	UNKNOW O	0-0-0-1.5N	ORAL	CHEW	EA	30	SSB		46017	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46017005128	MIDNITE :	MELATON	929200	UNKNOW	92920000	UNKNOW O	20MG-0-0	ORAL	CHEW	EA	28	SSB		46017	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46017007703	BALNEOL	INCONTIN	849200	Skin and N	84920000	Skin and N O	0-0-0	EXTERNA	LOTN	ML	89	SSB		46017	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46017007710	BALNEOL	INCONTIN	849200	Skin and N	84920000	Skin and N O	0-0-0	EXTERNA	LOTN	GM	2	SSB		46017	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46017008730	BIFERA	POLYSAC	200404	Iron Prepa	20040400	Iron Prepa O	28 MG	ORAL	TABS	EA	30	SSB		46017 N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46017009440	FEOSOL I	CARBONY	200404	Iron Prepa	20040400	Iron Prepa P	45 MG	ORAL	TABS	EA	40	MSB		46017 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
46017009475	FEOSOL I	CARBONY	200404	Iron Prepa	20040400	Iron Prepa P	45 MG	ORAL	TABS	EA	75	MSB		46017 N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
46017009530	FEOSOL I	POLYSAC	200404	Iron Prepa	20040400	Iron Prepa O	28 MG	ORAL	TABS	EA	30	SSB		46017 N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46017009660	FEOSOL I	CARBONY	200404	Iron Prepa	20040400	Iron Prepa P	45 MG	ORAL	TABS	EA	60	MSB		46017	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
46017009712	FEOSOL	FERROUS	200404	Iron Prepa	20040400	Iron Prepa P	200 (65 FE	ORAL	TABS	EA	120	MSB		46017	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
46017032044	COLD-EE	HOMEOP.	929200	UNKNOW	92920000	UNKNOW P	0-13.3MG	MOUTH/T	LOZG	EA	24	MSB	11/2/2022	46017	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
46017032083	COLD-EE	HOMEOP.	929200	UNKNOW	92920000	UNKNOW P	0-13.3MG	MOUTH/T	LOZG	EA	18	MSB	11/2/2022	46017	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
46017032084	COLD-EE	HOMEOP.	929200	UNKNOW	92920000	UNKNOW P	0-13.3MG	MOUTH/T	LOZG	EA	18	MSB	11/2/2022	46017	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
46017032090	COLD-EE	HOMEOP.	929200	UNKNOW	92920000	UNKNOW P	0-13.3MG	MOUTH/T	LOZG	EA	2	MSB	11/2/2022	46017	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
46017032097	COLD-EE	HOMEOP.	929200	UNKNOW	92920000	UNKNOW P	0-13.3MG	MOUTH/T	LOZG	EA	10	MSB	11/2/2022	46017	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
46017032144	COLD-EE	HOMEOP.	929200	UNKNOW	92920000	UNKNOW P	0-13.3MG	MOUTH/T	LOZG	EA	24	MSB	11/2/2022	46017	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
46017032183	COLD-EE	HOMEOP.	929200	UNKNOW	92920000	UNKNOW P	0-13.3MG	MOUTH/T	LOZG	EA	18	MSB	11/2/2022	46017	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
46017032184	COLD-EE	HOMEOP.	929200	UNKNOW	92920000	UNKNOW P	0-13.3MG	MOUTH/T	LOZG	EA	18	MSB	11/2/2022	46017	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
46017032296	COLD-EE	HOMEOP.	929200	UNKNOW	92920000	UNKNOW P	0	MOUTH/T	LOZG	EA	12	MSB	11/2/2022	46017	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
46017032390	COLD-EE	HOMEOP.	929200	UNKNOW	92920000	UNKNOW P	0	MOUTH/T	LOZG	EA	2	MSB	11/2/2022	46017	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
46017032395	COLD-EE	HOMEOP.	929200	UNKNOW	92920000	UNKNOW P	0	MOUTH/T	LOZG	EA	16	MSB	11/2/2022	46017	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
46017032444	COLD-EE	HOMEOP.	929200	UNKNOW	92920000	UNKNOW P	0-13.3MG	MOUTH/T	LOZG	EA	24	MSB	11/2/2022	46017	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
46017032483	COLD-EE	HOMEOP.	929200	UNKNOW	92920000	UNKNOW P	0-13.3MG	MOUTH/T	LOZG	EA	18	MSB	11/2/2022	46017	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
46017032484	COLD-EE	HOMEOP.	929200	UNKNOW	92920000	UNKNOW P	0-13.3MG	MOUTH/T	LOZG	EA	18	MSB	11/2/2022	46017	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
46017032583	COLD-EE	HOMEOP.	929200	UNKNOW	92920000	UNKNOW P	0-13.3MG	MOUTH/T	LOZG	EA	18	MSB	11/2/2022	46017	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
46017032584	COLD-EE	HOMEOP.	929200	UNKNOW	92920000	UNKNOW P	0-13.3MG	MOUTH/T	LOZG	EA	18	MSB	11/2/2022	46017	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
46017032844	COLD-EE	HOMEOP.	929200	UNKNOW	92920000	UNKNOW O	0	ORAL	TBDP	EA	24	SSB	11/2/2022	46017	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46017032944	COLD-EE	HOMEOP.	929200	UNKNOW	92920000	UNKNOW O	0	ORAL	TBDP	EA	24	SSB	11/2/2022	46017	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46017034125	COLD-EE	HOMEOP.	929200	UNKNOW	92920000	UNKNOW O	0	ORAL	CHEW	EA	25	SSB	11/2/2022	46017	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46036000065	GOODSEI	SELENIUI	840416	UNKNOW	84041600	UNKNOW P	1%	EXTERNA	LOTN	ML	325	GENERIC		46036	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46036000267	CAPSAICI	CAPSAICI	849200	Skin and N	84920000	Skin and N O	0.15%	EXTERNA	LIQD	ML	30	SSB		46036	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46036000271	GOODSEI	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic P	0.50%	EXTERNA	AERO	GM	127	GENERIC		46036	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46036000362	GOODSEI	PSYLLIUM	561200	Cathartics	56120000	Cathartics P	51.70%	ORAL	POWD	GM	425	GENERIC		46036	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46036000364	GOODSEI	METHYLC	561200	Cathartics	56120000	Cathartics P	500MG	ORAL	TABS	EA	100	GENERIC		46036	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46036000365	GOODSEI	SIMETHIC	561000	Antiflatule	56100000	Antiflatule P	125 MG	ORAL	CHEW	EA	18	GENERIC		46036	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46036000469	GOODSEI	ACETAMI	280892	Analgesics	28089200	Analgesics P	325MG	ORAL	TABS	EA	100	GENERIC		46036	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46036000554	GOODSEI	CHLORPH	40400	First Gene	4040000	First Gene P	2-5-325 &	ORAL	MISC	EA	20	GENERIC		46036	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46036000605	GOODSEI	TROLAMI	280804	Nonsteroic	28080424	Salicylates P	10%	EXTERNA	CREA	GM	85	GENERIC		46036	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46036000644	GOODSEI	MENTHOI	842404	Basic Loti	84240400	Basic Loti P	8-30 %	EXTERNA	CREA	GM	113	GENERIC		46036	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46036000652	GOODSEI	MOUTHW	522800	Mouthwas	52280000	Mouthwas P	0	MOUTH/T	LIQD	ML	1000	GENERIC		46036	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46036000659	GOODSEI	BENZOCA	521600	Local Ane	52160000	Local Ane P	15-3.6 MG	MOUTH/T	LOZG	EA	18	GENERIC		46036	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46036000686	GOODSEI	WHITE PE	842400	Emollients	84240000	Emollients P	0	EXTERNA	GEL	GM	368	GENERIC		46036	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46036000844	GOODSEI	CALCIUM	560400	Antacids a	56040000	Antacids a P	500 MG	ORAL	CHEW	EA	150	GENERIC		46036	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46117000115	SUPER D	LANOLIN	842412	Basic Oint	84241200	Basic Oint O	49%	EXTERNA	GEL	GM	60	SSB		46117	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46117000116	SUPER D	LANOLIN	842412	Basic Oint	84241200	Basic Oint O	49%	EXTERNA	GEL	GM	113.4	SSB		46117	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46117000120	SUPER D	LANOLIN	842412	Basic Oint	84241200	Basic Oint O	49%	EXTERNA	GEL	GM	71	SSB		46117	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122000741	GNP ANT.	CALCIUM	560400	Antacids a	56040000	Antacids a P	750 MG	ORAL	CHEW	EA	80	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122001431	GNP CLE.	POLYETH	561200	Cathartics	56120000	Cathartics P	0-17GM/S	ORAL	POWD	GM	119	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122001433	GNP CLE.	POLYETH	561200	Cathartics	56120000	Cathartics P	0-17GM/S	ORAL	POWD	GM	238	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122001452	GNP CLE.	POLYETH	561200	Cathartics	56120000	Cathartics P	0-17GM-0	ORAL	PACK	EA	10	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122001471	GNP CLE.	POLYETH	561200	Cathartics	56120000	Cathartics P	0-17GM/S	ORAL	POWD	GM	510	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122002026	GNP ALL	CETIRIZIN	40800	Second G	4080000	Second G P	5 MG/5ML	ORAL	SOLN	ML	120	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122002903	GNP OME	OMEPRA	562836	Proton-pu	56283600	Proton-pu P	20 MG	ORAL	TBEC	EA	28	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122002904	GNP OME	OMEPRA	562836	Proton-pu	56283600	Proton-pu P	20 MG	ORAL	TBEC	EA	42	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122002974	GNP OME	OMEPRA	562836	Proton-pu	56283600	Proton-pu P	20 MG	ORAL	TBEC	EA	14	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122002999	GNP OME	OMEPRA	562836	Proton-pu	56283600	Proton-pu P	20 MG	ORAL	TBEC	EA	14	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122004162	GNP ACID	RANITIDII	562812	Histamine	56281200	Histamine P	150 MG	ORAL	TABS	EA	24 X	GENERIC	4/1/2020	46122	N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122004171	GNP ACID	RANITIDII	562812	Histamine	56281200	Histamine P	150 MG	ORAL	TABS	EA	50 X	GENERIC	4/1/2020	46122	N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122004203	GNP INFA	ACETAMI	280816	UNKNOW	28081600	UNKNOW P	160 MG/5I	ORAL	SUSP	ML	30	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122004378	GNP ALC	ALCOHOL	940000	Devices	94000000	Devices O	70%	DOES NO	PADS	EA	100	NON DRUG		46122	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122005603	GNP INFA	ACETAMI	280816	UNKNOW	28081600	UNKNOW P	160 MG/5I	ORAL	SUSP	ML	30	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122005762	GNP TAB	GUAIFEN	481600	Expectora	48160000	Expectora P	400MG	ORAL	TABS	EA	24	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122005862	GNP TAB	DEXTROM	480800	Antitussive	48080000	Antitussive P	20MG-400	ORAL	TABS	EA	24	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122006143	GNP DRY	MOUTHW	522800	Mouthwas	52280000	Mouthwas P	0-0-0-0-0	MOUTH/T	LIQD	ML	474	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122006271	GNP 8 HC	ACETAMI	280816	UNKNOW	28081600	UNKNOW P	650 MG	ORAL	TBCR	EA	50	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122006560	GNP ALLE	FEXOFEN	40800	Second G	4080000	Second G P	60-120 MC	ORAL	TB12	EA	20	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122006804	GNP HER	MENTHOI	521600	Local Ane	52160000	Local Ane P	4.8MG	MOUTH/T	LOZG	EA	21	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122006965	GNP VITA	ASCORBI	881200	Vitamin C	88120000	Vitamin C P	60 MG	MOUTH/T	LOZG	EA	30	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122007065	GNP THR	PECTIN (I	529200	EENT Dru	52920000	EENT Dru P	2.8 MG	MOUTH/T	LOZG	EA	30	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122007772	GNP CAL	CALCIUM	401200	Replacem	40120000	Replacem P	1500 (600	ORAL	TABS	EA	60	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122008072	GNP CAL	CALCIUM	401200	Replacem	40120000	Replacem P	600-800 N	ORAL	CHEW	EA	60	GENERIC	4/3/2023	46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122008172	GNP CAL	CALCIUM	401200	Replacem	40120000	Replacem P	315MG-25	ORAL	TABS	EA	60	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122008176	GNP CAL	CALCIUM	401200	Replacem	40120000	Replacem P	315MG-25	ORAL	TABS	EA	120	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122008278	GNP CAL	MULTIPLE	401200	Replacem	40120000	Replacem P	333.333M	ORAL	TABS	EA	100	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122008365	GNP IRON	FERROUS	200404	Iron Prepa	20040400	Iron Prepa P	45 MG	ORAL	TBCR	EA	30	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122008402	GNP IRON	FERROUS	200404	Iron Prepa	20040400	Iron Prepa P	200 (65 FE	ORAL	TABS	EA	125	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122008972	GNP LITT	PEDIATRI	882800	Multivitam	88280000	Multivitam P	60MG-60N	ORAL	CHEW	EA	60	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122009072	GNP CHIL	PEDIATRI	882800	Multivitam	88280000	Multivitam P	250MG-25	ORAL	CHEW	EA	60	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122009172	GNP CHIL	PEDIATRI	882800	Multivitam	88280000	Multivitam P	15 MG	ORAL	CHEW	EA	60	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122009272	GNP HEA	MULTIPLE	882800	Multivitam	88280000	Multivitam P	200MG-20	ORAL	TABS	EA	60	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122009372	GNP HEA	MULTIPLE	882800	Multivitam	88280000	Multivitam P	226MG-22	ORAL	CAPS	EA	60	GENERIC	6/6/2022	46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122009475	GNP MEG	MULTIPLE	882800	Multivitam	88280000	Multivitam P	25MG-25N	ORAL	TABS	EA	90	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122009575	GNP MEG	MULTIPLE	882800	Multivitam	88280000	Multivitam P	100MG-10	ORAL	TABS	EA	90	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122009678	GNP ONE	MULTIPLE	882800	Multivitam	88280000	Multivitam P	90MG-90N	ORAL	TABS	EA	100	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122009771	GNP ONE	MULTIPLE	882800	Multivitam	88280000	Multivitam P	60MG-60N	ORAL	TABS	EA	50	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122009878	GNP PRE	PRENATA	882800	Multivitam	88280000	Multivitam O	28-0.8 MG	ORAL	TABS	EA	100	SSB		46122	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122010006	GNP NAT	PSYLLIUM	561200	Cathartics	56120000	Cathartics P	.52GM	ORAL	CAPS	EA	160	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122010126	GNP ALL	CETIRIZIN	40800	Second G	4080000	Second G P	5 MG/5ML	ORAL	SOLN	ML	118	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122010704	GNP LAN:	LANSOPR	562836	Proton-pu	56283600	Proton-pu P	15 MG	ORAL	CPDR	EA	14 X	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122010774	GNP LAN:	LANSOPR	562836	Proton-pu	56283600	Proton-pu P	15 MG	ORAL	CPDR	EA	14 X	GENERIC	6/1/2022	46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122010846	GNP LICE	PERMETH	840412	Scabicides	84041200	Scabicides P	1%	EXTERNA	LIQD	ML	59	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122011321	GNP BUR	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic P	0.50%	EXTERNA	AERO	GM	127	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122011721	GNP MUS	CAMPHOI	842404	Basic Loti	84240400	Basic Loti P	4%-10%-3	EXTERNA	CREA	GM	113	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122012078	GNP ESS	MULTIPLE	882800	Multivitam	88280000	Multivitam P	60MG-60N	ORAL	TABS	EA	100	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122012085	GNP ESS	MULTIPLE	882800	Multivitam	88280000	Multivitam P	60MG-60N	ORAL	TABS	EA	250	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122012271	GNP ONE	MULTIPLE	882800	Multivitam	88280000	Multivitam P	120MG-12	ORAL	TABS	EA	50	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122012378	GNP ONE	MULTIPLE	882800	Multivitam	88280000	Multivitam P	60MG-60N	ORAL	TABS	EA	100	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122012471	GNP ONE	MULTIPLE	882800	Multivitam	88280000	Multivitam P	60MG-60N	ORAL	TABS	EA	50	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122013248	GNP BES	WHEAT D	561200	Cathartics	56120000	Cathartics P	0	ORAL	POWD	GM	236	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122013634	GNP NIGI	DEXTROM	480800	Antitussive	48080000	Antitussive P	15-6.25-32	ORAL	LIQD	ML	237	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122013734	GNP ANT	CHLORHE	840416	UNKNOW	84041600	UNKNOW P	4%	EXTERNA	SOLN	ML	237	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122013743	GNP ANT	CHLORHE	840416	UNKNOW	84041600	UNKNOW P	4%	EXTERNA	SOLN	ML	473	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122014121	GNP COU	DEXTROM	480800	Antitussive	48080000	Antitussive P	30 MG/5M	ORAL	SUER	ML	89	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122014125	GNP COU	DEXTROM	480800	Antitussive	48080000	Antitussive P	30 MG/5M	ORAL	SUER	ML	148	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122014762	GNP ALLE	DIPHENH	40400	First Gene	4040000	First Gene P	25 MG	ORAL	CAPS	EA	24	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122014866	GNP FAS	LACTASE	561600	Digestants	56160000	Digestants P	9000 UNIT	ORAL	CHEW	EA	32	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122014903	GNP NAS	PHENYLE	523200	Vasocons	52320000	Vasocons P	1%	NASAL	SOLN	ML	30	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122015078	GNP ANT.	ALUMINU	560400	Antacids a	56040000	Antacids a P	160MG-10	ORAL	CHEW	EA	100	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122015175	GNP ANT.	CALCIUM	560400	Antacids a	56040000	Antacids a P	1000-60 N	ORAL	CHEW	EA	90	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122015754	GNP CHE	CAMPHOI	929200	UNKNOW	92920000	UNKNOW P	4.8%-1.2%	EXTERNA	OINT	GM	100	GENERIC	10/24/2024	46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122015978	GNP VITA	CHOLECA	881600	Vitamin D	88160000	Vitamin D P	10 MCG (4	ORAL	TABS	EA	100	GENERIC	4/3/2023	46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122016510	GNP NAS	OXYMETA	523200	Vasocons	52320000	Vasocons P	0.05%	NASAL	SOLN	ML	30	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122016660	GNP PSE	PSEUDOE	121212	alpha- and	12121200	alpha- and P	120 MG	ORAL	TB12	EA	20	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122016752	GNP ALLE	LORATAD	40800	Second G	4080000	Second G P	10MG-240	ORAL	TB24	EA	10	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122017125	GNP NIC(	NICOTINE	120200	UNKNOW	12020000	UNKNOW P	2 MG	MOUTH/T	GUM	EA	110	GENERIC	6/1/2022	46122	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1 LIMITED TO 24 PIE(	R	MEDPRMI
46122017225	GNP NIC(	NICOTINE	120200	UNKNOW	12020000	UNKNOW P	4 MG	MOUTH/T	GUM	EA	110	GENERIC	6/1/2022	46122	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1 LIMITED TO 24 PIE(	R	MEDPRMI
46122017320	GNP NIC(	NICOTINE	120200	UNKNOW	12020000	UNKNOW P	2 MG	MOUTH/T	GUM	EA	170	GENERIC		46122	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1 LIMITED TO 24 PIE(	R	MEDPRMI
46122017360	GNP NIC(	NICOTINE	120200	UNKNOW	12020000	UNKNOW P	2 MG	MOUTH/T	GUM	EA	20	GENERIC		46122	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1 LIMITED TO 24 PIE(	R	MEDPRMI
46122017420	GNP NIC(	NICOTINE	120200	UNKNOW	12020000	UNKNOW P	4 MG	MOUTH/T	GUM	EA	170	GENERIC		46122	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1 LIMITED TO 24 PIE(	R	MEDPRMI
46122017460	GNP NIC(	NICOTINE	120200	UNKNOW	12020000	UNKNOW P	4 MG	MOUTH/T	GUM	EA	20	GENERIC		46122	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1 LIMITED TO 24 PIE(	R	MEDPRMI
46122017608	GNP NIC(	NICOTINE	120200	UNKNOW	12020000	UNKNOW P	2 MG	MOUTH/T	LOZG	EA	24	GENERIC		46122	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1 LIMITED TO 20 LOZ	R	MEDPRMI
46122017708	GNP NIC(	NICOTINE	120200	UNKNOW	12020000	UNKNOW P	4 MG	MOUTH/T	LOZG	EA	24	GENERIC		46122	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1 LIMITED TO 20 LOZ	R	MEDPRMI
46122019111	GNP DEN	DENTURE	340000	Dental Ag	34000000	Dental Ag O	0	DOES NO	CREA	GM	68	NON DRUG		46122	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122019565	GNP LUBI	CARBOXY	529200	EENT Dru	52920000	EENT Dru P	0.50%	OPHTHAL	SOLN	EA	30	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122019834	GNP NIGI	DEXTROM	480800	Antitussive	48080000	Antitussive P	15-6.25-32	ORAL	LIQD	ML	237	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122019840	GNP NIGI	DEXTROM	480800	Antitussive	48080000	Antitussive P	15-6.25-32	ORAL	LIQD	ML	355	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122020326	GNP ALL	CETIRIZIN	40800	Second G	4080000	Second G P	1 MG/ML	ORAL	SOLN	ML	120	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122020926	GNP PAIN	ACETAMI	280816	UNKNOW	28081600	UNKNOW P	160 MG/5I	ORAL	SUSP	ML	118	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122021026	GNP PAIN	ACETAMI	280816	UNKNOW	28081600	UNKNOW P	160 MG/5I	ORAL	SUSP	ML	118	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122021126	GNP PAIN	ACETAMI	280816	UNKNOW	28081600	UNKNOW P	160 MG/5I	ORAL	SUSP	ML	118	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122021226	GNP PAIN	ACETAMI	280816	UNKNOW	28081600	UNKNOW P	160 MG/5I	ORAL	SUSP	ML	118	GENERIC	10/30/2024	46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122021678	GNP GAS	SIMETHIC	561000	Antiflatule	56100000	Antiflatule P	125 MG	ORAL	CAPS	EA	100	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122022163	GNP GLY	GLYCERII	561200	Cathartics	56120000	Cathartics P	2.1GM	RECTAL	SUPP	EA	25	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122022171	GNP GLY	GLYCERII	561200	Cathartics	56120000	Cathartics P	2.1GM	RECTAL	SUPP	EA	50	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122022263	GNP GLY	GLYCERII	561200	Cathartics	56120000	Cathartics P	1.2GM	RECTAL	SUPP	EA	25	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122022365	GNP ACID	RANITIDII	562812	Histamine	56281200	Histamine P	75 MG	ORAL	TABS	EA	30	GENERIC	4/1/2020	46122	N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122022372	GNP ACID	RANITIDII	562812	Histamine	56281200	Histamine P	75 MG	ORAL	TABS	EA	60	GENERIC	4/1/2020	46122	N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122022462	GNP ACID	RANITIDII	562812	Histamine	56281200	Histamine P	150 MG	ORAL	TABS	EA	24 X	GENERIC	4/1/2020	46122	N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122022575	GNP ANT.	CALCIUM	560400	Antacids a	56040000	Antacids a P	750 MG	ORAL	CHEW	EA	90	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122024334	GNP POV	POVIDON	840416	UNKNOW	84041600	UNKNOW P	10%	EXTERNA	SOLN	ML	236	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122024403	GNP ANT	NEOMYCI	840404	Antibacter	84040400	Antibacter P	3.5-10000-	EXTERNA	CREA	GM	28	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122024562	GNP NIGI	DEXTROM	480800	Antitussive	48080000	Antitussive P	15-6.25-32	ORAL	CAPS	EA	24	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122025415	GNP NIC(	NICOTINE	120200	UNKNOW	12020000	UNKNOW P	2 MG	MOUTH/T	LOZG	EA	27	GENERIC	6/1/2022	46122	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1 LIMITED TO 20 LOZ	R	MEDPRMI
46122025416	GNP NIC(	NICOTINE	120200	UNKNOW	12020000	UNKNOW P	2 MG	MOUTH/T	LOZG	EA	27	GENERIC	6/1/2022	46122	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1 LIMITED TO 20 LOZ	R	MEDPRMI
46122025460	GNP NIC(	NICOTINE	120200	UNKNOW	12020000	UNKNOW P	2 MG	MOUTH/T	LOZG	EA	20	GENERIC		46122	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1 LIMITED TO 20 LOZ	R	MEDPRMI
46122025515	GNP NIC(	NICOTINE	120200	UNKNOW	12020000	UNKNOW P	4 MG	MOUTH/T	LOZG	EA	27	GENERIC		46122	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1 LIMITED TO 20 LOZ	R	MEDPRMI
46122025560	GNP NIC(	NICOTINE	120200	UNKNOW	12020000	UNKNOW P	4 MG	MOUTH/T	LOZG	EA	20	GENERIC		46122	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1 LIMITED TO 20 LOZ	R	MEDPRMI
46122026530	GNP SOR	PHENOL (	522800	Mouthwas	52280000	Mouthwas P	1.40%	MOUTH/T	LIQD	ML	177	GENERIC	8/1/2022	46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122027525	GNP HOM	PERMETH	840412	Scabicides	84041200	Scabicides P	0.50%	DOES NO	AERO	GM	142	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122027830	GNP SOR	PHENOL (	522800	Mouthwas	52280000	Mouthwas P	1.40%	MOUTH/T	LIQD	ML	177	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122028104	GNP OME	OMEPRA	562836	Proton-pu	56283600	Proton-pu P	20 MG	ORAL	TBEC	EA	14	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122028174	GNP OME	OMEPRA	562836	Proton-pu	56283600	Proton-pu P	20 MG	ORAL	TBEC	EA	14	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122028460	GNP NIC(	NICOTINE	120200	UNKNOW	12020000	UNKNOW P	2 MG	MOUTH/T	GUM	EA	20	GENERIC		46122	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1 LIMITED TO 24 PIE(	R	MEDPRMI
46122028660	GNP NIC(	NICOTINE	120200	UNKNOW	12020000	UNKNOW P	4 MG	MOUTH/T	GUM	EA	20	GENERIC		46122	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1 LIMITED TO 24 PIE(	R	MEDPRMI
46122029626	GNP NAU	FRUCTOS	562292	Antiemetic	56229200	Antiemetic P	1.87-1.87-	ORAL	SOLN	ML	118	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122029926	GNP TUS	GUAIFEN	481600	Expectora	48160000	Expectora P	100 MG/5I	ORAL	LIQD	ML	118	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122029934	GNP TUS	GUAIFEN	481600	Expectora	48160000	Expectora P	100 MG/5I	ORAL	LIQD	ML	237	GENERIC	11/15/2024	46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122030330	GNP MUC	PHENYLE	480800	Antitussive	48080000	Antitussive P	5-10-200-(	ORAL	LIQD	ML	177	GENERIC	8/1/2022	46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122031278	GNP PAIN	ACETAMI	280816	UNKNOW	28081600	UNKNOW P	500 MG	ORAL	TABS	EA	100	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122032226	GNP PAIN	ACETAMI	280816	UNKNOW	28081600	UNKNOW P	160 MG/5I	ORAL	SUSP	ML	118	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122032943	GNP RUB	ALCOHOL	840492	Local Anti-	84049200	Local Anti- P	70%	DOES NO	SOLN	ML	473	NON DRUG		46122	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122033043	GNP ISOF	ISOPROP	840492	Local Anti-	84049200	Local Anti- P	70%	DOES NO	SOLN	ML	473	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122033045	GNP ISOF	ISOPROP	840492	Local Anti-	84049200	Local Anti- P	70%	DOES NO	SOLN	ML	946	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
46122033143	GNP ISOF	ISOPROP	840492	Local Anti-	84049200	Local Anti- P	70%	DOES NO	SOLN	ML	473	GENERIC		46122	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI

47781055305	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TABS	EA	500	X	GENERIC	5/1/2023	47781			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
47781055401	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	300 MG	ORAL	TABS	EA	100	X	GENERIC	10/2/2023	47781			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
47781056201	LISDEXAI	LISDEXAI	282004	Amphetan	28200400	Amphetan	S	10 MG	ORAL	CAPS	EA	100	X	GENERIC		47781			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS		R	MEDPRMI
47781056301	LISDEXAI	LISDEXAI	282004	Amphetan	28200400	Amphetan	S	20 MG	ORAL	CAPS	EA	100	X	GENERIC		47781			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS		R	MEDPRMI
47781056401	LISDEXAI	LISDEXAI	282004	Amphetan	28200400	Amphetan	S	30 MG	ORAL	CAPS	EA	100	X	GENERIC		47781			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS		R	MEDPRMI
47781056501	LISDEXAI	LISDEXAI	282004	Amphetan	28200400	Amphetan	S	40 MG	ORAL	CAPS	EA	100	X	GENERIC		47781			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS		R	MEDPRMI
47781056601	LISDEXAI	LISDEXAI	282004	Amphetan	28200400	Amphetan	S	50 MG	ORAL	CAPS	EA	100	X	GENERIC		47781			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS		R	MEDPRMI
47781056701	LISDEXAI	LISDEXAI	282004	Amphetan	28200400	Amphetan	S	60 MG	ORAL	CAPS	EA	100	X	GENERIC		47781			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS		R	MEDPRMI
47781056801	LISDEXAI	LISDEXAI	282004	Amphetan	28200400	Amphetan	S	70 MG	ORAL	CAPS	EA	100	X	GENERIC		47781			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS		R	MEDPRMI
47781056926	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	60		GENERIC	2/17/2023	47781			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
47781056972	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	15		GENERIC	2/17/2023	47781			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
47781056973	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	30		GENERIC	7/2/2024	47781			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
47781057047	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4%	EXTERNA	CREA	GM	5		GENERIC	9/1/2022	47781			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47781057072	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4%	EXTERNA	CREA	GM	15		GENERIC	9/1/2022	47781			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47781057073	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4%	EXTERNA	CREA	GM	30		GENERIC	9/1/2022	47781			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47781057089	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4%	EXTERNA	KIT	EA	1		GENERIC	9/1/2022	47781			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47781057701	METHENA	METHENA	83600	Urinary Ar	8360000	Urinary Ar	S	1 GM	ORAL	TABS	EA	100		GENERIC		47781			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
47781058629	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG/ML	INTRAVEI	SOLN	ML	20		GENERIC	5/3/2022	47781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47781058656	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG/ML	INTRAVEI	SOLN	ML	40		GENERIC	4/4/2022	47781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47781058846	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG/2ML	INJECTIO	SOLN	ML	2		GENERIC	4/4/2022	47781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47781058868	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG/2ML	INJECTIO	SOLN	ML	2		GENERIC	4/4/2022	47781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47781058922	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	50 MG/10I	INJECTIO	SOLN	ML	10		GENERIC	1/30/2023	47781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47781058991	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	50 MG/10I	INJECTIO	SOLN	ML	10		GENERIC	1/30/2023	47781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47781059507	PACLITAX	PACLITAX	100000	Antineopla	10000000	Antineopla	S	300 MG/5(	INTRAVEI	CONC	ML	50		GENERIC	2/17/2023	47781			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47781059707	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	1 GM	INTRAVEI	SOLR	EA	1		GENERIC	4/4/2022	47781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47781059791	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	1 GM	INTRAVEI	SOLR	EA	1		GENERIC	4/4/2022	47781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47781059807	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	500 MG	INTRAVEI	SOLR	EA	1		GENERIC	4/4/2022	47781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47781059891	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	500 MG	INTRAVEI	SOLR	EA	1		GENERIC	4/4/2022	47781			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47781060030	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	60 MG	ORAL	TABS	EA	30	X	GENERIC	1/31/2022	47781	Y		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
47781060226	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	SOLN	ML	60		GENERIC	9/28/2023	47781			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
47781060249	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	SOLN	ML	20		GENERIC	9/28/2023	47781			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
47781060730	DISULFIR	DISULFIR	910200	UNKNOW	91020000	UNKNOW	S	250 MG	ORAL	TABS	EA	30	X	GENERIC		47781			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
47781062407	DEFEROX	DEFEROX	640000	Heavy Me	64000000	Heavy Me	S	2 GM	INJECTIO	SOLR	EA	1		GENERIC	12/4/2024	47781		Y	N	FORMULARY		1 GEN	GENERICS	X	PA:X				R	MEDPRMI
47781062501	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	100		GENERIC	8/2/2022	47781			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
47781062505	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	500		GENERIC	8/2/2022	47781			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
47781062701	FELBAMA	FELBAMA	281292	Anticonvul	28129200	Anticonvul	S	400 MG	ORAL	TABS	EA	100	X	GENERIC	8/15/2023	47781			N	FORMULARY		1 GEN	GENERICS			X	9 IN 1 DAYS		R	MEDPRMI
47781062801	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325 MG	ORAL	TABS	EA	100		GENERIC	11/2/2022	47781			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
47781062901	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	10 MG	ORAL	TBCR	EA	100	X	GENERIC	6/30/2022	47781			N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS		R	MEDPRMI
47781063001	FELBAMA	FELBAMA	281292	Anticonvul	28129200	Anticonvul	S	600 MG	ORAL	TABS	EA	100	X	GENERIC	8/15/2023	47781			N	FORMULARY		1 GEN	GENERICS			X	6 IN 1 DAYS		R	MEDPRMI
47781063101	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	20 MG	ORAL	TBCR	EA	100	X	GENERIC	6/30/2022	47781			N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS		R	MEDPRMI
47781063730	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	450 MG	ORAL	TB24	EA	30	X	GENERIC		47781			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
47781064010	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	25 MCG	ORAL	TABS	EA	1000	X	GENERIC		47781			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS		R	MEDPRMI
47781064090	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	25 MCG	ORAL	TABS	EA	90	X	GENERIC		47781			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS		R	MEDPRMI
47781064310	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	50 MCG	ORAL	TABS	EA	1000	X	GENERIC		47781			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS		R	MEDPRMI
47781064390	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	50 MCG	ORAL	TABS	EA	90	X	GENERIC		47781			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS		R	MEDPRMI
47781064401	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-300 MG	ORAL	TABS	EA	100		GENERIC	9/1/2022	47781			N	FORMULARY		1 GEN	GENERICS			X	6 IN 1 DAYS	X Must mee 5 DS Buta TRIAL OF GENERIC BUTALBITAL/ACETAMINOPHEN 50MG-325MG COMBINATI	R	MEDPRMI
47781064610	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	75 MCG	ORAL	TABS	EA	1000	X	GENERIC		47781			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS		R	MEDPRMI
47781064690	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	75 MCG	ORAL	TABS	EA	90	X	GENERIC		47781			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS		R	MEDPRMI
47781064726	ERGOCAI	ERGOCAI	881600	Vitamin D	88160000	Vitamin D	P	200 MCG/	ORAL	SOLN	ML	60		GENERIC		47781			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47781064910	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	88 MCG	ORAL	TABS	EA	1000	X	GENERIC		47781			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS		R	MEDPRMI
47781064990	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	88 MCG	ORAL	TABS	EA	90	X	GENERIC		47781			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS		R	MEDPRMI
47781065110	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	100 MCG	ORAL	TABS	EA	1000	X	GENERIC		47781			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS		R	MEDPRMI
47781065190	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	100 MCG	ORAL	TABS	EA	90	X	GENERIC		47781			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS		R	MEDPRMI
47781065289	TERIPAR	TERIPAR	682408	UNKNOW	68240800	UNKNOW	R	620 MCG/	SUBCUTA	SOPN	ML	2.48	X	MSB		47781		Y	N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION	X	PA:X				R	MEDPRMI
47781065410	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	112 MCG	ORAL	TABS	EA	1000	X	GENERIC		47781			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS		R	MEDPRMI
47781065490	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	112 MCG	ORAL	TABS	EA	90	X	GENERIC		47781			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS		R	MEDPRMI
47781065710	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	125 MCG	ORAL	TABS	EA	1000	X	GENERIC		47781			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS		R	MEDPRMI
47781065790	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	125 MCG	ORAL	TABS	EA	90	X	GENERIC		47781			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS		R	MEDPRMI
47781065910	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	137 MCG	ORAL	TABS	EA	1000	X	GENERIC		47781			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS		R	MEDPRMI
47781065990	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	137 MCG	ORAL	TABS	EA	90	X	GENERIC		47781			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS		R	MEDPRMI
47781066210	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	150 MCG	ORAL	TABS	EA	1000	X	GENERIC		47781			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS		R	MEDPRMI
47781066290	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	150 MCG	ORAL	TABS	EA	90	X	GENERIC		47781			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS		R	MEDPRMI
47781066510	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	175 MCG	ORAL	TABS	EA	1000	X	GENERIC		47781			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS		R	MEDPRMI
47781066590	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	175 MCG	ORAL	TABS	EA	90	X	GENERIC		47781			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS		R	MEDPRMI
47781066810	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	200 MCG	ORAL	TABS	EA	1000	X	GENERIC		47781			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS		R	MEDPRMI
47781066890	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	200 MCG	ORAL	TABS	EA	90	X	GENERIC		47781			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS		R	MEDPRMI
47781067110	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	300 MCG	ORAL	TABS	EA	1000	X	GENERIC		47781			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS		R	MEDPRMI
47781067190	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	300 MCG	ORAL	TABS	EA	90	X	GENERIC		47781			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS		R	MEDPRMI
47781068330	RASAGILI	RASAGILI	283632	UNKNOW	28363200	UNKNOW	S	0.5 MG	ORAL	TABS	EA	30	X	GENERIC		47781			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS		R	MEDPRMI
47781069030	RASAGILI	RASAGILI	283632	UNKNOW	28363200	UNKNOW	S	1 MG	ORAL	TABS	EA	30	X	GENERIC		47781			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS		R	MEDPRMI
47781072902	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	125 MG	ORAL	CAPS	EA	20		GENERIC		47781			N	FORMULARY		1 GEN	GENERICS			X	<= 56		R	MEDPRMI
47781072950	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	125 MG	ORAL	CAPS	EA	50		GENERIC	9/4/2024	47781			N	FORMULARY		1 GEN	GENERICS			X	<= 56		R	MEDPRMI
47781073002	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	250 MG	ORAL	CAPS	EA	20		GENERIC	9/4/2024	47781			N	FORMULARY		1 GEN	GENERICS			X	<= 112		R	MEDPRMI
47781073050	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	250 MG	ORAL	CAPS	EA	50		GENERIC	9/4/2024	47781			N	FORMULARY		1 GEN	GENERICS			X	<= 112		R	MEDPRMI
47781091022	TESTOST	TESTOST	680800	Androgens	68080000	Androgens	S	200 MG/M	INTRAMU	SOLN	ML	10	X	GENERIC		47781	Y	Y	N	FORMULARY		1 GEN	GENERICS	X	PA:X				R	MEDPRMI
47781091091	TESTOST	TESTOST	680800	Androgens	68080000	Androgens	S	200 MG/M	INTRAMU	SOLN	ML	10	X	GENERIC		47781	Y	Y	N	FORMULARY		1 GEN	GENERICS	X	PA:X				R	MEDPRMI
47781091193	TESTOST	TESTOST	680800	Androgens	68080000	Androgens	S	200 MG/M	INTRAMU	SOLN	ML	1	X	GENERIC		47781	Y	Y	N	FORMULARY		1 GEN	GENERICS	X	PA:X				R	MEDPRMI
47781091401	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	100		GENERIC		47781			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
47781091413	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	1		GENERIC	4/10/2024	47781			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
47781091451	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	100		GENERIC	4/10/2024	47781			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
47781091601	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	6 MG	ORAL	TABS	EA	100		GENERIC		47781			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
47781092501	PYRIMET	PYRIMET	83008	Antimalari	8300800	Antimalari	S	25 MG	ORAL	TABS	EA	100		GENERIC		47781			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X				R	MEDPRMI
47781092530	PYRIMET	PYRIMET	83008	Antimalari	8300800	Antimalari	S	25 MG	ORAL	TABS	EA	30		GENERIC		47781			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X				R	MEDPRMI
47783010101	KALBITOI	ECALLAN	244808	UNKNOW	24480800	UNKNOW	R	10 MG/ML	SUBCUTA	SOLN	ML	1		SSB		47783			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47783064401	TAKHZYR	LANADEL	244808	UNKNOW	24480800	UNKNOW	R	300 MG/2I	SUBCUTA	SOLN	ML	2	X	SSB		47783		Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X				R	MEDPRMI
47783064501	TAKHZYR	LANADEL	244808	UNKNOW	24480800	UNKNOW	R	150 MG/M	SUBCUTA	SOSY	ML	1	X	SSB		47783		Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X				R	MEDPRMI
47783064601	TAKHZYR	LANADEL	244808	UNKNOW	24480800	UNKNOW	R	300 MG/2I	SUBCUTA	SOSY	ML	2	X	SSB		47783		Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X				R	MEDPRMI
47865010001	AIRBORN	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	1000MG-1	ORAL	TBEF	EA	10		GENERIC		47865			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865010004	AIRBORN	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	1000MG-1	ORAL	TBEF	EA	10		GENERIC	12/19/2023	47865			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865010006	AIRBORN	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	90MG-90M	ORAL	CHEW	EA	130		SSB		47865			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865010017	AIRBORN	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	1000MG-1	ORAL	TBEF	EA	10		GENERIC	12/19/2023	47865			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865010021	AIRBORN	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	250MG-25	ORAL	CHEW	EA	200		SSB		47865			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865010026	AIRBORN	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	65MG-65M	ORAL	CHEW	EA	42		SSB	12/19/2023	47865			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865010030	AIRBORN	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	1000MG-1	ORAL	TBEF	EA	10		GENERIC		47865			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865010032	AIRBORN	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	90MG-90M	ORAL	CHEW	EA	36		SSB		47865			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865010094	AIRBORN	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	1000MG-1	ORAL	TBEF	EA	10		GENERIC		47865			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865018572	AIRBORN	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	250MG-25	ORAL	CHEW	EA	21		GENERIC		47865			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865018573	AIRBORN	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	333.333M	ORAL	CHEW	EA	42		GENERIC		47865			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865018575	AIRBORN	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	250MG-25	ORAL	CHEW	EA	21		GENERIC		47865			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865018576	AIRBORN	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	0-0-0-0-0	ORAL	CHEW	EA	42		SSB		47865			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865018630	AIRBORN	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	0-0-0-0-0	ORAL	CHEW	EA	64		SSB		47865			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865018631	AIRBORN	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	250MG-25	ORAL	CHEW	EA	64		GENERIC		47865			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865019500	NEURIVA	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	50MG-50M	ORAL	CHEW	EA	50		SSB		47865			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865019502	NEURIVA	COBALAM	880800	Vitamin B	88080000	Vitamin B	O	100MG-1.	ORAL	CHEW	EA	50		SSB		47865			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865020221	AIRBORN	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	250MG-25	ORAL	CHEW	EA	32		GENERIC		47865			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865020334	AIRBORN	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	250MG-25	ORAL	CHEW	EA	32		GENERIC		47865			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865020881	AIRBORN	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	250MG-25	ORAL	CHEW	EA	116		SSB		47865			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865020992	AIRBORN	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	250MG-25	ORAL	CHEW	EA	116		GENERIC		47865			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865090052	AIRBORN	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	0-0-0-0-0	ORAL	CHEW	EA	42		SSB		47865			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865090058	AIRBORN	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	250MG-25	ORAL	CHEW	EA	64		GENERIC	5/15/2023	47865			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865090059	AIRBORN	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	1000MG/5	ORAL	PACK	EA	10		SSB	12/19/2023	47865			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865090060	AIRBORN	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	1000MG/5	ORAL	PACK	EA	20		SSB	12/19/2023	47865			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865090369	AIRBORN	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	65MG-65M	ORAL	CHEW	EA	60		SSB	12/19/2023	47865			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865090375	AIRBORN	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	500MG/30	ORAL	LIQD	ML	30		SSB	12/19/2023	47865			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865090376	AIRBORN	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	500MG/30	ORAL	LIQD	ML	30		SSB	12/19/2023	47865			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865090378	AIRBORN	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	1000MG-1	ORAL	TBEF	EA	10		GENERIC		47865			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865090385	AIRBORN	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	100MG-10	ORAL	CHEW	EA	32		SSB	12/19/2023	47865			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865090846	AIRBORN	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	0-0-0-0-0	ORAL	CHEW	EA	21		SSB		47865			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865094999	AIRBORN	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	0-250MG-	ORAL	CHEW	EA	21		SSB		47865			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865095566	AIRBORN	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	0-0-0-0-0	ORAL	CHEW	EA	42		SSB		47865			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865096297	AIRBORN	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	250MG-25	ORAL	CHEW	EA	96		GENERIC		47865			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865096298	AIRBORN	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	1000MG-1	ORAL	TBEF	EA	10		GENERIC		47865			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865096299	AIRBORN	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	0-0-0-0-0	ORAL	CHEW	EA	63		SSB		47865			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865096339	AIRBORN	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	0-0-0-0-0	ORAL	CHEW	EA	63		SSB		47865			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865096340	AIRBORN	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	0-0-0-0-0	ORAL	CHEW	EA	96		SSB		47865			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865096341	AIRBORN	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	1000MG-1	ORAL	TBEF	EA	10		GENERIC	5/15/2023	47865			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865096379	AIRBORN	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	1000MG-1	ORAL	TBEF	EA	10		GENERIC		47865			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865097405	AIRBORN	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	0-0-0-0-0	ORAL	CHEW	EA	42		SSB	12/19/2023	47865			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865098409	AIRBORN	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	0-0-0-0-0	ORAL	CHEW	EA	27		SSB	12/19/2023	47865			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865099536	AIRBORN	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	1000MG/5	ORAL	PACK	EA	16		SSB	5/15/2023	47865			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865099537	AIRBORN	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	1000MG/5	ORAL	PACK	EA	16		SSB	3/31/2022	47865			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865099542	AIRBORN	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	0-0-0-0-0	ORAL	CHEW	EA	27		SSB	12/19/2023	47865			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865099544	AIRBORN	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	0-0-0-0-0	ORAL	CHEW	EA	32		SSB	12/19/2023	47865			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865099547	NEURIVA	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	100MG-10	ORAL	CAPS	EA	30		SSB		47865	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865099549	NEURIVA	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	100MG-10	ORAL	CAPS	EA	7		SSB	5/15/2023	47865	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865099550	NEURIVA	COBALAM	880800	Vitamin B	88080000	Vitamin B	O	200MG-2.	ORAL	CAPS	EA	30		SSB		47865			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865099551	NEURIVA	COBALAM	880800	Vitamin B	88080000	Vitamin B	O	200MG-2.	ORAL	CAPS	EA	7		SSB	12/19/2023	47865			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865099557	AIRBORN	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	0-0-0-0-0	ORAL	CHEW	EA	63		SSB		47865			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47865099558	NEURIVA	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	100MG-10	ORAL	CAPS	EA	75		SSB	5/15/2023	47865	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47884017100	EASYMAX	BLOOD G	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		47884			N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION					FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GI	R	MEDPRMI
47884017400	FORTISC	BLOOD G	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		NON DRU	2/1/2024	47884			N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION					FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GI	R	MEDPRMI
47884017401	EASY MA	BLOOD G	940000	Devices	94000000	Devices	O	W/DEVICE	DOES NO	KIT	EA	1		NON DRUG		47884			N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION					FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GI	R	MEDPRMI
47884017425	EASY MA	GLUCOSE	362600	Diabetes	36260000	Diabetes	O	0	IN VITRO	STRP	EA	25		NON DRUG		47884			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
47884017450	FORTISC	GLUCOSE	362600	Diabetes	36260000	Diabetes	O	0	IN VITRO	STRP	EA	50		NON DRU	2/1/2024	47884			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
47884017525	EASYMAX	GLUCOSE	362600	Diabetes	36260000	Diabetes	O	0	IN VITRO	STRP	EA	25		NON DRUG		47884			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
47884017540	EASYMAX	BLOOD G	940000	Devices	94000000	Devices	O	0	IN VITRO	SOLN	EA	1		NON DRUG		47884			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47884017544	EASYMAX	BLOOD G	940000	Devices	94000000	Devices	O	0	IN VITRO	LIQD	EA	1		NON DRUG		47884			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47884017550	EASYMAX	GLUCOSE	362600	Diabetes	36260000	Diabetes	O	0	IN VITRO	STRP	EA	50		NON DRUG		47884			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
47884017601	EASYMAX	BLOOD G	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1		NON DRUG		47884			N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION					FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GI	R	MEDPRMI
47884017602	EASYMAX	BLOOD G	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		47884			N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION					FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GI	R	MEDPRMI
47884017615	EASYMAX	GLUCOSE	362600	Diabetes	36260000	Diabetes	O	0	IN VITRO	STRP	EA	50		NON DRUG		47884			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
47884017640	EASYMAX	BLOOD G	940000	Devices	94000000	Devices	O	0	IN VITRO	SOLN	EA	1		NON DRUG		47884			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47884017644	EASYMAX	BLOOD G	940000	Devices	94000000	Devices	O	0	IN VITRO	LIQD	EA	1		NON DRUG		47884			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47884017840	FORTISC	BLOOD G	940000	Devices	94000000	Devices	O	NORMAL	IN VITRO	SOLN	EA	1		NON DRU	2/1/2024	47884			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47884017841	FORTISC	BLOOD G	940000	Devices	94000000	Devices	O	HIGH	IN VITRO	SOLN	EA	1		NON DRU	2/1/2024	47884			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47884017842	FORTISC	BLOOD G	940000	Devices	94000000	Devices	O	LOW	IN VITRO	SOLN	EA	1		NON DRU	2/1/2024	47884			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
47884017850	FORTISC	GLUCOSE	362600	Diabetes	36260000	Diabetes	O	0	IN VITRO	STRP	EA	25		NON DRU	2/1/2024	47884			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
47918087490	AFREZZA	INSULIN	682008	Insulins	68200804	UNKNOW	R	4UNIT	INHALATI	POWD	EA	90	X	SSB		47918			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X				R	MEDPRMI
47918087890	AFREZZA	INSULIN	682008	Insulins	68200804	UNKNOW	R	8UNIT	INHALATI	POWD	EA	90	X	SSB		47918			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X				R	MEDPRMI
47918088018	AFREZZA	INSULIN	682008	Insulins	68200804	UNKNOW	R	0	INHALATI	POWD	EA	180	X	SSB		47918			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X				R	MEDPRMI
47918089190	AFREZZA	INSULIN	682008	Insulins	68200804	UNKNOW	R	12UNIT	INHALATI	POWD	EA	90	X	SSB		47918			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X				R	MEDPRMI
47918089818	AFREZZA	INSULIN	682008	Insulins	68200804	UNKNOW	R	0	INHALATI	POWD	EA	180	X	SSB		47918			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X				R	MEDPRMI
47918090218	AFREZZA	INSULIN	682008	Insulins	68200804	UNKNOW	R	60X4 &60	INHALATI	POWD	EA	180	X	SSB		47918			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X				R	MEDPRMI
48017024780	BORAGE	BORAGE	929200	UNKNOW	92920000	UNKNOW	O	1000 MG	ORAL	CAPS	EA	90		MSB		48017			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
48102002120	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	750 MG	ORAL	CAPS	EA	20		GENERIC	1/3/2022	48102			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
48102003312	CROMOL	CROMOL	481032	Mast-cell	48103200	Mast-cell	S	20 MG/2M	INHALATI	NEBU	ML	2	X	GENERIC	12/4/2023	48102			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
48102003360	CROMOL	CROMOL	481032	Mast-cell	48103200	Mast-cell	S	20 MG/2M	INHALATI	NEBU	ML	2	X	GENERIC	12/4/2023	48102			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
48102004701	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	100		GENERIC	7/3/2023	48102			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
48102004720	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	100		GENERIC	6/30/2022	48102			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
48102005101	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	100		GENERIC	1/2/2024	48102			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
48102005305	PHOSPH	ECHOTHI	524020	UNKNOW	52402000	UNKNOW	R	0.13%	OPHTHAL	SOLR	ML	5	X	SSB		48102			N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND						R	MEDPRMI
48102005405	PHOSPH	ECHOTHI	524020	UNKNOW	52402000	UNKNOW	R	0.13%	OPHTHAL	SOLR	EA	1	X	SSB	5/16/2022	48102			N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND						R	MEDPRMI
48102005711	ERYTHR	ERYTHR	520404	Antibacter	52040400	Antibacter	R	5 MG/GM	OPHTHAL	OINT	GM	1		GENERIC		48102			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
48107000057	GNC POT	POTASSI	401200	Replacem	40120000	Replacem	P	595MG	ORAL	TABS	EA	100		GENERIC		48107	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
48107000192	L-ARGINI	ARGININE	402000	Caloric Ag	40200000	Caloric Ag	P	500 MG	ORAL	CAPS	EA	90		GENERIC		48107			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
48107000589	NIACINAM	NIACINAM	880800	Vitamin B	88080000	Vitamin B	P	100MG	ORAL	TABS	EA	250		GENERIC		48107			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
48107001560	LUTEIN E	LUTEIN E	929200	UNKNOW	92920000	UNKNOW	O	18.6MG	ORAL	CAPS	EA	90		MSB		48107			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
48107001565	ENERGEI	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	50MG-12.	ORAL	CAPS	EA	120		SSB		48107			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
48107001575	GINSENG	GUARAN	929200	UNKNOW	92920000	UNKNOW	O	125-85 M	ORAL	CAPS	EA	60		SSB		48107			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
48107002489	NIACIN	NIACIN	880800	Vitamin B	88080000	Vitamin B	P	250 MG	ORAL	TABS	EA	100		GENERIC		48107			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
48107002507	FLAXSEE	FLAXSEE	929200	UNKNOW	92920000	UNKNOW	P	0-2170MG	ORAL	OIL	ML	236		GENERIC		48107			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
48107002629	FLAX SEE	FLAXSEE	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	180		GENERIC		48107	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
48107002686	CLA	LINOLEIC	929200	UNKNOW	92920000	UNKNOW	O	500MG-10	ORAL	CAPS	EA	50		MSB		48107			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
48107003150	NAC 600	ACETYLC	402000	Caloric Ag	40200000	Caloric Ag	P	600MG	ORAL	CAPS	EA	60		GENERIC		48107			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
48107003372	KAVA KA	KAVA (PIF	929200	UNKNOW	92920000	UNKNOW	O	1000 MG	ORAL	CAPS	EA	60		MSB		48107			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
48107003377	GOLDENS	GOLDENS	929200	UNKNOW	92920000	UNKNOW	O	1000MG	ORAL	CAPS	EA	30		MSB		48107			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
48107003383	CATS CL	CAT'S CL	929200	UNKNOW	92920000	UNKNOW	O	1000 MG	ORAL	CAPS	EA	60		MSB		48107			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
48107003384	CATS CL	CAT'S CL	929200	UNKNOW	92920000	UNKNOW	O	1000 MG	ORAL	CAPS	EA	30		MSB		48107			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
48107003390	SAW PAL	SAW PAL	929200	UNKNOW	92920000	UNKNOW	O	1000 MG	ORAL	CAPS	EA	30		MSB		48107			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
48107003426	MULTI ME	MULTIPLE	401200	Replacem	40120000	Replacem	O	50MG-500	ORAL	TABS	EA	100		SSB		48107			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
48107003430	MODIFIEI	PECTIN C	929200	UNKNOW	92920000	UNKNOW	O	100-25-2.5	ORAL	TABS	EA	60		SSB		48107			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
48107003849	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	O	200MG-33	ORAL	CAPS	EA	180		MSB		48107			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
48107003977	MULTI GI	GINSENG	929200	UNKNOW	92920000	UNKNOW	O	500 MG	ORAL	CAPS	EA	30		SSB		48107			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
48107003991	PASSION	PASSION	929200	UNKNOW	92920000	UNKNOW	O	500MG-50	ORAL	CAPS	EA	30		MSB		48107			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
48107003998	MULTI GI	GINSENG	929200	UNKNOW	92920000	UNKNOW	O	1000 MG	ORAL	CAPS	EA	100		SSB		48107			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
48107004076	DONG QU	DONG QU	929200	UNKNOW	92920000	UNKNOW	O	125MG-7.	ORAL	CAPS	EA	30		MSB		48107			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
48107004200	VALERIAI	VALERIAI	929200	UNKNOW	92920000	UNKNOW	O	250MG	ORAL	CAPS	EA	30		MSB		48107			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
48107004202	ST JOHNS	ST JOHN'	929200	UNKNOW	92920000	UNKNOW	P	300 MG	ORAL	CAPS	EA	30		GENERIC		48107			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
48107004210	PAU D AF	PAU D'AR	929200	UNKNOW	92920000	UNKNOW	O	1000 MG	ORAL	CAPS	EA	30		MSB		48107			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
48107004345	ST JOHNS	ST JOHN'	929200	UNKNOW	92920000	UNKNOW	O	1000 MG	ORAL	CAPS	EA	60		MSB		48107			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
48107004673	WOMENS	SPECIALT	882800	Multivitam	88280000	Multivitam	O	1MG-100M	ORAL	MISC	EA	30		SSB		48107			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
48107004676	WOMENS	SPECIALT	882800	Multivitam	88280000	Multivitam	O	1MG-100M	ORAL	MISC	EA	30		SSB		48107			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
48107004681	GINKGO	VINCAMIN	929200	UNKNOW	92920000	UNKNOW	O	120MG-20	ORAL	TABS	EA	60		SSB		48107			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
48107004802	GINKGO	GINKGO	929200	UNKNOW	92920000	UNKNOW	O	50-150-25	ORAL	TABS	EA	120		SSB		48107			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
48107004809	VITAMIN	BIOFLAV	882800	Multivitam	88280000	Multivitam	P	1000-100	ORAL	TBCR	EA	90		GENERIC		48107			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
48107004858	PRO CUT	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	250MG-41	ORAL	CAPS	EA	60		SSB		48107			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
48107004873	BIG 100 (I	B-COMPL	882800	Multivitam	88280000	Multivitam	P	100MCG-	ORAL	TABS	EA	250		GENERIC		48107			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI

48107005064	ULTRA MI	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	1.5MG-0-1	ORAL	TBCR	EA	180		SSB		48107	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48107005065	ULTRA MI	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	1.5MG-0-1	ORAL	TBCR	EA	90		SSB		48107	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48107005066	ULTRA MI	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	500MCG-2	ORAL	TBCR	EA	180		SSB		48107	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48107005067	ULTRA MI	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	500MCG-2	ORAL	TBCR	EA	90		SSB		48107	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48107005070	ULTRA MI	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	5.25MG-5	ORAL	TBCR	EA	180		SSB		48107	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48107005071	ULTRA MI	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	5.25MG-5	ORAL	TBCR	EA	90		SSB		48107	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48107005073	ULTRA MI	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	5.25MG-5	ORAL	TBCR	EA	90		SSB		48107	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48107005085	FLAX SEE	FLAXSEE	929200 UNKNOW	92920000 UNKNOW	P	1000 MG	ORAL	CAPS	EA	120		GENERIC		48107 N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48107005086	PAPAYA	PAPAYA	440000 Enzymes	44000000 Enzymes	P	0	ORAL	CHEW	EA	300		GENERIC		48107	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48107005094	ZINC MAC	ZINC W/ M	401200 Replacem	40120000 Replacem	O	150MG-3.	ORAL	CAPS	EA	90		MSB		48107	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
48107005150	BIG 100	B-COMPL	882800 Multivitam	88280000 Multivitam	P	100MCG-4	ORAL	TABS	EA	125		GENERIC		48107	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48107006496	HAWTHO	HAWTHO	929200 UNKNOW	92920000 UNKNOW	O	150MG	ORAL	CAPS	EA	100		MSB		48107	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
48107007088	LUTEIN	LUTEIN	929200 UNKNOW	92920000 UNKNOW	P	6MG	ORAL	CAPS	EA	60		GENERIC		48107	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48107007600	TURMERI	TURMERI	929200 UNKNOW	92920000 UNKNOW	P	500MG	ORAL	CAPS	EA	100		GENERIC		48107	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48107007874	B-12	COBALAM	880800 Vitamin B	88080000 Vitamin B	O	1000-400	SUBLING	SUBL	EA	60		MSB		48107	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
48107008859	AMINO 48	AMINO AC	402000 Caloric Ag	40200000 Caloric Ag	O	425-425-3	ORAL	TBCR	EA	60		SSB		48107	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48107012169	VITAMIN I	RIBOFLAV	880800 Vitamin B	88080000 Vitamin B	P	100 MG	ORAL	TABS	EA	100		GENERIC		48107	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48107015978	POTASSI	MAGNESI	401200 Replacem	40120000 Replacem	P	250MG-25	ORAL	CAPS	EA	120		GENERIC		48107	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48107019384	WOMENS	PSYLLIUM	929200 UNKNOW	92920000 UNKNOW	O	12.5MG-2	ORAL	TABS	EA	100		SSB		48107	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48107021169	ALPHA-LI	ALPHA-LI	929200 UNKNOW	92920000 UNKNOW	O	600 MG	ORAL	TABS	EA	60		MSB		48107	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
48329000004	CATH-SE	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50		NON DRUG		48329	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48329000006	CATH-SE	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50		NON DRUG		48329	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48329000007	CATH-SE	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50		NON DRUG		48329	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48329000009	CATH-SE	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50		NON DRUG		48329	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48329000010	CATH-SE	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50		NON DRUG		48329	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48329000013	NG SECU	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50		NON DRUG		48329	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48329000018	SHIELD-S	MASKS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	24		NON DRUG		48329	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48426021500	CLEAR TI	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	ORAL	CAPS	EA	60		SSB	2/1/2022	48426	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48433010101	DOCUSA	DOCUSA	561200 Cathartics	56120000 Cathartics	P	250 MG	ORAL	CAPS	EA	100		GENERIC	10/9/2024	48433	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48433010401	VITAMIN I	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	25 MCG (	ORAL	TABS	EA	100		GENERIC		48433	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48433010501	CALCIUM	CALCIUM	401200 Replacem	40120000 Replacem	P	600-10 MC	ORAL	TABS	EA	100		GENERIC		48433	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48433010601	CALCIUM	CALCIUM	560400 Antacids a	56040000 Antacids a	P	500 MG	ORAL	CHEW	EA	100		GENERIC		48433	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48433010701	CALCIUM	CALCIUM	560400 Antacids a	56040000 Antacids a	P	750 MG	ORAL	CHEW	EA	100		GENERIC	8/4/2023	48433	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48433010801	VITAMIN I	THIAMINE	880800 Vitamin B	88080000 Vitamin B	P	100 MG	ORAL	TABS	EA	100		GENERIC		48433	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48433010901	VITAMIN I	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	10 MCG (	ORAL	TABS	EA	100		GENERIC		48433	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48433011001	OMEGA-3	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	P	1000 MG	ORAL	CAPS	EA	100		GENERIC		48433	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48433011101	SORE TH	BENZOCA	840800 Antipruritic	84080000 Antipruritic	P	15-3.6 MG	MOUTH/T	LOZG	EA	100		GENERIC		48433	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48433011201	PRENATA	PRENATA	882800 Multivitam	88280000 Multivitam	O	28-0.8 MG	ORAL	TABS	EA	100		SSB		48433	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48433011510	ARIPIPRA	ARIPIPRA	281608 Antipsych	28160804 Atypical A	S	2 MG	ORAL	TABS	EA	100	X	GENERIC	10/9/2024	48433	N	FORMULARY		1 GEN	GENERICS			R	MEDPRMI
48433011610	ARIPIPRA	ARIPIPRA	281608 Antipsych	28160804 Atypical A	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	10/9/2024	48433	N	FORMULARY		1 GEN	GENERICS			R	MEDPRMI
48433011710	ARIPIPRA	ARIPIPRA	281608 Antipsych	28160804 Atypical A	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	10/9/2024	48433	N	FORMULARY		1 GEN	GENERICS			R	MEDPRMI
48433011810	ARIPIPRA	ARIPIPRA	281608 Antipsych	28160804 Atypical A	S	15 MG	ORAL	TABS	EA	100	X	GENERIC	10/9/2024	48433	N	FORMULARY		1 GEN	GENERICS			R	MEDPRMI
48433011910	ARIPIPRA	ARIPIPRA	281608 Antipsych	28160804 Atypical A	S	20 MG	ORAL	TABS	EA	100	X	GENERIC	10/9/2024	48433	N	FORMULARY		1 GEN	GENERICS			R	MEDPRMI
48433012010	ARIPIPRA	ARIPIPRA	281608 Antipsych	28160804 Atypical A	S	30 MG	ORAL	TABS	EA	100	X	GENERIC	10/9/2024	48433	N	FORMULARY		1 GEN	GENERICS			R	MEDPRMI
48433012901	ASPIRIN	ASPIRIN	280804 Nonsteroi	28080424 Salicylates	P	81 MG	ORAL	CHEW	EA	100		GENERIC		48433	N	#N/A	ORIG_FR	10 EHB	#N/A	X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
48433020016	SODIUM (	SODIUM (	401200 Replacem	40120000 Replacem	P	4 MEQ/ML	ORAL	SOLN	ML	473		MSB		48433	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
48433020230	MINERAL	MINERAL	561200 Cathartics	56120000 Cathartics	P	0	ORAL	OIL	ML	30		GENERIC		48433	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48433020430	ANTACID	ALUM & M	560400 Antacids a	56040000 Antacids a	P	200-200-2	ORAL	SUSP	ML	30		GENERIC		48433	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48433020725	DOCUSA	DOCUSA	561200 Cathartics	56120000 Cathartics	O	60 MG/15	ORAL	SYRP	ML	25		MSB		48433	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
48433021105	SENNA	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.8 MG/5N	ORAL	SYRP	ML	5		GENERIC		48433	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48433021501	SODIUM (	SODIUM (	401200 Replacem	40120000 Replacem	P	4 MEQ/ML	ORAL	SOLN	ML	473		GENERIC		48433	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48433021905	SENNA	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.8 MG/5N	ORAL	SYRP	ML	5		GENERIC		48433	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48433021940	SENNA	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.8 MG/5N	ORAL	SYRP	ML	5		GENERIC		48433	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48433022010	DOCUSA	DOCUSA	561200 Cathartics	56120000 Cathartics	P	100 MG/1(	ORAL	LIQD	ML	10		GENERIC		48433	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48433022040	DOCUSA	DOCUSA	561200 Cathartics	56120000 Cathartics	P	100 MG/1(	ORAL	LIQD	ML	10		GENERIC		48433	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48433023015	IODINE S	IODINE S	683608 Antithyroid	68360800 Antithyroid	R	5%	ORAL	SOLN	ML	14		GENERIC		48433	N	FORMULARY		1 GEN	GENERICS			R	MEDPRMI
48433040105	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	160 MG/5	ORAL	LIQD	ML	5		GENERIC	10/9/2024	48433	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48433040125	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	160 MG/5	ORAL	LIQD	ML	5		GENERIC	10/9/2024	48433	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000052	HERNIA E	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000053	HERNIA E	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000055	HERNIA E	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000056	HERNIA E	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000070	SACRO B	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000170	CRADLE /	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000430	TENNIS E	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000452	WRIST SL	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000453	WRIST SL	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000455	WRIST SL	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000456	WRIST SL	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000470	WRAPARI	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000502	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000503	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000505	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000506	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000512	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000513	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000515	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000516	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000522	SUSPENS	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000523	SUSPENS	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000525	SUSPENS	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000526	SUSPENS	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000527	SUSPENS	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000532	ELBOW S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000533	ELBOW S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000535	ELBOW S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000536	ELBOW S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000572	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000573	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000575	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000576	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000577	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000602	ANKLE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000603	ANKLE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000605	ANKLE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000606	ANKLE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000622	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000623	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000625	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000626	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000632	ANKLE BF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000633	ANKLE BF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000635	ANKLE BF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000636	ANKLE BF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000642	ANKLE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000643	ANKLE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000645	ANKLE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000646	ANKLE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000652	KNEE BR.	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000653	KNEE BR.	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000655	KNEE BR.	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000656	KNEE BR.	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000702	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000703	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000705	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000706	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000707	SACRO B	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000722	KNEE BR.	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000723	KNEE BR.	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000725	KNEE BR.	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000726	KNEE BR.	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000742	KNEE BR.	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000743	KNEE BR.	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000745	KNEE BR.	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000746	KNEE BR.	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000811	SPORTS :	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000812	SPORTS :	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000813	SPORTS :	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000815	SPORTS :	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000816	SPORTS :	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000863	SPORTS I	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503000865	SPORTS I	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503001220	ELASTIC	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503001230	ELASTIC	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503001240	ELASTIC	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503001280	NEOPREN	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503001320	SELF-ADH	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503001330	SELF-ADH	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503001340	SELF-ADH	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503001412	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503001413	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503001415	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503001416	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503001422	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503001423	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503001425	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503001426	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503001432	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503001433	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503001435	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503001436	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503001442	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503001443	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503001445	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503001446	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503001562	CAST PR	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503001565	CAST PR	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503001572	CAST PR	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503001575	CAST PR	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503001582	CAST PR	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503001585	CAST PR	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503001592	CAST PR	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503001595	CAST PR	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002051	INDUSTR	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002053	INDUSTR	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002056	INDUSTR	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002057	INDUSTR	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002061	INDUSTR	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002063	INDUSTR	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002066	INDUSTR	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002067	INDUSTR	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002110	THERAPE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002120	KNEE WR	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002140	ANKLE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002150	ANKLE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002151	INDUSTR	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002152	ANKLE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002153	INDUSTR	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002156	INDUSTR	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002157	INDUSTR	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002160	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002161	INDUSTR	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002162	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002163	INDUSTR	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002166	INDUSTR	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002167	INDUSTR	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002168	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002169	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002172	ANKLE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002173	ANKLE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002175	ANKLE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002176	ANKLE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002180	NEOPREN	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002192	ELBOW S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002193	ELBOW S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002195	ELBOW S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002196	ELBOW S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002532	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002533	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002535	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002536	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002542	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002543	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002545	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002546	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002552	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002553	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002555	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002556	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002632	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002633	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002635	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002636	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002642	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002643	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002645	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002646	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002652	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002653	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002655	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002656	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002672	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002673	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002675	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503002676	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503003012	TENNIS E	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503003013	TENNIS E	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503003015	TENNIS E	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503003022	ELBOW S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503003023	ELBOW S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503003025	ELBOW S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503003026	ELBOW S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503003032	WRIST-TH	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503003033	WRIST-TH	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503003035	WRIST-TH	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503003041	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503003042	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503003043	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503003045	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503003046	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
48503003052	THUMB S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI

48503003053	THUMB S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003055	THUMB S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003062	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003063	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003065	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003066	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003067	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003068	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003069	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003072	ANKLE S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003073	ANKLE S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003075	ANKLE S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003076	ANKLE S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003082	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003083	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003085	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003086	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003087	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003088	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003089	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003092	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003093	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003095	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003096	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003097	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003098	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003099	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003102	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003103	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003105	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003106	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003107	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003108	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003109	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003111	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003112	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003113	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003114	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003115	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003116	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003117	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003118	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003119	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003121	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003122	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003123	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003124	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003125	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003126	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003127	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003128	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003129	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003130	NEOPRE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003140	NEOPRE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003152	THIGH SL	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003153	THIGH SL	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003155	THIGH SL	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003156	THIGH SL	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003162	KNEE SL	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003163	KNEE SL	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003165	KNEE SL	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003172	ANKLE S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003173	ANKLE S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003180	WRIST W	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003201	CRADLE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003202	CRADLE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003203	CRADLE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003204	CRADLE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003205	CRADLE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003206	CRADLE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003211	CERVICA	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003212	CERVICA	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003213	CERVICA	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003221	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003222	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003223	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003225	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003226	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003227	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003234	CAST SH	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003235	CAST SH	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003272	SHOULDE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003273	SHOULDE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503003274	SHOULDE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503007552	STOCKIN	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503007553	STOCKIN	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503007561	GARTER	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503007562	GARTER	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503007563	GARTER	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503007564	GARTER	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503007565	GARTER	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503007566	GARTER	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503007622	GARTER	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503007623	GARTER	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503007625	GARTER	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503007626	GARTER	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503007651	GARTER	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503007652	GARTER	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503007653	GARTER	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503007654	GARTER	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503007655	GARTER	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503007656	GARTER	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008082	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008083	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008085	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008086	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008087	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008088	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008102	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008103	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008105	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008106	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008442	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008443	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008445	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008446	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008447	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008448	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008452	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008453	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008455	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008456	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008457	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008458	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008462	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008463	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008465	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008466	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008482	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008483	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008485	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008486	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008642	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008643	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008645	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008646	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008647	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008648	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008652	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008653	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008655	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008656	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008657	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008658	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008662	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008663	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008665	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008666	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008682	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008683	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008685	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503008686	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503009871	VALULINE	FOOT CA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503009872	VALULINE	FOOT CA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503009873	VALULINE	FOOT CA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503009874	VALULINE	FOOT CA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503009875	VALULINE	FOOT CA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503010071	VALULINE	FOOT CA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503010072	VALULINE	FOOT CA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503010073	VALULINE	FOOT CA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503010074	VALULINE	FOOT CA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503010075	VALULINE	FOOT CA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503010076	VALULINE	FOOT CA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503010077	VALULINE	FOOT CA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503010078	VALULINE	FOOT CA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
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48503010081	VALULINE	FOOT CA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503010082	VALULINE	FOOT CA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503012532	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503012533	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503012535	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503012536	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503012542	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503012543	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503012545	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503012546	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503012552	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503012553	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503012555	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503012556	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503012632	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503012633	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503012635	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503012636	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503012642	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
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48503012645	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
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48503012652	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503012653	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503012655	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503012656	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503015722	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
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48503015733	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503015735	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503015736	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503015742	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503015743	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503015745	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503015746	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503015752	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503015753	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503015755	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503015756	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503015757	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503015758	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503016732	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503016733	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503016735	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503016736	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503016752	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503016753	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503016755	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503016756	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503016757	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503016758	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503017562	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503017563	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503017565	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503017566	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503017572	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503017573	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503017575	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503017576	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503017582	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503017583	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503017585	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503017586	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503017632	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503017633	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503017635	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503017636	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503017642	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503017643	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503017645	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503017646	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503017652	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503017653	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503017655	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503017656	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503017657	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503017658	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503017732	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503017733	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503017735	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503017736	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503017737	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503017738	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503017742	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503017743	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503017745	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503017746	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503017752	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503017753	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503017755	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503017756	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503017757	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503017758	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503017772	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503017773	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503017775	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503017776	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503017777	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503019422	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503019423	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503019425	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503019426	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503019432	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503019433	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503019435	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503019436	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503019442	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503019443	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503019445	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503019446	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503019452	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503019453	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503019455	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
48503019456	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

48503019542	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503019543	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503019545	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503019546	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503019632	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503019633	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503019635	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503019636	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503019732	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503019733	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503019735	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503019736	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503019752	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503019753	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503019755	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503019756	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503019762	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503019763	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503019765	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503019766	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020721	THUMB S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020722	THUMB S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020723	THUMB S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020725	THUMB S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020726	THUMB S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020732	THUMB S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020733	THUMB S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020735	THUMB S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020736	THUMB S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020742	THUMB S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020743	THUMB S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020745	THUMB S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020746	THUMB S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020812	EXOLITE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020813	EXOLITE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020815	EXOLITE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020822	EXOLITE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020823	EXOLITE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020825	EXOLITE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020831	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020832	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020833	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020835	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020836	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020841	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020842	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020843	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020845	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020846	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020862	WRIST/TH	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020863	WRIST/TH	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020865	WRIST/TH	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020866	WRIST/TH	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020870	WRIST/TH	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020871	WRIST/TH	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020872	WRIST/TH	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020873	WRIST/TH	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020875	WRIST/TH	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020876	WRIST/TH	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020880	WRIST/TH	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020881	WRIST/TH	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020882	WRIST/TH	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020883	WRIST/TH	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020885	WRIST/TH	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020886	WRIST/TH	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020890	TENNIS E	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020920	ANKLE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020921	ANKLE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020922	ANKLE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020930	ANKLE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020931	ANKLE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020932	ANKLE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020953	ANKLE SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020955	ANKLE SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020962	POST-OP	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020963	POST-OP	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020965	POST-OP	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020972	POST-OP	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020973	POST-OP	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020975	POST-OP	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503020976	POST-OP	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503021821	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503021822	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503021823	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503021825	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503021826	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503021831	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503021832	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503021833	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503021835	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503021836	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503022532	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503022533	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503022535	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503022536	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503022542	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503022543	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503022545	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503022546	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503022552	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503022553	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503022555	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503022556	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503022632	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503022633	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503022635	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503022636	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503022642	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503022643	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503022645	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503022646	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503022652	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503022653	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503022655	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503022656	TRUSHEE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503022672	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503022673	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503022675	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503022676	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023012	TENNIS E	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023013	TENNIS E	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023015	TENNIS E	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023022	ELBOW S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023023	ELBOW S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023025	ELBOW S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023026	ELBOW S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023062	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023063	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023065	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023066	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023067	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023068	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023069	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023082	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023083	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023085	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023086	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023087	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023088	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023089	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023092	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023093	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023095	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023096	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023097	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023098	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023099	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023102	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023103	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023105	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023106	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023107	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023108	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023109	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023111	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023112	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023113	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023114	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023115	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023116	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023117	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023118	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023119	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023121	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023122	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023123	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023124	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023125	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023126	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023127	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023128	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023129	KNEE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023162	KNEE SLE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023163	KNEE SLE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023165	KNEE SLE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023172	ANKLE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023173	ANKLE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023601	WRIST BF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023602	WRIST BF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023603	WRIST BF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023605	WRIST BF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023606	WRIST BF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023611	WRIST BF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023612	WRIST BF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023613	WRIST BF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023615	WRIST BF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023616	WRIST BF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023620	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023621	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023622	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023623	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023625	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023626	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023630	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023631	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023632	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023633	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023635	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023636	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023640	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023641	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023642	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023643	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023645	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023646	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023650	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023651	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023652	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023653	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023655	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023656	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023711	ANKLE BF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023712	ANKLE BF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023713	ANKLE BF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023715	ANKLE BF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023716	ANKLE BF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023717	ANKLE BF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023721	ANKLE SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023722	ANKLE SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023723	ANKLE SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023725	ANKLE SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023726	ANKLE SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023751	ANKLE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023752	ANKLE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023753	ANKLE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023755	ANKLE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023756	ANKLE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023757	ANKLE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023761	ANKLE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023762	ANKLE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023763	ANKLE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023765	ANKLE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023766	ANKLE ST	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023891	OCCUPAT	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023892	OCCUPAT	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023893	OCCUPAT	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023895	OCCUPAT	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023896	OCCUPAT	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023940	CERVICA	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023941	CERVICA	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023942	CERVICA	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023943	CERVICA	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023945	CERVICA	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023946	CERVICA	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023991	OCCUPAT	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023992	OCCUPAT	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023993	OCCUPAT	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023995	OCCUPAT	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503023996	OCCUPAT	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503024162	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503024163	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503024165	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503024166	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503024172	ANKLE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503024173	ANKLE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503024175	ANKLE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503024176	ANKLE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503024182	WRIST SL	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503024183	WRIST SL	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503024185	WRIST SL	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503024186	WRIST SL	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503024192	ELBOW S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503024193	ELBOW S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503024195	ELBOW S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503024196	ELBOW S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503024210	BAND-IT	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503024220	KNEED-IT	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503024230	TENNIS E	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503024252	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503024253	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503024255	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503024256	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503024262	ANKLE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503024263	ANKLE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503024265	ANKLE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503024266	ANKLE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503024272	ELBOW S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503024273	ELBOW S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503024275	ELBOW S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503024276	ELBOW S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503024521	POSTURE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503024522	POSTURE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503024523	POSTURE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM
48503024525	POSTURE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R MEDPRIM

48503024526	POSTURE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503024531	CLAVICLE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503024532	CLAVICLE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503024533	CLAVICLE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503024535	CLAVICLE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503024536	CLAVICLE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503024598	RIB BELT.	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503024599	RIB BELT.	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503024600	CRADLE /	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503024650	SLING AN	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503024662	GAIT/TRA	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503024663	GAIT/TRA	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025010	CERVICA	MISC. DE	940000 Devices	94000000 Devices	O	0 DOES NO	KIT	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025092	THREE-P.	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025093	THREE-P.	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025095	THREE-P.	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025096	THREE-P.	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025097	THREE-P.	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025182	ABDOMIN	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025183	ABDOMIN	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025185	ABDOMIN	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025186	ABDOMIN	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025187	ABDOMIN	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025188	ABDOMIN	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025401	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025402	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025403	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025404	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025405	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025406	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025407	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025408	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025409	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025412	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025413	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025415	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025416	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025417	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025418	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025419	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025421	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025422	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025423	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025424	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025425	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025426	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025427	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025428	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025429	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025432	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025433	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025435	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025436	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025437	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025438	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025439	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025441	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025442	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025443	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025444	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025445	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025446	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025447	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025448	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025449	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025451	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025452	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025453	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025455	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025456	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025457	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025458	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025462	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025463	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025465	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025466	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025467	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025468	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025469	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025472	ANKLE S	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025473	ANKLE S	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025475	ANKLE S	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025476	ANKLE S	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025482	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025483	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025485	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025486	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025487	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025488	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025489	ORTHOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025541	KNEE BR.	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025542	KNEE BR.	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025543	KNEE BR.	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025545	KNEE BR.	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025546	KNEE BR.	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025547	KNEE BR.	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025548	KNEE BR.	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025551	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025552	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025553	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025555	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025556	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025557	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025558	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025601	ANKLE S	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025602	ANKLE S	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025603	ANKLE S	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025605	ANKLE S	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503025606	ANKLE S	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503026598	RIB BELT.	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503026599	RIB BELT.	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503026892	THREE-P.	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503026893	THREE-P.	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503026895	THREE-P.	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503026896	THREE-P.	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503026897	THREE-P.	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503027562	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503027563	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503027565	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503027566	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503027572	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503027573	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503027575	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503027576	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503027582	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503027583	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503027585	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
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48503027632	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
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48503027635	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503027636	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503027642	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503027643	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503027645	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
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48503027652	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503027653	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503027655	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503027656	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503027657	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
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48503027732	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
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48503027735	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503027736	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503027742	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503027743	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503027745	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503027746	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503027752	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503027753	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503027755	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503027756	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503027757	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503027758	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503027772	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503027773	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503027775	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503027776	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503027777	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503027862	COMFOR	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503027863	COMFOR	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503027865	COMFOR	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028452	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028453	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028455	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028456	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028457	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028458	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028482	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028483	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028485	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028486	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028652	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028653	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028655	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028656	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028657	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028658	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028840	LUMBOS/	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028842	LUMBOS/	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028843	LUMBOS/	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028845	LUMBOS/	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028846	LUMBOS/	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028860	SACRO B	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028900	LUMBOS/	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028901	LUMBOS/	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028902	LUMBOS/	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028903	LUMBOS/	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028905	LUMBOS/	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028906	LUMBOS/	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028907	LUMBOS/	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028910	LUMBOS/	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028912	LUMBOS/	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028913	LUMBOS/	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028915	LUMBOS/	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028916	LUMBOS/	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028917	LUMBOS/	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028920	LUMBOS/	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028922	LUMBOS/	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028923	LUMBOS/	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028925	LUMBOS/	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028926	LUMBOS/	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028930	LUMBOS/	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028932	LUMBOS/	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028933	LUMBOS/	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028935	LUMBOS/	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028936	LUMBOS/	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028937	LUMBOS/	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028952	LUMBOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028953	LUMBOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028955	LUMBOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028956	LUMBOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028957	LUMBOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028958	LUMBOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028962	LUMBOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028963	LUMBOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028965	LUMBOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028966	LUMBOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028967	LUMBOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028968	LUMBOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028972	LUMBOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028973	LUMBOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028975	LUMBOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028976	LUMBOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028977	LUMBOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503028978	LUMBOTE	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029121	TRUSOFT	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029122	TRUSOFT	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029123	TRUSOFT	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029125	TRUSOFT	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029126	TRUSOFT	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029131	TRUSOFT	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029132	TRUSOFT	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029133	TRUSOFT	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029135	TRUSOFT	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029136	TRUSOFT	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029332	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029333	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029335	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029336	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029422	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029423	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029425	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029426	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029432	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029433	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029435	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029436	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029442	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029443	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029445	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029446	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029542	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029543	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029545	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029546	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029562	BILATER/	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029563	BILATER/	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029565	BILATER/	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029566	BILATER/	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029572	HERNIA S	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029573	HERNIA S	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029575	HERNIA S	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029576	HERNIA S	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029582	HERNIA S	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029583	HERNIA S	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029585	HERNIA S	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029586	HERNIA S	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029632	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029633	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029635	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029636	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029732	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029733	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029735	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503029736	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503033041	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503033042	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503033043	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503033045	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503033046	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503033122	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0 DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI

48503033123	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503033125	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503033152	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503033153	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503033155	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503033162	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503033163	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503033165	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503033222	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503033223	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503033225	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503033252	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503033253	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503033255	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503033262	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503033263	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503033265	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503033640	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503033641	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503033642	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503033643	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503033645	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503033646	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503033650	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503033651	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503033652	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503033653	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503033655	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503033656	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503033940	CERVICA	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503033941	CERVICA	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503033942	CERVICA	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503033943	CERVICA	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503033945	CERVICA	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503033946	CERVICA	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503035551	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503035552	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503035553	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503035555	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503035556	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503035557	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503035558	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503037632	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503037633	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503037635	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503037636	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503037652	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503037653	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503037655	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503037656	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503037657	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503037658	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503037732	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503037733	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503037735	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503037736	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503037742	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503037743	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503037745	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503037746	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503037752	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503037753	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503037755	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503037756	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503037757	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503037758	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503038452	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503038453	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503038455	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503038456	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503038652	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503038653	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503038655	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503038656	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503039332	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503039333	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503039335	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503039336	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503043940	CERVICA	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503043941	CERVICA	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503043942	CERVICA	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503043943	CERVICA	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503043945	CERVICA	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503043946	CERVICA	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503045531	ORTHOTI	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503045532	ORTHOTI	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503045533	ORTHOTI	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503045535	ORTHOTI	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503045536	ORTHOTI	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503045537	ORTHOTI	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503045538	ORTHOTI	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503047572	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503047573	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503047575	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503047732	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503047733	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503047735	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503047736	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503047742	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503047743	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503047745	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503047746	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503047752	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503047753	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503047755	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503047756	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503047757	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503047758	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503047772	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503047773	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503047775	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503047776	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503047777	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503048082	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503048083	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503048085	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503048086	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503048087	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503048088	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503048102	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503048103	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503048105	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503048106	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503049111	TRUSOFT	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503049112	TRUSOFT	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503049113	TRUSOFT	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503049115	TRUSOFT	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503049116	TRUSOFT	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503049121	TRUSOFT	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503049122	TRUSOFT	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503049123	TRUSOFT	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503049125	TRUSOFT	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503049126	TRUSOFT	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503049131	TRUSOFT	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503049132	TRUSOFT	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503049133	TRUSOFT	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503049135	TRUSOFT	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503049136	TRUSOFT	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503049322	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503049323	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503049325	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503049326	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503049332	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503049333	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503049335	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503049336	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503049432	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503049433	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503049435	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503049436	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503049632	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503049633	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503049635	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503049636	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503049732	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503049733	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503049735	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503049736	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503049752	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503049753	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503049755	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503049756	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503049762	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503049763	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503049765	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503049766	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503050320	THERMA-	HOT/COL	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503050331	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503050332	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503050333	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503050335	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503050336	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503050340	THERMA-	HOT/COL	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503050341	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503050342	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503050343	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503050345	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503050346	WRIST SF	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503050350	THERMA-	HOT/COL	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503056632	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503056633	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503056635	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503056636	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503057732	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503057733	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503057735	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503057736	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503057752	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503057753	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503057755	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503057756	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503057757	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503057758	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503058452	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503058453	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503058455	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503058456	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503058652	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503058653	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503058655	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503058656	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503059332	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503059333	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503059335	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503059336	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503059422	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503059423	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503059425	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503059426	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503059432	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503059433	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503059435	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503059436	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503059442	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503059443	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503059445	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503059446	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503059542	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503059543	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503059545	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503059546	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503059632	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503059633	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503059635	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503059636	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503059732	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503059733	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503059735	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503059736	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503059752	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503059753	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503059755	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503059756	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503059762	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503059763	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503059765	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503059766	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503060452	ANKLE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503060453	ANKLE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503060455	ANKLE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503060456	ANKLE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503060457	ANKLE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503061472	SHOULDE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503061473	SHOULDE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503061475	SHOULDE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503061476	SHOULDE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503061702	RIB BELT,	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503061703	RIB BELT,	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503061705	RIB BELT,	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503061706	RIB BELT,	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503061712	RIB BELT,	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503061713	RIB BELT,	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503061715	RIB BELT,	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503061716	RIB BELT,	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503067732	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503067733	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503067735	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503067736	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503067742	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503067743	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503067745	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503067746	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503067752	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503067753	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503067755	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503067756	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503067757	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503067758	TRUFORM	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503070422	ELBOW S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503070423	ELBOW S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503070425	ELBOW S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503070426	ELBOW S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503070442	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503070443	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503070445	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503070446	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503070447	KNEE SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503070721	THUMB S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503070722	THUMB S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503070723	THUMB S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503070725	THUMB S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503070726	THUMB S	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503070862	WRIST/TH	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
48503070863	WRIST/TH	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	48503	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI

49281072110	FLUBLOK	INFLUENZ	801200 Vaccines	80120000 Vaccines	R	0.5 ML	INTRAMU	SOSY	ML	0.5	SSB	6/30/2022	49281			N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=18-999 YEARS AND C	R	MEDPRMI
49281072188	FLUBLOK	INFLUENZ	801200 Vaccines	80120000 Vaccines	R	0.5 ML	INTRAMU	SOSY	ML	0.5	SSB	6/30/2022	49281			N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=18-999 YEARS AND C	R	MEDPRMI
49281072210	FLUBLOK	INFLUENZ	801200 Vaccines	80120000 Vaccines	R	0.5 ML	INTRAMU	SOSY	ML	0.5	SSB	7/3/2023	49281			N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=18-999 YEARS AND C	R	MEDPRMI
49281072288	FLUBLOK	INFLUENZ	801200 Vaccines	80120000 Vaccines	R	0.5 ML	INTRAMU	SOSY	ML	0.5	SSB	7/3/2023	49281			N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=18-999 YEARS AND C	R	MEDPRMI
49281072310	FLUBLOK	INFLUENZ	801200 Vaccines	80120000 Vaccines	R	0.5 ML	INTRAMU	SOSY	ML	0.5	SSB	7/2/2024	49281			N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=18-999 YEARS AND C	R	MEDPRMI
49281072388	FLUBLOK	INFLUENZ	801200 Vaccines	80120000 Vaccines	R	0.5 ML	INTRAMU	SOSY	ML	0.5	SSB	7/2/2024	49281			N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=18-999 YEARS AND C	R	MEDPRMI
49281072410	FLUBLOK	INFLUENZ	801200 Vaccines	80120000 Vaccines	R	0.5 ML	INTRAMU	SOSY	ML	0.5	SSB		49281			N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=18-999 YEARS AND C	R	MEDPRMI
49281072488	FLUBLOK	INFLUENZ	801200 Vaccines	80120000 Vaccines	R	0.5 ML	INTRAMU	SOSY	ML	0.5	SSB		49281			N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=18-999 YEARS AND C	R	MEDPRMI
49281075221	TUBERSC	TUBERCU	368400 Tuberculo	36840000 Tuberculo	R	5 UNIT/0.1	INTRADE	SOLN	ML	1	NON DRUG		49281			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49281075222	TUBERSC	TUBERCU	368400 Tuberculo	36840000 Tuberculo	R	5 UNIT/0.1	INTRADE	SOLN	ML	5	NON DRUG		49281			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49281075278	TUBERSC	TUBERCU	368400 Tuberculo	36840000 Tuberculo	R	5 UNIT/0.1	INTRADE	SOLN	ML	1	NON DRUG		49281			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49281075298	TUBERSC	TUBERCU	368400 Tuberculo	36840000 Tuberculo	R	5 UNIT/0.1	INTRADE	SOLN	ML	5	NON DRUG		49281			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49281079020	TYPHIM V	TYPHOID	801200 Vaccines	80120000 Vaccines	R	25 MCG/0	INTRAMU	SOLN	ML	10	SSB		49281			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49281079038	TYPHIM V	TYPHOID	801200 Vaccines	80120000 Vaccines	R	25 MCG/0	INTRAMU	SOLN	ML	10	SSB		49281			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49281079051	TYPHIM V	TYPHOID	801200 Vaccines	80120000 Vaccines	R	25 MCG/0	INTRAMU	SOSY	ML	0.5	SSB		49281			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49281079088	TYPHIM V	TYPHOID	801200 Vaccines	80120000 Vaccines	R	25 MCG/0	INTRAMU	SOSY	ML	0.5	SSB		49281			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49281086010	IPOL	POLIOVIR	801200 Vaccines	80120000 Vaccines	R	0	INJECTIO	INJ	ML	5	SSB		49281			N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1-17 YEARS AND QS	R	MEDPRMI
49281086078	IPOL	POLIOVIR	801200 Vaccines	80120000 Vaccines	R	0	INJECTIO	INJ	ML	5	SSB		49281			N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1-17 YEARS AND QS	R	MEDPRMI
49281091301	STAMARI	YELLOW	801200 Vaccines	80120000 Vaccines	R	0	INJECTIO	SUSR	EA	1	SSB		49281			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49281091501	YF-VAX	YELLOW	801200 Vaccines	80120000 Vaccines	R	0	SUBCUTA	INJ	EA	1	SSB		49281			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49281091505	YF-VAX	YELLOW	801200 Vaccines	80120000 Vaccines	R	0	SUBCUTA	INJ	EA	1	SSB		49281			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49281091558	YF-VAX	YELLOW	801200 Vaccines	80120000 Vaccines	R	0	SUBCUTA	INJ	EA	1	SSB		49281			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49281091568	YF-VAX	YELLOW	801200 Vaccines	80120000 Vaccines	R	0	SUBCUTA	INJ	EA	1	SSB		49281			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49309000101	DEVROM	BISMUTH	560800 Antidiarrh	56080000 Antidiarrh	O	200 MG	ORAL	CHEW	EA	100	SSB		49309			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49309000201	DEVROM	BISMUTH	560800 Antidiarrh	56080000 Antidiarrh	O	200 MG	ORAL	CAPS	EA	100	SSB		49309			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348000007	SM PROB	THERMOI	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		49348			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348000070	SM DIGIT.	ELECTRC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		49348			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348000110	SM ASPIF	ASPIRIN	280804 Nonsteroi	28080424 Salicylates	P	325 MG	ORAL	TABS	EA	100	GENERIC	11/21/2022	49348			N	#N/A	ORIG_FR	10 EHB	#N/A	X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
49348000114	SM ASPIF	ASPIRIN	280804 Nonsteroi	28080424 Salicylates	P	325 MG	ORAL	TABS	EA	500	GENERIC	11/21/2022	49348			N	#N/A	ORIG_FR	10 EHB	#N/A	X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
49348000645	SM ASPIF	ASPIRIN E	280804 Nonsteroi	28080424 Salicylates	P	325MG-15	ORAL	TABS	EA	130	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348000810	SM MAGN	MAGNESI	401200 Replacem	40120000 Replacem	P	250MG	ORAL	TABS	EA	100	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348001134	SM CALA	CALAMIN	842412 Basic Oint	84241200 Basic Oint	O	0-0	EXTERNA	LOTN	ML	177	SSB		49348			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348001636	SM CAST	CASTOR	561200 Cathartics	56120000 Cathartics	P	100%	ORAL	OIL	ML	177	GENERIC	1/20/2023	49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348001734	SM TUSS	DEXTROM	480800 Antitussive	48080000 Antitussive	P	100-10 MG	ORAL	SYRP	ML	118	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348001737	SM TUSS	DEXTROM	480800 Antitussive	48080000 Antitussive	P	100-10 MG	ORAL	SYRP	ML	236	GENERIC	10/28/2022	49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348001939	SM ANTA	ALUM & M	560400 Antacids a	56040000 Antacids a	P	200-200-2	ORAL	SUSP	ML	355	GENERIC	11/21/2022	49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348002097	SM ANTA	ALUM & M	560400 Antacids a	56040000 Antacids a	P	200MG/5M	ORAL	SUSP	ML	769	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348002172	SM HYDR	HYDROC	840608 UNKNOW	84060800 UNKNOW	P	0.50%	EXTERNA	CREA	GM	28.4	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348002654	SM ACID	RANITIDI	562812 Histamine	56281200 Histamine	P	150 MG	ORAL	TABS	EA	65 X	GENERIC	4/1/2020	49348			N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348002811	SM PETR	WHITE PE	842400 Emollients	84240000 Emollients	P	0	EXTERNA	GEL	GM	106	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348002827	SM NASA	OXYMETA	523200 Vasocons	52320000 Vasocons	P	0.05%	NASAL	SOLN	ML	30	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348002972	SM TRIPL	NEOMYCI	840404 Antibacter	84040400 Antibacter	P	400UNIT/	EXTERNA	OINT	GM	28.4	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348003038	SM ISOPF	ISOPROP	840492 Local Anti-	84049200 Local Anti-	O	70%	DOES NO	SOLN	ML	473	SSB		49348			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348003040	SM ISOPF	ISOPROP	840492 Local Anti-	84049200 Local Anti-	O	70%	DOES NO	SOLN	ML	3840	SSB		49348			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348003134	SM HYDR	HYDROGI	840492 Local Anti-	84049200 Local Anti-	P	3%	EXTERNA	SOLN	ML	118	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348003137	SM HYDR	HYDROGI	840492 Local Anti-	84049200 Local Anti-	P	3%	EXTERNA	SOLN	ML	237	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348003205	SM GENT	BISACOD	561200 Cathartics	56120000 Cathartics	P	5 MG	ORAL	TBEC	EA	25	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348003210	SM GENT	BISACOD	561200 Cathartics	56120000 Cathartics	P	5 MG	ORAL	TBEC	EA	100	GENERIC	11/6/2023	49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348003410	SM ASPIF	ASPIRIN	280804 Nonsteroi	28080424 Salicylates	P	325 MG	ORAL	TBEC	EA	100	GENERIC		49348			N	#N/A	ORIG_FR	10 EHB	#N/A	X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
49348003419	SM ASPIF	ASPIRIN	280804 Nonsteroi	28080424 Salicylates	P	325 MG	ORAL	TBEC	EA	250	GENERIC		49348			N	#N/A	ORIG_FR	10 EHB	#N/A	X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
49348003627	ENTRUST	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	120	NON DRUG		49348			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348003729	SM EYE D	TETRAHY	523200 Vasocons	52320000 Vasocons	P	0.05%	OPHTHAL	SOLN	ML	15	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348004209	SM PAIN	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	50	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348004210	SM PAIN	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	100	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348004214	SM PAIN	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	500	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348004534	SM ALLEF	DIPHENH	40400 First Gene	4040000 First Gene	P	12.5 MG/5	ORAL	LIQD	ML	118	GENERIC	6/11/2022	49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348004537	SM ALLEF	DIPHENH	40400 First Gene	4040000 First Gene	P	12.5 MG/5	ORAL	LIQD	ML	237	GENERIC	6/11/2022	49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348004765	SM FIBEF	PSYLLIUM	561200 Cathartics	56120000 Cathartics	P	28.30%	ORAL	POWD	GM	538	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348005010	SM SOYA	LECITHIN	562400 Lipotropic	56240000 Lipotropic	P	1200MG	ORAL	CAPS	EA	100	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348005310	SM L-LYS	LYSINE	402000 Caloric Ag	40200000 Caloric Ag	P	500MG	ORAL	TABS	EA	100	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348005539	SM CALC	CALCIUM	560400 Antacids a	56040000 Antacids a	P	750 MG	ORAL	CHEW	EA	80	GENERIC	12/3/2023	49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348005634	SM ALLEF	DIPHENH	40400 First Gene	4040000 First Gene	P	12.5 MG/5	ORAL	LIQD	ML	118	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348005819	SM STOO	DOCUSAT	561200 Cathartics	56120000 Cathartics	P	100 MG	ORAL	CAPS	EA	250	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348006137	SM NITE T	DEXTROM	480800 Antitussive	48080000 Antitussive	P	15-6.25-32	ORAL	LIQD	ML	237	GENERIC	11/24/2022	49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348006139	SM NITE T	DEXTROM	480800 Antitussive	48080000 Antitussive	P	15-6.25-32	ORAL	LIQD	ML	355	GENERIC	7/27/2024	49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348006304	SM RAPID	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	160 MG	ORAL	TBDP	EA	24	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348007309	SM GAS F	SIMETHIC	561000 Antiflatule	56100000 Antiflatule	P	125 MG	ORAL	CAPS	EA	50	GENERIC	6/23/2023	49348 N			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348007547	SM BAND	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		49348			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348007644	SM URIN	PHENAZO	840800 Antipruritic	84080000 Antipruritic	P	95 MG	ORAL	TABS	EA	30	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348007753	SM ALCO	ALCOHOL	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	100	NON DRUG		49348			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348007834	SM ALL D	CETIRIZIN	40800 Second G	4080000 Second G	P	5 MG/5ML	ORAL	SOLN	ML	118	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348008010	SM VITAM	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	250 MG	ORAL	TABS	EA	100	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348008336	SM SEVE	PHENYLE	480800 Antitussive	48080000 Antitussive	P	10-20-400	ORAL	LIQD	ML	177	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348008407	SM EFFEI	ASPIRIN E	280804 Nonsteroi	28080424 Salicylates	P	325MG-10	ORAL	TBEF	EA	36	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348008834	SM MUCL	PHENYLE	480800 Antitussive	48080000 Antitussive	P	2.5-5-100	ORAL	LIQD	ML	118	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348009092	SM FIBEF	PSYLLIUM	561200 Cathartics	56120000 Cathartics	P	58.60%	ORAL	POWD	GM	283	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348009168	SM FIBEF	PSYLLIUM	561200 Cathartics	56120000 Cathartics	P	28.30%	ORAL	POWD	GM	575	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348009334	SM PAIN	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	160 MG/5	ORAL	SUSP	ML	118	GENERIC	3/19/2024	49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348009529	SM DRY E	GLYCERI	529200 EENT Dru	52920000 EENT Dru	P	0.2-0.2-1	OPHTHAL	SOLN	ML	15	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348009747	SM COLD	PSEUDOE	121212 alpha- and	12121200 alpha- and	P	30-200 MG	ORAL	TABS	EA	20	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348010084	SM COUG	DEXTROM	480800 Antitussive	48080000 Antitussive	P	30 MG/5M	ORAL	SUER	ML	89	GENERIC	11/21/2022	49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348010110	SM MULT	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	60MG-60M	ORAL	TABS	EA	100	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348010119	SM MULT	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	60MG-60M	ORAL	TABS	EA	250	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348010210	SM MULT	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	60MG-60M	ORAL	TABS	EA	100	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348010219	SM MULT	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	60MG-60M	ORAL	TABS	EA	250	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348010323	SM COMF	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	60MG-60M	ORAL	TABS	EA	300	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348010345	SM COMF	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	60MG-60M	ORAL	TABS	EA	130	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348010404	SM COLD	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-10-200-	ORAL	TABS	EA	24	GENERIC	10/31/2024	49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348010510	SM ANIM	PEDIATRI	882800 Multivitam	88280000 Multivitam	P	60MG-60M	ORAL	CHEW	EA	100	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348010610	SM ANIM	ASCORBI	882800 Multivitam	88280000 Multivitam	P	60MG-0-4	ORAL	CHEW	EA	100	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348010717	SM EYE I	KETOTIFE	520200 Antiallergi	52020000 Antiallergi	P	0.04%	OPHTHAL	SOLN	ML	5	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348010904	SM ACID	RANITIDI	562812 Histamine	56281200 Histamine	P	150 MG	ORAL	TABS	EA	24 X	GENERIC	4/1/2020	49348			N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348010954	SM ACID	RANITIDI	562812 Histamine	56281200 Histamine	P	150 MG	ORAL	TABS	EA	65 X	GENERIC	4/1/2020	49348			N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348011537	SM ANTIS	CHLORHE	840416 UNKNOW	84041600 UNKNOW	P	4%	EXTERNA	SOLN	ML	237	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348011610	SM PAIN	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	100	GENERIC	11/29/2023	49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348011704	SM SINUS	PHENYLE	481600 Expectora	48160000 Expectora	P	5-325-200	ORAL	TABS	EA	24	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348011934	SM PAIN	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	160 MG/5	ORAL	SUSP	ML	118	GENERIC	6/14/2024	49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348012334	SM PAIN	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	160 MG/5	ORAL	SUSP	ML	118	GENERIC	10/11/2024	49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348012812	SM ACID	FAMOTID	562812 Histamine	56281200 Histamine	P	10 MG	ORAL	TABS	EA	60	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348012813	SM ACID	FAMOTID	562812 Histamine	56281200 Histamine	P	10 MG	ORAL	TABS	EA	90	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348012844	SM ACID	FAMOTID	562812 Histamine	56281200 Histamine	P	10 MG	ORAL	TABS	EA	30	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348013027	SM NASA	OXYMETA	523200 Vasocons	52320000 Vasocons	P	0.05%	NASAL	SOLN	ML	30	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348013212	SM FISH	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	P	1000 MG	ORAL	CAPS	EA	60	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348013327	SM IODIN	IODINE (T	840416 UNKNOW	84041600 UNKNOW	O	0	EXTERNA	TINC	ML	30	SSB		49348			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348013330	SM IODIN	IODINE (T	840416 UNKNOW	84041600 UNKNOW	O	0	EXTERNA	TINC	ML	60	SSB		49348			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348013534	SM TUSS	GUAIFEN	481600 Expectora	48160000 Expectora	P	100 MG/5	ORAL	LIQD	ML	118	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348013537	SM TUSS	GUAIFEN	481600 Expectora	48160000 Expectora	P	100 MG/5	ORAL	LIQD	ML	236	GENERIC	2/25/2023	49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348013612	SM ACID	RANITIDI	562812 Histamine	56281200 Histamine	P	75 MG	ORAL	TABS	EA	60	GENERIC	4/1/2020	49348			N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348013644	SM ACID	RANITIDI	562812 Histamine	56281200 Histamine	P	75 MG	ORAL	TABS	EA	30	GENERIC	4/1/2020	49348			N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348013830	SM BENZ	BENZOIN	842416 Basic Pow	84241600 Basic Pow	O	0	EXTERNA	TINC	ML	59	SSB		49348			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348014009	SM PAIN	DIPHENH	282492 Anxiolytics	28249200 Anxiolytics	P	25-500 MG	ORAL	TABS	EA	50	GENERIC	5/29/2024	49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348014010	SM PAIN	DIPHENH	282492 Anxiolytics	28249200 Anxiolytics	P	25-500 MG	ORAL	TABS	EA	100	GENERIC	5/29/2024	49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348014110	SM ZINC	ZINC GLU	401200 Replacem	40120000 Replacem	P	50 MG	ORAL	TABS	EA	100	GENERIC		49348 N			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348014370	SM CLEA	POLYETH	561200 Cathartics	56120000 Cathartics	P	0-17GM/S	ORAL	POWD	GM	238	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348014392	SM CLEA	POLYETH	561200 Cathartics	56120000 Cathartics	P	0-17GM/S	ORAL	POWD	GM	510	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348014707	SM GAS F	SIMETHIC	561000 Antiflatule	56100000 Antiflatule	P	80 MG	ORAL	CHEW	EA	36	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348014791	SM PAIN	MENTHOI	849200 Skin and M	84920000 Skin and M	P	2%	EXTERNA	GEL	GM	240	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348014929	SM LUBR	POLYETH	529200 EENT Dru	52920000 EENT Dru	P	0.4-0.3 %	OPHTHAL	SOLN	ML	15	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348015078	SM LICE T	PERMETH	840412 Scabicides	84041200 Scabicides	P	1%	EXTERNA	LIQD	ML	59	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348015339	SM ANTA	ALUM & M	560400 Antacids a	56040000 Antacids a	P	200-200-2	ORAL	SUSP	ML	355	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348015472	SM ANTIE	BACITRA	840404 Antibacter	84040400 Antibacter	P	500 UNIT/	EXTERNA	OINT	GM	28.4	GENERIC		49348 N			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348015522	SM COTT	APPLICAT	940000 Devices	94000000 Devices	O	0	DOES NO	SWAB	EA	180	NON DRUG		49348			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348015529	SM ANTIF	TOLNAFT	840408 Antifungal	84040840 Thiocarba	P	1%	EXTERNA	CREA	GM	15	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348015684	SM ARTH	TROLAMI	842404 Basic Loti	84240400 Basic Loti	P	10%	EXTERNA	LOTN	ML	90	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348015805	SM GLYC	GLYCERI	561200 Cathartics	56120000 Cathartics	P	80.70%	RECTAL	SUPP	EA	25	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348016162	SM PEDI	ORAL ELE	401200 Replacem	40120000 Replacem	P	35MEQ/L-	ORAL	SOLN	ML	1000	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348016665	SM FIBEF	PSYLLIUM	561200 Cathartics	56120000 Cathartics	P	43%	ORAL	POWD	GM	538	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348016710	SM STOO	DOCUSAT	561200 Cathartics	56120000 Cathartics	P	100 MG	ORAL	TABS	EA	100	GENERIC	6/13/2024	49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348016809	SM ST JO	ST JOHN'	929200 UNKNOW	92920000 UNKNOW	P	300 MG	ORAL	TABS	EA	50	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348017138	SM MILK	MAGNESI	561200 Cathartics	56120000 Cathartics	P	1200 MG/	ORAL	SUSP	ML	473	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348017209	SM SAW	SAW PAL	929200 UNKNOW	92920000 UNKNOW	P	160MG	ORAL	CAPS	EA	50	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348017338	SM ISOPF	ISOPROP	840492 Local Anti-	84049200 Local Anti-	O	70%	DOES NO	SOLN	ML	473	SSB		49348			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348017538	SM ALCO	ALCOHOL	840492 Local Anti-	84049200 Local Anti-	P	70%	DOES NO	SOLN	ML	473	NON DRU	3/19/2024	49348			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348017810	SM SELE	SELENIUM	401200 Replacem	40120000 Replacem	P	200MCG	ORAL	TABS	EA	100	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348017934	SM HYDR	HYDROGI	840492 Local Anti-	84049200 Local Anti-	P	3%	EXTERNA	SOLN	ML	118	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348017937	SM HYDR	HYDROGI	840492 Local Anti-	84049200 Local Anti-	P	3%	EXTERNA	SOLN	ML	236	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348017938	SM HYDR	HYDROGI	840492 Local Anti-	84049200 Local Anti-	P	3%	EXTERNA	SOLN	ML	473	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348018010	SM IRON	FERROUS	200404 Iron Prepa	20040400 Iron Prepa	P	325MG	ORAL	TABS	EA	100	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348018138	SM WITC	WITCH HA	841200 Astringent	84120000 Astringent	P	0	EXTERNA	LIQD	ML	473	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348018229	SM ALLEF	FLUTICAS	520808 Corticoste	52080800 Corticoste	P	50 MCG/A	NASAL	SUSP	ML	15.8	GENERIC	2/1/2023	49348	X	16 IN 30 DAYS	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348018235	SM ALLEF	FLUTICAS	520808 Corticoste	52080800 Corticoste	P	50 MCG/A	NASAL	SUSP	ML	11.1	GENERIC		49348	X	16 IN 30 DAYS	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348018243	SM ALLEF	FLUTICAS	520808 Corticoste	52080800 Corticoste	P	50 MCG/A	NASAL	SUSP	ML	9.9	GENERIC	1/3/2023	49348	X	16 IN 30 DAYS	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348018267	SM ALLEF	FLUTICAS	520808 Corticoste	52080800 Corticoste	P	50 MCG/A	NASAL	SUSP	ML	18.2	GENERIC		49348	X	16 IN 30 DAYS	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348018485	SM LUBR	LUBRICAI	849200 Skin and M	84920000 Skin and M	P	0-0-0-0	EXTERNA	GEL	GM	113	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348018520	SM MINEI	MINERAL	561200 Cathartics	56120000 Cathartics	P	0	RECTAL	ENEM	ML	133	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348018614	SM ENEM	SODIUM F	561200 Cathartics	56120000 Cathartics	P	7-19 GM/1	RECTAL	ENEM	ML	133	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348018620	SM ENEM	SODIUM F	561200 Cathartics	56120000 Cathartics	P	7-19 GM/1	RECTAL	ENEM	ML	133	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348018810	SM GAS F	SIMETHIC	561000 Antiflatule	56100000 Antiflatule	P	80 MG	ORAL	CHEW	EA	100	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348019013	SM FIBEF	CALCIUM	561200 Cathartics	56120000 Cathartics	P	625 MG	ORAL	TABS	EA	90	GENERIC	10/2/2023	49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348019107	SM CHILD	ASPIRIN	280804 Nonsteroi	28080424 Salicylates	P	81 MG	ORAL	CHEW	EA	36	GENERIC	10/31/2024	49348			N	#N/A	ORIG_FR	10 EHB	#N/A	X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
49348019609	SM IBUPF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	50	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348019610	SM IBUPF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	100	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348019635	SM IBUPF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	500	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348019727	SM NOSE	PHENYLE	523200 Vasocons	52320000 Vasocons	P	1%	NASAL	SOLN	ML	30	GENERIC	7/25/2023	49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348019878	SM HEMC	PHENYLE	841600 Cell Stimu	84160000 Cell Stimu	P	0.25-14-74	RECTAL	OINT	GM	57	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348022772	SM IPECA	IPECAC	562000 Emetics	56200000 Emetics	O	0	ORAL	SYRP	ML	30	SSB		49348 N			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348022937	SM CHILD	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	100 MG/5	ORAL	SUSP	ML	240	GENERIC	6/16/2022	49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348023027	SM NASA	OXYMETA	523200 Vasocons	52320000 Vasocons	P	0.05%	NASAL	SOLN	ML	30	GENERIC	5/20/2023	49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348023127	SM NASA	OXYMETA	523200 Vasocons	52320000 Vasocons	P	0.05%	NASAL	SOLN	ML	30	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348023200	SM PREG	PREGNAN	940000 Devices	94000000 Devices	O	0	IN VITRO	TEST	EA	1	SSB		49348			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348023257	SM PREG	PREGNAN	940000 Devices	94000000 Devices	O	0	IN VITRO	TEST	EA	2	SSB		49348			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348023787	SM BEDD	PERMETH	840412 Scabicides	84041200 Scabicides	P	0.50%	DOES NO	AERO	GM	142	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348023810	SM CALC	CALCIUM	401200 Replacem	40120000 Replacem	P	333MG-13	ORAL	TABS	EA	100	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348024644	SM ACID	CIMETIDI	562812 Histamine	56281200 Histamine	P	200 MG	ORAL	TABS	EA	30	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348026309	SM GAS F	SIMETHIC	561000 Antiflatule	56100000 Antiflatule	P	125MG	ORAL	CAPS	EA	50	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348026443	SM OYST	CALCIUM	401200 Replacem	40120000 Replacem	P	500-10 MG	ORAL	TABS	EA	75	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348027172	SM HYDR	HYDROC	840608 UNKNOW	84060800 UNKNOW	P	0.50%	EXTERNA	OINT	GM	28.4	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348027472	SM DOUE	BACITRA	840404 Antibacter	84040400 Antibacter	P	500UNIT/	EXTERNA	OINT	GM	28.4	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348027569	SM TRIPL	NEOMYCI	840404 Antibacter	84040400 Antibacter	P	500UNIT/	EXTERNA	OINT	GM	14.2	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348027972	SM ANTIF	CLOTRIM	840408 Antifungal	84040808 Azoles	P	1%	EXTERNA	CREA	GM	30	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348028010	SM DOCL	DOCUSAT	561200 Cathartics	56120000 Cathartics	P	240 MG	ORAL	CAPS	EA	100	GENERIC	6/4/2024	49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348028314	SM ASPIF	ASPIRIN	280804 Nonsteroi	28080424 Salicylates	P	325 MG	ORAL	TBEC	EA	500	GENERIC		49348			N	#N/A	ORIG_FR	10 EHB	#N/A	X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
49348028423	SM ASPIF	ASPIRIN	280804 Nonsteroi	28080424 Salicylates	P	81MG	ORAL	TBEC	EA	300	GENERIC		49348			N	#N/A	ORIG_FR	10 EHB	#N/A	X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
49348029106	SM ULTR	LACTASE	561600 Digestants	56160000 Digestants	P	9000 UNIT	ORAL	TABS	EA	32	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348029608	SM NASA	PSEUDOE	121212 alpha- and	12121200 alpha- and	P	30 MG	ORAL	TABS	EA	48	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348030146	SM LANS	LANSOPR	562836 Proton-pu	56283600 Proton-pu	P	15 MG	ORAL	CPDR	EA	14 X	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348030161	SM LANS	LANSOPR	562836 Proton-pu	56283600 Proton-pu	P	15 MG	ORAL	CPDR	EA	14 X	GENERIC	1/11/2023	49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348030239	SM ANTA	ALUM & M	560400 Antacids a	56040000 Antacids a	P	400-400-4	ORAL	SUSP	ML	355	GENERIC	9/4/2024	49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348030339	SM ANTA	ALUM & M	560400 Antacids a	56040000 Antacids a	P	400-400-4	ORAL	SUSP	ML	355	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348030423	SM CALC	CALCIUM	401200 Replacem	40120000 Replacem	P	600-10 MG	ORAL	TABS	EA	300	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348030539	SM MILK	MAGNESI	561200 Cathartics	56120000 Cathartics	P	1200 MG/	ORAL	SUSP	ML	355	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348030609	SM NAPR	NAPROXE	280804 Nonsteroi	28080404 UNKNOW	P	220 MG	ORAL	TABS	EA	50	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348030610	SM NAPR	NAPROXE	280804 Nonsteroi	28080404 UNKNOW	P	220 MG	ORAL	TABS	EA	100	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348030611	SM NAPR	NAPROXE	280804 Nonsteroi	28080404 UNKNOW	P	220 MG	ORAL	TABS	EA	90	GENERIC	1/2/2024	49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348030739	SM MILK	MAGNESI	561200 Cathartics	56120000 Cathartics	P	1200 MG/	ORAL	SUSP	ML	355	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348031344	SM MILK	MAGNESI	561200 Cathartics	56120000 Cathartics	P	1200 MG/	ORAL	SUSP	ML	769	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348031584	SM COUG	DEXTROM	480800 Antitussive	48080000 Antitussive	P	30 MG/5M	ORAL	SUER	ML	89	GENERIC	11/21/2022	49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348032109	SM BALA	B-COMPL	882800 Multivitam	88280000 Multivitam	P	100MCG-	ORAL	TABS	EA	50	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348032209	SM BALA	B-COMPL	882800 Multivitam	88280000 Multivitam	P	50MCG-50	ORAL	TABS	EA	50	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348032310	SM CALC	CALCIUM	401200 Replacem	40120000 Replacem	P	500-10 MG	ORAL	TABS	EA	100	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348032421	SM CALC	CALCIUM	401200 Replacem	40120000 Replacem	P	315-5 MG-	ORAL	TABS	EA	150	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348032534	SM PAIN	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	160 MG/5	ORAL	SUSP	ML	118	GENERIC	3/12/2024	49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348032634	SM ALL D	CETIRIZIN	40800 Second G	4080000 Second G	P	5 MG/5ML	ORAL	SOLN	ML	120	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348032710	SM VIT C	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	1000 MG	ORAL	TABS	EA	100	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348032944	SM LUBR	CARBOXY	529200 EENT Dru	52920000 EENT Dru	P	0.50%	OPHTHAL	SOLN	EA	30	GENERIC	12/9/2024	49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348033019	SM OYST	CALCIUM	401200 Replacem	40120000 Replacem	P	500-10 MG	ORAL	TABS	EA	250	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348033113	SM ECHIN	ECHINAC	929200 UNKNOW	92920000 UNKNOW	P	125 MG	ORAL	TABS	EA	90	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348033334	SM CHILD	LORATAD	40800 Second G	4080000 Second G	P	5 MG/5ML	ORAL	SOLN	ML	120	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348033413	SM CRAN	CRANBEF	929200 UNKNOW	92920000 UNKNOW	P	300MG	ORAL	TABS	EA	90	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348033510	SM COMF	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	60MG-60M	ORAL	TABS	EA	100	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348033523	SM COMF	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	60MG-60M	ORAL	TABS	EA	300	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348033610	SM GARL	GARLIC	929200 UNKNOW	92920000 UNKNOW	O	150 MG	ORAL	TABS	EA	100	SSB		49348			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348033736	SM CALD	PRAMOXI	840800 Antipruritic	84080000 Antipruritic	P	8%-1%	EXTERNA	LOTN	ML	177	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348034312	SM ACID	RANITIDI	562812 Histamine	56281200 Histamine	P	75 MG	ORAL	TABS	EA	60	GENERIC	4/1/2020	49348			N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348035543	SM MICO	MICONAZ	840408 Antifungal	84040808 Azoles	P	200 & 2 M	VAGINAL	KIT	EA	1	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348035625	SM NASA	SALINE	529200 EENT Dru	52920000 EENT Dru	P	0.65%	NASAL	SOLN	ML	44	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348035684	SM NASA	SALINE	529200 EENT Dru	52920000 EENT Dru	P	0.65%	NASAL	SOLN	ML	88	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348035984	SM NASA	SALINE	529200 EENT Dru	52920000 EENT Dru	P	0.65%	NASAL	SOLN	ML	88	GENERIC	3/3/2022	49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348037104	SM IBUPF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	100 MG	ORAL	TABS	EA	24	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348037469	SM INFAN	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	50 MG/1.2	ORAL	SUSP	ML	15	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348037744	SM BAND	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	30	NON DRUG		49348			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348037844	SM BAND	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	30	NON DRUG		49348			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348037954	SM 3-DAY	CLOTRIM	840408 Antifungal	84040808 Azoles	P	2%	VAGINAL	CREA	GM	21	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348038109	SM GINK	GINKGO E	929200 UNKNOW	92920000 UNKNOW	P	60MG	ORAL	TABS	EA	50	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348038410	SM COD L	COD LIVE	882800 Multivitam	88280000 Multivitam	P	1250UNIT	ORAL	CAPS	EA	100	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348038510	SM VITAM	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	500 MG	ORAL	TABS	EA	100	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348038810	SM VITAM	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	500 MG	ORAL	CHEW	EA	100	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348038913	SM ALL D	CETIRIZIN	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	90	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348039010	SM VITAM	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	1000 MG	ORAL	TABS	EA	100	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348039110	SM SUPE	B COMPL	882800 Multivitam	88280000 Multivitam	P	300MG-30	ORAL	TABS	EA	100	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348039210	SM VITAM	CYANOC	880800 Vitamin B	88080000 Vitamin B	P	100MCG	ORAL	TABS	EA	100	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348039301	SM SINUS	PSEUDOE	280804 Nonsteroi	28080404 UNKNOW	P	120-220 M	ORAL	TB12	EA	10	GENERIC	1/3/2022	49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348039410	SM VITAM	PYRIDOX	880800 Vitamin B	88080000 Vitamin B	P	100MG	ORAL	TABS	EA	100	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348039529	SM EAR D	CARBAMI	520424 UNKNOW	52042400 UNKNOW	P	6.50%	OTIC	SOLN	ML	15	GENERIC		49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348039896	SM MEDI	CAMPHOI	929200 UNKNOW	92920000 UNKNOW	O	4.73-1.2-2	EXTERNA	OINT	GM	100	SSB		49348			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348040531	SM ADVA	ETHYL AL	840492 Local Anti-	84049200 Local Anti-	P	70%	EXTERNA	LIQD	ML	59	GENERIC	1/19/2024	49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348040537	SM ADVA	ETHYL AL	840492 Local Anti-	84049200 Local Anti-	P	70%	EXTERNA	LIQD	ML	236	GENERIC	1/19/2024	49348			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348040891	SM ELAS	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		49348			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348041393	SM ELAS	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		49348			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348041493	SM ELAS	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		49348			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348041700	SM OVUL	OVULATI	940000 Devices	94000000 Devices	O	0	IN VITRO	KIT	EA	1	SSB		49348			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348042584	SM SPOR	TROLAMI	280804 Nonsteroi	28080424 Salicylates	P	10%	EXTERNA	CREA	GM	90	GENERIC		49348 N			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI

49348042684	SM MUSC	MENTHOI	842404	Basic Loti	84240400	Basic Loti	P	10-15 %	EXTERNA	CREA	GM	85		GENERIC	11/21/2022	49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348042984	SM PAIN	LINIMENT	842404	Basic Loti	84240400	Basic Loti	O	0-0	EXTERNA	GEL	GM	90		SSB		49348	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348043030	SM PAIN	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	SUSP	ML	59		GENERIC	11/29/2023	49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348043437	SM LICE	PYRETHR	840412	Scabicides	84041200	Scabicides	P	0.33-4 %	EXTERNA	SHAM	ML	240		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348043639	SM SALIN	SOFT LEN	521200	Contact Le	52120000	Contact Le	P	0	DOES NO	SOLN	ML	355		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348043739	SM MULT	SOFT LEN	521200	Contact Le	52120000	Contact Le	P	0	DOES NO	SOLN	ML	355		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348044172	SM HYDR	HYDROC	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	CREA	GM	28.4		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348044334	SM LICE	PYRETHR	840412	Scabicides	84041200	Scabicides	P	0.33-4 %	EXTERNA	SHAM	ML	118		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348045237	SM TUSS	PSEUDOE	480800	Antitussive	48080000	Antitussive	P	30-10-100	ORAL	LIQD	ML	236		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348045637	SM COLD	BROMPHI	40400	First Gene	4040000	First Gene	P	1-15 MG/5	ORAL	ELIX	ML	236		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348045910	SM HYGI	WITCH H	842412	Basic Oint	84241200	Basic Oint	P	0-50%	EXTERNA	PADS	EA	100		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348045959	SM HYGI	WITCH H	842412	Basic Oint	84241200	Basic Oint	P	0-50%	EXTERNA	PADS	EA	40		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348046312	SM CALC	CALCIUM	882800	Multivitam	88280000	Multivitam	P	500MG-10	ORAL	CHEW	EA	60		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348046610	SM CHEW	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	CHEW	EA	100		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348046743	SM COMF	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	120MG-12	ORAL	TABS	EA	75		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348047312	SM ACID	RANITIDI	562812	Histamine	56281200	Histamine	P	75 MG	ORAL	TABS	EA	60		GENERIC	4/1/2020	49348		N	EXCLUDE	RECALL_DENY: [RECALLED F			OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348047344	SM ACID	RANITIDI	562812	Histamine	56281200	Histamine	P	75 MG	ORAL	TABS	EA	30		GENERIC	4/1/2020	49348		N	EXCLUDE	RECALL_DENY: [RECALLED F			OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348047737	SM ADVA	ETHYL AL	840492	Local Anti-	84049200	Local Anti-	P	70%	EXTERNA	LIQD	ML	236		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348047885	SM SUNS	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	P	0	EXTERNA	LOTN	ML	120		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348048134	SM DAYT	PHENYLE	480800	Antitussive	48080000	Antitussive	P	2.5-5 MG/	ORAL	SOLN	ML	118		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348048262	SM MOUT	MOUTHW	522800	Mouthwas	52280000	Mouthwas	P	.092%-.04	MOUTH/T	LIQD	ML	1000		GENERIC	8/4/2023	49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348048912	SM GAS F	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	180 MG	ORAL	CAPS	EA	60		GENERIC	12/13/2022	49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348049352	SM BABY	POWDER	842416	Basic Pow	84241600	Basic Pow	O	0	EXTERNA	POWD	GM	425		SSB		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348049807	SM ASPIF	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	CHEW	EA	36		GENERIC	11/21/2022	49348		N	#N/A	ORIG_FR	10	EHB	#N/A	X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
49348049934	SM CHILD	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	120		GENERIC	6/29/2022	49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348050034	SM CHILD	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	120		GENERIC	7/6/2022	49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348050449	SM MAGN	MAGNESI	561200	Cathartics	56120000	Cathartics	P	1.745 GM/	ORAL	SOLN	ML	296		GENERIC	8/23/2022	49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348050538	SM DRY S	EMOLLIE	842404	Basic Loti	84240400	Basic Loti	P	0-0-0-0-0	EXTERNA	LOTN	ML	480		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348050610	SM MIGR	ASPIRIN-	280804	Nonsteroi	28080424	Salicylates	P	250-250-6	ORAL	TABS	EA	100		GENERIC	6/30/2022	49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348050859	SM TIOC	TIOCONA	840408	Antifungal	84040808	Azoles	P	6.50%	VAGINAL	OINT	GM	4.6		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348050907	SM GAS F	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	80MG	ORAL	CHEW	EA	36		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348051159	SM STOM	BISMUTH	560800	Antidiarrhe	56080000	Antidiarrhe	P	262 MG	ORAL	TABS	EA	40		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348051210	SM FOAM	ALUMINU	560400	Antacids a	56040000	Antacids a	O	80-20 MG	ORAL	CHEW	EA	100		SSB		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348051339	SM GLUC	GLUCOSA	929200	UNKNOW	92920000	UNKNOW	P	750-600 M	ORAL	TABS	EA	80		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348051910	SM GENT	BISACOD	561200	Cathartics	56120000	Cathartics	P	5MG	ORAL	TBEC	EA	100		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348052172	SM HYDR	HYDROC	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	CREA	GM	28.4		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348052178	SM HYDR	HYDROC	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	CREA	GM	60		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348052272	SM HYDR	HYDROC	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	OINT	GM	28.4		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348052902	SM ANTI-I	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	P	2 MG	ORAL	TABS	EA	12		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348052904	SM ANTI-I	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	P	2 MG	ORAL	TABS	EA	24		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348052908	SM ANTI-I	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	P	2 MG	ORAL	TABS	EA	48		GENERIC	11/21/2022	49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348052934	SM ANTI-I	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	P	2 MG	ORAL	TABS	EA	96		GENERIC	11/21/2022	49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348053077	SM MICO	MICONAZ	840408	Antifungal	84040808	Azoles	P	2%	VAGINAL	CREA	GM	45		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348053644	SM BAND	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30		NON DRUG		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348053701	SM ADHE	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	10		NON DRUG		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348053844	SM BAND	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30		NON DRUG		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348054110	SM FIBER	METHYLC	561200	Cathartics	56120000	Cathartics	P	500 MG	ORAL	TABS	EA	100		GENERIC	9/16/2023	49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348054237	SM LORA	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	60		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348054301	SM LORA	LORATAD	40800	Second G	4080000	Second G	P	10MG-240	ORAL	TB24	EA	10		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348054357	SM LORA	LORATAD	40800	Second G	4080000	Second G	P	10-240 MC	ORAL	TB24	EA	15		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348054410	SM STOO	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	100		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348054601	SM BAND	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348054701	SM BAND	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348054860	SM BAND	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	45		NON DRUG		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348054912	SM OPTI-	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60N	ORAL	TABS	EA	60		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348055610	SM PREN	PRENATA	882800	Multivitam	88280000	Multivitam	O	28-0.8 MG	ORAL	TABS	EA	100		SSB		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348055908	SM MEDI	WITCH H	842412	Basic Oint	84241200	Basic Oint	P	50%	EXTERNA	PADS	EA	48		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348056404	SM ALLEI	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	TABS	EA	24		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348056553	SM GLUC	GLUCOSA	929200	UNKNOW	92920000	UNKNOW	P	1000MG	ORAL	TABS	EA	120		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348056610	SM FLAX	FLAXSEE	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	100		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348057041	SM PEDI	ORAL ELE	401200	Replacem	40120000	Replacem	P	35MEQ/L-	ORAL	SOLN	ML	1000		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348057141	SM PEDI	ORAL ELE	401200	Replacem	40120000	Replacem	P	35MEQ/L-	ORAL	SOLN	ML	1000		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348057208	SM NICO	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	GUM	EA	50		GENERIC		49348		N	#N/A	ORIG_FR	10	EHB	#N/A	X	IF AGE=1 LIMITED TO 24 PIEC	R	MEDPRMI
49348057236	SM NICO	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	GUM	EA	110		GENERIC		49348		N	#N/A	ORIG_FR	10	EHB	#N/A	X	IF AGE=1 LIMITED TO 24 PIEC	R	MEDPRMI
49348057308	SM NICO	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	GUM	EA	50		GENERIC		49348		N	#N/A	ORIG_FR	10	EHB	#N/A	X	IF AGE=1 LIMITED TO 24 PIEC	R	MEDPRMI
49348057336	SM NICO	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	GUM	EA	110		GENERIC		49348		N	#N/A	ORIG_FR	10	EHB	#N/A	X	IF AGE=1 LIMITED TO 24 PIEC	R	MEDPRMI
49348057627	SM ANTI-I	FRUCTOS	562292	Antiemetic	56229200	Antiemetic	P	1.87-1.87-	ORAL	SOLN	ML	120		GENERIC	1/31/2023	49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348057734	SM GAS F	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	40 MG/0.6	ORAL	SUSP	ML	30		GENERIC		49348	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348057927	SM SWIM	ISOPROP	529200	EENT Dru	52920000	EENT Dru	P	95%	OTIC	LIQD	ML	30		GENERIC		49348	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348058159	SM BAND	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	45		NON DRUG		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348058244	SM BAND	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30		NON DRUG		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348058312	SM BAND	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	60		NON DRUG		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348058501	SM BAND	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348058686	SM WATE	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	TAPE	EA	1		NON DRUG		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348058783	SM WATE	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	TAPE	EA	1		NON DRUG		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348058883	SM ROLL	GAUZE P	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348058983	SM ROLL	GAUZE P	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348059105	SM GAUZ	GAUZE P	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	25		NON DRUG		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348059205	SM GAUZ	GAUZE P	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	25		NON DRUG		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348059301	SM GAUZ	GAUZE P	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	10		NON DRUG		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348060072	SM TRIPL	NEOMYCI	840404	Antibacter	84040400	Antibacter	P	500UNIT/(	EXTERNA	OINT	GM	28.4		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348060247	SM ANTI-I	COAL TAI	843200	Keratoplas	84320000	Keratoplas	P	0.50%	EXTERNA	SHAM	ML	251		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348060338	SM ANTIC	SODIUM F	340400	UNKNOW	34040000	UNKNOW	P	0.05%	MOUTH/T	SOLN	ML	474		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348060544	SM COEN	COENZYM	929200	UNKNOW	92920000	UNKNOW	P	100 MG	ORAL	CAPS	EA	30		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348060712	SM IRON	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	160MG	ORAL	TBCR	EA	60		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348060810	SM DAILY	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60N	ORAL	TABS	EA	100		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348061036	SM CALD	PRAMOXI	840800	Antipruritic	84080000	Antipruritic	P	1%-.1%	EXTERNA	LOTN	ML	177		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348061109	SM HEAD	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	500-38 MC	ORAL	TABS	EA	50		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348061353	SM CORA	CORAL C.	401200	Replacem	40120000	Replacem	O	1000MG	ORAL	TABS	EA	120		SSB		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348061437	SM NUTR	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	37.5MG/2	ORAL	LIQD	ML	237		SSB		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348061537	SM NUTR	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	37.5MG/2	ORAL	LIQD	ML	237		SSB		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348062037	SM NUTR	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	37.5MG/2	ORAL	LIQD	ML	237		SSB		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348062137	SM NUTR	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	37.5MG/2	ORAL	LIQD	ML	237		SSB		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348062237	SM POVI	POVIDON	840416	UNKNOW	84041600	UNKNOW	P	10%	EXTERNA	SOLN	ML	237		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348062238	SM POVI	POVIDON	840416	UNKNOW	84041600	UNKNOW	P	10%	EXTERNA	SOLN	ML	473		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348063213	SM SMOC	CALCIUM	560400	Antacids a	56040000	Antacids a	P	750 MG	ORAL	CHEW	EA	90		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348063634	SM LORA	LORATAD	40800	Second G	4080000	Second G	P	5 MG/5ML	ORAL	SOLN	ML	120		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348063804	SM ALLEI	LORATAD	40800	Second G	4080000	Second G	P	10MG	ORAL	TBDP	EA	24		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348063904	SM IBUPI	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG	ORAL	CHEW	EA	24		GENERIC	11/21/2022	49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348064227	SM INFAN	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	50 MG/1.2	ORAL	SUSP	ML	30		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348064305	SM COUG	MENTHOI	521600	Local Ane	52160000	Local Ane	P	5 MG	MOUTH/T	LOZG	EA	25		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348064404	SM NATU	MENTHOI	521600	Local Ane	52160000	Local Ane	P	4.8MG	MOUTH/T	LOZG	EA	24		GENERIC		49348	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348064573	SM MICO	MICONAZ	840408	Antifungal	84040808	Azoles	P	200 & 2 M	VAGINAL	KIT	GM	24		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348064944	SM COUG	MENTHOI	521600	Local Ane	52160000	Local Ane	P	10 MG	MOUTH/T	LOZG	EA	30		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348065112	SM FISH	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	60		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348065800	SM BAND	GAUZE P	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348065983	SM TEND	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	TAPE	EA	1		NON DRUG		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348066001	SM ADHE	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	10		NON DRUG		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348066110	SM BAND	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348066362	SM ANTIS	MOUTHW	522800	Mouthwas	52280000	Mouthwas	P	.092%-.04	MOUTH/T	LIQD	ML	1000		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348066526	SM ESTR	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	P	20MG-20N	ORAL	TABS	EA	56		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348066610	SM ANIM	PEDIATRI	882800	Multivitam	88280000	Multivitam	P	18 MG	ORAL	CHEW	EA	100		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348066712	SM CRAN	CRANBEF	929200	UNKNOW	92920000	UNKNOW	P	500MG	ORAL	CAPS	EA	60		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348067012	SM NATU	FISH OIL-	929200	UNKNOW	92920000	UNKNOW	O	50MG-120	ORAL	CAPS	EA	60		SSB		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348067205	SM FRUIT	PECTIN (I	529200	EENT Dru	52920000	EENT Dru	P	7 MG	MOUTH/T	LOZG	EA	25		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348067544	SM COUG	MENTHOI	521600	Local Ane	52160000	Local Ane	P	7 MG	MOUTH/T	LOZG	EA	30		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348067644	SM COUG	MENTHOI	521600	Local Ane	52160000	Local Ane	P	8MG	MOUTH/T	LOZG	EA	30		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348067744	SM COUG	MENTHOI	521600	Local Ane	52160000	Local Ane	P	6.5MG	MOUTH/T	LOZG	EA	30		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348067844	SM COUG	MENTHOI	521600	Local Ane	52160000	Local Ane	P	3.1 MG	MOUTH/T	LOZG	EA	30		GENERIC		49348	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348067905	SM COUG	MENTHOI	521600	Local Ane	52160000	Local Ane	P	5.8 MG	MOUTH/T	LOZG	EA	25		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348068459	SM BAND	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	40		NON DRUG		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348068500	SM BAND	GAUZE P	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348068512	SM BAND	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	60		NON DRUG		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348068972	SM ANTIF	MICONAZ	840408	Antifungal	84040808	Azoles	P	2%	EXTERNA	CREA	GM	30		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348069069	SM ANTIE	NEOMYCI	840404	Antibacter	84040400	Antibacter	P	3.5MG/GN	EXTERNA	CREA	GM	14.2		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348069136	SM NICO	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	GUM	EA	110		GENERIC		49348		N	#N/A	ORIG_FR	10	EHB	#N/A	X	IF AGE=1 LIMITED TO 24 PIEC	R	MEDPRMI
49348069236	SM NICO	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	GUM	EA	110		GENERIC		49348		N	#N/A	ORIG_FR	10	EHB	#N/A	X	IF AGE=1 LIMITED TO 24 PIEC	R	MEDPRMI
49348069649	SM MAGN	MAGNESI	561200	Cathartics	56120000	Cathartics	P	1.745 GM/	ORAL	SOLN	ML	296		GENERIC	8/23/2022	49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348069729	SM EYE D	TETRAHY	523200	Vasocons	52320000	Vasocons	P	0.05-0.1-1	OPHTHAL	SOLN	ML	15		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348069929	SM ARTIF	ARTIFICIA	529200	EENT Dru	52920000	EENT Dru	P	.01%-0-.0	OPHTHAL	SOLN	ML	15		GENERIC		49348	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348070007	SM NASA	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	P	10 MG	ORAL	TABS	EA	36		GENERIC	7/1/2023	49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348070048	SM NASA	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	P	10 MG	ORAL	TABS	EA	18		GENERIC	7/29/2024	49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348070309	SM PAIN	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	50		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348070310	SM PAIN	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	100		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348070604	SM IBUPI	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	24		GENERIC		49348	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348070609	SM IBUPI	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	50		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348070610	SM IBUPI	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	100		GENERIC	1/30/2024	49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348070614	SM IBUPI	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	500		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348070616	SM IBUPI	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	1000		GENERIC	1/23/2024	49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348070700	SM PREG	PREGNAI	940000	Devices	94000000	Devices	O	0	IN VITRO	TEST	EA	1		SSB		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348070847	SM BAND	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20		NON DRUG		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348071130	SM IODID	IODINE (T	840416	UNKNOW	84041600	UNKNOW	O	0-0	EXTERNA	TINC	ML	59		SSB		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348071410	SM STOO	DOCUSA	561200	Cathartics	56120000	Cathartics	P	250 MG	ORAL	CAPS	EA	100		GENERIC	6/4/2024	49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348071508	SM COLD	CHLORPH	40400	First Gene	4040000	First Gene	P	4-10 MG	ORAL	TABS	EA	48		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348071804	SM PAIN	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	P	5-500 MG	ORAL	TABS	EA	24		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348072437	SM COUG	ACETAMI	480800	Antitussive	48080000	Antitussive	O	1000-30 M	ORAL	LIQD	ML	237		SSB		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348072537	SM COUG	DEXTROM	480800	Antitussive	48080000	Antitussive	P	30-12.5-1(	ORAL	LIQD	ML	237		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348072709	SM IBUPI	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	50		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348072710	SM IBUPI	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	100		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348072809	SM CHES	DEXTROM	480800	Antitussive	48080000	Antitussive	P	20-400 MC	ORAL	TABS	EA	50		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348072909	SM CHES	GUAIFEN	481600	Expectora	48160000	Expectora	P	400 MG	ORAL	TABS	EA	50		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348073009	SM PAIN	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	50		GENERIC	11/21/2022	49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348073010	SM PAIN	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	100		GENERIC	11/21/2022	49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348073401	SM GLUC	DEXTROS	682292	Antihypog	68229200	Antihypog	O	4 GM	ORAL	CHEW	EA	10		SSB		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348073409	SM GLUC	DEXTROS	682292	Antihypog	68229200	Antihypog	O	4 GM	ORAL	CHEW	EA	50		SSB		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348073734	SM TUSS	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-10-100 M	ORAL	LIQD	ML	118		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348073737	SM TUSS	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-10-100 M	ORAL	LIQD	ML	236		GENERIC	11/15/2022	49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348074027	SM GAS F	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	20 MG/0.3	ORAL	SUSP	ML	30		GENERIC	10/11/2023	49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348074512	SM OMEG	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1200 MG	ORAL	CAPS	EA	60		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348074612	SM GREE	GREEN T	929200	UNKNOW	92920000	UNKNOW	O	1000 MG	ORAL	TABS	EA	60		SSB		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348074713	SM GLUC	GLUCOSA	929200	UNKNOW	92920000	UNKNOW	O	500-333-2	ORAL	TABS	EA	90		SSB		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348074812	SM GLUC	GLUCOSA	929200	UNKNOW	92920000	UNKNOW	P	1500MG	ORAL	TABS	EA	60		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348074912	SM GLUC	GLUCOSA	929200	UNKNOW	92920000	UNKNOW	O	750MG-75	ORAL	TABS	EA	60		SSB		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348075337	SM DAY T	DEXTROM	480800	Antitussive	48080000	Antitussive	P	10-5-325 M	ORAL	LIQD	ML	237		GENERIC	8/1/2024	49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348075434	SM COUG	CHLORPH	480800	Antitussive	48080000	Antitussive	P	1-5 MG/5M	ORAL	LIQD	ML	118		GENERIC		49348	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348075623	SM ASPIF	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	300		GENERIC		49348		N	#N/A	ORIG_FR	10	EHB	#N/A	X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
49348075707	SM ASPIF	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	CHEW	EA	36		GENERIC		49348		N	#N/A	ORIG_FR	10	EHB	#N/A	X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
49348077044	SM HYPO	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30		NON DRUG		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348077409	SM CHES	PHENYLE	481600	Expectora	48160000	Expectora	P	400MG-10	ORAL	TABS	EA	50		GENERIC		49348	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348077534	SM COLD	PHENYLE	480800	Antitussive	48080000	Antitussive	P	2.5-1-5 MC	ORAL	LIQD	ML	118		GENERIC	11/25/2022	49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348078171	SM DAND	PYRITHIC	840492	Local Anti-	84049200	Local Anti-	P	1%	EXTERNA	SHAM	ML	420		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348078334	SM EYE V	OPHTHAL	529200	EENT Dru	52920000	EENT Dru	P	0.00%	OPHTHAL	SOLN	ML	120		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348078684	SM COLD	MENTHOI	842404	Basic Loti	84240400	Basic Loti	P	10%-30%	EXTERNA	CREA	GM	86		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348078710	SM NICO	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	GUM	EA	100		GENERIC		49348		N	#N/A	ORIG_FR	10	EHB	#N/A	X	IF AGE=1 LIMITED TO 24 PIEC	R	MEDPRMI
49348078810	SM NICO	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	GUM	EA	100		GENERIC		49348		N	#N/A	ORIG_FR	10	EHB	#N/A	X	IF AGE=1 LIMITED TO 24 PIEC	R	MEDPRMI
49348079069	SM ATHLI	TERBINAI	840408	Antifungal	84040804	Allylamine	P	1%	EXTERNA	CREA	GM	15		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348079072	SM ATHLI	TERBINAI	840408	Antifungal	84040804	Allylamine	P	1%	EXTERNA	CREA	GM	30		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348079376	SM CLOT	CLOTRIM	840408	Antifungal	84040808	Azoles	P	1%	VAGINAL	CREA	GM	45		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348079508	SM SINUS	CHLORPH	40400	First Gene	4040000	First Gene	P	4-60 MG	ORAL	TABS	EA	48		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348080004	SM COLD	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-2-10-325	ORAL	TABS	EA	24		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348080130	SM BENZ	BENZOIN	842416	Basic Pow	84241600	Basic Pow	O	0	EXTERNA	TINC	ML	59		SSB		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348080234	SM CALA	CALAMIN	841200	Astringent	84120000	Astringent	O	0-0	EXTERNA	LOTN	ML	177		SSB		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348080538	SM WITC	WITCH H	841200	Astringent	84120000	Astringent	P	0	EXTERNA	LIQD	ML	480		GENERIC		49348	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348081132	SM HEMC	PHENYLE	841200	Astringent	84120000	Astringent	P	0.25-50 %	EXTERNA	GEL	GM	51		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348081233	SM PREG	PREGNAI	940000	Devices	94000000	Devices	O	0	IN VITRO	TEST	EA	2		SSB		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348081401	SM STRO	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348081547	SM STRO	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20		NON DRUG		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348081602	SM NASA	NASAL DI	940000	Devices	94000000	Devices	O	0	DOES NO	STRP	EA	12		SSB		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348081705	SM ACID	FAMOTID	562812	Histamine	56281200	Histamine	P	20 MG	ORAL	TABS	EA	25	X	GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348081709	SM ACID	FAMOTID	562812	Histamine	56281200	Histamine	P	20 MG	ORAL	TABS	EA	50	X	GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348081801	SM LORA	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	10		GENERIC	9/13/2022	49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348081813	SM LORA	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC	6/6/2022	49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348081844	SM LORA	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348081845	SM LORA	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348081856	SM LORA	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	70		GENERIC	6/11/2022	49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348082110	SM VITAM	CYANOC	880800	Vitamin B	88080000	Vitamin B	P	500MCG	ORAL	TABS	EA	100		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348082519	SM FOLIC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	P	400 MCG	ORAL	TABS	EA	250		GENERIC		49348		N	#N/A	ORIG_FR	10	EHB	#N/A	X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
49348082610	SM CHRO	CHROMIU	401200	Replacem	40120000	Replacem	P	200 MCG	ORAL	TABS	EA	100		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348082769	SM ANTIF	CLOTRIM	840408	Antifungal	84040808	Azoles	P	1%	EXTERNA	CREA	GM	15		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348082834	SM MUCL	DEXTROM	480800	Antitussive	48080000	Antitussive	P	5-100 MG	ORAL	LIQD	ML	118		GENERIC	2/11/2023	49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348082909	SM IBUPI	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	50		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348083034	SM MUCL	GUAIFEN	481600	Expectora	48160000	Expectora	P	100 MG/5	ORAL	LIQD	ML	118		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348083361	SM MICO	MICONAZ	840408	Antifungal	84040808	Azoles	P	100 MG	VAGINAL	SUPP	EA	7		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348083492	SM MEDI	MENTHOI	842416	Basic Pow	84241600	Basic Pow	P	.15%-1%	EXTERNA	POWD	GM	283		GENERIC		49348	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348084080	ENTRUST	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	96		NON DRUG		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348084081	ENTRUST	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	96		NON DRUG		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348084646	SM OMEF	OMEPRA	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	TBEC	EA	14		GENERIC	6/29/2022	49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348084661	SM OMEF	OMEPRA	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	TBEC	EA	42		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348084678	SM OMEF	OMEPRA	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	TBEC	EA	28		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348084713	SM ALL D	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348084934	SM CHILD	LORATAD	40800	Second G	4080000	Second G	P	5 MG/5ML	ORAL	SOLN	ML	120		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348085104	SM ALL D	CETIRIZIN	40800	Second G	4080000	Second G	P	5-120 MG	ORAL	TB12	EA	24		GENERIC	11/21/2022	49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348085216	SM NICO	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	LOZG	EA	72		GENERIC		49348		N	#N/A	ORIG_FR	10	EHB	#N/A	X	IF AGE=1 LIMITED TO 20 LOZ	R	MEDPRMI
49348085316	SM NICO	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	LOZG	EA	72		GENERIC		49348		N	#N/A	ORIG_FR	10	EHB	#N/A	X	IF AGE=1 LIMITED TO 20 LOZ	R	MEDPRMI
49348085472	SM ANTI-I	DIPHENH	840800	Antipruritic	84080000	Antipruritic	P	2%-.1%	EXTERNA	CREA	GM	28.4		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348086134	SM TUSS	DEXTROM	480800	Antitussive	48080000	Antitussive	P	100-10 MC	ORAL	SYRP	ML	118		GENERIC	7/29/2024	49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348086137	SM TUSS	DEXTROM	480800	Antitussive	48080000	Antitussive	P	20-200 MC	ORAL	LIQD	ML	236		GENERIC	11/15/2022	49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348086348	SM GAS F	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	125 MG	ORAL	CHEW	EA	18		GENERIC	9/15/2023	49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348086414	SM ENEM	SODIUM F	561200	Cathartics	56120000	Cathartics	P	7GM/118M	RECTAL	ENEM	ML	133		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348086812	SM CALC	CALCIUM	882800	Multivitam	88280000	Multivitam	P	500-200-4	ORAL	CHEW	EA	60		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348086939	SM GLUC	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-0-1.5MG	ORAL	TABS	EA	80		SSB		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348087000	SM PREG	PREGNAI	940000	Devices	94000000	Devices	O	0	IN VITRO	TEST	EA	1		SSB		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348087277	SM MICO	MICONAZ	840408	Antifungal	84040808	Azoles	P	2%	VAGINAL	CREA	GM	45		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348087359	SM IBUPI	IBUPROF	282492	Anxiolytics	28249200	Anxiolytics	P	200-38 MC	ORAL	TABS	EA	40		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348087410	SM VITAM	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	1000UNIT	ORAL	TABS	EA	100		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348087634	SM CHILD	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	120		GENERIC	7/21/2022	49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348087817	SM EYE I	KETOTIFE	520200	Antiallergi	52020000	Antiallergi	P	0.04%	OPHTHAL	SOLN	ML	5		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348088020	SM MINEI	MINERAL	561200	Cathartics	56120000	Cathartics	P	100%	RECTAL	ENEM	ML	133		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348088384	SM ARTH	TROLAMI	280804	Nonsteroi	28080424	Salicylates	P	10%	EXTERNA	CREA	GM	85		GENERIC	10/15/2024	49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348089185	SM LUBR	LUBRICAI	849200	Skin and M	84920000	Skin and M	P	0-0-0-0	EXTERNA	GEL	GM	113		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348089350	SM CLEAI	POLYETH	561200	Cathartics	56120000	Cathartics	P	0-17GM/S	ORAL	POWD	GM	119		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348089429	SM REDN	NAPHAZC	523200	Vasocons	52320000	Vasocons	P	0.012-0.2	OPHTHAL	SOLN	ML	15		GENERIC	12/19/2022	49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348089512	SM OMEG	OMEGA 3	929200	UNKNOW	92920000	UNKNOW	O	0-0-80MG	ORAL	CAPS	EA	60		SSB		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348089610	SM ALCO	ALCOHOL	940000	Devices	94000000	Devices	O	70%	DOES NO	PADS	EA	100		NON DRUG		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348089739	SM ALCO	BENZOCA	840800	Antipruritic	84080000	Antipruritic	P	6-70 %	EXTERNA	PADS	EA	80		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348089810	SM MELA	MELATON	929200	UNKNOW	92920000	UNKNOW	P	3MG	ORAL	TABS	EA	100		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348089912	SM ACID	LACTOBA	560800	Antidiarrhe	56080000	Antidiarrhe	O	10 MG	ORAL	CAPS	EA	60		SSB		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348090044	SM LUTEI	LUTEIN	929200	UNKNOW	92920000	UNKNOW	P	20 MG	ORAL	CAPS	EA	30		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348090109	SM ECHIN	MISC NAT	929200	UNKNOW	92920000	UNKNOW	P	0-0-0-0-0	ORAL	CAPS	EA	50		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348090334	SM COUG	DEXTROM	480800	Antitussive	48080000	Antitussive	P	15 MG/5M	ORAL	SYRP	ML	118		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348090470	SM FLU R	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5-5-325	ORAL	LIQD	ML	245		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348090610	SM GLUC	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	10		SSB		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348091301	SM GLUC	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	10		SSB		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348091409	SM GLUC	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50		SSB		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348091501	SM GLUC	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	10		SSB		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348091609	SM GLUC	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50		SSB		49348		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348092109	SM ARTH	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	650 MG	ORAL	TBCR	EA	50		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348092110	SM ARTH	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	650 MG	ORAL	TBCR	EA	100		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348092238	SM STOM	BISMUTH	560800	Antidiarrhe	56080000	Antidiarrhe	P	262 MG/1	ORAL	SUSP	ML	473		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348092409	SM 8 HOU	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	650 MG	ORAL	TBCR	EA	50		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348092410	SM 8 HOU	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	650 MG	ORAL	TBCR	EA	100		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348092709	SM IBUPI	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	50		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348092710	SM IBUPI	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	100		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348092904	SM ALLEI	LORATAD	40800	Second G	4080000	Second G	P	10MG	ORAL	TBDP	EA	24		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348093001	SM LORA	LORATAD	40800	Second G	4080000	Second G	P	10MG	ORAL	TBDP	EA	10		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348093044	SM LORA	LORATAD	40800	Second G	4080000	Second G	P	10MG	ORAL	TBDP	EA	30		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348093434	SM ALL D	CETIRIZIN	40800	Second G	4080000	Second G	P	5 MG/5ML	ORAL	SOLN	ML	118		GENERIC	7/28/2023	49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348093714	SM ASPIF	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TBEC	EA	500		GENERIC	12/13/2022	49348		N	#N/A	ORIG_FR	10	EHB	#N/A	X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
49348093782	SM ASPIF	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TBEC	EA	125		GENERIC	12/13/2022	49348		N	#N/A	ORIG_FR	10	EHB	#N/A	X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
49348093810	SM SINUS	SODIUM (	529200	EENT Dru	52920000	EENT Dru	P	2300-700	NASAL	PACK	EA	100		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
49348093844	SM SINUS	SODIUM (	529200	EENT Dru	52920000	EENT Dru	P	2300-700	NASAL	KIT	EA	30		GENERIC		49348		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI

49781002630	ACID RED	RANITIDI	562812 Histamine	56281200 Histamine	P	75 MG	ORAL	TABS	EA	30	GENERIC	4/1/2020	49781	N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
49781002660	ACID RED	RANITIDI	562812 Histamine	56281200 Histamine	P	75 MG	ORAL	TABS	EA	60	GENERIC	4/1/2020	49781	N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
49781007924	ACID CO	RANITIDI	562812 Histamine	56281200 Histamine	P	150 MG	ORAL	TABS	EA	24 X	GENERIC	4/1/2020	49781	N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
49781014960	SENNA-S	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.6-50 MG	ORAL	TABS	EA	60	GENERIC	1/3/2022	49781	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
49833020170	IMAK CO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		49833	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
49833020171	IMAK CO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		49833	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
49833020172	IMAK CO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		49833	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
49833020173	IMAK CO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		49833	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
49833020174	IMAK CO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		49833	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
49836000420	P-CARE K	TRIAMCIN	680400 Adrenals	68040000 Adrenals	R	.5%-1%-4	INJECTIO	KIT	EA	1	SSB		49836	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
49836000519	P-CARE K	TRIAMCIN	680400 Adrenals	68040000 Adrenals	R	0-0-40MG	COMBINA	KIT	EA	1	SSB		49836	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND												R	MEDPRMI
49836000617	P-CARE K	TRIAMCIN	680400 Adrenals	68040000 Adrenals	R	40 MG/ML	INJECTIO	KIT	EA	1	SSB		49836	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
49836000721	P-CARE K	TRIAMCIN	680400 Adrenals	68040000 Adrenals	R	.5%-1%-4	INJECTIO	KIT	EA	1	SSB		49836	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
49836000818	P-CARE K	TRIAMCIN	680400 Adrenals	68040000 Adrenals	R	2 X 40 MG	INJECTIO	KIT	EA	1	SSB		49836	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
49836000920	P-CARE K	TRIAMCIN	680400 Adrenals	68040000 Adrenals	R	0-0-40MG	COMBINA	KIT	EA	1	SSB		49836	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND												R	MEDPRMI
49836001720	POD-CAR	BETAMET	680400 Adrenals	68040000 Adrenals	R	6 & 0.5 &	INJECTIO	KIT	EA	1	SSB		49836	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
49836001817	POD-CAR	BETAMET	680400 Adrenals	68040000 Adrenals	R	3MG/ML-3	INJECTIO	KIT	EA	1	SSB		49836 N	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
49836001919	POD-CAR	BETAMET	680400 Adrenals	68040000 Adrenals	R	3MG/ML-3	COMBINA	KIT	EA	1	SSB		49836	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND												R	MEDPRMI
49836002020	POD-CAR	TRIAMCIN	680400 Adrenals	68040000 Adrenals	R	.5%-1%-4	INJECTIO	KIT	EA	1	SSB		49836	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
49836002117	POD-CAR	TRIAMCIN	680400 Adrenals	68040000 Adrenals	R	40 MG/ML	INJECTIO	KIT	EA	1	SSB		49836	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
49836002219	POD-CAR	TRIAMCIN	680400 Adrenals	68040000 Adrenals	R	0-0-40MG	COMBINA	KIT	EA	1	SSB		49836	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND												R	MEDPRMI
49836002609	ANESTHE	PROPOF	280492 UNKNOW	28049200 UNKNOW	R	200 MG/2	INTRAVE	KIT	EA	1	SSB		49836	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
49836002709	ANESTHE	PROPOF	280492 UNKNOW	28049200 UNKNOW	R	200 MG/2	INTRAVE	KIT	EA	1	SSB		49836	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
49836002809	ANESTHE	PROPOF	280492 UNKNOW	28049200 UNKNOW	R	200 MG/2	INTRAVE	KIT	EA	1	SSB		49836	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
49836003011	THE LIQU	TRACE M	401200 Replacem	40120000 Replacem	R	10MCG/M	INTRAVE	KIT	ML	501	SSB		49836	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
49884000604	SODIUM	SODIUM	401000 Ammonia	40100000 Ammonia	S	3 GM/TSP	ORAL	POWD	GM	266 X	GENERIC		49884	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X										R	MEDPRMI
49884000702	ASPIRIN-	ASPIRIN-	361800 Cardiac F	36180000 Cardiac F	S	25-200 MG	ORAL	CP12	EA	60 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884000901	ISOSORB	ISOSORB	240808 beta-Adre	24080800 UNKNOW	S	30 MG	ORAL	TABS	EA	100 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884000910	ISOSORB	ISOSORB	240808 beta-Adre	24080800 UNKNOW	S	30 MG	ORAL	TABS	EA	1000 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884002001	ISOSORB	ISOSORB	240808 beta-Adre	24080800 UNKNOW	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884002010	ISOSORB	ISOSORB	240808 beta-Adre	24080800 UNKNOW	S	5 MG	ORAL	TABS	EA	1000 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884002101	ISOSORB	ISOSORB	240808 beta-Adre	24080800 UNKNOW	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884002110	ISOSORB	ISOSORB	240808 beta-Adre	24080800 UNKNOW	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884002201	ISOSORB	ISOSORB	240808 beta-Adre	24080800 UNKNOW	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884002210	ISOSORB	ISOSORB	240808 beta-Adre	24080800 UNKNOW	S	20 MG	ORAL	TABS	EA	1000 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884003201	TRANYLC	TRANYLC	281604 Antidepres	28160412 Monoamin	S	10 MG	ORAL	TABS	EA	100 X	GENERIC	11/30/2024	49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884003801	PHENOXY	PHENOXY	121604 UNKNOW	12160404 UNKNOW	S	10 MG	ORAL	CAPS	EA	100	GENERIC		49884	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X										R	MEDPRMI
49884004233	GLYCOPY	GLYCOPY	120808 Antimusca	12080800 Antimusca	S	1 MG/5ML	ORAL	SOLN	ML	473 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884004801	DEXMETH	DEXMETH	282032 UNKNOW	28203200 UNKNOW	S	5 MG	ORAL	CP24	EA	100 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS								R	MEDPRMI
49884004901	DEXMETH	DEXMETH	282032 UNKNOW	28203200 UNKNOW	S	10 MG	ORAL	CP24	EA	100 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS								R	MEDPRMI
49884005401	IMIPRAMI	IMIPRAMI	281604 Antidepres	28160428 Tricyclics	S	10 MG	ORAL	TABS	EA	100 X	GENERIC	1/31/2024	49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884005410	IMIPRAMI	IMIPRAMI	281604 Antidepres	28160428 Tricyclics	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC	1/31/2024	49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884005501	IMIPRAMI	IMIPRAMI	281604 Antidepres	28160428 Tricyclics	S	25 MG	ORAL	TABS	EA	100 X	GENERIC	8/30/2024	49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884005510	IMIPRAMI	IMIPRAMI	281604 Antidepres	28160428 Tricyclics	S	25 MG	ORAL	TABS	EA	1000 X	GENERIC	8/30/2024	49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884005601	IMIPRAMI	IMIPRAMI	281604 Antidepres	28160428 Tricyclics	S	50 MG	ORAL	TABS	EA	100 X	GENERIC	1/31/2024	49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884005610	IMIPRAMI	IMIPRAMI	281604 Antidepres	28160428 Tricyclics	S	50 MG	ORAL	TABS	EA	1000 X	GENERIC	10/31/2023	49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884005802	BOSENTA	BOSENTA	484800 Vasodilati	48481200 UNKNOW	S	62.5 MG	ORAL	TABS	EA	60 X	GENERIC	8/31/2023	49884	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X										R	MEDPRMI
49884005902	BOSENTA	BOSENTA	484800 Vasodilati	48481200 UNKNOW	S	125 MG	ORAL	TABS	EA	60 X	GENERIC	12/4/2023	49884	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X										R	MEDPRMI
49884006001	TRIENTIN	TRIENTIN	640000 Heavy Me	64000000 Heavy Me	S	250 MG	ORAL	CAPS	EA	100	GENERIC		49884	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X										R	MEDPRMI
49884006501	GLYCOPY	GLYCOPY	120808 Antimusca	12080800 Antimusca	S	1 MG	ORAL	TABS	EA	100	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884006601	GLYCOPY	GLYCOPY	120808 Antimusca	12080800 Antimusca	S	2 MG	ORAL	TABS	EA	100	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884011052	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	0.25 MG	ORAL	TBDP	EA	1	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884011074	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	0.25 MG	ORAL	TBDP	EA	100	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884011152	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	0.5 MG	ORAL	TBDP	EA	1	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884011174	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	0.5 MG	ORAL	TBDP	EA	100	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884011302	PROPAFE	PROPAFE	240404 Antiarrhyt	24040412 Class Ic A	S	225 MG	ORAL	CP12	EA	60 X	GENERIC	5/31/2024	49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884011305	PROPAFE	PROPAFE	240404 Antiarrhyt	24040412 Class Ic A	S	225 MG	ORAL	CP12	EA	500 X	GENERIC	1/31/2023	49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884011309	PROPAFE	PROPAFE	240404 Antiarrhyt	24040412 Class Ic A	S	225 MG	ORAL	CP12	EA	90 X	GENERIC	8/30/2024	49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884011701	AMILORID	AMILORID	243616 UNKNOW	24361600 UNKNOW	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884011710	AMILORID	AMILORID	243616 UNKNOW	24361600 UNKNOW	S	5 MG	ORAL	TABS	EA	1000 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884011952	EVEROLI	EVEROLI	100000 Antineopla	10000000 Antineopla	S	2.5 MG	ORAL	TABS	EA	1	GENERIC		49884	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X										R	MEDPRMI
49884011991	EVEROLI	EVEROLI	100000 Antineopla	10000000 Antineopla	S	2.5 MG	ORAL	TABS	EA	28	GENERIC		49884	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X										R	MEDPRMI
49884012201	LABETAL	LABETAL	242000 Alpha-Adr	24200000 Alpha-Adr	S	100 MG	ORAL	TABS	EA	100 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884012205	LABETAL	LABETAL	242000 Alpha-Adr	24200000 Alpha-Adr	S	100 MG	ORAL	TABS	EA	500 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884012301	LABETAL	LABETAL	242000 Alpha-Adr	24200000 Alpha-Adr	S	200 MG	ORAL	TABS	EA	100 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884012305	LABETAL	LABETAL	242000 Alpha-Adr	24200000 Alpha-Adr	S	200 MG	ORAL	TABS	EA	500 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884012401	LABETAL	LABETAL	242000 Alpha-Adr	24200000 Alpha-Adr	S	300 MG	ORAL	TABS	EA	100 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884012405	LABETAL	LABETAL	242000 Alpha-Adr	24200000 Alpha-Adr	S	300 MG	ORAL	TABS	EA	500 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884012552	EVEROLI	EVEROLI	100000 Antineopla	10000000 Antineopla	S	5 MG	ORAL	TABS	EA	1	GENERIC		49884	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X										R	MEDPRMI
49884012591	EVEROLI	EVEROLI	100000 Antineopla	10000000 Antineopla	S	5 MG	ORAL	TABS	EA	28	GENERIC		49884	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X										R	MEDPRMI
49884012752	EVEROLI	EVEROLI	100000 Antineopla	10000000 Antineopla	S	7.5 MG	ORAL	TABS	EA	1	GENERIC		49884	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X										R	MEDPRMI
49884012791	EVEROLI	EVEROLI	100000 Antineopla	10000000 Antineopla	S	7.5 MG	ORAL	TABS	EA	28	GENERIC		49884	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X										R	MEDPRMI
49884012852	EVEROLI	EVEROLI	100000 Antineopla	10000000 Antineopla	S	10 MG	ORAL	TABS	EA	1	GENERIC		49884	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X										R	MEDPRMI
49884012891	EVEROLI	EVEROLI	100000 Antineopla	10000000 Antineopla	S	10 MG	ORAL	TABS	EA	28	GENERIC		49884	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X										R	MEDPRMI
49884014601	PENICILL	PENICILL	640000 Heavy Me	64000000 Heavy Me	S	250 MG	ORAL	CAPS	EA	100	GENERIC		49884	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X										R	MEDPRMI
49884014711	DEXLANS	DEXLANS	562836 Proton-pu	56283600 Proton-pu	S	30 MG	ORAL	CPDR	EA	30 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS		X	Must mee	5 DS Cvs	TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZ			R	MEDPRMI
49884014809	DEXLANS	DEXLANS	562836 Proton-pu	56283600 Proton-pu	S	60 MG	ORAL	CPDR	EA	90 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS		X	Must mee	5 DS Cvs	TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZ			R	MEDPRMI
49884014811	DEXLANS	DEXLANS	562836 Proton-pu	56283600 Proton-pu	S	60 MG	ORAL	CPDR	EA	30 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS		X	Must mee	5 DS Cvs	TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZ			R	MEDPRMI
49884015124	BISMUTH	BISMUTH	562892 UNKNOW	56289200 UNKNOW	S	140-125-1	ORAL	CAPS	EA	3	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884015154	BISMUTH	BISMUTH	562892 UNKNOW	56289200 UNKNOW	S	140-125-1	ORAL	CAPS	EA	120	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884015576	VARENIC	VARENIC	120200 UNKNOW	12020000 UNKNOW	S	0.5 MG	ORAL	TABS	EA	56	GENERIC		49884	N	#N/A	ORIG_FR	10 EHB	#N/A			X	2 IN 1 DAYS						X	IF AGE=18-999 YEARS AND D	R	MEDPRMI
49884015676	VARENIC	VARENIC	120200 UNKNOW	12020000 UNKNOW	S	1 MG	ORAL	TABS	EA	56	GENERIC		49884	N	#N/A	ORIG_FR	10 EHB	#N/A			X	2 IN 1 DAYS						X	IF AGE=18-999 YEARS AND D	R	MEDPRMI
49884015802	EVEROLI	EVEROLI	900000 UNKNOW	90000000 UNKNOW	S	0.25 MG	ORAL	TABS	EA	60 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884015852	EVEROLI	EVEROLI	900000 UNKNOW	90000000 UNKNOW	S	0.25 MG	ORAL	TABS	EA	1 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884015902	EVEROLI	EVEROLI	900000 UNKNOW	90000000 UNKNOW	S	0.5 MG	ORAL	TABS	EA	60 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884015952	EVEROLI	EVEROLI	900000 UNKNOW	90000000 UNKNOW	S	0.5 MG	ORAL	TABS	EA	1 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884016002	EVEROLI	EVEROLI	900000 UNKNOW	90000000 UNKNOW	S	0.75 MG	ORAL	TABS	EA	60 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884016111	CALCITOI	CALCITOI	682404 UNKNOW	68240400 UNKNOW	S	200 UNIT/	NASAL	SOLN	ML	3.7 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884017004	SODIUM	SODIUM	401000 Ammonia	40100000 Ammonia	S	500 MG	ORAL	TABS	EA	250 X	GENERIC		49884	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X										R	MEDPRMI
49884017101	COLCHIC	COLCHIC	921600 UNKNOW	92160000 UNKNOW	S	0.6 MG	ORAL	TABS	EA	100	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS								R	MEDPRMI
49884017111	COLCHIC	COLCHIC	921600 UNKNOW	92160000 UNKNOW	S	0.6 MG	ORAL	TABS	EA	30	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS								R	MEDPRMI
49884018601	DOXYLAM	DOXYLAM	562208 Antihistam	56220800 Antihistam	S	10-10 MG	ORAL	TBEC	EA	100	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS								R	MEDPRMI
49884021002	PROPAFE	PROPAFE	240404 Antiarrhyt	24040412 Class Ic A	S	325 MG	ORAL	CP12	EA	60 X	GENERIC	4/30/2024	49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884021005	PROPAFE	PROPAFE	240404 Antiarrhyt	24040412 Class Ic A	S	325 MG	ORAL	CP12	EA	500 X	GENERIC	2/28/2023	49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884021009	PROPAFE	PROPAFE	240404 Antiarrhyt	24040412 Class Ic A	S	325 MG	ORAL	CP12	EA	90 X	GENERIC	4/30/2024	49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884021102	PROPAFE	PROPAFE	240404 Antiarrhyt	24040412 Class Ic A	S	425 MG	ORAL	CP12	EA	60 X	GENERIC	8/31/2023	49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884021105	PROPAFE	PROPAFE	240404 Antiarrhyt	24040412 Class Ic A	S	425 MG	ORAL	CP12	EA	500 X	GENERIC	8/31/2023	49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884021252	RISPERID	RISPERID	281608 Antipsych	28160804 Atypical A	R	0.25 MG	ORAL	TBDP	EA	1 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884021255	RISPERID	RISPERID	281608 Antipsych	28160804 Atypical A	R	0.25 MG	ORAL	TBDP	EA	30 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884021352	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	1 MG	ORAL	TBDP	EA	1	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884021374	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	1 MG	ORAL	TBDP	EA	100	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884021452	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	2 MG	ORAL	TBDP	EA	1	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884021474	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	2 MG	ORAL	TBDP	EA	100	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884021701	DOXEPIN	DOXEPIN	281604 Antidepres	28160428 Tricyclics	S	10 MG	ORAL	CAPS	EA	100 X	GENERIC	7/31/2023	49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884021801	DOXEPIN	DOXEPIN	281604 Antidepres	28160428 Tricyclics	S	25 MG	ORAL	CAPS	EA	100 X	GENERIC	7/31/2023	49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884021901	DOXEPIN	DOXEPIN	281604 Antidepres	28160428 Tricyclics	S	50 MG	ORAL	CAPS	EA	100 X	GENERIC	7/31/2023	49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884022001	DOXEPIN	DOXEPIN	281604 Antidepres	28160428 Tricyclics	S	75 MG	ORAL	CAPS	EA	100 X	GENERIC	10/12/2022	49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884022101	DOXEPIN	DOXEPIN	281604 Antidepres	28160428 Tricyclics	S	100 MG	ORAL	CAPS	EA	100 X	GENERIC	8/31/2023	49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884022201	DOXEPIN	DOXEPIN	281604 Antidepres	28160428 Tricyclics	S	150 MG	ORAL	CAPS	EA	100 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884022203	DOXEPIN	DOXEPIN	281604 Antidepres	28160428 Tricyclics	S	150 MG	ORAL	CAPS	EA	50 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884022205	DOXEPIN	DOXEPIN	281604 Antidepres	28160428 Tricyclics	S	150 MG	ORAL	CAPS	EA	500 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884023069	MEGESTI	MEGESTI	683200 Progestins	68320000 Progestins	S	625 MG/5	ORAL	SUSP	ML	150 X	GENERIC	5/31/2023	49884	N	FORMULARY		1 GEN	GENERICS						X	Must mee	5 DS Meg	TRIAL OF MEGESTROL ACETATE 40MG/ML SUSPENSION IN THE PAST 120 DA			R	MEDPRMI
49884023183	PRAZIQU	PRAZIQU	80800 Anthelmin	8080000 Anthelmin	S	600 MG	ORAL	TABS	EA	6	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884023911	ITRACON	ITRACON	81408 Azoles	8140800 Azoles	S	100 MG	ORAL	CAPS	EA	30	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884024801	DEXMETH	DEXMETH	282032 UNKNOW	28203200 UNKNOW	S	20 MG	ORAL	CP24	EA	100 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS								R	MEDPRMI
49884025011	OLANZAF	OLANZAF	281604 Antidepres	28160420 Selective-	S	6-25 MG	ORAL	CAPS	EA	30 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS								R	MEDPRMI
49884025111	OLANZAF	OLANZAF	281604 Antidepres	28160420 Selective-	S	6-50 MG	ORAL	CAPS	EA	30 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS								R	MEDPRMI
49884025211	OLANZAF	OLANZAF	281604 Antidepres	28160420 Selective-	S	12-25 MG	ORAL	CAPS	EA	30 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS								R	MEDPRMI
49884025311	OLANZAF	OLANZAF	281604 Antidepres	28160420 Selective-	S	12-50 MG	ORAL	CAPS	EA	30 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS								R	MEDPRMI
49884025601	MINOXIDI	MINOXIDI	240816 Central Al	24081600 Central Al	S	2.5 MG	ORAL	TABS	EA	100 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884025701	MINOXIDI	MINOXIDI	240816 Central Al	24081600 Central Al	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884025705	MINOXIDI	MINOXIDI	240816 Central Al	24081600 Central Al	S	10 MG	ORAL	TABS	EA	500 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884026811	OMEPRA	OMEPRA	562836 Proton-pu	56283600 Proton-pu	S	20-1680 M	ORAL	PACK	EA	30 X	GENERIC	1/2/2024	49884	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]							R	MEDPRMI
49884026852	OMEPRA	OMEPRA	562836 Proton-pu	56283600 Proton-pu	S	20-1680 M	ORAL	PACK	EA	1 X	GENERIC	1/2/2024	49884	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]							R	MEDPRMI
49884026911	OMEPRA	OMEPRA	562836 Proton-pu	56283600 Proton-pu	S	40-1680 M	ORAL	PACK	EA	30 X	GENERIC	11/30/2024	49884	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]							R	MEDPRMI
49884026952	OMEPRA	OMEPRA	562836 Proton-pu	56283600 Proton-pu	S	40-1680 M	ORAL	PACK	EA	1 X	GENERIC	11/30/2024	49884	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]							R	MEDPRMI
49884027082	NASCOBA	CYANOC	880800 Vitamin B	88080000 Vitamin B	S	500 MCG/	NASAL	SOLN	EA	1 X	MSB		49884	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]							R	MEDPRMI
49884027601	ETHACRY	ETHACRY	243608 UNKNOW	24360800 UNKNOW	S	25 MG	ORAL	TABS	EA	100 X	GENERIC	4/30/2022	49884	N	FORMULARY		1 GEN	GENERICS	X	PA:X										R	MEDPRMI
49884027711	OLANZAF	OLANZAF	281604 Antidepres	28160420 Selective-	S	3-25 MG	ORAL	CAPS	EA	30 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS								R	MEDPRMI
49884028302	EVEROLI	EVEROLI	900000 UNKNOW	90000000 UNKNOW	S	1 MG	ORAL	TABS	EA	60 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884028352	EVEROLI	EVEROLI	900000 UNKNOW	90000000 UNKNOW	S	1 MG	ORAL	TABS	EA	1 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884028901	MEGESTI	MEGESTI	683200 Progestins	68320000 Progestins	S	20 MG	ORAL	TABS	EA	100	GENERIC	8/30/2024	49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884029001	MEGESTI	MEGESTI	683200 Progestins	68320000 Progestins	S	40 MG	ORAL	TABS	EA	100	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884029004	MEGESTI	MEGESTI	683200 Progestins	68320000 Progestins	S	40 MG	ORAL	TABS	EA	250	GENERIC	9/30/2023	49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884029005	MEGESTI	MEGESTI	683200 Progestins	68320000 Progestins	S	40 MG	ORAL	TABS	EA	500	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884030101	OXANDRO	OXANDRO	680800 Androgens	68080000 Androgens	R	2.5 MG	ORAL	TABS	EA	100	GENERIC	6/28/2023	49884	N	FORMULARY		1 GEN	GENERICS	X	PA:X										R	MEDPRMI
49884030202	OXANDRO	OXANDRO	680800 Androgens	68080000 Androgens	R	10 MG	ORAL	TABS	EA	60	GENERIC	6/28/2023	49884	N	FORMULARY		1 GEN	GENERICS	X	PA:X										R	MEDPRMI
49884030502	DOXYCY	DOXYCY	81224 Tetracyclin	8122400 Tetracyclin	S	150 MG	ORAL	CAPS	EA	60	GENERIC	2/28/2024	49884	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS								R	MEDPRMI
49884030602	CLONAZE	CLONAZE	281208 Anticonvul	28120800 Anticonvul	S	0.125 MG	ORAL	TBDP	EA	60	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884030652	CLONAZE	CLONAZE	281208 Anticonvul	28120800 Anticonvul	S	0.125 MG	ORAL	TBDP	EA	1	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884030702	CLONAZE	CLONAZE	281208 Anticonvul	28120800 Anticonvul	S	0.25 MG	ORAL	TBDP	EA	60	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884030752	CLONAZE	CLONAZE	281208 Anticonvul	28120800 Anticonvul	S	0.25 MG	ORAL	TBDP	EA	1	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884030802	CLONAZE	CLONAZE	281208 Anticonvul	28120800 Anticonvul	S	0.5 MG	ORAL	TBDP	EA	60	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884030852	CLONAZE	CLONAZE	281208 Anticonvul	28120800 Anticonvul	S	0.5 MG	ORAL	TBDP	EA	1	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884030902	CLONAZE	CLONAZE	281208 Anticonvul	28120800 Anticonvul	S	1 MG	ORAL	TBDP	EA	60	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884030952	CLONAZE	CLONAZE	281208 Anticonvul	28120800 Anticonvul	S	1 MG	ORAL	TBDP	EA	1	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884031002	CLONAZE	CLONAZE	281208 Anticonvul	28120800 Anticonvul	S	2 MG	ORAL	TBDP	EA	60	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884031052	CLONAZE	CLONAZE	281208 Anticonvul	28120800 Anticonvul	S	2 MG	ORAL	TBDP	EA	1	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884031152	RISPERID	RISPERID	281608 Antipsych	28160804 Atypical A	S	0.5 MG	ORAL	TBDP	EA	1 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884031155	RISPERID	RISPERID	281608 Antipsych	28160804 Atypical A	S	0.5 MG	ORAL	TBDP	EA	30 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884031191	RISPERID	RISPERID	281608 Antipsych	28160804 Atypical A	S	0.5 MG	ORAL	TBDP	EA	28 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884031552	RISPERID	RISPERID	281608 Antipsych	28160804 Atypical A	S	1 MG	ORAL	TBDP	EA	1 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884031555	RISPERID	RISPERID	281608 Antipsych	28160804 Atypical A	S	1 MG	ORAL	TBDP	EA	30 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884031591	RISPERID	RISPERID	281608 Antipsych	28160804 Atypical A	S	1 MG	ORAL	TBDP	EA	28 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884032052	OLANZAF	OLANZAF	281608 Antipsych	28160804 Atypical A	S	5 MG	ORAL	TBDP	EA	1 X	GENERIC	7/31/2023	49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884032055	OLANZAF	OLANZAF	281608 Antipsych	28160804 Atypical A	S	5 MG	ORAL	TBDP	EA	30 X	GENERIC	7/31/2023	49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884032152	OLANZAF	OLANZAF	281608 Antipsych	28160804 Atypical A	S	10 MG	ORAL	TBDP	EA	1 X	GENERIC	7/31/2024	49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884032155	OLANZAF	OLANZAF	281608 Antipsych	28160804 Atypical A	S	10 MG	ORAL	TBDP	EA	30 X	GENERIC	7/31/2024	49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884032252	OLANZAF	OLANZAF	281608 Antipsych	28160804 Atypical A	S	15 MG	ORAL	TBDP	EA	1 X	GENERIC	9/30/2024	49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884032255	OLANZAF	OLANZAF	281608 Antipsych	28160804 Atypical A	S	15 MG	ORAL	TBDP	EA	30 X	GENERIC	9/30/2024	49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884032352	OLANZAF	OLANZAF	281608 Antipsych	28160804 Atypical A	S	20 MG	ORAL	TBDP	EA	1 X	GENERIC	9/30/2024	49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884032355	OLANZAF	OLANZAF	281608 Antipsych	28160804 Atypical A	S	20 MG	ORAL	TBDP	EA	30 X	GENERIC	9/30/2024	49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884033301	DEXMETH	DEXMETH	282032 UNKNOW	28203200 UNKNOW	S	25 MG	ORAL	CP24	EA	100 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS								R	MEDPRMI
49884033501	FLUOXET	FLUOXET	281604 Antidepres	28160420 Selective-	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884033511	FLUOXET	FLUOXET	281604 Antidepres	28160420 Selective-	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884033601	FLUOXET	FLUOXET	281604 Antidepres	28160420 Selective-	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884033611	FLUOXET	FLUOXET	281604 Antidepres	28160420 Selective-	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884033901	DEXMETH	DEXMETH	282032 UNKNOW	28203200 UNKNOW	S	35 MG	ORAL	CP24	EA	100 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS								R	MEDPRMI
49884034701	PIMOZIDE	PIMOZIDE	281608 Antipsych	28160830 UNKNOW	R	1 MG	ORAL	TABS	EA	100 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884034801	PIMOZIDE	PIMOZIDE	281608 Antipsych	28160830 UNKNOW	R	2 MG	ORAL	TABS	EA	100 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884035311	AMBRISE	AMBRISE	484800 Vasodilati	48481200 UNKNOW	S	5 MG	ORAL	TABS	EA	30 X	GENERIC	1/31/2023	49884	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X										R	MEDPRMI
49884035362	AMBRISE	AMBRISE	484800 Vasodilati	48481200 UNKNOW	S	5 MG	ORAL	TABS	EA	10 X	GENERIC	1/31/2023	49884	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X										R	MEDPRMI
49884035411	AMBRISE	AMBRISE	484800 Vasodilati	48481200 UNKNOW	S	10 MG	ORAL	TABS	EA	30 X	GENERIC	12/31/2022	49884	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X										R	MEDPRMI
49884035462	AMBRISE	AMBRISE	484800 Vasodilati	48481200 UNKNOW	S	10 MG	ORAL	TABS	EA	10 X	GENERIC	12/31/2022	49884	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X										R	MEDPRMI
49884035803	VIGABATI	VIGABATI	281228 UNKNOW	28122800 UNKNOW	S	500 MG	ORAL	PACK	EA	50 X	GENERIC		49884	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X										R	MEDPRMI
49884035852	VIGABATI	VIGABATI	281228 UNKNOW	28122800 UNKNOW	S	500 MG	ORAL	PACK	EA	1 X	GENERIC		49884	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X										R	MEDPRMI
49884036201	DANTROL	DANTROL	122008 UNKNOW	12200800 UNKNOW	S	25 MG	ORAL	CAPS	EA	100	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS								R	MEDPRMI
49884036301	DANTROL	DANTROL	122008 UNKNOW	12200800 UNKNOW	S	50 MG	ORAL	CAPS	EA	100	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS								R	MEDPRMI
49884036401	DANTROL	DANTROL	122008 UNKNOW	12200800 UNKNOW	S	100 MG	ORAL	CAPS	EA	100	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS								R	MEDPRMI
49884036609	IBUPROF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	S	800-26.6 M	ORAL	TABS	EA	90 X	GENERIC		49884	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]							R	MEDPRMI
49884040152	RISPERID	RISPERID	281608 Antipsych	28160804 Atypical A	S	2 MG	ORAL	TBDP	EA	1 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884040191	RISPERID	RISPERID	281608 Antipsych	28160804 Atypical A	S	2 MG	ORAL	TBDP	EA	28 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884040252	RISPERID	RISPERID	281608 Antipsych	28160804 Atypical A	S	3 MG	ORAL	TBDP	EA	1 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884040291	RISPERID	RISPERID	281608 Antipsych	28160804 Atypical A	S	3 MG	ORAL	TBDP	EA	28 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884040352	RISPERID	RISPERID	281608 Antipsych	28160804 Atypical A	S	4 MG	ORAL	TBDP	EA	1 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884040391	RISPERID	RISPERID	281608 Antipsych	28160804 Atypical A	S	4 MG	ORAL	TBDP	EA	28 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884041201	URSODIO	URSODIO	561400 Cholelitho	56140000 Cholelitho	S	250 MG	ORAL	TABS	EA	100 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884041301	URSODIO	URSODIO	561400 Cholelitho	56140000 Cholelitho	S	500 MG	ORAL	TABS	EA	100 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884041848	TESTOST	TESTOST	680800 Androgens	68080000 Androgens	S	25 MG/2.5	TRANSDE	GEL	GM	2.5 X	GENERIC	12/4/2024	49884	N	FORMULARY		1 GEN	GENERICS	X	PA:X										R	MEDPRMI
49884041872	TESTOST	TESTOST	680800 Androgens	68080000 Androgens	S	25 MG/2.5	TRANSDE	GEL	GM	2.5 X	GENERIC	12/4/2024	49884	N	FORMULARY		1 GEN	GENERICS	X	PA:X										R	MEDPRMI
49884042411	ALISKIRE	ALISKIRE	243240 UNKNOW	24324000 UNKNOW	S	150 MG	ORAL	TABS	EA	30 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884042511	ALISKIRE	ALISKIRE	243240 UNKNOW	24324000 UNKNOW	S	300 MG	ORAL	TABS	EA	30 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884042801	DEXMETH	DEXMETH	282032 UNKNOW	28203200 UNKNOW	S	15 MG	ORAL	CP24	EA	100 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS								R	MEDPRMI
49884043001	DEXMETH	DEXMETH	282032 UNKNOW	28203200 UNKNOW	S	30 MG	ORAL	CP24	EA	100 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS								R	MEDPRMI
49884046564	CHOLEST	CHOLEST	240604 Bile Acid	24060400 Bile Acid	S	4 GM	ORAL	PACK	EA	1 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884046565	CHOLEST	CHOLEST	240604 Bile Acid	24060400 Bile Acid	S	4 GM	ORAL	PACK	EA	60 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884046566	CHOLEST	CHOLEST	240604 Bile Acid	24060400 Bile Acid	S	4 GM/DOS	ORAL	POWD	GM	378 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884046663	CHOLEST	CHOLEST	240604 Bile Acid	24060400 Bile Acid	S	4 GM	ORAL	PACK	EA	1 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884046665	CHOLEST	CHOLEST	240604 Bile Acid	24060400 Bile Acid	S	4 GM	ORAL	PACK	EA	60 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884046667	CHOLEST	CHOLEST	240604 Bile Acid	24060400 Bile Acid	S	4 GM/DOS	ORAL	POWD	GM	210 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884046811	FLUOXET	FLUOXET	281604 Antidepres	28160420 Selective-	S	60 MG	ORAL	TABS	EA	30 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884048411	LAMOTRI	LAMOTRI	281292 Anticonvul	28129200 Anticonvul	S	25 MG	ORAL	TBDP	EA	30 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS			X	6 IN 1 DAYS								R	MEDPRMI
49884048511	LAMOTRI	LAMOTRI	281292 Anticonvul	28129200 Anticonvul	S	50 MG	ORAL	TBDP	EA	30 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS			X	6 IN 1 DAYS								R	MEDPRMI
49884048611	LAMOTRI	LAMOTRI	281292 Anticonvul	28129200 Anticonvul	S	100 MG	ORAL	TBDP	EA	30 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS								R	MEDPRMI
49884048711	LAMOTRI	LAMOTRI	281292 Anticonvul	28129200 Anticonvul	S	200 MG	ORAL	TBDP	EA	30 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS								R	MEDPRMI
49884048754	LAMOTRI	LAMOTRI	281292 Anticonvul	28129200 Anticonvul	S	200 MG	ORAL	TBDP	EA	1 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS								R	MEDPRMI
49884051063	TESTOST	TESTOST	680800 Androgens	68080000 Androgens	S	50 MG/5G	TRANSDE	GEL	GM	5 X	GENERIC	12/4/2024	49884	N	FORMULARY		1 GEN	GENERICS	X	PA:X										R	MEDPRMI
49884051072	TESTOST	TESTOST	680800 Androgens	68080000 Androgens	S	50 MG/5G	TRANSDE	GEL	GM	5 X	GENERIC	12/4/2024	49884	N	FORMULARY		1 GEN	GENERICS	X	PA:X										R	MEDPRMI
49884051101	MINOCYC	MINOCYC	81224 Tetracyclin	8122400 Tetracyclin	S	50 MG	ORAL	TABS	EA	100	GENERIC	2/29/2024	49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884051201	MINOCYC	MINOCYC	81224 Tetracyclin	8122400 Tetracyclin	S	75 MG	ORAL	TABS	EA	100	GENERIC	1/31/2023	49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884051303	MINOCYC	MINOCYC	81224 Tetracyclin	8122400 Tetracyclin	S	100 MG	ORAL	TABS	EA	50	GENERIC	12/31/2023	49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884054601	DEXMETH	DEXMETH	282032 UNKNOW	28203200 UNKNOW	S	40 MG	ORAL	CP24	EA	100 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS								R	MEDPRMI
49884054902	ZAFIRLU	ZAFIRLU	481024 Leukotrien	48102400 Leukotrien	S	10 MG	ORAL	TABS	EA	60 X	GENERIC	4/30/2024	49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884055402	ZAFIRLU	ZAFIRLU	481024 Leukotrien	48102400 Leukotrien	S	20 MG	ORAL	TABS	EA	60 X	GENERIC	4/30/2023	49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884055601	ISOSORB	ISOSORB	240808 beta-Adre	24080800 UNKNOW	S	40 MG	ORAL	TABS	EA	100 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
49884056111	LAMOTRI	LAMOTRI	281292 Anticonvul	28129200 Anticonvul	S	25 MG	ORAL	TB24	EA	30 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS			X	6 IN 1 DAYS								R	MEDPRMI
49884056211	LAMOTRI	LAMOTRI	281292 Anticonvul	28129200 Anticonvul	S	50 MG	ORAL	TB24	EA	30 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS			X	6 IN 1 DAYS								R	MEDPRMI
49884056311	LAMOTRI	LAMOTRI	281292 Anticonvul	28129200 Anticonvul	S	100 MG	ORAL	TB24	EA	30 X	GENERIC		49884	N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS								R	MEDPRMI

49884056411	LAMOTRI	LAMOTRI	281292 Anticonvul	28129200 Anticonvul	S	200 MG	ORAL	TB24	EA	30	X	GENERIC		49884			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS				R	MEDPRMI
49884058902	ACCOLAT	ZAFIRLUK	481024 Leukotrien	48102400 Leukotrien	S	10 MG	ORAL	TABS	EA	60	X	MSB	4/30/2024	49884	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
49884059002	ACCOLAT	ZAFIRLUK	481024 Leukotrien	48102400 Leukotrien	S	20 MG	ORAL	TABS	EA	60	X	MSB	12/4/2023	49884	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
49884060411	LAMOTRI	LAMOTRI	281292 Anticonvul	28129200 Anticonvul	S	250 MG	ORAL	TB24	EA	30	X	GENERIC		49884			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS				R	MEDPRMI
49884060511	LAMOTRI	LAMOTRI	281292 Anticonvul	28129200 Anticonvul	S	300 MG	ORAL	TB24	EA	30	X	GENERIC		49884			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS				R	MEDPRMI
49884061153	TIZANIDI	TIZANIDI	122004 UNKNOW	12200400 UNKNOW	S	2 MG	ORAL	CAPS	EA	150		GENERIC	5/31/2022	49884			N	FORMULARY		1 GEN	GENERICS			X	18 IN 1 DAYS				R	MEDPRMI
49884064001	METHIMA	METHIMA	683608 Antithyroic	68360800 Antithyroic	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	6/4/2024	49884			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
49884064005	METHIMA	METHIMA	683608 Antithyroic	68360800 Antithyroic	S	5 MG	ORAL	TABS	EA	500	X	GENERIC	10/31/2024	49884			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
49884064101	METHIMA	METHIMA	683608 Antithyroic	68360800 Antithyroic	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	10/31/2024	49884			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
49884065809	CANDESA	CANDESA	243208 Angiotens	24320800 Angiotens	S	4 MG	ORAL	TABS	EA	90	X	GENERIC		49884			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
49884065909	CANDESA	CANDESA	243208 Angiotens	24320800 Angiotens	S	8 MG	ORAL	TABS	EA	90	X	GENERIC		49884			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
49884066009	CANDESA	CANDESA	243208 Angiotens	24320800 Angiotens	S	16 MG	ORAL	TABS	EA	90	X	GENERIC		49884			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
49884066109	CANDESA	CANDESA	243208 Angiotens	24320800 Angiotens	S	32 MG	ORAL	TABS	EA	90	X	GENERIC		49884			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
49884068901	METOCL	METOCL	563200 Prokinetic	56320000 Prokinetic	S	10 MG	ORAL	TABS	EA	100		GENERIC	10/31/2023	49884			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
49884068905	METOCL	METOCL	563200 Prokinetic	56320000 Prokinetic	S	10 MG	ORAL	TABS	EA	500		GENERIC	10/31/2023	49884			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
49884070154	CLOMIPH	CLOMIPH	681612 Estrogen /	68161200 Estrogen /	S	50 MG	ORAL	TABS	EA	10		MSB	12/29/2022	49884			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
49884070155	CLOMIPH	CLOMIPH	681612 Estrogen /	68161200 Estrogen /	S	50 MG	ORAL	TABS	EA	30		MSB	12/29/2022	49884			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
49884071953	TIZANIDI	TIZANIDI	122004 UNKNOW	12200400 UNKNOW	S	4 MG	ORAL	CAPS	EA	150		GENERIC	5/31/2022	49884			N	FORMULARY		1 GEN	GENERICS			X	9 IN 1 DAYS				R	MEDPRMI
49884072008	SAPROPT	SAPROPT	440800 UNKNOW	44080000 UNKNOW	S	100 MG	ORAL	TABS	EA	120	X	GENERIC		49884			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS								R	MEDPRMI
49884072308	ZILEUTO	ZILEUTO	481024 Leukotrien	48102400 Leukotrien	S	600 MG	ORAL	TB12	EA	120	X	GENERIC	12/4/2023	49884			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
49884072401	HYDROX	HYDROX	100000 Antineopla	10000000 Antineopla	S	500 MG	ORAL	CAPS	EA	100		GENERIC		49884			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
49884072601	DOXYCY	DOXYCY	81224 Tetracyclin	8122400 Tetracyclin	S	50 MG	ORAL	CAPS	EA	100		GENERIC	11/30/2024	49884			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
49884072703	DOXYCY	DOXYCY	81224 Tetracyclin	8122400 Tetracyclin	S	100 MG	ORAL	CAPS	EA	50		GENERIC	4/30/2023	49884			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
49884072704	DOXYCY	DOXYCY	81224 Tetracyclin	8122400 Tetracyclin	S	100 MG	ORAL	CAPS	EA	250		GENERIC		49884			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
49884075313	FLUTAMI	FLUTAMI	100000 Antineopla	10000000 Antineopla	S	125 MG	ORAL	CAPS	EA	180		MSB	1/31/2023	49884			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
49884076553	TIZANIDI	TIZANIDI	122004 UNKNOW	12200400 UNKNOW	S	6 MG	ORAL	CAPS	EA	150		GENERIC	5/31/2022	49884			N	FORMULARY		1 GEN	GENERICS			X	6 IN 1 DAYS				R	MEDPRMI
49884076852	TOLVAPT	TOLVAPT	402828 UNKNOW	40282800 UNKNOW	S	15 MG	ORAL	TABS	EA	1		GENERIC		49884			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	30 IN 365 DAYS				R	MEDPRMI
49884076854	TOLVAPT	TOLVAPT	402828 UNKNOW	40282800 UNKNOW	S	15 MG	ORAL	TABS	EA	10		GENERIC		49884			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	30 IN 365 DAYS				R	MEDPRMI
49884077052	TOLVAPT	TOLVAPT	402828 UNKNOW	40282800 UNKNOW	S	30 MG	ORAL	TABS	EA	1		GENERIC		49884			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	60 IN 365 DAYS				R	MEDPRMI
49884077054	TOLVAPT	TOLVAPT	402828 UNKNOW	40282800 UNKNOW	S	30 MG	ORAL	TABS	EA	10		GENERIC		49884			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	60 IN 365 DAYS				R	MEDPRMI
49884078609	OLMESA	OLMESA	242808 Dihydropy	24280800 Dihydropy	S	20-5-12.5	ORAL	TABS	EA	90	X	GENERIC		49884			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
49884078611	OLMESA	OLMESA	242808 Dihydropy	24280800 Dihydropy	S	20-5-12.5	ORAL	TABS	EA	30	X	GENERIC		49884			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
49884078709	OLMESA	OLMESA	242808 Dihydropy	24280800 Dihydropy	S	40-5-12.5	ORAL	TABS	EA	90	X	GENERIC		49884			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
49884078711	OLMESA	OLMESA	242808 Dihydropy	24280800 Dihydropy	S	40-5-12.5	ORAL	TABS	EA	30	X	GENERIC		49884			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
49884078809	OLMESA	OLMESA	242808 Dihydropy	24280800 Dihydropy	S	40-5-25 M	ORAL	TABS	EA	90	X	GENERIC		49884			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
49884078811	OLMESA	OLMESA	242808 Dihydropy	24280800 Dihydropy	S	40-5-25 M	ORAL	TABS	EA	30	X	GENERIC		49884			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
49884078909	OLMESA	OLMESA	242808 Dihydropy	24280800 Dihydropy	S	40-10-12.5	ORAL	TABS	EA	90	X	GENERIC		49884			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
49884078911	OLMESA	OLMESA	242808 Dihydropy	24280800 Dihydropy	S	40-10-12.5	ORAL	TABS	EA	30	X	GENERIC		49884			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
49884079009	OLMESA	OLMESA	242808 Dihydropy	24280800 Dihydropy	S	40-10-25 M	ORAL	TABS	EA	90	X	GENERIC		49884			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
49884079011	OLMESA	OLMESA	242808 Dihydropy	24280800 Dihydropy	S	40-10-25 M	ORAL	TABS	EA	30	X	GENERIC		49884			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
49884081401	MIDODRI	MIDODRI	121204 alpha-Adr	12120400 alpha-Adr	S	2.5 MG	ORAL	TABS	EA	100		GENERIC		49884			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
49884081911	ALOSETR	ALOSETR	563600 Anti-inflam	56360000 Anti-inflam	S	0.5 MG	ORAL	TABS	EA	30	X	GENERIC	2/28/2023	49884			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
49884082011	ALOSETR	ALOSETR	563600 Anti-inflam	56360000 Anti-inflam	S	1 MG	ORAL	TABS	EA	30	X	GENERIC	2/28/2023	49884			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
49884083901	AMPHETA	AMPHETA	282004 Amphetam	28200400 Amphetam	S	5 MG	ORAL	CP24	EA	100	X	GENERIC	11/30/2023	49884			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS				R	MEDPRMI
49884084001	AMPHETA	AMPHETA	282004 Amphetam	28200400 Amphetam	S	10 MG	ORAL	CP24	EA	100	X	GENERIC	11/30/2023	49884			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS				R	MEDPRMI
49884084101	AMPHETA	AMPHETA	282004 Amphetam	28200400 Amphetam	S	15 MG	ORAL	CP24	EA	100	X	GENERIC	11/30/2023	49884			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS				R	MEDPRMI
49884084201	AMPHETA	AMPHETA	282004 Amphetam	28200400 Amphetam	S	20 MG	ORAL	CP24	EA	100	X	GENERIC	11/30/2023	49884			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS				R	MEDPRMI
49884084301	AMPHETA	AMPHETA	282004 Amphetam	28200400 Amphetam	S	25 MG	ORAL	CP24	EA	100	X	GENERIC	11/30/2023	49884			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS				R	MEDPRMI
49884084401	AMPHETA	AMPHETA	282004 Amphetam	28200400 Amphetam	S	30 MG	ORAL	CP24	EA	100	X	GENERIC	11/30/2023	49884			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS				R	MEDPRMI
49884084901	MIDODRI	MIDODRI	121204 alpha-Adr	12120400 alpha-Adr	S	5 MG	ORAL	TABS	EA	100		GENERIC		49884			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
49884087352	SAPROPT	SAPROPT	440800 UNKNOW	44080000 UNKNOW	S	500 MG	ORAL	PACK	EA	1	X	GENERIC		49884			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS								R	MEDPRMI
49884087372	SAPROPT	SAPROPT	440800 UNKNOW	44080000 UNKNOW	S	500 MG	ORAL	PACK	EA	30	X	GENERIC		49884			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS								R	MEDPRMI
49884087401	MIDODRI	MIDODRI	121204 alpha-Adr	12120400 alpha-Adr	S	10 MG	ORAL	TABS	EA	100		GENERIC		49884			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
49884088099	LAMOTRI	LAMOTRI	281292 Anticonvul	28129200 Anticonvul	S	21 X 25 M	ORAL	KIT	EA	28		GENERIC		49884			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
49884088199	LAMOTRI	LAMOTRI	281292 Anticonvul	28129200 Anticonvul	S	42 X 50 M	ORAL	KIT	EA	56		GENERIC		49884			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
49884088299	LAMOTRI	LAMOTRI	281292 Anticonvul	28129200 Anticonvul	S	25 & 50 &	ORAL	KIT	EA	35		GENERIC		49884			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
49884089811	ZOLPIDE	ZOLPIDE	282444 UNKNOW	28244400 UNKNOW	R	1.75 MG	SUBLINGI	SUBL	EA	30		GENERIC		49884			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS				R	MEDPRMI
49884089852	ZOLPIDE	ZOLPIDE	282444 UNKNOW	28244400 UNKNOW	R	1.75 MG	SUBLINGI	SUBL	EA	1		GENERIC		49884			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS				R	MEDPRMI
49884089911	ZOLPIDE	ZOLPIDE	282444 UNKNOW	28244400 UNKNOW	R	3.5 MG	SUBLINGI	SUBL	EA	30		GENERIC		49884			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS				R	MEDPRMI
49884089952	ZOLPIDE	ZOLPIDE	282444 UNKNOW	28244400 UNKNOW	R	3.5 MG	SUBLINGI	SUBL	EA	1		GENERIC		49884			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS				R	MEDPRMI
49884090252	MAFENID	MAFENID	840404 Antibacter	84040400 Antibacter	R	5%	EXTERNA	PACK	EA	1		GENERIC		49884			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
49884090278	MAFENID	MAFENID	840404 Antibacter	84040400 Antibacter	R	5%	EXTERNA	PACK	EA	5		GENERIC		49884			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
49884090552	DICLOFE	DICLOFE	280804 Nonsteroi	28080492 Other Non	S	50 MG	ORAL	PACK	EA	1		GENERIC		49884			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
49884090564	DICLOFE	DICLOFE	280804 Nonsteroi	28080492 Other Non	S	50 MG	ORAL	PACK	EA	9		GENERIC		49884			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
49884090738	MEGESTI	MEGESTI	683200 Progestins	68320000 Progestins	S	40 MG/ML	ORAL	SUSP	ML	240		GENERIC	12/31/2023	49884			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
49884090761	MEGESTI	MEGESTI	683200 Progestins	68320000 Progestins	S	40 MG/ML	ORAL	SUSP	ML	480		GENERIC		49884			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
49884093664	QUESTRA	CHOLEST	240604 Bile Acid S	24060400 Bile Acid S	S	4 GM	ORAL	PACK	EA	1	X	MSB		49884	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
49884093665	QUESTRA	CHOLEST	240604 Bile Acid S	24060400 Bile Acid S	S	4 GM	ORAL	PACK	EA	60	X	MSB		49884	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
49884093666	QUESTRA	CHOLEST	240604 Bile Acid S	24060400 Bile Acid S	S	4 GM/DOS	ORAL	POWD	GM	378	X	MSB		49884	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
49884093767	QUESTRA	CHOLEST	240604 Bile Acid S	24060400 Bile Acid S	S	4 GM/DOS	ORAL	POWD	GM	210	X	MSB		49884	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
49884094499	VARENIC	VARENIC	120200 UNKNOW	12020000 UNKNOW	S	0.5 MG X	ORAL	TBPK	EA	53		GENERIC		49884			N	#N/A	ORIG_FR	10 EHB	#N/A			X	2 IN 1 DAYS		X	IF AGE=18-999 YEARS AND D	R	MEDPRMI
49884094852	SAPROPT	SAPROPT	440800 UNKNOW	44080000 UNKNOW	S	100 MG	ORAL	PACK	EA	1	X	GENERIC		49884			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS								R	MEDPRMI
49884094872	SAPROPT	SAPROPT	440800 UNKNOW	44080000 UNKNOW	S	100 MG	ORAL	PACK	EA	30	X	GENERIC		49884			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS								R	MEDPRMI
49884098401	NATEGLI	NATEGLI	682016 Meglitinide	68201600 Meglitinide	S	60 MG	ORAL	TABS	EA	100	X	GENERIC	10/2/2024	49884			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
49884098501	NATEGLI	NATEGLI	682016 Meglitinide	68201600 Meglitinide	S	120 MG	ORAL	TABS	EA	100	X	GENERIC	11/30/2023	49884			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
49908011770	ADAPALE	ADAPALE	842800 Keratolytic	84280000 Keratolytic	R	0.10%	EXTERNA	SOLN	ML	120		GENERIC		49908			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
49908011814	ADAPALE	ADAPALE	842800 Keratolytic	84280000 Keratolytic	R	0.10%	EXTERNA	PADS	EA	14		GENERIC		49908			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
49938010101	DAPSONE	DAPSONE	81608 UNKNOW	8160800 UNKNOW	S	100 MG	ORAL	TABS	EA	100	X	GENERIC	10/31/2022	49938			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
49938010130	DAPSONE	DAPSONE	81608 UNKNOW	8160800 UNKNOW	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	10/31/2022	49938			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
49938010201	DAPSONE	DAPSONE	81608 UNKNOW	8160800 UNKNOW	S	25 MG	ORAL	TABS	EA	100	X	GENERIC	10/31/2022	49938			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
49938010230	DAPSONE	DAPSONE	81608 UNKNOW	8160800 UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	8/16/2023	49938			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
49938010704	PASER	AMINOSA	81604 Antituberc	8160400 Antituberc	R	4 GM	ORAL	PACK	EA	30		SSB	12/21/2022	49938			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
49938011001	RUZURGI	AMIFAMP	120400 Parasymp	12040000 Parasymp	R	10 MG	ORAL	TABS	EA	100	X	SSB	2/1/2022	49938			N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X						R	MEDPRMI
49973024796	AZO URIN	PHENAZO	840800 Antipruritic	84080000 Antipruritic	P	99.5 MG	ORAL	TABS	EA	96		MSB	11/9/2023	49973			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
49999000212	PENICILL	PENICILL	81216 Penicillins	8121604 Natural Pe	S	250 MG	ORAL	TABS	EA	12		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999000220	PENICILL	PENICILL	81216 Penicillins	8121604 Natural Pe	S	250 MG	ORAL	TABS	EA	20		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999000300	DIPHENH	DIPHENH	40400 First Gene	4040000 First Gene	P	25 MG	ORAL	CAPS	EA	100		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999000306	DIPHENH	DIPHENH	40400 First Gene	4040000 First Gene	P	25 MG	ORAL	CAPS	EA	6		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999000340	DIPHENH	DIPHENH	40400 First Gene	4040000 First Gene	P	25 MG	ORAL	CAPS	EA	40		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999000390	DIPHENH	DIPHENH	40400 First Gene	4040000 First Gene	P	25 MG	ORAL	CAPS	EA	90		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999000601	IBUPROF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	S	600 MG	ORAL	TABS	EA	120	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999000606	IBUPROF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	S	600 MG	ORAL	TABS	EA	6	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999000700	CEPHALE	CEPHALE	81206 Cephalosp	8120604 First Gene	S	500 MG	ORAL	CAPS	EA	100		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999000710	CEPHALE	CEPHALE	81206 Cephalosp	8120604 First Gene	S	500 MG	ORAL	CAPS	EA	10		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999000712	CEPHALE	CEPHALE	81206 Cephalosp	8120604 First Gene	S	500 MG	ORAL	CAPS	EA	12		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999000715	CEPHALE	CEPHALE	81206 Cephalosp	8120604 First Gene	S	500 MG	ORAL	CAPS	EA	15		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999000721	CEPHALE	CEPHALE	81206 Cephalosp	8120604 First Gene	S	500 MG	ORAL	CAPS	EA	21		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999000760	CEPHALE	CEPHALE	81206 Cephalosp	8120604 First Gene	S	500 MG	ORAL	CAPS	EA	60		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999000790	CEPHALE	CEPHALE	81206 Cephalosp	8120604 First Gene	S	500 MG	ORAL	CAPS	EA	90		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999000805	PREDNIS	PREDNIS	680400 Adrenals	68040000 Adrenals	S	5 MG	ORAL	TABS	EA	5		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999000842	PREDNIS	PREDNIS	680400 Adrenals	68040000 Adrenals	S	5 MG	ORAL	TABS	EA	42		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999000945	NAPROXE	NAPROXE	280804 Nonsteroi	28080404 UNKNOW	S	500 MG	ORAL	TABS	EA	45	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999001000	METOPR	METOPR	242000 Alpha-Adr	24200000 Alpha-Adr	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999001030	METOPR	METOPR	242000 Alpha-Adr	24200000 Alpha-Adr	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999001060	METOPR	METOPR	242000 Alpha-Adr	24200000 Alpha-Adr	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999001100	CLINDAM	CLINDAM	81228 Antibacter	8122820 Lincomyci	S	150 MG	ORAL	CAPS	EA	100		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999001104	CLINDAM	CLINDAM	81228 Antibacter	8122820 Lincomyci	S	150 MG	ORAL	CAPS	EA	4		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999001118	CLINDAM	CLINDAM	81228 Antibacter	8122820 Lincomyci	S	150 MG	ORAL	CAPS	EA	18		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999001140	CLINDAM	CLINDAM	81228 Antibacter	8122820 Lincomyci	S	150 MG	ORAL	CAPS	EA	40		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999001200	ERYTHR	ERYTHR	81212 Macrolides	8121204 Erythromy	S	500 MG	ORAL	TABS	EA	100		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999001214	ERYTHR	ERYTHR	81212 Macrolides	8121204 Erythromy	S	500 MG	ORAL	TABS	EA	14		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999001220	ERYTHR	ERYTHR	81212 Macrolides	8121204 Erythromy	S	500 MG	ORAL	TABS	EA	20		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999001228	ERYTHR	ERYTHR	81212 Macrolides	8121204 Erythromy	S	500 MG	ORAL	TABS	EA	28		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999001230	ERYTHR	ERYTHR	81212 Macrolides	8121204 Erythromy	S	500 MG	ORAL	TABS	EA	30		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999001506	AMOXICIL	AMOXICIL	81216 Penicillins	8121608 Aminopen	S	500 MG	ORAL	CAPS	EA	6		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999001508	AMOXICIL	AMOXICIL	81216 Penicillins	8121608 Aminopen	S	500 MG	ORAL	CAPS	EA	8		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999001520	AMOXICIL	AMOXICIL	81216 Penicillins	8121608 Aminopen	S	500 MG	ORAL	CAPS	EA	20		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999001542	AMOXICIL	AMOXICIL	81216 Penicillins	8121608 Aminopen	S	500 MG	ORAL	CAPS	EA	42		GENERIC		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999001545	AMOXICIL	AMOXICIL	81216 Penicillins	8121608 Aminopen	S	500 MG	ORAL	CAPS	EA	45		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999001604	AMOXICIL	AMOXICIL	81216 Penicillins	8121608 Aminopen	S	250 MG	ORAL	CAPS	EA	4		GENERIC		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999001821	DIAZEPA	DIAZEPA	282408 Benzodiaz	28240800 Benzodiaz	S	5 MG	ORAL	TABS	EA	21		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999001830	DIAZEPA	DIAZEPA	282408 Benzodiaz	28240800 Benzodiaz	S	5 MG	ORAL	TABS	EA	30		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999001860	DIAZEPA	DIAZEPA	282408 Benzodiaz	28240800 Benzodiaz	S	5 MG	ORAL	TABS	EA	60		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999001890	DIAZEPA	DIAZEPA	282408 Benzodiaz	28240800 Benzodiaz	S	5 MG	ORAL	TABS	EA	90		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999002000	DOXYCY	DOXYCY	81224 Tetracyclin	8122400 Tetracyclin	S	100 MG	ORAL	TABS	EA	100		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999002056	DOXYCY	DOXYCY	81224 Tetracyclin	8122400 Tetracyclin	S	100 MG	ORAL	TABS	EA	56		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999002110	CEFADR	CEFADR	81206 Cephalosp	8120604 First Gene	S	500 MG	ORAL	CAPS	EA	10		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999002114	CEFADR	CEFADR	81206 Cephalosp	8120604 First Gene	S	500 MG	ORAL	CAPS	EA	14		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999002300	ERYTHR	ERYTHR	81212 Macrolides	8121204 Erythromy	S	250 MG	ORAL	TABS	EA	100		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999002320	ERYTHR	ERYTHR	81212 Macrolides	8121204 Erythromy	S	250 MG	ORAL	TABS	EA	20		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999002328	ERYTHR	ERYTHR	81212 Macrolides	8121204 Erythromy	S	250 MG	ORAL	TABS	EA	28		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999002330	ERYTHR	ERYTHR	81212 Macrolides	8121204 Erythromy	S	250 MG	ORAL	TABS	EA	30		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999002340	ERYTHR	ERYTHR	81212 Macrolides	8121204 Erythromy	S	250 MG	ORAL	TABS	EA	40		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999002420	HYDROX	HYDROX	282492 Anxiolytics	28249200 Anxiolytics	S	25 MG	ORAL	TABS	EA	20		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999002450	HYDROX	HYDROX	282492 Anxiolytics	28249200 Anxiolytics	S	25 MG	ORAL	TABS	EA	50		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999002490	HYDROX	HYDROX	282492 Anxiolytics	28249200 Anxiolytics	S	25 MG	ORAL	TABS	EA	90		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999002601	ACETAMI	ACETAMI	280808 Opiate Ag	28080800 Opiate Ag	S	300-60 MG	ORAL	TABS	EA	120		GENERIC		49999		X	N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999002630	ACETAMI	ACETAMI	280808 Opiate Ag	28080800 Opiate Ag	S	300-60 MG	ORAL	TABS	EA	30		GENERIC		49999		X	N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999002640	ACETAMI	ACETAMI	280808 Opiate Ag	28080800 Opiate Ag	S	300-60 MG	ORAL	TABS	EA	40		GENERIC		49999		X	N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999002660	ACETAMI	ACETAMI	280808 Opiate Ag	28080800 Opiate Ag	S	300-60 MG	ORAL	TABS	EA	60		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999002690	ACETAMI	ACETAMI	280808 Opiate Ag	28080800 Opiate Ag	S	300-60 MG	ORAL	TABS	EA	90		GENERIC		49999		X	N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999002720	DIAZEPA	DIAZEPA	282408 Benzodiaz	28240800 Benzodiaz	S	10 MG	ORAL	TABS	EA	20		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999002801	PREDNIS	PREDNIS	680400 Adrenals	68040000 Adrenals	S	10 MG	ORAL	TABS	EA	21		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999002828	PREDNIS	PREDNIS	680400 Adrenals	68040000 Adrenals	S	10 MG	ORAL	TABS	EA	28		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999002920	MECLIZIN	MECLIZIN	562208 Antihistam	56220800 Antihistam	S	25 MG	ORAL	TABS	EA	20		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999003215	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	0.5 MG	ORAL	TABS	EA	15		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999003260	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	0.5 MG	ORAL	TABS	EA	60		GENERIC	1/17/2023	49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999003300	AMOXICIL	AMOXICIL	81216 Penicillins	8121608 Aminopen	R	250 MG	ORAL	CHEW	EA	100		MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION								R	MEDPRMI
49999003560	HYDROX	HYDROX	282492 Anxiolytics	28249200 Anxiolytics	S	50 MG	ORAL	TABS	EA	60		GENERIC		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999003612	HYDROX	HYDROX	282492 Anxiolytics	28249200 Anxiolytics	R	100MG	ORAL	CAPS	EA	12		MSB		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION								R	MEDPRMI
49999003660	HYDROX	HYDROX	282492 Anxiolytics	28249200 Anxiolytics	R	100MG	ORAL	CAPS	EA	60		MSB		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION								R	MEDPRMI
49999003700	AMBIEN	ZOLPIDE	282444 UNKNOW	28244400 UNKNOW	S	10 MG	ORAL	TABS	EA	100		MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION								R	MEDPRMI
49999003710	AMBIEN	ZOLPIDE	282444 UNKNOW	28244400 UNKNOW	S	10 MG	ORAL	TABS	EA	10		MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION								R	MEDPRMI
49999003715	AMBIEN	ZOLPIDE	282444 UNKNOW	28244400 UNKNOW	S	10 MG	ORAL	TABS	EA	15		MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION								R	MEDPRMI
49999003720	AMBIEN	ZOLPIDE	282444 UNKNOW	28244400 UNKNOW	S	10 MG	ORAL	TABS	EA	20		MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION								R	MEDPRMI
49999003800	ETODOLA	ETODOLA	280804 Nonsteroi	28080404 UNKNOW	S	400 MG	ORAL	TABS	EA	100	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999004104	CEPHALE	CEPHALE	81206 Cephalosp	8120604 First Gene	S	250 MG	ORAL	CAPS	EA	4		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999004110	CEPHALE	CEPHALE	81206 Cephalosp	8120604 First Gene	S	250 MG	ORAL	CAPS	EA	10		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999004112	CEPHALE	CEPHALE	81206 Cephalosp	8120604 First Gene	S	250 MG	ORAL	CAPS	EA	12		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999004120	CEPHALE	CEPHALE	81206 Cephalosp	8120604 First Gene	S	250 MG	ORAL	CAPS	EA	20		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999004128	CEPHALE	CEPHALE	81206 Cephalosp	8120604 First Gene	S	250 MG	ORAL	CAPS	EA	28		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999004130	CEPHALE	CEPHALE	81206 Cephalosp	8120604 First Gene	S	250 MG	ORAL	CAPS	EA	30		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999004206	IBUPROF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	S	800 MG	ORAL	TABS	EA	6	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999004221	IBUPROF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	S	800 MG	ORAL	TABS	EA	21	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999004245	IBUPROF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	S	800 MG	ORAL	TABS	EA	45	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999004460	CHLORZO	CHLORZO	122004 UNKNOW	12200400 UNKNOW	S	500 MG	ORAL	TABS	EA	60		GENERIC	1/17/2023	49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999004620	ORPHENA	ORPHENA	122010 UNKNOW	12201000 UNKNOW	S	100 MG	ORAL	TB12	EA	20		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999004660	ORPHENA	ORPHENA	122010 UNKNOW	12201000 UNKNOW	S	100 MG	ORAL	TB12	EA	60		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999004690	ORPHENA	ORPHENA	122010 UNKNOW	12201000 UNKNOW	S	100 MG	ORAL	TB12	EA	90		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999005010	PENICILL	PENICILL	81216 Penicillins	8121604 Natural Pe	S	500 MG	ORAL	TABS	EA	10		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999005014	PENICILL	PENICILL	81216 Penicillins	8121604 Natural Pe	S	500 MG	ORAL	TABS	EA	14		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999005021	PENICILL	PENICILL	81216 Penicillins	8121604 Natural Pe	S	500 MG	ORAL	TABS	EA	21		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999005501	TRIAZOLA	TRIAZOLA	282408 Benzodiaz	28240800 Benzodiaz	S	0.25 MG	ORAL	TABS	EA	1		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999005510	TRIAZOLA	TRIAZOLA	282408 Benzodiaz	28240800 Benzodiaz	S	0.25 MG	ORAL	TABS	EA	10		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999005560	TRIAZOLA	TRIAZOLA	282408 Benzodiaz	28240800 Benzodiaz	S	0.25 MG	ORAL	TABS	EA	60		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999005700	METOCL	METOCL	563200 Prokinetic	56320000 Prokinetic	S	10 MG	ORAL	TABS	EA	100		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999005710	METOCL	METOCL	563200 Prokinetic	56320000 Prokinetic	S	10 MG	ORAL	TABS	EA	10		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999005712	METOCL	METOCL	563200 Prokinetic	56320000 Prokinetic	S	10 MG	ORAL	TABS	EA	120		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999005730	METOCL	METOCL	563200 Prokinetic	56320000 Prokinetic	S	10 MG	ORAL	TABS	EA	30		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999005790	METOCL	METOCL	563200 Prokinetic	56320000 Prokinetic	S	10 MG	ORAL	TABS	EA	60		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999005815	NAPROXE	NAPROXE	280804 Nonsteroi	28080404 UNKNOW	S	550 MG	ORAL	TABS	EA	15	X	GENERIC		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999005828	NAPROXE	NAPROXE	280804 Nonsteroi	28080404 UNKNOW	S	550 MG	ORAL	TABS	EA	28	X	GENERIC		49999	Y	X	N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999005906	DEXAMET	DEXAMET	680400 Adrenals	68040000 Adrenals	S	4 MG	ORAL	TABS	EA	6		GENERIC	1/17/2023	49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999005912	DEXAMET	DEXAMET	680400 Adrenals	68040000 Adrenals	S	4 MG	ORAL	TABS	EA	12		GENERIC	1/17/2023	49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999006001	ACETAMI	ACETAMI	280808 Opiate Ag	28080800 Opiate Ag	S	300-30 MG	ORAL	TABS	EA	120		GENERIC	4/22/2022	49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999006020	ACETAMI	ACETAMI	280808 Opiate Ag	28080800 Opiate Ag	S	300-30 MG	ORAL	TABS	EA	20		GENERIC	10/30/2020	49999		X	N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999006024	ACETAMI	ACETAMI	280808 Opiate Ag	28080800 Opiate Ag	S	300-30 MG	ORAL	TABS	EA	24		GENERIC	4/22/2022	49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999006030	ACETAMI	ACETAMI	280808 Opiate Ag	28080800 Opiate Ag	S	300-30 MG	ORAL	TABS	EA	30		GENERIC		49999		X	N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999006050	ACETAMI	ACETAMI	280808 Opiate Ag	28080800 Opiate Ag	S	300-30 MG	ORAL	TABS	EA	50		GENERIC	4/22/2022	49999		X	N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999006060	ACETAMI	ACETAMI	280808 Opiate Ag	28080800 Opiate Ag	S	300-30 MG	ORAL	TABS	EA	60		GENERIC		49999		X	N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999006090	ACETAMI	ACETAMI	280808 Opiate Ag	28080800 Opiate Ag	S	300-30 MG	ORAL	TABS	EA	90		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999006350	AMITRIPT	AMITRIPT	281604 Antidepres	28160428 Tricyclics	S	25 MG	ORAL	TABS	EA	50	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999006401	CARISOP	CARISOP	122004 UNKNOW	12200400 UNKNOW	S	350 MG	ORAL	TABS	EA	120		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999006406	CARISOP	CARISOP	122004 UNKNOW	12200400 UNKNOW	S	350 MG	ORAL	TABS	EA	6		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999006407	CARISOP	CARISOP	122004 UNKNOW	12200400 UNKNOW	S	350 MG	ORAL	TABS	EA	7		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999006418	CARISOP	CARISOP	122004 UNKNOW	12200400 UNKNOW	S	350 MG	ORAL	TABS	EA	180		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999006460	CARISOP	CARISOP	122004 UNKNOW	12200400 UNKNOW	S	350 MG	ORAL	TABS	EA	60		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999006728	ERY-TAB	ERYTHR	81212 Macrolides	8121204 Erythromy	S	500 MG	ORAL	TBEC	EA	28		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999006740	ERY-TAB	ERYTHR	81212 Macrolides	8121204 Erythromy	S	500 MG	ORAL	TBEC	EA	40		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999007100	IBUPROF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	100		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999007118	IBUPROF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	18		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999007120	IBUPROF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	20		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999007150	IBUPROF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	50		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999007160	IBUPROF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	60		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999007190	IBUPROF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	90		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999007230	DAYPRO	OXAPRO	280804 Nonsteroi	28080404 UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION								R	MEDPRMI
49999007260	DAYPRO	OXAPRO	280804 Nonsteroi	28080404 UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	MSB		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION								R	MEDPRMI
49999007500	VERAPAM	VERAPAM	240404 Antiarrhyt	24040424 Class IV A	S	240 MG	ORAL	TBCR	EA	100	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999008028	E.E.S. 400	ERYTHR	81212 Macrolides	8121204 Erythromy	R	400 MG	ORAL	TABS	EA	28		SSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999008030	E.E.S. 400	ERYTHR	81212 Macrolides	8121204 Erythromy	R	400 MG	ORAL	TABS	EA	30		SSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999008040	E.E.S. 400	ERYTHR	81212 Macrolides	8121204 Erythromy	R	400 MG	ORAL	TABS	EA	40		SSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999008130	DICYCLO	DICYCLO	120808 Antimusca	12080800 Antimusca	S	20 MG	ORAL	TABS	EA	30		GENERIC	12/15/2023	49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999008600	ACYCLOV	ACYCLOV	81832 Nucleosid	8183200 Nucleosid	S	400 MG	ORAL	TABS	EA	100		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999008621	ACYCLOV	ACYCLOV	81832 Nucleosid	8183200 Nucleosid	S	400 MG	ORAL	TABS	EA	21		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999008625	ACYCLOV	ACYCLOV	81832 Nucleosid	8183200 Nucleosid	S	400 MG	ORAL	TABS	EA	25		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999008690	ACYCLOV	ACYCLOV	81832 Nucleosid	8183200 Nucleosid	S	400 MG	ORAL	TABS	EA	90		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999008700	MECLIZIN	MECLIZIN	562208 Antihistam	56220800 Antihistam	S	12.5 MG	ORAL	TABS	EA	100		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999008715	MECLIZIN	MECLIZIN	562208 Antihistam	56220800 Antihistam	S	12.5 MG	ORAL	TABS	EA	15		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999008730	MECLIZIN	MECLIZIN	562208 Antihistam	56220800 Antihistam	S	12.5 MG	ORAL	TABS	EA	30		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999008914	DICLOFE	DICLOFE	280804 Nonsteroi	28080492 Other Non	S	75 MG	ORAL	TBEC	EA	14	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999008920	DICLOFE	DICLOFE	280804 Nonsteroi	28080492 Other Non	S	75 MG	ORAL	TBEC	EA	20	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999008928	DICLOFE	DICLOFE	280804 Nonsteroi	28080492 Other Non	S	75 MG	ORAL	TBEC	EA	28	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999009205	MEDROX	MEDROX	683200 Progestins	68320000 Progestins	S	10MG	ORAL	TABS	EA	5	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999009210	MEDROX	MEDROX	683200 Progestins	68320000 Progestins	S	10MG	ORAL	TABS	EA	10	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999009400	TRIAMTE	TRIAMTE	402816 Potassium	40281600 Potassium	S	75-50 MG	ORAL	TABS	EA	100	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999009604	ZITHROM	AZITHRO	81212 Macrolides	8121208 UNKNOW	S	250 MG	ORAL	TABS	EA	4		MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION								R	MEDPRMI
49999009606	ZITHROM	AZITHRO	81212 Macrolides	8121208 UNKNOW	S	250 MG	ORAL	TABS	EA	6		MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION								R	MEDPRMI
49999009718	IBUPROF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	S	400 MG	ORAL	TABS	EA	18	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999009750	IBUPROF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	S	400 MG	ORAL	TABS	EA	50	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999009860	METHYLD	METHYLD	242400 Beta-Adre	24240000 Beta-Adre	R	250 MG	ORAL	TABS	EA	60	X	MSB	8/31/2022	49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION								R	MEDPRMI
49999009900	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	100		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999010060	INDOMET	INDOMET	280804 Nonsteroi	28080404 UNKNOW	S	50 MG	ORAL	CAPS	EA	60	X	GENERIC		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999010090	INDOMET	INDOMET	280804 Nonsteroi	28080404 UNKNOW	S	50 MG	ORAL	CAPS	EA	90	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999010500	CAPTOPR	CAPTOPR	243204 Angiotens	24320400 Angiotens	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999010510	CAPTOPR	CAPTOPR	243204 Angiotens	24320400 Angiotens	S	25 MG	ORAL	TABS	EA	10	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999010530	CAPTOPR	CAPTOPR	243204 Angiotens	24320400 Angiotens	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999010560	CAPTOPR	CAPTOPR	243204 Angiotens	24320400 Angiotens	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
49999010628	METFORM	METFORM	682004 Biguanide	68200400 Biguanide	S	500 MG	ORAL	TABS	EA	28	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI

49999010760	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999010790	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999011012	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	12		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999011014	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	14		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999011214	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	300 MG	ORAL	TABS	EA	14	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999011221	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	300 MG	ORAL	TABS	EA	21	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999011230	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	300 MG	ORAL	TABS	EA	30	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999011430	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	30	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999011460	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	60	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999011814	ULTRACE	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	14		MSB	10/26/2022	49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRM
49999012028	DICLOXA	DICLOXA	81216	Penicillins	8121612	Penicillina	S	500 MG	ORAL	CAPS	EA	28		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999012040	DICLOXA	DICLOXA	81216	Penicillins	8121612	Penicillina	S	500 MG	ORAL	CAPS	EA	40		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999012201	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	100		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999012214	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	14		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999012310	CLARITIN	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	10		MSB		49999	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRM
49999012611	DOXYCY	DOXYCY	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	11		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999012614	DOXYCY	DOXYCY	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	14		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999012620	DOXYCY	DOXYCY	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	20		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999012630	DOXYCY	DOXYCY	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	30		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999012700	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	100	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999012704	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	4	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999012712	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	12	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999012720	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	20	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999012790	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	90	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999012800	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-S	S	20 MG	ORAL	CAPS	EA	100	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999012814	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-S	S	20 MG	ORAL	CAPS	EA	14	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999012820	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-S	S	20 MG	ORAL	CAPS	EA	20	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999012860	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-S	S	20 MG	ORAL	CAPS	EA	60	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999012890	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-S	S	20 MG	ORAL	CAPS	EA	90	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999012914	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	14		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999013010	KETOROL	KETOROL	280804	Nonsteroid	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	10		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999013015	KETOROL	KETOROL	280804	Nonsteroid	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	15		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999013021	KETOROL	KETOROL	280804	Nonsteroid	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	21		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999013030	KETOROL	KETOROL	280804	Nonsteroid	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999013130	MAPAP	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	30		GENERIC	1/17/2023	49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999013715	GENTAMI	GENTAMI	840404	Antibacter	84040400	Antibacter	S	0.10%	EXTERNA	OINT	GM	15		GENERIC		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999014410	SULFACE	SULFACE	520404	Antibacter	52040400	Antibacter	S	10%	OPHTHAL	SOLN	ML	10		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999014705	TOBRADE	TOBRAMY	520808	Corticoste	52080800	Corticoste	S	0.3-0.1 %	OPHTHAL	SUSP	ML	5		MSB	9/15/2023	49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRM
49999014710	TOBRADE	TOBRAMY	520808	Corticoste	52080800	Corticoste	S	0.3-0.1 %	OPHTHAL	SUSP	ML	10		MSB	9/15/2023	49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRM
49999014725	TOBRADE	TOBRAMY	520808	Corticoste	52080800	Corticoste	S	0.3-0.1 %	OPHTHAL	SUSP	ML	2.5		MSB	9/15/2023	49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRM
49999014980	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	CREA	GM	80		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999015015	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	15		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999015321	METHYLF	METHYLF	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TBPK	EA	21		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999015330	METHYLF	METHYLF	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	30		GENERIC	12/15/2023	49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999015418	TRIPLE A	NEOMYCI	840404	Antibacter	84040400	Antibacter	P	400UNIT/(	EXTERNA	OINT	GM	3.75		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999015512	LOPERAM	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	S	2 MG	ORAL	CAPS	EA	12		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999015515	LOPERAM	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	S	2 MG	ORAL	CAPS	EA	15		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999015530	LOPERAM	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	S	2 MG	ORAL	CAPS	EA	30		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999015710	POLYTRI	POLYMYX	520404	Antibacter	52040400	Antibacter	S	10000-0.1	OPHTHAL	SOLN	ML	10		MSB	10/2/2023	49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRM
49999016128	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	CAPS	EA	30	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999016190	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	CAPS	EA	90	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999016201	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	2.50%	EXTERNA	CREA	GM	28		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999016220	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	2.50%	EXTERNA	CREA	GM	20		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999016228	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	2.50%	EXTERNA	CREA	GM	28		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999016345	RETIN-A	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.10%	EXTERNA	CREA	GM	45		MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRM
49999016545	MICONAZ	MICONAZ	840408	Antifungal	84040808	Azoles	P	2%	VAGINAL	CREA	GM	45		GENERIC		49999	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999016710	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	10	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999016728	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	28	X	GENERIC		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999016760	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999016800	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250 MG/5	ORAL	SUSR	ML	100		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999016880	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250 MG/5	ORAL	SUSR	ML	80		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999016940	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MC	ORAL	TABS	EA	40		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999017230	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	30		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999017435	TOBRADE	TOBRAMY	520808	Corticoste	52080800	Corticoste	R	0.3-0.1 %	OPHTHAL	OINT	GM	3.5		SSB		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999017510	HALCION	TRIAZOLA	282408	Benzodiaz	28240800	Benzodiaz	S	.25MG	ORAL	TABS	EA	10		MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRM
49999017910	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	10	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999017940	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	40	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999017960	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999017990	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999018100	DIGOX	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	250MCG	ORAL	TABS	EA	100	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999018210	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	10	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999018310	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	10	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999018720	THERMAZ	SILVER S	840416	UNKNOW	84041600	UNKNOW	S	1%	EXTERNA	CREA	GM	400		GENERIC		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999018740	THERMAZ	SILVER S	840416	UNKNOW	84041600	UNKNOW	S	1%	EXTERNA	CREA	GM	400		GENERIC		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999018750	THERMAZ	SILVER S	840416	UNKNOW	84041600	UNKNOW	S	1%	EXTERNA	CREA	GM	50		GENERIC		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999018940	ERYTHRO	ERYTHRO	81212	Macrolides	8121204	Erythromy	S	250 MG	ORAL	CPEP	EA	40		MSB	10/24/2022	49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRM
49999019100	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	125 MG/5	ORAL	SUSR	ML	100		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999019180	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	125 MG/5	ORAL	SUSR	ML	80		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999019700	FERROUS	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	325 (65 FE	ORAL	TABS	EA	100		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999020230	NADOLOL	NADOLOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	TABS	EA	30	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999020560	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999020730	DIPHENO	DIPHENO	560800	Antidiarrhe	56080000	Antidiarrhe	S	2.5-0.025	ORAL	TABS	EA	30		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999021028	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	28		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999021320	AUGMEN	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500MG-12	ORAL	TABS	EA	20		MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRM
49999021760	ERYTHRO	ERYTHRO	520404	Antibacter	52040400	Antibacter	S	2%	EXTERNA	SOLN	ML	60		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999021915	EAR WAX	CARBAMI	520424	UNKNOW	52042400	UNKNOW	P	6.50%	OTIC	SOLN	ML	15		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999022035	NEOMYCI	NEOMYCI	520808	Corticoste	52080800	Corticoste	S	3.5-10000-	OPHTHAL	OINT	GM	3.5		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999022130	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	30		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999022145	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	45		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999022160	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	60		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999022530	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	80 MG	ORAL	TABS	EA	30	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999022560	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	80 MG	ORAL	TABS	EA	60	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999022600	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999022630	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999022790	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	90	X	GENERIC	12/15/2023	49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999022800	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999022910	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	10		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999022920	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	20		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999022990	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999023220	BACTRIM	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	400MG-80	ORAL	TABS	EA	20		MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRM
49999023328	DICLOFE	DICLOFE	280804	Nonsteroid	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	28	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999023342	DICLOFE	DICLOFE	280804	Nonsteroid	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	42	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999023415	INDOMET	INDOMET	280804	Nonsteroid	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	15	X	GENERIC		49999		X	N	EXCLUDE	RECALL_DENY: [RECALLED F	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999023460	INDOMET	INDOMET	280804	Nonsteroid	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	60	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999023490	INDOMET	INDOMET	280804	Nonsteroid	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	90	X	GENERIC		49999	Y	X	N	EXCLUDE	RECALL_DENY: [RECALLED F	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999023730	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999023900	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999023930	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999023960	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999024230	NYSTATI	NYSTATI	840608	UNKNOW	84060800	UNKNOW	S	100000-0.	EXTERNA	OINT	GM	30		GENERIC		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999024410	CHLORDI	CHLORDI	282408	Benzodiaz	28240800	Benzodiaz	S	25 MG	ORAL	CAPS	EA	10		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999024420	CHLORDI	CHLORDI	282408	Benzodiaz	28240800	Benzodiaz	S	25 MG	ORAL	CAPS	EA	20		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999024430	CHLORDI	CHLORDI	282408	Benzodiaz	28240800	Benzodiaz	S	25 MG	ORAL	CAPS	EA	30		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999024503	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	300	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999025004	CLARITIN	LORATAD	40800	Second G	4080000	Second G	P	5 MG/5ML	ORAL	SOLN	ML	120		MSB		49999	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRM
49999025130	NYSTATI	NYSTATI	840408	Antifungal	84040828	Polyenes	S	100000 UI	EXTERNA	CREA	GM	30		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999025230	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	30		GENERIC	12/15/2023	49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999025700	NEURON	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	100	X	MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRM
49999025800	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	100	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999025890	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	90	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999026015	ZITHROM	AZITHROI	81212	Macrolides	8121208	UNKNOW	S	200 MG/5	ORAL	SUSR	ML	15		MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRM
49999026120	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG/5	ORAL	SUSR	ML	200		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999026204	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	6.25 MG/5	ORAL	SOLN	ML	120		GENERIC		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999026315	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	15		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999026514	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	14	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999026530	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999026540	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	40	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999026560	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	60	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999026590	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999026728	DICLOXA	DICLOXA	81216	Penicillins	8121612	Penicillina	S	250 MG	ORAL	CAPS	EA	28		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999026730	DICLOXA	DICLOXA	81216	Penicillins	8121612	Penicillina	S	250 MG	ORAL	CAPS	EA	30		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999026740	DICLOXA	DICLOXA	81216	Penicillins	8121612	Penicillina	S	250 MG	ORAL	CAPS	EA	40		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999027100	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	100	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999027201	PROVERA	MEDROX	683200	Progestins	68320000	Progestins	S	2.5 MG	ORAL	TABS	EA	1	X	MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRM
49999027230	PROVERA	MEDROX	683200	Progestins	68320000	Progestins	S	2.5 MG	ORAL	TABS	EA	30	X	MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRM
49999027330	TOLNAFT	TOLNAFT	840408	Antifungal	84040840	Thiocarba	P	1%	EXTERNA	CREA	GM	30		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999027630	PROPECI	FINASTEI	841600	Cell Stimu	84160000	Cell Stimu	S	1 MG	ORAL	TABS	EA	30		MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRM
49999027930	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999028100	ARMOUR	THYROID	683604	Thyroid Ag	68360400	Thyroid Ag	R	90 MG	ORAL	TABS	EA	100	X	SSB		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999028228	ARMOUR	THYROID	683604	Thyroid Ag	68360400	Thyroid Ag	R	180MG	ORAL	TABS	EA	28	X	SSB		49999	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999028260	ARMOUR	THYROID	683604	Thyroid Ag	68360400	Thyroid Ag	R	180MG	ORAL	TABS	EA	60	X	SSB		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999028300	VERAPAM	VERAPAM	240404	Antiarrhyth	24040424	Class IV A	S	120 MG	ORAL	TABS	EA	100	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999028400	VERAPAM	VERAPAM	240404	Antiarrhyth	24040424	Class IV A	S	180 MG	ORAL	TBCR	EA	100	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999028515	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.50%	EXTERNA	CREA	GM	15		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999028730	LOTENSI	BENAZEP	243204	Angiotens	24320400	Angiotens	S	20MG	ORAL	TABS	EA	30	X	MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRM
49999028828	ARMOUR	THYROID	683604	Thyroid Ag	68360400	Thyroid Ag	R	30 MG	ORAL	TABS	EA	28	X	SSB		49999	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999028830	ARMOUR	THYROID	683604	Thyroid Ag	68360400	Thyroid Ag	R	30 MG	ORAL	TABS	EA	30	X	SSB		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999028860	ARMOUR	THYROID	683604	Thyroid Ag	68360400	Thyroid Ag	R	30 MG	ORAL	TABS	EA	60	X	SSB		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999028960	ARMOUR	THYROID	683604	Thyroid Ag	68360400	Thyroid Ag	R	15 MG	ORAL	TABS	EA	60	X	SSB		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999029120	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	20		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999029130	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	30		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999029430	MAVIK	TRANDOL	243204	Angiotens	24320400	Angiotens	S	4 MG	ORAL	TABS	EA	30	X	MSB	12/27/2022	49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRM
49999029500	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999029510	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	10	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999029750	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	50		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999029810	TAMIFLU	OSELTAM	81828	Neuramini	8182800	Neuramini	S	75MG	ORAL	CAPS	EA	10		MSB		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRM
49999029915	ECONAZO	ECONAZO	840408	Antifungal	84040808	Azoles	S	1%	EXTERNA	CREA	GM	15		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999030028	SEREVEN	SALMETE	121208	beta-Adre	12120812	Selective I	R	50 MCG/A	INHALATI	AEPB	EA	28	X	SSB		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999030120	KETOCON	KETOCON	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	20		GENERIC		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999030245	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	P	1%	VAGINAL	CREA	GM	45		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999031000	VERAPAM	VERAPAM	240404	Antiarrhyth	24040424	Class IV A	S	80 MG	ORAL	TABS	EA	100	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999031060	VERAPAM	VERAPAM	240404	Antiarrhyth	24040424	Class IV A	S	80 MG	ORAL	TABS	EA	60	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999031300	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	100		GENERIC		49999		X	N	EXCLUDE	RECALL_DENY: [RECALLED F	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999031321	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	21		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999031328	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	28		GENERIC		49999		X	N	EXCLUDE	RECALL_DENY: [RECALLED F	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999031330	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	30		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999031715	ESTAZOL	ESTAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	15		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999032100	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-25 MG	ORAL	TABS	EA	100	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999032130	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-25 MG	ORAL	TABS	EA	30	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999032304	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	120-12 MC	ORAL	SOLN	ML	120		GENERIC	3/30/2023	49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999032815	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	15		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999032890	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	90		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999033116	PERIDEX	CHLORHE	520424	UNKNOW	52042400	UNKNOW	S	0.12%	MOUTH/T	SOLN	ML	480		MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRM
49999033220	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	R	250 MG/5	ORAL	SOLR	ML	200		MSB		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRM
49999033314	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	14		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999033401	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	1		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999033715	NYSTATI	NYSTATI	840608	UNKNOW	84060800	UNKNOW	S	100000-0.	EXTERNA	CREA	GM	15		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999033760	NYSTATI	NYSTATI	840608	UNKNOW	84060800	UNKNOW	S	100000-0.	EXTERNA	CREA	GM	60		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999034012	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	RECTAL	SUPP	EA	12		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999034425	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	(2.5 MG/3	INHALATI	NEBU	ML	3	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999034500	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999034530	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999034690	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	90		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999034701	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	120		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999034715	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	15		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999034730	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	30		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999034760	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	60		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999034790	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	90		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999034830	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	400 MG	ORAL	TABS	EA	30	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999034860	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	400 MG	ORAL	TABS	EA	60	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999034900	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100MG	ORAL	TB12	EA	100	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999034930	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100MG	ORAL	TB12	EA	30	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999035006	CALAMIN	CALAMIN	841200	Astringent	84120000	Astringent	O	0	EXTERNA	LOTN	ML	180		MSB		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRM
49999035200	ASCORBI	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	TABS	EA	100		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999035315	ALCAINE	PROPARA	521600	Local Ane	52160000	Local Ane	S	0.50%	OPHTHAL	SOLN	ML	15		MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRM
49999035600	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	200-28.5 M	ORAL	SUSR	ML	100		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999035805	OCUFLO	OFLOXAC	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	5		MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRM
49999036028	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	R	105 MG	ORAL	CP24	EA	28		MSB		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRM
49999036030	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	R	105 MG	ORAL	CP24	EA	30		MSB		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRM
49999036115	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	CAPS	EA	15		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999036130	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	CAPS	EA	30		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999036214	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-S	S	10 MG	ORAL	TABS	EA	14	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999036290	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-S	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999036760	SALSALA	SALSALA	280804	Nonsteroid	28080424	Salicylates	S	750 MG	ORAL	TABS	EA	60	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999037260	HYDROX	HYDROX	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	60	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999037715	DESOXIM	DESOXIM	840608	UNKNOW	84060800	UNKNOW	S	0.25%	EXTERNA	CREA	GM	15		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999038024	METHOTF	METHOTF	100000	Antineopla	10000000	Antineopla	S	2.5 MG	ORAL	TABS	EA	24		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999038036	METHOTF	METHOTF	100000	Antineopla	10000000	Antineopla	S	2.5 MG	ORAL	TABS	EA	36		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999038510	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	10		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999038515	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	15		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999038525	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	25		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999038540	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	40		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999038618	RETROVI	ZIDOVUD	81808	Antiretrovi	8180820	Nucleosid	S	100 MG	ORAL	CAPS	EA	18	X	MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRM
49999038705	NEOMYCI	NEOMYCI	520808	Corticoste	52080800	Corticoste	S	.1%-3.5M(	OPHTHAL	SUSP	ML	5		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999038860	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	60	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999038890	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	90	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999038930	IPRATRO	IPRATRO	120808	Antimusca	12080800	Antimusca	S	0.03%	NASAL	SOLN	ML	30	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999039300	SYNTHRO	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	150 MCG	ORAL	TABS	EA	100	X	MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRM
49999039330	SYNTHRO	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	150 MCG	ORAL	TABS	EA	30	X	MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRM
49999039430	PHENOBA	PHENOBA	282404	Barbiturate	28240400	Barbiturate	S	30 MG	ORAL	TABS	EA	30	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999039460	PHENOBA	PHENOBA	282404	Barbiturate	28240400	Barbiturate	S	30 MG	ORAL	TABS	EA	60	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999039490	PHENOBA	PHENOBA	282404	Barbiturate	28240400	Barbiturate	S	30 MG	ORAL	TABS	EA	90	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999039660	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999039928	MULTIPLE	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	50MG-50M	ORAL	TABS	EA	28		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999039930	MULTIPLE	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	50MG-50M	ORAL	TABS	EA	60		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999040507	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	7		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999040528	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	28		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999040530	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	30		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999040805	BLEPHAM	SULFACE	520808	Corticoste	52080800	Corticoste	R	10-0.2 %	OPHTHAL	SUSP	ML	5		SSB	5/2/2022	49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999040960	CAPSAICI	CAPSAICI	849200	Skin and M	84920000	Skin and M	P	0.03%	EXTERNA	CREA	GM	60		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999041000	CLARINE	DESLORA	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	100		MSB		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRM
49999041010	CLARINE	DESLORA	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	10		MSB		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRM
49999041014	CLARINE	DESLORA	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	14		MSB		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRM
49999041030	CLARINE	DESLORA	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	30		MSB		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRM
49999041090	CLARINE	DESLORA	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	90		MSB		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRM
49999041301	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	P	0.50%	EXTERNA	CREA	GM	28.35		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999042314	MOBIC	MELOXIC	280804	Nonsteroid	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	14	X	MSB	12/27/2022	49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRM
49999042402	MYOFLEX	TROLAMI	280804	Nonsteroid	28080424	Salicylates	P	10%	EXTERNA	CREA	GM	60		MSB		49999	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRM
49999042404	MYOFLEX	TROLAMI	280804	Nonsteroid	28080424	Salicylates	P	10%	EXTERNA	CREA	GM	113		MSB		49999	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRM
49999042710	PEPCID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	10	X	MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRM
49999042730	PEPCID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	30	X	MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRM
49999043103	VIRACEP	NELFINA	81808	Antiretrovi	8180808	HIV Prote	R	250 MG	ORAL	TABS	EA	300	X	SSB		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999043215	XENICAL	ORLISTAT	569200	GI Drugs,	56920000	GI Drugs,	R	120 MG	ORAL	CAPS	EA	15		SSB		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999043290	XENICAL	ORLISTAT	569200	GI Drugs,	56920000	GI Drugs,	R	120 MG	ORAL	CAPS	EA	90		SSB		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999043330	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	30	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999043360	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	60	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999043630	NORVAS	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	30	X	MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRM
49999043690	NORVAS	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	90	X	MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRM
49999043800	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.3 MG	ORAL	TABS	EA	100	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999043830	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.3 MG	ORAL	TABS	EA	30	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999044215	PROPARA	PROPARA	521600	Local Ane	52160000	Local Ane	S	0.50%	OPHTHAL	SOLN	ML	15		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999044915	ACTOS	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	15MG	ORAL	TABS	EA	15	X	MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRM
49999045315	AMBIEN	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	15		MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRM
49999045330	AMBIEN	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	30		MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRM
49999045400	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999045410	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	10	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999045460	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
49999045490	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM

49999046910	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	10 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999046960	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	60 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999046990	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	90 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999047030	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999047060	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	60 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999047090	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999047100	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	100 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999047330	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	250 MG	ORAL	TABS	EA	30 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999047360	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	250 MG	ORAL	TABS	EA	60 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999048630	VALTREX	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	30	MSB		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999048830	ZOCOR	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30 X	MSB		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999049012	ZYRTEC-I	CETIRIZIN	40800	Second G	4080000	Second G	P	5MG-120M	ORAL	TB12	EA	12	MSB		49999 N	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999049024	ZYRTEC-I	CETIRIZIN	40800	Second G	4080000	Second G	P	5MG-120M	ORAL	TB12	EA	24	MSB		49999 N	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999049242	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	25 MG	ORAL	TBEC	EA	42 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999049318	CYPROHI	CYPROHE	40400	First Gene	4040000	First Gene	S	4 MG	ORAL	TABS	EA	18	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999049410	MEDROX	MEDROX	683200	Progestins	68320000	Progestins	S	5MG	ORAL	TABS	EA	10 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999049530	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	30 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999049560	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	60 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999049910	DILTIAZEI	DILTIAZEI	240404	Antiarrhyt	24040424	Class IV A	S	360 MG	ORAL	CP24	EA	10 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999050104	FOSAMA	ALENDRC	922400	UNKNOW	92240000	UNKNOW	S	70MG	ORAL	TABS	EA	4 X	MSB		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999050407	MINOCYC	MINOCYC	81224	Tetracyclir	8122400	Tetracyclir	S	50 MG	ORAL	CAPS	EA	7	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999050428	MINOCYC	MINOCYC	81224	Tetracyclir	8122400	Tetracyclir	S	50 MG	ORAL	CAPS	EA	28	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999050507	MINOCYC	MINOCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	7	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999050612	LAMISIL A	TERBINAI	840408	Antifungal	84040804	Allylamine	P	1%	EXTERNA	CREA	GM	12	MSB		49999 N	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999050808	BENZOYL	BENZOYL	840492	Local Anti-	84049200	Local Anti-	S	10%	EXTERNA	LIQD	GM	227	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999051075	SARNA	CAMPHOI	840800	Antipruritic	84080000	Antipruritic	P	0.5-0.5 %	EXTERNA	LOTN	ML	222	MSB		49999 N	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999051130	CAPTOPF	CAPTOPF	243204	Angiotens	24320400	Angiotens	S	50 MG	ORAL	TABS	EA	30 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999051160	CAPTOPF	CAPTOPF	243204	Angiotens	24320400	Angiotens	S	50 MG	ORAL	TABS	EA	60 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999051430	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	2.5 MG	ORAL	TB24	EA	30 X	GENERIC		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999051830	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	30	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999051860	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	60	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999052330	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	2.5-2.5 %	EXTERNA	CREA	GM	30	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999052405	SULFACE	SULFACE	520808	Corticoste	52080800	Corticoste	R	10-0.23 %	OPHTHAL	SOLN	ML	5	MSB		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999053860	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	CAPS	EA	60 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999053918	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	180 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999054015	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	150 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999054060	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	60 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999054224	PENTOXII	PENTOXII	202400	Hemorrhe	20240000	Hemorrhe	S	400 MG	ORAL	TBCR	EA	24 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999054630	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	P	10 MG	ORAL	TABS	EA	30	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999055130	PERPHEN	PERPHEN	281604	Antidepres	28160428	Tricyclics	R	25MG-2M	ORAL	TABS	EA	30 X	MSB		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999055560	PROPRAI	PROPRAI	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	60 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999055900	PRIMIDOI	PRIMIDOI	281204	Anticonvul	28120400	Anticonvul	S	50 MG	ORAL	TABS	EA	100 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999057160	GLYBURII	GLYBURII	682020	Sulfonylur	68202000	Sulfonylur	R	6 MG	ORAL	TABS	EA	60 X	MSB	2/26/2022	49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999057210	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TB24	EA	10 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999057302	MEPHYT(	PHYTONA	882400	Vitamin K	88240000	Vitamin K	S	5 MG	ORAL	TABS	EA	2	MSB	3/30/2023	49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999057400	PHENYTC	PHENYTC	281212	Hydantoin	28121200	Hydantoin	S	100 MG	ORAL	CAPS	EA	100 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999057590	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90 X	GENERIC	12/15/2023	49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999057600	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999057610	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	10 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999057620	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	20 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999058215	ZITHROM	AZITHROI	81212	Macrolides	8121208	UNKNOW	S	100 MG/5I	ORAL	SUSR	ML	15	MSB		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999058330	DOCUSAT	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	30	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999058415	TIZANIDII	TIZANIDII	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	150	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999059110	NEOMYCI	NEOMYCI	520404	Antibacter	52040400	Antibacter	R	1.75-1000	OPHTHAL	SOLN	ML	10	MSB		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999059244	POLYSPC	BACITRA(	840404	Antibacter	84040400	Antibacter	P	500UNIT/(	EXTERNA	OINT	EA	1	MSB		49999 N	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999059430	PROMETI	PROMETI	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	30	GENERIC		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999059490	PROMETI	PROMETI	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	90	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999060115	PAXIL CR	PAROXET	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TB24	EA	15 X	MSB		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999060130	PAXIL CR	PAROXET	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TB24	EA	30 X	MSB		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999060200	SEROQUI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100MG	ORAL	TABS	EA	100 X	MSB		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999060215	SEROQUI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100MG	ORAL	TABS	EA	15 X	MSB		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999060330	SEROQUI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	25MG	ORAL	TABS	EA	30 X	MSB		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999060501	TOPAMA	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100MG	ORAL	TABS	EA	120 X	MSB		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999060515	TOPAMA	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100MG	ORAL	TABS	EA	15 X	MSB		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999060530	TOPAMA	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100MG	ORAL	TABS	EA	30 X	MSB		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999060615	ZYPREXA	OLANZAP	281608	Antipsych	28160804	Atypical A	S	10MG	ORAL	TABS	EA	15 X	MSB		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999060745	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	45	GENERIC		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999061100	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	10 MG	ORAL	CPDR	EA	100 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999061160	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	10 MG	ORAL	CPDR	EA	60 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999061600	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	100 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999061601	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	120 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999061660	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	60 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999061730	CYMBALT	DULOXET	281604	Antidepres	28160416	UNKNOW	S	20 MG	ORAL	CPEP	EA	30 X	MSB		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999061760	CYMBALT	DULOXET	281604	Antidepres	28160416	UNKNOW	S	20 MG	ORAL	CPEP	EA	60 X	MSB		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999062010	GEODON	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	20MG	ORAL	CAPS	EA	10 X	MSB		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999062530	LEVITRA	VARDENA	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	30	MSB	12/27/2022	49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999062960	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	15 MG	ORAL	TABS	EA	60 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999063230	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	30 X	GENERIC	12/15/2023	49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999063690	STRATTE	ATOMOXI	282032	UNKNOW	28203200	UNKNOW	S	25 MG	ORAL	CAPS	EA	90 X	MSB		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999063730	STRATTE	ATOMOXI	282032	UNKNOW	28203200	UNKNOW	S	60 MG	ORAL	CAPS	EA	30 X	MSB		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999064030	TRILEPT	OXCARB	281224	UNKNOW	28122400	UNKNOW	S	150 MG	ORAL	TABS	EA	30 X	MSB		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999064060	TRILEPT	OXCARB	281224	UNKNOW	28122400	UNKNOW	S	150 MG	ORAL	TABS	EA	60 X	MSB		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999064130	TRILEPT	OXCARB	281224	UNKNOW	28122400	UNKNOW	S	300 MG	ORAL	TABS	EA	30 X	MSB		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999064230	VIAGRA	SILDENAI	240812	Calcium-c	24081200	UNKNOW	S	50 MG	ORAL	TABS	EA	30	MSB		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999064422	MUPIROC	MUPIROC	840404	Antibacter	84040400	Antibacter	S	2%	EXTERNA	OINT	GM	22	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999064615	CICLOPIF	CICLOPIF	840408	Antifungal	84040820	Hydroxypy	S	0.77%	EXTERNA	CREA	GM	15	GENERIC		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999064701	GLUCOS	GLUCOS	929200	UNKNOW	92920000	UNKNOW	P	500-400 M	ORAL	CAPS	EA	120	GENERIC		49999 N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999064724	GLUCOS	GLUCOS	929200	UNKNOW	92920000	UNKNOW	P	500-400 M	ORAL	CAPS	EA	240	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999064760	GLUCOS	GLUCOS	929200	UNKNOW	92920000	UNKNOW	P	500-400 M	ORAL	CAPS	EA	60	GENERIC		49999 N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999064790	GLUCOS	GLUCOS	929200	UNKNOW	92920000	UNKNOW	P	500-400 M	ORAL	CAPS	EA	90	GENERIC		49999 N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999064910	BACTRIM	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800MG-16	ORAL	TABS	EA	10	MSB		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999064920	BACTRIM	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800MG-16	ORAL	TABS	EA	20	MSB		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999064930	BACTRIM	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800MG-16	ORAL	TABS	EA	30	MSB		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999064960	BACTRIM	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800MG-16	ORAL	TABS	EA	60	MSB		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999064990	BACTRIM	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800MG-16	ORAL	TABS	EA	90	MSB		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999065030	CHLORTI	CHLORTI	243624	UNKNOW	24362400	UNKNOW	S	25 MG	ORAL	TABS	EA	30 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999065335	BACITRA-	BACITRA(	520808	Corticoste	52080800	Corticoste	S	1%	OPHTHAL	OINT	GM	3.5	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999065630	SULINDA(	SULINDA(	280804	Nonsteroi	28080404	UNKNOW	S	200 MG	ORAL	TABS	EA	30 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999065820	GUAIFEN	GUAIFEN	481600	Expectora	48160000	Expectora	P	400 MG	ORAL	TABS	EA	20	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999066410	BISACOD	BISACOD	561200	Cathartics	56120000	Cathartics	P	5 MG	ORAL	TBEC	EA	10	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999067400	CLORAZE	CLORAZE	282408	Benzodiaz	28240800	Benzodiaz	S	7.5 MG	ORAL	TABS	EA	100	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999069340	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	40	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999069505	ACULAR	KETOROL	520820	Nonsteroi	52082000	Nonsteroi	S	0.50%	OPHTHAL	SOLN	ML	5	MSB		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999069925	CIPROFL(	CIPROFL(	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	2.5	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999070228	ARMOUR	THYROID	683604	Thyroid Ag	68360400	Thyroid Ag	R	60 MG	ORAL	TABS	EA	28 X	SSB		49999 N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999070230	ARMOUR	THYROID	683604	Thyroid Ag	68360400	Thyroid Ag	R	60 MG	ORAL	TABS	EA	30 X	SSB		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999070300	ISONIAZII	ISONIAZII	81604	Antituberc	8160400	Antituberc	S	300 MG	ORAL	TABS	EA	100 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999071012	GLUCOS	GLUCOS	929200	UNKNOW	92920000	UNKNOW	P	500-400 M	ORAL	CAPS	EA	120	GENERIC		49999 N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999071024	GLUCOS	GLUCOS	929200	UNKNOW	92920000	UNKNOW	P	500-400 M	ORAL	CAPS	EA	240	GENERIC		49999 N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999071203	VIGAMOX	MOXIFLO	520404	Antibacter	52040400	Antibacter	S	0.50%	OPHTHAL	SOLN	ML	3	MSB		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999071300	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	125 MG/5I	ORAL	SUSR	ML	100	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999071712	ANUCOR	HYDROC(	840608	UNKNOW	84060800	UNKNOW	S	25MG	RECTAL	SUPP	EA	12	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999072205	MAXIDEX	DEXAMET	520808	Corticoste	52080800	Corticoste	R	0.10%	OPHTHAL	SUSP	ML	5	SSB		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999072305	MAXITRO	NEOMYCI	520808	Corticoste	52080800	Corticoste	S	.1%-3.5M(	OPHTHAL	SUSP	ML	5	MSB		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999072400	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	15 MG	ORAL	CAPS	EA	100	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999072428	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	15 MG	ORAL	CAPS	EA	28	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999072430	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	15 MG	ORAL	CAPS	EA	30	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999072460	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	15 MG	ORAL	CAPS	EA	60	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999072590	DOCUSAT	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	90	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999073215	REGRANI	BECAPLE	849200	Skin and M	84920000	Skin and M	R	0.01%	EXTERNA	GEL	GM	15	SSB		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999073601	LITHIUM (	LITHIUM (	282800	Antimanic	28280000	Antimanic	S	300 MG	ORAL	CAPS	EA	120 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999073801	BENADR	DIPHENH	840800	Antipruritic	84080000	Antipruritic	P	1%-.1%	EXTERNA	CREA	GM	28.3	MSB		49999 N	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999073915	ZYPREXA	OLANZAP	281608	Antipsych	28160804	Atypical A	S	5MG	ORAL	TABS	EA	15 X	MSB		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999074000	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	100 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999074130	NIACIN EI	NIACIN	880800	Vitamin B	88080000	Vitamin B	O	1000 MG	ORAL	TBCR	EA	30	MSB		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999074328	ERYTHR(	ERYTHR(	81212	Macrolides	8121204	Erythromy	R	250 MG	ORAL	TABS	EA	28	MSB	8/16/2024	49999 N	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999074410	ANTIBIOT	NEOMYCI	520808	Corticoste	52080800	Corticoste	S	1%-3.5MG	OTIC	SOLN	ML	10	GENERIC		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999074704	SELENIUI	SELENIUI	840416	UNKNOW	84041600	UNKNOW	S	2.50%	EXTERNA	LOTN	ML	120	GENERIC		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999074815	KETOCOI	KETOCOI	840408	Antifungal	84040808	Azoles	S	2%	EXTERNA	CREA	GM	15	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999074830	KETOCOI	KETOCOI	840408	Antifungal	84040808	Azoles	S	2%	EXTERNA	CREA	GM	30	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999074930	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1%	EXTERNA	SOLN	ML	30	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999075045	BENZOYL	BENZOYL	840492	Local Anti-	84049200	Local Anti-	P	5%	EXTERNA	GEL	GM	45	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999075135	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	OINT	GM	35	GENERIC		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999075260	ERYTHR(	ERYTHR(	520404	Antibacter	52040400	Antibacter	S	2%	EXTERNA	SOLN	ML	60	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999075630	PROTONI	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	40MG	ORAL	TBEC	EA	30 X	MSB		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999075690	PROTONI	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	40MG	ORAL	TBEC	EA	90 X	MSB		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999075715	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	R	0.05%	EXTERNA	GEL	GM	15	MSB		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999075930	BENAZEF	BENAZEF	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999076090	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	30 MG	ORAL	TB24	EA	90 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999076100	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10-12.5 M	ORAL	TABS	EA	100 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999076130	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10-12.5 M	ORAL	TABS	EA	30 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999076502	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	100 MG	ORAL	TABS	EA	2	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999076916	MILK OF I	MAGNESI	561200	Cathartics	56120000	Cathartics	P	400 MG/5I	ORAL	SUSP	ML	473	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999077302	NYSTATII	NYSTATII	81428	Polyenes	8142800	Polyenes	S	100000 UI	MOUTH/T	SUSP	ML	60	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999077630	ZOLOFT	SERTRAL	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TABS	EA	30 X	MSB		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999077650	ZOLOFT	SERTRAL	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TABS	EA	50 X	MSB		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999077700	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	50 MG	ORAL	TABS	EA	100 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999078030	PAXIL CR	PAROXET	281604	Antidepres	28160420	Selective-	S	12.5 MG	ORAL	TB24	EA	30 X	MSB		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999078100	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	100 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999078201	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	CHEW	EA	120 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999078401	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	120 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999078714	PRILOSE(	OMEPRA	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	TBEC	EA	14	MSB		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999079060	DOCUSAT	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	250 MG	ORAL	CAPS	EA	60	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999079100	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	100	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999079121	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	21	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999079200	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	50 MCG	ORAL	TABS	EA	100 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999079230	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	50 MCG	ORAL	TABS	EA	30 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999079400	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	100 MCG	ORAL	TABS	EA	100 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999079401	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	100 MCG	ORAL	TABS	EA	1 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999079500	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	125 MCG	ORAL	TABS	EA	100 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999079501	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	125 MCG	ORAL	TABS	EA	1 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999079600	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	150 MCG	ORAL	TABS	EA	100 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999079601	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	150 MCG	ORAL	TABS	EA	1 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999079901	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	120 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999080330	VITAMIN I	PYRIDOX	880800	Vitamin B	88080000	Vitamin B	P	100 MG	ORAL	TABS	EA	30	GENERIC		49999 N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999080604	SOMBRA	MENTHOI	842404	Basic Loti	84240400	Basic Loti	O	3%-3%	EXTERNA	GEL	GM	113.6	SSB		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999080700	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	100 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999080800	GLYBURII	GLYBURII	682020	Sulfonylur	68202000	Sulfonylur	R	3 MG	ORAL	TABS	EA	100 X	MSB	2/26/2022	49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999081000	E.E.S. GR	ERYTHR(	81212	Macrolides	8121204	Erythromy	S	200 MG/5I	ORAL	SUSR	ML	100	MSB		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999081100	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	100 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999081200	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	100	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999081300	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TABS	EA	100	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999081330	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TABS	EA	30	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999082110	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TB24	EA	10 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999082206	IMITREX	SUMATRI	283228	Selective	28322800	Selective	S	20 MG/AC	NASAL	SOLN	EA	1	MSB	1/18/2024	49999 N	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999082300	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10MG-25M	ORAL	TABS	EA	100 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999082400	SYNTHR(	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	88 MCG	ORAL	TABS	EA	100 X	MSB		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999082500	SYNTHR(	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	100 MCG	ORAL	TABS	EA	100 X	MSB		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999082530	SYNTHR(	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	100 MCG	ORAL	TABS	EA	30 X	MSB		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999082600	CYTOMEI	LIOTHYR(	683604	Thyroid Ag	68360400	Thyroid Ag	S	5MCG	ORAL	TABS	EA	100 X	MSB		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999082736	SUDAFEI	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	P	10 MG	ORAL	TABS	EA	36	MSB		49999 N	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999082900	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	7.5MG	ORAL	TABS	EA	100 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999083101	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	25 MCG/H	TRANSDE	PT72	EA	1	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999083201	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	50 MCG/H	TRANSDE	PT72	EA	1	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999083301	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	75 MCG/H	TRANSDE	PT72	EA	1	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999083305	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	75 MCG/H	TRANSDE	PT72	EA	5	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999083401	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	100 MCG/	TRANSDE	PT72	EA	1	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999083601	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	8MG	ORAL	TABS	EA	120	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999083730	MEPERID	MEPERID	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	30	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999084130	METHAD(	METHAD(	280808	Opiate Ag	28080800	Opiate Ag	S	40 MG	ORAL	TBSO	EA	30	GENERIC		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999084160	METHAD(	METHAD(	280808	Opiate Ag	28080800	Opiate Ag	S	40 MG	ORAL	TBSO	EA	60	GENERIC		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999084230	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999084830	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TABS	EA	30	MSB	12/15/2023	49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999084860	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TABS	EA	60	MSB		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999084930	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TABS	EA	30	MSB	1/17/2023	49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999085105	OXYCOD(	OXYCOD(	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TABS	EA	150	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999085214	OXYCOD(	OXYCOD(	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	14	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999085230	OXYCOD(	OXYCOD(	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	30	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999085260	OXYCOD(	OXYCOD(	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	60	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999085290	OXYCOD(	OXYCOD(	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	90	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999085301	OXYCOD(	OXYCOD(	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	120	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999085340	OXYCOD(	OXYCOD(	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	40	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999085405	OXYCOD(	OXYCOD(	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M(	ORAL	TABS	EA	150	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999085415	OXYCOD(	OXYCOD(	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M(	ORAL	TABS	EA	15	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999085830	ROXICOD	OXYCOD(	280808	Opiate Ag	28080800	Opiate Ag	S	15MG	ORAL	TABS	EA	30	MSB		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999085860	ROXICOD	OXYCOD(	280808	Opiate Ag	28080800	Opiate Ag	S	15MG	ORAL	TABS	EA	60	MSB		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999085890	ROXICOD	OXYCOD(	280808	Opiate Ag	28080800	Opiate Ag	S	15MG	ORAL	TABS	EA	90	MSB		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999085930	ROXICOD	OXYCOD(	280808	Opiate Ag	28080800	Opiate Ag	S	30MG	ORAL	TABS	EA	30	MSB		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999085960	ROXICOD	OXYCOD(	280808	Opiate Ag	28080800	Opiate Ag	S	30MG	ORAL	TABS	EA	60	MSB		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999085990	ROXICOD	OXYCOD(	280808	Opiate Ag	28080800	Opiate Ag	S	30MG	ORAL	TABS	EA	90	MSB		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999086402	ALOE VE	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	0	EXTERNA	OINT	GM	56	SSB		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999086503	VALTREX	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	3	MSB		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999086518	VALTREX	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	18	MSB		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999086530	VALTREX	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	30	MSB		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999086600	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999086700	PHENOB	PHENOB	282404	Barbiturat	28240400	Barbiturat	S	60 MG	ORAL	TABS	EA	100 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999086810	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	10 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999086930	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	30 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999086960	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	60 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999086990	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	90 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999087000	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	30 MG	ORAL	TABS	EA	100 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999087400	DEPAKOT	DIVALPR(	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TBEC	EA	100 X	MSB		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999087460	DEPAKOT	DIVALPR(	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TBEC	EA	60 X	MSB		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999087700	DIOVAN	VALSART	243208	Angiotens	24320800	Angiotens	S	160MG	ORAL	TABS	EA	100 X	MSB		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999087790	DIOVAN	VALSART	243208	Angiotens	24320800	Angiotens	S	160MG	ORAL	TABS	EA	90 X	MSB		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999088130	FLOMAX	TAMSULC	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	30 X	MSB		49999 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999088490	SINGULA	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	5MG	ORAL	CHEW	EA	90 X	MSB		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999088730	ERYTHR(	ERYTHR(	520404	Antibacter	52040400	Antibacter	S	2%	EXTERNA	GEL	GM	30	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999088960	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	60 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999089110	OFLOXAC	OFLOXAC	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	10	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999089212	ACETAZC	ACETAZC	524012	UNKNOW	52401200	UNKNOW	S	250 MG	ORAL	TABS	EA	12 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999089430	PYRIDOX	PYRIDOX	880800	Vitamin B	88080000	Vitamin B	P	50MG	ORAL	TABS	EA	30	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999089901	OXYCOD(	OXYCOD(	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	TABS	EA	120	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999089915	OXYCOD(	OXYCOD(	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	TABS	EA	15	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999089921	OXYCOD(	OXYCOD(	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	TABS	EA	21	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999089930	OXYCOD(	OXYCOD(	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	TABS	EA	30	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999089960	OXYCOD(	OXYCOD(	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	TABS	EA	60	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999089990	OXYCOD(	OXYCOD(	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	TABS	EA	90	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999090090	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	90 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999090102	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	2 MG	ORAL	TABS	EA	20 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999090220	PROMETI	PROMETI	40400	First Gene	4040000	First Gene	S	12.5 MG	ORAL	TABS	EA	20	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999090315	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	15 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999090960	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	TABS	EA	60 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999091030	DETROL I	TOLTERC	861204	UNKNOW	86120400	UNKNOW	S	4 MG	ORAL	CP24	EA	30 X	MSB		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999091260	DOC-Q-L	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	60	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999091400	SUCRALF	SUCRALF	562832	Protectant	56283200	Protectant	S	1 GM	ORAL	TABS	EA	100 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999091590	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	90 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999091790	MEXILETI	MEXILETI	240404	Antiarrhyt	24040408	Class Ib A	S	250 MG	ORAL	CAPS	EA	90 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999092030	RIMANTA	RIMANTA	81804	Adamanta	8180400	Adamanta	R	100 MG	ORAL	TABS	EA	30	MSB		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
49999092215	XOPENE	LEVALBU	121208	beta-Adre	12120812	Selective I	S	45 MCG/A	INHALATI	AERO	GM	15 X	SSB		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999092490	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	90 X	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999092500	DIETHYLI	DIETHYLI	282008	UNKNOW	28200804	UNKNOW	S	25 MG	ORAL	TABS	EA	100	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
49999092528	DIETHYLI	DIETHYLI	282008	UNKNOW	28200804	UNKNOW	S	25 MG	ORAL	TABS	EA	28	GENERIC		49999	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

49999092530	DIETHYLI	DIETHYLI	282008	UNKNOW	28200804	UNKNOW	S	25 MG	ORAL	TABS	EA	30		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
49999092560	DIETHYLI	DIETHYLI	282008	UNKNOW	28200804	UNKNOW	S	25 MG	ORAL	TABS	EA	60		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
49999092590	DIETHYLI	DIETHYLI	282008	UNKNOW	28200804	UNKNOW	S	25 MG	ORAL	TABS	EA	90		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
49999093100	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
49999093102	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	2		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
49999093200	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	100		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
49999093430	ALTACE	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	CAPS	EA	30	X	MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION		R	MEDPRMI
49999093930	COREG	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	30	X	MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION		R	MEDPRMI
49999094030	COZAAR	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50MG	ORAL	TABS	EA	30	X	MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION		R	MEDPRMI
49999094090	COZAAR	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50MG	ORAL	TABS	EA	90	X	MSB		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION		R	MEDPRMI
49999094230	DEPAKOT	DIVALPR(	281292	Anticonvul	28129200	Anticonvul	S	125 MG	ORAL	CSDR	EA	30	X	MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION		R	MEDPRMI
49999094530	LANOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	250MCG	ORAL	TABS	EA	30	X	MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION		R	MEDPRMI
49999094630	LOTREL	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10MG-20M	ORAL	CAPS	EA	30	X	MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION		R	MEDPRMI
49999094730	LOTREL	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5MG-10M	ORAL	CAPS	EA	30	X	MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION		R	MEDPRMI
49999094830	LOTREL	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5MG-20M	ORAL	CAPS	EA	30	X	MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION		R	MEDPRMI
49999095300	SYNTHR(	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	125 MCG	ORAL	TABS	EA	100	X	MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION		R	MEDPRMI
49999095330	SYNTHR(	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	125 MCG	ORAL	TABS	EA	30	X	MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION		R	MEDPRMI
49999095430	SYNTHR(	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	100 MCG	ORAL	TABS	EA	30	X	MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION		R	MEDPRMI
49999095560	TOPAMA)	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50MG	ORAL	TABS	EA	60	X	MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION		R	MEDPRMI
49999096360	METHAD(	METHAD(	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	TABS	EA	60		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
49999096406	ALAVERT	LORATAD	40800	Second G	4080000	Second G	P	10MG	ORAL	TBDP	EA	6		GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
49999096630	DIFLUNIS	DIFLUNIS	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
49999096660	DIFLUNIS	DIFLUNIS	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
49999098100	SULFASA	SULFASA	81220	Sulfonami	8122000	Sulfonami	S	500 MG	ORAL	TABS	EA	100	X	GENERIC		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
49999098630	AROMASI	EXEMEST	681608	Antiestrog	68160800	Antiestrog	S	25MG	ORAL	TABS	EA	30	X	MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION		R	MEDPRMI
49999098830	ATACANI	CANDESA	243208	Angiotens	24320800	Angiotens	S	32MG	ORAL	TABS	EA	30	X	MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION		R	MEDPRMI
49999098930	CADUET	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-10 MG	ORAL	TABS	EA	30	X	MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION		R	MEDPRMI
49999099190	COZAAR	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100MG	ORAL	TABS	EA	90	X	MSB		49999		X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION		R	MEDPRMI
49999099600	TOPROL	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TB24	EA	100	X	MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION		R	MEDPRMI
49999099701	XALATAN	LATANOF	524028	UNKNOW	52402800	UNKNOW	S	0.01%	OPHTHAL	SOLN	ML	2.5	X	MSB		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION		R	MEDPRMI
49999099860	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	10-100 MC	ORAL	TABS	EA	60	X	GENERIC		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
49999099960	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-250 MC	ORAL	TABS	EA	60	X	GENERIC		49999	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000003458	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	CONC	ML	358		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000003461	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	728		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000003530	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	366		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000003534	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	LIQD	ML	88.7		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000003860	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-20MG/1	ORAL	POWD	GM	357		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000003861	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-20MG/1	ORAL	POWD	GM	357		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000005490	ALSOY S	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	12MG/150	ORAL	CONC	ML	390		SSB		50000	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000005494	ALSOY S	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	12MG/150	ORAL	CONC	ML	390		SSB		50000	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000005550	ALSOY S	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	12MG/150	ORAL	LIQD	ML	960		SSB		50000	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000005553	ALSOY S	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	12MG/150	ORAL	LIQD	ML	960		SSB		50000	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000005600	ALSOY S	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	12MG/150	ORAL	POWD	GM	396		SSB		50000	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000005603	ALSOY S	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	12MG/150	ORAL	POWD	GM	396		SSB		50000	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000011123	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-10MG/1	ORAL	LIQD	ML	88.7		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000011125	GOOD ST	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	540MG/10	ORAL	POWD	GM	728		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000011178	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-10MG/1	ORAL	POWD	GM	657		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000012001	FOLLOW-	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	8MG/150M	ORAL	LIQD	ML	960		SSB	11/1/2022	50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000012011	FOLLOW-	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	8MG/150M	ORAL	POWD	GM	360		SSB	11/1/2022	50000	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000012021	GOOD ST	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	8MG/150M	ORAL	POWD	GM	360		SSB		50000	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000012041	FOLLOW-	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	8MG/150M	ORAL	CONC	ML	390		SSB	11/1/2022	50000	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000012051	GOOD ST	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	8MG/150M	ORAL	LIQD	ML	960		SSB		50000	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000012061	GOOD ST	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	8MG/150M	ORAL	CONC	ML	390		SSB		50000	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000012081	FOLLOW-	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	8MG/150M	ORAL	POWD	GM	720		SSB	11/1/2022	50000	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000012101	FOLLOW-	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	8MG/150M	ORAL	LIQD	ML	960		SSB	11/1/2022	50000	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000012111	FOLLOW-	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	8MG/150M	ORAL	POWD	GM	360		SSB	11/1/2022	50000	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000012121	GOOD ST	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	8MG/150M	ORAL	POWD	GM	360		SSB		50000	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000012141	FOLLOW-	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	8MG/150M	ORAL	CONC	ML	390		SSB	11/1/2022	50000	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000012151	GOOD ST	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	8MG/150M	ORAL	LIQD	ML	960		SSB		50000	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000012161	GOOD ST	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	8MG/150M	ORAL	CONC	ML	390		SSB		50000	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000012251	GOOD ST	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	8MG/150M	ORAL	LIQD	ML	254		SSB		50000	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000012281	FOLLOW-	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	8MG/150M	ORAL	POWD	GM	720		SSB	11/1/2022	50000	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000012351	GOOD ST	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	8MG/150M	ORAL	LIQD	ML	254		SSB		50000	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000012491	GERBER	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		50000	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000012611	GOOD ST	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	8MG/150M	ORAL	POWD	GM	720		SSB		50000	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000012621	GOOD ST	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	8MG/150M	ORAL	POWD	GM	720		SSB		50000	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000012741	FOLLOW-	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	12MG/150	ORAL	POWD	GM	420		SSB	11/1/2022	50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000012841	FOLLOW-	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	12MG/150	ORAL	POWD	GM	420		SSB	11/1/2022	50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000013768	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	566		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000015812	NESTLE I	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-10MG/1	ORAL	POWD	GM	360		SSB	1/1/2024	50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000015814	NESTLE I	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-10MG/1	ORAL	POWD	GM	800		SSB	1/1/2024	50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000020458	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	10MG/150	ORAL	POWD	GM	629		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000020459	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	10MG/150	ORAL	POWD	GM	629		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000021667	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-10MG/1	ORAL	POWD	GM	360		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000021669	GOOD ST	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	705MG/10	ORAL	CONC	ML	384		SSB		50000	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000021671	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-10MG/1	ORAL	CONC	ML	358		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000021887	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	658		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000023125	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	660		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000025679	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	754		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000026587	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-10MG/1	ORAL	POWD	GM	566		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000028414	GERBER	LACTOBA	560800	Antidiarrh	56080000	Antidiarrh	O	400 UNIT/	ORAL	LIQD	ML	10		SSB	1/1/2024	50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000033868	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	CONC	ML	240		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000035312	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	366		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000035355	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	ML	250		SSB	7/1/2022	50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000035356	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	LIQD	ML	250		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000037043	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-10MG/2	ORAL	POWD	GM	566		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000037813	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-10MG/1	ORAL	POWD	GM	566		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000039627	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	788		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000041516	CARNATI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000041518	CARNATI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000041568	CARNATI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000041570	CARNATI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000041578	CARNATI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000041580	CARNATI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000047263	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-10M	ORAL	POWD	GM	907		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000048722	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-10MG/1	ORAL	POWD	GM	549		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000049498	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-10M	ORAL	POWD	GM	867		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000049503	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	POWD	GM	680		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000050490	CARNATI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	PACK	EA	10		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000053032	CARNATI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	PACK	EA	10		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000053062	CARNATI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	PACK	EA	10		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000053587	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	694		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000056014	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	658		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000056851	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-10MG/1	ORAL	LIQD	ML	250		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000056871	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-10MG/1	ORAL	LIQD	ML	250		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000059285	GERBER	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000059852	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-15MG/1	ORAL	POWD	GM	400		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000062400	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-10MG/1	ORAL	POWD	GM	351		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000062401	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-10MG/1	ORAL	POWD	GM	351		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000062405	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-10MG/1	ORAL	POWD	GM	657		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000062550	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-10MG/1	ORAL	POWD	GM	351		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000062977	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	623		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000062978	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	623		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000062981	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	623		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000063021	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	680		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000063901	ENDEAV(	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	R	0	DOES NO	MISC	EA	1		NON DRUG		50000			N	EXCLUDE	HARD_MS	3 BRND2	FORMULARY EXCLUSION	DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRMI
50000067580	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	12MG/150	ORAL	POWD	GM	680		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000068581	GERBER	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000070296	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-7MG/20	ORAL	POWD	GM	658		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000076774	NESTLE I	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	20MG/240	ORAL	POWD	GM	800		SSB	1/1/2024	50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000079795	GERBER	LACTOBA	560800	Antidiarrh	56080000	Antidiarrh	O	0	ORAL	LIQD	ML	5		SSB	1/1/2024	50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000082989	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-10MG/1	ORAL	CONC	ML	240		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000085520	GERBER	STERILE	403600	Irrigating S	40360000	Irrigating S	O	0	ORAL	LIQD	ML	88.7		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000085540	GERBER	GLUCOSE	402000	Caloric Ag	40200000	Caloric Ag	P	5%	ORAL	SOLN	ML	88.7		GENERIC		50000			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000085630	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-30MG	ORAL	LIQD	ML	88.7		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000085635	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-30MG	ORAL	POWD	EA	709		SSB	5/11/2022	50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000085670	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-30MG	ORAL	LIQD	ML	88.7		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000085680	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-30MG	ORAL	LIQD	ML	88.7		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000093534	GOOD ST	PRENATA	882800	Multivitam	88280000	Multivitam	O	0.12-33.3	ORAL	CHEW	EA	90		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000093540	GERBER	PEDIATRI	882800	Multivitam	88280000	Multivitam	P	7.5MG-7.5	ORAL	CHEW	EA	60		GENERIC	1/1/2024	50000			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000093542	GERBER	PEDIATRI	882800	Multivitam	88280000	Multivitam	P	6.5MG-6.5	ORAL	CHEW	EA	60		GENERIC	1/1/2024	50000			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000093550	GERBER	LACTOBA	560800	Antidiarrh	56080000	Antidiarrh	O	0	ORAL	LIQD	ML	5		SSB	1/1/2024	50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000093560	GERBER	LACTOBA	560800	Antidiarrh	56080000	Antidiarrh	O	0	ORAL	LIQD	ML	10		SSB	1/1/2024	50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000093570	GERBER	BIFIDOBA	560800	Antidiarrh	56080000	Antidiarrh	O	0	ORAL	LIQD	ML	10		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000093580	GOOD ST	LACTOBA	560800	Antidiarrh	56080000	Antidiarrh	O	0	ORAL	CHEW	EA	30		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000093590	GOOD ST	LACTOBA	560800	Antidiarrh	56080000	Antidiarrh	O	0	ORAL	PACK	EA	1		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000095630	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-20MG/1	ORAL	LIQD	ML	88.7		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50000095660	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-20MG/1	ORAL	LIQD	ML	88.7		SSB		50000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50001000201	GOJJI BL	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1		NON DRUG		50001			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50001000301	GOJJI WE	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		50001			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50001046200	GOJJI MU	BLOOD G	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1		NON DRUG		50001			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50001046203	GOJJI MU	BLOOD G	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1		NON DRUG		50001			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50001046210	GOJJI LA	LANCET D	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		50001			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50001046211	GOJJI MU	BLOOD G	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		50001			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50001046212	GOJJI MU	BLOOD G	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		50001			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50001046230	GOJJI BL	GLUCOSE	362600	Diabetes I	36260000	Diabetes I	O	0	IN VITRO	STRP	EA	200		NON DRUG		50001			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
50001046232	GOJJI BL	GLUCOSE	362600	Diabetes I	36260000	Diabetes I	O	0	IN VITRO	STRP	EA	50		NON DRUG		50001			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
50001046233	GOJJI BL	KETONE I	362600	Diabetes I	36260000	Diabetes I	O	0	IN VITRO	STRP	EA	10		NON DRUG		50001			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50001046235	GOJJI ST	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		50001			N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
50001046239	GOJJI BL	GLUCOSE	362600	Diabetes I	36260000	Diabetes I	O	0	IN VITRO	STRP	EA	420		NON DRUG		50001			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
50001046240	GOJJI CO	BLOOD G	940000	Devices	94000000	Devices	O	0	IN VITRO	SOLN	EA	1		NON DRUG		50001			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50001046241	GOJJI CO	BLOOD K	940000	Devices	94000000	Devices	O	0	IN VITRO	SOLN	EA	1		NON DRUG		50001			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50001080500	KINDERL	ORAL ELE	401200	Replacem	40120000	Replacem	O	1590MG/L	ORAL	SOLN	ML	1000		SSB		50001	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50001080501	KINDERL	ORAL ELE	401200	Replacem	40120000	Replacem	O	1550MG/L	ORAL	SOLN	ML	1000		SSB		50001	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50001080502	KINDERL	ORAL ELE	401200	Replacem	40120000	Replacem	O	1590MG/L	ORAL	SOLN	ML	1000		SSB		50001	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50001080503	KINDERL	ORAL ELE	401200	Replacem	40120000	Replacem	O	1760MG/L	ORAL	SOLN	ML	1000		SSB		50001	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50001080504	KINDERL	ORAL ELE	401200	Replacem	40120000	Replacem	O	630MG/36	ORAL	SOLN	ML	1000		SSB		50001			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50001080505	KINDERL	ORAL ELE	401200	Replacem	40120000	Replacem	O	630MG/36	ORAL	SOLN	ML	1000		SSB		50001			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50001080506	KINDERL	ORAL ELE	401200	Replacem	40120000	Replacem	O	630MG/36	ORAL	SOLN	ML	1000		SSB		50001			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50001080507	KINDERL	ORAL ELE	401200	Replacem	40120000	Replacem	O	1040MG-1	ORAL	PACK	EA	6		SSB		50001			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50001080508	KINDERL	ORAL ELE	401200	Replacem	40120000	Replacem	O	570MG/36	ORAL	SOLN	ML	1000		SSB		50001			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50001080509	KINDERL	ORAL ELE	401200	Replacem	40120000	Replacem	O	570MG/36	ORAL	SOLN	ML	1000		SSB		50001			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50001080510	KINDERL	ORAL ELE	401200	Replacem	40120000	Replacem	O	560MG/36	ORAL	SOLN	ML	1000		SSB		50001			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50001080514	KINDERL	ORAL ELE	401200	Replacem	40120000	Replacem	O	670MG-67	ORAL	PACK	EA	6		SSB		50001			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50001080515	KINDERL	ORAL ELE	401200	Replacem	40120000	Replacem	O	670MG-67	ORAL	PACK	EA	6		SSB		50001			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50001080516	KINDERL	ORAL ELE	401200	Replacem	40120000	Replacem	O	1040MG-1	ORAL	PACK	EA	6		SSB		50001	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50001080534	KINDERL	ORAL ELE	401200	Replacem	40120000	Replacem	O	270MG-27	ORAL	PACK	EA	6		SSB		50001			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50001080547	KINDERL	ORAL ELE	401200	Replacem	40120000	Replacem	O	1590MG/L	ORAL	SOLN	ML	1000		SSB		50001	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50001080558	KINDERL	ORAL ELE	401200	Replacem	40120000	Replacem	O	1590MG/L	ORAL	SOLN	ML	1000		SSB		50001	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50001080559	KINDERL	ORAL ELE	401200	Replacem	40120000	Replacem	O	1590MG/L	ORAL	SOLN	ML	1000		SSB		50001	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50001080560	KINDERL	ORAL ELE	401200	Replacem	40120000	Replacem	O	1590MG/L	ORAL	SOLN	ML	1000		SSB		50001	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50001080565	KINDERS	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	45MG/240	ORAL	LIQD	ML	240		SSB		50001			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50001080566	KINDERS	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	45MG/240	ORAL	LIQD	ML	240		SSB		50001			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50001080569	PAIN & FE	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	SUSP	ML	59		GENERIC		50001			N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50001080570	KINDERM	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	4GM/3ML-	ORAL	SYRP	ML	59		SSB		50001			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50001080571	KINDERM	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	4GM/3ML-	ORAL	SYRP	ML	59		SSB		50001			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50001080572	PAIN & FE	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	SUSP	ML	118		GENERIC		50001			N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50001080573	COUGH &	DEXTROM	480800	Antitussive	48080000	Antitussive	P	5-100 MG/	ORAL	LIQD	ML	118		GENERIC		50001			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50001080574	KINDERM	DIPHENH	40400	First Gene	4040000	First Gene	O	6.25-2.5 M	ORAL	SYRP	ML	118		SSB		50001	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50001080575	KINDERM	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5 MG/5	ORAL	LIQD	ML	118		GENERIC		50001			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50001080577	KINDERL	ORAL ELE	401200	Replacem	40120000	Replacem	O	1590MG/L	ORAL	SOLN	ML	1000		SSB		50001	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50001080580	KINDERL	ORAL ELE	401200	Replacem	40120000	Replacem	O	1590MG/L	ORAL	SOLN	ML	1000		SSB		50001	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50002063901	ENDEAV(	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	R	0	DOES NO	MISC	EA	1		NON DRUG		50002			N	EXCLUDE	HARD_MS	3 BRND2	FORMULARY EXCLUSION	DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRMI
50002064314	INNOVAN	COLLAGE	849200	Skin and I	84920000	Skin and I	R	15 MM	EXTERNA	DISK	EA	1		NON DRUG		50002			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50002064315	INNOVAN	COLLAGE	849200	Skin and I	84920000	Skin and I	R	2 CM X 2	EXTERNA	SHEE	EA	1		NON DRUG		50002			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50002064316	INNOVAN	COLLAGE	849200	Skin and I	84920000	Skin and I	R	4 CM X 4	EXTERNA	SHEE	EA	1		NON DRUG		50002			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50002064317	INNOVAN	COLLAGE	849200	Skin and I	84920000	Skin and I	R	2""X2""	EXTERNA	SHEE	EA	1		NON DRUG		50002			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50002064318	INNOVAN	COLLAGE	849200	Skin and I	84920000	Skin and I	R	4 CM X 6	EXTERNA	SHEE	EA	1		NON DRUG		50002			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50002086002	COMFOR	INSULIN F	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		50002			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
50002086003	COMFOR	INSULIN F	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		50002			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
50002086004	COMFOR	INSULIN F	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		50002			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
50002086005	COMFOR	INSULIN F	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		50002			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
50002086019	COMFOR	INSULIN S	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		50002			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
50002086020	COMFOR	INSULIN S	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		50002			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
50002086024	CLEVER (	HUMIDIFI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		50002			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50002086025	CLEVER (	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		50002			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50002086026	CLEVER (	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		50002			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50002086027	CLEVER (	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		50002			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50002086029	CLEVER (	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		50002			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50002086030	CLEVER (	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		50002			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50002086031	CLEVER (	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		50002			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50002086032	CLEVER (	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		50002			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50002086033	CLEVER (	DISPOSA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		50002			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50002086034	CLEVER (	DISPOSA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		50002			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50002086035	CLEVER (	DISPOSA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		50002			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50002086036	CLEVER (	DISPOSA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		50002			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50002086037	CLEVER (	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	150		NON DRUG		50002			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50002086038	CLEVER (	PEAK FLC	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		SSB		50002			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50002086039	CLEVER (	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		50002			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50002086040	CLEVER (	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		50002			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50002086041	CLEVER (	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		50002			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50002086042	CLEVER (	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	25		NON DRUG		50002			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50002086043	CLEVER (	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		50002			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50002086044	CLEVER (	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		50002			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50002086045	CLEVER (	SPACER/	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		50002			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50002086046	CLEVER (	SPACER/	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		50002			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50002086047	CLEVER (	SPACER/	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		50002			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50002086048	CLEVER (	NEBULIZE	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		50002			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50002086049	CLEVER (	NEBULIZE	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		50002			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50002086050	CLEVER (	MASKS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		50002			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50002086054	ALCOHOL	ALCOHOL	940000	Devices	94000000	Devices	O	70%	DOES NO	PADS	EA	100		NON DRUG		50002			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50002086055	CLEVER (	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		50002			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50002086056	CLEVER (	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		50002			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50002086057	CLEVER (	HEARING	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	2		NON DRUG		50002			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50002086058	CLEVER (	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		50002	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50002086059	CLEVER (	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		50002	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50002086060	LANCETS	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		50002			N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
50002086061	CLEVER (	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		50002	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50002086064	CLEVER (	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		50002	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50002086067	CLEVER (	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		50002	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50002086070	COMFOR	INSULIN F	940000	Devices	94000000	Devices	O	30G X 8 M	DOES NO	MISC	EA	100		NON DRUG		50002			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
50002086071	COMFOR	INSULIN F	940000	Devices	94000000	Devices	O	31G X 5 M	DOES NO	MISC	EA	100		NON DRUG		50002			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
50002086072	COMFOR	INSULIN F	940000	Devices	94000000	Devices	O	31G X 4 M	DOES NO	MISC	EA	100		NON DRUG		50002			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
50003021300	RANGER	PICARIDI	849200	Skin and I	84920000	Skin and I	O	20%	EXTERNA	LIQD	ML	100		SSB		50003			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50003021301	RANGER	PICARIDI	849200	Skin and I	84920000	Skin and I	O	20%	EXTERNA	LIQD	ML	100		SSB		50003			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50003021302	RANGER	PICARIDI	849200	Skin and I	84920000	Skin and I	O	20%	EXTERNA	LIQD	ML	100		SSB		50003			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50003021303	RANGER	PICARIDI	849200	Skin and I	84920000	Skin and I	O	20%	EXTERNA	LIQD	ML	150		SSB		50003			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50003021304	RANGER	PICARIDI	849200	Skin and I	84920000	Skin and I	O	20%	EXTERNA	LIQD	ML	150		SSB		50003			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50003021305	RANGER	PICARIDI	849200	Skin and I	84920000	Skin and I	O	20%	EXTERNA	LIQD	ML	150		SSB		50003			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50003022400	FULL SPE	CANNABI	929200	UNKNOW	92920000	UNKNOW	O	10MG/ML-	ORAL	LIQD	ML	30		SSB		50003			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50003022401	FULL SPE	CANNABI	929200	UNKNOW	92920000	UNKNOW	O	20MG/ML-	ORAL	LIQD	ML	30		SSB		50003			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50003022402	FULL SPE	CANNABI	929200	UNKNOW	92920000	UNKNOW	O	15MG-0	ORAL	CAPS	EA	30		SSB		50003			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50003022403	FULL SPE	CANNABI	929200	UNKNOW	92920000	UNKNOW	O	15MG-0	ORAL	CAPS	EA	60		SSB		50003			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50003022404	FULL SPE	CANNABI	929200	UNKNOW	92920000	UNKNOW	O	5MG/GM-(	EXTERNA	OINT	GM	25		SSB		50003			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50003022405	THC FREI	CANNABI	929200	UNKNOW	92920000	UNKNOW	O	20 MG/ML	ORAL	LIQD	ML	30		SSB		50003			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50003022409	FULL SPE	CANNABI	929200	UNKNOW	92920000	UNKNOW	O	15MG-0	ORAL	CAPS	EA	2		SSB		50003			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50003022410	FULL SPE	CANNABI	929200	UNKNOW	92920000	UNKNOW	O	15MG-0	ORAL	CAPS	EA	2		SSB		50003			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50003027100	LOOP	MISC. DE	940000	Devices	94000000	Devices	R	0	DOES NO	KIT	EA	1		NON DRUG		50003			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50003050652	BIGFOOT	BLOOD G	940000	Devices	94000000	Devices	R	0	DOES NO	KIT	EA	1		NON DRUG		50003			N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GI	R	MEDPRMI
50003050653	BIGFOOT	INSULIN /	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		50003			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50003050654	BIGFOOT	INSULIN /	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		50003			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50003050655	BIGFOOT	INSULIN /	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		50003			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50003050656	BIGFOOT	INSULIN /	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		50003			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50003050660	BIGFOOT	INSULIN /	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		50003			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50003050661	BIGFOOT	INSULIN /	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		50003			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50003050662	BIGFOOT	INSULIN /	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		50003			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50003050663	BIGFOOT	INSULIN /	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		50003			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50003050664	BIGFOOT	INSULIN /	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		50003			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50003050665	BIGFOOT	INSULIN /	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		50003			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50003050666	BIGFOOT	INSULIN /	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		50003			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50003050667	BIGFOOT	INSULIN /	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		50003			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50003050668	BIGFOOT	INSULIN /	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		50003			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50004072500	DEFLUX	DEXTRAN	929200	UNKNOW	92920000	UNKNOW	R	50MG/ML-	INJECTIO	PRSY	ML	1		SSB		50004			N	EXCLUDE	N/A: [DRU	6 SPBD2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50004072501	SOLESTA	DEXTRAN	929200	UNKNOW	92920000	UNKNOW	R	50MG/ML-	INJECTIO	GEL	ML	1		SSB		50004			N	EXCLUDE	N/A: [DRU	6 SPBD2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50004072502	DEFLUX I	NEEDLE (	940000	Devices	94000000	Devices	R	23G X 35	DOES NO	MISC	EA	1		NON DRUG		50004			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50004072510	BARRIGE	HYALURC	929200	UNKNOW	92920000	UNKNOW	R	20 MG/ML	RECTAL	GEL	ML	3		SSB		50004			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND		R	MEDPRMI
50004072513	BARRIGE	HYALURC	929200	UNKNOW	92920000	UNKNOW	R	20 MG/ML	RECTAL	GEL	ML	3		SSB		50004			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND		R	MEDPRMI
50005030808	THERAW(	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-0-0	EXTERNA	KIT	EA	1		SSB		50005			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50005030811	THERAW(	INCONTIN	940000	Devices	94000000	Devices	O	0-0-0-0-0	DOES NO	MISC	EA	60		NON DRUG		50005			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50005030813	THERAW(	HOMEOP.	929200	UNKNOW	92920000	UNKNOW	O	0	EXTERNA	FOAM	ML	607		SSB		50005			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50005030883	THERAW(	HOMEOP.	929200	UNKNOW	92920000	UNKNOW	O	0	EXTERNA	LIQD	ML	74		NON DRUG		50005	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50005030885	THERAW(	HOMEOP.	929200	UNKNOW	92920000	UNKNOW	O	0	EXTERNA	FOAM	ML	101		NON DRUG		50005			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50005030886	THERAW(	HOMEOP.	929200	UNKNOW	92920000	UNKNOW	O	0	EXTERNA	FOAM	ML	210		NON DRUG		50005			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50005030890	THERAW(	HOMEOP.	929200	UNKNOW	92920000	UNKNOW	O	0	EXTERNA	LIQD	ML	50		NON DRUG		50005	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50005030891	THERAW(	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4%	EXTERNA	LIQD	ML	74		GENERIC		50005			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50005030892	THERAW(	HOMEOP.	929200	UNKNOW	92920000	UNKNOW	O	0	EXTERNA	LIQD	ML	74		NON DRUG		50005	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50005030893	THERAW(	HOMEOP.	929200	UNKNOW	92920000	UNKNOW	O	0	EXTERNA	FOAM	ML	101		NON DRUG		50005			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50005030894	THERAW(	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4%	EXTERNA	LIQD	ML	74		GENERIC		50005			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50007042422	ZARBEES	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	34MG/5M	ORAL	SYRP	ML	118		SSB		50007			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
50007042424	ZARBEES	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	25MG/10M	ORAL	SYRP	ML	118		SSB		50007			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI

50007042426	ZARBEES	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-0	ORAL	LIQD	ML	25		SSB		50007			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50008056001	UPSPRIN	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-0-10MG	MOUTH/T	LOZG	EA	28		SSB		50008			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50008056005	UPSPRIN	PRENATA	882800	Multivitam	88280000	Multivitam	O	9-0.267-1	ORAL	CAPS	EA	90		SSB		50008			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50008056012	UPSPRIN	LACTOBA	560800	Antidiarrh	56080000	Antidiarrh	P	0-0	ORAL	CAPS	EA	30		GENERIC		50008			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50010022431	CARESTA	COVID-19	360000	Diagnostic	36000000	Diagnostic	O	0	IN VITRO	KIT	EA	1		NON DRUG		50010			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50011083304	VERIFINE	INSULIN P	940000	Devices	94000000	Devices	O	32G X 4 M	DOES NO	MISC	EA	100		NON DRUG		50011			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRM
50011083312	VERIFINE	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		50011			N	FORMULARY		2	BRAND	PREFERRED BRAND				R	MEDPRM
50011083313	VERIFINE	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		50011			N	FORMULARY		2	BRAND	PREFERRED BRAND				R	MEDPRM
50011083323	VERIFINE	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		50011			N	FORMULARY		2	BRAND	PREFERRED BRAND				R	MEDPRM
50011083326	VERIFINE	INSULIN P	940000	Devices	94000000	Devices	O	32G X 6 M	DOES NO	MISC	EA	100		NON DRUG		50011			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRM
50011083333	VERIFINE	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		50011			N	FORMULARY		2	BRAND	PREFERRED BRAND				R	MEDPRM
50011083342	VERIFINE	INSULIN P	940000	Devices	94000000	Devices	O	31G X 5 M	DOES NO	MISC	EA	100		NON DRUG		50011			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRM
50011083343	VERIFINE	INSULIN P	940000	Devices	94000000	Devices	O	31G X 8 M	DOES NO	MISC	EA	100		NON DRUG		50011			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRM
50011083344	VERIFINE	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		50011			N	FORMULARY		2	BRAND	PREFERRED BRAND				R	MEDPRM
50011083348	VERIFINE	INSULIN P	940000	Devices	94000000	Devices	O	29G X 12M	DOES NO	MISC	EA	100		NON DRUG		50011			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRM
50011083350	VERIFINE	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		50011			N	FORMULARY		2	BRAND	PREFERRED BRAND				R	MEDPRM
50011083355	VERIFINE	INSULIN S	940000	Devices	94000000	Devices	O	31G X 5/1	DOES NO	MISC	EA	100		NON DRUG		50011			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRM
50011083357	VERIFINE	INSULIN S	940000	Devices	94000000	Devices	O	31G X 5/1	DOES NO	MISC	EA	100		NON DRUG		50011			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRM
50011083358	VERIFINE	INSULIN S	940000	Devices	94000000	Devices	O	29G X 1/2	DOES NO	MISC	EA	100		NON DRUG		50011			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRM
50011083360	VERIFINE	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		50011			N	FORMULARY		2	BRAND	PREFERRED BRAND				R	MEDPRM
50011083366	VERIFINE	INSULIN P	940000	Devices	94000000	Devices	O	31G X 5 M	DOES NO	MISC	EA	100		NON DRUG		50011			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRM
50011083368	VERIFINE	INSULIN P	940000	Devices	94000000	Devices	O	31G X 8 M	DOES NO	MISC	EA	100		NON DRUG		50011			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRM
50011083369	VERIFINE	INSULIN P	940000	Devices	94000000	Devices	O	32G X 4 M	DOES NO	MISC	EA	100		NON DRUG		50011			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRM
50011083375	VERIFINE	INSULIN S	940000	Devices	94000000	Devices	O	31G X 5/1	DOES NO	MISC	EA	100		NON DRUG		50011			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRM
50011083376	VERIFINE	INSULIN S	940000	Devices	94000000	Devices	O	29G X 1/2	DOES NO	MISC	EA	100		NON DRUG		50011			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRM
50011083377	VERIFINE	INSULIN S	940000	Devices	94000000	Devices	O	31G X 5/1	DOES NO	MISC	EA	100		NON DRUG		50011			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRM
50011083378	VERIFINE	INSULIN S	940000	Devices	94000000	Devices	O	29G X 1/2	DOES NO	MISC	EA	100		NON DRUG		50011			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRM
50011083379	VERIFINE	INSULIN S	940000	Devices	94000000	Devices	O	31G X 5/1	DOES NO	MISC	EA	100		NON DRUG		50011			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRM
50011083384	VERIFINE	INSULIN S	940000	Devices	94000000	Devices	O	31G X 5/1	DOES NO	MISC	EA	100		NON DRUG		50011			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRM
50011083385	VERIFINE	INSULIN S	940000	Devices	94000000	Devices	O	29G X 1/2	DOES NO	MISC	EA	100		NON DRUG		50011			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRM
50011083386	VERIFINE	INSULIN P	940000	Devices	94000000	Devices	O	32G X 4 M	DOES NO	MISC	EA	50		NON DRUG		50011			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRM
50011083387	VERIFINE	INSULIN P	940000	Devices	94000000	Devices	O	32G X 4 M	DOES NO	MISC	EA	100		NON DRUG		50011			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRM
50011083394	VERIFINE	SHARPS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		50011			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50012016130	FENTANY	DRUG AS	360000	Diagnostic	36000000	Diagnostic	O	0	DOES NO	KIT	EA	2		NON DRUG		50012			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50013075200	OMADA F	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		50013			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION			DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRM
50013075201	OMADA F	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		50013			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION			DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRM
50013075203	OMADA F	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		50013			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION			DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRM
50013075204	OMADA F	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		50013			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION			DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRM
50013075205	OMADA M	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		50013			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION			DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRM
50013075206	OMADA M	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		50013			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION			DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRM
50013075209	OMADA E	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		50013			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION			DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRM
50014063028	NATURAL	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	R	0	DOES NO	MISC	EA	1		SSB		50014			N	EXCLUDE	HARD_MS	3	BRND2	FORMULARY EXCLUSION			DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRM
50015072311	HYDRALY	ORAL ELE	401200	Replacem	40120000	Replacem	O	250MG/24	ORAL	PACK	EA	3		SSB		50015			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50015072316	HYDRALY	ORAL ELE	401200	Replacem	40120000	Replacem	O	1000MG-1	ORAL	PACK	EA	3		SSB		50015			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50016014311	ILIDERM	DERMATC	849200	Skin and M	84920000	Skin and M	R	0-0	EXTERNA	EMUL	ML	250		SSB		50016			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
50016095711	GEL-ONE	CROSS-L	929200	UNKNOW	92920000	UNKNOW	R	30 MG/3M	INTRA-AF	PRSY	ML	3		SSB		50016			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
50016095721	VISCO-3	SODIUM H	929200	UNKNOW	92920000	UNKNOW	R	25 MG/2.5	INTRA-AF	SOSY	ML	2.5		SSB		50016			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
50017081703	OMNI-BIO	PROBIOT	560800	Antidiarrh	56080000	Antidiarrh	O	0-0-0-0-0	ORAL	PACK	EA	60		SSB		50017			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50017081705	OMNI-BIO	PROBIOT	560800	Antidiarrh	56080000	Antidiarrh	O	0-0-0-0-0	ORAL	KIT	EA	30		SSB	6/1/2023	50017			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50018070800	ENCALA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	40MG-0-2	ORAL	POWD	GM	276		SSB		50018			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50018070808	ENCALA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	15MG-120	ORAL	PACK	EA	15		SSB		50018			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50021055608	AMNIOC	AMNIOTIC	929200	UNKNOW	92920000	UNKNOW	R	2 CM X 3	EXTERNA	SHEE	EA	1		SSB		50021			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50021055609	AMNIOC	AMNIOTIC	929200	UNKNOW	92920000	UNKNOW	R	2 CM X 12	EXTERNA	SHEE	EA	1		NON DRUG		50021			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50021055610	AMNIOC	AMNIOTIC	929200	UNKNOW	92920000	UNKNOW	R	3 CM X 3	EXTERNA	SHEE	EA	1		SSB		50021			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50021055611	AMNIOC	AMNIOTIC	929200	UNKNOW	92920000	UNKNOW	R	4 CM X 3	EXTERNA	SHEE	EA	1		SSB		50021			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50021055612	AMNIOC	AMNIOTIC	929200	UNKNOW	92920000	UNKNOW	R	4 CM X 6	EXTERNA	SHEE	EA	1		NON DRUG		50021			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50021055613	AMNIOC	AMNIOTIC	929200	UNKNOW	92920000	UNKNOW	R	4 CM X 4	EXTERNA	SHEE	EA	1		SSB		50021			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50021055614	AMNIOC	AMNIOTIC	929200	UNKNOW	92920000	UNKNOW	R	4 CM X 8	EXTERNA	SHEE	EA	1		NON DRUG		50021			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50021055615	AMNIOC	AMNIOTIC	929200	UNKNOW	92920000	UNKNOW	R	6 CM X 6	EXTERNA	SHEE	EA	1		NON DRUG		50021			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50021055616	AMNIOC	AMNIOTIC	929200	UNKNOW	92920000	UNKNOW	R	6 CM X 9	EXTERNA	SHEE	EA	1		NON DRUG		50021			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50021055617	AMNIOC	AMNIOTIC	929200	UNKNOW	92920000	UNKNOW	R	6 CM X 16	EXTERNA	SHEE	EA	1		NON DRUG		50021			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50021055618	AMNIOC	AMNIOTIC	929200	UNKNOW	92920000	UNKNOW	R	9 CM X 20	EXTERNA	SHEE	EA	1		NON DRUG		50021			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50021086001	ELLUME	COVID-19	360000	Diagnostic	36000000	Diagnostic	O	0	IN VITRO	KIT	EA	1		NON DRUG		50021			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50023005380	CYGNUS	AMNIOTIC	929200	UNKNOW	92920000	UNKNOW	R	2 CM X 3	EXTERNA	SHEE	EA	1		NON DRUG		50023			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50023005381	CYGNUS	AMNIOTIC	929200	UNKNOW	92920000	UNKNOW	R	4 CM X 4	EXTERNA	SHEE	EA	1		NON DRUG		50023			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50023005382	CYGNUS	AMNIOTIC	929200	UNKNOW	92920000	UNKNOW	R	4 CM X 6	EXTERNA	SHEE	EA	1		NON DRUG		50023			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50024042800	PRIMATE	EPHEDRI	121212	alpha- anc	12121200	alpha- anc	P	12.5 MG	ORAL	TABS	EA	24		MSB		50024			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRM
50024042809	PRIMATE	EPHEDRI	121212	alpha- anc	12121200	alpha- anc	P	12.5 MG	ORAL	TABS	EA	60		MSB		50024			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRM
50024042900	ALAVERT	LORATAD	40800	Second G	4080000	Second G	P	5-120 MG	ORAL	TB12	EA	12		GENERIC		50024			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50024042902	ALAVERT	LORATAD	40800	Second G	4080000	Second G	P	5-120 MG	ORAL	TB12	EA	24		GENERIC		50024			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50024042903	ALAVERT	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TBDP	EA	60		GENERIC		50024			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50024042904	ALAVERT	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TBDP	EA	60		GENERIC		50024			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50024042905	ALAVERT	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TBDP	EA	18		GENERIC		50024			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50024043001	FIBERCO	CALCIUM	561200	Cathartics	56120000	Cathartics	P	625 MG	ORAL	TABS	EA	140		GENERIC		50024	N		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50024043002	FIBERCO	CALCIUM	561200	Cathartics	56120000	Cathartics	P	625 MG	ORAL	TABS	EA	90		GENERIC		50024	N		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50024043100	DRISTAN	OXYMETA	523200	Vasocons	52320000	Vasocons	P	0.05%	NASAL	SOLN	ML	15		GENERIC		50024	N		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50024043201	ANBESOL	BENZOCA	840800	Antipruritic	84080000	Antipruritic	P	20%	MOUTH/T	LIQD	ML	12		GENERIC		50024			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50024043203	ANBESOL	BENZOCA	840800	Antipruritic	84080000	Antipruritic	P	20%	MOUTH/T	GEL	GM	9		GENERIC		50024			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50024092400	PIXEL CO	COVID-19	360000	Diagnostic	36000000	Diagnostic	O	0	IN VITRO	KIT	EA	1		NON DRUG		50024			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50025099900	SUPERIO	PROBIOT	560800	Antidiarrh	56080000	Antidiarrh	O	0-0-0-0-0	ORAL	CAPS	EA	60		SSB		50025			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50025099905	DIGESTIV	DIGESTIV	561600	Digestants	56160000	Digestants	O	0-0-0-0-0	ORAL	CAPS	EA	45		SSB		50025			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50025099906	SUPERIO	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	60MG-50M	ORAL	CAPS	EA	60		SSB		50025			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50025099907	SUPERIO	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-0-0-50M	ORAL	CAPS	EA	60		SSB		50025			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50025099908	SUPERIO	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-0-0-25M	ORAL	TABS	EA	60		SSB		50025			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50025099909	SUPERIO	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	0-75MG-7	ORAL	TABS	EA	60		SSB		50025	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50025099910	SUPERIO	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	0-75MG-7	ORAL	TABS	EA	60		SSB		50025	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50025099913	MAGNESI	MAGNESI	401200	Replacem	40120000	Replacem	O	655 MG	ORAL	CAPS	EA	60		GENERIC		50025			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50025099914	PRESCRI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	0-100MG-	ORAL	CAPS	EA	60		SSB		50025			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50025099915	CLARITY	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	700MG-10	ORAL	CAPS	EA	60		SSB		50025			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50025099916	MYLK	FISH OIL-	929200	UNKNOW	92920000	UNKNOW	O	200MG-75	ORAL	CAPS	EA	120		SSB		50025			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50025099917	SUPERIO	PROBIOT	560800	Antidiarrh	56080000	Antidiarrh	O	0-0-0-0-0	ORAL	CAPS	EA	20		SSB		50025			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50025099918	SUPERIO	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	O	1250-25 M	ORAL	CAPS	EA	90		SSB		50025			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50026066000	DIMETAP	PHENYLE	480800	Antitussive	48080000	Antitussive	P	2.5-1-5 M	ORAL	LIQD	ML	118		GENERIC		50026	N		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50026066001	DIMETAP	PHENYLE	480800	Antitussive	48080000	Antitussive	P	2.5-1-5 M	ORAL	LIQD	ML	237		MSB		50026	N		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRM
50026066002	DIMETAP	BROMPHI	40400	First Gene	4040000	First Gene	O	2-5 MG/10	ORAL	LIQD	ML	118		SSB		50026	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50026066005	DIMETAP	DIPHENH	40400	First Gene	4040000	First Gene	O	6.25-2.5-1	ORAL	LIQD	ML	118		SSB		50026			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50026066006	DIMETAP	PHENYLE	480800	Antitussive	48080000	Antitussive	O	1MG/5ML-	ORAL	LQPK	ML	118		SSB		50026			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50026066007	DIMETAP	PHENYLE	480800	Antitussive	48080000	Antitussive	O	1MG/5ML-	ORAL	LQPK	ML	118		SSB		50026			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50027049400	TRUE CO	INSULIN P	940000	Devices	94000000	Devices	O	31G X 8 M	DOES NO	MISC	EA	100		NON DRUG		50027			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRM
50027049401	TRUE CO	INSULIN P	940000	Devices	94000000	Devices	O	32G X 5 M	DOES NO	MISC	EA	100		NON DRUG		50027			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRM
50027049402	TRUE CO	INSULIN P	940000	Devices	94000000	Devices	O	32G X 6 M	DOES NO	MISC	EA	100		NON DRUG		50027			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRM
50027049403	TRUE CO	INSULIN P	940000	Devices	94000000	Devices	O	33G X 4 M	DOES NO	MISC	EA	100		NON DRUG		50027			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRM
50027049404	TRUE CO	INSULIN P	940000	Devices	94000000	Devices	O	33G X 5 M	DOES NO	MISC	EA	100		NON DRUG		50027			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRM
50027049405	TRUE CO	INSULIN P	940000	Devices	94000000	Devices	O	33G X 6 M	DOES NO	MISC	EA	100		NON DRUG		50027			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRM
50027049406	TRUE CO	INSULIN P	940000	Devices	94000000	Devices	O	32G X 4 M	DOES NO	MISC	EA	100		NON DRUG		50027			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRM
50027049407	TRUE CO	INSULIN P	940000	Devices	94000000	Devices	O	31G X 5 M	DOES NO	MISC	EA	100		NON DRUG		50027			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRM
50027049408	TRUE CO	INSULIN P	940000	Devices	94000000	Devices	O	31G X 6 M	DOES NO	MISC	EA	100		NON DRUG		50027			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRM
50027049409	TRUE CO	INSULIN S	940000	Devices	94000000	Devices	O	31G X 5/1	DOES NO	MISC	EA	100		NON DRUG		50027			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRM
50027049410	TRUE CO	INSULIN S	940000	Devices	94000000	Devices	O	31G X 5/1	DOES NO	MISC	EA	100		NON DRUG		50027			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRM
50027049411	TRUE CO	INSULIN S	940000	Devices	94000000	Devices	O	32G X 5/1	DOES NO	MISC	EA	100		NON DRUG		50027			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRM
50027049412	TRUE CO	ALCOHOL	940000	Devices	94000000	Devices	O	70%	DOES NO	PADS	EA	100		NON DRUG		50027			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50027049413	TRUE CO	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		50027			N	FORMULARY		2	BRAND	PREFERRED BRAND				R	MEDPRM
50027049414	TRUE CO	INSULIN S	940000	Devices	94000000	Devices	O	32G X 5/1	DOES NO	MISC	EA	100		NON DRUG		50027			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRM
50027049415	TRUE CO	INSULIN S	940000	Devices	94000000	Devices	O	30G X 5/1	DOES NO	MISC	EA	100		NON DRUG		50027			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRM
50027049416	TRUE CO	INSULIN S	940000	Devices	94000000	Devices	O	30G X 5/1	DOES NO	MISC	EA	100		NON DRUG		50027			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRM
50027049417	TRUE CO	INSULIN S	940000	Devices	94000000	Devices	O	30G X 1/2	DOES NO	MISC	EA	100		NON DRUG		50027			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRM
50027049418	TRUE CO	INSULIN S	940000	Devices	94000000	Devices	O	30G X 1/2	DOES NO	MISC	EA	100		NON DRUG		50027			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRM
50027049422	EASY TAL	GLUCOSE	362600	Diabetes M	36260000	Diabetes M	O	0	IN VITRO	STRP	EA	50		NON DRUG		50027			N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
50027049423	PURE-CO	DISPOSA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		50027			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50027049424	PURE-CO	DISPOSA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		50027			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50027049425	PURE-CO	DISPOSA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		50027			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50027049430	EASY TAL	BLOOD G	940000	Devices	94000000	Devices	O	LOW	IN VITRO	SOLN	EA	1		NON DRUG		50027			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50027049431	EASY TAL	BLOOD G	940000	Devices	94000000	Devices	O	HIGH	IN VITRO	SOLN	EA	1		NON DRUG		50027			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50027049432	ULTRA FI	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		50027			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50027049433	TRUE CO	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		50027			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50027049434	TRUE CO	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		50027			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50027049435	PURE CO	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		50027			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50027049436	ULTRASC	NEBULIZE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		50027			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50027049437	ULTRA C	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		50027			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50027049438	ULTRA C	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		50027			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50027049439	ULTRA C	NASAL DI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		50027			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50027049441	PURE CO	SPACER/	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		50027			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50027049442	TRUE CO	INSULIN P	940000	Devices	94000000	Devices	O	31G X 6 M	DOES NO	MISC	EA	100		NON DRUG		50027			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRM
50027049443	TRUE CO	INSULIN P	940000	Devices	94000000	Devices	O	31G X 5 M	DOES NO	MISC	EA	100		NON DRUG		50027			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRM
50027049444	TRUE CO	INSULIN P	940000	Devices	94000000	Devices	O	32G X 4 M	DOES NO	MISC	EA	100		NON DRUG		50027			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRM
50027049445	PRO HEA	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		50027			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50027049446	SAPS HE	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		50027			N	FORMULARY		2	BRAND	PREFERRED BRAND				R	MEDPRM
50027049447	PRO CON	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		50027			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50027049448	ULTRA C	HEAT WR	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	5		NON DRUG		50027			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50027049449	ULTRA SL	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		50027			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50027049450	TRUE SU	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		50027			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50027049451	SMART N	NEBULIZE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		50027			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50027049452	TOTAL C	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		50027			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50027049453	TOTAL C	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		50027			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50027049454	PRO CON	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		50027			N	FORMULARY		2	BRAND	PREFERRED BRAND				R	MEDPRM
50027049459	TRUE CO	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		50027			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50027049460	ULTRA N	RESPIRA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		50027			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50027049461	EASY CO	SHARPS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		50027			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50027049465	EASY CO	INSULIN S	940000	Devices	94000000	Devices	O	31G X 5/1	DOES NO	MISC	EA	100		NON DRUG		50027			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRM
50027049466	EASY CO	INSULIN S	940000	Devices	94000000	Devices	O	31G X 1/2	DOES NO	MISC	EA	100		NON DRUG		50027			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRM
50027049486	TRUE CO	INSULIN S	940000	Devices	94000000	Devices	O	30G X 1/2	DOES NO	MISC	EA	100		NON DRUG		50027			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRM
50027049487	TRUE CO	INSULIN S	940000	Devices	94000000	Devices	O	30G X 1/2	DOES NO	MISC	EA	100		NON DRUG		50027			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRM
50027049488	TRUE CO	INSULIN S	940000	Devices	94000000	Devices	O	30G X 5/1	DOES NO	MISC	EA	100		NON DRUG		50027			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRM
50027049489	TRUE CO	INSULIN S	940000	Devices	94000000	Devices	O	30G X 5/1	DOES NO	MISC	EA	100		NON DRUG		50027			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRM
50027049490	TRUE CO	INSULIN S	940000	Devices	94000000	Devices	O	31G X 5/1	DOES NO	MISC	EA	100		NON DRUG		50027			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRM
50027049491	TRUE CO	INSULIN S	940000	Devices	94000000	Devices	O	31G X 5/1	DOES NO	MISC	EA	100		NON DRUG		50027			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRM
50027049492	TRUE CO	INSULIN S	940000	Devices	94000000	Devices	O	32G X 5/1	DOES NO	MISC	EA	100		NON DRUG		50027			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRM
50029004355	EPICORD	UMBILICA	929200	UNKNOW	92920000	UNKNOW	R	1 CM X 2	EXTERNA	SHEE	EA	1		NON DRUG		50029			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50035061501	MELATON	MELATON	929200	UNKNOW	92920000	UNKNOW	P	3 MG	ORAL	TABS	EA	100		GENERIC		50035			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50035061503	MELATON	MELATON	929200	UNKNOW	92920000	UNKNOW	P	5 MG	ORAL	TABS	EA	100		GENERIC		50035			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50038024702	RELIEVR	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	R	0	DOES NO	KIT	EA	1		NON DRUG		50038			N	EXCLUDE	HARD_MS	3	BRND2	FORMULARY EXCLUSION			DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRM
50039085944	OMEGA-3	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	100		GENERIC		50039			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50042003715	GOTOKN	COVID-19	360000	Diagnostic	36000000	Diagnostic	O	0	IN VITRO	KIT	EA	1		NON DRUG		50042			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50042055907	COVID-19	COVID-19	360000	Diagnostic	36000000	Diagnostic	O	0	IN VITRO	KIT	EA	1		NON DRUG		50042			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50042055908	COVID-19	COVID-19	360000	Diagnostic	36000000	Diagnostic	O	0	IN VITRO	KIT	EA	1		NON DRUG		50042			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50042055909	COVID-19	COVID-19	360000	Diagnostic	36000000	Diagnostic	O	0	IN VITRO	KIT	EA	1		NON DRUG		50042			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50042055912	COVID-19	COVID-19	360000	Diagnostic	36000000	Diagnostic	O	0	IN VITRO	KIT	EA	1		NON DRUG		50042			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50044011816	IHEALTH	LANCET D	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		50044			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50044011823	IHEALTH	BLOOD G	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1		NON DRUG		50044			N	EXCLUDE	HARD_MS	20		FORMULARY EXCLUSION			FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRM
50044011824	IHEALTH	BLOOD G	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1		NON DRUG		50044			N	EXCLUDE	HARD_MS	20		FORMULARY EXCLUSION			FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRM
50044011843	COVID-19	INFLUEN	360000	Diagnostic	36000000	Diagnostic	O	0	IN VITRO	KIT	EA	1		NON DRUG		50044			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50044011845	COVID-19	INFLUEN	360000	Diagnostic	36000000	Diagnostic	O	0	IN VITRO	KIT	EA	1		NON DRUG		50044			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50050000101	ILET INSU	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	DEVI	EA	1		NON DRUG		50050			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	X	PA,X		R	MEDPRM
50050000201	ILET STA	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		50050			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	X	PA,X		R	MEDPRM
50050000301	ILET STA	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		50050			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	X	PA,X		R	MEDPRM
50050000401	ILET STA	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		50050			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	X	PA,X		R	MEDPRM
50050010010	ILET INFL	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	50		NON DRUG		50050			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	X	PA,X		R	MEDPRM
50050010015	ILET INFL	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	75		NON DRUG		50050			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	X	PA,X		R	MEDPRM
50050010115	ILET CON	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	75		NON DRUG		50050			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	X	PA,X		R	MEDPRM
50050010120	ILET CON	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	100		NON DRUG		50050			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	X	PA,X		R	MEDPRM
50050010210	ILET INFL	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	50		NON DRUG		50050			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	X	PA,X		R	MEDPRM
50050010215	ILET INFL	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	75		NON DRUG		50050			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	X	PA,X		R	MEDPRM
50052082404	CHICKEN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-65MG	ORAL	POWD	GM	454		SSB		50052			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50052082405	KALE/QUI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-62.5M	ORAL	POWD	GM	429.5		SSB		50052			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50052082408	CHICKEN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-66.75M	ORAL	POWD	GM	445.9		SSB		50052			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50052082409	KALE/QUI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-66.75M	ORAL	POWD	GM	428.7		SSB		50052			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50058086400	TRUE CO	INSULIN P	940000	Devices	94000000	Devices	O	32G X 4 M	DOES NO	MISC	EA	100		NON DRUG		50058			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRM
50058086401	TRUE CO	INSULIN P	940000	Devices	94000000	Devices	O	31G X 5 M	DOES NO	MISC	EA	100		NON DRUG		50058			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRM
50058086402	TRUE CO	INSULIN P	940000	Devices	94000000	Devices	O	31G X 6 M	DOES NO	MISC	EA	100		NON DRUG		50058			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRM
50058086403	PRO CON	INSULIN S	940000	Devices	94000000	Devices	O	30G X 5/1	DOES NO	MISC	EA	100		NON DRUG		50058			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRM
50058086404	PRO CON	INSULIN S	940000	Devices	94000000	Devices	O	30G X 5/1	DOES NO	MISC	EA	100		NON DRUG		50058			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRM
50058086405	PRO CON	INSULIN S	940000	Devices	94000000	Devices	O	31G X 5/1	DOES NO	MISC	EA	100		NON DRUG		50058			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRM
50058086406	PRO CON	INSULIN S	940000	Devices	94000000	Devices	O	31G X 5/1	DOES NO	MISC	EA	100		NON DRUG		50058			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRM
50058086408	EASY CO	SHARPS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		50058			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50058086409	EASY CO	SHARPS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		50058			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50058086410	TRUE CO	INSULIN P	940000	Devices	94000000	Devices	O	32G X 4 M	DOES NO	MISC	EA	100		NON DRUG		50058			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRM
50059034007	PKU EAS	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	R	2.17GM/1	ORAL	TBEC	GM	100		SSB		50059			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50059034106	CITRULLI	CITRULLI	401000	Ammonia	40100000	Ammonia	O	1 GM	ORAL	TBCR	EA	300	X	SSB		50059			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50059034108	PKU EAS	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	.84GM/34	ORAL	POWD	EA	30		SSB		50059			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50059034115	PKU EAS	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	R	3.2GM/10	ORAL	TABS	EA	77		SSB		50059			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50059034116	TYR EAS	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	R	5.09GM/1	ORAL	TABS	EA	77		SSB		50059			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50059034117	MSUD EA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	R	8.08GM/1	ORAL	TABS	EA	77		SSB		50059			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50059034118	HCU EAS	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	R	3.18GM/1	ORAL	TABS	EA	77		SSB		50059			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50059034342	PKU EAS	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	3.07GM/1	ORAL	TBEC	GM	110		SSB		50059			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50066001100	WW BEH	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		50066			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION			DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRM
50066001101	WW BEH	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		50066			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION			DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRM
50066001102	WW BEH	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		50066			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION			DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRM
50066001103	WW BEH	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		50066			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION			DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRM
50066001104	WW CLIN	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		50066			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION			DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRM
50072001001	TPOXX	TECOVIR	81892	Antivirals,	8189200	Antivirals,	R	200 MG/2	INTRAVE	SOLN	ML	20		SSB		50072			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50072001030	TPOXX	TECOVIR	81892	Antivirals,	8189200	Antivirals,	R	200 MG/2	INTRAVE	SOLN	ML	20		SSB		50072			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50072020042	TPOXX	TECOVIR	81892	Antivirals,	8189200	Antivirals,	R	200 MG	ORAL	CAPS	EA	42		SSB		50072			N	FORMULARY		2	BRAND	PREFERRED BRAND				R	MEDPRM
50081000300	MYGLUC	BLOOD G	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1		NON DRUG		50081			N	EXCLUDE	HARD_MS	20		FORMULARY EXCLUSION			FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR	R	MEDPRM
50081000301	MYGLUC	GLUCOSE	362600	Diabetes M	36260000	Diabetes M	O	0	IN VITRO	STRP	EA	50		NON DRUG		50081			N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
50081000303	MYGLUC	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		50081			N	FORMULARY		2	BRAND	PREFERRED BRAND				R	MEDPRM
50081000321	MYGLUC	BLOOD G	940000	Devices	94000000	Devices	O	0	IN VITRO	SOLN	EA	1		NON DRUG		50081			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090000100	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	120 MG	RECTAL	SUPP	EA	12		GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090000204	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TABS	EA	20		GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090000208	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TABS	EA	100		GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090000401	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TBEC	EA	30		GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090000403	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TBEC	EA	100		GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090000405	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TBEC	EA	90		GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090000500	TYLENOL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	24		MSB		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			FORMULARY EXCLUSION				R	MEDPRM
50090002300	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	TABS	EA	10		GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090002301	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	TABS	EA	14		GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090002303	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	TABS	EA	20		GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090002305	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	TABS	EA	28		GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090002308	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	TABS	EA	60		GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090002604	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	50 MG	ORAL	CAPS	EA	30		GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090002902	DILANTIN	PHENYTC	281212	Hydantoin	28121200	Hydantoin	S	100 MG	ORAL	CAPS	EA	30	X	MSB		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			FORMULARY EXCLUSION				R	MEDPRM
50090003000	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090003001	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090003006	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090003100	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090003101	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090003104	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090003108	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090003400	IMIPRAMI	IMIPRAMI	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090003900	DIPHENO	DIPHENO	560800	Antidiarrh	56080000	Antidiarrh	S	2.5-0.025	ORAL	TABS	EA	15		GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090003901	DIPHENO	DIPHENO	560800	Antidiarrh	56080000	Antidiarrh	S	2.5-0.025	ORAL	TABS	EA	20		GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090003902	DIPHENO	DIPHENO	560800	Antidiarrh	56080000	Antidiarrh	S	2.5-0.025	ORAL	TABS	EA	30		GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090004000	DIPHENO	DIPHENO	560800	Antidiarrh	56080000	Antidiarrh	S	2.5-0.025	ORAL	TABS	EA	20		GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090004400	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	100	X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090004403	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	90	X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090004900	ALLERGY	CHLORPH	40400	First Gene	4040000	First Gene	P	4 MG	ORAL	TABS	EA	24		GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090005000	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	21	X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090005001	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	30	X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090005003	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	90	X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090005100	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	20	X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090005201	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090005203	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	100	X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090005207	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	60	X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090005300	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090005401	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090005403	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	100	X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090005407	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	60	X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090005500	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090005608	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	60	X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090005700	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	90	X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090007002	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	20		GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090007100	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	40		GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090007202	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	20		GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090007203	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	28		GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090007204	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	40		GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090007205	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	30		GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090007208	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	4		GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090007300	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	40		GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090007900	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	20		GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090007901	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	28		GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090007902	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	40		GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090007903	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	14		GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090007905	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	10		GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090007906	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	30		GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090007907	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	100		GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090007908	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	4		GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090008001	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	12		GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090008003	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	6		GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090008100	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	40		GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
50090008101	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	28		GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION				R	MEDPRM

50090074500	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	CAPS	EA	30 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090074501	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	CAPS	EA	60 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090074503	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	CAPS	EA	90 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090074700	NABUMET	NABUMET	280804	Nonsteroic	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090074704	NABUMET	NABUMET	280804	Nonsteroic	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	14 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090074705	NABUMET	NABUMET	280804	Nonsteroic	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	20 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090074707	NABUMET	NABUMET	280804	Nonsteroic	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090074708	NABUMET	NABUMET	280804	Nonsteroic	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	90 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090074900	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	10 MG	ORAL	CAPS	EA	30 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090074902	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	10 MG	ORAL	CAPS	EA	90 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090075700	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090075701	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090075900	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090075902	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090076100	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090076102	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090076200	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090076202	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090076300	SILVER S	SILVER S	840416	UNKNOW	84041600	UNKNOW	S	1%	EXTERNA	CREA	GM	25	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090076500	CLARINE	DESLORA	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	30	MSB		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
50090076800	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1%	EXTERNA	GEL	GM	30	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090076900	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	60 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090076904	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	30 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090076905	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	180 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090077500	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	60 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090077502	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	100 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090077503	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	30 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090077505	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	180 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090078500	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TABS	EA	60 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090078503	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TABS	EA	90 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090078701	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	30 MG	ORAL	TB24	EA	100 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090078702	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	30 MG	ORAL	TB24	EA	90 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090078900	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	5-6.25 MG	ORAL	TABS	EA	30 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090078902	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	5-6.25 MG	ORAL	TABS	EA	90 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090079500	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	30 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090079501	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	60 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090079502	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	90 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090079600	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	2.5-6.25 M	ORAL	TABS	EA	30 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090079900	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	10-6.25 M	ORAL	TABS	EA	30 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090080000	NABUMET	NABUMET	280804	Nonsteroic	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	30 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090080002	NABUMET	NABUMET	280804	Nonsteroic	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	14 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090080003	NABUMET	NABUMET	280804	Nonsteroic	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	60 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090080004	NABUMET	NABUMET	280804	Nonsteroic	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	20 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090080600	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	30	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090080601	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	20	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090080602	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	50	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090080603	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	100	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090080604	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	15	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090080605	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	60	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090080609	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	120	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090080701	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	90	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090080702	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	10	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090080703	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	180	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090080800	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	30 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090080801	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	100 X	GENERIC		50090 N		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090080802	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	90 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090080900	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090080903	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	90 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090081100	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	30	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090081101	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	60	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090081300	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	30	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090081301	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	60	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090081500	BACITRA	BACITRA	840404	Antibacter	84040400	Antibacter	P	500 UNIT/	EXTERNA	OINT	GM	14	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090081700	NIACIN EI	NIACIN	880800	Vitamin B	88080000	Vitamin B	P	500 MG	ORAL	TBCR	EA	100	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090081701	NIACIN EI	NIACIN	880800	Vitamin B	88080000	Vitamin B	P	500 MG	ORAL	TBCR	EA	30	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090081800	MUCINEX	GUAIFEN	481600	Expectora	48160000	Expectora	P	600 MG	ORAL	TB12	EA	40	MSB		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
50090081900	KENALOG	TRIAMCIN	680400	Adrenals	68040000	Adrenals	S	40 MG/ML	INJECTIO	SUSP	ML	10	MSB		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
50090082000	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500-125 M	ORAL	TABS	EA	20	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090082001	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500-125 M	ORAL	TABS	EA	21	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090082002	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500-125 M	ORAL	TABS	EA	30	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090082003	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500-125 M	ORAL	TABS	EA	15	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090082100	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	20	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090082101	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	10	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090082102	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	14	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090082103	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	28	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090082105	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	1	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090082200	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	20	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090082201	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	10	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090082202	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	14	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090082203	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	28	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090082800	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090082802	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	15 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090082803	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	60 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090082805	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090082806	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	200 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090082807	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	180 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090082808	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	7 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090083100	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	400-57 MG	ORAL	SUSR	ML	100	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090083200	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	200-28.5 M	ORAL	SUSR	ML	100	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090083600	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	10	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090083601	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	20	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090083603	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	15	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090083604	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090083605	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090083606	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	7	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090083700	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090083800	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	10	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090083801	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	20	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090083803	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	15	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090083804	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090083805	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090083806	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	7	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090083900	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090084002	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	60	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090084003	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	15	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090084004	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	30	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090084100	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	120	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090084102	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	60	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090084103	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	15	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090084104	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	30	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090084106	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	90	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090084107	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	14	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090084300	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	20	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090084307	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	12	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090084401	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	15	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090084500	BACITRA	BACITRA	840404	Antibacter	84040400	Antibacter	P	500 UNIT/	EXTERNA	OINT	EA	1	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090084600	BACITRA	BACITRA	840404	Antibacter	84040400	Antibacter	P	500 UNIT/	EXTERNA	OINT	GM	28.4	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090084900	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090084901	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	TABS	EA	60 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090084902	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090085000	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090085001	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	TABS	EA	60 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090085002	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090085200	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TB24	EA	30 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090085202	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TB24	EA	90 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090085800	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	400 MG/5I	ORAL	SUSR	ML	100	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090085900	VIGAMOX	MOXIFLO	520404	Antibacter	52040400	Antibacter	S	0.50%	OPHTHAL	SOLN	ML	3	MSB		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
50090086100	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	60 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090086101	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	30 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090086102	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	180 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090086103	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	90 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090086200	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	60 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090086201	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	30 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090086202	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	180 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090086203	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	90 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090086300	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	20	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090086301	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	14	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090086303	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	6	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090086304	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	28	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090086305	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	10	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090086307	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	30	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090086308	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	1	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090086400	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	20	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090086500	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	14	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090086501	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	10	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090086502	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	6	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090086600	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	14	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090086601	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	10	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090086700	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	6	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090086701	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	14	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090086702	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	10	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090086900	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	1	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090086901	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	12	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090086902	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	2	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090086903	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	4	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090087002	TRUVADA	EMTRICIT	81808	Antiretrovi	8180820	Nucleosid	S	200-300 M	ORAL	TABS	EA	5 X	MSB		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
50090087003	TRUVADA	EMTRICIT	81808	Antiretrovi	8180820	Nucleosid	S	200-300 M	ORAL	TABS	EA	3 X	MSB		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
50090087600	LANTUS	INSULIN (	682008	Insulins	68200816	UNKNOW	R	100 UNIT/	SUBCUTA	SOLN	ML	10 X	MSB		50090	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
50090087700	BENICAR	OLMESAR	243208	Angiotens	24320800	Angiotens	S	20 MG	ORAL	TABS	EA	30 X	MSB		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
50090087800	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	S	50 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090087900	PROMETI	PROMETI	40400	First Gene	4040000	First Gene	S	50 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		50090	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090088100	CIPROFL	CIPROFL	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	2.5	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090088200	CIPROFL	CIPROFL	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	5	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090088300	MEDROX	MEDROX	683200	Progestins	68320000	Progestins	S	150 MG/M	INTRAMU	SUSP	ML	1	GENERIC		50090	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090088500	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	50 MCG	ORAL	TABS	EA	30 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090088501	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	50 MCG	ORAL	TABS	EA	90 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090088700	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	2.5-500 M	ORAL	TABS	EA	60 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090088702	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	2.5-500 M	ORAL	TABS	EA	180 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090088800	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5-500 MG	ORAL	TABS	EA	60 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090088801	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5-500 MG	ORAL	TABS	EA	30 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090088802	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5-500 MG	ORAL	TABS	EA	100 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090088803	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5-500 MG	ORAL	TABS	EA	90 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090088804	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5-500 MG	ORAL	TABS	EA	180 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090089100	OFLOXAC	OFLOXAC	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	5	GENERIC	3/30/2023	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090089200	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090089201	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	TABS	EA	60 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090089202	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090089203	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090089600	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	100 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090089601	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	30 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090089602	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	60 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090089603	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	120 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090089604	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090089605	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	240 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090089606	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	270 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090089608	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	42 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090089609	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	14 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090089800	MUPIROC	MUPIROC	840404	Antibacter	84040400	Antibacter	S	2%	EXTERNA	OINT	GM	22	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090090000	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	75 MCG	ORAL	TABS	EA	30 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090090001	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	75 MCG	ORAL	TABS	EA	90 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090090100	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	75 MCG	ORAL	TABS	EA	30 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090090101	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	75 MCG	ORAL	TABS	EA	90 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090090300	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	125 MCG	ORAL	TABS	EA	30 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090090301	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	125 MCG	ORAL	TABS	EA	90 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090090500	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	150 MCG	ORAL	TABS	EA	30 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090090501	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	150 MCG	ORAL	TABS	EA	90 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090090900	ASPIRIN	ASPIRIN	280804	Nonsteroic	28080424	Salicylates	P	81 MG	ORAL	CHEW	EA	36	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090091000	FLOVENT	FLUTICAS	680400	Adrenals	68040000	Adrenals	S	110 MCG/	INHALATI	AERO	GM	12 X	SSB	12/18/2023	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090091200	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090091202	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090091300	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090091301	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090091400	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	30 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090091401	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	90 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090091600	FLOVENT	FLUTICAS	680400	Adrenals	68040000	Adrenals	S	44 MCG/A	INHALATI	AERO	GM	10.6 X	SSB	12/18/2023	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090091700	TERCON	TERCON	840408	Antifungal	84040808	Azoles	S	0.40%	VAGINAL	CREA	GM	45	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090092100	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-s	S	40 MG	ORAL	TABS	EA	30 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090092101	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-s	S	40 MG	ORAL	TABS	EA	90 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090092300	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-s	S	40 MG	ORAL	TABS	EA	30 X	GENERIC		50090 Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090092301	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-s	S	40 MG	ORAL	TABS	EA	90 X	GENERIC		50090 Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090092700	CLARITH	CLARITH	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	20	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090092800	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	400-57 MG	ORAL	SUSR	ML	50	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090093400	FLOVENT	FLUTICAS	680400	Adrenals	68040000	Adrenals	S	220 MCG/	INHALATI	AERO	GM	12 X	SSB	12/18/2023	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090094200	TAMOXIF	TAMOXIF	681612	Estrogen /	68161200	Estrogen /	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090094400	CEFTRIA	CEFTRIA	81206	Cephalosp	8120612	Third Gen	S	500 MG	INJECTIO	SOLR	EA	1	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090094500	CEFTRIA	CEFTRIA	81206	Cephalosp	8120612	Third Gen	S	1 GM	INJECTIO	SOLR	EA	1	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090094501	CEFTRIA	CEFTRIA	81206	Cephalosp	8120612	Third Gen	S	1 GM	INJECTIO	SOLR	EA	1	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090094701	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	30	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090094703	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	2	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090094900	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090094901	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	100 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090094902	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090095001	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	60 MG	ORAL	TABS	EA	30	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090095500	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	15 MG/5M	ORAL	SOLN	ML	237	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090095800	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	4	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090096000	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	3	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090096100	ATROVEN	IPRATRO	120808	Antimusca	12080800	Antimusca	R	17 MCG/A	INHALATI	AERS	GM	12.9 X	SSB		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090096201	DIGOX	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	250MCG	ORAL	TABS	EA	100 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090096303	RIFAMPIN	RIFAMPIN	81604	Antituberc	8160400	Antituberc	S	300 MG	ORAL	CAPS	EA	60	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090096403	RIFAMPIN	RIFAMPIN	81604	Antituberc	8160400	Antituberc	S	300 MG	ORAL	CAPS	EA	60	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090096700	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	30	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090096701	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	45	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090096702	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	16	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090096703	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	40	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090096704	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	20	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090096800	FLUTICAS	FLUTICAS	520808	Corticoste	52080800	Corticoste	S	50 MCG/A	NASAL	SUSP	GM	16	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090097300	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090097301	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090097500	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090097501	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090098000	ATRIPLA	EFAVIREI	81808	Antiretrovi	8180820	Nucleosid	S	600-200-3	ORAL	TABS	EA	30 X	MSB	1/10/2023	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
50090098300	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	200 MG/5I	ORAL	SUSR	ML	22.5	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090098400	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	200 MG/5I	ORAL	SUSR	ML	30	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090098500	MELOXIC	MELOXIC	280804	Nonsteroic	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	7 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090098501	MELOXIC	MELOXIC	280804	Nonsteroic	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	14 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090098502	MELOXIC	MELOXIC	280804	Nonsteroic	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090098503	MELOXIC	MELOXIC	280804	Nonsteroic	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	60 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090098504	MELOXIC	MELOXIC	280804	Nonsteroic	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090098600	MELOXIC	MELOXIC	280804	Nonsteroic	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	7 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090098601	MELOXIC	MELOXIC	280804	Nonsteroic	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	14 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090098602	MELOXIC	MELOXIC	280804	Nonsteroic	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	30 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090098603	MELOXIC	MELOXIC	280804	Nonsteroic	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	60 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090098604	MELOXIC	MELOXIC	280804	Nonsteroic	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	100 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090098606	MELOXIC	MELOXIC	280804	Nonsteroic	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	90 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090098607	MELOXIC	MELOXIC	280804	Nonsteroic	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	10 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090098900	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-s	S	50 MG	ORAL	TABS	EA	30 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090098901	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-s	S	50 MG	ORAL	TABS	EA	60 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090098902	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-s	S	50 MG	ORAL	TABS	EA	90 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090099100	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-s	S	100 MG	ORAL	TABS	EA	30 X	GENERIC		50090 Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090099101	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-s	S	100 MG	ORAL	TABS	EA	60 X	GENERIC		50090 Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090099102	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-s	S	100 MG	ORAL	TABS	EA	90 X	GENERIC		50090 Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090099200	SUDOGE	PHENYLE	121204	alpha-Adre	12120400	alpha-Adre	P	10 MG	ORAL	TABS	EA	36	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090099400	CLARITH	CLARITH	81212	Macrolides	8121208	UNKNOW	R	250 MG/5I	ORAL	SUSR	ML	50	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090099600	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	600-42.9 M	ORAL	SUSR	ML	125	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090099901	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090099902	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090099903	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	200 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090100001	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090100002	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	100 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090100003	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090100004	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	200 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090100100	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10MG	ORAL	TBPK	EA	21	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090100200	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	48	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090100600	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	30 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090100601	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	100 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090100602	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	60 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090100603	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	90 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090100604	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	180 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090100800	NUVARIN	ETONOGI	681200	Contracep	68120000	Contracep	S	0.12-0.015	VAGINAL	RING	EA	1 X	MSB		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
50090101000	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	30 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090101001	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	90 X	GENERIC		50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

50090131901	PIOGLITA	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	15 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090132000	PIOGLITA	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	30 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090132001	PIOGLITA	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	30 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090132100	PIOGLITA	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	45 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090132101	PIOGLITA	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	45 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090132200	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics a	S	50 MG	ORAL	CAPS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090132300	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics a	S	50 MG	ORAL	CAPS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090132600	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090132601	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	100	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090132602	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090132603	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	60	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090132700	PREZISTA	DARUNAV	81808	Antiretrovi	8180808	HIV Protea	S	800 MG	ORAL	TABS	EA	30	X	MSB		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] FORMULARY EXCLUSION	R	MEDPRIM
50090132800	KETOROL	KETOROL	280804	Nonsteroid	28080404	UNKNOW	S	60 MG/2M	INTRAMU	SOLN	ML	2		GENERIC		50090		Y	X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090132801	KETOROL	KETOROL	280804	Nonsteroid	28080404	UNKNOW	S	60 MG/2M	INTRAMU	SOLN	ML	2		GENERIC		50090		Y	X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090132900	PROAIR H	ALBUTER	121208	beta-Adre	12120812	Selective I	S	108 (90 BA	INHALATI	AERS	GM	8.5	X	MSB	10/1/2022	50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090133000	ROPINIRC	ROPINIRC	283620	UNKNOW	28362008	UNKNOW	S	0.25 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090133300	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TABS	EA	120	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090133301	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		50090	Y		X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090133302	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090133303	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TABS	EA	180	X	GENERIC		50090	Y		X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090133304	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TABS	EA	10	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090133600	APLISOL	TUBERCU	368400	Tuberculo	36840000	Tuberculo	R	5 UNIT/0.1	INTRADEI	SOLN	ML	1		SSB		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090133900	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1%	EXTERNA	SWAB	EA	60		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090134000	MUCINEX	GUAIFEN	481600	Expectora	48160000	Expectora	P	600 MG	ORAL	TB12	EA	20		MSB		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] FORMULARY EXCLUSION	R	MEDPRIM
50090134600	OFLOXAC	OFLOXAC	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	10		GENERIC	3/30/2023	50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090134700	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	400 MG/5M	ORAL	SUSR	ML	50		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090135200	LIDORX	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	R	3%	EXTERNA	GEL	ML	30		SSB		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090135300	NEW TER	CAPSAICI	842404	Basic Lotio	84240400	Basic Lotio	P	0.025-10-2	EXTERNA	LOTN	ML	120		MSB		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] FORMULARY EXCLUSION	R	MEDPRIM
50090135400	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	CAPS	EA	100	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090135902	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	30		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090136800	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	4 MG	ORAL	CHEW	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090136801	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	4 MG	ORAL	CHEW	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090137000	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090137001	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	60	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090137002	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090137200	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090137201	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090137202	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	60	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090137500	HUMALO(	INSULIN L	682008	Insulins	68200804	UNKNOW	R	100 UNIT/	INJECTIO	SOLN	ML	10	X	MSB		50090		Y	X	N	EXCLUDE/REPACK: [REPACKED PROD] FORMULARY EXCLUSION	R	MEDPRIM
50090137700	BOOSTRI	TETANUS	800800	Toxoids	80080000	Toxoids	R	5-2.5-18.5	INTRAMU	SUSY	ML	0.5		SSB		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090137701	BOOSTRI	TETANUS	800800	Toxoids	80080000	Toxoids	R	5-2.5-18.5	INTRAMU	SUSY	ML	0.5		SSB		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090138000	ORSYTHI	LEVONOF	681200	Contracep	68120000	Contracep	S	0.1-20 MG	ORAL	TABS	EA	28	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090138101	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	25 MCG (1	ORAL	TABS	EA	100		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090138200	IPRATRO	IPRATRO	121208	beta-Adre	12120812	Selective I	S	0.5-2.5 (3)	INHALATI	SOLN	ML	3	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090138300	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	2%	VAGINAL	CREA	GM	40		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090138400	DENDRA(	CAPSAICI	842404	Basic Lotio	84240400	Basic Lotio	O	0.025-10-3	EXTERNA	LOTN	ML	120		SSB		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090138600	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	30		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090138700	SIMVAST.	SIMVAST.	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090138800	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	0.5 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090138900	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	175 MCG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090138901	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	175 MCG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090139200	MARLISS.	LEVONOF	681200	Contracep	68120000	Contracep	S	.03MG-.15	ORAL	TABS	EA	28	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090139500	VIORELE	DESOGES	681200	Contracep	68120000	Contracep	S	0.15-0.02/	ORAL	TABS	EA	28	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090139800	LANTUS S	INSULIN C	682008	Insulins	68200816	UNKNOW	R	100 UNIT/	SUBCUTA	SOPN	ML	3	X	MSB		50090		Y	X	N	EXCLUDE/REPACK: [REPACKED PROD] FORMULARY EXCLUSION	R	MEDPRIM
50090140000	VERAPAN	VERAPAN	240404	Antiarrhyth	24040424	Class IV A	S	120 MG	ORAL	TBCR	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090140001	VERAPAN	VERAPAN	240404	Antiarrhyth	24040424	Class IV A	S	120 MG	ORAL	TBCR	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090140300	SYMBICO	BUDESON	680400	Adrenals	68040000	Adrenals	S	160-4.5 M	INHALATI	AERO	GM	10.2	X	MSB		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] FORMULARY EXCLUSION	R	MEDPRIM
50090140700	LANSOPF	LANSOPF	562836	Proton-pu	56283600	Proton-pu	S	15 MG	ORAL	CPDR	EA	30	X	GENERIC		50090	Y		X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090141000	CLARITHI	CLARITHI	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TB24	EA	14		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090141200	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	160-12.5 M	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090141201	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	160-12.5 M	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090141500	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	60	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090141501	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090141800	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-20 MG	ORAL	CAPS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090141801	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-20 MG	ORAL	CAPS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090141900	LAMIVUD	LAMIVUD	81808	Antiretrovi	8180820	Nucleoside	S	150-300 M	ORAL	TABS	EA	2	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090142000	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	80-12.5 M	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090142200	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	320-12.5 M	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090142400	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090142401	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090142402	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	60	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090142800	GUAIFEN	GUAIFEN	480800	Antitussive	48080000	Antitussive	P	100-10 MG	ORAL	SOLN	ML	120		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090143000	LEVOCET	LEVOCET	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090143001	LEVOCET	LEVOCET	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090143100	WERA	NORETHI	681200	Contracep	68120000	Contracep	S	35MCG-.5	ORAL	TABS	EA	28	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090143200	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090143201	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090143600	ELIQUIS	APIXABAI	201204	Anticoagu	20120414	UNKNOW	R	2.5 MG	ORAL	TABS	EA	60	X	SSB		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090143700	ELIQUIS	APIXABAI	201204	Anticoagu	20120414	UNKNOW	R	5 MG	ORAL	TABS	EA	60	X	SSB		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090143900	ACIDOPH	LACTOBA	560800	Antidiarrhe	56080000	Antidiarrhe	P	0-0	ORAL	CAPS	EA	100		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090144200	MOXIFLO	MOXIFLO	81218	Quinolone	8121800	Quinolone	S	400 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090144300	NIACIN EI	NIACIN	880800	Vitamin B	88080000	Vitamin B	P	750 MG	ORAL	TBCR	EA	60		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090144400	NASACOF	TRIAMCIN	520808	Corticoste	52080800	Corticoste	P	55 MCG/A	NASAL	AERO	ML	16.9		MSB		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] FORMULARY EXCLUSION	R	MEDPRIM
50090144500	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	30		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090145200	PNEUMO'	PNEUMO(	801200	Vaccines	80120000	Vaccines	R	25 MCG/0	INJECTIO	SOLN	ML	0.5		SSB	5/6/2024	50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090145400	CHILDREI	LORATAD	40800	Second G	4080000	Second G	P	5 MG/5ML	ORAL	SOLN	ML	120		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090145500	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	2.5 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090145600	LO LOES'	NORETHI	681200	Contracep	68120000	Contracep	R	1 MG-10 M	ORAL	TABS	EA	28	X	SSB		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090146000	NEXIUM 2	ESOMEPF	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	CPDR	EA	28	X	MSB		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] FORMULARY EXCLUSION	R	MEDPRIM
50090146200	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090146300	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-40 MG	ORAL	CAPS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090146500	BUTALBIT	BUTALBIT	280804	Nonsteroid	28080424	Salicylates	S	50-325-40	ORAL	CAPS	EA	30		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090146700	BUDESON	BUDESON	680400	Adrenals	68040000	Adrenals	S	0.25 MG/2	INHALATI	SUSP	ML	2	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090147000	LITHIUM (	LITHIUM (	282800	Antimanic	28280000	Antimanic	S	300 MG	ORAL	TBCR	EA	60	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090147200	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	20		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090147201	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	14		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090147500	LEVEMIR	INSULIN D	682008	Insulins	68200816	UNKNOW	R	100 UNIT/	SUBCUTA	SOPN	ML	3	X	SSB	2/1/2023	50090		Y	X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090147700	ALYACEN	NORETHI	681200	Contracep	68120000	Contracep	S	1-35 MG-M	ORAL	TABS	EA	28	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090147800	ALYACEN	NORETHI	681200	Contracep	68120000	Contracep	S	0.5/0.75/1-	ORAL	TABS	EA	28	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090148400	ERYTHRC	ERYTHRC	520404	Antibacter	52040400	Antibacter	S	5 MG/GM	OPHTHAL	OINT	GM	3.5		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090149200	NEXIUM 2	ESOMEPF	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	CPDR	EA	42	X	MSB		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] FORMULARY EXCLUSION	R	MEDPRIM
50090149300	TYPHIM V	TYPHOID	801200	Vaccines	80120000	Vaccines	R	25 MCG/0	INTRAMU	SOSY	ML	0.5		SSB		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090149400	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	60	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090149401	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090149402	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090149403	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	180	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090149404	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	100	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090149800	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090149801	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	14		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090149802	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	7		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090149803	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090149804	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	45		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090149808	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	28		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090149902	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	100		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090150000	NABUMET	NABUMET	280804	Nonsteroid	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090150002	NABUMET	NABUMET	280804	Nonsteroid	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	14	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090150003	NABUMET	NABUMET	280804	Nonsteroid	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090150004	NABUMET	NABUMET	280804	Nonsteroid	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	20	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090150100	PROPRAI	PROPRAI	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	CP24	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090150200	HAVRIX	HEPATITI	801200	Vaccines	80120000	Vaccines	R	1440 EL U	INTRAMU	SUSP	ML	1		SSB		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090151100	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	30		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090151101	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	40		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090151102	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	21		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090151105	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	15		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090151107	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	10		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090151204	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	56		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090151205	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	4		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090151206	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	20		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090151207	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	100		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090151300	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	14		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090151301	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	60		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090151400	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	30		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090151700	HYDROC(	HYDROC(	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090151707	HYDROC(	HYDROC(	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	12		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090151800	HYDROC(	HYDROC(	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090151801	HYDROC(	HYDROC(	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	15		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090152200	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	P	1%	VAGINAL	CREA	GM	45		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090152400	KETOCOI	KETOCOI	840408	Antifungal	84040808	Azoles	S	2%	EXTERNA	CREA	GM	15		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090152600	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090152601	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090152603	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090152604	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	180	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090152700	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090152701	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090152900	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090152901	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090153100	NABUMET	NABUMET	280804	Nonsteroid	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090153104	NABUMET	NABUMET	280804	Nonsteroid	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	14	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090153105	NABUMET	NABUMET	280804	Nonsteroid	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	20	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090153107	NABUMET	NABUMET	280804	Nonsteroid	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090153300	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090153301	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090153400	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	15 MG	ORAL	CAPS	EA	28		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090153402	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	15 MG	ORAL	CAPS	EA	14		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090153404	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	15 MG	ORAL	CAPS	EA	30		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090153405	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	15 MG	ORAL	CAPS	EA	60		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090153500	DICLOFEI	DICLOFEI	280804	Nonsteroid	28080492	Other Non	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090153501	DICLOFEI	DICLOFEI	280804	Nonsteroid	28080492	Other Non	S	50 MG	ORAL	TABS	EA	21	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090153503	DICLOFEI	DICLOFEI	280804	Nonsteroid	28080492	Other Non	S	50 MG	ORAL	TABS	EA	45	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090153800	MINTOX	ALUM & M	560400	Antacids a	56040000	Antacids a	P	200MG/5M	ORAL	SUSP	ML	355		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090154100	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090154200	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	40		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090154300	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090154500	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	6		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090155000	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5-500 MG	ORAL	TABS	EA	180	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090155800	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	S	1-0.05 %	EXTERNA	CREA	GM	15		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090155900	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090155901	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090156100	TRAZODC	TRAZODC	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090156101	TRAZODC	TRAZODC	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	100	X	GENERIC	12/31/2023	50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090156106	TRAZODC	TRAZODC	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090156108	TRAZODC	TRAZODC	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	45	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090156109	TRAZODC	TRAZODC	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090156200	ICY HOT I	MENTHOI	842404	Basic Lotio	84240400	Basic Lotio	P	10%-30%	EXTERNA	CREA	GM	35.4		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090156400	ZALEPLO	ZALEPLO	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	CAPS	EA	10		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090156600	VERAPAN	VERAPAN	240404	Antiarrhyth	24040424	Class IV A	S	240 MG	ORAL	TBCR	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090156604	VERAPAN	VERAPAN	240404	Antiarrhyth	24040424	Class IV A	S	240 MG	ORAL	TBCR	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090156702	ACYCLOV	ACYCLOV	81832	Nucleoside	8183200	Nucleoside	S	400 MG	ORAL	TABS	EA	25		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090156703	ACYCLOV	ACYCLOV	81832	Nucleoside	8183200	Nucleoside	S	400 MG	ORAL	TABS	EA	50		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090156704	ACYCLOV	ACYCLOV	81832	Nucleoside	8183200	Nucleoside	S	400 MG	ORAL	TABS	EA	15		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090156705	ACYCLOV	ACYCLOV	81832	Nucleoside	8183200	Nucleoside	S	400 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090156706	ACYCLOV	ACYCLOV	81832	Nucleoside	8183200	Nucleoside	S	400 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090156709	ACYCLOV	ACYCLOV	81832	Nucleoside	8183200	Nucleoside	S	400 MG	ORAL	TABS	EA	45		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090157100	BUPREN(	BUPREN(	280812	Opiate Pa	28081200	Opiate Pa	S	8 MG	SUBLINGI	SUBL	EA	30		GENERIC	3/30/2023	50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090157200	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090157201	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MG	ORAL	TABS	EA	12		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090157202	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MG	ORAL	TABS	EA	15		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090157203	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090157204	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090157207	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MG	ORAL	TABS	EA	100		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090157301	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MG	ORAL	TABS	EA	16		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090157400	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MG	ORAL	TABS	EA	15		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090157700	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090157702	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090157708	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090158000	BUTALBIT	BUTALBIT	280804	Nonsteroid	28080424	Salicylates	S	50-325-40	ORAL	CAPS	EA	30		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090158100	REYATAZ	ATAZANA	81808	Antiretrovi	8180808	HIV Protea	S	200 MG	ORAL	CAPS	EA	60	X	MSB		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] FORMULARY EXCLUSION	R	MEDPRIM
50090158200	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	15 MG/5M	ORAL	SOLN	ML	237		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090158302	NAPROXE	NAPROXE	280804	Nonsteroid	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090158304	NAPROXE	NAPROXE	280804	Nonsteroid	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	20	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090158308	NAPROXE	NAPROXE	280804	Nonsteroid	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090158401	NAPROXE	NAPROXE	280804	Nonsteroid	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090158500	NAPROXE	NAPROXE	280804	Nonsteroid	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	20	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090158600	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090158601	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090158700	MUPIROC	MUPIROC	840404	Antibacter	84040400	Antibacter	S	2%	EXTERNA	OINT	GM	22		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090159400	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090159401	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090159500	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090159501	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875 MG	ORAL	TABS	EA	14		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090159502	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090159600	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090159700	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090159701	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090159702	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090160000	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090160004	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	3		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090160200	CEFACLC	CEFACLC	81206	Cephalosp	8120608	Second G	R	500 MG	ORAL	CAPS	EA	30		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090160202	CEFACLC	CEFACLC	81206	Cephalosp	8120608	Second G	R	500 MG	ORAL	CAPS	EA	21		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090160500	SUMATRI	SUMATRI	283228	Selective S	28322800	Selective S	S	6 MG/0.5M	SUBCUTA	SOLN	ML	0.5		GENERIC		50090	Y	Y	X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090160600	TRIUMEQ	ABACAVII	81808	Antiretrovi	8180820	Nucleoside	R	600MG-50	ORAL	TABS	EA	30	X	SSB		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090160800	LEVALBU	LEVALBU	121208	beta-Adre	12120812	Selective I	S	0.63 MG/3	INHALATI	NEBU	ML	3	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090161001	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	12		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090161002	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090161004	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	28		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090161005	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090161006	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	40		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090161200	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	40		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090161704	ASPIRIN	ASPIRIN	280804	Nonsteroid	28080424	Salicylates	P	325 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090161708	ASPIRIN	ASPIRIN	280804	Nonsteroid	28080424	Salicylates	P	325 MG	ORAL	TABS	EA	100		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090162400	ACYCLOV	ACYCLOV	81832	Nucleoside	8183200	Nucleoside	S	800 MG	ORAL	TABS	EA	35		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090162402	ACYCLOV	ACYCLOV	81832	Nucleoside	8183200	Nucleoside	S	800 MG	ORAL	TABS	EA	70		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090162403	ACYCLOV	ACYCLOV	81832	Nucleoside	8183200	Nucleoside	S	800 MG	ORAL	TABS	EA	40		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090162600	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TB24	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090162701	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090162702	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090162703	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090163300	MOMETA:	MOMETA:	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	15		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090163400	LIDOPRO	LIDOCAIN	521600	Local Ane	52160000	Local Ane	O	4-.0325-10	EXTERNA	OINT	GM	121		SSB	8/14/2024	50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090163600	PRIMIDOI	PRIMIDOI	281204	Anticonvul	28120400	Anticonvul	S	250 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090163700	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	50 MCG (2	ORAL	CAPS	EA	30		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090163701	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	50 MCG (2	ORAL	CAPS	EA	60		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090163800	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	30		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090163801	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	24		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090163802	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	15		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090163803	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	20		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090163808	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	6		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090164100	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-25 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090164101	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-25 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090164102	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-25 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090164400	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-40 MG	ORAL	CAPS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090164500	TWINRIX	HEPATITI	801200	Vaccines	80120000	Vaccines	R	720ELU/M	INTRAMU	SUSY	ML	1		SSB		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090164700	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	15		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090164800	CIPROFL(	CIPROFL(	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090164801	CIPROFL(	CIPROFL(	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	14		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090164803	CIPROFL(	CIPROFL(	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	6		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090164804	CIPROFL(	CIPROFL(	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	28		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090164805	CIPROFL(	CIPROFL(	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090164807	CIPROFL(	CIPROFL(	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090164808	CIPROFL(	CIPROFL(	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	1		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090164900	CIPROFL(	CIPROFL(	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090164901	CIPROFL(	CIPROFL(	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	14		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090165000	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090165001	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090165003	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090165300	POLYCIN	BACITRA(	520404	Antibacter	52040400	Antibacter	S	500UNIT/(	OPHTHAL	OINT	GM	3.5		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090165500	AZITHROI	AZITHROI	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	5		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090165501	AZITHROI	AZITHROI	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	1		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090165600	CIPRO HC	CIPROFL(	520808	Corticoste	52080800	Corticoste	S	0.2-1 %	OTIC	SUSP	ML	10		SSB		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090165800	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TBDP	EA	10		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090165801	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TBDP	EA	20		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090165802	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TBDP	EA	5		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090165803	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TBDP	EA	30		GENERIC		50090			X	N	EXCLUDE/REPACK: [REPACKED PROD] OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

50090165900	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TBDP	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090166000	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TBDP	EA	4		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090166001	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TBDP	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090166002	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TBDP	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090166003	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TBDP	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090166300	HUMALO	INSULIN L	682008	Insulins	68200804	UNKNOW	R	100 UNIT/	SUBCUTA	SOPN	ML	3	X	SSB		50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090166400	NOVOLO	INSULIN A	682008	Insulins	68200804	UNKNOW	R	100 UNIT/	INJECTIO	SOLN	ML	10	X	SSB		50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090166500	NOVOLO	INSULIN A	682008	Insulins	68200804	UNKNOW	R	100 UNIT/	SUBCUTA	SOCT	ML	3	X	SSB		50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090166800	TUBERSC	TUBERCU	368400	Tuberculo	36840000	Tuberculo	R	5 UNIT/0.1	INTRADEI	SOLN	ML	5		SSB		50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090166900	IPRATRO	IPRATRO	121208	beta-Adre	12120812	Selective I	S	0.5-2.5 (3)	INHALATI	SOLN	ML	3	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090167500	KETOCON	KETOCON	840408	Antifungal	84040808	Azoles	S	2%	EXTERNA	CREA	GM	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090167800	NOVOLO	INSULIN A	682008	Insulins	68200804	UNKNOW	R	100 UNIT/	SUBCUTA	SOPN	ML	3	X	SSB		50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090167900	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090167901	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	45		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090167902	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090167903	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	28		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090167904	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	7		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090167905	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090167906	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090168300	XULANE	NORELGE	681200	Contracep	68120000	Contracep	S	150-35 MC	TRANSDE	PTWK	EA	3	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090169000	MAGNESI	MAGNESI	401200	Replacem	40120000	Replacem	O	200 MG	ORAL	TABS	EA	60		MSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
50090169200	ARMOUR	THYROID	683604	Thyroid Ag	68360400	Thyroid Ag	R	90 MG	ORAL	TABS	EA	100	X	SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090169300	IPOL	POLIOVIR	801200	Vaccines	80120000	Vaccines	R	0	INJECTIO	INJ	ML	5		SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090169400	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	7 MG/24H	TRANSDE	PT24	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090169500	TYLENOL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	24		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090169700	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	21 MG/24I	TRANSDE	PT24	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090169800	ERY	ERYTHRO	520404	Antibacter	52040400	Antibacter	R	2%	EXTERNA	PADS	EA	60		SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090169900	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090169901	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090169902	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090170000	D3-50	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	1.25 MG (	ORAL	CAPS	EA	12		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090170400	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	1 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090170402	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	1 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090171000	CEFPROZ	CEFPROZ	81206	Cephalosp	8120608	Second G	S	500 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090171800	FINASTE	FINASTE	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090171801	FINASTE	FINASTE	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090171802	FINASTE	FINASTE	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090172000	ACNE ME	BENZOYL	840492	Local Anti-	84049200	Local Anti-	P	5%	EXTERNA	GEL	GM	42.5		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090172201	LITHIUM	LITHIUM	282800	Antimanic	28280000	Antimanic	S	300 MG	ORAL	CAPS	EA	90	X	MSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
50090172300	PREZCOB	DARUNAV	81808	Antiretrovi	8180808	HIV Protea	R	800-150 M	ORAL	TABS	EA	30	X	SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090172400	EVOTAZ	ATAZANA	81808	Antiretrovi	8180808	HIV Protea	R	300MG-15	ORAL	TABS	EA	30	X	SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090172600	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090172601	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090172602	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090172603	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090173300	QUETIAPI	QUETIAPI	281608	Antipsycho	28160804	Atypical A	S	400 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090173500	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090173501	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090173502	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090173503	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090173600	OFLOXAC	OFLOXAC	520404	Antibacter	52040400	Antibacter	S	0.30%	OTIC	SOLN	ML	5		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090173800	FINASTE	FINASTE	841600	Cell Stimu	84160000	Cell Stimu	S	1 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090173900	CEFPROZ	CEFPROZ	81206	Cephalosp	8120608	Second G	S	500MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090174000	NYSTATI	NYSTATI	81428	Polyenes	8142800	Polyenes	S	100000 UI	MOUTH/T	SUSP	ML	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090174301	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	28		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090174400	OFLOXAC	OFLOXAC	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	5		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090174500	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-12.5 I	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090174501	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-12.5 I	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090174502	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-12.5 I	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090175300	MEPHYTO	PHYTONA	882400	Vitamin K	88240000	Vitamin K	S	5 MG	ORAL	TABS	EA	5		MSB	3/30/2023	50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
50090175400	CIPROFL	CIPROFL	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	2.5		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090175800	TYPHIM V	TYPHOID	801200	Vaccines	80120000	Vaccines	R	25 MCG/0	INTRAMU	SOLN	ML	10		SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090175900	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090175901	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090175902	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090176300	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	160-25 MC	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090176600	SILDENA	SILDENA	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090176601	SILDENA	SILDENA	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090177000	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	P	1%	EXTERNA	CREA	GM	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090177800	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090177807	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	12		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090178100	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090178101	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	40		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090178102	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	28		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090178103	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090178104	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090178106	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090178107	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	12		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090178204	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	7		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090178300	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090178400	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090178700	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090178800	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090178801	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090178901	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	20	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090178902	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090178905	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090179000	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	20	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090179200	ACNE ME	BENZOYL	840492	Local Anti-	84049200	Local Anti-	P	10%	EXTERNA	GEL	GM	42.5		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090179400	AMOXICI	AMOXICI	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090179401	AMOXICI	AMOXICI	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	40		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090179402	AMOXICI	AMOXICI	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	21		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090179405	AMOXICI	AMOXICI	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090179407	AMOXICI	AMOXICI	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090179504	AMOXICI	AMOXICI	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	56		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090179505	AMOXICI	AMOXICI	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	4		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090179506	AMOXICI	AMOXICI	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090179507	AMOXICI	AMOXICI	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090179600	AMOXICI	AMOXICI	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090179601	AMOXICI	AMOXICI	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090179700	AMOXICI	AMOXICI	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090179800	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090180101	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090180102	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090180700	AMOXICI	AMOXICI	81216	Penicillins	8121608	Aminopen	S	250 MG/5I	ORAL	SUSR	ML	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090181000	AMOXICI	AMOXICI	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090181001	AMOXICI	AMOXICI	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	40		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090181002	AMOXICI	AMOXICI	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	21		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090181005	AMOXICI	AMOXICI	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090181104	AMOXICI	AMOXICI	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	56		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090181105	AMOXICI	AMOXICI	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	4		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090181106	AMOXICI	AMOXICI	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090181107	AMOXICI	AMOXICI	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090181200	AMOXICI	AMOXICI	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090181201	AMOXICI	AMOXICI	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090181300	AMOXICI	AMOXICI	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090182000	RABAVER	RABIES V	801200	Vaccines	80120000	Vaccines	R	0	INTRAMU	SUSR	EA	1		SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090182100	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090182105	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	12		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090182108	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	6		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090182200	ROPINIR	ROPINIR	283620	UNKNOW	28362008	UNKNOW	S	0.25 MG	ORAL	TABS	EA	100	X	GENERIC		50090	N		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090182300	DEPO-ME	METHYLP	680400	Adrenals	68040000	Adrenals	S	80 MG/ML	INJECTIO	SUSP	ML	5		MSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
50090182500	AMOXICI	AMOXICI	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090182600	AMOXICI	AMOXICI	81216	Penicillins	8121608	Aminopen	S	250 MG	ORAL	CAPS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090182601	AMOXICI	AMOXICI	81216	Penicillins	8121608	Aminopen	S	250 MG	ORAL	CAPS	EA	21		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090182800	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	100 MCG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090182801	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	100 MCG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090183000	CLARITHI	CLARITHI	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090183001	CLARITHI	CLARITHI	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090183002	CLARITHI	CLARITHI	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090183100	BOOSTRI	TETANUS	800800	Toxoids	80080000	Toxoids	R	5-2.5-18.5	INTRAMU	SUSP	ML	0.5		SSB	9/11/2024	50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090183300	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	175 MCG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090183301	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	175 MCG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090183400	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	75-50 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090183402	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	75-50 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090183405	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	75-50 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090183500	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	200 MG/5I	ORAL	SUSR	ML	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090183600	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	S	0.4 MG/MI	INJECTIO	SOLN	ML	1		GENERIC		50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090183900	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	45		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090184003	CAPTOPR	CAPTOPR	243204	Angiotens	24320400	Angiotens	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090184100	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	S	50 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090184300	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090184302	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090184600	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090184601	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090184700	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090184701	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090184702	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090184801	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090184802	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090185000	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090185001	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090185200	TIMOLOL	TIMOLOL	524008	UNKNOW	52400800	UNKNOW	S	0.50%	OPHTHAL	SOLN	ML	10	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090185303	PREMARI	ESTROGE	681604	Estrogens	68160400	Estrogens	R	0.3 MG	ORAL	TABS	EA	30	X	SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090185400	PROCHLO	PROCHLO	281608	Antipsycho	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090185600	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	3.125 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090185601	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	3.125 MG	ORAL	TABS	EA	180	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090185603	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	3.125 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090185700	AMOXICI	AMOXICI	81216	Penicillins	8121608	Aminopen	S	600-42.9 I	ORAL	SUSR	ML	125		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090185800	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	2		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090185900	TRIPLE A	NEOMYCI	840404	Antibacter	84040400	Antibacter	P	3.5-400-5(	EXTERNA	OINT	GM	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090186000	M-M-R II	MEASLES	801200	Vaccines	80120000	Vaccines	R	0-0-0	INJECTIO	SOLR	EA	1		SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090186400	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090186700	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090186701	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090186703	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090186800	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	100 MG/5I	ORAL	SUSR	ML	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090186900	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090186903	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090187400	MARCAIN	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.50%	INJECTIO	SOLN	ML	50		MSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
50090187500	CEFTRIA	CEFTRIA	81206	Cephalosp	8120612	Third Gen	S	250 MG	INJECTIO	SOLR	EA	1		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090187600	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	2 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090188200	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.5 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090188201	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.5 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090188500	METHYLP	METHYLP	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TBPK	EA	21		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090188901	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	S	50%	INTRAVEI	SOLN	ML	50		MSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
50090189001	MENACTR	MENINGO	801200	Vaccines	80120000	Vaccines	R	0-0	INTRAMU	SOLN	ML	0.5		SSB	12/31/2023	50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090189300	TOBRAMY	TOBRAMY	520808	Corticoste	52080800	Corticoste	S	0.3-0.1 %	OPHTHAL	SUSP	ML	5		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090189701	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	7		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090190200	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	12		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090190201	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090190205	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090190206	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090190209	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090190300	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	5		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090190400	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	12		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090190800	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090190801	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090190802	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090190807	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090190808	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	180	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090190900	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090190905	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	180	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090190906	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090191001	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.3 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090191200	PREDNIS	PREDNIS	520808	Corticoste	52080800	Corticoste	S	1%	OPHTHAL	SUSP	ML	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090191301	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090191302	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090191304	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090191305	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090191400	TOBRAMY	TOBRAMY	520808	Corticoste	52080800	Corticoste	S	0.3-0.1 %	OPHTHAL	SUSP	ML	2.5		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090191500	CEFADRO	CEFADRO	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090191502	CEFADRO	CEFADRO	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090191600	DULERA	MOMETA	680400	Adrenals	68040000	Adrenals	R	200-5 MC(	INHALATI	AERO	GM	8.8	X	SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090192000	LATANOP	LATANOP	524028	UNKNOW	52402800	UNKNOW	S	0.01%	OPHTHAL	SOLN	ML	2.5	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090192200	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090192201	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090192300	PROPARA	PROPARA	521600	Local Ane	52160000	Local Ane	S	0.50%	OPHTHAL	SOLN	ML	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090192900	MUPIROC	MUPIROC	840404	Antibacter	84040400	Antibacter	S	2%	EXTERNA	OINT	GM	22		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090193000	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090193001	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090193100	PROPARA	PROPARA	521600	Local Ane	52160000	Local Ane	S	0.50%	OPHTHAL	SOLN	ML	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090193200	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1%	EXTERNA	SWAB	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090193300	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MC	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090193301	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MC	ORAL	TABS	EA	12		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090193302	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MC	ORAL	TABS	EA	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090193303	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MC	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090193304	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MC	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090193307	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MC	ORAL	TABS	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090193401	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MC	ORAL	TABS	EA	16		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090193500	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MC	ORAL	TABS	EA	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090193600	FINASTE	FINASTE	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090193601	FINASTE	FINASTE	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090193602	FINASTE	FINASTE	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090193900	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	5		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090193901	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	1		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090194100	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	1 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090194102	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	1 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090194400	PREVNAR	PNEUMO	801200	Vaccines	80120000	Vaccines	R	0-0	INTRAMU	SUSP	ML	0.5		SSB	4/30/2024	50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090194801	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	CAPS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090194901	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	CREA	GM	80		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090195100	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090195101	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090195103	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	4		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090195104	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090195106	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	21		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090195107	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	42		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090195500	SUDOGE	PSEUDOE	121212	alpha- and	12121200	alpha- and	P	30 MG	ORAL	TABS	EA	28		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090195800	ERYTHRO	ERYTHRO	520404	Antibacter	52040400	Antibacter	S	5 MG/GM	OPHTHAL	OINT	GM	3.5		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090196100	SUDOGE	PSEUDOE	121212	alpha- and	12121200	alpha- and	P	30 MG	ORAL	TABS	EA	28		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090196300	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090196301	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090196302	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090196500	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090196501	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090197400	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090197401	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090197403	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090197404	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	180	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090197800	FLONASE	FLUTICAS	520808	Corticoste	52080800	Corticoste	P	50 MCG/A	NASAL	SUSP	ML	15.8		MSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
50090197900	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090197901	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090197904	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090197905	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	180	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090198500	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090198501	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090198503	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	4		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090198504	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090198506	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	21		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090198507	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	42		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090198700	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090198701	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090198702	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090198703	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090198704	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	180	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090198901	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090198902	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	21		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090198903	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090198905	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090198909	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	18		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090199000	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090199001	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	12		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090199002	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	6		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090199005	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090199007	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090199100	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	21		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090199400	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090199401	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090199402	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090199403	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090199900	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	1.25 MG (	ORAL	CAPS	EA	12		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090200007	ALLER-CH	CHLORPH	40400	First Gene	4040000	First Gene	P	4 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

50090230700	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090230900	SORE TH	BENZOCA	840800	Antipruritic	84080000	Antipruritic	P	15-3.6 MG	MOUTH/T	LOZG	EA	18		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090231000	CIPROFL	CIPROFL	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	5		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090231302	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	20 MG/5M	INJECTIO	SOLN	ML	5		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090231303	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	20 MG/5M	INJECTIO	SOLN	ML	5		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090231405	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	1		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090232001	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	CREA	GM	80		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090232100	ESTRACE	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.1 MG/GI	VAGINAL	CREA	GM	42.5	X	MSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
50090232200	ALENDRO	ALENDRO	922400	UNKNOW	92240000	UNKNOW	S	70 MG	ORAL	TABS	EA	4	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090232201	ALENDRO	ALENDRO	922400	UNKNOW	92240000	UNKNOW	S	70 MG	ORAL	TABS	EA	12	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090232300	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090232301	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090232309	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090232400	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090232600	TRI-LO-SI	NORGEST	681200	Contracep	68120000	Contracep	S	0.18/0.215	ORAL	TABS	EA	28	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090233000	AZELAST	AZELAST	520200	Antiallergi	52020000	Antiallergi	S	0.10%	NASAL	SOLN	ML	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090233300	GENTAMI	GENTAMI	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	5		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090233400	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	5		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090233401	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	1		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090233500	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	2		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090233701	ETHAMBU	ETHAMBU	81604	Antituberc	8160400	Antituberc	S	100 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090233900	MINOCYC	MINOCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090233902	MINOCYC	MINOCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090233903	MINOCYC	MINOCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090233904	MINOCYC	MINOCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090234000	ODEFSEY	EMTRICIT	81808	Antiretrovi	8180820	Nucleoside	R	200MG-25	ORAL	TABS	EA	30	X	SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090234200	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG/2ML	INJECTIO	SOLN	ML	2		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090234300	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TBDP	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090234301	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TBDP	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090234302	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TBDP	EA	5		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090234303	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TBDP	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090234509	METHOTR	METHOTR	100000	Antineopla	10000000	Antineopla	S	2.5 MG	ORAL	TABS	EA	36		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090235200	GENTEAL	DEXTRAN	529200	EENT Dru	52920000	EENT Dru	P	0.1-0.3 %	OPHTHAL	SOLN	ML	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090235300	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	S	1-0.05 %	EXTERNA	CREA	GM	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090235500	DIABETIC	DEXTROM	480800	Antitussive	48080000	Antitussive	P	10MG/5ML	ORAL	LIQD	ML	118		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090235601	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090235700	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	S	1-0.05 %	EXTERNA	CREA	GM	45		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090235801	REFRESH	POLYVINY	529200	EENT Dru	52920000	EENT Dru	O	1.4%-.6%	OPHTHAL	SOLN	EA	30		SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090235900	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	CREA	GM	1.5		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090236000	KENALOG	TRIAMCIN	680400	Adrenals	68040000	Adrenals	S	40 MG/ML	INJECTIO	SUSP	ML	1		MSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
50090236100	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	S	10%	INTRAVE	SOLN	ML	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090236300	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	10 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090236400	TETRACA	TETRACA	521600	Local Ane	52160000	Local Ane	S	0.50%	OPHTHAL	SOLN	ML	4		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090236500	NEOMYCI	NEOMYCI	520808	Corticoste	52080800	Corticoste	S	3.5-10000-	OTIC	SUSP	ML	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090236600	METHIMA	METHIMA	683608	Antithyroid	68360800	Antithyroid	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090237101	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	10 MG	ORAL	CAPS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090237200	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090237201	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090237206	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090237208	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	45	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090237209	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090237300	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090237402	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	150 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090237404	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	150 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090237501	STOOL S	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090237502	STOOL S	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090237504	STOOL S	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090237601	MAGNESI	MAGNESI	281292	Anticonvul	28129200	Anticonvul	S	2 GM/50M	INTRAVE	SOLN	ML	50		MSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
50090237900	MILK OF I	MAGNESI	561200	Cathartics	56120000	Cathartics	P	7.75%	ORAL	SUSP	ML	473		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090238000	MUCINEX	GUAIFEN	481600	Expectora	48160000	Expectora	P	600 MG	ORAL	TB12	EA	28		MSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
50090238700	ALLERGY	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090238800	MEDIPRO	NAPROXE	280804	Nonsteroid	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090239001	PIOGLITA	PIOGLITA	682028	Thiazolidin	68202800	Thiazolidin	S	30 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090239300	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090239301	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090239306	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090239308	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	45	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090239309	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090239600	MEFLOQU	MEFLOQU	83008	Antimalari	8300800	Antimalari	S	250 MG	ORAL	TABS	EA	10	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090239602	MEFLOQU	MEFLOQU	83008	Antimalari	8300800	Antimalari	S	250 MG	ORAL	TABS	EA	8	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090239700	DOXYCY	DOXYCY	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090239800	POLYMY	POLYMY	520404	Antibacter	52040400	Antibacter	S	10000-0.1	OPHTHAL	SOLN	ML	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090239900	ETHAMBU	ETHAMBU	81604	Antituberc	8160400	Antituberc	S	400 MG	ORAL	TABS	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090240000	TRUE ME	GLUCOSE	362600	Diabetes M	36260000	Diabetes M	O	0	IN VITRO	STRP	EA	50		NON DRUG		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090240100	PIOGLITA	PIOGLITA	682028	Thiazolidin	68202800	Thiazolidin	S	45 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090240101	PIOGLITA	PIOGLITA	682028	Thiazolidin	68202800	Thiazolidin	S	45 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090240200	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	21		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090240201	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	50		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090240203	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090240204	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090240207	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090240304	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	40		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090240306	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090240500	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	30		GENERIC	3/30/2023	50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090240600	DORZOLA	DORZOLA	524012	UNKNOW	52401200	UNKNOW	S	2%	OPHTHAL	SOLN	ML	10	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090240700	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	3		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090240800	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090240801	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090241900	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090242100	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TB24	EA	30	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090242200	NARCAN	NALOXON	281000	Opiate An	28100000	Opiate An	S	4 MG/0.1M	NASAL	LIQD	EA	2		MSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
50090242400	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	80 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090242401	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	80 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090242501	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090242502	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090242503	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090242600	NEOMYCI	NEOMYCI	520808	Corticoste	52080800	Corticoste	S	1%-3.5MG	OTIC	SOLN	ML	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090242700	CELECOX	CELECOX	280804	Nonsteroid	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090242701	CELECOX	CELECOX	280804	Nonsteroid	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090242900	TRI-LO-M	NORGEST	681200	Contracep	68120000	Contracep	S	0.18/0.215	ORAL	TABS	EA	28	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090243000	POLYETH	POLYETH	561200	Cathartics	56120000	Cathartics	P	0-17GM/S	ORAL	POWD	GM	238		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090243100	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090243101	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090243102	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090243300	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	80 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090243301	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	80 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090243500	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	160 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090243501	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	160 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090243600	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090243800	ORPHENA	ORPHENA	122010	UNKNOW	12201000	UNKNOW	S	30 MG/ML	INJECTIO	SOLN	ML	2		GENERIC	3/30/2023	50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090244000	NUTRALC	CALCIUM	560400	Antacids a	56040000	Antacids a	P	420 MG	ORAL	CHEW	EA	2		GENERIC		50090	N		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090244100	CLARITHI	CLARITHI	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090244300	GARDASI	HUMAN P	801200	Vaccines	80120000	Vaccines	R	0	INTRAMU	SUSP	ML	0.5		SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090244400	CEFTRIAX	CEFTRIAX	81206	Cephalosp	8120612	Third Gen	S	250 MG	INJECTIO	SOLR	EA	1		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090244500	XIFAXAN	RIFAXIMI	81228	Antibacter	8122830	Rifamycins	R	200 MG	ORAL	TABS	EA	9		SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090244600	DOXYCY	DOXYCY	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090244601	DOXYCY	DOXYCY	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090244603	DOXYCY	DOXYCY	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090244605	DOXYCY	DOXYCY	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	28		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090244606	DOXYCY	DOXYCY	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090244608	DOXYCY	DOXYCY	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090244609	DOXYCY	DOXYCY	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090244700	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090244701	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090244900	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		50090	N		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090244901	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090245000	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090245002	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090245003	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090245004	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	180	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090245101	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090245200	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	2.50%	EXTERNA	CREA	GM	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090245300	ANASTRO	ANASTRO	681608	Antiestrog	68160800	Antiestrog	S	1 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090245301	ANASTRO	ANASTRO	681608	Antiestrog	68160800	Antiestrog	S	1 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090245400	DICLOFE	DICLOFE	520820	Nonsteroid	52082000	Nonsteroid	S	0.10%	OPHTHAL	SOLN	ML	5		GENERIC		50090	N		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090245500	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	0.5 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090245700	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090245701	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090246200	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090246202	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090246203	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090246400	DOXYCY	DOXYCY	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090246600	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	150 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090246900	TRUE ME	GLUCOSE	362600	Diabetes M	36260000	Diabetes M	O	0	IN VITRO	STRP	EA	50		NON DRUG		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090247100	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-320 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090247200	MODAFIN	MODAFIN	282080	UNKNOW	28208000	UNKNOW	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090247300	MODAFIN	MODAFIN	282080	UNKNOW	28208000	UNKNOW	S	200 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090247500	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	CAPS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090247501	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	CAPS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090247600	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	54 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090247902	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090248000	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090248001	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090248100	APRI	DESOGES	681200	Contracep	68120000	Contracep	S	.15MG-30I	ORAL	TABS	EA	28	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090248200	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	12.5 MG	ORAL	TBCR	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090248400	FLUTICAS	FLUTICAS	520808	Corticoste	52080800	Corticoste	S	50 MCG/A	NASAL	SUSP	GM	16		GENERIC	3/30/2023	50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090248500	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090248501	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090248502	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090248503	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090248504	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	180	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090248600	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090248601	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090248603	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090248604	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	180	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090248800	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INJECTIO	SOLN	ML	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090249000	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.5 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090249100	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	100 MG/5I	ORAL	SUSR	ML	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090249200	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	2.5-500 M	ORAL	TABS	EA	180	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090249300	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090249301	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090249303	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090249400	DROSPIR	DROSPIR	681200	Contracep	68120000	Contracep	S	3-0.03 MG	ORAL	TABS	EA	28	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090249502	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	60 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090249601	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	5		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090249700	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	6 MG/0.5M	SUBCUTA	SOLN	ML	0.5		GENERIC		50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090249801	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090249900	KETOROL	KETOROL	280804	Nonsteroid	28080404	UNKNOW	S	30 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090250000	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090250001	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090250100	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090250101	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090250102	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090250103	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090250200	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090250201	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	45		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090250202	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	16		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090250203	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	40		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090250204	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090250500	LEVONES	LEVONOF	681200	Contracep	68120000	Contracep	S	50-30/75-4	ORAL	TABS	EA	28	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090250600	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090250801	HYDROXY	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090250802	HYDROXY	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090250900	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	200 MG/5I	ORAL	SUSR	ML	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090251000	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090251001	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090251002	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090251003	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090251100	LARIN FE	NORETHI	681200	Contracep	68120000	Contracep	S	1-20 MG-M	ORAL	TABS	EA	28	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090251200	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	4		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090251203	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090251204	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	21		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090251206	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	28		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090251209	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090251300	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090251401	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090251402	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	50 MG	ORAL	TABS	EA	180	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090251500	CLARITHI	CLARITHI	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090251501	CLARITHI	CLARITHI	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090251502	CLARITHI	CLARITHI	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090251600	PERMETH	PERMETH	840412	Scabicides	84041200	Scabicides	S	5%	EXTERNA	CREA	GM	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090251700	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090251701	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090251800	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	80 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090251801	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	80 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090251900	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090251901	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090252000	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-s	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090252001	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-s	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090252002	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-s	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090252101	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090252102	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	42		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090252301	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090252304	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	6		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090252306	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	12		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090252307	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	9		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090252400	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090252401	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090252402	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090252600	PEG 3350	POLYETH	561200	Cathartics	56120000	Cathartics	P	0-17GM/S	ORAL	POWD	GM	238		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090252700	PROGEST	PROGEST	683200	Progestins	68320000	Progestins	S	100 MG	ORAL	CAPS	EA	10	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090252701	PROGEST	PROGEST	683200	Progestins	68320000	Progestins	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090252900	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090252902	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090252903	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090253000	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090253003	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090253008	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090253009	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	120		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090253200	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090253201	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090253202	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	21		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090253204	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	50		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090253205	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090253207	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090253208	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	40		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090253301	TAMOXIF	TAMOXIF	681612	Estrogen A	68161200	Estrogen A	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090253400	LEVONOF	LEVONOF	681200	Contracep	68120000	Contracep	S	0.1-20 MG	ORAL	TABS	EA	28	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090253500	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	100 MG	ORAL	TABS	EA	9		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090253600	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090253603	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	7		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090253604	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	28		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090253701	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	5-120 MG	ORAL	TB12	EA	24		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090253800	AZELAST	AZELAST	520200	Antiallergi	52020000	Antiallergi	S	0.10%	NASAL	SOLN	ML	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090253900	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090253901	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090253902	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090254000	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	7		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090254001	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090254004	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090254200	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.50%	EXTERNA	CREA	GM	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090254300	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090254403	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090254404	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090254600	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	160 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090254601	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	160 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090254700	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500-125 M	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090254701	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500-125 M	ORAL	TABS	EA	21		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090254702	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500-125 M	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090254703	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500-125 M	ORAL	TABS	EA	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090254800	IBUPROF	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	10	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090254801	IBUPROF	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	15	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090254802	IBUPROF	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090254803	IBUPROF	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	45	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090254804	IBUPROF	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090254805	IBUPROF	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090254807	IBUPROF	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	21	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090254808	IBUPROF	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	12	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090254809	IBUPROF	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	40	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090254904	IBUPROF	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	28	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

50090254905	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090254906	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	6	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090254907	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	20	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090255000	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	160 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090255001	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	160 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090255100	FEROSUL	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	325 (65 FE	ORAL	TABS	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090255300	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090255301	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090255302	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090255305	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090255400	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	30 MG	ORAL	TB24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090255401	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	30 MG	ORAL	TB24	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090255402	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	30 MG	ORAL	TB24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090255500	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090255501	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	180	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090255502	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090255503	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090255504	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090255600	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5-500 MG	ORAL	TABS	EA	180	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090255700	FLUTICAS	FLUTICAS	520808	Corticoste	52080800	Corticoste	S	50 MCG/A	NASAL	SUSP	GM	16		GENERIC	3/30/2023	50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090255800	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	30 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090255802	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	30 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090255803	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	30 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090255900	LARIN FE	NORETHI	681200	Contracep	68120000	Contracep	S	1.5-30 MG	ORAL	TABS	EA	28	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090256001	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090256008	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090256100	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090256101	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090256102	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090256300	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090256301	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090256400	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090256403	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090256500	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10-12.5 M	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090256501	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10-12.5 M	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090256502	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10-12.5 M	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090256600	IPRATRO	IPRATRO	120808	Antimusca	12080800	Antimusca	S	0.02%	INHALATI	SOLN	ML	2.5	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090256700	IPRATRO	IPRATRO	121208	beta-Adre	12120812	Selective I	S	0.5-2.5 (3)	INHALATI	SOLN	ML	3	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090256800	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090256801	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090256803	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090257000	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	P	1%	EXTERNA	CREA	GM	28.35		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090257100	EYE WAS	OPHTHAL	529200	EENT Dru	52920000	EENT Dru	P	0-.025%-.(	OPHTHAL	SOLN	ML	118		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090257200	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TBDP	EA	28	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090257300	OXCARB/	OXCARB/	281224	UNKNOW	28122400	UNKNOW	S	300 MG	ORAL	TABS	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090257500	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090257501	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	21		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090257502	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090257503	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090257600	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	33		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090257700	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	CAPS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090257701	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	CAPS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090257900	MINOCYC	MINOCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090257902	MINOCYC	MINOCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090257903	MINOCYC	MINOCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090257904	MINOCYC	MINOCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090258004	DIETHYLF	DIETHYLF	282008	UNKNOW	28200804	UNKNOW	S	25 MG	ORAL	TABS	EA	28		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090258005	DIETHYLF	DIETHYLF	282008	UNKNOW	28200804	UNKNOW	S	25 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090258007	DIETHYLF	DIETHYLF	282008	UNKNOW	28200804	UNKNOW	S	25 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090258008	DIETHYLF	DIETHYLF	282008	UNKNOW	28200804	UNKNOW	S	25 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090258100	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090258101	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090258102	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090258200	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	7.5 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090258400	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TB12	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090258500	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090258501	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090258600	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090258601	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2.5 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090258700	ALENDRC	ALENDRC	922400	UNKNOW	92240000	UNKNOW	S	70 MG	ORAL	TABS	EA	4	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090258701	ALENDRC	ALENDRC	922400	UNKNOW	92240000	UNKNOW	S	70 MG	ORAL	TABS	EA	12	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090258900	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	CAPS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090258901	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	CAPS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090259000	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090259001	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090259002	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090259003	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	120	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090259004	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090259005	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	240	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090259006	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	270	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090259100	LEVOCET	LEVOCET	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090259101	LEVOCET	LEVOCET	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090259201	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	S	35 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090259202	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	S	35 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090259206	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	S	35 MG	ORAL	TABS	EA	28		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090259300	DILTIAZEI	DILTIAZEI	240404	Antiarrhyth	24040424	Class IV A	S	120 MG	ORAL	CP24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090259301	DILTIAZEI	DILTIAZEI	240404	Antiarrhyth	24040424	Class IV A	S	120 MG	ORAL	CP24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090259400	DROSPIR	DROSPIR	681200	Contracep	68120000	Contracep	S	3-0.02 MG	ORAL	TABS	EA	28	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090259500	VERAPAM	VERAPAM	240404	Antiarrhyth	24040424	Class IV A	S	120 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090259502	VERAPAM	VERAPAM	240404	Antiarrhyth	24040424	Class IV A	S	120 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090259600	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090259700	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090259800	CLOPIDO	CLOPIDO	201218	Platelet-A	20121800	Platelet-A	S	75 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090259801	CLOPIDO	CLOPIDO	201218	Platelet-A	20121800	Platelet-A	S	75 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090259900	FERROUS	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	325 (65 FE	ORAL	TABS	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090260000	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090260005	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	180	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090260006	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090260201	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090260300	NORGEST	NORGEST	681200	Contracep	68120000	Contracep	S	0.18/0.215	ORAL	TABS	EA	28	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090260400	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090260402	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090260404	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090260501	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	12		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090260508	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	6		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090260600	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	1 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090260700	MYAMBU	ETHAMBU	81604	Antituberc	8160400	Antituberc	S	400 MG	ORAL	TABS	EA	100		MSB	8/15/2024	50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
50090260800	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090260801	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090261004	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	25 MG	ORAL	TABS	EA	180	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090261005	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090261100	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1%	EXTERNA	SOLN	ML	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090261200	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090261202	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090261300	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	3 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090261401	HYDROX'	HYDROX'	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090261404	HYDROX'	HYDROX'	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	TABS	EA	25		GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090261501	PROPRAI	PROPRAI	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090261506	PROPRAI	PROPRAI	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090261700	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	6 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090261800	SILDENAI	SILDENAI	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090261801	SILDENAI	SILDENAI	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090261900	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	5 MG	ORAL	CHEW	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090261901	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	5 MG	ORAL	CHEW	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090262100	HYDROC(	HYDROC(	840608	UNKNOW	84060800	UNKNOW	S	2.50%	EXTERNA	CREA	GM	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090262200	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090262201	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090262202	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090262300	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090262301	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090262400	ESTRADI(	ESTRADI(	681604	Estrogens	68160400	Estrogens	S	2 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090262500	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	10	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090262501	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	12	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090262502	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	16	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090262503	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090262504	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090262505	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090262507	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	40	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090262508	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	20	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090262509	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	24	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090262600	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	15	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090262601	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	21	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090262604	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	28	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090262605	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090262700	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090262800	CEFTRIA)	CEFTRIA)	81206	Cephalosp	8120612	Third Gen	S	500 MG	INJECTIO	SOLR	EA	1		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090262900	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090263000	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090263001	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090263100	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG/ML	INJECTIO	SOLN	ML	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090263200	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50-12.5 M	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090263201	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50-12.5 M	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090263202	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50-12.5 M	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090263300	RIFAMPIN	RIFAMPIN	81604	Antituberc	8160400	Antituberc	S	150 MG	ORAL	CAPS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090263400	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090263401	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090263600	CEFDINIF	CEFDINIF	81206	Cephalosp	8120612	Third Gen	S	300 MG	ORAL	CAPS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090263800	METHYLF	METHYLF	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TBPK	EA	21		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090264000	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	320-25 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090264100	DIPHENO	DIPHENO	560800	Antidiarrhe	56080000	Antidiarrhe	S	2.5-0.025	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090264300	QUINAPR	QUINAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090264400	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090264401	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090264402	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090264403	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090264404	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090264406	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	7		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090264407	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090264408	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	21		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090264409	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090264500	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	4 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090264600	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	1 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090264601	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090264800	HYDROX'	HYDROX'	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	20		GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090264801	HYDROX'	HYDROX'	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	30		GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090264804	HYDROX'	HYDROX'	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	60		GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090264806	HYDROX'	HYDROX'	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	15		GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090264900	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090264901	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090264902	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090264903	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	3		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090264904	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090265000	HYDROX'	HYDROX'	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090265001	HYDROX'	HYDROX'	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090265004	HYDROX'	HYDROX'	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090265006	HYDROX'	HYDROX'	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090265100	GUAIATU	GUAIFEN	480800	Antitussive	48080000	Antitussive	P	100-10 MG	ORAL	SYRP	ML	118		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090265400	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090265600	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090265601	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090265700	DEXTROI	DEXTROI	480800	Antitussive	48080000	Antitussive	P	10-100 MG	ORAL	SYRP	ML	118		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090265800	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	CREA	GM	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090265900	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	S	1 MG/ML	ORAL	SOLN	ML	120		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090266400	HYDROX'	HYDROX'	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	CAPS	EA	33		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090266700	DIVALPR(	DIVALPR(	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TBEC	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090266800	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	5 MG	ORAL	TABS	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090267000	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090267200	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090267500	SILTUSSI	GUAIFEN	481600	Expectora	48160000	Expectora	P	100 MG/5I	ORAL	LIQD	ML	118		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090267600	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	1.5 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090267700	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	33		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090267800	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090268600	DIVALPR(	DIVALPR(	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	32	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090268800	PROPRAI	PROPRAI	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090269000	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090269100	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TABS	EA	28	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090269200	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	48 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090269300	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090269500	BENZTRC	BENZTRC	283608	UNKNOW	28360800	UNKNOW	S	2 MG	ORAL	TABS	EA	32	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090269700	CARBAM/	CARBAM/	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	32	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090269900	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	32	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090270400	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	CAPS	EA	40	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090270600	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	32	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090270800	PHENAZC	PHENAZC	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	9		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090270900	CYANOC(	CYANOC(	880800	Vitamin B	88080000	Vitamin B	S	1000 MCG	INJECTIO	SOLN	ML	1		GENERIC		50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090271200	CEFTRIA)	CEFTRIA)	81206	Cephalosp	8120612	Third Gen	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090271300	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	80 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090271400	CEFAZOL	CEFAZOL	81206	Cephalosp	8120604	First Gene	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090271600	ULTICARI	INSULIN F	940000	Devices	94000000	Devices	R	31G X 8 M	DOES NO	MISC	EA	50		NON DRUG		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090271601	ULTICARI	INSULIN F	940000	Devices	94000000	Devices	R	31G X 8 M	DOES NO	MISC	EA	100		NON DRUG		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090271700	EZETIMIB	EZETIMIB	240605	Cholester	24060500	Cholester	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090271800	MICONAZ	MICONAZ	840408	Antifungal	84040808	Azoles	P	2%	EXTERNA	CREA	GM	28		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090271900	CEFDINIF	CEFDINIF	81206	Cephalosp	8120612	Third Gen	S	300 MG	ORAL	CAPS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090271901	CEFDINIF	CEFDINIF	81206	Cephalosp	8120612	Third Gen	S	300 MG	ORAL	CAPS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090271902	CEFDINIF	CEFDINIF	81206	Cephalosp	8120612	Third Gen	S	300 MG	ORAL	CAPS	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090271903	CEFDINIF	CEFDINIF	81206	Cephalosp	8120612	Third Gen	S	300 MG	ORAL	CAPS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090272000	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-40 MG	ORAL	CAPS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090272100	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090272101	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090272200	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090272201	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090272300	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090272301	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090272400	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090272401	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090272402	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090272500	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090272501	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090272502	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090272600	OSELTAM	OSELTAM	81828	Neuramini	8182800	Neuramini	S	75 MG	ORAL	CAPS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090272700	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090272701	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090272708	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	200	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090272800	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090272801	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090273000	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090273001	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090273002	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090273100	DOCUSAT	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090273101	DOCUSAT	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090273102	DOCUSAT	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090273104	DOCUSAT	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090273200	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090273201	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090273202	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090273300	EPINEPHI	EPINEPHI	121212	alpha- and	12121200	alpha- and	S	0.3 MG/0.3	INJECTIO	SOAJ	EA	2		GENERIC		50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090273400	EPINEPHI	EPINEPHI	121212	alpha- and	12121200	alpha- and	S	0.15 MG/0	INJECTIO	SOAJ	EA	2		GENERIC		50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090273500	CEFDINIF	CEFDINIF	81206	Cephalosp	8120612	Third Gen	S	250 MG/5I	ORAL	SUSR	ML	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090273600	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090273700	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090274100	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090274400	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090274600	KETOROL	KETOROL	520820	Nonsteroi	52082000	Nonsteroi	S	0.50%	OPHTHAL	SOLN	ML	5		GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090274701	PROMETI	PROMETI	40400	First Gene	4040000	First Gene	S	25 MG	RECTAL	SUPP	EA	4		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090274702	PROMETI	PROMETI	40400	First Gene	4040000	First Gene	S	25 MG	RECTAL	SUPP	EA	6		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090274800	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	33		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090274900	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	33		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090274901	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090275100	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090275200	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090275300	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090275400	LITHIUM (	LITHIUM (	282800	Antimanic	28280000	Antimanic	S	450 MG	ORAL	TBCR	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090275500	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090275600	PROPRAI	PROPRAI	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

50090275800	THIAMINE	THIAMINE	880800	Vitamin B	88080000	Vitamin B	P	100 MG	ORAL	TABS	EA	32		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090275900	TRAZODC	TRAZODC	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090276100	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090276101	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090276102	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090276200	KETOROL	KETOROL	520820	Nonsteroi	52082000	Nonsteroi	S	0.50%	OPHTHAL	SOLN	ML	5		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090276300	NYSTATI	NYSTATI	840408	Antifungal	84040828	Polyenes	S	100000 UI	EXTERNA	CREA	GM	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090276400	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	32		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090276401	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090276506	CHLORPH	CHLORPH	40400	First Gene	4040000	First Gene	P	4 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090276507	CHLORPH	CHLORPH	40400	First Gene	4040000	First Gene	P	4 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090276600	BACITRA	BACITRA	840404	Antibacter	84040400	Antibacter	P	500 UNIT/	EXTERNA	OINT	GM	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090276700	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090276701	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090276900	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090276901	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090276902	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090276903	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	28	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090277105	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090277300	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	33		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090277400	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090277500	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090277600	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	CAPS	EA	32	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090277700	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	CAPS	EA	33		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090277800	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	32	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090278000	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	1 MG	ORAL	TABS	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090278101	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090278103	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090278200	TAB-A-VI	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	32		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090278300	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090278400	TRIHEXYI	TRIHEXYI	283608	UNKNOW	28360800	UNKNOW	S	5 MG	ORAL	TABS	EA	32	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090278600	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	21		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090278700	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	1%	EXTERNA	GEL	GM	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090278804	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	250 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090278901	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090278902	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	21		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090278903	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090278905	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090278909	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	18		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090279100	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	25 MG	ORAL	TABS	EA	32	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090279300	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	32	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090279500	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TBEC	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090279600	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090279700	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	32	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090279900	LITHIUM (	LITHIUM (	282800	Antimanic	28280000	Antimanic	S	300 MG	ORAL	CAPS	EA	32	X	MSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
50090280000	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	15 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090280001	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	15 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090280100	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	1%	EXTERNA	GEL	GM	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090280200	MAG-AL	ALUMINU	560400	Antacids a	56040000	Antacids a	O	200-200 M	ORAL	LIQD	ML	30		SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090280300	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	20	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090280400	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090280401	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	12		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090280402	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	6		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090280405	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090280407	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090280700	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090280800	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	32	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090280900	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	32		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090281000	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	33		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090281100	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	32	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090281300	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	33		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090281400	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	32	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090281500	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TABS	EA	32	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090281706	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090281800	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	10 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090281803	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	10 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090281901	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090282000	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TB12	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090282101	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090282103	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090282300	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	33		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090282400	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TABS	EA	28	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090282500	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090282600	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	50 MCG	ORAL	TABS	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090282700	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TBDP	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090282800	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	44	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090282900	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	32	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090283000	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090283100	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	32	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090283200	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	33		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090283400	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	33		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090283500	ELLA	ULIPRIST	681200	Contracep	68120000	Contracep	R	30 MG	ORAL	TABS	EA	1		SSB	11/30/2022	50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090283700	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	21 MG/24H	TRANSDE	PT24	EA	14		GENERIC		50090	N		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090283900	PROCHLC	PROCHLC	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090284000	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090284001	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090284008	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090284200	DOK	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	33		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090284400	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	29	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090284500	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	CAPS	EA	32	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090284700	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090284900	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TBEC	EA	32	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090285100	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090285200	TRAZODC	TRAZODC	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090285300	VICTOZA	LIRAGLUT	682006	UNKNOW	68200600	UNKNOW	S	18 MG/3M	SUBCUTA	SOPN	ML	3	X	MSB		50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
50090285400	NYSTATI	NYSTATI	840408	Antifungal	84040828	Polyenes	S	100000 UI	EXTERNA	CREA	GM	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090285500	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090285700	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	145 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090285801	SILDENAI	SILDENAI	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090285900	LOPERAM	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	S	2 MG	ORAL	CAPS	EA	33		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090286000	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	21 MG/24H	TRANSDE	PT24	EA	14		GENERIC		50090	N		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090286200	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	33		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090286300	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	33		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090286500	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	100 MG	ORAL	TABS	EA	32	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090286600	NALTREX	NALTREX	281000	Opiate An	28100000	Opiate An	S	50 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090286901	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	40 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090286906	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090287000	DILTIAZEI	DILTIAZEI	240404	Antiarrhyth	24040424	Class IV A	S	180 MG	ORAL	CP24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090287001	DILTIAZEI	DILTIAZEI	240404	Antiarrhyth	24040424	Class IV A	S	180 MG	ORAL	CP24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090287200	DIPHENO	DIPHENO	560800	Antidiarrhe	56080000	Antidiarrhe	S	2.5-0.025	ORAL	TABS	EA	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090287201	DIPHENO	DIPHENO	560800	Antidiarrhe	56080000	Antidiarrhe	S	2.5-0.025	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090287202	DIPHENO	DIPHENO	560800	Antidiarrhe	56080000	Antidiarrhe	S	2.5-0.025	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090287302	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090287500	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	1000 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090287600	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090287700	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	320 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090287701	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	320 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090288000	FLUTICAS	FLUTICAS	520808	Corticoste	52080800	Corticoste	S	50 MCG/A	NASAL	SUSP	GM	16		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090288102	COMPRO	PROCHLC	281608	Antipsych	28160824	Phenothia	S	25 MG	RECTAL	SUPP	EA	3		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090288200	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090288201	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090288400	DILTIAZEI	DILTIAZEI	240404	Antiarrhyth	24040424	Class IV A	S	240 MG	ORAL	CP24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090288401	DILTIAZEI	DILTIAZEI	240404	Antiarrhyth	24040424	Class IV A	S	240 MG	ORAL	CP24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090288500	GUAIFEN	DEXTROM	480800	Antitussive	48080000	Antitussive	P	100-10 MG	ORAL	LIQD	ML	118		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090288600	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090288601	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090288800	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090288900	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090289000	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	33		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090289001	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090289400	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	29	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090289500	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	6.25 MG	ORAL	TBCR	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090289601	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090289602	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090289603	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090289902	TRICOR	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	145 MG	ORAL	TABS	EA	90	X	MSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
50090290000	KETOTIFE	KETOTIFE	520200	Antiallergi	52020000	Antiallergi	P	0.04%	OPHTHAL	SOLN	ML	5		GENERIC	3/30/2023	50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090290100	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090290102	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	15	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090290103	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090290104	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	20	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090290105	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090290106	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	200	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090290107	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	180	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090290108	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	7	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090290109	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	120	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090290200	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090290202	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090290203	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090290204	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	180	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090290400	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	29	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090290500	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090290600	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	33		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090290700	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090291000	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090291100	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	25 MCG	ORAL	TABS	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090291200	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	4 MG	ORAL	TABS	EA	32	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090291400	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090291500	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TB24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090291501	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TB24	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090291502	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TB24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090291600	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	100 MG	ORAL	TABS	EA	9		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090291800	SELEGILI	SELEGILI	283632	UNKNOW	28363200	UNKNOW	S	5 MG	ORAL	TABS	EA	4	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090292100	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	4 MG	ORAL	CHEW	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090292101	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	4 MG	ORAL	CHEW	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090292200	MULTIPLE	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090292400	BUPRENC	BUPRENC	280812	Opiate Pa	28081200	Opiate Pa	S	8 MG	SUBLINGI	SUBL	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090292500	POLYMYX	POLYMYX	520404	Antibacter	52040400	Antibacter	S	10000-0.1	OPHTHAL	SOLN	ML	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090292600	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090292800	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	80 MG	ORAL	CAPS	EA	40	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090292900	SODIUM (	SODIUM (	482400	Mucolytic	48240000	Mucolytic	S	0.90%	INHALATI	NEBU	ML	3		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090293001	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	28		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090293100	PROCTO-	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	2.50%	EXTERNA	CREA	GM	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090293200	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090293400	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	30 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090293401	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	30 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090293402	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	30 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090293500	BANOPHE	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5 MG/5	ORAL	LIQD	ML	118		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090293600	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090293601	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090293602	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090294000	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	CHEW	EA	36		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090294100	EARWAX	CARBAMI	520424	UNKNOW	52042400	UNKNOW	P	6.50%	OTIC	SOLN	ML	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090294201	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	S	50%	INTRAVEI	SOLN	ML	50		MSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
50090294400	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090294500	CONTRAV	NALTREX	282008	UNKNOW	28200800	UNKNOW	R	8-90 MG	ORAL	TB12	EA	120		SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090294600	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090294900	PROPAFE	PROPAFE	240404	Antiarrhyth	24040412	Class Ic A	S	225 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090295900	LITHIUM (	LITHIUM (	282800	Antimanic	28280000	Antimanic	S	300 MG	ORAL	CAPS	EA	32	X	MSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
50090296300	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	7		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090296301	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090296400	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TB12	EA	32	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090296500	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	33		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090296600	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090296700	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090296800	FLECAINI	FLECAINI	240404	Antiarrhyth	24040412	Class Ic A	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090296900	LIOTHYR	LIOTHYR	683604	Thyroid Ag	68360400	Thyroid Ag	S	5 MCG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090297100	MINOCYC	MINOCYC	81224	Tetracyclir	8122400	Tetracyclir	S	50 MG	ORAL	CAPS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090297200	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090297300	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090297400	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-25 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090297401	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-25 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090297402	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-25 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090297500	PROPAFE	PROPAFE	240404	Antiarrhyth	24040412	Class Ic A	S	225 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090297600	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090297601	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090297700	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090297800	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	300 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090297900	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	30 MG	ORAL	TABS	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090298000	ATOVAQU	ATOVAQU	83008	Antimalari	8300800	Antimalari	S	250-100 M	ORAL	TABS	EA	7		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090298001	ATOVAQU	ATOVAQU	83008	Antimalari	8300800	Antimalari	S	250-100 M	ORAL	TABS	EA	12		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090298002	ATOVAQU	ATOVAQU	83008	Antimalari	8300800	Antimalari	S	250-100 M	ORAL	TABS	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090298003	ATOVAQU	ATOVAQU	83008	Antimalari	8300800	Antimalari	S	250-100 M	ORAL	TABS	EA	16		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090298004	ATOVAQU	ATOVAQU	83008	Antimalari	8300800	Antimalari	S	250-100 M	ORAL	TABS	EA	24		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090298005	ATOVAQU	ATOVAQU	83008	Antimalari	8300800	Antimalari	S	250-100 M	ORAL	TABS	EA	5		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090298006	ATOVAQU	ATOVAQU	83008	Antimalari	8300800	Antimalari	S	250-100 M	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090298007	ATOVAQU	ATOVAQU	83008	Antimalari	8300800	Antimalari	S	250-100 M	ORAL	TABS	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090298008	ATOVAQU	ATOVAQU	83008	Antimalari	8300800	Antimalari	S	250-100 M	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090298009	ATOVAQU	ATOVAQU	83008	Antimalari	8300800	Antimalari	S	250-100 M	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090298200	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090298301	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.3 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090298402	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090298405	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090298500	TEKTURN	ALISKIRE	243240	UNKNOW	24324000	UNKNOW	S	300 MG	ORAL	TABS	EA	30	X	MSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
50090298700	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	21	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090298701	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090298703	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090298800	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090298801	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090298803	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090298804	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	200	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090298805	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090298900	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090298901	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090298903	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090298904	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	200	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090298905	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090299000	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090299002	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090299100	MOMETA	MOMETA	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	45		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090299300	LITHIUM (	LITHIUM (	282800	Antimanic	28280000	Antimanic	S	450 MG	ORAL	TBCR	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090299400	TRIHEXYI	TRIHEXYI	283608	UNKNOW	28360800	UNKNOW	S	2 MG	ORAL	TABS	EA	32	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090299500	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	33		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090299600	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	16	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090299601	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090299603	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090299604	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	20	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090299608	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090300000	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	33		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090300100	POLYSPC	BACITRA	840404	Antibacter	84040400	Antibacter	P	500UNIT/(	EXTERNA	OINT	GM	14.2		MSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
50090300200	DELZICOI	MESALAN	563600	Anti-inflam	56360000	Anti-inflam	S	400 MG	ORAL	CPDR	EA	180	X	MSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
50090300300	ACETAZC	ACETAZC	524012	UNKNOW	52401200	UNKNOW	S	250 MG	ORAL	TABS	EA	12	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090300400	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	33		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090300500	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	125 MG/5I	ORAL	SUSR	ML	150		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090300600	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TBDP	EA	28	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090300700	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090300702	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	28	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090301101	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-60 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090301209	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090301300	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	5		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090301301	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	7		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090301302	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090301400	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	20	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090301501	AMIODAR	AMIODAR	240404	Antiarrhyth	24040420	Class III A	S	200 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090301502	AMIODAR	AMIODAR	240404	Antiarrhyth	24040420	Class III A	S	200 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090301600	MINOCYC	MINOCYC	81224	Tetracyclir	8122400	Tetracyclir	S	50 MG	ORAL	CAPS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090301603	MINOCYC	MINOCYC	81224	Tetracyclir	8122400	Tetracyclir	S	50 MG	ORAL	CAPS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090301800	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	25 MG	RECTAL	SUPP	EA	12		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090302000	ACETIC A	ACETIC A	529200	EENT Dru	52920000	EENT Dru	S	2%	OTIC	SOLN	ML	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090302100	SODIUM E	SODIUM E	560400	Antacids a	56040000	Antacids a	P	650 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090302200	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	21	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090302201	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090302203	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090302300	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090302301	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090302401	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090302500	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TBEC	EA	15	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090302501	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TBEC	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090302503	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TBEC	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090302600	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090302601	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090302606	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090302607	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

50090302800	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	20 MG	ORAL	CPEP	EA	44	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090302900	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	1 MG	ORAL	TBDP	EA	784	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090303100	ESOMEP	ESOMEP	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090303101	ESOMEP	ESOMEP	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090303200	FINACEA	AZELAIC	840404	Antibacter	84040400	Antibacter	S	15%	EXTERNA	GEL	GM	50		MSB		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./FORMULARY EXCLUSION	R	MEDPRIME
50090303400	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090303401	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	100	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090303402	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090303500	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090303502	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090303600	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	15	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090303601	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	20	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090303602	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090303604	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	14	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090303605	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	40	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090303606	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090303607	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090303706	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	TABS	EA	2		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090303800	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TBEC	EA	32	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090303901	EPINEPHI	EPINEPHI	523200	Vasocons	52320000	Vasocons	R	1 MG/ML	INJECTIO	SOLN	ML	1		MSB		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./FORMULARY EXCLUSION	R	MEDPRIME
50090303902	EPINEPHI	EPINEPHI	523200	Vasocons	52320000	Vasocons	R	1 MG/ML	INJECTIO	SOLN	ML	1		MSB		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./FORMULARY EXCLUSION	R	MEDPRIME
50090304000	DUTASTE	DUTASTE	920400	UNKNOW	92040000	UNKNOW	S	0.5 MG	ORAL	CAPS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090304101	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090304102	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	180	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090304200	CROMOL'	CROMOL'	520200	Antiallergi	52020000	Antiallergi	S	4%	OPHTHAL	SOLN	ML	10		GENERIC	3/30/2023	50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090304300	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090304301	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090304304	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090304307	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	200	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090304308	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090304400	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	145 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090304600	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	33	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090304700	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	400-57 MG	ORAL	SUSR	ML	100		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090304809	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	120		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090304900	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-40 MG	ORAL	CAPS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090305000	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090305002	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090305004	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090305005	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	180	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090305100	CARTIA X	DILTIAZEI	240404	Antiarrhyt	24040424	Class IV A	S	120 MG	ORAL	CP24	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090305101	CARTIA X	DILTIAZEI	240404	Antiarrhyt	24040424	Class IV A	S	120 MG	ORAL	CP24	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090305200	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	40		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090305300	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	20-12.5 M	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090305301	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	20-12.5 M	ORAL	TABS	EA	270	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090305400	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	20-12.5 M	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090305500	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	20	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090305600	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	48 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090305700	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	20		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090305701	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	28		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090305702	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	40		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090305703	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	14		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090305705	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	10		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090305706	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	30		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090305707	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	100		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090305708	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	4		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090305800	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.05%	EXTERNA	CREA	GM	45		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090305900	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	CAPS	EA	100	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090306000	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090306002	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	15	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090306003	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	60	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090306004	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	20	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090306005	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090306006	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	200	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090306007	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	180	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090306008	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	7	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090306009	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	120	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090306100	DILTIAZEI	DILTIAZEI	240404	Antiarrhyt	24040424	Class IV A	S	300 MG	ORAL	CP24	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090306201	DILTIAZEI	DILTIAZEI	240404	Antiarrhyt	24040424	Class IV A	S	300 MG	ORAL	CP24	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090306300	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	4		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090306303	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	14		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090306304	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	21		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090306306	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	28		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090306309	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090306400	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090306403	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090306404	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090306405	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	180	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090306406	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090306501	ESOMEP	ESOMEP	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090306600	FAMCICL	FAMCICL	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090306800	NEOMYCI	NEOMYCI	520808	Corticoste	52080800	Corticoste	S	.1%-3.5M	OPHTHAL	SUSP	ML	5		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090306900	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TB24	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090306902	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TB24	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090307000	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	32	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090307200	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	44	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090307300	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	32	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090307600	NALTREX	NALTREX	281000	Opiate An	28100000	Opiate An	S	50 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090307700	PROMETI	PROMETI	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	33		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090307800	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	29	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090307908	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090308100	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	33	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090308200	SILDENAI	SILDENAI	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090308201	SILDENAI	SILDENAI	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090308400	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	33	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090308500	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	SOLN	ML	50		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090308600	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1%	EXTERNA	SOLN	ML	60		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090308700	EZETIMIB	EZETIMIB	240605	Cholester	24060500	Cholester	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090308701	EZETIMIB	EZETIMIB	240605	Cholester	24060500	Cholester	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090308902	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090309000	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.10%	EXTERNA	CREA	GM	45		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090309100	MOXIFLO	MOXIFLO	520404	Antibacter	52040400	Antibacter	S	0.50%	OPHTHAL	SOLN	ML	3		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090309400	METHYLF	METHYLF	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TBPK	EA	21		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090309500	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090309501	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090309700	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090309900	LOXAPINI	LOXAPINI	281608	Antipsych	28160826	UNKNOW	S	10 MG	ORAL	CAPS	EA	3200	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090310000	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	33	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090310300	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090310400	ATROPIN	ATROPIN	522400	Mydriatics	52240000	Mydriatics	S	1%	OPHTHAL	SOLN	ML	5	X	MSB	3/30/2023	50090			X	N	EXCLUDE/REPACK	REPACKED PROD./FORMULARY EXCLUSION	R	MEDPRIME
50090310500	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090310501	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090310600	TRIAMTEI	TRIAMTEI	402816	Potassium	40281600	Potassium	S	75-50 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090310602	TRIAMTEI	TRIAMTEI	402816	Potassium	40281600	Potassium	S	75-50 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090310605	TRIAMTEI	TRIAMTEI	402816	Potassium	40281600	Potassium	S	75-50 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090310700	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090310701	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090310800	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	160 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090310801	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	160 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090310900	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	14		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090311000	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	1 MG	ORAL	TABS	EA	30	X	GENERIC		50090	Y		X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090311001	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090311101	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	12		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090311300	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	CREA	GM	28		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090311400	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	CREA	GM	28		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090311500	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	CREA	GM	28		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090311600	BENZTRO	BENZTRO	283608	UNKNOW	28360800	UNKNOW	S	1 MG	ORAL	TABS	EA	32	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090311900	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090311902	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090311904	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090312000	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090312100	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	S	1-0.05 %	EXTERNA	CREA	GM	45		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090312200	JUNEL FE	NORETHI	681200	Contracep	68120000	Contracep	S	1.5-30 MG	ORAL	TABS	EA	28	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090312500	CROMOL'	CROMOL'	520200	Antiallergi	52020000	Antiallergi	S	4%	OPHTHAL	SOLN	ML	10		GENERIC	3/30/2023	50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090312600	ALENDRC	ALENDRC	922400	UNKNOW	92240000	UNKNOW	S	70 MG	ORAL	TABS	EA	4	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090312601	ALENDRC	ALENDRC	922400	UNKNOW	92240000	UNKNOW	S	70 MG	ORAL	TABS	EA	12	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090312700	SM CLEA	POLYETH	561200	Cathartics	56120000	Cathartics	P	0-17GM/S	ORAL	POWD	GM	238		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090312800	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.03%	EXTERNA	CREA	GM	20		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090312900	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	60	X	GENERIC	10/31/2024	50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090313000	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090313100	LIOTHYR	LIOTHYR	683604	Thyroid Ag	68360400	Thyroid Ag	S	5 MCG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090313101	LIOTHYR	LIOTHYR	683604	Thyroid Ag	68360400	Thyroid Ag	S	5 MCG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090313200	ACETAZC	ACETAZC	524012	UNKNOW	52401200	UNKNOW	S	500 MG	ORAL	CP12	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090313300	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090313401	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	45		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090313500	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50-12.5 M	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090313600	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090313601	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090313602	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090313700	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	10		GENERIC		50090	Y		X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090313701	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	15		GENERIC		50090	Y		X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090313702	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	21		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090313704	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	50		GENERIC		50090	Y		X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090313705	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090313707	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	100		GENERIC		50090	Y		X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090313708	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	40		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090313800	ATROPIN	ATROPIN	120808	Antimusca	12080800	Antimusca	S	1 MG/10M	INJECTIO	SOSY	ML	10		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090313900	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	29	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090314300	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	8 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090314301	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	8 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090314400	AZO URIN	PHENAZC	840800	Antipruritic	84080000	Antipruritic	P	95MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090314500	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090314501	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090314701	MOXIFLO	MOXIFLO	81218	Quinolone	8121800	Quinolone	S	400 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090314800	IMIPRAMI	IMIPRAMI	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090314900	PERMETH	PERMETH	840412	Scabicide	84041200	Scabicide	S	5%	EXTERNA	CREA	GM	60		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090315000	ORPHEN	ORPHEN	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	20		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090315001	ORPHEN	ORPHEN	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	30		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090315005	ORPHEN	ORPHEN	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	60		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090315100	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090315101	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090315105	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	180	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090315106	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090315200	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	90 MG	ORAL	TB24	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090315500	EPINEPHI	EPINEPHI	121212	alpha- and	12121200	alpha- and	R	0.3 MG/0.3	INJECTIO	SOAJ	EA	2		GENERIC		50090		Y	X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090315700	CABERG	CABERG	283620	UNKNOW	28362004	UNKNOW	S	0.5 MG	ORAL	TABS	EA	8		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090315800	POLYVIN'	POLYVIN'	529200	EENT Dru	52920000	EENT Dru	O	1.40%	OPHTHAL	SOLN	ML	15		MSB	6/30/2022	50090			X	N	EXCLUDE/REPACK	REPACKED PROD./FORMULARY EXCLUSION	R	MEDPRIME
50090316000	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	6		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090316001	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	14		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090316002	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090316101	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090316300	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	15		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090316301	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090316302	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090316303	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090316304	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090316306	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	7		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090316307	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	14		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090316308	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	21		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090316309	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090316400	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	CREA	GM	28		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090316500	PHENYTC	PHENYTC	281212	Hydantoin	28121200	Hydantoin	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090316501	PHENYTC	PHENYTC	281212	Hydantoin	28121200	Hydantoin	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090316601	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090316700	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090316800	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	33		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090317100	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090317101	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	180	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090317200	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090317201	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090317202	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090317203	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090317204	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	180	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090317300	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090317400	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090317401	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090317402	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	15		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090317403	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090317404	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090317500	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	30 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090317501	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	30 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090317502	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	30 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090317600	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090317601	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090317701	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090317800	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090317801	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	6		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090317802	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090317804	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	3		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090317805	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	12		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090317900	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090317901	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090317902	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	14		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090317903	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	28		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090317905	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	1		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090318000	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	CAPS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090318002	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	CAPS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090318103	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	30 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090318200	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090318201	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090318202	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	60	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090318300	CELECO	CELECO	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090318301	CELECO	CELECO	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	60	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090318302	CELECO	CELECO	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090318400	CIPROFL	CIPROFL	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	2.5		GENERIC	3/30/2023	50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090318500	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	4		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090318501	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090318502	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	3		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090318503	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090318504	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	6		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090318600	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090318601	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	100	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090318602	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	60	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090318603	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090318700	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	1		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090318800	CETIRIZI	CETIRIZI	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	14		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090318801	CETIRIZI	CETIRIZI	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090318802	CETIRIZI	CETIRIZI	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	100		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090318803	CETIRIZI	CETIRIZI	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090318900	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090318901	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090318903	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090318904	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	180	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090319001	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090319002	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090319101	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090319103	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090319104	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090319200	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090319201	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	40		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090319202	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	28		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090319203	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090319204	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090319206	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	100		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090319207	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	12		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090319300	CLARITHI	CLARITHI	81212	Macrolide	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090319301	CLARITHI	CLARITHI	81212	Macrolide	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090319302	CLARITHI	CLARITHI	81212	Macrolide	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	14		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090319400	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	100 MG	ORAL	TABS	EA	7		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090319500	LANSOPF	LANSOPF	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	30	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090319501	LANSOPF	LANSOPF	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	90	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090319601	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090319603	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	2		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090319700	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	30		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090319800	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	300 MG	ORAL	TB24	EA	60	X	GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090319900	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	20		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090319901	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	28		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090319902	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	40		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090319903	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	14		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090319905	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	10		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090319906	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	30		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090319907	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	100		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME
50090319908	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	4		GENERIC		50090			X	N	EXCLUDE/REPACK	REPACKED PROD./OPTIONAL BENEFIT EXCLUSION	R	MEDPRIME

50090320000	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090320001	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090320002	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090320003	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	42	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090320101	VITAMIN	ERGOCAL	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (	ORAL	CAPS	EA	8	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090320102	VITAMIN	ERGOCAL	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (	ORAL	CAPS	EA	4	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090320103	VITAMIN	ERGOCAL	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (	ORAL	CAPS	EA	12	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090320202	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	20		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090320203	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	28		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090320204	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	40		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090320205	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	30		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090320208	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	4		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090320300	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090320301	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	60	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090320302	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090320400	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090320401	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090320500	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090320501	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090320600	TERBINAF	TERBINAF	81404	Allylamine	8140400	Allylamine	S	250 MG	ORAL	TABS	EA	30		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090320601	TERBINAF	TERBINAF	81404	Allylamine	8140400	Allylamine	S	250 MG	ORAL	TABS	EA	90		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090320700	KETOCON	KETOCON	840408	Antifungal	84040808	Azoles	S	2%	EXTERNA	CREA	GM	15		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090320800	CITALOPR	CITALOPR	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090320801	CITALOPR	CITALOPR	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	100	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090320802	CITALOPR	CITALOPR	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090320900	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-320 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090321001	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	12		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090321002	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	20		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090321004	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	28		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090321006	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	40		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090321100	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	30		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090321103	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	20		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090321108	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	60		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090321109	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	120		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090321200	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	15		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090321300	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	4		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090321400	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	5		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090321401	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	7		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090321402	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	10		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090321600	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090321602	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090321700	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	33	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090321800	DOXYCY	DOXYCY	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	48		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090321900	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	100		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090322000	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	98		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090322100	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	98		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090322200	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	98		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090322300	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	98		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090322400	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	10000		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090322600	CEFPROZ	CEFPROZ	81206	Cephalos	8120608	Second G	S	250 MG/5	ORAL	SUSR	ML	50		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090322700	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	5		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090322800	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	20		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090322801	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	24		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090322802	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	30		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090322805	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	15		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090322900	NORTREL	NORETHI	681200	Contracep	68120000	Contracep	S	35MCG-.5	ORAL	TABS	EA	28	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090323000	CALCIUM	CALCIUM	560400	Antacids a	56040000	Antacids a	P	500 MG	ORAL	CHEW	EA	150		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090323100	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090323200	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	28		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090323205	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	90		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090323301	METHAZO	METHAZO	243604	UNKNOW	24360400	UNKNOW	S	50 MG	ORAL	TABS	EA	60	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090323302	METHAZO	METHAZO	243604	UNKNOW	24360400	UNKNOW	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090323401	CYCLOPE	CYCLOPE	522400	Mydriatics	52240000	Mydriatics	S	1%	OPHTHAL	SOLN	ML	15	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090323500	NORLYDA	NORETHI	681200	Contracep	68120000	Contracep	S	.35MG	ORAL	TABS	EA	28	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090323700	JUNEL FE	NORETHI	681200	Contracep	68120000	Contracep	S	1-20 MG-M	ORAL	TABS	EA	28	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090323801	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	50		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090323900	TRI FEMY	NORGEST	681200	Contracep	68120000	Contracep	S	0-0	ORAL	TABS	EA	28	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090324000	PROGEST	PROGEST	683200	Progestins	68320000	Progestins	S	100 MG	ORAL	CAPS	EA	10	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090324100	DESOXIM	DESOXIM	840608	UNKNOW	84060800	UNKNOW	S	0.25%	EXTERNA	CREA	GM	15		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090324200	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	30		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090324201	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	45		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090324202	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	16		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090324203	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	40		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090324204	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	20		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090324300	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090324301	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090324400	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	150 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090324401	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	150 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090324501	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	10		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090324600	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	30		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090324601	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	45		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090324602	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	15		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090324700	CITALOPR	CITALOPR	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090324701	CITALOPR	CITALOPR	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	60	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090324702	CITALOPR	CITALOPR	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	100	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090324703	CITALOPR	CITALOPR	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090324801	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	30		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090324900	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	60	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090324901	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090324902	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	180	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090324903	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090325002	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	25		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090325003	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	50		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090325004	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	15		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090325005	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	30		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090325006	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	60		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090325009	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	45		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090325200	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	40		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090325201	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	28		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090325300	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090325301	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	20		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090325302	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	90		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090325400	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	90		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090325401	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	21		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090325500	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	54 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090325600	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090325601	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090325700	NYSTATIN	NYSTATIN	81428	Polyenes	8142800	Polyenes	S	100000 UN	MOUTH/T	SUSP	ML	60		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090325800	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090325801	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090325900	PROBIOT	BACILLUS	560800	Antidiarrhe	56080000	Antidiarrhe	P	1-250 BILL	ORAL	CAPS	EA	30		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090326000	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090326001	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090326003	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	180		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090326004	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	45		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090326005	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090326101	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	30 MG/ML	INJECTIO	SOLN	ML	1		GENERIC	50090	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090326200	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090326201	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	100	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090326203	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	60	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090326209	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090326300	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090326400	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	1000 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090326500	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	10		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090326502	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	7		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090326504	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	90		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090326600	NITROGL	NITROGL	240808	beta-Adre	24080800	UNKNOW	S	0.4 MG	SUBLINGU	SUBL	EA	25	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090326601	NITROGL	NITROGL	240808	beta-Adre	24080800	UNKNOW	S	0.4 MG	SUBLINGU	SUBL	EA	25	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090326800	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090326801	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090326900	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	300 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090326901	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	300 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090326902	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	300 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090327000	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	15		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090327100	FLUTICAS	FLUTICAS	680400	Adrenals	68040000	Adrenals	S	113MCG/	INHALATI	AEPB	EA	1	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090327200	FLUTICAS	FLUTICAS	680400	Adrenals	68040000	Adrenals	S	55MCG/A	INHALATI	AEPB	EA	1	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090327300	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	21		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090327303	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	100		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090327304	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	30		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090327307	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	60		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090327400	BACITRA	BACITRA	520404	Antibacter	52040400	Antibacter	S	500-10000	OPHTHAL	OINT	GM	3.5		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090327500	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090327501	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090327504	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090327600	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	15		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090327700	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	15		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090327800	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	60	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090327900	BACITRA	BACITRA	840404	Antibacter	84040400	Antibacter	P	500 UNIT/	EXTERNA	OINT	GM	28		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090328000	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	0.25 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090328100	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	40		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090328200	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	15 MG	ORAL	CAPS	EA	28		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090328202	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	15 MG	ORAL	CAPS	EA	14		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090328204	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	15 MG	ORAL	CAPS	EA	30		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090328205	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	15 MG	ORAL	CAPS	EA	60		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090328300	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	10		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090328305	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	12		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090328401	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	CAPS	EA	20		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090328500	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-40 MG	ORAL	CAPS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090328601	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	28		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090328800	KETOCON	KETOCON	840408	Antifungal	84040808	Azoles	S	2%	EXTERNA	SHAM	ML	120		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090329000	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	15		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090329100	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	40		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090329101	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	28		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090329200	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	80-12.5 M	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090329300	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	600-42.9 M	ORAL	SUSR	ML	125		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090329400	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	S	0.4 MG/ML	INJECTIO	SOLN	ML	1		GENERIC	50090	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090329504	PIROXICA	PIROXICA	280804	Nonsteroi	28080404	UNKNOW	S	20 MG	ORAL	CAPS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090329606	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090329700	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	20		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090329900	KETOCON	KETOCON	840408	Antifungal	84040808	Azoles	S	2%	EXTERNA	CREA	GM	30		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090330000	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	120 MG/30	INJECTIO	SOLN	ML	30		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090330100	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090330300	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090330400	ROPINIRO	ROPINIRO	283620	UNKNOW	28362008	UNKNOW	S	1 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090330401	ROPINIRO	ROPINIRO	283620	UNKNOW	28362008	UNKNOW	S	1 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090330600	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	30		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090330604	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	28		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090330700	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	250 MG	ORAL	TABS	EA	40		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090330701	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	250 MG	ORAL	TABS	EA	28		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090330900	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	400-57 MG	ORAL	SUSR	ML	100		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090331004	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	40		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090331006	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	90		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090331100	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	7		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090331101	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	10		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090331104	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	14		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090331200	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	50 MG/10	INJECTIO	SOLN	ML	10		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090331201	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	50 MG/10	INJECTIO	SOLN	ML	10		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090331300	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090331301	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	100	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090331303	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	60	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090331309	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090331400	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	10		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090331401	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	7		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090331500	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090331600	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	1.50%	EXTERNA	SOLN	ML	150		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090331700	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	33	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090331900	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	10		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090331905	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	12		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090331908	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	6		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090332000	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	R	2.5 MG/5M	ORAL	ELIX	ML	60	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090332101	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2 %-1:200	INJECTIO	SOLN	ML	20		MSB	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
50090332600	BYSTOLI	NEBIVOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	30	X	MSB	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
50090332700	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.1 MG/GI	VAGINAL	CREA	GM	42.5	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090332800	MEDROXY	MEDROXY	683200	Progestins	68320000	Progestins	S	150 MG/M	INTRAMU	SUSY	ML	1		GENERIC	50090	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090332901	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	12		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090333000	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	20		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090333001	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	12		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090333002	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	6		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090333005	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	14		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090333007	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	15		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090333100	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090333101	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090333200	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	32	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090333300	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090333400	METHIMA	METHIMA	683608	Antithyroid	68360800	Antithyroid	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090333500	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	21		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090333601	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	10		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090333602	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	21		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090333603	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	30		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090333605	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	100		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090333609	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	18		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090333700	FAMCICL	FAMCICL	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	30		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090333800	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090333801	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	100	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090333807	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	200	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090333808	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090333900	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090333901	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	100	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090333903	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	60	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090333909	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090334000	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090334100	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	1 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090334201	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090334300	RIZATRIP	RIZATRIP	283228	Selective	28322800	Selective	S	10 MG	ORAL	TABS	EA	18		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090334400	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	0.5 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090334500	OSELTAM	OSELTAM	81828	Neuramini	8182800	Neuramini	S	6 MG/ML	ORAL	SUSR	ML	60		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090334600	MAGNESI	MAGNESI	401200	Replacem	40120000	Replacem	P	400 (240 M	ORAL	TABS	EA	120		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090334700	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	0.25 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090334800	OLMESAR	OLMESAR	243208	Angiotens	24320800	Angiotens	S	40-12.5 M	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090334900	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	40 MG	ORAL	CAPS	EA	60	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090335000	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	1 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090335203	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	550 MG	ORAL	TABS	EA	20	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090335205	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	550 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090335206	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	550 MG	ORAL	TABS	EA	60	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090335300	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	33	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090335400	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	21		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090335401	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	50		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090335403	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	100		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090335404	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	30		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090335407	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	60		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090335501	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	60	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090335600	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	30		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090335700	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-40 MG	ORAL	CAPS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090335800	TOLNAFT	TOLNAFT	840408	Antifungal	84040840	Thiocarba	P	1%	EXTERNA	CREA	GM	15		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090335900	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090335901	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090336000	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090336001	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090336104	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	40		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090336106	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	90		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090336200	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	20		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090336201	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	30		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090336204	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	60		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090336206	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	15		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090336300	RALOXIFE	RALOXIFE	681612	Estrogen /	68161200	Estrogen /	S	60 MG	ORAL	TABS	EA	100	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090336301	RALOXIFE	RALOXIFE	681612	Estrogen /	68161200	Estrogen /	S	60 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090336400	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	30 MG/ML	INJECTIO	SOLN	ML	1		GENERIC	50090	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090336401	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	30 MG/ML	INJECTIO	SOLN	ML	1		GENERIC	50090	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090336600	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	50		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090336700	RIZATRIP	RIZATRIP	283228	Selective	28322800	Selective	S	10 MG	ORAL	TABS	EA	18		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090336900	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	30		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090337000	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	400 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090337200	SHINGRI	ZOSTER V	801200	Vaccines	80120000	Vaccines	R	50 MCG/0	INTRAMU	SUSR	EA	1		SSB	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090337300	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	160 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090337301	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	160 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090337400	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	250 MG	ORAL	TABS	EA	20		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090337402	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	250 MG	ORAL	TABS	EA	28		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090337403	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	250 MG	ORAL	TABS	EA	30		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090337404	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	250 MG	ORAL	TABS	EA	40		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090337700	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090337701	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090337800	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090337801	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090337803	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

50090338000	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090338100	LACTULO	LACTULO	401000	Ammonia	40100000	Ammonia	S	10 GM/15	ORAL	SOLN	ML	237	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090338300	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090338301	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090338500	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090338501	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090338700	FLUTICAS	FLUTICAS	680400	Adrenals	68040000	Adrenals	S	232MCG/	INHALATI	AEPB	EA	1	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090338900	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090338901	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090338902	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090338903	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	180	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090339006	DIAZEPAM	DIAZEPAM	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	2		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090339104	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	7		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090339200	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090339401	NORGEST	NORGEST	681200	Contracep	68120000	Contracep	S	0.25-35 M	ORAL	TABS	EA	28	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090339601	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090339700	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	60 MG/2M	INTRAMU	SOLN	ML	2		GENERIC		50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090339701	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	60 MG/2M	INTRAMU	SOLN	ML	2		GENERIC		50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090340000	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective	S	(2.5 MG/3	INHALATI	NEBU	ML	3	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090340100	ALUMINU	ALUM & M	560400	Antacids a	56040000	Antacids a	P	200MG/5M	ORAL	SUSP	ML	355		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090340200	EZETIMIB	EZETIMIB	240605	Cholester	24060500	Cholester	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090340201	EZETIMIB	EZETIMIB	240605	Cholester	24060500	Cholester	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090340300	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090340301	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090340302	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090340400	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-40 MG	ORAL	CAPS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090340500	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TBDP	EA	28	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090340800	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	118		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090340901	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090341000	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090341003	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090341005	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090341100	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090341102	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090341104	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	200	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090341105	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090341400	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	960		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090341600	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TBEC	EA	32	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090341809	METHOTR	METHOTR	100000	Antineopla	10000000	Antineopla	S	2.5 MG	ORAL	TABS	EA	36		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090341901	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MC	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090341902	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MC	ORAL	TABS	EA	270	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090341903	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MC	ORAL	TABS	EA	360	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090342000	ZALEPLO	ZALEPLO	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	CAPS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090342101	OMEGA-3	OMEGA-3	240612	UNKNOW	24061200	UNKNOW	S	1 GM	ORAL	CAPS	EA	4320	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090342200	EZETIMIB	EZETIMIB	240605	Cholester	24060500	Cholester	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090342201	EZETIMIB	EZETIMIB	240605	Cholester	24060500	Cholester	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090342500	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	250 MG	ORAL	TABS	EA	40		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090342501	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	250 MG	ORAL	TABS	EA	28		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090342701	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	12		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090342703	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	6		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090342800	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090342901	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090342909	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090343000	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090343001	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090343101	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	300 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090343102	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	300 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090343201	HYDROXY	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090343202	HYDROXY	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090343300	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090343400	HYDROCO	HYDROCO	840608	UNKNOW	84060800	UNKNOW	S	2.50%	EXTERNA	CREA	GM	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090343500	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	50 MG/10	INJECTIO	SOLN	ML	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090343501	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	50 MG/10	INJECTIO	SOLN	ML	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090343600	CONSTUL	LACTULO	401000	Ammonia	40100000	Ammonia	S	10 GM/15	ORAL	SOLN	ML	237	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090343700	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090343701	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090343800	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090343801	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090344100	TIMOLOL	TIMOLOL	524008	UNKNOW	52400800	UNKNOW	S	0.50%	OPHTHAL	SOLN	ML	10	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090344300	DOXYCYC	DOXYCYC	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	CAPS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090344301	DOXYCYC	DOXYCYC	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	CAPS	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090344400	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090344500	ENOXAPA	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	40 MG/0.4	INJECTIO	SOSY	ML	0.4		GENERIC		50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090344600	PRENATA	PRENATA	882800	Multivitam	88280000	Multivitam	O	27-0.8 MG	ORAL	TABS	EA	3300		SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090344700	CEFTRIAX	CEFTRIAX	81206	Cephalosp	8120612	Third Gen	S	500 MG	INJECTIO	SOLR	EA	1		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090344909	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	CPCR	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090345001	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TBEC	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090345100	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	25 MCG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090345200	DIPHENO	DIPHENO	560800	Antidiarrh	56080000	Antidiarrh	S	2.5-0.025	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090345300	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	29	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090345400	MONO-LI	NORGEST	681200	Contracep	68120000	Contracep	S	0.25-35 M	ORAL	TABS	EA	28	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090345501	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	180	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090345600	DIPHENO	DIPHENO	560800	Antidiarrh	56080000	Antidiarrh	S	2.5-0.025	ORAL	TABS	EA	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090345601	DIPHENO	DIPHENO	560800	Antidiarrh	56080000	Antidiarrh	S	2.5-0.025	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090345602	DIPHENO	DIPHENO	560800	Antidiarrh	56080000	Antidiarrh	S	2.5-0.025	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090345700	LOXAPINI	LOXAPINI	281608	Antipsych	28160826	UNKNOW	S	10 MG	ORAL	CAPS	EA	3200	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090345800	QVAR RE	BECLOME	680400	Adrenals	68040000	Adrenals	R	40 MCG/A	INHALATI	AERB	GM	10.6	X	SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090345900	QVAR RE	BECLOME	680400	Adrenals	68040000	Adrenals	R	80 MCG/A	INHALATI	AERB	GM	10.6	X	SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090346100	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090346101	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090346102	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	120	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090346103	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	180	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090346200	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	33		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090346300	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	80 MG	ORAL	CHEW	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090346400	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090346500	COLCHIC	COLCHIC	921600	UNKNOW	92160000	UNKNOW	S	0.6 MG	ORAL	CAPS	EA	4		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090346501	COLCHIC	COLCHIC	921600	UNKNOW	92160000	UNKNOW	S	0.6 MG	ORAL	CAPS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090346600	ZOLADEX	GOSEREL	681808	UNKNOW	68180800	UNKNOW	R	3.6MG	SUBCUTA	IMPL	EA	1		SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090346800	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	5 MG	ORAL	TABS	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090347000	LIDOTHO	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	R	4.5-5 %	EXTERNA	PTCH	EA	15		SSB	8/14/2024	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090347100	OLMESAR	OLMESAR	243208	Angiotens	24320800	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090347101	OLMESAR	OLMESAR	243208	Angiotens	24320800	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090347200	JANUVIA	SITAGLIP	682005	UNKNOW	68200500	UNKNOW	R	50 MG	ORAL	TABS	EA	30	X	SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090347201	JANUVIA	SITAGLIP	682005	UNKNOW	68200500	UNKNOW	R	50 MG	ORAL	TABS	EA	90	X	SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090347400	LETROZO	LETROZO	681608	Antiestrog	68160800	Antiestrog	S	2.5 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090347501	TOLTERO	TOLTERO	861204	UNKNOW	86120400	UNKNOW	S	4 MG	ORAL	CP24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090348100	FARXIGA	DAPAGLI	682018	UNKNOW	68201800	UNKNOW	S	10 MG	ORAL	TABS	EA	30	X	SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090348200	FARXIGA	DAPAGLI	682018	UNKNOW	68201800	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090348300	TRULICIT	DULAGLU	682006	UNKNOW	68200600	UNKNOW	R	1.5 MG/0.5	SUBCUTA	SOAJ	ML	0.5	X	SSB		50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090348400	TRULICIT	DULAGLU	682006	UNKNOW	68200600	UNKNOW	R	0.75 MG/0	SUBCUTA	SOAJ	ML	0.5	X	SSB		50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090348500	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	320-12.5 M	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090348700	OLMESAR	OLMESAR	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090348701	OLMESAR	OLMESAR	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090348900	OLOPATA	OLOPATA	520200	Antiallergi	52020000	Antiallergi	S	0.20%	OPHTHAL	SOLN	ML	2.5		GENERIC	3/30/2023	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090349100	TRESIBA	INSULIN D	682008	Insulins	68200816	UNKNOW	R	200 UNIT/	SUBCUTA	SOPN	ML	3	X	MSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIMI
50090349300	SILDENAF	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090349301	SILDENAF	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090349900	PHENYTO	PHENYTO	281212	Hydantoin	28121200	Hydantoin	S	100 MG	ORAL	CAPS	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090350600	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	250 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090350602	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	250 MG	ORAL	TABS	EA	28		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090350603	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	250 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090350604	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	250 MG	ORAL	TABS	EA	40		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090350700	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	CAPS	EA	2		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090350800	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	80		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090351000	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	33		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090351300	FLUTICAS	FLUTICAS	520808	Corticoste	52080800	Corticoste	S	50 MCG/A	NASAL	SUSP	GM	16		GENERIC	3/30/2023	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090351400	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	3 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090351500	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090351501	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090351800	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	1000 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090351900	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090351905	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	12		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090351908	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	6		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090352000	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090352001	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090352004	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	6		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090352006	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	12		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090352007	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	9		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090352700	JANUVIA	SITAGLIP	682005	UNKNOW	68200500	UNKNOW	R	25 MG	ORAL	TABS	EA	90	X	SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090352701	JANUVIA	SITAGLIP	682005	UNKNOW	68200500	UNKNOW	R	25 MG	ORAL	TABS	EA	30	X	SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090353502	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090353700	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090353900	PHENYTO	PHENYTO	281212	Hydantoin	28121200	Hydantoin	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090353901	PHENYTO	PHENYTO	281212	Hydantoin	28121200	Hydantoin	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090354100	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	10 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090354300	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090354700	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	1 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090355000	KETOROL	KETOROL	520820	Nonsteroi	52082000	Nonsteroi	S	0.40%	OPHTHAL	SOLN	ML	5		GENERIC		50090	N		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090355200	OLOPATA	OLOPATA	520200	Antiallergi	52020000	Antiallergi	S	0.10%	OPHTHAL	SOLN	ML	5		GENERIC	3/30/2023	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090355600	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090355601	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	40		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090355602	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	28		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090355603	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090355604	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090355606	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090355607	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	12		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090355800	TRUEPLU	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090355801	TRUEPLU	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090355900	TRUE ME	GLUCOSE	362600	Diabetes M	36260000	Diabetes M	O	0	IN VITRO	STRP	EA	1200		NON DRUG		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090356000	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	GUM	EA	110		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090356100	OLMESAR	OLMESAR	243208	Angiotens	24320800	Angiotens	S	40-12.5 M	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090356402	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090356600	OLOPATA	OLOPATA	520200	Antiallergi	52020000	Antiallergi	S	0.10%	OPHTHAL	SOLN	ML	5		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090356700	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	33		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090356800	DICLOFE	DICLOFE	520820	Nonsteroi	52082000	Nonsteroi	S	0.10%	OPHTHAL	SOLN	ML	5		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090357100	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	9		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090357400	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	400 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090357401	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	400 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090357500	TERBINAF	TERBINAF	81404	Allylamine	8140400	Allylamine	S	250 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090357501	TERBINAF	TERBINAF	81404	Allylamine	8140400	Allylamine	S	250 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090357600	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	80-12.5 M	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090357801	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090357803	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090357804	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090357900	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090357902	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090357903	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090357904	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090357905	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	180	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090358000	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090358001	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090358002	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090358200	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090358301	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	28		GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090362500	XARELTO	RIVAROX	201204	Anticoagu	20120414	UNKNOW	R	10 MG	ORAL	TABS	EA	90	X	SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090362501	XARELTO	RIVAROX	201204	Anticoagu	20120414	UNKNOW	R	10 MG	ORAL	TABS	EA	30	X	SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090363900	XARELTO	RIVAROX	201204	Anticoagu	20120414	UNKNOW	R	20 MG	ORAL	TABS	EA	90	X	SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090364000	SYMBICO	BUDESON	680400	Adrenals	68040000	Adrenals	S	160-4.5 M	INHALATI	AERO	GM	6	X	MSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIMI
50090364400	MINOCYC	MINOCYC	81224	Tetracycli	8122400	Tetracycli	S	50 MG	ORAL	CAPS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090364403	MINOCYC	MINOCYC	81224	Tetracycli	8122400	Tetracycli	S	50 MG	ORAL	CAPS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090364500	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.1 MG/GM	VAGINAL	CREA	GM	42.5	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090364600	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090364601	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090365000	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090365001	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090365002	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090365003	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090365004	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090365005	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090365400	TERBINAF	TERBINAF	81404	Allylamine	8140400	Allylamine	S	250 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090365401	TERBINAF	TERBINAF	81404	Allylamine	8140400	Allylamine	S	250 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090365500	OLMESAR	OLMESAR	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090365501	OLMESAR	OLMESAR	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090365600	OLMESAR	OLMESAR	243208	Angiotens	24320800	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090365601	OLMESAR	OLMESAR	243208	Angiotens	24320800	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090365700	EZETIMIB	EZETIMIB	240605	Cholester	24060500	Cholester	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090365701	EZETIMIB	EZETIMIB	240605	Cholester	24060500	Cholester	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090365900	NASAL DE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	P	10 MG	ORAL	TABS	EA	36		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090367000	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090369102	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090369105	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	180	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090369700	MINOCYC	MINOCYC	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	CAPS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090369702	MINOCYC	MINOCYC	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	CAPS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090369703	MINOCYC	MINOCYC	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	CAPS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090369704	MINOCYC	MINOCYC	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	CAPS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090370000	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090370001	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090370002	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090370100	OLMESAR	OLMESAR	243208	Angiotens	24320800	Angiotens	S	20-12.5 M	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090370101	OLMESAR	OLMESAR	243208	Angiotens	24320800	Angiotens	S	20-12.5 M	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090371800	OSELTAM	OSELTAM	81828	Neuramini	8182800	Neuramini	S	75 MG	ORAL	CAPS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090371900	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090371901	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090371902	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090371903	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	180	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090372300	CEFDINIR	CEFDINIR	81206	Cephalosp	8120612	Third Gen	S	250 MG/5	ORAL	SUSR	ML	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090372500	CEFDINIR	CEFDINIR	81206	Cephalosp	8120612	Third Gen	S	250 MG/5	ORAL	SUSR	ML	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090372800	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	33		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090373700	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090373701	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090373702	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	6		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090374200	OMEGA-3	OMEGA-3	240612	UNKNOW	24061200	UNKNOW	S	1 GM	ORAL	CAPS	EA	120	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090374600	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090374601	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090374603	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090374700	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090374701	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090374706	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090374900	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090374901	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090375200	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090375202	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090376003	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090376004	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090376300	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090376301	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090376302	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090376500	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090376503	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090377200	NYSTATIN	NYSTATIN	840408	Antifungal	84040828	Polyenes	S	100000 UN	EXTERNA	CREA	GM	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090377400	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090377401	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090377403	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090377404	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	200	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090377405	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090377500	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090377502	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090378000	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090378100	HAVRIX	HEPATITI	801200	Vaccines	80120000	Vaccines	R	720 EL U/	INTRAMU	SUSP	ML	0.5		SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090379100	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090379101	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090379103	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	6		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090379104	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	28		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090379105	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090379107	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090379108	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	1		GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090379300	TRI-MILI	NORGEST	681200	Contracep	68120000	Contracep	S	0.18/0.215	ORAL	TABS	EA	28	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090379401	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	45		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090379700	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	80		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090380200	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	OINT	GM	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090380400	DIPHENO	DIPHENO	560800	Antidiarrh	56080000	Antidiarrh	S	2.5-0.025	ORAL	TABS	EA	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090380401	DIPHENO	DIPHENO	560800	Antidiarrh	56080000	Antidiarrh	S	2.5-0.025	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090380402	DIPHENO	DIPHENO	560800	Antidiarrh	56080000	Antidiarrh	S	2.5-0.025	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090380800	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090380801	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090380900	DOXYCYC	DOXYCYC	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090381000	CEFTRIAX	CEFTRIAX	81206	Cephalosp	8120612	Third Gen	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090381001	CEFTRIAX	CEFTRIAX	81206	Cephalosp	8120612	Third Gen	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090381100	METHYLP	METHYLP	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TBPK	EA	21		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI
50090381300	DIPHENO	DIPHENO	560800	Antidiarrh	56080000	Antidiarrh	S	2.5-0.025	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIMI

50090382000	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090382300	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	80 MG	ORAL	CAPS	EA	40	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090383600	OFLOXAC	OFLOXAC	520404	Antibacter	52040400	Antibacter	S	0.30%	OTIC	SOLN	ML	5		GENERIC	3/30/2023	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090383800	CEFTRIAX	CEFTRIAX	81206	Cephalosp	8120612	Third Gen	S	500 MG	INJECTIO	SOLR	EA	1		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090384700	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090384701	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090385200	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090385300	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090385301	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090385400	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090385401	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090385402	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	180	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090385403	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090385601	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090385701	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090385901	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090386601	RALOXIFE	RALOXIFE	681612	Estrogen A	68161200	Estrogen A	S	60 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090386701	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	28		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090387100	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MG	ORAL	TABS	EA	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090387300	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	CAPS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090387600	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090387602	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	15	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090387603	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090387604	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	20	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090387605	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090387606	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	200	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090387607	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	180	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090387608	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	7	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090387800	ZOLPIDEM	ZOLPIDEM	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090387801	ZOLPIDEM	ZOLPIDEM	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090387900	ZOLPIDEM	ZOLPIDEM	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090387901	ZOLPIDEM	ZOLPIDEM	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090387902	ZOLPIDEM	ZOLPIDEM	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090387903	ZOLPIDEM	ZOLPIDEM	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	3		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090387904	ZOLPIDEM	ZOLPIDEM	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090388001	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	21		GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090388100	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090388102	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090388700	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	48 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090388800	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090388801	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090389300	EAR DRO	CARBAMI	520424	UNKNOW	52042400	UNKNOW	P	6.50%	OTIC	SOLN	ML	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090389800	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090389801	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090390500	SILDENAF	SILDENAF	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090390501	SILDENAF	SILDENAF	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090390600	ALLERGY	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090390601	ALLERGY	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090390602	ALLERGY	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090390603	ALLERGY	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090390700	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090390701	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	45		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090390702	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	16		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090390703	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	40		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090390704	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090390705	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	3		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090391400	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090391600	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090391601	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090391701	LITHIUM	LITHIUM	282800	Antimanic	28280000	Antimanic	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090392600	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090392601	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090392602	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	120	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090392603	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	180	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090392700	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	4 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090392701	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	4 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090392702	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	4 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090393100	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090394500	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-S	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090394501	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-S	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090394502	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-S	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090394600	FLURBIPF	FLURBIPF	520820	Nonsteroi	52082000	Nonsteroi	R	0.03%	OPHTHAL	SOLN	ML	2.5		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090394700	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-S	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090394701	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-S	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090395201	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090395301	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090395306	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090395500	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	32	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090395800	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TBDP	EA	28	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090396301	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	20	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090396302	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090396305	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090397405	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090397500	DESLORA	DESLORA	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090398300	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	300 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090398400	EZETIMIB	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-40 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090398502	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090398600	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090398601	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090398606	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090398801	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	R	105 MG	ORAL	CP24	EA	30		MSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
50090400500	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090400501	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090400504	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090400508	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090400900	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090400901	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090400902	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090401000	DUTASTE	DUTASTE	920400	UNKNOW	92040000	UNKNOW	S	0.5 MG	ORAL	CAPS	EA	30	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090401001	DUTASTE	DUTASTE	920400	UNKNOW	92040000	UNKNOW	S	0.5 MG	ORAL	CAPS	EA	90	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090401300	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	120 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090401302	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	120 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090402000	DICLOFEI	DICLOFEI	840620	UNKNOW	84062000	UNKNOW	S	1%	EXTERNA	GEL	GM	100		GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090402201	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090402401	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090403000	DICLOFEI	DICLOFEI	840620	UNKNOW	84062000	UNKNOW	S	1%	EXTERNA	GEL	GM	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090403100	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	145 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090403800	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	45		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090404500	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	137 MCG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090404501	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	137 MCG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090404700	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	30 MG	ORAL	TB24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090404701	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	30 MG	ORAL	TB24	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090404702	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	30 MG	ORAL	TB24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090404900	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090404901	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090404902	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090405300	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	20	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090405801	MOXIFLO	MOXIFLO	81218	Quinolone	8121800	Quinolone	S	400 MG	ORAL	TABS	EA	30		GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090406800	LANTUS	INSULIN	682008	Insulins	68200816	UNKNOW	R	100 UNIT/	SUBCUTA	SOPN	ML	3	X	MSB		50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
50090407000	ALLERGY	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090407001	ALLERGY	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090407002	ALLERGY	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090407300	HUMALOG	INSULIN L	682008	Insulins	68200804	UNKNOW	R	100 UNIT/	SUBCUTA	SOPN	ML	3	X	SSB		50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090407400	NOVOLOG	INSULIN A	682008	Insulins	68200804	UNKNOW	R	(70-30) 10	SUBCUTA	SUSP	ML	10	X	SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090407600	ALENDRO	ALENDRO	922400	UNKNOW	92240000	UNKNOW	S	35 MG	ORAL	TABS	EA	4	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090408300	PRIMIDO	PRIMIDO	281204	Anticonvul	28120400	Anticonvul	S	250 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090408400	JANUVIA	SITAGLIP	682005	UNKNOW	68200500	UNKNOW	R	100 MG	ORAL	TABS	EA	90	X	SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090408500	NOVOLOG	INSULIN A	682008	Insulins	68200804	UNKNOW	R	(70-30) 10	SUBCUTA	SUPN	ML	3	X	SSB		50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090408600	JANUVIA	SITAGLIP	682005	UNKNOW	68200500	UNKNOW	R	50 MG	ORAL	TABS	EA	90	X	SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090408700	JANUVIA	SITAGLIP	682005	UNKNOW	68200500	UNKNOW	R	25 MG	ORAL	TABS	EA	90	X	SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090410000	MOXIFLO	MOXIFLO	81218	Quinolone	8121800	Quinolone	S	400 MG	ORAL	TABS	EA	10		GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090410200	XOFLUZA	BALOXAV	81830	UNKNOW	8183000	UNKNOW	R	2 X 20 MG	ORAL	TBPK	EA	2		SSB	8/2/2022	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090410300	IPRATRO	IPRATRO	121208	beta-Adre	12120812	Selective I	S	0.5-2.5 (3)	INHALATI	SOLN	ML	3	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090410400	XOFLUZA	BALOXAV	81830	UNKNOW	8183000	UNKNOW	R	2 X 40 MG	ORAL	TBPK	EA	2		SSB	6/30/2022	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090411100	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090411700	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	10 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090411703	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	10 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090411800	PRASUGR	PRASUGR	201218	Platelet-Ag	20121800	Platelet-Ag	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090411900	GUANFAC	GUANFAC	242400	Beta-Adre	24240000	Beta-Adre	S	1 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090412100	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	134 MG	ORAL	CAPS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090412900	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	118		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090413201	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	1		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090413700	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	108 (90 B	INHALATI	AERS	GM	18	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090413800	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	108 (90 B	INHALATI	AERS	GM	8.5	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090413801	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	108 (90 B	INHALATI	AERS	GM	8.5	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090414200	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	O	500-10 MG	ORAL	CHEW	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090414301	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	108 (90 B	INHALATI	AERS	GM	18	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090414700	TESTOST	TESTOST	680800	Androgens	68080000	Androgens	S	200 MG/M	INTRAMU	SOLN	ML	10	X	GENERIC		50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090414800	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090414803	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090414804	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090414805	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090414900	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090414901	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090415200	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	32	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090415800	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	90 MG	ORAL	TB24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090415802	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	90 MG	ORAL	TB24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090416000	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090416200	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090416400	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090416401	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	40		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090416402	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	28		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090416403	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090416404	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090416406	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090416407	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	12		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090417100	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090417101	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	180	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090417103	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090417104	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090417201	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	100 MG	ORAL	TB24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090417700	TOUJEO	INSULIN	682008	Insulins	68200816	UNKNOW	R	300 UNIT/	SUBCUTA	SOPN	ML	3	X	MSB		50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
50090418200	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090418201	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090418203	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	180		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090418204	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	45		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090418205	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090418800	OSELTAM	OSELTAM	81828	Neuramini	8182800	Neuramini	S	6 MG/ML	ORAL	SUSR	ML	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090418900	ROBAFEN	GUAIFEN	481600	Expectora	48160000	Expectora	P	200 MG/10	ORAL	LIQD	ML	473		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090419000	TOBRAMY	TOBRAMY	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	5		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090419100	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	33		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090420100	DEBROX	CARBAMI	520424	UNKNOW	52042400	UNKNOW	P	6.50%	OTIC	SOLN	ML	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090420200	ESZOPIC	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	2 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090420300	MEMANTI	MEMANTI	289200	Central N	28920000	Central N	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090420600	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090420601	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090421100	FLUTICAS	FLUTICAS	121208	beta-Adre	12120812	Selective I	S	100-50 MC	INHALATI	AEPB	EA	60	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090421300	FLUTICAS	FLUTICAS	121208	beta-Adre	12120812	Selective I	S	250-50 MC	INHALATI	AEPB	EA	60	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090421400	FLUTICAS	FLUTICAS	121208	beta-Adre	12120812	Selective I	S	500-50 MC	INHALATI	AEPB	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090421600	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090421700	CIPROFL	CIPROFL	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	5		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090422000	CIPROFL	CIPROFL	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	2.5		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090422200	MIRTAZA	MIRTAZA	281604	Antidepres	28160424	Serotonin	S	15 MG	ORAL	TABS	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090422700	PROPAFE	PROPAFE	240404	Antiarrhyt	24040412	Class Ic A	S	225 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090423400	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090423402	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	90	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090423600	ATOMOXI	ATOMOXI	282032	UNKNOW	28203200	UNKNOW	S	40 MG	ORAL	CAPS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090424700	TADALAF	TADALAF	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090424701	TADALAF	TADALAF	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	10	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090424800	SPIRIVA H	TIOTROP	120808	Antimusca	12080800	Antimusca	S	18 MCG	INHALATI	CAPS	EA	30	X	MSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
50090424900	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090424901	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090424902	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090425100	MEDROXY	MEDROXY	683200	Progestins	68320000	Progestins	S	150 MG/M	INTRAMU	SUSP	ML	1		GENERIC		50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090425300	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	33		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090425600	CEFAZOL	CEFAZOL	81206	Cephalosp	8120604	First Gene	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC		50090	N		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090425700	SAXENDA	LIRAGLUT	682006	UNKNOW	68200600	UNKNOW	R	18 MG/3M	SUBCUTA	SOPN	ML	3	X	SSB		50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090425800	CEFDINIR	CEFDINIR	81206	Cephalosp	8120612	Third Gen	S	125 MG/5	ORAL	SUSR	ML	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090425900	GERI-LAN	ALUM & M	560400	Antacids a	56040000	Antacids a	P	200-200-2	ORAL	SUSP	ML	355		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090426000	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	200 MG/5	ORAL	SUSR	ML	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090426400	FLUOROU	FLUOROU	841800	UNKNOW	84180000	UNKNOW	S	5%	EXTERNA	CREA	GM	40		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090426500	SM NICOT	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	GUM	EA	110		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090426700	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090427300	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090427500	MYCOPHI	MYCOPHI	924400	UNKNOW	92440000	UNKNOW	S	500 MG	ORAL	TABS	EA	180	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090427601	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090428300	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090428302	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090428303	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090428401	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-20 MG	ORAL	CAPS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090428500	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090428501	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090428502	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090428503	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090429603	CAPTOPR	CAPTOPR	243204	Angiotens	24320400	Angiotens	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090429700	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TB24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090429702	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TB24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090429900	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	33		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090430000	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090430004	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090430300	ORSYTHI	LEVONOF	681200	Contracep	68120000	Contracep	S	0.1-20 MG	ORAL	TABS	EA	28	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090430700	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	10 MG	ORAL	TB24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090430800	OXYMETA	OXYMETA	523200	Vasocons	52320000	Vasocons	P	0.05%	NASAL	SOLN	ML	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090430900	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090430902	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	7		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090430904	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090431000	ADVAIR D	FLUTICAS	121208	beta-Adre	12120812	Selective I	S	100-50 MC	INHALATI	AEPB	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090431600	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090434300	ROBAFEN	DEXTROM	480800	Antitussive	48080000	Antitussive	P	10-100 MG	ORAL	LIQD	ML	118		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090434501	SUDOGES	PSEUDOE	121212	alpha- and	12121200	alpha- and	P	30 MG	ORAL	TABS	EA	24		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090434700	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.10%	EXTERNA	CREA	GM	45		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090434801	ROPINIRO	ROPINIRO	283620	UNKNOW	28362008	UNKNOW	S	1 MG	ORAL	TABS	EA	90	X	GENERIC		50090	N		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090435600	MICONAZ	MICONAZ	840408	Antifungal	84040808	Azoles	P	2%	VAGINAL	CREA	GM	45		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090436000	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090436001	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090436002	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090436007	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090436008	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	180	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090436300	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-S	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090436400	INVOKAN	CANAGLI	682018	UNKNOW	68201800	UNKNOW	R	300 MG	ORAL	TABS	EA	90	X	SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090436500	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	5 MG	ORAL	TABS	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090436804	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	28	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090436805	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090436807	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	20	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090437100	COLESEV	COLESEV	240604	Bile Acid S	24060400	Bile Acid S	S	625 MG	ORAL	TABS	EA	90	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090437400	DEXILANT	DEXLANS	562836	Proton-pu	56283600	Proton-pu	S	60 MG	ORAL	CPDR	EA	90	X	MSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
50090437601	NP THYRO	THYROID	683604	Thyroid Ag	68360400	Thyroid Ag	R	30 MG	ORAL	TABS	EA	90	X	SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090437700	OLMESAR	OLMESAR	243208	Angiotens	24320800	Angiotens	S	40-25 MG	ORAL	TABS	EA	90	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090438201	VITAMIN D	ERGOCAL	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (	ORAL	CAPS	EA	8	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090438202	VITAMIN D	ERGOCAL	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (	ORAL	CAPS	EA	4	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090438203	VITAMIN D	ERGOCAL	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (	ORAL	CAPS	EA	12	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090438300	TRADJEN	LINAGLIP	682005	UNKNOW	68200500	UNKNOW	R	5 MG	ORAL	TABS	EA	90	X	SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090438400	JARDIAN	EMPAGLI	682018	UNKNOW	68201800	UNKNOW	R	25 MG	ORAL	TABS	EA	90	X	SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090438401	JARDIAN	EMPAGLI	682018	UNKNOW	68201800	UNKNOW	R	25 MG	ORAL	TABS	EA	30	X	SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090438502	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090438505	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090438800	DESVENL	DESVENL	281604	Antidepres	28160416	UNKNOW	S	25 MG	ORAL	TB24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090440200	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090440400	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090440600	PHYSOST	PHYSOST	120400	Parasymp	12040000	Parasymp	R	1 MG/ML	INJECTIO	SOLN	ML	2		GENERIC	3/31/2023	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090440701	THIAMINE	THIAMINE	880800	Vitamin B	88080000	Vitamin B	S	100 MG/M	INJECTIO	SOLN	ML	2		GENERIC		50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090440800	POLOCAI	MEPIVAC	720000	Local Ane	72000000	Local Ane	R	2%	INJECTIO	SOLN	ML	50		SSB		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090440900	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TBEC	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090441300	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	960		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090441301	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	480		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090441400	SPIRIVA H	TIOTROP	120808	Antimusca	12080800	Antimusca	S	18 MCG	INHALATI	CAPS	EA	90	X	MSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
50090442200	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090442201	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	28		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090442202	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	40		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090442203	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090442205	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090442206	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090442207	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

50090442208	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	4		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090442500	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	1		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090442501	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	12		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090442502	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	2		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090442503	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	4		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090443400	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090443401	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090443402	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	10 MG	ORAL	TABS	EA	180	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090443500	NEOMYCI	NEOMYCI	520808	Corticoste	52080800	Corticoste	S	3.5-10000	OPHTHAL	OINT	GM	3.5		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090444200	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090444202	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090444300	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	32	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090444500	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090444501	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090444502	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090444700	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-25 MC	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090444701	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-25 MC	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090445200	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	5		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090445300	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	12		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090445301	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090445305	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090445306	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090445309	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090445800	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	200 MG/5	ORAL	SUSR	ML	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090446201	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TBEC	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090446203	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TBEC	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090446205	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TBEC	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090446500	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090446800	XARELTO	RIVAROX	201204	Anticoagu	20120414	UNKNOW	R	20 MG	ORAL	TABS	EA	90	X	SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090446900	XARELTO	RIVAROX	201204	Anticoagu	20120414	UNKNOW	R	10 MG	ORAL	TABS	EA	90	X	SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090447101	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	CAPS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090447300	FINACEA	AZELAIC	840404	Antibacter	84040400	Antibacter	S	15%	EXTERNA	GEL	GM	50		MSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
50090447500	MULTIVIT	PEDIATRI	882800	Multivitam	88280000	Multivitam	R	1 MG	ORAL	CHEW	EA	100		SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090447600	RESTASIS	CYCLOSP	520800	Anti-inflam	52080000	Anti-inflam	S	0.05%	OPHTHAL	EMUL	EA	30	X	MSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
50090448000	PRADAXA	DABIGATI	201204	Anticoagu	20120412	Direct Thr	S	150 MG	ORAL	CAPS	EA	60	X	MSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
50090448600	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.10%	EXTERNA	CREA	GM	45		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090448700	HUMIRA (	ADALIMU	902416	UNKNOW	90241692	UNKNOW	R	40 MG/0.8	SUBCUTA	AJKT	EA	1	X	SSB		50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090448800	HUMALOG	INSULIN L	682008	Insulins	68200804	UNKNOW	R	100 UNIT/	INJECTIO	SOLN	ML	10	X	MSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
50090448900	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090448901	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090448902	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090449100	PROAIR H	ALBUTER	121208	beta-Adre	12120812	Selective	S	108 (90 B	INHALATI	AERS	GM	8.5	X	MSB	10/1/2022	50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
50090449200	JARDIANC	EMPAGLI	682018	UNKNOW	68201800	UNKNOW	R	10 MG	ORAL	TABS	EA	90	X	SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090449201	JARDIANC	EMPAGLI	682018	UNKNOW	68201800	UNKNOW	R	10 MG	ORAL	TABS	EA	30	X	SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090450000	NOVOLOG	INSULIN A	682008	Insulins	68200804	UNKNOW	R	100 UNIT/	SUBCUTA	SOPN	ML	3	X	SSB		50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090450100	LEVEMIR	INSULIN D	682008	Insulins	68200816	UNKNOW	R	100 UNIT/	SUBCUTA	SOPN	ML	3	X	SSB	2/1/2023	50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090450200	ADVAIR D	FLUTICAS	121208	beta-Adre	12120812	Selective	S	250-50 MC	INHALATI	AEPB	EA	60	X	MSB		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
50090450300	VICTOZA	LIRAGLUT	682006	UNKNOW	68200600	UNKNOW	R	18 MG/3M	SUBCUTA	SOPN	ML	3	X	MSB		50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
50090450400	ADVAIR H	FLUTICAS	121208	beta-Adre	12120812	Selective	S	115-21 MC	INHALATI	AERO	GM	12	X	MSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
50090450500	ADVAIR D	FLUTICAS	121208	beta-Adre	12120812	Selective	S	500-50 MC	INHALATI	AEPB	EA	60	X	MSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
50090450700	ADVAIR H	FLUTICAS	121208	beta-Adre	12120812	Selective	S	115-21 MC	INHALATI	AERO	GM	8	X	MSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
50090450800	SYMBICO	BUDESON	680400	Adrenals	68040000	Adrenals	S	160-4.5 M	INHALATI	AERO	GM	6	X	MSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
50090450900	SYMBICO	BUDESON	680400	Adrenals	68040000	Adrenals	S	160-4.5 M	INHALATI	AERO	GM	10.2	X	MSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
50090451000	SYMBICO	BUDESON	680400	Adrenals	68040000	Adrenals	S	80-4.5 MC	INHALATI	AERO	GM	6.9	X	MSB		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
50090451101	ACETAZO	ACETAZO	524012	UNKNOW	52401200	UNKNOW	S	125 MG	ORAL	TABS	EA	12	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090451200	ESMOLOL	ESMOLOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG/1	INTRAVE	SOLN	ML	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090451300	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.2 MG/M	INJECTIO	SOLN	ML	1		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090451400	PHENYLE	PHENYLE	522400	Mydriatics	52240000	Mydriatics	S	2.50%	OPHTHAL	SOLN	ML	2		GENERIC	3/30/2023	50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090451501	PHENYLE	PHENYLE	522400	Mydriatics	52240000	Mydriatics	S	2.50%	OPHTHAL	SOLN	ML	15		GENERIC	3/30/2023	50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090451600	BUPIVAC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.50%	INJECTIO	SOLN	ML	50		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090451700	POLOCAI	MEPIVAC	720000	Local Ane	72000000	Local Ane	R	1%	INJECTIO	SOLN	ML	50		SSB		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090451800	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	20 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090451900	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	300 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090451901	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	300 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090452000	INDIGO C	INDIGOTI	364000	Kidney Fu	36400000	Kidney Fu	R	8 MG/ML	INJECTIO	SOLN	ML	5		SSB	6/15/2023	50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090452200	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.4 MG/2M	INJECTIO	SOLN	ML	2		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090452400	ATROPIN	ATROPIN	120808	Antimusca	12080800	Antimusca	R	1 MG/ML	INJECTIO	SOLN	ML	1		GENERIC	8/31/2023	50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090452500	SOTRADE	SODIUM T	241200	Vasodilati	24120000	Vasodilati	R	1%	INTRAVE	SOLN	ML	2		SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090452600	HEPLISAV	HEPATITI	801200	Vaccines	80120000	Vaccines	R	20 MCG/0	INTRAMU	SOSY	ML	0.5		SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090452700	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	4		GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090452800	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	5		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090452801	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	1		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090452900	SOTRADE	SODIUM T	241200	Vasodilati	24120000	Vasodilati	S	3%	INTRAVE	SOLN	ML	2		GENERIC		50090	N		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090453000	TRANEXA	TRANEXA	202816	Hemostati	20281600	Hemostati	S	1000 MG/	INTRAVE	SOLN	ML	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090453201	NEOSTIG	NEOSTIG	120400	Parasymp	12040000	Parasymp	S	10 MG/10	INTRAVE	SOLN	ML	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090453400	HYLENEX	HYALURO	440000	Enzymes	44000000	Enzymes	R	150 UNIT/	INJECTIO	SOLN	ML	1		SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090453600	METHYLE	METHYLE	760000	Oxytocics	76000000	Oxytocics	S	0.2 MG/M	INJECTIO	SOLN	ML	1		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090453700	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	R	25000-5 U	INTRAVE	SOLN	ML	500		MSB		50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
50090453800	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	2%	EXTERNA	PRSY	ML	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090454000	GEODON	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	20 MG	INTRAMU	SOLR	EA	1		MSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
50090454100	VENOFER	IRON SUC	200404	Iron Prepa	20040400	Iron Prepa	R	20 MG/ML	INTRAVE	SOLN	ML	5		SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090454300	EPINEPH	EPINEPH	121212	alpha- and	12121200	alpha- and	S	0.3 MG/0.3	INJECTIO	SOAJ	EA	2		GENERIC		50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090454601	SUDOGES	PSEUDOE	121212	alpha- and	12121200	alpha- and	S	60 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090454603	SUDOGES	PSEUDOE	121212	alpha- and	12121200	alpha- and	S	60 MG	ORAL	TABS	EA	12		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090454604	SUDOGES	PSEUDOE	121212	alpha- and	12121200	alpha- and	S	60 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090454701	CORTROS	COSYNTR	360400	Adrenocor	36040000	Adrenocor	S	0.25 MG	INJECTIO	SOLR	EA	1		MSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
50090454800	PROCHLO	PROCHLO	281608	Antipsych	28160824	Phenothia	S	10 MG/2M	INJECTIO	SOLN	ML	2		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090455200	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	2 GM	INJECTIO	SOLR	EA	1		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090455300	BENTYL	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG/ML	INTRAMU	SOLN	ML	2		MSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
50090455400	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	2%	EXTERNA	PRSY	ML	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090455500	LIDOCAIN	LIDOCAIN	240404	Antiarrhyt	24040408	Class Ib A	S	8-5 MG/M	INTRAVE	SOLN	ML	250		GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090455600	PIOGLITA	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	45 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090455601	PIOGLITA	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	45 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090455700	LIDOCAIN	LIDOCAIN	521600	Local Ane	52160000	Local Ane	R	4%	MOUTH/T	SOLN	ML	4		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090455900	LIDOCAIN	LIDOCAIN	240404	Antiarrhyt	24040408	Class Ib A	S	4-5 MG/M	INTRAVE	SOLN	ML	500		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090456000	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090456001	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090456003	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090456100	FENOFIBI	CHOLINE	240606	Fibric Acid	24060600	Fibric Acid	S	135 MG	ORAL	CPDR	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090456200	DOBUTAM	DOBUTAM	121208	beta-Adre	12120808	Selective	R	5%-4MG/M	INTRAVE	SOLN	ML	250		MSB		50090	N		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
50090456700	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	100 MG/1	INJECTIO	SOLN	ML	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090456901	PROPOFO	PROPOFO	280408	UNKNOW	28040800	UNKNOW	S	500 MG/5	INTRAVE	EMUL	ML	50		GENERIC	1/9/2023	50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090457200	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	7		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090457201	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090457204	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090457300	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090457500	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090457501	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	45		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090457502	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	16		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090457503	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	40		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090457504	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090457700	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090457701	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090457704	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090457708	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090457902	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090457905	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090458200	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	240 MG	ORAL	TBCR	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090458204	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	240 MG	ORAL	TBCR	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090458400	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	200-40 MC	ORAL	SUSP	ML	473		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090458600	PIOGLITA	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	30 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090458601	PIOGLITA	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	30 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090459000	ENBREL	ETANERC	902416	UNKNOW	90241692	UNKNOW	R	50 MG/ML	SUBCUTA	SOAJ	ML	1	X	SSB		50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090459101	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090459201	DOXYCYC	DOXYCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090459700	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	CAPS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090459701	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	CAPS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090459900	DOXYCYC	DOXYCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090460000	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	6		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090460001	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090460002	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090460100	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090460101	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	12		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090460202	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6		GENERIC	12/12/2022	50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090460400	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500-125 M	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090460401	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500-125 M	ORAL	TABS	EA	21		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090460402	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500-125 M	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090460403	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500-125 M	ORAL	TABS	EA	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090460500	PIOGLITA	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	15 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090460501	PIOGLITA	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	15 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090460600	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	2		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090460800	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090461000	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MC	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090461001	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MC	ORAL	TABS	EA	12		GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090461002	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MC	ORAL	TABS	EA	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090461003	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MC	ORAL	TABS	EA	20		GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090461004	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MC	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090461007	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MC	ORAL	TABS	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090461101	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MC	ORAL	TABS	EA	16		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090461300	OSELTAM	OSELTAM	81828	Neuramini	8182800	Neuramini	S	6 MG/ML	ORAL	SUSR	ML	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090461400	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090461401	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090461402	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090462100	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	1%	EXTERNA	GEL	GM	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090462200	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090462201	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090462203	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090462300	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	75 MCG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090462301	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	75 MCG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090462400	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	88 MCG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090462401	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	88 MCG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090462500	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	150 MCG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090462501	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	150 MCG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090462900	SUDAFED	PSEUDOE	121212	alpha- and	12121200	alpha- and	P	120 MG	ORAL	TB12	EA	10		MSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
50090463200	ONDANSE	ONDANSE	562220	5-HT3 Rec	56222000	5-HT3 Rec	S	8 MG	ORAL	TBDP	EA	4		GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090463201	ONDANSE	ONDANSE	562220	5-HT3 Rec	56222000	5-HT3 Rec	S	8 MG	ORAL	TBDP	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090463202	ONDANSE	ONDANSE	562220	5-HT3 Rec	56222000	5-HT3 Rec	S	8 MG	ORAL	TBDP	EA	10		GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090463203	ONDANSE	ONDANSE	562220	5-HT3 Rec	56222000	5-HT3 Rec	S	8 MG	ORAL	TBDP	EA	20		GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090463500	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	30 MG/ML	INJECTIO	SOLN	ML	2		GENERIC		50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090463501	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	30 MG/ML	INJECTIO	SOLN	ML	2		GENERIC		50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090463600	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	20	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090463701	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090463802	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090463804	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	20	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090463808	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090464104	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	25 MG	ORAL	TABS	EA	180	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090464105	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090464400	SILDENA	SILDENA	240812	Calcium-c	24081200	UNKNOW	S	25 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090464500	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090464501	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090464600	SILDENA	SILDENA	240812	Calcium-c	24081200	UNKNOW	S	50 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090464700	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	30		GENERIC	3/30/2023	50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090464800	FINASTE	FINASTE	841600	Cell Stimu	84160000	Cell Stimu	S	1 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090465000	OSELTAM	OSELTAM	81828	Neuramini	8182800	Neuramini	S	75 MG	ORAL	CAPS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090465100	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	40		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090465101	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	28		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090465201	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	12		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090465202	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090465204	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	28		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090465205	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090465206	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	40		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090465600	PROGEST	PROGEST	683200	Progestins	68320000	Progestins	S	100 MG	ORAL	CAPS	EA	10	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090465601	PROGEST	PROGEST	683200	Progestins	68320000	Progestins	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090465701	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090465703	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090465800	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	10 MG	ORAL	TB24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090465901	HYDROXY	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090465902	HYDROXY	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090466000	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090466001	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090466100	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090466101	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090466103	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	4		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090466104	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090466106	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	21		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090466107	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	42		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090466203	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090466204	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090466300	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090466301	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090466303	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090466500	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090466501	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090467100	ONDANSE	ONDANSE	562220	5-HT3 Rec	56222000	5-HT3 Rec	S	8 MG	ORAL	TABS	EA	4		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090467101	ONDANSE	ONDANSE	562220	5-HT3 Rec	56222000	5-HT3 Rec	S	8 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090467102	ONDANSE	ONDANSE	562220	5-HT3 Rec	56222000	5-HT3 Rec	S	8 MG	ORAL	TABS	EA	3		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090467103	ONDANSE	ONDANSE	562220	5-HT3 Rec	56222000	5-HT3 Rec	S	8 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090467104	ONDANSE	ONDANSE	562220	5-HT3 Rec	56222000	5-HT3 Rec	S	8 MG	ORAL	TABS	EA	6		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090468000	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	45		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090468201	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090468202	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090468203	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090468400	ROPINIRO	ROPINIRO	283620	UNKNOW	28362008	UNKNOW	S	1 MG	ORAL	TABS	EA	30	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090468401	ROPINIRO	ROPINIRO	283620	UNKNOW	28362008	UNKNOW	S	1 MG	ORAL	TABS	EA	90	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090469200	ALENDRO	ALENDRO	922400	UNKNOW	92240000	UNKNOW	S	70 MG	ORAL	TABS	EA	4	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090469201	ALENDRO	ALENDRO	922400	UNKNOW	92240000	UNKNOW	S	70 MG	ORAL	TABS	EA	12	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090469600	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090469700	FINASTE	FINASTE	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090469701	FINASTE	FINASTE	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090469702	FINASTE	FINASTE	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090470000	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	3		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090470500	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	5 MG	ORAL	CHEW	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090470501	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	5 MG	ORAL	CHEW	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090470600	BACITRA	BACITRA	840404	Antibacter	84040400	Antibacter	P	500 UNIT/	EXTERNA	OINT	GM	14.2		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090471200	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090471201	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090471202	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090471500	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090471501	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090471600	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090471601	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090472000	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090472001	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6		GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090472101	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090472102	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090472103	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090472200	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090472500	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090472501	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090472503	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090472504	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	200	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090472505	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090472700	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090472701	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090472702	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090472703	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090472704	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090472706	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	7		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090472707	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090472708	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	21		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090472709	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090472901	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	12		GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090472904	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	42		GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090472908	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	6		GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090473601	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090473602	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090473603	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090473604	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	200	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090473700	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090473701	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090474100	ALLERGY	CETIRIZIN	40800	Second G	4080000	Second G	P	1 MG/ML	ORAL	SOLN	ML	118		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090474301	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090474700	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090474701	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090474702	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090474900	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090474901	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090475000	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	12		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090475100	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	30	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090475101	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	90	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090475204	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	250 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090476100	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090478100	MOXIFLO	MOXIFLO	520404	Antibacter	52040400	Antibacter	S	0.50%	OPHTHAL	SOLN	ML	3		GENERIC		50090	N		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090478401	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

50090567600	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090567700	ALENDRC	ALENDRC	922400	UNKNOW	92240000	UNKNOW	S	70 MG	ORAL	TABS	EA	4	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090567701	ALENDRC	ALENDRC	922400	UNKNOW	92240000	UNKNOW	S	70 MG	ORAL	TABS	EA	12	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090567800	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-:	S	40 MG	ORAL	CAPS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090567801	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-:	S	40 MG	ORAL	CAPS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090567900	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090567901	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090567902	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090567903	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	28		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090567905	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090567907	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	6		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090568002	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090568200	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	40		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090568201	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090568600	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	30 MG	ORAL	TB24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090568601	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	30 MG	ORAL	TB24	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090568602	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	30 MG	ORAL	TB24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090568700	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	4		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090568703	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090568704	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	21		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090568706	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	28		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090568709	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090568801	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090568802	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	42		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090569100	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	21		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090569101	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	28		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090569102	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090569300	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	28		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090569302	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090569303	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090569400	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	20-12.5 M	ORAL	TABS	EA	30	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090569401	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	20-12.5 M	ORAL	TABS	EA	90	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090569501	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	CAPS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090570000	PHENYTC	PHENYTC	281212	Hydantoin	28121200	Hydantoin	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090570001	PHENYTC	PHENYTC	281212	Hydantoin	28121200	Hydantoin	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090570201	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	180	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090570300	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-:	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090570301	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-:	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090570400	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-:	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090570500	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-:	S	10 MG	ORAL	TABS	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090570600	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090570800	NEBIVOL(	NEBIVOL(	242000	Alpha-Adr	24200000	Alpha-Adr	S	2.5 MG	ORAL	TABS	EA	5	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090570801	NEBIVOL(	NEBIVOL(	242000	Alpha-Adr	24200000	Alpha-Adr	S	2.5 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090570903	RIFAMPIN	RIFAMPIN	81604	Antituberc	8160400	Antituberc	S	300 MG	ORAL	CAPS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090571000	MINOCYC	MINOCYC	81224	Tetracyclir	8122400	Tetracyclir	S	50 MG	ORAL	CAPS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090571003	MINOCYC	MINOCYC	81224	Tetracyclir	8122400	Tetracyclir	S	50 MG	ORAL	CAPS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090571100	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090571101	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090571102	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090571103	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090571104	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090571106	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	7		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090571107	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090571108	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	21		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090571109	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090571201	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	12		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090571204	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	42		GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090571208	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	6		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090571300	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090571600	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090571603	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090572000	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	30	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090572001	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090572100	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090572200	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090572201	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090572300	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090572400	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090572401	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090572500	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	30	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090572501	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	90	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090572600	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090572702	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	12		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090572800	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090572801	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090572804	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090572808	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090573000	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	CAPS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090573001	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	CAPS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090573100	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	30	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090573101	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	90	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090573200	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	29	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090573300	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090573301	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090573303	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090573500	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	108 (90 B/	INHALATI	AERS	GM	6.7	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090573600	HYDROC(	HYDROC(	840608	UNKNOW	84060800	UNKNOW	S	25 MG	RECTAL	SUPP	EA	12		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090573800	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090573803	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090573805	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090573900	ACYCLO\	ACYCLO\	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	25		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090573901	ACYCLO\	ACYCLO\	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	50		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090573907	ACYCLO\	ACYCLO\	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090574000	CARBAM/	CARBAM/	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090574003	CARBAM/	CARBAM/	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	28	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090574100	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090574101	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090574104	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090574107	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	200	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090574108	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090574401	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	28		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090574500	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090574501	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090574502	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090574600	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090574700	MEDROX'	MEDROX'	683200	Progestins	68320000	Progestins	S	150 MG/M	INTRAMU	SUSY	ML	1		GENERIC		50090	Y	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090574800	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	30	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090574801	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	90	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090575000	BENAZEF	BENAZEF	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090575001	BENAZEF	BENAZEF	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090575100	BENAZEF	BENAZEF	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090575102	BENAZEF	BENAZEF	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090575200	NEBIVOL(	NEBIVOL(	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090575201	NEBIVOL(	NEBIVOL(	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090575600	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090575601	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090575602	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090575603	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	24		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090575604	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090576200	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090576201	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090576203	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	180		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090576204	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	45		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090576205	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090576400	FLUCON/	FLUCON/	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	1		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090576401	FLUCON/	FLUCON/	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	12		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090576402	FLUCON/	FLUCON/	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	2		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090576403	FLUCON/	FLUCON/	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	4		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090576601	AMIODAR	AMIODAR	240404	Antiarrhytl	24040420	Class III A	S	200 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090576602	AMIODAR	AMIODAR	240404	Antiarrhytl	24040420	Class III A	S	200 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090576700	TIZANIDII	TIZANIDII	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	120		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090576702	TIZANIDII	TIZANIDII	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090576703	TIZANIDII	TIZANIDII	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090576704	TIZANIDII	TIZANIDII	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090576706	TIZANIDII	TIZANIDII	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090576707	TIZANIDII	TIZANIDII	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090576900	TIMOLOL	TIMOLOL	524008	UNKNOW	52400800	UNKNOW	S	0.50%	OPHTHAL	SOLN	ML	10	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090577000	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090577001	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090577002	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090577100	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090577200	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090577300	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090577600	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090577602	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	2.5 MG	ORAL	TABS	EA	200	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090577701	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090577900	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1%	EXTERNA	SOLN	ML	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090578100	CLOPIDO	CLOPIDO	201218	Platelet-A	20121800	Platelet-A	S	75 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090578101	CLOPIDO	CLOPIDO	201218	Platelet-A	20121800	Platelet-A	S	75 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090578300	DIVALPR(	DIVALPR(	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090578301	DIVALPR(	DIVALPR(	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090578900	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090578901	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090578902	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	50		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090578903	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090578904	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090578905	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090578909	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	120		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090579001	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090579002	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090579003	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	180		GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090579200	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	137 MCG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090579201	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	137 MCG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090579300	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090579301	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090579302	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090579400	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090579401	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090579701	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090579900	OMEGA-3	OMEGA-3	240612	UNKNOW	24061200	UNKNOW	S	1 GM	ORAL	CAPS	EA	120	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090580002	OMEGA-3	OMEGA-3	240612	UNKNOW	24061200	UNKNOW	S	1 GM	ORAL	CAPS	EA	1440	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090580100	TRIAMTEI	TRIAMTEI	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090580101	TRIAMTEI	TRIAMTEI	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090580102	TRIAMTEI	TRIAMTEI	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090580200	SILDENAI	SILDENAI	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090580201	SILDENAI	SILDENAI	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090580300	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090580400	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090580600	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TB24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090580601	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TB24	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090580602	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TB24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090580800	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090580802	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090580803	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090580804	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	180	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090580900	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090580901	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090581000	TERBINAI	TERBINAI	840408	Antifungal	84040804	Allylamine	P	1%	EXTERNA	CREA	GM	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090581100	CEFDINIF	CEFDINIF	81206	Cephalosp	8120612	Third Gen	S	250 MG/5I	ORAL	SUSR	ML	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090581200	ANASTRC	ANASTRC	681608	Antiestrog	68160800	Antiestrog	S	1 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090581201	ANASTRC	ANASTRC	681608	Antiestrog	68160800	Antiestrog	S	1 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090581400	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	21		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090581401	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	50		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090581403	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090581404	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090581407	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090581606	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090581800	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090581802	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	28	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090581900	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	16	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090581901	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090581903	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090581904	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	20	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090581908	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090582102	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	200 MCG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090582103	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	200 MCG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090582200	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TB24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090582201	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TB24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090582300	BENZON/	BENZON/	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090582301	BENZON/	BENZON/	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	45		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090582302	BENZON/	BENZON/	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090582400	WEGOVY	SEMAGLU	682006	UNKNOW	68200600	UNKNOW	R	0.25 MG/0	SUBCUT/	SOAJ	ML	0.5		SSB		50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090582504	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	50 MG	ORAL	CAPS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090582600	FOSFOM'	FOSFOM'	83600	Urinary Ar	8360000	Urinary Ar	S	3 GM	ORAL	PACK	EA	1		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090582700	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090582701	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090582702	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090582800	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	32	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090582900	ACARBOS	ACARBOS	682002	Alpha-Glu	68200200	Alpha-Glu	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090583000	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-:	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090583001	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-:	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090583100	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-:	S	20 MG	ORAL	TABS	EA	32	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090583200	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090583201	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090583202	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	10 MG	ORAL	TABS	EA	180	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090583400	CABERG(	CABERG(	283620	UNKNOW	28362004	UNKNOW	S	0.5 MG	ORAL	TABS	EA	8		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090583500	SEMGLEE	INSULIN (	682008	Insulins	68200816	UNKNOW	R	100 UNIT/	SUBCUT/	SOLN	ML	10	X	SSB	6/10/2024	50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090583701	BENZPHE	BENZPHE	282004	Amphetan	28200400	Amphetan	S	50 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090583702	BENZPHE	BENZPHE	282004	Amphetan	28200400	Amphetan	S	50 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090583801	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090583802	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090583803	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090583900	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090583901	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090584000	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	32	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090584200	DIVALPR(	DIVALPR(	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TBEC	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090584300	DIVALPR(	DIVALPR(	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TBEC	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090584401	VITAMIN I	ERGOCAI	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (!	ORAL	CAPS	EA	8	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090584402	VITAMIN I	ERGOCAI	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (!	ORAL	CAPS	EA	4	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090584403	VITAMIN I	ERGOCAI	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (!	ORAL	CAPS	EA	12	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090584500	NYSTATII	NYSTATII	840408	Antifungal	84040828	Polyenes	S	100000 UI	EXTERNA	OINT	GM	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090584600	METHOC/	METHOC/	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090584602	METHOC/	METHOC/	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	7		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090584604	METHOC/	METHOC/	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090584701	METHOC/	METHOC/	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090584703	METHOC/	METHOC/	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090584704	METHOC/	METHOC/	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090584705	METHOC/	METHOC/	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090584800	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-:	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090584801	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-:	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090584900	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	5-6.25 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090584902	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	5-6.25 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090585000	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	150 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090585001	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	150 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090585200	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090585201	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090585202	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090585203	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090585300	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090585301	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090585302	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090585400	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	160 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090585401	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	160 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090585500	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090585501	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090585503	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090585600	HYDROC(	HYDROC(	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	OINT	GM	28		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090585700	SEMGLEE	INSULIN (	682008	Insulins	68200816	UNKNOW	R	100 UNIT/	SUBCUT/	SOPN	ML	15	X	SSB	5/11/2022	50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090585900	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	S	35 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090585901	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	S	35 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090585902	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	S	35 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090585906	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	S	35 MG	ORAL	TABS	EA	28		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090586001	CHLORTI	CHLORTI	243624	UNKNOW	24362400	UNKNOW	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090586100	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	7	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090586101	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	14	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090586102	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090586103	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	60	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090586104	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090586201	DIGOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	250 MCG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090586300	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090586301	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875 MG	ORAL	TABS	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090586302	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090586800	CLOPIDO	CLOPIDO	201218	Platelet-A	20121800	Platelet-A	S	75 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090587000	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TB24	EA	30	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

50090587300	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	400-57 MG	ORAL	SUSR	ML	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090587600	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090587601	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090587604	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	6		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090587606	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	12		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090587607	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	9		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090588000	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090588001	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875 MG	ORAL	TABS	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090588400	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090588401	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090588601	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090588603	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090588700	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	175 MCG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090588701	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	175 MCG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090588800	PERMETH	PERMETH	840412	Scabicides	84041200	Scabicides	S	5%	EXTERNA	CREA	GM	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090589000	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090589001	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090589100	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090589101	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090589300	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090589301	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TABS	EA	21	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090589303	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TABS	EA	45	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090589304	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090589400	METHYLP	METHYLP	680400	Adrenals	68040000	Adrenals	S	40 MG/ML	INJECTIO	SUSP	ML	1		GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090589500	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090589501	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090589502	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090589503	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090589504	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090589506	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	7		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090589507	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090589508	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	21		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090589509	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090589601	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	12		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090589608	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	6		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090589700	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090590000	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	33		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090590100	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090590102	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	15	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090590103	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090590104	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	20	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090590105	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090590106	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	200	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090590107	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	180	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090590108	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	7	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090590200	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090590300	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	32	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090590400	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	9		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090590500	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	10-6.25 M	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090590600	SILDENAF	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	25 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090590700	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	40		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090590800	NALOXON	NALOXON	281000	Opiate Ant	28100000	Opiate Ant	S	4 MG/0.1M	NASAL	LIQD	EA	2		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090590900	OLMESAR	OLMESAR	243208	Angiotens	24320800	Angiotens	S	20-12.5 M	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090590901	OLMESAR	OLMESAR	243208	Angiotens	24320800	Angiotens	S	20-12.5 M	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090591500	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090591501	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090591600	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090591805	ERYTHRO	ERYTHRO	81212	Macrolides	8121204	Erythromy	S	250 MG	ORAL	TABS	EA	3		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090591806	ERYTHRO	ERYTHRO	81212	Macrolides	8121204	Erythromy	S	250 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090592100	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090592101	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090592300	PREGNYL	CHORION	681808	UNKNOW	68180800	UNKNOW	R	10000 UN	INTRAMU	SOLR	EA	1		SSB		50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090592400	ATROPIN	ATROPIN	120808	Antimusca	12080800	Antimusca	S	1 MG/10M	INJECTIO	SOSY	ML	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090592500	MEDROXY	MEDROXY	683200	Progestins	68320000	Progestins	S	150 MG/M	INTRAMU	SUSY	ML	1		GENERIC		50090	Y	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090592600	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090592601	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090592700	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090592701	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090592800	PROGEST	PROGEST	683200	Progestins	68320000	Progestins	S	100 MG	ORAL	CAPS	EA	10	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090592801	PROGEST	PROGEST	683200	Progestins	68320000	Progestins	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090592900	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090592901	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090593000	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090593100	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	S	1%	EXTERNA	CREA	GM	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090593200	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	200-28.5 M	ORAL	SUSR	ML	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090593301	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	CAPS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090593400	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	CAPS	EA	33		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090593700	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-25 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090593701	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-25 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090593702	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-25 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090593800	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090593900	SUMATRI	SUMATRI	283228	Selective S	28322800	Selective S	S	25 MG	ORAL	TABS	EA	9		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090594000	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090594001	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090594200	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090594201	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090594400	DEXLANS	DEXLANS	562836	Proton-pu	56283600	Proton-pu	S	60 MG	ORAL	CPDR	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090594401	DEXLANS	DEXLANS	562836	Proton-pu	56283600	Proton-pu	S	60 MG	ORAL	CPDR	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090594500	ACETAZO	ACETAZO	524012	UNKNOW	52401200	UNKNOW	S	500 MG	ORAL	CP12	EA	30	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090594700	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	CAPS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090594800	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090594801	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	28		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090594802	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	40		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090594803	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090594805	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090594807	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090594808	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	4		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090594900	OZEMPIC	SEMAGLU	682006	UNKNOW	68200600	UNKNOW	R	4 MG/3ML	SUBCUTA	SOPN	ML	3	X	SSB		50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090595000	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	30	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090595001	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	90	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090595200	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090595305	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090595500	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090595503	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090595508	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090595509	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	120		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090595600	DEXLANS	DEXLANS	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090595701	EMTRICIT	EMTRICIT	81808	Antiretrovi	8180820	Nucleoside	S	200-300 M	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090595800	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1%	EXTERNA	GEL	GM	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090595900	ETONOGE	ETONOGE	681200	Contracep	68120000	Contracep	S	0.12-0.015	VAGINAL	RING	EA	1	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090596000	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-12.5 M	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090596001	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-12.5 M	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090596002	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-12.5 M	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090596100	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090596200	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50-12.5 M	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090596201	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50-12.5 M	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090596202	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50-12.5 M	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090596300	PYRAZIN	PYRAZIN	81604	Antituberc	8160400	Antituberc	S	500 MG	ORAL	TABS	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090596500	CHLORPR	CHLORPR	281608	Antipsych	28160824	Phenothia	S	25 MG	ORAL	TABS	EA	32	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090596700	FLONASE	FLUTICAS	520808	Corticoste	52080800	Corticoste	O	27.5 MCG	NASAL	SUSP	ML	5.9		SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090596800	IPRATRO	IPRATRO	120808	Antimusca	12080800	Antimusca	S	0.06%	NASAL	SOLN	ML	15	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090596901	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090596902	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MG	ORAL	TABS	EA	270	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090596903	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MG	ORAL	TABS	EA	360	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090597000	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090597001	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090597002	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090597106	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	50		GENERIC		50090	N		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090597600	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090597800	PLAN B O	LEVONOR	681200	Contracep	68120000	Contracep	P	1.5 MG	ORAL	TABS	EA	1		MSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
50090597900	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090598000	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.50%	EXTERNA	OINT	GM	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090598300	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090598301	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090598400	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090598401	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090598500	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	160-25 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090598600	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090598700	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-S	S	30 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090598800	FLUVOXA	FLUVOXA	281604	Antidepres	28160420	Selective-S	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090598900	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	0.5 MG	ORAL	TABS	EA	90	X	GENERIC		50090	N		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090599100	GUANFAC	GUANFAC	289200	Central Ne	28920000	Central Ne	S	3 MG	ORAL	TB24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090599200	LEFLUNO	LEFLUNO	902404	UNKNOW	90240400	UNKNOW	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090599300	ALOGLIPT	ALOGLIPT	682005	UNKNOW	68200500	UNKNOW	R	12.5-1000	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090599400	TROSPIU	TROSPIU	861204	UNKNOW	86120400	UNKNOW	S	60 MG	ORAL	CP24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090599500	TOLTERO	TOLTERO	861204	UNKNOW	86120400	UNKNOW	S	2 MG	ORAL	CP24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090599600	POLYVIN	POLYVIN	529200	EENT Dru	52920000	EENT Dru	O	1.40%	OPHTHAL	SOLN	ML	15		GENERIC	10/26/2023	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090599800	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	15 MG	ORAL	CAPS	EA	28		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090599804	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	15 MG	ORAL	CAPS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090599805	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	15 MG	ORAL	CAPS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090599900	HYDROCO	HYDROCO	840608	UNKNOW	84060800	UNKNOW	S	2.50%	EXTERNA	CREA	GM	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090600200	ASPIRIN L	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	33		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090601400	HYDROCH	HYDROCH	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090601700	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	5 MG	ORAL	TABS	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090602000	GUAIFEN	DEXTROM	480800	Antitussive	48080000	Antitussive	P	1200-60 M	ORAL	TB12	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090602200	BENZTRO	BENZTRO	283608	UNKNOW	28360800	UNKNOW	S	1 MG	ORAL	TABS	EA	32	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090602300	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-S	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090602301	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-S	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090602400	METHYLP	METHYLP	680400	Adrenals	68040000	Adrenals	S	80 MG/ML	INJECTIO	SUSP	ML	1		GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090602500	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-S	S	20 MG	ORAL	TABS	EA	32	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090602600	PREVNAR	PNEUMOC	801200	Vaccines	80120000	Vaccines	R	0.5 ML	INTRAMU	SUSY	ML	0.5		SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090602601	PREVNAR	PNEUMOC	801200	Vaccines	80120000	Vaccines	R	0.5 ML	INTRAMU	SUSY	ML	0.5		SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090602700	OLMESAR	OLMESAR	243208	Angiotens	24320800	Angiotens	S	20-12.5 M	ORAL	TABS	EA	30	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090602701	OLMESAR	OLMESAR	243208	Angiotens	24320800	Angiotens	S	20-12.5 M	ORAL	TABS	EA	90	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090602800	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090602900	CHLORPR	CHLORPR	281608	Antipsych	28160824	Phenothia	S	100 MG	ORAL	TABS	EA	32	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090603000	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	10-6.25 M	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090603300	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	200 MG	ORAL	TB24	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090603400	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-25 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090603401	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-25 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090603402	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-25 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090603500	FLECAINI	FLECAINI	240404	Antiarrhyt	24040412	Class Ic A	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090603600	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090603601	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090603603	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090603605	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	28		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090603606	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090603608	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090604000	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090604100	CEFDINIR	CEFDINIR	81206	Cephalosp	8120612	Third Gen	S	300 MG	ORAL	CAPS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090604101	CEFDINIR	CEFDINIR	81206	Cephalosp	8120612	Third Gen	S	300 MG	ORAL	CAPS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090604102	CEFDINIR	CEFDINIR	81206	Cephalosp	8120612	Third Gen	S	300 MG	ORAL	CAPS	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090604103	CEFDINIR	CEFDINIR	81206	Cephalosp	8120612	Third Gen	S	300 MG	ORAL	CAPS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090604200	CEFDINIR	CEFDINIR	81206	Cephalosp	8120612	Third Gen	S	300 MG	ORAL	CAPS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090604201	CEFDINIR	CEFDINIR	81206	Cephalosp	8120612	Third Gen	S	300 MG	ORAL	CAPS	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090604300	CIPRO HC	CIPROFLO	520808	Corticoste	52080800	Corticoste	R	0.2-1 %	OTIC	SUSP	ML	10		SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090604400	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090604401	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090604600	KETOCON	KETOCON	840408	Antifungal	84040808	Azoles	S	2%	EXTERNA	CREA	GM	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090604800	ZINC	ZINC SUL	401200	Replacem	40120000	Replacem	P	220 (50 ZN	ORAL	CAPS	EA	100		GENERIC		50090	N		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090604900	GONAL-F	FOLLITRO	681808	UNKNOW	68180800	UNKNOW	R	75 UNIT	SUBCUTA	SOLR	EA	1		SSB		50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090605000	CEFADRO	CEFADRO	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090605001	CEFADRO	CEFADRO	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090605002	CEFADRO	CEFADRO	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090605100	OZEMPIC	SEMAGLU	682006	UNKNOW	68200600	UNKNOW	R	8 MG/3ML	SUBCUTA	SOPN	ML	3	X	SSB		50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090605200	LITHIUM C	LITHIUM C	282800	Antimanic	28280000	Antimanic	S	300 MG	ORAL	TBCR	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090605300	FLUTICAS	FLUTICAS	680400	Adrenals	68040000	Adrenals	R	44 MCG/A	INHALATI	AERO	GM	10.6	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090605400	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090605401	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090605500	FLUTICAS	FLUTICAS	680400	Adrenals	68040000	Adrenals	R	220 MCG/	INHALATI	AERO	GM	12	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090605600	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	125 MG/5M	ORAL	SUSR	ML	150		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090605700	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090605701	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090605800	FLUTICAS	FLUTICAS	680400	Adrenals	68040000	Adrenals	R	110 MCG/	INHALATI	AERO	GM	12	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090605900	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5M	ORAL	LIQD	ML	118		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090606100	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090606101	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090606102	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090606200	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10-12.5 M	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090606201	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10-12.5 M	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090606202	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10-12.5 M	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090606300	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090606400	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-S	S	40 MG	ORAL	CAPS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090606401	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-S	S	40 MG	ORAL	CAPS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090606500	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-S	S	10 MG	ORAL	CAPS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090606502	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-S	S	10 MG	ORAL	CAPS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090606900	KETOCON	KETOCON	840408	Antifungal	84040808	Azoles	S	2%	EXTERNA	CREA	GM	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090607000	ZOLPIDEM	ZOLPIDEM	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090607001	ZOLPIDEM	ZOLPIDEM	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090607200	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1%	EXTERNA	GEL	GM	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090607300	GUANFAC	GUANFAC	242400	Beta-Adre	24240000	Beta-Adre	S	1 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090607400	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090607401	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	90	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090607500	FLONASE	FLUTICAS	520808	Corticoste	52080800	Corticoste	O	27.5 MCG	NASAL	SUSP	ML	9.1		SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090607600	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090607700	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090607701	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090607900	LANSOPR	LANSOPR	562836	Proton-pu	56283600	Proton-pu	S	15 MG	ORAL	CPDR	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090608000	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090608001	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	45		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090608002	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090608100	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-S	S	20 MG	ORAL	CAPS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090608101	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-S	S	20 MG	ORAL	CAPS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090608103	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-S	S	20 MG	ORAL	CAPS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090608300	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090608301	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090608304	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090608305	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	180	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090608400	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090608600	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	1000 MG	ORAL	TABS	EA	30	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090608601	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	1000 MG	ORAL	TABS	EA	60	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090608602	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	1000 MG	ORAL	TABS	EA	180	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090608700	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	88 MCG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090608701	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	88 MCG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090608900	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	137 MCG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090608901	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	137 MCG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090609000	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	50 MCG	ORAL	TABS	EA	30	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090609001	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	50 MCG	ORAL	TABS	EA	90	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090609400	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10-12.5 M	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090609401	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10-12.5 M	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090609700	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090609701	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090609703	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090609900	OSELTAM	OSELTAM	81828	Neuramini	8182800	Neuramini	S	75 MG	ORAL	CAPS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090610000	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	125 MCG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090610001	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	125 MCG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090610100	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	100 MCG	ORAL	TABS	EA	30	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090610101	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	100 MCG	ORAL	TABS	EA	90	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090610300	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	112 MCG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090610301	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	112 MCG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090610400	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	150 MCG	ORAL	TABS	EA	30	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090610401	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	150 MCG	ORAL	TABS	EA	90	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090610502	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	200 MCG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090610503	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	200 MCG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090610700	FISH OIL	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	S	1000 MG	ORAL	CAPS	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090610800	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090610801	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090610900	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090611100	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TBDP	EA	28	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090611200	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	32	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090611300	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.2 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090611500	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	175 MCG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090611501	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	175 MCG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090611600	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	25 MCG	ORAL	TABS	EA	30	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090611601	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	25 MCG	ORAL	TABS	EA	90	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090611800	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	75 MCG	ORAL	TABS	EA	30	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090611801	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	75 MCG	ORAL	TABS	EA	90	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090612000	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	134 MG	ORAL	CAPS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090612102	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	150 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090612104	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	150 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090612201	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090612202	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	21		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090612203	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090612205	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

50090612209	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	18		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090612300	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090612301	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	12		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090612302	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	6		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090612305	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090612307	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090612601	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090612602	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090612700	ATOMOXI	ATOMOXI	282032	UNKNOW	28203200	UNKNOW	S	80 MG	ORAL	CAPS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090612801	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090612901	CYPROHE	CYPROHE	40400	First Gene	4040000	First Gene	S	4 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090613000	FOSFOMY	FOSFOMY	83600	Urinary Ar	8360000	Urinary Ar	S	3 GM	ORAL	PACK	EA	1		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090613300	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090613301	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	TABS	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090613303	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090613305	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	TABS	EA	28		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090613306	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090613308	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090613406	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	TABS	EA	2		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090613802	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	1 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090614001	DOCUSAT	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090614201	KETOCON	KETOCON	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	7		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090614300	ATOMOXI	ATOMOXI	282032	UNKNOW	28203200	UNKNOW	S	40 MG	ORAL	CAPS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090614400	ATOMOXI	ATOMOXI	282032	UNKNOW	28203200	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090614500	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090614501	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090614600	DILTIAZEI	DILTIAZEI	240404	Antiarrhytl	24040424	Class IV A	S	180 MG	ORAL	CP24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090614601	DILTIAZEI	DILTIAZEI	240404	Antiarrhytl	24040424	Class IV A	S	180 MG	ORAL	CP24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090614700	TOLNAFT	TOLNAFT	840408	Antifungal	84040840	Thiocarba	P	1%	EXTERNA	CREA	GM	14.18		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090614900	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090614901	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090614903	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090615000	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090615001	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090615104	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	6		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090615200	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	28		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090615400	LANSOPF	LANSOPF	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090615401	LANSOPF	LANSOPF	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090615500	DILTIAZEI	DILTIAZEI	240404	Antiarrhytl	24040424	Class IV A	S	240 MG	ORAL	CP24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090615501	DILTIAZEI	DILTIAZEI	240404	Antiarrhytl	24040424	Class IV A	S	240 MG	ORAL	CP24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090615600	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090615601	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090615608	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090615700	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090615701	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090615708	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	200	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090615800	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090616000	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090616100	NORETHI	NORETHI	681200	Contracep	68120000	Contracep	S	0.35 MG	ORAL	TABS	EA	28	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090616300	ALLERGY	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5 MG/5	ORAL	LIQD	ML	118		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090616404	ALLERGY	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090616405	ALLERGY	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090616700	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090616702	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	14	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090616703	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090616704	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	20	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090616801	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090616803	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090617000	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		50090	N		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090617100	CEFDINIF	CEFDINIF	81206	Cephalos	8120612	Third Gen	S	250 MG/5I	ORAL	SUSR	ML	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090617200	TRIPLE A	NEOMYCI	840404	Antibacter	84040400	Antibacter	P	1%	EXTERNA	OINT	GM	28.4		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090617300	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090617301	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090617302	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090617701	RALOXIFI	RALOXIFI	681612	Estrogen /	68161200	Estrogen /	S	60 MG	ORAL	TABS	EA	90	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090617800	INSULIN (	INSULIN (	682008	Insulins	68200816	UNKNOW	R	100 UNIT/	SUBCUTA	SOPN	ML	3	X	GENERIC		50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090617900	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090617901	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090617906	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090617907	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090618000	MENQUA	MENINGC	801200	Vaccines	80120000	Vaccines	R	0-0	INTRAMU	SOLN	ML	0.5		SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090618100	NEOMYCI	NEOMYCI	520808	Corticoste	52080800	Corticoste	S	3.5-10000	OPHTHAL	OINT	GM	3.5		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090618200	STEGLAT	ERTUGLII	682018	UNKNOW	68201800	UNKNOW	R	5 MG	ORAL	TABS	EA	90	X	SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090618300	STEGLAT	ERTUGLII	682018	UNKNOW	68201800	UNKNOW	R	15 MG	ORAL	TABS	EA	90	X	SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090618400	INSULIN (	INSULIN (	682008	Insulins	68200816	UNKNOW	R	100 UNIT/	SUBCUTA	SOLN	ML	10	X	GENERIC		50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090618500	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-20 MG	ORAL	CAPS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090618501	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-20 MG	ORAL	CAPS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090618600	LIDOCAIN	LIDOCAIN	521600	Local Ane	52160000	Local Ane	S	2%	MOUTH/T	SOLN	ML	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090618801	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	60		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090618803	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	90		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090618900	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090618901	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090618902	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090619000	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090619001	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090619100	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090619300	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	CAPS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090619302	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	CAPS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090619508	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TABS	EA	100		GENERIC		50090	N		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090619600	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090619601	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090619602	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090619608	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	200	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090619609	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090619800	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090619801	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090619900	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090619901	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090619903	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090620100	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090620102	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090620200	VOLTARE	DICLOFEI	840620	UNKNOW	84062000	UNKNOW	P	1%	EXTERNA	GEL	GM	50		MSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	FORMULARY EXCLUSION	R	MEDPRMI
50090620300	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090620301	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090620302	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090620400	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090620401	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090620402	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090620500	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090620501	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	24		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090620502	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090620505	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090620800	LOPERAM	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	S	2 MG	ORAL	CAPS	EA	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090620803	LOPERAM	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	S	2 MG	ORAL	CAPS	EA	12		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090620804	LOPERAM	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	S	2 MG	ORAL	CAPS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090621000	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	160-25 MC	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090621100	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.50%	EXTERNA	OINT	GM	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090621204	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	50 MG	ORAL	CAPS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090621300	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090621301	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090621400	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090621401	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090621500	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	29	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090621601	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	12.5 MG	ORAL	TABS	EA	21		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090621700	SEGLUR(	ERTUGLII	682018	UNKNOW	68201800	UNKNOW	R	2.5-500 M	ORAL	TABS	EA	60	X	SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090621800	SEGLUR(	ERTUGLII	682018	UNKNOW	68201800	UNKNOW	R	2.5-1000 I	ORAL	TABS	EA	60	X	SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090621900	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090621901	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090621907	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	200	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090621908	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090622100	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090622200	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	200-28.5 I	ORAL	SUSR	ML	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090622300	EASY TOI	BLOOD G	940000	Devices	94000000	Devices	O	W/DEVICE	DOES NO	KIT	EA	1		NON DRUG		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090622500	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	50 MG	ORAL	TABS	EA	8		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090622600	AZITHROI	AZITHROI	81212	Macrolides	8121208	UNKNOW	S	200 MG/5I	ORAL	SUSR	ML	22.5		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090622700	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	54 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090622701	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	54 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090622800	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090622900	CYANOC(	CYANOC(	880800	Vitamin B	88080000	Vitamin B	S	1000 MCG	INJECTIO	SOLN	ML	1		GENERIC		50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090623000	EASY TOI	GLUCOSE	362600	Diabetes I	36260000	Diabetes I	O	0	IN VITRO	STRP	EA	50		NON DRUG		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090623100	SEGLUR(	ERTUGLII	682018	UNKNOW	68201800	UNKNOW	R	7.5-1000 I	ORAL	TABS	EA	60	X	SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090623200	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	160-12.5 I	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090623201	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	160-12.5 I	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090623400	EASY TOI	GLUCOSE	362600	Diabetes I	36260000	Diabetes I	O	0	IN VITRO	STRP	EA	25		NON DRUG		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090623500	PIRMELL/	NORETHI	681200	Contracep	68120000	Contracep	S	0.5/0.75/1-	ORAL	TABS	EA	28	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090623600	SIMVAST/	SIMVAST/	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090623601	SIMVAST/	SIMVAST/	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090623700	PIFELTR(	DORAVIR	81808	Antiretrovi	8180816	Nonnuclec	R	100 MG	ORAL	TABS	EA	30	X	SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090623800	SELZENT	MARAVIR	81808	Antiretrovi	8180804	HIV Fusior	S	150 MG	ORAL	TABS	EA	60	X	MSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	FORMULARY EXCLUSION	R	MEDPRMI
50090623900	OSELTAM	OSELTAM	81828	Neuramini	8182800	Neuramini	S	75 MG	ORAL	CAPS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090624000	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	GUM	EA	110		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090624100	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090624102	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090624105	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090624300	ULTICARI	INSULIN F	940000	Devices	94000000	Devices	R	29G X 12.'	DOES NO	MISC	EA	100		NON DRUG		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090624400	JANUMET	SITAGLIP	682005	UNKNOW	68200500	UNKNOW	R	100-1000 I	ORAL	TB24	EA	30	X	SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090624700	BIKTARV'	BICTEGR.	81808	Antiretrovi	8180812	Integrase	R	50-200-25	ORAL	TABS	EA	30	X	SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090624800	MOXIFLO	MOXIFLO	520404	Antibacter	52040400	Antibacter	S	0.50%	OPHTHAL	SOLN	ML	3		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090624900	BD VEO II	INSULIN S	940000	Devices	94000000	Devices	R	31G X 15/	DOES NO	MISC	EA	100		NON DRUG		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090625000	BD VEO II	INSULIN S	940000	Devices	94000000	Devices	R	31G X 15/	DOES NO	MISC	EA	100		NON DRUG		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090625100	BD VEO II	INSULIN S	940000	Devices	94000000	Devices	R	31G X 15/	DOES NO	MISC	EA	100		NON DRUG		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090625200	BD PEN N	INSULIN F	940000	Devices	94000000	Devices	O	31G X 5 M	DOES NO	MISC	EA	100		NON DRUG		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090625300	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090625301	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090625302	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090625400	ATOMOXI	ATOMOXI	282032	UNKNOW	28203200	UNKNOW	S	60 MG	ORAL	CAPS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090625500	ULTICARI	INSULIN F	940000	Devices	94000000	Devices	R	31G X 8 M	DOES NO	MISC	EA	100		NON DRUG		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090625600	ULTIGUAI	INSULIN F	940000	Devices	94000000	Devices	O	32G X 4 M	DOES NO	MISC	EA	100		NON DRUG		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090625700	ULTICARI	INSULIN F	940000	Devices	94000000	Devices	O	31G X 6 M	DOES NO	MISC	EA	100		NON DRUG		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090625800	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	30	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090625801	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	90	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090625900	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	21		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090626000	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090626001	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090626300	ACETIC A	ACETIC A	529200	EENT Dru	52920000	EENT Dru	S	2%	OTIC	SOLN	ML	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090626500	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090626503	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090626600	TERCON/	TERCON/	840408	Antifungal	84040808	Azoles	S	0.40%	VAGINAL	CREA	GM	45		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090626700	AZITHROI	AZITHROI	81212	Macrolides	8121208	UNKNOW	S	200 MG/5I	ORAL	SUSR	ML	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090626800	PIFELTR(	DORAVIR	81808	Antiretrovi	8180816	Nonnuclec	R	100 MG	ORAL	TABS	EA	30	X	SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090626900	SURE CO	INSULIN S	940000	Devices	94000000	Devices	O	31G X 5/1(	DOES NO	MISC	EA	100		NON DRUG		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090627000	SURE CO	INSULIN S	940000	Devices	94000000	Devices	O	30G X 1/2'	DOES NO	MISC	EA	100		NON DRUG		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090627100	SURE CO	INSULIN S	940000	Devices	94000000	Devices	O	30G X 1/2'	DOES NO	MISC	EA	100		NON DRUG		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090627200	SURE CO	INSULIN S	940000	Devices	94000000	Devices	O	29G X 1/2'	DOES NO	MISC	EA	100		NON DRUG		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090627300	BD INSUL	INSULIN S	940000	Devices	94000000	Devices	O	27G X 5/8'	DOES NO	MISC	EA	100		NON DRUG		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090627400	SURE CO	INSULIN S	940000	Devices	94000000	Devices	O	30G X 1/2'	DOES NO	MISC	EA	100		NON DRUG		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090627500	SURE CO	INSULIN S	940000	Devices	94000000	Devices	O	31G X 5/1(	DOES NO	MISC	EA	100		NON DRUG		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090627600	BD TB SY	TUBERCU	940000	Devices	94000000	Devices	O	27G X 1/2'	DOES NO	MISC	EA	100		SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090627800	BD SHAR	SHARPS (	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRU	8/30/2024	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090627900	ALCOHOL	ALCOHOL	940000	Devices	94000000	Devices	O	70%	DOES NO	PADS	EA	100		NON DRUG		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090628001	HYDROX'	HYDROX'	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090628002	HYDROX'	HYDROX'	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090628100	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090628101	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090628300	SURE CO	INSULIN S	940000	Devices	94000000	Devices	O	31G X 5/1(	DOES NO	MISC	EA	100		NON DRUG		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090628400	SURE CO	INSULIN S	940000	Devices	94000000	Devices	O	30G X 5/1(	DOES NO	MISC	EA	100		NON DRUG		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090628500	SURE CO	INSULIN S	940000	Devices	94000000	Devices	O	30G X 5/1(	DOES NO	MISC	EA	100		NON DRUG		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090628600	SURE CO	INSULIN S	940000	Devices	94000000	Devices	O	30G X 5/1(	DOES NO	MISC	EA	100		NON DRUG		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090628800	IPRATRO	IPRATRO	121208	beta-Adre	12120812	Selective I	S	0.5-2.5 (3)	INHALATI	SOLN	ML	3	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090628900	ATOMOXI	ATOMOXI	282032	UNKNOW	28203200	UNKNOW	S	40 MG	ORAL	CAPS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090629000	FREESTY	CONTINU	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090629100	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090629101	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090629200	FREESTY	CONTINU	940000	Devices	94000000	Devices	R	0	DOES NO	DEVI	EA	1		NON DRUG		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090629301	HYDROX'	HYDROX'	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	TABS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090629304	HYDROX'	HYDROX'	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	TABS	EA	25		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090629400	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090629401	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	45		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090629402	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090629500	ATROPIN	ATROPIN	522400	Mydriatics	52240000	Mydriatics	S	1%	OPHTHAL	SOLN	ML	5	X	GENERIC	3/30/2023	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090629600	AZITHROI	AZITHROI	81212	Macrolides	8121208	UNKNOW	S	200 MG/5I	ORAL	SUSR	ML	15		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090629700	BD INSUL	INSULIN S	940000	Devices	94000000	Devices	R	29G X 1/2'	DOES NO	MISC	EA	100		NON DRUG		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090629800	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	4 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090629801	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	4 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090629802	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	4 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090629900	TERCON/	TERCON/	840408	Antifungal	84040808	Azoles	S	0.80%	VAGINAL	CREA	GM	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090630100	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	33	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090630200	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090630201	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090630202	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090630300	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090630301	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090630302	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090630400	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	2 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090630601	SIMVAST/	SIMVAST/	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090630602	SIMVAST/	SIMVAST/	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090630603	SIMVAST/	SIMVAST/	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	200	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090630800	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	0.5 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090630900	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090631000	CHLORDI	CHLORDI	120808	Antimusca	12080800	Antimusca	S	5-2.5 MG	ORAL	CAPS	EA	30		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090631100	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090631103	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090631105	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090631200	BD INSUL	INSULIN S	940000	Devices	94000000	Devices	R	29G X 1/2'	DOES NO	MISC	EA	100		NON DRUG		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090631300	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090631301	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090631304	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090631308	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090631500	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090631501	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090631502	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090631505	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090631900	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250 MG/5I	ORAL	SUSR	ML	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090632000	ALBUKED	ALBUMIN	160000	Blood Der	16000000	Blood Der	R	25%	INTRAVEI	SOLN	ML	50		SSB		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090632100	NYLIA 7/7	NORETHI	681200	Contracep	68120000	Contracep	S	0.5/0.75/1-	ORAL	TABS	EA	28	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090632200	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090632201	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	100	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090632202	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	60	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090632203	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090632204	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	180	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090632300	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	400 MG/5I	ORAL	SUSR	ML	100		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090632400	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090632401	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090632402	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	14		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090632403	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	28		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090632700	BUDESON	BUDESON	680400	Adrenals	68040000	Adrenals	S	160-4.5 M	INHALATI	AERO	GM	10.2	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090632800	DILTIAZEI	DILTIAZEI	240404	Antiarrhytl	24040424	Class IV A	S	120 MG	ORAL	CP24	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090632801	DILTIAZEI	DILTIAZEI	240404	Antiarrhytl	24040424	Class IV A	S	120 MG	ORAL	CP24	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090632900	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090633100	HYDROC(	HYDROC(	840608	UNKNOW	84060800	UNKNOW	S	25 MG	RECTAL	SUPP	EA	12		GENERIC		50090	N		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090633300	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090633301	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090633302	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090633400	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090633500	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	35		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090633502	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	70		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090633503	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	40		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090633600	NEOMYCI	NEOMYCI	520808	Corticoste	52080800	Corticoste	S	3.5-10000	OTIC	SUSP	ML	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090633700	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	400 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090634100	OLOPATA	OLOPATA	520200	Antiallergi	52020000	Antiallergi	S	0.10%	OPHTHAL	SOLN	ML	5		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090634200	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	10		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090634201	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	6		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090634202	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	20		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090634204	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	3		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090634205	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	12		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090634502	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	1 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090634600	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	320 MG	ORAL	TABS	EA	30	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090634601	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	320 MG	ORAL	TABS	EA	90	X	GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090634700	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	80 MG	ORAL	TABS	EA	30	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090634701	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	80 MG	ORAL	TABS	EA	90	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090634800	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	160 MG	ORAL	TABS	EA	30	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090634801	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	160 MG	ORAL	TABS	EA	90	X	GENERIC		50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090634900	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250 MG/5I	ORAL	SUSR	ML	150		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090635100	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250 MG/5I	ORAL	SUSR	ML	150		GENERIC		50090			X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

50090657200	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	50 MCG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090657300	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	100 MCG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090657400	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	CAPS	EA	30	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090657401	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	CAPS	EA	60	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090657403	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	CAPS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090657600	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	175 MCG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090657700	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	30	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090657701	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	60	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090657702	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090657800	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	35		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090657802	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	70		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090657803	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	40		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090658001	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MC	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090658002	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MC	ORAL	TABS	EA	270	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090658003	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MC	ORAL	TABS	EA	360	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090658100	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	10		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090658101	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	14		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090658102	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	30		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090658103	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	90		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090658200	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090658201	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	20	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090658202	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	60	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090658203	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090658500	PROMETH	PROMETH	480800	Antitussive	48080000	Antitussive	S	6.25-15 M	ORAL	SYRP	ML	118		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090658600	BUDESON	BUDESON	680400	Adrenals	68040000	Adrenals	S	0.5 MG/2M	INHALATI	SUSP	ML	2	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090658700	AMMONIL	LACTIC A	842404	Basic Loti	84240400	Basic Loti	S	12%	EXTERNA	LOTN	GM	225		GENERIC	50090	N		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090658801	DIGOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	250 MCG	ORAL	TABS	EA	100	X	GENERIC	50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090658900	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	2.5-2.5 %	EXTERNA	CREA	GM	30		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090659000	BUDESON	BUDESON	680400	Adrenals	68040000	Adrenals	S	0.25 MG/2	INHALATI	SUSP	ML	2	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090659100	BP WASH	BENZOYL	840492	Local Anti-	84049200	Local Anti-	P	2.50%	EXTERNA	LIQD	GM	227		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090659200	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1%	EXTERNA	SOLN	ML	60		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090659300	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1%	EXTERNA	SOLN	ML	60		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090659400	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	50 MCG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090659501	MOXIFLO	MOXIFLO	81218	Quinolone	8121800	Quinolone	S	400 MG	ORAL	TABS	EA	30		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090659600	CABERG	CABERG	283620	UNKNOW	28362004	UNKNOW	S	0.5 MG	ORAL	TABS	EA	8		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090659900	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090660000	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090660100	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090660200	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	112 MCG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090660300	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090660400	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090660401	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090660402	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	100	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090660600	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090660700	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090660800	HYDRALA	HYDRALA	240816	Central Alp	24081600	Central Alp	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090660900	MOXIFLO	MOXIFLO	81218	Quinolone	8121800	Quinolone	S	400 MG	ORAL	TABS	EA	10		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090660901	MOXIFLO	MOXIFLO	81218	Quinolone	8121800	Quinolone	S	400 MG	ORAL	TABS	EA	7		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090661000	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	150 MCG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090661100	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090661101	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090661102	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	100	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090661200	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090661300	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-s	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090661301	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-s	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090661400	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-s	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090661600	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090661900	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	21		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090661901	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	50		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090661903	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	100		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090661904	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	30		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090661907	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	60		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090662106	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	90		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090662300	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	90		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090662400	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	90		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090662600	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	90		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090662800	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	90		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090662900	HYDROXY	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090663000	EZETIMIB	EZETIMIB	240605	Cholester	24060500	Cholester	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090663001	EZETIMIB	EZETIMIB	240605	Cholester	24060500	Cholester	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090663100	EZETIMIB	EZETIMIB	240605	Cholester	24060500	Cholester	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090663200	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090663201	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090663300	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090663400	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	175 MCG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090663500	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090663600	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-25 MC	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090663700	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090663800	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090663801	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090663803	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090663900	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	30	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090663901	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	100	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090663902	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090663903	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	60	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090664000	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090664200	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090664201	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	100	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090664207	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	200	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090664208	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090664500	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090664600	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090664601	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	100	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090664603	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	60	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090664609	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090664701	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	180	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090664900	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090664901	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090664903	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	180		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090664904	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	45		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090664905	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090665500	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	20		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090665501	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	30		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090665504	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	60		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090665506	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	15		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090665700	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	90		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090665900	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	90		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090666100	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	30	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090666101	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	100	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090666102	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090666200	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	30	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090666201	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090666300	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090666400	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	14		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090666401	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	10		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090666402	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	6		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090666600	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	15	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090666601	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	20	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090666602	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090666604	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	14	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090666605	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	40	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090666606	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	100	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090666607	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090666609	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	6	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090666701	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090666702	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	180	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090667100	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	7	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090667101	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	14	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090667102	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	30	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090667103	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	60	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090667104	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	100	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090667106	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090667107	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	10	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090667200	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090667300	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	10 MG	ORAL	TB24	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090667600	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	16	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090667601	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	30	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090667603	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	100	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090667604	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	20	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090667608	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	60	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090667700	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090667702	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	28	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090667900	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090667901	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090668000	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	400 MG/5M	ORAL	SUSR	ML	50		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090668200	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	10 MG	ORAL	TABS	EA	30		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090668203	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	10 MG	ORAL	TABS	EA	20		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090668600	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090668900	CHLORZO	CHLORZO	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090668901	CHLORZO	CHLORZO	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	20		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090668903	CHLORZO	CHLORZO	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	60		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090668904	CHLORZO	CHLORZO	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	40		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090669000	CILOSTA	CILOSTA	201218	Platelet-Ag	20121800	Platelet-Ag	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090669100	OMEGA-3	OMEGA-3	240612	UNKNOW	24061200	UNKNOW	S	1 GM	ORAL	CAPS	EA	120	X	GENERIC	50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090669200	OMEGA-3	OMEGA-3	240612	UNKNOW	24061200	UNKNOW	S	1 GM	ORAL	CAPS	EA	120	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090669400	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	400-57 MC	ORAL	SUSR	ML	50		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090669500	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	GUM	EA	110		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090669600	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090669602	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	15	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090669603	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	60	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090669604	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	20	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090669605	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090669606	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	200	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090669607	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	180	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090669608	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	7	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090669700	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090669900	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	30	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090669901	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090670000	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090670104	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090670200	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	10 MG	ORAL	CAPS	EA	30	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090670202	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	10 MG	ORAL	CAPS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090670300	ATOMOXI	ATOMOXI	282032	UNKNOW	28203200	UNKNOW	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090670400	HADLIMA	ADALIMU	902416	UNKNOW	90241692	UNKNOW	R	40 MG/0.4	SUBCUTA	SOSY	ML	0.4	X	SSB	50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090670500	HADLIMA	ADALIMU	902416	UNKNOW	90241692	UNKNOW	R	40 MG/0.8	SUBCUTA	SOSY	ML	0.8	X	SSB	50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090670600	HADLIMA	ADALIMU	902416	UNKNOW	90241692	UNKNOW	R	40 MG/0.8	SUBCUTA	SOAJ	ML	0.8	X	SSB	50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090670700	HADLIMA	ADALIMU	902416	UNKNOW	90241692	UNKNOW	R	40 MG/0.4	SUBCUTA	SOAJ	ML	0.4	X	SSB	50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090670801	DIGOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	125 MCG	ORAL	TABS	EA	100	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090671000	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	S	4 MG/0.1M	NASAL	LIQD	EA	2		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090671100	CALCITRI	CALCITRI	881600	Vitamin D	88160000	Vitamin D	S	0.25 MCG	ORAL	CAPS	EA	30	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090671200	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090671201	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090671204	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090671300	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	1.50%	EXTERNA	SOLN	ML	150		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090671400	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090671600	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090671700	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	30		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090671800	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090671900	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090672000	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090672001	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	60	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090672002	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090672100	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090672200	DIMETHY	DIMETHY	900408	UNKNOW	90040800	UNKNOW	S	240 MG	ORAL	CPDR	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090672300	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	50090	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090672400	DESLORA	DESLORA	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	90		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090672500	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MC	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090672700	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MC	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090672800	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	100	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090672801	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	30	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090672802	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	60	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090672803	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	120	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090672804	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090672805	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	240	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090672806	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	270	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090673100	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	30		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090673200	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	30	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090673201	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	100	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090673202	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090673300	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	100 MG	ORAL	TABS	EA	7		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090673400	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090673401	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090673402	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	100	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090673500	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090673600	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	75-50 MG	ORAL	TABS	EA	30	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090673602	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	75-50 MG	ORAL	TABS	EA	100	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090673605	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	75-50 MG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090673800	DESVENL	DESVENL	281604	Antidepres	28160416	UNKNOW	S	25 MG	ORAL	TB24	EA	30	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090673905	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090674000	NIVA THY	THYROID	683604	Thyroid Ag	68360400	Thyroid Ag	R	90 MG	ORAL	TABS	EA	90	X	SSB	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090674100	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	60	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090674101	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090674200	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	60	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090674201	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	180	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090674203	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	30	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090674204	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090674300	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TB12	EA	60	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090674400	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	30	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090674401	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	60	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090674402	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	100	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090674407	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090674408	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	180	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090674600	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TB24	EA	30	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090674602	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TB24	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090674700	ROBAFEN	DEXTROM	480800	Antitussive	48080000	Antitussive	P	20-200 MC	ORAL	LIQD	ML	118		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090674800	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	14		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090674801	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	10		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090674802	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	6		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090675001	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	10		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090675100	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	28		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090675101	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	30		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090675103	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	2		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090675200	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090675300	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	60	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090675302	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	100	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090675304	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090675305	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	180	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090675400	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090675500	PROMETH	PROMETH	480800	Antitussive	48080000	Antitussive	S	6.25-15 M	ORAL	SYRP	ML	473		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090675501	PROMETH	PROMETH	480800	Antitussive	48080000	Antitussive	S	6.25-15 M	ORAL	SYRP	ML	118		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090675600	TIZANIDIN	TIZANIDIN	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	120		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090675602	TIZANIDIN	TIZANIDIN	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	60		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090675603	TIZANIDIN	TIZANIDIN	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	15		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090675604	TIZANIDIN	TIZANIDIN	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	30		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090675606	TIZANIDIN	TIZANIDIN	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	90		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090675607	TIZANIDIN	TIZANIDIN	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	14		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090675700	TIZANIDIN	TIZANIDIN	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	90		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090675800	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	30	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090675801	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	60	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090675802	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090675900	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090676000	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090676200	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	20	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090676400	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090676500	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TB24	EA	30	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090676501	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TB24	EA	60	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090676502	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TB24	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090676700	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	30	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090676701	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	100	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090676702	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090676800	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090676801	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TABS	EA	21	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090676804	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090676901	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	10		GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090677000	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-10 MG	ORAL	CAPS	EA	30	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090677100	PROGEST	PROGEST	683200	Progestins	68320000	Progestins	S	100 MG	ORAL	CAPS	EA	10	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090677101	PROGEST	PROGEST	683200	Progestins	68320000	Progestins	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090677200	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	60 MG/2M	INTRAMU	SOLN	ML	2		GENERIC	50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090677201	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	60 MG/2M	INTRAMU	SOLN	ML	2		GENERIC	50090		Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090677400	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TABS	EA	100	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090677401	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TABS	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090677500	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	30	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090677501	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	90	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50090677700	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TABS	EA	100	X	GENERIC	50090			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

50090724200	FENOFIB	FENOFIB	240606	Fibric Acid	24060600	Fibric Acid	S	145 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090724300	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	P	1%	EXTERNA	GEL	GM	100		GENERIC	50090	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090724401	MOXIFLO	MOXIFLO	81218	Quinolone	8121800	Quinolone	S	400 MG	ORAL	TABS	EA	7		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090724600	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090724601	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	100	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090724603	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090724604	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	180	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090724700	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090724800	FREESTY	CONTINU	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090724900	GOODSEI	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	50		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090724903	GOODSEI	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	24		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090724908	GOODSEI	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	100		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090725000	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	P	1%	EXTERNA	GEL	GM	100		GENERIC	50090	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090725201	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	100		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090725300	KETOTIF	KETOTIF	520200	Antiallergi	52020000	Antiallergi	P	0.04%	OPHTHAL	SOLN	ML	5		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090725400	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	SUSP	ML	118		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090725500	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	CREA	GM	28		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090725700	GOODSEI	DEXTROM	480800	Antitussive	48080000	Antitussive	P	20-200 MG	ORAL	LIQD	ML	118		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090725800	DM-GUAI	DEXTROM	480800	Antitussive	48080000	Antitussive	P	60-1200 M	ORAL	TB12	EA	14		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090725900	TRIPLE A	NEOMYCI	840404	Antibacter	84040400	Antibacter	P	400UNIT-	EXTERNA	OINT	GM	28		GENERIC	50090	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090726100	TORSEMI	TORSEMI	402808	Loop Diur	40280800	Loop Diur	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090726200	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	O	500-10 MG	ORAL	CHEW	EA	60		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090726300	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	CP24	EA	30	X	GENERIC	50090	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090726400	OFLOXAC	OFLOXAC	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	10		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090726500	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090726503	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	10		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090726600	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.1 MG/G	VAGINAL	CREA	GM	42.5	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090726700	TOBRAM	TOBRAM	520808	Corticoste	52080800	Corticoste	S	0.3-0.1 %	OPHTHAL	SUSP	ML	5		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090726800	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090726801	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090726802	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090726900	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090727000	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	15		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090727001	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	21		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090727002	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	30		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090727003	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	90		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090727100	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090727101	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	100	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090727104	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	60	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090727108	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090727300	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090727400	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	120		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090727502	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	25		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090727503	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	50		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090727504	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	15		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090727505	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	30		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090727506	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	60		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090727509	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	45		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090727600	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	90		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090727601	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	21		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090727700	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	90		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090727800	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	60	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090727803	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	100	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090727804	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090727805	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	180	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090727806	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090728000	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090728105	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090728107	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	20	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090728200	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090728300	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	10	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090728301	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	15	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090728302	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090728303	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	45	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090728304	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090728305	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	100	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090728307	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	21	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090728308	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	12	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090728309	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	40	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090728600	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	15	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090728601	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	21	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090728604	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	28	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090728605	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090728800	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	10	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090728802	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	16	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090728803	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090728804	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090728805	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	100	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090728807	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	40	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090728808	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	20	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090728809	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	24	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090729100	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	10		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090729105	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	12		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090729108	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	6		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090729300	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	180		GENERIC	50090	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090729301	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	60		GENERIC	50090	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090729303	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	90		GENERIC	50090	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090729500	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	50090	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090729700	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	6		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090729701	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	14		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090729702	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	10		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090729703	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	3		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090729800	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	5		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090729801	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	1		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090729900	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	2		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090730000	TERBINA	TERBINA	81404	Allylamine	8140400	Allylamine	S	250 MG	ORAL	TABS	EA	30		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090730001	TERBINA	TERBINA	81404	Allylamine	8140400	Allylamine	S	250 MG	ORAL	TABS	EA	90		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090730101	NEBIVOL	NEBIVOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090730102	NEBIVOL	NEBIVOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090730200	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090730201	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090730203	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090730300	NYSTATI	NYSTATI	840408	Antifungal	84040828	Polyenes	S	100000 U	EXTERNA	CREA	GM	15		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090730500	DUTASTE	DUTASTE	920400	UNKNOW	92040000	UNKNOW	S	0.5 MG	ORAL	CAPS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090730501	DUTASTE	DUTASTE	920400	UNKNOW	92040000	UNKNOW	S	0.5 MG	ORAL	CAPS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090730601	HYDROXY	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	60	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090730602	HYDROXY	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090730700	HYDROXY	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090730800	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	28		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090730802	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	20		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090730803	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	14		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090730900	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	30		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090730902	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	20		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090730908	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	90		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090731101	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	120 MG	ORAL	TBCR	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090731200	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	320 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090731201	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	320 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090731300	ATROPIN	ATROPIN	522400	Mydriatics	52240000	Mydriatics	S	1%	OPHTHAL	SOLN	ML	5	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090731400	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090731401	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090731500	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090731600	FLECAINI	FLECAINI	240404	Antiarrhyt	24040412	Class Ic A	S	100 MG	ORAL	TABS	EA	60	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090731700	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090731701	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090731900	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090732000	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090732100	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090732200	BUPROPI	BUPROPI	120200	UNKNOW	12020000	UNKNOW	S	150 MG	ORAL	TB12	EA	60		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090732201	BUPROPI	BUPROPI	120200	UNKNOW	12020000	UNKNOW	S	150 MG	ORAL	TB12	EA	30		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090732300	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	30	X	GENERIC	50090	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090732301	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	90	X	GENERIC	50090	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090732400	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	90	X	GENERIC	50090	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090732700	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	90		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090733000	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	20		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090733001	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	30		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090733004	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	60		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090733006	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	15		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090733200	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	30		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090733201	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	28		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090733301	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	1000 MG	ORAL	TABS	EA	60	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090733302	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	1000 MG	ORAL	TABS	EA	180	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090733400	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090733401	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090733500	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090733600	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	100 MCG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090733601	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	100 MCG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090733700	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	100 MCG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090733800	EZETIMIB	EZETIMIB	240605	Cholester	24060500	Cholester	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090733900	EZETIMIB	EZETIMIB	240605	Cholester	24060500	Cholester	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090733901	EZETIMIB	EZETIMIB	240605	Cholester	24060500	Cholester	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090734000	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	30		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090734002	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	60		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090734008	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	90		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090734101	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	28		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090734200	ATOMOXI	ATOMOXI	282032	UNKNOW	28203200	UNKNOW	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090734300	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	S	1%	EXTERNA	CREA	GM	30		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090734500	METRONI	METRONI	840404	Antibacter	84040400	Antibacter	S	0.75%	VAGINAL	GEL	GM	70		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090734600	OSELTAM	OSELTAM	81828	Neuramini	8182800	Neuramini	S	6 MG/ML	ORAL	SUSR	ML	60		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090734700	OSELTAM	OSELTAM	81828	Neuramini	8182800	Neuramini	S	75 MG	ORAL	CAPS	EA	10		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090734800	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	5 MG	ORAL	TABS	EA	60	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090734801	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090734900	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TB12	EA	60	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090735000	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	2 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090735100	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	100	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090735101	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090735103	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090735300	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090735400	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	30		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090735401	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	45		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090735402	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	16		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090735403	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	40		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090735404	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	20		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090735405	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	3		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090735601	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090735602	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	10 MG	ORAL	TABS	EA	180	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090735700	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	5-6.25 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090735702	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	5-6.25 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090735800	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090735801	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090735802	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	100	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090735900	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090736001	ESOMEP	ESOMEP	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090736100	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-20 MG	ORAL	CAPS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090736101	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-20 MG	ORAL	CAPS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090736200	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	180	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090736201	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	60	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090736202	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090736203	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090736300	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090736400	MICONAZ	MICONAZ	840408	Antifungal	84040808	Azoles	P	2%	EXTERNA	CREA	GM	30		GENERIC	50090	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090736500	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090736600	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090736601	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	60	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090736602	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090736603	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	28	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090736700	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090736800	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TABS	EA	120	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090736801	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TABS	EA	60	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090736802	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090736803	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TABS	EA	180	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090736900	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	10		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090736901	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	15		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090736902	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	21		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090736904	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	50		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090736905	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	30		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090736907	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	100		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090736908	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	40		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090737100	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	60		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090737101	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	20		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090737200	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090737201	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	60	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090737202	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	100	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090737203	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090737300	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090737400	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	30		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090737401	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	15		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090737403	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	4		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090737404	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	100		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090737406	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	21		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090737407	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	42		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090737600	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	S	1%	VAGINAL	CREA	GM	45		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090737800	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090737801	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	100	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090737802	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090737803	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	60	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090737900	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090738400	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090738401	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090738402	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	100	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090738500	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090738600	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090738601	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090738602	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	100	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090738700	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090738800	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090738801	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090738802	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090738803	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	42	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090738900	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090739000	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090739001	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090739100	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090739200	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	15		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090739301	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	14		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090739500	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	50090	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090739501	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	50090	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090739600	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090739700	ATOMOXI	ATOMOXI	282032	UNKNOW	28203200	UNKNOW	S	60 MG	ORAL	CAPS	EA	30	X	GENERIC	50090	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090739800	LOPERAM	LOPERAM	560800	Antidiarrh	56080000	Antidiarrh	S	2 MG	ORAL	CAPS	EA	15		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090739803	LOPERAM	LOPERAM	560800	Antidiarrh	56080000	Antidiarrh	S	2 MG	ORAL	CAPS	EA	12		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090739804	LOPERAM	LOPERAM	560800	Antidiarrh	56080000	Antidiarrh	S	2 MG	ORAL	CAPS	EA	30		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090739900	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	6		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090740000	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090740001	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090740102	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	60 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090740103	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	60 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090740200	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090740201	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	60	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090740202	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090740203	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090740204	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	180	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090740300	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090740400	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090740401	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090740402	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090740405	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090740406	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	180	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090740500	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090740600	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090740601	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	100	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090740602	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	60	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090740603	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090740604	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	180	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090740700	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090740800	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090740802	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	2.5 MG	ORAL	TABS	EA	200	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090740900	NASAL SF	OXYMETA	523200	Vasocons	52320000	Vasocons	P	0.05%	NASAL	SOLN	ML	30		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090741001	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	14		GENERIC	50090	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090741101	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	20		GENERIC	50090	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090741300	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090741301	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090741302	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	100	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090741400	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50090741500	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	14		GENERIC	50090		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

50268006111	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268006115	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268006211	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268006215	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268006311	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	1	X	GENERIC	9/14/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268006315	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	50	X	GENERIC	9/14/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268006411	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	1	X	GENERIC	9/14/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268006415	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	50	X	GENERIC	9/14/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268006530	CARBOXY	CARBOXY	529200	EENT Dru	52920000	EENT Dru	P	1%	OPHTHAL	GEL	EA	30		NON DRUG		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268006615	CARBOXY	CARBOXY	529200	EENT Dru	52920000	EENT Dru	P	1%	OPHTHAL	GEL	ML	15		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268006730	CARBOXY	CARBOXY	529200	EENT Dru	52920000	EENT Dru	P	0.50%	OPHTHAL	SOLN	EA	30		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268006750	CARBOXY	CARBOXY	529200	EENT Dru	52920000	EENT Dru	P	0.50%	OPHTHAL	SOLN	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268006770	CARBOXY	CARBOXY	529200	EENT Dru	52920000	EENT Dru	P	0.50%	OPHTHAL	SOLN	EA	70		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268006802	CARBOXY	CARBOXY	529200	EENT Dru	52920000	EENT Dru	P	0.50%	OPHTHAL	SOLN	ML	15		GENERIC		50268			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268006815	CARBOXY	CARBOXY	529200	EENT Dru	52920000	EENT Dru	P	0.50%	OPHTHAL	SOLN	ML	15		GENERIC		50268			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268006911	AMANTAD	AMANTAD	283604	UNKNOW	28360400	UNKNOW	S	100 MG	ORAL	CAPS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268006915	AMANTAD	AMANTAD	283604	UNKNOW	28360400	UNKNOW	S	100 MG	ORAL	CAPS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268007411	AZITHRO	AZITHRO	81212	Macrolide	8121292	Other Mac	S	250 MG	ORAL	TABS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268007413	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	30		GENERIC	1/8/2024	50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268007415	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268007511	ANASTRC	ANASTRC	681608	Antiestrog	68160800	Antiestrog	S	1 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268007515	ANASTRC	ANASTRC	681608	Antiestrog	68160800	Antiestrog	S	1 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268007611	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	1		GENERIC	7/31/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268007612	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	20		GENERIC	7/31/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268008611	ATOVAQU	ATOVAQU	83092	Antiprotoz	8309200	Antiprotoz	S	750 MG/5	ORAL	SUSP	ML	5		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268008612	ATOVAQU	ATOVAQU	83092	Antiprotoz	8309200	Antiprotoz	S	750 MG/5	ORAL	SUSP	ML	5		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268008711	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268008712	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	20	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268008811	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268008815	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268008911	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268008915	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268009011	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268009012	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TABS	EA	20	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268009111	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268009112	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	20	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268009211	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	30 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268009212	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	30 MG	ORAL	TABS	EA	20	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268009311	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268009315	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268009411	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268009415	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268009511	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268009515	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268009611	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268009612	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	20	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268009711	AMIODAR	AMIODAR	240404	Antiarrhyth	24040420	Class III A	S	100 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268009715	AMIODAR	AMIODAR	240404	Antiarrhyth	24040420	Class III A	S	100 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268010211	BALSALA	BALSALA	563600	Anti-inflam	56360000	Anti-inflam	S	750 MG	ORAL	CAPS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268010213	BALSALA	BALSALA	563600	Anti-inflam	56360000	Anti-inflam	S	750 MG	ORAL	CAPS	EA	30		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268010511	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	5 MG	ORAL	TABS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268010515	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	5 MG	ORAL	TABS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268010611	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268010615	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268010711	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268010715	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268010911	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268010915	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268011011	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268011015	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268011111	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268011115	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268011211	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268011215	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268011835	ATROPIN	ATROPIN	522400	Mydriatics	52240000	Mydriatics	R	1%	OPHTHAL	OINT	GM	3.5	X	GENERIC		50268			N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
50268012615	LUBRICAI	POLYETH	529200	EENT Dru	52920000	EENT Dru	P	0.4-0.3 %	OPHTHAL	SOLN	ML	15		GENERIC		50268	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268012711	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268012715	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268012811	BUPRENC	BUPRENC	280812	Opiate Pa	28081200	Opiate Pa	S	2 MG	SUBLING	SUBL	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268012815	BUPRENC	BUPRENC	280812	Opiate Pa	28081200	Opiate Pa	S	2 MG	SUBLING	SUBL	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268012911	BUPRENC	BUPRENC	280812	Opiate Pa	28081200	Opiate Pa	S	8 MG	SUBLING	SUBL	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268012915	BUPRENC	BUPRENC	280812	Opiate Pa	28081200	Opiate Pa	S	8 MG	SUBLING	SUBL	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268013011	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	0.5 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268013015	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	0.5 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268013111	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	1 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268013115	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	1 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268013211	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	2 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268013215	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	2 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268013511	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268013515	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268014011	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	1	X	GENERIC	10/31/2024	50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268014013	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	30	X	GENERIC	10/31/2024	50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268014111	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268014115	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268014211	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	75 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268014215	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	75 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268014311	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268014315	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268014411	BUPRENC	BUPRENC	280812	Opiate Pa	28081200	Opiate Pa	S	2-0.5 MG	SUBLING	SUBL	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268014415	BUPRENC	BUPRENC	280812	Opiate Pa	28081200	Opiate Pa	S	2-0.5 MG	SUBLING	SUBL	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268014511	BUPRENC	BUPRENC	280812	Opiate Pa	28081200	Opiate Pa	S	8-2 MG	SUBLING	SUBL	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268014515	BUPRENC	BUPRENC	280812	Opiate Pa	28081200	Opiate Pa	S	8-2 MG	SUBLING	SUBL	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268014611	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	600-20 M	ORAL	TABS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268014615	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	600-20 M	ORAL	TABS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268014711	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	315MG-25	ORAL	TABS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268014715	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	315MG-25	ORAL	TABS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268014911	CHEWABI	CALCIUM	401200	Replacem	40120000	Replacem	O	500MG	ORAL	CHEW	EA	1		MSB		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION	R	MEDPRMI
50268014913	CHEWABI	CALCIUM	401200	Replacem	40120000	Replacem	O	500MG	ORAL	CHEW	EA	30		MSB		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION	R	MEDPRMI
50268015011	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	600-10 M	ORAL	TABS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268015015	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	600-10 M	ORAL	TABS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268015111	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268015115	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268015211	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268015215	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268015311	CINACALC	CINACALC	682404	UNKNOW	68240400	UNKNOW	S	30 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268015312	CINACALC	CINACALC	682404	UNKNOW	68240400	UNKNOW	S	30 MG	ORAL	TABS	EA	20	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268015411	CAPECIT	CAPECIT	100000	Antineopla	10000000	Antineopla	S	500 MG	ORAL	TABS	EA	1		GENERIC	9/14/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268015413	CAPECIT	CAPECIT	100000	Antineopla	10000000	Antineopla	S	500 MG	ORAL	TABS	EA	30		GENERIC	9/14/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268016211	CHLORPR	CHLORPR	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268016215	CHLORPR	CHLORPR	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268016311	CHLORPR	CHLORPR	281608	Antipsych	28160824	Phenothia	S	25 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268016315	CHLORPR	CHLORPR	281608	Antipsych	28160824	Phenothia	S	25 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268016411	CHLORPR	CHLORPR	281608	Antipsych	28160824	Phenothia	S	50 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268016415	CHLORPR	CHLORPR	281608	Antipsych	28160824	Phenothia	S	50 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268016511	CHLORPR	CHLORPR	281608	Antipsych	28160824	Phenothia	S	100 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268016515	CHLORPR	CHLORPR	281608	Antipsych	28160824	Phenothia	S	100 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268016611	CHLORPR	CHLORPR	281608	Antipsych	28160824	Phenothia	S	200 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268016612	CHLORPR	CHLORPR	281608	Antipsych	28160824	Phenothia	S	200 MG	ORAL	TABS	EA	20	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268016711	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	25 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268016715	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	25 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268016811	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268016815	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268016911	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268016915	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268017011	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	CP12	EA	1	X	GENERIC		50268	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268017013	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	CP12	EA	30	X	GENERIC		50268	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268017111	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	CP12	EA	1	X	GENERIC		50268	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268017113	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	CP12	EA	30	X	GENERIC		50268	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268017211	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	300 MG	ORAL	CP12	EA	1	X	GENERIC		50268	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268017213	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	300 MG	ORAL	CP12	EA	30	X	GENERIC		50268	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268017311	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268017315	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268017411	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268017415	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268017511	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268017515	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268017611	CILOSTA	CILOSTA	201218	Platelet-Ag	20121800	Platelet-Ag	S	50 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268017615	CILOSTA	CILOSTA	201218	Platelet-Ag	20121800	Platelet-Ag	S	50 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268017711	CILOSTA	CILOSTA	201218	Platelet-Ag	20121800	Platelet-Ag	S	100 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268017715	CILOSTA	CILOSTA	201218	Platelet-Ag	20121800	Platelet-Ag	S	100 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268017811	CLARITH	CLARITH	81212	Macrolide	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268017815	CLARITH	CLARITH	81212	Macrolide	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268017911	CLARITH	CLARITH	81212	Macrolide	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268017913	CLARITH	CLARITH	81212	Macrolide	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268018211	SOD CITR	SODIUM (	400800	Alkalinizin	40080000	Alkalinizin	S	1.5-1 GM/	ORAL	SOLN	ML	15		GENERIC		50268			N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
50268018215	SOD CITR	SODIUM (	400800	Alkalinizin	40080000	Alkalinizin	S	1.5-1 GM/	ORAL	SOLN	ML	15		GENERIC		50268			N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
50268018311	SOD CITR	SODIUM (	400800	Alkalinizin	40080000	Alkalinizin	S	3-2 GM/30	ORAL	SOLN	ML	30		GENERIC		50268			N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
50268018330	SOD CITR	SODIUM (	400800	Alkalinizin	40080000	Alkalinizin	S	3-2 GM/30	ORAL	SOLN	ML	30		GENERIC		50268			N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
50268018411	CLOPIDO	CLOPIDO	201218	Platelet-Ag	20121800	Platelet-Ag	S	300 MG	ORAL	TABS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268018412	CLOPIDO	CLOPIDO	201218	Platelet-Ag	20121800	Platelet-Ag	S	300 MG	ORAL	TABS	EA	20		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268018511	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268018515	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268018611	CO Q10	COENZYM	929200	UNKNOW	92920000	UNKNOW	P	30MG	ORAL	CAPS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268018615	CO Q10	COENZYM	929200	UNKNOW	92920000	UNKNOW	P	30MG	ORAL	CAPS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268018711	COLCHIC	COLCHIC	921600	UNKNOW	92160000	UNKNOW	S	0.6 MG	ORAL	TABS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268018715	COLCHIC	COLCHIC	921600	UNKNOW	92160000	UNKNOW	S	0.6 MG	ORAL	TABS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268018911	CYPROHE	CYPROHE	40400	First Gene	4040000	First Gene	S	4 MG	ORAL	TABS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268018915	CYPROHE	CYPROHE	40400	First Gene	4040000	First Gene	S	4 MG	ORAL	TABS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268019011	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268019015	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268019111	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268019115	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268019211	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268019215	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268019311	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268019315	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268019411	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.3 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268019415	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.3 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268019560	CAPSAICI	CAPSAICI	849200	Skin and M	84920000	Skin and M	P	0.03%	EXTERNA	CREA	GM	60		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268019657	CAPSAICI	CAPSAICI	849200	Skin and M	84920000	Skin and M	P	0.08%	EXTERNA	CREA	GM	57		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268019756	CAPSAICI	CAPSAICI	849200	Skin and M	84920000	Skin and M	P	0.10%	EXTERNA	CREA	GM	56.6		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268019842	CAPSAICI	CAPSAICI	849200	Skin and M	84920000	Skin and M	P	0.10%	EXTERNA	CREA	GM	42.5		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268019911	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268019915	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268021711	DANTROL	DANTROL	122008	UNKNOW	12200800	UNKNOW	S	25 MG	ORAL	CAPS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268021715	DANTROL	DANTROL	122008	UNKNOW	12200800	UNKNOW	S	25 MG	ORAL	CAPS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268022011	DESMOPI	DESMOPI	682800	Pituitary	68280000	Pituitary	S	0.1 MG	ORAL	TABS	EA	1	X	GENERIC	9/14/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268022015	DESMOPI	DESMOPI	682800	Pituitary	68280000	Pituitary	S	0.1 MG	ORAL	TABS	EA	50	X	GENERIC	9/14/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268022111	DESMOPI	DESMOPI	682800	Pituitary	68280000	Pituitary	S	0.2 MG	ORAL	TABS	EA	1	X	GENERIC	9/14/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268022115	DESMOPI	DESMOPI	682800	Pituitary	68280000	Pituitary	S	0.2 MG	ORAL	TABS	EA	50	X	GENERIC	9/14/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268022211	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268022215	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268022311	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268022315	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268022411	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	4 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268022415	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	4 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268022511	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	8 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268022515	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	8 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268023711	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	1%	EXTERNA	GEL	GM	2		GENERIC	12/5/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268023720	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	1%	EXTERNA	GEL	GM	2		GENERIC	12/5/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268023811	DIGOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	125 MCG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268023815	DIGOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	125 MCG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268025811	DIVALPRO	DIVALPRO	281292	Anticonvul	28129200	Anticonvul	S	125 MG	ORAL	CSDR	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268025813	DIVALPRO	DIVALPRO	281292	Anticonvul	28129200	Anticonvul	S	125 MG	ORAL	CSDR	EA	30	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268025911	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TB24	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268025915	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TB24	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268026011	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	1	X	GENERIC		50268	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268026013	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	30	X	GENERIC		50268	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268026611	DOCUSAT	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	240MG	ORAL	CAPS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268026615	DOCUSAT	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	240MG	ORAL	CAPS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268026811	DOCUSAT	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	250 MG	ORAL	CAPS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268026815	DOCUSAT	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	250 MG	ORAL	CAPS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268026911	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	20 MG	ORAL	CPEP	EA	1	X	GENERIC	10/11/2024	50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268026915	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	20 MG	ORAL	CPEP	EA	50	X	GENERIC	10/11/2024	50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268027011	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	1	X	GENERIC	10/11/2024	50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268027013	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	30	X	GENERIC	10/11/2024	50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268027111	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	1	X	GENERIC	10/11/2024	50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268027113	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	30	X	GENERIC	10/11/2024	50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268027711	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	50 MG	ORAL	CAPS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268027715	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	50 MG	ORAL	CAPS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268027811	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268027815	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268027911	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268027915	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268028015	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	50 MG	ORAL	CAPS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268028115	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268028611	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	20 MG	ORAL	CPEP	EA	1	X	GENERIC	9/18/2023	50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268028615	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	20 MG	ORAL	CPEP	EA	50	X	GENERIC	9/18/2023	50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268028711	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	1	X	GENERIC	9/18/2023	50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268028713	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	30	X	GENERIC	9/18/2023	50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268028811	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	1	X	GENERIC	9/18/2023	50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268028813	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	30	X	GENERIC	9/18/2023	50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268028911	ENTECAV	ENTECAV	81832	Nucleosid	8183200	Nucleosid	S	0.5 MG	ORAL	TABS	EA	1	X	GENERIC	4/30/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268028912	ENTECAV	ENTECAV	81832	Nucleosid	8183200	Nucleosid	S	0.5 MG	ORAL	TABS	EA	20	X	GENERIC	4/30/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268029511	ENTACAP	ENTACAP	283612	UNKNOW	28361200	UNKNOW	S	200 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268029515	ENTACAP	ENTACAP	283612	UNKNOW	28361200	UNKNOW	S	200 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268029711	VITAMIN	ERGOCAL	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (	ORAL	CAPS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268029715	VITAMIN	ERGOCAL	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (	ORAL	CAPS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268029811	EZETIMIB	EZETIMIB	240605	Cholester	24060500	Cholester	S	10 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268029812	EZETIMIB	EZETIMIB	240605	Cholester	24060500	Cholester	S	10 MG	ORAL	TABS	EA	20	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268029911	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268029915	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268030311	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	1	X	GENERIC	5/6/2024	50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268030315	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	50	X	GENERIC	5/6/2024	50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268030411	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268030415	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268030811	FISH OIL	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	1		GENERIC		50268			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268030815	FISH OIL	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	50		GENERIC		50268			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268030911	FENOFIB	FENOFIB	240606	Fibric Acid	24060600	Fibric Acid	S	134 MG	ORAL	CAPS	EA	1	X	GENERIC	9/14/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268030913	FENOFIB	FENOFIB	240606	Fibric Acid	24060600	Fibric Acid	S	134 MG	ORAL	CAPS	EA	30	X	GENERIC	9/14/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268031011	FENOFIB	FENOFIB	240606	Fibric Acid	24060600	Fibric Acid	S	48 MG	ORAL	TABS	EA	1	X	GENERIC	2/15/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268031012	FENOFIB	FENOFIB	240606	Fibric Acid	24060600	Fibric Acid	S	48 MG	ORAL	TABS	EA	20	X	GENERIC	2/15/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268031111	FENOFIB	FENOFIB	240606	Fibric Acid	24060600	Fibric Acid	S	145 MG	ORAL	TABS	EA	1	X	GENERIC	2/15/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268031112	FENOFIB	FENOFIB	240606	Fibric Acid	24060600	Fibric Acid	S	145 MG	ORAL	TABS	EA	20	X	GENERIC	2/15/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268031211	FENOFIB	FENOFIB	240606	Fibric Acid	24060600	Fibric Acid	S	54 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268031215	FENOFIB	FENOFIB	240606	Fibric Acid	24060600	Fibric Acid	S	54 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268031311	FENOFIB	FENOFIB	240606	Fibric Acid	24060600	Fibric Acid	S	160 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268031315	FENOFIB	FENOFIB	240606	Fibric Acid	24060600	Fibric Acid	S	160 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268031411	FINASTE	FINASTE	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268031415	FINASTE	FINASTE	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268032011	FLECAIN	FLECAIN	240404	Antiarrhyth	24040412	Class Ic A	S	50 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268032015	FLECAIN	FLECAIN	240404	Antiarrhyth	24040412	Class Ic A	S	50 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268032111	FLECAIN	FLECAIN	240404	Antiarrhyth	24040412	Class Ic A	S	100 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268032115	FLECAIN	FLECAIN	240404	Antiarrhyth	24040412	Class Ic A	S	100 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268032411	FLAVOXA	FLAVOXA	861204	UNKNOW	86120400	UNKNOW	S	100 MG	ORAL	TABS	EA	1	X	GENERIC	9/14/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268032415	FLAVOXA	FLAVOXA	861204	UNKNOW	86120400	UNKNOW	S	100 MG	ORAL	TABS	EA	50	X	GENERIC	9/14/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268032511	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
50268032515	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

50268032611	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268032613	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268032711	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	1	X	GENERIC	12/5/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268032715	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	50	X	GENERIC	12/5/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268032811	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	1	X	GENERIC	12/5/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268032815	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	50	X	GENERIC	12/5/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268032911	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	1	X	GENERIC	12/5/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268032915	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	50	X	GENERIC	12/5/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268033011	FLUDROC	FLUDROC	680400	Adrenals	68040000	Adrenals	S	0.1 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268033015	FLUDROC	FLUDROC	680400	Adrenals	68040000	Adrenals	S	0.1 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268033111	FLUCYTO	FLUCYTO	81432	Pyrimidine	8143200	Pyrimidine	S	250 MG	ORAL	CAPS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268033112	FLUCYTO	FLUCYTO	81432	Pyrimidine	8143200	Pyrimidine	S	250 MG	ORAL	CAPS	EA	20		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268033211	FLUCYTO	FLUCYTO	81432	Pyrimidine	8143200	Pyrimidine	S	500 MG	ORAL	CAPS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268033212	FLUCYTO	FLUCYTO	81432	Pyrimidine	8143200	Pyrimidine	S	500 MG	ORAL	CAPS	EA	20		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268033624	FERROUS	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	300 (60 FE	ORAL	SOLN	ML	5		GENERIC		50268	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268033711	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	100 MG	ORAL	TABS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268033715	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	100 MG	ORAL	TABS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268033811	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	48 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268033812	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	48 MG	ORAL	TABS	EA	20	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268033911	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268033915	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268034328	HYDROQI	HYDROQI	845004	Depigmen	84500400	Depigmen	S	4%	EXTERNA	CREA	GM	28.35		GENERIC	10/31/2023	50268			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268034411	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	P	800 MCG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268034415	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	P	800 MCG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268034511	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	1	X	GENERIC	1/8/2024	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268034515	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	50	X	GENERIC	1/8/2024	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268034611	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	P	400 MCG	ORAL	TABS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268034615	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	P	400 MCG	ORAL	TABS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268035011	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268035015	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268035111	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	1	X	GENERIC	3/31/2023	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268035115	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	50	X	GENERIC	3/31/2023	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268035211	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	1	X	GENERIC	9/14/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268035213	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC	9/14/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268035301	GERMBL(	BENZALK	840416	UNKNOW	84041600	UNKNOW	O	0.13%	EXTERNA	LOTN	ML	44.3		SSB	11/15/2022	50268			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268035302	GERMBL(	BENZALK	840416	UNKNOW	84041600	UNKNOW	O	0.13%	EXTERNA	LOTN	ML	50		SSB	11/15/2022	50268			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268035308	GERMBL(	BENZALK	840416	UNKNOW	84041600	UNKNOW	O	0.13%	EXTERNA	LOTN	ML	237		SSB	11/15/2022	50268			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268035316	GERMBL(	BENZALK	840416	UNKNOW	84041600	UNKNOW	O	0.13%	EXTERNA	LOTN	ML	473		SSB	11/15/2022	50268			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268035327	GERMBL(	BENZALK	840416	UNKNOW	84041600	UNKNOW	O	0.13%	EXTERNA	LOTN	ML	800		SSB	11/15/2022	50268			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268035332	GERMBL(	BENZALK	840416	UNKNOW	84041600	UNKNOW	O	0.13%	EXTERNA	LOTN	ML	946		SSB	11/15/2022	50268			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268035402	GERMBL(	BENZALK	840416	UNKNOW	84041600	UNKNOW	O	0.10%	EXTERNA	FOAM	ML	50		SSB	11/15/2022	50268			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268035408	GERMBL(	BENZALK	840416	UNKNOW	84041600	UNKNOW	O	0.10%	EXTERNA	FOAM	ML	222		SSB	11/15/2022	50268			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268035410	GERMBL(	BENZALK	840416	UNKNOW	84041600	UNKNOW	O	0.10%	EXTERNA	FOAM	ML	300		SSB	11/15/2022	50268			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268035427	GERMBL(	BENZALK	840416	UNKNOW	84041600	UNKNOW	O	0.10%	EXTERNA	FOAM	ML	800		SSB	11/15/2022	50268			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268035611	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	2.5-500 M	ORAL	TABS	EA	1	X	GENERIC	12/5/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268035615	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	2.5-500 M	ORAL	TABS	EA	50	X	GENERIC	12/5/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268035711	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5-500 MG	ORAL	TABS	EA	1	X	GENERIC	12/5/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268035715	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5-500 MG	ORAL	TABS	EA	50	X	GENERIC	12/5/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268035811	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	1 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268035815	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	1 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268035911	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268035915	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268036011	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268036015	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268036111	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268036115	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268036211	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268036215	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268036311	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	1 MG	ORAL	TABS	EA	1		GENERIC	12/31/2023	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268036315	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	1 MG	ORAL	TABS	EA	50		GENERIC	12/31/2023	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268036611	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	1 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268036615	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	1 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268036711	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	2.5 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268036715	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	2.5 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268036811	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	5 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268036815	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	5 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268036911	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268036915	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268037411	GUANFAC	GUANFAC	242400	Beta-Adre	24240000	Beta-Adre	S	2 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268037415	GUANFAC	GUANFAC	242400	Beta-Adre	24240000	Beta-Adre	S	2 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268037511	GLUCOSA	GLUCOSA	929200	UNKNOW	92920000	UNKNOW	P	500MG	ORAL	CAPS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268037515	GLUCOSA	GLUCOSA	929200	UNKNOW	92920000	UNKNOW	P	500MG	ORAL	CAPS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268037611	GLUCOSA	GLUCOSA	929200	UNKNOW	92920000	UNKNOW	O	20MG-20M	ORAL	CAPS	EA	1		SSB		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268037615	GLUCOSA	GLUCOSA	929200	UNKNOW	92920000	UNKNOW	O	20MG-20M	ORAL	CAPS	EA	50		SSB		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268037711	GLUCOSA	GLUCOSA	929200	UNKNOW	92920000	UNKNOW	P	400MG-50	ORAL	TABS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268037713	GLUCOSA	GLUCOSA	929200	UNKNOW	92920000	UNKNOW	P	400MG-50	ORAL	TABS	EA	30		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268039111	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	5 MG	ORAL	TABS	EA	1	X	GENERIC	12/5/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268039115	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	5 MG	ORAL	TABS	EA	50	X	GENERIC	12/5/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268039211	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	10 MG	ORAL	TABS	EA	1	X	GENERIC	12/5/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268039215	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	10 MG	ORAL	TABS	EA	50	X	GENERIC	12/5/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268039311	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	20 MG	ORAL	TABS	EA	1	X	GENERIC	12/5/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268039315	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	20 MG	ORAL	TABS	EA	50	X	GENERIC	12/5/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268039811	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268039850	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268039911	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	CAPS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268039950	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	CAPS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268040011	HYDROC(	HYDROC(	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268040015	HYDROC(	HYDROC(	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268040111	HYDROC(	HYDROC(	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268040115	HYDROC(	HYDROC(	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268040211	HYDROC(	HYDROC(	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MC	ORAL	TABS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268040215	HYDROC(	HYDROC(	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MC	ORAL	TABS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268040411	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268040415	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268040511	HYDROC(	HYDROC(	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268040515	HYDROC(	HYDROC(	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268040611	HYDROC(	HYDROC(	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268040615	HYDROC(	HYDROC(	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268040711	HYDROC(	HYDROC(	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268040715	HYDROC(	HYDROC(	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268041101	HYDROC(	HYDROC(	840608	UNKNOW	84060800	UNKNOW	S	25 MG	RECTAL	SUPP	EA	100		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268041112	HYDROC(	HYDROC(	840608	UNKNOW	84060800	UNKNOW	S	25 MG	RECTAL	SUPP	EA	12		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268041124	HYDROC(	HYDROC(	840608	UNKNOW	84060800	UNKNOW	S	25 MG	RECTAL	SUPP	EA	24		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268041211	HYDROXY	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268041215	HYDROXY	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268041330	HYDROC(	PRAMOXI	840608	UNKNOW	84060800	UNKNOW	S	2.5-1 %	EXTERNA	CREA	GM	30		GENERIC		50268			N	FORMULARY		1 GEN	GENERICS	R	MEDPRIM
50268042611	IMATINIB	IMATINIB	100000	Antineopla	10000000	Antineopla	S	100 MG	ORAL	TABS	EA	1		GENERIC	6/8/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268042612	IMATINIB	IMATINIB	100000	Antineopla	10000000	Antineopla	S	100 MG	ORAL	TABS	EA	20		GENERIC	6/8/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268042711	IMATINIB	IMATINIB	100000	Antineopla	10000000	Antineopla	S	400 MG	ORAL	TABS	EA	1		GENERIC	12/5/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268042712	IMATINIB	IMATINIB	100000	Antineopla	10000000	Antineopla	S	400 MG	ORAL	TABS	EA	20		GENERIC	12/5/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268043011	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268043015	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268043111	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268043115	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268043211	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	75 MG	ORAL	CPCR	EA	1	X	GENERIC	2/15/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268043215	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	75 MG	ORAL	CPCR	EA	50	X	GENERIC	2/15/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268044011	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	75 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268044015	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	75 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268044111	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	150 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268044115	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	150 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268044211	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	300 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268044215	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	300 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268044711	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	5 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268044715	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	5 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268044811	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	10 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268044815	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	10 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268044911	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	20 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268044915	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	20 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268045011	ITRACON	ITRACON	81408	Azoles	8140800	Azoles	S	100 MG	ORAL	CAPS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268045012	ITRACON	ITRACON	81408	Azoles	8140800	Azoles	S	100 MG	ORAL	CAPS	EA	20		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268045111	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	30 MG	ORAL	TB24	EA	1	X	GENERIC	10/31/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268045115	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	30 MG	ORAL	TB24	EA	50	X	GENERIC	10/31/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268045211	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	1	X	GENERIC	1/31/2023	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268045215	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	50	X	GENERIC	1/31/2023	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268045311	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	120 MG	ORAL	TB24	EA	1	X	GENERIC	1/31/2023	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268045315	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	120 MG	ORAL	TB24	EA	50	X	GENERIC	1/31/2023	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268045411	ISRADIPII	ISRADIPII	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	CAPS	EA	1	X	GENERIC	9/14/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268045415	ISRADIPII	ISRADIPII	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	CAPS	EA	50	X	GENERIC	9/14/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268045611	LAMIVUD	LAMIVUD	81808	Antiretrovi	8180820	Nucleosid	S	150-300 M	ORAL	TABS	EA	1	X	GENERIC	3/31/2023	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268045612	LAMIVUD	LAMIVUD	81808	Antiretrovi	8180820	Nucleosid	S	150-300 M	ORAL	TABS	EA	20	X	GENERIC	3/31/2023	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268045911	LAMIVUD	LAMIVUD	81808	Antiretrovi	8180820	Nucleosid	S	150 MG	ORAL	TABS	EA	1	X	GENERIC	2/15/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268045915	LAMIVUD	LAMIVUD	81808	Antiretrovi	8180820	Nucleosid	S	150 MG	ORAL	TABS	EA	50	X	GENERIC	2/15/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268046011	LAMIVUD	LAMIVUD	81808	Antiretrovi	8180820	Nucleosid	S	300 MG	ORAL	TABS	EA	1	X	GENERIC	2/15/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268046013	LAMIVUD	LAMIVUD	81808	Antiretrovi	8180820	Nucleosid	S	300 MG	ORAL	TABS	EA	30	X	GENERIC	2/15/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268047011	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	100 MG/M	ORAL	SOLN	ML	5	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268047013	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	100 MG/M	ORAL	SOLN	ML	5	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268047111	LINEZOLI	LINEZOLI	81228	Antibacter	8122824	Oxazolidin	S	600 MG	ORAL	TABS	EA	1		GENERIC	2/15/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268047112	LINEZOLI	LINEZOLI	81228	Antibacter	8122824	Oxazolidin	S	600 MG	ORAL	TABS	EA	20		GENERIC	2/15/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268047611	LETROZC	LETROZC	681608	Antiestrog	68160800	Antiestrog	S	2.5 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268047615	LETROZC	LETROZC	681608	Antiestrog	68160800	Antiestrog	S	2.5 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268047711	LEFLUNO	LEFLUNO	902404	UNKNOW	90240400	UNKNOW	S	10 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268047715	LEFLUNO	LEFLUNO	902404	UNKNOW	90240400	UNKNOW	S	10 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268047811	LEFLUNO	LEFLUNO	902404	UNKNOW	90240400	UNKNOW	S	20 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268047815	LEFLUNO	LEFLUNO	902404	UNKNOW	90240400	UNKNOW	S	20 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268047911	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10-12.5 M	ORAL	TABS	EA	1	X	GENERIC	4/30/2023	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268047915	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10-12.5 M	ORAL	TABS	EA	50	X	GENERIC	4/30/2023	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268048011	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	1	X	GENERIC	11/30/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268048015	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	50	X	GENERIC	11/30/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268048111	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-25 MG	ORAL	TABS	EA	1	X	GENERIC	11/30/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268048115	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-25 MG	ORAL	TABS	EA	50	X	GENERIC	11/30/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268048211	LOPERAN	LOPERAN	560800	Antidiarrhe	56080000	Antidiarrhe	S	2 MG	ORAL	CAPS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268048215	LOPERAN	LOPERAN	560800	Antidiarrhe	56080000	Antidiarrhe	S	2 MG	ORAL	CAPS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268048911	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	1		GENERIC		50268			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268048915	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	50		GENERIC		50268			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268049030	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4%	EXTERNA	CREA	GM	30		GENERIC	1/11/2023	50268	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268050329	MICONAZ	MICONAZ	840408	Antifungal	84040808	Azoles	O	2%	EXTERNA	SOLN	ML	29.57		GENERIC		50268	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268050411	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268050415	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268050511	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268050515	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268050611	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268050615	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268051911	LYSINE H	LYSINE H	402000	Caloric Ag	40200000	Caloric Ag	P	500 MG	ORAL	TABS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268051915	LYSINE H	LYSINE H	402000	Caloric Ag	40200000	Caloric Ag	P	500 MG	ORAL	TABS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268052011	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268052015	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268052111	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268052115	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268052211	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	12.5 MG	ORAL	TABS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268052215	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	12.5 MG	ORAL	TABS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268052311	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268052315	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268052411	MELATON	MELATON	929200	UNKNOW	92920000	UNKNOW	P	3 MG	ORAL	TABS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268052415	MELATON	MELATON	929200	UNKNOW	92920000	UNKNOW	P	3 MG	ORAL	TABS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268052511	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268052515	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268052611	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268052615	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268052711	METHOTF	METHOTF	100000	Antineopla	10000000	Antineopla	S	2.5 MG	ORAL	TABS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268052715	METHOTF	METHOTF	100000	Antineopla	10000000	Antineopla	S	2.5 MG	ORAL	TABS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268052815	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	10 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268052911	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	20 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268052915	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	20 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268053011	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268053015	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268053115	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	50	X	GENERIC	8/14/2020	50268		X	N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268053311	MELATON	MELATON	929200	UNKNOW	92920000	UNKNOW	P	5 MG	ORAL	TABS	EA	1		GENERIC	8/31/2024	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268053315	MELATON	MELATON	929200	UNKNOW	92920000	UNKNOW	P	5 MG	ORAL	TABS	EA	50		GENERIC	8/31/2024	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268053411	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268053415	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268053511	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268053515	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268054011	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268054015	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268054111	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268054115	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268054211	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268054215	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268054311	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TB24	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268054315	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TB24	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268054511	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	18 MG	ORAL	TBCR	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268054512	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	18 MG	ORAL	TBCR	EA	20	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268054611	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	27 MG	ORAL	TBCR	EA	1	X	GENERIC		50268	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268054612	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	27 MG	ORAL	TBCR	EA	20	X	GENERIC		50268	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268054711	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	36 MG	ORAL	TBCR	EA	1	X	GENERIC		50268	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268054712	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	36 MG	ORAL	TBCR	EA	20	X	GENERIC		50268	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268054811	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	54 MG	ORAL	TBCR	EA	1	X	GENERIC		50268	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268054812	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	54 MG	ORAL	TBCR	EA	20	X	GENERIC		50268	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268054911	METHENA	METHENA	83600	Urinary Ar	8360000	Urinary Ar	S	1 GM	ORAL	TABS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268054915	METHENA	METHENA	83600	Urinary Ar	8360000	Urinary Ar	S	1 GM	ORAL	TABS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268055011	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268055015	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268055111	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268055115	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268055311	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268055313	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	30		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268055560	MISOPRC	MISOPRC	562828	Prostaglar	56282800	Prostaglar	S	200 MCG	ORAL	TABS	EA	60	X	GENERIC		50268	Y		N	FORMULARY		1 GEN	GENERICS	R	MEDPRIM
50268055611	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268055615	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268055711	MYCOPHI	MYCOPHI	902808	UNKNOW	90280892	UNKNOW	S	250 MG	ORAL	CAPS	EA	1	X	GENERIC		50268	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268055715	MYCOPHI	MYCOPHI	902808	UNKNOW	90280892	UNKNOW	S	250 MG	ORAL	CAPS	EA	50	X	GENERIC		50268	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268055811	MYCOPHI	MYCOPHI	924400	UNKNOW	92440000	UNKNOW	S	500 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268055815	MYCOPHI	MYCOPHI	924400	UNKNOW	92440000	UNKNOW	S	500 MG	ORAL	TABS	EA	50	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268055911	MYCOPHI	MYCOPHI	924400	UNKNOW	92440000	UNKNOW	S	180 MG	ORAL	TBEC	EA	1	X	GENERIC	1/8/2024	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268055912	MYCOPHI	MYCOPHI	924400	UNKNOW	92440000	UNKNOW	S	180 MG	ORAL	TBEC	EA	20	X	GENERIC	1/8/2024	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268056011	MYCOPHI	MYCOPHI	924400	UNKNOW	92440000	UNKNOW	S	360 MG	ORAL	TBEC	EA	1	X	GENERIC	6/8/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268056012	MYCOPHI	MYCOPHI	924400	UNKNOW	92440000	UNKNOW	S	360 MG	ORAL	TBEC	EA	20	X	GENERIC	6/8/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268056111	MIDODRII	MIDODRII	121204	alpha-Adr	12120400	alpha-Adr	S	2.5 MG	ORAL	TABS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268056115	MIDODRII	MIDODRII	121204	alpha-Adr	12120400	alpha-Adr	S	2.5 MG	ORAL	TABS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268056211	MIDODRII	MIDODRII	121204	alpha-Adr	12120400	alpha-Adr	S	5 MG	ORAL	TABS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268056215	MIDODRII	MIDODRII	121204	alpha-Adr	12120400	alpha-Adr	S	5 MG	ORAL	TABS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268056311	MIDODRII	MIDODRII	121204	alpha-Adr	12120400	alpha-Adr	S	10 MG	ORAL	TABS	EA	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268056315	MIDODRII	MIDODRII	121204	alpha-Adr	12120400	alpha-Adr	S	10 MG	ORAL	TABS	EA	50		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268056811	MUPIROC	MUPIROC	840404	Antibacter	84040400	Antibacter	S	2%	EXTERNA	OINT	GM	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268056815	MUPIROC	MUPIROC	840404	Antibacter	84040400	Antibacter	S	2%	EXTERNA	OINT	GM	1		GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268057011	MODAFIN	MODAFIN	282080	UNKNOW	28208000	UNKNOW	S	100 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268057012	MODAFIN	MODAFIN	282080	UNKNOW	28208000	UNKNOW	S	100 MG	ORAL	TABS	EA	20	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268057111	MODAFIN	MODAFIN	282080	UNKNOW	28208000	UNKNOW	S	200 MG	ORAL	TABS	EA	1	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
50268057112	MODAFIN	MODAFIN	282080	UNKNOW	28208000	UNKNOW	S	200 MG	ORAL	TABS	EA	20	X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

50268057311	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	4 MG	ORAL	CHEW	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268057315	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	4 MG	ORAL	CHEW	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268057411	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	5 MG	ORAL	CHEW	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268057415	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	5 MG	ORAL	CHEW	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268057511	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	1 X	GENERIC	12/5/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268057515	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	50 X	GENERIC	12/5/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268057611	MOXIFLO	MOXIFLO	81218	Quinolone	8121800	Quinolone	S	400 MG	ORAL	TABS	EA	1	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268057613	MOXIFLO	MOXIFLO	81218	Quinolone	8121800	Quinolone	S	400 MG	ORAL	TABS	EA	30	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268057711	MESALAM	MESALAM	563600	Anti-inflam	56360000	Anti-inflam	S	0.375 GM	ORAL	CP24	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268057715	MESALAM	MESALAM	563600	Anti-inflam	56360000	Anti-inflam	S	0.375 GM	ORAL	CP24	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268058211	NIACIN	NIACIN	880800	Vitamin B	88080000	Vitamin B	P	100 MG	ORAL	TABS	EA	1	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268058215	NIACIN	NIACIN	880800	Vitamin B	88080000	Vitamin B	P	100 MG	ORAL	TABS	EA	50	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268058311	NIACIN E	NIACIN	880800	Vitamin B	88080000	Vitamin B	P	500 MG	ORAL	TBCR	EA	1	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268058315	NIACIN E	NIACIN	880800	Vitamin B	88080000	Vitamin B	P	500 MG	ORAL	TBCR	EA	50	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268058411	NIACIN E	NIACIN (A	240692	Antilipemic	24069200	Antilipemic	S	500 MG	ORAL	TBCR	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268058413	NIACIN E	NIACIN (A	240692	Antilipemic	24069200	Antilipemic	S	500 MG	ORAL	TBCR	EA	30 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268058511	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268058515	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268058711	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	5 MG	ORAL	TABS	EA	1 X	GENERIC		50268	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268058713	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		50268	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268058811	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	10 MG	ORAL	TABS	EA	1 X	GENERIC		50268	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268058813	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		50268	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268059211	NAPROXE	NAPROXE	280804	Nonsteroic	28080404	UNKNOW	S	275 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268059215	NAPROXE	NAPROXE	280804	Nonsteroic	28080404	UNKNOW	S	275 MG	ORAL	TABS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268059311	NAPROXE	NAPROXE	280804	Nonsteroic	28080404	UNKNOW	S	550 MG	ORAL	TABS	EA	1 X	GENERIC	1/8/2024	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268059315	NAPROXE	NAPROXE	280804	Nonsteroic	28080404	UNKNOW	S	550 MG	ORAL	TABS	EA	50 X	GENERIC	1/8/2024	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268059411	NAPROXE	NAPROXE	280804	Nonsteroic	28080404	UNKNOW	S	250 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268059415	NAPROXE	NAPROXE	280804	Nonsteroic	28080404	UNKNOW	S	250 MG	ORAL	TABS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268059511	NAPROXE	NAPROXE	280804	Nonsteroic	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268059515	NAPROXE	NAPROXE	280804	Nonsteroic	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268059611	NAPROXE	NAPROXE	280804	Nonsteroic	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	1 X	GENERIC	2/15/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268059615	NAPROXE	NAPROXE	280804	Nonsteroic	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	50 X	GENERIC	2/15/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268059711	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268059715	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268059811	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268059815	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268059911	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	90 MG	ORAL	TB24	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268059915	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	90 MG	ORAL	TB24	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268060311	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	CAPS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268060315	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	CAPS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268060411	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268060415	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268060511	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268060515	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268061511	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TBDP	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268061513	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TBDP	EA	30 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268061611	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TBDP	EA	1 X	GENERIC	10/31/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268061613	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TBDP	EA	30 X	GENERIC	10/31/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268061911	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	1 X	GENERIC	9/18/2023	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268061915	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	50 X	GENERIC	9/18/2023	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268062011	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	1 X	GENERIC	9/18/2023	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268062015	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	50 X	GENERIC	9/18/2023	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268062111	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	1	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268062115	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	50	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268062211	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	1	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268062215	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	50	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268062311	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	50 MG	ORAL	CAPS	EA	1	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268062315	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	50 MG	ORAL	CAPS	EA	50	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268062411	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	1	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268062415	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	50	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268062511	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	1	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268062515	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	50	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268062711	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TB24	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268062715	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TB24	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268062811	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	10 MG	ORAL	TB24	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268062815	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	10 MG	ORAL	TB24	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268062911	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	15 MG	ORAL	TB24	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268062913	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	15 MG	ORAL	TB24	EA	30 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268063011	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268063015	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268063111	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268063115	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TABS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268063211	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268063215	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268063311	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268063315	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268063411	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	300 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268063415	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	300 MG	ORAL	TABS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268063511	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	400 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268063515	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	400 MG	ORAL	TABS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268063611	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	1 X	GENERIC	9/14/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268063615	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	50 X	GENERIC	9/14/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268063911	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268063915	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268064011	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268064015	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268064211	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	30 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268064215	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	30 MG	ORAL	TABS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268064311	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268064315	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268064411	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	1	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268064415	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	50	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268064511	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	1	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268064515	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	50	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268064611	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	1	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268064615	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	50	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268064711	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG/5ML	ORAL	SOLN	ML	5	GENERIC		50268	Y		N	FORMULARY		1 GEN	GENERICS	X	50 IN 15 DAYS					R	MEDPRMI
50268064714	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG/5ML	ORAL	SOLN	ML	5	GENERIC		50268	Y		N	FORMULARY		1 GEN	GENERICS	X	50 IN 15 DAYS					R	MEDPRMI
50268064911	OXCARBA	OXCARBA	281224	UNKNOW	28122400	UNKNOW	S	300 MG/5	ORAL	SUSP	ML	5 X	GENERIC	1/8/2024	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268064912	OXCARBA	OXCARBA	281224	UNKNOW	28122400	UNKNOW	S	300 MG/5	ORAL	SUSP	ML	5 X	GENERIC	1/8/2024	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268064930	OXCARBA	OXCARBA	281224	UNKNOW	28122400	UNKNOW	S	300 MG/5	ORAL	SUSP	ML	5 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268065211	PILOCARI	PILOCARI	120400	Parasymp	12040000	Parasymp	S	5 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268065212	PILOCARI	PILOCARI	120400	Parasymp	12040000	Parasymp	S	5 MG	ORAL	TABS	EA	20 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268065611	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268065615	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268065711	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268065715	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268066111	PHYTONA	PHYTONA	882400	Vitamin K	88240000	Vitamin K	S	5 MG	ORAL	TABS	EA	1	GENERIC	12/5/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268066113	PHYTONA	PHYTONA	882400	Vitamin K	88240000	Vitamin K	S	5 MG	ORAL	TABS	EA	30	GENERIC	12/5/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268066211	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268066215	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268066311	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268066315	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268066411	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	40 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268066415	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	40 MG	ORAL	TABS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268066511	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268066515	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268066611	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268066615	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268066711	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	1 X	GENERIC		50268	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268066715	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	50 X	GENERIC		50268	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268066811	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268066812	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	20 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268067111	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	CPCR	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268067113	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	CPCR	EA	30 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268067411	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ/1	ORAL	SOLN	ML	15 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268067415	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ/1	ORAL	SOLN	ML	15 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268067511	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	40 MEQ/1	ORAL	SOLN	ML	15 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268067512	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	40 MEQ/1	ORAL	SOLN	ML	15 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268067611	OMEGA-3	OMEGA-3	240612	UNKNOW	24061200	UNKNOW	S	1 GM	ORAL	CAPS	EA	1 X	GENERIC	5/6/2024	50268	Y		N	FORMULARY		1 GEN	GENERICS	X	4 IN 1 DAYS	X	Must meet	5 DS Fenc	TRIAL OF GENERIC FENOFIBRATE IN THE PAST 120 DAYS	R	MEDPRMI
50268067612	OMEGA-3	OMEGA-3	240612	UNKNOW	24061200	UNKNOW	S	1 GM	ORAL	CAPS	EA	20 X	GENERIC	5/6/2024	50268	Y		N	FORMULARY		1 GEN	GENERICS	X	4 IN 1 DAYS	X	Must meet	5 DS Fenc	TRIAL OF GENERIC FENOFIBRATE IN THE PAST 120 DAYS	R	MEDPRMI
50268067701	PRENATA	PRENATA	882800	Multivitam	88280000	Multivitam	R	27-1 MG	ORAL	TABS	EA	100	SSB		50268	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268067815	POLYVIN	POLYVIN	529200	EENT Dru	52920000	EENT Dru	P	1.40%	OPHTHAL	SOLN	ML	15	GENERIC		50268			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268067911	OXCARBA	OXCARBA	281224	UNKNOW	28122400	UNKNOW	S	150 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268067915	OXCARBA	OXCARBA	281224	UNKNOW	28122400	UNKNOW	S	150 MG	ORAL	TABS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268068011	OXCARBA	OXCARBA	281224	UNKNOW	28122400	UNKNOW	S	300 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268068015	OXCARBA	OXCARBA	281224	UNKNOW	28122400	UNKNOW	S	300 MG	ORAL	TABS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268068111	OXCARBA	OXCARBA	281224	UNKNOW	28122400	UNKNOW	S	600 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268068115	OXCARBA	OXCARBA	281224	UNKNOW	28122400	UNKNOW	S	600 MG	ORAL	TABS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268068215	PRAMOXI	PRAMOXI	840800	Antipruritic	84080000	Antipruritic	P	1%	EXTERNA	LOTN	ML	237	GENERIC		50268			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268068311	POSACON	POSACON	81408	Azoles	8140800	Azoles	S	100 MG	ORAL	TBEC	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268068312	POSACON	POSACON	81408	Azoles	8140800	Azoles	S	100 MG	ORAL	TBEC	EA	20 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268068411	PROCHLO	PROCHLO	281608	Antipsych	28160824	Phenothia	S	5 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268068415	PROCHLO	PROCHLO	281608	Antipsych	28160824	Phenothia	S	5 MG	ORAL	TABS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268068511	PROCHLO	PROCHLO	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268068515	PROCHLO	PROCHLO	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268068611	PRIMIDO	PRIMIDO	281204	Anticonvul	28120400	Anticonvul	S	50 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268068615	PRIMIDO	PRIMIDO	281204	Anticonvul	28120400	Anticonvul	S	50 MG	ORAL	TABS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268068711	PRIMIDO	PRIMIDO	281204	Anticonvul	28120400	Anticonvul	S	250 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268068715	PRIMIDO	PRIMIDO	281204	Anticonvul	28120400	Anticonvul	S	250 MG	ORAL	TABS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268069411	RALOXIFE	RALOXIFE	681612	Estrogen /	68161200	Estrogen /	S	60 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268069415	RALOXIFE	RALOXIFE	681612	Estrogen /	68161200	Estrogen /	S	60 MG	ORAL	TABS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268070011	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	1 X	GENERIC	12/5/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268070015	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	50 X	GENERIC	12/5/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268070111	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	1 X	GENERIC	12/5/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268070115	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	50 X	GENERIC	12/5/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268070211	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	40 MG	ORAL	TABS	EA	1 X	GENERIC	12/5/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268070215	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	40 MG	ORAL	TABS	EA	50 X	GENERIC	12/5/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268070311	SENTRY S	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	60MG-60M	ORAL	TABS	EA	1	SSB		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268070315	SENTRY S	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	60MG-60M	ORAL	TABS	EA	50	SSB		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268070811	RAMELTE	RAMELTE	282448	UNKNOW	28244800	UNKNOW	S	8 MG	ORAL	TABS	EA	1	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268070815	RAMELTE	RAMELTE	282448	UNKNOW	28244800	UNKNOW	S	8 MG	ORAL	TABS	EA	50	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268070911	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268070915	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268071011	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268071015	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268071111	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268071115	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268071611	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	1 X	GENERIC	2/15/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268071615	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	50 X	GENERIC	2/15/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268071711	SILDENAF	SILDENAF	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268071715	SILDENAF	SILDENAF	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268071811	SIROLIMU	SIROLIMU	902824	UNKNOW	90282492	UNKNOW	S	1 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268071813	SIROLIMU	SIROLIMU	902824	UNKNOW	90282492	UNKNOW	S	1 MG	ORAL	TABS	EA	30 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268072011	SEVELAM	SEVELAM	401819	Phosphate	40181900	Phosphate	S	800 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268072015	SEVELAM	SEVELAM	401819	Phosphate	40181900	Phosphate	S	800 MG	ORAL	TABS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268072111	RANITIDI	RANITIDI	562812	Histamine	56281200	Histamine	P	150 MG	ORAL	TABS	EA	1 X	GENERIC	4/1/2020	50268			N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268072115	RANITIDI	RANITIDI	562812	Histamine	56281200	Histamine	P	150 MG	ORAL	TABS	EA	50 X	GENERIC	4/1/2020	50268			N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268072211	RANOLAZ	RANOLAZ	240492	Cardiac D	24049200	Cardiac D	S	500 MG	ORAL	TB12	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268072215	RANOLAZ	RANOLAZ	240492	Cardiac D	24049200	Cardiac D	S	500 MG	ORAL	TB12	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268072311	RANOLAZ	RANOLAZ	240492	Cardiac D	24049200	Cardiac D	S	1000 MG	ORAL	TB12	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268072313	RANOLAZ	RANOLAZ	240492	Cardiac D	24049200	Cardiac D	S	1000 MG	ORAL	TB12	EA	30 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268072411	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	TABS	EA	1 X	GENERIC		50268	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268072415	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	TABS	EA	50 X	GENERIC		50268	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268072511	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	120 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268072515	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	120 MG	ORAL	TABS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268072811	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	400-80 M	ORAL	TABS	EA	1	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268072815	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	400-80 M	ORAL	TABS	EA	50	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268073011	SULFASA	SULFASA	81220	Sulfonami	8122000	Sulfonami	S	500 MG	ORAL	TABS	EA	1 X	GENERIC	9/14/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268073015	SULFASA	SULFASA	81220	Sulfonami	8122000	Sulfonami	S	500 MG	ORAL	TABS	EA	50 X	GENERIC	9/14/2022	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268073124	SENNA	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.8 MG/5M	ORAL	SYRP	ML	5	GENERIC		50268			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268073211	SUCRALF	SUCRALF	562832	Protectant	56283200	Protectant	S	1 GM/10M	ORAL	SUSP	ML	10 X	GENERIC	5/6/2024	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268073212	SUCRALF	SUCRALF	562832	Protectant	56283200	Protectant	S	1 GM/10M	ORAL	SUSP	ML	10 X	GENERIC	5/6/2024	50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268073356	SODIUM F	SODIUM F	340400	UNKNOW	34040000	UNKNOW	S	1.10%	DENTAL	GEL	GM	56 X	GENERIC		50268	N		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
50268073811	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268073813	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268073911	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	1	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268073913	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	30	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268074011	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268074015	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268074111	ROPINIRO	ROPINIRO	283620	UNKNOW	28362008	UNKNOW	S	0.25 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268074115	ROPINIRO	ROPINIRO	283620	UNKNOW	28362008	UNKNOW	S	0.25 MG	ORAL	TABS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268074211	ROPINIRO	ROPINIRO	283620	UNKNOW	28362008	UNKNOW	S	0.5 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268074215	ROPINIRO	ROPINIRO	283620	UNKNOW	28362008	UNKNOW	S	0.5 MG	ORAL	TABS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268074311	ROPINIRO	ROPINIRO	283620	UNKNOW	28362008	UNKNOW	S	1 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268074315	ROPINIRO	ROPINIRO	283620	UNKNOW	28362008	UNKNOW	S	1 MG	ORAL	TABS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268074411	ROPINIRO	ROPINIRO	283620	UNKNOW	28362008	UNKNOW	S	2 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268074415	ROPINIRO	ROPINIRO	283620	UNKNOW	28362008	UNKNOW	S	2 MG	ORAL	TABS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268074511	SUCRALF	SUCRALF	562832	Protectant	56283200	Protectant	S	1 GM/10M	ORAL	SUSP	ML	10 X	GENERIC		50268	Y		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
50268074514	SUCRALF	SUCRALF	562832	Protectant	56283200	Protectant	S	1 GM/10M	ORAL	SUSP	ML	10 X	GENERIC		50268	Y		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
50268074611	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268074615	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268074711	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	80 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268074715	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	80 MG	ORAL	TABS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268074811	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	160 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268074815	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	160 MG	ORAL	TABS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268074911	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	320 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268074913	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	320 MG	ORAL	TABS	EA	30 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268075411	TORSEMI	TORSEMI	402808	Loop Diur	40280800	Loop Diur	S	5 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268075415	TORSEMI	TORSEMI	402808	Loop Diur	40280800	Loop Diur	S	5 MG	ORAL	TABS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268075511	TORSEMI	TORSEMI	402808	Loop Diur	40280800	Loop Diur	S	10 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268075515	TORSEMI	TORSEMI	402808	Loop Diur	40280800	Loop Diur	S	10 MG	ORAL	TABS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268075611	TORSEMI	TORSEMI	402808	Loop Diur	40280800	Loop Diur	S	20 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268075615	TORSEMI	TORSEMI	402808	Loop Diur	40280800	Loop Diur	S	20 MG	ORAL	TABS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268075711	TORSEMI	TORSEMI	402808	Loop Diur	40280800	Loop Diur	S	100 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268075715	TORSEMI	TORSEMI	402808	Loop Diur	40280800	Loop Diur	S	100 MG	ORAL	TABS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268075811	TENOFOV	TENOFOV	81808	Antiretrovi	8180820	Nucleosid	S	300 MG	ORAL	TABS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268075812	TENOFOV	TENOFOV	81808	Antiretrovi	8180820	Nucleosid	S	300 MG	ORAL	TABS	EA	20 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268075911	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	1	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268075915	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	50	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268076011	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	1	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268076015	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	50	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268076111	TEMOZOL	TEMOZOL	100000	Antineopla	10000000	Antineopla	S	20 MG	ORAL	CAPS	EA	1	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268076112	TEMOZOL	TEMOZOL	100000	Antineopla	10000000	Antineopla	S	20 MG	ORAL	CAPS	EA	20	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268076211	TEMOZOL	TEMOZOL	100000	Antineopla	10000000	Antineopla	S	100 MG	ORAL	CAPS	EA	1	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268076212	TEMOZOL	TEMOZOL	100000	Antineopla	10000000	Antineopla	S	100 MG	ORAL	CAPS	EA	20	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268076411	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	CAPS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268076415	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	CAPS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268076511	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268076515	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268076611	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268076615	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	50 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
50268076711	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	10 MG	ORAL	CAPS	EA	1 X	GENERIC		50268		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI

50428041787	CVS DIGE	SACCHAF	560800	Antidiarrhe	56080000	Antidiarrhe	P	250 MG	ORAL	CAPS	EA	50	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428041828	CVS B12	CYANOC(	880800	Vitamin B	88080000	Vitamin B	O	2500 MCG	ORAL	CHEW	EA	30	SSB		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428041872	CVS DAIL	DIMETHIC	842412	Basic Oint	84241200	Basic Oint	O	1.20%	EXTERNA	LOTN	ML	355	SSB		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428041886	CVS PLAS	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	SSB		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428041924	CVS ACE	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	50	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428042015	CVS COR	HYDROC(	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	CREA	GM	28	GENERIC	10/1/2023	50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428042054	CVS DAIL	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	15MG-15M	ORAL	CAPS	EA	30	SSB		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428042075	CVS LICE	PYRETHR	840412	Scabicides	84041200	Scabicides	P	0.33-4 %	EXTERNA	SHAM	ML	236	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428042077	CVS DIGI	BASAL TH	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428042088	CVS CALI	SALICYLI	842800	Keratolytic	84280000	Keratolytic	P	40%	EXTERNA	PADS	EA	10	GENERIC	1/1/2023	50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428042108	CVS COR	HYDROC(	840600	Anti-inflam	84060000	Anti-inflam	P	1%	EXTERNA	GEL	GM	28	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428042127	CVS B12 (	CYANOC(	880800	Vitamin B	88080000	Vitamin B	P	5000 MCG	ORAL	LOZG	EA	30	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428042129	CVS ADV.	SALICYLI	842800	Keratolytic	84280000	Keratolytic	P	2%	EXTERNA	GEL	ML	22	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428042135	CVS QUA	MELATON	929200	UNKNOW	92920000	UNKNOW	P	10 MG	ORAL	CAPS	EA	60	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428042136	CVS HEM	DIBUCAIN	840800	Antipruritic	84080000	Antipruritic	P	1%	EXTERNA	OINT	GM	28	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428042167	CVS GAS	SIMETHIC	561000	Antiflatulen	56100000	Antiflatulen	P	20 MG/0.3	ORAL	SUSP	ML	15	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428042191	CVS SHEI	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	80	SSB		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428042209	CVS TOO	BENZOCA	840800	Antipruritic	84080000	Antipruritic	O	20-0.26 %	MOUTH/T	GEL	GM	7	SSB		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428042232	CVS LICE	PYRETHR	840412	Scabicides	84041200	Scabicides	P	.5%-4%-4(	COMBINA	KIT	EA	1	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428042234	CVS AIRS	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	250MG-25	ORAL	CHEW	EA	32	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428042270	CVS STOI	BISMUTH	560800	Antidiarrhe	56080000	Antidiarrhe	P	525 MG/15	ORAL	SUSP	ML	355	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428042299	CVS ONE	PREGNAN	940000	Devices	94000000	Devices	P	0	IN VITRO	TEST	EA	3	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428042300	CVS STOI	BISMUTH	560800	Antidiarrhe	56080000	Antidiarrhe	P	262MG	ORAL	TABS	EA	40	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428042313	CVS AIRS	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	1000MG-1	ORAL	TBEF	EA	10	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428042317	CVS QUA	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428042358	CVS CAL(	CALCIUM	882800	Multivitam	88280000	Multivitam	P	650-12.5-4	ORAL	CHEW	EA	100	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428042388	CVS MEL	MELATON	929200	UNKNOW	92920000	UNKNOW	P	10 MG	ORAL	CAPS	EA	60	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428042390	CVS NATI	PSYLLIUM	561200	Cathartics	56120000	Cathartics	P	100%	ORAL	POWD	GM	450	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428042413	CVS SUP	GREEN T	929200	UNKNOW	92920000	UNKNOW	P	250 MG	ORAL	CAPS	EA	90	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428042417	CVS WOM	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428042422	CVS SPE	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	120MG-12	ORAL	TABS	EA	100	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428042459	CVS FITT	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	16	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428042476	CVS COC	COCONUT	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	150	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428042497	CVS CAL(	CALCIUM	401200	Replacem	40120000	Replacem	P	333MG-13	ORAL	TABS	EA	100	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428042511	CVS GLU	GLUCOSA	929200	UNKNOW	92920000	UNKNOW	O	250-200 M	ORAL	TABS	EA	150	SSB		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428042525	CVS SKIN	SOAP & C	842000	Detergents	84200000	Detergents	O	0-0-0	EXTERNA	CREA	GM	454	SSB		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428042563	CVS MED	CAMPHOI	929200	UNKNOW	92920000	UNKNOW	P	4.8-1.2-2.6	EXTERNA	OINT	GM	100	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428042669	CVS MEL	MELATON	929200	UNKNOW	92920000	UNKNOW	P	12 MG	ORAL	TBDP	EA	90	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428042671	CVS ENEI	SODIUM F	561200	Cathartics	56120000	Cathartics	P	7-19 GM/1	RECTAL	ENEM	ML	133	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428042693	CVS KNEI	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428042738	CVS GLY	GLYCERII	561200	Cathartics	56120000	Cathartics	P	2 GM	RECTAL	SUPP	EA	100	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428042741	CVS EYE	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	150MG-15	ORAL	CAPS	EA	90	SSB		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428042752	CVS PAIN	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	150	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428042790	CVS MAG	MAGNESI	561200	Cathartics	56120000	Cathartics	P	1.745 GM/	ORAL	SOLN	ML	296	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428042799	CVS ALLE	LORATAD	40800	Second G	4080000	Second G	P	10MG-240	ORAL	TB24	EA	15	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428042817	CVS ECZI	COLLOID	842400	Emollients	84240000	Emollients	P	1%	EXTERNA	CREA	GM	226	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428042845	CVS CAL(	CALCIUM	401200	Replacem	40120000	Replacem	P	200-6.25 M	ORAL	TABS	EA	200	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428042851	CVS CAL(	CALCIUM	401200	Replacem	40120000	Replacem	P	600-20 MC	ORAL	TABS	EA	120	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428042853	CVS FISH	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	120	GENERIC		50428 N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428042854	CVS WHE	PROTEIN	402000	Caloric Ag	40200000	Caloric Ag	O	140MG-85	ORAL	POWD	EA	1	SSB		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428042941	CVS SKIN	EMOLLIEI	842404	Basic Lotic	84240400	Basic Lotic	O	0-0-0-0-0	EXTERNA	LOTN	ML	155	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428042998	CVS PLAS	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	60	SSB		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428043004	CVS VITA	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	TABS	EA	100	GENERIC	7/1/2024	50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428043019	CVS B6	PYRIDOX	880800	Vitamin B	88080000	Vitamin B	P	100MG	ORAL	TABS	EA	250	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428043035	CVS IBUF	IBUPROF	280804	Nonsteroic	28080492	Other Non	P	200MG	ORAL	TABS	EA	500	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428043040	CVS MEN	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	32	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428043124	CVS DRY	ARTIFICIA	529200	EENT Dru	52920000	EENT Dru	O	0-0-0	MOUTH/T	SOLN	ML	45	SSB		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428043133	CVS CRA	CRANBEF	929200	UNKNOW	92920000	UNKNOW	P	500 MG	ORAL	CAPS	EA	60	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428043161	CVS ACE	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	400	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428043242	CVS ALLE	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	90	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428043264	CVS WOM	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	39	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428043303	CVS PAIN	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428043319	CVS LIDC	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4%	EXTERNA	LIQD	ML	74	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428043370	CVS PETI	WHITE PE	842400	Emollients	84240000	Emollients	P	0	EXTERNA	GEL	GM	71	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428043400	CVS ONE	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	365	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428043405	CVS ANT	CALCIUM	560400	Antacids a	56040000	Antacids a	P	750 MG	ORAL	CHEW	EA	96	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428043423	CVS I PLA	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	12	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428043474	CVS I AM	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	19	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428043476	CVS B12 (	CYANOC(	880800	Vitamin B	88080000	Vitamin B	O	500MCG	ORAL	CHEW	EA	75	SSB		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428043495	CVS PREI	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	8	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428043544	CVS EYE	TETRAHY	523200	Vasoconst	52320000	Vasoconst	P	0.05-0.1-1	OPHTHAL	SOLN	ML	15	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428043548	CVS SOR	PHENOL (	522800	Mouthwas	52280000	Mouthwas	P	1.40%	MOUTH/T	LIQD	ML	177	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428043575	CVS EARI	PREGNAN	940000	Devices	94000000	Devices	P	0	IN VITRO	TEST	EA	3	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428043641	CVS 12 H	PSEUDOE	121212	alpha- anc	12121200	alpha- anc	P	120MG	ORAL	TB12	EA	20	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428043673	CVS TRIP	MAGNESI	401200	Replacem	40120000	Replacem	O	400 MG	ORAL	CAPS	EA	120	SSB		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428043702	CVS WINI	TRANSPA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	8	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428043715	CVS MAG	MAGNESI	401200	Replacem	40120000	Replacem	P	500MG	ORAL	TABS	EA	100	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428043784	CVS FISH	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	O	360 MG	ORAL	CAPS	EA	360	SSB		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428043840	CVS LUBI	CARBOXY	529200	EENT Dru	52920000	EENT Dru	P	0.50%	OPHTHAL	SOLN	EA	30	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428043852	CVS MAG	MAGNESI	401200	Replacem	40120000	Replacem	P	250MG	ORAL	TABS	EA	100	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428043890	CVS VITA	VITAMIN E	882000	Vitamin E	88200000	Vitamin E	P	450 MG (1	ORAL	CAPS	EA	50	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428043908	CVS ROLI	GAUZE B.	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428043923	CVS ALLE	FEXOFEN	40800	Second G	4080000	Second G	P	60MG-120	ORAL	TB12	EA	20	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428043926	CVS D3	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	10 MCG (4	ORAL	CAPS	EA	100	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428043930	CVS DIGI	ELECTRC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428043932	CVS COR	FOOT CA	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	9	NON DRUG		50428 N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428043940	CVS I TU(	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	15	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428043984	CVS CHE	CALCIUM	560400	Antacids a	56040000	Antacids a	P	750 MG	ORAL	CHEW	EA	45	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428044029	CVS ALLE	FEXOFEN	40800	Second G	4080000	Second G	P	30 MG/5M	ORAL	SUSP	ML	118	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	X	10 IN 1 DAYS				R	MEDPRMI
50428044104	CVS MAN	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-0-0-0	EXTERNA	CREA	GM	50	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428044192	CVS ALLE	CETIRIZIN	40800	Second G	4080000	Second G	P	5 MG/5ML	ORAL	SOLN	ML	240	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428044193	CVS MAX	HEARING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	16	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428044257	CVS PREI	PRENATA	882800	Multivitam	88280000	Multivitam	O	27-0.8-25(	ORAL	CAPS	EA	90	SSB		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428044394	CVS LUM	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428044453	CVS REAI	FIRST AID	940000	Devices	94000000	Devices	O	0	COMBINA	KIT	EA	1	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428044588	CVS IBUF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	P	50 MG/1.2	ORAL	SUSP	ML	15	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428044603	CVS DAIL	EMOLLIEI	842404	Basic Lotic	84240400	Basic Lotic	O	0-0	EXTERNA	LOTN	ML	473	SSB		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428044672	CVS INST	STARCH-	960000	Pharmace	96000000	Pharmace	P	0-0	ORAL	POWD	GM	1020	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428044738	CVS LUBI	POLYETH	529200	EENT Dru	52920000	EENT Dru	P	0.4-0.3 %	OPHTHAL	SOLN	ML	15	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428044904	CVS INTE	DIMETHIC	842412	Basic Oint	84241200	Basic Oint	P	2%	EXTERNA	CREA	GM	113	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428045254	CVS MAN	WOUND D	849200	Skin and M	84920000	Skin and M	O	0	EXTERNA	GEL	GM	28	NON DRUG		50428 N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428045350	CVS MAG	MAGNESI	401200	Replacem	40120000	Replacem	P	100 MG	ORAL	CAPS	EA	120	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428045366	CVS FOAI	BENZOYL	840492	Local Anti-	84049200	Local Anti-	P	10%	EXTERNA	LIQD	GM	187	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428045391	CVS ASTI	EPHEDRI	121212	alpha- anc	12121200	alpha- anc	O	25 MG	ORAL	TABS	EA	60	SSB		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428045393	CVS ROLI	GAUZE B.	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428045469	CVS EAS	CORN DE	561200	Cathartics	56120000	Cathartics	O	0	ORAL	PACK	EA	28	SSB		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428045563	CVS ALLE	CETIRIZIN	40800	Second G	4080000	Second G	P	5 MG/5ML	ORAL	SOLN	ML	120	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428045637	CVS ADV.	HYDROA(	849200	Skin and M	84920000	Skin and M	O	0	EXTERNA	PADS	EA	4	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428045674	CVS GAU	GAUZE P.	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	25	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428045823	CVS MOI	HEAT WR	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428045850	CVS COU	MENTHOI	521600	Local Ane	52160000	Local Ane	P	7.6MG	MOUTH/T	LOZG	EA	36	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428045905	CVS PUL	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428046055	CVS SLO	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	45 MG	ORAL	TBCR	EA	90	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428046094	CVS COR	HYDROC(	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	CREA	GM	60	GENERIC	10/1/2023	50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428046276	CVS NON	GAUZE P.	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	10	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428046298	CVS SLEI	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	25 MG	ORAL	CAPS	EA	48	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428046386	CVS ANTI	BISMUTH	560800	Antidiarrhe	56080000	Antidiarrhe	P	262 MG/15	ORAL	SUSP	ML	355	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428046387	CVS ALLE	LORATAD	40800	Second G	4080000	Second G	P	5 MG	ORAL	TBDP	EA	30	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428046475	CVS ORA	BENZOCA	840800	Antipruritic	84080000	Antipruritic	P	20%	MOUTH/T	GEL	GM	9	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428046507	CVS COU	DEXTROM	480800	Antitussive	48080000	Antitussive	P	30 MG/5M	ORAL	SUER	ML	148	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428046596	CVS GINK	GINKGO E	929200	UNKNOW	92920000	UNKNOW	P	120 MG	ORAL	CAPS	EA	60	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428046735	CVS ADV.	GLUCOSE	362600	Diabetes M	36260000	Diabetes M	O	0	IN VITRO	STRP	EA	25	NON DRUG		50428	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
50428046812	CVS SENI	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6 MG	ORAL	TABS	EA	500	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428046815	CVS ACN	BENZOYL	840492	Local Anti-	84049200	Local Anti-	P	10%	EXTERNA	BAR	EA	1	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428046905	CVS SOD	SODIUM (	529200	EENT Dru	52920000	EENT Dru	P	5%	OPHTHAL	SOLN	ML	15	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428046941	CVS ITS 1	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	19	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428046962	CVS WOM	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	32	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428047056	CVS CRE	BENZOYL	840492	Local Anti-	84049200	Local Anti-	P	4%	EXTERNA	LIQD	GM	204	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428047059	CVS DAN	PYRITHIC	840492	Local Anti-	84049200	Local Anti-	P	1%	EXTERNA	SHAM	ML	420	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428047092	CVS PEDI	ORAL ELE	401200	Replacem	40120000	Replacem	P	35MEQ/L-	ORAL	SOLN	ML	1000	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428047181	CVS STO	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	250 MG	ORAL	CAPS	EA	250	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428047200	CVS PRO	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0-0-0-0	ORAL	CAPS	EA	45	SSB		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428047210	CVS LUBI	PROPYLE	529200	EENT Dru	52920000	EENT Dru	P	0.60%	OPHTHAL	SOLN	ML	10	NON DRU	10/27/2023	50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428047215	CVS FLUT	FLUTICAS	520808	Corticoste	52080800	Corticoste	P	50 MCG/A	NASAL	SUSP	ML	15.8	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	X	16 IN 30 DAYS				R	MEDPRMI
50428047280	CVS ADV.	BENZOYL	840492	Local Anti-	84049200	Local Anti-	P	5%	EXTERNA	LIQD	GM	141	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428047377	CVS PREI	ALCOHOL	940000	Devices	94000000	Devices	O	70%	DOES NO	PADS	EA	400	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428047458	CVS NATI	PSYLLIUM	561200	Cathartics	56120000	Cathartics	P	58.60%	ORAL	POWD	GM	283	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428047658	CVS COU	MENTHOI	521600	Local Ane	52160000	Local Ane	P	5.8 MG	MOUTH/T	LOZG	EA	36	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428047676	CVS FIBE	FIBER W/	561200	Cathartics	56120000	Cathartics	O	37.5MCG-	ORAL	CHEW	EA	90	SSB		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428047777	CVS NATI	PSYLLIUM	561200	Cathartics	56120000	Cathartics	P	43%	ORAL	POWD	GM	822	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428047795	CVS FIBE	FIBER	561200	Cathartics	56120000	Cathartics	P	2GM-0	ORAL	CHEW	EA	90	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428047796	CVS SKIN	LACTIC A	842404	Basic Lotic	84240400	Basic Lotic	P	12%	EXTERNA	LOTN	GM	400	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428047931	CVS NATI	PSYLLIUM	561200	Cathartics	56120000	Cathartics	P	58.60%	ORAL	POWD	GM	662	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428047986	CVS BLA(	BLACK C(	929200	UNKNOW	92920000	UNKNOW	P	40 MG	ORAL	CAPS	EA	90	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428047989	CVS FOLI	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	P	800 MCG	ORAL	TABS	EA	250 X	GENERIC		50428	N	#N/A	ORIG_FR	10 EHB	#N/A				X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
50428048051	TURMERI	TURMERI	929200	UNKNOW	92920000	UNKNOW	O	400 MG	ORAL	CAPS	EA	100	MSB		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
50428048124	CVS DIGE	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0-0-0-0	ORAL	CAPS	EA	30	SSB	2/1/2023	50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428048125	CVS ANT	CALCIUM	560400	Antacids a	56040000	Antacids a	P	750MG	ORAL	CHEW	EA	36	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428048156	CVS VITA	CYANOC(	880800	Vitamin B	88080000	Vitamin B	P	1000MCG	ORAL	TBCR	EA	100	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428048229	CVS VITA	RIBOFLA	880800	Vitamin B	88080000	Vitamin B	P	100 MG	ORAL	TABS	EA	100	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428048526	CVS DIGE	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0-0-0-0	ORAL	CAPS	EA	90	SSB		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428048545	CVS B-1	THIAMINE	880800	Vitamin B	88080000	Vitamin B	P	100MG	ORAL	TABS	EA	100	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428048572	CVS ALLE	FEXOFEN	40800	Second G	4080000	Second G	P	60-120 MC	ORAL	TB12	EA	20	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428048601	CVS ITS 1	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	32	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428048603	CVS BIOT	BIOTIN	880800	Vitamin B	88080000	Vitamin B	P	10 MG	ORAL	CAPS	EA	60	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428048818	CVS AIRS	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	250MG-25	ORAL	CHEW	EA	32	SSB		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428048955	CVS LUBI	PROPYLE	529200	EENT Dru	52920000	EENT Dru	P	0.60%	OPHTHAL	SOLN	ML	10	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428048977	CVS PSO	SALICYLI	842800	Keratolytic	84280000	Keratolytic	O	3%	EXTERNA	SHAM	ML	236	SSB		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428049081	CVS MEN	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	37.5MG-3	ORAL	CHEW	EA	70	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428049095	CVS ADV.	GLUCOSE	362600	Diabetes M	36260000	Diabetes M	O	0	IN VITRO	STRP	EA	100	NON DRUG		50428	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
50428049159	CVS WOM	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	15MG-15M	ORAL	CHEW	EA	70	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428049307	CVS PRO	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	125MG-.2(	ORAL	TABS	EA	60	SSB		50428 N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428049435	CVS VITA	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	250 MG	ORAL	TABS	EA	100	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428049453	CVS NUTI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428049496	CVS MINI	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG/5I	RECTAL	ENEM	ML	5	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428049649	CVS LUBI	POLYETH	529200	EENT Dru	52920000	EENT Dru	P	0.4-0.3 %	OPHTHAL	SOLN	ML	15	GENERIC	11/1/2023	50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428049789	CVS EYE	NAPHAZC	523200	Vasoconst	52320000	Vasoconst	P	0.027-0.31	OPHTHAL	SOLN	ML	15	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428049791	CVS FOLI	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428049903	CVS ADV.	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	P	0	ORAL	CHEW	EA	60	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428049917	CVS NITR	DISPOSA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	150	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428050162	CVS YOG	FIBER	561200	Cathartics	56120000	Cathartics	P	0	ORAL	CHEW	EA	90	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428050517	CVS ASTI	ALUMINU	841200	Astringent	84120000	Astringent	P	1347MG-9	EXTERNA	PACK	EA	12	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428050667	CVS ALLE	DIPHENH	40404	Ethanolam	4040400	Ethanolam	P	25MG	ORAL	CAPS	EA	365	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428050841	CVS FLUT	FLUTICAS	520808	Corticoste	52080800	Corticoste	P	50MCG/A(	NASAL	SUSP	ML	9.9	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	X	16 IN 30 DAYS				R	MEDPRMI
50428050854	CVS PUR	POLYETH	561200	Cathartics	56120000	Cathartics	P	0-17GM-0-	ORAL	PACK	EA	10	GENERIC	10/1/2024	50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428051072	CVS MEL	MELATON	929200	UNKNOW	92920000	UNKNOW	P	10MG	ORAL	TBDP	EA	60	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428051090	CVS ALL-	DIAPER F	842400	Emollients	84240000	Emollients	P	15.5%-53.	EXTERNA	OINT	GM	113	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428051108	CVS MEL	MELATON	929200	UNKNOW	92920000	UNKNOW	P	5MG	SUBLINGI	SUBL	EA	100	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428051206	CVS VITA	CYANOC(	880800	Vitamin B	88080000	Vitamin B	P	5000MCG	SUBLINGI	SUBL	EA	60	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428051307	TURMERI	BLACK PE	929200	UNKNOW	92920000	UNKNOW	O	5-1000 MC	ORAL	CAPS	EA	60	MSB		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
50428051468	CVS NATI	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1200 MG	ORAL	CAPS	EA	120	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428051703	CVS PRE	PREGNAN	940000	Devices	94000000	Devices	P	0	IN VITRO	TEST	EA	2	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428051783	CVS PAIN	CAMPHOI	849200	Skin and M	84920000	Skin and M	P	1.2%-5.7%	EXTERNA	PTCH	EA	40	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428051790	CVS CRY	COLD PA(	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428051855	CVS STUI	PHENYLE	481600	Expectora	48160000	Expectora	P	2.5-100 M	ORAL	LIQD	ML	118	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428051962	CVS IBUF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	100	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428052006	CVS TEN	NERVE S	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428052066	CVS COLI	PHENYLE	480800	Antitussive	48080000	Antitussive	P	2.5-5 MG/	ORAL	SOLN	ML	118	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428052130	CVS COV	COVID-19	360000	Diagnostic	36000000	Diagnostic	O	0	IN VITRO	KIT	EA	1	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428052192	CVS LUBI	PROPYLE	529200	EENT Dru	52920000	EENT Dru	P	0.60%	OPHTHAL	SOLN	ML	15	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428052219	CVS COU	DEXTROM	480800	Antitussive	48080000	Antitussive	P	20-400 MC	ORAL	LIQD	ML	177	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428052223	CVS SEVI	PHENYLE	480800	Antitussive	48080000	Antitussive	P	PACKET	ORAL	MISC	EA	12	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428052252	CVS SELF	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	TAPE	EA	1	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428052327	CVS SEVI	PHENYLE	481600	Expectora	48160000	Expectora	P	10-650-40	ORAL	LIQD	ML	177	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428052557	CVS LUBI	CARBOXY	529200	EENT Dru	52920000	EENT Dru	P	0.25%	OPHTHAL	SOLN	ML	15	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428052632	CVS QUIC	ZINC OXII	841200	Astringent	84120000	Astringent	P	13%	EXTERNA	CREA	GM	113	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428052671	CVS NAS	PSEUDOE	121212	alpha- anc	12121200	alpha- anc	P	30 MG	ORAL	CAPS	EA	24	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428052685	CVS AT H	HEMOGL(	360000	Diagnostic	36000000	Diagnostic	P	0	IN VITRO	KIT	EA	1	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428052790	CVS NAS	PSEUDOE	121212	alpha- anc	12121200	alpha- anc	P	30 MG	ORAL	CAPS	EA	96	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428052804	BUDESOI	BUDESOI	520808	Corticoste	52080800	Corticoste	P	32MCG/A(	NASAL	SUSP	ML	8.43	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428052920	CVS PAIN	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5I	ORAL	SUSP	ML	59	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428052986	CVS DRY	EMOLLIEI	842404	Basic Lotic	84240400	Basic Lotic	P	0	EXTERNA	LOTN	ML	500	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428053028	CVS EYEI	EYELID C	849200	Skin and M	84920000	Skin and M	O	0	EXTERNA	PADS	EA	30	SSB		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428053037	CVS ALLE	FEXOFEN	40800	Second G	4080000	Second G	P	60-120 MC	ORAL	TB12	EA	30	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428053253	CVS HEAI	HEARING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	16	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428053297	CVS ARTI	HISTAMIN	849200	Skin and M	84920000	Skin and M	P	0.03%	EXTERNA	CREA	GM	113	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428053302	CVS MUC	GUAIFEN	481600	Expectora	48160000	Expectora	P	600MG-60	ORAL	TB12	EA	18	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428053389	CVS NAS	TRIAMCIN	520808	Corticoste	52080800	Corticoste	P	55 MCG/A	NASAL	AERO	ML	16.9	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428053459	CVS LIDC	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4%	EXTERNA	PTCH	EA	3	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428053491	CVS ASPI	ASPIRIN	280804	Nonsteroic	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	365	GENERIC		50428	N	#N/A	ORIG_FR	10 EHB	#N/A				X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
50428053560	CVS SERI	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428053617	CVS LUBI	WHITE PE	529200	EENT Dru	52920000	EENT Dru	P	3%-94%	OPHTHAL	OINT	GM	3.5	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428053655	CVS LUBI	POLYETH	529200	EENT Dru	52920000	EENT Dru	P	0.4-0.3 %	OPHTHAL	SOLN	EA	30	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428053716	TURMERI	BLACK PE	929200	UNKNOW	92920000	UNKNOW	P	3-500 MG	ORAL	CAPS	EA	120	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428053791	CVS MEL	MELATON	929200	UNKNOW	92920000	UNKNOW	P	5 MG/15M	ORAL	LIQD	ML	240	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428053801	CVS MUL	LANOLIN-	842412	Basic Oint	84241200	Basic Oint	P	15.5-53.4	EXTERNA	OINT	GM	42.5	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428053833	CVS ADU	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	150MG-15	ORAL	CAPS	EA	150	SSB		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428053895	CVS HAN	CHLORHE	840416	UNKNOW	84041600	UNKNOW	P	2%	EXTERNA	SOLN	ML	250	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428053927	CVS MUC	GUAIFEN	481600	Expectora	48160000	Expectora	P	600MG-60	ORAL	TB12	EA	36	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428053982	CVS MAN	WOUND D	849200	Skin and M	84920000	Skin and M	O	0	EXTERNA	GEL	ML	15	SSB		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428054024	CVS PREI	PRENATA	882800	Multivitam	88280000	Multivitam	O	0.4-25 MG	ORAL	CHEW	EA	150	SSB		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428054031	CVS HEAI	ALUMINU	560400	Antacids a	56040000	Antacids a	P	254-237.5	ORAL	SUSP	ML	355	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428054076	CVS VITA	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	25 MCG ('	ORAL	CHEW	EA	150	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428054089	CVS D3	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	125 MCG	ORAL	CAPS	EA	250	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428054144	CVS NITR	DISPOSA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	8	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428054198	CVS MEL	MELATON	929200	UNKNOW	92920000	UNKNOW	P	2.5 MG	ORAL	CHEW	EA	90	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428054208	CVS PAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4%	EXTERNA	CREA	GM	76.5	GENERIC	6/1/2024	50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428054214	CVS GLU	GLUCOSE	362600	Diabetes M	36260000	Diabetes M	O	0	IN VITRO	STRP	EA	50	NON DRUG		50428	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
50428054229	CRANBEF	CRANBEF	929200	UNKNOW	92920000	UNKNOW	P	250-60 MC	ORAL	CAPS	EA	100	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428054266	CVS VITA	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	250 MCG	ORAL	CAPS	EA	60	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428054326	CVS CLE.	PERIVAG	849200	Skin and M	84920000	Skin and M	P	0	EXTERNA	LIQD	ML	355	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428054363	CVS SOF	DEXTROS	682292	Antihypog	68229200	Antihypog	O	4 GM	ORAL	CHEW	EA	36	SSB		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428054452	CVS MAG	MAGNESI	401200	Replacem	40120000	Replacem	O	200 MG	ORAL	CHEW	EA	120	SSB		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428054474	CVS MEL	MELATON	929200	UNKNOW	92920000	UNKNOW	P	10 MG	ORAL	CAPS	EA	200	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428054477	CVS VAG	BENZOCA	840800	Antipruritic	84080000	Antipruritic	P	20-3 %	EXTERNA	CREA	GM	28	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428054582	CVS TUS	DOXYLAM	480800	Antitussive	48080000	Antitussive	O	0-12.5MG	ORAL	LQPK	ML	236	SSB		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428054587	CVS STRI	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	24	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428054607	CVS OVE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	16	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428054726	CVS TRA	FIRST AID	940000	Devices	94000000	Devices	O	0.13%	COMBINA	KIT	EA	1	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428054774	CVS ACE	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	CAPS	EA	20	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428054780	CVS ASPI	ASPIRIN	280804	Nonsteroic	28080424	Salicylates	P	81MG	ORAL	CHEW	EA	36	GENERIC		50428	N	#N/A	ORIG_FR	10 EHB	#N/A				X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
50428054880	CVS PREI	PRENATA	882800	Multivitam	88280000	Multivitam	O	0.4 MG	ORAL	CHEW	EA	60	SSB		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428054928	CVS OVE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	12	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428055096	CVS OVE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	14	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428055114	CVS STRI	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428055473	CVS ALLE	LORATAD	40800	Second G	4080000	Second G	P	5MG-120M	ORAL	TB12	EA	10	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428055505	CVS ALLE	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	365	GENERIC	5/1/2024	50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428055554	CVS INDC	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	365	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428055607	CVS ALLE	LORATAD	40800	Second G	4080000	Second G	P	5MG-120M	ORAL	TB12	EA	30	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428055807	CVS FISH	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	500 MG	ORAL	CAPS	EA	360	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428055955	CVS GEN	BISACOD	561200	Cathartics	56120000	Cathartics	P	10MG	RECTAL	SUPP	EA	4	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428056283	CVS GAS	SIMETHIC	561000	Antiflatulen	56100000	Antiflatulen	P	180MG	ORAL	CAPS	EA	60	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428056457	CVS ASPI	ASPIRIN	280804	Nonsteroic	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	144	GENERIC		50428	N	#N/A	ORIG_FR	10 EHB	#N/A				X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
50428056804	CVS WOM	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	38	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428056820	CVS CHA	CHARCO	560400	Antacids a	56040000	Antacids a	P	260 MG	ORAL	CAPS	EA	36	GENERIC		50428 N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428056900	CVS PRO	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	P	0-0-0-0-0	ORAL	CHEW	EA	30	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428057257	CVS EYE	NAPHAZC	523200	Vasoconst	52320000	Vasoconst	P	0.027-0.31	OPHTHAL	SOLN	ML	15	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428057262	CVS FOAI	WOUND D	849200	Skin and M	84920000	Skin and M	O	0	EXTERNA	PADS	EA	2	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428057355	CVS HAIF	MINOXIDI	849200	Skin and M	84920000	Skin and M	P	5%	EXTERNA	FOAM	GM	60	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428057404	CVS EYE	NAPHAZC	523200	Vasoconst	52320000	Vasoconst	P	0.027-0.31	OPHTHAL	SOLN	ML	15	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428057405	CVS VALE	VALERIAN	929200	UNKNOW	92920000	UNKNOW	P	450 MG	ORAL	CAPS	EA	100	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428057523	RADIANC	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	125 MCG	ORAL	TABS	EA	40	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428057622	CVS SPE	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	9MG-9MG	ORAL	CHEW	EA	150	SSB		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428057834	CVS PAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4%	EXTERNA	PTCH	EA	5	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428057953	CVS ALLE	LEVOCET	40800	Second G	4080000	Second G	P	5 MG	ORAL	TABS	EA	80	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428057988	CVS PAIN	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG	ORAL	CHEW	EA	24	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428058168	CVS NAS	SODIUM (	529200	EENT Dru	52920000	EENT Dru	P	700MG-23	NASAL	KIT	EA	30	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428058200	CVS ECZI	COLLOID	842400	Emollients	84240000	Emollients	P	1%	EXTERNA	CREA	ML	216	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428058421	CVS MEN	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	18	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428058468	CVS WOM	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	32	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428058483	CVS FITT	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	40	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428058488	CVS FITT	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	28	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428058533	CVS WOM	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	16	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428058595	CVS COLI	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4-1 %	EXTERNA	PTCH	EA	5	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428058601	CVS DIGI	ELECTRC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428058608	CVS MUC	GUAIFEN	481600	Expectora	48160000	Expectora	P	1200 MG	ORAL	TB12	EA	28	GENERIC		50428	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
50428058631	CVS FITT	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	32	NON DRUG		50428	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI

50428396729	CVS NICC	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	GUM	EA	100	GENERIC		50428		N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1(LIMITED TO 24 PIE(	R	MEDPRMI
50428401472	CVS MED	WITCH H/	842412	Basic Oint	84241200	Basic Oint	P	50%	EXTERNA	PADS	EA	48	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428402513	CVS FIRS	FIRST AID	940000	Devices	94000000	Devices	O	0	COMBINA	KIT	EA	1	NON DRUG		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428402521	CVS JOCI	TERBINAI	840408	Antifungal	84040804	Allylamine	P	1%	EXTERNA	CREA	GM	15	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428402981	CVS NITR	DISPOSA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	40	NON DRUG		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428402999	CVS PAIN	MENTHOI	849200	Skin and M	84920000	Skin and M	P	5%	EXTERNA	PTCH	EA	4	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428410600	CVS THEI	COAL TAI	843200	Keratoplas	84320000	Keratoplas	P	0.50%	EXTERNA	SHAM	ML	177	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428416122	CVS GLU	GLUCOS/	929200	UNKNOW	92920000	UNKNOW	P	400MG-50	ORAL	CAPS	EA	120	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428420928	CVS GLU	GLUCOSE	402000	Caloric Ag	40200000	Caloric Ag	P	0	ORAL	LIQD	ML	59	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428421004	CVS POR	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428421418	CVS CLE/	PERIVAG	849200	Skin and M	84920000	Skin and M	P	0	EXTERNA	LIQD	ML	444	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428427839	CVS PREI	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	32	NON DRUG		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428428220	CVS ORA	CETYLPY	522800	Mouthwas	52280000	Mouthwas	P	0.07%	MOUTH/T	LIQD	ML	1000	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428429009	CVS GLO	DISPOSA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	150	NON DRUG		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428436892	CVS COL	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-2-10-32!	ORAL	MISC	EA	24	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428440188	CVS ARTI	HEAT WR	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428442895	CVS SUN	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	P	2%-13%-2	EXTERNA	LOTN	ML	237	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428444385	CVS ALLE	CETIRIZIN	40800	Second G	4080000	Second G	P	5MG-120M	ORAL	TB12	EA	12	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428444386	CVS ALLE	CETIRIZIN	40800	Second G	4080000	Second G	P	5MG-120M	ORAL	TB12	EA	24	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428444797	CVS ISOF	ISOPROP	840492	Local Anti-	84049200	Local Anti-	P	70%	EXTERNA	MISC	EA	40	NON DRUG		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428444821	CVS HEA	HEAT WR	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	3	NON DRUG		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428448495	CVS ODO	FOOT CA	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	6	NON DRUG		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428448819	CVS DAIL	SOAP & C	842000	Detergent	84200000	Detergent	O	0-0	EXTERNA	LIQD	ML	473	SSB		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428451098	CVS FISH	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1200 MG	ORAL	CPDR	EA	180	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428451300	CVS OME	OMEPRA;	562836	Proton-pu	56283600	Proton-pu	P	20MG	ORAL	TBEC	EA	14	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428451301	CVS OME	OMEPRA;	562836	Proton-pu	56283600	Proton-pu	P	20MG	ORAL	TBEC	EA	28	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428451305	CVS OME	OMEPRA;	562836	Proton-pu	56283600	Proton-pu	P	20MG	ORAL	TBEC	EA	42	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428452271	CVS MEN	SPECIALT	882800	Multivitam	88280000	Multivitam	P	80MG-1.5I	ORAL	TABS	EA	28	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428454594	CVS ALL I	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	500	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428455446	CVS FLU/	DEXTROM	480800	Antitussive	48080000	Antitussive	P	10-5-325 I	ORAL	LIQD	ML	245	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428457517	CVS DIUF	PAMABR(	243692	UNKNOW	24369200	UNKNOW	O	50 MG	ORAL	CAPS	EA	30	SSB		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428457802	CVS DRY	GLYCERI	529200	EENT Dru	52920000	EENT Dru	P	0.2-0.2-1 !	OPHTHAL	SOLN	ML	30	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428458004	CVS CLE/	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	72	NON DRUG		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428459954	CVS COE	COENZYM	929200	UNKNOW	92920000	UNKNOW	P	100 MG	ORAL	CAPS	EA	90	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428459961	CVS BIOT	BIOTIN	880800	Vitamin B	88080000	Vitamin B	P	1000 MCG	ORAL	TABS	EA	100	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428460133	CVS HAIF	SPECIALT	882800	Multivitam	88280000	Multivitam	P	40MG-40M	ORAL	TABS	EA	60	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428460423	CVS INST	BENZOC/	840800	Antipruritic	84080000	Antipruritic	P	20%-.13%	EXTERNA	AERO	GM	85	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428460442	CVS PRO	LACTOBA	560800	Antidiarrhe	56080000	Antidiarrhe	P	10B CELL	ORAL	CAPS	EA	30	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428460446	CVS GLU	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	30MG-30M	ORAL	TABS	EA	120	SSB		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428460447	CVS GLU	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	30MG-30M	ORAL	TABS	EA	80	SSB		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428460696	CVS PILL	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428460939	CVS CRA	CRANBEF	929200	UNKNOW	92920000	UNKNOW	P	84-20 MG	ORAL	CAPS	EA	100	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428460967	CVS SLO	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	45 MG	ORAL	TBCR	EA	90	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428461007	CVS DAIL	OVULATI(	940000	Devices	94000000	Devices	O	0	IN VITRO	KIT	EA	1	SSB		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428463735	CVS BAB	BENZOC/	840800	Antipruritic	84080000	Antipruritic	P	7.50%	MOUTH/T	GEL	GM	9.4	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428465804	CVS COL	HOMEOP.	929200	UNKNOW	92920000	UNKNOW	O	0	ORAL	TBDP	EA	25	SSB		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428466075	CVS DELI	HEATING	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	1	NON DRUG		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428466079	CVS HEA	HEATING	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	1	NON DRUG		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428470488	CVS DUA	FAMOTID	562812	Histamine	56281200	Histamine	P	800MG-10	ORAL	CHEW	EA	25	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428470490	CVS DUA	FAMOTID	562812	Histamine	56281200	Histamine	P	10-800-16	ORAL	CHEW	EA	25	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428470491	CVS DUA	FAMOTID	562812	Histamine	56281200	Histamine	P	800MG-10	ORAL	CHEW	EA	50	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428470493	CVS DUA	FAMOTID	562812	Histamine	56281200	Histamine	P	10-800-16	ORAL	CHEW	EA	50	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428473604	CVS NICC	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	14 MG/24I	TRANSDE	PT24	EA	7	GENERIC		50428	N	N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=18-999 YEARS AND D	R	MEDPRMI
50428474135	CVS ALG/	DOCOSAI	929200	UNKNOW	92920000	UNKNOW	P	300 MG	ORAL	CAPS	EA	30	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428478265	CVS SEN	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	P	9.10%	EXTERNA	LOTN	ML	118	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428483161	CVS SKIN	DIMETHIC	842412	Basic Oint	84241200	Basic Oint	P	1.30%	EXTERNA	LOTN	ML	354	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428500363	CVS CAL	CALCIUM	401200	Replacem	40120000	Replacem	P	1250MG	ORAL	TABS	EA	300	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428512509	CVS UND	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	18	NON DRUG		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428521278	CVS CHIL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	80 MG	ORAL	CHEW	EA	30	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428531509	CVS ULTF	DOXYLAM	282492	Anxiolytics	28249200	Anxiolytics	P	25MG	ORAL	TABS	EA	32	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428531517	CVS SPE	EMOLLIEI	842404	Basic Loti	84240400	Basic Loti	P	0-0	EXTERNA	LOTN	ML	75	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428534826	CVS NON	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	100	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428535608	CVS SERI	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1	NON DRUG		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428536797	CVS BOD	MENTHOI	842416	Basic Pow	84241600	Basic Pow	P	0-0	EXTERNA	POWD	GM	300	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428563460	CVS NAS.	OXYMET/	523200	Vasocons	52320000	Vasocons	P	0.05%	NASAL	SOLN	ML	30	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428590042	CVS CHIL	PEDIATRI	882800	Multivitam	88280000	Multivitam	P	18 MG	ORAL	CHEW	EA	60	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428594895	CVS BACI	MAGNESI	280804	Nonsteroi	28080424	Salicylates	P	500MG	ORAL	TABS	EA	24	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428613836	CVS CHO	SENNOSI	561200	Cathartics	56120000	Cathartics	P	15 MG	ORAL	CHEW	EA	18	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428637298	CVS NON	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	80 MG	ORAL	CHEW	EA	30	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428657064	CVS ENEI	SODIUM F	561200	Cathartics	56120000	Cathartics	P	19GM/118	RECTAL	ENEM	ML	133	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428670995	CVS GUM	PEDIATRI	882800	Multivitam	88280000	Multivitam	O	30MG-30M	ORAL	CHEW	EA	190	SSB		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428670999	CVS DAIL	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	30MG-30M	ORAL	CHEW	EA	50	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428672550	CVS ANTI	LOPERAN	560800	Antidiarrhe	56080000	Antidiarrhe	P	2MG	ORAL	TABS	EA	12	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428688441	CVS COU	DEXTROM	480800	Antitussive	48080000	Antitussive	P	5-160-1 M	ORAL	SUSP	ML	118	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428688443	CVS FLU	PHENYLE	480800	Antitussive	48080000	Antitussive	P	2.5-1-5-16	ORAL	SUSP	ML	118	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428688445	CVS COL	PSEUDOE	121212	alpha- and	12121200	alpha- and	P	30-200 M(	ORAL	TABS	EA	40	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428689589	CVS EAS	CORN DE	561200	Cathartics	56120000	Cathartics	P	0	ORAL	POWD	GM	155	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428689594	CVS ANT/	CALCIUM	560400	Antacids a	56040000	Antacids a	P	1000-60 M	ORAL	CHEW	EA	90	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428689618	CVS MINE	MINERAL	561200	Cathartics	56120000	Cathartics	P	100%	RECTAL	ENEM	ML	133	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428689753	CVS SPE	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	75MG-75M	ORAL	TABS	EA	100	SSB		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428689754	CVS NATI	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	400	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428689756	CVS CAL	CALCIUM	401200	Replacem	40120000	Replacem	P	600-20 M(	ORAL	TABS	EA	600	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428689759	CVS SPE	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	120MG-12	ORAL	TABS	EA	100	SSB		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428689761	CVS SPE	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	90MG-90M	ORAL	TABS	EA	100	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428689762	CVS SPE	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	100MG-10	ORAL	TABS	EA	100	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428690036	CVS MILK	MAGNESI	561200	Cathartics	56120000	Cathartics	P	1200 MG/	ORAL	SUSP	ML	769	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428690044	CVS MOT	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	TABS	EA	16	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428690111	CVS GEN	BISACOD	561200	Cathartics	56120000	Cathartics	P	10MG	RECTAL	SUPP	EA	16	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428690261	CVS EAS	WHEAT D	561200	Cathartics	56120000	Cathartics	P	100MG-0	ORAL	CHEW	EA	90	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428690265	CVS ANT/	CALCIUM	560400	Antacids a	56040000	Antacids a	P	1000 MG	ORAL	CHEW	EA	160	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428691934	CVS PRO	TALC-ZIN	842416	Basic Pow	84241600	Basic Pow	O	81%-15%	EXTERNA	POWD	GM	142	SSB		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428693377	CVS CHE	GUAIFEN	481600	Expectora	48160000	Expectora	P	400MG	ORAL	TABS	EA	30	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428693430	CVS SPE	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	365	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428693434	CVS DIAE	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	50MG-50M	ORAL	MISC	EA	7	SSB		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428694766	CVS CHIL	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5 MG/5	ORAL	LIQD	ML	118	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428694965	CVS EYE	EYE PAT(	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428695036	CVS MIGI	ASPIRIN-/	280804	Nonsteroi	28080424	Salicylates	P	250-250-6	ORAL	TABS	EA	100	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428695046	CVS HEAI	ASPIRIN-/	280804	Nonsteroi	28080424	Salicylates	P	250-250-6	ORAL	TABS	EA	20	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428695189	CVS RAN	RANITIDII	562812	Histamine	56281200	Histamine	P	75 MG	ORAL	TABS	EA	30	GENERIC	4/1/2020	50428		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428695756	CVS MUL	SOFT LEN	521200	Contact Le	52120000	Contact Le	O	0-0-0-0-0	DOES NO	SOLN	ML	355	SSB		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428695905	CVS COL	MENTHOI	842404	Basic Loti	84240400	Basic Loti	P	10%-30%	EXTERNA	CREA	GM	85	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428697538	CVS MED	SALICYLI	842800	Keratolytic	84280000	Keratolytic	P	2%	EXTERNA	GEL	ML	15	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428697545	CVS ACN	BENZOYL	840492	Local Anti-	84049200	Local Anti-	P	10%	EXTERNA	CREA	GM	141	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428698426	CVS DIGE	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0	ORAL	CAPS	EA	30	SSB		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428699073	CVS LAX/	MAGNESI	561200	Cathartics	56120000	Cathartics	P	500MG	ORAL	TABS	EA	55	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428699076	CVS EAS	CORN DE	561200	Cathartics	56120000	Cathartics	P	0	ORAL	POWD	GM	477	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428699301	CVS ANTI	LOPERAN	560800	Antidiarrhe	56080000	Antidiarrhe	P	2 MG	ORAL	CAPS	EA	48	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428702306	CVS FLU	HOMEOP.	929200	UNKNOW	92920000	UNKNOW	O	0	ORAL	PLLT	EA	6	SSB		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428705146	CVS HYD	LACTIC A	842404	Basic Loti	84240400	Basic Loti	P	12%	EXTERNA	LOTN	GM	396	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428707721	CVS ALLE	CETIRIZIN	40800	Second G	4080000	Second G	P	5 MG/5ML	ORAL	SOLN	ML	240	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428707932	CVS STO	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	400	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428707948	CVS SENI	SENNOSI	561200	Cathartics	56120000	Cathartics	P	17.2 MG	ORAL	TABS	EA	12	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428711635	CVS LEG	HOMEOP.	929200	UNKNOW	92920000	UNKNOW	O	0	ORAL	TABS	EA	40	SSB		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428711641	CVS ORA	BENZOC/	840800	Antipruritic	84080000	Antipruritic	P	20%	MOUTH/T	GEL	GM	14	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428711989	CVS BIOT	BIOTIN	880800	Vitamin B	88080000	Vitamin B	P	5000 MCG	ORAL	CAPS	EA	60	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428713633	CVS WOM	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	100	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428715106	CVS WEE	ORAL ME	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428716305	CVS ALL I	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	150	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428717943	CVS NICC	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	LOZG	EA	72	GENERIC		50428		N	#N/A	ORIG_FR	10 EHB	#N/A	X	IF AGE=1(LIMITED TO 20 LOZ	R	MEDPRMI
50428721060	CVS MIC	MICONAZ	840408	Antifungal	84040808	Azoles	O	1200 & 2 I	VAGINAL	KIT	EA	1	SSB		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428728628	CVS RED	RED YEA!	929200	UNKNOW	92920000	UNKNOW	P	600MG	ORAL	CAPS	EA	250	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428728750	CVS NER	HOMEOP.	929200	UNKNOW	92920000	UNKNOW	O	0	EXTERNA	OINT	ML	5	SSB		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428738104	CVS NON	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	250	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428741730	CVS CAN	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428741738	CVS REA	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428790289	CVS GEL	FOOT CA	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	2	NON DRUG		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428796623	CVS ITCH	PRAMOXI	840800	Antipruritic	84080000	Antipruritic	P	1%-.1%	EXTERNA	LOTN	ML	177	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428797749	CVS GLU	GLUCOS/	929200	UNKNOW	92920000	UNKNOW	P	1000MG	ORAL	CAPS	EA	150	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428799143	CVS LUBI	CARBOXY	529200	EENT Dru	52920000	EENT Dru	P	1%	OPHTHAL	GEL	ML	15	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428802565	CVS MEL	MELATON	929200	UNKNOW	92920000	UNKNOW	P	5 MG/15M	ORAL	LIQD	ML	240	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428802566	CVS B-12	CYANOC(	880800	Vitamin B	88080000	Vitamin B	P	1000 MCG	ORAL	LIQD	ML	240	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428803406	CVS SKIN	LACTIC A	842404	Basic Loti	84240400	Basic Loti	P	12%	EXTERNA	LOTN	GM	225	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428828702	CVS NAP	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	CAPS	EA	50	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428829747	CVS ANTI	DENTAL F	340000	Dental Ag	34000000	Dental Ag	P	0	MOUTH/T	LIQD	ML	710	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428832002	CVS ALLE	CHLORPH	40400	First Gene	4040000	First Gene	P	12 MG	ORAL	TBCR	EA	24	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428833152	CVS THEI	COAL TAI	843200	Keratoplas	84320000	Keratoplas	P	0.50%	EXTERNA	SHAM	ML	473	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428838681	CVS ADH	GAUZE P/	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	5	NON DRUG		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428838682	CVS ADH	GAUZE P/	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	1	NON DRUG		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428839138	CVS ALLE	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	36	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428842938	CVS WOM	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	22	NON DRUG		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428842939	CVS MEN	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	28	NON DRUG		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428842972	CVS PRO	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0-0-0-0	ORAL	CAPS	EA	30	SSB		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428842973	CVS PRO	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0-0-0-0	ORAL	CAPS	EA	90	SSB		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428842976	CVS SENI	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0-0-0-0	ORAL	CAPS	EA	30	SSB		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428843326	CVS GLU	GLUCOS/	929200	UNKNOW	92920000	UNKNOW	P	400MG-50	ORAL	TABS	EA	120	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428843532	CVS GLU	GLUCOS/	929200	UNKNOW	92920000	UNKNOW	P	400MG-50	ORAL	TABS	EA	60	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428844542	CVS ASPI	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	120	GENERIC		50428		N	#N/A	ORIG_FR	10 EHB	#N/A	X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
50428846387	CVS PRO	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	32	NON DRUG		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428846388	CVS PRO	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	36	NON DRUG		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428847260	CVS ALLE	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	30	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428847261	CVS ALLE	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	45	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428847263	CVS ALLE	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	5	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428847264	CVS ALLE	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	15	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428851553	CVS RASI	INFANT C	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	64	NON DRUG		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428857883	CVS SOD	SODIUM (	529200	EENT Dru	52920000	EENT Dru	P	5%	OPHTHAL	OINT	GM	3.5	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428858866	CVS INFA	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5I	ORAL	SUSP	ML	30	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428858867	CVS INFA	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5I	ORAL	SUSP	ML	59	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428858868	CVS INFA	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5I	ORAL	SUSP	ML	30	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428862232	CVS DAY	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30	NON DRUG		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428864741	CVS COT	COTTON	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428866534	CVS MEL	MELATON	929200	UNKNOW	92920000	UNKNOW	P	5MG-10M(	ORAL	TBCR	EA	90	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428868796	CVS PRO	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0-0-0-0	ORAL	CAPS	EA	15	SSB		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428868896	CVS EXT	EMOLLIEI	842404	Basic Loti	84240400	Basic Loti	P	0-0	EXTERNA	LOTN	ML	500	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428870668	CVS OME	KRILL OIL	929200	UNKNOW	92920000	UNKNOW	P	500 MG	ORAL	CAPS	EA	45	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428870862	CVS MOIS	EMOLLIEI	842404	Basic Loti	84240400	Basic Loti	P	0-0-0-0-0	EXTERNA	LOTN	ML	443	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428873493	CVS DRY	ARTIFICI/	529200	EENT Dru	52920000	EENT Dru	O	0-0	MOUTH/T	SOLN	ML	45	SSB		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428875727	CVS I LO	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428875733	CVS I PL/	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428875746	CVS IM A	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	42	NON DRUG		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428875747	CVS I LO	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	42	NON DRUG		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428875952	CVS FLE	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20	SSB		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428877796	CVS PER	HYDROGI	522800	Mouthwas	52280000	Mouthwas	P	1.50%	MOUTH/T	SOLN	ML	236	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428878400	CVS ALLE	LORATAD	40800	Second G	4080000	Second G	P	5MG-120M	ORAL	TB12	EA	30	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428882127	CVS NEE	SHARPS (	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428883947	CVS PRO	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	P	0-0-0-0-0	ORAL	CHEW	EA	30	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428883948	CVS PRO	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0-0-0-0	ORAL	CAPS	EA	15	SSB		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428885431	CVS PUR	POLYETH	561200	Cathartics	56120000	Cathartics	P	0-17GM/S	ORAL	POWD	GM	850	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428888489	CVS ALLE	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	90	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428889379	CVS SEN	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15(	ORAL	POWD	GM	658	SSB		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428889450	CVS TENI	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-10MG/1!	ORAL	POWD	GM	658	SSB		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428889452	CVS TOD	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1!	ORAL	POWD	GM	623	SSB		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428889922	CVS ADU	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0-0-0-0	ORAL	CAPS	EA	30	SSB		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428889924	CVS PREI	PRENATA	882800	Multivitam	88280000	Multivitam	O	0.4-113.5	ORAL	CHEW	EA	90	SSB		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428889925	CVS ADU	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0-0-0-0	ORAL	CAPS	EA	30	SSB		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428890257	CVS I CR/	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	36	NON DRUG		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428890268	CVS I LIKI	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	54	NON DRUG		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428890304	CVS IM O	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	62	NON DRUG		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428890313	CVS I CR/	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	72	NON DRUG		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428890323	CVS I LO	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	46	NON DRUG		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428890815	CVS NIGH	DOXYLAM	480800	Antitussive	48080000	Antitussive	P	6.25-15 M	ORAL	LIQD	ML	355	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428890843	CVS NIGH	DEXTROM	480800	Antitussive	48080000	Antitussive	P	15-6.25-32	ORAL	LIQD	ML	355	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428890846	CVS NIGH	DEXTROM	480800	Antitussive	48080000	Antitussive	P	15-6.25-32	ORAL	LIQD	ML	355	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428892053	CVS ACN	BENZOYL	840492	Local Anti-	84049200	Local Anti-	P	10%	EXTERNA	LIQD	GM	187	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428892789	CVS SPE	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	90MG-90M	ORAL	TABS	EA	200	SSB		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428893028	CVS COL	DIPHENH	40400	First Gene	4040000	First Gene	P	6.25-2.5 M	ORAL	LIQD	ML	118	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428893039	CVS DAY	DOXYLAM	480800	Antitussive	48080000	Antitussive	P	6.25-15 &	ORAL	LQPK	ML	710	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428893126	CVS ROL	GAUZE B/	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	5	NON DRUG		50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428895140	CVS MUL	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-10-200-:	ORAL	LIQD	ML	118	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428896024	CVS SINU	SODIUM (	529200	EENT Dru	52920000	EENT Dru	P	2300-700 I	NASAL	KIT	EA	30	GENERIC	1/1/2022	50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428896038	CVS SINU	SODIUM (	529200	EENT Dru	52920000	EENT Dru	P	2300-700 I	NASAL	PACK	EA	100	GENERIC	1/1/2022	50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428898224	CVS WHE	PROTEIN	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	POWD	GM	907	SSB	1/1/2022	50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428898225	CVS WHE	PROTEIN	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	POWD	GM	907	SSB	1/1/2022	50428		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428901330	CVS CAL	CALCIUM	401200	Replacem	40120000	Replacem	P	600-20 M(	ORAL	TABS	EA	120	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428901406	CVS ALLE	CETIRIZIN	40800	Second G	4080000	Second G	P	5 MG/5ML	ORAL	SOLN	ML	240	GENERIC	1/1/2022	50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
50428901417	CVS ALLE	CETIRIZIN	40800	Second G	4080000	Second G	P	5 MG/5ML	ORAL	SOLN	ML	120	GENERIC		50428		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI

50436118001	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436118002	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	60	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436118003	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	90	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436122001	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	30 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436122002	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	60 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436122003	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	90 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436122004	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	270 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436122201	STOOL S	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436124001	SILVER S	SILVER S	840416	UNKNOW	84041600	UNKNOW	S	1%	EXTERNA	CREA	GM	25	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436126301	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436126302	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	60 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436126303	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436133001	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436133101	LIDODER	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	30	MSB	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION				R	MEDPRMI
50436133501	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	1.30%	EXTERNA	PTCH	EA	30	GENERIC	8/28/2024	50436 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436136001	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436136002	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	60	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436149601	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436169501	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436172005	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	21	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436173005	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	21	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436175001	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436175004	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	14	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436182701	LIDOCAIN	LIDOCAIN	521600	Local Ane	52160000	Local Ane	S	2%	MOUTH/T	SOLN	ML	100	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436188001	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436202201	IMIPRAMI	IMIPRAMI	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	30 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436202202	IMIPRAMI	IMIPRAMI	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	60 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436202203	IMIPRAMI	IMIPRAMI	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	90 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436220101	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	30 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436220102	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	60 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436221001	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436221002	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	20	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436221004	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	28	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436221005	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	40	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436222501	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	1.50%	EXTERNA	SOLN	ML	150	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436252001	GUAIFEN	GUAIFEN	480800	Antitussive	48080000	Antitussive	P	100-10 M	ORAL	SOLN	ML	118	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436258201	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436258202	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	60	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436258203	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	90	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436258204	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	120	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436260501	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436260502	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	60	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436260504	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	40	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436261201	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436261202	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	60	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436261204	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	40	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436264001	FLUTICAS	FLUTICAS	520808	Corticoste	52080800	Corticoste	S	50 MCG/A	NASAL	SUSP	GM	16	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436289201	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	30 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436294801	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436294802	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	60	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436298201	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436298202	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	60	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436298301	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436298302	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	60	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436299701	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	30 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436300101	POLYSPO	BACITRA	840404	Antibacter	84040400	Antibacter	P	500-10000	EXTERNA	OINT	GM	14.2	MSB	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION				R	MEDPRMI
50436301101	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	90 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436301102	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	60 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436301103	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	30 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436301104	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	120 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436307201	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	30 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436307202	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	60 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436307205	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	100 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436307301	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	30 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436307302	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	60 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436309901	SILVER S	SILVER S	840416	UNKNOW	84041600	UNKNOW	S	1%	EXTERNA	CREA	GM	25	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436312001	ESOMEP	ESOMEP	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436312501	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	60 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436312502	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436312503	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436312601	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	60 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436312602	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436312901	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	20	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436317504	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	7	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436317505	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	14	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436320001	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	30 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436320002	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	60 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436320003	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	90 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436322707	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 M	ORAL	TABS	EA	60	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436330001	DESONID	DESONID	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	60	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436333801	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	1.50%	EXTERNA	SOLN	ML	150	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436333901	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	1.50%	EXTERNA	SOLN	ML	150	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436334001	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	1.50%	EXTERNA	SOLN	ML	150	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436338301	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	2 MG	ORAL	TABS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436338401	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	3 MG	ORAL	TABS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436350102	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436352001	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	30 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436352501	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436359201	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	60	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436359202	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436359204	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	2	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436362101	VOLTARE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	1%	EXTERNA	GEL	GM	100	MSB	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION				R	MEDPRMI
50436371001	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	30 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436371801	TRIAZOL	TRIAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436372701	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	1.30%	EXTERNA	PTCH	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436376201	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	50 MG	ORAL	CAPS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436384901	CELECO	CELECO	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	30 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436384902	CELECO	CELECO	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	60 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436387503	HYDROX	HYDROX	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	TABS	EA	90	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436391301	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436391302	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	60	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436391305	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	24	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436391801	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436393303	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	90 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436398001	RAMELTE	RAMELTE	282448	UNKNOW	28244800	UNKNOW	S	8 MG	ORAL	TABS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436398102	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	30 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436398201	CELECO	CELECO	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	30 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436398301	CELECO	CELECO	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	30 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436398401	CELECO	CELECO	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	30 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436398402	CELECO	CELECO	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	60 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436398801	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436399001	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	1.50%	EXTERNA	SOLN	ML	150	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436402202	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	60 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436402701	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436402702	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	60	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436403701	METHYLP	METHYLP	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TBPK	EA	21	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436416401	DIETHYLP	DIETHYLP	282008	UNKNOW	28200804	UNKNOW	S	25 MG	ORAL	TABS	EA	21	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436416405	DIETHYLP	DIETHYLP	282008	UNKNOW	28200804	UNKNOW	S	25 MG	ORAL	TABS	EA	100	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436429001	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	90 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436431402	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	40 MG	ORAL	TABS	EA	60 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436432401	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436432403	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	21	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436432502	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	21	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436432602	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436435601	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436435701	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436438809	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	9	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436450202	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	20 MG	ORAL	CPEP	EA	60 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436454301	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875 MG	ORAL	TABS	EA	20	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436454601	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	S	1-0.05 %	EXTERNA	CREA	GM	15	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436460401	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	30 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436460501	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	30 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436460502	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	60 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436460503	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	90 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436460601	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	30 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436460602	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	60 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436460603	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436462201	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	25 MG	ORAL	TABS	EA	9	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436462301	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	50 MG	ORAL	TABS	EA	9	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436462802	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436462901	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	60	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436462902	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436463001	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	22.5 MG	ORAL	CAPS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436463501	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436463502	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	60	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436463601	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436463602	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	60	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436463603	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	90	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436485601	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436485602	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	60	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436516501	SENNA	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6 MG	ORAL	TABS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436553701	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	1 MG	ORAL	TABS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436553801	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	2 MG	ORAL	TABS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436553804	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	2 MG	ORAL	TABS	EA	100	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436553901	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	3 MG	ORAL	TABS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436553904	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	3 MG	ORAL	TABS	EA	100	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436555001	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436559202	GLUCOSA	GLUCOSA	929200	UNKNOW	92920000	UNKNOW	P	500-400 M	ORAL	TABS	EA	60	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436599502	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436604101	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	20	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436604102	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	14	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436604601	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436604602	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436605000	VENTOLI	ALBUTER	121208	beta-Adre	12120812	Selective	S	108 (90 B	INHALATI	AERS	GM	18 X	SSB	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436606001	EPINASTI	EPINASTI	520200	Antiallergi	52020000	Antiallergi	S	0.05%	OPHTHAL	SOLN	ML	5	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436611200	OFLOXAC	OFLOXAC	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	5	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436619002	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	20	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436619003	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436627901	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	20	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436630401	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	30 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436630501	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	30 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436630601	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TABS	EA	30 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436652303	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	90 X	MSB	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION				R	MEDPRMI
50436658501	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	10	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436658502	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	7	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436659004	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	14	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436660901	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436660903	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436660906	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	20 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436665201	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	CAPS	EA	30 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436674401	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	14	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436674402	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	7	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436674403	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436674404	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	28	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436675201	GENTAMI	GENTAMI	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	15	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436675501	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436675502	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	60	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436675503	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	90	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436675601	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436675602	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	60	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436675603	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	90	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436675604	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	120	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436676001	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	7	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436676002	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	14	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436676004	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	28	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436692401	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	30 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436692402	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	60 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436692501	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	100 MG	ORAL	TB24	EA	30 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436692502	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	100 MG	ORAL	TB24	EA	60 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436721001	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	30 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436721002	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	60 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436721003	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	90 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436721004	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	120 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436721803	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250 MG	ORAL	CAPS	EA	6	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436728401	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	30 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436728402	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	60 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436728403	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	90 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436728501	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	30 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436728502	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	60 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436728503	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436728506	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	120 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436728601	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	30 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436728602	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	60 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436728603	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	90 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436728605	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	120 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436737102	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	30 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436737103	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	90 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436770101	CELECO	CELECO	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	30 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436770102	CELECO	CELECO	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	60 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436790101	CELECO	CELECO	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	30 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436810202	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	60 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436815801	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436815802	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	60 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436878701	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436878702	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	90	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436878703	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	60	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436878705	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	120	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436878706	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	180	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436878708	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	240	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436902201	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436902202	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	60	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436902203	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	90	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436902205	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	120	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436902301	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436902302	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	60	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436902303	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	90	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436902901	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	15 MG	ORAL	CAPS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436907001	TRAUMA	HOMEOP	929200	UNKNOW	92920000	UNKNOW	R	0	EXTERNA	GEL	ML	50	SSB	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436907101	TRANZGE	HOMEOP	929200	UNKNOW	92920000	UNKNOW	R	0	EXTERNA	GEL	ML	50	SSB	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436907301	SPEEDGE	HOMEOP	929200	UNKNOW	92920000	UNKNOW	O	0	EXTERNA	GEL	ML	50	SSB	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436910102	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TABS	EA	60 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436978701	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	30 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436978702	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	60 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436980401	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436980402	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	60	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436980403	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	90	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436980501	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436980502	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	60	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436980503	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	90	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436991001	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	30	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436991002	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	60	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436991003	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	90	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436994903	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	90 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436995001	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	30 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436995002	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	60 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436995003	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	90 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436995101	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	60 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436995202	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	60 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436998501	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	45	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436998803	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436998901	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30 X	GENERIC	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436999201	FLUTICAS	FLUTICAS	520808	Corticoste	52080800	Corticoste	S	50 MCG/A	NASAL	SUSP	GM	16	GENERIC	3/30/2023	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50436999302	SAVELLA	MILNACIF	284000	UNKNOW	28400000	UNKNOW	R	25 MG	ORAL	TABS	EA	60 X	SSB	8/28/2024	50436	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50458002802	SPRAVAT	ESKETAM	281604	Antidepres	28160406	UNKNOW	R	28 MG/DE	NASAL	SOPK	EA	1 X	SSB		50458		N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X		R	MEDPRMI
50458002803	SPRAVAT	ESKETAM	281604	Antidepres	28160406	UNKNOW	R	28 MG/DE	NASAL	SOPK	EA	1 X	SSB		50458		N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X		R	MEDPRMI
50458009801	ELMIRON	PENTOSA	929200	UNKNOW	92920000	UNKNOW	R	100 MG	ORAL	CAPS	EA	100	SSB		50458		N	FORMULARY		2 BRAND	PREFERRED BRAND	X	PA:X		R	MEDPRMI
50458014030	INVOKAN	CANAGLI	682018	UNKNOW	68201800	UNKNOW	R	100 MG	ORAL	TABS	EA	30 X	SSB		50458		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
50458014090	INVOKAN	CANAGLI	682018	UNKNOW	68201800	UNKNOW	R	100 MG	ORAL	TABS	EA	90 X	SSB		50458		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
50458014130	INVOKAN	CANAGLI	682018	UNKNOW	68201800	UNKNOW	R	300 MG	ORAL	TABS	EA	30 X	SSB		50458		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
50458014190	INVOKAN	CANAGLI	682018	UNKNOW	68201800	UNKNOW	R	300 MG	ORAL	TABS	EA	90 X	SSB		50458		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
50458017820	ORTHO-N	NORETHI	681200	Contracep	68120000	Contracep	S	0.5/0.75/1	ORAL	TABS	EA	28 X	MSB	5/21/2020	50458 Y		Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU		FORMULARY EXCLUSION				R	MEDPRMI

50742015401	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	100 X	GENERIC	2/28/2022	50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742015405	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	500 X	GENERIC	2/28/2022	50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742015410	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	1000 X	GENERIC	2/28/2022	50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742015490	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	90 X	GENERIC	2/28/2022	50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742015501	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	100 X	GENERIC	2/28/2022	50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742015505	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	500 X	GENERIC	2/28/2022	50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742015510	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	1000 X	GENERIC	2/28/2022	50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742015590	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	90 X	GENERIC	2/28/2022	50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742015601	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	100 X	GENERIC	2/28/2022	50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742015605	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	500 X	GENERIC	2/28/2022	50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742015610	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	1000 X	GENERIC	2/28/2022	50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742015690	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	90 X	GENERIC	2/28/2022	50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742017501	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	30 MG	ORAL	TB24	EA	100 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742017505	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	30 MG	ORAL	TB24	EA	500 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742017601	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	100 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742017605	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	500 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742017701	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	120 MG	ORAL	TB24	EA	100 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742018101	LEUCOVC	LEUCOVC	910412	UNKNOW	91041200	UNKNOW	S	5 MG	ORAL	TABS	EA	100	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742018130	LEUCOVC	LEUCOVC	910412	UNKNOW	91041200	UNKNOW	S	5 MG	ORAL	TABS	EA	30	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742018212	LEUCOVC	LEUCOVC	910412	UNKNOW	91041200	UNKNOW	S	10 MG	ORAL	TABS	EA	12	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742018224	LEUCOVC	LEUCOVC	910412	UNKNOW	91041200	UNKNOW	S	10 MG	ORAL	TABS	EA	24	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742018324	LEUCOVC	LEUCOVC	910412	UNKNOW	91041200	UNKNOW	S	15 MG	ORAL	TABS	EA	24	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742018425	LEUCOVC	LEUCOVC	910412	UNKNOW	91041200	UNKNOW	S	25 MG	ORAL	TABS	EA	25	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742019001	CYPROHE	CYPROHE	40400	First Gene	4040000	First Gene	S	4 MG	ORAL	TABS	EA	100	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742019010	CYPROHE	CYPROHE	40400	First Gene	4040000	First Gene	S	4 MG	ORAL	TABS	EA	1000	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742019105	PRIMAQU	PRIMAQU	83008	Antimalari	8300800	Antimalari	S	26.3 (15 B	ORAL	TABS	EA	500	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742019390	TOLCAPC	TOLCAPC	283612	UNKNOW	28361200	UNKNOW	S	100MG	ORAL	TABS	EA	90 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS	X	Must meet5 DS ComTRIAL OF COMTAN IN THE PAST 120 DAYS			R	MEDPRMI
50742022415	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	CAPS	EA	150	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS			X	18 IN 1 DAYS					R	MEDPRMI
50742022515	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	CAPS	EA	150	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS			X	9 IN 1 DAYS					R	MEDPRMI
50742022615	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	6 MG	ORAL	CAPS	EA	150	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS			X	6 IN 1 DAYS					R	MEDPRMI
50742023301	ACETAZC	ACETAZC	524012	UNKNOW	52401200	UNKNOW	S	500 MG	ORAL	CP12	EA	100 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742023830	QUININE	QUININE	83008	Antimalari	8300800	Antimalari	S	324MG	ORAL	CAPS	EA	30	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742023901	MEXILETI	MEXILETI	240404	Antiarrhyt	24040408	Class Ib A	S	150 MG	ORAL	CAPS	EA	100 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742024001	MEXILETI	MEXILETI	240404	Antiarrhyt	24040408	Class Ib A	S	200 MG	ORAL	CAPS	EA	100 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742024101	MEXILETI	MEXILETI	240404	Antiarrhyt	24040408	Class Ib A	S	250 MG	ORAL	CAPS	EA	100 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742024618	ISOSORB	ISOSORB	240816	Central Al	24081600	Central Al	S	20-37.5 M	ORAL	TABS	EA	180 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742024690	ISOSORB	ISOSORB	240816	Central Al	24081600	Central Al	S	20-37.5 M	ORAL	TABS	EA	90 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742024760	CLONIDIN	CLONIDIN	121204	alpha-Adr	12120400	alpha-Adr	S	0.1 MG	ORAL	TB12	EA	60 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742024830	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	120 MG	ORAL	CP24	EA	30 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742024890	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	120 MG	ORAL	CP24	EA	90 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742024930	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	180 MG	ORAL	CP24	EA	30 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742024990	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	180 MG	ORAL	CP24	EA	90 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742025030	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	240 MG	ORAL	CP24	EA	30 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742025090	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	240 MG	ORAL	CP24	EA	90 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742025130	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	300 MG	ORAL	CP24	EA	30 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742025190	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	300 MG	ORAL	CP24	EA	90 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742025230	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	360 MG	ORAL	CP24	EA	30 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742025290	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	360 MG	ORAL	CP24	EA	90 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742025601	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	R	200-325-1	ORAL	TABS	EA	100	GENERIC	8/2/2022	50742	N	FORMULARY		1 GEN	GENERICS			X	8 IN 1 DAYS			X	AGE_YEAMUST BE AT LEAST	R	MEDPRMI
50742025701	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TB12	EA	100 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742025801	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TB12	EA	100 X	GENERIC		50742 Y	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742025901	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	400 MG	ORAL	TB12	EA	100 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742026001	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	100 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742026003	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	300 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742026101	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	100 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742026103	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	300 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742026201	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	90 MG	ORAL	TB24	EA	100 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742026203	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	90 MG	ORAL	TB24	EA	300 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742026301	COLCHIC	COLCHIC	404000	Uricosuric	40400000	Uricosuric	S	0.5-500 M	ORAL	TABS	EA	100 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742026750	NORETHI	NORETHI	683200	Progestins	68320000	Progestins	S	5MG	ORAL	TABS	EA	50 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742027801	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	100 MG	ORAL	TB24	EA	100 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742027901	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TABS	EA	100 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742028313	BIS SUBC	BISMUTH	562892	UNKNOW	56289200	UNKNOW	S	140-125-1	ORAL	CAPS	EA	120	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742028704	TIMOLOL	TIMOLOL	524008	UNKNOW	52400800	UNKNOW	S	0.25%	OPHTHAL	SOLN	EA	4 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
50742028760	TIMOLOL	TIMOLOL	524008	UNKNOW	52400800	UNKNOW	S	0.25%	OPHTHAL	SOLN	EA	60 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
50742028804	TIMOLOL	TIMOLOL	524008	UNKNOW	52400800	UNKNOW	S	0.50%	OPHTHAL	SOLN	EA	4 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS	X	Must meet5 DS Istali TRIAL OF TIMOLOL DROPS (NON-OCUDOSE FORMULATION) IN THE PAST 120			R	MEDPRMI
50742028860	TIMOLOL	TIMOLOL	524008	UNKNOW	52400800	UNKNOW	S	0.50%	OPHTHAL	SOLN	EA	60 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS	X	Must meet5 DS Istali TRIAL OF TIMOLOL DROPS (NON-OCUDOSE FORMULATION) IN THE PAST 120			R	MEDPRMI
50742029909	FROVATR	FROVATR	283228	Selective	28322800	Selective	S	2.5 MG	ORAL	TABS	EA	9	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS			X	18 IN 30 DAYS	X	Must meet5 DS Imitr TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS			R	MEDPRMI
50742030401	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	FOAM	GM	100	GENERIC	7/31/2023	50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742030450	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	FOAM	GM	50	GENERIC	7/31/2023	50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742031025	MAFENID	MAFENID	840404	Antibacter	84040400	Antibacter	S	5%	EXTERNA	PACK	EA	5	GENERIC	10/10/2023	50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742031050	MAFENID	MAFENID	840404	Antibacter	84040400	Antibacter	S	5%	EXTERNA	PACK	EA	1	GENERIC	10/10/2023	50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742031501	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.12%	EXTERNA	FOAM	GM	100	GENERIC	5/1/2023	50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742031550	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.12%	EXTERNA	FOAM	GM	50	GENERIC	5/1/2023	50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742031725	FLUNISOI	FLUNISOI	520808	Corticoste	52080800	Corticoste	S	25 MCG/A	NASAL	SOLN	ML	25	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS			X	25 IN 30 DAYS					R	MEDPRMI
50742032305	DORZOL	DORZOL	524012	UNKNOW	52401200	UNKNOW	S	2-0.5 %	OPHTHAL	SOLN	EA	5 X	GENERIC		50742 Y	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
50742032360	DORZOL	DORZOL	524012	UNKNOW	52401200	UNKNOW	S	2-0.5 %	OPHTHAL	SOLN	EA	60 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
50742033130	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	0.375 MG	ORAL	TB24	EA	30 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet5 DS Mira TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS			R	MEDPRMI
50742033230	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	0.75 MG	ORAL	TB24	EA	30 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet5 DS Mira TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS			R	MEDPRMI
50742033330	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	1.5 MG	ORAL	TB24	EA	30 X	GENERIC		50742 Y	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet5 DS Mira TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS			R	MEDPRMI
50742033430	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	2.25 MG	ORAL	TB24	EA	30 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet5 DS Mira TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS			R	MEDPRMI
50742033530	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	3 MG	ORAL	TB24	EA	30 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet5 DS Mira TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS			R	MEDPRMI
50742033630	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	3.75 MG	ORAL	TB24	EA	30 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet5 DS Mira TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS			R	MEDPRMI
50742033730	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	4.5 MG	ORAL	TB24	EA	30 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet5 DS Mira TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS			R	MEDPRMI
50742033905	TAFLUPR	TAFLUPR	524028	UNKNOW	52402800	UNKNOW	S	0.00%	OPHTHAL	SOLN	EA	5 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
50742033930	TAFLUPR	TAFLUPR	524028	UNKNOW	52402800	UNKNOW	S	0.00%	OPHTHAL	SOLN	EA	5 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
50742034001	PEMETRE	PEMETRE	100000	Antineopla	10000000	Antineopla	S	100 MG	INTRAVEI	SOLR	EA	1	GENERIC		50742	N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50742034101	PEMETRE	PEMETRE	100000	Antineopla	10000000	Antineopla	S	500 MG	INTRAVEI	SOLR	EA	1	GENERIC		50742	N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50742034901	METOLAZ	METOLAZ	243624	UNKNOW	24362400	UNKNOW	S	2.5 MG	ORAL	TABS	EA	100 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742035001	METOLAZ	METOLAZ	243624	UNKNOW	24362400	UNKNOW	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742035101	METOLAZ	METOLAZ	243624	UNKNOW	24362400	UNKNOW	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742035201	HER STYI	LEVONOF	681200	Contracep	68120000	Contracep	P	1.5 MG	ORAL	TABS	EA	1	GENERIC		50742	N	#N/A	ORIG_FR	10 EHB	#N/A							X	THEN $0 COPAY AND TIER+1	R	MEDPRMI
50742036260	IVABRADI	IVABRADI	240408	Cardiotoni	24040800	Cardiotoni	S	5 MG	ORAL	TABS	EA	60 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
50742036360	IVABRADI	IVABRADI	240408	Cardiotoni	24040800	Cardiotoni	S	7.5 MG	ORAL	TABS	EA	60 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
50742036401	BUPRENC	BUPRENC	280812	Opiate Pa	28081200	Opiate Pa	S	8-2 MG	SUBLINGI	FILM	EA	1	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742036430	BUPRENC	BUPRENC	280812	Opiate Pa	28081200	Opiate Pa	S	8-2 MG	SUBLINGI	FILM	EA	30	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742036501	BUPRENC	BUPRENC	280812	Opiate Pa	28081200	Opiate Pa	S	12-3 MG	SUBLINGI	FILM	EA	1	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742036530	BUPRENC	BUPRENC	280812	Opiate Pa	28081200	Opiate Pa	S	12-3 MG	SUBLINGI	FILM	EA	30	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742036630	GEFITINI	GEFITINI	100000	Antineopla	10000000	Antineopla	S	250 MG	ORAL	TABS	EA	30	GENERIC		50742	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
50742037201	BUPRENC	BUPRENC	280812	Opiate Pa	28081200	Opiate Pa	S	5 MCG/HF	TRANSDE	PTWK	EA	1	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS			X	4 IN 28 DAYS	X	Must meet7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT L			R	MEDPRMI
50742037204	BUPRENC	BUPRENC	280812	Opiate Pa	28081200	Opiate Pa	S	5 MCG/HF	TRANSDE	PTWK	EA	4	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS			X	4 IN 28 DAYS	X	Must meet7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT L			R	MEDPRMI
50742037301	BUPRENC	BUPRENC	280812	Opiate Pa	28081200	Opiate Pa	S	7.5 MCG/I	TRANSDE	PTWK	EA	1	GENERIC		50742 Y	N	FORMULARY		1 GEN	GENERICS			X	4 IN 28 DAYS	X	Must meet7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT L			R	MEDPRMI
50742037304	BUPRENC	BUPRENC	280812	Opiate Pa	28081200	Opiate Pa	S	7.5 MCG/I	TRANSDE	PTWK	EA	4	GENERIC		50742 Y	N	FORMULARY		1 GEN	GENERICS			X	4 IN 28 DAYS	X	Must meet7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT L			R	MEDPRMI
50742037401	BUPRENC	BUPRENC	280812	Opiate Pa	28081200	Opiate Pa	S	10 MCG/H	TRANSDE	PTWK	EA	1	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS			X	4 IN 28 DAYS	X	Must meet7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT L			R	MEDPRMI
50742037404	BUPRENC	BUPRENC	280812	Opiate Pa	28081200	Opiate Pa	S	10 MCG/H	TRANSDE	PTWK	EA	4	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS			X	4 IN 28 DAYS	X	Must meet7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT L			R	MEDPRMI
50742037501	BUPRENC	BUPRENC	280812	Opiate Pa	28081200	Opiate Pa	S	15 MCG/H	TRANSDE	PTWK	EA	1	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS			X	4 IN 28 DAYS	X	Must meet7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT L			R	MEDPRMI
50742037504	BUPRENC	BUPRENC	280812	Opiate Pa	28081200	Opiate Pa	S	15 MCG/H	TRANSDE	PTWK	EA	4	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS			X	4 IN 28 DAYS	X	Must meet7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT L			R	MEDPRMI
50742037601	BUPRENC	BUPRENC	280812	Opiate Pa	28081200	Opiate Pa	S	20 MCG/H	TRANSDE	PTWK	EA	1	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS			X	4 IN 28 DAYS	X	Must meet7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT L			R	MEDPRMI
50742037604	BUPRENC	BUPRENC	280812	Opiate Pa	28081200	Opiate Pa	S	20 MCG/H	TRANSDE	PTWK	EA	4	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS			X	4 IN 28 DAYS	X	Must meet7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT L			R	MEDPRMI
50742038642	SUCRALF	SUCRALF	562832	Protectant	56283200	Protectant	S	1 GM/10M	ORAL	SUSP	ML	420 X	GENERIC		50742 Y	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742040102	IRINOTEC	IRINOTEC	100000	Antineopla	10000000	Antineopla	S	40 MG/2M	INTRAVEI	SOLN	ML	2	GENERIC		50742	N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50742040205	IRINOTEC	IRINOTEC	100000	Antineopla	10000000	Antineopla	S	100 MG/5I	INTRAVEI	SOLN	ML	5	GENERIC		50742	N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50742040510	OXALIPL	OXALIPL	100000	Antineopla	10000000	Antineopla	S	50 MG/10I	INTRAVEI	SOLN	ML	10	GENERIC		50742	N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50742040620	OXALIPL	OXALIPL	100000	Antineopla	10000000	Antineopla	S	100 MG/2(	INTRAVEI	SOLN	ML	20	GENERIC		50742	N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50742041605	ZOLEDRC	ZOLEDRC	922400	UNKNOW	92240000	UNKNOW	S	4 MG/5ML	INTRAVEI	CONC	ML	5	GENERIC	6/28/2023	50742	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50742043001	DECITABI	DECITABI	100000	Antineopla	10000000	Antineopla	S	50 MG	INTRAVEI	SOLR	EA	1	GENERIC		50742	N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50742043108	DOCETAX	DOCETAX	100000	Antineopla	10000000	Antineopla	S	80 MG/8M	INTRAVEI	SOLN	ML	8	GENERIC		50742	N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50742043810	ARSENIC	ARSENIC	100000	Antineopla	10000000	Antineopla	S	10 MG/10I	INTRAVEI	SOLN	ML	10	GENERIC		50742	N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50742044745	CARBOPL	CARBOPL	100000	Antineopla	10000000	Antineopla	S	450 MG/4!	INTRAVEI	SOLN	ML	45	GENERIC		50742	N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50742044860	CARBOPL	CARBOPL	100000	Antineopla	10000000	Antineopla	S	600 MG/6(	INTRAVEI	SOLN	ML	60	GENERIC		50742	N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50742046316	DOCETAX	DOCETAX	100000	Antineopla	10000000	Antineopla	S	160 MG/1(	INTRAVEI	SOLN	ML	16	GENERIC		50742	N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50742048401	BORTEZC	BORTEZC	100000	Antineopla	10000000	Antineopla	S	3.5 MG	INJECTIO	SOLR	EA	1	GENERIC		50742	N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50742048505	PALONOS	PALONOS	562220	5-HT3 Re	56222000	5-HT3 Re	S	0.25 MG/5	INTRAVEI	SOLN	ML	5	GENERIC	7/13/2023	50742	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50742049626	GEMCITA	GEMCITA	100000	Antineopla	10000000	Antineopla	S	1 GM/26.3	INTRAVEI	SOLN	ML	26.3	GENERIC		50742	N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50742049753	GEMCITA	GEMCITA	100000	Antineopla	10000000	Antineopla	S	2 GM/52.6	INTRAVEI	SOLN	ML	52.6	GENERIC		50742	N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50742049805	GEMCITA	GEMCITA	100000	Antineopla	10000000	Antineopla	S	200 MG/5.	INTRAVEI	SOLN	ML	5.26	GENERIC		50742	N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50742050504	SCOPOL	SCOPOL	120808	Antimusca	12080800	Antimusca	S	1 MG/3DA	TRANSDE	PT72	EA	4	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742050510	SCOPOL	SCOPOL	120808	Antimusca	12080800	Antimusca	S	1 MG/3DA	TRANSDE	PT72	EA	10	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742050524	SCOPOL	SCOPOL	120808	Antimusca	12080800	Antimusca	S	1 MG/3DA	TRANSDE	PT72	EA	24	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742051301	NITRO-DU	NITROGL	240808	beta-Adre	24080800	UNKNOW	S	0.1 MG/HF	TRANSDE	PT24	EA	1 X	MSB		50742 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION									R	MEDPRMI
50742051330	NITRO-DU	NITROGL	240808	beta-Adre	24080800	UNKNOW	S	0.1 MG/HF	TRANSDE	PT24	EA	30 X	MSB		50742 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION									R	MEDPRMI
50742051401	NITRO-DU	NITROGL	240808	beta-Adre	24080800	UNKNOW	S	0.2 MG/HF	TRANSDE	PT24	EA	1 X	MSB		50742 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION									R	MEDPRMI
50742051430	NITRO-DU	NITROGL	240808	beta-Adre	24080800	UNKNOW	S	0.2 MG/HF	TRANSDE	PT24	EA	30 X	MSB		50742 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION									R	MEDPRMI
50742051501	NITRO-DU	NITROGL	240808	beta-Adre	24080800	UNKNOW	R	0.3 MG/HF	TRANSDE	PT24	EA	1 X	SSB		50742	N	FORMULARY		2 BRAND	PREFERRED BRAND									R	MEDPRMI
50742051530	NITRO-DU	NITROGL	240808	beta-Adre	24080800	UNKNOW	R	0.3 MG/HF	TRANSDE	PT24	EA	30 X	SSB		50742	N	FORMULARY		2 BRAND	PREFERRED BRAND									R	MEDPRMI
50742051601	NITRO-DU	NITROGL	240808	beta-Adre	24080800	UNKNOW	S	0.4 MG/HF	TRANSDE	PT24	EA	1 X	MSB		50742 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION									R	MEDPRMI
50742051630	NITRO-DU	NITROGL	240808	beta-Adre	24080800	UNKNOW	S	0.4 MG/HF	TRANSDE	PT24	EA	30 X	MSB		50742 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION									R	MEDPRMI
50742051701	NITRO-DU	NITROGL	240808	beta-Adre	24080800	UNKNOW	S	0.6 MG/HF	TRANSDE	PT24	EA	1 X	MSB		50742 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION									R	MEDPRMI
50742051730	NITRO-DU	NITROGL	240808	beta-Adre	24080800	UNKNOW	S	0.6 MG/HF	TRANSDE	PT24	EA	30 X	MSB		50742 Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION									R	MEDPRMI
50742051801	NITRO-DU	NITROGL	240808	beta-Adre	24080800	UNKNOW	R	0.8 MG/HF	TRANSDE	PT24	EA	1 X	SSB		50742	N	FORMULARY		2 BRAND	PREFERRED BRAND									R	MEDPRMI
50742051830	NITRO-DU	NITROGL	240808	beta-Adre	24080800	UNKNOW	R	0.8 MG/HF	TRANSDE	PT24	EA	30 X	SSB		50742	N	FORMULARY		2 BRAND	PREFERRED BRAND									R	MEDPRMI
50742051902	CYCLOPH	CYCLOPH	100000	Antineopla	10000000	Antineopla	S	500 MG/2.	INTRAVEI	SOLN	ML	2.5	MSB		50742	N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION									R	MEDPRMI
50742052005	CYCLOPH	CYCLOPH	100000	Antineopla	10000000	Antineopla	S	1 GM/5ML	INTRAVEI	SOLN	ML	5	MSB		50742	N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION									R	MEDPRMI
50742052110	CYCLOPH	CYCLOPH	100000	Antineopla	10000000	Antineopla	S	2 GM/10M	INTRAVEI	SOLN	ML	10	MSB		50742	N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION									R	MEDPRMI
50742054901	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	12 MCG/H	TRANSDE	PT72	EA	1	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS	X	PA:X			X	Must meet7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT L			R	MEDPRMI
50742054905	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	12 MCG/H	TRANSDE	PT72	EA	5	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS	X	PA:X			X	Must meet7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT L			R	MEDPRMI
50742055001	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	25 MCG/H	TRANSDE	PT72	EA	1	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS	X	PA:X			X	Must meet7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT L			R	MEDPRMI
50742055005	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	25 MCG/H	TRANSDE	PT72	EA	5	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS	X	PA:X			X	Must meet7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT L			R	MEDPRMI
50742055101	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	37.5 MCG	TRANSDE	PT72	EA	1	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS	X	PA:X			X	Must meet7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT L			R	MEDPRMI
50742055105	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	37.5 MCG	TRANSDE	PT72	EA	5	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS	X	PA:X			X	Must meet7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT L			R	MEDPRMI
50742055201	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	50 MCG/H	TRANSDE	PT72	EA	1	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS	X	PA:X			X	Must meet7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT L			R	MEDPRMI
50742055205	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	50 MCG/H	TRANSDE	PT72	EA	5	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS	X	PA:X			X	Must meet7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT L			R	MEDPRMI
50742055301	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	62.5 MCG	TRANSDE	PT72	EA	1	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS	X	PA:X			X	Must meet7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT L			R	MEDPRMI
50742055305	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	62.5 MCG	TRANSDE	PT72	EA	5	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS	X	PA:X			X	Must meet7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT L			R	MEDPRMI
50742055401	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	75 MCG/H	TRANSDE	PT72	EA	1	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS	X	PA:X			X	Must meet7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT L			R	MEDPRMI
50742055405	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	75 MCG/H	TRANSDE	PT72	EA	5	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS	X	PA:X			X	Must meet7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT L			R	MEDPRMI
50742055501	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	87.5 MCG	TRANSDE	PT72	EA	1	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS	X	PA:X			X	Must meet7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT L			R	MEDPRMI
50742055505	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	87.5 MCG	TRANSDE	PT72	EA	5	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS	X	PA:X			X	Must meet7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT L			R	MEDPRMI
50742055601	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	100 MCG/	TRANSDE	PT72	EA	1	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS	X	PA:X			X	Must meet7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT L			R	MEDPRMI
50742055605	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	100 MCG/	TRANSDE	PT72	EA	5	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS	X	PA:X			X	Must meet7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT L			R	MEDPRMI
50742061501	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	100 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742061505	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	500 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742061510	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	1000 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742061601	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	100 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742061605	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	500 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742061610	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	1000 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742061701	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	100 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742061705	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	500 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742061710	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	1000 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742061801	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TB24	EA	100 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742061805	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TB24	EA	500 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742061810	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TB24	EA	1000 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742062001	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	100 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742062101	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	100 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742062201	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	90 MG	ORAL	TB24	EA	100 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742062360	LAMIVUD	LAMIVUD	81808	Antiretrovi	8180820	Nucleosid	S	150 MG	ORAL	TABS	EA	60 X	GENERIC		50742	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
50742062506	ZOLMITR	ZOLMITR	283228	Selective	28322800	Selective	S	2.5 MG	ORAL	TABS	EA	6	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS			X	18 IN 30 DAYS	X	Must meet5 DS Imitr TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS			R	MEDPRMI
50742062603	ZOLMITR	ZOLMITR	283228	Selective	28322800	Selective	S	5 MG	ORAL	TABS	EA	3	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS			X	18 IN 30 DAYS	X	Must meet5 DS Imitr TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS			R	MEDPRMI
50742063360	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	60 X	GENERIC		50742	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
50742063460	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TB24	EA	60 X	GENERIC		50742	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
50742063560	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TB24	EA	60 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742063660	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	150 MG	ORAL	TB24	EA	60 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742063760	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TB24	EA	60 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742063860	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	300 MG	ORAL	TB24	EA	60 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742063960	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	400 MG	ORAL	TB24	EA	60 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742064501	TRIAZOL	TRIAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	0.125 MG	ORAL	TABS	EA	100	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742064601	TRIAZOL	TRIAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	100	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742065601	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	100	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS					R	MEDPRMI
50742065605	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	500	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS					R	MEDPRMI
50742065728	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	1-0.5 MG	ORAL	TABS	EA	28 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742065784	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	1-0.5 MG	ORAL	TABS	EA	28 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742065828	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.5-0.1 MC	ORAL	TABS	EA	28 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742065884	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.5-0.1 MC	ORAL	TABS	EA	28 X	GENERIC		50742	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
50742065928	DOLISHAI	LEVONOF	681200	Contracep	68120000	Contracep	S	90-20 MC	ORAL	TABS	EA	28 X	GENERIC		50742	N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO<1.34 THEN $0 COPAY	R	MEDPRMI
50742065984	DOLISHAI	LEVONOF	681200	Contracep	68120000	Contracep	S	90-20 MC	ORAL	TABS	EA	28 X	GENERIC		50742	N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO<1.34 THEN $0 COPAY	R	MEDPRMI
50742066504	PB-HYOS	PHENOB	120808	Antimusca	12080800	Antimusca	S	16.2 MG/5	ORAL	ELIX	ML	120	GENERIC		50742	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
50742066516	PB-HYOS	PHENOB	120808	Antimusca	12080800	Antimusca	S	16.2 MG/5	ORAL	ELIX	ML	480	GENERIC		50742	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
50742066604	PB-HYOS	PHENOB	120808	Antimusca	12080800	Antimusca	S	16.2 MG/5	ORAL	ELIX	ML	120	GENERIC		50742	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
50742066616	PB-HYOS	PHENOB	120808	Antimusca	12080800	Antimusca	S	16.2 MG/5	ORAL	ELIX	ML	480	GENERIC		50742	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
50742066701	PB-HYOS	PHENOB	120808	Antimusca	12080800	Antimusca	S	16.2 MG	ORAL	TABS	EA	100	GENERIC		50742	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
50770152007	CHAR-FL	CHARCO	560400	Antacids a	56040000	Antacids a	P	25-48 GM	ORAL	SUSP	ML	120	GENERIC		50770	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804000302	GOODSE	SODIUM F	561200	Cathartics	56120000	Cathartics	P	7-19 GM/1	RECTAL	ENEM	ML	133	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804000401	GOODSE	SODIUM F	561200	Cathartics	56120000	Cathartics	P	7-19 GM/1	RECTAL	ENEM	ML	133	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804000402	GOODSE	SODIUM F	561200	Cathartics	56120000	Cathartics	P	7-19 GM/1	RECTAL	ENEM	ML	133	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804000603	GOODSE	PHENYLE	481600	Expectora	48160000	Expectora	P	325MG-20	ORAL	TABS	EA	24	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804000701	GOODSE	ALCOHOL	940000	Devices	94000000	Devices	O	70%	DOES NO	PADS	EA	100	NON DRUG		50804	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804001232	GOODSE	CALCIUM	560400	Antacids a	56040000	Antacids a	P	750 MG	ORAL	CHEW	EA	32	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804001430	GOODSE	MENTHOI	521600	Local Ane	52160000	Local Ane	P	5.8 MG	MOUTH/T	LOZG	EA	30	GENERIC		50804 N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804001905	GOODSE	TETRAHY	523200	Vasocons	52320000	Vasocons	P	0.05-0.1-1	OPHTHAL	SOLN	ML	15	GENERIC	8/15/2023	50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804002130	GOODSE	MENTHOI	521600	Local Ane	52160000	Local Ane	P	7.5 MG	MOUTH/T	LOZG	EA	30	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804002518	GOODSE	BENZOC	840800	Antipruriti	84080000	Antipruriti	P	15-3.6 MG	MOUTH/T	LOZG	EA	18	GENERIC		50804 N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804004760	GOODSE	WITCH H	842412	Basic Oint	84241200	Basic Oint	P	50%	EXTERNA	PADS	EA	100	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804004893	GOODSE	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	TABS	EA	24	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804006050	GOODSE	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	25-500 MC	ORAL	TABS	EA	50	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804007286	GOODSE	MOUTHW	522800	Mouthwas	52280000	Mouthwas	P	.092%-.04	MOUTH/T	LIQD	ML	1000	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804007601	GOODSE	NEOMYCI	840404	Antibacter	84040400	Antibacter	P	3.5MG/GM	EXTERNA	CREA	GM	14.2	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804007701	GOODSE	CAMPHOI	842404	Basic Loti	84240400	Basic Loti	P	4%-10%-3	EXTERNA	CREA	GM	113	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804007801	GOODSE	CAMPHOI	929200	UNKNOW	92920000	UNKNOW	P	4.8-1.2-2.6	EXTERNA	OINT	GM	100	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804007901	GOODSE	ZINC OXI	841200	Astringent	84120000	Astringent	P	40%	EXTERNA	PSTE	GM	56.7	GENERIC		50804 N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804008810	GOODSE	IODINE (T	840416	UNKNOW	84041600	UNKNOW	O	2%	EXTERNA	TINC	ML	30	SSB		50804	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804009108	GOODSE	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	24	GENERIC		50804 N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804010730	GOODSE	GUAIFEN	481600	Expectora	48160000	Expectora	P	400 MG	ORAL	TABS	EA	30	GENERIC	12/30/2022	50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804010930	GOODSE	DEXTROM	480800	Antitussive	48080000	Antitussive	P	20-400 MC	ORAL	TABS	EA	30	GENERIC	12/30/2022	50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804011001	GOODSE	POLYVIN	529200	EENT Dru	52920000	EENT Dru	P	0.5-0.6 %	OPHTHAL	SOLN	ML	15	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804011217	GOODSE	CALCIUM	560400	Antacids a	56040000	Antacids a	P	500 MG	ORAL	CHEW	EA	150	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804012030	GOODSE	BISACOD	561200	Cathartics	56120000	Cathartics	P	5 MG	ORAL	TBEC	EA	30	GENERIC	1/8/2024	50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804012101	GOODSE	TETRAHY	523200	Vasocons	52320000	Vasocons	P	0.05-0.25	OPHTHAL	SOLN	ML	15	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804012204	GOODSE	BISMUTH	560800	Antidiarrh	56080000	Antidiarrh	P	525 MG/3(	ORAL	SUSP	ML	236	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804012249	GOODSE	BISMUTH	560800	Antidiarrh	56080000	Antidiarrh	P	262 MG	ORAL	CHEW	EA	30	GENERIC		50804 N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804012304	GOODSE	BISMUTH	560800	Antidiarrh	56080000	Antidiarrh	P	1050 MG/	ORAL	SUSP	ML	236	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804012413	GOODSE	MENTHOI	849200	Skin and M	84920000	Skin and M	P	5%	EXTERNA	PTCH	EA	5	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804012605	GOODSE	MENTHOI	849200	Skin and M	84920000	Skin and M	P	5%	EXTERNA	PTCH	EA	5	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804012722	GOODSE	CALCIUM	560400	Antacids a	56040000	Antacids a	P	750 MG	ORAL	CHEW	EA	96	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804012802	GOODSE	CHLORPH	40400	First Gene	4040000	First Gene	P	2-5-325 M	ORAL	TABS	EA	24	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804012822	GOODSE	CALCIUM	560400	Antacids a	56040000	Antacids a	P	750 MG	ORAL	CHEW	EA	96	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804012922	GOODSE	CALCIUM	560400	Antacids a	56040000	Antacids a	P	750 MG	ORAL	CHEW	EA	96	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804013001	GOODSE	TETRAHY	523200	Vasocons	52320000	Vasocons	P	0.05-0.1-1	OPHTHAL	SOLN	ML	15	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804014101	GOODSE	TETRAHY	523200	Vasocons	52320000	Vasocons	P	0.05%	OPHTHAL	SOLN	ML	15	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804014351	GOODSE	CARBAMI	520424	UNKNOW	52042400	UNKNOW	P	6.50%	OTIC	SOLN	ML	15	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804014352	GOODSE	CLOTRIM	840408	Antifungal	84040808	Azoles	P	1%	EXTERNA	CREA	GM	14	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804014361	GOODSE	CARBAMI	520424	UNKNOW	52042400	UNKNOW	P	6.50%	OTIC	SOLN	ML	15	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804015616	GOODSE	HYDROGI	840492	Local Anti-	84049200	Local Anti-	P	3%	EXTERNA	SOLN	ML	473	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804015712	GOODSE	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TABS	EA	100	GENERIC		50804	N	#N/A	ORIG_FR	10 EHB	#N/A							X	THEN $0 COPAY AND TIER+1	R	MEDPRMI
50804016001	GOODSE	POLYETH	529200	EENT Dru	52920000	EENT Dru	P	0.4-0.3 %	OPHTHAL	SOLN	ML	15	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804016438	GOODSE	MAGNESI	561200	Cathartics	56120000	Cathartics	P	1.745 GM/	ORAL	SOLN	ML	296	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804016638	GOODSE	MAGNESI	561200	Cathartics	56120000	Cathartics	P	1.745 GM/	ORAL	SOLN	ML	296	GENERIC		50804	N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804017168	GOODSE	CALCIUM	560400	Antacids a	56040000	Antacids a	P	1000 MG	ORAL	CHEW	EA	72	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804017402	GOODSE	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-10-100-	ORAL	TABS	EA	24	GENERIC	6/30/2024	50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804017568	GOODSE	CALCIUM	560400	Antacids a	56040000	Antacids a	P	1000 MG	ORAL	CHEW	EA	72	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804018001	GOODSE	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6 MG	ORAL	TABS	EA	100	GENERIC	12/6/2024	50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804019003	GOODSE	BISACOD	561200	Cathartics	56120000	Cathartics	P	5 MG	ORAL	TBEC	EA	25	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804019110	GOODSE	BENZOC	840800	Antipruriti	84080000	Antipruriti	P	20%	MOUTH/T	GEL	GM	14	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804019802	GOODSE	DIMENHY	562208	Antihistam	56220800	Antihistam	P	50 MG	ORAL	TABS	EA	12	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804019920	GOODSE	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	CAPS	EA	20	GENERIC	7/22/2024	50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804019940	GOODSE	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	CAPS	EA	40	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804021148	GOODSE	WITCH H	842412	Basic Oint	84241200	Basic Oint	P	50%	EXTERNA	PADS	EA	48	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804022705	GOODSE	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	500	GENERIC		50804	N	#N/A	ORIG_FR	10 EHB	#N/A							X	THEN $0 COPAY AND TIER+1	R	MEDPRMI
50804023603	GOODSE	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	50 MG	ORAL	CAPS	EA	32	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804025304	GOODSE	PYRETHR	840412	Scabicide	84041200	Scabicide	P	0.33-4 %	EXTERNA	SHAM	ML	118	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804026210	GOODSE	CAFFEINE	282032	UNKNOW	28203200	UNKNOW	P	200 MG	ORAL	TABS	EA	40	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
50804026221	GOODSE	CAFFEINE	282032	UNKNOW	28203200	UNKNOW	P	200 MG	ORAL	TABS	EA	16	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI

50804027516	GOODSE	ISOPROP	840492 Local Anti	84049200 Local Anti	O	70%	DOES NO	SOLN	ML	473	SSB		50804	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804027793	GOODSE	CHLORPH	40400 First Gene	4040000 First Gene	P	4 MG	ORAL	TABS	EA	24	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804028107	GOODSE	AROMATI	929200 UNKNOW	92920000 UNKNOW	P	0	INHALATI	INHA	EA	1	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804029986	GOODSE	CETYLPY	522800 Mouthwas	52280000 Mouthwas	P	0.07%	MOUTH/T	LIQD	ML	1000	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804031608	GOODSE	DEXTROM	480800 Antitussive	48080000 Antitussive	P	20-10-650	ORAL	LIQD	ML	245	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804031869	GOODSE	MOUTHW	522800 Mouthwas	52280000 Mouthwas	P	.092%-.04	MOUTH/T	LIQD	ML	250	GENERIC	1/1/2023	50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804031886	GOODSE	MOUTHW	522800 Mouthwas	52280000 Mouthwas	P	.092%-.04	MOUTH/T	LIQD	ML	1000	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804032756	GOODSE	BISACOD	561200 Cathartics	56120000 Cathartics	P	5 MG	ORAL	TBEC	EA	25	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804033706	GOODSE	PHENYLE	480800 Antitussive	48080000 Antitussive	P	2.5-5-100	ORAL	LIQD	ML	177	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804036416	GOODSE	METHYLC	561200 Cathartics	56120000 Cathartics	P	500 MG	ORAL	TABS	EA	100	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804037012	GOODSE	ASPIRIN	280804 Nonsteroi	28080424 Salicylates	P	325 MG	ORAL	TBEC	EA	125	GENERIC	1/8/2024	50804	N	#N/A	ORIG_FR	10 EHB	#N/A			X THEN $0 COPAY AND TIER=1	R	MEDPRMI
50804037130	GOODSE	GUAIFEN	481600 Expectora	48160000 Expectora	P	400 MG	ORAL	TABS	EA	30	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804037606	GOODSE	PHENOL (	522800 Mouthwas	52280000 Mouthwas	P	1.40%	MOUTH/T	LIQD	ML	177	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804037706	GOODSE	PHENOL (	522800 Mouthwas	52280000 Mouthwas	P	1.40%	MOUTH/T	LIQD	ML	177	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804039501	GOODSE	MAGNESI	561200 Cathartics	56120000 Cathartics	P	0-0	ORAL	GRAN	GM	454	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804039504	GOODSE	MAGNESI	561200 Cathartics	56120000 Cathartics	P	0-0	ORAL	GRAN	GM	1810	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804042168	GOODSE	ASPIRIN E	280804 Nonsteroi	28080424 Salicylates	P	325MG-10	ORAL	TBEF	EA	36	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804043230	GOODSE	DEXTROM	480800 Antitussive	48080000 Antitussive	P	20-400 M	ORAL	TABS	EA	30	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804046816	GOODSE	DEXTROM	480800 Antitussive	48080000 Antitussive	P	10-5-325	ORAL	CAPS	EA	16	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804046824	GOODSE	DEXTROM	480800 Antitussive	48080000 Antitussive	P	10-5-325	ORAL	CAPS	EA	24	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804047302	GOODSE	DIPHENH	40400 First Gene	4040000 First Gene	P	25-5-325	ORAL	TABS	EA	20	GENERIC	8/31/2023	50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804047606	GOODSE	PHENYLE	121204 alpha-Adr	12120400 alpha-Adr	P	5-325 MG	ORAL	TABS	EA	24	GENERIC	9/29/2022	50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804048401	GOODSE	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.6-50 MG	ORAL	TABS	EA	100	GENERIC	1/8/2024	50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804048601	GOODSE	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.6 MG	ORAL	TABS	EA	100	GENERIC	1/2/2024	50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804049224	GOODSE	SENNOSI	561200 Cathartics	56120000 Cathartics	P	25 MG	ORAL	TABS	EA	24	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804050308	GOODSE	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-10-200-	ORAL	TABS	EA	24	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804052510	GOODSE	ASPIRIN-	280804 Nonsteroi	28080424 Salicylates	P	250MG-25	ORAL	TABS	EA	100	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804055102	GOODSE	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-2-10-32	ORAL	MISC	EA	20	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804055402	GOODSE	CHLORPH	40400 First Gene	4040000 First Gene	P	2-5-325 &	ORAL	MISC	EA	20	GENERIC	12/28/2022	50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804059201	GOODSE	MENTHOI	521600 Local Ane	52160000 Local Ane	P	5.4 MG	MOUTH/T	LOZG	EA	30	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804059301	GOODSE	MENTHOI	521600 Local Ane	52160000 Local Ane	P	7.5 MG	MOUTH/T	LOZG	EA	30	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804060105	GOODSE	KETOTIFE	520200 Antiallergi	52020000 Antiallergi	P	0.04%	OPHTHAL	SOLN	ML	5	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804061912	GOODSE	ALUM & M	560400 Antacids a	56040000 Antacids a	P	400-400-4	ORAL	SUSP	ML	355	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804062912	GOODSE	ALUM & M	560400 Antacids a	56040000 Antacids a	P	400-400-4	ORAL	SUSP	ML	355	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804063110	GOODSE	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.6 MG	ORAL	TABS	EA	100	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804063812	GOODSE	ALUM & M	560400 Antacids a	56040000 Antacids a	P	800-800-8	ORAL	SUSP	ML	355	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804063912	GOODSE	ALUM & M	560400 Antacids a	56040000 Antacids a	P	200-200-2	ORAL	SUSP	ML	355	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804064712	GOODSE	MAGNESI	561200 Cathartics	56120000 Cathartics	P	1200 MG/	ORAL	SUSP	ML	355	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804064812	MILK OF	MAGNESI	561200 Cathartics	56120000 Cathartics	P	400 MG/5	ORAL	SUSP	ML	355	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804064912	GOODSE	MAGNESI	561200 Cathartics	56120000 Cathartics	P	1200 MG/	ORAL	SUSP	ML	355	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804066412	GOODSE	MOUTHW	522800 Mouthwas	52280000 Mouthwas	P	.092%-.04	MOUTH/T	LIQD	ML	1500	GENERIC	1/1/2023	50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804066469	GOODSE	MOUTHW	522800 Mouthwas	52280000 Mouthwas	P	21.6%-.09	MOUTH/T	LIQD	ML	250	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804066486	GOODSE	MOUTHW	522800 Mouthwas	52280000 Mouthwas	P	21.6%-.09	MOUTH/T	LIQD	ML	1000	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804067205	GOODSE	PHENYLE	481600 Expectora	48160000 Expectora	P	325MG-20	ORAL	TABS	EA	24	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804070001	GOODSE	CARBOXY	529200 EENT Dru	52920000 EENT Dru	P	0.50%	OPHTHAL	SOLN	ML	30	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804074803	GOODSE	SALICYLI	842800 Keratolytic	84280000 Keratolytic	P	17%	EXTERNA	LIQD	ML	9	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804074903	GOODSE	SALICYLI	842800 Keratolytic	84280000 Keratolytic	P	17%	EXTERNA	KIT	EA	1	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804080503	GOODSE	PHENYLE	481600 Expectora	48160000 Expectora	P	325MG-20	ORAL	TABS	EA	24	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804081043	GOODSE	ISOPROP	840492 Local Anti	84049200 Local Anti	O	70%	DOES NO	SOLN	ML	473	SSB		50804	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804081072	GOODSE	ISOPROP	840492 Local Anti	84049200 Local Anti	O	70%	DOES NO	SOLN	ML	295	SSB		50804 N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804082502	GOODSE	DIPHENH	282492 Anxiolytics	28249200 Anxiolytics	P	25-500 M	ORAL	TABS	EA	20	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804082603	GOODSE	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	24	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804082803	GOODSE	CHLORPH	40400 First Gene	4040000 First Gene	P	2-5-325 M	ORAL	TABS	EA	24	GENERIC	12/28/2023	50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804083143	GOODSE	MINERAL	561200 Cathartics	56120000 Cathartics	P	99.90%	ORAL	OIL	ML	473	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804083805	PAIN REL	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	4%	EXTERNA	PTCH	EA	5	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804084010	GOODSE	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	CAPS	EA	10	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804084543	GOODSE	ISOPROP	840492 Local Anti	84049200 Local Anti	O	70%	DOES NO	SOLN	ML	473	SSB		50804	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804085510	GOODSE	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.6-50 MG	ORAL	TABS	EA	100	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804086032	GOODSE	DIPHENH	282492 Anxiolytics	28249200 Anxiolytics	P	50 MG	ORAL	CAPS	EA	32	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804086225	GOODSE	DOCUSAT	561200 Cathartics	56120000 Cathartics	P	100 MG	ORAL	CAPS	EA	25	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804087134	GOODSE	HYDROGI	840492 Local Anti	84049200 Local Anti	P	3%	EXTERNA	SOLN	ML	236	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804087143	GOODSE	HYDROGI	840492 Local Anti	84049200 Local Anti	P	3%	EXTERNA	SOLN	ML	473	GENERIC	1/1/2023	50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804087199	GOODSE	HYDROGI	840492 Local Anti	84049200 Local Anti	P	3%	EXTERNA	SOLN	ML	236	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804087320	GOODSE	CHLORPH	40400 First Gene	4040000 First Gene	P	2-7.8-325	ORAL	TBEF	EA	20	GENERIC		50804 N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804087643	GOODSE	ALCOHOL	840492 Local Anti	84049200 Local Anti	P	70%	DOES NO	SOLN	ML	473	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804088001	GOODSE	ASPIRIN	280804 Nonsteroi	28080424 Salicylates	P	81 MG	ORAL	TBEC	EA	120	GENERIC		50804	N	#N/A	ORIG_FR	10 EHB	#N/A			X THEN $0 COPAY AND TIER=1	R	MEDPRMI
50804088210	GOODSE	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.6 MG	ORAL	TABS	EA	100	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804089816	GOODSE	DEXTROM	480800 Antitussive	48080000 Antitussive	P	10-5-325	ORAL	CAPS	EA	16	GENERIC		50804	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50804099008	GOODSE	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500-60-15	ORAL	TABS	EA	24	GENERIC		50804 N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50816002502	METOPR	METOPR	242000 Alpha-Adr	24200000 Alpha-Adr	S	25 MG	ORAL	TB24	EA	100 X	GENERIC		50816	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
50816002503	METOPR	METOPR	242000 Alpha-Adr	24200000 Alpha-Adr	S	25 MG	ORAL	TB24	EA	1000 X	GENERIC		50816	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
50816005002	METOPR	METOPR	242000 Alpha-Adr	24200000 Alpha-Adr	S	50 MG	ORAL	TB24	EA	100 X	GENERIC		50816	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
50816005003	METOPR	METOPR	242000 Alpha-Adr	24200000 Alpha-Adr	S	50 MG	ORAL	TB24	EA	1000 X	GENERIC		50816	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
50816010002	METOPR	METOPR	242000 Alpha-Adr	24200000 Alpha-Adr	S	100 MG	ORAL	TB24	EA	100 X	GENERIC		50816	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
50816010003	METOPR	METOPR	242000 Alpha-Adr	24200000 Alpha-Adr	S	100 MG	ORAL	TB24	EA	1000 X	GENERIC		50816	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
50816020002	METOPR	METOPR	242000 Alpha-Adr	24200000 Alpha-Adr	S	200 MG	ORAL	TB24	EA	100 X	GENERIC		50816	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
50816020003	METOPR	METOPR	242000 Alpha-Adr	24200000 Alpha-Adr	S	200 MG	ORAL	TB24	EA	1000 X	GENERIC		50816	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
50844021114	PSEUDOE	PSEUDOE	121212 alpha- anc	12121200 alpha- anc	P	30 MG	ORAL	TABS	EA	500	GENERIC	8/25/2023	50844	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50844054744	MUCUS R	PSEUDOE	481600 Expectora	48160000 Expectora	P	400MG-40	ORAL	TABS	EA	18	GENERIC		50844	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50864000200	SWEATBL	DERMATO	849200 Skin and M	84920000 Skin and M	O	14%	EXTERNA	MISC	EA	10	SSB		50864	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50864000216	SWEATBL	DERMATO	849200 Skin and M	84920000 Skin and M	O	16%	EXTERNA	LOTN	ML	50	SSB		50864	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50864000230	SWEATBL	DERMATO	849200 Skin and M	84920000 Skin and M	O	15%	EXTERNA	MISC	EA	10	SSB		50864	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50868002025	PREVELE	SURGICA	940000 Devices	94000000 Devices	R	0	DOES NO	LIQD	ML	4	NON DRUG		50868	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50881000560	JAKAFI	RUXOLITI	100000 Antineopla	10000000 Antineopla	R	5MG	ORAL	TABS	EA	60	SSB		50881	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X		R	MEDPRMI
50881000603	ZYNYZ	RETIFANL	100000 Antineopla	10000000 Antineopla	R	500 MG/2	INTRAVEI	SOLN	ML	20	SSB		50881	N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50881000704	OPZELUR	RUXOLITI	840616 UNKNOW	84061600 UNKNOW	R	1.50%	EXTERNA	CREA	GM	5	SSB		50881	Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50881000705	OPZELUR	RUXOLITI	840616 UNKNOW	84061600 UNKNOW	R	1.50%	EXTERNA	CREA	GM	60	SSB		50881	N	FORMULARY		2 BRAND	PREFERRED BRAND	X	PA:X		R	MEDPRMI
50881001060	JAKAFI	RUXOLITI	100000 Antineopla	10000000 Antineopla	R	10MG	ORAL	TABS	EA	60	SSB		50881	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X		R	MEDPRMI
50881001560	JAKAFI	RUXOLITI	100000 Antineopla	10000000 Antineopla	R	15MG	ORAL	TABS	EA	60	SSB		50881	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X		R	MEDPRMI
50881002060	JAKAFI	RUXOLITI	100000 Antineopla	10000000 Antineopla	R	20MG	ORAL	TABS	EA	60	SSB		50881	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X		R	MEDPRMI
50881002560	JAKAFI	RUXOLITI	100000 Antineopla	10000000 Antineopla	R	25MG	ORAL	TABS	EA	60	SSB		50881	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X		R	MEDPRMI
50881002601	PEMAZYF	PEMIGAT	100000 Antineopla	10000000 Antineopla	R	4.5MG	ORAL	TABS	EA	14	SSB		50881	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X		R	MEDPRMI
50881002701	PEMAZYF	PEMIGAT	100000 Antineopla	10000000 Antineopla	R	9MG	ORAL	TABS	EA	14	SSB		50881	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X		R	MEDPRMI
50881002801	PEMAZYF	PEMIGAT	100000 Antineopla	10000000 Antineopla	R	13.5MG	ORAL	TABS	EA	14	SSB		50881	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X		R	MEDPRMI
50902010469	HORNY G	MISC NAT	929200 UNKNOW	92920000 UNKNOW	O	60MG-250	ORAL	CAPS	EA	60	MSB		50902	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRMI
50924004301	COAGUC	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		50924	N	FORMULARY		2 BRAND	PREFERRED BRAND				R	MEDPRMI
50924007920	ACCU-CH	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		50924	N	FORMULARY		2 BRAND	PREFERRED BRAND				R	MEDPRMI
50924010310	TRACER	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		50924	N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION			FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GF	R	MEDPRMI
50924010910	CHEMST	MULTIPLE	368800 Urine and	36880000 Urine and	O	0	IN VITRO	STRP	EA	100	NON DRUG		50924	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50924014510	CHEMST	MULTIPLE	368800 Urine and	36880000 Urine and	O	0	IN VITRO	STRP	EA	100	NON DRUG		50924	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50924014630	CHEMST	ALBUMIN	368828 Protein	36882800 Protein	O	0	IN VITRO	STRP	EA	30	NON DRUG		50924	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50924015210	CHEMST	PH TEST	368824 pH	36882400 pH	O	0	IN VITRO	STRP	EA	100	NON DRUG		50924	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50924021807	CHEMST	MULTIPLE	368800 Urine and	36880000 Urine and	O	0	IN VITRO	STRP	EA	100	NON DRUG		50924	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50924024748	COAGUC	PT/INR TE	360000 Diagnostic	36000000 Diagnostic	O	0	IN VITRO	STRP	EA	48	NON DRUG		50924	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50924044601	ACCU-CH	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		50924	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50924046706	CHEMST	MULTIPLE	368800 Urine and	36880000 Urine and	O	0	IN VITRO	STRP	EA	100	NON DRUG		50924	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50924050401	CHEMST	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		50924	N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION			FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GF	R	MEDPRMI
50924051310	CHEMST	URINE GL	368800 Urine and	36880000 Urine and	O	0	IN VITRO	STRP	EA	100	NON DRUG		50924	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50924051510	CHEMST	ACETONE	368812 Ketones	36881200 Ketones	O	0	IN VITRO	STRP	EA	100	NON DRUG		50924	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50924074310	CHEMST	MULTIPLE	368800 Urine and	36880000 Urine and	O	0	IN VITRO	STRP	EA	100	NON DRUG		50924	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50924081210	CHEMST	URINE DI	940000 Devices	94000000 Devices	O	0	IN VITRO	STRP	EA	50	SSB		50924	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50924082810	CHEMST	MULTIPLE	368800 Urine and	36880000 Urine and	O	0	IN VITRO	STRP	EA	100	NON DRUG		50924	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50924095120	ACCU-CH	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		50924	N	FORMULARY		2 BRAND	PREFERRED BRAND				R	MEDPRMI
50924097110	ACCU-CH	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		50924	N	FORMULARY		2 BRAND	PREFERRED BRAND				R	MEDPRMI
50930006002	FEMINEA	VAGINAL	849200 Skin and M	84920000 Skin and M	O	0-0	VAGINAL	CREA	GM	60	SSB		50930	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50930009502	MOUTH K	ARTIFICI	529200 EENT Dru	52920000 EENT Dru	O	0-0-0-0	MOUTH/T	SOLN	ML	59	SSB		50930	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50930009802	MOUTH K	ARTIFICI	529200 EENT Dru	52920000 EENT Dru	O	0-0-0-0-0	MOUTH/T	SOLN	ML	60	SSB		50930	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50930009803	MOUTH K	ARTIFICI	529200 EENT Dru	52920000 EENT Dru	O	0-0-0-0-0	MOUTH/T	SOLN	ML	4	SSB		50930	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50930009808	MOUTH K	ARTIFICI	529200 EENT Dru	52920000 EENT Dru	O	0-0-0-0-0	MOUTH/T	SOLN	ML	240	SSB		50930	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50930028008	PRETZ IR	SODIUM (	529200 EENT Dru	52920000 EENT Dru	O	0-0	NASAL	SOLN	ML	237	SSB		50930 N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50930028020	PRETZ N	SODIUM (	529200 EENT Dru	52920000 EENT Dru	O	0-0-0-0	NASAL	SOLN	ML	20	SSB		50930	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50930028032	PRETZ	SODIUM (	529200 EENT Dru	52920000 EENT Dru	O	0-0	NASAL	SOLN	ML	946	SSB		50930	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50930028050	PRETZ	SODIUM (	529200 EENT Dru	52920000 EENT Dru	O	0-0	NASAL	SOLN	ML	50	SSB		50930	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50939001001	EASYGEL	STANNOU	340400 UNKNOW	34040000 UNKNOW	S	0.40%	DENTAL	GEL	GM	129	GENERIC		50939	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
50939002001	EASYGEL	STANNOU	340400 UNKNOW	34040000 UNKNOW	P	0.40%	DENTAL	GEL	GM	129	GENERIC		50939	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50939003001	EASYGEL	STANNOU	340400 UNKNOW	34040000 UNKNOW	S	0.40%	DENTAL	GEL	GM	129	GENERIC		50939	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
50939004001	EASYGEL	STANNOU	340400 UNKNOW	34040000 UNKNOW	P	0.40%	DENTAL	GEL	GM	129	GENERIC		50939	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50939005001	EASYGEL	STANNOU	340400 UNKNOW	34040000 UNKNOW	S	0.40%	DENTAL	GEL	GM	129	GENERIC		50939	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
50939009001	EASYGEL	STANNOU	340400 UNKNOW	34040000 UNKNOW	S	0.40%	DENTAL	GEL	GM	129	GENERIC		50939	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
50948035602	GRAFCO	ULTRASC	360000 Diagnostic	36000000 Diagnostic	P	0	EXTERNA	GEL	ML	5000	NON DRUG		50948	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50951000200	CERAXO	CITICOLI	929200 UNKNOW	92920000 UNKNOW	O	500 MG	ORAL	TABS	EA	60	SSB		50951	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50951000203	CERAXO	CITICOLI	929200 UNKNOW	92920000 UNKNOW	O	1000 MG/	ORAL	SOLN	ML	10	SSB		50951	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50951000206	CERAXO	CITICOLI	929200 UNKNOW	92920000 UNKNOW	O	1000 MG	ORAL	TABS	EA	30	SSB		50951	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50967012630	IROSPAN	FE BISGL	200404 Iron Prepa	20040400 Iron Prepa	R	300MCG-	ORAL	MISC	EA	30	SSB		50967	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50967021990	NESTABS	PRENATA	882800 Multivitam	88280000 Multivitam	R	32-1 MG	ORAL	TABS	EA	90	SSB		50967 N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50967031730	NESTABS	PRENATA	882800 Multivitam	88280000 Multivitam	R	32-1 MG	ORAL	MISC	EA	60	SSB		50967	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50967035760	PROCOR	HYDROC	840800 Antipruritic	84080000 Antipruritic	R	1.85-1.15	EXTERNA	CREA	GM	60	SSB		50967	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
50967041030	NESTABS	PRENATA	882800 Multivitam	88280000 Multivitam	R	38-1-225	ORAL	CAPS	EA	30	SSB		50967	N	EXCLUDE	N/A: [DRU	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
50989000206	KINESIO	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	2	NON DRUG		50989	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50989000207	KINESIO	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	1	NON DRUG		50989	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50989000208	KINESIO	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	1	NON DRUG		50989	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50989000209	KINESIO	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	1	NON DRUG		50989	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50989000210	KINESIO	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	1	NON DRUG		50989	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50989000211	KINESIO	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	1	NON DRUG		50989	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50989000212	KINESIO	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	1	NON DRUG		50989	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50989000213	KINESIO	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	1	NON DRUG		50989	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50989000214	KINESIO	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	1	NON DRUG		50989	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50989000215	KINESIO	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	1	NON DRUG		50989	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50989000229	KINESIO	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	50	NON DRUG		50989	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50989000230	KINESIO	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	50	NON DRUG		50989	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50989000231	KINESIO	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	50	NON DRUG		50989	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50989000232	KINESIO	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	50	NON DRUG		50989	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50989000233	KINESIO	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	50	NON DRUG		50989	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50989000236	KINESIO	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	1	NON DRUG		50989	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50989000237	KINESIO	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	1	NON DRUG		50989	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50989000238	KINESIO	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	1	NON DRUG		50989	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50989000239	KINESIO	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	1	NON DRUG		50989	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50989000240	KINESIO	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	1	NON DRUG		50989	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50989000241	KINESIO	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	1	NON DRUG		50989	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50989000242	KINESIO	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	1	NON DRUG		50989	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50991012116	POLYTUS	PHENYLE	480800 Antitussive	48080000 Antitussive	P	7.5-2-15	ORAL	LIQD	ML	473	MSB	8/30/2023	50991	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRMI
50991013216	POLYTUS	PHENYLE	480800 Antitussive	48080000 Antitussive	O	5-12.5-7.5	ORAL	LIQD	ML	473	SSB		50991	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50991013616	ENDAL	TRIPROLI	480800 Antitussive	48080000 Antitussive	O	1.25-10 M	ORAL	LIQD	ML	473	SSB		50991	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50991021201	POLY-VEI	PSEUDOE	481600 Expectora	48160000 Expectora	O	60-380 M	ORAL	TABS	EA	100	SSB		50991	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50991021401	POLY-VEI	PSEUDOE	480800 Antitussive	48080000 Antitussive	O	60-20-380	ORAL	TABS	EA	100	SSB		50991	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50991022016	POLY-HIS	PHENYLE	480800 Antitussive	48080000 Antitussive	O	10MG/5M	ORAL	LIQD	ML	473	SSB		50991	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50991022245	POLY-HIS	THONZYL	40400 First Gene	4040000 First Gene	O	6.25-6.25	ORAL	LIQD	ML	45	SSB	3/31/2022	50991	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50991023101	UDAMIN	MULTIPLE	882800 Multivitam	88280000 Multivitam	R	250MCG-	ORAL	TABS	EA	100	SSB		50991	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50991032301	FOLTRAT	COBALAM	880800 Vitamin B	88080000 Vitamin B	R	500-1 MC	ORAL	TABS	EA	100	SSB		50991 N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50991044416	ALAHIST	PHENYLE	480800 Antitussive	48080000 Antitussive	O	5-12.5-10	ORAL	LIQD	ML	473	SSB		50991	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50991049216	POLYTUS	PHENYLE	480800 Antitussive	48080000 Antitussive	O	5-10-1 MG	ORAL	SYRP	ML	480	SSB	5/10/2022	50991	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50991053501	DURAFLU	PSEUDOE	480800 Antitussive	48080000 Antitussive	O	325MG-20	ORAL	TABS	EA	100	SSB		50991	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50991062601	POLY HIS	DOXYLAM	40400 First Gene	4040000 First Gene	O	10.5-10 M	ORAL	TABS	EA	100	SSB		50991	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50991072316	POLY-TU	PHENYLE	480800 Antitussive	48080000 Antitussive	O	4MG/5ML-	ORAL	LIQD	ML	473	SSB		50991	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND			X AGE_YEA MUST BE AT LEAST	R	MEDPRMI
50991073690	DECONE	PHENYLE	481600 Expectora	48160000 Expectora	O	10-385 M	ORAL	TABS	EA	90	SSB		50991	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50991074001	DECONE	PHENYLE	480800 Antitussive	48080000 Antitussive	O	10-17.5-4	ORAL	TABS	EA	100	SSB		50991	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50991077601	ALAHIST	PHENIRA	40400 First Gene	4040000 First Gene	O	17.5-10 M	ORAL	TABS	EA	100	SSB		50991	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50991078360	ALA-HIST	DEXBROM	40400 First Gene	4040000 First Gene	O	2 MG	ORAL	TABS	EA	60	SSB		50991	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50991078490	ALAHIST	PHENYLE	480800 Antitussive	48080000 Antitussive	O	2MG-20M	ORAL	TABS	EA	90	SSB		50991	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50991078890	ALAHIST	DEXBROM	40400 First Gene	4040000 First Gene	O	2-7.5 MG	ORAL	TABS	EA	90	SSB		50991	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
50991082616	ALAHIST	PHENYLE	480800 Antitussive	48080000 Antitussive	P	7.5-2-15	ORAL	LIQD	ML	473	MSB	9/19/2023	50991	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRMI
50991097730	FOLITE	FOLIC AC	880800 Vitamin B	88080000 Vitamin B	R	200MG-20	ORAL	TABS	EA	30	SSB		50991	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
50991098830	TOLECTI	TOLMETI	280804 Nonsteroi	28080492 Other Non	R	600 MG	ORAL	TABS	EA	30 X	SSB		50991	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
50991099960	NORGESI	ORPHENA	280804 Nonsteroi	28080424 Salicylates	S	50-770-60	ORAL	TABS	EA	60	MSB		50991	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
51021025005	DICLOFE	DICLOFE	840620 UNKNOW	84062000 UNKNOW	S	1.50%	EXTERNA	SOLN	ML	150	GENERIC	3/6/2024	51021	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
51021037701	ORMECA	DICLOFE	840620 UNKNOW	84062000 UNKNOW	R	3 & 46-0.4	COMBINA	KIT	EA	1	SSB	3/6/2024	51021	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
51021041001	METAXAL	METAXAL	122004 UNKNOW	12200400 UNKNOW	R	800 & 0.02	COMBINA	KIT	EA	1	SSB	3/6/2024	51021	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
51028000102	MEDLAN	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		51028	N	FORMULARY		2 BRAND	PREFERRED BRAND				R	MEDPRMI
51028000103	MEDLAN	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		51028	N	FORMULARY		2 BRAND	PREFERRED BRAND				R	MEDPRMI
51028000104	CLIP & ST	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		51028	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51028000105	HYDRAS	EMOLLIE	842412 Basic Oint	84241200 Basic Oint	O	0	EXTERNA	CREA	GM	113.4	SSB		51028	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51028000121	MEDLAN	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		51028	N	FORMULARY		2 BRAND	PREFERRED BRAND				R	MEDPRMI
51028000125	MEDLAN	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		51028	N	FORMULARY		2 BRAND	PREFERRED BRAND				R	MEDPRMI
51028000128	ACTI-LAN	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		51028	N	FORMULARY		2 BRAND	PREFERRED BRAND				R	MEDPRMI
51028000133	MEDLAN	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200	NON DRUG		51028	N	FORMULARY		2 BRAND	PREFERRED BRAND				R	MEDPRMI
51028000158	MICRODO	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		51028	N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION			FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GF	R	MEDPRMI
51028000172	MICRODO	BLOOD G	940000 Devices	94000000 Devices	O	0	IN VITRO	SOLN	EA	1	NON DRUG		51028	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51028000175	MICRODO	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	50	NON DRUG		51028	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
51044000842	EVERLYW	COVID-19	360000 Diagnostic	36000000 Diagnostic	O	0	IN VITRO	KIT	EA	1	NON DRUG		51044	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51068050101	ACTIVON	HISTAMIN	849200 Skin and M	84920000 Skin and M	O	0.028-4.57	EXTERNA	STCK	GM	57	SSB		51068	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51079001501	NEOMYC	NEOMYCI	81202 Aminoglyc	8120200 Aminoglyc	S	500 MG	ORAL	TABS	EA	1	GENERIC		51079 Y	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
51079001520	NEOMYC	NEOMYCI	81202 Aminoglyc	8120200 Aminoglyc	S	500 MG	ORAL	TABS	EA	100	GENERIC		51079 Y	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
51079002001	BUDESO	BUDESON	680400 Adrenals	68040000 Adrenals	S	3 MG	ORAL	CPEP	EA	1	GENERIC	5/3/2022	51079	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
51079002003	BUDESO	BUDESON	680400 Adrenals	68040000 Adrenals	S	3 MG	ORAL	CPEP	EA	30	GENERIC	5/3/2022	51079	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
51079002301	METOLAZ	METOLAZ	243624 UNKNOW	24362400 UNKNOW	S	2.5 MG	ORAL	TABS	EA	1 X	GENERIC		51079	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
51079002320	METOLAZ	METOLAZ	243624 UNKNOW	24362400 UNKNOW	S	2.5 MG	ORAL	TABS	EA	100 X	GENERIC		51079	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
51079002401	METOLAZ	METOLAZ	243624 UNKNOW	24362400 UNKNOW	S	5 MG	ORAL	TABS	EA	1 X	GENERIC		51079	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
51079002420	METOLAZ	METOLAZ	243624 UNKNOW	24362400 UNKNOW	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		51079	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
51079002801	TACROLI	TACROLI	902828 UNKNOW	90282892 UNKNOW	S	5 MG	ORAL	CAPS	EA	1 X	GENERIC		51079	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
51079002820	TACROLI	TACROLI	902828 UNKNOW	90282892 UNKNOW	S	5 MG	ORAL	CAPS	EA	100 X	GENERIC		51079	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
51079005101	PANTOPF	PANTOPF	562836 Proton-pu	56283600 Proton-pu	S	40 MG	ORAL	TBEC	EA	1 X	GENERIC		51079	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
51079005120	PANTOPF	PANTOPF	562836 Proton-pu	56283600 Proton-pu	S	40 MG	ORAL	TBEC	EA	100 X	GENERIC		51079	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
51079005801	CHLORTH	CHLORTH	243624 UNKNOW	24362400 UNKNOW	S	25 MG	ORAL	TABS	EA	1 X	GENERIC		51079	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
51079005820	CHLORTH	CHLORTH	243624 UNKNOW	24362400 UNKNOW	S	25 MG	ORAL	TABS	EA	100 X	GENERIC		51079	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
51079007201	FUROSEM	FUROSEM	243608 UNKNOW	24360800 UNKNOW	S	20 MG	ORAL	TABS	EA	1 X	GENERIC	8/1/2024	51079	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
51079007220	FUROSEM	FUROSEM	243608 UNKNOW	24360800 UNKNOW	S	20 MG	ORAL	TABS	EA	100 X	GENERIC	8/1/2024	51079	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
51079007301	FUROSEM	FUROSEM	243608 UNKNOW	24360800 UNKNOW	S	40 MG	ORAL	TABS	EA	1 X	GENERIC	9/4/2024	51079	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
51079007320	FUROSEM	FUROSEM	243608 UNKNOW	24360800 UNKNOW	S	40 MG	ORAL	TABS	EA	100 X	GENERIC	9/4/2024	51079	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
51079007401	HYDRALA	HYDRALA	240816 Central Al	24081600 Central Al	S	10 MG	ORAL	TABS	EA	1 X	GENERIC		51079	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
51079007420	HYDRALA	HYDRALA	240816 Central Al	24081600 Central Al	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		51079	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
51079007501	HYDRALA	HYDRALA	240816 Central Al	24081600 Central Al	S	25 MG	ORAL	TABS	EA	1 X	GENERIC		51079	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
51079007520	HYDRALA	HYDRALA	240816 Central Al	24081600 Central Al	S	25 MG	ORAL	TABS	EA	100 X	GENERIC		51079	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
51079007601	HYDRALA	HYDRALA	240816 Central Al	24081600 Central Al	S	50 MG	ORAL	TABS	EA	1 X	GENERIC		51079	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
51079007620	HYDRALA	HYDRALA	240816 Central Al	24081600 Central Al	S	50 MG	ORAL	TABS	EA	100 X	GENERIC		51079	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
51079008301	ISONIAZI	ISONIAZI	81604 Antituberc	8160400 Antituberc	S	300 MG	ORAL	TABS	EA	1 X	GENERIC		51079	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
51079008320	ISONIAZI	ISONIAZI	81604 Antituberc	8160400 Antituberc	S	300 MG	ORAL	TABS	EA	100 X	GENERIC		51079	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
51079008601	MIRTAZA	MIRTAZA	281604 Antidepres	28160424 Serotonin	S	15 MG	ORAL	TABS	EA	1 X	GENERIC		51079	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
51079008620	MIRTAZA	MIRTAZA	281604 Antidepres	28160424 Serotonin	S	15 MG	ORAL	TABS	EA	100 X	GENERIC		51079	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
51079008701	MIRTAZA	MIRTAZA	281604 Antidepres	28160424 Serotonin	S	30 MG	ORAL	TABS	EA	1 X	GENERIC		51079	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
51079008720	MIRTAZA	MIRTAZA	281604 Antidepres	28160424 Serotonin	S	30 MG	ORAL	TABS	EA	100 X	GENERIC		51079	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
51079008801	MIRTAZA	MIRTAZA	281604 Antidepres	28160424 Serotonin	S	45 MG	ORAL	TABS	EA	1 X	GENERIC		51079	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
51079008820	MIRTAZA	MIRTAZA	281604 Antidepres	28160424 Serotonin	S	45 MG	ORAL	TABS	EA	100 X	GENERIC		51079 Y	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
51079009301	VALACYC	VALACYC	81832 Nucleosid	8183200 Nucleosid	S	500 MG	ORAL	TABS	EA	1	GENERIC		51079	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
51079009303	VALACYC	VALACYC	81832 Nucleosid	8183200 Nucleosid	S	500 MG	ORAL	TABS	EA	30	GENERIC		51079	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
51079010301	SPIRONO	SPIRONO	243220 Mineraloc	24322008 UNKNOW	S	25 MG	ORAL	TABS	EA	1 X	GENERIC		51079	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
51079010320	SPIRONO	SPIRONO	243220 Mineraloc	24322008 UNKNOW	S	25 MG	ORAL	TABS	EA	100 X	GENERIC		51079	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
51079012101	LANSOPF	LANSOPF	562836 Proton-pu	56283600 Proton-pu	S	30 MG	ORAL	CPDR	EA	1 X	GENERIC		51079	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
51079012108	LANSOPF	LANSOPF	562836 Proton-pu	56283600 Proton-pu	S	30 MG	ORAL	CPDR	EA	80 X	GENERIC		51079	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
51079014101	CHLORDI	CHLORDI	282408 Benzodiaz	28240800 Benzodiaz	S	25 MG	ORAL	CAPS	EA	1	GENERIC		51079	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
51079014120	CHLORDI	CHLORDI	282408 Benzodiaz	28240800 Benzodiaz	S	25 MG	ORAL	CAPS	EA	100	GENERIC		51079	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
51079014220	LITHIUM (	LITHIUM (	282800 Antimanic	28280000 Antimanic	S	450 MG	ORAL	TBCR	EA	100 X	GENERIC	10/2/2024	51079	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI

51079016403	VORICON	VORICON	81408	Azoles	8140800	Azoles	S	50 MG	ORAL	TABS	EA	30	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079016503	VORICON	VORICON	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	30	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079016901	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079016920	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079017001	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079017020	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079017101	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079017103	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	30 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079018001	LITHIUM (	LITHIUM (	282800	Antimanic	28280000	Antimanic	S	300 MG	ORAL	TBCR	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079018020	LITHIUM (	LITHIUM (	282800	Antimanic	28280000	Antimanic	S	300 MG	ORAL	TBCR	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079019901	CELECO>	CELECO>	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	1 X	GENERIC	1/23/2023	51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079019920	CELECO>	CELECO>	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	100 X	GENERIC	1/23/2023	51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079020401	ABACAVI	ABACAVI	81808	Antiretrovi	8180820	Nucleosid	S	300 MG	ORAL	TABS	EA	1 X	GENERIC		51079		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
51079020406	ABACAVI	ABACAVI	81808	Antiretrovi	8180820	Nucleosid	S	300 MG	ORAL	TABS	EA	50 X	GENERIC		51079		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
51079020501	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079020520	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079020601	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079020620	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079020801	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	1 X	GENERIC		51079		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
51079020820	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		51079		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
51079020901	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	1 X	GENERIC		51079		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
51079020920	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		51079		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
51079021001	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
51079021020	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
51079021103	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	30 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
51079021501	CELECO>	CELECO>	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	1 X	GENERIC	11/30/2022	51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079021520	CELECO>	CELECO>	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	100 X	GENERIC	11/30/2022	51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079024601	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	1	GENERIC	9/4/2024	51079		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
51079024620	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	100	GENERIC	9/4/2024	51079		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
51079025501	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079025520	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079027301	ENTACAF	ENTACAF	283612	UNKNOW	28361200	UNKNOW	S	200 MG	ORAL	TABS	EA	1 X	GENERIC	8/31/2022	51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079027303	ENTACAF	ENTACAF	283612	UNKNOW	28361200	UNKNOW	S	200 MG	ORAL	TABS	EA	30 X	GENERIC	8/31/2022	51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079028401	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	1	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079028420	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	100	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079028501	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	1	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079028520	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	100	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079028601	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	1	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079028620	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	100	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079028801	CLOZAPII	CLOZAPII	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TBDP	EA	1	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS			R	MEDPRMI
51079028804	CLOZAPII	CLOZAPII	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TBDP	EA	40	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS			R	MEDPRMI
51079030063	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	30 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079030601	POLYETH	POLYETH	561200	Cathartics	56120000	Cathartics	P	0-17GM-0	ORAL	PACK	EA	1	GENERIC		51079		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
51079030630	POLYETH	POLYETH	561200	Cathartics	56120000	Cathartics	P	0-17GM-0	ORAL	PACK	EA	30	GENERIC		51079		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
51079037401	CHLORDI	CHLORDI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	CAPS	EA	1	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079037420	CHLORDI	CHLORDI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	CAPS	EA	100	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079037501	CHLORDI	CHLORDI	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	CAPS	EA	1	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079037520	CHLORDI	CHLORDI	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	CAPS	EA	100	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079037901	MYCOPHI	MYCOPHI	924400	UNKNOW	92440000	UNKNOW	S	500 MG	ORAL	TABS	EA	1 X	GENERIC	8/1/2024	51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079037920	MYCOPHI	MYCOPHI	924400	UNKNOW	92440000	UNKNOW	S	500 MG	ORAL	TABS	EA	100 X	GENERIC	8/1/2024	51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079038301	URSODIC	URSODIC	561400	Cholelitho	56140000	Cholelitho	S	300 MG	ORAL	CAPS	EA	1 X	GENERIC	1/31/2023	51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079038320	URSODIC	URSODIC	561400	Cholelitho	56140000	Cholelitho	S	300 MG	ORAL	CAPS	EA	100 X	GENERIC	1/31/2023	51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079043101	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	10 MG	ORAL	TABS	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079043120	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079043601	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	CAPS	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079043620	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	CAPS	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079043701	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079043720	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079043801	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079043820	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079044001	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	50 MCG	ORAL	TABS	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
51079044020	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	50 MCG	ORAL	TABS	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
51079044101	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	75 MCG	ORAL	TABS	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
51079044120	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	75 MCG	ORAL	TABS	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
51079044201	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	100 MCG	ORAL	TABS	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
51079044220	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	100 MCG	ORAL	TABS	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
51079044301	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	125 MCG	ORAL	TABS	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
51079044320	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	125 MCG	ORAL	TABS	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
51079044401	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	25 MCG	ORAL	TABS	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
51079044420	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	25 MCG	ORAL	TABS	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
51079044501	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	150 MCG	ORAL	TABS	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
51079044520	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	150 MCG	ORAL	TABS	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
51079045301	MIDODRII	MIDODRII	121204	alpha-Adr	12120400	alpha-Adr	S	5 MG	ORAL	TABS	EA	1	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079045320	MIDODRII	MIDODRII	121204	alpha-Adr	12120400	alpha-Adr	S	5 MG	ORAL	TABS	EA	100	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079045801	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	1 X	GENERIC		51079		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
51079045820	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		51079		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
51079050801	MYCOPHI	MYCOPHI	924400	UNKNOW	92440000	UNKNOW	S	180 MG	ORAL	TBEC	EA	1 X	GENERIC	12/4/2023	51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079050820	MYCOPHI	MYCOPHI	924400	UNKNOW	92440000	UNKNOW	S	180 MG	ORAL	TBEC	EA	100 X	GENERIC	12/4/2023	51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079050901	MYCOPHI	MYCOPHI	924400	UNKNOW	92440000	UNKNOW	S	360 MG	ORAL	TBEC	EA	1 X	GENERIC	10/2/2023	51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079050920	MYCOPHI	MYCOPHI	924400	UNKNOW	92440000	UNKNOW	S	360 MG	ORAL	TBEC	EA	100 X	GENERIC	10/2/2023	51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079051001	CAPECIT/	CAPECIT/	100000	Antineopla	10000000	Antineopla	S	500 MG	ORAL	TABS	EA	1	GENERIC	5/31/2022	51079		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
51079051005	CAPECIT/	CAPECIT/	100000	Antineopla	10000000	Antineopla	S	500 MG	ORAL	TABS	EA	20	GENERIC	5/31/2022	51079		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
51079052701	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	80 MG	ORAL	TABS	EA	1 X	GENERIC	9/4/2024	51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079052720	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	80 MG	ORAL	TABS	EA	100 X	GENERIC	9/4/2024	51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079054701	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	60 MG	ORAL	TABS	EA	1	GENERIC	2/28/2022	51079		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
51079054720	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	60 MG	ORAL	TABS	EA	100	GENERIC	2/28/2022	51079		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
51079054801	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	1	GENERIC	2/28/2022	51079		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
51079054820	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	100	GENERIC	2/28/2022	51079		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
51079055067	ACYCLO\	ACYCLO\	840406	Antivirals	84040600	Antivirals	S	5%	EXTERNA	OINT	GM	5	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079055068	ACYCLO\	ACYCLO\	840406	Antivirals	84040600	Antivirals	S	5%	EXTERNA	OINT	GM	5	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079056501	THIORID/	THIORID/	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079056520	THIORID/	THIORID/	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079056601	THIORID/	THIORID/	281608	Antipsych	28160824	Phenothia	S	25 MG	ORAL	TABS	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079056620	THIORID/	THIORID/	281608	Antipsych	28160824	Phenothia	S	25 MG	ORAL	TABS	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079056701	THIORID/	THIORID/	281608	Antipsych	28160824	Phenothia	S	50 MG	ORAL	TABS	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079056720	THIORID/	THIORID/	281608	Antipsych	28160824	Phenothia	S	50 MG	ORAL	TABS	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079057201	TRIFLUOI	TRIFLUOI	281608	Antipsych	28160824	Phenothia	S	1 MG	ORAL	TABS	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079057220	TRIFLUOI	TRIFLUOI	281608	Antipsych	28160824	Phenothia	S	1 MG	ORAL	TABS	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079057301	TRIFLUOI	TRIFLUOI	281608	Antipsych	28160824	Phenothia	S	2 MG	ORAL	TABS	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079057320	TRIFLUOI	TRIFLUOI	281608	Antipsych	28160824	Phenothia	S	2 MG	ORAL	TABS	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079057401	TRIFLUOI	TRIFLUOI	281608	Antipsych	28160824	Phenothia	S	5 MG	ORAL	TABS	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079057420	TRIFLUOI	TRIFLUOI	281608	Antipsych	28160824	Phenothia	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079057501	TRIFLUOI	TRIFLUOI	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079057520	TRIFLUOI	TRIFLUOI	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079058001	THIORID/	THIORID/	281608	Antipsych	28160824	Phenothia	S	100 MG	ORAL	TABS	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079058020	THIORID/	THIORID/	281608	Antipsych	28160824	Phenothia	S	100 MG	ORAL	TABS	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079058101	LEUCOV(	LEUCOV(	910412	UNKNOW	91041200	UNKNOW	S	5 MG	ORAL	TABS	EA	1	GENERIC	12/30/2022	51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079058106	LEUCOV(	LEUCOV(	910412	UNKNOW	91041200	UNKNOW	S	5 MG	ORAL	TABS	EA	50	GENERIC	12/30/2022	51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079058201	LEUCOV(	LEUCOV(	910412	UNKNOW	91041200	UNKNOW	S	25 MG	ORAL	TABS	EA	1	GENERIC	7/3/2023	51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079058205	LEUCOV(	LEUCOV(	910412	UNKNOW	91041200	UNKNOW	S	25 MG	ORAL	TABS	EA	20	GENERIC	7/3/2023	51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079058701	THIOTHIX	THIOTHIX	281608	Antipsych	28160832	Thioxanth	S	2 MG	ORAL	CAPS	EA	1 X	GENERIC	2/28/2022	51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079058720	THIOTHIX	THIOTHIX	281608	Antipsych	28160832	Thioxanth	S	2 MG	ORAL	CAPS	EA	100 X	GENERIC	2/28/2022	51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079058801	THIOTHIX	THIOTHIX	281608	Antipsych	28160832	Thioxanth	S	5 MG	ORAL	CAPS	EA	1 X	GENERIC	10/2/2023	51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079058820	THIOTHIX	THIOTHIX	281608	Antipsych	28160832	Thioxanth	S	5 MG	ORAL	CAPS	EA	100 X	GENERIC	10/2/2023	51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079058901	THIOTHIX	THIOTHIX	281608	Antipsych	28160832	Thioxanth	S	10 MG	ORAL	CAPS	EA	1 X	GENERIC	10/2/2023	51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079058920	THIOTHIX	THIOTHIX	281608	Antipsych	28160832	Thioxanth	S	10 MG	ORAL	CAPS	EA	100 X	GENERIC	10/2/2023	51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079059701	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	1	GENERIC		51079		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
51079059720	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	100	GENERIC		51079		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
51079059920	FENOFIBI	FENOFIBI	240606	Fibric Acic	24060600	Fibric Acid	S	48 MG	ORAL	TABS	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079060820	FENOFIBI	FENOFIBI	240606	Fibric Acic	24060600	Fibric Acid	S	145 MG	ORAL	TABS	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079062381	SULFAMY	MAFENID	840404	Antibacter	84040400	Antibacter	R	85 MG/GM	EXTERNA	CREA	GM	56.7	SSB	2/11/2022	51079		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
51079062383	SULFAMY	MAFENID	840404	Antibacter	84040400	Antibacter	R	85 MG/GM	EXTERNA	CREA	GM	453.6	SSB	2/11/2022	51079		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
51079063001	PRAZOSII	PRAZOSII	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	CAPS	EA	1 X	GENERIC	7/2/2024	51079	Y	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079063020	PRAZOSII	PRAZOSII	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	CAPS	EA	100 X	GENERIC	7/2/2024	51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079063101	PRAZOSII	PRAZOSII	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	1 X	GENERIC	7/2/2024	51079	Y	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079063120	PRAZOSII	PRAZOSII	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	100 X	GENERIC	7/2/2024	51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079063201	PRAZOSII	PRAZOSII	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	1 X	GENERIC	9/4/2024	51079	Y	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079063220	PRAZOSII	PRAZOSII	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	100 X	GENERIC	9/4/2024	51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079065101	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	CAPS	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079065120	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	CAPS	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079065701	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	2 MG	ORAL	TABS	EA	1 X	GENERIC	1/31/2023	51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079065720	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	2 MG	ORAL	TABS	EA	100 X	GENERIC	1/31/2023	51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079067001	METHOTF	METHOTF	100000	Antineopla	10000000	Antineopla	S	2.5 MG	ORAL	TABS	EA	1	GENERIC	6/20/2022	51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079067005	METHOTF	METHOTF	100000	Antineopla	10000000	Antineopla	S	2.5 MG	ORAL	TABS	EA	20	GENERIC	6/20/2022	51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079068401	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079068420	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079068501	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079068520	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079069001	LOPERAI	LOPERAI	560800	Antidiarrhe	56080000	Antidiarrhe	S	2 MG	ORAL	CAPS	EA	1	GENERIC	4/2/2024	51079	Y	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079069020	LOPERAI	LOPERAI	560800	Antidiarrhe	56080000	Antidiarrhe	S	2 MG	ORAL	CAPS	EA	100	GENERIC	4/2/2024	51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079072101	MYCOPHI	MYCOPHI	902808	UNKNOW	90280892	UNKNOW	S	250 MG	ORAL	CAPS	EA	1 X	GENERIC	9/4/2024	51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079072120	MYCOPHI	MYCOPHI	902808	UNKNOW	90280892	UNKNOW	S	250 MG	ORAL	CAPS	EA	100 X	GENERIC	9/4/2024	51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079073301	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	0.5 MG	ORAL	TABS	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079073320	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	0.5 MG	ORAL	TABS	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079073401	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	1 MG	ORAL	TABS	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079073420	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	1 MG	ORAL	TABS	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079073501	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	2 MG	ORAL	TABS	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079073520	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	2 MG	ORAL	TABS	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079073601	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	5 MG	ORAL	TABS	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079073620	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51079074901	CLOZAPII	CLOZAPII	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	1	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI

51079074920	CLOZAPI	CLOZAPI	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	100	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079075301	SUCRALF	SUCRALF	562832	Protectant	56283200	Protectant	S	1 GM	ORAL	TABS	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079075320	SUCRALF	SUCRALF	562832	Protectant	56283200	Protectant	S	1 GM	ORAL	TABS	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079075601	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MC	ORAL	TABS	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079075620	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MC	ORAL	TABS	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079075901	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079075920	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079076601	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TB24	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079076608	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TB24	EA	80 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079076701	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079076708	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	80 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079077101	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	3.125 MG	ORAL	TABS	EA	1 X	GENERIC	8/7/2024	51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079077120	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	3.125 MG	ORAL	TABS	EA	100 X	GENERIC	8/7/2024	51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079078201	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	1 X	GENERIC		51079		N	#N/A	ORIG_FR	10 EHB	#N/A	X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRMI
51079078220	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	100 X	GENERIC		51079		N	#N/A	ORIG_FR	10 EHB	#N/A	X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRMI
51079079301	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	250 MG	ORAL	TABS	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079079320	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	250 MG	ORAL	TABS	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079079401	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079079420	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079079501	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	1 X	GENERIC		51079 Y		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079079520	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079080101	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079080120	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079081001	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	1 X	GENERIC	2/28/2022	51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079081020	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	100 X	GENERIC	2/28/2022	51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079081101	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	1 X	GENERIC	1/3/2023	51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079081120	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	100 X	GENERIC	1/3/2023	51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079081201	NADOLOL	NADOLOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	1 X	GENERIC	8/31/2023	51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079081220	NADOLOL	NADOLOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	100 X	GENERIC	8/31/2023	51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079081301	NADOLOL	NADOLOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	40 MG	ORAL	TABS	EA	1 X	GENERIC	11/2/2022	51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079081320	NADOLOL	NADOLOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	40 MG	ORAL	TABS	EA	100 X	GENERIC	11/2/2022	51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079081701	TACROLI	TACROLI	902828	UNKNOW	90282892	UNKNOW	S	0.5 MG	ORAL	CAPS	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079081720	TACROLI	TACROLI	902828	UNKNOW	90282892	UNKNOW	S	0.5 MG	ORAL	CAPS	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079081801	TACROLI	TACROLI	902828	UNKNOW	90282892	UNKNOW	S	1 MG	ORAL	CAPS	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079081820	TACROLI	TACROLI	902828	UNKNOW	90282892	UNKNOW	S	1 MG	ORAL	CAPS	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079082101	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TABS	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079082120	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TABS	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079088601	METOCL	METOCL	563200	Prokinetic	56320000	Prokinetic	S	5 MG	ORAL	TABS	EA	1	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079088620	METOCL	METOCL	563200	Prokinetic	56320000	Prokinetic	S	5 MG	ORAL	TABS	EA	100	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079088801	METOCL	METOCL	563200	Prokinetic	56320000	Prokinetic	S	10 MG	ORAL	TABS	EA	1	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079088820	METOCL	METOCL	563200	Prokinetic	56320000	Prokinetic	S	10 MG	ORAL	TABS	EA	100	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079090501	PHENYTC	PHENYTC	281212	Hydantoin	28121200	Hydantoin	S	100 MG	ORAL	CAPS	EA	1 X	GENERIC	3/1/2023	51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079090520	PHENYTC	PHENYTC	281212	Hydantoin	28121200	Hydantoin	S	100 MG	ORAL	CAPS	EA	100 X	GENERIC	3/1/2023	51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079091701	VERAPAN	VERAPAN	240404	Antiarrhyt	24040424	Class IV A	S	120 MG	ORAL	CP24	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079091720	VERAPAN	VERAPAN	240404	Antiarrhyt	24040424	Class IV A	S	120 MG	ORAL	CP24	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079092101	CLOZAPI	CLOZAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	1	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079092120	CLOZAPI	CLOZAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	100	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079092201	CLOZAPI	CLOZAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	1	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079092220	CLOZAPI	CLOZAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	100	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079092301	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	50-200 MC	ORAL	TBCR	EA	1 X	GENERIC	5/31/2023	51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079092320	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	50-200 MC	ORAL	TBCR	EA	100 X	GENERIC	5/31/2023	51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079092401	DILTIAZEI	DILTIAZEI	240404	Antiarrhyt	24040424	Class IV A	S	60 MG	ORAL	CP12	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079092420	DILTIAZEI	DILTIAZEI	240404	Antiarrhyt	24040424	Class IV A	S	60 MG	ORAL	CP12	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079092501	DILTIAZEI	DILTIAZEI	240404	Antiarrhyt	24040424	Class IV A	S	90 MG	ORAL	CP12	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079092520	DILTIAZEI	DILTIAZEI	240404	Antiarrhyt	24040424	Class IV A	S	90 MG	ORAL	CP12	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079092601	DILTIAZEI	DILTIAZEI	240404	Antiarrhyt	24040424	Class IV A	S	120 MG	ORAL	CP12	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079092620	DILTIAZEI	DILTIAZEI	240404	Antiarrhyt	24040424	Class IV A	S	120 MG	ORAL	CP12	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079093001	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079093020	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079093101	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079093120	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079093201	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079093220	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079096001	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	1	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079096020	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	100	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079097801	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MC	ORAL	TBCR	EA	1 X	GENERIC	5/31/2023	51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079097820	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MC	ORAL	TBCR	EA	100 X	GENERIC	5/31/2023	51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079097901	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	1 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079097920	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	100 X	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079098008	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	100 MG	ORAL	TABS	EA	80 X	GENERIC	4/6/2023	51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079098501	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	1	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079098520	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	100	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079098601	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	1	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079098620	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	100	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079099101	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	1	GENERIC	9/12/2022	51079		N	FORMULARY		1 GEN	GENERICS	X	8 IN 1 DAYS	X	AGE_YEAMUST BE AT LEAST	R	MEDPRMI
51079099120	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	100	GENERIC	9/12/2022	51079		N	FORMULARY		1 GEN	GENERICS	X	8 IN 1 DAYS	X	AGE_YEAMUST BE AT LEAST	R	MEDPRMI
51079099401	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	30 MG	ORAL	TABS	EA	1	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51079099420	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	30 MG	ORAL	TABS	EA	100	GENERIC		51079		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51097000101	ADASUVE	LOXAPINE	281608	Antipsych	28160826	UNKNOW	R	10 MG	INHALATI	AEPB	EA	1	SSB		51097		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND					R	MEDPRMI
51097000102	ADASUVE	LOXAPINE	281608	Antipsych	28160826	UNKNOW	R	10 MG	INHALATI	AEPB	EA	1	SSB		51097		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND					R	MEDPRMI
51097000301	ADASUVE	LOXAPINE	281608	Antipsych	28160892	Miscellane	R	10 MG	INHALATI	AEPB	EA	1	SSB		51097		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND					R	MEDPRMI
51097000305	ADASUVE	LOXAPINE	281608	Antipsych	28160892	Miscellane	R	10 MG	INHALATI	AEPB	EA	1	SSB		51097		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND					R	MEDPRMI
51107000001	NASALCA	MISC NAT	529200	EENT Dru	52920000	EENT Dru	O	0	NASAL	PACK	EA	30	SSB		51107		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51107000010	NASALCA	MISC NAT	529200	EENT Dru	52920000	EENT Dru	O	0	NASAL	PACK	EA	30	SSB		51107		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51107000021	NASALCA	MISC NAT	529200	EENT Dru	52920000	EENT Dru	O	0	NASAL	PACK	EA	30	SSB		51107		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51107000041	NASALCA	MISC NAT	529200	EENT Dru	52920000	EENT Dru	O	0	NASAL	PACK	EA	30	SSB		51107		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51119000025	NEXCARE	OSTOMY	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30	NON DRUG		51119		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51129224001	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	1 X	GENERIC		51129	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51129262103	VIAGRA	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	2	MSB		51129	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION					R	MEDPRMI
51129262104	VIAGRA	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	4	MSB		51129	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION					R	MEDPRMI
51129262105	VIAGRA	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	6	MSB		51129	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION					R	MEDPRMI
51129303703	LEVITRA	VARDENA	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	2	MSB	12/27/2022	51129	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION					R	MEDPRMI
51129303704	LEVITRA	VARDENA	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	4	MSB	12/27/2022	51129	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION					R	MEDPRMI
51129303705	LEVITRA	VARDENA	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	6	MSB	12/27/2022	51129	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION					R	MEDPRMI
51129339503	VIAGRA	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	50 MG	ORAL	TABS	EA	2	MSB		51129	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION					R	MEDPRMI
51129339504	VIAGRA	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	50 MG	ORAL	TABS	EA	4	MSB		51129	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION					R	MEDPRMI
51129339505	VIAGRA	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	50 MG	ORAL	TABS	EA	6	MSB		51129	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION					R	MEDPRMI
51129357403	LEVITRA	VARDENA	240812	Calcium-c	24081200	UNKNOW	S	10 MG	ORAL	TABS	EA	2	MSB	12/27/2022	51129	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION					R	MEDPRMI
51129357404	LEVITRA	VARDENA	240812	Calcium-c	24081200	UNKNOW	S	10 MG	ORAL	TABS	EA	4	MSB	12/27/2022	51129	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION					R	MEDPRMI
51129357405	LEVITRA	VARDENA	240812	Calcium-c	24081200	UNKNOW	S	10 MG	ORAL	TABS	EA	6	MSB	12/27/2022	51129	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION					R	MEDPRMI
51129375603	BISACOD	BISACOD	561200	Cathartics	56120000	Cathartics	P	5 MG	ORAL	TBEC	EA	4	GENERIC		51129	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51129434003	VIAGRA	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	50 MG	ORAL	TABS	EA	2	MSB		51129	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION					R	MEDPRMI
51129434004	VIAGRA	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	50 MG	ORAL	TABS	EA	4	MSB		51129	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION					R	MEDPRMI
51129434005	VIAGRA	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	50 MG	ORAL	TABS	EA	6	MSB		51129	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION					R	MEDPRMI
51129434103	VIAGRA	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	2	MSB		51129	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION					R	MEDPRMI
51129434104	VIAGRA	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	4	MSB		51129	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION					R	MEDPRMI
51129434105	VIAGRA	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	6	MSB		51129	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION					R	MEDPRMI
51129462302	DEPAKOT	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	30 X	MSB		51129 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION					R	MEDPRMI
51129462402	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	3 MG	ORAL	TABS	EA	30 X	GENERIC		51129	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51129464602	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	25MG	ORAL	CHEW	EA	30 X	GENERIC		51129	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51131000014	NEXCARE	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	TAPE	EA	1	NON DRUG		51131		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51131000015	NEXCARE	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	TAPE	EA	1	NON DRUG		51131		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
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51383000305	DRAWTE	WOUND D	849200	Skin and	84920000	Skin and	O	0	EXTERNA	MISC	EA	5		SSB		51383			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51383000306	DRAWTE	WOUND D	849200	Skin and	84920000	Skin and	O	0	EXTERNA	MISC	EA	5		SSB		51383			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51383000307	DRAWTE	WOUND D	849200	Skin and	84920000	Skin and	O	0	EXTERNA	MISC	EA	5		SSB		51383			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51383000312	VASHE SI	WOUND C	849200	Skin and	84920000	Skin and	R	.033%-0	EXTERNA	SOLN	ML	118		SSB		51383			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	R	MEDPRIM
51383000313	VASHE W	WOUND C	849200	Skin and	84920000	Skin and	R	.033%-0	EXTERNA	SOLN	ML	250		SSB		51383			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	R	MEDPRIM
51383000314	VASHE W	WOUND C	849200	Skin and	84920000	Skin and	R	.033%-0	EXTERNA	SOLN	ML	475		SSB		51383			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	R	MEDPRIM
51383000316	VASHE SI	WOUND C	849200	Skin and	84920000	Skin and	R	.033%-0	EXTERNA	SOLN	ML	250		SSB		51383			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	R	MEDPRIM
51383000317	VASHE SI	WOUND C	849200	Skin and	84920000	Skin and	R	.033%-0	EXTERNA	SOLN	ML	475		SSB		51383			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	R	MEDPRIM
51383000322	VASHE SI	WOUND C	849200	Skin and	84920000	Skin and	O	.033%-0	EXTERNA	SOLN	ML	1000		SSB		51383			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51383000323	VASHE W	WOUND C	849200	Skin and	84920000	Skin and	R	0.03%	EXTERNA	SOLN	ML	1000		NON DRUG		51383			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	R	MEDPRIM
51407000101	HYDROX	HYDROX	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	100		GENERIC		51407	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407000105	HYDROX	HYDROX	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	500		GENERIC		51407	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407000201	HYDROX	HYDROX	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	CAPS	EA	100		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407000205	HYDROX	HYDROX	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	CAPS	EA	500		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407000701	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	100		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407000705	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	500		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407001030	BICALUT	BICALUT	100000	Antineopla	10000000	Antineopla	S	50 MG	ORAL	TABS	EA	30		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407001109	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	25 MG	ORAL	TABS	EA	9		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407001209	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	50 MG	ORAL	TABS	EA	9		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407001309	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	100 MG	ORAL	TABS	EA	9		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407001501	PROPAFE	PROPAFE	240404	Antiarrhyt	24040412	Class Ic A	S	150 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407001601	PROPAFE	PROPAFE	240404	Antiarrhyt	24040412	Class Ic A	S	225 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407001701	PROPAFE	PROPAFE	240404	Antiarrhyt	24040412	Class Ic A	S	300 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407001801	FLECAINI	FLECAINI	240404	Antiarrhyt	24040412	Class Ic A	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407001901	FLECAINI	FLECAINI	240404	Antiarrhyt	24040412	Class Ic A	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407001960	FLECAINI	FLECAINI	240404	Antiarrhyt	24040412	Class Ic A	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407002001	FLECAINI	FLECAINI	240404	Antiarrhyt	24040412	Class Ic A	S	150 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407002290	DESVENL	DESVENL	281604	Antidepres	28160416	UNKNOW	S	50 MG	ORAL	TB24	EA	90	X	GENERIC	9/29/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407002390	DESVENL	DESVENL	281604	Antidepres	28160416	UNKNOW	S	100 MG	ORAL	TB24	EA	90	X	GENERIC	9/29/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407002401	INDAPAM	INDAPAM	243624	UNKNOW	24362400	UNKNOW	S	1.25 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407002501	INDAPAM	INDAPAM	243624	UNKNOW	24362400	UNKNOW	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407002601	METHAZ	METHAZ	243604	UNKNOW	24360400	UNKNOW	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407002701	METHAZ	METHAZ	243604	UNKNOW	24360400	UNKNOW	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407003210	CLOPIDO	CLOPIDO	201218	Platelet-A	20121800	Platelet-A	S	75 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407003230	CLOPIDO	CLOPIDO	201218	Platelet-A	20121800	Platelet-A	S	75 MG	ORAL	TABS	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407003290	CLOPIDO	CLOPIDO	201218	Platelet-A	20121800	Platelet-A	S	75 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407003401	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	100		GENERIC	5/31/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407003405	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	500		GENERIC	8/2/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407003901	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	3.125 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407003905	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	3.125 MG	ORAL	TABS	EA	500	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407004001	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407004005	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	500	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407004101	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407004105	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	500	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407004201	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407004205	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	500	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407004710	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407004718	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	180	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407004727	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	270	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407004790	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407004810	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407004818	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	180	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407004827	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	270	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407004830	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407004860	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	60	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407004890	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407004905	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	500	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407004927	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	270	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407004990	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407005030	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	CP24	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407005130	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	CP24	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407005230	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	40 MG	ORAL	CP24	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407005330	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	CP24	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407005430	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	7 MG	ORAL	CP24	EA	30	X	GENERIC	12/7/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407005530	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	14 MG	ORAL	CP24	EA	30	X	GENERIC	12/7/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407005590	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	14 MG	ORAL	CP24	EA	90	X	GENERIC	12/7/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407005630	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	21 MG	ORAL	CP24	EA	30	X	GENERIC	1/3/2023	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407005730	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	28 MG	ORAL	CP24	EA	30	X	GENERIC	12/7/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407005790	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	28 MG	ORAL	CP24	EA	90	X	GENERIC	9/29/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407005860	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	60	X	GENERIC	9/29/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407005960	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TB24	EA	60	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407006030	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TBDP	EA	30	X	GENERIC	9/29/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407006130	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TBDP	EA	30	X	GENERIC	9/29/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407006230	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TBDP	EA	30	X	GENERIC	9/29/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407006330	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TBDP	EA	30	X	GENERIC	9/29/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407006430	ENTECAV	ENTECAV	81832	Nucleosid	8183200	Nucleosid	S	0.5 MG	ORAL	TABS	EA	30	X	GENERIC	11/2/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407006530	ENTECAV	ENTECAV	81832	Nucleosid	8183200	Nucleosid	S	1 MG	ORAL	TABS	EA	30	X	GENERIC	5/3/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407006601	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407006610	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407006701	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407006710	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407006801	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407006810	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407006901	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407006905	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	500	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407007005	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	300 MG	ORAL	TABS	EA	500	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407007060	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	300 MG	ORAL	TABS	EA	60	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407007101	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	400 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407007105	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	400 MG	ORAL	TABS	EA	500	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407007360	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TB24	EA	60	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407007460	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	150 MG	ORAL	TB24	EA	60	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407007560	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TB24	EA	60	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407007660	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	300 MG	ORAL	TB24	EA	60	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407007760	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	400 MG	ORAL	TB24	EA	60	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407007810	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407007890	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407007905	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	500	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407007990	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407008010	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407008090	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407008105	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	500	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407008190	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407008201	COLCHIC	COLCHIC	921600	UNKNOW	92160000	UNKNOW	S	0.6 MG	ORAL	TABS	EA	100		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407008230	COLCHIC	COLCHIC	921600	UNKNOW	92160000	UNKNOW	S	0.6 MG	ORAL	TABS	EA	30		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407008320	CEFPOD	CEFPOD	81206	Cephalosp	8120612	Third Gen	S	100 MG	ORAL	TABS	EA	20		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407008420	CEFPOD	CEFPOD	81206	Cephalosp	8120612	Third Gen	S	200 MG	ORAL	TABS	EA	20		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407008501	CLOZAPI	CLOZAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	100		GENERIC	1/2/2024	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407008601	CLOZAPI	CLOZAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	100		GENERIC	7/2/2024	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407008605	CLOZAPI	CLOZAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	500		GENERIC	2/29/2024	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407008701	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TB24	EA	100	X	GENERIC	10/22/2024	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407008705	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TB24	EA	500	X	GENERIC	10/22/2024	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407008801	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TB24	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407008805	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TB24	EA	500	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407008901	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TB24	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407008905	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TB24	EA	500	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407009090	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	67 MG	ORAL	CAPS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407009190	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	134 MG	ORAL	CAPS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407009290	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	200 MG	ORAL	CAPS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407009390	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	54 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407009490	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	160 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407009560	CAPECIT	CAPECIT	100000	Antineopla	10000000	Antineopla	S	150 MG	ORAL	TABS	EA	60		GENERIC	10/23/2024	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407009612	CAPECIT	CAPECIT	100000	Antineopla	10000000	Antineopla	S	500 MG	ORAL	TABS	EA	120		GENERIC	10/23/2024	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407009901	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407009905	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	500	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407010030	ATOMOXI	ATOMOXI	282032	UNKNOW	28203200	UNKNOW	S	10 MG	ORAL	CAPS	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407010130	ATOMOXI	ATOMOXI	282032	UNKNOW	28203200	UNKNOW	S	18 MG	ORAL	CAPS	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407010230	ATOMOXI	ATOMOXI	282032	UNKNOW	28203200	UNKNOW	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407010330	ATOMOXI	ATOMOXI	282032	UNKNOW	28203200	UNKNOW	S	40 MG	ORAL	CAPS	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407010430	ATOMOXI	ATOMOXI	282032	UNKNOW	28203200	UNKNOW	S	60 MG	ORAL	CAPS	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407010530	ATOMOXI	ATOMOXI	282032	UNKNOW	28203200	UNKNOW	S	80 MG	ORAL	CAPS	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407010630	ATOMOXI	ATOMOXI	282032	UNKNOW	28203200	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407010730	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	30		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407010790	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	90		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407010830	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	30		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407010890	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	90		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407010901	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407010910	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407011001	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407011010	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407011101	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407011110	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407011230	EMTRICIT	EMTRICIT	81808	Antiretrovi	8180820	Nucleosid	S	200-300 M	ORAL	TABS	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407011301	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407011310	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407011390	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407011401	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407011410	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407011490	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407011501	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	80 MG	ORAL	TABS	EA	100	X	GENERIC	11/27/2023	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407011505	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	80 MG	ORAL	TABS	EA	500	X	GENERIC	11/27/2023	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407012101	METHOTF	METHOTF	100000	Antineopla	10000000	Antineopla	S	2.5 MG	ORAL	TABS	EA	100		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407012801	BUDESON	BUDESON	680400	Adrenals	68040000	Adrenals	S	3 MG	ORAL	CPEP	EA	100		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407012901	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407012910	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407012930	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407012990	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407013001	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407013005	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	500	X	GENERIC	12/4/2024	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407013030	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30	X	GENERIC	10/23/2023	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407013090	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407013330	VORICON	VORICON	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	30		GENERIC	10/23/2024	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407013701	ZONISAM	ZONISAM	281224	UNKNOW	28122400	UNKNOW	S	25 MG	ORAL	CAPS	EA	100	X	GENERIC	4/3/2023	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407013801	ZONISAM	ZONISAM	281224	UNKNOW	28122400	UNKNOW	S	50 MG	ORAL	CAPS	EA	100	X	GENERIC	3/1/2023	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407013901	ZONISAM	ZONISAM	281224	UNKNOW	28122400	UNKNOW	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC	4/3/2023	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407014301	ERGOCAI	ERGOCAI	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (!	ORAL	CAPS	EA	100	X	GENERIC	1/2/2024	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407014312	ERGOCAI	ERGOCAI	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (!	ORAL	CAPS	EA	12	X	GENERIC	9/29/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407014313	ERGOCAI	ERGOCAI	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (!	ORAL	CAPS	EA	13	X	GENERIC	9/29/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407014501	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	100		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407014505	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	500		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407014601	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	100		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407014605	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	500		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407014701	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407014710	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	5 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407014801	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407014810	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407014901	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407014910	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407015390	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407015490	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407015590	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407015630	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407015730	DUTASTE	DUTASTE	920400	UNKNOW	92040000	UNKNOW	S	0.5 MG	ORAL	CAPS	EA	30	X	GENERIC	5/1/2023	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407015790	DUTASTE	DUTASTE	920400	UNKNOW	92040000	UNKNOW	S	0.5 MG	ORAL	CAPS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407015918	COLESEV	COLESEV	240604	Bile Acid	24060400	Bile Acid	S	625 MG	ORAL	TABS	EA	180	X	GENERIC	1/31/2023	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407016501	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	100		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407016505	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	500		GENERIC	4/18/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407016520	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	20		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407016528	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	28		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407016601	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	10-100 MC	ORAL	TABS	EA	100	X	GENERIC	12/7/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407016605	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	10-100 MC	ORAL	TABS	EA	500	X	GENERIC	12/7/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407016701	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MC	ORAL	TABS	EA	100	X	GENERIC	11/2/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407016705	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MC	ORAL	TABS	EA	500	X	GENERIC	11/30/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407016801	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-250 MC	ORAL	TABS	EA	100	X	GENERIC	9/29/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407016805	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-250 MC	ORAL	TABS	EA	500	X	GENERIC	12/7/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407016901	CALCITRI	CALCITRI	881600	Vitamin D	88160000	Vitamin D	S	0.25 MCG	ORAL	CAPS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407016930	CALCITRI	CALCITRI	881600	Vitamin D	88160000	Vitamin D	S	0.25 MCG	ORAL	CAPS	EA	30	X	GENERIC	1/31/2024	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407017001	CALCITRI	CALCITRI	881600	Vitamin D	88160000	Vitamin D	S	0.5 MCG	ORAL	CAPS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407017260	ATAZANA	ATAZANA	81808	Antiretrovi	8180808	HIV Prote	S	200 MG	ORAL	CAPS	EA	60	X	GENERIC	9/29/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407017330	ATAZANA	ATAZANA	81808	Antiretrovi	8180808	HIV Prote	S	300 MG	ORAL	CAPS	EA	30	X	GENERIC	3/31/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407017430	VARDENA	VARDENA	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	30		GENERIC	7/18/2023	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407018112	ABIRATEI	ABIRATEI	100000	Antineopla	10000000	Antineopla	S	250 MG	ORAL	TABS	EA	120		GENERIC	9/29/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407018201	AZATHIOI	AZATHIOI	902808	UNKNOW	90280892	UNKNOW	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407018405	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	500	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407018430	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407018490	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407019010	EZETIMIB	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-10 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407019030	EZETIMIB	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-10 MG	ORAL	TABS	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407019090	EZETIMIB	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-10 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407019110	EZETIMIB	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-20 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407019130	EZETIMIB	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-20 MG	ORAL	TABS	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407019190	EZETIMIB	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-20 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407019205	EZETIMIB	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-40 MG	ORAL	TABS	EA	500	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407019230	EZETIMIB	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-40 MG	ORAL	TABS	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407019290	EZETIMIB	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-40 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407019305	EZETIMIB	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-80 MG	ORAL	TABS	EA	500	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407019330	EZETIMIB	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-80 MG	ORAL	TABS	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407019390	EZETIMIB	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-80 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407019630	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	60 MG	ORAL	TABS	EA	30	X	GENERIC	9/29/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407019730	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407019830	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407019890	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407019930	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407019990	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407020001	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-300-40	ORAL	CAPS	EA	100		GENERIC	9/29/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407020101	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	100		GENERIC	10/2/2023	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407020105	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	500		GENERIC	10/2/2023	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407020201	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC	10/2/2023	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407020205	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	500		GENERIC	12/4/2023	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407020305	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	500		GENERIC	4/2/2024	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407020360	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	60		GENERIC	4/2/2024	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407020490	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	48 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407020590	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	145 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407020605	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	500	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407020630	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407020690	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407020705	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	500	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407020730	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407020790	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407020801	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	30 MG	ORAL	TB24	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407020805	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	30 MG	ORAL	TB24	EA	500	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407020901	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407020905	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	500	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407021001	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	120 MG	ORAL	TB24	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407021501	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407021510	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407022560	RANOLAZ	RANOLAZ	240492	Cardiac D	24049200	Cardiac D	S	500 MG	ORAL	TB12	EA	60	X	GENERIC	8/2/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407022660	RANOLAZ	RANOLAZ	240492	Cardiac D	24049200	Cardiac D	S	1000 MG	ORAL	TB12	EA	60	X	GENERIC	6/6/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407022730	SOLIFENA	SOLIFENA	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	10/23/2023	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407022790	SOLIFENA	SOLIFENA	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	10/23/2023	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407022830	SOLIFENA	SOLIFENA	861204	UNKNOW	86120400	UNKNOW	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	10/23/2023	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407022890	SOLIFENA	SOLIFENA	861204	UNKNOW	86120400	UNKNOW	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	10/23/2023	51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407023501	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407023510	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407023601	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407023610	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407023701	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407023710	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	40 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407023801	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407023805	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	TABS	EA	500	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
51407023901	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	60 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

51407024660	DALFAMF	DALFAMF	925600	UNKNOW	92560000	UNKNOW	S	10 MG	ORAL	TB12	EA	60	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407024730	PRASUGF	PRASUGF	201218	Platelet-A	20121800	Platelet-A	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	6/30/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407024830	PRASUGF	PRASUGF	201218	Platelet-A	20121800	Platelet-A	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	6/30/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407024990	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	90	X	GENERIC	4/3/2023	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407025010	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407025090	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407025110	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407025160	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	9/29/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407025190	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	9/29/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407025210	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407025260	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	60	X	GENERIC	11/2/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407025290	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	11/2/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407025310	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407025360	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	60	X	GENERIC	9/29/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407025390	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	9/29/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407025490	SOLIFEN	SOLIFEN	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	6/6/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407025590	SOLIFEN	SOLIFEN	861204	UNKNOW	86120400	UNKNOW	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	6/6/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407025601	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	100	X	GENERIC	10/23/2024	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407025610	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	1000	X	GENERIC	10/23/2024	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407025701	TRIMETH	TRIMETH	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	TABS	EA	100		MSB	11/21/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
51407025802	ALBENDA	ALBENDA	80800	Anthelmin	8080000	Anthelmin	S	200 MG	ORAL	TABS	EA	2		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407026130	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TBDP	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407026230	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TBDP	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407026330	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TBDP	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407026430	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TBDP	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407026501	TRIHEXYI	TRIHEXYI	283608	UNKNOW	28360800	UNKNOW	S	2MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407026510	TRIHEXYI	TRIHEXYI	283608	UNKNOW	28360800	UNKNOW	S	2 MG	ORAL	TABS	EA	1000	X	GENERIC	9/29/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407026601	TRIHEXYI	TRIHEXYI	283608	UNKNOW	28360800	UNKNOW	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407026610	TRIHEXYI	TRIHEXYI	283608	UNKNOW	28360800	UNKNOW	S	5 MG	ORAL	TABS	EA	1000	X	GENERIC	9/29/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407026790	NIACIN EI	NIACIN (A	240692	Antilipemi	24069200	Antilipemi	S	500 MG	ORAL	TBCR	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407026890	NIACIN EI	NIACIN (A	240692	Antilipemi	24069200	Antilipemi	S	1000 MG	ORAL	TBCR	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407026990	IMATINIB	IMATINIB	100000	Antineopla	10000000	Antineopla	S	100 MG	ORAL	TABS	EA	90		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407027030	IMATINIB	IMATINIB	100000	Antineopla	10000000	Antineopla	S	400 MG	ORAL	TABS	EA	30		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407027160	ASPIRIN-I	ASPIRIN-I	361800	Cardiac F	36180000	Cardiac F	S	25-200 MC	ORAL	CP12	EA	60	X	GENERIC	6/13/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407027201	CYPROHE	CYPROHE	40400	First Gene	4040000	First Gene	S	4 MG	ORAL	TABS	EA	100		GENERIC	12/7/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407027210	CYPROHE	CYPROHE	40400	First Gene	4040000	First Gene	S	4 MG	ORAL	TABS	EA	1000		GENERIC	7/18/2023	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407027315	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	15		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407027345	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	45		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407027412	MESALAM	MESALAM	563600	Anti-inflam	56360000	Anti-inflam	S	1.2 GM	ORAL	TBEC	EA	120	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407027501	THIOTHIX	THIOTHIX	281608	Antipsych	28160832	Thioxanth	S	1 MG	ORAL	CAPS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407027601	THIOTHIX	THIOTHIX	281608	Antipsych	28160832	Thioxanth	S	2 MG	ORAL	CAPS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407027701	THIOTHIX	THIOTHIX	281608	Antipsych	28160832	Thioxanth	S	5 MG	ORAL	CAPS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407027801	THIOTHIX	THIOTHIX	281608	Antipsych	28160832	Thioxanth	S	10 MG	ORAL	CAPS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407027915	KETOCON	KETOCON	840408	Antifungal	84040808	Azoles	S	2%	EXTERNA	CREA	GM	15		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407027930	KETOCON	KETOCON	840408	Antifungal	84040808	Azoles	S	2%	EXTERNA	CREA	GM	30		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407027960	KETOCON	KETOCON	840408	Antifungal	84040808	Azoles	S	2%	EXTERNA	CREA	GM	60		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407028460	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	5 MG	ORAL	TABS	EA	60	X	GENERIC	9/29/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407028560	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	9/29/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407028601	TRIAMTEI	TRIAMTEI	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407028605	TRIAMTEI	TRIAMTEI	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	TABS	EA	500	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407028701	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407028710	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407028790	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407028801	QUINIDIN	QUINIDIN	240404	Antiarrhyt	24040404	Class Ia A	S	324 MG	ORAL	TBCR	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407029330	FEBUXOS	FEBUXOS	921600	UNKNOW	92160000	UNKNOW	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407029430	FEBUXOS	FEBUXOS	921600	UNKNOW	92160000	UNKNOW	S	80 MG	ORAL	TABS	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407029530	CINACAL	CINACAL	682404	UNKNOW	68240400	UNKNOW	S	30 MG	ORAL	TABS	EA	30	X	GENERIC	7/18/2023	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407029630	CINACAL	CINACAL	682404	UNKNOW	68240400	UNKNOW	S	60 MG	ORAL	TABS	EA	30	X	GENERIC	7/18/2023	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407029730	CINACAL	CINACAL	682404	UNKNOW	68240400	UNKNOW	S	90 MG	ORAL	TABS	EA	30	X	GENERIC	10/31/2023	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407029930	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	50 MG	ORAL	TABS	EA	30		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407030001	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	100 MG	ORAL	TABS	EA	100		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407030030	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	100 MG	ORAL	TABS	EA	30		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407030112	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	12		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407030201	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	100		GENERIC	8/21/2023	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407030230	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	30		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407030301	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	100	X	GENERIC	10/23/2024	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407030310	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	1000	X	GENERIC	10/23/2024	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407031401	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25 MG	ORAL	TABS	EA	100	X	GENERIC	6/6/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407031501	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	100	X	GENERIC	4/30/2024	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407031601	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	100	X	GENERIC	4/30/2024	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407031701	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	CAPS	EA	100	X	GENERIC	4/30/2024	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407031801	THEOPHY	THEOPHY	861600	Respirator	86160000	Respirator	S	400 MG	ORAL	TB24	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407031901	THEOPHY	THEOPHY	861600	Respirator	86160000	Respirator	S	600 MG	ORAL	TB24	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407032030	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	23 MG	ORAL	TABS	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407032103	MOXIFLO	MOXIFLO	520400	Antibacter	52040400	Antibacter	S	0.50%	OPHTHAL	SOLN	ML	3		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407032201	RIFAMPIN	RIFAMPIN	81604	Antituberc	8160400	Antituberc	S	150 MG	ORAL	CAPS	EA	100		GENERIC	6/6/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407032230	RIFAMPIN	RIFAMPIN	81604	Antituberc	8160400	Antituberc	S	150 MG	ORAL	CAPS	EA	30		GENERIC	3/1/2024	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407032301	RIFAMPIN	RIFAMPIN	81604	Antituberc	8160400	Antituberc	S	300 MG	ORAL	CAPS	EA	100		GENERIC	8/21/2023	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407032330	RIFAMPIN	RIFAMPIN	81604	Antituberc	8160400	Antituberc	S	300 MG	ORAL	CAPS	EA	30		GENERIC	8/21/2023	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407032360	RIFAMPIN	RIFAMPIN	81604	Antituberc	8160400	Antituberc	S	300 MG	ORAL	CAPS	EA	60		GENERIC	8/21/2023	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407032401	LANSOPF	LANSOPF	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407032535	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	OINT	GM	35.44		GENERIC	6/6/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407033001	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407033010	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407033101	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407033110	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407033190	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407033201	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407033210	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407033290	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407033320	CEFUROX	CEFUROX	81206	Cephalosp	8120608	Second G	S	250 MG	ORAL	TABS	EA	20		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407033360	CEFUROX	CEFUROX	81206	Cephalosp	8120608	Second G	S	250 MG	ORAL	TABS	EA	60		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407033420	CEFUROX	CEFUROX	81206	Cephalosp	8120608	Second G	S	500 MG	ORAL	TABS	EA	20		GENERIC		51407	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407033460	CEFUROX	CEFUROX	81206	Cephalosp	8120608	Second G	S	500 MG	ORAL	TABS	EA	60		GENERIC		51407	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407033618	COLESEV	COLESEV	240604	Bile Acid S	24060400	Bile Acid S	S	625 MG	ORAL	TABS	EA	180	X	GENERIC		51407	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407034101	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	1 MG	ORAL	TABS	EA	100	X	GENERIC	6/13/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407034110	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	1 MG	ORAL	TABS	EA	1000	X	GENERIC	6/13/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407034201	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2 MG	ORAL	TABS	EA	100	X	GENERIC	11/30/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407034210	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407034301	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC	11/2/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407034310	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2.5 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407034401	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	3 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407034410	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	3 MG	ORAL	TABS	EA	1000	X	GENERIC	6/30/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407034501	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	4 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407034510	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	4 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407034601	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	10/3/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407034610	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407034701	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	6 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407034710	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	6 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407034801	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	7.5 MG	ORAL	TABS	EA	100	X	GENERIC	10/3/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407034901	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	6/13/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407035010	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	15 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407035030	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	15 MG	ORAL	TABS	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407035105	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	30 MG	ORAL	TABS	EA	500	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407035130	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	30 MG	ORAL	TABS	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407035205	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	45 MG	ORAL	TABS	EA	500	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407035230	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	45 MG	ORAL	TABS	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407035501	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	1 MG	ORAL	TABS	EA	100		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407035510	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	1 MG	ORAL	TABS	EA	1000		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407035601	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	2.5 MG	ORAL	TABS	EA	100		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407035701	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	100		GENERIC	7/18/2023	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407035710	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	1000		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407035801	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	100		GENERIC	7/18/2023	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407035805	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	500		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407035901	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	100		GENERIC	7/18/2023	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407035905	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	500		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407036001	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	50 MG	ORAL	TABS	EA	100		GENERIC	4/30/2024	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407036101	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	100		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407036290	TORSEMI	TORSEMI	402808	Loop Diur	40280800	Loop Diur	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407036501	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	100		GENERIC	2/29/2024	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407036510	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	1000		GENERIC	2/29/2024	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407036630	BUDESOI	BUDESOI	680400	Adrenals	68040000	Adrenals	S	9 MG	ORAL	TB24	EA	30		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407036701	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	2 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407036801	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	4 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407036905	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	500	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407037005	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	500	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407037105	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	500	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407037201	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	100		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407037205	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	500		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407037301	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	100		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407037305	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	500		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407037490	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407037530	RAMELTE	RAMELTE	282448	UNKNOW	28244800	UNKNOW	S	8 MG	ORAL	TABS	EA	30		GENERIC	12/7/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407037601	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	100		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407037605	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	500		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407037760	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	30 MG	ORAL	TABS	EA	60		GENERIC	4/3/2023	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407037801	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	7.5 MG	ORAL	TABS	EA	100		GENERIC	12/4/2023	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407037901	MEXILETI	MEXILETI	240404	Antiarrhyt	24040408	Class Ib A	S	150 MG	ORAL	CAPS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407038001	MEXILETI	MEXILETI	240404	Antiarrhyt	24040408	Class Ib A	S	200 MG	ORAL	CAPS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407038101	MEXILETI	MEXILETI	240404	Antiarrhyt	24040408	Class Ib A	S	250 MG	ORAL	CAPS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407038230	EFAVIREI	EFAVIREI	81808	Antiretrovi	8180816	Nonnucleo	S	600 MG	ORAL	TABS	EA	30	X	GENERIC	10/23/2024	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407038335	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	OINT	GM	35.44		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407038401	LIOTHYR	LIOTHYR	683604	Thyroid Ag	68360400	Thyroid Ag	S	5 MCG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407038501	LIOTHYR	LIOTHYR	683604	Thyroid Ag	68360400	Thyroid Ag	S	25 MCG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407038601	LIOTHYR	LIOTHYR	683604	Thyroid Ag	68360400	Thyroid Ag	S	50 MCG	ORAL	TABS	EA	100	X	GENERIC	6/6/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407038701	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	50 MG	ORAL	CAPS	EA	100		GENERIC	12/4/2024	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407038890	MIDODRI	MIDODRI	121204	alpha-Adr	12120400	alpha-Adr	S	2.5 MG	ORAL	TABS	EA	90		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407038990	MIDODRI	MIDODRI	121204	alpha-Adr	12120400	alpha-Adr	S	5 MG	ORAL	TABS	EA	90		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407039090	MIDODRI	MIDODRI	121204	alpha-Adr	12120400	alpha-Adr	S	10 MG	ORAL	TABS	EA	90		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407040301	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407040310	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407040401	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407040410	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407040501	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407040510	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407040601	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TB24	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407040608	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TB24	EA	800	X	GENERIC	1/3/2023	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407040610	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TB24	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407041301	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	100		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407041305	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	500		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407041401	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	7.5 MG	ORAL	TABS	EA	100		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407041501	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407041505	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	500		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407041605	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	500		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407041660	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	60		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407041760	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	30 MG	ORAL	TABS	EA	60		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407042430	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	50 MG	ORAL	TABS	EA	30		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407042501	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	100 MG	ORAL	TABS	EA	100		GENERIC		51407	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407042530	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	100 MG	ORAL	TABS	EA	30		GENERIC		51407	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407042612	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	12		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407042701	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	100		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407042730	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	30		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407042850	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	50		GENERIC		51407	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407042950	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	50		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407043020	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	20		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407043101	METOLAZ	METOLAZ	243624	UNKNOW	24362400	UNKNOW	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407043201	METOLAZ	METOLAZ	243624	UNKNOW	24362400	UNKNOW	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407043301	METOLAZ	METOLAZ	243624	UNKNOW	24362400	UNKNOW	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407043401	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407043501	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407043601	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407043701	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407043801	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	200 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407043960	TAMOXIF	TAMOXIF	681612	Estrogen /	68161200	Estrogen /	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	10/23/2024	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407044030	TAMOXIF	TAMOXIF	681612	Estrogen /	68161200	Estrogen /	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	10/23/2024	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407044160	DIMETHY	DIMETHY	900408	UNKNOW	90040800	UNKNOW	S	240 MG	ORAL	CPDR	EA	60	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407044214	DIMETHY	DIMETHY	900408	UNKNOW	90040800	UNKNOW	S	120 MG	ORAL	CPDR	EA	14	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407044301	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407044430	PRASUGF	PRASUGF	201218	Platelet-A	20121800	Platelet-A	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407044530	PRASUGF	PRASUGF	201218	Platelet-A	20121800	Platelet-A	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407044901	POTASSII	POTASSII	400800	Alkalinizin	40080000	Alkalinizin	S	5 MEQ (54	ORAL	TBCR	EA	100		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407045001	POTASSII	POTASSII	400800	Alkalinizin	40080000	Alkalinizin	S	10 MEQ (1	ORAL	TBCR	EA	100		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407045101	POTASSII	POTASSII	400800	Alkalinizin	40080000	Alkalinizin	S	15 MEQ (1	ORAL	TBCR	EA	100		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407045250	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG/5M	ORAL	SUSR	ML	50	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407045390	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407045490	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407045590	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407045690	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407045790	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407045801	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407045901	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407046001	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407046101	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407046201	BENAZEF	BENAZEF	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407046205	BENAZEF	BENAZEF	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	500	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407046301	BENAZEF	BENAZEF	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407046305	BENAZEF	BENAZEF	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	500	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407046401	BENAZEF	BENAZEF	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407046405	BENAZEF	BENAZEF	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	500	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407046501	BENAZEF	BENAZEF	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407046505	BENAZEF	BENAZEF	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	500	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407046701	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	100		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407046705	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	500		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407046801	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	100		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407046805	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	500		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407047130	SOLIFEN	SOLIFEN	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407047190	SOLIFEN	SOLIFEN	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407047230	SOLIFEN	SOLIFEN	861204	UNKNOW	86120400	UNKNOW	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		51407	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407047290	SOLIFEN	SOLIFEN	861204	UNKNOW	86120400	UNKNOW	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		51407	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407047390	DILTIAZEI	DILTIAZEI	240404	Antiarrhyt	24040424	Class IV A	S	120 MG	ORAL	CP24	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407047490	DILTIAZEI	DILTIAZEI	240404	Antiarrhyt	24040424	Class IV A	S	180 MG	ORAL	CP24	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407047590	DILTIAZEI	DILTIAZEI	240404	Antiarrhyt	24040424	Class IV A	S	240 MG	ORAL	CP24	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407047690	DILTIAZEI	DILTIAZEI	240404	Antiarrhyt	24040424	Class IV A	S	300 MG	ORAL	CP24	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407047760	PROPAFE	PROPAFE	240404	Antiarrhyt	24040412	Class Ic A	S	225 MG	ORAL	CP12	EA	60	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407047860	PROPAFE	PROPAFE	240404	Antiarrhyt	24040412	Class Ic A	S	325 MG	ORAL	CP12	EA	60	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407047960	PROPAFE	PROPAFE	240404	Antiarrhyt	24040412	Class Ic A	S	425 MG	ORAL	CP12	EA	60	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407048012	TETRABE	TETRABE	285600	UNKNOW	28560000	UNKNOW	S	12.5 MG	ORAL	TABS	EA	112	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407048112	TETRABE	TETRABE	285600	UNKNOW	28560000	UNKNOW	S	25 MG	ORAL	TABS	EA	112	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407048330	NEBIVOL	NEBIVOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407048430	NEBIVOL	NEBIVOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407048490	NEBIVOL	NEBIVOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407048530	NEBIVOL	NEBIVOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407048590	NEBIVOL	NEBIVOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407048630	NEBIVOL	NEBIVOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407048690	NEBIVOL	NEBIVOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407049905	OLOPATA	OLOPATA	520200	Antiallergi	52020000	Antiallergi	S	0.10%	OPHTHAL	SOLN	ML	5		GENERIC	5/24/2023	51407		X	N	EXCLUDE	RECALL_DENY: [RECALLED F	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407050705	TEMAZEF	TEMAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	500		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407050805	TEMAZEF	TEMAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	500		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407050990	PREGAB	PREGAB	281228	UNKNOW	28122800	UNKNOW	S	25 MG	ORAL	CAPS	EA	90	X	GENERIC	9/29/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407051090	PREGAB	PREGAB	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	90	X	GENERIC	9/29/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407051190	PREGAB	PREGAB	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	90	X	GENERIC	9/29/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407051290	PREGAB	PREGAB	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC	9/29/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407051390	PREGAB	PREGAB	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	90	X	GENERIC	9/29/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407051490	PREGAB	PREGAB	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	90	X	GENERIC	9/29/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407051590	PREGAB	PREGAB	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC	9/29/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407051690	PREGAB	PREGAB	281228	UNKNOW	28122800	UNKNOW	S	225 MG	ORAL	CAPS	EA	90	X	GENERIC	9/29/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407052301	RAMELTE	RAMELTE	282448	UNKNOW	28244800	UNKNOW	S	8 MG	ORAL	TABS	EA	100		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407052330	RAMELTE	RAMELTE	282448	UNKNOW	28244800	UNKNOW	S	8 MG	ORAL	TABS	EA	30		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407052401	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	100		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407052405	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	500		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407052412	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	120		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407052415	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	15		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407052430	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	30		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407052445	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	45		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407052451	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	150		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407052460	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	60		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407052490	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	90		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
51407052701	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	10MG	ORAL	TBCR	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

51407052801	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	20MG	ORAL	TBCR	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407054160	DOFETILI	DOFETILI	240404	Antiarrhyt	24040420	Class III A	S	125 MCG	ORAL	CAPS	EA	60	X	GENERIC	10/23/2024	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407054260	DOFETILI	DOFETILI	240404	Antiarrhyt	24040420	Class III A	S	250 MCG	ORAL	CAPS	EA	60	X	GENERIC	10/23/2024	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407054360	DOFETILI	DOFETILI	240404	Antiarrhyt	24040420	Class III A	S	500 MCG	ORAL	CAPS	EA	60	X	GENERIC	10/23/2024	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407054801	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	5 MG	ORAL	CP24	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407054901	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	10 MG	ORAL	CP24	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407055001	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	15 MG	ORAL	CP24	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407055101	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	20 MG	ORAL	CP24	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407055201	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	25 MG	ORAL	CP24	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407055301	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	30 MG	ORAL	CP24	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407055401	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	6.25 MG	ORAL	TBCR	EA	100		GENERIC	7/18/2023	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407055501	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	12.5 MG	ORAL	TBCR	EA	100		GENERIC	7/18/2023	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407055601	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	100		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407055605	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	500		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407055701	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	5 MG	ORAL	CP24	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407055801	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	10 MG	ORAL	CP24	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407055901	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	15 MG	ORAL	CP24	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407056001	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	20 MG	ORAL	CP24	EA	100	X	GENERIC		51407	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407056101	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	25 MG	ORAL	CP24	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407056201	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	30 MG	ORAL	CP24	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407057490	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	25 MG	ORAL	CAPS	EA	90	X	GENERIC		51407	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407057590	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407057690	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407057790	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407057890	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407057990	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407058090	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	225 MG	ORAL	CAPS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407058190	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407058501	CLOBAZA	CLOBAZA	281208	Anticonvul	28120800	Anticonvul	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407058601	CLOBAZA	CLOBAZA	281208	Anticonvul	28120800	Anticonvul	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407058930	ENTECAV	ENTECAV	81832	Nucleosid	8183200	Nucleosid	S	0.5 MG	ORAL	TABS	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407059030	PYRIDOS	PYRIDOS	120400	Parasymp	12040000	Parasymp	S	60 MG	ORAL	TABS	EA	30		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407059101	BUDESON	BUDESON	680400	Adrenals	68040000	Adrenals	S	3 MG	ORAL	CPEP	EA	100		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407059260	IVABRADI	IVABRADI	240408	Cardiotoni	24040800	Cardiotoni	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407059360	IVABRADI	IVABRADI	240408	Cardiotoni	24040800	Cardiotoni	S	7.5 MG	ORAL	TABS	EA	60	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407059690	TORSEMI	TORSEMI	402808	Loop Diur	40280800	Loop Diur	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407059790	TORSEMI	TORSEMI	402808	Loop Diur	40280800	Loop Diur	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407059890	TORSEMI	TORSEMI	402808	Loop Diur	40280800	Loop Diur	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407060001	CAPTOP	CAPTOP	243204	Angiotens	24320400	Angiotens	S	12.5 MG	ORAL	TABS	EA	100	X	GENERIC		51407	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407060101	CAPTOP	CAPTOP	243204	Angiotens	24320400	Angiotens	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		51407	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407060110	CAPTOP	CAPTOP	243204	Angiotens	24320400	Angiotens	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC		51407	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407060201	CAPTOP	CAPTOP	243204	Angiotens	24320400	Angiotens	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407060210	CAPTOP	CAPTOP	243204	Angiotens	24320400	Angiotens	S	50 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407060301	CAPTOP	CAPTOP	243204	Angiotens	24320400	Angiotens	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407060512	CALCIPO	CALCIPO	842412	Basic Oint	84241200	Basic Oint	S	0.01%	EXTERNA	CREA	GM	120		GENERIC	11/15/2024	51407	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407060560	CALCIPO	CALCIPO	842412	Basic Oint	84241200	Basic Oint	S	0.01%	EXTERNA	CREA	GM	60		GENERIC	11/15/2024	51407	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407060612	CALCIPO	CALCIPO	842412	Basic Oint	84241200	Basic Oint	S	0.01%	EXTERNA	OINT	GM	120		GENERIC	11/15/2024	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407060660	CALCIPO	CALCIPO	842412	Basic Oint	84241200	Basic Oint	S	0.01%	EXTERNA	OINT	GM	60		GENERIC	11/15/2024	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407061001	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	100	X	GENERIC	4/18/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407061010	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407061090	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407061101	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	100	X	GENERIC	4/18/2022	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407061110	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407061190	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407061290	PANTOP	PANTOP	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407061310	PANTOP	PANTOP	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407061390	PANTOP	PANTOP	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407061401	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407061405	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	500	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407061501	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407061505	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TABS	EA	500	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407061601	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	300 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407062010	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407062110	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407062201	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407062203	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	300	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407062301	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	100	X	GENERIC		51407	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407062303	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	300	X	GENERIC		51407	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407062401	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	90 MG	ORAL	TB24	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407062601	DIPYRIDA	DIPYRIDA	361800	Cardiac Fu	36180000	Cardiac Fu	S	25 MG	ORAL	TABS	EA	100	X	GENERIC	10/23/2023	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407062701	DIPYRIDA	DIPYRIDA	361800	Cardiac Fu	36180000	Cardiac Fu	S	50 MG	ORAL	TABS	EA	100	X	GENERIC	10/23/2023	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407062801	DIPYRIDA	DIPYRIDA	361800	Cardiac Fu	36180000	Cardiac Fu	S	75 MG	ORAL	TABS	EA	100	X	GENERIC	10/23/2023	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407062910	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	1000		GENERIC	10/22/2024	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407063701	PRIMIDO	PRIMIDO	281204	Anticonvul	28120400	Anticonvul	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407063705	PRIMIDO	PRIMIDO	281204	Anticonvul	28120400	Anticonvul	S	50 MG	ORAL	TABS	EA	500	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407063801	PRIMIDO	PRIMIDO	281204	Anticonvul	28120400	Anticonvul	S	250 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407063960	CAPECIT	CAPECIT	100000	Antineopla	10000000	Antineopla	S	150 MG	ORAL	TABS	EA	60		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407064012	CAPECIT	CAPECIT	100000	Antineopla	10000000	Antineopla	S	500 MG	ORAL	TABS	EA	120		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407064101	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407064110	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407064287	ATOVAQU	ATOVAQU	83092	Antiprotoz	8309200	Antiprotoz	S	750 MG/5M	ORAL	SUSP	ML	210		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407064501	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407064530	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407064601	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407064630	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407065601	NATEGLI	NATEGLI	682016	Meglitinide	68201600	Meglitinide	S	60 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407065701	NATEGLI	NATEGLI	682016	Meglitinide	68201600	Meglitinide	S	120 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407066130	FESOTER	FESOTER	861204	UNKNOW	86120400	UNKNOW	S	4 MG	ORAL	TB24	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407066230	FESOTER	FESOTER	861204	UNKNOW	86120400	UNKNOW	S	8 MG	ORAL	TB24	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407066305	OLOPATA	OLOPATA	520200	Antiallergi	52020000	Antiallergi	P	0.10%	OPHTHAL	SOLN	ML	5		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407066401	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407066405	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	500	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407066512	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	25 MG	RECTAL	SUPP	EA	12		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407066524	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	25 MG	RECTAL	SUPP	EA	24		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407066601	ACEBUTC	ACEBUTC	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	CAPS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407066701	ACEBUTC	ACEBUTC	242000	Alpha-Adr	24200000	Alpha-Adr	S	400 MG	ORAL	CAPS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407066830	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-160-12.5	ORAL	TABS	EA	30	X	GENERIC		51407	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407066930	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-160-25 M	ORAL	TABS	EA	30	X	GENERIC		51407	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407067030	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-160-12	ORAL	TABS	EA	30	X	GENERIC		51407	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407067130	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-160-25	ORAL	TABS	EA	30	X	GENERIC		51407	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407067230	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-320-25	ORAL	TABS	EA	30	X	GENERIC		51407	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407067660	POSACO	POSACO	81408	Azoles	8140800	Azoles	S	100 MG	ORAL	TBEC	EA	60	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407067701	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407067801	DOXYCY	DOXYCY	81224	Tetracycli	8122400	Tetracycli	S	50 MG	ORAL	CAPS	EA	100		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407067903	RIZATRIP	RIZATRIP	283228	Selective	28322800	Selective	S	5 MG	ORAL	TBDP	EA	3		GENERIC		51407	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407067918	RIZATRIP	RIZATRIP	283228	Selective	28322800	Selective	S	5 MG	ORAL	TBDP	EA	18		GENERIC		51407	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407068003	RIZATRIP	RIZATRIP	283228	Selective	28322800	Selective	S	10 MG	ORAL	TBDP	EA	3		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407068018	RIZATRIP	RIZATRIP	283228	Selective	28322800	Selective	S	10 MG	ORAL	TBDP	EA	18		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407068112	RIZATRIP	RIZATRIP	283228	Selective	28322800	Selective	S	5 MG	ORAL	TABS	EA	12		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407068118	RIZATRIP	RIZATRIP	283228	Selective	28322800	Selective	S	5 MG	ORAL	TABS	EA	18		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407068212	RIZATRIP	RIZATRIP	283228	Selective	28322800	Selective	S	10 MG	ORAL	TABS	EA	12		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407068218	RIZATRIP	RIZATRIP	283228	Selective	28322800	Selective	S	10 MG	ORAL	TABS	EA	18		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407068310	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407068318	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	180	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407068325	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	25	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407068330	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407068350	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	50	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407068390	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407068401	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407068410	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407068418	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	180	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407069401	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	2 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407069501	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	4 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407069601	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	8 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407069701	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	16 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407070001	VITAMIN	ERGOCAL	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (	ORAL	CAPS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407072160	LACOSA	LACOSA	281224	UNKNOW	28122400	UNKNOW	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407072260	LACOSA	LACOSA	281224	UNKNOW	28122400	UNKNOW	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407072360	LACOSA	LACOSA	281224	UNKNOW	28122400	UNKNOW	S	150 MG	ORAL	TABS	EA	60	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407072460	LACOSA	LACOSA	281224	UNKNOW	28122400	UNKNOW	S	200 MG	ORAL	TABS	EA	60	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407073105	TRAVOP	TRAVOP	524028	UNKNOW	52402800	UNKNOW	S	0.00%	OPHTHAL	SOLN	ML	5	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407073125	TRAVOP	TRAVOP	524028	UNKNOW	52402800	UNKNOW	S	0.00%	OPHTHAL	SOLN	ML	2.5	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407073210	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	CAPS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407073310	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407073410	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407073510	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	10 MG	ORAL	CAPS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407073725	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	SOLN	ML	25		GENERIC		51407			N	FORMULARY		1 GEN	GENERICS						R	MEDPRM
51407073750	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	SOLN	ML	50		GENERIC		51407			N	FORMULARY		1 GEN	GENERICS						R	MEDPRM
51407073801	TRIMETH	TRIMETH	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	TABS	EA	100		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407073905	TOLTERC	TOLTERC	861204	UNKNOW	86120400	UNKNOW	S	2 MG	ORAL	CP24	EA	500	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407073930	TOLTERC	TOLTERC	861204	UNKNOW	86120400	UNKNOW	S	2 MG	ORAL	CP24	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407073990	TOLTERC	TOLTERC	861204	UNKNOW	86120400	UNKNOW	S	2 MG	ORAL	CP24	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407074005	TOLTERC	TOLTERC	861204	UNKNOW	86120400	UNKNOW	S	4 MG	ORAL	CP24	EA	500	X	GENERIC		51407	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407074030	TOLTERC	TOLTERC	861204	UNKNOW	86120400	UNKNOW	S	4 MG	ORAL	CP24	EA	30	X	GENERIC		51407	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407074090	TOLTERC	TOLTERC	861204	UNKNOW	86120400	UNKNOW	S	4 MG	ORAL	CP24	EA	90	X	GENERIC		51407	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407074112	ZILEUTO	ZILEUTO	481024	Leukotrien	48102400	Leukotrien	S	600 MG	ORAL	TB12	EA	120	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407074460	LUBIPRO	LUBIPRO	561808	UNKNOW	56180800	UNKNOW	S	8 MCG	ORAL	CAPS	EA	60	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407074560	LUBIPRO	LUBIPRO	561808	UNKNOW	56180800	UNKNOW	S	24 MCG	ORAL	CAPS	EA	60	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407074630	DEXLANS	DEXLANS	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407074730	DEXLANS	DEXLANS	562836	Proton-pu	56283600	Proton-pu	S	60 MG	ORAL	CPDR	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407074790	DEXLANS	DEXLANS	562836	Proton-pu	56283600	Proton-pu	S	60 MG	ORAL	CPDR	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407074802	CYCLOPH	CYCLOPH	100000	Antineopla	10000000	Antineopla	S	500 MG/2.	INTRAVEI	SOLN	ML	2.5		MSB		51407			N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION						R	MEDPRM
51407074905	CYCLOPH	CYCLOPH	100000	Antineopla	10000000	Antineopla	S	1 GM/5ML	INTRAVEI	SOLN	ML	5		MSB		51407			N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION						R	MEDPRM
51407075010	CYCLOPH	CYCLOPH	100000	Antineopla	10000000	Antineopla	S	2 GM/10M	INTRAVEI	SOLN	ML	10		MSB		51407			N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION						R	MEDPRM
51407075401	URSODIC	URSODIO	561400	Cholelitho	56140000	Cholelitho	S	300 MG	ORAL	CAPS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407075556	VARENIC	VARENIC	120200	UNKNOW	12020000	UNKNOW	S	0.5 MG	ORAL	TABS	EA	56		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407075656	VARENIC	VARENIC	120200	UNKNOW	12020000	UNKNOW	S	1 MG	ORAL	TABS	EA	56		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407075701	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407075801	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407075901	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	CAPS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407076012	SORAFE	SORAFE	100000	Antineopla	10000000	Antineopla	S	200 MG	ORAL	TABS	EA	120		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407076312	OMEGA-3	OMEGA-3	240612	UNKNOW	24061200	UNKNOW	S	1 GM	ORAL	CAPS	EA	120	X	GENERIC		51407			N	FORMULARY		1 GEN	GENERICS	X	4 IN 1 DAYS	X	Must meet 5 DS Fenc	TRIAL OF GENERIC FENOFIBRATE IN THE PAST 120 DAYS	R	MEDPRM
51407076590	DROXIDO	DROXIDO	121212	alpha- and	12121200	alpha- and	S	100 MG	ORAL	CAPS	EA	90		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407076690	DROXIDO	DROXIDO	121212	alpha- and	12121200	alpha- and	S	200 MG	ORAL	CAPS	EA	90		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407076790	DROXIDO	DROXIDO	121212	alpha- and	12121200	alpha- and	S	300 MG	ORAL	CAPS	EA	90		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407077130	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-160 MG	ORAL	TABS	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407077230	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-320 MG	ORAL	TABS	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407077330	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-160 M	ORAL	TABS	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407077430	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-320 M	ORAL	TABS	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407077501	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	100		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407077650	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	50		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407078301	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	100		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407078310	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	1000		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407078401	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407078410	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	1 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407078501	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407078510	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407078601	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407078610	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2.5 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407078701	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	3 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407078710	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	3 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407078801	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	4 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407078810	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	4 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407078901	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		51407	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407078910	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	1000	X	GENERIC		51407	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407079001	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	6 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407079010	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	6 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407079101	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	7.5 MG	ORAL	TABS	EA	100	X	GENERIC		51407	N	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407079201	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407079301	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407079310	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407079401	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407079410	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407079501	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407079510	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407079601	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407079701	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407079801	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	150 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407079960	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TB24	EA	60	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407080060	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	150 MG	ORAL	TB24	EA	60	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407080160	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TB24	EA	60	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407080260	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	300 MG	ORAL	TB24	EA	60	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407080360	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	400 MG	ORAL	TB24	EA	60	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407081130	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	3 MG	ORAL	TABS	EA	30		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407081230	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	6 MG	ORAL	TABS	EA	30		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407081301	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407081310	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407081330	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407081390	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407081401	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407081405	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	500	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407081430	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407081490	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407081601	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	100	X	GENERIC		51407			N	FORMULARY		1 GEN	GENERICS						R	MEDPRM
51407081605	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	500	X	GENERIC		51407			N	FORMULARY		1 GEN	GENERICS						R	MEDPRM
51407081630	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30	X	GENERIC		51407			N	FORMULARY		1 GEN	GENERICS						R	MEDPRM
51407081690	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	GENERIC		51407			N	FORMULARY		1 GEN	GENERICS						R	MEDPRM
51407081760	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	20 MG	ORAL	CPEP	EA	60	X	GENERIC		51407			N	FORMULARY		1 GEN	GENERICS						R	MEDPRM
51407081830	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	30	X	GENERIC		51407			N	FORMULARY		1 GEN	GENERICS						R	MEDPRM
51407081890	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	90	X	GENERIC		51407			N	FORMULARY		1 GEN	GENERICS						R	MEDPRM
51407081910	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	1000	X	GENERIC		51407			N	FORMULARY		1 GEN	GENERICS						R	MEDPRM
51407081930	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	30	X	GENERIC		51407			N	FORMULARY		1 GEN	GENERICS						R	MEDPRM
51407082028	BALSALA	BALSALA	563600	Anti-inflam	56360000	Anti-inflam	S	750 MG	ORAL	CAPS	EA	280		GENERIC		51407	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407082112	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	120		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407082430	BUDESON	BUDESON	680400	Adrenals	68040000	Adrenals	S	9 MG	ORAL	TB24	EA	30		GENERIC		51407	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407082550	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	4%	EXTERNA	SOLN	ML	50		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407082630	BEXAGLI	BEXAGLI	682018	UNKNOW	68201800	UNKNOW	S	20 MG	ORAL	TABS	EA	30	X	MSB	6/14/2024	51407			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
51407082690	BEXAGLI	BEXAGLI	682018	UNKNOW	68201800	UNKNOW	S	20 MG	ORAL	TABS	EA	90	X	MSB	6/14/2024	51407			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
51407082730	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	30		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407082810	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407082890	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407082990	ALFUZOS	ALFUZOS	121604	UNKNOW	12160412	UNKNOW	S	10 MG	ORAL	TB24	EA	90	X	GENERIC	10/22/2024	51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407083205	LURASID	LURASID	281608	Antipsych	28160804	Atypical A	S	40 MG	ORAL	TABS	EA	500	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407083305	LURASID	LURASID	281608	Antipsych	28160804	Atypical A	S	80 MG	ORAL	TABS	EA	500	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407083605	LURASID	LURASID	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	500	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407083705	LURASID	LURASID	281608	Antipsych	28160804	Atypical A	S	60 MG	ORAL	TABS	EA	500	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407083805	LURASID	LURASID	281608	Antipsych	28160804	Atypical A	S	120 MG	ORAL	TABS	EA	500	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407084810	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407084890	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407084910	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407084990	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407085010	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407085090	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407085110	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407085190	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407085201	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	100		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407085205	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	500		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407085330	ERYTHRO	ERYTHRO	81212	Macrolides	8121204	Erythromy	S	250 MG	ORAL	TBEC	EA	30		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407085430	ERYTHRO	ERYTHRO	81212	Macrolides	8121204	Erythromy	S	500 MG	ORAL	TBEC	EA	30		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407085530	ERYTHRO	ERYTHRO	81212	Macrolides	8121204	Erythromy	S	250 MG	ORAL	TABS	EA	30		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407085630	ERYTHRO	ERYTHRO	81212	Macrolides	8121204	Erythromy	S	500 MG	ORAL	TABS	EA	30		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407085730	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-20 MG	ORAL	TABS	EA	30	X	MSB		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION						R	MEDPRM
51407085830	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-20 MG	ORAL	TABS	EA	30	X	MSB		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION						R	MEDPRM
51407085930	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-40 MG	ORAL	TABS	EA	30	X	MSB		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION						R	MEDPRM
51407086030	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-40 MG	ORAL	TABS	EA	30	X	MSB		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION						R	MEDPRM
51407086901	ATOVAQU	ATOVAQU	83008	Antimalari	8300800	Antimalari	S	250-100 M	ORAL	TABS	EA	100		GENERIC		51407	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407086924	ATOVAQU	ATOVAQU	83008	Antimalari	8300800	Antimalari	S	250-100 M	ORAL	TABS	EA	24		GENERIC		51407	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407087033	ALVIMOP	ALVIMOP	561804	UNKNOW	56180400	UNKNOW	S	12 MG	ORAL	CAPS	EA	30		GENERIC		51407			N	FORMULARY		1 GEN	GENERICS						R	MEDPRM
51407087212	PAZOPAN	PAZOPAN	100000	Antineopla	10000000	Antineopla	S	200 MG	ORAL	TABS	EA	120		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407087330	AMIODAR	AMIODAR	240404	Antiarrhyt	24040420	Class III A	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407087405	AMIODAR	AMIODAR	240404	Antiarrhyt	24040420	Class III A	S	200 MG	ORAL	TABS	EA	500	X	GENERIC		51407	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407087490	AMIODAR	AMIODAR	240404	Antiarrhyt	24040420	Class III A	S	200 MG	ORAL	TABS	EA	90	X	GENERIC		51407	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407087530	AMIODAR	AMIODAR	240404	Antiarrhyt	24040420	Class III A	S	400 MG	ORAL	TABS	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407087660	DALFAMP	DALFAMP	925600	UNKNOW	92560000	UNKNOW	S	10 MG	ORAL	TB12	EA	60	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407087701	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	100		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407087710	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	1000		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407087730	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407087801	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407087810	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	1000		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407087830	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407087990	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407088001	METHENA	METHENA	83600	Urinary Ar	8360000	Urinary Ar	S	1 GM	ORAL	TABS	EA	100		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407088190	SUCRALF	SUCRALF	562832	Protectant	56283200	Protectant	S	1 GM	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407088290	CANDES	CANDES	243208	Angiotens	24320800	Angiotens	S	4 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407088390	CANDES	CANDES	243208	Angiotens	24320800	Angiotens	S	8 MG	ORAL	TABS	EA	90	X	GENERIC		51407	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407088490	CANDES	CANDES	243208	Angiotens	24320800	Angiotens	S	16 MG	ORAL	TABS	EA	90	X	GENERIC		51407	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407088590	CANDES	CANDES	243208	Angiotens	24320800	Angiotens	S	32 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407088710	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM
51407088790	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRM

51407088810	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51407088890	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51407088910	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51407088990	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51407089010	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	1000	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51407089090	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51407089290	LEVOCET	LEVOCET	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	90		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51407089360	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	15 MG	ORAL	CPSP	EA	60	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51407089460	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	CPSP	EA	60	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51407089501	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TB12	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51407089601	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TB12	EA	100	X	GENERIC		51407	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51407089701	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	400 MG	ORAL	TB12	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51407090012	MESALAM	MESALAM	563600	Anti-inflam	56360000	Anti-inflam	S	1.2 GM	ORAL	TBEC	EA	120	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51407090101	MINOXIDI	MINOXIDI	240816	Central Alp	24081600	Central Alp	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51407090201	MINOXIDI	MINOXIDI	240816	Central Alp	24081600	Central Alp	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51407090660	GALANTA	GALANTA	120400	Parasymp	12040000	Parasymp	S	4 MG	ORAL	TABS	EA	60	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51407090760	GALANTA	GALANTA	120400	Parasymp	12040000	Parasymp	S	8 MG	ORAL	TABS	EA	60	X	GENERIC		51407	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51407090860	GALANTA	GALANTA	120400	Parasymp	12040000	Parasymp	S	12 MG	ORAL	TABS	EA	60	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51407090901	HYDROX	HYDROX	100000	Antineopla	10000000	Antineopla	S	500 MG	ORAL	CAPS	EA	100		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51407091024	MEGESTR	MEGESTR	683200	Progestins	68320000	Progestins	S	40 MG/ML	ORAL	SUSP	ML	240		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51407091048	MEGESTR	MEGESTR	683200	Progestins	68320000	Progestins	S	40 MG/ML	ORAL	SUSP	ML	480		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51407091201	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51407091327	PIRFENID	PIRFENID	480200	UNKNOW	48020000	UNKNOW	S	267 MG	ORAL	TABS	EA	270	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51407091490	PIRFENID	PIRFENID	480200	UNKNOW	48020000	UNKNOW	S	801 MG	ORAL	TABS	EA	90	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51407091830	BEXAGLI	BEXAGLI	682018	UNKNOW	68201800	UNKNOW	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		51407			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
51407091890	BEXAGLI	BEXAGLI	682018	UNKNOW	68201800	UNKNOW	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		51407			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
51407092110	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	1000		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51407092210	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	1000		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51407092305	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	500		GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51407092401	METHYLP	METHYLP	282032	UNKNOW	28203200	UNKNOW	S	18 MG	ORAL	TBCR	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51407092501	METHYLP	METHYLP	282032	UNKNOW	28203200	UNKNOW	S	27 MG	ORAL	TBCR	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51407092601	METHYLP	METHYLP	282032	UNKNOW	28203200	UNKNOW	S	36 MG	ORAL	TBCR	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51407092701	METHYLP	METHYLP	282032	UNKNOW	28203200	UNKNOW	S	54 MG	ORAL	TBCR	EA	100	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51407092830	MODAFIN	MODAFIN	282080	UNKNOW	28208000	UNKNOW	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		51407		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51409000700	NEW SKI	BENZETH	840492	Local Anti-	84049200	Local Anti-	O	0.20%	EXTERNA	LIQD	ML	10		SSB		51409			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51409000701	NEW SKI	BENZETH	840492	Local Anti-	84049200	Local Anti-	O	0.20%	EXTERNA	LIQD	ML	30		SSB		51409			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51409000702	NEW SKI	BENZETH	840492	Local Anti-	84049200	Local Anti-	O	0.20%	EXTERNA	AERO	ML	28.5		SSB		51409			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51409000722	DERMOPL	BENZOCA	840800	Antipruritic	84080000	Antipruritic	O	20-0.5 %	EXTERNA	AERO	GM	78		SSB		51409			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51409000724	DERMOPL	BENZOCA	840800	Antipruritic	84080000	Antipruritic	P	20-0.2 %	EXTERNA	AERO	GM	78		GENERIC		51409			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51409000736	KERASAL	DERMATO	849200	Skin and M	84920000	Skin and M	O	0-0	EXTERNA	SOLN	ML	13		SSB		51409			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51409000739	KERASAL	DERMATO	849200	Skin and M	84920000	Skin and M	O	0-0-0	EXTERNA	LIQD	ML	10		SSB		51409			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51452091205	POINT RE	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4-1 %	EXTERNA	PTCH	EA	5		GENERIC		51452			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51459013404	SPECIAL	EMOLLIEN	842412	Basic Oint	84241200	Basic Oint	O	0	EXTERNA	CREA	GM	113.4		SSB		51459			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51525011201	HYOSCYA	HYOSCYA	120808	Antimusca	12080800	Antimusca	S	0.125 MG	ORAL	TABS	EA	100	X	GENERIC	7/2/2024	51525			N	FORMULARY		1	GEN	GENERICS				R	MEDPRMI
51525011301	HYOSCYA	HYOSCYA	120808	Antimusca	12080800	Antimusca	S	0.125 MG	SUBLINGU	SUBL	EA	100	X	GENERIC	1/31/2024	51525			N	FORMULARY		1	GEN	GENERICS				R	MEDPRMI
51525011501	HYOSCYA	HYOSCYA	120808	Antimusca	12080800	Antimusca	S	0.375 MG	ORAL	TB12	EA	100	X	GENERIC		51525			N	FORMULARY		1	GEN	GENERICS				R	MEDPRMI
51525043001	FELBAMA	FELBAMA	281292	Anticonvul	28129200	Anticonvul	S	400 MG	ORAL	TABS	EA	100	X	GENERIC		51525			N	FORMULARY		1	GEN	GENERICS		X	9 IN 1 DAYS	R	MEDPRMI
51525043101	FELBAMA	FELBAMA	281292	Anticonvul	28129200	Anticonvul	S	600 MG	ORAL	TABS	EA	100	X	GENERIC		51525			N	FORMULARY		1	GEN	GENERICS		X	6 IN 1 DAYS	R	MEDPRMI
51525044203	FELBAMA	FELBAMA	281292	Anticonvul	28129200	Anticonvul	S	600 MG/5	ORAL	SUSP	ML	946	X	GENERIC		51525			N	FORMULARY		1	GEN	GENERICS		X	30 IN 1 DAYS	R	MEDPRMI
51525044208	FELBAMA	FELBAMA	281292	Anticonvul	28129200	Anticonvul	S	600 MG/5	ORAL	SUSP	ML	237	X	GENERIC		51525			N	FORMULARY		1	GEN	GENERICS		X	30 IN 1 DAYS	R	MEDPRMI
51525047008	CROMOL	CROMOL	481032	Mast-cell S	48103200	Mast-cell S	S	100 MG/5	ORAL	CONC	ML	5	X	GENERIC		51525			N	FORMULARY		1	GEN	GENERICS				R	MEDPRMI
51525047009	CROMOL	CROMOL	481032	Mast-cell S	48103200	Mast-cell S	S	100 MG/5	ORAL	CONC	ML	5	X	GENERIC		51525			N	FORMULARY		1	GEN	GENERICS				R	MEDPRMI
51525590101	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	250 MG	ORAL	TABS	EA	100		GENERIC		51525			N	FORMULARY		1	GEN	GENERICS		X	4 IN 1 DAYS	R	MEDPRMI
51552000805	PEG BLEI	POLYETH	960000	Pharmace	96000000	Pharmace	O	0-0	EXTERNA	OINT	GM	90		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552000806	PEG BLEI	POLYETH	960000	Pharmace	96000000	Pharmace	O	0-0	EXTERNA	OINT	GM	500		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552000807	PEG BLEI	POLYETH	960000	Pharmace	96000000	Pharmace	O	0-0	EXTERNA	OINT	GM	2500		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552004606	BORIC AC	BORIC AC	840416	UNKNOW	84041600	UNKNOW	O	0	EXTERNA	GRAN	GM	500		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552007805	CHLORHE	CHLORHE	840416	UNKNOW	84041600	UNKNOW	R	20%	DOES NO	SOLN	ML	100		MSB		51552			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552007807	CHLORHE	CHLORHE	840416	UNKNOW	84041600	UNKNOW	R	20%	DOES NO	SOLN	ML	500		MSB		51552			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552007809	CHLORHE	CHLORHE	840416	UNKNOW	84041600	UNKNOW	R	20%	DOES NO	SOLN	ML	3800		MSB		51552			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552008506	ETHYL AL	ALCOHOL	840492	Local Anti-	84049200	Local Anti-	O	95%	EXTERNA	SOLN	ML	500		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552008508	ETHYL AL	ALCOHOL	840492	Local Anti-	84049200	Local Anti-	O	95%	EXTERNA	SOLN	ML	3800		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552011704	COLLODI	COLLODI	960000	Pharmace	96000000	Pharmace	O	0	EXTERNA	LIQD	ML	100		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552011706	COLLODI	COLLODI	960000	Pharmace	96000000	Pharmace	O	0	EXTERNA	LIQD	ML	500		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552011803	PHENOL	PHENOL	840800	Antipruritic	84080000	Antipruritic	O	0	EXTERNA	LIQD	ML	100		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552011805	PHENOL	PHENOL	840800	Antipruritic	84080000	Antipruritic	O	0	EXTERNA	LIQD	ML	500		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552015104	GREEN S	GREEN S	842000	Detergent	84200000	Detergent	O	0	EXTERNA	TINC	ML	118.28		MSB		51552	N		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552015304	BENZALK	BENZALK	840416	UNKNOW	84041600	UNKNOW	O	50%	EXTERNA	CONC	ML	100		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552015305	BENZALK	BENZALK	840416	UNKNOW	84041600	UNKNOW	O	50%	EXTERNA	CONC	ML	500		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552015405	BARIUM S	BARIUM S	366800	Roentgen	36680000	Roentgen	R	0-0	DOES NO	POWD	GM	500		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552017404	SODIUM S	SODIUM S	402400	Salt and S	40240000	Salt and S	O	0	DOES NO	GRAN	GM	25		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552017704	BENZOIN	BENZOIN	842416	Basic Pow	84241600	Basic Pow	O	0	EXTERNA	TINC	ML	100		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552018703	SODIUM S	SODIUM S	402400	Salt and S	40240000	Salt and S	O	0	DOES NO	POWD	GM	100		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552018704	SODIUM S	SODIUM S	402400	Salt and S	40240000	Salt and S	O	0	DOES NO	POWD	GM	25		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552018705	SODIUM S	SODIUM S	402400	Salt and S	40240000	Salt and S	O	0	DOES NO	POWD	GM	500		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552018707	SODIUM S	SODIUM S	402400	Salt and S	40240000	Salt and S	O	0	DOES NO	POWD	GM	1000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552020504	FORMALD	FORMALD	380000	Disinfectan	38000000	Disinfectan	O	37%	EXTERNA	SOLN	ML	100		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552020506	FORMALD	FORMALD	380000	Disinfectan	38000000	Disinfectan	O	37%	EXTERNA	SOLN	ML	500		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552020508	FORMALD	FORMALD	380000	Disinfectan	38000000	Disinfectan	O	37%	EXTERNA	SOLN	ML	4000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552023903	WHITE PE	WHITE PE	842400	Emollients	84240000	Emollients	S	0	EXTERNA	GEL	GM	10000		GENERIC		51552			N	FORMULARY		1	GEN	GENERICS				R	MEDPRMI
51552023904	WHITE PE	WHITE PE	842400	Emollients	84240000	Emollients	P	0	EXTERNA	GEL	GM	500		GENERIC		51552			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552023905	WHITE PE	WHITE PE	842400	Emollients	84240000	Emollients	P	0	EXTERNA	GEL	GM	2500		GENERIC		51552			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552023907	WHITE PE	WHITE PE	842400	Emollients	84240000	Emollients	P	0	EXTERNA	GEL	GM	20000		GENERIC		51552			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552024306	LANOLIN	LANOLIN	842412	Basic Oint	84241200	Basic Oint	O	0	EXTERNA	OINT	GM	500		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552024308	LANOLIN	LANOLIN	842412	Basic Oint	84241200	Basic Oint	O	0	EXTERNA	OINT	GM	2500		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552029003	CHERRY	CHERRY	960000	Pharmace	96000000	Pharmace	O	0	ORAL	SYRP	ML	100		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552030905	YELLOW	PETROLA	842412	Basic Oint	84241200	Basic Oint	O	0	EXTERNA	OINT	GM	500		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552031809	LIP BALM	POLYETH	960000	Pharmace	96000000	Pharmace	O	0-0	EXTERNA	OINT	GM	90		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552032603	METHYL S	METHYL S	842404	Basic Lotio	84240400	Basic Lotio	O	0	EXTERNA	OIL	ML	100		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552032606	METHYL S	METHYL S	842404	Basic Lotio	84240400	Basic Lotio	O	0	EXTERNA	OIL	ML	500		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552033002	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	1000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552033003	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	5000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552033102	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	1000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552033103	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	5000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552033104	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	10000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552033202	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	1000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552033203	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	5000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552033402	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	1000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552033403	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	5000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552034002	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	1000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552034003	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	5000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552034402	SUPPOSI	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1000		NON DRUG		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552035001	SUPPOSI	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552035002	SUPPOSI	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1000		NON DRUG		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552035302	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	1000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552035303	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	5000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552035304	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	10000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552036002	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	1000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552036003	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	5000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552036202	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	1000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552036203	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	5000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552037002	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	1000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552037003	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	5000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552037202	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	1000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552037203	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	5000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552037402	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	1000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552037403	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	5000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552037404	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	10000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552037501	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	100		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552037502	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	1000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552037503	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	5000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552037902	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	1000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552037903	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	5000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552038202	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	1000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552038203	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	5000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552038702	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	1000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552038703	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	5000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552039002	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	1000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552039003	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	5000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552039502	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	1000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552039503	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	5000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552040502	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	1000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552040503	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	5000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552042601	SUPPOSI	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552042706	FORMALD	FORMALD	380000	Disinfectan	38000000	Disinfectan	R	10%	EXTERNA	SOLN	ML	500		MSB		51552			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552042709	FORMALD	FORMALD	380000	Disinfectan	38000000	Disinfectan	R	10%	EXTERNA	SOLN	ML	3800		MSB		51552			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552042902	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	1000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552042903	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	5000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552043102	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	1000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552043103	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	5000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552043702	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	1000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552043703	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	5000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552045902	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	1000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552045903	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	5000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552052706	PEG OINT	POLYETH	960000	Pharmace	96000000	Pharmace	R	0-0	EXTERNA	OINT	GM	500		MSB		51552			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552056202	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	1000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552056203	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	5000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552056501	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	100		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552056502	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	1000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552056503	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	5000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552057002	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	1000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552057302	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	1000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552057303	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	5000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552063701	SUPPOSI	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552063703	SUPPOSI	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	720		NON DRUG		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552067505	HYDROPH	HYDROPH	842412	Basic Oint	84241200	Basic Oint	O	0	EXTERNA	OINT	GM	500		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552068102	CAPSULE	NON GEL	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	1000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552068103	CAPSULE	NON GEL	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	5000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552069206	SIMPLE S	SIMPLE S	960000	Pharmace	96000000	Pharmace	O	0	ORAL	SYRP	ML	500		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552069208	SIMPLE S	SIMPLE S	960000	Pharmace	96000000	Pharmace	O	0	ORAL	SYRP	ML	3800		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552069305	ZINC OXI	ZINC OXI	841200	Astringent	84120000	Astringent	P	20%	EXTERNA	OINT	GM	500		GENERIC		51552			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552069405	ZINC OXI	ZINC OXI	841200	Astringent	84120000	Astringent	O	25%	EXTERNA	PSTE	GM	500		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552069407	ZINC OXI	ZINC OXI	841200	Astringent	84120000	Astringent	O	25%	EXTERNA	PSTE	GM	2500		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552069506	ANHYDRO	ANHYDRO	960000	Pharmace	96000000	Pharmace	R	0-0-0-0	DOES NO	OINT	GM	500		MSB		51552			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552069608	HYDROUS	CREAM B	960000	Pharmace	96000000	Pharmace	O	0-0-0-0	EXTERNA	CREA	GM	2500		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552069906	EMOLLIEN	CREAM B	960000	Pharmace	96000000	Pharmace	O	0-0-0-0-0	EXTERNA	CREA	GM	500		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552071005	COD LIVE	COD LIVE	882800	Multivitam	88280000	Multivitam	O	0	ORAL	OIL	ML	500		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552071007	COD LIVE	COD LIVE	882800	Multivitam	88280000	Multivitam	O	0	ORAL	OIL	ML	4000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552072302	LOZIBASE	LOZIBASE	960000	Pharmace	96000000	Pharmace	O	0-0-0-0	DOES NO	MISC	GM	25		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552072306	LOZIBASE	LOZIBASE	960000	Pharmace	96000000	Pharmace	O	0-0-0-0	DOES NO	MISC	GM	500		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552072405	CARBOGI	CARBOMI	960000	Pharmace	96000000	Pharmace	R	0	DOES NO	GEL	GM	100		SSB		51552			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRMI
51552072406	CARBOGI	CARBOMI	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	GEL	GM	500		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552072408	CARBOGI	CARBOMI	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	GEL	GM	2500		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552072409	CARBOGI	CARBOMI	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	GEL	GM	20000		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552072704	CARBOH	CARBOMI	960000	Pharmace	96000000	Pharmace	R	0-70%-0	DOES NO	GEL	GM	2500		SSB		51552			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRMI
51552072705	CARBOH	CARBOMI	960000	Pharmace	96000000	Pharmace	R	0-70%-0	DOES NO	GEL	GM	100		SSB		51552			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRMI
51552072707	CARBOH	CARBOMI	960000	Pharmace	96000000	Pharmace	O	0-70%-0	DOES NO	GEL	GM	500		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552072708	CARBOH	CARBOMI	960000	Pharmace	96000000	Pharmace	O	0-70%-0	DOES NO	GEL	GM	10000		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552075306	HYDROPH	PETROLA	842412	Basic Oint	84241200	Basic Oint	O	0	EXTERNA	OINT	GM	500		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552078502	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	1000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552078503	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	5000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552080706	CHERRY	CHERRY	960000	Pharmace	96000000	Pharmace	O	0	ORAL	SYRP	ML	500		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552080708	CHERRY	CHERRY	960000	Pharmace	96000000	Pharmace	O	0	ORAL	SYRP	ML	3800		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552081005	RASPBER	RASPBER	929200	UNKNOW	92920000	UNKNOW	O	0	ORAL	SYRP	ML	500		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552081102	CAPSULE	NON GEL	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	1000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552081103	CAPSULE	NON GEL	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	5000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552083105	GRAPE S	ORAL VEI	960000	Pharmace	96000000	Pharmace	O	0	ORAL	SYRP	ML	500		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552083705	U-BASE	CREAM B	960000	Pharmace	96000000	Pharmace	O	0	EXTERNA	CREA	GM	500		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552084304	D-XYLOSI	D-XYLOSI	363800	Intestinal A	36380000	Intestinal A	O	0	DOES NO	POWD	GM	25		NON DRUG		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552084602	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	1000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552084603	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	5000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552086506	JESSNER	SALICYLI	842800	Keratolytic	84280000	Keratolytic	O	0-0-0-0	EXTERNA	SOLN	ML	500		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552087202	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	1000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552087203	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	5000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552087605	PFCB	CREAM B	960000	Pharmace	96000000	Pharmace	O	0-0-0-0-0	EXTERNA	CREA	GM	500		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552091905	PENTRAV	EMOLLIEN	842412	Basic Oint	84241200	Basic Oint	O	0-0-0-0-0	EXTERNA	CREA	GM	500		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552091907	PENTRAV	EMOLLIEN	842412	Basic Oint	84241200	Basic Oint	O	0-0	EXTERNA	CREA	GM	1000		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552091908	PENTRAV	EMOLLIEN	842412	Basic Oint	84241200	Basic Oint	O	0-0-0-0-0	EXTERNA	CREA	GM	2500		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552091909	PENTRAV	EMOLLIEN	842412	Basic Oint	84241200	Basic Oint	O	0-0	EXTERNA	CREA	GM	5000		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552092105	TROCHIB	TROCHIB	960000	Pharmace	96000000	Pharmace	O	0-0-0-0	DOES NO	FLAK	GM	100		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552092106	TROCHIB	TROCHIB	960000	Pharmace	96000000	Pharmace	O	0-0-0-0	DOES NO	FLAK	GM	500		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552102106	PHARMAI	CREAM B	960000	Pharmace	96000000	Pharmace	O	0-0-0-0-0	EXTERNA	CREA	GM	500		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552102107	PHARMAI	CREAM B	960000	Pharmace	96000000	Pharmace	R	0-0-0-0-0	EXTERNA	CREA	GM	20000		SSB		51552			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRMI
51552102108	PHARMAI	CREAM B	960000	Pharmace	96000000	Pharmace	O	0-0-0-0-0	EXTERNA	CREA	GM	2500		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552102109	PHARMAI	CREAM B	960000	Pharmace	96000000	Pharmace	O	0-0-0-0-0	EXTERNA	CREA	GM	10000		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552105102	SUPPOSI	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1000		NON DRUG		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552107905	SYRSPEN	ORAL VEI	960000	Pharmace	96000000	Pharmace	O	0-0	ORAL	LIQD	ML	500		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552107909	SYRSPEN	ORAL VEI	960000	Pharmace	96000000	Pharmace	R	0-0	ORAL	LIQD	ML	4000		SSB		51552			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRMI
51552110807	VANIBASI	CREAM B	960000	Pharmace	96000000	Pharmace	O	0	EXTERNA	CREA	GM	2500		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552110907	AZ CREAI	CREAM B	960000	Pharmace	96000000	Pharmace	O	0	EXTERNA	CREA	GM	20000		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552111704	PHARMAI	CREAM B	960000	Pharmace	96000000	Pharmace	O	0-0-0-0	EXTERNA	CREA	GM	500		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552111705	PHARMAI	CREAM B	960000	Pharmace	96000000	Pharmace	O	0-0-0-0	EXTERNA	CREA	GM	2500		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552111707	PHARMAI	CREAM B	960000	Pharmace	96000000	Pharmace	O	0-0-0-0	EXTERNA	CREA	GM	20000		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552112305	SYRSPEN	ORAL VEI	960000	Pharmace	96000000	Pharmace	O	0-0	ORAL	LIQD	ML	500		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552112309	SYRSPEN	ORAL VEI	960000	Pharmace	96000000	Pharmace	R	0-0	ORAL	LIQD	ML	4000		SSB		51552			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRMI
51552113902	SYRSPEN	ORAL VEI	960000	Pharmace	96000000	Pharmace	O	0-0	ORAL	SUSR	GM	3.8		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552113905	SYRSPEN	ORAL VEI	960000	Pharmace	96000000	Pharmace	O	0-0	ORAL	SUSR	GM	6.3		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552113906	SYRSPEN	ORAL VEI	960000	Pharmace	96000000	Pharmace	O	0-0	ORAL	SUSR	GM	500		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552113909	SYRSPEN	ORAL VEI	960000	Pharmace	96000000	Pharmace	O	0-0	ORAL	SUSR	GM	10000		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552115005	LIPOBASI	CREAM B	960000	Pharmace	96000000	Pharmace	O	0	EXTERNA	CREA	GM	500		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552115007	LIPOBASI	CREAM B	960000	Pharmace	96000000	Pharmace	O	0	EXTERNA	CREA	GM	2500		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552116105	VERSIGE	CREAM B	960000	Pharmace	96000000	Pharmace	O	0	EXTERNA	CREA	GM	100		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552116106	VERSIGE	CREAM B	960000	Pharmace	96000000	Pharmace	O	0	EXTERNA	CREA	GM	500		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552116705	SYRSPEN	ORAL VEI	960000	Pharmace	96000000	Pharmace	O	0-0	ORAL	LIQD	ML	500		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552116709	SYRSPEN	ORAL VEI	960000	Pharmace	96000000	Pharmace	R	0-0	ORAL	LIQD	ML	4000		SSB		51552			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRMI
51552117901	SUPPOSI	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552117902	SUPPOSI	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1000		NON DRUG		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552118002	CAPSULE	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	1000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552118601	SUPPOSI	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552118702	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	1000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552118703	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	5000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552118802	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	1000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552118803	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	5000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552118902	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	1000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552118903	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	5000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552119702	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	1000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552119703	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	5000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552120102	SYRSPEN	ORAL VEI	960000	Pharmace	96000000	Pharmace	O	0-0	ORAL	SUSR	GM	3.8		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552120105	SYRSPEN	ORAL VEI	960000	Pharmace	96000000	Pharmace	O	0-0	ORAL	SUSR	GM	6.3		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552120106	SYRSPEN	ORAL VEI	960000	Pharmace	96000000	Pharmace	O	0-0	ORAL	SUSR	GM	500		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552120109	SYRSPEN	ORAL VEI	960000	Pharmace	96000000	Pharmace	O	0-0	ORAL	SUSR	GM	10000		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552120301	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	100		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552120302	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	1000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552120303	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	5000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552120506	PHYTOBA	CREAM B	960000	Pharmace	96000000	Pharmace	O	0-0-0-0-0	EXTERNA	CREA	GM	500		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552120507	PHYTOBA	CREAM B	960000	Pharmace	96000000	Pharmace	R	0-0-0-0-0	EXTERNA	CREA	GM	10000		SSB		51552			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRMI
51552120508	PHYTOBA	CREAM B	960000	Pharmace	96000000	Pharmace	O	0-0-0-0-0	EXTERNA	CREA	GM	2500		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552121302	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	1000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552121303	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	5000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552121402	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	1000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552121403	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	5000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552121702	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	1000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552121703	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	5000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552121802	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	1000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552122002	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	1000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552122003	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	5000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552122302	CAPSULE	NON GEL	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	1000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552122303	CAPSULE	NON GEL	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	5000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552122809	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	50		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552126806	UNIBASE	UNIBASE	960000	Pharmace	96000000	Pharmace	O	0	EXTERNA	CREA	GM	500		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552127306	VANIBASI	CREAM B	960000	Pharmace	96000000	Pharmace	O	0	EXTERNA	CREA	GM	500		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552127308	VANIBASI	CREAM B	960000	Pharmace	96000000	Pharmace	O	0	EXTERNA	CREA	GM	2500		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552127402	SYRSPEN	ORAL VEI	960000	Pharmace	96000000	Pharmace	O	0-0	ORAL	SUSR	GM	2.1		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552128506	PENTRAV	EMOLLIEN	842412	Basic Oint	84241200	Basic Oint	O	0-0	EXTERNA	CREA	GM	500		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552128507	PENTRAV	EMOLLIEN	842412	Basic Oint	84241200	Basic Oint	O	0-0	EXTERNA	CREA	GM	10000		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552128508	PENTRAV	EMOLLIEN	842412	Basic Oint	84241200	Basic Oint	O	0-0	EXTERNA	CREA	GM	2500		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552128509	PENTRAV	EMOLLIEN	842412	Basic Oint	84241200	Basic Oint	O	0-0	EXTERNA	CREA	GM	20000		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552129609	EMPTY C.	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	50000		MSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRMI
51552130006	PHARMAI	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	500		SSB		51552			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRMI
51552130105	PHARMAI	CREAM B	960000	Pharmace	96000000	Pharmace	O	0	EXTERNA	CREA	GM	500		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552130107	PHARMAI	CREAM B	960000	Pharmace	96000000	Pharmace	O	0	EXTERNA	CREA	GM	2500		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
51552132805	PHARMAI	CREAM B	960000	Pharmace	96000000	Pharmace	O	0	EXTERNA	CREA	GM	100		SSB		51552			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI

51552133702	CAPS 0 C	NON GEL	960000	Pharmace	96000000	Pharmace	R	0	DOES NO	CAPS	EA	1000		MSB		51552			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
51552133805	PHARMAI	CREAM B	960000	Pharmace	96000000	Pharmace	O	0	EXTERNA	CREA	GM	500		SSB		51552			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51552133905	ESPUMIL	FOAM BA	960000	Pharmace	96000000	Pharmace	R	0	DOES NO	FOAM	ML	500		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552134305	VERSATII	CREAM B	960000	Pharmace	96000000	Pharmace	O	0	EXTERNA	CREA	GM	500		SSB		51552			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51552134307	VERSATII	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	10000		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552134308	VERSATII	CREAM B	960000	Pharmace	96000000	Pharmace	O	0	EXTERNA	CREA	GM	2500		SSB		51552			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51552134309	VERSATII	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	20000		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552134501	LETS KIT	LIDOCAIN	720000	Local Ane	72000000	Local Ane	R	180MG-4(	DOES NO	KIT	ML	100		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552134605	PHARMAI	ZINC OXII	841200	Astringent	84120000	Astringent	O	9.38%	EXTERNA	OINT	GM	500		SSB		51552			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51552135001	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	R	2 MG/ML	ORAL	SUSP	ML	100	X	SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552136605	VERSATII	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	500		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552136805	SERAQU	SERUM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	LIQD	ML	250		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552138305	FITALITE	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	500		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552138405	NOURIVA	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	500		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552138407	NOURIVA	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	2500		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552139305	SOLYDR	OIL BASE	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	LIQD	ML	250		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552139506	OCCLUV	HYDROPH	842412	Basic Oint	84241200	Basic Oint	R	0	EXTERNA	OINT	GM	500		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552139605	EMOLIVA	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	500		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552139705	NOURILIT	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	500		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552142505	LIPOPEN	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	500		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552142507	LIPOPEN	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	2500		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552142508	LIPOPEN	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	10000		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552142509	LIPOPEN	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	20000		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552143005	FAGRON	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	500		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552143007	FAGRON	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	2500		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552143008	FAGRON	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	10000		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552143105	FAGRON	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	500		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552143107	FAGRON	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	2500		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552143108	FAGRON	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	10000		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552143205	FAGRON	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	500		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552143207	FAGRON	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	2500		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552143208	FAGRON	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	10000		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552143406	SYRSPEN	ORAL VEI	960000	Pharmace	96000000	Pharmace	R	0-0	ORAL	SUSR	GM	500		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552143903	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	R	1 MG/ML	ORAL	SUSP	ML	120	X	SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552144003	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	R	1 MG/ML	ORAL	SUSP	ML	120	X	SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552144103	METRONI	METRONI	83092	Antiprotoz	8309200	Antiprotoz	R	50 MG/ML	ORAL	SUSR	ML	120		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552144203	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	R	1 MG/ML	ORAL	SUSP	ML	120		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552144305	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	R	2 MG/ML	ORAL	SUSP	ML	120	X	SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552144306	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	R	2 MG/ML	ORAL	SUSP	ML	240	X	SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552144403	RIFAMPIN	RIFAMPIN	81604	Antituberc	8160400	Antituberc	R	25 MG/ML	ORAL	SUSP	ML	120		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552144503	URSODIC	URSODIO	561400	Cholelitho	56140000	Cholelitho	R	30 MG/ML	ORAL	SUSP	ML	120	X	SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552144605	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	R	50 MG/ML	ORAL	SUSP	ML	120		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552144606	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	R	50 MG/ML	ORAL	SUSP	ML	240		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552144705	LOZIBAS	LOZIBAS	960000	Pharmace	96000000	Pharmace	R	0-0-0-0	DOES NO	MISC	GM	500		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552145704	AUXIPRO	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	100		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552145705	AUXIPRO	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	500		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552145707	AUXIPRO	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	2500		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552145708	AUXIPRO	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	5000		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552146002	DRCAPS	GELATIN	960000	Pharmace	96000000	Pharmace	R	0	DOES NO	CAPS	EA	1000		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552146003	DRCAPS	GELATIN	960000	Pharmace	96000000	Pharmace	R	0	DOES NO	CAPS	EA	5000		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552147204	FREEDO	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	500		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552147206	FREEDO	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	2500		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552147207	FREEDO	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	10000		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552147503	FREEDO	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	ML	120		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552147504	FREEDO	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	ML	500		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552147505	FREEDO	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	ML	1000		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552147602	FREEDO	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	100		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552147604	FREEDO	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	500		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552147608	FREEDO	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	10000		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552147702	FREEDO	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	100		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552147704	FREEDO	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	500		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552150403	LIPOPEN	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	500		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552150405	LIPOPEN	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	2500		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552150407	LIPOPEN	CREAM B	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	CREA	GM	10000		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552154405	UNISPEN	ORAL VEI	960000	Pharmace	96000000	Pharmace	O	0	ORAL	SUSP	ML	500		SSB		51552			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51552154407	UNISPEN	ORAL VEI	960000	Pharmace	96000000	Pharmace	R	0	ORAL	SUSP	ML	4000		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552154505	UNISPEN	ORAL VEI	960000	Pharmace	96000000	Pharmace	O	0	ORAL	SUSP	ML	500		SSB		51552			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51552154507	UNISPEN	ORAL VEI	960000	Pharmace	96000000	Pharmace	O	0	ORAL	SUSP	ML	4000		SSB		51552			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51552155305	TRICHOS	EXTERNA	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	SOLN	ML	1000		SSB		51552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
51552157603	CLEODEF	CREAM B	960000	Pharmace	96000000	Pharmace	O	0-0	EXTERNA	CREA	GM	500		SSB		51552			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51552157605	CLEODEF	CREAM B	960000	Pharmace	96000000	Pharmace	O	0-0	EXTERNA	CREA	GM	1000		SSB		51552			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51580000807	RESET F(	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	R	0	DOES NO	MISC	EA	1		NON DRU	2/11/2022	51580			N	EXCLUDE	HARD_MS	3 BRND2	FORMULARY EXCLUSION			DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE			R	MEDPRMI
51580000810	RESET-O	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	R	0	DOES NO	MISC	EA	1		NON DRU	2/11/2022	51580			N	EXCLUDE	HARD_MS	3 BRND2	FORMULARY EXCLUSION			DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE			R	MEDPRMI
51580000825	SOMRYS	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	R	0	DOES NO	MISC	EA	1		NON DRU	2/11/2022	51580			N	EXCLUDE	HARD_MS	3 BRND2	FORMULARY EXCLUSION			DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE			R	MEDPRMI
51645091999	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	25 MCG ('	ORAL	TABS	EA	100		GENERIC	9/20/2022	51645			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51645092199	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	50 MCG (2	ORAL	TABS	EA	100		GENERIC	9/20/2022	51645			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51645099401	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	100		GENERIC	9/20/2022	51645			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51645099410	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	1000		GENERIC	9/20/2022	51645			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51645099501	RENAL-VI	B-COMPL	882800	Multivitam	88280000	Multivitam	P	0.8 MG	ORAL	TABS	EA	100		GENERIC	9/20/2022	51645			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51645099712	EYEPROT	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	113MG-11	ORAL	TABS	EA	120		GENERIC	9/20/2022	51645			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51655001052	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	145 MG	ORAL	TABS	EA	30	X	GENERIC		51655		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51655005225	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	60	X	GENERIC	12/28/2023	51655		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51655012052	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	30	X	GENERIC		51655		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51655018026	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		51655		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51655027226	HYDROC	HYDROC	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		51655		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51655027426	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	90	X	GENERIC		51655		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51655028426	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		51655	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51655029252	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		51655		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51655029552	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	100 MCG	ORAL	TABS	EA	30	X	GENERIC		51655		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51655039952	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		51655		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51655041054	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	15		GENERIC		51655		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51655041152	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		51655		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51655043586	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	2		GENERIC		51655		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51655055082	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	120	X	GENERIC		51655		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51655056352	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	30	X	GENERIC		51655		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51655057726	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	90	X	GENERIC		51655		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51655057752	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	30	X	GENERIC		51655		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51655062152	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30	X	GENERIC		51655		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51655063452	TRAZOD	TRAZOD	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	12/28/2023	51655		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51655068052	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		51655		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51655072051	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	40		GENERIC	12/28/2023	51655		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51655073152	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30	X	GENERIC		51655		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51655077652	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	30		GENERIC		51655		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51655080987	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TBDP	EA	6		GENERIC		51655	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51655081025	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		51655		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51655083052	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		51655		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51655089452	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	30		GENERIC		51655		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51655092152	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		51655		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51660002914	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	TBEC	EA	14		GENERIC		51660			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51660002927	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	TBEC	EA	14		GENERIC		51660			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51660002944	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	TBEC	EA	14		GENERIC		51660			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51660006144	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	P	20.6 (20 B	ORAL	CPDR	EA	14		GENERIC		51660			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51660007021	GUAIFEN	GUAIFEN	481600	Expectora	48160000	Expectora	P	600 MG	ORAL	TB12	EA	20		GENERIC		51660			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51660007354	DM-GUAI	DEXTROM	480800	Antitussive	48080000	Antitussive	P	60-1200 M	ORAL	TB12	EA	14		GENERIC		51660			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51660007386	DM-GUAI	DEXTROM	480800	Antitussive	48080000	Antitussive	P	60-1200 M	ORAL	TB12	EA	28		GENERIC		51660			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51660011231	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	5 MG	ORAL	CHEW	EA	30		GENERIC		51660			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51660012312	ANTI-DIA	LOPERAM	560800	Antidiarrh	56080000	Antidiarrh	P	2 MG	ORAL	TABS	EA	12		GENERIC		51660			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51660012324	LOPERAM	LOPERAM	560800	Antidiarrh	56080000	Antidiarrh	P	2 MG	ORAL	TABS	EA	24		GENERIC		51660			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51660012786	NORLYR	NORETHI	681200	Contracep	68120000	Contracep	S	.35MG	ORAL	TABS	EA	28	X	GENERIC		51660			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF RATIO=1.34 THEN $0 COP	R	MEDPRMI
51660014030	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		51660			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51660014190	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	80 MG	ORAL	TABS	EA	90	X	GENERIC		51660			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51660014290	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	160 MG	ORAL	TABS	EA	90	X	GENERIC		51660			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51660014390	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	320 MG	ORAL	TABS	EA	90	X	GENERIC		51660			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51660020005	EZETIMIB	EZETIMIB	240605	Cholester	24060500	Cholester	S	10 MG	ORAL	TABS	EA	500	X	GENERIC		51660			N	FORMULARY		1 GEN	GENERICS	X	1 IN 1 DAYS				R	MEDPRMI
51660020030	EZETIMIB	EZETIMIB	240605	Cholester	24060500	Cholester	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		51660			N	FORMULARY		1 GEN	GENERICS	X	1 IN 1 DAYS				R	MEDPRMI
51660020090	EZETIMIB	EZETIMIB	240605	Cholester	24060500	Cholester	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		51660			N	FORMULARY		1 GEN	GENERICS	X	1 IN 1 DAYS				R	MEDPRMI
51660020421	PSEUDO	PSEUDO	121212	alpha- and	12121200	alpha- and	P	120 MG	ORAL	TB12	EA	20		GENERIC		51660			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51660020469	PSEUDO	PSEUDO	121212	alpha- and	12121200	alpha- and	P	120 MG	ORAL	TB12	EA	10		GENERIC		51660			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51660033301	ARTHRIT	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	650 MG	ORAL	TBCR	EA	100		GENERIC		51660			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51660033350	ARTHRIT	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	650 MG	ORAL	TBCR	EA	50		GENERIC		51660			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51660033601	8 HOUR F	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	650 MG	ORAL	TBCR	EA	100		GENERIC		51660			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51660052601	ALLERGY	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	100		GENERIC		51660			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51660052605	ALLERGY	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	500		GENERIC		51660			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51660052630	ALLERGY	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		51660			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51660052631	ALLERGY	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		51660			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51660052653	ALLERGY	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	300		GENERIC		51660			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51660052669	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	10		GENERIC		51660			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51660056621	GUAIFEN	GUAIFEN	481600	Expectora	48160000	Expectora	P	600 MG	ORAL	TB12	EA	20		GENERIC		51660			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51660057286	DELYLA	LEVONOF	681200	Contracep	68120000	Contracep	S	20MCG-.1	ORAL	TABS	EA	28	X	GENERIC		51660			N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF RATIO=1.34 THEN $0 COP	R	MEDPRMI
51660072401	ALLERGY	LORATAD	40800	Second G	4080000	Second G	P	10-240 MC	ORAL	TB24	EA	100		GENERIC		51660			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51660072415	ALLERGY	LORATAD	40800	Second G	4080000	Second G	P	10-240 MC	ORAL	TB24	EA	15		GENERIC		51660			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51660072469	ALLERGY	LORATAD	40800	Second G	4080000	Second G	P	10-240 MC	ORAL	TB24	EA	10		GENERIC		51660			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51660075331	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	5 MG	ORAL	CHEW	EA	30		GENERIC		51660			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51660075431	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	5 MG	ORAL	CHEW	EA	30		GENERIC		51660			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51660090430	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	30		GENERIC		51660			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51660090530	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	30		GENERIC		51660			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51660093831	CETIRIZI	CETIRIZI	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		51660			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51660093854	CETIRIZI	CETIRIZI	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	14		GENERIC		51660			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51660093890	CETIRIZI	CETIRIZI	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC		51660			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51660093901	CETIRIZI	CETIRIZI	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	100		GENERIC		51660			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51660093905	CETIRIZI	CETIRIZI	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	500		GENERIC		51660			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51660093930	CETIRIZI	CETIRIZI	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		51660			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51660093953	CETIRIZI	CETIRIZI	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	300		GENERIC		51660			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51660093954	CETIRIZI	CETIRIZI	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	14		GENERIC		51660			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51660093990	CETIRIZI	CETIRIZI	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC		51660			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51660094024	ALLERGY	CETIRIZI	40800	Second G	4080000	Second G	P	5MG-120M	ORAL	TB12	EA	24		GENERIC		51660			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51660099530	COLESEV	COLESEV	240604	Bile Acid S	24060400	Bile Acid S	S	3.75 GM	ORAL	PACK	EA	30	X	GENERIC	12/4/2023	51660			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51660099628	COLESEV	COLESEV	240604	Bile Acid S	24060400	Bile Acid S	S	625 MG	ORAL	TABS	EA	180	X	GENERIC	12/4/2023	51660			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51660099830	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	30		GENERIC		51660	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51663000500	OPTIMAL	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	1.25 MG (!	ORAL	CAPS	EA	4		GENERIC		51663			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51663000501	OPTIMAL	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	1.25 MG (!	ORAL	CAPS	EA	120		GENERIC		51663			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51663000503	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	125 MCG	ORAL	CAPS	EA	90		GENERIC		51663			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51663000505	OMERA	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	O	750 MG	ORAL	CAPS	EA	120		SSB		51663			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51663000506	OPTIMAL	CHOLECA	881600	Vitamin D	88160000	Vitamin D	O	350 MCG	ORAL	CAPS	EA	4		SSB		51663			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51663000507	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	1.25 MG (!	ORAL	CAPS	EA	90		GENERIC		51663			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51663000508	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	250 MCG	ORAL	CAPS	EA	60		GENERIC		51663			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51663000509	FLORASA	PROBIOT	560800	Antidiarrh	56080000	Antidiarrh	O	0-0-0-0-0	ORAL	CPDR	EA	60		SSB		51663			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51663000510	VITABEX	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	25MG-25M	ORAL	CAPS	EA	60		SSB		51663			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51663000511	OPTIMAL	CHOLECA	881600	Vitamin D	88160000	Vitamin D	O	350 MCG	ORAL	CAPS	EA	120		SSB		51663			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51663000512	VITABEX	FE BISGL	200404	Iron Prepa	20040400	Iron Prepa	O	65-50-0.02	ORAL	CAPS	EA	60		SSB		51663			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51663000517	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	25 MCG ('	ORAL	CAPS	EA	90		GENERIC		51663			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51663000520	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	50 MCG (2	ORAL	CAPS	EA	90		GENERIC		51663			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51663000522	APETIBE	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	30MG-30M	ORAL	CAPS	EA	90		SSB		51663	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51663000529	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	P	5 MG	ORAL	CAPS	EA	30	X	GENERIC		51663			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51663000531	LIPIDSAV	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-0-300M	ORAL	CPDR	EA	120		SSB		51663			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
51672125301	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	15		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672125302	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	30		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672125303	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	60		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672125304	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	120		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672125401	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	15		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672125402	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	30		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672125403	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	60		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672125801	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	15		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672125802	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	30		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672125803	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	60		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672125806	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	45		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672125901	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	15		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672125902	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	30		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672125903	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	60		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672125906	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	45		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672126003	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	S	1%	EXTERNA	SOLN	ML	30		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672126101	DESOXIM	DESOXIM	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	GEL	GM	15		GENERIC		51672	N		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672126103	DESOXIM	DESOXIM	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	GEL	GM	60		GENERIC		51672	N		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672126201	DESOXIM	DESOXIM	840608	UNKNOW	84060800	UNKNOW	S	0.25%	EXTERNA	OINT	GM	15		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672126203	DESOXIM	DESOXIM	840608	UNKNOW	84060800	UNKNOW	S	0.25%	EXTERNA	OINT	GM	60		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672126207	DESOXIM	DESOXIM	840608	UNKNOW	84060800	UNKNOW	S	0.25%	EXTERNA	OINT	GM	100		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672126301	NYSTATIN	NYSTATIN	840608	UNKNOW	84060800	UNKNOW	S	100000-0.	EXTERNA	CREA	GM	15		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672126302	NYSTATIN	NYSTATIN	840608	UNKNOW	84060800	UNKNOW	S	100000-0.	EXTERNA	CREA	GM	30		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672126303	NYSTATIN	NYSTATIN	840608	UNKNOW	84060800	UNKNOW	S	100000-0.	EXTERNA	CREA	GM	60		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672126401	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	15		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672126402	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	30		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672126403	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	60		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672126705	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	MOUTH/T	PSTE	GM	5		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672126901	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	15		GENERIC		51672	Y		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672126906	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	45		GENERIC		51672	Y		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672127001	DESOXIM	DESOXIM	840608	UNKNOW	84060800	UNKNOW	S	0.25%	EXTERNA	CREA	GM	15		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672127003	DESOXIM	DESOXIM	840608	UNKNOW	84060800	UNKNOW	S	0.25%	EXTERNA	CREA	GM	60		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672127007	DESOXIM	DESOXIM	840608	UNKNOW	84060800	UNKNOW	S	0.25%	EXTERNA	CREA	GM	100		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672127101	DESOXIM	DESOXIM	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	15		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672127103	DESOXIM	DESOXIM	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	60		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672127107	DESOXIM	DESOXIM	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	100		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672127201	NYSTATIN	NYSTATIN	840608	UNKNOW	84060800	UNKNOW	S	100000-0.	EXTERNA	OINT	GM	15		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS	X	<= 180				R	MEDPRMI
51672127202	NYSTATIN	NYSTATIN	840608	UNKNOW	84060800	UNKNOW	S	100000-0.	EXTERNA	OINT	GM	30		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS	X	<= 180				R	MEDPRMI
51672127203	NYSTATIN	NYSTATIN	840608	UNKNOW	84060800	UNKNOW	S	100000-0.	EXTERNA	OINT	GM	60		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS	X	<= 180				R	MEDPRMI
51672127302	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	SOLN	ML	20		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672127304	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	SOLN	ML	60		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672127401	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	15		GENERIC		51672	Y		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672127406	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	45		GENERIC		51672	Y		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672127501	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	S	1%	EXTERNA	CREA	GM	15		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672127502	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	S	1%	EXTERNA	CREA	GM	30		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672127506	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	S	1%	EXTERNA	CREA	GM	45		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672127507	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	S	1%	EXTERNA	CREA	GM	45		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672127901	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	R	0.05%	EXTERNA	GEL	GM	15		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672127902	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	R	0.05%	EXTERNA	GEL	GM	30		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672127903	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	R	0.05%	EXTERNA	GEL	GM	60		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672128001	DESONID	DESONID	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	15		GENERIC		51672	Y		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672128003	DESONID	DESONID	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	60		GENERIC		51672	Y		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672128101	DESONID	DESONID	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	15		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672128103	DESONID	DESONID	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	60		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672128201	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	15		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672128202	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	30		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672128208	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	80		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672128401	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	15		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672128402	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	30		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672128408	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	80		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672128901	NYSTATIN	NYSTATIN	840408	Antifungal	84040828	Polyenes	S	100000 UI	EXTERNA	CREA	GM	15		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672128902	NYSTATIN	NYSTATIN	840408	Antifungal	84040828	Polyenes	S	100000 UI	EXTERNA	CREA	GM	30		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672129001	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	0.20%	EXTERNA	CREA	GM	15		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672129003	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	0.20%	EXTERNA	CREA	GM	60		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672129006	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	0.20%	EXTERNA	CREA	GM	45		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672129201	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	0.20%	EXTERNA	OINT	GM	15		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS				X	Must mee 5 DS Eloc TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CRE	R	MEDPRMI
51672129203	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	0.20%	EXTERNA	OINT	GM	60		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS				X	Must mee 5 DS Eloc TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CRE	R	MEDPRMI
51672129206	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	0.20%	EXTERNA	OINT	GM	45		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS				X	Must mee 5 DS Eloc TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CRE	R	MEDPRMI
51672129302	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	SOLN	ML	25		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672129303	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	SOLN	ML	50		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672129401	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	GEL	GM	15		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672129402	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	GEL	GM	30		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672129403	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	GEL	GM	60		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672129501	DIFLORA	DIFLORA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	15		GENERIC		51672			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
51672129502	DIFLORA	DIFLORA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	30		GENERIC		51672			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
51672129503	DIFLORA	DIFLORA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	60		GENERIC		51672			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
51672129601	DIFLORA	DIFLORA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	15		MSB		51672			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
51672129602	DIFLORA	DIFLORA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	30		MSB		51672			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
51672129603	DIFLORA	DIFLORA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	60		MSB		51672			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
51672129701	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	15		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672129702	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	30		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672129703	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	60		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672129801	KETOCO	KETOCO	840408	Antifungal	84040808	Azoles	S	2%	EXTERNA	CREA	GM	15		GENERIC		51672	Y		N	FORMULARY		1 GEN	GENERICS	X	<= 180				R	MEDPRMI
51672129802	KETOCO	KETOCO	840408	Antifungal	84040808	Azoles	S	2%	EXTERNA	CREA	GM	30		GENERIC		51672	Y		N	FORMULARY		1 GEN	GENERICS	X	<= 180				R	MEDPRMI
51672129803	KETOCO	KETOCO	840408	Antifungal	84040808	Azoles	S	2%	EXTERNA	CREA	GM	60		GENERIC		51672	Y		N	FORMULARY		1 GEN	GENERICS	X	<= 180				R	MEDPRMI
51672130005	AMMONII	LACTIC A	842404	Basic Loti	84240400	Basic Loti	S	12%	EXTERNA	LOTN	GM	225		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672130009	AMMONII	LACTIC A	842404	Basic Loti	84240400	Basic Loti	S	12%	EXTERNA	LOTN	GM	400		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672130100	AMMONII	LACTIC A	842404	Basic Loti	84240400	Basic Loti	S	12%	EXTERNA	CREA	GM	385		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672130102	AMMONII	LACTIC A	842404	Basic Loti	84240400	Basic Loti	S	12%	EXTERNA	CREA	GM	140		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672130104	AMMONII	LACTIC A	842404	Basic Loti	84240400	Basic Loti	S	12%	EXTERNA	CREA	GM	140		GENERIC		51672	Y		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672130200	TERCON	TERCON	840408	Antifungal	84040808	Azoles	S	0.80%	VAGINAL	CREA	GM	20		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672130301	ECONAZ	ECONAZ	840408	Antifungal	84040808	Azoles	S	1%	EXTERNA	CREA	GM	15		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS	X	<= 170				R	MEDPRMI
51672130302	ECONAZ	ECONAZ	840408	Antifungal	84040808	Azoles	S	1%	EXTERNA	CREA	GM	30		GENERIC		51672	N		N	FORMULARY		1 GEN	GENERICS	X	<= 170				R	MEDPRMI
51672130308	ECONAZ	ECONAZ	840408	Antifungal	84040808	Azoles	S	1%	EXTERNA	CREA	GM	85		GENERIC		51672	N		N	FORMULARY		1 GEN	GENERICS	X	<= 170				R	MEDPRMI
51672130406	TERCON	TERCON	840408	Antifungal	84040808	Azoles	S	0.40%	VAGINAL	CREA	GM	45		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672130503	MOMETA	MOMETA	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	SOLN	ML	30		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672130504	MOMETA	MOMETA	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	SOLN	ML	60		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672130601	ALCLOME	ALCLOME	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	15		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672130603	ALCLOME	ALCLOME	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	60		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672130606	ALCLOME	ALCLOME	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	45		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672130803	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	R	1-0.05 %	EXTERNA	LOTN	ML	30		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672130901	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	R	0.05%	EXTERNA	GEL	GM	15		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
51672130903	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	R	0.05%	EXTERNA	GEL	GM	50		GENERIC		51672			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI

51672131001	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	15		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672131003	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	50		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672131200	MUPIROC	MUPIROC	840404	Antibacter	84040400	Antibacter	S	2%	EXTERNA	OINT	GM	22		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS	X	<= 90			R	MEDPRMI
51672131201	MUPIROC	MUPIROC	840404	Antibacter	84040400	Antibacter	S	2%	EXTERNA	OINT	GM	15		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS	X	<= 90			R	MEDPRMI
51672131601	ALCLOME	ALCLOME	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	15		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672131603	ALCLOME	ALCLOME	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	60		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672131606	ALCLOME	ALCLOME	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	45		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672131801	CICLOPIR	CICLOPIR	840408	Antifungal	84040820	Hydroxypy	S	0.77%	EXTERNA	CREA	GM	15		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS	X	<= 180			R	MEDPRMI
51672131802	CICLOPIR	CICLOPIR	840408	Antifungal	84040820	Hydroxypy	S	0.77%	EXTERNA	CREA	GM	30		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS	X	<= 180			R	MEDPRMI
51672131808	CICLOPIR	CICLOPIR	840408	Antifungal	84040820	Hydroxypy	S	0.77%	EXTERNA	CREA	GM	90		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS	X	<= 180			R	MEDPRMI
51672132101	HALOBET	HALOBET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	15		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672132103	HALOBET	HALOBET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	50		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672132201	HALOBET	HALOBET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	15		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672132203	HALOBET	HALOBET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	50		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672132303	CICLOPIR	CICLOPIR	840408	Antifungal	84040820	Hydroxypy	S	0.77%	EXTERNA	SUSP	ML	30		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS	X	<= 180			R	MEDPRMI
51672132304	CICLOPIR	CICLOPIR	840408	Antifungal	84040820	Hydroxypy	S	0.77%	EXTERNA	SUSP	ML	60		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS	X	<= 180			R	MEDPRMI
51672133505	ORALONE	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	MOUTH/T	PSTE	GM	5		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672134003	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	LOTN	ML	30		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672134004	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	LOTN	ML	60		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672134708	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	SHAM	ML	118		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672134801	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-	S	5 MG/5ML	ORAL	SOLN	ML	240	X	GENERIC	9/27/2022	51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672135004	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	LOTN	ML	59		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672135008	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	LOTN	ML	118		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672135108	CICLOPIR	CICLOPIR	840408	Antifungal	84040820	Hydroxypy	S	1%	EXTERNA	SHAM	ML	120		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672135203	DESOXIM	DESOXIM	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	60		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672135207	DESOXIM	DESOXIM	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	100		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672135302	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	30		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672135303	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	60		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672135304	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	120		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672135608	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.01%	EXTERNA	OIL	ML	118.28		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672135708	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.01%	EXTERNA	OIL	ML	118.28		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672135802	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	1.50%	EXTERNA	SOLN	ML	150		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672135902	OXICONA	OXICONA	840408	Antifungal	84040808	Azoles	S	1%	EXTERNA	CREA	GM	30		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS	X	<= 180			R	MEDPRMI
51672135903	OXICONA	OXICONA	840408	Antifungal	84040808	Azoles	S	1%	EXTERNA	CREA	GM	60		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS	X	<= 180			R	MEDPRMI
51672135908	OXICONA	OXICONA	840408	Antifungal	84040808	Azoles	S	1%	EXTERNA	CREA	GM	90		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS	X	<= 180			R	MEDPRMI
51672136001	ACYCLOV	ACYCLOV	840406	Antivirals	84040600	Antivirals	S	5%	EXTERNA	OINT	GM	15		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672136002	ACYCLOV	ACYCLOV	840406	Antivirals	84040600	Antivirals	S	5%	EXTERNA	OINT	GM	30		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672136105	ACYCLOV	ACYCLOV	840406	Antivirals	84040600	Antivirals	S	5%	EXTERNA	CREA	GM	5		GENERIC		51672		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION				DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
51672136203	NAFTIFIN	NAFTIFIN	840408	Antifungal	84040804	Allylamine	R	1%	EXTERNA	CREA	GM	60		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672136208	NAFTIFIN	NAFTIFIN	840408	Antifungal	84040804	Allylamine	R	1%	EXTERNA	CREA	GM	90		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672136307	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	3%	EXTERNA	GEL	GM	100		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS	X	<= 100			R	MEDPRMI
51672136403	ADAPALE	ADAPALE	842800	Keratolytic	84280000	Keratolytic	S	0.1-2.5 %	EXTERNA	GEL	GM	45		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672136504	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.01%	EXTERNA	SOLN	ML	60		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672136606	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1.2-5 %	EXTERNA	GEL	GM	45		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672136703	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1.2-2.5 %	EXTERNA	GEL	GM	50		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672136803	NAFTIFIN	NAFTIFIN	840408	Antifungal	84040804	Allylamine	S	2%	EXTERNA	CREA	GM	60		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS	X	<= 180			R	MEDPRMI
51672136806	NAFTIFIN	NAFTIFIN	840408	Antifungal	84040804	Allylamine	S	2%	EXTERNA	CREA	GM	45		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS	X	<= 180			R	MEDPRMI
51672136908	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	2%	EXTERNA	SOLN	GM	112		GENERIC		51672		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION				DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
51672137001	MUPIROC	MUPIROC	840404	Antibacter	84040400	Antibacter	S	2%	EXTERNA	CREA	GM	15		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS	X	<= 90			R	MEDPRMI
51672137002	MUPIROC	MUPIROC	840404	Antibacter	84040400	Antibacter	S	2%	EXTERNA	CREA	GM	30		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS	X	<= 90			R	MEDPRMI
51672137104	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	LIQD	ML	59		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672137108	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	LIQD	ML	125		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672137302	TAZAROT	TAZAROT	842800	Keratolytic	84280000	Keratolytic	S	0.10%	EXTERNA	CREA	GM	30		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672137303	TAZAROT	TAZAROT	842800	Keratolytic	84280000	Keratolytic	S	0.10%	EXTERNA	CREA	GM	60		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672137603	NAFTIFIN	NAFTIFIN	840408	Antifungal	84040804	Allylamine	S	2%	EXTERNA	GEL	GM	60		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672137606	NAFTIFIN	NAFTIFIN	840408	Antifungal	84040804	Allylamine	S	2%	EXTERNA	GEL	GM	45		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672137706	ADAPALE	ADAPALE	842800	Keratolytic	84280000	Keratolytic	S	0.30%	EXTERNA	GEL	GM	45		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672137709	ADAPALE	ADAPALE	842800	Keratolytic	84280000	Keratolytic	S	0.30%	EXTERNA	GEL	GM	45		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672138102	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1-5 %	EXTERNA	GEL	GM	25		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672138104	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1-5 %	EXTERNA	GEL	GM	50		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672138105	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1-5 %	EXTERNA	GEL	GM	35		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672138106	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1-5 %	EXTERNA	GEL	GM	50		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672138409	ADAPALE	ADAPALE	842800	Keratolytic	84280000	Keratolytic	S	0.3-2.5 %	EXTERNA	GEL	GM	45		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672138508	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	100 MG/5	ORAL	SUSP	ML	118		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672138509	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	100 MG/5	ORAL	SUSP	ML	473		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672138601	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	15		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672138602	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	30		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672138603	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	60		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672138604	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	120		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672138703	DAPSONE	DAPSONE	840404	Antibacter	84040400	Antibacter	S	5%	EXTERNA	GEL	GM	60		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672138708	DAPSONE	DAPSONE	840404	Antibacter	84040400	Antibacter	S	5%	EXTERNA	GEL	GM	90		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672138803	DAPSONE	DAPSONE	840404	Antibacter	84040400	Antibacter	S	7.50%	EXTERNA	GEL	GM	60		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672138808	DAPSONE	DAPSONE	840404	Antibacter	84040400	Antibacter	S	7.50%	EXTERNA	GEL	GM	90		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672138903	AZELAIC	AZELAIC	840404	Antibacter	84040400	Antibacter	S	15%	EXTERNA	GEL	GM	50		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672139400	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.05%	EXTERNA	CREA	GM	20		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672139409	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.05%	EXTERNA	CREA	GM	45		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672139500	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.10%	EXTERNA	CREA	GM	20		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672139509	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.10%	EXTERNA	CREA	GM	45		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672139607	DESOXIM	DESOXIM	840608	UNKNOW	84060800	UNKNOW	S	0.25%	EXTERNA	LIQD	ML	100		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS			X	Must meet 5 DS Beta TRIAL OF 1 OF THE FOLLOWING:BETAMETHASONE AUGMENTED 0.05%(CRM,	R	MEDPRMI
51672139902	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1%	EXTERNA	GEL	GM	30		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672139903	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1%	EXTERNA	GEL	GM	60		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672140004	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1%	EXTERNA	LOTN	ML	60		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672140204	CALCIPOT	CALCIPOT	840608	UNKNOW	84060800	UNKNOW	S	0.005-0.06	EXTERNA	SUSP	GM	60		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672140208	CALCIPOT	CALCIPOT	840608	UNKNOW	84060800	UNKNOW	S	0.005-0.06	EXTERNA	SUSP	GM	60		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672140304	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1.2-3.75 %	EXTERNA	GEL	GM	50		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672140700	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.03%	EXTERNA	CREA	GM	20		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672140709	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.03%	EXTERNA	CREA	GM	45		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672140908	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	100 MG/5	ORAL	SUSP	ML	118		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672140909	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	100 MG/5	ORAL	SUSP	ML	473		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672141103	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	4%	EXTERNA	SOLN	ML	50		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672200101	MICONAZ	MICONAZ	840408	Antifungal	84040808	Azoles	P	2%	EXTERNA	CREA	GM	15		GENERIC		51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672200102	MICONAZ	MICONAZ	840408	Antifungal	84040808	Azoles	P	2%	EXTERNA	CREA	GM	30		GENERIC		51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672200201	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	P	1%	EXTERNA	CREA	GM	15		GENERIC		51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672200202	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	P	1%	EXTERNA	CREA	GM	30		GENERIC		51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672200306	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	P	1%	VAGINAL	CREA	GM	45		GENERIC		51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672200501	BACITRA	BACITRA	840404	Antibacter	84040400	Antibacter	P	500 UNIT/	EXTERNA	OINT	GM	15		GENERIC		51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672201001	HYDROCO	HYDROCO	840608	UNKNOW	84060800	UNKNOW	P	0.50%	EXTERNA	CREA	GM	15		GENERIC		51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672201002	HYDROCO	HYDROCO	840608	UNKNOW	84060800	UNKNOW	P	0.50%	EXTERNA	CREA	GM	28.4		GENERIC		51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672201301	HYDROCO	HYDROCO	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	CREA	GM	14.2		GENERIC		51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672201302	HYDROCO	HYDROCO	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	CREA	GM	28.4		GENERIC		51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672201502	HYDROCO	HYDROCO	840608	UNKNOW	84060800	UNKNOW	P	0.50%	EXTERNA	OINT	GM	30		GENERIC		51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672201601	TRIPLE A	NEOMYCI	840404	Antibacter	84040400	Antibacter	P	3.5-400-50	EXTERNA	OINT	GM	15		GENERIC		51672	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672201602	TRIPLE A	NEOMYCI	840404	Antibacter	84040400	Antibacter	P	3.5-400-50	EXTERNA	OINT	GM	28.4		GENERIC		51672	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672201802	HYDROCO	HYDROCO	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	OINT	GM	28.4		GENERIC		51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672202001	TOLNAFT	TOLNAFT	840408	Antifungal	84040840	Thiocarba	P	1%	EXTERNA	CREA	GM	15		GENERIC		51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672202002	TOLNAFT	TOLNAFT	840408	Antifungal	84040840	Thiocarba	P	1%	EXTERNA	CREA	GM	30		GENERIC		51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672202701	TRIPLE A	NEOMYCI	840404	Antibacter	84040400	Antibacter	P	500UNIT/G	EXTERNA	OINT	GM	15		GENERIC		51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672202702	TRIPLE A	NEOMYCI	840404	Antibacter	84040400	Antibacter	P	1%	EXTERNA	OINT	GM	28.4		GENERIC		51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672203003	NASAL DE	OXYMETA	523200	Vasocons	52320000	Vasocons	P	0.05%	NASAL	SOLN	ML	30		GENERIC		51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672203005	NASAL DE	OXYMETA	523200	Vasocons	52320000	Vasocons	P	0.05%	NASAL	SOLN	ML	15		GENERIC		51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672203506	MICONAZ	MICONAZ	840408	Antifungal	84040808	Azoles	P	2%	VAGINAL	CREA	GM	45		GENERIC		51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672203701	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	P	1%	EXTERNA	SOLN	ML	10		GENERIC		51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672204402	DOUBLE A	BACITRA	840404	Antibacter	84040400	Antibacter	P	500UNIT/G	EXTERNA	OINT	GM	28.4		GENERIC		51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672206200	3 DAY VA	CLOTRIM	840408	Antifungal	84040808	Azoles	P	2%	VAGINAL	CREA	GM	21		GENERIC		51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672206302	HYDROCO	HYDROCO	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	CREA	GM	28.4		GENERIC		51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672206602	ANTI-ITCH	DIPHENH	840800	Antipruritic	84080000	Antipruritic	P	2-0.1 %	EXTERNA	CREA	GM	28.4		GENERIC		51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672206902	HYDROCO	HYDROCO	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	CREA	GM	28.4		GENERIC		51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672207308	CHILDREN	LORATAD	40800	Second G	4080000	Second G	P	5 MG/5ML	ORAL	SOLN	ML	120		GENERIC		51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672207501	BACITRA	BACITRA	840404	Antibacter	84040400	Antibacter	P	500 UNIT/	EXTERNA	OINT	GM	14.2		GENERIC		51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672207502	BACITRA	BACITRA	840404	Antibacter	84040400	Antibacter	P	500 UNIT/	EXTERNA	OINT	GM	28.4		GENERIC		51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672208001	TERBINAF	TERBINAF	840408	Antifungal	84040804	Allylamine	P	1%	EXTERNA	CREA	GM	15		GENERIC		51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672208002	TERBINAF	TERBINAF	840408	Antifungal	84040804	Allylamine	P	1%	EXTERNA	CREA	GM	30		GENERIC		51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672208508	CHILDREN	LORATAD	40800	Second G	4080000	Second G	P	5 MG/5ML	ORAL	SOLN	ML	120		GENERIC		51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672208808	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	1 MG/ML	ORAL	SOLN	ML	120		GENERIC	2/11/2022	51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672208902	ANTI-ITCH	DIPHENH	840800	Antipruritic	84080000	Antipruritic	P	2-0.1 %	EXTERNA	CREA	GM	28.4		GENERIC		51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672209208	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	5 MG/5ML	ORAL	SOLN	ML	120		GENERIC		51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672210002	BUTENAF	BUTENAF	840408	Antifungal	84040812	Benzylami	P	1%	EXTERNA	CREA	GM	30		GENERIC		51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672210008	BUTENAF	BUTENAF	840408	Antifungal	84040812	Benzylami	P	1%	EXTERNA	CREA	GM	12		GENERIC		51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672210208	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	5 MG/5ML	ORAL	SOLN	ML	120		GENERIC		51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672211400	FEVERAL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	O	80 MG	RECTAL	SUPP	EA	1		SSB		51672		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672211402	FEVERAL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	O	80 MG	RECTAL	SUPP	EA	6		SSB		51672		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672211404	FEVERAL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	O	80 MG	RECTAL	SUPP	EA	50		SSB		51672		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672211502	FEVERAL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	120 MG	RECTAL	SUPP	EA	6		GENERIC		51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672211504	FEVERAL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	120 MG	RECTAL	SUPP	EA	50		GENERIC		51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672211602	FEVERAL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	O	325 MG	RECTAL	SUPP	EA	6		SSB		51672		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672211604	FEVERAL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	O	325 MG	RECTAL	SUPP	EA	50		SSB		51672		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672211704	FEVERAL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	650 MG	RECTAL	SUPP	EA	50		GENERIC	10/2/2024	51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672212001	TRIPLE A	NEOMYCI	840404	Antibacter	84040400	Antibacter	P	3.5-400-50	EXTERNA	OINT	GM	14.2		GENERIC		51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672212002	TRIPLE A	NEOMYCI	840404	Antibacter	84040400	Antibacter	P	3.5-400-50	EXTERNA	OINT	GM	28.4		GENERIC		51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672212804	MINOXIDI	MINOXIDI	849200	Skin and M	84920000	Skin and M	P	5%	EXTERNA	FOAM	GM	60		GENERIC		51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672212904	MINOXIDI	MINOXIDI	849200	Skin and M	84920000	Skin and M	P	5%	EXTERNA	FOAM	GM	60		GENERIC		51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672213001	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	240		GENERIC		51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672213008	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	120		GENERIC		51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672213108	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	5 MG/5ML	ORAL	SOLN	ML	120		GENERIC		51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672213801	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	240		GENERIC	8/21/2023	51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672213808	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	120		GENERIC	8/21/2023	51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672214301	ADAPALE	ADAPALE	842800	Keratolytic	84280000	Keratolytic	P	0.10%	EXTERNA	GEL	GM	15		GENERIC	12/28/2023	51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672214306	ADAPALE	ADAPALE	842800	Keratolytic	84280000	Keratolytic	P	0.10%	EXTERNA	GEL	GM	45		GENERIC	12/28/2023	51672		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672250008	ELIXSURE	ACETAMI	280816	UNKNOW	28081600	UNKNOW	O	160 MG/5M	ORAL	GEL	ML	120		SSB		51672		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672250108	ELIXSURE	ACETAMI	280816	UNKNOW	28081600	UNKNOW	O	160 MG/5M	ORAL	GEL	ML	120		SSB		51672		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672250208	ELIXSURE	ACETAMI	280816	UNKNOW	28081600	UNKNOW	O	160 MG/5M	ORAL	GEL	ML	120		SSB		51672		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672250408	ELIXSURE	DEXTROM	480800	Antitussive	48080000	Antitussive	O	7.5 MG/5M	ORAL	GEL	ML	120		SSB		51672		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51672300302	HYDROCO	HYDROCO	840608	UNKNOW	84060800	UNKNOW	S	2.50%	EXTERNA	CREA	GM	28.35		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672300402	HYDROCO	HYDROCO	840608	UNKNOW	84060800	UNKNOW	S	1%	EXTERNA	CREA	GM	28.35		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672300701	HYDROCO	HYDROCO	520808	Corticoste	52080800	Corticoste	S	1-2 %	OTIC	SOLN	ML	10		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672300805	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	OINT	GM	50		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS	X	240 IN 30 DAYS			R	MEDPRMI
51672302002	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	OINT	GM	30		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS	X	240 IN 30 DAYS			R	MEDPRMI
51672302009	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	OINT	GM	35.44		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS	X	240 IN 30 DAYS			R	MEDPRMI
51672400101	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	CAPS	EA	100	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672400102	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	CAPS	EA	500	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672400105	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	CAPS	EA	90	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672400106	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	CAPS	EA	30	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672400201	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	100	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672400202	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	500	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672400205	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	90	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672400206	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672400301	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	100	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672400302	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	500	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672400305	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	90	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672400401	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	CAPS	EA	100	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672400402	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	CAPS	EA	500	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672400405	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	CAPS	EA	90	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672400406	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	CAPS	EA	30	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672400501	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	100	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672400502	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	500	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672400503	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	1000	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672401101	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	100	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672401105	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	90	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672401106	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672401201	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	100	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672401205	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	90	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672401206	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	30	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672401301	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	CAPS	EA	100	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672401305	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	CAPS	EA	90	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672401306	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	CAPS	EA	30	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672401601	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	200 MG	ORAL	CAPS	EA	100	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672401701	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	300 MG	ORAL	CAPS	EA	100	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672401801	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	100	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672402201	ACETAZO	ACETAZO	524012	UNKNOW	52401200	UNKNOW	S	125 MG	ORAL	TABS	EA	100	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672402301	ACETAZO	ACETAZO	524012	UNKNOW	52401200	UNKNOW	S	250 MG	ORAL	TABS	EA	100	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672402502	AMIODAR	AMIODAR	240404	Antiarrhyt	24040420	Class III A	S	200 MG	ORAL	TABS	EA	500	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672402504	AMIODAR	AMIODAR	240404	Antiarrhyt	24040420	Class III A	S	200 MG	ORAL	TABS	EA	60	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672402601	KETOCON	KETOCON	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	100		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672402606	KETOCON	KETOCON	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	30		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672402701	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672402703	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	1 MG	ORAL	TABS	EA	1000	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672402707	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	1 MG	ORAL	TABS	EA	5000	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672402801	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2 MG	ORAL	TABS	EA	100	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672402803	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2 MG	ORAL	TABS	EA	1000	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672402807	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2 MG	ORAL	TABS	EA	5000	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672402901	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672402903	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2.5 MG	ORAL	TABS	EA	1000	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672402907	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2.5 MG	ORAL	TABS	EA	5000	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672403001	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	3 MG	ORAL	TABS	EA	100	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672403003	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	3 MG	ORAL	TABS	EA	1000	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672403007	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	3 MG	ORAL	TABS	EA	5000	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672403101	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	4 MG	ORAL	TABS	EA	100	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672403103	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	4 MG	ORAL	TABS	EA	1000	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672403107	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	4 MG	ORAL	TABS	EA	5000	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672403201	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672403203	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	1000	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672403207	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	5000	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672403301	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	6 MG	ORAL	TABS	EA	100	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672403303	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	6 MG	ORAL	TABS	EA	1000	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672403401	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	7.5 MG	ORAL	TABS	EA	100	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672403403	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	7.5 MG	ORAL	TABS	EA	1000	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672403501	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672403503	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672403601	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	100	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672403701	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672403703	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	1000	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672403801	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672403803	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	1000	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672403901	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	7/20/2023	51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672403903	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC	7/20/2023	51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672404001	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672404003	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672404101	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	CHEW	EA	100	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672404102	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	CHEW	EA	500	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672404201	CLORAZE	CLORAZE	282408	Benzodiaz	28240800	Benzodiaz	S	3.75 MG	ORAL	TABS	EA	100		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672404202	CLORAZE	CLORAZE	282408	Benzodiaz	28240800	Benzodiaz	S	3.75 MG	ORAL	TABS	EA	500		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672404301	CLORAZE	CLORAZE	282408	Benzodiaz	28240800	Benzodiaz	S	7.5 MG	ORAL	TABS	EA	100		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672404302	CLORAZE	CLORAZE	282408	Benzodiaz	28240800	Benzodiaz	S	7.5 MG	ORAL	TABS	EA	500		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672404401	CLORAZE	CLORAZE	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	TABS	EA	100		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672404501	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5MG-12.5M	ORAL	TABS	EA	100	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672404601	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10MG-25M	ORAL	TABS	EA	100	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672404709	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	100 MG/5	ORAL	SUSP	ML	450	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672404801	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	S	1-0.05 %	EXTERNA	CREA	GM	15		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672404806	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	S	1-0.05 %	EXTERNA	CREA	GM	45		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672405001	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	R	200 MG	ORAL	CHEW	EA	100	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672405101	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TB24	EA	100	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672405104	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TB24	EA	60	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672405201	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TB24	EA	100	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672405204	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TB24	EA	60	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672405301	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TB24	EA	100	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672405304	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TB24	EA	60	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672405506	AMIODAR	AMIODAR	240404	Antiarrhyt	24040420	Class III A	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672405700	AMIODAR	AMIODAR	240404	Antiarrhyt	24040420	Class III A	S	400 MG	ORAL	TABS	EA	100	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672405706	AMIODAR	AMIODAR	240404	Antiarrhyt	24040420	Class III A	S	400 MG	ORAL	TABS	EA	30	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672406102	HYDROCO	HYDROCO	840608	UNKNOW	84060800	UNKNOW	R	0.10%	EXTERNA	SOLN	ML	20		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672406104	HYDROCO	HYDROCO	840608	UNKNOW	84060800	UNKNOW	R	0.10%	EXTERNA	SOLN	ML	60		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672406201	FLUOROU	FLUOROU	841800	UNKNOW	84180000	UNKNOW	R	2%	EXTERNA	SOLN	ML	10		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672406301	FLUOROU	FLUOROU	841800	UNKNOW	84180000	UNKNOW	S	5%	EXTERNA	SOLN	ML	10		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672406506	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	100 MG	ORAL	TABS	EA	30		GENERIC	1/28/2022	51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672406901	PHENYTO	PHENYTO	281212	Hydantoin	28121200	Hydantoin	S	125 MG/5	ORAL	SUSP	ML	237	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672407008	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	S	1 MG/ML	ORAL	SOLN	ML	120		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672407401	HYDROCO	HYDROCO	840608	UNKNOW	84060800	UNKNOW	R	0.10%	EXTERNA	CREA	GM	15		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672407406	HYDROCO	HYDROCO	840608	UNKNOW	84060800	UNKNOW	R	0.10%	EXTERNA	CREA	GM	45		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672407904	DESONID	DESONID	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	LOTN	ML	59		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672407908	DESONID	DESONID	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	LOTN	ML	118		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672408103	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1%	EXTERNA	SOLN	ML	30		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS	X	<= 180			R	MEDPRMI
51672408104	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1%	EXTERNA	SOLN	ML	60		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS	X	<= 180			R	MEDPRMI
51672408301	HYDROCO	HYDROCO	840608	UNKNOW	84060800	UNKNOW	R	0.10%	EXTERNA	OINT	GM	15		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS			X	Must meet 5 DS Beta TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE	R	MEDPRMI
51672408306	HYDROCO	HYDROCO	840608	UNKNOW	84060800	UNKNOW	R	0.10%	EXTERNA	OINT	GM	45		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS			X	Must meet 5 DS Beta TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE	R	MEDPRMI
51672409103	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG/5ML	ORAL	SOLN	ML	50		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS	X	50 IN 15 DAYS			R	MEDPRMI
51672411101	PHENYTO	PHENYTO	281212	Hydantoin	28121200	Hydantoin	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672411103	PHENYTO	PHENYTO	281212	Hydantoin	28121200	Hydantoin	S	100 MG	ORAL	CAPS	EA	1000	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672411606	METRONI	METRONI	840404	Antibacter	84040400	Antibacter	S	0.75%	EXTERNA	GEL	GM	45		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672411704	NYSTATIN	NYSTATIN	81428	Polyenes	8142800	Polyenes	S	100000 UN	MOUTH/T	SUSP	ML	60		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672411709	NYSTATIN	NYSTATIN	81428	Polyenes	8142800	Polyenes	S	100000 UN	MOUTH/T	SUSP	ML	473		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672411806	FLUOROU	FLUOROU	841800	UNKNOW	84180000	UNKNOW	S	5%	EXTERNA	CREA	GM	40		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672412301	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TB12	EA	100	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672412401	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TB12	EA	100	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672412501	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	400 MG	ORAL	TB12	EA	100	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672413001	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672413101	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672413204	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	150 MG	ORAL	TABS	EA	60	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672413304	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	60	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672413609	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	100 MG/M	ORAL	SOLN	ML	473	X	GENERIC		51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672413901	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	5 MG	ORAL	CHEW	EA	100	X	GENERIC	6/20/2023	51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672414001	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	CHEW	EA	100	X	GENERIC	6/19/2023	51672		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51672414506	IMIQUIMO	IMIQUIMO	841800	UNKNOW	84180000	UNKNOW	S	5%	EXTERNA	CREA	EA	24		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS	X	2 IN 1 DAYS			R	MEDPRMI
51672414508	IMIQUIMO	IMIQUIMO	841800	UNKNOW	84180000	UNKNOW	S	5%	EXTERNA	CREA	EA	1		GENERIC		51672		N	FORMULARY		1 GEN	GENERICS	X	2 IN 1 DAYS			R	MEDPRMI

51824006301	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	P	1%	EXTERNA	CREA	GM	28	GENERIC		51824	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
51824006401	CAREALL	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	100	GENERIC		51824	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
51824006504	VITAMIN /	VITAMINS	842412	Basic Oint	84241200	Basic Oint	P	96%	EXTERNA	OINT	GM	113	GENERIC	10/30/2023	51824	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
51824006515	VITAMIN /	VITAMINS	842412	Basic Oint	84241200	Basic Oint	P	96%	EXTERNA	OINT	GM	425	GENERIC	10/30/2023	51824	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
51824006950	NON-ASP	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	25-500 MC	ORAL	TABS	EA	50	GENERIC		51824	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
51824007201	NAPROXE	NAPROXE	280804	Nonsteroic	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	100	GENERIC		51824	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
51824007401	TRIPLE A	NEOMYCI	840404	Antibacter	84040400	Antibacter	P	1%	EXTERNA	OINT	GM	28	GENERIC		51824	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
51824007501	ALLERGY	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30	GENERIC		51824	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
51824007601	ALLERGY	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30	GENERIC		51824	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
51824007701	ASPIRIN	ASPIRIN	280804	Nonsteroic	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	120	GENERIC		51824	N	#N/A	ORIG_FR	10 EHB	#N/A								X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
51824007801	MICONAZ	MICONAZ	840408	Antifungal	84040808	Azoles	P	2%	EXTERNA	CREA	GM	28	GENERIC		51824	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
51824007902	HEMORR	PHENYLE	841600	Cell Stimu	84160000	Cell Stimu	P	0.25-14-74	RECTAL	OINT	GM	56	GENERIC		51824	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
51824008150	NON-ASP	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	25-500 MC	ORAL	TABS	EA	50	GENERIC	1/16/2024	51824	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
51824008801	ANTI-ITCH	DIPHENH	840800	Antipruritic	84080000	Antipruritic	P	2-0.1 %	EXTERNA	CREA	GM	35	GENERIC		51824	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
51824009809	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	CREA	EA	1	GENERIC		51824	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
51824009814	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	CREA	EA	1	GENERIC		51824	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
51862000560	DOFETILI	DOFETILI	240404	Antiarrhyth	24040420	Class III A	S	500 MCG	ORAL	CAPS	EA	60 X	GENERIC		51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862000701	MICROGE	NORETHI	681200	Contracep	68120000	Contracep	S	1-20 MG-M	ORAL	TABS	EA	21 X	GENERIC	4/30/2022	51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862000706	MICROGE	NORETHI	681200	Contracep	68120000	Contracep	S	1-20 MG-M	ORAL	TABS	EA	21 X	GENERIC	4/30/2022	51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862001201	MICROGE	NORETHI	681200	Contracep	68120000	Contracep	S	1-20 MG-M	ORAL	TABS	EA	28 X	GENERIC	10/31/2022	51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862001206	MICROGE	NORETHI	681200	Contracep	68120000	Contracep	S	1-20 MG-M	ORAL	TABS	EA	28 X	GENERIC	10/31/2022	51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862002560	DOFETILI	DOFETILI	240404	Antiarrhyth	24040420	Class III A	S	250 MCG	ORAL	CAPS	EA	60 X	GENERIC		51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862002801	LUTERA	LEVONOF	681200	Contracep	68120000	Contracep	S	20MCG-.1	ORAL	TABS	EA	28 X	GENERIC		51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862002806	LUTERA	LEVONOF	681200	Contracep	68120000	Contracep	S	20MCG-.1	ORAL	TABS	EA	28 X	GENERIC		51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862004101	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	75 MG	ORAL	CAPS	EA	100	GENERIC	3/31/2022	51862	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS	X	Must meet 5 DS Doxy	TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 75MG TABLET IN THE PA:			R	MEDPRMI
51862004701	AMETHIA	LEVONOF	681200	Contracep	68120000	Contracep	S	0.15-0.03	ORAL	TABS	EA	91 X	GENERIC	3/4/2024	51862	N	#N/A	ORIG_FR	10 EHB	#N/A			X	91 IN 84 DAYS				X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862004791	AMETHIA	LEVONOF	681200	Contracep	68120000	Contracep	S	0.15-0.03	ORAL	TABS	EA	91 X	GENERIC	3/4/2024	51862	N	#N/A	ORIG_FR	10 EHB	#N/A			X	91 IN 84 DAYS				X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862006901	ESTAZOL	ESTAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	100	GENERIC	5/31/2022	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862007001	ESTAZOL	ESTAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	100	GENERIC	5/31/2022	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862007201	AZURETT	DESOGES	681200	Contracep	68120000	Contracep	S	0.15-0.02/	ORAL	TABS	EA	28 X	GENERIC	3/31/2022	51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862007206	AZURETT	DESOGES	681200	Contracep	68120000	Contracep	S	0.15-0.02/	ORAL	TABS	EA	28 X	GENERIC	3/31/2022	51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862007301	ESTAZOL	ESTAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	100	GENERIC		51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862007401	ESTAZOL	ESTAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	100	GENERIC		51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862007801	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	10-100 MC	ORAL	TABS	EA	100 X	GENERIC	4/30/2022	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862007805	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	10-100 MC	ORAL	TABS	EA	500 X	GENERIC	3/31/2022	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862007901	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MC	ORAL	TABS	EA	100 X	GENERIC	7/31/2022	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862007905	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MC	ORAL	TABS	EA	500 X	GENERIC	3/31/2022	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862007910	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MC	ORAL	TABS	EA	1000 X	GENERIC	5/31/2022	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862008001	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-250 MC	ORAL	TABS	EA	100 X	GENERIC	5/31/2022	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862009501	DISOPYR	DISOPYR	240404	Antiarrhyth	24040404	Class Ia A	S	100 MG	ORAL	CAPS	EA	100 X	GENERIC	9/19/2024	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862009601	DISOPYR	DISOPYR	240404	Antiarrhyth	24040404	Class Ia A	S	150 MG	ORAL	CAPS	EA	100 X	GENERIC	9/19/2024	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862009701	LEVORA (	LEVONOF	681200	Contracep	68120000	Contracep	S	0.15-30 M	ORAL	TABS	EA	28 X	GENERIC		51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862009706	LEVORA (	LEVONOF	681200	Contracep	68120000	Contracep	S	0.15-30 M	ORAL	TABS	EA	28 X	GENERIC		51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862012360	DAPSONE	DAPSONE	840404	Antibacter	84040400	Antibacter	S	5%	EXTERNA	GEL	GM	60	GENERIC		51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862012560	DOFETILI	DOFETILI	240404	Antiarrhyth	24040420	Class III A	S	125 MCG	ORAL	CAPS	EA	60 X	GENERIC		51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862014801	HALOETT	ETONOGI	681200	Contracep	68120000	Contracep	S	0.12-0.015	VAGINAL	RING	EA	1 X	GENERIC		51862 Y	N	#N/A	ORIG_FR	10 EHB	#N/A								X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
51862014803	HALOETT	ETONOGI	681200	Contracep	68120000	Contracep	S	0.12-0.015	VAGINAL	RING	EA	1 X	GENERIC		51862 Y	N	#N/A	ORIG_FR	10 EHB	#N/A								X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
51862015904	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	LOTN	ML	118	GENERIC	1/17/2023	51862	N	FORMULARY		1 GEN	GENERICS			X	236 IN 30 DAYS	X	Must meet 5 DS Beta	TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE			R	MEDPRMI
51862017901	BUTALBI	BUTALBI	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	CAPS	EA	100	GENERIC		51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862018015	PRAMOXI	PRAMOXI	840800	Antipruritic	84080000	Antipruritic	P	1%	EXTERNA	FOAM	GM	15	GENERIC		51862	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
51862018501	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TBCR	EA	100	GENERIC		51862	N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS	X	Must meet 7 DS Acet	ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L			R	MEDPRMI
51862018601	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TBCR	EA	100	GENERIC		51862	N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS	X	Must meet 7 DS Acet	ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L			R	MEDPRMI
51862018701	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	60 MG	ORAL	TBCR	EA	100	GENERIC	9/30/2024	51862	N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS	X	Must meet 7 DS Acet	ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L			R	MEDPRMI
51862018801	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	100 MG	ORAL	TBCR	EA	100	GENERIC	2/28/2024	51862	N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS	X	Must meet 7 DS Acet	ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L			R	MEDPRMI
51862019460	CLARITHI	CLARITHI	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TB24	EA	60	GENERIC	7/31/2022	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862023801	CAZIANT	DESOGES	681200	Contracep	68120000	Contracep	S	0.1/0.125/	ORAL	TABS	EA	28 X	GENERIC	8/23/2022	51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862023803	CAZIANT	DESOGES	681200	Contracep	68120000	Contracep	S	0.1/0.125/	ORAL	TABS	EA	28 X	GENERIC	8/23/2022	51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862024030	AMIODAR	AMIODAR	240404	Antiarrhyth	24040420	Class III A	S	100 MG	ORAL	TABS	EA	30 X	GENERIC		51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862024105	AMIODAR	AMIODAR	240404	Antiarrhyth	24040420	Class III A	S	200 MG	ORAL	TABS	EA	500 X	GENERIC		51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862024160	AMIODAR	AMIODAR	240404	Antiarrhyth	24040420	Class III A	S	200 MG	ORAL	TABS	EA	60 X	GENERIC		51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862024190	AMIODAR	AMIODAR	240404	Antiarrhyth	24040420	Class III A	S	200 MG	ORAL	TABS	EA	90 X	GENERIC	9/30/2024	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862024230	AMIODAR	AMIODAR	240404	Antiarrhyth	24040420	Class III A	S	400 MG	ORAL	TABS	EA	30 X	GENERIC	10/31/2024	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862025801	NEXTSTE	DROSPIR	681200	Contracep	68120000	Contracep	R	3-14.2 MG	ORAL	TABS	EA	28 X	SSB		51862	N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	Must meet 5 DS Afirm	TRIAL OF TWO GENERIC ORAL CONTR	X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862026001	ZOVIA 1/3	ETHYNOD	681200	Contracep	68120000	Contracep	S	1-35 MG-M	ORAL	TABS	EA	28 X	GENERIC	3/31/2022	51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862026006	ZOVIA 1/3	ETHYNOD	681200	Contracep	68120000	Contracep	S	1-35 MG-M	ORAL	TABS	EA	28 X	GENERIC	3/31/2022	51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862027301	CLOZAPI	CLOZAPI	281608	Antipsycho	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	100	GENERIC	8/26/2022	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862027305	CLOZAPI	CLOZAPI	281608	Antipsycho	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	500	GENERIC	8/26/2022	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862027401	CLOZAPI	CLOZAPI	281608	Antipsycho	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	100	GENERIC	7/31/2022	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862027405	CLOZAPI	CLOZAPI	281608	Antipsycho	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	500	GENERIC	7/31/2022	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862027901	MICROGE	NORETHI	681200	Contracep	68120000	Contracep	S	1.5-30 MG	ORAL	TABS	EA	21 X	GENERIC	4/30/2022	51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862027906	MICROGE	NORETHI	681200	Contracep	68120000	Contracep	S	1.5-30 MG	ORAL	TABS	EA	21 X	GENERIC	4/30/2022	51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862028401	TILIA FE	NORETHI	681200	Contracep	68120000	Contracep	S	1-20/1-30/	ORAL	TABS	EA	28 X	GENERIC	1/3/2022	51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862028403	TILIA FE	NORETHI	681200	Contracep	68120000	Contracep	S	1-20/1-30/	ORAL	TABS	EA	28 X	GENERIC	1/3/2022	51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862029043	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	430	GENERIC		51862	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRMI
51862029201	MICROGE	NORETHI	681200	Contracep	68120000	Contracep	S	1.5-30 MG	ORAL	TABS	EA	28 X	GENERIC	7/31/2022	51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862029206	MICROGE	NORETHI	681200	Contracep	68120000	Contracep	S	1.5-30 MG	ORAL	TABS	EA	28 X	GENERIC	7/31/2022	51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862029510	FABIOR	TAZAROT	842800	Keratolytic	84280000	Keratolytic	R	0.10%	EXTERNA	FOAM	GM	100	SSB		51862	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRMI
51862029550	FABIOR	TAZAROT	842800	Keratolytic	84280000	Keratolytic	R	0.10%	EXTERNA	FOAM	GM	50	SSB	3/1/2024	51862	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRMI
51862031801	NECON 0	NORETHI	681200	Contracep	68120000	Contracep	S	0.5-35 MG	ORAL	TABS	EA	28 X	GENERIC	4/30/2022	51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862031803	NECON 0	NORETHI	681200	Contracep	68120000	Contracep	S	0.5-35 MG	ORAL	TABS	EA	28 X	GENERIC	4/30/2022	51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862032001	LIOTHYR	LIOTHYR	683604	Thyroid Ag	68360400	Thyroid Ag	S	5 MCG	ORAL	TABS	EA	100 X	GENERIC		51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862032101	LIOTHYR	LIOTHYR	683604	Thyroid Ag	68360400	Thyroid Ag	S	25 MCG	ORAL	TABS	EA	100 X	GENERIC		51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862032201	LIOTHYR	LIOTHYR	683604	Thyroid Ag	68360400	Thyroid Ag	S	50 MCG	ORAL	TABS	EA	100 X	GENERIC		51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862032801	DILTIAZE	DILTIAZE	240404	Antiarrhyth	24040424	Class IV A	S	60 MG	ORAL	CP12	EA	100 X	GENERIC		51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862032901	DILTIAZE	DILTIAZE	240404	Antiarrhyth	24040424	Class IV A	S	90 MG	ORAL	CP12	EA	100 X	GENERIC		51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862033001	DILTIAZE	DILTIAZE	240404	Antiarrhyth	24040424	Class IV A	S	120 MG	ORAL	CP12	EA	100 X	GENERIC		51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862033201	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.5 MG	ORAL	TABS	EA	100 X	GENERIC	5/31/2023	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862033301	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	1 MG	ORAL	TABS	EA	100 X	GENERIC	5/31/2023	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862033305	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	1 MG	ORAL	TABS	EA	500 X	GENERIC	10/31/2023	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862033401	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	2 MG	ORAL	TABS	EA	100 X	GENERIC	10/31/2023	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862033405	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	2 MG	ORAL	TABS	EA	500 X	GENERIC	12/4/2023	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862033801	CHLORZC	CHLORZC	122004	UNKNOW	12200400	UNKNOW	S	375 MG	ORAL	TABS	EA	100	GENERIC	8/31/2022	51862	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRMI
51862034001	CHLORZC	CHLORZC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	100	GENERIC	10/31/2022	51862	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRMI
51862034490	DEXTRO/	DEXTRO/	282004	Amphetan	28200400	Amphetan	S	5 MG	ORAL	CP24	EA	90 X	GENERIC	1/2/2024	51862	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS						R	MEDPRMI
51862034590	DEXTRO/	DEXTRO/	282004	Amphetan	28200400	Amphetan	S	10 MG	ORAL	CP24	EA	90 X	GENERIC	3/1/2024	51862	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS						R	MEDPRMI
51862034690	DEXTRO/	DEXTRO/	282004	Amphetan	28200400	Amphetan	S	15 MG	ORAL	CP24	EA	90 X	GENERIC	3/1/2024	51862	N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS						R	MEDPRMI
51862036240	FLUOROU	FLUOROU	841800	UNKNOW	84180000	UNKNOW	S	5%	EXTERNA	CREA	GM	40	GENERIC	5/1/2024	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862037612	SORILUX	CALCIPO	842412	Basic Oint	84241200	Basic Oint	R	0.01%	EXTERNA	FOAM	GM	120	SSB		51862	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRMI
51862037660	SORILUX	CALCIPO	842412	Basic Oint	84241200	Basic Oint	R	0.01%	EXTERNA	FOAM	GM	60	SSB	9/11/2023	51862	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRMI
51862044610	TAMOXIF	TAMOXIF	681612	Estrogen /	68161200	Estrogen /	S	20 MG	ORAL	TABS	EA	1000 X	GENERIC	2/28/2023	51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF AGE=35-999 YEARS AND R	R	MEDPRMI
51862044630	TAMOXIF	TAMOXIF	681612	Estrogen /	68161200	Estrogen /	S	20 MG	ORAL	TABS	EA	30 X	GENERIC	2/28/2023	51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF AGE=35-999 YEARS AND R	R	MEDPRMI
51862044710	TAMOXIF	TAMOXIF	681612	Estrogen /	68161200	Estrogen /	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC	7/31/2022	51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF AGE=35-999 YEARS AND R	R	MEDPRMI
51862044760	TAMOXIF	TAMOXIF	681612	Estrogen /	68161200	Estrogen /	S	10 MG	ORAL	TABS	EA	60 X	GENERIC	7/31/2022	51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF AGE=35-999 YEARS AND R	R	MEDPRMI
51862045301	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG/24	TRANSDE	PTWK	EA	1 X	GENERIC		51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862045304	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG/24	TRANSDE	PTWK	EA	4 X	GENERIC		51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862045401	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG/24	TRANSDE	PTWK	EA	1 X	GENERIC		51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862045404	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG/24	TRANSDE	PTWK	EA	4 X	GENERIC		51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862045501	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.3 MG/24	TRANSDE	PTWK	EA	1 X	GENERIC		51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862045504	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.3 MG/24	TRANSDE	PTWK	EA	4 X	GENERIC		51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862045801	CYCLOSF	CYCLOSF	902828	UNKNOW	90282892	UNKNOW	S	25 MG	ORAL	CAPS	EA	1 X	GENERIC		51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862045847	CYCLOSF	CYCLOSF	902828	UNKNOW	90282892	UNKNOW	S	25 MG	ORAL	CAPS	EA	30 X	GENERIC		51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862046001	CYCLOSF	CYCLOSF	902828	UNKNOW	90282892	UNKNOW	S	100 MG	ORAL	CAPS	EA	1 X	GENERIC		51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862046047	CYCLOSF	CYCLOSF	902828	UNKNOW	90282892	UNKNOW	S	100 MG	ORAL	CAPS	EA	30 X	GENERIC		51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862046260	TOLSURA	ITRACON	81408	Azoles	8140800	Azoles	R	65 MG	ORAL	CAPS	EA	60	SSB		51862	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRMI
51862046288	TOLSURA	ITRACON	81408	Azoles	8140800	Azoles	R	65 MG	ORAL	CAPS	EA	8	SSB	3/4/2024	51862	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRMI
51862047101	LEENA	NORETHI	681200	Contracep	68120000	Contracep	S	0.5/1/0.5-3	ORAL	TABS	EA	28 X	GENERIC		51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862047106	LEENA	NORETHI	681200	Contracep	68120000	Contracep	S	0.5/1/0.5-3	ORAL	TABS	EA	28 X	GENERIC		51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862048601	TRIMETH	TRIMETH	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	TABS	EA	100	GENERIC	5/15/2024	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862049415	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	15	GENERIC	8/9/2023	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862049430	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	30	GENERIC	8/9/2023	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862049460	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	60	GENERIC	8/9/2023	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862051001	TRIVORA	LEVONOF	681200	Contracep	68120000	Contracep	S	0-0	ORAL	TABS	EA	28 X	GENERIC		51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862051006	TRIVORA	LEVONOF	681200	Contracep	68120000	Contracep	S	0-0	ORAL	TABS	EA	28 X	GENERIC		51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862051260	CALCIPO	CALCIPO	842412	Basic Oint	84241200	Basic Oint	R	0.01%	EXTERNA	FOAM	GM	60	MSB		51862	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRMI
51862051401	DESOGE	DESOGE	681200	Contracep	68120000	Contracep	S	0.15-30 M	ORAL	TABS	EA	28 X	GENERIC	3/31/2023	51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862051403	DESOGE	DESOGE	681200	Contracep	68120000	Contracep	S	0.15-30 M	ORAL	TABS	EA	28 X	GENERIC	3/31/2023	51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862053504	PSEUDOE	PSEUDOE	480800	Antitussive	48080000	Antitussive	S	30-2-10 M	ORAL	SYRP	ML	118	GENERIC	6/30/2022	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862053516	PSEUDOE	PSEUDOE	480800	Antitussive	48080000	Antitussive	S	30-2-10 M	ORAL	SYRP	ML	473	GENERIC	8/31/2022	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862053801	BUTALBI	BUTALBI	280816	UNKNOW	28081600	UNKNOW	S	50-300 MC	ORAL	TABS	EA	100	GENERIC	12/4/2023	51862	N	FORMULARY		1 GEN	GENERICS			X	6 IN 1 DAYS	X	Must meet 5 DS Buta	TRIAL OF GENERIC BUTALBITAL/ACETAMINOPHEN 50MG-325MG COMBINATIO			R	MEDPRMI
51862054001	BUTALBI	BUTALBI	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	100	GENERIC	9/4/2024	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862054005	BUTALBI	BUTALBI	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	500	GENERIC		51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862054201	BUTALBI	BUTALBI	280816	UNKNOW	28081600	UNKNOW	S	50-300-40	ORAL	CAPS	EA	100	GENERIC	12/31/2022	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862054401	BUTALBI	BUTALBI	280816	UNKNOW	28081600	UNKNOW	S	50-300 MC	ORAL	CAPS	EA	100	GENERIC	9/19/2024	51862	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRMI
51862054501	SRONYX	LEVONOF	681200	Contracep	68120000	Contracep	S	20MCG-.1	ORAL	TABS	EA	28 X	GENERIC		51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862054506	SRONYX	LEVONOF	681200	Contracep	68120000	Contracep	S	20MCG-.1	ORAL	TABS	EA	28 X	GENERIC		51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862055712	DORYX	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	50 MG	ORAL	TBEC	EA	120	MSB	1/31/2024	51862 Y	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRMI
51862055806	DORYX	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	200 MG	ORAL	TBEC	EA	60	MSB	8/31/2023	51862 Y	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRMI
51862055930	DORYX M	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	R	120 MG	ORAL	TBEC	EA	30	SSB	7/2/2024	51862	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRMI
51862056012	DORYX M	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	R	60 MG	ORAL	TBEC	EA	120	SSB		51862	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRMI
51862056060	DORYX M	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	R	60 MG	ORAL	TBEC	EA	60	SSB		51862	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRMI
51862056230	DORYX	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	R	80 MG	ORAL	TBEC	EA	30	SSB	6/1/2023	51862	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRMI
51862056401	LOW-OGE	NORGES	681200	Contracep	68120000	Contracep	S	0.3-30 MG	ORAL	TABS	EA	28 X	GENERIC		51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862056406	LOW-OGE	NORGES	681200	Contracep	68120000	Contracep	S	0.3-30 MG	ORAL	TABS	EA	28 X	GENERIC		51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862057130	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	R	80 MG	ORAL	TBEC	EA	30	GENERIC		51862	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRMI
51862058001	BUDESON	BUDESON	680400	Adrenals	68040000	Adrenals	S	3 MG	ORAL	CPEP	EA	100	GENERIC		51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862060402	LEXETTE	HALOBET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	FOAM	GM	50	MSB	9/12/2022	51862	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRMI
51862060450	LEXETTE	HALOBET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	FOAM	GM	50	MSB		51862	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRMI
51862060602	HALOBET	HALOBET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	FOAM	GM	50	GENERIC	9/12/2022	51862	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRMI
51862060650	HALOBET	HALOBET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	FOAM	GM	50	GENERIC	9/12/2022	51862	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRMI
51862060901	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	10 MG	ORAL	CP24	EA	100 X	GENERIC		51862	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
51862061001	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	20MG	ORAL	CP24	EA	100 X	GENERIC		51862	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
51862061101	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	30 MG	ORAL	CP24	EA	100 X	GENERIC		51862	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS						R	MEDPRMI
51862061201	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	40 MG	ORAL	CP24	EA	100 X	GENERIC		51862	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
51862061430	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	60MG	ORAL	CP24	EA	30 X	GENERIC		51862	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
51862061501	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TABS	EA	100	GENERIC	1/8/2024	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862061701	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TABS	EA	100	GENERIC	1/8/2024	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862063401	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	100 MCG	BUCCAL	TABS	EA	1	GENERIC	1/31/2024	51862	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRMI
51862063428	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	100 MCG	BUCCAL	TABS	EA	28	GENERIC	1/31/2024	51862	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRMI
51862063501	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	200 MCG	BUCCAL	TABS	EA	1	GENERIC	11/30/2024	51862	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRMI
51862063528	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	200 MCG	BUCCAL	TABS	EA	28	GENERIC	11/30/2024	51862	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRMI
51862063601	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	400 MCG	BUCCAL	TABS	EA	1	GENERIC		51862	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRMI
51862063628	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	400 MCG	BUCCAL	TABS	EA	28	GENERIC		51862	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRMI
51862063701	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	600 MCG	BUCCAL	TABS	EA	1	GENERIC		51862	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRMI
51862063728	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	600 MCG	BUCCAL	TABS	EA	28	GENERIC		51862	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRMI
51862063801	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	800 MCG	BUCCAL	TABS	EA	1	GENERIC		51862	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRMI
51862063828	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	800 MCG	BUCCAL	TABS	EA	28	GENERIC		51862	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRMI
51862064210	TAMOXIF	TAMOXIF	681612	Estrogen /	68161200	Estrogen /	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC		51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF AGE=35-999 YEARS AND R	R	MEDPRMI
51862064260	TAMOXIF	TAMOXIF	681612	Estrogen /	68161200	Estrogen /	S	10 MG	ORAL	TABS	EA	60 X	GENERIC		51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF AGE=35-999 YEARS AND R	R	MEDPRMI
51862064310	TAMOXIF	TAMOXIF	681612	Estrogen /	68161200	Estrogen /	S	20 MG	ORAL	TABS	EA	1000 X	GENERIC		51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF AGE=35-999 YEARS AND R	R	MEDPRMI
51862064330	TAMOXIF	TAMOXIF	681612	Estrogen /	68161200	Estrogen /	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF AGE=35-999 YEARS AND R	R	MEDPRMI
51862064501	NYMYO	NORGES	681200	Contracep	68120000	Contracep	S	0.25-35 M	ORAL	TABS	EA	28 X	GENERIC	9/30/2023	51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862064506	NYMYO	NORGES	681200	Contracep	68120000	Contracep	S	0.25-35 M	ORAL	TABS	EA	28 X	GENERIC	9/30/2023	51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862064601	TRI-NYMY	NORGES	681200	Contracep	68120000	Contracep	S	0.18/0.215	ORAL	TABS	EA	28 X	GENERIC	1/31/2024	51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862064606	TRI-NYMY	NORGES	681200	Contracep	68120000	Contracep	S	0.18/0.215	ORAL	TABS	EA	28 X	GENERIC	1/31/2024	51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862064801	MICROGE	NORETHI	681200	Contracep	68120000	Contracep	S	1-20 MG-M	ORAL	TABS	EA	28 X	GENERIC	7/31/2023	51862 Y	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862064803	MICROGE	NORETHI	681200	Contracep	68120000	Contracep	S	1-20 MG-M	ORAL	TABS	EA	28 X	GENERIC	7/31/2023	51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862068201	SOLTAM(	TAMOXIF	681612	Estrogen /	68161200	Estrogen /	R	10 MG/5M	ORAL	SOLN	ML	150 X	SSB		51862	N	FORMULARY		2 BRAND	PREFERRED BRAND										R	MEDPRMI
51862069010	TAVABOR	TAVABOR	840408	Antifungal	84040824	UNKNOW	S	5%	EXTERNA	SOLN	ML	10	GENERIC		51862	N	FORMULARY		1 GEN	GENERICS	X	PA:X								R	MEDPRMI
51862069506	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	75 MG	ORAL	TABS	EA	60	GENERIC	8/29/2024	51862	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS	X	Must meet 5 DS Doxy	TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 75MG TABLET IN THE PA:			R	MEDPRMI
51862069606	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	150 MG	ORAL	TABS	EA	60	GENERIC	8/29/2024	51862	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS	X	Must meet 5 DS Doxy	TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 150 MG TABLET IN THE P			R	MEDPRMI
51862070912	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	50 MG	ORAL	TBEC	EA	120	GENERIC	8/1/2024	51862	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRMI
51862076530	RHOFADE	OXYMETA	523200	Vasocons	52320000	Vasocons	R	1%	EXTERNA	CREA	GM	30	SSB		51862	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRMI
51862085501	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	10-100 MC	ORAL	TABS	EA	100 X	GENERIC		51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862085505	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	10-100 MC	ORAL	TABS	EA	500 X	GENERIC		51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862085601	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MC	ORAL	TABS	EA	100 X	GENERIC		51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862085605	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MC	ORAL	TABS	EA	500 X	GENERIC		51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862085610	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MC	ORAL	TABS	EA	1000 X	GENERIC		51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862085801	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-250 MC	ORAL	TABS	EA	100 X	GENERIC		51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862085805	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-250 MC	ORAL	TABS	EA	500 X	GENERIC	11/30/2024	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862085810	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-250 MC	ORAL	TABS	EA	1000 X	GENERIC		51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862086601	MICROGE	NORETHI	681200	Contracep	68120000	Contracep	S	1-20 MG-M	ORAL	TABS	EA	28 X	GENERIC		51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862086606	MICROGE	NORETHI	681200	Contracep	68120000	Contracep	S	1-20 MG-M	ORAL	TABS	EA	28 X	GENERIC		51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862086801	MICROGE	NORETHI	681200	Contracep	68120000	Contracep	S	1-20 MG-M	ORAL	TABS	EA	21 X	GENERIC		51862 Y	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862086806	MICROGE	NORETHI	681200	Contracep	68120000	Contracep	S	1-20 MG-M	ORAL	TABS	EA	21 X	GENERIC		51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862087001	MICROGE	NORETHI	681200	Contracep	68120000	Contracep	S	1.5-30 MG	ORAL	TABS	EA	28 X	GENERIC		51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862087006	MICROGE	NORETHI	681200	Contracep	68120000	Contracep	S	1.5-30 MG	ORAL	TABS	EA	28 X	GENERIC		51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862087201	MICROGE	NORETHI	681200	Contracep	68120000	Contracep	S	1.5-30 MG	ORAL	TABS	EA	21 X	GENERIC		51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862087206	MICROGE	NORETHI	681200	Contracep	68120000	Contracep	S	1.5-30 MG	ORAL	TABS	EA	21 X	GENERIC		51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862088401	CAMILA	NORETHI	681200	Contracep	68120000	Contracep	S	0.35 MG	ORAL	TABS	EA	28 X	GENERIC		51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862088403	CAMILA	NORETHI	681200	Contracep	68120000	Contracep	S	0.35 MG	ORAL	TABS	EA	28 X	GENERIC		51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862088601	ERRIN	NORETHI	681200	Contracep	68120000	Contracep	S	0.35 MG	ORAL	TABS	EA	28 X	GENERIC		51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862088603	ERRIN	NORETHI	681200	Contracep	68120000	Contracep	S	0.35 MG	ORAL	TABS	EA	28 X	GENERIC		51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862089001	AZURETT	DESOGES	681200	Contracep	68120000	Contracep	S	0.15-0.02/	ORAL	TABS	EA	28 X	GENERIC		51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862089006	AZURETT	DESOGES	681200	Contracep	68120000	Contracep	S	0.15-0.02/	ORAL	TABS	EA	28 X	GENERIC		51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862089201	NECON 0	NORETHI	681200	Contracep	68120000	Contracep	S	0.5-35 MG	ORAL	TABS	EA	28 X	GENERIC		51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862089203	NECON 0	NORETHI	681200	Contracep	68120000	Contracep	S	0.5-35 MG	ORAL	TABS	EA	28 X	GENERIC		51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862089401	ZOVIA 1/3	ETHYNOD	681200	Contracep	68120000	Contracep	S	1-35 MG-M	ORAL	TABS	EA	28 X	GENERIC		51862 Y	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862089406	ZOVIA 1/3	ETHYNOD	681200	Contracep	68120000	Contracep	S	1-35 MG-M	ORAL	TABS	EA	28 X	GENERIC		51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862089601	TILIA FE	NORETHI	681200	Contracep	68120000	Contracep	S	1-20/1-30/	ORAL	TABS	EA	28 X	GENERIC	9/19/2024	51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862089603	TILIA FE	NORETHI	681200	Contracep	68120000	Contracep	S	1-20/1-30/	ORAL	TABS	EA	28 X	GENERIC	9/19/2024	51862	N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COP/	R	MEDPRMI
51862090001	CLOZAPI	CLOZAPI	281608	Antipsycho	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	100	GENERIC	8/23/2024	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862090005	CLOZAPI	CLOZAPI	281608	Antipsycho	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	500	GENERIC	8/23/2024	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862090101	CLOZAPI	CLOZAPI	281608	Antipsycho	28160804	Atypical A	S	50 MG	ORAL	TABS	EA	100	GENERIC	3/1/2024	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862090105	CLOZAPI	CLOZAPI	281608	Antipsycho	28160804	Atypical A	S	50 MG	ORAL	TABS	EA	500	GENERIC	8/23/2024	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862090201	CLOZAPI	CLOZAPI	281608	Antipsycho	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	100	GENERIC	8/23/2024	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862090205	CLOZAPI	CLOZAPI	281608	Antipsycho	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	500	GENERIC	8/23/2024	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862090301	CLOZAPI	CLOZAPI	281608	Antipsycho	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	100	GENERIC	8/23/2024	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862090305	CLOZAPI	CLOZAPI	281608	Antipsycho	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	500	GENERIC	8/23/2024	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862094101	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	100	GENERIC	8/29/2024	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862094105	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	500	GENERIC	8/29/2024	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862094201	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	100	GENERIC	8/29/2024	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862094205	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	500	GENERIC	8/29/2024	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862094210	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	1000	GENERIC	8/31/2022	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
51862094301	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	100	GENERIC	8/29/2024	51862	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI

51862094305	DIAZEPAI	DIAZEPAI	282408 Benzodiaz	28240800 Benzodiaz	S	10 MG	ORAL	TABS	EA	500	GENERIC	8/29/2024	51862		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51862094310	DIAZEPAI	DIAZEPAI	282408 Benzodiaz	28240800 Benzodiaz	S	10 MG	ORAL	TABS	EA	1000	GENERIC	12/31/2022	51862		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51862094501	NORTRIP	NORTRIP	281604 Antidepres	28160428 Tricyclics	S	10 MG	ORAL	CAPS	EA	100 X	GENERIC	9/30/2024	51862		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51862094505	NORTRIP	NORTRIP	281604 Antidepres	28160428 Tricyclics	S	10 MG	ORAL	CAPS	EA	500 X	GENERIC	8/29/2024	51862		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51862094601	NORTRIP	NORTRIP	281604 Antidepres	28160428 Tricyclics	S	25 MG	ORAL	CAPS	EA	100 X	GENERIC	10/31/2024	51862		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51862094605	NORTRIP	NORTRIP	281604 Antidepres	28160428 Tricyclics	S	25 MG	ORAL	CAPS	EA	500 X	GENERIC	8/29/2024	51862		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51862094701	NORTRIP	NORTRIP	281604 Antidepres	28160428 Tricyclics	S	50 MG	ORAL	CAPS	EA	100 X	GENERIC	10/31/2024	51862		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51862094705	NORTRIP	NORTRIP	281604 Antidepres	28160428 Tricyclics	S	50 MG	ORAL	CAPS	EA	500 X	GENERIC	10/31/2024	51862		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51862094801	NORTRIP	NORTRIP	281604 Antidepres	28160428 Tricyclics	S	75 MG	ORAL	CAPS	EA	100 X	GENERIC	8/29/2024	51862		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51879018006	LICEFREE	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	EXTERNA	SOLN	ML	177.4	SSB	3/5/2024	51879		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51879018012	LICEFREE	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	EXTERNA	SOLN	ML	354.9	SSB	3/5/2024	51879		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51927100400	BORIC AC	BORIC AC	840416 UNKNOW	84041600 UNKNOW	R	0	EXTERNA	GRAN	GM	1	MSB		51927		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927100600	FOOD CC	DYE FDC	960000 Pharmace	96000000 Pharmace	R	0-0	ORAL	LIQD	ML	1	MSB		51927		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927101600	POLYETH	POLYETH	561200 Cathartics	56120000 Cathartics	R	0-0	EXTERNA	OINT	GM	1	MSB		51927		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927102300	LANOLIN	LANOLIN	842412 Basic Oint	84241200 Basic Oint	R	0	EXTERNA	OINT	GM	1	MSB		51927		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927102400	WHITE PE	WHITE PE	842412 Basic Oint	84241200 Basic Oint	R	0	EXTERNA	OINT	GM	1	MSB		51927		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927104800	PCCA AN	ANHYDRO	960000 Pharmace	96000000 Pharmace	R	0-0-0-0	DOES NO	OINT	GM	1	SSB		51927		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRMI
51927112600	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927114000	METHYL S	METHYL S	842404 Basic Lotio	84240400 Basic Lotio	R	0	EXTERNA	LIQD	ML	1	MSB		51927		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927114200	PCCA AL	CREAM B	960000 Pharmace	96000000 Pharmace	R	0-0-0-0	EXTERNA	CREA	GM	1	SSB		51927		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRMI
51927114600	BARIUM S	BARIUM S	366800 Roentgen	36680000 Roentgen	R	0-0	DOES NO	POWD	GM	1	GENERIC		51927		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51927121100	GLUTARA	GLUTARA	380000 Disinfecta	38000000 Disinfecta	R	25%	EXTERNA	SOLN	ML	1	MSB		51927		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927136000	COLLODI	COLLODI	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	LIQD	ML	1	MSB		51927		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927136900	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927138300	SULFURA	SULFURA	840412 Scabicides	84041200 Scabicides	R	0-0	EXTERNA	SOLN	ML	1	MSB		51927		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927142900	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927144500	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927146600	SACCHAF	SODIUM S	402400 Salt and S	40240000 Salt and S	R	0	DOES NO	POWD	GM	1	MSB		51927		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927153500	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927153600	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927153700	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927156800	BENZALK	BENZALK	840416 UNKNOW	84041600 UNKNOW	R	50%	EXTERNA	SOLN	ML	1	MSB		51927		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927158400	BENZOIN	BENZOIN	842416 Basic Pow	84241600 Basic Pow	S	0	EXTERNA	TINC	ML	1	GENERIC		51927		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51927164000	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927172900	WHEAT G	WHEAT G	882000 Vitamin E	88200000 Vitamin E	R	0	ORAL	OIL	ML	1	MSB		51927		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927179700	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927181100	KARAYA (	KARAYA (	940000 Devices	94000000 Devices	R	0	DOES NO	POWD	GM	1	NON DRUG		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51927189900	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927193100	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927193200	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927193300	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927196100	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927197300	TURPENT	TURPENT	842404 Basic Lotio	84240400 Basic Lotio	R	0	EXTERNA	SPRT	ML	1	MSB		51927		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927198800	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927206900	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927222300	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927222400	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927222800	ARNICA F	ARNICA	849200 Skin and M	84920000 Skin and M	R	0	DOES NO	TINC	ML	1	MSB		51927		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927226200	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927226300	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927226500	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927238300	PCCA VA	CREAM B	960000 Pharmace	96000000 Pharmace	R	0-0-0-0-0	EXTERNA	CREA	GM	1	SSB		51927		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRMI
51927249600	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927264600	CAPSULE	NON GEL	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927271900	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927274000	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927274100	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927275500	HYDROGI	HYDROGI	840492 Local Anti-	84049200 Local Anti-	R	30%	DOES NO	SOLN	ML	1	MSB		51927		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927276600	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927281000	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927281100	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927281600	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927284200	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927287000	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927288000	YELLOW	PETROLA	842412 Basic Oint	84241200 Basic Oint	R	0	EXTERNA	OINT	GM	1	MSB		51927		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927288300	PCCA PO	POLYETH	960000 Pharmace	96000000 Pharmace	R	0-0	EXTERNA	OINT	GM	1	SSB		51927		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRMI
51927295200	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927295800	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927297100	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927297200	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927300400	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927301500	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927301600	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927302100	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927303100	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927305100	CAPSULE	NON GEL	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927306700	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927307400	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927309700	FORMALD	FORMALD	380000 Disinfecta	38000000 Disinfecta	R	37%	EXTERNA	SOLN	ML	1	MSB		51927		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927313900	PCCA CO	COBASE	960000 Pharmace	96000000 Pharmace	R	0-0-0-0	EXTERNA	OINT	GM	1	SSB		51927		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRMI
51927314400	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927316800	PCCA EM	CREAM B	960000 Pharmace	96000000 Pharmace	O	0-0	EXTERNA	CREA	GM	1	SSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51927317100	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927318100	CAPSULE	NON GEL	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927318700	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927318900	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927321500	KRISGEL	KRISGEL	960000 Pharmace	96000000 Pharmace	R	0-0-0-0	EXTERNA	GEL	ML	1	MSB		51927		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927322700	PCCA-PLI	ORAL VEI	960000 Pharmace	96000000 Pharmace	R	0-0-0-0	ORAL	SUSP	ML	1	SSB		51927		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRMI
51927322800	PCCA SW	ORAL VEI	960000 Pharmace	96000000 Pharmace	R	0-70%	ORAL	SYRP	ML	1	SSB		51927		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRMI
51927324300	PCCA VA	CREAM B	960000 Pharmace	96000000 Pharmace	R	0-0-0-0-0	EXTERNA	CREA	GM	1	SSB		51927		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRMI
51927325300	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927328900	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927329000	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927329300	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927329400	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927329500	PCCA VA	CREAM B	960000 Pharmace	96000000 Pharmace	R	0-0-0-0-0	EXTERNA	CREA	GM	1	SSB		51927		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRMI
51927331900	CAPSULE	NON GEL	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927332100	PCCA AC	ACACIA S	402000 Caloric Ag	40200000 Caloric Ag	R	0	ORAL	SYRP	ML	1	SSB		51927		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRMI
51927332300	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927333700	PCCA CO	CREAM B	960000 Pharmace	96000000 Pharmace	R	0-0-0-0-0	EXTERNA	CREA	GM	1	SSB		51927		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRMI
51927333800	PCCA LIP	CREAM B	960000 Pharmace	96000000 Pharmace	R	0-0-0-0-0	EXTERNA	CREA	GM	1	SSB		51927		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRMI
51927337700	PCCA BIC	CREAM B	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	CREA	GM	1	SSB		51927		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRMI
51927337800	PCCA LIP	CREAM B	960000 Pharmace	96000000 Pharmace	R	0-0-0-0-0	EXTERNA	CREA	GM	1	SSB		51927		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRMI
51927337900	PCCA LIP	CREAM B	960000 Pharmace	96000000 Pharmace	R	0-0-0-0-0	EXTERNA	CREA	GM	1	SSB		51927		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRMI
51927338100	PCCA LIP	CREAM B	960000 Pharmace	96000000 Pharmace	R	0-0-0-0-0	EXTERNA	CREA	GM	1	SSB		51927		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRMI
51927338300	PCCA LIP	CREAM B	960000 Pharmace	96000000 Pharmace	R	0-0-0-0-0	EXTERNA	CREA	GM	1	SSB		51927		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRMI
51927339000	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927346900	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927352100	PCCA SY	ORAL VEI	960000 Pharmace	96000000 Pharmace	R	0	ORAL	SYRP	ML	1	SSB		51927		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRMI
51927353300	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927355800	D-XYLOSI	D-XYLOSI	363800 Intestinal A	36380000 Intestinal A	R	0	DOES NO	POWD	GM	1	NON DRUG		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51927357800	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927361700	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927371000	CHRYSAD	CREAM B	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	CREA	GM	1	SSB		51927		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRMI
51927371100	CHRYSAD	CREAM B	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	CREA	GM	1	SSB		51927		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRMI
51927372200	ADRENAL	BIOFLAV(	882800 Multivitam	88280000 Multivitam	R	0-0-0-0	ORAL	TABS	EA	1	SSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51927380100	PCCA BA	CREAM B	960000 Pharmace	96000000 Pharmace	O	0	EXTERNA	CREA	GM	1	SSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51927381200	COD LIVE	COD LIVE	882800 Multivitam	88280000 Multivitam	R	0	ORAL	OIL	ML	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927387500	BASE W3	CREAM B	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	CREA	GM	1	MSB		51927		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927418000	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927418100	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927418200	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927418300	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927418400	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927418600	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927428300	PCCA AN	CREAM B	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	CREA	GM	1	SSB		51927		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRMI
51927428400	FOAM RI	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51927428700	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927435000	PCCA MV	CREAM B	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	CREA	GM	1	SSB		51927		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRMI
51927439700	PCCA NA	CREAM B	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	CREA	GM	1	SSB		51927		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRMI
51927440200	ISOPROP	ISOPROP	840492 Local Anti-	84049200 Local Anti-	R	70%	DOES NO	SOLN	ML	1	MSB		51927		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927448200	PCCA CU	CREAM B	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	CREA	GM	1	SSB		51927		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRMI
51927454100	PCCA LIP	CREAM B	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	CREA	GM	1	SSB		51927		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRMI
51927465500	PCCA PR	CREAM B	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	CREA	GM	1	SSB		51927		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRMI
51927466500	DRCAPS	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1	SSB		51927		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRMI
51927466700	DRCAPS	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1	SSB		51927		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRMI
51927474400	BENZOIN	BENZOIN	842416 Basic Pow	84241600 Basic Pow	O	0	EXTERNA	TINC	ML	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927478400	GOWEY T	SARRACE	929200 UNKNOW	92920000 UNKNOW	O	0-0	EXTERNA	TINC	ML	1	SSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51927479200	PLO-DICL	PREMIUM	960000 Pharmace	96000000 Pharmace	O	0	EXTERNA	GEL	GM	1	SSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51927484500	BASE PC	CREAM B	960000 Pharmace	96000000 Pharmace	O	0	EXTERNA	CREA	GM	1	SSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51927486100	AR CAPS	NON GEL	960000 Pharmace	96000000 Pharmace	O	0-0	DOES NO	CAPS	EA	1	SSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51927489100	XEMATOF	CREAM B	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	CREA	GM	1	SSB		51927		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRMI
51927495900	RHEOSPI	EXTERNA	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	LIQD	GM	1	SSB		51927		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRMI
51927497900	CORN (S)	CORN (S)	402000 Caloric Ag	40200000 Caloric Ag	R	0	ORAL	SYRP	ML	1	MSB		51927		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927498600	ATREVIS	CREAM B	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	CREA	GM	1	SSB		51927		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRMI
51927505300	ISOPROP	ISOPROP	840492 Local Anti-	84049200 Local Anti-	O	70%	DOES NO	SOLN	ML	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927506600	PCCA CA	CREAM B	960000 Pharmace	96000000 Pharmace	O	0	EXTERNA	CREA	GM	1	SSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51927507800	PCCA WA	CREAM B	960000 Pharmace	96000000 Pharmace	O	0	EXTERNA	CREA	GM	1	SSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51927508800	HYDROGI	HYDROGI	840492 Local Anti-	84049200 Local Anti-	O	3%	EXTERNA	SOLN	ML	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927511000	PCCA ELI	ANHYDRO	960000 Pharmace	96000000 Pharmace	R	0-0	DOES NO	CREA	GM	1	SSB		51927		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRMI
51927512100	PCCA CA	CREAM B	960000 Pharmace	96000000 Pharmace	O	0	EXTERNA	CREA	GM	1	SSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51927517500	PCCA HY	CREAM B	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	CREA	GM	1	SSB		51927		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRMI
51927517600	SUSPENI	ORAL VEI	960000 Pharmace	96000000 Pharmace	O	0	ORAL	SUSP	ML	1	NON DRUG		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51927525700	MULTI-PE	SERUM B	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	LIQD	GM	1	SSB		51927		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRMI
51927835800	MUCOSAI	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		51927	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51927836100	LAB COA	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		51927	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51927900500	EMPTY C.	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1	MSB		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
51927950200	DROPTAI	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		51927		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51991000533	EXEMEST	EXEMEST	681608 Antiestrog	68160800 Antiestrog	S	25 MG	ORAL	TABS	EA	30 X	GENERIC	1/3/2023	51991		N	#N/A	ORIG_FR	10 EHB	#N/A				X IF AGE>=35-999 YEARS AND R R		MEDPRMI
51991000590	EXEMEST	EXEMEST	681608 Antiestrog	68160800 Antiestrog	S	25 MG	ORAL	TABS	EA	90 X	GENERIC		51991		N	#N/A	ORIG_FR	10 EHB	#N/A				X IF AGE>=35-999 YEARS AND R R		MEDPRMI
51991000633	DESVENL	DESVENL	281604 Antidepres	28160416 UNKNOW	S	25 MG	ORAL	TB24	EA	30 X	GENERIC		51991		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51991000690	DESVENL	DESVENL	281604 Antidepres	28160416 UNKNOW	S	25 MG	ORAL	TB24	EA	90 X	GENERIC		51991		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51991001406	MELATON	MELATON	929200 UNKNOW	92920000 UNKNOW	P	3 MG	ORAL	TABS	EA	60	GENERIC		51991		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51991006598	ZOLEDRO	ZOLEDRO	922400 UNKNOW	92240000 UNKNOW	S	4 MG/5ML	INTRAVEI	CONC	ML	5	GENERIC	5/31/2022	51991		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51991007301	BUTALBIT	BUTALBIT	280808 Opiate Ag	28080800 Opiate Ag	S	50-325-40	ORAL	CAPS	EA	100	GENERIC		51991		N	FORMULARY		1 GEN	GENERICS		X 6 IN 1 DAYS		X AGE_YEAMUST BE AT LEASTR		MEDPRMI
51991007401	ASCOMP	BUTALBIT	280808 Opiate Ag	28080800 Opiate Ag	S	325MG-50	ORAL	CAPS	EA	100	GENERIC		51991		N	FORMULARY		1 GEN	GENERICS		X 6 IN 1 DAYS		X AGE_YEAMUST BE AT LEASTR		MEDPRMI
51991007405	ASCOMP	BUTALBIT	280808 Opiate Ag	28080800 Opiate Ag	S	325MG-50	ORAL	CAPS	EA	500	GENERIC		51991		N	FORMULARY		1 GEN	GENERICS		X 6 IN 1 DAYS		X AGE_YEAMUST BE AT LEASTR		MEDPRMI
51991008136	MAGNESI	MAGNESI	401200 Replacem	40120000 Replacem	P	400 (240 M	ORAL	TABS	EA	120	GENERIC	10/17/2022	51991		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51991008290	FOLBEE F	B-COMPL	882800 Multivitam	88280000 Multivitam	S	60MG-60M	ORAL	TABS	EA	90	GENERIC		51991		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51991008490	FOLBEE	FOLIC AC	880800 Vitamin B	88080000 Vitamin B	S	2.5-25-1 M	ORAL	TABS	EA	90	GENERIC		51991		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51991014417	METHYLE	METHYLE	760000 Oxytocics	76000000 Oxytocics	S	0.2 MG/MI	INJECTIO	SOLN	ML	1	GENERIC		51991		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51991014499	METHYLE	METHYLE	760000 Oxytocics	76000000 Oxytocics	S	0.2 MG/MI	INJECTIO	SOLN	ML	1	GENERIC		51991		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51991017801	VINATE II	PRENATA	882800 Multivitam	88280000 Multivitam	R	29-1 MG	ORAL	TABS	EA	100	SSB	10/17/2022	51991		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51991018142	FERROCI	FERROUS	200404 Iron Prepa	20040400 Iron Prepa	P	324 MG	ORAL	TABS	EA	100	GENERIC		51991		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51991018211	FERROCI	FERROUS	200404 Iron Prepa	20040400 Iron Prepa	S	106-1 MG	ORAL	TABS	EA	100	GENERIC	4/18/2023	51991		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51991019101	METHSC(	METHSC(	120808 Antimusca	12080800 Antimusca	S	2.5 MG	ORAL	TABS	EA	100	GENERIC		51991		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51991019206	METHSC(	METHSC(	120808 Antimusca	12080800 Antimusca	S	5 MG	ORAL	TABS	EA	60	GENERIC		51991		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51991019811	FERREX	IRON POL	200404 Iron Prepa	20040400 Iron Prepa	P	150-0.025-	ORAL	CAPS	EA	100	GENERIC		51991		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51991019899	FERREX	CYANOC(	200404 Iron Prepa	20040400 Iron Prepa	P	25MCG-1I	ORAL	CAPS	EA	1	GENERIC		51991		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51991020301	FERREX	POLYSAC	200404 Iron Prepa	20040400 Iron Prepa	P	150 MG	ORAL	CAPS	EA	100	GENERIC		51991		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51991020311	FERREX	POLYSAC	200404 Iron Prepa	20040400 Iron Prepa	P	150 MG	ORAL	CAPS	EA	100	GENERIC		51991		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51991025201	FOLPLEX	FOLIC AC	880800 Vitamin B	88080000 Vitamin B	S	2.2-25-0.5	ORAL	TABS	EA	100	GENERIC		51991		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51991029201	OXCARB/	OXCARB/	281224 UNKNOW	28122400 UNKNOW	S	150 MG	ORAL	TABS	EA	100 X	GENERIC		51991		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51991029205	OXCARB/	OXCARB/	281224 UNKNOW	28122400 UNKNOW	S	150 MG	ORAL	TABS	EA	500 X	GENERIC		51991		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51991029301	OXCARB/	OXCARB/	281224 UNKNOW	28122400 UNKNOW	S	300 MG	ORAL	TABS	EA	100 X	GENERIC		51991		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51991029305	OXCARB/	OXCARB/	281224 UNKNOW	28122400 UNKNOW	S	300 MG	ORAL	TABS	EA	500 X	GENERIC		51991		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51991029401	OXCARB/	OXCARB/	281224 UNKNOW	28122400 UNKNOW	S	600 MG	ORAL	TABS	EA	100 X	GENERIC		51991		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51991029405	OXCARB/	OXCARB/	281224 UNKNOW	28122400 UNKNOW	S	600 MG	ORAL	TABS	EA	500 X	GENERIC		51991		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51991031110	DESVENL	DESVENL	281604 Antidepres	28160416 UNKNOW	S	50 MG	ORAL	TB24	EA	1000 X	GENERIC		51991		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51991031133	DESVENL	DESVENL	281604 Antidepres	28160416 UNKNOW	S	50 MG	ORAL	TB24	EA	30 X	GENERIC		51991		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51991031190	DESVENL	DESVENL	281604 Antidepres	28160416 UNKNOW	S	50 MG	ORAL	TB24	EA	90 X	GENERIC		51991		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51991031210	DESVENL	DESVENL	281604 Antidepres	28160416 UNKNOW	S	100 MG	ORAL	TB24	EA	1000 X	GENERIC		51991		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51991031233	DESVENL	DESVENL	281604 Antidepres	28160416 UNKNOW	S	100 MG	ORAL	TB24	EA	30 X	GENERIC		51991		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51991031290	DESVENL	DESVENL	281604 Antidepres	28160416 UNKNOW	S	100 MG	ORAL	TB24	EA	90 X	GENERIC		51991		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51991031359	MEGESTF	MEGESTF	683200 Progestins	68320000 Progestins	S	625 MG/5I	ORAL	SUSP	ML	150 X	GENERIC	8/2/2022	51991		N	FORMULARY		1 GEN	GENERICS			X Must meet 5 DS Meg TRIAL OF MEGESTROL ACETATE 40MG/ML SUSPENSION IN THE PAST 120 DAYS		R	MEDPRMI
51991033301	CARBINO	CARBINO	40400 First Gene	4040000 First Gene	S	4 MG	ORAL	TABS	EA	100	GENERIC	7/12/2024	51991		N	FORMULARY		1 GEN	GENERICS				X AGE_YEAMUST BE AT LEASTR		MEDPRMI
51991033404	CARBINO	CARBINO	40400 First Gene	4040000 First Gene	S	4 MG/5ML	ORAL	SOLN	ML	118	MSB	5/9/2023	51991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION				X AGE_YEAMUST BE AT LEASTR		MEDPRMI
51991034805	LACOSAM	LACOSAM	281224 UNKNOW	28122400 UNKNOW	S	50 MG	ORAL	TABS	EA	500 X	GENERIC		51991		N	FORMULARY		1 GEN	GENERICS		X 2 IN 1 DAYS			R	MEDPRMI
51991034806	LACOSAM	LACOSAM	281224 UNKNOW	28122400 UNKNOW	S	50 MG	ORAL	TABS	EA	60 X	GENERIC		51991		N	FORMULARY		1 GEN	GENERICS		X 2 IN 1 DAYS			R	MEDPRMI
51991034905	LACOSAM	LACOSAM	281224 UNKNOW	28122400 UNKNOW	S	100 MG	ORAL	TABS	EA	500 X	GENERIC		51991		N	FORMULARY		1 GEN	GENERICS		X 2 IN 1 DAYS			R	MEDPRMI
51991034906	LACOSAM	LACOSAM	281224 UNKNOW	28122400 UNKNOW	S	100 MG	ORAL	TABS	EA	60 X	GENERIC		51991		N	FORMULARY		1 GEN	GENERICS		X 2 IN 1 DAYS			R	MEDPRMI
51991035005	LACOSAM	LACOSAM	281224 UNKNOW	28122400 UNKNOW	S	150 MG	ORAL	TABS	EA	500 X	GENERIC		51991		N	FORMULARY		1 GEN	GENERICS		X 2 IN 1 DAYS			R	MEDPRMI
51991035006	LACOSAM	LACOSAM	281224 UNKNOW	28122400 UNKNOW	S	150 MG	ORAL	TABS	EA	60 X	GENERIC		51991		N	FORMULARY		1 GEN	GENERICS		X 2 IN 1 DAYS			R	MEDPRMI
51991035105	LACOSAM	LACOSAM	281224 UNKNOW	28122400 UNKNOW	S	200 MG	ORAL	TABS	EA	500 X	GENERIC		51991		N	FORMULARY		1 GEN	GENERICS		X 2 IN 1 DAYS			R	MEDPRMI
51991035106	LACOSAM	LACOSAM	281224 UNKNOW	28122400 UNKNOW	S	200 MG	ORAL	TABS	EA	60 X	GENERIC		51991		N	FORMULARY		1 GEN	GENERICS		X 2 IN 1 DAYS			R	MEDPRMI
51991035478	RIZATRIP	RIZATRIP	283228 Selective S	28322800 Selective S	S	5 MG	ORAL	TABS	EA	18	GENERIC	8/1/2024	51991		N	FORMULARY		1 GEN	GENERICS		X 27 IN 30 DAYS			R	MEDPRMI
51991035499	RIZATRIP	RIZATRIP	283228 Selective S	28322800 Selective S	S	5 MG	ORAL	TABS	EA	1	GENERIC	8/1/2024	51991		N	FORMULARY		1 GEN	GENERICS		X 27 IN 30 DAYS			R	MEDPRMI
51991035578	RIZATRIP	RIZATRIP	283228 Selective S	28322800 Selective S	S	10 MG	ORAL	TABS	EA	18	GENERIC	8/1/2024	51991		N	FORMULARY		1 GEN	GENERICS		X 27 IN 30 DAYS			R	MEDPRMI
51991035599	RIZATRIP	RIZATRIP	283228 Selective S	28322800 Selective S	S	10 MG	ORAL	TABS	EA	1	GENERIC	8/1/2024	51991		N	FORMULARY		1 GEN	GENERICS		X 27 IN 30 DAYS			R	MEDPRMI
51991035860	ASENAPI	ASENAPI	281608 Antipsycho	28160804 Atypical A	S	5 MG	SUBLINGI	SUBL	EA	10 X	GENERIC		51991		N	FORMULARY		1 GEN	GENERICS		X 2 IN 1 DAYS			R	MEDPRMI
51991036017	ASENAPI	ASENAPI	281608 Antipsycho	28160804 Atypical A	S	10 MG	SUBLINGI	SUBL	EA	10 X	GENERIC		51991		N	FORMULARY		1 GEN	GENERICS		X 2 IN 1 DAYS			R	MEDPRMI
51991036060	ASENAPI	ASENAPI	281608 Antipsycho	28160804 Atypical A	S	10 MG	SUBLINGI	SUBL	EA	10 X	GENERIC		51991		N	FORMULARY		1 GEN	GENERICS		X 2 IN 1 DAYS			R	MEDPRMI
51991036278	RIZATRIP	RIZATRIP	283228 Selective S	28322800 Selective S	S	5 MG	ORAL	TBDP	EA	18	GENERIC	7/11/2024	51991		N	FORMULARY		1 GEN	GENERICS		X 27 IN 30 DAYS			R	MEDPRMI
51991036299	RIZATRIP	RIZATRIP	283228 Selective S	28322800 Selective S	S	5 MG	ORAL	TBDP	EA	1	GENERIC	7/11/2024	51991		N	FORMULARY		1 GEN	GENERICS		X 27 IN 30 DAYS			R	MEDPRMI
51991036378	RIZATRIP	RIZATRIP	283228 Selective S	28322800 Selective S	S	10 MG	ORAL	TBDP	EA	18	GENERIC	7/11/2024	51991		N	FORMULARY		1 GEN	GENERICS		X 27 IN 30 DAYS			R	MEDPRMI
51991036399	RIZATRIP	RIZATRIP	283228 Selective S	28322800 Selective S	S	10 MG	ORAL	TBDP	EA	1	GENERIC	7/11/2024	51991		N	FORMULARY		1 GEN	GENERICS		X 27 IN 30 DAYS			R	MEDPRMI
51991037690	IMATINIB	IMATINIB	100000 Antineopla	10000000 Antineopla	S	100 MG	ORAL	TABS	EA	90	GENERIC	4/3/2023	51991		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X PA:X				R	MEDPRMI
51991037733	IMATINIB	IMATINIB	100000 Antineopla	10000000 Antineopla	S	400 MG	ORAL	TABS	EA	30	GENERIC	7/3/2023	51991		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X PA:X				R	MEDPRMI
51991037906	EVEROLI	EVEROLI	900000 UNKNOW	90000000 UNKNOW	S	0.25 MG	ORAL	TABS	EA	60 X	GENERIC		51991		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51991037960	EVEROLI	EVEROLI	900000 UNKNOW	90000000 UNKNOW	S	0.25 MG	ORAL	TABS	EA	60 X	GENERIC		51991		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51991037999	EVEROLI	EVEROLI	900000 UNKNOW	90000000 UNKNOW	S	0.25 MG	ORAL	TABS	EA	1 X	GENERIC		51991		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51991038006	EVEROLI	EVEROLI	900000 UNKNOW	90000000 UNKNOW	S	0.5 MG	ORAL	TABS	EA	60 X	GENERIC		51991		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51991038060	EVEROLI	EVEROLI	900000 UNKNOW	90000000 UNKNOW	S	0.5 MG	ORAL	TABS	EA	60 X	GENERIC		51991		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51991038099	EVEROLI	EVEROLI	900000 UNKNOW	90000000 UNKNOW	S	0.5 MG	ORAL	TABS	EA	1 X	GENERIC		51991		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51991038106	EVEROLI	EVEROLI	900000 UNKNOW	90000000 UNKNOW	S	0.75 MG	ORAL	TABS	EA	60 X	GENERIC		51991		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51991038160	EVEROLI	EVEROLI	900000 UNKNOW	90000000 UNKNOW	S	0.75 MG	ORAL	TABS	EA	60 X	GENERIC		51991		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51991038199	EVEROLI	EVEROLI	900000 UNKNOW	90000000 UNKNOW	S	0.75 MG	ORAL	TABS	EA	1 X	GENERIC		51991		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51991038490	FOLBIC	FOLIC AC	880800 Vitamin B	88080000 Vitamin B	O	2.5-25-2 M	ORAL	TABS	EA	90	SSB		51991		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51991047428	ESTRADI	ESTRADI	681604 Estrogens	68160400 Estrogens	S	1MG-.5MG	ORAL	TABS	EA	28 X	GENERIC		51991		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51991052601	TERBINAI	TERBINAI	81404 Allylamine	8140400 Allylamine	S	250 MG	ORAL	TABS	EA	100	GENERIC		51991		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51991052633	TERBINAI	TERBINAI	81404 Allylamine	8140400 Allylamine	S	250 MG	ORAL	TABS	EA	30	GENERIC	7/31/2023	51991		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51991052890	FOLBEE F	B-COMPL	882800 Multivitam	88280000 Multivitam	R	5 MG	ORAL	TABS	EA	90	SSB	10/19/2023	51991		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51991054390	MULTIGE	FE ASPAF	200404 Iron Prepa	20040400 Iron Prepa	R	70 MG	ORAL	TABS	EA	90	SSB		51991		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51991054490	MULTIGE	FE ASPAF	200404 Iron Prepa	20040400 Iron Prepa	R	50-101-1 M	ORAL	TABS	EA	90	SSB		51991		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51991054690	MULTIGE	FE ASPAF	200404 Iron Prepa	20040400 Iron Prepa	R	70-150-2-1	ORAL	TABS	EA	90	SSB		51991		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51991056601	VINATE C	PRENATA	882800 Multivitam	88280000 Multivitam	R	60-1 MG	ORAL	TABS	EA	100	SSB	10/17/2022	51991		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51991057633	VINATE C	PRENATA	882800 Multivitam	88280000 Multivitam	O	40-1 MG	ORAL	CHEW	EA	30	SSB		51991		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51991058828	FERREX 2	FE ASPAF	200404 Iron Prepa	20040400 Iron Prepa	O	140MG-14	ORAL	MISC	EA	28	SSB		51991		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51991061150	METHYLF	METHYLF	282032 UNKNOW	28203200 UNKNOW	S	5 MG/5ML	ORAL	SOLN	ML	500 X	GENERIC	4/2/2024	51991		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51991061250	METHYLF	METHYLF	282032 UNKNOW	28203200 UNKNOW	S	10 MG/5M	ORAL	SOLN	ML	500 X	GENERIC	4/2/2024	51991		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51991061690	FOLBIC R	L-METHYI	880800 Vitamin B	88080000 Vitamin B	R	1.13-25-2	ORAL	TABS	EA	90	SSB		51991		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51991062010	ANASTRO	ANASTRO	681608 Antiestrog	68160800 Antiestrog	S	1 MG	ORAL	TABS	EA	1000 X	GENERIC		51991		N	#N/A	ORIG_FR	10 EHB	#N/A				X IF AGE=35-999 YEARS AND R R		MEDPRMI
51991062033	ANASTRO	ANASTRO	681608 Antiestrog	68160800 Antiestrog	S	1 MG	ORAL	TABS	EA	30 X	GENERIC		51991		N	#N/A	ORIG_FR	10 EHB	#N/A				X IF AGE=35-999 YEARS AND R R		MEDPRMI
51991062090	ANASTRO	ANASTRO	681608 Antiestrog	68160800 Antiestrog	S	1 MG	ORAL	TABS	EA	90 X	GENERIC		51991		N	#N/A	ORIG_FR	10 EHB	#N/A				X IF AGE=35-999 YEARS AND R R		MEDPRMI
51991062328	ESTRADI	ESTRADI	681604 Estrogens	68160400 Estrogens	S	.5MG-.1M	ORAL	TABS	EA	28 X	GENERIC		51991		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51991063501	FEROCOI	FERROUS	200404 Iron Prepa	20040400 Iron Prepa	S	75MG-75M	ORAL	CAPS	EA	100	GENERIC	6/9/2023	51991		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51991064310	OMEPRA	OMEPRA	562836 Proton-pu	56283600 Proton-pu	S	20 MG	ORAL	CPDR	EA	1000 X	GENERIC	2/28/2022	51991		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51991064405	OMEPRA	OMEPRA	562836 Proton-pu	56283600 Proton-pu	S	40 MG	ORAL	CPDR	EA	500 X	GENERIC	3/31/2022	51991		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51991064501	V-C FORT	MULTIPLE	882800 Multivitam	88280000 Multivitam	S	150MG-15	ORAL	CAPS	EA	100	GENERIC		51991		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51991065116	LEVETIR/	LEVETIR/	281292 Anticonvul	28129200 Anticonvul	S	100 MG/M	ORAL	SOLN	ML	473 X	GENERIC	11/7/2022	51991		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51991070390	FERREX	FE ASP G	200404 Iron Prepa	20040400 Iron Prepa	O	150-50-50	ORAL	CAPS	EA	90	SSB		51991		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
51991070401	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	0.25 MG	ORAL	TABS	EA	100	GENERIC	2/1/2023	51991		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51991070405	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	0.25 MG	ORAL	TABS	EA	500	GENERIC	2/1/2023	51991		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51991070410	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	0.25 MG	ORAL	TABS	EA	1000	GENERIC	2/1/2023	51991		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51991070501	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	0.5 MG	ORAL	TABS	EA	100	GENERIC	2/1/2023	51991		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51991070505	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	0.5 MG	ORAL	TABS	EA	500	GENERIC	2/1/2023	51991		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51991070510	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	0.5 MG	ORAL	TABS	EA	1000	GENERIC	2/2/2023	51991		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51991070601	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	1 MG	ORAL	TABS	EA	100	GENERIC	2/1/2023	51991		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51991070605	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	1 MG	ORAL	TABS	EA	500	GENERIC	2/1/2023	51991		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51991070610	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	1 MG	ORAL	TABS	EA	1000	GENERIC	2/1/2023	51991		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51991070701	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	2 MG	ORAL	TABS	EA	100	GENERIC	2/1/2023	51991		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51991070705	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	2 MG	ORAL	TABS	EA	500	GENERIC	2/1/2023	51991		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
51991073520	GRANISE	GRANISE	562220 5-HT3 Re	56222000 5-HT3 Re	S	1 MG	ORAL	TABS	EA	20	GENERIC		51991		N	FORMULARY		1 GEN	GENERICS		X 8 IN 30 DAYS	X Must meet 5 DS OndTRIAL OF ONDANSETRON TABLET OR ODT IN THE PAST 120 DAYS		R	MEDPRMI
51991073532	GRANISE	GRANISE	562220 5-HT3 Re	56222000 5-HT3 Re	S	1 MG	ORAL	TABS	EA	2	GENERIC		51991		N	FORMULARY		1 GEN	GENERICS		X 8 IN 30 DAYS	X Must meet 5 DS OndTRIAL OF ONDANSETRON TABLET OR ODT IN THE PAST 120 DAYS		R	MEDPRMI
51991073599	GRANISE	GRANISE	562220 5-HT3 Re	56222000 5-HT3 Re	S	1 MG	ORAL	TABS	EA	1	GENERIC		51991		N	FORMULARY		1 GEN	GENERICS		X 8 IN 30 DAYS	X Must meet 5 DS OndTRIAL OF ONDANSETRON TABLET OR ODT IN THE PAST 120 DAYS		R	MEDPRMI
51991074605	DULOXET	DULOXET	281604 Antidepres	28160416 UNKNOW	S	20 MG	ORAL	CPEP	EA	500 X	GENERIC		51991		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI

51991074690	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	20 MG	ORAL	CPEP	EA	90	X	GENERIC		51991			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51991074710	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	1000	X	GENERIC		51991			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51991074790	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	90	X	GENERIC		51991			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51991074810	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	1000	X	GENERIC		51991			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51991074890	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	90	X	GENERIC		51991			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51991075033	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	40 MG	ORAL	CPEP	EA	30	X	GENERIC		51991			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
51991075090	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	40 MG	ORAL	CPEP	EA	90	X	GENERIC		51991			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
51991075910	LETROZC	LETROZC	681608	Antiestrog	68160800	Antiestrog	S	2.5 MG	ORAL	TABS	EA	1000	X	GENERIC		51991			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51991075933	LETROZC	LETROZC	681608	Antiestrog	68160800	Antiestrog	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC		51991			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51991075990	LETROZC	LETROZC	681608	Antiestrog	68160800	Antiestrog	S	2.5 MG	ORAL	TABS	EA	90	X	GENERIC		51991			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51991079306	RIVASTIG	RIVASTIG	120400	Parasymp	12040000	Parasymp	S	1.5 MG	ORAL	CAPS	EA	60	X	GENERIC	7/10/2023	51991			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51991079406	RIVASTIG	RIVASTIG	120400	Parasymp	12040000	Parasymp	S	3 MG	ORAL	CAPS	EA	60	X	GENERIC	3/1/2024	51991			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51991079506	RIVASTIG	RIVASTIG	120400	Parasymp	12040000	Parasymp	S	4.5 MG	ORAL	CAPS	EA	60	X	GENERIC	4/30/2024	51991			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51991079606	RIVASTIG	RIVASTIG	120400	Parasymp	12040000	Parasymp	S	6 MG	ORAL	CAPS	EA	60	X	GENERIC	3/1/2024	51991			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51991079798	AZACITID	AZACITID	100000	Antineopla	10000000	Antineopla	S	100 MG	INJECTIO	SUSR	EA	1		GENERIC	1/31/2024	51991			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
51991079890	FERREX	FE ASP G	200404	Iron Prepa	20040400	Iron Prepa	O	50-100 MC	ORAL	CAPS	EA	90		SSB		51991			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
51991080833	L-METHYI	L-METHYI	929200	UNKNOW	92920000	UNKNOW	R	7.5 MG	ORAL	TABS	EA	30		MSB		51991			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
51991080890	L-METHYI	L-METHYI	929200	UNKNOW	92920000	UNKNOW	R	7.5 MG	ORAL	TABS	EA	90		MSB		51991			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
51991080990	L-METHYI	L-METHYI	929200	UNKNOW	92920000	UNKNOW	R	15 MG	ORAL	TABS	EA	90		MSB		51991			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
51991081090	METAFOL	L-METHYI	880800	Vitamin B	88080000	Vitamin B	R	6-1-50-5 M	ORAL	TABS	EA	90		SSB		51991			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
51991081190	METAFOL	L-METHYI	880800	Vitamin B	88080000	Vitamin B	R	6-2-600 M	ORAL	TABS	EA	90		SSB		51991			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
51991081390	FOLTANX	L-METHYI	880800	Vitamin B	88080000	Vitamin B	R	3-35-2 MG	ORAL	TABS	EA	90		SSB		51991			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
51991081403	AZELAST	AZELAST	520200	Antiallergi	52020000	Antiallergi	S	0.10%	NASAL	SOLN	ML	30		GENERIC	11/8/2022	51991			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
51991081701	PROPRAI	PROPRAI	242000	Alpha-Adr	24200000	Alpha-Adr	S	60 MG	ORAL	CP24	EA	100	X	GENERIC		51991			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51991081705	PROPRAI	PROPRAI	242000	Alpha-Adr	24200000	Alpha-Adr	S	60 MG	ORAL	CP24	EA	500	X	GENERIC		51991			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51991081801	PROPRAI	PROPRAI	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	CP24	EA	100	X	GENERIC		51991			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51991081805	PROPRAI	PROPRAI	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	CP24	EA	500	X	GENERIC		51991			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51991081901	PROPRAI	PROPRAI	242000	Alpha-Adr	24200000	Alpha-Adr	S	120 MG	ORAL	CP24	EA	100	X	GENERIC		51991			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51991081905	PROPRAI	PROPRAI	242000	Alpha-Adr	24200000	Alpha-Adr	S	120 MG	ORAL	CP24	EA	500	X	GENERIC		51991			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51991082001	PROPRAI	PROPRAI	242000	Alpha-Adr	24200000	Alpha-Adr	S	160 MG	ORAL	CP24	EA	100	X	GENERIC		51991			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51991082005	PROPRAI	PROPRAI	242000	Alpha-Adr	24200000	Alpha-Adr	S	160 MG	ORAL	CP24	EA	500	X	GENERIC		51991			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51991082128	EVEROLI	EVEROLI	100000	Antineopla	10000000	Antineopla	S	2.5 MG	ORAL	TABS	EA	28		GENERIC		51991			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
51991082133	EVEROLI	EVEROLI	100000	Antineopla	10000000	Antineopla	S	2.5 MG	ORAL	TABS	EA	30		GENERIC		51991			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
51991082199	EVEROLI	EVEROLI	100000	Antineopla	10000000	Antineopla	S	2.5 MG	ORAL	TABS	EA	1		GENERIC		51991			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
51991082228	EVEROLI	EVEROLI	100000	Antineopla	10000000	Antineopla	S	5 MG	ORAL	TABS	EA	28		GENERIC		51991	Y		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
51991082233	EVEROLI	EVEROLI	100000	Antineopla	10000000	Antineopla	S	5 MG	ORAL	TABS	EA	30		GENERIC		51991	Y		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
51991082299	EVEROLI	EVEROLI	100000	Antineopla	10000000	Antineopla	S	5 MG	ORAL	TABS	EA	1		GENERIC		51991			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
51991082328	EVEROLI	EVEROLI	100000	Antineopla	10000000	Antineopla	S	7.5 MG	ORAL	TABS	EA	28		GENERIC		51991	Y		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
51991082333	EVEROLI	EVEROLI	100000	Antineopla	10000000	Antineopla	S	7.5 MG	ORAL	TABS	EA	30		GENERIC		51991			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
51991082399	EVEROLI	EVEROLI	100000	Antineopla	10000000	Antineopla	S	7.5 MG	ORAL	TABS	EA	1		GENERIC		51991			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
51991082428	EVEROLI	EVEROLI	100000	Antineopla	10000000	Antineopla	S	10 MG	ORAL	TABS	EA	28		GENERIC		51991			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
51991082433	EVEROLI	EVEROLI	100000	Antineopla	10000000	Antineopla	S	10 MG	ORAL	TABS	EA	30		GENERIC		51991			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
51991082499	EVEROLI	EVEROLI	100000	Antineopla	10000000	Antineopla	S	10 MG	ORAL	TABS	EA	1		GENERIC		51991			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
51991083675	EPINASTI	EPINASTI	520200	Antiallergi	52020000	Antiallergi	S	0.05%	OPHTHAL	SOLN	ML	5		GENERIC	10/2/2024	51991			N	FORMULARY		1 GEN	GENERICS			X	10 IN 30 DAYS			R	MEDPRMI
51991083704	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	S	1 MG/ML	ORAL	SOLN	ML	120		GENERIC	11/8/2022	51991			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51991083716	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	S	1 MG/ML	ORAL	SOLN	ML	480		GENERIC	11/7/2022	51991			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51991083801	CYPROHE	CYPROHE	40400	First Gene	4040000	First Gene	S	4 MG	ORAL	TABS	EA	100		GENERIC	1/31/2024	51991			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51991083810	CYPROHE	CYPROHE	40400	First Gene	4040000	First Gene	S	4 MG	ORAL	TABS	EA	1000		GENERIC	3/1/2023	51991			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51991084704	PSEUDOE	PSEUDOE	480800	Antitussive	48080000	Antitussive	S	30-2-10 M	ORAL	SYRP	ML	118		GENERIC	11/2/2022	51991			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51991084716	PSEUDOE	PSEUDOE	480800	Antitussive	48080000	Antitussive	S	30-2-10 M	ORAL	SYRP	ML	473		GENERIC	1/3/2023	51991			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51991085301	REPAGLI	REPAGLI	682016	Meglitinide	68201600	Meglitinide	S	0.5 MG	ORAL	TABS	EA	100	X	GENERIC	5/3/2022	51991			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51991085401	REPAGLI	REPAGLI	682016	Meglitinide	68201600	Meglitinide	S	1 MG	ORAL	TABS	EA	100	X	GENERIC	5/31/2022	51991			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51991085501	REPAGLI	REPAGLI	682016	Meglitinide	68201600	Meglitinide	S	2 MG	ORAL	TABS	EA	100	X	GENERIC	5/3/2022	51991			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51991087733	EPLEREN	EPLEREN	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		51991			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51991087790	EPLEREN	EPLEREN	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		51991			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51991087833	EPLEREN	EPLEREN	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		51991			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51991087890	EPLEREN	EPLEREN	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		51991			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51991088401	ACETAZC	ACETAZC	524012	UNKNOW	52401200	UNKNOW	S	125 MG	ORAL	TABS	EA	100	X	GENERIC	8/2/2022	51991			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51991088501	ACETAZC	ACETAZC	524012	UNKNOW	52401200	UNKNOW	S	250 MG	ORAL	TABS	EA	100	X	GENERIC	8/31/2022	51991			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51991089033	ERLOTINI	ERLOTINI	100000	Antineopla	10000000	Antineopla	S	25 MG	ORAL	TABS	EA	30		GENERIC	4/30/2024	51991			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
51991089133	ERLOTINI	ERLOTINI	100000	Antineopla	10000000	Antineopla	S	100 MG	ORAL	TABS	EA	30		GENERIC	10/6/2023	51991			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
51991089233	ERLOTINI	ERLOTINI	100000	Antineopla	10000000	Antineopla	S	150 MG	ORAL	TABS	EA	30		GENERIC	8/24/2023	51991			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
51991089533	ENTECAV	ENTECAV	81832	Nucleosid	8183200	Nucleosid	S	0.5 MG	ORAL	TABS	EA	30	X	GENERIC	2/9/2023	51991			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
51991089633	ENTECAV	ENTECAV	81832	Nucleosid	8183200	Nucleosid	S	1 MG	ORAL	TABS	EA	30	X	GENERIC	2/9/2023	51991			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
51991089730	RIVASTIG	RIVASTIG	120400	Parasymp	12040000	Parasymp	S	4.6 MG/24	TRANSDE	PT24	EA	30	X	GENERIC		51991			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
51991089799	RIVASTIG	RIVASTIG	120400	Parasymp	12040000	Parasymp	S	4.6 MG/24	TRANSDE	PT24	EA	1	X	GENERIC		51991			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
51991089830	RIVASTIG	RIVASTIG	120400	Parasymp	12040000	Parasymp	S	9.5 MG/24	TRANSDE	PT24	EA	30	X	GENERIC		51991			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
51991089899	RIVASTIG	RIVASTIG	120400	Parasymp	12040000	Parasymp	S	9.5 MG/24	TRANSDE	PT24	EA	1	X	GENERIC		51991			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
51991089930	RIVASTIG	RIVASTIG	120400	Parasymp	12040000	Parasymp	S	13.3 MG/2	TRANSDE	PT24	EA	30	X	GENERIC		51991			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
51991089999	RIVASTIG	RIVASTIG	120400	Parasymp	12040000	Parasymp	S	13.3 MG/2	TRANSDE	PT24	EA	1	X	GENERIC		51991			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
51991090001	CLOBAZA	CLOBAZA	281208	Anticonvul	28120800	Anticonvul	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	2/7/2023	51991			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
51991090101	CLOBAZA	CLOBAZA	281208	Anticonvul	28120800	Anticonvul	S	20 MG	ORAL	TABS	EA	100	X	GENERIC	2/7/2023	51991			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
51991090601	TETRACY	TETRACY	81224	Tetracyclir	8122400	Tetracyclir	S	250 MG	ORAL	CAPS	EA	100		GENERIC		51991			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51991090701	TETRACY	TETRACY	81224	Tetracyclir	8122400	Tetracyclir	S	500 MG	ORAL	CAPS	EA	100		GENERIC		51991			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51991090833	L-METHYI	L-METHYI	929200	UNKNOW	92920000	UNKNOW	R	7.5-90.314	ORAL	CAPS	EA	30		SSB		51991			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
51991090890	L-METHYI	L-METHYI	929200	UNKNOW	92920000	UNKNOW	R	7.5-90.314	ORAL	CAPS	EA	90		SSB	8/8/2023	51991			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
51991090933	L-METHYI	L-METHYI	929200	UNKNOW	92920000	UNKNOW	R	15-90.314	ORAL	CAPS	EA	30		SSB		51991	N		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
51991090990	L-METHYI	L-METHYI	929200	UNKNOW	92920000	UNKNOW	R	15-90.314	ORAL	CAPS	EA	90		SSB	8/11/2023	51991			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
51991091133	METAFOL	L-METHYI	880800	Vitamin B	88080000	Vitamin B	R	6-90.314-2	ORAL	TABS	EA	30		SSB		51991			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
51991091190	METAFOL	L-METHYI	880800	Vitamin B	88080000	Vitamin B	R	6-90.314-2	ORAL	TABS	EA	90		SSB	8/8/2023	51991			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
51991091290	VINATE D	PRENATA	882800	Multivitam	88280000	Multivitam	R	27-1.13 M	ORAL	CAPS	EA	90		SSB		51991			N	EXCLUDE	N/A: [DRU	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
51991091333	FOLTANX	L-METHYI	880800	Vitamin B	88080000	Vitamin B	R	3-90.314-2	ORAL	CAPS	EA	30		SSB		51991			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
51991091390	FOLTANX	L-METHYI	880800	Vitamin B	88080000	Vitamin B	R	3-90.314-2	ORAL	CAPS	EA	90		SSB	8/4/2023	51991			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
51991092817	ASENAPII	ASENAPII	281608	Antipsych	28160804	Atypical A	S	2.5 MG	SUBLINGI	SUBL	EA	10	X	GENERIC		51991			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
51991092860	ASENAPII	ASENAPII	281608	Antipsych	28160804	Atypical A	S	2.5 MG	SUBLINGI	SUBL	EA	10	X	GENERIC		51991			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
51991094298	DEXRAZC	DEXRAZC	910412	UNKNOW	91041200	UNKNOW	S	500 MG	INTRAVEI	SOLR	EA	1		GENERIC	9/4/2024	51991			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
51991094333	MOXIFLO	MOXIFLO	81218	Quinolone	8121800	Quinolone	S	400 MG	ORAL	TABS	EA	30		GENERIC	10/19/2023	51991			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51991094401	TRIMIPRA	TRIMIPRA	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	100	X	GENERIC		51991			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51991094501	TRIMIPRA	TRIMIPRA	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	100	X	GENERIC		51991			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51991094601	TRIMIPRA	TRIMIPRA	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC		51991			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
51991096158	POLYETH	POLYETH	561200	Cathartics	56120000	Cathartics	P	0-17GM/S	ORAL	POWD	GM	238		GENERIC	7/11/2024	51991			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
51991096257	POLYETH	POLYETH	561200	Cathartics	56120000	Cathartics	P	0-17GM/S	ORAL	POWD	GM	510		GENERIC	7/11/2024	51991			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
51991096425	SUCCINY	SUCCINY	122020	UNKNOW	12202000	UNKNOW	S	20 MG/ML	INJECTIO	SOLN	ML	10		GENERIC	4/3/2023	51991			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
51991096499	SUCCINY	SUCCINY	122020	UNKNOW	12202000	UNKNOW	S	20 MG/ML	INJECTIO	SOLN	ML	10		GENERIC	4/3/2023	51991			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
51991097401	PENICILL	PENICILL	640000	Heavy Me	64000000	Heavy Me	S	250 MG	ORAL	CAPS	EA	100		GENERIC		51991			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
51991098101	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	6.25 MG	ORAL	TBCR	EA	100		GENERIC		51991			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
51991098201	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	12.5 MG	ORAL	TBCR	EA	100		GENERIC		51991			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
51991098317	NOREPIN	NOREPIN	121212	alpha- anc	12121200	alpha- anc	S	1 MG/ML	INTRAVEI	SOLN	ML	4		GENERIC		51991			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
51991098399	NOREPIN	NOREPIN	121212	alpha- anc	12121200	alpha- anc	S	1 MG/ML	INTRAVEI	SOLN	ML	4		GENERIC		51991			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52009000245	PURACYI	WOUND C	849200	Skin and M	84920000	Skin and M	O	.012%-.04	EXTERNA	LIQD	ML	237		SSB		52009			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52015008001	DIFICID	FIDAXOM	81212	Macrolide	8121208	UNKNOW	R	200 MG	ORAL	TABS	EA	20		SSB		52015			N	FORMULARY		2 BRAND	PREFERRED BRAND			X	2 IN 1 DAYS			R	MEDPRMI
52015070022	DIFICID	FIDAXOM	81212	Macrolide	8121208	UNKNOW	R	40 MG/ML	ORAL	SUSR	ML	136		SSB		52015			N	FORMULARY		2 BRAND	PREFERRED BRAND			X	10 IN 1 DAYS			R	MEDPRMI
52048000300	CARTIVIS	GLUCOSA	929200	UNKNOW	92920000	UNKNOW	P	200MG-50	ORAL	TABS	EA	90		MSB		52048			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
52061000400	FLORATU	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0	ORAL	PACK	EA	30		SSB		52061			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52061000401	FLORATU	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0	ORAL	PACK	EA	10		SSB		52061			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52061000410	FLORATU	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0-0	ORAL	TBSO	EA	30		SSB		52061			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083005501	SUPRESS	PHENYLE	480800	Antitussive	48080000	Antitussive	P	2.5-5-50 M	ORAL	LIQD	ML	30		GENERIC		52083	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083005601	SUPRESS	PHENYLE	481600	Expectora	48160000	Expectora	O	2.5-50 MG	ORAL	LIQD	ML	30		SSB		52083			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083005701	SUPRESS	PHENYLE	480800	Antitussive	48080000	Antitussive	O	1MG/ML-1	ORAL	LIQD	ML	30		SSB		52083			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083005801	SUPRESS	DEXTROI	480800	Antitussive	48080000	Antitussive	O	5MG/ML-5	ORAL	LIQD	ML	30		SSB		52083			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083023110	TUSSI-PR	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-10-200 M	ORAL	LIQD	ML	10		GENERIC	11/3/2022	52083			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083023116	TUSSI-PR	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-10-200 M	ORAL	LIQD	ML	474		GENERIC		52083			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083023205	TUSSI-PR	PHENYLE	480800	Antitussive	48080000	Antitussive	P	2.5-5-75 M	ORAL	LIQD	ML	5		MSB	11/3/2022	52083			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
52083023216	TUSSI-PR	PHENYLE	480800	Antitussive	48080000	Antitussive	P	2.5-5-75 M	ORAL	LIQD	ML	480		MSB		52083	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
52083023310	TUSSI-PR	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-10-200 M	ORAL	LIQD	ML	10		GENERIC		52083			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083023504	TUSSI-PR	PHENYLE	481600	Expectora	48160000	Expectora	P	2.5-100 M	ORAL	LIQD	ML	120		GENERIC		52083			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083023704	TUSSI-PR	PHENYLE	480800	Antitussive	48080000	Antitussive	P	4MG/5ML-	ORAL	LIQD	ML	120		GENERIC		52083			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083023705	TUSSI-PR	PHENYLE	480800	Antitussive	48080000	Antitussive	P	4MG/5ML-	ORAL	LIQD	ML	5		GENERIC		52083			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083023716	TUSSI-PR	PHENYLE	480800	Antitussive	48080000	Antitussive	P	4MG/5ML-	ORAL	LIQD	ML	480		GENERIC		52083			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083023904	TUSICOF	PHENYLE	480800	Antitussive	48080000	Antitussive	O	10-20-400	ORAL	LIQD	ML	120		SSB		52083			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083023916	TUSICOF	PHENYLE	480800	Antitussive	48080000	Antitussive	O	10-20-400	ORAL	LIQD	ML	474		SSB		52083			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083023960	TUSICOF	PHENYLE	480800	Antitussive	48080000	Antitussive	O	10-20-400	ORAL	TABS	EA	60		SSB		52083			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083024130	MYCO-NA	ANTIFUN	840408	Antifungal	84040892	Miscellane	O	25%	EXTERNA	SOLN	ML	30		SSB		52083			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083024230	MYCO NA	UNDECYL	840416	UNKNOW	84041600	UNKNOW	P	25%	EXTERNA	SOLN	ML	30		GENERIC		52083			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083024330	MYCO NA	ANTIFUN	840408	Antifungal	84040892	Miscellane	O	0	EXTERNA	SOLN	ML	30		SSB		52083			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083026260	BICARSIN	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	O	80 MG	ORAL	TABS	EA	60		SSB		52083			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083028960	TUSICOF	PHENYLE	480800	Antitussive	48080000	Antitussive	O	10-20-400	ORAL	TABS	EA	60		SSB		52083			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083030060	ZYNCOL	POLICOS	240692	Antilipemi	24069200	Antilipemi	O	30MG	ORAL	TABS	EA	60		SSB		52083			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083032104	APETIGEI	B-COMPL	880800	Vitamin B	88080000	Vitamin B	P	25MCG/15	ORAL	ELIX	ML	120		MSB		52083			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
52083032108	APETIGEI	B-COMPL	880800	Vitamin B	88080000	Vitamin B	P	25MCG/15	ORAL	ELIX	ML	240		MSB		52083			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
52083032116	APETIGEI	B-COMPL	880800	Vitamin B	88080000	Vitamin B	P	25MCG/15	ORAL	ELIX	ML	474		MSB		52083	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
52083032904	APETIGEI	B COMPL	882800	Multivitam	88280000	Multivitam	O	25MCG/15	ORAL	SOLN	ML	118		SSB		52083	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083032908	APETIGEI	B COMPL	882800	Multivitam	88280000	Multivitam	O	25MCG/15	ORAL	SOLN	ML	237		SSB		52083	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083032916	APETIGEI	B COMPL	882800	Multivitam	88280000	Multivitam	O	25MCG/15	ORAL	SOLN	ML	474		SSB		52083			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083033460	VASOFLE	BIOFLAV	882800	Multivitam	88280000	Multivitam	O	500MG-50	ORAL	CAPS	EA	60		SSB		52083			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083033512	VASOFLE	BIOFLAV	882800	Multivitam	88280000	Multivitam	P	500MG-50	ORAL	TABS	EA	120		GENERIC		52083			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083033560	VASOFLE	BIOFLAV	882800	Multivitam	88280000	Multivitam	P	500MG-50	ORAL	TABS	EA	60		GENERIC		52083	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083033690	VASOFLE	BIOFLAV	882800	Multivitam	88280000	Multivitam	O	150-150-1	ORAL	CAPS	EA	90		SSB		52083	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083033790	VASOFLE	DIOSMIN-	929200	UNKNOW	92920000	UNKNOW	O	900-100 M	ORAL	TABS	EA	90		SSB		52083			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083033890	VASOFLE	BIOFLAV	882800	Multivitam	88280000	Multivitam	P	250MG-25	ORAL	TABS	EA	90		GENERIC		52083	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083035260	APETIGEI	B-COMPL	882800	Multivitam	88280000	Multivitam	O	225MG-22	ORAL	TABS	EA	60		SSB		52083			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083036030	PROVIT	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	400MG-40	ORAL	TABS	EA	30		SSB		52083			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083040001	ZYNCOF	DEXTROI	480800	Antitussive	48080000	Antitussive	O	20-400 MC	ORAL	SYRP	ML	30		SSB		52083			Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083040004	ZYNCOF	DEXTROI	480800	Antitussive	48080000	Antitussive	O	20-400 MC	ORAL	SYRP	ML	120		SSB		52083			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083040016	ZYNCOF	DEXTROI	480800	Antitussive	48080000	Antitussive	O	20-400 MC	ORAL	SYRP	ML	473		SSB		52083			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083047060	DIETEX F	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	250MG-10	ORAL	CAPS	EA	60		SSB		52083	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083048190	DOLOGEI	DEXBROI	40400	First Gene	4040000	First Gene	O	2-650 MG	ORAL	TABS	EA	90		SSB		52083			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083048290	DOLOGEI	DEXBROI	40400	First Gene	4040000	First Gene	O	1-325 MG	ORAL	TABS	EA	90		SSB		52083			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083051701	SIMEPED	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	40 MG/0.6	ORAL	SUSP	ML	30		GENERIC		52083			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083052950	VARISAN	SPECIALT	882800	Multivitam	88280000	Multivitam	P	25MG-25M	ORAL	TABS	EA	50		GENERIC		52083	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083053301	PREPROT	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	O	0-1155MG	ORAL	LIQD	ML	30		SSB		52083	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083053310	PREPROT	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	O	0-1155MG	ORAL	LIQD	ML	30		SSB		52083	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083053316	PREPROT	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	O	0-1155MG	ORAL	LIQD	ML	473		SSB		52083	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083054090	PRE PRO	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	P	200MG-33	ORAL	TABS	EA	90		GENERIC		52083	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083060016	G-ZYNCO	DEXTROI	480800	Antitussive	48080000	Antitussive	O	20-400 MC	ORAL	SYRP	ML	473		SSB		52083	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083060310	ABATREX	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	O	8-200-4-10	ORAL	TABS	EA	100		SSB		52083			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083060710	FLOGEN	HESPERII	929200	UNKNOW	92920000	UNKNOW	O	250-650 M	ORAL	TABS	EA	100		SSB		52083			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083060830	ABATINE	LACTOBA	560800	Antidiarrhe	56080000	Antidiarrhe	O	680MG	ORAL	CAPS	EA	30		SSB		52083	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083061016	ABATROI	IRON POL	200404	Iron Prepa	20040400	Iron Prepa	O	25MCG/5M	ORAL	LIQD	ML	474		SSB		52083			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083061110	ABATRAC	DIGESTIV	561600	Digestants	56160000	Digestants	O	0-0-0-0-0	ORAL	CAPS	EA	100		SSB		52083			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083061210	ABANEU-	CYANOC	880800	Vitamin B	88080000	Vitamin B	S	600-600 M	SUBLINGI	SUBL	EA	100		GENERIC		52083			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083062116	APETEX	B-COMPL	880800	Vitamin B	88080000	Vitamin B	O	25MCG/15	ORAL	ELIX	ML	474		SSB		52083	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083062216	TUSSLIN	PHENYLE	480800	Antitussive	48080000	Antitussive	O	28MG/5ML	ORAL	LIQD	ML	474		SSB		52083			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083062301	TUSSLIN	PHENYLE	480800	Antitussive	48080000	Antitussive	O	2.5-7.5-88	ORAL	LIQD	ML	30		SSB		52083			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083062516	ABATUSS	PSEUDOE	480800	Antitussive	48080000	Antitussive	P	30-1-15 M	ORAL	LIQD	ML	473		MSB		52083			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
52083062790	ABATROI	IRON-DO	200404	Iron Prepa	20040400	Iron Prepa	P	150-1 MG	ORAL	TABS	EA	90		GENERIC		52083	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083062816	PECGEN	PSEUDOE	480800	Antitussive	48080000	Antitussive	P	30-10-187	ORAL	LIQD	ML	474		GENERIC		52083			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083063016	PECGEN	DEXTROI	480800	Antitussive	48080000	Antitussive	O	10-187 MC	ORAL	LIQD	ML	474		SSB		52083			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083063216	PRES GE	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-10-200 M	ORAL	LIQD	ML	474		GENERIC		52083			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083063316	G-PREPR	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	O	1155MG/3	ORAL	LIQD	ML	473		SSB		52083	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083063560	FLEXGEN	BIOFLAV	882800	Multivitam	88280000	Multivitam	P	500MG-50	ORAL	TABS	EA	60		GENERIC		52083			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083063716	PRESGEI	PHENYLE	480800	Antitussive	48080000	Antitussive	P	4MG/5ML-	ORAL	LIQD	ML	473		GENERIC		52083			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083063916	G-TUSIC	PHENYLE	480800	Antitussive	48080000	Antitussive	O	10-20-400	ORAL	LIQD	ML	474		SSB		52083			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083064101	DESGEN	PHENYLE	480800	Antitussive	48080000	Antitussive	P	2.5-5-50 M	ORAL	LIQD	ML	30		GENERIC		52083	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083064616	DESGEN	PHENYLE	480800	Antitussive	48080000	Antitussive	P	10MG/5ML	ORAL	LIQD	ML	474		GENERIC		52083			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083064810	DESGEN	PSEUDOE	480800	Antitussive	48080000	Antitussive	O	10MG-200	ORAL	TABS	EA	100		SSB		52083			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083065016	GENCON	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-2-10 MG	ORAL	LIQD	ML	473		GENERIC		52083			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083065316	PRES GE	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5MG/5ML-	ORAL	LIQD	ML	474		GENERIC		52083	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083065501	G-SUPRE	PHENYLE	480800	Antitussive	48080000	Antitussive	P	2.5-5-50 M	ORAL	LIQD	ML	30		GENERIC		52083	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083066016	SORBUGI	DEXTROI	480800	Antitussive	48080000	Antitussive	P	15MG/7.5M	ORAL	LIQD	ML	474		GENERIC		52083			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083066130	G-MYCO	ANTIFUN	840408	Antifungal	84040892	Miscellane	O	0-0-0	EXTERNA	SOLN	ML	30		SSB		52083			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083067816	G-TRON	PHENYLE	480800	Antitussive	48080000	Antitussive	O	10-15-350	ORAL	LIQD	ML	474		SSB		52083			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083067901	G-TRON	PHENYLE	480800	Antitussive	48080000	Antitussive	O	2.5-5-100	ORAL	LIQD	ML	30		SSB		52083			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083068190	G-DOLOC	DEXBROI	40400	First Gene	4040000	First Gene	O	2-650 MG	ORAL	TABS	EA	90		SSB		52083			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083069130	GENORA	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0-0-0-0	ORAL	CAPS	EA	30		SSB		52083			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083071301	GUMSOL	BENZOCA	840800	Antipruritic	84080000	Antipruritic	O	5-0.1 %	MOUTH/T	LIQD	ML	30		SSB		52083			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083071401	GUMSOL	BENZOCA	840800	Antipruritic	84080000	Antipruritic	O	5-0.1 %	MOUTH/T	LIQD	ML	30		SSB		52083			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083073301	PREPROT	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	O	0-1460MG	ORAL	LIQD	ML	30		SSB		52083			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083073310	PREPROT	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	O	0-1460MG	ORAL	LIQD	ML	30		SSB		52083			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083073316	PREPROT	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	O	0-1460MG	ORAL	LIQD	ML	480		SSB		52083			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083083301	PRE PRO	PROTEIN	402000	Caloric Ag	40200000	Caloric Ag	O	318MG/7.4	ORAL	POWD	EA	1		SSB		52083			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083083310	PRE PRO	PROTEIN	402000	Caloric Ag	40200000	Caloric Ag	O	318MG/7.4	ORAL	POWD	GM	270		SSB		52083			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083084190	LYSIPLEX	MULTIPLE	882800	Multivitam	88280000	Multivitam	S	166.667M	ORAL	TABS	EA	90		GENERIC		52083			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083084306	LYSIPLEX	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	45MG/15M	ORAL	LIQD	ML	177		SSB		52083			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083084316	LYSIPLEX	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	45MG/15M	ORAL	LIQD	ML	473		SSB		52083			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083090090	VENALIV	DIOSMIN-	929200	UNKNOW	92920000	UNKNOW	O	900-100-1	ORAL	TABS	EA	90		SSB		52083			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083093301	PREPROT	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	O	1155MG/3	ORAL	LIQD	ML	30		SSB		52083	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083093310	PREPROT	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	O	1155MG/3	ORAL	LIQD	ML	30		SSB		52083	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083093316	PREPROT	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	O	1155MG/3	ORAL	LIQD	ML	473		SSB		52083	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52083099260	BIO-IMMU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	CAPS	EA	60		SSB		52083	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52131000800	BIOHM PI	DIGESTIV	561600	Digestants	56160000	Digestants	O	0-0-0-0	ORAL	CAPS	EA	60		SSB		52131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52131000801	BIOHM C	CASCARA	561200	Cathartics	56120000	Cathartics	O	0-0-0-0	ORAL	CAPS	EA	14		SSB		52131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52131000802	BIOHM PI	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0-0-0-0	ORAL	CAPS	EA	42		SSB		52131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52131000803	BIOHM PI	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	P	0-0-0-0-0	ORAL	CHEW	EA	42		GENERIC		52131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52136000425	BIOTIN	BIOTIN	880800	Vitamin B	88080000	Vitamin B	P	5 MG	ORAL	TABS	EA	30		GENERIC		52136			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52181035304	SPIRIT H	CATHETE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30		NON DRUG		52181			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52181036302	WIDE BAI	CATHETE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30		NON DRUG		52181			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52181039103	SPIRIT H	CATHETE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		52181			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52181039302	SPIRIT H	CATHETE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		52181			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52181050812	MAGIC3	CATHETE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30		NON DRUG		52181			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52181051514	MAGIC3	CATHETE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30		NON DRUG		52181			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52187000612	SODIUM	SULFACE	840404	Antibacter	84040400	Antibacter	R	10%	EXTERNA	LIQD	ML	355		SSB	4/26/2022	52187			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
52187052210	SALICYLI	SALICYLI	842800	Keratolytic	84280000	Keratolytic	S	28.50%	EXTERNA	SOLN	ML	10		GENERIC		52187			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
52187052510	XALIX	SALICYLI	842800	Keratolytic	84280000	Keratolytic	R	28%	EXTERNA	SOLN	GM	10		SSB		52187			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
52187052610	SALICYLI	SALICYLI	842800	Keratolytic	84280000	Keratolytic	S	26%	EXTERNA	SOLN	ML	10		GENERIC		52187			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
52187052710	SALICYLI	SALICYLI	842800	Keratolytic	84280000	Keratolytic	S	27.50%	EXTERNA	LIQD	ML	10		GENERIC		52187			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
52187052806	SELENIUI	SELENIUI	840416	UNKNOW	84041600	UNKNOW	S	2.25%	EXTERNA	SHAM	ML	180		GENERIC	1/31/2023	52187			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
52187053016	SULFACE	SULFACE	842800	Keratolytic	84280000	Keratolytic	S	9-4 %	EXTERNA	LIQD	ML	473		GENERIC		52187			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
52187053116	SULFACE	SULFACE	842800	Keratolytic	84280000	Keratolytic	S	8-4 %	EXTERNA	SUSP	ML	473		GENERIC		52187			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
52187053201	HYDROC	IODOQUI	840416	UNKNOW	84041600	UNKNOW	S	1-1 %	EXTERNA	CREA	GM	28.4		GENERIC		52187			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
52187053606	SULFACE	SULFACE	842800	Keratolytic	84280000	Keratolytic	S	10-5 %	EXTERNA	LIQD	GM	170.3		GENERIC		52187			N	FORMULARY		1 GEN	GENERICS			X	<= 1419			R	MEDPRMI
52187053612	SULFACE	SULFACE	842800	Keratolytic	84280000	Keratolytic	S	10-5 %	EXTERNA	LIQD	GM	340.2		GENERIC		52187			N	FORMULARY		1 GEN	GENERICS			X	<= 1419			R	MEDPRMI
52187054548	IODOQUI	IODOQUI	840492	Local Anti-	84049200	Local Anti-	S	1-2-1 %	EXTERNA	GEL	GM	48		GENERIC		52187			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
52187054610	SULFACE	SULFACE	842800	Keratolytic	84280000	Keratolytic	S	9.8-4.8 %	EXTERNA	LIQD	GM	285		GENERIC		52187	N		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
52187054702	SULFACE	SULFACE	842800	Keratolytic	84280000	Keratolytic	S	9.8-4.8 %	EXTERNA	CREA	GM	57		GENERIC		52187	N		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
52187054802	SULFACE	SULFACE	842800	Keratolytic	84280000	Keratolytic	S	9.8-4.8 %	EXTERNA	LOTN	GM	57		GENERIC		52187			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
52187054905	UREA	UREA	842800	Keratolytic	84280000	Keratolytic	R	47%	EXTERNA	CREA	GM	142		GENERIC		52187	N		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
52187055006	SELENIUI	SELENIUI	840416	UNKNOW	84041600	UNKNOW	S	2.30%	EXTERNA	SHAM	ML	180		GENERIC		52187			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
52187055130	IODOQUI	IODOQUI	840416	UNKNOW	84041600	UNKNOW	S	1-1.9 %	EXTERNA	CREA	GM	2		GENERIC		52187	N		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
52187055260	SULFACE	SULFACE	842800	Keratolytic	84280000	Keratolytic	R	9.8-4.8 %	EXTERNA	PADS	EA	60		GENERIC		52187			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
52187055308	SODIUM	SULFACE	840404	Antibacter	84040400	Antibacter	S	9.80%	EXTERNA	SHAM	ML	237		GENERIC		52187			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
52187055401	BENZOYL	BENZOYL	840492	Local Anti-	84049200	Local Anti-	O	9.50%	EXTERNA	PADS	EA	1		MSB	1/25/2022	52187			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
52187055460	BENZOYL	BENZOYL	840492	Local Anti-	84049200	Local Anti-	O	9.50%	EXTERNA	PADS	EA	60		MSB	1/25/2022	52187			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
52187055510	ERGOTAI	ERGOTAI	283292	Antimigrai	28329200	Antimigrai	S	1-100 MG	ORAL	TABS	EA	100		GENERIC		52187			N	FORMULARY		1 GEN	GENERICS			X	10 IN 7 DAYS			R	MEDPRMI
52187055660	DESONID	DESONID	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	GEL	GM	60		GENERIC		52187			N	FORMULARY		1 GEN	GENERICS					X	Must meet 5 DS Beta TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE	R	MEDPRMI
52191035006	SELENIUI	SELENIUI	840416	UNKNOW	84041600	UNKNOW	S	2.30%	EXTERNA	SHAM	ML	180		GENERIC	6/4/2024	52191			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
52191035230	IODOQUI	IODOQUI	840416	UNKNOW	84041600	UNKNOW	S	1-1.9 %	EXTERNA	CREA	GM	2		GENERIC	3/1/2024	52191			N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
52218000200	PROTEOI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	2.5MG-62.	ORAL	CAPS	EA	60		SSB		52218			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52218000201	PROTEOI	DIETARY	402000	Caloric Ag	40200000	Caloric Ag	R	0-0-0-0	ORAL	TABS	EA	60		SSB		52218			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
52218000202	PROTEOI	DIETARY	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0	ORAL	TABS	EA	60		SSB		52218			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
52244001002	EDEX	ALPROST	240816	Central Al	24081600	Central Al	R	10 MCG	INTRACA	KIT	EA	1		SSB		52244		Y	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND			X	3 IN 30 DAYS			R	MEDPRMI
52244001006	EDEX	ALPROST	240816	Central Al	24081600	Central Al	R	10 MCG	INTRACA	KIT	EA	1		SSB		52244		Y	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND			X	3 IN 30 DAYS			R	MEDPRMI
52244002002	EDEX	ALPROST	240816	Central Al	24081600	Central Al	R	20 MCG	INTRACA	KIT	EA	1		SSB		52244		Y	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND			X	3 IN 30 DAYS			R	MEDPRMI
52244002006	EDEX	ALPROST	240816	Central Al	24081600	Central Al	R	20 MCG	INTRACA	KIT	EA	1		SSB		52244		Y	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND			X	3 IN 30 DAYS			R	MEDPRMI
52244004002	EDEX	ALPROST	240816	Central Al	24081600	Central Al	R	40 MCG	INTRACA	KIT	EA	1		SSB		52244		Y	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND			X	3 IN 30 DAYS			R	MEDPRMI
52244004006	EDEX	ALPROST	240816	Central Al	24081600	Central Al	R	40 MCG	INTRACA	KIT	EA	1		SSB		52244		Y	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND			X	3 IN 30 DAYS			R	MEDPRMI
52244010010	THEO-24	THEOPHY	861600	Respirator	86160000	Respirator	R	100 MG	ORAL	CP24	EA	100	X	SSB		52244			N	FORMULARY		2 BRAND	PREFERRED BRAND							R	MEDPRMI
52244020010	THEO-24	THEOPHY	861600	Respirator	86160000	Respirator	R	200 MG	ORAL	CP24	EA	100	X	SSB		52244			N	FORMULARY		2 BRAND	PREFERRED BRAND							R	MEDPRMI
52244030010	THEO-24	THEOPHY	861600	Respirator	86160000	Respirator	R	300 MG	ORAL	CP24	EA	100	X	SSB		52244			N	FORMULARY		2 BRAND	PREFERRED BRAND							R	MEDPRMI
52244040010	THEO-24	THEOPHY	861600	Respirator	86160000	Respirator	R	400 MG	ORAL	CP24	EA	100	X	SSB		52244			N	FORMULARY		2 BRAND	PREFERRED BRAND							R	MEDPRMI

52246057004	SPINOSA	SPINOSA	840412 Scabicide:	84041200 Scabicide:	S	0.90%	EXTERNA	SUSP	ML	120		GENERIC		52246		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52246092904	NATROBA	SPINOSA	840412 Scabicide:	84041200 Scabicide:	S	0.90%	EXTERNA	SUSP	ML	120		SSB		52246	Y	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND												R	MEDPRMI
52268001101	SUPREP I	SODIUM S	561200 Cathartics	56120000 Cathartics	S	17.5-3.13-	ORAL	SOLN	ML	177		MSB		52268		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	<= 354								R	MEDPRMI
52268001201	SUPREP I	SODIUM S	561200 Cathartics	56120000 Cathartics	S	17.5-3.13-	ORAL	SOLN	ML	177		MSB		52268		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	<= 354								R	MEDPRMI
52268010001	GOLYTEL	PEG 3350	561200 Cathartics	56120000 Cathartics	S	236 GM	ORAL	SOLR	ML	4000		MSB		52268	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	<= 4000								R	MEDPRMI
52268020001	SUTAB	SODIUM S	561200 Cathartics	56120000 Cathartics	R	1479-225-	ORAL	TABS	EA	12		SSB		52268		N	#N/A	ORIG_FR	10 EHB	#N/A			X	<= 24				X	IF AGE=45-75 YEARS AND QS			R	MEDPRMI
52268020101	SUTAB	SODIUM S	561200 Cathartics	56120000 Cathartics	R	1479-225-	ORAL	TABS	EA	12		SSB		52268		N	#N/A	ORIG_FR	10 EHB	#N/A			X	<= 24				X	IF AGE=45-75 YEARS AND QS			R	MEDPRMI
52268030201	NULYTEL	PEG 3350	561200 Cathartics	56120000 Cathartics	S	420 GM	ORAL	SOLR	ML	4000		MSB	5/31/2022	52268	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	<= 4000								R	MEDPRMI
52268055001	SUFLAVE	PEG 3350	561200 Cathartics	56120000 Cathartics	R	178.7 GM	ORAL	SOLR	EA	2		SSB		52268		N	#N/A	ORIG_FR	10 EHB	#N/A			X	<= 2	X	Must meet 5 DS Clen	TRIAL OF SUTAB, CLENPIQ OR GENER	X	IF AGE=4	TRIAL OF CLENPIQ		R	MEDPRMI
52276031205	CARBAGL	CARGLUM	401000 Ammonia	40100000 Ammonia	S	200 MG	ORAL	TBSO	EA	5	X	MSB		52276		N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION	X	PA:X										R	MEDPRMI
52276031260	CARBAGL	CARGLUM	401000 Ammonia	40100000 Ammonia	S	200 MG	ORAL	TBSO	EA	60	X	MSB		52276		N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION	X	PA:X										R	MEDPRMI
52276040001	CYSTADA	BETAINE	929200 UNKNOW	92920000 UNKNOW	S	0	ORAL	POWD	GM	180	X	MSB		52276		N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION	X	PA:X										R	MEDPRMI
52304070860	NOVAFEF	POLYSAC	200404 Iron Prepa	20040400 Iron Prepa	O	36-60 MG	ORAL	CHEW	EA	90		SSB		52304		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52304070960	NOVAFEF	POLYSAC	200404 Iron Prepa	20040400 Iron Prepa	O	18-30 MG	ORAL	CHEW	EA	90		SSB		52304		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52304071304	NOVAFEF	POLYSAC	200404 Iron Prepa	20040400 Iron Prepa	O	15 MG/ML	ORAL	LIQD	ML	120		SSB		52304		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52304071406	NOVAFEF	POLYSAC	200404 Iron Prepa	20040400 Iron Prepa	O	125 MG/5I	ORAL	LIQD	ML	180		SSB		52304		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52304071590	NOVAFEF	POLYSAC	200404 Iron Prepa	20040400 Iron Prepa	O	50 MG	ORAL	CAPS	EA	90		SSB		52304		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52304071850	NOVAMV	PEDIATRI	882800 Multivitam	88280000 Multivitam	O	35MG/ML-	ORAL	LIQD	ML	50		SSB		52304		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52308010602	CANE/ALI	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		52308		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52308010704	CANE/OF	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		52308		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52308010806	BARIATRI	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		52308		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52308011566	PULSE O:	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		52308		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52308012598	VIBE 6	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		52308		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52308012630	OFFSET (	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		52308		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52308013044	JOURNEY	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		52308		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52308013103	JOURNEY	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		52308		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52308013426	NOVA BA	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		52308		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52308013435	NOVA QU	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		52308		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52308020290	CANE/T-I	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		52308		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52308026318	NOVA CU	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		52308		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52308040835	FOLDING	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		52308		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52308040905	FOLDING	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		52308		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52308042039	GETGO R	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		52308		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52308042049	GROOVE	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		52308		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52308042202	ZOOM 20	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		52308		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52308049002	TRAVELE	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		52308		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52308070606	CANE/ALI	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		52308		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52308072000	CRUTCHE	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		52308		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52308072010	CRUTCH/	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		52308		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52308084500	COMMOD	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		52308		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52318000101	BLANCHE	HYDROQ	845004 Depigmen	84500400 Depigmen	S	4%	EXTERNA	CREA	GM	30		GENERIC		52318	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52343002130	SIMVAST.	SIMVAST.	240608 HMG-CoA	24060800 HMG-CoA	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	1/19/2023	52343		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS				X	IF AGE=40-75 YEARS AND RA			R	MEDPRMI
52343002190	SIMVAST.	SIMVAST.	240608 HMG-CoA	24060800 HMG-CoA	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	1/19/2023	52343		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS				X	IF AGE=40-75 YEARS AND RA			R	MEDPRMI
52343002199	SIMVAST.	SIMVAST.	240608 HMG-CoA	24060800 HMG-CoA	S	5 MG	ORAL	TABS	EA	1000	X	GENERIC	1/19/2023	52343		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS				X	IF AGE=40-75 YEARS AND RA			R	MEDPRMI
52343002230	SIMVAST.	SIMVAST.	240608 HMG-CoA	24060800 HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	1/19/2023	52343		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS				X	IF AGE=40-75 YEARS AND RA			R	MEDPRMI
52343002245	SIMVAST.	SIMVAST.	240608 HMG-CoA	24060800 HMG-CoA	S	10 MG	ORAL	TABS	EA	45	X	GENERIC	1/19/2023	52343		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS				X	IF AGE=40-75 YEARS AND RA			R	MEDPRMI
52343002290	SIMVAST.	SIMVAST.	240608 HMG-CoA	24060800 HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	1/19/2023	52343		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS				X	IF AGE=40-75 YEARS AND RA			R	MEDPRMI
52343002299	SIMVAST.	SIMVAST.	240608 HMG-CoA	24060800 HMG-CoA	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC	1/19/2023	52343		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS				X	IF AGE=40-75 YEARS AND RA			R	MEDPRMI
52343002330	SIMVAST.	SIMVAST.	240608 HMG-CoA	24060800 HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	1/19/2023	52343		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS				X	IF AGE=40-75 YEARS AND RA			R	MEDPRMI
52343002345	SIMVAST.	SIMVAST.	240608 HMG-CoA	24060800 HMG-CoA	S	20 MG	ORAL	TABS	EA	45	X	GENERIC	1/19/2023	52343		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS				X	IF AGE=40-75 YEARS AND RA			R	MEDPRMI
52343002390	SIMVAST.	SIMVAST.	240608 HMG-CoA	24060800 HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	1/19/2023	52343		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS				X	IF AGE=40-75 YEARS AND RA			R	MEDPRMI
52343002399	SIMVAST.	SIMVAST.	240608 HMG-CoA	24060800 HMG-CoA	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC	1/19/2023	52343		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS				X	IF AGE=40-75 YEARS AND RA			R	MEDPRMI
52343002430	SIMVAST.	SIMVAST.	240608 HMG-CoA	24060800 HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	1/19/2023	52343		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS				X	IF AGE=40-75 YEARS AND RA			R	MEDPRMI
52343002445	SIMVAST.	SIMVAST.	240608 HMG-CoA	24060800 HMG-CoA	S	40 MG	ORAL	TABS	EA	45	X	GENERIC	1/19/2023	52343		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS				X	IF AGE=40-75 YEARS AND RA			R	MEDPRMI
52343002490	SIMVAST.	SIMVAST.	240608 HMG-CoA	24060800 HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	1/19/2023	52343		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS				X	IF AGE=40-75 YEARS AND RA			R	MEDPRMI
52343002499	SIMVAST.	SIMVAST.	240608 HMG-CoA	24060800 HMG-CoA	S	40 MG	ORAL	TABS	EA	1000	X	GENERIC	1/19/2023	52343		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS				X	IF AGE=40-75 YEARS AND RA			R	MEDPRMI
52343002530	SIMVAST.	SIMVAST.	240608 HMG-CoA	24060800 HMG-CoA	S	80 MG	ORAL	TABS	EA	30	X	GENERIC	1/19/2023	52343		N	FORMULARY		1 GEN	GENERICS	X	PA:X	X	1 IN 1 DAYS								R	MEDPRMI
52343002545	SIMVAST.	SIMVAST.	240608 HMG-CoA	24060800 HMG-CoA	S	80 MG	ORAL	TABS	EA	45	X	GENERIC	1/19/2023	52343		N	FORMULARY		1 GEN	GENERICS	X	PA:X	X	1 IN 1 DAYS								R	MEDPRMI
52343002590	SIMVAST.	SIMVAST.	240608 HMG-CoA	24060800 HMG-CoA	S	80 MG	ORAL	TABS	EA	90	X	GENERIC	1/19/2023	52343		N	FORMULARY		1 GEN	GENERICS	X	PA:X	X	1 IN 1 DAYS								R	MEDPRMI
52343002599	SIMVAST.	SIMVAST.	240608 HMG-CoA	24060800 HMG-CoA	S	80 MG	ORAL	TABS	EA	1000	X	GENERIC	1/19/2023	52343		N	FORMULARY		1 GEN	GENERICS	X	PA:X	X	1 IN 1 DAYS								R	MEDPRMI
52343003730	MONTELL	MONTELL	481024 Leukotrien	48102400 Leukotrien	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	1/23/2023	52343		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52343003790	MONTELL	MONTELL	481024 Leukotrien	48102400 Leukotrien	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	1/23/2023	52343		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52343003799	MONTELL	MONTELL	481024 Leukotrien	48102400 Leukotrien	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC	1/23/2023	52343		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52343004401	ZIDOVUD	ZIDOVUD	81808 Antiretrovi	8180820 Nucleosid	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC	1/31/2023	52343		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	6 IN 1 DAYS								R	MEDPRMI
52343004560	ZIDOVUD	ZIDOVUD	81808 Antiretrovi	8180820 Nucleosid	S	300 MG	ORAL	TABS	EA	60	X	GENERIC	1/31/2023	52343		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	2 IN 1 DAYS								R	MEDPRMI
52343005130	VALACYC	VALACYC	81832 Nucleosid	8183200 Nucleosid	S	500 MG	ORAL	TABS	EA	30		GENERIC	1/19/2023	52343		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52343005190	VALACYC	VALACYC	81832 Nucleosid	8183200 Nucleosid	S	500 MG	ORAL	TABS	EA	90		GENERIC	1/19/2023	52343		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52343005230	VALACYC	VALACYC	81832 Nucleosid	8183200 Nucleosid	S	1 GM	ORAL	TABS	EA	30		GENERIC	1/19/2023	52343		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52343005290	VALACYC	VALACYC	81832 Nucleosid	8183200 Nucleosid	S	1 GM	ORAL	TABS	EA	90		GENERIC	1/19/2023	52343		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52343005305	PIOGLITA	PIOGLITA	682028 Thiazolidir	68202800 Thiazolidir	S	15 MG	ORAL	TABS	EA	500	X	GENERIC	1/31/2023	52343		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52343005330	PIOGLITA	PIOGLITA	682028 Thiazolidir	68202800 Thiazolidir	S	15 MG	ORAL	TABS	EA	30	X	GENERIC	1/31/2023	52343		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52343005390	PIOGLITA	PIOGLITA	682028 Thiazolidir	68202800 Thiazolidir	S	15 MG	ORAL	TABS	EA	90	X	GENERIC	1/31/2023	52343		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52343005405	PIOGLITA	PIOGLITA	682028 Thiazolidir	68202800 Thiazolidir	S	30 MG	ORAL	TABS	EA	500	X	GENERIC	1/31/2023	52343		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52343005430	PIOGLITA	PIOGLITA	682028 Thiazolidir	68202800 Thiazolidir	S	30 MG	ORAL	TABS	EA	30	X	GENERIC	1/31/2023	52343		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52343005490	PIOGLITA	PIOGLITA	682028 Thiazolidir	68202800 Thiazolidir	S	30 MG	ORAL	TABS	EA	90	X	GENERIC	1/31/2023	52343		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52343005505	PIOGLITA	PIOGLITA	682028 Thiazolidir	68202800 Thiazolidir	S	45 MG	ORAL	TABS	EA	500	X	GENERIC	1/31/2023	52343		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52343005530	PIOGLITA	PIOGLITA	682028 Thiazolidir	68202800 Thiazolidir	S	45 MG	ORAL	TABS	EA	30	X	GENERIC	1/31/2023	52343		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52343005590	PIOGLITA	PIOGLITA	682028 Thiazolidir	68202800 Thiazolidir	S	45 MG	ORAL	TABS	EA	90	X	GENERIC	1/31/2023	52343		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52343005901	METOPR(	METOPR(	242000 Alpha-Adr	24200000 Alpha-Adr	S	25 MG	ORAL	TABS	EA	100	X	GENERIC	1/19/2023	52343		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52343005999	METOPR(	METOPR(	242000 Alpha-Adr	24200000 Alpha-Adr	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC	1/19/2023	52343		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52343006001	METOPR(	METOPR(	242000 Alpha-Adr	24200000 Alpha-Adr	S	50 MG	ORAL	TABS	EA	100	X	GENERIC	1/19/2023	52343		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52343006099	METOPR(	METOPR(	242000 Alpha-Adr	24200000 Alpha-Adr	S	50 MG	ORAL	TABS	EA	1000	X	GENERIC	1/19/2023	52343		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52343006101	METOPR(	METOPR(	242000 Alpha-Adr	24200000 Alpha-Adr	S	100 MG	ORAL	TABS	EA	100	X	GENERIC	1/19/2023	52343		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52343006199	METOPR(	METOPR(	242000 Alpha-Adr	24200000 Alpha-Adr	S	100 MG	ORAL	TABS	EA	1000	X	GENERIC	1/19/2023	52343		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52343006905	LEVETIR/	LEVETIR/	281292 Anticonvul	28129200 Anticonvul	S	250 MG	ORAL	TABS	EA	500	X	GENERIC	1/30/2023	52343		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52343006912	LEVETIR/	LEVETIR/	281292 Anticonvul	28129200 Anticonvul	S	250 MG	ORAL	TABS	EA	120	X	GENERIC	1/30/2023	52343		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52343007005	LEVETIR/	LEVETIR/	281292 Anticonvul	28129200 Anticonvul	S	500 MG	ORAL	TABS	EA	500	X	GENERIC	1/30/2023	52343		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52343007012	LEVETIR/	LEVETIR/	281292 Anticonvul	28129200 Anticonvul	S	500 MG	ORAL	TABS	EA	120	X	GENERIC	1/30/2023	52343		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52343007105	LEVETIR/	LEVETIR/	281292 Anticonvul	28129200 Anticonvul	S	750 MG	ORAL	TABS	EA	500	X	GENERIC	1/30/2023	52343		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52343007112	LEVETIR/	LEVETIR/	281292 Anticonvul	28129200 Anticonvul	S	750 MG	ORAL	TABS	EA	120	X	GENERIC	1/30/2023	52343		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52343007260	LEVETIR/	LEVETIR/	281292 Anticonvul	28129200 Anticonvul	S	1000 MG	ORAL	TABS	EA	60	X	GENERIC	1/30/2023	52343		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52343008530	FLUCON/	FLUCON/	81408 Azoles	8140800 Azoles	S	50 MG	ORAL	TABS	EA	30		GENERIC	1/31/2023	52343		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52343008601	FLUCON/	FLUCON/	81408 Azoles	8140800 Azoles	S	100 MG	ORAL	TABS	EA	100		GENERIC	1/31/2023	52343		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52343008711	FLUCON/	FLUCON/	81408 Azoles	8140800 Azoles	S	150 MG	ORAL	TABS	EA	1		GENERIC	1/31/2023	52343		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52343008722	FLUCON/	FLUCON/	81408 Azoles	8140800 Azoles	S	150 MG	ORAL	TABS	EA	12		GENERIC	1/31/2023	52343		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52343008801	FLUCON/	FLUCON/	81408 Azoles	8140800 Azoles	S	200 MG	ORAL	TABS	EA	100		GENERIC	1/31/2023	52343		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52343011630	LOSARTA	LOSARTA	243208 Angiotens	24320800 Angiotens	S	50-12.5 M	ORAL	TABS	EA	30	X	GENERIC	1/23/2023	52343		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52343011690	LOSARTA	LOSARTA	243208 Angiotens	24320800 Angiotens	S	50-12.5 M	ORAL	TABS	EA	90	X	GENERIC	1/23/2023	52343		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52343011699	LOSARTA	LOSARTA	243208 Angiotens	24320800 Angiotens	S	50-12.5 M	ORAL	TABS	EA	1000	X	GENERIC	1/23/2023	52343		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52343011950	LEVOFLO	LEVOFLO	81218 Quinolone	8121800 Quinolone	S	250 MG	ORAL	TABS	EA	50		GENERIC	1/23/2023	52343		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52343012050	LEVOFLO	LEVOFLO	81218 Quinolone	8121800 Quinolone	S	500 MG	ORAL	TABS	EA	50		GENERIC	1/23/2023	52343		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52343012120	LEVOFLO	LEVOFLO	81218 Quinolone	8121800 Quinolone	S	750 MG	ORAL	TABS	EA	20		GENERIC	1/23/2023	52343		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52343013130	VENLAFA	VENLAFA	281604 Antidepres	28160416 UNKNOW	S	37.5 MG	ORAL	CP24	EA	30	X	GENERIC	1/31/2023	52343		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52343013190	VENLAFA	VENLAFA	281604 Antidepres	28160416 UNKNOW	S	37.5 MG	ORAL	CP24	EA	90	X	GENERIC	1/31/2023	52343		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52343013230	VENLAFA	VENLAFA	281604 Antidepres	28160416 UNKNOW	S	75 MG	ORAL	CP24	EA	30	X	GENERIC	1/31/2023	52343		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52343013290	VENLAFA	VENLAFA	281604 Antidepres	28160416 UNKNOW	S	75 MG	ORAL	CP24	EA	90	X	GENERIC	1/31/2023	52343		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52343013330	VENLAFA	VENLAFA	281604 Antidepres	28160416 UNKNOW	S	150 MG	ORAL	CP24	EA	30	X	GENERIC	1/31/2023	52343		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52343013390	VENLAFA	VENLAFA	281604 Antidepres	28160416 UNKNOW	S	150 MG	ORAL	CP24	EA	90	X	GENERIC	1/31/2023	52343		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52343016001	AMPHET/	AMPHET/	282004 Amphetam	28200400 Amphetam	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	10/31/2023	52343		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS								R	MEDPRMI
52343016101	AMPHET/	AMPHET/	282004 Amphetam	28200400 Amphetam	S	7.5 MG	ORAL	TABS	EA	100	X	GENERIC	10/31/2023	52343		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS								R	MEDPRMI
52343016201	AMPHET/	AMPHET/	282004 Amphetam	28200400 Amphetam	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	10/31/2023	52343		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS								R	MEDPRMI
52343016301	AMPHET/	AMPHET/	282004 Amphetam	28200400 Amphetam	S	12.5 MG	ORAL	TABS	EA	100	X	GENERIC	10/31/2023	52343		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS								R	MEDPRMI
52343016401	AMPHET/	AMPHET/	282004 Amphetam	28200400 Amphetam	S	15 MG	ORAL	TABS	EA	100	X	GENERIC	10/31/2023	52343		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS								R	MEDPRMI
52343016501	AMPHET/	AMPHET/	282004 Amphetam	28200400 Amphetam	S	20 MG	ORAL	TABS	EA	100	X	GENERIC	10/31/2023	52343		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS								R	MEDPRMI
52343016601	AMPHET/	AMPHET/	282004 Amphetam	28200400 Amphetam	S	30 MG	ORAL	TABS	EA	100	X	GENERIC	11/6/2023	52343		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS								R	MEDPRMI
52376002102	PAROEX	CHLORHE	520424 UNKNOW	52042400 UNKNOW	S	0.12%	MOUTH/T	SOLN	ML	473		GENERIC	12/29/2020	52376		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52404000400	KETOGEN	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	75MG/100	ORAL	POWD	GM	300		SSB		52404		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52410802000	AMERIDE	SKIN PRC	842412 Basic Oint	84241200 Basic Oint	O	3.80%	EXTERNA	OINT	GM	100		SSB		52410		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52422010050	MICRODC	GLUCOSE	362600 Diabetes I	36260000 Diabetes I	O	0	IN VITRO	STRP	EA	50		NON DRUG		52422		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION											DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
52422020025	MICRODC	GLUCOSE	362600 Diabetes I	36260000 Diabetes I	O	0	IN VITRO	STRP	EA	25		NON DRUG		52422		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION											DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
52422020050	MICRODC	GLUCOSE	362600 Diabetes I	36260000 Diabetes I	O	0	IN VITRO	STRP	EA	50		NON DRUG		52422		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION											DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
52422031601	MICRODC	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		52422		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION											BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
52422032401	MICRODC	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		52422		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION											BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
52422033401	MICRODC	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		52422		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION											BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
52427027201	NAPRELA	NAPROXE	280804 Nonsteroi	28080404 UNKNOW	S	375 MG	ORAL	TB24	EA	100	X	MSB		52427	Y	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION											DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
52427027375	NAPRELA	NAPROXE	280804 Nonsteroi	28080404 UNKNOW	S	500 MG	ORAL	TB24	EA	75	X	MSB		52427	Y	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION											DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
52427027430	NAPRELA	NAPROXE	280804 Nonsteroi	28080404 UNKNOW	S	750 MG	ORAL	TB24	EA	30	X	MSB		52427		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION											DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
52427028501	MACROBI	NITROFU	83600 Urinary Ar	8360000 Urinary Ar	S	100 MG	ORAL	CAPS	EA	100		MSB		52427	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION												R	MEDPRMI
52427028601	MACROD.	NITROFU	83600 Urinary Ar	8360000 Urinary Ar	S	25 MG	ORAL	CAPS	EA	100		MSB		52427	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	4 IN 1 DAYS								R	MEDPRMI
52427028701	MACROD.	NITROFU	83600 Urinary Ar	8360000 Urinary Ar	S	50 MG	ORAL	CAPS	EA	100		MSB		52427	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION												R	MEDPRMI
52427028801	MACROD.	NITROFU	83600 Urinary Ar	8360000 Urinary Ar	S	100 MG	ORAL	CAPS	EA	100		MSB		52427	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION												R	MEDPRMI
52427038290	TENORET	ATENOLC	242000 Alpha-Adr	24200000 Alpha-Adr	S	50-25 MG	ORAL	TABS	EA	90	X	MSB	8/9/2024	52427	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION												R	MEDPRMI
52427038390	TENORET	ATENOLC	242000 Alpha-Adr	24200000 Alpha-Adr	S	100-25 MC	ORAL	TABS	EA	90	X	MSB	8/9/2024	52427	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION												R	MEDPRMI
52427042990	TENORMI	ATENOLC	242000 Alpha-Adr	24200000 Alpha-Adr	S	25 MG	ORAL	TABS	EA	90	X	MSB		52427	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION												R	MEDPRMI
52427043090	TENORMI	ATENOLC	242000 Alpha-Adr	24200000 Alpha-Adr	S	50 MG	ORAL	TABS	EA	90	X	MSB		52427	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION												R	MEDPRMI
52427043190	TENORMI	ATENOLC	242000 Alpha-Adr	24200000 Alpha-Adr	S	100 MG	ORAL	TABS	EA	90	X	MSB		52427	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION												R	MEDPRMI
52427043590	ZESTORE	LISINOPR	243204 Angiotens	24320400 Angiotens	S	12.5MG-1(	ORAL	TABS	EA	90	X	MSB		52427	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION												R	MEDPRMI
52427043690	ZESTORE	LISINOPR	243204 Angiotens	24320400 Angiotens	S	12.5MG-2(	ORAL	TABS	EA	90	X	MSB		52427	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION												R	MEDPRMI
52427043790	ZESTORE	LISINOPR	243204 Angiotens	24320400 Angiotens	S	25MG-20N	ORAL	TABS	EA	90	X	MSB		52427	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION												R	MEDPRMI
52427043890	ZESTRIL	LISINOPR	243204 Angiotens	24320400 Angiotens	S	2.5 MG	ORAL	TABS	EA	90	X	MSB		52427	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION												R	MEDPRMI
52427043990	ZESTRIL	LISINOPR	243204 Angiotens	24320400 Angiotens	S	5 MG	ORAL	TABS	EA	90	X	MSB		52427	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION												R	MEDPRMI
52427044090	ZESTRIL	LISINOPR	243204 Angiotens	24320400 Angiotens	S	10 MG	ORAL	TABS	EA	90	X	MSB		52427	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION												R	MEDPRMI
52427044190	ZESTRIL	LISINOPR	243204 Angiotens	24320400 Angiotens	S	20 MG	ORAL	TABS	EA	90	X	MSB		52427	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION												R	MEDPRMI
52427044290	ZESTRIL	LISINOPR	243204 Angiotens	24320400 Angiotens	S	30 MG	ORAL	TABS	EA	90	X	MSB		52427	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION												R	MEDPRMI
52427044390	ZESTRIL	LISINOPR	243204 Angiotens	24320400 Angiotens	S	40 MG	ORAL	TABS	EA	90	X	MSB		52427	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION												R	MEDPRMI
52427057530	FORFIVO	BUPROPI	281604 Antidepres	28160492 Miscellane	S	450 MG	ORAL	TB24	EA	30	X	SSB	8/9/2024	52427	Y	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION											DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
52427057630	FLUOXET	FLUOXET	281604 Antidepres	28160420 Selective-(	S	60 MG	ORAL	TABS	EA	30	X	MSB		52427	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION												R	MEDPRMI
52427063230	VENLAFA	VENLAFA	281604 Antidepres	28160416 UNKNOW	R	112.5 MG	ORAL	TB24	EA	30	X	MSB		52427		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION											DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
52427065830	LOREEV :	LORAZEF	282408 Benzodiaz	28240800 Benzodiaz	R	1 MG	ORAL	CS24	EA	30		SSB		52427		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION											DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
52427066130	LOREEV :	LORAZEF	282408 Benzodiaz	28240800 Benzodiaz	R	1.5 MG	ORAL	CS24	EA	30		SSB		52427		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION											DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
52427066330	LOREEV :	LORAZEF	282408 Benzodiaz	28240800 Benzodiaz	R	2 MG	ORAL	CS24	EA	30		SSB		52427		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION											DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
52427066430	SERTRAL	SERTRAL	281604 Antidepres	28160420 Selective-(	R	150 MG	ORAL	CAPS	EA	30	X	GENERIC		52427		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION											DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
52427066730	LOREEV :	LORAZEF	282408 Benzodiaz	28240800 Benzodiaz	R	3 MG	ORAL	CS24	EA	30		SSB		52427		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION											DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
52427067230	SERTRAL	SERTRAL	281604 Antidepres	28160420 Selective-(	R	200 MG	ORAL	CAPS	EA	30	X	GENERIC		52427		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION											DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
52427069130	CITALOP	CITALOP	281604 Antidepres	28160420 Selective-(	R	30 MG	ORAL	CAPS	EA	30	X	GENERIC		52427		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION											DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
52427069203	BUPRENC	BUPRENC	280812 Opiate Pa	28081200 Opiate Pa	S	2-0.5 MG	SUBLINGI	FILM	EA	30		GENERIC	12/27/2022	52427		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52427069211	BUPRENC	BUPRENC	280812 Opiate Pa	28081200 Opiate Pa	S	2-0.5 MG	SUBLINGI	FILM	EA	1		GENERIC	12/27/2022	52427		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52427069403	BUPRENC	BUPRENC	280812 Opiate Pa	28081200 Opiate Pa	S	4-1 MG	SUBLINGI	FILM	EA	30		GENERIC	12/27/2022	52427		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52427069411	BUPRENC	BUPRENC	280812 Opiate Pa	28081200 Opiate Pa	S	4-1 MG	SUBLINGI	FILM	EA	1		GENERIC	12/27/2022	52427		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52427069803	BUPRENC	BUPRENC	280812 Opiate Pa	28081200 Opiate Pa	S	8-2 MG	SUBLINGI	FILM	EA	30		GENERIC	12/27/2022	52427		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52427069811	BUPRENC	BUPRENC	280812 Opiate Pa	28081200 Opiate Pa	S	8-2 MG	SUBLINGI	FILM	EA	1		GENERIC	12/27/2022	52427		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52427071203	BUPRENC	BUPRENC	280812 Opiate Pa	28081200 Opiate Pa	S	12-3 MG	SUBLINGI	FILM	EA	30		GENERIC	12/27/2022	52427		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52427071211	BUPRENC	BUPRENC	280812 Opiate Pa	28081200 Opiate Pa	S	12-3 MG	SUBLINGI	FILM	EA	1		GENERIC	12/27/2022	52427		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52427077530	ZOLPIDE	ZOLPIDE	282444 UNKNOW	28244400 UNKNOW	R	7.5 MG	ORAL	CAPS	EA	30		MSB		52427		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION											DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
52427080001	COMTAN	ENTACAF	283612 UNKNOW	28361200 UNKNOW	S	200 MG	ORAL	TABS	EA	100	X	MSB	2/23/2024	52427	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION												R	MEDPRMI
52427080390	GRALISE	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	300 MG	ORAL	TABS	EA	90	X	MSB		52427		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION											DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
52427080460	GRALISE	GABAPEN	281228 UNKNOW	28122800 UNKNOW	R	450 MG	ORAL	TABS	EA	60	X	SSB		52427		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION											DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
52427080501	STALEVO	CARBIDO	283616 UNKNOW	28361600 UNKNOW	S	12.5-50-2(	ORAL	TABS	EA	100	X	MSB	2/23/2024	52427	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION												R	MEDPRMI
52427080690	GRALISE	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	MSB		52427		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION											DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
52427080901	STALEVO	CARBIDO	283616 UNKNOW	28361600 UNKNOW	S	18.75-75-2	ORAL	TABS	EA	100	X	MSB	2/23/2024	52427		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION												R	MEDPRMI
52427081599	GRALISE	GABAPEN	281228 UNKNOW	28122800 UNKNOW	R	300 (9) & (	ORAL	MISC	EA	33		SSB	8/1/2024	52427		Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU(		OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52427081601	STALEVO	CARBIDO	283616 UNKNOW	28361600 UNKNOW	S	25-100-20	ORAL	TABS	EA	100	X	MSB	2/23/2024	52427		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION												R	MEDPRMI
52427082701	STALEVO	CARBIDO	283616 UNKNOW	28361600 UNKNOW	S	31.25-125-	ORAL	TABS	EA	100	X	MSB	2/23/2024	52427		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION												R	MEDPRMI
52427083401	STALEVO	CARBIDO	283616 UNKNOW	28361600 UNKNOW	S	37.5-150-2	ORAL	TABS	EA	100	X	MSB	2/24/2024	52427	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION												R	MEDPRMI
52427084201	STALEVO	CARBIDO	283616 UNKNOW	28361600 UNKNOW	S	50-200-20	ORAL	TABS	EA	100	X	MSB	2/23/2024	52427	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION												R	MEDPRMI
52427085060	GRALISE	GABAPEN	281228 UNKNOW	28122800 UNKNOW	R	750 MG	ORAL	TABS	EA	60	X	SSB		52427		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION											DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
52427089060	GRALISE	GABAPEN	281228 UNKNOW	28122800 UNKNOW	R	900 MG	ORAL	TABS	EA	60	X	SSB		52427		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION											DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
52512060016	THERATE	SKIN PRC	842412 Basic Oint	84241200 Basic Oint	P	0-0	EXTERNA	LOTN	ML	473		GENERIC		52512		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52536000609	ISOSORB	ISOSORB	240816 Central Al	24081600 Central Al	S	20-37.5 M	ORAL	TABS	EA	90	X	GENERIC		52536		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52536005703	AMPHET/	AMPHET/	282004 Amphetam	28200400 Amphetam	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		52536	Y	N	FORMULARY		1 GEN	GENERICS	X	PA:X										R	MEDPRMI
52536005710	AMPHET/	AMPHET/	282004 Amphetam	28200400 Amphetam	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	5/13/2022	52536		N	FORMULARY		1 GEN	GENERICS	X	PA:X										R	MEDPRMI
52536005903	AMPHET/	AMPHET/	282004 Amphetam	28200400 Amphetam	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		52536	Y	N	FORMULARY		1 GEN	GENERICS	X	PA:X										R	MEDPRMI
52536005910	AMPHET/	AMPHET/	282004 Amphetam	28200400 Amphetam	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	5/13/2022	52536		N	FORMULARY		1 GEN	GENERICS	X	PA:X										R	MEDPRMI
52536008014	CIPROFL(	CIPROFL(	520404 Antibacter	52040400 Antibacter	S	0.3-0.025 '	OTIC	SOLN	EA	14		MSB	5/12/2022	52536		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION												R	MEDPRMI
52536010303	ERYTHR(	ERYTHR(	81212 Macrolide:	8121204 Erythromy	S	250 MG	ORAL	TABS	EA	30		GENERIC		52536		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52536010313	ERYTHR(	ERYTHR(	81212 Macrolide:	8121204 Erythromy	S	250 MG	ORAL	TABS	EA	100		GENERIC	5/13/2022	52536		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52536010405	VANCOM'	VANCOM'	81228 Antibacter	8122816 Glycopept	S	25 MG/ML	ORAL	SOLR	ML	150		GENERIC		52536		N	FORMULARY		1 GEN	GENERICS			X	<= 300								R	MEDPRMI
52536010503	ERYTHR(	ERYTHR(	81212 Macrolide:	8121204 Erythromy	S	500 MG	ORAL	TABS	EA	30		GENERIC		52536		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52536010513	ERYTHR(	ERYTHR(	81212 Macrolide:	8121204 Erythromy	S	500 MG	ORAL	TABS	EA	100		GENERIC	5/13/2022	52536		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52536010605	VANCOM'	VANCOM'	81228 Antibacter	8122816 Glycopept	S	50 MG/ML	ORAL	SOLR	ML	150		GENERIC		52536	N	N	FORMULARY		1 GEN	GENERICS			X	<= 600								R	MEDPRMI
52536010710	VANCOM'	VANCOM'	81228 Antibacter	8122816 Glycopept	S	25 MG/ML	ORAL	SOLR	ML	300		GENERIC		52536		N	FORMULARY		1 GEN	GENERICS			X	<= 300								R	MEDPRMI
52536010810	VANCOM'	VANCOM'	81228 Antibacter	8122816 Glycopept	S	50 MG/ML	ORAL	SOLR	ML	300		GENERIC		52536	N	N	FORMULARY		1 GEN	GENERICS			X	<= 600								R	MEDPRMI
52536012901	MECLIZIN	MECLIZIN	562208 Antihistam	56220800 Antihistam	S	12.5 MG	ORAL	TABS	EA	100		GENERIC	7/24/2024	52536		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52536013013	ERYTHR(	ERYTHR(	81212 Macrolide:	8121204 Erythromy	S	400 MG/5I	ORAL	SUSR	ML	100		GENERIC		52536		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52536013213	ERYTHR(	ERYTHR(	81212 Macrolide:	8121204 Erythromy	S	200 MG/5I	ORAL	SUSR	ML	100		GENERIC		52536		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI

52536013301	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	100		GENERIC	7/24/2024	52536			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52536013413	ERYTHRO	ERYTHRO	81212	Macrolides	8121204	Erythromy	S	200 MG/5I	ORAL	SUSR	ML	100		GENERIC		52536			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52536013613	ERYTHRO	ERYTHRO	81212	Macrolides	8121204	Erythromy	S	200 MG/5I	ORAL	SUSR	ML	200		GENERIC		52536			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52536016201	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	2 MG	ORAL	TABS	EA	100	X	GENERIC		52536			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52536016401	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	4 MG	ORAL	TABS	EA	100	X	GENERIC		52536			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52536016801	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	8 MG	ORAL	TABS	EA	100	X	GENERIC		52536			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52536017001	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	16 MG	ORAL	TABS	EA	100	X	GENERIC		52536			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52536018003	ERYTHRO	ERYTHRO	81212	Macrolides	8121204	Erythromy	S	250 MG	ORAL	TBEC	EA	30		GENERIC		52536			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52536018303	ERYTHRO	ERYTHRO	81212	Macrolides	8121204	Erythromy	S	333MG	ORAL	TBEC	EA	30		GENERIC		52536			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52536018603	ERYTHRO	ERYTHRO	81212	Macrolides	8121204	Erythromy	S	500 MG	ORAL	TBEC	EA	30		GENERIC		52536			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52536040101	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	1 MG/ML	ORAL	SOLN	ML	150	X	GENERIC		52536			N	FORMULARY		1 GEN	GENERICS			X	1200 IN 30 DAYS		X	Must meet	5 DS Enal	TRIAL OF ENALAPRIL TABLETS IN THE PAST 120 DAYS]			R	MEDPRMI
52536048537	VERAPAM	VERAPAM	240404	Antiarrhyth	24040424	Class IV A	S	100 MG	ORAL	CP24	EA	100	X	GENERIC		52536			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52536048637	VERAPAM	VERAPAM	240404	Antiarrhyth	24040424	Class IV A	S	200 MG	ORAL	CP24	EA	100	X	GENERIC		52536			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52536048737	VERAPAM	VERAPAM	240404	Antiarrhyth	24040424	Class IV A	S	300 MG	ORAL	CP24	EA	100	X	GENERIC		52536			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52536050001	DEXTROA	DEXTROA	282004	Amphetam	28200400	Amphetam	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		52536			N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS								R	MEDPRMI
52536050003	DEXTROA	DEXTROA	282004	Amphetam	28200400	Amphetam	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		52536			N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS								R	MEDPRMI
52536051001	DEXTROA	DEXTROA	282004	Amphetam	28200400	Amphetam	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		52536			N	FORMULARY		1 GEN	GENERICS			X	6 IN 1 DAYS								R	MEDPRMI
52536051003	DEXTROA	DEXTROA	282004	Amphetam	28200400	Amphetam	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		52536			N	FORMULARY		1 GEN	GENERICS			X	6 IN 1 DAYS								R	MEDPRMI
52536051503	DEXTROA	DEXTROA	282004	Amphetam	28200400	Amphetam	S	15 MG	ORAL	TABS	EA	30	X	GENERIC		52536			N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS		X	Must meet	5 DS Dext	TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DE			R	MEDPRMI
52536052003	DEXTROA	DEXTROA	282004	Amphetam	28200400	Amphetam	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		52536			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS		X	Must meet	5 DS Dext	TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DE			R	MEDPRMI
52536053003	DEXTROA	DEXTROA	282004	Amphetam	28200400	Amphetam	S	30 MG	ORAL	TABS	EA	30	X	GENERIC		52536			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS		X	Must meet	5 DS Dext	TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DE			R	MEDPRMI
52536060011	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	25 MG/5M	ORAL	SUSP	ML	120		GENERIC		52536			N	FORMULARY		1 GEN	GENERICS	X	PA:X										R	MEDPRMI
52536060012	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	25 MG/5M	ORAL	SUSP	ML	300		GENERIC		52536			N	FORMULARY		1 GEN	GENERICS	X	PA:X										R	MEDPRMI
52536062501	TESTOST	TESTOST	680800	Androgens	68080000	Androgens	S	200 MG/M	INTRAMU	SOLN	ML	1	X	GENERIC		52536		Y	N	FORMULARY		1 GEN	GENERICS	X	PA:X										R	MEDPRMI
52536062510	TESTOST	TESTOST	680800	Androgens	68080000	Androgens	S	200 MG/M	INTRAMU	SOLN	ML	10	X	GENERIC		52536		Y	N	FORMULARY		1 GEN	GENERICS	X	PA:X										R	MEDPRMI
52536068210	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	250 MG	ORAL	TABS	EA	100		GENERIC		52536			N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS								R	MEDPRMI
52536088001	VERAPAM	VERAPAM	240404	Antiarrhyth	24040424	Class IV A	S	120 MG	ORAL	CP24	EA	100	X	GENERIC		52536			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52536088201	VERAPAM	VERAPAM	240404	Antiarrhyth	24040424	Class IV A	S	180 MG	ORAL	CP24	EA	100	X	GENERIC		52536			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52536088401	VERAPAM	VERAPAM	240404	Antiarrhyth	24040424	Class IV A	S	240 MG	ORAL	CP24	EA	100	X	GENERIC		52536	Y		N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52536088601	VERAPAM	VERAPAM	240404	Antiarrhyth	24040424	Class IV A	S	360 MG	ORAL	CP24	EA	100	X	GENERIC		52536			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52544005841	NORETHI	NORETHI	681200	Contracep	68120000	Contracep	S	1-20 MG-M	ORAL	CHEW	EA	28	X	GENERIC	8/4/2022	52544			N	#N/A	ORIG_FR	10 EHB	#N/A										X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
52544005872	NORETHI	NORETHI	681200	Contracep	68120000	Contracep	S	1-20 MG-M	ORAL	CHEW	EA	28	X	GENERIC	8/4/2022	52544			N	#N/A	ORIG_FR	10 EHB	#N/A										X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
52544006431	LAYOLIS	NORETHI	681200	Contracep	68120000	Contracep	S	0.8-25 MG	ORAL	CHEW	EA	28	X	GENERIC		52544	Y		N	#N/A	ORIG_FR	10 EHB	#N/A										X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
52544008001	FIORICET	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-300-40	ORAL	CAPS	EA	100		MSB		52544	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION												R	MEDPRMI
52544008201	FIORICET	BUTALBIT	280808	Opiate Ag	28080800	Opiate Ag	S	50-300-40	ORAL	CAPS	EA	100		MSB		52544	N		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	6 IN 1 DAYS						X	AGE_YEA MUST BE AT LEAST	R	MEDPRMI
52544023912	ALLERGY	LORATAD	40800	Second G	4080000	Second G	P	10-240 MG	ORAL	TB24	EA	15		GENERIC	8/31/2022	52544			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52544023954	ALLERGY	LORATAD	40800	Second G	4080000	Second G	P	10-240 MG	ORAL	TB24	EA	1		GENERIC	8/31/2022	52544			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52544025654	CRINONE	PROGEST	683200	Progestins	68320000	Progestins	R	8%	VAGINAL	GEL	GM	1.125		SSB		52544			N	FORMULARY		2 BRAND	PREFERRED BRAND												R	MEDPRMI
52544029528	AMETHYS	LEVONOR	681200	Contracep	68120000	Contracep	S	90-20 MC	ORAL	TABS	EA	28	X	GENERIC	3/1/2023	52544	Y		N	#N/A	ORIG_FR	10 EHB	#N/A										X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
52544029531	AMETHYS	LEVONOR	681200	Contracep	68120000	Contracep	S	90-20 MC	ORAL	TABS	EA	28	X	GENERIC		52544	Y		N	#N/A	ORIG_FR	10 EHB	#N/A										X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
52544062928	NORA-BE	NORETHI	681200	Contracep	68120000	Contracep	S	0.35 MG	ORAL	TABS	EA	28	X	GENERIC	1/12/2024	52544			N	#N/A	ORIG_FR	10 EHB	#N/A										X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
52544069119	MATZIM L	DILTIAZE	240404	Antiarrhyth	24040424	Class IV A	S	180 MG	ORAL	TB24	EA	90	X	GENERIC		52544			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52544069130	MATZIM L	DILTIAZE	240404	Antiarrhyth	24040424	Class IV A	S	180 MG	ORAL	TB24	EA	30	X	GENERIC		52544			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52544069219	MATZIM L	DILTIAZE	240404	Antiarrhyth	24040424	Class IV A	S	240 MG	ORAL	TB24	EA	90	X	GENERIC		52544			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52544069230	MATZIM L	DILTIAZE	240404	Antiarrhyth	24040424	Class IV A	S	240 MG	ORAL	TB24	EA	30	X	GENERIC		52544			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52544069319	MATZIM L	DILTIAZE	240404	Antiarrhyth	24040424	Class IV A	S	300 MG	ORAL	TB24	EA	90	X	GENERIC		52544			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52544069330	MATZIM L	DILTIAZE	240404	Antiarrhyth	24040424	Class IV A	S	300 MG	ORAL	TB24	EA	30	X	GENERIC		52544			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52544069419	MATZIM L	DILTIAZE	240404	Antiarrhyth	24040424	Class IV A	S	360 MG	ORAL	TB24	EA	90	X	GENERIC		52544			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52544069430	MATZIM L	DILTIAZE	240404	Antiarrhyth	24040424	Class IV A	S	360 MG	ORAL	TB24	EA	30	X	GENERIC		52544			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52544069519	MATZIM L	DILTIAZE	240404	Antiarrhyth	24040424	Class IV A	S	420 MG	ORAL	TB24	EA	90	X	GENERIC		52544			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52544069530	MATZIM L	DILTIAZE	240404	Antiarrhyth	24040424	Class IV A	S	420 MG	ORAL	TB24	EA	30	X	GENERIC		52544			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565000205	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	1.50%	EXTERNA	SOLN	ML	150		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565000730	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	2.5-2.5 %	EXTERNA	CREA	GM	30		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565000814	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	OINT	GM	35.44		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS			X	240 IN 30 DAYS								R	MEDPRMI
52565000855	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	OINT	GM	50		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS			X	240 IN 30 DAYS								R	MEDPRMI
52565000950	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	4%	EXTERNA	SOLN	ML	50		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565001059	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	LOTN	ML	60		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565001259	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.01%	EXTERNA	SOLN	ML	60		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565001315	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	OINT	GM	15		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565001360	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	OINT	GM	60		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565001415	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	15		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565001426	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	454		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565001480	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	80		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565001760	FLURAND	FLURAND	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	60		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS			X	6 IN 1 DAYS		X	Must meet	5 DS Eloc	TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CRE			R	MEDPRMI
52565002015	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	CREA	GM	15		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565002060	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	CREA	GM	60		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565002215	ECONAZO	ECONAZO	840408	Antifungal	84040808	Azoles	S	1%	EXTERNA	CREA	GM	15		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS			X	<= 170								R	MEDPRMI
52565002230	ECONAZO	ECONAZO	840408	Antifungal	84040808	Azoles	S	1%	EXTERNA	CREA	GM	30		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS			X	<= 170								R	MEDPRMI
52565002285	ECONAZO	ECONAZO	840408	Antifungal	84040808	Azoles	S	1%	EXTERNA	CREA	GM	85		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS			X	<= 170								R	MEDPRMI
52565002329	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	LOTN	ML	30		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565002359	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	LOTN	ML	60		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565002520	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	SOLN	ML	20		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565002559	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	SOLN	ML	60		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565002759	ERYTHRO	ERYTHRO	520404	Antibacter	52040400	Antibacter	S	2%	EXTERNA	SOLN	ML	60		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS			X	<= 180								R	MEDPRMI
52565003015	DESOXIM	DESOXIM	840608	UNKNOW	84060800	UNKNOW	S	0.25%	EXTERNA	OINT	GM	15		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565003060	DESOXIM	DESOXIM	840608	UNKNOW	84060800	UNKNOW	S	0.25%	EXTERNA	OINT	GM	60		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565003099	DESOXIM	DESOXIM	840608	UNKNOW	84060800	UNKNOW	S	0.25%	EXTERNA	OINT	GM	100		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565003115	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.01%	EXTERNA	CREA	GM	15		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565003160	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.01%	EXTERNA	CREA	GM	60		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565003330	ERYTHRO	ERYTHRO	520404	Antibacter	52040400	Antibacter	S	2%	EXTERNA	GEL	GM	30		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565003360	ERYTHRO	ERYTHRO	520404	Antibacter	52040400	Antibacter	S	2%	EXTERNA	GEL	GM	60		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565003815	DESONID	DESONID	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	15		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565003860	DESONID	DESONID	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	60		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565003915	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	15		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565003930	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	30		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565003945	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	45		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565003960	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	60		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565004030	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	30		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565004060	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	60		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565004215	NYSTATIN	NYSTATIN	840608	UNKNOW	84060800	UNKNOW	S	100000-0.	EXTERNA	OINT	GM	15		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS			X	<= 180								R	MEDPRMI
52565004230	NYSTATIN	NYSTATIN	840608	UNKNOW	84060800	UNKNOW	S	100000-0.	EXTERNA	OINT	GM	30		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS			X	<= 180								R	MEDPRMI
52565004260	NYSTATIN	NYSTATIN	840608	UNKNOW	84060800	UNKNOW	S	100000-0.	EXTERNA	OINT	GM	60		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS			X	<= 180								R	MEDPRMI
52565004560	DESOXIM	DESOXIM	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	60		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565004599	DESOXIM	DESOXIM	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	100		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565004815	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.50%	EXTERNA	OINT	GM	15		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565005115	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	15		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565005130	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	30		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565005145	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	45		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565005160	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	60		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565005201	CEFOTAN	CEFOTET	81207	Miscellane	8120712	Cephamyc	S	1 GM	INJECTIO	SOLR	EA	1		MSB	2/1/2022	52565	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION												R	MEDPRMI
52565005210	CEFOTAN	CEFOTET	81207	Miscellane	8120712	Cephamyc	S	1 GM	INJECTIO	SOLR	EA	1		MSB	2/1/2022	52565	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION												R	MEDPRMI
52565005301	CEFOTAN	CEFOTET	81207	Miscellane	8120712	Cephamyc	S	2 GM	INJECTIO	SOLR	EA	1		MSB	2/1/2022	52565	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION												R	MEDPRMI
52565005310	CEFOTAN	CEFOTET	81207	Miscellane	8120712	Cephamyc	S	2 GM	INJECTIO	SOLR	EA	1		MSB	2/1/2022	52565	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION												R	MEDPRMI
52565005502	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	LOTN	ML	59		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565005504	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	LOTN	ML	118		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565005615	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	15		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565005626	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	454		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565005630	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	30		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565005680	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	80		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565006315	DIFLORA	DIFLORA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	15		GENERIC	2/1/2022	52565			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]							R	MEDPRMI
52565006330	DIFLORA	DIFLORA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	30		GENERIC	2/1/2022	52565			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]							R	MEDPRMI
52565006360	DIFLORA	DIFLORA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	60		GENERIC	2/1/2022	52565			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]							R	MEDPRMI
52565007315	HALOBET	HALOBET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	15		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565007911	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	120		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565008215	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	GEL	GM	15		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565008230	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	GEL	GM	30		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565008260	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	GEL	GM	60		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565008515	GENTAMI	GENTAMI	840404	Antibacter	84040400	Antibacter	S	0.10%	EXTERNA	CREA	GM	15		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS			X	<= 90								R	MEDPRMI
52565008530	GENTAMI	GENTAMI	840404	Antibacter	84040400	Antibacter	S	0.10%	EXTERNA	CREA	GM	30		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS			X	<= 90								R	MEDPRMI
52565008702	HYDROCO	HYDROCO	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	LOTN	ML	59		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS			X	236 IN 30 DAYS		X	Must meet	5 DS Beta	TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE			R	MEDPRMI
52565008704	HYDROCO	HYDROCO	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	LOTN	ML	118		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS			X	236 IN 30 DAYS		X	Must meet	5 DS Beta	TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE			R	MEDPRMI
52565009015	GENTAMI	GENTAMI	840404	Antibacter	84040400	Antibacter	S	0.10%	EXTERNA	OINT	GM	15		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS			X	<= 90								R	MEDPRMI
52565009030	GENTAMI	GENTAMI	840404	Antibacter	84040400	Antibacter	S	0.10%	EXTERNA	OINT	GM	30		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS			X	<= 90								R	MEDPRMI
52565009415	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	15		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565009430	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	30		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565009445	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	45		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565009460	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	60		GENERIC	2/1/2022	52565			N	FORMULARY		1 GEN	GENERICS												R	MEDPRMI
52565010101	ZANTAC	RANITIDI	562812	Histamine	56281200	Histamine	S	50 MG/2M	INJECTIO	SOLN	ML	2		MSB	4/1/2020	52565	Y		N	EXCLUDE	RECALL_DENY: [RECALLED F		FORMULARY EXCLUSION												R	MEDPRMI
52565010110	ZANTAC	RANITIDI	562812	Histamine	56281200	Histamine	S	50 MG/2M	INJECTIO	SOLN	ML	2		MSB	4/1/2020	52565	Y		N	EXCLUDE	RECALL_DENY: [RECALLED F		FORMULARY EXCLUSION												R	MEDPRMI
52565010501	FORTAZ	CEFTAZID	81206	Cephalosp	8120612	Third Gen	R	500 MG	INJECTIO	SOLR	EA	1		SSB	2/1/2022	52565			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52565010510	FORTAZ	CEFTAZID	81206	Cephalosp	8120612	Third Gen	R	500 MG	INJECTIO	SOLR	EA	1		SSB	2/1/2022	52565			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52565010601	FORTAZ	CEFTAZID	81206	Cephalosp	8120612	Third Gen	S	1 GM	INJECTIO	SOLR	EA	1		MSB	2/1/2022	52565			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION												R	MEDPRMI
52565010610	FORTAZ	CEFTAZID	81206	Cephalosp	8120612	Third Gen	S	1 GM	INJECTIO	SOLR	EA	1		MSB	2/1/2022	52565			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION												R	MEDPRMI
52565010701	FORTAZ	CEFTAZID	81206	Cephalosp	8120612	Third Gen	S	2 GM	INTRAVEI	SOLR	EA	1		MSB	2/1/2022	52565			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION												R	MEDPRMI
52565010710	FORTAZ	CEFTAZID	81206	Cephalosp	8120612	Third Gen	S	2 GM	INTRAVEI	SOLR	EA	1		MSB	2/1/2022	52565			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION												R	MEDPRMI
52565012207	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4%	EXTERNA	CREA	GM	5		GENERIC	2/1/2022	52565			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52565012215	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4%	EXTERNA	CREA	GM	15		GENERIC	2/1/2022	52565			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52565012230	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4%	EXTERNA	CREA	GM	30		GENERIC	2/1/2022	52565			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013302	HM ULTIC	INSULIN F	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50		NON DRUG		52569			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE							R	MEDPRMI
52569013305	HM ULTIC	INSULIN S	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		52569			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290							R	MEDPRMI
52569013306	HM ULTIC	INSULIN S	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		52569			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290							R	MEDPRMI
52569013322	HM ADHE	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		SSB		52569			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013323	HM ADHE	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30		SSB		52569			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013324	HM ADHE	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	60		SSB		52569			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013326	HM FABR	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30		SSB		52569			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013327	HM ADHE	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		SSB		52569			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013329	HM ADHE	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20		SSB		52569			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013330	HM ROLL	GAUZE B	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		52569			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013332	HM ADHE	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	10		NON DRUG		52569			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013333	HM ADHE	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	45		SSB		52569			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013334	HM FABR	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20		SSB		52569			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013338	HM ADHE	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	10		NON DRUG		52569			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013339	HM ADHE	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	80		SSB		52569			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013340	HM BUTT	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		SSB		52569			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013341	HM STER	GAUZE P	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	25		NON DRUG		52569			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013343	HM STER	GAUZE P	940000	Devices	94000000	Devices	O	4""X4""	DOES NO	PADS	EA	10		NON DRUG		52569			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013410	HM CALC	CALCIUM	401200	Replacem	40120000	Replacem	P	600-400 M	ORAL	TABS	EA	60		GENERIC		52569			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013475	HM TEMP	ELECTRO	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		52569			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013478	HM DIGIT	ELECTRO	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		52569			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013481	HM THER	ELECTRO	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		52569			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013495	HM NON-	GAUZE P	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	10		NON DRUG		52569			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013496	HM FABR	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		SSB		52569			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013574	HM EYELI	EYELID C	849200	Skin and M	84920000	Skin and M	O	0	EXTERNA	PADS	EA	30		SSB		52569			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013575	HM COMF	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20		NON DRU	10/16/2023	52569			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013576	HM EAR S	RUBBER	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		52569			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013580	HM EAR S	RUBBER	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRU	2/22/2022	52569			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013589	HM BABY	SKIN OILS	842408	Basic Oils	84240800	Basic Oils	P	0	EXTERNA	OIL	ML	591		GENERIC		52569			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013591	HM BABY	INFANT C	842000	Detergents	84200000	Detergents	O	0	EXTERNA	SHAM	ML	444		NON DRUG		52569			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013594	HM PEDI	ORAL ELE	401200	Replacem	40120000	Replacem	P	35MEQ/L-	ORAL	SOLN	ML	1000		GENERIC	4/27/2022	52569			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013595	HM PEDI	ORAL ELE	401200	Replacem	40120000	Replacem	P	35MEQ/L-	ORAL	SOLN	ML	1000		GENERIC	6/9/2022	52569			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013596	HM PETR	WHITE PE	842400	Emollients	84240000	Emollients	P	0	EXTERNA	GEL	GM	106		GENERIC	1/7/2023	52569			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013597	HM COTT	COTTON	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	130		NON DRUG		52569			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013601	HM PETR	WHITE PE	842400	Emollients	84240000	Emollients	P	0	EXTERNA	GEL	GM	368		GENERIC		52569			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013720	HM CALC	CALCIUM	401200	Replacem	40120000	Replacem	P	200-6.25 M	ORAL	TABS	EA	200		GENERIC		52569			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013884	HM UNDE	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	18		NON DRUG		52569			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013905	HM COMF	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	75MG-75M	ORAL	TABS	EA	120		GENERIC		52569			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013907	HM WOM	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	120MG-12	ORAL	TABS	EA	65		GENERIC		52569			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013908	HM ESTR	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	80MG-80M	ORAL	TABS	EA	28		SSB		52569			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013910	HM COMF	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	90MG-90M	ORAL	TABS	EA	120		SSB		52569			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013913	HM MELA	MELATON	929200	UNKNOW	92920000	UNKNOW	P	10MG	ORAL	TBDP	EA	60		GENERIC		52569			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013914	HM BIOTI	BIOTIN	880800	Vitamin B	88080000	Vitamin B	P	10000 MC	ORAL	TBDP	EA	60		GENERIC		52569			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013919	HM JOINT	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	30MG-30M	ORAL	TABS	EA	30		SSB		52569			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013926	HM GREE	GREEN T	929200	UNKNOW	92920000	UNKNOW	O	150MG	ORAL	TABS	EA	60		SSB		52569			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013928	HM MEGA	KRILL OIL	929200	UNKNOW	92920000	UNKNOW	P	500 MG	ORAL	CAPS	EA	45		GENERIC		52569			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013932	HM ETHY	ALCOHOL	840492	Local Anti	84049200	Local Anti	O	70%	DOES NO	SOLN	ML	473		SSB	1/7/2023	52569			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013933	HM MINE	MINERAL	561200	Cathartics	56120000	Cathartics	P	99.90%	ORAL	OIL	ML	473		GENERIC	1/12/2023	52569			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013948	HM ANTIS	MOUTHW	522800	Mouthwas	52280000	Mouthwas	O	.092%-.04	MOUTH/T	LIQD	ML	1000		NON DRUG		52569			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013950	HM ANTIS	MOUTHW	522800	Mouthwas	52280000	Mouthwas	O	.092%-.04	MOUTH/T	LIQD	ML	1000		NON DRUG		52569			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013960	HM FISH	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	250		GENERIC		52569			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569013997	HM PROB	LACTOBA	560800	Antidiarrhe	56080000	Antidiarrhe	P	20B CELL	ORAL	CAPS	EA	30		GENERIC		52569			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569014005	HM NUTR	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB		52569			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569014006	HM NUTR	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB		52569			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569014007	HM NUTR	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB		52569			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569014008	HM NUTR	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB		52569			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569014033	HM FIBEF	PSYLLIUM	561200	Cathartics	56120000	Cathartics	P	25%	ORAL	POWD	GM	575		GENERIC		52569			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569014034	HM FIBEF	PSYLLIUM	561200	Cathartics	56120000	Cathartics	P	400MG	ORAL	CAPS	EA	160		GENERIC		52569			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569014036	HM FIBEF	PSYLLIUM	561200	Cathartics	56120000	Cathartics	P	43%	ORAL	POWD	GM	368		GENERIC		52569			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569014037	HM FIBEF	PSYLLIUM	561200	Cathartics	56120000	Cathartics	P	51.70%	ORAL	POWD	GM	283		GENERIC		52569			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569014105	HM GLYC	GLYCERII	842408	Basic Oils	84240800	Basic Oils	P	99.50%	EXTERNA	LIQD	ML	177		GENERIC		52569			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569014137	HM VITAM	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	CHEW	EA	100		GENERIC	9/25/2023	52569			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569014139	HM E VIT	VITAMIN E	882000	Vitamin E	88200000	Vitamin E	P	180 MG (4	ORAL	CAPS	EA	100		GENERIC	11/4/2023	52569			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569014148	HM BIOTI	BIOTIN	880800	Vitamin B	88080000	Vitamin B	P	5000 MCG	ORAL	CAPS	EA	60		GENERIC	9/25/2023	52569			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569014152	HM COQ-	COENZYM	929200	UNKNOW	92920000	UNKNOW	P	200 MG	ORAL	CAPS	EA	30		GENERIC	10/2/2023	52569			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569014153	HM CRAN	CRANBEF	929200	UNKNOW	92920000	UNKNOW	P	500 MG	ORAL	TABS	EA	30		GENERIC	11/29/2023	52569			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569014154	HM FISH	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1200 MG	ORAL	CAPS	EA	100		GENERIC	10/16/2023	52569			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569014161	HM FOLIC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	P	400 MCG	ORAL	TABS	EA	250		GENERIC	10/2/2023	52569			N	#N/A	ORIG_FR	10 EHB	#N/A										X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
52569014167	HM MELA	MELATON	929200	UNKNOW	92920000	UNKNOW	P	10 MG	SUBLINGI	SUBL	EA	60		GENERIC	10/2/2023	52569			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569014180	HM HAIR/	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	20MG-20M	ORAL	TABS	EA	90		SSB	12/1/2023	52569			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569014181	HM B COM	B COMPL	882800	Multivitam	88280000	Multivitam	P	300MG-30	ORAL	TABS	EA	100		GENERIC	9/25/2023	52569			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569014185	HM VITAM	CYANOCO	880800	Vitamin B	88080000	Vitamin B	P	500 MCG	ORAL	TABS	EA	100		GENERIC	11/5/2023	52569			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569014194	HM VITAM	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	25 MCG (1	ORAL	TABS	EA	100		GENERIC	10/16/2023	52569			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569014196	HM CALC	CALCIUM	401200	Replacem	40120000	Replacem	P	1500 (600	ORAL	TABS	EA	60		GENERIC	9/25/2023	52569			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569014339	HM MELA	MELATON	929200	UNKNOW	92920000	UNKNOW	P	5 MG	ORAL	TABS	EA	120		GENERIC	10/2/2023	52569			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569014356	HM MELA	MELATON	929200	UNKNOW	92920000	UNKNOW	P	10 MG	ORAL	TBCR	EA	60		GENERIC	10/2/2023	52569			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52569014363	HM WOMI	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	18		NON DRUG		52569			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52584003810	KETAMIN	KETAMIN	280408	UNKNOW	28040800	UNKNOW	S	50 MG/ML	INJECTIO	SOLN	ML	10		GENERIC	12/28/2022	52584			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52609000105	ALKERAN	MELPHAL	100000	Antineopla	10000000	Antineopla	S	2 MG	ORAL	TABS	EA	50		MSB	7/25/2023	52609	Y		N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION												R	MEDPRMI
52609000601	FERRIPRO	DEFERIPI	640000	Heavy Me	64000000	Heavy Me	S	500 MG	ORAL	TABS	EA	100	X	MSB	4/1/2022	52609			N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION	X	PA:X										R	MEDPRMI
52609000705	FERRIPRO	DEFERIPI	640000	Heavy Me	64000000	Heavy Me	S	1000 MG	ORAL	TABS	EA	50	X	MSB	4/1/2022	52609			N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION	X	PA:X										R	MEDPRMI
52609300100	ALKERAN	MELPHAL	100000	Antineopla	10000000	Antineopla	S	50 MG	INTRAVEI	SOLR	EA	1		MSB	7/21/2023	52609	Y		N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION												R	MEDPRMI
52609450207	FERRIPRO	DEFERIPI	640000	Heavy Me	64000000	Heavy Me	R	100 MG/M	ORAL	SOLN	ML	500	X	SSB	4/1/2022	52609			N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]							R	MEDPRMI
52609450401	DEFEROX	DEFEROX	640000	Heavy Me	64000000	Heavy Me	S	2GM	INJECTIO	SOLR	EA	1		GENERIC		52609		Y	N	FORMULARY		1 GEN	GENERICS	X	PA:X										R	MEDPRMI
52609450406	DEFEROX	DEFEROX	640000	Heavy Me	64000000	Heavy Me	S	2GM	INJECTIO	SOLR	EA	1		GENERIC		52609		Y	N	FORMULARY		1 GEN	GENERICS	X	PA:X										R	MEDPRMI
52609450501	DEFEROX	DEFEROX	640000	Heavy Me	64000000	Heavy Me	S	500 MG	INJECTIO	SOLR	EA	1		GENERIC		52609		Y	N	FORMULARY		1 GEN	GENERICS	X	PA:X										R	MEDPRMI
52609450506	DEFEROX	DEFEROX	640000	Heavy Me	64000000	Heavy Me	S	500 MG	INJECTIO	SOLR	EA	1		GENERIC		52609		Y	N	FORMULARY		1 GEN	GENERICS	X	PA:X										R	MEDPRMI
52651000005	TN DICKI	WITCH H	841200	Astringent	84120000	Astringent	P	0	EXTERNA	LIQD	ML	237		GENERIC		52651			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
52651000006	TN DICKI	WITCH H	841200	Astringent	84120000	Astringent	P	0	EXTERNA	LIQD	ML	473		GENERIC		52651			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI

52959000730	AMANTADAMANTAD	28306X	UNKNOW	28306400	UNKNOWN S	100 MG	ORAL	CAPS	EA	30 X	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959000760	AMANTADAMANTAD	28306X	UNKNOW	28306400	UNKNOWN S	100 MG	ORAL	CAPS	EA	60 X	GENERIC	2/13/2024	52959	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959000802	AMITRIPTAMITRIPT	28160428	Antidepre	28160428	Tricyclics ,S	10 MG	ORAL	TABS	EA	100 X	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959000810	AMITRIPTAMITRIPT	28160428	Antidepre	28160428	Tricyclics ,S	10 MG	ORAL	TABS	EA	12 X	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959000820	AMITRIPTAMITRIPT	28160428	Antidepre	28160428	Tricyclics ,S	10 MG	ORAL	TABS	EA	20 X	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959000830	AMITRIPTAMITRIPT	28160428	Antidepre	28160428	Tricyclics ,S	10 MG	ORAL	TABS	EA	30 X	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959000840	AMITRIPTAMITRIPT	28160428	Antidepre	28160428	Tricyclics ,S	10 MG	ORAL	TABS	EA	40 X	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959000850	AMITRIPTAMITRIPT	28160428	Antidepre	28160428	Tricyclics ,S	10 MG	ORAL	TABS	EA	50 X	GENERIC	2/13/2024	52959	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959000860	AMITRIPTAMITRIPT	28160428	Antidepre	28160428	Tricyclics ,S	10 MG	ORAL	TABS	EA	60 X	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959000880	AMITRIPTAMITRIPT	28160428	Antidepre	28160428	Tricyclics ,S	10 MG	ORAL	TABS	EA	90 X	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959000900	CLONAZCLONAZE	28120B	Anticonvul	28120800	Anticonvul ,S	0.5 MG	ORAL	TABS	EA	100	GENERIC	2/13/2024	52959	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959000910	CLONAZCLONAZE	28120B	Anticonvul	28120800	Anticonvul ,S	0.5 MG	ORAL	TABS	EA	500	GENERIC	2/13/2024	52959	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959000930	CLONAZCLONAZE	28120B	Anticonvul	28120800	Anticonvul ,S	0.5 MG	ORAL	TABS	EA	30	GENERIC	2/13/2024	52959	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959000940	CLONAZCLONAZE	28120B	Anticonvul	28120800	Anticonvul ,S	0.5 MG	ORAL	TABS	EA	40	GENERIC	2/13/2024	52959	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959000960	CLONAZCLONAZE	28120B	Anticonvul	28120800	Anticonvul ,S	0.5 MG	ORAL	TABS	EA	60	GENERIC	2/13/2024	52959	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959001000	CELEXA CITALOPR	28160A	Antidepre	28160400	Selective+S	20 MG	ORAL	TABS	EA	100 X	MSB	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTFORMULARY EXCLUSION								R	MEDPRIM
52959001030	CELEXA CITALOPR	28160A	Antidepre	28160400	Selective+S	20 MG	ORAL	TABS	EA	30 X	MSB	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTFORMULARY EXCLUSION								R	MEDPRIM
52959001060	CELEXA CITALOPR	28160A	Antidepre	28160400	Selective+S	20 MG	ORAL	TABS	EA	60 X	MSB	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTFORMULARY EXCLUSION								R	MEDPRIM
52959001120	AMOXICILAMOXICIL	01216	Penicillins	01216B	Aminopens S	250 MG	ORAL	CAPS	EA	20	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959001121	AMOXICILAMOXICIL	01216	Penicillins	01216B	Aminopens S	250 MG	ORAL	CAPS	EA	21	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959001124	AMOXICILAMOXICIL	01216	Penicillins	01216B	Aminopens S	250 MG	ORAL	CAPS	EA	24	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959001130	AMOXICILAMOXICIL	01216	Penicillins	01216B	Aminopens S	250 MG	ORAL	CAPS	EA	30	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959001140	AMOXICILAMOXICIL	01216	Penicillins	01216B	Aminopens S	250 MG	ORAL	CAPS	EA	40	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959001160	AMOXICILAMOXICIL	01216	Penicillins	01216B	Aminopens S	250 MG	ORAL	CAPS	EA	60	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959001401	TRIPLE A NEOMYCI	84040A	Antibacter	84040400	Antibacter P	3.5-400-5	EXTERNAL	OINT	GM	15	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959001402	TRIPLE A NEOMYCI	84040A	Antibacter	84040400	Antibacter P	3.5-400-5	EXTERNAL	OINT	GM	30	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959001405	TRIPLE A NEOMYCI	84040A	Antibacter	84040400	Antibacter P	3.5-400-5	EXTERNAL	OINT	GM	15	GENERIC	2/13/2024	52959 N	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959001630	ANARONIANPRONI	28080A	Nonsteroi	28080404	UNKNOWN S	325 MG	ORAL	TABS	EA	30 X	MSB	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTFORMULARY EXCLUSION								R	MEDPRIM
52959001800	ASPIRIN	28080A	Nonsteroi	28080404	Salicylates	325 MG	ORAL	TBEC	EA	100	GENERIC	2/13/2024	52959 N	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959001814	ASPIRIN	28080A	Nonsteroi	28080404	Salicylates	325 MG	ORAL	TBEC	EA	14	GENERIC	2/13/2024	52959 N	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959001820	ASPIRIN	28080A	Nonsteroi	28080404	Salicylates	325 MG	ORAL	TBEC	EA	20	GENERIC	2/13/2024	52959 N	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959001824	ASPIRIN	28080A	Nonsteroi	28080404	Salicylates	325 MG	ORAL	TBEC	EA	24	GENERIC	2/13/2024	52959 N	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959001830	ASPIRIN	28080A	Nonsteroi	28080404	Salicylates	325 MG	ORAL	TBEC	EA	30	GENERIC	2/13/2024	52959 N	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959001840	ASPIRIN	28080A	Nonsteroi	28080404	Salicylates	325 MG	ORAL	TBEC	EA	40	GENERIC	2/13/2024	52959 N	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959001860	ASPIRIN	28080A	Nonsteroi	28080404	Salicylates	325 MG	ORAL	TBEC	EA	60	GENERIC	2/13/2024	52959 N	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959001880	ASPIRIN	28080A	Nonsteroi	28080404	Salicylates	325 MG	ORAL	TBEC	EA	90	GENERIC	2/13/2024	52959 N	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959001901	HYDROCHYDROCO	84060B	UNKNOW	84060800	UNKNOWN S	2.92%	EXTERNAL	CREA	GM	20	GENERIC	2/13/2024	52959	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959001902	HYDROCHYDROCO	84060B	UNKNOW	84060800	UNKNOWN S	2.92%	EXTERNAL	CREA	GM	30	GENERIC	2/13/2024	52959	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959001903	HYDROCHYDROCO	84060B	UNKNOW	84060800	UNKNOWN S	2.92%	EXTERNAL	CREA	GM	3.5	GENERIC	2/13/2024	52959	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959002000	AMOXICILAMOXICIL	01216	Penicillins	01216B	Aminopens S	500 MG	ORAL	CAPS	EA	100	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959002004	AMOXICILAMOXICIL	01216	Penicillins	01216B	Aminopens S	500 MG	ORAL	CAPS	EA	4	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959002005	AMOXICILAMOXICIL	01216	Penicillins	01216B	Aminopens S	500 MG	ORAL	CAPS	EA	5	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959002006	AMOXICILAMOXICIL	01216	Penicillins	01216B	Aminopens S	500 MG	ORAL	CAPS	EA	6	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959002018	AMOXICILAMOXICIL	01216	Penicillins	01216B	Aminopens S	500 MG	ORAL	CAPS	EA	18	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959002020	AMOXICILAMOXICIL	01216	Penicillins	01216B	Aminopens S	500 MG	ORAL	CAPS	EA	20	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959002021	AMOXICILAMOXICIL	01216	Penicillins	01216B	Aminopens S	500 MG	ORAL	CAPS	EA	21	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959002024	AMOXICILAMOXICIL	01216	Penicillins	01216B	Aminopens S	500 MG	ORAL	CAPS	EA	24	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959002028	AMOXICILAMOXICIL	01216	Penicillins	01216B	Aminopens S	500 MG	ORAL	CAPS	EA	28	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959002030	AMOXICILAMOXICIL	01216	Penicillins	01216B	Aminopens S	500 MG	ORAL	CAPS	EA	30	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959002040	AMOXICILAMOXICIL	01216	Penicillins	01216B	Aminopens S	500 MG	ORAL	CAPS	EA	40	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959002042	AMOXICILAMOXICIL	01216	Penicillins	01216B	Aminopens S	500 MG	ORAL	CAPS	EA	42	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959002060	AMOXICILAMOXICIL	01216	Penicillins	01216B	Aminopens S	500 MG	ORAL	CAPS	EA	60	GENERIC	2/13/2024	52959	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959002104	AUGMENTAMOXICIL	01216	Penicillins	01216B	Aminopens S	500-125 M	ORAL	TABS	EA	4	MSB	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTFORMULARY EXCLUSION								R	MEDPRIM
52959002114	AUGMENTAMOXICIL	01216	Penicillins	01216B	Aminopens S	500-125 M	ORAL	TABS	EA	14	MSB	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTFORMULARY EXCLUSION								R	MEDPRIM
52959002115	AUGMENTAMOXICIL	01216	Penicillins	01216B	Aminopens S	500-125 M	ORAL	TABS	EA	15	MSB	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTFORMULARY EXCLUSION								R	MEDPRIM
52959002120	AUGMENTAMOXICIL	01216	Penicillins	01216B	Aminopens S	500-125 M	ORAL	TABS	EA	20	MSB	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTFORMULARY EXCLUSION								R	MEDPRIM
52959002121	AUGMENTAMOXICIL	01216	Penicillins	01216B	Aminopens S	500-125 M	ORAL	TABS	EA	21	MSB	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTFORMULARY EXCLUSION								R	MEDPRIM
52959002130	AUGMENTAMOXICIL	01216	Penicillins	01216B	Aminopens S	500-125 M	ORAL	TABS	EA	30	MSB	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTFORMULARY EXCLUSION								R	MEDPRIM
52959002532	MYOFLEXTROLAMI	28080A	Nonsteroi	28080404	Salicylates	10%	EXTERNAL	CREA	GM	60	MSB	2/13/2024	52959 N	X	N	EXCLUDEREPACK: PREPACKED PRODUCTFORMULARY EXCLUSION								R	MEDPRIM
52959002533	MYOFLEXTROLAMI	28080A	Nonsteroi	28080404	Salicylates	10%	EXTERNAL	CREA	GM	100	MSB	2/13/2024	52959 N	X	N	EXCLUDEREPACK: PREPACKED PRODUCTFORMULARY EXCLUSION								R	MEDPRIM
52959002534	MYOFLEXTROLAMI	28080A	Nonsteroi	28080404	Salicylates	10%	EXTERNAL	CREA	GM	120	MSB	2/13/2024	52959 N	X	N	EXCLUDEREPACK: PREPACKED PRODUCTFORMULARY EXCLUSION								R	MEDPRIM
52959002600	CARISOPCARISOP	12200A	UNKNOW	12200400	UNKNOWN S	350 MG	ORAL	TABS	EA	100	GENERIC	2/13/2024	52959	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959002603	CARISOPCARISOP	12200A	UNKNOW	12200400	UNKNOWN S	350 MG	ORAL	TABS	EA	120	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959002606	CARISOPCARISOP	12200A	UNKNOW	12200400	UNKNOWN S	350 MG	ORAL	TABS	EA	6	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959002608	CARISOPCARISOP	12200A	UNKNOW	12200400	UNKNOWN S	350 MG	ORAL	TABS	EA	10	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959002612	CARISOPCARISOP	12200A	UNKNOW	12200400	UNKNOWN S	350 MG	ORAL	TABS	EA	12	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959002614	CARISOPCARISOP	12200A	UNKNOW	12200400	UNKNOWN S	350 MG	ORAL	TABS	EA	14	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959002615	CARISOPCARISOP	12200A	UNKNOW	12200400	UNKNOWN S	350 MG	ORAL	TABS	EA	15	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959002620	CARISOPCARISOP	12200A	UNKNOW	12200400	UNKNOWN S	350 MG	ORAL	TABS	EA	20	GENERIC	2/13/2024	52959	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959002621	CARISOPCARISOP	12200A	UNKNOW	12200400	UNKNOWN S	350 MG	ORAL	TABS	EA	21	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959002624	CARISOPCARISOP	12200A	UNKNOW	12200400	UNKNOWN S	350 MG	ORAL	TABS	EA	24	GENERIC	2/13/2024	52959	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959002625	CARISOPCARISOP	12200A	UNKNOW	12200400	UNKNOWN S	350 MG	ORAL	TABS	EA	25	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959002628	CARISOPCARISOP	12200A	UNKNOW	12200400	UNKNOWN S	350 MG	ORAL	TABS	EA	28	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959002630	CARISOPCARISOP	12200A	UNKNOW	12200400	UNKNOWN S	350 MG	ORAL	TABS	EA	30	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959002632	CARISOPCARISOP	12200A	UNKNOW	12200400	UNKNOWN S	350 MG	ORAL	TABS	EA	32	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959002640	CARISOPCARISOP	12200A	UNKNOW	12200400	UNKNOWN S	350 MG	ORAL	TABS	EA	40	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959002645	CARISOPCARISOP	12200A	UNKNOW	12200400	UNKNOWN S	350 MG	ORAL	TABS	EA	45	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959002650	CARISOPCARISOP	12200A	UNKNOW	12200400	UNKNOWN S	350 MG	ORAL	TABS	EA	50	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959002652	CARISOPCARISOP	12200A	UNKNOW	12200400	UNKNOWN S	350 MG	ORAL	TABS	EA	52	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959002658	CARISOPCARISOP	12200A	UNKNOW	12200400	UNKNOWN S	350 MG	ORAL	TABS	EA	58	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959002660	CARISOPCARISOP	12200A	UNKNOW	12200400	UNKNOWN S	350 MG	ORAL	TABS	EA	60	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959002680	CARISOPCARISOP	12200A	UNKNOW	12200400	UNKNOWN S	350 MG	ORAL	TABS	EA	80	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959002690	CARISOPCARISOP	12200A	UNKNOW	12200400	UNKNOWN S	350 MG	ORAL	TABS	EA	90	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959002700	CARISOPCARISOP	12200A	UNKNOW	12200400	UNKNOWN S	350 MG	ORAL	TABS	EA	100	GENERIC	2/13/2024	52959 Y	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959003001	CEPHALECEPHALE	01206	Cephalosp	01206B	First Gene S	250 MG	ORAL	CAPS	EA	100	GENERIC	2/13/2024	52959	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959003008	CEPHALECEPHALE	01206	Cephalosp	01206B	First Gene S	250 MG	ORAL	CAPS	EA	8	GENERIC	2/13/2024	52959	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959003012	CEPHALECEPHALE	01206	Cephalosp	01206B	First Gene S	250 MG	ORAL	CAPS	EA	12	GENERIC	2/13/2024	52959	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959003020	CEPHALECEPHALE	01206	Cephalosp	01206B	First Gene S	250 MG	ORAL	CAPS	EA	20	GENERIC	2/13/2024	52959	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959003024	CEPHALECEPHALE	01206	Cephalosp	01206B	First Gene S	250 MG	ORAL	CAPS	EA	24	GENERIC	2/13/2024	52959	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959003028	CEPHALECEPHALE	01206	Cephalosp	01206B	First Gene S	250 MG	ORAL	CAPS	EA	28	GENERIC	2/13/2024	52959	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959003030	CEPHALECEPHALE	01206	Cephalosp	01206B	First Gene S	250 MG	ORAL	CAPS	EA	30	GENERIC	2/13/2024	52959	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959003040	CEPHALECEPHALE	01206	Cephalosp	01206B	First Gene S	250 MG	ORAL	CAPS	EA	40	GENERIC	2/13/2024	52959	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959003056	CEPHALECEPHALE	01206	Cephalosp	01206B	First Gene S	250 MG	ORAL	CAPS	EA	56	GENERIC	2/13/2024	52959	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959003060	CEPHALECEPHALE	01206	Cephalosp	01206B	First Gene S	250 MG	ORAL	CAPS	EA	60	GENERIC	2/13/2024	52959	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959003102	CEPHALECEPHALE	01206	Cephalosp	01206B	First Gene S	500 MG	ORAL	CAPS	EA	100	GENERIC	2/13/2024	52959	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959003104	CEPHALECEPHALE	01206	Cephalosp	01206B	First Gene S	500 MG	ORAL	CAPS	EA	4	GENERIC	2/13/2024	52959	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959003106	CEPHALECEPHALE	01206	Cephalosp	01206B	First Gene S	500 MG	ORAL	CAPS	EA	6	GENERIC	2/13/2024	52959	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959003108	CEPHALECEPHALE	01206	Cephalosp	01206B	First Gene S	500 MG	ORAL	CAPS	EA	8	GENERIC	2/13/2024	52959	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959003110	CEPHALECEPHALE	01206	Cephalosp	01206B	First Gene S	500 MG	ORAL	CAPS	EA	10	GENERIC	2/13/2024	52959	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959003112	CEPHALECEPHALE	01206	Cephalosp	01206B	First Gene S	500 MG	ORAL	CAPS	EA	12	GENERIC	2/13/2024	52959	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959003114	CEPHALECEPHALE	01206	Cephalosp	01206B	First Gene S	500 MG	ORAL	CAPS	EA	14	GENERIC	2/13/2024	52959	X	N	EXCLUDEREPACK: PREPACKED PRODUCTPOTENCIAL BENEFIT EXCLUSION								R	MEDPRIM
52959003115	CEPHALECEPHALE	01206	Cephalosp	01206B	First Gene S	500 MG	ORAL	CAPS	EA	15	GENERIC	2/13/2024	52959	X	N	EXCLUDEREPACK: PRE

52959007615	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	15	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959007616	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	16	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959007620	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	20	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959007621	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	21	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959007624	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	24	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959007625	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	25	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959007628	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	28	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959007630	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959007640	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	40	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959007642	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	42	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959007645	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	45	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959007650	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	50	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959007660	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959007670	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	70	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959007690	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959007700	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	100	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959007702	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	120	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959007704	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	4	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959007706	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	6	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959007710	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	10	X	GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959007712	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	12	X	GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959007714	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	14	X	GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959007715	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	15	X	GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959007716	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	16	X	GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959007718	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	18	X	GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959007720	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	20	X	GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959007721	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	21	X	GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959007724	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	24	X	GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959007725	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	25	X	GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959007728	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	28	X	GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959007730	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959007740	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	40	X	GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959007742	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	42	X	GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959007745	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	45	X	GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959007750	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	50	X	GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959007760	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959007770	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	70	X	GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959007790	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959007900	IMURAN	AZATHIOI	902808	UNKNOW	90280892	UNKNOW	S	50 MG	ORAL	TABS	EA	100	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959008020	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	20	X	GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959008021	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	21	X	GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959008025	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	25	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959008030	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959008040	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	40	X	GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959008090	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	90	X	GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959008100	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	100	X	GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959008120	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	20	X	GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959008121	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	21	X	GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959008130	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	30	X	GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959008140	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	40	X	GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959008190	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	90	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959008207	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	75 MG	ORAL	CPCR	EA	7	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959008214	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	75 MG	ORAL	CPCR	EA	14	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959008215	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	75 MG	ORAL	CPCR	EA	15	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959008220	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	75 MG	ORAL	CPCR	EA	20	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959008221	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	75 MG	ORAL	CPCR	EA	21	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959008230	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	75 MG	ORAL	CPCR	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959008260	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	75 MG	ORAL	CPCR	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959008400	NEOMYCI	NEOMYCI	520808	Corticoste	52080800	Corticoste	S	3.5-10000-	OTIC	SUSP	ML	10		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959008501	NEOMYCI	NEOMYCI	520808	Corticoste	52080800	Corticoste	S	3.5-10000-	OPHTHAL	SUSP	ML	5		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

52959008803	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	P	1%	EXTERNA	CREA	GM	15		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959008805	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	P	1%	EXTERNA	CREA	GM	30		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959008900	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	100 MCG	ORAL	TABS	EA	100	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959008930	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	100 MCG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959009000	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	200 MCG	ORAL	TABS	EA	100	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959009008	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	200 MCG	ORAL	TABS	EA	180	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959009030	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	200 MCG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959009060	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	200 MCG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959009090	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	200 MCG	ORAL	TABS	EA	90	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959009200	TOBRADE	TOBRAMY	520808	Corticoste	52080800	Corticoste	S	0.3-0.1 %	OPHTHAL	SUSP	ML	5		MSB	9/15/2023	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959009201	TOBRADE	TOBRAMY	520808	Corticoste	52080800	Corticoste	S	0.3-0.1 %	OPHTHAL	SUSP	ML	10		MSB	9/15/2023	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959009203	TOBRADE	TOBRAMY	520808	Corticoste	52080800	Corticoste	S	0.3-0.1 %	OPHTHAL	SUSP	ML	5		MSB	9/15/2023	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959009301	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	15		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959009302	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959009303	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959009600	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	15		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959009601	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	80		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959009603	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	45		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959009645	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	45		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959009680	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	80		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959009800	NEOMYCI	NEOMYCI	520808	Corticoste	52080800	Corticoste	S	3.5-10000-	OTIC	SOLN	ML	10		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959009810	NEOMYCI	NEOMYCI	520808	Corticoste	52080800	Corticoste	S	3.5-10000-	OTIC	SOLN	ML	10		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959009900	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	100		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959009903	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	120		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959009910	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	10		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959009915	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	15		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959009920	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	20		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959009921	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	21		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959009928	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	28		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959009930	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959009940	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	40		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959009945	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	45		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959009950	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	50		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959009960	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959009990	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	90		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959010000	METHYLF	METHYLF	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TBPK	EA	21		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959010100	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	120 MG	RECTAL	SUPP	EA	12		GENERIC	2/13/2024	52959	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959010204	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	4		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959010208	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	8		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959010214	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	14		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959010215	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	15		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959010220	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	20		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959010221	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	21		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959010228	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	28		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959010230	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959010242	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	42		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959010300	GENTAMI	GENTAMI	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	5		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959010301	GENTAMI	GENTAMI	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	15		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959010703	NAPHCOI	NAPHAZC	523200	Vasocons	52320000	Vasocons	P	0.025-0.3	OPHTHAL	SOLN	ML	15		MSB	2/13/2024	52959	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959010803	TOBRAMY	TOBRAMY	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	5		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959010903	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	650 MG	RECTAL	SUPP	EA	12		GENERIC	2/13/2024	52959	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959011230	ZOCOR	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959011303	BACITRA	BACITRA	840404	Antibacter	84040400	Antibacter	P	500 UNIT/	EXTERNA	OINT	GM	30		GENERIC	2/13/2024	52959	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959011315	BACITRA	BACITRA	840404	Antibacter	84040400	Antibacter	P	500 UNIT/	EXTERNA	OINT	GM	15		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959011330	BACITRA	BACITRA	840404	Antibacter	84040400	Antibacter	P	500 UNIT/	EXTERNA	OINT	GM	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959011344	BACITRA	BACITRA	840404	Antibacter	84040400	Antibacter	P	500 UNIT/	EXTERNA	OINT	EA	1		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959011405	ACULAR	KETOROL	520820	Nonsteroi	52082000	Nonsteroi	S	0.50%	OPHTHAL	SOLN	ML	5		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959011630	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959011660	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959011701	SULFACE	SULFACE	520404	Antibacter	52040400	Antibacter	S	10%	OPHTHAL	SOLN	ML	15		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959011803	PROMETH	PROMETH	480800	Antitussive	48080000	Antitussive	S	6.25-10 M	ORAL	SYRP	ML	120		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959011804	PROMETH	PROMETH	480800	Antitussive	48080000	Antitussive	S	6.25-10 M	ORAL	SYRP	ML	120		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959011805	PROMETH	PROMETH	480800	Antitussive	48080000	Antitussive	S	6.25-10 M	ORAL	SYRP	ML	180		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959011808	PROMETH	PROMETH	480800	Antitussive	48080000	Antitussive	S	6.25-10 M	ORAL	SYRP	ML	240		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959011902	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MG	ORAL	TABS	EA	120		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959011920	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MG	ORAL	TABS	EA	20		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959011930	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959011960	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MG	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959011990	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MG	ORAL	TABS	EA	90		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012002	SILVADE	SILVER S	840416	UNKNOW	84041600	UNKNOW	S	1%	EXTERNA	CREA	GM	20		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI

52959012005	SILVADE	SILVER S	840416	UNKNOW	84041600	UNKNOW	S	1%	EXTERNA	CREA	GM	50		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959012025	SILVADE	SILVER S	840416	UNKNOW	84041600	UNKNOW	S	1%	EXTERNA	CREA	GM	25		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959012203	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	3		GENERIC	2/13/2024	52959	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012204	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	4		GENERIC	2/13/2024	52959	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012206	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	6		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012209	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	9		GENERIC	2/13/2024	52959	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012210	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	10		GENERIC	2/13/2024	52959	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012212	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	12		GENERIC	2/13/2024	52959	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012215	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	15		GENERIC	2/13/2024	52959	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012220	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	20		GENERIC	2/13/2024	52959	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012230	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012303	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5 MG/5	ORAL	ELIX	ML	120		GENERIC	2/13/2024	52959	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012306	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5 MG/5	ORAL	ELIX	ML	180		GENERIC	2/13/2024	52959	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012450	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	50		GENERIC	2/13/2024	52959	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012600	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	100		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012605	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	5		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012607	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	7		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012610	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	10		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012612	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	12		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012615	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	15		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012618	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	18		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012620	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	20		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012621	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	21		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012625	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	25		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012630	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012637	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	37		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012640	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	40		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012642	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	42		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012644	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	44		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012650	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	50		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012660	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012670	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	70		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012700	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	100		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012707	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	7		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012710	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	10		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012712	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	12		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012715	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	15		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012718	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	18		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012720	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	20		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012721	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	21		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012725	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	25		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012730	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012737	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	37		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012742	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	42		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012830	DESIPRA	DESIPRA	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012860	DESIPRA	DESIPRA	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012902	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TABS	EA	120		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012930	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012960	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959012990	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TABS	EA	90		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959013002	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TABS	EA	120		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959013030	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959013060	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959013090	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TABS	EA	90		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959013102	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	TABS	EA	120		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959013130	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959013150	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	TABS	EA	50		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959013160	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959013190	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	TABS	EA	90		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959013200	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	100	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959013230	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959013260	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959013300	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	100	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959013330	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959013390	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959013420	CEFDINIF	CEFDINIF	81206	Cephalosp	8120612	Third Gen	S	300 MG	ORAL	CAPS	EA	20		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959013600	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.50%	EXTERNA	CREA	GM	15		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959013715	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10-12.5 M	ORAL	TABS	EA	15	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959013860	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TABS	EA	60		MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959013890	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TABS	EA	90		MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959014030	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959014060	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959014090	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959014103	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	R	120-12 MG	ORAL	SOLN	ML	120		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959014104	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	R	120-12 MG	ORAL	SOLN	ML	90		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959014242	DEPAKOT	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	125 MG	ORAL	TBEC	EA	42	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959014400	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	100		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959014406	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	6		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959014410	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	10		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959014414	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	14		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959014415	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	15		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959014420	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	20		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959014421	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	21		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959014428	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	28		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959014430	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959014440	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	40		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959014460	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959014500	ISONIAZI	ISONIAZI	81604	Antituberc	8160400	Antituberc	S	300 MG	ORAL	TABS	EA	100	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959014530	ISONIAZI	ISONIAZI	81604	Antituberc	8160400	Antituberc	S	300 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959014550	ISONIAZI	ISONIAZI	81604	Antituberc	8160400	Antituberc	S	300 MG	ORAL	TABS	EA	50	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959014560	ISONIAZI	ISONIAZI	81604	Antituberc	8160400	Antituberc	S	300 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959014581	ISONIAZI	ISONIAZI	81604	Antituberc	8160400	Antituberc	S	300 MG	ORAL	TABS	EA	180	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959014703	THERA-G	MENTHOI	842404	Basic Loti	84240400	Basic Loti	P	0.5-15 %	EXTERNA	CREA	GM	90		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

52959015030	DIETHYLF	DIETHYLF	282008	UNKNOW	28200804	UNKNOW	S	25 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959015090	DIETHYLF	DIETHYLF	282008	UNKNOW	28200804	UNKNOW	S	25 MG	ORAL	TABS	EA	90		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959015303	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective	S	2 MG/5ML	ORAL	SYRP	ML	120	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959015306	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective	S	2 MG/5ML	ORAL	SYRP	ML	180	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959015309	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective	S	2 MG/5ML	ORAL	SYRP	ML	480	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959015415	DESOXIM	DESOXIM	840608	UNKNOW	84060800	UNKNOW	S	0.25%	EXTERNA	CREA	GM	15		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959015600	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	15		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959015601	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959015602	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	80		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959015700	DIPHENO	DIPHENO	560800	Antidiarrhe	56080000	Antidiarrhe	S	2.5-0.025	ORAL	TABS	EA	100		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959015710	DIPHENO	DIPHENO	560800	Antidiarrhe	56080000	Antidiarrhe	S	2.5-0.025	ORAL	TABS	EA	10		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959015712	DIPHENO	DIPHENO	560800	Antidiarrhe	56080000	Antidiarrhe	S	2.5-0.025	ORAL	TABS	EA	12		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959015715	DIPHENO	DIPHENO	560800	Antidiarrhe	56080000	Antidiarrhe	S	2.5-0.025	ORAL	TABS	EA	15		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959015720	DIPHENO	DIPHENO	560800	Antidiarrhe	56080000	Antidiarrhe	S	2.5-0.025	ORAL	TABS	EA	20		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959015730	DIPHENO	DIPHENO	560800	Antidiarrhe	56080000	Antidiarrhe	S	2.5-0.025	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959015750	DIPHENO	DIPHENO	560800	Antidiarrhe	56080000	Antidiarrhe	S	2.5-0.025	ORAL	TABS	EA	50		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959015906	PERMETH	PERMETH	840412	Scabicides	84041200	Scabicides	S	5%	EXTERNA	CREA	GM	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959016005	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	75 MCG/H	TRANSDE	PT72	EA	5		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959016220	XANAX	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	20		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959016330	PAMELOF	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	30	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959016700	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	100		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959016703	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	120		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959016710	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	10		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959016712	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	12		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959016715	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	15		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959016720	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	20		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959016721	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	21		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959016724	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	24		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959016730	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959016740	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	40		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959016760	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959016790	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	90		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959016800	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	100		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959016830	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	30		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

52959017030	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	80 MG	ORAL	CHEW	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959017106	CIPRO	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	6		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959017110	CIPRO	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	10		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959017114	CIPRO	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	14		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959017120	CIPRO	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	20		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959017128	CIPRO	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	28		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959017330	CYMBALT	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	30	X	MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959017400	TEGRETC	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	100	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959017502	HYOSCYA	HYOSCYA	120808	Antimusca	12080800	Antimusca	S	0.125 MG	ORAL	TABS	EA	2	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959017530	HYOSCYA	HYOSCYA	120808	Antimusca	12080800	Antimusca	S	0.125 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959017600	HYDROXY	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	100	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959017660	HYDROXY	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959018030	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959018060	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959018100	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	125 MG/5	ORAL	SUSR	ML	100		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959018101	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	125 MG/5	ORAL	SUSR	ML	150		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959018108	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	125 MG/5	ORAL	SUSR	ML	150		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959018180	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	125 MG/5	ORAL	SUSR	ML	80		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959018202	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TABS	EA	120		MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959018230	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TABS	EA	30		MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI

52959031503	FLUOCIN	FLUOCIN	840608 UNKNOW	84060800 UNKNOW	S	0.05%	EXTERNA	OINT	GM	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959031901	ACETASC	HYDROC	520808 Corticoste	52080800 Corticoste	S	2-1 %	OTIC	SOLN	ML	10		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959032100	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	0.25 MG	ORAL	TABS	EA	100		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959032102	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	0.25 MG	ORAL	TABS	EA	120		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959032110	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	0.25 MG	ORAL	TABS	EA	10		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959032114	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	0.25 MG	ORAL	TABS	EA	14		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959032120	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	0.25 MG	ORAL	TABS	EA	20		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959032130	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	0.25 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959032160	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	0.25 MG	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959032190	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	0.25 MG	ORAL	TABS	EA	90		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959032230	XANAX	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	0.25 MG	ORAL	TABS	EA	30		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959032300	ESTRADI	ESTRADI	681604 Estrogens	68160400 Estrogens	S	2 MG	ORAL	TABS	EA	100	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959032330	ESTRADI	ESTRADI	681604 Estrogens	68160400 Estrogens	S	2 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959032400	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	10-325 MG	ORAL	TABS	EA	100		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959032401	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	10-325 MG	ORAL	TABS	EA	252		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959032402	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	10-325 MG	ORAL	TABS	EA	120		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959032403	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	10-325 MG	ORAL	TABS	EA	240		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959032405	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	10-325 MG	ORAL	TABS	EA	150		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959032406	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	10-325 MG	ORAL	TABS	EA	126		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959032408	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	10-325 MG	ORAL	TABS	EA	180		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959032410	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	10-325 MG	ORAL	TABS	EA	10		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959032415	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	10-325 MG	ORAL	TABS	EA	15		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959032420	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	10-325 MG	ORAL	TABS	EA	20		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959032424	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	10-325 MG	ORAL	TABS	EA	24		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959032425	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	10-325 MG	ORAL	TABS	EA	25		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959032428	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	10-325 MG	ORAL	TABS	EA	28		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959032430	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	10-325 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959032440	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	10-325 MG	ORAL	TABS	EA	40		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959032442	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	10-325 MG	ORAL	TABS	EA	42		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959032445	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	10-325 MG	ORAL	TABS	EA	45		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959032450	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	10-325 MG	ORAL	TABS	EA	50		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959032460	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	10-325 MG	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959032475	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	10-325 MG	ORAL	TABS	EA	75		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959032484	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	10-325 MG	ORAL	TABS	EA	84		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959032490	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	10-325 MG	ORAL	TABS	EA	90		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959032515	ZANTAC	RANITIDI	562812 Histamine	56281200 Histamine	S	150 MG	ORAL	TABS	EA	15	X	MSB	4/1/2020	52959	Y	X	N	EXCLUDE	RECALL_DENY: [RECALLED F	FORMULARY EXCLUSION	R	MEDPRMI
52959032720	MECLIZIN	MECLIZIN	562208 Antihistam	56220800 Antihistam	S	25 MG	ORAL	TABS	EA	20		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959032730	MECLIZIN	MECLIZIN	562208 Antihistam	56220800 Antihistam	S	25 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959032914	DIETHYLF	DIETHYLF	282008 UNKNOW	28200804 UNKNOW	S	75 MG	ORAL	TB24	EA	14		MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959032928	DIETHYLF	DIETHYLF	282008 UNKNOW	28200804 UNKNOW	S	75 MG	ORAL	TB24	EA	28		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959032930	DIETHYLF	DIETHYLF	282008 UNKNOW	28200804 UNKNOW	S	75 MG	ORAL	TB24	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959032990	DIETHYLF	DIETHYLF	282008 UNKNOW	28200804 UNKNOW	S	75 MG	ORAL	TB24	EA	90		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959033100	LORAZEP	LORAZEP	282408 Benzodiaz	28240800 Benzodiaz	S	1 MG	ORAL	TABS	EA	100		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959033104	LORAZEP	LORAZEP	282408 Benzodiaz	28240800 Benzodiaz	S	1 MG	ORAL	TABS	EA	4		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959033105	LORAZEP	LORAZEP	282408 Benzodiaz	28240800 Benzodiaz	S	1 MG	ORAL	TABS	EA	5		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959033110	LORAZEP	LORAZEP	282408 Benzodiaz	28240800 Benzodiaz	S	1 MG	ORAL	TABS	EA	10		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959033114	LORAZEP	LORAZEP	282408 Benzodiaz	28240800 Benzodiaz	S	1 MG	ORAL	TABS	EA	14		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959033115	LORAZEP	LORAZEP	282408 Benzodiaz	28240800 Benzodiaz	S	1 MG	ORAL	TABS	EA	15		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959033120	LORAZEP	LORAZEP	282408 Benzodiaz	28240800 Benzodiaz	S	1 MG	ORAL	TABS	EA	20		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959033121	LORAZEP	LORAZEP	282408 Benzodiaz	28240800 Benzodiaz	S	1 MG	ORAL	TABS	EA	21		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959033130	LORAZEP	LORAZEP	282408 Benzodiaz	28240800 Benzodiaz	S	1 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959033140	LORAZEP	LORAZEP	282408 Benzodiaz	28240800 Benzodiaz	S	1 MG	ORAL	TABS	EA	40		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959033145	LORAZEP	LORAZEP	282408 Benzodiaz	28240800 Benzodiaz	S	1 MG	ORAL	TABS	EA	45		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959033160	LORAZEP	LORAZEP	282408 Benzodiaz	28240800 Benzodiaz	S	1 MG	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959033190	LORAZEP	LORAZEP	282408 Benzodiaz	28240800 Benzodiaz	S	1 MG	ORAL	TABS	EA	90		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959033224	SALSALA	SALSALA	280804 Nonsteroi	28080424 Salicylates	S	750 MG	ORAL	TABS	EA	24	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959033228	SALSALA	SALSALA	280804 Nonsteroi	28080424 Salicylates	S	750 MG	ORAL	TABS	EA	28	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959033230	SALSALA	SALSALA	280804 Nonsteroi	28080424 Salicylates	S	750 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959033240	SALSALA	SALSALA	280804 Nonsteroi	28080424 Salicylates	S	750 MG	ORAL	TABS	EA	40	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959033260	SALSALA	SALSALA	280804 Nonsteroi	28080424 Salicylates	S	750 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959033290	SALSALA	SALSALA	280804 Nonsteroi	28080424 Salicylates	S	750 MG	ORAL	TABS	EA	90	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959033320	PENICILL	PENICILL	81216 Penicillins	8121604 Natural Pe	S	250 MG	ORAL	TABS	EA	20		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959033324	PENICILL	PENICILL	81216 Penicillins	8121604 Natural Pe	S	250 MG	ORAL	TABS	EA	24		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959033328	PENICILL	PENICILL	81216 Penicillins	8121604 Natural Pe	S	250 MG	ORAL	TABS	EA	28		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959033330	PENICILL	PENICILL	81216 Penicillins	8121604 Natural Pe	S	250 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959033340	PENICILL	PENICILL	81216 Penicillins	8121604 Natural Pe	S	250 MG	ORAL	TABS	EA	40		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959033710	BISOPRO	BISOPRO	242000 Alpha-Adr	24200000 Alpha-Adr	S	5-6.25 MG	ORAL	TABS	EA	10	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959033730	BISOPRO	BISOPRO	242000 Alpha-Adr	24200000 Alpha-Adr	S	5-6.25 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959033800	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	100		GENERIC	2/13/2024	52959	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959033810	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	10		GENERIC	2/13/2024	52959	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959033812	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	12		GENERIC	2/13/2024	52959	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959033820	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	20		GENERIC	2/13/2024	52959	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959033824	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	24		GENERIC	2/13/2024	52959	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959033830	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959033840	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	40		GENERIC	2/13/2024	52959	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959033850	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	50		GENERIC	2/13/2024	52959	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959033860	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959034500	CIMETIDI	CIMETIDI	562812 Histamine	56281200 Histamine	S	300 MG	ORAL	TABS	EA	100	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959034512	CIMETIDI	CIMETIDI	562812 Histamine	56281200 Histamine	S	300 MG	ORAL	TABS	EA	12	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959034520	CIMETIDI	CIMETIDI	562812 Histamine	56281200 Histamine	S	300 MG	ORAL	TABS	EA	20	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959034530	CIMETIDI	CIMETIDI	562812 Histamine	56281200 Histamine	S	300 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959034535	CIMETIDI	CIMETIDI	562812 Histamine	56281200 Histamine	S	300 MG	ORAL	TABS	EA	35	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959034540	CIMETIDI	CIMETIDI	562812 Histamine	56281200 Histamine	S	300 MG	ORAL	TABS	EA	40	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959034560	CIMETIDI	CIMETIDI	562812 Histamine	56281200 Histamine	S	300 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959034590	CIMETIDI	CIMETIDI	562812 Histamine	56281200 Histamine	S	300 MG	ORAL	TABS	EA	90	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959034614	FLURBIPF	FLURBIPF	280804 Nonsteroi	28080404 UNKNOW	S	100 MG	ORAL	TABS	EA	14	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959034620	FLURBIPF	FLURBIPF	280804 Nonsteroi	28080404 UNKNOW	S	100 MG	ORAL	TABS	EA	20	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959034621	FLURBIPF	FLURBIPF	280804 Nonsteroi	28080404 UNKNOW	S	100 MG	ORAL	TABS	EA	21	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959034630	FLURBIPF	FLURBIPF	280804 Nonsteroi	28080404 UNKNOW	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959034800	AMITRIPT	AMITRIPT	281604 Antidepres	28160428 Tricyclics	S	25 MG	ORAL	TABS	EA	100	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959034802	AMITRIPT	AMITRIPT	281604 Antidepres	28160428 Tricyclics	S	25 MG	ORAL	TABS	EA	12	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959034810	AMITRIPT	AMITRIPT	281604 Antidepres	28160428 Tricyclics	S	25 MG	ORAL	TABS	EA	10	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959034812	AMITRIPT	AMITRIPT	281604 Antidepres	28160428 Tricyclics	S	25 MG	ORAL	TABS	EA	12	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959034814	AMITRIPT	AMITRIPT	281604 Antidepres	28160428 Tricyclics	S	25 MG	ORAL	TABS	EA	14	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959034815	AMITRIPT	AMITRIPT	281604 Antidepres	28160428 Tricyclics	S	25 MG	ORAL	TABS	EA	15	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959034820	AMITRIPT	AMITRIPT	281604 Antidepres	28160428 Tricyclics	S	25 MG	ORAL	TABS	EA	20	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959034830	AMITRIPT	AMITRIPT	281604 Antidepres	28160428 Tricyclics	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959034850	AMITRIPT	AMITRIPT	281604 Antidepres	28160428 Tricyclics	S	25 MG	ORAL	TABS	EA	50	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959034860	AMITRIPT	AMITRIPT	281604 Antidepres	28160428 Tricyclics	S	25 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959034890	AMITRIPT	AMITRIPT	281604 Antidepres	28160428 Tricyclics	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959035312	CYTOTEC	MISOPRO	562828 Prostaglar	56282800 Prostaglar	S	100 MCG	ORAL	TABS	EA	12	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959035328	CYTOTEC	MISOPRO	562828 Prostaglar	56282800 Prostaglar	S	100 MCG	ORAL	TABS	EA	28	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959035330	CYTOTEC	MISOPRO	562828 Prostaglar	56282800 Prostaglar	S	100 MCG	ORAL	TABS	EA	30	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959035340	CYTOTEC	MISOPRO	562828 Prostaglar	56282800 Prostaglar	S	100 MCG	ORAL	TABS	EA	40	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959035360	CYTOTEC	MISOPRO	562828 Prostaglar	56282800 Prostaglar	S	100 MCG	ORAL	TABS	EA	60	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959035401	CYTOTEC	MISOPRO	562828 Prostaglar	56282800 Prostaglar	S	200 MCG	ORAL	TABS	EA	120	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959035412	CYTOTEC	MISOPRO	562828 Prostaglar	56282800 Prostaglar	S	200 MCG	ORAL	TABS	EA	12	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959035430	CYTOTEC	MISOPRO	562828 Prostaglar	56282800 Prostaglar	S	200 MCG	ORAL	TABS	EA	30	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959035440	CYTOTEC	MISOPRO	562828 Prostaglar	56282800 Prostaglar	S	200 MCG	ORAL	TABS	EA	40	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959035506	PROCHLO	PROCHLO	281608 Antipsych	28160824 Phenothia	S	25 MG	RECTAL	SUPP	EA	6		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959035512	PROCHLO	PROCHLO	281608 Antipsych	28160824 Phenothia	S	25 MG	RECTAL	SUPP	EA	12		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959035721	NAPROXE	NAPROXE	280804 Nonsteroi	28080404 UNKNOW	S	275 MG	ORAL	TABS	EA	21	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959035730	NAPROXE	NAPROXE	280804 Nonsteroi	28080404 UNKNOW	S	275 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959035742	NAPROXE	NAPROXE	280804 Nonsteroi	28080404 UNKNOW	S	275 MG	ORAL	TABS	EA	42	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959035760	NAPROXE	NAPROXE	280804 Nonsteroi	28080404 UNKNOW	S	275 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959035802	NORTRIP	NORTRIP	281604 Antidepres	28160428 Tricyclics	S	10 MG	ORAL	CAPS	EA	120	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959035820	NORTRIP	NORTRIP	281604 Antidepres	28160428 Tricyclics	S	10 MG	ORAL	CAPS	EA	20	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959035830	NORTRIP	NORTRIP	281604 Antidepres	28160428 Tricyclics	S	10 MG	ORAL	CAPS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959035860	NORTRIP	NORTRIP	281604 Antidepres	28160428 Tricyclics	S	10 MG	ORAL	CAPS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959035890	NORTRIP	NORTRIP	281604 Antidepres	28160428 Tricyclics	S	10 MG	ORAL	CAPS	EA	90	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959035902	NORTRIP	NORTRIP	281604 Antidepres	28160428 Tricyclics	S	25 MG	ORAL	CAPS	EA	120	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959035920	NORTRIP	NORTRIP	281604 Antidepres	28160428 Tricyclics	S	25 MG	ORAL	CAPS	EA	20	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959035930	NORTRIP	NORTRIP	281604 Antidepres	28160428 Tricyclics	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959035950	NORTRIP	NORTRIP	281604 Antidepres	28160428 Tricyclics	S	25 MG	ORAL	CAPS	EA	50	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959035960	NORTRIP	NORTRIP	281604 Antidepres	28160428 Tricyclics	S	25 MG	ORAL	CAPS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959035990	NORTRIP	NORTRIP	281604 Antidepres	28160428 Tricyclics	S	25 MG	ORAL	CAPS	EA	90	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959036100	ZOLOFT	SERTRAL	281604 Antidepres	28160420 Selective-	S	50 MG	ORAL	TABS	EA	100	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959036114	ZOLOFT	SERTRAL	281604 Antidepres	28160420 Selective-	S	50 MG	ORAL	TABS	EA	14	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959036130	ZOLOFT	SERTRAL	281604 Antidepres	28160420 Selective-	S	50 MG	ORAL	TABS	EA	30	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959036160	ZOLOFT	SERTRAL	281604 Antidepres	28160420 Selective-	S	50 MG	ORAL	TABS	EA	60	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959036210	AMBIEN	ZOLPIDE	282444 UNKNOW	28244400 UNKNOW	S	5 MG	ORAL	TABS	EA	10		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959036215	AMBIEN	ZOLPIDE	282444 UNKNOW	28244400 UNKNOW	S	5 MG	ORAL	TABS	EA	15		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959036220	AMBIEN	ZOLPIDE	282444 UNKNOW	28244400 UNKNOW	S	5 MG	ORAL	TABS	EA	20		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959036230	AMBIEN	ZOLPIDE	282444 UNKNOW	28244400 UNKNOW	S	5 MG	ORAL	TABS	EA	30		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959036260	AMBIEN	ZOLPIDE	282444 UNKNOW	28244400 UNKNOW	S	5 MG	ORAL	TABS	EA	60		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959036310	AMBIEN	ZOLPIDE	282444 UNKNOW	28244400 UNKNOW	S	10 MG	ORAL	TABS	EA	10		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959036315	AMBIEN	ZOLPIDE	282444 UNKNOW	28244400 UNKNOW	S	10 MG	ORAL	TABS	EA	15		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959036320	AMBIEN	ZOLPIDE	282444 UNKNOW	28244400 UNKNOW	S	10 MG	ORAL	TABS	EA	20		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959036321	AMBIEN	ZOLPIDE	282444 UNKNOW	28244400 UNKNOW	S	10 MG	ORAL	TABS	EA	21		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959036325	AMBIEN	ZOLPIDE	282444 UNKNOW	28244400 UNKNOW	S	10 MG	ORAL	TABS	EA	25		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959036330	AMBIEN	ZOLPIDE	282444 UNKNOW	28244400 UNKNOW	S	10 MG	ORAL	TABS	EA	30		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959036360	AMBIEN	ZOLPIDE	282444 UNKNOW	28244400 UNKNOW	S	10 MG	ORAL	TABS	EA	60		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959036501	LORAZEP	LORAZEP	282408 Benzodiaz	28240800 Benzodiaz	S	2 MG	ORAL	TABS	EA	120		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959036505	LORAZEP	LORAZEP	282408 Benzodiaz	28240800 Benzodiaz	S	2 MG	ORAL	TABS	EA	5		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959036515	LORAZEP	LORAZEP	282408 Benzodiaz	28240800 Benzodiaz	S	2 MG	ORAL	TABS	EA	15		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959036530	LORAZEP	LORAZEP	282408 Benzodiaz	28240800 Benzodiaz	S	2 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959036560	LORAZEP	LORAZEP	282408 Benzodiaz	28240800 Benzodiaz	S	2 MG	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959036590	LORAZEP	LORAZEP	282408 Benzodiaz	28240800 Benzodiaz	S	2 MG	ORAL	TABS	EA	90		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959036700	CEFACLO	CEFACLO	81206 Cephalosp	8120608 Second G	R	250 MG	ORAL	CAPS	EA	100		MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959036714	CEFACLO	CEFACLO	81206 Cephalosp	8120608 Second G	R	250 MG	ORAL	CAPS	EA	14		MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959036715	CEFACLO	CEFACLO	81206 Cephalosp	8120608 Second G	R	250 MG	ORAL	CAPS	EA	15		MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959036720	CEFACLO	CEFACLO	81206 Cephalosp	8120608 Second G	R	250 MG	ORAL	CAPS	EA	20		MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959036721	CEFACLO	CEFACLO	81206 Cephalosp	8120608 Second G	R	250 MG	ORAL	CAPS	EA	21		MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959036730	CEFACLO	CEFACLO	81206 Cephalosp	8120608 Second G	R	250 MG	ORAL	CAPS	EA	30		MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959036740	CEFACLO	CEFACLO	81206 Cephalosp	8120608 Second G	R	250 MG	ORAL	CAPS	EA	40		MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959036810	CEFACLO	CEFACLO	81206 Cephalosp	8120608 Second G	R	500 MG	ORAL	CAPS	EA	10		MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959036814	CEFACLO	CEFACLO	81206 Cephalosp	8120608 Second G	R	500 MG	ORAL	CAPS	EA	14		MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959036820	CEFACLO	CEFACLO	81206 Cephalosp	8120608 Second G	R	500 MG	ORAL	CAPS	EA	20		MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959036821	CEFACLO	CEFACLO	81206 Cephalosp	8120608 Second G	R	500 MG	ORAL	CAPS	EA	21		MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959036828	CEFACLO	CEFACLO	81206 Cephalosp	8120608 Second G	R	500 MG	ORAL	CAPS	EA	28		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959036830	CEFACLO	CEFACLO	81206 Cephalosp	8120608 Second G	R	500 MG	ORAL	CAPS	EA	30		MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959036840	CEFACLO	CEFACLO	81206 Cephalosp	8120608 Second G	R	500 MG	ORAL	CAPS	EA	40		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959036900	FLURAZE	FLURAZE	282408 Benzodiaz	28240800 Benzodiaz	R	15 MG	ORAL	CAPS	EA	100		MSB	1/31/2023	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959036906	FLURAZE	FLURAZE	282408 Benzodiaz	28240800 Benzodiaz	R	15 MG	ORAL	CAPS	EA	6		MSB	1/31/2023	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959036930	FLURAZE	FLURAZE	282408 Benzodiaz	28240800 Benzodiaz	R	15 MG	ORAL	CAPS	EA	30		MSB	1/31/2023	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959036940	FLURAZE	FLURAZE	282408 Benzodiaz	28240800 Benzodiaz	R	15 MG	ORAL	CAPS	EA	40		MSB	1/31/2023	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959036960	FLURAZE	FLURAZE	282408 Benzodiaz	28240800 Benzodiaz	R	15 MG	ORAL	CAPS	EA	60		MSB	1/31/2023	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959037500	CIMETIDI	CIMETIDI	562812 Histamine	56281200 Histamine	S	400 MG	ORAL	TABS	EA	100	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959037502	CIMETIDI	CIMETIDI	562812 Histamine	56281200 Histamine	S	400 MG	ORAL	TABS	EA	120	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959037514	CIMETIDI	CIMETIDI	562812 Histamine	56281200 Histamine	S	400 MG	ORAL	TABS	EA	14	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959037515	CIMETIDI	CIMETIDI	562812 Histamine	56281200 Histamine	S	400 MG	ORAL	TABS	EA	15	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959037516	CIMETIDI	CIMETIDI	562812 Histamine	56281200 Histamine	S	400 MG	ORAL	TABS	EA	16	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959037520	CIMETIDI	CIMETIDI	562812 Histamine	56281200 Histamine	S	400 MG	ORAL	TABS	EA	20	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959037528	CIMETIDI	CIMETIDI	562812 Histamine	56281200 Histamine	S	400 MG	ORAL	TABS	EA	28	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959037530	CIMETIDI	CIMETIDI	562812 Histamine	56281200 Histamine	S	400 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959037540	CIMETIDI	CIMETIDI	562812 Histamine	56281200 Histamine	S	400 MG	ORAL	TABS	EA	40	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959037550	CIMETIDI	CIMETIDI	562812 Histamine	56281200 Histamine	S	400 MG	ORAL	TABS	EA	50	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959037560	CIMETIDI	CIMETIDI	562812 Histamine	56281200 Histamine	S	400 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959037590	CIMETIDI	CIMETIDI	562812 Histamine	56281200 Histamine	S	400 MG	ORAL	TABS	EA	90	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959037600	CIMETIDI	CIMETIDI	562812 Histamine	56281200 Histamine	S	800 MG	ORAL	TABS	EA	100	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959037616	CIMETIDI	CIMETIDI	562812 Histamine	56281200 Histamine	S	800 MG	ORAL	TABS	EA	16	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959037620	CIMETIDI	CIMETIDI	562812 Histamine	56281200 Histamine	S	800 MG	ORAL	TABS	EA	20	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959037630	CIMETIDI	CIMETIDI	562812 Histamine	56281200 Histamine	S	800 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959037640	CIMETIDI	CIMETIDI	562812 Histamine	56281200 Histamine	S	800 MG	ORAL	TABS	EA	40	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959037660	CIMETIDI	CIMETIDI	562812 Histamine	56281200 Histamine	S	800 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959037730	DICLOFEI	DICLOFEI	280804 Nonsteroi	28080492 Other Non	S	25 MG	ORAL	TBEC	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959037760	DICLOFEI	DICLOFEI	280804 Nonsteroi	28080492 Other Non	S	25 MG	ORAL	TBEC	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959037815	TRAZODO	TRAZODO	281604 Antidepres	28160424 Serotonin	S	50 MG	ORAL	TABS	EA	15	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959037820	TRAZODO	TRAZODO	281604 Antidepres	28160424 Serotonin	S	50 MG	ORAL	TABS	EA	20	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959037830	TRAZODO	TRAZODO	281604 Antidepres	28160424 Serotonin	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959037860	TRAZODO	TRAZODO	281604 Antidepres	28160424 Serotonin	S	50 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959037890	TRAZODO	TRAZODO	281604 Antidepres	28160424 Serotonin	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959037915	DIFLUNIS	DIFLUNIS	280804 Nonsteroi	28080404 UNKNOW	S	500 MG	ORAL	TABS	EA	15	X	GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959037920	DIFLUNIS	DIFLUNIS	280804 Nonsteroi	28080404 UNKNOW	S	500 MG	ORAL	TABS	EA	20	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959037930	DIFLUNIS	DIFLUNIS	280804 Nonsteroi	28080404 UNKNOW	S	500 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959037960	DIFLUNIS	DIFLUNIS	280804 Nonsteroi	28080404 UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959037990	DIFLUNIS	DIFLUNIS	280804 Nonsteroi	28080404 UNKNOW	S	500 MG	ORAL	TABS	EA	90	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959038602	METHADO	METHADO	280808 Opiate Ag	28080800 Opiate Ag	S	10 MG	ORAL	TABS	EA	120		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959038630	METHADO	METHADO	280808 Opiate Ag	28080800 Opiate Ag	S	10 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959038660	METHADO	METHADO	280808 Opiate Ag	28080800 Opiate Ag	S	10 MG	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959038690	METHADO	METHADO	280808 Opiate Ag	28080800 Opiate Ag	S	10 MG	ORAL	TABS	EA	90		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959038830	EFFEXOR	VENLAFA	281604 Antidepres	28160416 UNKNOW	S	150 MG	ORAL	CP24	EA	30	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959038860	EFFEXOR	VENLAFA	281604 Antidepres	28160416 UNKNOW	S	150 MG	ORAL	CP24	EA	60	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959038920	AMPICILL	AMPICILL	81216 Penicillins	8121608 Aminopen	S	500 MG	ORAL	CAPS	EA	20		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959038928	AMPICILL	AMPICILL	81216 Penicillins	8121608 Aminopen	S	500 MG	ORAL	CAPS	EA	28		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959038930	AMPICILL	AMPICILL	81216 Penicillins	8121608 Aminopen	S	500 MG	ORAL	CAPS	EA	30		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959038940	AMPICILL	AMPICILL	81216 Penicillins	8121608 Aminopen	S	500 MG	ORAL	CAPS	EA	40		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959039201	DEXAMET	DEXAMET	680400 Adrenals	68040000 Adrenals	R	0.75 MG	ORAL	TABS	EA	30		MSB	4/12/2022	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959039212	DEXAMET	DEXAMET	680400 Adrenals	68040000 Adrenals	R	0.75 MG	ORAL	TABS	EA	12		GENERIC	4/12/2022	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959039221	DEXAMET	DEXAMET	680400 Adrenals	68040000 Adrenals	R	0.75 MG	ORAL	TABS	EA	21		GENERIC	4/12/2022	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959039228	DEXAMET	DEXAMET	680400 Adrenals	68040000 Adrenals	R	0.75 MG	ORAL	TABS	EA	28		GENERIC	4/12/2022	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959039230	DEXAMET	DEXAMET	680400 Adrenals	68040000 Adrenals	R	0.75 MG	ORAL	TABS	EA	30		GENERIC	4/12/2022	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959039440	SALSALA	SALSALA	280804 Nonsteroi	28080424 Salicylates	S	500 MG	ORAL	TABS	EA	40	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959039460	SALSALA	SALSALA	280804 Nonsteroi	28080424 Salicylates	S	500 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959039490	SALSALA	SALSALA	280804 Nonsteroi	28080424 Salicylates	S	500 MG	ORAL	TABS	EA	90	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959039800	PIROXICA	PIROXICA	280804 Nonsteroi	28080404 UNKNOW	S	10 MG	ORAL	CAPS	EA	100	X	GENERIC	2/13/2024	52959	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959039810	PIROXICA	PIROXICA	280804 Nonsteroi	28080404 UNKNOW	S	10 MG	ORAL	CAPS	EA	10	X	GENERIC	2/13/2024	52959	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959039820	PIROXICA	PIROXICA	280804 Nonsteroi	28080404 UNKNOW	S	10 MG	ORAL	CAPS	EA	20	X	GENERIC	2/13/2024	52959	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959039821	PIROXICA	PIROXICA	280804 Nonsteroi	28080404 UNKNOW	S	10 MG	ORAL	CAPS	EA	21	X	GENERIC	2/13/2024	52959	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959039830	PIROXICA	PIROXICA	280804 Nonsteroi	28080404 UNKNOW	S	10 MG	ORAL	CAPS	EA	30	X	GENERIC	2/13/2024	52959	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959039860	PIROXICA	PIROXICA	280804 Nonsteroi	28080404 UNKNOW	S	10 MG	ORAL	CAPS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959040015	METRONI	METRONI	83016 UNKNOW	8301692 UNKNOW	S	250 MG	ORAL	TABS	EA	15		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959040021	METRONI	METRONI	83016 UNKNOW	8301692 UNKNOW	S	250 MG	ORAL	TABS	EA	21		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959040030	METRONI	METRONI	83016 UNKNOW	8301692 UNKNOW	S	250 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959040056	METRONI	METRONI	83016 UNKNOW	8301692 UNKNOW	S	250 MG	ORAL	TABS	EA	56		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959040201	TRIAZOL	TRIAZOL	282408 Benzodiaz	28240800 Benzodiaz	S	0.25 MG	ORAL	TABS	EA	100		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959040210	TRIAZOL	TRIAZOL	282408 Benzodiaz	28240800 Benzodiaz	S	0.25 MG	ORAL	TABS	EA	10		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959040230	TRIAZOL	TRIAZOL	282408 Benzodiaz	28240800 Benzodiaz	S	0.25 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959040250	TRIAZOL	TRIAZOL	282408 Benzodiaz	28240800 Benzodiaz	S	0.25 MG	ORAL	TABS	EA	50		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959040260	TRIAZOL	TRIAZOL	282408 Benzodiaz	28240800 Benzodiaz	S	0.25 MG	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959040410	MACROBI	NITROFU	83600 Urinary Ar	8360000 Urinary Ar	S	100 MG	ORAL	CAPS	EA	10		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959040414	MACROBI	NITROFU	83600 Urinary Ar	8360000 Urinary Ar	S	100 MG	ORAL	CAPS	EA	14		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959040420	MACROBI	NITROFU	83600 Urinary Ar	8360000 Urinary Ar	S	100 MG	ORAL	CAPS	EA	20		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959040500	NITROFU	NITROFU	83600 Urinary Ar	8360000 Urinary Ar	S	100 MG	ORAL	CAPS	EA	100		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959040508	NITROFU	NITROFU	83600 Urinary Ar	8360000 Urinary Ar	S	100 MG	ORAL	CAPS	EA	8		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959040510	NITROFU	NITROFU	83600 Urinary Ar	8360000 Urinary Ar	S	100 MG	ORAL	CAPS	EA	10		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959040514	NITROFU	NITROFU	83600 Urinary Ar	8360000 Urinary Ar	S	100 MG	ORAL	CAPS	EA	14		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959040515	NITROFU	NITROFU	83600 Urinary Ar	8360000 Urinary Ar	S	100 MG	ORAL	CAPS	EA	15		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959040516	NITROFU	NITROFU	83600 Urinary Ar	8360000 Urinary Ar	S	100 MG	ORAL	CAPS	EA	16		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959040520	NITROFU	NITROFU	83600 Urinary Ar	8360000 Urinary Ar	S	100 MG	ORAL	CAPS	EA	20		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959040521	NITROFU	NITROFU	83600 Urinary Ar	8360000 Urinary Ar	S	100 MG	ORAL	CAPS	EA	21		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959040528	NITROFU	NITROFU	83600 Urinary Ar	8360000 Urinary Ar	S	100 MG	ORAL	CAPS	EA	28		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959040530	NITROFU	NITROFU	83600 Urinary Ar	8360000 Urinary Ar	S	100 MG	ORAL	CAPS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959040540	NITROFU	NITROFU	83600 Urinary Ar	8360000 Urinary Ar	S	100 MG	ORAL	CAPS	EA	40		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959040602	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	S	30 MG	ORAL	TBCR	EA	120		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959040630	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	S	30 MG	ORAL	TBCR	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959040660	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	S	30 MG	ORAL	TBCR	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959040690	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	S	30 MG	ORAL	TBCR	EA	90		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959040701	NEOMYCI	NEOMYCI	520808 Corticoste	52080800 Corticoste	S	3.5-10000	OPHTHAL	OINT	GM	3.5		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959040802	HYDROM	HYDROM	280808 Opiate Ag	28080800 Opiate Ag	S	4 MG	ORAL	TABS	EA	120		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959040830	HYDROM	HYDROM	280808 Opiate Ag	28080800 Opiate Ag	S	4 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959040860	HYDROM	HYDROM	280808 Opiate Ag	28080800 Opiate Ag	S	4 MG	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959040930	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	S	60 MG	ORAL	TBCR	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959040960	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	S	60 MG	ORAL	TBCR	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959041110	BENZONA	BENZONA	480800 Antitussive	48080000 Antitussive	S	100 MG	ORAL	CAPS	EA	10		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959041115	BENZONA	BENZONA	480800 Antitussive	48080000 Antitussive	S	100 MG	ORAL	CAPS	EA	15		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959041120	BENZONA	BENZONA	480800 Antitussive	48080000 Antitussive	S	100 MG	ORAL	CAPS	EA	20		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959041130	BENZONA	BENZONA	480800 Antitussive	48080000 Antitussive	S	100 MG	ORAL	CAPS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959041240	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	40		GENERIC	2/13/2024	52959	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959041250	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	50		GENERIC	2/13/2024	52959	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959041302	HYDROM	HYDROM	280808 Opiate Ag	28080800 Opiate Ag	S	8 MG	ORAL	TABS	EA	120		GENERIC	2/13/2024	52959	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959041360	HYDROM	HYDROM	280808 Opiate Ag	28080800 Opiate Ag	S	8 MG	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959041400	ULTRAM	TRAMADO	280808 Opiate Ag	28080800 Opiate Ag	S	50 MG	ORAL	TABS	EA	100		MSB	9/30/2022	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959041402	ULTRAM	TRAMADO	280808 Opiate Ag	28080800 Opiate Ag	S	50 MG	ORAL	TABS	EA	120		MSB	9/30/2022	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI

52959041410 ULTRAM TRAMADO 280808 Opiate Ag 28808800 Opiate Ag=S 50 MG ORAL TABS EA 10 MSB 9/30/2022 529S9 Y X N EXCLUDEREPACK PREPACKED PRODUFORMULARY EXCLUSION R MEDPRIM
52959041415 ULTRAM TRAMADO 280808 Opiate Ag 28808800 Opiate Ag=S 50 MG ORAL TABS EA 15 MSB 9/30/2022 529S9 Y X N EXCLUDEREPACK PREPACKED PRODUFORMULARY EXCLUSION R MEDPRIM
52959041420 ULTRAM TRAMADO 280808 Opiate Ag 28808800 Opiate Ag=S 50 MG ORAL TABS EA 20 MSB 9/30/2022 529S9 Y X N EXCLUDEREPACK PREPACKED PRODUFORMULARY EXCLUSION R MEDPRIM
52959041421 ULTRAM TRAMADO 280808 Opiate Ag 28808800 Opiate Ag=S 50 MG ORAL TABS EA 21 MSB 9/30/2022 529S9 Y X N EXCLUDEREPACK PREPACKED PRODUFORMULARY EXCLUSION R MEDPRIM
52959041424 ULTRAM TRAMADO 280808 Opiate Ag 28808800 Opiate Ag=S 50 MG ORAL TABS EA 24 MSB 9/30/2022 529S9 Y X N EXCLUDEREPACK PREPACKED PRODUFORMULARY EXCLUSION R MEDPRIM
52959041428 ULTRAM TRAMADO 280808 Opiate Ag 28808800 Opiate Ag=S 50 MG ORAL TABS EA 28 MSB 9/30/2022 529S9 Y X N EXCLUDEREPACK PREPACKED PRODUFORMULARY EXCLUSION R MEDPRIM
52959041430 ULTRAM TRAMADO 280808 Opiate Ag 28808800 Opiate Ag=S 50 MG ORAL TABS EA 30 MSB 9/30/2022 529S9 Y X N EXCLUDEREPACK PREPACKED PRODUFORMULARY EXCLUSION R MEDPRIM
52959041460 ULTRAM TRAMADO 280808 Opiate Ag 28808800 Opiate Ag=S 50 MG ORAL TABS EA 60 MSB 9/30/2022 529S9 Y X N EXCLUDEREPACK PREPACKED PRODUFORMULARY EXCLUSION R MEDPRIM
52959041460 ULTRAM TRAMADO 280808 Opiate Ag 28808800 Opiate Ag=S 50 MG ORAL TABS EA 60 MSB 9/30/2022 529S9 Y X N EXCLUDEREPACK PREPACKED PRODUFORMULARY EXCLUSION R MEDPRIM
52959041707 PHENTERPHENTER 282008 UNKNOW 28200804 UNKNOWN S 37.5 MG ORAL CAPS EA 7 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959042002 HYDROMI HYDROM 280808 Opiate Ag 28808800 Opiate Ag=S 2 MG ORAL TABS EA 120 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959042302 DICLOFDICLOFEN 280804 Nonsteroi 28080462 Other Non-S 75 MG ORAL TBEC EA 100 X GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959042310 DICLOFDICLOFEN 280804 Nonsteroi 28080462 Other Non-S 75 MG ORAL TBEC EA 10 X GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959042312 DICLOFDICLOFEN 280804 Nonsteroi 28080462 Other Non-S 75 MG ORAL TBEC EA 12 X GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959042315 DICLOFDICLOFEN 280804 Nonsteroi 28080462 Other Non-S 75 MG ORAL TBEC EA 15 X GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959042320 DICLOFDICLOFEN 280804 Nonsteroi 28080462 Other Non-S 75 MG ORAL TBEC EA 20 X GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959042321 DICLOFDICLOFEN 280804 Nonsteroi 28080462 Other Non-S 75 MG ORAL TBEC EA 21 X GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959042328 DICLOFDICLOFEN 280804 Nonsteroi 28080462 Other Non-S 75 MG ORAL TBEC EA 28 X GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959042330 DICLOFDICLOFEN 280804 Nonsteroi 28080462 Other Non-S 75 MG ORAL TBEC EA 30 X GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959042360 DICLOFDICLOFEN 280804 Nonsteroi 28080462 Other Non-S 75 MG ORAL TBEC EA 60 X GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959042390 DICLOFDICLOFEN 280804 Nonsteroi 28080462 Other Non-S 75 MG ORAL TBEC EA 90 X GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959042410 MEPHYTOPHYTONM 882400 Vitamin K 88240000 Vitamin K=S 5 MG ORAL TABS EA 10 MSB 3/30/2023 529S9 Y X N EXCLUDEREPACK PREPACKED PRODUFORMULARY EXCLUSION R MEDPRIM
52959042510 ONDANSONDANSO 852220 5-HT3 Re 85222005 5-HT3 Re=S 4 MG ORAL TBDF EA 10 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959042608 PHENTERPHENTER 282008 UNKNOW 28200804 UNKNOWN S 15 MG ORAL CAPS EA 7 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959042614 PHENTERPHENTER 282008 UNKNOW 28200804 UNKNOWN S 15 MG ORAL CAPS EA 14 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959042615 PHENTERPHENTER 282008 UNKNOW 28200804 UNKNOWN S 15 MG ORAL CAPS EA 15 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959042624 PHENTERPHENTER 282008 UNKNOW 28200804 UNKNOWN S 15 MG ORAL CAPS EA 24 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959042628 PHENTERPHENTER 282008 UNKNOW 28200804 UNKNOWN S 15 MG ORAL CAPS EA 28 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959042630 PHENTERPHENTER 282008 UNKNOW 28200804 UNKNOWN S 15 MG ORAL CAPS EA 30 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959042660 PHENTERPHENTER 282008 UNKNOW 28200804 UNKNOWN S 15 MG ORAL CAPS EA 60 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959043004 CEFADROCEFADRC 812306 Cephalosp 81260604 First Gene=S 500 MG ORAL CAPS EA 4 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959042810 CEFADROCEFADRC 812306 Cephalosp 81260604 First Gene=S 500 MG ORAL CAPS EA 10 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959042814 CEFADROCEFADRC 812306 Cephalosp 81260604 First Gene=S 500 MG ORAL CAPS EA 14 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959042815 CEFADROCEFADRC 812306 Cephalosp 81260604 First Gene=S 500 MG ORAL CAPS EA 15 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959042816 CEFADROCEFADRC 812306 Cephalosp 81260604 First Gene=S 500 MG ORAL CAPS EA 16 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959042818 CEFADROCEFADRC 812306 Cephalosp 81260604 First Gene=S 500 MG ORAL CAPS EA 18 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959042820 CEFADROCEFADRC 812306 Cephalosp 81260604 First Gene=S 500 MG ORAL CAPS EA 20 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959042828 CEFADROCEFADRC 812306 Cephalosp 81260604 First Gene=S 500 MG ORAL CAPS EA 28 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959042830 CEFADROCEFADRC 812306 Cephalosp 81260604 First Gene=S 500 MG ORAL CAPS EA 30 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959043030 HYDROCHYDROCI 343502 UNKNOW 34350300 UNKNOWN S 12.5 MG ORAL CAPS EA 30 X GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959043030 PRISTIQ DESVENL 281604 Antidepre 28160416 UNKNOWN S 50 MG ORAL TB24 EA 30 X MSB 2/13/2024 529S9 Y X N EXCLUDEREPACK PREPACKED PRODUFORMULARY EXCLUSION R MEDPRIM
52959043060 PRISTIQ DESVENL 281604 Antidepre 28160416 UNKNOWN S 50 MG ORAL TB24 EA 60 X MSB 2/13/2024 529S9 Y X N EXCLUDEREPACK PREPACKED PRODUFORMULARY EXCLUSION R MEDPRIM
52959043307 PHENTERPHENTER 282008 UNKNOW 28200804 UNKNOWN S 30 MG ORAL CAPS EA 7 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959043314 PHENTERPHENTER 282008 UNKNOW 28200804 UNKNOWN S 30 MG ORAL CAPS EA 14 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959043320 PHENTERPHENTER 282008 UNKNOW 28200804 UNKNOWN S 30 MG ORAL CAPS EA 30 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959043315 HYDROXHYDROXAT 282402 Anxiolytics 28240320 Anxiolytics=S 25 MG ORAL CAPS EA 15 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959043320 HYDROXHYDROXAT 282402 Anxiolytics 28240320 Anxiolytics=S 25 MG ORAL CAPS EA 20 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959043330 HYDROXHYDROXAT 282402 Anxiolytics 28240320 Anxiolytics=S 25 MG ORAL CAPS EA 30 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959043340 HYDROXHYDROXAT 282402 Anxiolytics 28240320 Anxiolytics=S 25 MG ORAL CAPS EA 40 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959043350 HYDROXHYDROXAT 282402 Anxiolytics 28240320 Anxiolytics=S 25 MG ORAL CAPS EA 50 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959043360 HYDROXHYDROXAT 282402 Anxiolytics 28240320 Anxiolytics=S 25 MG ORAL CAPS EA 60 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959043400 NEURONGABAPEN 281228 UNKNOW 28122800 UNKNOWN S 600 MG ORAL CAPS EA 100 X MSB 2/13/2024 529S9 Y X N EXCLUDEREPACK PREPACKED PRODUFORMULARY EXCLUSION R MEDPRIM
52959043402 NEURONGABAPEN 281228 UNKNOW 28122800 UNKNOWN S 300 MG ORAL CAPS EA 120 X MSB 2/13/2024 529S9 Y X N EXCLUDEREPACK PREPACKED PRODUFORMULARY EXCLUSION R MEDPRIM
52959043420 NEURONGABAPEN 281228 UNKNOW 28122800 UNKNOWN S 300 MG ORAL CAPS EA 20 X MSB 2/13/2024 529S9 Y X N EXCLUDEREPACK PREPACKED PRODUFORMULARY EXCLUSION R MEDPRIM
52959043430 NEURONGABAPEN 281228 UNKNOW 28122800 UNKNOWN S 300 MG ORAL CAPS EA 30 X MSB 2/13/2024 529S9 Y X N EXCLUDEREPACK PREPACKED PRODUFORMULARY EXCLUSION R MEDPRIM
52959043435 NEURONGABAPEN 281228 UNKNOW 28122800 UNKNOWN S 300 MG ORAL CAPS EA 35 X MSB 2/13/2024 529S9 Y X N EXCLUDEREPACK PREPACKED PRODUFORMULARY EXCLUSION R MEDPRIM
52959043445 NEURONGABAPEN 281228 UNKNOW 28122800 UNKNOWN S 300 MG ORAL CAPS EA 45 X MSB 2/13/2024 529S9 Y X N EXCLUDEREPACK PREPACKED PRODUFORMULARY EXCLUSION R MEDPRIM
52959043460 NEURONGABAPEN 281228 UNKNOW 28122800 UNKNOWN S 300 MG ORAL CAPS EA 60 X MSB 2/13/2024 529S9 Y X N EXCLUDEREPACK PREPACKED PRODUFORMULARY EXCLUSION R MEDPRIM
52959043502 METHADOMETHAD 280808 Opiate Ag 28080800 Opiate Ag=S 5 MG ORAL TABS EA 100 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959043530 METHADOMETHAD 280808 Opiate Ag 28080800 Opiate Ag=S 5 MG ORAL TABS EA 30 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959043560 METHADOMETHAD 280808 Opiate Ag 28080800 Opiate Ag=S 5 MG ORAL TABS EA 60 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959043590 METHADOMETHAD 280808 Opiate Ag 28080800 Opiate Ag=S 5 MG ORAL TABS EA 90 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959043601 DICLOFDICLOFEN 280804 Nonsteroi 28080462 Other Non-S 50 MG ORAL TBEC EA 100 X GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959043612 DICLOFDICLOFEN 280804 Nonsteroi 28080462 Other Non-S 50 MG ORAL TBEC EA 12 X GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959043614 DICLOFDICLOFEN 280804 Nonsteroi 28080462 Other Non-S 50 MG ORAL TBEC EA 14 X GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959043620 DICLOFDICLOFEN 280804 Nonsteroi 28080462 Other Non-S 50 MG ORAL TBEC EA 20 X GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959043628 DICLOFDICLOFEN 280804 Nonsteroi 28080462 Other Non-S 50 MG ORAL TBEC EA 28 X GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959043630 DICLOFDICLOFEN 280804 Nonsteroi 28080462 Other Non-S 50 MG ORAL TBEC EA 30 X GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959043640 DICLOFDICLOFEN 280804 Nonsteroi 28080462 Other Non-S 50 MG ORAL TBEC EA 40 X GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959043660 DICLOFDICLOFEN 280804 Nonsteroi 28080462 Other Non-S 50 MG ORAL TBEC EA 60 X GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959043690 DICLOFDICLOFEN 280804 Nonsteroi 28080462 Other Non-S 50 MG ORAL TBEC EA 90 X GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959044007 PHENTERPHENTER 282008 UNKNOW 28200804 UNKNOWN S 30 MG ORAL CAPS EA 7 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959044014 PHENTERPHENTER 282008 UNKNOW 28200804 UNKNOWN S 30 MG ORAL CAPS EA 14 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959044015 PHENTERPHENTER 282008 UNKNOW 28200804 UNKNOWN S 30 MG ORAL CAPS EA 15 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959044028 PHENTERPHENTER 282008 UNKNOW 28200804 UNKNOWN S 30 MG ORAL CAPS EA 28 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959044030 PHENTERPHENTER 282008 UNKNOW 28200804 UNKNOWN S 30 MG ORAL CAPS EA 30 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959044101 TOPIRAMTOPIRAM 281292 Anticonvu 28129200 Anticonvuls=S 25 MG ORAL TABS EA 120 X GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959044160 TOPIRAMTOPIRAM 281292 Anticonvu 28129200 Anticonvuls=S 25 MG ORAL TABS EA 60 X GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959044165 CLARITINLORATAC 408800 Second G 40880000 Second G=P 5-120 MG ORAL TB12 EA 15 MSB 2/13/2024 529S9 N X N EXCLUDEREPACK PREPACKED PRODUFORMULARY EXCLUSION R MEDPRIM
52959044230 CLARITINLORATAC 408800 Second G 40880000 Second G=P 5-120 MG ORAL TB12 EA 30 MSB 2/13/2024 529S9 N X N EXCLUDEREPACK PREPACKED PRODUFORMULARY EXCLUSION R MEDPRIM
52959044330 CLARITINLORATAC 408800 Second G 40880000 Second G=P 5-120 MG ORAL TB12 EA 30 MSB 2/13/2024 529S9 N X N EXCLUDEREPACK PREPACKED PRODUFORMULARY EXCLUSION R MEDPRIM
52959044600 ACETAMI ACETAMI 280808 Opiate Ag 28080800 Opiate Ag=S 300-60 MK ORAL TABS EA 100 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959044610 ACETAMI ACETAMI 280808 Opiate Ag 28080800 Opiate Ag=S 300-60 MK ORAL TABS EA 120 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959044620 ACETAMI ACETAMI 280808 Opiate Ag 28080800 Opiate Ag=S 300-60 MK ORAL TABS EA 20 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959044624 ACETAMI ACETAMI 280808 Opiate Ag 28080800 Opiate Ag=S 300-60 MK ORAL TABS EA 24 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959044630 ACETAMI ACETAMI 280808 Opiate Ag 28080800 Opiate Ag=S 300-60 MK ORAL TABS EA 30 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959044650 ACETAMI ACETAMI 280808 Opiate Ag 28080800 Opiate Ag=S 300-60 MK ORAL TABS EA 50 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959044660 ACETAMI ACETAMI 280808 Opiate Ag 28080800 Opiate Ag=S 300-60 MK ORAL TABS EA 60 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959044901 GLYBURIGLYBURI 682020 Sulfonylur 68202000 Sulfonylurs=S 5 MG ORAL TABS EA 100 X GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959044930 GLYBURIGLYBURI 682020 Sulfonylur 68202000 Sulfonylurs=S 5 MG ORAL TABS EA 30 X GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959044960 GLYBURIGLYBURI 682020 Sulfonylur 68202000 Sulfonylurs=S 5 MG ORAL TABS EA 60 X GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM

52959045501 DIFLUCANFLUCONM 814084 Azoles 81408400 Azoles S 150 MG ORAL TABS EA 1 MSB 2/13/2024 529S9 Y X N EXCLUDEREPACK PREPACKED PRODUFORMULARY EXCLUSION R MEDPRIM
52959045700 ALPRAZOALPRAZO 282408 Benzodiaz 28240800 Benzodiaz=S 0.5 MG ORAL TABS EA 100 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959045702 ALPRAZOALPRAZO 282408 Benzodiaz 28240800 Benzodiaz=S 0.5 MG ORAL TABS EA 120 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959045715 ALPRAZOALPRAZO 282408 Benzodiaz 28240800 Benzodiaz=S 0.5 MG ORAL TABS EA 15 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959045720 ALPRAZOALPRAZO 282408 Benzodiaz 28240800 Benzodiaz=S 0.5 MG ORAL TABS EA 20 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959045728 ALPRAZOALPRAZO 282408 Benzodiaz 28240800 Benzodiaz=S 0.5 MG ORAL TABS EA 28 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959045730 ALPRAZOALPRAZO 282408 Benzodiaz 28240800 Benzodiaz=S 0.5 MG ORAL TABS EA 30 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959045742 ALPRAZOALPRAZO 282408 Benzodiaz 28240800 Benzodiaz=S 0.5 MG ORAL TABS EA 42 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959045745 ALPRAZOALPRAZO 282408 Benzodiaz 28240800 Benzodiaz=S 0.5 MG ORAL TABS EA 45 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959045760 ALPRAZOALPRAZO 282408 Benzodiaz 28240800 Benzodiaz=S 0.5 MG ORAL TABS EA 60 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959045790 ALPRAZOALPRAZO 282408 Benzodiaz 28240800 Benzodiaz=S 0.5 MG ORAL TABS EA 90 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959045814 DESIPRAMDESIPRAM 281604 Antidepre 28160428 Tricyclics cS 25 MG ORAL TABS EA 14 X GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959045820 DESIPRAMDESIPRAM 281604 Antidepre 28160428 Tricyclics cS 25 MG ORAL TABS EA 20 X GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959045821 DESIPRAMDESIPRAM 281604 Antidepre 28160428 Tricyclics cS 25 MG ORAL TABS EA 21 X GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959045860 DESIPRAMDESIPRAM 281604 Antidepre 28160428 Tricyclics cS 25 MG ORAL TABS EA 60 X GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959045900 TEMAZEPTEMAZEP 282408 Benzodiaz 28240800 Benzodiaz=S 30 MG ORAL CAPS EA 100 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959045910 TEMAZEPTEMAZEP 282408 Benzodiaz 28240800 Benzodiaz=S 30 MG ORAL CAPS EA 10 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959045912 TEMAZEPTEMAZEP 282408 Benzodiaz 28240800 Benzodiaz=S 30 MG ORAL CAPS EA 12 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959045915 TEMAZEPTEMAZEP 282408 Benzodiaz 28240800 Benzodiaz=S 30 MG ORAL CAPS EA 15 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959045920 TEMAZEPTEMAZEP 282408 Benzodiaz 28240800 Benzodiaz=S 30 MG ORAL CAPS EA 20 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959045930 TEMAZEPTEMAZEP 282408 Benzodiaz 28240800 Benzodiaz=S 30 MG ORAL CAPS EA 30 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959045960 TEMAZEPTEMAZEP 282408 Benzodiaz 28240800 Benzodiaz=S 30 MG ORAL CAPS EA 60 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM

52959046301 ATENOLCATENOLC 242000 Alpha-Adr 24200000 Alpha-Adrs=S 25 MG ORAL TABS EA 100 X GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959046330 ATENOLCATENOLC 242000 Alpha-Adr 24200000 Alpha-Adrs=S 25 MG ORAL TABS EA 30 X GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959046360 ATENOLCATENOLC 242000 Alpha-Adr 24200000 Alpha-Adrs=S 25 MG ORAL TABS EA 60 X GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959046400 DESIPRAMDESIPRAM 281604 Antidepre 28160428 Tricyclics cS 50 MG ORAL TABS EA 100 X GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959046412 DESIPRAMDESIPRAM 281604 Antidepre 28160428 Tricyclics cS 50 MG ORAL TABS EA 12 X GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959046414 DESIPRAMDESIPRAM 281604 Antidepre 28160428 Tricyclics cS 50 MG ORAL TABS EA 14 X GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959046420 DESIPRAMDESIPRAM 281604 Antidepre 28160428 Tricyclics cS 50 MG ORAL TABS EA 20 X GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959046530 PEPCID FAMOTID 582812 Histamine 58281200 Histamine S 20 MG ORAL TABS EA 30 X MSB 2/13/2024 529S9 Y X N EXCLUDEREPACK PREPACKED PRODUFORMULARY EXCLUSION R MEDPRIM
52959046600 NAPROXNAPROXE 280804 Nonsteroi 28080464 UNKNOWN P 220 MG ORAL TABS EA 100 GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959046602 NAPROXNAPROXE 280804 Nonsteroi 28080464 UNKNOWN P 220 MG ORAL TABS EA 20 X GENERIC 2/13/2024 529S9 X N EXCLUDEREPACK PREPACKED PRODUOPTIONAL BENEFIT EXCLUSION R MEDPRIM
52959046624 NAPROXNAPROXE 280804 Nonsteroi 28080464 UNKNOWN P 220 MG ORAL TABS EA 24 GENERIC 2/13/2024 529S9 N X N EXCLUDEREPACK PREPACKED PRODUFORMULARY EXCLUSION R MEDPRIM
52959046628 NAPROXNAPROXE 280804 Nonsteroi 28080464 UNKNOWN P 220 MG ORAL TABS EA 28 GENERIC 2/13/2024 529S9 N X N EXCLUDEREPACK PREPACKED PRODUFORMULARY EXCLUSION R MEDPRIM
52959046630 NAPROXNAPROXE 280804 Nonsteroi 28080464 UNKNOWN P 220 MG ORAL TABS EA 30 GENERIC 2/13/2024 529S9 N X N EXCLUDEREPACK PREPACKED PRODUFORMULARY EXCLUSION R MEDPRIM
52959046640 NAPROXNAPROXE 280804 Nonsteroi 28080464 UNKNOWN P 220 MG ORAL TABS EA 40 GENERIC 2/13/2024 529S9 N X N EXCLUDEREPACK PREPACKED PRODUFORMULARY EXCLUSION R MEDPRIM
52959046660 NAPROXN

52959052015	KETOPR	KETOPR	280804	Nonsteroi	28080492	Other Non	R	200 MG	ORAL	CP24	EA	15	X	MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959052020	KETOPR	KETOPR	280804	Nonsteroi	28080492	Other Non	R	200 MG	ORAL	CP24	EA	20	X	MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959052030	KETOPR	KETOPR	280804	Nonsteroi	28080492	Other Non	R	200 MG	ORAL	CP24	EA	30	X	MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959052060	KETOPR	KETOPR	280804	Nonsteroi	28080492	Other Non	R	200 MG	ORAL	CP24	EA	60	X	MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959052400	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	100		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959052402	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	120		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959052406	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	6		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959052410	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	10		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959052414	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	14		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959052428	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	28		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959052430	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959052460	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959052490	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	90		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959052514	ARTHROT	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75-0.2 MG	ORAL	TBEC	EA	14	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959052520	ARTHROT	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75-0.2 MG	ORAL	TBEC	EA	20	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959052530	ARTHROT	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75-0.2 MG	ORAL	TBEC	EA	30	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959052560	ARTHROT	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75-0.2 MG	ORAL	TBEC	EA	60	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959052700	ORPHENA	ORPHENA	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	100		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959052702	ORPHENA	ORPHENA	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	120		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959052710	ORPHENA	ORPHENA	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	10		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959052714	ORPHENA	ORPHENA	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	14		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959052715	ORPHENA	ORPHENA	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	15		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959052720	ORPHENA	ORPHENA	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	20		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959052728	ORPHENA	ORPHENA	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	28		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959052730	ORPHENA	ORPHENA	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959052742	ORPHENA	ORPHENA	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	42		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959052745	ORPHENA	ORPHENA	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	45		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959052760	ORPHENA	ORPHENA	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959052790	ORPHENA	ORPHENA	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	90		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959052825	DRISDOL	ERGOCAL	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (	ORAL	CAPS	EA	25	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959053002	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	120	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959053014	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	14	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959053020	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	20	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959053028	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	28	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959053030	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959053045	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	45	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959053060	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959053090	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	90	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959053120	ARTHROT	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50-0.2 MG	ORAL	TBEC	EA	20	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959053130	ARTHROT	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50-0.2 MG	ORAL	TBEC	EA	30	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959053142	ARTHROT	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50-0.2 MG	ORAL	TBEC	EA	42	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959053160	ARTHROT	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50-0.2 MG	ORAL	TBEC	EA	60	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959053190	ARTHROT	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50-0.2 MG	ORAL	TBEC	EA	90	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959053401	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	120		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959053402	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	2		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959053410	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	10		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959053412	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	12		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959053415	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	15		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959053420	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	20		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959053428	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	28		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959053430	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959053445	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	45		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959053460	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959053490	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	90		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959053510	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	10		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959053512	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	12		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959053515	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	15		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959053528	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	28		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959053530	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959053540	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	40		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959053560	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959053730	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	CAPS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959053790	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	CAPS	EA	90	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959053800	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	100		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959053810	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	10		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959053820	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	20		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959053830	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959053840	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	40		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959053860	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959053890	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	90		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959053900	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	100	X	MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959053905	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	5	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959053907	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	7	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959053910	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	10	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959053914	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	14	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959053915	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	15	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959053920	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	20	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959053921	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	21	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959053928	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	28	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959053930	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	30	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959053940	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	40	X	MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959053945	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	45	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959053950	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	50	X	MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959053960	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	60	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959053990	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	90	X	MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959054014	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	14	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959054015	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	15	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959054020	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	20	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959054021	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	21	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959054028	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	28	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959054030	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	30	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959054040	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	40	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959054060	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	60	X	MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959054110	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	10	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959054120	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	20	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959054130	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959054160	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959054214	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	TABS	EA	14	X	GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959054215	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	TABS	EA	15	X	GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959054221	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	TABS	EA	21	X	GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959054228	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	TABS	EA	28	X	GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959054230	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959054240	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	TABS	EA	40	X	GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959054242	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	TABS	EA	42	X	GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959054330	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	120 MG	ORAL	CP24	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959054401	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	100		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959054410	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	10		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959054412	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	12		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959054415	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	15		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959054421	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	21		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959054425	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	25		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959054430	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959054440	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	40		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959054450	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	50		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959054460	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959054502	PENTAZO	PENTAZO	280812	Opiate Pa	28081200	Opiate Pa	S	50-0.5 MG	ORAL	TABS	EA	120		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959054510	PENTAZO	PENTAZO	280812	Opiate Pa	28081200	Opiate Pa	S	50-0.5 MG	ORAL	TABS	EA	10		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959054512	PENTAZO	PENTAZO	280812	Opiate Pa	28081200	Opiate Pa	S	50-0.5 MG	ORAL	TABS	EA	12		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959054515	PENTAZO	PENTAZO	280812	Opiate Pa	28081200	Opiate Pa	S	50-0.5 MG	ORAL	TABS	EA	15		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959054520	PENTAZO	PENTAZO	280812	Opiate Pa	28081200	Opiate Pa	S	50-0.5 MG	ORAL	TABS	EA	20		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959054524	PENTAZO	PENTAZO	280812	Opiate Pa	28081200	Opiate Pa	S	50-0.5 MG	ORAL	TABS	EA	24		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959054530	PENTAZO	PENTAZO	280812	Opiate Pa	28081200	Opiate Pa	S	50-0.5 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959054535	PENTAZO	PENTAZO	280812	Opiate Pa	28081200	Opiate Pa	S	50-0.5 MG	ORAL	TABS	EA	35		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959054540	PENTAZO	PENTAZO	280812	Opiate Pa	28081200	Opiate Pa	S	50-0.5 MG	ORAL	TABS	EA	40		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959054550	PENTAZO	PENTAZO	280812	Opiate Pa	28081200	Opiate Pa	S	50-0.5 MG	ORAL	TABS	EA	50		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959054560	PENTAZO	PENTAZO	280812	Opiate Pa	28081200	Opiate Pa	S	50-0.5 MG	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959054590	PENTAZO	PENTAZO	280812	Opiate Pa	28081200	Opiate Pa	S	50-0.5 MG	ORAL	TABS	EA	90		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959054704	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	4		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959054710	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	10		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959054711	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	11		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959054712	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	12		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959054716	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	16		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959054720	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	20		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959054730	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959054750	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	50		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959054830	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	600 MCG	BUCCAL	LPOP	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959054930	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	400 MCG	BUCCAL	LPOP	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959055030	EFFEXOR	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	30	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959055060	EFFEXOR	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	60	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959055101	NYSTATI	NYSTATI	840408	Antifungal	84040828	Polyenes	S	100000 U	EXTERNA	CREA	GM	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959055103	NYSTATI	NYSTATI	840408	Antifungal	84040828	Polyenes	S	100000 U	EXTERNA	CREA	GM	15		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959055230	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	200 MCG	BUCCAL	LPOP	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959055330	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	800 MCG	BUCCAL	LPOP	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959055402	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	120		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959055430	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959055460	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959055490	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	90		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959055602	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	120		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959055630	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959055660	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959055690	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	90		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959055705	CIPROFL	CIPROFL	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	5		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959055801	NYSTATI	NYSTATI	840608	UNKNOW	84060800	UNKNOW	S	100000-0.	EXTERNA	CREA	GM	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959055803	NYSTATI	NYSTATI	840608	UNKNOW	84060800	UNKNOW	S	100000-0.	EXTERNA	CREA	GM	15		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959055903	NYSTATI	NYSTATI	840608	UNKNOW	84060800	UNKNOW	S	100000-0.	EXTERNA	OINT	GM	15		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959055907	NYSTATI	NYSTATI	840608	UNKNOW	84060800	UNKNOW	S	100000-0.	EXTERNA	OINT	GM	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959056630	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	1200 MCG	BUCCAL	LPOP	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959056703	SULFACE	SULFACE	520808	Corticoste	52080800	Corticoste	R	10-0.23 %	OPHTHAL	SOLN	ML	5		MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959056804	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	R	6.25-5 MG	ORAL	SYRP	ML	120		SSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959056901	PROVENT	ALBUTER	121208	beta-Adre	12120812	Selective	S	108 (90 B	INHALATI	AERS	GM	6.7	X	MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959057021	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	2.5 MG	ORAL	TABS	EA	21		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959057101	RETIN-A	TRETINO	841600	Cell Stimu	84160000	Cell Stimu	S	0.03%	EXTERNA	CREA	GM	20		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959057930	ZYPREXA	OLANZAP	281608	Antipsych	28160804	Atypical A	S	2.5 MG	ORAL	TABS	EA	30	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959058003	HYDROC	HYDROC	480800	Antitussiv	48080000	Antitussiv	S	5-1.5 MG/	ORAL	SOLN	ML	120		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959058103	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	P	0.50%	EXTERNA	CREA	GM	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959058203	HYDROX	HYDROX	282492	Anxiolytics	28249200	Anxiolytics	S	10 MG/5M	ORAL	SYRP	ML	120		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959058505	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	25 MCG/H	TRANSDE	PT72	EA	5		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959058605	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	50 MCG/H	TRANSDE	PT72	EA	5		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959059000	TOBREX	TOBRAM	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	5		MSB	1/20/2022	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959059203	TOBRADE	TOBRAM	520808	Corticoste	52080800	Corticoste	R	0.3-0.1 %	OPHTHAL	OINT	GM	3.5		SSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959059350	POLYVIT	PEDIATRI	882800	Multivitam	88280000	Multivitam	S	0.25 MG/M	ORAL	SOLN	ML	50		GENERIC	4/5/2022	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959059503	CAPSAIC	CAPSAIC	849200	Skin and M	84920000	Skin and M	P	0.03%	EXTERNA	CREA	GM	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959059612	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	120		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959059615	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	15		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959059620	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	20		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959059630	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959059640	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	40		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959059660	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959059690	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	90		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959059701	TETRAHY	TETRAHY	523200	Vasocons	52320000	Vasocons	P	0.05%	OPHTHAL	SOLN	ML	15		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959059890	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	1.25 MG	ORAL	TABS	EA	90	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959060330	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959060430	ABILIFY	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	30	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959060530	ABILIFY	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	30	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959060630	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959060660	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	100 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959060705	OCUFLOX	OFLOXAC	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	5		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959060910	POLYMYX	POLYMYX	520404	Antibacter	52040400	Antibacter	S	10000-0.1	OPHTHAL	SOLN	ML	10		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959061805	NEOMYCI	NEOMYCI	520404	Antibacter	52040400	Antibacter	S	5-400-100	OPHTHAL	OINT	GM	3.5		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959062000	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG/5	ORAL	SUSR	ML	100		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959062001	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG/5	ORAL	SUSR	ML	200		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959062100	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	P	1%	VAGINAL	CREA	GM	45		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959062300	MOBIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	100	X	MSB	12/27/2022	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959062315	MOBIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	15	X	MSB	12/27/2022	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959062320	MOBIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	20	X	MSB	12/27/2022	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959062330	MOBIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30	X	MSB	12/27/2022	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959062360	MOBIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	60	X	MSB	12/27/2022	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959062690	CIDAFLE	GLUCOSA	929200	UNKNOW	92920000	UNKNOW	P	500-400 M	ORAL	TABS	EA	90		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959062903	PRED-G	GENTAMI	520808	Corticoste	52080800	Corticoste	R	0.3-1 %	OPHTHAL	SUSP	ML	5		SSB	11/30/2022	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959063000	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	100		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959063002	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	120		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959063018	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	180		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959063030	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959063060	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959063090	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	90		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959063100	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	OINT	GM	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959063212	LAMISIL	TERBINAF	840408	Antifungal	84040804	Allylamine	P	1%	EXTERNA	CREA	GM	12		MSB	2/13/2024	52959	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959063315	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	S	1-0.05 %	EXTERNA	CREA	GM	15		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959063345	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	S	1-0.05 %	EXTERNA	CREA	GM	45		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959063500	SILVER S	SILVER S	840416	UNKNOW	84041600	UNKNOW	S	1%	EXTERNA	CREA	GM	400		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959063525	SILVER S	SILVER S	840416	UNKNOW	84041600	UNKNOW	S	1%	EXTERNA	CREA	GM	25		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959063550	SILVER S	SILVER S	840416	UNKNOW	84041600	UNKNOW	S	1%	EXTERNA	CREA	GM	50		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959063585	SILVER S	SILVER S	840416	UNKNOW	84041600	UNKNOW	S	1%	EXTERNA	CREA	GM	85		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959063715	ZANAFLE	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	15		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959063730	ZANAFLE	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	30		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959063745	ZANAFLE	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	45		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959063790	ZANAFLE	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	90		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959063930	PAXIL	PAROXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	30	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959064006	TRAUMAI	HOMEOP	929200	UNKNOW	92920000	UNKNOW	R	0	EXTERNA	GEL	ML	50		SSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959064110	VALTREX	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	10		MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959064114	VALTREX	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	14		MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959064130	VALTREX	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	30		MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959064142	VALTREX	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	42		MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959064230	NEXIUM	ESOMEP	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959064290	NEXIUM	ESOMEP	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
52959064330	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959064360	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959064820	NYSTATI	NYSTATI	81428	Polyenes	8142800	Polyenes	S	500000 U	ORAL	TABS	EA	20		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959064920	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TB24	EA	20	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959064930	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TB24	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959064960	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TB24	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959065000	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	100	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959065014	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	14	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959065020	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	20	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959065028	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	28	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959065030	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959065040	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	40	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959065042	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	42	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959065060	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959065090	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	90	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959065120	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	20	X	GENERIC	2/13/2024	52959	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959065140	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	40	X	GENERIC	2/13/2024	52959	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959065260	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	GEL	GM	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959065310	RIFAMPIN	RIFAMPIN	81604	Antituberc	8160400	Antituberc	S	300 MG	ORAL	CAPS	EA	10		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959065320	RIFAMPIN	RIFAMPIN	81604	Antituberc	8160400	Antituberc	S	300 MG	ORAL	CAPS	EA	20		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959065330	RIFAMPIN	RIFAMPIN	81604	Antituberc	8160400	Antituberc	S	300 MG	ORAL	CAPS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959065340	RIFAMPIN	RIFAMPIN	81604	Antituberc	8160400	Antituberc	S	300 MG	ORAL	CAPS	EA	40		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959065430	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959065500	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TABS	EA	100	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959065502	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TABS	EA	120	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959065530	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959065540	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TABS	EA	40	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959065560	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959065590	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959065600	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	100	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959065602	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	120	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
52959065620	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	20	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

52959065628	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	28	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959065630	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959065640	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	40	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959065642	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	42	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959065660	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959065690	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	90	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959065703	ZITHROM	AZITHROI	81212	Macrolide	8121208	UNKNOW	S	200 MG/5	ORAL	SUSR	ML	15		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959065706	ZITHROM	AZITHROI	81212	Macrolide	8121208	UNKNOW	S	200 MG/5	ORAL	SUSR	ML	22.5		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959065805	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	100 MCG/	TRANSDE	PT72	EA	5		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959065920	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TABS	EA	20	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959065928	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TABS	EA	28	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959065930	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959065940	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TABS	EA	40	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959065960	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959065990	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959066120	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875 MG	ORAL	TABS	EA	20		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959066130	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959066230	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959066314	MOBIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	14	X	MSB	12/27/2022	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959066315	MOBIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	15	X	MSB	12/27/2022	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959066330	MOBIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	30	X	MSB	12/27/2022	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959066360	MOBIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	60	X	MSB	12/27/2022	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959066390	MOBIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	90	X	MSB	12/27/2022	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959066530	PROZAC	FLUOXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	CAPS	EA	30	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959066600	ULTRACE	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	100		MSB	10/26/2022	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959066602	ULTRACE	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	120		MSB	10/26/2022	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959066620	ULTRACE	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	20		MSB	10/26/2022	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959066628	ULTRACE	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	28		MSB	10/26/2022	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959066630	ULTRACE	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	30		MSB	10/26/2022	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959066640	ULTRACE	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	40		MSB	10/26/2022	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959066656	ULTRACE	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	56		MSB	10/26/2022	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959066660	ULTRACE	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	60		MSB	10/26/2022	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959066690	ULTRACE	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	90		MSB	10/26/2022	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959066930	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	CAPS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959066959	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	CAPS	EA	59	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959066960	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	CAPS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959067010	NATURAL	PSYLLIUM	561200	Cathartics	56120000	Cathartics	P	30%	ORAL	POWD	GM	539		GENERIC	2/13/2024	52959	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959067160	VALPROI(	VALPROI(	281292	Anticonvul	28129200	Anticonvul	S	250 MG	ORAL	CAPS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959067212	BISACOD	BISACOD	561200	Cathartics	56120000	Cathartics	P	10 MG	RECTAL	SUPP	EA	12		GENERIC	2/13/2024	52959	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959067400	BISACOD	BISACOD	561200	Cathartics	56120000	Cathartics	P	5 MG	ORAL	TBEC	EA	100		GENERIC	2/13/2024	52959	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959067430	BISACOD	BISACOD	561200	Cathartics	56120000	Cathartics	P	5 MG	ORAL	TBEC	EA	30		GENERIC	2/13/2024	52959	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959067460	BISACOD	BISACOD	561200	Cathartics	56120000	Cathartics	P	5 MG	ORAL	TBEC	EA	60		GENERIC	2/13/2024	52959	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959067500	SENNA-D	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	100		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959067502	SENNA-D	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	120		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959067508	SENNA-D	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	180		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959067530	SENNA-D	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959067560	SENNA-D	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959067660	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959067690	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959067702	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	120		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959067710	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	10		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959067730	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959067745	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	45		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959067760	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959067790	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	90		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959067830	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959067840	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	40		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959067850	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	50		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959067912	CATAPRE	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG/24	TRANSDE	PTWK	EA	4	X	MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959068130	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959068230	TRIPLE A	NEOMYCI	840404	Antibacter	84040400	Antibacter	P	1%	EXTERNA	OINT	GM	28.4		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959068400	GABITRIL	TIAGABIN	281228	UNKNOW	28122800	UNKNOW	S	4 MG	ORAL	TABS	EA	100	X	MSB	7/12/2023	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959068414	GABITRIL	TIAGABIN	281228	UNKNOW	28122800	UNKNOW	S	4 MG	ORAL	TABS	EA	14	X	MSB	7/12/2023	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959068430	GABITRIL	TIAGABIN	281228	UNKNOW	28122800	UNKNOW	S	4 MG	ORAL	TABS	EA	30	X	MSB	7/12/2023	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959068510	CLARINE	DESLORA	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	10		MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959068530	CLARINE	DESLORA	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	30		MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959068590	CLARINE	DESLORA	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	90		MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959068800	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	100		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959068802	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	120		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959068803	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	240		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959068805	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	150		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959068810	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	10		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959068812	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	12		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959068815	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	15		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959068818	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	180		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959068820	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	20		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959068821	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	21		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959068824	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	24		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959068825	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	25		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959068828	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	28		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959068830	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959068835	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	35		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959068840	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	40		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959068850	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	50		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959068856	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	56		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959068860	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959068884	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	84		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959068890	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	90		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959068902	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	120		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959068905	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	150		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959068908	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	180		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959068915	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	15		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959068920	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	20		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959068921	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	21		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959068930	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959068942	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	42		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959068945	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	45		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959068960	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959068963	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	63		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959068990	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	90		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959069003	LEVAQUI	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	3		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959069005	LEVAQUI	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	5		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959069007	LEVAQUI	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	7		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959069014	LEVAQUI	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	14		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959069030	LEVAQUI	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	30		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959069100	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	100		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959069102	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	120		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959069105	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	150		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959069120	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	20		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959069124	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	24		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959069125	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	25		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959069130	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959069145	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	45		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959069160	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959069163	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	63		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959069190	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	90		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959069212	MISOPRC	MISOPRC	562828	Prostaglar	56282800	Prostaglar	S	100 MCG	ORAL	TABS	EA	12	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959069228	MISOPRC	MISOPRC	562828	Prostaglar	56282800	Prostaglar	S	100 MCG	ORAL	TABS	EA	28	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959069230	MISOPRC	MISOPRC	562828	Prostaglar	56282800	Prostaglar	S	100 MCG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959069240	MISOPRC	MISOPRC	562828	Prostaglar	56282800	Prostaglar	S	100 MCG	ORAL	TABS	EA	40	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959069260	MISOPRC	MISOPRC	562828	Prostaglar	56282800	Prostaglar	S	100 MCG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959069312	MISOPRC	MISOPRC	562828	Prostaglar	56282800	Prostaglar	S	200 MCG	ORAL	TABS	EA	12	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959069316	MISOPRC	MISOPRC	562828	Prostaglar	56282800	Prostaglar	S	200 MCG	ORAL	TABS	EA	16	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959069320	MISOPRC	MISOPRC	562828	Prostaglar	56282800	Prostaglar	S	200 MCG	ORAL	TABS	EA	20	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959069328	MISOPRC	MISOPRC	562828	Prostaglar	56282800	Prostaglar	S	200 MCG	ORAL	TABS	EA	28	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959069330	MISOPRC	MISOPRC	562828	Prostaglar	56282800	Prostaglar	S	200 MCG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959069340	MISOPRC	MISOPRC	562828	Prostaglar	56282800	Prostaglar	S	200 MCG	ORAL	TABS	EA	40	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959069360	MISOPRC	MISOPRC	562828	Prostaglar	56282800	Prostaglar	S	200 MCG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959069660	GLUCOS/	GLUCOS/	929200	UNKNOW	92920000	UNKNOW	P	500 MG	ORAL	CAPS	EA	60		GENERIC	2/13/2024	52959	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959069900	KETOCOI	KETOCOI	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	100		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959069902	KETOCOI	KETOCOI	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	2		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959069920	KETOCOI	KETOCOI	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	20		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959069930	KETOCOI	KETOCOI	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959069960	KETOCOI	KETOCOI	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959070004	PROMETI	PROMETI	480800	Antitussive	48080000	Antitussive	S	6.25-15 M	ORAL	SYRP	ML	120		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959070006	PROMETI	PROMETI	480800	Antitussive	48080000	Antitussive	S	6.25-15 M	ORAL	SYRP	ML	180		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959070008	PROMETI	PROMETI	480800	Antitussive	48080000	Antitussive	S	6.25-15 M	ORAL	SYRP	ML	240		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959070204	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500-125 M	ORAL	TABS	EA	4		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959070209	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500-125 M	ORAL	TABS	EA	9		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959070212	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500-125 M	ORAL	TABS	EA	12		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959070214	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500-125 M	ORAL	TABS	EA	14		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959070215	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500-125 M	ORAL	TABS	EA	15		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959070220	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500-125 M	ORAL	TABS	EA	20		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959070221	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500-125 M	ORAL	TABS	EA	21		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959070230	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500-125 M	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959070240	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500-125 M	ORAL	TABS	EA	40		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959070300	LEXAPRC	ESCITAL(	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	100	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959070330	LEXAPRC	ESCITAL(	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	30	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959070360	LEXAPRC	ESCITAL(	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	60	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959070400	LEXAPRC	ESCITAL(	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	100	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959070430	LEXAPRC	ESCITAL(	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	30	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959070460	LEXAPRC	ESCITAL(	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	60	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959070530	PROPAR/	PROPAR/	521600	Local Ane	52160000	Local Ane	S	0.50%	OPHTHAL	SOLN	ML	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959070710	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	10		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959070714	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	14		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959070715	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	15		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959070720	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	20		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959070730	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959070760	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959070835	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	OINT	GM	35		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959070900	SKELAXI	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	100		MSB	11/30/2022	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959070914	SKELAXI	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	14		MSB	11/30/2022	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959070915	SKELAXI	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	15		MSB	11/30/2022	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959070920	SKELAXI	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	20		MSB	11/30/2022	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959070928	SKELAXI	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	28		MSB	11/30/2022	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959070930	SKELAXI	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	30		MSB	11/30/2022	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959070940	SKELAXI	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	40		MSB	11/30/2022	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959070942	SKELAXI	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	42		MSB	11/30/2022	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959070945	SKELAXI	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	45		MSB	11/30/2022	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959070950	SKELAXI	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	50		MSB	11/30/2022	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959070956	SKELAXI	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	56		MSB	11/30/2022	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959070960	SKELAXI	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	60		MSB	11/30/2022	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959070990	SKELAXI	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	90		MSB	11/30/2022	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
52959071104	EYE WAS	OPHTHAL	529200	EENT Dru	52920000	EENT Dru	P	0-.025%-.(	OPHTHAL	SOLN	ML	118		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959071200	TRIAMTEI	TRIAMTEI	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	CAPS	EA	100	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959071215	TRIAMTEI	TRIAMTEI	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	CAPS	EA	15	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959071230	TRIAMTEI	TRIAMTEI	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	CAPS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959071290	TRIAMTEI	TRIAMTEI	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	CAPS	EA	90	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959071300	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	100		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959071330	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959071345	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	45		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959071360	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959071390	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	90		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959071730	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	CAPS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959071800	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	100	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959071805	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	5	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959071812	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	12	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959071830	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959071840	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	40	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959071860	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959071890	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	90	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959072030	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959072115	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	15		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959072145	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	45		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959072200	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	100	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959072210	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	10	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959072214	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	14	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959072215	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	15	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959072218	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	18	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959072220	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	20	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959072230	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959072260	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959072275	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	75	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959072290	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959072400	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TABS	EA	100		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959072410	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TABS	EA	10		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959072414	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TABS	EA	14		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959072415	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TABS	EA	15		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959072424	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TABS	EA	24		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959072430	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959072510	CIPRO H(	CIPROFL	520808	Corticoste	52080800	Corticoste	R	0.2-1 %	OTIC	SUSP	ML	10		SSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959072815	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	15	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959072820	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	20	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959072830	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959072890	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959072930	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959072960	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959072990	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073000	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	100		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073004	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	4		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073006	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	6		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073010	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	10		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073014	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	14		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073015	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	15		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073020	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	20		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073021	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	21		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073028	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	28		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073030	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073060	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073112	PROMETI	PROMETI	40400	First Gene	4040000	First Gene	S	12.5 MG	RECTAL	SUPP	EA	12		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073200	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	100	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073210	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	10	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073214	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	14	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073215	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	15	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073220	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	20	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073230	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073240	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	40	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073250	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	50	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073260	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	56	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073290	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	90	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073300	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073302	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	120		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073310	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	10		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073312	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	12		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073318	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	180		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073320	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073330	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073340	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	40		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073360	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073390	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073414	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	14		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073420	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	20		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073430	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073460	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073500	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	100		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073502	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	120		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073503	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	126		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073528	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	28		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073530	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073540	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	40		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073542	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	42		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073550	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	50		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073560	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073580	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	80		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073584	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	84		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073590	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	90		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073702	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	120		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073715	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	15		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073720	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	20		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073725	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	25		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073728	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	28		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073730	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073740	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	40		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073742	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	42		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073745	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	45		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073750	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	50		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073760	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073790	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	90		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

52959073906	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	6		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073910	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	10		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073914	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	14		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959073920	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	20		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959074010	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	10		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959074014	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	14		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959074015	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	15		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959074020	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	20		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959074030	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959074120	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	R	(5 MG/ML	INHALATI	NEBU	ML	20	X	MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959074322	MUPIROC	MUPIROC	840404	Antibacter	84040400	Antibacter	S	2%	EXTERNA	OINT	GM	22		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959074420	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	20		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959074430	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959074440	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	40		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959074442	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	42		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959074502	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	2		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959074530	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959074630	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959074660	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	60	X	MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959074690	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959074701	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	120	X	MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959074730	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	30	X	MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959074760	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	60	X	MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959074790	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	90	X	MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959075004	GUAIFEN	DEXTROM	480800	Antitussive	48080000	Antitussive	P	100-10 MG	ORAL	SYRP	ML	120		GENERIC	2/13/2024	52959	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959075008	GUAIFEN	DEXTROM	480800	Antitussive	48080000	Antitussive	P	100-10 MG	ORAL	SYRP	ML	240		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959075100	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	100	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959075115	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	15	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959075130	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959075300	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	100	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959075330	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959075360	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959075400	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	100	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959075402	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	120	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959075408	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	180	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959075420	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	20	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959075430	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959075445	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	45	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959075460	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959075463	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	63	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959075490	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959075630	DIOVAN	VALSART	243208	Angiotens	24320800	Angiotens	S	80 MG	ORAL	TABS	EA	30	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959075701	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959075702	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	120	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959075703	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	3	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959075720	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	20	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959075721	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	21	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959075727	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	270	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959075730	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959075760	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959075780	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	80	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959075790	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959075800	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	100	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959075820	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	20	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959075830	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959075840	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	40	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959075860	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959075990	LIPITOR	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959076090	LIPITOR	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959076100	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	100		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959076102	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	120		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959076110	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	10		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959076130	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959076160	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959076305	OFLOXAC	OFLOXAC	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	5		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959076310	OFLOXAC	OFLOXAC	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	10		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959076402	LACTULO	LACTULO	401000	Ammonia	40100000	Ammonia	S	10 GM/15	ORAL	SOLN	ML	960	X	GENERIC	2/13/2024	52959	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959076502	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	R	250 MG/5	ORAL	SOLR	ML	200		MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959076603	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	200-40 MG	ORAL	SUSP	ML	200		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959076605	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	200-40 MG	ORAL	SUSP	ML	100		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959076607	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	200-40 MG	ORAL	SUSP	ML	120		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959076730	BUTALBIT	BUTALBIT	280804	Nonsteroi	28080424	Salicylates	S	50-325-40	ORAL	CAPS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959076760	BUTALBIT	BUTALBIT	280804	Nonsteroi	28080424	Salicylates	S	50-325-40	ORAL	CAPS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959076802	GLUCOSA	GLUCOSA	929200	UNKNOW	92920000	UNKNOW	P	500-400 M	ORAL	TABS	EA	120		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959076830	GLUCOSA	GLUCOSA	929200	UNKNOW	92920000	UNKNOW	P	500-400 M	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959076860	GLUCOSA	GLUCOSA	929200	UNKNOW	92920000	UNKNOW	P	500-400 M	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959077030	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959077160	EFFEXOR	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	60	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959077202	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	120	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959077230	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959077260	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959077290	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959077330	CITALOPR	CITALOPR	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959077352	CITALOPR	CITALOPR	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	52	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959077360	CITALOPR	CITALOPR	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959077430	MIRTAZA	MIRTAZA	281604	Antidepres	28160424	Serotonin	S	15 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959077460	MIRTAZA	MIRTAZA	281604	Antidepres	28160424	Serotonin	S	15 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959077530	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959077550	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	50	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959077560	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959077630	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959077660	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959077830	PLAVIX	CLOPIDO	201218	Platelet-A	20121800	Platelet-A	S	75 MG	ORAL	TABS	EA	30	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959077990	RENAGEL	SEVELAM	401819	Phosphate	40181900	Phosphate	S	800 MG	ORAL	TABS	EA	90	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959078060	TOPAMAX	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	60	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959078130	ZOLOFT	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	30	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959078160	ZOLOFT	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	60	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959078207	LEVAQUI	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	7		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959078210	LEVAQUI	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	10		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959078220	LEVAQUI	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	20		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959078300	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	100		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959078310	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	10		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959078314	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	14		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959078320	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	20		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959078330	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959078404	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	4		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959078416	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	16		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959078421	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	21		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959078428	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	28		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959078430	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959078440	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	40		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959078530	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TB24	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959078606	MAXALT	RIZATRIP	283228	Selective	28322800	Selective	S	10 MG	ORAL	TABS	EA	6		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959078730	ZOLOFT	SERTRAL	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TABS	EA	30	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959078830	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959078912	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	120	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959078930	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959078960	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959078963	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	63	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959078990	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959079003	NEOMYCI	NEOMYCI	520808	Corticoste	52080800	Corticoste	R	3.5-10000	OPHTHAL	SUSP	ML	7.5		MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959079130	IMIPRAMI	IMIPRAMI	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959079230	PAXIL CR	PAROXET	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TB24	EA	30	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959079610	CEFPODO	CEFPODO	81206	Cephalosp	8120612	Third Gen	S	100 MG	ORAL	TABS	EA	10		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959079901	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	1		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959079902	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	2		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959079912	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	12		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959080001	OXAPROZ	OXAPROZ	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	100	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959080014	OXAPROZ	OXAPROZ	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	14	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959080015	OXAPROZ	OXAPROZ	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	15	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959080020	OXAPROZ	OXAPROZ	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	20	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959080021	OXAPROZ	OXAPROZ	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	21	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959080024	OXAPROZ	OXAPROZ	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	24	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959080028	OXAPROZ	OXAPROZ	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	28	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959080030	OXAPROZ	OXAPROZ	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959080040	OXAPROZ	OXAPROZ	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	40	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959080042	OXAPROZ	OXAPROZ	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	42	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959080045	OXAPROZ	OXAPROZ	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	45	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959080060	OXAPROZ	OXAPROZ	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959080090	OXAPROZ	OXAPROZ	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959080110	TAMIFLU	OSELTAM	81828	Neuramini	8182800	Neuramini	S	75 MG	ORAL	CAPS	EA	10		MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959080325	MEFLOQU	MEFLOQU	83008	Antimalari	8300800	Antimalari	S	250 MG	ORAL	TABS	EA	25	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959080404	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	6.25 MG/5	ORAL	SOLN	ML	120		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959080408	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	6.25 MG/5	ORAL	SOLN	ML	240		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959080560	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TB12	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959080630	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959080660	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959080760	LIMBREL	FLAVOCO	929200	UNKNOW	92920000	UNKNOW	R	250 MG	ORAL	CAPS	EA	60		SSB	2/13/2024	52959		X	N	EXCLUDE	RECALL_DENY: [RECALLED F	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959080902	GLUCOSA	GLUCOSA	929200	UNKNOW	92920000	UNKNOW	P	500-400 M	ORAL	CAPS	EA	120		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959080903	GLUCOSA	GLUCOSA	929200	UNKNOW	92920000	UNKNOW	P	500-400 M	ORAL	CAPS	EA	120		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959080930	GLUCOSA	GLUCOSA	929200	UNKNOW	92920000	UNKNOW	P	500-400 M	ORAL	CAPS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959080960	GLUCOSA	GLUCOSA	929200	UNKNOW	92920000	UNKNOW	P	500-400 M	ORAL	CAPS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959081002	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	120	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959081030	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959081060	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959081080	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	80	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959081090	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	90	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959081103	TERCONA	TERCONA	840408	Antifungal	84040808	Azoles	S	0.40%	VAGINAL	CREA	GM	45		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959081207	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	7		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959081210	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	10		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959081211	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	11		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959081214	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	14		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959081220	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	20		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959081222	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	22		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959081230	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959081260	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959081290	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	90		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959081400	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	100		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959081410	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	10		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959081412	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	120		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959081415	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	15		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959081418	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	180		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959081420	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	20		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959081430	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959081440	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	40		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959081460	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959081490	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	90		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959081502	CAPSAICI	CAPSAICI	849200	Skin and M	84920000	Skin and M	P	0.03%	EXTERNA	CREA	GM	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959081620	ERYTHRO	ERYTHRO	81212	Macrolides	8121204	Erythromy	S	500 MG	ORAL	TABS	EA	20		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959081628	ERYTHRO	ERYTHRO	81212	Macrolides	8121204	Erythromy	S	500 MG	ORAL	TABS	EA	28		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959081630	ERYTHRO	ERYTHRO	81212	Macrolides	8121204	Erythromy	S	500 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959081710	TRIMETH	TRIMETH	562208	Antihistam	56220800	Antihistam	S	300 MG	ORAL	CAPS	EA	10		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959081930	PROTONI	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	30	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959082060	WELLBUT	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	60	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959082115	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TB24	EA	15	X	GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959082130	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TB24	EA	30	X	GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959082160	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TB24	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959082200	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959082230	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959082260	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959082320	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	20	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959082360	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959082430	NIZATIDIN	NIZATIDIN	562812	Histamine	56281200	Histamine	R	150 MG	ORAL	CAPS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959082460	NIZATIDIN	NIZATIDIN	562812	Histamine	56281200	Histamine	R	150 MG	ORAL	CAPS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959082501	MICONAZ	MICONAZ	840408	Antifungal	84040808	Azoles	P	2%	VAGINAL	CREA	GM	45		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959082730	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959082805	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	CAPS	EA	150	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959082860	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	CAPS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959082960	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959083005	HYDROCO	HYDROCO	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	CREA	GM	15		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959083130	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959083306	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	CAPS	EA	6		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959083320	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	CAPS	EA	20		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959083460	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	30 MG	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959083530	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959083560	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959083610	CLARITHR	CLARITHR	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	10		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959083614	CLARITHR	CLARITHR	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	14		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959083620	CLARITHR	CLARITHR	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	20		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959083660	CLARITHR	CLARITHR	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959083790	OXAZEPA	OXAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	90		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959083806	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959083930	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959083960	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959084060	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	CAPS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959084130	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959084160	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959084230	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959084301	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	200 MG/5	ORAL	SUSR	ML	100		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959084500	XALATAN	LATANOP	524028	UNKNOW	52402800	UNKNOW	S	0.01%	OPHTHAL	SOLN	ML	2.5	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959084600	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	100		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959084610	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	10		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959084615	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	15		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959084620	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	20		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959084621	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	21		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959084630	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959084640	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	40		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959084642	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	42		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959084645	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	45		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959084660	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959084690	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	90		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959084715	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	15		GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959084930	METOCLO	METOCLO	563200	Prokinetic	56320000	Prokinetic	S	5 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959084960	METOCLO	METOCLO	563200	Prokinetic	56320000	Prokinetic	S	5 MG	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959085002	HYDROQU	HYDROQU	845004	Depigmen	84500400	Depigmen	S	4%	EXTERNA	CREA	GM	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959085104	GUAIFEN	GUAIFEN	481600	Expectora	48160000	Expectora	P	100 MG/5	ORAL	LIQD	ML	118		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959085210	LUNESTA	ESZOPICL	282444	UNKNOW	28244400	UNKNOW	S	3 MG	ORAL	TABS	EA	10		MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959085230	LUNESTA	ESZOPICL	282444	UNKNOW	28244400	UNKNOW	S	3 MG	ORAL	TABS	EA	30		MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959085260	LUNESTA	ESZOPICL	282444	UNKNOW	28244400	UNKNOW	S	3 MG	ORAL	TABS	EA	60		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
52959085420	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	20	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959085430	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959085601	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	120	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959085614	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	14	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959085615	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	15	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959085620	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	20	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959085621	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	21	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959085630	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959085645	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	45	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959085660	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959085690	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959085714	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	14	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959085715	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	15	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959085720	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	20	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959085721	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	21	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959085730	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959085740	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	40	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959085760	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959085805	KETOTIFE	KETOTIFE	520200	Antiallergi	52020000	Antiallergi	P	0.04%	OPHTHAL	SOLN	ML	5		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959085945	MOMETAS	MOMETAS	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	45		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959086002	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	120	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959086030	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959086060	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959086090	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	90	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959086208	FERROUS	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	220 (44 FE	ORAL	SOLN	ML	473		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959086350	POLY-VIT	PEDIATRI	882800	Multivitam	88280000	Multivitam	S	0.5 MG/ML	ORAL	SOLN	ML	50		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959086400	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	100		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959086410	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	10		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959086430	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959086440	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	40		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
52959086460	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

52959086490	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	90		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959086500	BUTALBIT	BUTALBIT	280808	Opiate Ag	28080800	Opiate Ag	S	50-325-40	ORAL	CAPS	EA	100		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959086530	BUTALBIT	BUTALBIT	280808	Opiate Ag	28080800	Opiate Ag	S	50-325-40	ORAL	CAPS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959086800	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	R	200-325-1	ORAL	TABS	EA	100		MSB	8/2/2022	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			FORMULARY EXCLUSION		R	MEDPRIM
52959086860	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	R	200-325-1	ORAL	TABS	EA	60		MSB	8/2/2022	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			FORMULARY EXCLUSION		R	MEDPRIM
52959086890	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	R	200-325-1	ORAL	TABS	EA	90		MSB	8/2/2022	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			FORMULARY EXCLUSION		R	MEDPRIM
52959087030	AMBIEN (	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	12.5 MG	ORAL	TBCR	EA	30		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD			FORMULARY EXCLUSION		R	MEDPRIM
52959087230	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959087260	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959087330	CLORAZE	CLORAZE	282408	Benzodiaz	28240800	Benzodiaz	S	3.75 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959087360	CLORAZE	CLORAZE	282408	Benzodiaz	28240800	Benzodiaz	S	3.75 MG	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959087430	CLORAZE	CLORAZE	282408	Benzodiaz	28240800	Benzodiaz	S	7.5 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959087460	CLORAZE	CLORAZE	282408	Benzodiaz	28240800	Benzodiaz	S	7.5 MG	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959087530	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959087560	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959087590	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959087630	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959087660	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959087703	VIGAMOX	MOXIFLO	520404	Antibacter	52040400	Antibacter	S	0.50%	OPHTHAL	SOLN	ML	3		MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			FORMULARY EXCLUSION		R	MEDPRIM
52959087860	GABITRIL	TIAGABIN	281228	UNKNOW	28122800	UNKNOW	S	2 MG	ORAL	TABS	EA	60	X	MSB	7/12/2023	52959	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD			FORMULARY EXCLUSION		R	MEDPRIM
52959087902	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	120		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959087910	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	10		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959087914	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	14		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959087915	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	15		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959087920	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	20		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959087928	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	28		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959087930	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959087960	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959087990	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	90		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959088000	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	2		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959088002	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	120		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959088010	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	10		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959088014	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	14		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959088015	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	15		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959088020	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959088028	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	28		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959088030	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959088045	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	45		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959088060	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959088090	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959088230	HYDROX	HYDROX	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959088304	TUSSIN C	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-10-100	ORAL	LIQD	ML	118		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959088490	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959088607	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	R	105 MG	ORAL	CP24	EA	7		MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			FORMULARY EXCLUSION		R	MEDPRIM
52959088630	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	R	105 MG	ORAL	CP24	EA	30		MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			FORMULARY EXCLUSION		R	MEDPRIM
52959088730	CHLORDI	CHLORDI	282408	Benzodiaz	28240800	Benzodiaz	S	25 MG	ORAL	CAPS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959088800	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	100	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959088830	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959089030	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959089060	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959089090	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	TABS	EA	90	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959089102	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	120	X	MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			FORMULARY EXCLUSION		R	MEDPRIM
52959089130	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	30	X	MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			FORMULARY EXCLUSION		R	MEDPRIM
52959089160	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	60	X	MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			FORMULARY EXCLUSION		R	MEDPRIM
52959089190	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	90	X	MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			FORMULARY EXCLUSION		R	MEDPRIM
52959089230	CYMBALT	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	30	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD			FORMULARY EXCLUSION		R	MEDPRIM
52959089260	CYMBALT	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	60	X	MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			FORMULARY EXCLUSION		R	MEDPRIM
52959089430	TRAZODC	TRAZODC	281604	Antidepres	28160424	Serotonin	S	150 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959089460	TRAZODC	TRAZODC	281604	Antidepres	28160424	Serotonin	S	150 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959089560	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	40 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959089601	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	100	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959089660	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959089730	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	30	X	MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			FORMULARY EXCLUSION		R	MEDPRIM
52959089760	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	60	X	MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			FORMULARY EXCLUSION		R	MEDPRIM
52959089790	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	90	X	MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			FORMULARY EXCLUSION		R	MEDPRIM
52959089860	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	75 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959089900	ZONEGR	ZONISAM	281224	UNKNOW	28122400	UNKNOW	S	100 MG	ORAL	CAPS	EA	100	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD			FORMULARY EXCLUSION		R	MEDPRIM
52959089930	ZONEGR	ZONISAM	281224	UNKNOW	28122400	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD			FORMULARY EXCLUSION		R	MEDPRIM
52959090030	IMIPRAMI	IMIPRAMI	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	CAPS	EA	30	X	GENERIC	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959090130	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	15 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959090330	NIZATIDIN	NIZATIDIN	562812	Histamine	56281200	Histamine	R	300 MG	ORAL	CAPS	EA	30	X	MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			FORMULARY EXCLUSION		R	MEDPRIM
52959090390	NIZATIDIN	NIZATIDIN	562812	Histamine	56281200	Histamine	R	300 MG	ORAL	CAPS	EA	90	X	MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			FORMULARY EXCLUSION		R	MEDPRIM
52959090430	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	400 MG	ORAL	CAPS	EA	30	X	MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			FORMULARY EXCLUSION		R	MEDPRIM
52959090515	LOPERAM	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	S	2 MG	ORAL	CAPS	EA	15		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959090520	LOPERAM	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	S	2 MG	ORAL	CAPS	EA	20		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959090620	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	4 MG	ORAL	TABS	EA	20	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959090730	BENAZEF	BENAZEF	243204	Angiotens	24320400	Angiotens	S	20-25 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959090909	IMITREX	SUMATRI	283228	Selective	28322800	Selective	S	100 MG	ORAL	TABS	EA	9		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD			FORMULARY EXCLUSION		R	MEDPRIM
52959091090	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	90	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959091130	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959091190	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959091260	BUTALBIT	BUTALBIT	280808	Opiate Ag	28080800	Opiate Ag	S	50-325-40	ORAL	CAPS	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959091430	PROMETI	PROMETI	40400	First Gene	4040000	First Gene	S	12.5 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959091630	RISPERD.	RISPERIC	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	30	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD			FORMULARY EXCLUSION		R	MEDPRIM
52959091660	RISPERD.	RISPERIC	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	60	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD			FORMULARY EXCLUSION		R	MEDPRIM
52959091710	NEXIUM	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	10	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD			FORMULARY EXCLUSION		R	MEDPRIM
52959091730	NEXIUM	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD			FORMULARY EXCLUSION		R	MEDPRIM
52959091900	LUNESTA	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	2 MG	ORAL	TABS	EA	100		MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			FORMULARY EXCLUSION		R	MEDPRIM
52959091930	LUNESTA	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	2 MG	ORAL	TABS	EA	30		MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			FORMULARY EXCLUSION		R	MEDPRIM
52959091960	LUNESTA	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	2 MG	ORAL	TABS	EA	60		MSB	2/13/2024	52959	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD			FORMULARY EXCLUSION		R	MEDPRIM
52959092000	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	125 MCG	ORAL	TABS	EA	100	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959092100	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	50 MCG	ORAL	TABS	EA	100	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959092200	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	75 MCG	ORAL	TABS	EA	100	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959092230	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	75 MCG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959092307	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	7		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959092310	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	10		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959092315	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	15		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959092320	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	20		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959092330	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959092430	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	1 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959092530	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959092630	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959092703	AZITHROI	AZITHROI	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	3		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959093190	XENICAL	ORLISTAT	569200	GI Drugs,	56920000	GI Drugs,	R	120 MG	ORAL	CAPS	EA	90		SSB	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959093215	AZITHROI	AZITHROI	81212	Macrolides	8121208	UNKNOW	S	200 MG/5	ORAL	SUSR	ML	15		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959093230	AZITHROI	AZITHROI	81212	Macrolides	8121208	UNKNOW	S	200 MG/5	ORAL	SUSR	ML	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959093320	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.10%	EXTERNA	CREA	GM	20		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959093420	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.05%	EXTERNA	CREA	GM	20		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959093505	PRED MIL	PREDNIS	520808	Corticoste	52080800	Corticoste	R	0.12%	OPHTHAL	SUSP	ML	5		SSB	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959093630	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959093660	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959093730	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959093812	ALUMINU	ALUM & M	560400	Antacids a	56040000	Antacids a	P	200-200-2	ORAL	SUSP	ML	360		GENERIC	2/13/2024	52959	N	X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959093920	CEFURO)	CEFURO)	81206	Cephalosp	8120608	Second G	S	500 MG	ORAL	TABS	EA	20		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959093930	CEFURO)	CEFURO)	81206	Cephalosp	8120608	Second G	S	500 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959094060	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	8 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959094130	RISPERIC	RISPERIC	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959094160	RISPERIC	RISPERIC	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959094230	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959094310	MEDROX	MEDROX	683200	Progestins	68320000	Progestins	S	10 MG	ORAL	TABS	EA	10	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959094430	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959094500	GUANFAC	GUANFAC	242400	Beta-Adre	24240000	Beta-Adre	S	1 MG	ORAL	TABS	EA	100	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959094604	FAMCICL	FAMCICL	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	4		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959094621	FAMCICL	FAMCICL	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	21		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959094804	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	100 MG/5	ORAL	SUSP	ML	120		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959094960	DIPHENO	DIPHENO	560800	Antidiarrhe	56080000	Antidiarrhe	R	2.5-0.025	ORAL	LIQD	ML	60		MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			FORMULARY EXCLUSION		R	MEDPRIM
52959095400	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	50 MG	ORAL	TABS	EA	100		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959095405	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	50 MG	ORAL	TABS	EA	5		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959095515	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	R	0.10%	EXTERNA	CREA	GM	15		MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			FORMULARY EXCLUSION		R	MEDPRIM
52959095616	FLUTICAS	FLUTICAS	520808	Corticoste	52080800	Corticoste	S	50 MCG/A	NASAL	SUSP	GM	16		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959095730	ZALEPLO	ZALEPLO	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	CAPS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959095804	PETROLA	EMOLLIEI	842412	Basic Oint	84241200	Basic Oint	P	0-0	EXTERNA	OINT	GM	120		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959095902	BENZOYL	BENZOYL	840492	Local Anti-	84049200	Local Anti-	S	10%	EXTERNA	GEL	GM	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959096150	HALOBET	HALOBET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	50		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959096250	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	50		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959096301	HYDROC	IODOQUI	840416	UNKNOW	84041600	UNKNOW	S	1-1 %	EXTERNA	CREA	GM	28.4		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959096430	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TB24	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959096515	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TB24	EA	15		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959096530	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TB24	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959096560	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TB24	EA	60		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959096618	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	20 MG	ORAL	TABS	EA	180	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959096750	TRI-VITAM	PEDIATRI	882800	Multivitam	88280000	Multivitam	S	0.25 MG/M	ORAL	SOLN	ML	50		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959096812	KALETRA	LOPINAVI	81808	Antiretrovi	8180808	HIV Protea	S	100-25 MC	ORAL	TABS	EA	12	X	MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			FORMULARY EXCLUSION		R	MEDPRIM
52959096903	TRUVADA	EMTRICIT	81808	Antiretrovi	8180820	Nucleosid	S	200-300 M	ORAL	TABS	EA	3	X	MSB	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			FORMULARY EXCLUSION		R	MEDPRIM
52959097030	ESTAZOL	ESTAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959097130	ZALEPLO	ZALEPLO	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	CAPS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959097330	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959097400	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959097430	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959097530	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959097600	FERROUS	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	325 (65 FE	ORAL	TABS	EA	100		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959097730	TRIAMTEI	TRIAMTEI	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959097905	OFLOXAC	OFLOXAC	520404	Antibacter	52040400	Antibacter	S	0.30%	OTIC	SOLN	ML	5		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959098003	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	3		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959098260	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959098401	TOBRAM	TOBRAM	520808	Corticoste	52080800	Corticoste	S	0.3-0.1 %	OPHTHAL	SUSP	ML	5		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959098410	TOBRAM	TOBRAM	520808	Corticoste	52080800	Corticoste	S	0.3-0.1 %	OPHTHAL	SUSP	ML	10		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959098630	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959098830	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959098930	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959099301	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	OINT	GM	35.44		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959099402	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	120	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959099430	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959099460	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959099490	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959099530	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	12.5 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959099660	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	60	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959099730	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-25 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959099921	TERBINAI	TERBINAI	81404	Allylamine	8140400	Allylamine	S	250 MG	ORAL	TABS	EA	21		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52959099930	TERBINAI	TERBINAI	81404	Allylamine	8140400	Allylamine	S	250 MG	ORAL	TABS	EA	30		GENERIC	2/13/2024	52959		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52982000600	ADVOCAT	LANCET D	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		52982			N	EXCLUDE	N/A:	[DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52982000604	ADVOCAT	LANCET D	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		52982			N	EXCLUDE	N/A:	[DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
52982000614	ADVOCAT	INSULIN F	940000	Devices	94000000	Devices	O	32G X 4 M	DOES NO	MISC	EA	100		NON DRUG		52982			N	EXCLUDE	EXCLUDE		20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTER	R	MEDPRIM
52982000615	ADVOCAT	INSULIN F	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		52982			N	EXCLUDE	EXCLUDE		20		FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTER	R	MEDPRIM
52982000677	ADVOCAT	ELECTRC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		52982			N	EXCLUDE	N/A:	[DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002000601	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	1		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002000603	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	3		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002000604	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	4		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002000606	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	6		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002000609	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	9		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002000610	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	10		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002000620	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	20		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002000621	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	21		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002000815	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	15		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002000821	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	21		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002000830	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	30		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002000860	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	60		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002001320	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875 MG	ORAL	TABS	EA	20		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002002710	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	10		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002002715	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	15		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002002720	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	20		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002002725	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	25		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002002730	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	30		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002002735	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	35		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002002750	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	50		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002002760	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	60		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002002866	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	2.50%	EXTERNA	CREA	GM	30		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002004063	MOMETA	MOMETA	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	15		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002004110	BENZON	BENZON	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	10		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002004115	BENZON	BENZON	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	15		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002004120	BENZON	BENZON	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	20		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002004130	BENZON	BENZON	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	30		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002004703	AZITHROI	AZITHROI	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	3		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002010110	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MC	ORAL	TABS	EA	10		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002010115	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MC	ORAL	TABS	EA	15		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002010120	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MC	ORAL	TABS	EA	20		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002010130	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MC	ORAL	TABS	EA	30		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002020130	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	250 MG	ORAL	TABS	EA	30		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002020140	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	250 MG	ORAL	TABS	EA	40		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002020210	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	10		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002020220	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	20		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002020228	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	28		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002020230	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	30		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002020240	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	40		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002020300	ERY-TAB	ERYTHRC	81212	Macrolides	8121204	Erythromy	S	250 MG	ORAL	TBEC	EA	100		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002020304	ERY-TAB	ERYTHRC	81212	Macrolides	8121204	Erythromy	S	250 MG	ORAL	TBEC	EA	4		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002020308	ERY-TAB	ERYTHRC	81212	Macrolides	8121204	Erythromy	S	250 MG	ORAL	TBEC	EA	8		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002020312	ERY-TAB	ERYTHRC	81212	Macrolides	8121204	Erythromy	S	250 MG	ORAL	TBEC	EA	12		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002020320	ERY-TAB	ERYTHRC	81212	Macrolides	8121204	Erythromy	S	250 MG	ORAL	TBEC	EA	20		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002020328	ERY-TAB	ERYTHRC	81212	Macrolides	8121204	Erythromy	S	250 MG	ORAL	TBEC	EA	28		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002020340	ERY-TAB	ERYTHRC	81212	Macrolides	8121204	Erythromy	S	250 MG	ORAL	TBEC	EA	40		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002020356	ERY-TAB	ERYTHRC	81212	Macrolides	8121204	Erythromy	S	250 MG	ORAL	TBEC	EA	56		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002020510	ERY-TAB	ERYTHRC	81212	Macrolides	8121204	Erythromy	S	500 MG	ORAL	TBEC	EA	10		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002020520	ERY-TAB	ERYTHRC	81212	Macrolides	8121204	Erythromy	S	500 MG	ORAL	TBEC	EA	20		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002020528	ERY-TAB	ERYTHRC	81212	Macrolides	8121204	Erythromy	S	500 MG	ORAL	TBEC	EA	28		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002020530	ERY-TAB	ERYTHRC	81212	Macrolides	8121204	Erythromy	S	500 MG	ORAL	TBEC	EA	30		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002020540	ERY-TAB	ERYTHRC	81212	Macrolides	8121204	Erythromy	S	500 MG	ORAL	TBEC	EA	40		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002020542	ERY-TAB	ERYTHRC	81212	Macrolides	8121204	Erythromy	S	500 MG	ORAL	TBEC	EA	42		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002020556	ERY-TAB	ERYTHRC	81212	Macrolides	8121204	Erythromy	S	500 MG	ORAL	TBEC	EA	56		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002020560	ERY-TAB	ERYTHRC	81212	Macrolides	8121204	Erythromy	S	500 MG	ORAL	TBEC	EA	60		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002020609	ERYTHRC	ERYTHRC	81212	Macrolides	8121204	Erythromy	R	400MG	ORAL	TABS	EA	9		MSB		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			FORMULARY EXCLUSION		R	MEDPRIM
53002020620	ERYTHRC	ERYTHRC	81212	Macrolides	8121204	Erythromy	R	400MG	ORAL	TABS	EA	20		MSB		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			FORMULARY EXCLUSION		R	MEDPRIM
53002020621	ERYTHRC	ERYTHRC	81212	Macrolides	8121204	Erythromy	R	400MG	ORAL	TABS	EA	21		MSB		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			FORMULARY EXCLUSION		R	MEDPRIM
53002020628	ERYTHRC	ERYTHRC	81212	Macrolides	8121204	Erythromy	R	400MG	ORAL	TABS	EA	28		MSB		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			FORMULARY EXCLUSION		R	MEDPRIM
53002020630	ERYTHRC	ERYTHRC	81212	Macrolides	8121204	Erythromy	R	400MG	ORAL	TABS	EA	30		MSB		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			FORMULARY EXCLUSION		R	MEDPRIM
53002020640	ERYTHRC	ERYTHRC	81212	Macrolides	8121204	Erythromy	R	400MG	ORAL	TABS	EA	40		MSB		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			FORMULARY EXCLUSION		R	MEDPRIM
53002020656	ERYTHRC	ERYTHRC	81212	Macrolides	8121204	Erythromy	R	400MG	ORAL	TABS	EA	56		MSB		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			FORMULARY EXCLUSION		R	MEDPRIM
53002020660	ERYTHRC	ERYTHRC	81212	Macrolides	8121204	Erythromy	R	400MG	ORAL	TABS	EA	60		MSB		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			FORMULARY EXCLUSION		R	MEDPRIM
53002020830	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250 MG	ORAL	CAPS	EA	30		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002020991	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250 MG/5	ORAL	SUSR	ML	100		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002020993	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250 MG/5	ORAL	SUSR	ML	150		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002021000	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	100		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002021006	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	6		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002021010	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	10		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002021014	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	14		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002021020	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	20		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002021028	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	28		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002021030	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	30		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002021040	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	40		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002021056	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	56		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002021060	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	60		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002021080	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	80		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002021130	CEFACLC	CEFACLC	81206	Cephalosp	8120608	Second G	R	250 MG	ORAL	CAPS	EA	30		MSB		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			FORMULARY EXCLUSION		R	MEDPRIM
53002021493	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	125 MG/5	ORAL	SUSR	ML	150		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002021615	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	15		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002021621	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	21		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002021630	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	30		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002021640	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	40		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002021642	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	42		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002021656	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	56		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002021660	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	60		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002021810	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	10		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002021814	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	14		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002021820	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	20		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002021821	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	21		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002021828	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	28		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002021830	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	30		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002021840	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	40		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002021988	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	200-40 MC	ORAL	SUSP	ML	473		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002022914	CEFADRC	CEFADRC	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	14		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002022920	CEFADRC	CEFADRC	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	20		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002023220	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	20		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002023228	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	28		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002023230	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	30		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002023240	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	40		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002023242	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	42		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002023256	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	56		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002023260	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	60		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002023280	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	80		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002023299	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	112		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
53002023920	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500-125 M	ORAL	TABS	EA	20		GENERIC		53002		X	N	EXCLUDE	REPACK:	[REPACKED PROD			OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM

53002024525	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	25		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002024530	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	30		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002024535	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	35		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002024550	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	50		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002024560	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	60		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002024704	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	4		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002024714	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	14		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002026401	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	1		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002026406	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	6		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002026410	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	10		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002026414	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	14		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002026420	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	20		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002026430	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	30		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002026720	CEFURO	CEFURO	81206	Cephalosp	8120608	Second G	S	500 MG	ORAL	TABS	EA	20		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002027100	DOXYCY	DOXYCY	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	100		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002027114	DOXYCY	DOXYCY	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	14		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002027120	DOXYCY	DOXYCY	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	20		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002027128	DOXYCY	DOXYCY	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	28		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002027160	DOXYCY	DOXYCY	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	60		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002027520	CEFURO	CEFURO	81206	Cephalosp	8120608	Second G	S	250 MG	ORAL	TABS	EA	20		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002027906	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	6		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002027910	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	10		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002027914	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	14		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002027920	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	20		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002029200	ISONIAZI	ISONIAZI	81604	Antituberc	8160400	Antituberc	S	300 MG	ORAL	TABS	EA	100	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002029230	ISONIAZI	ISONIAZI	81604	Antituberc	8160400	Antituberc	S	300 MG	ORAL	TABS	EA	30	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002030130	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002030420	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	20		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002030430	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002030440	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	40		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002030815	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	15		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002030821	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	21		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002030830	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002030900	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	100		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002030910	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	10		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002030912	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	12		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002030914	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	14		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002030915	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	15		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002030920	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	20		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002030921	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	21		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002030925	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	25		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002030930	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	30		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002030932	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	32		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002030935	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	35		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002030940	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	40		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002031000	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	100	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002031010	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	10	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002031015	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	15	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002031020	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	20	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002031030	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	30	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002031114	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	14	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002031120	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	20	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002031130	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002031160	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002031221	METHYLF	METHYLF	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TBPK	EA	21		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002031506	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	6		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002031509	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	9		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002032415	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	250 MG	ORAL	TABS	EA	15	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002032420	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	250 MG	ORAL	TABS	EA	20	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002032430	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	250 MG	ORAL	TABS	EA	30	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002032440	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	250 MG	ORAL	TABS	EA	40	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002032460	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	250 MG	ORAL	TABS	EA	60	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002032500	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	100		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002032510	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	10		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002032511	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	11		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002032512	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	12		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002032514	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	14		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002032515	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	15		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002032518	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	18		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002032520	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	20		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002032521	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	21		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002032530	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	30		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002032792	PROMETH	PROMETH	480800	Antitussive	48080000	Antitussive	S	6.25-10 M	ORAL	SYRP	ML	120		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002032910	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	10		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002032920	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	20		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002032930	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	30		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002032940	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	40		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002033715	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	15	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002033730	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	30	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002033900	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	100	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002033930	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002033960	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	60	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002034010	DIPHENO	DIPHENO	560800	Antidiarrh	56080000	Antidiarrh	S	2.5-0.025	ORAL	TABS	EA	10		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002034015	DIPHENO	DIPHENO	560800	Antidiarrh	56080000	Antidiarrh	S	2.5-0.025	ORAL	TABS	EA	15		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002034020	DIPHENO	DIPHENO	560800	Antidiarrh	56080000	Antidiarrh	S	2.5-0.025	ORAL	TABS	EA	20		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002034030	DIPHENO	DIPHENO	560800	Antidiarrh	56080000	Antidiarrh	S	2.5-0.025	ORAL	TABS	EA	30		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002034510	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	10		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002034520	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	20		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002034530	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	30		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002034540	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	40		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002035200	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	100		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002035210	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	10		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002035215	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	15		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002035220	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	20		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002035221	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	21		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002035230	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	30		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002035630	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	30		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002035920	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	20		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002035930	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	30		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002035940	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	40		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002036200	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	100	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002036230	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002036260	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	60	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002038910	PIROXICA	PIROXICA	280804	Nonsteroi	28080404	UNKNOW	S	20 MG	ORAL	CAPS	EA	10	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002038915	PIROXICA	PIROXICA	280804	Nonsteroi	28080404	UNKNOW	S	20 MG	ORAL	CAPS	EA	15	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002038920	PIROXICA	PIROXICA	280804	Nonsteroi	28080404	UNKNOW	S	20 MG	ORAL	CAPS	EA	20	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002038930	PIROXICA	PIROXICA	280804	Nonsteroi	28080404	UNKNOW	S	20 MG	ORAL	CAPS	EA	30	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002039505	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	5		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002039510	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	10		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002039515	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	15		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002039520	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	20		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002039530	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	30		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002039815	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	15	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002039830	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002039860	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002040205	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	5		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002040210	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	10		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002040220	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	20		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002040230	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	30		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002043000	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	100	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002043030	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002043100	CAPTOPR	CAPTOPR	243204	Angiotens	24320400	Angiotens	S	25 MG	ORAL	TABS	EA	100	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002043130	CAPTOPR	CAPTOPR	243204	Angiotens	24320400	Angiotens	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002043160	CAPTOPR	CAPTOPR	243204	Angiotens	24320400	Angiotens	S	25 MG	ORAL	TABS	EA	60	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002043210	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	10		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002043220	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	20		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002043230	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	30		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002044600	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002044630	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002044660	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	60	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002046030	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	30		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002046306	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	6		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002046309	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	9		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002046310	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	10		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002049100	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002049130	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002049160	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002049700	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	100	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002049730	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002049760	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	60	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002050205	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	5		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002050210	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	10		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002050220	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002050230	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002050930	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	30		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002050960	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	60		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002053310	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	550 MG	ORAL	TABS	EA	10	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002053315	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	550 MG	ORAL	TABS	EA	15	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002053320	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	550 MG	ORAL	TABS	EA	20	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002053330	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	550 MG	ORAL	TABS	EA	30	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002053430	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	30		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002053610	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	10	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002053615	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	15	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002053620	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	20	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002053630	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	30	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002053660	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	60	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002053710	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	10	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002053720	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	20	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002053730	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	30	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002053740	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	40	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002053760	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	60	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002054810	PIROXICA	PIROXICA	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	CAPS	EA	10	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002054820	PIROXICA	PIROXICA	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	CAPS	EA	20	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002054830	PIROXICA	PIROXICA	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	CAPS	EA	30	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002057000	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	100	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002057030	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002057610	CHLORZO	CHLORZO	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	10		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002057615	CHLORZO	CHLORZO	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	15		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002057620	CHLORZO	CHLORZO	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	20		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002057630	CHLORZO	CHLORZO	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002057640	CHLORZO	CHLORZO	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	40		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002058910	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	10		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002058915	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	15		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002058920	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	20		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002058930	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	30		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002060500	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	100	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002060530	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002062110	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	10		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002062115	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	15		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002062120	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	20		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002062130	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	30		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002062140	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	40		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002066730	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002069600	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	100	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002069610	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	10	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002069620	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	20	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002069630	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002069640	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	40	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002069910	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	10		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002069915	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	15		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002069920	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002069930	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002070406	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	6		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002070410	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	10		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002070414	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	14		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002070420	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	20		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002071901	NECON 1.	NORETHI	681200	Contracep	68120000	Contracep	S	35MCG-1	ORAL	TABS	EA	28	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002071903	NECON 1.	NORETHI	681200	Contracep	68120000	Contracep	S	35MCG-1	ORAL	TABS	EA	28	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002071906	NECON 1.	NORETHI	681200	Contracep	68120000	Contracep	S	35MCG-1	ORAL	TABS	EA	28	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002072363	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	15		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002072367	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	45		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002072458	TERCONA	TERCONA	840408	Antifungal	84040808	Azoles	S	0.80%	VAGINAL	CREA	GM	20		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002073499	METRONI	METRONI	840404	Antibacter	84040400	Antibacter	S	0.75%	VAGINAL	GEL	GM	70		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002074910	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	10		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002074915	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	15		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002074920	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	20		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002074930	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002075610	CLARITH	CLARITH	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	10		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002075614	CLARITH	CLARITH	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	14		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002075620	CLARITH	CLARITH	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	20		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002076863	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	SOLN	ML	60		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002076901	FLUTICAS	FLUTICAS	520808	Corticoste	52080800	Corticoste	S	50 MCG/A	NASAL	SUSP	GM	16		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002078306	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	6		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002078310	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	10		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002078312	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	12		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002078320	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	20		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002078330	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	30		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002078340	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	40		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002078920	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	20		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002081271	TOBRAMY	TOBRAMY	520808	Corticoste	52080800	Corticoste	S	0.3-0.1 %	OPHTHAL	SUSP	ML	5		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002081367	TERCONA	TERCONA	840408	Antifungal	84040808	Azoles	S	0.40%	VAGINAL	CREA	GM	45		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002081563	KETOCON	KETOCON	840408	Antifungal	84040808	Azoles	S	2%	EXTERNA	CREA	GM	15		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002081566	KETOCON	KETOCON	840408	Antifungal	84040808	Azoles	S	2%	EXTERNA	CREA	GM	30		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002082263	NYSTATI	NYSTATI	840408	Antifungal	84040828	Polyenes	S	100000 U	EXTERNA	OINT	GM	15		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002083263	MOMETA	MOMETA	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	15		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002083781	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1%	EXTERNA	SOLN	ML	30		GENERIC	53002	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002083783	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1%	EXTERNA	SOLN	ML	60		GENERIC	53002	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002083883	ERYTHRO	ERYTHRO	520404	Antibacter	52040400	Antibacter	S	2%	EXTERNA	SOLN	ML	60		GENERIC	53002	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002084563	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	15		GENERIC	53002	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002086272	POLYMYX	POLYMYX	520404	Antibacter	52040400	Antibacter	S	10000-0.1	OPHTHAL	SOLN	ML	10		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002087858	HYDROCO	HYDROCO	840608	UNKNOW	84060800	UNKNOW	S	2.50%	EXTERNA	OINT	GM	20		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002087866	HYDROCO	HYDROCO	840608	UNKNOW	84060800	UNKNOW	S	2.50%	EXTERNA	OINT	GM	28.35		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002090072	NEOMYCI	NEOMYCI	520808	Corticoste	52080800	Corticoste	S	3.5-10000-	OTIC	SUSP	ML	10		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002090173	SULFACE	SULFACE	520404	Antibacter	52040400	Antibacter	S	10%	OPHTHAL	SOLN	ML	15		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002090466	HYDROCO	HYDROCO	840608	UNKNOW	84060800	UNKNOW	S	1%	EXTERNA	CREA	GM	30		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002090559	ERYTHRO	ERYTHRO	520404	Antibacter	52040400	Antibacter	S	5 MG/GM	OPHTHAL	OINT	GM	3.5		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002090672	NEOMYCI	NEOMYCI	520808	Corticoste	52080800	Corticoste	S	1%-3.5MG	OTIC	SOLN	ML	10		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002090969	SILVER S	SILVER S	840416	UNKNOW	84041600	UNKNOW	S	1%	EXTERNA	CREA	GM	50		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002090987	SILVER S	SILVER S	840416	UNKNOW	84041600	UNKNOW	S	1%	EXTERNA	CREA	GM	25		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002091263	TRIAMCI	TRIAMCI	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	15		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002091287	TRIAMCI	TRIAMCI	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	80		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002092063	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	15		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002092066	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	30		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002092068	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	60		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002092163	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	15		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002092167	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	45		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002092371	TOBRAMY	TOBRAMY	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	5		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002092971	GENTAMI	GENTAMI	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	5		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002093363	TRIAMCI	TRIAMCI	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	15		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002093387	TRIAMCI	TRIAMCI	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	80		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002093663	NYSTATI	NYSTATI	840608	UNKNOW	84060800	UNKNOW	S	100000-0.	EXTERNA	CREA	GM	15		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002093666	NYSTATI	NYSTATI	840608	UNKNOW	84060800	UNKNOW	S	100000-0.	EXTERNA	CREA	GM	30		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002093863	NYSTATI	NYSTATI	840408	Antifungal	84040828	Polyenes	S	100000 U	EXTERNA	CREA	GM	15		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002093866	NYSTATI	NYSTATI	840408	Antifungal	84040828	Polyenes	S	100000 U	EXTERNA	CREA	GM	30		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002094163	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	15		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002094167	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	45		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002094263	HYDROCO	HYDROCO	840608	UNKNOW	84060800	UNKNOW	S	0.20%	EXTERNA	CREA	GM	15		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002094267	HYDROCO	HYDROCO	840608	UNKNOW	84060800	UNKNOW	S	0.20%	EXTERNA	CREA	GM	45		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002094563	CICLOPIR	CICLOPIR	840408	Antifungal	84040820	Hydroxypy	S	0.77%	EXTERNA	CREA	GM	15		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002095768	PERMETH	PERMETH	840412	Scabicides	84041200	Scabicides	S	5%	EXTERNA	CREA	GM	60		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002096658	HYDROCO	HYDROCO	840608	UNKNOW	84060800	UNKNOW	S	2.50%	EXTERNA	CREA	GM	20		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002096666	HYDROCO	HYDROCO	840608	UNKNOW	84060800	UNKNOW	S	2.50%	EXTERNA	CREA	GM	30		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002096863	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	15		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002096866	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	30		GENERIC	53002	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002097463	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	S	1-0.05 %	EXTERNA	CREA	GM	15		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002097467	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	S	1-0.05 %	EXTERNA	CREA	GM	45		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002097763	TRIAMCI	TRIAMCI	840608	UNKNOW	84060800	UNKNOW	S	0.50%	EXTERNA	CREA	GM	15		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002097863	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	15		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002097866	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	30		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002097868	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	60		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002098599	MUPIROC	MUPIROC	840404	Antibacter	84040400	Antibacter	S	2%	EXTERNA	OINT	GM	22		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002099063	ECONAZO	ECONAZO	840408	Antifungal	84040808	Azoles	S	1%	EXTERNA	CREA	GM	15		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002099066	ECONAZO	ECONAZO	840408	Antifungal	84040808	Azoles	S	1%	EXTERNA	CREA	GM	30		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002099099	ECONAZO	ECONAZO	840408	Antifungal	84040808	Azoles	S	1%	EXTERNA	CREA	GM	85		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002099766	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	30		GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002100400	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	100	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002100403	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002100406	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	60	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002101600	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	100	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
53002101603	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	30	X	GENERIC	53002		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

53191040705	D-MANNOS	926200	UNKNOW	92620000	UNKNOWN	O	350MG	ORAL	CAPS	EA		50	MSB		53191	N		N	EXCLUDE	N/A: [DRU	3 BRND	FORMULARY EXCLUSION			R	MEDPRM
53191045901	K1-100	PHYTONA	802400	Vitamin K	80240000	Vitamin K	O	1MG	ORAL	CAPS	EA		100	SSB		53191	N		N	EXCLUDE	N/A: [DRU	3 BRND	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
53191045501	LITH-ORO	LITHIUM	401200	Replacem	40120000	Replacem	O	5 MG	ORAL	CAPS	EA		100	SSB		53191	N		N	EXCLUDE	N/A: [DRU	3 BRND	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM
53191049801	D3-50	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	50000UNI	ORAL	CAPS	EA		100	GENERIC		53191	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM

53217004801	PROMETI	PROMETH	40412	Phenothia	40412000	Phenothia	S	12.5MG	RECTAL	SUPP	EA		12	GENERIC		53217	N		X	N	EXCLUDE	REPACK: [RE	PACKED PRODUCT	OPTIONAL BENEFIT EXCLUSION			R	MEDPRM

53217095455	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-:	S	10MG	ORAL	TABS	EA	500	X	GENERIC		53217		X	N	EXCLUDE	REPACK: [REPACKED PRODL			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
53225102001	LIDOPRO	LIDOCAIN	521600	Local Ane	52160000	Local Ane	O	4-.0325-1(	EXTERNA	OINT	GM	92		SSB		53225			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
53225102201	LIDOPRO	LIDOCAIN	521600	Local Ane	52160000	Local Ane	O	4-.0325-1(	EXTERNA	OINT	GM	121		SSB	8/14/2024	53225			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
53225102301	LIDOPRO	METHYL !	840800	Antipruritic	84080000	Antipruritic	O	4-4-5 %	EXTERNA	PTCH	EA	15		SSB	2/23/2024	53225			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
53225102500	LIDOTHO	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	R	4.5-5 %	EXTERNA	PTCH	EA	1		SSB	8/14/2024	53225			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND		R	MEDPRMI
53225102501	LIDOTHO	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	R	4.5-5 %	EXTERNA	PTCH	EA	15		SSB	8/14/2024	53225			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND		R	MEDPRMI
53225102601	LIDOTHO	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	R	4.5-5 %	EXTERNA	GEL	GM	99		SSB		53225			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND		R	MEDPRMI
53225103001	VIVA	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	O	2.5-4-2 %	EXTERNA	PTCH	EA	15		SSB	8/14/2024	53225			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
53225107001	DICLONA	DICLOFEI	849200	Skin and M	84920000	Skin and M	R	1-4.5 %	EXTERNA	GEL	GM	99		SSB		53225			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
53225107601	DICLONA	DICLOFEI	849200	Skin and M	84920000	Skin and M	R	1.25-4.5 %	EXTERNA	PTCH	EA	3		SSB		53225			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
53225112301	LIDOPRO	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4-1 %	EXTERNA	PTCH	EA	15		GENERIC		53225			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
53225112303	LIDOPRO	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4-1 %	EXTERNA	PTCH	EA	30		GENERIC		53225			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
53225312501	READYSH	LIDOCAIN	720000	Local Ane	72000000	Local Ane	R	1 & 0.5 %	INJECTIO	KIT	EA	1		SSB	12/12/2023	53225			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
53225360001	READYSH	LIDOCAIN	720000	Local Ane	72000000	Local Ane	R	1%	INJECTIO	KIT	EA	1		SSB	6/20/2022	53225			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
53225366001	READYSH	DEXAMET	680400	Adrenals	68040000	Adrenals	R	10 MG/ML	INJECTIO	KIT	EA	1		SSB	6/20/2022	53225			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
53225366501	READYSH	BETAMET	680400	Adrenals	68040000	Adrenals	R	30 MG/5M	INJECTIO	KIT	EA	1		SSB	6/20/2022	53225			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
53225380001	READYSH	LIDOCAIN	720000	Local Ane	72000000	Local Ane	R	1%	INJECTIO	KIT	EA	1		SSB	6/20/2022	53225			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
53225400001	READYSH	KETOROL	280804	Nonsteroic	28080492	Other Non	R	15 & 0.5 &	INJECTIO	KIT	ML	13		SSB	12/12/2023	53225			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
53225410501	READYSH	BETAMET	680400	Adrenals	68040000	Adrenals	R	6 & 0.5 & '	INJECTIO	KIT	ML	17		SSB	12/12/2023	53225			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
53225421001	READYSH	DEXAMET	680400	Adrenals	68040000	Adrenals	R	10 & 0.5 &	INJECTIO	KIT	ML	13		SSB	12/12/2023	53225			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
53225431501	READYSH	METHYLP	680400	Adrenals	68040000	Adrenals	R	80 & 0.5 &	INJECTIO	KIT	ML	13		SSB	12/12/2023	53225			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
53225500001	PRE & PC	CHLORHE	840404	Antibacter	84040400	Antibacter	R	4 & 2 & 5 '	EXTERNA	THPK	EA	1		SSB	6/20/2022	53225			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND		R	MEDPRMI
53240015101	ZEPHREX	PSEUDOE	121212	alpha- and	12121200	alpha- and	O	30 MG	ORAL	TABA	EA	24		SSB		53240			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
53268000519	TWO OLD	MENTHOI	849200	Skin and M	84920000	Skin and M	O	1.35%	EXTERNA	LOTN	ML	177		SSB		53268			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
53276101001	AVITENE	MICROFIE	202816	Hemostati	20281600	Hemostati	R	0	EXTERNA	POWD	EA	6		SSB		53276			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
53276101002	AVITENE	MICROFIE	202816	Hemostati	20281600	Hemostati	R	0	EXTERNA	POWD	GM	1		SSB		53276			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
53276101008	AVITENE	MICROFIE	202816	Hemostati	20281600	Hemostati	R	0	EXTERNA	PADS	EA	1		SSB		53276			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
53276101009	AVITENE	MICROFIE	202816	Hemostati	20281600	Hemostati	R	0	EXTERNA	PADS	EA	1		SSB		53276			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
53276101011	AVITENE	MICROFIE	202816	Hemostati	20281600	Hemostati	R	0	EXTERNA	PADS	EA	1		SSB		53276			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
53276101015	ENDO AV	ABSORB/	202816	Hemostati	20281600	Hemostati	R	0	EXTERNA	MISC	EA	1		SSB		53276			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
53276101026	ENDO AV	ABSORB/	202816	Hemostati	20281600	Hemostati	R	0	EXTERNA	MISC	EA	1		SSB		53276			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
53276101034	SYRINGE	ABSORB/	202816	Hemostati	20281600	Hemostati	R	0	EXTERNA	MISC	GM	1		SSB		53276			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
53276105002	ULTRAFC	MICROFIE	202816	Hemostati	20281600	Hemostati	R	0	EXTERNA	MISC	EA	1		SSB		53276	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
53276105003	ULTRAFC	MICROFIE	202816	Hemostati	20281600	Hemostati	R	0	EXTERNA	MISC	EA	1		SSB		53276	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
53276105004	ULTRAFC	MICROFIE	202816	Hemostati	20281600	Hemostati	R	0	EXTERNA	MISC	EA	1		SSB		53276	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
53276105005	ULTRAFC	MICROFIE	202816	Hemostati	20281600	Hemostati	R	0	EXTERNA	MISC	EA	1		SSB		53276	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
53276105006	ULTRAFC	MICROFIE	202816	Hemostati	20281600	Hemostati	R	0	EXTERNA	MISC	EA	1		SSB		53276	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI

53341037954	LUTRISH	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-480M(	ORAL	PACK	GM	85		SSB		53341		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53341037974	LUTRISH	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	99MG/85(	ORAL	PACK	GM	85		SSB		53341		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53346000799	MYLAB B(	COVID-19	360000	Diagnostic	36000000	Diagnostic	O	0	IN VITRO	KIT	EA	1		NON DRU	12/1/2022	53346		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53352000801	ARTHRITI	MENTHOI	849200	Skin and M	84920000	Skin and M	O	1.25%	EXTERNA	CREA	GM	85		SSB		53352		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53352000802	ARTHRITI	MENTHOI	849200	Skin and M	84920000	Skin and M	O	1.25%	EXTERNA	CREA	GM	113		SSB		53352		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53436001001	VELTASS	PATIROM	401818	Potassium	40181800	Potassium	R	1 GM	ORAL	PACK	EA	1	X	SSB		53436		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X							R	MEDPRMI
53436001060	VELTASS	PATIROM	401818	Potassium	40181800	Potassium	R	1 GM	ORAL	PACK	EA	60	X	SSB		53436		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X							R	MEDPRMI
53436008401	VELTASS	PATIROM	401818	Potassium	40181800	Potassium	R	8.4 GM	ORAL	PACK	EA	1	X	SSB		53436		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X							R	MEDPRMI
53436008404	VELTASS	PATIROM	401818	Potassium	40181800	Potassium	R	8.4 GM	ORAL	PACK	EA	4	X	SSB		53436		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X							R	MEDPRMI
53436008430	VELTASS	PATIROM	401818	Potassium	40181800	Potassium	R	8.4 GM	ORAL	PACK	EA	30	X	SSB		53436		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X							R	MEDPRMI
53436008492	VELTASS	PATIROM	401818	Potassium	40181800	Potassium	R	8.4 GM	ORAL	PACK	EA	4	X	SSB		53436		Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU(		OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53436016801	VELTASS	PATIROM	401818	Potassium	40181800	Potassium	R	16.8 GM	ORAL	PACK	EA	1	X	SSB		53436		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X							R	MEDPRMI
53436016830	VELTASS	PATIROM	401818	Potassium	40181800	Potassium	R	16.8 GM	ORAL	PACK	EA	30	X	SSB		53436		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X							R	MEDPRMI
53436025201	VELTASS	PATIROM	401818	Potassium	40181800	Potassium	R	25.2 GM	ORAL	PACK	EA	1	X	SSB		53436		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X							R	MEDPRMI
53436025230	VELTASS	PATIROM	401818	Potassium	40181800	Potassium	R	25.2 GM	ORAL	PACK	EA	30	X	SSB		53436		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X							R	MEDPRMI
53451010101	HORIZAN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	R	600 MG	ORAL	TBCR	EA	30	X	SSB		53451		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRMI
53451010301	HORIZAN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	R	300 MG	ORAL	TBCR	EA	30	X	SSB		53451		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRMI
53462007530	PEROX-A	HYDROGI	522800	Mouthwas	52280000	Mouthwas	P	1.50%	MOUTH/T	SOLN	ML	44		GENERIC		53462		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53462020130	SHORT TI	ORAL HY(	340000	Dental Ag	34000000	Dental Ag	O	0	MOUTH/T	KIT	EA	1		NON DRUG		53462		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53462025640	EXTENDE	ORAL HY(	340000	Dental Ag	34000000	Dental Ag	O	0	MOUTH/T	KIT	EA	1		NON DRUG		53462		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53462027360	SUCTION	ORAL HY(	340000	Dental Ag	34000000	Dental Ag	O	0	MOUTH/T	KIT	EA	2		NON DRUG		53462		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53462040260	Q-CARE (	ORAL HY(	340000	Dental Ag	34000000	Dental Ag	O	0	MOUTH/T	KIT	EA	1		NON DRUG		53462		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53462055360	SUCTION	ORAL HY(	340000	Dental Ag	34000000	Dental Ag	O	0	MOUTH/T	KIT	EA	6		NON DRUG		53462		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53462065060	SUCTION	ORAL HY(	340000	Dental Ag	34000000	Dental Ag	O	0	MOUTH/T	KIT	EA	1		NON DRUG		53462		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53462070520	CHLORHE	CHLORHE	840416	UNKNOW	84041600	UNKNOW	O	2%	EXTERNA	PADS	EA	2		MSB		53462	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION									R	MEDPRMI
53462070523	CHLORHE	CHLORHE	840416	UNKNOW	84041600	UNKNOW	O	2%	EXTERNA	PADS	EA	6		MSB		53462		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION									R	MEDPRMI
53462080460	Q-CARE (	ORAL HY(	340000	Dental Ag	34000000	Dental Ag	O	0	MOUTH/T	KIT	EA	1		NON DRUG		53462		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53462081360	SINGLE U	ORAL HY(	340000	Dental Ag	34000000	Dental Ag	O	0	MOUTH/T	KIT	EA	1		NON DRUG		53462		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53462090416	Q-CARE (	ORAL HY(	340000	Dental Ag	34000000	Dental Ag	O	0	MOUTH/T	KIT	EA	1		NON DRUG		53462		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53462091550	COMFOR	DIMETHIC	842412	Basic Oint	84241200	Basic Oint	O	3%	EXTERNA	MISC	EA	3		SSB		53462		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53462091551	COMFOR	DIMETHIC	842412	Basic Oint	84241200	Basic Oint	O	3%	EXTERNA	MISC	EA	3		SSB		53462		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53462091565	COMFOR	DIMETHIC	842412	Basic Oint	84241200	Basic Oint	O	3%	EXTERNA	MISC	EA	32		SSB		53462		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53462091575	COMFOR	DIMETHIC	842412	Basic Oint	84241200	Basic Oint	O	3%	EXTERNA	MISC	EA	5		SSB		53462		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53462091580	COMFOR	DIMETHIC	842412	Basic Oint	84241200	Basic Oint	O	3%	EXTERNA	MISC	EA	8		SSB		53462		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53462092216	Q-CARE (	ORAL HY(	340000	Dental Ag	34000000	Dental Ag	O	0	MOUTH/T	KIT	EA	1		NON DRUG		53462		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53462092416	Q-CARE (	ORAL HY(	340000	Dental Ag	34000000	Dental Ag	O	0	MOUTH/T	KIT	EA	1		NON DRUG		53462		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53483000801	VIVAGUA	GLUCOSE	362600	Diabetes M	36260000	Diabetes M	O	0	IN VITRO	STRP	EA	50		NON DRUG		53483		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRMI
53483000803	VIVAGUA	LANCET D	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		53483		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53483000805	VIVAGUA	BLOOD G	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		53483		N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION					FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GI				R	MEDPRMI
53483000807	VIVAGUA	BLOOD G	940000	Devices	94000000	Devices	O	0	IN VITRO	LIQD	EA	1		NON DRUG		53483		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53483000813	VIVAGUA	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		53483		N	FORMULARY		2 BRAND	PREFERRED BRAND									R	MEDPRMI
53483000814	VIVAGUA	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		53483		N	FORMULARY		2 BRAND	PREFERRED BRAND									R	MEDPRMI
53483000817	VIVAGUA	BLOOD G	940000	Devices	94000000	Devices	O	0	IN VITRO	LIQD	EA	1		NON DRUG		53483		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53483000818	VIVAGUA	GLUCOSE	362600	Diabetes M	36260000	Diabetes M	O	0	IN VITRO	STRP	EA	50		NON DRUG		53483		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRMI
53483000823	VIVAGUA	BLOOD G	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		53483		N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION					FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GI				R	MEDPRMI
53483000825	VIVAGUA	ELECTRC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		53483		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53489011802	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	50 MG	ORAL	CAPS	EA	50		GENERIC		53489		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
53489011805	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	50 MG	ORAL	CAPS	EA	500		GENERIC		53489		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
53489011902	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	50		GENERIC		53489		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
53489011905	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	500		GENERIC		53489		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
53489012001	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	TABS	EA	100		GENERIC		53489		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
53489012002	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	TABS	EA	50		GENERIC		53489		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
53489012005	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	TABS	EA	500		GENERIC		53489		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
53489012060	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	TABS	EA	20		GENERIC		53489		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
53489014101	QUINIDIN	QUINIDIN	240404	Antiarrhyth	24040404	Class Ia A	S	324 MG	ORAL	TBCR	EA	100	X	GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489014301	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489014305	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	500	X	GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489014310	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489014401	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25-25 MG	ORAL	TABS	EA	100	X	GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489014405	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25-25 MG	ORAL	TABS	EA	500	X	GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489014410	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25-25 MG	ORAL	TABS	EA	1000	X	GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489014501	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	400-80 M(	ORAL	TABS	EA	100		GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489014505	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	400-80 M(	ORAL	TABS	EA	500		GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489014601	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	100		GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489014605	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	500		GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489015601	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489015605	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	500	X	GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489015610	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	1000	X	GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489015701	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	100	X	GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489015705	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	500	X	GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489015710	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	1000	X	GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489017601	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	2 MG	ORAL	TABS	EA	100	X	GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489017605	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	2 MG	ORAL	TABS	EA	500	X	GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489017701	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	4 MG	ORAL	TABS	EA	100	X	GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489017705	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	4 MG	ORAL	TABS	EA	500	X	GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489021501	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	100	X	GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489021510	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	1000	X	GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489021601	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	100	X	GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489021610	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	1000	X	GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489021701	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.3 MG	ORAL	TABS	EA	100	X	GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489028101	ERGOLOI	ERGOLOI	121604	UNKNOW	12160404	UNKNOW	R	1MG	ORAL	TABS	EA	100	X	GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489032801	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489032805	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	500	X	GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489032806	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489032807	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489032901	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489032905	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	100 MG	ORAL	TABS	EA	500	X	GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489032906	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489032907	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489036801	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TB24	EA	100	X	GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489036901	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TB24	EA	100	X	GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489037001	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TB24	EA	100	X	GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489037601	TRIMETH	TRIMETH	562208	Antihistam	56220800	Antihistam	S	300 MG	ORAL	CAPS	EA	100		GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489038601	MINOXIDI	MINOXIDI	240816	Central Al	24081600	Central Al	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489038701	MINOXIDI	MINOXIDI	240816	Central Al	24081600	Central Al	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489040001	NYSTATIN	NYSTATIN	81428	Polyenes	8142800	Polyenes	S	500000 UI	ORAL	TABS	EA	100		GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489047801	SULINDA(	SULINDA(	280804	Nonsteroi	28080404	UNKNOW	S	150 MG	ORAL	TABS	EA	100	X	GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489047805	SULINDA(	SULINDA(	280804	Nonsteroi	28080404	UNKNOW	S	150 MG	ORAL	TABS	EA	500	X	GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489047901	SULINDA(	SULINDA(	280804	Nonsteroi	28080404	UNKNOW	S	200 MG	ORAL	TABS	EA	100	X	GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489047905	SULINDA(	SULINDA(	280804	Nonsteroi	28080404	UNKNOW	S	200 MG	ORAL	TABS	EA	500	X	GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489051001	TRAZOD(	TRAZOD(	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	100	X	GENERIC	5/16/2024	53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489051101	TRAZOD(	TRAZOD(	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	100	X	GENERIC	5/16/2024	53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489051701	TRAZOD(	TRAZOD(	281604	Antidepres	28160424	Serotonin	S	150 MG	ORAL	TABS	EA	100	X	GENERIC	5/16/2024	53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489052910	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	1000	X	GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489055101	PROPAFE	PROPAFE	240404	Antiarrhyth	24040412	Class Ic A	S	150 MG	ORAL	TABS	EA	100	X	GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489055201	PROPAFE	PROPAFE	240404	Antiarrhyth	24040412	Class Ic A	S	225 MG	ORAL	TABS	EA	100	X	GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489055301	PROPAFE	PROPAFE	240404	Antiarrhyth	24040412	Class Ic A	S	300 MG	ORAL	TABS	EA	100	X	GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489064701	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	20 MG	ORAL	TABS	EA	100		GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489064801	TEMAZEF	TEMAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	7.5 MG	ORAL	CAPS	EA	100		GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489065007	TEMAZEF	TEMAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	22.5 MG	ORAL	CAPS	EA	30		GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53489067601	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	100		GENERIC		53489		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS		X	AGE_YEA	MUST BE AT LEAST	R	MEDPRMI
53489067610	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	1000		GENERIC		53489		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS		X	AGE_YEA	MUST BE AT LEAST	R	MEDPRMI
53489070007	QUININE	QUININE	83008	Antimalari	8300800	Antimalari	S	324 MG	ORAL	CAPS	EA	30		GENERIC		53489		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
53499039004	FLORAS(	HOMEOP.	929200	UNKNOW	92920000	UNKNOW	O	0	EXTERNA	CREA	GM	28		SSB		53499		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53499527004	UMCKA C	HOMEOP.	929200	UNKNOW	92920000	UNKNOW	O	0	ORAL	LIQD	ML	30		SSB		53499		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53499914805	UMCKA C	HOMEOP.	929200	UNKNOW	92920000	UNKNOW	O	0	ORAL	SYRP	ML	120		SSB		53499		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53510006806	EAGLE W	INSECT R	849200	Skin and M	84920000	Skin and M	O	25%	EXTERNA	LIQD	ML	98		SSB		53510		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53530000500	ESTROVE	MELATON	929200	UNKNOW	92920000	UNKNOW	O	3 MG	ORAL	CAPS	EA	30		SSB		53530		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53530000501	ESTROVE	BLACK C(	929200	UNKNOW	92920000	UNKNOW	O	0-0-0-0-0	ORAL	CAPS	EA	30		SSB		53530		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53530000502	OVEGA-3	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	500 MG	ORAL	CAPS	EA	30		GENERIC		53530		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53553000500	IN TOUCH	GLUCOSE	362600	Diabetes M	36260000	Diabetes M	O	0	IN VITRO	STRP	EA	50		NON DRUG		53553		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]				R	MEDPRMI
53553000502	IN TOUCH	BLOOD G	940000	Devices	94000000	Devices	O	0	IN VITRO	SOLN	EA	1		NON DRUG		53553		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53553000503	IN TOUCH	BLOOD G	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		53553		N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION					FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GI				R	MEDPRMI
53553000505	IN TOUCH	LANCET D	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		53553		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53553000506	IN TOUCH	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		53553		N	FORMULARY		2 BRAND	PREFERRED BRAND									R	MEDPRMI
53567020102	DERMAGI	WOUND D	849200	Skin and M	84920000	Skin and M	O	0-0-0-0	EXTERNA	GEL	GM	85		SSB	9/1/2022	53567		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53567025003	DERMAGI	WOUND D	849200	Skin and M	84920000	Skin and M	O	0-0	EXTERNA	GEL	GM	85		SSB	9/1/2022	53567		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53598000301	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	100		GENERIC		53598		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53598000310	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	1000		GENERIC		53598		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53598000401	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	TABS	EA	100		GENERIC		53598		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53598000605	ONE DAIL	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	500		GENERIC		53598		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53598000609	ONE DAIL	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	90		GENERIC		53598		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53599000000	KINDKLAI	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		53599		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53599000019	MENS LIE	CATHETE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	35		NON DRUG		53599		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53599000107	CATHGRI	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	35		NON DRUG		53599		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53599000109	FREEDEF	DERMAT(	849200	Skin and M	84920000	Skin and M	O	0	EXTERNA	LIQD	ML	30		SSB		53599		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53599000110	FREEDEF	DERMAT(	849200	Skin and M	84920000	Skin and M	O	0	EXTERNA	LIQD	ML	120		SSB		53599		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53599000111	FREEDEF	DERMAT(	849200	Skin and M	84920000	Skin and M	O	0	EXTERNA	LIQD	ML	30		SSB		53599		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53681000700	EASY FL(	RESPIRA	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		53681		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53681000701	EASY FL(	RESPIRA	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		53681		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53681000702	EASY FL(	RESPIRA	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		53681		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53681000703	EASY FL(	RESPIRA	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		53681		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53681000704	EASY FL(	RESPIRA	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		53681		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
53681000705	EASY FL(	RESPIRA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		53681		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI

54348068120	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	550 MG	ORAL	TABS	EA	20	X	GENERIC		54348			X	N	EXCLUDE	REPACK: [REPACKED PRODL			OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54348068130	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	550 MG	ORAL	TABS	EA	30	X	GENERIC		54348			X	N	EXCLUDE	REPACK: [REPACKED PRODL			OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54348068610	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	275 MG	ORAL	TABS	EA	10	X	GENERIC		54348			X	N	EXCLUDE	REPACK: [REPACKED PRODL			OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54348068612	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	275 MG	ORAL	TABS	EA	12	X	GENERIC		54348			X	N	EXCLUDE	REPACK: [REPACKED PRODL			OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54348068620	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	275 MG	ORAL	TABS	EA	20	X	GENERIC		54348			X	N	EXCLUDE	REPACK: [REPACKED PRODL			OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54348068630	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	275 MG	ORAL	TABS	EA	30	X	GENERIC		54348			X	N	EXCLUDE	REPACK: [REPACKED PRODL			OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54348070414	MEDROX	MEDROX	683200	Progestins	68320000	Progestins	S	5MG	ORAL	TABS	EA	14	X	GENERIC		54348			X	N	EXCLUDE	REPACK: [REPACKED PRODL			OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54348070430	MEDROX	MEDROX	683200	Progestins	68320000	Progestins	S	5MG	ORAL	TABS	EA	30	X	GENERIC		54348			X	N	EXCLUDE	REPACK: [REPACKED PRODL			OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54348074004	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	4		GENERIC		54348			X	N	EXCLUDE	REPACK: [REPACKED PRODL			OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54348074010	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	10		GENERIC		54348			X	N	EXCLUDE	REPACK: [REPACKED PRODL			OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54348074014	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	14		GENERIC		54348			X	N	EXCLUDE	REPACK: [REPACKED PRODL			OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54348074028	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	28		GENERIC		54348			X	N	EXCLUDE	REPACK: [REPACKED PRODL			OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54348074508	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	8		GENERIC		54348			X	N	EXCLUDE	REPACK: [REPACKED PRODL			OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54348074521	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	21		GENERIC		54348			X	N	EXCLUDE	REPACK: [REPACKED PRODL			OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54348074528	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	28		GENERIC		54348			X	N	EXCLUDE	REPACK: [REPACKED PRODL			OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54348080106	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	6		GENERIC		54348			X	N	EXCLUDE	REPACK: [REPACKED PRODL			OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54348080112	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	12		GENERIC		54348			X	N	EXCLUDE	REPACK: [REPACKED PRODL			OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54348080114	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	14		GENERIC		54348			X	N	EXCLUDE	REPACK: [REPACKED PRODL			OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54348080128	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	28		GENERIC		54348			X	N	EXCLUDE	REPACK: [REPACKED PRODL			OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54348080130	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	30		GENERIC		54348			X	N	EXCLUDE	REPACK: [REPACKED PRODL			OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54348080140	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	40		GENERIC		54348			X	N	EXCLUDE	REPACK: [REPACKED PRODL			OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54348080228	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	50 MG	ORAL	CAPS	EA	28		GENERIC		54348			X	N	EXCLUDE	REPACK: [REPACKED PRODL			OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54348080240	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	50 MG	ORAL	CAPS	EA	40		GENERIC		54348			X	N	EXCLUDE	REPACK: [REPACKED PRODL			OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54348080505	MEDROX	MEDROX	683200	Progestins	68320000	Progestins	S	10MG	ORAL	TABS	EA	5	X	GENERIC		54348			X	N	EXCLUDE	REPACK: [REPACKED PRODL			OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54348080510	MEDROX	MEDROX	683200	Progestins	68320000	Progestins	S	10MG	ORAL	TABS	EA	10	X	GENERIC		54348			X	N	EXCLUDE	REPACK: [REPACKED PRODL			OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54348080514	MEDROX	MEDROX	683200	Progestins	68320000	Progestins	S	10MG	ORAL	TABS	EA	14	X	GENERIC		54348			X	N	EXCLUDE	REPACK: [REPACKED PRODL			OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54348081530	ISONIAZI	ISONIAZI	81604	Antituberc	8160400	Antituberc	S	300 MG	ORAL	TABS	EA	30	X	GENERIC		54348			X	N	EXCLUDE	REPACK: [REPACKED PRODL			OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54348081536	ISONIAZI	ISONIAZI	81604	Antituberc	8160400	Antituberc	S	300 MG	ORAL	TABS	EA	36	X	GENERIC		54348			X	N	EXCLUDE	REPACK: [REPACKED PRODL			OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54348081660	PYRAZIN	PYRAZIN	81604	Antituberc	8160400	Antituberc	S	500 MG	ORAL	TABS	EA	60		GENERIC		54348			X	N	EXCLUDE	REPACK: [REPACKED PRODL			OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54348082515	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	15	X	GENERIC		54348			X	N	EXCLUDE	REPACK: [REPACKED PRODL			OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54348082520	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	20	X	GENERIC		54348			X	N	EXCLUDE	REPACK: [REPACKED PRODL			OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54348082530	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC		54348			X	N	EXCLUDE	REPACK: [REPACKED PRODL			OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54348082540	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	40	X	GENERIC		54348			X	N	EXCLUDE	REPACK: [REPACKED PRODL			OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54348083010	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	10	X	GENERIC		54348			X	N	EXCLUDE	REPACK: [REPACKED PRODL			OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54348083020	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	20	X	GENERIC		54348			X	N	EXCLUDE	REPACK: [REPACKED PRODL			OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54348083510	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	10	X	GENERIC		54348			X	N	EXCLUDE	REPACK: [REPACKED PRODL			OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54348085702	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	2		GENERIC		54348			X	N	EXCLUDE	REPACK: [REPACKED PRODL			OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54348086060	MYAMBU	ETHAMBU	81604	Antituberc	8160400	Antituberc	S	400 MG	ORAL	TABS	EA	60		MSB	8/15/2024	54348			X	N	EXCLUDE	REPACK: [REPACKED PRODL			FORMULARY EXCLUSION							R	MEDPRMI
54348086090	MYAMBU	ETHAMBU	81604	Antituberc	8160400	Antituberc	S	400 MG	ORAL	TABS	EA	90		MSB	8/15/2024	54348			X	N	EXCLUDE	REPACK: [REPACKED PRODL			FORMULARY EXCLUSION							R	MEDPRMI
54348090028	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	250 MG	ORAL	TABS	EA	28		GENERIC		54348			X	N	EXCLUDE	REPACK: [REPACKED PRODL			OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54348090520	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	20		GENERIC		54348			X	N	EXCLUDE	REPACK: [REPACKED PRODL			OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54348090540	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	40		GENERIC		54348			X	N	EXCLUDE	REPACK: [REPACKED PRODL			OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54348098630	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TABS	EA	30		GENERIC		54348			X	N	EXCLUDE	REPACK: [REPACKED PRODL			OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54348099810	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	10		GENERIC		54348			X	N	EXCLUDE	REPACK: [REPACKED PRODL			OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54348099820	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	20		GENERIC		54348			X	N	EXCLUDE	REPACK: [REPACKED PRODL			OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54348099830	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	30		GENERIC		54348			X	N	EXCLUDE	REPACK: [REPACKED PRODL			OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54436001002	OTREXUP	METHOTR	902400	UNKNOW	90240000	UNKNOW	R	10 MG/0.4	SUBCUTA	SOAJ	ML	0.4	X	SSB		54436		Y		N	FORMULARY		2	BRAND	PREFERRED BRAND			X	1.6 IN 28 DAYS			R	MEDPRMI
54436001004	OTREXUP	METHOTR	902400	UNKNOW	90240000	UNKNOW	R	10 MG/0.4	SUBCUTA	SOAJ	ML	0.4	X	SSB		54436		Y		N	FORMULARY		2	BRAND	PREFERRED BRAND			X	1.6 IN 28 DAYS			R	MEDPRMI
54436001201	OTREXUP	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	12.5MG/0.	SUBCUTA	SOAJ	ML	0.4	X	SSB		54436		Y		N	FORMULARY		2	BRAND	PREFERRED BRAND			X	1.6 IN 28 DAYS			R	MEDPRMI
54436001202	OTREXUP	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	12.5 MG/0	SUBCUTA	SOAJ	ML	0.4	X	SSB		54436		Y		N	FORMULARY		2	BRAND	PREFERRED BRAND			X	1.6 IN 28 DAYS			R	MEDPRMI
54436001204	OTREXUP	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	12.5 MG/0	SUBCUTA	SOAJ	ML	0.4	X	SSB		54436		Y		N	FORMULARY		2	BRAND	PREFERRED BRAND			X	1.6 IN 28 DAYS			R	MEDPRMI
54436001502	OTREXUP	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	15 MG/0.4	SUBCUTA	SOAJ	ML	0.4	X	SSB		54436		Y		N	FORMULARY		2	BRAND	PREFERRED BRAND			X	1.6 IN 28 DAYS			R	MEDPRMI
54436001504	OTREXUP	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	15 MG/0.4	SUBCUTA	SOAJ	ML	0.4	X	SSB		54436		Y		N	FORMULARY		2	BRAND	PREFERRED BRAND			X	1.6 IN 28 DAYS			R	MEDPRMI
54436001702	OTREXUP	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	17.5 MG/0	SUBCUTA	SOAJ	ML	0.4	X	SSB		54436		Y		N	FORMULARY		2	BRAND	PREFERRED BRAND			X	1.6 IN 28 DAYS			R	MEDPRMI
54436001704	OTREXUP	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	17.5 MG/0	SUBCUTA	SOAJ	ML	0.4	X	SSB		54436		Y		N	FORMULARY		2	BRAND	PREFERRED BRAND			X	1.6 IN 28 DAYS			R	MEDPRMI
54436002002	OTREXUP	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	20 MG/0.4	SUBCUTA	SOAJ	ML	0.4	X	SSB		54436		Y		N	FORMULARY		2	BRAND	PREFERRED BRAND			X	1.6 IN 28 DAYS			R	MEDPRMI
54436002004	OTREXUP	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	20 MG/0.4	SUBCUTA	SOAJ	ML	0.4	X	SSB		54436		Y		N	FORMULARY		2	BRAND	PREFERRED BRAND			X	1.6 IN 28 DAYS			R	MEDPRMI
54436002202	OTREXUP	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	22.5 MG/0	SUBCUTA	SOAJ	ML	0.4	X	SSB		54436		Y		N	FORMULARY		2	BRAND	PREFERRED BRAND			X	1.6 IN 28 DAYS			R	MEDPRMI
54436002204	OTREXUP	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	22.5 MG/0	SUBCUTA	SOAJ	ML	0.4	X	SSB		54436		Y		N	FORMULARY		2	BRAND	PREFERRED BRAND			X	1.6 IN 28 DAYS			R	MEDPRMI
54436002502	OTREXUP	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	25 MG/0.4	SUBCUTA	SOAJ	ML	0.4	X	SSB		54436		Y		N	FORMULARY		2	BRAND	PREFERRED BRAND			X	1.6 IN 28 DAYS			R	MEDPRMI
54436002504	OTREXUP	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	25 MG/0.4	SUBCUTA	SOAJ	ML	0.4	X	SSB		54436		Y		N	FORMULARY		2	BRAND	PREFERRED BRAND			X	1.6 IN 28 DAYS			R	MEDPRMI
54436011220	TLANDO	TESTOST	680800	Androgens	68080000	Androgens	R	112.5 MG	ORAL	CAPS	EA	120	X	SSB	5/1/2024	54436				N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	X	PA:X					R	MEDPRMI
54436020002	XYOSTEC	TESTOST	680800	Androgens	68080000	Androgens	R	100 MG/0.	SUBCUTA	SOAJ	ML	0.5	X	SSB		54436		Y		N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	X	PA:X					R	MEDPRMI
54436020004	XYOSTEC	TESTOST	680800	Androgens	68080000	Androgens	R	100 MG/0.	SUBCUTA	SOAJ	ML	0.5	X	SSB		54436		Y		N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	X	PA:X					R	MEDPRMI
54436025002	XYOSTEC	TESTOST	680800	Androgens	68080000	Androgens	R	50 MG/0.5	SUBCUTA	SOAJ	ML	0.5	X	SSB		54436		Y		N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	X	PA:X					R	MEDPRMI
54436025004	XYOSTEC	TESTOST	680800	Androgens	68080000	Androgens	R	50 MG/0.5	SUBCUTA	SOAJ	ML	0.5	X	SSB		54436		Y		N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	X	PA:X					R	MEDPRMI
54436027502	XYOSTEC	TESTOST	680800	Androgens	68080000	Androgens	R	75 MG/0.5	SUBCUTA	SOAJ	ML	0.5	X	SSB		54436		Y		N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	X	PA:X					R	MEDPRMI
54436027504	XYOSTEC	TESTOST	680800	Androgens	68080000	Androgens	R	75 MG/0.5	SUBCUTA	SOAJ	ML	0.5	X	SSB		54436		Y		N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	X	PA:X					R	MEDPRMI
54436032530	NOCDURI	DESMOPI	682800	Pituitary	68280000	Pituitary	R	27.7 MCG	SUBLINGI	SUBL	EA	30	X	SSB		54436				N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND			X	1 IN 1 DAYS			R	MEDPRMI
54436035030	NOCDURI	DESMOPI	682800	Pituitary	68280000	Pituitary	R	55.3 MCG	SUBLINGI	SUBL	EA	30	X	SSB		54436				N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND			X	1 IN 1 DAYS			R	MEDPRMI
54458000020	ACAI BER	ACAI (EU	929200	UNKNOW	92920000	UNKNOW	P	500 MG	ORAL	CAPS	EA	60		GENERIC		54458	N			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54458000022	OMEGA-3	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	90		GENERIC		54458				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54458000111	RED YEA	RED YEA	929200	UNKNOW	92920000	UNKNOW	P	600 MG	ORAL	CAPS	EA	60		GENERIC		54458				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54458010022	GLUCOS	GLUCOS	929200	UNKNOW	92920000	UNKNOW	P	500-400 M	ORAL	CAPS	EA	60		GENERIC		54458				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54458010024	ST JOHNS	ST JOHN	929200	UNKNOW	92920000	UNKNOW	P	300 MG	ORAL	CAPS	EA	60		GENERIC		54458				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54458012271	GINSENG	GINSENG	929200	UNKNOW	92920000	UNKNOW	P	100 MG	ORAL	CAPS	EA	30		GENERIC		54458				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54458020021	GLUCOS	GLUCOS	929200	UNKNOW	92920000	UNKNOW	P	500MG-40	ORAL	CAPS	EA	60		GENERIC		54458	N			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54458020022	GLUCOS	GLUCOS	929200	UNKNOW	92920000	UNKNOW	P	500-400 M	ORAL	CAPS	EA	120		GENERIC		54458				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54458020023	ECHINAC	ECHINAC	929200	UNKNOW	92920000	UNKNOW	O	75-75 MG	ORAL	CAPS	EA	100		MSB		54458				N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION							R	MEDPRMI
54458020024	ECHINAC	ECHINAC	929200	UNKNOW	92920000	UNKNOW	O	450 MG	ORAL	CAPS	EA	100		MSB		54458				N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION							R	MEDPRMI
54458020025	SAW PAL	SAW PAL	929200	UNKNOW	92920000	UNKNOW	P	160MG	ORAL	CAPS	EA	60		GENERIC		54458				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54458020028	5-HTP	5-HYDRO	929200	UNKNOW	92920000	UNKNOW	P	50MG	ORAL	CAPS	EA	60		GENERIC		54458				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54458020029	GLUCOS	GLUCOS	929200	UNKNOW	92920000	UNKNOW	O	250MG-50	ORAL	CAPS	EA	60		MSB		54458	N			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION							R	MEDPRMI
54458020222	CHROMIU	CHROMIU	401200	Replacem	40120000	Replacem	P	200 MCG	ORAL	TABS	EA	100		GENERIC		54458				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54458020906	GOLDEN	GOLDENS	929200	UNKNOW	92920000	UNKNOW	P	535MG	ORAL	CAPS	EA	100		MSB		54458				N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION							R	MEDPRMI
54458021360	MELATON	MELATON	929200	UNKNOW	92920000	UNKNOW	P	3 MG	ORAL	TABS	EA	60		GENERIC		54458				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54458021460	DHEA	PRASTER	929200	UNKNOW	92920000	UNKNOW	P	25MG	ORAL	TABS	EA	60		GENERIC		54458				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54458032160	CO Q-10	COENZY	929200	UNKNOW	92920000	UNKNOW	P	50 MG	ORAL	CAPS	EA	30		GENERIC		54458				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54458032260	CO Q-10	COENZY	929200	UNKNOW	92920000	UNKNOW	P	50 MG	ORAL	CAPS	EA	60		GENERIC		54458				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54458032311	CO Q 10	COENZY	929200	UNKNOW	92920000	UNKNOW	P	100 MG	ORAL	CAPS	EA	30		GENERIC		54458				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54458032322	CO Q 10	COENZY	929200	UNKNOW	92920000	UNKNOW	P	100 MG	ORAL	CAPS	EA	60		GENERIC		54458				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54458032334	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	1000UNIT	ORAL	CAPS	EA	30		GENERIC		54458				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54458032344	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	1000UNIT	ORAL	CAPS	EA	60		GENERIC		54458				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54458032345	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	2000UNIT	ORAL	CAPS	EA	30		GENERIC		54458				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54458032355	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	2000UNIT	ORAL	CAPS	EA	60		GENERIC		54458				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54458032560	LYCOPEN	LYCOPEN	929200	UNKNOW	92920000	UNKNOW	P	10MG	ORAL	CAPS	EA	30		GENERIC		54458				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54458032660	LUTEIN	LUTEIN	929200	UNKNOW	92920000	UNKNOW	P	20 MG	ORAL	CAPS	EA	30		GENERIC		54458				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54458032665	LUTEIN-Z	LUTEIN-Z	929200	UNKNOW	92920000	UNKNOW	O	20-1 MG	ORAL	CAPS	EA	30		GENERIC		54458				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54458032860	ALPHA-LI	ALPHA-LI	929200	UNKNOW	92920000	UNKNOW	P	200 MG	ORAL	CAPS	EA	60		GENERIC		54458				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54458043110	FLAX SEE	FLAXSEE	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	90		GENERIC		54458				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54458064000	L-LYSINE	COLD SO	840800	Antipruriti	84080000	Antipruritic	P	0-0-0-0-0	EXTERNA	OINT	GM	26.25		GENERIC		54458				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54458065710	NIACINA	NIACINA	880800	Vitamin B	88080000	Vitamin B	P	500MG	ORAL	TABS	EA	100		GENERIC		54458				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54458073950	OMEGA 3	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	50		GENERIC		54458				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54458079924	E-OINTM	EMOLLIEI	842412	Basic Oint	84241200	Basic Oint	P	300MG/30	EXTERNA	OINT	GM	60		GENERIC		54458	N			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54458079925	E-OINTM	EMOLLIEI	842412	Basic Oint	84241200	Basic Oint	P	300MG/30	EXTERNA	OINT	GM	120		GENERIC		54458				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54458083510	ALOE VE	ALOE VE	929200	UNKNOW	92920000	UNKNOW	O	500 MG	ORAL	CAPS	EA	100		MSB		54458				N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION							R	MEDPRMI
54458084416	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	10/11/2022	54458				N	#N/A	ORIG_FR	10	EHB	#N/A			X	2 IN 1 DAYS	X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
54458084516	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	10/11/2022	54458				N	#N/A	ORIG_FR	10	EHB	#N/A			X	2 IN 1 DAYS	X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
54458084616	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	10/11/2022	54458				N	#N/A	ORIG_FR	10	EHB	#N/A			X	2 IN 1 DAYS	X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
54458086216	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	10/11/2022	54458				N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
54458086316	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	10/11/2022	54458				N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
54458086710	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	10/11/2022	54458				N	#N/A	ORIG_FR	10	EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
54458086910	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	10/11/2022	54458				N	#N/A	ORIG_FR	10	EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
54458087010	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	10/11/2022	54458				N	#N/A	ORIG_FR	10	EHB	#N/A			X	2 IN 1 DAYS	X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
54458087110	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	10/11/2022	54458				N	#N/A	ORIG_FR	10	EHB	#N/A			X	2 IN 1 DAYS	X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
54458087210	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	10/11/2022	54458				N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
54458087310	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	10/11/2022	54458				N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
54458087410	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	10/11/2022	54458				N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
54458087710	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	9/4/2022	54458				N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
54458088116	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	10/11/2022	54458				N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
54458088816	CLOPIDO	CLOPIDO	201218	Platelet-A	20121800	Platelet-A	S	75 MG	ORAL	TABS	EA	30	X	GENERIC	10/11/2022	54458				N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
54458088916	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-S	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	10/11/2022	54458				N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
54458089116	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-S	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	10/11/2022	54458				N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
54458089216	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-S	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	10/11/2022	54458				N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
54458092516	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	10/11/2022	54458				N	#N/A	ORIG_FR	10	EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
54458092616	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	10/11/2022	54458				N	#N/A	ORIG_FR	10	EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
54458092716	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	10/11/2022	54458				N	#N/A	ORIG_FR	10	EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
54458093216	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	10/11/2022	54458				N	#N/A	ORIG_FR	10	EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
54458093316	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	10/11/2022	54458				N	#N/A	ORIG_FR	10	EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
54458093416	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	10/11/2022	54458				N	#N/A	ORIG_FR	10	EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
54458093616	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	10/11/2022	54458				N	#N/A	ORIG_FR	10	EHB	#N/A			X	2 IN 1 DAYS	X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
54458093716	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	10/11/2022	54458				N	#N/A	ORIG_FR	10	EHB	#N/A			X	2 IN 1 DAYS	X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
54458093816	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	10/11/2022	54458				N	#N/A	ORIG_FR	10	EHB	#N/A			X	2 IN 1 DAYS	X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
54458094050	SELENIU	SELENIU	401200	Replacem	40120000	Replacem	P	200MCG	ORAL	CAPS	EA	50		GENERIC		54458				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54458094910	ZINC	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	100MG-10	ORAL	LOZG	EA	100		MSB		54458	N			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION							R	MEDPRMI
54458094911	ZINC	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	100MG-10	ORAL	LOZG	EA	100		MSB		54458	N			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION							R	MEDPRMI
54458094912	ZINC	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	100MG-10	ORAL	LOZG	EA	100		MSB		54458	N			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION							R	MEDPRMI
54458096416	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	30	X	GENERIC	10/11/2022	54458				N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
54458096516	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30	X	GENERIC	10/11/2022	54458				N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
54458096616	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	30	X	GENERIC	10/11/2022	54458				N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
54458096716	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	30	X	GENERIC	10/11/2022	54458				N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
54458098016	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-S	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	10/11/2022	54458				N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
54458098116	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-S	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	10/11/2022	54458				N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
54458098816	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-S	S	30 MG	ORAL	TABS	EA	30	X	GENERIC	10/11/2022	54458				N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
54458098916	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-S	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	10/11/2022	54458				N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
54458099016	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-S	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	10/11/2022	54458				N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
54482002001	CYSTARA	CYSTEAM	524400	UNKNOW	52440000	UNKNOW	R	0.44%	OPHTHAL	SOLN	ML	15	X	SSB	3/25/2022	54482				N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X					R	MEDPRMI
54482002002	CYSTARA	CYSTEAM	524400	UNKNOW	52440000	UNKNOW	R	0.44%	OPHTHAL	SOLN	ML	15	X	SSB		54482				N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X					R	MEDPRMI
54482005401	MATULAN	PROCARE	100000	Antineopla	10000000	Antineopla	R	50 MG	ORAL	CAPS	EA	100		SSB		54482				N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND							R	MEDPRMI
54482014407	CARNITO	LEVOCAR	929200	UNKNOW	92920000	UNKNOW	S	330 MG	ORAL	TABS	EA	90	X	MSB		54482	Y			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION							R	MEDPRMI
54482014508	CARNITO	LEVOCAR	929200	UNKNOW	92920000	UNKNOW	S	1 GM/10M	ORAL	SOLN	ML	118	X	MSB	8/7/2024	54482	Y			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION							R	MEDPRMI
54482014509	CARNITO	LEVOCAR	929200	UNKNOW	92920000	UNKNOW	S	1 GM/10M	ORAL	SOLN	ML	118	X	MSB		54482				N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION							R	MEDPRMI
54482014701	CARNITO	LEVOCAR	929200	UNKNOW	92920000	UNKNOW	S	200 MG/M	INTRAVEI	SOLN	ML	5		MSB		54482				N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION							R	MEDPRMI
54482014801	CARNITO	LEVOCAR	929200	UNKNOW	92920000	UNKNOW	S	1 GM/10M	ORAL	SOLN	ML	118	X	MSB		54482				N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION							R	MEDPRMI
54494000300	LIPOTRIA	SPECIALT	882800	Multivitam	88280000	Multivitam	O	113MG-11	ORAL	CAPS	EA	60		SSB		54494				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54494000303	LIPOTRIA	SPECIALT	882800	Multivitam	88280000	Multivitam	O	100MG-12	ORAL	CAPS	EA	60		SSB		54494				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54494000304	LIPOTRIA	SPECIALT	882800	Multivitam	88280000	Multivitam	O	100MG-40	ORAL	CAPS	EA	60		SSB		54494				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54494000305	LIPOTRIA	DHA-EPA	929200	UNKNOW	92920000	UNKNOW	O	175MG-17	ORAL	CPDR	EA	60		SSB		54494				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54524000300	STABLEG	SACCHAR	560800	Antidiarrhe	56080000	Antidiarrhe	P	250 MG	ORAL	CAPS	EA	60		GENERIC		54524				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54524000303	STABLEG	SACCHAR	560800	Antidiarrhe	56080000	Antidiarrhe	P	250 MG	ORAL	CAPS	EA	30		GENERIC		54524				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54569307500	EPINEPH	EPINEPH	121212	alpha- anc	12121200	alpha- anc	S	1MG/ML	INJECTIO	SOLN	ML	1		GENERIC		54569			X	N	EXCLUDE	REPACK: [REPACKED PRODL			OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54569617001	NORVIR	RITONAV	81808	Antiretrovi	8180808	HIV Protea	R	100MG	ORAL	TABS	EA	60	X	SSB		54569			X	N	EXCLUDE	REPACK: [REPACKED PRODL			OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629000020	CRANBEF	CRANBEF	929200	UNKNOW	92920000	UNKNOW	P	500 MG	ORAL	CAPS	EA	60		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629000101	VITAMIN I	VITAMIN I	882000	Vitamin E	88200000	Vitamin E	P	450 MG (1	ORAL	CAPS	EA	100		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629000848	COENZY	COENZY	929200	UNKNOW	92920000	UNKNOW	P	50MG	ORAL	CAPS	EA	30		GENERIC		54629	N			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629000938	THERATF	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60N	ORAL	TABS	EA	180		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629001222	GLUCOS	GLUCOS	929200	UNKNOW	92920000	UNKNOW	O	1500-1200	ORAL	LIQD	ML	480		MSB		54629	N			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION							R	MEDPRMI
54629001237	GLUCOS	GLUCOS	929200	UNKNOW	92920000	UNKNOW	O	1500-500	ORAL	LIQD	ML	480		MSB		54629	N			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION							R	MEDPRMI
54629001445	ST JOHNS	ST JOHN	929200	UNKNOW	92920000	UNKNOW	P	300 MG	ORAL	CAPS	EA	60		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629001599	THERATF	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60N	ORAL	TABS	EA	250		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629001681	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	600-10 M(	ORAL	TABS	EA	100		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629001689	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	333-133-5	ORAL	TABS	EA	100		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629001893	OMEGA-3	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	300		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629002560	DHEA	PRASTER	929200	UNKNOW	92920000	UNKNOW	P	25 MG	ORAL	TABS	EA	60		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629003331	MULTIPLE	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60N	ORAL	TABS	EA	100		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629003824	MULTI-VI	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60N	ORAL	TABS	EA	100		GENERIC		54629	N			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629004404	DEEP BLU	LINIMENT	842404	Basic Loti	84240400	Basic Loti	O	0-0-0-0-0	EXTERNA	GEL	GM	120		SSB		54629				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629005001	CHILDRE	PEDIATRI	882800	Multivitam	88280000	Multivitam	P	60MG-60N	ORAL	CHEW	EA	100		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629005024	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	25 MCG ('	ORAL	TABS	EA	100		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629005101	NIACIN	NIACIN	880800	Vitamin B	88080000	Vitamin B	P	50 MG	ORAL	TABS	EA	100		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629005201	PRENATA	PRENATA	882800	Multivitam	88280000	Multivitam	O	100MG-40	ORAL	TABS	EA	100		SSB		54629	N			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629005501	VITAMIN I	RIBOFLA	880800	Vitamin B	88080000	Vitamin B	P	25 MG	ORAL	TABS	EA	100		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629005602	VITAMIN (	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	100 MG	ORAL	CHEW	EA	250		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629005701	THIAMINE	THIAMINE	880800	Vitamin B	88080000	Vitamin B	P	100 MG	ORAL	TABS	EA	100		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629005710	THIAMINE	THIAMINE	880800	Vitamin B	88080000	Vitamin B	P	100 MG	ORAL	TABS	EA	1000		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629005801	VITAMIN I	CYANOCO	880800	Vitamin B	88080000	Vitamin B	P	100 MCG	ORAL	TABS	EA	100		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629006070	GINKGO I	GINKGO I	929200	UNKNOW	92920000	UNKNOW	P	40MG	ORAL	CAPS	EA	180		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629006301	VITAMIN I	PYRIDOX	880800	Vitamin B	88080000	Vitamin B	P	50 MG	ORAL	TABS	EA	100		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629006310	VITAMIN I	PYRIDOX	880800	Vitamin B	88080000	Vitamin B	P	50 MG	ORAL	TABS	EA	1000		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629006702	DAILY VIT	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60N	ORAL	TABS	EA	250		GENERIC		54629	N			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629006801	DSS	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	100		GENERIC		54629	N			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629006901	VITAMIN (	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	250 MG	ORAL	TABS	EA	100		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629007001	VITAMIN (	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	250 MG	ORAL	CHEW	EA	100		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629007101	NIACIN	NIACIN	880800	Vitamin B	88080000	Vitamin B	P	100 MG	ORAL	TABS	EA	100		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629007200	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	600-10 M(	ORAL	TABS	EA	200		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629007501	MULTI-VI	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60N	ORAL	TABS	EA	100		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629007601	ASCORBI	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	TABS	EA	100		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629007801	GELATIN	GELATIN	929200	UNKNOW	92920000	UNKNOW	O	585 MG	ORAL	CAPS	EA	100		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629007870	GLUCOS	GLUCOS	929200	UNKNOW	92920000	UNKNOW	P	500 MG	ORAL	CAPS	EA	60		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629008001	SUPER B	B COMPL	882800	Multivitam	88280000	Multivitam	P	300MG-30	ORAL	CAPS	EA	100		GENERIC		54629	N			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629008036	LUTEIN	LUTEIN-Z	929200	UNKNOW	92920000	UNKNOW	O	15-0.7 MG	ORAL	CAPS	EA	60		MSB		54629	N			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION							R	MEDPRMI
54629008038	FLAXSEE	FLAXSEE	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	90		GENERIC		54629	N			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629008044	GLUCOS	GLUCOS	929200	UNKNOW	92920000	UNKNOW	P	20MG-20N	ORAL	CAPS	EA	60		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629008201	SUPER TI	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	90MG-90N	ORAL	TABS	EA	130		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629008502	VITAMIN (	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	250 MG	ORAL	TABS	EA	250		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629008602	ASCORBI	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	TABS	EA	250		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629008702	VITAMIN (	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	250 MG	ORAL	CHEW	EA	250		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629009043	MAG-OXI	MAGNESI	401200	Replacem	40120000	Replacem	P	200 MG	ORAL	TABS	EA	120		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629009210	ASCORBI	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	TABS	EA	1000		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629009274	WOMENS	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	0-0-30MC	ORAL	PACK	EA	120		SSB		54629				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629009275	MENS DA	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	0-0-30MC	ORAL	PACK	EA	120		SSB		54629				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629009301	VITAMIN (	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	1000 MG	ORAL	TABS	EA	100		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629009310	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	25 MCG ('	ORAL	CAPS	EA	100		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629009316	WOMENS	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	120MG-12	ORAL	TABS	EA	120		SSB		54629				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629009322	MENS 50-	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	120MG-12	ORAL	TABS	EA	120		SSB		54629				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629009330	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	25 MCG ('	ORAL	CAPS	EA	300		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629009332	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	250 MCG	ORAL	CAPS	EA	90		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629009354	BIOTIN E	BIOTIN	880800	Vitamin B	88080000	Vitamin B	P	10 MG	ORAL	CAPS	EA	60		GENERIC	2/1/2022	54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629009361	PEPPERM	PEPPERM	929200	UNKNOW	92920000	UNKNOW	O	50 MG	ORAL	CAPS	EA	60		NON DRUG		54629				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629009363	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	50 MCG (2	ORAL	CHEW	EA	120		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629009501	VITAMIN I	RIBOFLA	880800	Vitamin B	88080000	Vitamin B	P	100 MG	ORAL	TABS	EA	100		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629009701	C COMPL	BIOFLAVO	882800	Multivitam	88280000	Multivitam	P	500MG-50	ORAL	TBCR	EA	100		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629010001	VITAMIN I	VITAMIN I	882000	Vitamin E	88200000	Vitamin E	P	45 MG (10	ORAL	CAPS	EA	100		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629010190	EVENING	EVENING	929200	UNKNOW	92920000	UNKNOW	P	500 MG	ORAL	CAPS	EA	90		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629010302	BETA CAI	BETA CAI	880400	Vitamin A	88040000	Vitamin A	P	25000 UN	ORAL	CAPS	EA	100		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629010505	VITAMIN I	VITAMIN I	882000	Vitamin E	88200000	Vitamin E	P	450 MG (1	ORAL	CAPS	EA	50		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629010760	ALPHA-LI	ALPHA-LI	929200	UNKNOW	92920000	UNKNOW	P	100 MG	ORAL	CAPS	EA	60		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629011001	VITAMIN /	VITAMIN /	880400	Vitamin A	88040000	Vitamin A	P	2400 MCG	ORAL	CAPS	EA	100		GENERIC		54629	N			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629011010	GINGER I	GINGER (	929200	UNKNOW	92920000	UNKNOW	P	250 MG	ORAL	CAPS	EA	60		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629011040	GREEN T	GREEN T	929200	UNKNOW	92920000	UNKNOW	P	250 MG	ORAL	CAPS	EA	60		GENERIC		54629	N			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629011076	ALPHA-LI	ALPHA-LI	929200	UNKNOW	92920000	UNKNOW	P	100 MG	ORAL	CAPS	EA	60		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629011090	FERROUS	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	325 (65 FE	ORAL	TABS	EA	100		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629011101	FREEZE I	LACTOBA	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0	ORAL	CAPS	EA	100		SSB		54629	N			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629011202	ALFALFA	ALFALFA	929200	UNKNOW	92920000	UNKNOW	O	250 MG	ORAL	TABS	EA	250		MSB		54629				N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION							R	MEDPRMI
54629011490	ROYAL JE	ROYAL JE	929200	UNKNOW	92920000	UNKNOW	O	500 MG	ORAL	CAPS	EA	90		MSB	2/1/2022	54629				N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION							R	MEDPRMI
54629011520	MAXIMUM	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	3.333MG-	ORAL	TABS	EA	120		GENERIC		54629	N			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629011700	THERATF	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60N	ORAL	TABS	EA	130		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629011711	THERATF	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60N	ORAL	TABS	EA	1000		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629011812	GLUCOS	GLUCOS	929200	UNKNOW	92920000	UNKNOW	P	30MG-30N	ORAL	CAPS	EA	120		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629012001	LECITHIN	LECITHIN	562400	Lipotropic	56240000	Lipotropic	P	1200 MG	ORAL	CAPS	EA	100		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629012039	APPLE CI	APPLE CI	929200	UNKNOW	92920000	UNKNOW	O	600 MG	ORAL	CAPS	EA	90		SSB		54629	N			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629012131	BLACK C	BLACK C	929200	UNKNOW	92920000	UNKNOW	O	160 MG	ORAL	CAPS	EA	120		MSB		54629				N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION							R	MEDPRMI
54629012201	PAPAYA	PAPAYA	440000	Enzymes	44000000	Enzymes	P	10MG-5M	ORAL	CHEW	EA	100		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629012401	COD LIVE	COD LIVE	882800	Multivitam	88280000	Multivitam	P	4000-200	ORAL	CAPS	EA	100		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629012556	CORAL C	CALCIUM	401200	Replacem	40120000	Replacem	O	185-50-10	ORAL	CAPS	EA	60		MSB		54629	N			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION							R	MEDPRMI
54629012691	FULL SPE	B-COMPL	882800	Multivitam	88280000	Multivitam	P	0.8 MG	ORAL	TABS	EA	100		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629012800	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	P	1 MG	ORAL	TABS	EA	1000	X	GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629012810	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	P	1 MG	ORAL	TABS	EA	100	X	GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629013001	BALANCE	B-COMPL	882800	Multivitam	88280000	Multivitam	P	50MCG-5(	ORAL	TABS	EA	100		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629013105	BALANCE	VITAMINS	882800	Multivitam	88280000	Multivitam	P	100MCG-'	ORAL	TABS	EA	50		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629013205	COMPLEX	VITAMINS	882800	Multivitam	88280000	Multivitam	O	100MCG-'	ORAL	TBCR	EA	50		SSB		54629				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629014005	KOREAN	GINSENG	929200	UNKNOW	92920000	UNKNOW	P	250 MG	ORAL	CAPS	EA	50		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629014170	ECHINAC	ECHINAC	929200	UNKNOW	92920000	UNKNOW	O	350-100 M	ORAL	CAPS	EA	60		MSB		54629				N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION							R	MEDPRMI
54629014250	GINKGO I	GINKGO I	929200	UNKNOW	92920000	UNKNOW	P	40 MG	ORAL	CAPS	EA	60		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629014510	MILK THIS	MILK THIS	929200	UNKNOW	92920000	UNKNOW	P	175 MG	ORAL	TABS	EA	60		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629014690	ECHINAC	ECHINAC	929200	UNKNOW	92920000	UNKNOW	P	400 MG	ORAL	CAPS	EA	90		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629014902	KELP	IODINE (K	840416	UNKNOW	84041600	UNKNOW	P	0.15 MG	ORAL	TABS	EA	200		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629015201	GARLIC C	GARLIC	929200	UNKNOW	92920000	UNKNOW	P	500 MG	ORAL	CAPS	EA	100		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629015400	ODORLES	GARLIC	929200	UNKNOW	92920000	UNKNOW	P	1250 MG	ORAL	TABS	EA	100		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629015605	VITAMINS	SPECIALT	882800	Multivitam	88280000	Multivitam	O	400MCG-	ORAL	CAPS	EA	50		SSB		54629	N			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629016003	B COMPL	B-COMPL	882800	Multivitam	88280000	Multivitam	P	20MG-10N	ORAL	TABS	EA	300		GENERIC		54629	N			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629016300	SELENIU	SELENIU	401200	Replacem	40120000	Replacem	P	200 MCG	ORAL	TABS	EA	100		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629016401	SELENIU	SELENIU	401200	Replacem	40120000	Replacem	P	50 MCG	ORAL	TABS	EA	100		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629016501	LIQUID C	CALCIUM	401200	Replacem	40120000	Replacem	P	600-12.5 I	ORAL	CAPS	EA	100		GENERIC		54629	N			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629016801	OYSTER	CALCIUM	401200	Replacem	40120000	Replacem	P	250-3.125	ORAL	TABS	EA	100		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629017101	ZINC-C-B	ZINC W/	401200	Replacem	40120000	Replacem	O	12-60-0.5	MOUTH/T	LOZG	EA	120		MSB		54629	N			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION							R	MEDPRMI
54629017202	BREWER	BREWER	880800	Vitamin B	88080000	Vitamin B	P	487.5MG	ORAL	TABS	EA	250		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629017601	ZINC GLU	ZINC GLU	401200	Replacem	40120000	Replacem	P	50 MG	ORAL	TABS	EA	100		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629018001	ZINC GLU	ZINC GLU	401200	Replacem	40120000	Replacem	P	100 MG	ORAL	TABS	EA	100		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629020001	VITAMIN I	VITAMIN I	882000	Vitamin E	88200000	Vitamin E	P	90 MG (20	ORAL	CAPS	EA	100		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629021760	KOREAN	GINSENG	929200	UNKNOW	92920000	UNKNOW	O	350 MG	ORAL	CAPS	EA	60		MSB		54629				N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION							R	MEDPRMI
54629024001	AMINO A	AMINO A	402000	Caloric Ag	40200000	Caloric Ag	P	1200MG-1	ORAL	TABS	EA	100		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629025101	KELP-B6-	PYRIDOX	882800	Multivitam	88280000	Multivitam	O	5-0.75-20	ORAL	CAPS	EA	100		MSB		54629				N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION							R	MEDPRMI
54629026001	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	P	800 MCG	ORAL	TABS	EA	100	X	GENERIC		54629				N	#N/A	ORIG_FR	10	EHB	#N/A					X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
54629026260	ALLERWE	SPECIALT	882800	Multivitam	88280000	Multivitam	O	25MG-15N	ORAL	TABS	EA	60		SSB		54629				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629028000	ULTIMATI	SPECIALT	882800	Multivitam	88280000	Multivitam	P	25MG-10N	ORAL	TABS	EA	60		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629028712	GLUCOS	GLUCOS	929200	UNKNOW	92920000	UNKNOW	P	400-333.3	ORAL	TABS	EA	120		MSB		54629				N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION							R	MEDPRMI
54629030820	VITAMIN (	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	CHEW	EA	60		GENERIC		54629				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629033100	VITAMIN I	VITAMIN I	842408	Basic Oils	84240800	Basic Oils	O	24000 UN	EXTERNA	OIL	ML	52		SSB		54629	N			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
54629033110	VITAMIN I	VITAMIN I	842400	Emollients	84240000	Emollients	P	49000 UN	EXTERNA	OIL	ML	52		GENERIC		54629	N			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI

54756015600	ENDURAI	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		54756	Y	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54756021108	ONE OUN	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		54756	Y	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54756022012	QUIK-SOI	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		54756		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54756054013	SOCK AID	FOOT CA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		54756		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54756054018	SHOE HO	FOOT CA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		54756		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54756062227	EVERYDA	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		54756		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54756064000	FREE SPI	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		54756		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54756074000	STANDAF	NERVE S	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1	NON DRUG		54756		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54756075000	PAIN REL	NERVE S	940000	Devices	94000000	Devices	R	0	DOES NO	DEVI	EA	1	NON DRUG		54756		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54758006289	SWEET C	DEXTROS	682292	Antihypog	68229200	Antihypog	P	40%	ORAL	GEL	ML	3	GENERIC		54758 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54766009306	RIDAURA	AURANOI	600000	Gold Com	60000000	Gold Com	R	3 MG	ORAL	CAPS	EA	60 X	SSB		54766		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRMI
54766020010	MOTOFEI	DIFENOX	560800	Antidiarrh	56080000	Antidiarrh	R	1-0.025 M	ORAL	TABS	EA	100	SSB		54766		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]		R	MEDPRMI
54766020101	PEXEVA	PAROXET	281604	Antidepres	28160420	Selective-:	R	10 MG	ORAL	TABS	EA	30 X	SSB	5/31/2023	54766		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]		R	MEDPRMI
54766020201	PEXEVA	PAROXET	281604	Antidepres	28160420	Selective-:	R	20 MG	ORAL	TABS	EA	30 X	SSB	5/31/2023	54766		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]		R	MEDPRMI
54766020301	PEXEVA	PAROXET	281604	Antidepres	28160420	Selective-:	R	30 MG	ORAL	TABS	EA	30 X	SSB	5/31/2023	54766		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]		R	MEDPRMI
54766020401	PEXEVA	PAROXET	281604	Antidepres	28160420	Selective-:	R	40 MG	ORAL	TABS	EA	30 X	SSB	6/24/2022	54766		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]		R	MEDPRMI
54766059010	IMURAN	AZATHIOI	902808	UNKNOW	90280892	UNKNOW	S	50 MG	ORAL	TABS	EA	100 X	MSB		54766 Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRMI
54766071603	PRAMOS	PRAMOXI	840608	UNKNOW	84060800	UNKNOW	R	1-1 %	EXTERNA	CREA	GM	57	SSB		54766		N	FORMULARY		2 BRAND	PREFERRED BRAND			X	Must mee 5 DS Anal TRIAL OF HYDROCORTISONE/PRAMOXINE 2.5%-1% CREAM IN THE PAST 120	R	MEDPRMI
54766071604	PRAMOS	PRAMOXI	840608	UNKNOW	84060800	UNKNOW	R	1-1 %	EXTERNA	CREA	GM	28.4	SSB		54766		N	FORMULARY		2 BRAND	PREFERRED BRAND			X	Must mee 5 DS Anal TRIAL OF HYDROCORTISONE/PRAMOXINE 2.5%-1% CREAM IN THE PAST 120	R	MEDPRMI
54766072604	PRAMOS	PRAMOXI	840608	UNKNOW	84060800	UNKNOW	R	1-2.5 %	EXTERNA	LOTN	ML	118	SSB		54766		N	FORMULARY		2 BRAND	PREFERRED BRAND					R	MEDPRMI
54766072606	PRAMOS	PRAMOXI	840608	UNKNOW	84060800	UNKNOW	R	1-2.5 %	EXTERNA	LOTN	ML	59	SSB		54766		N	FORMULARY		2 BRAND	PREFERRED BRAND					R	MEDPRMI
54766072904	PRAMOS	PRAMOXI	840608	UNKNOW	84060800	UNKNOW	R	1-1 %	EXTERNA	LOTN	ML	118	SSB		54766		N	FORMULARY		2 BRAND	PREFERRED BRAND					R	MEDPRMI
54766072906	PRAMOS	PRAMOXI	840608	UNKNOW	84060800	UNKNOW	R	1-1 %	EXTERNA	LOTN	ML	59	SSB	6/14/2024	54766		N	FORMULARY		2 BRAND	PREFERRED BRAND					R	MEDPRMI
54766076003	PRAMOS	PRAMOXI	840608	UNKNOW	84060800	UNKNOW	S	1-2.5 %	EXTERNA	CREA	GM	57	MSB	6/14/2024	54766 N		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
54766076004	PRAMOS	PRAMOXI	840608	UNKNOW	84060800	UNKNOW	S	1-2.5 %	EXTERNA	CREA	GM	28.4	MSB	6/14/2024	54766 N		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
54766076304	PRAMOS	PRAMOXI	840608	UNKNOW	84060800	UNKNOW	R	1-1 %	EXTERNA	OINT	GM	28.4	SSB		54766		N	FORMULARY		2 BRAND	PREFERRED BRAND			X	Must mee 5 DS Anal TRIAL OF HYDROCORTISONE/PRAMOXINE 2.5%-1% CREAM IN THE PAST 120	R	MEDPRMI
54766077040	NAFTIN	NAFTIFIN	840408	Antifungal	84040804	Allylamine	R	1%	EXTERNA	GEL	GM	40	SSB	6/14/2024	54766 Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRMI
54766077060	NAFTIN	NAFTIFIN	840408	Antifungal	84040804	Allylamine	R	1%	EXTERNA	GEL	GM	60	SSB	6/14/2024	54766 Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRMI
54766077090	NAFTIN	NAFTIFIN	840408	Antifungal	84040804	Allylamine	R	1%	EXTERNA	GEL	GM	90	SSB	6/14/2024	54766 Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRMI
54766077245	NAFTIN	NAFTIFIN	840408	Antifungal	84040804	Allylamine	S	2%	EXTERNA	GEL	GM	45	MSB		54766		N	EXCLUDED		2 BRAND	FORMULARY EXCLUSION					R	MEDPRMI
54766077260	NAFTIN	NAFTIFIN	840408	Antifungal	84040804	Allylamine	S	2%	EXTERNA	GEL	GM	60	MSB		54766		N	EXCLUDED		2 BRAND	FORMULARY EXCLUSION					R	MEDPRMI
54766077704	PRAMOS	PRAMOXI	840608	UNKNOW	84060800	UNKNOW	R	1-2.5 %	EXTERNA	OINT	GM	28.4	SSB		54766		N	FORMULARY		2 BRAND	PREFERRED BRAND					R	MEDPRMI
54766077804	ANALPRA	HYDROC	840800	Antipruritic	84080000	Antipruritic	S	1-1 %	EXTERNA	CREA	GM	30	GENERIC		54766 N		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
54766079904	ANALPRA	HYDROC	840800	Antipruritic	84080000	Antipruritic	S	2.5-1 %	EXTERNA	CREA	GM	30	MSB		54766 N		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
54766079964	ANALPRA	HYDROC	840800	Antipruritic	84080000	Antipruritic	S	2.5-1 %	EXTERNA	CREA	GM	4	MSB	6/14/2024	54766 N		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
54766079965	ANALPRA	HYDROC	840800	Antipruritic	84080000	Antipruritic	S	2.5-1 %	EXTERNA	CREA	GM	4	MSB		54766 N		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
54766079972	ANALPRA	HYDROC	840800	Antipruritic	84080000	Antipruritic	S	2.5-1 %	EXTERNA	CREA	GM	4	MSB		54766 N		Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU		FORMULARY EXCLUSION					R	MEDPRMI
54766082904	ANALPRA	HYDROC	840800	Antipruritic	84080000	Antipruritic	R	2.5-1 %	EXTERNA	LOTN	ML	59	SSB		54766		N	FORMULARY		2 BRAND	PREFERRED BRAND					R	MEDPRMI
54766089403	LOTRONE	ALOSETR	563600	Anti-inflam	56360000	Anti-inflam	S	0.5 MG	ORAL	TABS	EA	30 X	MSB		54766 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
54766089503	LOTRONE	ALOSETR	563600	Anti-inflam	56360000	Anti-inflam	S	1 MG	ORAL	TABS	EA	30 X	MSB		54766 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION					R	MEDPRMI
54766090753	BRISDELI	PAROXET	281604	Antidepres	28160420	Selective-:	S	7.5 MG	ORAL	CAPS	EA	30 X	MSB	5/31/2022	54766 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION	X	1 IN 1 DAYS	X	Must mee 5 DS Effe TRIAL OF PAROXETINE HCL OR VENLAFAXINE IN THE PAST 120 DAYS	R	MEDPRMI
54799030130	OCUSOF	EYELID C	849200	Skin and M	84920000	Skin and M	O	0	EXTERNA	SOLN	ML	50	SSB		54799		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54799030190	OCUSOF	EYELID C	849200	Skin and M	84920000	Skin and M	O	0	EXTERNA	PADS	EA	30	SSB		54799		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54799030430	OCUSOF	EYELID C	849200	Skin and M	84920000	Skin and M	O	0-0	EXTERNA	PADS	EA	30	SSB		54799		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54828000101	NEURACE	FLORBET	366800	Roentgen	36680000	Roentgen	R	1.4-135 M	INTRAVE	SOLN	EA	1	SSB		54828		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54828000130	NEURACE	FLORBET	366800	Roentgen	36680000	Roentgen	R	1.4-135 M	INTRAVE	SOLN	EA	1	SSB	6/20/2022	54828		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54828000150	NEURACE	FLORBET	366800	Roentgen	36680000	Roentgen	R	1.4-135 M	INTRAVE	SOLN	EA	1	SSB		54828		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54838000180	FERROUS	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	220 (44 FE	ORAL	SOLN	ML	473	GENERIC		54838		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54838000530	AQUEOUS	VITAMIN E	882000	Vitamin E	88200000	Vitamin E	P	15 MG/0.6	ORAL	SOLN	ML	30	GENERIC		54838		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54838000650	AQUEOUS	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	10 MCG/M	ORAL	LIQD	ML	50	GENERIC		54838		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54838001150	FERROUS	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	75 (15 FE)	ORAL	SOLN	ML	50	GENERIC		54838		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54838010780	SILACE	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	60 MG/15	ORAL	SYRP	ML	473	GENERIC	7/26/2022	54838		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54838011680	SILACE	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	150 MG/1	ORAL	LIQD	ML	473	GENERIC	9/19/2022	54838		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54838011740	SILTUSSI	GUAIFEN	481600	Expectora	48160000	Expectora	P	100 MG/5	ORAL	LIQD	ML	118	GENERIC		54838		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54838011770	SILTUSSI	GUAIFEN	481600	Expectora	48160000	Expectora	P	100 MG/5	ORAL	LIQD	ML	237	GENERIC	10/2/2024	54838		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54838011780	SILTUSSI	GUAIFEN	481600	Expectora	48160000	Expectora	P	100 MG/5	ORAL	LIQD	ML	473	GENERIC	12/4/2024	54838		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54838013340	SILTUSSI	DEXTROM	480800	Antitussive	48080000	Antitussive	P	100-10 MC	ORAL	LIQD	ML	118	GENERIC	4/2/2024	54838		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54838013540	SILADRYI	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5 MG/5	ORAL	LIQD	ML	118	GENERIC	12/4/2024	54838		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54838013570	SILADRYI	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5 MG/5	ORAL	LIQD	ML	237	GENERIC	12/4/2024	54838		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54838013580	SILADRYI	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5 MG/5	ORAL	LIQD	ML	473	GENERIC	12/4/2024	54838		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54838014440	CHILDRE	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	LIQD	ML	118	GENERIC	6/4/2024	54838		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54838014470	CHILDRE	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	LIQD	ML	237	GENERIC	1/31/2024	54838		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54838014480	CHILDRE	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	LIQD	ML	473	GENERIC	6/4/2024	54838		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54838020940	SILTUSSI	DEXTROM	480800	Antitussive	48080000	Antitussive	P	100-10 MC	ORAL	SYRP	ML	118	GENERIC	1/2/2024	54838		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54838020970	SILTUSSI	DEXTROM	480800	Antitussive	48080000	Antitussive	P	100-10 MC	ORAL	SYRP	ML	237	GENERIC	12/4/2023	54838		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54838020980	SILTUSSI	DEXTROM	480800	Antitussive	48080000	Antitussive	P	100-10 MC	ORAL	SYRP	ML	473	GENERIC	12/4/2023	54838		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54838050115	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	2 MG/ML	ORAL	CONC	ML	15 X	GENERIC		54838		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
54838050140	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	2 MG/ML	ORAL	CONC	ML	120 X	GENERIC		54838		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
54838050280	HYDROX	HYDROX	282492	Anxiolytics	28249200	Anxiolytics	S	10 MG/5M	ORAL	SYRP	ML	473	GENERIC		54838		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
54838050615	HYOSYNE	HYOSCYA	120808	Antimusca	12080800	Antimusca	S	0.125 MG/	ORAL	SOLN	ML	15 X	GENERIC		54838		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
54838051080	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG/5ML	ORAL	SOLN	ML	473 X	GENERIC		54838		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]		R	MEDPRMI
54838051180	HYOSYNE	HYOSCYA	120808	Antimusca	12080800	Antimusca	S	0.125 MG/	ORAL	ELIX	ML	473 X	GENERIC		54838		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
54838051240	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	10 MG/ML	ORAL	CONC	ML	120 X	GENERIC		54838		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
54838052340	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-:	S	20 MG/5M	ORAL	SOLN	ML	120 X	GENERIC		54838		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
54838054070	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-:	S	10 MG/5M	ORAL	SOLN	ML	240 X	GENERIC	10/31/2023	54838		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
54838054880	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	100 MG/M	ORAL	SOLN	ML	473 X	GENERIC	3/1/2023	54838		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
54838055170	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-:	S	5 MG/5ML	ORAL	SOLN	ML	240 X	GENERIC	6/4/2024	54838		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
54838055240	CETIRIZI	CETIRIZI	40800	Second G	4080000	Second G	P	5 MG/5ML	ORAL	SOLN	ML	120	GENERIC	12/4/2023	54838		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54838055550	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG/5ML	ORAL	SOLN	ML	50	GENERIC	12/4/2024	54838		N	FORMULARY		1 GEN	GENERICS	X	50 IN 15 DAYS			R	MEDPRMI
54838055680	THEOPHY	THEOPHY	861600	Respirator	86160000	Respirator	S	80 MG/15	ORAL	SOLN	ML	473 X	GENERIC	3/1/2024	54838		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
54838055840	CHILDRE	LORATAD	40800	Second G	4080000	Second G	P	5 MG/5ML	ORAL	SOLN	ML	120	GENERIC		54838		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54838056670	LAMIVUD	LAMIVUD	81808	Antiretrovi	8180820	Nucleosid	S	10 MG/ML	ORAL	SOLN	ML	240 X	GENERIC	12/4/2024	54838		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	960 IN 30 DAYS			R	MEDPRMI
54838057059	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	1 MG/ML	ORAL	SOLN	ML	150 X	GENERIC		54838		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
54838057280	CETIRIZI	CETIRIZI	40800	Second G	4080000	Second G	S	1 MG/ML	ORAL	SOLN	ML	473	GENERIC	12/4/2023	54838		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
54859000101	DOLOGE	DEXBROI	40400	First Gene	4040000	First Gene	O	1-500 MG	ORAL	TABS	EA	100	SSB		54859 N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859000105	DOLOGE	DEXBROI	40400	First Gene	4040000	First Gene	O	1-500 MG	ORAL	TABS	EA	500	SSB		54859 N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859000150	DOLOGE	DEXBROI	40400	First Gene	4040000	First Gene	O	1-500 MG	ORAL	TABS	EA	50	SSB		54859 N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859001001	DOLOGE	DEXBROI	40400	First Gene	4040000	First Gene	O	1-500 MG	ORAL	TABS	EA	100	SSB		54859 N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859012004	DERMAGI	PRAMOXI	840800	Antipruritic	84080000	Antipruritic	O	.4%-1%-.4	EXTERNA	LIQD	ML	118	SSB		54859		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859020204	DERMAGI	PRAMOXI	840800	Antipruritic	84080000	Antipruritic	O	.4%-1%-.4	EXTERNA	CREA	GM	113	SSB		54859		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859050108	NUTRIVIT	B-COMPL	882800	Multivitam	88280000	Multivitam	R	25MCG/15	ORAL	LIQD	ML	237	SSB		54859		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859050206	TUSNEL	PSEUDOE	480800	Antitussive	48080000	Antitussive	O	15MG/5M	ORAL	LIQD	ML	178	SSB		54859		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859050210	TUSNEL	PSEUDOE	480800	Antitussive	48080000	Antitussive	O	15MG/5M	ORAL	LIQD	ML	3785	SSB		54859		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859050216	TUSNEL	PSEUDOE	480800	Antitussive	48080000	Antitussive	O	15MG/5M	ORAL	LIQD	ML	473	SSB		54859		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859050301	ORASEP	BENZOC	840800	Antipruritic	84080000	Antipruritic	O	2%-.1%-.5	MOUTH/T	SOLN	ML	30	SSB		54859		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859050401	ORASEP	BENZOC	840800	Antipruritic	84080000	Antipruritic	O	2-0.5-0.1	MOUTH/T	SOLN	ML	30	SSB		54859		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859050504	TUSNEL	DEXTROM	480800	Antitussive	48080000	Antitussive	P	10-100 MC	ORAL	LIQD	ML	118	GENERIC		54859		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859050516	TUSNEL	DEXTROM	480800	Antitussive	48080000	Antitussive	P	10MG/5M	ORAL	LIQD	ML	473	GENERIC		54859 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859050704	TUSNEL-	GUAIFEN	481600	Expectora	48160000	Expectora	P	100 MG/5	ORAL	LIQD	ML	118	GENERIC		54859		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859050816	TRIPONE	PHENYLE	480800	Antitussive	48080000	Antitussive	O	5-1.25-15	ORAL	LIQD	ML	474	SSB		54859		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859051302	DOLOGE	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4%	EXTERNA	LIQD	ML	60	GENERIC		54859 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859051306	DOLOGE	DEXBROI	40400	First Gene	4040000	First Gene	O	1-500 MG	ORAL	LIQD	ML	177	SSB		54859 N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859051416	TRIPONE	PSEUDOE	480800	Antitussive	48080000	Antitussive	O	30-1.25-1	ORAL	SYRP	ML	473	SSB		54859		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859051501	PROTEIN	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	O	1200MG/3	ORAL	LIQD	ML	30	SSB		54859 N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859051508	PROTEIN	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	O	1200MG/3	ORAL	LIQD	ML	236	SSB		54859 N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859051516	PROTEIN	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	O	1200MG/3	ORAL	LIQD	ML	473	SSB		54859 N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859051530	PROTEIN	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	O	1200MG/3	ORAL	LIQD	ML	887	SSB		54859		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859051608	NEPHROI	B-COMPL	882800	Multivitam	88280000	Multivitam	O	0.9 MG/5	ORAL	LIQD	ML	237	SSB		54859 N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859051716	TUSNEL	PHENYLE	480800	Antitussive	48080000	Antitussive	O	20MG/5M	ORAL	LIQD	ML	473	SSB		54859		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859052016	TUSNEL	PSEUDOE	480800	Antitussive	48080000	Antitussive	O	30-10-100	ORAL	SYRP	ML	473	SSB		54859 N		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND			X	AGE_YEA MUST BE AT LEAST	R	MEDPRMI
54859052501	PROTEIN	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	30	SSB		54859 N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859052508	PROTEIN	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		54859 N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859052516	PROTEIN	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	473	SSB		54859 N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859052530	PROTEIN	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	887	SSB		54859		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859053001	PROTEIN	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-2MG-8	ORAL	LIQD	ML	30	SSB		54859		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859053030	PROTEIN	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0	ORAL	LIQD	ML	887	SSB		54859		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859053501	PROTEIN	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	30	SSB		54859 N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859053508	PROTEIN	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	236.5	SSB		54859 N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859053516	PROTEIN	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	473	SSB		54859 N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859053530	PROTEIN	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	887	SSB		54859		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859054404	TUSNEL	PSEUDOE	480800	Antitussive	48080000	Antitussive	O	5MG/5ML-	ORAL	LIQD	ML	118	SSB		54859 N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859054410	TUSNEL	PSEUDOE	480800	Antitussive	48080000	Antitussive	O	5MG/5ML-	ORAL	LIQD	ML	3780	SSB		54859 N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859054530	PROTEIN	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	O	1440MG/3	ORAL	LIQD	ML	887	SSB		54859		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859055030	PROTEIN	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	O	1088MG/3	ORAL	LIQD	ML	887	SSB		54859		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859055130	PROTEIN	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	O	1088MG/3	ORAL	LIQD	ML	887	SSB		54859		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859056004	HEMATE	POLYSAC	200404	Iron Prepa	20040400	Iron Prepa	O	100 MG/5	ORAL	LIQD	ML	118	SSB		54859		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859056210	HEMATE	POLYSAC	200404	Iron Prepa	20040400	Iron Prepa	O	150 MG	ORAL	TABS	EA	100	SSB		54859		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859060202	TUSNEL	PSEUDOE	481600	Expectora	48160000	Expectora	O	7.5-50 MG	ORAL	LIQD	ML	60	SSB		54859		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859060302	TUSNEL-	PSEUDOE	480800	Antitussive	48080000	Antitussive	O	7.5-2.5-25	ORAL	LIQD	ML	60	SSB		54859		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859060416	TUSNEL	PHENYLE	480800	Antitussive	48080000	Antitussive	P	2.5-5-75 N	ORAL	LIQD	ML	473	GENERIC		54859		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859060501	TUSNEL	PHENYLE	481600	Expectora	48160000	Expectora	O	1.25-25 M	ORAL	LIQD	ML	30	SSB		54859		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859060601	TUSNEL-	PHENYLE	480800	Antitussive	48080000	Antitussive	O	1.25-2.5-2	ORAL	LIQD	ML	30	SSB		54859		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859070010	CHLORDI	CHLORDI	120808	Antimusca	12080800	Antimusca	S	5-2.5 MG	ORAL	CAPS	EA	100	GENERIC		54859		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
54859070110	URIN DS	METHENA	83600	Urinary Ar	8360000	Urinary Ar	S	81.6 MG	ORAL	TABS	EA	100	GENERIC		54859		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
54859070260	CONEX C	DEXBROI	40400	First Gene	4040000	First Gene	O	2-60 MG	ORAL	TABS	EA	60	SSB		54859		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859070360	NUTRICA	MULTIPLE	882800	Multivitam	88280000	Multivitam	R	150MG-15	ORAL	TABS	EA	60	SSB		54859		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859070501	LIPOFLA	VITAMINS	882800	Multivitam	88280000	Multivitam	P	100MG-10	ORAL	TABS	EA	100	GENERIC		54859		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859070601	FLAVOVI	VITAMINS	882800	Multivitam	88280000	Multivitam	P	100MG-10	ORAL	TABS	EA	100	GENERIC		54859		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859070760	UROSEX	SPECIALT	882800	Multivitam	88280000	Multivitam	S	9MG-9MG	ORAL	TABS	EA	60	GENERIC		54859		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859070860	TROMBOI	BIOFLAV	882800	Multivitam	88280000	Multivitam	O	150MG-15	ORAL	CAPS	EA	60	SSB		54859 N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859070912	NATALVI	PRENATA	882800	Multivitam	88280000	Multivitam	R	120MG-12	ORAL	TABS	EA	120	SSB		54859		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859071512	PROTEIN	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	P	200MG-18	ORAL	TABS	EA	120	GENERIC		54859		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859071601	NEPHROI	B-COMPL	882800	Multivitam	88280000	Multivitam	S	60MG-60	ORAL	TABS	EA	100	GENERIC		54859 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859071860	TROMBOI	BIOFLAV	882800	Multivitam	88280000	Multivitam	O	75MG-75	ORAL	CAPS	EA	60	SSB		54859		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859080160	TUSNEL	PSEUDOE	480800	Antitussive	48080000	Antitussive	O	60-30-400	ORAL	TABS	EA	60	SSB		54859		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859080204	CONEX C	DEXBROI	40400	First Gene	4040000	First Gene	O	1-30 MG/5	ORAL	SOLN	ML	118	SSB		54859 N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859080216	CONEX C	DEXBROI	40400	First Gene	4040000	First Gene	O	1-30 MG/5	ORAL	SOLN	ML	473	SSB		54859 N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859080316	CONEX C	DEXBROI	40400	First Gene	4040000	First Gene	O	1-30 MG/5	ORAL	SOLN	ML	473	SSB		54859 N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859080616	LEVOCAF	LEVOCAF	402000	Caloric Ag	40200000	Caloric Ag	P	1 GM/10M	ORAL	SOLN	ML	473	GENERIC		54859		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859080808	SENNA	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.8 MG/5	ORAL	SYRP	ML	237	GENERIC		54859		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859080812	GLUCOTE	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	25MG-25	ORAL	CAPS	EA	120	GENERIC		54859		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859080916	LIQUID A	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	LIQD	ML	473	GENERIC		54859		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859081016	FERROUS	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	220 (44 FE	ORAL	SOLN	ML	473	GENERIC		54859		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859081116	LIQUID A	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5 MG/5	ORAL	LIQD	ML	473	GENERIC		54859		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54859082016	FIBEREX	FIBER	561200	Cathartics	56120000	Cathartics	O	15 GM/30	ORAL	LIQD	ML	474	SSB		54859		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54866000201	AVERTEA	BENZYL A	840800	Antipruritic	84080000	Antipruritic	O	1%	MOUTH/T	OINT	ML	7.4	SSB		54866		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54879000101	ETHAMBI	ETHAMBI	81604	Antituberc	8160400	Antituberc	S	100 MG	ORAL	TABS	EA	100	GENERIC		54879		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
54879000201	ETHAMBI	ETHAMBI	81604	Antituberc	8160400	Antituberc	S	400 MG	ORAL	TABS	EA	100	GENERIC		54879		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
54879000308	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	0.5 MG/5	ORAL	ELIX	ML	237	GENERIC		54879		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
54879000460	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	LOTN	ML	60	GENERIC		54879		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
54879001413	THIOTEP	THIOTEP	100000	Antineopla	10000000	Antineopla	S	15 MG	INJECTIO	SOLR	EA	1	GENERIC		54879		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54879002101	CYCLOPH	CYCLOPH	100000	Antineopla	10000000	Antineopla	S	25 MG	ORAL	CAPS	EA	100	GENERIC		54879		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS					R	MEDPRMI
54879002201	CYCLOPH	CYCLOPH	100000	Antineopla	10000000	Antineopla	S	50 MG	ORAL	CAPS	EA	100	GENERIC		54879		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS					R	MEDPRMI
54879002351	CARMUS	CARMUS	100000	Antineopla	10000000	Antineopla	S	100 MG	INTRAVE	SOLR	EA	1	GENERIC		54879		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54879002710	ARSENIC	ARSENIC	100000	Antineopla	10000000	Antineopla	S	10 MG/10	INTRAVE	SOLN	ML	10	GENERIC		54879		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54879003664	CARMUS	CARMUS	100000	Antineopla	10000000	Antineopla	S	100 MG	INTRAVE	SOLR	EA	1	GENERIC		54879		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54879003725	SUCCINY	SUCCINY	122020	UNKNOW	12202000	UNKNOW	S	20 MG/ML	INJECTIO	SOLN	ML	10	GENERIC		54879		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54879003750	SUCCINY	SUCCINY	122020	UNKNOW	12202000	UNKNOW	S	20 MG/ML	INJECTIO	SOLN	ML	10	GENERIC		54879		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54932020881	GUAIFEN	GUAIFEN	480800	Antitussive	48080000	Antitussive	P	100-10 MC	ORAL	SOLN	ML	473	GENERIC		54932		N	NON-FORMULARY		1 GEN	GENERICS			X	AGE_YEA MUST BE AT LEAST	R	MEDPRMI
54932020885	GUAIFEN	GUAIFEN	480800	Antitussive	48080000	Antitussive	P	100-10 MC	ORAL	SOLN	ML	118	GENERIC		54932		N	NON-FORMULARY		1 GEN	GENERICS			X	AGE_YEA MUST BE AT LEAST	R	MEDPRMI
54932050181	PHENOB	PHENOB	282404	Barbiturat	28240400	Barbiturat	S	20 MG/5M	ORAL	ELIX	ML	473 X	GENERIC		54932		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
54973041241	EARACHE	HOMEOP	929200	UNKNOW	92920000	UNKNOW	O	0	OTIC	SOLN	ML	10	NON DRUG		54973		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54973295602	LEG CRA	HOMEOP	929200	UNKNOW	92920000	UNKNOW	O	0	SUBLING	SUBL	EA	100	SSB		54973 N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54973308501	MUSCLE	HOMEOP	929200	UNKNOW	92920000	UNKNOW	O	0	EXTERNA	GEL	GM	85	SSB		54973		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54973309301	LEG CRA	HOMEOP	929200	UNKNOW	92920000	UNKNOW	O	0	SUBLING	SUBL	EA	50	SSB		54973		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54973311402	LEG CRA	HOMEOP	929200	UNKNOW	92920000	UNKNOW	O	0	ORAL	TABS	EA	40	SSB		54973		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54973316201	RESTFUL	HOMEOP	929200	UNKNOW	92920000	UNKNOW	O	0	SUBLING	SUBL	EA	50	SSB		54973		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54973317201	EARACHE	HOMEOP	929200	UNKNOW	92920000	UNKNOW	O	0	OTIC	SOLN	ML	10	SSB		54973		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54973324301	COUGH &	HOMEOP	929200	UNKNOW	92920000	UNKNOW	O	0	ORAL	LIQD	ML	118	SSB		54973		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54973335201	RESTFUL	HOMEOP	929200	UNKNOW	92920000	UNKNOW	O	0	SUBLING	SUBL	EA	50	SSB		54973		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54995000700	CAMPHO	CAMPHOI	849200	Skin and M	84920000	Skin and M	P	10.8-4.7 %	EXTERNA	GEL	GM	6.5	GENERIC		54995		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54995000701	CAMPHO	CAMPHOI	849200	Skin and M	84920000	Skin and M	P	10.8-4.7 %	EXTERNA	LIQD	ML	22	GENERIC		54995		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
54995000702	CAMPHO	CAMPHOI	849200	Skin and M	84920000	Skin and M	P	10.8-4.7 %	EXTERNA	GEL	GM	14	GENERIC		54995 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
55111000367	IHEALTH	BLOOD G	940000	Devices	94000000	Devices	O	0	IN VITRO	LIQD	EA	1	NON DRUG		55111		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
55111000395	IHEALTH	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		55111		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
55111011230	MOXIFLO	MOXIFLO	81218	Quinolone	8121800	Quinolone	S	400 MG	ORAL	TABS	EA	30	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111011381	ZENATAN	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	S	30 MG	ORAL	CAPS	EA	30	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111011890	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	P	10 MG	ORAL	TABS	EA	90	GENERIC		55111		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
55111011901	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111011910	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	1000 X	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111011930	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111012001	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	100 X	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111012010	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	1000 X	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111012030	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	30 X	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111012105	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	500 X	GENERIC		55111		N	#N/A	ORIG_FR	10 EHB	#N/A	X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R	R	MEDPRMI
55111012190	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		55111		N	#N/A	ORIG_FR	10 EHB	#N/A	X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R	R	MEDPRMI
55111012205	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	500 X	GENERIC		55111		N	#N/A	ORIG_FR	10 EHB	#N/A	X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R	R	MEDPRMI
55111012290	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		55111		N	#N/A	ORIG_FR	10 EHB	#N/A	X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R	R	MEDPRMI
55111012305	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	500 X	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS	X	1 IN 1 DAYS			R	MEDPRMI
55111012390	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90 X	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS	X	1 IN 1 DAYS			R	MEDPRMI
55111012405	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	500 X	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS	X	1 IN 1 DAYS			R	MEDPRMI
55111012490	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90 X	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS	X	1 IN 1 DAYS			R	MEDPRMI
55111012506	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	R	100 MG	ORAL	TABS	EA	6	GENERIC	12/28/2023	55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111012601	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	100	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111012605	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	500	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111012701	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	100	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111012705	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	500	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111012850	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	50	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111012905	RANITIDI	RANITIDI	562812	Histamine	56281200	Histamine	S	150 MG	ORAL	CAPS	EA	500 X	GENERIC	4/1/2020	55111		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
55111012960	RANITIDI	RANITIDI	562812	Histamine	56281200	Histamine	S	150 MG	ORAL	CAPS	EA	60 X	GENERIC	4/1/2020	55111		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
55111013001	RANITIDI	RANITIDI	562812	Histamine	56281200	Histamine	S	300 MG	ORAL	CAPS	EA	100 X	GENERIC	4/1/2020	55111		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
55111013030	RANITIDI	RANITIDI	562812	Histamine	56281200	Histamine	S	300 MG	ORAL	CAPS	EA	30 X	GENERIC	4/1/2020	55111		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
55111013160	RANITIDI	RANITIDI	562812	Histamine	56281200	Histamine	P	75 MG	ORAL	TABS	EA	60	GENERIC	4/1/2020	55111		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
55111013301	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5MG-12.5	ORAL	TABS	EA	100 X	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111013579	ZENATAN	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	S	10 MG	ORAL	CAPS	EA	10	GENERIC		55111 N		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111013581	ZENATAN	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	S	10 MG	ORAL	CAPS	EA	30	GENERIC		55111 N		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111013679	ZENATAN	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	S	20 MG	ORAL	CAPS	EA	10	GENERIC		55111 N		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111013681	ZENATAN	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	S	20 MG	ORAL	CAPS	EA	30	GENERIC		55111 N		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111013779	ZENATAN	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	S	40 MG	ORAL	CAPS	EA	10	GENERIC		55111 N		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111013781	ZENATAN	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	S	40 MG	ORAL	CAPS	EA	30	GENERIC		55111 N		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111014301	FLUCON	FLUCON	81408	Azoles	8140800	Azoles	S	50 MG	ORAL	TABS	EA	100	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111014330	FLUCON	FLUCON	81408	Azoles	8140800	Azoles	S	50 MG	ORAL	TABS	EA	30	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111014401	FLUCON	FLUCON	81408	Azoles	8140800	Azoles	S	100 MG	ORAL	TABS	EA	100	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111014430	FLUCON	FLUCON	81408	Azoles	8140800	Azoles	S	100 MG	ORAL	TABS	EA	30	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111014512	FLUCON	FLUCON	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	12	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111014571	FLUCON	FLUCON	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	1	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111014601	FLUCON	FLUCON	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	100	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111014630	FLUCON	FLUCON	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	30	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111015001	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-:	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111015010	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-:	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111015030	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-:	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111015313	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	3	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111015330	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	30	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111015413	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	3	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111015430	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	30	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111015611	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	R	24 MG	ORAL	TABS	EA	1	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111015701	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	10 MG	ORAL	CPDR	EA	100 X	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111015730	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	10 MG	ORAL	CPDR	EA	30 X	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111015801	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	100 X	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111015810	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	1000 X	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111015830	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30 X	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111015834	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30 X	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111015901	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	100 X	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111015905	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	500 X	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111015910	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	1000 X	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111015930	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30 X	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111016305	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	2.5 MG	ORAL	TABS	EA	500 X	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111016330	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	2.5 MG	ORAL	TABS	EA	30 X	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111016705	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TABS	EA	500 X	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111016730	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TABS	EA	30 X	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111016805	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	500 X	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111016830	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111017001	OXAPRO	OXAPRO	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	100 X	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI
55111017005	OXAPRO	OXAPRO	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	500 X	GENERIC		55111		N	FORMULARY		1 GEN	GENERICS					R	MEDPRMI

55111017230	FINASTEF	FINASTEF	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111017290	FINASTEF	FINASTEF	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	90 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111017330	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-:	S	25 MG	ORAL	TABS	EA	30 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111017405	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-:	S	50 MG	ORAL	TABS	EA	500 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111017430	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-:	S	50 MG	ORAL	TABS	EA	30 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111017505	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-:	S	100 MG	ORAL	TABS	EA	500 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111017530	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-:	S	100 MG	ORAL	TABS	EA	30 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111017910	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	1000	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS			X	18 IN 1 DAYS					R	MEDPRMI
55111017915	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	150	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS			X	18 IN 1 DAYS					R	MEDPRMI
55111018010	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	1000	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS			X	9 IN 1 DAYS					R	MEDPRMI
55111018015	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	150	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS			X	9 IN 1 DAYS					R	MEDPRMI
55111018204	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TABS	EA	120 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111018304	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	750 MG	ORAL	TABS	EA	120 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111019605	CLOPIDO	CLOPIDO	201218	Platelet-A	20121800	Platelet-A	S	75 MG	ORAL	TABS	EA	500 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111019630	CLOPIDO	CLOPIDO	201218	Platelet-A	20121800	Platelet-A	S	75 MG	ORAL	TABS	EA	30 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111019690	CLOPIDO	CLOPIDO	201218	Platelet-A	20121800	Platelet-A	S	75 MG	ORAL	TABS	EA	90 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111019705	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	500 X	GENERIC		55111	N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND R/R	R	MEDPRMI
55111019730	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		55111	N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND R/R	R	MEDPRMI
55111019790	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	90 X	GENERIC		55111	N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND R/R	R	MEDPRMI
55111019805	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	500 X	GENERIC		55111	N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND R/R	R	MEDPRMI
55111019830	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		55111	N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND R/R	R	MEDPRMI
55111019890	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		55111	N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND R/R	R	MEDPRMI
55111019905	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	500 X	GENERIC		55111	N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND R/R	R	MEDPRMI
55111019910	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	1000 X	GENERIC		55111	N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND R/R	R	MEDPRMI
55111019930	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		55111	N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND R/R	R	MEDPRMI
55111019990	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		55111	N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND R/R	R	MEDPRMI
55111020005	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	500 X	GENERIC		55111	N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND R/R	R	MEDPRMI
55111020010	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	1000 X	GENERIC		55111	N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND R/R	R	MEDPRMI
55111020030	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30 X	GENERIC		55111	N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND R/R	R	MEDPRMI
55111020090	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90 X	GENERIC		55111	N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND R/R	R	MEDPRMI
55111020105	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	0.25 MG	ORAL	TABS	EA	500 X	GENERIC	1/23/2023	55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111020160	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	0.25 MG	ORAL	TABS	EA	60 X	GENERIC	1/23/2023	55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111020205	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	0.5 MG	ORAL	TABS	EA	500 X	GENERIC	1/23/2023	55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111020260	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	0.5 MG	ORAL	TABS	EA	60 X	GENERIC	1/23/2023	55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111020305	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	1 MG	ORAL	TABS	EA	500 X	GENERIC	1/23/2023	55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111020360	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	1 MG	ORAL	TABS	EA	60 X	GENERIC	1/23/2023	55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111020405	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	500 X	GENERIC	1/23/2023	55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111020460	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	60 X	GENERIC	1/23/2023	55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111020505	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	3 MG	ORAL	TABS	EA	500 X	GENERIC	1/23/2023	55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111020560	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	3 MG	ORAL	TABS	EA	60 X	GENERIC	1/23/2023	55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111020660	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	4 MG	ORAL	TABS	EA	60 X	GENERIC	1/23/2023	55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111020781	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	0.5 MG	ORAL	TBDP	EA	30 X	GENERIC	1/23/2023	55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111020881	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	1 MG	ORAL	TBDP	EA	30 X	GENERIC	1/23/2023	55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111022001	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	100 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111022005	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	500 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111022105	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	500 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111022205	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	150 MG	ORAL	TABS	EA	500 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111022260	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	150 MG	ORAL	TABS	EA	60 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111022305	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	500 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111022360	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	60 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111022501	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	5MG	ORAL	CHEW	EA	100 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111022601	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	25MG	ORAL	CHEW	EA	100 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111022605	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	25MG	ORAL	CHEW	EA	500 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111022905	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	500 X	GENERIC		55111	N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND R/R	R	MEDPRMI
55111022990	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		55111	N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND R/R	R	MEDPRMI
55111023005	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	500 X	GENERIC		55111	N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND R/R	R	MEDPRMI
55111023090	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		55111	N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND R/R	R	MEDPRMI
55111023105	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	500 X	GENERIC		55111	N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND R/R	R	MEDPRMI
55111023190	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90 X	GENERIC		55111	N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND R/R	R	MEDPRMI
55111023301	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	100 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111023401	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	100 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111025201	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	3.125 MG	ORAL	TABS	EA	100 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111025205	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	3.125 MG	ORAL	TABS	EA	500 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111025301	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	100 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111025305	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	500 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111025401	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	100 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111025405	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	500 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111025501	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	100 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111025505	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	500 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111025660	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	CAPS	EA	60 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111025760	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	40 MG	ORAL	CAPS	EA	60 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111025860	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	60 MG	ORAL	CAPS	EA	60 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111025960	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	80 MG	ORAL	CAPS	EA	60 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111026279	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TBDP	EA	1 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111026281	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TBDP	EA	30 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111026379	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TBDP	EA	1 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111026381	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TBDP	EA	30 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111026479	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TBDP	EA	1 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111026481	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TBDP	EA	30 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111026579	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TBDP	EA	1 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111026581	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TBDP	EA	30 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111026805	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	500 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS	X	PA:X	X	1 IN 1 DAYS					R	MEDPRMI
55111026830	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	30 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS	X	PA:X	X	1 IN 1 DAYS					R	MEDPRMI
55111026890	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS	X	PA:X	X	1 IN 1 DAYS					R	MEDPRMI
55111027190	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111027405	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	500 X	GENERIC		55111	N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND R/R	R	MEDPRMI
55111027490	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90 X	GENERIC		55111	N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND R/R	R	MEDPRMI
55111027950	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	50	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111028050	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	50	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111028130	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	30	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111028290	LEVOCET	LEVOCET	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	90	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111028448	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-:	R	90MG	ORAL	CPDR	EA	4 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111028960	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	375-20 MG	ORAL	TBEC	EA	60 X	GENERIC		55111	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
55111029109	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	25 MG	ORAL	TABS	EA	9	GENERIC		55111 Y	N	FORMULARY		1 GEN	GENERICS			X	3 IN 5 DAYS					R	MEDPRMI
55111029136	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	25 MG	ORAL	TABS	EA	36	GENERIC		55111 Y	N	FORMULARY		1 GEN	GENERICS			X	3 IN 5 DAYS					R	MEDPRMI
55111029190	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	25 MG	ORAL	TABS	EA	90	GENERIC		55111 Y	N	FORMULARY		1 GEN	GENERICS			X	3 IN 5 DAYS					R	MEDPRMI
55111029198	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	25 MG	ORAL	TABS	EA	27	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS			X	3 IN 5 DAYS					R	MEDPRMI
55111029209	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	50 MG	ORAL	TABS	EA	9	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS			X	3 IN 5 DAYS					R	MEDPRMI
55111029236	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	50 MG	ORAL	TABS	EA	36	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS			X	3 IN 5 DAYS					R	MEDPRMI
55111029290	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	50 MG	ORAL	TABS	EA	90	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS			X	3 IN 5 DAYS					R	MEDPRMI
55111029298	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	50 MG	ORAL	TABS	EA	27	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS			X	3 IN 5 DAYS					R	MEDPRMI
55111029309	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	100 MG	ORAL	TABS	EA	9	GENERIC		55111 Y	N	FORMULARY		1 GEN	GENERICS			X	18 IN 30 DAYS					R	MEDPRMI
55111029336	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	100 MG	ORAL	TABS	EA	36	GENERIC		55111 Y	N	FORMULARY		1 GEN	GENERICS			X	18 IN 30 DAYS					R	MEDPRMI
55111029390	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	100 MG	ORAL	TABS	EA	90	GENERIC		55111 Y	N	FORMULARY		1 GEN	GENERICS			X	18 IN 30 DAYS					R	MEDPRMI
55111029398	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	100 MG	ORAL	TABS	EA	27	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS			X	18 IN 30 DAYS					R	MEDPRMI
55111030230	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	23 MG	ORAL	TABS	EA	30 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111030290	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	23 MG	ORAL	TABS	EA	90 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111032001	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	1 MG	ORAL	TABS	EA	100 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111032005	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	1 MG	ORAL	TABS	EA	500 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111032101	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	100 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111032105	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	500 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111032201	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	100 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111032205	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	500 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111032890	NATEGLI	NATEGLI	682016	Meglitinide	68201600	Meglitinide	S	60 MG	ORAL	TABS	EA	90 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111032990	NATEGLI	NATEGLI	682016	Meglitinide	68201600	Meglitinide	S	120 MG	ORAL	TABS	EA	90 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111033290	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	90 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111033390	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	90 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111033801	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5MG-10	ORAL	CAPS	EA	100 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111033901	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-10 MG	ORAL	CAPS	EA	100 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111033905	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-10 MG	ORAL	CAPS	EA	500 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111034001	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-20 MG	ORAL	CAPS	EA	100 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111034005	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-20 MG	ORAL	CAPS	EA	500 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111034101	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-20 MG	ORAL	CAPS	EA	100 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111034105	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-20 MG	ORAL	CAPS	EA	500 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111034201	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-:	S	10 MG	ORAL	TABS	EA	100 X	GENERIC	10/2/2024	55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111034205	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-:	S	10 MG	ORAL	TABS	EA	500 X	GENERIC	10/2/2024	55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111034230	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-:	S	10 MG	ORAL	TABS	EA	30 X	GENERIC	10/2/2024	55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111034301	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-:	S	20 MG	ORAL	TABS	EA	100 X	GENERIC	10/2/2024	55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111034305	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-:	S	20 MG	ORAL	TABS	EA	500 X	GENERIC	10/2/2024	55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111034330	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-:	S	20 MG	ORAL	TABS	EA	30 X	GENERIC	10/2/2024	55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111034401	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-:	S	40 MG	ORAL	TABS	EA	100 X	GENERIC	12/4/2024	55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111034405	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-:	S	40 MG	ORAL	TABS	EA	500 X	GENERIC	12/4/2024	55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111034430	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-:	S	40 MG	ORAL	TABS	EA	30 X	GENERIC	12/4/2024	55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111035205	RIVASTIG	RIVASTIG	120400	Parasymp	12040000	Parasymp	S	1.5 MG	ORAL	CAPS	EA	500 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111035260	RIVASTIG	RIVASTIG	120400	Parasymp	12040000	Parasymp	S	1.5 MG	ORAL	CAPS	EA	60 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111035305	RIVASTIG	RIVASTIG	120400	Parasymp	12040000	Parasymp	S	3 MG	ORAL	CAPS	EA	500 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111035360	RIVASTIG	RIVASTIG	120400	Parasymp	12040000	Parasymp	S	3 MG	ORAL	CAPS	EA	60 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111035405	RIVASTIG	RIVASTIG	120400	Parasymp	12040000	Parasymp	S	4.5 MG	ORAL	CAPS	EA	500 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111035460	RIVASTIG	RIVASTIG	120400	Parasymp	12040000	Parasymp	S	4.5 MG	ORAL	CAPS	EA	60 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111035505	RIVASTIG	RIVASTIG	120400	Parasymp	12040000	Parasymp	S	6 MG	ORAL	CAPS	EA	500 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111035560	RIVASTIG	RIVASTIG	120400	Parasymp	12040000	Parasymp	S	6 MG	ORAL	CAPS	EA	60 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111035605	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	5 MG	ORAL	TABS	EA	500 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111035610	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	5 MG	ORAL	TABS	EA	1000 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111035630	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111035690	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	5 MG	ORAL	TABS	EA	90 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111035705	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	10 MG	ORAL	TABS	EA	500 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111035710	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111035730	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111035790	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111036006	DESLORA	DESLORA	40800	Second G	4080000	Second G	R	5 MG	ORAL	TBDP	EA	1	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet 5 DS Clari TRIAL OF DESLORATADINE OR LEVOCERTIRIZINE TABLETS IN THE PAST 120			R	MEDPRMI
55111036031	DESLORA	DESLORA	40800	Second G	4080000	Second G	R	5 MG	ORAL	TBDP	EA	30	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet 5 DS Clari TRIAL OF DESLORATADINE OR LEVOCERTIRIZINE TABLETS IN THE PAST 120			R	MEDPRMI
55111036330	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20-1100 M	ORAL	CAPS	EA	30 X	GENERIC	8/1/2024	55111	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet 5 DS Cvs TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZ			R	MEDPRMI
55111036430	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40-1100 M	ORAL	CAPS	EA	30 X	GENERIC	8/1/2024	55111	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet 5 DS Cvs TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZ			R	MEDPRMI
55111039601	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	P	20 MG	ORAL	TABS	EA	100 X	GENERIC		55111	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
55111039727	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	P	20.6 (20 B	ORAL	CPDR	EA	14	GENERIC		55111	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
55111039728	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	P	20.6 (20 B	ORAL	CPDR	EA	28	GENERIC		55111	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
55111039733	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	P	20.6 (20 B	ORAL	CPDR	EA	14	GENERIC		55111	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
55111039742	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	P	20.6 (20 B	ORAL	CPDR	EA	42	GENERIC		55111	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
55111039752	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	P	20.6 (20 B	ORAL	CPDR	EA	14	GENERIC		55111	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
55111039774	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	P	20.6 (20 B	ORAL	CPDR	EA	14	GENERIC		55111	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
55111039830	LANSOPF	LANSOPF	562836	Proton-pu	56283600	Proton-pu	S	15 MG	ORAL	CPDR	EA	30 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111039890	LANSOPF	LANSOPF	562836	Proton-pu	56283600	Proton-pu	S	15 MG	ORAL	CPDR	EA	90 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111039905	LANSOPF	LANSOPF	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	500 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111039990	LANSOPF	LANSOPF	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	90 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111040434	RANITIDI	RANITIDI	562812	Histamine	56281200	Histamine	P	150 MG	ORAL	TABS	EA	24 X	GENERIC	4/1/2020	55111	N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
55111040760	GALANTA	GALANTA	120400	Parasymp	12040000	Parasymp	S	4 MG	ORAL	TABS	EA	60 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
55111040860	GALANTA	GALANTA	120400	Parasymp	12040000	Parasymp	S	8 MG	ORAL	TABS	EA	60 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
55111040960	GALANTA	GALANTA	120400	Parasymp	12040000	Parasymp	S	12 MG	ORAL	TABS	EA	60 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
55111041930	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	250 MG	ORAL	TB24	EA	30 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
55111042830	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	300 MG	ORAL	TB24	EA	30 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
55111043890	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	1.25 MG	ORAL	CAPS	EA	90 X	GENERIC	1/23/2023	55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111043905	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	CAPS	EA	500 X	GENERIC	1/23/2023	55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111043990	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	CAPS	EA	90 X	GENERIC	1/23/2023	55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111044005	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	CAPS	EA	500 X	GENERIC	1/23/2023	55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111044090	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	CAPS	EA	90 X	GENERIC	1/23/2023	55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111044105	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	CAPS	EA	500 X	GENERIC	1/23/2023	55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111044190	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	CAPS	EA	90 X	GENERIC	1/23/2023	55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111044714	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	60MG-120	ORAL	TB12	EA	20	GENERIC		55111	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
55111046601	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	100 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111046605	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	500 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111046701	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	100 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111046705	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	500 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111046801	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	100 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111046805	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	500 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111046901	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TB24	EA	100 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111046905	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TB24	EA	500 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111047081	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	3 MG	ORAL	TBDP	EA	30 X	GENERIC	1/23/2023	55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111047181	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	4 MG	ORAL	TBDP	EA	30 X	GENERIC	1/23/2023	55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111047801	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	100	GENERIC	1/23/2023	55111	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
55111047805	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	500	GENERIC	1/23/2023	55111	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
55111047901	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	100	GENERIC	1/23/2023	55111	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
55111047905	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	500	GENERIC	1/23/2023	55111	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
55111049660	CAPECIT	CAPECIT	100000	Antineopla	10000000	Antineopla	S	150 MG	ORAL	TABS	EA	60	GENERIC		55111	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
55111049704	CAPECIT	CAPECIT	100000	Antineopla	10000000	Antineopla	S	500 MG	ORAL	TABS	EA	120	GENERIC		55111	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
55111051930	ATOMOXI	ATOMOXI	282032	UNKNOW	28203200	UNKNOW	S	10 MG	ORAL	CAPS	EA	30 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111052030	ATOMOXI	ATOMOXI	282032	UNKNOW	28203200	UNKNOW	S	18 MG	ORAL	CAPS	EA	30 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111052130	ATOMOXI	ATOMOXI	282032	UNKNOW	28203200	UNKNOW	S	40 MG	ORAL	CAPS	EA	30 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111052230	ATOMOXI	ATOMOXI	282032	UNKNOW	28203200	UNKNOW	S	60 MG	ORAL	CAPS	EA	30 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111052501	TACROLI	TACROLI	902828	UNKNOW	90282892	UNKNOW	S	0.5 MG	ORAL	CAPS	EA	100 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111052601	TACROLI	TACROLI	902828	UNKNOW	90282892	UNKNOW	S	1 MG	ORAL	CAPS	EA	100 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111052701	TACROLI	TACROLI	902828	UNKNOW	90282892	UNKNOW	S	5 MG	ORAL	CAPS	EA	100 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111052830	ATOMOXI	ATOMOXI	282032	UNKNOW	28203200	UNKNOW	S	25 MG	ORAL	CAPS	EA	30 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111052901	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	125 MG	ORAL	TBEC	EA	100 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111053001	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TBEC	EA	100 X	GENERIC	11/3/2022	55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111053101	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TBEC	EA	100 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111053201	DIVALPRO	DIVALPRO	281292	Anticonvul	28129200	Anticonvul	S	125 MG	ORAL	CSDR	EA	100 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111053205	DIVALPRO	DIVALPRO	281292	Anticonvul	28129200	Anticonvul	S	125 MG	ORAL	CSDR	EA	500 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111053301	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TB24	EA	100 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111053305	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TB24	EA	500 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111053401	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	100 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111053405	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	500 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111054590	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	25 MG	ORAL	TABS	EA	90 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111054605	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	TABS	EA	500 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111054690	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	TABS	EA	90 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111054790	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	50MG	ORAL	TABS	EA	90 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111054805	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	TABS	EA	500 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111054890	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	TABS	EA	90 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111054990	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	100MG	ORAL	TABS	EA	90 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111055106	DESLORA	DESLORA	40800	Second G	4080000	Second G	R	2.5 MG	ORAL	TBDP	EA	1	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet 5 DS Clari TRIAL OF DESLORATADINE OR LEVOCERTIRIZINE TABLETS IN THE PAST 120			R	MEDPRMI
55111055131	DESLORA	DESLORA	40800	Second G	4080000	Second G	R	2.5 MG	ORAL	TBDP	EA	30	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet 5 DS Clari TRIAL OF DESLORATADINE OR LEVOCERTIRIZINE TABLETS IN THE PAST 120			R	MEDPRMI
55111055610	DECITABI	DECITABI	100000	Antineopla	10000000	Antineopla	S	50 MG	INTRAVEI	SOLR	EA	1	GENERIC		55111	N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
55111055735	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180-240 M	ORAL	TB24	EA	10	GENERIC		55111	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
55111056330	ATOMOXI	ATOMOXI	282032	UNKNOW	28203200	UNKNOW	S	80 MG	ORAL	CAPS	EA	30 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111056430	ATOMOXI	ATOMOXI	282032	UNKNOW	28203200	UNKNOW	S	100 MG	ORAL	CAPS	EA	30 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111057503	IBANDRO	IBANDRO	922400	UNKNOW	92240000	UNKNOW	S	150 MG	ORAL	TABS	EA	1 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111057511	IBANDRO	IBANDRO	922400	UNKNOW	92240000	UNKNOW	S	150 MG	ORAL	TABS	EA	1 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111057543	IBANDRO	IBANDRO	922400	UNKNOW	92240000	UNKNOW	S	150 MG	ORAL	TABS	EA	3 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111057930	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	1 MG/ML	ORAL	SOLN	ML	30 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111058601	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-40 MG	ORAL	CAPS	EA	100 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111058701	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-40 MG	ORAL	CAPS	EA	100 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111058801	ALENDRO	ALENDRO	922400	UNKNOW	92240000	UNKNOW	S	10MG	ORAL	TABS	EA	100 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111058830	ALENDRO	ALENDRO	922400	UNKNOW	92240000	UNKNOW	S	10MG	ORAL	TABS	EA	30 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111058901	ALENDRO	ALENDRO	922400	UNKNOW	92240000	UNKNOW	R	5MG	ORAL	TABS	EA	100 X	MSB		55111	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION									R	MEDPRMI
55111058930	ALENDRO	ALENDRO	922400	UNKNOW	92240000	UNKNOW	R	5MG	ORAL	TABS	EA	30 X	MSB		55111	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION									R	MEDPRMI
55111059048	ALENDRO	ALENDRO	922400	UNKNOW	92240000	UNKNOW	S	35 MG	ORAL	TABS	EA	4 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111059248	ALENDRO	ALENDRO	922400	UNKNOW	92240000	UNKNOW	S	70 MG	ORAL	TABS	EA	4 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111059330	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	4 MG	ORAL	CHEW	EA	30 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111059390	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	4 MG	ORAL	CHEW	EA	90 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111059430	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	5 MG	ORAL	CHEW	EA	30 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111059490	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	5 MG	ORAL	CHEW	EA	90 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111059660	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	5 MG	ORAL	TABS	EA	60 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
55111059705	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	10 MG	ORAL	TABS	EA	500 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
55111059760	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	10 MG	ORAL	TABS	EA	60 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
55111061130	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	0.375 MG	ORAL	TB24	EA	30 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet 5 DS Mira TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS			R	MEDPRMI
55111061230	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	0.75 MG	ORAL	TB24	EA	30 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet 5 DS Mira TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS			R	MEDPRMI
55111061330	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	1.5 MG	ORAL	TB24	EA	30 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet 5 DS Mira TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS			R	MEDPRMI
55111061430	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	3 MG	ORAL	TB24	EA	30 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet 5 DS Mira TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS			R	MEDPRMI
55111061530	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	4.5 MG	ORAL	TB24	EA	30 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet 5 DS Mira TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS			R	MEDPRMI
55111061701	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	3 MG	ORAL	TABS	EA	100	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
55111061901	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	2 MG	ORAL	TABS	EA	100	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
55111062560	ZAFIRLUK	ZAFIRLUK	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	60 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111062660	ZAFIRLUK	ZAFIRLUK	481024	Leukotrien	48102400	Leukotrien	S	20 MG	ORAL	TABS	EA	60 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111062930	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	1 MG	ORAL	TABS	EA	30	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
55111063701	MINOCYC	MINOCYC	81224	Tetracyclir	8122400	Tetracyclir	S	50 MG	ORAL	TABS	EA	100	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111063801	MINOCYC	MINOCYC	81224	Tetracyclir	8122400	Tetracyclir	S	75 MG	ORAL	TABS	EA	100	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111063960	MINOCYC	MINOCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	TABS	EA	60	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111064001	MEPROBA	MEPROBA	282412	UNKNOW	28241200	UNKNOW	S	200 MG	ORAL	TABS	EA	100	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111064101	MEPROBA	MEPROBA	282412	UNKNOW	28241200	UNKNOW	S	400 MG	ORAL	TABS	EA	100	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111064401	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	100 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111064410	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	1000 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111064430	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111064501	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	100 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111064505	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	500 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111064530	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111064534	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111064801	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	1 MG	ORAL	TABS	EA	100	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111064901	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	2 MG	ORAL	TABS	EA	100	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111065001	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	100	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS					R	MEDPRMI
55111065207	BIVALIRU	BIVALIRU	201204	Anticoagu	20120412	Direct Thr	S	250 MG	INTRAVEI	SOLR	EA	1	GENERIC		55111	N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
55111065237	BIVALIRU	BIVALIRU	201204	Anticoagu	20120412	Direct Thr	S	250 MG	INTRAVEI	SOLR	EA	1	GENERIC		55111	N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
55111065301	SIROLIMU	SIROLIMU	902824	UNKNOW	90282492	UNKNOW	S	1 MG	ORAL	TABS	EA	100 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
55111065401	SIROLIMU	SIROLIMU	902824	UNKNOW	90282492	UNKNOW	S	2 MG	ORAL	TABS	EA	100 X	GENERIC		55111	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI

55289005840	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	40		GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289006730	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289007503	ERYTHRO	ERYTHRO	81212	Macrolides	8121204	Erythromy	S	250 MG	ORAL	TABS	EA	3		GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289007540	ERYTHRO	ERYTHRO	81212	Macrolides	8121204	Erythromy	S	250 MG	ORAL	TABS	EA	40		GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289007556	ERYTHRO	ERYTHRO	81212	Macrolides	8121204	Erythromy	S	250 MG	ORAL	TABS	EA	56		GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289008720	MUCINEX	GUAIFEN	481600	Expectora	48160000	Expectora	P	600 MG	ORAL	TB12	EA	20		MSB	11/7/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289009015	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	TABS	EA	15	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289009030	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	TABS	EA	30	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289009090	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	TABS	EA	90	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289009201	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	100		GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289009202	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	2		GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289009206	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	6		GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289009210	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	10		GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289009220	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	20		GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289009225	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	25		GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289009230	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	30		GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289009240	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	40		GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289009260	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	60		GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289009290	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	90		GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289009298	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	120		GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289009630	LOTREL	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-10 MG	ORAL	CAPS	EA	30	X	MSB	8/17/2022	55289	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289009730	KEPPRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TABS	EA	30	X	MSB	8/17/2022	55289	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289010015	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	50 MG	ORAL	CAPS	EA	15		GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289010040	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	50 MG	ORAL	CAPS	EA	40		GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289010210	DIPHENO	DIPHENO	560800	Antidiarrhe	56080000	Antidiarrhe	S	2.5-0.025	ORAL	TABS	EA	10		GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289010215	DIPHENO	DIPHENO	560800	Antidiarrhe	56080000	Antidiarrhe	S	2.5-0.025	ORAL	TABS	EA	15		GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289010220	DIPHENO	DIPHENO	560800	Antidiarrhe	56080000	Antidiarrhe	S	2.5-0.025	ORAL	TABS	EA	20		GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289010230	DIPHENO	DIPHENO	560800	Antidiarrhe	56080000	Antidiarrhe	S	2.5-0.025	ORAL	TABS	EA	30		GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289010330	NORVASC	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	30	X	MSB	8/17/2022	55289	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289010360	NORVASC	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	60	X	MSB	8/17/2022	55289	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289011201	ERYTHRO	ERYTHRO	81212	Macrolides	8121204	Erythromy	R	250 MG	ORAL	TABS	EA	100		GENERIC	4/15/2024	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289011204	ERYTHRO	ERYTHRO	81212	Macrolides	8121204	Erythromy	R	250 MG	ORAL	TABS	EA	4		GENERIC	4/15/2024	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289011210	ERYTHRO	ERYTHRO	81212	Macrolides	8121204	Erythromy	R	250 MG	ORAL	TABS	EA	10		GENERIC	4/15/2024	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289011215	ERYTHRO	ERYTHRO	81212	Macrolides	8121204	Erythromy	R	250 MG	ORAL	TABS	EA	15		GENERIC	4/15/2024	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289011220	ERYTHRO	ERYTHRO	81212	Macrolides	8121204	Erythromy	R	250 MG	ORAL	TABS	EA	20		GENERIC	4/15/2024	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289011228	ERYTHRO	ERYTHRO	81212	Macrolides	8121204	Erythromy	R	250 MG	ORAL	TABS	EA	28		GENERIC	4/15/2024	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289011240	ERYTHRO	ERYTHRO	81212	Macrolides	8121204	Erythromy	R	250 MG	ORAL	TABS	EA	40		GENERIC	4/15/2024	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289011256	ERYTHRO	ERYTHRO	81212	Macrolides	8121204	Erythromy	R	250 MG	ORAL	TABS	EA	56		GENERIC	4/15/2024	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289011298	ERYTHRO	ERYTHRO	81212	Macrolides	8121204	Erythromy	R	250 MG	ORAL	TABS	EA	120		GENERIC	4/15/2024	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289011902	PROCHLO	PROCHLO	281608	Antipsych	28160824	Phenothia	S	25 MG	RECTAL	SUPP	EA	2		GENERIC		55289	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289012412	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	12	X	GENERIC	10/13/2023	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289012430	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	10/13/2023	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289013040	NYSTATIN	NYSTATIN	81428	Polyenes	8142800	Polyenes	S	500000 UN	ORAL	TABS	EA	40		GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289013221	DETROL	TOLTERO	861204	UNKNOW	86120400	UNKNOW	S	4 MG	ORAL	CP24	EA	21	X	MSB	8/17/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289013230	DETROL	TOLTERO	861204	UNKNOW	86120400	UNKNOW	S	4 MG	ORAL	CP24	EA	30	X	MSB	8/17/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289013301	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289013360	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289013390	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289014001	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	100	X	GENERIC	6/6/2022	55289	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289014010	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	10	X	GENERIC	6/6/2022	55289	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289014012	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	12	X	GENERIC	6/6/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289014015	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	15	X	GENERIC	6/6/2022	55289	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289014018	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	18	X	GENERIC	6/6/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289014020	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	20	X	GENERIC	6/6/2022	55289	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289014021	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	21	X	GENERIC	6/6/2022	55289	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289014024	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	24	X	GENERIC	6/6/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289014040	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	40	X	GENERIC	6/6/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289014042	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	42	X	GENERIC	6/6/2022	55289	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289014050	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	50	X	GENERIC	6/6/2022	55289	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289014060	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC	6/6/2022	55289	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289014090	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC	6/6/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289014093	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	180	X	GENERIC	6/6/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289014094	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	270	X	GENERIC	6/6/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289014201	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	100	X	GENERIC	5/4/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289014204	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	4	X	GENERIC	5/4/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289014206	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	6	X	GENERIC	5/4/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289014210	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	10	X	GENERIC	5/4/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289014212	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	12	X	GENERIC	5/4/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289014214	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	14	X	GENERIC	5/4/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289014215	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	15	X	GENERIC	5/4/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289014218	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	18	X	GENERIC	5/4/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289014220	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	20	X	GENERIC	5/4/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289014221	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	21	X	GENERIC	5/4/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289014224	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	24	X	GENERIC	5/4/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289014228	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	28	X	GENERIC	5/4/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289014230	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC	5/4/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289014240	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	40	X	GENERIC	5/4/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289014260	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC	5/4/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289014290	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC	5/4/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289014414	IMIPRAMI	IMIPRAMI	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	14	X	GENERIC	7/19/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289014430	IMIPRAMI	IMIPRAMI	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	7/19/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289014490	IMIPRAMI	IMIPRAMI	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	7/19/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289014879	DIFLUCA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	1		MSB	8/17/2022	55289	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289015010	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	10	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289015015	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	15	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289015020	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	20	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289015028	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	28	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289015030	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	30	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289015060	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	60	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289015121	ARICEPT	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	10 MG	ORAL	TABS	EA	21	X	MSB	8/8/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289015130	ARICEPT	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	10 MG	ORAL	TABS	EA	30	X	MSB	8/8/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289016005	MEDROX	MEDROX	683200	Progestins	68320000	Progestins	S	10MG	ORAL	TABS	EA	5	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289016007	MEDROX	MEDROX	683200	Progestins	68320000	Progestins	S	10 MG	ORAL	TABS	EA	7	X	GENERIC	3/23/2023	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289016010	MEDROX	MEDROX	683200	Progestins	68320000	Progestins	S	10MG	ORAL	TABS	EA	10	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289016013	MEDROX	MEDROX	683200	Progestins	68320000	Progestins	S	10 MG	ORAL	TABS	EA	13	X	GENERIC	3/23/2023	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289016030	MEDROX	MEDROX	683200	Progestins	68320000	Progestins	S	10MG	ORAL	TABS	EA	30	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289016040	MEDROX	MEDROX	683200	Progestins	68320000	Progestins	S	10 MG	ORAL	TABS	EA	40	X	GENERIC	3/23/2023	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289016050	MEDROX	MEDROX	683200	Progestins	68320000	Progestins	S	10 MG	ORAL	TABS	EA	50	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289016803	FAMCICL	FAMCICL	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	3		GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289017460	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289017912	MACROD	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	50 MG	ORAL	CAPS	EA	12		MSB		55289	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289017928	MACROD	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	50 MG	ORAL	CAPS	EA	28		MSB		55289	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289017940	MACROD	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	50 MG	ORAL	CAPS	EA	40		MSB		55289	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289018206	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	R	250 MG	ORAL	CHEW	EA	6		GENERIC		55289	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289018209	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	R	250 MG	ORAL	CHEW	EA	9		GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289018214	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	R	250 MG	ORAL	CHEW	EA	14		GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289018230	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	R	250 MG	ORAL	CHEW	EA	30		GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289018240	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	R	250 MG	ORAL	CHEW	EA	40		GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289018290	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	R	250 MG	ORAL	CHEW	EA	90		GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289018730	SEROQU	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	30	X	MSB	8/17/2022	55289	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289019601	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	100		GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289019614	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	14		GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289019630	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	30		GENERIC	12/27/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289019660	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	60		GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289019682	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	500		GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289019690	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	90		GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289020114	MINOCYC	MINOCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	14		GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289020120	MINOCYC	MINOCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	20		GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289020130	MINOCYC	MINOCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	30		GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289020230	MINOCYC	MINOCYC	81224	Tetracyclin	8122400	Tetracyclin	S	50 MG	ORAL	CAPS	EA	30		GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289020530	AMBIEN (	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	12.5 MG	ORAL	TBCR	EA	30		MSB	8/8/2022	55289	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289021230	CAPTOPR	CAPTOPR	243204	Angiotens	24320400	Angiotens	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289021290	CAPTOPR	CAPTOPR	243204	Angiotens	24320400	Angiotens	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289021430	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	30	X	MSB	8/17/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289021728	ERY-TAB	ERYTHRO	81212	Macrolides	8121204	Erythromy	S	500 MG	ORAL	TBEC	EA	28		GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289021740	ERY-TAB	ERYTHRO	81212	Macrolides	8121204	Erythromy	S	500 MG	ORAL	TBEC	EA	40		GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289021830	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	CPCR	EA	30	X	GENERIC		55289	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289022404	PROCHLO	PROCHLO	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	4	X	GENERIC	5/3/2022	55289	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289022406	PROCHLO	PROCHLO	281608	Antipsych	28160824	Phenothia	S	10MG	ORAL	TABS	EA	10	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289022410	PROCHLO	PROCHLO	281608	Antipsych	28160824	Phenothia	S	10MG	ORAL	TABS	EA	10	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289022412	PROCHLO	PROCHLO	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	12	X	GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289022415	PROCHLO	PROCHLO	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	15	X	GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289022420	PROCHLO	PROCHLO	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	20	X	GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289023010	LOMOTIL	DIPHENO	560800	Antidiarrhe	56080000	Antidiarrhe	S	.025MG-2.	ORAL	TABS	EA	10		MSB		55289	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289023301	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289023312	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	12	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289023330	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289023360	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289023390	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289023830	COZAAR	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	30	X	MSB	3/16/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289024828	CYTOTEC	MISOPRC	562828	Prostaglar	56282800	Prostaglar	S	100 MCG	ORAL	TABS	EA	28	X	MSB	8/8/2022	55289	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289025130	ABILIFY	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	30	X	MSB	8/8/2022	55289	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289025330	PROVIGIL	MODAFIN	282080	UNKNOW	28208000	UNKNOW	S	200MG	ORAL	TABS	EA	30	X	MSB		55289	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289025430	TENORMI	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	30	X	MSB		55289	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289025530	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	30	X	MSB	8/17/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289025730	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	MSB	8/17/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289026290	ARMOUR	THYROID	683604	Thyroid Ag	68360400	Thyroid Ag	R	120 MG	ORAL	TABS	EA	90	X	SSB		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289027214	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	14	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289027220	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	20	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289027230	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289027260	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	60	X	GENERIC		55289	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289027290	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289027730	EFFEXOR	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	30	X	MSB	8/17/2022	55289	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289028030	VYTORIN	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-40 MG	ORAL	TABS	EA	30	X	MSB	6/6/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289029806	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	6	X	GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289029807	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	7	X	GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289029810	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	10	X	GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289029814	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	14	X	GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289029815	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	15	X	GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289029820	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	20	X	GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289029824	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	24	X	GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289029828	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	28	X	GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289029830	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30	X	GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289029840	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	40	X	GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289029860	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289029890	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	90	X	GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289029893	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	180	X	GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289030190	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TB24	EA	90	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289030193	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TB24	EA	180	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289031506	LOPERAM	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	S	2 MG	ORAL	CAPS	EA	6		GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289031508	LOPERAM	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	S	2 MG	ORAL	CAPS	EA	8		GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289031510	LOPERAM	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	S	2 MG	ORAL	CAPS	EA	10		GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289031512	LOPERAM	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	S	2 MG	ORAL	CAPS	EA	12		GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289031515	LOPERAM	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	S	2 MG	ORAL	CAPS	EA	15		GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289031520	LOPERAM	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	S	2 MG	ORAL	CAPS	EA	20		GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289031530	LOPERAM	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	S	2 MG	ORAL	CAPS	EA	30		GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289032301	PROCARI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	30MG	ORAL	TB24	EA	100	X	MSB		55289	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289032330	PROCARI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	30MG	ORAL	TB24	EA	30	X	MSB		55289	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289032810	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	10		GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289032812	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	12		GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289032815	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	15		GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289032820	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289032830	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289033005	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	50 MG	ORAL	TABS	EA	5		GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289033007	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	50 MG	ORAL	TABS	EA	7		GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289033010	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	50 MG	ORAL	TABS	EA	10		GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289034430	CAPTOPR	CAPTOPR	243204	Angiotens	24320400	Angiotens	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289034490	CAPTOPR	CAPTOPR	243204	Angiotens	24320400	Angiotens	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289034530	XANAX	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	30		MSB		55289	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289034610	XANAX	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	.25MG	ORAL	TABS	EA	10		MSB		55289	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289034620	XANAX	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	.25MG	ORAL	TABS	EA	20		MSB		55289	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289034630	XANAX	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	.25MG	ORAL	TABS	EA	30		MSB		55289	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289035701	PROCARI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	60MG	ORAL	TB24	EA	100	X	MSB		55289	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289035730	PROCARI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	60MG	ORAL	TB24	EA	30	X	MSB		55289	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289035901	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	100	X	GENERIC		55289	N	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289035945	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	45	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289035960	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	60	X	GENERIC		55289	N	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289035990	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	90	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289035993	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	180	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289035994	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	270	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289036320	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective	S	2 MG	ORAL	TABS	EA	20	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289036324	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective	S	2 MG	ORAL	TABS	EA	24	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289036330	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective	S	2 MG	ORAL	TABS	EA	30	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289036706	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	550 MG	ORAL	TABS	EA	6	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289036710	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	550 MG	ORAL	TABS	EA	10	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289036714	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	550 MG	ORAL	TABS	EA	14	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289036715	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	550 MG	ORAL	TABS	EA	15	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289036720	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	550 MG	ORAL	TABS	EA	20	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289036728	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	550 MG	ORAL	TABS	EA	28	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289036730	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	550 MG	ORAL	TABS	EA	30	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289036742	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	550 MG	ORAL	TABS	EA	42	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289036760	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	550 MG	ORAL	TABS	EA	60	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289037030	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289037090	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	90	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289038214	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	14	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289038230	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		55289	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289038290	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289038293	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	180	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289038608	RIFAMPIN	RIFAMPIN	81604	Antituberc	8160400	Antituberc	S	300 MG	ORAL	CAPS	EA	8		GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289039302	CEFPODO	CEFPODO	81206	Cephalosp	8120612	Third Gen	S	200 MG	ORAL	TABS	EA	2		GENERIC		55289	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289040230	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289040290	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289040930	ZOLOFT	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	30	X	MSB	8/17/2022	55289	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289040960	ZOLOFT	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	60	X	MSB	8/17/2022	55289	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289041030	LAMICTA	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	30	X	MSB	8/17/2022	55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289041298	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	120	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289043330	TOPAMA	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	30	X	MSB	8/17/2022	55289	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289044730	SEROQU	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	30	X	MSB	8/17/2022	55289	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289046330	RISPERD	RISPERID	281608	Antipsych	28160804	Atypical A	S	0.5 MG	ORAL	TABS	EA	30	X	MSB	8/17/2022	55289	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289046530	RISPERD	RISPERID	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	30	X	MSB	8/17/2022	55289	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289046910	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	75 MG	ORAL	CPCR	EA	10	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289046914	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	75 MG	ORAL	CPCR	EA	14	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289046915	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	75 MG	ORAL	CPCR	EA	15	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289046920	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	75 MG	ORAL	CPCR	EA	20	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289046930	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	75 MG	ORAL	CPCR	EA	30	X	GENERIC		55289		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

55289047510	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	10	X	MSB	8/8/2022	55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289047514	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	14	X	MSB	8/8/2022	55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289047520	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	20	X	MSB	8/8/2022	55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289047530	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	30	X	MSB	8/8/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289047560	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	60	X	MSB	8/8/2022	55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289047590	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	90	X	MSB	8/8/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289047593	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	180	X	MSB	8/8/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289047901	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	100		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289047910	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	10		GENERIC		55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289047912	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	12		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289047915	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	15		GENERIC		55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289047920	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	20		GENERIC		55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289047924	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	24		GENERIC		55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289047930	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	30		GENERIC		55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289048702	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	2		GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289048704	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	4		GENERIC	2/3/2023	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289048706	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	6		GENERIC	2/3/2023	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289048708	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	8		GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289048709	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	9		GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289048715	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	15		GENERIC	2/3/2023	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289048720	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	20		GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289048730	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	30		GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289048760	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	60		GENERIC	2/3/2023	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289048779	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	1		GENERIC	2/3/2023	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289048790	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	90		GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289048798	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	120		GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289048801	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	75-50 MG	ORAL	TABS	EA	100	X	GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289048815	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	75-50 MG	ORAL	TABS	EA	15	X	GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289048830	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	75-50 MG	ORAL	TABS	EA	30	X	GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289048890	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	75-50 MG	ORAL	TABS	EA	90	X	GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289049130	RISPERD	RISPERID	281608	Antipsych	28160804	Atypical A	S	1 MG	ORAL	TABS	EA	30	X	MSB	8/17/2022	55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289049230	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	30	X	GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289049290	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	90	X	GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289049301	DOCUSAT	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	100		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289049312	DOCUSAT	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	12		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289049314	DOCUSAT	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	14		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289049320	DOCUSAT	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	20		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289049330	DOCUSAT	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	30		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289049360	DOCUSAT	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	60		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289049390	DOCUSAT	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	90		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289049398	DOCUSAT	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	120		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289049930	ZYPREXA	OLANZAP	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	30	X	MSB		55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289050216	DOXYCYC	DOXYCYC	81224	Tetracyclir	8122400	Tetracyclir	S	50 MG	ORAL	CAPS	EA	16		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289050230	DOXYCYC	DOXYCYC	81224	Tetracyclir	8122400	Tetracyclir	S	50 MG	ORAL	CAPS	EA	30		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289050260	DOXYCYC	DOXYCYC	81224	Tetracyclir	8122400	Tetracyclir	S	50 MG	ORAL	CAPS	EA	60		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289051930	RISPERD	RISPERID	281608	Antipsych	28160804	Atypical A	S	4 MG	ORAL	TABS	EA	30	X	MSB	8/17/2022	55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289052030	VYTORIN	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-80 MG	ORAL	TABS	EA	30	X	MSB	6/6/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289052104	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	4		GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289052106	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	6		GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289052108	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	8		GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289052109	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	9		GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289052110	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	10		GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289052114	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	14		GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289052121	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	21		GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289052125	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	25		GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289052128	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	28		GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289052130	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289052140	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	40		GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289052179	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	1		GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289052301	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	100		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289052330	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	30		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289052340	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	40		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289052360	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	60		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289052390	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	90		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289052521	ERY-TAB	ERYTHRO	81212	Macrolides	8121204	Erythromy	S	333 MG	ORAL	TBEC	EA	21		GENERIC		55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289052530	ERY-TAB	ERYTHRO	81212	Macrolides	8121204	Erythromy	S	333 MG	ORAL	TBEC	EA	30		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289052540	ERY-TAB	ERYTHRO	81212	Macrolides	8121204	Erythromy	S	333 MG	ORAL	TBEC	EA	40		GENERIC		55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289052542	ERY-TAB	ERYTHRO	81212	Macrolides	8121204	Erythromy	S	333 MG	ORAL	TBEC	EA	42		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289052563	ERY-TAB	ERYTHRO	81212	Macrolides	8121204	Erythromy	S	333 MG	ORAL	TBEC	EA	63		GENERIC		55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289053030	MULTIPLE	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	37.5MG-3	ORAL	TABS	EA	30		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289053601	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	CAPS	EA	100	X	GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289053660	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	CAPS	EA	60	X	GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289055015	ZOLOFT	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	15	X	MSB		55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289055030	ZOLOFT	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	30	X	MSB		55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289056001	CHLORPH	CHLORPH	40400	First Gene	4040000	First Gene	P	4 MG	ORAL	TABS	EA	100		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289056024	CHLORPH	CHLORPH	40400	First Gene	4040000	First Gene	P	4 MG	ORAL	TABS	EA	24		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289056301	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	100		GENERIC	6/25/2024	55289	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289056306	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	6		GENERIC	6/25/2024	55289	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289056309	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	9		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289056316	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	16		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289056320	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	20		GENERIC	6/25/2024	55289	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289056324	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	24		GENERIC		55289	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289056330	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	30		GENERIC		55289	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289056350	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	50		GENERIC	6/25/2024	55289	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289056360	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	60		GENERIC		55289	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289056507	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	7	X	GENERIC	8/17/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289056514	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	14	X	GENERIC	8/17/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289056530	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	30	X	GENERIC	8/17/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289056560	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	60	X	GENERIC	8/17/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289056590	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	90	X	GENERIC	8/17/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289056598	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	120	X	GENERIC	8/17/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289056630	ABILIFY	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	30MG	ORAL	TABS	EA	30	X	MSB		55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289056915	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	15	X	MSB	8/17/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289056930	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	30	X	MSB	9/9/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289056960	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	60	X	MSB	8/23/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289057010	NEURONT	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	10	X	MSB		55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289057030	NEURONT	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	30	X	MSB		55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289057060	NEURONT	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	60	X	MSB		55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289057230	AMBIEN C	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	6.25 MG	ORAL	TBCR	EA	30		MSB		55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289057820	SOMA	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350MG	ORAL	TABS	EA	20		MSB		55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289057840	SOMA	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350MG	ORAL	TABS	EA	40		MSB		55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289057920	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	20		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289057930	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	30		GENERIC		55289	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289058110	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	400 MG	ORAL	TABS	EA	10	X	GENERIC		55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289058120	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	400 MG	ORAL	TABS	EA	20	X	GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289058130	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	400 MG	ORAL	TABS	EA	30	X	GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289058160	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	400 MG	ORAL	TABS	EA	60	X	GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289058190	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	400 MG	ORAL	TABS	EA	90	X	GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289058204	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	4		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289058206	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	6		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289058210	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	10		GENERIC		55289	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289058215	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	15		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289058221	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	21		GENERIC		55289	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289058228	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	28		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289058928	CEFADRO	CEFADRO	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	28		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289059130	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	6/23/2023	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289059190	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	6/23/2023	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289059210	DICLOXA	DICLOXA	81216	Penicillins	8121612	Penicillina	S	250 MG	ORAL	CAPS	EA	10		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289059220	DICLOXA	DICLOXA	81216	Penicillins	8121612	Penicillina	S	250 MG	ORAL	CAPS	EA	20		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289059228	DICLOXA	DICLOXA	81216	Penicillins	8121612	Penicillina	S	250 MG	ORAL	CAPS	EA	28		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289059240	DICLOXA	DICLOXA	81216	Penicillins	8121612	Penicillina	S	250 MG	ORAL	CAPS	EA	40		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289060120	OXAPROZ	OXAPROZ	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	20	X	GENERIC	9/28/2023	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289060130	OXAPROZ	OXAPROZ	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC	9/28/2023	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289060160	OXAPROZ	OXAPROZ	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC	9/28/2023	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289060230	NORVASC	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	30	X	MSB		55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289060630	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC	8/17/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289060690	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	2.5 MG	ORAL	TABS	EA	90	X	GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289060920	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	20	X	GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289060930	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	30	X	GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289060940	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	40	X	GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289060960	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	60	X	GENERIC	5/3/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289061014	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	14	X	GENERIC	11/2/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289061028	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	28	X	GENERIC	11/2/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289061030	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	30	X	GENERIC	11/2/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289061060	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	60	X	GENERIC	11/2/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289061814	MOBIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	14	X	MSB	5/3/2022	55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289061830	MOBIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30	X	MSB	5/3/2022	55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289061860	MOBIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	60	X	MSB	12/27/2022	55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289062407	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	7		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289062414	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	14		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289062428	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	28		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289062430	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	30		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289062460	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	60		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289063030	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	5-6.25 MG	ORAL	TABS	EA	30	X	GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289063090	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	5-6.25 MG	ORAL	TABS	EA	90	X	GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289063310	CHLORZO	CHLORZO	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	10		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289063320	CHLORZO	CHLORZO	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	20		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289063324	CHLORZO	CHLORZO	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	24		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289063328	CHLORZO	CHLORZO	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	28		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289063330	CHLORZO	CHLORZO	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289063340	CHLORZO	CHLORZO	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	40		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289064520	ERYTHRO	ERYTHRO	81212	Macrolides	8121204	Erythromy	S	250 MG	ORAL	CPEP	EA	20		MSB	10/27/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289064528	ERYTHRO	ERYTHRO	81212	Macrolides	8121204	Erythromy	S	250 MG	ORAL	CPEP	EA	28		MSB	10/27/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289064530	ERYTHRO	ERYTHRO	81212	Macrolides	8121204	Erythromy	S	250 MG	ORAL	CPEP	EA	30		MSB	10/27/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289064540	ERYTHRO	ERYTHRO	81212	Macrolides	8121204	Erythromy	S	250 MG	ORAL	CPEP	EA	40		MSB	10/27/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289064556	ERYTHRO	ERYTHRO	81212	Macrolides	8121204	Erythromy	S	250 MG	ORAL	CPEP	EA	56		MSB	10/27/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289064580	ERYTHRO	ERYTHRO	81212	Macrolides	8121204	Erythromy	S	250 MG	ORAL	CPEP	EA	80		MSB	10/27/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289064930	METHYLP	METHYLP	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	30		GENERIC		55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289064998	METHYLP	METHYLP	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	120		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289066001	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	100		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289066030	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	30		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289066060	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	60		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289066082	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	500		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289066090	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	90		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289067317	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	100		GENERIC		55289	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289067318	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	18		GENERIC		55289	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289067320	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	20		GENERIC		55289	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289067324	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	24		GENERIC		55289	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289067330	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	30		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289067350	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	50		GENERIC		55289	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289067360	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	60		GENERIC		55289	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289067394	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	500		GENERIC		55289	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289069214	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	14	X	GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289069230	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289069290	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289069410	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	10	X	GENERIC	2/27/2024	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289069430	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	2/27/2024	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289069490	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	2/27/2024	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289069802	CYTOTEC	MISOPRO	562828	Prostaglar	56282800	Prostaglar	S	200 MCG	ORAL	TABS	EA	2	X	MSB		55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289069804	CYTOTEC	MISOPRO	562828	Prostaglar	56282800	Prostaglar	S	200 MCG	ORAL	TABS	EA	4	X	MSB		55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289069808	CYTOTEC	MISOPRO	562828	Prostaglar	56282800	Prostaglar	S	200 MCG	ORAL	TABS	EA	8	X	MSB		55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289069817	CYTOTEC	MISOPRO	562828	Prostaglar	56282800	Prostaglar	S	200 MCG	ORAL	TABS	EA	100	X	MSB		55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289069830	CYTOTEC	MISOPRO	562828	Prostaglar	56282800	Prostaglar	S	200 MCG	ORAL	TABS	EA	30	X	MSB		55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289070107	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	7		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289070114	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	14		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289070115	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	15		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289070121	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	21		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289070128	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	28		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289070130	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	30		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289070132	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	32		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289070142	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	42		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289070145	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	45		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289070156	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	56		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289070160	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	60		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289070190	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	90		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289070198	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	120		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289070407	PREVACI	LANSOPR	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	7	X	MSB	2/26/2024	55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289070414	PREVACI	LANSOPR	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	14	X	MSB	2/26/2024	55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289070430	PREVACI	LANSOPR	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	30	X	MSB	2/26/2024	55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289070490	PREVACI	LANSOPR	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	90	X	MSB	2/26/2024	55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289071502	PROBENE	PROBENE	404000	Uricosuric	40400000	Uricosuric	S	500 MG	ORAL	TABS	EA	2	X	GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289071515	PROBENE	PROBENE	404000	Uricosuric	40400000	Uricosuric	S	500 MG	ORAL	TABS	EA	15	X	GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289071517	PROBENE	PROBENE	404000	Uricosuric	40400000	Uricosuric	S	500 MG	ORAL	TABS	EA	100	X	GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289072006	ACETAZO	ACETAZO	524012	UNKNOW	52401200	UNKNOW	S	125 MG	ORAL	TABS	EA	6	X	GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289072012	ACETAZO	ACETAZO	524012	UNKNOW	52401200	UNKNOW	S	125 MG	ORAL	TABS	EA	12	X	GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289072330	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	240 MG	ORAL	TBCR	EA	30	X	GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289072390	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	240 MG	ORAL	TBCR	EA	90	X	GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289072393	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	240 MG	ORAL	TBCR	EA	180	X	GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289072810	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	10		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289072815	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	15		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289072820	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	20		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289072830	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289072860	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	60		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289072890	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289072906	AMBIEN	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	6		MSB		55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289072912	AMBIEN	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	12		MSB		55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289072930	AMBIEN	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	30		MSB		55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289073401	METHYLD	METHYLD	242400	Beta-Adre	24240000	Beta-Adre	R	250 MG	ORAL	TABS	EA	100	X	MSB	8/31/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289073430	METHYLD	METHYLD	242400	Beta-Adre	24240000	Beta-Adre	R	250 MG	ORAL	TABS	EA	30	X	MSB	8/31/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289073610	SKELAXIN	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	10		MSB	11/30/2022	55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289073620	SKELAXIN	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	20		MSB	11/30/2022	55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289073621	SKELAXIN	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	21		MSB	11/30/2022	55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289073630	SKELAXIN	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	30		MSB	11/30/2022	55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289073640	SKELAXIN	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	40		MSB	11/30/2022	55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289073812	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	12	X	GENERIC	2/27/2024	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289073830	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	30	X	GENERIC	2/27/2024	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289073860	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	60	X	GENERIC	2/27/2024	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289073890	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	90	X	GENERIC	2/27/2024	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289073893	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	180	X	GENERIC	2/27/2024	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289073914	MOBIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	14	X	MSB	12/27/2022	55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289074720	MALARON	ATOVAQU	83008	Antimalari	8300800	Antimalari	S	250-100 M	ORAL	TABS	EA	20		MSB	8/17/2022	55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289075730	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289075760	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289075790	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289076230	CLEMAST	CLEMAST	40400	First Gene	4040000	First Gene	O	1.34 MG	ORAL	TABS	EA	30		MSB	3/1/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289076710	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	10		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289076714	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	14		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289076720	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	20		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289076721	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	21		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289076728	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	28		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289076730	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	30		GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289076830	LEXAPRO	ESCITALO	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	30	X	MSB	8/17/2022	55289	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
55289077414	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	240 MG	ORAL	CP24	EA	14	X	GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289077930	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TB24	EA	30	X	GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289077990	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TB24	EA	90	X	GENERIC		55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289078460	TIZANIDIN	TIZANIDIN	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	60		GENERIC	10/3/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289078702	TRIAZOLA	TRIAZOLA	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	2		GENERIC	8/17/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289078730	TRIAZOLA	TRIAZOLA	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	30		GENERIC	8/17/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
55289078760	TRIAZOLA	TRIAZOLA	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	60		GENERIC	8/17/2022	55289		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

55466010911	LEVO-T	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	112MCG	ORAL	TABS	EA	90	X	GENERIC		55466	Y			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS				R	MEDPRMI
55466011011	LEVO-T	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	125 MCG	ORAL	TABS	EA	90	X	GENERIC		55466	Y			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS				R	MEDPRMI
55466011019	LEVO-T	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	125 MCG	ORAL	TABS	EA	1000	X	GENERIC		55466	Y			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS				R	MEDPRMI
55466011111	LEVO-T	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	137 MCG	ORAL	TABS	EA	90	X	GENERIC		55466	Y			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS				R	MEDPRMI
55466011211	LEVO-T	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	150 MCG	ORAL	TABS	EA	90	X	GENERIC		55466	Y			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS				R	MEDPRMI
55466011311	LEVO-T	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	175 MCG	ORAL	TABS	EA	90	X	GENERIC		55466	Y			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS				R	MEDPRMI
55466011411	LEVO-T	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	200 MCG	ORAL	TABS	EA	90	X	GENERIC		55466	Y			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS				R	MEDPRMI
55466011511	LEVO-T	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	300 MCG	ORAL	TABS	EA	90	X	GENERIC		55466	Y			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS				R	MEDPRMI
55486000700	BIOHM PI	PROBIOT	560800	Antidiarrh	56080000	Antidiarrh	O	0-0-0-0-0	ORAL	CAPS	EA	42		SSB		55486	Y			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55486000701	BIOHM PI	PROBIOT	560800	Antidiarrh	56080000	Antidiarrh	O	0-0-0-0-0	ORAL	POWD	GM	240		SSB		55486	Y			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55486000702	BIOHM PI	PROBIOT	560800	Antidiarrh	56080000	Antidiarrh	O	0-0-0-0-0	ORAL	POWD	GM	240		SSB		55486	Y			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55486000703	BIOHM PI	PROBIOT	560800	Antidiarrh	56080000	Antidiarrh	O	0-0-0-0-0	ORAL	CAPS	EA	42		SSB		55486	Y			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55486000704	BIOHM PI	DIGESTIV	561600	Digestants	56160000	Digestants	O	0-0-0-0	ORAL	CAPS	EA	60		SSB		55486	Y			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55486000705	BIOHM C	CASCARA	561200	Cathartics	56120000	Cathartics	O	0-0-0-0	ORAL	CAPS	EA	14		SSB		55486	Y			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55486000706	BIOHM PI	PROBIOT	560800	Antidiarrh	56080000	Antidiarrh	O	0-0-0-0-0	ORAL	CAPS	EA	42		SSB		55486	Y			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55486000707	BIOHM PI	PROBIOT	560800	Antidiarrh	56080000	Antidiarrh	P	0-0-0-0-0	ORAL	CHEW	EA	42		GENERIC		55486	Y			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55494010010	DICLEGIS	DOXYLAM	562208	Antihistam	56220800	Antihistam	S	10-10 MG	ORAL	TBEC	EA	100		MSB		55494	Y			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	4 IN 1 DAYS				R	MEDPRMI
55494012060	BONJEST	DOXYLAM	562208	Antihistam	56220800	Antihistam	R	20-20 MG	ORAL	TBCR	EA	60		SSB		55494				N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55494058030	OSPHENA	OSPEMIF	681612	Estrogen A	68161200	Estrogen A	R	60 MG	ORAL	TABS	EA	30	X	SSB		55494				N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55494058090	OSPHENA	OSPEMIF	681612	Estrogen A	68161200	Estrogen A	R	60 MG	ORAL	TABS	EA	90	X	SSB		55494				N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55495001111	ATABEX E	ASCORBI	882800	Multivitam	88280000	Multivitam	R	120MG-0-	ORAL	TBEC	EA	100		SSB		55495				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55495001126	VICECTIN	GINGER-F	929200	UNKNOW	92920000	UNKNOW	O	325-25 MC	ORAL	TABS	EA	60		SSB		55495				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55495001153	ATABEX	PRENATA	882800	Multivitam	88280000	Multivitam	O	18-0.8 MG	ORAL	CHEW	EA	30		SSB		55495				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55495001163	VITABEX	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	250MG-25	ORAL	CAPS	EA	30		SSB		55495				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55495011101	ATABEX E	PRENATA	882800	Multivitam	88280000	Multivitam	R	29-1 MG	ORAL	TBEC	EA	100		SSB		55495				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55495011202	VICECTIN	GINGER-F	929200	UNKNOW	92920000	UNKNOW	O	325-25 MC	ORAL	CAPS	EA	120		SSB		55495				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55495011801	ATABEX D	DOCOSAI	929200	UNKNOW	92920000	UNKNOW	P	200 MG	ORAL	CAPS	EA	100		GENERIC		55495				N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55495012501	ATABEX (	PRENATA	882800	Multivitam	88280000	Multivitam	R	29-1 MG	ORAL	TABS	EA	100		SSB		55495				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55513000201	ARANESF	DARBEPC	201600	Hematopo	20160000	Hematopo	R	25 MCG/M	INJECTIO	SOLN	ML	1		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513000204	ARANESF	DARBEPC	201600	Hematopo	20160000	Hematopo	R	25 MCG/M	INJECTIO	SOLN	ML	1		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513000301	ARANESF	DARBEPC	201600	Hematopo	20160000	Hematopo	R	40 MCG/M	INJECTIO	SOLN	ML	1		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513000304	ARANESF	DARBEPC	201600	Hematopo	20160000	Hematopo	R	40 MCG/M	INJECTIO	SOLN	ML	1		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513000401	ARANESF	DARBEPC	201600	Hematopo	20160000	Hematopo	R	60 MCG/M	INJECTIO	SOLN	ML	1		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513000404	ARANESF	DARBEPC	201600	Hematopo	20160000	Hematopo	R	60 MCG/M	INJECTIO	SOLN	ML	1		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513000501	ARANESF	DARBEPC	201600	Hematopo	20160000	Hematopo	R	100 MCG/	INJECTIO	SOLN	ML	1		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513000504	ARANESF	DARBEPC	201600	Hematopo	20160000	Hematopo	R	100 MCG/	INJECTIO	SOLN	ML	1		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513000601	ARANESF	DARBEPC	201600	Hematopo	20160000	Hematopo	R	200 MCG/	INJECTIO	SOLN	ML	1		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513002101	ARANESF	DARBEPC	201600	Hematopo	20160000	Hematopo	R	40 MCG/0	INJECTIO	SOSY	ML	0.4		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513002104	ARANESF	DARBEPC	201600	Hematopo	20160000	Hematopo	R	40 MCG/0	INJECTIO	SOSY	ML	0.4		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513002301	ARANESF	DARBEPC	201600	Hematopo	20160000	Hematopo	R	60 MCG/0	INJECTIO	SOSY	ML	0.3		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513002304	ARANESF	DARBEPC	201600	Hematopo	20160000	Hematopo	R	60 MCG/0	INJECTIO	SOSY	ML	0.3		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513002501	ARANESF	DARBEPC	201600	Hematopo	20160000	Hematopo	R	100 MCG/	INJECTIO	SOSY	ML	0.5		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513002504	ARANESF	DARBEPC	201600	Hematopo	20160000	Hematopo	R	100 MCG/	INJECTIO	SOSY	ML	0.5		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513002701	ARANESF	DARBEPC	201600	Hematopo	20160000	Hematopo	R	150 MCG/	INJECTIO	SOSY	ML	0.3		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513002704	ARANESF	DARBEPC	201600	Hematopo	20160000	Hematopo	R	150 MCG/	INJECTIO	SOSY	ML	0.3		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513002801	ARANESF	DARBEPC	201600	Hematopo	20160000	Hematopo	R	200 MCG/	INJECTIO	SOSY	ML	0.4		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513003201	ARANESF	DARBEPC	201600	Hematopo	20160000	Hematopo	R	500 MCG/	INJECTIO	SOSY	ML	1		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513005601	PAVBLU	AFLIBERC	525600	UNKNOW	52560000	UNKNOW	R	2 MG/0.05	INTRAVIT	SOSY	ML	0.05		SSB		55513				N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55513005701	ARANESF	DARBEPC	201600	Hematopo	20160000	Hematopo	R	25 MCG/0	INJECTIO	SOSY	ML	0.42		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513005704	ARANESF	DARBEPC	201600	Hematopo	20160000	Hematopo	R	25 MCG/0	INJECTIO	SOSY	ML	0.42		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513005901	IMDELLTF	TARLATA	100000	Antineopla	10000000	Antineopla	R	1 MG	INTRAVEI	SOLR	EA	1		SSB		55513				N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55513006501	PAVBLU	AFLIBERC	525600	UNKNOW	52560000	UNKNOW	R	2 MG/0.05	INTRAVIT	SOLN	ML	0.05		SSB		55513				N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55513007330	SENSIPAI	CINACAL	682404	UNKNOW	68240400	UNKNOW	S	30 MG	ORAL	TABS	EA	30	X	MSB		55513	Y			N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION			X	2 IN 1 DAYS				R	MEDPRMI
55513007430	SENSIPAI	CINACAL	682404	UNKNOW	68240400	UNKNOW	S	60MG	ORAL	TABS	EA	30	X	MSB		55513	Y			N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION			X	2 IN 1 DAYS				R	MEDPRMI
55513007530	SENSIPAI	CINACAL	682404	UNKNOW	68240400	UNKNOW	S	90 MG	ORAL	TABS	EA	30	X	MSB		55513	Y			N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION			X	4 IN 1 DAYS				R	MEDPRMI
55513007701	IMDELLTF	TARLATA	100000	Antineopla	10000000	Antineopla	R	10 MG	INTRAVEI	SOLR	EA	1		SSB		55513				N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55513007801	IMLYGIC	TALIMOG	261200	UNKNOW	26120000	UNKNOW	R	1000000 U	INTRALES	SUSP	ML	1		SSB		55513				N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55513007901	IMLYGIC	TALIMOG	100000	Antineopla	10000000	Antineopla	R	10000000(	INTRALES	SUSP	ML	1		SSB		55513				N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55513009801	ARANESF	DARBEPC	201600	Hematopo	20160000	Hematopo	R	10 MCG/0	INJECTIO	SOSY	ML	0.4		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513009804	ARANESF	DARBEPC	201600	Hematopo	20160000	Hematopo	R	10 MCG/0	INJECTIO	SOSY	ML	0.4		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513011101	ARANESF	DARBEPC	201600	Hematopo	20160000	Hematopo	R	300 MCG/	INJECTIO	SOSY	ML	0.6		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513011201	TEZSPIRE	TEZEPEL	481020	UNKNOW	48102000	UNKNOW	R	210 MG/1.	SUBCUTA	SOSY	ML	1.91	X	SSB		55513				N	EXCLUDE	SELF_INJ	5 SPBRD	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55513012301	TEZSPIRE	TEZEPEL	481020	UNKNOW	48102000	UNKNOW	R	210 MG/1.	SUBCUTA	SOAJ	ML	1.91	X	SSB		55513		Y		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X						R	MEDPRMI
55513012601	EPOGEN	EPOETIN	201600	Hematopo	20160000	Hematopo	R	2000 UNI	INJECTIO	SOLN	ML	1		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513012610	EPOGEN	EPOETIN	201600	Hematopo	20160000	Hematopo	R	2000 UNI	INJECTIO	SOLN	ML	1		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513013201	KANJINTI	TRASTUZ	100000	Antineopla	10000000	Antineopla	R	420 MG	INTRAVEI	SOLR	EA	1		SSB		55513				N	EXCLUDE	SELF_INJ	5 SPBRD	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55513013728	OTEZLA	APREMIL	902424	UNKNOW	90242492	UNKNOW	R	30 MG	ORAL	TABS	EA	28	X	SSB	3/1/2023	55513				Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55513013760	OTEZLA	APREMIL	902424	UNKNOW	90242492	UNKNOW	R	30 MG	ORAL	TABS	EA	60	X	SSB		55513				N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X						R	MEDPRMI
55513014101	KANJINTI	TRASTUZ	100000	Antineopla	10000000	Antineopla	R	150 MG	INTRAVEI	SOLR	EA	1		SSB		55513				N	EXCLUDE	SELF_INJ	5 SPBRD	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55513014401	EPOGEN	EPOETIN	201600	Hematopo	20160000	Hematopo	R	10000 UN	INJECTIO	SOLN	ML	1		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513014410	EPOGEN	EPOETIN	201600	Hematopo	20160000	Hematopo	R	10000 UN	INJECTIO	SOLN	ML	1		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513014801	EPOGEN	EPOETIN	201600	Hematopo	20160000	Hematopo	R	4000 UNI	INJECTIO	SOLN	ML	1		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513014810	EPOGEN	EPOETIN	201600	Hematopo	20160000	Hematopo	R	4000 UNI	INJECTIO	SOLN	ML	1		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513016001	BLINCYT(	BLINATUM	100000	Antineopla	10000000	Antineopla	R	35MCG	INTRAVEI	SOLR	EA	1		SSB		55513				N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55513016401	KANJINTI	TRASTUZ	100000	Antineopla	10000000	Antineopla	R	420 MG	INTRAVEI	SOLR	EA	1		SSB		55513				N	EXCLUDE	SELF_INJ	5 SPBRD	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55513019001	NEULAST	PEGFILGI	201600	Hematopo	20160000	Hematopo	R	6 MG/0.6M	SUBCUTA	SOSY	ML	0.6		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513019201	NEULAST	PEGFILGI	201600	Hematopo	20160000	Hematopo	R	6 MG/0.6M	SUBCUTA	PSKT	ML	0.6		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513020601	MVASI	BEVACIZU	100000	Antineopla	10000000	Antineopla	R	100 MG/4	INTRAVEI	SOLN	ML	4		SSB		55513				N	EXCLUDE	SELF_INJ	5 SPBRD	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55513020701	MVASI	BEVACIZU	100000	Antineopla	10000000	Antineopla	R	400 MG/1(	INTRAVEI	SOLN	ML	16		SSB		55513				N	EXCLUDE	SELF_INJ	5 SPBRD	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55513020901	NEUPOGI	FILGRAST	201600	Hematopo	20160000	Hematopo	R	480 MCG/	INJECTIO	SOSY	ML	0.8		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513020910	NEUPOGI	FILGRAST	201600	Hematopo	20160000	Hematopo	R	480 MCG/	INJECTIO	SOSY	ML	0.8		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513020991	NEUPOGI	FILGRAST	201600	Hematopo	20160000	Hematopo	R	480 MCG/	INJECTIO	SOSY	ML	0.8		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513022101	NPLATE	ROMIPLO	201600	Hematopo	20160000	Hematopo	R	250MCG	SUBCUTA	SOLR	EA	1		SSB		55513				N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55513022201	NPLATE	ROMIPLO	201600	Hematopo	20160000	Hematopo	R	500MCG	SUBCUTA	SOLR	EA	1		SSB		55513				N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55513022301	NPLATE	ROMIPLO	201600	Hematopo	20160000	Hematopo	R	125MCG	SUBCUTA	SOLR	EA	1		SSB		55513				N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55513022401	RIABNI	RITUXIMA	100000	Antineopla	10000000	Antineopla	R	100 MG/1(	INTRAVEI	SOLN	ML	10		SSB		55513				N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55513026701	EPOGEN	EPOETIN	201600	Hematopo	20160000	Hematopo	R	3000 UNI	INJECTIO	SOLN	ML	1		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513026710	EPOGEN	EPOETIN	201600	Hematopo	20160000	Hematopo	R	3000 UNI	INJECTIO	SOLN	ML	1		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513028301	EPOGEN	EPOETIN	201600	Hematopo	20160000	Hematopo	R	10000 UN	INJECTIO	SOLN	ML	2		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513028310	EPOGEN	EPOETIN	201600	Hematopo	20160000	Hematopo	R	10000 UN	INJECTIO	SOLN	ML	2		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513032601	RIABNI	RITUXIMA	100000	Antineopla	10000000	Antineopla	R	500 MG/5(	INTRAVEI	SOLN	ML	50		SSB		55513				N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55513036955	OTEZLA	APREMIL	902424	UNKNOW	90242492	UNKNOW	R	10 & 20 &	ORAL	TBPK	EA	55		SSB		55513				N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X						R	MEDPRMI
55513039901	AMJEVITA	ADALIMU	902416	UNKNOW	90241692	UNKNOW	R	20 MG/0.2	SUBCUTA	SOSY	ML	0.2	X	SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513040001	AMJEVITA	ADALIMU	902416	UNKNOW	90241692	UNKNOW	R	40 MG/0.8	SUBCUTA	SOAJ	ML	0.8	X	SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513040002	AMJEVITA	ADALIMU	902416	UNKNOW	90241692	UNKNOW	R	40 MG/0.8	SUBCUTA	SOAJ	ML	0.8	X	SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513041001	AMJEVITA	ADALIMU	902416	UNKNOW	90241692	UNKNOW	R	40 MG/0.8	SUBCUTA	SOSY	ML	0.8	X	SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513041101	AMJEVITA	ADALIMU	902416	UNKNOW	90241692	UNKNOW	R	20 MG/0.4	SUBCUTA	SOSY	ML	0.4	X	SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513041301	AMJEVITA	ADALIMU	902416	UNKNOW	90241692	UNKNOW	R	10 MG/0.2	SUBCUTA	SOSY	ML	0.2	X	SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513047801	EPOGEN	EPOETIN	201600	Hematopo	20160000	Hematopo	R	20000 UN	INJECTIO	SOLN	ML	1		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513047810	EPOGEN	EPOETIN	201600	Hematopo	20160000	Hematopo	R	20000 UN	INJECTIO	SOLN	ML	1		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513047901	AMJEVITA	ADALIMU	902416	UNKNOW	90241692	UNKNOW	R	40 MG/0.4	SUBCUTA	SOSY	ML	0.4	X	SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513047902	AMJEVITA	ADALIMU	902416	UNKNOW	90241692	UNKNOW	R	40 MG/0.4	SUBCUTA	SOSY	ML	0.4	X	SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513048101	AMJEVITA	ADALIMU	902416	UNKNOW	90241692	UNKNOW	R	80 MG/0.8	SUBCUTA	SOAJ	ML	0.8	X	SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513048102	AMJEVITA	ADALIMU	902416	UNKNOW	90241692	UNKNOW	R	80 MG/0.8	SUBCUTA	SOAJ	ML	0.8	X	SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513048201	AMJEVITA	ADALIMU	902416	UNKNOW	90241692	UNKNOW	R	40 MG/0.4	SUBCUTA	SOAJ	ML	0.4	X	SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513048202	AMJEVITA	ADALIMU	902416	UNKNOW	90241692	UNKNOW	R	40 MG/0.4	SUBCUTA	SOAJ	ML	0.4	X	SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513048824	LUMAKRA	SOTORAS	100000	Antineopla	10000000	Antineopla	R	120 MG	ORAL	TABS	EA	240		SSB		55513				N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X						R	MEDPRMI
55513048840	LUMAKRA	SOTORAS	100000	Antineopla	10000000	Antineopla	R	120 MG	ORAL	TABS	EA	240		SSB		55513				N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X						R	MEDPRMI
55513049760	OTEZLA	APREMIL	902424	UNKNOW	90242492	UNKNOW	R	20 MG	ORAL	TABS	EA	60	X	SSB		55513				N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X						R	MEDPRMI
55513050450	LUMAKRA	SOTORAS	100000	Antineopla	10000000	Antineopla	R	320 MG	ORAL	TABS	EA	90		SSB		55513				N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X						R	MEDPRMI
55513050855	OTEZLA	APREMIL	902424	UNKNOW	90242492	UNKNOW	R	4 X 10 & 5	ORAL	TBPK	EA	55		SSB		55513				N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X						R	MEDPRMI
55513051260	LUMAKRA	SOTORAS	100000	Antineopla	10000000	Antineopla	R	240 MG	ORAL	TABS	EA	120		SSB		55513				N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X						R	MEDPRMI
55513053001	NEUPOGI	FILGRAST	201600	Hematopo	20160000	Hematopo	R	300 MCG/	INJECTIO	SOLN	ML	1		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513053010	NEUPOGI	FILGRAST	201600	Hematopo	20160000	Hematopo	R	300 MCG/	INJECTIO	SOLN	ML	1		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513054601	NEUPOGI	FILGRAST	201600	Hematopo	20160000	Hematopo	R	480 MCG/	INJECTIO	SOLN	ML	1.6		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513054610	NEUPOGI	FILGRAST	201600	Hematopo	20160000	Hematopo	R	480 MCG/	INJECTIO	SOLN	ML	1.6		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513067001	AVSOLA	INFLIXIMA	902416	UNKNOW	90241692	UNKNOW	R	100 MG	INTRAVEI	SOLR	EA	1		SSB		55513				N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55513071001	PROLIA	DENOSUI	901600	UNKNOW	90160000	UNKNOW	R	60 MG/ML	SUBCUTA	SOSY	ML	1		SSB		55513				N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55513071021	PROLIA	DENOSUI	901600	UNKNOW	90160000	UNKNOW	R	60 MG/ML	SUBCUTA	SOSY	ML	1		SSB		55513				N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55513073001	XGEVA	DENOSUI	901600	UNKNOW	90160000	UNKNOW	R	120 MG/1.	SUBCUTA	SOLN	ML	1.7		SSB		55513				N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55513074001	PARSABI	ETELCAL	682404	UNKNOW	68240400	UNKNOW	R	2.5 MG/0.5	INTRAVEI	SOLN	ML	0.5	X	SSB		55513				N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55513074010	PARSABI	ETELCAL	682404	UNKNOW	68240400	UNKNOW	R	2.5 MG/0.!	INTRAVEI	SOLN	ML	0.5	X	SSB		55513				N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55513074101	PARSABI	ETELCAL	682404	UNKNOW	68240400	UNKNOW	R	5 MG/ML	INTRAVEI	SOLN	ML	1	X	SSB		55513				N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55513074110	PARSABI	ETELCAL	682404	UNKNOW	68240400	UNKNOW	R	5 MG/ML	INTRAVEI	SOLN	ML	1	X	SSB		55513				N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55513074201	PARSABI	ETELCAL	682404	UNKNOW	68240400	UNKNOW	R	10 MG/2M	INTRAVEI	SOLN	ML	2	X	SSB		55513				N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55513074210	PARSABI	ETELCAL	682404	UNKNOW	68240400	UNKNOW	R	10 MG/2M	INTRAVEI	SOLN	ML	2	X	SSB		55513				N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55513080060	CORLANC	IVABRADI	240408	Cardiotoni	24040800	Cardiotoni	S	5 MG	ORAL	TABS	EA	60	X	MSB		55513				N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS				R	MEDPRMI
55513081060	CORLANC	IVABRADI	240408	Cardiotoni	24040800	Cardiotoni	S	7.5 MG	ORAL	TABS	EA	60	X	MSB		55513				N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS				R	MEDPRMI
55513081301	CORLANC	IVABRADI	240408	Cardiotoni	24040800	Cardiotoni	R	5 MG/5ML	ORAL	SOLN	ML	5	X	SSB		55513				N	FORMULARY		2 BRAND	PREFERRED BRAND			X	20 IN 1 DAYS				R	MEDPRMI
55513081328	CORLANC	IVABRADI	240408	Cardiotoni	24040800	Cardiotoni	R	5 MG/5ML	ORAL	SOLN	ML	5	X	SSB		55513				N	FORMULARY		2 BRAND	PREFERRED BRAND			X	20 IN 1 DAYS				R	MEDPRMI
55513084101	AIMOVIG	ERENUM	283212	UNKNOW	28321200	UNKNOW	R	70 MG/ML	SUBCUTA	SOAJ	ML	1	X	SSB		55513		Y		N	FORMULARY		2 BRAND	PREFERRED BRAND	X	PA:X						R	MEDPRMI
55513084300	AIMOVIG	ERENUM	283212	UNKNOW	28321200	UNKNOW	R	140 MG/M	SUBCUTA	SOAJ	ML	1	X	SSB		55513		Y		Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55513084301	AIMOVIG	ERENUM	283212	UNKNOW	28321200	UNKNOW	R	140 MG/M	SUBCUTA	SOAJ	ML	1	X	SSB		55513		Y		N	FORMULARY		2 BRAND	PREFERRED BRAND	X	PA:X						R	MEDPRMI
55513088001	EVENITY	ROMOSO	901600	UNKNOW	90160000	UNKNOW	R	105 MG/1.	SUBCUTA	SOSY	ML	1.17		SSB		55513				N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55513088002	EVENITY	ROMOSO	901600	UNKNOW	90160000	UNKNOW	R	105 MG/1.	SUBCUTA	SOSY	ML	1.17		SSB		55513				N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55513092401	NEUPOGI	FILGRAST	201600	Hematopo	20160000	Hematopo	R	300 MCG/	INJECTIO	SOSY	ML	0.5		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513092410	NEUPOGI	FILGRAST	201600	Hematopo	20160000	Hematopo	R	300 MCG/	INJECTIO	SOSY	ML	0.5		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513092491	NEUPOGI	FILGRAST	201600	Hematopo	20160000	Hematopo	R	300 MCG/	INJECTIO	SOSY	ML	0.5		SSB		55513		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55513095401	VECTIBIX	PANITUM	100000	Antineopla	10000000	Antineopla	R	100 MG/5	INTRAVEI	SOLN	ML	5		SSB		55513				N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55513095601	VECTIBIX	PANITUM	100000	Antineopla	10000000	Antineopla	R	400 MG/2(	INTRAVEI	SOLN	ML	20		SSB		55513				N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55513099801	EVENITY	ROMOSO	901600	UNKNOW	90160000	UNKNOW	R	105 MG/1.	SUBCUTA	SOSY	ML	1.17		SSB		55513				N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55513099802	EVENITY	ROMOSO	901600	UNKNOW	90160000	UNKNOW	R	105 MG/1.	SUBCUTA	SOSY	ML	1.17		SSB		55513				N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55520000106	UPSPRIN	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-0-0-0	ORAL	POWD	GM	360		SSB		55520				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55520000107	MILKSCR	BREASTM	360000	Diagnostic	36000000	Diagnostic	O	0	IN VITRO	STRP	EA	8		NON DRUG		55520				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55520000108	MILKSCR	BREASTM	360000	Diagnostic	36000000	Diagnostic	O	0	IN VITRO	STRP	EA	20		NON DRUG		55520				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55520000109	UPSPRIN	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		55520				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55520000110	UPSPRIN	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		55520				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55520000111	UPSPRIN	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		55520				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55520000112	UPSPRIN	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		55520				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55520000115	UPSPRIN	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		55520				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55520000116	UPSPRIN	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		55520				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55520000127	UPSPRIN	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		55520				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55520000128	MILKSCR	BREASTM	360000	Diagnostic	36000000	Diagnostic	O	0	IN VITRO	STRP	EA	5		NON DRUG		55520				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55520000136	UPSPRIN	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		55520				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55520000147	MILKFLO	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-0-0-0-0	ORAL	PACK	EA	18		SSB		55520				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55520000150	UPSPRIN	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		55520				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55520000151	UPSPRIN	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		55520				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55520000152	UPSPRIN	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		55520				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55520000153	UPSPRIN	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		55520				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55520000158	PROBIOT	PROBIOT	560800	Antidiarrh	56080000	Antidiarrh	O	0-0-0-0-50	ORAL	PACK	EA	30		MSB		55520				N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
55520000161	UPSPRIN	CHOLECA	881600	Vitamin D	88160000	Vitamin D	O	10 MCG /(	ORAL	LIQD	ML	2.25		SSB		55520				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55520000163	UPSPRIN	PEDIATRI	882800	Multivitam	88280000	Multivitam	O	35MG/ML-	ORAL	LIQD	ML	60		SSB		55520				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55520000167	UPSPRIN	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	O	400UNIT/M	ORAL	LIQD	ML	30		SSB		55520				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55520000173	MILKFLO	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-0-0-0-0	ORAL	CAPS	EA	60		SSB		55520				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55520000180	MILKFLO	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-0-0-0-35	ORAL	CAPS	EA	30		SSB		55520				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55520000181	PRENATA	PRENATA	882800	Multivitam	88280000	Multivitam	O	0.267 & 37	ORAL	THPK	EA	120		SSB		55520				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55520000182	PRENATA	PRENATA	882800	Multivitam	88280000	Multivitam	O	18-0.8 & 2	ORAL	THPK	EA	60		SSB		55520				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55520000187	MILKFLO	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-0-0-0-0	ORAL	CAPS	EA	100		SSB		55520				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55520000188	MILKFLO	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-0-0-0-0	ORAL	PACK	EA	18		SSB		55520				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55520000190	MILKFLO	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-0-0-.36N	ORAL	PACK	EA	18		SSB		55520				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55520000199	MORNING	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-0-0-0-0	ORAL	KIT	EA	20		SSB		55520				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55566100001	GANIREL	GANIRELI	681804	UNKNOW	68180400	UNKNOW	S	250 MCG/	SUBCUTA	SOSY	ML	0.5		GENERIC	3/31/2023	55566		Y		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS								R	MEDPRMI
55566100201	ORTIKOS	BUDESON	680400	Adrenals	68040000	Adrenals	R	6 MG	ORAL	CP24	EA	30		SSB	10/31/2023	55566				N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55566101001	FYREMAD	GANIRELI	681804	UNKNOW	68180400	UNKNOW	R	250 MCG/	SUBCUTA	SOSY	ML	0.5		MSB		55566		Y		N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION								R	MEDPRMI
55566102001	ORTIKOS	BUDESON	680400	Adrenals	68040000	Adrenals	R	9 MG	ORAL	CP24	EA	30		SSB	10/31/2023	55566				N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55566105000	ADSTILAD	NADOFAF	261200	UNKNOW	26120000	UNKNOW	R	30000000(	INTRAVES	SUSP	EA	1		SSB		55566				N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55566105001	ADSTILAD	NADOFAF	261200	UNKNOW	26120000	UNKNOW	R	30000000(	INTRAVES	SUSP	EA	1		SSB		55566				N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55566150101	NOVAREL	CHORION	681808	UNKNOW	68180800	UNKNOW	R	10000 UN	INTRAMU	SOLR	EA	1		SSB	3/29/2022	55566		Y		N	FORMULARY		2 BRAND	PREFERRED BRAND								R	MEDPRMI
55566150201	NOVAREL	CHORION	681808	UNKNOW	68180800	UNKNOW	R	5000 UNI	INTRAMU	SOLR	EA	1		SSB		55566		Y		N	FORMULARY		2 BRAND	PREFERRED BRAND								R	MEDPRMI
55566180101	ZOMACT(	SOMATR(	683004	Somatotro	68300400	Somatotro	R	5 MG	SUBCUTA	SOLR	EA	1	X	SSB		55566		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55566190000	ZOMACT(	SOMATR(	683004	Somatotro	68300400	Somatotro	R	10MG	SUBCUTA	SOLR	EA	1	X	SSB		55566		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55566190101	ZOMACT(	SOMATR(	683004	Somatotro	68300400	Somatotro	R	10MG	SUBCUTA	SOLR	EA	1	X	SSB		55566		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55566190201	ZOMACT(	SOMATR(	683004	Somatotro	68300400	Somatotro	R	10 MG	SUBCUTA	SOLR	EA	1	X	SSB	5/31/2022	55566		Y		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
55566211002	LYSTEDA	TRANEXA	202816	Hemostati	20281600	Hemostati	S	650 MG	ORAL	TABS	EA	30		MSB	1/3/2023	55566	Y			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
55566220000	DDAVP PI	DESMOPI	682800	Pituitary	68280000	Pituitary	S	4 MCG/ML	INJECTIO	SOLN	ML	1		MSB		55566	Y	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
55566230000	DDAVP	DESMOPI	682800	Pituitary	68280000	Pituitary	S	4 MCG/ML	INJECTIO	SOLN	ML	10		MSB		55566	Y	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
55566250000	DDAVP	DESMOPI	682800	Pituitary	68280000	Pituitary	S	0.01%	NASAL	SOLN	ML	5	X	MSB	12/4/2020	55566	Y			N	EXCLUDE	RECALL_DENY: [RECALLED F		FORMULARY EXCLUSION								R	MEDPRMI
55566260000	DDAVP	DESMOPI	682800	Pituitary	68280000	Pituitary	S	.1MG	ORAL	TABS	EA	100	X	MSB		55566	Y			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
55566270000	DDAVP	DESMOPI	682800	Pituitary	68280000	Pituitary	S	.2MG	ORAL	TABS	EA	100	X	MSB		55566	Y			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
55566280001	CERVIDIL	DINOPRO	760000	Oxytocics	76000000	Oxytocics	R	10MG	VAGINAL	INST	EA	1		SSB		55566				N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
55566410000	EUFLEXX	SODIUM I	929200	UNKNOW	92920000	UNKNOW	R	20 MG/2M	INTRA-AR	SOSY	ML	2		SSB		55566				N	EXCLUDE	N/A: [DRU	2 BRAND	OPTIONAL BENEFIT EXCLUSION	X	PA:X						R	MEDPRMI
55566410001	EUFLEXX	SODIUM I	929200	UNKNOW	92920000	UNKNOW	R	20 MG/2M	INTRA-AR	SOSY	ML	2		SSB		55566				N	EXCLUDE	N/A: [DRU	2 BRAND	OPTIONAL BENEFIT EXCLUSION	X	PA:X						R	MEDPRMI
55566505001	NOCDURI	DESMOPI	682800	Pituitary	68280000	Pituitary	R	27.7 MCG	SUBLINGI	SUBL	EA	30	X	SSB	1/1/2022	55566				N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND			X	1 IN 1 DAYS				R	MEDPRMI
55566507001	NOCDURI	DESMOPI	682800	Pituitary	68280000	Pituitary	R	55.3 MCG	SUBLINGI	SUBL	EA	30	X	SSB	1/1/2022	55566				N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND			X	1 IN 1 DAYS				R	MEDPRMI
55566650001	ENDOMET	PROGEST	683200	Progestins	68320000	Progestins	R	100 MG	VAGINAL	INST	EA	1		SSB		55566				N	FORMULARY		2 BRAND	PREFERRED BRAND								R	MEDPRMI
55566650002	ENDOMET	PROGEST	683200	Progestins	68320000	Progestins	R	100 MG	VAGINAL	INST	EA	21		SSB		55566				N	FORMULARY		2 BRAND	PREFERRED BRAND								R	MEDPRMI
55566650003	ENDOMET	PROGEST	683200	Progestins	68320000	Progestins	R	100MG	VAGINAL	INST	EA	21		SSB		55566				N	FORMULARY		2 BRAND	PREFERRED BRAND								R	MEDPRMI
55566670000	CLENPIQ	SODIUM F	561200	Cathartics	56120000	Cathartics	R	10-3.5-12	ORAL	SOLN	ML	160		SSB	3/27/2023	55566				N	#N/A	ORIG_FR	10 EHB	#N/A			X	<= 320	X	IF AGE=45-75 YEARS AND QS		R	MEDPRMI
55566670001	CLENPIQ	SODIUM F	561200	Cathartics	56120000	Cathartics	R	10-3.5-12	ORAL	SOLN	ML	160		SSB	3/27/2023	55566				N	#N/A	ORIG_FR	10 EHB	#N/A			X	<= 320	X	IF AGE=45-75 YEARS AND QS		R	MEDPRMI
55566680000	CLENPIQ	SODIUM F	561200	Cathartics	56120000	Cathartics	R	10-3.5-12	ORAL	SOLN	ML	175		SSB		55566				N	#N/A	ORIG_FR	10 EHB	#N/A			X	<= 350	X	IF AGE=45-75 YEARS AND QS		R	MEDPRMI
55566680001	CLENPIQ	SODIUM F	561200	Cathartics	56120000	Cathartics	R	10-3.5-12	ORAL	SOLN	ML	175		SSB		55566				N	#N/A	ORIG_FR	10 EHB	#N/A			X	<= 350	X	IF AGE=45-75 YEARS AND QS		R	MEDPRMI
55566750102	MENOPUI	MENOTR(	681808	UNKNOW	68180800	UNKNOW	R	75UNIT	SUBCUTA	SOLR	EA	1		SSB		55566		Y		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND								R	MEDPRMI
55566830301	FIRMAGO	DEGAREL	681804	UNKNOW	68180400	UNKNOW	R	80MG	SUBCUTA	SOLR	EA	1		SSB		55566		Y		N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND			X	1 IN 30 DAYS				R	MEDPRMI
55566840301	FIRMAGO	DEGAREL	681804	UNKNOW	68180400	UNKNOW	R	120 MG/V	SUBCUTA	SOLR	EA	1		SSB		55566		Y		N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND			X	2 IN 365 DAYS				R	MEDPRMI
55566980000	REBYOTA	FECAL MI	569200	GI Drugs,	56920000	GI Drugs,	R	150 ML	RECTAL	SUSP	ML	150		SSB		55566				N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X						R	MEDPRMI
55566980002	REBYOTA	FECAL MI	569200	GI Drugs,	56920000	GI Drugs,	R	150 ML	RECTAL	SUSP	ML	150		SSB		55566				N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X						R	MEDPRMI
55571001585	ESTROFA	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	266MCG-(	ORAL	TABS	EA	90		SSB		55571				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55571001931	INTRINSI	FOLATE-\	880800	Vitamin B	88080000	Vitamin B	O	800-500-2	ORAL	TABS	EA	180		SSB		55571				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55571001950	INTRINSI	FOLATE-\	880800	Vitamin B	88080000	Vitamin B	O	800-500-2	ORAL	TABS	EA	60		SSB		55571				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55571002301	MAG GLY	MAGNESI	401200	Replacem	40120000	Replacem	O	100MG	ORAL	TABS	EA	120		MSB		55571				N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
55571003120	ULTRAFL	PROBIOT	560800	Antidiarrh	56080000	Antidiarrh	O	170 MG	ORAL	CAPS	EA	60		SSB		55571				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55571003157	WELLNES	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	KIT	EA	270		SSB		55571				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55571091014	COQ10 S	COENZYI	929200	UNKNOW	92920000	UNKNOW	O	100-100 M	ORAL	CAPS	EA	120		SSB		55571				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55571091020	MAG GLY	MAGNESI	401200	Replacem	40120000	Replacem	O	100MG	ORAL	TABS	EA	240		MSB		55571				N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
55571091053	WELLNES	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	KIT	EA	270		SSB		55571				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55571091346	WELLNES	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	KIT	EA	240		SSB		55571				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55571091357	WELLNES	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	KIT	EA	240		SSB		55571				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55571091439	WELLNES	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	KIT	EA	240		SSB		55571				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55571091663	WELLNES	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	KIT	EA	240		SSB		55571				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55571091876	OSTERA	BERBERII	929200	UNKNOW	92920000	UNKNOW	O	90MG-500	ORAL	TABS	EA	60		SSB		55571				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55571091908	WELLNES	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	KIT	EA	180		SSB		55571				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55571092903	PHYTOMI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	400MCG-(	ORAL	TABS	EA	60		SSB		55571				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55571093020	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	500-12.5 I	ORAL	CHEW	EA	90		GENERIC		55571				N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55571093033	ULTRA M	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	40MG-40M	ORAL	CAPS	EA	90		GENERIC		55571				N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55571093592	ADVANCE	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	45MG-45M	ORAL	CHEW	EA	60		GENERIC		55571				N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55571093600	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	500-12.5 I	ORAL	CHEW	EA	90		GENERIC		55571				N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55571093645	ESTROVE	RHUBARE	929200	UNKNOW	92920000	UNKNOW	O	4 MG	ORAL	TABS	EA	30		SSB		55571				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55571093646	ESTROVE	RHUBARE	929200	UNKNOW	92920000	UNKNOW	O	4 MG	ORAL	TABS	EA	30		SSB		55571				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55571093647	ESTROVE	RHUBARE	929200	UNKNOW	92920000	UNKNOW	O	4 MG	ORAL	TABS	EA	90		SSB		55571				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55571093648	ESTROVE	RHUBARE	929200	UNKNOW	92920000	UNKNOW	O	4 MG	ORAL	TABS	EA	90		SSB		55571				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55586000022	MIGRELIE	RIBOFLA\	929200	UNKNOW	92920000	UNKNOW	O	200-180-5	ORAL	TABS	EA	60		SSB		55586				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55586000042	MIGRELIE	RIBOFLA\	929200	UNKNOW	92920000	UNKNOW	O	100-90-25	ORAL	TABS	EA	60		SSB		55586				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55607040010	PRASTEF	PRASTEF	929200	UNKNOW	92920000	UNKNOW	R	200 & 400	ORAL	KIT	EA	35		SSB		55607				N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
55628904704	ULTRACII	TROLAMI	280804	Nonsteroi	28080424	Salicylates	P	10%	EXTERNA	LOTN	ML	120		GENERIC	4/3/2024	55628				N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55628905104	ULTRACII	MENTHOI	849200	Skin and M	84920000	Skin and M	O	10%	EXTERNA	GEL	ML	120		SSB	4/3/2024	55628				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55628910704	ULTRACII	MENTHOI	849200	Skin and M	84920000	Skin and M	O	5%	EXTERNA	GEL	ML	120		SSB	4/3/2024	55628				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55628917901	ULTRACII	CAPSAICI	842404	Basic Lotic	84240400	Basic Lotic	O	0.025-10-2	EXTERNA	LOTN	ML	30		SSB	4/3/2024	55628				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55628917902	ULTRACII	CAPSAICI	842404	Basic Lotic	84240400	Basic Lotic	O	0.025-10-2	EXTERNA	LOTN	ML	60		SSB	4/3/2024	55628				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55628917904	ULTRACII	CAPSAICI	842404	Basic Lotic	84240400	Basic Lotic	O	0.025-10-2	EXTERNA	LOTN	ML	120		SSB	4/3/2024	55628				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55636000372	COVID-19	COVID-19	360000	Diagnostic	36000000	Diagnostic	O	0	IN VITRO	KIT	EA	1		NON DRUG		55636				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55636000375	COVID-19	COVID-19	360000	Diagnostic	36000000	Diagnostic	O	0	IN VITRO	KIT	EA	1		NON DRUG		55636				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55700000418	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	180		GENERIC		55700			X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55700000630	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		55700			X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55700000690	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		55700			X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55700001630	TRAMADC	TRAMADC	280808	Opiate Ag	28080800	Opiate Ag	S	200 MG	ORAL	TB24	EA	30		GENERIC		55700			X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55700002530	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	30		GENERIC		55700			X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55700002930	TRAMADC	TRAMADC	280808	Opiate Ag	28080800	Opiate Ag	S	100 MG	ORAL	TB24	EA	30		GENERIC		55700			X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
55700004810	TEROCIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4-4 %	EXTERNA	PTCH	EA	10		MSB	10/3/2022	55700			X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION								R	MEDPRMI
55700005890	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	90		GENERIC		55700			X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI

55700009330	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	50 MG	ORAL	TABS	EA	30	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700009730	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30	GENERIC	12/28/2023	55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700009790	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90	GENERIC	12/15/2023	55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700010510	POLYMYX	POLYMYX	520404	Antibacter	52040400	Antibacter	S	10000-0.1	OPHTHAL	SOLN	ML	10	GENERIC	12/15/2023	55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700012220	DOXYCYC	DOXYCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	TABS	EA	20	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700013850	ALL DAY I	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	50	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700014230	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	30	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700014330	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	30 X	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700014360	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	60 X	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700014390	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	90 X	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700017430	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TABS	EA	30	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700017460	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TABS	EA	60	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700017490	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TABS	EA	90	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700019230	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	30 X	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700019290	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	90 X	GENERIC	12/15/2023	55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700020305	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	5	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700020310	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	10	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700020315	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	15	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700020320	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	20	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700020321	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	21	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700020330	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	30	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700020721	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500MG	ORAL	CAPS	EA	21	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700020821	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	21	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700020830	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	30	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700020860	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	60	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700020905	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	5	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700020921	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	21	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700020930	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	30	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700020948	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	48	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700021730	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	30 X	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700021830	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	30	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700021860	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	60	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700021890	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	90	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700022120	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	20	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700022130	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	30	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700022160	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	60	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700022530	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	30 X	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700022660	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	60 X	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700022727	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	270 X	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700022730	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	30 X	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700022760	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	60 X	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700022790	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	90 X	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700022860	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	60 X	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700022890	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	90 X	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700023230	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	30 X	GENERIC	12/15/2023	55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700023290	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	90 X	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700023730	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	30	GENERIC	12/15/2023	55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700023901	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	120	GENERIC	9/7/2023	55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700023930	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700023960	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	60	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700023990	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700025330	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	30 X	GENERIC	12/15/2023	55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700025390	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	90 X	GENERIC	12/15/2023	55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700026830	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	30	GENERIC	12/15/2023	55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700026860	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	60	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700029190	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90 X	GENERIC	12/15/2023	55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700029804	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	4	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700029814	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	14	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700029821	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	21	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700029830	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	30	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700030230	BUPRENO	BUPRENO	280812	Opiate Pa	28081200	Opiate Pa	S	2 MG	SUBLINGI	SUBL	EA	30	GENERIC	12/15/2023	55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700031620	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	20 X	GENERIC	12/15/2023	55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700031630	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30 X	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700031690	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	90 X	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700032130	HYDROCO	HYDROCO	840608	UNKNOW	84060800	UNKNOW	S	2.50%	EXTERNA	CREA	GM	28	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700033130	CETIRIZI	CETIRIZI	40800	Second G	4080000	Second G	P	5 MG	ORAL	TABS	EA	30	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700033635	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	OINT	GM	35.44	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700034030	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	30 X	GENERIC	12/15/2023	55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700034930	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	20 MG	ORAL	CP24	EA	30	GENERIC	12/15/2023	55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700034960	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	20 MG	ORAL	CP24	EA	60	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700035106	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700035730	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	30	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700035760	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	60	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700036200	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	100 X	GENERIC	7/5/2022	55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700036230	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	30 X	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700036290	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	90 X	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700036960	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	100 MG	ORAL	TBCR	EA	60	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700037930	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700038330	MOVANTI	NALOXEG	561804	UNKNOW	56180400	UNKNOW	R	25 MG	ORAL	TABS	EA	30	SSB		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700039430	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	TABS	EA	30 X	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700039490	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	TABS	EA	90 X	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700040301	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	120	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700040330	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	30	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700040360	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	60	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700040390	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	90	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700040830	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	30	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700040860	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	60	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700040890	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	90	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700041030	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30 X	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700041060	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	60 X	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700041240	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	40	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700041520	MINOCYC	MINOCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	20	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700041530	MINOCYC	MINOCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	30	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700041560	MINOCYC	MINOCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	60	GENERIC	12/15/2023	55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700042415	ACETIC A	ACETIC A	529200	EENT Dru	52920000	EENT Dru	S	2%	OTIC	SOLN	ML	15	GENERIC	3/30/2023	55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700042830	ESOMEPR	ESOMEPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30 X	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700044500	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	100 X	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700044530	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	30 X	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700044540	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	40 X	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700044560	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	60 X	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700044590	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	90 X	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700044630	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	30 X	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700044660	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	60 X	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700044690	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90 X	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700045230	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	30 X	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700045330	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	30 X	GENERIC	1/14/2022	55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700045701	NARCAN	NALOXON	281000	Opiate An	28100000	Opiate An	S	4 MG/0.1M	NASAL	LIQD	EA	1	MSB	12/15/2023	55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
55700046130	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700047900	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700047930	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700047990	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700048030	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700048090	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700049230	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	CAPS	EA	30 X	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700049390	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	90 X	GENERIC	12/15/2023	55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700049430	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	30	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700049460	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	60	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700049490	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	90	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700049601	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MG	ORAL	TABS	EA	120	GENERIC	12/15/2023	55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700049614	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MG	ORAL	TABS	EA	14	GENERIC	12/15/2023	55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700049615	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MG	ORAL	TABS	EA	15	GENERIC	5/1/2022	55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700049621	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MG	ORAL	TABS	EA	21	GENERIC	12/15/2023	55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700049630	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MG	ORAL	TABS	EA	30	GENERIC	12/15/2023	55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700049660	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MG	ORAL	TABS	EA	60	GENERIC	12/15/2023	55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700049690	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MG	ORAL	TABS	EA	90	GENERIC	12/15/2023	55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700049728	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	28	GENERIC	9/16/2022	55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700049730	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	30	GENERIC	9/16/2022	55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700049760	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	60	GENERIC	9/16/2022	55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700049790	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	90	GENERIC	9/16/2022	55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700049814	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	14	GENERIC	12/15/2023	55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700049815	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	15	GENERIC	12/15/2023	55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700049821	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	21	GENERIC	12/15/2023	55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700049824	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	24	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700049830	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	30	GENERIC	12/15/2023	55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700049856	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	56	GENERIC	12/15/2023	55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700049860	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	60	GENERIC	12/15/2023	55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700049890	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	90	GENERIC	12/15/2023	55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700050130	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	30 X	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700050160	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	60 X	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700050330	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	30 X	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700050930	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	20 MG	ORAL	TABS	EA	30	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700051030	ARMODAI	ARMODAI	282080	UNKNOW	28208000	UNKNOW	S	250 MG	ORAL	TABS	EA	30 X	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700051100	DICLOFEI	DICLOFEI	840620	UNKNOW	84062000	UNKNOW	S	3%	EXTERNA	GEL	GM	100	GENERIC	12/15/2023	55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700051330	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30 X	GENERIC	7/5/2022	55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700051390	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90 X	GENERIC	7/5/2022	55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700051860	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	60 X	GENERIC	1/14/2022	55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700052101	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	1	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700052301	LIDOPRO	LIDOCAIN	521600	Local Ane	52160000	Local Ane	O	4-.0325-1	EXTERNA	OINT	GM	121	SSB	12/15/2023	55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
55700052415	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	S	1-0.05 %	EXTERNA	CREA	GM	15	GENERIC		55700	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

5070002660 BUSPIRO BUSPIRO 282412 UNKNOW 28241200 UNKNOWN S 10 MG ORAL TABS EA 90 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM

5070002960 BUSPIRO BUSPIRO 282412 UNKNOW 28241200 UNKNOWN S 15 MG ORAL TABS EA 60 GENERIC 1/14/2022 S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM

5070003360 BUSPIRO BUSPIRO 282412 UNKNOW 28241200 UNKNOWN S 10 MG ORAL TABS EA 60 GENERIC 1/14/2022 S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM

5070003214 NITROFU NITROFU 83600 Urinary Ar 8360000 Urinary Ant S 100 MG ORAL CAPS EA 14 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM

5070003730 INDOMETHACNEC 280804 Nonsteroi 28080404 UNKNOWN S 50 MG ORAL CAPS EA 30 X GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070003935 ACYCLOVACYCLOL 81832 Nucleosid 8183200 Nucleosides S 400 MG ORAL TABS EA 30 GENERIC 12/15/2023 S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070003946 ACYCLOVACYCLOL 81832 Nucleosid 8183200 Nucleosides S 400 MG ORAL TABS EA 40 GENERIC 12/15/2023 S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM

5070003456 ALLOPURALLOPUR 921600 UNKNOW 92160000 UNKNOWN S 300 MG ORAL TABS EA 90 X GENERIC 11/22/2024 S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070004130 AMLODIP AMLODIP 242808 Dihydropy 24280800 Dihydropy S 10 MG ORAL TABS EA 30 X GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM

5070005430 AMLODIP AMLODIP 242808 Dihydropy 24280800 Dihydropy S 5 MG ORAL TABS EA 30 X GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM

5070005490 AMLODIP AMLODIP 242808 Dihydropy 24280800 Dihydropy S 5 MG ORAL TABS EA 90 X GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070005491 GABAPENGABAPEN 281228 UNKNOW 28122800 UNKNOWN S 300 MG ORAL CAPS EA 100 X GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070005430 GABAPENGABAPEN 281228 UNKNOW 28122800 UNKNOWN S 300 MG ORAL CAPS EA 30 X GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070005440 GABAPENGABAPEN 281228 UNKNOW 28122800 UNKNOWN S 300 MG ORAL CAPS EA 90 X GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070005730 LISINOPRLISINOPR 243204 Angiotens 24320400 Angiotens S 40 MG ORAL TABS EA 30 X GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070005790 LISINOPRLISINOPR 243204 Angiotens 24320400 Angiotens S 40 MG ORAL TABS EA 90 X GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM

5070005415 FLUOCINFLUOCIN 840608 UNKNOW 84060800 UNKNOWN S 0.05% EXTERNACREA GM 15 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070005920 BENZONABENZONA 480800 Antiulcera 48080000 Antiulcera S 100 MG ORAL CAPS EA 20 GENERIC 4/29/2022 S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070005930 BENZONABENZONA 480800 Antiulcera 48080000 Antiulcera S 100 MG ORAL CAPS EA 30 GENERIC 4/29/2022 S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM

5070005150 BENZONABENZONA 480800 Antiulcera 48080000 Antiulcera S 200 MG ORAL CAPS EA 30 GENERIC 4/29/2022 S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070006230 SERTRALSERTRAL 281604 Antidepres 28160403 Selective-rS 25 MG ORAL TABS EA 30 X GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070006290 SERTRALSERTRAL 281604 Antidepres 28160403 Selective-rS 25 MG ORAL TABS EA 90 X GENERIC 12/15/2023 S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070006430 CLONAZECLONAZE 281208 Anticonvul 28120800 Anticonvuls S 0.5 MG ORAL TABS EA 30 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070006460 CLONAZECLONAZE 281208 Anticonvul 28120800 Anticonvuls S 0.5 MG ORAL TABS EA 60 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM

5070007330 ZOLPIDEZOLPIDEI 282444 UNKNOW 28244400 UNKNOWN S 12.5 MG ORAL TBCR EA 30 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM

5070005730 ROSUVASROSUVAS 240608 HMG-CoA 24060800 HMG-CoA S 20 MG ORAL TABS EA 30 X GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070005790 ROSUVASROSUVAS 240608 HMG-CoA 24060800 HMG-CoA S 20 MG ORAL TABS EA 90 X GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM

5070008030 BANCHPHDEPHEDRI 404600 First Gene 40460000 First GenerP 25 MG ORAL CAPS EA 30 GENERIC 12/15/2023 S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070008130 ESZOPICESZOPIC 282444 UNKNOW 28244400 UNKNOWN S 2 MG ORAL TABS EA 30 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM

5070008330 ESZOPICESZOPIC 282444 UNKNOW 28244400 UNKNOWN S 2 MG ORAL TABS EA 30 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070008401 GABAPENGABAPEN 281228 UNKNOW 28122800 UNKNOWN S 100 MG ORAL CAPS EA 100 X GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070008430 GABAPENGABAPEN 281228 UNKNOW 28122800 UNKNOWN S 100 MG ORAL CAPS EA 30 X GENERIC 12/15/2023 S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070008460 GABAPENGABAPEN 281228 UNKNOW 28122800 UNKNOWN S 100 MG ORAL CAPS EA 60 X GENERIC 12/15/2023 S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070008490 GABAPENGABAPEN 281228 UNKNOW 28122800 UNKNOWN S 100 MG ORAL CAPS EA 90 X GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070008530 GLIPIZIDEGLIPIZIDE 682020 Sulfonylur 68202000 Sulfonylurs S 10 MG ORAL TABS EA 30 X GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070008590 GLIPIZIDEGLIPIZIDE 682020 Sulfonylur 68202000 Sulfonylurs S 10 MG ORAL TABS EA 90 X GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070008830 CHLORTHCHLORTH 243604 UNKNOW 24360400 UNKNOWN S 50 MG ORAL TABS EA 30 X GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070008860 DICLOFDICLOFEI 840620 UNKNOW 84062000 UNKNOWN S 1% EXTERNAGEL GM 100 GENERIC 12/15/2023 S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070008890 DICLOFDICLOFEI 840620 UNKNOW 84062000 UNKNOWN S 1.5% EXTERNAGEL GM 150 GENERIC 12/15/2023 S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070009330 ETODOLACETODOLA 280804 Nonsteroi 28080404 UNKNOWN S 400 MG ORAL TABS EA 30 X GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070009360 ETODOLACETODOLA 280804 Nonsteroi 28080404 UNKNOWN S 400 MG ORAL TABS EA 60 X GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070009490 GLIMEPRGLIMEPRI 682020 Sulfonylur 68202000 Sulfonylurs S 1 MG ORAL TABS EA 90 X GENERIC 12/15/2023 S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM

5070009705 FENTANYFENTANY 280808 Opiate Ag 28080800 Opiate Ag/S 25 MCG/H TRANSDEPT72 EA 5 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070009901 HYDROCHYDROCO 280808 Opiate Ag 28080800 Opiate Ag/S 10-325 MI ORAL TABS EA 120 GENERIC 12/15/2023 S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070009914 HYDROCHYDROCO 280808 Opiate Ag 28080800 Opiate Ag/S 10-325 MI ORAL TABS EA 14 GENERIC 12/15/2023 S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM

5070009921 HYDROCHYDROCO 280808 Opiate Ag 28080800 Opiate Ag/S 10-325 MI ORAL TABS EA 21 GENERIC 12/15/2023 S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070009930 HYDROCHYDROCO 280808 Opiate Ag 28080800 Opiate Ag/S 10-325 MI ORAL TABS EA 30 GENERIC 12/15/2023 S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070009940 HYDROCHYDROCO 280808 Opiate Ag 28080800 Opiate Ag/S 10-325 MI ORAL TABS EA 40 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070009960 HYDROCHYDROCO 280808 Opiate Ag 28080800 Opiate Ag/S 10-325 MI ORAL TABS EA 60 GENERIC 12/15/2023 S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070009990 HYDROCHYDROCO 280808 Opiate Ag 28080800 Opiate Ag/S 10-325 MI ORAL TABS EA 90 GENERIC 12/15/2023 S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM

5070009915 CYCLOBECYCLOBE 122004 UNKNOW 12200400 UNKNOWN S 10 MG ORAL TABS EA 15 GENERIC 12/15/2023 S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070009920 CYCLOBECYCLOBE 122004 UNKNOW 12200400 UNKNOWN S 10 MG ORAL TABS EA 20 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070009921 CYCLOBECYCLOBE 122004 UNKNOW 12200400 UNKNOWN S 10 MG ORAL TABS EA 21 GENERIC 12/15/2023 S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070009930 CYCLOBECYCLOBE 122004 UNKNOW 12200400 UNKNOWN S 10 MG ORAL TABS EA 30 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070009960 CYCLOBECYCLOBE 122004 UNKNOW 12200400 UNKNOWN S 10 MG ORAL TABS EA 60 GENERIC 12/15/2023 S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070009990 CYCLOBECYCLOBE 122004 UNKNOW 12200400 UNKNOWN S 10 MG ORAL TABS EA 90 GENERIC 12/15/2023 S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM

5070009330 AMITRIPTAMITRIPT 281604 Antidepres 28160408 Tricyclics rS 25 MG ORAL TABS EA 30 X GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070009360 AMITRIPTAMITRIPT 281604 Antidepres 28160408 Tricyclics rS 25 MG ORAL TABS EA 60 X GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070009390 AMITRIPTAMITRIPT 281604 Antidepres 28160408 Tricyclics rS 25 MG ORAL TABS EA 90 X GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM

5070009315 HYDROCHYDROCO 280808 Opiate Ag 28080800 Opiate Ag/S 7.5-325 MI ORAL TABS EA 15 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070009324 HYDROCHYDROCO 280808 Opiate Ag 28080800 Opiate Ag/S 7.5-325 MI ORAL TABS EA 24 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070009330 HYDROCHYDROCO 280808 Opiate Ag 28080800 Opiate Ag/S 7.5-325 MI ORAL TABS EA 30 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070009356 HYDROCHYDROCO 280808 Opiate Ag 28080800 Opiate Ag/S 7.5-325 MI ORAL TABS EA 56 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070009360 HYDROCHYDROCO 280808 Opiate Ag 28080800 Opiate Ag/S 7.5-325 MI ORAL TABS EA 60 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070009390 HYDROCHYDROCO 280808 Opiate Ag 28080800 Opiate Ag/S 7.5-325 MI ORAL TABS EA 90 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070009415 DULOXETDULOXET 281604 Antidepres 28160416 UNKNOWN S 30 MG ORAL CPEP EA 30 X GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070009560 DULOXETDULOXET 281604 Antidepres 28160416 UNKNOWN S 30 MG ORAL CPEP EA 60 X GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM

5070008714 CELECOXCELECOX 280804 Nonsteroi 28080408 Cyclooxyg/S 200 MG ORAL CAPS EA 14 X GENERIC 12/15/2023 S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070008730 CELECOXCELECOX 280804 Nonsteroi 28080408 Cyclooxyg/S 200 MG ORAL CAPS EA 30 X GENERIC 12/15/2023 S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070008760 CELECOXCELECOX 280804 Nonsteroi 28080408 Cyclooxyg/S 200 MG ORAL CAPS EA 60 X GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM

5070008100 ESZOPICESZOPIC 282444 UNKNOW 28244400 UNKNOWN S 3 MG ORAL TABS EA 30 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070008160 ESZOPICESZOPIC 282444 UNKNOW 28244400 UNKNOWN S 3 MG ORAL TABS EA 60 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070008166 SULFAMESULFAME 81220 Sulfonami 8122000 Sulfonamids S 800-160 M ORAL TABS EA 6 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM

5070008114 SULFAMESULFAME 81220 Sulfonami 8122000 Sulfonamids S 800-160 M ORAL TABS EA 14 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070008120 SULFAMESULFAME 81220 Sulfonami 8122000 Sulfonamids S 800-160 M ORAL TABS EA 20 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070008128 SULFAMESULFAME 81220 Sulfonami 8122000 Sulfonamids S 800-160 M ORAL TABS EA 28 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM

5070008130 CELECOXCELECOX 280804 Nonsteroi 28080408 Cyclooxyg/S 100 MG ORAL CAPS EA 30 X GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070008160 CELECOXCELECOX 280804 Nonsteroi 28080408 Cyclooxyg/S 100 MG ORAL CAPS EA 60 X GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM

5070008160 AMITRIPTAMITRIPT 281604 Antidepres 28160408 Tricyclics rS 50 MG ORAL TABS EA 30 X GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070008190 AMITRIPTAMITRIPT 281604 Antidepres 28160408 Tricyclics rS 50 MG ORAL TABS EA 60 X GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070008220 AMITRIPTAMITRIPT 281604 Antidepres 28160408 Tricyclics rS 50 MG ORAL TABS EA 90 X GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM

5070008230 ALPRAZOALPRAZO 282408 Benzodiaz 28240800 Benzodiaze S 0.25 MG ORAL TABS EA 30 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070008250 DULOXETDULOXET 281604 Antidepres 28160416 UNKNOWN S 60 MG ORAL CPEP EA 30 X GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070008260 DULOXETDULOXET 281604 Antidepres 28160416 UNKNOWN S 60 MG ORAL CPEP EA 60 X GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070008290 DULOXETDULOXET 281604 Antidepres 28160416 UNKNOWN S 60 MG ORAL CPEP EA 90 X GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070008293 SENNA-LXSENOKOSI 591200 Cathartics 59120000 Cathartics P 8.6 MG ORAL TABS EA 10 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070008105 ONDANSONDANSI 922220 5-HT3 Re 92222000 5-HT3 ReS 4 MG ORAL TABS EA 6 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070008110 ONDANSONDANSI 922220 5-HT3 Re 92222000 5-HT3 ReS 4 MG ORAL TABS EA 10 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070008120 ONDANSONDANSI 922220 5-HT3 Re 92222000 5-HT3 ReS 4 MG ORAL TABS EA 20 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070008130 ONDANSONDANSI 922220 5-HT3 Re 92222000 5-HT3 ReS 4 MG ORAL TABS EA 30 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM

5070004025 SSD (SILVSILVER S 840416 UNKNOW 84041600 UNKNOWN S 1% EXTERNACREA GM 25 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070004050 SSD (SILVSILVER S 840416 UNKNOW 84041600 UNKNOWN S 1% EXTERNACREA GM 50 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM

5070006330 AMITRIPTAMITRIPT 281604 Antidepres 28160428 Tricyclics rS 10 MG ORAL TABS EA 30 X GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070006360 AMITRIPTAMITRIPT 281604 Antidepres 28160428 Tricyclics rS 10 MG ORAL TABS EA 90 X GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM

5070006430 METOPRMETOPRN 242000 Alpha-Adr 24200000 Alpha-Adrs S 50 MG ORAL TABS EA 30 X GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070006490 METOPRMETOPRN 242000 Alpha-Adr 24200000 Alpha-Adrs S 50 MG ORAL TABS EA 90 X GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM

5070006990 MINOCYCMINOCYC 81224 Tetracycli 8122400 Tetracyclin S 50 MG ORAL CAPS EA 90 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070008130 ACYCLOVACYCLOL 81832 Nucleosid 8183200 Nucleosides S 200 MG ORAL CAPS EA 30 GENERIC 11/22/2024 S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM

5070006214 HYDROCHYDROCO 280808 Opiate Ag 28080800 Opiate Ag/S 5-325 MG ORAL TABS EA 14 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070006215 HYDROCHYDROCO 280808 Opiate Ag 28080800 Opiate Ag/S 5-325 MG ORAL TABS EA 15 GENERIC 12/15/2023 S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM

5070006221 HYDROCHYDROCO 280808 Opiate Ag 28080800 Opiate Ag/S 5-325 MG ORAL TABS EA 21 GENERIC 12/15/2023 S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070006230 HYDROCHYDROCO 280808 Opiate Ag 28080800 Opiate Ag/S 5-325 MG ORAL TABS EA 30 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM

5070006260 HYDROCHYDROCO 280808 Opiate Ag 28080800 Opiate Ag/S 5-325 MG ORAL TABS EA 60 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070006290 HYDROCHYDROCO 280808 Opiate Ag 28080800 Opiate Ag/S 5-325 MG ORAL TABS EA 90 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM

5070006580 OXYCODOXYCODO 280808 Opiate Ag 28080800 Opiate Ag/S 5-325 MG ORAL TABS EA 120 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070006520 OXYCODOXYCODO 280808 Opiate Ag 28080800 Opiate Ag/S 5-325 MG ORAL TABS EA 20 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070006521 OXYCODOXYCODO 280808 Opiate Ag 28080800 Opiate Ag/S 5-325 MG ORAL TABS EA 21 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070006524 OXYCODOXYCODO 280808 Opiate Ag 28080800 Opiate Ag/S 5-325 MG ORAL TABS EA 24 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070006530 OXYCODOXYCODO 280808 Opiate Ag 28080800 Opiate Ag/S 5-325 MG ORAL TABS EA 30 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070006558 OXYCODOXYCODO 280808 Opiate Ag 28080800 Opiate Ag/S 5-325 MG ORAL TABS EA 56 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070006560 OXYCODOXYCODO 280808 Opiate Ag 28080800 Opiate Ag/S 5-325 MG ORAL TABS EA 60 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM

5070006330 AMITRIPTAMITRIPT 281604 Antidepres 28160428 Tricyclics rS 100 MG ORAL TABS EA 30 X GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM

5070006230 BUTALBTBUTALBIT 280616 UNKNOW 28061600 UNKNOWN S 50-325-40 ORAL TABS EA 30 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM

5070006600 METFORMMETFORM 682004 Biguanide 68200400 Biguanides S 500 MG ORAL TABS EA 100 X GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070006630 METFORMMETFORM 682004 Biguanide 68200400 Biguanides S 500 MG ORAL TABS EA 30 X GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070006660 METFORMMETFORM 682004 Biguanide 68200400 Biguanides S 500 MG ORAL TABS EA 60 X GENERIC 12/15/2023 S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070006690 METFORMMETFORM 682004 Biguanide 68200400 Biguanides S 500 MG ORAL TABS EA 90 X GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM

5070006830 NORTRIP NORTRIP 281604 Antidepres 28160428 Tricyclics rS 50 MG ORAL CAPS EA 30 X GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM

5070006930 METFORMMETFORM 682004 Biguanide 68200400 Biguanides S 1000 MG ORAL TABS EA 30 X GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM

5070006990 METFORMMETFORM 682004 Biguanide 68200400 Biguanides S 1000 MG ORAL TABS EA 90 X GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070007030 TAMSULCTAMSULC 121604 UNKNOW 12160412 UNKNOWN S 0.4 MG ORAL CAPS EA 30 X GENERIC 12/15/2023 S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070007090 TAMSULCTAMSULC 121604 UNKNOW 12160412 UNKNOWN S 0.4 MG ORAL CAPS EA 90 X GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM

5070007160 ALPRAZOALPRAZO 282408 Benzodiaz 28240800 Benzodiaze S 0.25 MG ORAL TABS EA 60 GENERIC 11/22/2024 S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070007210 ONDANSONDANSI 922220 5-HT3 Re 92222000 5-HT3 ReS 4 MG ORAL TBDP EA 10 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070007260 ONDANSONDANSI 922220 5-HT3 Re 92222000 5-HT3 ReS 4 MG ORAL TBDP EA 30 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070007300 DICLOFDICLOFEI 840620 UNKNOW 84062000 UNKNOWN S 1% EXTERNAGEL GM 100 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM

5070007730 SILDENAISILDENAI 496824 UNKNOW 49682400 UNKNOWN S 20 MG ORAL TABS EA 30 X GENERIC 12/15/2023 S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070007750 SILDENAVSILDENAI 496824 UNKNOW 49682400 UNKNOWN S 20 MG ORAL TABS EA 50 X GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070007760 SILDENAVSILDENAI 496824 UNKNOW 49682400 UNKNOWN S 20 MG ORAL TABS EA 90 X GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070007830 BANCHPHDEPHEDRI 404600 First Gene 40460000 First GenerP 50 MG ORAL CAPS EA 30 GENERIC 4/29/2022 S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070008010 FLUTICAFLUTICAI 520808 Corticoste 52080800 Corticoste S 50 MCG/A NASAL SUSP GM 16 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070008018 FLUTICAFLUTICAI 520808 Corticoste 52080800 Corticoste S 50 MCG/A NASAL SUSP GM 16 GENERIC S5700 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
5070008158 LIDOCAINLIDOCAIN 840800 Antiarrhi 84080000 Antiarrhythm S 5% EXTERNAOINT GM 35.44 GENERIC S5700 X N EXCLUDEREPACK: PRE

57771000143	NEOPHE	DIETARY	402000 Caloric Ag	40200000 Caloric Ag	O	0-1MCG-1	ORAL	TABS	EA	550		SSB		57771			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57771000144	NEOPHE	DIETARY	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	POWD	GM	376.7		SSB		57771			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57771000148	NANOVM	PEDIATRI	882800 Multivitam	88280000 Multivitam	O	25MG-25M	ORAL	POWD	GM	275		SSB		57771			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57771000191	CYTOTIN	CREATINI	929200 UNKNOW	92920000 UNKNOW	O	1.5 GM/15	ORAL	LIQD	ML	473.18		SSB		57771			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57771000192	CYTO B7	BIOTIN	880800 Vitamin B	88080000 Vitamin B	O	10 MG/ML	ORAL	LIQD	ML	30		SSB		57771			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57771000701	CYTO-Q	UBIQUIN	929200 UNKNOW	92920000 UNKNOW	O	80 MG/10	ORAL	LIQD	ML	10		SSB		57771			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57771000702	CYTO-Q	UBIQUIN	929200 UNKNOW	92920000 UNKNOW	O	100 MG/M	ORAL	LIQD	ML	170		SSB		57771			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57771000703	CYTO B2	RIBOFLA	880800 Vitamin B	88080000 Vitamin B	O	343 MG/G	ORAL	POWD	GM	100		SSB		57771			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57771000704	CYTO-Q	UBIQUIN	929200 UNKNOW	92920000 UNKNOW	O	80 MG/10	ORAL	LIQD	ML	170		SSB		57771			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57771007010	CYTO-Q	UBIQUIN	929200 UNKNOW	92920000 UNKNOW	O	80 MG/10	ORAL	LIQD	ML	10		SSB		57771			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57782039726	CROMOL	CROMOL	520200 Antiallergi	52020000 Antiallergi	P	5.2 MG/A	NASAL	AERS	ML	26		GENERIC		57782			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57825000501	APNEAST	MISC. DE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		57825			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57841115001	TALICIA	AMOXICIL	562892 UNKNOW	56289200 UNKNOW	R	250-12.5-1	ORAL	CPDR	EA	84		SSB		57841			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND			X	168 IN 14 DAYS			X	AGE_YEA MUST BE AT LEAST	R	MEDPRMI
57841115002	TALICIA	AMOXICIL	562892 UNKNOW	56289200 UNKNOW	R	250-12.5-1	ORAL	CPDR	EA	84		SSB		57841			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND			X	168 IN 14 DAYS			X	AGE_YEA MUST BE AT LEAST	R	MEDPRMI
57841120001	AEMCOL	RIFAMYC	81228 Antibacter	8122830 Rifamycin	R	194 MG	ORAL	TBEC	EA	12		SSB	10/8/2024	57841			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND			X	<= 12	X	Must meet 5 DS Azith TRIAL OF GENERIC ORAL CIPROFLOXACIN, AZITHROMYCIN, OFLOXACIN, OR			R	MEDPRMI
57841130001	MOVANTI	NALOXEG	561804 UNKNOW	56180400 UNKNOW	R	12.5 MG	ORAL	TABS	EA	30		SSB	9/6/2023	57841			N	FORMULARY		2 BRAND	PREFERRED BRAND			X	1 IN 1 DAYS					R	MEDPRMI
57841130101	MOVANTI	NALOXEG	561804 UNKNOW	56180400 UNKNOW	R	25 MG	ORAL	TABS	EA	30		SSB	9/6/2023	57841			N	FORMULARY		2 BRAND	PREFERRED BRAND			X	1 IN 1 DAYS					R	MEDPRMI
57841130103	MOVANTI	NALOXEG	561804 UNKNOW	56180400 UNKNOW	R	25 MG	ORAL	TABS	EA	100		SSB	9/6/2023	57841			N	FORMULARY		2 BRAND	PREFERRED BRAND			X	1 IN 1 DAYS					R	MEDPRMI
57844001901	ADIPEX-F	PHENTER	282008 UNKNOW	28200804 UNKNOW	S	37.5 MG	ORAL	CAPS	EA	100		MSB	7/12/2023	57844	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS			X	AGE_YEA MUST BE AT LEAST	R	MEDPRMI
57844010501	ADDERAL	AMPHETA	282004 Amphetan	28200400 Amphetan	S	5 MG	ORAL	TABS	EA	100	X	MSB		57844	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS					R	MEDPRMI
57844011001	ADDERAL	AMPHETA	282004 Amphetan	28200400 Amphetan	S	10 MG	ORAL	TABS	EA	100	X	MSB		57844	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS					R	MEDPRMI
57844011201	ADDERAL	AMPHETA	282004 Amphetan	28200400 Amphetan	S	12.5 MG	ORAL	TABS	EA	100	X	MSB		57844	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS					R	MEDPRMI
57844011501	ADDERAL	AMPHETA	282004 Amphetan	28200400 Amphetan	S	15 MG	ORAL	TABS	EA	100	X	MSB		57844	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS					R	MEDPRMI
57844011701	ADDERAL	AMPHETA	282004 Amphetan	28200400 Amphetan	S	7.5 MG	ORAL	TABS	EA	100	X	MSB		57844	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS					R	MEDPRMI
57844012001	ADDERAL	AMPHETA	282004 Amphetan	28200400 Amphetan	S	20 MG	ORAL	TABS	EA	100	X	MSB		57844	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS					R	MEDPRMI
57844013001	ADDERAL	AMPHETA	282004 Amphetan	28200400 Amphetan	S	30 MG	ORAL	TABS	EA	100	X	MSB		57844	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	2 IN 1 DAYS					R	MEDPRMI
57844014001	ADIPEX-F	PHENTER	282008 UNKNOW	28200804 UNKNOW	S	37.5 MG	ORAL	TABS	EA	100		MSB		57844			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS			X	AGE_YEA MUST BE AT LEAST	R	MEDPRMI
57844014056	ADIPEX-F	PHENTER	282008 UNKNOW	28200804 UNKNOW	S	37.5 MG	ORAL	TABS	EA	30		MSB		57844			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS			X	AGE_YEA MUST BE AT LEAST	R	MEDPRMI
57844020852	GALZIN	ZINC ACE	401200 Replacem	40120000 Replacem	R	50MG	ORAL	CAPS	EA	250		SSB		57844			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND									R	MEDPRMI
57844021552	GALZIN	ZINC ACE	401200 Replacem	40120000 Replacem	R	25MG	ORAL	CAPS	EA	250		SSB		57844			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND									R	MEDPRMI
57844037625	WILZIN	ZINC ACE	401200 Replacem	40120000 Replacem	R	25 MG	ORAL	CAPS	EA	250		SSB	11/2/2022	57844			Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU		OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57845000601	SPIRO PE	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	DEVI	EA	1		NON DRUG		57845	Y		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57858000411	LIQUID H	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	GM	341		SSB		57858	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57858000412	NOURISH	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0	ORAL	LIQD	GM	341		SSB		57858			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57858000424	KETO	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-26MG/2	ORAL	LIQD	GM	227		SSB		57858	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57858000427	NOURISH	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-38.9MG	ORAL	LIQD	GM	341		SSB		57858	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57858000428	LIQUID H	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-104MG/	ORAL	LIQD	GM	341		SSB		57858	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57858000432	LIQUID H	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	39MG/341	ENTERAL	LIQD	GM	341		SSB		57858	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57858000444	NOURISH	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	146.3MG/	ENTERAL	LIQD	GM	341		SSB		57858	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57858000450	LIQUID H	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	145.6MG/	ORAL	LIQD	GM	341		SSB		57858			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57877000500	NUCEL	AMNIOTIC	929200 UNKNOW	92920000 UNKNOW	R	0.5 ML	INJECTIO	INJ	ML	0.5		NON DRUG		57877			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57877000501	NUCEL	AMNIOTIC	929200 UNKNOW	92920000 UNKNOW	R	1 ML	INJECTIO	INJ	ML	1		NON DRUG		57877			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57877000502	NUCEL	AMNIOTIC	929200 UNKNOW	92920000 UNKNOW	R	2 ML	INJECTIO	INJ	ML	2		NON DRUG		57877			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57877000503	NUCEL	AMNIOTIC	929200 UNKNOW	92920000 UNKNOW	R	2.5 ML	INJECTIO	INJ	ML	2.5		NON DRUG		57877			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57877000504	NUSHIELI	AMNIOTIC	929200 UNKNOW	92920000 UNKNOW	R	2 CM X 3	EXTERNA	SHEE	EA	1		SSB		57877			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57877000505	NUSHIELI	AMNIOTIC	929200 UNKNOW	92920000 UNKNOW	R	0	EXTERNA	SHEE	EA	1		SSB		57877			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57877000506	NUSHIELI	AMNIOTIC	929200 UNKNOW	92920000 UNKNOW	R	0	EXTERNA	SHEE	EA	1		SSB		57877			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57877000507	NUSHIELI	AMNIOTIC	929200 UNKNOW	92920000 UNKNOW	R	0	EXTERNA	SHEE	EA	1		NON DRUG		57877			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57877000508	OSTEOC	BONE TIS	929200 UNKNOW	92920000 UNKNOW	R	2 ML	INJECTIO	INJ	EA	1		NON DRUG		57877			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57877000509	OSTEOC	BONE TIS	929200 UNKNOW	92920000 UNKNOW	R	5 ML	INJECTIO	INJ	EA	1		NON DRUG		57877			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57877000510	OSTEOC	BONE TIS	929200 UNKNOW	92920000 UNKNOW	R	10 ML	INJECTIO	INJ	EA	1		NON DRUG		57877			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57877000511	AFFINITY	AMNIOTIC	929200 UNKNOW	92920000 UNKNOW	R	0	EXTERNA	SHEE	EA	1		SSB		57877			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57877000513	AFFINITY	AMNIOTIC	929200 UNKNOW	92920000 UNKNOW	R	0	EXTERNA	SHEE	EA	1		SSB		57877			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57877000516	NUSHIELI	AMNIOTIC	929200 UNKNOW	92920000 UNKNOW	R	0	EXTERNA	DISK	EA	1		NON DRUG		57877			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57877000518	NUSHIELI	AMNIOTIC	929200 UNKNOW	92920000 UNKNOW	R	0	EXTERNA	SHEE	EA	1		SSB		57877			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57877000520	NUSHIELI	AMNIOTIC	929200 UNKNOW	92920000 UNKNOW	R	0	EXTERNA	SHEE	EA	1		SSB		57877			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57877000531	NOVACH	CHORION	929200 UNKNOW	92920000 UNKNOW	R	2.5 CM X	EXTERNA	SHEE	EA	1		NON DRUG		57877			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57877000542	NUSHIELI	AMNIOTIC	929200 UNKNOW	92920000 UNKNOW	R	3.2 CM X	EXTERNA	SHEE	EA	1		SSB		57877			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57877000543	NOVACH	CHORION	929200 UNKNOW	92920000 UNKNOW	R	1.5 CM X2	EXTERNA	SHEE	EA	1		SSB		57877			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57879000308	KT TAPE	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	1		NON DRUG		57879			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57879000361	KT TAPE	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	20		NON DRUG		57879			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57879000362	KT TAPE	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	20		NON DRUG		57879			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57883040210	PLEXION	SULFACE	842800 Keratolytic	84280000 Keratolytic	S	9.8-4.8 %	EXTERNA	LIQD	GM	285		MSB	10/31/2023	57883	N		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION									R	MEDPRMI
57883040302	PLEXION	SULFACE	842800 Keratolytic	84280000 Keratolytic	S	9.8-4.8 %	EXTERNA	CREA	GM	57		MSB	1/31/2024	57883	N		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
57883040460	PLEXION	SULFACE	842800 Keratolytic	84280000 Keratolytic	R	9.8-4.8 %	EXTERNA	PADS	EA	60		SSB		57883			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND									R	MEDPRMI
57883040502	PLEXION	SULFACE	842800 Keratolytic	84280000 Keratolytic	S	9.8-4.8 %	EXTERNA	LOTN	GM	57		MSB	1/31/2024	57883	N		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
57884300101	IRINOTEC	IRINOTEC	100000 Antineopla	10000000 Antineopla	S	40 MG/2M	INTRAVEI	SOLN	ML	2		GENERIC		57884			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57884300201	IRINOTEC	IRINOTEC	100000 Antineopla	10000000 Antineopla	S	100 MG/5	INTRAVEI	SOLN	ML	5		GENERIC		57884			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57893020360	NICAPRIN	DIETARY	402000 Caloric Ag	40200000 Caloric Ag	R	0-1.4MG-5	ORAL	TABS	EA	60		SSB		57893			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
57893030230	VYTONE	IODOQUI	840416 UNKNOW	84041600 UNKNOW	S	1-1.9 %	EXTERNA	CREA	GM	2		MSB		57893	N		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION									R	MEDPRMI
57893031060	NOLIX	FLURAND	840608 UNKNOW	84060800 UNKNOW	S	0.05%	EXTERNA	CREA	GM	60		GENERIC	4/22/2022	57893	Y		N	FORMULARY		1 GEN	GENERICS					X	Must meet 5 DS Beta TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE			R	MEDPRMI
57893031112	NOLIX	FLURAND	840608 UNKNOW	84060800 UNKNOW	S	0.05%	EXTERNA	LOTN	ML	120		GENERIC	6/30/2022	57893	Y		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
57893031210	MIMYX	DERMATC	849200 Skin and M	84920000 Skin and M	R	0-0-0-0-0	EXTERNA	CREA	GM	100		SSB		57893	N		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
57893031220	MIMYX	DERMATC	849200 Skin and M	84920000 Skin and M	R	0-0-0-0-0	EXTERNA	CREA	GM	100		SSB		57893			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
57894003001	REMICAD	INFLIXIMA	902416 UNKNOW	90241692 UNKNOW	R	100 MG	INTRAVEI	SOLR	EA	1		MSB		57894			N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION									R	MEDPRMI
57894005060	AKEEGA	NIRAPAR	100000 Antineopla	10000000 Antineopla	R	50-500 M	ORAL	TABS	EA	60		SSB		57894			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X							R	MEDPRMI
57894005427	STELARA	USTEKINI	902420 UNKNOW	90242092 UNKNOW	R	130 MG/2	INTRAVEI	SOLN	ML	26		SSB		57894			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57894006002	STELARA	USTEKINI	902420 UNKNOW	90242092 UNKNOW	R	45 MG/0.5	SUBCUTA	SOLN	ML	0.5	X	SSB		57894		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X							R	MEDPRMI
57894006003	STELARA	USTEKINI	902420 UNKNOW	90242092 UNKNOW	R	45 MG/0.5	SUBCUTA	SOSY	ML	0.5	X	SSB		57894		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X							R	MEDPRMI
57894006103	STELARA	USTEKINI	902420 UNKNOW	90242092 UNKNOW	R	90 MG/ML	SUBCUTA	SOSY	ML	1	X	SSB		57894		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X							R	MEDPRMI
57894007001	SIMPONI	GOLIMUM	902416 UNKNOW	90241692 UNKNOW	R	50 MG/0.5	SUBCUTA	SOSY	ML	0.5	X	SSB		57894		Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X							R	MEDPRMI
57894007002	SIMPONI	GOLIMUM	902416 UNKNOW	90241692 UNKNOW	R	50 MG/0.5	SUBCUTA	SOAJ	ML	0.5	X	SSB		57894		Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X							R	MEDPRMI
57894007101	SIMPONI	GOLIMUM	902416 UNKNOW	90241692 UNKNOW	R	100 MG/M	SUBCUTA	SOSY	ML	1	X	SSB		57894		Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X							R	MEDPRMI
57894007102	SIMPONI	GOLIMUM	902416 UNKNOW	90241692 UNKNOW	R	100 MG/M	SUBCUTA	SOAJ	ML	1	X	SSB		57894		Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X							R	MEDPRMI
57894008060	LAZCLUZ	LAZERTIN	100000 Antineopla	10000000 Antineopla	R	80 MG	ORAL	TABS	EA	60		SSB		57894			N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X							R	MEDPRMI
57894010060	AKEEGA	NIRAPAR	100000 Antineopla	10000000 Antineopla	R	100-500 M	ORAL	TABS	EA	60		SSB		57894			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X							R	MEDPRMI
57894011101	CARVYKT	CILTACAE	261200 UNKNOW	26120000 UNKNOW	R	10000000	INTRAVEI	SUSP	EA	1		SSB		57894			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57894011102	CARVYKT	CILTACAE	261200 UNKNOW	26120000 UNKNOW	R	10000000	INTRAVEI	SUSP	EA	1		SSB		57894			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57894015012	ZYTIGA	ABIRATEI	100000 Antineopla	10000000 Antineopla	S	250 MG	ORAL	TABS	EA	120		MSB		57894	Y		N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION	X	PA:X							R	MEDPRMI
57894015512	ABIRATEI	ABIRATEI	100000 Antineopla	10000000 Antineopla	S	250 MG	ORAL	TABS	EA	120		GENERIC	3/30/2022	57894			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
57894016001	INFLIXIM	INFLIXIMA	902416 UNKNOW	90241692 UNKNOW	R	100 MG	INTRAVEI	SOLR	EA	1		GENERIC		57894			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57894019506	ZYTIGA	ABIRATEI	100000 Antineopla	10000000 Antineopla	S	500 MG	ORAL	TABS	EA	60		MSB		57894			N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION	X	PA:X							R	MEDPRMI
57894024030	LAZCLUZ	LAZERTIN	100000 Antineopla	10000000 Antineopla	R	240 MG	ORAL	TABS	EA	30		SSB		57894			N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X							R	MEDPRMI
57894035001	SIMPONI	GOLIMUM	902416 UNKNOW	90241692 UNKNOW	R	50 MG/4M	INTRAVEI	SOLN	ML	4	X	SSB		57894			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57894044901	TECVAYL	TECLISTA	100000 Antineopla	10000000 Antineopla	R	30 MG/3M	SUBCUTA	SOLN	ML	3		SSB		57894			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57894045001	TECVAYL	TECLISTA	100000 Antineopla	10000000 Antineopla	R	153 MG/1.	SUBCUTA	SOLN	ML	1.7		SSB		57894			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57894046901	TALVEY	TALQUET	100000 Antineopla	10000000 Antineopla	R	3 MG/1.5	SUBCUTA	SOLN	ML	1.5		SSB		57894			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57894047001	TALVEY	TALQUET	100000 Antineopla	10000000 Antineopla	R	40 MG/ML	SUBCUTA	SOLN	ML	1		SSB		57894			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57894050101	RYBREVA	AMIVANT.	100000 Antineopla	10000000 Antineopla	R	350 MG/7	INTRAVEI	SOLN	ML	7		SSB		57894			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57894050205	DARZALE	DARATUM	100000 Antineopla	10000000 Antineopla	R	100 MG/5	INTRAVEI	SOLN	ML	5		SSB	10/31/2024	57894			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57894050220	DARZALE	DARATUM	100000 Antineopla	10000000 Antineopla	R	400 MG/2	INTRAVEI	SOLN	ML	20		SSB	11/30/2024	57894			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57894050301	DARZALE	DARATUM	100000 Antineopla	10000000 Antineopla	R	1800-3000	SUBCUTA	SOLN	ML	15		SSB		57894			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57894050505	DARZALE	DARATUM	100000 Antineopla	10000000 Antineopla	R	100 MG/5	INTRAVEI	SOLN	ML	5		SSB		57894			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57894050520	DARZALE	DARATUM	100000 Antineopla	10000000 Antineopla	R	400 MG/2	INTRAVEI	SOLN	ML	20		SSB		57894			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57894064001	TREMFYA	GUSELKU	840628 UNKNOW	84062800 UNKNOW	R	100 MG/M	SUBCUTA	SOSY	ML	1	X	SSB		57894		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X							R	MEDPRMI
57894064011	TREMFYA	GUSELKU	840628 UNKNOW	84062800 UNKNOW	R	100 MG/M	SUBCUTA	SOAJ	ML	1	X	SSB		57894		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X							R	MEDPRMI
57894065001	TREMFYA	GUSELKU	840628 UNKNOW	84062800 UNKNOW	R	200 MG/2	INTRAVEI	SOLN	ML	20	X	SSB		57894		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X							R	MEDPRMI
57894065002	TREMFYA	GUSELKU	840628 UNKNOW	84062800 UNKNOW	R	200 MG/2	INTRAVEI	SOLN	ML	20	X	SSB		57894		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X							R	MEDPRMI
57894065101	TREMFYA	GUSELKU	840628 UNKNOW	84062800 UNKNOW	R	200 MG/2	SUBCUTA	SOAJ	ML	2	X	SSB		57894		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X							R	MEDPRMI
57894065102	TREMFYA	GUSELKU	840628 UNKNOW	84062800 UNKNOW	R	200 MG/2	SUBCUTA	SOAJ	ML	2	X	SSB		57894		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X							R	MEDPRMI
57894065111	TREMFYA	GUSELKU	840628 UNKNOW	84062800 UNKNOW	R	200 MG/2	SUBCUTA	SOSY	ML	2	X	SSB		57894		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X							R	MEDPRMI
57894065122	TREMFYA	GUSELKU	840628 UNKNOW	84062800 UNKNOW	R	200 MG/2	SUBCUTA	SOSY	ML	2	X	SSB		57894		Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X							R	MEDPRMI
57896000110	STERILE	WATER F	403600 Irrigating S	40360000 Irrigating S	S	0	IRRIGATI	SOLN	ML	1000		GENERIC	1/25/2022	57896			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
57896000201	SODIUM (	SODIUM (	403600 Irrigating S	40360000 Irrigating S	S	0.90%	IRRIGATI	SOLN	ML	100		GENERIC	1/25/2022	57896			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
57896000210	SODIUM (	SODIUM (	403600 Irrigating S	40360000 Irrigating S	S	0.90%	IRRIGATI	SOLN	ML	1000		GENERIC		57896			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
57896000225	SODIUM (	SODIUM (	403600 Irrigating S	40360000 Irrigating S	S	0.90%	IRRIGATI	SOLN	ML	250		GENERIC		57896			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
57896010010	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	325 MG	ORAL	TABS	EA	1000		GENERIC	1/27/2022	57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896010201	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	325 MG	ORAL	TABS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896010205	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	325 MG	ORAL	TABS	EA	50		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896010210	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	325 MG	ORAL	TABS	EA	1000		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896010220	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	325 MG	ORAL	TABS	EA	200		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896010401	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	325 MG	ORAL	TABS	EA	100		GENERIC	8/29/2023	57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896010410	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	325 MG	ORAL	TABS	EA	1000		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896010420	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	325 MG	ORAL	TABS	EA	200		GENERIC	8/29/2023	57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896011005	VITAMIN	VITAMINS	842412 Basic Oint	84241200 Basic Oint	P	76%-0-0-0	EXTERNA	OINT	GM	5		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896011014	VITAMIN	VITAMINS	842412 Basic Oint	84241200 Basic Oint	P	76%-0-0-0	EXTERNA	OINT	GM	5		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896011114	BACITRA	BACITRA	840404 Antibacter	84040400 Antibacter	P	500 UNIT/	EXTERNA	OINT	EA	1		GENERIC	3/1/2023	57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896011214	VITAMIN	VITAMINS	842412 Basic Oint	84241200 Basic Oint	P	95%	EXTERNA	OINT	GM	5		GENERIC	12/1/2022	57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896011314	TRIPLE A	NEOMYCI	840404 Antibacter	84040400 Antibacter	P	3.5-400-5	EXTERNA	OINT	EA	1		GENERIC	3/1/2023	57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896011414	WHITE PE	WHITE PE	842412 Basic Oint	84241200 Basic Oint	O	0	EXTERNA	OINT	GM	5		MSB	8/1/2024	57896			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION									R	MEDPRMI
57896011501	HEMORR	WITCH HA	842412 Basic Oint	84241200 Basic Oint	P	50%	EXTERNA	PADS	EA	100		GENERIC	1/27/2022	57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896011601	ANALGES	MENTHOI	842404 Basic Loti	84240400 Basic Loti	P	10-15 %	EXTERNA	CREA	GM	28		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896011603	ANALGES	MENTHOI	842404 Basic Loti	84240400 Basic Loti	P	10-15 %	EXTERNA	CREA	GM	85		GENERIC		57896	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896013101	DIBUCAIN	DIBUCAIN	840800 Antipruritic	84080000 Antipruritic	P	1%	EXTERNA	OINT	GM	28		GENERIC		57896	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896013905	INSTANT	BENZOCA	840800 Antipruritic	84080000 Antipruritic	P	20%	MOUTH/T	GEL	GM	14.2		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896014001	DICLOFEI	DICLOFEI	840620 UNKNOW	84062000 UNKNOW	P	1%	EXTERNA	GEL	GM	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896014309	TRIPLE A	NEOMYCI	840404 Antibacter	84040400 Antibacter	P	400UNIT/	EXTERNA	OINT	EA	1		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896014314	TRIPLE A	NEOMYCI	840404 Antibacter	84040400 Antibacter	P	400UNIT/	EXTERNA	OINT	EA	1		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896014514	BACITRA	BACITRA	840404 Antibacter	84040400 Antibacter	P	500 UNIT/	EXTERNA	OINT	EA	1		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896014609	HYDROC	HYDROC	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	CREA	EA	1		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896014614	HYDROC	HYDROC	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	CREA	EA	1		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896014701	DICLOFEI	DICLOFEI	840620 UNKNOW	84062000 UNKNOW	P	1%	EXTERNA	GEL	GM	100		GENERIC		57896	Y		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896014803	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	80 MG	ORAL	CHEW	EA	30		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896016016	LIQUID P	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	160 MG/5	ORAL	LIQD	ML	473		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896016414	WHITE PE	WHITE PE	842412 Basic Oint	84241200 Basic Oint	O	100%	EXTERNA	OINT	GM	5		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896018105	ARTIFICI	GLYCERII	529200 EENT Dru	52920000 EENT Dru	P	0.2-0.2-1	OPHTHAL	SOLN	ML	15		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896019945	TOLNAFT	TOLNAFT	840408 Antifungal	84040840 Thiocarba	P	1%	EXTERNA	POWD	GM	45		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896020010	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	1000		GENERIC	1/27/2022	57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896020101	PAIN REL	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	100		GENERIC	1/25/2022	57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896020110	PAIN REL	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	1000		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896020401	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896020405	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	50		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896020420	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	200		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896020608	PAIN REL	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG/1	ORAL	LIQD	ML	237		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896020710	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	1000		GENERIC	10/23/2023	57896	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896021601	PAIN REL	ASPIRIN-	280804 Nonsteroi	28080424 Salicylates	P	250-250-6	ORAL	TABS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896022101	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896022110	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	1000		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896022201	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896022210	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	1000		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896022220	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	200		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896022401	NIGHT TI	DIPHENH	282492 Anxiolytics	28249200 Anxiolytics	P	25-500 M	ORAL	TABS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896022405	NIGHT TI	DIPHENH	282492 Anxiolytics	28249200 Anxiolytics	P	25-500 M	ORAL	TABS	EA	50		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896025101	PAIN REL	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896025501	ARTHRITI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	650 MG	ORAL	TBCR	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896026610	MAGNESI	MAGNESI	561200 Cathartics	56120000 Cathartics	P	1.745 GM/	ORAL	SOLN	ML	296		GENERIC	2/20/2023	57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896026801	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	650 MG	ORAL	TBCR	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896029116	GERI-TUS	DEXTROM	480800 Antitussive	48080000 Antitussive	P	10-100 M	ORAL	LIQD	ML	473		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896029205	GAS RELI	SIMETHIC	561000 Antiflatulei	56100000 Antiflatulei	P	125 MG	ORAL	CAPS	EA	50		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896029316	GERI-TUS	GUAIFEN	481600 Expectora	48160000 Expectora	O	100 MG/5	ORAL	SYRP	ML	473		SSB		57896			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896030401	STOOL S	SENNOSI	561200 Cathartics	56120000 Cathartics	P	50-8.6 MG	ORAL	TABS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896030410	STOOL S	SENNOSI	561200 Cathartics	56120000 Cathartics	P	50-8.6 MG	ORAL	TABS	EA	1000		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896031703	FAMOTID	FAMOTID	562812 Histamine	56281200 Histamine	P	10 MG	ORAL	TABS	EA	30		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896031706	FAMOTID	FAMOTID	562812 Histamine	56281200 Histamine	P	10 MG	ORAL	TABS	EA	60		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896031901	FAMOTID	FAMOTID	562812 Histamine	56281200 Histamine	P	20 MG	ORAL	TABS	EA	100	X	GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896032401	NIGHT TI	DIPHENH	282492 Anxiolytics	28249200 Anxiolytics	P	25-500 M	ORAL	TABS	EA	100		GENERIC		57896	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896032405	NIGHT TI	DIPHENH	282492 Anxiolytics	28249200 Anxiolytics	P	25-500 M	ORAL	TABS	EA	50		GENERIC		57896	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896033330	SALINE N	SALINE	529200 EENT Dru	52920000 EENT Dru	P	0.65%	NASAL	SOLN	ML	88		GENERIC	5/4/2022	57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896033345	SALINE N	SALINE	529200 EENT Dru	52920000 EENT Dru	P	0.65%	NASAL	SOLN	ML	44		GENERIC	6/12/2023	57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896037801	TRAVEL-I	MECLIZIN	562208 Antihistam	56220800 Antihistam	P	25 MG	ORAL	TABS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896038113	ANTI-DIA	LOPERAM	560800 Antidiarrhe	56080000 Antidiarrhe	P	2 MG	ORAL	TABS	EA	12		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896038125	ANTI-DIA	LOPERAM	560800 Antidiarrhe	56080000 Antidiarrhe	P	2 MG	ORAL	TABS	EA	24		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896040101	STOOL S	DOCUSAT	561200 Cathartics	56120000 Cathartics	P	100 MG	ORAL	CAPS	EA	100		GENERIC		57896	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896040103	DOCUSAT	DOCUSAT	561200 Cathartics	56120000 Cathartics	P	100 MG	ORAL	CAPS	EA	30		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896040110	DOCUSAT	DOCUSAT	561200 Cathartics	56120000 Cathartics	P	100 MG	ORAL	CAPS	EA	1000		GENERIC		57896	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896040120	STOOL S	DOCUSAT	561200 Cathartics	56120000 Cathartics	P	100 MG	ORAL	CAPS	EA	200		GENERIC		57896	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896040125	STOOL S	DOCUSAT	561200 Cathartics	56120000 Cathartics	P	100 MG	ORAL	CAPS	EA	250		GENERIC		57896	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896040710	STOOL S	DOCUSAT	561200 Cathartics	56120000 Cathartics	P	100 MG	ORAL	CAPS	EA	1000		GENERIC	2/1/2022	57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896041110	DOCUSAT	DOCUSAT	561200 Cathartics	56120000 Cathartics	P	100 MG	ORAL	CAPS	EA	1000		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896041316	DOCUSAT	DOCUSAT	561200 Cathartics	56120000 Cathartics	P	50 MG/5M	ORAL	LIQD	ML	473		GENERIC		57896	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896041501	GERI-KO	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.6 MG	ORAL	TABS	EA	100		GENERIC	9/18/2024	57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896041510	GERI-KO	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.6 MG	ORAL	TABS	EA	1000		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896041701	GERI-KO	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.6 MG	ORAL	TABS	EA	100		GENERIC	9/18/2024	57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896041710	GERI-KO	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.6 MG	ORAL	TABS	EA	1000		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896041720	GERI-KO	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.6 MG	ORAL	TABS	EA	200		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896042101	STOOL S	DOCUSAT	561200 Cathartics	56120000 Cathartics	P	100 MG	ORAL	TABS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896042110	STOOL S	DOCUSAT	561200 Cathartics	56120000 Cathartics	P	100 MG	ORAL	TABS	EA	1000		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896042120	STOOL S	DOCUSAT	561200 Cathartics	56120000 Cathartics	P	100 MG	ORAL	TABS	EA	200		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896042316	DOCUSAT	DOCUSAT	561200 Cathartics	56120000 Cathartics	P	50 MG/5M	ORAL	LIQD	ML	473		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896042401	DOCUSAT	DOCUSAT	561200 Cathartics	56120000 Cathartics	P	240 MG	ORAL	CAPS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896042601	STOOL S	DOCUSAT	561200 Cathartics	56120000 Cathartics	P	250 MG	ORAL	CAPS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896043401	GERI-KO	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.6 MG	ORAL	TABS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896043420	GERI-KO	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.6 MG	ORAL	TABS	EA	200		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896044101	BISACOD	BISACOD	561200 Cathartics	56120000 Cathartics	P	5 MG	ORAL	TBEC	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896044110	BISACOD	BISACOD	561200 Cathartics	56120000 Cathartics	P	5 MG	ORAL	TBEC	EA	1000		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896044120	BISACOD	BISACOD	561200 Cathartics	56120000 Cathartics	P	5 MG	ORAL	TBEC	EA	200		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896044126	BISACOD	BISACOD	561200 Cathartics	56120000 Cathartics	P	5 MG	ORAL	TBEC	EA	25		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896044301	BISACOD	BISACOD	561200 Cathartics	56120000 Cathartics	P	10 MG	RECTAL	SUPP	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896044305	BISACOD	BISACOD	561200 Cathartics	56120000 Cathartics	P	10 MG	RECTAL	SUPP	EA	50		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896044312	BISACOD	BISACOD	561200 Cathartics	56120000 Cathartics	P	10 MG	RECTAL	SUPP	EA	12		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896045401	GERI-KO	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.6 MG	ORAL	TABS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896045410	GERI-KO	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.6 MG	ORAL	TABS	EA	1000		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896045420	GERI-KO	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.6 MG	ORAL	TABS	EA	200		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896045909	FIBER LA	CALCIUM	561200 Cathartics	56120000 Cathartics	P	625 MG	ORAL	TABS	EA	90		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896046208	SENNA	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.8 MG/5	ORAL	SYRP	ML	237		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896047113	GERI-MU	PSYLLIUM	561200 Cathartics	56120000 Cathartics	P	25%	ORAL	POWD	GM	368		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896047208	SENNA	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.8 MG/5	ORAL	SYRP	ML	237		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896047801	TRAVEL-I	MECLIZIN	562208 Antihistam	56220800 Antihistam	P	25 MG	ORAL	TABS	EA	100		GENERIC	10/31/2023	57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896048914	POLYETH	POLYETH	561200 Cathartics	56120000 Cathartics	P	0-17GM/S	ORAL	POWD	GM	238		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896048930	POLYETH	POLYETH	561200 Cathartics	56120000 Cathartics	P	0-17GM/S	ORAL	POWD	GM	510		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896049003	POLYETH	POLYETH	561200 Cathartics	56120000 Cathartics	P	17GM-17	ORAL	PACK	EA	30		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
57896049110	GERI-MU	PSYLLIUM	561200 Cathartics	56120000 Cathartics	P	51.70%	ORAL	POWD	GM	283		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI

57896050101	ONE-DAIL	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	50MG-50M	ORAL	TABS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896050110	ONE-DAIL	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	50MG-50M	ORAL	TABS	EA	1000		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896050120	ONE-DAIL	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	50MG-50M	ORAL	TABS	EA	200		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896050401	ONE-DAIL	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	50MG-50M	ORAL	TABS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896050410	ONE-DAIL	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	50MG-50M	ORAL	TABS	EA	1000		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896051001	ONE-DAIL	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	50MG-50M	ORAL	TABS	EA	100		GENERIC	1/27/2022	57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896051010	ONE-DAIL	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	50MG-50M	ORAL	TABS	EA	1000		GENERIC	1/27/2022	57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896052101	ONE-DAIL	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	50MG-50M	ORAL	TABS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896052110	ONE-DAIL	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	50MG-50M	ORAL	TABS	EA	1000		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896052401	ONE-DAIL	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	50MG-50M	ORAL	TABS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896052410	ONE-DAIL	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	50MG-50M	ORAL	TABS	EA	1000		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896053101	ONE-DAIL	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	50MG-50M	ORAL	TABS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896053110	ONE-DAIL	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	50MG-50M	ORAL	TABS	EA	1000		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896053120	ONE-DAIL	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	50MG-50M	ORAL	TABS	EA	200		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896053130	ONE-DAIL	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	50MG-50M	ORAL	TABS	EA	300		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896054001	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896055101	SENIOR T	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896055501	SENNA-P	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896055506	SENNA-P	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	60		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896055510	SENNA-P	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	1000		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896055520	SENNA-P	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	200		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896056512	HEARTBU	ALUMINU	560400	Antacids a	56040000	Antacids a	P	254-237.5	ORAL	SUSP	ML	355		GENERIC		57896	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896057501	PRENATA	PRENATA	882800	Multivitam	88280000	Multivitam	O	27-0.8 MG	ORAL	TABS	EA	100		SSB		57896			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896059815	LIP-CARE	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	0-0-0-0	EXTERNA	STCK	GM	4.2		SSB		57896			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896060101	THERA-T	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	90MG-90M	ORAL	TABS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896060501	NEPHRO	B-COMPL	882800	Multivitam	88280000	Multivitam	P	0.8 MG	ORAL	TABS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896061401	MUCUS R	GUAIFEN	481600	Expectora	48160000	Expectora	P	400 MG	ORAL	TABS	EA	100		GENERIC	12/4/2023	57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896061406	MUCUS R	GUAIFEN	481600	Expectora	48160000	Expectora	P	400 MG	ORAL	TABS	EA	60		GENERIC	12/4/2023	57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896061512	GENTLE L	MAGNESI	561200	Cathartics	56120000	Cathartics	P	1200 MG/	ORAL	SUSP	ML	355		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896061912	GERI-LAN	ALUM & M	560400	Antacids a	56040000	Antacids a	P	400-400-4	ORAL	SUSP	ML	355		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896062101	THERA-T	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	60MG-60M	ORAL	TABS	EA	100		SSB		57896			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896062110	THERA-T	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	60MG-60M	ORAL	TABS	EA	1000		SSB		57896			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896062412	GERI-LAN	CALCIUM	560400	Antacids a	56040000	Antacids a	P	400-135 M	ORAL	SUSP	ML	355		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896062912	GERI-LAN	ALUM & M	560400	Antacids a	56040000	Antacids a	P	200-200-2	ORAL	SUSP	ML	355		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896063106	OCULAR	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	113MG-11	ORAL	TABS	EA	60		SSB		57896			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896063412	MAGNESI	MAGNESI	401200	Replacem	40120000	Replacem	P	400 (240 M	ORAL	TABS	EA	120		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896063506	SLOW MA	MAGNESI	401200	Replacem	40120000	Replacem	O	64-106 MC	ORAL	TBEC	EA	60		SSB		57896	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896063812	GERI-MO	ALUM & M	560400	Antacids a	56040000	Antacids a	P	400-400-4	ORAL	SUSP	ML	355		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896063912	GERI-MO	ALUM & M	560400	Antacids a	56040000	Antacids a	P	200-200-2	ORAL	SUSP	ML	355		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896064712	MILK OF I	MAGNESI	561200	Cathartics	56120000	Cathartics	P	1200 MG/	ORAL	SUSP	ML	355		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896064812	MILK OF I	MAGNESI	561200	Cathartics	56120000	Cathartics	P	1200 MG/	ORAL	SUSP	ML	355		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896064912	MILK OF I	MAGNESI	561200	Cathartics	56120000	Cathartics	P	400 MG/5	ORAL	SUSP	ML	355		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896064916	MILK OF I	MAGNESI	561200	Cathartics	56120000	Cathartics	P	400 MG/5	ORAL	SUSP	ML	473		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896064928	MILK OF I	MAGNESI	561200	Cathartics	56120000	Cathartics	P	400 MG/5	ORAL	SUSP	ML	3780		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896065803	ALLERGY	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896065809	ALLERGY	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896065942	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	TBEC	EA	14		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896066116	GERI-TUS	DEXTROM	480800	Antitussive	48080000	Antitussive	P	10-100 MC	ORAL	SYRP	ML	473		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896066412	ANTACID	ALUM & M	560400	Antacids a	56040000	Antacids a	P	800-800-8	ORAL	SUSP	ML	355		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896068101	GERI-DRY	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	TABS	EA	100		GENERIC	5/3/2022	57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896068301	COMPLET	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	TABS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896068310	GERI-DRY	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	TABS	EA	1000		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896069205	GAS RELI	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	125 MG	ORAL	CAPS	EA	50		GENERIC	1/3/2022	57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896069304	GERI-TUS	GUAIFEN	481600	Expectora	48160000	Expectora	P	100 MG/5	ORAL	LIQD	ML	118		GENERIC		57896	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896069316	GERI-TUS	GUAIFEN	481600	Expectora	48160000	Expectora	P	100 MG/5	ORAL	LIQD	ML	473		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896069403	GAS RELI	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	125 MG	ORAL	CHEW	EA	30		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896070301	IRON	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	325 (65 FE	ORAL	TABS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896070310	IRON	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	325 (65 FE	ORAL	TABS	EA	1000		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896070320	IRON	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	325 (65 FE	ORAL	TABS	EA	200		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896070916	IRON SUF	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	220 (44 FE	ORAL	SOLN	ML	473		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896071401	MUCUS R	GUAIFEN	481600	Expectora	48160000	Expectora	P	400 MG	ORAL	TABS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896071503	ACID RED	RANITIDI	562812	Histamine	56281200	Histamine	P	75 MG	ORAL	TABS	EA	30		GENERIC	4/1/2020	57896			N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896071724	ACID RED	RANITIDI	562812	Histamine	56281200	Histamine	P	150 MG	ORAL	TABS	EA	24	X	GENERIC	4/1/2020	57896			N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896072401	FERROUS	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	240 (27 FE	ORAL	TABS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896073101	OYSTER	CALCIUM	401200	Replacem	40120000	Replacem	P	250-3.125	ORAL	TABS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896073604	GUAIASO	DEXTROM	480800	Antitussive	48080000	Antitussive	P	10MG/5ML	ORAL	LIQD	ML	118		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896073904	GUAIASO	DEXTROM	480800	Antitussive	48080000	Antitussive	P	20-200 MC	ORAL	LIQD	ML	118		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896074101	OYSTER	OYSTER	401200	Replacem	40120000	Replacem	P	500 MG	ORAL	TABS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896074106	OYSTER	OYSTER	401200	Replacem	40120000	Replacem	P	500 MG	ORAL	TABS	EA	60		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896074201	OYSTER	CALCIUM	401200	Replacem	40120000	Replacem	P	500-5 MG-	ORAL	TABS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896074206	OYSTER	CALCIUM	401200	Replacem	40120000	Replacem	P	500-5 MG-	ORAL	TABS	EA	60		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896074210	OYSTER	CALCIUM	401200	Replacem	40120000	Replacem	P	500-5 MG-	ORAL	TABS	EA	1000		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896074225	OYSTER	CALCIUM	401200	Replacem	40120000	Replacem	P	500-5 MG-	ORAL	TABS	EA	250		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896074275	OYSTER	CALCIUM	401200	Replacem	40120000	Replacem	P	500-5 MG-	ORAL	TABS	EA	75		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896074606	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	1500 (600	ORAL	TABS	EA	60		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896074615	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	1500 (600	ORAL	TABS	EA	150		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896074706	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	600-5 MG-	ORAL	TABS	EA	60		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896074801	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	600-10 MC	ORAL	TABS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896074806	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	600-10 MC	ORAL	TABS	EA	60		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896075101	VITAMIN I	VITAMIN I	882000	Vitamin E	88200000	Vitamin E	P	90 MG (20	ORAL	CAPS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896075201	VITAMIN I	VITAMIN I	882000	Vitamin E	88200000	Vitamin E	P	180 MG (4	ORAL	CAPS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896075301	VITAMIN I	VITAMIN I	882000	Vitamin E	88200000	Vitamin E	P	450 MG (1	ORAL	CAPS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896075401	VITAMIN I	VITAMIN I	882000	Vitamin E	88200000	Vitamin E	P	45 MG (10	ORAL	CAPS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896075816	SORBITO	SORBITO	561200	Cathartics	56120000	Cathartics	O	70%	RECTAL	SOLN	ML	473		MSB		57896			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRM
57896075942	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	P	20.6 (20 B	ORAL	CPDR	EA	14		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896076315	CALCIUM	CALCIUM	560400	Antacids a	56040000	Antacids a	P	500 MG	ORAL	CHEW	EA	150		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896076503	ACID RED	RANITIDI	562812	Histamine	56281200	Histamine	P	75MG	ORAL	TABS	EA	30		GENERIC		57896			N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896076506	ACID RED	RANITIDI	562812	Histamine	56281200	Histamine	P	75MG	ORAL	TABS	EA	60		GENERIC		57896			N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896076706	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	P	10 MG	ORAL	TABS	EA	60		GENERIC	10/30/2023	57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896076901	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	P	20 MG	ORAL	TABS	EA	100	X	GENERIC	10/30/2023	57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896077005	ACID RED	RANITIDI	562812	Histamine	56281200	Histamine	P	150MG	ORAL	TABS	EA	50	X	GENERIC		57896			N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896077024	ACID RED	RANITIDI	562812	Histamine	56281200	Histamine	P	150MG	ORAL	TABS	EA	24	X	GENERIC		57896			N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896077701	FERRIC X	POLYSAC	200404	Iron Prepa	20040400	Iron Prepa	P	150 MG	ORAL	CAPS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896078572	NIGHTTIM	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	25MG	ORAL	TABS	EA	72		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896079101	GAS RELI	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	80 MG	ORAL	CHEW	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896079108	GAS RELI	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	80 MG	ORAL	CHEW	EA	8		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896079406	MUCUS R	GUAIFEN	481600	Expectora	48160000	Expectora	P	400 MG	ORAL	TABS	EA	60		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896079801	GAS RELI	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	20 MG/0.3	ORAL	SUSP	ML	30		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896079901	GAS RELI	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	80 MG	ORAL	CHEW	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896079908	GAS RELI	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	80 MG	ORAL	CHEW	EA	8		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896081501	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	1250 MCG	ORAL	TABS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896081512	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	1250 MCG	ORAL	TABS	EA	12		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896083001	VITAMIN (	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	1000 MG	ORAL	TABS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896083101	VITAMIN (	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	250 MG	ORAL	TABS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896083110	VITAMIN (	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	250 MG	ORAL	TABS	EA	1000		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896083409	MELATON	MELATON	929200	UNKNOW	92920000	UNKNOW	P	5 MG	ORAL	TABS	EA	90		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896083701	ACIDOPH	LACTOBA	560800	Antidiarrhe	56080000	Antidiarrhe	P	140MG-0-	ORAL	CAPS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896084101	VITAMIN (	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	TABS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896084110	ASCORBI	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	TABS	EA	1000		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896084120	VITAMIN (	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	TABS	EA	200		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896084150	VITAMIN (	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	TABS	EA	500		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896084216	VITAMIN (	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG/5M	ORAL	LIQD	ML	473		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896084401	PHOSPH(	POTASSI	401200	Replacem	40120000	Replacem	P	280-160-2	ORAL	PACK	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896084501	CRANBEF	CRANBEF	929200	UNKNOW	92920000	UNKNOW	P	450MG	ORAL	TABS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896085101	THIAMINE	THIAMINE	880800	Vitamin B	88080000	Vitamin B	P	100 MG	ORAL	TABS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896085301	VITAMIN I	PYRIDOX	880800	Vitamin B	88080000	Vitamin B	P	50 MG	ORAL	TABS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896085401	VITAMIN I	PYRIDOX	880800	Vitamin B	88080000	Vitamin B	P	100 MG	ORAL	TABS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896085601	VITAMIN I	CYANOC(	880800	Vitamin B	88080000	Vitamin B	P	100 MCG	ORAL	TABS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896085906	GLUCOSA	GLUCOSA	929200	UNKNOW	92920000	UNKNOW	P	500-400 M	ORAL	CAPS	EA	60		GENERIC	1/4/2022	57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896086406	MELATON	MELATON	929200	UNKNOW	92920000	UNKNOW	P	3 MG	ORAL	TABS	EA	60		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896086420	MELATON	MELATON	929200	UNKNOW	92920000	UNKNOW	P	3 MG	ORAL	TABS	EA	200		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896086501	ZINC SUL	ZINC SUL	401200	Replacem	40120000	Replacem	P	220MG	ORAL	TABS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896086506	ZINC SUL	ZINC SUL	401200	Replacem	40120000	Replacem	P	220MG	ORAL	TABS	EA	60		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896086601	ACIDOPH	LACTOBA	560800	Antidiarrhe	56080000	Antidiarrhe	O	10 MG	ORAL	CAPS	EA	100		SSB		57896			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896086803	PROBIOT	LACTOBA	560800	Antidiarrhe	56080000	Antidiarrhe	O	200MG-20	ORAL	CAPS	EA	30		SSB		57896			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896086905	PROBIOT	SACCHAF	560800	Antidiarrhe	56080000	Antidiarrhe	P	250 MG	ORAL	CAPS	EA	50		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896087005	LACTOBA	LACTOBA	560800	Antidiarrhe	56080000	Antidiarrhe	P	0-0	ORAL	TABS	EA	50		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896087401	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	400UNIT	ORAL	TABS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896087503	COQ10	COENZYM	929200	UNKNOW	92920000	UNKNOW	P	100 MG	ORAL	CAPS	EA	30		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896087512	COQ10	COENZYM	929200	UNKNOW	92920000	UNKNOW	P	100 MG	ORAL	CAPS	EA	120		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896087601	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	25 MCG (	ORAL	TABS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896087620	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	25 MCG (	ORAL	TABS	EA	200		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896088406	MELATON	MELATON	929200	UNKNOW	92920000	UNKNOW	P	1MG	ORAL	TABS	EA	60		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896088409	MELATON	MELATON	929200	UNKNOW	92920000	UNKNOW	P	1MG	ORAL	TABS	EA	90		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896088418	MELATON	MELATON	929200	UNKNOW	92920000	UNKNOW	P	1MG	ORAL	TABS	EA	180		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896088601	VITAMIN I	CYANOC(	880800	Vitamin B	88080000	Vitamin B	P	500 MCG	ORAL	TABS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896089301	B COMPL	B-COMPL	882800	Multivitam	88280000	Multivitam	P	30MCG-3(	ORAL	TABS	EA	100		GENERIC	1/25/2022	57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896089601	VITAMIN I	CYANOC(	880800	Vitamin B	88080000	Vitamin B	P	1000 MCG	ORAL	TABS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896090101	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TABS	EA	100		GENERIC		57896			N	#N/A	ORIG_FR	10 EHB	#N/A			X	THEN $0 COPAY AND TIER=1	R	MEDPRM
57896090110	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TABS	EA	1000		GENERIC		57896			N	#N/A	ORIG_FR	10 EHB	#N/A			X	THEN $0 COPAY AND TIER=1	R	MEDPRM
57896091136	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	CHEW	EA	36		GENERIC		57896			N	#N/A	ORIG_FR	10 EHB	#N/A			X	THEN $0 COPAY AND TIER=1	R	MEDPRM
57896092101	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TBEC	EA	100		GENERIC		57896			N	#N/A	ORIG_FR	10 EHB	#N/A			X	THEN $0 COPAY AND TIER=1	R	MEDPRM
57896092110	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TBEC	EA	1000		GENERIC		57896			N	#N/A	ORIG_FR	10 EHB	#N/A			X	THEN $0 COPAY AND TIER=1	R	MEDPRM
57896092120	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TBEC	EA	200		GENERIC		57896			N	#N/A	ORIG_FR	10 EHB	#N/A			X	THEN $0 COPAY AND TIER=1	R	MEDPRM
57896092125	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TBEC	EA	250		GENERIC	11/21/2022	57896			N	#N/A	ORIG_FR	10 EHB	#N/A			X	THEN $0 COPAY AND TIER=1	R	MEDPRM
57896094101	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896094105	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	50		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896094110	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	1000		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896094120	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	200		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896094125	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	250		GENERIC	11/21/2022	57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896094150	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	500		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896095401	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896095405	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	50		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896097401	ALLERGY	CHLORPH	40400	First Gene	4040000	First Gene	P	4 MG	ORAL	TABS	EA	100		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896097410	ALLERGY	CHLORPH	40400	First Gene	4040000	First Gene	P	4 MG	ORAL	TABS	EA	1000		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896098016	GERI-DRY	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5 MG/5	ORAL	LIQD	ML	473		GENERIC		57896			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57896098101	ASPIRIN I	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	100		GENERIC		57896			N	#N/A	ORIG_FR	10 EHB	#N/A			X	THEN $0 COPAY AND TIER=1	R	MEDPRM
57896098110	ASPIRIN I	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	1000		GENERIC		57896			N	#N/A	ORIG_FR	10 EHB	#N/A			X	THEN $0 COPAY AND TIER=1	R	MEDPRM
57896098112	ASPIRIN I	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	120		GENERIC	1/3/2022	57896			N	#N/A	ORIG_FR	10 EHB	#N/A			X	THEN $0 COPAY AND TIER=1	R	MEDPRM
57896098120	ASPIRIN I	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	200		GENERIC		57896			N	#N/A	ORIG_FR	10 EHB	#N/A			X	THEN $0 COPAY AND TIER=1	R	MEDPRM
57896098130	ASPIRIN I	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	300		GENERIC		57896			N	#N/A	ORIG_FR	10 EHB	#N/A			X	THEN $0 COPAY AND TIER=1	R	MEDPRM
57896098310	ASPIRIN /	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	1000		GENERIC		57896			N	#N/A	ORIG_FR	10 EHB	#N/A			X	THEN $0 COPAY AND TIER=1	R	MEDPRM
57896098312	ASPIRIN /	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	120		GENERIC		57896			N	#N/A	ORIG_FR	10 EHB	#N/A			X	THEN $0 COPAY AND TIER=1	R	MEDPRM
57896098412	ASPIRIN /	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	120		GENERIC		57896			N	#N/A	ORIG_FR	10 EHB	#N/A			X	THEN $0 COPAY AND TIER=1	R	MEDPRM
57950000600	HEXASOF	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		57950			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57962000712	IMBRUVI	IBRUTINI	100000	Antineopla	10000000	Antineopla	R	70 MG/ML	ORAL	SUSP	ML	108		SSB		57962			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X			R	MEDPRM
57962001428	IMBRUVI	IBRUTINI	100000	Antineopla	10000000	Antineopla	R	140 MG	ORAL	TABS	EA	28		SSB		57962			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X			R	MEDPRM
57962007028	IMBRUVI	IBRUTINI	100000	Antineopla	10000000	Antineopla	R	70 MG	ORAL	CAPS	EA	28		SSB		57962			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X			R	MEDPRM
57962014009	IMBRUVI	IBRUTINI	100000	Antineopla	10000000	Antineopla	R	140 MG	ORAL	CAPS	EA	90		SSB		57962			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X			R	MEDPRM
57962014012	IMBRUVI	IBRUTINI	100000	Antineopla	10000000	Antineopla	R	140 MG	ORAL	CAPS	EA	120		SSB		57962			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X			R	MEDPRM
57962028028	IMBRUVI	IBRUTINI	100000	Antineopla	10000000	Antineopla	R	280 MG	ORAL	TABS	EA	28		SSB		57962			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X			R	MEDPRM
57962042028	IMBRUVI	IBRUTINI	100000	Antineopla	10000000	Antineopla	R	420 MG	ORAL	TABS	EA	28		SSB		57962			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X			R	MEDPRM
57962056028	IMBRUVI	IBRUTINI	100000	Antineopla	10000000	Antineopla	R	560 MG	ORAL	TABS	EA	28		SSB	5/18/2023	57962			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X			R	MEDPRM
57963010101	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	TABS	EA	100		GENERIC		57963			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57963010304	G TUSSIN	GUAIFEN	480800	Antitussive	48080000	Antitussive	P	10MG/5ML	ORAL	SOLN	ML	118		GENERIC		57963			N	NON-FORMULARY		1 GEN	GENERICS			X	AGE_YEA MUST BE AT LEAST	R	MEDPRM
57963010316	G TUSSIN	GUAIFEN	480800	Antitussive	48080000	Antitussive	P	10MG/5ML	ORAL	SOLN	ML	473		GENERIC		57963			N	NON-FORMULARY		1 GEN	GENERICS			X	AGE_YEA MUST BE AT LEAST	R	MEDPRM
57963090160	G-HIST PI	DEXBROM	40400	First Gene	4040000	First Gene	O	2-10 MG	ORAL	TABS	EA	60		SSB		57963			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57963090290	GCON DM	PHENYLE	480800	Antitussive	48080000	Antitussive	O	10-17.5-3	ORAL	TABS	EA	90		SSB		57963			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57963090390	GCON IR	PHENYLE	481600	Expectora	48160000	Expectora	O	10-385 MC	ORAL	TABS	EA	90		SSB		57963			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57963090501	G HIST F(	DOXYLAM	40400	First Gene	4040000	First Gene	O	7.5-10 MG	ORAL	TABS	EA	100		SSB		57963			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57970010001	DALVANC	DALBAVA	81228	Antibacter	8122816	Glycopept	R	500MG	INTRAVEI	SOLR	EA	1		SSB		57970			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
57973000852	ZARBEES	MELATON	929200	UNKNOW	92920000	UNKNOW	P	1 MG	ORAL	CHEW	EA	50		MSB		57973			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRM
58060000202	RADIOGA	PRUSSIAI	401892	Other Ion-	40189200	Other Ion-	R	.5GM	ORAL	CAPS	EA	36		SSB		58060			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRM
58067010010	MICROSC	CREAM B	960000	Pharmace	96000000	Pharmace	O	0	EXTERNA	CREA	GM	100		SSB		58067			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
58118001401	METHOTI	METHOTI	100000	Antineopla	10000000	Antineopla	S	2.5 MG	ORAL	TABS	EA	100		GENERIC		58118		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
58118002603	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	30		GENERIC		58118		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
58118002703	ERYTHRC	ERYTHRC	520404	Antibacter	52040400	Antibacter	S	5 MG/GM	OPHTHAL	OINT	GM	3.5		GENERIC		58118		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
58118003003	KETOCOI	KETOCOI	840408	Antifungal	84040808	Azoles	S	2%	EXTERNA	CREA	GM	30		GENERIC		58118		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
58118003005	KETOCOI	KETOCOI	840408	Antifungal	84040808	Azoles	S	2%	EXTERNA	CREA	GM	15		GENERIC		58118		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
58118003006	KETOCOI	KETOCOI	840408	Antifungal	84040808	Azoles	S	2%	EXTERNA	CREA	GM	60		GENERIC		58118		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
58118003202	MUPIROC	MUPIROC	840404	Antibacter	84040400	Antibacter	S	2%	EXTERNA	OINT	GM	22		GENERIC		58118		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
58118003306	NYSTATII	NYSTATII	81428	Polyenes	8142800	Polyenes	S	100000 UI	MOUTH/T	SUSP	ML	60		GENERIC		58118		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
58118003401	PROMETI	PROMETI	40400	First Gene	4040000	First Gene	S	6.25 MG/5	ORAL	SOLN	ML	118		GENERIC		58118		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
58118003502	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.03%	EXTERNA	CREA	GM	20		GENERIC		58118		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
58118006501	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	1 MG	ORAL	TABS	EA	100		GENERIC	2/12/2022	58118		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
58118009703	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-s	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		58118		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
58118009709	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-s	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		58118		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
58118011003	PROPRAI	PROPRAI	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		58118		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
58118011009	PROPRAI	PROPRAI	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		58118		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
58118011603	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50-12.5 M	ORAL	TABS	EA	30	X	GENERIC		58118		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
58118011609	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50-12.5 M	ORAL	TABS	EA	90	X	GENERIC		58118		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
58118011703	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-12.5 M	ORAL	TABS	EA	30	X	GENERIC		58118		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
58118011709	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-12.5 M	ORAL	TABS	EA	90	X	GENERIC		58118		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
58118011803	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-25 MC	ORAL	TABS	EA	30	X	GENERIC		58118		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
58118011809	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-25 MC	ORAL	TABS	EA	90	X	GENERIC		58118		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
58118012708	CIPROFL(	CIPROFL(	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	30		GENERIC	1/17/2023	58118		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
58118013202	STROME(	IVERMEC	80800	Anthelmin	8080000	Anthelmin	S	3MG	ORAL	TABS	EA	20		MSB		58118		X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION					R	MEDPRM
58118014603	TEMAZEF	TEMAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	30		GENERIC		58118		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
58118014606	TEMAZEF	TEMAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	60		GENERIC		58118		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
58118014703	TEMAZEF	TEMAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	30		GENERIC		58118		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
58118015703	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-s	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		58118		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
58118015709	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-s	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		58118		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
58118017403	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	30		GENERIC		58118		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
58118017406	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	60		GENERIC		58118		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
58118017407	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	120		GENERIC		58118		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
58118017409	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	90		GENERIC		58118		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
58118017601	HYDROC(	HYDROC(	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MC	ORAL	TABS	EA	180		GENERIC		58118		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
58118017603	HYDROC(	HYDROC(	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MC	ORAL	TABS	EA	30		GENERIC		58118		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
58118017606	HYDROC(	HYDROC(	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MC	ORAL	TABS	EA	60		GENERIC		58118		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
58118017607	HYDROC(	HYDROC(	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MC	ORAL	TABS	EA	120		GENERIC		58118		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
58118017609	HYDROC(	HYDROC(	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MC	ORAL	TABS	EA	90		GENERIC		58118		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
58118018001	TIZANIDII	TIZANIDII	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	10		GENERIC		58118		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
58118018103	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	30	X	GENERIC		58118		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
58118018109	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	90	X	GENERIC		58118		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
58118019009	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	90	X	GENERIC		58118		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
58118019406	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	550 MG	ORAL	TABS	EA	60	X	GENERIC		58118		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
58118021309	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-s	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		58118		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
58118025008	TERBINAI	TERBINAI	81404	Allylamine	8140400	Allylamine	S	250 MG	ORAL	TABS	EA	30		GENERIC		58118		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
58118025309	ROPINIR(	ROPINIR(	283620	UNKNOW	28362008	UNKNOW	S	0.25 MG	ORAL	TABS	EA	90	X	GENERIC		58118		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM

58487000672	VITAMIN (	ASCORBI	881200 Vitamin C	88120000 Vitamin C	O	100 MG	ORAL	TABS	EA	250		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487000701	VITAMIN I	CYANOC(	880800 Vitamin B	88080000 Vitamin B	O	100 MCG	ORAL	LOZG	EA	100		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487000751	VITAMIN (	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	250 MG	ORAL	TABS	EA	100		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487000753	VITAMIN (	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	250 MG	ORAL	TABS	EA	500		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487000761	VITAMIN (	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	1000 MG	ORAL	TABS	EA	100		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487000762	VITAMIN (	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	1000 MG	ORAL	TABS	EA	250		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487000763	VITAMIN (	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	1000 MG	ORAL	TABS	EA	500		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487000801	VITAMIN I	THIAMINE	880800 Vitamin B	88080000 Vitamin B	P	50 MG	ORAL	TABS	EA	100		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487000811	THIAMINE	THIAMINE	880800 Vitamin B	88080000 Vitamin B	P	100 MG	ORAL	TABS	EA	100		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487000821	VITAMIN I	THIAMINE	880800 Vitamin B	88080000 Vitamin B	P	250 MG	ORAL	TABS	EA	100		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487000841	VITAMIN (	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	500 MG	ORAL	TBCR	EA	100		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487000842	VITAMIN (	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	500 MG	ORAL	TBCR	EA	250		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487000843	VITAMIN (	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	500 MG	ORAL	TBCR	EA	500		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487000871	VITAMIN I	PYRIDOX	880800 Vitamin B	88080000 Vitamin B	P	50 MG	ORAL	TABS	EA	100		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487000872	VITAMIN I	PYRIDOX	880800 Vitamin B	88080000 Vitamin B	P	50 MG	ORAL	TABS	EA	250		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487000881	VITAMIN I	PYRIDOX	880800 Vitamin B	88080000 Vitamin B	P	100 MG	ORAL	TABS	EA	100		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487000882	VITAMIN I	PYRIDOX	880800 Vitamin B	88080000 Vitamin B	P	100 MG	ORAL	TABS	EA	250		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487000911	VITAMIN I	CYANOC(	880800 Vitamin B	88080000 Vitamin B	O	50 MCG	ORAL	LOZG	EA	100		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487000961	VITAMIN (	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	500 MG	ORAL	TABS	EA	100		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487000962	VITAMIN (	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	500 MG	ORAL	TABS	EA	250		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487000963	VITAMIN (	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	500 MG	ORAL	TABS	EA	500		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001001	CALCIUM	CALCIUM	881200 Vitamin C	88120000 Vitamin C	P	500 MG	ORAL	TABS	EA	100		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001002	CALCIUM	CALCIUM	881200 Vitamin C	88120000 Vitamin C	P	500 MG	ORAL	TABS	EA	250		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001003	CALCIUM	CALCIUM	881200 Vitamin C	88120000 Vitamin C	P	500 MG	ORAL	TABS	EA	500		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001033	CALCIUM	CALCIUM	401200 Replacem	40120000 Replacem	O	800 MG/2(	ORAL	POWD	GM	480		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487001061	VITAMIN (	CALCIUM	881200 Vitamin C	88120000 Vitamin C	O	0-0	ORAL	SOLR	GM	120		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487001063	VITAMIN (	CALCIUM	881200 Vitamin C	88120000 Vitamin C	O	0-0	ORAL	SOLR	GM	480		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487001091	VITAMIN I	VITAMIN I	882000 Vitamin E	88200000 Vitamin E	O	67 MG (10	ORAL	TABS	EA	100		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487001092	VITAMIN I	VITAMIN I	882000 Vitamin E	88200000 Vitamin E	O	100 UNIT	ORAL	TABS	EA	250		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487001101	VITAMIN I	VITAMIN I	882000 Vitamin E	88200000 Vitamin E	O	268 MG (4	ORAL	TABS	EA	100		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487001102	NATURAL	VITAMIN I	882000 Vitamin E	88200000 Vitamin E	O	268 MG (4	ORAL	TABS	EA	250		SSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001193	LECITHIN	LECITHIN	562400 Lipotropic	56240000 Lipotropic	O	0	ORAL	GRAN	GM	480		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487001223	NATURAL	PSYLLIUM	561200 Cathartics	56120000 Cathartics	P	100%	ORAL	POWD	GM	480		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001271	CITRUS E	BIOFLAV(	882800 Multivitam	88280000 Multivitam	O	700 MG/0.	ORAL	POWD	GM	120		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487001303	MAGNESI	MAGNESI	401200 Replacem	40120000 Replacem	O	390MG/0.(	ORAL	POWD	GM	480		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487001331	NIACIN	NIACIN	880800 Vitamin B	88080000 Vitamin B	P	50 MG	ORAL	TABS	EA	100		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001341	NIACINAM	NIACINAM	880800 Vitamin B	88080000 Vitamin B	P	500 MG	ORAL	TABS	EA	100		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001342	NIACINAM	NIACINAM	880800 Vitamin B	88080000 Vitamin B	P	500 MG	ORAL	TABS	EA	250		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001343	NIACINAM	NIACINAM	880800 Vitamin B	88080000 Vitamin B	P	500 MG	ORAL	TABS	EA	500		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001361	KELP	IODINE (K	840416 UNKNOW	84041600 UNKNOW	P	150 MCG	ORAL	TABS	EA	100		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001362	KELP	IODINE (K	840416 UNKNOW	84041600 UNKNOW	P	150 MCG	ORAL	TABS	EA	250		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001391	QUINTAB	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	300MG-30	ORAL	TABS	EA	100		SSB		58487	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001392	QUINTAB	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	300MG-30	ORAL	TABS	EA	250		SSB		58487	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001461	SUPER D	B-COMPL	882800 Multivitam	88280000 Multivitam	P	100MCG-'	ORAL	TABS	EA	100		GENERIC		58487	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001462	SUPER D	B-COMPL	882800 Multivitam	88280000 Multivitam	P	100MCG-'	ORAL	TABS	EA	250		GENERIC		58487	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001463	SUPER D	B-COMPL	882800 Multivitam	88280000 Multivitam	P	100MCG-'	ORAL	TABS	EA	500		GENERIC		58487	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001471	FOLIC AC	FOLIC AC	880800 Vitamin B	88080000 Vitamin B	P	800 MCG	ORAL	TABS	EA	100	X	GENERIC		58487			N	#N/A	ORIG_FR	10 EHB	#N/A	X	THEN $0 COPAY AND TIER=1	R	MEDPRIM
58487001472	FOLIC AC	FOLIC AC	880800 Vitamin B	88080000 Vitamin B	P	800 MCG	ORAL	TABS	EA	250	X	GENERIC		58487			N	#N/A	ORIG_FR	10 EHB	#N/A	X	THEN $0 COPAY AND TIER=1	R	MEDPRIM
58487001481	T-VITES	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	100MG-10	ORAL	TABS	EA	100		SSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001482	T-VITES	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	100MG-10	ORAL	TABS	EA	250		SSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001501	VITA-C	ASCORBI	881200 Vitamin C	88120000 Vitamin C	O	0-0	ORAL	CRYS	GM	120		SSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001503	VITA-C	ASCORBI	881200 Vitamin C	88120000 Vitamin C	O	0-0	ORAL	CRYS	GM	480		SSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001511	CALCIUM	CALCIUM	880800 Vitamin B	88080000 Vitamin B	P	500 MG	ORAL	TABS	EA	100		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001512	CALCIUM	CALCIUM	880800 Vitamin B	88080000 Vitamin B	P	500 MG	ORAL	TABS	EA	250		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001521	L-TYROSI	TYROSIN	402000 Caloric Ag	40200000 Caloric Ag	P	500 MG	ORAL	TABS	EA	100		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001522	L-TYROSI	TYROSIN	402000 Caloric Ag	40200000 Caloric Ag	P	500 MG	ORAL	TABS	EA	250		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001541	L-TYROSI	TYROSIN	402000 Caloric Ag	40200000 Caloric Ag	O	1000 MG	ORAL	TABS	EA	100		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487001551	VITAMIN I	VITAMIN I	882000 Vitamin E	88200000 Vitamin E	O	100 UNIT	ORAL	TABS	EA	100		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487001561	VITAMIN I	VITAMIN I	882000 Vitamin E	88200000 Vitamin E	O	200 UNIT	ORAL	TABS	EA	100		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487001571	FRUIT C 5	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	500 MG	ORAL	CHEW	EA	100		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001572	FRUIT C 5	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	500 MG	ORAL	CHEW	EA	250		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001581	VITAMIN I	CYANOC(	880800 Vitamin B	88080000 Vitamin B	O	250 MCG	ORAL	LOZG	EA	100		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487001582	VITAMIN I	CYANOC(	880800 Vitamin B	88080000 Vitamin B	O	250 MCG	ORAL	LOZG	EA	250		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487001611	KALA	LACTOBA	560800 Antidiarrh(	56080000 Antidiarrh(	O	30MG-20M	ORAL	TABS	EA	100		SSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001612	KALA	LACTOBA	560800 Antidiarrh(	56080000 Antidiarrh(	O	30MG-20M	ORAL	TABS	EA	250		SSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001613	KALA	LACTOBA	560800 Antidiarrh(	56080000 Antidiarrh(	O	30MG-20M	ORAL	TABS	EA	500		SSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001631	FOLIC AC	FOLIC AC	880800 Vitamin B	88080000 Vitamin B	P	400 MCG	ORAL	TABS	EA	100		GENERIC		58487			N	#N/A	ORIG_FR	10 EHB	#N/A	X	THEN $0 COPAY AND TIER=1	R	MEDPRIM
58487001633	FOLIC AC	FOLIC AC	880800 Vitamin B	88080000 Vitamin B	P	400 MCG	ORAL	TABS	EA	500		GENERIC		58487			N	#N/A	ORIG_FR	10 EHB	#N/A	X	THEN $0 COPAY AND TIER=1	R	MEDPRIM
58487001651	VITAMIN I	PYRIDOX	880800 Vitamin B	88080000 Vitamin B	P	250 MG	ORAL	TABS	EA	100		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001681	ZINC GLU	ZINC GLU	401200 Replacem	40120000 Replacem	P	15 MG	ORAL	TABS	EA	100		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001683	ZINC GLU	ZINC GLU	401200 Replacem	40120000 Replacem	P	15 MG	ORAL	TABS	EA	500		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001702	DELTA D3	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	10 MCG (4	ORAL	TABS	EA	250		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001703	DELTA D3	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	10 MCG (4	ORAL	TABS	EA	500		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001731	CALCIUM	CALCIUM	401200 Replacem	40120000 Replacem	O	50 MG	ORAL	CAPS	EA	100		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001733	CALCIUM	CALCIUM	401200 Replacem	40120000 Replacem	O	50 MG	ORAL	CAPS	EA	500		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001741	VITAMIN (	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	1000 MG	ORAL	TABS	EA	100		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001742	VITAMIN (	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	1000 MG	ORAL	TABS	EA	250		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001743	VITAMIN (	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	1000 MG	ORAL	TABS	EA	500		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001751	MAGNESI	MAGNESI	401200 Replacem	40120000 Replacem	P	27.5 MG	ORAL	TABS	EA	100		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001753	MAGNESI	MAGNESI	401200 Replacem	40120000 Replacem	P	27.5 MG	ORAL	TABS	EA	500		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001761	POTASSI	POTASSI	401200 Replacem	40120000 Replacem	O	80 MG	ORAL	TABS	EA	100		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487001762	POTASSI	POTASSI	401200 Replacem	40120000 Replacem	O	80 MG	ORAL	TABS	EA	250		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487001771	TRIAMINC	AMINO AC	402000 Caloric Ag	40200000 Caloric Ag	O	200MG-20	ORAL	TABS	EA	100		SSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001811	GARLIC	GARLIC	929200 UNKNOW	92920000 UNKNOW	O	200 MG	ORAL	TABS	EA	100		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487001813	GARLIC	GARLIC	929200 UNKNOW	92920000 UNKNOW	O	200 MG	ORAL	TABS	EA	500		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487001821	SUPER Q	B-COMPL	882800 Multivitam	88280000 Multivitam	P	50MCG-5(	ORAL	TABS	EA	100		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001822	SUPER Q	B-COMPL	882800 Multivitam	88280000 Multivitam	P	50MCG-5(	ORAL	TABS	EA	250		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001823	SUPER Q	B-COMPL	882800 Multivitam	88280000 Multivitam	P	50MCG-5(	ORAL	TABS	EA	500		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001831	VITAMIN I	VITAMIN I	842400 Emollients	84240000 Emollients	P	920 UNIT/	EXTERNA	LIQD	ML	28.5		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001832	VITAMIN I	VITAMIN I	842400 Emollients	84240000 Emollients	P	920 UNIT/	EXTERNA	LIQD	ML	57		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001833	VITAMIN I	VITAMIN I	842400 Emollients	84240000 Emollients	P	920 UNIT/	EXTERNA	LIQD	ML	114		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001853	GLYCINE	GLYCINE	402000 Caloric Ag	40200000 Caloric Ag	P	0	ORAL	POWD	GM	480		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001861	VITAMIN (	ASCORBI	881200 Vitamin C	88120000 Vitamin C	O	0-0	ORAL	POWD	GM	120		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487001863	VITAMIN (	ASCORBI	881200 Vitamin C	88120000 Vitamin C	O	0-0	ORAL	POWD	GM	480		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487001943	ULTRAMI	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-30M	ORAL	POWD	GM	480		SSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001971	L-PHENYI	PHENYLA	402000 Caloric Ag	40200000 Caloric Ag	P	500 MG	ORAL	TABS	EA	100		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487001981	VITAMIN I	COBALAM	880800 Vitamin B	88080000 Vitamin B	O	500-400 M	ORAL	TABS	EA	100		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487001982	VITAMIN I	COBALAM	880800 Vitamin B	88080000 Vitamin B	O	500-400 M	ORAL	TABS	EA	250		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487001991	CRO-MAN	CHROMIU	401200 Replacem	40120000 Replacem	O	200-5-25 I	ORAL	TABS	EA	100		SSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487002021	PAN-C 50	BIOFLAV(	882800 Multivitam	88280000 Multivitam	P	500MG-50	ORAL	TABS	EA	100		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487002022	PAN-C 50	BIOFLAV(	882800 Multivitam	88280000 Multivitam	P	500MG-50	ORAL	TABS	EA	250		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487002023	PAN-C 50	BIOFLAV(	882800 Multivitam	88280000 Multivitam	P	500MG-50	ORAL	TABS	EA	500		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487002071	ZINC	ZINC GLU	401200 Replacem	40120000 Replacem	P	30 MG	ORAL	TABS	EA	100		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487002072	ZINC	ZINC GLU	401200 Replacem	40120000 Replacem	P	30 MG	ORAL	TABS	EA	250		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487002081	VITAMIN (	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	1000 MG	ORAL	TABS	EA	100		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487002082	VITAMIN (	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	1000 MG	ORAL	TABS	EA	250		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487002083	VITAMIN (	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	1000 MG	ORAL	TABS	EA	500		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487002091	CHELATE	CALCIUM	401200 Replacem	40120000 Replacem	O	200 MG	ORAL	TABS	EA	100		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487002101	CHELATE	MAGNESI	401200 Replacem	40120000 Replacem	P	100 MG	ORAL	TABS	EA	100		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487002102	CHELATE	MAGNESI	401200 Replacem	40120000 Replacem	P	100 MG	ORAL	TABS	EA	250		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487002103	CHELATE	MAGNESI	401200 Replacem	40120000 Replacem	P	100 MG	ORAL	TABS	EA	500		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487002111	PAPAYA	PAPAYA	440000 Enzymes	44000000 Enzymes	O	100 MG	ORAL	TABS	EA	100		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487002112	PAPAYA	PAPAYA	440000 Enzymes	44000000 Enzymes	O	100 MG	ORAL	TABS	EA	250		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487002141	ZINC CHE	ZINC	401200 Replacem	40120000 Replacem	O	22.5 MG	ORAL	TABS	EA	100		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487002142	ZINC CHE	ZINC	401200 Replacem	40120000 Replacem	O	22.5 MG	ORAL	TABS	EA	250		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487002181	CHOLINE	CHOLINE	562400 Lipotropic	56240000 Lipotropic	O	650 MG	ORAL	TABS	EA	100		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487002200	L-TRYPT(	TRYPTOF	282492 Anxiolytics	28249200 Anxiolytics	O	500 MG	ORAL	TABS	EA	50		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487002231	PABA	PARA-AM	929200 UNKNOW	92920000 UNKNOW	O	100 MG	ORAL	TABS	EA	100		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487002243	MAGNESI	MAGNESI	401200 Replacem	40120000 Replacem	O	250 MG/G	ORAL	POWD	GM	480		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487002291	ALFALFA	ALFALFA	929200 UNKNOW	92920000 UNKNOW	O	600 MG	ORAL	TABS	EA	100		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487002292	ALFALFA	ALFALFA	929200 UNKNOW	92920000 UNKNOW	O	600 MG	ORAL	TABS	EA	250		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487002321	CALCIUM	CALCIUM	401200 Replacem	40120000 Replacem	O	100 MG	ORAL	TABS	EA	100		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487002331	BETAINE	BETAINE	929200 UNKNOW	92920000 UNKNOW	O	300 MG	ORAL	TABS	EA	100		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487002332	BETAINE	BETAINE	929200 UNKNOW	92920000 UNKNOW	O	300 MG	ORAL	TABS	EA	250		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487002341	TRI SUPE	BIOFLAV(	882800 Multivitam	88280000 Multivitam	P	900MG-10	ORAL	TABS	EA	100		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487002342	TRI SUPE	BIOFLAV(	882800 Multivitam	88280000 Multivitam	P	900MG-10	ORAL	TABS	EA	250		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487002351	VITAMIN /	VITAMIN /	880400 Vitamin A	88040000 Vitamin A	O	15000-10(	ORAL	TABS	EA	100		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487002361	MANGANI	MANGANI	401200 Replacem	40120000 Replacem	O	50 MG	ORAL	TABS	EA	100		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487002371	VITAMIN I	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	25 MCG ('	ORAL	TABS	EA	100		GENERIC		58487	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487002373	VITAMIN I	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	25 MCG ('	ORAL	TABS	EA	500		GENERIC		58487	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487002381	VITAMINS	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	0-100UNI1	ORAL	TABS	EA	100		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487002391	GARLIC-F	GARLIC &	929200 UNKNOW	92920000 UNKNOW	P	100-175 M	ORAL	TABS	EA	100		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487002393	GARLIC-F	GARLIC &	929200 UNKNOW	92920000 UNKNOW	P	100-175 M	ORAL	TABS	EA	500		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487002411	VITAMIN I	CYANOC(	880800 Vitamin B	88080000 Vitamin B	P	500 MCG	ORAL	LOZG	EA	100		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487002412	VITAMIN I	CYANOC(	880800 Vitamin B	88080000 Vitamin B	P	500 MCG	ORAL	LOZG	EA	250		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487002421	L-LYSINE	LYSINE H	402000 Caloric Ag	40200000 Caloric Ag	P	500 MG	ORAL	TABS	EA	100		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487002422	L-LYSINE	LYSINE H	402000 Caloric Ag	40200000 Caloric Ag	P	500 MG	ORAL	TABS	EA	250		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487002431	OCEANIC	SELENIUM	401200 Replacem	40120000 Replacem	P	50 MCG	ORAL	TABS	EA	100		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487002451	VITAMIN I	VITAMIN I	882000 Vitamin E	88200000 Vitamin E	O	400 UNIT	ORAL	TABS	EA	100		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487002461	L-GLUTAI	GLUTAMI	402000 Caloric Ag	40200000 Caloric Ag	P	500 MG	ORAL	TABS	EA	100		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487002501	ASCORBI	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	500 MG	ORAL	TABS	EA	100		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487002502	ASCORBI	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	500 MG	ORAL	TABS	EA	250		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487002503	ASCORBI	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	500 MG	ORAL	TABS	EA	500		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487002521	CHELATE	ZINC	401200 Replacem	40120000 Replacem	P	50 MG	ORAL	TABS	EA	100		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487002522	CHELATE	ZINC	401200 Replacem	40120000 Replacem	P	50 MG	ORAL	TABS	EA	250		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487002571	ULTRA FF	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	1666.667U	ORAL	TABS	EA	90		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487002621	CHLOROI	CHLOROI	929200 UNKNOW	92920000 UNKNOW	O	20-100 MC	ORAL	TABS	EA	100		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487002622	CHLOROI	CHLOROI	929200 UNKNOW	92920000 UNKNOW	O	20-100 MC	ORAL	TABS	EA	250		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487002651	OCEANIC	SELENIUM	401200 Replacem	40120000 Replacem	P	200 MCG	ORAL	TABS	EA	100		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487002652	OCEANIC	SELENIUM	401200 Replacem	40120000 Replacem	P	200 MCG	ORAL	TABS	EA	250		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487002691	SUPER C.	CALCIUM	401200 Replacem	40120000 Replacem	P	333.333-1(	ORAL	TABS	EA	100		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487002692	SUPER C.	CALCIUM	401200 Replacem	40120000 Replacem	P	333.333-1(	ORAL	TABS	EA	250		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487002693	SUPER C.	CALCIUM	401200 Replacem	40120000 Replacem	P	333.333-1(	ORAL	TABS	EA	500		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487002701	QUERCE1	QUERCE1	929200 UNKNOW	92920000 UNKNOW	O	50 MG	ORAL	TABS	EA	100		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487002702	QUERCE1	QUERCE1	929200 UNKNOW	92920000 UNKNOW	O	50 MG	ORAL	TABS	EA	250		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487002721	CALCIUM	CALCIUM	401200 Replacem	40120000 Replacem	O	260 MG	ORAL	CHEW	EA	100		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487002722	CALCIUM	CALCIUM	401200 Replacem	40120000 Replacem	O	260 MG	ORAL	CHEW	EA	250		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487002723	CALCIUM	CALCIUM	401200 Replacem	40120000 Replacem	O	260 MG	ORAL	CHEW	EA	500		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487002741	ZINC	ZINC GLU	401200 Replacem	40120000 Replacem	O	10 MG	MOUTH/T	LOZG	EA	100		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487002751	PARVA-C.	CALCIUM	401200 Replacem	40120000 Replacem	O	500-5 MG-	ORAL	TABS	EA	100		SSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487002752	PARVA-C.	CALCIUM	401200 Replacem	40120000 Replacem	O	500-5 MG-	ORAL	TABS	EA	250		SSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487002760	MORE-DC	LACTOBA	560800 Antidiarrh(	56080000 Antidiarrh(	O	1550MG/1	ORAL	POWD	GM	30		SSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487002761	MORE-DC	LACTOBA	560800 Antidiarrh(	56080000 Antidiarrh(	O	1550MG/1	ORAL	POWD	GM	120		SSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487002781	CHROMIU	CHROMIU	401200 Replacem	40120000 Replacem	O	400 MCG	ORAL	TABS	EA	100		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487002801	COPPER	COPPER	401200 Replacem	40120000 Replacem	P	2 MG	ORAL	TABS	EA	100		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487002811	ULTRA FF	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	0-33.333M	ORAL	TABS	EA	90		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487002831	PRENATA	PRENATA	882800 Multivitam	88280000 Multivitam	O	9-0.267 M	ORAL	TABS	EA	100		SSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487002841	CALCIUM	CALCIUM	401200 Replacem	40120000 Replacem	O	250 MG	ORAL	TABS	EA	100		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487002842	CALCIUM	CALCIUM	401200 Replacem	40120000 Replacem	O	250 MG	ORAL	TABS	EA	250		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487002843	CALCIUM	CALCIUM	401200 Replacem	40120000 Replacem	O	250 MG	ORAL	TABS	EA	500		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487002871	QUERCE1	QUERCE1	929200 UNKNOW	92920000 UNKNOW	O	250 MG	ORAL	TABS	EA	100		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487002872	QUERCE1	QUERCE1	929200 UNKNOW	92920000 UNKNOW	O	250 MG	ORAL	TABS	EA	250		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487002881	L-THREOI	THREONI	402000 Caloric Ag	40200000 Caloric Ag	O	500 MG	ORAL	TABS	EA	100		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487002931	BIOTIN	BIOTIN	880800 Vitamin B	88080000 Vitamin B	P	10 MG	ORAL	TABS	EA	100		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487002982	BROMEL/	BROMEL/	440000 Enzymes	44000000 Enzymes	O	500 MG	ORAL	TABS	EA	250		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487003001	CAL-MINT	CALCIUM	401200 Replacem	40120000 Replacem	O	260 MG	ORAL	CHEW	EA	100		SSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487003002	CAL-MINT	CALCIUM	401200 Replacem	40120000 Replacem	O	260 MG	ORAL	CHEW	EA	250		SSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487003011	VITAMIN /	VITAMIN /	880400 Vitamin A	88040000 Vitamin A	O	4.5 MG (1!	ORAL	TABS	EA	100		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487003012	VITAMIN /	VITAMIN /	880400 Vitamin A	88040000 Vitamin A	O	4.5 MG (1!	ORAL	TABS	EA	250		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487003021	NIACIN	NIACIN	880800 Vitamin B	88080000 Vitamin B	P	500 MG	ORAL	TABS	EA	100		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487003061	MAGNESI	MAGNESI	401200 Replacem	40120000 Replacem	O	100 MG	ORAL	TABS	EA	100		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487003062	MAGNESI	MAGNESI	401200 Replacem	40120000 Replacem	O	100 MG	ORAL	TABS	EA	250		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487003071	ANTI-ALLI	BIOFLAV(	882800 Multivitam	88280000 Multivitam	P	100-100-5	ORAL	TABS	EA	100		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487003072	ANTI-ALLI	BIOFLAV(	882800 Multivitam	88280000 Multivitam	P	100-100-5	ORAL	TABS	EA	250		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487003082	BROCCOI	BROCCOI	929200 UNKNOW	92920000 UNKNOW	O	500 MG	ORAL	TABS	EA	250		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487003122	VITAMIN I	ERGOCAI	881600 Vitamin D	88160000 Vitamin D	O	10 MCG (4	ORAL	TABS	EA	250	X	MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487003131	PRENATA	PRENATA	882800 Multivitam	88280000 Multivitam	O	27-0.8 MG	ORAL	TABS	EA	100		SSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487003141	DAILY VA	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	60MG-60M	ORAL	TABS	EA	100		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487003142	DAILY VA	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	60MG-60M	ORAL	TABS	EA	250		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487003161	FERROUS	FERROUS	200404 Iron Prepa	20040400 Iron Prepa	O	29 MG	ORAL	TABS	EA	100		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487003230	COENZYM	COENZYM	929200 UNKNOW	92920000 UNKNOW	O	50 MG	ORAL	TABS	EA	50		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487003231	COENZYM	COENZYM	929200 UNKNOW	92920000 UNKNOW	O	50 MG	ORAL	TABS	EA	100		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487003261	CAL/MAG	CALCIUM	882800 Multivitam	88280000 Multivitam	O	200-100 M	ORAL	TABS	EA	100		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487003311	VITALETS	PEDIATRI	882800 Multivitam	88280000 Multivitam	O	40MG-40M	ORAL	CHEW	EA	100		SSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487003321	VITALETS	PEDIATRI	882800 Multivitam	88280000 Multivitam	O	40MG-40M	ORAL	CHEW	EA	100		SSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487003331	VITALETS	PEDIATRI	882800 Multivitam	88280000 Multivitam	O	40MG-40M	ORAL	CHEW	EA	100		SSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487003332	VITALETS	PEDIATRI	882800 Multivitam	88280000 Multivitam	O	40MG-40M	ORAL	CHEW	EA	250		SSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487003341	VITALETS	PEDIATRI	882800 Multivitam	88280000 Multivitam	O	40MG-40M	ORAL	CHEW	EA	100		SSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487003342	VITALETS	PEDIATRI	882800 Multivitam	88280000 Multivitam	O	40MG-40M	ORAL	CHEW	EA	250		SSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487003361	QUINTAB	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	0-30MCG-	ORAL	TABS	EA	100		SSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487003362	QUINTAB	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	0-30MCG-	ORAL	TABS	EA	250		SSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487003383	CALCIUM	CALCIUM	401200 Replacem	40120000 Replacem	O	760 MG/3.	ORAL	GRAN	GM	480		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487003421	FEM-CAL	MULTIPLE	401200 Replacem	40120000 Replacem	O	.4MG-200I	ORAL	TABS	EA	100		SSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487003501	PRENATA	PRENATA	882800 Multivitam	88280000 Multivitam	O	6.75-0.2 M	ORAL	TABS	EA	120		SSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487003502	PRENATA	PRENATA	882800 Multivitam	88280000 Multivitam	O	6.75-0.2 M	ORAL	TABS	EA	250		SSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487003503	PRENATA	PRENATA	882800 Multivitam	88280000 Multivitam	O	6.75-0.2 M	ORAL	TABS	EA	500		SSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487003511	CAL-CITR	CALCIUM	401200 Replacem	40120000 Replacem	O	250-2.5 M	ORAL	TABS	EA	100		SSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487003512	CAL-CITR	CALCIUM	401200 Replacem	40120000 Replacem	O	250-2.5 M	ORAL	TABS	EA	250		SSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487003621	GLUCOS/	GLUCOS/	929200 UNKNOW	92920000 UNKNOW	O	500 MG	ORAL	TABS	EA	100		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487003651	ALPHA-LI	ALPHA-LI	929200 UNKNOW	92920000 UNKNOW	P	200 MG	ORAL	TABS	EA	100		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487003660	COENZYM	COENZYM	929200 UNKNOW	92920000 UNKNOW	O	100 MG	ORAL	TABS	EA	50		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487003681	CRANBEF	CRANBEF	929200 UNKNOW	92920000 UNKNOW	P	400 MG	ORAL	TABS	EA	100		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487003691	VITAMIN I	CHOLECA	881600 Vitamin D	88160000 Vitamin D	O	75 MCG (3	ORAL	TABS	EA	100		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487003702	VITAMIN I	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	125 MCG	ORAL	TABS	EA	250		GENERIC		58487			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487003711	VITAMIN I	ERGOCAI	881600 Vitamin D	88160000 Vitamin D	O	50 MCG (2	ORAL	TABS	EA	100		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487080011	LUTEIN	LUTEIN	929200 UNKNOW	92920000 UNKNOW	O	6 MG	ORAL	TABS	EA	100		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487080021	LUTEIN	LUTEIN	929200 UNKNOW	92920000 UNKNOW	O	20 MG	ORAL	TABS	EA	100		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58487080031	ADVANCE	CALCIUM	401200 Replacem	40120000 Replacem	O	200 MG	ORAL	TABS	EA	100		SSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487080032	ADVANCE	CALCIUM	401200 Replacem	40120000 Replacem	O	200 MG	ORAL	TABS	EA	250		SSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58487080101	VITAMIN I	MENAQUI	882400 Vitamin K	88240000 Vitamin K	O	40 MCG	ORAL	TABS	EA	90		MSB		58487			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
58526000512	MELATON	MELATON	929200 UNKNOW	92920000 UNKNOW	P	3MG	ORAL	TABS	EA	1		GENERIC		58526			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58526000550	D 400	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	400UNIT	ORAL	TABS	EA	30		GENERIC		58526		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58526000555	DIGESTIV	PROBIOT	560800 Antidiarrh(	56080000 Antidiarrh(	O	0	ORAL	CAPS	EA	1		SSB	6/13/2022	58526		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58526000556	DIGESTIV	PROBIOT	560800 Antidiarrh(	56080000 Antidiarrh(	O	0	ORAL	CAPS	EA	100		SSB	6/13/2022	58526		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58526000559	FERROUS	FERROUS	200404 Iron Prepa	20040400 Iron Prepa	P	300 (60 FE	ORAL	SOLN	ML	5		GENERIC		58526		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58552013004	GILTUSS	PHENYLE	480800 Antitussive	48080000 Antitussive	P	10-15-300	ORAL	LIQD	ML	118		GENERIC		58552			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58552013104	GILTUSS	PHENYLE	480800 Antitussive	48080000 Antitussive	P	7.5-150-5	ORAL	LIQD	ML	118		GENERIC		58552			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58552013204	GILTUSS	DEXTROM	480800 Antitussive	48080000 Antitussive	P	20MG/10M	ORAL	LIQD	ML	118		GENERIC		58552			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58552013304	GILTUSS	DEXTROM	480800 Antitussive	48080000 Antitussive	P	10MG/5MI	ORAL	LIQD	ML	118		GENERIC		58552			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58552013404	GILTUSS	DEXTROM	480800 Antitussive	48080000 Antitussive	P	10MG/5MI	ORAL	LIQD	ML	118		GENERIC		58552			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58552013501	GILTUSS	BENZOCA	840800 Antipruritic	84080000 Antipruritic	O	6.5-0.1-0.1	MOUTH/T	LIQD	ML	30		SSB		58552			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58552013604	GILTUSS	PHENYLE	480800 Antitussive	48080000 Antitussive	O	5-2-6.5-32	ORAL	LIQD	ML	118		SSB		58552			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58552013704	GILTUSS	PHENYLE	480800 Antitussive	48080000 Antitussive	O	5-2-6.5-32	ORAL	LIQD	ML	118		SSB		58552			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58552013804	GILTUSS	PHENYLE	480800 Antitussive	48080000 Antitussive	P	2MG/5ML-	ORAL	LIQD	ML	118		GENERIC		58552			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58552013904	GILTUSS	PHENYLE	480800 Antitussive	48080000 Antitussive	P	2MG/5ML-	ORAL	LIQD	ML	118		GENERIC		58552			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58552014004	GILTUSS	DEXTROM	480800 Antitussive	48080000 Antitussive	P	20-200 MC	ORAL	LIQD	ML	118		GENERIC		58552			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58552014104	GILTUSS	DEXTROM	480800 Antitussive	48080000 Antitussive	P	10-100 MC	ORAL	LIQD	ML	118		GENERIC		58552			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58552014215	GILTUSS	OXYMET/	523200 Vasoconst	52320000 Vasoconst	P	0.05%	NASAL	SOLN	ML	15		GENERIC		58552			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58552014304	GILTUSS	DEXTROM	480800 Antitussive	48080000 Antitussive	P	30 MG/10(	ORAL	LIQD	ML	118		GENERIC		58552			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58552014404	GILTUSS	DEXTROM	480800 Antitussive	48080000 Antitussive	P	15 MG/5M	ORAL	LIQD	ML	118		GENERIC		58552			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58552014504	GILTUSS	GUAIFEN	481600 Expectora	48160000 Expectora	O	400 MG/1(	ORAL	LIQD	ML	118		SSB		58552			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58552014604	GILTUSS	GUAIFEN	481600 Expectora	48160000 Expectora	O	200 MG/5I	ORAL	LIQD	ML	118		SSB		58552			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58552015106	PROTECT	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	250MG/5M	ORAL	LIQD	ML	178		SSB		58552			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58552031301	GILPHEX	PHENYLE	481600 Expectora	48160000 Expectora	R	10-388 MC	ORAL	TABS	EA	100		SSB	4/1/2022	58552			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND			R	MEDPRIM
58552031630	PROTECT	IRON POL	200404 Iron Prepa	20040400 Iron Prepa	O	60-1 MG	ORAL	TABS	EA	30		SSB		58552			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58552032201	PHENAGI	CHLORPH	40400 First Gene	4040000 First Gene	O	3.5-10 MG	ORAL	TABS	EA	100		SSB		58552			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58552032301	PHENAGI	PHENYLE	480800 Antitussive	48080000 Antitussive	O	24MG-3.5I	ORAL	TABS	EA	100		SSB		58552			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58552032560	PROTECT	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	.5MG-0-12	ORAL	CAPS	EA	60		SSB		58552			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58552032660	PROTECT	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	15MG-20M	ORAL	CAPS	EA	60		SSB		58552			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58552033120	GILTUSS	PHENYLE	480800 Antitussive	48080000 Antitussive	O	28MG-388	ORAL	TABS	EA	20		SSB		58552			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58552033220	GILTUSS	PHENYLE	481600 Expectora	48160000 Expectora	O	10-388 MC	ORAL	TABS	EA	20		SSB		58552			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58552033320	GILTUSS	CHLORPH	40400 First Gene	4040000 First Gene	O	3.5-10 MG	ORAL	TABS	EA	20		SSB		58552			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58552033420	GILTUSS	PHENYLE	480800 Antitussive	48080000 Antitussive	O	24MG-3.5I	ORAL	TABS	EA	20		SSB		58552			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58552033501	GILTUSS	PHENYLE	480800 Antitussive	48080000 Antitussive	O	10-29-390	ORAL	TABS	EA	100		SSB		58552			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58552033601	GILPHEX	PHENYLE	481600 Expectora	48160000 Expectora	O	10-390 MC	ORAL	TABS	EA	100		SSB		58552			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58552033701	PHENAGI	PHENYLE	480800 Antitussive	48080000 Antitussive	O	10-3.5-29	ORAL	TABS	EA	100		SSB		58552			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58559000201	RELIEF P.	MENTHOI	849200 Skin and M	84920000 Skin and M	O	3%	EXTERNA	CREA	GM	5		SSB		58559			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58602000640	OLOPATA	OLOPATA	520200 Antiallergi	52020000 Antiallergi	P	0.10%	OPHTHAL	SOLN	ML	5		GENERIC		58602			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58602000739	OLOPATA	OLOPATA	520200 Antiallergi	52020000 Antiallergi	P	0.20%	OPHTHAL	SOLN	ML	2.5		GENERIC		58602			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58602002224	AURODR'	DIPHENH	40400 First Gene	4040000 First Gene	P	12.5 MG/5	ORAL	LIQD	ML	118		GENERIC	5/3/2022	58602			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58602020424	PAIN & FE	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	160 MG/5I	ORAL	SUSP	ML	118		GENERIC	5/3/2022	58602			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58602022124	AUROPHI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	160 MG/5I	ORAL	SUSP	ML	118		GENERIC	7/26/2022	58602			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58602042324	LORATAC	LORATAC	40800 Second G	4080000 Second G	P	5 MG/5ML	ORAL	SOLN	ML	120		GENERIC		58602			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58602044509	ALLERGY	CETIRIZIN	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		58602			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58602044540	ALLERGY	CETIRIZIN	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	500		GENERIC		58602			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58602044594	ALLERGY	CETIRIZIN	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	100		GENERIC		58602			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58602060407	DICLOFEI	DICLOFEI	840620 UNKNOW	84062000 UNKNOW	P	1%	EXTERNA	GEL	GM	100		GENERIC		58602			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58602070176	LOPERAM	LOPERAM	560800 Antidiarrh(	56080000 Antidiarrh(	P	2 MG	ORAL	TABS	EA	24		GENERIC		58602			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58602070204	LORATAC	LORATAC	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	100		GENERIC		58602			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58602070219	LORATAC	LORATAC	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC		58602			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58602070221	LORATAC	LORATAC	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	100		GENERIC		58602			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58602070238	LORATAC	LORATAC	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	300		GENERIC		58602			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58602070240	LORATAC	LORATAC	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	500		GENERIC		58602			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58602070284	LORATAC	LORATAC	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		58602			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58602070515	ACID REC	FAMOTID	562812 Histamine	56281200 Histamine	P	10 MG	ORAL	TABS	EA	60		GENERIC		58602			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58602070519	ACID REC	FAMOTID	562812 Histamine	56281200 Histamine	P	10 MG	ORAL	TABS	EA	90		GENERIC		58602			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58602070584	ACID REC	FAMOTID	562812 Histamine	56281200 Histamine	P	10 MG	ORAL	TABS	EA	30		GENERIC		58602			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58602070653	FAMOTID	FAMOTID	562812 Histamine	56281200 Histamine	P	20 MG	ORAL	TABS	EA	25	X	GENERIC		58602			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58602071121	FEXOFEN	FEXOFEN	40800 Second G	4080000 Second G	P	180 MG	ORAL	TABS	EA	100		GENERIC		58602			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58602071129	FEXOFEN	FEXOFEN	40800 Second G	4080000 Second G	P	180 MG	ORAL	TABS	EA	150		GENERIC		58602			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58602071467	MUCUS R	DEXTROM	480800 Antitussive	48080000 Antitussive	P	30-600 MC	ORAL	TB12	EA	20		GENERIC		58602	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58602072905	ACID REC	OMEPRA	562836 Proton-pu	56283600 Proton-pu	P	20 MG	ORAL	TBEC	EA	14		GENERIC		58602			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
58602072961	ACID REC	OMEPRA	562836 Proton-pu	56283600 Proton-pu	P	20 MG	ORAL	TBEC	EA	28		GENERIC		58602			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM

58602072962	ACID RED	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	TBEC	EA	42		GENERIC		58602			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58602073094	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	650 MG	ORAL	TBCR	EA	100		GENERIC		58602			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58602075521	PAIN REL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	100		GENERIC		58602			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58602075536	PAIN REL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	250		GENERIC		58602			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58602077321	PAIN REL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	100		GENERIC		58602			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58602080961	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	CPDR	EA	14	X	GENERIC		58602			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			X	1 IN 1 DAYS				R	MEDPRMI
58602081097	GUAIFEN	GUAIFEN	481600	Expectora	48160000	Expectora	P	600 MG	ORAL	TB12	EA	40		GENERIC		58602			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58602081576	LOPERAM	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	P	2-125 MG	ORAL	TABS	EA	24		GENERIC		58602	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58604021430	ADDYI	FLIBANSE	289200	Central Ne	28920000	Central Ne	R	100 MG	ORAL	TABS	EA	30	X	SSB		58604			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X						R	MEDPRMI
58605010101	MAXIFED	PSEUDOE	481600	Expectora	48160000	Expectora	O	360MG-60	ORAL	TABS	EA	100		SSB		58605			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58605010301	MAXICHL	PHENYLE	480800	Antitussive	48080000	Antitussive	O	4MG-18M	ORAL	TABS	EA	100		SSB		58605			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58605010601	MAXIFED	TRIPROLI	40400	First Gene	4040000	First Gene	O	1.25-30 M	ORAL	TABS	EA	100		SSB		58605			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58605030316	MAXI-TUS	PHENYLE	480800	Antitussive	48080000	Antitussive	O	4MG/5ML-	ORAL	LIQD	ML	473		SSB		58605			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						X	AGE_YEA MUST BE AT LEAST	R	MEDPRMI
58605030416	MAXI-TUS	PHENYLE	480800	Antitussive	48080000	Antitussive	O	5-2-5 MG/	ORAL	LIQD	ML	473		SSB		58605			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58605030516	MAXI-TUS	TRIPROLI	40400	First Gene	4040000	First Gene	O	1.25-30 M	ORAL	LIQD	ML	473		SSB		58605			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58605030616	MAXI-TUS	BROMPHI	40400	First Gene	4040000	First Gene	O	2-5 MG/5M	ORAL	LIQD	ML	473		SSB		58605			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58605030816	MAXI-TUS	PHENYLE	480800	Antitussive	48080000	Antitussive	O	2.5-5 MG/	ORAL	LIQD	ML	473		SSB		58605			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58605031116	MAXI-TUS	DEXTROM	480800	Antitussive	48080000	Antitussive	P	10-100 MC	ORAL	LIQD	ML	473		GENERIC		58605			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58605031216	MAXI-TUS	DEXTROM	480800	Antitussive	48080000	Antitussive	P	10-200 MC	ORAL	LIQD	ML	473		GENERIC		58605			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58605031316	MAXI-TUS	GUAIFEN	480800	Antitussive	48080000	Antitussive	P	100-10 MC	ORAL	SOLN	ML	473		GENERIC		58605			N	NON-FORMULARY		1 GEN	GENERICS						X	AGE_YEA MUST BE AT LEAST	R	MEDPRMI
58605031416	MAXI-TUS	PHENYLE	481600	Expectora	48160000	Expectora	O	2.5-50 MG	ORAL	LIQD	ML	473		SSB		58605			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58605031516	MAXI-TUS	PHENYLE	481600	Expectora	48160000	Expectora	O	5-100 MG	ORAL	LIQD	ML	473		SSB		58605			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58607011310	FERROUS	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	325 (65 FE	ORAL	TABS	EA	100		GENERIC		58607			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58607018510	MYNEPHI	B-COMPL	882800	Multivitam	88280000	Multivitam	S	1 MG	ORAL	CAPS	EA	100		GENERIC		58607			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58657011801	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	P	1 GM	ORAL	TABS	EA	100		GENERIC		58657			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58657012012	MAGNESI	MAGNESI	560400	Antacids a	56040000	Antacids a	P	400 MG	ORAL	TABS	EA	120		GENERIC		58657			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58657013390	THRIVITE	PRENATA	882800	Multivitam	88280000	Multivitam	R	29-1 MG	ORAL	TABS	EA	90		SSB		58657			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58657013601	THRIVITE	MULTIPLE	882800	Multivitam	88280000	Multivitam	R	100MG-10	ORAL	TABS	EA	100		SSB	7/1/2022	58657			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58657015101	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657015110	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	1000	X	GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657016012	SODIUM F	SODIUM F	340400	UNKNOW	34040000	UNKNOW	S	0.55 (0.25	ORAL	CHEW	EA	120	X	GENERIC		58657			N	#N/A	ORIG_FR	10 EHB	#N/A						X	IF AGE=6-72 MONTHS THEN :	R	MEDPRMI
58657016110	SODIUM F	SODIUM F	340400	UNKNOW	34040000	UNKNOW	S	1.1 (0.5 F)	ORAL	CHEW	EA	1000	X	GENERIC		58657			N	#N/A	ORIG_FR	10 EHB	#N/A						X	IF AGE=6-72 MONTHS THEN :	R	MEDPRMI
58657016112	SODIUM F	SODIUM F	340400	UNKNOW	34040000	UNKNOW	S	1.1 (0.5 F)	ORAL	CHEW	EA	120	X	GENERIC		58657			N	#N/A	ORIG_FR	10 EHB	#N/A						X	IF AGE=6-72 MONTHS THEN :	R	MEDPRMI
58657016212	SODIUM F	SODIUM F	340400	UNKNOW	34040000	UNKNOW	S	2.2 (1 F) M	ORAL	CHEW	EA	120	X	GENERIC		58657			N	#N/A	ORIG_FR	10 EHB	#N/A						X	IF AGE=6-72 MONTHS THEN :	R	MEDPRMI
58657016301	MULTIVIT	PEDIATRI	882800	Multivitam	88280000	Multivitam	R	0.25 MG	ORAL	CHEW	EA	100		SSB		58657			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
58657016390	MULTIVIT	PEDIATRI	882800	Multivitam	88280000	Multivitam	R	0.25 MG	ORAL	CHEW	EA	90		SSB		58657			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
58657016401	MULTIVIT	PEDIATRI	882800	Multivitam	88280000	Multivitam	R	0.5 MG	ORAL	CHEW	EA	100		SSB		58657			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
58657016490	MULTIVIT	PEDIATRI	882800	Multivitam	88280000	Multivitam	R	0.5 MG	ORAL	CHEW	EA	90		SSB		58657			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
58657016501	MULTIVIT	PEDIATRI	882800	Multivitam	88280000	Multivitam	R	1 MG	ORAL	CHEW	EA	100		SSB		58657			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
58657016590	MULTIVIT	PEDIATRI	882800	Multivitam	88280000	Multivitam	R	1 MG	ORAL	CHEW	EA	90		SSB		58657			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
58657017001	M-NATAL	PRENATA	882800	Multivitam	88280000	Multivitam	R	27-1 MG	ORAL	TABS	EA	100		SSB		58657			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58657031016	SOD CITR	SODIUM (	400800	Alkalinizin	40080000	Alkalinizin	S	500-334 M	ORAL	SOLN	ML	473		GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657031116	POTASSI	POT & SC	400800	Alkalinizin	40080000	Alkalinizin	S	334MG/5M	ORAL	SOLN	ML	473		GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657031216	POTASSI	POTASSI	400800	Alkalinizin	40080000	Alkalinizin	S	1100-334	ORAL	SOLN	ML	473		GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657032250	SODIUM F	SODIUM F	340400	UNKNOW	34040000	UNKNOW	R	1.1 (0.5 F)	ORAL	SOLN	ML	50	X	GENERIC		58657			N	#N/A	ORIG_FR	10 EHB	#N/A						X	IF AGE=6-72 MONTHS THEN :	R	MEDPRMI
58657032350	TRI-VITE/	PEDIATRI	882800	Multivitam	88280000	Multivitam	R	0.25 MG/M	ORAL	SOLN	ML	50		SSB		58657			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
58657032450	TRI-VITE/	PEDIATRI	882800	Multivitam	88280000	Multivitam	R	0.5 MG/ML	ORAL	SOLN	ML	50		SSB		58657			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
58657032550	MULTI-VI	PEDIATRI	882800	Multivitam	88280000	Multivitam	R	0.25 MG/M	ORAL	SOLN	ML	50		SSB		58657			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
58657032650	MULTI-VI	PEDIATRI	882800	Multivitam	88280000	Multivitam	R	0.5 MG/ML	ORAL	SOLN	ML	50		SSB		58657			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
58657032750	MULTI-VI	PED MUL	882800	Multivitam	88280000	Multivitam	S	0.25-10 M	ORAL	SOLN	ML	50		GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657040301	ESTRATE	ESTERIFI	681604	Estrogens	68160400	Estrogens	S	0.625-1.25	ORAL	TABS	EA	100	X	GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657040401	ESTRATE	ESTERIFI	681604	Estrogens	68160400	Estrogens	S	1.25-2.5 M	ORAL	TABS	EA	100	X	GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657040501	EST ESTE	ESTERIFI	681604	Estrogens	68160400	Estrogens	S	1.25-2.5 M	ORAL	TABS	EA	100	X	GENERIC	1/2/2024	58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657040601	EST ESTE	ESTERIFI	681604	Estrogens	68160400	Estrogens	S	0.625-1.25	ORAL	TABS	EA	100	X	GENERIC	1/2/2024	58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657040701	EST ESTE	ESTERIFI	681604	Estrogens	68160400	Estrogens	S	0.625-1.25	ORAL	TABS	EA	100	X	GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657040801	EST ESTE	ESTERIFI	681604	Estrogens	68160400	Estrogens	S	1.25-2.5 M	ORAL	TABS	EA	100	X	GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657042716	HYOSCY	HYOSCY	120808	Antimusca	12080800	Antimusca	S	0.125 MG/	ORAL	ELIX	ML	473	X	GENERIC	7/1/2022	58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657042815	HYOSCY	HYOSCY	120808	Antimusca	12080800	Antimusca	S	0.125 MG/	ORAL	SOLN	ML	15	X	GENERIC	1/3/2022	58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657045001	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	100		GENERIC	1/2/2024	58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657045101	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	100		GENERIC	1/2/2024	58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657045401	ME/NAPH	METHENA	83600	Urinary Ar	8360000	Urinary Ar	S	81.6 MG	ORAL	TABS	EA	100		GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657045601	URO-MP	METHENA	83600	Urinary Ar	8360000	Urinary Ar	S	118 MG	ORAL	CAPS	EA	100		GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657045890	URO-458	METHENA	83600	Urinary Ar	8360000	Urinary Ar	S	81 MG	ORAL	TABS	EA	90		GENERIC	1/2/2024	58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657046001	METHENA	METHENA	83600	Urinary Ar	8360000	Urinary Ar	S	0.5 GM	ORAL	TABS	EA	100		GENERIC	7/1/2022	58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657046801	SULFACE	SULFACE	842800	Keratolytic	84280000	Keratolytic	S	10-5 %	EXTERNA	CREA	GM	28		GENERIC		58657	N		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
58657046802	SULFACE	SULFACE	842800	Keratolytic	84280000	Keratolytic	S	10-5 %	EXTERNA	CREA	GM	57		GENERIC		58657	N		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
58657046916	SULFACE	SULFACE	842800	Keratolytic	84280000	Keratolytic	S	8-4 %	EXTERNA	SUSP	ML	473		GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657047108	SULFACE	SULFACE	842800	Keratolytic	84280000	Keratolytic	S	10-2 %	EXTERNA	LIQD	GM	227		GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657047206	SULFACE	SULFACE	842800	Keratolytic	84280000	Keratolytic	S	10-5 %	EXTERNA	LIQD	GM	170		GENERIC		58657			N	FORMULARY		1 GEN	GENERICS			X	<= 1419				R	MEDPRMI
58657047207	SULFACE	SULFACE	842800	Keratolytic	84280000	Keratolytic	S	10-5 %	EXTERNA	LIQD	GM	170.3		GENERIC		58657			N	FORMULARY		1 GEN	GENERICS			X	<= 1419				R	MEDPRMI
58657047208	SULFACE	SULFACE	842800	Keratolytic	84280000	Keratolytic	S	10-5 %	EXTERNA	LIQD	GM	227		GENERIC		58657			N	FORMULARY		1 GEN	GENERICS			X	<= 1419				R	MEDPRMI
58657047212	SULFACE	SULFACE	842800	Keratolytic	84280000	Keratolytic	S	10-5 %	EXTERNA	LIQD	GM	340		GENERIC		58657			N	FORMULARY		1 GEN	GENERICS			X	<= 1419				R	MEDPRMI
58657047213	SULFACE	SULFACE	842800	Keratolytic	84280000	Keratolytic	S	10-5 %	EXTERNA	LIQD	GM	340.2		GENERIC		58657			N	FORMULARY		1 GEN	GENERICS			X	<= 1419				R	MEDPRMI
58657047316	SULFACE	SULFACE	842800	Keratolytic	84280000	Keratolytic	S	9-4 %	EXTERNA	LIQD	ML	473		GENERIC		58657	N		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657047416	SULFACE	SULFACE	842800	Keratolytic	84280000	Keratolytic	S	9-4.5 %	EXTERNA	LIQD	GM	454		GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657047706	SODIUM S	SULFACE	840404	Antibacter	84040400	Antibacter	S	10%	EXTERNA	LIQD	GM	177		GENERIC		58657	N		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657047712	SODIUM S	SULFACE	840404	Antibacter	84040400	Antibacter	S	10%	EXTERNA	LIQD	GM	355		GENERIC		58657	N		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657047716	SODIUM S	SULFACE	840404	Antibacter	84040400	Antibacter	S	10%	EXTERNA	LIQD	GM	480		GENERIC		58657	N		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657047806	SELENIU	SELENIU	840416	UNKNOW	84041600	UNKNOW	S	2.25%	EXTERNA	SHAM	ML	180		GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657047906	SELENIU	SELENIU	840416	UNKNOW	84041600	UNKNOW	S	2.30%	EXTERNA	SHAM	ML	180		GENERIC	1/2/2024	58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657048608	UREA	UREA	842800	Keratolytic	84280000	Keratolytic	S	41%	EXTERNA	CREA	GM	227		GENERIC	1/3/2022	58657			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
58657048701	UREA	UREA	842800	Keratolytic	84280000	Keratolytic	S	40%	EXTERNA	CREA	GM	28.35		GENERIC	10/31/2024	58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657048703	UREA	UREA	842800	Keratolytic	84280000	Keratolytic	S	40%	EXTERNA	CREA	GM	85		GENERIC	10/31/2024	58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657048707	UREA	UREA	842800	Keratolytic	84280000	Keratolytic	S	40%	EXTERNA	CREA	GM	198.4		GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657048901	UREA	UREA	842800	Keratolytic	84280000	Keratolytic	S	40%	EXTERNA	CREA	GM	28.35		GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657048903	UREA	UREA	842800	Keratolytic	84280000	Keratolytic	S	40%	EXTERNA	CREA	GM	85		GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657049018	SODIUM F	SODIUM F	340400	UNKNOW	34040000	UNKNOW	S	1.10%	DENTAL	CREA	GM	51	X	GENERIC	1/3/2022	58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657049102	SODIUM F	SODIUM F	340400	UNKNOW	34040000	UNKNOW	S	1.10%	DENTAL	GEL	GM	56	X	GENERIC	1/3/2022	58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657050004	GUAIFEN	GUAIFEN	480800	Antitussive	48080000	Antitussive	P	100-10 MC	ORAL	SOLN	ML	120		GENERIC		58657			N	NON-FORMULARY		1 GEN	GENERICS						X	AGE_YEA MUST BE AT LEAST	R	MEDPRMI
58657050016	GUAIFEN	GUAIFEN	480800	Antitussive	48080000	Antitussive	P	100-10 MC	ORAL	SOLN	ML	473		GENERIC		58657			N	NON-FORMULARY		1 GEN	GENERICS						X	AGE_YEA MUST BE AT LEAST	R	MEDPRMI
58657050408	GUAIFEN	DEXTROM	480800	Antitussive	48080000	Antitussive	P	100-10 MC	ORAL	SYRP	ML	237		GENERIC		58657			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58657050508	DEXTROM	DEXTROM	480800	Antitussive	48080000	Antitussive	P	10-100 MC	ORAL	SYRP	ML	237		GENERIC	10/31/2024	58657			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58657050816	GUAIFEN	GUAIFEN	481600	Expectora	48160000	Expectora	P	100 MG/5M	ORAL	LIQD	ML	473		GENERIC		58657			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58657050916	GUAIFEN	GUAIFEN	481600	Expectora	48160000	Expectora	P	100 MG/5M	ORAL	LIQD	ML	473		GENERIC	10/31/2024	58657			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58657051808	SENNA	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.8 MG/5M	ORAL	SYRP	ML	237		GENERIC		58657			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58657052404	M-PAP	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5M	ORAL	LIQD	ML	118		GENERIC		58657			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58657052416	M-PAP	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5M	ORAL	LIQD	ML	473		GENERIC		58657			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58657052504	M-PAP	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5M	ORAL	LIQD	ML	120		GENERIC		58657			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58657052516	M-PAP	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5M	ORAL	LIQD	ML	473		GENERIC		58657			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58657052804	M-DRYL	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5 MG/5	ORAL	LIQD	ML	120		GENERIC		58657			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58657052816	M-DRYL	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5 MG/5	ORAL	LIQD	ML	473		GENERIC		58657			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58657053530	M-HIST PI	TRIPROLI	40400	First Gene	4040000	First Gene	P	0.625 MG/	ORAL	LIQD	ML	30		GENERIC	1/3/2022	58657			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58657060201	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657060250	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	500	X	GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657060301	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TABS	EA	100	X	GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657060350	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TABS	EA	500	X	GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657060401	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	300 MG	ORAL	TABS	EA	100	X	GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657060450	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	300 MG	ORAL	TABS	EA	500	X	GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657060501	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	100	X	GENERIC	1/3/2022	58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657060601	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TABS	EA	100	X	GENERIC	1/3/2022	58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657060701	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	300 MG	ORAL	TABS	EA	100	X	GENERIC	1/3/2022	58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657062001	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC	1/3/2022	58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657062050	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	500	X	GENERIC	1/3/2022	58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657062101	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	100	X	GENERIC	1/3/2022	58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657062150	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	500	X	GENERIC	1/3/2022	58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657062201	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	100	X	GENERIC	1/3/2022	58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657062250	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	500	X	GENERIC	1/3/2022	58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657062301	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	100	X	GENERIC	1/3/2022	58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657062350	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	500	X	GENERIC	1/3/2022	58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657062401	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	100	X	GENERIC	1/3/2022	58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657062450	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	500	X	GENERIC	1/3/2022	58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657064501	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	100		GENERIC	1/2/2024	58657			N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS				R	MEDPRMI
58657064510	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	1000		GENERIC	1/2/2024	58657			N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS				R	MEDPRMI
58657064550	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	500		GENERIC	1/2/2024	58657			N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS				R	MEDPRMI
58657064701	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	100	X	GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657064710	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	1000	X	GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657064750	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	500	X	GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657064801	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	100	X	GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657064810	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	1000	X	GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657064850	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	500	X	GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657064901	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.3 MG	ORAL	TABS	EA	100	X	GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657064910	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.3 MG	ORAL	TABS	EA	1000	X	GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657064950	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.3 MG	ORAL	TABS	EA	500	X	GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657067501	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	100		GENERIC	10/31/2024	58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657067601	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	100		GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657067650	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	500		GENERIC	1/2/2024	58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657068501	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TB24	EA	100	X	GENERIC	8/31/2022	58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657068550	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TB24	EA	500	X	GENERIC	8/31/2022	58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657068601	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TB24	EA	100	X	GENERIC	8/31/2022	58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657068650	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TB24	EA	500	X	GENERIC	8/31/2022	58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657068701	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TB24	EA	100	X	GENERIC	8/31/2022	58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657068750	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TB24	EA	500	X	GENERIC	8/31/2022	58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657069716	CYPROHE	CYPROHE	40400	First Gene	4040000	First Gene	S	2 MG/5ML	ORAL	SYRP	ML	473		GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657070001	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	0.5 MG	ORAL	TABS	EA	100	X	GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657070101	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657070201	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	2 MG	ORAL	TABS	EA	100	X	GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657070301	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657070310	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	5 MG	ORAL	TABS	EA	1000	X	GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657070401	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657070501	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657071030	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	30	X	GENERIC	1/2/2024	58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657071050	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	500	X	GENERIC	1/2/2024	58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657071090	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	90	X	GENERIC	1/2/2024	58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657071130	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	30	X	GENERIC	1/2/2024	58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657071150	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	500	X	GENERIC	1/2/2024	58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657071190	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	90	X	GENERIC	1/2/2024	58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657071230	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	30	X	GENERIC	1/2/2024	58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657071250	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	500	X	GENERIC	1/2/2024	58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657071290	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	90	X	GENERIC	1/2/2024	58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657071330	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	30	X	GENERIC	1/2/2024	58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657071350	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	500	X	GENERIC	1/2/2024	58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657071390	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	90	X	GENERIC	1/2/2024	58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657073001	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	5 MG	ORAL	TABS	EA	100		GENERIC		58657			N	FORMULARY		1 GEN	GENERICS			X	16 IN 1 DAYS				R	MEDPRMI
58657073101	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC		58657			N	FORMULARY		1 GEN	GENERICS			X	8 IN 1 DAYS				R	MEDPRMI
58657073110	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	1000		GENERIC		58657			N	FORMULARY		1 GEN	GENERICS			X	8 IN 1 DAYS				R	MEDPRMI
58657073201	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	100		GENERIC		58657			N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS				R	MEDPRMI
58657073210	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	1000		GENERIC		58657			N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS				R	MEDPRMI
58657073501	CAPTOPF	CAPTOPF	243204	Angiotens	24320400	Angiotens	S	12.5 MG	ORAL	TABS	EA	100	X	GENERIC		58657	N		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657073601	CAPTOPF	CAPTOPF	243204	Angiotens	24320400	Angiotens	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657073701	CAPTOPF	CAPTOPF	243204	Angiotens	24320400	Angiotens	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657073801	CAPTOPF	CAPTOPF	243204	Angiotens	24320400	Angiotens	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657074001	METOLAZ	METOLAZ	243624	UNKNOW	24362400	UNKNOW	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657074101	METOLAZ	METOLAZ	243624	UNKNOW	24362400	UNKNOW	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657074201	METOLAZ	METOLAZ	243624	UNKNOW	24362400	UNKNOW	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657081010	PYRIDOS	PYRIDOS	120400	Parasymp	12040000	Parasymp	R	30 MG	ORAL	TABS	EA	210		GENERIC	1/3/2023	58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58657081021	PYRIDOS	PYRIDOS	120400	Parasymp	12040000	Parasymp	R	30 MG	ORAL	TABS	EA	21		GENERIC		58657			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58765000005	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	600-5 MG-	ORAL	TABS	EA	60		GENERIC		58765			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58765000006	OMEGA 3	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	30		GENERIC		58765			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58765000054	VITAMIN I	CYANOCO	880800	Vitamin B	88080000	Vitamin B	P	1000 MCG	SUBLINGU	SUBL	EA	30		GENERIC		58765			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58765000055	VITAMIN I	VITAMIN I	882400	Vitamin K	88240000	Vitamin K	O	100MCG	ORAL	TABS	EA	30		MSB		58765			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
58765000066	BIOTIN	BIOTIN	880800	Vitamin B	88080000	Vitamin B	P	800 MCG	ORAL	TABS	EA	30		GENERIC		58765			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58768010314	EYESCRU	SOAP & C	842000	Detergent	84200000	Detergent	O	0	EXTERNA	LIQD	ML	120		SSB		58768			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58768013136	HYPOTEA	WHITE PE	529200	EENT Dru	52920000	EENT Dru	P	0-0	OPHTHAL	OINT	GM	3.5		GENERIC		58768	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58768078712	TETRACA	TETRACA	521600	Local Ane	52160000	Local Ane	S	0.50%	OPHTHAL	SOLN	ML	1		GENERIC		58768			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
58768089515	VASOCLE	NAPHAZO	523200	Vasocons	52320000	Vasocons	O	.02%-.25%	OPHTHAL	SOLN	ML	15		SSB		58768			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58790000030	THERATE	CARBOXY	529200	EENT Dru	52920000	EENT Dru	O	0.25%	OPHTHAL	SOLN	EA	30		SSB		58790			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58790000115	THERATE	CARBOXY	529200	EENT Dru	52920000	EENT Dru	P	0.25%	OPHTHAL	SOLN	ML	15		MSB		58790			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
58790000130	THERATE	CARBOXY	529200	EENT Dru	52920000	EENT Dru	P	0.25%	OPHTHAL	SOLN	ML	30		MSB		58790			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
58790000228	THERATE	CARBOXY	529200	EENT Dru	52920000	EENT Dru	P	1%	OPHTHAL	GEL	EA	28		MSB	3/30/2023	58790			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
58790000330	THERATE	CARBOXY	529200	EENT Dru	52920000	EENT Dru	P	1%	OPHTHAL	GEL	EA	30		GENERIC		58790			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58790000360	THERATE	DHA-EPA	929200	UNKNOW	92920000	UNKNOW	O	75MG-75M	ORAL	CAPS	EA	90		SSB	12/29/2023	58790	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58790000550	STERILID	EYELID C	849200	Skin and M	84920000	Skin and M	O	0-0-0	EXTERNA	FOAM	ML	48		SSB	3/30/2023	58790			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58790000560	THERATE	EYELID C	849200	Skin and M	84920000	Skin and M	O	.01%-.06%	EXTERNA	SOLN	ML	59.2		SSB		58790			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58790000715	THERATE	CARBOXY	529200	EENT Dru	52920000	EENT Dru	P	0.25%	OPHTHAL	SOLN	ML	15		GENERIC		58790			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58790001030	THERATE	CARBOXY	529200	EENT Dru	52920000	EENT Dru	O	0.25%	OPHTHAL	SOLN	EA	30		SSB		58790			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58790007215	THERATE	CARBOXY	529200	EENT Dru	52920000	EENT Dru	P	0.25%	OPHTHAL	SOLN	ML	15		GENERIC		58790			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58790007216	THERATE	CARBOXY	529200	EENT Dru	52920000	EENT Dru	P	0.25%	OPHTHAL	SOLN	ML	15		GENERIC		58790			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58809018708	VANACOF	DEXTROM	480800	Antitussive	48080000	Antitussive	O	18-396 MC	ORAL	LIQD	ML	237		SSB		58809			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58809018908	VANACOF	CHLOPHE	480800	Antitussive	48080000	Antitussive	O	12.5-25 M	ORAL	LIQD	ML	237		SSB		58809			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58809019016	VANACOF	CHLOPHE	480800	Antitussive	48080000	Antitussive	O	12.5-1 MG	ORAL	SOLN	ML	473		SSB		58809			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58809019860	VANATAE	PHENYLE	480800	Antitussive	48080000	Antitussive	O	5-9-198 M	ORAL	TABS	EA	60		SSB		58809			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58809022130	DAYCLEA	CHLOPHE	480800	Antitussive	48080000	Antitussive	O	25-50 MG	ORAL	TABS	EA	30		SSB	3/1/2024	58809			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58809022360	DAY CLEA	CHLOPHE	480800	Antitussive	48080000	Antitussive	O	12.5-12.5	ORAL	CHEW	EA	60		SSB	11/29/2023	58809			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58809037504	Z-BUM	ZINC OXI	841200	Astringent	84120000	Astringent	O	22%	EXTERNA	CREA	GM	113		SSB		58809			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58809045004	COZIMA	ZINC OXI	841200	Astringent	84120000	Astringent	O	24%	EXTERNA	CREA	GM	113		SSB	11/29/2023	58809			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58809055508	VANACOF	PHENYLE	480800	Antitussive	48080000	Antitussive	P	10-18-200	ORAL	LIQD	ML	240		MSB		58809	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
58809065008	VANALICE	PYRETHR	840412	Scabicides	84041200	Scabicides	O	0.3-3.5 %	EXTERNA	GEL	ML	237		SSB		58809			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58809065150	PEDIACLE	TRIPROLI	40400	First Gene	4040000	First Gene	P	0.625 MG/	ORAL	LIQD	ML	50		MSB		58809	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
58809072904	NASOPEN	THONZYL	40400	First Gene	4040000	First Gene	O	50-10 MG/	ORAL	LIQD	ML	118		SSB	12/4/2024	58809			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58809077008	PEDIACLE	PYRILAMI	40400	First Gene	4040000	First Gene	O	12.5 MG/1	ORAL	LIQD	ML	237		SSB		58809			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58809085008	VANACOF	PHENYLE	480800	Antitussive	48080000	Antitussive	O	10-18-396	ORAL	LIQD	ML	237		SSB	11/29/2023	58809			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58809099901	VANACOF	PSEUDOE	480800	Antitussive	48080000	Antitussive	O	30-1-12.5	ORAL	LIQD	ML	473		SSB		58809			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58864000256	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	56		GENERIC		58864	N	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58864036428	RANITIDI	RANITIDI	562812	Histamine	56281200	Histamine	S	150 MG	ORAL	TABS	EA	28	X	GENERIC	4/1/2020	58864		X	N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58864036430	RANITIDI	RANITIDI	562812	Histamine	56281200	Histamine	S	150 MG	ORAL	TABS	EA	30	X	GENERIC	4/1/2020	58864		X	N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58864036460	RANITIDI	RANITIDI	562812	Histamine	56281200	Histamine	S	150 MG	ORAL	TABS	EA	60	X	GENERIC	4/1/2020	58864		X	N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58864073830	SEROQU	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	25MG	ORAL	TABS	EA	30	X	MSB		58864	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION								R	MEDPRMI
58864073860	SEROQU	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	25MG	ORAL	TABS	EA	60	X	MSB		58864	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION								R	MEDPRMI
58864088830	SEROQU	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	300MG	ORAL	TABS	EA	30	X	MSB		58864	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION								R	MEDPRMI
58864088930	ZETIA	EZETIMIB	240605	Cholester	24060500	Cholester	S	10MG	ORAL	TABS	EA	30	X	MSB		58864	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION								R	MEDPRMI
58864089630	ZYPREXA	OLANZAP	281608	Antipsych	28160804	Atypical A	S	7.5MG	ORAL	TABS	EA	30	X	MSB		58864	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION								R	MEDPRMI
58869010101	ELON NA	DERMATC	849200	Skin and M	84920000	Skin and M	P	0	EXTERNA	OINT	GM	7.5		GENERIC		58869			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58869010103	ELON NA	DERMATC	849200	Skin and M	84920000	Skin and M	P	0	EXTERNA	OINT	GM	10		GENERIC		58869			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58869011105	ELON PR	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	4		NON DRUG		58869			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58869012101	ELON MA	SPECIALT	882800	Multivitam	88280000	Multivitam	O	3000-50-1	ORAL	TABS	EA	60		SSB		58869			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58869012201	ELON MA	SPECIALT	882800	Multivitam	88280000	Multivitam	O	100MG-10	ORAL	TABS	EA	60		SSB		58869			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58869012501	ELON MA	SPECIALT	882800	Multivitam	88280000	Multivitam	O	5000MCG	ORAL	TABS	EA	60		SSB		58869			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58869012601	ELON MA	SPECIALT	882800	Multivitam	88280000	Multivitam	O	100MG-10	ORAL	TABS	EA	60		SSB		58869			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58869012701	ELON R3	SPECIALT	882800	Multivitam	88280000	Multivitam	O	2500MCG	ORAL	TABS	EA	60		SSB		58869			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58869013101	ELON HE	PODIATR	849200	Skin and M	84920000	Skin and M	O	0	EXTERNA	CREA	ML	60		SSB		58869			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58869013106	ELON HE	PODIATR	849200	Skin and M	84920000	Skin and M	O	0	EXTERNA	CREA	ML	180		SSB		58869			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58869015102	ELON SK	EMOLLIE	842412	Basic Oint	84241200	Basic Oint	O	0-0-0	EXTERNA	CREA	ML	60		SSB		58869			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58869015106	ELON SK	EMOLLIE	842412	Basic Oint	84241200	Basic Oint	O	0-0-0	EXTERNA	CREA	ML	15		SSB		58869			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58869016120	ELON BA	SKIN PRO	842412	Basic Oint	84241200	Basic Oint	O	0-0-0-0-0	EXTERNA	LOTN	ML	60		SSB		58869			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58869017605	ELON DU	UNDECYL	840416	UNKNOW	84041600	UNKNOW	P	25%	EXTERNA	LIQD	ML	15		GENERIC		58869			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58892012587	LIPCOTZ	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	4%-5.5%	EXTERNA	STCK	GM	4.5		SSB		58892			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58892034645	FACE CO	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	8%-3.8%	EXTERNA	LOTN	GM	45		SSB		58892			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58892072154	TOTAL BL	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	0-0-0-0-0	EXTERNA	LOTN	ML	58.8		SSB		58892			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58892072159	TOTAL BL	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	0-0-0-0-0	EXTERNA	LOTN	ML	58.8		SSB		58892			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58892091087	COTZ	SUNSCRE	848000	Sunscreen	84800000	Sunscreen	O	0-0	EXTERNA	LOTN	GM	70		SSB		58892			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58914008052	BENTYL	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG/ML	INTRAMU	SOLN	ML	2		MSB		58914			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
58914017014	CARAFAT	SUCRALF	562832	Protectant	56283200	Protectant	S	1 GM/10M	ORAL	SUSP	ML	420	X	MSB		58914	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
58914017110	CARAFAT	SUCRALF	562832	Protectant	56283200	Protectant	S	1 GM	ORAL	TABS	EA	100	X	MSB		58914	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
58914030180	RECTIV	NITROGL	842412	Basic Oint	84241200	Basic Oint	S	0.40%	RECTAL	OINT	GM	30		MSB		58914			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
58914050156	CANASA	MESALAM	563600	Anti-inflam	56360000	Anti-inflam	S	1000 MG	RECTAL	SUPP	EA	30		MSB		58914	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
58914060120	PYLERA	BISMUTH	562892	UNKNOW	56289200	UNKNOW	S	140-125-1	ORAL	CAPS	EA	120		MSB	4/8/2024	58914			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
58914078510	URSO 25(	URSODIO	561400	Cholelitho	56140000	Cholelitho	S	250 MG	ORAL	TABS	EA	100	X	MSB	1/17/2024	58914	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
58914079010	URSO FO	URSODIO	561400	Cholelitho	56140000	Cholelitho	S	500MG	ORAL	TABS	EA	100	X	MSB		58914	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
58914080284	SCANDIS	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	PACK	EA	24		SSB	9/1/2022	58914			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58914080444	SCANDIS	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	MISC	EA	4		SSB	9/8/2022	58914			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58914081044	SCANDIS	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	PACK	EA	4		SSB	7/31/2022	58914	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
58914082018	SCANDIS	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	240MG/85	ORAL	POWD	GM	510		SSB		58914			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI

59088079554	FOLCYTE	MULTIPLE	882800	Multivitam	88280000	Multivitam	R	1000MCG	ORAL	TABS	EA	30	SSB		59088		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59088080100	LEXTOL	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	1.5 & 0.02	EXTERNA	THPK	ML	387	GENERIC		59088		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59088080200	DICLOGE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	R	1.5 & 4-10	EXTERNA	THPK	EA	1	SSB		59088		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59088080400	LIXOFEN	DICLOFE	840620	UNKNOW	84062000	UNKNOW	R	1.50%	EXTERNA	KIT	EA	1	SSB		59088		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59088080500	DERMACI	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	R	5%	EXTERNA	THPK	EA	1	SSB		59088		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59088080700	DERMACI	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	R	5 & 5 %	EXTERNA	THPK	EA	1	SSB		59088		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59088081624	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	2%-2%	RECTAL	KIT	EA	1	GENERIC		59088		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
59088081701	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	R	2.8-0.55 %	RECTAL	GEL	GM	100	GENERIC		59088		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
59088081901	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	3-0.5 %	EXTERNA	CREA	GM	7	GENERIC		59088		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
59088081903	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	3-0.5 %	EXTERNA	CREA	GM	28.3	GENERIC		59088		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
59088081907	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	3-0.5 %	EXTERNA	CREA	GM	85	GENERIC		59088		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
59088081914	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	3-0.5 %	EXTERNA	CREA	GM	7	GENERIC		59088		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
59088081920	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	3-0.5 %	RECTAL	KIT	EA	1	GENERIC		59088		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
59088083820	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	3-2.5 %	RECTAL	KIT	EA	1	GENERIC		59088		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
59088089300	DERMACI	CLOTRIM	840408	Antifungal	84040808	Azoles	R	1-0.05 & 2	EXTERNA	THPK	GM	135	SSB		59088		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59088090054	LIDOCAN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	30	GENERIC		59088 N		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS		R	MEDPRMI
59088090084	LIDOCAN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	1	GENERIC		59088 N		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS		R	MEDPRMI
59088090554	LIDOCAN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	30	GENERIC		59088		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS		R	MEDPRMI
59088090584	LIDOCAN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	1	GENERIC		59088		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS		R	MEDPRMI
59088090754	LIDOCAN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	30	GENERIC		59088		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS		R	MEDPRMI
59088090784	LIDOCAN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	1	GENERIC		59088		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS		R	MEDPRMI
59088090854	LIDOCAN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	30	GENERIC	10/20/2023	59088		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS		R	MEDPRMI
59088090884	LIDOCAN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	1	GENERIC	10/20/2023	59088		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS		R	MEDPRMI
59088090954	LIDOCAN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	30	GENERIC		59088		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS		R	MEDPRMI
59088090984	LIDOCAN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	1	GENERIC		59088		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS		R	MEDPRMI
59088091054	LIDOCAN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	30	GENERIC		59088		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS		R	MEDPRMI
59088091084	LIDOCAN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	1	GENERIC		59088		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS		R	MEDPRMI
59088091154	LIDOCAN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	30	GENERIC		59088		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS		R	MEDPRMI
59088091184	LIDOCAN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	1	GENERIC		59088		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS		R	MEDPRMI
59088097454	LIDOTRAI	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	R	4.88%	EXTERNA	PTCH	EA	30	SSB		59088		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
59088097484	LIDOTRAI	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	R	4.88%	EXTERNA	PTCH	EA	1	SSB		59088		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
59088099703	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	3%	EXTERNA	CREA	GM	28.3	GENERIC		59088		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
59088099707	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	3%	EXTERNA	CREA	GM	85	GENERIC		59088		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
59137023101	GLEOLAN	AMINOLE	366800	Roentgen	36680000	Roentgen	S	1.5 GM	ORAL	SOLR	EA	1	SSB		59137		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59137027001	IXINITY	COAGULA	202816	Hemostati	20281600	Hemostati	R	500 UNIT	INTRAVEI	SOLR	EA	1	SSB		59137	Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND						R	MEDPRMI
59137027101	IXINITY	COAGULA	202816	Hemostati	20281600	Hemostati	R	1000 UNIT	INTRAVEI	SOLR	EA	1	SSB		59137	Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND						R	MEDPRMI
59137027201	IXINITY	COAGULA	202816	Hemostati	20281600	Hemostati	R	1500 UNIT	INTRAVEI	SOLR	EA	1	SSB		59137	Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND						R	MEDPRMI
59137027501	IXINITY	COAGULA	202816	Hemostati	20281600	Hemostati	R	250 UNIT	INTRAVEI	SOLR	EA	1	SSB	4/1/2024	59137	Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND						R	MEDPRMI
59137027601	IXINITY	COAGULA	202816	Hemostati	20281600	Hemostati	R	2000 UNIT	INTRAVEI	SOLR	EA	1	SSB	4/1/2024	59137	Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND						R	MEDPRMI
59137027701	IXINITY	COAGULA	202816	Hemostati	20281600	Hemostati	R	3000 UNIT	INTRAVEI	SOLR	EA	1	SSB		59137	Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND						R	MEDPRMI
59137028205	IXINITY	COAGULA	202816	Hemostati	20281600	Hemostati	R	500 UNIT	INTRAVEI	SOLR	EA	1	SSB		59137	Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND						R	MEDPRMI
59137028305	IXINITY	COAGULA	202816	Hemostati	20281600	Hemostati	R	1000 UNIT	INTRAVEI	SOLR	EA	1	SSB		59137	Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND						R	MEDPRMI
59137028405	IXINITY	COAGULA	202816	Hemostati	20281600	Hemostati	R	1500 UNIT	INTRAVEI	SOLR	EA	1	SSB		59137	Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND						R	MEDPRMI
59137028705	IXINITY	COAGULA	202816	Hemostati	20281600	Hemostati	R	250 UNIT	INTRAVEI	SOLR	EA	1	SSB	4/1/2024	59137	Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND						R	MEDPRMI
59137028805	IXINITY	COAGULA	202816	Hemostati	20281600	Hemostati	R	2000 UNIT	INTRAVEI	SOLR	EA	1	SSB	4/1/2024	59137	Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND						R	MEDPRMI
59137028905	IXINITY	COAGULA	202816	Hemostati	20281600	Hemostati	R	3000 UNIT	INTRAVEI	SOLR	EA	1	SSB		59137	Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND						R	MEDPRMI
59137050500	RASUVO	METHOTR	902400	UNKNOW	90240000	UNKNOW	R	7.5 MG/0.	SUBCUTA	SOAJ	ML	0.15 X	SSB		59137	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59137050501	RASUVO	METHOTR	902400	UNKNOW	90240000	UNKNOW	R	7.5 MG/0.	SUBCUTA	SOAJ	ML	0.15 X	SSB		59137	Y	Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59137050504	RASUVO	METHOTR	902400	UNKNOW	90240000	UNKNOW	R	7.5 MG/0.	SUBCUTA	SOAJ	ML	0.15 X	SSB		59137	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59137051000	RASUVO	METHOTR	902400	UNKNOW	90240000	UNKNOW	R	10 MG/0.2	SUBCUTA	SOAJ	ML	0.2 X	SSB		59137	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59137051001	RASUVO	METHOTR	902400	UNKNOW	90240000	UNKNOW	R	10 MG/0.2	SUBCUTA	SOAJ	ML	0.2 X	SSB		59137	Y	Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59137051004	RASUVO	METHOTR	902400	UNKNOW	90240000	UNKNOW	R	10 MG/0.2	SUBCUTA	SOAJ	ML	0.2 X	SSB		59137	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59137051500	RASUVO	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	12.5 MG/0	SUBCUTA	SOAJ	ML	0.25 X	SSB		59137	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59137051501	RASUVO	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	12.5 MG/0	SUBCUTA	SOAJ	ML	0.25 X	SSB		59137	Y	Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59137051504	RASUVO	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	12.5 MG/0	SUBCUTA	SOAJ	ML	0.25 X	SSB		59137	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59137052000	RASUVO	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	15 MG/0.3	SUBCUTA	SOAJ	ML	0.3 X	SSB		59137	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59137052001	RASUVO	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	15 MG/0.3	SUBCUTA	SOAJ	ML	0.3 X	SSB		59137	Y	Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59137052004	RASUVO	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	15 MG/0.3	SUBCUTA	SOAJ	ML	0.3 X	SSB		59137	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59137052500	RASUVO	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	17.5 MG/0	SUBCUTA	SOAJ	ML	0.35 X	SSB		59137	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59137052501	RASUVO	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	17.5 MG/0	SUBCUTA	SOAJ	ML	0.35 X	SSB		59137	Y	Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59137052504	RASUVO	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	17.5 MG/0	SUBCUTA	SOAJ	ML	0.35 X	SSB		59137	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59137053000	RASUVO	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	20 MG/0.4	SUBCUTA	SOAJ	ML	0.4 X	SSB		59137	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59137053001	RASUVO	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	20 MG/0.4	SUBCUTA	SOAJ	ML	0.4 X	SSB		59137	Y	Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59137053004	RASUVO	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	20 MG/0.4	SUBCUTA	SOAJ	ML	0.4 X	SSB		59137	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59137053500	RASUVO	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	22.5 MG/0	SUBCUTA	SOAJ	ML	0.45 X	SSB		59137	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59137053501	RASUVO	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	22.5 MG/0	SUBCUTA	SOAJ	ML	0.45 X	SSB		59137	Y	Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59137053504	RASUVO	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	22.5 MG/0	SUBCUTA	SOAJ	ML	0.45 X	SSB		59137	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59137054000	RASUVO	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	25 MG/0.5	SUBCUTA	SOAJ	ML	0.5 X	SSB		59137	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59137054001	RASUVO	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	25 MG/0.5	SUBCUTA	SOAJ	ML	0.5 X	SSB		59137	Y	Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59137054004	RASUVO	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	25 MG/0.5	SUBCUTA	SOAJ	ML	0.5 X	SSB		59137	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59137055000	RASUVO	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	30 MG/0.6	SUBCUTA	SOAJ	ML	0.6 X	SSB		59137	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59137055001	RASUVO	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	30 MG/0.6	SUBCUTA	SOAJ	ML	0.6 X	SSB		59137	Y	Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59137055004	RASUVO	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	30 MG/0.6	SUBCUTA	SOAJ	ML	0.6 X	SSB		59137	Y	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59137057001	HEXATRI	TRIAMCIN	680400	Adrenals	68040000	Adrenals	R	20 MG/ML	INTRA-AR	SUSP	ML	2	SSB		59137		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59148000613	ABILIFY	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	30 X	MSB		59148 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
59148000713	ABILIFY	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	30 X	MSB		59148 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
59148000813	ABILIFY	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	30 X	MSB		59148 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
59148000913	ABILIFY	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TABS	EA	30 X	MSB		59148 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
59148001013	ABILIFY	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	30 X	MSB		59148 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
59148001113	ABILIFY	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	30 MG	ORAL	TABS	EA	30 X	MSB		59148 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
59148001870	ABILIFY M	ARIPIPRA	281608	Antipsych	28160804	Atypical A	R	300MG	INTRAMU	SRER	EA	1 X	SSB		59148		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND			X	1 IN 26 DAYS		R	MEDPRMI
59148001871	ABILIFY M	ARIPIPRA	281608	Antipsych	28160804	Atypical A	R	300MG	INTRAMU	SRER	EA	1 X	SSB		59148		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND			X	1 IN 26 DAYS		R	MEDPRMI
59148001970	ABILIFY M	ARIPIPRA	281608	Antipsych	28160804	Atypical A	R	400MG	INTRAMU	SRER	EA	1 X	SSB		59148		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND			X	1 IN 26 DAYS		R	MEDPRMI
59148001971	ABILIFY M	ARIPIPRA	281608	Antipsych	28160804	Atypical A	R	400MG	INTRAMU	SRER	EA	1 X	SSB		59148		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND			X	1 IN 26 DAYS		R	MEDPRMI
59148002050	SAMSCA	TOLVAPT	402828	UNKNOW	40282800	UNKNOW	S	15 MG	ORAL	TABS	EA	10	MSB		59148		N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION			X	30 IN 365 DAYS		R	MEDPRMI
59148002150	SAMSCA	TOLVAPT	402828	UNKNOW	40282800	UNKNOW	S	30 MG	ORAL	TABS	EA	10	MSB		59148		N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION			X	60 IN 365 DAYS		R	MEDPRMI
59148002961	ABILIFY M	ARIPIPRA	281608	Antipsych	28160804	Atypical A	R	2 MG	ORAL	TBPK	EA	30	SSB		59148		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59148002972	ABILIFY M	ARIPIPRA	281608	Antipsych	28160804	Atypical A	R	2 MG	ORAL	TBPK	EA	30 X	SSB		59148		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59148002985	ABILIFY M	ARIPIPRA	281608	Antipsych	28160804	Atypical A	R	2 MG	ORAL	TABS	EA	30 X	SSB	6/6/2022	59148		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59148003061	ABILIFY M	ARIPIPRA	281608	Antipsych	28160804	Atypical A	R	5 MG	ORAL	TBPK	EA	30	SSB		59148		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59148003072	ABILIFY M	ARIPIPRA	281608	Antipsych	28160804	Atypical A	R	5 MG	ORAL	TBPK	EA	30 X	SSB		59148		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59148003085	ABILIFY M	ARIPIPRA	281608	Antipsych	28160804	Atypical A	R	5 MG	ORAL	TABS	EA	30 X	SSB	6/6/2022	59148		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59148003161	ABILIFY M	ARIPIPRA	281608	Antipsych	28160804	Atypical A	R	10 MG	ORAL	TBPK	EA	30	SSB		59148		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59148003172	ABILIFY M	ARIPIPRA	281608	Antipsych	28160804	Atypical A	R	10 MG	ORAL	TBPK	EA	30 X	SSB		59148		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59148003185	ABILIFY M	ARIPIPRA	281608	Antipsych	28160804	Atypical A	R	10 MG	ORAL	TABS	EA	30 X	SSB	6/6/2022	59148		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59148003261	ABILIFY M	ARIPIPRA	281608	Antipsych	28160804	Atypical A	R	15 MG	ORAL	TBPK	EA	30	SSB		59148		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59148003272	ABILIFY M	ARIPIPRA	281608	Antipsych	28160804	Atypical A	R	15 MG	ORAL	TBPK	EA	30 X	SSB		59148		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59148003285	ABILIFY M	ARIPIPRA	281608	Antipsych	28160804	Atypical A	R	15 MG	ORAL	TABS	EA	30 X	SSB	6/6/2022	59148		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59148003361	ABILIFY M	ARIPIPRA	281608	Antipsych	28160804	Atypical A	R	20 MG	ORAL	TBPK	EA	30	SSB		59148		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59148003372	ABILIFY M	ARIPIPRA	281608	Antipsych	28160804	Atypical A	R	20 MG	ORAL	TBPK	EA	30 X	SSB		59148		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59148003385	ABILIFY M	ARIPIPRA	281608	Antipsych	28160804	Atypical A	R	20 MG	ORAL	TABS	EA	30 X	SSB	6/6/2022	59148		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59148003461	ABILIFY M	ARIPIPRA	281608	Antipsych	28160804	Atypical A	R	30 MG	ORAL	TBPK	EA	30	SSB		59148		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59148003472	ABILIFY M	ARIPIPRA	281608	Antipsych	28160804	Atypical A	R	30 MG	ORAL	TBPK	EA	30 X	SSB		59148		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59148003485	ABILIFY M	ARIPIPRA	281608	Antipsych	28160804	Atypical A	R	30 MG	ORAL	TABS	EA	30 X	SSB	6/6/2022	59148		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59148003513	REXULTI	BREXPIPI	281608	Antipsych	28160804	Atypical A	R	0.25 MG	ORAL	TABS	EA	30 X	SSB		59148		N	FORMULARY		2 BRAND	PREFERRED BRAND			X	1 IN 1 DAYS		R	MEDPRMI
59148003613	REXULTI	BREXPIPI	281608	Antipsych	28160804	Atypical A	R	0.5 MG	ORAL	TABS	EA	30 X	SSB		59148		N	FORMULARY		2 BRAND	PREFERRED BRAND			X	1 IN 1 DAYS		R	MEDPRMI
59148003713	REXULTI	BREXPIPI	281608	Antipsych	28160804	Atypical A	R	1 MG	ORAL	TABS	EA	30 X	SSB		59148		N	FORMULARY		2 BRAND	PREFERRED BRAND			X	1 IN 1 DAYS		R	MEDPRMI
59148003813	REXULTI	BREXPIPI	281608	Antipsych	28160804	Atypical A	R	2 MG	ORAL	TABS	EA	30 X	SSB		59148		N	FORMULARY		2 BRAND	PREFERRED BRAND			X	1 IN 1 DAYS		R	MEDPRMI
59148003913	REXULTI	BREXPIPI	281608	Antipsych	28160804	Atypical A	R	3 MG	ORAL	TABS	EA	30 X	SSB		59148		N	FORMULARY		2 BRAND	PREFERRED BRAND			X	1 IN 1 DAYS		R	MEDPRMI
59148004013	REXULTI	BREXPIPI	281608	Antipsych	28160804	Atypical A	R	4 MG	ORAL	TABS	EA	30 X	SSB		59148		N	FORMULARY		2 BRAND	PREFERRED BRAND			X	1 IN 1 DAYS		R	MEDPRMI
59148004580	ABILIFY M	ARIPIPRA	281608	Antipsych	28160804	Atypical A	R	300MG	INTRAMU	PRSY	EA	1 X	SSB		59148		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND			X	1 IN 26 DAYS		R	MEDPRMI
59148004670	DACOGEI	DECITABI	100000	Antineopla	10000000	Antineopla	S	50 MG	INTRAVEI	SOLR	EA	1	MSB	8/31/2022	59148 Y		N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION						R	MEDPRMI
59148005316	NUEDEXT	DEXTROM	289200	Central Ne	28920000	Central Ne	R	20-10 MG	ORAL	CAPS	EA	60 X	SSB		59148		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X				R	MEDPRMI
59148007090	BUSULFE	BUSULFA	100000	Antineopla	10000000	Antineopla	S	6 MG/ML	INTRAVEI	SOLN	ML	10	MSB		59148 Y		N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION						R	MEDPRMI
59148007091	BUSULFE	BUSULFA	100000	Antineopla	10000000	Antineopla	S	6 MG/ML	INTRAVEI	SOLN	ML	10	MSB		59148 Y		N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION						R	MEDPRMI
59148007280	ABILIFY M	ARIPIPRA	281608	Antipsych	28160804	Atypical A	R	400MG	INTRAMU	PRSY	EA	1 X	SSB		59148		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND			X	1 IN 26 DAYS		R	MEDPRMI
59148007907	JYNARQU	TOLVAPT	402828	UNKNOW	40282800	UNKNOW	R	15 MG	ORAL	TBPK	EA	14	SSB		59148		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRMI
59148007928	JYNARQU	TOLVAPT	402828	UNKNOW	40282800	UNKNOW	R	15 MG	ORAL	TBPK	EA	14	SSB		59148		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRMI
59148008007	JYNARQU	TOLVAPT	402828	UNKNOW	40282800	UNKNOW	R	30 & 15 M	ORAL	TBPK	EA	14	SSB		59148		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRMI
59148008028	JYNARQU	TOLVAPT	402828	UNKNOW	40282800	UNKNOW	R	30 & 15 M	ORAL	TBPK	EA	14	SSB		59148		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRMI
59148008213	JYNARQU	TOLVAPT	402828	UNKNOW	40282800	UNKNOW	R	15 MG	ORAL	TABS	EA	30	SSB		59148		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRMI
59148008313	JYNARQU	TOLVAPT	402828	UNKNOW	40282800	UNKNOW	R	30 MG	ORAL	TABS	EA	30	SSB		59148		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRMI
59148008707	JYNARQU	TOLVAPT	402828	UNKNOW	40282800	UNKNOW	R	45 & 15 M	ORAL	TBPK	EA	14	SSB		59148		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRMI
59148008728	JYNARQU	TOLVAPT	402828	UNKNOW	40282800	UNKNOW	R	45 & 15 M	ORAL	TBPK	EA	14	SSB		59148		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRMI
59148008807	JYNARQU	TOLVAPT	402828	UNKNOW	40282800	UNKNOW	R	60 & 30 M	ORAL	TBPK	EA	14	SSB		59148		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRMI
59148008828	JYNARQU	TOLVAPT	402828	UNKNOW	40282800	UNKNOW	R	60 & 30 M	ORAL	TBPK	EA	14	SSB		59148		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRMI
59148008907	JYNARQU	TOLVAPT	402828	UNKNOW	40282800	UNKNOW	R	90 & 30 M	ORAL	TBPK	EA	14	SSB		59148		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRMI
59148008928	JYNARQU	TOLVAPT	402828	UNKNOW	40282800	UNKNOW	R	90 & 30 M	ORAL	TBPK	EA	14	SSB		59148		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRMI
59148010280	ABILIFY A	ARIPIPRA	281608	Antipsych	28160804	Atypical A	R	720 MG/2.	INTRAMU	PRSY	ML	2.4	SSB		59148		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND			X	2.4 IN 42 DAYS		R	MEDPRMI
59148011480	ABILIFY A	ARIPIPRA	281608	Antipsych	28160804	Atypical A	R	960 MG/3.	INTRAMU	PRSY	ML	3.2	SSB		59148		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND			X	3.2 IN 42 DAYS		R	MEDPRMI
59148011492	ABILIFY A	ARIPIPRA	281608	Antipsych	28160804	Atypical A	R	960 MG/3.	INTRAMU	PRSY	ML	3.2	SSB		59148		Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59188000611	PROBIOT	LACTOBA	560800	Antidiarrh	56080000	Antidiarrh	O	0-0	ORAL	LIQD	ML	10	SSB		59188		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59188000612	UPSPRIN	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-0-0-0-0	ORAL	CAPS	EA	30	SSB		59188		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59188000614	MORNING	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-20MG-0	MOUTH/T	LOZG	EA	28	SSB		59188		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59188000631	C-SECTIC	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		59188		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59188000632	C-SECTIC	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		59188		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59188000633	C-SECTIC	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		59188		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59188000634	C-SECTIC	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		59188		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59188000635	C-SECTIC	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		59188		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59188000636	C-SECTIC	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		59188		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59188000639	STOMACI	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-0-0-20M	MOUTH/T	LOZG	EA	28	SSB		59188		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59188000672	UPSPRIN	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-0-0-0	ORAL	POWD	GM	240	SSB		59188		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59188000673	UPSPRIN	SPECIAL	882800	Multivitam	88280000	Multivitam	O	0-233.333	ORAL	TABS	EA	90	SSB		59188		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59188000680	UPSPRIN	PEDIATRI	882800	Multivitam	88280000	Multivitam	O	50MG/ML-	ORAL	LIQD	ML	60	SSB		59188		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59188000688	UPSPRIN	CHOLECA	881600	Vitamin D	88160000	Vitamin D	O	10 MCG /(	ORAL	LIQD	ML	9.13	SSB		59188		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59188000693	UPSPRIN	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-0-0-0	ORAL	CAPS	EA	60	SSB		59188		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59188000694	UPSPRIN	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-0-0-0	ORAL	CAPS	EA	100	SSB		59188		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59212000101	DIBENZYI	PHENOXY	121604	UNKNOW	12160404	UNKNOW	S	10MG	ORAL	CAPS	EA	100	MSB		59212 Y		N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION	X	PA:X				R	MEDPRMI
59212000102	DIBENZYI	PHENOXY	121604	UNKNOW	12160404	UNKNOW	S	10 MG	ORAL	CAPS	EA	100	MSB		59212		N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION	X	PA:X				R	MEDPRMI
59212000201	DYRENIU	TRIAMTEI	243616	UNKNOW	24361600	UNKNOW	S	50 MG	ORAL	CAPS	EA	100 X	MSB		59212 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
59212000301	DYRENIU	TRIAMTEI	243616	UNKNOW	24361600	UNKNOW	S	100 MG	ORAL	CAPS	EA	100 X	MSB		59212 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
59212008730	DUTOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	R	25-12.5 M	ORAL	TB24	EA	30 X	SSB	3/31/2022	59212		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59212009530	DUTOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	R	50-12.5 M	ORAL	TB24	EA	30 X	SSB	10/3/2022	59212		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59212009730	DUTOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	R	100-12.5 M	ORAL	TB24	EA	30 X	SSB	5/3/2022	59212		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59212011114	NILANDR	NILUTAMI	100000	Antineopla	10000000	Antineopla	S	150MG	ORAL	TABS	EA	30	MSB		59212 Y		N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION			X	2 IN 1 DAYS		R	MEDPRMI
59212020010	UROXATR	ALFUZOS	121604	UNKNOW	12160412	UNKNOW	S	10MG	ORAL	TB24	EA	100 X	MSB		59212 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
59212024055	LANOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	62.5 MCG	ORAL	TABS	EA	100 X	SSB		59212		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X				R	MEDPRMI
59212024255	LANOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	125 MCG	ORAL	TABS	EA	100 X	SSB		59212 Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
59212024256	LANOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	125 MCG	ORAL	TABS	EA	100 X	SSB		59212 Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
59212024955	LANOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	250MCG	ORAL	TABS	EA	100 X	SSB		59212 Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
59212042204	DONNATA	PHENOBA	120808	Antimusca	12080800	Antimusca	S	16.2 MG/5	ORAL	ELIX	ML	120	MSB		59212		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59212042216	DONNATA	PHENOBA	120808	Antimusca	12080800	Antimusca	S	16.2 MG/5	ORAL	ELIX	ML	480	MSB		59212		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59212042304	DONNATA	PHENOBA	120808	Antimusca	12080800	Antimusca	S	16.2 MG/5	ORAL	ELIX	ML	120	MSB		59212		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59212042316	DONNATA	PHENOBA	120808	Antimusca	12080800	Antimusca	S	16.2 MG/5	ORAL	ELIX	ML	480	MSB		59212		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59212042510	DONNATA	PHENOBA	120808	Antimusca	12080800	Antimusca	S	16.2 MG	ORAL	TABS	EA	100	MSB		59212		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59212044710	PARNATE	TRANYLC	281604	Antidepres	28160412	Monoamin	S	10 MG	ORAL	TABS	EA	100 X	MSB		59212 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
59212056210	PLAQUEN	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	100 X	MSB		59212 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	100 IN 30 DAYS		R	MEDPRMI
59212056211	PLAQUEN	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	100 X	MSB		59212		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	100 IN 30 DAYS		R	MEDPRMI
59212060122	PANRETII	ALITRETI	841800	UNKNOW	84180000	UNKNOW	R	0.10%	EXTERNA	GEL	GM	60	SSB		59212		N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND			X	60 IN 28 DAYS		R	MEDPRMI
59212065813	KAPVAY	CLONIDIN	121204	alpha-Adr	12120400	alpha-Adr	S	0.1 MG	ORAL	TB12	EA	60 X	MSB	1/2/2024	59212		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
59212065860	KAPVAY	CLONIDIN	121204	alpha-Adr	12120400	alpha-Adr	S	0.1 MG	ORAL	TB12	EA	60 X	MSB	12/11/2023	59212 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
59212068010	ZONEGRA	ZONISAM	281224	UNKNOW	28122400	UNKNOW	S	100 MG	ORAL	CAPS	EA	100 X	MSB		59212 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
59212068110	ZONEGRA	ZONISAM	281224	UNKNOW	28122400	UNKNOW	S	25 MG	ORAL	CAPS	EA	100 X	MSB		59212 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
59212070012	ORAPRED	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TBDP	EA	12	SSB		59212		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
59212070048	ORAPRED	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TBDP	EA	48	SSB	2/21/2022	59212 Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
59212070112	ORAPRED	PREDNIS	680400	Adrenals	68040000	Adrenals	S	15 MG	ORAL	TBDP	EA	12	SSB		59212		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
59212070148	ORAPRED	PREDNIS	680400	Adrenals	68040000	Adrenals	S	15 MG	ORAL	TBDP	EA	48	SSB	2/21/2022	59212 Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
59212070212	ORAPRED	PREDNIS	680400	Adrenals	68040000	Adrenals	S	30 MG	ORAL	TBDP	EA	12	SSB		59212		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
59212070248	ORAPRED	PREDNIS	680400	Adrenals	68040000	Adrenals	S	30 MG	ORAL	TBDP	EA	48	SSB	2/21/2022	59212 Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
59212070510	SALAGEN	PILOCARI	120400	Parasymp	12040000	Parasymp	S	5MG	ORAL	TABS	EA	100 X	MSB		59212 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
59212077510	SALAGEN	PILOCARI	120400	Parasymp	12040000	Parasymp	S	7.5 MG	ORAL	TABS	EA	100 X	MSB		59212 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
59262027311	SIMILASA	HOMEOP.	929200	UNKNOW	92920000	UNKNOW	O	0	OTIC	SOLN	ML	10	SSB		59262		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59262036511	SIMILASA	HOMEOP.	929200	UNKNOW	92920000	UNKNOW	O	0	OPHTHAL	SOLN	ML	10	SSB		59262		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59267007801	PFIZER C	COVID-19	801200	Vaccines	80120000	Vaccines	R	3 MCG/0.2	INTRAMU	SUSP	ML	2	SSB	4/18/2023	59267		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59267007804	PFIZER C	COVID-19	801200	Vaccines	80120000	Vaccines	R	3 MCG/0.2	INTRAMU	SUSP	ML	2	SSB	4/18/2023	59267		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59267030401	PFIZER C	COVID-19	801200	Vaccines	80120000	Vaccines	R	30 MCG/0	INTRAMU	SUSP	ML	1.8	SSB	9/11/2023	59267		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59267030402	PFIZER C	COVID-19	801200	Vaccines	80120000	Vaccines	R	30 MCG/0	INTRAMU	SUSP	ML	1.8	SSB	9/11/2023	59267		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59267056501	PFIZER C	COVID-19	801200	Vaccines	80120000	Vaccines	R	10 MCG/0	INTRAMU	SUSP	ML	2	SSB	9/11/2023	59267		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59267056502	PFIZER C	COVID-19	801200	Vaccines	80120000	Vaccines	R	10 MCG/0	INTRAMU	SUSP	ML	2	SSB	9/11/2023	59267		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59267060901	PFIZER C	COVID-19	801200	Vaccines	80120000	Vaccines	R	3 MCG/0.2	INTRAMU	SUSP	ML	2	SSB	9/11/2023	59267		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59267060902	PFIZER C	COVID-19	801200	Vaccines	80120000	Vaccines	R	3 MCG/0.2	INTRAMU	SUSP	ML	2	SSB	9/11/2023	59267		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59267100001	PFIZER-B	COVID-19	801200	Vaccines	80120000	Vaccines	R	30 MCG/0	INTRAMU	SUSP	ML	1.8	SSB	4/18/2023	59267		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59267100002	PFIZER-B	COVID-19	801200	Vaccines	80120000	Vaccines	R	30 MCG/0	INTRAMU	SUSP	ML	1.8	SSB	4/18/2023	59267		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59267100003	PFIZER-B	COVID-19	801200	Vaccines	80120000	Vaccines	R	30 MCG/0	INTRAMU	SUSP	ML	1.8	SSB	4/18/2023	59267		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59267102501	PFIZER-B	COVID-19	801200	Vaccines	80120000	Vaccines	R	30 MCG/0	INTRAMU	SUSP	ML	1.8	SSB	4/18/2023	59267		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59267102502	PFIZER-B	COVID-19	801200	Vaccines	80120000	Vaccines	R	30 MCG/0	INTRAMU	SUSP	ML	1.8	SSB	4/18/2023	59267		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59267102503	PFIZER-B	COVID-19	801200	Vaccines	80120000	Vaccines	R	30 MCG/0	INTRAMU	SUSP	ML	1.8	SSB	4/18/2023	59267		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59267102504	PFIZER-B	COVID-19	801200	Vaccines	80120000	Vaccines	R	30 MCG/0	INTRAMU	SUSP	ML	1.8	SSB	4/18/2023	59267		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59267105501	PFIZER C	COVID-19	801200	Vaccines	80120000	Vaccines	R	10 MCG/0	INTRAMU	SUSP	ML	2	SSB	4/18/2023	59267		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59267105502	PFIZER C	COVID-19	801200	Vaccines	80120000	Vaccines	R	10 MCG/0	INTRAMU	SUSP	ML	2	SSB	4/18/2023	59267		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59267105504	PFIZER C	COVID-19	801200	Vaccines	80120000	Vaccines	R	10 MCG/0	INTRAMU	SUSP	ML	2	SSB	4/18/2023	59267		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59267140401	PFIZER C	COVID-19	801200	Vaccines	80120000	Vaccines	R	30 MCG/0	INTRAMU	SUSP	ML	0.3	SSB	9/11/2023	59267		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59267140402	PFIZER C	COVID-19	801200	Vaccines	80120000	Vaccines	R	30 MCG/0	INTRAMU	SUSP	ML	0.3	SSB	9/11/2023	59267		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59267431501	PFIZER C	COVID-19	801200	Vaccines	80120000	Vaccines	R	3 MCG/0.3	INTRAMU	SUSP	ML	0.9	SSB	8/23/2024	59267		N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=6-59 MONTHS AND Q		R	MEDPRMI
59267431502	PFIZER C	COVID-19	801200	Vaccines	80120000	Vaccines	R	3 MCG/0.3	INTRAMU	SUSP	ML	0.9	SSB	8/23/2024	59267		N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=6-59 MONTHS AND Q		R	MEDPRMI
59267433101	PFIZER C	COVID-19	801200	Vaccines	80120000	Vaccines	R	10 MCG/0	INTRAMU	SUSP	ML	0.3	SSB	9/4/2024	59267		N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=5-11 YEARS AND QS		R	MEDPRMI
59267433102	PFIZER C	COVID-19	801200	Vaccines	80120000	Vaccines	R	10 MCG/0	INTRAMU	SUSP	ML	0.3	SSB	9/4/2024	59267		N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=5-11 YEARS AND QS		R	MEDPRMI
59267442601	PFIZER C	COVID-19	801200	Vaccines	80120000	Vaccines	R	3 MCG/0.3	INTRAMU	SUSP	ML	0.9	SSB		59267		N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=6-59 MONTHS AND Q		R	MEDPRMI
59267442602	PFIZER C	COVID-19	801200	Vaccines	80120000	Vaccines	R	3 MCG/0.3	INTRAMU	SUSP	ML	0.9	SSB		59267		N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=6-59 MONTHS AND Q		R	MEDPRMI
59267443801	PFIZER C	COVID-19	801200	Vaccines	80120000	Vaccines	R	10 MCG/0	INTRAMU	SUSP	ML	0.3	SSB		59267		N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=5-11 YEARS AND QS		R	MEDPRMI
59267443802	PFIZER C	COVID-19	801200	Vaccines	80120000	Vaccines	R	10 MCG/0	INTRAMU	SUSP	ML	0.3	SSB		59267		N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=5-11 YEARS AND QS		R	MEDPRMI
59310011106	AIRDUO	FLUTICAS	680400	Adrenals	68040000	Adrenals	R	55-14 MC	INHALATI	AEPB	EA	1 X	SSB	6/1/2024	59310		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59310011406	ARMONAI	FLUTICAS	680400	Adrenals	68040000	Adrenals	R	55 MCG/A	INHALATI	AEPB	EA	1 X	SSB	6/1/2024	59310		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59310011720	PROAIR	ALBUTER	121208	beta-Adre	12120812	Selective I	R	108 (90 B	INHALATI	AEPB	EA	1 X	SSB	6/1/2024	59310		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59310012906	AIRDUO	FLUTICAS	680400	Adrenals	68040000	Adrenals	R	113-14 MC	INHALATI	AEPB	EA	1 X	SSB	6/1/2024	59310		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59310013606	AIRDUO	FLUTICAS	680400	Adrenals	68040000	Adrenals	R	232-14 MC	INHALATI	AEPB	EA	1 X	SSB	6/1/2024	59310		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59310020006	ARMONAI	FLUTICAS	680400	Adrenals	68040000	Adrenals	R	113 MCG/	INHALATI	AEPB	EA	1 X	SSB	6/1/2024	59310		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59310030240	QVAR RE	BECLOME	680400	Adrenals	68040000	Adrenals	R	40 MCG/A	INHALATI	AERB	GM	10.6 X	SSB		59310		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59310030480	QVAR RE	BECLOME	680400	Adrenals	68040000	Adrenals	R	80 MCG/A	INHALATI	AERB	GM	10.6 X	SSB		59310		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59310031106	ARMONAI	FLUTICAS	680400	Adrenals	68040000	Adrenals	R	232 MCG/	INHALATI	AEPB	EA	1 X	SSB	6/1/2024	59310		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59310040606	QNASL C	BECLOME	520808	Corticoste	52080800	Corticoste	R	40 MCG/A	NASAL	AERS	GM	6.8	SSB		59310		N	FORMULARY		2 BRAND	PREFERRED BRAND			X	6.8 IN 30 DAYS		R	MEDPRMI
59310041012	QNASL	BECLOME	520808	Corticoste	52080800	Corticoste	R	80 MCG/A	NASAL	AERS	GM	10.6	SSB		59310		N	FORMULARY		2 BRAND	PREFERRED BRAND			X	10.6 IN 30 DAYS		R	MEDPRMI
59310057922	PROAIR	ALBUTER	121208	beta-Adre	12120812	Selective I	S	108 (90 B	INHALATI	AERS	GM	8.5 X	MSB	10/1/2022	59310 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION	X	Must meet 5 DS Albu TRIAL OF GENERIC ALBUTEROL SULFATE 90 MCG HFA INHALER IN THE PAST				R	MEDPRMI
59310058020	PROAIR	ALBUTER	121208	beta-Adre	12120812	Selective I	R	108 (90 B	INHALATI	AEPB	EA	1 X	SSB		59310		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59310061031	CINQAIR	RESLIZUM	481020	UNKNOW	48102000	UNKNOW	R	100 MG/1	INTRAVEI	SOLN	ML	10 X	SSB		59310		N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59310061033	CINQAIR	RESLIZUM	481020	UNKNOW	48102000	UNKNOW	R	100 MG/1	INTRAVEI	SOLN	ML	10 X	SSB		59310		Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59310080506	AIRDUO	FLUTICAS	680400	Adrenals	68040000	Adrenals	S	55MCG/A	INHALATI	AEPB	EA	1 X	SSB		59310 Y		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59310080508	AIRDUO	FLUTICAS	680400	Adrenals	68040000	Adrenals	S	55-14 MC	INHALATI	AEPB	EA	1 X	SSB	2/14/2024	59310		Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59310081206	AIRDUO	FLUTICAS	680400	Adrenals	68040000	Adrenals	S	113MCG/	INHALATI	AEPB	EA	1 X	SSB		59310 Y		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59310082206	AIRDUO	FLUTICAS	680400	Adrenals	68040000	Adrenals	S	232MCG/	INHALATI	AEPB	EA	1 X	SSB		59310 Y		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59316000503	BIOFREE	MENTHOL	849200	Skin and M	84920000	Skin and M	P	5%	EXTERNA	PTCH	EA	1	GENERIC		59316 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59316000504	BIOFREE	MENTHOL	849200	Skin and M	84920000	Skin and M	P	5%	EXTERNA	PTCH	EA	4	GENERIC		59316 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59316010212	BIOFREE	MENTHOL	849200	Skin and M	84920000	Skin and M	P	4%	EXTERNA	GEL	ML	89	GENERIC		59316		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59316010220	BIOFREE	MENTHOL	849200	Skin and M	84920000	Skin and M	P	4%	EXTERNA	GEL	ML	118	GENERIC		59316		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59316010228	BIOFREE	MENTHOL	849200	Skin and M	84920000	Skin and M	P	4%	EXTERNA	GEL	ML	237	GENERIC		59316		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59316010230	BIOFREE	MENTHOL	849200	Skin and M	84920000	Skin and M	P	4%	EXTERNA	GEL	ML	473	GENERIC		59316		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59316010240	BIOFREE	MENTHOL	849200	Skin and M	84920000	Skin and M	P	4%	EXTERNA	GEL	ML	946	GENERIC		59316		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59316010250	BIOFREE	MENTHOL	849200	Skin and M	84920000	Skin and M	P	4%	EXTERNA	GEL	ML	3785	GENERIC		59316		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59316010280	BIOFREE	MENTHOL	849200	Skin and M	84920000	Skin and M	P	4%	EXTERNA	GEL	ML	44	GENERIC		59316		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59316010312	BIOFREE	MENTHOL	849200	Skin and M	84920000	Skin and M	P	4%	EXTERNA	GEL	ML	89	GENERIC		59316		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59316010320	BIOFREE	MENTHOL	849200	Skin and M	84920000	Skin and M	P	4%	EXTERNA	GEL	ML	118	GENERIC		59316		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59316010340	BIOFREE	MENTHOL	849200	Skin and M	84920000	Skin and M	P	4%	EXTERNA	GEL	ML	946	GENERIC		59316		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59316011410	BIOFREE	MENTHOL	849200	Skin and M	84920000	Skin and M	P	10.50%	EXTERNA	AERO	ML	89	GENERIC		59316		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59316011425	BIOFREE	MENTHOL	849200	Skin and M	84920000	Skin and M	P	10.50%	EXTERNA	AERO	ML	118	GENERIC		59316		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59316011430	BIOFREE	MENTHOL	849200	Skin and M	84920000	Skin and M	P	10.50%	EXTERNA	AERO	ML	473	GENERIC		59316		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59316011520	BIOFREE	MENTHOL	849200	Skin and M	84920000	Skin and M	O	5%	EXTERNA	GEL	ML	118	SSB		59316		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59316011530	BIOFREE	MENTHOL	849200	Skin and M	84920000	Skin and M	O	5%	EXTERNA	GEL	ML	473	SSB		59316		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59316011540	BIOFREE	MENTHOL	849200	Skin and M	84920000	Skin and M	O	5%	EXTERNA	GEL	ML	946	SSB		59316		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59316011550	BIOFREE	MENTHOL	849200	Skin and M	84920000	Skin and M	O	5%	EXTERNA	GEL	ML	3785	SSB		59316		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59316011620	BIOFREE	MENTHOL	849200	Skin and M	84920000	Skin and M	O	5%	EXTERNA	GEL	ML	118	SSB		59316		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59316011640	BIOFREE	MENTHOL	849200	Skin and M	84920000	Skin and M	O	5%	EXTERNA	GEL	ML	946	SSB		59316		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59316011710	BIOFREE	MENTHOL	849200	Skin and M	84920000	Skin and M	O	5%	EXTERNA	GEL	ML	89	SSB		59316		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59316011810	BIOFREE	MENTHOL	849200	Skin and M	84920000	Skin and M	O	5%	EXTERNA	GEL	ML	89	SSB		59316		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59316012020	BIOFREE	MENTHOL	849200	Skin and M	84920000	Skin and M	P	10.50%	EXTERNA	AERO	ML	118	GENERIC		59316		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59316012030	BIOFREE	MENTHOL	849200	Skin and M	84920000	Skin and M	P	10.50%	EXTERNA	AERO	ML	473	GENERIC		59316		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59316012110	BIOFREE	MENTHOL	849200	Skin and M	84920000	Skin and M	P	4%	EXTERNA	GEL	ML	89	GENERIC		59316		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59316020510	BIOFREE	MENTHOL	849200	Skin and M	84920000	Skin and M	P	4%	EXTERNA	GEL	ML	89	GENERIC		59316		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59316020514	BIOFREE	MENTHOL	849200	Skin and M	84920000	Skin and M	P	4%	EXTERNA	GEL	ML	74	GENERIC		59316		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59316020610	BIOFREE	MENTHOL	849200	Skin and M	84920000	Skin and M	P	4%	EXTERNA	GEL	ML	89	GENERIC		59316		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59316020714	BIOFREE	MENTHOL	849200	Skin and M	84920000	Skin and M	P	4%	EXTERNA	GEL	ML	74	GENERIC		59316		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59316083038	BIOFREE	MENTHOL	849200	Skin and M	84920000	Skin and M	O	10.50%	EXTERNA	LIQD	ML	34	SSB		59316		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59316083294	BIOFREE	MENTHOL	849200	Skin and M	84920000	Skin and M	P	5%	EXTERNA	PTCH	EA	9	GENERIC		59316 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59316083310	BIOFREE	MENTHOL	849200	Skin and M	84920000	Skin and M	P	10.50%	EXTERNA	AERO	ML	89	GENERIC		59316		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59316083420	BIOFREE	MENTHOL	849200	Skin and M	84920000	Skin and M	P	10.50%	EXTERNA	AERO	ML	118	GENERIC		59316		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59316086910	BIOFREE	MENTHOL	849200	Skin and M	84920000	Skin and M	O	10%	EXTERNA	CREA	GM	85	SSB		59316		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59316087010	BIOFREE	MENTHOL	849200	Skin and M	84920000	Skin and M	O	10%	EXTERNA	CREA	GM	85	SSB		59316		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI

59779064771	CVS IBUF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	50		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779064778	CVS IBUF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	100		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779065634	CVS DAY	DEXTROM	480800	Antitussive	48080000	Antitussive	P	325-10-5 M	ORAL	LIQD	ML	237		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779066034	CVS IBUF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	240		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779066209	CVS TUS	DEXTROM	480800	Antitussive	48080000	Antitussive	P	15 MG	ORAL	CAPS	EA	20		GENERIC	9/14/2022	59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779066840	CVS NIGH	DOXYLAM	480800	Antitussive	48080000	Antitussive	P	6.25-15 M	ORAL	LIQD	ML	355		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779066916	CVS HEM	PHENYLE	841600	Cell Stimu	84160000	Cell Stimu	P	0.25-14-74	RECTAL	OINT	GM	57		GENERIC	12/30/2022	59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779066964	CVS HEM	PHENYLE	841600	Cell Stimu	84160000	Cell Stimu	P	0.25-14-74	RECTAL	OINT	GM	28		GENERIC	12/30/2022	59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779067116	CVS COLI	DEXTROM	480800	Antitussive	48080000	Antitussive	P	15-6.25-32	ORAL	CAPS	EA	16		GENERIC	1/2/2024	59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779068526	CVS IBUF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	120		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779068534	CVS IBUF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	240		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779068616	CVS SEVI	PHENYLE	480800	Antitussive	48080000	Antitussive	O	650MG/30	ORAL	LQPK	ML	491		SSB		59779			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779069108	CVS SEVI	DEXTROM	480800	Antitussive	48080000	Antitussive	P	650-20-10	ORAL	LIQD	ML	245		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779069308	CVS SEVI	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5-5-325	ORAL	LIQD	ML	245		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779070053	CVS ANTI	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	P	2 MG	ORAL	TABS	EA	12		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779070082	CVS ANTI	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	P	2 MG	ORAL	TABS	EA	200		GENERIC	12/30/2022	59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779070352	CVS 12 H	PSEUDOE	121212	alpha- anc	12121200	alpha- anc	P	120MG	ORAL	TB12	EA	10		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779070360	CVS 12 H	PSEUDOE	121212	alpha- anc	12121200	alpha- anc	P	120MG	ORAL	TB12	EA	20		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779070501	CVS EYE	KETOTIFE	520200	Antiallergi	52020000	Antiallergi	P	0.04%	OPHTHAL	SOLN	ML	5		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779070721	CVS ARTI	TROLAMI	280804	Nonsteroi	28080424	Salicylates	P	10%	EXTERNA	CREA	GM	85		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779070921	CVS COU	DEXTROM	480800	Antitussive	48080000	Antitussive	P	30 MG/5M	ORAL	SUER	ML	89		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779070928	CVS COU	DEXTROM	480800	Antitussive	48080000	Antitussive	P	30 MG/5M	ORAL	SUER	ML	148		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779071826	CVS TIOC	TIOCONA	840408	Antifungal	84040808	Azoles	P	6.50%	VAGINAL	OINT	GM	4.6		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779072712	CVS ASPI	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	120		GENERIC	1/2/2024	59779			N	#N/A	ORIG_FR	10 EHB	#N/A			X	THEN $0 COPAY AND TIER=1		R	MEDPRMI
59779072928	CVS COR	HYDROC	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	GEL	GM	28		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779073201	CVS OME	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	P	20-1100 M	ORAL	CAPS	EA	14	X	GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	X	1 IN 1 DAYS				R	MEDPRMI
59779073203	CVS OME	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	P	20-1100 M	ORAL	CAPS	EA	14	X	GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	X	1 IN 1 DAYS				R	MEDPRMI
59779073401	CVS NICO	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	LOZG	EA	27		GENERIC		59779			N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=1 LIMITED TO 20 LOZ		R	MEDPRMI
59779073402	CVS NICO	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	LOZG	EA	27		GENERIC		59779			N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=1 LIMITED TO 20 LOZ		R	MEDPRMI
59779073452	CVS NICO	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	LOZG	EA	10		GENERIC	2/13/2023	59779			N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=1 LIMITED TO 20 LOZ		R	MEDPRMI
59779073460	CVS NICO	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	LOZG	EA	20		GENERIC		59779			N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=1 LIMITED TO 20 LOZ		R	MEDPRMI
59779074701	CVS MED	WITCH HA	842412	Basic Oint	84241200	Basic Oint	P	50%	EXTERNA	PADS	EA	50		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779074702	CVS MED	WITCH HA	842412	Basic Oint	84241200	Basic Oint	P	50%	EXTERNA	PADS	EA	100		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779075426	CVS PAIN	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	SUSP	ML	118		GENERIC	10/30/2024	59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779075708	CVS COU	CHLORPH	480800	Antitussive	48080000	Antitussive	O	2-100	ORAL	SOPK	ML	236		SSB		59779			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779076091	CVS SEVI	DIPHENH	40400	First Gene	4040000	First Gene	P	25-10-650	ORAL	PACK	EA	6		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779076517	CVS WITC	WITCH HA	849200	Skin and M	84920000	Skin and M	P	86%	EXTERNA	SOLN	GM	170		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779076678	CVS PAIN	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	100		GENERIC	5/1/2023	59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779076716	CVS ANTI	CHLORHE	840416	UNKNOW	84041600	UNKNOW	P	4%	EXTERNA	SOLN	ML	473		NON DRUG		59779			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779076926	CVS LICE	PERMETH	840412	Scabicides	84041200	Scabicides	P	1%	EXTERNA	LIQD	ML	59		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779078508	CVS PAIN	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	SUSP	ML	237		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779079816	CVS HAIR	MINOXIDI	849200	Skin and M	84920000	Skin and M	P	5%	EXTERNA	SOLN	ML	60		GENERIC	1/17/2023	59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779081710	CVS NAS	OXYMETA	523200	Vasocons	52320000	Vasocons	P	0.05%	NASAL	SOLN	ML	30		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779082334	CVS TRIP	NEOMYCI	840404	Antibacter	84040400	Antibacter	P	500UNIT/	EXTERNA	OINT	GM	14		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779082356	CVS TRIP	NEOMYCI	840404	Antibacter	84040400	Antibacter	P	500UNIT/	EXTERNA	OINT	GM	28		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779082568	CVS MUC	PSEUDOE	481600	Expectora	48160000	Expectora	P	60-600 M	ORAL	TB12	EA	36		GENERIC	12/30/2022	59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779082589	CVS MUC	PSEUDOE	481600	Expectora	48160000	Expectora	P	60-600 M	ORAL	TB12	EA	18		GENERIC	12/30/2022	59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779083734	CVS ALLE	CETIRIZIN	40800	Second G	4080000	Second G	P	5 MG/5ML	ORAL	SOLN	ML	240		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779085140	CVS ANT	ALUM & M	560400	Antacids a	56040000	Antacids a	P	200-200-2	ORAL	SUSP	ML	355		GENERIC	10/28/2022	59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779085225	CVS STO	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	250 MG	ORAL	CAPS	EA	250		GENERIC	1/2/2024	59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779087304	CVS NICO	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	LOZG	EA	24		GENERIC		59779			N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=1 LIMITED TO 20 LOZ		R	MEDPRMI
59779087306	CVS NICO	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	LOZG	EA	24		GENERIC		59779			N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=1 LIMITED TO 20 LOZ		R	MEDPRMI
59779087308	CVS NICO	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	LOZG	EA	108		GENERIC		59779			N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=1 LIMITED TO 20 LOZ		R	MEDPRMI
59779087311	CVS NICO	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	LOZG	EA	24		GENERIC		59779			N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=1 LIMITED TO 20 LOZ		R	MEDPRMI
59779087426	CVS ALLE	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5 MG/5	ORAL	LIQD	ML	118		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779087434	CVS ALLE	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5 MG/5	ORAL	LIQD	ML	236		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779087825	CVS COR	HYDROC	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	LOTN	GM	99		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779088226	CVS CHIL	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	120		GENERIC	12/30/2022	59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779088426	CVS ALLE	CETIRIZIN	40800	Second G	4080000	Second G	P	5 MG/5ML	ORAL	SOLN	ML	118		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779089726	CVS CHIL	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	120		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779089734	CVS CHIL	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	240		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779090724	CVS COU	DEXTROM	480800	Antitussive	48080000	Antitussive	P	5-100 MG/	ORAL	LIQD	ML	118		GENERIC	4/4/2022	59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779091478	CVS NAP	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	100		GENERIC	11/15/2023	59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779091926	CVS TUS	DEXTROM	480800	Antitussive	48080000	Antitussive	P	20-200 M	ORAL	LIQD	ML	118		GENERIC	10/28/2022	59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779091934	CVS TUS	DEXTROM	480800	Antitussive	48080000	Antitussive	P	20-200 M	ORAL	LIQD	ML	237		GENERIC	11/4/2024	59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779092001	CVS EYE	KETOTIFE	520200	Antiallergi	52020000	Antiallergi	P	0.04%	OPHTHAL	SOLN	ML	5		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779092306	CVS ALLE	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	TABS	EA	200		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779092308	CVS ALLE	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	TABS	EA	24		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779092312	CVS ALLE	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	TABS	EA	100		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779092322	CVS ALLE	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	TABS	EA	48		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779092351	CVS ALLE	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	TABS	EA	365		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779093008	CVS MEN	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500-60-15	ORAL	TABS	EA	24		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779094424	CVS HEM	PRAMOXI	840800	Antipruritic	84080000	Antipruritic	P	14.4%-15%	EXTERNA	CREA	GM	51		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779094610	CVS PAIN	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	SUSP	ML	30		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779095307	CVS SINU	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	P	10 MG	ORAL	TABS	EA	36		GENERIC	4/25/2022	59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779095704	CVS NICO	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	LOZG	EA	27		GENERIC		59779			N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=1 LIMITED TO 20 LOZ		R	MEDPRMI
59779095760	CVS NICO	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	LOZG	EA	20		GENERIC		59779			N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=1 LIMITED TO 20 LOZ		R	MEDPRMI
59779095821	CVS COU	DEXTROM	480800	Antitussive	48080000	Antitussive	P	30 MG/5M	ORAL	SUER	ML	89		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779095828	CVS COU	DEXTROM	480800	Antitussive	48080000	Antitussive	P	30 MG/5M	ORAL	SUER	ML	148		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779095911	CVS ENE	SODIUM F	561200	Cathartics	56120000	Cathartics	P	7-19 GM/1	RECTAL	ENEM	ML	133		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779096062	CVS ANTI	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	P	2 MG	ORAL	TABS	EA	24		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779096208	CVS SINU	CHLORPH	40400	First Gene	4040000	First Gene	P	4-10 MG	ORAL	TABS	EA	24		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779099505	CVS IBUF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	50 MG/1.2	ORAL	SUSP	ML	15		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59779099510	CVS IBUF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	50 MG/1.2	ORAL	SUSP	ML	30		GENERIC		59779			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59781020864	JUVEN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	7GM/23G	ORAL	PACK	EA	1		SSB		59781	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59781020865	JUVEN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	7GM/23G	ORAL	PACK	EA	30		SSB		59781	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59781022550	JUVEN NI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	7GM-200M	ORAL	PACK	EA	1		SSB		59781	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59781054000	JUVEN NI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	7GM-200M	ORAL	PACK	EA	180		SSB		59781	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59781054001	JUVEN NI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	7GM-200M	ORAL	PACK	EA	30		SSB		59781	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59781054002	JUVEN NI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	7GM-200M	ORAL	PACK	EA	1		SSB		59781	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59781056094	JUVEN RI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	7GM-200M	ORAL	PACK	EA	30		SSB		59781	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59781056430	JUVEN NI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	7GM-0-20	ORAL	PACK	EA	1		SSB		59781			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59781056431	JUVEN NI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	7GM-200M	ORAL	PACK	EA	180		SSB		59781	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59781056433	JUVEN RI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	7GM-200M	ORAL	PACK	EA	30		SSB		59781	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59781056623	JUVEN RI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	7GM-200M	ORAL	PACK	EA	8		SSB		59781			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59781056626	JUVEN RI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	7GM-200M	ORAL	PACK	EA	8		SSB		59781	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59781057935	JUVEN NI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	7GM-200M	ORAL	PACK	EA	180		SSB		59781	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59781058011	JUVEN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	7GM/23G	ORAL	PACK	EA	30		SSB		59781	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59781058012	JUVEN RI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	7GM-200M	ORAL	PACK	EA	30		SSB		59781	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59781066678	JUVEN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	7GM/27.5	ORAL	PACK	EA	30		SSB		59781			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59781066679	JUVEN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	7GM/27.5	ORAL	PACK	EA	1		SSB		59781			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59781066684	JUVEN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	7GM/28.8	ORAL	PACK	EA	30		SSB		59781			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59781066685	JUVEN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	7GM/28.8	ORAL	PACK	EA	1		SSB		59781			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59781066687	JUVEN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	4GM/23G	ORAL	PACK	EA	30		SSB		59781			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59781066688	JUVEN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	7GM/23G	ORAL	PACK	EA	1		SSB		59781			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59781066690	JUVEN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	7GM/27.5	ORAL	PACK	EA	8		SSB		59781			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59781066692	JUVEN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	7GM/28.8	ORAL	PACK	EA	8		SSB		59781			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59781066693	JUVEN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	7GM/27.5	ORAL	PACK	EA	30		SSB		59781			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59781066694	JUVEN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	7GM/28.8	ORAL	PACK	EA	30		SSB		59781			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59781066695	JUVEN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	7GM/23G	ORAL	PACK	EA	30		SSB		59781			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59781071164	JUVEN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	7GM/18.1	ORAL	POWD	GM	545		SSB		59781			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59809000500	AQUASTA	SODIUM C	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVE	SOLN	ML	10		GENERIC		59809	N	Y	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59809000501	AQUASTA	SODIUM C	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVE	SOLN	ML	5		GENERIC		59809	N	Y	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59809000502	AQUASTA	SODIUM C	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVE	SOLN	ML	10		GENERIC		59809		Y	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59809000503	AQUASTA	SODIUM C	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVE	SOLN	ML	3		GENERIC		59809	N	Y	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59809000504	AQUASTA	SODIUM C	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVE	SOLN	ML	20		GENERIC		59809	N	Y	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59839000720	OMEZA C	COLLAGE	849200	Skin and M	84920000	Skin and M	R	1.6 GM	EXTERNA	LIQD	GM	1.6		SSB		59839			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59839000721	OMEZA C	COLLAGE	849200	Skin and M	84920000	Skin and M	R	1.6 GM	EXTERNA	LIQD	GM	1.6		NON DRUG		59839			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59857000302	GRAFIX X	MULTIPO	929200	UNKNOW	92920000	UNKNOW	R	0	EXTERNA	MISC	EA	1		NON DRUG		59857			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59857000305	GRAFIX C	MULTIPO	929200	UNKNOW	92920000	UNKNOW	R	0	EXTERNA	MISC	EA	1		NON DRUG		59857			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59857000306	GRAFIX F	MULTIPO	929200	UNKNOW	92920000	UNKNOW	R	0	EXTERNA	MISC	EA	1		NON DRUG		59857			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59857000307	GRAFIX F	MULTIPO	929200	UNKNOW	92920000	UNKNOW	R	0	EXTERNA	MISC	EA	1		NON DRUG		59857			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59857000308	GRAFIX F	MULTIPO	929200	UNKNOW	92920000	UNKNOW	R	0	EXTERNA	MISC	EA	1		NON DRUG		59857			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59857000309	GRAFIX F	MULTIPO	929200	UNKNOW	92920000	UNKNOW	R	0	EXTERNA	MISC	EA	1		NON DRUG		59857			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59857000310	GRAFIX C	MULTIPO	929200	UNKNOW	92920000	UNKNOW	R	0	EXTERNA	MISC	EA	1		NON DRUG		59857			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59857000311	GRAFIX C	MULTIPO	929200	UNKNOW	92920000	UNKNOW	R	0	EXTERNA	MISC	EA	1		NON DRUG		59857			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59857000312	GRAFIX C	MULTIPO	929200	UNKNOW	92920000	UNKNOW	R	0	EXTERNA	MISC	EA	1		NON DRUG		59857			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59857000320	STRAVIX	AMNIOTIC	929200	UNKNOW	92920000	UNKNOW	R	2 CM X 4	EXTERNA	SHEE	EA	1		NON DRUG		59857			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59857000322	STRAVIX	AMNIOTIC	929200	UNKNOW	92920000	UNKNOW	R	6 CM X 3	EXTERNA	SHEE	EA	1		NON DRUG		59857			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59857000333	GRAFIX C	MULTIPO	929200	UNKNOW	92920000	UNKNOW	R	0	EXTERNA	MISC	EA	1		NON DRUG		59857			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59857000334	GRAFIX F	MULTIPO	929200	UNKNOW	92920000	UNKNOW	R	0	EXTERNA	MISC	EA	1		NON DRUG		59857			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59883000401	FLUORIDI	STANNOU	340400	UNKNOW	34040000	UNKNOW	S	0.63%	MOUTH/T	CONC	ML	248	X	GENERIC		59883			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
59883001504	FLUORIDI	SODIUM F	340000	Dental Ag	34000000	Dental Ag	S	1.10%	DENTAL	PSTE	GM	112	X	GENERIC	1/29/2024	59883			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
59883001604	FLUORIDI	SODIUM F	340000	Dental Ag	34000000	Dental Ag	S	1.10%	DENTAL	PSTE	GM	112	X	GENERIC		59883			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
59883002004	FLUORIDI	SODIUM F	340000	Dental Ag	34000000	Dental Ag	S	1.10%	DENTAL	PSTE	GM	112	X	GENERIC		59883			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
59883003004	FLUORIDI	SODIUM F	340000	Dental Ag	34000000	Dental Ag	R	1.1-5 %	DENTAL	GEL	GM	112		SSB		59883			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
59883003104	FLUORIDI	SODIUM F	340000	Dental Ag	34000000	Dental Ag	R	1.1-5 %	DENTAL	GEL	GM	112		SSB		59883			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
59917010201	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	8MEQ	ORAL	CPCR	EA	100	X	GENERIC		59917			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
59917010301	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	CPCR	EA	100	X	GENERIC		59917			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
59917010305	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	CPCR	EA	500	X	GENERIC		59917			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
59922063101	AURYXIA	FERRIC C	401819	Phosphate	40181900	Phosphate	R	1 GM 210	ORAL	TABS	EA	200	X	SSB		59922			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59922064160	VAFSEO	VADADUS	201600	Hematopo	20160000	Hematopo	R	150 MG	ORAL	TABS	EA	60	X	SSB		59922			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59922064260	VAFSEO	VADADUS	201600	Hematopo	20160000	Hematopo	R	300 MG	ORAL	TABS	EA	60	X	SSB		59922			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
59923060402	FLUDARA	FLUDARA	100000	Antineopla	10000000	Antineopla	S	50 MG/2M	INTRAVE	SOLN	ML	2		GENERIC		59923			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59923061370	CASPOFU	CASPOFU	81416	Echinocan	8141600	Echinocan	S	70 MG	INTRAVE	SOLR	EA	1		GENERIC		59923			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59923070305	TEMOZO	TEMOZO	100000	Antineopla	10000000	Antineopla	S	5 MG	ORAL	CAPS	EA	5		GENERIC		59923			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X				R	MEDPRMI
59923070414	TEMOZO	TEMOZO	100000	Antineopla	10000000	Antineopla	S	5 MG	ORAL	CAPS	EA	14		GENERIC		59923			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X				R	MEDPRMI
59923070505	TEMOZO	TEMOZO	100000	Antineopla	10000000	Antineopla	S	20 MG	ORAL	CAPS	EA	5		GENERIC		59923			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X				R	MEDPRMI
59923070614	TEMOZO	TEMOZO	100000	Antineopla	10000000	Antineopla	S	20 MG	ORAL	CAPS	EA	14		GENERIC		59923			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X				R	MEDPRMI
59923070705	TEMOZO	TEMOZO	100000	Antineopla	10000000	Antineopla	S	100 MG	ORAL	CAPS	EA	5		GENERIC	12/31/2022	59923			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X				R	MEDPRMI
59923070814	TEMOZO	TEMOZO	100000	Antineopla	10000000	Antineopla	S	100 MG	ORAL	CAPS	EA	14		GENERIC		59923			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X				R	MEDPRMI
59923070905	TEMOZO	TEMOZO	100000	Antineopla	10000000	Antineopla	S	140 MG	ORAL	CAPS	EA	5		GENERIC	12/31/2022	59923			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X				R	MEDPRMI
59923071014	TEMOZO	TEMOZO	100000	Antineopla	10000000	Antineopla	S	140 MG	ORAL	CAPS	EA	14		GENERIC		59923			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X				R	MEDPRMI
59923071105	TEMOZO	TEMOZO	100000	Antineopla	10000000	Antineopla	S	180 MG	ORAL	CAPS	EA	5		GENERIC	12/31/2022	59923			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X				R	MEDPRMI
59923071214	TEMOZO	TEMOZO	100000	Antineopla	10000000	Antineopla	S	180 MG	ORAL	CAPS	EA	14		GENERIC	12/31/2022	59923			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X				R	MEDPRMI
59923071305	TEMOZO	TEMOZO	100000	Antineopla	10000000	Antineopla	S	250 MG	ORAL	CAPS	EA	5		GENERIC	12/31/2022	59923			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X				R	MEDPRMI
59923071402	IRINOTEC	IRINOTEC	100000	Antineopla	10000000	Antineopla	S	40 MG/2M	INTRAVE	SOLN	ML	2		GENERIC	1/1/2023	59923			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59923071505	IRINOTEC	IRINOTEC	100000	Antineopla	10000000	Antineopla	S	100 MG/5	INTRAVE	SOLN	ML	5		GENERIC	1/1/2023	59923			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59923071615	IRINOTEC	IRINOTEC	100000	Antineopla	10000000	Antineopla	S	300 MG/1	INTRAVE	SOLN	ML	15		GENERIC	1/1/2023	59923			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59923071705	BUPIVAC	BUPIVAC	720000	Local Ane	72000000	Local Ane	R	2.5 MG/M	INJECTIO	SOLN	ML	5		SSB		59923			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59923071805	BUPIVAC	BUPIVAC	720000	Local Ane	72000000	Local Ane	R	5 MG/ML	INJECTIO	SOLN	ML	5		SSB		59923			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59923071910	BUPIVAC	BUPIVAC	720000	Local Ane	72000000	Local Ane	R	2.5 MG/M	INJECTIO	SOLN	ML	10		SSB		59923			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59923072010	BUPIVAC	BUPIVAC	720000	Local Ane	72000000	Local Ane	R	5 MG/ML	INJECTIO	SOLN	ML	10		SSB		59923			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
59923072160	CAPECIT	CAPECIT	100000	Antineopla	10000000	Antineopla	S	150 MG	ORAL	TABS	EA	60		GENERIC		59923			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X				R	MEDPRMI
59923072212	CAPECIT	CAPECIT	100000	Antineopla	10000000	Antineopla	S	500 MG	ORAL	TABS	EA	120		GENERIC	11/6/2024	59923			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X				R	MEDPRMI
59923072390	IMATINIB	IMATINIB	100000	Antineopla	10000000	Antineopla	S	100 MG	ORAL	TABS	EA	90		GENERIC	11/6/2024	59923			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X				R	MEDPRMI
59923072430	IMATINIB	IMATINIB	100000	Antineopla	10000000	Antineopla	S	400 MG	ORAL	TABS	EA	30		GENERIC	11/6/2024	59923			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X				R	MEDPRMI
59923072530	ERLOTINI	ERLOTINI	100000	Antineopla	10000000	Antineopla	S	25 MG	ORAL	TABS	EA	30		GENERIC	11/6/2024	59923			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X				R	MEDPRMI
59923072630	ERLOTINI	ERLOTINI	100000	Antineopla	10000000	Antineopla	S	100 MG	ORAL	TABS	EA	30		GENERIC	11/6/2024	59923			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X				R	MEDPRMI
59923072730	ERLOTINI	ERLOTINI	100000	Antineopla	10000000	Antineopla	S	150 MG	ORAL	TABS	EA	30		GENERIC	11/6/2024	59923			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X				R	MEDPRMI
60000052650	TRUE CO	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		60000			N	FORMULARY		2 BRAND	PREFERRED BRAND						R	MEDPRMI
60000052651	TRUE CO	ALCOHOL	940000	Devices	94000000	Devices	O	70%	DOES NO	PADS	EA	100		NON DRUG		60000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
60000052652	TRUE CO	INSULIN F	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		60000			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
60000052653	TRUE CO	INSULIN F	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		60000			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
60000052654	TRUE CO	INSULIN F	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		60000			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
60000052655	TRUE CO	INSULIN S	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		60000			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
60000052656	TRUE CO	INSULIN S	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		60000			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
60000052657	EASY CO	ALCOHOL	940000	Devices	94000000	Devices	O	70%	DOES NO	PADS	EA	50		NON DRUG		60000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
60000052658	SAPS HEA	ALCOHOL	940000	Devices	94000000	Devices	O	70%	DOES NO	PADS	EA	100		NON DRUG		60000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
60000052659	PURE CO	PEAK FLO	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		SSB		60000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
60000091352	REASON	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	490MG/32	ORAL	LIQD	ML	325		SSB		60000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
60000091353	REASON	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	18.8MG/32	ORAL	LIQD	ML	325		SSB		60000	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
60000091354	REASON	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	490MG/32	ORAL	LIQD	ML	325		SSB		60000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
60000091355	REASON	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	490MG/32	ORAL	LIQD	ML	325		SSB		60000	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
60000091356	REASON	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	490MG/32	ORAL	LIQD	ML	325		SSB		60000			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
60000091357	REASON	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	490MG/32	ORAL	LIQD	ML	325		SSB		60000	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
60001026811	OPTASE	GLYCERI	529200	EENT Dru	52920000	EENT Dru	O	1%	OPHTHAL	SOLN	ML	17		SSB		60001			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
60001026812	OPTASE	EYELID C	849200	Skin and M	84920000	Skin and M	O	0-0-0-0-0	EXTERNA	PADS	EA	20		NON DRUG		60001			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
60001067190	SLEEPIO	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		60001			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRMI
60001067191	DAYLIGHT	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		60001			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRMI
60001067192	SLEEPIO	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		60001			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRMI
60001067193	SLEEPIO	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		60001			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRMI
60001067194	DAYLIGHT	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		60001			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRMI
60001067195	SLEEPIO	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		60001			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRMI
60002025931	ULTRA FL	INSULIN S	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		60002			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
60002025932	ULTRA FL	INSULIN S	940000	Devices	94000000	Devices	O	30G X 1/2	DOES NO	MISC	EA	100		NON DRUG		60002			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
60002025933	ULTRA FL	INSULIN S	940000	Devices	94000000	Devices	O	30G X 1/2	DOES NO	MISC	EA	100		NON DRUG		60002			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
60002025934	ULTRA FL	INSULIN S	940000	Devices	94000000	Devices	O	30G X 5/1	DOES NO	MISC	EA	100		NON DRUG		60002			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
60002025935	ULTRA FL	INSULIN S	940000	Devices	94000000	Devices	O	30G X 5/1	DOES NO	MISC	EA	100		NON DRUG		60002			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
60002025936	ULTRA FL	INSULIN S	940000	Devices	94000000	Devices	O	31G X 5/1	DOES NO	MISC	EA	100		NON DRUG		60002			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
60002025937	ULTRA FL	INSULIN S	940000	Devices	94000000	Devices	O	29G X 1/2	DOES NO	MISC	EA	100		NON DRUG		60002			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
60002025938	ULTRA FL	INSULIN S	940000	Devices	94000000	Devices	O	30G X 1/2	DOES NO	MISC	EA	100		NON DRUG		60002			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
60002025939	ULTRA FL	INSULIN S	940000	Devices	94000000	Devices	O	30G X 5/1	DOES NO	MISC	EA	100		NON DRUG		60002			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
60002025940	ULTRA FL	INSULIN S	940000	Devices	94000000	Devices	O	31G X 5/1	DOES NO	MISC	EA	100		NON DRUG		60002			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
60002025941	ULTRA FL	INSULIN S	940000	Devices	94000000	Devices	O	29G X 1/2	DOES NO	MISC	EA	100		NON DRUG		60002			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
60002025942	ULTRA FL	INSULIN S	940000	Devices	94000000	Devices	O	30G X 1/2	DOES NO	MISC	EA	100		NON DRUG		60002			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
60002025943	ULTRA FL	INSULIN S	940000	Devices	94000000	Devices	O	30G X 5/1	DOES NO	MISC	EA	100		NON DRUG		60002			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
60002025944	ULTRA FL	INSULIN S	940000	Devices	94000000	Devices	O	31G X 5/1	DOES NO	MISC	EA	100		NON DRUG		60002			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
60002025945	ULTRA FL	INSULIN S	940000	Devices	94000000	Devices	O	31G X 5/1	DOES NO	MISC	EA	100		NON DRUG		60002			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
60002035771	ULTRA FL	INSULIN F	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		60002			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
60002035772	ULTRA FL	INSULIN F	940000	Devices	94000000	Devices	O	31G X 5 M	DOES NO	MISC	EA	100		NON DRUG		60002			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
60002035773	ULTRA FL	INSULIN F	940000	Devices	94000000	Devices	O	31G X 8 M	DOES NO	MISC	EA	100		NON DRUG		60002			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
60002035774	ULTRA FL	INSULIN F	940000	Devices	94000000	Devices	O	32G X 4 M	DOES NO	MISC	EA	100		NON DRUG		60002			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
60002035776	ULTRA FL	INSULIN F	940000	Devices	94000000	Devices	O	33G X 4 M	DOES NO	MISC	EA	100		NON DRUG		60002			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
60002060370	GENADE	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	75MG-75M	ORAL	CAPS	EA	60		SSB		60002			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
60002060372	GENADE	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	75MG-75M	ORAL	CAPS	EA	60		SSB		60002			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
60002060374	GENADE	PEDIATRI	882800	Multivitam	88280000	Multivitam	O	45MG/ML-	ORAL	LIQD	ML	60		SSB	1/1/2024	60002			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
60002061360	RX LOCK	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		60002			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
60002063350	KALE/QUI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	99.5MG/8	ORAL	POWD	GM	453.6		SSB		60002			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
60002063351	CHICKEN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	90.4MG/9	ORAL	POWD	GM	453.6		SSB		60002			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
60002063352	RESTORE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	46.26MG/	ORAL	POWD	GM	453.6		SSB		60002			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
60002063353	RESTORE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	43.91MG/	ORAL	POWD	GM	453.6		SSB		60002			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
60002099440	LEVA PEL	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	R	0-0	DOES NO	KIT	EA	1		NON DRUG		60002			N	EXCLUDE	HARD_MS	3 BRND2	FORMULARY EXCLUSION					DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRMI
60003003972	OSTEOB	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		60003			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
60003003973	OSTEOB	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		60003			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
60003003974	OSTEOB	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		60003			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
60003012550	PURE CO	ALCOHOL	940000	Devices	94000000	Devices	O	70%	DOES NO	PADS	EA	100		NON DRUG		60003			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
60003012551	PURE CO	INSULIN F	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50		NON DRUG		60003			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
60003012552	PURE CO	INSULIN F	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50		NON DRUG		60003			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
60003012553	PURE CO	INSULIN F	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50		NON DRUG		60003			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
60003012554	PURE CO	INSULIN F	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50		NON DRUG		60003			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
60003012555	LANCETS	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		60003			N	FORMULARY		2 BRAND	PREFERRED BRAND						R	MEDPRMI
60003012556	SAFETY L	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		60003			N	FORMULARY		2 BRAND	PREFERRED BRAND						R	MEDPRMI
60003012557	PURE CO	PEAK FLO	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		SSB		60003			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
60003012558	NUASKIN	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		60003			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
60003012559	NUASKIN	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		60003			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
60003045835	HINGE HE	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	O	0-0	DOES NO	KIT	EA	1		NON DRUG		60003			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRMI
60003045836	HINGE HE	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	O	0-0	DOES NO	KIT	EA	1		NON DRUG		60003			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRMI
60003045837	HINGE HE	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	O	0-0	DOES NO	KIT	EA	1		NON DRUG		60003			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRMI
60003045838	HINGE HE	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	O	0-0	DOES NO	KIT	EA	1		NON DRUG		60003			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRMI
60003045839	HINGE HE	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	O	0-0	DOES NO	KIT	EA	1		NON DRUG		60003			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRMI
60003052120	ATOPAVC	WOUND D	849200	Skin and M	84920000	Skin and M	R	0-0-0-0-0	EXTERNA	EMUL	GM	45		SSB		60003			N	EXCLUDE	N/A: [DRU	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
60003053680	BLOOD P	BLOOD P	940000	Devices	94000000	Devices	O	0-0	DOES NO	KIT	EA	1		NON DRUG		60003			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
60003053681	BLOOD P	BLOOD P	940000	Devices	94000000	Devices	O	0-0	DOES NO	KIT	EA	1		NON DRUG		60003			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
60003053682	DIABETE	BLOOD G	940000	Devices	94000000	Devices	O	0-0	DOES NO	KIT	EA	1		NON DRUG		60003			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
60003053683	BLOOD P	BLOOD G	940000	Devices	94000000	Devices	O	0-0	DOES NO	KIT	EA	1		NON DRUG		60003			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
60003053684	DIABETE	BLOOD G	940000	Devices	94000000	Devices	O	0-0	DOES NO	KIT	EA	1		NON DRUG		60003			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
60003053685	DIABETE	BLOOD G	940000	Devices	94000000	Devices	O	0-0	DOES NO	KIT	EA	1		NON DRUG		60003			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
60003053686	DIABETE	BLOOD G	940000	Devices	94000000	Devices	O	0-0	DOES NO	KIT	EA	1		NON DRUG		60003			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
60003053687	BLOOD P	BLOOD P	940000	Devices	94000000	Devices	O	0-0	DOES NO	KIT	EA	1		NON DRUG		60003			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
60003053688	BLOOD P	BLOOD P	940000	Devices	94000000	Devices	O	0-0	DOES NO	KIT	EA	1		NON DRUG		60003			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
60003053689	BLOOD P	BLOOD P	940000	Devices	94000000	Devices	O	0-0	DOES NO	KIT	EA	1		NON DRUG		60003			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
60003056490	HYLAGU	DERMAT	849200	Skin and M	84920000	Skin and M	R	0	EXTERNA	CREA	GM	450		SSB	1/30/2024	60003			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
60003058449	WHIL APP	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		60003			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRMI
60003059890	OMNI-BIO	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0-0	ORAL	PACK	EA	30		SSB		60003			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
60003059891	OMNI-BIO	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0-0-0-0	ORAL	PACK	EA	30		SSB		60003			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
60003059892	OMNI-BIO	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0-0-0-0	ORAL	PACK	EA	28		SSB		60003	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
60003059893	OMNI-BIO	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0-0-0-0	ORAL	PACK	EA	28		SSB		60003	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
60003059895	OMNI-BIO	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0-0	ORAL	PACK	EA	30		SSB		60003			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
60003064100	TORCHLI	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		60003			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRMI
60003064101	TORCHLI	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		60003			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRMI
60003064102	TORCHLI	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		60003			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRMI
60003072460	PROLEEV	DIETARY	402000	Caloric Ag	40200000	Caloric Ag	R	0-0-0-0-0	ORAL	CAPS	EA	120		SSB		60003			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
60003072463	VARVIMA	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-0-0-0-0	ORAL	CAPS	EA	120		SSB		60003			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
60003082971	SILVERCI	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		60003			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRMI
60003082973	SILVERCI	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		60003			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRMI
60003082974	SILVERCI	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		60003			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRMI
60004041780	COVID-19	COVID-19	360000	Diagnostic	36000000	Diagnostic	O	0	DOES NO	KIT	EA	1		NON DRUG		60004			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
60004065990	NATURAL	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		60004			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRMI
60004065991	NATURAL	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		60004			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRMI
60004065992	WONDR H	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		60004			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRMI
60004065993	WONDR H	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		60004			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRMI
60004065994	WONDR H	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		60004			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRMI
60004083530	VIDA HEA	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		60004			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRMI

60267000015	CELACYI	SCAR TRI	849200	Skin and I	84920000	Skin and I	S	0	EXTERNA	GEL	GM	14		GENERIC		60267		Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60267031110	SODIUM I	SODIUM I	640000	Heavy Me	64000000	Heavy Me	R	30 MG/ML	INTRAVEI	SOLN	ML	10		MSB		60267		N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
60267070550	SODIUM T	SODIUM T	910424	UNKNOW	91042400	UNKNOW	R	250 MG/M	INTRAVEI	SOLN	ML	50		MSB		60267		N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION		R	MEDPRMI
60267081200	NITHIOD	SODIUM I	640000	Heavy Me	64000000	Heavy Me	R	300MG/10	INTRAVEI	KIT	ML	60		SSB		60267		N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60319000160	CERAMA	DERMATC	849200	Skin and I	84920000	Skin and I	R	0	EXTERNA	LOTN	GM	454		SSB		60319		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
60385094058	PKU STAI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	.6GM/100	ORAL	POWD	GM	400		SSB		60385		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429001201	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	100		GENERIC	6/13/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429001205	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	500		GENERIC	6/13/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429001612	MYCOPHI	MYCOPHI	924400	UNKNOW	92440000	UNKNOW	S	180 MG	ORAL	TBEC	EA	120	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429001712	MYCOPHI	MYCOPHI	924400	UNKNOW	92440000	UNKNOW	S	360 MG	ORAL	TBEC	EA	120	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429002001	KETOCOI	KETOCOI	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	100		GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429002510	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	1000	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429002590	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429002610	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	1000	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429002690	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429002710	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429002790	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429003201	CARBAM/	CARBAM/	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429003501	PRIMAQU	PRIMAQU	83008	Antimalari	8300800	Antimalari	S	26.3 (15 B	ORAL	TABS	EA	100		GENERIC	11/15/2024	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429003514	PRIMAQU	PRIMAQU	83008	Antimalari	8300800	Antimalari	S	26.3 (15 B	ORAL	TABS	EA	14		GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429003528	PRIMAQU	PRIMAQU	83008	Antimalari	8300800	Antimalari	S	26.3 (15 B	ORAL	TABS	EA	28		GENERIC	3/4/2024	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429004220	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	20		GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429004701	NIFEDIPII	NIFEDIPII	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429004703	NIFEDIPII	NIFEDIPII	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	300	X	GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429004801	NIFEDIPII	NIFEDIPII	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429004803	NIFEDIPII	NIFEDIPII	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	300	X	GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429004901	NIFEDIPII	NIFEDIPII	242808	Dihydropy	24280800	Dihydropy	S	90 MG	ORAL	TB24	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429005212	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	120		GENERIC	1/31/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429005218	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	180		GENERIC	1/31/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429005227	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	270		GENERIC	1/31/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429005245	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	45		GENERIC	1/31/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429005260	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC	10/3/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429005901	MYCOPHI	MYCOPHI	902808	UNKNOW	90280892	UNKNOW	S	250 MG	ORAL	CAPS	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429005905	MYCOPHI	MYCOPHI	902808	UNKNOW	90280892	UNKNOW	S	250 MG	ORAL	CAPS	EA	500	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429006101	OXCARB/	OXCARB/	281224	UNKNOW	28122400	UNKNOW	S	150 MG	ORAL	TABS	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429006105	OXCARB/	OXCARB/	281224	UNKNOW	28122400	UNKNOW	S	150 MG	ORAL	TABS	EA	500	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429006201	OXCARB/	OXCARB/	281224	UNKNOW	28122400	UNKNOW	S	300 MG	ORAL	TABS	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429006205	OXCARB/	OXCARB/	281224	UNKNOW	28122400	UNKNOW	S	300 MG	ORAL	TABS	EA	500	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429006301	OXCARB/	OXCARB/	281224	UNKNOW	28122400	UNKNOW	S	600 MG	ORAL	TABS	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429006305	OXCARB/	OXCARB/	281224	UNKNOW	28122400	UNKNOW	S	600 MG	ORAL	TABS	EA	500	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429006920	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	TABS	EA	20		GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429007001	MYCOPHI	MYCOPHI	924400	UNKNOW	92440000	UNKNOW	S	500 MG	ORAL	TABS	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429007005	MYCOPHI	MYCOPHI	924400	UNKNOW	92440000	UNKNOW	S	500 MG	ORAL	TABS	EA	500	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429008590	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	0.125 MG	ORAL	TABS	EA	90	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429008690	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	0.25 MG	ORAL	TABS	EA	90	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429008790	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	0.5 MG	ORAL	TABS	EA	90	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429008990	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	1 MG	ORAL	TABS	EA	90	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429009090	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	1.5 MG	ORAL	TABS	EA	90	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429009501	IMIPRAMI	IMIPRAMI	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	1/31/2024	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429009601	IMIPRAMI	IMIPRAMI	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	100	X	GENERIC	1/31/2024	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429009701	IMIPRAMI	IMIPRAMI	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	100	X	GENERIC	9/4/2024	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429009830	TROSPIU	TROSPIU	861204	UNKNOW	86120400	UNKNOW	S	60 MG	ORAL	CP24	EA	30	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429009901	DIGOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	125 MCG	ORAL	TABS	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429009910	DIGOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	125 MCG	ORAL	TABS	EA	1000	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429010001	DIGOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	250 MCG	ORAL	TABS	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429010010	DIGOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	250 MCG	ORAL	TABS	EA	1000	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429011101	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429011110	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	1000	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429011112	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	120	X	GENERIC	3/1/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429011118	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	180	X	GENERIC	3/1/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429011127	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	270	X	GENERIC	3/1/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429011136	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	360	X	GENERIC	3/1/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429011145	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	450	X	GENERIC	3/1/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429011160	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	60	X	GENERIC	3/1/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429011190	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	90	X	GENERIC	12/7/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429011201	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429011205	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	500	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429011218	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	180	X	GENERIC	3/1/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429011227	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	270	X	GENERIC	3/1/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429011260	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	60	X	GENERIC	3/1/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429011290	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	90	X	GENERIC	3/1/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429011301	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429011305	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	500	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429011318	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429011360	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	60	X	GENERIC	3/1/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429011390	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	90	X	GENERIC	12/7/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429011410	DORZOL/	DORZOL/	524012	UNKNOW	52401200	UNKNOW	S	2%	OPHTHAL	SOLN	ML	10	X	GENERIC	3/30/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429011510	DORZOL/	DORZOL/	524012	UNKNOW	52401200	UNKNOW	S	22.3MG/M	OPHTHAL	SOLN	ML	10	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429011801	METHOC/	METHOC/	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	100		GENERIC	4/25/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429011805	METHOC/	METHOC/	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	500		GENERIC	1/31/2024	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429011901	METHOC/	METHOC/	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	100		GENERIC	4/30/2024	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429011905	METHOC/	METHOC/	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	500		GENERIC	4/30/2024	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429012605	PROPRAI	PROPRAI	242000	Alpha-Adr	24200000	Alpha-Adr	S	60 MG	ORAL	CP24	EA	500	X	GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429012705	PROPRAI	PROPRAI	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	CP24	EA	500	X	GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429012805	PROPRAI	PROPRAI	242000	Alpha-Adr	24200000	Alpha-Adr	S	120 MG	ORAL	CP24	EA	500	X	GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429012905	PROPRAI	PROPRAI	242000	Alpha-Adr	24200000	Alpha-Adr	S	160 MG	ORAL	CP24	EA	500	X	GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429014901	PROMETI	PROMETI	40400	First Gene	4040000	First Gene	S	12.5 MG	ORAL	TABS	EA	100		GENERIC	12/7/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429015001	PROMETI	PROMETI	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	100		GENERIC	3/1/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429015010	PROMETI	PROMETI	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	1000		GENERIC	7/3/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429015101	PROMETI	PROMETI	40400	First Gene	4040000	First Gene	S	50 MG	ORAL	TABS	EA	100		GENERIC	5/1/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429016301	NIFEDIPII	NIFEDIPII	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	CAPS	EA	100	X	GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429016460	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	20 MG	ORAL	CPEP	EA	60	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429016530	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	30	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429016590	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	90	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429016610	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	1000	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429016630	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	30	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429017310	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-:	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429017330	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-:	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429017410	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-:	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429017430	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-:	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429017501	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-:	S	40 MG	ORAL	TABS	EA	100	X	GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429017510	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-:	S	40 MG	ORAL	TABS	EA	1000	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429017660	SELEGILI	SELEGILI	283632	UNKNOW	28363200	UNKNOW	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429017701	BICALUT/	BICALUT/	100000	Antineopla	10000000	Antineopla	S	50 MG	ORAL	TABS	EA	100		GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429017705	BICALUT/	BICALUT/	100000	Antineopla	10000000	Antineopla	S	50 MG	ORAL	TABS	EA	500		GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429017730	BICALUT/	BICALUT/	100000	Antineopla	10000000	Antineopla	S	50 MG	ORAL	TABS	EA	30		GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429018018	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	180	X	GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429018310	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	1000	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429018390	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	90	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429018410	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	1000	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429018490	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429018510	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429018590	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429018610	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429018690	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429019515	FLUTICAS	FLUTICAS	520808	Corticoste	52080800	Corticoste	S	50 MCG/A	NASAL	SUSP	GM	16		GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429019601	DISULFIR	DISULFIR	910200	UNKNOW	91020000	UNKNOW	S	250 MG	ORAL	TABS	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429019630	DISULFIR	DISULFIR	910200	UNKNOW	91020000	UNKNOW	S	250 MG	ORAL	TABS	EA	30	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429021001	TRANYLC	TRANYLC	281604	Antidepres	28160412	Monoamin	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	10/3/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429022230	TERBINAI	TERBINAI	81404	Allylamine	8140400	Allylamine	S	250 MG	ORAL	TABS	EA	30		GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429024301	ETODOL/	ETODOL/	280804	Nonsteroi	28080404	UNKNOW	S	200 MG	ORAL	CAPS	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429024401	ETODOL/	ETODOL/	280804	Nonsteroi	28080404	UNKNOW	S	300 MG	ORAL	CAPS	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429025801	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	400-80 MC	ORAL	TABS	EA	100		GENERIC	8/21/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429025901	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	100		GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429025905	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	500		GENERIC	8/21/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429026401	BUDESOI	BUDESOI	680400	Adrenals	68040000	Adrenals	S	3 MG	ORAL	CPEP	EA	100		GENERIC	8/31/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429026501	HYDROX'	HYDROX'	100000	Antineopla	10000000	Antineopla	S	500 MG	ORAL	CAPS	EA	100		GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429027218	FLUTAMII	FLUTAMII	100000	Antineopla	10000000	Antineopla	R	125 MG	ORAL	CAPS	EA	180		GENERIC	7/15/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429027501	AMILORII	AMILORII	243616	UNKNOW	24361600	UNKNOW	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429028630	ANASTRC	ANASTRC	681608	Antiestrog	68160800	Antiestrog	S	1 MG	ORAL	TABS	EA	30	X	GENERIC	6/13/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429028701	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	100	X	GENERIC	11/27/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429028801	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	CAPS	EA	100	X	GENERIC	11/27/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429028901	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	100	X	GENERIC	11/27/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429030110	CLOPIDO	CLOPIDO	201218	Platelet-A	20121800	Platelet-A	S	75 MG	ORAL	TABS	EA	1000	X	GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429030130	CLOPIDO	CLOPIDO	201218	Platelet-A	20121800	Platelet-A	S	75 MG	ORAL	TABS	EA	30	X	GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429030190	CLOPIDO	CLOPIDO	201218	Platelet-A	20121800	Platelet-A	S	75 MG	ORAL	TABS	EA	90	X	GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429031101	ETODOL/	ETODOL/	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429031201	ETODOL/	ETODOL/	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429031301	ETODOL/	ETODOL/	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TB24	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429031401	ETODOL/	ETODOL/	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TB24	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429031501	ETODOL/	ETODOL/	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TB24	EA	100	X	GENERIC	1/31/2024	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429032110	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	5 MG	ORAL	TABS	EA	1000	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429032130	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429032190	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429032210	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429032230	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429032290	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429032310	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429032390	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429032505	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	500	X	GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429032605	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	500	X	GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429034960	LEVETIR/	LEVETIR/	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TB24	EA	60	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429035060	LEVETIR/	LEVETIR/	281292	Anticonvul	28129200	Anticonvul	S	750 MG	ORAL	TB24	EA	60	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429035360	LAMIVUD	LAMIVUD	81808	Antiretrovi	8180820	Nucleosid	S	150 MG	ORAL	TABS	EA	60	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429035430	LAMIVUD	LAMIVUD	81808	Antiretrovi	8180820	Nucleosid	S	300MG	ORAL	TABS	EA	30	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429035930	FAMCICL	FAMCICL	81832	Nucleosid	8183200	Nucleosid	S	125 MG	ORAL	TABS	EA	30		GENERIC	4/3/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429036030	FAMCICL	FAMCICL	81832	Nucleosid	8183200	Nucleosid	S	250 MG	ORAL	TABS	EA	30		GENERIC	4/3/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429036130	FAMCICL	FAMCICL	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	30		GENERIC	1/3/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429037701	TACROLII	TACROLII	902828	UNKNOW	90282892	UNKNOW	S	0.5 MG	ORAL	CAPS	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429037801	TACROLII	TACROLII	902828	UNKNOW	90282892	UNKNOW	S	1 MG	ORAL	CAPS	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429037901	TACROLII	TACROLII	902828	UNKNOW	90282892	UNKNOW	S	5 MG	ORAL	CAPS	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429038001	METHIMA	METHIMA	683608	Antithyroic	68360800	Antithyroic	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429038101	METHIMA	METHIMA	683608	Antithyroic	68360800	Antithyroic	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429041601	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	100	X	GENERIC	6/6/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429042101	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429042110	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	1000	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
60429042118	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	180	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI

60429042201	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429042210	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	1000	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429042218	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	180	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429042260	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	60	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429043160	CLONIDIN	CLONIDIN	121204	alpha-Adre	12120400	alpha-Adre	S	0.1 MG	ORAL	TB12	EA	60	X	GENERIC	5/1/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429043301	MEGESTR	MEGESTR	683200	Progestins	68320000	Progestins	S	40 MG	ORAL	TABS	EA	100		GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429043305	MEGESTR	MEGESTR	683200	Progestins	68320000	Progestins	S	40 MG	ORAL	TABS	EA	500		GENERIC	4/2/2024	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429043401	NATEGLI	NATEGLI	682016	Meglitinide	68201600	Meglitinide	S	60 MG	ORAL	TABS	EA	100	X	GENERIC	7/18/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429043501	NATEGLI	NATEGLI	682016	Meglitinide	68201600	Meglitinide	S	120 MG	ORAL	TABS	EA	100	X	GENERIC	7/18/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429043760	PROPAFE	PROPAFE	240404	Antiarrhyt	24040412	Class Ic A	S	325 MG	ORAL	CP12	EA	60	X	GENERIC	4/2/2024	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429043860	PROPAFE	PROPAFE	240404	Antiarrhyt	24040412	Class Ic A	S	425 MG	ORAL	CP12	EA	60	X	GENERIC	7/3/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429044314	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	7 MG/24H	TRANSDE	PT24	EA	14		GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429044414	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	14 MG/24	TRANSDE	PT24	EA	14		GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429044514	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	21 MG/24	TRANSDE	PT24	EA	14		GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429044630	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	30	X	GENERIC	12/7/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429044730	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429044830	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	12/7/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429044930	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TABS	EA	30	X	GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429045030	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429045130	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	30 MG	ORAL	TABS	EA	30	X	GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429045960	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	50 MG	ORAL	CAPS	EA	60	X	GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429046001	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC	3/1/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429046005	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	500	X	GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429046101	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	100	X	GENERIC	5/31/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429046105	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	500	X	GENERIC	12/7/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429046260	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	400 MG	ORAL	CAPS	EA	60	X	GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429048401	REPAGLI	REPAGLI	682016	Meglitinide	68201600	Meglitinide	S	0.5 MG	ORAL	TABS	EA	100	X	GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429048501	REPAGLI	REPAGLI	682016	Meglitinide	68201600	Meglitinide	S	1 MG	ORAL	TABS	EA	100	X	GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429048601	REPAGLI	REPAGLI	682016	Meglitinide	68201600	Meglitinide	S	2 MG	ORAL	TABS	EA	100	X	GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429049102	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	S	667 MG	ORAL	CAPS	EA	200	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429049530	DAPSONE	DAPSONE	81608	UNKNOW	8160800	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429049630	DAPSONE	DAPSONE	81608	UNKNOW	8160800	UNKNOW	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	10/22/2024	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429050005	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	500		GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429050418	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	180		GENERIC	6/30/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429050601	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	100		GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429050701	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	100		GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429050801	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	100		GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429050810	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	1000		GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429051601	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	TABS	EA	100		GENERIC	6/6/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429051701	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10 MG	ORAL	TABS	EA	100		GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429051901	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TABS	EA	100		GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429052001	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	20 MG	ORAL	TABS	EA	100		GENERIC	6/6/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429052101	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TABS	EA	100		GENERIC	6/6/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429052401	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	100		GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429052405	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	500		GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429052412	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	120		GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429052415	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	15		GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429052430	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	30		GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429052445	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	45		GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429052451	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	150		GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429052460	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	60		GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429052490	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	90		GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429052501	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	100		GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429052505	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	500		GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429052512	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	120		GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429052515	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	15		GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429052530	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	30		GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429052545	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	45		GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429052560	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	60		GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429052590	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	90		GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429052601	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	100		GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429052605	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	500		GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429052630	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	30		GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429052660	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	60		GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429052690	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	90		GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429053401	MEPERID	MEPERID	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	100		GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429058330	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	R	100 MG	ORAL	TB24	EA	30		GENERIC	6/13/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429058430	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	R	200 MG	ORAL	TB24	EA	30		GENERIC	6/13/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429058530	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	R	300 MG	ORAL	TB24	EA	30		GENERIC	6/13/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429058630	BUPRENO	BUPRENO	280812	Opiate Pa	28081200	Opiate Pa	S	2-0.5 MG	SUBLING	SUBL	EA	30		GENERIC	1/3/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429058730	BUPRENO	BUPRENO	280812	Opiate Pa	28081200	Opiate Pa	S	8-2 MG	SUBLING	SUBL	EA	30		GENERIC	3/30/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429058801	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	100		GENERIC	9/17/2024	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429058805	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	500		GENERIC	9/17/2024	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429058901	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	100		GENERIC	10/31/2024	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429058905	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	500		GENERIC	10/31/2024	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429059001	HYDROCO	HYDROCO	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	100		GENERIC	11/15/2024	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429059005	HYDROCO	HYDROCO	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	500		GENERIC	11/15/2024	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429059101	HYDROCO	HYDROCO	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	100		GENERIC	11/15/2024	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429059105	HYDROCO	HYDROCO	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	500		GENERIC	11/15/2024	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429059201	HYDROCO	HYDROCO	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	100		GENERIC	11/15/2024	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429059205	HYDROCO	HYDROCO	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	500		GENERIC	11/15/2024	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429062010	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	2.5 MG	ORAL	TABS	EA	1000	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429062030	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429062110	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	1000	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429062130	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429062210	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	7.5 MG	ORAL	TABS	EA	1000	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429062230	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	7.5 MG	ORAL	TABS	EA	30	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429062310	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429062330	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429062410	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TABS	EA	1000	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429062430	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TABS	EA	30	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429062510	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429062530	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429063201	ESZOPICL	ESZOPICL	282444	UNKNOW	28244400	UNKNOW	S	1 MG	ORAL	TABS	EA	100		GENERIC	7/18/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429063230	ESZOPICL	ESZOPICL	282444	UNKNOW	28244400	UNKNOW	S	1 MG	ORAL	TABS	EA	30		GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429063301	ESZOPICL	ESZOPICL	282444	UNKNOW	28244400	UNKNOW	S	2 MG	ORAL	TABS	EA	100		GENERIC	7/18/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429063330	ESZOPICL	ESZOPICL	282444	UNKNOW	28244400	UNKNOW	S	2 MG	ORAL	TABS	EA	30		GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429063401	ESZOPICL	ESZOPICL	282444	UNKNOW	28244400	UNKNOW	S	3 MG	ORAL	TABS	EA	100		GENERIC	7/18/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429063430	ESZOPICL	ESZOPICL	282444	UNKNOW	28244400	UNKNOW	S	3 MG	ORAL	TABS	EA	30		GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429064373	IBANDRO	IBANDRO	922400	UNKNOW	92240000	UNKNOW	S	150 MG	ORAL	TABS	EA	3	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429064948	DEMECLO	DEMECLO	81224	Tetracycli	8122400	Tetracycli	S	300 MG	ORAL	TABS	EA	48		GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429065620	CEFURO	CEFURO	81206	Cephalosp	8120608	Second G	S	250 MG	ORAL	TABS	EA	20		GENERIC	5/24/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429065660	CEFURO	CEFURO	81206	Cephalosp	8120608	Second G	S	250 MG	ORAL	TABS	EA	60		GENERIC	5/24/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429065720	CEFURO	CEFURO	81206	Cephalosp	8120608	Second G	S	500 MG	ORAL	TABS	EA	20		GENERIC	5/24/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429065760	CEFURO	CEFURO	81206	Cephalosp	8120608	Second G	S	500 MG	ORAL	TABS	EA	60		GENERIC	5/24/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429066201	URSODIO	URSODIO	561400	Cholelitho	56140000	Cholelitho	S	300 MG	ORAL	CAPS	EA	100	X	GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429066301	DEMECLO	DEMECLO	81224	Tetracycli	8122400	Tetracycli	S	150 MG	ORAL	TABS	EA	100		GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429066417	MOMETA	MOMETA	520808	Corticoste	52080800	Corticoste	S	50 MCG/A	NASAL	SUSP	GM	17		GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429066501	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	1 MG	ORAL	TABS	EA	100		GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429066601	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	2 MG	ORAL	TABS	EA	100		GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429072101	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429073410	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429073510	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429073690	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	30 MG	ORAL	TABS	EA	90	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429073710	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	1000	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429073790	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429074601	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	75 MG	ORAL	TABS	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429074701	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429074801	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	TABS	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429074901	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	120 MG	ORAL	TABS	EA	100	X	GENERIC	7/18/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429075001	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	160 MG	ORAL	TABS	EA	100	X	GENERIC	7/18/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429075101	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	240 MG	ORAL	TABS	EA	100	X	GENERIC	11/17/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429075301	BETAXOL	BETAXOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	10/3/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429076560	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	CAPS	EA	60	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429076660	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	40 MG	ORAL	CAPS	EA	60	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429076760	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	60 MG	ORAL	CAPS	EA	60	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429076860	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	80 MG	ORAL	CAPS	EA	60	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429076910	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC	5/31/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429076960	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	60	X	GENERIC	2/28/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429077010	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	1000	X	GENERIC	5/31/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429077060	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	60	X	GENERIC	5/31/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429077110	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	1000	X	GENERIC	5/31/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429077160	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	60	X	GENERIC	6/13/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429077210	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	1000	X	GENERIC	5/31/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429077260	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	60	X	GENERIC	6/13/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429077501	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429081701	ROPINIRO	ROPINIRO	283620	UNKNOW	28362008	UNKNOW	S	0.25 MG	ORAL	TABS	EA	100	X	GENERIC	6/19/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429081801	ROPINIRO	ROPINIRO	283620	UNKNOW	28362008	UNKNOW	S	0.5 MG	ORAL	TABS	EA	100	X	GENERIC	6/19/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429081901	ROPINIRO	ROPINIRO	283620	UNKNOW	28362008	UNKNOW	S	1 MG	ORAL	TABS	EA	100	X	GENERIC	6/19/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429082001	ROPINIRO	ROPINIRO	283620	UNKNOW	28362008	UNKNOW	S	2 MG	ORAL	TABS	EA	100	X	GENERIC	6/19/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429082101	ROPINIRO	ROPINIRO	283620	UNKNOW	28362008	UNKNOW	S	3 MG	ORAL	TABS	EA	100	X	GENERIC	6/19/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429082201	ROPINIRO	ROPINIRO	283620	UNKNOW	28362008	UNKNOW	S	4 MG	ORAL	TABS	EA	100	X	GENERIC	6/19/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429082301	ROPINIRO	ROPINIRO	283620	UNKNOW	28362008	UNKNOW	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	6/19/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429083301	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.5 MG	ORAL	TABS	EA	100	X	GENERIC	1/3/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429083401	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	1 MG	ORAL	TABS	EA	100	X	GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429083405	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	1 MG	ORAL	TABS	EA	500	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429083501	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	2 MG	ORAL	TABS	EA	100	X	GENERIC	11/2/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429083505	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	2 MG	ORAL	TABS	EA	500	X	GENERIC	12/7/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429083901	NITROGL	NITROGL	240808	beta-Adre	24080800	UNKNOW	S	0.3 MG	SUBLING	SUBL	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429084001	NITROGL	NITROGL	240808	beta-Adre	24080800	UNKNOW	S	0.4 MG	SUBLING	SUBL	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429084004	NITROGL	NITROGL	240808	beta-Adre	24080800	UNKNOW	S	0.4 MG	SUBLING	SUBL	EA	25	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429084101	NITROGL	NITROGL	240808	beta-Adre	24080800	UNKNOW	S	0.6 MG	SUBLING	SUBL	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429084660	VALGANC	VALGANC	81832	Nucleosid	8183200	Nucleosid	S	450 MG	ORAL	TABS	EA	60	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429086630	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	TB24	EA	30	X	GENERIC	7/18/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429086690	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	TB24	EA	90	X	GENERIC	7/18/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429086730	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	225 MG	ORAL	TB24	EA	30	X	GENERIC	7/18/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429086790	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	225 MG	ORAL	TB24	EA	90	X	GENERIC	7/18/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429086801	PROGEST	PROGEST	683200	Progestins	68320000	Progestins	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC	12/7/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429086901	PROGEST	PROGEST	683200	Progestins	68320000	Progestins	S	200 MG	ORAL	CAPS	EA	100	X	GENERIC	12/7/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429087601	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	100		GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429087605	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	500		GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429088090	EZETIMIB	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-20 MG	ORAL	TABS	EA	90	X	GENERIC	6/6/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429088110	EZETIMIB	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-40 MG	ORAL	TABS	EA	1000	X	GENERIC	6/13/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429088701	ETHACRY	ETHACRY	243608	UNKNOW	24360800	UNKNOW	S	25 MG	ORAL	TABS	EA	100	X	GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429088801	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	TABS	EA	100	X	GENERIC	4/3/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429088901	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	100	X	GENERIC	11/21/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429088910	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC	11/21/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429088990	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	11/21/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429089001	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	100	X	GENERIC	11/21/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429089010	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	1000	X	GENERIC	11/21/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429089090	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	11/21/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429089330	MOXIFLO	MOXIFLO	81218	Quinolone	8121800	Quinolone	S	400 MG	ORAL	TABS	EA	30		GENERIC	3/4/2024	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429090115	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	15		GENERIC	10/7/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429090130	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	30		GENERIC	10/7/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429090145	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	45		GENERIC	10/7/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429090160	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	60		GENERIC	10/7/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429090215	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	15		GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429090230	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	30		GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429090245	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	45		GENERIC	7/18/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429090260	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	60		GENERIC	9/29/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429090960	TAMOXIF	TAMOXIF	681612	Estrogen A	68161200	Estrogen A	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	11/21/2022	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429091030	TAMOXIF	TAMOXIF	681612	Estrogen A	68161200	Estrogen A	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	3/1/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429091401	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	100		GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429091801	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429091901	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429092001	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429092701	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	100		GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429092705	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	500		GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429092730	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	30		GENERIC	3/1/2024	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429093405	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	CHEW	EA	500	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429095705	OLOPATA	OLOPATA	520200	Antiallergi	52020000	Antiallergi	S	0.10%	OPHTHAL	SOLN	ML	5		GENERIC	3/30/2023	60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429096001	GUANFAC	GUANFAC	289200	Central Ne	28920000	Central Ne	S	1 MG	ORAL	TB24	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429096101	GUANFAC	GUANFAC	289200	Central Ne	28920000	Central Ne	S	2 MG	ORAL	TB24	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429096201	GUANFAC	GUANFAC	289200	Central Ne	28920000	Central Ne	S	3 MG	ORAL	TB24	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429096301	GUANFAC	GUANFAC	289200	Central Ne	28920000	Central Ne	S	4 MG	ORAL	TB24	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429096601	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	CAPS	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429096610	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	CAPS	EA	1000	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429096701	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429096710	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	1000	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429096801	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429096810	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	1000	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429096901	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	CAPS	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429096910	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	CAPS	EA	1000	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429097001	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429097010	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	CAPS	EA	1000	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429097101	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	CAPS	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429097110	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	CAPS	EA	1000	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60429097201	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	100	X	GENERIC		60429	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

60687012401	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	100	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687012411	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687012711	OMEGA-3	OMEGA-3	240612	UNKNOW	24061200	UNKNOW	S	1 GM	ORAL	CAPS	EA	1	X	GENERIC	5/8/2024	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687012765	OMEGA-3	OMEGA-3	240612	UNKNOW	24061200	UNKNOW	S	1 GM	ORAL	CAPS	EA	50	X	GENERIC	5/8/2024	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687012901	DOCUSAT	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	100		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687012911	DOCUSAT	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	1		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687013025	CANDES	CANDES	243208	Angiotens	24320800	Angiotens	S	32 MG	ORAL	TABS	EA	30	X	GENERIC	11/20/2024	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687013095	CANDES	CANDES	243208	Angiotens	24320800	Angiotens	S	32 MG	ORAL	TABS	EA	1	X	GENERIC	11/20/2024	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687013401	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	100		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687013411	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	1		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687014301	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	100	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687014311	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687014501	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	100		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687014511	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	1		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687014911	CAPECIT	CAPECIT	100000	Antineopla	10000000	Antineopla	S	500 MG	ORAL	TABS	EA	1		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687014994	CAPECIT	CAPECIT	100000	Antineopla	10000000	Antineopla	S	500 MG	ORAL	TABS	EA	20		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687015201	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	100		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687015211	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	1		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687015501	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	100	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687015511	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687015625	PHENYTO	PHENYTO	281212	Hydantoin	28121200	Hydantoin	S	50 MG	ORAL	CHEW	EA	30	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687015695	PHENYTO	PHENYTO	281212	Hydantoin	28121200	Hydantoin	S	50 MG	ORAL	CHEW	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687015711	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687015721	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	30	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687016101	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687016111	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	5 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687016201	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	100	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687016211	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687016301	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	100		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687016311	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	1		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687016801	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687016811	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687016901	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	12/2/2024	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687016911	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	1	X	GENERIC	12/2/2024	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687017311	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	5 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687017357	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687017801	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687017811	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687017901	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687017911	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687018411	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	10 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687018457	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687018532	PROPAFE	PROPAFE	240404	Antiarrhyt	24040412	Class Ic A	S	225 MG	ORAL	CP12	EA	20	X	GENERIC	1/19/2023	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687018533	PROPAFE	PROPAFE	240404	Antiarrhyt	24040412	Class Ic A	S	225 MG	ORAL	CP12	EA	1	X	GENERIC	1/19/2023	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687018811	ENTACAP	ENTACAP	283612	UNKNOW	28361200	UNKNOW	S	200 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687018821	ENTACAP	ENTACAP	283612	UNKNOW	28361200	UNKNOW	S	200 MG	ORAL	TABS	EA	30	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687019001	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687019011	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687019111	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687019121	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TABS	EA	30	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687019211	IMATINIB	IMATINIB	100000	Antineopla	10000000	Antineopla	S	100 MG	ORAL	TABS	EA	1		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687019221	IMATINIB	IMATINIB	100000	Antineopla	10000000	Antineopla	S	100 MG	ORAL	TABS	EA	30		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687019501	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	120 MG	ORAL	CP24	EA	100	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687019511	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	120 MG	ORAL	CP24	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687019901	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	100	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687019911	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687020211	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687020221	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687020325	IMATINIB	IMATINIB	100000	Antineopla	10000000	Antineopla	S	400 MG	ORAL	TABS	EA	30		GENERIC	12/4/2024	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687020395	IMATINIB	IMATINIB	100000	Antineopla	10000000	Antineopla	S	400 MG	ORAL	TABS	EA	1		GENERIC	12/4/2024	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687020601	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	180 MG	ORAL	CP24	EA	100	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687020611	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	180 MG	ORAL	CP24	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687021001	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687021011	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687021111	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	125 MG	ORAL	TBEC	EA	1	X	GENERIC	9/4/2024	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687021121	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	125 MG	ORAL	TBEC	EA	30	X	GENERIC	9/4/2024	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687021311	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	30 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687021321	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	30 MG	ORAL	TABS	EA	30	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687021401	METHAD	METHAD	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	TABS	EA	100		GENERIC	6/16/2022	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687021411	METHAD	METHAD	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	TABS	EA	1		GENERIC	6/16/2022	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687021501	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	60 MG	ORAL	CP24	EA	100	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687021511	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	60 MG	ORAL	CP24	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687021625	ENTECAV	ENTECAV	81832	Nucleosid	8183200	Nucleosid	S	0.5 MG	ORAL	TABS	EA	30	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687021695	ENTECAV	ENTECAV	81832	Nucleosid	8183200	Nucleosid	S	0.5 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687021701	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	240 MG	ORAL	CP24	EA	100	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687021711	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	240 MG	ORAL	CP24	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687022401	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	100	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687022411	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687022601	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	CP24	EA	100	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687022611	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	CP24	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687022711	LEUCOV	LEUCOV	910412	UNKNOW	91041200	UNKNOW	S	25 MG	ORAL	TABS	EA	1		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687022794	LEUCOV	LEUCOV	910412	UNKNOW	91041200	UNKNOW	S	25 MG	ORAL	TABS	EA	20		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687022801	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	300 MG	ORAL	CP24	EA	100	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687022811	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	300 MG	ORAL	CP24	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687022901	LOPERAM	LOPERAM	560800	Antidiarrh	56080000	Antidiarrh	S	2 MG	ORAL	CAPS	EA	100		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687022911	LOPERAM	LOPERAM	560800	Antidiarrh	56080000	Antidiarrh	S	2 MG	ORAL	CAPS	EA	1		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687023001	ZONISAM	ZONISAM	281224	UNKNOW	28122400	UNKNOW	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687023101	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687023111	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687023401	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687023411	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687024125	CANDES	CANDES	243208	Angiotens	24320800	Angiotens	S	16 MG	ORAL	TABS	EA	30	X	GENERIC	11/20/2024	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687024195	CANDES	CANDES	243208	Angiotens	24320800	Angiotens	S	16 MG	ORAL	TABS	EA	1	X	GENERIC	11/20/2024	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687024201	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687024211	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687024440	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20MG/5ML	ORAL	SOLN	ML	5	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687024467	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG/5M	ORAL	SOLN	ML	5	X	GENERIC	9/9/2022	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687024477	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG/5M	ORAL	SOLN	ML	5	X	GENERIC	11/29/2023	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687024501	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687024511	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687024565	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	50	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687024940	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	100MG/ML	ORAL	SOLN	ML	5	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687024967	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	100 MG/M	ORAL	SOLN	ML	5	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687024977	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	100 MG/M	ORAL	SOLN	ML	5	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687024986	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	100 MG/M	ORAL	SOLN	ML	5	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687025240	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG/5ML	ORAL	SOLN	ML	5		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687025286	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG/5ML	ORAL	SOLN	ML	5		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687025301	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687025311	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687025601	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687025611	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687025844	THEOPHY	THEOPHY	861600	Respirator	86160000	Respirator	S	80 MG/15	ORAL	SOLN	ML	15	X	GENERIC	6/5/2023	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687025871	THEOPHY	THEOPHY	861600	Respirator	86160000	Respirator	S	80 MG/15	ORAL	SOLN	ML	15	X	GENERIC	6/5/2023	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687026042	RANITID	RANITID	562812	Histamine	56281200	Histamine	S	75MG/5ML	ORAL	SYRP	ML	10	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687026242	VALPRO	VALPROA	281228	UNKNOW	28122800	UNKNOW	S	250 MG/5	ORAL	SOLN	ML	10	X	GENERIC	1/31/2024	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687026256	VALPRO	VALPROA	281228	UNKNOW	28122800	UNKNOW	S	250 MG/5	ORAL	SOLN	ML	10	X	GENERIC	1/31/2024	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687026532	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	20	X	GENERIC	12/8/2022	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687026533	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	1	X	GENERIC	12/8/2022	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687026611	RALOXIF	RALOXIF	681612	Estrogen	68161200	Estrogen	S	60 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687026621	RALOXIF	RALOXIF	681612	Estrogen	68161200	Estrogen	S	60 MG	ORAL	TABS	EA	30	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687026708	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5 MG/5	ORAL	LIQD	ML	10		GENERIC	6/5/2023	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687026742	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5 MG/5	ORAL	LIQD	ML	10		GENERIC	6/5/2023	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687026756	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5 MG/5	ORAL	LIQD	ML	10		GENERIC	6/5/2023	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687027111	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	1		GENERIC	8/10/2023	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687027121	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC	8/10/2023	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687027211	CEFURO	CEFURO	81206	Cephalosp	8120608	Second G	S	250 MG	ORAL	TABS	EA	1		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687027294	CEFURO	CEFURO	81206	Cephalosp	8120608	Second G	S	250 MG	ORAL	TABS	EA	20		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687027311	VORICON	VORICON	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	1		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687027321	VORICON	VORICON	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	30		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687027562	PHENYTO	PHENYTO	281212	Hydantoin	28121200	Hydantoin	S	125 MG/5	ORAL	SUSP	ML	4	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687027566	PHENYTO	PHENYTO	281212	Hydantoin	28121200	Hydantoin	S	125 MG/5	ORAL	SUSP	ML	4	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687027840	HYDROC	HYDROC	480800	Antitussive	48080000	Antitussive	S	5-1.5 MG/	ORAL	SOLN	ML	5		GENERIC	2/15/2023	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687027886	HYDROC	HYDROC	480800	Antitussive	48080000	Antitussive	S	5-1.5 MG/	ORAL	SOLN	ML	5		GENERIC	2/15/2023	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687028101	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	CAPS	EA	100	X	GENERIC	6/25/2024	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687028111	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	CAPS	EA	1	X	GENERIC	6/25/2024	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687028201	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	100		GENERIC	7/17/2023	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687028211	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	1		GENERIC	7/17/2023	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687028265	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	50		GENERIC	4/20/2023	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687028311	CEFURO	CEFURO	81206	Cephalosp	8120608	Second G	S	500 MG	ORAL	TABS	EA	1		GENERIC		60687		N	FORMULARY	1 GEN	GENERICS	R	MEDPRMI
60687028394	CEFURO	CEFURO	81206	Cephalosp	8120608	Second G	S	500 MG	ORAL	TABS	EA	20		GENERIC		60687		N	FORMULARY	1 GEN	GENERICS	R	MEDPRMI
60687028611	BROMOC	BROMOC	283620	UNKNOW	28362004	UNKNOW	S	2.5 MG	ORAL	TABS	EA	1	X	GENERIC	8/7/2023	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687028621	BROMOC	BROMOC	283620	UNKNOW	28362004	UNKNOW	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC	8/7/2023	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687029201	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687029211	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	5 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687029301	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	100	X	GENERIC	8/7/2024	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687029311	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	1	X	GENERIC	8/7/2024	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687029411	VORICON	VORICON	81408	Azoles	8140800	Azoles	S	50 MG	ORAL	TABS	EA	1		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687029421	VORICON	VORICON	81408	Azoles	8140800	Azoles	S	50 MG	ORAL	TABS	EA	30		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687029925	ITRACON	ITRACON	81408	Azoles	8140800	Azoles	S	100 MG	ORAL	CAPS	EA	30		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687029995	ITRACON	ITRACON	81408	Azoles	8140800	Azoles	S	100 MG	ORAL	CAPS	EA	1		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687030225	NADOLOL	NADOLOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687030295	NADOLOL	NADOLOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687030301	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687030311	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	10 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687030411	CAPTOPR	CAPTOPR	243204	Angiotens	24320400	Angiotens	S	12.5 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687030421	CAPTOPR	CAPTOPR	243204	Angiotens	24320400	Angiotens	S	12.5 MG	ORAL	TABS	EA	30	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687030601	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	100	X	GENERIC	10/3/2022	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687030611	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	1	X	GENERIC	10/3/2022	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687030911	LINEZOLI	LINEZOLI	81228	Antibacter	8122824	Oxazolidin	S	600 MG	ORAL	TABS	EA	1		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687030921	LINEZOLI	LINEZOLI	81228	Antibacter	8122824	Oxazolidin	S	600 MG	ORAL	TABS	EA	30		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687031201	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	100	X	GENERIC	11/14/2023	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687031211	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	1	X	GENERIC	11/14/2023	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687031325	NADOLOL	NADOLOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687031395	NADOLOL	NADOLOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	40 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687031425	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	600 MG	ORAL	TABS	EA	30		GENERIC	7/10/2023	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687031495	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	600 MG	ORAL	TABS	EA	1		GENERIC	7/10/2023	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687031511	CAPTOPR	CAPTOPR	243204	Angiotens	24320400	Angiotens	S	25 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687031521	CAPTOPR	CAPTOPR	243204	Angiotens	24320400	Angiotens	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687031601	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100MG	ORAL	CAPS	EA	100		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687031611	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100MG	ORAL	CAPS	EA	1		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687031701	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687031711	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	25 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687031725	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687031795	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	25 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687031911	TOLTERO	TOLTERO	861204	UNKNOW	86120400	UNKNOW	S	2 MG	ORAL	CP24	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687031921	TOLTERO	TOLTERO	861204	UNKNOW	86120400	UNKNOW	S	2 MG	ORAL	CP24	EA	30	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687032501	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687032511	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687032625	ATOMOXE	ATOMOXE	282032	UNKNOW	28203200	UNKNOW	S	40 MG	ORAL	CAPS	EA	30	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687032695	ATOMOXE	ATOMOXE	282032	UNKNOW	28203200	UNKNOW	S	40 MG	ORAL	CAPS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687032701	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687032711	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687032811	SEVELAM	SEVELAM	401819	Phosphate	40181900	Phosphate	S	800 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687032831	SEVELAM	SEVELAM	401819	Phosphate	40181900	Phosphate	S	800 MG	ORAL	TABS	EA	100	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687032833	SEVELAM	SEVELAM	401819	Phosphate	40181900	Phosphate	S	800 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687032865	SEVELAM	SEVELAM	401819	Phosphate	40181900	Phosphate	S	800 MG	ORAL	TABS	EA	50	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687033011	TOLTERO	TOLTERO	861204	UNKNOW	86120400	UNKNOW	S	4 MG	ORAL	CP24	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687033021	TOLTERO	TOLTERO	861204	UNKNOW	86120400	UNKNOW	S	4 MG	ORAL	CP24	EA	30	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687033301	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687033311	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687033611	MINOCYC	MINOCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	1		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687033665	MINOCYC	MINOCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	50		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687033801	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687033811	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687034001	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	75 MG	ORAL	TABS	EA	100	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687034011	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	75 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687034107	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ/1	ORAL	SOLN	ML	15	X	GENERIC	8/25/2022	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687034114	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ/1	ORAL	SOLN	ML	30	X	GENERIC	3/16/2022	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687034144	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10%	ORAL	SOLN	ML	15	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687034145	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10%	ORAL	SOLN	ML	30	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687034158	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ/1	ORAL	SOLN	ML	15	X	GENERIC	4/3/2023	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687034164	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ/1	ORAL	SOLN	ML	15	X	GENERIC	3/16/2022	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687034171	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ/1	ORAL	SOLN	ML	15	X	GENERIC	7/29/2022	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687034172	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ/1	ORAL	SOLN	ML	30	X	GENERIC	3/30/2022	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687034425	DOXYCY	DOXYCY	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	30		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687034495	DOXYCY	DOXYCY	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	1		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687034501	CALCITRI	CALCITRI	881600	Vitamin D	88160000	Vitamin D	S	0.25 MCG	ORAL	CAPS	EA	100	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687034511	CALCITRI	CALCITRI	881600	Vitamin D	88160000	Vitamin D	S	0.25 MCG	ORAL	CAPS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687034901	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687034911	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687035101	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687035111	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687035225	FLUCYTO	FLUCYTO	81432	Pyrimidine	8143200	Pyrimidine	S	250 MG	ORAL	CAPS	EA	30		GENERIC	8/31/2022	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687035295	FLUCYTO	FLUCYTO	81432	Pyrimidine	8143200	Pyrimidine	S	250 MG	ORAL	CAPS	EA	1		GENERIC	8/31/2022	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687035501	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	100		GENERIC	3/25/2022	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687035511	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	1		GENERIC	3/25/2022	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687035601	BENZTRO	BENZTRO	283608	UNKNOW	28360800	UNKNOW	S	0.5 MG	ORAL	TABS	EA	100	X	GENERIC	3/1/2023	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687035611	BENZTRO	BENZTRO	283608	UNKNOW	28360800	UNKNOW	S	0.5 MG	ORAL	TABS	EA	1	X	GENERIC	3/1/2023	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687035701	METHIMA	METHIMA	683608	Antithyroid	68360800	Antithyroid	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	11/2/2022	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687035711	METHIMA	METHIMA	683608	Antithyroid	68360800	Antithyroid	S	5 MG	ORAL	TABS	EA	1	X	GENERIC	11/2/2022	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687035825	COLCHIC	COLCHIC	921600	UNKNOW	92160000	UNKNOW	S	0.6 MG	ORAL	CAPS	EA	30		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687035895	COLCHIC	COLCHIC	921600	UNKNOW	92160000	UNKNOW	S	0.6 MG	ORAL	CAPS	EA	1		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687036001	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	100	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687036011	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687036211	LAMIVUD	LAMIVUD	81808	Antiretrovi	8180820	Nucleosid	S	150 MG	ORAL	TABS	EA	1	X	GENERIC	1/19/2023	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687036221	LAMIVUD	LAMIVUD	81808	Antiretrovi	8180820	Nucleosid	S	150 MG	ORAL	TABS	EA	30	X	GENERIC	1/19/2023	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687036325	FLUCYTO	FLUCYTO	81432	Pyrimidine	8143200	Pyrimidine	S	500 MG	ORAL	CAPS	EA	30		GENERIC	11/30/2022	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687036395	FLUCYTO	FLUCYTO	81432	Pyrimidine	8143200	Pyrimidine	S	500 MG	ORAL	CAPS	EA	1		GENERIC	11/30/2022	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687036801	BENZTRO	BENZTRO	283608	UNKNOW	28360800	UNKNOW	S	1 MG	ORAL	TABS	EA	100	X	GENERIC	3/29/2023	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687036811	BENZTRO	BENZTRO	283608	UNKNOW	28360800	UNKNOW	S	1 MG	ORAL	TABS	EA	1	X	GENERIC	3/29/2023	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687036901	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	100		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687036911	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	1		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687037001	METHIMA	METHIMA	683608	Antithyroid	68360800	Antithyroid	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	9/14/2022	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687037011	METHIMA	METHIMA	683608	Antithyroid	68360800	Antithyroid	S	10 MG	ORAL	TABS	EA	1	X	GENERIC	9/14/2022	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687037101	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	300 MG	ORAL	TABS	EA	100	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687037111	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	300 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687037311	EZETIMIB	EZETIMIB	240605	Cholestero	24060500	Cholestero	S	10 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687037321	EZETIMIB	EZETIMIB	240605	Cholestero	24060500	Cholestero	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687037501	DRONABI	DRONABI	569200	GI Drugs,	56920000	GI Drugs,	S	2.5 MG	ORAL	CAPS	EA	100		GENERIC	2/21/2024	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687037511	DRONABI	DRONABI	569200	GI Drugs,	56920000	GI Drugs,	S	2.5 MG	ORAL	CAPS	EA	1		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687037521	DRONABI	DRONABI	569200	GI Drugs,	56920000	GI Drugs,	S	2.5 MG	ORAL	CAPS	EA	30		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687037701	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	100		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687037711	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	1		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687037901	BENZTRO	BENZTRO	283608	UNKNOW	28360800	UNKNOW	S	2 MG	ORAL	TABS	EA	100	X	GENERIC	1/31/2024	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687037911	BENZTRO	BENZTRO	283608	UNKNOW	28360800	UNKNOW	S	2 MG	ORAL	TABS	EA	1	X	GENERIC	1/31/2024	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687038001	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	100		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687038011	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	1		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687038111	PHYTONA	PHYTONA	882400	Vitamin K	88240000	Vitamin K	S	5 MG	ORAL	TABS	EA	1		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687038194	PHYTONA	PHYTONA	882400	Vitamin K	88240000	Vitamin K	S	5 MG	ORAL	TABS	EA	20		GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687038201	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	400 MG	ORAL	TABS	EA	100	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687038211	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	400 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687038401	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687038411	BUMETAN	BUMETAN	402808	Loop Diure	40280800	Loop Diure	S	1 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687038425	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	1 MG	ORAL	TABS	EA	30	X	GENERIC	8/5/2024	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687038465	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	1 MG	ORAL	TABS	EA	50	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687038495	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	1 MG	ORAL	TABS	EA	1	X	GENERIC	8/5/2024	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687038525	COLESEV	COLESEV	240604	Bile Acid S	24060400	Bile Acid S	S	625 MG	ORAL	TABS	EA	30	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687038595	COLESEV	COLESEV	240604	Bile Acid S	24060400	Bile Acid S	S	625 MG	ORAL	TABS	EA	1	X	GENERIC		60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687038611	DRONABI	DRONABI	569200	GI Drugs,	56920000	GI Drugs,	S	5 MG	ORAL	CAPS	EA	1		GENERIC	10/24/2024	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687038621	DRONABI	DRONABI	569200	GI Drugs,	56920000	GI Drugs,	S	5 MG	ORAL	CAPS	EA	30		GENERIC	4/2/2024	60687	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

60687038694	DRONABI	DRONABI	569200	GI Drugs,	56920000	GI Drugs,	S	5 MG	ORAL	CAPS	EA	20		GENERIC	10/24/2024	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687038701	MIDODRII	MIDODRII	121204	alpha-Adr	12120400	alpha-Adr	S	2.5 MG	ORAL	TABS	EA	100		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687038711	MIDODRII	MIDODRII	121204	alpha-Adr	12120400	alpha-Adr	S	2.5 MG	ORAL	TABS	EA	1		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687038801	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	100		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687038811	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	1		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687038911	COLCHIC	COLCHIC	921600	UNKNOW	92160000	UNKNOW	S	0.6 MG	ORAL	TABS	EA	1		GENERIC	6/1/2023	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687038921	COLCHIC	COLCHIC	921600	UNKNOW	92160000	UNKNOW	S	0.6 MG	ORAL	TABS	EA	30		GENERIC	6/1/2023	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687039001	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687039011	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687039065	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	50	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687039101	PIOGLITA	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	15 MG	ORAL	TABS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687039111	PIOGLITA	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	15 MG	ORAL	TABS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687039479	IPRATRO	IPRATRO	120808	Antimusca	12080800	Antimusca	S	0.02%	INHALATI	SOLN	ML	2.5	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687039483	IPRATRO	IPRATRO	120808	Antimusca	12080800	Antimusca	S	0.02%	INHALATI	SOLN	ML	2.5	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687039579	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	(2.5 MG/3I	INHALATI	NEBU	ML	3	X	GENERIC		60687			N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
60687039583	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	(2.5 MG/3I	INHALATI	NEBU	ML	3	X	GENERIC		60687			N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
60687039601	HYDROC(	HYDROC(	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	100		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687039611	HYDROC(	HYDROC(	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	1		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687039725	MESALAM	MESALAM	563600	Anti-inflam	56360000	Anti-inflam	S	1.2 GM	ORAL	TBEC	EA	30	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687039795	MESALAM	MESALAM	563600	Anti-inflam	56360000	Anti-inflam	S	1.2 GM	ORAL	TBEC	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687039801	MIDODRII	MIDODRII	121204	alpha-Adr	12120400	alpha-Adr	S	5 MG	ORAL	TABS	EA	100		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687039811	MIDODRII	MIDODRII	121204	alpha-Adr	12120400	alpha-Adr	S	5 MG	ORAL	TABS	EA	1		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687040101	LORAZEF	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	100		GENERIC	1/7/2022	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687040111	LORAZEF	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	1		GENERIC	1/7/2022	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687040201	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687040211	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687040265	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	50	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687040401	CLOZAPII	CLOZAPII	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	100		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687040411	CLOZAPII	CLOZAPII	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	1		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687040579	IPRATRO	IPRATRO	121208	beta-Adre	12120812	Selective I	S	0.5-2.5 (3)	INHALATI	SOLN	ML	3	X	GENERIC		60687			N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
60687040583	IPRATRO	IPRATRO	121208	beta-Adre	12120812	Selective I	S	0.5-2.5 (3)	INHALATI	SOLN	ML	3	X	GENERIC		60687			N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
60687040667	OXYCOD(	OXYCOD(	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG/5ML	ORAL	SOLN	ML	5		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687040677	OXYCOD(	OXYCOD(	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG/5ML	ORAL	SOLN	ML	5		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687040701	HYDROC(	HYDROC(	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	100		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687040711	HYDROC(	HYDROC(	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	1		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687040825	MESALAM	MESALAM	563600	Anti-inflam	56360000	Anti-inflam	S	800 MG	ORAL	TBEC	EA	30		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687040895	MESALAM	MESALAM	563600	Anti-inflam	56360000	Anti-inflam	S	800 MG	ORAL	TBEC	EA	1		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687040925	MIDODRII	MIDODRII	121204	alpha-Adr	12120400	alpha-Adr	S	10 MG	ORAL	TABS	EA	30		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687040995	MIDODRII	MIDODRII	121204	alpha-Adr	12120400	alpha-Adr	S	10 MG	ORAL	TABS	EA	1		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687041011	METHYLE	METHYLE	760000	Oxytocics	76000000	Oxytocics	S	0.2 MG	ORAL	TABS	EA	1		GENERIC	1/9/2024	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687041094	METHYLE	METHYLE	760000	Oxytocics	76000000	Oxytocics	S	0.2 MG	ORAL	TABS	EA	20		GENERIC	1/9/2024	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687041301	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687041311	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687041365	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	50	X	GENERIC		60687	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687041501	CLOZAPII	CLOZAPII	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	100		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687041511	CLOZAPII	CLOZAPII	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	1		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687041611	SILDENAI	SILDENAI	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	1	X	GENERIC	11/13/2023	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687041621	SILDENAI	SILDENAI	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	11/13/2023	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687041744	HYDROC(	HYDROC(	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	SOLN	ML	15		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687041771	HYDROC(	HYDROC(	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	SOLN	ML	15		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687041801	HYDROC(	HYDROC(	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M(	ORAL	TABS	EA	100		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687041811	HYDROC(	HYDROC(	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M(	ORAL	TABS	EA	1		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687041901	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687041911	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687042025	RITONAV	RITONAV	81808	Antiretrovi	8180808	HIV Protea	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687042095	RITONAV	RITONAV	81808	Antiretrovi	8180808	HIV Protea	S	100 MG	ORAL	TABS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687042201	AMANTAD	AMANTAD	283604	UNKNOW	28360400	UNKNOW	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687042211	AMANTAD	AMANTAD	283604	UNKNOW	28360400	UNKNOW	S	100 MG	ORAL	CAPS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687042311	CLOBAZA	CLOBAZA	281208	Anticonvul	28120800	Anticonvul	S	10 MG	ORAL	TABS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687042321	CLOBAZA	CLOBAZA	281208	Anticonvul	28120800	Anticonvul	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

60687042601	CLOZAPII	CLOZAPII	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	100		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687042611	CLOZAPII	CLOZAPII	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	1		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687042801	FINASTEI	FINASTEI	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687042811	FINASTEI	FINASTEI	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687042865	FINASTEI	FINASTEI	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	50	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687042945	MILK OF I	MAGNESI	561200	Cathartics	56120000	Cathartics	P	400 MG/5I	ORAL	SUSP	ML	30		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687042976	MILK OF I	MAGNESI	561200	Cathartics	56120000	Cathartics	P	400 MG/5I	ORAL	SUSP	ML	30		GENERIC		60687	N	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687043001	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687043011	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	25 MG	ORAL	TABS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687043065	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	25 MG	ORAL	TABS	EA	50	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687043127	HEALTHY	POLYETH	561200	Cathartics	56120000	Cathartics	P	17GM-17(	ORAL	PACK	EA	30		GENERIC		60687			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687043192	HEALTHY	POLYETH	561200	Cathartics	56120000	Cathartics	P	0-17GM-0	ORAL	PACK	EA	100		GENERIC		60687			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687043198	HEALTHY	POLYETH	561200	Cathartics	56120000	Cathartics	P	0-17GM-0	ORAL	PACK	EA	14		GENERIC		60687			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687043199	HEALTHY	POLYETH	561200	Cathartics	56120000	Cathartics	P	0-17GM-0	ORAL	PACK	EA	1		GENERIC		60687			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687043201	TRAZOD(	TRAZOD(	281604	Antidepres	28160424	Serotonin	S	150 MG	ORAL	TABS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687043211	TRAZOD(	TRAZOD(	281604	Antidepres	28160424	Serotonin	S	150 MG	ORAL	TABS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687043301	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687043311	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687043511	CLARITHI	CLARITHI	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	1		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687043521	CLARITHI	CLARITHI	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687043601	CELECO)	CELECO)	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687043611	CELECO)	CELECO)	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687043701	AMIODAR	AMIODAR	240404	Antiarrhyt	24040420	Class III A	S	200 MG	ORAL	TABS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687043711	AMIODAR	AMIODAR	240404	Antiarrhyt	24040420	Class III A	S	200 MG	ORAL	TABS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687043801	MYCOPHI	MYCOPHI	924400	UNKNOW	92440000	UNKNOW	S	500 MG	ORAL	TABS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687043811	MYCOPHI	MYCOPHI	924400	UNKNOW	92440000	UNKNOW	S	500 MG	ORAL	TABS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687043901	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687043911	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687044101	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687044111	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	50 MG	ORAL	TABS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687044224	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	SUSP	ML	20		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687044275	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	SUSP	ML	20		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687044301	TRAZOD(	TRAZOD(	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687044311	TRAZOD(	TRAZOD(	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687044401	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687044411	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687044601	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687044611	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687044701	CELECO)	CELECO)	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687044711	CELECO)	CELECO)	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687044840	PHENOB/	PHENOB/	282404	Barbiturat	28240400	Barbiturat	S	20 MG/5M	ORAL	ELIX	ML	5	X	GENERIC	12/20/2022	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687044867	PHENOB/	PHENOB/	282404	Barbiturat	28240400	Barbiturat	S	20 MG/5M	ORAL	ELIX	ML	5	X	GENERIC	12/20/2022	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687044901	SEVELAM	SEVELAM	401819	Phosphate	40181900	Phosphate	S	800 MG	ORAL	TABS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687044911	SEVELAM	SEVELAM	401819	Phosphate	40181900	Phosphate	S	800 MG	ORAL	TABS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687045001	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TABS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687045011	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TABS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687045111	EPLEREN	EPLEREN	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687045121	EPLEREN	EPLEREN	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687045201	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687045211	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	100 MG	ORAL	TABS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687045301	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	25 MCG	ORAL	TABS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687045311	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	25 MCG	ORAL	TABS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687045401	TRAZOD(	TRAZOD(	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687045411	TRAZOD(	TRAZOD(	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687045511	ABIRATEI	ABIRATEI	100000	Antineopla	10000000	Antineopla	S	250 MG	ORAL	TABS	EA	1		GENERIC	7/31/2024	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687045521	ABIRATEI	ABIRATEI	100000	Antineopla	10000000	Antineopla	S	250 MG	ORAL	TABS	EA	30		GENERIC	7/31/2024	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687045701	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687045711	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687045801	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	1 MG	ORAL	TABS	EA	100		GENERIC	6/22/2022	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687045811	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	1 MG	ORAL	TABS	EA	1		GENERIC	6/22/2022	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687045901	PALIPERI	PALIPERI	281608	Antipsych	28160804	Atypical A	S	3 MG	ORAL	TB24	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687045911	PALIPERI	PALIPERI	281608	Antipsych	28160804	Atypical A	S	3 MG	ORAL	TB24	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687046011	RANOLAZ	RANOLAZ	240492	Cardiac D	24049200	Cardiac D	S	500 MG	ORAL	TB12	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687046021	RANOLAZ	RANOLAZ	240492	Cardiac D	24049200	Cardiac D	S	500 MG	ORAL	TB12	EA	30	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687046101	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	300 MG	ORAL	TABS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687046111	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	300 MG	ORAL	TABS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687046211	CLONIDIN	CLONIDIN	121204	alpha-Adr	12120400	alpha-Adr	S	0.1 MG	ORAL	TB12	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687046221	CLONIDIN	CLONIDIN	121204	alpha-Adr	12120400	alpha-Adr	S	0.1 MG	ORAL	TB12	EA	30	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687046301	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	200 MG	ORAL	TABS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687046311	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	200 MG	ORAL	TABS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687046401	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	50 MCG	ORAL	TABS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687046411	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	50 MCG	ORAL	TABS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687046501	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687046511	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687046601	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	100	X	GENERIC	12/16/2022	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687046611	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	1	X	GENERIC	12/16/2022	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687046801	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687046811	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687047001	PALIPERI	PALIPERI	281608	Antipsych	28160804	Atypical A	S	6 MG	ORAL	TB24	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687047011	PALIPERI	PALIPERI	281608	Antipsych	28160804	Atypical A	S	6 MG	ORAL	TB24	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687047201	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	50 MG	ORAL	CAPS	EA	100		GENERIC	8/5/2024	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687047211	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	50 MG	ORAL	CAPS	EA	1		GENERIC	8/5/2024	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687047301	PREGAB/	PREGAB/	281228	UNKNOW	28122800	UNKNOW	S	25 MG	ORAL	CAPS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687047311	PREGAB/	PREGAB/	281228	UNKNOW	28122800	UNKNOW	S	25 MG	ORAL	CAPS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687047501	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	75 MCG	ORAL	TABS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687047511	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	75 MCG	ORAL	TABS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687047601	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687047611	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687047901	CARBAM/	CARBAM/	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	CHEW	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687047911	CARBAM/	CARBAM/	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	CHEW	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687048011	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	2.5 MG	ORAL	TB24	EA	1	X	GENERIC	2/14/2024	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687048021	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	2.5 MG	ORAL	TB24	EA	30	X	GENERIC	2/14/2024	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687048111	BUPREN(	BUPREN(	280812	Opiate Pa	28081200	Opiate Pa	S	2 MG	SUBLINGI	SUBL	EA	1		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687048121	BUPREN(	BUPREN(	280812	Opiate Pa	28081200	Opiate Pa	S	2 MG	SUBLINGI	SUBL	EA	30		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687048301	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	100		GENERIC	5/6/2024	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687048311	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	1		GENERIC	5/6/2024	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687048401	PREGAB/	PREGAB/	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687048411	PREGAB/	PREGAB/	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687048601	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	88 MCG	ORAL	TABS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687048611	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	88 MCG	ORAL	TABS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687048701	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687048711	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	100 MG	ORAL	TABS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687048801	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687048811	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687049101	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687049111	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687049211	BUPREN(	BUPREN(	280812	Opiate Pa	28081200	Opiate Pa	S	8 MG	SUBLINGI	SUBL	EA	1		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687049221	BUPREN(	BUPREN(	280812	Opiate Pa	28081200	Opiate Pa	S	8 MG	SUBLINGI	SUBL	EA	30		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687049301	VERAPAN	VERAPAN	240404	Antiarrhyt	24040424	Class IV A	S	120 MG	ORAL	TBCR	EA	100	X	GENERIC	8/3/2023	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687049311	VERAPAN	VERAPAN	240404	Antiarrhyt	24040424	Class IV A	S	120 MG	ORAL	TBCR	EA	1	X	GENERIC	8/3/2023	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687049401	MYCOPHI	MYCOPHI	902808	UNKNOW	90280892	UNKNOW	S	250 MG	ORAL	CAPS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687049411	MYCOPHI	MYCOPHI	902808	UNKNOW	90280892	UNKNOW	S	250 MG	ORAL	CAPS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687049501	PREGAB/	PREGAB/	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687049511	PREGAB/	PREGAB/	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687049601	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687049611	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687049701	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	100 MCG	ORAL	TABS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687049711	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	100 MCG	ORAL	TABS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687049825	AMPHET/	AMPHET/	282004	Amphetam	28200400	Amphetam	S	10 MG	ORAL	CP24	EA	30	X	GENERIC	11/16/2022	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687049895	AMPHET/	AMPHET/	282004	Amphetam	28200400	Amphetam	S	10 MG	ORAL	CP24	EA	1	X	GENERIC	11/16/2022	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

60687050001	ERGOCAI	ERGOCAI	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (!	ORAL	CAPS	EA	100	X	GENERIC	2/22/2023	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687050011	ERGOCAI	ERGOCAI	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (!	ORAL	CAPS	EA	1	X	GENERIC	2/22/2023	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687050201	PYRIDOS	PYRIDOS	120400	Parasymp	12040000	Parasymp	S	60 MG	ORAL	TABS	EA	100		GENERIC	4/4/2023	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687050211	PYRIDOS	PYRIDOS	120400	Parasymp	12040000	Parasymp	S	60 MG	ORAL	TABS	EA	1		GENERIC	4/4/2023	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687050301	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC	7/27/2023	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687050311	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	1		GENERIC	7/27/2023	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687050401	VERAPAN	VERAPAN	240404	Antiarrhyt	24040424	Class IV A	S	180 MG	ORAL	TBCR	EA	100	X	GENERIC	8/3/2023	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687050411	VERAPAN	VERAPAN	240404	Antiarrhyt	24040424	Class IV A	S	180 MG	ORAL	TBCR	EA	1	X	GENERIC	8/3/2023	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687050525	AMINOCA	AMINOCA	202816	Hemostati	20281600	Hemostati	S	500 MG	ORAL	TABS	EA	30		GENERIC	4/22/2022	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687050595	AMINOCA	AMINOCA	202816	Hemostati	20281600	Hemostati	S	500 MG	ORAL	TABS	EA	1		GENERIC	4/22/2022	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687050601	PREGAB/	PREGAB/	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687050611	PREGAB/	PREGAB/	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687050701	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687050711	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687050801	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	112 MCG	ORAL	TABS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687050811	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	112 MCG	ORAL	TABS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687050925	AMPHET/	AMPHET/	282004	Amphetam	28200400	Amphetam	S	20 MG	ORAL	CP24	EA	30	X	GENERIC	5/2/2022	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687050995	AMPHET/	AMPHET/	282004	Amphetam	28200400	Amphetam	S	20 MG	ORAL	CP24	EA	1	X	GENERIC	5/2/2022	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

60687051311	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	1		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687051365	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	50		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687051401	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	100		GENERIC	4/11/2024	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687051411	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	1		GENERIC	4/11/2024	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687051501	VERAPAN	VERAPAN	240404	Antiarrhyt	24040424	Class IV A	S	240 MG	ORAL	TBCR	EA	100	X	GENERIC	8/3/2023	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687051511	VERAPAN	VERAPAN	240404	Antiarrhyt	24040424	Class IV A	S	240 MG	ORAL	TBCR	EA	1	X	GENERIC	8/3/2023	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687051701	PREGAB/	PREGAB/	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687051711	PREGAB/	PREGAB/	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687051801	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687051811	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687051901	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	125 MCG	ORAL	TABS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687051911	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	125 MCG	ORAL	TABS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687052025	AMPHET/	AMPHET/	282004	Amphetam	28200400	Amphetam	S	30 MG	ORAL	CP24	EA	30	X	GENERIC	5/2/2022	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687052095	AMPHET/	AMPHET/	282004	Amphetam	28200400	Amphetam	S	30 MG	ORAL	CP24	EA	1	X	GENERIC	5/2/2022	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687052311	POSACOI	POSACOI	81408	Azoles	8140800	Azoles	S	100 MG	ORAL	TBEC	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687052321	POSACOI	POSACOI	81408	Azoles	8140800	Azoles	S	100 MG	ORAL	TBEC	EA	30	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687052394	POSACOI	POSACOI	81408	Azoles	8140800	Azoles	S	100 MG	ORAL	TBEC	EA	20	X	GENERIC		60687	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687052479	BUDESOI	BUDESOI	680400	Adrenals	68040000	Adrenals	S	0.5 MG/2N	INHALATI	SUSP	ML	2	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687052483	BUDESOI	BUDESOI	680400	Adrenals	68040000	Adrenals	S	0.5 MG/2N	INHALATI	SUSP	ML	2	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687052511	CINACAL(	CINACAL(	682404	UNKNOW	68240400	UNKNOW	S	30 MG	ORAL	TABS	EA	1	X	GENERIC	10/28/2024	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687052521	CINACAL(	CINACAL(	682404	UNKNOW	68240400	UNKNOW	S	30 MG	ORAL	TABS	EA	30	X	GENERIC	10/28/2024	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687052601	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	100		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687052611	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	1		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687052711	URSODIC	URSODIO	561400	Cholelitho	56140000	Cholelitho	S	250 MG	ORAL	TABS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687052721	URSODIC	URSODIO	561400	Cholelitho	56140000	Cholelitho	S	250 MG	ORAL	TABS	EA	30	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

60687053001	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	150 MCG	ORAL	TABS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687053011	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	150 MCG	ORAL	TABS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687053101	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	100		GENERIC	1/4/2022	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687053111	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	1		GENERIC	1/4/2022	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687053211	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	18 MG	ORAL	TBCR	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687053221	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	18 MG	ORAL	TBCR	EA	30	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687053436	ATOVAQU	ATOVAQU	83092	Antiprotoz	8309200	Antiprotoz	S	750 MG/5I	ORAL	SUSP	ML	5		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687053440	ATOVAQU	ATOVAQU	83092	Antiprotoz	8309200	Antiprotoz	S	750 MG/5I	ORAL	SUSP	ML	5		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687053478	ATOVAQU	ATOVAQU	83092	Antiprotoz	8309200	Antiprotoz	S	750 MG/5I	ORAL	SUSP	ML	5		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687053501	BUMETAI	BUMETAI	243608	UNKNOW	24360800	UNKNOW	S	2 MG	ORAL	TABS	EA	100	X	GENERIC	8/6/2024	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687053511	BUMETAI	BUMETAI	243608	UNKNOW	24360800	UNKNOW	S	2 MG	ORAL	TABS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687053565	BUMETAI	BUMETAI	243608	UNKNOW	24360800	UNKNOW	S	2 MG	ORAL	TABS	EA	50	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687053601	METOLAZ	METOLAZ	243624	UNKNOW	24362400	UNKNOW	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC	5/27/2022	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687053611	METOLAZ	METOLAZ	243624	UNKNOW	24362400	UNKNOW	S	2.5 MG	ORAL	TABS	EA	1	X	GENERIC	5/27/2022	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687053701	PROPAFE	PROPAFE	240404	Antiarrhyt	24040412	Class Ic A	S	150 MG	ORAL	TABS	EA	100	X	GENERIC	6/27/2022	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687053711	PROPAFE	PROPAFE	240404	Antiarrhyt	24040412	Class Ic A	S	150 MG	ORAL	TABS	EA	1	X	GENERIC	6/27/2022	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687053811	FEBUXOS	FEBUXOS	921600	UNKNOW	92160000	UNKNOW	S	40 MG	ORAL	TABS	EA	1	X	GENERIC		60687	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687053821	FEBUXOS	FEBUXOS	921600	UNKNOW	92160000	UNKNOW	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		60687	Y	X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687054001	DIGOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	125 MCG	ORAL	TABS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687054011	DIGOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	125 MCG	ORAL	TABS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687054101	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	175 MCG	ORAL	TABS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687054111	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	175 MCG	ORAL	TABS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687054211	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	400-80 M(	ORAL	TABS	EA	1		GENERIC	2/1/2022	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687054221	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	400-80 M(	ORAL	TABS	EA	30		GENERIC	2/1/2022	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687054311	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	27 MG	ORAL	TBCR	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687054321	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	27 MG	ORAL	TBCR	EA	30	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687054401	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	100		GENERIC	8/21/2024	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687054411	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	1		GENERIC	8/21/2024	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687054701	METOLAZ	METOLAZ	243624	UNKNOW	24362400	UNKNOW	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	2/15/2022	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687054711	METOLAZ	METOLAZ	243624	UNKNOW	24362400	UNKNOW	S	5 MG	ORAL	TABS	EA	1	X	GENERIC	2/15/2022	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687054801	CLOZAPII	CLOZAPII	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TABS	EA	100		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687054811	CLOZAPII	CLOZAPII	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TABS	EA	1		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687054911	RANOLAZ	RANOLAZ	240492	Cardiac D	24049200	Cardiac D	S	500 MG	ORAL	TB12	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687054921	RANOLAZ	RANOLAZ	240492	Cardiac D	24049200	Cardiac D	S	500 MG	ORAL	TB12	EA	30	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687055001	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	100		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687055011	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	1		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687055101	DIGOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	250 MCG	ORAL	TABS	EA	100	X	GENERIC	12/2/2024	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687055111	DIGOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	250 MCG	ORAL	TABS	EA	1	X	GENERIC	12/2/2024	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687055201	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	200 MCG	ORAL	TABS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687055301	ISONIAZI	ISONIAZI	81604	Antituberc	8160400	Antituberc	S	300 MG	ORAL	TABS	EA	100	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687055311	ISONIAZI	ISONIAZI	81604	Antituberc	8160400	Antituberc	S	300 MG	ORAL	TABS	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687055411	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	36 MG	ORAL	TBCR	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687055421	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	36 MG	ORAL	TBCR	EA	30	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687055501	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	100		GENERIC	7/16/2024	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687055511	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	1		GENERIC	7/16/2024	60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687055632	MESALAM	MESALAM	563600	Anti-inflam	56360000	Anti-inflam	S	400 MG	ORAL	CPDR	EA	20	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687055633	MESALAM	MESALAM	563600	Anti-inflam	56360000	Anti-inflam	S	400 MG	ORAL	CPDR	EA	1	X	GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687055801	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687055811	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	1		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687055901	METHOC/	METHOC/	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	100		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
60687055911	METHOC/	METHOC/	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	1		GENERIC		60687		X	N	EXCLUDE	REPACK:	[REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

60687059011	REPAGLINIDE/PAGLI	68241600	Meglitinide	68201600	Meglitinide	1 MG	ORAL	TABS	EA	1 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687059021	REPAGLINIDE/PAGLI	68241600	Meglitinide	68201600	Meglitinide	1 MG	ORAL	TABS	EA	30 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687058301	LEVOTHYL/EVOTHYI	68306400	Thyroid Ag	68306400	Thyroid Ag/S	137 MCG	ORAL	TABS	EA	100 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687059311	LEVOTHYL/EVOTHYI	68306400	Thyroid Ag	68306400	Thyroid Ag/S	137 MCG	ORAL	TABS	EA	1 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687056511	METHYLPHET/HYLF	28203200	UNKNOWN	28203200	UNKNOWN/S	54 MG	ORAL	TBCR	EA	30 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687059321	METHYLPHET/HYLF	28203200	UNKNOWN	28203200	UNKNOWN/S	54 MG	ORAL	TBCR	EA	30 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687056940	HYDROM/HYDROM	28080800	Opiate Ag	28080800	Opiate Ag/S	1 MG/ML	ORAL	LIQD	ML	5	GENERIC	60687 Y	6/19/2024	X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687056988	HYDROM/HYDROM	28080800	Opiate Ag	28080800	Opiate Ag/S	1 MG/ML	ORAL	LIQD	ML	5	GENERIC	60687 Y	6/19/2024	X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687057711	ATOMOX/ATOMOXI	28203200	UNKNOWN	28203200	UNKNOWN/S	25 MG	ORAL	CAPS	EA	1 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687059721	ATOMOX/ATOMOXI	28203200	UNKNOWN	28203200	UNKNOWN/S	25 MG	ORAL	CAPS	EA	30 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687055801	METHOCA/METHOCI	12200400	UNKNOWN	12200400	UNKNOWN/S	750 MG	ORAL	TABS	EA	100	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687059811	METHOCA/METHOCI	12200400	UNKNOWN	12200400	UNKNOWN/S	750 MG	ORAL	TABS	EA	1	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687057001	PRAMIPE/PRAMIPE	28362000	UNKNOWN	28362008	UNKNOWN/S	0.25 MG	ORAL	TABS	EA	100 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687057011	PRAMIPE/PRAMIPE	28362000	UNKNOWN	28362008	UNKNOWN/S	0.25 MG	ORAL	TABS	EA	1 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687057124	ACETAMI/ACETAMI	28081600	UNKNOWN	28081600	UNKNOWN/P	650 MG/20	ORAL	SOLN	ML	20.3	GENERIC	5/20/2022	60687	X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687057127	ACETAMI/ACETAMI	28081600	UNKNOWN	28081600	UNKNOWN/P	650 MG/20	ORAL	SOLN	ML	20.3	GENERIC	5/20/2022	60687	X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687057142	ACETAMI/ACETAMI	28081600	UNKNOWN	28081600	UNKNOWN/P	325 MG/10	ORAL	SOLN	ML	10.15	GENERIC	7/11/2022	60687	X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687057158	ACETAMI/ACETAMI	28081600	UNKNOWN	28081600	UNKNOWN/P	325 MG/10	ORAL	SOLN	ML	10.15	GENERIC	7/11/2022	60687	X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687057232	PRAZOSIN/PRAZOSI	24160000	Sclerosing	24160000	Sclerosing/S	1 MG	ORAL	CAPS	EA	20 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687057233	PRAZOSIN/PRAZOSI	24160000	Sclerosing	24160000	Sclerosing/S	5 MG	ORAL	CAPS	EA	1	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687057601	RIVASTIG/RIVASTIG	10040000	Parasymp	10040000	Parasymp/S	1.5 MG	ORAL	CAPS	EA	100 X	GENERIC	10/18/2022	60687	X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687057611	RIVASTIG/RIVASTIG	10040000	Parasymp	10040000	Parasymp/S	1.5 MG	ORAL	CAPS	EA	1 X	GENERIC	10/18/2022	60687	X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687057511	RIFAMP/RIFAMPIN	81604000	Antibiotic	81604000	Antibiotic/S	150 MG	ORAL	CAPS	EA	1	GENERIC	60687 Y		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687057521	RIFAMP/RIFAMPIN	81604000	Antibiotic	81604000	Antibiotic/S	150 MG	ORAL	CAPS	EA	30	GENERIC	60687 Y		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687057603	MIDAZOLAM/DAZOL	28240800	Benzodiaz	28240800	Benzodiaz/S	2 MG/ML	ORAL	SYRP	ML	2.5	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687057619	MIDAZOLAM/DAZOL	28240800	Benzodiaz	28240800	Benzodiaz/S	2 MG/ML	ORAL	SYRP	ML	2.5	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687057640	MIDAZOLAM/DAZOL	28240800	Benzodiaz	28240800	Benzodiaz/S	2 MG/ML	ORAL	SYRP	ML	5	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687057688	MIDAZOLAM/DAZOL	28240800	Benzodiaz	28240800	Benzodiaz/S	2 MG/ML	ORAL	SYRP	ML	5	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687057701	ROPIN/ROPINIRC	28362400	UNKNOWN	28362008	UNKNOWN/S	0.25 MG	ORAL	TABS	EA	100 X	GENERIC	60687 N		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687057711	ROPIN/ROPINIRC	28362400	UNKNOWN	28362008	UNKNOWN/S	0.25 MG	ORAL	TABS	EA	1 X	GENERIC	60687 N		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687057811	ACETAZ/ACETAZC	52401200	UNKNOWN	52401200	UNKNOWN/S	500 MG	ORAL	CP12	EA	1 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687057821	ACETAZ/ACETAZC	52401200	UNKNOWN	52401200	UNKNOWN/S	500 MG	ORAL	CP12	EA	30 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687057901	HYDROM/HYDROM	28080800	Opiate Ag	28080800	Opiate Ag/S	2 MG	ORAL	TABS	EA	100	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687057911	HYDROM/HYDROM	28080800	Opiate Ag	28080800	Opiate Ag/S	2 MG	ORAL	TABS	EA	1	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687058001	GABAPEN/GABAPEN	28122800	UNKNOWN	28122800	UNKNOWN/S	100 MG	ORAL	CAPS	EA	100 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687058011	GABAPEN/GABAPEN	28122800	UNKNOWN	28122800	UNKNOWN/S	100 MG	ORAL	CAPS	EA	1 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687058021	GABAPEN/GABAPEN	28122800	UNKNOWN	28122800	UNKNOWN/S	5 MG	ORAL	TABS	EA	100 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687058031	GABAPEN/GABAPEN	28122800	UNKNOWN	28122800	UNKNOWN/S	5 MG	ORAL	TABS	EA	1 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687058041	GABAPEN/GABAPEN	28122800	UNKNOWN	28122800	UNKNOWN/S	300 MG	ORAL	CAPS	EA	100 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687058051	GABAPEN/GABAPEN	28122800	UNKNOWN	28122800	UNKNOWN/S	300 MG	ORAL	CAPS	EA	1 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687058061	GABAPEN/GABAPEN	28122800	UNKNOWN	28122800	UNKNOWN/S	400 MG	ORAL	CAPS	EA	100 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687058071	GABAPEN/GABAPEN	28122800	UNKNOWN	28122800	UNKNOWN/S	400 MG	ORAL	CAPS	EA	1 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687058201	PANTOPR/PANTOPR	52083600	Proton-pu	52083600	Proton-pu/S	20 MG	ORAL	TBEC	EA	100 X	GENERIC	10/31/2023	60687	X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687058211	PANTOPR/PANTOPR	52083600	Proton-pu	52083600	Proton-pu/S	20 MG	ORAL	TBEC	EA	1 X	GENERIC	10/31/2023	60687	X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687058601	RIFAMP/RIFAMPIN	81604000	Antibiotic	81604000	Antibiotic/S	300 MG	ORAL	CAPS	EA	100	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687058611	RIFAMP/RIFAMPIN	81604000	Antibiotic	81604000	Antibiotic/S	300 MG	ORAL	CAPS	EA	1	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687058701	PROPRAM/PROPRAM	24200000	Alpha-Adr	24200000	Alpha-Adr/S	10 MG	ORAL	TABS	EA	100 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687058711	PROPRAM/PROPRAM	24200000	Alpha-Adr	24200000	Alpha-Adr/S	10 MG	ORAL	TABS	EA	1 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687058801	ROPIN/ROPINIRC	28362000	UNKNOWN	28362008	UNKNOWN/S	1 MG	ORAL	TABS	EA	100 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687058811	ROPIN/ROPINIRC	28362000	UNKNOWN	28362008	UNKNOWN/S	1 MG	ORAL	TABS	EA	1 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687059301	HYDROM/HYDROM	28080800	Opiate Ag	28080800	Opiate Ag/S	4 MG	ORAL	TABS	EA	100	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687059311	HYDROM/HYDROM	28080800	Opiate Ag	28080800	Opiate Ag/S	4 MG	ORAL	TABS	EA	1	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687059401	GABAPEN/GABAPEN	28122800	UNKNOWN	28122800	UNKNOWN/S	600 MG	ORAL	CAPS	EA	100 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687059411	GABAPEN/GABAPEN	28122800	UNKNOWN	28122800	UNKNOWN/S	600 MG	ORAL	CAPS	EA	1 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687059501	PRAMIPE/PRAMIPE	28362000	UNKNOWN	28362008	UNKNOWN/S	1 MG	ORAL	TABS	EA	30 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687059511	PRAMIPE/PRAMIPE	28362000	UNKNOWN	28362008	UNKNOWN/S	1 MG	ORAL	TABS	EA	1 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687059601	HYDROCO/HYDROCI	24302000	UNKNOWN	24302000	UNKNOWN/S	25 MG	ORAL	TABS	EA	100 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687059611	HYDROCO/HYDROCI	24302000	UNKNOWN	24302000	UNKNOWN/S	25 MG	ORAL	TABS	EA	1 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687059711	CARBAM/CARBAM	28129200	Anticonvul	28129200	Anticonvul/S	400 MG	ORAL	TB12	EA	100 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687059721	CARBAM/CARBAM	28129200	Anticonvul	28129200	Anticonvul/S	400 MG	ORAL	TB12	EA	30 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687059731	HYDROCO/HYDROCI	24302000	UNKNOWN	24302000	UNKNOWN/S	25 MG	ORAL	TABS	EA	1 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687059911	CARBAM/CARBAM	28129200	Anticonvul	28129200	Anticonvul/S	400 MG	ORAL	TB12	EA	1 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687059921	CARBAM/CARBAM	28129200	Anticonvul	28129200	Anticonvul/S	400 MG	ORAL	TB12	EA	30 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687059931	HYDROCO/HYDROCI	24302000	UNKNOWN	24302000	UNKNOWN/S	25 MG	ORAL	TABS	EA	100 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687059941	CARBAM/CARBAM	28129200	Anticonvul	28129200	Anticonvul/S	400 MG	ORAL	TB12	EA	1 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687059951	CARBAM/CARBAM	28129200	Anticonvul	28129200	Anticonvul/S	400 MG	ORAL	TB12	EA	30 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687059961	HYDROCO/HYDROCI	24302000	UNKNOWN	24302000	UNKNOWN/S	25 MG	ORAL	TABS	EA	100 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687059971	HYDROCO/HYDROCI	24302000	UNKNOWN	24302000	UNKNOWN/S	25 MG	ORAL	TABS	EA	1 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687059981	FAMOTID/FAMOTID	58281000	Histamine	58281000	Histamine/S	20 MG	ORAL	TABS	EA	100 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687059991	FAMOTID/FAMOTID	58281000	Histamine	58281000	Histamine/S	20 MG	ORAL	TABS	EA	1 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687059999	BUDESO/BUDESO	68040400	Adrenals	68040500	Adrenals/S	3 MG	ORAL	CPDP	EA	30	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687059903	BUDESO/BUDESO	68040400	Adrenals	68040500	Adrenals/S	3 MG	ORAL	CPDP	EA	1	GENERIC	60687 Y		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687060001	PROPRAM/PROPRAM	24200000	Alpha-Adr	24200000	Alpha-Adr/S	20 MG	ORAL	TABS	EA	100 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687060011	PROPRAM/PROPRAM	24200000	Alpha-Adr	24200000	Alpha-Adr/S	20 MG	ORAL	TABS	EA	1 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687060021	GABAPEN/GABAPEN	28122800	UNKNOWN	28122800	UNKNOWN/S	400 MG	ORAL	CAPS	EA	100 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687060031	GABAPEN/GABAPEN	28122800	UNKNOWN	28122800	UNKNOWN/S	400 MG	ORAL	CAPS	EA	1 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687059911	FLUCYTO/FLUCYTC	81432	Pyrimidine	81432000	Pyrimidine/S	250 MG	ORAL	CAPS	EA	1	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687059921	FLUCYTO/FLUCYTC	81432	Pyrimidine	81432000	Pyrimidine/S	250 MG	ORAL	CAPS	EA	30	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687060201	GABAPEN/GABAPEN	28122800	UNKNOWN	28122800	UNKNOWN/S	400 MG	ORAL	CAPS	EA	100 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687060211	GABAPEN/GABAPEN	28122800	UNKNOWN	28122800	UNKNOWN/S	400 MG	ORAL	CAPS	EA	1 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687060301	SULFAMES/SULFAME	81220	Sulfonami	81220000	Sulfonami/S	400-80 MI	ORAL	TABS	EA	100	GENERIC	11/13/2024	60687	X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687060311	SULFAMES/SULFAME	81220	Sulfonami	81220000	Sulfonami/S	400-80 MI	ORAL	TABS	EA	1	GENERIC	11/13/2024	60687	X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687060401	ACETAMI/ACETAMI	28080800	Opiate Ag	28080800	Opiate Ag/S	300-30 MI	ORAL	TABS	EA	100	GENERIC	10/30/2024	60687	X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687060411	ACETAMI/ACETAMI	28080800	Opiate Ag	28080800	Opiate Ag/S	300-30 MI	ORAL	TABS	EA	1	GENERIC	10/30/2024	60687	X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687060501	ATENOL/ATENOLC	24200000	Alpha-Adr	24200000	Alpha-Adr/S	25 MG	ORAL	TABS	EA	100 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687060511	ATENOL/ATENOLC	24200000	Alpha-Adr	24200000	Alpha-Adr/S	25 MG	ORAL	TABS	EA	1 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687060601	DICLOF/DICLOFE	28080400	Nonsteroi	28080462	Other Non/S	50 MG	ORAL	TBEC	EA	100 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687060611	DICLOF/DICLOFE	28080400	Nonsteroi	28080462	Other Non/S	50 MG	ORAL	TBEC	EA	1 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687060701	ESOMEP/ESOMEPR	28160400	Antiulcer	28160416	UNKNOWN/S	20 MG	ORAL	TB24	EA	100 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687060711	ESOMEP/ESOMEPR	28160400	Antiulcer	28160416	UNKNOWN/S	20 MG	ORAL	TB24	EA	1 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687060721	DESVEN/DESVENL	28160416	Antiulcer	28160416	UNKNOWN/S	50 MG	ORAL	TB24	EA	30 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687060731	DESVEN/DESVENL	28160416	Antiulcer	28160416	UNKNOWN/S	50 MG	ORAL	TB24	EA	1 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687060801	OMEPRA/OMEPRA	28160400	Antiulcer	28160416	UNKNOWN/S	40 MG	ORAL	CPDR	EA	100 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687060811	OMEPRA/OMEPRA	28160400	Antiulcer	28160416	UNKNOWN/S	40 MG	ORAL	CPDR	EA	1 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687060901	PROPRAM/PROPRAM	24200000	Alpha-Adr	24200000	Alpha-Adr/S	40 MG	ORAL	TABS	EA	100 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687060911	PROPRAM/PROPRAM	24200000	Alpha-Adr	24200000	Alpha-Adr/S	40 MG	ORAL	TABS	EA	1 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687061011	FLUCYTO/FLUCYTC	81432	Pyrimidine	81432000	Pyrimidine/S	500 MG	ORAL	CAPS	EA	100 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687061021	FLUCYTO/FLUCYTC	81432	Pyrimidine	81432000	Pyrimidine/S	500 MG	ORAL	CAPS	EA	1 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687061101	VALSART/VALSART	24320800	Angiotens	24320800	Angiotens/S	40 MG	ORAL	TABS	EA	30 X	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687061401	SULFAMES/SULFAME	81220	Sulfonami	81220000	Sulfonami/S	800-160 M	ORAL	TABS	EA	100	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687061411	SULFAMES/SULFAME	81220	Sulfonami	81220000	Sulfonami/S	800-160 M	ORAL	TABS	EA	1	GENERIC	60687		X	N	EXCLUDE/REPACK: PREPACKED PRODUCT/OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
60687061501	ACETAMI/ACETAMI	28080800	Opiate Ag	28080800	Opiate Ag/S	300-60 MI	ORAL	TABS	EA	100	GENERIC	2/1/2023	60687	X	N	EXCL

60760006920	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	20		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760007007	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	7	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760007060	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	60	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760007124	ECPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TBEC	EA	24		GENERIC	12/28/2023	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760007410	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	10		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760007420	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	20		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760007560	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760008730	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	30		GENERIC	12/12/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760008790	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	90		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760008860	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	60	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760008890	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760008891	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	110	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760009015	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	15	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760009020	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	20	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760009060	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	60	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760009190	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760009214	OXAPRO	OXAPRO	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	14	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760009306	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	6		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760009320	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	20		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760009330	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	30		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760009360	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	60		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760009390	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	90		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760009460	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	60	X	GENERIC	12/28/2023	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760009490	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	12/28/2023	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760009500	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	3%	EXTERNA	GEL	GM	100		GENERIC	12/28/2023	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760010090	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760011295	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	1.50%	EXTERNA	SOLN	ML	150		GENERIC		60760	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760011301	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	1		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760012590	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	12/12/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760013230	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760013290	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760013490	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760013990	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760014020	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	20	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760015160	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	60	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760015212	VITAMIN I	ERGOCAI	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (	ORAL	CAPS	EA	12	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760015315	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	15	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760015320	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	20	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760015360	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	60	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760015430	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	30	X	GENERIC	2/28/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760016124	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TABS	EA	24		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760016390	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	12/12/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760016430	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	12/12/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760016490	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	12/12/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760016530	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TB24	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760017090	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760017830	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	30	X	GENERIC	12/12/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760017890	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	90	X	GENERIC	12/12/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760017918	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	18		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760018130	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	TABS	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760018760	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	TABS	EA	60	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760019414	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	14		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760019930	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760019990	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760020105	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	5		GENERIC		60760	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760020130	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	30		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760020314	OXAPRO	OXAPRO	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	14	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760020530	PREGAB	PREGAB	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760020560	PREGAB	PREGAB	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	60	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760020590	PREGAB	PREGAB	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760020960	CELECO	CELECO	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC	12/12/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760021215	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	15	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760021290	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	12/28/2023	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760021520	DOXYCY	DOXYCY	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	20		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760021790	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760022030	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	30		GENERIC	12/28/2023	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760022060	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	60		GENERIC	12/28/2023	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760022090	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	90		GENERIC	12/28/2023	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760022240	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	40		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760022630	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760023090	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	90	X	GENERIC	1/17/2023	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760023190	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	12/12/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760023360	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	60	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760023460	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	60	X	GENERIC	12/12/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760023560	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	60	X	GENERIC	12/12/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760024360	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760024398	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	180	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760024520	HYDROX	HYDROX	282492	Anxiolytics	28249200	Anxiolytics	S	10 MG	ORAL	TABS	EA	20		GENERIC	1/10/2023	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760024630	ESOMEP	ESOMEP	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30	X	GENERIC	1/17/2023	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760024890	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760025304	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	4		GENERIC	12/12/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760025521	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	21		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760025690	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760025990	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	90	X	GENERIC	1/10/2023	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760026260	PROPRAI	PROPRAI	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760026304	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	4		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760026315	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	15		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760026330	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	30		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760026360	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	60		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760026390	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	90		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760026430	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	100 MG	ORAL	TB24	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760027360	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	60		GENERIC	12/28/2023	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760027460	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	60		GENERIC	12/28/2023	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760027512	VITAMIN I	ERGOCAI	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (	ORAL	CAPS	EA	12	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760027660	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	60		GENERIC	12/28/2023	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760027710	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TBDP	EA	10		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760028290	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	90	X	GENERIC	12/13/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760028520	HYDROX	HYDROX	282492	Anxiolytics	28249200	Anxiolytics	S	10 MG	ORAL	TABS	EA	20		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760028830	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760028860	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC	12/28/2023	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760028906	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	6		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760028920	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	20		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760028930	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	30		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760028960	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	60		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760028990	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	90		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760029390	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760029421	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	21	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760029430	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760029590	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760029695	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	1.50%	EXTERNA	SOLN	ML	150		GENERIC	12/27/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760029815	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TB24	EA	15	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760030430	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	TABS	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760030510	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TBDP	EA	10		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760030610	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TBDP	EA	10		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760030720	HYDROX	HYDROX	282492	Anxiolytics	28249200	Anxiolytics	S	10 MG	ORAL	TABS	EA	20		GENERIC	12/27/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760031190	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760031310	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TBDP	EA	10		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760031420	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760031530	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760031590	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760031690	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760031830	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	160 MG	ORAL	TABS	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760031909	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	9		GENERIC	12/27/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760031920	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	20		GENERIC	12/27/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760031930	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	30		GENERIC	12/27/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760031950	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	50		GENERIC	12/27/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760031960	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	60		GENERIC	12/27/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760031990	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	90		GENERIC	12/27/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760032530	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	2 MG	ORAL	TABS	EA	30		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760032707	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	7	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760032760	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	60	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760032930	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TB24	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760033230	BANOPHE	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	30		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760033520	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	20		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760033614	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	14		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760033728	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	28		GENERIC	7/11/2024	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760033760	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	60		GENERIC	7/11/2024	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760034728	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	28		GENERIC	12/12/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760034730	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	30		GENERIC	12/12/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760034740	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	40		GENERIC	12/12/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760034760	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	60		GENERIC	12/12/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760034792	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	120		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760035190	BENAZEF	BENAZEF	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760035290	BENAZEF	BENAZEF	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760035790	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760035830	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760035890	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760035930	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760035990	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760036030	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760036360	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	60		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760036390	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760036392	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	120		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760036504	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	4		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760036515	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	15		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760036530	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760036590	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	90		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760036604	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	4		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760036609	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	9		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760036615	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	15		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760036620	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760036621	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	21		GENERIC	12/28/2023	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760036630	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760036640	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	40		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760036690	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760036700	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	100	X	GENERIC	1/2/2024	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760036730	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760036815	NABUME	NABUME	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	15	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760036860	NABUME	NABUME	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760036914	NABUME	NABUME	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	14	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760036960	NABUME	NABUME	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	60	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760036990	NABUME	NABUME	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760037321	METHYLF	METHYLF	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TBPK	EA	21		GENERIC	12/28/2023	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760037420	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	20	X	GENERIC	12/27/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760037428	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	28	X	GENERIC	12/27/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760037430	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760037440	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	40	X	GENERIC	12/27/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760037460	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760037500	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	100	X	GENERIC	12/27/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760037509	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	9	X	GENERIC	12/27/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760037520	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	20	X	GENERIC	12/27/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760037530	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760037560	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760037590	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760037660	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	60	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760037709	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	9		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760037720	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	20		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760037730	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	30		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760037750	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	50		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760037760	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	60		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760037790	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	90		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760037798	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	180		GENERIC	12/28/2023	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760037815	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TB24	EA	15	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760038090	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760038214	OXAPRO	OXAPRO	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	14	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760038615	NABUME	NABUME	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	15	X	GENERIC	12/27/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760038660	NABUME	NABUME	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760038714	NABUME	NABUME	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	14	X	GENERIC	12/27/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760038760	NABUME	NABUME	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	60	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760038790	NABUME	NABUME	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760039090	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760039230	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760039390	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
60760039530	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30	X	GENERIC	1/10/2023	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM

60760039790	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	90		GENERIC	12/28/2023	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760039890	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760040130	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760040407	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	7	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760040410	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	10	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760040430	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760040460	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	60	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760040490	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760040810	LIDORX	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	R	3%	EXTERNA	GEL	ML	10		SSB	12/28/2023	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760040830	LIDORX	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	R	3%	EXTERNA	GEL	ML	30		SSB	12/28/2023	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760040890	LIDORX	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	R	3%	EXTERNA	GEL	ML	90		SSB	12/28/2023	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760041130	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	160 MG	ORAL	TABS	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760041907	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	7	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760041930	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760041960	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	60	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760041990	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760042190	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760042290	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	12/12/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760042660	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	60	X	GENERIC	12/12/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760042698	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	180	X	GENERIC	12/12/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760042730	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	30		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760043030	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760043090	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760043730	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760043790	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760043830	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760043890	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760044430	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	30		GENERIC	12/27/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760044530	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760044807	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	7	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760044810	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	10	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760044830	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760044860	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	60	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760044890	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760045090	TAMSULC	TAMSULC	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	90	X	GENERIC		60760	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760045350	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	50		GENERIC		60760	N	X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760045590	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760045620	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	20		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760045930	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760045990	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760046130	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760046160	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	60	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760046230	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760046630	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MC	ORAL	TABS	EA	30		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760046942	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	42		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760047290	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-25 MC	ORAL	TABS	EA	90	X	GENERIC	12/27/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760047335	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	OINT	GM	35.44		GENERIC	7/14/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760047430	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	7/24/2024	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760047690	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	CAPS	EA	90	X	GENERIC	12/28/2023	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760047790	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	CAPS	EA	90	X	GENERIC	12/27/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760047814	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	14		GENERIC	12/12/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760047940	CHLORZC	CHLORZC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	40		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760047990	CHLORZC	CHLORZC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	90		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760048190	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	CAPS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760048290	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	90		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760048410	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	10		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760048420	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	20		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760048530	PREGAB	PREGAB	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	30	X	GENERIC	12/28/2023	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760048560	PREGAB	PREGAB	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	60	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760048590	PREGAB	PREGAB	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760048690	PREGAB	PREGAB	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760048728	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	28		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760048760	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	60		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760048907	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	7	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760048930	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760048960	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	60	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760048990	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760049150	TACTINAI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	50		GENERIC	12/28/2023	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760049290	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760049390	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760049460	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	60	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760049760	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	60	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760049790	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760049804	ATOVAQU	ATOVAQU	83008	Antimalari	8300800	Antimalari	S	250-100 M	ORAL	TABS	EA	4		GENERIC	12/12/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760049811	ATOVAQU	ATOVAQU	83008	Antimalari	8300800	Antimalari	S	250-100 M	ORAL	TABS	EA	11		GENERIC	12/12/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760049813	ATOVAQU	ATOVAQU	83008	Antimalari	8300800	Antimalari	S	250-100 M	ORAL	TABS	EA	13		GENERIC	12/12/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760049990	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760050030	ASTERO	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	R	4%	EXTERNA	GEL	ML	30		SSB		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760050090	ASTERO	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	R	4%	EXTERNA	GEL	ML	90		SSB		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760050190	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760050206	AZITHROI	AZITHROI	81212	Macrolide	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760050504	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	4		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760050515	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	15		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760050530	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	30		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760050560	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	60		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760050590	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	90		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760050760	PREGAB	PREGAB	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	60	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760050790	PREGAB	PREGAB	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760050830	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	CAPS	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760050960	PREGAB	PREGAB	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	60	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760051130	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	3 MG	ORAL	TABS	EA	30		GENERIC	12/28/2023	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760051460	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760051530	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760051560	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC	12/28/2023	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760051630	LORAZEF	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	30		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760051760	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC	7/11/2024	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760051990	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760052360	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760052498	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	180	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760052630	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	2 MG	ORAL	TABS	EA	30		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760052924	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	24		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760052940	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	40		GENERIC	12/27/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760053130	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	12.5 MG	ORAL	TBCR	EA	30		GENERIC	12/12/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760053260	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	60	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760053440	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	40		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760053590	TRIAMTEI	TRIAMTEI	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	CAPS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760053604	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	4		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760053615	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	15		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760053630	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760053690	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	90		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760053830	PROPRAI	PROPRAI	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	CP24	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760053914	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	14		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760053940	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	40		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760054106	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	6		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760054114	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	14		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760054120	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	20		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760054330	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760054407	LANSOPF	LANSOPF	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	7	X	GENERIC	12/28/2023	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760054560	PROPRAI	PROPRAI	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760054860	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	60		GENERIC	12/28/2023	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760054930	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	12/12/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760055030	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	30		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760055214	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	14	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760055220	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	20	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760055260	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	60	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760055360	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760055398	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	180	X	GENERIC	12/27/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760055615	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	15	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760055830	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760055930	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760056007	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	7	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760056030	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760056060	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	60	X	GENERIC	12/28/2023	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760056114	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	14	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760056115	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	15	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760056130	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760056160	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760056390	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	90	X	GENERIC		60760	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760056414	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	14	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760056415	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	15	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760056420	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	20	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760056430	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760056460	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760056690	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760056710	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TBDP	EA	10		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760056890	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TB24	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760056900	ALLERGY	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	100		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760057190	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	CAPS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760057290	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-25 MC	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760057330	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	30		GENERIC	12/27/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760057430	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760057460	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	60	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760057530	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760057630	PROPRAI	PROPRAI	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	CP24	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760057760	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	60	X	GENERIC	12/28/2023	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760057790	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760057840	CHLORZC	CHLORZC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	40		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760057890	CHLORZC	CHLORZC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	90		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760057930	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760057990	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760058030	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760058130	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MC	ORAL	TABS	EA	30		GENERIC		60760	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760058260	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	60	X	GENERIC		60760	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760058305	TOBRAM	TOBRAM	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	5		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760058530	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760058690	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10-12.5 M	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760058730	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760058820	TRAMADC	TRAMADC	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	20		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760058830	TRAMADC	TRAMADC	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	30		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760058850	TRAMADC	TRAMADC	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	50		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760058860	TRAMADC	TRAMADC	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	60		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760058890	TRAMADC	TRAMADC	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	90		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760058930	PROPRAI	PROPRAI	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	CP24	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760059090	ESCITALC	ESCITALC	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760059160	PREGAB	PREGAB	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760059260	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	60		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760059290	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	90		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760059330	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760059620	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	20	X	GENERIC	4/3/2023	60760	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760059630	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC		60760	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760059660	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC		60760	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760059690	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC	1/3/2023	60760	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760059720	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	20	X	GENERIC	4/3/2023	60760	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760059728	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	28	X	GENERIC		60760	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760059730	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC		60760	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760059740	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	40	X	GENERIC		60760	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760059760	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC	12/27/2022	60760	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760059790	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760059890	TAMSULC	TAMSULC	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760060030	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	30	X	GENERIC	11/21/2023	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760060130	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	30	X	GENERIC	12/27/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760060320	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	20	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760060328	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	28	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760060330	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760060340	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	40	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760060360	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760060390	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760060400	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	100	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760060409	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	9	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760060420	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	20	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760060430	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760060460	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760060490	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760060530	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC	1/2/2024	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760060560	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760060590	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760060660	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	60		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760061090	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760061290	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760061330	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	30	X	GENERIC	1/17/2023	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760061430	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760061518	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	18		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760061690	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760061990	CHLORZC	CHLORZC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	90		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760062620	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	TABS	EA	20		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760062660	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	TABS	EA	60		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760062890	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760063130	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	30		GENERIC	12/27/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760063490	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760063590	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	90	X	GENERIC	12/27/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760063610	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	10		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760063616	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	16		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760063620	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	20		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760063630	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	30		GENERIC	1/2/2024	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760063710	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	10		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760063715	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	15		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760063720	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	20		GENERIC	1/3/2022	60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760063730	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	30		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760063830	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	30		GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760063960	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	60	X	GENERIC		60760	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760064290	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760064330	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
60760064390	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		60760		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

61755002600	CASIRIVI	CASIRIVI	81824 Monoclon	8182400 Monoclon	R	300 MG/2.	INJECTIO	SOLN	ML	2.5	GENERIC	1/24/2022	61755		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61755002601	CASIRIVI	CASIRIVI	81824 Monoclon	8182400 Monoclon	R	300 MG/2.	INJECTIO	SOLN	ML	2.5	GENERIC	1/24/2022	61755		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61755002700	IMDEVIMA	IMDEVIMA	81824 Monoclon	8182400 Monoclon	R	300 MG/2.	INJECTIO	SOLN	ML	2.5	GENERIC	1/24/2022	61755		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61755002701	IMDEVIMA	IMDEVIMA	81824 Monoclon	8182400 Monoclon	R	300 MG/2.	INJECTIO	SOLN	ML	2.5	GENERIC	1/24/2022	61755		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61755003502	REGEN-C	CASIRIVI	81824 Monoclon	8182400 Monoclon	R	1332 & 13	INJECTIO	SOLN	ML	22.2	SSB	1/24/2022	61755		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61755003608	REGEN-C	CASIRIVI	81824 Monoclon	8182400 Monoclon	R	(4)300 & (	INJECTIO	SOLN	ML	20	SSB	1/24/2022	61755		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61755003705	REGEN-C	CASIRIVI	81824 Monoclon	8182400 Monoclon	R	1332 &(4)	INJECTIO	SOLN	ML	21.1	SSB	1/24/2022	61755		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61755003805	REGEN-C	CASIRIVI	81824 Monoclon	8182400 Monoclon	R	(4)300MG	INJECTIO	SOLN	ML	21.1	SSB	1/24/2022	61755		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61755003900	REGEN-C	CASIRIVI	81824 Monoclon	8182400 Monoclon	R	600-600 M	INJECTIO	SOLN	ML	10	SSB	1/24/2022	61755		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61755003901	REGEN-C	CASIRIVI	81824 Monoclon	8182400 Monoclon	R	600-600 M	INJECTIO	SOLN	ML	10	SSB	1/24/2022	61755		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61755004202	REGEN-C	CASIRIVI	81824 Monoclon	8182400 Monoclon	R	1332 & 13	INJECTIO	SOLN	ML	22.2	SSB	1/24/2022	61755		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61755004502	REGEN-C	CASIRIVI	81824 Monoclon	8182400 Monoclon	R	300 & 300	INJECTIO	SOLN	ML	5	SSB	1/24/2022	61755		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61755005001	EYLEA HI	AFLIBERC	525600 UNKNOW	52560000 UNKNOW	R	8 MG/0.07	INTRAVIT	SOLN	ML	0.07	SSB		61755		N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61783000012	FC2 FEM	CONDOM	320000 Contracep	32000000 Contracep	O	0	DOES NO	MISC	EA	12	NON DRUG		61783		N	#N/A	ORIG_FR	10 EHB	#N/A				X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
61787044202	ZOSTRIX	CAPSAICI	849200 Skin and	84920000 Skin and	O	0.03%	EXTERNA	CREA	GM	56.6	SSB		61787 N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61787044302	ZOSTRIX	CAPSAICI	849200 Skin and	84920000 Skin and	P	0.10%	EXTERNA	CREA	GM	56.6	GENERIC	3/30/2023	61787		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61787049441	MAGOX 4	MAGNESI	401200 Replacem	40120000 Replacem	P	400 (240 M	ORAL	TABS	EA	100	MSB	3/30/2023	61787		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
61787055602	ZOSTRIX	CAPSAICI	849200 Skin and	84920000 Skin and	P	0.10%	EXTERNA	CREA	GM	56.6	GENERIC		61787		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61825016510	DORAL	QUAZEPA	282408 Benzodiaz	28240800 Benzodiaz	S	15 MG	ORAL	TABS	EA	100	SSB	1/30/2023	61825 Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
61825016530	DORAL	QUAZEPA	282408 Benzodiaz	28240800 Benzodiaz	S	15 MG	ORAL	TABS	EA	30	SSB	10/15/2024	61825 Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
61825030260	ORPHEN	ORPHENA	280804 Nonsteroi	28080424 Salicylates	S	50-770-60	ORAL	TABS	EA	60	GENERIC		61825		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
61825030314	ORAVIG	MICONAZ	840408 Antifungal	84040808 Azoles	R	50 MG	BUCCAL	TABS	EA	14	SSB		61825		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
61825030560	NORGESI	ORPHENA	280804 Nonsteroi	28080424 Salicylates	S	25-385-30	ORAL	TABS	EA	60	GENERIC		61825		N	FORMULARY		1 GEN	GENERICS		X	8 IN 1 DAYS			R	MEDPRMI
61846000000	NORMAL	ORAL ELE	401200 Replacem	40120000 Replacem	O	.4GM-13.5	ORAL	PACK	EA	3	SSB		61846		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61846000001	NORMAL	ORAL ELE	401200 Replacem	40120000 Replacem	O	.2GM-6.75	ORAL	PACK	EA	6	SSB		61846		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61846000002	NORMAL	ORAL ELE	401200 Replacem	40120000 Replacem	O	.2GM-6.75	ORAL	PACK	EA	6	SSB		61846		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61846000003	NORMAL	ORAL ELE	401200 Replacem	40120000 Replacem	O	.2GM-6.75	ORAL	PACK	EA	6	SSB		61846		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61846000004	NORMAL	ORAL ELE	401200 Replacem	40120000 Replacem	O	.25GM-6.7	ORAL	PACK	EA	6	SSB		61846		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61846000018	NORMAL	ORAL ELE	401200 Replacem	40120000 Replacem	O	.4GM-13.5	ORAL	PACK	EA	6	SSB		61846		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61846000025	NORMAL	ORAL ELE	401200 Replacem	40120000 Replacem	O	.4GM-13.5	ORAL	PACK	EA	6	SSB		61846		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61846000032	NORMAL	ORAL ELE	401200 Replacem	40120000 Replacem	O	.4GM-13.5	ORAL	PACK	EA	6	SSB		61846		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61846000049	NORMAL	ORAL ELE	401200 Replacem	40120000 Replacem	O	.4GM-13.5	ORAL	PACK	EA	6	SSB		61846		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61874007560	VIBERZI	ELUXADC	560800 Antidiarrh	56080000 Antidiarrh	R	75 MG	ORAL	TABS	EA	60 X	SSB		61874		N	FORMULARY		2 BRAND	PREFERRED BRAND						R	MEDPRMI
61874010060	VIBERZI	ELUXADC	560800 Antidiarrh	56080000 Antidiarrh	R	100 MG	ORAL	TABS	EA	60 X	SSB		61874		N	FORMULARY		2 BRAND	PREFERRED BRAND						R	MEDPRMI
61874011511	VRAYLAR	CARIPRA	281608 Antipsych	28160804 Atypical A	R	1.5 MG	ORAL	CAPS	EA	10 X	SSB		61874		N	FORMULARY		2 BRAND	PREFERRED BRAND		X	1 IN 1 DAYS			R	MEDPRMI
61874011520	VRAYLAR	CARIPRA	281608 Antipsych	28160804 Atypical A	R	1.5 MG	ORAL	CAPS	EA	20 X	SSB		61874		N	FORMULARY		2 BRAND	PREFERRED BRAND		X	1 IN 1 DAYS			R	MEDPRMI
61874011530	VRAYLAR	CARIPRA	281608 Antipsych	28160804 Atypical A	R	1.5 MG	ORAL	CAPS	EA	30 X	SSB		61874		N	FORMULARY		2 BRAND	PREFERRED BRAND		X	1 IN 1 DAYS			R	MEDPRMI
61874013011	VRAYLAR	CARIPRA	281608 Antipsych	28160804 Atypical A	R	3 MG	ORAL	CAPS	EA	10 X	SSB		61874		N	FORMULARY		2 BRAND	PREFERRED BRAND		X	1 IN 1 DAYS			R	MEDPRMI
61874013020	VRAYLAR	CARIPRA	281608 Antipsych	28160804 Atypical A	R	3 MG	ORAL	CAPS	EA	20 X	SSB		61874		N	FORMULARY		2 BRAND	PREFERRED BRAND		X	1 IN 1 DAYS			R	MEDPRMI
61874013030	VRAYLAR	CARIPRA	281608 Antipsych	28160804 Atypical A	R	3 MG	ORAL	CAPS	EA	30 X	SSB		61874		N	FORMULARY		2 BRAND	PREFERRED BRAND		X	1 IN 1 DAYS			R	MEDPRMI
61874014530	VRAYLAR	CARIPRA	281608 Antipsych	28160804 Atypical A	R	4.5 MG	ORAL	CAPS	EA	30 X	SSB		61874		N	FORMULARY		2 BRAND	PREFERRED BRAND		X	1 IN 1 DAYS			R	MEDPRMI
61874016030	VRAYLAR	CARIPRA	281608 Antipsych	28160804 Atypical A	R	6 MG	ORAL	CAPS	EA	30 X	SSB		61874		N	FORMULARY		2 BRAND	PREFERRED BRAND		X	1 IN 1 DAYS			R	MEDPRMI
61874017008	VRAYLAR	CARIPRA	281608 Antipsych	28160804 Atypical A	R	1.5 & 3 M	ORAL	CPPK	EA	7	SSB	8/31/2023	61874		N	FORMULARY		2 BRAND	PREFERRED BRAND		X	1 IN 4 DAYS			R	MEDPRMI
61919000335	ACYCLOV	ACYCLOV	81832 Nucleosid	8183200 Nucleosid	S	800 MG	ORAL	TABS	EA	35	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919000416	FLUTICAS	FLUTICAS	520808 Corticoste	52080800 Corticoste	S	50 MCG/A	NASAL	SUSP	GM	16	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919000630	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	1 MG	ORAL	TABS	EA	30	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919000660	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	1 MG	ORAL	TABS	EA	60	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919000730	CLOPIDO	CLOPIDO	201218 Platelet-A	20121800 Platelet-A	S	75 MG	ORAL	TABS	EA	30 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919000810	PROMETH	PROMETH	40400 First Gene	4040000 First Gene	S	25 MG	ORAL	TABS	EA	10	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919000812	PROMETH	PROMETH	40400 First Gene	4040000 First Gene	S	25 MG	ORAL	TABS	EA	12	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919000815	PROMETH	PROMETH	40400 First Gene	4040000 First Gene	S	25 MG	ORAL	TABS	EA	15	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919000830	PROMETH	PROMETH	40400 First Gene	4040000 First Gene	S	25 MG	ORAL	TABS	EA	30	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919000860	PROMETH	PROMETH	40400 First Gene	4040000 First Gene	S	25 MG	ORAL	TABS	EA	60	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919000930	MONTELU	MONTELU	481024 Leukotrien	48102400 Leukotrien	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919000990	MONTELU	MONTELU	481024 Leukotrien	48102400 Leukotrien	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919001015	HYDROC	HYDROC	840608 UNKNOW	84060800 UNKNOW	S	0.20%	EXTERNA	CREA	GM	15	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919001130	AMITRIPT	AMITRIPT	281604 Antidepres	28160428 Tricyclics	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919001160	AMITRIPT	AMITRIPT	281604 Antidepres	28160428 Tricyclics	S	10 MG	ORAL	TABS	EA	60 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919001190	AMITRIPT	AMITRIPT	281604 Antidepres	28160428 Tricyclics	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919001360	AMITRIPT	AMITRIPT	281604 Antidepres	28160428 Tricyclics	S	50 MG	ORAL	TABS	EA	60 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919001460	SERTRAL	SERTRAL	281604 Antidepres	28160420 Selective-	S	50 MG	ORAL	TABS	EA	60 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919001533	AMOXICIL	AMOXICIL	81216 Penicillins	8121608 Aminopen	S	250 MG/5	ORAL	SUSR	ML	150	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919001620	AMOXICIL	AMOXICIL	81216 Penicillins	8121608 Aminopen	S	500 MG	ORAL	CAPS	EA	20	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919001630	AMOXICIL	AMOXICIL	81216 Penicillins	8121608 Aminopen	S	500 MG	ORAL	CAPS	EA	30	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919001660	AMOXICIL	AMOXICIL	81216 Penicillins	8121608 Aminopen	S	500 MG	ORAL	CAPS	EA	60	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919001920	AMOXICIL	AMOXICIL	81216 Penicillins	8121608 Aminopen	S	500-125 M	ORAL	TABS	EA	20	GENERIC	1/11/2024	61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919002014	AMOXICIL	AMOXICIL	81216 Penicillins	8121608 Aminopen	S	875-125 M	ORAL	TABS	EA	14	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919002020	AMOXICIL	AMOXICIL	81216 Penicillins	8121608 Aminopen	S	875-125 M	ORAL	TABS	EA	20	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919002102	NITROFU	NITROFU	83600 Urinary Ar	8360000 Urinary Ar	S	100 MG	ORAL	CAPS	EA	2	GENERIC	1/11/2024	61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919002114	NITROFU	NITROFU	83600 Urinary Ar	8360000 Urinary Ar	S	100 MG	ORAL	CAPS	EA	14	GENERIC	1/11/2024	61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919002230	BUTALBIT	BUTALBIT	280816 UNKNOW	28081600 UNKNOW	S	50-325-40	ORAL	TABS	EA	30	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919002260	BUTALBIT	BUTALBIT	280816 UNKNOW	28081600 UNKNOW	S	50-325-40	ORAL	TABS	EA	60	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919002290	BUTALBIT	BUTALBIT	280816 UNKNOW	28081600 UNKNOW	S	50-325-40	ORAL	TABS	EA	90	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919002330	ACETAMI	ACETAMI	280808 Opiate Ag	28080800 Opiate Ag	S	300-30 M	ORAL	TABS	EA	30	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919002371	ACETAMI	ACETAMI	280808 Opiate Ag	28080800 Opiate Ag	S	300-30 M	ORAL	TABS	EA	100	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919002390	ACETAMI	ACETAMI	280808 Opiate Ag	28080800 Opiate Ag	S	300-30 M	ORAL	TABS	EA	90	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919002515	CYCLOBE	CYCLOBE	122004 UNKNOW	12200400 UNKNOW	S	7.5 MG	ORAL	TABS	EA	15	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919002530	CYCLOBE	CYCLOBE	122004 UNKNOW	12200400 UNKNOW	S	7.5 MG	ORAL	TABS	EA	30	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919002560	CYCLOBE	CYCLOBE	122004 UNKNOW	12200400 UNKNOW	S	7.5 MG	ORAL	TABS	EA	60	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919002572	CYCLOBE	CYCLOBE	122004 UNKNOW	12200400 UNKNOW	S	7.5 MG	ORAL	TABS	EA	120	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919002590	CYCLOBE	CYCLOBE	122004 UNKNOW	12200400 UNKNOW	S	7.5 MG	ORAL	TABS	EA	90	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919002630	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	10 MG	ORAL	TABS	EA	30	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919002660	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	10 MG	ORAL	TABS	EA	60	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919002690	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	10 MG	ORAL	TABS	EA	90	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919002730	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	20 MG	ORAL	TABS	EA	30	GENERIC	2/13/2023	61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919002910	CEPHALE	CEPHALE	81206 Cephalos	8120604 First Gene	S	500 MG	ORAL	CAPS	EA	10	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919002920	CEPHALE	CEPHALE	81206 Cephalos	8120604 First Gene	S	500 MG	ORAL	CAPS	EA	20	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919002928	CEPHALE	CEPHALE	81206 Cephalos	8120604 First Gene	S	500 MG	ORAL	CAPS	EA	28	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919002930	CEPHALE	CEPHALE	81206 Cephalos	8120604 First Gene	S	500 MG	ORAL	CAPS	EA	30	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919002940	CEPHALE	CEPHALE	81206 Cephalos	8120604 First Gene	S	500 MG	ORAL	CAPS	EA	40	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919003030	LOSARTA	LOSARTA	243208 Angiotens	24320800 Angiotens	S	50 MG	ORAL	TABS	EA	30 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919003090	LOSARTA	LOSARTA	243208 Angiotens	24320800 Angiotens	S	50 MG	ORAL	TABS	EA	90 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919003115	BENZONA	BENZONA	480800 Antitussive	48080000 Antitussive	S	100 MG	ORAL	CAPS	EA	15	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919003120	BENZONA	BENZONA	480800 Antitussive	48080000 Antitussive	S	100 MG	ORAL	CAPS	EA	20	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919003130	BENZONA	BENZONA	480800 Antitussive	48080000 Antitussive	S	100 MG	ORAL	CAPS	EA	30	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919003204	METRONI	METRONI	83016 UNKNOW	8301692 UNKNOW	S	500 MG	ORAL	TABS	EA	4	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919003210	METRONI	METRONI	83016 UNKNOW	8301692 UNKNOW	S	500 MG	ORAL	TABS	EA	10	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919003214	METRONI	METRONI	83016 UNKNOW	8301692 UNKNOW	S	500 MG	ORAL	TABS	EA	14	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919003221	METRONI	METRONI	83016 UNKNOW	8301692 UNKNOW	S	500 MG	ORAL	TABS	EA	21	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919003230	METRONI	METRONI	83016 UNKNOW	8301692 UNKNOW	S	500 MG	ORAL	TABS	EA	30	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919003310	ESZOPICI	ESZOPICI	282444 UNKNOW	28244400 UNKNOW	S	2 MG	ORAL	TABS	EA	10	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919003330	ESZOPICI	ESZOPICI	282444 UNKNOW	28244400 UNKNOW	S	2 MG	ORAL	TABS	EA	30	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919003510	CEPHALE	CEPHALE	81206 Cephalos	8120604 First Gene	S	500 MG	ORAL	CAPS	EA	10	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919003514	CEPHALE	CEPHALE	81206 Cephalos	8120604 First Gene	S	500 MG	ORAL	CAPS	EA	14	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919003520	CEPHALE	CEPHALE	81206 Cephalos	8120604 First Gene	S	500 MG	ORAL	CAPS	EA	20	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919003528	CEPHALE	CEPHALE	81206 Cephalos	8120604 First Gene	S	500 MG	ORAL	CAPS	EA	28	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919003530	CEPHALE	CEPHALE	81206 Cephalos	8120604 First Gene	S	500 MG	ORAL	CAPS	EA	30	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919003540	CEPHALE	CEPHALE	81206 Cephalos	8120604 First Gene	S	500 MG	ORAL	CAPS	EA	40	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919003660	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	100 MG	ORAL	TB12	EA	60 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919003760	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	75 MG	ORAL	TABS	EA	60 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919003830	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	150 MG	ORAL	TB12	EA	30 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919003920	CARISOP	CARISOP	122004 UNKNOW	12200400 UNKNOW	S	350 MG	ORAL	TABS	EA	20	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919003930	CARISOP	CARISOP	122004 UNKNOW	12200400 UNKNOW	S	350 MG	ORAL	TABS	EA	30	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919003940	CARISOP	CARISOP	122004 UNKNOW	12200400 UNKNOW	S	350 MG	ORAL	TABS	EA	40	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919003960	CARISOP	CARISOP	122004 UNKNOW	12200400 UNKNOW	S	350 MG	ORAL	TABS	EA	60	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919003972	CARISOP	CARISOP	122004 UNKNOW	12200400 UNKNOW	S	350 MG	ORAL	TABS	EA	120	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919003990	CARISOP	CARISOP	122004 UNKNOW	12200400 UNKNOW	S	350 MG	ORAL	TABS	EA	90	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919004030	LOSARTA	LOSARTA	243208 Angiotens	24320800 Angiotens	S	50-12.5 M	ORAL	TABS	EA	30 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919004090	LOSARTA	LOSARTA	243208 Angiotens	24320800 Angiotens	S	50-12.5 M	ORAL	TABS	EA	90 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919004120	AMOXICIL	AMOXICIL	81216 Penicillins	8121608 Aminopen	S	875 MG	ORAL	TABS	EA	20	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919004230	DULOXET	DULOXET	281604 Antidepres	28160416 UNKNOW	S	60 MG	ORAL	CPEP	EA	30 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919004260	DULOXET	DULOXET	281604 Antidepres	28160416 UNKNOW	S	60 MG	ORAL	CPEP	EA	60 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919004290	DULOXET	DULOXET	281604 Antidepres	28160416 UNKNOW	S	60 MG	ORAL	CPEP	EA	90 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919004330	CELECOX	CELECOX	280804 Nonsteroi	28080408 Cyclooxyg	S	100 MG	ORAL	CAPS	EA	30 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919004360	CELECOX	CELECOX	280804 Nonsteroi	28080408 Cyclooxyg	S	100 MG	ORAL	CAPS	EA	60 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919004420	CEFUROX	CEFUROX	81206 Cephalos	8120608 Second G	S	250 MG	ORAL	TABS	EA	20	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919004530	CELECOX	CELECOX	280804 Nonsteroi	28080408 Cyclooxyg	S	100 MG	ORAL	CAPS	EA	30 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919004560	CELECOX	CELECOX	280804 Nonsteroi	28080408 Cyclooxyg	S	100 MG	ORAL	CAPS	EA	60 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919004630	CELEBRE	CELECOX	280804 Nonsteroi	28080408 Cyclooxyg	S	200 MG	ORAL	CAPS	EA	30 X	MSB		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION						R	MEDPRMI
61919004660	CELEBRE	CELECOX	280804 Nonsteroi	28080408 Cyclooxyg	S	200 MG	ORAL	CAPS	EA	60 X	MSB		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION						R	MEDPRMI
61919004710	PROMETH	PROMETH	40400 First Gene	4040000 First Gene	S	12.5 MG	ORAL	TABS	EA	10	GENERIC	1/11/2024	61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919004712	PROMETH	PROMETH	40400 First Gene	4040000 First Gene	S	12.5 MG	ORAL	TABS	EA	12	GENERIC	1/11/2024	61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919004730	PROMETH	PROMETH	40400 First Gene	4040000 First Gene	S	12.5 MG	ORAL	TABS	EA	30	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919004740	PROMETH	PROMETH	40400 First Gene	4040000 First Gene	S	12.5 MG	ORAL	TABS	EA	40	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919004860	OXYCOD	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag	S	30 MG	ORAL	TABS	EA	60	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919004932	CEPHALE	CEPHALE	81206 Cephalos	8120604 First Gene	S	250 MG/5	ORAL	SUSR	ML	100	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919005120	CEPHALE	CEPHALE	81206 Cephalos	8120604 First Gene	S	500 MG	ORAL	CAPS	EA	20	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919005130	CEPHALE	CEPHALE	81206 Cephalos	8120604 First Gene	S	500 MG	ORAL	CAPS	EA	30	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919005230	METOPR	METOPR	242000 Alpha-Adr	24200000 Alpha-Adr	S	25 MG	ORAL	TABS	EA	30 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919005260	METOPR	METOPR	242000 Alpha-Adr	24200000 Alpha-Adr	S	25 MG	ORAL	TABS	EA	60 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919005290	METOPR	METOPR	242000 Alpha-Adr	24200000 Alpha-Adr	S	25 MG	ORAL	TABS	EA	90 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919005360	ACETAMI	ACETAMI	280808 Opiate Ag	28080800 Opiate Ag	S	300-30 M	ORAL	TABS	EA	60	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919005371	ACETAMI	ACETAMI	280808 Opiate Ag	28080800 Opiate Ag	S	300-30 M	ORAL	TABS	EA	100	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919005406	CIPROFL	CIPROFL	81218 Quinolone	8121800 Quinolone	S	500 MG	ORAL	TABS	EA	6	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919005410	CIPROFL	CIPROFL	81218 Quinolone	8121800 Quinolone	S	500 MG	ORAL	TABS	EA	10	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919005414	CIPROFL	CIPROFL	81218 Quinolone	8121800 Quinolone	S	500 MG	ORAL	TABS	EA	14	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919005420	CIPROFL	CIPROFL	81218 Quinolone	8121800 Quinolone	S	500 MG	ORAL	TABS	EA	20	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919005430	CIPROFL	CIPROFL	81218 Quinolone	8121800 Quinolone	S	500 MG	ORAL	TABS	EA	30	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919005460	CIPROFL	CIPROFL	81218 Quinolone	8121800 Quinolone	S	500 MG	ORAL	TABS	EA	60	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919005630	CITALOP	CITALOP	281604 Antidepres	28160420 Selective-	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919005660	CITALOP	CITALOP	281604 Antidepres	28160420 Selective-	S	20 MG	ORAL	TABS	EA	60 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919005690	CITALOP	CITALOP	281604 Antidepres	28160420 Selective-	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919005720	CLINDAM	CLINDAM	81228 Antibacter	8122820 Lincomyci	S	150 MG	ORAL	CAPS	EA	20	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919005721	CLINDAM	CLINDAM	81228 Antibacter	8122820 Lincomyci	S	150 MG	ORAL	CAPS	EA	21	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919005730	CLINDAM	CLINDAM	81228 Antibacter	8122820 Lincomyci	S	150 MG	ORAL	CAPS	EA	30	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919005740	CLINDAM	CLINDAM	81228 Antibacter	8122820 Lincomyci	S	150 MG	ORAL	CAPS	EA	40	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919005830	CLONAZE	CLONAZE	281208 Anticonvul	28120800 Anticonvul	S	0.5 MG	ORAL	TABS	EA	30	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919005860	CLONAZE	CLONAZE	281208 Anticonvul	28120800 Anticonvul	S	0.5 MG	ORAL	TABS	EA	60	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919005890	CLONAZE	CLONAZE	281208 Anticonvul	28120800 Anticonvul	S	0.5 MG	ORAL	TABS	EA	90	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919005930	CLONAZE	CLONAZE	281208 Anticonvul	28120800 Anticonvul	S	1 MG	ORAL	TABS	EA	30	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919005960	CLONAZE	CLONAZE	281208 Anticonvul	28120800 Anticonvul	S	1 MG	ORAL	TABS	EA	60	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919005990	CLONAZE	CLONAZE	281208 Anticonvul	28120800 Anticonvul	S	1 MG	ORAL	TABS	EA	90	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919006030	DICLOFEI	DICLOFEI	280804 Nonsteroi	28080492 Other Non	S	75 MG	ORAL	TBEC	EA	30 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919006060	DICLOFEI	DICLOFEI	280804 Nonsteroi	28080492 Other Non	S	75 MG	ORAL	TBEC	EA	60 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919006090	DICLOFEI	DICLOFEI	280804 Nonsteroi	28080492 Other Non	S	75 MG	ORAL	TBEC	EA	90 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919006102	LAMIVUD	LAMIVUD	81808 Antiretrovi	8180820 Nucleosid	S	150-300 M	ORAL	TABS	EA	2 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919006202	LORAZEF	LORAZEF	282408 Benzodiaz	28240800 Benzodiaz	S	0.5 MG	ORAL	TABS	EA	2	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919006260	LORAZEF	LORAZEF	282408 Benzodiaz	28240800 Benzodiaz	S	0.5 MG	ORAL	TABS	EA	60	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919006290	LORAZEF	LORAZEF	282408 Benzodiaz	28240800 Benzodiaz	S	0.5 MG	ORAL	TABS	EA	90	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919006360	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	150 MG	ORAL	TB12	EA	60 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919006420	CYCLOBE	CYCLOBE	122004 UNKNOW	12200400 UNKNOW	S	10 MG	ORAL	TABS	EA	20	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919006430	CYCLOBE	CYCLOBE	122004 UNKNOW	12200400 UNKNOW	S	10 MG	ORAL	TABS	EA	30	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919006460	CYCLOBE	CYCLOBE	122004 UNKNOW	12200400 UNKNOW	S	10 MG	ORAL	TABS	EA	60	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919006472	CYCLOBE	CYCLOBE	122004 UNKNOW	12200400 UNKNOW	S	10 MG	ORAL	TABS	EA	120	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919006486	CYCLOBE	CYCLOBE	122004 UNKNOW	12200400 UNKNOW	S	10 MG	ORAL	TABS	EA	270	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919006490	CYCLOBE	CYCLOBE	122004 UNKNOW	12200400 UNKNOW	S	10 MG	ORAL	TABS	EA	90	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919006515	CYCLOBE	CYCLOBE	122004 UNKNOW	12200400 UNKNOW	S	10 MG	ORAL	TABS	EA	15	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919006520	CYCLOBE	CYCLOBE	122004 UNKNOW	12200400 UNKNOW	S	10 MG	ORAL	TABS	EA	20	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919006530	CYCLOBE	CYCLOBE	122004 UNKNOW	12200400 UNKNOW	S	10 MG	ORAL	TABS	EA	30	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919006560	CYCLOBE	CYCLOBE	122004 UNKNOW	12200400 UNKNOW	S	10 MG	ORAL	TABS	EA	60	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919006572	CYCLOBE	CYCLOBE	122004 UNKNOW	12200400 UNKNOW	S	10 MG	ORAL	TABS	EA	120	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919006590	CYCLOBE	CYCLOBE	122004 UNKNOW	12200400 UNKNOW	S	10 MG	ORAL	TABS	EA	90	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919006660	VALACYC	VALACYC	81832 Nucleosid	8183200 Nucleosid	S	500 MG	ORAL	TABS	EA	60	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919006730	TRAMAD	TRAMAD	280808 Opiate Ag	28080800 Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	30	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919006760	TRAMAD	TRAMAD	280808 Opiate Ag	28080800 Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	60	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919006771	TRAMAD	TRAMAD	280808 Opiate Ag	28080800 Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	100	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919006772	TRAMAD	TRAMAD	280808 Opiate Ag	28080800 Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	120	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919006790	TRAMAD	TRAMAD	280808 Opiate Ag	28080800 Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	90	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919006860	LEVETIR	LEVETIR	281292 Anticonvul	28129200 Anticonvul	S	1000 MG	ORAL	TABS	EA	60 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919006960	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	150 MG	ORAL	TB24	EA	60 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919007230	DICLOFEI	DICLOFEI	280804 Nonsteroi	28080492 Other Non	S	50 MG	ORAL	TABS	EA	30 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919007260	DICLOFEI	DICLOFEI	280804 Nonsteroi	28080492 Other Non	S	50 MG	ORAL	TABS	EA	60 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919007330	TRAMAD	TRAMAD	280808 Opiate Ag	28080800 Opiate Ag	S	50 MG	ORAL	TABS	EA	30	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919007360	TRAMAD	TRAMAD	280808 Opiate Ag	28080800 Opiate Ag	S	50 MG	ORAL	TABS	EA	60	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919007382	TRAMAD	TRAMAD	280808 Opiate Ag	28080800 Opiate Ag	S	50 MG	ORAL	TABS	EA	180	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919007384	TRAMAD	TRAMAD	280808 Opiate Ag	28080800 Opiate Ag	S	50 MG	ORAL	TABS	EA	240	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919007390	TRAMAD	TRAMAD	280808 Opiate Ag	28080800 Opiate Ag	S	50 MG	ORAL	TABS	EA	90	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919007430	DICLOFEI	DICLOFEI	280804 Nonsteroi	28080492 Other Non	S	50 MG	ORAL	TBEC	EA	30 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919007460	DICLOFEI	DICLOFEI	280804 Nonsteroi	28080492 Other Non	S	50 MG	ORAL	TBEC	EA	60 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919007520	DICLOFEI	DICLOFEI	280804 Nonsteroi	28080492 Other Non	S	75 MG	ORAL	TBEC	EA	20 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919007530	DICLOFEI	DICLOFEI	280804 Nonsteroi	28080492 Other Non	S	75 MG	ORAL	TBEC	EA	30 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919007560	DICLOFEI	DICLOFEI	280804 Nonsteroi	28080492 Other Non	S	75 MG	ORAL	TBEC	EA	60 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919007630	AMITRIPT	AMITRIPT	281604 Antidepres	28160428 Tricyclics	S	50 MG	ORAL	TABS	EA	30 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919007660	AMITRIPT	AMITRIPT	281604 Antidepres	28160428 Tricyclics	S	50 MG	ORAL	TABS	EA	60 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919007690	AMITRIPT	AMITRIPT	281604 Antidepres	28160428 Tricyclics	S	50 MG	ORAL	TABS	EA	90 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919007730	DICYCLO	DICYCLO	120808 Antimusca	12080800 Antimusca	S	10 MG	ORAL	CAPS	EA	30	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919007760	DICYCLO	DICYCLO	120808 Antimusca	12080800 Antimusca	S	10 MG	ORAL	CAPS	EA	60	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919007830	DIPHENH	DIPHENH	40400 First Gene	4040000 First Gene	P	25 MG	ORAL	CAPS	EA	30	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919007890	DIPHENH	DIPHENH	40400 First Gene	4040000 First Gene	P	25 MG	ORAL	CAPS	EA	90	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919007930	DIPHENH	DIPHENH	40400 First Gene	4040000 First Gene	P	50 MG	ORAL	CAPS	EA	30	GENERIC	10/30/2023	61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919008010	DIPHENO	DIPHENO	560800 Antidiarrh	56080000 Antidiarrh	S	2.5-0.025	ORAL	TABS	EA	10	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919008020	DIPHENO	DIPHENO	560800 Antidiarrh	56080000 Antidiarrh	S	2.5-0.025	ORAL	TABS	EA	10	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919008130	DOXEPIN	DOXEPIN	281604 Antidepres	28160428 Tricyclics	S	50 MG	ORAL	CAPS	EA	30 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919008290	DOXYCY	DOXYCY	81224 Tetracycli	8122400 Tetracycli	S	100 MG	ORAL	CAPS	EA	90	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919008330	GABAPEN	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	400 MG	ORAL	CAPS	EA	30 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919008360	GABAPEN	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	400 MG	ORAL	CAPS	EA	60 X	GENERIC	2/4/2022	61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919008372	GABAPEN	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	400 MG	ORAL	CAPS	EA	120 X	GENERIC	2/4/2022	61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919008390	GABAPEN	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	400 MG	ORAL	CAPS	EA	90 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919008560	BISACOD	BISACOD	561200 Cathartics	56120000 Cathartics	P	5 MG	ORAL	TBEC	EA	60	GENERIC	10/30/2023	61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919008620	SERTRAL	SERTRAL	281604 Antidepres	28160420 Selective-	S	100 MG	ORAL	TABS	EA	20 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919008630	SERTRAL	SERTRAL	281604 Antidepres	28160420 Selective-	S	100 MG	ORAL	TABS	EA	30 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919008660	SERTRAL	SERTRAL	281604 Antidepres	28160420 Selective-	S	100 MG	ORAL	TABS	EA	60 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919008690	SERTRAL	SERTRAL	281604 Antidepres	28160420 Selective-	S	100 MG	ORAL	TABS	EA	90 X	GENERIC	4/13/2023	61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919008710	ONDANS	ONDANS	562220 5-HT3 Re	56222000 5-HT3 Re	S	8 MG	ORAL	TABS	EA	10	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919008715	ONDANS	ONDANS	562220 5-HT3 Re	56222000 5-HT3 Re	S	8 MG	ORAL	TABS	EA	15	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919008720	ONDANS	ONDANS	562220 5-HT3 Re	56222000 5-HT3 Re	S	8 MG	ORAL	TABS	EA	20	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919008730	ONDANS	ONDANS	562220 5-HT3 Re	56222000 5-HT3 Re	S	8 MG	ORAL	TABS	EA	30	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919008760	ONDANS	ONDANS	562220 5-HT3 Re	56222000 5-HT3 Re	S	8 MG	ORAL	TABS	EA	60	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919008802	DIAZEPA	DIAZEPA	282408 Benzodiaz	28240800 Benzodiaz	S	5 MG	ORAL	TABS	EA	2	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919008803	DIAZEPA	DIAZEPA	282408 Benzodiaz	28240800 Benzodiaz	S	5 MG	ORAL	TABS	EA	3	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919008830	DIAZEPA	DIAZEPA	282408 Benzodiaz	28240800 Benzodiaz	S	5 MG	ORAL	TABS	EA	30	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919008860	DIAZEPA	DIAZEPA	282408 Benzodiaz	28240800 Benzodiaz	S	5 MG	ORAL	TABS	EA	60	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919008872	DIAZEPA	DIAZEPA	282408 Benzodiaz	28240800 Benzodiaz	S	5 MG	ORAL	TABS	EA	120	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919008930	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	1 MG	ORAL	TABS	EA	30	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919008960	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	1 MG	ORAL	TABS	EA	60	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919009035	ERYTHRO	ERYTHRO	520404 Antibacter	52040400 Antibacter	S	5 MG/GM	OPHTHAL	OINT	GM	3.5	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919009230	ETODOLA	ETODOLA	280804 Nonsteroi	28080404 UNKNOW	S	400 MG	ORAL	TABS	EA	30 X	GENERIC	1/11/2024	61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919009260	ETODOLA	ETODOLA	280804 Nonsteroi	28080404 UNKNOW	S	400 MG	ORAL	TABS	EA	60 X	GENERIC	1/11/2024	61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919009290	ETODOLA	ETODOLA	280804 Nonsteroi	28080404 UNKNOW	S	400 MG	ORAL	TABS	EA	90 X	GENERIC	1/11/2024	61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919009307	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	10 MG	ORAL	TABS	EA	7	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919009314	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	10 MG	ORAL	TABS	EA	14	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919009330	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	10 MG	ORAL	TABS	EA	30	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919009360	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	10 MG	ORAL	TABS	EA	60	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919009372	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	10 MG	ORAL	TABS	EA	120	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919009386	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	10 MG	ORAL	TABS	EA	270	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919009390	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	10 MG	ORAL	TABS	EA	90	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919009460	DICLOFEI	DICLOFEI	280804 Nonsteroi	28080492 Other Non	S	75-0.2 MG	ORAL	TBEC	EA	60 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919009530	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	20 MG	ORAL	TABS	EA	30	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919009560	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	20 MG	ORAL	TABS	EA	60	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919009582	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	20 MG	ORAL	TABS	EA	180	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919009586	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	20 MG	ORAL	TABS	EA	270	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919009590	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	20 MG	ORAL	TABS	EA	90	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919009730	MONTELU	MONTELU	481024 Leukotrien	48102400 Leukotrien	S	5 MG	ORAL	CHEW	EA	30 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919009806	PHENAZO	PHENAZO	840800 Antipruritic	84080000 Antipruritic	S	200 MG	ORAL	TABS	EA	6	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919009810	PHENAZO	PHENAZO	840800 Antipruritic	84080000 Antipruritic	S	200 MG	ORAL	TABS	EA	10	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919009930	FLUOXET	FLUOXET	281604 Antidepres	28160420 Selective-	S	10 MG	ORAL	CAPS	EA	30 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919010130	GABAPEN	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	100 MG	ORAL	CAPS	EA	30 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919010160	GABAPEN	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	100 MG	ORAL	CAPS	EA	60 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919010172	GABAPEN	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	100 MG	ORAL	CAPS	EA	120 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919010190	GABAPEN	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	100 MG	ORAL	CAPS	EA	90 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919010230	GABAPEN	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	300 MG	ORAL	CAPS	EA	30 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919010260	GABAPEN	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	300 MG	ORAL	CAPS	EA	60 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919010271	GABAPEN	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	300 MG	ORAL	CAPS	EA	100 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919010272	GABAPEN	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	300 MG	ORAL	CAPS	EA	120 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919010290	GABAPEN	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	300 MG	ORAL	CAPS	EA	90 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919010372	GABAPEN	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	600 MG	ORAL	TABS	EA	120 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
61919010430	GABAPEN	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	800 MG	ORAL	TABS	EA	30 X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI

61919010460	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919010490	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919010605	GENTAMI	GENTAMI	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	5		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919010812	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	12		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919010821	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	21		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919010830	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	30		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919010930	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	64.8 MG	ORAL	TABS	EA	30	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919011135	POLYCIN	BACITRA	520404	Antibacter	52040400	Antibacter	S	500UNIT/	OPHTHAL	OINT	GM	3.5		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919011630	BACITRA	BACITRA	840404	Antibacter	84040400	Antibacter	P	500 UNIT/	EXTERNA	OINT	GM	28		GENERIC	10/10/2023	61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919011730	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919011760	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919011820	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MG	ORAL	TABS	EA	20		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919011826	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MG	ORAL	TABS	EA	26		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919011860	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MG	ORAL	TABS	EA	60		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919011871	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MG	ORAL	TABS	EA	100		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919011930	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	1 MG	ORAL	TABS	EA	30		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919011960	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	1 MG	ORAL	TABS	EA	60		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919011990	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	1 MG	ORAL	TABS	EA	90		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919012215	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	15		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919012220	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	20		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919012230	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	30		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919012328	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	28		GENERIC	10/30/2023	61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919012330	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	30		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919012360	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	60		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919012430	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	30	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919012530	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919012590	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919012630	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919012645	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	45	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919012660	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919012672	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	120	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919012690	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919012830	BENZTRO	BENZTRO	283608	UNKNOW	28360800	UNKNOW	S	2 MG	ORAL	TABS	EA	30	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919012930	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919013015	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	15	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919013060	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	60	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919013090	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	90	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919013102	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	2		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919013110	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	10		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919013130	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	30		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919013160	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	60		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919013190	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	90		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919013230	HYDROXY	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	30	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919013330	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919013430	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	30	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919013460	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	60	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919013490	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	90	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919013520	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875 MG	ORAL	TABS	EA	20		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919013630	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	30	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919013660	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	60	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919013810	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	10		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919013815	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	15		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919013820	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919013830	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919013930	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919013960	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919013990	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919014032	LIDOCAIN	LIDOCAIN	521600	Local Ane	52160000	Local Ane	S	2%	MOUTH/T	SOLN	ML	100		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919014130	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	30		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919014207	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	7		GENERIC	10/10/2023	61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919014210	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	10		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919014230	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919014290	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919014330	LORAZEF	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	30		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919014360	LORAZEF	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	60		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919014406	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	6		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919014414	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	14		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919014420	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	20		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919014430	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	30		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919014456	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	56		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919014520	CEFURO	CEFURO	81206	Cephalosp	8120608	Second G	S	250 MG	ORAL	TABS	EA	20		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919014610	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	10		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919014620	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	20		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919014630	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	30		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919014690	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	90		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919014730	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919014760	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	60		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919014790	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	90		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919014830	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	30		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919014860	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	60		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919014890	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	90		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919014921	METHYLF	METHYLF	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TBPK	EA	21		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919015090	METOCL	METOCL	563200	Prokinetic	56320000	Prokinetic	S	5 MG	ORAL	TABS	EA	90		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919015130	METOCL	METOCL	563200	Prokinetic	56320000	Prokinetic	S	10 MG	ORAL	TABS	EA	30		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919015330	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	15 MG	ORAL	TABS	EA	30	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919015360	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	15 MG	ORAL	TABS	EA	60	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919015390	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	15 MG	ORAL	TABS	EA	90	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919015430	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	30 MG	ORAL	TABS	EA	30	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919015530	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	45 MG	ORAL	TABS	EA	30	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919015660	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MG	ORAL	TABS	EA	60		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919015690	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MG	ORAL	TABS	EA	90		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919015730	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	CAPS	EA	30	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919015822	MUPIROC	MUPIROC	840404	Antibacter	84040400	Antibacter	S	2%	EXTERNA	OINT	GM	22		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919015960	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919015990	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	90	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919016030	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	30	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919016060	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	60	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919016230	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	30	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919016260	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	60	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919016421	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	21	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919016430	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	30	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919016560	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	550 MG	ORAL	TABS	EA	60	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919016630	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919016660	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919016690	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	90		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919016705	NEOMYCI	NEOMYCI	520808	Corticoste	52080800	Corticoste	S	.1%-3.5M	OPHTHAL	SUSP	ML	5		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919016830	CELECO	CELECO	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	30	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919016860	CELECO	CELECO	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	60	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919017006	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919017130	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919017160	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	60	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919017260	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919017272	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	120	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919017290	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919017330	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919017360	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919017420	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	20		GENERIC	10/30/2023	61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919017430	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	30		GENERIC	10/30/2023	61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919017490	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	90		GENERIC	10/30/2023	61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919017505	OFLOXAC	OFLOXAC	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	5		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919017614	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	14	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919017615	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	15	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919017720	ORPHEN	ORPHEN	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	20		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919017730	ORPHEN	ORPHEN	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	30		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919017760	ORPHEN	ORPHEN	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	60		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919017772	ORPHEN	ORPHEN	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	120		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919017790	ORPHEN	ORPHEN	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	90		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919017830	OXAPRO	OXAPRO	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919017860	OXAPRO	OXAPRO	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919018004	TRANSDE	LIDOCAIN	521600	Local Ane	52160000	Local Ane	O	0	EXTERNA	OINT	GM	120		SSB		61919		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919018130	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919018160	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919018190	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919018410	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	10		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919018412	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	12		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919018530	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919018560	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919018607	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	7		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919018614	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	14		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919018630	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	30		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919018660	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	60		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919018830	PIROXICA	PIROXICA	280804	Nonsteroi	28080404	UNKNOW	S	20 MG	ORAL	CAPS	EA	30	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919018960	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919019030	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919019060	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919019090	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919019110	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	10		GENERIC	1/11/2024	61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919019112	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	12		GENERIC	1/11/2024	61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919019130	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	30		GENERIC	1/11/2024	61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919019160	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	60		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919019630	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	30		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919019640	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	40		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919019660	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	60		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919019672	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	120		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919019690	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	90		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919019730	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	75 MCG	ORAL	TABS	EA	30	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919019830	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.5 MG	ORAL	TABS	EA	30	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919020130	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TBDP	EA	30		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919020210	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	10		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919020220	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	20		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919020322	MUPIROC	MUPIROC	840404	Antibacter	84040400	Antibacter	S	2%	EXTERNA	OINT	GM	22		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919020414	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	14	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919020420	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	20	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919020428	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	28	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919020430	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919020460	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919020490	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	90	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919020560	SENNA L	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6 MG	ORAL	TABS	EA	60		GENERIC	1/2/2024	61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919020625	SILVER S	SILVER S	840416	UNKNOW	84041600	UNKNOW	S	1%	EXTERNA	CREA	GM	25		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919020650	SILVER S	SILVER S	840416	UNKNOW	84041600	UNKNOW	S	1%	EXTERNA	CREA	GM	50		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919020826	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	26		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919020830	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	30		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919020860	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	60		GENERIC	1/11/2024	61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919020872	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	120		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919020890	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	90		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919020915	SULFACE	SULFACE	520404	Antibacter	52040400	Antibacter	S	10%	OPHTHAL	SOLN	ML	15		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919021020	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	20		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919021028	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	28		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919021130	SULINDA	SULINDA	280804	Nonsteroi	28080404	UNKNOW	S	200 MG	ORAL	TABS	EA	30	X	GENERIC	1/17/2023	61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919021260	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	60	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919021330	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919021360	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919021372	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	120	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919021390	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919021430	TEMAZEF	TEMAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	30		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919021510	POLYMY	POLYMY	520404	Antibacter	52040400	Antibacter	S	10000-0.1	OPHTHAL	SOLN	ML	10		GENERIC	1/11/2024	61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919021606	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	6		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919021730	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	30		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919021790	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	90		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919021830	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TBDP	EA	10		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919021930	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	3.125 MG	ORAL	TABS	EA	30	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919021990	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	3.125 MG	ORAL	TABS	EA	90	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919022030	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	30		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919022060	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	60		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919022072	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	120		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919022090	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	90		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919022115	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	15		GENERIC	1/11/2024	61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919022130	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	30		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919022160	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	60		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919022172	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	120		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919022186	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	270		GENERIC	1/11/2024	61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919022190	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	90		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919022230	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	30	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919022260	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	60	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919022330	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919022360	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919022390	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919022405	TOBRAMY	TOBRAMY	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	5		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919022530	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	30	X	GENERIC	1/11/2024	61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919022560	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	60	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919022912	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	12		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919022920	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	20		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919022930	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	30		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919022950	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	50		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919022960	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	60		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919022971	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	100		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919022972	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	120		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919022982	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	180		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919022984	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	240		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919022990	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	90		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919023030	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	30		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919023230	TRAZOD	TRAZOD	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919023260	TRAZOD	TRAZOD	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919023290	TRAZOD	TRAZOD	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919023310	POLYMY	POLYMY	520404	Antibacter	52040400	Antibacter	S	10000-0.1	OPHTHAL	SOLN	ML	10		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919023415	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	15		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919023430	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	30		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919023480	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	80		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919023510	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	10		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919023521	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	21		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919023530	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	30		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919023540	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	40		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919023542	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	42		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919023630	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	1/11/2024	61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919023660	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	60	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919023725	SSD	SILVER S	840416	UNKNOW	84041600	UNKNOW	S	1%	EXTERNA	CREA	GM	25		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919023830	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	30	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919023860	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	60	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919024060	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919024114	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	14	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919024130	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919024160	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	60	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919024190	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919024230	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919024290	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919024330	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919024530	LANSOPF	LANSOPF	562836	Proton-pu	56283600	Proton-pu	S	15 MG	ORAL	CPDR	EA	30	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919024560	LANSOPF	LANSOPF	562836	Proton-pu	56283600	Proton-pu	S	15 MG	ORAL	CPDR	EA	60	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919024630	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919024732	LIDOCAIN	LIDOCAIN	521600	Local Ane	52160000	Local Ane	S	2%	MOUTH/T	SOLN	ML	100		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919024830	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	30		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919024890	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	90		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919024930	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TBEC	EA	30	X	GENERIC	4/22/2022	61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919024960	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TBEC	EA	60	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919025004	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	4	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919025030	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	30	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919025060	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	60	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919025082	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	180	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919025090	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	90	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919025130	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	30	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919025160	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	60	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919025230	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919025260	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919025272	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	120	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919025290	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919025530	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919025590	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919025730	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919025790	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919025890	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919025930	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919025990	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919026115	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	15		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919026130	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919026160	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	60		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919026172	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	120		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919026190	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90		GENERIC		61919	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

61919043230	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919043260	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	60		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919043290	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	90		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919043407	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	7	X	GENERIC	12/19/2022	61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919043410	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	10	X	GENERIC	12/19/2022	61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919043414	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	14	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919043415	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	15	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919043420	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	20	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919043430	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919043460	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919043472	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	120	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919043490	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919043530	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	CAPS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919043560	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	CAPS	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919043590	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	CAPS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919043760	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MG	ORAL	TABS	EA	60		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919043790	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MG	ORAL	TABS	EA	90		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919043830	TEMAZEF	TEMAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919043930	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919043960	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919044014	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	14		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919044120	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	20		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919044128	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	28		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919044130	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919044140	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	40		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919044230	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919044290	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919044330	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	2.5-2.5 %	EXTERNA	CREA	GM	30		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919044460	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10 MG	ORAL	TABS	EA	60		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919044530	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919044630	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919044660	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919044690	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919044830	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919044860	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919044890	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	90	X	GENERIC	1/11/2024	61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919044930	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	12.5 MG	ORAL	TBCR	EA	30		GENERIC	10/3/2022	61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919045030	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919045090	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919045130	TERBINAI	TERBINAI	81404	Allylamine	8140400	Allylamine	S	250 MG	ORAL	TABS	EA	30		GENERIC	1/11/2024	61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919045190	TERBINAI	TERBINAI	81404	Allylamine	8140400	Allylamine	S	250 MG	ORAL	TABS	EA	90		GENERIC	1/11/2024	61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919045230	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919045430	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	30		GENERIC	10/30/2023	61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919045730	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919045760	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919045790	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919045802	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	2		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919045814	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	14		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919045820	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	20		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919045930	DOCUSA	DOCUSA	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919045971	DOCUSA	DOCUSA	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	100		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919046030	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919046090	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919046130	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919046190	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	2/7/2022	61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919046230	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	3 MG	ORAL	TABS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919046315	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	15	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919046321	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	21	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919046330	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919046340	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	40	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919046345	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	45	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919046360	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919046371	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	100	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919046372	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	120	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919046390	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919046410	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	10		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919046430	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919046510	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	10		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919046530	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919046690	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	50 MCG	ORAL	TABS	EA	90	X	GENERIC	1/17/2023	61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919046730	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919046760	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919046790	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919046907	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	7	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919046910	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	10	X	GENERIC	12/19/2022	61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919046915	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	15	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919046930	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919046935	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	35	X	GENERIC	12/19/2022	61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919046960	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919046990	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919047130	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919047190	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919047260	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-60 M	ORAL	TABS	EA	90		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919047290	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-60 M	ORAL	TABS	EA	90		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919047330	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	150 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919047360	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	150 MG	ORAL	TABS	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919047390	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	150 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919047420	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	TABS	EA	20		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919047630	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919047830	CHLORZ	CHLORZ	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919047840	CHLORZ	CHLORZ	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	40		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919047890	CHLORZ	CHLORZ	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	90		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919048030	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919048230	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919048260	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919048290	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919048330	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919048418	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 M	ORAL	TABS	EA	18		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919048530	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919048560	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	60		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919048590	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	90		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919048715	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	15	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919048730	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919048760	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919048830	PROPRAI	PROPRAI	242000	Alpha-Adr	24200000	Alpha-Adr	S	60 MG	ORAL	CP24	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919048930	PROPRAI	PROPRAI	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	CP24	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919049030	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	CAPS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919049090	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	CAPS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919049105	CIPROFL	CIPROFL	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	5		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919049230	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919049260	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919049272	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	120	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919049290	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919049303	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	3		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919049408	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	8		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919049420	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	20		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919049430	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	30		GENERIC	10/3/2022	61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919049460	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	60		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919049472	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	120		GENERIC	10/3/2022	61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919049490	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	90		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919049530	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919049560	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	TABS	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919049590	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919049760	LAXACIN	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	60		GENERIC	10/10/2023	61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919049771	LAXACIN	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	100		GENERIC	10/10/2023	61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919049860	SENNA S	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	60		GENERIC	10/10/2023	61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919049921	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	21		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919050230	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	1 MG	ORAL	TABS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919050260	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	1 MG	ORAL	TABS	EA	60		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919050330	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	30	X	MSB		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
61919050360	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	60	X	MSB		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
61919050390	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	90	X	MSB		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
61919050430	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	30	X	MSB		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
61919050460	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	60	X	MSB		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
61919050490	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	90	X	MSB		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
61919050530	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	MSB		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
61919050560	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	60	X	MSB		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
61919050590	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	MSB		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
61919050690	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	90	X	MSB		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
61919050730	ORPHEN	ORPHEN	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919050930	NEXIUM	ESOMEP	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30	X	MSB		61919	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
61919051230	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	30 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919051330	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	10/18/2022	61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919051430	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	3 MG	ORAL	TABS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919051520	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	20		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919051720	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	20		GENERIC	1/11/2024	61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919051730	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919051930	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919052032	LIDOCAIN	LIDOCAIN	521600	Local Ane	52160000	Local Ane	S	2%	MOUTH/T	SOLN	ML	100		GENERIC	3/30/2023	61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919052120	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	20		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919052210	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	10		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919052220	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	20		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919052228	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	28		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919052230	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919052240	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	40		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919052330	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919052390	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919052490	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	90		GENERIC	1/11/2024	61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919052530	DOCUSA	DOCUSA	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	30		GENERIC	10/10/2023	61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919052560	DOCUSA	DOCUSA	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	60		GENERIC	10/10/2023	61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919052571	DOCUSA	DOCUSA	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	100		GENERIC	10/10/2023	61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919052620	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	20	X	GENERIC		61919	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919052630	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC	12/4/2023	61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919052730	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919052760	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919052820	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	20		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919052830	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919052860	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919053030	ACYCLO	ACYCLO	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919053035	ACYCLO	ACYCLO	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	35		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919053130	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919053190	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919053390	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919053430	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919053530	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919053560	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	TABS	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919053590	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919053630	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	30		GENERIC	1/17/2023	61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919053710	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	10		GENERIC	1/11/2024	61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919053715	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	15		GENERIC	1/11/2024	61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919053720	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC	1/11/2024	61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919053721	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	21		GENERIC	1/11/2024	61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919053730	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC	1/11/2024	61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919053760	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC	1/11/2024	61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919053786	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	270		GENERIC	1/11/2024	61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919053790	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919053830	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919053890	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC	10/10/2023	61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919054190	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919054251	GAVILAX	POLYETH	561200	Cathartics	56120000	Cathartics	P	0-17GM/S	ORAL	POWD	GM	510		GENERIC	10/23/2023	61919	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919054420	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	20		GENERIC		61919	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919054430	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919054460	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919054490	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	90		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919054510	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TBDP	EA	10		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919054530	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TBDP	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919054690	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919054730	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919054771	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919054790	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919054810	TEROCIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4-4 %	EXTERNA	PTCH	EA	10		MSB	10/10/2023	61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
61919054930	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	125 MCG	ORAL	TABS	EA	30	X	GENERIC	1/17/2023	61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919054990	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	125 MCG	ORAL	TABS	EA	90	X	GENERIC	1/17/2023	61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919055160	NABUME	NABUME	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919055260	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	250 MG	ORAL	TABS	EA	60	X	GENERIC	1/11/2024	61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919055272	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	250 MG	ORAL	TABS	EA	120	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919055305	MOXIFLO	MOXIFLO	520404	Antibacter	52040400	Antibacter	S	0.50%	OPHTHAL	SOLN	ML	3		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919055506	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919055630	PENTAZO	PENTAZO	280812	Opiate Pa	28081200	Opiate Pa	S	50-0.5 MG	ORAL	TABS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919055730	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	15 MG	ORAL	CAPS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919055872	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	120	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919055960	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TABS	EA	60	X	GENERIC	1/11/2024	61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919055990	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TABS	EA	90	X	GENERIC	1/11/2024	61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919056020	MINOCYC	MINOCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	20		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919056030	MINOCYC	MINOCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919056330	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919056360	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919056372	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	120	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919056390	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919056430	ROPINIR	ROPINIR	283620	UNKNOW	28362008	UNKNOW	S	0.25 MG	ORAL	TABS	EA	30	X	GENERIC	1/11/2024	61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919056510	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	10		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919056512	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	12		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919056520	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	20		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919056530	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919056560	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	60		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919056590	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	90		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919056760	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919056930	OXCARB	OXCARB	281224	UNKNOW	28122400	UNKNOW	S	300 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919057130	CHROMIL	CHROMIL	401200	Replacem	40120000	Replacem	P	200 MCG	ORAL	TABS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919057260	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	1 MG	ORAL	TABS	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919057315	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	15		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919057320	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	20		GENERIC	1/11/2024	61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919057330	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	30		GENERIC	1/11/2024	61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919057430	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919057460	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919057530	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919057560	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919057660	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	60		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919057690	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	90		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919057704	LIDOPRO	LIDOCAIN	521600	Local Ane	52160000	Local Ane	O	4-.0325-1	EXTERNA	OINT	GM	121		SSB	1/11/2024	61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919057804	NEW TER	CAPSAICI	842404	Basic Loti	84240400	Basic Loti	P	0.025-10-2	EXTERNA	LOTN	ML	120		MSB	10/10/2023	61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
61919057930	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919057960	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	60		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919057972	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	120		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919057990	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	90		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919058030	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919058071	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	100	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919058090	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919058215	LIDOPRO	METHYL	840800	Antipruritic	84080000	Antipruritic	O	4-4-5 %	EXTERNA	PTCH	EA	15		SSB	12/12/2023	61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919058430	LORAZEF	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919058530	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	150 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919058614	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	14	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919058620	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	20	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919058630	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919058645	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	45	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919058660	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919058690	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919058730	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	2 MG	ORAL	TABS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919058830	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919058930	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919058960	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919059030	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919059060	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919059160	ZONISAM	ZONISAM	281224	UNKNOW	28122400	UNKNOW	S	50 MG	ORAL	CAPS	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919059201	VOLTARE	DICLOFEI	840620	UNKNOW	84062000	UNKNOW	S	1%	EXTERNA	GEL	GM	100		MSB		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
61919059330	CHLORDI	CHLORDI	282408	Benzodiaz	28240800	Benzodiaz	S	25 MG	ORAL	CAPS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
61919059415	TRIAMCII	TRIAMCII	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	15		GENERIC		61919		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

61919059530	MINOCYC	MINOCYC	81224	Tetracycli	8122400	Tetracycli	S	50 MG	ORAL	CAPS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919059630	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	30 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919059720	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	20		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919059730	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919059740	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	40		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919059760	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	60		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919059772	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	120		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919059782	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	180		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919059784	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	240		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919059790	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	90		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919060030	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919060060	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919060090	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919060205	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	25 MCG/H	TRANSDE	PT72	EA	5		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919060305	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	50 MCG/H	TRANSDE	PT72	EA	5		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919060471	ASCORBI	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	TABS	EA	100		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919060530	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919060560	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919060590	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919060610	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	10		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919060614	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	14		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919060620	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	20		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919060628	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	28		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919060630	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919060640	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	40		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919060656	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	56		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919060703	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	3		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919060730	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919060760	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	60		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919060790	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	90		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919060830	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	100 MG	ORAL	TB24	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919060860	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	100 MG	ORAL	TB24	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919060960	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919061030	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919061040	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	40		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919061060	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	60		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919061090	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	90		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919061101	FLUTICAS	FLUTICAS	520808	Corticoste	52080800	Corticoste	S	50 MCG/A	NASAL	SUSP	GM	16		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919061230	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MG	ORAL	TABS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919061260	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MG	ORAL	TABS	EA	60		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919061290	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MG	ORAL	TABS	EA	90		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919061330	TRAZOD	TRAZOD	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919061390	TRAZOD	TRAZOD	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919061430	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919061460	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	60		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919061490	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	90		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919061620	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	20		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919061630	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919061640	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	40		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919061660	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	60		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919061672	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	120		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919061690	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	90		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919061730	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919061820	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	20		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919061826	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	26		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919061830	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919061860	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	60		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919061872	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	120		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919061890	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	90		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919061915	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	15		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919062115	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	15	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919062121	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	21	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919062130	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919062140	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	40	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919062145	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	45	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919062160	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919062171	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	100	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919062172	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	120	X	GENERIC	1/16/2024	61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919062190	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919062414	DOXYCY	DOXYCY	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	CAPS	EA	14		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919062420	DOXYCY	DOXYCY	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	CAPS	EA	20		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919062660	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919062760	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	60		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919062790	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	90		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919062821	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	21	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919062830	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919062860	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919062890	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919062930	ZALEPLO	ZALEPLO	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	CAPS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919062960	ZALEPLO	ZALEPLO	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	CAPS	EA	60		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919063010	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	10		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919063012	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	12		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919063030	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919063060	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	60		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919063130	TRAZOD	TRAZOD	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919063190	TRAZOD	TRAZOD	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919063230	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919063375	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	400 MG/5	ORAL	SUSR	ML	75		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919063430	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	80-12.5 M	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919063490	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	80-12.5 M	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919063530	PANTOP	PANTOP	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919063620	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	20 MG	ORAL	CPEP	EA	20	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919063660	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	20 MG	ORAL	CPEP	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919063720	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	20		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919063830	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919063960	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	60		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919064030	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919064060	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919064072	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	120	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919064082	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	180	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919064090	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919064120	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	CHEW	EA	20		GENERIC	10/30/2023	61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919064205	TOBRAM	TOBRAM	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	5		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919064310	CLARITH	CLARITH	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	10		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919064320	CLARITH	CLARITH	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	20		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919064328	CLARITH	CLARITH	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	28		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919064430	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919064460	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	TABS	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919064502	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	2		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919064510	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	10		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919064514	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	14		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919064520	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	20		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919064528	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	28		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919064556	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	56		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919064560	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	60		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919064630	HYDROX	HYDROX	282492	Anxiolytics	28249200	Anxiolytics	S	10 MG	ORAL	TABS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919064730	HYDROX	HYDROX	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	CAPS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919064790	HYDROX	HYDROX	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	CAPS	EA	90		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919064830	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TBEC	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919064860	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TBEC	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919064928	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	28		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919064930	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919064940	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	40		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919065015	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	15		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919065120	MUCINEX	GUAIFEN	481600	Expectora	48160000	Expectora	P	600 MG	ORAL	TB12	EA	20		MSB	10/10/2023	61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	FORMULARY EXCLUSION	R	MEDPRMI
61919065230	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919065260	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919065290	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919065414	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	14		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919065430	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919065590	LANSOPR	LANSOPR	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	90	X	GENERIC	10/30/2023	61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919065612	RIZATRIP	RIZATRIP	283228	Selective	28322800	Selective	S	10 MG	ORAL	TABS	EA	12		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919065730	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919065830	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919065860	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919065890	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919065930	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TABS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919065960	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TABS	EA	60		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919065990	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TABS	EA	90		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919066030	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	30	X	GENERIC	1/16/2024	61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919066072	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	120	X	GENERIC	1/16/2024	61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919066090	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	90	X	GENERIC	1/16/2024	61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919066190	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919066210	NEOMYCI	NEOMYCI	520808	Corticoste	52080800	Corticoste	S	3.5-10000	OTIC	SUSP	ML	10		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919066330	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919066360	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919066430	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	10/7/2022	61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919066514	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	14		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919066520	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	20		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919066610	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	10		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919066621	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	21		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919066720	DOXYCY	DOXYCY	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	TABS	EA	20		GENERIC	1/17/2023	61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919066830	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30	X	GENERIC	10/12/2022	61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919066860	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919066890	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	90	X	GENERIC	10/12/2022	61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919066902	TRUVADA	EMTRICIT	81808	Antiretrovi	8180820	Nucleosid	S	200-300 M	ORAL	TABS	EA	2	X	MSB	7/19/2023	61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	FORMULARY EXCLUSION	R	MEDPRMI
61919067030	METHAD	METHAD	280808	Opiate Ag	28080800	Opiate Ag	S	10 MG	ORAL	TABS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919067060	METHAD	METHAD	280808	Opiate Ag	28080800	Opiate Ag	S	10 MG	ORAL	TABS	EA	60		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919067090	METHAD	METHAD	280808	Opiate Ag	28080800	Opiate Ag	S	10 MG	ORAL	TABS	EA	90		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919067130	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TABS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919067160	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TABS	EA	60		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919067232	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	200 MG/5	ORAL	SUSR	ML	100		GENERIC	1/16/2024	61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919067360	OXAPRO	OXAPRO	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919067430	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919067505	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	1.50%	EXTERNA	SOLN	ML	150		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919067533	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	1.50%	EXTERNA	SOLN	ML	150		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919067671	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919067730	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC	1/16/2024	61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919067790	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919067809	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	9		GENERIC		61919	N	X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919067810	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	10		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919067930	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919067960	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919067972	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	120	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919067986	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	270	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919067990	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919068002	DENDRA	CAPSAICI	842404	Basic Loti	84240400	Basic Loti	O	0.025-10-3	EXTERNA	LOTN	ML	60		SSB	10/30/2023	61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919068004	DENDRA	CAPSAICI	842404	Basic Loti	84240400	Basic Loti	O	0.025-10-3	EXTERNA	LOTN	ML	120		SSB	10/30/2023	61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919068115	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	15		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919068130	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919068160	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	60		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919068172	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	120		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919068190	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919068260	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

61919068530	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919068560	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919068572	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TABS	EA	120	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919068590	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919068620	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	20	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919068630	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919068660	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919068830	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919068890	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919068904	ALENDRO	ALENDRO	922400	UNKNOW	92240000	UNKNOW	S	70 MG	ORAL	TABS	EA	4	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919069030	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919069130	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919069160	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919069334	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	600-42.9 M	ORAL	SUSR	ML	125		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919069830	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919069860	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919070030	PANTOP	PANTOP	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919070040	PANTOP	PANTOP	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	40	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919070090	PANTOP	PANTOP	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919070130	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919070190	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919070204	VITAMIN	ERGOCAL	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (	ORAL	CAPS	EA	4	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919070330	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919070403	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	3		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919070407	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	7		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919070410	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	10		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919070414	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	14		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919070560	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919070590	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919070602	ISENTRE	RALTEGR	81808	Antiretrovi	8180812	Integrase	R	400 MG	ORAL	TABS	EA	2	X	SSB		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919070606	ISENTRE	RALTEGR	81808	Antiretrovi	8180812	Integrase	R	400 MG	ORAL	TABS	EA	6	X	SSB		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919070730	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919070790	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919070830	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919070930	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919070990	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919071090	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	1/16/2024	61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919071290	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919071330	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TB24	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919071390	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TB24	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919071530	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TB24	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919071590	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TB24	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919071633	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250 MG/5	ORAL	SUSR	ML	150		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919071790	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919071830	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919071860	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919071890	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919071910	POLYMYX	POLYMYX	520404	Antibacter	52040400	Antibacter	S	10000-0.1	OPHTHAL	SOLN	ML	10		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919072130	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919072190	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919072230	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919072330	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	1 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919072390	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	1 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919072590	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TB24	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919072660	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919072682	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	180	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919072690	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919072790	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919072830	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919072890	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919073030	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919073060	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919073090	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919073190	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919073390	FINASTE	FINASTE	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	1/16/2024	61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919073490	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919073690	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	30 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919073790	CLOPIDO	CLOPIDO	201218	Platelet-A	20121800	Platelet-A	S	75 MG	ORAL	TABS	EA	90	X	GENERIC	1/16/2024	61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919073990	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919074105	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	5		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919074107	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	7		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919074110	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	10		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919074114	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	14		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919074230	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919074315	HYDROX	HYDROX	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	15		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919074330	HYDROX	HYDROX	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919074360	HYDROX	HYDROX	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	60		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919074390	HYDROX	HYDROX	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	90		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919074430	SULINDA	SULINDA	280804	Nonsteroi	28080404	UNKNOW	S	200 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919074530	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	CAPS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919074630	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919074690	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919074720	CEFUROX	CEFUROX	81206	Cephalos	8120608	Second G	S	250 MG	ORAL	TABS	EA	20		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919074830	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919074890	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919074960	ZONISAM	ZONISAM	281224	UNKNOW	28122400	UNKNOW	S	50 MG	ORAL	CAPS	EA	60	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919075090	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919075110	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	10		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919075120	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	20		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919075130	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919075160	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919075230	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919075390	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919075490	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919075510	SILDENA	SILDENA	240812	Calcium-c	24081200	UNKNOW	S	50 MG	ORAL	TABS	EA	10		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919075530	SILDENA	SILDENA	240812	Calcium-c	24081200	UNKNOW	S	50 MG	ORAL	TABS	EA	30		GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
61919075690	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		61919		X	N	EXCLUDE	REPACK:	[REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

62135047490	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	90		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS			X	4 IN 1 DAYS			R	MEDPRMI
62135047560	DANAZOL	DANAZOL	680800	Androgens	68080000	Androgens	S	50 MG	ORAL	CAPS	EA	60		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135047660	DANAZOL	DANAZOL	680800	Androgens	68080000	Androgens	S	100 MG	ORAL	CAPS	EA	60		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135047760	DANAZOL	DANAZOL	680800	Androgens	68080000	Androgens	S	200 MG	ORAL	CAPS	EA	60		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135048042	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	125 MG/5M	ORAL	SUSR	ML	100		GENERIC		62135	Y	N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135048049	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	125 MG/5M	ORAL	SUSR	ML	200		GENERIC		62135	Y	N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135048142	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG/5M	ORAL	SUSR	ML	100		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135048149	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG/5M	ORAL	SUSR	ML	200		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135048460	QUINAPR	QUINAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135048590	QUINAPR	QUINAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135048690	QUINAPR	QUINAPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135048790	QUINAPR	QUINAPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135048890	DIETHYLP	DIETHYLP	282008	UNKNOW	28200804	UNKNOW	S	25 MG	ORAL	TABS	EA	90		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS			X	3 IN 1 DAYS	X	AGE_YEAMUST BE AT LEAST	R	MEDPRMI
62135048930	DIETHYLP	DIETHYLP	282008	UNKNOW	28200804	UNKNOW	S	75 MG	ORAL	TB24	EA	30		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS	X	AGE_YEAMUST BE AT LEAST	R	MEDPRMI
62135049030	ANASTRO	ANASTRO	681608	Antiestrog	68160800	Antiestrog	S	1 MG	ORAL	TABS	EA	30	X	GENERIC		62135		N	#N/A	ORIG_FR	10	EHB	#N/A					X	IF AGE>=35-999 YEARS AND P/	R	MEDPRMI
62135049090	ANASTRO	ANASTRO	681608	Antiestrog	68160800	Antiestrog	S	1 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	#N/A	ORIG_FR	10	EHB	#N/A					X	IF AGE>=35-999 YEARS AND P/	R	MEDPRMI
62135049130	LETROZO	LETROZO	681608	Antiestrog	68160800	Antiestrog	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135049190	LETROZO	LETROZO	681608	Antiestrog	68160800	Antiestrog	S	2.5 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135049260	LOXAPIN	LOXAPIN	281608	Antipsych	28160826	UNKNOW	S	5 MG	ORAL	CAPS	EA	60	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135049360	LOXAPIN	LOXAPIN	281608	Antipsych	28160826	UNKNOW	S	10 MG	ORAL	CAPS	EA	60	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135049401	GRISEOF	GRISEOF	81492	Antifungal	8149200	Antifungal	S	125 MG	ORAL	TABS	EA	100		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135049430	GRISEOF	GRISEOF	81492	Antifungal	8149200	Antifungal	S	125 MG	ORAL	TABS	EA	30		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135049501	GRISEOF	GRISEOF	81492	Antifungal	8149200	Antifungal	S	250 MG	ORAL	TABS	EA	100		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135049530	GRISEOF	GRISEOF	81492	Antifungal	8149200	Antifungal	S	250 MG	ORAL	TABS	EA	30		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135049601	GRISEOF	GRISEOF	81492	Antifungal	8149200	Antifungal	S	500 MG	ORAL	TABS	EA	100		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135049630	GRISEOF	GRISEOF	81492	Antifungal	8149200	Antifungal	S	500 MG	ORAL	TABS	EA	30		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135049790	NIACIN E	NIACIN (A	240692	Antilipemi	24069200	Antilipemi	S	500 MG	ORAL	TBCR	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135049890	NIACIN E	NIACIN (A	240692	Antilipemi	24069200	Antilipemi	S	1000 MG	ORAL	TBCR	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135050247	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	10 MG/5M	ORAL	SYRP	ML	473		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135050330	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	30	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
62135050530	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135050590	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135050630	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135050690	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135050790	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TB24	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135050890	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	10 MG	ORAL	TB24	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135050990	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	15 MG	ORAL	TB24	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135051147	HYOSCYA	HYOSCYA	120808	Antimusca	12080800	Antimusca	S	0.125 MG/	ORAL	ELIX	ML	473	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135051212	HYOSCYA	HYOSCYA	120808	Antimusca	12080800	Antimusca	S	0.125 MG	ORAL	TABS	EA	120	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135051352	HYOSCYA	HYOSCYA	120808	Antimusca	12080800	Antimusca	S	0.125 MG/	ORAL	SOLN	ML	20	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135051631	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	300	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135051690	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135051731	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	300	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135051790	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135052047	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG/5ML	ORAL	SOLN	ML	473	X	GENERIC		62135		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
62135052190	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135052290	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135052390	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	90 MG	ORAL	TB24	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135052490	TERBUTA	TERBUTA	121208	beta-Adre	12120812	Selective I	S	2.5 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135052590	TERBUTA	TERBUTA	121208	beta-Adre	12120812	Selective I	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135052610	METOCLO	METOCLO	563200	Prokinetic	56320000	Prokinetic	S	10 MG/10M	ORAL	SOLN	ML	10		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135052624	METOCLO	METOCLO	563200	Prokinetic	56320000	Prokinetic	S	10 MG/10M	ORAL	SOLN	ML	10		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135052647	METOCLO	METOCLO	563200	Prokinetic	56320000	Prokinetic	S	5 MG/5ML	ORAL	SOLN	ML	473		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135052741	CLOBAZA	CLOBAZA	281208	Anticonvul	28120800	Anticonvul	S	2.5 MG/ML	ORAL	SUSP	ML	120	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS			X	480 IN 30 DAYS			R	MEDPRMI
62135052809	ATOVAQU	ATOVAQU	83092	Antiprotoz	8309200	Antiprotoz	S	750 MG/5M	ORAL	SUSP	ML	210		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135052824	ATOVAQU	ATOVAQU	83092	Antiprotoz	8309200	Antiprotoz	S	750 MG/5M	ORAL	SUSP	ML	5		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135052845	ATOVAQU	ATOVAQU	83092	Antiprotoz	8309200	Antiprotoz	S	750 MG/5M	ORAL	SUSP	ML	5		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135052990	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	CAPS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135053030	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	10 MG	ORAL	CPDR	EA	30	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135053090	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	10 MG	ORAL	CPDR	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135053130	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	225 MG	ORAL	TB24	EA	30	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135053230	VERAPAM	VERAPAM	240404	Antiarrhyth	24040424	Class IV A	S	100 MG	ORAL	CP24	EA	30	X	MSB		62135		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION							R	MEDPRMI
62135053390	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135053408	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	450	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135053490	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135053530	TELMISA	TELMISA	243208	Angiotens	24320800	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135053630	TELMISA	TELMISA	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135053730	TELMISA	TELMISA	243208	Angiotens	24320800	Angiotens	S	80 MG	ORAL	TABS	EA	30	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135054047	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	10 MG/5M	ORAL	SOLN	ML	473	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135054190	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135054290	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		62135	Y	N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135054390	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	30 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135054490	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135054824	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	100 MG/M	ORAL	SOLN	ML	5	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135054845	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	100 MG/M	ORAL	SOLN	ML	5	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135054847	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	100 MG/M	ORAL	SOLN	ML	473	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135054943	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG/ML	ORAL	CONC	ML	30		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135055047	ISONIAZI	ISONIAZI	81604	Antituberc	8160400	Antituberc	S	50 MG/5M	ORAL	SYRP	ML	473	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135055160	HYDROCO	HYDROCO	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	60		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135055290	HYDROCO	HYDROCO	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	90		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135055330	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	30		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135055390	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	90		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135055524	ONDANSE	ONDANSE	562220	5-HT3 Rec	56222000	5-HT3 Rec	S	4 MG/5ML	ORAL	SOLN	ML	5		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS			X	50 IN 15 DAYS			R	MEDPRMI
62135055545	ONDANSE	ONDANSE	562220	5-HT3 Rec	56222000	5-HT3 Rec	S	4 MG/5ML	ORAL	SOLN	ML	5		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS			X	50 IN 15 DAYS			R	MEDPRMI
62135055558	ONDANSE	ONDANSE	562220	5-HT3 Rec	56222000	5-HT3 Rec	S	4 MG/5ML	ORAL	SOLN	ML	50		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS			X	50 IN 15 DAYS			R	MEDPRMI
62135055624	THEOPHY	THEOPHY	861600	Respirator	86160000	Respirator	S	80 MG/15M	ORAL	SOLN	ML	15	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135055647	THEOPHY	THEOPHY	861600	Respirator	86160000	Respirator	S	80 MG/15M	ORAL	SOLN	ML	473	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135055651	THEOPHY	THEOPHY	861600	Respirator	86160000	Respirator	S	80 MG/15M	ORAL	SOLN	ML	15	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135056090	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	CAPS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135056190	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135056290	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135056390	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	CAPS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135056490	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135057230	TERBINA	TERBINA	81404	Allylamine	8140400	Allylamine	S	250 MG	ORAL	TABS	EA	30		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135057290	TERBINA	TERBINA	81404	Allylamine	8140400	Allylamine	S	250 MG	ORAL	TABS	EA	90		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135057305	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	10 MG	ORAL	TABS	EA	500		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135057312	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	10 MG	ORAL	TABS	EA	120		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135057405	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	500		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135057412	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	120		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135057505	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	TABS	EA	500		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135057512	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	TABS	EA	120		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135057630	AMIODAR	AMIODAR	240404	Antiarrhyth	24040420	Class III A	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135057760	AMIODAR	AMIODAR	240404	Antiarrhyth	24040420	Class III A	S	200 MG	ORAL	TABS	EA	60	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135057830	AMIODAR	AMIODAR	240404	Antiarrhyth	24040420	Class III A	S	400 MG	ORAL	TABS	EA	30	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135057912	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	10 MG	ORAL	TABS	EA	120	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135058012	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	25 MG	ORAL	TABS	EA	120	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135058112	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	50 MG	ORAL	TABS	EA	120	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135058212	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	100 MG	ORAL	TABS	EA	120	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135058330	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	1.25 MG	ORAL	TABS	EA	30	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135058430	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135058590	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135058690	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	30 MG	ORAL	TB24	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135058790	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135058890	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	120 MG	ORAL	TB24	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135058990	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	90	X	GENERIC		62135	Y	N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135059090	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135059190	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135059290	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135059312	DESIPRA	DESIPRA	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	120	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135059412	DESIPRA	DESIPRA	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	120	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135059512	DESIPRA	DESIPRA	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	120	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135059712	DESIPRA	DESIPRA	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	TABS	EA	120	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135059830	DESIPRA	DESIPRA	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135059930	DESIPRA	DESIPRA	281604	Antidepres	28160428	Tricyclics	S	150 MG	ORAL	TABS	EA	30	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135060060	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	0.25 MG	ORAL	TABS	EA	60	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135060160	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	0.5 MG	ORAL	TABS	EA	60	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135060260	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	1 MG	ORAL	TABS	EA	60	X	GENERIC		62135	Y	N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135060360	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	60	X	GENERIC		62135	Y	N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135060460	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	3 MG	ORAL	TABS	EA	60	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135060560	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	4 MG	ORAL	TABS	EA	60	X	GENERIC		62135	Y	N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135060690	PROPYLT	PROPYLT	683608	Antithyroi	68360800	Antithyroi	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135060712	ACETAZO	ACETAZO	524012	UNKNOW	52401200	UNKNOW	S	125 MG	ORAL	TABS	EA	120	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135060812	ACETAZO	ACETAZO	524012	UNKNOW	52401200	UNKNOW	S	250 MG	ORAL	TABS	EA	120	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135060990	AMANTAD	AMANTAD	283604	UNKNOW	28360400	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135061090	CALCITRI	CALCITRI	881600	Vitamin D	88160000	Vitamin D	S	0.25 MCG	ORAL	CAPS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135061190	CALCITRI	CALCITRI	881600	Vitamin D	88160000	Vitamin D	S	0.5 MCG	ORAL	CAPS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135061260	ACETAZO	ACETAZO	524012	UNKNOW	52401200	UNKNOW	S	500 MG	ORAL	CP12	EA	60	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135061330	VALACYC	VALACYC	81832	Nucleoside	8183200	Nucleoside	S	500 MG	ORAL	TABS	EA	30		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135061390	VALACYC	VALACYC	81832	Nucleoside	8183200	Nucleoside	S	500 MG	ORAL	TABS	EA	90		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135061430	VALACYC	VALACYC	81832	Nucleoside	8183200	Nucleoside	S	1 GM	ORAL	TABS	EA	30		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135061490	VALACYC	VALACYC	81832	Nucleoside	8183200	Nucleoside	S	1 GM	ORAL	TABS	EA	90		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135061560	CLARITH	CLARITH	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	60		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135061660	CLARITH	CLARITH	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	60		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135061812	DIPHENO	DIPHENO	560800	Antidiarrhe	56080000	Antidiarrhe	S	2.5-0.025	ORAL	TABS	EA	120		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135062390	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	20 MG	ORAL	TABS	EA	90		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135062560	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	50 MG	ORAL	TABS	EA	60		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS			X	4 IN 1 DAYS	X	Must meet 5 DS Avid TRIAL OF DOXYCYCLINE HYCLATE/MONOHYDRATE 50MG/100MG IR TABLETS	R	MEDPRMI
62135062601	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	100		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
62135062605	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	500		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
62135062610	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	1000		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
62135062612	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	120		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
62135062623	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	210		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
62135062628	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	28		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
62135062631	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	300		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
62135062640	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	400		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
62135062650	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	50		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
62135062696	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	2000		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
62135063030	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	200 MG	ORAL	TABS	EA	30		GENERIC		62135	Y	N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135063190	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	300 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135063290	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	400 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135063390	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	800 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135064031	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	300	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135064090	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135064131	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	300	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135064190	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135064231	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	300	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135064290	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135064331	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	300	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135064390	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135064431	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	30 MG	ORAL	TABS	EA	300	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135064490	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	30 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135064531	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	300	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135064590	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135064690	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TB24	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135064790	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TB24	EA	90	X	GENERIC		62135	Y	N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135064890	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TB24	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135064941	CHLORHE	CHLORHE	520424	UNKNOW	52042400	UNKNOW	S	0.12%	MOUTH/T	SOLN	ML	120		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135064947	CHLORHE	CHLORHE	520424	UNKNOW	52042400	UNKNOW	S	0.12%	MOUTH/T	SOLN	ML	473		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135065024	CHLORHE	CHLORHE	520424	UNKNOW	52042400	UNKNOW	S	0.12%	MOUTH/T	SOLN	ML	15		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135065051	CHLORHE	CHLORHE	520424	UNKNOW	52042400	UNKNOW	S	0.12%	MOUTH/T	SOLN	ML	15		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135065514	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	14		GENERIC		62135	Y	N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135065650	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	50		GENERIC		62135	Y	N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135065714	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	14		GENERIC		62135	Y	N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135065890	IMATINIB	IMATINIB	100000	Antineopla	10000000	Antineopla	S	100 MG	ORAL	TABS	EA	90		GENERIC		62135		N	FORMULARY		4	SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
62135065930	IMATINIB	IMATINIB	100000	Antineopla	10000000	Antineopla	S	400 MG	ORAL	TABS	EA	30		GENERIC		62135	Y	N	FORMULARY		4	SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
62135066060	FLECAINI	FLECAINI	240404	Antiarrhyth	24040412	Class Ic A	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135066160	FLECAINI	FLECAINI	240404	Antiarrhyth	24040412	Class Ic A	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135066260	FLECAINI	FLECAINI	240404	Antiarrhyth	24040412	Class Ic A	S	150 MG	ORAL	TABS	EA	60	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135066359	TAVABOR	TAVABOR	840408	Antifungal	84040824	UNKNOW	S	5%	EXTERNA	SOLN	ML	10		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS	X	PA:X					R	MEDPRMI
62135066790	QUINAPR	QUINAPR	243204	Angiotens	24320400	Angiotens	S	10-12.5 M	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135066890	QUINAPR	QUINAPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135066990	QUINAPR	QUINAPR	243204	Angiotens	24320400	Angiotens	R	20-25 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135067190	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	2 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135067290	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	4 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135067390	PROCHLO	PROCHLO	281608	Antipsych	28160824	Phenothia	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135067490	PROCHLO	PROCHLO	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135067630	RASAGILI	RASAGILI	283632	UNKNOW	28363200	UNKNOW	S	0.5 MG	ORAL	TABS	EA	30	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
62135067730	RASAGILI	RASAGILI	283632	UNKNOW	28363200	UNKNOW	S	1 MG	ORAL	TABS	EA	30	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
62135068005	METFORM	METFORM	682004	Biguanides	68200400	Biguanides	S	500 MG	ORAL	TABS	EA	500	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135068018	METFORM	METFORM	682004	Biguanides	68200400	Biguanides	S	500 MG	ORAL	TABS	EA	180	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135068090	METFORM	METFORM	682004	Biguanides	68200400	Biguanides	S	500 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135068130	METFORM	METFORM	682004	Biguanides	68200400	Biguanides	S	625 MG	ORAL	TABS	EA	30	X	MSB		62135		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
62135068318	METFORM	METFORM	682004	Biguanides	68200400	Biguanides	S	850 MG	ORAL	TABS	EA	180	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135068330	METFORM	METFORM	682004	Biguanides	68200400	Biguanides	S	850 MG	ORAL	TABS	EA	30	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135068390	METFORM	METFORM	682004	Biguanides	68200400	Biguanides	S	850 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135068405	METFORM	METFORM	682004	Biguanides	68200400	Biguanides	S	1000 MG	ORAL	TABS	EA	500	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135068418	METFORM	METFORM	682004	Biguanides	68200400	Biguanides	S	1000 MG	ORAL	TABS	EA	180	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135068490	METFORM	METFORM	682004	Biguanides	68200400	Biguanides	S	1000 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135069090	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	#N/A	ORIG_FR	10	EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE>=40-75 YEARS AND P/	R	MEDPRMI
62135069190	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	#N/A	ORIG_FR	10	EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE>=40-75 YEARS AND P/	R	MEDPRMI
62135069290	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
62135069330	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
62135069460	SELEGILI	SELEGILI	283632	UNKNOW	28363200	UNKNOW	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135069612	CHLORDI	CHLORDI	120808	Antimusca	12080800	Antimusca	S	5-2.5 MG	ORAL	CAPS	EA	120		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135070090	AMOXAPI	AMOXAPI	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135070190	AMOXAPI	AMOXAPI	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135070290	AMOXAPI	AMOXAPI	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		62135	N	N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135070330	AMOXAPI	AMOXAPI	281604	Antidepres	28160428	Tricyclics	S	150 MG	ORAL	TABS	EA	30	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135070451	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	100 MG/5M	ORAL	SUSR	ML	15		GENERIC		62135	Y	N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135070543	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	200 MG/5M	ORAL	SUSR	ML	30		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135070551	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	200 MG/5M	ORAL	SUSR	ML	15		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135070552	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	200 MG/5M	ORAL	SUSR	ML	22.5		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135070637	LAMIVUD	LAMIVUD	81808	Antiretrovi	8180820	Nucleoside	S	10 MG/ML	ORAL	SOLN	ML	240	X	GENERIC		62135		N	FORMULARY		4	SPGEN	SPECIALTY GENERICS			X	960 IN 30 DAYS			R	MEDPRMI
62135070990	ISONIAZI	ISONIAZI	81604	Antituberc	8160400	Antituberc	S	300 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135071074	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	40		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135071174	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	40		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135071242	LIDOCAIN	LIDOCAIN	521600	Local Ane	52160000	Local Ane	S	2%	MOUTH/T	SOLN	ML	100		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135071341	CLEMAST	CLEMAST	40400	First Gene	4040000	First Gene	S	0.67 MG/5	ORAL	SYRP	ML	120		GENERIC	8/21/2024	62135		N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
62135071412	MESALAM	MESALAM	563600	Anti-inflam	56360000	Anti-inflam	S	1.2 GM	ORAL	TBEC	EA	120	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135071460	MESALAM	MESALAM	563600	Anti-inflam	56360000	Anti-inflam	S	1.2 GM	ORAL	TBEC	EA	60	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135071518	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	180	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135071590	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135071618	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	180	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135071690	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135071726	CHLOROQ	CHLOROQ	83008	Antimalari	8300800	Antimalari	S	500 MG	ORAL	TABS	EA	25	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS			X	18 IN 16 DAYS			R	MEDPRMI
62135071890	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	90		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135071990	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135072090	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135072190	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135072290	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135072390	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	75 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135072490	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135072520	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	50 MG	ORAL	TABS	EA	20		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135072620	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	20		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135072790	GUANFAC	GUANFAC	242400	Beta-Adre	24240000	Beta-Adre	S	1 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135072890	GUANFAC	GUANFAC	242400	Beta-Adre	24240000	Beta-Adre	S	2 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135072937	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-	S	5 MG/5ML	ORAL	SOLN	ML	240	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135073024	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG/5M	ORAL	SOLN	ML	5	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135073041	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG/5M	ORAL	SOLN	ML	120	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135073045	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG/5M	ORAL	SOLN	ML	5	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135073160	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	2.5-250 M	ORAL	TABS	EA	60	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135073260	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	2.5-500 M	ORAL	TABS	EA	60	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135073360	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5-500 MG	ORAL	TABS	EA	60	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135073460	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	1 MG	ORAL	TABS	EA	60		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135073560	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	2 MG	ORAL	TABS	EA	60		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135073630	FLURAZE	FLURAZE	282408	Benzodiaz	28240800	Benzodiaz	R	15 MG	ORAL	CAPS	EA	30		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135073690	FLURAZE	FLURAZE	282408	Benzodiaz	28240800	Benzodiaz	R	15 MG	ORAL	CAPS	EA	90		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135073730	FLURAZE	FLURAZE	282408	Benzodiaz	28240800	Benzodiaz	R	30 MG	ORAL	CAPS	EA	30		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135073790	FLURAZE	FLURAZE	282408	Benzodiaz	28240800	Benzodiaz	R	30 MG	ORAL	CAPS	EA	90		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135073890	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135073990	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	CAPS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135074090	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	20 MG	ORAL	CAPS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135074190	NYSTATIN	NYSTATIN	81428	Polyenes	8142800	Polyenes	S	500000 UI	ORAL	TABS	EA	90		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135074260	TROSPIU	TROSPIU	861204	UNKNOW	86120400	UNKNOW	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135074390	VERAPAM	VERAPAM	240404	Antiarrhyth	24040424	Class IV A	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135074490	VERAPAM	VERAPAM	240404	Antiarrhyth	24040424	Class IV A	S	80 MG	ORAL	TABS	EA	90	X	GENERIC		62135	Y	N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135074590	VERAPAM	VERAPAM	240404	Antiarrhyth	24040424	Class IV A	S	120 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135074947	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	200-40 MG	ORAL	SUSP	ML	473		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135075047	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	10 MG/5M	ORAL	SYRP	ML	473		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135075101	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	100		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135075290	HYDROXY	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS			X	100 IN 30 DAYS			R	MEDPRMI
62135075390	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135075490	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135075590	BETHANE	BETHANE	120400	Parasymp	12040000	Parasymp	S	5 MG	ORAL	TABS	EA	90		GENERIC		62135	Y	N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135075612	BETHANE	BETHANE	120400	Parasymp	12040000	Parasymp	S	10 MG	ORAL	TABS	EA	120		GENERIC		62135	Y	N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135075712	BETHANE	BETHANE	120400	Parasymp	12040000	Parasymp	S	25 MG	ORAL	TABS	EA	120		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135075812	BETHANE	BETHANE	120400	Parasymp	12040000	Parasymp	S	50 MG	ORAL	TABS	EA	120		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135076001	METHYLP	METHYLP	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	100		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135076021	METHYLP	METHYLP	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	21		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135076126	METHYLP	METHYLP	680400	Adrenals	68040000	Adrenals	S	8 MG	ORAL	TABS	EA	25		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135076250	METHYLP	METHYLP	680400	Adrenals	68040000	Adrenals	S	16 MG	ORAL	TABS	EA	50		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135076326	METHYLP	METHYLP	680400	Adrenals	68040000	Adrenals	S	32 MG	ORAL	TABS	EA	25		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135076401	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	75 MG	ORAL	CAPS	EA	100		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135076501	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	100		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI
62135076601	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	100		GENERIC		62135		N	FORMULARY		1	GEN	GENERICS							R	MEDPRMI

62135076724	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG/5ML	ORAL	SOLN	ML	5		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135076745	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG/5ML	ORAL	SOLN	ML	5		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135076747	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG/5ML	ORAL	SOLN	ML	473		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135076843	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG/ML	ORAL	CONC	ML	30		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135076990	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	90		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135077090	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	90		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135077190	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	90		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135077235	METHOTI	METHOTI	100000	Antineopla	10000000	Antineopla	S	2.5 MG	ORAL	TABS	EA	36		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135077330	TRIMETH	TRIMETH	562208	Antihistam	56220800	Antihistam	S	300 MG	ORAL	CAPS	EA	30		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135077441	PROMETI	PROMETI	40400	First Gene	4040000	First Gene	S	6.25 MG/5	ORAL	SOLN	ML	120		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135077447	PROMETI	PROMETI	40400	First Gene	4040000	First Gene	S	6.25 MG/5	ORAL	SOLN	ML	473		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135077530	TAMSULC	TAMSULC	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	30	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135077590	TAMSULC	TAMSULC	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	90	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135077638	AMOXICII	AMOXICII	81216	Penicillins	8121608	Aminopen	S	125 MG/5I	ORAL	SUSR	ML	150		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135077642	AMOXICII	AMOXICII	81216	Penicillins	8121608	Aminopen	S	125 MG/5I	ORAL	SUSR	ML	100		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135077668	AMOXICII	AMOXICII	81216	Penicillins	8121608	Aminopen	S	125 MG/5I	ORAL	SUSR	ML	80		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135077738	AMOXICII	AMOXICII	81216	Penicillins	8121608	Aminopen	S	250 MG/5I	ORAL	SUSR	ML	150		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135077742	AMOXICII	AMOXICII	81216	Penicillins	8121608	Aminopen	S	250 MG/5I	ORAL	SUSR	ML	100		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135077768	AMOXICII	AMOXICII	81216	Penicillins	8121608	Aminopen	S	250 MG/5I	ORAL	SUSR	ML	80		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135077890	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	90		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRIM
62135077990	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRIM
62135078012	OMEGA-3	OMEGA-3	240612	UNKNOW	24061200	UNKNOW	S	1 GM	ORAL	CAPS	EA	120	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS	X	Must meet 5 DS FenoTRIAL OF GENERIC FENOFIBRATE IN THE PAST 120 DAYS			R	MEDPRIM
62135078130	MONTELL	MONTELL	481024	Leukotrien	48102400	Leukotrien	S	4 MG	ORAL	CHEW	EA	30	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135078230	MONTELL	MONTELL	481024	Leukotrien	48102400	Leukotrien	S	5 MG	ORAL	CHEW	EA	30	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135078360	CAPECIT	CAPECIT	100000	Antineopla	10000000	Antineopla	S	150 MG	ORAL	TABS	EA	60		GENERIC		62135		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRIM
62135078412	CAPECIT	CAPECIT	100000	Antineopla	10000000	Antineopla	S	500 MG	ORAL	TABS	EA	120		GENERIC		62135		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRIM
62135078590	MEXILETI	MEXILETI	240404	Antiarrhyt	24040408	Class Ib A	S	250 MG	ORAL	CAPS	EA	90	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135078690	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	90		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135078790	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	90		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135078890	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	90		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135078930	COLCHIC	COLCHIC	921600	UNKNOW	92160000	UNKNOW	S	0.6 MG	ORAL	TABS	EA	30		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS					R	MEDPRIM
62135078990	COLCHIC	COLCHIC	921600	UNKNOW	92160000	UNKNOW	S	0.6 MG	ORAL	TABS	EA	90		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS					R	MEDPRIM
62135079012	ETHOSU	ETHOSU	281220	Succinimid	28122000	Succinimid	S	250 MG	ORAL	CAPS	EA	120	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135079160	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		62135	Y	N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135079260	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TABS	EA	60	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135079330	LEFLUNO	LEFLUNO	902404	UNKNOW	90240400	UNKNOW	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135079430	LEFLUNO	LEFLUNO	902404	UNKNOW	90240400	UNKNOW	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135079590	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	90		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135079690	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	90		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135079990	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	4 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135080060	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	300 MG	ORAL	TABS	EA	60	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135080151	ACETIC A	ACETIC A	529200	EENT Dru	52920000	EENT Dru	S	2%	OTIC	SOLN	ML	15		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135080224	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG/5I	ORAL	SUSP	ML	5	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135080245	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG/5I	ORAL	SUSP	ML	5	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135080253	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG/5I	ORAL	SUSP	ML	450	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135080347	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG/5I	ORAL	SUSP	ML	473		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135080430	PIOGLITA	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	15 MG	ORAL	TABS	EA	30	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135080530	PIOGLITA	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	30 MG	ORAL	TABS	EA	30	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135080630	PIOGLITA	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	45 MG	ORAL	TABS	EA	30	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135080790	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135080890	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135080905	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	R	300 MG/5I	ORAL	SOLN	ML	5	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135080924	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	R	300 MG/5I	ORAL	SOLN	ML	5	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135080937	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	R	300 MG/5I	ORAL	SOLN	ML	237	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135081061	FLUTICAS	FLUTICAS	520808	Corticoste	52080800	Corticoste	S	50 MCG/A	NASAL	SUSP	GM	16		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS			X	16 IN 30 DAYS					R	MEDPRIM
62135081160	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS					R	MEDPRIM
62135081305	NYSTATII	NYSTATII	81428	Polyenes	8142800	Polyenes	S	100000 UI	MOUTH/T	SUSP	ML	5		MSB		62135		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION									R	MEDPRIM
62135081324	NYSTATII	NYSTATII	81428	Polyenes	8142800	Polyenes	S	100000 UI	MOUTH/T	SUSP	ML	5		MSB		62135		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION									R	MEDPRIM
62135081346	NYSTATII	NYSTATII	81428	Polyenes	8142800	Polyenes	S	100000 UI	MOUTH/T	SUSP	ML	60		MSB		62135		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION									R	MEDPRIM
62135081347	NYSTATII	NYSTATII	81428	Polyenes	8142800	Polyenes	S	100000 UI	MOUTH/T	SUSP	ML	473		MSB		62135		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION									R	MEDPRIM
62135081445	CICLOPIF	CICLOPIF	840408	Antifungal	84040820	Hydroxypy	S	8%	EXTERNA	SOLN	ML	6.6		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS			X	<= 19.8					R	MEDPRIM
62135081612	HYDROX	HYDROX	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	120		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135081712	HYDROX	HYDROX	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	CAPS	EA	120		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135081890	TORSEMI	TORSEMI	402808	Loop Diur	40280800	Loop Diur	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135081990	TORSEMI	TORSEMI	402808	Loop Diur	40280800	Loop Diur	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135082090	TORSEMI	TORSEMI	402808	Loop Diur	40280800	Loop Diur	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135082190	TORSEMI	TORSEMI	402808	Loop Diur	40280800	Loop Diur	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135082284	BUDESOI	BUDESOI	680400	Adrenals	68040000	Adrenals	S	0.25 MG/2	INHALATI	SUSP	ML	2	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS					R	MEDPRIM
62135082384	BUDESOI	BUDESOI	680400	Adrenals	68040000	Adrenals	S	0.5 MG/2M	INHALATI	SUSP	ML	2	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS					R	MEDPRIM
62135082401	AMOXICII	AMOXICII	81216	Penicillins	8121608	Aminopen	S	250 MG	ORAL	CAPS	EA	100		GENERIC		62135	Y	N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135082505	AMOXICII	AMOXICII	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	500		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135082560	AMOXICII	AMOXICII	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	60		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135082684	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	0.63 MG/3	INHALATI	NEBU	ML	3	X	GENERIC		62135	Y	N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135082784	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	1.25 MG/3	INHALATI	NEBU	ML	3	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135082884	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	(2.5 MG/3I	INHALATI	NEBU	ML	3	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135082984	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	(5 MG/ML)	INHALATI	NEBU	EA	1	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135083084	IPRATRO	IPRATRO	120808	Antimusca	12080800	Antimusca	S	0.02%	INHALATI	SOLN	ML	2.5	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135083184	IPRATRO	IPRATRO	121208	beta-Adre	12120812	Selective I	S	0.5-2.5 (3)	INHALATI	SOLN	ML	3	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135083284	SODIUM (	SODIUM (	482400	Mucolytic .	48240000	Mucolytic .	S	0.90%	INHALATI	NEBU	ML	3		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135083384	STERILE	WATER F	960000	Pharmace	96000000	Pharmace	S	0	INJECTIO	SOLN	ML	5		GENERIC		62135	Y	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRIM
62135083420	TINIDAZC	TINIDAZC	83016	UNKNOW	8301600	UNKNOW	S	250 MG	ORAL	TABS	EA	20		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135083520	TINIDAZC	TINIDAZC	83016	UNKNOW	8301600	UNKNOW	S	500 MG	ORAL	TABS	EA	20		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135083650	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	375 MG	ORAL	CAPS	EA	50		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135083790	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	54 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135083890	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	160 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135084124	OXCARB	OXCARB	281224	UNKNOW	28122400	UNKNOW	S	300 MG/5I	ORAL	SUSP	ML	5	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135084145	OXCARB	OXCARB	281224	UNKNOW	28122400	UNKNOW	S	300 MG/5I	ORAL	SUSP	ML	5	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135084154	OXCARB	OXCARB	281224	UNKNOW	28122400	UNKNOW	S	300 MG/5I	ORAL	SUSP	ML	250	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135084260	SULFADI	SULFADI	81220	Sulfonami	8122000	Sulfonami	S	500 MG	ORAL	TABS	EA	60		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135084790	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND R/R	R	MEDPRIM
62135084890	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND R/R	R	MEDPRIM
62135084990	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND R/R	R	MEDPRIM
62135085090	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90	X	GENERIC		62135		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND R/R	R	MEDPRIM
62135085812	HYOSCY	HYOSCY	120808	Antimusca	12080800	Antimusca	S	0.125 MG	ORAL	TBDP	EA	120	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135085912	HYOSCY	HYOSCY	120808	Antimusca	12080800	Antimusca	S	0.125 MG	SUBLINGI	SUBL	EA	120	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135086060	HYOSCY	HYOSCY	120808	Antimusca	12080800	Antimusca	S	0.375 MG	ORAL	TB12	EA	60	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135086101	LORAZEF	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	100		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135086201	LORAZEF	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	100		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135086301	LORAZEF	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	100		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135086430	VARDENA	VARDENA	240812	Calcium-c	24081200	UNKNOW	S	2.5 MG	ORAL	TABS	EA	30		GENERIC		62135	Y	N	FORMULARY		1 GEN	GENERICS			X	1 IN 5 DAYS	X	Must meet 5 DS SildeTRIAL OF GENERIC VIAGRA IN THE PAST 120 DAYS			R	MEDPRIM
62135086724	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG/1(	ORAL	SUSP	ML	10	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135086759	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG/1(	ORAL	SUSP	ML	10	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135086824	SOD CITF	SODIUM (	400800	Alkalinizin	40080000	Alkalinizin	S	500-334 M	ORAL	SOLN	ML	15		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135086851	SOD CITF	SODIUM (	400800	Alkalinizin	40080000	Alkalinizin	S	500-334 M	ORAL	SOLN	ML	15		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135086924	SOD CITF	SODIUM (	400800	Alkalinizin	40080000	Alkalinizin	S	500-334 M	ORAL	SOLN	ML	30		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135086943	SOD CITF	SODIUM (	400800	Alkalinizin	40080000	Alkalinizin	S	500-334 M	ORAL	SOLN	ML	30		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135087124	LIDOCAIN	LIDOCAIN	521600	Local Ane	52160000	Local Ane	S	2%	MOUTH/T	SOLN	ML	15		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135087151	LIDOCAIN	LIDOCAIN	521600	Local Ane	52160000	Local Ane	S	2%	MOUTH/T	SOLN	ML	15		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135087324	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	SUSP	ML	20		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135087352	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	SUSP	ML	20		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135087424	VALPROI	VALPROA	281228	UNKNOW	28122800	UNKNOW	S	500 MG/1(	ORAL	SOLN	ML	10	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135087459	VALPROI	VALPROA	281228	UNKNOW	28122800	UNKNOW	S	500 MG/1(	ORAL	SOLN	ML	10	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135087530	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	30	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135087630	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	30	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135087746	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	25 MG/5M	ORAL	SUSR	ML	60		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135088030	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135088130	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135088230	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135088360	CLARITHI	CLARITHI	81212	Macrolide	8121208	UNKNOW	S	500 MG	ORAL	TB24	EA	60		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135089247	GENERL	LACTULO	401000	Ammonia	40100000	Ammonia	S	10 GM/15I	ORAL	SOLN	ML	473	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135089390	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	67 MG	ORAL	CAPS	EA	90	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135089490	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	134 MG	ORAL	CAPS	EA	90	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135089560	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRIM
62135089660	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRIM
62135089718	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	400-80 MC	ORAL	TABS	EA	180		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135089790	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	400-80 MC	ORAL	TABS	EA	90		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135089818	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	180		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135089890	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	90		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135089990	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	200 MG	ORAL	CAPS	EA	90	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135090060	RIVASTIG	RIVASTIG	120400	Parasymp	12040000	Parasymp	S	1.5 MG	ORAL	CAPS	EA	60	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135090160	RIVASTIG	RIVASTIG	120400	Parasymp	12040000	Parasymp	S	3 MG	ORAL	CAPS	EA	60	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135090260	RIVASTIG	RIVASTIG	120400	Parasymp	12040000	Parasymp	S	4.5 MG	ORAL	CAPS	EA	60	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135090360	RIVASTIG	RIVASTIG	120400	Parasymp	12040000	Parasymp	S	6 MG	ORAL	CAPS	EA	60	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135091060	ETODOL	ETODOL	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	60	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135091160	ETODOL	ETODOL	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135091738	LEVOCET	LEVOCET	40800	Second G	4080000	Second G	S	2.5 MG/5M	ORAL	SOLN	ML	148		GENERIC		62135	Y	N	FORMULARY		1 GEN	GENERICS			X	10 IN 1 DAYS	X	Must meet 5 DS ClariTRIAL OF DESLORATADINE OR LEVOCETIRIZINE TABLET IN THE PAST 120 DA			R	MEDPRIM
62135092760	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TB12	EA	60	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135092860	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TB12	EA	60	X	GENERIC		62135	Y	N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135092943	RISPERIC	RISPERIC	281608	Antipsych	28160804	Atypical A	S	1 MG/ML	ORAL	SOLN	ML	30	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135093060	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	400 MG	ORAL	TB12	EA	60	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135093754	CHOLEST	CHOLEST	240604	Bile Acid S	24060400	Bile Acid S	S	4 GM/DOS	ORAL	POWD	GM	239.4	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135094337	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	2 MG/ML	ORAL	SOLN	ML	240	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS			X	300 IN 30 DAYS					R	MEDPRIM
62135094947	CYPROHI	CYPROHI	40400	First Gene	4040000	First Gene	S	2 MG/5ML	ORAL	SYRP	ML	473		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135094994	CYPROHI	CYPROHI	40400	First Gene	4040000	First Gene	S	2 MG/5ML	ORAL	SYRP	ML	946		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135096001	SULFASA	SULFASA	81220	Sulfonami	8122000	Sulfonami	S	500 MG	ORAL	TABS	EA	100	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135096005	SULFASA	SULFASA	81220	Sulfonami	8122000	Sulfonami	S	500 MG	ORAL	TABS	EA	500	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135096010	SULFASA	SULFASA	81220	Sulfonami	8122000	Sulfonami	S	500 MG	ORAL	TABS	EA	1000	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135096031	SULFASA	SULFASA	81220	Sulfonami	8122000	Sulfonami	S	500 MG	ORAL	TABS	EA	300	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135096841	GRISEOF	GRISEOF	81492	Antifungal	8149200	Antifungal	S	125 MG/5I	ORAL	SUSP	ML	120		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135097325	MEFLOQ	MEFLOQ	83008	Antimalari	8300800	Antimalari	S	250 MG	ORAL	TABS	EA	25	X	GENERIC		62135	N	N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135098405	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	50 MG	ORAL	CAPS	EA	500		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRIM
62135098450	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	50 MG	ORAL	CAPS	EA	50		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRIM
62135098505	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	500		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRIM
62135098550	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	50		GENERIC		62135		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRIM
62135099160	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	CAPS	EA	60	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135099260	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	40 MG	ORAL	CAPS	EA	60	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135099360	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	60 MG	ORAL	CAPS	EA	60	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62135099460	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	80 MG	ORAL	CAPS	EA	60	X	GENERIC		62135		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62144551005	IMPROVU	HYPROMI	529200	EENT Dru	52920000	EENT Dru	O	1.70%	OPHTHAL	SOSY	ML	2		SSB		62144		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRIM
62175010601	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	9/30/2022	62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175010701	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	20 MG	ORAL	TABS	EA	100	X	GENERIC	9/30/2022	62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175011432	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	10 MG	ORAL	CPDR	EA	30	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175011437	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	10 MG	ORAL	CPDR	EA	100	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175011832	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175011837	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	100	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175011843	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	1000	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175011937	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	100	X	GENERIC	4/2/2024	62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175011941	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	500	X	GENERIC	11/9/2022	62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175011943	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	1000	X	GENERIC	4/2/2024	62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175011946	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	90	X	GENERIC	4/2/2024	62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175012837	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	30 MG	ORAL	TB24	EA	100	X	GENERIC	4/2/2024	62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175012841	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	30 MG	ORAL	TB24	EA	500	X	GENERIC	11/9/2022	62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175012846	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	30 MG	ORAL	TB24	EA	90	X	GENERIC	4/2/2024	62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175012937	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	120 MG	ORAL	TB24	EA	100	X	GENERIC	4/2/2024	62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175013232	BICALUT	BICALUT	100000	Antineopla	10000000	Antineopla	S	50 MG	ORAL	TABS	EA	30		GENERIC		62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175013632	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175013637	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	100	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175013643	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	1000	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175019015	GLYCOL	POLYETH	561200	Cathartics	56120000	Cathartics	P	0-17GM/S	ORAL	POWD	GM	255		GENERIC		62175		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRIM
62175019031	GLYCOL	POLYETH	561200	Cathartics	56120000	Cathartics	P	0-17GM/S	ORAL	POWD	GM	527		GENERIC		62175		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRIM
62175020432	MONTELL	MONTELL	481024	Leukotrien	48102400	Leukotrien	S	4 MG	ORAL	CHEW	EA	30	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175020443	MONTELL	MONTELL	481024	Leukotrien	48102400	Leukotrien	S	4 MG	ORAL	CHEW	EA	1000	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175020446	MONTELL	MONTELL	481024	Leukotrien	48102400	Leukotrien	S	4 MG	ORAL	CHEW	EA	90	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175020532	MONTELL	MONTELL	481024	Leukotrien	48102400	Leukotrien	S	5 MG	ORAL	CHEW	EA	30	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175020543	MONTELL	MONTELL	481024	Leukotrien	48102400	Leukotrien	S	5 MG	ORAL	CHEW	EA	1000	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175020546	MONTELL	MONTELL	481024	Leukotrien	48102400	Leukotrien	S	5 MG	ORAL	CHEW	EA	90	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175021032	MONTELL	MONTELL	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	9/27/2022	62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175021043	MONTELL	MONTELL	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC	9/27/2022	62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175021046	MONTELL	MONTELL	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	9/27/2022	62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175026037	NIFEDIPII	NIFEDIPII	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	100	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175026043	NIFEDIPII	NIFEDIPII	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	1000	X	GENERIC	7/3/2023	62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175026046	NIFEDIPII	NIFEDIPII	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	90	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175026055	NIFEDIPII	NIFEDIPII	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	300	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175026137	NIFEDIPII	NIFEDIPII	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	100	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175026143	NIFEDIPII	NIFEDIPII	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	1000	X	GENERIC	7/3/2023	62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175026146	NIFEDIPII	NIFEDIPII	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	90	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175026155	NIFEDIPII	NIFEDIPII	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	300	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175026232	NIFEDIPII	NIFEDIPII	242808	Dihydropy	24280800	Dihydropy	S	90 MG	ORAL	TB24	EA	30	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175026237	NIFEDIPII	NIFEDIPII	242808	Dihydropy	24280800	Dihydropy	S	90 MG	ORAL	TB24	EA	100	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175026246	NIFEDIPII	NIFEDIPII	242808	Dihydropy	24280800	Dihydropy	S	90 MG	ORAL	TB24	EA	90	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175027037	OXYBUT	OXYBUT	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TB24	EA	100	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175027041	OXYBUT	OXYBUT	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TB24	EA	500	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175027137	OXYBUT	OXYBUT	861204	UNKNOW	86120400	UNKNOW	S	10 MG	ORAL	TB24	EA	100	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175027141	OXYBUT	OXYBUT	861204	UNKNOW	86120400	UNKNOW	S	10 MG	ORAL	TB24	EA	500	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175027237	OXYBUT	OXYBUT	861204	UNKNOW	86120400	UNKNOW	S	15 MG	ORAL	TB24	EA	100	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175027241	OXYBUT	OXYBUT	861204	UNKNOW	86120400	UNKNOW	S	15 MG	ORAL	TB24	EA	500	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175030232	RABEPR	RABEPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	30	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRIM
62175030243	RABEPR	RABEPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	1000	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRIM
62175030246	RABEPR	RABEPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	90	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRIM
62175031037	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	R	18MG	ORAL	TB24	EA	100	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRIM
62175031137	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	R	27 MG	ORAL	TB24	EA	100	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRIM
62175031237	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	R	36 MG	ORAL	TB24	EA	100	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRIM
62175031337	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	R	54 MG	ORAL	TB24	EA	100	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRIM
62175032046	NIACIN EI	NIACIN (A	240692	Antilipemi	24069200	Antilipemi	S	500 MG	ORAL	TBCR	EA	90	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175032246	NIACIN EI	NIACIN (A	240692	Antilipemi	24069200	Antilipemi	S	1000 MG	ORAL	TBCR	EA	90	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175033035	ASPIRIN-I	ASPIRIN-I	361800	Cardiac Fu	36180000	Cardiac Fu	S	25-200 MC	ORAL	CP12	EA	60	X	GENERIC	9/26/2022	62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175038037	TACROLI	TACROLI	902828	UNKNOW	90282892	UNKNOW	S	0.5 MG	ORAL	CAPS	EA	100	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175038137	TACROLI	TACROLI	902828	UNKNOW	90282892	UNKNOW	S	1 MG	ORAL	CAPS	EA	100	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175038237	TACROLI	TACROLI	902828	UNKNOW	90282892	UNKNOW	S	5 MG	ORAL	CAPS	EA	100	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175041532	LANSOPF	LANSOPF	562836	Proton-pu	56283600	Proton-pu	S	15 MG	ORAL	CPDR	EA	30	X	GENERIC	9/26/2022	62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175043032	LANSOPF	LANSOPF	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	30	X	GENERIC	9/26/2022	62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175043041	LANSOPF	LANSOPF	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	500	X	GENERIC	9/26/2022	62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175043046	LANSOPF	LANSOPF	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	90	X	GENERIC	9/26/2022	62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175045232	BUPREN	BUPREN	280812	Opiate Pa	28081200	Opiate Pa	S	2-0.5 MG	SUBLINGI	SUBL	EA	30		GENERIC		62175		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS					R	MEDPRIM
62175045832	BUPREN	BUPREN	280812	Opiate Pa	28081200	Opiate Pa	S	8-2 MG	SUBLINGI	SUBL	EA	30		GENERIC		62175		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS					R	MEDPRIM
62175047032	PAROXE	PAROXE	281604	Antidepres	28160420	Selective-S	S	12.5 MG	ORAL	TB24	EA	30	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175047041	PAROXE	PAROXE	281604	Antidepres	28160420	Selective-S	S	12.5 MG	ORAL	TB24	EA	500	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175047132	PAROXE	PAROXE	281604	Antidepres	28160420	Selective-S	S	25 MG	ORAL	TB24	EA	30	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175047141	PAROXE	PAROXE	281604	Antidepres	28160420	Selective-S	S	25 MG	ORAL	TB24	EA	500	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175047232	PAROXE	PAROXE	281604	Antidepres	28160420	Selective-S	S	37.5 MG	ORAL	TB24	EA	30	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175047241	PAROXE	PAROXE	281604	Antidepres	28160420	Selective-S	S	37.5 MG	ORAL	TB24	EA	500	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175048537	VERAPAN	VERAPAN	240404	Antiarrhyt	24040424	Class IV A	S	100 MG	ORAL	CP24	EA	100	X	MSB		62175		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION									R	MEDPRIM
62175048637	VERAPAN	VERAPAN	240404	Antiarrhyt	24040424	Class IV A	S	200 MG	ORAL	CP24	EA	100	X	SSB		62175		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND									R	MEDPRIM
62175048737	VERAPAN	VERAPAN	240404	Antiarrhyt	24040424	Class IV A	S	300 MG	ORAL	CP24	EA	100	X	MSB		62175		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION									R	MEDPRIM
62175057037	VERELAN	VERAPAN	240404	Antiarrhyt	24040424	Class IV A	S	100 MG	ORAL	CP24	EA	100	X	SSB		62175	Y	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND									R	MEDPRIM
62175057137	VERELAN	VERAPAN	240404	Antiarrhyt	24040424	Class IV A	S	200 MG	ORAL	CP24	EA	100	X	SSB		62175	Y	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND									R	MEDPRIM
62175057237	VERELAN	VERAPAN	240404	Antiarrhyt	24040424	Class IV A	S	300 MG	ORAL	CP24	EA	100	X	SSB		62175	Y	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND									R	MEDPRIM
62175058037	VERELAN	VERAPAN	240404	Antiarrhyt	24040424	Class IV A	S	120 MG	ORAL	CP24	EA	100	X	MSB		62175	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION									R	MEDPRIM
62175058137	VERELAN	VERAPAN	240404	Antiarrhyt	24040424	Class IV A	S	180 MG	ORAL	CP24	EA	100	X	MSB		62175	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION									R	MEDPRIM
62175058237	VERELAN	VERAPAN	240404	Antiarrhyt	24040424	Class IV A	S	240 MG	ORAL	CP24	EA	100	X	MSB		62175	Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION									R	MEDPRIM
62175058337	VERELAN	VERAPAN	240404	Antiarrhyt	24040424	Class IV A	S	360 MG	ORAL	CP24	EA	100	X	SSB		62175	Y	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND									R	MEDPRIM
62175061743	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	1000	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175061746	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	90	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175061846	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	90	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62175082032	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRIM
62175082043	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	1000	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRIM
62175082046	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRIM
62175084032	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRIM
62175084043	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	1000	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRIM
62175084046	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRIM
62175089043	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC		62175		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND R/R	R	MEDPRIM
62175089046	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		62175		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND R/R	R	MEDPRIM
62175089143	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC		62175		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND R/R	R	MEDPRIM
62175089146	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		62175		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND R/R	R	MEDPRIM
62175089241	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	500	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRIM
62175089246	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRIM
62175089741	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	500	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRIM
62175089746	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90	X	GENERIC		62175		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRIM
62200000348	LICEMD	PYRETHF	840412	Scabicides	84041200	Scabicides	O	0.33-4 %	EXTERNA	GEL	ML	118		SSB	5/15/2023	62200		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRIM
62205000020	RELIZORI	DIGESTIV	940000	Devices	94000000	Devices	R	0	DOES NO	DEVI	EA	30		NON DRUG		62205		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRIM
62225060000	OMIDRIA	PHENYLE	522400	Mydriatics	52240000	Mydriatics	R	1-0.3 %	INTRAOC	SOLN	ML	4		SSB		62225		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRIM
62225060004	OMIDRIA	PHENYLE	522400	Mydriatics	52240000	Mydriatics	R	1-0.3 %	INTRAOC	SOLN	ML	4		SSB		62225		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRIM
62250061902	DESLOR	DESLOR	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	100		GENERIC		62250		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRIM
62250067630	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	30	X	GENERIC		62250		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62250067730	MEFENAN	MEFENAN	280804	Nonsteroi	28080404	UNKNOW	S	250 MG	ORAL	CAPS	EA	30	X	GENERIC		62250		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62250069102	FENOPR	FENOPR	280804	Nonsteroi	28080404	UNKNOW	S	200 MG	ORAL	CAPS	EA	100	X	MSB		62250		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRIM
62250080208	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	500		GENERIC		62250		N	FORMULARY		1 GEN	GENERICS									R	MEDPRIM
62295301802	BETAMET	BETAMET	680400	Adrenals	68040000	Adrenals	R	3MG/ML-3	INJECTIO	SUSP	ML	2		SSB		62295	N	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRIM
62295301907	BROMPHI	BROMPHI	40400	First Gene	4040000	First Gene	R	10 MG/ML	INTRAMU	SOLN	ML	10		GENERIC		62295	N	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRIM
62295311901	METHYLF	METHYLF	680400	Adrenals	68040000	Adrenals	R	80 MG/ML	INJECTIO	SUSP	ML	1		NON DRUG		62295	N	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRIM
62295312107	METHYLF	METHYLF	680400	Adrenals	68040000	Adrenals	R	10MG/ML-	INJECTIO	SUSP	ML	10		NON DRUG		62295	N	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRIM
62295312207	METHYLF	METHYLF	680400	Adrenals	68040000	Adrenals	R	1%-80MG,	INJECTIO	SUSP	ML	10		NON DRUG		62295	N	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRIM
62295320507	TRIAMCII	TRIAMCII	680400	Adrenals	68040000	Adrenals	R	40 MG/ML	INJECTIO	SUSP	ML	10		NON DRUG		62295	N	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRIM
62295320602	TRIAMCII	TRIAMCII	680400	Adrenals	68040000	Adrenals	R	40 MG/ML	INJECTIO	SUSP	ML	2		NON DRUG		62295	N	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRIM
62295328106	METHION	CYANOC	880800	Vitamin B	88080000	Vitamin B	R	50MG/ML-	INTRAMU	SOLN	ML	30		NON DRUG		62295	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRIM
62295328407	BETAMET	BETAMET	680400	Adrenals	68040000	Adrenals	R	3MG/ML-4	INJECTIO	SUSP	ML	10		SSB		62295	N	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRIM
62295331702	TRIAMCII	TRIAMCII	680400	Adrenals	68040000	Adrenals	R	50 MG/ML	INJECTIO	SUSP	ML	2		NON DRUG		62295	N	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRIM
62327022202	STERITAL	TALC (INT	241200	Vasodilati	24120000	Vasodilati	R	2 GM	INTRAPLE	POWD	EA	1		SSB		62327		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRIM
62327022242	STERITAL	TALC (INT	241200	Vasodilati	24120000	Vasodilati	R	2 GM	INTRAPLE	POWD	EA	1		SSB		62327		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRIM

62425002123	NEXABIO	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0-0-0-0	ORAL	CPDR	EA	60	SSB		62425			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
62441042010	FENESIN	DEXTROM	480800	Antitussive	48080000	Antitussive	P	20MG-400	ORAL	TABS	EA	100	GENERIC		62441			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
62484002001	PURIXAN	MERCAPT	100000	Antineopla	10000000	Antineopla	R	2000 MG/	ORAL	SUSP	ML	100	SSB		62484			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND						X	Must meet 5 DS Merc TRIAL OF MERCAPTOPURINE TABLET IN THE PAST 120 DAYS			R	MEDPRM
62484002002	PURIXAN	MERCAPT	100000	Antineopla	10000000	Antineopla	R	2000 MG/	ORAL	SUSP	ML	100	SSB		62484			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND						X	Must meet 5 DS Merc TRIAL OF MERCAPTOPURINE TABLET IN THE PAST 120 DAYS			R	MEDPRM
62530000011	URE-NA	UREA (DII	402812	Osmotic D	40281200	Osmotic D	O	15 GM	ORAL	PACK	EA	8	SSB		62530			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
62530000017	UREAPRO	UREA (DII	402812	Osmotic D	40281200	Osmotic D	O	15 GM/SC	ORAL	POWD	GM	454	SSB		62530			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
62531000100	EVIVO RE	BIFIDOBA	560800	Antidiarrhe	56080000	Antidiarrhe	O	0	ORAL	PACK	EA	28	SSB	3/6/2024	62531			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
62531000120	EVIVO ST	BIFIDOBA	560800	Antidiarrhe	56080000	Antidiarrhe	O	0	ORAL	PACK	EA	28	SSB	3/6/2024	62531			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
62531000150	EVIVO	BIFIDOBA	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0	ORAL	LIQD	EA	12	SSB	3/6/2024	62531			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
62541020130	QSYMIA	PHENTER	282008	UNKNOW	28200800	UNKNOW	R	3.75-23 M	ORAL	CP24	EA	30	SSB		62541			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRM
62541020230	QSYMIA	PHENTER	282008	UNKNOW	28200800	UNKNOW	R	7.5-46 MG	ORAL	CP24	EA	30	SSB		62541			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRM
62541020330	QSYMIA	PHENTER	282008	UNKNOW	28200800	UNKNOW	R	11.25-69 M	ORAL	CP24	EA	30	SSB		62541			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRM
62541020430	QSYMIA	PHENTER	282008	UNKNOW	28200800	UNKNOW	R	15-92 MG	ORAL	CP24	EA	30	SSB		62541			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRM
62541040110	PANCREA	PANCREL	561600	Digestants	56160000	Digestants	R	2600-8800	ORAL	CPEP	EA	100 X	SSB		62541			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRM
62541040210	PANCREA	PANCREL	561600	Digestants	56160000	Digestants	R	24600UNI	ORAL	CPEP	EA	100 X	SSB		62541			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRM
62541040310	PANCREA	PANCREL	561600	Digestants	56160000	Digestants	R	61500UNI	ORAL	CPEP	EA	100 X	SSB		62541			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRM
62541040410	PANCREA	PANCREL	561600	Digestants	56160000	Digestants	R	16800-568	ORAL	CPEP	EA	100 X	SSB		62541			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRM
62541040510	PANCREA	PANCREL	561600	Digestants	56160000	Digestants	R	83900UNI	ORAL	CPEP	EA	100 X	SSB		62541			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRM
62541040610	PANCREA	PANCREL	561600	Digestants	56160000	Digestants	R	37000-973	ORAL	CPEP	EA	50 X	SSB		62541			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRM
62541040650	PANCREA	PANCREL	561600	Digestants	56160000	Digestants	R	37000-973	ORAL	CPEP	EA	50 X	SSB		62541			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRM
62542010105	CARBINO	CARBINO	40400	First Gene	4040000	First Gene	S	4 MG/5ML	ORAL	SUER	ML	480	GENERIC		62542			N	FORMULARY		1 GEN	GENERICS			X	960 IN 30 DAYS		X	Must meet 5 DS Carb TRIAL OF CARBINOXAMINE IR ORAL S(	X	AGE_YEA MUST BE AT LEAST	R	MEDPRM
62542020030	MULTIVIT	PEDIATRI	882800	Multivitam	88280000	Multivitam	R	0.25 MG	ORAL	CHEW	EA	30	GENERIC		62542			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62542030030	MULTIVIT	PEDIATRI	882800	Multivitam	88280000	Multivitam	R	0.5 MG	ORAL	CHEW	EA	30	GENERIC		62542			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62542030103	HYDROC	HYDROC	480800	Antitussive	48080000	Antitussive	S	10-8 MG/5	ORAL	SUER	ML	70	GENERIC	9/28/2023	62542			N	FORMULARY		1 GEN	GENERICS			X	10 IN 1 DAYS				X	AGE_YEA MUST BE AT LEAST	R	MEDPRM
62542030104	HYDROC	HYDROC	480800	Antitussive	48080000	Antitussive	S	10-8 MG/5	ORAL	SUER	ML	118	GENERIC	9/28/2023	62542			N	FORMULARY		1 GEN	GENERICS			X	10 IN 1 DAYS				X	AGE_YEA MUST BE AT LEAST	R	MEDPRM
62542030116	HYDROC	HYDROC	480800	Antitussive	48080000	Antitussive	S	10-8 MG/5	ORAL	SUER	ML	473	GENERIC	9/28/2023	62542			N	FORMULARY		1 GEN	GENERICS			X	10 IN 1 DAYS				X	AGE_YEA MUST BE AT LEAST	R	MEDPRM
62542030117	HYDROC	HYDROC	480800	Antitussive	48080000	Antitussive	S	10-8 MG/5	ORAL	SUER	ML	473	GENERIC	9/28/2023	62542			N	FORMULARY		1 GEN	GENERICS			X	10 IN 1 DAYS				X	AGE_YEA MUST BE AT LEAST	R	MEDPRM
62542040030	MULTIVIT	PEDIATRI	882800	Multivitam	88280000	Multivitam	R	1 MG	ORAL	CHEW	EA	30	GENERIC		62542			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559011107	CORTENE	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	100 MG/6	RECTAL	ENEM	ML	60	MSB		62559 Y			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRM
62559011111	CORTENE	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	100 MG/6	RECTAL	ENEM	ML	60	MSB		62559 Y			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRM
62559013807	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	100 MG/6	RECTAL	ENEM	ML	60	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559013811	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	100 MG/6	RECTAL	ENEM	ML	60	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559014901	EST EST	ESTERIFI	681604	Estrogens	68160400	Estrogens	S	1.25-2.5 M	ORAL	TABS	EA	100 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559015001	EST EST	ESTERIFI	681604	Estrogens	68160400	Estrogens	S	0.625-1.25	ORAL	TABS	EA	100 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559015116	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG/5ML	ORAL	SOLN	ML	473	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559015304	OPIUM	OPIUM TI	280808	Opiate Ag	28080800	Opiate Ag	S	10 MG/ML	ORAL	TINC	ML	118	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559015710	POLYETH	POLYETH	561200	Cathartics	56120000	Cathartics	P	0-17GM-0	ORAL	PACK	EA	100	GENERIC		62559			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
62559015730	POLYETH	POLYETH	561200	Cathartics	56120000	Cathartics	P	0-17GM-0	ORAL	PACK	EA	30	GENERIC		62559			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
62559015801	FLUVOXA	FLUVOXA	281604	Antidepres	28160420	Selective-S	S	25 MG	ORAL	TABS	EA	100 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559015901	FLUVOXA	FLUVOXA	281604	Antidepres	28160420	Selective-S	S	50 MG	ORAL	TABS	EA	100 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559016001	FLUVOXA	FLUVOXA	281604	Antidepres	28160420	Selective-S	S	100 MG	ORAL	TABS	EA	100 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559016501	REGLAN	METOCL	563200	Prokinetic	56320000	Prokinetic	S	5 MG	ORAL	TABS	EA	100	MSB		62559 Y			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRM
62559016601	REGLAN	METOCL	563200	Prokinetic	56320000	Prokinetic	S	10MG	ORAL	TABS	EA	100	MSB		62559 Y			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRM
62559016701	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	CAPS	EA	100	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559017001	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	10 MG/5M	ORAL	SOLN	ML	100	GENERIC	6/30/2022	62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559017005	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	10 MG/5M	ORAL	SOLN	ML	500	GENERIC	8/2/2022	62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559017105	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	20 MG/5M	ORAL	SOLN	ML	500	GENERIC	2/28/2022	62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559017331	NILUTAMI	NILUTAMI	100000	Antineopla	10000000	Antineopla	S	150MG	ORAL	TABS	EA	30	GENERIC		62559			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	2 IN 1 DAYS						R	MEDPRM
62559019016	METOCL	METOCL	563200	Prokinetic	56320000	Prokinetic	S	5 MG/5ML	ORAL	SOLN	ML	473	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559020403	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	25 MG/5M	ORAL	SUSP	ML	300	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS	X	PA:X								R	MEDPRM
62559020412	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	25 MG/5M	ORAL	SUSP	ML	120	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS	X	PA:X								R	MEDPRM
62559020590	NICARDI	NICARDI	242808	Dihydropy	24280800	Dihydropy	S	20 MG	ORAL	CAPS	EA	90 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559020690	NICARDI	NICARDI	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	CAPS	EA	90 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559021081	NIMODIPI	NIMODIPI	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	CAPS	EA	100	GENERIC	10/3/2022	62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559022530	AMINOCA	AMINOCA	202816	Hemostati	20281600	Hemostati	S	500 MG	ORAL	TABS	EA	30	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559023001	PROPAFE	PROPAFE	240404	Antiarrhyt	24040412	Class Ic A	S	150 MG	ORAL	TABS	EA	100 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559023101	PROPAFE	PROPAFE	240404	Antiarrhyt	24040412	Class Ic A	S	225 MG	ORAL	TABS	EA	100 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559023201	PROPAFE	PROPAFE	240404	Antiarrhyt	24040412	Class Ic A	S	300 MG	ORAL	TABS	EA	100 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559023501	DIPYRIDA	DIPYRIDA	361800	Cardiac F	36180000	Cardiac F	S	25 MG	ORAL	TABS	EA	100 X	GENERIC	4/2/2024	62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559023601	DIPYRIDA	DIPYRIDA	361800	Cardiac F	36180000	Cardiac F	S	50 MG	ORAL	TABS	EA	100 X	GENERIC	10/31/2023	62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559023701	DIPYRIDA	DIPYRIDA	361800	Cardiac F	36180000	Cardiac F	S	75 MG	ORAL	TABS	EA	100 X	GENERIC	10/31/2023	62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559024001	METHAZ	METHAZ	243604	UNKNOW	24360400	UNKNOW	S	25 MG	ORAL	TABS	EA	100 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559024101	METHAZ	METHAZ	243604	UNKNOW	24360400	UNKNOW	S	50 MG	ORAL	TABS	EA	100 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559025001	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	200 MG	ORAL	CAPS	EA	100 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559025101	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	300 MG	ORAL	CAPS	EA	100 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559025501	ACEBUTO	ACEBUTO	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	CAPS	EA	100 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559025601	ACEBUTO	ACEBUTO	242000	Alpha-Adr	24200000	Alpha-Adr	S	400 MG	ORAL	CAPS	EA	100 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559026530	TRANEXA	TRANEXA	202816	Hemostati	20281600	Hemostati	S	650 MG	ORAL	TABS	EA	30	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559026616	VALPROI	VALPROA	281228	UNKNOW	28122800	UNKNOW	S	250 MG/5	ORAL	SOLN	ML	473 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559027530	NEBIVOL	NEBIVOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	2.5 MG	ORAL	TABS	EA	30 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559027583	NEBIVOL	NEBIVOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	2.5 MG	ORAL	TABS	EA	2300 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559027630	NEBIVOL	NEBIVOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559027671	NEBIVOL	NEBIVOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG	ORAL	TABS	EA	1100 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559027690	NEBIVOL	NEBIVOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG	ORAL	TABS	EA	90 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559027705	NEBIVOL	NEBIVOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	500 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559027730	NEBIVOL	NEBIVOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559027790	NEBIVOL	NEBIVOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559027805	NEBIVOL	NEBIVOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	500 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559027830	NEBIVOL	NEBIVOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559027890	NEBIVOL	NEBIVOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559028001	LITHOBID	LITHIUM	282800	Antimanic	28280000	Antimanic	S	300 MG	ORAL	TBCR	EA	100 X	MSB		62559 Y			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRM
62559028530	OXISTAT	OXICONA	840408	Antifungal	84040808	Azoles	R	1%	EXTERNA	LOTN	ML	30	SSB		62559			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND										R	MEDPRM
62559028560	OXISTAT	OXICONA	840408	Antifungal	84040808	Azoles	R	1%	EXTERNA	LOTN	ML	60	SSB		62559			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND										R	MEDPRM
62559028815	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.01%	EXTERNA	CREA	GM	15	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559028860	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.01%	EXTERNA	CREA	GM	60	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559028915	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	CREA	GM	15	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559028960	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	CREA	GM	60	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559029101	POTASSI	POTASSI	400800	Alkalinizin	40080000	Alkalinizin	S	10 MEQ (1	ORAL	TBCR	EA	100	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559029201	POTASSI	POTASSI	400800	Alkalinizin	40080000	Alkalinizin	S	15 MEQ (1	ORAL	TBCR	EA	100	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559029501	METOCL	METOCL	563200	Prokinetic	56320000	Prokinetic	S	5 MG	ORAL	TABS	EA	100	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559029601	METOCL	METOCL	563200	Prokinetic	56320000	Prokinetic	S	10 MG	ORAL	TABS	EA	100	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559029915	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	OINT	GM	15	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559029960	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	OINT	GM	60	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559030590	LIPOFEN	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	R	50 MG	ORAL	CAPS	EA	90 X	SSB		62559			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						X	Must meet 5 DS Fenc TRIAL OF GEMFIBROZIL OR GENERIC FENOFIBRATE IN THE PAST 120 DAYS			R	MEDPRM
62559030690	LIPOFEN	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	R	150 MG	ORAL	CAPS	EA	90 X	SSB		62559			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						X	Must meet 5 DS Fenc TRIAL OF GEMFIBROZIL OR GENERIC FENOFIBRATE IN THE PAST 120 DAYS			R	MEDPRM
62559031020	VANCOCI	VANCOM	81228	Antibacter	8122816	Glycopept	S	125 MG	ORAL	CAPS	EA	20	MSB		62559 Y			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	<= 56						R	MEDPRM
62559031120	VANCOCI	VANCOM	81228	Antibacter	8122816	Glycopept	S	250 MG	ORAL	CAPS	EA	20	MSB		62559 Y			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	<= 112						R	MEDPRM
62559031510	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	1000 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559031610	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559032580	PANDEL	HYDROC	840608	UNKNOW	84060800	UNKNOW	R	0.10%	EXTERNA	CREA	GM	80	SSB		62559			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND			X	160 IN 30 DAYS		X	Must meet 5 DS Beta TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE			R	MEDPRM
62559034001	LITHIUM	LITHIUM	282800	Antimanic	28280000	Antimanic	S	300 MG	ORAL	TBCR	EA	100 X	GENERIC	5/1/2023	62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559035601	KIONEX	SODIUM	401818	Potassium	40181800	Potassium	S	15 GM/60	COMBINA	SUSP	ML	60	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559035660	KIONEX	SODIUM	401818	Potassium	40181800	Potassium	S	15 GM/60	COMBINA	SUSP	ML	60	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559036530	APEXICO	DIFLORA	840608	UNKNOW	84060800	UNKNOW	R	0.05%	EXTERNA	CREA	GM	30	SSB		62559			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRM
62559036560	APEXICO	DIFLORA	840608	UNKNOW	84060800	UNKNOW	R	0.05%	EXTERNA	CREA	GM	60	SSB		62559			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRM
62559037630	FESOTER	FESOTER	861204	UNKNOW	86120400	UNKNOW	S	8 MG	ORAL	TB24	EA	30 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRM
62559038001	FLECAINI	FLECAINI	240404	Antiarrhyt	24040412	Class Ic A	S	50 MG	ORAL	TABS	EA	100 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559038101	FLECAINI	FLECAINI	240404	Antiarrhyt	24040412	Class Ic A	S	100 MG	ORAL	TABS	EA	100 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559038201	FLECAINI	FLECAINI	240404	Antiarrhyt	24040412	Class Ic A	S	150 MG	ORAL	TABS	EA	100 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559038530	VEREGEN	SINECATI	842800	Keratolytic	84280000	Keratolytic	R	15%	EXTERNA	OINT	GM	30	SSB		62559			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRM
62559039020	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	125 MG	ORAL	CAPS	EA	20	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS			X	<= 56						R	MEDPRM
62559039050	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	125 MG	ORAL	CAPS	EA	50	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS			X	<= 56						R	MEDPRM
62559039120	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	250 MG	ORAL	CAPS	EA	20	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS			X	<= 112						R	MEDPRM
62559039150	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	250 MG	ORAL	CAPS	EA	50	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS			X	<= 112						R	MEDPRM
62559039512	COLESTI	COLESTI	240604	Bile Acid S	24060400	Bile Acid S	S	1 GM	ORAL	TABS	EA	120 X	GENERIC		62559 Y			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559041012	OMEGA-3	OMEGA-3	240612	UNKNOW	24061200	UNKNOW	S	1 GM	ORAL	CAPS	EA	120 X	GENERIC	11/30/2022	62559			N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS		X	Must meet 5 DS Fenc TRIAL OF GENERIC FENOFIBRATE IN THE PAST 120 DAYS			R	MEDPRM
62559041401	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	5-6.25 MG	ORAL	TABS	EA	100 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559041501	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	10-12.5 M	ORAL	TABS	EA	100 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559041601	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	100 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559041701	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	20-25 MG	ORAL	TABS	EA	100 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559042007	MESALAM	MESALAM	563600	Anti-inflam	56360000	Anti-inflam	S	4 GM	RECTAL	ENEM	ML	60	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559042011	MESALAM	MESALAM	563600	Anti-inflam	56360000	Anti-inflam	S	4 GM	RECTAL	ENEM	ML	60	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559042101	HYOSCYA	HYOSCYA	120808	Antimusca	12080800	Antimusca	S	0.125 MG	ORAL	TABS	EA	100 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559042201	HYOSCYA	HYOSCYA	120808	Antimusca	12080800	Antimusca	S	0.125 MG	ORAL	TBDP	EA	100 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559042301	HYOSCYA	HYOSCYA	120808	Antimusca	12080800	Antimusca	S	0.375 MG	ORAL	TB12	EA	100 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559042401	HYOSCYA	HYOSCYA	120808	Antimusca	12080800	Antimusca	S	0.125 MG	SUBLINGI	SUBL	EA	100 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559043001	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	1%	EXTERNA	CREA	GM	28.4	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559043130	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	2.50%	EXTERNA	CREA	GM	30	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559044001	ERYTHRO	ERYTHRO	81212	Macrolides	8121204	Erythromy	S	200 MG/5	ORAL	SUSR	ML	100	GENERIC	12/4/2023	62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559044002	ERYTHRO	ERYTHRO	81212	Macrolides	8121204	Erythromy	S	200 MG/5	ORAL	SUSR	ML	200	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559046090	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	R	50 MG	ORAL	CAPS	EA	90 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559046190	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	R	150 MG	ORAL	CAPS	EA	90 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559047001	PYRIDOS	PYRIDOS	120400	Parasymp	12040000	Parasymp	S	60 MG	ORAL	TABS	EA	100	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559049001	DIPHENO	DIPHENO	560800	Antidiarrhe	56080000	Antidiarrhe	S	2.5-0.025	ORAL	TABS	EA	100	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559049010	DIPHENO	DIPHENO	560800	Antidiarrhe	56080000	Antidiarrhe	S	2.5-0.025	ORAL	TABS	EA	1000	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559051001	INDAPAM	INDAPAM	243624	UNKNOW	24362400	UNKNOW	S	1.25 MG	ORAL	TABS	EA	100 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559051101	INDAPAM	INDAPAM	243624	UNKNOW	24362400	UNKNOW	S	2.5 MG	ORAL	TABS	EA	100 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559052001	INDERAL	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	60 MG	ORAL	CP24	EA	100 X	MSB		62559 Y			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRM
62559052030	INDERAL	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	60 MG	ORAL	CP24	EA	30 X	MSB		62559			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRM
62559052101	INDERAL	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	CP24	EA	100 X	MSB		62559 Y			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRM
62559052130	INDERAL	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	CP24	EA	30 X	MSB		62559			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRM
62559052201	INDERAL	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	120 MG	ORAL	CP24	EA	100 X	MSB		62559 Y			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRM
62559052230	INDERAL	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	120 MG	ORAL	CP24	EA	30 X	MSB		62559			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRM
62559052301	INDERAL	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	160 MG	ORAL	CP24	EA	100 X	MSB		62559 Y			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRM
62559052330	INDERAL	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	160 MG	ORAL	CP24	EA	30 X	MSB		62559			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRM
62559053001	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	60 MG	ORAL	CP24	EA	100 X	GENERIC	8/6/2024	62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559053101	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	CP24	EA	100 X	GENERIC	8/6/2024	62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559053201	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	120 MG	ORAL	CP24	EA	100 X	GENERIC	8/6/2024	62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559053301	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	160 MG	ORAL	CP24	EA	100 X	GENERIC	8/6/2024	62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559055016	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	200-40 M	ORAL	SUSP	ML	473	GENERIC	1/2/2024	62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559056001	PINDOLO	PINDOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559056101	PINDOLO	PINDOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559058001	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	CAPS	EA	100 X	GENERIC	10/2/2023	62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559058010	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	CAPS	EA	1000 X	GENERIC	10/2/2023	62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559058101	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	100 X	GENERIC	10/2/2023	62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559058110	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	1000 X	GENERIC	10/2/2023	62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559058201	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	100 X	GENERIC	1/31/2023	62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559058225	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	250 X	GENERIC	1/31/2023	62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559059030	INNOPRA	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	R	80 MG	ORAL	CP24	EA	30 X	SSB		62559			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRM
62559059077	INNOPRA	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	R	80 MG	ORAL	CP24	EA	7 X	SSB		62559			Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU		OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
62559059130	INNOPRA	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	R	120 MG	ORAL	CP24	EA	30 X	SSB		62559			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRM
62559060030	INDERAL	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	R	80 MG	ORAL	CP24	EA	30 X	SSB		62559			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRM
62559060130	INDERAL	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	R	120 MG	ORAL	CP24	EA	30 X	SSB		62559			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRM
62559062037	CHOLEST	CHOLEST	240604	Bile Acid S	24060400	Bile Acid S	S	4 GM/DOS	ORAL	POWD	GM	378 X	GENERIC	6/4/2024	62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559063001	ERYTHRO	ERYTHRO	81212	Macrolides	8121204	Erythromy	S	200 MG/5	ORAL	SUSR	ML	100	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559063101	ERYTHRO	ERYTHRO	81212	Macrolides	8121204	Erythromy	S	400 MG/5	ORAL	SUSR	ML	100	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559064030	ATACAND	CANDESA	243208	Angiotens	24320800	Angiotens	S	4MG	ORAL	TABS	EA	30 X	MSB		62559 Y			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRM
62559064130	ATACAND	CANDESA	243208	Angiotens	24320800	Angiotens	S	8MG	ORAL	TABS	EA	30 X	MSB		62559 Y			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRM
62559064230	ATACAND	CANDESA	243208	Angiotens	24320800	Angiotens	S	16MG	ORAL	TABS	EA	30 X	MSB		62559 Y			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRM
62559064290	ATACAND	CANDESA	243208	Angiotens	24320800	Angiotens	S	16MG	ORAL	TABS	EA	90 X	MSB		62559 Y			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRM
62559064330	ATACAND	CANDESA	243208	Angiotens	24320800	Angiotens	S	32MG	ORAL	TABS	EA	30 X	MSB		62559 Y			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRM
62559064390	ATACAND	CANDESA	243208	Angiotens	24320800	Angiotens	S	32MG	ORAL	TABS	EA	90 X	MSB		62559 Y			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRM
62559065090	ATACAND	CANDESA	243208	Angiotens	24320800	Angiotens	S	16MG-12.5	ORAL	TABS	EA	90 X	MSB		62559 Y			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRM
62559065190	ATACAND	CANDESA	243208	Angiotens	24320800	Angiotens	S	32MG-12.5	ORAL	TABS	EA	90 X	MSB		62559 Y			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRM
62559065290	ATACAND	CANDESA	243208	Angiotens	24320800	Angiotens	S	32MG-25M	ORAL	TABS	EA	90 X	MSB		62559 Y			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRM
62559066090	CANDESA	CANDESA	243208	Angiotens	24320800	Angiotens	S	16-12.5 M	ORAL	TABS	EA	90 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559066190	CANDESA	CANDESA	243208	Angiotens	24320800	Angiotens	S	32-12.5 M	ORAL	TABS	EA	90 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559066290	CANDESA	CANDESA	243208	Angiotens	24320800	Angiotens	S	32-25 MG	ORAL	TABS	EA	90 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559067030	ARIMIDEX	ANASTRO	681608	Antiestrog	68160800	Antiestrog	S	1MG	ORAL	TABS	EA	30 X	MSB		62559 Y			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRM
62559068030	CASODEX	BICALUTA	100000	Antineopla	10000000	Antineopla	S	50MG	ORAL	TABS	EA	30	MSB		62559 Y			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRM
62559069005	RANITIDI	RANITIDI	562812	Histamine	56281200	Histamine	S	150 MG	ORAL	CAPS	EA	500 X	GENERIC	4/1/2020	62559			N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
62559069060	RANITIDI	RANITIDI	562812	Histamine	56281200	Histamine	S	150 MG	ORAL	CAPS	EA	60 X	GENERIC	4/1/2020	62559			N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
62559069130	RANITIDI	RANITIDI	562812	Histamine	56281200	Histamine	S	300 MG	ORAL	CAPS	EA	30 X	GENERIC	4/1/2020	62559			N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
62559070030	EZETIMIB	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-10 MG	ORAL	TABS	EA	30 X	GENERIC	1/3/2023	62559			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRM
62559070090	EZETIMIB	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-10 MG	ORAL	TABS	EA	90 X	GENERIC	1/3/2023	62559			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRM
62559070130	EZETIMIB	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-20 MG	ORAL	TABS	EA	30 X	GENERIC	1/3/2023	62559			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRM
62559070190	EZETIMIB	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-20 MG	ORAL	TABS	EA	90 X	GENERIC	8/2/2022	62559			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRM
62559070230	EZETIMIB	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-40 MG	ORAL	TABS	EA	30 X	GENERIC	8/2/2022	62559			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRM
62559070290	EZETIMIB	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-40 MG	ORAL	TABS	EA	90 X	GENERIC	4/3/2023	62559			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRM
62559070330	EZETIMIB	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-80 MG	ORAL	TABS	EA	30 X	GENERIC	10/3/2022	62559			N	FORMULARY		1 GEN	GENERICS	X	PA:X	X	1 IN 1 DAYS						R	MEDPRM
62559070390	EZETIMIB	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-80 MG	ORAL	TABS	EA	90 X	GENERIC	10/3/2022	62559			N	FORMULARY		1 GEN	GENERICS	X	PA:X	X	1 IN 1 DAYS						R	MEDPRM
62559072101	TERBUTA	TERBUTA	121208	beta-Adre	12120812	Selective I	S	2.5 MG	ORAL	TABS	EA	100 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559072201	TERBUTA	TERBUTA	121208	beta-Adre	12120812	Selective I	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559073001	FELBAMA	FELBAMA	281292	Anticonvul	28129200	Anticonvul	S	400 MG	ORAL	TABS	EA	100 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS			X	9 IN 1 DAYS						R	MEDPRM
62559073101	FELBAMA	FELBAMA	281292	Anticonvul	28129200	Anticonvul	S	600 MG	ORAL	TABS	EA	100 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS			X	6 IN 1 DAYS						R	MEDPRM
62559074001	THYROID	THYROID	683604	Thyroid Ag	68360400	Thyroid Ag	R	15 MG	ORAL	TABS	EA	100 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559074101	THYROID	THYROID	683604	Thyroid Ag	68360400	Thyroid Ag	R	30 MG	ORAL	TABS	EA	100 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559074201	THYROID	THYROID	683604	Thyroid Ag	68360400	Thyroid Ag	R	60 MG	ORAL	TABS	EA	100 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559074301	THYROID	THYROID	683604	Thyroid Ag	68360400	Thyroid Ag	R	90 MG	ORAL	TABS	EA	100 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559074401	THYROID	THYROID	683604	Thyroid Ag	68360400	Thyroid Ag	R	120 MG	ORAL	TABS	EA	100 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559075816	PROMETH	PROMETH	480800	Antitussive	48080000	Antitussive	S	6.25-15 M	ORAL	SYRP	ML	473	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559082001	MEXILETI	MEXILETI	240404	Antiarrhyt	24040408	Class Ib A	S	150 MG	ORAL	CAPS	EA	100 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559082101	MEXILETI	MEXILETI	240404	Antiarrhyt	24040408	Class Ib A	S	200 MG	ORAL	CAPS	EA	100 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559082201	MEXILETI	MEXILETI	240404	Antiarrhyt	24040408	Class Ib A	S	250 MG	ORAL	CAPS	EA	100 X	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559083003	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	250 MG/5	ORAL	SOLR	ML	300	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS			X	<= 600						R	MEDPRM
62559083055	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	250 MG/5	ORAL	SOLR	ML	150	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS			X	<= 600						R	MEDPRM
62559083080	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	250 MG/5	ORAL	SOLR	ML	80	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS			X	<= 600						R	MEDPRM
62559084101	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	12.5 MG	ORAL	TABS	EA	100	GENERIC	7/2/2024	62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559084110	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	12.5 MG	ORAL	TABS	EA	1000	GENERIC	7/2/2024	62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559084201	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	100	GENERIC	9/4/2024	62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559084210	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	1000	GENERIC	10/31/2024	62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559085060	ASPIRIN-I	ASPIRIN-I	361800	Cardiac F	36180000	Cardiac F	S	25-200 M	ORAL	CP12	EA	60 X	GENERIC	11/2/2022	62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559086011	CORTROI	CORTICO	682800	Pituitary	68280000	Pituitary	R	80 UNIT/M	INJECTIO	GEL	ML	1	SSB		62559	Y		N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X								R	MEDPRM
62559086015	CORTROI	CORTICO	682800	Pituitary	68280000	Pituitary	R	80 UNIT/M	INJECTIO	GEL	ML	5	SSB		62559	Y		N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X								R	MEDPRM
62559089030	BICALUTA	BICALUTA	100000	Antineopla	10000000	Antineopla	S	50 MG	ORAL	TABS	EA	30	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559092014	TEMOZOL	TEMOZOL	100000	Antineopla	10000000	Antineopla	S	5 MG	ORAL	CAPS	EA	14	GENERIC	5/10/2022	62559			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X								R	MEDPRM
62559092051	TEMOZOL	TEMOZOL	100000	Antineopla	10000000	Antineopla	S	5 MG	ORAL	CAPS	EA	5	GENERIC	5/10/2022	62559			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X								R	MEDPRM
62559092114	TEMOZOL	TEMOZOL	100000	Antineopla	10000000	Antineopla	S	20 MG	ORAL	CAPS	EA	14	GENERIC	3/1/2023	62559			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X								R	MEDPRM
62559092151	TEMOZOL	TEMOZOL	100000	Antineopla	10000000	Antineopla	S	20 MG	ORAL	CAPS	EA	5	GENERIC	3/1/2023	62559			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X								R	MEDPRM
62559092214	TEMOZOL	TEMOZOL	100000	Antineopla	10000000	Antineopla	S	100 MG	ORAL	CAPS	EA	14	GENERIC	3/1/2023	62559			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X								R	MEDPRM
62559092251	TEMOZOL	TEMOZOL	100000	Antineopla	10000000	Antineopla	S	100 MG	ORAL	CAPS	EA	5	GENERIC	3/1/2023	62559			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X								R	MEDPRM
62559092314	TEMOZOL	TEMOZOL	100000	Antineopla	10000000	Antineopla	S	140 MG	ORAL	CAPS	EA	14	GENERIC	3/1/2023	62559			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X								R	MEDPRM
62559092351	TEMOZOL	TEMOZOL	100000	Antineopla	10000000	Antineopla	S	140 MG	ORAL	CAPS	EA	5	GENERIC	3/1/2023	62559			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X								R	MEDPRM
62559092414	TEMOZOL	TEMOZOL	100000	Antineopla	10000000	Antineopla	S	180 MG	ORAL	CAPS	EA	14	GENERIC	3/1/2023	62559			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X								R	MEDPRM
62559092451	TEMOZOL	TEMOZOL	100000	Antineopla	10000000	Antineopla	S	180 MG	ORAL	CAPS	EA	5	GENERIC	3/1/2023	62559			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X								R	MEDPRM
62559092551	TEMOZOL	TEMOZOL	100000	Antineopla	10000000	Antineopla	S	250 MG	ORAL	CAPS	EA	5	GENERIC	11/2/2022	62559			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X								R	MEDPRM
62559093001	CYCLOPH	CYCLOPH	100000	Antineopla	10000000	Antineopla	S	25 MG	ORAL	CAPS	EA	100	GENERIC	4/3/2023	62559			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS										R	MEDPRM
62559093101	CYCLOPH	CYCLOPH	100000	Antineopla	10000000	Antineopla	S	50 MG	ORAL	CAPS	EA	100	GENERIC	8/31/2023	62559			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS										R	MEDPRM
62559097001	PENICILL	PENICILL	640000	Heavy Me	64000000	Heavy Me	S	250 MG	ORAL	CAPS	EA	100	GENERIC		62559			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X								R	MEDPRM
62559098015	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	15	GENERIC	4/2/2024	62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559098030	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	30	GENERIC	4/2/2024	62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559098060	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	60	GENERIC	4/2/2024	62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559099030	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	50 MG	ORAL	TABS	EA	30	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559099130	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	100 MG	ORAL	TABS	EA	30	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559099212	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	12	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62559099330	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	30	GENERIC		62559			N	FORMULARY		1 GEN	GENERICS										R	MEDPRM
62584015901	DEMECL	DEMECL	81224	Tetracyclin	8122400	Tetracyclin	S	150 MG	ORAL	TABS	EA	100	GENERIC	9/7/2022	62584		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
62584015911	DEMECL	DEMECL	81224	Tetracyclin	8122400	Tetracyclin	S	150 MG	ORAL	TABS	EA	1	GENERIC	9/7/2022	62584		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
62584016311	DEMECL	DEMECL	81224	Tetracyclin	8122400	Tetracyclin	S	300 MG	ORAL	TABS	EA	1	GENERIC	1/19/2023	62584		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
62584016365	DEMECL	DEMECL	81224	Tetracyclin	8122400	Tetracyclin	S	300 MG	ORAL	TABS	EA	50	GENERIC	1/19/2023	62584		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
62584022801	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	112MCG	ORAL	TABS	EA	100 X	GENERIC		62584		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
62584023501	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	100	GENERIC		62584		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
62584023601	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	100	GENERIC		62584		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
62584026501	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	100 X	GENERIC		62584		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
62584026511	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	1 X	GENERIC		62584		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
62584026601	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	100 X	GENERIC		62584		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
62584026611	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	1 X	GENERIC		62584		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
62584026701	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	100 X	GENERIC		62584		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
62584026711	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	1 X	GENERIC		62584		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
62584069311	DOXYCY	DOXYCY	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	1	GENERIC		62584		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
62584069321	DOXYCY	DOXYCY	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	30	GENERIC		62584		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
62584071301	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	100 X	GENERIC	12/12/2022	62584		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
62584071311	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	1 X	GENERIC	12/12/2022	62584		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
62584073301	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	25 MG	ORAL	TABS	EA	100 X	GENERIC	4/2/2024	62584		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
62584073311	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	25 MG	ORAL	TABS	EA	1 X	GENERIC	4/2/2024	62584		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
62584073401	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	50 MG	ORAL	TABS	EA	100 X	GENERIC	3/14/2024	62584		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
62584073411	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	50 MG	ORAL	TABS	EA	1 X	GENERIC	3/14/2024	62584		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
62584081201	OXAZEPA	OXAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	CAPS	EA	100	GENERIC		62584 Y		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
62584081211	OXAZEPA	OXAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	CAPS	EA	1	GENERIC		62584 Y		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
62584081301	OXAZEPA	OXAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	100	GENERIC		62584		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
62584081311	OXAZEPA	OXAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	1	GENERIC		62584		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
62584081401	OXAZEPA	OXAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	100	GENERIC		62584		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
62584081411	OXAZEPA	OXAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	1	GENERIC		62584		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
62584089701	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	100 X	GENERIC	7/15/2022	62584		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
62584089711	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	1 X	GENERIC	7/15/2022	62584		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
62584098401	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2 MG	ORAL	TABS	EA	100 X	GENERIC		62584		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
62584098411	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2 MG	ORAL	TABS	EA	1 X	GENERIC		62584		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION										R	MEDPRM
62584098801	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	100 X	GENERIC	10/31/2023	62584		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION										R	MEDPRM

62856024730	ARICEPT	DONEPEZ	120400 Parasymp	12040000 Parasymp	S	23MG	ORAL	TABS	EA	30 X	MSB		62856 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62856027230	FYCOMP	PERAMP	281292 Anticonvul	28129200 Anticonvul	R	2 MG	ORAL	TABS	EA	30 X	SSB	1/8/2024	62856		N	FORMULARY		2 BRAND	PREFERRED BRAND			X	4 IN 1 DAYS		R	MEDPRIM
62856027430	FYCOMP	PERAMP	281292 Anticonvul	28129200 Anticonvul	R	4 MG	ORAL	TABS	EA	30 X	SSB	1/8/2024	62856		N	FORMULARY		2 BRAND	PREFERRED BRAND			X	2 IN 1 DAYS		R	MEDPRIM
62856027630	FYCOMP	PERAMP	281292 Anticonvul	28129200 Anticonvul	R	6 MG	ORAL	TABS	EA	30 X	SSB	1/8/2024	62856		N	FORMULARY		2 BRAND	PREFERRED BRAND			X	2 IN 1 DAYS		R	MEDPRIM
62856027830	FYCOMP	PERAMP	281292 Anticonvul	28129200 Anticonvul	R	8 MG	ORAL	TABS	EA	30 X	SSB	1/8/2024	62856		N	FORMULARY		2 BRAND	PREFERRED BRAND			X	1 IN 1 DAYS		R	MEDPRIM
62856028030	FYCOMP	PERAMP	281292 Anticonvul	28129200 Anticonvul	R	10 MG	ORAL	TABS	EA	30 X	SSB	1/8/2024	62856		N	FORMULARY		2 BRAND	PREFERRED BRAND			X	1 IN 1 DAYS		R	MEDPRIM
62856028230	FYCOMP	PERAMP	281292 Anticonvul	28129200 Anticonvul	R	12 MG	ORAL	TABS	EA	30 X	SSB	1/8/2024	62856		N	FORMULARY		2 BRAND	PREFERRED BRAND			X	1 IN 1 DAYS		R	MEDPRIM
62856029038	FYCOMP	PERAMP	281292 Anticonvul	28129200 Anticonvul	R	0.5 MG/MI	ORAL	SUSP	ML	340 X	SSB	1/8/2024	62856		N	FORMULARY		2 BRAND	PREFERRED BRAND			X	680 IN 28 DAYS		R	MEDPRIM
62856038901	HALAVEN	ERIBULIN	100000 Antineopla	10000000 Antineopla	S	1 MG/2ML	INTRAVEI	SOLN	ML	2	MSB		62856		N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION						R	MEDPRIM
62856040530	DAYVIGO	LEMBORE	282440 UNKNOW	28244000 UNKNOW	R	5 MG	ORAL	TABS	EA	30	SSB		62856		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
62856041030	DAYVIGO	LEMBORE	282440 UNKNOW	28244000 UNKNOW	R	10 MG	ORAL	TABS	EA	30	SSB		62856		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
62856058252	BANZEL	RUFINAM	281224 UNKNOW	28122400 UNKNOW	S	200 MG	ORAL	TABS	EA	120 X	MSB		62856		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	16 IN 1 DAYS		R	MEDPRIM
62856058352	BANZEL	RUFINAM	281224 UNKNOW	28122400 UNKNOW	S	400 MG	ORAL	TABS	EA	120 X	MSB		62856		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	8 IN 1 DAYS		R	MEDPRIM
62856058446	BANZEL	RUFINAM	281224 UNKNOW	28122400 UNKNOW	S	40 MG/ML	ORAL	SUSP	ML	460 X	MSB		62856		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	80 IN 1 DAYS		R	MEDPRIM
62856070405	LENVIMA	LENVATI	100000 Antineopla	10000000 Antineopla	R	4 MG	ORAL	CPPK	EA	5	SSB		62856		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIM
62856070430	LENVIMA	LENVATI	100000 Antineopla	10000000 Antineopla	R	4 MG	ORAL	CPPK	EA	30	SSB		62856		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIM
62856070805	LENVIMA	LENVATI	100000 Antineopla	10000000 Antineopla	R	2 X 4 MG	ORAL	CPPK	EA	10	SSB		62856		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIM
62856070830	LENVIMA	LENVATI	100000 Antineopla	10000000 Antineopla	R	2 X 4 MG	ORAL	CPPK	EA	60	SSB		62856		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIM
62856071005	LENVIMA	LENVATI	100000 Antineopla	10000000 Antineopla	R	10 MG	ORAL	CPPK	EA	5	SSB		62856		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIM
62856071030	LENVIMA	LENVATI	100000 Antineopla	10000000 Antineopla	R	10 MG	ORAL	CPPK	EA	30	SSB		62856		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIM
62856071205	LENVIMA	LENVATI	100000 Antineopla	10000000 Antineopla	R	3 X 4 MG	ORAL	CPPK	EA	15	SSB		62856		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIM
62856071230	LENVIMA	LENVATI	100000 Antineopla	10000000 Antineopla	R	3 X 4 MG	ORAL	CPPK	EA	90	SSB		62856		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIM
62856071405	LENVIMA	LENVATI	100000 Antineopla	10000000 Antineopla	R	10 & 4 MG	ORAL	CPPK	EA	10	SSB		62856		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIM
62856071430	LENVIMA	LENVATI	100000 Antineopla	10000000 Antineopla	R	10 & 4 MG	ORAL	CPPK	EA	60	SSB		62856		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIM
62856071805	LENVIMA	LENVATI	100000 Antineopla	10000000 Antineopla	R	10 MG & 2	ORAL	CPPK	EA	15	SSB		62856		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIM
62856071830	LENVIMA	LENVATI	100000 Antineopla	10000000 Antineopla	R	10 MG & 2	ORAL	CPPK	EA	90	SSB		62856		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIM
62856072005	LENVIMA	LENVATI	100000 Antineopla	10000000 Antineopla	R	2 X 10 MG	ORAL	CPPK	EA	10	SSB		62856		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIM
62856072030	LENVIMA	LENVATI	100000 Antineopla	10000000 Antineopla	R	2 X 10 MG	ORAL	CPPK	EA	60	SSB		62856		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIM
62856072405	LENVIMA	LENVATI	100000 Antineopla	10000000 Antineopla	R	2 X 10 MG	ORAL	CPPK	EA	15	SSB		62856		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIM
62856072430	LENVIMA	LENVATI	100000 Antineopla	10000000 Antineopla	R	2 X 10 MG	ORAL	CPPK	EA	90	SSB		62856		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIM
62935015350	FENSOLV	LEUPROL	681808 UNKNOW	68180800 UNKNOW	R	45 MG	SUBCUTA	KIT	EA	1	SSB		62935		N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
62935016360	FENSOLV	LEUPROL	681808 UNKNOW	68180800 UNKNOW	R	45 MG	SUBCUTA	KIT	EA	1	SSB		62935		N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
62935022305	ELIGARD	LEUPROL	681808 UNKNOW	68180800 UNKNOW	R	22.5 MG	SUBCUTA	KIT	EA	1	SSB		62935	Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIM
62935022710	ELIGARD	LEUPROL	681808 UNKNOW	68180800 UNKNOW	R	22.5 MG	SUBCUTA	KIT	EA	1	SSB		62935	Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIM
62935030330	ELIGARD	LEUPROL	681808 UNKNOW	68180800 UNKNOW	R	30 MG	SUBCUTA	KIT	EA	1	SSB		62935	Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIM
62935030640	ELIGARD	LEUPROL	681808 UNKNOW	68180800 UNKNOW	R	30 MG	SUBCUTA	KIT	EA	1	SSB		62935	Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIM
62935045345	ELIGARD	LEUPROL	681808 UNKNOW	68180800 UNKNOW	R	45 MG	SUBCUTA	KIT	EA	1	SSB		62935	Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIM
62935046150	ELIGARD	LEUPROL	681808 UNKNOW	68180800 UNKNOW	R	45 MG	SUBCUTA	KIT	EA	1	SSB		62935	Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIM
62935075375	ELIGARD	LEUPROL	681808 UNKNOW	68180800 UNKNOW	R	7.5 MG	SUBCUTA	KIT	EA	1	SSB		62935	Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIM
62935075680	ELIGARD	LEUPROL	681808 UNKNOW	68180800 UNKNOW	R	7.5 MG	SUBCUTA	KIT	EA	1	SSB		62935	Y	N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRIM
62942010102	DEBACTE	SULFURI	529200 EENT Dru	52920000 EENT Dru	R	30-50 %	MOUTH/T	SOLN	EA	1	SSB	9/30/2023	62942		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRIM
62942010103	DEBACTE	SULFURI	529200 EENT Dru	52920000 EENT Dru	R	30-50 %	MOUTH/T	SOLN	ML	1.5	SSB		62942		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRIM
62942010112	DEBACTE	SULFURI	529200 EENT Dru	52920000 EENT Dru	R	30-50 %	MOUTH/T	SOLN	EA	1	SSB	9/30/2023	62942		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRIM
62991103001	CHLORHE	CHLORHE	840416 UNKNOW	84041600 UNKNOW	R	20%	DOES NO	SOLN	ML	120	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991103002	CHLORHE	CHLORHE	840416 UNKNOW	84041600 UNKNOW	R	20%	DOES NO	SOLN	ML	500	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991103003	CHLORHE	CHLORHE	840416 UNKNOW	84041600 UNKNOW	R	20%	DOES NO	SOLN	ML	3840	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991103004	CHLORHE	CHLORHE	840416 UNKNOW	84041600 UNKNOW	R	20%	DOES NO	SOLN	ML	19200	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991125001	PETROLA	WHITE PE	842412 Basic Oint	84241200 Basic Oint	R	0	EXTERNA	OINT	GM	2500	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991125002	PETROLA	WHITE PE	842412 Basic Oint	84241200 Basic Oint	R	0	EXTERNA	OINT	GM	500	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991125004	PETROLA	WHITE PE	842412 Basic Oint	84241200 Basic Oint	R	0	EXTERNA	OINT	GM	15000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991132005	SUPPOSI	SUPPOSI	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	POWD	GM	454	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991132006	SUPPOSI	SUPPOSI	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	POWD	GM	2500	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991132007	SUPPOSI	SUPPOSI	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	POWD	GM	5000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991132008	SUPPOSI	SUPPOSI	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	POWD	GM	20000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991137801	SODIUM	SODIUM	402400 Salt and S	40240000 Salt and S	O	0	DOES NO	POWD	GM	100	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991137802	SODIUM	SODIUM	402400 Salt and S	40240000 Salt and S	O	0	DOES NO	POWD	GM	500	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991137803	SODIUM	SODIUM	402400 Salt and S	40240000 Salt and S	O	0	DOES NO	POWD	GM	1000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991137804	SODIUM	SODIUM	402400 Salt and S	40240000 Salt and S	O	0	DOES NO	POWD	GM	25000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991137805	SODIUM	SODIUM	402400 Salt and S	40240000 Salt and S	O	0	DOES NO	POWD	GM	12000	MSB	1/24/2023	62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991156702	LECITHIN	PREMIUM	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	GEL	ML	3840	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991156705	LECITHIN	PREMIUM	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	GEL	ML	480	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991167904	LANOLIN	LANOLIN	842412 Basic Oint	84241200 Basic Oint	R	0	EXTERNA	OINT	GM	454	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991170101	SODIUM B	SODIUM B	560400 Antacids a	56040000 Antacids a	O	0	ORAL	POWD	GM	500	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991170102	SODIUM B	SODIUM B	560400 Antacids a	56040000 Antacids a	O	0	ORAL	POWD	GM	2500	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991170104	SODIUM B	SODIUM B	560400 Antacids a	56040000 Antacids a	O	0	ORAL	POWD	GM	45000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991170105	SODIUM B	SODIUM B	560400 Antacids a	56040000 Antacids a	O	0	ORAL	POWD	GM	12000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991170106	SODIUM B	SODIUM B	560400 Antacids a	56040000 Antacids a	O	0	ORAL	POWD	GM	24000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991253004	EMOLLIEI	CREAM B	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	CREA	GM	454	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991253005	EMOLLIEI	CREAM B	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	CREA	GM	1700	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991253006	EMOLLIEI	CREAM B	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	CREA	GM	5000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991253007	EMOLLIEI	CREAM B	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	CREA	GM	25000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991253008	EMOLLIEI	CREAM B	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	CREA	GM	24000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991261601	VANISHIN	CREAM B	960000 Pharmace	96000000 Pharmace	O	0	EXTERNA	CREA	GM	500	SSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
62991261602	VANISHIN	CREAM B	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	CREA	GM	3800	SSB		62991		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRIM
62991276801	CREAM B	CREAM B	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	CREA	GM	500	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991276802	CREAM B	CREAM B	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	CREA	GM	2000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991276803	CREAM B	CREAM B	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	CREA	GM	5000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991276804	CREAM B	CREAM B	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	CREA	GM	25000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991276805	CREAM B	CREAM B	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	CREA	GM	24000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991278701	VANISHIN	CREAM B	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	CREA	GM	500	SSB		62991		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRIM
62991278702	VANISHIN	CREAM B	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	CREA	GM	2000	SSB		62991		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRIM
62991278703	VANISHIN	CREAM B	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	CREA	GM	5000	SSB		62991		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRIM
62991278704	VANISHIN	CREAM B	960000 Pharmace	96000000 Pharmace	O	0	EXTERNA	CREA	GM	25000	SSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
62991278705	VANISHIN	CREAM B	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	CREA	GM	24000	SSB		62991		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRIM
62991279501	LIPOLAYE	CREAM B	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	CREA	GM	480	SSB		62991		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRIM
62991279502	LIPOLAYE	CREAM B	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	CREA	GM	2400	SSB		62991		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRIM
62991279503	LIPOLAYE	CREAM B	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	CREA	GM	12000	SSB		62991		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRIM
62991279504	LIPOLAYE	CREAM B	960000 Pharmace	96000000 Pharmace	R	0	EXTERNA	CREA	GM	19200	SSB		62991		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRIM
62991280301	CARBOMI	CARBOMI	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	GEL	GM	480	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991280302	CARBOMI	CARBOMI	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	GEL	GM	2400	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991280401	CARBOMI	CARBOMI	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	GEL	GM	480	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991280402	CARBOMI	CARBOMI	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	GEL	GM	2400	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991282401	CREAM C	CREAM B	960000 Pharmace	96000000 Pharmace	R	0-0	EXTERNA	CREA	GM	480	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991282402	CREAM C	CREAM B	960000 Pharmace	96000000 Pharmace	R	0-0	EXTERNA	CREA	GM	2400	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991282701	METHYL	METHYL	842404 Basic Loti	84240400 Basic Loti	R	0	EXTERNA	LIQD	ML	500	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991282702	METHYL	METHYL	842404 Basic Loti	84240400 Basic Loti	R	0	EXTERNA	LIQD	ML	3840	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991282703	METHYL	METHYL	842404 Basic Loti	84240400 Basic Loti	R	0	EXTERNA	LIQD	ML	20000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991289301	ISOPROP	ISOPROP	840492 Local Anti	84049200 Local Anti	R	70%	DOES NO	SOLN	ML	500	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991289302	ISOPROP	ISOPROP	840492 Local Anti	84049200 Local Anti	R	70%	DOES NO	SOLN	ML	3840	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991289303	ISOPROP	ISOPROP	840492 Local Anti	84049200 Local Anti	R	70%	DOES NO	SOLN	EA	1	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991298903	IODINE TI	IODINE (T	840416 UNKNOW	84041600 UNKNOW	R	2%	EXTERNA	TINC	ML	20000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991307301	WOUND C	CREAM B	960000 Pharmace	96000000 Pharmace	O	0	EXTERNA	CREA	GM	44	SSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
62991307302	WOUND C	CREAM B	960000 Pharmace	96000000 Pharmace	O	0	EXTERNA	CREA	GM	100	SSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
62991307303	WOUND C	CREAM B	960000 Pharmace	96000000 Pharmace	O	0	EXTERNA	CREA	GM	500	SSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
62991307304	WOUND C	CREAM B	960000 Pharmace	96000000 Pharmace	O	0	EXTERNA	CREA	GM	2500	SSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
62991307305	WOUND C	CREAM B	960000 Pharmace	96000000 Pharmace	O	0	EXTERNA	CREA	GM	12500	SSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
62991307401	SCAR CA	CREAM B	960000 Pharmace	96000000 Pharmace	O	0	EXTERNA	CREA	GM	44	SSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
62991307402	SCAR CA	CREAM B	960000 Pharmace	96000000 Pharmace	O	0	EXTERNA	CREA	GM	500	SSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
62991307403	SCAR CA	CREAM B	960000 Pharmace	96000000 Pharmace	O	0	EXTERNA	CREA	GM	2500	SSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
62991307501	ANHYDR	ANHYDR	960000 Pharmace	96000000 Pharmace	R	0-0	DOES NO	CREA	GM	90	SSB		62991		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRIM
62991307502	ANHYDR	ANHYDR	960000 Pharmace	96000000 Pharmace	R	0-0	DOES NO	CREA	GM	454	SSB		62991		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRIM
62991307602	SALT DUI	CREAM B	960000 Pharmace	96000000 Pharmace	R	0-0-0-0	EXTERNA	CREA	GM	500	SSB		62991		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRIM
62991307604	SALT DUI	CREAM B	960000 Pharmace	96000000 Pharmace	R	0-0-0-0	EXTERNA	CREA	GM	18000	SSB		62991		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRIM
62991307605	SALT DUI	CREAM B	960000 Pharmace	96000000 Pharmace	R	0-0-0-0	EXTERNA	CREA	GM	5000	SSB		62991		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRIM
62991308201	FORMALD	FORMALD	380000 Disinfecta	38000000 Disinfecta	R	37%	EXTERNA	SOLN	ML	240	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991308701	SYRUP VI	ORAL VEI	960000 Pharmace	96000000 Pharmace	R	0	ORAL	SYRP	ML	473	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991308801	SUSPENS	ORAL VEI	960000 Pharmace	96000000 Pharmace	R	0	ORAL	SUSP	ML	473	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991308901	SYRUP VI	ORAL VEI	960000 Pharmace	96000000 Pharmace	R	0	ORAL	SYRP	ML	473	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991308902	SYRUP VI	ORAL VEI	960000 Pharmace	96000000 Pharmace	R	0	ORAL	SYRP	ML	3840	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991400101	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991400105	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991400201	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991400205	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991400401	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991400405	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991400407	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	25000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991400501	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991400505	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991400801	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991400805	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991400901	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991400905	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991401001	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991401005	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991401007	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	25000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991401101	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991401105	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991401107	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	25000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991401301	CAPSULE	NON GEL	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991401305	CAPSULE	NON GEL	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991401401	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991401405	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991401501	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991401505	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991401507	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	25000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991401601	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991401605	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991401701	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991401705	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991401901	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991401905	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991402001	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991402005	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991402101	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991402105	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991402201	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991402205	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991402301	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991402305	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991402401	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991402405	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991402501	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991402505	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991402601	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991402605	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991402701	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991402705	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991403001	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991403005	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991403101	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB	6/19/2023	62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991403105	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991403301	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991403305	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991403307	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	25000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991403308	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991403401	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991403405	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991403501	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991403505	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991403701	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991403705	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991403801	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991403805	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991403901	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991403905	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991404001	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991404005	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991404101	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991404105	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991404301	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991404305	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991404401	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991404405	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991404501	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991404505	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991404601	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991404605	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991404701	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991404705	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991404901	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991404905	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991405001	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991405005	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991405007	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	25000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991405101	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991405105	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991405201	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991405205	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991405301	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991405305	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991405501	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991405505	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	O	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991405601	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991405605	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991405701	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991405705	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991405801	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991405805	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991405901	EMPTY C	NON GEL	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991405905	EMPTY C	NON GEL	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991406001	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991406005	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991406101	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991406105	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991406301	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991406305	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991406501	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991406505	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991406701	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991406705	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991406801	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991406805	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991406901	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991406905	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991407101	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991407105	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991407107	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	25000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991407108	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	50000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991407201	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991407205	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991407301	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991407305	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991407401	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991407405	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991407501	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991407505	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
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62991407705	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991407801	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991407805	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
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62991408101	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
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62991408301	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991408305	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
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62991409401	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
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62991409501	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	1000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM
62991409505	EMPTY C	GELATIN	960000 Pharmace	96000000 Pharmace	R	0	DOES NO	CAPS	EA	5000	MSB		62991		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRIM

62991409601	EMPTY C	GELATIN	960000	Pharmace	96000000	Pharmace	R	0	DOES NO	CAPS	EA	1000		MSB		62991			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
62991409605	EMPTY C	GELATIN	960000	Pharmace	96000000	Pharmace	R	0	DOES NO	CAPS	EA	5000		MSB		62991			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
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62991409805	EMPTY C	GELATIN	960000	Pharmace	96000000	Pharmace	R	0	DOES NO	CAPS	EA	5000		MSB		62991			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
62991409901	EMPTY C	GELATIN	960000	Pharmace	96000000	Pharmace	R	0	DOES NO	CAPS	EA	1000		MSB		62991			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
62991409905	EMPTY C	GELATIN	960000	Pharmace	96000000	Pharmace	R	0	DOES NO	CAPS	EA	5000		MSB		62991			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
62991410001	EMPTY C	GELATIN	960000	Pharmace	96000000	Pharmace	R	0	DOES NO	CAPS	EA	1000		MSB		62991			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
62991410005	EMPTY C	GELATIN	960000	Pharmace	96000000	Pharmace	R	0	DOES NO	CAPS	EA	5000		MSB		62991			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
62991410201	EMPTY C	GELATIN	960000	Pharmace	96000000	Pharmace	R	0	DOES NO	CAPS	EA	1000		MSB		62991			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
62991410205	EMPTY C	GELATIN	960000	Pharmace	96000000	Pharmace	R	0	DOES NO	CAPS	EA	5000		MSB		62991			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
62991410301	EMPTY C	GELATIN	960000	Pharmace	96000000	Pharmace	R	0	DOES NO	CAPS	EA	1000		MSB		62991			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
62991410305	EMPTY C	GELATIN	960000	Pharmace	96000000	Pharmace	R	0	DOES NO	CAPS	EA	5000		MSB		62991			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
62991410401	EMPTY C	GELATIN	960000	Pharmace	96000000	Pharmace	R	0	DOES NO	CAPS	EA	1000		MSB		62991			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
62991410405	EMPTY C	GELATIN	960000	Pharmace	96000000	Pharmace	R	0	DOES NO	CAPS	EA	5000		MSB		62991			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
62991410501	EMPTY C	GELATIN	960000	Pharmace	96000000	Pharmace	R	0	DOES NO	CAPS	EA	1000		MSB		62991			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
62991410505	EMPTY C	GELATIN	960000	Pharmace	96000000	Pharmace	R	0	DOES NO	CAPS	EA	5000		MSB		62991			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
62991410601	EMPTY C	GELATIN	960000	Pharmace	96000000	Pharmace	R	0	DOES NO	CAPS	EA	1000		MSB		62991			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
62991410605	EMPTY C	GELATIN	960000	Pharmace	96000000	Pharmace	R	0	DOES NO	CAPS	EA	5000		MSB		62991			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
62991410701	EMPTY C	GELATIN	960000	Pharmace	96000000	Pharmace	R	0	DOES NO	CAPS	EA	1000		MSB		62991			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
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62991410801	EMPTY C	GELATIN	960000	Pharmace	96000000	Pharmace	R	0	DOES NO	CAPS	EA	1000		MSB		62991			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
62991410805	EMPTY C	GELATIN	960000	Pharmace	96000000	Pharmace	R	0	DOES NO	CAPS	EA	5000		MSB		62991			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
62991410901	EMPTY C	GELATIN	960000	Pharmace	96000000	Pharmace	R	0	DOES NO	CAPS	EA	1000		MSB		62991			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
62991410905	EMPTY C	GELATIN	960000	Pharmace	96000000	Pharmace	R	0	DOES NO	CAPS	EA	5000		MSB		62991			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
62991411001	EMPTY C	GELATIN	960000	Pharmace	96000000	Pharmace	R	0	DOES NO	CAPS	EA	1000		MSB		62991			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
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62991412005	EMPTY C	GELATIN	960000	Pharmace	96000000	Pharmace	R	0	DOES NO	CAPS	EA	5000		MSB		62991			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
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62991414701	EMPTY C	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	1000		MSB		62991			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
62991414702	EMPTY C	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	5000		MSB		62991			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
62991414801	EMPTY C	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	1000		MSB		62991			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
62991414802	EMPTY C	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	5000		MSB		62991			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
62991414901	EMPTY C	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	1000		MSB		62991			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
62991414902	EMPTY C	GELATIN	960000	Pharmace	96000000	Pharmace	O	0	DOES NO	CAPS	EA	5000		MSB		62991			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
62991415001	VEGETAE	NON GEL	960000	Pharmace	96000000	Pharmace	R	0	DOES NO	CAPS	EA	1000		MSB		62991			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
62991415002	VEGETAE	NON GEL	960000	Pharmace	96000000	Pharmace	R	0	DOES NO	CAPS	EA	5000		MSB		62991			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
62991415101	VEGETAE	NON GEL	960000	Pharmace	96000000	Pharmace	R	0	DOES NO	CAPS	EA	1000		MSB		62991			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
62991415102	VEGETAE	NON GEL	960000	Pharmace	96000000	Pharmace	R	0	DOES NO	CAPS	EA	5000		MSB		62991			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
62991415201	VEGETAE	NON GEL	960000	Pharmace	96000000	Pharmace	R	0	DOES NO	CAPS	EA	1000		MSB		62991			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
62991415202	VEGETAE	NON GEL	960000	Pharmace	96000000	Pharmace	R	0	DOES NO	CAPS	EA	5000		MSB		62991			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
62991415301	VEGETAE	NON GEL	960000	Pharmace	96000000	Pharmace	R	0	DOES NO	CAPS	EA	1000		MSB		62991			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
62991415302	VEGETAE	NON GEL	960000	Pharmace	96000000	Pharmace	R	0	DOES NO	CAPS	EA	5000		MSB		62991			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
62991415401	VEGETAE	NON GEL	960000	Pharmace	96000000	Pharmace	R	0	DOES NO	CAPS	EA	1000		MSB		62991			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
62991415402	VEGETAE	NON GEL	960000	Pharmace	96000000	Pharmace	R	0	DOES NO	CAPS	EA	5000		MSB		62991			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
62991415501	VEGETAE	NON GEL	960000	Pharmace	96000000	Pharmace	R	0	DOES NO	CAPS	EA	1000		MSB		62991			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
62991415502	VEGETAE	NON GEL	960000	Pharmace	96000000	Pharmace	R	0	DOES NO	CAPS	EA	5000		MSB		62991			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
62991415601	VEGETAE	NON GEL	960000	Pharmace	96000000	Pharmace	R	0	DOES NO	CAPS	EA	1000		MSB		62991			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
62991415602	VEGETAE	NON GEL	960000	Pharmace	96000000	Pharmace	R	0	DOES NO	CAPS	EA	5000		MSB		62991			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
63000017962	GUARDIA	CONTINU	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	5		NON DRUG		63000			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	X	PA:X			R	MEDPRMI
63000028585	GUARDIA	CONTINU	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		63000			N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION				DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
63000028677	GUARDIA	CONTINU	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		63000			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	X	PA:X			R	MEDPRMI
63000028678	GUARDIA	CONTINU	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		63000			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	X	PA:X			R	MEDPRMI
63000031699	GUARDIA	CONTINU	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		63000			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	X	PA:X			R	MEDPRMI
63000033698	GUARDIA	CONTINU	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	5		NON DRUG		63000			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	X	PA:X			R	MEDPRMI
63000035751	GUARDIA	CONTINU	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		63000			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	X	PA:X			R	MEDPRMI
63000035844	GUARDIA	CONTINU	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	5		NON DRUG		63000			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	X	PA:X			R	MEDPRMI
63000041338	GUARDIA	CONTINU	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	5		NON DRUG		63000			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	X	PA:X			R	MEDPRMI
63000041434	MINIMED	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	KIT	EA	1		NON DRUG		63000			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	X	PA:X			R	MEDPRMI
63000041435	MINIMED	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	KIT	EA	1		NON DRUG		63000			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	X	PA:X			R	MEDPRMI
63000044515	GUARDIA	CONTINU	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		63000			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	X	PA:X			R	MEDPRMI
63000044516	GUARDIA	CONTINU	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		63000			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	X	PA:X			R	MEDPRMI
63000049718	EXTENDE	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	10		NON DRUG		63000			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63000051968	GUARDIA	CONTINU	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	5		NON DRUG		63000			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	X	PA:X			R	MEDPRMI
63000075854	MINIMED	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	KIT	EA	1		NON DRUG		63000			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	X	PA:X			R	MEDPRMI
63000082715	INPEN 10	INJECTIO	940000	Devices	94000000	Devices	R	0	DOES NO	DEVI	EA	1		NON DRUG		63000			N	FORMULARY		2	BRAND	PREFERRED BRAND					R	MEDPRMI
63000082716	INPEN 10	INJECTIO	940000	Devices	94000000	Devices	R	0	DOES NO	DEVI	EA	1		NON DRUG		63000			N	FORMULARY		2	BRAND	PREFERRED BRAND					R	MEDPRMI
63000082717	INPEN 10	INJECTIO	940000	Devices	94000000	Devices	R	0	DOES NO	DEVI	EA	1		SSB		63000			N	FORMULARY		2	BRAND	PREFERRED BRAND					R	MEDPRMI
63000082718	INPEN 10	INJECTIO	940000	Devices	94000000	Devices	R	0	DOES NO	DEVI	EA	1		NON DRUG		63000			N	FORMULARY		2	BRAND	PREFERRED BRAND					R	MEDPRMI
63000082719	INPEN 10	INJECTIO	940000	Devices	94000000	Devices	R	0	DOES NO	DEVI	EA	1		NON DRUG		63000			N	FORMULARY		2	BRAND	PREFERRED BRAND					R	MEDPRMI
63000082720	INPEN 10	INJECTIO	940000	Devices	94000000	Devices	R	0	DOES NO	DEVI	EA	1		NON DRUG		63000			N	FORMULARY		2	BRAND	PREFERRED BRAND					R	MEDPRMI
63000083723	EXTENDE	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	5		NON DRUG		63000		Y	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63000092410	MINIMED	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	KIT	EA	1		NON DRUG		63000			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	X	PA:X			R	MEDPRMI
63004871001	ACTHAR	CORTICO	682800	Pituitary	68280000	Pituitary	R	80 UNIT/M	INJECTIO	GEL	ML	5		SSB		63004		Y	N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X			R	MEDPRMI
63004871101	ACTHAR	CORTICO	682800	Pituitary	68280000	Pituitary	R	80 UNIT/M	SUBCUTA	AUIJ	ML	1		SSB		63004		Y	N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X			R	MEDPRMI
63004871104	ACTHAR	CORTICO	682800	Pituitary	68280000	Pituitary	R	80 UNIT/M	SUBCUTA	AUIJ	ML	1		SSB		63004		Y	N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X			R	MEDPRMI
63004871201	ACTHAR	CORTICO	682800	Pituitary	68280000	Pituitary	R	40 UNIT/0	SUBCUTA	AUIJ	ML	0.5		SSB		63004		Y	N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X			R	MEDPRMI
63004871204	ACTHAR	CORTICO	682800	Pituitary	68280000	Pituitary	R	40 UNIT/0	SUBCUTA	AUIJ	ML	0.5		SSB		63004		Y	N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X			R	MEDPRMI
63010001030	VIRACEP	NELFINA	81808	Antiretrovi	8180808	HIV Prote	R	250 MG	ORAL	TABS	EA	300	X	SSB		63010			N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND					R	MEDPRMI
63010002770	VIRACEP	NELFINA	81808	Antiretrovi	8180808	HIV Prote	R	625 MG	ORAL	TABS	EA	120	X	SSB		63010			N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND					R	MEDPRMI
63020004012	EXKIVITY	MOBOCE	100000	Antineopla	10000000	Antineopla	R	40 MG	ORAL	CAPS	EA	120		SSB	4/8/2024	63020			N	EXCLUDE	RECALL_DENY: [RECALLED F			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63020004901	VELCADE	BORTEZC	100000	Antineopla	10000000	Antineopla	S	3.5 MG	INJECTIO	SOLR	EA	1		MSB		63020			N	EXCLUDE	SELF_INJ	6	SPBD2	FORMULARY EXCLUSION					R	MEDPRMI
63020004904	VELCADE	BORTEZC	100000	Antineopla	10000000	Antineopla	S	3.5 MG	INJECTIO	SOLR	EA	1		MSB	9/7/2022	63020			N	EXCLUDE	SELF_INJ	6	SPBD2	FORMULARY EXCLUSION					R	MEDPRMI
63020009007	ALUNBRI	BRIGATIN	100000	Antineopla	10000000	Antineopla	R	90 MG	ORAL	TABS	EA	7		SSB		63020			N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X			R	MEDPRMI
63020009030	ALUNBRI	BRIGATIN	100000	Antineopla	10000000	Antineopla	R	90 MG	ORAL	TABS	EA	30		SSB		63020			N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X			R	MEDPRMI
63020011330	ALUNBRI	BRIGATIN	100000	Antineopla	10000000	Antineopla	R	30 MG	ORAL	TABS	EA	30		SSB		63020			N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X			R	MEDPRMI
63020018030	ALUNBRI	BRIGATIN	100000	Antineopla	10000000	Antineopla	R	180 MG	ORAL	TABS	EA	30		SSB		63020			N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X			R	MEDPRMI
63020019830	ALUNBRI	BRIGATIN	100000	Antineopla	10000000	Antineopla	R	90 & 180 M	ORAL	TBPK	EA	30		SSB		63020			N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X			R	MEDPRMI
63020021021	FRUZAQL	FRUQUIN	100000	Antineopla	10000000	Antineopla	R	1 MG	ORAL	CAPS	EA	21		SSB		63020			N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X			R	MEDPRMI
63020022521	FRUZAQL	FRUQUIN	100000	Antineopla	10000000	Antineopla	R	5 MG	ORAL	CAPS	EA	21		SSB		63020			N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X			R	MEDPRMI
63020023001	NINLARO	IXAZOMIE	100000	Antineopla	10000000	Antineopla	R	2.3 MG	ORAL	CAPS	EA	1		SSB		63020			N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X			R	MEDPRMI
63020023002	NINLARO	IXAZOMIE	100000	Antineopla	10000000	Antineopla	R	2.3 MG	ORAL	CAPS	EA	1		SSB		63020			N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X			R	MEDPRMI
63020023003	NINLARO	IXAZOMIE	100000	Antineopla	10000000	Antineopla	R	2.3 MG	ORAL	CAPS	EA	1		SSB		63020			N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X			R	MEDPRMI
63020039001	NINLARO	IXAZOMIE	100000	Antineopla	10000000	Antineopla	R	3 MG	ORAL	CAPS	EA	1		SSB		63020			N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X			R	MEDPRMI
63020039002	NINLARO	IXAZOMIE	100000	Antineopla	10000000	Antineopla	R	3 MG	ORAL	CAPS	EA	1		SSB		63020			N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X			R	MEDPRMI
63020040001	NINLARO	IXAZOMIE	100000	Antineopla	10000000	Antineopla	R	4 MG	ORAL	CAPS	EA	1		SSB		63020			N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X			R	MEDPRMI
63020040002	NINLARO	IXAZOMIE	100000	Antineopla	10000000	Antineopla	R	4 MG	ORAL	CAPS	EA	1		SSB		63020			N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X			R	MEDPRMI
63020053330	ICLUSIG	PONATIN	100000	Antineopla	10000000	Antineopla	R	30 MG	ORAL	TABS	EA	30		SSB		63020			N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X			R	MEDPRMI
63020053430	ICLUSIG	PONATIN	100000	Antineopla	10000000	Antineopla	R	45 MG	ORAL	TABS	EA	30		SSB		63020			N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X			R	MEDPRMI
63020053530	ICLUSIG	PONATIN	100000	Antineopla	10000000	Antineopla	R	15 MG	ORAL	TABS	EA	30		SSB		63020			N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X			R	MEDPRMI
63020053630	ICLUSIG	PONATIN	100000	Antineopla	10000000	Antineopla	R	10 MG	ORAL	TABS	EA	30		SSB		63020			N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X			R	MEDPRMI
63037010005	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	1-0.9 MG/	INTRAVE	SOLN	ML	100		NON DRUG		63037			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63037010105	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	2.5-0.9 MC	INTRAVE	SOLN	ML	250		GENERIC		63037			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63037010605	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	0.2-0.125-	EPIDURA	SOLN	ML	100		GENERIC		63037			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63037010905	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	1-0.125-0.	EPIDURA	SOLN	ML	250		GENERIC		63037			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63037012425	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	R	0.6 MG/3M	INJECTIO	SOSY	ML	3		GENERIC		63037			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63037012525	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	R	1 MG/5ML	INJECTIO	SOSY	ML	5		GENERIC		63037			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63037013625	KETAMIN	KETAMIN	280408	UNKNOW	28040800	UNKNOW	R	50-0.9 MG	INJECTIO	SOSY	ML	5		GENERIC		63037			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63037013725	KETAMIN	KETAMIN	280408	UNKNOW	28040800	UNKNOW	R	50 MG/ML	INJECTIO	SOSY	ML	1		GENERIC		63037			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63037013825	KETAMIN	KETAMIN	280408	UNKNOW	28040800	UNKNOW	R	100 MG/2I	INJECTIO	SOSY	ML	2		GENERIC		63037			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63037014805	NOREPIN	NOREPIN	121212	alpha- anc	12121200	alpha- anc	R	4-0.9 MG/	INTRAVE	SOLN	ML	250		GENERIC		63037			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63037015525	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	R	50 MG/5M	INTRAVE	SOSY	ML	5		GENERIC		63037			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63037015625	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	R	100 MG/10	INTRAVE	SOSY	ML	10		GENERIC		63037			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63037017325	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	R	1-0.9 MG/	INTRAVE	SOSY	ML	10		GENERIC		63037			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63037019025	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	100 MCG/	INJECTIO	SOSY	ML	2		GENERIC		63037			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63037019125	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	250 MCG/	INJECTIO	SOSY	ML	5		GENERIC		63037			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63044003060	ZIKS ART	CAPSAICI	842404	Basic Loti	84240400	Basic Loti	O	.025%-1%	EXTERNA	CREA	GM	56.6		SSB		63044			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63044003112	CONDOM	CONDOM	320000	Contracep	32000000	Contracep	O	0	DOES NO	MISC	EA	12		NON DRUG		63044			N	#N/A	ORIG_FR	10	EHB	#N/A			X	IF QS LIMIT=60 THEN $0 COP	R	MEDPRMI
63044015001	PRENATA	PRENATA	882800	Multivitam	88280000	Multivitam	R	27-1 MG	ORAL	TABS	EA	100		SSB	12/27/2022	63044			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63044015005	PRENATA	PRENATA	882800	Multivitam	88280000	Multivitam	R	27-1 MG	ORAL	TABS	EA	500		SSB	12/27/2022	63044			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63044015200	VITAROC	MULTIPLE	882800	Multivitam	88280000	Multivitam	S	500MG-50	ORAL	TABS	EA	100		MSB		63044			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
63044015201	VITAROC	MULTIPLE	882800	Multivitam	88280000	Multivitam	S	500MG-50	ORAL	TABS	EA	500		MSB		63044			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
63044015910	INATAL G	PRENATA	882800	Multivitam	88280000	Multivitam	R	120MG-12	ORAL	TABS	EA	90		SSB		63044	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63044019862	IFEREX 1	IRON POL	200404	Iron Prepa	20040400	Iron Prepa	S	150-25-1 I	ORAL	CAPS	EA	100		GENERIC		63044			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63044020301	IFEREX 1	POLYSAC	200404	Iron Prepa	20040400	Iron Prepa	P	150 MG	ORAL	CAPS	EA	100		GENERIC		63044			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63044020361	IFEREX 1	POLYSAC	200404	Iron Prepa	20040400	Iron Prepa	P	150 MG	ORAL	CAPS	EA	100		GENERIC		63044			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63044040101	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	250 MCG	ORAL	CAPS	EA	30		GENERIC		63044			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63044040201	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	1.25 MG (5	ORAL	CAPS	EA	30		GENERIC		63044	N		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63044040420	AMMONIL	LACTIC A	842404	Basic Loti	84240400	Basic Loti	P	12%	EXTERNA	CREA	GM	140		GENERIC		63044			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63044048409	AMMONIL	LACTIC A	842404	Basic Loti	84240400	Basic Loti	P	12%	EXTERNA	LOTN	GM	225		GENERIC		63044			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63044062201	RENO CA	B-COMPL	882800	Multivitam	88280000	Multivitam	P	1 MG	ORAL	CAPS	EA	100		GENERIC		63044			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63044062230	RENO CA	B-COMPL	882800	Multivitam	88280000	Multivitam	P	1 MG	ORAL	CAPS	EA	30		GENERIC	9/24/2024	63044			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63044062290	RENO CA	B-COMPL	882800	Multivitam	88280000	Multivitam	P	1 MG	ORAL	CAPS	EA	90		GENERIC		63044			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63044063101	HEMATO	IRON CO	200404	Iron Prepa	20040400	Iron Prepa	P	250MG-25	ORAL	CAPS	EA	100		GENERIC		63044			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63044063217	HEMATO	FE FUMA	200404	Iron Prepa	20040400	Iron Prepa	R	200-250-0	ORAL	CAPS	EA	100		SSB		63044			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63044063301	HEMATO	FE FUMA	200404	Iron Prepa	20040400	Iron Prepa	P	460-60-0.	ORAL	CAPS	EA	100		GENERIC		63044			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63044063501	TRICON	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	S	75MG-75M	ORAL	CAPS	EA	100		GENERIC		63044			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63044063510	TRICON	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	S	75MG-75M	ORAL	CAPS	EA	100		GENERIC		63044	N		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63044064510	VIC-FORT	MULTIPLE	882800	Multivitam	88280000	Multivitam	S	150MG-15	ORAL	CAPS	EA	60		GENERIC		63044	N		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63044401101	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	250 MCG	ORAL	CAPS	EA	30		GENERIC		63044			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63090010030	NUPLAZI	PIMAVAN	281608	Antipsych	28160804	Atypical A	R	10 MG	ORAL	TABS	EA	30	X	SSB		63090			N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X			R	MEDPRMI
63090034030	NUPLAZI	PIMAVAN	281608	Antipsych	28160804	Atypical A	R	34 MG	ORAL	CAPS	EA	30	X	SSB		63090			N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X			R	MEDPRMI
63090066001	DAYBUE	TROFINE	289200	Central Ne	28920000	Central Ne	R	200 MG/M	ORAL	SOLN	ML	450	X	SSB		63090			N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X			R	MEDPRMI
63102010116	ACTINEL	PSEUDOE	480800	Antitussive	48080000	Antitussive	O	30-15-200	ORAL	LIQD	ML	473		SSB	5/22/2023	63102			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63102010216	ACTINEL	PSEUDOE	480800	Antitussive	48080000	Antitussive	O	15-5-50 M	ORAL	LIQD	ML	473		SSB	5/22/2023	63102			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63102010416	ACTINEL	PHENYLE	480800	Antitussive	48080000	Antitussive	O	10-20-400	ORAL	LIQD	ML	473		SSB		63102			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63102010516	ACTICON	DEXBROI	40400	First Gene	4040000	First Gene	O	1-30 MG/5	ORAL	SOLN	ML	474		SSB	8/12/2024	63102			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63102010601	ACTISEP	BENZOCA	840800	Antipruritic	84080000	Antipruritic	O	2-0.5-0.1 %	MOUTH/T	SOLN	ML	30		SSB	8/12/2024	63102			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63102010701	ACTISEP	BENZOCA	840800	Antipruritic	84080000	Antipruritic	O	2-0.5-0.1 %	MOUTH/T	SOLN	ML	30		SSB	8/12/2024	63102			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63102011016	ACTIDOM	PHENYLE	480800	Antitussive	48080000	Antitussive	O	10-30-200	ORAL	LIQD	ML	473		SSB		63102			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63102020160	ACTITROI	BIOFLAV	882800	Multivitam	88280000	Multivitam	O	150MG-15	ORAL	CAPS	EA	60		SSB		63102			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63102020410	ACTIFLO	VITAMINS	882800	Multivitam	88280000	Multivitam	O	100MG-10	ORAL	TABS	EA	100		SSB		63102			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63102020590	LEVOCAF	LEVOCAF	402000	Caloric Ag	40200000	Caloric Ag	O	330MG	ORAL	TABS	EA	90		MSB		63102			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
63102020610	ACTIPOC	CHOLINE	562400	Lipotropic	56240000	Lipotropic	O	334MG-50	ORAL	TABS	EA	100		SSB		63102			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63102020710	ACTIRON	IRON CAF	200404	Iron Prepa	20040400	Iron Prepa	O	165-2 MG	ORAL	TABS	EA	100		SSB		63102			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63102020860	ACTITROI	BIOFLAV	882800	Multivitam	88280000	Multivitam	O	75MG-75M	ORAL	CAPS	EA	60		SSB		63102			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63102020930	ACTIPHL	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0-0-0-0	ORAL	CAPS	EA	30		SSB		63102			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63102021710	ACTIRON	IRON CAF	200404	Iron Prepa	20040400	Iron Prepa	O	165-2 MG	ORAL	TABS	EA	100		SSB		63102			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63102030116	ACTICARI	LEVOCAF	402000	Caloric Ag	40200000	Caloric Ag	P	1 GM/10M	ORAL	SOLN	ML	473		MSB		63102			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
63102030216	LEVOCAF	LEVOCAF	402000	Caloric Ag	40200000	Caloric Ag	P	1 GM/10M	ORAL	SOLN	ML	473		MSB		63102			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
63102030316	ACTRIVIT	B-COMPL	882800	Multivitam	88280000	Multivitam	O	800-15-1 I	ORAL	LIQD	ML	474		SSB		63102			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63102040160	ACTICON	DEXBROI	40400	First Gene	4040000	First Gene	O	2-60 MG	ORAL	TABS	EA	60		SSB		63102			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63102040210	ACTIDOG	DEXBROI	40400	First Gene	4040000	First Gene	O	1-500 MG	ORAL	TABS	EA	100		SSB	8/12/2024	63102			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63102040310	ACTIDOG	DEXBROI	40400	First Gene	4040000	First Gene	O	1-500 MG	ORAL	TABS	EA	100		SSB		63102			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63135031204	TOPICAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	O	4%	EXTERNA	GEL	GM	113		SSB		63135			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63135031213	TOPICAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	O	4%	EXTERNA	GEL	GM	10		SSB		63135			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63135031230	TOPICAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	O	4%	EXTERNA	GEL	GM	30		SSB		63135			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63135058104	TOPICAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	O	5%	EXTERNA	GEL	GM	113		SSB		63135			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63135058110	TOPICAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	O	5%	EXTERNA	GEL	GM	10		SSB		63135			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63135058130	TOPICAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	O	5%	EXTERNA	GEL	GM	30		SSB		63135			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63135072704	LUBRICAI	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	O	4%	EXTERNA	GEL	GM	113		SSB		63135			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63135081104	LIPOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	5%	EXTERNA	CREA	GM	113		GENERIC		63135			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63135081130	LIPOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	5%	EXTERNA	CREA	GM	30		GENERIC		63135			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63135092404	LUBRICAI	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	O	5%	EXTERNA	GEL	GM	113		SSB		63135			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187000210	ONDANS	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TBDP	EA	10		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187000215	ONDANS	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TBDP	EA	15		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187000220	ONDANS	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TBDP	EA	20		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187000230	ONDANS	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TBDP	EA	30		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187000307	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	7		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187000310	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	10		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187000410	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	10		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187000690	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187000704	AZITHROI	AZITHROI	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	4		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187000706	AZITHROI	AZITHROI	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187000810	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	10		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187000814	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	14		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187000820	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	20		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187000828	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	28		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187000840	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	40		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187000930	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	30		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187000960	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	60		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187000990	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	90		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187001030	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187001060	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187001090	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187001100	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187001115	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	15		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187001130	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187001145	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	45		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187001160	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187001172	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	120		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187001190	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187001215	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	15	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187001220	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	20	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187001230	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	30	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187001260	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	60	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187001320	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875 MG	ORAL	TABS	EA	20		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187001414	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	14		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187001420	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	20		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187001522	MUPIROC	MUPIROC	840404	Antibacter	84040400	Antibacter	S	2%	EXTERNA	OINT	GM	22		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187001620	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	20		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187001630	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	30		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187001640	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	40		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187001706	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	6		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187001710	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	10		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187001714	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	14		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187001720	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	20		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187001728	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	28		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187001730	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	30		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187001760	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	60		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187001930	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	30		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187001945	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	45		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187001960	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	60		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187001990	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	90		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187002010	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	10		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187002015	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	15		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187002021	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	21		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187002036	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	36		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187002221	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	21	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187002230	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187002240	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	40	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187002260	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187002290	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187002325	SILVER S	SILVER S	840416	UNKNOW	84041600	UNKNOW	S	1%	EXTERNA	CREA	GM	25		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187002350	SILVER S	SILVER S	840416	UNKNOW	84041600	UNKNOW	S	1%	EXTERNA	CREA	GM	50		GENERIC	9/24/2024	63187	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187002351	SILVER S	SILVER S	840416	UNKNOW	84041600	UNKNOW	S	1%	EXTERNA	CREA	GM	50		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187002515	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	15		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187002608	VENTOLI	ALBUTER	121208	beta-Adre	12120812	Selective B	S	108 (90 B	INHALATI	AERS	GM	8	X	SSB		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187002810	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	10	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187002814	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	14	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187002815	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	15	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63187002820	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	20	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI

63187083310	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	10		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187083330	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	30		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187083410	POLYMYX	POLYMYX	520404	Antibacter	52040400	Antibacter	S	10000-0.1	OPHTHAL	SOLN	ML	10		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187083500	CEFDINIR	CEFDINIR	81206	Cephalosp	8120612	Third Gen	S	125 MG/5M	ORAL	SUSR	ML	100		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187083630	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	OINT	GM	30		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187083710	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	10	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187083730	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	30	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187083760	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	60	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187083790	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	90	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187083903	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	3	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187084003	BENZTRO	BENZTRO	283608	UNKNOW	28360800	UNKNOW	S	1 MG	ORAL	TABS	EA	3	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187084103	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	3	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187084160	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187084203	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	5 MG	ORAL	TABS	EA	3	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187084330	ESZOPICL	ESZOPICL	282444	UNKNOW	28244400	UNKNOW	S	3 MG	ORAL	TABS	EA	30		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187084403	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	3	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187084520	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	20		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187084606	DIAZEPAM	DIAZEPAM	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	6		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187084620	DIAZEPAM	DIAZEPAM	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	20		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187084630	DIAZEPAM	DIAZEPAM	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	30		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187084830	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187084930	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	120 MG	ORAL	TBCR	EA	30	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187085021	MINOCYC	MINOCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	21		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187085130	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	150 MCG	ORAL	TABS	EA	30	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187085190	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	150 MCG	ORAL	TABS	EA	90	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187085230	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187085430	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	CAPS	EA	30	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187085712	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	600-42.9 M	ORAL	SUSR	ML	125		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187085720	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	600-42.9 M	ORAL	SUSR	ML	200		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187085775	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	600-42.9 M	ORAL	SUSR	ML	75		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187086090	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187086230	ZOLPIDEM	ZOLPIDEM	282444	UNKNOW	28244400	UNKNOW	S	12.5 MG	ORAL	TBCR	EA	30		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187086320	FINASTER	FINASTER	841600	Cell Stimu	84160000	Cell Stimu	S	1 MG	ORAL	TABS	EA	20		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187086330	FINASTER	FINASTER	841600	Cell Stimu	84160000	Cell Stimu	S	1 MG	ORAL	TABS	EA	30		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187086390	FINASTER	FINASTER	841600	Cell Stimu	84160000	Cell Stimu	S	1 MG	ORAL	TABS	EA	90		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187086430	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187086490	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187086530	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187086590	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187086610	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	50 MG	ORAL	CAPS	EA	10		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187086630	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	50 MG	ORAL	CAPS	EA	30		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187086710	DIAZEPAM	DIAZEPAM	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	10		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187086715	DIAZEPAM	DIAZEPAM	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	15		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187086730	DIAZEPAM	DIAZEPAM	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	30		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187086930	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187087015	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	15		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187087080	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	80		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187087190	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187087230	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	6/20/2022	63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187087335	GENTAK	GENTAMI	520404	Antibacter	52040400	Antibacter	R	0.30%	OPHTHAL	OINT	GM	3.5		SSB	3/30/2023	63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187087430	QUINAPR	QUINAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187087590	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	90	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187087615	LEVALBU	LEVALBU	121208	beta-Adre	12120812	Selective I	S	45 MCG/A	INHALATI	AERO	GM	15	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187087730	PROCHLO	PROCHLO	281608	Antipsych	28160824	Phenothia	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	11/3/2022	63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187087830	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	30		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187087916	ATOVAQU	ATOVAQU	83008	Antimalari	8300800	Antimalari	S	250-100 M	ORAL	TABS	EA	16		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187087924	ATOVAQU	ATOVAQU	83008	Antimalari	8300800	Antimalari	S	250-100 M	ORAL	TABS	EA	24		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187088015	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250 MG/5M	ORAL	SUSR	ML	150		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187088272	GOODSE	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	120		GENERIC	10/30/2024	63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187088425	NITROST	NITROGL	240808	beta-Adre	24080800	UNKNOW	S	0.4 MG	SUBLINGI	SUBL	EA	25	X	MSB		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION						R	MEDPRMI
63187088515	ANTIFUN	MICONAZ	840408	Antifungal	84040808	Azoles	P	2%	EXTERNA	CREA	GM	14		GENERIC	10/30/2024	63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187088830	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	30		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187088860	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	60		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187088928	AVIANE	LEVONOF	681200	Contracep	68120000	Contracep	S	20MCG-.1	ORAL	TABS	EA	28	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187089028	JUNEL FE	NORETHI	681200	Contracep	68120000	Contracep	S	1.5-30 MG	ORAL	TABS	EA	28	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187089130	PHENYTO	PHENYTO	281212	Hydantoin	28121200	Hydantoin	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187089190	PHENYTO	PHENYTO	281212	Hydantoin	28121200	Hydantoin	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187089264	LIDOZEN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4-1 %	EXTERNA	GEL	ML	120		MSB	12/4/2023	63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION						R	MEDPRMI
63187089272	LIDOZEN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4-1 %	EXTERNA	GEL	ML	120		MSB		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION						R	MEDPRMI
63187089590	PHENOBA	PHENOBA	282404	Barbiturate	28240400	Barbiturate	S	32.4 MG	ORAL	TABS	EA	90	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187089630	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	5 MG	ORAL	CHEW	EA	30	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187089730	ZONISAM	ZONISAM	281224	UNKNOW	28122400	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187089830	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	S	35 MG	ORAL	TABS	EA	30		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187089960	MEDI-LAX	SENNOSI	561200	Cathartics	56120000	Cathartics	O	8.6-50 MG	ORAL	CAPS	EA	60		SSB		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187090030	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	R	20 MG	ORAL	TABS	EA	30	X	GENERIC	10/13/2022	63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187090130	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187090205	TOBRAM	TOBRAM	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	5		GENERIC	3/30/2023	63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187090430	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187090460	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187090490	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187090530	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	CAPS	EA	30	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187090590	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	CAPS	EA	90	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187090630	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187090690	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187090790	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187090830	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187090890	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187090930	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	30	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187090990	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	90	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187091030	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	30		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187091060	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	60		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187091128	SPRINTE	NORGEST	681200	Contracep	68120000	Contracep	S	0.25-35 M	ORAL	TABS	EA	28	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187091372	ASPIR-LO	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	120		GENERIC	10/30/2024	63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187091430	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187091490	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187091530	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	CAPS	EA	30	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187091590	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	CAPS	EA	90	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187091630	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	30		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187091705	LIDOZEN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4-1 %	EXTERNA	PTCH	EA	5		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187091730	LIDOZEN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4-1 %	EXTERNA	PTCH	EA	30		GENERIC	9/20/2022	63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187091890	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-12.5 M	ORAL	TABS	EA	90	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187091921	FAMCICL	FAMCICL	81832	Nucleosid	8183200	Nucleosid	S	250MG	ORAL	TABS	EA	21		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187092021	FAMCICL	FAMCICL	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	21		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187092120	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	20		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187092130	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	30		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187092230	LEVOCET	LEVOCET	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	30		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187092330	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187092360	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	60		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187092372	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	120		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187092390	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187092430	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	50 MCG	ORAL	TABS	EA	30	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187092490	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	50 MCG	ORAL	TABS	EA	90	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187092521	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	21		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187092620	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	20		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187092630	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	30		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187092640	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	40		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187092730	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187092790	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187092810	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	10		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187092814	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	14		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187092820	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	20		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187092821	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	21		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187092830	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	30		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187092840	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	40		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187092930	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	TABS	EA	30	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187092960	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	TABS	EA	60	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187093004	PSEUDOE	PSEUDOE	480800	Antitussive	48080000	Antitussive	S	30-2-10 M	ORAL	SYRP	ML	118		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187093109	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	100 MG	ORAL	TABS	EA	9		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187093215	CETIRIZI	CETIRIZI	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	15		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187093230	CETIRIZI	CETIRIZI	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187093290	CETIRIZI	CETIRIZI	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187093314	BUTALBI	BUTALBI	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	14		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187093330	BUTALBI	BUTALBI	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	30		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187093390	BUTALBI	BUTALBI	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	90		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187093430	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	OINT	GM	30		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187093464	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	OINT	GM	240		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187093530	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	2/21/2022	63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187093614	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	14		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187093620	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	20		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187093830	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	30	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187093890	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	90	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187093910	DIPHENO	DIPHENO	560800	Antidiarrhe	56080000	Antidiarrhe	S	2.5-0.025	ORAL	TABS	EA	10		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187094090	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	48 MG	ORAL	TABS	EA	90	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187094160	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	3.125 MG	ORAL	TABS	EA	60	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187094214	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	14		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187094220	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	20		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187094330	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	80-12.5 M	ORAL	TABS	EA	30	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187094430	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	80 MG	ORAL	CHEW	EA	30		GENERIC	11/7/2022	63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187094660	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	60	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187094690	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	90	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187094721	DIETHYLF	DIETHYLF	282008	UNKNOW	28200804	UNKNOW	S	25 MG	ORAL	TABS	EA	21		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187094820	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	20	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187094910	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	10		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187094930	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	30		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187095010	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	10		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187095020	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	20		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187095021	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	21		GENERIC		63187	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187095030	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	30		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187095130	TELMISAI	TELMISAI	243208	Angiotens	24320800	Angiotens	S	80 MG	ORAL	TABS	EA	30	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187095214	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TB12	EA	14	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187095230	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TB12	EA	30	X	GENERIC		63187	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187095260	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TB12	EA	60	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187095324	LEVALBU	LEVALBU	121208	beta-Adre	12120812	Selective I	S	0.63 MG/3	INHALATI	NEBU	ML	3	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187095420	MUCINEX	GUAIFEN	481600	Expectora	48160000	Expectora	P	600 MG	ORAL	TB12	EA	20		MSB		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION						R	MEDPRMI
63187095440	MUCINEX	GUAIFEN	481600	Expectora	48160000	Expectora	P	600 MG	ORAL	TB12	EA	40		MSB		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION						R	MEDPRMI
63187095524	CETIRIZI	CETIRIZI	40800	Second G	4080000	Second G	P	5-120 MG	ORAL	TB12	EA	24		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187095760	FLOVENT	FLUTICAS	680400	Adrenals	68040000	Adrenals	S	100 MCG/	INHALATI	AEPB	EA	60	X	SSB	12/18/2023	63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187095960	FLUTICAS	FLUTICAS	680400	Adrenals	68040000	Adrenals	S	0.05%	EXTERNA	CREA	GM	60		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187096018	PSEUDOE	PSEUDOE	481600	Expectora	48160000	Expectora	P	60-600 MC	ORAL	TB12	EA	18		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187096144	DEEP SE	SALINE	529200	EENT Dru	52920000	EENT Dru	P	0.65%	NASAL	SOLN	ML	44		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187096230	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187096240	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	40	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187096260	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187096290	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187096430	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC		63187	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187096460	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	60	X	GENERIC		63187	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187096715	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	15	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187096720	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	20	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187096760	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	60	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187097030	ESZOPICL	ESZOPICL	282444	UNKNOW	28244400	UNKNOW	S	2 MG	ORAL	TABS	EA	30		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187097490	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	90	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187097572	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	OINT	GM	30		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187097790	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187098015	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	15	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187098020	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	20	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187098021	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	21	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187098028	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	28	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187098030	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187098040	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	40	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187098042	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	42	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187098050	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	50	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187098060	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187098090	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187098410	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	10		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187098430	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	30		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187098505	CIPROFL	CIPROFL	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	5		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187098510	CIPROFL	CIPROFL	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	10		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187098624	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	24		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187098628	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	28		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187098630	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	30		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187098730	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	30		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187098800	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	100	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187098860	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	60	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187098890	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187098920	CEFDINIR	CEFDINIR	81206	Cephalosp	8120612	Third Gen	S	300 MG	ORAL	CAPS	EA	20		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187099010	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	10		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187099030	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	30		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187099120	CEFUROX	CEFUROX	81206	Cephalosp	8120608	Second G	S	250 MG	ORAL	TABS	EA	20		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187099215	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	15	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187099220	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	20	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187099221	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	21	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187099224	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	24	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187099230	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187099240	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	40	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187099260	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187099290	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187099330	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187099360	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187099390	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187099430	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	100 MG	ORAL	TB24	EA	30	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187099460	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	100 MG	ORAL	TB24	EA	60	X	GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187099510	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	10		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187099514	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	14		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187099610	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	10		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187099620	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	20		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187099630	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	30		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187099710	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	10		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187099721	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	21		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187099730	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	30		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187099760	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	60		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187099821	FAMCICL	FAMCICL	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	21		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187099830	FAMCICL	FAMCICL	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	30		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63187099930	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	P	10 MG	ORAL	TABS	EA	30		GENERIC		63187		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63189001720	NEOPRE	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		63189			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63189001764	NEOPRE	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		63189			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63189018386	LOVING C	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		63189			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63189058746	LOVING C	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		63189			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63189058782	LOVING C	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		63189			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63189059631	LOVING C	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		63189			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63189059654	LOVING C	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		63189			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63189059659	LOVING C	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		63189			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63189059666	LOVING C	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		63189			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63189060182	LOVING C	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		63189			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63189060189	LOVING C	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		63189			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63189060221	LOVING C	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		63189			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63189060222	LOVING C	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		63189			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63189060227	LOVING C	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		63189			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63256010030	SCLEROS	TALC (INT	241200	Vasodilati	24120000	Vasodilati	R	4 GM	INTRAPLE	AERP	GM	30		SSB		63256			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63256020005	STERILE	TALC (INT	241200	Vasodilati	24120000	Vasodilati	R	5 GM	INTRAPLE	SUSR	EA	1		SSB		63256			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
63304001760	RANOLAZ	RANOLAZ	240492	Cardiac D	24049200	Cardiac D	S	500 MG	ORAL	TB12	EA	60	X	GENERIC		63304			N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS		R	MEDPRMI
63304001860	RANOLAZ	RANOLAZ	240492	Cardiac D	24049200	Cardiac D	S	1000 MG	ORAL	TB12	EA	60	X	GENERIC		63304			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS		R	MEDPRMI
63304004127	LENALID	LENALID	100000	Antineopla	10000000	Antineopla	S	2.5 MG	ORAL	CAPS	EA	28		GENERIC		63304			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X				R	MEDPRMI
63304004227	LENALID	LENALID	100000	Antineopla	10000000	Antineopla	S	5 MG	ORAL	CAPS	EA	28		GENERIC		63304			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X				R	MEDPRMI
63304004327	LENALID	LENALID	100000	Antineopla	10000000	Antineopla	S	10 MG	ORAL	CAPS	EA	28		GENERIC		63304			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X				R	MEDPRMI
63304004422	LENALID	LENALID	100000	Antineopla	10000000	Antineopla	S	15 MG	ORAL	CAPS	EA	21		GENERIC		63304			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X				R	MEDPRMI
63304004522	LENALID	LENALID	100000	Antineopla	10000000	Antineopla	S	20 MG	ORAL	CAPS	EA	21		GENERIC		63304			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X				R	MEDPRMI
63304004622	LENALID	LENALID	100000	Antineopla	10000000	Antineopla	S	25 MG	ORAL	CAPS	EA	21		GENERIC		63304			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X				R	MEDPRMI
63304004730	PREGAB	PREGAB	284000	UNKNOW	28400000	UNKNOW	S	82.5 MG	ORAL	TB24	EA	30	X	GENERIC		63304			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
63304004830	PREGAB	PREGAB	284000	UNKNOW	28400000	UNKNOW	S	165 MG	ORAL	TB24	EA	30	X	GENERIC		63304			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
63304004930	PREGAB	PREGAB	284000	UNKNOW	28400000	UNKNOW	S	330 MG	ORAL	TB24	EA	30	X	GENERIC		63304			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
63304007601	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	100	X	GENERIC		63304			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
63304007605	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	500	X	GENERIC		63304			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
63304007610	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	1000	X	GENERIC		63304			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
63304007801	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	8 MEQ	ORAL	CPCR	EA	100	X	GENERIC		63304			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
63304008301	CHLORPI	CHLORPI	281608	Antipsych	28160824	Phenothia	S	200 MG	ORAL	TABS	EA	100	X	GENERIC		63304			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
63304008310	CHLORPI	CHLORPI	281608	Antipsych	28160824	Phenothia	S	200 MG	ORAL	TABS	EA	1000	X	GENERIC		63304			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
63304008690	DROXIDO	DROXIDO	121212	alpha- anc	12121200	alpha- anc	S	100 MG	ORAL	CAPS	EA	90		GENERIC		63304			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X				R	MEDPRMI
63304008913	MESALAM	MESALAM	563600	Anti-inflam	56360000	Anti-inflam	S	500 MG	ORAL	CPCR	EA	120	X	GENERIC		63304			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
63304009001	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	CPCR	EA	100	X	GENERIC		63304			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
63304009005	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	CPCR	EA	500	X	GENERIC		63304			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
63304009127	SUNITINI	SUNITINI	100000	Antineopla	10000000	Antineopla	S	12.5 MG	ORAL	CAPS	EA	28		GENERIC		63304			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X				R	MEDPRMI
63304009227	SUNITINI	SUNITINI	100000	Antineopla	10000000	Antineopla	S	25 MG	ORAL	CAPS	EA	28		GENERIC		63304			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X				R	MEDPRMI

63323011102	STERI-TA	SAFETY S	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1000	NON DRUG		63323			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323011310	PENTAM	PENTAMI	83092	Antiprotoz	8309200	Antiprotoz	S	300 MG	INJECTIO	SOLR	EA	1	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323011700	FLUOROU	FLUOROU	100000	Antineopla	10000000	Antineopla	S	500 MG/10	INTRAVE	SOLN	ML	10	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323011701	FLUOROU	FLUOROU	100000	Antineopla	10000000	Antineopla	S	1 GM/20M	INTRAVE	SOLN	ML	20	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323011710	FLUOROU	FLUOROU	100000	Antineopla	10000000	Antineopla	S	500 MG/10	INTRAVE	SOLN	ML	10	GENERIC		63323	N		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323011718	FLUOROU	FLUOROU	100000	Antineopla	10000000	Antineopla	S	500 MG/10	INTRAVE	SOLN	ML	10	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323011719	FLUOROU	FLUOROU	100000	Antineopla	10000000	Antineopla	S	500 MG/10	INTRAVE	SOLN	ML	10	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323011720	FLUOROU	FLUOROU	100000	Antineopla	10000000	Antineopla	S	1 GM/20M	INTRAVE	SOLN	ML	20	GENERIC		63323	N		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323011728	FLUOROU	FLUOROU	100000	Antineopla	10000000	Antineopla	S	1 GM/20M	INTRAVE	SOLN	ML	20	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323011731	FLUOROU	FLUOROU	100000	Antineopla	10000000	Antineopla	S	500 MG/10	INTRAVE	SOLN	ML	10	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323011741	FLUOROU	FLUOROU	100000	Antineopla	10000000	Antineopla	S	1 GM/20M	INTRAVE	SOLN	ML	20	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323011743	FLUOROU	FLUOROU	100000	Antineopla	10000000	Antineopla	S	500 MG/10	INTRAVE	SOLN	ML	10	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323011751	FLUOROU	FLUOROU	100000	Antineopla	10000000	Antineopla	S	2.5 GM/50	INTRAVE	SOLN	ML	50	GENERIC		63323	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323011758	FLUOROU	FLUOROU	100000	Antineopla	10000000	Antineopla	S	2.5 GM/50	INTRAVE	SOLN	ML	50	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323011759	FLUOROU	FLUOROU	100000	Antineopla	10000000	Antineopla	S	2.5 GM/50	INTRAVE	SOLN	ML	50	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323011761	FLUOROU	FLUOROU	100000	Antineopla	10000000	Antineopla	S	5 GM/100	INTRAVE	SOLN	ML	100	GENERIC		63323	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323011768	FLUOROU	FLUOROU	100000	Antineopla	10000000	Antineopla	S	5 GM/100	INTRAVE	SOLN	ML	100	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323011769	FLUOROU	FLUOROU	100000	Antineopla	10000000	Antineopla	S	5 GM/100	INTRAVE	SOLN	ML	100	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323011801	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	R	5000 UNIT	INJECTIO	SOSY	ML	0.5	MSB		63323		Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323011805	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	R	5000 UNIT	INJECTIO	SOSY	ML	0.5	MSB		63323		Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323012020	CYTARAE	CYTARAE	100000	Antineopla	10000000	Antineopla	S	100 MG/M	INJECTIO	SOLN	ML	20	GENERIC		63323			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323012110	METHOTF	METHOTF	100000	Antineopla	10000000	Antineopla	S	250 MG/10	INJECTIO	SOLN	ML	10	GENERIC		63323		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
63323012250	METHOTF	METHOTF	100000	Antineopla	10000000	Antineopla	S	1GM	INJECTIO	SOLR	EA	1	GENERIC		63323		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
63323012310	METHOTF	METHOTF	100000	Antineopla	10000000	Antineopla	R	250 MG/10	INJECTIO	SOLN	ML	10	GENERIC		63323		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
63323012553	GEMCITA	GEMCITA	100000	Antineopla	10000000	Antineopla	S	1GM	INTRAVE	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323012594	GEMCITA	GEMCITA	100000	Antineopla	10000000	Antineopla	S	1GM	INTRAVE	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323012603	GEMCITA	GEMCITA	100000	Antineopla	10000000	Antineopla	S	2 GM	INTRAVE	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323012700	DACARB	DACARB	100000	Antineopla	10000000	Antineopla	R	100 MG	INTRAVE	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323012710	DACARB	DACARB	100000	Antineopla	10000000	Antineopla	R	100MG	INTRAVE	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323012800	DACARB	DACARB	100000	Antineopla	10000000	Antineopla	S	200 MG	INTRAVE	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323012820	DACARB	DACARB	100000	Antineopla	10000000	Antineopla	S	200 MG	INTRAVE	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323013002	DOXY 10	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	INTRAVE	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323013003	DOXY 10	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	INTRAVE	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323013011	DOXY 10	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100MG	INTRAVE	SOLR	EA	1	GENERIC		63323	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323013013	DOXY 10	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100MG	INTRAVE	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323013017	DOXY 10	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100MG	INTRAVE	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323013041	DOXY 10	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	INTRAVE	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323013210	MITOXAN	MITOXAN	100000	Antineopla	10000000	Antineopla	S	20 MG/10	INTRAVE	CONC	ML	10	GENERIC		63323			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323013212	MITOXAN	MITOXAN	100000	Antineopla	10000000	Antineopla	S	25 MG/12.	INTRAVE	CONC	ML	12.5	GENERIC		63323			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323013215	MITOXAN	MITOXAN	100000	Antineopla	10000000	Antineopla	S	30 MG/15	INTRAVE	CONC	ML	15	GENERIC		63323			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323013410	PEMETRE	PEMETRE	100000	Antineopla	10000000	Antineopla	S	100 MG	INTRAVE	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323013610	BLEOMY	BLEOMY	100000	Antineopla	10000000	Antineopla	S	15UNIT	INJECTIO	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323013720	BLEOMY	BLEOMY	100000	Antineopla	10000000	Antineopla	S	30UNIT	INJECTIO	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323014010	CLADRIBI	CLADRIBI	100000	Antineopla	10000000	Antineopla	S	10 MG/10	INTRAVE	SOLN	ML	10	GENERIC		63323			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323014210	IFOSFAM	IFOSFAM	100000	Antineopla	10000000	Antineopla	S	1GM	INTRAVE	SOLR	EA	1	GENERIC		63323	N		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323014212	IFOSFAM	IFOSFAM	100000	Antineopla	10000000	Antineopla	S	1GM	INTRAVE	SOLR	EA	1	GENERIC		63323	N		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323014801	VINORELI	VINORELI	100000	Antineopla	10000000	Antineopla	S	10 MG/ML	INTRAVE	SOLN	ML	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323014805	VINORELI	VINORELI	100000	Antineopla	10000000	Antineopla	S	50 MG/5M	INTRAVE	SOLN	ML	5	GENERIC		63323			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323016100	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	15 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		63323		Y	N	FORMULARY		1 GEN	GENERICS	X	5 DAYS	R	MEDPRIM
63323016101	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	15 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		63323		Y	N	FORMULARY		1 GEN	GENERICS	X	5 DAYS	R	MEDPRIM
63323016112	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	15 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		63323		Y	N	FORMULARY		1 GEN	GENERICS	X	5 DAYS	R	MEDPRIM
63323016116	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	15 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		63323		Y	N	FORMULARY		1 GEN	GENERICS	X	5 DAYS	R	MEDPRIM
63323016121	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	15 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		63323		Y	N	FORMULARY		1 GEN	GENERICS	X	5 DAYS	R	MEDPRIM
63323016141	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	15 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		63323		Y	N	FORMULARY		1 GEN	GENERICS	X	5 DAYS	R	MEDPRIM
63323016200	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	30 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		63323		Y	N	FORMULARY		1 GEN	GENERICS	X	5 DAYS	R	MEDPRIM
63323016201	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	30 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		63323	Y	Y	N	FORMULARY		1 GEN	GENERICS	X	5 DAYS	R	MEDPRIM
63323016202	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	60 MG/2M	INTRAMU	SOLN	ML	2	GENERIC		63323	Y	Y	N	FORMULARY		1 GEN	GENERICS	X	5 DAYS	R	MEDPRIM
63323016203	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	60 MG/2M	INTRAMU	SOLN	ML	2	GENERIC		63323		Y	N	FORMULARY		1 GEN	GENERICS	X	5 DAYS	R	MEDPRIM
63323016212	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	30 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		63323		Y	N	FORMULARY		1 GEN	GENERICS	X	5 DAYS	R	MEDPRIM
63323016214	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	60 MG/2M	INTRAMU	SOLN	ML	2	GENERIC		63323		Y	N	FORMULARY		1 GEN	GENERICS	X	5 DAYS	R	MEDPRIM
63323016216	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	30 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		63323		Y	N	FORMULARY		1 GEN	GENERICS	X	5 DAYS	R	MEDPRIM
63323016223	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	30 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		63323		Y	N	FORMULARY		1 GEN	GENERICS	X	5 DAYS	R	MEDPRIM
63323016225	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	60 MG/2M	INTRAMU	SOLN	ML	2	GENERIC		63323		Y	N	FORMULARY		1 GEN	GENERICS	X	5 DAYS	R	MEDPRIM
63323016226	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	60 MG/2M	INTRAMU	SOLN	ML	2	GENERIC		63323		Y	N	FORMULARY		1 GEN	GENERICS	X	5 DAYS	R	MEDPRIM
63323016243	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	30 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		63323		Y	N	FORMULARY		1 GEN	GENERICS	X	5 DAYS	R	MEDPRIM
63323016245	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	60 MG/2M	INTRAMU	SOLN	ML	2	GENERIC		63323		Y	N	FORMULARY		1 GEN	GENERICS	X	5 DAYS	R	MEDPRIM
63323016424	LACTATE	LACTATE	401200	Replacem	40120000	Replacem	S	20MG/100	INTRAVE	SOLN	ML	250	GENERIC	11/1/2024	63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323016425	LACTATE	LACTATE	401200	Replacem	40120000	Replacem	S	20MG/100	INTRAVE	SOLN	ML	500	GENERIC	11/1/2024	63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323016426	LACTATE	LACTATE	401200	Replacem	40120000	Replacem	S	20MG/100	INTRAVE	SOLN	ML	1000	GENERIC	11/27/2023	63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323016474	LACTATE	LACTATE	401200	Replacem	40120000	Replacem	S	20MG/100	INTRAVE	SOLN	ML	250	GENERIC	11/1/2024	63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323016475	LACTATE	LACTATE	401200	Replacem	40120000	Replacem	S	20MG/100	INTRAVE	SOLN	ML	500	GENERIC	11/1/2024	63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323016476	LACTATE	LACTATE	401200	Replacem	40120000	Replacem	S	20MG/100	INTRAVE	SOLN	ML	1000	GENERIC	11/27/2023	63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323016501	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323016502	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323016503	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	20 MG/5M	INJECTIO	SOLN	ML	5	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323016505	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	20 MG/5M	INJECTIO	SOLN	ML	5	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323016516	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323016526	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	20 MG/5M	INJECTIO	SOLN	ML	5	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323016530	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	120 MG/30	INJECTIO	SOLN	ML	30	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323017005	SODIUM F	SODIUM F	401200	Replacem	40120000	Replacem	S	15 MMOLI	INTRAVE	SOLN	ML	5	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323017015	SODIUM F	SODIUM F	401200	Replacem	40120000	Replacem	S	45 MMOLI	INTRAVE	SOLN	ML	15	GENERIC	8/1/2022	63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323017260	CARBOPL	CARBOPL	100000	Antineopla	10000000	Antineopla	S	600 MG/60	INTRAVE	SOLN	ML	60	GENERIC		63323			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323017301	GENTAMI	GENTAMI	81202	Aminoglyc	8120200	Aminoglyc	S	10 MG/ML	INJECTIO	SOLN	ML	2	GENERIC		63323	N		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323017302	GENTAMI	GENTAMI	81202	Aminoglyc	8120200	Aminoglyc	S	10 MG/ML	INJECTIO	SOLN	ML	2	GENERIC		63323	N		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323017341	GENTAMI	GENTAMI	81202	Aminoglyc	8120200	Aminoglyc	S	10 MG/ML	INJECTIO	SOLN	ML	2	GENERIC		63323	N		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323017394	GENTAMI	GENTAMI	81202	Aminoglyc	8120200	Aminoglyc	S	10 MG/ML	INJECTIO	SOLN	ML	2	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323017395	GENTAMI	GENTAMI	81202	Aminoglyc	8120200	Aminoglyc	S	10 MG/ML	INJECTIO	SOLN	ML	2	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323017876	STERILE	WATER F	960000	Pharmace	96000000	Pharmace	S	0	INJECTIO	SOLN	ML	1000	NON DRUG		63323			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323018000	PYRIDOX	PYRIDOX	880800	Vitamin B	88080000	Vitamin B	R	100 MG/M	INJECTIO	SOLN	ML	1	GENERIC		63323		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
63323018001	PYRIDOX	PYRIDOX	880800	Vitamin B	88080000	Vitamin B	R	100 MG/M	INJECTIO	SOLN	ML	1	GENERIC		63323		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
63323018410	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	5 MG/ML	INJECTIO	SOLN	ML	10	GENERIC		63323		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
63323018500	STERILE	WATER F	960000	Pharmace	96000000	Pharmace	S	0	INJECTIO	SOLN	ML	100	GENERIC	6/15/2022	63323	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323018504	STERILE	WATER F	960000	Pharmace	96000000	Pharmace	S	0	INJECTIO	SOLN	ML	5	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323018505	STERILE	WATER F	960000	Pharmace	96000000	Pharmace	S	0	INJECTIO	SOLN	ML	5	GENERIC		63323	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323018507	STERILE	WATER F	960000	Pharmace	96000000	Pharmace	S	0	INJECTIO	SOLN	ML	10	GENERIC		63323	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323018508	STERILE	WATER F	960000	Pharmace	96000000	Pharmace	S	0	INJECTIO	SOLN	ML	20	GENERIC		63323	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323018509	STERILE	WATER F	960000	Pharmace	96000000	Pharmace	S	0	INJECTIO	SOLN	ML	50	GENERIC		63323	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323018510	STERILE	WATER F	960000	Pharmace	96000000	Pharmace	S	0	INJECTIO	SOLN	ML	10	GENERIC		63323	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323018520	STERILE	WATER F	960000	Pharmace	96000000	Pharmace	S	0	INJECTIO	SOLN	ML	20	GENERIC		63323	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323018550	STERILE	WATER F	960000	Pharmace	96000000	Pharmace	S	0	INJECTIO	SOLN	ML	50	GENERIC		63323	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323018600	SODIUM C	SODIUM C	401200	Replacem	40120000	Replacem	S	0.90%	INJECTIO	SOLN	ML	100	GENERIC		63323		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
63323018601	SODIUM C	SODIUM C	401200	Replacem	40120000	Replacem	S	0.90%	INJECTIO	SOLN	ML	10	GENERIC		63323		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
63323018602	SODIUM C	SODIUM C	401200	Replacem	40120000	Replacem	S	0.90%	INJECTIO	SOLN	ML	2	GENERIC		63323		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
63323018603	SODIUM C	SODIUM C	401200	Replacem	40120000	Replacem	S	0.90%	INJECTIO	SOLN	ML	20	GENERIC		63323		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
63323018610	SODIUM C	SODIUM C	401200	Replacem	40120000	Replacem	S	0.90%	INJECTIO	SOLN	ML	10	GENERIC		63323		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
63323018620	SODIUM C	SODIUM C	401200	Replacem	40120000	Replacem	S	0.90%	INJECTIO	SOLN	ML	20	GENERIC		63323		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
63323019202	FLUDARA	FLUDARA	100000	Antineopla	10000000	Antineopla	S	50 MG/2M	INTRAVE	SOLN	ML	2	GENERIC		63323			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323019352	IRINOTEC	IRINOTEC	100000	Antineopla	10000000	Antineopla	S	40 MG/2M	INTRAVE	SOLN	ML	2	GENERIC		63323			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323019355	IRINOTEC	IRINOTEC	100000	Antineopla	10000000	Antineopla	S	100 MG/5	INTRAVE	SOLN	ML	5	GENERIC		63323			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323020101	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	2	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323020102	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	2	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323020103	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	10	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323020110	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	10	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323020201	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	2	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323020202	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	2	GENERIC		63323	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323020301	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	750 MG	INTRAVE	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323020320	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	750 MG	INTRAVE	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323020326	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	750 MG	INTRAVE	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323020341	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	750 MG	INTRAVE	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323020500	OMEGAVI	FAT EMUI	402000	Caloric Ag	40200000	Caloric Ag	R	10 GM/10	INTRAVE	EMUL	ML	100	SSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323020521	OMEGAVI	FAT EMUI	402000	Caloric Ag	40200000	Caloric Ag	R	5 GM/50M	INTRAVE	EMUL	ML	50	SSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323020531	OMEGAVI	FAT EMUI	402000	Caloric Ag	40200000	Caloric Ag	R	10 GM/10	INTRAVE	EMUL	ML	100	SSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323020550	OMEGAVI	FAT EMUI	402000	Caloric Ag	40200000	Caloric Ag	R	5 GM/50M	INTRAVE	EMUL	ML	50	SSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323020801	LIDOCAIN	LIDOCAIN	240404	Antiarrhyt	24040408	Class Ib A	R	100 MG/5	INTRAVE	SOLN	ML	5	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323020805	LIDOCAIN	LIDOCAIN	240404	Antiarrhyt	24040408	Class Ib A	R	100 MG/5	INTRAVE	SOLN	ML	5	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323021003	STERI-TA	SAFETY S	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1000	NON DRUG		63323			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323022101	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	500 MG	INTRAVE	SOLR	EA	1	GENERIC	3/28/2024	63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323022110	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	500 MG	INTRAVE	SOLR	EA	1	GENERIC	3/28/2024	63323	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323022116	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	500 MG	INTRAVE	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323022141	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	500 MG	INTRAVE	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323022901	PROTAMI	PROTAMI	202808	Antihepari	20280800	Antihepari	R	10 MG/ML	INTRAVE	SOLN	ML	5	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323022905	PROTAMI	PROTAMI	202808	Antihepari	20280800	Antihepari	R	10 MG/ML	INTRAVE	SOLN	ML	5	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323022915	PROTAMI	PROTAMI	202808	Antihepari	20280800	Antihepari	R	10 MG/ML	INTRAVE	SOLN	ML	5	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323022921	PROTAMI	PROTAMI	202808	Antihepari	20280800	Antihepari	R	10 MG/ML	INTRAVE	SOLN	ML	5	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323022930	PROTAMI	PROTAMI	202808	Antihepari	20280800	Antihepari	R	10 MG/ML	INTRAVE	SOLN	ML	25	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323022935	PROTAMI	PROTAMI	202808	Antihepari	20280800	Antihepari	R	10 MG/ML	INTRAVE	SOLN	ML	25	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323022941	PROTAMI	PROTAMI	202808	Antihepari	20280800	Antihepari	R	10 MG/ML	INTRAVE	SOLN	ML	5	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323022994	PROTAMI	PROTAMI	202808	Antihepari	20280800	Antihepari	R	10 MG/ML	INTRAVE	SOLN	ML	5	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323022995	PROTAMI	PROTAMI	202808	Antihepari	20280800	Antihepari	R	10 MG/ML	INTRAVE	SOLN	ML	25	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323023610	CEFAZOL	CEFAZOL	81206	Cephalos	8120604	First Gene	S	500MG	INJECTIO	SOLR	EA	1	GENERIC		63323	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323023710	CEFAZOL	CEFAZOL	81206	Cephalos	8120604	First Gene	S	1 GM	INJECTIO	SOLR	EA	1	GENERIC		63323	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323023861	CEFAZOL	CEFAZOL	81206	Cephalos	8120604	First Gene	S	10 GM	INJECTIO	SOLR	EA	1	GENERIC		63323	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323024120	GLYCOPH	SODIUM C	401200	Replacem	40120000	Replacem	R	1 MMOLE	INTRAVE	SOLN	ML	20	SSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323025501	METHYLF	METHYLF	680400	Adrenals	68040000	Adrenals	S	40 MG	INJECTIO	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323025503	METHYLF	METHYLF	680400	Adrenals	68040000	Adrenals	S	40 MG	INJECTIO	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323025801	METHYLF	METHYLF	680400	Adrenals	68040000	Adrenals	S	125 MG	INJECTIO	SOLR	EA	1	GENERIC		63323	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323025803	METHYLF	METHYLF	680400	Adrenals	68040000	Adrenals	S	125 MG	INJECTIO	SOLR	EA	1	GENERIC		63323	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323026037	POLOCAI	MEPIVAC	720000	Local Ane	72000000	Local Ane	R	1%	INJECTIO	SOLN	ML	30	SSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323026110	PROGEST	PROGEST	683200	Progestins	68320000	Progestins	S	50 MG/ML	INTRAMU	OIL	ML	10	GENERIC		63323		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
63323026201	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	5000 UNIT	INJECTIO	SOLN	ML	1	GENERIC		63323		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
63323026203	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	5000 UNIT	INJECTIO	SOLN	ML	1	GENERIC		63323		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
63323026206	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	5000 UNIT	INJECTIO	SOLN	ML	1	GENERIC		63323		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
63323026209	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	5000 UNIT	INJECTIO	SOLN	ML	1	GENERIC		63323		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
63323026211	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	5000 UNIT	INJECTIO	SOLN	ML	1	GENERIC		63323		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
63323026226	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	5000 UNIT	INJECTIO	SOLN	ML	1	GENERIC		63323		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
63323026236	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	5000 UNIT	INJECTIO	SOLN	ML	1	GENERIC		63323		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
63323026530	METHYLF	METHYLF	680400	Adrenals	68040000	Adrenals	S	1000 MG	INJECTIO	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323026906	DIPRIVAN	PROPOF	280408	UNKNOW	28040800	UNKNOW	R	100 MG/10	INTRAVE	EMUL	ML	10	SSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323026910	DIPRIVAN	PROPOF	280408	UNKNOW	28040800	UNKNOW	R	100 MG/10	INTRAVE	EMUL	ML	10	SSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323026916	DIPRIVAN	PROPOF	280408	UNKNOW	28040800	UNKNOW	R	100 MG/10	INTRAVE	EMUL	ML	10	SSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323026922	DIPRIVAN	PROPOF	280408	UNKNOW	28040800	UNKNOW	S	200 MG/20	INTRAVE	EMUL	ML	20	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323026925	DIPRIVAN	PROPOF	280408	UNKNOW	28040800	UNKNOW	S	200 MG/20	INTRAVE	EMUL	ML	20	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323026929	DIPRIVAN	PROPOF	280408	UNKNOW	28040800	UNKNOW	S	200 MG/20	INTRAVE	EMUL	ML	20	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323026933	DIPRIVAN	PROPOF	280408	UNKNOW	28040800	UNKNOW	S	200 MG/20	INTRAVE	EMUL	ML	20	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323026937	DIPRIVAN	PROPOF	280408	UNKNOW	28040800	UNKNOW	S	200 MG/20	INTRAVE	EMUL	ML	20	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323026950	DIPRIVAN	PROPOF	280408	UNKNOW	28040800	UNKNOW	S	500 MG/50	INTRAVE	EMUL	ML	50	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323026957	DIPRIVAN	PROPOF	280408	UNKNOW	28040800	UNKNOW	S	500 MG/50	INTRAVE	EMUL	ML	50	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323026959	DIPRIVAN	PROPOF	280408	UNKNOW	28040800	UNKNOW	S	500 MG/50	INTRAVE	EMUL	ML	50	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323026965	DIPRIVAN	PROPOF	280408	UNKNOW	28040800	UNKNOW	S	1000 MG/1	INTRAVE	EMUL	ML	100	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323026967	DIPRIVAN	PROPOF	280408	UNKNOW	28040800	UNKNOW	S	1000 MG/1	INTRAVE	EMUL	ML	100	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323026969	DIPRIVAN	PROPOF	280408	UNKNOW	28040800	UNKNOW	S	1000 MG/1	INTRAVE	EMUL	ML	100	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323026970	DIPRIVAN	PROPOF	280408	UNKNOW	28040800	UNKNOW	S	200 MG/20	INTRAVE	EMUL	ML	20	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323026977	DIPRIVAN	PROPOF	280408	UNKNOW	28040800	UNKNOW	S	500 MG/50	INTRAVE	EMUL	ML	50	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323026978	DIPRIVAN	PROPOF	280408	UNKNOW	28040800	UNKNOW	S	1000 MG/1	INTRAVE	EMUL	ML	100	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323026994	DIPRIVAN	PROPOF	280408	UNKNOW	28040800	UNKNOW	S	200 MG/20	INTRAVE	EMUL	ML	20	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323027205	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	25 MG/ML	INJECTIO	SOLN	ML	5	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323027301	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	6 MG/0.5M	SUBCUTA	SOLN	ML	0.5	GENERIC		63323	Y	Y	N	FORMULARY		1 GEN	GENERICS	X	18 IN 30 DAYS	R	MEDPRIM
63323027601	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	1000 UNIT	INJECTIO	SOLN	ML	2	GENERIC		63323		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
63323027602	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	1000 UNIT	INJECTIO	SOLN	ML	2	GENERIC		63323	Y	Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
63323027810	VINBLAST	VINBLAST	100000	Antineopla	10000000	Antineopla	R	1 MG/ML	INTRAVE	SOLN	ML	10	GENERIC		63323			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323028001	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	2	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323028002	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	2	GENERIC		63323	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323028003	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	4	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323028004	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	4	GENERIC		63323	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323028005	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	10	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323028010	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	10	GENERIC		63323	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323028016	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	2	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323028026	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	4	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323028036	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	10	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323028045	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	10	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323028110	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	R	2.5 MG/M	INJECTIO	SOLN	ML	10	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323028204	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	600 MG/4	INJECTIO	SOLN	ML	4	GENERIC	4/11/2024	63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323028260	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	9 GM/60M	INJECTIO	SOLN	ML	60	GENERIC	3/12/2024	63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323028301	POLOCAI	MEPIVAC	720000	Local Ane	72000000	Local Ane	R	1%	INJECTIO	SOLN	ML	50	SSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323028357	POLOCAI	MEPIVAC	720000	Local Ane	72000000	Local Ane	R	1%	INJECTIO	SOLN	ML	50	SSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323028401	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	1 GM	INTRAVE	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323028420	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	1 GM	INTRAVE	SOLR	EA	1	GENERIC		63323	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323028421	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	1 GM	INTRAVE	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323028426	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	1 GM	INTRAVE	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323028442	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	1 GM	INTRAVE	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323028501	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	10	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028502	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	100	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028503	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	10	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028506	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	20	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028507	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	20	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028510	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	10	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028513	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	10	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028520	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	20	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028523	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	20	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028528	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	20	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028541	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	20	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028551	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	100	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028553	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	100	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028555	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	100	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028557	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	200	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028559	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	200	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028561	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	100	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028563	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	200	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028564	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	200	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028565	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	100	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028567	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	100	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028568	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	100	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028573	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	200	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028600	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	5 MG/ML	INJECTIO	SOLN	ML	100	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028603	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	5 MG/ML	INJECTIO	SOLN	ML	100	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028605	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	5 MG/ML	INJECTIO	SOLN	ML	20	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028609	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	5 MG/ML	INJECTIO	SOLN	ML	30	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028611	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	5 MG/ML	INJECTIO	SOLN	ML	30	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028620	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	5 MG/ML	INJECTIO	SOLN	ML	20	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028623	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	5 MG/ML	INJECTIO	SOLN	ML	20	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028627	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	5 MG/ML	INJECTIO	SOLN	ML	20	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028631	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	5 MG/ML	INJECTIO	SOLN	ML	30	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028635	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	5 MG/ML	INJECTIO	SOLN	ML	30	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028638	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	5 MG/ML	INJECTIO	SOLN	ML	30	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028641	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	5 MG/ML	INJECTIO	SOLN	ML	20	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028643	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	5 MG/ML	INJECTIO	SOLN	ML	30	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028663	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	5 MG/ML	INJECTIO	SOLN	ML	200	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028693	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	5 MG/ML	INJECTIO	SOLN	ML	30	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028695	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	5 MG/ML	INJECTIO	SOLN	ML	30	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028703	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	7.5 MG/M	INJECTIO	SOLN	ML	20	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028720	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	7.5 MG/M	INJECTIO	SOLN	ML	20	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028721	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	7.5 MG/M	INJECTIO	SOLN	ML	20	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028806	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	10 MG/ML	INJECTIO	SOLN	ML	20	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028810	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	10 MG/ML	INJECTIO	SOLN	ML	10	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028811	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	10 MG/ML	INJECTIO	SOLN	ML	10	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028820	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	10 MG/ML	INJECTIO	SOLN	ML	20	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028821	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	10 MG/ML	INJECTIO	SOLN	ML	20	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028823	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	10 MG/ML	INJECTIO	SOLN	ML	20	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028827	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	10 MG/ML	INJECTIO	SOLN	ML	20	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323028829	NAROPIN	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	10 MG/ML	INJECTIO	SOLN	ML	20	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
63323029301	POLOCAI	MEPIVAC	720000	Local Ane	72000000	Local Ane	R	1.50%	INJECTIO	SOLN	ML	30	SSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323029337	POLOCAI	MEPIVAC	720000	Local Ane	72000000	Local Ane	R	1.50%	INJECTIO	SOLN	ML	30	SSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323029401	POLOCAI	MEPIVAC	720000	Local Ane	72000000	Local Ane	R	2%	INJECTIO	SOLN	ML	20	SSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323029427	POLOCAI	MEPIVAC	720000	Local Ane	72000000	Local Ane	R	2%	INJECTIO	SOLN	ML	20	SSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323029561	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	5 GM	INTRAVE	SOLR	EA	1	GENERIC		63323	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323029566	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	5 GM	INTRAVE	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323029601	POLOCAI	MEPIVAC	720000	Local Ane	72000000	Local Ane	R	2%	INJECTIO	SOLN	ML	50	SSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323029657	POLOCAI	MEPIVAC	720000	Local Ane	72000000	Local Ane	R	2%	INJECTIO	SOLN	ML	50	SSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323029731	FRESENII	PROPOF	280408	UNKNOW	28040800	UNKNOW	S	1000 MG/1	INTRAVE	EMUL	ML	100	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323029751	FRESENII	PROPOF	280408	UNKNOW	28040800	UNKNOW	S	500 MG/50	INTRAVE	EMUL	ML	50	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323029753	FRESENII	PROPOF	280408	UNKNOW	28040800	UNKNOW	S	200 MG/20	INTRAVE	EMUL	ML	20	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323030351	TOBRAM	TOBRAM	81202	Aminoglyc	8120200	Aminoglyc	S	1.2 GM	INJECTIO	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323030355	TOBRAM	TOBRAM	81202	Aminoglyc	8120200	Aminoglyc	S	1.2 GM	INJECTIO	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323030474	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	40.5 (36-4	INTRAVE	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323030478	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	40.5 (36-4	INTRAVE	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323030501	TOBRAM	TOBRAM	81202	Aminoglyc	8120200	Aminoglyc	R	10 MG/ML	INJECTIO	SOLN	ML	2	GENERIC		63323	N		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323030502	TOBRAM	TOBRAM	81202	Aminoglyc	8120200	Aminoglyc	R	10 MG/ML	INJECTIO	SOLN	ML	2	GENERIC		63323	N		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323030601	TOBRAM	TOBRAM	81202	Aminoglyc	8120200	Aminoglyc	S	80 MG/2M	INJECTIO	SOLN	ML	2	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323030602	TOBRAM	TOBRAM	81202	Aminoglyc	8120200	Aminoglyc	S	80 MG/2M	INJECTIO	SOLN	ML	2	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323030605	TOBRAM	TOBRAM	81202	Aminoglyc	8120200	Aminoglyc	S	1.2 GM/30	INJECTIO	SOLN	ML	30	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323030626	TOBRAM	TOBRAM	81202	Aminoglyc	8120200	Aminoglyc	S	80 MG/2M	INJECTIO	SOLN	ML	2	GENERIC	4/3/2024	63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
63323030630	TOBRAM	TOBRAM	81202	Aminoglyc	8120200	Aminoglyc	S	1.2 GM/30	INJECTIO	SOLN	ML	30	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM

63323030751	TOBRAMY	TOBRAMY	81202	Aminoglyc	8120200	Aminoglyc	R	2 GM/50M	INJECTIO	SOLN	ML	50	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323030861	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200MG/10	INTRAVEI	SOLN	ML	100	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323030863	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	400MG/20	INTRAVEI	SOLN	ML	200	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323031461	VANCOMY	VANCOMY	81228	Antibacter	8122816	Glycopept	S	10 GM	INTRAVEI	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323031466	VANCOMY	VANCOMY	81228	Antibacter	8122816	Glycopept	S	10 GM	INTRAVEI	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323031468	VANCOMY	VANCOMY	81228	Antibacter	8122816	Glycopept	S	10 GM	INTRAVEI	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323031501	GANCICL	GANCICL	81832	Nucleosid	8183200	Nucleosid	S	500 MG	INTRAVEI	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323031510	GANCICL	GANCICL	81832	Nucleosid	8183200	Nucleosid	S	500 MG	INTRAVEI	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323031594	GANCICL	GANCICL	81832	Nucleosid	8183200	Nucleosid	S	500 MG	INTRAVEI	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323031801	GRANISE	GRANISE	562220	5-HT3 Rec	56222000	5-HT3 Rec	S	1 MG/ML	INTRAVEI	SOLN	ML	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323031904	GRANISE	GRANISE	562220	5-HT3 Rec	56222000	5-HT3 Rec	S	4 MG/4ML	INTRAVEI	SOLN	ML	4	GENERIC	6/4/2024	63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323032101	POLYMYX	POLYMYX	81228	Antibacter	8122828	Polymyxin	S	500000 UN	INJECTIO	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323032102	POLYMYX	POLYMYX	81228	Antibacter	8122828	Polymyxin	S	500000 UN	INJECTIO	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323032110	POLYMYX	POLYMYX	81228	Antibacter	8122828	Polymyxin	S	500000 UN	INJECTIO	SOLR	EA	1	GENERIC		63323	N		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323032112	POLYMYX	POLYMYX	81228	Antibacter	8122828	Polymyxin	S	500000 UN	INJECTIO	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323032201	IMIPENEM	IMIPENEM	81207	Miscellane	8120708	Carbapen	S	500 MG	INTRAVEI	SOLR	EA	1	GENERIC		63323	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323032221	IMIPENEM	IMIPENEM	81207	Miscellane	8120708	Carbapen	S	500 MG	INTRAVEI	SOLR	EA	1	GENERIC		63323	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323032225	IMIPENEM	IMIPENEM	81207	Miscellane	8120708	Carbapen	S	500MG-50	INTRAVEI	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323032241	IMIPENEM	IMIPENEM	81207	Miscellane	8120708	Carbapen	S	500 MG	INTRAVEI	SOLR	EA	1	GENERIC		63323	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323032293	IMIPENEM	IMIPENEM	81207	Miscellane	8120708	Carbapen	S	500MG-50	INTRAVEI	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323032294	IMIPENEM	IMIPENEM	81207	Miscellane	8120708	Carbapen	S	500MG-50	INTRAVEI	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323032503	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	50 MG/ML	INTRAVEI	SOLN	ML	10	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323032509	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	50 MG/ML	INTRAVEI	SOLN	ML	20	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323032510	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	50 MG/ML	INTRAVEI	SOLN	ML	10	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323032514	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	50 MG/ML	INTRAVEI	SOLN	ML	10	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323032520	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	50 MG/ML	INTRAVEI	SOLN	ML	20	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323032524	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	50 MG/ML	INTRAVEI	SOLN	ML	20	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323032620	CEFEPIM	CEFEPIM	81206	Cephalosp	8120616	Fourth Ge	S	1 GM	INJECTIO	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323032621	CEFEPIM	CEFEPIM	81206	Cephalosp	8120616	Fourth Ge	S	1 GM	INJECTIO	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323032710	NAFCILLI	NAFCILLI	81216	Penicillins	8121612	Penicillina	S	1GM	INJECTIO	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323032820	NAFCILLI	NAFCILLI	81216	Penicillins	8121612	Penicillina	S	2 GM	INJECTIO	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323032822	NAFCILLI	NAFCILLI	81216	Penicillins	8121612	Penicillina	S	2 GM	INJECTIO	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323033060	NAFCILLI	NAFCILLI	81216	Penicillins	8121612	Penicillina	S	10 GM	INTRAVEI	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323034020	CEFEPIM	CEFEPIM	81206	Cephalosp	8120616	Fourth Ge	S	2 GM	INTRAVEI	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323034021	CEFEPIM	CEFEPIM	81206	Cephalosp	8120616	Fourth Ge	S	2 GM	INTRAVEI	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323034101	CEFOXITI	CEFOXITI	81207	Miscellane	8120712	Cephamyc	S	1 GM	INTRAVEI	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323034125	CEFOXITI	CEFOXITI	81207	Miscellane	8120712	Cephamyc	S	1GM	INTRAVEI	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323034129	CEFOXITI	CEFOXITI	81207	Miscellane	8120712	Cephamyc	S	1GM	INTRAVEI	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323034201	CEFOXITI	CEFOXITI	81207	Miscellane	8120712	Cephamyc	S	2 GM	INTRAVEI	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323034225	CEFOXITI	CEFOXITI	81207	Miscellane	8120712	Cephamyc	S	2GM	INTRAVEI	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323034229	CEFOXITI	CEFOXITI	81207	Miscellane	8120712	Cephamyc	S	2GM	INTRAVEI	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323034610	CEFTRIAX	CEFTRIAX	81206	Cephalosp	8120612	Third Gen	S	1 GM	INJECTIO	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323034901	IMIPENEM	IMIPENEM	81207	Miscellane	8120708	Carbapen	R	250 MG	INTRAVEI	SOLR	EA	1	GENERIC		63323	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323034921	IMIPENEM	IMIPENEM	81207	Miscellane	8120708	Carbapen	R	250 MG	INTRAVEI	SOLR	EA	1	GENERIC		63323	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323034925	IMIPENEM	IMIPENEM	81207	Miscellane	8120708	Carbapen	R	250 MG	INTRAVEI	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323034941	IMIPENEM	IMIPENEM	81207	Miscellane	8120708	Carbapen	R	250 MG	INTRAVEI	SOLR	EA	1	GENERIC		63323	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323034993	IMIPENEM	IMIPENEM	81207	Miscellane	8120708	Carbapen	R	250 MG	INTRAVEI	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323034994	IMIPENEM	IMIPENEM	81207	Miscellane	8120708	Carbapen	R	250 MG	INTRAVEI	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323035120	RIFAMPIN	RIFAMPIN	81604	Antituberc	8160400	Antituberc	S	600MG	INTRAVEI	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323035550	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	250 MG/5	INTRAVEI	SOLN	ML	50	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323035560	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG/15	INTRAVEI	SOLN	ML	150	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323035565	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG/10	INTRAVEI	SOLN	ML	100	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323035601	CASPOFU	CASPOFU	81416	Echinocan	8141600	Echinocan	R	50 MG	INTRAVEI	SOLR	EA	1	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323035610	CASPOFU	CASPOFU	81416	Echinocan	8141600	Echinocan	R	50 MG	INTRAVEI	SOLR	EA	1	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323035801	CASPOFU	CASPOFU	81416	Echinocan	8141600	Echinocan	R	70 MG	INTRAVEI	SOLR	EA	1	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323035810	CASPOFU	CASPOFU	81416	Echinocan	8141600	Echinocan	R	70 MG	INTRAVEI	SOLR	EA	1	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323036001	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	S	10%	INTRAVEI	SOLN	ML	10	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323036003	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	S	10%	INTRAVEI	SOLN	ML	50	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323036005	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	S	10%	INTRAVEI	SOLN	ML	100	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323036019	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	S	10%	INTRAVEI	SOLN	ML	10	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323036059	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	S	10%	INTRAVEI	SOLN	ML	50	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323036061	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	S	10%	INTRAVEI	SOLN	ML	100	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323036601	DIMENHY	DIMENHY	562208	Antihistam	56220800	Antihistam	R	50 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323037110	DAPTOMY	DAPTOMY	81228	Antibacter	8122812	Cyclic Lip	S	500 MG	INTRAVEI	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323037119	DAPTOMY	DAPTOMY	81228	Antibacter	8122812	Cyclic Lip	S	500 MG	INTRAVEI	SOLR	EA	1	GENERIC	5/26/2022	63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323037302	ONDANSE	ONDANSE	562220	5-HT3 Rec	56222000	5-HT3 Rec	S	4 MG/2ML	INJECTIO	SOLN	ML	2	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323037420	ONDANSE	ONDANSE	562220	5-HT3 Rec	56222000	5-HT3 Rec	S	40 MG/20	INJECTIO	SOLN	ML	20	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323037600	OCTREOT	OCTREOT	682904	UNKNOW	68290400	UNKNOW	S	100 MCG/	INJECTIO	SOLN	ML	1 X	GENERIC		63323		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	R	MEDPRMI
63323037601	OCTREOT	OCTREOT	682904	UNKNOW	68290400	UNKNOW	S	100 MCG/	INJECTIO	SOLN	ML	1 X	GENERIC		63323		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	R	MEDPRMI
63323037604	OCTREOT	OCTREOT	682904	UNKNOW	68290400	UNKNOW	S	100 MCG/	INJECTIO	SOLN	ML	1 X	GENERIC		63323		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	R	MEDPRMI
63323037641	OCTREOT	OCTREOT	682904	UNKNOW	68290400	UNKNOW	S	100 MCG/	INJECTIO	SOLN	ML	1 X	GENERIC		63323		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	R	MEDPRMI
63323037700	OCTREOT	OCTREOT	682904	UNKNOW	68290400	UNKNOW	S	500 MCG/	INJECTIO	SOLN	ML	1 X	GENERIC		63323		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	R	MEDPRMI
63323037701	OCTREOT	OCTREOT	682904	UNKNOW	68290400	UNKNOW	S	500 MCG/	INJECTIO	SOLN	ML	1 X	GENERIC		63323		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	R	MEDPRMI
63323037704	OCTREOT	OCTREOT	682904	UNKNOW	68290400	UNKNOW	S	500 MCG/	INJECTIO	SOLN	ML	1 X	GENERIC		63323		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	R	MEDPRMI
63323037741	OCTREOT	OCTREOT	682904	UNKNOW	68290400	UNKNOW	S	500 MCG/	INJECTIO	SOLN	ML	1 X	GENERIC		63323		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	R	MEDPRMI
63323037805	OCTREOT	OCTREOT	682904	UNKNOW	68290400	UNKNOW	S	200 MCG/	INJECTIO	SOLN	ML	5 X	GENERIC		63323		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	R	MEDPRMI
63323037905	OCTREOT	OCTREOT	682904	UNKNOW	68290400	UNKNOW	S	1000 MCG	INJECTIO	SOLN	ML	5 X	GENERIC		63323		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	R	MEDPRMI
63323038510	CEFOTET	CEFOTET	81207	Miscellane	8120712	Cephamyc	S	1 GM	INJECTIO	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323038620	CEFOTET	CEFOTET	81207	Miscellane	8120712	Cephamyc	S	2 GM	INJECTIO	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323039306	COLISTIM	COLISTIM	81228	Antibacter	8122828	Polymyxin	S	150 MG	INJECTIO	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323039810	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	500 MG	INTRAVEI	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323039812	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	500 MG	INTRAVEI	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323039814	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	500 MG	INTRAVEI	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323040001	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG/5	INTRAVEI	SOLN	ML	5	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323040005	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG/5	INTRAVEI	SOLN	ML	5	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323040041	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG/5	INTRAVEI	SOLN	ML	5	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323040044	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG/5	INTRAVEI	SOLN	ML	5	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323040101	AZTREON	AZTREON	81207	Miscellane	8120716	Monobact	S	1 GM	INJECTIO	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323040120	AZTREON	AZTREON	81207	Miscellane	8120716	Monobact	S	1 GM	INJECTIO	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323040124	AZTREON	AZTREON	81207	Miscellane	8120716	Monobact	S	1 GM	INJECTIO	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323040126	AZTREON	AZTREON	81207	Miscellane	8120716	Monobact	S	1 GM	INJECTIO	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323040141	AZTREON	AZTREON	81207	Miscellane	8120716	Monobact	S	1 GM	INJECTIO	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323040201	AZTREON	AZTREON	81207	Miscellane	8120716	Monobact	S	2 GM	INJECTIO	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323040203	AZTREON	AZTREON	81207	Miscellane	8120716	Monobact	S	2 GM	INJECTIO	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323040220	AZTREON	AZTREON	81207	Miscellane	8120716	Monobact	S	2 GM	INJECTIO	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323040224	AZTREON	AZTREON	81207	Miscellane	8120716	Monobact	S	2 GM	INJECTIO	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323040230	AZTREON	AZTREON	81207	Miscellane	8120716	Monobact	S	2 GM	INJECTIO	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323040241	AZTREON	AZTREON	81207	Miscellane	8120716	Monobact	S	2 GM	INJECTIO	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323040301	FOSPHEN	FOSPHEN	281212	Hydantoin	28121200	Hydantoin	S	100 MG P	INJECTIO	SOLN	ML	2	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323040302	FOSPHEN	FOSPHEN	281212	Hydantoin	28121200	Hydantoin	S	100 MG P	INJECTIO	SOLN	ML	2	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323040304	FOSPHEN	FOSPHEN	281212	Hydantoin	28121200	Hydantoin	S	500 MG P	INJECTIO	SOLN	ML	10	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323040310	FOSPHEN	FOSPHEN	281212	Hydantoin	28121200	Hydantoin	S	500 MG P	INJECTIO	SOLN	ML	10	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323040601	CAFFEINE	CAFFEINE	282032	UNKNOW	28203200	UNKNOW	S	20 MG/ML	ORAL	SOLN	ML	3	GENERIC		63323			N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
63323040603	CAFFEINE	CAFFEINE	282032	UNKNOW	28203200	UNKNOW	S	20 MG/ML	ORAL	SOLN	ML	3	GENERIC		63323			N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
63323040703	CAFFEINE	CAFFEINE	282032	UNKNOW	28203200	UNKNOW	S	60 MG/3M	INTRAVEI	SOLN	ML	3	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323040704	CAFFEINE	CAFFEINE	282032	UNKNOW	28203200	UNKNOW	S	60 MG/3M	INTRAVEI	SOLN	ML	3	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323041003	STERI-TA	SAFETY S	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1000	NON DRUG		63323			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323041110	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG/10	INJECTIO	SOLN	ML	10	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323041112	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG/2ML	INJECTIO	SOLN	ML	2	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323041113	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG/10	INJECTIO	SOLN	ML	10	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323041115	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG/2ML	INJECTIO	SOLN	ML	2	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323041118	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG/5ML	INJECTIO	SOLN	ML	5	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323041125	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG/5ML	INJECTIO	SOLN	ML	5	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323041202	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG/2M	INJECTIO	SOLN	ML	2	GENERIC		63323		Y	N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
63323041203	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG/2M	INJECTIO	SOLN	ML	2	GENERIC		63323		Y	N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
63323041210	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	50 MG/10	INJECTIO	SOLN	ML	10	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323041213	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	50 MG/10	INJECTIO	SOLN	ML	10	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323041218	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		63323		Y	N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
63323041225	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		63323		Y	N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
63323041310	NEOSTIG	NEOSTIG	120400	Parasymp	12040000	Parasymp	R	5 MG/10M	INTRAVEI	SOLN	ML	10	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323041336	NEOSTIG	NEOSTIG	120400	Parasymp	12040000	Parasymp	R	5 MG/10M	INTRAVEI	SOLN	ML	10	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323041501	NEOSTIG	NEOSTIG	120400	Parasymp	12040000	Parasymp	R	10 MG/10	INTRAVEI	SOLN	ML	10	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323041510	NEOSTIG	NEOSTIG	120400	Parasymp	12040000	Parasymp	R	10 MG/10	INTRAVEI	SOLN	ML	10	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323041536	NEOSTIG	NEOSTIG	120400	Parasymp	12040000	Parasymp	R	10 MG/10	INTRAVEI	SOLN	ML	10	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323041605	CISATRA	CISATRA	122020	UNKNOW	12202000	UNKNOW	S	10 MG/5M	INTRAVEI	SOLN	ML	5	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323041710	CISATRA	CISATRA	122020	UNKNOW	12202000	UNKNOW	S	20 MG/10	INTRAVEI	SOLN	ML	10	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323041820	CISATRA	CISATRA	122020	UNKNOW	12202000	UNKNOW	S	200 MG/2	INTRAVEI	SOLN	ML	20	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323042101	DEXMEDE	DEXMEDE	121204	alpha-Adr	12120400	alpha-Adr	S	200 MCG/	INTRAVEI	SOLN	ML	2	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323042102	DEXMEDE	DEXMEDE	121204	alpha-Adr	12120400	alpha-Adr	S	200 MCG/	INTRAVEI	SOLN	ML	2	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323042405	FLUMAZE	FLUMAZE	913204	UNKNOW	91320400	UNKNOW	S	0.5 MG/5	INTRAVEI	SOLN	ML	5	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323042410	FLUMAZE	FLUMAZE	913204	UNKNOW	91320400	UNKNOW	S	1 MG/10M	INTRAVEI	SOLN	ML	10	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323042601	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	100 MG/1	INTRAVEI	SOLN	ML	10	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323042602	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	50 MG/5M	INTRAVEI	SOLN	ML	5	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323042605	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	50 MG/5M	INTRAVEI	SOLN	ML	5	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323042610	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	100 MG/1	INTRAVEI	SOLN	ML	10	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323042612	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	50 MG/5M	INTRAVEI	SOLN	ML	5	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323042615	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	50 MG/5M	INTRAVEI	SOLN	ML	5	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323043400	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	S	10 MG/ML	INTRAVEI	SOLN	ML	100	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323043441	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	S	10 MG/ML	INTRAVEI	SOLN	ML	100	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323045050	PEMETRE	PEMETRE	100000	Antineopla	10000000	Antineopla	S	500 MG	INTRAVEI	SOLR	EA	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323045100	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	10 MG/ML	INJECTIO	SOLN	ML	1	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323045101	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	10 MG/ML	INJECTIO	SOLN	ML	1	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323045200	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	2 MG/ML	INJECTIO	SOLN	ML	1	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323045201	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	2 MG/ML	INJECTIO	SOLN	ML	1	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323045400	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	4 MG/ML	INJECTIO	SOLN	ML	1	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323045401	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	4 MG/ML	INJECTIO	SOLN	ML	1	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323045500	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	5 MG/ML	INJECTIO	SOLN	ML	1	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323045501	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	5 MG/ML	INJECTIO	SOLN	ML	1	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323045800	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	8 MG/ML	INJECTIO	SOLN	ML	1	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323045801	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	8 MG/ML	INJECTIO	SOLN	ML	1	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323045909	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	10000 UN	INJECTIO	SOLN	ML	4	GENERIC		63323		Y	N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
63323046001	SENSORC	BUPIVAC	720000	Local Ane	72000000	Local Ane	R	0.75-1:20	INJECTIO	SOLN	ML	30	SSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323046037	SENSORC	BUPIVAC	720000	Local Ane	72000000	Local Ane	R	.75%-1:20	INJECTIO	SOLN	ML	30	SSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323046101	SENSORC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.25% -1:2	INJECTIO	SOLN	ML	50	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323046157	SENSORC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	.25%-1:20	INJECTIO	SOLN	ML	50	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323046201	SENSORC	BUPIVAC	720000	Local Ane	72000000	Local Ane	R	0.5% -1:2	INJECTIO	SOLN	ML	30	SSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323046203	SENSORC	BUPIVAC	720000	Local Ane	72000000	Local Ane	R	0.5% -1:2	INJECTIO	SOLN	ML	30	SSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323046204	SENSORC	BUPIVAC	720000	Local Ane	72000000	Local Ane	R	0.5% -1:2	INJECTIO	SOLN	ML	10	SSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323046217	SENSORC	BUPIVAC	720000	Local Ane	72000000	Local Ane	R	0.5% -1:2	INJECTIO	SOLN	ML	10	SSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323046231	SENSORC	BUPIVAC	720000	Local Ane	72000000	Local Ane	R	0.5% -1:2	INJECTIO	SOLN	ML	30	SSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323046237	SENSORC	BUPIVAC	720000	Local Ane	72000000	Local Ane	R	0.5% -1:2	INJECTIO	SOLN	ML	30	SSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323046238	SENSORC	BUPIVAC	720000	Local Ane	72000000	Local Ane	R	0.5% -1:2	INJECTIO	SOLN	ML	30	SSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323046301	SENSORC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	.5%-1:200	INJECTIO	SOLN	ML	50	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323046357	SENSORC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	.5%-1:200	INJECTIO	SOLN	ML	50	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323046401	SENSORC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.25%	INJECTIO	SOLN	ML	10	GENERIC		63323	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323046402	SENSORC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.25%	INJECTIO	SOLN	ML	30	GENERIC		63323	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323046408	SENSORC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.25%	INJECTIO	SOLN	ML	10	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323046409	SENSORC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.25%	INJECTIO	SOLN	ML	30	GENERIC		63323	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323046417	SENSORC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.25%	INJECTIO	SOLN	ML	10	GENERIC		63323	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323046431	SENSORC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.25%	INJECTIO	SOLN	ML	30	GENERIC		63323	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323046437	SENSORC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.25%	INJECTIO	SOLN	ML	30	GENERIC		63323	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323046438	SENSORC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.25%	INJECTIO	SOLN	ML	10	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323046439	SENSORC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.25%	INJECTIO	SOLN	ML	30	GENERIC		63323	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323046501	SENSORC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.25%	INJECTIO	SOLN	ML	50	GENERIC		63323	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323046557	SENSORC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.25%	INJECTIO	SOLN	ML	50	GENERIC		63323	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323046601	SENSORC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.50%	INJECTIO	SOLN	ML	30	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323046603	SENSORC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.50%	INJECTIO	SOLN	ML	10	GENERIC		63323	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323046608	SENSORC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.50%	INJECTIO	SOLN	ML	10	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323046609	SENSORC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.50%	INJECTIO	SOLN	ML	30	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323046617	SENSORC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.50%	INJECTIO	SOLN	ML	10	GENERIC		63323	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323046631	SENSORC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.50%	INJECTIO	SOLN	ML	30	GENERIC		63323	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323046637	SENSORC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.50%	INJECTIO	SOLN	ML	30	GENERIC		63323	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323046638	SENSORC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.50%	INJECTIO	SOLN	ML	10	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323046639	SENSORC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.50%	INJECTIO	SOLN	ML	30	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323046701	SENSORC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.50%	INJECTIO	SOLN	ML	50	GENERIC		63323	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323046757	SENSORC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.50%	INJECTIO	SOLN	ML	50	GENERIC		63323	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323046801	SENSORC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.25% -1:2	INJECTIO	SOLN	ML	10	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323046802	SENSORC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.25% -1:2	INJECTIO	SOLN	ML	30	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323046817	SENSORC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.25% -1:2	INJECTIO	SOLN	ML	10	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323046837	SENSORC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.25% -1:2	INJECTIO	SOLN	ML	30	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323046901	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	50 MG/ML	INTRAMU	SOLN	ML	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323046905	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	50 MG/ML	INTRAMU	SOLN	ML	5	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323046951	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	50 MG/ML	INTRAMU	SOLN	ML	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323047101	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	100 MG/M	INTRAMU	SOLN	ML	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323047105	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	100 MG/M	INTRAMU	SOLN	ML	5	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323047141	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	100 MG/M	INTRAMU	SOLN	ML	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323047151	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	100 MG/M	INTRAMU	SOLN	ML	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323047155	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	100 MG/M	INTRAMU	SOLN	ML	5	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323047201	SENSORC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.75%	INJECTIO	SOLN	ML	30	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323047203	SENSORC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.75%	INJECTIO	SOLN	ML	10	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323047217	SENSORC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.75%	INJECTIO	SOLN	ML	10	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323047237	SENSORC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.75%	INJECTIO	SOLN	ML	30	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323047400	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	5 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323047401	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	5 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		63323	N		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323047410	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	5 MG/ML	INJECTIO	SOLN	ML	10	GENERIC		63323	N		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323047491	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	5 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		63323			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323047501	NESACAI	CHLOROP	720000	Local Ane	72000000	Local Ane	R	1%	INJECTIO	SOLN	ML	30	SSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323047537	NESACAI	CHLOROP	720000	Local Ane	72000000	Local Ane	R	1%	INJECTIO	SOLN	ML	30	SSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323047601	NESACAI	CHLOROP	720000	Local Ane	72000000	Local Ane	R	2%	INJECTIO	SOLN	ML	30	SSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323047637	NESACAI	CHLOROP	720000	Local Ane	72000000	Local Ane	R	2%	INJECTIO	SOLN	ML	30	SSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323047701	NESACAI	CHLOROP	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	20	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323047727	NESACAI	CHLOROP	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	20	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323047801	NESACAI	CHLOROP	720000	Local Ane	72000000	Local Ane	S	3%	INJECTIO	SOLN	ML	20	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323047827	NESACAI	CHLOROP	720000	Local Ane	72000000	Local Ane	S	3%	INJECTIO	SOLN	ML	20	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323048101	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1:200000-	INJECTIO	SOLN	ML	50	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323048157	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1:200000-	INJECTIO	SOLN	ML	50	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323048201	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1:100000-	INJECTIO	SOLN	ML	10	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323048203	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1:100000-	INJECTIO	SOLN	ML	20	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323048205	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1:100000-	INJECTIO	SOLN	ML	50	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323048217	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1 %-1:100	INJECTIO	SOLN	ML	10	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323048226	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1 %-1:100	INJECTIO	SOLN	ML	20	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323048227	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1 %-1:100	INJECTIO	SOLN	ML	20	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323048257	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1 %-1:100	INJECTIO	SOLN	ML	50	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323048301	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2 %-1:100	INJECTIO	SOLN	ML	50	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323048303	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2 %-1:100	INJECTIO	SOLN	ML	20	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323048327	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2 %-1:100	INJECTIO	SOLN	ML	20	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323048357	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2 %-1:100	INJECTIO	SOLN	ML	50	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323048457	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	0.50%	INJECTIO	SOLN	ML	50	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323048501	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	20	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323048503	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	50	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323048526	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	20	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323048527	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	20	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323048541	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	20	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323048557	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	50	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323048601	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	10	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323048602	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	20	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323048605	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	50	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323048617	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	10	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323048626	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	20	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323048627	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	20	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323048657	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	50	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323048701	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	R	1 %-1:200	INJECTIO	SOLN	ML	10	SSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323048703	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	R	1 %-1:200	INJECTIO	SOLN	ML	30	SSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323048707	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	R	1 %-1:200	INJECTIO	SOLN	ML	30	SSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323048717	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	R	1 %-1:200	INJECTIO	SOLN	ML	10	SSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323048731	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	R	1 %-1:200	INJECTIO	SOLN	ML	30	SSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323048737	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	R	1 %-1:200	INJECTIO	SOLN	ML	30	SSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63323048801	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1.5 %-1:2	INJECTIO	SOLN	ML	10	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323048803	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1.5 %-1:2	INJECTIO	SOLN	ML	30	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323048807	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1.5 %-1:2	INJECTIO	SOLN	ML	30	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323048817	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1.5 %-1:2	INJECTIO	SOLN	ML	10	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323048831	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1.5 %-1:2	INJECTIO	SOLN	ML	30	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323048837	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1.5 %-1:2	INJECTIO	SOLN	ML	30	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323048889	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1.5 %-1:2	INJECTIO	SOLN	ML	5	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323048901	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2 %-1:200	INJECTIO	SOLN	ML	10	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323048902	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2 %-1:200	INJECTIO	SOLN	ML	20	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323048903	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2 %-1:200	INJECTIO	SOLN	ML	20	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323048917	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2 %-1:200	INJECTIO	SOLN	ML	10	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323048921	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2 %-1:200	INJECTIO	SOLN	ML	20	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323048927	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	2 %-1:200	INJECTIO	SOLN	ML	20	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323049101	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	0.50%	INJECTIO	SOLN	ML	50	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323049157	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	0.50%	INJECTIO	SOLN	ML	50	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323049203	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	30	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323049204	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	2	MSB		63323			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323049207	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	30	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323049208	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	10	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323049209	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	5	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323049216	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	2	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323049226	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	30	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323049227	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	2	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323049231	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	30	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
63323049236	XYLOCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	5	MSB		63323	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI

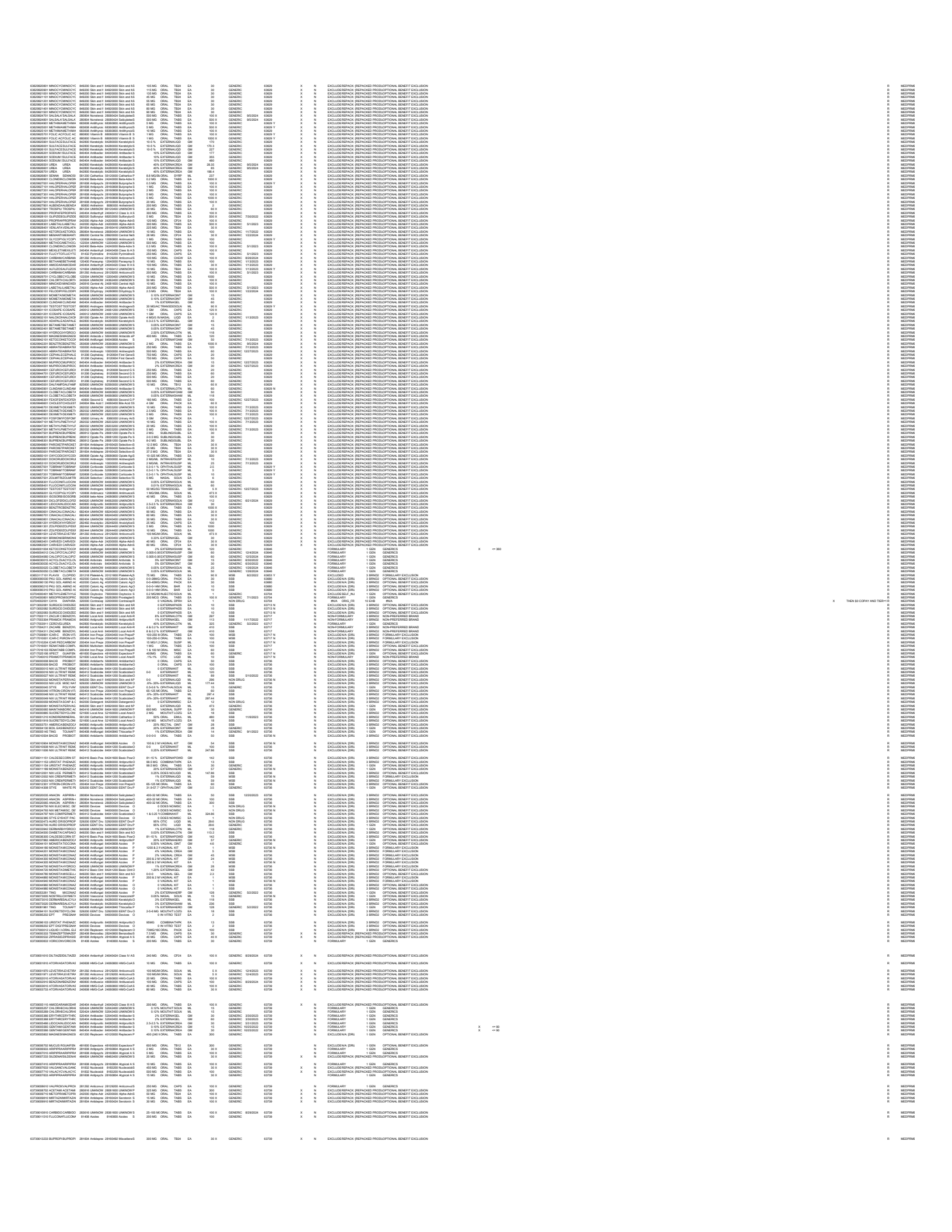
63629130810	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	56		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629132401	CHROMIL	CHROMIL	401200	Replacem	40120000	Replacem	P	200 MCG	ORAL	TABS	EA	60		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629132402	CHROMIL	CHROMIL	401200	Replacem	40120000	Replacem	P	200 MCG	ORAL	TABS	EA	7		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629132403	CHROMIL	CHROMIL	401200	Replacem	40120000	Replacem	P	200 MCG	ORAL	TABS	EA	14		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629132404	CHROMIL	CHROMIL	401200	Replacem	40120000	Replacem	P	200 MCG	ORAL	TABS	EA	30		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629132601	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	20		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629132603	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	14		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629132604	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	6		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629132605	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	30		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629132606	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	60		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629132607	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	12		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629132608	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	40		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629132801	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	100	X	GENERIC	11/10/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629132802	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	30	X	GENERIC	11/10/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629132803	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	20	X	GENERIC	11/10/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629132804	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	60	X	GENERIC	11/10/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629132806	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	90	X	GENERIC	11/10/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629132901	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	20		GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629132902	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629132903	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	60		GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629132904	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	14		GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629132905	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	10		GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629133801	CAPTOPF	CAPTOPF	243204	Angiotens	24320400	Angiotens	S	25 MG	ORAL	TABS	EA	100	X	GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629133802	CAPTOPF	CAPTOPF	243204	Angiotens	24320400	Angiotens	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629133803	CAPTOPF	CAPTOPF	243204	Angiotens	24320400	Angiotens	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629133900	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	40		GENERIC	10/12/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629133901	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	14		GENERIC	10/12/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629133902	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	84		GENERIC	10/12/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629133903	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC	10/12/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629133904	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC	10/12/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629133905	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	15		GENERIC	10/12/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629133906	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC	10/12/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629133907	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC	10/12/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629133908	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	56		GENERIC	10/12/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629133909	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	120		GENERIC	10/12/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629133910	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	40		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629134501	OXAPRO	OXAPRO	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629134502	OXAPRO	OXAPRO	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	20	X	GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629134503	OXAPRO	OXAPRO	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	14	X	GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629134504	OXAPRO	OXAPRO	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629134505	OXAPRO	OXAPRO	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629134801	DOXYCY	DOXYCY	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	TABS	EA	20		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629134802	DOXYCY	DOXYCY	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	TABS	EA	14		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629134803	DOXYCY	DOXYCY	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	TABS	EA	30		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629135401	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	11/14/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629135402	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	11/14/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629135403	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	20	X	GENERIC	11/14/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629135404	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	60	X	GENERIC	11/14/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629135405	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	11/14/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629135701	DOXYCY	DOXYCY	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	TABS	EA	20		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629135702	DOXYCY	DOXYCY	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	TABS	EA	40		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629135703	DOXYCY	DOXYCY	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	TABS	EA	30		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629136910	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	120	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629137901	EVOXAC	CEVIMELI	120400	Parasymp	12040000	Parasymp	S	30 MG	ORAL	CAPS	EA	100	X	MSB		63629	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
63629138604	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	56		GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629138605	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	21		GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629138606	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	4		GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629138607	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	28		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629138608	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	100		GENERIC	10/24/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629138801	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	21		GENERIC	1/5/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629138802	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	30		GENERIC	1/5/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629138803	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	20		GENERIC	1/5/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629138804	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	60		GENERIC	1/5/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629138805	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	28		GENERIC	1/5/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629138806	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	14		GENERIC	1/5/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629139301	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	10/12/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629139302	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	120	X	GENERIC	10/12/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629139303	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	10/12/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629139304	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	60	X	GENERIC	10/12/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629139501	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	30	X	GENERIC	1/10/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629139502	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	60	X	GENERIC	1/10/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629139503	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	100	X	GENERIC	1/10/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629139701	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	60	X	GENERIC	10/12/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629139702	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	100	X	GENERIC	10/12/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629139703	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	30	X	GENERIC	10/12/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629139704	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	120	X	GENERIC	10/12/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629139705	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	90	X	GENERIC	10/12/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629144301	LIDODER	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	30		MSB		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
63629145901	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	40		GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629145902	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	28		GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629145903	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	30		GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629145904	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	20		GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629145905	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	14		GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629145906	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	10		GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629146700	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	90		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629146801	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	20	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629146802	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	30	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629146803	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	40	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629146804	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	60	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629146805	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	90	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629146806	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	120	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629146807	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	100	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629146808	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	21	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629147000	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	84	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629147001	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	20	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629147002	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	42	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629147003	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	40	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629147004	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	21	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629147005	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629147006	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629147007	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	100	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629147008	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	120	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629147009	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629147701	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30	X	GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629147702	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629147703	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	10	X	GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629147704	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	90	X	GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629147705	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	20	X	GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629147706	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	120	X	GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629147707	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	14	X	GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629147710	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	28	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629149410	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MC	ORAL	TABS	EA	50		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629149703	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	400 MG	ORAL	TABS	EA	60	X	GENERIC	10/12/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629149704	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	400 MG	ORAL	TABS	EA	40	X	GENERIC	10/12/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629150701	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	CAPS	EA	100	X	GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629150702	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	CAPS	EA	30	X	GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629150703	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	CAPS	EA	60	X	GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629150704	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	CAPS	EA	90	X	GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629151308	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	120	X	GENERIC	8/24/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629151600	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	250		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629151601	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	20		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629151602	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	15		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629151603	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	40		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629151604	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	100		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629151605	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	30		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629151606	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	45		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629151607	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	50		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629151608	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	60		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629151609	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	90		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629152201	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	150	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629152202	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629152203	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629152204	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629152301	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	12		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629152302	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	15		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629152303	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	20		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629152304	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	30		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629152305	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	60		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629152306	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	90		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629152307	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	10		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629152308	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	100		GENERIC	5/23/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629152309	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	1		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629152410	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	56		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629152601	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629152602	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629152603	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629153101	DOXYCY	DOXYCY	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	CAPS	EA	10		GENERIC	11/7/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629153102	DOXYCY	DOXYCY	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	CAPS	EA	20		GENERIC	11/7/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629153104	DOXYCY	DOXYCY	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	CAPS	EA	40		GENERIC	11/7/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629153105	DOXYCY	DOXYCY	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	CAPS	EA	60		GENERIC	11/7/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629153106	DOXYCY	DOXYCY	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	CAPS	EA	28		GENERIC	11/7/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629153107	DOXYCY	DOXYCY	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	CAPS	EA	14		GENERIC	11/7/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629156401	ORPHEN	ORPHEN	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	20		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629156402	ORPHEN	ORPHEN	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	60		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629156403	ORPHEN	ORPHEN	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	100		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629156404	ORPHEN	ORPHEN	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	90		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629156405	ORPHEN	ORPHEN	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	30		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629156406	ORPHEN	ORPHEN	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	28		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629156407	ORPHEN	ORPHEN	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	45		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629156408	ORPHEN	ORPHEN	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	14		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629156409	ORPHEN	ORPHEN	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	120		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629156410	ORPHEN	ORPHEN	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	56		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629157910	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	10		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629158410	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	90		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629158701	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	20		GENERIC	10/12/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629158702	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	30		GENERIC	10/12/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629158703	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	40		GENERIC	10/12/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629158704	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	15		GENERIC	10/12/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629158705	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	10		GENERIC	10/12/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629158706	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	21		GENERIC	10/12/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629158708	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	12		GENERIC	10/12/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629159901	PRED MIL	PREDNIS	520808	Corticoste	52080800	Corticoste	R	0.12%	OPHTHAL	SUSP	ML	5		SSB		63629	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629160101	PRECOSE	ACARBOS	682002	Alpha-Glu	68200200	Alpha-Glu	S	50 MG	ORAL	TABS	EA	90	X	MSB	10/18/2022	63629	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
63629160102	PRECOSE	ACARBOS	682002	Alpha-Glu	68200200	Alpha-Glu	S	50 MG	ORAL	TABS	EA	30	X	MSB	10/18/2022	63629	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
63629160500	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	42		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629160502	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	78		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

63629281701	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	12		GENERIC	9/27/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629281702	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	28		GENERIC	9/27/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629281703	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	42		GENERIC	9/27/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629281704	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	100		GENERIC	9/27/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629281705	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	30		GENERIC	9/27/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629281706	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	21		GENERIC	9/27/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629281707	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	4		GENERIC	9/27/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629281708	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	56		GENERIC	9/27/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629281709	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	20		GENERIC	9/27/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629283301	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	60	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629286701	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	150 MG	ORAL	TABS	EA	30	X	GENERIC	2/18/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629286702	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	150 MG	ORAL	TABS	EA	60	X	GENERIC	2/18/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629286703	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	150 MG	ORAL	TABS	EA	90	X	GENERIC	2/18/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629288301	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	60	X	GENERIC	10/26/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629288302	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	30	X	GENERIC	10/25/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629288303	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	100	X	GENERIC	10/25/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629290701	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC	10/18/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629290702	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	2.5 MG	ORAL	TABS	EA	60	X	GENERIC	10/18/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629290703	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	2.5 MG	ORAL	TABS	EA	90	X	GENERIC	10/18/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629293801	ERYTHRO	ERYTHRO	81212	Macrolide	8121204	Erythromy	S	500 MG	ORAL	TABS	EA	30		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629294610	HYDROCO	HYDROCO	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	180		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629294710	HYDROCO	HYDROCO	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MG	ORAL	TABS	EA	56		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629297401	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629297402	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	10		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629297403	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629297404	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629297405	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	16		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629297406	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	8		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629297407	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	15		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629298101	LEXAPRO	ESCITALO	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	30	X	MSB	1/18/2024	63629	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629298102	LEXAPRO	ESCITALO	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	28	X	MSB	1/18/2024	63629	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629300901	METOCLO	METOCLO	563200	Prokinetic	56320000	Prokinetic	S	5 MG/5ML	ORAL	SOLN	ML	120		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629300902	METOCLO	METOCLO	563200	Prokinetic	56320000	Prokinetic	S	5 MG/5ML	ORAL	SOLN	ML	240		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629302101	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	30	X	MSB	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629302102	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	20	X	MSB	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629302103	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	90	X	MSB	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629302104	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	60	X	MSB	1/18/2024	63629	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629302105	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	7	X	MSB	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629302106	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	15	X	MSB	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629302107	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	6	X	MSB	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629302108	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	14	X	MSB	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629302109	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	56	X	MSB	1/18/2024	63629	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629302110	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	28	X	MSB		63629	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629305101	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	R	105 MG	ORAL	CP24	EA	28		MSB	10/25/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629305102	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	R	105 MG	ORAL	CP24	EA	30		MSB	10/25/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629305103	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	R	105 MG	ORAL	CP24	EA	60		MSB	10/25/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629305104	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	R	105 MG	ORAL	CP24	EA	100		MSB	10/25/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629305105	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	R	105 MG	ORAL	CP24	EA	2		MSB	10/25/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629305600	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	20	X	GENERIC	10/18/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629305601	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	30	X	GENERIC	10/18/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629305602	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC	10/18/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629305603	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	60	X	GENERIC	10/18/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629305604	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	120	X	GENERIC	10/18/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629305605	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	100	X	GENERIC	10/18/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629305606	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	28	X	GENERIC	10/18/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629305607	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	112	X	GENERIC	10/18/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629305608	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	84	X	GENERIC	10/18/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629305609	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	180	X	GENERIC	10/18/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629305610	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	20	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629306301	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629306302	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629306303	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	180	X	GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629306304	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629306305	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	100	X	GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629306306	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	120	X	GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629306307	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	56	X	GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629306308	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	84	X	GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629306309	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	112	X	GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629306310	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	45	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629306610	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	25		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629314301	GLUCOSA	GLUCOSA	929200	UNKNOW	92920000	UNKNOW	P	400MG-50	ORAL	TABS	EA	60		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629314302	GLUCOSA	GLUCOSA	929200	UNKNOW	92920000	UNKNOW	P	400MG-50	ORAL	TABS	EA	120		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629314303	GLUCOSA	GLUCOSA	929200	UNKNOW	92920000	UNKNOW	P	400MG-50	ORAL	TABS	EA	90		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629314304	GLUCOSA	GLUCOSA	929200	UNKNOW	92920000	UNKNOW	P	400MG-50	ORAL	TABS	EA	100		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629314305	GLUCOSA	GLUCOSA	929200	UNKNOW	92920000	UNKNOW	P	400MG-50	ORAL	TABS	EA	30		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629314306	GLUCOSA	GLUCOSA	929200	UNKNOW	92920000	UNKNOW	P	400MG-50	ORAL	TABS	EA	108		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629315201	BUTALBIT	BUTALBIT	280808	Opiate Ag	28080800	Opiate Ag	S	50-325-40	ORAL	CAPS	EA	20		GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629315202	BUTALBIT	BUTALBIT	280808	Opiate Ag	28080800	Opiate Ag	S	50-325-40	ORAL	CAPS	EA	90		GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629317701	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC	10/25/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629317702	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2.5 MG	ORAL	TABS	EA	60	X	GENERIC	10/25/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629320101	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	75 MG	ORAL	CPCR	EA	30	X	GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629320102	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	75 MG	ORAL	CPCR	EA	60	X	GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629320103	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	75 MG	ORAL	CPCR	EA	14	X	GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629320401	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	CAPS	EA	30	X	GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629320402	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	CAPS	EA	60	X	GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629320403	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	CAPS	EA	90	X	GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629320404	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	CAPS	EA	100	X	GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629320701	SENNOSI	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6 MG	ORAL	TABS	EA	100		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629320702	SENNOSI	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6 MG	ORAL	TABS	EA	60		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629320703	SENNOSI	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6 MG	ORAL	TABS	EA	120		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629320801	SULINDA	SULINDA	280804	Nonsteroi	28080404	UNKNOW	S	200 MG	ORAL	TABS	EA	30	X	GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629320802	SULINDA	SULINDA	280804	Nonsteroi	28080404	UNKNOW	S	200 MG	ORAL	TABS	EA	60	X	GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629320901	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	30		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629320902	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	60		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629320903	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	90		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629320904	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	120		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629320905	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	100		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629321001	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	8/2/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629321002	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	60	X	GENERIC	8/2/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629321003	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	8/2/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629321004	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	180	X	GENERIC	8/2/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629322101	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	CAPS	EA	30	X	GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629324501	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	MSB		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629324802	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	60	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629324810	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	120	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629327901	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629327902	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629327903	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629328901	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629328902	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629328903	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629328904	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	180	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629329301	ZONISAM	ZONISAM	281224	UNKNOW	28122400	UNKNOW	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629329302	ZONISAM	ZONISAM	281224	UNKNOW	28122400	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629330901	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629330902	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629330903	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629330904	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	180	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629330905	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629331503	WELLBUT	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150MG	ORAL	TB24	EA	90	X	MSB		63629	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629331601	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	30	X	GENERIC	5/29/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629331602	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	60	X	GENERIC	5/29/2024	63629	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629331603	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	90	X	GENERIC	5/29/2024	63629	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629331604	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	120	X	GENERIC	5/29/2024	63629	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629331605	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	8	X	GENERIC	5/29/2024	63629	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629331901	SEROQUE	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	100	X	MSB	5/13/2022	63629	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629331902	SEROQUE	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	30	X	MSB	5/13/2022	63629	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629331903	SEROQUE	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	60	X	MSB	5/13/2022	63629	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629332402	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	TABS	EA	30	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629332501	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	90	X	GENERIC	3/8/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629332502	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	60	X	GENERIC	3/8/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629332503	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	30	X	GENERIC	3/8/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629332802	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	60	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629332803	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	90	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629332810	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	20	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629333301	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	30 MG	ORAL	TABS	EA	60		GENERIC	10/18/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629333302	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	30 MG	ORAL	TABS	EA	30		GENERIC	10/18/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629334101	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	30		GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629334102	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	90		GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629334103	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	40		GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629334104	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	60		GENERIC	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629334301	HYDROXY	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	100	X	GENERIC	11/2/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629334901	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629336501	TOPAMAX	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50MG	ORAL	TABS	EA	30	X	MSB		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629336502	TOPAMAX	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50MG	ORAL	TABS	EA	60	X	MSB		63629	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629336503	TOPAMAX	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50MG	ORAL	TABS	EA	90	X	MSB		63629	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629336504	TOPAMAX	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50MG	ORAL	TABS	EA	100	X	MSB		63629	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629336505	TOPAMAX	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50MG	ORAL	TABS	EA	180	X	MSB		63629	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629336701	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	30	X	MSB	10/18/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629336702	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	60	X	MSB	10/18/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629336703	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	90	X	MSB	10/18/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629336704	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	100	X	MSB	10/18/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629336705	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	120	X	MSB	10/18/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629336706	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	56	X	MSB	10/18/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629336707	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	28	X	MSB	10/18/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629336901	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	MSB	10/18/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629336902	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	60	X	MSB	10/18/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629336903	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	MSB	10/18/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629336904	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	100	X	MSB	10/18/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629336905	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	120	X	MSB	10/18/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629338001	SEROQUE	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TABS	EA	30	X	MSB	5/13/2022	63629	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629338002	SEROQUE	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TABS	EA	60	X	MSB	5/13/2022	63629	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629338004	SEROQUE	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TABS	EA	180	X	MSB	5/13/2022	63629	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629338101	CRESTOR	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	MSB	3/8/2023	63629	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629338102	CRESTOR	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	60	X	MSB	3/8/2023	63629	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629338103	CRESTOR	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	MSB	3/8/2023	63629	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629338104	CRESTOR	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	180	X	MSB	3/8/2023	63629	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629338401	FLOMAX	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	30	X	MSB	2/16/2022	63629	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629338402	FLOMAX	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	60	X	MSB	2/16/2022	63629	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629338403	FLOMAX	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	90	X	MSB	2/16/2022	63629	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629338404	FLOMAX	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	180	X	MSB	2/16/2022	63629	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629339201	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629339703	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	R	1.5 MG	ORAL	TABS	EA	90	X	MSB		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
63629340501	ZALEPLO	ZALEPLO	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	CAPS	EA	15		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629340502	ZALEPLO	ZALEPLO	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	CAPS	EA	30		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629340503	ZALEPLO	ZALEPLO	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	CAPS	EA	60		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629340504	ZALEPLO	ZALEPLO	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	CAPS	EA	90		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629340801	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	30	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629340802	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	60	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629340803	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629340804	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	100	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629354901	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
63629354902	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

63629354903	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	10	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629354904	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	100	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629354905	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	20	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629354906	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	90	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629355201	RIMANTA	RIMANTA	81804	Adamanta	8180400	Adamanta	R	100 MG	ORAL	TABS	EA	30	GENERIC	11/14/2022	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629356201	CEFURO	CEFURO	81206	Cephalos	8120608	Second G	S	500 MG	ORAL	TABS	EA	20	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629356202	CEFURO	CEFURO	81206	Cephalos	8120608	Second G	S	500 MG	ORAL	TABS	EA	30	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629358301	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30 X	GENERIC	1/18/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629358302	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	60 X	GENERIC	1/18/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629358303	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90 X	GENERIC	1/18/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629359705	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	TABS	EA	90 X	GENERIC	6/12/2023	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629363801	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	275 MG	ORAL	TABS	EA	60 X	GENERIC	12/19/2022	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629363802	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	275 MG	ORAL	TABS	EA	90 X	GENERIC	12/19/2022	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629363803	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	275 MG	ORAL	TABS	EA	42 X	GENERIC	12/19/2022	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629363804	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	275 MG	ORAL	TABS	EA	20 X	GENERIC	12/19/2022	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629363805	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	275 MG	ORAL	TABS	EA	120 X	GENERIC	12/19/2022	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629363806	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	275 MG	ORAL	TABS	EA	30 X	GENERIC	12/19/2022	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629364901	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	60 MG	ORAL	TABS	EA	30 X	GENERIC	1/18/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629366001	PYRIDOX	PYRIDOX	880800	Vitamin B	88080000	Vitamin B	P	50MG	ORAL	TABS	EA	30	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629366002	PYRIDOX	PYRIDOX	880800	Vitamin B	88080000	Vitamin B	P	50MG	ORAL	TABS	EA	60	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629366003	PYRIDOX	PYRIDOX	880800	Vitamin B	88080000	Vitamin B	P	50MG	ORAL	TABS	EA	100	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629366801	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	30 X	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629366802	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	60 X	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629366803	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	100 X	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629366901	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	30 X	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629366902	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	60 X	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629366903	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	100 X	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629367101	CEFDINIR	CEFDINIR	81206	Cephalos	8120612	Third Gen	S	300 MG	ORAL	CAPS	EA	14	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629367102	CEFDINIR	CEFDINIR	81206	Cephalos	8120612	Third Gen	S	300 MG	ORAL	CAPS	EA	20	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629367103	CEFDINIR	CEFDINIR	81206	Cephalos	8120612	Third Gen	S	300 MG	ORAL	CAPS	EA	16	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629367104	CEFDINIR	CEFDINIR	81206	Cephalos	8120612	Third Gen	S	300 MG	ORAL	CAPS	EA	30	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629367105	CEFDINIR	CEFDINIR	81206	Cephalos	8120612	Third Gen	S	300 MG	ORAL	CAPS	EA	8	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629372201	VOLTARE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	1%	EXTERNA	GEL	GM	100	MSB		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
63629373101	AMPHET	AMPHET	282004	Amphetan	28200400	Amphetan	S	20 MG	ORAL	TABS	EA	60 X	GENERIC	3/10/2023	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629373201	AMPHET	AMPHET	282004	Amphetan	28200400	Amphetan	S	5 MG	ORAL	TABS	EA	60 X	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629373901	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-25 MG	ORAL	TABS	EA	30 X	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629373902	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-25 MG	ORAL	TABS	EA	60 X	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629374201	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	30	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629374202	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	6	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629374203	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	3	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629374209	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	10	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629377110	METHAD	METHAD	280808	Opiate Ag	28080800	Opiate Ag	S	10 MG	ORAL	TABS	EA	168	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629378901	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TABS	EA	60	MSB	1/18/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
63629378902	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TABS	EA	30	MSB	1/18/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
63629378903	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TABS	EA	90	MSB	1/18/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
63629379810	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	4 MG	ORAL	TABS	EA	90	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629380501	CYMBALT	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	30 X	MSB		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
63629380901	NEXIUM	ESOMEP	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30 X	MSB		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
63629381101	LYRICA	PREGAB	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	90 X	MSB		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
63629381601	OXCARB	OXCARB	281224	UNKNOW	28122400	UNKNOW	S	150 MG	ORAL	TABS	EA	30 X	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629381602	OXCARB	OXCARB	281224	UNKNOW	28122400	UNKNOW	S	150 MG	ORAL	TABS	EA	60 X	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629381603	OXCARB	OXCARB	281224	UNKNOW	28122400	UNKNOW	S	150 MG	ORAL	TABS	EA	90 X	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629385701	LYRICA	PREGAB	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	90 X	MSB		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
63629386001	HYOSCY	HYOSCY	120808	Antimusca	12080800	Antimusca	S	0.375 MG	ORAL	TB12	EA	30 X	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629386002	HYOSCY	HYOSCY	120808	Antimusca	12080800	Antimusca	S	0.375 MG	ORAL	TB12	EA	20 X	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629387001	DIGOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	250 MCG	ORAL	TABS	EA	30 X	GENERIC	11/14/2022	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629387002	DIGOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	250 MCG	ORAL	TABS	EA	60 X	GENERIC	11/14/2022	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629387003	DIGOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	250 MCG	ORAL	TABS	EA	90 X	GENERIC	11/14/2022	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629387004	DIGOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	250 MCG	ORAL	TABS	EA	100 X	GENERIC	11/14/2022	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629395310	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	112	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629397901	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TBCR	EA	90	GENERIC	3/10/2023	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629397902	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TBCR	EA	60	GENERIC	3/10/2023	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629397903	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TBCR	EA	30	GENERIC	3/10/2023	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629401400	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TBDP	EA	30	GENERIC	1/18/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629401401	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TBDP	EA	10	GENERIC	1/18/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629401402	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TBDP	EA	15	GENERIC	1/18/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629401403	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TBDP	EA	20	GENERIC	1/18/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629401404	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TBDP	EA	5	GENERIC	1/18/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629401405	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TBDP	EA	3	GENERIC	1/18/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629402300	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	60	GENERIC	1/18/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629402301	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	10	GENERIC	1/18/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629402302	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	3	GENERIC	1/18/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629402303	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	30	GENERIC	1/18/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629402304	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	15	GENERIC	1/18/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629402305	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	6	GENERIC	1/18/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629402306	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	4	GENERIC	1/18/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629402307	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	90	GENERIC	1/18/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629402308	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	12	GENERIC	1/18/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629402309	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	20	GENERIC	1/18/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629402701	CHLORDI	CHLORDI	282408	Benzodiaz	28240800	Benzodiaz	S	25 MG	ORAL	CAPS	EA	30	GENERIC	3/10/2023	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629402702	CHLORDI	CHLORDI	282408	Benzodiaz	28240800	Benzodiaz	S	25 MG	ORAL	CAPS	EA	25	GENERIC	3/10/2023	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629404201	RIFAMPIN	RIFAMPIN	81604	Antituberc	8160400	Antituberc	S	300 MG	ORAL	CAPS	EA	30	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629404202	RIFAMPIN	RIFAMPIN	81604	Antituberc	8160400	Antituberc	S	300 MG	ORAL	CAPS	EA	60	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629404203	RIFAMPIN	RIFAMPIN	81604	Antituberc	8160400	Antituberc	S	300 MG	ORAL	CAPS	EA	20	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629406810	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	84	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629409301	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	10	GENERIC	5/29/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629409302	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	15	GENERIC	5/29/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629409303	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	4	GENERIC	5/29/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629409304	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	3	GENERIC	5/29/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629409305	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	12	GENERIC	5/29/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629409306	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	20	GENERIC	5/29/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629409307	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	30	GENERIC	5/29/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629409308	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	60	GENERIC	5/29/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629409309	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	6	GENERIC	5/29/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629409401	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	100 MG	ORAL	TABS	EA	100 X	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629410801	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TABS	EA	20 X	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629410802	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TABS	EA	90 X	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629410803	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TABS	EA	30 X	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629410804	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TABS	EA	60 X	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629412702	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	1.5 MG	ORAL	TABS	EA	21	GENERIC	12/4/2023	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629412703	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	1.5 MG	ORAL	TABS	EA	51	GENERIC	12/4/2023	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629412904	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	0.75 MG	ORAL	TABS	EA	21	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629413601	MAGNESI	MAGNESI	401200	Replacem	40120000	Replacem	P	400 (240 M	ORAL	TABS	EA	60	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629413602	MAGNESI	MAGNESI	401200	Replacem	40120000	Replacem	P	400 (240 M	ORAL	TABS	EA	30	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629413603	MAGNESI	MAGNESI	401200	Replacem	40120000	Replacem	P	400 (240 M	ORAL	TABS	EA	90	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629413701	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TABS	EA	90 X	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629416501	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	75 MCG/H	TRANSDE	PT72	EA	5	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629416601	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	25 MCG/H	TRANSDE	PT72	EA	5	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629416701	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	100 MCG/	TRANSDE	PT72	EA	5	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629416801	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	50 MCG/H	TRANSDE	PT72	EA	5	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629417102	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	60 X	GENERIC	8/24/2023	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629417501	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TABS	EA	60	MSB	1/18/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
63629417502	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TABS	EA	90	MSB	1/18/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
63629417503	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TABS	EA	30	MSB	1/18/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
63629417801	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	12 MCG/H	TRANSDE	PT72	EA	5	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629418101	LYRICA	PREGAB	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	56 X	MSB	10/18/2022	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
63629418102	LYRICA	PREGAB	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	30 X	MSB	10/18/2022	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
63629418103	LYRICA	PREGAB	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	60 X	MSB	10/18/2022	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
63629418104	LYRICA	PREGAB	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	90 X	MSB	10/18/2022	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
63629418105	LYRICA	PREGAB	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	28 X	MSB	10/18/2022	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
63629418301	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	30 X	GENERIC	8/24/2023	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629421601	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	30	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629421701	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	21	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629421801	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	20	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629421901	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	40	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629422001	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	28	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629422101	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	20	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629422201	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	30	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629422301	CEFADR	CEFADR	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	30	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629422401	CEFADR	CEFADR	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	10	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629422501	CEFADR	CEFADR	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	20	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629422601	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250 MG	ORAL	CAPS	EA	30	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629422801	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	30	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629422901	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	28	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629423001	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	30	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629423601	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	40	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629423701	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875 MG	ORAL	TABS	EA	20	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629423901	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500-125 M	ORAL	TABS	EA	30	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629424201	DICLOXA	DICLOXA	81216	Penicillins	8121612	Penicillina	S	250 MG	ORAL	CAPS	EA	20	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629425401	DICLOXA	DICLOXA	81216	Penicillins	8121612	Penicillina	S	250 MG	ORAL	CAPS	EA	40	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629425601	DICLOXA	DICLOXA	81216	Penicillins	8121612	Penicillina	S	500 MG	ORAL	CAPS	EA	20	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629425701	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	28	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629425901	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	21	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629426301	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	R	250 MG	ORAL	CHEW	EA	30	GENERIC	3/10/2023	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629426501	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	40	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629426601	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	40	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629426701	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	40	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629426801	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	20	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629426901	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	60	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629427001	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	12	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629427801	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TBEC	EA	60 X	GENERIC	1/18/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629427802	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TBEC	EA	30 X	GENERIC	1/18/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629427803	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TBEC	EA	90 X	GENERIC	1/18/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629428409	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	2 MG	ORAL	TABS	EA	10	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629430601	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TBDP	EA	30	GENERIC	9/23/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629430602	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TBDP	EA	10	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629430603	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TBDP	EA	5	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629430604	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TBDP	EA	4	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629430605	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TBDP	EA	6	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629430606	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TBDP	EA	14	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629430607	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TBDP	EA	60	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629438001	VITAMIN	CYANOC	880800	Vitamin B	88080000	Vitamin B	P	1000 MCG	SUBLING	SUBL	EA	30	GENERIC		63629 N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629438002	VITAMIN	CYANOC	880800	Vitamin B	88080000	Vitamin B	P	1000 MCG	SUBLING	SUBL	EA	60	GENERIC		63629 N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629438003	VITAMIN	CYANOC	880800	Vitamin B	88080000	Vitamin B	P	1000 MCG	SUBLING	SUBL	EA	90	GENERIC		63629 N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629438004	VITAMIN	CYANOC	880800	Vitamin B	88080000	Vitamin B	P	1000 MCG	SUBLING	SUBL	EA	120	GENERIC		63629 N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629438005	VITAMIN	CYANOC	880800	Vitamin B	88080000	Vitamin B	P	1000 MCG	SUBLING	SUBL	EA	130	GENERIC		63629 N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629445201	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	100 MG	ORAL	TABS	EA	9	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629448301	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TBCR	EA	30	GENERIC	1/18/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629448302	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TBCR	EA	60	GENERIC	1/18/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629448303	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TBCR	EA	90	GENERIC	1/18/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629448304	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TBCR	EA	120	GENERIC	1/18/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629448305	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TBCR	EA	40	GENERIC	1/18/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629448401	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TBCR	EA	30	GENERIC	1/18/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629448402	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TBCR	EA	60	GENERIC	1/18/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629448403	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TBCR	EA	90	GENERIC	1/18/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629448404	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TBCR	EA	120	GENERIC	1/18/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629448405	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TBCR	EA	100	GENERIC	1/18/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629448406	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TBCR	EA	5	GENERIC	1/18/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629451201	SYNOVA	GLUCOS	929200	UNKNOW	92920000	UNKNOW	P	500MG	ORAL	CAPS	EA	90	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629451301	PROMOL	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100MG	ORAL	TABS	EA	100	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629451401	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	100 MG	ORAL	TBCR	EA	90	GENERIC	1/18/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629451402	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	100 MG	ORAL	TBCR	EA	60	GENERIC	1/18/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629451403	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	100 MG	ORAL	TBCR	EA	30	GENERIC	1/18/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629451404	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	100 MG	ORAL	TBCR	EA	120	GENERIC	1/18/2024	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629459701	AMBIEN (	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	12.5 MG	ORAL	TBCR	EA	30	MSB		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
63629459801	AMITIZA	LUBIPRO	561808	UNKNOW	56180800	UNKNOW	S	24 MCG	ORAL	CAPS	EA	30 X	MSB		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
63629459901	OXYCON	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	R	60 MG	ORAL	T12A	EA	30	SSB		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629460001	OXYCON	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	R	80 MG	ORAL	T12A	EA	90	SSB		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629460601	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10 MG	ORAL	TABS	EA	120	GENERIC	10/5/2023	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629460603	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10 MG	ORAL	TABS	EA	60	GENERIC	10/5/2023	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629460604	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10 MG	ORAL	TABS	EA	90	GENERIC	10/3/2023	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629461501	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TB24	EA	30 X	GENERIC	3/10/2023	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629461502	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TB24	EA	90 X	GENERIC	3/10/2023	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629461503	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TB24	EA	60 X	GENERIC	3/10/2023	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629461504	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TB24	EA	110 X	GENERIC	3/10/2023	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629461505	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TB24	EA	86 X	GENERIC	3/10/2023	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629462401	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5MG	ORAL	TBPK	EA	21	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629464206	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	14	GENERIC	8/24/2023	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629467501	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	250 MG	ORAL	TABS	EA	60 X	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629467502	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	250 MG	ORAL	TABS	EA	30 X	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629467503	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	250 MG	ORAL	TABS	EA	120 X	GENERIC		63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629468801	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	30 X	GENERIC	2/16/2022	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629468802	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	28 X	GENERIC	2/16/2022	63629	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

63629468803	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	2/16/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629468804	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	2/16/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629469701	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	150 MG	ORAL	TABS	EA	60	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629469702	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	150 MG	ORAL	TABS	EA	30	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629469703	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	150 MG	ORAL	TABS	EA	90	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629469704	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	150 MG	ORAL	TABS	EA	120	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629469801	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	60	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629469802	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	30	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629469901	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	60	X	GENERIC	2/21/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629469902	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	28	X	GENERIC	2/21/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629469903	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	2/21/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629469904	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	2/21/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629469905	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	120	X	GENERIC	2/21/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629469906	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	100	X	GENERIC	2/21/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629469907	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	45	X	GENERIC	2/21/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629470701	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	60		GENERIC	11/2/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629470702	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	30		GENERIC	11/2/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629470703	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	90		GENERIC	11/2/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629470704	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	120		GENERIC	11/2/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629477602	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629477604	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629477605	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629483803	HYOSCYA	HYOSCYA	120808	Antimusca	12080800	Antimusca	S	0.125 MG	SUBLINGI	SUBL	EA	15	X	GENERIC	8/24/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629484101	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629484102	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629484103	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629484301	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	10		GENERIC	3/13/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629484302	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	20		GENERIC	3/13/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629484303	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	60		GENERIC	3/13/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629484304	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	30		GENERIC	3/13/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629489901	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	30		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629489902	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	20		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629489903	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	90		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629489904	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	60		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629489905	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	120		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629489906	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	180		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629489909	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	15		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629490101	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	30		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629490102	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	60		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629490103	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	90		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629490104	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	120		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629493902	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	60	X	GENERIC	3/10/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629493903	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	3/10/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629493904	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	120	X	GENERIC	3/10/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629494701	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	30	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629496401	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	30	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629496404	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	90	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629496405	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	60	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629497101	ROPINIR	ROPINIR	283620	UNKNOW	28362008	UNKNOW	S	2 MG	ORAL	TABS	EA	30	X	GENERIC	12/1/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629498203	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	75 MCG/H	TRANSDE	PT72	EA	5		GENERIC	1/10/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629498701	OXCARB	OXCARB	281224	UNKNOW	28122400	UNKNOW	S	300 MG	ORAL	TABS	EA	30	X	GENERIC	9/23/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629498702	OXCARB	OXCARB	281224	UNKNOW	28122400	UNKNOW	S	300 MG	ORAL	TABS	EA	60	X	GENERIC	10/2/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629498703	OXCARB	OXCARB	281224	UNKNOW	28122400	UNKNOW	S	300 MG	ORAL	TABS	EA	90	X	GENERIC	10/2/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629501701	CITRACA	CALCIUM	401200	Replacem	40120000	Replacem	P	200-6.25 M	ORAL	TABS	EA	60		MSB		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
63629502901	SILDENA	SILDENA	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	10	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629502902	SILDENA	SILDENA	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629502903	SILDENA	SILDENA	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	7	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629502904	SILDENA	SILDENA	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629502905	SILDENA	SILDENA	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629502906	SILDENA	SILDENA	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	20	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629502907	SILDENA	SILDENA	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	270	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629504201	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	0.125 MG	ORAL	TABS	EA	30	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629509402	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	3		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629509403	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	9		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629509405	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	14		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629517401	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	30	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629517402	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	60	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629517403	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	28	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629517404	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	6	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629517405	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	90	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629520201	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	30	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629520202	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	28	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629520203	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	60	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629520204	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	90	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629524701	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629524702	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	90	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629526901	ANASTRO	ANASTRO	681608	Antiestrog	68160800	Antiestrog	S	1 MG	ORAL	TABS	EA	30	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629526905	ANASTRO	ANASTRO	681608	Antiestrog	68160800	Antiestrog	S	1 MG	ORAL	TABS	EA	6	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629530201	CLOMIPH	CLOMIPH	681612	Estrogen	68161200	Estrogen	S	50 MG	ORAL	TABS	EA	30		MSB	11/7/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
63629530202	CLOMIPH	CLOMIPH	681612	Estrogen	68161200	Estrogen	S	50 MG	ORAL	TABS	EA	10		MSB	11/7/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
63629530206	CLOMIPH	CLOMIPH	681612	Estrogen	68161200	Estrogen	S	50 MG	ORAL	TABS	EA	40		MSB	11/7/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
63629531901	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	2 MG	ORAL	TABS	EA	30		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629532005	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	3 MG	ORAL	TABS	EA	20		GENERIC	8/24/2023	63629	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629532501	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	1 MG	ORAL	TABS	EA	30		GENERIC	8/24/2023	63629	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629536401	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TB24	EA	30		GENERIC	3/7/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629536402	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TB24	EA	60		GENERIC	3/7/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629536403	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TB24	EA	90		GENERIC	3/7/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629538801	FENOPR	FENOPR	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	CAPS	EA	30	X	MSB	4/13/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
63629538802	FENOPR	FENOPR	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	CAPS	EA	60	X	MSB	4/13/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
63629538803	FENOPR	FENOPR	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	CAPS	EA	90	X	MSB	4/13/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
63629538804	FENOPR	FENOPR	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	CAPS	EA	120	X	MSB	4/13/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
63629538805	FENOPR	FENOPR	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	CAPS	EA	28	X	MSB	4/13/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
63629541101	L-METHYI	L-METHYI	929200	UNKNOW	92920000	UNKNOW	R	15 MG	ORAL	TABS	EA	30		MSB		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
63629542201	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	30		GENERIC	3/10/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629542202	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	120		GENERIC	3/10/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629542203	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	20		GENERIC	8/24/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629542204	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	60		GENERIC	3/10/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629542205	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	90		GENERIC	8/24/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629542207	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	40		GENERIC	8/24/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629542208	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	15		GENERIC	8/24/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629543201	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	10		GENERIC	10/2/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629543202	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	12		GENERIC	10/2/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629543203	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	20		GENERIC	10/2/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629543204	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	30		GENERIC	10/2/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629543205	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	45		GENERIC	10/2/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629543206	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	60		GENERIC	10/2/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629543207	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	90		GENERIC	10/2/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629543208	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	100		GENERIC	10/2/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629543209	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	120		GENERIC	10/2/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629543210	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	180		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629543400	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	120		GENERIC	3/10/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629543401	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	20		GENERIC	3/10/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629543402	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	30		GENERIC	3/10/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629543403	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	40		GENERIC	3/10/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629543404	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	45		GENERIC	3/10/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629543405	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	56		GENERIC	3/10/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629543406	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	60		GENERIC	3/10/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629543407	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	84		GENERIC	3/10/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629543408	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	90		GENERIC	3/10/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629543409	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	100		GENERIC	3/10/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629543510	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	180		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629543610	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	6		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629543701	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-200 M	ORAL	TABS	EA	120		GENERIC	3/10/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629543702	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-200 M	ORAL	TABS	EA	20		GENERIC	3/10/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629543703	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-200 M	ORAL	TABS	EA	28		GENERIC	3/10/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629543704	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-200 M	ORAL	TABS	EA	30		GENERIC	3/10/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629543705	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-200 M	ORAL	TABS	EA	40		GENERIC	3/10/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629543706	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-200 M	ORAL	TABS	EA	45		GENERIC	3/10/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629543707	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-200 M	ORAL	TABS	EA	60		GENERIC	3/10/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629543708	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-200 M	ORAL	TABS	EA	84		GENERIC	3/10/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629543709	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-200 M	ORAL	TABS	EA	90		GENERIC	3/10/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629543710	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-200 M	ORAL	TABS	EA	15		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629549201	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	50 MCG/H	TRANSDE	PT72	EA	5		GENERIC	3/13/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629550301	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	30	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629550302	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	60	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629550303	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	90	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629550304	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	14	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629553701	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	45 MG	ORAL	TBDP	EA	30	X	GENERIC	1/22/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629563201	LANSOPF	LANSOPF	562836	Proton-pu	56283600	Proton-pu	S	15 MG	ORAL	CPDR	EA	30	X	GENERIC	4/15/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629563701	TREZIX	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	320.5-30-1	ORAL	CAPS	EA	30		SSB	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629563702	TREZIX	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	320.5-30-1	ORAL	CAPS	EA	60		SSB	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629563703	TREZIX	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	320.5-30-1	ORAL	CAPS	EA	90		SSB	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629563704	TREZIX	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	320.5-30-1	ORAL	CAPS	EA	120		SSB	1/18/2024	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629565901	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC	8/24/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629568201	TELMISAI	TELMISAI	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629568202	TELMISAI	TELMISAI	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629683402	OXCARB	OXCARB	281224	UNKNOW	28122400	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629691602	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	80 MG	ORAL	CAPS	EA	30	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629700301	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	3/10/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629701504	OMEGA-3	OMEGA-3	240612	UNKNOW	24061200	UNKNOW	S	1 GM	ORAL	CAPS	EA	120	X	GENERIC		63629	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629701701	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	30	X	GENERIC	3/10/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629706901	DICLOFEI	DICLOFEI	840620	UNKNOW	84062000	UNKNOW	S	1%	EXTERNA	GEL	GM	100		GENERIC	11/25/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629710801	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TABS	EA	30	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629711601	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	400 MG	ORAL	TABS	EA	30	X	GENERIC	1/14/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629711602	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	400 MG	ORAL	TABS	EA	28	X	GENERIC	1/14/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629711603	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	400 MG	ORAL	TABS	EA	60	X	GENERIC	1/14/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629711604	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	400 MG	ORAL	TABS	EA	180	X	GENERIC	1/14/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629712501	BUPRENC	BUPRENC	280812	Opiate Pa	28081200	Opiate Pa	S	2 MG	SUBLINGI	SUBL	EA	60		GENERIC	8/24/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629712502	BUPRENC	BUPRENC	280812	Opiate Pa	28081200	Opiate Pa	S	2 MG	SUBLINGI	SUBL	EA	90		GENERIC	8/24/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629712601	BUPRENC	BUPRENC	280812	Opiate Pa	28081200	Opiate Pa	S	8 MG	SUBLINGI	SUBL	EA	90		GENERIC	8/24/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629712602	BUPRENC	BUPRENC	280812	Opiate Pa	28081200	Opiate Pa	S	8 MG	SUBLINGI	SUBL	EA	60		GENERIC	8/24/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629726601	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	S	35 MG	ORAL	TABS	EA	30		GENERIC	12/30/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629726602	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	S	35 MG	ORAL	TABS	EA	90		GENERIC	12/30/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629726603	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	S	35 MG	ORAL	TABS	EA	15		GENERIC	12/30/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629726604	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	S	35 MG	ORAL	TABS	EA	60		GENERIC	12/30/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629726605	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	S	35 MG	ORAL	TABS	EA	7		GENERIC	12/30/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629726606	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	S	35 MG	ORAL	TABS	EA	21		GENERIC	12/30/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629726607	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	S	35 MG	ORAL	TABS	EA	42		GENERIC	12/30/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629726608	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	S	35 MG	ORAL	TABS	EA	100		GENERIC	12/30/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629727705	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	7.5 MG	ORAL	TABS	EA	60		GENERIC	8/24/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629730601	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629730602	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	28	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629730603	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	58	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629730604	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	30	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629730605	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	60	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629730606	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	120	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629730701	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629730702	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	58	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629730801	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC	1/12/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629730802	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	18	X	GENERIC	1/12/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629730803	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	58	X	GENERIC	1/12/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629733301	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	8/24/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629739401	MODAFIN	MODAFIN	282080	UNKNOW	28208000	UNKNOW	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	8/24/2023	63629	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629739402	MODAFIN	MODAFIN	282080	UNKNOW	28208000	UNKNOW	S	100 MG	ORAL	TABS	EA	60	X	GENERIC	8/24/2023	63629	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629750801	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	30	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629750802	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629750803	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	58	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629750804	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	88	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629751501	NALFON	FENOPR	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	CAPS	EA	30	X	MSB		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
63629751502	NALFON	FENOPR	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	CAPS	EA	90	X	MSB		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
63629751503	NALFON	FENOPR	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	CAPS	EA	28	X	MSB		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
63629751504	NALFON	FENOPR	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	CAPS	EA	60	X	MSB		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
63629752501	DESVENL	DESVENL	281604	Antidepres	28160416	UNKNOW	S	50 MG	ORAL	TB24	EA	30	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629752503	DESVENL	DESVENL	281604	Antidepres	28160416	UNKNOW	S	50 MG	ORAL	TB24	EA	60	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629752504	DESVENL	DESVENL	281604	Antidepres	28160416	UNKNOW	S	50 MG	ORAL	TB24	EA	90	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629755201	LANSOPF	LANSOPF	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	30	X	GENERIC	12/30/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629755901	DESVENL	DESVENL	281604	Antidepres	28160416	UNKNOW	S	100 MG	ORAL	TB24	EA	30	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629755903	DESVENL	DESVENL	281604	Antidepres	28160416	UNKNOW	S	100 MG	ORAL	TB24	EA	90	X	GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629759601	DESIPRAI	DESIPRAI	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	12/30/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629760501	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	40		GENERIC	12/30/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629763803	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	100		GENERIC	1/5/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629763804	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	300		GENERIC	1/5/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629770101	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	10		GENERIC	12/14/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629770102	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	12		GENERIC	12/14/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629770105	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	100		GENERIC	12/14/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629770202	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	12		GENERIC	12/14/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629770203	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	20		GENERIC	12/14/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629772600	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	10		GENERIC	10/3/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629772601	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	15		GENERIC	10/3/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629772602	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	30		GENERIC	10/3/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629772603	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	20		GENERIC	10/3/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629772604	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	100		GENERIC	10/3/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629772605	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	90		GENERIC	10/3/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629772606	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	60		GENERIC	10/3/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629772607	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	120		GENERIC	10/3/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629772608	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	28		GENERIC	10/3/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629772609	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	2		GENERIC	10/3/2022	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629774001	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	28		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629774201	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	20		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629774301	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	14		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629774803	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	90		GENERIC	1/3/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629774805	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	60		GENERIC	1/3/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629780301	FEXMID	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629780302	FEXMID	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	60		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629780303	FEXMID	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629780304	FEXMID	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	120		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629780305	FEXMID	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	9		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629780306	FEXMID	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	14		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629780307	FEXMID	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	15		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629782101	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	21		GENERIC	3/10/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629782102	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	12		GENERIC	3/10/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629782201	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	21		GENERIC	1/3/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629782301	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	21		GENERIC	3/10/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629782302	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	15		GENERIC	3/10/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629782303	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	10		GENERIC	3/10/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629782401	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	21		GENERIC	1/3/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629782601	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	21		GENERIC		63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629789501	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC	1/3/2023	63629		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

63629875701	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629875801	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	S	1-0.05 %	EXTERNA	CREA	GM	45		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629875901	POTASSI	POTASSI	400800	Alkalinizin	40080000	Alkalinizin	S	10 MEQ (1	ORAL	TBCR	EA	100		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629876101	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629876201	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629876301	CINACAL	CINACAL	682404	UNKNOW	68240400	UNKNOW	S	30 MG	ORAL	TABS	EA	30	X	GENERIC	7/25/2024	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629876401	CINACAL	CINACAL	682404	UNKNOW	68240400	UNKNOW	S	60 MG	ORAL	TABS	EA	30	X	GENERIC	9/5/2024	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629876501	CINACAL	CINACAL	682404	UNKNOW	68240400	UNKNOW	S	90 MG	ORAL	TABS	EA	30	X	GENERIC	7/25/2024	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629876601	COLCHIC	COLCHIC	921600	UNKNOW	92160000	UNKNOW	S	0.6 MG	ORAL	TABS	EA	100		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629876701	COLESEV	COLESEV	240604	Bile Acid S	24060400	Bile Acid S	S	625 MG	ORAL	TABS	EA	180	X	GENERIC		63629	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629876801	SILVER S	SILVER S	840416	UNKNOW	84041600	UNKNOW	S	1%	EXTERNA	CREA	GM	20		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629876901	SILVER S	SILVER S	840416	UNKNOW	84041600	UNKNOW	S	1%	EXTERNA	CREA	GM	25		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629877001	SILVER S	SILVER S	840416	UNKNOW	84041600	UNKNOW	S	1%	EXTERNA	CREA	GM	50		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629877101	SILVER S	SILVER S	840416	UNKNOW	84041600	UNKNOW	S	1%	EXTERNA	CREA	GM	50		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629877201	SILVER S	SILVER S	840416	UNKNOW	84041600	UNKNOW	S	1%	EXTERNA	CREA	GM	85		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629877301	SILVER S	SILVER S	840416	UNKNOW	84041600	UNKNOW	S	1%	EXTERNA	CREA	GM	400		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629877401	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-:	S	20 MG/ML	ORAL	CONC	ML	60	X	GENERIC		63629	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629877501	SODIUM E	SODIUM E	560400	Antacids a	56040000	Antacids a	P	650 MG	ORAL	TABS	EA	1000		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629877801	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	15		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629877901	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	30		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629878001	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	80		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629878101	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	454		GENERIC	6/10/2024	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629878201	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	CREA	GM	15		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629878301	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	CREA	GM	80		GENERIC	1/13/2023	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629878401	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	CREA	GM	454		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629878501	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.50%	EXTERNA	CREA	GM	15		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629879101	ADAPALE	ADAPALE	842800	Keratolytic	84280000	Keratolytic	S	0.10%	EXTERNA	CREA	GM	45		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629879201	BRIMONI	BRIMONI	524004	UNKNOW	52400400	UNKNOW	S	0.15%	OPHTHAL	SOLN	ML	5	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629879301	BRINZOL	BRINZOL	524012	UNKNOW	52401200	UNKNOW	S	1%	OPHTHAL	SUSP	ML	10	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629879401	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	CP24	EA	30	X	GENERIC		63629	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629879501	CILOSTA	CILOSTA	201218	Platelet-A	20121800	Platelet-A	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		63629	N		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629879601	CILOSTA	CILOSTA	201218	Platelet-A	20121800	Platelet-A	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629879701	CIPROFL	CIPROFL	520808	Corticoste	52080800	Corticoste	S	0.3-0.1 %	OTIC	SUSP	ML	7.5		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629879801	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1.2-5 %	EXTERNA	GEL	GM	45		GENERIC	4/2/2024	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629880001	ENULOSE	LACTULO	401000	Ammonia	40100000	Ammonia	S	10 GM/15	ORAL	SOLN	ML	473	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629880101	EPINEPHI	EPINEPHI	121212	alpha- anc	12121200	alpha- anc	S	0.15 MG/0	INJECTIO	SOAJ	EA	2		GENERIC		63629		Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629880201	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.5 MG	ORAL	TABS	EA	100	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629880301	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	10 MCG	VAGINAL	TABS	EA	8	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629880401	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	10 MCG	VAGINAL	TABS	EA	18	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629880501	ETODOL	ETODOL	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	100	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629880601	FLUDRO	FLUDRO	680400	Adrenals	68040000	Adrenals	S	0.1 MG	ORAL	TABS	EA	100	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629880701	RIVASTIG	RIVASTIG	120400	Parasymp	12040000	Parasymp	S	9.5 MG/24	TRANSDE	PT24	EA	30	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629880801	FLURBIPF	FLURBIPF	280804	Nonsteroi	28080404	UNKNOW	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629880901	FLUTICAS	FLUTICAS	680400	Adrenals	68040000	Adrenals	S	113-14 MC	INHALATI	AEPB	EA	1	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629881001	FLUTICAS	FLUTICAS	680400	Adrenals	68040000	Adrenals	S	232-14 MC	INHALATI	AEPB	EA	1	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629881101	FLUTICAS	FLUTICAS	680400	Adrenals	68040000	Adrenals	S	55-14 MC	INHALATI	AEPB	EA	1	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629881201	FLUVAST	FLUVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	CAPS	EA	100	X	GENERIC		63629	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629881301	FORMOTI	FORMOTI	121208	beta-Adre	12120812	Selective I	S	20 MCG/2	INHALATI	NEBU	ML	2	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629881401	FORMOTI	FORMOTI	121208	beta-Adre	12120812	Selective I	S	20 MCG/2	INHALATI	NEBU	ML	2	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629881501	GLATOPA	GLATIRAI	900424	UNKNOW	90042400	UNKNOW	S	20 MG/ML	SUBCUTA	SOSY	ML	1	X	GENERIC		63629	Y	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629881601	GLATOPA	GLATIRAI	900424	UNKNOW	90042400	UNKNOW	S	40 MG/ML	SUBCUTA	SOSY	ML	1	X	GENERIC		63629		Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629881701	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	2.50%	EXTERNA	OINT	GM	28.35		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629881801	IMIQUIMC	IMIQUIMC	841800	UNKNOW	84180000	UNKNOW	S	3.75%	EXTERNA	CREA	GM	7.5		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629881901	KETOCOI	KETOCOI	840408	Antifungal	84040808	Azoles	S	2%	EXTERNA	CREA	GM	15		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629882001	KETOCOI	KETOCOI	840408	Antifungal	84040808	Azoles	S	2%	EXTERNA	CREA	GM	60		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629882101	LEUPROL	LEUPROL	681808	UNKNOW	68180800	UNKNOW	S	1 MG/0.2N	INJECTIO	KIT	EA	1		GENERIC		63629		Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629882201	LEVALBU	LEVALBU	121208	beta-Adre	12120812	Selective I	S	45 MCG/A	INHALATI	AERO	GM	15	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629882301	LISINOPF	LISINOPF	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629882401	MEDROX	MEDROX	683200	Progestins	68320000	Progestins	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629882501	MEDROX	MEDROX	683200	Progestins	68320000	Progestins	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC		63629	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629882601	MEDROX	MEDROX	683200	Progestins	68320000	Progestins	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629882701	MESALAM	MESALAM	563600	Anti-inflam	56360000	Anti-inflam	S	0.375 GM	ORAL	CP24	EA	120	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629882801	NITROGL	NITROGL	240808	beta-Adre	24080800	UNKNOW	S	0.3 MG	SUBLINGI	SUBL	EA	100	X	GENERIC	1/2/2024	63629	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629882901	NITROGL	NITROGL	240808	beta-Adre	24080800	UNKNOW	S	0.4 MG	SUBLINGI	SUBL	EA	25	X	GENERIC	6/4/2024	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629883001	NITROGL	NITROGL	240808	beta-Adre	24080800	UNKNOW	S	0.4 MG	SUBLINGI	SUBL	EA	100	X	GENERIC	8/4/2023	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629883101	OCTREO	OCTREO	682904	UNKNOW	68290400	UNKNOW	S	100 MCG/	INJECTIO	SOLN	ML	1	X	GENERIC		63629		Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629883201	PODOFIL	PODOFIL	842800	Keratolytic	84280000	Keratolytic	S	0.50%	EXTERNA	SOLN	ML	3.5		GENERIC	7/17/2023	63629	N		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629883301	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629883501	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629883601	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629883701	TERCON	TERCON	840408	Antifungal	84040808	Azoles	S	0.80%	VAGINAL	CREA	GM	20		GENERIC		63629	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629883801	TRANEXA	TRANEXA	202816	Hemostati	20281600	Hemostati	S	650 MG	ORAL	TABS	EA	30		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629883901	TRAVOPF	TRAVOPF	524028	UNKNOW	52402800	UNKNOW	S	0.00%	OPHTHAL	SOLN	ML	5	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629884001	TRAVOPF	TRAVOPF	524028	UNKNOW	52402800	UNKNOW	S	0.00%	OPHTHAL	SOLN	ML	2.5	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629884101	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	OINT	GM	80		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629884201	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	360 MG	ORAL	CP24	EA	100	X	MSB		63629	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
63629884301	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629884401	NEOMYCI	NEOMYCI	520808	Corticoste	52080800	Corticoste	S	3.5-10000-	OTIC	SUSP	ML	10		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629884601	RIVASTIG	RIVASTIG	120400	Parasymp	12040000	Parasymp	S	13.3 MG/2	TRANSDE	PT24	EA	30	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629884701	PROCTO	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	2.50%	EXTERNA	CREA	GM	30		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629884801	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	OINT	GM	35.44		GENERIC	12/27/2023	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629884901	SODIUM F	SODIUM F	401818	Potassium	40181800	Potassium	S	0	ORAL	POWD	GM	15		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629885001	SODIUM F	SODIUM F	401818	Potassium	40181800	Potassium	S	0	ORAL	POWD	GM	15		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629885101	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	118		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629885201	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	118		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629885301	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	118		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629885401	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	100		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629885501	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	500		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629885601	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	500		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629885701	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG/5	ORAL	SUSR	ML	100		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629885801	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG/5	ORAL	SUSR	ML	200		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629885901	CHLORDI	CHLORDI	120808	Antimusca	12080800	Antimusca	S	5-2.5 MG	ORAL	CAPS	EA	100		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629886001	COLESEV	COLESEV	240604	Bile Acid S	24060400	Bile Acid S	S	3.75 GM	ORAL	PACK	EA	30	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629886101	DRONABI	DRONABI	569200	GI Drugs,	56920000	GI Drugs,	S	5 MG	ORAL	CAPS	EA	60		GENERIC	4/4/2024	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629886201	DRONABI	DRONABI	569200	GI Drugs,	56920000	GI Drugs,	S	10 MG	ORAL	CAPS	EA	60		GENERIC	4/4/2024	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629886301	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	100	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629886401	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	100	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629886501	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	100	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629886601	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TB24	EA	100	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629886701	SOLIFEN	SOLIFEN	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629886801	SOLIFEN	SOLIFEN	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629886901	SOLIFEN	SOLIFEN	861204	UNKNOW	86120400	UNKNOW	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629887001	SOLIFEN	SOLIFEN	861204	UNKNOW	86120400	UNKNOW	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629887101	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	CAPS	EA	150		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629887201	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	CAPS	EA	150		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629887301	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	6 MG	ORAL	CAPS	EA	150		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629887401	HYDROX	HYDROX	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	500		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629887501	ASPIRIN I	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	1000		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629887701	HYDROX	HYDROX	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	30		GENERIC	3/20/2023	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629887801	ASPIRIN I	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	30		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629888501	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	30		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629888502	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	60		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629888503	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	90		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629888505	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	120		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629888601	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MC	ORAL	TABS	EA	30		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629888603	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MC	ORAL	TABS	EA	60		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629888604	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MC	ORAL	TABS	EA	90		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629888605	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MC	ORAL	TABS	EA	120		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629888801	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	30		GENERIC		63629	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629888804	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	60		GENERIC		63629	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629888901	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TABS	EA	30		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629888902	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TABS	EA	60		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629888904	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TABS	EA	120		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629889001	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TABS	EA	30		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629889002	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TABS	EA	60		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629889101	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800-26.6 M	ORAL	TABS	EA	30	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629889102	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800-26.6 M	ORAL	TABS	EA	90	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629889301	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	1000		GENERIC	9/23/2024	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629889401	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	120		GENERIC	9/23/2024	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629889501	SENNA	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6 MG	ORAL	TABS	EA	100		GENERIC	9/23/2024	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629889601	SENNA	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6 MG	ORAL	TABS	EA	1000		GENERIC	4/21/2022	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629889701	LUBRICAI	WHITE PE	529200	EENT Dru	52920000	EENT Dru	P	42.5%-57.	OPHTHAL	OINT	GM	3.5		GENERIC	9/23/2024	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629889801	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	100	X	GENERIC	1/13/2023	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629889901	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	500	X	GENERIC	1/13/2023	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629890001	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TABS	EA	100	X	GENERIC	1/13/2023	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629890101	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TABS	EA	500	X	GENERIC	1/13/2023	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629890201	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	300 MG	ORAL	TABS	EA	100	X	GENERIC	1/13/2023	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629890301	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	300 MG	ORAL	TABS	EA	500	X	GENERIC	1/13/2023	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629890401	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629890501	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC	9/5/2024	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629890601	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629890701	SENNOSI	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	100		GENERIC	9/23/2024	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629890801	SENNOSI	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	1000		GENERIC	9/23/2024	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629890901	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629891001	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629891101	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	1000	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629891201	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629891301	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	500	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629897001	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	50 MG	ORAL	TABS	EA	30		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629897101	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	12		GENERIC	12/4/2023	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629897901	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	90		GENERIC	9/23/2024	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629898001	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	40		GENERIC	5/25/2022	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629898101	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	40		GENERIC	5/25/2022	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629898301	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	15		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629898401	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	40		GENERIC	1/17/2023	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629898402	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC	1/23/2023	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629898403	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	60		GENERIC	1/17/2023	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629898404	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	90		GENERIC	1/17/2023	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629898405	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	120		GENERIC	1/17/2023	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629898501	PHENAZC	PHENAZC	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	20		GENERIC	11/11/2022	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629898601	PHENAZC	PHENAZC	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	10		GENERIC	11/11/2022	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629898701	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics a	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629898702	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics a	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629898703	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics a	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629898801	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	30		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629898802	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	60		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629898803	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	90		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629898901	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-:	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629898902	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-:	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629899001	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-:	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629899002	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-:	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629899101	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629899102	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629899103	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629899201	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629899202	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629899203	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629899301	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629899302	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	60	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629899303	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	90	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629899401	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	30	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629899402	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	60	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629899403	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	90	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629899501	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	30		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629899502	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	60		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629899503	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	90		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629899504	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	120		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629899601	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	4/21/2022	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629899602	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	60	X	GENERIC	4/21/2022	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629899603	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	4/21/2022	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629899604	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	120	X	GENERIC	4/21/2022	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629899701	SALSALA	SALSALA	280804	Nonsteroi	28080424	Salicylates	S	750 MG	ORAL	TABS	EA	14	X	GENERIC	10/2/2024	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629899702	SALSALA	SALSALA	280804	Nonsteroi	28080424	Salicylates	S	750 MG	ORAL	TABS	EA	21	X	GENERIC	10/2/2024	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629899703	SALSALA	SALSALA	280804	Nonsteroi	28080424	Salicylates	S	750 MG	ORAL	TABS	EA	60	X	GENERIC	10/2/2024	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629899704	SALSALA	SALSALA	280804	Nonsteroi	28080424	Salicylates	S	750 MG	ORAL	TABS	EA	90	X	GENERIC	10/2/2024	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629899705	SALSALA	SALSALA	280804	Nonsteroi	28080424	Salicylates	S	750 MG	ORAL	TABS	EA	120	X	GENERIC	9/23/2024	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629899706	SALSALA	SALSALA	280804	Nonsteroi	28080424	Salicylates	S	750 MG	ORAL	TABS	EA	180	X	GENERIC	10/2/2024	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629899801	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629899802	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629899803	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	90		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629899901	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629899902	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629899903	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629905701	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	2.50%	EXTERNA	OINT	GM	20		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629909101	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	30		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629909301	BUDESOI	BUDESOI	680400	Adrenals	68040000	Adrenals	S	9 MG	ORAL	TB24	EA	30		GENERIC		63629	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629909901	DILTIAZEI	DILTIAZEI	240404	Antiarrhyt	24040424	Class IV A	S	120 MG	ORAL	TABS	EA	100	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629910201	DILTIAZEI	DILTIAZEI	240404	Antiarrhyt	24040424	Class IV A	S	60 MG	ORAL	TABS	EA	100	X	GENERIC		63629	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629910401	DILTIAZEI	DILTIAZEI	240404	Antiarrhyt	24040424	Class IV A	S	90 MG	ORAL	TABS	EA	100	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629910901	NIFEDIPII	NIFEDIPII	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	300	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629912301	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.01%	EXTERNA	GEL	GM	45		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629912401	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.03%	EXTERNA	GEL	GM	45		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629912701	PHENAZC	PHENAZC	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	30		GENERIC	7/13/2023	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629912702	PHENAZC	PHENAZC	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	6		GENERIC	7/13/2023	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629912703	PHENAZC	PHENAZC	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	10		GENERIC	7/13/2023	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629912704	PHENAZC	PHENAZC	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	9		GENERIC	12/16/2022	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629912705	PHENAZC	PHENAZC	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	12		GENERIC	7/13/2023	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629913401	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	100 MG	ORAL	TABS	EA	30		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629913701	METHIMA	METHIMA	683608	Antithyroic	68360800	Antithyroic	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	7/25/2024	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629914401	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	250 MG	ORAL	TABS	EA	100		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629914501	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	100		GENERIC	12/27/2023	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629914601	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	100	X	GENERIC	12/27/2023	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629914701	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	100	X	GENERIC	9/5/2024	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629914801	PIROXICA	PIROXICA	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	CAPS	EA	100	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629914901	PIROXICA	PIROXICA	280804	Nonsteroi	28080404	UNKNOW	S	20 MG	ORAL	CAPS	EA	100	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629915001	PIROXICA	PIROXICA	280804	Nonsteroi	28080404	UNKNOW	S	20 MG	ORAL	CAPS	EA	500	X	GENERIC	9/5/2024	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629915101	PROMETI	PROMETI	40400	First Gene	4040000	First Gene	S	6.25 MG/5	ORAL	SOLN	ML	473		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629915201	SUCRALF	SUCRALF	562832	Protectant	56283200	Protectant	S	1 GM	ORAL	TABS	EA	100	X	GENERIC	11/7/2022	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629915301	SUCRALF	SUCRALF	562832	Protectant	56283200	Protectant	S	1 GM	ORAL	TABS	EA	500	X	GENERIC	11/7/2022	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629915401	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-250 MC	ORAL	TABS	EA	100	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629915601	FLUCYTC	FLUCYTC	81432	Pyrimidine	8143200	Pyrimidine	S	250 MG	ORAL	CAPS	EA	30		GENERIC	9/23/2024	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629915701	FLUCYTC	FLUCYTC	81432	Pyrimidine	8143200	Pyrimidine	S	500 MG	ORAL	CAPS	EA	30		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629916001	TETRACA	TETRACA	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	2		GENERIC	5/31/2023	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629916201	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629916202	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629916301	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629916302	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629916401	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629916402	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	60	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629916501	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	30	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629916502	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	60	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629916601	DRONABI	DRONABI	569200	GI Drugs,	56920000	GI Drugs,	S	2.5 MG	ORAL	CAPS	EA	60		GENERIC	4/4/2024	63629	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629916701	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	1000	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629916801	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	500	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629916901	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	1000	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629917001	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	500	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629917101	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	500	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629917201	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	1000	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629917301	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TB24	EA	500	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629917401	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	50		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629917402	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	60		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629917501	DIPHENO	DIPHENO	560800	Antidiarrhe	56080000	Antidiarrhe	S	2.5-0.025	ORAL	TABS	EA	100		GENERIC	11/7/2022	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629917601	DIPHENO	DIPHENO	560800	Antidiarrhe	56080000	Antidiarrhe	S	2.5-0.025	ORAL	TABS	EA	1000		GENERIC	11/7/2022	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629917701	EST ESTF	ESTERIFI	681604	Estrogens	68160400	Estrogens	S	1.25-2.5 M	ORAL	TABS	EA	100	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629917801	EST ESTF	ESTERIFI	681604	Estrogens	68160400	Estrogens	S	0.625-1.25	ORAL	TABS	EA	100	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629917901	MEXILETI	MEXILETI	240404	Antiarrhyt	24040408	Class Ib A	S	150 MG	ORAL	CAPS	EA	100	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629918001	MEXILETI	MEXILETI	240404	Antiarrhyt	24040408	Class Ib A	S	200 MG	ORAL	CAPS	EA	100	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629918101	MEXILETI	MEXILETI	240404	Antiarrhyt	24040408	Class Ib A	S	250 MG	ORAL	CAPS	EA	100	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629918201	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	100	X	GENERIC	3/20/2023	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629918202	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	500	X	GENERIC	3/20/2023	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629918401	FLECAINI	FLECAINI	240404	Antiarrhyt	24040412	Class Ic A	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629918501	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	300 MG	ORAL	TABS	EA	500	X	GENERIC	1/13/2023	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629918502	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	300 MG	ORAL	TABS	EA	100	X	GENERIC	1/13/2023	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629918601	OXCARB	OXCARB	281224	UNKNOW	28122400	UNKNOW	S	300 MG	ORAL	TABS	EA	500	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629918701	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	40 MG	ORAL	CPEP	EA	30	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629918801	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	137 MCG	ORAL	TABS	EA	1000	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629918901	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	500		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629919001	LITHIUM (	LITHIUM (	282800	Antimanic	28280000	Antimanic	S	300 MG	ORAL	CAPS	EA	1000	X	GENERIC	1/13/2023	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629919101	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	100		GENERIC	3/20/2023	63629	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629919201	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	1000	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629919301	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25 MG	ORAL	TABS	EA	100	X	GENERIC	5/30/2023	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629919401	REPAGLI	REPAGLI	682016	Meglitinide	68201600	Meglitinide	S	2 MG	ORAL	TABS	EA	100	X	GENERIC	6/4/2024	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629919601	CHOLEST	CHOLEST	240604	Bile Acid S	24060400	Bile Acid S	S	4 GM/DOS	ORAL	POWD	GM	368.76	X	GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629919701	CHOLEST	CHOLEST	240604	Bile Acid S	24060400	Bile Acid S	S	4 GM	ORAL	PACK	EA	60	X	GENERIC	3/20/2023	63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629919801	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	100		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629919901	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	500		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629920001	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	100		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629920101	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	500		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629920201	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	750 MG	ORAL	CAPS	EA	20		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629920301	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	750 MG	ORAL	CAPS	EA	50		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629920401	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	125 MG/5	ORAL	SUSR	ML	100		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629920501	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	125 MG/5	ORAL	SUSR	ML	200		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629920601	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG/5	ORAL	SUSR	ML	100		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
63629920701	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG/5	ORAL	SUSR	ML	200		GENERIC		63629			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI



63824002318 MUCINEX	GUAIFEN	481600 Expectora	48160000 Expectora	P	1200 MG	ORAL	TB12	EA	18	MSB	6/20/2022	63824	N		N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824002335 MUCINEX	GUAIFEN	481600 Expectora	48160000 Expectora	P	1200 MG	ORAL	TB12	EA	14	MSB		63824	N		N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824002336 MUCINEX	GUAIFEN	481600 Expectora	48160000 Expectora	P	1200 MG	ORAL	TB12	EA	28	MSB		63824	N		N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824002346 MUCINEX	GUAIFEN	481600 Expectora	48160000 Expectora	P	1200 MG	ORAL	TB12	EA	42	MSB		63824	N		N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824002356 MUCINEX	GUAIFEN	481600 Expectora	48160000 Expectora	P	1200 MG	ORAL	TB12	EA	56	MSB		63824	N		N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824004112 MUCINEX	PSEUDOE	481600 Expectora	48160000 Expectora	P	120-1200	ORAL	TB12	EA	12	MSB	6/17/2024	63824			N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824004124 MUCINEX	PSEUDOE	481600 Expectora	48160000 Expectora	P	120-1200	ORAL	TB12	EA	24	MSB		63824			N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824005400 SCALPICI	HYDROC	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	LIQD	ML	44	GENERIC		63824	N		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824005601 MUCINEX	DEXTROM	480800 Antitussive	48080000 Antitussive	P	30-600 MC	ORAL	TB12	EA	100	MSB		63824			N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824005611 MUCINEX	DEXTROM	480800 Antitussive	48080000 Antitussive	P	30-600 MC	ORAL	TB12	EA	24	MSB	6/20/2022	63824	N		N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824005632 MUCINEX	DEXTROM	480800 Antitussive	48080000 Antitussive	P	30-600 MC	ORAL	TB12	EA	20	MSB		63824	N		N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824005634 MUCINEX	DEXTROM	480800 Antitussive	48080000 Antitussive	P	30-600 MC	ORAL	TB12	EA	40	MSB		63824	N		N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824005636 MUCINEX	DEXTROM	480800 Antitussive	48080000 Antitussive	P	30-600 MC	ORAL	TB12	EA	6	MSB		63824	N		N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824005650 MUCINEX	DEXTROM	480800 Antitussive	48080000 Antitussive	P	30-600 MC	ORAL	TB12	EA	500	MSB	5/15/2023	63824	N		N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824005680 MUCINEX	DEXTROM	480800 Antitussive	48080000 Antitussive	P	30-600 MC	ORAL	TB12	EA	80	MSB		63824	N		N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824005689 MUCINEX	DEXTROM	480800 Antitussive	48080000 Antitussive	P	30-600 MC	ORAL	TB12	EA	68	MSB		63824	N		N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824005718 MUCINEX	PSEUDOE	481600 Expectora	48160000 Expectora	P	60-600 MC	ORAL	TB12	EA	18	MSB		63824	N		N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824005736 MUCINEX	PSEUDOE	481600 Expectora	48160000 Expectora	P	60-600 MC	ORAL	TB12	EA	36	MSB		63824	N		N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824007207 MUCINEX	DEXTROM	480800 Antitussive	48080000 Antitussive	P	60-1200 M	ORAL	TB12	EA	7	MSB		63824			N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824007218 MUCINEX	DEXTROM	480800 Antitussive	48080000 Antitussive	P	60-1200 M	ORAL	TB12	EA	18	MSB	6/20/2022	63824			N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824007235 MUCINEX	DEXTROM	480800 Antitussive	48080000 Antitussive	P	60-1200 M	ORAL	TB12	EA	14	MSB		63824			N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824007236 MUCINEX	DEXTROM	480800 Antitussive	48080000 Antitussive	P	60-1200 M	ORAL	TB12	EA	28	MSB		63824			N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824007246 MUCINEX	DEXTROM	480800 Antitussive	48080000 Antitussive	P	60-1200 M	ORAL	TB12	EA	42	MSB		63824			N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824007256 MUCINEX	DEXTROM	480800 Antitussive	48080000 Antitussive	P	60-1200 M	ORAL	TB12	EA	56	MSB		63824			N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824011566 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	O	650MG/20	ORAL	LQPK	ML	360	SSB		63824			N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824011666 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	O	650MG/20	ORAL	LQPK	ML	180	SSB	5/15/2023	63824			N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824011766 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	O	650MG/20	ORAL	LQPK	ML	360	SSB		63824			N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824011866 MUCINEX	DEXTROM	480800 Antitussive	48080000 Antitussive	O	650MG/20	ORAL	LQPK	ML	360	SSB		63824			N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824012011 MUCINEX	OXYMETA	523200 Vasoconst	52320000 Vasoconst	P	0.05%	NASAL	SOLN	ML	22	GENERIC		63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824012917 MUCINEX	OXYMETA	523200 Vasoconst	52320000 Vasoconst	P	0.05%	NASAL	SOLN	ML	22	GENERIC		63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824013666 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	O	650MG/20	ORAL	LQPK	ML	360	SSB	5/6/2024	63824			N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824017163 DELSYM	DEXTROM	480800 Antitussive	48080000 Antitussive	P	30 MG/5M	ORAL	SUER	ML	89	MSB		63824	N		N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824017165 DELSYM	DEXTROM	480800 Antitussive	48080000 Antitussive	P	30 MG/5M	ORAL	SUER	ML	148	MSB		63824	N		N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824017363 DELSYM	DEXTROM	480800 Antitussive	48080000 Antitussive	P	30 MG/5M	ORAL	SUER	ML	89	MSB		63824	N		N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824017365 DELSYM	DEXTROM	480800 Antitussive	48080000 Antitussive	P	30 MG/5M	ORAL	SUER	ML	148	MSB		63824	N		N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824017563 DELSYM	DEXTROM	480800 Antitussive	48080000 Antitussive	P	30 MG/5M	ORAL	SUER	ML	89	MSB		63824	N		N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824017565 DELSYM	DEXTROM	480800 Antitussive	48080000 Antitussive	P	30 MG/5M	ORAL	SUER	ML	148	MSB		63824	N		N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824017763 DELSYM	DEXTROM	480800 Antitussive	48080000 Antitussive	P	30 MG/5M	ORAL	SUER	ML	89	MSB		63824	N		N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824017765 DELSYM	DEXTROM	480800 Antitussive	48080000 Antitussive	P	30 MG/5M	ORAL	SUER	ML	148	MSB	10/9/2024	63824	N		N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824019020 MUCINEX	PHENYLE	481600 Expectora	48160000 Expectora	P	5-325-200	ORAL	TABS	EA	20	GENERIC	5/15/2023	63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824019144 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-10-200-3	ORAL	TABS	EA	8	GENERIC	3/31/2022	63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824019320 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	O	5-10-200 M	ORAL	TABS	EA	20	SSB	5/29/2024	63824			N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824019321 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	O	5-10-200 M	ORAL	TABS	EA	20	SSB		63824			N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824020120 MUCINEX	PHENYLE	481600 Expectora	48160000 Expectora	P	5-325-200	ORAL	TABS	EA	20	GENERIC	5/15/2023	63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824020144 MUCINEX	PHENYLE	481600 Expectora	48160000 Expectora	P	5-325-200	ORAL	TABS	EA	8	GENERIC	5/15/2023	63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824020410 MUCINEX	PHENYLE	481600 Expectora	48160000 Expectora	P	5-200-325	ORAL	TBPK	EA	10	GENERIC	3/31/2022	63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824020420 MUCINEX	PHENYLE	481600 Expectora	48160000 Expectora	P	5-200-325	ORAL	TBPK	EA	20	GENERIC	10/2/2024	63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824020440 MUCINEX	PHENYLE	481600 Expectora	48160000 Expectora	P	5-200-325	ORAL	TBPK	EA	40	GENERIC	3/31/2022	63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824021166 DELSYM	DIPHENH	40400 First Gene	4040000 First Gene	P	12.5-5-325	ORAL	LIQD	ML	180	GENERIC	5/15/2023	63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824021264 DELSYM	DIPHENH	40400 First Gene	4040000 First Gene	P	12.5-5-325	ORAL	LIQD	ML	118	GENERIC		63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824021366 DELSYM	DEXTROM	480800 Antitussive	48080000 Antitussive	P	5-100 MG	ORAL	LIQD	ML	180	GENERIC		63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824021464 DELSYM	DEXTROM	480800 Antitussive	48080000 Antitussive	P	5-100 MG	ORAL	LIQD	ML	118	GENERIC		63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824021822 DELSYM	PHENYLE	480800 Antitussive	48080000 Antitussive	O	325MG/10	ORAL	MISC	ML	118	SSB		63824	N		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824022022 DELSYM	PHENYLE	480800 Antitussive	48080000 Antitussive	O	650MG/20	ORAL	MISC	ML	180	SSB	5/15/2023	63824	N		N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824022166 DELSYM	ACETAMI	480800 Antitussive	48080000 Antitussive	O	650-20 MC	ORAL	LIQD	ML	180	SSB		63824			N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824022264 DELSYM	ACETAMI	480800 Antitussive	48080000 Antitussive	O	325-10 MC	ORAL	LIQD	ML	118	SSB	10/23/2023	63824			N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824022366 DELSYM	DEXTROM	280816 UNKNOW	28081600 UNKNOW	O	20-650-2.5	ORAL	SOLN	ML	180	SSB		63824			N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824023621 MUCINEX	PHENYLE	481600 Expectora	48160000 Expectora	P	5-325-200	ORAL	TABS	EA	20	GENERIC	3/31/2022	63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824023721 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-10-200-3	ORAL	TABS	EA	20	GENERIC		63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824023744 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-10-200-3	ORAL	TABS	EA	8	GENERIC		63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824023808 MUCINEX	PHENYLE	121204 alpha-Adr	12120400 alpha-Adr	O	5-1.25-10-	ORAL	CAPS	EA	8	SSB	5/15/2023	63824			N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824023816 MUCINEX	PHENYLE	121204 alpha-Adr	12120400 alpha-Adr	O	5-1.25-10-	ORAL	CAPS	EA	16	SSB	5/15/2023	63824			N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824024144 MUCINEX	PHENYLE	481600 Expectora	48160000 Expectora	P	5-325-200	ORAL	TABS	EA	8	GENERIC		63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824024220 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-10-200-3	ORAL	TABS	EA	20	GENERIC		63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824024320 MUCINEX	PHENYLE	481600 Expectora	48160000 Expectora	P	5-325-200	ORAL	TABS	EA	20	GENERIC		63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824025101 MUCINEX	PHENYLE	481600 Expectora	48160000 Expectora	P	5-200-325	ORAL	TBPK	EA	20	GENERIC	5/15/2023	63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824025412 MUCINEX	GUAIFEN	481600 Expectora	48160000 Expectora	O	100 MG	ORAL	PACK	EA	12	SSB	5/15/2023	63824			N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824025612 MUCINEX	DEXTROM	480800 Antitussive	48080000 Antitussive	O	5-100 MG	ORAL	PACK	EA	12	SSB	5/15/2023	63824			N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824026166 MUCINEX	PHENYLE	481600 Expectora	48160000 Expectora	P	10-650-40	ORAL	LIQD	ML	180	GENERIC	3/31/2022	63824	N		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824026266 MUCINEX	DIPHENH	40400 First Gene	4040000 First Gene	P	12.5-5-325	ORAL	LIQD	ML	180	GENERIC	12/6/2024	63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824026322 MUCINEX	PHENYLE	481600 Expectora	48160000 Expectora	O	650MG/20	ORAL	LQPK	ML	180	SSB	3/31/2022	63824			N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824026566 MUCINEX	PHENYLE	481600 Expectora	48160000 Expectora	P	10-650-40	ORAL	LIQD	ML	180	GENERIC	9/5/2023	63824	N		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824026666 MUCINEX	PHENYLE	481600 Expectora	48160000 Expectora	P	10-650-40	ORAL	LIQD	ML	180	GENERIC		63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824026966 MUCINEX	PHENYLE	121204 alpha-Adr	12120400 alpha-Adr	O	10-2.5-20-	ORAL	SOLN	ML	180	SSB		63824			N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824027066 MUCINEX	PHENYLE	121204 alpha-Adr	12120400 alpha-Adr	O	10-2.5-20-	ORAL	SOLN	ML	180	SSB	3/12/2024	63824			N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824027864 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-10-200-3	ORAL	LIQD	ML	118	MSB	2/16/2024	63824	N		N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824028267 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	P	2.5-5-100	ORAL	LIQD	ML	201	MSB		63824	N		N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824028664 MUCINEX	DEXTROM	480800 Antitussive	48080000 Antitussive	P	5-100 MG	ORAL	LIQD	ML	118	GENERIC	3/31/2022	63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824028722 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	O	0-0-0-0-0	ORAL	MISC	ML	236	SSB		63824			N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824050064 MUCINEX	DIPHENH	40400 First Gene	4040000 First Gene	P	12.5-5-325	ORAL	LIQD	ML	118	GENERIC	10/5/2023	63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824050066 MUCINEX	DIPHENH	40400 First Gene	4040000 First Gene	P	12.5-5-325	ORAL	LIQD	ML	180	GENERIC	12/19/2023	63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824050166 MUCINEX	PHENYLE	121204 alpha-Adr	12120400 alpha-Adr	O	10-2.5-20-	ORAL	SOLN	ML	180	SSB	5/15/2023	63824			N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824050364 MUCINEX	DEXTROM	280816 UNKNOW	28081600 UNKNOW	O	650-20-2.5	ORAL	SOLN	ML	118	SSB	6/17/2024	63824			N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824050366 MUCINEX	DEXTROM	280816 UNKNOW	28081600 UNKNOW	O	650-20-2.5	ORAL	SOLN	ML	180	SSB		63824			N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824050369 MUCINEX	DEXTROM	280816 UNKNOW	28081600 UNKNOW	O	650-20-2.5	ORAL	SOLN	ML	266	SSB		63824			N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824050466 MUCINEX	PHENYLE	121204 alpha-Adr	12120400 alpha-Adr	O	10-2.5-20-	ORAL	SOLN	ML	180	SSB		63824			N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824050526 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	O	650MG/20	ORAL	LQPK	ML	360	SSB		63824			N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824050902 MUCINEX	OXYMETA	523200 Vasoconst	52320000 Vasoconst	O	325MG-10	COMBINA	KIT	EA	1	SSB	3/31/2022	63824			N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824051110 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	P	325MG-10	ORAL	TBPK	EA	10	GENERIC		63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824051120 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	P	325MG-10	ORAL	TBPK	EA	20	GENERIC		63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824051130 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	P	325MG-10	ORAL	TBPK	EA	30	GENERIC	5/15/2023	63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824051140 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	P	325MG-10	ORAL	TBPK	EA	40	GENERIC		63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824051601 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	P	325MG-10	ORAL	TBPK	EA	30	GENERIC		63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824051808 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-10-200-3	ORAL	CAPS	EA	8	MSB	3/31/2022	63824			N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824051816 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-10-200-3	ORAL	CAPS	EA	16	MSB	3/31/2022	63824			N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824051924 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	P	325MG-10	ORAL	CPPK	EA	24	MSB	3/31/2022	63824			N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824052622 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	P	650MG/20	ORAL	MISC	ML	180	MSB	3/31/2022	63824			N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824052703 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-10-200-3	ORAL	LIQD	ML	180	MSB		63824	N		N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824052822 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	O	650MG/20	ORAL	MISC	ML	180	SSB	3/31/2022	63824			N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824053566 MUCINEX	DEXTROM	480800 Antitussive	48080000 Antitussive	P	20-400 MC	ORAL	LIQD	ML	180	GENERIC		63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824053666 MUCINEX	PHENYLE	481600 Expectora	48160000 Expectora	P	10-650-40	ORAL	LIQD	ML	180	GENERIC	12/19/2023	63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824053766 MUCINEX	GUAIFEN	481600 Expectora	48160000 Expectora	P	400 MG/20	ORAL	LIQD	ML	180	GENERIC		63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824054066 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	P	2.5-5-100	ORAL	LIQD	ML	180	MSB		63824	N		N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824054069 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	P	2.5-5-100	ORAL	LIQD	ML	266	MSB		63824	N		N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824054166 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	P	2.5-5-100	ORAL	LIQD	ML	180	MSB	9/9/2024	63824	N		N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824054266 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-10-200-3	ORAL	LIQD	ML	180	MSB	1/2/2024	63824	N		N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824054422 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	O	650MG/20	ORAL	MISC	ML	180	SSB	3/31/2022	63824			N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824054864 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-10-200-3	ORAL	LIQD	ML	118	MSB		63824	N		N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824054866 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-10-200-3	ORAL	LIQD	ML	180	MSB		63824			N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824054869 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-10-200-3	ORAL	LIQD	ML	266	MSB		63824			N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824055130 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	P	325MG-10	ORAL	TBPK	EA	30	GENERIC	3/31/2022	63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824055830 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	O	TABLET	ORAL	MISC	EA	30	SSB	3/31/2022	63824			N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824055840 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	O	TABLET	ORAL	MISC	EA	40	SSB		63824			N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824057504 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-10-200-3	ORAL	TABS	EA	4	GENERIC		63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824057510 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-10-200-3	ORAL	TABS	EA	10	GENERIC		63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824057520 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-10-200-3	ORAL	TABS	EA	20	GENERIC	3/31/2022	63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824057521 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-10-200-3	ORAL	TABS	EA	20	GENERIC		63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824057544 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-10-200-3	ORAL	TABS	EA	8	GENERIC	12/19/2023	63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824059116 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-10-200-3	ORAL	CAPS	EA	16	MSB	3/31/2022	63824			N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824059916 MUCINEX	DEXTROM	480800 Antitussive	48080000 Antitussive	P	10-5-325 M	ORAL	CAPS	EA	16	GENERIC	3/31/2022	63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824060064 MUCINEX	DIPHENH	40400 First Gene	4040000 First Gene	P	12.5-5-325	ORAL	LIQD	ML	118	GENERIC	3/31/2022	63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824067020 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	O	2.5-5-100-	ORAL	TABS	EA	20	SSB	2/26/2024	63824			N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824067120 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	O	2.5-5-100	ORAL	TABS	EA	20	SSB	2/26/2024	63824			N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824069024 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	P	325MG-10	ORAL	CPPK	EA	24	MSB	3/31/2022	63824			N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824069216 MUCINEX	DEXTROM	480800 Antitussive	48080000 Antitussive	P	10-5-325 M	ORAL	CAPS	EA	16	GENERIC	3/31/2022	63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824069308 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-10-200-3	ORAL	CAPS	EA	8	MSB	3/31/2022	63824			N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824069316 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-10-200-3	ORAL	CAPS	EA	16	MSB	3/31/2022	63824			N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824071316 CEPACOL	BENZOCA	840800 Antipruritic	84080000 Antipruritic	P	15-3.6 MG	MOUTH/T	LOZG	EA	16	MSB		63824	N		N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824071516 CEPACOL	BENZOCA	840800 Antipruritic	84080000 Antipruritic	P	15-3.6 MG	MOUTH/T	LOZG	EA	16	MSB	5/6/2024	63824	N		N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824072282 CEPACOL	BENZOCA	840800 Antipruritic	84080000 Antipruritic	P	15-3.6 MG	MOUTH/T	LOZG	EA	16	MSB	9/4/2024	63824			N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824073216 CEPACOL	BENZOCA	840800 Antipruritic	84080000 Antipruritic	P	15-2.6 MG	MOUTH/T	LOZG	EA	16	MSB		63824	N		N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824074416 CEPACOL	DEXTROM	521600 Local Ane	52160000 Local Ane	P	5-7.5 MG	MOUTH/T	LOZG	EA	16	MSB		63824			N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824076816 CEPACOL	BENZOCA	840800 Antipruritic	84080000 Antipruritic	O	15-2.3 MG	MOUTH/T	LOZG	EA	16	SSB	3/31/2022	63824			N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824077016 CEPACOL	BENZOCA	840800 Antipruritic	84080000 Antipruritic	O	15-20 MG	MOUTH/T	LOZG	EA	16	SSB	9/28/2023	63824			N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824077216 CEPACOL	BENZOCA	840800 Antipruritic	84080000 Antipruritic	O	15-20 MG	MOUTH/T	LOZG	EA	16	SSB	3/31/2022	63824			N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824079080 CEPACOL	CETYLPY	522800 Mouthwas	52280000 Mouthwas	O	0.05%	MOUTH/T	LIQD	ML	710	SSB		63824			N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824079201 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	O	TABLET	ORAL	MISC	EA	30	SSB	3/31/2022	63824			N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824079308 MUCINEX	DIPHENH	40400 First Gene	4040000 First Gene	P	12.5-5-325	ORAL	TABS	EA	8	GENERIC	5/15/2023	63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824081001 LANACAN	BENZOCA	840800 Antipruritic	84080000 Antipruritic	P	20-0.2 %	EXTERNA	CREA	GM	28	GENERIC	3/31/2022	63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824082035 LANACAN	BENZOCA	840800 Antipruritic	84080000 Antipruritic	P	20-0.2 %	EXTERNA	AERO	GM	99	GENERIC	12/4/2023	63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824085015 SCALPICI	HYDROC	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	SOLN	ML	44	GENERIC	3/31/2022	63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824093666 MUCINEX	PHENYLE	481600 Expectora	48160000 Expectora	P	10-650-40	ORAL	LIQD	ML	180	GENERIC	12/4/2023	63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824093766 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-10-200-3	ORAL	LIQD	ML	180	MSB	12/19/2023	63824	N		N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824093866 MUCINEX	PHENYLE	121204 alpha-Adr	12120400 alpha-Adr	O	10-2.5-20-	ORAL	SOLN	ML	180	SSB	12/19/2023	63824			N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824093966 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	P	10-20-400	ORAL	LIQD	ML	180	GENERIC	12/4/2023	63824	N		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824094026 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	O	650MG/20	ORAL	LQPK	ML	360	SSB	12/19/2023	63824			N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824094312 MUCINEX	DEXTROM	480800 Antitussive	48080000 Antitussive	O	5-100 MG	ORAL	PACK	EA	12	SSB		63824			N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824094603 MUCINEX	DEXTROM	480800 Antitussive	48080000 Antitussive	P	5-100 MG	ORAL	LIQD	ML	118	GENERIC		63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824094711 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	P	2.5-5-100	ORAL	LIQD	ML	201	MSB		63824			N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824094827 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-10-200-3	ORAL	LIQD	ML	118	MSB	9/28/2023	63824			N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824094901 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	P	2.5-5-100	ORAL	LIQD	ML	118	MSB		63824	N		N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824094915 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	P	2.5-5-100	ORAL	LIQD	ML	201	MSB	5/15/2023	63824	N		N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824095021 MUCINEX	DIPHENH	40400 First Gene	4040000 First Gene	P	12.5-5-325	ORAL	LIQD	ML	118	GENERIC		63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824095107 MUCINEX	PHENYLE	481600 Expectora	48160000 Expectora	P	2.5-100 M	ORAL	LIQD	ML	118	MSB		63824			N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824095217 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-10-200-3	ORAL	LIQD	ML	118	MSB	3/31/2022	63824			N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824095664 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	P	2.5-5-100	ORAL	LIQD	ML	118	MSB		63824			N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824095764 MUCINEX	DEXTROM	480800 Antitussive	48080000 Antitussive	P	5-100 MG	ORAL	LIQD	ML	118	GENERIC	12/19/2023	63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824095864 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-10-200-3	ORAL	LIQD	ML	118	MSB		63824			N	EXCLUDEN/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63824095964 MUCINEX	PHENYLE	121204 alpha-Adr	12120400 alpha-Adr	O	10-2.5-20-	ORAL	SOLN	ML	118	SSB		63824			N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824096024 MUCINEX	PHENYLE	480800 Antitussive	48080000 Antitussive	O	325MG/10	ORAL	LQPK	ML	236	SSB		63824			N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63824096122 MUCINEX	OXYMETA	523200 Vasoconst	52320000 Vasoconst	P	0.05%	NASAL	SOLN	ML	22	GENERIC	5/15/2023	63824			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63833038602 KCENTRA	PROTHRO	202816 Hemostati	20281600 Hemostati	R	500 UNIT	INTRAVEI	KIT	EA	1	SSB		63833			N	EXCLUDE SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63833038702 KCENTRA	PROTHRO	202816 Hemostati	20281600 Hemostati	R	1000 UNIT	INTRAVEI	KIT	EA	1	SSB		63833			N	EXCLUDE SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63833051802 CORIFAC	FACTOR :	202816 Hemostati	20281600 Hemostati	R	1000-1600	INTRAVEI	KIT	EA	1	SSB		63833		Y	N	NON-FORMULARY	6 SPBD2	SPECIALTY NON-PREFERRED BRAND			R	MEDPRMI
63833061502 HUMATE-	ANTIHEM	202816 Hemostati	20281600 Hemostati	R	250-600 U	INTRAVEI	SOLR	EA	1	SSB		63833		Y	N	NON-FORMULARY	6 SPBD2	SPECIALTY NON-PREFERRED BRAND			R	MEDPRMI
63833061602 HUMATE-	ANTIHEM	202816 Hemostati	20281600 Hemostati	R	500-1200	INTRAVEI	SOLR	EA	1	SSB		63833		Y	N	NON-FORMULARY	6 SPBD2	SPECIALTY NON-PREFERRED BRAND			R	MEDPRMI
63833061702 HUMATE-	ANTIHEM	202816 Hemostati	20281600 Hemostati	R	1000-2400	INTRAVEI	SOLR	EA	1	SSB		63833		Y	N	NON-FORMULARY	6 SPBD2	SPECIALTY NON-PREFERRED BRAND			R	MEDPRMI
63833062501 HUMATE-	ANTIHEM	202816 Hemostati	20281600 Hemostati	R	250-600 U	INTRAVEI	SOLR	EA	1	SSB		63833		Y	N	NON-FORMULARY	6 SPBD2	SPECIALTY NON-PREFERRED BRAND			R	MEDPRMI
63833062601 HUMATE-	ANTIHEM	202816 Hemostati	20281600 Hemostati	R	500-1200	INTRAVEI	SOLR	EA	1	SSB		63833		Y	N	NON-FORMULARY	6 SPBD2	SPECIALTY NON-PREFERRED BRAND			R	MEDPRMI
63833062701 HUMATE-	ANTIHEM	202816 Hemostati	20281600 Hemostati	R	1000-2400	INTRAVEI	SOLR	EA	1	SSB		63833		Y	N	NON-FORMULARY	6 SPBD2	SPECIALTY NON-PREFERRED BRAND			R	MEDPRMI
63833082502 BERINER	C1 ESTEF	923208 UNKNOW	92320800 UNKNOW	R	500 UNIT	INTRAVEI	KIT	EA	1	SSB		63833		Y	N	NON-FORMULARY	6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X	R	MEDPRMI
63833082802 HAEGARI	C1 ESTEF	923208 UNKNOW	92320800 UNKNOW	R	2000 UNIT	SUBCUTA	SOLR	EA	1	SSB		63833		Y	N	NON-FORMULARY	6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X	R	MEDPRMI
63833082902 HAEGARI	C1 ESTEF	923208 UNKNOW	92320800 UNKNOW	R	3000 UNIT	SUBCUTA	SOLR	EA	1	SSB		63833		Y	N	NON-FORMULARY	6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X	R	MEDPRMI
63833089151 RIASTAP	FIBRINOG	202816 Hemostati	20281600 Hemostati	R	0	INTRAVEI	SOLR	EA	1	SSB		63833			N	EXCLUDE SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63833089190 RIASTAP	FIBRINOG	202816 Hemostati	20281600 Hemostati	R	0	INTRAVEI	SOLR	EA	1	SSB		63833			N	EXCLUDE SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868000101 QC PREN	PRENATA	882800 Multivitam	88280000 Multivitam	O	28-0.8 MG	ORAL	TABS	EA	100	SSB		63868			N	EXCLUDEN/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868000214 QC NATU	POLYETH	561200 Cathartics	56120000 Cathartics	P	0-17GM/S	ORAL	POWD	GM	238	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868000230 QC NATU	POLYETH	561200 Cathartics	56120000 Cathartics	P	0-17GM/S	ORAL	POWD	GM	510	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868000324 QC SEVE	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-10-200-3	ORAL	TABS	EA	24	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868001520 QC COLD	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-2-10-325	ORAL	MISC	EA	20	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868001606 QC E Z N	DIPHENH	282492 Anxiolytics	28249200 Anxiolytics	P	50 MG/30	ORAL	LIQD	ML	177	GENERIC	4/3/2023	63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868001701 QC DOCU	DOCUSAT	561200 Cathartics	56120000 Cathartics	P	240 MG	ORAL	CAPS	EA	100	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868002008 QC DAYT	DEXTROM	480800 Antitussive	48080000 Antitussive	P	325MG/15	ORAL	LIQD	ML	237	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868002012 QC DAYT	DEXTROM	480800 Antitussive	48080000 Antitussive	P	325MG/15	ORAL	LIQD	ML	355	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868002615 QC EARW	CARBAMI	520424 UNKNOW	52042400 UNKNOW	P	6.50%	OTIC	SOLN	ML	15	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868002616 QC EARW	CARBAMI	520424 UNKNOW	52042400 UNKNOW	P	6.50%	OTIC	SOLN	ML	15	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868002716 QC EARW	CARBAMI	520424 UNKNOW	52042400 UNKNOW	P	6.50%	OTIC	SOLN	ML	15	GENERIC		63868	N		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868002936 QC ASPIF	ASPIRIN	280804 Nonsteroi	28080424 Salicylates	P	81 MG	ORAL	CHEW	EA	36	GENERIC		63868			N	#N/A ORIG_FR	10 EHB	#N/A	X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
63868003224 QC MENS	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500-60-15	ORAL	TABS	EA	24	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868003412 QC MOTI	DIMENHY	562208 Antihistam	56220800 Antihistam	P	50 MG	ORAL	TABS	EA	12	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868003424 QC MOTI	DIMENHY	562208 Antihistam	56220800 Antihistam	P	50 MG	ORAL	TABS	EA	24	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868003904 QC TUSS	GUAIFEN	481600 Expectora	48160000 Expectora	P	100 MG/5	ORAL	LIQD	ML	118	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868004301 INFANTS	SIMETHIC	561000 Antiflatule	56100000 Antiflatule	P	40 MG/0.6	ORAL	SUSP	ML	30	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868004715 QC ANTA	CALCIUM	560400 Antacids a	56040000 Antacids a	P	500 MG	ORAL	CHEW	EA	150	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868004872 QC ANTA	CALCIUM	560400 Antacids a	56040000 Antacids a	P	1000 MG	ORAL	CHEW	EA	72	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868004972 QC ANTA	CALCIUM	560400 Antacids a	56040000 Antacids a	P	1000 MG	ORAL	CHEW	EA	72	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868005115 QC EAR V	CARBAMI	520424 UNKNOW	52042400 UNKNOW	P	6.50%	OTIC	SOLN	ML	15	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868005315 CALCIUM	CALCIUM	560400 Antacids a	56040000 Antacids a	P	500 MG	ORAL	CHEW	EA	150	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868005630 LONG AC	OXYMETA	523200 Vasoconst	52320000 Vasoconst	P	0.05%	NASAL	SOLN	ML	30	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868005830 QC NO DI	OXYMETA	523200 Vasoconst	52320000 Vasoconst	P	0.05%	NASAL	SOLN	ML	30	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868006045 QC ANTIS	CAMPHOI	849200 Skin and M	84920000 Skin and M	P	10.8%-4.7	EXTERNA	LIQD	ML	45	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868007124 QC SINUS	PHENYLE	481600 Expectora	48160000 Expectora	P	325MG-20	ORAL	TABS	EA	24	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868008124 QC SEVE	PHENYLE	481600 Expectora	48160000 Expectora	P	5-325-200	ORAL	TABS	EA	24	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868008210 QC PAIN	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	325 MG	ORAL	TABS	EA	100	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868008310 QC PAIN	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	100	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868008360 QC PAIN	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	60	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868008405 QC PAIN	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	500	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868008410 QC PAIN	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	100	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868008424 QC PAIN	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	24	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868008450 QC PAIN	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	50	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868008701 COMPLET	DIPHENH	40400 First Gene	4040000 First Gene	P	25 MG	ORAL	CAPS	EA	100	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868008724 COMPLET	DIPHENH	40400 First Gene	4040000 First Gene	P	25 MG	ORAL	CAPS	EA	24	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868008801 QC NON-	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	100	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868008803 QC NON-	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	500	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868008815 QC NON-	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	150	GENERIC		63868	N		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868008824 QC NON-	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	24	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868008850 QC NON-	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	50	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868008901 QC ARTH	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	650 MG	ORAL	TBCR	EA	100	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868008905 QC NON-	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	650 MG	ORAL	TBCR	EA	50	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868008910 QC NON-	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	650 MG	ORAL	TBCR	EA	100	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868008950 QC ARTH	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	650 MG	ORAL	TBCR	EA	50	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868009150 QC ACET.	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	650 MG	ORAL	TBCR	EA	50	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868009706 QC ANTI-I	PRAMOXI	840800 Antipruritic	84080000 Antipruritic	P	1%-.1%	EXTERNA	LOTN	ML	177	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868010032 QC AZO	PHENAZC	840800 Antipruritic	84080000 Antipruritic	P	95MG	ORAL	TABS	EA	32	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868010112 QC URIN	PHENAZC	840800 Antipruritic	84080000 Antipruritic	P	97.5MG	ORAL	TABS	EA	12	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868010216 STAY AW	CAFFEINE	282032 UNKNOW	28203200 UNKNOW	P	200 MG	ORAL	TABS	EA	16	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868010316 QC GAS F	SIMETHIC	561000 Antiflatule	56100000 Antiflatule	P	80MG	ORAL	CHEW	EA	100	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868010446 QC TOLN.	TOLNAFT	840408 Antifungal	84040840 Thiocarba	P	1%	EXTERNA	CREA	GM	30	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868011001 QC STOO	DOCUSAT	561200 Cathartics	56120000 Cathartics	P	100 MG	ORAL	CAPS	EA	100	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868011025 QC STOO	DOCUSAT	561200 Cathartics	56120000 Cathartics	P	100 MG	ORAL	CAPS	EA	250	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868011416 QC STAY	CAFFEINE	282032 UNKNOW	28203200 UNKNOW	P	200 MG	ORAL	TABS	EA	16	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868011601 QC STOO	DOCUSAT	561200 Cathartics	56120000 Cathartics	P	100 MG	ORAL	CAPS	EA	100	GENERIC	12/30/2022	63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868011625 QC STOO	DOCUSAT	561200 Cathartics	56120000 Cathartics	P	100 MG	ORAL	CAPS	EA	250	GENERIC	12/30/2022	63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868011730 QC URIN	PHENAZC	840800 Antipruritic	84080000 Antipruritic	P	95MG	ORAL	TABS	EA	30	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868011950 QC PAIN	DIPHENH	282492 Anxiolytics	28249200 Anxiolytics	P	500-25 MC	ORAL	TABS	EA	50	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868012460 QC RELIE	CAMPHOI	849200 Skin and M	84920000 Skin and M	P	3.1-6-10 %	EXTERNA	PTCH	EA	60	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868012722 QC ANTA	CALCIUM	560400 Antacids a	56040000 Antacids a	P	750 MG	ORAL	CHEW	EA	96	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868012804 QC ALLEI	DIPHENH	40400 First Gene	4040000 First Gene	P	12.5 MG/5	ORAL	LIQD	ML	118	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868013066 QC ANTA	CALCIUM	560400 Antacids a	56040000 Antacids a	P	500 MG	ORAL	CHEW	EA	66	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868013214 QC ALL D	CETIRIZIN	40800 Second G	4080000 Second G	P	10MG	ORAL	TABS	EA	14	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868013230 QC ALL D	CETIRIZIN	40800 Second G	4080000 Second G	P	10MG	ORAL	TABS	EA	30	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868013290 QC ALL D	CETIRIZIN	40800 Second G	4080000 Second G	P	10MG	ORAL	TABS	EA	90	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868013304 QC ALLEI	CETIRIZIN	40800 Second G	4080000 Second G	P	1 MG/ML	ORAL	SYRP	ML	118	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868013412 QC ANTA	ALUM & M	560400 Antacids a	56040000 Antacids a	P	400-400-4	ORAL	SUSP	ML	355	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868013510 QC STOO	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.6-50 MG	ORAL	TABS	EA	100	GENERIC	6/4/2024	63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868013760 QC STOO	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.6-50 MG	ORAL	TABS	EA	60	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868014008 QC NIGH	DEXTROM	480800 Antitussive	48080000 Antitussive	P	15-6.25-32	ORAL	LIQD	ML	237	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868014012 QC NIGH	DEXTROM	480800 Antitussive	48080000 Antitussive	P	15-6.25-32	ORAL	LIQD	ML	355	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868014130 QC FEXO	FEXOFEN	40800 Second G	4080000 Second G	P	180 MG	ORAL	TABS	EA	30	GENERIC	4/1/2022	63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868014310 QC SUPH	PSEUDOE	121212 alpha- anc	12121200 alpha- anc	P	120MG	ORAL	TB12	EA	10	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868014419 QC NASA	PHENYLE	121204 alpha-Adr	12120400 alpha-Adr	P	10 MG	ORAL	TABS	EA	18	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868014437 QC NASA	PHENYLE	121204 alpha-Adr	12120400 alpha-Adr	P	10 MG	ORAL	TABS	EA	36	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868014814 QC MUCL	GUAIFEN	481600 Expectora	48160000 Expectora	P	1200 MG	ORAL	TB12	EA	14	GENERIC		63868	N		N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868014920 QC MUCL	GUAIFEN	481600 Expectora	48160000 Expectora	P	600 MG	ORAL	TB12	EA	20	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868015101 QC LORA	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	100	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868015110 QC LORA	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	10	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868015130 QC LORA	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	30	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868015396 QC ANTA	CALCIUM	560400 Antacids a	56040000 Antacids a	P	750 MG	ORAL	CHEW	EA	90	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868015410 QC LORA	LORATAD	40800 Second G	4080000 Second G	P	10MG-240	ORAL	TB24	EA	10	GENERIC		63868			N	EXCLUDEN/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI

63868015604	QC ALLEI	LORATAD	40800 Second G	4080000 Second G	P	5 MG/5ML	ORAL	SOLN	ML	118		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868015710	QC ALLEI	LORATAD	40800 Second G	4080000 Second G	P	10MG	ORAL	TBDP	EA	10		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868015901	QC HEAD	DIPHENH	282492 Anxiolytics	28249200 Anxiolytics	P	500-38 MC	ORAL	TABS	EA	100		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868016316	QC TRAV	MECLIZIN	562208 Antihistam	56220800 Antihistam	P	25 MG	ORAL	CHEW	EA	16		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868016610	QC FIBEF	METHYLC	561200 Cathartics	56120000 Cathartics	P	500 MG	ORAL	TABS	EA	100		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868016990	QC FIBEF	CALCIUM	561200 Cathartics	56120000 Cathartics	P	625 MG	ORAL	TABS	EA	90		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868017140	QC PINK I	BISMUTH	560800 Antidiarrhe	56080000 Antidiarrhe	P	262MG	ORAL	TABS	EA	40		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868017312	QC ANTA	ALUM & M	560400 Antacids a	56040000 Antacids a	P	400-400-4	ORAL	SUSP	ML	355		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868017418	QC PAIN I	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	160 MG/5I	ORAL	SUSP	ML	118		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868017626	QC NON-/	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	160 MG/5I	ORAL	SUSP	ML	118		GENERIC	4/30/2024	63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868017714	QC OMEF	OMEPRAZ	562836 Proton-pu	56283600 Proton-pu	P	20.6 (20 B	ORAL	CPDR	EA	14		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868017715	QC OMEF	OMEPRAZ	562836 Proton-pu	56283600 Proton-pu	P	20.6 (20 B	ORAL	CPDR	EA	14		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868017728	QC OMEF	OMEPRAZ	562836 Proton-pu	56283600 Proton-pu	P	20.6 (20 B	ORAL	CPDR	EA	28		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868017742	QC OMEF	OMEPRAZ	562836 Proton-pu	56283600 Proton-pu	P	20.6 (20 B	ORAL	CPDR	EA	42		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868017810	QC ANTA	CAL CARI	560400 Antacids a	56040000 Antacids a	P	675-135-6	ORAL	CHEW	EA	100		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868017901	QC COUG	CHLORPH	480800 Antitussive	48080000 Antitussive	P	4-30 MG	ORAL	TABS	EA	16		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868017916	QC COUG	CHLORPH	480800 Antitussive	48080000 Antitussive	P	4-30 MG	ORAL	TABS	EA	24		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868018023	QC ANTI-I	SIMETHIC	561000 Antiflatule	56100000 Antiflatule	P	180MG	ORAL	CAPS	EA	60		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868018440	QC PERO	HYDROGI	840492 Local Anti-	84049200 Local Anti-	O	3%	EXTERNA	MISC	EA	40		NON DRUG		63868		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868018540	QC ALCO	ISOPROP	840492 Local Anti-	84049200 Local Anti-	P	70%	EXTERNA	MISC	EA	40		NON DRUG		63868		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868018624	QC NON-/	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	160 MG	ORAL	CHEW	EA	24		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868018724	QC URIN/	METHEN/	83600 Urinary Ar	8360000 Urinary Ar	P	162-162.5	ORAL	TABS	EA	24		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868019725	QC 3 DAY	MICONAZ	840408 Antifungal	84040808 Azoles	P	4%	VAGINAL	CREA	GM	25		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868019746	QC MICOI	MICONAZ	840408 Antifungal	84040808 Azoles	P	2%	VAGINAL	CREA	GM	45		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868019845	QC MICOI	MICONAZ	840408 Antifungal	84040808 Azoles	P	2%	VAGINAL	CREA	GM	45		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868020102	QC HEMC	PHENYLE	841600 Cell Stimu	84160000 Cell Stimu	P	0.25-14-74	RECTAL	OINT	GM	57		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868020812	QC HEMC	PHENYLE	841600 Cell Stimu	84160000 Cell Stimu	P	0.25-88.44	RECTAL	SUPP	EA	12		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868020824	QC HEMC	PHENYLE	841600 Cell Stimu	84160000 Cell Stimu	P	0.25-88.44	RECTAL	SUPP	EA	24		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868021020	QC ACET.	DIPHENH	282492 Anxiolytics	28249200 Anxiolytics	P	25-500 MC	ORAL	TABS	EA	20		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868021801	QC ANTI-I	DIPHENH	840800 Antipruritic	84080000 Antipruritic	P	2-0.1 %	EXTERNA	CREA	GM	28		GENERIC	4/1/2022	63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868022315	QC ARTIF	POLYVIN'	529200 EENT Dru	52920000 EENT Dru	P	5-6 MG/MI	OPHTHAL	SOLN	ML	15		GENERIC	9/5/2024	63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868022820	COLD RE	CHLORPH	40400 First Gene	4040000 First Gene	P	2-7.8-325	ORAL	TBEF	EA	20		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868022936	QC EFFEI	ASPIRIN E	280804 Nonsteroi	28080424 Salicylates	P	325MG-10	ORAL	TBEF	EA	36		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868023008	QC POVIE	POVIDON	840416 UNKNOW	84041600 UNKNOW	P	10%	EXTERNA	SOLN	ML	237		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868023408	QC NIGH'	DEXTROM	480800 Antitussive	48080000 Antitussive	P	15-6.25-32	ORAL	LIQD	ML	237		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868023412	QC NIGH'	DEXTROM	480800 Antitussive	48080000 Antitussive	P	15-6.25-32	ORAL	LIQD	ML	355		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868023506	QC MUCL	DEXTROM	480800 Antitussive	48080000 Antitussive	P	5-100 MG/	ORAL	LIQD	ML	177		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868023630	QC GAS F	SIMETHIC	561000 Antiflatule	56100000 Antiflatule	P	125 MG	ORAL	CAPS	EA	30		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868023816	QC COLD	PHENYLE	480800 Antitussive	48080000 Antitussive	P	325MG-2M	ORAL	TBPK	EA	24		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868024036	QC ASPIF	ASPIRIN	280804 Nonsteroi	28080424 Salicylates	P	81 MG	ORAL	CHEW	EA	36		GENERIC	8/2/2022	63868		N	#N/A	ORIG_FR	10 EHB	#N/A			X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
63868024104	QC DIBR(	BROMPHI	40400 First Gene	4040000 First Gene	O	2-5 MG/10	ORAL	LIQD	ML	118		SSB		63868		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868024136	QC CHILD	ASPIRIN	280804 Nonsteroi	28080424 Salicylates	P	81MG	ORAL	CHEW	EA	36		GENERIC		63868		N	#N/A	ORIG_FR	10 EHB	#N/A			X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
63868024404	QC TUSS	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-10-100 I	ORAL	LIQD	ML	118		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868024408	QC TUSS	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-10-100 I	ORAL	LIQD	ML	237		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868025710	QC NATU	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.6 MG	ORAL	TABS	EA	100		GENERIC	4/1/2022	63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868025915	QC CLOT	CLOTRIM	840408 Antifungal	84040808 Azoles	P	1%	VAGINAL	CREA	GM	45		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868026301	QC SENN	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.6 MG	ORAL	TABS	EA	100		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868026401	QC SENN	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.6-50 MG	ORAL	TABS	EA	60		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868026624	QC CHOC	SENNOSI	561200 Cathartics	56120000 Cathartics	P	15 MG	ORAL	CHEW	EA	24		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868026701	QC VAPO	AROMATI	929200 UNKNOW	92920000 UNKNOW	P	50 MG	INHALATI	INHA	EA	1		NON DRUG		63868		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868026825	QC IBUPF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	250		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868028725	QC ZINC (	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	ORAL	CHEW	EA	25		SSB		63868		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868029106	QC SEVE	DIPHENH	40400 First Gene	4040000 First Gene	P	25-10-650	ORAL	PACK	EA	6		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868029208	QC NIGH'	DOXYLAM	480800 Antitussive	48080000 Antitussive	P	15-6.25 M	ORAL	LIQD	ML	237		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868029405	QC COLD	MENTHOI	849200 Skin and M	84920000 Skin and M	P	5%	EXTERNA	PTCH	EA	5		GENERIC		63868	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868029712	QC URIN/	PHENAZC	840800 Antipruritic	84080000 Antipruritic	P	99.5 MG	ORAL	TABS	EA	12		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868029724	QC URIN/	PHENAZC	840800 Antipruritic	84080000 Antipruritic	P	99.5 MG	ORAL	TABS	EA	24		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868029803	QC CORN	SALICYLI	842800 Keratolytic	84280000 Keratolytic	P	17%	EXTERNA	LIQD	ML	9.8		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868029909	QC WART	SALICYLI	842800 Keratolytic	84280000 Keratolytic	P	17%	EXTERNA	LIQD	ML	9		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868030223	QC PINK I	BISMUTH	560800 Antidiarrhe	56080000 Antidiarrhe	P	262 MG/1!	ORAL	SUSP	ML	237		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868030235	QC PINK I	BISMUTH	560800 Antidiarrhe	56080000 Antidiarrhe	P	262 MG/1!	ORAL	SUSP	ML	237		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868030308	QC PINK I	BISMUTH	560800 Antidiarrhe	56080000 Antidiarrhe	P	262 MG/1!	ORAL	SUSP	ML	236		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868030312	QC PINK I	BISMUTH	560800 Antidiarrhe	56080000 Antidiarrhe	P	262 MG/1!	ORAL	SUSP	ML	354		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868030412	QC PINK I	BISMUTH	560800 Antidiarrhe	56080000 Antidiarrhe	P	525 MG/1!	ORAL	SUSP	ML	354		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868030508	QC PINK I	BISMUTH	560800 Antidiarrhe	56080000 Antidiarrhe	P	262 MG/1!	ORAL	SUSP	ML	236		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868030606	QC FLU R	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	ORAL	PLLT	EA	6		SSB		63868		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868030906	QC LIDO(	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	4%	EXTERNA	PTCH	EA	5		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868031012	QC MILK (	MAGNESI	561200 Cathartics	56120000 Cathartics	P	400 MG/5I	ORAL	SUSP	ML	355		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868031410	NON-ASP	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	325 MG	ORAL	TABS	EA	100		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868031510	NON-ASP	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	100		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868031560	NON-ASP	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	60		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868031706	QC CALAI	CALAMIN	841200 Astringent	84120000 Astringent	O	0	EXTERNA	LOTN	ML	177		SSB		63868		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868031925	QC FAMC	FAMOTID	562812 Histamine	56281200 Histamine	P	20 MG	ORAL	TABS	EA	25	X	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868032030	QC FAMC	FAMOTID	562812 Histamine	56281200 Histamine	P	10 MG	ORAL	TABS	EA	30		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868032501	QC PAIN I	DIPHENH	282492 Anxiolytics	28249200 Anxiolytics	P	25-500 MC	ORAL	TABS	EA	100		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868032504	QC COD I	COD LIVE	882800 Multivitam	88280000 Multivitam	O	0	ORAL	OIL	ML	118		SSB		63868		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868032550	QC PAIN I	DIPHENH	282492 Anxiolytics	28249200 Anxiolytics	P	25-500 MC	ORAL	TABS	EA	50		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868032615	QC SALIN	SALINE	529200 EENT Dru	52920000 EENT Dru	P	0.65%	NASAL	SOLN	ML	44		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868032706	QC GLYC	GLYCERII	842408 Basic Oils	84240800 Basic Oils	P	99.50%	EXTERNA	LIQD	ML	177		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868032808	QC GENT	BISACOD	561200 Cathartics	56120000 Cathartics	P	10MG	RECTAL	SUPP	EA	8		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868032825	QC GENT	BISACOD	561200 Cathartics	56120000 Cathartics	P	5 MG	ORAL	TBEC	EA	25		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868033001	QC IODIN	IODINE (T	840416 UNKNOW	84041600 UNKNOW	O	0	EXTERNA	TINC	ML	30		SSB		63868		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868033102	QC IODID	IODINE (T	840416 UNKNOW	84041600 UNKNOW	O	0	EXTERNA	TINC	ML	60		SSB		63868	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868033236	QC ASPIF	ASPIRIN	280804 Nonsteroi	28080424 Salicylates	P	81 MG	ORAL	CHEW	EA	36		GENERIC		63868		N	#N/A	ORIG_FR	10 EHB	#N/A			X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
63868033324	QC ALLEI	CHLORPH	40400 First Gene	4040000 First Gene	P	4 MG	ORAL	TABS	EA	24		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868033632	QC IBUPF	IBUPROF	282492 Anxiolytics	28249200 Anxiolytics	P	200-25 MC	ORAL	CAPS	EA	32		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868033734	PINK BISI	BISMUTH	560800 Antidiarrhe	56080000 Antidiarrhe	P	525 MG/1!	ORAL	SUSP	ML	237		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868033812	QC ANTI-I	LOPERAM	560800 Antidiarrhe	56080000 Antidiarrhe	P	2 MG	ORAL	TABS	EA	12		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868033824	QC ANTI-I	LOPERAM	560800 Antidiarrhe	56080000 Antidiarrhe	P	2 MG	ORAL	TABS	EA	24		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868033860	QC ANTI-I	LOPERAM	560800 Antidiarrhe	56080000 Antidiarrhe	P	2 MG	ORAL	TABS	EA	60		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868033912	QC DIARF	BISMUTH	560800 Antidiarrhe	56080000 Antidiarrhe	P	262 MG/1!	ORAL	SUSP	ML	355		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868034110	IBUPROF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	100		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868034124	IBUPROF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	24		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868034150	IBUPROF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	50		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868034717	QC NATU	PSYLLIUM	561200 Cathartics	56120000 Cathartics	P	95%	ORAL	POWD	GM	368		GENERIC	9/19/2023	63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868034718	QC NATU	PSYLLIUM	561200 Cathartics	56120000 Cathartics	P	95%	ORAL	POWD	GM	368		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868034801	QC FIBEF	PSYLLIUM	561200 Cathartics	56120000 Cathartics	P	0.52 GM	ORAL	CAPS	EA	160		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868035203	QC ASPIF	ASPIRIN	280804 Nonsteroi	28080424 Salicylates	P	325MG	ORAL	TABS	EA	300		GENERIC		63868		N	#N/A	ORIG_FR	10 EHB	#N/A			X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
63868035210	QC ASPIF	ASPIRIN	280804 Nonsteroi	28080424 Salicylates	P	325MG	ORAL	TABS	EA	100		GENERIC		63868		N	#N/A	ORIG_FR	10 EHB	#N/A			X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
63868036103	QC ASPIF	ASPIRIN	280804 Nonsteroi	28080424 Salicylates	P	81 MG	ORAL	TBEC	EA	365		GENERIC		63868		N	#N/A	ORIG_FR	10 EHB	#N/A			X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
63868036120	QC ASPIF	ASPIRIN	280804 Nonsteroi	28080424 Salicylates	P	81 MG	ORAL	TBEC	EA	120		GENERIC		63868		N	#N/A	ORIG_FR	10 EHB	#N/A			X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
63868036136	QC ASPIF	ASPIRIN	280804 Nonsteroi	28080424 Salicylates	P	81 MG	ORAL	TBEC	EA	36		GENERIC		63868		N	#N/A	ORIG_FR	10 EHB	#N/A			X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
63868036320	QC ASPIF	ASPIRIN	280804 Nonsteroi	28080424 Salicylates	P	81 MG	ORAL	TBEC	EA	120		GENERIC		63868		N	#N/A	ORIG_FR	10 EHB	#N/A			X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
63868036336	QC ASPIF	ASPIRIN	280804 Nonsteroi	28080424 Salicylates	P	81 MG	ORAL	TBEC	EA	365		GENERIC		63868		N	#N/A	ORIG_FR	10 EHB	#N/A			X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
63868036412	QC ATHLI	TERBINAI	840408 Antifungal	84040804 Allylamine	P	1%	EXTERNA	CREA	GM	15		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868036904	QC TRIAC	PHENYLE	480800 Antitussive	48080000 Antitussive	O	5-2.5 MG/!	ORAL	SYRP	ML	118		SSB	6/4/2024	63868		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868037004	QC ALLEI	DIPHENH	40400 First Gene	4040000 First Gene	P	12.5 MG/5	ORAL	LIQD	ML	118		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868037305	QC ASPIF	ASPIRIN	280804 Nonsteroi	28080424 Salicylates	P	81 MG	ORAL	TBEC	EA	500		GENERIC		63868		N	#N/A	ORIG_FR	10 EHB	#N/A			X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
63868037615	QC EYE I	TETRAHY	523200 Vasocons	52320000 Vasocons	P	0.05-0.1-1	OPHTHAL	SOLN	ML	15		GENERIC	9/5/2024	63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868038045	QC ENEN	SODIUM F	561200 Cathartics	56120000 Cathartics	P	16GM/133	RECTAL	ENEM	ML	133		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868038090	QC ENEN	SODIUM F	561200 Cathartics	56120000 Cathartics	P	16GM/133	RECTAL	ENEM	ML	133		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868038420	QC NIGH'	DEXTROM	480800 Antitussive	48080000 Antitussive	P	15-6.25-32	ORAL	CAPS	EA	20		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868038620	QC DAYT	DEXTROM	480800 Antitussive	48080000 Antitussive	P	10-5-325 I	ORAL	CAPS	EA	20		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868038920	QC MUCL	GUAIFEN	481600 Expectora	48160000 Expectora	P	600 MG	ORAL	TB12	EA	20		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868039014	QC MUCL	GUAIFEN	481600 Expectora	48160000 Expectora	P	1200 MG	ORAL	TB12	EA	14		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868039432	QC SLEEI	DIPHENH	282492 Anxiolytics	28249200 Anxiolytics	P	50 MG	ORAL	CAPS	EA	32		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868039501	QC MEDI(	WITCH H/	842412 Basic Oint	84241200 Basic Oint	P	50%	EXTERNA	PADS	EA	100		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868039648	QC MEDI(	WITCH H/	842412 Basic Oint	84241200 Basic Oint	P	50%	EXTERNA	PADS	EA	48		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868040006	QC ALLEI	FLUTICAS	520808 Corticoste	52080800 Corticoste	P	50 MCG/A	NASAL	SUSP	ML	15.8		GENERIC	4/30/2024	63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	X	16 IN 30 DAYS			R	MEDPRMI
63868040801	QC INSTA	ISOPROP	529200 EENT Dru	52920000 EENT Dru	P	95-5 %	OTIC	LIQD	ML	30		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868041201	QC ACET.	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	650 MG	ORAL	TBCR	EA	100		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868041250	QC ACET.	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	650 MG	ORAL	TBCR	EA	50		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868041350	QC ACET.	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	650 MG	ORAL	TBCR	EA	50		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868041401	QC LORA	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	100		GENERIC		63868	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868041824	QC NIGH'	DEXTROM	480800 Antitussive	48080000 Antitussive	P	15-6.25-32	ORAL	CAPS	EA	24		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868042514	QC ESON	ESOMEPI	562836 Proton-pu	56283600 Proton-pu	P	20 MG	ORAL	CPDR	EA	14	X	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	X	1 IN 1 DAYS			R	MEDPRMI
63868042542	QC ESON	ESOMEPI	562836 Proton-pu	56283600 Proton-pu	P	20 MG	ORAL	CPDR	EA	14	X	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	X	1 IN 1 DAYS			R	MEDPRMI
63868042720	QC IBUPF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	CAPS	EA	20		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868042840	QC IBUPF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	CAPS	EA	40		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868042880	QC IBUPF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	CAPS	EA	80		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868042914	QC LANS	LANSOPF	562836 Proton-pu	56283600 Proton-pu	P	15 MG	ORAL	CPDR	EA	14	X	GENERIC	12/4/2024	63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868042942	QC LANS	LANSOPF	562836 Proton-pu	56283600 Proton-pu	P	15 MG	ORAL	CPDR	EA	14	X	GENERIC	12/4/2024	63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868043004	QC CHILD	CETIRIZIN	40800 Second G	4080000 Second G	P	5 MG/5ML	ORAL	SOLN	ML	118		GENERIC	6/4/2024	63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868043325	QC ALL D	CETIRIZIN	40800 Second G	4080000 Second G	P	10 MG	ORAL	CAPS	EA	25		GENERIC		63868	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868045172	QC PAIN I	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	4%	EXTERNA	CREA	GM	76.5		GENERIC		63868	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868045320	QC IBUPF	PSEUDOE	121212 alpha- anc	12121200 alpha- anc	P	30-200 MC	ORAL	TABS	EA	20		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868045724	QC COLD	CHLORPH	40400 First Gene	4040000 First Gene	P	4-10 MG	ORAL	TABS	EA	24		GENERIC	8/5/2022	63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868045810	QC ICHTI	ICHTHAM	843200 Keratoplas	84320000 Keratoplas	O	20%	EXTERNA	OINT	GM	28.3		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868045905	QC TRIPL	NEOMYCI	840404 Antibacter	84040400 Antibacter	P	3.5-400-5(	EXTERNA	OINT	GM	14.2		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868045910	QC TRIPL	NEOMYCI	840404 Antibacter	84040400 Antibacter	P	3.5-400-5(	EXTERNA	OINT	GM	28.3		GENERIC		63868	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868046501	QC NAPR	NAPROXE	280804 Nonsteroi	28080404 UNKNOW	P	220 MG	ORAL	TABS	EA	100		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868046550	QC NAPR	NAPROXE	280804 Nonsteroi	28080404 UNKNOW	P	220 MG	ORAL	TABS	EA	50		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868046625	QC NAPR	NAPROXE	280804 Nonsteroi	28080404 UNKNOW	P	220 MG	ORAL	TABS	EA	24		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868046650	QC NAPR	NAPROXE	280804 Nonsteroi	28080404 UNKNOW	P	220 MG	ORAL	TABS	EA	50		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868046936	QC ASPIF	ASPIRIN	280804 Nonsteroi	28080424 Salicylates	P	81 MG	ORAL	TBEC	EA	36		GENERIC		63868		N	#N/A	ORIG_FR	10 EHB	#N/A			X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
63868047020	QC IBUPF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	CAPS	EA	20		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868047048	QC IBUPF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	CAPS	EA	48		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868047080	QC IBUPF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	CAPS	EA	80		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868047114	QC OMEF	OMEPRAZ	562836 Proton-pu	56283600 Proton-pu	P	20 MG	ORAL	TBEC	EA	14		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868047142	QC OMEF	OMEPRAZ	562836 Proton-pu	56283600 Proton-pu	P	20 MG	ORAL	TBEC	EA	14		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868047335	LEVOCET	LEVOCET	40800 Second G	4080000 Second G	P	5 MG	ORAL	TABS	EA	35		GENERIC		63868	Y	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868047424	QC ALLEI	DIPHENH	40400 First Gene	4040000 First Gene	P	25 MG	ORAL	CAPS	EA	24		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868048501	QC HEAD	ASPIRIN-/	280804 Nonsteroi	28080424 Salicylates	P	250-250-6	ORAL	TABS	EA	100		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868048524	QC HEAD	ASPIRIN-/	280804 Nonsteroi	28080424 Salicylates	P	250-250-6	ORAL	TABS	EA	24		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868048550	QC HEAD	ASPIRIN-/	280804 Nonsteroi	28080424 Salicylates	P	250-250-6	ORAL	TABS	EA	50		GENERIC		63868	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868048625	QC ACID	FAMOTID	562812 Histamine	56281200 Histamine	P	20MG	ORAL	TABS	EA	25	X	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868048902	QC AROM	AMMONIA	282032 UNKNOW	28203200 UNKNOW	O	2%	INHALATI	SPRT	ML	59		SSB		63868		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868049210	QC ALLEI	DIPHENH	40400 First Gene	4040000 First Gene	P	25 MG	ORAL	TABS	EA	100		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868049224	QC ALLEI	DIPHENH	40400 First Gene	4040000 First Gene	P	25 MG	ORAL	TABS	EA	24		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868049302	QC MERT	BENZALK	840416 UNKNOW	84041600 UNKNOW	P	0.13%	EXTERNA	LIQD	ML	59		GENERIC		63868	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868049930	WOMANS	BISACOD	561200 Cathartics	56120000 Cathartics	P	5 MG	ORAL	TBEC	EA	30		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868050001	QC COMF	DIPHENH	40400 First Gene	4040000 First Gene	P	25 MG	ORAL	TABS	EA	100		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868050024	QC COMF	DIPHENH	40400 First Gene	4040000 First Gene	P	25 MG	ORAL	TABS	EA	24		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868050224	QC SEVE	DIPHENH	40400 First Gene	4040000 First Gene	P	12.5-500 I	ORAL	TABS	EA	24		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868050350	QC NON-/	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	50		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868050515	QC EYE II	TETRAHY	523200 Vasocons	52320000 Vasocons	P	0.05-0.25 '	OPHTHAL	SOLN	ML	15		GENERIC	9/5/2024	63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868050624	QC COLD	DIPHENH	40400 First Gene	4040000 First Gene	P	12.5-500 I	ORAL	TABS	EA	24		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868050701	QC NON-/	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500 MG	ORAL	TABS	EA	100		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868051214	QC FIBEF	PSYLLIUM	561200 Cathartics	56120000 Cathartics	P	51.70%	ORAL	POWD	GM	660		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868051248	QC FIBEF	PSYLLIUM	561200 Cathartics	56120000 Cathartics	P	51.70%	ORAL	POWD	GM	283		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868051330	QC FIBEF	PSYLLIUM	561200 Cathartics	56120000 Cathartics	P	25%	ORAL	POWD	GM	368		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868051372	QC FIBEF	PSYLLIUM	561200 Cathartics	56120000 Cathartics	P	25%	ORAL	POWD	GM	861		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868051701	QC MEDI(	WITCH H/	842412 Basic Oint	84241200 Basic Oint	P	50%	EXTERNA	PADS	EA	100		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868053090	FIBER LA	CALCIUM	561200 Cathartics	56120000 Cathartics	P	625 MG	ORAL	TABS	EA	90		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868055912	QC ANTI-I	LOPERAM	560800 Antidiarrhe	56080000 Antidiarrhe	P	2 MG	ORAL	TABS	EA	12		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868055924	QC ANTI-I	LOPERAM	560800 Antidiarrhe	56080000 Antidiarrhe	P	2 MG	ORAL	TABS	EA	24		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868056025	QC STOO	DOCUSA	561200 Cathartics	56120000 Cathartics	P	100 MG	ORAL	CAPS	EA	250		GENERIC	9/4/2024	63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868056109	QC HEMC	PRAMOXI	840800 Antipruritic	84080000 Antipruritic	P	1-0.25-14.	EXTERNA	CREA	GM	25.5		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868056720	QC FLU H	DEXTROM	480800 Antitussive	48080000 Antitussive	P	10-325-2 I	ORAL	TABS	EA	20		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868056820	QC COLD	CHLORPH	40400 First Gene	4040000 First Gene	P	2-7.8-325	ORAL	TBEF	EA	20		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868056924	QC ANTA	ASPIRIN E	280804 Nonsteroi	28080424 Salicylates	P	500 MG	ORAL	TBEF	EA	24		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868057001	QC IBUPF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	100		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868057050	QC IBUPF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	50		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868057101	QC IBUPF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	100		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868057150	QC IBUPF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	P	200 MG	ORAL	TABS	EA	50		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868057225	QC LAXA	BISACOD	561200 Cathartics	56120000 Cathartics	P	5 MG	ORAL	TBEC	EA	25		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868057330	QC GENT	BISACOD	561200 Cathartics	56120000 Cathartics	P	5 MG	ORAL	TBEC	EA	30		GENERIC		63868	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868057401	QC BACIT	BACITRA(	840404 Antibacter	84040400 Antibacter	P	500 UNIT/	EXTERNA	OINT	GM	28.3		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868057601	QC TRIPL	NEOMYCI	840404 Antibacter	84040400 Antibacter	P	1%	EXTERNA	OINT	GM	28.3		GENERIC		63868	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868057710	QC LORA	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	10		GENERIC		63868	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868057730	QC LORA	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		63868	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868057824	QC ALLEI	CHLORPH	40400 First Gene	4040000 First Gene	P	2-5-325 M	ORAL	TABS	EA	24		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868057901	QC VEGE	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.6 MG	ORAL	TABS	EA	100		GENERIC		63868	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868058224	QC SINUS	PHENYLE	121204 alpha-Adr	12120400 alpha-Adr	P	5-325 MG	ORAL	TABS	EA	24		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868058330	QC FAMC	FAMOTID	562812 Histamine	56281200 Histamine	P	10 MG	ORAL	TABS	EA	30		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868058425	QC FAMC	FAMOTID	562812 Histamine	56281200 Histamine	P	20 MG	ORAL	TABS	EA	25	X	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868058450	QC FAMC	FAMOTID	562812 Histamine	56281200 Histamine	P	20 MG	ORAL	TABS	EA	50	X	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868058501	QC STOO	DOCUSA	561200 Cathartics	56120000 Cathartics	P	100 MG	ORAL	CAPS	EA	100		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868058525	QC STOO	DOCUSA	561200 Cathartics	56120000 Cathartics	P	100 MG	ORAL	CAPS	EA	250		GENERIC		63868	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868058630	EQ GAS F	SIMETHIC	561000 Antiflatule	56100000 Antiflatule	P	125 MG	ORAL	CAPS	EA	30		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868058720	QC MUCL	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-10-200-:	ORAL	TABS	EA	20		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868058820	QC MUCL	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-10-200-:	ORAL	TABS	EA	20		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868058920	QC MUCL	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-10-200-:	ORAL	TABS	EA	20		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868059102	QC ACET.	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	650 MG	ORAL	TBCR	EA	225		GENERIC	6/30/2022	63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868059216	QC WITCI	WITCH H/	841200 Astringent	84120000 Astringent	O	0	EXTERNA	LIQD	ML	473		NON DRUG		63868		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868059728	QC ANTI-I	HYDROC(	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	CREA	GM	28		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868059975	QC PETR	WHITE PE	842400 Emollients	84240000 Emollients	P	99.89%	EXTERNA	GEL	GM	212		NON DRUG		63868		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868060104	QC PETR	WHITE PE	842400 Emollients	84240000 Emollients	P	100%	EXTERNA	GEL	GM	113		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868060113	QC PETR	WHITE PE	842400 Emollients	84240000 Emollients	P	100%	EXTERNA	GEL	GM	368		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868060207	QC EPSO	MAGNESI	561200 Cathartics	56120000 Cathartics	P	100%-100	ORAL	GRAN	GM	454		GENERIC	7/11/2024	63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868060401	QC EAR F	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	OTIC	SOLN	ML	12		NON DRUG		63868		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868060501	QC NO DI	OXYMET/	523200 Vasocons	52320000 Vasocons	P	0.05%	NASAL	SOLN	ML	30		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868060801	QC NASA	OXYMET/	523200 Vasocons	52320000 Vasocons	P	0.05%	NASAL	SOLN	ML	30		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868061132	NIGHT TII	DIPHENH	282492 Anxiolytics	28249200 Anxiolytics	P	25MG	ORAL	TABS	EA	32		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868061232	QC SLEEI	DIPHENH	282492 Anxiolytics	28249200 Anxiolytics	P	50 MG	ORAL	CAPS	EA	32		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868061301	QC DAILY	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	50MG-50M	ORAL	TABS	EA	100		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868061460	QC WOMI	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	60MG-60M	ORAL	TABS	EA	60		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868061660	QC CHILD	PEDIATRI	882800 Multivitam	88280000 Multivitam	P	250MG-25	ORAL	CHEW	EA	60		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868061701	QC FERR	FERROUS	200404 Iron Prepa	20040400 Iron Prepa	P	325 (65 FE	ORAL	TABS	EA	100		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868061930	QC MULT	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	60MG-60M	ORAL	TABS	EA	300		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868062001	QC MULT	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	60MG-60M	ORAL	TABS	EA	100		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868062030	QC MULT	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	60MG-60M	ORAL	TABS	EA	300		GENERIC	8/23/2024	63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868062060	QC MULT	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	60MG-60M	ORAL	TABS	EA	60		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868062160	QC MENS	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	90MG-90M	ORAL	TABS	EA	60		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868062230	QC STOM	BISMUTH	560800 Antidiarrhe	56080000 Antidiarrhe	P	262 MG	ORAL	CHEW	EA	30		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868062301	QC ESSE	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	60MG-60M	ORAL	TABS	EA	100		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868062401	QC DAILY	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	60MG-60M	ORAL	TABS	EA	100		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868062513	QC THER	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	90MG-90M	ORAL	TABS	EA	100		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868062660	QC CALC	CALCIUM	401200 Replacem	40120000 Replacem	P	1500 (600	ORAL	TABS	EA	60		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868062860	QC CHILD	PEDIATRI	882800 Multivitam	88280000 Multivitam	P	15 MG	ORAL	CHEW	EA	60		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868062960	QC CHILD	PEDIATRI	882800 Multivitam	88280000 Multivitam	P	18 MG	ORAL	CHEW	EA	60		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868063060	QC CALC	CALCIUM	401200 Replacem	40120000 Replacem	P	600-400 M	ORAL	TABS	EA	60		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868063282	QC ICY C	MENTHOI	849200 Skin and M	84920000 Skin and M	O	5.50%	EXTERNA	GEL	ML	89		SSB		63868		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868063318	QC ICY C	MENTHOI	849200 Skin and M	84920000 Skin and M	O	5.50%	EXTERNA	GEL	ML	118		SSB		63868		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868066001	8 HOUR A	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	650 MG	ORAL	TBCR	EA	100		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868066050	8 HOUR A	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	650 MG	ORAL	TBCR	EA	50		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868066150	QC PAIN I	ASPIRIN-(	280804 Nonsteroi	28080424 Salicylates	P	845-65 MC	ORAL	PACK	EA	50		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868066201	QC STOO	DOCUSA	561200 Cathartics	56120000 Cathartics	P	250 MG	ORAL	CAPS	EA	100		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868066514	QC CETIF	CETIRIZIN	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	14		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868066530	QC CETIF	CETIRIZIN	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868066590	QC CETIF	CETIRIZIN	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868066715	QC ALLEI	FEXOFEN	40800 Second G	4080000 Second G	P	180 MG	ORAL	TABS	EA	15		GENERIC	4/3/2023	63868	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868066730	QC ALLEI	FEXOFEN	40800 Second G	4080000 Second G	P	180 MG	ORAL	TABS	EA	30		GENERIC	4/3/2023	63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868066745	QC ALLEI	FEXOFEN	40800 Second G	4080000 Second G	P	180 MG	ORAL	TABS	EA	45		GENERIC	4/3/2023	63868	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868066910	QC ALLEI	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	CAPS	EA	10		GENERIC		63868	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868067116	QC MUCL	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-10-200-:	ORAL	CAPS	EA	16		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868067601	QC NO DI	OXYMET/	523200 Vasocons	52320000 Vasocons	P	0.05%	NASAL	SOLN	ML	30		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868067760	QC ACET.	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	160 MG/5I	ORAL	SUSP	ML	60		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868067860	QC ACET.	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	160 MG/5I	ORAL	SUSP	ML	60		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868067950	QC 8 HOL	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	650 MG	ORAL	TBCR	EA	50		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868068301	QC ANTI-I	DIPHENH	840800 Antipruritic	84080000 Antipruritic	P	2-0.1 %	EXTERNA	CREA	GM	28.3		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868068402	QC HEMC	PHENYLE	841600 Cell Stimu	84160000 Cell Stimu	P	0.25-14-74	RECTAL	OINT	GM	57		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868068501	QC ANTIF	TOLNAFT	840408 Antifungal	84040840 Thiocarba	P	1%	EXTERNA	CREA	GM	28.3		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868068602	QC ZINC (	ZINC OXII	841200 Astringent	84120000 Astringent	P	20%	EXTERNA	OINT	GM	57		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868068806	QC GAS F	SIMETHIC	561000 Antiflatule	56100000 Antiflatule	P	250 MG	ORAL	CAPS	EA	60		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868068901	QC HYDR	HYDROC(	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	CREA	GM	28.3		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868069001	QC CLOT	CLOTRIM	840408 Antifungal	84040808 Azoles	P	1%	EXTERNA	CREA	GM	28.3		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868069140	QC STOM	BISMUTH	560800 Antidiarrhe	56080000 Antidiarrhe	P	262 MG	ORAL	TABS	EA	40		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868069204	QC PAIN I	CAMPHOI	842404 Basic Lotic	84240400 Basic Lotic	P	4-10-30 %	EXTERNA	CREA	GM	113		GENERIC		63868	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868069457	QC ANTA	ALUM & M	560400 Antacids a	56040000 Antacids a	P	200-200-2	ORAL	SUSP	ML	355		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868069630	QC GAS F	SIMETHIC	561000 Antiflatule	56100000 Antiflatule	P	20 MG/0.3	ORAL	SUSP	ML	30		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868069730	QC NASA	PHENYLE	523200 Vasocons	52320000 Vasocons	P	1%	NASAL	SOLN	ML	30		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868069830	QC NASA	OXYMET/	523200 Vasocons	52320000 Vasocons	P	0.05%	NASAL	SOLN	ML	30		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868070015	QC ANTA	CALCIUM	560400 Antacids a	56040000 Antacids a	P	500 MG	ORAL	CHEW	EA	150		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868070166	QC ANTA	CALCIUM	560400 Antacids a	56040000 Antacids a	P	500 MG	ORAL	CHEW	EA	66		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868070296	QC ANTA	CALCIUM	560400 Antacids a	56040000 Antacids a	P	750 MG	ORAL	CHEW	EA	96		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868070396	QC ANTA	CALCIUM	560400 Antacids a	56040000 Antacids a	P	750 MG	ORAL	CHEW	EA	96		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868070404	QC ANTI-I	FRUCTOS	562292 Antiemetic	56229200 Antiemetic	P	1.87-1.87-	ORAL	SOLN	ML	118		GENERIC		63868	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868071257	QC ANTA	ALUM & M	560400 Antacids a	56040000 Antacids a	P	200-200-2	ORAL	SUSP	ML	355		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868071430	QC ACID	FAMOTID	562812 Histamine	56281200 Histamine	P	10MG	ORAL	TABS	EA	30		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868071557	QC ANTA	ALUM & M	560400 Antacids a	56040000 Antacids a	P	400MG/5M	ORAL	SUSP	ML	355		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868072124	QC PRES	PHENYLE	480800 Antitussive	48080000 Antitussive	P	5-10-100-:	ORAL	TABS	EA	24		GENERIC	7/2/2024	63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868072220	QC MUCL	PHENYLE	481600 Expectora	48160000 Expectora	P	5-325-200	ORAL	TABS	EA	20		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868073001	QC DICLC	DICLOFEI	840620 UNKNOW	84062000 UNKNOW	P	1%	EXTERNA	GEL	GM	100		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
63868073414	QC NICO'	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	14 MG/24I	TRANSDE	PT24	EA	14		GENERIC		63868	N	N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=18-999 YEARS AND CR	R	MEDPRMI
63868073514	QC NICO'	NICOTINE	120200 UNKNOW	12020000 UNKNOW	P	21 MG/24I	TRANSDE	PT24	EA	14		GENERIC		63868		N	#N/A	ORIG_FR	10 EHB	#N/A			X	IF AGE=18-999 YEARS AND CR	R	MEDPRMI
63868073624	QC DAYT	DEXTROM	480800 Antitussive	48080000 Antitussive	P	10-5-325 I	ORAL	CAPS	EA	24		GENERIC		63868		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI

63868074506	QC MUCL	PHENYLE	480800	Antitussive	48080000	Antitussive	P	2.5-5-100	ORAL	LIQD	ML	177	GENERIC		63868	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868074607	MUCUS R	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-10-200-:	ORAL	LIQD	ML	177	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868074724	QC PRES	PHENYLE	481600	Expectora	48160000	Expectora	P	5-325-200	ORAL	TABS	EA	24	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868075250	QC MEDI	PHENYLE	481600	Expectora	48160000	Expectora	P	400MG-10	ORAL	TABS	EA	50	MSB		63868		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION			R	MEDPRMI
63868075350	QC MEDI	DEXTROM	480800	Antitussive	48080000	Antitussive	P	20MG-400	ORAL	TABS	EA	50	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868076004	QC MEDI	GUAIFEN	481600	Expectora	48160000	Expectora	P	100 MG/5	ORAL	LIQD	ML	118	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868076306	QC SEVE	DEXTROM	480800	Antitussive	48080000	Antitussive	P	20-10-650	ORAL	PACK	EA	6	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868076406	QC SEVE	DIPHENH	40400	First Gene	4040000	First Gene	P	25-10-650	ORAL	PACK	EA	6	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868077004	QC MUCL	GUAIFEN	481600	Expectora	48160000	Expectora	P	100 MG/5	ORAL	LIQD	ML	118	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868077104	QC MUCL	DEXTROM	480800	Antitussive	48080000	Antitussive	P	5-100 MG	ORAL	LIQD	ML	118	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868077210	QC REST	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	25 MG	ORAL	TABS	EA	100	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868077224	QC REST	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	25 MG	ORAL	TABS	EA	24	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868077305	QC IBUPF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	500	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868077310	QC IBUPF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	100	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868077324	QC IBUPF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	24	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868077350	QC IBUPF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	50	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868077504	QC DIBR(	PHENYLE	480800	Antitussive	48080000	Antitussive	P	2.5-1-5 M(	ORAL	LIQD	ML	118	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868077604	QC CHILD	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	118	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868077904	QC CHILD	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	118	GENERIC	1/31/2024	63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868077908	QC CHILD	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	237	GENERIC	1/31/2024	63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868078424	QC SLEEI	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	25 MG	ORAL	CAPS	EA	24	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868078757	QC MILK (	MAGNESI	561200	Cathartics	56120000	Cathartics	P	400 MG/5	ORAL	SUSP	ML	355	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868078857	QC MILK (	MAGNESI	561200	Cathartics	56120000	Cathartics	P	400 MG/5	ORAL	SUSP	ML	355	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868078924	QC REST	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	25 MG	ORAL	TABS	EA	24	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868079001	QC IBUPF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	100	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868079101	QC IBUPF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	100	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868079220	QC SEVE	DIPHENH	40400	First Gene	4040000	First Gene	P	25-5-325 I	ORAL	TABS	EA	20	GENERIC	8/31/2023	63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868079504	QC CHILD	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	118	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868079508	QC CHILD	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	237	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868079604	QC CHILD	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	118	GENERIC	1/2/2024	63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868079853	QC ATHLI	TOLNAFT	840408	Antifungal	84040840	Thiocarba	P	1%	EXTERNA	AERO	GM	150	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868080004	QC CHES	CAMPHOI	929200	UNKNOW	92920000	UNKNOW	P	4.8%-1.2%	EXTERNA	OINT	GM	113	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868080127	QC MUCL	PSEUDOE	481600	Expectora	48160000	Expectora	P	40-400 M(	ORAL	TABS	EA	27	GENERIC		63868	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868080224	QC NASA	PSEUDOE	121212	alpha- anc	12121200	alpha- anc	P	30 MG	ORAL	TABS	EA	24	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868080248	QC NASA	PSEUDOE	121212	alpha- anc	12121200	alpha- anc	P	30 MG	ORAL	TABS	EA	48	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868080310	QC NIGHT	DEXTROM	480800	Antitussive	48080000	Antitussive	P	15-6.25-5(	ORAL	LIQD	ML	296	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868080406	QC NIGHT	DEXTROM	480800	Antitussive	48080000	Antitussive	P	15-6.25-5(	ORAL	LIQD	ML	177	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868080410	QC NIGHT	DEXTROM	480800	Antitussive	48080000	Antitussive	P	15-6.25-5(	ORAL	LIQD	ML	295	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868080540	QC IBUPF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	P	200 MG	ORAL	CAPS	EA	40	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868080755	QC NIGHT	DOXYLAM	480800	Antitussive	48080000	Antitussive	P	6.25-15 M	ORAL	LIQD	ML	177	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868080763	QC NIGHT	DOXYLAM	480800	Antitussive	48080000	Antitussive	P	6.25-15 M	ORAL	LIQD	ML	296	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868080908	QC PAIN I	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG/1	ORAL	LIQD	ML	237	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868081155	SORE TH	PHENOL (	522800	Mouthwas	52280000	Mouthwas	P	1.40%	MOUTH/T	LIQD	ML	177	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868081308	QC STOM	BISMUTH	560800	Antidiarrhe	56080000	Antidiarrhe	P	525 MG/1	ORAL	SUSP	ML	237	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868081912	QC ALLEI	FEXOFEN	40800	Second G	4080000	Second G	P	60 MG	ORAL	TABS	EA	12	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868082125	QC OLOP	OLOPATA	520200	Antiallergi	52020000	Antiallergi	P	0.20%	OPHTHAL	SOLN	ML	2.5	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868082354	ALLERGY	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5 MG/5	ORAL	LIQD	ML	118	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868082601	QC CHLO	CHLORPH	40400	First Gene	4040000	First Gene	P	4 MG	ORAL	TABS	EA	100	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868082624	QC CHLO	CHLORPH	40400	First Gene	4040000	First Gene	P	4 MG	ORAL	TABS	EA	24	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868082940	QC IBUPF	IBUPROF	282492	Anxiolytics	28249200	Anxiolytics	P	200-25 M(	ORAL	CAPS	EA	40	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868083020	QC NAPR	NAPROXE	280804	Nonsteroic	28080404	UNKNOW	P	220 MG	ORAL	CAPS	EA	20	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868083208	QC STOM	BISMUTH	560800	Antidiarrhe	56080000	Antidiarrhe	P	525 MG/3(	ORAL	SUSP	ML	237	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868083324	QC ALLEI	CHLORPH	40400	First Gene	4040000	First Gene	P	4 MG	ORAL	TABS	EA	24	GENERIC	6/30/2022	63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868083560	QC PAIN I	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	SUSP	ML	59	GENERIC	12/30/2022	63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868085318	QC GAS F	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	125MG	ORAL	CHEW	EA	18	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868085418	QC GAS F	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	125MG	ORAL	CHEW	EA	18	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868085554	TUSSIN D	DEXTROM	480800	Antitussive	48080000	Antitussive	P	100-10 M(	ORAL	SYRP	ML	118	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868085556	TUSSIN D	DEXTROM	480800	Antitussive	48080000	Antitussive	P	100-10 M(	ORAL	SYRP	ML	237	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868085904	QC TUSS	GUAIFEN	481600	Expectora	48160000	Expectora	P	100 MG/5	ORAL	LIQD	ML	118	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868086854	QC TUSS	DEXTROM	480800	Antitussive	48080000	Antitussive	P	10-100 M(	ORAL	LIQD	ML	118	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868086856	QC TUSS	DEXTROM	480800	Antitussive	48080000	Antitussive	P	10-100 M(	ORAL	LIQD	ML	237	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868086904	QC TUSS	DEXTROM	480800	Antitussive	48080000	Antitussive	P	20-200 M(	ORAL	LIQD	ML	118	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868087014	QC MUCL	DEXTROM	480800	Antitussive	48080000	Antitussive	P	60-1200 M	ORAL	TB12	EA	14	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868087120	QC MUCL	GUAIFEN	481600	Expectora	48160000	Expectora	P	600 MG	ORAL	TB12	EA	20	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868087214	QC MUCL	GUAIFEN	481600	Expectora	48160000	Expectora	P	1200 MG	ORAL	TB12	EA	14	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868087460	QC STOO	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	60	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868087501	QC STOO	SENNOSI	561200	Cathartics	56120000	Cathartics	P	50-8.6 MG	ORAL	TABS	EA	100	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868087612	QC ANTI-I	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	P	2 MG	ORAL	CAPS	EA	12	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868087624	QC ANTI-I	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	P	2 MG	ORAL	CAPS	EA	24	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868087706	QC POIS(	POISON I'	840800	Antipruritic	84080000	Antipruritic	P	1%	EXTERNA	MISC	ML	177	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868087860	QC STOO	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	60	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868089810	QC ENTE	ASPIRIN	280804	Nonsteroic	28080424	Salicylates	P	325 MG	ORAL	TBEC	EA	100	GENERIC		63868		N	#N/A	ORIG_FR	10	EHB	#N/A	X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
63868090704	QC STOM	BISMUTH	560800	Antidiarrhe	56080000	Antidiarrhe	P	525 MG/3(	ORAL	SUSP	ML	355	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868090708	QC STOM	BISMUTH	560800	Antidiarrhe	56080000	Antidiarrhe	P	525 MG/3(	ORAL	SUSP	ML	237	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868091001	QC TRIPL	NEOMYCI	840404	Antibacter	84040400	Antibacter	P	500UNIT/(	EXTERNA	OINT	GM	28	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868091101	QC DIBU(	DIBUCAIN	840800	Antipruritic	84080000	Antipruritic	P	1%	EXTERNA	OINT	GM	28.3	GENERIC		63868	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868091201	QC TRIPL	NEOMYCI	840404	Antibacter	84040400	Antibacter	P	1%	EXTERNA	OINT	GM	28.3	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868091410	QC ASPIF	ASPIRIN	280804	Nonsteroic	28080424	Salicylates	P	325 MG	ORAL	TBEC	EA	100	GENERIC		63868		N	#N/A	ORIG_FR	10	EHB	#N/A	X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
63868091628	QC BACIT	BACITRA(	840404	Antibacter	84040400	Antibacter	P	500 UNIT/	EXTERNA	OINT	GM	28.4	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868093510	QC MAGN	MAGNESI	561200	Cathartics	56120000	Cathartics	P	1.745 GM/	ORAL	SOLN	ML	296	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868093704	QC EPSO	MAGNESI	561200	Cathartics	56120000	Cathartics	P	0-0	ORAL	GRAN	GM	1810	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868093716	QC EPSO	MAGNESI	561200	Cathartics	56120000	Cathartics	P	0-0	ORAL	GRAN	GM	454	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868093816	QC MINEI	MINERAL	561200	Cathartics	56120000	Cathartics	P	0	ORAL	OIL	ML	473	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868094008	QC ANTIS	CHLORHE	840416	UNKNOW	84041600	UNKNOW	P	4%	EXTERNA	SOLN	ML	237	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868094210	QC MAGN	MAGNESI	561200	Cathartics	56120000	Cathartics	P	1.745 GM/	ORAL	SOLN	ML	296	GENERIC	6/4/2024	63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868094410	QC MAGN	MAGNESI	561200	Cathartics	56120000	Cathartics	P	1.745 GM/	ORAL	SOLN	ML	296	GENERIC	4/30/2024	63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868094901	QC FEMIN	BENZOCA	840800	Antipruritic	84080000	Antipruritic	P	20-3 %	EXTERNA	CREA	GM	28.3	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868095311	QC ORAL	BENZOCA	840800	Antipruritic	84080000	Antipruritic	P	20%	MOUTH/T	GEL	GM	11.9	GENERIC		63868	N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868095704	QC COUG	DEXTROM	480800	Antitussive	48080000	Antitussive	P	15 MG/5M	ORAL	LIQD	ML	118	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868095901	QC ANTI-I	PRAMOXI	840800	Antipruritic	84080000	Antipruritic	P	1-1 %	EXTERNA	CREA	GM	28	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868096028	QC BACIT	BACITRA(	840404	Antibacter	84040400	Antibacter	P	500 UNIT/	EXTERNA	OINT	GM	28	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868096120	QC MENS	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500-25-15	ORAL	TABS	EA	20	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868097910	QC IBUPF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	100	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868097924	QC IBUPF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	24	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868097950	QC IBUPF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	50	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868098303	QC IBUPF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	500	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868098309	QC IBUPF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	100	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868098318	QC SORE	THROAT I	521600	Local Ane	52160000	Local Ane	P	6MG-10M(	MOUTH/T	LOZG	EA	18	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868098324	QC IBUPF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	24	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868098350	QC IBUPF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	50	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868098424	QC SINUS	PHENYLE	121204	alpha-Adre	12120400	alpha-Adre	P	5-325 MG	ORAL	TABS	EA	24	GENERIC	6/30/2022	63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868098524	QC ALLEI	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5-5-325	ORAL	TABS	EA	24	GENERIC	8/31/2023	63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868098710	QC NON-A	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	100	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868098750	QC NON-A	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	50	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868098903	QC ALCO	ALCOHOL	940000	Devices	94000000	Devices	O	70%	DOES NO	PADS	EA	100	NON DRUG		63868		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868099601	QC HEAR	ALUMINU	560400	Antacids a	56040000	Antacids a	P	160MG-10	ORAL	CHEW	EA	100	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868099850	QC MEDI	GUAIFEN	481600	Expectora	48160000	Expectora	P	400MG	ORAL	TABS	EA	50	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
63868200202	QC CLOT	CLOTRIM	840408	Antifungal	84040808	Azoles	P	1%	EXTERNA	CREA	GM	28	GENERIC		63868		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI

63921012016	SUPERSC	SKIN PRO	842412	Basic Oint	84241200	Basic Oint	P	0	EXTERNA	LOTN	ML	437		GENERIC		63921			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63921013004	AMERICE	SKIN PRO	842412	Basic Oint	84241200	Basic Oint	P	0	EXTERNA	CREA	GM	113		GENERIC		63921	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63921013016	AMERICE	SKIN PRO	842412	Basic Oint	84241200	Basic Oint	P	0	EXTERNA	CREA	GM	452		GENERIC		63921	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63921014004	AMERIPH	SKIN PRO	842412	Basic Oint	84241200	Basic Oint	P	0	EXTERNA	OINT	GM	113		GENERIC		63921			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63921014016	AMERIPH	SKIN PRO	842412	Basic Oint	84241200	Basic Oint	P	0	EXTERNA	OINT	GM	452		GENERIC		63921			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63921015004	AMERIST	SKIN PRO	842412	Basic Oint	84241200	Basic Oint	P	0	EXTERNA	LOTN	ML	118		GENERIC		63921			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63921015008	AMERIST	SKIN PRO	842412	Basic Oint	84241200	Basic Oint	P	0	EXTERNA	LOTN	ML	237		GENERIC		63921			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63921016004	VITAMINS	VITAMINS	842412	Basic Oint	84241200	Basic Oint	P	0-0-0	EXTERNA	OINT	GM	113		GENERIC		63921			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63921016015	VITAMINS	VITAMINS	842412	Basic Oint	84241200	Basic Oint	P	0-0-0	EXTERNA	OINT	GM	425		GENERIC		63921			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63921020001	AMERIWA	TRICLOSA	840492	Local Anti-	84049200	Local Anti-	O	0	EXTERNA	LOTN	ML	3780		SSB		63921			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63921020010	AMERIWA	TRICLOSA	840492	Local Anti-	84049200	Local Anti-	O	0	EXTERNA	LOTN	ML	1000		SSB		63921			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63921020080	AMERIWA	TRICLOSA	840492	Local Anti-	84049200	Local Anti-	O	0	EXTERNA	LOTN	ML	800		SSB		63921			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63921020916	AMERIWA	TRICLOSA	840492	Local Anti-	84049200	Local Anti-	O	0	EXTERNA	LOTN	ML	473		SSB		63921			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63921024004	INSTACLE	ISOPROP	840492	Local Anti-	84049200	Local Anti-	O	0	EXTERNA	LIQD	ML	118		SSB		63921			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63921024010	INSTACLE	ISOPROP	840492	Local Anti-	84049200	Local Anti-	O	0	EXTERNA	LIQD	ML	1000		SSB		63921			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63921024016	INSTACLE	ISOPROP	840492	Local Anti-	84049200	Local Anti-	O	0	EXTERNA	LIQD	ML	473		SSB		63921			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63921024080	INSTACLE	ISOPROP	840492	Local Anti-	84049200	Local Anti-	O	0	EXTERNA	LIQD	ML	800		SSB		63921			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63921030008	ALPHASC	BATH PRO	842408	Basic Oils	84240800	Basic Oils	P	0-0-0-0	EXTERNA	OIL	ML	237		GENERIC		63921	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63921040004	DERMAFI	SKIN PRO	842412	Basic Oint	84241200	Basic Oint	P	0	EXTERNA	OINT	GM	113		GENERIC		63921			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63921041004	DERMAFI	SKIN PRO	842412	Basic Oint	84241200	Basic Oint	O	0	EXTERNA	LIQD	ML	118		SSB		63921	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63921042003	WOUND C	WOUND D	849200	Skin and M	84920000	Skin and M	O	0-0-0-0-0	EXTERNA	GEL	GM	85		MSB		63921	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
63921043016	WOUND C	WOUND C	849200	Skin and M	84920000	Skin and M	O	0-0-0-0-0	EXTERNA	LIQD	ML	473		MSB		63921	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
63921045008	WOUND C	WOUND D	849200	Skin and M	84920000	Skin and M	O	0-0-0-0-0	EXTERNA	GEL	GM	237		MSB		63921	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
63921050004	PERISHIE	SKIN PRO	842412	Basic Oint	84241200	Basic Oint	P	0-0-0	EXTERNA	OINT	GM	113		GENERIC		63921	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63921050516	PERISHIE	SKIN PRO	842412	Basic Oint	84241200	Basic Oint	P	0-0-0	EXTERNA	OINT	GM	452		GENERIC		63921			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63921051001	PERICLEA	INCONTIN	849200	Skin and M	84920000	Skin and M	O	0	EXTERNA	LIQD	ML	3780		SSB		63921			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63921051008	PERICLEA	INCONTIN	849200	Skin and M	84920000	Skin and M	O	0	EXTERNA	LIQD	ML	237		SSB		63921			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63921052008	PERISCEI	INCONTIN	849200	Skin and M	84920000	Skin and M	P	0-0-0-0-0	EXTERNA	LIQD	ML	237		GENERIC		63921			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63943000012	AURA PO	NEBULIZE	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		63943			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63948001315	COMPLET	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-16.666M	ORAL	CAPS	EA	84		SSB		63948			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63948004293	PROBIOT	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0	ORAL	CAPS	EA	30		SSB		63948			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63948004299	ACIDOPH	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0	ORAL	CAPS	EA	90		SSB		63948			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63948004363	PEARLS I	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0-0-0-0	ORAL	CAPS	EA	30		SSB		63948			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63948005073	PROBIOT	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0-0-0	ORAL	CAPS	EA	30		SSB		63948			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63948005802	CELL FOR	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	65.5MG-1	ORAL	CAPS	EA	120		SSB		63948			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63948005812	CELL FOR	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	65.5MG-5	ORAL	CAPS	EA	120		NON DRUG		63948			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63948006103	SMART Q	COENZYM	929200	UNKNOW	92920000	UNKNOW	O	100-201 M	ORAL	CHEW	EA	30		SSB		63948			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63948006919	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	50 MCG (	ORAL	CHEW	EA	90		GENERIC		63948			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63948007500	REMIFEM	BLACK CO	929200	UNKNOW	92920000	UNKNOW	O	21 MG	ORAL	TABS	EA	60		SSB		63948			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63948007520	REMIFEM	BLACK CO	929200	UNKNOW	92920000	UNKNOW	O	21 MG	ORAL	TABS	EA	120		SSB		63948			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63948007712	OSTEOPF	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	30MG-30M	ORAL	TABS	EA	120		SSB		63948			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63948009556	L-THEANI	THEANINI	402000	Caloric Ag	40200000	Caloric Ag	P	100 MG	ORAL	CAPS	EA	60		GENERIC		63948			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63948010228	PROBIOT	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0-0-0	ORAL	CAPS	EA	30		SSB		63948			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63948010809	TART CHI	TART CHI	929200	UNKNOW	92920000	UNKNOW	O	400 MG	ORAL	CHEW	EA	75		SSB		63948			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63948016843	RIBOFLAV	RIBOFLAV	880800	Vitamin B	88080000	Vitamin B	O	400 MG	ORAL	TABS	EA	30		MSB		63948			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
63981000101	KLS ALLE	FLUTICAS	520808	Corticoste	52080800	Corticoste	P	50 MCG/A	NASAL	SUSP	ML	15.8		GENERIC	6/1/2023	63981			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			X	16 IN 30 DAYS				R	MEDPRMI
63981000105	KLS ALLE	FLUTICAS	520808	Corticoste	52080800	Corticoste	P	50 MCG/A	NASAL	SUSP	ML	15.8		GENERIC	6/1/2023	63981			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			X	16 IN 30 DAYS				R	MEDPRMI
63981000113	KLS ALLE	FLUTICAS	520808	Corticoste	52080800	Corticoste	P	50 MCG/A	NASAL	SUSP	ML	18.2		GENERIC		63981			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			X	16 IN 30 DAYS				R	MEDPRMI
63981001247	KLS QUIT	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	GUM	EA	150		GENERIC		63981			N	#N/A	ORIG_FR	10 EHB	#N/A						X	IF AGE=1:LIMITED TO 24 PIE	R	MEDPRMI
63981001287	KLS QUIT	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	GUM	EA	150		GENERIC		63981			N	#N/A	ORIG_FR	10 EHB	#N/A						X	IF AGE=1:LIMITED TO 24 PIE	R	MEDPRMI
63981002901	KLS QUIT	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	GUM	EA	190		GENERIC		63981			N	#N/A	ORIG_FR	10 EHB	#N/A						X	IF AGE=1:LIMITED TO 24 PIE	R	MEDPRMI
63981002956	KLS QUIT	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	GUM	EA	190		GENERIC		63981			N	#N/A	ORIG_FR	10 EHB	#N/A						X	IF AGE=1:LIMITED TO 24 PIE	R	MEDPRMI
63981004756	KLS ACID	RANITIDI	562812	Histamine	56281200	Histamine	P	150 MG	ORAL	TABS	EA	95	X	GENERIC	4/1/2020	63981			N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63981012409	KLS QUIT	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	LOZG	EA	27		GENERIC		63981			N	#N/A	ORIG_FR	10 EHB	#N/A						X	IF AGE=1:LIMITED TO 20 LOZ	R	MEDPRMI
63981012437	KLS QUIT	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	LOZG	EA	27		GENERIC		63981			N	#N/A	ORIG_FR	10 EHB	#N/A						X	IF AGE=1:LIMITED TO 20 LOZ	R	MEDPRMI
63981014762	KLS ALLE	CETIRIZI	40800	Second G	4080000	Second G	P	5-120 MG	ORAL	TB12	EA	24		GENERIC		63981			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63981017001	KLS QUIT	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	GUM	EA	190		GENERIC		63981			N	#N/A	ORIG_FR	10 EHB	#N/A						X	IF AGE=1:LIMITED TO 24 PIE	R	MEDPRMI
63981017056	KLS QUIT	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	GUM	EA	190		GENERIC		63981			N	#N/A	ORIG_FR	10 EHB	#N/A						X	IF AGE=1:LIMITED TO 24 PIE	R	MEDPRMI
63981019009	KLS QUIT	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	LOZG	EA	27		GENERIC		63981			N	#N/A	ORIG_FR	10 EHB	#N/A						X	IF AGE=1:LIMITED TO 20 LOZ	R	MEDPRMI
63981019037	KLS QUIT	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	LOZG	EA	27		GENERIC		63981			N	#N/A	ORIG_FR	10 EHB	#N/A						X	IF AGE=1:LIMITED TO 20 LOZ	R	MEDPRMI
63981019485	KLS ACID	FAMOTID	562812	Histamine	56281200	Histamine	P	20 MG	ORAL	TABS	EA	125	X	GENERIC		63981			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63981029114	KLS IBUP	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	500		GENERIC		63981			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63981030604	KLS LAXA	POLYETH	561200	Cathartics	56120000	Cathartics	P	0-17GM/S	ORAL	POWD	GM	850		GENERIC		63981			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63981030947	KLS QUIT	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	GUM	EA	150		GENERIC		63981			N	#N/A	ORIG_FR	10 EHB	#N/A						X	IF AGE=1:LIMITED TO 24 PIE	R	MEDPRMI
63981030987	KLS QUIT	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	GUM	EA	150		GENERIC		63981			N	#N/A	ORIG_FR	10 EHB	#N/A						X	IF AGE=1:LIMITED TO 24 PIE	R	MEDPRMI
63981032978	KLS ALLE	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	TABS	EA	600		GENERIC		63981			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63981034409	KLS QUIT	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	LOZG	EA	27		GENERIC		63981			N	#N/A	ORIG_FR	10 EHB	#N/A						X	IF AGE=1:LIMITED TO 20 LOZ	R	MEDPRMI
63981034437	KLS QUIT	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	2 MG	MOUTH/T	LOZG	EA	27		GENERIC		63981			N	#N/A	ORIG_FR	10 EHB	#N/A						X	IF AGE=1:LIMITED TO 20 LOZ	R	MEDPRMI
63981039314	KLS IBUP	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	500		GENERIC		63981			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63981044301	KLS ALLE	TRIAMCIN	520808	Corticoste	52080800	Corticoste	P	55 MCG/A	NASAL	AERO	ML	16.9		GENERIC	10/2/2023	63981			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63981044304	KLS ALLE	TRIAMCIN	520808	Corticoste	52080800	Corticoste	P	55 MCG/A	NASAL	AERO	ML	16.9		GENERIC	10/2/2023	63981			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63981047543	KLS ALLE	CETIRIZI	40800	Second G	4080000	Second G	P	5 MG/5ML	ORAL	SOLN	ML	240		GENERIC		63981			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63981053206	KLS MUC	GUAIFEN	481600	Expectora	48160000	Expectora	P	400 MG	ORAL	TABS	EA	200		GENERIC		63981			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63981055654	KLS RAPI	DIPHENH	282492	Anxiolytics	28249200	Anxiolytics	P	500-25 MC	ORAL	TABS	EA	375		GENERIC	10/30/2024	63981			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63981056396	KLS ASPI	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	365		GENERIC		63981			N	#N/A	ORIG_FR	10 EHB	#N/A						X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
63981057148	KLS ALLE	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	180		GENERIC	12/12/2022	63981			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63981058201	KLS LANS	LANSOPR	562836	Proton-pu	56283600	Proton-pu	P	15 MG	ORAL	CPDR	EA	14	X	GENERIC		63981			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63981058203	KLS LANS	LANSOPR	562836	Proton-pu	56283600	Proton-pu	P	15 MG	ORAL	CPDR	EA	14	X	GENERIC		63981			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63981059905	KLS ARTH	DICLOFEI	840620	UNKNOW	84062000	UNKNOW	P	1%	EXTERNA	GEL	GM	150		GENERIC		63981			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63981069901	KLS MIGR	ASPIRIN-A	280804	Nonsteroi	28080424	Salicylates	P	250-250-6	ORAL	TABS	EA	400		GENERIC		63981			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63981070090	KLS ACET	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	500		GENERIC		63981			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63981070281	KLS COLD	PHENYLE	480800	Antitussive	48080000	Antitussive	P	325MG-2M	ORAL	TBPK	EA	168		GENERIC	5/16/2022	63981			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63981072365	KLS ALLE	LORATAD	40800	Second G	4080000	Second G	P	5MG-120M	ORAL	TB12	EA	30		GENERIC		63981			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63981072415	KLS ALLE	LORATAD	40800	Second G	4080000	Second G	P	10-240 MC	ORAL	TB24	EA	15		GENERIC		63981			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63981081201	KLS MUC	DEXTROM	480800	Antitussive	48080000	Antitussive	P	60-1200 M	ORAL	TB12	EA	84		GENERIC		63981			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63981084748	KLS ALLE	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	180		GENERIC		63981			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63981085256	KLS ACID	RANITIDI	562812	Histamine	56281200	Histamine	P	150 MG	ORAL	TABS	EA	95	X	GENERIC	4/1/2020	63981			N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63981085340	KLS STOO	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	400		GENERIC		63981	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63981087005	KLS DICL	DICLOFEI	840620	UNKNOW	84062000	UNKNOW	P	1%	EXTERNA	GEL	GM	150		GENERIC		63981	Y		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63981087309	KLS QUIT	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	LOZG	EA	27		GENERIC		63981			N	#N/A	ORIG_FR	10 EHB	#N/A						X	IF AGE=1:LIMITED TO 20 LOZ	R	MEDPRMI
63981087337	KLS QUIT	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	LOZG	EA	27		GENERIC		63981			N	#N/A	ORIG_FR	10 EHB	#N/A						X	IF AGE=1:LIMITED TO 20 LOZ	R	MEDPRMI
63981089803	KLS ESOM	ESOMEPF	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	CPDR	EA	14	X	GENERIC		63981			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			X	1 IN 1 DAYS				R	MEDPRMI
63981091555	KLS OME	OMEPRA	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	TBEC	EA	14		GENERIC		63981			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
63981098696	KLS SLEE	DOXYLAM	282492	Anxiolytics	28249200	Anxiolytics	P	25 MG	ORAL	TABS	EA	96		GENERIC		63981			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64011024301	MAKENA	HYDROXY	683200	Progestins	68320000	Progestins	S	250 MG/M	INTRAMU	OIL	ML	5		MSB	4/7/2023	64011	Y		N	EXCLUDE	RECALL_DENY: [RECALLED F		FORMULARY EXCLUSION								R	MEDPRMI
64011024702	MAKENA	HYDROXY	683200	Progestins	68320000	Progestins	S	250 MG/M	INTRAMU	OIL	ML	1		MSB	4/7/2023	64011	Y		N	EXCLUDE	RECALL_DENY: [RECALLED F		FORMULARY EXCLUSION								R	MEDPRMI
64011030103	MAKENA	HYDROXY	683200	Progestins	68320000	Progestins	R	275 MG/1.	SUBCUTA	SOAJ	ML	1.1		SSB	4/7/2023	64011			N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64011060128	INTRARO	PRASTER	680400	Adrenals	68040000	Adrenals	R	6.5 MG	VAGINAL	INST	EA	28	X	SSB	5/1/2024	64011			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
64038006830	IMUHANC	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-0-0-0-0	ORAL	CAPS	EA	30		SSB		64038			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64038006890	IMUHANC	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-0-0-0-0	ORAL	CAPS	EA	90		SSB		64038			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64038010330	OMNICAF	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	60MG-60M	ORAL	TABS	EA	30		SSB		64038			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64038042303	MELADO	MELATON	929200	UNKNOW	92920000	UNKNOW	O	3MG	ORAL	TBCR	EA	30		SSB		64038			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64038071101	MYOFIBE	CALCIUM	929200	UNKNOW	92920000	UNKNOW	O	167MG-0-	ORAL	TABS	EA	120		SSB		64038	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64038093301	XOTEN	MENTHOL	842404	Basic Loti	84240400	Basic Loti	O	12.5%-6.2	EXTERNA	LOTN	ML	120		SSB		64038			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64038094401	XOTEN-C	CAPSAICI	842404	Basic Loti	84240400	Basic Loti	O	0.002-10-2	EXTERNA	LOTN	GM	113.4		SSB		64038	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64038099603	RESTONE	MELATON	929200	UNKNOW	92920000	UNKNOW	P	3MG-100M	ORAL	CAPS	EA	30		GENERIC		64038	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64067021601	UVADEX	METHOXS	845006	Pigmentin	84500600	Pigmentin	R	20 MCG/M	EXTRACO	SOLN	ML	10		SSB		64067			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
64068000002	ENDIT	ZINC OXI	841200	Astringent	84120000	Astringent	P	20%	EXTERNA	OINT	GM	56.7		GENERIC		64068			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64068000004	ENDIT	ZINC OXI	841200	Astringent	84120000	Astringent	P	20%	EXTERNA	OINT	GM	113.4		GENERIC		64068			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64068000008	ENDIT	ZINC OXI	841200	Astringent	84120000	Astringent	P	20%	EXTERNA	OINT	GM	227		GENERIC		64068			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64068000016	ENDIT	ZINC OXI	841200	Astringent	84120000	Astringent	P	20%	EXTERNA	OINT	GM	454		GENERIC		64068			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64116012101	ESBRIET	PIRFENID	480200	UNKNOW	48020000	UNKNOW	S	267 MG	ORAL	CAPS	EA	270	X	MSB	3/12/2022	64116			N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION	X	PA:X						R	MEDPRMI
64122060501	AFTERPIL	LEVONOF	681200	Contracep	68120000	Contracep	P	1.5 MG	ORAL	TABS	EA	1		GENERIC		64122			N	#N/A	ORIG_FR	10 EHB	#N/A						X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
64125011610	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC		64125			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
64125011701	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		64125			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
64125011710	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	1000	X	GENERIC		64125			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
64125011801	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	80 MG	ORAL	TABS	EA	100	X	GENERIC		64125			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
64125011805	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	80 MG	ORAL	TABS	EA	500	X	GENERIC		64125			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
64125012701	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		64125			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
64125012710	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	1000	X	GENERIC		64125			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
64125013001	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		64125			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
64125013010	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	1000	X	GENERIC		64125			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
64125013101	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		64125			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
64125013110	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC		64125			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
64125013301	IMIPRAMI	IMIPRAMI	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		64125			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
64125013310	IMIPRAMI	IMIPRAMI	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC		64125			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
64125013401	IMIPRAMI	IMIPRAMI	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		64125			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
64125013410	IMIPRAMI	IMIPRAMI	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC		64125			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
64125013501	IMIPRAMI	IMIPRAMI	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		64125			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
64125013510	IMIPRAMI	IMIPRAMI	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	1000	X	GENERIC		64125			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
64125013601	BENZTRO	BENZTRO	283608	UNKNOW	28360800	UNKNOW	S	0.5 MG	ORAL	TABS	EA	100	X	GENERIC		64125			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
64125013610	BENZTRO	BENZTRO	283608	UNKNOW	28360800	UNKNOW	S	0.5 MG	ORAL	TABS	EA	1000	X	GENERIC		64125			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
64125013701	BENZTRO	BENZTRO	283608	UNKNOW	28360800	UNKNOW	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		64125			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
64125013710	BENZTRO	BENZTRO	283608	UNKNOW	28360800	UNKNOW	S	1 MG	ORAL	TABS	EA	1000	X	GENERIC		64125			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
64125013801	BENZTRO	BENZTRO	283608	UNKNOW	28360800	UNKNOW	S	2 MG	ORAL	TABS	EA	100	X	GENERIC		64125			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
64125013810	BENZTRO	BENZTRO	283608	UNKNOW	28360800	UNKNOW	S	2 MG	ORAL	TABS	EA	1000	X	GENERIC		64125			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
64125013901	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	1 MG	ORAL	TABS	EA	100		GENERIC		64125			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
64125014001	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	2 MG	ORAL	TABS	EA	100		GENERIC		64125			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
64125090401	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	100		GENERIC	9/30/2022	64125			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
64125090405	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	500		GENERIC		64125			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
64125090410	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	1000		GENERIC		64125			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
64125090505	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	500		GENERIC		64125			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
64125090510	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	1000		GENERIC		64125			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
64125090601	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	100		GENERIC		64125			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
64125090605	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	500		GENERIC		64125			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
64125090610	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	1000		GENERIC		64125			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
64193042402	FEIBA	ANTIINHI	202816	Hemostati	20281600	Hemostati	R	1000 UNIT	INTRAVEI	SOLR	EA	1		SSB		64193		Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND								R	MEDPRMI
64193042502	FEIBA	ANTIINHI	202816	Hemostati	20281600	Hemostati	R	2500 UNIT	INTRAVEI	SOLR	EA	1		SSB		64193		Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND								R	MEDPRMI
64193042602	FEIBA	ANTIINHI	202816	Hemostati	20281600	Hemostati	R	500 UNIT	INTRAVEI	SOLR	EA	1		SSB		64193		Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND								R	MEDPRMI
64208251001	ALBUMIN	ALBUMIN	160000	Blood Der	16000000	Blood Der	R	5%	INTRAVEI	SOLN	ML	250		SSB		64208			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64208251002	ALBUMIN	ALBUMIN	160000	Blood Der	16000000	Blood Der	R	5%	INTRAVEI	SOLN	ML	250		SSB		64208			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64208251005	ALBUMIN	ALBUMIN	160000	Blood Der	16000000	Blood Der	R	5%	INTRAVEI	SOLN	ML	500		SSB		64208			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64208251006	ALBUMIN	ALBUMIN	160000	Blood Der	16000000	Blood Der	R	5%	INTRAVEI	SOLN	ML	500		SSB		64208			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64208251203	ALBUMIN	ALBUMIN	160000	Blood Der	16000000	Blood Der	R	25%	INTRAVEI	SOLN	ML	50		SSB		64208			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64208251204	ALBUMIN	ALBUMIN	160000	Blood Der	16000000	Blood Der	R	25%	INTRAVEI	SOLN	ML	50		SSB		64208			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64208251207	ALBUMIN	ALBUMIN	160000	Blood Der	16000000	Blood Der	R	25%	INTRAVEI	SOLN	ML	100		SSB		64208			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64208251208	ALBUMIN	ALBUMIN	160000	Blood Der	16000000	Blood Der	R	25%	INTRAVEI	SOLN	ML	100		SSB		64208			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64208775201	COAGADI	COAGULA	202816	Hemostati	20281600	Hemostati	R	250UNIT	INTRAVEI	SOLR	EA	1		SSB		64208		Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND								R	MEDPRMI
64208775301	COAGADI	COAGULA	202816	Hemostati	20281600	Hemostati	R	500UNIT	INTRAVEI	SOLR	EA	1		SSB		64208		Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND								R	MEDPRMI
64208775401	COAGADI	COAGULA	202816	Hemostati	20281600	Hemostati	R	250UNIT	INTRAVEI	SOLR	EA	1		SSB		64208		Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND								R	MEDPRMI
64208775601	COAGADI	COAGULA	202816	Hemostati	20281600	Hemostati	R	500UNIT	INTRAVEI	SOLR	EA	1		SSB		64208		Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND								R	MEDPRMI
64208823402	GAMMAP	IMMUNE	800400	Serums	80040000	Serums	R	5 GM/100	INTRAVEI	SOLN	ML	100		SSB		64208			N	EXCLUDE	SELF_INJ	5 SPBRD	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64208823403	GAMMAP	IMMUNE	800400	Serums	80040000	Serums	R	10 GM/20	INTRAVEI	SOLN	ML	200		SSB		64208			N	EXCLUDE	SELF_INJ	5 SPBRD	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64208823404	GAMMAP	IMMUNE	800400	Serums	80040000	Serums	R	20 GM/40	INTRAVEI	SOLN	ML	400		SSB		64208			N	EXCLUDE	SELF_INJ	5 SPBRD	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64208823406	GAMMAP	IMMUNE	800400	Serums	80040000	Serums	R	5 GM/100	INTRAVEI	SOLN	ML	100		SSB		64208			N	EXCLUDE	SELF_INJ	5 SPBRD	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64208823407	GAMMAP	IMMUNE	800400	Serums	80040000	Serums	R	10 GM/20	INTRAVEI	SOLN	ML	200		SSB		64208			N	EXCLUDE	SELF_INJ	5 SPBRD	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64208823408	GAMMAP	IMMUNE	800400	Serums	80040000	Serums	R	20 GM/40	INTRAVEI	SOLN	ML	400		SSB		64208			N	EXCLUDE	SELF_INJ	5 SPBRD	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64208823501	GAMMAP	IMMUNE	800400	Serums	80040000	Serums	R	5 GM/50M	INTRAVEI	SOLN	ML	50		SSB		64208			N	EXCLUDE	SELF_INJ	5 SPBRD	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64208823502	GAMMAP	IMMUNE	800400	Serums	80040000	Serums	R	10 GM/10	INTRAVEI	SOLN	ML	100		SSB		64208			N	EXCLUDE	SELF_INJ	5 SPBRD	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64208823503	GAMMAP	IMMUNE	800400	Serums	80040000	Serums	R	20 GM/20	INTRAVEI	SOLN	ML	200		SSB		64208			N	EXCLUDE	SELF_INJ	5 SPBRD	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64208823505	GAMMAP	IMMUNE	800400	Serums	80040000	Serums	R	5 GM/50M	INTRAVEI	SOLN	ML	50		SSB		64208			N	EXCLUDE	SELF_INJ	5 SPBRD	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64208823506	GAMMAP	IMMUNE	800400	Serums	80040000	Serums	R	10 GM/10	INTRAVEI	SOLN	ML	100		SSB		64208			N	EXCLUDE	SELF_INJ	5 SPBRD	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64208823507	GAMMAP	IMMUNE	800400	Serums	80040000	Serums	R	20 GM/20	INTRAVEI	SOLN	ML	200		SSB		64208			N	EXCLUDE	SELF_INJ	5 SPBRD	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64253002030	STERILE	WATER F	960000	Pharmace	96000000	Pharmace	S	0	INJECTIO	SOLN	ML	10		GENERIC		64253			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64253002091	STERILE	WATER F	960000	Pharmace	96000000	Pharmace	S	0	INJECTIO	SOLN	ML	10		GENERIC		64253			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64253011121	NORMAL	SODIUM C	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVEI	SOLN	ML	1		GENERIC		64253		Y	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64253011122	NORMAL	SODIUM C	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVEI	SOLN	ML	2		GENERIC		64253		Y	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64253011123	NORMAL	SODIUM C	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVEI	SOLN	ML	3		GENERIC		64253		Y	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64253011125	NORMAL	SODIUM C	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVEI	SOLN	ML	5		GENERIC		64253		Y	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64253011130	NORMAL	SODIUM C	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVEI	SOLN	ML	10		GENERIC		64253		Y	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64253011133	NORMAL	SODIUM C	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVEI	SOLN	ML	3		GENERIC		64253		Y	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64253011135	NORMAL	SODIUM C	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVEI	SOLN	ML	5		GENERIC		64253		Y	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64253011152	NORMAL	SODIUM C	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVEI	SOLN	ML	2.5		GENERIC		64253		Y	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64253020230	SODIUM C	SODIUM C	401200	Replacem	40120000	Replacem	S	0.90%	INJECTIO	SOLN	ML	10		GENERIC		64253		Y	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
64253022221	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	10 UNIT/M	INTRAVEI	SOLN	ML	1		GENERIC		64253	Y	Y	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64253022222	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	10 UNIT/M	INTRAVEI	SOLN	ML	2		GENERIC		64253	Y	Y	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64253022223	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	10 UNIT/M	INTRAVEI	SOLN	ML	3		GENERIC		64253	Y	Y	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64253022225	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	10 UNIT/M	INTRAVEI	SOLN	ML	5		GENERIC		64253	Y	Y	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64253022230	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	10 UNIT/M	INTRAVEI	SOLN	ML	10		GENERIC		64253	Y	Y	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64253022233	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	10 UNIT/M	INTRAVEI	SOLN	ML	3		GENERIC		64253	Y	Y	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64253022235	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	10 UNIT/M	INTRAVEI	SOLN	ML	5		GENERIC		64253	Y	Y	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64253022252	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	10 UNIT/M	INTRAVEI	SOLN	ML	2.5		GENERIC		64253	Y	Y	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64253033321	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	100 UNIT/	INTRAVEI	SOLN	ML	1		GENERIC		64253	Y	Y	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64253033322	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	100 UNIT/	INTRAVEI	SOLN	ML	2		GENERIC		64253	Y	Y	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64253033323	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	100 UNIT/	INTRAVEI	SOLN	ML	3		GENERIC		64253	Y	Y	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64253033325	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	100 UNIT/	INTRAVEI	SOLN	ML	5		GENERIC		64253	Y	Y	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64253033330	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	100 UNIT/	INTRAVEI	SOLN	ML	10		GENERIC		64253	Y	Y	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64253033333	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	100 UNIT/	INTRAVEI	SOLN	ML	3		GENERIC		64253	Y	Y	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64253033335	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	100 UNIT/	INTRAVEI	SOLN	ML	5		GENERIC		64253	Y	Y	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64253033352	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	100 UNIT/	INTRAVEI	SOLN	ML	2.5		GENERIC		64253	Y	Y	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64253040030	ATROPIN	ATROPIN	120808	Antimusca	12080800	Antimusca	S	1 MG/10M	INJECTIO	SOSY	ML	10		GENERIC		64253	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64253040091	ATROPIN	ATROPIN	120808	Antimusca	12080800	Antimusca	S	1 MG/10M	INJECTIO	SOSY	ML	10		GENERIC		64253	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
64253044421	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	R	1 UNIT/ML	INTRAVEI	SOLN	ML	1		MSB		64253		Y	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
64253044422	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	R	1 UNIT/ML	INTRAVEI	SOLN	ML	2		MSB		64253		Y	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI

65162091838	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	OINT	GM	35.44		GENERIC		65162			N	FORMULARY		1	GEN	GENERICS			X	240 IN 30 DAYS		R	MEDPRIM
65162091853	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	OINT	GM	50		GENERIC		65162			N	FORMULARY		1	GEN	GENERICS			X	240 IN 30 DAYS		R	MEDPRIM
65162092306	LACOSAM	LACOSAM	281224	UNKNOW	28122400	UNKNOW	S	50 MG	ORAL	TABS	EA	60	X	GENERIC	4/4/2024	65162			N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS		R	MEDPRIM
65162092406	LACOSAM	LACOSAM	281224	UNKNOW	28122400	UNKNOW	S	100 MG	ORAL	TABS	EA	60	X	GENERIC	4/4/2024	65162			N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS		R	MEDPRIM
65162092506	LACOSAM	LACOSAM	281224	UNKNOW	28122400	UNKNOW	S	150 MG	ORAL	TABS	EA	60	X	GENERIC	4/4/2024	65162			N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS		R	MEDPRIM
65162092606	LACOSAM	LACOSAM	281224	UNKNOW	28122400	UNKNOW	S	200 MG	ORAL	TABS	EA	60	X	GENERIC	4/4/2024	65162			N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS		R	MEDPRIM
65162094903	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TB24	EA	30	X	GENERIC		65162			N	FORMULARY		1	GEN	GENERICS			X	6 IN 1 DAYS		R	MEDPRIM
65162095603	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TB24	EA	30	X	GENERIC		65162			N	FORMULARY		1	GEN	GENERICS			X	6 IN 1 DAYS		R	MEDPRIM
65162095803	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TB24	EA	30	X	GENERIC		65162			N	FORMULARY		1	GEN	GENERICS			X	3 IN 1 DAYS		R	MEDPRIM
65162098603	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TB24	EA	30	X	GENERIC		65162			N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS		R	MEDPRIM
65162098803	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	250 MG	ORAL	TB24	EA	30	X	GENERIC		65162			N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS		R	MEDPRIM
65162098904	DOTTI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.025 MG/	TRANSDE	PTTW	EA	1	X	GENERIC		65162			N	FORMULARY		1	GEN	GENERICS			X	2 IN 7 DAYS		R	MEDPRIM
65162098908	DOTTI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.025 MG/	TRANSDE	PTTW	EA	8	X	GENERIC		65162			N	FORMULARY		1	GEN	GENERICS			X	2 IN 7 DAYS		R	MEDPRIM
65162099003	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	300 MG	ORAL	TB24	EA	30	X	GENERIC		65162			N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS		R	MEDPRIM
65162099204	DOTTI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.0375 MC	TRANSDE	PTTW	EA	1	X	GENERIC		65162			N	FORMULARY		1	GEN	GENERICS			X	2 IN 7 DAYS		R	MEDPRIM
65162099208	DOTTI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.0375 MC	TRANSDE	PTTW	EA	8	X	GENERIC		65162			N	FORMULARY		1	GEN	GENERICS			X	2 IN 7 DAYS		R	MEDPRIM
65162099304	DOTTI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.05 MG/2	TRANSDE	PTTW	EA	1	X	GENERIC		65162			N	FORMULARY		1	GEN	GENERICS			X	2 IN 7 DAYS		R	MEDPRIM
65162099308	DOTTI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.05 MG/2	TRANSDE	PTTW	EA	8	X	GENERIC		65162			N	FORMULARY		1	GEN	GENERICS			X	2 IN 7 DAYS		R	MEDPRIM
65162099504	DOTTI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.075 MG/	TRANSDE	PTTW	EA	1	X	GENERIC		65162			N	FORMULARY		1	GEN	GENERICS			X	2 IN 7 DAYS		R	MEDPRIM
65162099508	DOTTI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.075 MG/	TRANSDE	PTTW	EA	8	X	GENERIC		65162			N	FORMULARY		1	GEN	GENERICS			X	2 IN 7 DAYS		R	MEDPRIM
65162099704	DOTTI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.1 MG/24	TRANSDE	PTTW	EA	1	X	GENERIC		65162			N	FORMULARY		1	GEN	GENERICS			X	2 IN 7 DAYS		R	MEDPRIM
65162099708	DOTTI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.1 MG/24	TRANSDE	PTTW	EA	8	X	GENERIC		65162			N	FORMULARY		1	GEN	GENERICS			X	2 IN 7 DAYS		R	MEDPRIM
65197010305	MICATIN	MICONAZ	840408	Antifungal	84040808	Azoles	P	2%	EXTERNA	CREA	GM	14		MSB		65197			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION						R	MEDPRIM
65197020104	EMETROI	FRUCTOS	562292	Antiemetic	56229200	Antiemetic	P	1.87-1.87-	ORAL	SOLN	ML	118		MSB		65197	N		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION						R	MEDPRIM
65197020400	EMETROI	SODIUM (	560400	Antacids a	56040000	Antacids a	O	230 MG	ORAL	CHEW	EA	42		MSB		65197			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION						R	MEDPRIM
65197027508	BONINE	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	8		GENERIC		65197	N		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65197030010	GELUSIL	ALUM & M	560400	Antacids a	56040000	Antacids a	P	200-200-2	ORAL	CHEW	EA	100		MSB		65197			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION						R	MEDPRIM
65197030011	GELUSIL	ALUM & M	560400	Antacids a	56040000	Antacids a	P	200-200-2	ORAL	CHEW	EA	100		MSB		65197			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION						R	MEDPRIM
65197040010	A+D FIRS	LANOLIN-	842412	Basic Oint	84241200	Basic Oint	P	15.5-53.4 '	EXTERNA	OINT	GM	42.5		GENERIC		65197	N		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65197040101	A+D PRE	LANOLIN-	842412	Basic Oint	84241200	Basic Oint	P	15.5-53.4 '	EXTERNA	OINT	GM	113		GENERIC		65197	N		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65197040200	A+D TRE	DIAPER R	842400	Emollients	84240000	Emollients	O	1-10 %	EXTERNA	CREA	GM	113		SSB		65197	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65197081114	BACTINE	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4-0.13 %	EXTERNA	LIQD	ML	118		GENERIC		65197			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65197081115	BACTINE	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4-0.13 %	EXTERNA	LIQD	ML	148		MSB		65197			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION						R	MEDPRIM
65197081504	BACTINE	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	O	4%	EXTERNA	AERO	GM	113		SSB		65197			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65197082080	BACTINE	BENZALK	840416	UNKNOW	84041600	UNKNOW	P	0.13%	EXTERNA	LIQD	ML	236		GENERIC		65197			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219000400	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ/5	INTRAVEI	SOLN	ML	50		GENERIC	6/7/2023	65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219000401	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ/5	INTRAVEI	SOLN	ML	50		GENERIC	6/7/2023	65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219000600	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ/1	INTRAVEI	SOLN	ML	100		GENERIC	6/7/2023	65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219000601	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ/1	INTRAVEI	SOLN	ML	100		GENERIC	6/7/2023	65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219000850	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ/5	INTRAVEI	SOLN	ML	50		GENERIC	6/7/2023	65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219000851	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ/5	INTRAVEI	SOLN	ML	50		GENERIC	6/7/2023	65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219001000	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	40 MEQ/1	INTRAVEI	SOLN	ML	100		GENERIC		65219	Y		N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219001001	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	40 MEQ/1	INTRAVEI	SOLN	ML	100		GENERIC		65219	Y		N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219001200	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ/1	INTRAVEI	SOLN	ML	100		GENERIC	6/7/2023	65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219001201	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ/1	INTRAVEI	SOLN	ML	100		GENERIC	6/7/2023	65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219001401	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	250MG	INJECTIO	SOLR	EA	1		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219001410	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	250MG	INJECTIO	SOLR	EA	1		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219001601	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	500 MG	INJECTIO	SOLR	EA	1		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219001610	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	500 MG	INJECTIO	SOLR	EA	1		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219001801	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219001810	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219002003	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	2 GM	INJECTIO	SOLR	EA	1		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219002023	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	2 GM	INJECTIO	SOLR	EA	1		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219002805	GANIRELI	GANIRELI	681804	UNKNOW	68180400	UNKNOW	S	250 MCG/	SUBCUTA	SOSY	ML	0.5		GENERIC		65219		Y	N	FORMULARY		4	SPGEN	SPECIALTY GENERICS						R	MEDPRIM
65219002920	THIOTEP	THIOTEP	100000	Antineopla	10000000	Antineopla	S	100 MG	INJECTIO	SOLR	EA	1		GENERIC		65219			N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219003900	VASOPRE	VASOPRE	682800	Pituitary	68280000	Pituitary	S	20 UNIT/M	INTRAVEI	SOLN	ML	1		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219003901	VASOPRE	VASOPRE	682800	Pituitary	68280000	Pituitary	S	20 UNIT/M	INTRAVEI	SOLN	ML	1		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219005209	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	15 MMOLE	INTRAVEI	SOLN	ML	5		MSB		65219			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION						R	MEDPRIM
65219005229	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	15 MMOLE	INTRAVEI	SOLN	ML	5		MSB		65219			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION						R	MEDPRIM
65219005409	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	45 MMOLE	INTRAVEI	SOLN	ML	15		MSB		65219			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION						R	MEDPRIM
65219005429	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	45 MMOLE	INTRAVEI	SOLN	ML	15		MSB		65219			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION						R	MEDPRIM
65219005609	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	150 MMOI	INTRAVEI	SOLN	ML	50		MSB		65219			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION						R	MEDPRIM
65219005629	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	150 MMOI	INTRAVEI	SOLN	ML	50		MSB		65219			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION						R	MEDPRIM
65219006502	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	50 MG/5M	INTRAVEI	SOLN	ML	5		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219006505	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	50 MG/5M	INTRAVEI	SOLN	ML	5		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219008001	GADOTEI	GADOTEI	366800	Roentgen	36680000	Roentgen	S	2.5 MMOL	INTRAVEI	SOLN	ML	5		GENERIC		65219			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219008005	GADOTEI	GADOTEI	366800	Roentgen	36680000	Roentgen	S	2.5 MMOL	INTRAVEI	SOLN	ML	5		GENERIC		65219			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219008201	GADOTEI	GADOTEI	366800	Roentgen	36680000	Roentgen	S	5 MMOL/1	INTRAVEI	SOLN	ML	10		GENERIC		65219			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219008210	GADOTEI	GADOTEI	366800	Roentgen	36680000	Roentgen	S	5 MMOL/1	INTRAVEI	SOLN	ML	10		GENERIC		65219			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219008401	GADOTEI	GADOTEI	366800	Roentgen	36680000	Roentgen	S	7.5 MMOL	INTRAVEI	SOLN	ML	15		GENERIC		65219			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219008415	GADOTEI	GADOTEI	366800	Roentgen	36680000	Roentgen	S	7.5 MMOL	INTRAVEI	SOLN	ML	15		GENERIC		65219			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219008601	GADOTEI	GADOTEI	366800	Roentgen	36680000	Roentgen	S	10 MMOL/	INTRAVEI	SOLN	ML	20		GENERIC		65219			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219008620	GADOTEI	GADOTEI	366800	Roentgen	36680000	Roentgen	S	10 MMOL/	INTRAVEI	SOLN	ML	20		GENERIC		65219			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219008806	GADOTEI	GADOTEI	366800	Roentgen	36680000	Roentgen	S	50 MMOL/	INTRAVEI	SOLN	ML	100		GENERIC		65219			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219008850	GADOTEI	GADOTEI	366800	Roentgen	36680000	Roentgen	S	50 MMOL/	INTRAVEI	SOLN	ML	100		GENERIC		65219			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219011801	KCL IN DI	POTASSI	401200	Replacem	40120000	Replacem	S	20-5-0.9 M	INTRAVEI	SOLN	ML	1000		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219011810	KCL IN DI	POTASSI	401200	Replacem	40120000	Replacem	S	20-5-0.9 M	INTRAVEI	SOLN	ML	1000		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219011901	KCL IN DI	POTASSI	401200	Replacem	40120000	Replacem	S	40-5-0.9 M	INTRAVEI	SOLN	ML	1000		GENERIC		65219	Y		N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219011910	KCL IN DI	POTASSI	401200	Replacem	40120000	Replacem	S	40-5-0.9 M	INTRAVEI	SOLN	ML	1000		GENERIC		65219	Y		N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219013120	CYCLOPH	CYCLOPH	100000	Antineopla	10000000	Antineopla	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC		65219			N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219013320	CYCLOPH	CYCLOPH	100000	Antineopla	10000000	Antineopla	S	2 GM	INJECTIO	SOLR	EA	1		GENERIC		65219			N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219013520	CYCLOPH	CYCLOPH	100000	Antineopla	10000000	Antineopla	S	500 MG	INJECTIO	SOLR	EA	1		GENERIC		65219			N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219014002	NOREPIN	NOREPIN	121212	alpha- anc	12121200	alpha- anc	S	1 MG/ML	INTRAVEI	SOLN	ML	4		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219014004	NOREPIN	NOREPIN	121212	alpha- anc	12121200	alpha- anc	S	1 MG/ML	INTRAVEI	SOLN	ML	4		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219014202	KCL IN DI	POTASSI	401200	Replacem	40120000	Replacem	S	10-5-0.45	INTRAVEI	SOLN	ML	1000		GENERIC		65219	Y		N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219014210	KCL IN DI	POTASSI	401200	Replacem	40120000	Replacem	S	10-5-0.45	INTRAVEI	SOLN	ML	1000		GENERIC		65219	Y		N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219014404	KCL IN DI	POTASSI	401200	Replacem	40120000	Replacem	S	20-5-0.45	INTRAVEI	SOLN	ML	1000		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219014410	KCL IN DI	POTASSI	401200	Replacem	40120000	Replacem	S	20-5-0.45	INTRAVEI	SOLN	ML	1000		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219014606	KCL IN DI	POTASSI	401200	Replacem	40120000	Replacem	S	30-5-0.45	INTRAVEI	SOLN	ML	1000		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219014610	KCL IN DI	POTASSI	401200	Replacem	40120000	Replacem	S	30-5-0.45	INTRAVEI	SOLN	ML	1000		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219014808	KCL IN DI	POTASSI	401200	Replacem	40120000	Replacem	S	40-5-0.45	INTRAVEI	SOLN	ML	1000		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219014810	KCL IN DI	POTASSI	401200	Replacem	40120000	Replacem	S	40-5-0.45	INTRAVEI	SOLN	ML	1000		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219015000	KCL IN DI	POTASSI	401200	Replacem	40120000	Replacem	S	20-5-0.45	INTRAVEI	SOLN	ML	500		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219015075	KCL IN DI	POTASSI	401200	Replacem	40120000	Replacem	S	20-5-0.45	INTRAVEI	SOLN	ML	500		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219015100	KCL IN DI	POTASSI	401200	Replacem	40120000	Replacem	S	20-5-0.225	INTRAVEI	SOLN	ML	500		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219015175	KCL IN DI	POTASSI	401200	Replacem	40120000	Replacem	S	20-5-0.225	INTRAVEI	SOLN	ML	500		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219015302	KCL IN DI	POTASSI	401200	Replacem	40120000	Replacem	S	20-5-0.225	INTRAVEI	SOLN	ML	1000		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219015310	KCL IN DI	POTASSI	401200	Replacem	40120000	Replacem	S	20-5-0.225	INTRAVEI	SOLN	ML	1000		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219016001	BUSULFA	BUSULFA	100000	Antineopla	10000000	Antineopla	S	6 MG/ML	INTRAVEI	SOLN	ML	10		GENERIC	11/7/2022	65219			N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219016010	BUSULFA	BUSULFA	100000	Antineopla	10000000	Antineopla	S	6 MG/ML	INTRAVEI	SOLN	ML	10		GENERIC	11/7/2022	65219			N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219016201	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	S	1-0.675 GI	INTRAVEI	SOLN	ML	50		MSB		65219			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION						R	MEDPRIM
65219016210	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	S	1-0.675 GI	INTRAVEI	SOLN	ML	50		MSB		65219			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION						R	MEDPRIM
65219016401	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	S	2-0.675 GI	INTRAVEI	SOLN	ML	100		MSB		65219			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION						R	MEDPRIM
65219016450	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	S	2-0.675 GI	INTRAVEI	SOLN	ML	100		MSB		65219			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION						R	MEDPRIM
65219018401	KETAMIN	KETAMIN	280408	UNKNOW	28040800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	20		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219018420	KETAMIN	KETAMIN	280408	UNKNOW	28040800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	20		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219018701	STERILE	WATER F	960000	Pharmace	96000000	Pharmace	S	0	INJECTIO	SOLN	ML	100		GENERIC		65219	Y		N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219018710	STERILE	WATER F	960000	Pharmace	96000000	Pharmace	S	0	INJECTIO	SOLN	ML	100		GENERIC		65219	Y		N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219018801	KETAMIN	KETAMIN	280408	UNKNOW	28040800	UNKNOW	S	50 MG/ML	INJECTIO	SOLN	ML	10		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219018810	KETAMIN	KETAMIN	280408	UNKNOW	28040800	UNKNOW	S	50 MG/ML	INJECTIO	SOLN	ML	10		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219019030	VORICON	VORICON	81408	Azoles	8140800	Azoles	S	200 MG	INTRAVEI	SOLR	EA	1		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219020005	TEMSIRO	TEMSIRO	100000	Antineopla	10000000	Antineopla	S	25 MG/ML	INTRAVEI	SOLN	ML	1		GENERIC		65219			N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219020401	LACOSAM	LACOSAM	281224	UNKNOW	28122400	UNKNOW	S	200 MG/2	INTRAVEI	SOLN	ML	20		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219020420	LACOSAM	LACOSAM	281224	UNKNOW	28122400	UNKNOW	S	200 MG/2	INTRAVEI	SOLN	ML	20		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219021801	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVEI	SOLN	ML	50		GENERIC		65219		Y	N	FORMULARY		1	GEN	GENERICS						R	MEDPRIM
65219021850	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVEI	SOLN	ML	50		GENERIC		65219		Y	N	FORMULARY		1	GEN	GENERICS						R	MEDPRIM
65219022001	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVEI	SOLN	ML	100		GENERIC		65219		Y	N	FORMULARY		1	GEN	GENERICS						R	MEDPRIM
65219022010	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVEI	SOLN	ML	100		GENERIC		65219		Y	N	FORMULARY		1	GEN	GENERICS						R	MEDPRIM
65219022201	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVEI	SOLN	ML	250		GENERIC		65219		Y	N	FORMULARY		1	GEN	GENERICS						R	MEDPRIM
65219022225	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVEI	SOLN	ML	250		GENERIC		65219		Y	N	FORMULARY		1	GEN	GENERICS						R	MEDPRIM
65219022401	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVEI	SOLN	ML	500		GENERIC		65219		Y	N	FORMULARY		1	GEN	GENERICS						R	MEDPRIM
65219022450	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVEI	SOLN	ML	500		GENERIC		65219		Y	N	FORMULARY		1	GEN	GENERICS						R	MEDPRIM
65219022601	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.45%	INTRAVEI	SOLN	ML	50		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219022650	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.45%	INTRAVEI	SOLN	ML	50		GENERIC		65219		Y	N	FORMULARY		1	GEN	GENERICS						R	MEDPRIM
65219022801	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.45%	INTRAVEI	SOLN	ML	100		GENERIC		65219		Y	N	FORMULARY		1	GEN	GENERICS						R	MEDPRIM
65219022810	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.45%	INTRAVEI	SOLN	ML	100		GENERIC		65219		Y	N	FORMULARY		1	GEN	GENERICS						R	MEDPRIM
65219023001	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.45%	INTRAVEI	SOLN	ML	250		GENERIC		65219		Y	N	FORMULARY		1	GEN	GENERICS						R	MEDPRIM
65219023025	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.45%	INTRAVEI	SOLN	ML	250		GENERIC		65219		Y	N	FORMULARY		1	GEN	GENERICS						R	MEDPRIM
65219023201	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.45%	INTRAVEI	SOLN	ML	500		GENERIC		65219		Y	N	FORMULARY		1	GEN	GENERICS						R	MEDPRIM
65219023250	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.45%	INTRAVEI	SOLN	ML	500		GENERIC		65219		Y	N	FORMULARY		1	GEN	GENERICS						R	MEDPRIM
65219023401	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	S	5%	INTRAVEI	SOLN	ML	50		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219023410	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	S	5%	INTRAVEI	SOLN	ML	50		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219023601	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	S	5%	INTRAVEI	SOLN	ML	100		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219023610	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	S	5%	INTRAVEI	SOLN	ML	100		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219023801	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	S	5%	INTRAVEI	SOLN	ML	250		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219023825	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	S	5%	INTRAVEI	SOLN	ML	250		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219024001	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	S	5%	INTRAVEI	SOLN	ML	500		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219024050	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	S	5%	INTRAVEI	SOLN	ML	500		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219025600	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	40.5 (36-4	INTRAVEI	SOLR	EA	1		GENERIC		65219	Y		N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219025624	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	40.5 (36-4	INTRAVEI	SOLR	EA	1		GENERIC		65219	Y		N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219025628	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	40.5 (36-4	INTRAVEI	SOLR	EA	1		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219025700	EPHEDRI	EPHEDRI	121212	alpha- anc	12121200	alpha- anc	S	50 MG/ML	INTRAVEI	SOLN	ML	1		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219025701	EPHEDRI	EPHEDRI	121212	alpha- anc	12121200	alpha- anc	S	50 MG/ML	INTRAVEI	SOLN	ML	1		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219025801	CARDIOP	CARDIOP	401200	Replacem	40120000	Replacem	S	17.6MG/1(	PERFUSI(	SOLN	ML	1000		GENERIC		65219	N		N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219025810	CARDIOP	CARDIOP	401200	Replacem	40120000	Replacem	S	17.6MG/1(	PERFUSI(	SOLN	ML	1000		GENERIC		65219	N		N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219025905	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	4.5 (4-0.5)	INTRAVEI	SOLR	EA	1		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219025915	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	4.5 (4-0.5)	INTRAVEI	SOLR	EA	1		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219025945	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	4.5 (4-0.5)	INTRAVEI	SOLR	EA	1		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219025955	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	4.5 (4-0.5)	INTRAVEI	SOLR	EA	1		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219028100	GADOBU	GADOBU	366800	Roentgen	36680000	Roentgen	S	1 MMOL/M	INTRAVEI	SOLN	ML	2		GENERIC		65219			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219028102	GADOBU	GADOBU	366800	Roentgen	36680000	Roentgen	S	1 MMOL/M	INTRAVEI	SOLN	ML	2		GENERIC		65219			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219028103	GADOBU	GADOBU	366800	Roentgen	36680000	Roentgen	S	1 MMOL/M	INTRAVEI	SOLN	ML	7.5		GENERIC		65219			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219028105	GADOBU	GADOBU	366800	Roentgen	36680000	Roentgen	S	1 MMOL/M	INTRAVEI	SOLN	ML	15		GENERIC		65219			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219028107	GADOBU	GADOBU	366800	Roentgen	36680000	Roentgen	S	1 MMOL/M	INTRAVEI	SOLN	ML	7.5		GENERIC		65219			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219028108	GADOBU	GADOBU	366800	Roentgen	36680000	Roentgen	S	1 MMOL/M	INTRAVEI	SOLN	ML	10		GENERIC		65219			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219028110	GADOBU	GADOBU	366800	Roentgen	36680000	Roentgen	S	1 MMOL/M	INTRAVEI	SOLN	ML	10		GENERIC		65219			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219028115	GADOBU	GADOBU	366800	Roentgen	36680000	Roentgen	S	1 MMOL/M	INTRAVEI	SOLN	ML	15		GENERIC		65219			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219028412	PLERIXAF	PLERIXAF	201600	Hematopo	20160000	Hematopo	S	24 MG/1.2	SUBCUTA	SOLN	ML	1.2		GENERIC		65219			N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219028710	GADOBU	GADOBU	366800	Roentgen	36680000	Roentgen	S	1 MMOL/M	INTRAVEI	SOLN	ML	30		GENERIC		65219			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219028730	GADOBU	GADOBU	366800	Roentgen	36680000	Roentgen	S	1 MMOL/M	INTRAVEI	SOLN	ML	30		GENERIC		65219			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219028910	GADOBU	GADOBU	366800	Roentgen	36680000	Roentgen	S	1 MMOL/M	INTRAVEI	SOLN	ML	65		GENERIC		65219			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219028965	GADOBU	GADOBU	366800	Roentgen	36680000	Roentgen	S	1 MMOL/M	INTRAVEI	SOLN	ML	65		GENERIC		65219			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219029002	CETRORE	CETRORE	681804	UNKNOW	68180400	UNKNOW	S	0.25 MG	SUBCUTA	KIT	EA	1		GENERIC		65219		Y	N	FORMULARY		4	SPGEN	SPECIALTY GENERICS						R	MEDPRIM
65219029277	CETRORE	CETRORE	681804	UNKNOW	68180400	UNKNOW	S	0.25 MG	SUBCUTA	KIT	EA	1		GENERIC		65219		Y	N	FORMULARY		4	SPGEN	SPECIALTY GENERICS						R	MEDPRIM
65219029300	DESMOPI	DESMOPI	682800	Pituitary	68280000	Pituitary	S	4 MCG/ML	INJECTIO	SOLN	ML	1		GENERIC		65219		Y	N	FORMULARY		1	GEN	GENERICS						R	MEDPRIM
65219029301	DESMOPI	DESMOPI	682800	Pituitary	68280000	Pituitary	S	4 MCG/ML	INJECTIO	SOLN	ML	1		GENERIC		65219		Y	N	FORMULARY		1	GEN	GENERICS						R	MEDPRIM
65219029510	DESMOPI	DESMOPI	682800	Pituitary	68280000	Pituitary	S	4 MCG/ML	INJECTIO	SOLN	ML	10		GENERIC		65219		Y	N	FORMULARY		1	GEN	GENERICS						R	MEDPRIM
65219033510	VITLIPID	MULTIPLE	882800	Multivitam	88280000	Multivitam	R	5MCG/10I	INTRAVEI	EMUL	ML	10		SSB		65219			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219033582	VITLIPID	MULTIPLE	882800	Multivitam	88280000	Multivitam	R	5MCG/10I	INTRAVEI	EMUL	ML	10		SSB		65219			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219033710	VITLIPID	PEDIATRI	882800	Multivitam	88280000	Multivitam	R	690MCG/1	INTRAVEI	EMUL	ML	10		SSB		65219			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219033762	VITLIPID	PEDIATRI	882800	Multivitam	88280000	Multivitam	R	690MCG/1	INTRAVEI	EMUL	ML	10		SSB		65219			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219033910	VITALIPI	PEDIATRI	882800	Multivitam	88280000	Multivitam	R	690MCG/1	INTRAVEI	EMUL	ML	10		SSB		65219			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219033964	VITALIPI	PEDIATRI	882800	Multivitam	88280000	Multivitam	R	690MCG/1	INTRAVEI	EMUL	ML	10		SSB		65219			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219035950	KEMOPLA	CISPLATI	100000	Antineopla	10000000	Antineopla	R	50 MG/50I	INTRAVEI	SOLN	ML	50		SSB	9/4/2024	65219			N	EXCLUDE	SELF_INJ	6	SPBD2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219036801	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219036802	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219037110	STIMUFEI	PEGFILGI	201600	Hematopo	20160000	Hematopo	R	6 MG/0.6M	SUBCUTA	SOSY	ML	0.6		SSB		65219			N	EXCLUDE	SELF_INJ	6	SPBD2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219038030	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	500 MG	INTRAVEI	SOLR	EA	1		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219038103	IODIXAN	IODIXAN	366800	Roentgen	36680000	Roentgen	S	270 MG/M	INTRAVEI	SOLN	ML	100		GENERIC		65219			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219038105	IODIXAN	IODIXAN	366800	Roentgen	36680000	Roentgen	S	270 MG/M	INTRAVEI	SOLN	ML	150		GENERIC		65219			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219038110	IODIXAN	IODIXAN	366800	Roentgen	36680000	Roentgen	S	270 MG/M	INTRAVEI	SOLN	ML	100		GENERIC		65219			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219038150	IODIXAN	IODIXAN	366800	Roentgen	36680000	Roentgen	S	270 MG/M	INTRAVEI	SOLN	ML	150		GENERIC		65219			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219038302	IODIXAN	IODIXAN	366800	Roentgen	36680000	Roentgen	S	320 MG/M	INTRAVEI	SOLN	ML	50		GENERIC		65219			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219038304	IODIXAN	IODIXAN	366800	Roentgen	36680000	Roentgen	S	320 MG/M	INTRAVEI	SOLN	ML	100		GENERIC		65219			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219038305	IODIXAN	IODIXAN	366800	Roentgen	36680000	Roentgen	S	320 MG/M	INTRAVEI	SOLN	ML	50		GENERIC		65219			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219038306	IODIXAN	IODIXAN	366800	Roentgen	36680000	Roentgen	S	320 MG/M	INTRAVEI	SOLN	ML	150		GENERIC		65219			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219038308	IODIXAN	IODIXAN	366800	Roentgen	36680000	Roentgen	S	320 MG/M	INTRAVEI	SOLN	ML	200		GENERIC		65219			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219038310	IODIXAN	IODIXAN	366800	Roentgen	36680000	Roentgen	S	320 MG/M	INTRAVEI	SOLN	ML	100		GENERIC		65219			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219038350	IODIXAN	IODIXAN	366800	Roentgen	36680000	Roentgen	S	320 MG/M	INTRAVEI	SOLN	ML	150		GENERIC		65219			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219038370	IODIXAN	IODIXAN	366800	Roentgen	36680000	Roentgen	S	320 MG/M	INTRAVEI	SOLN	ML	200		GENERIC		65219			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219038401	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	2.5 MG/MI	INTRAVEI	SOLN	ML	2		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219038402	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	2.5 MG/MI	INTRAVEI	SOLN	ML	2		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219038700	MULTIPLE	ELECTRO	401200	Replacem	40120000	Replacem	R	27MEQ/L-	INTRAVEI	SOLN	ML	500		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219038702	MULTIPLE	ELECTRO	401200	Replacem	40120000	Replacem	R	27MEQ/L-	INTRAVEI	SOLN	ML	1000		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219038705	MULTIPLE	ELECTRO	401200	Replacem	40120000	Replacem	R	27MEQ/L-	INTRAVEI	SOLN	ML	500		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219038710	MULTIPLE	ELECTRO	401200	Replacem	40120000	Replacem	R	27MEQ/L-	INTRAVEI	SOLN	ML	1000		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219038900	MULTIPLE	ELECTRO	401200	Replacem	40120000	Replacem	S	27MEQ/L-	INTRAVEI	SOLN	ML	500		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219038902	MULTIPLE	ELECTRO	401200	Replacem	40120000	Replacem	S	27MEQ/L-	INTRAVEI	SOLN	ML	1000		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219038905	MULTIPLE	ELECTRO	401200	Replacem	40120000	Replacem	S	27MEQ/L-	INTRAVEI	SOLN	ML	500		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219038910	MULTIPLE	ELECTRO	401200	Replacem	40120000	Replacem	S	27MEQ/L-	INTRAVEI	SOLN	ML	1000		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219040100	ZINC SUL	ZINC SUL	401200	Replacem	40120000	Replacem	S	1 MG/ML	INTRAVEI	SOLN	ML	10		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219040101	ZINC SUL	ZINC SUL	401200	Replacem	40120000	Replacem	S	1 MG/ML	INTRAVEI	SOLN	ML	10		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219040301	ZINC SUL	ZINC SUL	401200	Replacem	40120000	Replacem	S	3 MG/ML	INTRAVEI	SOLN	ML	10		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219040303	ZINC SUL	ZINC SUL	401200	Replacem	40120000	Replacem	S	3 MG/ML	INTRAVEI	SOLN	ML	10		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219040502	ZINC SUL	ZINC SUL	401200	Replacem	40120000	Replacem	S	5 MG/ML	INTRAVEI	SOLN	ML	5		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219040505	ZINC SUL	ZINC SUL	401200	Replacem	40120000	Replacem	S	5 MG/ML	INTRAVEI	SOLN	ML	5		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219042701	FRESENI	PROPOF	280408	UNKNOW	28040800	UNKNOW	R	2000 MG/	INTRAVEI	EMUL	ML	100		SSB	9/27/2022	65219			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219042710	FRESENI	PROPOF	280408	UNKNOW	28040800	UNKNOW	R	2000 MG/	INTRAVEI	EMUL	ML	100		SSB	9/27/2022	65219			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219042950	ARGATR	ARGATR	201204	Anticoagu	20120412	Direct Thr	S	50 MG/50I	INTRAVEI	SOLN	ML	50		GENERIC		65219			N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219043301	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	40 MG	INTRAVEI	SOLR	EA	1		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219043315	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	40 MG	INTRAVEI	SOLR	EA	1		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219043402	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	2.25 (2-0.2	INTRAVEI	SOLR	EA	1		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219043420	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	2.25 (2-0.2	INTRAVEI	SOLR	EA	1		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219043602	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	3.375 (3-0	INTRAVEI	SOLR	EA	1		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219043620	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	3.375 (3-0	INTRAVEI	SOLR	EA	1		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219044501	ETOMIDA	ETOMIDA	280408	UNKNOW	28040800	UNKNOW	S	2 MG/ML	INTRAVEI	SOLN	ML	10		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219044510	ETOMIDA	ETOMIDA	280408	UNKNOW	28040800	UNKNOW	S	2 MG/ML	INTRAVEI	SOLN	ML	10		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219044512	ETOMIDA	ETOMIDA	280408	UNKNOW	28040800	UNKNOW	S	2 MG/ML	INTRAVEI	SOLN	ML	10		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219044522	ETOMIDA	ETOMIDA	280408	UNKNOW	28040800	UNKNOW	S	2 MG/ML	INTRAVEI	SOLN	ML	10		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219044702	ETOMIDA	ETOMIDA	280408	UNKNOW	28040800	UNKNOW	S	2 MG/ML	INTRAVEI	SOLN	ML	20		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219044720	ETOMIDA	ETOMIDA	280408	UNKNOW	28040800	UNKNOW	S	2 MG/ML	INTRAVEI	SOLN	ML	20		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219045605	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	S	5%	INTRAVEI	SOLN	ML	50		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219045660	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	S	5%	INTRAVEI	SOLN	ML	50		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219045805	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	S	5%	INTRAVEI	SOLN	ML	250		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219045830	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	S	5%	INTRAVEI	SOLN	ML	250		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219046005	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	S	5%	INTRAVEI	SOLN	ML	500		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219046020	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	S	5%	INTRAVEI	SOLN	ML	500		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219046405	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	S	5%	INTRAVEI	SOLN	ML	100		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219046450	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	S	5%	INTRAVEI	SOLN	ML	100		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219046605	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVEI	SOLN	ML	50		GENERIC		65219		Y	N	FORMULARY		1	GEN	GENERICS						R	MEDPRIM
65219046660	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVEI	SOLN	ML	50		GENERIC		65219		Y	N	FORMULARY		1	GEN	GENERICS						R	MEDPRIM
65219046805	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVEI	SOLN	ML	100		GENERIC		65219		Y	N	FORMULARY		1	GEN	GENERICS						R	MEDPRIM
65219046850	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVEI	SOLN	ML	100		GENERIC		65219		Y	N	FORMULARY		1	GEN	GENERICS						R	MEDPRIM
65219047005	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVEI	SOLN	ML	250		GENERIC		65219		Y	N	FORMULARY		1	GEN	GENERICS						R	MEDPRIM
65219047030	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVEI	SOLN	ML	250		GENERIC		65219		Y	N	FORMULARY		1	GEN	GENERICS						R	MEDPRIM
65219047205	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVEI	SOLN	ML	500		GENERIC		65219		Y	N	FORMULARY		1	GEN	GENERICS						R	MEDPRIM
65219047220	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVEI	SOLN	ML	500		GENERIC		65219		Y	N	FORMULARY		1	GEN	GENERICS						R	MEDPRIM
65219047405	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVEI	SOLN	ML	1000		GENERIC		65219		Y	N	FORMULARY		1	GEN	GENERICS						R	MEDPRIM
65219047410	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVEI	SOLN	ML	1000		GENERIC		65219		Y	N	FORMULARY		1	GEN	GENERICS						R	MEDPRIM
65219047505	LACTATE	LACTATE	401200	Replacem	40120000	Replacem	S	20MG/100	INTRAVEI	SOLN	ML	250		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219047530	LACTATE	LACTATE	401200	Replacem	40120000	Replacem	S	20MG/100	INTRAVEI	SOLN	ML	250		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219047705	LACTATE	LACTATE	401200	Replacem	40120000	Replacem	S	20MG/100	INTRAVEI	SOLN	ML	500		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219047720	LACTATE	LACTATE	401200	Replacem	40120000	Replacem	S	20MG/100	INTRAVEI	SOLN	ML	500		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219047905	LACTATE	LACTATE	401200	Replacem	40120000	Replacem	S	20MG/100	INTRAVEI	SOLN	ML	1000		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219047910	LACTATE	LACTATE	401200	Replacem	40120000	Replacem	S	20MG/100	INTRAVEI	SOLN	ML	1000		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219051002	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	2 MEQ/ML	INTRAVEI	SOLN	ML	20		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219051020	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	2 MEQ/ML	INTRAVEI	SOLN	ML	20		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219051202	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	2 MEQ/ML	INTRAVEI	SOLN	ML	50		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219051250	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	2 MEQ/ML	INTRAVEI	SOLN	ML	50		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219053101	INTRALIP	FAT EMUI	402000	Caloric Ag	40200000	Caloric Ag	S	20%	INTRAVEI	EMUL	ML	100		SSB		65219			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219053110	INTRALIP	FAT EMUI	402000	Caloric Ag	40200000	Caloric Ag	S	20%	INTRAVEI	EMUL	ML	100		SSB		65219			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219053301	INTRALIP	FAT EMUI	402000	Caloric Ag	40200000	Caloric Ag	S	20%	INTRAVEI	EMUL	ML	250		SSB		65219			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219053325	INTRALIP	FAT EMUI	402000	Caloric Ag	40200000	Caloric Ag	S	20%	INTRAVEI	EMUL	ML	250		SSB		65219			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219053501	INTRALIP	FAT EMUI	402000	Caloric Ag	40200000	Caloric Ag	S	20%	INTRAVEI	EMUL	ML	500		SSB		65219			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219053550	INTRALIP	FAT EMUI	402000	Caloric Ag	40200000	Caloric Ag	S	20%	INTRAVEI	EMUL	ML	500		SSB		65219			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219053701	INTRALIP	FAT EMUI	402000	Caloric Ag	40200000	Caloric Ag	S	30%	INTRAVEI	EMUL	ML	500		SSB		65219			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219053750	INTRALIP	FAT EMUI	402000	Caloric Ag	40200000	Caloric Ag	S	30%	INTRAVEI	EMUL	ML	500		SSB		65219			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219053901	INTRALIP	FAT EMUI	402000	Caloric Ag	40200000	Caloric Ag	S	20%	INTRAVEI	EMUL	ML	1000		SSB		65219			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219053910	INTRALIP	FAT EMUI	402000	Caloric Ag	40200000	Caloric Ag	S	20%	INTRAVEI	EMUL	ML	1000		SSB		65219			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219055001	PRALATR	PRALATR	100000	Antineopla	10000000	Antineopla	S	20 MG/ML	INTRAVEI	SOLN	ML	1		GENERIC	1/30/2024	65219			N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219055202	PRALATR	PRALATR	100000	Antineopla	10000000	Antineopla	S	40 MG/2M	INTRAVEI	SOLN	ML	2		GENERIC	1/16/2024	65219			N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219055408	IDACIO (2	ADALIMU	902416	UNKNOW	90241692	UNKNOW	R	40 MG/0.8	SUBCUTA	AJKT	EA	1	X	MSB		65219			N	EXCLUDE	SELF_INJ	6	SPBD2	FORMULARY EXCLUSION						R	MEDPRIM
65219055428	IDACIO-P	ADALIMU	902416	UNKNOW	90241692	UNKNOW	R	40 MG/0.8	SUBCUTA	AJKT	EA	1	X	SSB		65219			N	EXCLUDE	SELF_INJ	6	SPBD2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219055438	IDACIO-C	ADALIMU	902416	UNKNOW	90241692	UNKNOW	R	40 MG/0.8	SUBCUTA	AJKT	EA	1	X	SSB		65219			N	EXCLUDE	SELF_INJ	6	SPBD2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219055618	IDACIO (2	ADALIMU	902416	UNKNOW	90241692	UNKNOW	R	40 MG/0.8	SUBCUTA	PSKT	EA	1	X	SSB		65219			N	EXCLUDE	SELF_INJ	6	SPBD2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219056420	MITOMYC	MITOMYC	100000	Antineopla	10000000	Antineopla	S	5 MG	INTRAVEI	SOLR	EA	1		GENERIC		65219			N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219056620	MITOMYC	MITOMYC	100000	Antineopla	10000000	Antineopla	S	20 MG	INTRAVEI	SOLR	EA	1		GENERIC		65219			N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219056800	MITOMYC	MITOMYC	100000	Antineopla	10000000	Antineopla	S	40 MG	INTRAVEI	SOLR	EA	1		GENERIC		65219			N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219057001	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	0.25 MG/M	INJECTIO	SOLN	ML	4		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219057004	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	0.25 MG/M	INJECTIO	SOLN	ML	4		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219057201	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	0.25 MG/M	INJECTIO	SOLN	ML	10		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219057210	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	0.25 MG/M	INJECTIO	SOLN	ML	10		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219057900	CARBOPF	CARBOPF	760000	Oxytocics	76000000	Oxytocics	S	250 MCG/	INTRAMU	SOLN	ML	1		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219057901	CARBOPF	CARBOPF	760000	Oxytocics	76000000	Oxytocics	S	250 MCG/	INTRAMU	SOLN	ML	1		GENERIC		65219			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219058401	TYENNE	TOCILIZU	902420	UNKNOW	90242092	UNKNOW	R	162 MG/0.	SUBCUTA	SOAJ	ML	0.9	X	SSB		65219		Y	N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X				R	MEDPRIM
65219058604	TYENNE	TOCILIZU	902420	UNKNOW	90242092	UNKNOW	R	162 MG/0.	SUBCUTA	SOSY	ML	0.9	X	SSB		65219		Y	N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X				R	MEDPRIM
65219059004	TYENNE	TOCILIZU	902420	UNKNOW	90242092	UNKNOW	R	80 MG/4M	INTRAVEI	SOLN	ML	4		SSB		65219			N	EXCLUDE	SELF_INJ	6	SPBD2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219059210	TYENNE	TOCILIZU	902420	UNKNOW	90242092	UNKNOW	R	200 MG/1(	INTRAVEI	SOLN	ML	10		SSB		65219			N	EXCLUDE	SELF_INJ	6	SPBD2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219059420	TYENNE	TOCILIZU	902420	UNKNOW	90242092	UNKNOW	R	400 MG/2(	INTRAVEI	SOLN	ML	20		SSB		65219			N	EXCLUDE	SELF_INJ	6	SPBD2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219061269	ADALIMU	ADALIMU	902416	UNKNOW	90241692	UNKNOW	R	40 MG/0.8	SUBCUTA	AJKT	EA	1	X	GENERIC		65219			N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219061289	ADALIMU	ADALIMU	902416	UNKNOW	90241692	UNKNOW	R	40 MG/0.8	SUBCUTA	AJKT	EA	1	X	GENERIC		65219			N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRIM
65219061299	ADALIMU	ADALIMU	902416	UNKNOW	90241692	UNKNOW	R	40 MG/0.8	SUBCUTA	AJKT	EA	1	X	GENERIC		65219		Y	N	EXCLUDE	EXCLUDE	4	SPGEN	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
65219062020	ADALIMU	ADALIMU	902416	UNKNOW	90241692	UNKNOW	R	40 MG/0.8	SUBCUTA	PSKT	EA	1	X	SSB		65219		Y	N	EXCLUDE	EXCLUDE	6	SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM

65219080001	DIPRIVAN	PROPOF(	280408	UNKNOW	28040800	UNKNOW	S	200 MG/2(	INTRAVE	EMUL	ML	20		MSB		65219		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
65219080010	DIPRIVAN	PROPOF(	280408	UNKNOW	28040800	UNKNOW	S	200 MG/2(	INTRAVE	EMUL	ML	20		MSB		65219		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION	R	MEDPRMI
65219080100	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.2 MG/MI	INJECTIO	SOLN	ML	1		GENERIC		65219		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
65219080101	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.2 MG/MI	INJECTIO	SOLN	ML	1		GENERIC		65219		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
65219081810	NICARDIF	NICARDIF	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG/MI	INTRAVE	SOLN	ML	10		GENERIC		65219		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
65250000301	ZILRETTA	TRIAMCIN	680400	Adrenals	68040000	Adrenals	R	32 MG	INTRA-AF	SRER	EA	1		SSB		65250		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
65250013304	EXPAREL	BUPIVAC	720000	Local Ane	72000000	Local Ane	R	1.30%	INJECTIO	SUSP	ML	10		SSB		65250		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
65250013309	EXPAREL	BUPIVAC	720000	Local Ane	72000000	Local Ane	R	1.30%	INJECTIO	SUSP	ML	10		SSB		65250		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
65250013310	EXPAREL	BUPIVAC	720000	Local Ane	72000000	Local Ane	R	1.30%	INJECTIO	SUSP	ML	10		SSB		65250		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
65250026604	EXPAREL	BUPIVAC	720000	Local Ane	72000000	Local Ane	R	1.30%	INJECTIO	SUSP	ML	20		SSB		65250		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
65250026609	EXPAREL	BUPIVAC	720000	Local Ane	72000000	Local Ane	R	1.30%	INJECTIO	SUSP	ML	20		SSB		65250		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
65250026620	EXPAREL	BUPIVAC	720000	Local Ane	72000000	Local Ane	R	1.30%	INJECTIO	SUSP	ML	20		SSB		65250		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
65282160501	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	5		GENERIC		65282		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
65293070017	SPRAY AI	MISC. DE	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		65293		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
65302050405	SUCCINY	SUCCINY	122020	UNKNOW	12202000	UNKNOW	R	100 MG/5I	INTRAVE	SOSY	ML	5		GENERIC	10/31/2024	65302		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
65302051005	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	R	50 MG/5M	INTRAVE	SOSY	ML	5		GENERIC	10/31/2024	65302		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
65302052815	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	R	(5 MG/ML)	INHALATI	NEBU	ML	15	X	GENERIC		65302		N	FORMULARY		1 GEN	GENERICS	R	MEDPRMI
65302052905	KETAMIN	KETAMIN	280408	UNKNOW	28040800	UNKNOW	R	50 MG/5M	INJECTIO	SOSY	ML	5		GENERIC	10/31/2024	65302		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
65504000492	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	50		GENERIC		65504	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
65504000495	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	100		GENERIC		65504	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
65504000497	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	500		GENERIC		65504	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
65504000692	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	50		GENERIC		65504		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
65504000695	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	100		GENERIC		65504		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
65504001003	NASAL SI	OXYMETA	523200	Vasocons	52320000	Vasocons	P	0.05%	NASAL	SOLN	ML	30		GENERIC		65504		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
65504001292	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	50		GENERIC		65504	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
65504001492	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	50		GENERIC		65504		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
65504001515	MILK OF I	MAGNESI	561200	Cathartics	56120000	Cathartics	P	400 MG/5I	ORAL	SUSP	ML	355		GENERIC		65504		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

65862019730	ONDANSOND/ANSI	562200	5-HT3 Re	56222000	5-HT3 Re5	4 MG	ORAL	TABS	EA	30	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862019302	ONDANSOND/ANSI	562200	5-HT3 Re	56222000	5-HT3 Re5	8 MG	ORAL	TABS	EA	30	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862019301	CYCLOBEC/CYCLOBE	122004	UNKNOW	12200400	UNKNOWN S	5 MG	ORAL	TABS	EA	100	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS	X	3 IN 1 DAYS											R	MEDPRIM
65862019101	CYCLOBEC/CYCLOBE	122004	UNKNOW	12200400	UNKNOWN S	10 MG	ORAL	TABS	EA	100	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS	X	3 IN 1 DAYS											R	MEDPRIM
65862019105	CYCLOBEC/CYCLOBE	122004	UNKNOW	12200400	UNKNOWN S	10 MG	ORAL	TABS	EA	500	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS	X	3 IN 1 DAYS											R	MEDPRIM
65862019198	CYCLOBEC/CYCLOBE	122004	UNKNOW	12200400	UNKNOWN S	10 MG	ORAL	TABS	EA	1000	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS	X	3 IN 1 DAYS											R	MEDPRIM
65862019201	FLUOXETI/LUOXET	281604	Antidepre	28160420	Selective+S	10 MG	ORAL	CAPS	EA	100 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862019205	FLUOXETI/LUOXET	281604	Antidepre	28160420	Selective+S	10 MG	ORAL	CAPS	EA	1000 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862019301	FLUOXETI/LUOXET	281604	Antidepre	28160420	Selective+S	20 MG	ORAL	CAPS	EA	100 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862019305	FLUOXETI/LUOXET	281604	Antidepre	28160420	Selective+S	20 MG	ORAL	CAPS	EA	500 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862019398	FLUOXETI/LUOXET	281604	Antidepre	28160420	Selective+S	20 MG	ORAL	CAPS	EA	1000 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862019401	FLUOXETI/LUOXET	281604	Antidepre	28160420	Selective+S	40 MG	ORAL	CAPS	EA	100 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862019405	FLUOXETI/LUOXET	281604	Antidepre	28160420	Selective+S	40 MG	ORAL	CAPS	EA	500 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862019498	FLUOXETI/LUOXET	281604	Antidepre	28160420	Selective+S	40 MG	ORAL	CAPS	EA	1000 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862019498	FLUOXETI/LUOXET	281604	Antidepre	28160420	Selective+S	40 MG	ORAL	CAPS	EA	1000 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862019801	GABAPEN/GABAPEN	281228	UNKNOW	28122800	UNKNOWN S	100 MG	ORAL	CAPS	EA	100 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862019802	GABAPEN/GABAPEN	281228	UNKNOW	28122800	UNKNOWN S	100 MG	ORAL	CAPS	EA	500 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862019898	GABAPEN/GABAPEN	281228	UNKNOW	28122800	UNKNOWN S	100 MG	ORAL	CAPS	EA	1000 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862019901	GABAPEN/GABAPEN	281228	UNKNOW	28122800	UNKNOWN S	300 MG	ORAL	CAPS	EA	100 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862019905	GABAPEN/GABAPEN	281228	UNKNOW	28122800	UNKNOWN S	300 MG	ORAL	CAPS	EA	500 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862019998	GABAPEN/GABAPEN	281228	UNKNOW	28122800	UNKNOWN S	300 MG	ORAL	CAPS	EA	1000 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862020001	GABAPEN/GABAPEN	281228	UNKNOW	28122800	UNKNOWN S	400 MG	ORAL	CAPS	EA	100 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862020005	GABAPEN/GABAPEN	281228	UNKNOW	28122800	UNKNOWN S	400 MG	ORAL	CAPS	EA	500 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862020198	LOSARTAL/LOSARTA	243308	Angiotens	24320800	Angiotens S	25 MG	ORAL	TABS	EA	90 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862020201	LOSARTAL/LOSARTA	243308	Angiotens	24320800	Angiotens S	50 MG	ORAL	TABS	EA	30 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862020210	LOSARTAL/LOSARTA	243308	Angiotens	24320800	Angiotens S	50 MG	ORAL	TABS	EA	90 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862020290	LOSARTAL/LOSARTA	243308	Angiotens	24320800	Angiotens S	50 MG	ORAL	TABS	EA	1000 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862020298	LOSARTAL/LOSARTA	243308	Angiotens	24320800	Angiotens S	100 MG	ORAL	TABS	EA	30 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862020301	LOSARTAL/LOSARTA	243308	Angiotens	24320800	Angiotens S	100 MG	ORAL	TABS	EA	90 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862020398	LOSARTAL/LOSARTA	243308	Angiotens	24320800	Angiotens S	100 MG	ORAL	TABS	EA	1000 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862020768	RIBAVIRI/RIBAVIRI	818302	Nucleosid	81832000	Nucleoside/R	200 MG	ORAL	CAPS	EA	168	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862020901	MINOCYC/MINOCYC	81224	Tetracycli	81224400	Tetracycline S	50 MG	ORAL	CAPS	EA	100	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862020905	MINOCYC/MINOCYC	81224	Tetracycli	81224400	Tetracycline S	75 MG	ORAL	CAPS	EA	100	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862021105	MINOCYC/MINOCYC	81224	Tetracycli	81224400	Tetracycline S	100 MG	ORAL	CAPS	EA	100	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862021155	MINOCYC/MINOCYC	81224	Tetracycli	81224400	Tetracycline S	100 MG	ORAL	CAPS	EA	50	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862021401	ZALEPLO/ZALEPLO	282444	UNKNOW	28244400	UNKNOWN S	5 MG	ORAL	CAPS	EA	100	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS	X	1 IN 1 DAYS											R	MEDPRIM
65862021410	ZALEPLO/ZALEPLO	282444	UNKNOW	28244400	UNKNOWN S	10 MG	ORAL	CAPS	EA	100	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS	X	1 IN 1 DAYS											R	MEDPRIM
65862021901	CEFDINIR/CEFDINI	81206	Cephalosp	81260612	Third Gen+S	125 MG/5	ORAL	SUSR	ML	60	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862021901	CEFDINIR/CEFDINI	81206	Cephalosp	81260612	Third Gen+S	250 MG/5	ORAL	SUSR	ML	100	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862021960	CEFDINIR/CEFDINI	81206	Cephalosp	81260612	Third Gen+S	250 MG/5	ORAL	SUSR	ML	60	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862021980	CLARITH/CLARITH	81212	Macrolide	81212081	UNKNOWN S	250 MG	ORAL	TABS	EA	60	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862022060	CLARITH/CLARITH	81212	Macrolide	81212081	UNKNOWN S	500 MG	ORAL	TABS	EA	60	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862022701	LAMOTRI/LAMOTRI	281282	Anticonvul	28128200	Anticonvul S	25 MG	ORAL	TABS	EA	100 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862022801	LAMOTRI/LAMOTRI	281282	Anticonvul	28128200	Anticonvul S	100 MG	ORAL	TABS	EA	100 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862022901	LAMOTRI/LAMOTRI	281282	Anticonvul	28128200	Anticonvul S	150 MG	ORAL	TABS	EA	100 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862022960	LAMOTRI/LAMOTRI	281282	Anticonvul	28128200	Anticonvul S	150 MG	ORAL	TABS	EA	60 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862023001	LAMOTRI/LAMOTRI	281282	Anticonvul	28128200	Anticonvul S	200 MG	ORAL	TABS	EA	100 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862023060	LAMOTRI/LAMOTRI	281282	Anticonvul	28128200	Anticonvul S	200 MG	ORAL	TABS	EA	60 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862023098	LAMOTRI/LAMOTRI	281282	Anticonvul	28128200	Anticonvul S	200 MG	ORAL	TABS	EA	1000 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862023703	IBANDRO/IBANDRO	922400	UNKNOW	92240000	UNKNOWN S	150 MG/1	ORAL	TABS	EA	3 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862024505	LEVETIRA/LEVETIRA	281292	Anticonvul	28129200	Anticonvul S	250 MG	ORAL	TABS	EA	500 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862024508	LEVETIRA/LEVETIRA	281292	Anticonvul	28129200	Anticonvul S	250 MG	ORAL	TABS	EA	120 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862024605	LEVETIRA/LEVETIRA	281292	Anticonvul	28129200	Anticonvul S	500 MG	ORAL	TABS	EA	500 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862024608	LEVETIRA/LEVETIRA	281292	Anticonvul	28129200	Anticonvul S	500 MG	ORAL	TABS	EA	120 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862024705	LEVETIRA/LEVETIRA	281292	Anticonvul	28129200	Anticonvul S	750 MG	ORAL	TABS	EA	500 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862024708	LEVETIRA/LEVETIRA	281292	Anticonvul	28129200	Anticonvul S	750 MG	ORAL	TABS	EA	120 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862024824	ESCITALO/SCITALO	281604	Antidepre	28160420	Selective+S	5 MG/5ML	ORAL	SOLN	ML	240 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862025305	LEVETIRA/LEVETIRA	281292	Anticonvul	28129200	Anticonvul S	100 MG/1	ORAL	SOLN	ML	300 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862025347	LEVETIRA/LEVETIRA	281292	Anticonvul	28129200	Anticonvul S	100 MG/1	ORAL	SOLN	ML	473 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862028001	PERINDO/PERINDO	243304	Angiotens	24320400	Angiotens R	2 MG	ORAL	TABS	EA	100 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862028701	PERINDO/PERINDO	243304	Angiotens	24320400	Angiotens R	4 MG	ORAL	TABS	EA	100 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862028801	PERINDO/PERINDO	243304	Angiotens	24320400	Angiotens R	8 MG	ORAL	TABS	EA	100 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862029318	RIBAVIRI/RIBAVIRI	818302	Nucleosid	81832000	Nucleoside/R	200 MG	ORAL	CAPS	EA	100	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862029342	RIBAVIRI/RIBAVIRI	818302	Nucleosid	81832000	Nucleoside/R	200 MG	ORAL	CAPS	EA	42	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862029358	RIBAVIRI/RIBAVIRI	818302	Nucleosid	81832000	Nucleoside/R	200 MG	ORAL	CAPS	EA	56	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862029370	RIBAVIRI/RIBAVIRI	818302	Nucleosid	81832000	Nucleoside/R	200 MG	ORAL	CAPS	EA	70	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862029384	RIBAVIRI/RIBAVIRI	818302	Nucleosid	81832000	Nucleoside/R	200 MG	ORAL	CAPS	EA	84	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862029101	METFORMI/TFORM	862004	Biguanide	86200400	Biguanides S	500 MG	ORAL	TB24	EA	100 X	GENERIC	65862	4/11/2024	N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862029201	METFORMI/TFORM	862004	Biguanide	86200400	Biguanides S	750 MG	ORAL	TB24	EA	100 X	GENERIC	65862	4/11/2024	N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862029386	ROSUVA/ROSUVAI	240608	HMG-CoA	24060800	HMG-CoA S	5 MG	ORAL	TABS	EA	90 X	GENERIC	65862		N	#N/A	ORIG_FR	10 EHB	#N/A		X	1 IN 1 DAYS							X	IF AGE>=80-75 YEARS AND R/F	R	MEDPRIM
65862029387	ROSUVA/ROSUVAI	240608	HMG-CoA	24060800	HMG-CoA S	10 MG	ORAL	TABS	EA	90 X	GENERIC	65862		N	#N/A	ORIG_FR	10 EHB	#N/A		X	1 IN 1 DAYS							X	IF AGE>=80-75 YEARS AND R/F	R	MEDPRIM
65862029488	ROSUVA/ROSUVAI	240608	HMG-CoA	24060800	HMG-CoA S	10 MG	ORAL	TABS	EA	90 X	GENERIC	65862		N	#N/A	ORIG_FR	10 EHB	#N/A		X	1 IN 1 DAYS							X	IF AGE>=80-75 YEARS AND R/F	R	MEDPRIM
65862029498	ROSUVA/ROSUVAI	240608	HMG-CoA	24060800	HMG-CoA S	10 MG	ORAL	TABS	EA	1000 X	GENERIC	65862		N	#N/A	ORIG_FR	10 EHB	#N/A		X	1 IN 1 DAYS							X	IF AGE>=80-75 YEARS AND R/F	R	MEDPRIM
65862029599	ROSUVA/ROSUVAI	240608	HMG-CoA	24060800	HMG-CoA S	20 MG	ORAL	TABS	EA	90 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862029598	ROSUVA/ROSUVAI	240608	HMG-CoA	24060800	HMG-CoA S	20 MG	ORAL	TABS	EA	1000 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862029630	ROSUVA/ROSUVAI	240608	HMG-CoA	24060800	HMG-CoA S	40 MG	ORAL	TABS	EA	30 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862029690	ROSUVA/ROSUVAI	240608	HMG-CoA	24060800	HMG-CoA S	40 MG	ORAL	TABS	EA	90 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862029698	ROSUVA/ROSUVAI	240608	HMG-CoA	24060800	HMG-CoA S	40 MG	ORAL	TABS	EA	1000 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862030130	EMTRICIT/EMTRICIT	818308	Antiretrovi	81808600	Nucleoside/S	200 MG	ORAL	CAPS	EA	30 X	GENERIC	65862		N	#N/A	ORIG_FR	10 EHB	#N/A		X	1 IN 1 DAYS							X	IF RATIO=F FOR PREEXPOS R	R	MEDPRIM
65862030910	FLUOXETI/LUOXET	281604	Antidepre	28160420	Selective+S	20 MG/5M	ORAL	SOLN	ML	120 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862030801	FOSINOP/FOSINOP	243304	Angiotens	24320400	Angiotens S	10-12.5 M	ORAL	TABS	EA	100 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862030901	FOSINOP/FOSINOP	243304	Angiotens	24320400	Angiotens S	20-12.5 M	ORAL	TABS	EA	100 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862031560	LEVETIRA/LEVETIRY	281292	Anticonvul	28129200	Anticonvul S	1000 MG	ORAL	TABS	EA	60 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862032330	DONEPEZ/DONEPEZ	120400	Parasymp	12040000	Parasymp S	5 MG	ORAL	TABS	EA	30 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862032590	DONEPEZ/DONEPEZ	120400	Parasymp	12040000	Parasymp S	5 MG	ORAL	TABS	EA	90 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862032599	DONEPEZ/DONEPEZ	120400	Parasymp	12040000	Parasymp S	5 MG	ORAL	TABS	EA	1000 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862032630	DONEPEZ/DONEPEZ	120400	Parasymp	12040000	Parasymp S	10 MG	ORAL	TABS	EA	30 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862032690	DONEPEZ/DONEPEZ	120400	Parasymp	12040000	Parasymp S	10 MG	ORAL	TABS	EA	90 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862032699	DONEPEZ/DONEPEZ	120400	Parasymp	12040000	Parasymp S	10 MG	ORAL	TABS	EA	1000 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862032804	ALENDRO/ALENDRO	922400	UNKNOW	92240000	UNKNOWN S	5 MG	ORAL	TABS	EA	4 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862032904	ALENDRO/ALENDRO	922400	UNKNOW	92240000	UNKNOWN S	70 MG	ORAL	TABS	EA	4 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862033330	ABACAVI/ABACAVI	818308	Antiretrovi	81808600	Nucleoside/S	600-300 M	ORAL	TABS	EA	30 X	GENERIC	65862		N	FORMULARY	1 GEN	SPGEN	SPECIALTY GENERICS		X	1 IN 1 DAYS									R	MEDPRIM
65862035430	EMTRICIT/EMTRICIT	818308	Antiretrovi	81808600	Nucleoside/S	200-300 M	ORAL	TABS	EA	30 X	GENERIC	65862		N	#N/A	ORIG_FR	10 EHB	#N/A		X	1 IN 1 DAYS							X	IF RATIO=F FOR PREEXPOS R	R	MEDPRIM
65862035701	CLOPIDO/CLOPIDO	201218	Platelet-Ag	20121800	Platelet-Ag S	75 MG	ORAL	TABS	EA	100 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862035705	CLOPIDO/CLOPIDO	201218	Platelet-Ag	20121800	Platelet-Ag S	75 MG	ORAL	TABS	EA	500 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862035730	CLOPIDO/CLOPIDO	201218	Platelet-Ag	20121800	Platelet-Ag S	75 MG	ORAL	TABS	EA	30 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862035761	CLOPIDO/CLOPIDO	201218	Platelet-Ag	20121800	Platelet-Ag S	75 MG	ORAL	TABS	EA	6000 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862035706	CLOPIDO/CLOPIDO	201218	Platelet-Ag	20121800	Platelet-Ag S	75 MG	ORAL	TABS	EA	90 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862036101	LAMOTRI/LAMOTRI	281282	Anticonvul	28128200	Anticonvul S	5 MG	ORAL	CHEW	EA	100 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862036201	LAMOTRI/LAMOTRI	281282	Anticonvul	28128200	Anticonvul S	25 MG	ORAL	CHEW	EA	100 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862037301	ESCITAL/ESCITALI	281604	Antidepre	28160420	Selective+S	5 MG	ORAL	TABS	EA	100 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862037401	ESCITAL/ESCITALI	281604	Antidepre	28160420	Selective+S	10 MG	ORAL	TABS	EA	100 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862037501	ESCITAL/ESCITALI	281604	Antidepre	28160420	Selective+S	10 MG	ORAL	TABS	EA	500 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862037455	ESCITAL/ESCITALI	281604	Antidepre	28160420	Selective+S	10 MG	ORAL	TABS	EA	500 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862037501	ESCITAL/ESCITALI	281604	Antidepre	28160420	Selective+S	20 MG	ORAL	TABS	EA	100 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862037505	ESCITAL/ESCITALI	281604	Antidepre	28160420	Selective+S	20 MG	ORAL	TABS	EA	500 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862039110	ONDANSOND/ANSI	562200	5-HT3 Re	56222000	5-HT3 Re5	4 MG	ORAL	TBDP	EA	30	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862039110	ONDANSOND/ANSI	562200	5-HT3 Re	56222000	5-HT3 Re5	8 MG	ORAL	TBDP	EA	30	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862040201	DIVALPRO/VALPRO	281228	UNKNOW	28122800	UNKNOWN S	250 MG	ORAL	TBEC	EA	100 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862040205	DIVALPRO/VALPRO	281228	UNKNOW	28122800	UNKNOWN S	250 MG	ORAL	TBEC	EA	500 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862040301	DIVALPRO/VALPRO	281228	UNKNOW	28122800	UNKNOWN S	500 MG	ORAL	TBEC	EA	100 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862040305	DIVALPRO/VALPRO	281228	UNKNOW	28122800	UNKNOWN S	500 MG	ORAL	TBEC	EA	500 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862040401	VENLAFA/VENLAFA	281604	Antidepre	28160416	UNKNOWN S	25 MG	ORAL	TABS	EA	100 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862040460	VENLAFA/VENLAFA	281604	Antidepre	28160416	UNKNOWN S	25 MG	ORAL	TABS	EA	60 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862040501	VENLAFA/VENLAFA	281604	Antidepre	28160416	UNKNOWN S	37.5 MG	ORAL	TABS	EA	100 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862040560	VENLAFA/VENLAFA	281604	Antidepre	28160416	UNKNOWN S	37.5 MG	ORAL	TABS	EA	60 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862040590	VENLAFA/VENLAFA	281604	Antidepre	28160416	UNKNOWN S	37.5 MG	ORAL	TABS	EA	90 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862040601	VENLAFA/VENLAFA	281604	Antidepre	28160416	UNKNOWN S	50 MG	ORAL	TABS	EA	100 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862040630	VENLAFA/VENLAFA	281604	Antidepre	28160416	UNKNOWN S	50 MG	ORAL	TABS	EA	30 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRIM
65862040690	VENLAFA/VENLAFA	281604	Antidepre	28160416	UNKNOWN S	50 MG	ORAL	TABS	EA	90 X	GENERIC	65862		N	FORMULARY	1 GEN	GENERICS													R	MEDPRI

65862058605	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-20 MG	ORAL	CAPS	EA	500 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862058701	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-40 MG	ORAL	CAPS	EA	100 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862058705	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-40 MG	ORAL	CAPS	EA	500 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862059401	DIVALPR(	DIVALPR(	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TB24	EA	100 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862059499	DIVALPR(	DIVALPR(	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TB24	EA	1000 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862059501	DIVALPR(	DIVALPR(	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	100 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862059505	DIVALPR(	DIVALPR(	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	500 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862059601	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	75 MG/5M	ORAL	SOLR	ML	100	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862059602	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	75 MG/5M	ORAL	SOLR	ML	100	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862059801	TAMSULC	TAMSULC	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	100 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862059805	TAMSULC	TAMSULC	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	500 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862059903	RIZATRIP	RIZATRIP	283228	Selective !	28322800	Selective !	S	5 MG	ORAL	TABS	EA	1	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	27 IN 30 DAYS					R	MEDPRMI
65862059912	RIZATRIP	RIZATRIP	283228	Selective !	28322800	Selective !	S	5 MG	ORAL	TABS	EA	12	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	27 IN 30 DAYS					R	MEDPRMI
65862060003	RIZATRIP	RIZATRIP	283228	Selective !	28322800	Selective !	S	10 MG	ORAL	TABS	EA	1	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	27 IN 30 DAYS					R	MEDPRMI
65862060012	RIZATRIP	RIZATRIP	283228	Selective !	28322800	Selective !	S	10 MG	ORAL	TABS	EA	12	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	27 IN 30 DAYS					R	MEDPRMI
65862060101	MODAFIN	MODAFIN	282080	UNKNOW	28208000	UNKNOW	S	100 MG	ORAL	TABS	EA	100 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
65862060130	MODAFIN	MODAFIN	282080	UNKNOW	28208000	UNKNOW	S	100 MG	ORAL	TABS	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
65862060201	MODAFIN	MODAFIN	282080	UNKNOW	28208000	UNKNOW	S	200 MG	ORAL	TABS	EA	100 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
65862060230	MODAFIN	MODAFIN	282080	UNKNOW	28208000	UNKNOW	S	200 MG	ORAL	TABS	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
65862060330	MOXIFLO	MOXIFLO	81218	Quinolone	8121800	Quinolone	S	400 MG	ORAL	TABS	EA	30	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862060490	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	0.125 MG	ORAL	TABS	EA	90 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862060499	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	0.125 MG	ORAL	TABS	EA	1000 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862060590	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	0.25 MG	ORAL	TABS	EA	90 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862060599	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	0.25 MG	ORAL	TABS	EA	1000 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862060690	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	0.5 MG	ORAL	TABS	EA	90 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862060699	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	0.5 MG	ORAL	TABS	EA	1000 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862060790	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	0.75 MG	ORAL	TABS	EA	90 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862060799	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	0.75 MG	ORAL	TABS	EA	1000 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862060890	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	1 MG	ORAL	TABS	EA	90 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862060899	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	1 MG	ORAL	TABS	EA	1000 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862060990	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	1.5 MG	ORAL	TABS	EA	90 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862060999	PRAMIPE	PRAMIPE	283620	UNKNOW	28362008	UNKNOW	S	1.5 MG	ORAL	TABS	EA	1000 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862061790	QUINAPR	QUINAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	90 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862061890	QUINAPR	QUINAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862061990	QUINAPR	QUINAPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862062090	QUINAPR	QUINAPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	90 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862062101	FLECAINI	FLECAINI	240404	Antiarrhyt	24040412	Class Ic A	S	50 MG	ORAL	TABS	EA	100 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862062201	FLECAINI	FLECAINI	240404	Antiarrhyt	24040412	Class Ic A	S	100 MG	ORAL	TABS	EA	100 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862062301	FLECAINI	FLECAINI	240404	Antiarrhyt	24040412	Class Ic A	S	150 MG	ORAL	TABS	EA	100 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862062405	GEMFIBR	GEMFIBR	240606	Fibric Acic	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	500 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862062460	GEMFIBR	GEMFIBR	240606	Fibric Acic	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	60 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862062503	RIZATRIP	RIZATRIP	283228	Selective !	28322800	Selective !	S	5 MG	ORAL	TBDP	EA	1	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	27 IN 30 DAYS					R	MEDPRMI
65862062512	RIZATRIP	RIZATRIP	283228	Selective !	28322800	Selective !	S	5 MG	ORAL	TBDP	EA	12	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	27 IN 30 DAYS					R	MEDPRMI
65862062590	RIZATRIP	RIZATRIP	283228	Selective !	28322800	Selective !	S	5 MG	ORAL	TBDP	EA	3	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	27 IN 30 DAYS					R	MEDPRMI
65862062603	RIZATRIP	RIZATRIP	283228	Selective !	28322800	Selective !	S	10 MG	ORAL	TBDP	EA	1	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	27 IN 30 DAYS					R	MEDPRMI
65862062612	RIZATRIP	RIZATRIP	283228	Selective !	28322800	Selective !	S	10 MG	ORAL	TBDP	EA	12	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	27 IN 30 DAYS					R	MEDPRMI
65862062690	RIZATRIP	RIZATRIP	283228	Selective !	28322800	Selective !	S	10 MG	ORAL	TBDP	EA	3	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	27 IN 30 DAYS					R	MEDPRMI
65862063730	IRBESAR'	IRBESAR'	243208	Angiotens	24320800	Angiotens	S	75 MG	ORAL	TABS	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862063790	IRBESAR'	IRBESAR'	243208	Angiotens	24320800	Angiotens	S	75 MG	ORAL	TABS	EA	90 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862063805	IRBESAR'	IRBESAR'	243208	Angiotens	24320800	Angiotens	S	150 MG	ORAL	TABS	EA	500 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862063830	IRBESAR'	IRBESAR'	243208	Angiotens	24320800	Angiotens	S	150 MG	ORAL	TABS	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862063890	IRBESAR'	IRBESAR'	243208	Angiotens	24320800	Angiotens	S	150 MG	ORAL	TABS	EA	90 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862063905	IRBESAR'	IRBESAR'	243208	Angiotens	24320800	Angiotens	S	300 MG	ORAL	TABS	EA	500 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862063930	IRBESAR'	IRBESAR'	243208	Angiotens	24320800	Angiotens	S	300 MG	ORAL	TABS	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862063990	IRBESAR'	IRBESAR'	243208	Angiotens	24320800	Angiotens	S	300 MG	ORAL	TABS	EA	90 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862064130	AZITHROI	AZITHROI	81212	Macrolide:	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	30	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862064163	AZITHROI	AZITHROI	81212	Macrolide:	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862064169	AZITHROI	AZITHROI	81212	Macrolide:	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862064230	AZITHROI	AZITHROI	81212	Macrolide:	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	30	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862064264	AZITHROI	AZITHROI	81212	Macrolide:	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	3	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862064290	AZITHROI	AZITHROI	81212	Macrolide:	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	3	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862064860	RIVASTIG	RIVASTIG	120400	Parasymp	12040000	Parasymp	S	1.5 MG	ORAL	CAPS	EA	60 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862064960	RIVASTIG	RIVASTIG	120400	Parasymp	12040000	Parasymp	S	3 MG	ORAL	CAPS	EA	60 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862065060	RIVASTIG	RIVASTIG	120400	Parasymp	12040000	Parasymp	S	4.5 MG	ORAL	CAPS	EA	60 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862065160	RIVASTIG	RIVASTIG	120400	Parasymp	12040000	Parasymp	S	6 MG	ORAL	CAPS	EA	60 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862065260	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	5 MG	ORAL	TABS	EA	60 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
65862065360	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	10 MG	ORAL	TABS	EA	60 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
65862065399	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
65862065401	ENTACAF	ENTACAF	283612	UNKNOW	28361200	UNKNOW	S	200 MG	ORAL	TABS	EA	100 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862065603	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TBDP	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862065703	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TBDP	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862065710	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TBDP	EA	1 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862065803	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TBDP	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862065903	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TBDP	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862066130	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862066230	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862066330	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862066430	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TABS	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862066530	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862066630	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	30 MG	ORAL	TABS	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862067001	REPAGLI	REPAGLI	682016	Meglitinide	68201600	Meglitinide	S	0.5 MG	ORAL	TABS	EA	100 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862067101	REPAGLI	REPAGLI	682016	Meglitinide	68201600	Meglitinide	S	1 MG	ORAL	TABS	EA	100 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862067201	REPAGLI	REPAGLI	682016	Meglitinide	68201600	Meglitinide	S	2 MG	ORAL	TABS	EA	100 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862067301	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TB24	EA	100 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862067399	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TB24	EA	1000 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862067401	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TB24	EA	100 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862067499	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TB24	EA	1000 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862067599	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TB24	EA	1000 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862067601	ALPRAZC	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	100	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862067605	ALPRAZC	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	500	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862067699	ALPRAZC	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	1000	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862067701	ALPRAZC	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	100	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862067705	ALPRAZC	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	500	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862067799	ALPRAZC	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	1000	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862067801	ALPRAZC	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	100	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862067805	ALPRAZC	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	500	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862067899	ALPRAZC	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	1000	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862067901	ALPRAZC	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	100	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862067905	ALPRAZC	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	500	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862068730	RITONAV	RITONAV	81808	Antiretrovi	8180808	HIV Prote	S	100 MG	ORAL	TABS	EA	30 X	GENERIC		65862	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	12 IN 1 DAYS					R	MEDPRMI
65862068890	SILDENAI	SILDENAI	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS	X	PA:X							R	MEDPRMI
65862068930	SILDENAI	SILDENAI	240812	Calcium-c	24081200	UNKNOW	S	25 MG	ORAL	TABS	EA	30	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	1 IN 5 DAYS					R	MEDPRMI
65862068999	SILDENAI	SILDENAI	240812	Calcium-c	24081200	UNKNOW	S	25 MG	ORAL	TABS	EA	1000	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	1 IN 5 DAYS					R	MEDPRMI
65862069001	SILDENAI	SILDENAI	240812	Calcium-c	24081200	UNKNOW	S	50 MG	ORAL	TABS	EA	100	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	1 IN 5 DAYS					R	MEDPRMI
65862069030	SILDENAI	SILDENAI	240812	Calcium-c	24081200	UNKNOW	S	50 MG	ORAL	TABS	EA	30	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	1 IN 5 DAYS					R	MEDPRMI
65862069099	SILDENAI	SILDENAI	240812	Calcium-c	24081200	UNKNOW	S	50 MG	ORAL	TABS	EA	1000	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	1 IN 5 DAYS					R	MEDPRMI
65862069101	SILDENAI	SILDENAI	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	100	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	1 IN 5 DAYS					R	MEDPRMI
65862069105	SILDENAI	SILDENAI	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	500	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	1 IN 5 DAYS					R	MEDPRMI
65862069130	SILDENAI	SILDENAI	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	30	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	1 IN 5 DAYS					R	MEDPRMI
65862069201	PHENYTC	PHENYTC	281212	Hydantoin	28121200	Hydantoin	S	100 MG	ORAL	CAPS	EA	100 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862069299	PHENYTC	PHENYTC	281212	Hydantoin	28121200	Hydantoin	S	100 MG	ORAL	CAPS	EA	1000 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862069301	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	250 MG	ORAL	TABS	EA	100	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS					R	MEDPRMI
65862069401	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	100	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862069405	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	500	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862069425	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	250	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862069501	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	100	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862069505	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	500	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862069550	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	50	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862069701	VENLAFA	VENLAFA	281604	Antidepre:	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	100 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862069705	VENLAFA	VENLAFA	281604	Antidepre:	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	500 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862069730	VENLAFA	VENLAFA	281604	Antidepre:	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862069790	VENLAFA	VENLAFA	281604	Antidepre:	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	90 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862069920	CEFURO)	CEFURO)	81206	Cephalos	8120608	Second G	S	250 MG	ORAL	TABS	EA	20	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862069960	CEFURO)	CEFURO)	81206	Cephalos	8120608	Second G	S	250 MG	ORAL	TABS	EA	60	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862070020	CEFURO)	CEFURO)	81206	Cephalos	8120608	Second G	S	500 MG	ORAL	TABS	EA	20	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862070060	CEFURO)	CEFURO)	81206	Cephalos	8120608	Second G	S	500 MG	ORAL	TABS	EA	60	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862070260	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	CAPS	EA	60 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862070360	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	40 MG	ORAL	CAPS	EA	60 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862070460	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	60 MG	ORAL	CAPS	EA	60 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862070560	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	80 MG	ORAL	CAPS	EA	60 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862070601	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	125 MG/5I	ORAL	SUSR	ML	100	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862070655	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	125 MG/5I	ORAL	SUSR	ML	150	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862070680	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	125 MG/5I	ORAL	SUSR	ML	80	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862070701	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250 MG/5I	ORAL	SUSR	ML	100	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862070755	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250 MG/5I	ORAL	SUSR	ML	150	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862070780	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250 MG/5I	ORAL	SUSR	ML	80	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862070901	RALOXIFI	RALOXIFI	681612	Estrogen /	68161200	Estrogen /	S	60 MG	ORAL	TABS	EA	100 X	GENERIC		65862	N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE>=35-999 YEARS AND R	R	MEDPRMI
65862070930	RALOXIFI	RALOXIFI	681612	Estrogen /	68161200	Estrogen /	S	60 MG	ORAL	TABS	EA	30 X	GENERIC		65862	N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE>=35-999 YEARS AND R	R	MEDPRMI
65862071160	ATAZANA	ATAZANA	81808	Antiretrovi	8180808	HIV Prote	S	150 MG	ORAL	CAPS	EA	60 X	GENERIC		65862	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
65862071260	ATAZANA	ATAZANA	81808	Antiretrovi	8180808	HIV Prote	S	200 MG	ORAL	CAPS	EA	60 X	GENERIC		65862	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
65862071330	ATAZANA	ATAZANA	81808	Antiretrovi	8180808	HIV Prote	S	300 MG	ORAL	CAPS	EA	30 X	GENERIC		65862	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
65862072130	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
65862072190	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	90 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
65862073205	AMIODAR	AMIODAR	240404	Antiarrhyt	24040420	Class III A	S	200 MG	ORAL	TABS	EA	500 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862073260	AMIODAR	AMIODAR	240404	Antiarrhyt	24040420	Class III A	S	200 MG	ORAL	TABS	EA	60 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862073730	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-160 MG	ORAL	TABS	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862073830	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-320 MG	ORAL	TABS	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862073930	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-160 MC	ORAL	TABS	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862074030	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-320 MC	ORAL	TABS	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862074130	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862074230	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862074290	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862074330	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862074390	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	90 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862074430	GALANTA	GALANTA	120400	Parasymp	12040000	Parasymp	S	8 MG	ORAL	CP24	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
65862074530	GALANTA	GALANTA	120400	Parasymp	12040000	Parasymp	S	16 MG	ORAL	CP24	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
65862074630	GALANTA	GALANTA	120400	Parasymp	12040000	Parasymp	S	24 MG	ORAL	CP24	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
65862074760	LACOSAM	LACOSAM	281224	UNKNOW	28122400	UNKNOW	S	50 MG	ORAL	TABS	EA	60 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
65862074860	LACOSAM	LACOSAM	281224	UNKNOW	28122400	UNKNOW	S	100 MG	ORAL	TABS	EA	60 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
65862074960	LACOSAM	LACOSAM	281224	UNKNOW	28122400	UNKNOW	S	150 MG	ORAL	TABS	EA	60 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
65862075060	LACOSAM	LACOSAM	281224	UNKNOW	28122400	UNKNOW	S	200 MG	ORAL	TABS	EA	60 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
65862075150	CEFIXIME	CEFIXIME	81206	Cephalos	8120612	Third Gen	S	100 MG/5I	ORAL	SUSR	ML	50	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862075250	CEFIXIME	CEFIXIME	81206	Cephalos	8120612	Third Gen	S	200 MG/5I	ORAL	SUSR	ML	50	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862075275	CEFIXIME	CEFIXIME	81206	Cephalos	8120612	Third Gen	S	200 MG/5I	ORAL	SUSR	ML	75	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862075360	VALGANC	VALGANC	81832	Nucleosid	8183200	Nucleosid	S	450 MG	ORAL	TABS	EA	60 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862075705	OLOPATA	OLOPATA	520200	Antiallergi	52020000	Antiallergi	S	0.10%	OPHTHAL	SOLN	ML	5	GENERIC	5/31/2022	65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862075890	PREGAB/	PREGAB/	281228	UNKNOW	28122800	UNKNOW	S	25 MG	ORAL	CAPS	EA	90 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862075990	PREGAB/	PREGAB/	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	90 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862076090	PREGAB/	PREGAB/	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	90 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862076190	PREGAB/	PREGAB/	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862076290	PREGAB/	PREGAB/	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	90 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862076390	PREGAB/	PREGAB/	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	90 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862076490	PREGAB/	PREGAB/	281228	UNKNOW	28122800	UNKNOW	S	225 MG	ORAL	CAPS	EA	90 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862076590	PREGAB/	PREGAB/	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862076630	FESOTEF	FESOTEF	861204	UNKNOW	86120400	UNKNOW	S	4 MG	ORAL	TB24	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
65862076730	FESOTEF	FESOTEF	861204	UNKNOW	86120400	UNKNOW	S	8 MG	ORAL	TB24	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
65862076890	FENOFIBI	FENOFIBI	240606	Fibric Acic	24060600	Fibric Acid	S	48 MG	ORAL	TABS	EA	90 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862076990	FENOFIBI	FENOFIBI	240606	Fibric Acic	24060600	Fibric Acid	S	145 MG	ORAL	TABS	EA	90 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862077628	MILI	NORGES'	681200	Contracep	68120000	Contracep	S	0.25-35 M	ORAL	TABS	EA	28 X	GENERIC		65862	N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
65862077685	MILI	NORGES'	681200	Contracep	68120000	Contracep	S	0.25-35 M	ORAL	TABS	EA	28 X	GENERIC		65862	N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
65862077728	TRI-MILI	NORGES'	681200	Contracep	68120000	Contracep	S	0.18/0.215	ORAL	TABS	EA	28 X	GENERIC		65862	N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
65862077785	TRI-MILI	NORGES'	681200	Contracep	68120000	Contracep	S	0.18/0.215	ORAL	TABS	EA	28 X	GENERIC		65862	N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
65862077828	TRI-LO-M	NORGES'	681200	Contracep	68120000	Contracep	S	0.18/0.215	ORAL	TABS	EA	28 X	GENERIC		65862	N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
65862077885	TRI-LO-M	NORGES'	681200	Contracep	68120000	Contracep	S	0.18/0.215	ORAL	TABS	EA	28 X	GENERIC		65862	N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
65862077930	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	20-12.5 M	ORAL	TABS	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862077990	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	20-12.5 M	ORAL	TABS	EA	90 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862078030	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	40-12.5 M	ORAL	TABS	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862078090	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	40-12.5 M	ORAL	TABS	EA	90 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862078130	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	40-25 MG	ORAL	TABS	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862078190	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	40-25 MG	ORAL	TABS	EA	90 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862078201	METHEN/	METHEN/	83600	Urinary Ar	8360000	Urinary Ar	S	1 GM	ORAL	TABS	EA	100	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862078330	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
65862078390	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
65862078430	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
65862078490	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
65862078917	BROMFEI	BROMFEI	520820	Nonsteroi	52082000	Nonsteroi	S	0.09%	OPHTHAL	SOLN	ML	1.7	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	3.4 IN 16 DAYS					R	MEDPRMI
65862080205	BIMATOP	BIMATOP	524028	UNKNOW	52402800	UNKNOW	S	0.03%	OPHTHAL	SOLN	ML	5 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	2.5 IN 30 DAYS					R	MEDPRMI
65862080210	BIMATOP	BIMATOP	524028	UNKNOW	52402800	UNKNOW	S	0.03%	OPHTHAL	SOLN	ML	7.5 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	2.5 IN 30 DAYS					R	MEDPRMI
65862080244	BIMATOP	BIMATOP	524028	UNKNOW	52402800	UNKNOW	S	0.03%	OPHTHAL	SOLN	ML	2.5 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	2.5 IN 30 DAYS					R	MEDPRMI
65862080530	ARMODAI	ARMODAI	282080	UNKNOW	28208000	UNKNOW	S	50 MG	ORAL	TABS	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS					R	MEDPRMI
65862080630	ARMODAI	ARMODAI	282080	UNKNOW	28208000	UNKNOW	S	150 MG	ORAL	TABS	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
65862080730	ARMODAI	ARMODAI	282080	UNKNOW	28208000	UNKNOW	S	250 MG	ORAL	TABS	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
65862081290	PITAVAST	PITAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	1 MG	ORAL	TABS	EA	90 X	GENERIC		65862	N	EXCLUDE	HARD_MS	10 EHB	FORMULARY EXCLUSION						PLEASE DISPENSE BRAND FOR GENERIC COPAY.	X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
65862081390	PITAVAST	PITAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	2 MG	ORAL	TABS	EA	90 X	GENERIC		65862	N	EXCLUDE	HARD_MS	10 EHB	FORMULARY EXCLUSION						PLEASE DISPENSE BRAND FOR GENERIC COPAY.	X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
65862081490	PITAVAST	PITAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	4 MG	ORAL	TABS	EA	90 X	GENERIC		65862	N	EXCLUDE	HARD_MS	10 EHB	FORMULARY EXCLUSION						PLEASE DISPENSE BRAND FOR GENERIC COPAY.	X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
65862082530	SAXAGLI	SAXAGLI	682005	UNKNOW	68200500	UNKNOW	S	2.5 MG	ORAL	TABS	EA	30 X	GENERIC		65862	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
65862082630	SAXAGLI	SAXAGLI	682005	UNKNOW	68200500	UNKNOW	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		65862	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
65862082930	PRASUGI	PRASUGI	201218	Platelet-A	20121800	Platelet-A	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
65862083030	PRASUGI	PRASUGI	201218	Platelet-A	20121800	Platelet-A	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
65862083105	CINACAL(	CINACAL(	682404	UNKNOW	68240400	UNKNOW	S	30 MG	ORAL	TABS	EA	500 X	GENERIC		65862	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
65862083130	CINACAL(	CINACAL(	682404	UNKNOW	68240400	UNKNOW	S	30 MG	ORAL	TABS	EA	30 X	GENERIC		65862	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
65862083205	CINACAL(	CINACAL(	682404	UNKNOW	68240400	UNKNOW	S	60 MG	ORAL	TABS	EA	500 X	GENERIC		65862	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
65862083230	CINACAL(	CINACAL(	682404	UNKNOW	68240400	UNKNOW	S	60 MG	ORAL	TABS	EA	30 X	GENERIC		65862	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
65862083305	CINACAL(	CINACAL(	682404	UNKNOW	68240400	UNKNOW	S	90 MG	ORAL	TABS	EA	500 X	GENERIC		65862	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	4 IN 1 DAYS					R	MEDPRMI
65862083330	CINACAL(	CINACAL(	682404	UNKNOW	68240400	UNKNOW	S	90 MG	ORAL	TABS	EA	30 X	GENERIC		65862	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	4 IN 1 DAYS					R	MEDPRMI
65862084003	MOXIFLO	MOXIFLO	520404	Antibacter	52040400	Antibacter	S	0.50%	OPHTHAL	SOLN	ML	3	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862084130	ENTECA\	ENTECA\	81832	Nucleosid	8183200	Nucleosid	S	0.5 MG	ORAL	TABS	EA	30 X	GENERIC		65862	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
65862084230	ENTECA\	ENTECA\	81832	Nucleosid	8183200	Nucleosid	S	1 MG	ORAL	TABS	EA	30 X	GENERIC		65862	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
65862084401	CLOZAPII	CLOZAPII	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	100	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862084501	CLOZAPII	CLOZAPII	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TABS	EA	100	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862084601	CLOZAPII	CLOZAPII	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	100	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862084605	CLOZAPII	CLOZAPII	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	500	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862084701	CLOZAPII	CLOZAPII	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	100	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862084828	AYUNA	LEVONOF	681200	Contracep	68120000	Contracep	S	0.15-30 M	ORAL	TABS	EA	28 X	GENERIC		65862	N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
65862084888	AYUNA	LEVONOF	681200	Contracep	68120000	Contracep	S	0.15-30 M	ORAL	TABS	EA	28 X	GENERIC		65862	N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
65862084928	AFIRMELI	LEVONOF	681200	Contracep	68120000	Contracep	S	0.1-20 MG	ORAL	TABS	EA	28 X	GENERIC		65862	N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
65862084988	AFIRMELI	LEVONOF	681200	Contracep	68120000	Contracep	S	0.1-20 MG	ORAL	TABS	EA	28 X	GENERIC		65862	N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
65862085130	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS	X	PA:X							R	MEDPRMI
65862085230	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	10 MG	ORAL	TABS	EA	30	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	1 IN 5 DAYS					R	MEDPRMI
65862085330	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	30	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	1 IN 5 DAYS					R	MEDPRMI
65862085430	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-20 MG	ORAL	TABS	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862085530	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-40 MG	ORAL	TABS	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862085630	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-20 MG	ORAL	TABS	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862085730	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-40 MG	ORAL	TABS	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862085901	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862085999	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	1000 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862086001	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	100 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862086099	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	1000 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862086130	DARIFEN.	DARIFEN.	861204	UNKNOW	86120400	UNKNOW	S	7.5 MG	ORAL	TB24	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862086190	DARIFEN.	DARIFEN.	861204	UNKNOW	86120400	UNKNOW	S	7.5 MG	ORAL	TB24	EA	90 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862086230	DARIFEN.	DARIFEN.	861204	UNKNOW	86120400	UNKNOW	S	15 MG	ORAL	TB24	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862086290	DARIFEN.	DARIFEN.	861204	UNKNOW	86120400	UNKNOW	S	15 MG	ORAL	TB24	EA	90 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862086360	DALFAMF	DALFAMF	925600	UNKNOW	92560000	UNKNOW	S	10 MG	ORAL	TB12	EA	60 X	GENERIC		65862	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
65862086494	SIMPESS	LEVONOF	681200	Contracep	68120000	Contracep	S	0.15-0.03	ORAL	TABS	EA	91 X	GENERIC		65862	N	#N/A	ORIG_FR	10 EHB	#N/A			X	91 IN 84 DAYS			X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
65862086495	SIMPESS	LEVONOF	681200	Contracep	68120000	Contracep	S	0.15-0.03	ORAL	TABS	EA	91 X	GENERIC		65862	N	#N/A	ORIG_FR	10 EHB	#N/A			X	91 IN 84 DAYS			X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
65862086583	ICLEVIA	LEVONOF	681200	Contracep	68120000	Contracep	S	0.15-0.03	ORAL	TABS	EA	91 X	GENERIC		65862	N	#N/A	ORIG_FR	10 EHB	#N/A			X	91 IN 84 DAYS			X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
65862086594	ICLEVIA	LEVONOF	681200	Contracep	68120000	Contracep	S	0.15-0.03	ORAL	TABS	EA	91 X	GENERIC		65862	N	#N/A	ORIG_FR	10 EHB	#N/A			X	91 IN 84 DAYS			X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
65862086703	TELMISAI	TELMISAI	243208	Angiotens	24320800	Angiotens	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862086710	TELMISAI	TELMISAI	243208	Angiotens	24320800	Angiotens	S	20 MG	ORAL	TABS	EA	1 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862086730	TELMISAI	TELMISAI	243208	Angiotens	24320800	Angiotens	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862086803	TELMISAI	TELMISAI	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862086810	TELMISAI	TELMISAI	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	1 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862086830	TELMISAI	TELMISAI	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862086903	TELMISAI	TELMISAI	243208	Angiotens	24320800	Angiotens	S	80 MG	ORAL	TABS	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862086910	TELMISAI	TELMISAI	243208	Angiotens	24320800	Angiotens	S	80 MG	ORAL	TABS	EA	1 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862086930	TELMISAI	TELMISAI	243208	Angiotens	24320800	Angiotens	S	80 MG	ORAL	TABS	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862087003	RISEDRO	RISEDRO	922400	UNKNOW	92240000	UNKNOW	S	150 MG	ORAL	TABS	EA	3 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	1 IN 30 DAYS	X	Must meet 5 DS Alen TRIAL OF ALENDRONATE AND IBANDRONATE IN THE PAST 365 DAYS			R	MEDPRMI
65862087011	RISEDRO	RISEDRO	922400	UNKNOW	92240000	UNKNOW	S	150 MG	ORAL	TABS	EA	1 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS			X	1 IN 30 DAYS	X	Must meet 5 DS Alen TRIAL OF ALENDRONATE AND IBANDRONATE IN THE PAST 365 DAYS			R	MEDPRMI
65862087225	LATANOF	LATANOF	524028	UNKNOW	52402800	UNKNOW	S	0.01%	OPHTHAL	SOLN	ML	2.5 X	GENERIC	2/16/2023	65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862087360	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TB24	EA	60 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862087460	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	150 MG	ORAL	TB24	EA	60 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862087560	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TB24	EA	60 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862087660	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	300 MG	ORAL	TB24	EA	60 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862087760	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	400 MG	ORAL	TB24	EA	60 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862087830	SOLIFEN/	SOLIFEN/	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862087890	SOLIFEN/	SOLIFEN/	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	90 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862087930	SOLIFEN/	SOLIFEN/	861204	UNKNOW	86120400	UNKNOW	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
65862087990	SOLIFEN/	SOLIFEN/	861204	UNKNOW	86120400	UNKNOW	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		65862	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI

65862088060	TADALAF	TADALAF	484824 UNKNOW	48482400 UNKNOW	S	20 MG	ORAL	TABS	EA	60 X	GENERIC		65862		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X								R	MEDPRMI
65862088330	MINOCYC	MINOCYC	849200 Skin and M	84920000 Skin and M	S	55 MG	ORAL	TB24	EA	30	GENERIC		65862		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
65862088430	MINOCYC	MINOCYC	849200 Skin and M	84920000 Skin and M	S	80 MG	ORAL	TB24	EA	30	GENERIC		65862		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
65862088530	MINOCYC	MINOCYC	849200 Skin and M	84920000 Skin and M	S	105 MG	ORAL	TB24	EA	30	GENERIC		65862		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
65862088628	SIMLIYA	DESOGES	681200 Contracep	68120000 Contracep	S	0.15-0.02/	ORAL	TABS	EA	28 X	GENERIC		65862		N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
65862088688	SIMLIYA	DESOGES	681200 Contracep	68120000 Contracep	S	0.15-0.02/	ORAL	TABS	EA	28 X	GENERIC		65862		N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
65862088728	KALLIGA	DESOGES	681200 Contracep	68120000 Contracep	S	0.15-30 M	ORAL	TABS	EA	28 X	GENERIC		65862		N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
65862088788	KALLIGA	DESOGES	681200 Contracep	68120000 Contracep	S	0.15-30 M	ORAL	TABS	EA	28 X	GENERIC		65862		N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI

65862089130	VORICON	VORICON	81408 Azoles	8140800 Azoles	S	50 MG	ORAL	TABS	EA	30	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
65862089230	VORICON	VORICON	81408 Azoles	8140800 Azoles	S	200 MG	ORAL	TABS	EA	30	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
65862089578	LANSOPR	LANSOPR	562836 Proton-pu	56283600 Proton-pu	S	15 MG	ORAL	TBDD	EA	100 X	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS						X	Must meet 5 DS Cvs TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZ			R	MEDPRMI
65862089678	LANSOPR	LANSOPR	562836 Proton-pu	56283600 Proton-pu	S	30 MG	ORAL	TBDD	EA	100 X	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS						X	Must meet 5 DS Cvs TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZ			R	MEDPRMI
65862089728	NYLIA 7/7	NORETHI	681200 Contracep	68120000 Contracep	S	0.5/0.75/1-	ORAL	TABS	EA	28 X	GENERIC		65862		N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
65862089788	NYLIA 7/7	NORETHI	681200 Contracep	68120000 Contracep	S	0.5/0.75/1-	ORAL	TABS	EA	28 X	GENERIC		65862		N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
65862089888	NYLIA 1/3	NORETHI	681200 Contracep	68120000 Contracep	S	1-35 MG-M	ORAL	TABS	EA	28 X	GENERIC		65862		N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
65862090030	ABACAVI	ABACAVI	81808 Antiretrovi	8180820 Nucleosid	S	600-300 M	ORAL	TABS	EA	30 X	GENERIC	1/14/2022	65862		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
65862090525	IPRATRO	IPRATRO	120808 Antimusca	12080800 Antimusca	S	0.02%	INHALATI	SOLN	ML	2.5 X	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
65862090530	IPRATRO	IPRATRO	120808 Antimusca	12080800 Antimusca	S	0.02%	INHALATI	SOLN	ML	2.5 X	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
65862090560	IPRATRO	IPRATRO	120808 Antimusca	12080800 Antimusca	S	0.02%	INHALATI	SOLN	ML	2.5 X	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
65862090760	CELECOX	CELECOX	280804 Nonsteroi	28080408 Cyclooxyg	S	50 MG	ORAL	CAPS	EA	60 X	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
65862090801	CELECOX	CELECOX	280804 Nonsteroi	28080408 Cyclooxyg	S	100 MG	ORAL	CAPS	EA	100 X	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
65862090805	CELECOX	CELECOX	280804 Nonsteroi	28080408 Cyclooxyg	S	100 MG	ORAL	CAPS	EA	500 X	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
65862090901	CELECOX	CELECOX	280804 Nonsteroi	28080408 Cyclooxyg	S	200 MG	ORAL	CAPS	EA	100 X	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
65862090905	CELECOX	CELECOX	280804 Nonsteroi	28080408 Cyclooxyg	S	200 MG	ORAL	CAPS	EA	500 X	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
65862091060	CELECOX	CELECOX	280804 Nonsteroi	28080408 Cyclooxyg	S	400 MG	ORAL	CAPS	EA	60 X	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
65862091406	ZOLMITR	ZOLMITR	283228 Selective S	28322800 Selective S	S	2.5 MG	ORAL	TABS	EA	1	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS			X	18 IN 30 DAYS		X	Must meet 5 DS Imitr TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS			R	MEDPRMI
65862091469	ZOLMITR	ZOLMITR	283228 Selective S	28322800 Selective S	S	2.5 MG	ORAL	TABS	EA	6	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS			X	18 IN 30 DAYS		X	Must meet 5 DS Imitr TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS			R	MEDPRMI
65862091503	ZOLMITR	ZOLMITR	283228 Selective S	28322800 Selective S	S	5 MG	ORAL	TABS	EA	1	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS			X	18 IN 30 DAYS		X	Must meet 5 DS Imitr TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS			R	MEDPRMI
65862091564	ZOLMITR	ZOLMITR	283228 Selective S	28322800 Selective S	S	5 MG	ORAL	TABS	EA	3	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS			X	18 IN 30 DAYS		X	Must meet 5 DS Imitr TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS			R	MEDPRMI
65862092127	SEVELAM	SEVELAM	401819 Phosphate	40181900 Phosphate	S	800 MG	ORAL	TABS	EA	270 X	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
65862092201	TRAMADO	TRAMADO	280808 Opiate Ag	28080800 Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	100	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS			X	10 IN 1 DAYS				X	AGE_YEA MUST BE AT LEAST	R	MEDPRMI
65862092205	TRAMADO	TRAMADO	280808 Opiate Ag	28080800 Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	500	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS			X	10 IN 1 DAYS				X	AGE_YEA MUST BE AT LEAST	R	MEDPRMI
65862092585	INCASSIA	NORETHI	681200 Contracep	68120000 Contracep	S	0.35 MG	ORAL	TABS	EA	28 X	GENERIC		65862		N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
65862092730	FINASTE	FINASTE	841600 Cell Stimu	84160000 Cell Stimu	S	1 MG	ORAL	TABS	EA	30	GENERIC		65862		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
65862092790	FINASTE	FINASTE	841600 Cell Stimu	84160000 Cell Stimu	S	1 MG	ORAL	TABS	EA	90	GENERIC		65862		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
65862092836	SUMATRI	SUMATRI	283228 Selective S	28322800 Selective S	S	85-500 MG	ORAL	TABS	EA	9	GENERIC		65862		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
65862092901	NITROFU	NITROFU	83600 Urinary Ar	8360000 Urinary Ar	S	100 MG	ORAL	CAPS	EA	100	GENERIC		65862 Y		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
65862093008	SEVELAM	SEVELAM	401819 Phosphate	40181900 Phosphate	S	0.8 GM	ORAL	PACK	EA	1 X	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
65862093090	SEVELAM	SEVELAM	401819 Phosphate	40181900 Phosphate	S	0.8 GM	ORAL	PACK	EA	90 X	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
65862093108	SEVELAM	SEVELAM	401819 Phosphate	40181900 Phosphate	S	2.4 GM	ORAL	PACK	EA	1 X	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
65862093190	SEVELAM	SEVELAM	401819 Phosphate	40181900 Phosphate	S	2.4 GM	ORAL	PACK	EA	90 X	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
65862093290	NEVIRAPI	NEVIRAPI	81808 Antiretrovi	8180816 Nonnuclec	R	100 MG	ORAL	TB24	EA	90 X	GENERIC	9/18/2023	65862		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	3 IN 1 DAYS						R	MEDPRMI
65862093330	NEVIRAPI	NEVIRAPI	81808 Antiretrovi	8180816 Nonnuclec	S	400 MG	ORAL	TB24	EA	30 X	GENERIC	9/18/2023	65862		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
65862093487	AUROVEL	NORETHI	681200 Contracep	68120000 Contracep	S	1-20 MG-M	ORAL	TABS	EA	28 X	GENERIC		65862		N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
65862093488	AUROVEL	NORETHI	681200 Contracep	68120000 Contracep	S	1-20 MG-M	ORAL	TABS	EA	28 X	GENERIC		65862		N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
65862093521	AUROVEL	NORETHI	681200 Contracep	68120000 Contracep	S	1.5-30 MG	ORAL	TABS	EA	21 X	GENERIC		65862		N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
65862093574	AUROVEL	NORETHI	681200 Contracep	68120000 Contracep	S	1.5-30 MG	ORAL	TABS	EA	21 X	GENERIC		65862		N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
65862093630	PARICAL	PARICAL	881600 Vitamin D	88160000 Vitamin D	S	1 MCG	ORAL	CAPS	EA	30 X	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
65862093730	PARICAL	PARICAL	881600 Vitamin D	88160000 Vitamin D	S	2 MCG	ORAL	CAPS	EA	30 X	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
65862093830	PARICAL	PARICAL	881600 Vitamin D	88160000 Vitamin D	S	4 MCG	ORAL	CAPS	EA	30 X	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
65862093921	AUROVEL	NORETHI	681200 Contracep	68120000 Contracep	S	1-20 MG-M	ORAL	TABS	EA	21 X	GENERIC		65862		N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
65862093988	AUROVEL	NORETHI	681200 Contracep	68120000 Contracep	S	1-20 MG-M	ORAL	TABS	EA	21 X	GENERIC		65862		N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
65862094087	AUROVEL	NORETHI	681200 Contracep	68120000 Contracep	S	1-20 MG-M	ORAL	TABS	EA	28 X	GENERIC		65862		N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
65862094088	AUROVEL	NORETHI	681200 Contracep	68120000 Contracep	S	1-20 MG-M	ORAL	TABS	EA	28 X	GENERIC		65862		N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
65862094187	AUROVEL	NORETHI	681200 Contracep	68120000 Contracep	S	1.5-30 MG	ORAL	TABS	EA	28 X	GENERIC		65862		N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
65862094188	AUROVEL	NORETHI	681200 Contracep	68120000 Contracep	S	1.5-30 MG	ORAL	TABS	EA	28 X	GENERIC		65862		N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF RATIO=1.34 THEN $0 COPA	R	MEDPRMI
65862094203	LEVALBU	LEVALBU	121208 beta-Adre	12120812 Selective I	S	1.25 MG/0	INHALATI	NEBU	EA	30 X	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
65862094250	LEVALBU	LEVALBU	121208 beta-Adre	12120812 Selective I	S	1.25 MG/0	INHALATI	NEBU	EA	1 X	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
65862094312	LEVALBU	LEVALBU	121208 beta-Adre	12120812 Selective I	S	0.31 MG/3	INHALATI	NEBU	ML	3 X	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
65862094324	LEVALBU	LEVALBU	121208 beta-Adre	12120812 Selective I	S	0.31 MG/3	INHALATI	NEBU	ML	3 X	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
65862094412	LEVALBU	LEVALBU	121208 beta-Adre	12120812 Selective I	S	0.63 MG/3	INHALATI	NEBU	ML	3 X	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
65862094424	LEVALBU	LEVALBU	121208 beta-Adre	12120812 Selective I	S	0.63 MG/3	INHALATI	NEBU	ML	3 X	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
65862094512	LEVALBU	LEVALBU	121208 beta-Adre	12120812 Selective I	S	1.25 MG/3	INHALATI	NEBU	ML	3 X	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
65862094524	LEVALBU	LEVALBU	121208 beta-Adre	12120812 Selective I	S	1.25 MG/3	INHALATI	NEBU	ML	3 X	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
65862094601	DORZOLA	DORZOLA	524012 UNKNOW	52401200 UNKNOW	S	2%-.5%	OPHTHAL	SOLN	ML	10 X	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
65862094760	DORZOLA	DORZOLA	524012 UNKNOW	52401200 UNKNOW	S	2-0.5 %	OPHTHAL	SOLN	EA	60 X	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS						R	MEDPRMI
65862095230	FINGOLIM	FINGOLIM	900416 UNKNOW	90041600 UNKNOW	S	0.5 MG	ORAL	CAPS	EA	30 X	GENERIC		65862		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X								R	MEDPRMI
65862095330	LURASID	LURASID	281608 Antipsych	28160804 Atypical A	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
65862095430	LURASID	LURASID	281608 Antipsych	28160804 Atypical A	S	40 MG	ORAL	TABS	EA	30 X	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
65862095530	LURASID	LURASID	281608 Antipsych	28160804 Atypical A	S	60 MG	ORAL	TABS	EA	30 X	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
65862095630	LURASID	LURASID	281608 Antipsych	28160804 Atypical A	S	80 MG	ORAL	TABS	EA	30 X	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS						R	MEDPRMI
65862095730	LURASID	LURASID	281608 Antipsych	28160804 Atypical A	S	120 MG	ORAL	TABS	EA	30 X	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
65862096701	ESZOPICI	ESZOPICI	282444 UNKNOW	28244400 UNKNOW	S	1 MG	ORAL	TABS	EA	100	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
65862096730	ESZOPICI	ESZOPICI	282444 UNKNOW	28244400 UNKNOW	S	1 MG	ORAL	TABS	EA	30	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
65862096801	ESZOPICI	ESZOPICI	282444 UNKNOW	28244400 UNKNOW	S	2 MG	ORAL	TABS	EA	100	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
65862096830	ESZOPICI	ESZOPICI	282444 UNKNOW	28244400 UNKNOW	S	2 MG	ORAL	TABS	EA	30	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
65862096901	ESZOPICI	ESZOPICI	282444 UNKNOW	28244400 UNKNOW	S	3 MG	ORAL	TABS	EA	100	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
65862096930	ESZOPICI	ESZOPICI	282444 UNKNOW	28244400 UNKNOW	S	3 MG	ORAL	TABS	EA	30	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
65862097603	TELMISA	TELMISA	243208 Angiotens	24320800 Angiotens	S	40-12.5 M	ORAL	TABS	EA	30 X	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
65862097610	TELMISA	TELMISA	243208 Angiotens	24320800 Angiotens	S	40-12.5 M	ORAL	TABS	EA	1 X	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
65862097703	TELMISA	TELMISA	243208 Angiotens	24320800 Angiotens	S	80-12.5 M	ORAL	TABS	EA	30 X	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
65862097710	TELMISA	TELMISA	243208 Angiotens	24320800 Angiotens	S	80-12.5 M	ORAL	TABS	EA	1 X	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
65862097803	TELMISA	TELMISA	243208 Angiotens	24320800 Angiotens	S	80-25 MG	ORAL	TABS	EA	30 X	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
65862097810	TELMISA	TELMISA	243208 Angiotens	24320800 Angiotens	S	80-25 MG	ORAL	TABS	EA	1 X	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
65862098601	POTASSI	POTASSI	401200 Replacem	40120000 Replacem	S	8 MEQ	ORAL	TBCR	EA	100 X	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
65862098605	POTASSI	POTASSI	401200 Replacem	40120000 Replacem	S	8 MEQ	ORAL	TBCR	EA	500 X	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
65862098701	POTASSI	POTASSI	401200 Replacem	40120000 Replacem	S	10 MEQ	ORAL	TBCR	EA	100 X	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
65862098799	POTASSI	POTASSI	401200 Replacem	40120000 Replacem	S	10 MEQ	ORAL	TBCR	EA	1000 X	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
65862099830	ARMODA	ARMODA	282080 UNKNOW	28208000 UNKNOW	S	200 MG	ORAL	TABS	EA	30 X	GENERIC		65862		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
65883044014	PURE L-C	CITRULLI	402000 Caloric Ag	40200000 Caloric Ag	O	600MG-60	ORAL	CAPS	EA	100	SSB		65883 N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
65883044030	PURE L-C	CITRULLI	402000 Caloric Ag	40200000 Caloric Ag	O	0	ORAL	POWD	GM	150	SSB		65883 N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
65883045014	PURE L-T	TYROSIN	402000 Caloric Ag	40200000 Caloric Ag	P	500MG	ORAL	CAPS	EA	100	GENERIC		65883		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
65883045019	PURE L-T	TYROSIN	402000 Caloric Ag	40200000 Caloric Ag	P	500MG	ORAL	CAPS	EA	250	GENERIC		65883		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
65883050214	PURE L-A	ARGININE	402000 Caloric Ag	40200000 Caloric Ag	P	500MG	ORAL	CAPS	EA	100	GENERIC		65883		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
65883050219	PURE L-A	ARGININE	402000 Caloric Ag	40200000 Caloric Ag	P	500MG	ORAL	CAPS	EA	250	GENERIC		65883		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
65883050535	PURE L-C	CITRULLI	402000 Caloric Ag	40200000 Caloric Ag	O	0	ORAL	POWD	GM	1000	SSB		65883 N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
65976010001	ARESTIN	MINOCYC	520404 Antibacter	52040400 Antibacter	R	1MG	DENTAL	MISC	EA	1	SSB		65976		N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
65976010130	NEUTRAS	ARTIFICIA	529200 EENT Dru	52920000 EENT Dru	R	0-0-0-0	MOUTH/T	PACK	EA	30	SSB	7/11/2023	65976		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI

66004602801	RELION L	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		66004		N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION					FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GF					R	MEDPRMI
66004602909	RELION L	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	20	NON DRUG		66004		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
66004603105	RELION L	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	100	NON DRUG		66004		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI

66019030801	FLUMIST	INFLUENZ	801200 Vaccines	80120000 Vaccines	R	0	NASAL	SUSP	EA	1	SSB	2/18/2022	66019		N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF QS LIMIT=1 AND FILLS=1 IN	R	MEDPRMI
66019030810	FLUMIST	INFLUENZ	801200 Vaccines	80120000 Vaccines	R	0	NASAL	SUSP	EA	1	SSB	2/18/2022	66019		N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF QS LIMIT=1 AND FILLS=1 IN	R	MEDPRMI
66019030901	FLUMIST	INFLUENZ	801200 Vaccines	80120000 Vaccines	R	0	NASAL	SUSP	EA	1	SSB	3/15/2023	66019		N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF QS LIMIT=1 AND FILLS=1 IN	R	MEDPRMI
66019030910	FLUMIST	INFLUENZ	801200 Vaccines	80120000 Vaccines	R	0	NASAL	SUSP	EA	1	SSB	3/15/2023	66019		N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF QS LIMIT=1 AND FILLS=1 IN	R	MEDPRMI
66019031001	FLUMIST	INFLUENZ	801200 Vaccines	80120000 Vaccines	R	0	NASAL	SUSP	EA	1	SSB	6/30/2024	66019		N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF QS LIMIT=1 AND FILLS=1 IN	R	MEDPRMI
66019031010	FLUMIST	INFLUENZ	801200 Vaccines	80120000 Vaccines	R	0	NASAL	SUSP	EA	1	SSB	6/30/2024	66019		N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF QS LIMIT=1 AND FILLS=1 IN	R	MEDPRMI
66019031100	FLUMIST	INFLUENZ	801200 Vaccines	80120000 Vaccines	R	0	NASAL	LIQD	EA	1	SSB		66019		N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF QS LIMIT=1 AND FILLS=1 IN	R	MEDPRMI
66019031110	FLUMIST	INFLUENZ	801200 Vaccines	80120000 Vaccines	R	0	NASAL	LIQD	EA	1	SSB		66019		N	#N/A	ORIG_FR	10 EHB	#N/A								X	IF QS LIMIT=1 AND FILLS=1 IN	R	MEDPRMI
66105010901	CIPRO	CIPROFL	81218 Quinolone	8121800 Quinolone	S	500MG	ORAL	TABS	EA	10	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105010902	CIPRO	CIPROFL	81218 Quinolone	8121800 Quinolone	S	500MG	ORAL	TABS	EA	20	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105010903	CIPRO	CIPROFL	81218 Quinolone	8121800 Quinolone	S	500MG	ORAL	TABS	EA	30	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105010906	CIPRO	CIPROFL	81218 Quinolone	8121800 Quinolone	S	500MG	ORAL	TABS	EA	60	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105010910	CIPRO	CIPROFL	81218 Quinolone	8121800 Quinolone	S	500MG	ORAL	TABS	EA	100	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI

66105011201	EFFEXOR	VENLAFA	281604 Antidepres	28160416 UNKNOW	S	75 MG	ORAL	CP24	EA	10 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105011203	EFFEXOR	VENLAFA	281604 Antidepres	28160416 UNKNOW	S	75 MG	ORAL	CP24	EA	30 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105011206	EFFEXOR	VENLAFA	281604 Antidepres	28160416 UNKNOW	S	75 MG	ORAL	CP24	EA	60 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105011210	EFFEXOR	VENLAFA	281604 Antidepres	28160416 UNKNOW	S	75 MG	ORAL	CP24	EA	100 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105011215	EFFEXOR	VENLAFA	281604 Antidepres	28160416 UNKNOW	S	75 MG	ORAL	CP24	EA	15 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105011901	PLAVIX	CLOPIDO	201218 Platelet-A	20121800 Platelet-A	S	75MG	ORAL	TABS	EA	10 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105011903	PLAVIX	CLOPIDO	201218 Platelet-A	20121800 Platelet-A	S	75MG	ORAL	TABS	EA	30 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105011906	PLAVIX	CLOPIDO	201218 Platelet-A	20121800 Platelet-A	S	75MG	ORAL	TABS	EA	60 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105011909	PLAVIX	CLOPIDO	201218 Platelet-A	20121800 Platelet-A	S	75MG	ORAL	TABS	EA	90 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105011915	PLAVIX	CLOPIDO	201218 Platelet-A	20121800 Platelet-A	S	75MG	ORAL	TABS	EA	15 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI

66105012301	RISPERD	RISPERID	281608 Antipsych	28160804 Atypical A	S	2 MG	ORAL	TABS	EA	10 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105012303	RISPERD	RISPERID	281608 Antipsych	28160804 Atypical A	S	2 MG	ORAL	TABS	EA	30 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105012306	RISPERD	RISPERID	281608 Antipsych	28160804 Atypical A	S	2 MG	ORAL	TABS	EA	60 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105012309	RISPERD	RISPERID	281608 Antipsych	28160804 Atypical A	S	2 MG	ORAL	TABS	EA	90 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105012315	RISPERD	RISPERID	281608 Antipsych	28160804 Atypical A	S	2 MG	ORAL	TABS	EA	15 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105012401	RISPERD	RISPERID	281608 Antipsych	28160804 Atypical A	S	3 MG	ORAL	TABS	EA	10 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105012403	RISPERD	RISPERID	281608 Antipsych	28160804 Atypical A	S	3 MG	ORAL	TABS	EA	30 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105012406	RISPERD	RISPERID	281608 Antipsych	28160804 Atypical A	S	3 MG	ORAL	TABS	EA	60 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105012409	RISPERD	RISPERID	281608 Antipsych	28160804 Atypical A	S	3 MG	ORAL	TABS	EA	90 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105012415	RISPERD	RISPERID	281608 Antipsych	28160804 Atypical A	S	3 MG	ORAL	TABS	EA	15 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105012501	RISPERD	RISPERID	281608 Antipsych	28160804 Atypical A	S	4 MG	ORAL	TABS	EA	10 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105012503	RISPERD	RISPERID	281608 Antipsych	28160804 Atypical A	S	4 MG	ORAL	TABS	EA	30 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105012506	RISPERD	RISPERID	281608 Antipsych	28160804 Atypical A	S	4 MG	ORAL	TABS	EA	60 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105012509	RISPERD	RISPERID	281608 Antipsych	28160804 Atypical A	S	4 MG	ORAL	TABS	EA	90 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105012515	RISPERD	RISPERID	281608 Antipsych	28160804 Atypical A	S	4 MG	ORAL	TABS	EA	15 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105012701	NEFAZOD	NEFAZOD	281604 Antidepres	28160424 Serotonin	R	100MG	ORAL	TABS	EA	10 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105012702	NEFAZOD	NEFAZOD	281604 Antidepres	28160424 Serotonin	R	100MG	ORAL	TABS	EA	20 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105012703	NEFAZOD	NEFAZOD	281604 Antidepres	28160424 Serotonin	R	100MG	ORAL	TABS	EA	30 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105012706	NEFAZOD	NEFAZOD	281604 Antidepres	28160424 Serotonin	R	100MG	ORAL	TABS	EA	60 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105012709	NEFAZOD	NEFAZOD	281604 Antidepres	28160424 Serotonin	R	100MG	ORAL	TABS	EA	90 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105013203	ZYPREXA	OLANZAP	281608 Antipsych	28160804 Atypical A	S	5MG	ORAL	TABS	EA	10 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105013206	ZYPREXA	OLANZAP	281608 Antipsych	28160804 Atypical A	S	5MG	ORAL	TABS	EA	30 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105013209	ZYPREXA	OLANZAP	281608 Antipsych	28160804 Atypical A	S	5MG	ORAL	TABS	EA	90 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105013215	ZYPREXA	OLANZAP	281608 Antipsych	28160804 Atypical A	S	5MG	ORAL	TABS	EA	15 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105013245	ZYPREXA	OLANZAP	281608 Antipsych	28160804 Atypical A	S	5MG	ORAL	TABS	EA	45 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105013301	ZYPREXA	OLANZAP	281608 Antipsych	28160804 Atypical A	S	2.5MG	ORAL	TABS	EA	10 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105013303	ZYPREXA	OLANZAP	281608 Antipsych	28160804 Atypical A	S	2.5MG	ORAL	TABS	EA	30 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105013306	ZYPREXA	OLANZAP	281608 Antipsych	28160804 Atypical A	S	2.5MG	ORAL	TABS	EA	60 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105013309	ZYPREXA	OLANZAP	281608 Antipsych	28160804 Atypical A	S	2.5MG	ORAL	TABS	EA	90 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105013315	ZYPREXA	OLANZAP	281608 Antipsych	28160804 Atypical A	S	2.5MG	ORAL	TABS	EA	15 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105013345	ZYPREXA	OLANZAP	281608 Antipsych	28160804 Atypical A	S	2.5MG	ORAL	TABS	EA	45 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI

66105013501	PREVACI	LANSOPR	562836 Proton-pu	56283600 Proton-pu	S	30 MG	ORAL	CPDR	EA	10 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105013509	PREVACI	LANSOPR	562836 Proton-pu	56283600 Proton-pu	S	30 MG	ORAL	CPDR	EA	90 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105013510	PREVACI	LANSOPR	562836 Proton-pu	56283600 Proton-pu	S	30 MG	ORAL	CPDR	EA	100 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105014001	SEROQUI	QUETIAPI	281608 Antipsych	28160804 Atypical A	S	25MG	ORAL	TABS	EA	10 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105014003	SEROQUI	QUETIAPI	281608 Antipsych	28160804 Atypical A	S	25MG	ORAL	TABS	EA	30 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105014006	SEROQUI	QUETIAPI	281608 Antipsych	28160804 Atypical A	S	25MG	ORAL	TABS	EA	60 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105014009	SEROQUI	QUETIAPI	281608 Antipsych	28160804 Atypical A	S	25MG	ORAL	TABS	EA	90 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105014010	SEROQUI	QUETIAPI	281608 Antipsych	28160804 Atypical A	S	25MG	ORAL	TABS	EA	100 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105014101	SEROQUI	QUETIAPI	281608 Antipsych	28160804 Atypical A	S	100MG	ORAL	TABS	EA	10 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105014103	SEROQUI	QUETIAPI	281608 Antipsych	28160804 Atypical A	S	100MG	ORAL	TABS	EA	30 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105014106	SEROQUI	QUETIAPI	281608 Antipsych	28160804 Atypical A	S	100MG	ORAL	TABS	EA	60 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105014109	SEROQUI	QUETIAPI	281608 Antipsych	28160804 Atypical A	S	100MG	ORAL	TABS	EA	90 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105014110	SEROQUI	QUETIAPI	281608 Antipsych	28160804 Atypical A	S	100MG	ORAL	TABS	EA	100 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105014201	SEROQUI	QUETIAPI	281608 Antipsych	28160804 Atypical A	S	200MG	ORAL	TABS	EA	10 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105014203	SEROQUI	QUETIAPI	281608 Antipsych	28160804 Atypical A	S	200MG	ORAL	TABS	EA	30 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105014206	SEROQUI	QUETIAPI	281608 Antipsych	28160804 Atypical A	S	200MG	ORAL	TABS	EA	60 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105014209	SEROQUI	QUETIAPI	281608 Antipsych	28160804 Atypical A	S	200MG	ORAL	TABS	EA	90 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105014210	SEROQUI	QUETIAPI	281608 Antipsych	28160804 Atypical A	S	200MG	ORAL	TABS	EA	100 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI

66105014801	SPORANO	ITRACON	81408 Azoles	8140800 Azoles	S	100MG	ORAL	CAPS	EA	10	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105014803	SPORANO	ITRACON	81408 Azoles	8140800 Azoles	S	100MG	ORAL	CAPS	EA	30	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105014806	SPORANO	ITRACON	81408 Azoles	8140800 Azoles	S	100MG	ORAL	CAPS	EA	60	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105014809	SPORANO	ITRACON	81408 Azoles	8140800 Azoles	S	100MG	ORAL	CAPS	EA	90	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105014815	SPORANO	ITRACON	81408 Azoles	8140800 Azoles	S	100MG	ORAL	CAPS	EA	15	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105015503	ZYPREXA	OLANZAP	281608 Antipsych	28160804 Atypical A	S	10MG	ORAL	TABS	EA	30 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105015506	ZYPREXA	OLANZAP	281608 Antipsych	28160804 Atypical A	S	10MG	ORAL	TABS	EA	60 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105015509	ZYPREXA	OLANZAP	281608 Antipsych	28160804 Atypical A	S	10MG	ORAL	TABS	EA	90 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105015515	ZYPREXA	OLANZAP	281608 Antipsych	28160804 Atypical A	S	10MG	ORAL	TABS	EA	15 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105015545	ZYPREXA	OLANZAP	281608 Antipsych	28160804 Atypical A	S	10MG	ORAL	TABS	EA	45 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105015601	ACTOS	PIOGLITA	682028 Thiazolidir	68202800 Thiazolidir	S	15MG	ORAL	TABS	EA	10 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105015603	ACTOS	PIOGLITA	682028 Thiazolidir	68202800 Thiazolidir	S	15MG	ORAL	TABS	EA	30 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105015606	ACTOS	PIOGLITA	682028 Thiazolidir	68202800 Thiazolidir	S	15MG	ORAL	TABS	EA	60 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105015609	ACTOS	PIOGLITA	682028 Thiazolidir	68202800 Thiazolidir	S	15MG	ORAL	TABS	EA	90 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105015615	ACTOS	PIOGLITA	682028 Thiazolidir	68202800 Thiazolidir	S	15MG	ORAL	TABS	EA	15 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI

66105016402	SINGULA	MONTELU	481024 Leukotrien	48102400 Leukotrien	S	10MG	ORAL	TABS	EA	20 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105016403	SINGULA	MONTELU	481024 Leukotrien	48102400 Leukotrien	S	10MG	ORAL	TABS	EA	30 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105016406	SINGULA	MONTELU	481024 Leukotrien	48102400 Leukotrien	S	10MG	ORAL	TABS	EA	60 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105016409	SINGULA	MONTELU	481024 Leukotrien	48102400 Leukotrien	S	10MG	ORAL	TABS	EA	90 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105016410	SINGULA	MONTELU	481024 Leukotrien	48102400 Leukotrien	S	10MG	ORAL	TABS	EA	100 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI

66105047406	WELLBUT	BUPROPI	281604 Antidepres	28160492 Miscellane	S	150MG	ORAL	TB12	EA	60 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105048001	WELLBUT	BUPROPI	281604 Antidepres	28160492 Miscellane	S	100MG	ORAL	TB12	EA	10 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105048002	WELLBUT	BUPROPI	281604 Antidepres	28160492 Miscellane	S	100MG	ORAL	TB12	EA	20 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105048003	WELLBUT	BUPROPI	281604 Antidepres	28160492 Miscellane	S	100MG	ORAL	TB12	EA	30 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105048006	WELLBUT	BUPROPI	281604 Antidepres	28160492 Miscellane	S	100MG	ORAL	TB12	EA	60 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105048015	WELLBUT	BUPROPI	281604 Antidepres	28160492 Miscellane	S	100MG	ORAL	TB12	EA	15 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105048101	WELLBUT	BUPROPI	281604 Antidepres	28160492 Miscellane	S	150MG	ORAL	TB12	EA	10 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105048102	WELLBUT	BUPROPI	281604 Antidepres	28160492 Miscellane	S	150MG	ORAL	TB12	EA	30 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105048103	WELLBUT	BUPROPI	281604 Antidepres	28160492 Miscellane	S	150MG	ORAL	TB12	EA	30 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105048106	WELLBUT	BUPROPI	281604 Antidepres	28160492 Miscellane	S	150MG	ORAL	TB12	EA	60 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105048115	WELLBUT	BUPROPI	281604 Antidepres	28160492 Miscellane	S	150MG	ORAL	TB12	EA	15 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105050301	AVAPRO	IRBESAR	243208 Angiotens	24320800 Angiotens	S	150MG	ORAL	TABS	EA	10 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105050303	AVAPRO	IRBESAR	243208 Angiotens	24320800 Angiotens	S	150MG	ORAL	TABS	EA	30 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105050306	AVAPRO	IRBESAR	243208 Angiotens	24320800 Angiotens	S	150MG	ORAL	TABS	EA	60 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105050309	AVAPRO	IRBESAR	243208 Angiotens	24320800 Angiotens	S	150MG	ORAL	TABS	EA	90 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105050315	AVAPRO	IRBESAR	243208 Angiotens	24320800 Angiotens	S	150MG	ORAL	TABS	EA	15 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105050401	AVAPRO	IRBESAR	243208 Angiotens	24320800 Angiotens	S	300MG	ORAL	TABS	EA	10 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105050403	AVAPRO	IRBESAR	243208 Angiotens	24320800 Angiotens	S	300MG	ORAL	TABS	EA	30 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105050406	AVAPRO	IRBESAR	243208 Angiotens	24320800 Angiotens	S	300MG	ORAL	TABS	EA	60 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105050409	AVAPRO	IRBESAR	243208 Angiotens	24320800 Angiotens	S	300MG	ORAL	TABS	EA	90 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105050415	AVAPRO	IRBESAR	243208 Angiotens	24320800 Angiotens	S	300MG	ORAL	TABS	EA	15 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105050601	ZOCOR	SIMVASTA	240608 HMG-CoA	24060800 HMG-CoA	S	40 MG	ORAL	TABS	EA	10 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105050603	ZOCOR	SIMVASTA	240608 HMG-CoA	24060800 HMG-CoA	S	40 MG	ORAL	TABS	EA	30 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105050606	ZOCOR	SIMVASTA	240608 HMG-CoA	24060800 HMG-CoA	S	40 MG	ORAL	TABS	EA	60 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105050609	ZOCOR	SIMVASTA	240608 HMG-CoA	24060800 HMG-CoA	S	40 MG	ORAL	TABS	EA	90 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105050610	ZOCOR	SIMVASTA	240608 HMG-CoA	24060800 HMG-CoA	S	40 MG	ORAL	TABS	EA	100 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105050701	ZITHROM	AZITHRO	81212 Macrolides	8121208 UNKNOW	S	250 MG	ORAL	TABS	EA	10	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105050703	ZITHROM	AZITHRO	81212 Macrolides	8121208 UNKNOW	S	250 MG	ORAL	TABS	EA	30	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105050706	ZITHROM	AZITHRO	81212 Macrolides	8121208 UNKNOW	S	250 MG	ORAL	TABS	EA	60	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105050709	ZITHROM	AZITHRO	81212 Macrolides	8121208 UNKNOW	S	250 MG	ORAL	TABS	EA	90	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105050710	ZITHROM	AZITHRO	81212 Macrolides	8121208 UNKNOW	S	250 MG	ORAL	TABS	EA	100	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI

66105052801	NORVASC	AMLODIP	242808 Dihydropy	24280800 Dihydropy	S	5 MG	ORAL	TABS	EA	10 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105052803	NORVASC	AMLODIP	242808 Dihydropy	24280800 Dihydropy	S	5 MG	ORAL	TABS	EA	30 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105052806	NORVASC	AMLODIP	242808 Dihydropy	24280800 Dihydropy	S	5 MG	ORAL	TABS	EA	60 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105052809	NORVASC	AMLODIP	242808 Dihydropy	24280800 Dihydropy	S	5 MG	ORAL	TABS	EA	90 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105052810	NORVASC	AMLODIP	242808 Dihydropy	24280800 Dihydropy	S	5 MG	ORAL	TABS	EA	100 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105052901	NORVASC	AMLODIP	242808 Dihydropy	24280800 Dihydropy	S	10 MG	ORAL	TABS	EA	10 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105052903	NORVASC	AMLODIP	242808 Dihydropy	24280800 Dihydropy	S	10 MG	ORAL	TABS	EA	30 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105052906	NORVASC	AMLODIP	242808 Dihydropy	24280800 Dihydropy	S	10 MG	ORAL	TABS	EA	60 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105052909	NORVASC	AMLODIP	242808 Dihydropy	24280800 Dihydropy	S	10 MG	ORAL	TABS	EA	90 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105052910	NORVASC	AMLODIP	242808 Dihydropy	24280800 Dihydropy	S	10 MG	ORAL	TABS	EA	15 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105053803	EVISTA	RALOXIFE	681612 Estrogen A	68161200 Estrogen A	S	60MG	ORAL	TABS	EA	30 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105054301	NEURON	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	800 MG	ORAL	TABS	EA	10 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105054303	NEURON	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	800 MG	ORAL	TABS	EA	30 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105054306	NEURON	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	800 MG	ORAL	TABS	EA	60 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105054309	NEURON	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	800 MG	ORAL	TABS	EA	90 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI
66105054310	NEURON	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	800 MG	ORAL	TABS	EA	100 X	MSB		66105 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION										R	MEDPRMI

66105054501	DIOVAN H	VALSART	243208	Angiotens	24320800	Angiotens	S	12.5MG-1	ORAL	TABS	EA	10	X	MSB		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66105054503	DIOVAN H	VALSART	243208	Angiotens	24320800	Angiotens	S	12.5MG-1	ORAL	TABS	EA	30	X	MSB		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66105054506	DIOVAN H	VALSART	243208	Angiotens	24320800	Angiotens	S	12.5MG-1	ORAL	TABS	EA	60	X	MSB		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66105054509	DIOVAN H	VALSART	243208	Angiotens	24320800	Angiotens	S	12.5MG-1	ORAL	TABS	EA	90	X	MSB		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66105054510	DIOVAN H	VALSART	243208	Angiotens	24320800	Angiotens	S	12.5MG-1	ORAL	TABS	EA	100	X	MSB		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66105054701	PROSCAR	FINASTER	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	10	X	MSB		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66105054702	PROSCAR	FINASTER	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	60	X	MSB		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66105054703	PROSCAR	FINASTER	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	90	X	MSB		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66105054706	PROSCAR	FINASTER	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	15	X	MSB		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66105054715	PROSCAR	FINASTER	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	MSB		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66105055303	COZAAR	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50MG	ORAL	TABS	EA	30	X	MSB		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66105055401	ZYPREXA	OLANZAP	281608	Antipsych	28160804	Atypical A	S	7.5MG	ORAL	TABS	EA	10	X	MSB		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66105055403	ZYPREXA	OLANZAP	281608	Antipsych	28160804	Atypical A	S	7.5MG	ORAL	TABS	EA	30	X	MSB		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66105055406	ZYPREXA	OLANZAP	281608	Antipsych	28160804	Atypical A	S	7.5MG	ORAL	TABS	EA	60	X	MSB		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66105055409	ZYPREXA	OLANZAP	281608	Antipsych	28160804	Atypical A	S	7.5MG	ORAL	TABS	EA	90	X	MSB		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66105055415	ZYPREXA	OLANZAP	281608	Antipsych	28160804	Atypical A	S	7.5MG	ORAL	TABS	EA	15	X	MSB		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66105060903	LOPERAM	LOPERAM	560800	Antidiarrh	56080000	Antidiarrh	S	2 MG	ORAL	CAPS	EA	30		GENERIC		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66105060906	LOPERAM	LOPERAM	560800	Antidiarrh	56080000	Antidiarrh	S	2 MG	ORAL	CAPS	EA	60		GENERIC		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66105060910	LOPERAM	LOPERAM	560800	Antidiarrh	56080000	Antidiarrh	S	2 MG	ORAL	CAPS	EA	100		GENERIC		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66105060915	LOPERAM	LOPERAM	560800	Antidiarrh	56080000	Antidiarrh	S	2 MG	ORAL	CAPS	EA	15		GENERIC		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66105060950	LOPERAM	LOPERAM	560800	Antidiarrh	56080000	Antidiarrh	S	2 MG	ORAL	CAPS	EA	500		GENERIC		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66105065203	JANUVIA	SITAGLIP	682005	UNKNOW	68200500	UNKNOW	R	100 MG	ORAL	TABS	EA	30	X	SSB		66105			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66105065301	AZITHROM	AZITHROM	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	10		GENERIC		66105			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66105065303	AZITHROM	AZITHROM	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC		66105			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66105065305	AZITHROM	AZITHROM	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	50		GENERIC		66105			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66105065306	AZITHROM	AZITHROM	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	60		GENERIC		66105			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66105065319	AZITHROM	AZITHROM	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	9		GENERIC		66105			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66105066303	HYZAAR	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-25 MG	ORAL	TABS	EA	30	X	MSB		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66105066903	HYZAAR	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50-12.5 M	ORAL	TABS	EA	30	X	MSB		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66105067001	AZITHROM	AZITHROM	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	10		GENERIC		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66105067003	AZITHROM	AZITHROM	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	30		GENERIC		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66105067005	AZITHROM	AZITHROM	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	50		GENERIC		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66105067006	AZITHROM	AZITHROM	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	60		GENERIC		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66105067018	AZITHROM	AZITHROM	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	18		GENERIC		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66105073703	ARICEPT	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	10MG	ORAL	TABS	EA	30	X	MSB		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66105073709	ARICEPT	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	10MG	ORAL	TABS	EA	90	X	MSB		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66105073903	ARICEPT	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	5MG	ORAL	TABS	EA	30	X	MSB		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66105073909	ARICEPT	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	5MG	ORAL	TABS	EA	90	X	MSB		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66105075001	XENICAL	ORLISTAT	569200	GI Drugs,	56920000	GI Drugs,	R	120 MG	ORAL	CAPS	EA	10		SSB		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66105075003	XENICAL	ORLISTAT	569200	GI Drugs,	56920000	GI Drugs,	R	120 MG	ORAL	CAPS	EA	30		SSB		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66105075006	XENICAL	ORLISTAT	569200	GI Drugs,	56920000	GI Drugs,	R	120 MG	ORAL	CAPS	EA	60		SSB		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66105075009	XENICAL	ORLISTAT	569200	GI Drugs,	56920000	GI Drugs,	R	120 MG	ORAL	CAPS	EA	90		SSB		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66105075010	XENICAL	ORLISTAT	569200	GI Drugs,	56920000	GI Drugs,	R	120 MG	ORAL	CAPS	EA	100		SSB		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66105080701	CLARINEX	DESLORA	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	10		MSB		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66105080703	CLARINEX	DESLORA	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	30		MSB		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66105080706	CLARINEX	DESLORA	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	60		MSB		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66105080709	CLARINEX	DESLORA	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	90		MSB		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66105080715	CLARINEX	DESLORA	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	15		MSB		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66105084203	MICARDIS	TELMISAR	243208	Angiotens	24320800	Angiotens	S	40MG	ORAL	TABS	EA	30	X	MSB		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66105084206	MICARDIS	TELMISAR	243208	Angiotens	24320800	Angiotens	S	40MG	ORAL	TABS	EA	60	X	MSB		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66105084209	MICARDIS	TELMISAR	243208	Angiotens	24320800	Angiotens	S	40MG	ORAL	TABS	EA	90	X	MSB		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66105084210	MICARDIS	TELMISAR	243208	Angiotens	24320800	Angiotens	S	40MG	ORAL	TABS	EA	100	X	MSB		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66105084228	MICARDIS	TELMISAR	243208	Angiotens	24320800	Angiotens	S	40MG	ORAL	TABS	EA	28	X	MSB		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66105084403	PROTONI	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40MG	ORAL	TBEC	EA	30	X	MSB		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66105097503	PROTONI	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	20MG	ORAL	TBEC	EA	30	X	MSB		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66105097903	ZETIA	EZETIMIB	240605	Cholester	24060500	Cholester	S	10MG	ORAL	TABS	EA	30	X	MSB		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66105098403	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	1.25 MG	ORAL	TABS	EA	30	X	GENERIC		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66105098406	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	1.25 MG	ORAL	TABS	EA	60	X	GENERIC		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66105098410	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	1.25 MG	ORAL	TABS	EA	100	X	GENERIC		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66105098411	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	1.25 MG	ORAL	TABS	EA	1000	X	GENERIC		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66105098450	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	1.25 MG	ORAL	TABS	EA	500	X	GENERIC		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66105098503	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66105098506	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	2.5 MG	ORAL	TABS	EA	60	X	GENERIC		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66105098510	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66105098511	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	2.5 MG	ORAL	TABS	EA	1000	X	GENERIC		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66105098550	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	2.5 MG	ORAL	TABS	EA	500	X	GENERIC		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66105098603	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66105098606	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66105098610	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66105098611	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	1000	X	GENERIC		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66105098650	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	500	X	GENERIC		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66105098703	AVODART	DUTASTE	920400	UNKNOW	92040000	UNKNOW	S	0.5 MG	ORAL	CAPS	EA	30	X	MSB		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66105098803	CRESTOR	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	MSB		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66105099203	FLOMAX	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	30	X	MSB		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66105099403	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66105099406	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66105099410	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66105099411	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	1000	X	GENERIC		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66105099415	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	15	X	GENERIC		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66105099603	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66105099606	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66105099610	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66105099611	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	1000	X	GENERIC		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66105099615	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	15	X	GENERIC		66105	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66177081049	SKIN REF	EMOLLIEN	842404	Basic Loti	84240400	Basic Loti	O	0-0-0-0-0	EXTERNA	LOTN	ML	255		SSB		66177	Y			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66177081149	SKIN REF	EMOLLIEN	842404	Basic Loti	84240400	Basic Loti	O	0-0-0-0-0	EXTERNA	LOTN	ML	255		SSB		66177	Y			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66177081849	SKIN REF	EMOLLIEN	842404	Basic Loti	84240400	Basic Loti	O	0-0-0-0-0	EXTERNA	LOTN	ML	570		SSB		66177	Y			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66177081949	SKIN REF	EMOLLIEN	842404	Basic Loti	84240400	Basic Loti	O	0-0-0-0-0	EXTERNA	LOTN	ML	570		SSB		66177	Y			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66215010103	TRACLEE	BOSENTA	484800	Vasodilati	48481200	UNKNOW	S	62.5 MG	ORAL	TABS	EA	30	X	MSB		66215				N	EXCLUDED		6	SPBD2	FORMULARY EXCLUSION	X	PA:X						R	MEDPRIM
66215010106	TRACLEE	BOSENTA	484800	Vasodilati	48481200	UNKNOW	S	62.5 MG	ORAL	TABS	EA	60	X	MSB		66215				N	EXCLUDED		6	SPBD2	FORMULARY EXCLUSION	X	PA:X						R	MEDPRIM
66215010203	TRACLEE	BOSENTA	484800	Vasodilati	48481200	UNKNOW	S	125 MG	ORAL	TABS	EA	30	X	MSB		66215				N	EXCLUDED		6	SPBD2	FORMULARY EXCLUSION	X	PA:X						R	MEDPRIM
66215010206	TRACLEE	BOSENTA	484800	Vasodilati	48481200	UNKNOW	S	125 MG	ORAL	TABS	EA	60	X	MSB		66215				N	EXCLUDED		6	SPBD2	FORMULARY EXCLUSION	X	PA:X						R	MEDPRIM
66215010314	TRACLEE	BOSENTA	484800	Vasodilati	48481200	UNKNOW	R	32 MG	ORAL	TBSO	EA	14	X	SSB		66215				N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X						R	MEDPRIM
66215010356	TRACLEE	BOSENTA	484800	Vasodilati	48481200	UNKNOW	R	32 MG	ORAL	TBSO	EA	56	X	SSB		66215				N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X						R	MEDPRIM
66215020115	ZAVESCA	MIGLUST	440400	UNKNOW	44040000	UNKNOW	S	100 MG	ORAL	CAPS	EA	15	X	MSB		66215				N	EXCLUDED		6	SPBD2	FORMULARY EXCLUSION	X	PA:X						R	MEDPRIM
66215020118	ZAVESCA	MIGLUST	440400	UNKNOW	44040000	UNKNOW	S	100 MG	ORAL	CAPS	EA	18	X	MSB	11/13/2023	66215	Y			N	EXCLUDED		6	SPBD2	FORMULARY EXCLUSION	X	PA:X						R	MEDPRIM
66215020190	ZAVESCA	MIGLUST	440400	UNKNOW	44040000	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	MSB		66215	Y			N	EXCLUDED		6	SPBD2	FORMULARY EXCLUSION	X	PA:X						R	MEDPRIM
66215023214	TRACLEE	BOSENTA	484800	Vasodilati	48481200	UNKNOW	R	32 MG	ORAL	TBSO	EA	1	X	SSB		66215				N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X						R	MEDPRIM
66215023256	TRACLEE	BOSENTA	484800	Vasodilati	48481200	UNKNOW	R	32 MG	ORAL	TBSO	EA	56	X	SSB		66215				N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X						R	MEDPRIM
66215030200	VENTAVIS	ILOPROS	484800	Vasodilati	48482800	UNKNOW	R	10 MCG/M	INHALATI	SOLN	ML	1	X	SSB		66215				N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X						R	MEDPRIM
66215030230	VENTAVIS	ILOPROS	484800	Vasodilati	48482800	UNKNOW	R	10 MCG/M	INHALATI	SOLN	ML	1	X	SSB		66215				N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X						R	MEDPRIM
66215030300	VENTAVIS	ILOPROS	484800	Vasodilati	48482800	UNKNOW	R	20 MCG/M	INHALATI	SOLN	ML	1	X	SSB		66215				N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X						R	MEDPRIM
66215030330	VENTAVIS	ILOPROS	484800	Vasodilati	48482800	UNKNOW	R	20 MCG/M	INHALATI	SOLN	ML	1	X	SSB		66215				N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X						R	MEDPRIM
66215040201	VELETRI	EPOPROS	484800	Vasodilati	48482800	UNKNOW	S	1.5 MG	INTRAVE	SOLR	EA	1		MSB		66215				N	EXCLUDE	SELF_INJ	6	SPBD2	FORMULARY EXCLUSION								R	MEDPRIM
66215040301	VELETRI	EPOPROS	484800	Vasodilati	48482800	UNKNOW	S	0.5 MG	INTRAVE	SOLR	EA	1		MSB		66215				N	EXCLUDE	SELF_INJ	6	SPBD2	FORMULARY EXCLUSION								R	MEDPRIM
66215050115	OPSUMIT	MACITEN	484812	UNKNOW	48481200	UNKNOW	R	10 MG	ORAL	TABS	EA	15	X	SSB		66215				N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X						R	MEDPRIM
66215050130	OPSUMIT	MACITEN	484812	UNKNOW	48481200	UNKNOW	R	10 MG	ORAL	TABS	EA	30	X	SSB		66215				N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X						R	MEDPRIM
66215060206	UPTRAVI	SELEXIPA	484800	Vasodilati	48489200	UNKNOW	R	200 MCG	ORAL	TABS	EA	60	X	SSB		66215				N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X						R	MEDPRIM
66215060214	UPTRAVI	SELEXIPA	484800	Vasodilati	48489200	UNKNOW	R	200 MCG	ORAL	TABS	EA	140	X	SSB		66215				N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X						R	MEDPRIM
66215060406	UPTRAVI	SELEXIPA	484800	Vasodilati	48489200	UNKNOW	R	400 MCG	ORAL	TABS	EA	60	X	SSB		66215				N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X						R	MEDPRIM
66215060606	UPTRAVI	SELEXIPA	484800	Vasodilati	48489200	UNKNOW	R	600 MCG	ORAL	TABS	EA	60	X	SSB		66215				N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X						R	MEDPRIM
66215060806	UPTRAVI	SELEXIPA	484800	Vasodilati	48489200	UNKNOW	R	800 MCG	ORAL	TABS	EA	60	X	SSB		66215				N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X						R	MEDPRIM
66215061006	UPTRAVI	SELEXIPA	484800	Vasodilati	48489200	UNKNOW	R	1000 MCG	ORAL	TABS	EA	60	X	SSB		66215				N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X						R	MEDPRIM
66215061206	UPTRAVI	SELEXIPA	484800	Vasodilati	48489200	UNKNOW	R	1200 MCG	ORAL	TABS	EA	60	X	SSB		66215				N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X						R	MEDPRIM
66215061406	UPTRAVI	SELEXIPA	484800	Vasodilati	48489200	UNKNOW	R	1400 MCG	ORAL	TABS	EA	60	X	SSB		66215				N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X						R	MEDPRIM
66215061606	UPTRAVI	SELEXIPA	484800	Vasodilati	48489200	UNKNOW	R	1600 MCG	ORAL	TABS	EA	60	X	SSB		66215				N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X						R	MEDPRIM
66215062820	UPTRAVI	SELEXIPA	484800	Vasodilati	48489200	UNKNOW	R	200 & 800	ORAL	TBPK	EA	200		SSB		66215				N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X						R	MEDPRIM
66215071801	UPTRAVI	SELEXIPA	484800	Vasodilati	48489200	UNKNOW	R	1800 MCG	INTRAVE	SOLR	EA	1		SSB		66215				N	EXCLUDE	SELF_INJ	5	SPBRD	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66215081201	OPSYNVI	MACITEN	484812	UNKNOW	48481200	UNKNOW	R	10-20 MG	ORAL	TABS	EA	1	X	SSB		66215				N	EXCLUDE	EXCLUDE	6	SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRIM
66215081208	OPSYNVI	MACITEN	484812	UNKNOW	48481200	UNKNOW	R	10-20 MG	ORAL	TABS	EA	7	X	SSB		66215				N	EXCLUDE	EXCLUDE	6	SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRIM
66215081230	OPSYNVI	MACITEN	484812	UNKNOW	48481200	UNKNOW	R	10-20 MG	ORAL	TABS	EA	30	X	SSB		66215				N	EXCLUDE	EXCLUDE	6	SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRIM
66215081401	OPSYNVI	MACITEN	484812	UNKNOW	48481200	UNKNOW	R	10-40 MG	ORAL	TABS	EA	1	X	SSB		66215				N	EXCLUDE	EXCLUDE	6	SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRIM
66215081410	OPSYNVI	MACITEN	484812	UNKNOW	48481200	UNKNOW	R	10-40 MG	ORAL	TABS	EA	10	X	SSB		66215				N	EXCLUDE	EXCLUDE	6	SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRIM
66215081430	OPSYNVI	MACITEN	484812	UNKNOW	48481200	UNKNOW	R	10-40 MG	ORAL	TABS	EA	30	X	SSB		66215				N	EXCLUDE	EXCLUDE	6	SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRIM
66220016010	VAPRISO	CONIVAP	402828	UNKNOW	40282800	UNKNOW	R	20-5 MG/1	INTRAVE	SOLN	ML	100		SSB	1/2/2024	66220				N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66220020730	ACETADO	ACETYLC	910400	UNKNOW	91040000	UNKNOW	S	200 MG/M	INTRAVE	SOLN	ML	30		MSB		66220	Y			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION								R	MEDPRIM
66220028411	CALDOLO	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	R	800 MG/2	INTRAVE	SOLN	ML	200		SSB		66220				N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66220028422	CALDOLO	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	R	800 MG/2	INTRAVE	SOLN	ML	200		SSB		66220				N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66220028708	CALDOLO	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	R	800 MG/8	INTRAVE	SOLN	ML	8		SSB		66220				N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66220031511	VIBATIV	TELAVAN	81228	Antibacter	8122816	Glycopept	R	750 MG	INTRAVE	SOLR	EA	1		SSB		66220				N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66220031522	VIBATIV	TELAVAN	81228	Antibacter	8122816	Glycopept	R	750 MG	INTRAVE	SOLR	EA	1		SSB		66220				N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66220031544	VIBATIV	TELAVAN	81228	Antibacter	8122816	Glycopept	R	750 MG	INTRAVE	SOLR	EA	1		SSB		66220				N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66220042201	OMECLAM	AMOXICIL	81216	Penicillins	8121608	Aminopen	R	500-500-2	ORAL	MISC	EA	8		SSB		66220				N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND								R	MEDPRIM
66220042202	OMECLAM	AMOXICIL	81216	Penicillins	8121608	Aminopen	R	500-500-2	ORAL	MISC	EA	80		SSB		66220				N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND								R	MEDPRIM
66220063731	SANCUSO	GRANISE	562220	5-HT3 Re	56222000	5-HT3 Re	R	3.1 MG/24	TRANSDE	PTCH	EA	1		SSB		66220				N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND			X	1 IN 7 DAYS		X	Must meet 5 DS Ond TRIAL OF ONDANSETRON TABLET OR ODT IN THE PAST 120 DAYS	R	MEDPRIM
66220071930	KRISTALO	LACTULO	401000	Ammonia	40100000	Ammonia	S	10GM	ORAL	PACK	EA	30	X	SSB		66220	N			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRIM
66220072930	KRISTALO	LACTULO	401000	Ammonia	40100000	Ammonia	R	20GM	ORAL	PACK	EA	30	X	SSB		66220				N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRIM
66220080711	REDITREX	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	7.5 MG/0.	SUBCUTA	SOSY	ML	0.3	X	SSB	9/18/2023	66220		Y		N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRIM
66220080722	REDITREX	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	7.5 MG/0.	SUBCUTA	SOSY	ML	0.3	X	SSB	9/18/2023	66220		Y		N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRIM
66220081011	REDITREX	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	10 MG/0.4	SUBCUTA	SOSY	ML	0.4	X	SSB	9/18/2023	66220		Y		N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRIM
66220081022	REDITREX	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	10 MG/0.4	SUBCUTA	SOSY	ML	0.4	X	SSB	9/18/2023	66220		Y		N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRIM
66220081211	REDITREX	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	12.5 MG/0	SUBCUTA	SOSY	ML	0.5	X	SSB	9/18/2023	66220		Y		N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRIM
66220081222	REDITREX	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	12.5 MG/0	SUBCUTA	SOSY	ML	0.5	X	SSB	9/18/2023	66220		Y		N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRIM
66220081511	REDITREX	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	15 MG/0.6	SUBCUTA	SOSY	ML	0.6	X	SSB	9/18/2023	66220		Y		N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRIM
66220081522	REDITREX	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	15 MG/0.6	SUBCUTA	SOSY	ML	0.6	X	SSB	9/18/2023	66220		Y		N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRIM
66220081711	REDITREX	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	17.5 MG/0	SUBCUTA	SOSY	ML	0.7	X	SSB	9/18/2023	66220		Y		N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRIM
66220081722	REDITREX	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	17.5 MG/0	SUBCUTA	SOSY	ML	0.7	X	SSB	9/18/2023	66220		Y		N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRIM
66220082011	REDITREX	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	20 MG/0.8	SUBCUTA	SOSY	ML	0.8	X	SSB	9/18/2023	66220		Y		N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRIM
66220082022	REDITREX	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	20 MG/0.8	SUBCUTA	SOSY	ML	0.8	X	SSB	9/18/2023	66220		Y		N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRIM
66220082211	REDITREX	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	22.5 MG/0	SUBCUTA	SOSY	ML	0.9	X	SSB	9/18/2023	66220		Y		N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRIM
66220082222	REDITREX	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	22.5 MG/0	SUBCUTA	SOSY	ML	0.9	X	SSB	9/18/2023	66220		Y		N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRIM
66220082511	REDITREX	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	25 MG/ML	SUBCUTA	SOSY	ML	1	X	SSB	9/18/2023	66220		Y		N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRIM
66220082522	REDITREX	METHOTR	923600	UNKNOW	92360000	UNKNOW	R	25 MG/ML	SUBCUTA	SOSY	ML	1	X	SSB	9/18/2023	66220		Y		N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRIM
66233071101	MENASTI	HOMEOPA	929200	UNKNOW	92920000	UNKNOW	O	0	EXTERNA	OIL	ML	3.75		SSB		66233				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66259014601	SPY AGEN	INDOCYA	366800	Roentgen	36680000	Roentgen	R	25 MG	INJECTIO	SOLR	EA	1		SSB		66259	Y			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66259090314	SPY-PHI H	INDOCYA	366800	Roentgen	36680000	Roentgen	R	25 MG	INJECTIO	SOLR	EA	1		SSB		66259				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66259090324	SPY-PHI H	INDOCYA	366800	Roentgen	36680000	Roentgen	R	25 MG	INJECTIO	SOLR	EA	1		SSB		66259				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66259093615	SPY- MIS	INDOCYA	366800	Roentgen	36680000	Roentgen	R	25 MG	INJECTIO	SOLR	EA	1		SSB		66259	Y			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267000106	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MG	ORAL	TABS	EA	6		GENERIC		66267			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267000110	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MG	ORAL	TABS	EA	10		GENERIC		66267			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267000112	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MG	ORAL	TABS	EA	12		GENERIC		66267			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267000140	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MG	ORAL	TABS	EA	40		GENERIC		66267			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267000184	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MG	ORAL	TABS	EA	84		GENERIC		66267			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267000190	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MG	ORAL	TABS	EA	90		GENERIC		66267			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267000191	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MG	ORAL	TABS	EA	120		GENERIC		66267			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267000220	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-60 MG	ORAL	TABS	EA	20		GENERIC		66267			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267000230	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-60 MG	ORAL	TABS	EA	30		GENERIC		66267			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267000240	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-60 MG	ORAL	TABS	EA	40		GENERIC		66267			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267000260	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-60 MG	ORAL	TABS	EA	60		GENERIC		66267			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267000340	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	40		GENERIC		66267	N		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267000550	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	50		GENERIC		66267	N		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267000625	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	25		GENERIC		66267			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267000640	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	40		GENERIC		66267			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267000650	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	50		GENERIC		66267			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267000715	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	15		GENERIC		66267			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267000721	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	21		GENERIC		66267			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267000725	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	25		GENERIC		66267			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267001030	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective	S	2 MG	ORAL	TABS	EA	30	X	GENERIC		66267			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267001130	ALEVE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	30		MSB		66267	N		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66267001514	AMANTAD	AMANTAD	283604	UNKNOW	28360400	UNKNOW	S	100 MG	ORAL	CAPS	EA	14	X	GENERIC		66267	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267001520	AMANTAD	AMANTAD	283604	UNKNOW	28360400	UNKNOW	S	100 MG	ORAL	CAPS	EA	20	X	GENERIC		66267	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267001610	AMBIEN	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	10		MSB		66267	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66267001612	AMBIEN	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	12		MSB		66267	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66267001620	AMBIEN	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	20		MSB		66267	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66267001628	AMBIEN	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	28		MSB		66267	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66267001630	AMBIEN	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		MSB		66267	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66267001660	AMBIEN	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		MSB		66267	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66267001710	AMBIEN	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	10		MSB		66267	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66267001730	AMBIEN	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	30		MSB		66267	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66267001860	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		66267			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267001890	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		66267			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267001914	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	14	X	GENERIC		66267			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267001960	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		66267			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267001991	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	120	X	GENERIC		66267			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267002060	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		66267			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267002115	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250 MG	ORAL	CAPS	EA	15		GENERIC		66267			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267002121	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250 MG	ORAL	CAPS	EA	21		GENERIC		66267	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267002304	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	4		GENERIC		66267			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267002308	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	8		GENERIC		66267			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267002309	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	9		GENERIC		66267			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267002528	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	28		GENERIC		66267			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267002540	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	40		GENERIC		66267			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267002730	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TABS	EA	30		GENERIC		66267	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267002991	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	120	X	GENERIC		66267			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267002992	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	180	X	GENERIC		66267			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267003321	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	21		GENERIC		66267			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267003912	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	12		GENERIC		66267			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267004312	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	12		GENERIC		66267	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267004315	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	15		GENERIC		66267			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267004340	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	40		GENERIC		66267	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267004345	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	45		GENERIC		66267			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267004356	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	56		GENERIC		66267			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267004384	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	84		GENERIC		66267	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267004510	CEFADRO	CEFADRO	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	10		GENERIC		66267			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267004514	CEFADRO	CEFADRO	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	14		GENERIC		66267			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267004520	CEFADRO	CEFADRO	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	20		GENERIC		66267			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267004524	CEFADRO	CEFADRO	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	24		GENERIC		66267			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267004528	CEFADRO	CEFADRO	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	28		GENERIC		66267			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267004530	CEFADRO	CEFADRO	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	30		GENERIC		66267			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
66267004614	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	14	X	MSB		66267	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM
66267004620	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	20	X	MSB		66267			X	N	EXCLUDE	REPACK: [REPACKED PRODU			FORMULARY EXCLUSION								R	MEDPRIM

66267004630	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	30	X	MSB		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267004660	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	60	X	MSB		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267004710	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	10	X	MSB		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267004715	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	15	X	MSB		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267004807	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	7	X	MSB		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267004810	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	10	X	MSB		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267004815	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	15	X	MSB		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267004820	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	20	X	MSB		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267004830	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	30	X	MSB		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267004856	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	56	X	MSB		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267004860	CELEBRE	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	60	X	MSB		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267004912	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	12		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267005005	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	5		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267005006	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	6		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267005010	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	10		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267005015	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	15		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267005500	CHLORZ(	CHLORZ(	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	100		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267005520	CHLORZ(	CHLORZ(	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	20		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267005530	CHLORZ(	CHLORZ(	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267005560	CHLORZ(	CHLORZ(	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	60		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267005591	CHLORZ(	CHLORZ(	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	120		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267005630	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	300 MG	ORAL	TABS	EA	30	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267005810	CIPRO	CIPROFL(	81218	Quinolone	8121800	Quinolone	S	500MG	ORAL	TABS	EA	10		MSB		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267005814	CIPRO	CIPROFL(	81218	Quinolone	8121800	Quinolone	S	500MG	ORAL	TABS	EA	14		MSB		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267005820	CIPRO	CIPROFL(	81218	Quinolone	8121800	Quinolone	S	500MG	ORAL	TABS	EA	20		MSB		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267006004	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	4		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267006006	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	6		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267006008	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	8		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267006010	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	10		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267006014	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	14		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267006106	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	6	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267006112	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	12	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267006130	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	30	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267006160	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	60	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267006190	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	90	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267006191	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	120	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267006214	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	14	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267006230	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	30	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267006260	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	60	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267006290	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	90	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267006292	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	180	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267006440	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	40		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267006445	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	45		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267006456	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	56		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267006491	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	120		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267006514	DAYPRO	OXAPRO:	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	14	X	MSB		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267006530	DAYPRO	OXAPRO:	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	MSB		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267006560	DAYPRO	OXAPRO:	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	MSB		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267006612	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	0.75 MG	ORAL	TABS	EA	12		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267006630	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	0.75 MG	ORAL	TABS	EA	30		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267006704	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	4		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267006708	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	8		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267006710	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	10		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267006720	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	20		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267006801	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	1		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267006802	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	2		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267006804	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	4		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267006810	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	10		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267006815	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	15		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267006820	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	20		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267006828	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	28		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267006840	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	40		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267006845	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	45		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267006878	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	112		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267006891	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	120		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267006902	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	2		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267006903	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	3		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267006904	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	4		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267006906	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	6		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267006912	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	12		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267006920	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	20		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267006940	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	40		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267006960	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	60		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267006991	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	120		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267007030	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267007060	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267007090	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267007120	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	20	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267007130	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	30	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267007160	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	60	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267007220	DICLOXA(	DICLOXA(	81216	Penicillins	8121612	Penicillina	S	250 MG	ORAL	CAPS	EA	20		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267007228	DICLOXA(	DICLOXA(	81216	Penicillins	8121612	Penicillina	S	250 MG	ORAL	CAPS	EA	28		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267007240	DICLOXA(	DICLOXA(	81216	Penicillins	8121612	Penicillina	S	250 MG	ORAL	CAPS	EA	40		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267007320	DICLOXA(	DICLOXA(	81216	Penicillins	8121612	Penicillina	S	500 MG	ORAL	CAPS	EA	20		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267007328	DICLOXA(	DICLOXA(	81216	Penicillins	8121612	Penicillina	S	500 MG	ORAL	CAPS	EA	28		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267007340	DICLOXA(	DICLOXA(	81216	Penicillins	8121612	Penicillina	S	500 MG	ORAL	CAPS	EA	40		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267007990	DILANTIN	PHENYTC	281212	Hydantoin	28121200	Hydantoin	S	100 MG	ORAL	CAPS	EA	90	X	MSB		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267008015	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	15		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267008020	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	20		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267008030	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	30		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267008060	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	60		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267008115	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	50 MG	ORAL	CAPS	EA	15		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267008120	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	50 MG	ORAL	CAPS	EA	20		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267008130	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	50 MG	ORAL	CAPS	EA	30		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267008160	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	50 MG	ORAL	CAPS	EA	60		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267008306	DOCUSA	DOCUSA	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	6		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267008356	DOCUSA	DOCUSA	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	56		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267008390	DOCUSA	DOCUSA	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	90		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267008391	DOCUSA	DOCUSA	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	120		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267008430	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267008506	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	6		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267008628	E.E.S. 40(	ERYTHR(	81212	Macrolides	8121204	Erythromy	R	400 MG	ORAL	TABS	EA	28		SSB		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267008640	E.E.S. 40(	ERYTHR(	81212	Macrolides	8121204	Erythromy	R	400 MG	ORAL	TABS	EA	40		SSB		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267008815	ERY-TAB	ERYTHR(	81212	Macrolides	8121204	Erythromy	S	333 MG	ORAL	TBEC	EA	15		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267008821	ERY-TAB	ERYTHR(	81212	Macrolides	8121204	Erythromy	S	333 MG	ORAL	TBEC	EA	21		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267008830	ERY-TAB	ERYTHR(	81212	Macrolides	8121204	Erythromy	S	333 MG	ORAL	TBEC	EA	30		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267008920	ERY-TAB	ERYTHR(	81212	Macrolides	8121204	Erythromy	S	500 MG	ORAL	TBEC	EA	20		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267008928	ERY-TAB	ERYTHR(	81212	Macrolides	8121204	Erythromy	S	500 MG	ORAL	TBEC	EA	28		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267009020	ERYTHR(	ERYTHR(	81212	Macrolides	8121204	Erythromy	S	250 MG	ORAL	TABS	EA	20		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267009028	ERYTHR(	ERYTHR(	81212	Macrolides	8121204	Erythromy	S	250 MG	ORAL	TABS	EA	28		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267009040	ERYTHR(	ERYTHR(	81212	Macrolides	8121204	Erythromy	S	250 MG	ORAL	TABS	EA	40		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267009120	ERYTHR(	ERYTHR(	81212	Macrolides	8121204	Erythromy	S	500 MG	ORAL	TABS	EA	20		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267009128	ERYTHR(	ERYTHR(	81212	Macrolides	8121204	Erythromy	S	500 MG	ORAL	TABS	EA	28		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267009130	ERYTHR(	ERYTHR(	81212	Macrolides	8121204	Erythromy	S	500 MG	ORAL	TABS	EA	30		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267009140	ERYTHR(	ERYTHR(	81212	Macrolides	8121204	Erythromy	S	500 MG	ORAL	TABS	EA	40		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267009500	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	100	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267009528	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	28	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267009530	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	30	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267009540	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	40	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267009556	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	56	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267009590	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	90	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267009591	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	120	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267009620	FENOPR(	FENOPR(	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	20	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267009730	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267009760	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267009790	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267009830	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267009860	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	60	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267009890	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267009930	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267010030	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	1/14/2022	66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267010060	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	60	X	GENERIC	1/14/2022	66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267010090	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	1/14/2022	66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267010091	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	120	X	GENERIC	1/14/2022	66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267010092	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	180	X	GENERIC	1/14/2022	66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267010330	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267010514	MUCINEX	GUAIFEN	481600	Expectora	48160000	Expectora	P	600 MG	ORAL	TB12	EA	14		MSB		66267	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267010528	MUCINEX	GUAIFEN	481600	Expectora	48160000	Expectora	P	600 MG	ORAL	TB12	EA	28		MSB		66267	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267010614	HYDROC	HYDROC	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	14	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267010630	HYDROC	HYDROC	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267010660	HYDROC	HYDROC	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267010690	HYDROC	HYDROC	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267010715	HYDROC	HYDROC	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	15	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267010760	HYDROC	HYDROC	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267010790	HYDROC	HYDROC	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267011215	HYDROX'	HYDROX'	282492	Anxiolytics	28249200	Anxiolytics	S	10 MG	ORAL	TABS	EA	15		GENERIC	8/20/2024	66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267011230	HYDROX'	HYDROX'	282492	Anxiolytics	28249200	Anxiolytics	S	10 MG	ORAL	TABS	EA	30		GENERIC	8/20/2024	66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267011240	HYDROX'	HYDROX'	282492	Anxiolytics	28249200	Anxiolytics	S	10 MG	ORAL	TABS	EA	40		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267011260	HYDROX'	HYDROX'	282492	Anxiolytics	28249200	Anxiolytics	S	10 MG	ORAL	TABS	EA	60		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267011315	HYDROX'	HYDROX'	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	15		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267011520	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	20		GENERIC		66267	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267011524	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	24		GENERIC		66267	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267011530	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	30		GENERIC		66267	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267011540	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	40		GENERIC		66267	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267011550	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	50		GENERIC		66267	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267011590	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	90		GENERIC		66267	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267011615	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	15	X	GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267011620	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	20	X	GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267011630	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	30	X	GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267011640	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	40	X	GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267011660	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	60	X	GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267011690	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	90	X	GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267011715	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	15	X	GENERIC	1/14/2022	66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267011720	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	20	X	GENERIC	1/14/2022	66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267011730	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC	1/14/2022	66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267011740	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	40	X	GENERIC	1/14/2022	66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267011750	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	50	X	GENERIC	1/14/2022	66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267011760	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC	1/14/2022	66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267011790	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC	1/14/2022	66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267011800	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	100	X	GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267011850	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	50	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267011884	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	84	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267011891	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	120	X	GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267011930	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267012020	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	20	X	GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267012030	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	30	X	GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267012330	ISONIAZI	ISONIAZI	81604	Antituberc	8160400	Antituberc	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267012460	ISONIAZI	ISONIAZI	81604	Antituberc	8160400	Antituberc	S	300 MG	ORAL	TABS	EA	60	X	GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267012930	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	50 MCG	ORAL	TABS	EA	30	X	GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267013212	LOPERAI	LOPERAI	560800	Antidiarrh	56080000	Antidiarrh	S	2 MG	ORAL	CAPS	EA	12		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267013220	LOPERAI	LOPERAI	560800	Antidiarrh	56080000	Antidiarrh	S	2 MG	ORAL	CAPS	EA	20		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267013360	LORAZEF	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	60		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267013920	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	20		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267014130	MEDROX'	MEDROX'	683200	Progestins	68320000	Progestins	S	2.5MG	ORAL	TABS	EA	30	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267014520	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	20		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267014530	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267014540	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	40		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267014560	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	60		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267014590	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	90		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267014612	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	12		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267014620	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	20		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267014630	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	30		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267014640	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	40		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267014660	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	60		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267014684	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	84		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267014690	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	90		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267014691	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	120		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267015030	MULTI-VI	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	37.5MG-3	ORAL	TABS	EA	30		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267015120	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	250 MG	ORAL	TABS	EA	20	X	GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267015140	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	250 MG	ORAL	TABS	EA	40	X	GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267015160	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	250 MG	ORAL	TABS	EA	60	X	GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267015240	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	40	X	GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267015310	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	10	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267015314	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	14	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

66267015315	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	15	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267015320	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	20	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267015330	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267015340	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	40	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267015342	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	42	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267015360	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267015390	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	90	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267015391	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	120	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267015490	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	550 MG	ORAL	TABS	EA	90	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267015530	NEURONT	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	30	X	MSB		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267015545	NEURONT	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	45	X	MSB		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267015560	NEURONT	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	60	X	MSB		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267015590	NEURONT	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	MSB		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267015592	NEURONT	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	180	X	MSB		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267015640	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	40		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267015814	ORPHENA	ORPHENA	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	14		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267015815	ORPHENA	ORPHENA	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	15		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267015820	ORPHENA	ORPHENA	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	20		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267015830	ORPHENA	ORPHENA	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	30		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267015860	ORPHENA	ORPHENA	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	60		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267015890	ORPHENA	ORPHENA	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	90		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267015906	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	250 MG	ORAL	TABS	EA	6		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267016020	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	20		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267016028	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	28		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267016030	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	30		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267016040	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	40		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267016108	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	8		GENERIC		66267	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267016206	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	6		GENERIC		66267	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267016209	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	9		GENERIC		66267	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267016220	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	20		GENERIC		66267	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267016221	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	21		GENERIC		66267	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267016607	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	7		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267016630	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	30		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267016645	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	45		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267016660	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	60		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267016690	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	90		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267016810	PIROXICA	PIROXICA	280804	Nonsteroi	28080404	UNKNOW	S	20 MG	ORAL	CAPS	EA	10	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267016814	PIROXICA	PIROXICA	280804	Nonsteroi	28080404	UNKNOW	S	20 MG	ORAL	CAPS	EA	14	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267016820	PIROXICA	PIROXICA	280804	Nonsteroi	28080404	UNKNOW	S	20 MG	ORAL	CAPS	EA	20	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267016828	PIROXICA	PIROXICA	280804	Nonsteroi	28080404	UNKNOW	S	20 MG	ORAL	CAPS	EA	28	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267016830	PIROXICA	PIROXICA	280804	Nonsteroi	28080404	UNKNOW	S	20 MG	ORAL	CAPS	EA	30	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267016860	PIROXICA	PIROXICA	280804	Nonsteroi	28080404	UNKNOW	S	20 MG	ORAL	CAPS	EA	60	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267016890	PIROXICA	PIROXICA	280804	Nonsteroi	28080404	UNKNOW	S	20 MG	ORAL	CAPS	EA	90	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267017115	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	15		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267017120	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	20		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267017121	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	21		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267017130	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	30		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267017140	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	40		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267017142	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	42		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267017148	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	48		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267017210	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	10		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267017212	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	12		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267017215	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	15		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267017220	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	20		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267017230	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	30		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267017242	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	42		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267017320	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	20		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267017321	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	21		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267017330	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	30		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267017340	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	40		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267017342	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	42		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267017360	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	60		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267017430	PREMARI	ESTROGE	681604	Estrogens	68160400	Estrogens	R	0.625 MG	ORAL	TABS	EA	30	X	SSB		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267017710	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	10		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267017790	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	90		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267018720	PSEUDOE	PSEUDOE	121212	alpha- and	12121200	alpha- and	S	60 MG	ORAL	TABS	EA	20		GENERIC		66267	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267018730	PSEUDOE	PSEUDOE	121212	alpha- and	12121200	alpha- and	S	60 MG	ORAL	TABS	EA	30		GENERIC		66267	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267019228	SALSALA	SALSALA	280804	Nonsteroi	28080424	Salicylates	S	750 MG	ORAL	TABS	EA	28	X	GENERIC		66267	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267019230	SALSALA	SALSALA	280804	Nonsteroi	28080424	Salicylates	S	750 MG	ORAL	TABS	EA	30	X	GENERIC		66267	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267019240	SALSALA	SALSALA	280804	Nonsteroi	28080424	Salicylates	S	750 MG	ORAL	TABS	EA	40	X	GENERIC		66267	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267019606	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	6		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267019610	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	10		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267019614	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	14		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267019620	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	20		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267019628	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	28		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267019630	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	30		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267019660	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	60		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267019715	SULINDA	SULINDA	280804	Nonsteroi	28080404	UNKNOW	S	200 MG	ORAL	TABS	EA	15	X	GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267019720	SULINDA	SULINDA	280804	Nonsteroi	28080404	UNKNOW	S	200 MG	ORAL	TABS	EA	20	X	GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267019730	SULINDA	SULINDA	280804	Nonsteroi	28080404	UNKNOW	S	200 MG	ORAL	TABS	EA	30	X	GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267019740	SULINDA	SULINDA	280804	Nonsteroi	28080404	UNKNOW	S	200 MG	ORAL	TABS	EA	40	X	GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267021012	ULTRAM	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	12		MSB	9/30/2022	66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267021020	ULTRAM	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	20		MSB	9/30/2022	66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267021025	ULTRAM	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	25		MSB	9/30/2022	66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267021030	ULTRAM	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	30		MSB	9/30/2022	66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267021040	ULTRAM	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	40		MSB	9/30/2022	66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267021056	ULTRAM	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	56		MSB	9/30/2022	66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267021230	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	240 MG	ORAL	TBCR	EA	30	X	GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267021330	VITAMIN	PYRIDOX	880800	Vitamin B	88080000	Vitamin B	P	25MG	ORAL	TABS	EA	30		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267021430	VITAMIN	PYRIDOX	880800	Vitamin B	88080000	Vitamin B	P	50 MG	ORAL	TABS	EA	30		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267021730	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	30	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267021960	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	60		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267021990	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	90		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267022130	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-15 MC	ORAL	TABS	EA	30		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267022430	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	30	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267022460	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	60	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267022490	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	90	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267023430	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	25 MCG	ORAL	TABS	EA	30	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267023530	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	88 MCG	ORAL	TABS	EA	30	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267023630	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	125 MCG	ORAL	TABS	EA	30	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267025330	VASOTEC	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5MG	ORAL	TABS	EA	30	X	MSB		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267025830	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	800 MG	ORAL	TABS	EA	30	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267026420	SULINDA	SULINDA	280804	Nonsteroi	28080404	UNKNOW	S	150 MG	ORAL	TABS	EA	20	X	GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267026630	IMIPRAMI	IMIPRAMI	281604	Antidepres	28160428	Tricyclics a	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267027112	PROCHLO	PROCHLO	281608	Antipsycho	28160824	Phenothia	S	5 MG	ORAL	TABS	EA	12	X	GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267027530	DOCUSAT	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	250 MG	ORAL	CAPS	EA	30		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267027891	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	120	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267028630	METOCLO	METOCLO	563200	Prokinetic	56320000	Prokinetic	S	10 MG	ORAL	TABS	EA	30		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267029130	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	30		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267031730	PREVACI	LANSOPR	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	30	X	MSB		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267031760	PREVACI	LANSOPR	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	60	X	MSB		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267031900	HYDROCO	HYDROCO	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MC	ORAL	TABS	EA	100		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267031920	HYDROCO	HYDROCO	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MC	ORAL	TABS	EA	20		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267031930	HYDROCO	HYDROCO	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MC	ORAL	TABS	EA	30		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267031940	HYDROCO	HYDROCO	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MC	ORAL	TABS	EA	40		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267031960	HYDROCO	HYDROCO	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MC	ORAL	TABS	EA	60		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267031984	HYDROCO	HYDROCO	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MC	ORAL	TABS	EA	84		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267031988	HYDROCO	HYDROCO	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MC	ORAL	TABS	EA	140		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267031990	HYDROCO	HYDROCO	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MC	ORAL	TABS	EA	90		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267031991	HYDROCO	HYDROCO	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MC	ORAL	TABS	EA	120		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267031992	HYDROCO	HYDROCO	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MC	ORAL	TABS	EA	180		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267032110	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	10		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267032128	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	28		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267032130	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	30		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267032160	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	60		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267032391	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	120	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267033115	FLURAZE	FLURAZE	282408	Benzodiaz	28240800	Benzodiaz	R	30 MG	ORAL	CAPS	EA	15		MSB	1/31/2023	66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267033130	FLURAZE	FLURAZE	282408	Benzodiaz	28240800	Benzodiaz	R	30 MG	ORAL	CAPS	EA	30		MSB	1/31/2023	66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267033145	FLURAZE	FLURAZE	282408	Benzodiaz	28240800	Benzodiaz	R	30 MG	ORAL	CAPS	EA	45		MSB	1/31/2023	66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267033160	FLURAZE	FLURAZE	282408	Benzodiaz	28240800	Benzodiaz	R	30 MG	ORAL	CAPS	EA	60		MSB	1/31/2023	66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267033930	NEURONT	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	MSB		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267033945	NEURONT	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	45	X	MSB		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267033990	NEURONT	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	MSB		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267034320	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	20		GENERIC		66267	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267034328	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	28		GENERIC		66267	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267034693	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	270	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267035890	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	90	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267037320	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TBEC	EA	20	X	GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267037360	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TBEC	EA	60	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267038091	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	120	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267039930	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	30		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267039935	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	35		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267040110	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	CAPS	EA	10	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267040610	VIAGRA	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	10		MSB		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267040714	OXAPROZ	OXAPROZ	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	14	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267040720	OXAPROZ	OXAPROZ	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	20	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267040730	OXAPROZ	OXAPROZ	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267040745	OXAPROZ	OXAPROZ	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	45	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267040760	OXAPROZ	OXAPROZ	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267041360	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267041392	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	180	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267041820	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267041860	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267042720	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	20		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267042840	CYTOTEC	MISOPRO	562828	Prostaglan	56282800	Prostaglan	S	200 MCG	ORAL	TABS	EA	40	X	MSB		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267043630	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	30	X	GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267043660	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	60	X	GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267044330	DIGOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	125 MCG	ORAL	TABS	EA	30	X	GENERIC	8/20/2024	66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267044415	AUGMENT	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500MG-12	ORAL	TABS	EA	15		MSB		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267046430	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.3 MG	ORAL	TABS	EA	30	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267046460	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.3 MG	ORAL	TABS	EA	60	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267046820	ULTRACE	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	20		MSB	10/26/2022	66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267046840	ULTRACE	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	40		MSB	10/26/2022	66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267046860	ULTRACE	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	60		MSB	10/26/2022	66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267047930	PROTONI	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40MG	ORAL	TBEC	EA	30	X	MSB		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267048220	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	20	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267048230	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267048240	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	40	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267048260	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267048290	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	90	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267048345	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics a	S	10 MG	ORAL	CAPS	EA	45	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267048360	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics a	S	10 MG	ORAL	CAPS	EA	60	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267048445	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics a	S	25 MG	ORAL	CAPS	EA	45	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267048460	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics a	S	25 MG	ORAL	CAPS	EA	60	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267048630	FLURBIP	FLURBIP	280804	Nonsteroi	28080404	UNKNOW	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267048730	PENTAZO	PENTAZO	280812	Opiate Pa	28081200	Opiate Pa	S	50-0.5 MG	ORAL	TABS	EA	30		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267048740	PENTAZO	PENTAZO	280812	Opiate Pa	28081200	Opiate Pa	S	50-0.5 MG	ORAL	TABS	EA	40		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267048860	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	60	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267048890	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	90	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267049230	TRIAZOL	TRIAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	30		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267049314	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	14	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267049393	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	270	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267049730	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	30	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267050030	METOCLO	METOCLO	563200	Prokinetic	56320000	Prokinetic	S	5 MG	ORAL	TABS	EA	30		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267051418	VIRACEP	NELFINAV	81808	Antiretrovi	8180808	HIV Protea	R	250 MG	ORAL	TABS	EA	18	X	SSB		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267051463	VIRACEP	NELFINAV	81808	Antiretrovi	8180808	HIV Protea	R	250 MG	ORAL	TABS	EA	63	X	SSB		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267051900	FERROUS	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	325 (65 FE	ORAL	TABS	EA	100		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267051930	FERROUS	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	325 (65 FE	ORAL	TABS	EA	30		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267051990	FERROUS	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	325 (65 FE	ORAL	TABS	EA	90		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267052030	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TB24	EA	30	X	GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267052060	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TB24	EA	60	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267052330	DIOVAN	VALSART	243208	Angiotens	24320800	Angiotens	S	80MG	ORAL	TABS	EA	30	X	MSB		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267052360	DIOVAN	VALSART	243208	Angiotens	24320800	Angiotens	S	80MG	ORAL	TABS	EA	60	X	MSB		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRIM
66267052820	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267052845	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	45		GENERIC		66267	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267052890	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267052920	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	20	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267052930	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	30	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267052940	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	40	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267052960	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	60	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267054330	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267055002	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	2		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267055012	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	12		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
66267055020	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	20		GENERIC		66267		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

67457021005	CIDOFOV	CIDOFOV	81832	Nucleosid	8183200	Nucleosid	S	75 MG/ML	INTRAVE	SOLN	ML	5		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457021102	FOMEPIZ	FOMEPIZ	910408	UNKNOW	91040800	UNKNOW	S	1.5 GM/1.	INTRAVE	SOLN	ML	1.5		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457021202	ARGATR	ARGATR	201204	Anticoagu	20120412	Direct Thr	S	250 MG/2.	INTRAVE	SOLN	ML	2.5		GENERIC		67457			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457021501	MELPHAL	MELPHAL	100000	Antineopla	10000000	Antineopla	S	50 MG	INTRAVE	SOLR	EA	1		GENERIC		67457			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457021720	METHAD	METHAD	280808	Opiate Ag	28080800	Opiate Ag	R	10 MG/ML	INJECTIO	SOLN	ML	20		MSB		67457		Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION	X	4 IN 1 DAYS		R	MEDPRM
67457021810	DURACL	CLONIDIN	121204	alpha-Adr	12120400	alpha-Adr	S	100 MCG/	EPIDURA	SOLN	ML	10		MSB		67457	Y		N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
67457022000	ISOSULF	ISOSULF	360000	Diagnostic	36000000	Diagnostic	S	1%	SUBCUTA	SOLN	ML	5		GENERIC		67457			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457022005	ISOSULF	ISOSULF	360000	Diagnostic	36000000	Diagnostic	S	1%	SUBCUTA	SOLN	ML	5		GENERIC		67457			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457022700	COSYNTF	COSYNTF	360400	Adrenocor	36040000	Adrenocor	S	0.25 MG	INJECTIO	SOLR	EA	1		GENERIC	11/15/2023	67457			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457022702	COSYNTF	COSYNTF	360400	Adrenocor	36040000	Adrenocor	S	0.25 MG	INJECTIO	SOLR	EA	1		GENERIC	11/15/2023	67457			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457022800	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	50 MG/5M	INTRAVE	SOLN	ML	5		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457022805	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	50 MG/5M	INTRAVE	SOLN	ML	5		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457022810	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	100 MG/1	INTRAVE	SOLN	ML	10		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457022899	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	100 MG/1	INTRAVE	SOLN	ML	10		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457023900	OCTREO	OCTREO	682904	UNKNOW	68290400	UNKNOW	R	50 MCG/M	SUBCUTA	SOSY	ML	1	X	GENERIC		67457		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS				R	MEDPRM
67457023901	OCTREO	OCTREO	682904	UNKNOW	68290400	UNKNOW	R	50 MCG/M	SUBCUTA	SOSY	ML	1	X	GENERIC		67457		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS				R	MEDPRM
67457024500	OCTREO	OCTREO	682904	UNKNOW	68290400	UNKNOW	R	100 MCG/	SUBCUTA	SOSY	ML	1	X	GENERIC		67457		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS				R	MEDPRM
67457024501	OCTREO	OCTREO	682904	UNKNOW	68290400	UNKNOW	R	100 MCG/	SUBCUTA	SOSY	ML	1	X	GENERIC		67457		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS				R	MEDPRM
67457024600	OCTREO	OCTREO	682904	UNKNOW	68290400	UNKNOW	R	500 MCG/	SUBCUTA	SOSY	ML	1	X	GENERIC		67457		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS				R	MEDPRM
67457024601	OCTREO	OCTREO	682904	UNKNOW	68290400	UNKNOW	R	500 MCG/	SUBCUTA	SOSY	ML	1	X	GENERIC		67457		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS				R	MEDPRM
67457025100	DEXMED	DEXMED	121204	alpha-Adr	12120400	alpha-Adr	S	200 MCG/	INTRAVE	SOLN	ML	2		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457025102	DEXMED	DEXMED	121204	alpha-Adr	12120400	alpha-Adr	S	200 MCG/	INTRAVE	SOLN	ML	2		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457025430	AZACITID	AZACITID	100000	Antineopla	10000000	Antineopla	S	100 MG	INJECTIO	SUSR	EA	1		GENERIC	10/7/2022	67457			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457025500	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	500 MG/1	INTRAVE	SOLN	ML	100		MSB		67457			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
67457025510	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	500 MG/1	INTRAVE	SOLN	ML	100		MSB		67457			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
67457025600	BIVALIRU	BIVALIRU	201204	Anticoagu	20120412	Direct Thr	S	250 MG	INTRAVE	SOLR	EA	1		GENERIC		67457			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457025610	BIVALIRU	BIVALIRU	201204	Anticoagu	20120412	Direct Thr	S	250 MG	INTRAVE	SOLR	EA	1		GENERIC		67457			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457026500	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	1000 MG/	INTRAVE	SOLN	ML	100		MSB		67457			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
67457026510	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	1000 MG/	INTRAVE	SOLN	ML	100		MSB		67457			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
67457026600	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	1500 MG/	INTRAVE	SOLN	ML	100		MSB		67457			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
67457026610	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	1500 MG/	INTRAVE	SOLN	ML	100		MSB		67457			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
67457027300	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	1000 MG/	INJECTIO	SOLN	ML	10		GENERIC	11/30/2022	67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457027310	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	1000 MG/	INJECTIO	SOLN	ML	10		GENERIC	11/30/2022	67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457029100	HYDRAL	HYDRAL	240816	Central Al	24081600	Central Al	S	20 MG/ML	INJECTIO	SOLN	ML	1		GENERIC	4/10/2023	67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457029101	HYDRAL	HYDRAL	240816	Central Al	24081600	Central Al	S	20 MG/ML	INJECTIO	SOLN	ML	1		GENERIC	4/10/2023	67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457029200	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	S	0.4 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457029202	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	S	0.4 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457029750	ETHACRY	ETHACRY	243608	UNKNOW	24360800	UNKNOW	S	50 MG	INTRAVE	SOLR	EA	1		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457029900	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	S	4 MG/10M	INJECTIO	SOLN	ML	10		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457029910	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	S	4 MG/10M	INJECTIO	SOLN	ML	10		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457031100	FULVEST	FULVEST	100000	Antineopla	10000000	Antineopla	S	250 MG/5	INTRAMU	SOSY	ML	5		GENERIC	1/26/2023	67457			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457031105	FULVEST	FULVEST	100000	Antineopla	10000000	Antineopla	S	250 MG/5	INTRAMU	SOSY	ML	5		GENERIC	1/26/2023	67457			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457031625	DECITABI	DECITABI	100000	Antineopla	10000000	Antineopla	S	50 MG	INTRAVE	SOLR	EA	1		GENERIC		67457			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457031725	PALONOS	PALONOS	562220	5-HT3 Re	56222000	5-HT3 Re	S	0.25 MG/5	INTRAVE	SOLN	ML	5		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457032325	MOXIFLO	MOXIFLO	81218	Quinolone	8121800	Quinolone	R	400 MG/2	INTRAVE	SOLN	ML	250		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457033900	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	500 MG	INTRAVE	SOLR	EA	1		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457033950	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	500 MG	INTRAVE	SOLR	EA	1		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457034000	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	1 GM	INTRAVE	SOLR	EA	1		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457034001	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	1 GM	INTRAVE	SOLR	EA	1		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457034105	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	5 GM	INTRAVE	SOLR	EA	1		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457034210	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	10 GM	INTRAVE	SOLR	EA	1		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457034810	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	1.5 (1-0.5)	INJECTIO	SOLR	EA	1		GENERIC	10/31/2023	67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457034910	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	3 (2-1) GM	INJECTIO	SOLR	EA	1		GENERIC	3/1/2024	67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457035010	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	500 MG	INJECTIO	SOLR	EA	1		GENERIC	5/3/2022	67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457035050	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	500 MG	INJECTIO	SOLR	EA	1		GENERIC	5/3/2022	67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457035101	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC	6/4/2024	67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457035110	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC	6/4/2024	67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457035202	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	2 GM	INJECTIO	SOLR	EA	1		GENERIC	1/31/2024	67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457035210	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	2 GM	INJECTIO	SOLR	EA	1		GENERIC	1/31/2024	67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457035310	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	250 MG	INJECTIO	SOLR	EA	1		GENERIC	5/3/2022	67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457035325	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	250 MG	INJECTIO	SOLR	EA	1		GENERIC	5/3/2022	67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457035959	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	25 MG/ML	INJECTIO	SOLN	ML	5		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457036610	IBUTILIDE	IBUTILIDE	240404	Antiarrhyt	24040420	Class III A	S	1 MG/10M	INTRAVE	SOLN	ML	10		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457037212	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	1000 UNIT	INJECTIO	SOLN	ML	1		GENERIC		67457		Y	N	FORMULARY		1 GEN	GENERICS				R	MEDPRM
67457037299	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	1000 UNIT	INJECTIO	SOLN	ML	1		GENERIC		67457		Y	N	FORMULARY		1 GEN	GENERICS				R	MEDPRM
67457037312	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	20000 UN	INJECTIO	SOLN	ML	1		GENERIC		67457		Y	N	FORMULARY		1 GEN	GENERICS				R	MEDPRM
67457037399	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	20000 UN	INJECTIO	SOLN	ML	1		GENERIC		67457		Y	N	FORMULARY		1 GEN	GENERICS				R	MEDPRM
67457037412	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	5000 UNIT	INJECTIO	SOLN	ML	1		GENERIC		67457		Y	N	FORMULARY		1 GEN	GENERICS				R	MEDPRM
67457037499	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	5000 UNIT	INJECTIO	SOLN	ML	1		GENERIC		67457		Y	N	FORMULARY		1 GEN	GENERICS				R	MEDPRM
67457037912	PARICAL	PARICAL	881600	Vitamin D	88160000	Vitamin D	S	2 MCG/ML	INTRAVE	SOLN	ML	1		GENERIC	3/31/2022	67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457037925	PARICAL	PARICAL	881600	Vitamin D	88160000	Vitamin D	S	2 MCG/ML	INTRAVE	SOLN	ML	1		GENERIC	3/31/2022	67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457038012	PARICAL	PARICAL	881600	Vitamin D	88160000	Vitamin D	S	5 MCG/ML	INTRAVE	SOLN	ML	1		GENERIC	1/22/2024	67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457038025	PARICAL	PARICAL	881600	Vitamin D	88160000	Vitamin D	S	5 MCG/ML	INTRAVE	SOLN	ML	1		GENERIC	1/22/2024	67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457038100	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	100 MG/M	INTRAMU	SOLN	ML	5		GENERIC	1/31/2023	67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457038158	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	100 MG/M	INTRAMU	SOLN	ML	5		GENERIC	1/31/2023	67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457038310	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	5000 UNIT	INJECTIO	SOLN	ML	10		GENERIC		67457		Y	N	FORMULARY		1 GEN	GENERICS				R	MEDPRM
67457038399	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	5000 UNIT	INJECTIO	SOLN	ML	10		GENERIC		67457		Y	N	FORMULARY		1 GEN	GENERICS				R	MEDPRM
67457038431	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	1000 UNIT	INJECTIO	SOLN	ML	30		GENERIC		67457		Y	N	FORMULARY		1 GEN	GENERICS				R	MEDPRM
67457038499	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	1000 UNIT	INJECTIO	SOLN	ML	30		GENERIC		67457		Y	N	FORMULARY		1 GEN	GENERICS				R	MEDPRM
67457038510	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	1000 UNIT	INJECTIO	SOLN	ML	10		GENERIC		67457		Y	N	FORMULARY		1 GEN	GENERICS				R	MEDPRM
67457038599	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	1000 UNIT	INJECTIO	SOLN	ML	10		GENERIC		67457		Y	N	FORMULARY		1 GEN	GENERICS				R	MEDPRM
67457038600	MYCOPHI	MYCOPHI	924400	UNKNOW	92440000	UNKNOW	S	500 MG	INTRAVE	SOLR	EA	1		GENERIC		67457	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457038681	MYCOPHI	MYCOPHI	924400	UNKNOW	92440000	UNKNOW	S	500 MG	INTRAVE	SOLR	EA	1		GENERIC		67457	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457038922	PARICAL	PARICAL	881600	Vitamin D	88160000	Vitamin D	S	5 MCG/ML	INTRAVE	SOLN	ML	2		GENERIC	3/31/2022	67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457038925	PARICAL	PARICAL	881600	Vitamin D	88160000	Vitamin D	S	5 MCG/ML	INTRAVE	SOLN	ML	2		GENERIC	3/31/2022	67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457039054	ZOLEDR	ZOLEDR	922400	UNKNOW	92240000	UNKNOW	S	4 MG/5ML	INTRAVE	CONC	ML	5		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457039210	ESOMEP	ESOMEP	562836	Proton-pu	56283600	Proton-pu	S	40 MG	INTRAVE	SOLR	EA	1		GENERIC	3/31/2022	67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457039299	ESOMEP	ESOMEP	562836	Proton-pu	56283600	Proton-pu	S	40 MG	INTRAVE	SOLR	EA	1		GENERIC	3/31/2022	67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457039720	RANITIDI	RANITIDI	562812	Histamine	56281200	Histamine	S	50 MG/2M	INJECTIO	SOLN	ML	2		GENERIC	4/1/2020	67457			N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457039799	RANITIDI	RANITIDI	562812	Histamine	56281200	Histamine	S	50 MG/2M	INJECTIO	SOLN	ML	2		GENERIC	4/1/2020	67457			N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457039862	RANITIDI	RANITIDI	562812	Histamine	56281200	Histamine	S	150 MG/6	INJECTIO	SOLN	ML	6		GENERIC	4/1/2020	67457			N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457039910	CYANOC	CYANOC	880800	Vitamin B	88080000	Vitamin B	S	1000 MCG	INJECTIO	SOLN	ML	10		GENERIC		67457		Y	N	FORMULARY		1 GEN	GENERICS				R	MEDPRM
67457039925	CYANOC	CYANOC	880800	Vitamin B	88080000	Vitamin B	S	1000 MCG	INJECTIO	SOLN	ML	10		GENERIC		67457		Y	N	FORMULARY		1 GEN	GENERICS				R	MEDPRM
67457040005	CYANOC	CYANOC	880800	Vitamin B	88080000	Vitamin B	S	1000 MCG	INJECTIO	SOLN	ML	30		GENERIC		67457		Y	N	FORMULARY		1 GEN	GENERICS				R	MEDPRM
67457040031	CYANOC	CYANOC	880800	Vitamin B	88080000	Vitamin B	S	1000 MCG	INJECTIO	SOLN	ML	30		GENERIC		67457		Y	N	FORMULARY		1 GEN	GENERICS				R	MEDPRM
67457040410	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	10 GM	INTRAVE	SOLR	EA	1		GENERIC	10/2/2023	67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457040900	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	100 MG/M	INTRAMU	SOLN	ML	1		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457040913	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	100 MG/M	INTRAMU	SOLN	ML	1		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457041000	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	50 MG/ML	INTRAMU	SOLN	ML	1		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457041013	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	50 MG/ML	INTRAMU	SOLN	ML	1		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457041800	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	20 MG/5M	INJECTIO	SOLN	ML	5		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457041805	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	20 MG/5M	INJECTIO	SOLN	ML	5		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457041900	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457041901	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457042000	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	100 MG/1	INJECTIO	SOLN	ML	10		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457042010	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	100 MG/1	INJECTIO	SOLN	ML	10		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457042100	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	120 MG/3	INJECTIO	SOLN	ML	30		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457042130	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	120 MG/3	INJECTIO	SOLN	ML	30		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457042200	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	20 MG/5M	INJECTIO	SOLN	ML	5		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457042254	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	20 MG/5M	INJECTIO	SOLN	ML	5		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457042300	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457042312	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457042600	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	5 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457042612	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	5 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457042800	TOBRAM	TOBRAM	81202	Aminoglyc	8120200	Aminoglyc	S	1.2 GM/30	INJECTIO	SOLN	ML	30		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457042830	TOBRAM	TOBRAM	81202	Aminoglyc	8120200	Aminoglyc	S	1.2 GM/30	INJECTIO	SOLN	ML	30		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457043010	PAMIDR	PAMIDRO	922400	UNKNOW	92240000	UNKNOW	S	30 MG/10	INTRAVE	SOLN	ML	10		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457043300	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG/2M	INTRAVE	SOLN	ML	2		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457043322	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG/2M	INTRAVE	SOLN	ML	2		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457043650	DOXORU	DOXORU	100000	Antineopla	10000000	Antineopla	S	50 MG	INTRAVE	SOLR	EA	1		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457043700	DOXYCY	DOXYCY	81224	Tetracycli	8122400	Tetracycli	S	100 MG	INTRAVE	SOLR	EA	1		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457043710	DOXYCY	DOXYCY	81224	Tetracycli	8122400	Tetracycli	S	100 MG	INTRAVE	SOLR	EA	1		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457043800	VECURO	VECURO	122020	UNKNOW	12202000	UNKNOW	S	10 MG	INTRAVE	SOLR	EA	1		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457043810	VECURO	VECURO	122020	UNKNOW	12202000	UNKNOW	S	10 MG	INTRAVE	SOLR	EA	1		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457044000	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG/2ML	INJECTIO	SOLN	ML	2		GENERIC	7/5/2022	67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457044022	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG/2ML	INJECTIO	SOLN	ML	2		GENERIC	7/5/2022	67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457044220	OXALIPL	OXALIPL	100000	Antineopla	10000000	Antineopla	S	100 MG/2	INTRAVE	SOLN	ML	20		GENERIC		67457			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457044560	RIFAMPI	RIFAMPI	81604	Antituberc	8160400	Antituberc	S	600MG	INTRAVE	SOLR	EA	1		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457044610	PAMIDR	PAMIDRO	922400	UNKNOW	92240000	UNKNOW	S	90 MG/10	INTRAVE	SOLN	ML	10		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457044800	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG/4M	INTRAVE	SOLN	ML	4		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457044843	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG/4M	INTRAVE	SOLN	ML	4		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457045010	CLADRIBI	CLADRIBI	100000	Antineopla	10000000	Antineopla	S	10 MG/10	INTRAVE	SOLN	ML	10		GENERIC	1/3/2023	67457			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457045500	CYTARA	CYTARA	100000	Antineopla	10000000	Antineopla	S	20 MG/ML	INJECTIO	SOLN	ML	5		GENERIC	11/2/2022	67457			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457045552	CYTARA	CYTARA	100000	Antineopla	10000000	Antineopla	S	20 MG/ML	INJECTIO	SOLN	ML	5		GENERIC	11/2/2022	67457			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457045700	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	200 MG/2	INTRAVE	SOLN	ML	20		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457045720	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	200 MG/2	INTRAVE	SOLN	ML	20		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457046910	OXALIPL	OXALIPL	100000	Antineopla	10000000	Antineopla	S	50 MG/10	INTRAVE	SOLN	ML	10		GENERIC		67457			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457047300	TOBRAM	TOBRAM	81202	Aminoglyc	8120200	Aminoglyc	S	80 MG/2M	INJECTIO	SOLN	ML	2		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457047322	TOBRAM	TOBRAM	81202	Aminoglyc	8120200	Aminoglyc	S	80 MG/2M	INJECTIO	SOLN	ML	2		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457047500	VECURO	VECURO	122020	UNKNOW	12202000	UNKNOW	S	20 MG	INTRAVE	SOLR	EA	1		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457047520	VECURO	VECURO	122020	UNKNOW	12202000	UNKNOW	S	20 MG	INTRAVE	SOLR	EA	1		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457048300	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	100 MG/1	INJECTIO	SOLN	ML	10		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457048310	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	100 MG/1	INJECTIO	SOLN	ML	10		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457048400	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	120 MG/3	INJECTIO	SOLN	ML	30		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457048430	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	120 MG/3	INJECTIO	SOLN	ML	30		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457051305	DACTINO	DACTINO	100000	Antineopla	10000000	Antineopla	S	0.5 MG	INTRAVE	SOLR	EA	1		GENERIC	1/26/2023	67457			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457051600	FOSPHEN	FOSPHEN	281212	Hydantoin	28121200	Hydantoin	S	100 MG P	INJECTIO	SOLN	ML	2		GENERIC	1/3/2023	67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457051622	FOSPHEN	FOSPHEN	281212	Hydantoin	28121200	Hydantoin	S	100MG PE	INJECTIO	SOLN	ML	2		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457051625	FOSPHEN	FOSPHEN	281212	Hydantoin	28121200	Hydantoin	S	100 MG P	INJECTIO	SOLN	ML	2		GENERIC	1/3/2023	67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457051700	FOSPHEN	FOSPHEN	281212	Hydantoin	28121200	Hydantoin	S	500 MG P	INJECTIO	SOLN	ML	10		GENERIC	5/1/2023	67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457051701	FOSPHEN	FOSPHEN	281212	Hydantoin	28121200	Hydantoin	S	500 MG P	INJECTIO	SOLN	ML	10		GENERIC	5/1/2023	67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457051710	FOSPHEN	FOSPHEN	281212	Hydantoin	28121200	Hydantoin	S	500MG PE	INJECTIO	SOLN	ML	10		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457051805	MITOMYC	MITOMYC	100000	Antineopla	10000000	Antineopla	S	5 MG	INTRAVE	SOLR	EA	1		GENERIC	1/23/2023	67457			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457051920	MITOMYC	MITOMYC	100000	Antineopla	10000000	Antineopla	S	20 MG	INTRAVE	SOLR	EA	1		GENERIC	1/23/2023	67457			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457052040	MITOMYC	MITOMYC	100000	Antineopla	10000000	Antineopla	S	40 MG	INTRAVE	SOLR	EA	1		GENERIC	1/23/2023	67457			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457052433	IBANDRO	IBANDRO	922400	UNKNOW	92240000	UNKNOW	S	3 MG/3ML	INTRAVE	SOLN	ML	3		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457052810	LEUCOV	LEUCOV	910412	UNKNOW	91041200	UNKNOW	S	100 MG	INJECTIO	SOLR	EA	1		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457052920	LEUCOV	LEUCOV	910412	UNKNOW	91041200	UNKNOW	S	200 MG	INJECTIO	SOLR	EA	1		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457053035	LEUCOV	LEUCOV	910412	UNKNOW	91041200	UNKNOW	S	350 MG	INJECTIO	SOLR	EA	1		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457053102	DOCETA	DOCETA	100000	Antineopla	10000000	Antineopla	S	20 MG/2M	INTRAVE	SOLN	ML	2		GENERIC		67457			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457053208	DOCETA	DOCETA	100000	Antineopla	10000000	Antineopla	S	80 MG/8M	INTRAVE	SOLN	ML	8		GENERIC		67457			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457053316	DOCETA	DOCETA	100000	Antineopla	10000000	Antineopla	S	160 MG/1	INTRAVE	SOLN	ML	16		GENERIC		67457			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457054620	CLOFARA	CLOFARA	100000	Antineopla	10000000	Antineopla	S	1 MG/ML	INTRAVE	SOLN	ML	20		GENERIC		67457			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457055300	MAGNESI	MAGNESI	281292	Anticonvul	28129200	Anticonvul	S	2 GM/50M	INTRAVE	SOLN	ML	50		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457055400	MAGNESI	MAGNESI	281292	Anticonvul	28129200	Anticonvul	S	4 GM/100	INTRAVE	SOLN	ML	100		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457056220	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG/20	INTRATHI	SOLN	ML	20		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457056320	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20000 MC	INTRATHI	SOLN	ML	20		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457056420	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	40 MG/20	INTRATHI	SOLN	ML	20		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457056700	MAGNESI	MAGNESI	401200	Replacem	40120000	Replacem	S	1-5 GM/10	INTRAVE	SOLN	ML	100		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457057750	MELPHAL	MELPHAL	100000	Antineopla	10000000	Antineopla	S	50 MG	INTRAVE	SOLR	EA	1		GENERIC		67457			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457057901	MELPHAL	MELPHAL	100000	Antineopla	10000000	Antineopla	S	50 MG	INTRAVE	SOLR	EA	1		GENERIC	5/29/2023	67457			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457058200	FONDAP	FONDAP	201204	Anticoagu	20120415	UNKNOW	S	2.5 MG/0.	SUBCUTA	SOLN	ML	0.5		GENERIC		67457		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	15 IN 30 DAYS		R	MEDPRM
67457058210	FONDAP	FONDAP	201204	Anticoagu	20120415	UNKNOW	S	2.5 MG/0.	SUBCUTA	SOLN	ML	0.5		GENERIC		67457		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	15 IN 30 DAYS		R	MEDPRM
67457058300	FONDAP	FONDAP	201204	Anticoagu	20120415	UNKNOW	S	5 MG/0.4	SUBCUTA	SOLN	ML	0.4		GENERIC		67457		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	12 IN 30 DAYS		R	MEDPRM
67457058304	FONDAP	FONDAP	201204	Anticoagu	20120415	UNKNOW	S	5 MG/0.4	SUBCUTA	SOLN	ML	0.4		GENERIC		67457		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	12 IN 30 DAYS		R	MEDPRM
67457058400	FONDAP	FONDAP	201204	Anticoagu	20120415	UNKNOW	S	7.5 MG/0.	SUBCUTA	SOLN	ML	0.6		GENERIC		67457		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	18 IN 30 DAYS		R	MEDPRM
67457058406	FONDAP	FONDAP	201204	Anticoagu	20120415	UNKNOW	S	7.5 MG/0.	SUBCUTA	SOLN	ML	0.6		GENERIC		67457		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	18 IN 30 DAYS		R	MEDPRM
67457058500	FONDAP	FONDAP	201204	Anticoagu	20120415	UNKNOW	S	10 MG/0.8	SUBCUTA	SOLN	ML	0.8		GENERIC		67457		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	24 IN 30 DAYS		R	MEDPRM
67457058508	FONDAP	FONDAP	201204	Anticoagu	20120415	UNKNOW	S	10 MG/0.8	SUBCUTA	SOLN	ML	0.8		GENERIC		67457		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	24 IN 30 DAYS		R	MEDPRM
67457058710	EPOPRO	EPOPRO	484800	Vasodilati	48482800	UNKNOW	S	0.5 MG	INTRAVE	SOLR	EA	1		GENERIC		67457			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457058810	EPOPRO	EPOPRO	484800	Vasodilati	48482800	UNKNOW	S	1.5 MG	INTRAVE	SOLR	EA	1		GENERIC		67457			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457059200	ARIXTRA	FONDAP	201204	Anticoagu	20120415	UNKNOW	S	2.5 MG/0.	SUBCUTA	SOLN	ML	0.5		MSB		67457	Y	Y	N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION	X	15 IN 30 DAYS		R	MEDPRM
67457059210	ARIXTRA	FONDAP	201204	Anticoagu	20120415	UNKNOW	S	2.5 MG/0.	SUBCUTA	SOLN	ML	0.5		MSB		67457	Y	Y	N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION	X	15 IN 30 DAYS		R	MEDPRM
67457059300	ARIXTRA	FONDAP	201204	Anticoagu	20120415	UNKNOW	S	5 MG/0.4	SUBCUTA	SOLN	ML	0.4		MSB		67457	Y	Y	N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION	X	12 IN 30 DAYS		R	MEDPRM
67457059304	ARIXTRA	FONDAP	201204	Anticoagu	20120415	UNKNOW	S	5 MG/0.4	SUBCUTA	SOLN	ML	0.4		MSB		67457	Y	Y	N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION	X	12 IN 30 DAYS		R	MEDPRM
67457059400	ARIXTRA	FONDAP	201204	Anticoagu	20120415	UNKNOW	S	7.5 MG/0.	SUBCUTA	SOLN	ML	0.6		MSB		67457	Y	Y	N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION	X	18 IN 30 DAYS		R	MEDPRM
67457059406	ARIXTRA	FONDAP	201204	Anticoagu	20120415	UNKNOW	S	7.5 MG/0.	SUBCUTA	SOLN	ML	0.6		MSB		67457	Y	Y	N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION	X	18 IN 30 DAYS		R	MEDPRM
67457059500	ARIXTRA	FONDAP	201204	Anticoagu	20120415	UNKNOW	S	10 MG/0.8	SUBCUTA	SOLN	ML	0.8		MSB		67457	Y	Y	N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION	X	24 IN 30 DAYS		R	MEDPRM
67457059508	ARIXTRA	FONDAP	201204	Anticoagu	20120415	UNKNOW	S	10 MG/0.8	SUBCUTA	SOLN	ML	0.8		MSB		67457	Y	Y	N	EXCLUDED		6 SPBD2	FORMULARY EXCLUSION	X	24 IN 30 DAYS		R	MEDPRM
67457059900	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	S	0.4 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457059902	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	S	0.4 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457060202	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	10000 UN	INJECTIO	SOLN	ML	1		GENERIC		67457		Y	N	FORMULARY		1 GEN	GENERICS				R	MEDPRM
67457060299	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	10000 UN	INJECTIO	SOLN	ML	1		GENERIC		67457		Y	N	FORMULARY		1 GEN	GENERICS				R	MEDPRM
67457060305	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	10000 UN	INJECTIO	SOLN	ML	4		GENERIC		67457		Y	N	FORMULARY		1 GEN	GENERICS				R	MEDPRM
67457060399	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	10000 UN	INJECTIO	SOLN	ML	4		GENERIC		67457		Y	N	FORMULARY		1 GEN	GENERICS				R	MEDPRM
67457061610	GEMCITA	GEMCITA	100000	Antineopla	10000000	Antineopla	S	200 MG/5.	INTRAVE	SOLN	ML	5.26		GENERIC		67457			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457061730	GEMCITA	GEMCITA	100000	Antineopla	10000000	Antineopla	S	1 GM/26.3	INTRAVE	SOLN	ML	26.3		GENERIC		67457			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457061810	GEMCITA	GEMCITA	100000	Antineopla	10000000	Antineopla	S	2 GM/52.6	INTRAVE	SOLN	ML	52.6		GENERIC		67457			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457061910	ZOLEDR	ZOLEDR	922400	UNKNOW	92240000	UNKNOW	S	5 MG/100	INTRAVE	SOLN	ML	100		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457062102	TRIAMCI	TRIAMCI	680400	Adrenals	68040000	Adrenals	S	40 MG/ML	INJECTIO	SUSP	ML	1		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457062199	TRIAMCI	TRIAMCI	680400	Adrenals	68040000	Adrenals	S	40 MG/ML	INJECTIO	SUSP	ML	1		GENERIC		67457	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457062205	TRIAMCI	TRIAMCI	680400	Adrenals	68040000	Adrenals	S	40 MG/ML	INJECTIO	SUSP	ML	5		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457062299	TRIAMCI	TRIAMCI	680400	Adrenals	68040000	Adrenals	S	40 MG/ML	INJECTIO	SUSP	ML	5		GENERIC		67457	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457062310	TRIAMCI	TRIAMCI	680400	Adrenals	68040000	Adrenals	S	40 MG/ML	INJECTIO	SUSP	ML	10		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457062399	TRIAMCI	TRIAMCI	680400	Adrenals	68040000	Adrenals	S	40 MG/ML	INJECTIO	SUSP	ML	10		GENERIC		67457	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457062910	EPTIFIBA	EPTIFIBA	201218	Platelet-A	20121800	Platelet-A	S	20 MG/10	INTRAVE	SOLN	ML	10		GENERIC		67457			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457063010	EPTIFIBA	EPTIFIBA	201218	Platelet-A	20121800	Platelet-A	S	200 MG/1	INTRAVE	SOLN	ML	100		GENERIC		67457			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457063110	EPTIFIBA	EPTIFIBA	201218	Platelet-A	20121800	Platelet-A	S	75 MG/10	INTRAVE	SOLN	ML	100		GENERIC		67457			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457064002	PROCHL	PROCHL	281608	Antipsych	28160824	Phenothia	S	10 MG/2M	INJECTIO	SOLN	ML	2		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457064099	PROCHL	PROCHL	281608	Antipsych	28160824	Phenothia	S	10 MG/2M	INJECTIO	SOLN	ML	2		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457064500	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	S	0.4 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457064502	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	S	0.4 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457064910	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	15 (10-5) (	INTRAVE	SOLR	EA	1		GENERIC	1/2/2024	67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457065725	ESMOLO	ESMOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	2500 MG/	INTRAVE	SOLN	ML	250		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457065810	ESMOLO	ESMOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	2000 MG/	INTRAVE	SOLN	ML	100		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457066205	TOPOTE	TOPOTE	100000	Antineopla	10000000	Antineopla	S	4 MG/4ML	INTRAVE	SOLN	ML	4		GENERIC	2/28/2022	67457			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457066520	POSACO	POSACO	81408	Azoles	8140800	Azoles	S	300 MG/1	INTRAVE	SOLN	ML	16.7	X	GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457067502	MIACALC	CALCITO	682404	UNKNOW	68240400	UNKNOW	S	200 UNIT/	INJECTIO	SOLN	ML	2		MSB		67457		Y	N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
67457070500	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	R	750 MG	INTRAVE	SOLR	EA	1		MSB		67457			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
67457070575	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	R	750 MG	INTRAVE	SOLR	EA	1		MSB		67457			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
67457077800	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	400MG/5M	INTRAVE	SOLN	ML	5		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457077805	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	400MG/5M	INTRAVE	SOLN	ML	5		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457077930	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	400MG/5M	INTRAVE	SOLN	ML	30		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457078108	DOCETA	DOCETA	100000	Antineopla	10000000	Antineopla	S	160 MG/8	INTRAVE	CONC	ML	8		GENERIC		67457			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457079000	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	500 MG/5	INTRAVE	SOLN	ML	5		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457079005	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	500 MG/5	INTRAVE	SOLN	ML	5		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457079410	ZOLEDR	ZOLEDR	922400	UNKNOW	92240000	UNKNOW	S	5 MG/100	INTRAVE	SOLN	ML	100		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457079810	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	100		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457079899	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	100		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457079920	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	200		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457079999	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	200		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457081350	DAPTOM	DAPTOM	81228	Antibacter	8122812	Cyclic Lip	S	500 MG	INTRAVE	SOLR	EA	1		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457081400	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG/2	INJECTIO	SOLN	ML	2		GENERIC	6/30/2022	67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457081402	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG/2	INJECTIO	SOLN	ML	2		GENERIC	6/30/2022	67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457081500	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	600 MG/4	INJECTIO	SOLN	ML	4		GENERIC	3/31/2022	67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457081504	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	600 MG/4	INJECTIO	SOLN	ML	4		GENERIC	3/31/2022	67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457081600	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	900 MG/6	INJECTIO	SOLN	ML	6		GENERIC	3/31/2022	67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457081606	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	900 MG/6	INJECTIO	SOLN	ML	6		GENERIC	3/31/2022	67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457082225	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	R	250 MG	INTRAVE	SOLR	EA	1		MSB	2/28/2022	67457			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
67457082299	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	R	250 MG	INTRAVE	SOLR	EA	1		MSB	2/28/2022	67457			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
67457082312	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	1.25 GM	INTRAVE	SOLR	EA	1		MSB		67457			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
67457082399	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	1.25 GM	INTRAVE	SOLR	EA	1		MSB		67457			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
67457082415	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	1.5 GM	INTRAVE	SOLR	EA	1		MSB		67457			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
67457082499	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	1.5 GM	INTRAVE	SOLR	EA	1		MSB		67457			N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION				R	MEDPRM
67457083306	FULPHIL	PEGFILGI	201600	Hematopo	20160000	Hematopo	R	6 MG/0.6M	SUBCUTA	SOSY	ML	0.6		SSB		67457		Y	N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
67457083902	NITROPR	NITROPR	240816	Central Al	24081600	Central Al	S	25 MG/ML	INTRAVE	SOLN	ML	2		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457084300	LINEZOLI	LINEZOLI	81228	Antibacter	8122824	Oxazolidin	S	600 MG/3	INTRAVE	SOLN	ML	300		GENERIC	7/19/2024	67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457084330	LINEZOLI	LINEZOLI	81228	Antibacter	8122824	Oxazolidin	S	600 MG/3	INTRAVE	SOLN	ML	300		GENERIC	7/19/2024	67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457084450	SOD BEN	SOD BEN	401000	Ammonia	40100000	Ammonia	S	10-10 %	INTRAVE	SOLN	ML	50		GENERIC	9/4/2024	67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457084550	OGIVRI	TRASTUZ	100000	Antineopla	10000000	Antineopla	R	420 MG	INTRAVE	SOLR	EA	1		SSB		67457			N	EXCLUDE	SELF_INJ	5 SPBRD	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457084744	OGIVRI	TRASTUZ	100000	Antineopla	10000000	Antineopla	R	420 MG	INTRAVE	SOLR	EA	1		SSB		67457			N	EXCLUDE	SELF_INJ	5 SPBRD	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457085200	NOREPIN	NOREPIN	121212	alpha- and	12121200	alpha- and	S	1 MG/ML	INTRAVE	SOLN	ML	4		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457085204	NOREPIN	NOREPIN	121212	alpha- and	12121200	alpha- and	S	1 MG/ML	INTRAVE	SOLN	ML	4		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457085350	ACETAZ	ACETAZ	524012	UNKNOW	52401200	UNKNOW	S	500 MG	INJECTIO	SOLR	EA	1		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457085400	ADENOSI	ADENOSI	240404	Antiarrhyt	24040424	Class IV A	S	12 MG/4M	INTRAVE	SOLN	ML	4		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457085404	ADENOSI	ADENOSI	240404	Antiarrhyt	24040424	Class IV A	S	12 MG/4M	INTRAVE	SOLN	ML	4		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457085500	ADENOSI	ADENOSI	240404	Antiarrhyt	24040424	Class IV A	S	6 MG/2ML	INTRAVE	SOLN	ML	2		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457085502	ADENOSI	ADENOSI	240404	Antiarrhyt	24040424	Class IV A	S	6 MG/2ML	INTRAVE	SOLN	ML	2		GENERIC		67457			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM
67457085620	ADENOSI	ADENOSI	361800	Cardiac F	36180000	Cardiac F	S	3 MG/ML	INTRAVE	SOLN	ML	20		GENERIC		67457			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRM

67457085730	ADENOSI	ADENOSI	361800	Cardiac F	36180000	Cardiac F	S	3 MG/ML	INTRAVEI	SOLN	ML	30		GENERIC		67457				N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67457085820	ADENOSI	ADENOSI	361800	Cardiac F	36180000	Cardiac F	S	3 MG/ML	INTRAVEI	SOLN	ML	20		GENERIC		67457				N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67457085930	ADENOSI	ADENOSI	361800	Cardiac F	36180000	Cardiac F	S	3 MG/ML	INTRAVEI	SOLN	ML	30		GENERIC		67457				N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67457086301	GRANISE	GRANISE	562220	5-HT3 Re	56222000	5-HT3 Re	S	1 MG/ML	INTRAVEI	SOLN	ML	1		GENERIC		67457				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67457086404	GRANISE	GRANISE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG/4ML	INTRAVEI	SOLN	ML	4		GENERIC		67457				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67457088605	HYDROXY	HYDROXY	683200	Progestins	68320000	Progestins	R	1.25 GM/5	INTRAMU	SOLN	ML	5		GENERIC	7/25/2023	67457				N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67457088700	MEDROXY	MEDROXY	683200	Progestins	68320000	Progestins	S	150 MG/M	INTRAMU	SUSP	ML	1		GENERIC		67457		Y		N	#N/A	ORIG_FR	10 EHB	#N/A	X	1 IN 84 DAYS	X	IF DS LIMIT=90 THEN $0 COP	R	MEDPRIM
67457088701	MEDROXY	MEDROXY	683200	Progestins	68320000	Progestins	S	150 MG/M	INTRAMU	SUSP	ML	1		GENERIC		67457		Y		N	#N/A	ORIG_FR	10 EHB	#N/A	X	1 IN 84 DAYS	X	IF DS LIMIT=90 THEN $0 COP	R	MEDPRIM
67457088799	MEDROXY	MEDROXY	683200	Progestins	68320000	Progestins	S	150 MG/M	INTRAMU	SUSP	ML	1		GENERIC		67457		Y		N	#N/A	ORIG_FR	10 EHB	#N/A	X	1 IN 84 DAYS	X	IF DS LIMIT=90 THEN $0 COP	R	MEDPRIM
67457088910	FOSAPRE	FOSAPRE	562232	UNKNOW	56223200	UNKNOW	S	150 MG	INTRAVEI	SOLR	EA	1		GENERIC		67457				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67457089300	BUSULFA	BUSULFA	100000	Antineopla	10000000	Antineopla	S	6 MG/ML	INTRAVEI	SOLN	ML	10		GENERIC		67457				N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67457089308	BUSULFA	BUSULFA	100000	Antineopla	10000000	Antineopla	S	6 MG/ML	INTRAVEI	SOLN	ML	10		GENERIC		67457				N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67457090200	ETOMIDA	ETOMIDA	280408	UNKNOW	28040800	UNKNOW	S	2 MG/ML	INTRAVEI	SOLN	ML	10		GENERIC		67457				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67457090210	ETOMIDA	ETOMIDA	280408	UNKNOW	28040800	UNKNOW	S	2 MG/ML	INTRAVEI	SOLN	ML	10		GENERIC		67457				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67457090300	ETOMIDA	ETOMIDA	280408	UNKNOW	28040800	UNKNOW	S	2 MG/ML	INTRAVEI	SOLN	ML	20		GENERIC		67457				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67457090320	ETOMIDA	ETOMIDA	280408	UNKNOW	28040800	UNKNOW	S	2 MG/ML	INTRAVEI	SOLN	ML	20		GENERIC		67457				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67457091200	ULTIVA	REMIFEN	280808	Opiate Ag	28080800	Opiate Ag	S	1 MG	INTRAVEI	SOLR	EA	1		MSB		67457				N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION					R	MEDPRIM
67457091201	ULTIVA	REMIFEN	280808	Opiate Ag	28080800	Opiate Ag	S	1 MG	INTRAVEI	SOLR	EA	1		MSB		67457				N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION					R	MEDPRIM
67457091300	ULTIVA	REMIFEN	280808	Opiate Ag	28080800	Opiate Ag	S	2 MG	INTRAVEI	SOLR	EA	1		MSB		67457				N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION					R	MEDPRIM
67457091302	ULTIVA	REMIFEN	280808	Opiate Ag	28080800	Opiate Ag	S	2 MG	INTRAVEI	SOLR	EA	1		MSB		67457				N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION					R	MEDPRIM
67457091400	ULTIVA	REMIFEN	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	INTRAVEI	SOLR	EA	1		MSB		67457				N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION					R	MEDPRIM
67457091405	ULTIVA	REMIFEN	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	INTRAVEI	SOLR	EA	1		MSB		67457				N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION					R	MEDPRIM
67457092005	ZOLEDRO	ZOLEDRO	922400	UNKNOW	92240000	UNKNOW	S	4 MG/5ML	INTRAVEI	CONC	ML	5		GENERIC	5/29/2023	67457				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67457092100	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	400-80 M	INTRAVEI	SOLN	ML	5		GENERIC		67457				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67457092105	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	400-80 M	INTRAVEI	SOLN	ML	5		GENERIC		67457				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67457092230	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	400-80 M	INTRAVEI	SOLN	ML	30		GENERIC		67457				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67457092400	DEXMEDE	DEXMEDE	121204	alpha-Adr	12120400	alpha-Adr	S	200 MCG/	INTRAVEI	SOLN	ML	50		GENERIC		67457				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67457092450	DEXMEDE	DEXMEDE	121204	alpha-Adr	12120400	alpha-Adr	S	200 MCG/	INTRAVEI	SOLN	ML	50		GENERIC		67457				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67457092500	DEXMEDE	DEXMEDE	121204	alpha-Adr	12120400	alpha-Adr	S	400 MCG/	INTRAVEI	SOLN	ML	100		GENERIC		67457				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67457092510	DEXMEDE	DEXMEDE	121204	alpha-Adr	12120400	alpha-Adr	S	400 MCG/	INTRAVEI	SOLN	ML	100		GENERIC		67457				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67457092802	DACTINO	DACTINO	100000	Antineopla	10000000	Antineopla	S	0.5 MG	INTRAVEI	SOLR	EA	1		GENERIC	1/26/2023	67457				N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67457094010	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	S	10 MG/ML	INTRAVEI	SOLN	ML	100		GENERIC		67457				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67457094115	DAPTOMY	DAPTOMY	81228	Antibacter	8122812	Cyclic Lip	S	500 MG	INTRAVEI	SOLR	EA	1		GENERIC		67457	Y			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67457096701	HYDROXY	HYDROXY	683200	Progestins	68320000	Progestins	S	250 MG/M	INTRAMU	OIL	ML	1		GENERIC	4/7/2023	67457				N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67457097850	ALOPRIM	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	500 MG	INTRAVEI	SOLR	EA	1		MSB		67457				N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION					R	MEDPRIM
67457098700	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	S	4 MG/10M	INJECTIO	SOLN	ML	10		GENERIC		67457				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67457098710	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	S	4 MG/10M	INJECTIO	SOLN	ML	10		GENERIC		67457				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67457099115	OGIVRI	TRASTUZ	100000	Antineopla	10000000	Antineopla	R	150 MG	INTRAVEI	SOLR	EA	1		SSB		67457				N	EXCLUDE	SELF_INJ	5 SPBRD	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67457099202	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	S	2 MG/2ML	INJECTIO	SOSY	ML	2		GENERIC		67457		Y		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
67457099405	REGADEN	REGADEN	361800	Cardiac F	36180000	Cardiac F	S	0.4 MG/5M	INTRAVEI	SOLN	ML	5		GENERIC		67457				N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67457099620	MITOMYC	MITOMYC	100000	Antineopla	10000000	Antineopla	S	20 MG	INTRAVEI	SOLR	EA	1		GENERIC	1/23/2023	67457				N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67457099740	MITOMYC	MITOMYC	100000	Antineopla	10000000	Antineopla	S	40 MG	INTRAVEI	SOLR	EA	1		GENERIC	1/23/2023	67457				N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67457099902	SODIUM	NITROPR	240816	Central Al	24081600	Central Al	S	25 MG/ML	INTRAVEI	SOLN	ML	2		GENERIC		67457				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67492010411	CALMOL-	RECTAL F	842400	Emollients	84240000	Emollients	O	76-10 %	RECTAL	SUPP	EA	24		SSB		67492				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67492010412	CALMOL-	RECTAL F	842400	Emollients	84240000	Emollients	O	76-10 %	RECTAL	SUPP	EA	12		SSB		67492				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67492010511	RESINOL	DERMATO	849200	Skin and M	84920000	Skin and M	O	55-2 %	EXTERNA	OINT	GM	35.4		SSB	1/16/2024	67492				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67492010514	RESINOL	DERMATO	849200	Skin and M	84920000	Skin and M	O	55-2 %	EXTERNA	OINT	GM	85.1		SSB		67492				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67492010515	RESINOL	DERMATO	849200	Skin and M	84920000	Skin and M	O	55-2 %	EXTERNA	OINT	GM	50		SSB		67492				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67510005701	TOLNAFT	TOLNAFT	840408	Antifungal	84040840	Thiocarba	P	1%	EXTERNA	CREA	GM	28.3		GENERIC		67510				N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67510005706	TOLNAFT	TOLNAFT	840408	Antifungal	84040840	Thiocarba	P	1%	EXTERNA	CREA	GM	20		GENERIC		67510				N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544000215	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 M	ORAL	TABS	EA	15		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544000220	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 M	ORAL	TABS	EA	20		GENERIC		67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544000230	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 M	ORAL	TABS	EA	30		GENERIC		67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544000240	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 M	ORAL	TABS	EA	40		GENERIC		67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544000245	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 M	ORAL	TABS	EA	45		GENERIC		67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544000246	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 M	ORAL	TABS	EA	56		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544000250	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 M	ORAL	TABS	EA	50		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544000253	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 M	ORAL	TABS	EA	60		GENERIC		67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544000254	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 M	ORAL	TABS	EA	84		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544000255	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 M	ORAL	TABS	EA	75		GENERIC		67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544000260	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 M	ORAL	TABS	EA	90		GENERIC		67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544000270	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 M	ORAL	TABS	EA	120		GENERIC		67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544000272	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 M	ORAL	TABS	EA	112		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544000275	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 M	ORAL	TABS	EA	150		GENERIC		67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544000280	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 M	ORAL	TABS	EA	180		GENERIC		67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544000285	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 M	ORAL	TABS	EA	200		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544000290	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 M	ORAL	TABS	EA	240		GENERIC		67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544000293	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 M	ORAL	TABS	EA	300		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544000353	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-60 M	ORAL	TABS	EA	60		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544000360	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-60 M	ORAL	TABS	EA	90		GENERIC		67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544000370	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-60 M	ORAL	TABS	EA	120		GENERIC		67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544000380	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-60 M	ORAL	TABS	EA	180		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544000390	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-60 M	ORAL	TABS	EA	240		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544000715	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	15		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544000745	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	45		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544000755	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	75		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544000775	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	150		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544007660	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544007670	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	120	X	GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544007680	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544007692	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544007830	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC		67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544007853	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	60	X	GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544007860	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	90	X	GENERIC		67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544007870	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	120	X	GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544007880	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	180	X	GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544007892	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	270	X	GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544008430	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	30	X	GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544008453	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	60	X	GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544008460	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	90	X	GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544008480	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	180	X	GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544010230	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	75-50 MG	ORAL	TABS	EA	30	X	GENERIC	11/14/2022	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544010245	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	75-50 MG	ORAL	TABS	EA	45	X	GENERIC	11/14/2022	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544010251	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	75-50 MG	ORAL	TABS	EA	6000	X	GENERIC	11/14/2022	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544010260	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	75-50 MG	ORAL	TABS	EA	90	X	GENERIC	11/14/2022	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544011730	OXAZEPA	OXAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	CAPS	EA	30		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544011753	OXAZEPA	OXAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	CAPS	EA	60		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544011760	OXAZEPA	OXAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	CAPS	EA	90		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544011770	OXAZEPA	OXAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	CAPS	EA	120		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544012815	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544012830	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544012845	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544012853	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544012860	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544012930	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544012953	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	67544	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544012960	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544012970	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	120	X	GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544012980	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	67544	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544012992	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544012994	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	360	X	GENERIC	5/1/2023	67544	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544013030	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544013045	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544013053	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544013060	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544013070	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	120	X	GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544013080	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544013610	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	10		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544013614	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	14		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544013615	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	15		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544013620	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	20		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544013628	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	28		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544013630	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	30		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544013645	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	45		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544013653	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	60		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544013660	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	90		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544014215	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	15		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544014230	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544014245	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	45		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544014253	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544014260	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544014270	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	120		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544014932	MUCINEX	GUAIFEN	481600	Expectora	48160000	Expectora	P	600 MG	ORAL	TB12	EA	30		MSB	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION					R	MEDPRIM
67544014953	MUCINEX	GUAIFEN	481600	Expectora	48160000	Expectora	P	600 MG	ORAL	TB12	EA	60		MSB		67544	N		X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION					R	MEDPRIM
67544014970	MUCINEX	GUAIFEN	481600	Expectora	48160000	Expectora	P	600 MG	ORAL	TB12	EA	120		MSB	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION					R	MEDPRIM
67544014980	MUCINEX	GUAIFEN	481600	Expectora	48160000	Expectora	P	600 MG	ORAL	TB12	EA	180		MSB	5/1/2023	67544	N		X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION					R	MEDPRIM
67544019110	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	10		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544019115	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	15		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544019120	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	20		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544019130	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544019145	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	45		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544019153	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544019160	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544019170	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	120		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544019175	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	150		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544019180	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	180		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544019192	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	270		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544022430	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	30	X	GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544022445	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	45	X	GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544022456	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	3000	X	GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544022460	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	90	X	GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544022480	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	180	X	GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544022481	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	800	X	GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544022482	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	1200	X	GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544022499	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	600	X	GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544022515	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	15	X	GENERIC	5/31/2022	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544022530	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	5/31/2022	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544022545	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	45	X	GENERIC	5/31/2022	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544022553	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	60	X	GENERIC	5/31/2022	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544022560	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	5/31/2022	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544022580	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	180	X	GENERIC	5/31/2022	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544023609	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	30 MG	ORAL	TB24	EA	9000	X	GENERIC	5/1/2023	67544	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544023630	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	30 MG	ORAL	TB24	EA	30	X	GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544023656	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	30 MG	ORAL	TB24	EA	3000	X	GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544023660	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	30 MG	ORAL	TB24	EA	90	X	GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544023699	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	30 MG	ORAL	TB24	EA	600	X	GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544024030	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544024045	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544024060	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544024080	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544024092	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544025115	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	15		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544025130	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544025145	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	45		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544025153	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544025160	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544025170	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	120		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544025174	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	9000		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544025180	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	180		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544025192	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	270		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
67544025615	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	15		GENERIC	5/1/2023	67544			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM

67544025630	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544025645	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	45		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544025646	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	56		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544025653	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544025655	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	75		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544025660	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544025670	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	120		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544025675	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	150		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544025680	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	180		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544026110	LORAZEF	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	10		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544026115	LORAZEF	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	15		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544026120	LORAZEF	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	20		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544026130	LORAZEF	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544026145	LORAZEF	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	45		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544026153	LORAZEF	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544026155	LORAZEF	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	75		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544026160	LORAZEF	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544026170	LORAZEF	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	120		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544026175	LORAZEF	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	150		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544026180	LORAZEF	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	180		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544026192	LORAZEF	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	270		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544026830	OXAZEPA	OXAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	30		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544026853	OXAZEPA	OXAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	60		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544026860	OXAZEPA	OXAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	90		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544026870	OXAZEPA	OXAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	120		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544027345	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	8 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544027360	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	8 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544029930	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	30	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544029953	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	60	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544029960	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	90	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544029980	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	180	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544031009	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	9000	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544031015	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544031030	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544031045	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	45	X	GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544031053	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544031060	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544031080	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	180	X	GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544031360	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	90	X	GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544031715	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544031730	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544031745	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544031753	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544031760	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544034715	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	15		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544034730	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	30		GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544034745	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	45		GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544034753	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	60		GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544034755	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	75		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544034760	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	90		GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544034770	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	120		GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544034775	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	150		GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544034780	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	180		GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544034790	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	240		GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544035502	VIAGRA	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	50 MG	ORAL	TABS	EA	2		MSB	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
67544035504	VIAGRA	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	50 MG	ORAL	TABS	EA	4		MSB	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
67544035506	VIAGRA	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	50 MG	ORAL	TABS	EA	6		MSB	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
67544035512	VIAGRA	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	50 MG	ORAL	TABS	EA	12		MSB	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
67544035552	VIAGRA	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	50 MG	ORAL	TABS	EA	18		MSB	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
67544035574	VIAGRA	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	50 MG	ORAL	TABS	EA	9000		MSB	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
67544035602	VIAGRA	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	2		MSB	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
67544035604	VIAGRA	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	4		MSB	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
67544035606	VIAGRA	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	6		MSB	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
67544035612	VIAGRA	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	12		MSB	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
67544035652	VIAGRA	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	18		MSB	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
67544035656	VIAGRA	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	3000		MSB	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
67544035664	VIAGRA	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	700		MSB	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
67544035689	VIAGRA	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	720		MSB	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
67544037030	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544037130	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544037160	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544038730	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544038753	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544038760	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544038770	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	120	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544038780	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	180	X	GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544038792	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544038798	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	540	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544039960	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	90		GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544040830	TRIAMTEI	TRIAMTEI	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	TABS	EA	30	X	GENERIC	11/14/2022	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544040845	TRIAMTEI	TRIAMTEI	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	TABS	EA	45	X	GENERIC	11/14/2022	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544040860	TRIAMTEI	TRIAMTEI	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	TABS	EA	90	X	GENERIC	11/14/2022	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544040874	TRIAMTEI	TRIAMTEI	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	TABS	EA	9000	X	GENERIC	11/14/2022	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544041215	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	15		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544041230	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544041245	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	45		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544041253	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544041260	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544041270	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	120		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544041280	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	180		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544041415	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	15		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544041430	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	30		GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544041445	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	45		GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544041453	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	60		GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544041460	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	90		GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544041470	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	120		GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544041480	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	180		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544041515	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	15		GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544041520	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	20		GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544041530	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	30		GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544041545	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	45		GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544041553	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	60		GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544041560	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	90		GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544041570	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	120		GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544041575	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	150		GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544041580	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	180		GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544041592	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	270		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544045653	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544045680	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544047453	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-60 MC	ORAL	TABS	EA	60		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544047460	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-60 MC	ORAL	TABS	EA	90		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544047470	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-60 MC	ORAL	TABS	EA	120		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544047480	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-60 MC	ORAL	TABS	EA	180		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544047490	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-60 MC	ORAL	TABS	EA	240		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544047530	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544047553	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544047570	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	120	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544047580	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544047994	VALPROI	VALPROI	281292	Anticonvul	28129200	Anticonvul	S	250 MG	ORAL	CAPS	EA	360	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544049131	TOPROL	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	31	X	MSB	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
67544049160	TOPROL	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	90	X	MSB	5/1/2023	67544	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
67544049215	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-s	S	40 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544049230	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-s	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544051030	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544051032	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544051053	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	60	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544051060	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544051070	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	120	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

67544051080	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	180	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544051094	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	360	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544051745	PHENYTO	PHENYTO	281212	Hydantoin	28121200	Hydantoin	S	100 MG	ORAL	CAPS	EA	45	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544051760	PHENYTO	PHENYTO	281212	Hydantoin	28121200	Hydantoin	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544051770	PHENYTO	PHENYTO	281212	Hydantoin	28121200	Hydantoin	S	100 MG	ORAL	CAPS	EA	120	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544051792	PHENYTO	PHENYTO	281212	Hydantoin	28121200	Hydantoin	S	100 MG	ORAL	CAPS	EA	270	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544051794	PHENYTO	PHENYTO	281212	Hydantoin	28121200	Hydantoin	S	100 MG	ORAL	CAPS	EA	360	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544051798	PHENYTO	PHENYTO	281212	Hydantoin	28121200	Hydantoin	S	100 MG	ORAL	CAPS	EA	540	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544052910	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	10		GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544052915	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	15		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544052928	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	28		GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544052930	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544052945	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	45		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544052953	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544052954	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	84		GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544052955	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	75		GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544052960	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544052970	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	120		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544052975	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	150		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544052980	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	180		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544053470	LITHIUM (	LITHIUM (	282800	Antimanic	28280000	Antimanic	S	300 MG	ORAL	CAPS	EA	120	X	MSB	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
67544055545	TOPROL	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	45	X	MSB	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
67544055551	TOPROL	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	6000	X	MSB	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
67544055560	TOPROL	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	90	X	MSB	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
67544056230	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	30	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544056253	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	60	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544056260	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	90	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544056270	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	120	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544056280	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	180	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544056292	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	270	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544056294	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	360	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544056330	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	30	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544056353	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	60	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544056360	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	90	X	GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544056380	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	180	X	GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544056430	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	10 MG	ORAL	CAPS	EA	30	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544056453	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	10 MG	ORAL	CAPS	EA	60	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544056460	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	10 MG	ORAL	CAPS	EA	90	X	GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544056480	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	10 MG	ORAL	CAPS	EA	180	X	GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544056953	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544056960	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544056980	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544056992	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544057030	PACERO	AMIODAR	240404	Antiarrhyt	24040420	Class III A	S	200 MG	ORAL	TABS	EA	30	X	GENERIC		67544	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544058130	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	CAPS	EA	30	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544058153	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	CAPS	EA	60	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544058160	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	CAPS	EA	90	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544065502	BISACOD	BISACOD	561200	Cathartics	56120000	Cathartics	P	5 MG	ORAL	TBEC	EA	2		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544065503	BISACOD	BISACOD	561200	Cathartics	56120000	Cathartics	P	5 MG	ORAL	TBEC	EA	3		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544065504	BISACOD	BISACOD	561200	Cathartics	56120000	Cathartics	P	5 MG	ORAL	TBEC	EA	4		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544065506	BISACOD	BISACOD	561200	Cathartics	56120000	Cathartics	P	5 MG	ORAL	TBEC	EA	6		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544065508	BISACOD	BISACOD	561200	Cathartics	56120000	Cathartics	P	5 MG	ORAL	TBEC	EA	8		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544065531	BISACOD	BISACOD	561200	Cathartics	56120000	Cathartics	P	5 MG	ORAL	TBEC	EA	31		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544065760	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544065780	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	25 MG	ORAL	TABS	EA	180	X	GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544065792	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	25 MG	ORAL	TABS	EA	270	X	GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544067160	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544067180	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	180		GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544067192	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	270		GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544067251	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	50-200 M	ORAL	TBCR	EA	6000	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544067260	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	50-200 M	ORAL	TBCR	EA	90	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544067280	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	50-200 M	ORAL	TBCR	EA	180	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544070031	LOPERAM	LOPERAM	560800	Antidiarrh	56080000	Antidiarrh	S	2 MG	ORAL	CAPS	EA	31		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544070053	LOPERAM	LOPERAM	560800	Antidiarrh	56080000	Antidiarrh	S	2 MG	ORAL	CAPS	EA	60		GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544070060	LOPERAM	LOPERAM	560800	Antidiarrh	56080000	Antidiarrh	S	2 MG	ORAL	CAPS	EA	90		GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544073415	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	15		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544073430	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544073445	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	45		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544073453	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544073460	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544073470	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	120		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544073480	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	180		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544073630	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544073660	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544073674	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	9000	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544073680	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	180	X	GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544073931	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	31	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544073932	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	30	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544073960	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	90	X	GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544084053	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	60	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544084080	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	180	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544084830	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	30	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544084845	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	45	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544084853	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	60	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544084860	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	90	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544084870	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	120	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544084880	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	180	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544084892	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	270	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544087010	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	10		GENERIC	1/3/2022	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544087015	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	15		GENERIC	1/3/2022	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544087020	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	20		GENERIC	1/3/2022	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544087030	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	30		GENERIC	1/3/2022	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544087045	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	45		GENERIC	1/3/2022	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544087053	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	60		GENERIC	1/3/2022	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544087060	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	90		GENERIC	1/3/2022	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544087070	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	120		GENERIC	1/3/2022	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544087075	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	150		GENERIC	1/3/2022	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544087080	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	180		GENERIC	1/3/2022	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544087092	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	270		GENERIC	1/3/2022	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544087910	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	10		GENERIC	1/3/2022	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544087915	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	15		GENERIC	1/3/2022	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544087920	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	20		GENERIC	1/3/2022	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544087930	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	30		GENERIC	1/3/2022	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544087945	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	45		GENERIC	1/3/2022	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544087953	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	60		GENERIC	1/3/2022	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544087955	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	75		GENERIC	1/3/2022	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544087960	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	90		GENERIC	1/3/2022	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544087970	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	120		GENERIC	1/3/2022	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544087975	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	150		GENERIC	1/3/2022	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544087980	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	180		GENERIC	1/3/2022	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544087992	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	270		GENERIC	1/3/2022	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544088220	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 M	ORAL	TABS	EA	20		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544088230	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 M	ORAL	TABS	EA	30		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544088240	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 M	ORAL	TABS	EA	40		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544088245	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 M	ORAL	TABS	EA	45		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544088246	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 M	ORAL	TABS	EA	56		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544088250	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 M	ORAL	TABS	EA	50		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544088253	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 M	ORAL	TABS	EA	60		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544088254	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 M	ORAL	TABS	EA	84		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544088255	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 M	ORAL	TABS	EA	75		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544088260	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 M	ORAL	TABS	EA	90		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544088270	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 M	ORAL	TABS	EA	120		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544088272	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 M	ORAL	TABS	EA	112		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544088275	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 M	ORAL	TABS	EA	150		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544088280	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 M	ORAL	TABS	EA	180		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544088290	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 M	ORAL	TABS	EA	240		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544088330	SYNTHRO	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	25 MCG	ORAL	TABS	EA	30	X	MSB	5/1/2023	67544	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
67544088360	SYNTHRO	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	25 MCG	ORAL	TABS	EA	90	X	MSB	5/1/2023	67544	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
67544088430	SYNTHRO	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	50 MCG	ORAL	TABS	EA	30	X	MSB	5/1/2023	67544	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
67544088460	SYNTHRO	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	50 MCG	ORAL	TABS	EA	90	X	MSB	5/1/2023	67544	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
67544089304	BISACOD	BISACOD	561200	Cathartics	56120000	Cathartics	P	5 MG	ORAL	TBEC	EA	4		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544089306	BISACOD	BISACOD	561200	Cathartics	56120000	Cathartics	P	5 MG	ORAL	TBEC	EA	6		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544089332	BISACOD	BISACOD	561200	Cathartics	56120000	Cathartics	P	5 MG	ORAL	TBEC	EA	30		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544089753	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
67544089760	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

67544089780 BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	100 MG	ORAL	TABS	EA	180	X	GENERIC		67544		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67544089783 BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	100 MG	ORAL	TABS	EA	3600	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67544098830 ALLOPUR	ALLOPUR	921600 UNKNOW	92160000 UNKNOW	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67544098860 ALLOPUR	ALLOPUR	921600 UNKNOW	92160000 UNKNOW	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67544098880 ALLOPUR	ALLOPUR	921600 UNKNOW	92160000 UNKNOW	S	100 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67544098930 FOLIC AC	FOLIC AC	880800 Vitamin B	88080000 Vitamin B	S	1 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67544098960 FOLIC AC	FOLIC AC	880800 Vitamin B	88080000 Vitamin B	S	1 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67544098965 FOLIC AC	FOLIC AC	880800 Vitamin B	88080000 Vitamin B	S	1 MG	ORAL	TABS	EA	100	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67544099331 AMLODIP	AMLODIP	242808 Dihydropy	24280800 Dihydropy	S	10 MG	ORAL	TABS	EA	31	X	GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67544099626 ZOLPIDEI	ZOLPIDEI	282444 UNKNOW	28244400 UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67544099640 ZOLPIDEI	ZOLPIDEI	282444 UNKNOW	28244400 UNKNOW	S	10 MG	ORAL	TABS	EA	40		GENERIC	5/1/2023	67544		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67546011112 ALINIA	NITAZOX	83020 UNKNOW	8302000 UNKNOW	S	500 MG	ORAL	TABS	EA	30		MSB	9/5/2024	67546			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION	X	2 IN 1 DAYS		R	MEDPRIM
67546011114 ALINIA	NITAZOX	83020 UNKNOW	8302000 UNKNOW	S	500 MG	ORAL	TABS	EA	12		MSB	9/5/2024	67546			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION	X	2 IN 1 DAYS		R	MEDPRIM
67546021221 ALINIA	NITAZOX	83020 UNKNOW	8302000 UNKNOW	R	100 MG/5	ORAL	SUSR	ML	60		SSB	9/5/2024	67546			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	500 IN 10 DAYS		R	MEDPRIM
67555013050 HEMAX E	IRON-VIT	200404 Iron Prepa	20040400 Iron Prepa	O	150-1 MG	ORAL	TABS	EA	90		SSB		67555			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67555013060 OBTREX I	PRENATA	882800 Multivitam	88280000 Multivitam	O	29-1 & 35(	ORAL	MISC	EA	60		SSB		67555			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67555013075 DIGAZ	DIGESTIV	561600 Digestants	56160000 Digestants	O	0-0-0-0-0	ORAL	CAPS	EA	100		SSB		67555	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67555013190 HEMAX E	IRON-VIT	200404 Iron Prepa	20040400 Iron Prepa	O	150-1 MG	ORAL	TABS	EA	90		SSB		67555			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67555013590 HEMAX	IRON-DO	200404 Iron Prepa	20040400 Iron Prepa	P	150-1 MG	ORAL	TABS	EA	90		GENERIC		67555			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67555014012 MAXFE	IRON-FOL	200404 Iron Prepa	20040400 Iron Prepa	O	160-1.7 M	ORAL	TABS	EA	120		SSB		67555			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67555014108 MAXFE	FE BISGL	200404 Iron Prepa	20040400 Iron Prepa	O	160 MG/1(	ORAL	LIQD	ML	237		SSB		67555			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67555014112 MAXFE	IRON-FOL	200404 Iron Prepa	20040400 Iron Prepa	O	160-1.7 M	ORAL	TABS	EA	120		SSB		67555			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67555014202 MAXFE D	FE BISGL	200404 Iron Prepa	20040400 Iron Prepa	O	10MCG/M	ORAL	LIQD	ML	60		SSB		67555			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67555014560 OBTREX	PRENATA	882800 Multivitam	88280000 Multivitam	O	120MG-12	ORAL	TABS	EA	60		SSB		67555			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67555017000 PROLIDA	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	4%-1%	EXTERNA	PTCH	EA	15		GENERIC		67555			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67555017010 CAPSIDE	CAPSAICI	840800 Antipruritic	84080000 Antipruritic	O	.038%-5%	EXTERNA	PTCH	EA	15		SSB		67555			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67555017115 PROLIDA	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	S	4%-1%	EXTERNA	PTCH	EA	15		GENERIC		67555			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
67555017215 CAPSIDE	CAPSAICI	840800 Antipruritic	84080000 Antipruritic	R	.038%-5%	EXTERNA	PTCH	EA	15		SSB		67555			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
67618000004 SENOKO	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.6 MG	ORAL	TABS	EA	100		GENERIC		67618			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67618000005 SLOWMA	MAGNESI	401200 Replacem	40120000 Replacem	O	71.5-119 I	ORAL	TBEC	EA	60		SSB		67618			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67618010101 COLACE	DOCUSAT	561200 Cathartics	56120000 Cathartics	P	100 MG	ORAL	CAPS	EA	100		MSB		67618			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
67618010110 COLACE	DOCUSAT	561200 Cathartics	56120000 Cathartics	P	100 MG	ORAL	CAPS	EA	10		MSB		67618	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
67618010130 COLACE	DOCUSAT	561200 Cathartics	56120000 Cathartics	P	100 MG	ORAL	CAPS	EA	30		MSB		67618	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
67618010152 COLACE	DOCUSAT	561200 Cathartics	56120000 Cathartics	P	100 MG	ORAL	CAPS	EA	250		MSB		67618	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
67618010160 COLACE	DOCUSAT	561200 Cathartics	56120000 Cathartics	P	100 MG	ORAL	CAPS	EA	60		MSB		67618	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
67618010760 SLOW-MA	MAGNESI	401200 Replacem	40120000 Replacem	O	71.5-119 I	ORAL	TBEC	EA	60		SSB		67618	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67618011010 COLACE :	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.6-50 MG	ORAL	TABS	EA	10		GENERIC		67618	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67618011030 COLACE :	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.6-50 MG	ORAL	TABS	EA	30		GENERIC		67618	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67618011060 COLACE :	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.6-50 MG	ORAL	TABS	EA	60		GENERIC		67618	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67618011128 COLACE (	DOCUSAT	561200 Cathartics	56120000 Cathartics	P	50 MG	ORAL	CAPS	EA	28		MSB		67618	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
67618011220 SLOW-MA	MAGNESI	401200 Replacem	40120000 Replacem	O	71.5-119 I	ORAL	TBEC	EA	120		SSB		67618	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67618011280 SLOWMA	MAGNESI	401200 Replacem	40120000 Replacem	O	71.5-119 I	ORAL	TBEC	EA	180		SSB		67618			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67618011460 SLOWMA	MELATON	929200 UNKNOW	92920000 UNKNOW	O	1-71.5 MG	ORAL	TABS	EA	60		SSB		67618			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67618011760 SLOWMA	MAGNESI	401200 Replacem	40120000 Replacem	O	85 MG	ORAL	CHEW	EA	60		SSB		67618			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67618012006 SENOKO	SENNOSI	561200 Cathartics	56120000 Cathartics	P	17.2 MG	ORAL	TABS	EA	36		GENERIC		67618			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67618012012 SENOKO	SENNOSI	561200 Cathartics	56120000 Cathartics	P	17.2 MG	ORAL	TABS	EA	12		GENERIC		67618			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67618015001 BETADIN	POVIDON	840416 UNKNOW	84041600 UNKNOW	P	10%	EXTERNA	SOLN	ML	3780		MSB		67618	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
67618015004 BETADIN	POVIDON	840416 UNKNOW	84041600 UNKNOW	P	10%	EXTERNA	SOLN	ML	118		MSB		67618	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
67618015005 BETADIN	POVIDON	840416 UNKNOW	84041600 UNKNOW	P	10%	EXTERNA	SOLN	ML	14.8		MSB		67618	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
67618015009 BETADIN	POVIDON	840416 UNKNOW	84041600 UNKNOW	P	10%	EXTERNA	SOLN	ML	237		MSB		67618	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
67618015017 BETADIN	POVIDON	840416 UNKNOW	84041600 UNKNOW	P	10%	EXTERNA	SOLN	ML	473		MSB		67618	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
67618015018 BETADIN	POVIDON	840416 UNKNOW	84041600 UNKNOW	P	10%	EXTERNA	SOLN	ML	177		MSB		67618			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
67618015101 BETADIN	POVIDON	840416 UNKNOW	84041600 UNKNOW	O	7.50%	EXTERNA	SOLN	ML	3780		SSB		67618	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67618015104 BETADIN	POVIDON	840416 UNKNOW	84041600 UNKNOW	O	7.50%	EXTERNA	SOLN	ML	118		SSB		67618	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67618015116 BETADIN	POVIDON	840416 UNKNOW	84041600 UNKNOW	O	7.50%	EXTERNA	SOLN	ML	473		SSB		67618	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67618015117 BETADIN	POVIDON	840416 UNKNOW	84041600 UNKNOW	O	7.50%	EXTERNA	SOLN	ML	473		SSB		67618	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67618015132 BETADIN	POVIDON	840416 UNKNOW	84041600 UNKNOW	O	7.50%	EXTERNA	SOLN	ML	946		SSB	12/4/2024	67618	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67618015301 BETADIN	POVIDON	840416 UNKNOW	84041600 UNKNOW	P	10%	EXTERNA	SWAB	EA	1		MSB		67618	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
67618015303 BETADIN	POVIDON	840416 UNKNOW	84041600 UNKNOW	P	10%	EXTERNA	SWAB	EA	3		MSB		67618	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
67618016003 BETADIN	POVIDON	840416 UNKNOW	84041600 UNKNOW	O	5%	EXTERNA	SOLN	ML	88.7		SSB		67618			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67618016501 BETADIN	POVIDON	840416 UNKNOW	84041600 UNKNOW	O	5%	EXTERNA	AERP	GM	56.7		NON DRUG		67618			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67618018012 BETADIN	POVIDON	840416 UNKNOW	84041600 UNKNOW	O	5%	EXTERNA	CREA	GM	15		SSB	1/2/2024	67618			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67618018108 BETADIN	POVIDON	522800 Mouthwas	52280000 Mouthwas	O	0.50%	MOUTH/T	SOLN	ML	237		SSB		67618			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67618018208 BETADIN	POVIDON	522800 Mouthwas	52280000 Mouthwas	O	0.50%	MOUTH/T	SOLN	ML	237		SSB		67618			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67618020004 BETASEP	CHLORHE	840416 UNKNOW	84041600 UNKNOW	P	4%	EXTERNA	SOLN	ML	118		GENERIC		67618			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67618020008 BETASEP	CHLORHE	840416 UNKNOW	84041600 UNKNOW	P	4%	EXTERNA	SOLN	ML	237		GENERIC		67618			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67618020016 BETASEP	CHLORHE	840416 UNKNOW	84041600 UNKNOW	P	4%	EXTERNA	SOLN	ML	473		GENERIC		67618			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67618020030 BETASEP	CHLORHE	840416 UNKNOW	84041600 UNKNOW	P	4%	EXTERNA	SOLN	ML	946		GENERIC		67618			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67618030010 SENOKO	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.6 MG	ORAL	TABS	EA	100		MSB		67618	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
67618030020 SENOKO	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.6 MG	ORAL	TABS	EA	20		MSB		67618	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
67618030050 SENOKO	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.6 MG	ORAL	TABS	EA	50		MSB		67618	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
67618031001 SENOKO	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.6-50 MG	ORAL	TABS	EA	10		MSB		67618	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
67618031030 SENOKO	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.6-50 MG	ORAL	TABS	EA	30		MSB		67618	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
67618031060 SENOKO	SENNOSI	561200 Cathartics	56120000 Cathartics	P	8.6-50 MG	ORAL	TABS	EA	60		MSB		67618	N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
67618031960 SENOKO	SENNA	561200 Cathartics	56120000 Cathartics	O	8.7 MG	ORAL	CHEW	EA	60		SSB		67618			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67618033160 SENOKO	SENNA	561200 Cathartics	56120000 Cathartics	O	8.7 MG	ORAL	CHEW	EA	60		SSB		67618			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67618033220 SENOKO	SENNA W	561200 Cathartics	56120000 Cathartics	O	TEA BAG	ORAL	MISC	EA	20		SSB		67618			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67618033540 SENOKO	SENNA	561200 Cathartics	56120000 Cathartics	O	8.7 MG	ORAL	CHEW	EA	40		SSB		67618			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67684190102 LIPIODOL	ETHIODIZ	366800 Roentgen	36680000 Roentgen	R	480 MG/M	INJECTIO	OIL	ML	10		SSB		67684			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67684200000 DOTAREI	GADOTEF	366800 Roentgen	36680000 Roentgen	S	2.5 MMOL	INTRAVEI	SOLN	ML	5		MSB		67684			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
67684200001 DOTAREI	GADOTEF	366800 Roentgen	36680000 Roentgen	S	5 MMOL/1	INTRAVEI	SOLN	ML	10		MSB		67684			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
67684200002 DOTAREI	GADOTEF	366800 Roentgen	36680000 Roentgen	S	7.5 MMOL	INTRAVEI	SOLN	ML	15		MSB		67684			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
67684200003 DOTAREI	GADOTEF	366800 Roentgen	36680000 Roentgen	S	10 MMOL/	INTRAVEI	SOLN	ML	20		MSB		67684			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
67684200005 DOTAREI	GADOTEF	366800 Roentgen	36680000 Roentgen	S	5 MMOL/1	INTRAVEI	SOSY	ML	10		MSB		67684			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
67684200006 DOTAREI	GADOTEF	366800 Roentgen	36680000 Roentgen	S	7.5 MMOL	INTRAVEI	SOSY	ML	15		MSB		67684			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
67684200007 DOTAREI	GADOTEF	366800 Roentgen	36680000 Roentgen	S	10 MMOL/	INTRAVEI	SOSY	ML	20		MSB		67684			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
67684200100 DOTAREI	GADOTEF	366800 Roentgen	36680000 Roentgen	S	2.5 MMOL	INTRAVEI	SOLN	ML	5		MSB		67684			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
67684200101 DOTAREI	GADOTEF	366800 Roentgen	36680000 Roentgen	S	5 MMOL/1	INTRAVEI	SOLN	ML	10		MSB		67684			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
67684200102 DOTAREI	GADOTEF	366800 Roentgen	36680000 Roentgen	S	7.5 MMOL	INTRAVEI	SOLN	ML	15		MSB		67684			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
67684200103 DOTAREI	GADOTEF	366800 Roentgen	36680000 Roentgen	S	10 MMOL/	INTRAVEI	SOLN	ML	20		MSB		67684			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
67684200104 DOTAREI	GADOTEF	366800 Roentgen	36680000 Roentgen	S	50 MMOL/	INTRAVEI	SOLN	ML	100		MSB		67684			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
67684300101 DOTAREI	GADOTEF	366800 Roentgen	36680000 Roentgen	S	5 MMOL/1	INTRAVEI	SOSY	ML	10		MSB		67684			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
67684300102 DOTAREI	GADOTEF	366800 Roentgen	36680000 Roentgen	S	7.5 MMOL	INTRAVEI	SOSY	ML	15		MSB		67684			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
67684300103 DOTAREI	GADOTEF	366800 Roentgen	36680000 Roentgen	S	10 MMOL/	INTRAVEI	SOSY	ML	20		MSB		67684			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
67684423001 ELUCIREI	GADOPIC	366800 Roentgen	36680000 Roentgen	R	0.5 MMOL	INTRAVEI	SOLN	ML	3		SSB		67684			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67684423002 ELUCIREI	GADOPIC	366800 Roentgen	36680000 Roentgen	R	0.5 MMOL	INTRAVEI	SOLN	ML	3		SSB		67684			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67684423101 ELUCIREI	GADOPIC	366800 Roentgen	36680000 Roentgen	R	0.5 MMOL	INTRAVEI	SOLN	ML	7.5		SSB		67684			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67684423102 ELUCIREI	GADOPIC	366800 Roentgen	36680000 Roentgen	R	0.5 MMOL	INTRAVEI	SOLN	ML	7.5		SSB		67684			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67684423201 ELUCIREI	GADOPIC	366800 Roentgen	36680000 Roentgen	R	0.5 MMOL	INTRAVEI	SOLN	ML	10		SSB		67684			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67684423202 ELUCIREI	GADOPIC	366800 Roentgen	36680000 Roentgen	R	0.5 MMOL	INTRAVEI	SOLN	ML	10		SSB		67684			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67684423301 ELUCIREI	GADOPIC	366800 Roentgen	36680000 Roentgen	R	0.5 MMOL	INTRAVEI	SOLN	ML	15		SSB		67684			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67684423302 ELUCIREI	GADOPIC	366800 Roentgen	36680000 Roentgen	R	0.5 MMOL	INTRAVEI	SOLN	ML	15		SSB		67684			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67684424001 ELUCIREI	GADOPIC	366800 Roentgen	36680000 Roentgen	R	0.5 MMOL	INTRAVEI	SOLN	ML	7.5		SSB		67684			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67684424002 ELUCIREI	GADOPIC	366800 Roentgen	36680000 Roentgen	R	0.5 MMOL	INTRAVEI	SOLN	ML	7.5		SSB		67684			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67684424101 ELUCIREI	GADOPIC	366800 Roentgen	36680000 Roentgen	R	0.5 MMOL	INTRAVEI	SOLN	ML	10		SSB		67684			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67684424102 ELUCIREI	GADOPIC	366800 Roentgen	36680000 Roentgen	R	0.5 MMOL	INTRAVEI	SOLN	ML	10		SSB		67684			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67684424201 ELUCIREI	GADOPIC	366800 Roentgen	36680000 Roentgen	R	0.5 MMOL	INTRAVEI	SOLN	ML	15		SSB		67684			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67684424202 ELUCIREI	GADOPIC	366800 Roentgen	36680000 Roentgen	R	0.5 MMOL	INTRAVEI	SOLN	ML	15		SSB		67684			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67684425001 ELUCIREI	GADOPIC	366800 Roentgen	36680000 Roentgen	R	0.5 MMOL	INTRAVEI	SOLN	ML	30		SSB		67684			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67684425002 ELUCIREI	GADOPIC	366800 Roentgen	36680000 Roentgen	R	0.5 MMOL	INTRAVEI	SOLN	ML	30		SSB		67684			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67684425003 ELUCIREI	GADOPIC	366800 Roentgen	36680000 Roentgen	R	0.5 MMOL	INTRAVEI	SOLN	ML	50		SSB		67684			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67684425004 ELUCIREI	GADOPIC	366800 Roentgen	36680000 Roentgen	R	0.5 MMOL	INTRAVEI	SOLN	ML	50		SSB		67684			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67684425005 ELUCIREI	GADOPIC	366800 Roentgen	36680000 Roentgen	R	0.5 MMOL	INTRAVEI	SOLN	ML	100		SSB		67684			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67684425006 ELUCIREI	GADOPIC	366800 Roentgen	36680000 Roentgen	R	0.5 MMOL	INTRAVEI	SOLN	ML	100		SSB		67684			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67684425007 ELUCIREI	GADOPIC	366800 Roentgen	36680000 Roentgen	R	0.5 MMOL	INTRAVEI	SOLN	ML	100		SSB		67684			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67693000020 BIOLYTE	ORAL ELE	401200 Replacem	40120000 Replacem	O	0-16MG/4	ORAL	SOLN	ML	473		SSB		67693			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67693000021 BIOLYTE	ORAL ELE	401200 Replacem	40120000 Replacem	O	0-16MG/4	ORAL	SOLN	ML	473		SSB		67693			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67693000024 BIOLYTE	ORAL ELE	401200 Replacem	40120000 Replacem	O	0-16MG/4	ORAL	SOLN	ML	473		SSB		67693			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67693000025 BIOLYTE	ORAL ELE	401200 Replacem	40120000 Replacem	O	0-16MG/4	ORAL	SOLN	ML	473		SSB		67693			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67693000026 BIOLYTE	ORAL ELE	401200 Replacem	40120000 Replacem	O	0-16MG/4	ORAL	SOLN	ML	473		SSB		67693			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67693000027 BIOLYTE	ORAL ELE	401200 Replacem	40120000 Replacem	O	0-16MG/4	ORAL	SOLN	ML	473		SSB		67693			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67693000028 BIOLYTE	ORAL ELE	401200 Replacem	40120000 Replacem	O	0-16MG/4	ORAL	SOLN	ML	473		SSB		67693	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67693000029 BIOLYTE	ORAL ELE	401200 Replacem	40120000 Replacem	O	16MG/437	ORAL	SOLN	ML	473		SSB		67693	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67693097937 BIOLYTE	ORAL ELE	401200 Replacem	40120000 Replacem	O	0-16MG/1	ORAL	PACK	EA	10		SSB		67693			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67693097942 BIOLYTE	ORAL ELE	401200 Replacem	40120000 Replacem	O	0-16MG/1	ORAL	PACK	EA	6		SSB		67693			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67754000012 ASTAMEI	ASTAXAN	929200 UNKNOW	92920000 UNKNOW	R	6MG-300U	ORAL	CAPS	EA	60		SSB		67754			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRIM
67777000401 HYDROC	HYDROC	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	CREA	GM	28.4		GENERIC		67777			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777000402 HYDROC	HYDROC	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	CREA	GM	28.4		GENERIC		67777			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777000403 HYDROC	HYDROC	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	CREA	EA	1		GENERIC		67777			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777000404 HYDROC	HYDROC	840608 UNKNOW	84060800 UNKNOW	P	1%	EXTERNA	CREA	EA	1		GENERIC		67777			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777000500 WHITE PE	WHITE PE	842412 Basic Oint	84241200 Basic Oint	O	100%	EXTERNA	OINT	GM	5		NON DRUG		67777			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777000501 WHITE PE	WHITE PE	842412 Basic Oint	84241200 Basic Oint	O	100%	EXTERNA	OINT	GM	5		NON DRUG		67777			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777000570 WHITE PE	WHITE PE	842412 Basic Oint	84241200 Basic Oint	O	100%	EXTERNA	OINT	GM	425		NON DRUG		67777			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777000571 WHITE PE	WHITE PE	842412 Basic Oint	84241200 Basic Oint	O	100%	EXTERNA	OINT	GM	425		NON DRUG		67777			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777000749 FIRST AI	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	O	0.5-0.13 %	EXTERNA	CREA	EA	144		SSB		67777			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777000750 FIRST AI	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	O	0.5-0.13 %	EXTERNA	CREA	EA	144		SSB		67777			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777000810 BACITRA	BACITRA	840404 Antibacter	84040400 Antibacter	P	500 UNIT/	EXTERNA	OINT	EA	144		GENERIC		67777	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777000811 BACITRA	BACITRA	840404 Antibacter	84040400 Antibacter	P	500 UNIT/	EXTERNA	OINT	EA	144		GENERIC		67777	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777000860 BACITRA	BACITRA	840404 Antibacter	84040400 Antibacter	P	500 UNIT/	EXTERNA	OINT	GM	425		GENERIC		67777			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777000861 BACITRA	BACITRA	840404 Antibacter	84040400 Antibacter	P	500 UNIT/	EXTERNA	OINT	GM	425		GENERIC		67777			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777000939 LIDOCAIN	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	4%	EXTERNA	PTCH	EA	5		GENERIC		67777			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777000940 LIDOCAIN	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	4%	EXTERNA	PTCH	EA	5		GENERIC		67777			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777001403 AQUAGAI	SKIN PRO	842412 Basic Oint	84241200 Basic Oint	O	41%	EXTERNA	OINT	GM	106		NON DRUG		67777	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777001404 AQUAGAI	SKIN PRO	842412 Basic Oint	84241200 Basic Oint	O	41%	EXTERNA	OINT	GM	396.9		NON DRUG		67777	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777001405 AQUAGAI	SKIN PRO	842412 Basic Oint	84241200 Basic Oint	O	41%	EXTERNA	OINT	EA	144		NON DRUG		67777	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777001463 AQUAGAI	SKIN PRO	842412 Basic Oint	84241200 Basic Oint	O	41%	EXTERNA	OINT	GM	106		NON DRUG		67777	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777001464 AQUAGAI	SKIN PRO	842412 Basic Oint	84241200 Basic Oint	O	41%	EXTERNA	OINT	GM	396.9		NON DRUG		67777	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777001465 AQUAGAI	SKIN PRO	842412 Basic Oint	84241200 Basic Oint	O	41%	EXTERNA	OINT	EA	144		NON DRUG		67777	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777011349 DYNARUI	MENTHOI	842404 Basic Loti	84240400 Basic Loti	P	10-15 %	EXTERNA	CREA	GM	84.7		MSB		67777			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
67777011350 DYNARUI	MENTHOI	842404 Basic Loti	84240400 Basic Loti	P	10-15 %	EXTERNA	CREA	GM	84.7		GENERIC		67777			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777011610 BACITRA	BACITRA	840404 Antibacter	84040400 Antibacter	P	500 UNIT/	EXTERNA	OINT	EA	144		GENERIC		67777			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777011611 BACITRA	BACITRA	840404 Antibacter	84040400 Antibacter	P	500 UNIT/	EXTERNA	OINT	EA	144		GENERIC		67777			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777011620 BACITRA	BACITRA	840404 Antibacter	84040400 Antibacter	P	500 UNIT/	EXTERNA	OINT	GM	14.2		GENERIC		67777			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777011621 BACITRA	BACITRA	840404 Antibacter	84040400 Antibacter	P	500 UNIT/	EXTERNA	OINT	GM	14.2		GENERIC		67777			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777011630 BACITRA	BACITRA	840404 Antibacter	84040400 Antibacter	P	500 UNIT/	EXTERNA	OINT	GM	28.4		GENERIC		67777			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777011631 BACITRA	BACITRA	840404 Antibacter	84040400 Antibacter	P	500 UNIT/	EXTERNA	OINT	GM	28.4		GENERIC		67777			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777011910 ZINC OXI	ZINC OXI	841200 Astringent	84120000 Astringent	P	25%	EXTERNA	OINT	GM	56.7		GENERIC		67777			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777011912 ZINC OXI	ZINC OXI	841200 Astringent	84120000 Astringent	P	25%	EXTERNA	OINT	GM	56.7		GENERIC		67777			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777012111 ALCOHOL	ALCOHOL	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	200		NON DRU	7/31/2023	67777			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777012112 ALCOHOL	ALCOHOL	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	200		NON DRU	7/31/2023	67777			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777012113 ALCOHOL	ALCOHOL	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	200		NON DRUG		67777			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777012114 ALCOHOL	ALCOHOL	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	100		NON DRUG		67777			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777012116 ALCOHOL	ALCOHOL	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	100		NON DRUG		67777			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777012117 ALCOHOL	ALCOHOL	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	100		NON DRUG		67777			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777012118 ALCOHOL	ALCOHOL	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	100		NON DRUG		67777			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777012119 ALCOHOL	ALCOHOL	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	100		NON DRUG		67777			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777012120 ALCOHOL	ALCOHOL	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	100		NON DRUG		67777			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777012900 XEROBUI	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	2%	EXTERNA	GEL	GM	3.5		MSB		67777			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
67777012901 XEROBUI	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	2%	EXTERNA	GEL	GM	3.5		MSB		67777			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
67777012902 XEROBUI	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	2%	EXTERNA	GEL	GM	3.5		MSB		67777			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
67777012909 XEROBUI	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	2%	EXTERNA	GEL	GM	3.5		MSB		67777			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
67777012910 XEROBUI	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	2%	EXTERNA	GEL	GM	3.5		MSB		67777			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
67777014001 POVIDON	POVIDON	840416 UNKNOW	84041600 UNKNOW	O	10%	EXTERNA	PADS	EA	100		MSB		67777			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
67777014420 X-TREME	MENTHOI	849200 Skin and I	84920000 Skin and I	P	4%	EXTERNA	GEL	ML	118		GENERIC		67777			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777014421 X-TREME	MENTHOI	849200 Skin and I	84920000 Skin and I	P	4%	EXTERNA	GEL	ML	118		GENERIC		67777			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777014730 D-CERIN	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	O	33%	EXTERNA	CREA	GM	106		SSB		67777	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777014731 D-CERIN	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	O	33%	EXTERNA	CREA	GM	106		SSB		67777	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777016002 LEMON-G	MISC. THI	529200 EENT Dru	52920000 EENT Dru	O	7.5%-0	MOUTH/T	SWAB	EA	75		MSB		67777			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
67777016110 LEMON-G	MISC. THI	529200 EENT Dru	52920000 EENT Dru	O	7.50%	MOUTH/T	SWAB	EA	3		NON DRUG		67777			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777016111 LEMON-G	MISC. THI	529200 EENT Dru	52920000 EENT Dru	O	7.50%	MOUTH/T	SWAB	EA	3		NON DRUG		67777			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777021101 WHITE PE	WHITE PE	842412 Basic Oint	84241200 Basic Oint	O	100%	EXTERNA	OINT	GM	5		MSB		67777			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
67777021102 WHITE PE	WHITE PE	842412 Basic Oint	84241200 Basic Oint	O	100%	EXTERNA	OINT	GM	425		MSB		67777			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
67777021103 WHITE PE	WHITE PE	842412 Basic Oint	84241200 Basic Oint	O	100%	EXTERNA	OINT	GM	28.4		MSB		67777			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
67777021107 WHITE PE	WHITE PE	842412 Basic Oint	84241200 Basic Oint	O	100%	EXTERNA	OINT	GM	113		MSB		67777			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRIM
67777021402 VITAMINS	VITAMINS	842412 Basic Oint	84241200 Basic Oint	P	76%-0-0	EXTERNA	OINT	GM	425		GENERIC		67777			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777021403 VITAMINS	VITAMINS	842412 Basic Oint	84241200 Basic Oint	P	76%-0-0-0	EXTERNA	OINT	GM	425		GENERIC		67777	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777021405 VITAMINS	VITAMINS	842412 Basic Oint	84241200 Basic Oint	P	76%-0-0-0	EXTERNA	OINT	GM	28.4		GENERIC		67777	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777021406 VITAMINS	VITAMINS	842412 Basic Oint	84241200 Basic Oint	P	76%-0-0-0	EXTERNA	OINT	GM	28.4		GENERIC		67777	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777021410 VITAMINS	VITAMINS	842412 Basic Oint	84241200 Basic Oint	P	76%-0-0-0	EXTERNA	OINT	GM	113		GENERIC		67777	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777021411 VITAMINS	VITAMINS	842412 Basic Oint	84241200 Basic Oint	P	76%-0-0-0	EXTERNA	OINT	GM	113		GENERIC		67777	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777021507 VITAMINS	VITAMINS	842412 Basic Oint	84241200 Basic Oint	P	0-0-0-0	EXTERNA	OINT	GM	5		GENERIC		67777	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777021508 VITAMINS	VITAMINS	842412 Basic Oint	84241200 Basic Oint	P	0-0-0-0	EXTERNA	OINT	GM	5		GENERIC		67777	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777021701 TRIPLE A	NEOMYCI	840404 Antibacter	84040400 Antibacter	P	5-400-500	EXTERNA	OINT	GM	28.4		GENERIC		67777	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777021710 TRIPLE A	NEOMYCI	840404 Antibacter	84040400 Antibacter	P	5-400-500	EXTERNA	OINT	GM	28.4		GENERIC		67777			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777021711 TRIPLE A	NEOMYCI	840404 Antibacter	84040400 Antibacter	P	5-400-500	EXTERNA	OINT	GM	28.4		GENERIC		67777			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777021712 TRIPLE A	NEOMYCI	840404 Antibacter	84040400 Antibacter	P	5-400-500	EXTERNA	OINT	GM	14.2		GENERIC		67777			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777021713 TRIPLE A	NEOMYCI	840404 Antibacter	84040400 Antibacter	P	5-400-500	EXTERNA	OINT	GM	14.2		GENERIC		67777			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777021714 TRIPLE A	NEOMYCI	840404 Antibacter	84040400 Antibacter	P	5-400-500	EXTERNA	OINT	EA	1		GENERIC		67777			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777021715 TRIPLE A	NEOMYCI	840404 Antibacter	84040400 Antibacter	P	5-400-500	EXTERNA	OINT	EA	144		GENERIC		67777			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777021716 TRIPLE A	NEOMYCI	840404 Antibacter	84040400 Antibacter	P	5-400-500	EXTERNA	OINT	EA	1		GENERIC		67777			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777021717 TRIPLE A	NEOMYCI	840404 Antibacter	84040400 Antibacter	P	5-400-500	EXTERNA	OINT	EA	144		GENERIC		67777			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777021901 BACITRA	BACITRA	840404 Antibacter	84040400 Antibacter	P	500 UNIT/	EXTERNA	OINT	GM	28.4		GENERIC	2/28/2023	67777			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777022007 BACITRA	BACITRA	840404 Antibacter	84040400 Antibacter	P	500 UNIT/	EXTERNA	OINT	GM	425		GENERIC		67777			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777022201 ZINC OXI	ZINC OXI	841200 Astringent	84120000 Astringent	P	20%	EXTERNA	OINT	GM	56.7		GENERIC	4/1/2022	67777			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777022202 ZINC OXI	ZINC OXI	841200 Astringent	84120000 Astringent	P	20%	EXTERNA	OINT	GM	425		GENERIC	4/1/2022	67777			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777022203 ZINC OXI	ZINC OXI	841200 Astringent	84120000 Astringent	P	20%	EXTERNA	OINT	GM	28.4		GENERIC	4/1/2022	67777			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777023110 ANTIFUN	CLOTRIM	840408 Antifungal	84040808 Azoles	P	1%	EXTERNA	CREA	GM	113		GENERIC		67777			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777023111 ANTIFUN	CLOTRIM	840408 Antifungal	84040808 Azoles	P	1%	EXTERNA	CREA	GM	113		GENERIC		67777			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777023112 ANTIFUN	CLOTRIM	840408 Antifungal	84040808 Azoles	P	1%	EXTERNA	CREA	GM	28.4		GENERIC		67777			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777023113 ANTIFUN	CLOTRIM	840408 Antifungal	84040808 Azoles	P	1%	EXTERNA	CREA	GM	28.4		GENERIC		67777			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777023301 DYNAGEL	WOUND D	849200 Skin and I	84920000 Skin and I	O	20%	EXTERNA	GEL	GM	84.7		NON DRUG		67777			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777023302 DYNAGEL	WOUND D	849200 Skin and I	84920000 Skin and I	O	20%	EXTERNA	GEL	GM	84.7		NON DRUG		67777			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777023401 CALASOC	MENTHOI	841200 Astringent	84120000 Astringent	O	0.44-20.62	EXTERNA	OINT	GM	3.5		SSB		67777			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777023402 CALASOC	MENTHOI	841200 Astringent	84120000 Astringent	O	0.44-20.62	EXTERNA	OINT	GM	3.5		SSB		67777			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777023403 CALASOC	MENTHOI	841200 Astringent	84120000 Astringent	O	0.44-20.62	EXTERNA	OINT	GM	113		SSB		67777			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777023404 CALASOC	MENTHOI	841200 Astringent	84120000 Astringent	O	0.44-20.62	EXTERNA	OINT	GM	113		SSB		67777			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777024302 CLEANSI	BENZALK	840492 Local Anti-	84049200 Local Anti-	P	0.13%	EXTERNA	MISC	EA	100		NON DRUG		67777			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777024303 CLEANSI	BENZALK	840492 Local Anti-	84049200 Local Anti-	P	0.13%	EXTERNA	MISC	EA	100		NON DRUG		67777			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777024401 OBSTETF	BENZALK	840492 Local Anti-	84049200 Local Anti-	P	0.13%	EXTERNA	MISC	EA	100		GENERIC		67777			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777024402 OBSTETF	BENZALK	840492 Local Anti-	84049200 Local Anti-	P	0.13%	EXTERNA	MISC	EA	100		NON DRUG		67777			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777024501 BZK ANTI	BENZALK	840492 Local Anti-	84049200 Local Anti-	P	0.13%	EXTERNA	MISC	EA	100		GENERIC		67777			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777024502 BZK ANTI	BENZALK	840492 Local Anti-	84049200 Local Anti-	P	0.13%	EXTERNA	MISC	EA	1000		GENERIC		67777			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777024511 BZK ANTI	BENZALK	840492 Local Anti-	84049200 Local Anti-	P	0.13%	EXTERNA	MISC	EA	100		GENERIC		67777			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777024602 STING & I	BENZOCA	840800 Antipruritic	84080000 Antipruritic	O	6-60 %	EXTERNA	PADS	EA	3000		NON DRUG		67777			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777025101 AMMONIA	AMMONIA	282032 UNKNOW	28203200 UNKNOW	O	15%-15%	INHALATI	INHA	EA	10		GENERIC		67777			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777025102 AMMONIA	AMMONIA	282032 UNKNOW	28203200 UNKNOW	O	15%-15%	INHALATI	INHA	EA	10		GENERIC		67777			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777030001 ALCOHOL	ALCOHOL	940000 Devices	94000000 Devices	O	70%	DOES NO	PADS	EA	50		NON DRUG		67777			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
67777030002 ALCOHOL	ALCOHOL	940000 Devices	94000000 Devices	O	70%	DOES NO	PADS	EA	3		NON DRUG		67777			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM

67981094183	K-Y TRUE	LUBRICAI	849200 Skin and M	84920000 Skin and M	P	0	EXTERNA	LIQD	ML	44	GENERIC		67981	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
67981095397	K-Y TRUE	LUBRICAI	849200 Skin and M	84920000 Skin and M	P	0	EXTERNA	LIQD	ML	133	GENERIC		67981	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
67981096302	K-Y NATU	LUBRICAI	849200 Skin and M	84920000 Skin and M	P	0	EXTERNA	LIQD	ML	50	GENERIC		67981	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
67981096303	K-Y NATU	LUBRICAI	849200 Skin and M	84920000 Skin and M	P	0	EXTERNA	GEL	ML	50	GENERIC	5/15/2023	67981	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
67981096659	K-Y DURA	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	O	9.60%	EXTERNA	SOLN	ML	5	SSB		67981	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68001000400	METAXAL	METAXAL	122004 UNKNOW	12200400 UNKNOW	S	800 MG	ORAL	TABS	EA	100	GENERIC	4/19/2022	68001	N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS					R	MEDPRMI
68001000501	METHYLP	METHYLP	680400 Adrenals	68040000 Adrenals	S	4 MG	ORAL	TBPK	EA	21	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001010500	DIVALPRO	DIVALPRO	281228 UNKNOW	28122800 UNKNOW	S	250 MG	ORAL	TB24	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001010503	DIVALPRO	DIVALPRO	281228 UNKNOW	28122800 UNKNOW	S	250 MG	ORAL	TB24	EA	500 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001010600	DIVALPRO	DIVALPRO	281228 UNKNOW	28122800 UNKNOW	S	500 MG	ORAL	TB24	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001010603	DIVALPRO	DIVALPRO	281228 UNKNOW	28122800 UNKNOW	S	500 MG	ORAL	TB24	EA	500 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001011104	LANSOPF	LANSOPF	562836 Proton-pu	56283600 Proton-pu	S	15 MG	ORAL	CPDR	EA	30 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001011105	LANSOPF	LANSOPF	562836 Proton-pu	56283600 Proton-pu	S	15 MG	ORAL	CPDR	EA	90 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001011203	LANSOPF	LANSOPF	562836 Proton-pu	56283600 Proton-pu	S	30 MG	ORAL	CPDR	EA	500 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001011204	LANSOPF	LANSOPF	562836 Proton-pu	56283600 Proton-pu	S	30 MG	ORAL	CPDR	EA	30 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001011205	LANSOPF	LANSOPF	562836 Proton-pu	56283600 Proton-pu	S	30 MG	ORAL	CPDR	EA	90 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001011306	LEVETIRA	LEVETIRA	281292 Anticonvul	28129200 Anticonvul	S	500 MG	ORAL	TB24	EA	60 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001011406	LEVETIRA	LEVETIRA	281292 Anticonvul	28129200 Anticonvul	S	750 MG	ORAL	TB24	EA	60 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001011903	METOPRO	METOPRO	242000 Alpha-Adr	24200000 Alpha-Adr	S	100 MG	ORAL	TB24	EA	500 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001013000	AMLODIP	AMLODIP	242808 Dihydropy	24280800 Dihydropy	S	10-20 MG	ORAL	CAPS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001013100	AMLODIP	AMLODIP	242808 Dihydropy	24280800 Dihydropy	S	10-40 MG	ORAL	CAPS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001013200	AMLODIP	AMLODIP	242808 Dihydropy	24280800 Dihydropy	S	2.5MG-10I	ORAL	CAPS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001013300	AMLODIP	AMLODIP	242808 Dihydropy	24280800 Dihydropy	S	5-10 MG	ORAL	CAPS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001013400	AMLODIP	AMLODIP	242808 Dihydropy	24280800 Dihydropy	S	5-20 MG	ORAL	CAPS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001013500	AMLODIP	AMLODIP	242808 Dihydropy	24280800 Dihydropy	S	5-40 MG	ORAL	CAPS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001015100	CARVEDI	CARVEDI	242000 Alpha-Adr	24200000 Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001015103	CARVEDI	CARVEDI	242000 Alpha-Adr	24200000 Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	500 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001015200	CARVEDI	CARVEDI	242000 Alpha-Adr	24200000 Alpha-Adr	S	25 MG	ORAL	TABS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001015203	CARVEDI	CARVEDI	242000 Alpha-Adr	24200000 Alpha-Adr	S	25 MG	ORAL	TABS	EA	500 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001015300	CARVEDI	CARVEDI	242000 Alpha-Adr	24200000 Alpha-Adr	S	3.125 MG	ORAL	TABS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001015303	CARVEDI	CARVEDI	242000 Alpha-Adr	24200000 Alpha-Adr	S	3.125 MG	ORAL	TABS	EA	500 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001015400	CARVEDI	CARVEDI	242000 Alpha-Adr	24200000 Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001015403	CARVEDI	CARVEDI	242000 Alpha-Adr	24200000 Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	500 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001015504	ANASTRC	ANASTRC	681608 Antiestrog	68160800 Antiestrog	S	1 MG	ORAL	TABS	EA	30 X	GENERIC		68001	N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF AGE=35-999 YEARS AND R	R	MEDPRMI
68001015508	ANASTRC	ANASTRC	681608 Antiestrog	68160800 Antiestrog	S	1 MG	ORAL	TABS	EA	1000 X	GENERIC		68001	N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF AGE=35-999 YEARS AND R	R	MEDPRMI
68001015600	VENLAFA	VENLAFA	281604 Antidepres	28160416 UNKNOW	S	100MG	ORAL	TABS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001015700	VENLAFA	VENLAFA	281604 Antidepres	28160416 UNKNOW	S	25 MG	ORAL	TABS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001015800	VENLAFA	VENLAFA	281604 Antidepres	28160416 UNKNOW	S	37.5 MG	ORAL	TABS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001015900	VENLAFA	VENLAFA	281604 Antidepres	28160416 UNKNOW	S	50MG	ORAL	TABS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001016000	VENLAFA	VENLAFA	281604 Antidepres	28160416 UNKNOW	S	75 MG	ORAL	TABS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001016100	PROMETI	PROMETI	40400 First Gene	4040000 First Gene	S	12.5 MG	ORAL	TABS	EA	100	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001016200	PROMETI	PROMETI	40400 First Gene	4040000 First Gene	S	25 MG	ORAL	TABS	EA	100	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001016203	PROMETI	PROMETI	40400 First Gene	4040000 First Gene	S	25 MG	ORAL	TABS	EA	500	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001016208	PROMETI	PROMETI	40400 First Gene	4040000 First Gene	S	25 MG	ORAL	TABS	EA	1000	GENERIC	8/15/2023	68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001016300	PROMETI	PROMETI	40400 First Gene	4040000 First Gene	S	50 MG	ORAL	TABS	EA	100	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001017100	CARBIDO	CARBIDO	283616 UNKNOW	28361600 UNKNOW	S	25-100 MG	ORAL	TBCR	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001017200	CARBIDO	CARBIDO	283616 UNKNOW	28361600 UNKNOW	S	50-200 MG	ORAL	TBCR	EA	100 X	GENERIC	2/29/2024	68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001017700	GLIMEPIF	GLIMEPIF	682020 Sulfonylur	68202000 Sulfonylur	S	1 MG	ORAL	TABS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001017703	GLIMEPIF	GLIMEPIF	682020 Sulfonylur	68202000 Sulfonylur	S	1 MG	ORAL	TABS	EA	500 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001017800	GLIMEPIF	GLIMEPIF	682020 Sulfonylur	68202000 Sulfonylur	S	2 MG	ORAL	TABS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001017803	GLIMEPIF	GLIMEPIF	682020 Sulfonylur	68202000 Sulfonylur	S	2 MG	ORAL	TABS	EA	500 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001017900	GLIMEPIF	GLIMEPIF	682020 Sulfonylur	68202000 Sulfonylur	S	4 MG	ORAL	TABS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001017903	GLIMEPIF	GLIMEPIF	682020 Sulfonylur	68202000 Sulfonylur	S	4 MG	ORAL	TABS	EA	500 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001018000	QUETIAPI	QUETIAPI	281608 Antipsych	28160804 Atypical A	S	50 MG	ORAL	TABS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001018008	QUETIAPI	QUETIAPI	281608 Antipsych	28160804 Atypical A	S	50 MG	ORAL	TABS	EA	1000 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001018100	QUETIAPI	QUETIAPI	281608 Antipsych	28160804 Atypical A	S	400 MG	ORAL	TABS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001018103	QUETIAPI	QUETIAPI	281608 Antipsych	28160804 Atypical A	S	400 MG	ORAL	TABS	EA	500 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001018200	QUETIAPI	QUETIAPI	281608 Antipsych	28160804 Atypical A	S	200 MG	ORAL	TABS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001018203	QUETIAPI	QUETIAPI	281608 Antipsych	28160804 Atypical A	S	200 MG	ORAL	TABS	EA	500 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001018300	QUETIAPI	QUETIAPI	281608 Antipsych	28160804 Atypical A	S	300 MG	ORAL	TABS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001018303	QUETIAPI	QUETIAPI	281608 Antipsych	28160804 Atypical A	S	300 MG	ORAL	TABS	EA	500 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001018306	QUETIAPI	QUETIAPI	281608 Antipsych	28160804 Atypical A	S	300 MG	ORAL	TABS	EA	60 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001018400	QUETIAPI	QUETIAPI	281608 Antipsych	28160804 Atypical A	S	100 MG	ORAL	TABS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001018408	QUETIAPI	QUETIAPI	281608 Antipsych	28160804 Atypical A	S	100 MG	ORAL	TABS	EA	1000 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001018500	QUETIAPI	QUETIAPI	281608 Antipsych	28160804 Atypical A	S	25 MG	ORAL	TABS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001018508	QUETIAPI	QUETIAPI	281608 Antipsych	28160804 Atypical A	S	25 MG	ORAL	TABS	EA	1000 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001018705	QUINAPR	QUINAPR	243204 Angiotens	24320400 Angiotens	S	20 MG	ORAL	TABS	EA	90 X	GENERIC	1/10/2023	68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001018805	QUINAPR	QUINAPR	243204 Angiotens	24320400 Angiotens	S	10 MG	ORAL	TABS	EA	90 X	GENERIC	1/10/2023	68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001018905	QUINAPR	QUINAPR	243204 Angiotens	24320400 Angiotens	S	5 MG	ORAL	TABS	EA	90 X	GENERIC	1/10/2023	68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001023106	DICLOFEI	DICLOFEI	280804 Nonsteroid	28080492 Other Non	S	50-0.2 MG	ORAL	TBEC	EA	60 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001023206	DICLOFEI	DICLOFEI	280804 Nonsteroid	28080492 Other Non	S	75-0.2 MG	ORAL	TBEC	EA	60 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001023700	CLONIDIN	CLONIDIN	242400 Beta-Adre	24240000 Beta-Adre	S	0.1 MG	ORAL	TABS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001023703	CLONIDIN	CLONIDIN	242400 Beta-Adre	24240000 Beta-Adre	S	0.1 MG	ORAL	TABS	EA	500 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001023800	CLONIDIN	CLONIDIN	242400 Beta-Adre	24240000 Beta-Adre	S	0.2 MG	ORAL	TABS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001023803	CLONIDIN	CLONIDIN	242400 Beta-Adre	24240000 Beta-Adre	S	0.2 MG	ORAL	TABS	EA	500 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001023900	CLONIDIN	CLONIDIN	242400 Beta-Adre	24240000 Beta-Adre	S	0.3 MG	ORAL	TABS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001024200	ZONISAM	ZONISAM	281224 UNKNOW	28122400 UNKNOW	S	25 MG	ORAL	CAPS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001024300	ZONISAM	ZONISAM	281224 UNKNOW	28122400 UNKNOW	S	50 MG	ORAL	CAPS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001024400	ZONISAM	ZONISAM	281224 UNKNOW	28122400 UNKNOW	S	100 MG	ORAL	CAPS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001024403	ZONISAM	ZONISAM	281224 UNKNOW	28122400 UNKNOW	S	100 MG	ORAL	CAPS	EA	500 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001024500	ATOVAQU	ATOVAQU	83008 Antimalari	8300800 Antimalari	S	250-100 M	ORAL	TABS	EA	100	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001024514	ATOVAQU	ATOVAQU	83008 Antimalari	8300800 Antimalari	S	250-100 M	ORAL	TABS	EA	1	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001024515	ATOVAQU	ATOVAQU	83008 Antimalari	8300800 Antimalari	S	250-100 M	ORAL	TABS	EA	24	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001024604	ONDANSI	ONDANSI	562220 5-HT3 Re	56222000 5-HT3 Re	S	4 MG	ORAL	TBDP	EA	30	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001024616	ONDANSI	ONDANSI	562220 5-HT3 Re	56222000 5-HT3 Re	S	4 MG	ORAL	TBDP	EA	1	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001024617	ONDANSI	ONDANSI	562220 5-HT3 Re	56222000 5-HT3 Re	S	4 MG	ORAL	TBDP	EA	30	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001024704	ONDANSI	ONDANSI	562220 5-HT3 Re	56222000 5-HT3 Re	S	8 MG	ORAL	TBDP	EA	30	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001024716	ONDANSI	ONDANSI	562220 5-HT3 Re	56222000 5-HT3 Re	S	8 MG	ORAL	TBDP	EA	1	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001024717	ONDANSI	ONDANSI	562220 5-HT3 Re	56222000 5-HT3 Re	S	8 MG	ORAL	TBDP	EA	30	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001024901	ZOLMITRI	ZOLMITRI	283228 Selective	28322800 Selective	S	2.5 MG	ORAL	TABS	EA	6	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS			X	18 IN 30 DAYS	X	Must meet 5 DS Imitr TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS			R	MEDPRMI
68001024919	ZOLMITRI	ZOLMITRI	283228 Selective	28322800 Selective	S	2.5 MG	ORAL	TABS	EA	1	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS			X	18 IN 30 DAYS	X	Must meet 5 DS Imitr TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS			R	MEDPRMI
68001025001	ZOLMITRI	ZOLMITRI	283228 Selective	28322800 Selective	S	5 MG	ORAL	TABS	EA	3	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS			X	18 IN 30 DAYS	X	Must meet 5 DS Imitr TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS			R	MEDPRMI
68001025018	ZOLMITRI	ZOLMITRI	283228 Selective	28322800 Selective	S	5 MG	ORAL	TABS	EA	1	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS			X	18 IN 30 DAYS	X	Must meet 5 DS Imitr TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS			R	MEDPRMI
68001025104	FLUCONA	FLUCONA	81408 Azoles	8140800 Azoles	S	50 MG	ORAL	TABS	EA	30	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001025204	FLUCONA	FLUCONA	81408 Azoles	8140800 Azoles	S	100 MG	ORAL	TABS	EA	30	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001025317	FLUCONA	FLUCONA	81408 Azoles	8140800 Azoles	S	150 MG	ORAL	TABS	EA	12	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001025344	FLUCONA	FLUCONA	81408 Azoles	8140800 Azoles	S	150 MG	ORAL	TABS	EA	1	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001025404	FLUCONA	FLUCONA	81408 Azoles	8140800 Azoles	S	200 MG	ORAL	TABS	EA	30	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001026005	QUINAPR	QUINAPR	243204 Angiotens	24320400 Angiotens	S	40 MG	ORAL	TABS	EA	90 X	GENERIC	1/10/2023	68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001026522	ETOPOSI	ETOPOSI	100000 Antineopla	10000000 Antineopla	S	100 MG/5I	INTRAVEI	SOLN	ML	5	GENERIC		68001	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68001026523	ETOPOSI	ETOPOSI	100000 Antineopla	10000000 Antineopla	S	500 MG/2!	INTRAVEI	SOLN	ML	25	GENERIC		68001	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68001026524	ETOPOSI	ETOPOSI	100000 Antineopla	10000000 Antineopla	S	1 GM/50M	INTRAVEI	SOLN	ML	50	GENERIC		68001	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68001026525	ETOPOSI	ETOPOSI	100000 Antineopla	10000000 Antineopla	S	100 MG/5I	INTRAVEI	SOLN	ML	5	GENERIC		68001	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68001026526	ETOPOSI	ETOPOSI	100000 Antineopla	10000000 Antineopla	S	500 MG/2!	INTRAVEI	SOLN	ML	25	GENERIC		68001	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68001026527	ETOPOSI	ETOPOSI	100000 Antineopla	10000000 Antineopla	S	1 GM/50M	INTRAVEI	SOLN	ML	50	GENERIC		68001	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68001026624	FLUOROL	FLUOROL	100000 Antineopla	10000000 Antineopla	S	2.5 GM/50	INTRAVEI	SOLN	ML	50	GENERIC	9/21/2022	68001	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68001026627	FLUOROL	FLUOROL	100000 Antineopla	10000000 Antineopla	S	2.5 GM/50	INTRAVEI	SOLN	ML	50	GENERIC	9/21/2022	68001	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68001026628	FLUOROL	FLUOROL	100000 Antineopla	10000000 Antineopla	S	500 MG/1(	INTRAVEI	SOLN	ML	10	GENERIC	9/21/2022	68001	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68001026629	FLUOROL	FLUOROL	100000 Antineopla	10000000 Antineopla	S	1 GM/20M	INTRAVEI	SOLN	ML	20	GENERIC	9/21/2022	68001	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68001026630	FLUOROL	FLUOROL	100000 Antineopla	10000000 Antineopla	S	500 MG/1(	INTRAVEI	SOLN	ML	10	GENERIC	9/21/2022	68001	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68001026631	FLUOROL	FLUOROL	100000 Antineopla	10000000 Antineopla	S	1 GM/20M	INTRAVEI	SOLN	ML	20	GENERIC	9/21/2022	68001	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68001026632	FLUOROL	FLUOROL	100000 Antineopla	10000000 Antineopla	S	5 GM/100I	INTRAVEI	SOLN	ML	100	GENERIC	7/26/2022	68001	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68001026633	FLUOROL	FLUOROL	100000 Antineopla	10000000 Antineopla	S	5 GM/100I	INTRAVEI	SOLN	ML	100	GENERIC	7/26/2022	68001	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68001027900	DICLOFEI	DICLOFEI	280804 Nonsteroid	28080492 Other Non	S	25 MG	ORAL	TBEC	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001028000	DICLOFEI	DICLOFEI	280804 Nonsteroid	28080492 Other Non	S	50 MG	ORAL	TBEC	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001028006	DICLOFEI	DICLOFEI	280804 Nonsteroid	28080492 Other Non	S	50 MG	ORAL	TBEC	EA	60 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001028008	DICLOFEI	DICLOFEI	280804 Nonsteroid	28080492 Other Non	S	50 MG	ORAL	TBEC	EA	1000 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001028100	DICLOFEI	DICLOFEI	280804 Nonsteroid	28080492 Other Non	S	75 MG	ORAL	TBEC	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001028103	DICLOFEI	DICLOFEI	280804 Nonsteroid	28080492 Other Non	S	75 MG	ORAL	TBEC	EA	500 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001028106	DICLOFEI	DICLOFEI	280804 Nonsteroid	28080492 Other Non	S	75 MG	ORAL	TBEC	EA	60 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001028108	DICLOFEI	DICLOFEI	280804 Nonsteroid	28080492 Other Non	S	75 MG	ORAL	TBEC	EA	1000 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001028324	CISPLATI	CISPLATI	100000 Antineopla	10000000 Antineopla	S	50 MG/50I	INTRAVEI	SOLN	ML	50	GENERIC	10/8/2024	68001	N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68001028327	CISPLATI	CISPLATI	100000 Antineopla	10000000 Antineopla	S	50 MG/50I	INTRAVEI	SOLN	ML	50	GENERIC	10/8/2024	68001	N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68001028332	CISPLATI	CISPLATI	100000 Antineopla	10000000 Antineopla	S	100 MG/1(	INTRAVEI	SOLN	ML	100	GENERIC	10/8/2024	68001	N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68001028333	CISPLATI	CISPLATI	100000 Antineopla	10000000 Antineopla	S	100 MG/1(	INTRAVEI	SOLN	ML	100	GENERIC	10/8/2024	68001	N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68001030800	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	75 MG	ORAL	TABS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001030900	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	100 MG	ORAL	TABS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001031356	AZACITID	AZACITID	100000 Antineopla	10000000 Antineopla	S	100 MG	INJECTIO	SUSR	EA	1	GENERIC		68001	N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68001031400	LOVASTA	LOVASTA	240608 HMG-CoA	24060800 HMG-CoA	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		68001	N	#N/A	ORIG_FR	10 EHB	#N/A			X	2 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
68001031500	LOVASTA	LOVASTA	240608 HMG-CoA	24060800 HMG-CoA	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		68001	N	#N/A	ORIG_FR	10 EHB	#N/A			X	2 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
68001031508	LOVASTA	LOVASTA	240608 HMG-CoA	24060800 HMG-CoA	S	20 MG	ORAL	TABS	EA	1000 X	GENERIC		68001	N	#N/A	ORIG_FR	10 EHB	#N/A			X	2 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
68001031600	LOVASTA	LOVASTA	240608 HMG-CoA	24060800 HMG-CoA	S	40 MG	ORAL	TABS	EA	100 X	GENERIC		68001	N	#N/A	ORIG_FR	10 EHB	#N/A			X	2 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
68001031608	LOVASTA	LOVASTA	240608 HMG-CoA	24060800 HMG-CoA	S	40 MG	ORAL	TABS	EA	1000 X	GENERIC		68001	N	#N/A	ORIG_FR	10 EHB	#N/A			X	2 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
68001031700	NADOLOL	NADOLOL	242000 Alpha-Adr	24200000 Alpha-Adr	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001031800	NADOLOL	NADOLOL	242000 Alpha-Adr	24200000 Alpha-Adr	S	40 MG	ORAL	TABS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001031900	NADOLOL	NADOLOL	242000 Alpha-Adr	24200000 Alpha-Adr	S	80 MG	ORAL	TABS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001032103	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	300 MG	ORAL	TB24	EA	500 X	GENERIC	5/2/2022	68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001032104	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	300 MG	ORAL	TB24	EA	30 X	GENERIC	5/2/2022	68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001032105	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	300 MG	ORAL	TB24	EA	90 X	GENERIC	6/16/2022	68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001032500	DESMOPI	DESMOPI	682800 Pituitary	68280000 Pituitary	S	0.1 MG	ORAL	TABS	EA	100 X	GENERIC	1/25/2023	68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001032600	DESMOPI	DESMOPI	682800 Pituitary	68280000 Pituitary	S	0.2 MG	ORAL	TABS	EA	100 X	GENERIC	1/11/2023	68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001032700	TRIAMTEI	TRIAMTEI	402816 Potassium	40281600 Potassium	S	37.5-25 M	ORAL	TABS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001032703	TRIAMTEI	TRIAMTEI	402816 Potassium	40281600 Potassium	S	37.5-25 M	ORAL	TABS	EA	500 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001032800	TRIAMTEI	TRIAMTEI	402816 Potassium	40281600 Potassium	S	75-50 MG	ORAL	TABS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001032803	TRIAMTEI	TRIAMTEI	402816 Potassium	40281600 Potassium	S	75-50 MG	ORAL	TABS	EA	500 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001033059	AKOVAZ	EPHEDRI	121212 alpha- and	12121200 alpha- and	S	50 MG/ML	INTRAVEI	SOLN	ML	1	MSB		68001	N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION									R	MEDPRMI
68001033060	AKOVAZ	EPHEDRI	121212 alpha- and	12121200 alpha- and	S	50 MG/ML	INTRAVEI	SOLN	ML	1	MSB		68001	N	EXCLUDE	SELF_INJ	3 BRND2	FORMULARY EXCLUSION									R	MEDPRMI
68001033200	LISINOPR	LISINOPR	243204 Angiotens	24320400 Angiotens	S	2.5 MG	ORAL	TABS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001033203	LISINOPR	LISINOPR	243204 Angiotens	24320400 Angiotens	S	2.5 MG	ORAL	TABS	EA	500 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001033300	LISINOPR	LISINOPR	243204 Angiotens	24320400 Angiotens	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001033308	LISINOPR	LISINOPR	243204 Angiotens	24320400 Angiotens	S	5 MG	ORAL	TABS	EA	1000 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001033400	LISINOPR	LISINOPR	243204 Angiotens	24320400 Angiotens	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001033408	LISINOPR	LISINOPR	243204 Angiotens	24320400 Angiotens	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001033500	LISINOPR	LISINOPR	243204 Angiotens	24320400 Angiotens	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001033508	LISINOPR	LISINOPR	243204 Angiotens	24320400 Angiotens	S	20 MG	ORAL	TABS	EA	1000 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001033600	LISINOPR	LISINOPR	243204 Angiotens	24320400 Angiotens	S	30 MG	ORAL	TABS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001034234	GEMCITA	GEMCITA	100000 Antineopla	10000000 Antineopla	S	200 MG/2I	INTRAVEI	SOLN	ML	2	MSB		68001	N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION									R	MEDPRMI
68001034523	DOXORUI	DOXORUI	100000 Antineopla	10000000 Antineopla	S	2 MG/ML	INTRAVEI	SUSP	ML	25	GENERIC		68001	N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68001034526	DOXORUI	DOXORUI	100000 Antineopla	10000000 Antineopla	S	2 MG/ML	INTRAVEI	SUSP	ML	25	GENERIC		68001	N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68001034528	DOXORUI	DOXORUI	100000 Antineopla	10000000 Antineopla	S	2 MG/ML	INTRAVEI	SUSP	ML	10	GENERIC		68001	N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68001034536	DOXORUI	DOXORUI	100000 Antineopla	10000000 Antineopla	S	2 MG/ML	INTRAVEI	SUSP	ML	10	GENERIC		68001	N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68001034836	GEMCITA	GEMCITA	100000 Antineopla	10000000 Antineopla	S	1 GM/10M	INTRAVEI	SOLN	ML	10	MSB		68001	N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION									R	MEDPRMI
68001035525	PALONOS	PALONOS	562220 5-HT3 Re	56222000 5-HT3 Re	S	0.25 MG/5	INTRAVEI	SOLN	ML	5	GENERIC		68001	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68001035600	METOPRO	METOPRO	242000 Alpha-Adr	24200000 Alpha-Adr	S	25 MG	ORAL	TB24	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001035603	METOPRO	METOPRO	242000 Alpha-Adr	24200000 Alpha-Adr	S	25 MG	ORAL	TB24	EA	500 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001035700	METOPRO	METOPRO	242000 Alpha-Adr	24200000 Alpha-Adr	S	50 MG	ORAL	TB24	EA	100 X	GENERIC	4/2/2024	68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001035703	METOPRO	METOPRO	242000 Alpha-Adr	24200000 Alpha-Adr	S	50 MG	ORAL	TB24	EA	500 X	GENERIC	4/2/2024	68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001035800	METOPRO	METOPRO	242000 Alpha-Adr	24200000 Alpha-Adr	S	100 MG	ORAL	TB24	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001035803	METOPRO	METOPRO	242000 Alpha-Adr	24200000 Alpha-Adr	S	100 MG	ORAL	TB24	EA	500 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001035937	GEMCITA	GEMCITA	100000 Antineopla	10000000 Antineopla	S	2 GM/20M	INTRAVEI	SOLN	ML	20	MSB		68001	N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION									R	MEDPRMI
68001036000	METOPRO	METOPRO	242000 Alpha-Adr	24200000 Alpha-Adr	S	200 MG	ORAL	TB24	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001036103	MONTELU	MONTELU	481024 Leukotrien	48102400 Leukotrien	S	10 MG	ORAL	TABS	EA	500 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001036104	MONTELU	MONTELU	481024 Leukotrien	48102400 Leukotrien	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001036105	MONTELU	MONTELU	481024 Leukotrien	48102400 Leukotrien	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001036206	CEFDINIF	CEFDINIF	81206 Cephalosp	8120612 Third Gen	S	300 MG	ORAL	CAPS	EA	60	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001036305	SILDENAI	SILDENAI	484824 UNKNOW	48482400 UNKNOW	S	20 MG	ORAL	TABS	EA	90 X	GENERIC	10/4/2023	68001	N	FORMULARY		1 GEN	GENERICS	X	PA:X							R	MEDPRMI
68001036400	METRONI	METRONI	83016 UNKNOW	8301692 UNKNOW	S	250 MG	ORAL	TABS	EA	100	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001036500	METRONI	METRONI	83016 UNKNOW	8301692 UNKNOW	S	500 MG	ORAL	TABS	EA	100	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001036503	METRONI	METRONI	83016 UNKNOW	8301692 UNKNOW	S	500 MG	ORAL	TABS	EA	500	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001036700	POTASSII	POTASSII	401200 Replacem	40120000 Replacem	S	10 MEQ	ORAL	TBCR	EA	100 X	GENERIC	9/14/2023	68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001036703	POTASSII	POTASSII	401200 Replacem	40120000 Replacem	S	10 MEQ	ORAL	TBCR	EA	500 X	GENERIC	5/15/2023	68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001036804	DULOXET	DULOXET	281604 Antidepres	28160416 UNKNOW	S	40 MG	ORAL	CPEP	EA	30 X	GENERIC	1/29/2024	68001	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
68001037300	ISOSORB	ISOSORB	240808 beta-Adre	24080800 UNKNOW	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001037400	ISOSORB	ISOSORB	240808 beta-Adre	24080800 UNKNOW	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001037500	ISOSORB	ISOSORB	240808 beta-Adre	24080800 UNKNOW	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001037668	DAPTOMY	DAPTOMY	81228 Antibacter	8122812 Cyclic Lipo	S	500 MG	INTRAVEI	SOLR	EA	1	GENERIC		68001	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68001037700	URSODIC	URSODIO	561400 Cholelitho	56140000 Cholelitho	S	250 MG	ORAL	TABS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001037800	URSODIC	URSODIO	561400 Cholelitho	56140000 Cholelitho	S	500 MG	ORAL	TABS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001038100	LABETAL	LABETAL	242000 Alpha-Adr	24200000 Alpha-Adr	S	100 MG	ORAL	TABS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001038103	LABETAL	LABETAL	242000 Alpha-Adr	24200000 Alpha-Adr	S	100 MG	ORAL	TABS	EA	500 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001038200	LABETAL	LABETAL	242000 Alpha-Adr	24200000 Alpha-Adr	S	200 MG	ORAL	TABS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001038203	LABETAL	LABETAL	242000 Alpha-Adr	24200000 Alpha-Adr	S	200 MG	ORAL	TABS	EA	500 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001038300	LABETAL	LABETAL	242000 Alpha-Adr	24200000 Alpha-Adr	S	300 MG	ORAL	TABS	EA	100 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68001038303	LABETAL	LABETAL	242000 Alpha-Adr	24200000 Alpha-Adr	S	300 MG	ORAL	TABS	EA	500 X	GENERIC		68001	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI

68001038400	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	25 MG	ORAL	CAPS	EA	100	GENERIC	5/8/2024	68001		N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS				R	MEDPRMI
68001038500	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	50 MG	ORAL	CAPS	EA	100	GENERIC	5/8/2024	68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001038600	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	100	GENERIC	10/4/2023	68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001038928	MITOMYC	MITOMYC	100000	Antineopla	10000000	Antineopla	S	5 MG	INTRAVEI	SOLR	EA	1	GENERIC		68001		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001038936	MITOMYC	MITOMYC	100000	Antineopla	10000000	Antineopla	S	5 MG	INTRAVEI	SOLR	EA	1	GENERIC		68001		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001039077	MITOMYC	MITOMYC	100000	Antineopla	10000000	Antineopla	S	20 MG	INTRAVEI	SOLR	EA	1	GENERIC	10/8/2024	68001		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001039078	MITOMYC	MITOMYC	100000	Antineopla	10000000	Antineopla	S	20 MG	INTRAVEI	SOLR	EA	1	GENERIC	10/8/2024	68001		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001039179	MITOMYC	MITOMYC	100000	Antineopla	10000000	Antineopla	S	40 MG	INTRAVEI	SOLR	EA	1	GENERIC	10/8/2024	68001		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001039180	MITOMYC	MITOMYC	100000	Antineopla	10000000	Antineopla	S	40 MG	INTRAVEI	SOLR	EA	1	GENERIC	10/8/2024	68001		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001039600	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	CPCR	EA	100 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001039603	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	CPCR	EA	500 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001039700	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001039708	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	1000 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001039800	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	100 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001039803	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	500 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001039900	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	CAPS	EA	100 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001039908	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	CAPS	EA	1000 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001040000	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	100 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001040008	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	1000 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001040100	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	CAPS	EA	100 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001040103	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	CAPS	EA	500 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001040104	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	CAPS	EA	30 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001040203	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	250 MG	ORAL	TABS	EA	500 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001040207	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	250 MG	ORAL	TABS	EA	120 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001040303	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TABS	EA	500 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001040307	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TABS	EA	120 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001040403	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	750 MG	ORAL	TABS	EA	500 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001040407	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	750 MG	ORAL	TABS	EA	120 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001040506	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	1000 MG	ORAL	TABS	EA	60 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001040775	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	10 GM	INTRAVEI	SOLR	EA	1	GENERIC		68001		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001040829	ERTAPEN	ERTAPEN	81207	Miscellane	8120708	Carbapen	S	1 GM	INJECTIO	SOLR	EA	1	GENERIC		68001		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001040831	ERTAPEN	ERTAPEN	81207	Miscellane	8120708	Carbapen	S	1 GM	INJECTIO	SOLR	EA	1	GENERIC		68001		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001041100	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	100 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001041103	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	500 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001041200	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	100 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001041203	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	500 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001041306	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	20 MG	ORAL	CPEP	EA	60 X	GENERIC	12/7/2023	68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001041404	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	30 X	GENERIC	5/8/2024	68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001041405	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	90 X	GENERIC	9/27/2023	68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001041408	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	1000 X	GENERIC	5/8/2024	68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001041504	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	30 X	GENERIC	5/8/2024	68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001041505	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	90 X	GENERIC	9/7/2023	68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001041508	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	1000 X	GENERIC	10/18/2023	68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001041636	LEUCOV	LEUCOV	910412	UNKNOW	91041200	UNKNOW	S	100 MG	INJECTIO	SOLR	EA	1	GENERIC		68001		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001041737	LEUCOV	LEUCOV	910412	UNKNOW	91041200	UNKNOW	S	200 MG	INJECTIO	SOLR	EA	1	GENERIC		68001		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001041838	LEUCOV	LEUCOV	910412	UNKNOW	91041200	UNKNOW	S	350 MG	INJECTIO	SOLR	EA	1	GENERIC		68001		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001042122	FOSAPRE	FOSAPRE	562232	UNKNOW	56223200	UNKNOW	S	150 MG	INTRAVEI	SOLR	EA	1	GENERIC	7/11/2022	68001		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001042237	DECITABI	DECITABI	100000	Antineopla	10000000	Antineopla	S	50 MG	INTRAVEI	SOLR	EA	1	GENERIC	4/12/2023	68001		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001042300	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	100	GENERIC	12/8/2023	68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001042485	FULVEST	FULVEST	100000	Antineopla	10000000	Antineopla	S	250 MG/5	INTRAMU	SOSY	ML	5	GENERIC	1/3/2022	68001		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001042486	FULVEST	FULVEST	100000	Antineopla	10000000	Antineopla	S	250 MG/5	INTRAMU	SOSY	ML	5	GENERIC	1/3/2022	68001		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001042704	TROSPIU	TROSPIU	861204	UNKNOW	86120400	UNKNOW	S	60 MG	ORAL	CP24	EA	30 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001042800	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	1.25MG	ORAL	CAPS	EA	100 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001042900	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	CAPS	EA	100 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001043000	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	CAPS	EA	100 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001043003	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	CAPS	EA	500 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001043100	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	CAPS	EA	100 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001043103	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	CAPS	EA	500 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001043288	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	7 MG/24H	TRANSDE	PT24	EA	7	GENERIC		68001		N	#N/A	ORIG_FR	10 EHB	#N/A						X	IF AGE=18-999 YEARS AND D	R	MEDPRMI
68001043290	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	7 MG/24H	TRANSDE	PT24	EA	14	GENERIC		68001		N	#N/A	ORIG_FR	10 EHB	#N/A						X	IF AGE=18-999 YEARS AND D	R	MEDPRMI
68001043388	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	14 MG/24	TRANSDE	PT24	EA	7	GENERIC		68001		N	#N/A	ORIG_FR	10 EHB	#N/A						X	IF AGE=18-999 YEARS AND D	R	MEDPRMI
68001043390	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	14 MG/24	TRANSDE	PT24	EA	14	GENERIC		68001		N	#N/A	ORIG_FR	10 EHB	#N/A						X	IF AGE=18-999 YEARS AND D	R	MEDPRMI
68001043488	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	21 MG/24	TRANSDE	PT24	EA	7	GENERIC		68001		N	#N/A	ORIG_FR	10 EHB	#N/A						X	IF AGE=18-999 YEARS AND D	R	MEDPRMI
68001043490	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	21 MG/24	TRANSDE	PT24	EA	14	GENERIC		68001		N	#N/A	ORIG_FR	10 EHB	#N/A						X	IF AGE=18-999 YEARS AND D	R	MEDPRMI
68001043491	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	21 MG/24	TRANSDE	PT24	EA	28	GENERIC		68001		N	#N/A	ORIG_FR	10 EHB	#N/A						X	IF AGE=18-999 YEARS AND D	R	MEDPRMI
68001043592	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	120	GENERIC	7/26/2022	68001		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001043594	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	240	GENERIC	5/30/2023	68001		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001043604	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30	GENERIC		68001		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001043616	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	1	GENERIC		68001		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001043696	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	100	GENERIC		68001		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001043697	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	300	GENERIC		68001		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001043725	ZOLEDR	ZOLEDR	922400	UNKNOW	92240000	UNKNOW	S	4 MG/5ML	INTRAVEI	CONC	ML	5	GENERIC	10/8/2024	68001		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001043800	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	100	GENERIC		68001		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001043804	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30	GENERIC		68001		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001043816	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	1	GENERIC		68001		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001043896	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	100	GENERIC		68001		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001043897	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	300	GENERIC		68001		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001043900	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	60 MG	ORAL	TABS	EA	100	GENERIC		68001		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001044000	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	100	GENERIC		68001		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001044004	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	30	GENERIC		68001		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001044139	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	TBEC	EA	14	GENERIC		68001		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001044140	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	TBEC	EA	14	GENERIC		68001		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001044198	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	TBEC	EA	14	GENERIC		68001		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001044226	CYCLOPH	CYCLOPH	100000	Antineopla	10000000	Antineopla	S	500 MG	INJECTIO	SOLR	EA	1	GENERIC		68001		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001044327	CYCLOPH	CYCLOPH	100000	Antineopla	10000000	Antineopla	S	1 GM	INJECTIO	SOLR	EA	1	GENERIC		68001		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001044432	CYCLOPH	CYCLOPH	100000	Antineopla	10000000	Antineopla	S	2 GM	INJECTIO	SOLR	EA	1	GENERIC		68001		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001044500	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	100 X	GENERIC	5/15/2023	68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001044503	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	500 X	GENERIC	10/31/2024	68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001044629	MEROPE	MEROPE	81207	Miscellane	8120708	Carbapen	S	500 MG	INTRAVEI	SOLR	EA	1	GENERIC	1/18/2023	68001		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001044631	MEROPE	MEROPE	81207	Miscellane	8120708	Carbapen	S	500 MG	INTRAVEI	SOLR	EA	1	GENERIC	1/18/2023	68001		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001044757	MEROPE	MEROPE	81207	Miscellane	8120708	Carbapen	S	1 GM	INTRAVEI	SOLR	EA	1	GENERIC	4/19/2022	68001		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001044758	MEROPE	MEROPE	81207	Miscellane	8120708	Carbapen	S	1 GM	INTRAVEI	SOLR	EA	1	GENERIC	4/19/2022	68001		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001044998	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	5 MG/5ML	ORAL	SOLN	ML	120	GENERIC		68001		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001045006	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	CAPS	EA	60 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001045106	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	40 MG	ORAL	CAPS	EA	60 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001045206	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	60 MG	ORAL	CAPS	EA	60 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001045306	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	80 MG	ORAL	CAPS	EA	60 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001045400	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-	S	5 MG	ORAL	TABS	EA	100 X	GENERIC	10/18/2023	68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001045500	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	100 X	GENERIC	5/17/2023	68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001045508	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC	10/18/2023	68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001045600	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	100 X	GENERIC	10/18/2023	68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001045608	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	1000 X	GENERIC	5/17/2023	68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001045742	ENOXAPA	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	30 MG/0.3	INJECTIO	SOSY	ML	0.3	GENERIC		68001	Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS								R	MEDPRMI
68001045743	ENOXAPA	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	30 MG/0.3	INJECTIO	SOSY	ML	0.3	GENERIC		68001	Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS								R	MEDPRMI
68001045842	ENOXAPA	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	40 MG/0.4	INJECTIO	SOSY	ML	0.4	GENERIC		68001	Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS								R	MEDPRMI
68001045843	ENOXAPA	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	40 MG/0.4	INJECTIO	SOSY	ML	0.4	GENERIC		68001	Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS								R	MEDPRMI
68001045942	ENOXAPA	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	60 MG/0.6	INJECTIO	SOSY	ML	0.6	GENERIC		68001	Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS								R	MEDPRMI
68001045943	ENOXAPA	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	60 MG/0.6	INJECTIO	SOSY	ML	0.6	GENERIC		68001	Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS								R	MEDPRMI
68001046042	ENOXAPA	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	80 MG/0.8	INJECTIO	SOSY	ML	0.8	GENERIC		68001	Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS								R	MEDPRMI
68001046043	ENOXAPA	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	80 MG/0.8	INJECTIO	SOSY	ML	0.8	GENERIC		68001	Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS								R	MEDPRMI
68001046142	ENOXAPA	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	100 MG/M	INJECTIO	SOSY	ML	1	GENERIC		68001	Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS								R	MEDPRMI
68001046143	ENOXAPA	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	100 MG/M	INJECTIO	SOSY	ML	1	GENERIC		68001	Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS								R	MEDPRMI
68001046242	ENOXAPA	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	120 MG/0.	INJECTIO	SOSY	ML	0.8	GENERIC		68001	Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS								R	MEDPRMI
68001046243	ENOXAPA	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	120 MG/0.	INJECTIO	SOSY	ML	0.8	GENERIC		68001	Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS								R	MEDPRMI
68001046342	ENOXAPA	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	150 MG/M	INJECTIO	SOSY	ML	1	GENERIC		68001	Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS								R	MEDPRMI
68001046343	ENOXAPA	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	150 MG/M	INJECTIO	SOSY	ML	1	GENERIC		68001	Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS								R	MEDPRMI
68001046441	ENOXAPA	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	300 MG/3	INJECTIO	SOLN	ML	3	GENERIC		68001	Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	1 IN 1 DAYS				R	MEDPRMI
68001046561	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	500 MG	INTRAVEI	SOLR	EA	1	GENERIC	8/18/2022	68001		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001046562	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	500 MG	INTRAVEI	SOLR	EA	1	GENERIC	8/18/2022	68001		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001046663	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	1 GM	INTRAVEI	SOLR	EA	1	GENERIC	8/18/2022	68001		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001046664	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	1 GM	INTRAVEI	SOLR	EA	1	GENERIC	8/18/2022	68001		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001046741	DAPTOMY	DAPTOMY	81228	Antibacter	8122812	Cyclic Lip	S	350 MG	INTRAVEI	SOLR	EA	1	GENERIC	10/18/2022	68001		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001046836	OXALIPL	OXALIPL	100000	Antineopla	10000000	Antineopla	S	50 MG/10	INTRAVEI	SOLN	ML	10	GENERIC		68001		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001046837	OXALIPL	OXALIPL	100000	Antineopla	10000000	Antineopla	S	100 MG/2	INTRAVEI	SOLN	ML	20	GENERIC		68001		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001046900	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	100 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001046908	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	1000 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001047000	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	100 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001047008	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	1000 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001047100	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TB24	EA	100 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001047200	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	125 MG	ORAL	TBEC	EA	100 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001047203	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	125 MG	ORAL	TBEC	EA	500 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001047300	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TBEC	EA	100 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001047303	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TBEC	EA	500 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001047400	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TBEC	EA	100 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001047403	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TBEC	EA	500 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001047545	ANTIFUN	CLOTRIM	840408	Antifungal	84040808	Azoles	P	1%	EXTERNA	CREA	GM	14.2	GENERIC		68001 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001047547	ANTIFUN	CLOTRIM	840408	Antifungal	84040808	Azoles	P	1%	EXTERNA	CREA	GM	28.4	GENERIC		68001 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001047646	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	CREA	GM	30	GENERIC		68001		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001047650	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	CREA	GM	454	GENERIC		68001		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001047745	BACITRA	BACITRA	840404	Antibacter	84040400	Antibacter	P	500 UNIT/	EXTERNA	OINT	EA	1	GENERIC		68001		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001047746	BACITRA	BACITRA	840404	Antibacter	84040400	Antibacter	P	500 UNIT/	EXTERNA	OINT	GM	14.2	GENERIC		68001		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001047747	BACITRA	BACITRA	840404	Antibacter	84040400	Antibacter	P	500 UNIT/	EXTERNA	OINT	GM	28.4	GENERIC		68001		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001047748	BACITRA	BACITRA	840404	Antibacter	84040400	Antibacter	P	500 UNIT/	EXTERNA	OINT	EA	1	GENERIC		68001		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001048022	IRINOTEC	IRINOTEC	100000	Antineopla	10000000	Antineopla	S	100 MG/5	INTRAVEI	SOLN	ML	5	GENERIC		68001		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001048035	IRINOTEC	IRINOTEC	100000	Antineopla	10000000	Antineopla	S	40 MG/2M	INTRAVEI	SOLN	ML	2	GENERIC		68001		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001048145	ANTIFUN	MICONAZ	840408	Antifungal	84040808	Azoles	P	2%	EXTERNA	CREA	GM	28.4	GENERIC		68001		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001048147	ANTIFUN	MICONAZ	840408	Antifungal	84040808	Azoles	P	2%	EXTERNA	CREA	GM	42.5	GENERIC		68001		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001048148	ANTIFUN	MICONAZ	840408	Antifungal	84040808	Azoles	P	2%	EXTERNA	CREA	GM	14.2	GENERIC		68001		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001048225	PALONOS	PALONOS	562220	5-HT3 Re	56222000	5-HT3 Re	S	0.25 MG/5	INTRAVEI	SOLN	ML	5	GENERIC	4/19/2022	68001		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001048345	TRIPLE A	NEOMYCI	840404	Antibacter	84040400	Antibacter	P	5-400-500	EXTERNA	OINT	GM	28.4	GENERIC		68001 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001048346	TRIPLE A	NEOMYCI	840404	Antibacter	84040400	Antibacter	P	5-400-500	EXTERNA	OINT	GM	14.2	GENERIC		68001 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001048485	FULVEST	FULVEST	100000	Antineopla	10000000	Antineopla	S	250 MG/5	INTRAMU	SOSY	ML	5	GENERIC		68001		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001048486	FULVEST	FULVEST	100000	Antineopla	10000000	Antineopla	S	250 MG/5	INTRAMU	SOSY	ML	5	GENERIC		68001		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001048500	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	100	GENERIC		68001 Y		N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS				R	MEDPRMI
68001048600	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	100 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001048608	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	1000 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001048706	CAPECIT	CAPECIT	100000	Antineopla	10000000	Antineopla	S	150 MG	ORAL	TABS	EA	60	GENERIC		68001		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X						R	MEDPRMI
68001048807	CAPECIT	CAPECIT	100000	Antineopla	10000000	Antineopla	S	500 MG	ORAL	TABS	EA	120	GENERIC		68001		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X						R	MEDPRMI
68001048907	ABIRATE	ABIRATE	100000	Antineopla	10000000	Antineopla	S	250 MG	ORAL	TABS	EA	120	GENERIC		68001 Y		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X						R	MEDPRMI
68001049005	IMATINIB	IMATINIB	100000	Antineopla	10000000	Antineopla	S	100 MG	ORAL	TABS	EA	90	GENERIC		68001		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X						R	MEDPRMI
68001049104	IMATINIB	IMATINIB	100000	Antineopla	10000000	Antineopla	S	400 MG	ORAL	TABS	EA	30	GENERIC		68001		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X						R	MEDPRMI
68001049236	DOXORU	DOXORU	100000	Antineopla	10000000	Antineopla	S	2 MG/ML	INTRAVEI	SUSP	ML	10	GENERIC		68001		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001049326	DOXORU	DOXORU	100000	Antineopla	10000000	Antineopla	S	2 MG/ML	INTRAVEI	SUSP	ML	25	GENERIC		68001		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001049404	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	P	10 MG	ORAL	TABS	EA	30	GENERIC		68001		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001049406	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	P	10 MG	ORAL	TABS	EA	60	GENERIC		68001		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001049500	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	650 MG	ORAL	TBCR	EA	100	GENERIC		68001		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001049604	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	TB24	EA	30 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001049605	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	TB24	EA	90 X	GENERIC	2/1/2023	68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001049704	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	TB24	EA	30 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001049705	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	TB24	EA	90 X	GENERIC	2/1/2023	68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001049804	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	TB24	EA	30 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001049805	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	TB24	EA	90 X	GENERIC	2/1/2023	68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001049904	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	225 MG	ORAL	TB24	EA	30 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001049905	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	225 MG	ORAL	TB24	EA	90 X	GENERIC	2/1/2023	68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001050100	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	100 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001050103	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	500 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001050200	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	100 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001050203	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	500 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001050300	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TB24	EA	100 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001050454	AZACITID	AZACITID	100000	Antineopla	10000000	Antineopla	S	100 MG	INJECTIO	SUSR	EA	1	GENERIC	9/21/2022	68001 Y		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001050555	POLYETH	POLYETH	561200	Cathartics	56120000	Cathartics	P	17GM/SC	ORAL	POWD	GM	238	GENERIC		68001		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001050569	POLYETH	POLYETH	561200	Cathartics	56120000	Cathartics	P	17GM/SC	ORAL	POWD	GM	510	GENERIC		68001		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001050628	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	2.25 (2-0.2	INTRAVEI	SOLR	EA	1	GENERIC		68001		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001050630	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	2.25 (2-0.2	INTRAVEI	SOLR	EA	1	GENERIC		68001		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001050753	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	3.375 (3-0	INTRAVEI	SOLR	EA	1	GENERIC		68001		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001050782	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	3.375 (3-0	INTRAVEI	SOLR	EA	1	GENERIC		68001		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001050829	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	4.5 (4-0.5)	INTRAVEI	SOLR	EA	1	GENERIC		68001		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001050831	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	4.5 (4-0.5)	INTRAVEI	SOLR	EA	1	GENERIC		68001		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001050959	CYANOC	CYANOC	880800	Vitamin B	88080000	Vitamin B	S	1000 MCG	INJECTIO	SOLN	ML	1	GENERIC	5/6/2022	68001	Y	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001050960	CYANOC	CYANOC	880800	Vitamin B	88080000	Vitamin B	S	1000 MCG	INJECTIO	SOLN	ML	1	GENERIC	5/6/2022	68001	Y	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001051106	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TB24	EA	60 X	GENERIC	9/14/2023	68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001051206	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	150 MG	ORAL	TB24	EA	60 X	GENERIC	7/6/2023	68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001051306	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TB24	EA	60 X	GENERIC	10/18/2023	68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001051406	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	300 MG	ORAL	TB24	EA	60 X	GENERIC	7/6/2023	68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001051506	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	400 MG	ORAL	TB24	EA	60 X	GENERIC	9/14/2023	68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001051627	PACLITA	PACLITA	100000	Antineopla	10000000	Antineopla	S	300 MG/5	INTRAVEI	CONC	ML	50	GENERIC		68001		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001051736	FOSAPRE	FOSAPRE	562232	UNKNOW	56223200	UNKNOW	S	150 MG	INTRAVEI	SOLR	EA	1	GENERIC	4/12/2023	68001		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001051800	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	100 X	GENERIC		68001 Y		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001051808	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	1000 X	GENERIC		68001 Y		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001051903	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	500 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001051904	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	30 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001051905	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	90 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001052003	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	500 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001052004	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	30 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001052005	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	90 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001052192	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	120	GENERIC		68001 Y		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001052194	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	240	GENERIC		68001		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001052285	FULVEST	FULVEST	100000	Antineopla	10000000	Antineopla	S	250 MG/5	INTRAMU	SOSY	ML	5	GENERIC		68001		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001052286	FULVEST	FULVEST	100000	Antineopla	10000000	Antineopla	S	250 MG/5	INTRAMU	SOSY	ML	5	GENERIC		68001		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001052336	FOSAPRE	FOSAPRE	562232	UNKNOW	56223200	UNKNOW	S	150 MG	INTRAVEI	SOLR	EA	1	GENERIC		68001		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001052428	FLUOROU	FLUOROU	100000	Antineopla	10000000	Antineopla	S	500 MG/1	INTRAVEI	SOLN	ML	10	GENERIC		68001		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001052429	FLUOROU	FLUOROU	100000	Antineopla	10000000	Antineopla	S	1 GM/20M	INTRAVEI	SOLN	ML	20	GENERIC		68001		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001052430	FLUOROU	FLUOROU	100000	Antineopla	10000000	Antineopla	S	500 MG/1	INTRAVEI	SOLN	ML	10	GENERIC		68001		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001052431	FLUOROU	FLUOROU	100000	Antineopla	10000000	Antineopla	S	1 GM/20M	INTRAVEI	SOLN	ML	20	GENERIC		68001		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001052527	FLUOROU	FLUOROU	100000	Antineopla	10000000	Antineopla	S	2.5 GM/50	INTRAVEI	SOLN	ML	50	GENERIC		68001		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001052532	FLUOROU	FLUOROU	100000	Antineopla	10000000	Antineopla	S	5 GM/100	INTRAVEI	SOLN	ML	100	GENERIC		68001		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001052645	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	OINT	GM	28.4	GENERIC		68001		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001052754	AZACITID	AZACITID	100000	Antineopla	10000000	Antineopla	S	100 MG	INJECTIO	SUSR	EA	1	GENERIC		68001		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001052800	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	12.5 MG	ORAL	TABS	EA	100	GENERIC		68001		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001052900	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	100	GENERIC		68001		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001052908	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	1000	GENERIC		68001		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001053069	OLOPATA	OLOPATA	520200	Antiallergi	52020000	Antiallergi	P	0.20%	OPHTHAL	SOLN	ML	2.5	GENERIC		68001		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001053145	BACITRA	BACITRA	840404	Antibacter	84040400	Antibacter	P	500 UNIT/	EXTERNA	OINT	GM	14.2	GENERIC		68001 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001053146	BACITRA	BACITRA	840404	Antibacter	84040400	Antibacter	P	500 UNIT/	EXTERNA	OINT	GM	28.4	GENERIC		68001 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001053245	ZINC OXI	ZINC OXI	841200	Astringent	84120000	Astringent	P	20%	EXTERNA	OINT	GM	30	GENERIC		68001		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001053246	ZINC OXI	ZINC OXI	841200	Astringent	84120000	Astringent	P	20%	EXTERNA	OINT	GM	60	GENERIC		68001		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001053350	ZINC OXI	ZINC OXI	841200	Astringent	84120000	Astringent	P	20%	EXTERNA	OINT	GM	454	GENERIC		68001		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001053436	BORTEZO	BORTEZO	100000	Antineopla	10000000	Antineopla	S	3.5 MG	INJECTIO	SOLR	EA	1	GENERIC		68001		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001053541	PEMETRE	PEMETRE	100000	Antineopla	10000000	Antineopla	S	100 MG	INTRAVEI	SOLR	EA	1	GENERIC		68001		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001053641	PEMETRE	PEMETRE	100000	Antineopla	10000000	Antineopla	S	500 MG	INTRAVEI	SOLR	EA	1	GENERIC		68001		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001053841	PEMETRE	PEMETRE	100000	Antineopla	10000000	Antineopla	S	100 MG	INTRAVEI	SOLR	EA	1	GENERIC		68001		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001053941	PEMETRE	PEMETRE	100000	Antineopla	10000000	Antineopla	S	500 MG	INTRAVEI	SOLR	EA	1	GENERIC		68001		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001054036	BORTEZO	BORTEZO	100000	Antineopla	10000000	Antineopla	S	3.5 MG	INJECTIO	SOLR	EA	1	GENERIC		68001		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001054136	BORTEZO	BORTEZO	100000	Antineopla	10000000	Antineopla	S	3.5 MG	INJECTIO	SOLR	EA	1	GENERIC	10/8/2024	68001		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001054259	CYANOC	CYANOC	880800	Vitamin B	88080000	Vitamin B	S	1000 MCG	INJECTIO	SOLN	ML	1	GENERIC		68001	Y	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001054260	CYANOC	CYANOC	880800	Vitamin B	88080000	Vitamin B	S	1000 MCG	INJECTIO	SOLN	ML	1	GENERIC		68001	Y	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001054341	PEMETRE	PEMETRE	100000	Antineopla	10000000	Antineopla	S	100 MG	INTRAVEI	SOLR	EA	1	GENERIC		68001		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001054441	PEMETRE	PEMETRE	100000	Antineopla	10000000	Antineopla	S	500 MG	INTRAVEI	SOLR	EA	1	GENERIC	10/8/2024	68001		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001054541	PEMETRE	PEMETRE	100000	Antineopla	10000000	Antineopla	S	750 MG	INTRAVEI	SOLR	EA	1	GENERIC		68001		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001054641	PEMETRE	PEMETRE	100000	Antineopla	10000000	Antineopla	S	1000 MG	INTRAVEI	SOLR	EA	1	GENERIC		68001		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001055041	PEMETRE	PEMETRE	100000	Antineopla	10000000	Antineopla	S	100 MG/4	INTRAVEI	SOLN	ML	4	MSB		68001		N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION								R	MEDPRMI
68001055141	PEMETRE	PEMETRE	100000	Antineopla	10000000	Antineopla	S	500 MG/2	INTRAVEI	SOLN	ML	20	MSB		68001		N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION								R	MEDPRMI
68001055400	DIVALPR	DIVALPR	281292	Anticonvul	28129200	Anticonvul	S	125 MG	ORAL	TBEC	EA	100 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001055403	DIVALPR	DIVALPR	281292	Anticonvul	28129200	Anticonvul	S	125 MG	ORAL	TBEC	EA	500 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001055500	DIVALPR	DIVALPR	281292	Anticonvul	28129200	Anticonvul	S	250 MG	ORAL	TBEC	EA	100 X	GENERIC		68001 Y		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001055503	DIVALPR	DIVALPR	281292	Anticonvul	28129200	Anticonvul	S	250 MG	ORAL	TBEC	EA	500 X	GENERIC		68001 Y		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001055600	DIVALPR	DIVALPR	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TBEC	EA	100 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001055603	DIVALPR	DIVALPR	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TBEC	EA	500 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001055700	METHYLP	METHYLP	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	100	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001055855	METHYLP	METHYLP	680400	Adrenals	68040000	Adrenals	S	8 MG	ORAL	TABS	EA	25	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001055969	METHYLP	METHYLP	680400	Adrenals	68040000	Adrenals	S	16 MG	ORAL	TABS	EA	50	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001056055	METHYLP	METHYLP	680400	Adrenals	68040000	Adrenals	S	32 MG	ORAL	TABS	EA	25	GENERIC		68001 Y		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001056116	GUAIFEN	GUAIFEN	481600	Expectora	48160000	Expectora	P	600 MG	ORAL	TB12	EA	1	GENERIC		68001		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001056117	GUAIFEN	GUAIFEN	481600	Expectora	48160000	Expectora	P	600 MG	ORAL	TB12	EA	80	GENERIC		68001		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001056200	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	30 MG	ORAL	TABS	EA	100 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001056422	CYCLOPH	CYCLOPH	100000	Antineopla	10000000	Antineopla	S	1 GM/5ML	INTRAVEI	SOLN	ML	5	MSB		68001		N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION								R	MEDPRMI
68001056528	CYCLOPH	CYCLOPH	100000	Antineopla	10000000	Antineopla	S	2 GM/10M	INTRAVEI	SOLN	ML	10	MSB		68001		N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION								R	MEDPRMI
68001056600	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	100 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001056603	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	500 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001056700	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	100 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001056703	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	500 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001056806	CLONIDIN	CLONIDIN	121204	alpha-Adr	12120400	alpha-Adr	S	0.1 MG	ORAL	TB12	EA	60 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001057004	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	40 MG	ORAL	CPEP	EA	30 X	GENERIC		68001		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
68001057141	BENDAMU	BENDAMU	100000	Antineopla	10000000	Antineopla	S	25 MG	INTRAVEI	SOLR	EA	1	GENERIC		68001		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001057241	BENDAMU	BENDAMU	100000	Antineopla	10000000	Antineopla	S	100 MG	INTRAVEI	SOLR	EA	1	GENERIC		68001		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001057341	DECITABI	DECITABI	100000	Antineopla	10000000	Antineopla	S	50 MG	INTRAVEI	SOLR	EA	1	GENERIC	10/8/2024	68001		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001057400	DESMOPI	DESMOPI	682800	Pituitary	68280000	Pituitary	S	0.1 MG	ORAL	TABS	EA	100 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001057500	DESMOPI	DESMOPI	682800	Pituitary	68280000	Pituitary	S	0.2 MG	ORAL	TABS	EA	100 X	GENERIC		68001		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68001057848	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	50 MG/ML	INTRAMU	SOLN	ML	1	GENERIC		68001		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001057859	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	50 MG/ML	INTRAMU	SOLN	ML	1	GENERIC		68001		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001057948	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	100 MG/M	INTRAMU	SOLN	ML	1	GENERIC		68001		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001057959	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	100 MG/M	INTRAMU	SOLN	ML	1	GENERIC		68001		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001058041	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	50 MG/ML	INTRAMU	SOLN	ML	1	GENERIC		68001		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001058141	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	100 MG/M	INTRAMU	SOLN	ML	1	GENERIC		68001		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001058148	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	100 MG/M	INTRAMU	SOLN	ML	1	GENERIC		68001		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001058182	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	100 MG/M	INTRAMU	SOLN	ML	1	GENERIC		68001		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68001058241	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	100 MG/M	INTRAMU	SOLN	ML	5	GENERIC		68001		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI

68071029691	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	120		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071029692	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	180		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071029730	PROVIGIL	MODAFIN	282080	UNKNOW	28208000	UNKNOW	S	200MG	ORAL	TABS	EA	30	X	MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071029760	PROVIGIL	MODAFIN	282080	UNKNOW	28208000	UNKNOW	S	200MG	ORAL	TABS	EA	60	X	MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071029860	KEPPRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500MG	ORAL	TABS	EA	60	X	MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071030130	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	30		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071030140	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	40		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071030160	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	60		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071030190	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	90		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071030191	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	120		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071030430	LUNESTA	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	2 MG	ORAL	TABS	EA	30		MSB		68071	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071031030	LIPITOR	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	MSB		68071	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071031230	GABITRIL	TIAGABIN	281228	UNKNOW	28122800	UNKNOW	S	4 MG	ORAL	TABS	EA	30	X	MSB	7/12/2023	68071	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071031260	GABITRIL	TIAGABIN	281228	UNKNOW	28122800	UNKNOW	S	4 MG	ORAL	TABS	EA	60	X	MSB	7/12/2023	68071	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071031360	GLUCOSA	GLUCOSA	929200	UNKNOW	92920000	UNKNOW	P	400MG-50	ORAL	TABS	EA	60		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071031391	GLUCOSA	GLUCOSA	929200	UNKNOW	92920000	UNKNOW	P	400MG-50	ORAL	TABS	EA	120		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071032030	TOPAMAX	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100MG	ORAL	TABS	EA	30	X	MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071032330	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	30	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071032360	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	60	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071032390	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	90	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071032930	SEROQUE	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	25MG	ORAL	TABS	EA	30	X	MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071032960	SEROQUE	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	25MG	ORAL	TABS	EA	60	X	MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071033114	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	14		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071033120	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	20		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071033130	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	30		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071033330	EFFEXOR	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	30	X	MSB		68071	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071033714	CLARITHR	CLARITHR	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	14		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071033720	CLARITHR	CLARITHR	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	20		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071033730	CLARITHR	CLARITHR	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071033930	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	240 MG	ORAL	CP24	EA	30	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071034130	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	30	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071034230	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	30		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071034260	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	60		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071034410	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	10		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071034420	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	20		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071034430	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	30		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071034440	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	40		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071034460	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	60		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071034481	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	150		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071034490	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	90		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071034491	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	120		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071034492	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	180		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071035230	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TABS	EA	30		MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071035256	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TABS	EA	56		MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071035260	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TABS	EA	60		MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071035284	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TABS	EA	84		MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071035290	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TABS	EA	90		MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071035291	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TABS	EA	120		MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071035330	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	30	X	MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071035360	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	60	X	MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071035390	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	90	X	MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071036130	AMBIEN C	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	12.5 MG	ORAL	TBCR	EA	30		MSB		68071	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071036530	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	30	X	MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071036560	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	60	X	MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071036590	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	90	X	MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071038830	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	30	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071038930	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	30	X	MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071038960	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	60	X	MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071038990	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	90	X	MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071039204	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	4		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071039330	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071039806	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	6		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071039814	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	14		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071039820	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	20		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071039830	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	30		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071039840	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	40		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071039845	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	45		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071039890	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	90		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071039930	LIPITOR	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	MSB	10/30/2022	68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071040515	ACTOS	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	15MG	ORAL	TABS	EA	15	X	MSB		68071	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071040615	ACTOS	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	30MG	ORAL	TABS	EA	15	X	MSB		68071	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071040715	ACTOS	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	45MG	ORAL	TABS	EA	15	X	MSB		68071	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071041215	EFFEXOR	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	15	X	MSB		68071	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071041230	EFFEXOR	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	30	X	MSB		68071	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071041260	EFFEXOR	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	60	X	MSB		68071	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071041330	SEROQUE	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100MG	ORAL	TABS	EA	30	X	MSB		68071	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071042830	SEROQUE	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	200MG	ORAL	TABS	EA	30	X	MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071043330	CRESTOR	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071044415	CYMBALT	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	15	X	MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071044460	CYMBALT	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	60	X	MSB		68071	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071044515	CYMBALT	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	15	X	MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071044528	CYMBALT	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	28	X	MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071044560	CYMBALT	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	60	X	MSB		68071	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071044645	GABITRIL	TIAGABIN	281228	UNKNOW	28122800	UNKNOW	S	12 MG	ORAL	TABS	EA	45	X	MSB	7/12/2023	68071	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071044790	OXYCONT	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	R	20 MG	ORAL	T12A	EA	90		SSB		68071	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071044860	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	12.5 MG	ORAL	TABS	EA	60		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071045230	ROZEREM	RAMELTE	282448	UNKNOW	28244800	UNKNOW	S	8 MG	ORAL	TABS	EA	30		MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071045360	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TABS	EA	60		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071045381	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TABS	EA	150		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071045390	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TABS	EA	90		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071045460	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TABS	EA	60		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071045481	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TABS	EA	150		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071045488	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TABS	EA	140		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071045490	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TABS	EA	90		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071045491	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TABS	EA	120		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071045492	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TABS	EA	180		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071045756	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	100 MG	ORAL	TBCR	EA	56		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071045760	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	100 MG	ORAL	TBCR	EA	60		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071045784	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	100 MG	ORAL	TBCR	EA	84		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071045790	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	100 MG	ORAL	TBCR	EA	90		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071046090	OXAZEPA	OXAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	90		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071046130	MISOPRO	MISOPRO	562828	Prostaglar	56282800	Prostaglar	S	200 MCG	ORAL	TABS	EA	30	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071046160	MISOPRO	MISOPRO	562828	Prostaglar	56282800	Prostaglar	S	200 MCG	ORAL	TABS	EA	60	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071046190	MISOPRO	MISOPRO	562828	Prostaglar	56282800	Prostaglar	S	200 MCG	ORAL	TABS	EA	90	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071046214	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	14		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071046230	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071046260	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071046290	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	90		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071047630	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071047660	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	60	X	MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071047690	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071048430	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	60 MG	ORAL	TBCR	EA	30		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071048456	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	60 MG	ORAL	TBCR	EA	56		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071048460	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	60 MG	ORAL	TBCR	EA	60		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071048490	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	60 MG	ORAL	TBCR	EA	90		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071048491	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	60 MG	ORAL	TBCR	EA	120		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071048660	MIRTAZA	MIRTAZA	281604	Antidepres	28160424	Serotonin	S	15 MG	ORAL	TABS	EA	60	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071049030	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TABS	EA	30		MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071049060	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TABS	EA	60		MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071049090	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TABS	EA	90		MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071049430	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	0.5 MG	ORAL	TABS	EA	30	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071049960	KEPPRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	250 MG	ORAL	TABS	EA	60	X	MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071052230	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	180 MG	ORAL	CP24	EA	30	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071052807	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	7	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071052815	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	15	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071052820	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	20	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071052830	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071052840	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	40	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071052856	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	56	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071052860	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	60	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071052890	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071052930	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	30	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071052960	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	60	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071054260	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TB24	EA	60	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071054828	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	28	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071054856	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	56	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071054860	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071060608	CIALIS	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	10 MG	ORAL	TABS	EA	8		MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071060610	CIALIS	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	10 MG	ORAL	TABS	EA	10		MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071060815	GEODON	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	20MG	ORAL	CAPS	EA	15	X	MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071061040	SOMA	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350MG	ORAL	TABS	EA	40		MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071066290	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071066560	PROVIGIL	MODAFIN	282080	UNKNOW	28208000	UNKNOW	S	100MG	ORAL	TABS	EA	60	X	MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071068030	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	30 MG	ORAL	TB24	EA	30	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071068530	MIRTAZA	MIRTAZA	281604	Antidepres	28160424	Serotonin	S	30 MG	ORAL	TABS	EA	30	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071069202	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TBDP	EA	2		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071069204	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TBDP	EA	4		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071069206	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TBDP	EA	6		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071069210	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TBDP	EA	10		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071069428	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	TABS	EA	28	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071069430	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	TABS	EA	30	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071069460	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	TABS	EA	60	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071069530	ARTHROT	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75MG-200	ORAL	TBEC	EA	30	X	MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071069810	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	10		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071069814	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	14		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071069820	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071069830	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071069860	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071069930	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071070228	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	28	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071070260	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071070314	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	14		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071070330	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071070345	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	45		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071070360	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071070560	NAPRELA	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	375 MG	ORAL	TB24	EA	60	X	MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071070730	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071071630	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071072830	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071073460	CHLORDI	CHLORDI	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	CAPS	EA	60		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071073830	OXYCONT	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	R	10 MG	ORAL	T12A	EA	30		SSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071073860	OXYCONT	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	R	10 MG	ORAL	T12A	EA	60		SSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071074090	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	90	X	MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071074093	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	270	X	MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071074630	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071074812	KALETRA	LOPINAVI	81808	Antiretrovi	8180808	HIV Protea	S	200-50 M	ORAL	TABS	EA	12	X	MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071076030	MEPERID	MEPERID	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	30		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071076320	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	20		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071076330	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	30		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071076360	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	60		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071077405	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	5		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071077530	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TBEC	EA	30	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071078230	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	30	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071078260	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	60	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071078430	CRESTOR	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	30	X	MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071078530	DIOVAN H	VALSART	243208	Angiotens	24320800	Angiotens	S	12.5MG-1	ORAL	TABS	EA	30	X	MSB		68071	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071078560	DIOVAN H	VALSART	243208	Angiotens	24320800	Angiotens	S	12.5MG-1	ORAL	TABS	EA	60	X	MSB		68071	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071078630	DIOVAN H	VALSART	243208	Angiotens	24320800	Angiotens	S	12.5MG-8	ORAL	TABS	EA	30	X	MSB		68071	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071078660	DIOVAN H	VALSART	243208	Angiotens	24320800	Angiotens	S	12.5MG-8	ORAL	TABS	EA	60	X	MSB		68071	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071078760	HYZAAR	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50-12.5 M	ORAL	TABS	EA	60	X	MSB		68071	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071078830	ZALEPLO	ZALEPLO	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	CAPS	EA	30		GENERIC		68071	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071078930	ZALEPLO	ZALEPLO	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	CAPS	EA	30		GENERIC		68071	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071079030	ALENDRO	ALENDRO	922400	UNKNOW	92240000	UNKNOW	S	10MG	ORAL	TABS	EA	30	X	GENERIC		68071	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071079130	ALENDRO	ALENDRO	922400	UNKNOW	92240000	UNKNOW	R	5MG	ORAL	TABS	EA	30	X	MSB		68071	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071079415	ABILIFY	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	15MG	ORAL	TABS	EA	15	X	MSB		68071	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071079515	GEODON	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	40 MG	ORAL	CAPS	EA	15	X	MSB		68071	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071079601	LIDODER	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	1		MSB		68071	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071080030	TRICOR	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	145 MG	ORAL	TABS	EA	30	X	MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071080530	UROXATR	ALFUZOS	121604	UNKNOW	12160412	UNKNOW	S	10MG	ORAL	TB24	EA	30	X	MSB		68071	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071080630	ROPINIR	ROPINIR	283620	UNKNOW	28362008	UNKNOW	S	0.25 MG	ORAL	TABS	EA	30	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071080730	TRIFLUO	TRIFLUO	281608	Antipsych	28160824	Phenothia	S	2 MG	ORAL	TABS	EA	30	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071080830	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071080860	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071081030	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	30	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071081130	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071081160	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071081190	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071081330	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071082330	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	30	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071082730	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	30		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071082760	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	60		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071083291	NUCYNTA	TAPENTA	280808	Opiate Ag	28080800	Opiate Ag	R	50MG	ORAL	TABS	EA	120		SSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071083391	NUCYNTA	TAPENTA	280808	Opiate Ag	28080800	Opiate Ag	R	75MG	ORAL	TABS	EA	120		SSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071083491	NUCYNTA	TAPENTA	280808	Opiate Ag	28080800	Opiate Ag	R	100MG	ORAL	TABS	EA	120		SSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071083810	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	10		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071084130	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	30	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071084930	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	30	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071085102	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	2		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071085630	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071085730	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071088430	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071088530	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071088560	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	60		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071088590	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071090806	LAMIVUD	LAMIVUD	81808	Antiretrovi	8180820	Nucleosid	S	150-300 M	ORAL	TABS	EA	6	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071091430	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071091530	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071091630	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071099404	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	125 MCG	ORAL	TABS	EA	4		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071101403	LIDODER	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	30		MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071131000	ARTHROT	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75MG-200	ORAL	TBEC	EA	60	X	MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071131100	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	30	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071131200	CYMBALT	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	30	X	MSB		68071	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071131300	CYMBALT	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	30	X	MSB		68071	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071131400	EFFEXOR	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	90	X	MSB		68071	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071131700	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071131800	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071131900	TRILEPTA	OXCARBA	281224	UNKNOW	28122400	UNKNOW	S	300 MG	ORAL	TABS	EA	100	X	MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071132206	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	CHEW	EA	36		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071132400	BACITRA	BACITRA	840404	Antibacter	84040400	Antibacter	P	500 UNIT/	EXTERNA	OINT	GM	30		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071132504	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5 MG/5	ORAL	LIQD	ML	120		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071132600	ISONIAZI	ISONIAZI	81604	Antituberc	8160400	Antituberc	S	300 MG	ORAL	TABS	EA	100	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071132805	MOMETA	MOMETA	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	15		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071132903	MUSCLE	MENTHOL	842404	Basic Loti	84240400	Basic Loti	P	10-15 %	EXTERNA	CREA	GM	90		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071133108	PRILOSE	OMEPRA	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	TBEC	EA	28		MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071133305	SSD	SILVER S	840416	UNKNOW	84041600	UNKNOW	S	1%	EXTERNA	CREA	GM	25		GENERIC	6/4/2024	68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071133505	TOBREX	TOBRAMY	520404	Antibacter	52040400	Antibacter	R	0.30%	OPHTHAL	OINT	GM	3.5		SSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071133705	TROPICA	TROPICA	522400	Mydriatics	52240000	Mydriatics	S	0.50%	OPHTHAL	SOLN	ML	15	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071133800	VITAMIN I	PYRIDOX	880800	Vitamin B	88080000	Vitamin B	P	50 MG	ORAL	TABS	EA	100		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071134800	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071134900	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071135004	GUAIFEN	GUAIFEN	480800	Antitussive	48080000	Antitussive	P	100-10 M	ORAL	SOLN	ML	120		GENERIC	8/7/2024	68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071135400	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071135600	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	90	X	MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071135800	LYRICA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	90	X	MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071136100	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	100		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071136600	NEXIUM	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30	X	MSB		68071	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071137305	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	25 MCG/H	TRANSDE	PT72	EA	5		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071137405	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	50 MCG/H	TRANSDE	PT72	EA	5		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071137505	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	100 MCG/	TRANSDE	PT72	EA	5		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071137603	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	200 MG	ORAL	TB24	EA	30		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071151709	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071152203	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30	X	GENERIC	7/24/2024	68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071152303	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	7/24/2024	68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071152505	PROAIR H	ALBUTER	121208	beta-Adre	12120812	Selective	S	108 (90 B	INHALATI	AERS	GM	8.5	X	MSB	10/1/2022	68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68071152608	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250 MG/5	ORAL	SUSR	ML	80		GENERIC	7/24/2024	68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071152705	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	100 MG/5	ORAL	SUSR	ML	15		GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071152805	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	200 MG/5	ORAL	SUSR	ML	15		GENERIC	7/24/2024	68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68071152905	BESIVAN	BESIFLOX	520404	Antibacter	52040400	Antibacter	R	0.60%	OPHTHAL	SUSP	ML	5		SSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

68071153105	CYCLOPE	CYCLOPE	522400	Mydriatics	52240000	Mydriatics	S	1%	OPHTHAL	SOLN	ML	15 X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68071154502	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500-125 M	ORAL	TABS	EA	20	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68071154602	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	20	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68071156103	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68071156206	LACTULO	LACTULO	401000	Ammonia	40100000	Ammonia	S	10 GM/15I	ORAL	SOLN	ML	473 X	GENERIC	7/24/2024	68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68071157704	ALENDRC	ALENDRC	922400	UNKNOW	92240000	UNKNOW	S	35 MG	ORAL	TABS	EA	4 X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68071158003	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68071162503	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	2.5-2.5 %	EXTERNA	CREA	GM	30	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68071170307	MICONAZ	MICONAZ	840408	Antifungal	84040808	Azoles	P	2%	VAGINAL	CREA	GM	45	GENERIC	7/19/2024	68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68071170801	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68071170903	KETOCOI	KETOCOI	840408	Antifungal	84040808	Azoles	S	2%	EXTERNA	CREA	GM	30	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68071171109	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68071200103	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MC	ORAL	TABS	EA	30	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68071200106	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MC	ORAL	TABS	EA	60	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68071200109	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MC	ORAL	TABS	EA	90	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68071200406	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	60	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68071200506	NAPROXE	NAPROXE	280804	Nonsteroic	28080404	UNKNOW	S	550 MG	ORAL	TABS	EA	60 X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68071200509	NAPROXE	NAPROXE	280804	Nonsteroic	28080404	UNKNOW	S	550 MG	ORAL	TABS	EA	90 X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68071200603	DICLOFEI	DICLOFEI	280804	Nonsteroic	28080492	Other Non	S	100 MG	ORAL	TB24	EA	30 X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68071200606	DICLOFEI	DICLOFEI	280804	Nonsteroic	28080492	Other Non	S	100 MG	ORAL	TB24	EA	60 X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68071200703	ZALEPLO	ZALEPLO	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	CAPS	EA	30	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68071200706	ZALEPLO	ZALEPLO	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	CAPS	EA	60	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68071200806	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	60 X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68071200809	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90 X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68071200904	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TBDP	EA	4	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68071201006	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 I	ORAL	TABS	EA	60	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68071201101	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TBDP	EA	10	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68071201509	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	90	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68071202306	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	60 X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68071202408	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	28	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68071207201	SILDENAI	SILDENAI	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	10 X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68071207202	SILDENAI	SILDENAI	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	28 X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68071207203	SILDENAI	SILDENAI	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68071207204	SILDENAI	SILDENAI	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	4 X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68071207208	SILDENAI	SILDENAI	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	8 X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68071211306	ISENTRES	RALTEGR	81808	Antiretrovi	8180812	Integrase	R	400 MG	ORAL	TABS	EA	6 X	SSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68071323730	CYMBALT	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	15 X	MSB		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION					R	MEDPRMI
68071336203	IBUPROF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	30 X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68071400603	NAPROXE	NAPROXE	280804	Nonsteroic	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30 X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68071412903	IBUPROF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	30 X	GENERIC	6/10/2024	68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68071414203	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	2.5 MG	ORAL	TABS	EA	30 X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68071414206	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	2.5 MG	ORAL	TABS	EA	60 X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68071414209	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	2.5 MG	ORAL	TABS	EA	90 X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68071422402	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	20	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68071435502	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	20	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68071435507	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	40	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68071484503	IBUPROF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	30 X	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68071496702	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	20	GENERIC		68071		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084002111	ABACAVII	ABACAVII	81808	Antiretrovi	8180820	Nucleosid	S	300 MG	ORAL	TABS	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084002121	ABACAVII	ABACAVII	81808	Antiretrovi	8180820	Nucleosid	S	300 MG	ORAL	TABS	EA	30 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084002701	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2.5 MG	ORAL	TABS	EA	100 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084002711	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2.5 MG	ORAL	TABS	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084004001	MISOPRC	MISOPRC	562828	Prostaglar	56282800	Prostaglar	S	100 MCG	ORAL	TABS	EA	100 X	GENERIC	4/12/2023	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084004011	MISOPRC	MISOPRC	562828	Prostaglar	56282800	Prostaglar	S	100 MCG	ORAL	TABS	EA	1 X	GENERIC	4/12/2023	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084004101	MISOPRC	MISOPRC	562828	Prostaglar	56282800	Prostaglar	S	200 MCG	ORAL	TABS	EA	100 X	GENERIC	4/13/2023	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084004111	MISOPRC	MISOPRC	562828	Prostaglar	56282800	Prostaglar	S	200 MCG	ORAL	TABS	EA	1 X	GENERIC	4/13/2023	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084004401	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-s	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084004411	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-s	S	10 MG	ORAL	TABS	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084004501	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084004511	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	TABS	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084004601	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-s	S	30 MG	ORAL	TABS	EA	100 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084004611	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-s	S	30 MG	ORAL	TABS	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084004701	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-s	S	40 MG	ORAL	TABS	EA	100 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084004711	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-s	S	40 MG	ORAL	TABS	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084005911	ZAFIRLUK	ZAFIRLUK	481024	Leukotrien	48102400	Leukotrien	S	20 MG	ORAL	TABS	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084005921	ZAFIRLUK	ZAFIRLUK	481024	Leukotrien	48102400	Leukotrien	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084007001	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	100	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084007011	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	1	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084007511	TRETINOI	TRETINOI	100000	Antineopla	10000000	Antineopla	S	10 MG	ORAL	CAPS	EA	1	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084007521	TRETINOI	TRETINOI	100000	Antineopla	10000000	Antineopla	S	10 MG	ORAL	CAPS	EA	30	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084008201	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084008211	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	10 MG	ORAL	TABS	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084008301	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084008311	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	20 MG	ORAL	TABS	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084009301	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MC	ORAL	TABS	EA	100 X	GENERIC	6/7/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084009311	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MC	ORAL	TABS	EA	1 X	GENERIC	6/7/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084009401	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-250 MC	ORAL	TABS	EA	100 X	GENERIC	5/1/2024	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084009411	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-250 MC	ORAL	TABS	EA	1 X	GENERIC	5/1/2024	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084009701	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084009711	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084009801	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084009811	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084009901	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	100 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084009911	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084010101	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	40 MG	ORAL	CAPS	EA	100 X	GENERIC	5/9/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084010111	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	40 MG	ORAL	CAPS	EA	1 X	GENERIC	5/9/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084010309	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	CAPS	EA	80 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084010311	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	CAPS	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084010409	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	40 MG	ORAL	CAPS	EA	80 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084010411	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	40 MG	ORAL	CAPS	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084010509	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	60 MG	ORAL	CAPS	EA	80 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084010511	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	60 MG	ORAL	CAPS	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084010609	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	80 MG	ORAL	CAPS	EA	80 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084010611	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	80 MG	ORAL	CAPS	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084010701	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	100	GENERIC	10/31/2024	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084010711	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	1	GENERIC	10/31/2024	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084010801	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	100	GENERIC	11/5/2024	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084010811	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	1	GENERIC	11/5/2024	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084010901	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	100	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084010911	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	1	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084011101	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TB24	EA	100 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084011111	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TB24	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084011201	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TB24	EA	100 X	GENERIC	9/11/2023	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084011211	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TB24	EA	1 X	GENERIC	9/11/2023	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084011901	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	15 MG	ORAL	TABS	EA	100 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084011911	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	15 MG	ORAL	TABS	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084012001	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	30 MG	ORAL	TABS	EA	100 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084012011	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	30 MG	ORAL	TABS	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084012101	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	45 MG	ORAL	TABS	EA	100 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084012111	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	45 MG	ORAL	TABS	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084012801	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	100 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084012811	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084013511	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	1	GENERIC	1/6/2023	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084013521	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	30	GENERIC	1/6/2023	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084014901	METHYLF	METHYLF	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	100	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084014911	METHYLF	METHYLF	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	1	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084015401	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	12.5 MG	ORAL	TABS	EA	100	GENERIC	7/22/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084015411	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	12.5 MG	ORAL	TABS	EA	1	GENERIC	7/22/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084015501	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	100	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084015511	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	1	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084015701	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TBCR	EA	100	GENERIC		68084			N	FORMULARY	1 GEN	GENERICS	X	3 IN 1 DAYS	X	Must meet 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
68084015711	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TBCR	EA	1	GENERIC		68084			N	FORMULARY	1 GEN	GENERICS	X	3 IN 1 DAYS	X	Must meet 7 DS Acet ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOD FOR AT L	R	MEDPRMI
68084015801	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TBCR	EA	100	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084015811	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TBCR	EA	1	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084018901	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	100	GENERIC	9/19/2024	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084018911	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	1	GENERIC	9/19/2024	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084019601	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	100 X	GENERIC	8/4/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084019611	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	1 X	GENERIC	8/4/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084019901	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	100 X	GENERIC	2/1/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084019911	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	1 X	GENERIC	2/1/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084020201	PRIMIDOI	PRIMIDOI	281204	Anticonvul	28120400	Anticonvul	S	50 MG	ORAL	TABS	EA	100 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084020211	PRIMIDOI	PRIMIDOI	281204	Anticonvul	28120400	Anticonvul	S	50 MG	ORAL	TABS	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084020301	PRIMIDOI	PRIMIDOI	281204	Anticonvul	28120400	Anticonvul	S	250 MG	ORAL	TABS	EA	100 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084020311	PRIMIDOI	PRIMIDOI	281204	Anticonvul	28120400	Anticonvul	S	250 MG	ORAL	TABS	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084020401	MINOXIDI	MINOXIDI	240816	Central Al	24081600	Central Al	S	2.5 MG	ORAL	TABS	EA	100 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084020411	MINOXIDI	MINOXIDI	240816	Central Al	24081600	Central Al	S	2.5 MG	ORAL	TABS	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084020501	MINOXIDI	MINOXIDI	240816	Central Al	24081600	Central Al	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084020511	MINOXIDI	MINOXIDI	240816	Central Al	24081600	Central Al	S	10 MG	ORAL	TABS	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084021401	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	100	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084021411	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	1	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084021501	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	100	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084021511	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	1	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084021521	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	30	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084022001	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	100	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084022011	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	1	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084022101	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	100	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084022111	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	1	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084022901	AZATHIOI	AZATHIOI	902808	UNKNOW	90280892	UNKNOW	S	50 MG	ORAL	TABS	EA	100 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084022911	AZATHIOI	AZATHIOI	902808	UNKNOW	90280892	UNKNOW	S	50 MG	ORAL	TABS	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084024301	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	100	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084024311	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	1	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084024401	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	100	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084024411	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	1	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084024801	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	100	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084024811	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	1	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084024901	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084024911	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	10 MG	ORAL	TABS	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084025011	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	20 MG	ORAL	TABS	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084025021	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084025211	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	1 X	GENERIC	5/1/2024	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084025221	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	30 X	GENERIC	5/1/2024	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084025301	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	10 MG	ORAL	TABS	EA	100	GENERIC	5/2/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084025311	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	10 MG	ORAL	TABS	EA	1	GENERIC	5/2/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084025401	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	100	GENERIC	5/2/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084025411	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	1	GENERIC	5/2/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084025501	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	TABS	EA	100	GENERIC	5/2/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084025511	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	TABS	EA	1	GENERIC	5/2/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084026901	HYDROXY	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	100 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084026911	HYDROXY	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084027001	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	0.25 MG	ORAL	TABS	EA	100 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084027011	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	0.25 MG	ORAL	TABS	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084027101	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	0.5 MG	ORAL	TABS	EA	100 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084027111	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	0.5 MG	ORAL	TABS	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084027201	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	1 MG	ORAL	TABS	EA	100 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084027211	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	1 MG	ORAL	TABS	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084027301	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	100 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084027311	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084027401	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	3 MG	ORAL	TABS	EA	100 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084027411	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	3 MG	ORAL	TABS	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084027701	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	4 MG	ORAL	TABS	EA	100 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084027711	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	4 MG	ORAL	TABS	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084028001	ETHAMBU	ETHAMBU	81604	Antituberc	8160400	Antituberc	S	400 MG	ORAL	TABS	EA	100	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084028011	ETHAMBU	ETHAMBU	81604	Antituberc	8160400	Antituberc	S	400 MG	ORAL	TABS	EA	1	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084028101	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MC	ORAL	TBCR	EA	100 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084028111	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MC	ORAL	TBCR	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084028201	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	50-200 MC	ORAL	TBCR	EA	100 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084028211	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	50-200 MC	ORAL	TBCR	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084028401	HYDROXY	HYDROXY	100000	Antineopla	10000000	Antineopla	S	500 MG	ORAL	CAPS	EA	100	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084028411	HYDROXY	HYDROXY	100000	Antineopla	10000000	Antineopla	S	500 MG	ORAL	CAPS	EA	1	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084028801	FLUDROC	FLUDROC	680400	Adrenals	68040000	Adrenals	S	0.1 MG	ORAL	TABS	EA	100 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084028811	FLUDROC	FLUDROC	680400	Adrenals	68040000	Adrenals	S	0.1 MG	ORAL	TABS	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084028865	FLUDROC	FLUDROC	680400	Adrenals	68040000	Adrenals	S	0.1 MG	ORAL	TABS	EA	50 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084029111	NALTREX	NALTREX	281000	Opiate An	28100000	Opiate An	S	50 MG	ORAL	TABS	EA	1	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084029121	NALTREX	NALTREX	281000	Opiate An	28100000	Opiate An	S	50 MG	ORAL	TABS	EA	30	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084029511	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	2.5 MG	ORAL	TB24	EA	1 X	GENERIC	3/4/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084029521	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	2.5 MG	ORAL	TB24	EA	30 X	GENERIC	3/4/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084029901	TAMSULC	TAMSULC	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	100 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084029911	TAMSULC	TAMSULC	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084030011	DANTROL	DANTROL	122008	UNKNOW	12200800	UNKNOW	S	25 MG	ORAL	CAPS	EA	1	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084030021	DANTROL	DANTROL	122008	UNKNOW	12200800	UNKNOW	S	25 MG	ORAL	CAPS	EA	30	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084030911	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	1	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084030921	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	30	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084031001	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TB24	EA	100 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084031011	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TB24	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084031301	DIVALPRO	DIVALPRO	281292	Anticonvul	28129200	Anticonvul	S	125 MG	ORAL	CSDR	EA	100 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084031311	DIVALPRO	DIVALPRO	281292	Anticonvul	28129200	Anticonvul	S	125 MG	ORAL	CSDR	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084031365	DIVALPRO	DIVALPRO	281292	Anticonvul	28129200	Anticonvul	S	125 MG	ORAL	CSDR	EA	50 X	GENERIC		68084	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084031801	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	100 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084031811	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084031901	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	100 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084031911	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084032601	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	100 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084032611	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084032701	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	100 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084032711	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084032811	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	160 MG	ORAL	TABS	EA	1 X	GENERIC	12/1/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084032821	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	160 MG	ORAL	TABS	EA	30 X	GENERIC	12/1/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084032911	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	200 MG	ORAL	CAPS	EA	1 X	GENERIC	8/8/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084032921	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	200 MG	ORAL	CAPS	EA	30 X	GENERIC	8/8/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084033301	DICLOFEI	DICLOFEI	280804	Nonsteroic	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	100 X	GENERIC	8/22/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084033311	DICLOFEI	DICLOFEI	280804	Nonsteroic	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	1 X	GENERIC	8/22/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084034201	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	100 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084034211	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084034301	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	100 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084034311	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084034401	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	100 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084034411	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084034511	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084034521	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	30 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084034601	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	100 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084034611	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084034701	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	100 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084034711	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084034801	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	100 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084034811	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	1 X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084035401	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	TABS	EA	100	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084035411	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	TABS	EA	1	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084035501	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	100	GENERIC	1/4/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
68084035511	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	1	GENERIC	1/4/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI

68084036009	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	80	X	GENERIC	5/11/2023	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084036011	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	1	X	GENERIC	5/11/2023	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084036501	BETHANE	BETHANE	120400	Parasymp	12040000	Parasymp	S	10 MG	ORAL	TABS	EA	100		GENERIC	8/17/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084036511	BETHANE	BETHANE	120400	Parasymp	12040000	Parasymp	S	10 MG	ORAL	TABS	EA	1		GENERIC	8/17/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084037601	PHENYTO	PHENYTO	281212	Hydantoin	28121200	Hydantoin	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC	1/30/2024	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084037611	PHENYTO	PHENYTO	281212	Hydantoin	28121200	Hydantoin	S	100 MG	ORAL	CAPS	EA	1	X	GENERIC	1/30/2024	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084038101	BENZTRO	BENZTRO	283608	UNKNOW	28360800	UNKNOW	S	0.5 MG	ORAL	TABS	EA	100	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084038111	BENZTRO	BENZTRO	283608	UNKNOW	28360800	UNKNOW	S	0.5 MG	ORAL	TABS	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084038801	BENZTRO	BENZTRO	283608	UNKNOW	28360800	UNKNOW	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084038811	BENZTRO	BENZTRO	283608	UNKNOW	28360800	UNKNOW	S	1 MG	ORAL	TABS	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084038901	BENZTRO	BENZTRO	283608	UNKNOW	28360800	UNKNOW	S	2 MG	ORAL	TABS	EA	100	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084038911	BENZTRO	BENZTRO	283608	UNKNOW	28360800	UNKNOW	S	2 MG	ORAL	TABS	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084039611	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	1		GENERIC	10/18/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084039665	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	50		GENERIC	10/18/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084040001	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	9/21/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084040011	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	1	X	GENERIC	9/21/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084041111	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	75 MG	ORAL	CPCR	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084041121	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	75 MG	ORAL	CPCR	EA	30	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084041501	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	100	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084041502	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	80	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084041511	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084041593	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084044401	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	100	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084044411	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084044601	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	100		GENERIC	10/20/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084044611	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	1		GENERIC	10/20/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084044701	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	3/14/2024	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084044711	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	10 MG	ORAL	TABS	EA	1	X	GENERIC	3/14/2024	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084044901	TACROLI	TACROLI	902828	UNKNOW	90282892	UNKNOW	S	0.5 MG	ORAL	CAPS	EA	100	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084044911	TACROLI	TACROLI	902828	UNKNOW	90282892	UNKNOW	S	0.5 MG	ORAL	CAPS	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084045001	TACROLI	TACROLI	902828	UNKNOW	90282892	UNKNOW	S	1 MG	ORAL	CAPS	EA	100	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084045011	TACROLI	TACROLI	902828	UNKNOW	90282892	UNKNOW	S	1 MG	ORAL	CAPS	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084045101	TACROLI	TACROLI	902828	UNKNOW	90282892	UNKNOW	S	5 MG	ORAL	CAPS	EA	100	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084045111	TACROLI	TACROLI	902828	UNKNOW	90282892	UNKNOW	S	5 MG	ORAL	CAPS	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084045811	NATEGLI	NATEGLI	682016	Meglitinide	68201600	Meglitinide	S	60 MG	ORAL	TABS	EA	1	X	GENERIC	1/12/2023	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084045821	NATEGLI	NATEGLI	682016	Meglitinide	68201600	Meglitinide	S	60 MG	ORAL	TABS	EA	30	X	GENERIC	1/12/2023	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084045911	NATEGLI	NATEGLI	682016	Meglitinide	68201600	Meglitinide	S	120 MG	ORAL	TABS	EA	1	X	GENERIC	12/29/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084045921	NATEGLI	NATEGLI	682016	Meglitinide	68201600	Meglitinide	S	120 MG	ORAL	TABS	EA	30	X	GENERIC	12/29/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084047901	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	S	667 MG	ORAL	CAPS	EA	100	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084047911	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	S	667 MG	ORAL	CAPS	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084048001	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TB24	EA	100	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084048011	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TB24	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084048065	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TB24	EA	50	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084049001	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	12.5 MG	ORAL	TABS	EA	100		GENERIC	9/8/2023	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084049011	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	12.5 MG	ORAL	TABS	EA	1		GENERIC	9/8/2023	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084049101	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	100		GENERIC	4/21/2023	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084049111	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	1		GENERIC	4/21/2023	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084049401	PYRIDOS	PYRIDOS	120400	Parasymp	12040000	Parasymp	S	60 MG	ORAL	TABS	EA	100		GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084049411	PYRIDOS	PYRIDOS	120400	Parasymp	12040000	Parasymp	S	60 MG	ORAL	TABS	EA	1		GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084051101	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084051111	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084051201	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084051211	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084052501	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084052511	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	2.5 MG	ORAL	TABS	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084052801	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TABS	EA	100	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084052811	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TABS	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084052901	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084052911	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084053601	CLOPIDO	CLOPIDO	201218	Platelet-A	20121800	Platelet-A	S	75 MG	ORAL	TABS	EA	100	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084053611	CLOPIDO	CLOPIDO	201218	Platelet-A	20121800	Platelet-A	S	75 MG	ORAL	TABS	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084053901	TORSEMI	TORSEMI	402808	Loop Diur	40280800	Loop Diur	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084053911	TORSEMI	TORSEMI	402808	Loop Diur	40280800	Loop Diur	S	20 MG	ORAL	TABS	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084054101	ACETAZO	ACETAZO	524012	UNKNOW	52401200	UNKNOW	S	250 MG	ORAL	TABS	EA	100	X	GENERIC	4/25/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084054111	ACETAZO	ACETAZO	524012	UNKNOW	52401200	UNKNOW	S	250 MG	ORAL	TABS	EA	1	X	GENERIC	4/25/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084054911	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	7.5 MG	ORAL	CAPS	EA	1		GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084054921	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	7.5 MG	ORAL	CAPS	EA	30		GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084056111	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TB12	EA	1	X	GENERIC	1/4/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084056121	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TB12	EA	30	X	GENERIC	1/4/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084057201	MUCINEX	GUAIFEN	481600	Expectora	48160000	Expectora	P	600 MG	ORAL	TB12	EA	100		MSB		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68084057211	MUCINEX	GUAIFEN	481600	Expectora	48160000	Expectora	P	600 MG	ORAL	TB12	EA	1		MSB		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68084059025	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	30	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084059095	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084059101	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	30 MG	ORAL	TB24	EA	100	X	GENERIC	5/6/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084059111	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	30 MG	ORAL	TB24	EA	1	X	GENERIC	5/6/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084059201	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	100	X	GENERIC	5/20/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084059211	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	1	X	GENERIC	5/20/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084059701	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	100	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084059711	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084059765	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	50	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084059801	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	100	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084059811	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084059865	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	50	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084060201	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	4 MG	ORAL	TABS	EA	100	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084060211	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	4 MG	ORAL	TABS	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084060311	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	90 MG	ORAL	TB24	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084060321	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	90 MG	ORAL	TB24	EA	30	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084060365	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	90 MG	ORAL	TB24	EA	50	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084060411	DESMOPI	DESMOPI	682800	Pituitary	68280000	Pituitary	S	0.2 MG	ORAL	TABS	EA	1	X	GENERIC	3/14/2023	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084060421	DESMOPI	DESMOPI	682800	Pituitary	68280000	Pituitary	S	0.2 MG	ORAL	TABS	EA	30	X	GENERIC	3/14/2023	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084060501	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	100	X	GENERIC	3/30/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084060511	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	1	X	GENERIC	3/30/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084060611	DESMOPI	DESMOPI	682800	Pituitary	68280000	Pituitary	S	0.1 MG	ORAL	TABS	EA	1	X	GENERIC	11/18/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084060621	DESMOPI	DESMOPI	682800	Pituitary	68280000	Pituitary	S	0.1 MG	ORAL	TABS	EA	30	X	GENERIC	11/18/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084060701	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	8 MG	ORAL	TABS	EA	100	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084060711	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	8 MG	ORAL	TABS	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084061011	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	10 MG	ORAL	TB24	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084061021	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	10 MG	ORAL	TB24	EA	30	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084061701	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084061711	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084061801	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084061811	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084062111	MODAFIN	MODAFIN	282080	UNKNOW	28208000	UNKNOW	S	100 MG	ORAL	TABS	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084062121	MODAFIN	MODAFIN	282080	UNKNOW	28208000	UNKNOW	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084063201	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	100	X	GENERIC	1/31/2024	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084063211	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	1	X	GENERIC	1/31/2024	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084064001	LITHIUM (	LITHIUM (	282800	Antimanic	28280000	Antimanic	S	300 MG	ORAL	TBCR	EA	100	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084064011	LITHIUM (	LITHIUM (	282800	Antimanic	28280000	Antimanic	S	300 MG	ORAL	TBCR	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084064501	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	100		GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084064511	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	1		GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084064565	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	50		GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084065401	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	TABS	EA	100	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084065411	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	TABS	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084065501	LITHIUM (	LITHIUM (	282800	Antimanic	28280000	Antimanic	S	450 MG	ORAL	TBCR	EA	100	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084065511	LITHIUM (	LITHIUM (	282800	Antimanic	28280000	Antimanic	S	450 MG	ORAL	TBCR	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084067511	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	20 MG	ORAL	CPEP	EA	1	X	GENERIC	4/25/2023	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084067521	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	20 MG	ORAL	CPEP	EA	30	X	GENERIC	4/25/2023	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084067601	METOCLO	METOCLO	563200	Prokinetic	56320000	Prokinetic	S	10 MG	ORAL	TABS	EA	100		GENERIC	1/24/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084067611	METOCLO	METOCLO	563200	Prokinetic	56320000	Prokinetic	S	10 MG	ORAL	TABS	EA	1		GENERIC	1/24/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084068301	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	100	X	GENERIC	3/1/2024	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084068311	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	1	X	GENERIC	3/1/2024	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084069201	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	100	X	GENERIC	4/20/2023	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084069211	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	1	X	GENERIC	4/20/2023	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084069701	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TB12	EA	100	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084069711	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TB12	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084069801	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	100	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084069811	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084069901	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	100		GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084069911	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	1		GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084070401	BETHANE	BETHANE	120400	Parasymp	12040000	Parasymp	S	25 MG	ORAL	TABS	EA	100		GENERIC	12/15/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084070411	BETHANE	BETHANE	120400	Parasymp	12040000	Parasymp	S	25 MG	ORAL	TABS	EA	1		GENERIC	12/15/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084070825	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	30	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084070895	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084070901	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	100	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084070911	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084071001	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MG	ORAL	TABS	EA	100		GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084071011	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MG	ORAL	TABS	EA	1		GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084071301	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	100	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084071311	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084072111	MODAFIN	MODAFIN	282080	UNKNOW	28208000	UNKNOW	S	200 MG	ORAL	TABS	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084072121	MODAFIN	MODAFIN	282080	UNKNOW	28208000	UNKNOW	S	200 MG	ORAL	TABS	EA	30	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084072211	MOXIFLO	MOXIFLO	81218	Quinolone	8121800	Quinolone	S	400 MG	ORAL	TABS	EA	1		GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084072265	MOXIFLO	MOXIFLO	81218	Quinolone	8121800	Quinolone	S	400 MG	ORAL	TABS	EA	50		GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084072301	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084072311	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084072801	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	100 MG	ORAL	TABS	EA	100		GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084072811	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	100 MG	ORAL	TABS	EA	1		GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084072911	GALANTA	GALANTA	120400	Parasymp	12040000	Parasymp	S	4 MG	ORAL	TABS	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084072921	GALANTA	GALANTA	120400	Parasymp	12040000	Parasymp	S	4 MG	ORAL	TABS	EA	30	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084073501	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	100		GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084073511	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	1		GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084073701	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	1/10/2023	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084073711	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	1	X	GENERIC	1/10/2023	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084073801	METHADO	METHADO	280808	Opiate Ag	28080800	Opiate Ag	S	10 MG	ORAL	TABS	EA	100		GENERIC	8/14/2023	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084073811	METHADO	METHADO	280808	Opiate Ag	28080800	Opiate Ag	S	10 MG	ORAL	TABS	EA	1		GENERIC	8/14/2023	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084074001	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084074011	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084074311	DOXYCY	DOXYCY	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	CAPS	EA	1		GENERIC	12/5/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084074321	DOXYCY	DOXYCY	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	CAPS	EA	30		GENERIC	12/5/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084074332	DOXYCY	DOXYCY	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	CAPS	EA	20		GENERIC	10/18/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084074333	DOXYCY	DOXYCY	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	CAPS	EA	1		GENERIC	10/18/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084074401	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	100	X	GENERIC	4/19/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084074411	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	1	X	GENERIC	4/19/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084074825	GUANFAC	GUANFAC	242400	Beta-Adre	24240000	Beta-Adre	S	1 MG	ORAL	TABS	EA	30	X	GENERIC	2/16/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084074895	GUANFAC	GUANFAC	242400	Beta-Adre	24240000	Beta-Adre	S	1 MG	ORAL	TABS	EA	1	X	GENERIC	2/16/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084075025	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	TABS	EA	30	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084075095	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	TABS	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084075219	CLOPIDO	CLOPIDO	201218	Platelet-A	20121800	Platelet-A	S	300 MG	ORAL	TABS	EA	20		GENERIC		68084	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084075225	CLOPIDO	CLOPIDO	201218	Platelet-A	20121800	Platelet-A	S	300 MG	ORAL	TABS	EA	30		GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084075295	CLOPIDO	CLOPIDO	201218	Platelet-A	20121800	Platelet-A	S	300 MG	ORAL	TABS	EA	1		GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084075311	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	1		GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084075325	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084075365	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	50		GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084075395	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	1		GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084076511	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	1	X	GENERIC	1/31/2024	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084076521	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC	1/31/2024	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084077525	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	30		GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084077595	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	1		GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084077601	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TBEC	EA	100	X	GENERIC	10/9/2024	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084077611	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TBEC	EA	1	X	GENERIC	10/9/2024	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084077725	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	650 MG	ORAL	TBCR	EA	30		GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084077795	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	650 MG	ORAL	TBCR	EA	1		GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084078261	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TBEC	EA	90	X	GENERIC	10/9/2024	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084078825	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	1 MG	ORAL	TABS	EA	30	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084078895	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	1 MG	ORAL	TABS	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084079025	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084079095	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084080511	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	5 MG	ORAL	TABS	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084080521	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084080801	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	100		GENERIC	3/7/2024	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084080811	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	1		GENERIC	3/7/2024	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084081309	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	80	X	GENERIC	11/17/2023	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084081311	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	1	X	GENERIC	11/17/2023	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084081825	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	30	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084081895	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084082311	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	10 MG	ORAL	TABS	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084082321	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084082501	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	100		GENERIC	6/9/2023	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084082511	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	1		GENERIC	6/9/2023	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084082725	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	54 MG	ORAL	TABS	EA	30	X	GENERIC	1/2/2024	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084082795	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	54 MG	ORAL	TABS	EA	1	X	GENERIC	1/2/2024	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084083532	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	134 MG	ORAL	CAPS	EA	20	X	GENERIC	5/27/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084083533	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	134 MG	ORAL	CAPS	EA	1	X	GENERIC	5/27/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084083601	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084083611	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	TABS	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084083625	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	TABS	EA	30	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084083695	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	TABS	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084084101	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-200 M	ORAL	TABS	EA	100		GENERIC	6/26/2023	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084084401	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	TABS	EA	100	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084084411	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	TABS	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084084501	OXCARBA	OXCARBA	281224	UNKNOW	28122400	UNKNOW	S	150 MG	ORAL	TABS	EA	100	X	GENERIC	2/1/2023	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084084511	OXCARBA	OXCARBA	281224	UNKNOW	28122400	UNKNOW	S	150 MG	ORAL	TABS	EA	1	X	GENERIC	2/1/2023	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084084601	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	11/8/2023	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084084611	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	5 MG	ORAL	TABS	EA	1	X	GENERIC	11/8/2023	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084084701	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	100		GENERIC	11/28/2023	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084084711	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	1		GENERIC	11/28/2023	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084085032	POTASSI	POTASSI	400800	Alkalinizin	40080000	Alkalinizin	S	10 MEQ (1	ORAL	TBCR	EA	20		GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084085033	POTASSI	POTASSI	400800	Alkalinizin	40080000	Alkalinizin	S	10 MEQ (1	ORAL	TBCR	EA	1		GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084085101	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	TABS	EA	100	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084085111	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	TABS	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084085125	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	TABS	EA	30	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084085195	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	TABS	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084085301	OXCARBA	OXCARBA	281224	UNKNOW	28122400	UNKNOW	S	300 MG	ORAL	TABS	EA	100	X	GENERIC	1/25/2023	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084085311	OXCARBA	OXCARBA	281224	UNKNOW	28122400	UNKNOW	S	300 MG	ORAL	TABS	EA	1	X	GENERIC	1/25/2023	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084085401	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	100	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084085411	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084085501	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC	8/15/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084085511	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	1		GENERIC	8/15/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084085601	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	TABS	EA	100	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084085611	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	TABS	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084085901	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	250 MG	ORAL	TABS	EA	100	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084085911	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	250 MG	ORAL	TABS	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084086201	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	4 MG	ORAL	TABS	EA	100	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084086211	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	4 MG	ORAL	TABS	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084086225	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	4 MG	ORAL	TABS	EA	30	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084086295	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	4 MG	ORAL	TABS	EA	1	X	GENERIC		68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084086701	OXCARBA	OXCARBA	281224	UNKNOW	28122400	UNKNOW	S	600 MG	ORAL	TABS	EA	100	X	GENERIC	1/27/2023	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084086711	OXCARBA	OXCARBA	281224	UNKNOW	28122400	UNKNOW	S	600 MG	ORAL	TABS	EA	1	X	GENERIC	1/27/2023	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084086801	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	100		GENERIC	11/3/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084086811	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	1		GENERIC	11/3/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68084087001	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TABS	EA	100	X	GENERIC	5/18/2022	68084		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

68134040316	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG/5M	ORAL	SOLN	ML	473		MSB		68134			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION								R	MEDPRMI
68134060130	FENOFIBI	FENOFIBI	240606	Fibric Acic	24060600	Fibric Acid	S	35 MG	ORAL	TABS	EA	30	X	MSB		68134			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION								R	MEDPRMI
68134060230	FENOFIBI	FENOFIBI	240606	Fibric Acic	24060600	Fibric Acid	S	105 MG	ORAL	TABS	EA	30	X	MSB		68134			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION								R	MEDPRMI
68134060330	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.17 MG	ORAL	TB24	EA	30	X	GENERIC		68134			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
68134080101	UREA	UREA	842800	Keratolytic	84280000	Keratolytic	S	40%	EXTERNA	CREA	GM	28.35		GENERIC		68134			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68134080103	UREA	UREA	842800	Keratolytic	84280000	Keratolytic	S	40%	EXTERNA	CREA	GM	85		GENERIC		68134			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68134080107	UREA	UREA	842800	Keratolytic	84280000	Keratolytic	S	40%	EXTERNA	CREA	GM	198.4		GENERIC		68134			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68135002001	NAGLAZY	GALSULF	440000	Enzymes	44000000	Enzymes	R	1 MG/ML	INTRAVEI	SOLN	ML	5		SSB		68135			N	EXCLUDE	SELF_INJ	6	SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68135005889	PALYNZI(	PEGVALI/	440000	Enzymes	44000000	Enzymes	R	2.5 MG/0.!	SUBCUT/	SOSY	ML	0.5	X	SSB		68135		Y	N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X						R	MEDPRMI
68135005890	PALYNZI(	PEGVALI/	440000	Enzymes	44000000	Enzymes	R	2.5 MG/0.!	SUBCUT/	SOSY	ML	0.5	X	SSB		68135		Y	N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X						R	MEDPRMI
68135008236	VOXZOG(	VOSORIT	929200	UNKNOW	92920000	UNKNOW	R	0.4 MG	SUBCUT/	SOLR	EA	1	X	SSB		68135		Y	N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X						R	MEDPRMI
68135010001	VIMIZIM	ELOSULF	440000	Enzymes	44000000	Enzymes	R	5 MG/5ML	INTRAVEI	SOLN	ML	5		SSB		68135			N	EXCLUDE	SELF_INJ	6	SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68135011966	VOXZOG(	VOSORIT	929200	UNKNOW	92920000	UNKNOW	R	0.56 MG	SUBCUT/	SOLR	EA	1	X	SSB		68135		Y	N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X						R	MEDPRMI
68135018193	VOXZOG(	VOSORIT	929200	UNKNOW	92920000	UNKNOW	R	1.2 MG	SUBCUT/	SOLR	EA	1	X	SSB		68135		Y	N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X						R	MEDPRMI
68135030002	KUVAN	SAPROPT	440800	UNKNOW	44080000	UNKNOW	S	100 MG	ORAL	TABS	EA	120	X	MSB		68135			N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND								R	MEDPRMI
68135030111	KUVAN	SAPROPT	440800	UNKNOW	44080000	UNKNOW	S	100 MG	ORAL	PACK	EA	1	X	MSB		68135			N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND								R	MEDPRMI
68135030122	KUVAN	SAPROPT	440800	UNKNOW	44080000	UNKNOW	S	100 MG	ORAL	PACK	EA	30	X	MSB		68135			N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND								R	MEDPRMI
68135048210	KUVAN	SAPROPT	440800	UNKNOW	44080000	UNKNOW	S	500 MG	ORAL	PACK	EA	1	X	MSB		68135			N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND								R	MEDPRMI
68135048211	KUVAN	SAPROPT	440800	UNKNOW	44080000	UNKNOW	S	500 MG	ORAL	PACK	EA	30	X	MSB		68135			N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND								R	MEDPRMI
68135067339	PALYNZI(	PEGVALI/	440000	Enzymes	44000000	Enzymes	R	20 MG/ML	SUBCUT/	SOSY	ML	1	X	SSB		68135		Y	N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X						R	MEDPRMI
68135067340	PALYNZI(	PEGVALI/	440000	Enzymes	44000000	Enzymes	R	20 MG/ML	SUBCUT/	SOSY	ML	1	X	SSB		68135		Y	N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X						R	MEDPRMI
68135067345	PALYNZI(	PEGVALI/	440000	Enzymes	44000000	Enzymes	R	20 MG/ML	SUBCUT/	SOSY	ML	1	X	SSB		68135		Y	N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X						R	MEDPRMI
68135075619	PALYNZI(	PEGVALI/	440000	Enzymes	44000000	Enzymes	R	10 MG/0.5	SUBCUT/	SOSY	ML	0.5	X	SSB		68135		Y	N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X						R	MEDPRMI
68135075620	PALYNZI(	PEGVALI/	440000	Enzymes	44000000	Enzymes	R	10 MG/0.5	SUBCUT/	SOSY	ML	0.5	X	SSB		68135		Y	N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X						R	MEDPRMI
68135081102	BRINEUR	CERLIPOI	440000	Enzymes	44000000	Enzymes	R	2 X 150 M	INTRAVEI	KIT	EA	1	X	SSB		68135			N	EXCLUDE	SELF_INJ	6	SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68135092701	ROCTAVI	VALOCTC	261200	UNKNOW	26120000	UNKNOW	R	20000000(	INTRAVEI	SUSP	EA	1		SSB		68135			N	EXCLUDE	SELF_INJ	6	SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68135092748	ROCTAVI	VALOCTC	261200	UNKNOW	26120000	UNKNOW	R	20000000(	INTRAVEI	SUSP	EA	1		SSB		68135			N	EXCLUDE	SELF_INJ	6	SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68163011136	DRX CHO	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	80MG	ORAL	CHEW	EA	36		GENERIC		68163			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68163011960	EQ FIBER	PSYLLIUM	561200	Cathartics	56120000	Cathartics	P	0.52 GM	ORAL	CAPS	EA	160		GENERIC		68163			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68163070905	EQ INFAN	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	40 MG/0.6	ORAL	SUSP	ML	15		GENERIC		68163			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68163102208	EQ ANTA	CALCIUM	560400	Antacids a	56040000	Antacids a	P	750 MG	ORAL	CHEW	EA	200		GENERIC		68163			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68163103307	EQ ANTA	CALCIUM	560400	Antacids a	56040000	Antacids a	P	1000 MG	ORAL	CHEW	EA	160		GENERIC		68163			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68163107200	EQ ANTA	CAL CARI	560400	Antacids a	56040000	Antacids a	P	675-135-6	ORAL	CHEW	EA	100		GENERIC		68163			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68163119101	EQ FIBER	PSYLLIUM	561200	Cathartics	56120000	Cathartics	P	0.52 GM	ORAL	CAPS	EA	100		GENERIC		68163			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68176000010	DEKAS PI	PEDIATRI	882800	Multivitam	88280000	Multivitam	O	45MG/ML-	ORAL	LIQD	ML	60		SSB		68176			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68176000011	DEKAS PI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	0-100MCG	ORAL	CAPS	EA	60		SSB		68176			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68176000012	DEKAS E	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	2000UNIT	ORAL	CAPS	EA	60		SSB		68176			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68176000013	DEKAS E	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	2000UNIT.	ORAL	LIQD	ML	60		SSB		68176			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68176000014	DEKAS PI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	0-100MCG	ORAL	CAPS	EA	60		SSB		68176			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68176000015	DEKAS PI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	0-100MCG	ORAL	CHEW	EA	60		SSB		68176			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68176000016	DEKAS B	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	0-300MCG	ORAL	CHEW	EA	60		SSB		68176			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68176000017	AQUA-E	VITAMIN I	882000	Vitamin E	88200000	Vitamin E	O	50.25 MG/	ORAL	LIQD	ML	60		SSB		68176			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68176000018	AQUA-D	VITAMIN I	881600	Vitamin D	88160000	Vitamin D	O	12.5 MCG	ORAL	LIQD	ML	60		SSB		68176			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68176000019	AQUA-K	VITAMIN I	882400	Vitamin K	88240000	Vitamin K	O	200 MCG/	ORAL	LIQD	ML	60		SSB		68176			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68180009901	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	100 MG/M	ORAL	SOLN	ML	473	X	GENERIC	1/2/2024	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180011202	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	250 MG	ORAL	TABS	EA	500	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180011209	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	250 MG	ORAL	TABS	EA	90	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180011216	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	250 MG	ORAL	TABS	EA	120	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180011302	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TABS	EA	500	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180011309	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TABS	EA	90	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180011316	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TABS	EA	120	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180011402	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	750 MG	ORAL	TABS	EA	500	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180011409	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	750 MG	ORAL	TABS	EA	90	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180011416	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	750 MG	ORAL	TABS	EA	120	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180011507	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	1000 MG	ORAL	TABS	EA	60	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180011707	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TB24	EA	60	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180011807	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	750 MG	ORAL	TB24	EA	60	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180012101	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	100		GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180012102	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	500		GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180012201	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	100		GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180012202	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	500		GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180013006	FENOFIBI	FENOFIBI	240606	Fibric Acic	24060600	Fibric Acid	S	43 MG	ORAL	CAPS	EA	30	X	GENERIC		68180			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
68180013106	FENOFIBI	FENOFIBI	240606	Fibric Acic	24060600	Fibric Acid	S	130 MG	ORAL	CAPS	EA	30	X	GENERIC		68180			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
68180013415	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	S	667 MG	ORAL	CAPS	EA	200	X	GENERIC	1/2/2024	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180013501	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-:	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	6/22/2023	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180013601	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-:	S	20 MG	ORAL	TABS	EA	100	X	GENERIC	6/22/2023	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180013701	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-:	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	6/22/2023	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180014101	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	100	X	GENERIC	11/6/2023	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180014201	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	100	X	GENERIC	11/6/2023	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180015001	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG/5M	ORAL	SUSR	ML	50	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180015106	MIRABEG	MIRABEG	861208	UNKNOW	86120812	UNKNOW	S	25 MG	ORAL	TB24	EA	30	X	GENERIC		68180			N	EXCLUDE	HARD_MS	1	GEN	FORMULARY EXCLUSION					PLEASE DISPENSE BRAND FOR GENERIC COPAY.			R	MEDPRMI
68180015109	MIRABEG	MIRABEG	861208	UNKNOW	86120812	UNKNOW	S	25 MG	ORAL	TB24	EA	90	X	GENERIC		68180			N	EXCLUDE	HARD_MS	1	GEN	FORMULARY EXCLUSION					PLEASE DISPENSE BRAND FOR GENERIC COPAY.			R	MEDPRMI
68180015206	MIRABEG	MIRABEG	861208	UNKNOW	86120812	UNKNOW	S	50 MG	ORAL	TB24	EA	30	X	GENERIC		68180			N	EXCLUDE	HARD_MS	1	GEN	FORMULARY EXCLUSION					PLEASE DISPENSE BRAND FOR GENERIC COPAY.			R	MEDPRMI
68180015209	MIRABEG	MIRABEG	861208	UNKNOW	86120812	UNKNOW	S	50 MG	ORAL	TB24	EA	90	X	GENERIC		68180			N	EXCLUDE	HARD_MS	1	GEN	FORMULARY EXCLUSION					PLEASE DISPENSE BRAND FOR GENERIC COPAY.			R	MEDPRMI
68180015301	DESLORA	DESLORA	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	100		GENERIC		68180			N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS				R	MEDPRMI
68180015302	DESLORA	DESLORA	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	500		GENERIC		68180			N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS				R	MEDPRMI
68180015701	CLOBAZA	CLOBAZA	281208	Anticonvul	28120800	Anticonvul	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS				R	MEDPRMI
68180015801	CLOBAZA	CLOBAZA	281208	Anticonvul	28120800	Anticonvul	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS				R	MEDPRMI
68180015901	ETHACRY	ETHACRY	243608	UNKNOW	24360800	UNKNOW	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS	X	PA:X						R	MEDPRMI
68180016006	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	30		GENERIC	1/4/2023	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180016011	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6		GENERIC	1/4/2023	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180016013	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6		GENERIC	1/2/2024	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180016106	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC	1/4/2023	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180016111	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	3		GENERIC	1/4/2023	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180016113	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	3		GENERIC	8/1/2024	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180016206	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	600 MG	ORAL	TABS	EA	30		GENERIC	1/4/2023	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180016611	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	125 MG	ORAL	CAPS	EA	1		GENERIC		68180			N	FORMULARY		1	GEN	GENERICS			X	<= 56				R	MEDPRMI
68180016613	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	125 MG	ORAL	CAPS	EA	20		GENERIC		68180			N	FORMULARY		1	GEN	GENERICS			X	<= 56				R	MEDPRMI
68180016711	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	250 MG	ORAL	CAPS	EA	1		GENERIC		68180			N	FORMULARY		1	GEN	GENERICS			X	<= 112				R	MEDPRMI
68180016713	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	250 MG	ORAL	CAPS	EA	20		GENERIC		68180			N	FORMULARY		1	GEN	GENERICS			X	<= 112				R	MEDPRMI
68180016916	ZILEUTON	ZILEUTON	481024	Leukotrien	48102400	Leukotrien	S	600 MG	ORAL	TB12	EA	120	X	GENERIC		68180			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
68180018001	CEFADR(	CEFADR(	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	100		GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180018008	CEFADR(	CEFADR(	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	50		GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180018102	CEFADR(	CEFADR(	81206	Cephalos	8120604	First Gene	S	250 MG/5I	ORAL	SUSR	ML	100		GENERIC		68180	Y		N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180018202	CEFADR(	CEFADR(	81206	Cephalos	8120604	First Gene	S	500 MG/5I	ORAL	SUSR	ML	75		GENERIC		68180	Y		N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180018203	CEFADR(	CEFADR(	81206	Cephalos	8120604	First Gene	S	500 MG/5I	ORAL	SUSR	ML	100		GENERIC		68180	Y		N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180018506	MEFENAM	MEFENAM	280804	Nonsteroi	28080404	UNKNOW	S	250 MG	ORAL	CAPS	EA	30	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180018806	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	5 MG	ORAL	CAPS	EA	30	X	GENERIC		68180			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
68180018906	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	CAPS	EA	30	X	GENERIC		68180			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
68180019306	TELMISAI	TELMISAI	243208	Angiotens	24320800	Angiotens	S	40-12.5 M	ORAL	TABS	EA	30	X	GENERIC	12/31/2024	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180019406	TELMISAI	TELMISAI	243208	Angiotens	24320800	Angiotens	S	80-12.5 M	ORAL	TABS	EA	30	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180019506	TELMISAI	TELMISAI	243208	Angiotens	24320800	Angiotens	S	80-25 MG	ORAL	TABS	EA	30	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180020203	SUPRAX	CEFIXIME	81206	Cephalos	8120612	Third Gen	S	100 MG/5I	ORAL	SUSR	ML	50		MSB	5/23/2022	68180	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION								R	MEDPRMI
68180021430	CYCLOSF	CYCLOSF	520800	Anti-inflam	52080000	Anti-inflam	S	0.05%	OPHTHAL	EMUL	EA	30	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS				R	MEDPRMI
68180021460	CYCLOSF	CYCLOSF	520800	Anti-inflam	52080000	Anti-inflam	S	0.05%	OPHTHAL	EMUL	EA	60	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS				R	MEDPRMI
68180021506	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50-12.5 M	ORAL	TABS	EA	30	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180021509	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50-12.5 M	ORAL	TABS	EA	90	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180021603	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-12.5 M	ORAL	TABS	EA	1000	X	GENERIC	6/27/2023	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180021606	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-12.5 M	ORAL	TABS	EA	30	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180021609	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-12.5 M	ORAL	TABS	EA	90	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180021706	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-25 M	ORAL	TABS	EA	30	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180021709	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-25 M	ORAL	TABS	EA	90	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180022006	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	30	X	GENERIC	10/7/2022	68180			N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS				R	MEDPRMI
68180022009	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	90	X	GENERIC	10/7/2022	68180			N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS				R	MEDPRMI
68180022101	NIACIN E	NIACIN (A	240692	Antilipemi	24069200	Antilipemi	S	500 MG	ORAL	TBCR	EA	100	X	GENERIC	10/25/2022	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180022103	NIACIN E	NIACIN (A	240692	Antilipemi	24069200	Antilipemi	S	500 MG	ORAL	TBCR	EA	1000	X	GENERIC	10/25/2022	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180022201	NIACIN E	NIACIN (A	240692	Antilipemi	24069200	Antilipemi	S	750 MG	ORAL	TBCR	EA	100	X	GENERIC	10/25/2022	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180022301	NIACIN E	NIACIN (A	240692	Antilipemi	24069200	Antilipemi	S	1000 MG	ORAL	TBCR	EA	100	X	GENERIC	10/25/2022	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180022303	NIACIN E	NIACIN (A	240692	Antilipemi	24069200	Antilipemi	S	1000 MG	ORAL	TBCR	EA	1000	X	GENERIC	10/25/2022	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180022907	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS				R	MEDPRMI
68180023007	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS			X	2 IN 1 DAYS				R	MEDPRMI
68180023109	FENOFIBI	FENOFIBI	240606	Fibric Acic	24060600	Fibric Acid	S	54 MG	ORAL	TABS	EA	90	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180023209	FENOFIBI	FENOFIBI	240606	Fibric Acic	24060600	Fibric Acid	S	160 MG	ORAL	TABS	EA	90	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180023301	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	90	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180024001	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	100		GENERIC	10/10/2023	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180024008	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	50		GENERIC	10/10/2023	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180024101	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	100		GENERIC	10/10/2023	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180024102	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	500		GENERIC	10/10/2023	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180024108	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	50		GENERIC	10/10/2023	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180024201	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	100		GENERIC	10/10/2023	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180024220	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	20		GENERIC	10/10/2023	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180024606	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	7 MG	ORAL	CP24	EA	30	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS		X	Must meet 5 DS Mem TRIAL OF MEMANTINE IMMEDIATE RELEASE TABLETS IN THE PAST 120 DAYS	R	MEDPRMI
68180024706	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	14 MG	ORAL	CP24	EA	30	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS		X	Must meet 5 DS Mem TRIAL OF MEMANTINE IMMEDIATE RELEASE TABLETS IN THE PAST 120 DAYS	R	MEDPRMI
68180024709	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	14 MG	ORAL	CP24	EA	90	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS		X	Must meet 5 DS Mem TRIAL OF MEMANTINE IMMEDIATE RELEASE TABLETS IN THE PAST 120 DAYS	R	MEDPRMI
68180024806	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	21 MG	ORAL	CP24	EA	30	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS		X	Must meet 5 DS Mem TRIAL OF MEMANTINE IMMEDIATE RELEASE TABLETS IN THE PAST 120 DAYS	R	MEDPRMI
68180024902	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	28 MG	ORAL	CP24	EA	500	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS		X	Must meet 5 DS Mem TRIAL OF MEMANTINE IMMEDIATE RELEASE TABLETS IN THE PAST 120 DAYS	R	MEDPRMI
68180024906	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	28 MG	ORAL	CP24	EA	30	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS		X	Must meet 5 DS Mem TRIAL OF MEMANTINE IMMEDIATE RELEASE TABLETS IN THE PAST 120 DAYS	R	MEDPRMI
68180024909	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	28 MG	ORAL	CP24	EA	90	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS		X	Must meet 5 DS Mem TRIAL OF MEMANTINE IMMEDIATE RELEASE TABLETS IN THE PAST 120 DAYS	R	MEDPRMI
68180026001	DIVALPR(	DIVALPR(	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TB24	EA	100	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180026002	DIVALPR(	DIVALPR(	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TB24	EA	500	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180026101	DIVALPR(	DIVALPR(	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	100	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180026102	DIVALPR(	DIVALPR(	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	500	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180027601	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	100	X	GENERIC	1/16/2024	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180027606	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	10/23/2023	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180027703	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	80 MG	ORAL	TABS	EA	1000	X	GENERIC	10/23/2023	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180027709	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	80 MG	ORAL	TABS	EA	90	X	GENERIC	10/23/2023	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180027803	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	160 MG	ORAL	TABS	EA	1000	X	GENERIC	10/23/2023	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180027809	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	160 MG	ORAL	TABS	EA	90	X	GENERIC	10/23/2023	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180027902	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	320 MG	ORAL	TABS	EA	500	X	GENERIC	10/23/2023	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180027909	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	320 MG	ORAL	TABS	EA	90	X	GENERIC	10/23/2023	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180028001	ETHAMBU	ETHAMBU	81604	Antituberc	8160400	Antituberc	S	100 MG	ORAL	TABS	EA	100		GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180028101	ETHAMBU	ETHAMBU	81604	Antituberc	8160400	Antituberc	S	400 MG	ORAL	TABS	EA	100		GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180028301	SILDENAI	SILDENAI	484824	UNKNOW	48482400	UNKNOW	S	10 MG/ML	ORAL	SUSR	ML	112	X	GENERIC	6/30/2024	68180	Y		N	FORMULARY		1	GEN	GENERICS	X	PA:X						R	MEDPRMI
68180028706	EMTRICIT	EMTRICIT	81808	Antiretrovi	8180820	Nucleosid	S	200-300 M	ORAL	TABS	EA	30	X	GENERIC	12/7/2022	68180			N	#N/A	ORIG_FR	10	EHB	#N/A			X	1 IN 1 DAYS		X	IF RATIO=IF FOR PREEXPOSI	R	MEDPRMI
68180028806	ABACAVII	ABACAVII	81808	Antiretrovi	8180820	Nucleosid	S	600-300 M	ORAL	TABS	EA	30	X	GENERIC	4/2/2024	68180			N	FORMULARY		4	SPGEN	SPECIALTY GENERICS			X	1 IN 1 DAYS				R	MEDPRMI
68180029403	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	20 MG	ORAL	CPEP	EA	1000	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180029406	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	20 MG	ORAL	CPEP	EA	30	X	GENERIC	1/2/2024	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180029407	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	20 MG	ORAL	CPEP	EA	60	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180029503	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	1000	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180029506	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	30	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180029509	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	90	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180029603	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	1000	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180029606	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	30	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180029609	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	90	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180029706	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	40 MG	ORAL	CPEP	EA	30	X	GENERIC		68180			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
68180030220	CEFURO	CEFURO	81206	Cephalos	8120608	Second G	S	250 MG	ORAL	TABS	EA	20		GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180030260	CEFURO	CEFURO	81206	Cephalos	8120608	Second G	S	250 MG	ORAL	TABS	EA	60		GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180030320	CEFURO	CEFURO	81206	Cephalos	8120608	Second G	S	500 MG	ORAL	TABS	EA	20		GENERIC	9/30/2024	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180030360	CEFURO	CEFURO	81206	Cephalos	8120608	Second G	S	500 MG	ORAL	TABS	EA	60		GENERIC	10/31/2024	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180031406	IMIPRAMI	IMIPRAMI	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	CAPS	EA	30	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180031506	IMIPRAMI	IMIPRAMI	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180031606	IMIPRAMI	IMIPRAMI	281604	Antidepres	28160428	Tricyclics	S	125 MG	ORAL	CAPS	EA	30	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180031706	IMIPRAMI	IMIPRAMI	281604	Antidepres	28160428	Tricyclics	S	150 MG	ORAL	CAPS	EA	30	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180031902	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	500	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180031906	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	30	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180031909	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	90	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180032002	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	500	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180032006	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	30	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180032009	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	90	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180032201	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	1 MG	ORAL	TABS	EA	100		GENERIC	8/31/2024	68180			N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS				R	MEDPRMI
68180032301	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	2 MG	ORAL	TABS	EA	100		GENERIC	8/31/2024	68180			N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS				R	MEDPRMI
68180032401	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	3 MG	ORAL	TABS	EA	100		GENERIC	8/31/2024	68180			N	FORMULARY		1	GEN	GENERICS			X	1 IN 1 DAYS				R	MEDPRMI
68180033107	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	CAPS	EA	60	X	GENERIC	1/2/2024	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180033207	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	40 MG	ORAL	CAPS	EA	60	X	GENERIC	1/2/2024	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180033307	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	60 MG	ORAL	CAPS	EA	60	X	GENERIC	1/2/2024	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180033407	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	80 MG	ORAL	CAPS	EA	60	X	GENERIC	1/2/2024	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180033607	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	60	X	GENERIC		68180			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
68180033707	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TB24	EA	60	X	GENERIC		68180			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
68180033801	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	100	X	GENERIC		68180			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
68180033909	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TB24	EA	90	X	GENERIC		68180			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
68180034507	DARUNA\	DARUNA\	81808	Antiretrovi	8180808	HIV Prote	S	600 MG	ORAL	TABS	EA	60	X	GENERIC		68180			N	FORMULARY		4	SPGEN	SPECIALTY GENERICS			X	2 IN 1 DAYS				R	MEDPRMI
68180034606	DARUNA\	DARUNA\	81808	Antiretrovi	8180808	HIV Prote	S	800 MG	ORAL	TABS	EA	30	X	GENERIC		68180			N	FORMULARY		4	SPGEN	SPECIALTY GENERICS			X	1 IN 1 DAYS				R	MEDPRMI
68180035103	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-:	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180035106	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-:	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180035109	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-:	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180035202	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-:	S	50 MG	ORAL	TABS	EA	500	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180035205	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-:	S	50 MG	ORAL	TABS	EA	5000	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180035206	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-:	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180035209	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-:	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180035302	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-:	S	100 MG	ORAL	TABS	EA	500	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180035305	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-:	S	100 MG	ORAL	TABS	EA	5000	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180035306	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-:	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180035309	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-:	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180036009	FENOFIBI	FENOFIBI	240606	Fibric Acic	24060600	Fibric Acid	S	48 MG	ORAL	TABS	EA	90	X	GENERIC	8/2/2022	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180036102	FENOFIBI	FENOFIBI	240606	Fibric Acic	24060600	Fibric Acid	S	145 MG	ORAL	TABS	EA	500	X	GENERIC	8/2/2022	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180036109	FENOFIBI	FENOFIBI	240606	Fibric Acic	24060600	Fibric Acid	S	145 MG	ORAL	TABS	EA	90	X	GENERIC	8/2/2022	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180037603	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180037609	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180037703	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	1000	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180037706	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	9/1/2023	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180037709	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180037803	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	1000	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180037806	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	9/1/2023	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180037809	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180038809	FENOFIBI	FENOFIBI	240606	Fibric Acic	24060600	Fibric Acid	S	48 MG	ORAL	TABS	EA	90	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180038902	FENOFIBI	FENOFIBI	240606	Fibric Acic	24060600	Fibric Acid	S	145 MG	ORAL	TABS	EA	500	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180038909	FENOFIBI	FENOFIBI	240606	Fibric Acic	24060600	Fibric Acid	S	145 MG	ORAL	TABS	EA	90	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180039507	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	50 MG	ORAL	CAPS	EA	60	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180039601	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180039602	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	500	X	GENERIC	11/27/2023	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180039807	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	400 MG	ORAL	CAPS	EA	60	X	GENERIC	6/4/2024	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180039901	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	100	X	GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180040101	CEFPROZ	CEFPROZ	81206	Cephalos	8120608	Second G	S	125 MG/5I	ORAL	SUSR	ML	50		GENERIC	4/30/2023	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180040102	CEFPROZ	CEFPROZ	81206	Cephalos	8120608	Second G	S	125 MG/5I	ORAL	SUSR	ML	75		GENERIC	7/14/2022	68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180040103	CEFPROZ	CEFPROZ	81206	Cephalos	8120608	Second G	S	125 MG/5I	ORAL	SUSR	ML	100		GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180040201	CEFPROZ	CEFPROZ	81206	Cephalos	8120608	Second G	S	250 MG/5I	ORAL	SUSR	ML	50		GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180040202	CEFPROZ	CEFPROZ	81206	Cephalos	8120608	Second G	S	250 MG/5I	ORAL	SUSR	ML	75		GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180040203	CEFPROZ	CEFPROZ	81206	Cephalos	8120608	Second G	S	250 MG/5I	ORAL	SUSR	ML	100		GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180040301	CEFPROZ	CEFPROZ	81206	Cephalos	8120608	Second G	S	250 MG	ORAL	TABS	EA	100		GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180040401	CEFPROZ	CEFPROZ	81206	Cephalos	8120608	Second G	S	500MG	ORAL	TABS	EA	50		GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180040501	CEFIXIME	CEFIXIME	81206	Cephalos	8120612	Third Gen	S	100 MG/5I	ORAL	SUSR	ML	50		GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180040703	CEFIXIME	CEFIXIME	81206	Cephalos	8120612	Third Gen	S	200 MG/5I	ORAL	SUSR	ML	50		GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180040704	CEFIXIME	CEFIXIME	81206	Cephalos	8120612	Third Gen	S	200 MG/5I	ORAL	SUSR	ML	75		GENERIC		68180			N	FORMULARY		1	GEN	GENERICS								R	MEDPRMI
68180041006	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	75 MG	ORAL	TABS	EA	30	X	GENERIC	1/7/2021	68180			N	EXCLUDE	RECALL_DENY: [RECALLED F			OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68180041009	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	75 MG	ORAL	TABS	EA	90	X	GENERIC	1/7/2021	68180			N	EXCLUDE	RECALL_DENY: [RECALLED F			OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68180041106	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	150 MG	ORAL	TABS	EA	30	X	GENERIC	1/7/2021	68180			N	EXCLUDE	RECALL_DENY: [RECALLED F			OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68180041109	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	150 MG	ORAL	TABS	EA	90	X	GENERIC	1/7/2021	68180			N	EXCLUDE	RECALL_DENY: [RECALLED F			OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68180041206	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	300 MG	ORAL	TABS	EA	30	X	GENERIC	1/7/2021	68180			N	EXCLUDE	RECALL_DENY: [RECALLED F			OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68180041209	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	300 MG	ORAL	TABS	EA	90	X	GENERIC	1/7/2021	68180			N	EXCLUDE	RECALL_DENY: [RECALLED F			OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68180041306	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	150-12.5 M	ORAL	TABS	EA	30	X	GENERIC	1/7/2021	68180			N	EXCLUDE	RECALL_DENY: [RECALLED F			OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI

68308070301	TACROLI	TACROLI	840628	UNKNOW	84062800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	100	GENERIC	6/4/2024	68308	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68308070360	TACROLI	TACROLI	840628	UNKNOW	84062800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	60	GENERIC		68308	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68308070645	ADAPALE	ADAPALE	842800	Keratolytic	84280000	Keratolytic	S	0.10%	EXTERNA	CREA	GM	45	GENERIC	9/30/2024	68308	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68308071010	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	TBEC	EA	100	GENERIC	7/3/2023	68308	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
68308071510	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	150 MG	ORAL	TBEC	EA	100	GENERIC	8/1/2024	68308	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
68308071530	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	150 MG	ORAL	TBEC	EA	30	GENERIC	1/31/2023	68308	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
68308071630	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	200 MG	ORAL	TBEC	EA	30	GENERIC		68308	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
68308074530	TAZAROT	TAZAROT	842800	Keratolytic	84280000	Keratolytic	S	0.10%	EXTERNA	CREA	GM	30	GENERIC		68308	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68308074560	TAZAROT	TAZAROT	842800	Keratolytic	84280000	Keratolytic	S	0.10%	EXTERNA	CREA	GM	60	GENERIC	10/31/2024	68308	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68308074708	IMVEXXY	ESTRADI	681604	Estrogens	68160400	Estrogens	R	4 MCG	VAGINAL	INST	EA	8 X	SSB		68308	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	18 IN 28 DAYS				X	Must meet 5 DS Estr TRIAL OF PREMARIN CREAM AND ONE OF THE FOLLOWING: ESTRADIOL CRI	R	MEDPRMI
68308074718	IMVEXXY	ESTRADI	681604	Estrogens	68160400	Estrogens	R	4 MCG	VAGINAL	INST	EA	18 X	SSB		68308	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	18 IN 28 DAYS				X	Must meet 5 DS Estr TRIAL OF PREMARIN CREAM AND ONE OF THE FOLLOWING: ESTRADIOL CRI	R	MEDPRMI
68308075030	BIJUVA	ESTRADI	681604	Estrogens	68160400	Estrogens	R	1-100 MG	ORAL	CAPS	EA	30 X	SSB		68308	N	FORMULARY		2 BRAND	PREFERRED BRAND	X	1 IN 1 DAYS						R	MEDPRMI
68308075130	BIJUVA	ESTRADI	681604	Estrogens	68160400	Estrogens	R	0.5-100 M	ORAL	CAPS	EA	30 X	SSB		68308	N	FORMULARY		2 BRAND	PREFERRED BRAND	X	1 IN 1 DAYS						R	MEDPRMI
68308075201	ANNOVEF	SEGESTE	681200	Contracep	68120000	Contracep	R	0.013-0.15	VAGINAL	RING	EA	1 X	SSB		68308	N	#N/A	ORIG_FR	10 EHB	#N/A			X	365 DAYS		X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
68308076030	VITAMED	PRENATA	882800	Multivitam	88280000	Multivitam	R	30-0.6-0.4	ORAL	CAPS	EA	30	SSB		68308	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68308076230	VITAPEAI	PRENATA	882800	Multivitam	88280000	Multivitam	R	30-1.4-200	ORAL	CPCR	EA	30	SSB		68308 N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68308076950	HALOBET	HALOBET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	FOAM	GM	50	GENERIC		68308	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
68308077560	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	75 MG	ORAL	TBEC	EA	60	GENERIC	8/1/2024	68308	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
68308077750	TRETINOI	TRETINOI	841600	Cell Stimu	84160000	Cell Stimu	S	0.08%	EXTERNA	GEL	GM	50	GENERIC		68308	N	FORMULARY		1 GEN	GENERICS						X	AGE_YEA MUST BE LESS THA	R	MEDPRMI
68308078101	ISOTRETI	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	S	10 MG	ORAL	CAPS	EA	10	GENERIC		68308 N	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68308078130	ISOTRETI	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	S	10 MG	ORAL	CAPS	EA	10	GENERIC		68308 N	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68308078201	ISOTRETI	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	S	20 MG	ORAL	CAPS	EA	10	GENERIC		68308	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68308078230	ISOTRETI	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	S	20 MG	ORAL	CAPS	EA	10	GENERIC		68308	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68308078301	ISOTRETI	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	S	30 MG	ORAL	CAPS	EA	10	GENERIC		68308	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68308078330	ISOTRETI	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	S	30 MG	ORAL	CAPS	EA	10	GENERIC		68308	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68308078401	ISOTRETI	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	S	40 MG	ORAL	CAPS	EA	10	GENERIC		68308	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68308078430	ISOTRETI	ISOTRETI	842800	Keratolytic	84280000	Keratolytic	S	40 MG	ORAL	CAPS	EA	10	GENERIC		68308	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68330000101	CEFTRIA	CEFTRIA	81206	Cephalos	8120612	Third Gen	S	250 MG	INJECTIO	SOLR	EA	1	GENERIC		68330	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68330000110	CEFTRIA	CEFTRIA	81206	Cephalos	8120612	Third Gen	S	250 MG	INJECTIO	SOLR	EA	1	GENERIC		68330	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68330000201	CEFTRIA	CEFTRIA	81206	Cephalos	8120612	Third Gen	S	500 MG	INJECTIO	SOLR	EA	1	GENERIC		68330	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68330000210	CEFTRIA	CEFTRIA	81206	Cephalos	8120612	Third Gen	S	500 MG	INJECTIO	SOLR	EA	1	GENERIC		68330	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68330000301	CEFTRIA	CEFTRIA	81206	Cephalos	8120612	Third Gen	S	1 GM	INJECTIO	SOLR	EA	1	GENERIC		68330	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68330000310	CEFTRIA	CEFTRIA	81206	Cephalos	8120612	Third Gen	S	1 GM	INJECTIO	SOLR	EA	1	GENERIC		68330	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68330000401	CEFTRIA	CEFTRIA	81206	Cephalos	8120612	Third Gen	S	2 GM	INJECTIO	SOLR	EA	1	GENERIC		68330	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68330000410	CEFTRIA	CEFTRIA	81206	Cephalos	8120612	Third Gen	S	2 GM	INJECTIO	SOLR	EA	1	GENERIC		68330	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68330000501	CEFTRIA	CEFTRIA	81206	Cephalos	8120612	Third Gen	S	1GM	INTRAVEI	SOLR	EA	1	GENERIC		68330	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68330000601	CEFTRIA	CEFTRIA	81206	Cephalos	8120612	Third Gen	S	2GM	INTRAVEI	SOLR	EA	1	GENERIC		68330	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68330001425	CEFAZOL	CEFAZOL	81206	Cephalos	8120604	First Gene	S	500MG	INJECTIO	SOLR	EA	1	GENERIC		68330	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68330001525	CEFAZOL	CEFAZOL	81206	Cephalos	8120604	First Gene	S	1 GM	INJECTIO	SOLR	EA	1	GENERIC		68330	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68382000105	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	500 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382000106	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	30 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382000116	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	90 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382000301	AZATHIOI	AZATHIOI	902808	UNKNOW	90280892	UNKNOW	S	50 MG	ORAL	TABS	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382000305	AZATHIOI	AZATHIOI	902808	UNKNOW	90280892	UNKNOW	S	50 MG	ORAL	TABS	EA	500 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382000414	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	15 MG	ORAL	CPSP	EA	60 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382000514	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	CPSP	EA	60 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382000601	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382000610	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	1000 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382000801	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382000810	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	1000 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382000905	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	150 MG	ORAL	TABS	EA	500 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382000914	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	150 MG	ORAL	TABS	EA	60 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382001005	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	500 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382001014	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	60 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382001801	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	25 MG	ORAL	TABS	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382001901	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	TABS	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382002001	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	50MG	ORAL	TABS	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382002101	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	TABS	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382002201	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382002210	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	1000 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382002301	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382002310	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	1000 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382002401	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382002410	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	1000 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382003410	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	1000 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382003416	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	90 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382003510	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	1000 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382003516	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	90 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382003610	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	1000 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382003616	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	90 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382004001	PROMETI	PROMETI	40400	First Gene	4040000	First Gene	S	12.5 MG	ORAL	TABS	EA	100	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382004101	PROMETI	PROMETI	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	100	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382004105	PROMETI	PROMETI	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	500	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382004110	PROMETI	PROMETI	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	1000	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382004201	PROMETI	PROMETI	40400	First Gene	4040000	First Gene	S	50 MG	ORAL	TABS	EA	100	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382004901	ACYCLO\	ACYCLO\	81832	Nucleosid	8183200	Nucleosid	S	50 MG/ML	INTRAVEI	SOLN	ML	20	GENERIC	1/31/2022	68382	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68382004910	ACYCLO\	ACYCLO\	81832	Nucleosid	8183200	Nucleosid	S	50 MG/ML	INTRAVEI	SOLN	ML	20	GENERIC	1/31/2022	68382	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
68382005001	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382005005	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	500 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382005101	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382005105	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	500 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382007005	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	500 X	GENERIC	4/30/2022	68382	N	#N/A	ORIG_FR	10 EHB	#N/A	X	1 IN 1 DAYS				X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
68382007016	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90 X	GENERIC	4/30/2022	68382	N	#N/A	ORIG_FR	10 EHB	#N/A	X	1 IN 1 DAYS				X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
68382007105	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	500 X	GENERIC	5/31/2022	68382	N	#N/A	ORIG_FR	10 EHB	#N/A	X	1 IN 1 DAYS				X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
68382007116	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90 X	GENERIC	5/31/2022	68382	N	#N/A	ORIG_FR	10 EHB	#N/A	X	1 IN 1 DAYS				X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
68382007205	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	500 X	GENERIC	5/31/2022	68382	N	#N/A	ORIG_FR	10 EHB	#N/A	X	1 IN 1 DAYS				X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
68382007216	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90 X	GENERIC	5/31/2022	68382	N	#N/A	ORIG_FR	10 EHB	#N/A	X	1 IN 1 DAYS				X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
68382007901	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382007910	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	5 MG	ORAL	TABS	EA	1000 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382008001	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		68382 N	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382008101	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382009101	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	100	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382009201	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	3.125 MG	ORAL	TABS	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382009205	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	3.125 MG	ORAL	TABS	EA	500 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382009301	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382009305	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	500 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382009401	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382009405	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	500 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382009501	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382009505	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	500 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382009601	HYDROX	HYDROX	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS	X	100 IN 30 DAYS						R	MEDPRMI
68382009605	HYDROX	HYDROX	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	500 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS	X	100 IN 30 DAYS						R	MEDPRMI
68382009705	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	500 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382009706	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382009710	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382009716	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382009801	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382009805	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	500 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382009806	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382009810	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	1000 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382009816	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382009905	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	30 MG	ORAL	TABS	EA	500 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382009906	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	30 MG	ORAL	TABS	EA	30 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382009910	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	30 MG	ORAL	TABS	EA	1000 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382009916	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	30 MG	ORAL	TABS	EA	90 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382010101	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	100MG	ORAL	TABS	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382010601	DIVALPR	DIVALPR	281292	Anticonvul	28129200	Anticonvul	S	125 MG	ORAL	CSDR	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382010610	DIVALPR	DIVALPR	281292	Anticonvul	28129200	Anticonvul	S	125 MG	ORAL	CSDR	EA	1000 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382011006	BROMOC	BROMOC	283620	UNKNOW	28362004	UNKNOW	S	5 MG	ORAL	CAPS	EA	30 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382011205	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	0.25 MG	ORAL	TABS	EA	500 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382011214	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	0.25 MG	ORAL	TABS	EA	60 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382011305	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	0.5 MG	ORAL	TABS	EA	500 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382011314	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	0.5 MG	ORAL	TABS	EA	60 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382011405	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	1 MG	ORAL	TABS	EA	500 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382011414	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	1 MG	ORAL	TABS	EA	60 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382011505	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	500 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382011514	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	60 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382011605	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	3 MG	ORAL	TABS	EA	500 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382011614	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	3 MG	ORAL	TABS	EA	60 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382011705	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	4 MG	ORAL	TABS	EA	500 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382011714	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	4 MG	ORAL	TABS	EA	60 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382011901	AZATHIOI	AZATHIOI	902808	UNKNOW	90280892	UNKNOW	S	75 MG	ORAL	TABS	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382012001	AZATHIOI	AZATHIOI	902808	UNKNOW	90280892	UNKNOW	S	100 MG	ORAL	TABS	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382012105	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	500 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382012116	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	90 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382012205	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	500 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382012216	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	90 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382012305	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	500 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382012316	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382013201	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382013210	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	1000 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382013506	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	30 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382013510	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	1000 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382013516	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	90 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382013606	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	30 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382013610	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	1000 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382013616	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	90 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382013706	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	30 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382013710	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	1000 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382013716	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	90 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382013805	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	500 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382013814	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	60 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382013905	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	500 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382013914	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	60 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382014005	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	500 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382014014	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	60 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382014105	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	500 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382014114	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	60 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382014406	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	1.25 MG	ORAL	CAPS	EA	30 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382014501	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	CAPS	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382014601	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	CAPS	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382014701	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	CAPS	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382018001	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	100	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382018005	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	500	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382018101	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	100	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382018105	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	500	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382018201	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	100	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382018205	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	500	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382018305	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	30 MG	ORAL	TABS	EA	500	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382018314	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	30 MG	ORAL	TABS	EA	60	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382018401	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	2.5-250 M	ORAL	TABS	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382018501	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	2.5-500 M	ORAL	TABS	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382018601	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5-500 MG	ORAL	TABS	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382018701	DIPYRIDA	DIPYRIDA	361800	Cardiac Fu	36180000	Cardiac Fu	S	25 MG	ORAL	TABS	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382018801	DIPYRIDA	DIPYRIDA	361800	Cardiac Fu	36180000	Cardiac Fu	S	50 MG	ORAL	TABS	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382018901	DIPYRIDA	DIPYRIDA	361800	Cardiac Fu	36180000	Cardiac Fu	S	75 MG	ORAL	TABS	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382020401	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382020405	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	500 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382020501	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382020505	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	500 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382020906	ANASTRC	ANASTRC	681608	Antiestrog	68160800	Antiestrog	S	1 MG	ORAL	TABS	EA	30 X	GENERIC		68382	N	#N/A	ORIG_FR	10 EHB	#N/A						X	IF AGE=35-999 YEARS AND R	R	MEDPRMI
68382022705	AMIODAR	AMIODAR	240404	Antiarrhyt	24040420	Class III A	S	200 MG	ORAL	TABS	EA	500 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382022714	AMIODAR	AMIODAR	240404	Antiarrhyt	24040420	Class III A	S	200 MG	ORAL	TABS	EA	60 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382023316	FENOFIBI	CHOLINE	240606	Fibric Acid	24060600	Fibric Acid	S	135 MG	ORAL	CPDR	EA	90 X	GENERIC	1/11/2022	68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382024701	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	100	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382024705	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	500	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382024910	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC		68382	N	#N/A	ORIG_FR	10 EHB	#N/A	X	1 IN 1 DAYS				X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
68382024916	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		68382	N	#N/A	ORIG_FR	10 EHB	#N/A	X	1 IN 1 DAYS				X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
68382025010	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	1000 X	GENERIC		68382	N	#N/A	ORIG_FR	10 EHB	#N/A	X	1 IN 1 DAYS				X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
68382025016	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		68382	N	#N/A	ORIG_FR	10 EHB	#N/A	X	1 IN 1 DAYS				X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
68382025110	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	1000 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS	X	1 IN 1 DAYS						R	MEDPRMI
68382025116	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS	X	1 IN 1 DAYS						R	MEDPRMI
68382025210	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	1000 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS	X	1 IN 1 DAYS						R	MEDPRMI
68382025216	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS	X	1 IN 1 DAYS						R	MEDPRMI
68382025501	OXYBUT	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TB24	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382025505	OXYBUT	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TB24	EA	500 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382025601	OXYBUT	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	10 MG	ORAL	TB24	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382025605	OXYBUT	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	10 MG	ORAL	TB24	EA	500 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382025701	OXYBUT	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	15 MG	ORAL	TB24	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382027101	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TB24	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382027114	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TB24	EA	60 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382027201	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TB24	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382027301	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TB24	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382027314	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TB24	EA	60 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382029706	AMIODAR	AMIODAR	240404	Antiarrhyt	24040420	Class III A	S	100 MG	ORAL	TABS	EA	30 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
68382029806	AMIODAR	AMIODAR	240404	Antiarrhyt	24040420	Class III A	S	400 MG	ORAL	TABS	EA	30 X	GENERIC		68382 Y	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI

68382082614	TAMOXIF	TAMOXIF	681612 Estrogen /	68161200 Estrogen /	S	10 MG	ORAL	TABS	EA	60 X	GENERIC	2/28/2022	68382	N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF AGE=35-999 YEARS AND R	R	MEDPRMI
68382082701	TAMOXIF	TAMOXIF	681612 Estrogen /	68161200 Estrogen /	S	20 MG	ORAL	TABS	EA	100 X	GENERIC	1/31/2022	68382	N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF AGE=35-999 YEARS AND R	R	MEDPRMI
68382082706	TAMOXIF	TAMOXIF	681612 Estrogen /	68161200 Estrogen /	S	20 MG	ORAL	TABS	EA	30 X	GENERIC	2/28/2022	68382	N	#N/A	ORIG_FR	10 EHB	#N/A							X	IF AGE=35-999 YEARS AND R	R	MEDPRMI
68382084893	ESOMEPI	ESOMEPI	562836 Proton-pu	56283600 Proton-pu	S	20 MG	ORAL	PACK	EA	1 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet 5 DS Cvs	TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZ		R	MEDPRMI
68382084894	ESOMEPI	ESOMEPI	562836 Proton-pu	56283600 Proton-pu	S	20 MG	ORAL	PACK	EA	30 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet 5 DS Cvs	TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZ		R	MEDPRMI
68382084993	ESOMEPI	ESOMEPI	562836 Proton-pu	56283600 Proton-pu	S	40 MG	ORAL	PACK	EA	1 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS	X	Must meet 5 DS Cvs	TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZ		R	MEDPRMI
68382084994	ESOMEPI	ESOMEPI	562836 Proton-pu	56283600 Proton-pu	S	40 MG	ORAL	PACK	EA	30 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS	X	Must meet 5 DS Cvs	TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZ		R	MEDPRMI
68382085601	TRIAMTEI	TRIAMTEI	402816 Potassium	40281600 Potassium	S	37.5-25 M	ORAL	TABS	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68382085605	TRIAMTEI	TRIAMTEI	402816 Potassium	40281600 Potassium	S	37.5-25 M	ORAL	TABS	EA	500 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68382085701	TRIAMTEI	TRIAMTEI	402816 Potassium	40281600 Potassium	S	75-50 MG	ORAL	TABS	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68382085705	TRIAMTEI	TRIAMTEI	402816 Potassium	40281600 Potassium	S	75-50 MG	ORAL	TABS	EA	500 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68382085906	LURASID	LURASID	281608 Antipsych	28160804 Atypical A	S	60 MG	ORAL	TABS	EA	30 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
68382086010	BENZTRC	BENZTRC	283608 UNKNOW	28360800 UNKNOW	S	1 MG/ML	INJECTIO	SOLN	ML	2	GENERIC		68382	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68382086306	TOPIRAM	TOPIRAM	281292 Anticonvul	28129200 Anticonvul	S	25 MG	ORAL	CP24	EA	30 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS			X	8 IN 1 DAYS					R	MEDPRMI
68382086406	TOPIRAM	TOPIRAM	281292 Anticonvul	28129200 Anticonvul	S	50 MG	ORAL	CP24	EA	30 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS					R	MEDPRMI
68382088901	DESOXIM	DESOXIM	840608 UNKNOW	84060800 UNKNOW	S	0.25%	EXTERNA	OINT	GM	15	GENERIC	8/2/2022	68382	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68382088902	DESOXIM	DESOXIM	840608 UNKNOW	84060800 UNKNOW	S	0.25%	EXTERNA	OINT	GM	60	GENERIC	8/2/2022	68382	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68382088903	DESOXIM	DESOXIM	840608 UNKNOW	84060800 UNKNOW	S	0.25%	EXTERNA	OINT	GM	100	GENERIC	8/2/2022	68382	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68382089606	TADALAF	TADALAF	240812 Calcium-c	24081200 UNKNOW	S	2.5 MG	ORAL	TABS	EA	30 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS	X	PA:X							R	MEDPRMI
68382089706	TADALAF	TADALAF	240812 Calcium-c	24081200 UNKNOW	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS	X	PA:X							R	MEDPRMI
68382089806	TADALAF	TADALAF	240812 Calcium-c	24081200 UNKNOW	S	10 MG	ORAL	TABS	EA	30	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS			X	1 IN 5 DAYS					R	MEDPRMI
68382089906	TADALAF	TADALAF	240812 Calcium-c	24081200 UNKNOW	S	20 MG	ORAL	TABS	EA	30	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS			X	1 IN 5 DAYS					R	MEDPRMI
68382091001	DOXYCY	DOXYCY	81224 Tetracyclir	8122400 Tetracyclir	S	100 MG	INTRAVEI	SOLR	EA	1	GENERIC		68382	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68382091010	DOXYCY	DOXYCY	81224 Tetracyclir	8122400 Tetracyclir	S	100 MG	INTRAVEI	SOLR	EA	1	GENERIC		68382	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68382091206	FINGOLIM	FINGOLIM	900416 UNKNOW	90041600 UNKNOW	S	0.5 MG	ORAL	CAPS	EA	30 X	GENERIC		68382	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
68382091306	ERLOTINI	ERLOTINI	100000 Antineopla	10000000 Antineopla	S	25 MG	ORAL	TABS	EA	30	GENERIC		68382	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
68382091406	ERLOTINI	ERLOTINI	100000 Antineopla	10000000 Antineopla	S	100 MG	ORAL	TABS	EA	30	GENERIC		68382	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
68382091506	ERLOTINI	ERLOTINI	100000 Antineopla	10000000 Antineopla	S	150 MG	ORAL	TABS	EA	30	GENERIC		68382	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
68382091601	METHYLF	METHYLF	680400 Adrenals	68040000 Adrenals	S	4 MG	ORAL	TABS	EA	100	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68382091634	METHYLF	METHYLF	680400 Adrenals	68040000 Adrenals	S	4 MG	ORAL	TBPK	EA	21	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68382091711	METHYLF	METHYLF	680400 Adrenals	68040000 Adrenals	S	8 MG	ORAL	TABS	EA	25	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68382091818	METHYLF	METHYLF	680400 Adrenals	68040000 Adrenals	S	16 MG	ORAL	TABS	EA	50	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68382091911	METHYLF	METHYLF	680400 Adrenals	68040000 Adrenals	S	32 MG	ORAL	TABS	EA	25	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68382092006	ENTECAV	ENTECAV	81832 Nucleosid	8183200 Nucleosid	S	0.5 MG	ORAL	TABS	EA	30 X	GENERIC		68382	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
68382092106	ENTECAV	ENTECAV	81832 Nucleosid	8183200 Nucleosid	S	1 MG	ORAL	TABS	EA	30 X	GENERIC		68382	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
68382092286	ELETRIPT	ELETRIPT	283228 Selective	28322800 Selective	S	20 MG	ORAL	TABS	EA	6	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS			X	18 IN 30 DAYS	X	Must meet 5 DS Imitr	TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS		R	MEDPRMI
68382092386	ELETRIPT	ELETRIPT	283228 Selective	28322800 Selective	S	40 MG	ORAL	TABS	EA	6	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS			X	18 IN 30 DAYS	X	Must meet 5 DS Imitr	TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS		R	MEDPRMI
68382095001	AMPHETA	AMPHETA	282004 Amphetan	28200400 Amphetan	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
68382095101	AMPHETA	AMPHETA	282004 Amphetan	28200400 Amphetan	S	7.5 MG	ORAL	TABS	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
68382095201	AMPHETA	AMPHETA	282004 Amphetan	28200400 Amphetan	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
68382095301	AMPHETA	AMPHETA	282004 Amphetan	28200400 Amphetan	S	12.5 MG	ORAL	TABS	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
68382095401	AMPHETA	AMPHETA	282004 Amphetan	28200400 Amphetan	S	15 MG	ORAL	TABS	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
68382095501	AMPHETA	AMPHETA	282004 Amphetan	28200400 Amphetan	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
68382095601	AMPHETA	AMPHETA	282004 Amphetan	28200400 Amphetan	S	30 MG	ORAL	TABS	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
68382096506	LURASID	LURASID	281608 Antipsych	28160804 Atypical A	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
68382096616	LURASID	LURASID	281608 Antipsych	28160804 Atypical A	S	40 MG	ORAL	TABS	EA	90 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
68382096706	LURASID	LURASID	281608 Antipsych	28160804 Atypical A	S	80 MG	ORAL	TABS	EA	30 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
68382096806	LURASID	LURASID	281608 Antipsych	28160804 Atypical A	S	120 MG	ORAL	TABS	EA	30 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
68382096906	ROFLUMI	ROFLUMI	483200 UNKNOW	48320000 UNKNOW	S	500 MCG	ORAL	TABS	EA	30 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
68382096916	ROFLUMI	ROFLUMI	483200 UNKNOW	48320000 UNKNOW	S	500 MCG	ORAL	TABS	EA	90 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
68382097001	CHLORTI	CHLORTI	243624 UNKNOW	24362400 UNKNOW	S	25 MG	ORAL	TABS	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68382097010	CHLORTI	CHLORTI	243624 UNKNOW	24362400 UNKNOW	S	25 MG	ORAL	TABS	EA	1000 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68382097101	CHLORTI	CHLORTI	243624 UNKNOW	24362400 UNKNOW	S	50 MG	ORAL	TABS	EA	100 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68382097906	LAMOTRI	LAMOTRI	281292 Anticonvul	28129200 Anticonvul	S	25 MG	ORAL	TB24	EA	30 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS			X	6 IN 1 DAYS					R	MEDPRMI
68382098006	LAMOTRI	LAMOTRI	281292 Anticonvul	28129200 Anticonvul	S	50 MG	ORAL	TB24	EA	30 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS			X	6 IN 1 DAYS					R	MEDPRMI
68382098106	LAMOTRI	LAMOTRI	281292 Anticonvul	28129200 Anticonvul	S	100 MG	ORAL	TB24	EA	30 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS					R	MEDPRMI
68382098206	LAMOTRI	LAMOTRI	281292 Anticonvul	28129200 Anticonvul	S	200 MG	ORAL	TB24	EA	30 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
68382098306	LAMOTRI	LAMOTRI	281292 Anticonvul	28129200 Anticonvul	S	250 MG	ORAL	TB24	EA	30 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
68382098406	LAMOTRI	LAMOTRI	281292 Anticonvul	28129200 Anticonvul	S	300 MG	ORAL	TB24	EA	30 X	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
68382099201	ACYCLOV	ACYCLOV	840406 Antivirals	84040600 Antivirals	S	5%	EXTERNA	OINT	GM	15	GENERIC	5/31/2022	68382	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68382099204	ACYCLOV	ACYCLOV	840406 Antivirals	84040600 Antivirals	S	5%	EXTERNA	OINT	GM	30	GENERIC	5/31/2022	68382	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68382099701	ARSENIC	ARSENIC	100000 Antineopla	10000000 Antineopla	S	10 MG/10	INTRAVEI	SOLN	ML	10	GENERIC		68382	N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68382099710	ARSENIC	ARSENIC	100000 Antineopla	10000000 Antineopla	S	10 MG/10	INTRAVEI	SOLN	ML	10	GENERIC		68382	N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68382099801	CLOBETA	CLOBETA	840608 UNKNOW	84060800 UNKNOW	S	0.05%	EXTERNA	LIQD	ML	59	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68382099802	CLOBETA	CLOBETA	840608 UNKNOW	84060800 UNKNOW	S	0.05%	EXTERNA	LIQD	ML	125	GENERIC		68382	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
68403110006	BABYBIG	BOTULISI	800400 Serums	80040000 Serums	R	100 MG	INTRAVEI	SOLR	EA	1	SSB		68403	N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68418793906	DIACOMI	STIRIPEN	281228 UNKNOW	28122800 UNKNOW	R	250 MG	ORAL	CAPS	EA	60 X	SSB		68418	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X							R	MEDPRMI
68418794006	DIACOMI	STIRIPEN	281228 UNKNOW	28122800 UNKNOW	R	500 MG	ORAL	CAPS	EA	60 X	SSB		68418	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X							R	MEDPRMI
68418794106	DIACOMI	STIRIPEN	281228 UNKNOW	28122800 UNKNOW	R	250 MG	ORAL	PACK	EA	60 X	SSB		68418	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X							R	MEDPRMI
68418794206	DIACOMI	STIRIPEN	281228 UNKNOW	28122800 UNKNOW	R	500 MG	ORAL	PACK	EA	60 X	SSB		68418	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X							R	MEDPRMI
68436012016	SORBUTU	DEXTROM	480800 Antitussive	48080000 Antitussive	P	10-100 MC	ORAL	LIQD	ML	474	GENERIC		68436	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010139	LITTLE OI	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	15	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010140	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010141	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010142	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010143	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010144	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010145	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010146	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010147	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010148	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010149	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010150	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010151	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010152	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010153	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010154	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010155	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010156	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010157	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010158	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010159	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010160	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010161	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010168	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010170	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010171	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010172	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010173	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010174	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010175	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010176	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010177	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010178	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010179	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010180	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010181	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010182	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010183	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010184	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010185	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010186	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010187	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010188	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010189	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010190	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010191	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010192	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010194	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010195	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010196	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010197	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010198	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010199	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010200	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010201	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010202	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010203	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010204	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010205	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010214	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010215	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010216	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010217	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010218	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010219	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010220	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010221	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010222	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010224	KALTOST	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	5	SSB		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010225	KALTOST	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10	SSB		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010227	KALTOST	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10	SSB		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010231	KALTOST	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10	SSB		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010233	KALTOST	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	5	SSB		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010234	KALTOST	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10	SSB		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010236	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	30	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010251	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010252	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010253	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010254	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010255	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010256	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010257	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010258	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010259	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010260	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010261	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010262	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010263	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010264	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010265	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010266	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010267	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010268	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010269	DUODERI	CONTROI	940000 Devices	94000000 Devices	O	0	EXTERNA	MISC	EA	5	SSB		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010270	DUODERI	CONTROI	940000 Devices	94000000 Devices	O	0	EXTERNA	MISC	EA	20	SSB		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010271	DUODERI	CONTROI	940000 Devices	94000000 Devices	O	0	EXTERNA	MISC	EA	20	SSB		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010272	DUODERI	CONTROI	940000 Devices	94000000 Devices	O	0	EXTERNA	MISC	EA	5	SSB		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010277	DUODERI	CONTROI	940000 Devices	94000000 Devices	O	0	EXTERNA	MISC	EA	20	SSB		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010278	DUODERI	CONTROI	940000 Devices	94000000 Devices	O	0	EXTERNA	MISC	EA	20	SSB		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010279	DUODERI	CONTROI	940000 Devices	94000000 Devices	O	0	EXTERNA	MISC	EA	10	SSB		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010280	DUODERI	CONTROI	940000 Devices	94000000 Devices	O	0	EXTERNA	MISC	EA	10	SSB		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010281	DUODERI	CONTROI	940000 Devices	94000000 Devices	O	0	EXTERNA	MISC	EA	20	SSB		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010282	DUODERI	CONTROI	940000 Devices	94000000 Devices	O	0	EXTERNA	MISC	EA	10	SSB		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010283	DUODERI	CONTROI	940000 Devices	94000000 Devices	O	0	EXTERNA	MISC	EA	5	SSB		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010284	DUODERI	CONTROI	940000 Devices	94000000 Devices	O	0	EXTERNA	MISC	EA	5	SSB		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010285	DUODERI	CONTROI	940000 Devices	94000000 Devices	O	0	EXTERNA	MISC	EA	5	SSB		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010286	DUODERI	CONTROI	940000 Devices	94000000 Devices	O	0	EXTERNA	MISC	EA	5	SSB		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010287	DUODERI	CONTROI	940000 Devices	94000000 Devices	O	0	EXTERNA	MISC	EA	5	SSB		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010289	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010290	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010319	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010321	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010323	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010325	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010326	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010327	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010328	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010329	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010330	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010331	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010332	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010333	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010334	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010335	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010336	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010337	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010339	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	30	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010340	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	30	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010341	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	30	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010343	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	30	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010344	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	30	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010345	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	30	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010350	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010351	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010352	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010353	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010354	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010355	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010356	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010357	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010358	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010359	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010360	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010361	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010362	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010363	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010364	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
68455010365	SUR-FIT N	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68455	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI

68455010366	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010367	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010368	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010369	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010370	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010371	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010372	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010373	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010374	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010375	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010376	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010377	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010378	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010379	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010393	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	5	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010394	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	5	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010397	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	25	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010399	VISI-FLO	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010400	VISI-FLO	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010401	VISI-FLO	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010402	VISI-FLO	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010405	VISI-FLO	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010406	VISI-FLO	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010412	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	5	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010413	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	5	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010414	LITTLE O	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010415	LITTLE O	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010416	LITTLE O	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010417	LITTLE O	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010418	LITTLE O	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010419	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010420	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010421	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010422	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010424	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010425	VISI-FLO	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010428	CARBOFL	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10	SSB	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010429	CARBOFL	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	5	SSB	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010430	CARBOFL	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	5	SSB	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010434	ESTEEM	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010437	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010438	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010439	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010440	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010441	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010442	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010443	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010444	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010445	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010446	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010447	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010448	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010449	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010450	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010451	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010452	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010453	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010454	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010486	ESTEEM	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010487	ESTEEM	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010488	ESTEEM	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010489	ESTEEM	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010490	ESTEEM	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010491	ESTEEM	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010492	ESTEEM	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010493	ESTEEM	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010496	ESTEEM	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010497	ESTEEM	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010498	ESTEEM	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010499	ESTEEM	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010500	ESTEEM	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010503	ESTEEM	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010505	ESTEEM	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010507	ESTEEM	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010508	ESTEEM	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010509	ESTEEM	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010510	ESTEEM	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010511	ESTEEM	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010512	ESTEEM	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010513	ESTEEM	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010514	ESTEEM	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010523	ESTEEM	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010524	ESTEEM	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010525	ESTEEM	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010561	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010562	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010563	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010564	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010565	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010566	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010567	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010568	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010569	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010571	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010572	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010574	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010575	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010576	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010580	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010581	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010582	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010583	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010584	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010585	LITTLE O	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010586	LITTLE O	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	5	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010587	LITTLE O	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010588	LITTLE O	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010589	LITTLE O	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010590	LITTLE O	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010591	LITTLE O	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010592	LITTLE O	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	5	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010593	LITTLE O	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	5	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010594	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010595	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010596	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010597	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010598	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010599	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010600	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010601	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010614	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010615	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010616	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010617	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010618	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010619	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010620	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010621	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010622	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010623	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010624	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010625	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010626	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010627	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010628	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010630	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	60	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010631	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	60	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010634	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	60	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010635	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	60	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010637	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010638	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010639	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010640	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010641	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010642	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010643	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010644	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010645	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010646	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010647	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010648	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010650	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010651	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010652	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010655	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010661	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010662	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010663	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010664	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010665	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010666	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010670	DUODERI	CONTROL	940000 Devices	94000000 Devices	O	0	EXTERNA	MISC	EA	5	SSB	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010671	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010674	AQUACEL	SILVER-C	849200 Skin and M	84920000 Skin and M	O	3/4""X18""	EXTERNA	MISC	EA	5	SSB	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010689	ACTIVE L	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010690	STOMAH	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	PSTE	GM	56.7	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010691	DUODERI	CONTROL	940000 Devices	94000000 Devices	O	0	EXTERNA	MISC	EA	10	SSB	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010692	DUODERI	CONTROL	940000 Devices	94000000 Devices	O	0	EXTERNA	MISC	EA	10	SSB	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010693	DUODERI	HYDROAC	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	20	SSB	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010694	STOMAH	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	5	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010695	STOMAH	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	5	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010696	STOMAH	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	3	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010697	DUODERI	CONTROL	940000 Devices	94000000 Devices	O	0	EXTERNA	MISC	EA	5	SSB	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010698	DUODERI	CONTROL	940000 Devices	94000000 Devices	O	0	EXTERNA	MISC	EA	5	SSB	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010702	STOMAH	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	STRP	EA	15	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010703	FLEXI-SE	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010706	DUODERI	HYDROAC	849200 Skin and M	84920000 Skin and M	O	0-0	EXTERNA	GEL	GM	30	SSB	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010707	VISI-FLO	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010708	VISI-FLO	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010709	NIGHT DR	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010710	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010712	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010713	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010714	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010715	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010716	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010717	SUR-FIT	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010718	OSTOMY	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010719	TAIL CLO	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010723	DUODERI	CONTROL	940000 Devices	94000000 Devices	O	0	EXTERNA	MISC	EA	5	SSB	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010724	DUODERI	CONTROL	940000 Devices	94000000 Devices	O	0	EXTERNA	MISC	EA	5	SSB	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010725	DUODERI	CONTROL	940000 Devices	94000000 Devices	O	0	EXTERNA	MISC	EA	5	SSB	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010726	DUODERI	CONTROL	940000 Devices	94000000 Devices	O	0	EXTERNA	MISC	EA	5	SSB	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010727	DUODERI	CONTROL	940000 Devices	94000000 Devices	O	0	EXTERNA	MISC	EA	5	SSB	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010739	KALTOST	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	PADS	EA	10	SSB	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010747	DUODERI	CONTROL	940000 Devices	94000000 Devices	O	0	EXTERNA	MISC	EA	5	SSB	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010748	DUODERI	CONTROL	940000 Devices	94000000 Devices	O	0	EXTERNA	MISC	EA	5	SSB	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010750	DUODERI	CONTROL	940000 Devices	94000000 Devices	O	0	EXTERNA	MISC	EA	5	SSB	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010760	ALLKARE	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010761	ALLKARE	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010762	FLEXI-TR	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010763	UNNA-FLI	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	1	SSB	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010764	UNNA-FLI	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	MISC	EA	1	SSB	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010766	ALLKARE	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010767	ALLKARE	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010782	SUREPRE	COMPRES	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010807	ALOE VE	INCONTIN	849200 Skin and M	84920000 Skin and M	O	0-0	EXTERNA	FOAM	ML	118	SSB	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010826	STOMAH	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	POWD	GM	28.3	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010827	UNNA-FLI	WOUND D	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	KIT	EA	1	SSB	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010832	SENSI-CA	INCONTIN	849200 Skin and M	84920000 Skin and M	P	0-0	EXTERNA	LIQD	ML	118	GENERIC	68455		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010833	SENSI-CA	INCONTIN	849200 Skin and M	84920000 Skin and M	P	0-0	EXTERNA	LIQD	ML	236	GENERIC	68455		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010835	ALOE VE	SOAP & C	842000 Detergent	84200000 Detergent	O	0-0	EXTERNA	LIQD	ML	118	SSB	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010836	ALOE VE	SOAP & C	842000 Detergent	84200000 Detergent	O	0-0	EXTERNA	LIQD	ML	236	SSB	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010837	ALOE VE	SOAP & C	842000 Detergent	84200000 Detergent	O	0-0	EXTERNA	LIQD	ML	4000	SSB	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010838	ALOE VE	INCONTIN	849200 Skin and M	84920000 Skin and M	P	0	EXTERNA	LIQD	ML	118	GENERIC	68455		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010839	ALOE VE	INCONTIN	849200 Skin and M	84920000 Skin and M	P	0	EXTERNA	LIQD	ML	236	GENERIC	68455		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010841	ALOE VE	INCONTIN	849200 Skin and M	84920000 Skin and M	P	0-0	EXTERNA	LIQD	ML	236	GENERIC	68455		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010842	SENSI-CA	SOAP & C	842000 Detergent	84200000 Detergent	O	0	EXTERNA	LIQD	ML	118	SSB	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010845	SENSI-CA	SKIN PRC	842412 Basic Oint	84241200 Basic Oint	O	0	EXTERNA	CREA	GM	85	SSB	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010846	ALOE VE	DIMETHIC	842412 Basic Oint	84241200 Basic Oint	O	3%	EXTERNA	LOTN	ML	118	SSB	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010847	ALOE VE	DIMETHIC	842412 Basic Oint	84241200 Basic Oint	O	3%	EXTERNA	LOTN	ML	236	SSB	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010849	ALOE VE	SKIN PRC	842412 Basic Oint	84241200 Basic Oint	O	43%	EXTERNA	OINT	GM	56	SSB	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010850	ALOE VE	SKIN PRC	842412 Basic Oint	84241200 Basic Oint	O	43%	EXTERNA	OINT	GM	226	SSB	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010851	ALOE VE	MICONAZ	840408 Antifungal	84040808 Azoles	P	2%	EXTERNA	OINT	GM	56	MSB	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRM
68455010852	ALOE VE	MICONAZ	840408 Antifungal	84040808 Azoles	P	2%	EXTERNA	OINT	GM	141	MSB	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	R	MEDPRM
68455010854	SAF-CLE	WOUND C	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	LIQD	ML	355	SSB	68455	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010855	ALOE VE	DIMETHIC	842412 Basic Oint	84241200 Basic Oint	O	3%	EXTERNA	LOTN	ML	59	SSB	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010862	FLEXI-SE	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010864	DUODERI	HYDROAC	849200 Skin and M	84920000 Skin and M	O	0-0	EXTERNA	GEL	GM	15	SSB	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010865	ALOE VE	PETROLA	842400 Emollients	84240000 Emollients	O	36%	EXTERNA	AERO	GM	60	SSB	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010867	DUOLOCI	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010869	LITTLE O	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	15	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010872	EAKIN CC	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010873	EAKIN CC	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010896	SUREPRE	GAUZE B	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	6	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010913	NIGHT DR	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010933	EAKIN CC	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	5	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455010934	EAKIN CC	OSTOMY	940000 Devices	94000000 Devices	O	0	DOES NO	WAFR	EA	5	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455011051	AQUACEL	SILVER-C	849200 Skin and M	84920000 Skin and M	R	0-1.2%	EXTERNA	PADS	EA	5	SSB	68455		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	R	MEDPRM
68455011116	AQUACEL	SILVER-C	849200 Skin and M	84920000 Skin and M	O	0-1.2%	EXTERNA	PADS	EA	10	SSB	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455011119	AQUACEL	SILVER-C	849200 Skin and M	84920000 Skin and M	O	0-1.2%	EXTERNA	PADS	EA	10	SSB	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455011122	AQUACEL	SILVER-C	849200 Skin and M	84920000 Skin and M	O	0-1.2%	EXTERNA	PADS	EA	10	SSB	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455011125	AQUACEL	SILVER-C	849200 Skin and M	84920000 Skin and M	O	0-1.2%	EXTERNA	PADS	EA	10	SSB	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455011149	GENTLEC	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455011151	GENTLEC	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455011152	GENTLEC	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455011153	GENTLEC	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455011157	GENTLEC	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455011158	GENTLEC	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68455011159	GENTLEC	CATHETE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG	68455		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM

68702064602	TENA SKI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	45	NON DRUG		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68702064603	DRY COM	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	60	NON DRUG		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68702065720	TENA ULT	SOAP & C	842000 Detergents	84200000 Detergents	O	0	EXTERNA	MISC	EA	48	SSB		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68702066100	TENA PAI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68702066150	TENA DIS	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68702067200	TENA PAI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	40	NON DRUG		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68702067250	TENA PAI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68702067300	TENA PAI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	40	NON DRUG		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68702067320	TENA CO	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	24	NON DRUG		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68702067330	TENA CO	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	24	NON DRUG		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68702067340	TENA CO	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	24	NON DRUG		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68702067350	TENA PAI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68702067401	TENA PAI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	28	NON DRUG		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68702067501	TENA SUI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	28	NON DRUG		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68702067720	TENA CLA	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	25	NON DRUG		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68702067740	TENA CLA	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	25	NON DRUG		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68702067750	TENA CLA	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	25	NON DRUG		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68702067828	TENA FLE	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	30	NON DRUG		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68702067829	TENA FLE	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	30	NON DRUG		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68702067834	TENA FLE	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	28	NON DRUG		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68702067835	TENA FLE	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	28	NON DRUG		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68702067837	TENA FLE	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	22	NON DRUG		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68702067838	TENA FLE	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	22	NON DRUG		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68702067839	TENA FLE	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	28	NON DRUG		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68702067841	TENA FLE	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	28	NON DRUG		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68702068115	TENA DIS	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68702068116	TENA DIS	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68702068117	TENA DIS	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68702068118	TENA DIS	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68702068119	TENA DIS	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68702068121	TENA DIS	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	40	NON DRUG		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68702068122	TENA DIS	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	40	NON DRUG		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68702068123	TENA DIS	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	28	NON DRUG		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68702068124	TENA DIS	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	28	NON DRUG		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68702069960	TENA CO	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	24	NON DRUG		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68702069970	TENA CO	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	24	NON DRUG		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68702069980	TENA CO	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	24	NON DRUG		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68702072131	TENA PRI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	16	NON DRUG		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68702072231	TENA PRI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	16	NON DRUG		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68702072239	TENA PRI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	18	NON DRUG		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68702072331	TENA PRI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	16	NON DRUG		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68702072339	TENA PRI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	18	NON DRUG		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68702072347	TENA PRI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	16	NON DRUG		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68702072425	TENA PRI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68702072439	TENA PRI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	15	NON DRUG		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68702072518	TENA PRI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68702081780	TENA ME	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	16	NON DRUG		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68702081920	TENA ME	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	14	NON DRUG		68702			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68712000702	BIONECT	HYALURO	849200 Skin and M	84920000 Skin and M	R	0.20%	EXTERNA	CREA	GM	25	SSB		68712			N	EXCLUDE	N/A: [DRU	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
68712001301	INOVA	BENZOYL	840492 Local Anti-	84049200 Local Anti-	R	4 & 5 %	EXTERNA	KIT	EA	58	SSB		68712			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
68712001401	INOVA 4/1	BENZOYL	840492 Local Anti-	84049200 Local Anti-	R	4 & 1 & 5 (	EXTERNA	KIT	EA	88	SSB		68712			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
68712002001	UMECTA	UREA	842800 Keratolytic	84280000 Keratolytic	S	40%	EXTERNA	FOAM	GM	113.4	GENERIC		68712 N			N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
68712002101	INOVA 8/2	BENZOYL	840492 Local Anti-	84049200 Local Anti-	R	8 & 2 & 5 (	EXTERNA	KIT	EA	88	SSB		68712			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
68712002301	INOVA	BENZOYL	840492 Local Anti-	84049200 Local Anti-	R	8 & 5 %	EXTERNA	KIT	EA	58	SSB		68712			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
68712004601	BIONECT	HYALURO	849200 Skin and M	84920000 Skin and M	R	0.20%	EXTERNA	FOAM	GM	113.4	SSB		68712			N	EXCLUDE	N/A: [DRU	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
68727010001	XYREM	SODIUM (	282080 UNKNOW	28208000 UNKNOW	S	500 MG/M	ORAL	SOLN	ML	180	SSB		68727			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X		R	MEDPRMI
68727015001	XYWAV	CALCIUM	289200 Central Ne	28920000 Central Ne	R	500 MG/M	ORAL	SOLN	ML	180	SSB		68727			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X		R	MEDPRMI
68727035001	SUNOSI	SOLRIAM	282080 UNKNOW	28208000 UNKNOW	R	75 MG	ORAL	TABS	EA	30 X	SSB	10/13/2022	68727			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X		R	MEDPRMI
68727035101	SUNOSI	SOLRIAM	282080 UNKNOW	28208000 UNKNOW	R	150 MG	ORAL	TABS	EA	30 X	SSB	10/13/2022	68727			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X		R	MEDPRMI
68727071201	ZEPZELC	LURBINE(	100000 Antineopla	10000000 Antineopla	R	4 MG	INTRAVE	SOLR	EA	1	SSB		68727			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68727074501	VYXEOS	DAUNORU	100000 Antineopla	10000000 Antineopla	R	100MG-44	INTRAVE	SUSR	EA	1	SSB		68727			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68727074502	VYXEOS	DAUNORU	100000 Antineopla	10000000 Antineopla	R	100MG-44	INTRAVE	SUSR	EA	1	SSB		68727			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68727074505	VYXEOS	DAUNORU	100000 Antineopla	10000000 Antineopla	R	44-100 MG	INTRAVE	SUSR	EA	1	SSB	6/30/2022	68727			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68727080001	DEFITELI	DEFIBRO	201210 UNKNOW	20121000 UNKNOW	R	200 MG/2.	INTRAVE	SOLN	ML	2.5	SSB		68727			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68727080002	DEFITELI	DEFIBRO	201210 UNKNOW	20121000 UNKNOW	R	200 MG/2.	INTRAVE	SOLN	ML	2.5	SSB		68727			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68727090001	RYLAZE	ASPARAG	100000 Antineopla	10000000 Antineopla	R	10 MG/0.5	INTRAMU	SOLN	ML	0.5	SSB		68727	Y		N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X		R	MEDPRMI
68727090003	RYLAZE	ASPARAG	100000 Antineopla	10000000 Antineopla	R	10 MG/0.5	INTRAMU	SOLN	ML	0.5	SSB		68727	Y		N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X		R	MEDPRMI
68727095001	ZIIHERA	ZANIDAT/	100000 Antineopla	10000000 Antineopla	R	300 MG	INTRAVE	SOLR	EA	1	SSB		68727			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68727095002	ZIIHERA	ZANIDAT/	100000 Antineopla	10000000 Antineopla	R	300 MG	INTRAVE	SOLR	EA	1	SSB		68727			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68784010112	HEMORR	PHENYLE	841600 Cell Stimu	84160000 Cell Stimu	P	0.25-88.44	RECTAL	SUPP	EA	12	GENERIC		68784			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68784010212	BISACOD	BISACOD	561200 Cathartics	56120000 Cathartics	P	10MG	RECTAL	SUPP	EA	12	GENERIC		68784			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68786021101	WHITE PE	WHITE PE	842412 Basic Oint	84241200 Basic Oint	O	0	EXTERNA	OINT	GM	5	NON DRUG		68786			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788014103	GLIPIZIDE	GLIPIZIDE	682020 Sulfonylur	68202000 Sulfonylur	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788029201	CALAMIN	CALAMIN	842412 Basic Oint	84241200 Basic Oint	O	8%-8%	EXTERNA	LOTN	ML	177	MSB		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION				R	MEDPRMI
68788051801	NITROFU	NITROFU	83600 Urinary Ar	8360000 Urinary Ar	S	100 MG	ORAL	CAPS	EA	14	GENERIC	1/14/2022	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788060002	SILVER S	SILVER S	840416 UNKNOW	84041600 UNKNOW	S	1%	EXTERNA	CREA	GM	25	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788060005	SILVER S	SILVER S	840416 UNKNOW	84041600 UNKNOW	S	1%	EXTERNA	CREA	GM	50	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788079003	CETIRIZIN	CETIRIZIN	40800 Second G	4080000 Second G	P	10 MG	ORAL	TABS	EA	30	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788080203	CITALOPI	CITALOPI	281604 Antidepres	28160420 Selective-S	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788080209	CITALOPI	CITALOPI	281604 Antidepres	28160420 Selective-S	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788098502	TRAMADO	TRAMADO	280808 Opiate Ag	28080800 Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	20	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788098503	TRAMADO	TRAMADO	280808 Opiate Ag	28080800 Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	30	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788098506	TRAMADO	TRAMADO	280808 Opiate Ag	28080800 Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	60	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788170101	MELOXIC	MELOXIC	280804 Nonsteroi	28080404 UNKNOW	S	7.5 MG	ORAL	TABS	EA	15 X	GENERIC	7/28/2023	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788170103	MELOXIC	MELOXIC	280804 Nonsteroi	28080404 UNKNOW	S	7.5 MG	ORAL	TABS	EA	30 X	GENERIC	7/28/2023	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788170104	MELOXIC	MELOXIC	280804 Nonsteroi	28080404 UNKNOW	S	7.5 MG	ORAL	TABS	EA	14 X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788170106	MELOXIC	MELOXIC	280804 Nonsteroi	28080404 UNKNOW	S	7.5 MG	ORAL	TABS	EA	60 X	GENERIC	7/28/2023	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788170108	MELOXIC	MELOXIC	280804 Nonsteroi	28080404 UNKNOW	S	7.5 MG	ORAL	TABS	EA	28 X	GENERIC	7/28/2023	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788170109	MELOXIC	MELOXIC	280804 Nonsteroi	28080404 UNKNOW	S	7.5 MG	ORAL	TABS	EA	90 X	GENERIC	7/28/2023	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788365903	LEVOTHY	LEVOTHY	683604 Thyroid Ag	68360400 Thyroid Ag	S	100 MCG	ORAL	TABS	EA	30 X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788365909	LEVOTHY	LEVOTHY	683604 Thyroid Ag	68360400 Thyroid Ag	S	100 MCG	ORAL	TABS	EA	90 X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788459302	METHYLP	METHYLP	680400 Adrenals	68040000 Adrenals	S	4 MG	ORAL	TBPK	EA	21	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788631905	LIDOCAIN	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	S	5%	EXTERNA	OINT	GM	50	GENERIC	7/27/2022	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788632003	AMITRIPT	AMITRIPT	281604 Antidepres	28160428 Tricyclics	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788632006	AMITRIPT	AMITRIPT	281604 Antidepres	28160428 Tricyclics	S	10 MG	ORAL	TABS	EA	60 X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788632008	AMITRIPT	AMITRIPT	281604 Antidepres	28160428 Tricyclics	S	10 MG	ORAL	TABS	EA	28 X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788632009	AMITRIPT	AMITRIPT	281604 Antidepres	28160428 Tricyclics	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788632301	ALLOPUR	ALLOPUR	921600 UNKNOW	92160000 UNKNOW	S	300 MG	ORAL	TABS	EA	100 X	GENERIC	3/7/2022	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788632303	ALLOPUR	ALLOPUR	921600 UNKNOW	92160000 UNKNOW	S	300 MG	ORAL	TABS	EA	30 X	GENERIC	3/7/2022	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788632502	TRI-SPRI	NORGEST	681200 Contracep	68120000 Contracep	S	0.18/0.215	ORAL	TABS	EA	28 X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788632601	PANTOPR	PANTOPR	562836 Proton-pu	56283600 Proton-pu	S	40 MG	ORAL	TBEC	EA	100 X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788632603	PANTOPR	PANTOPR	562836 Proton-pu	56283600 Proton-pu	S	40 MG	ORAL	TBEC	EA	30 X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788632606	PANTOPR	PANTOPR	562836 Proton-pu	56283600 Proton-pu	S	40 MG	ORAL	TBEC	EA	60 X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788632608	PANTOPR	PANTOPR	562836 Proton-pu	56283600 Proton-pu	S	40 MG	ORAL	TBEC	EA	120 X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788632609	PANTOPR	PANTOPR	562836 Proton-pu	56283600 Proton-pu	S	40 MG	ORAL	TBEC	EA	90 X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788632803	VERAPAM	VERAPAM	240404 Antiarrhyt	24040424 Class IV A	S	120 MG	ORAL	TBCR	EA	30 X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788632901	LOSARTA	LOSARTA	243208 Angiotens	24320800 Angiotens	S	50-12.5 M	ORAL	TABS	EA	100 X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788632903	LOSARTA	LOSARTA	243208 Angiotens	24320800 Angiotens	S	50-12.5 M	ORAL	TABS	EA	30 X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788632906	LOSARTA	LOSARTA	243208 Angiotens	24320800 Angiotens	S	50-12.5 M	ORAL	TABS	EA	60 X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788632909	LOSARTA	LOSARTA	243208 Angiotens	24320800 Angiotens	S	50-12.5 M	ORAL	TABS	EA	90 X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788634500	VALACYC	VALACYC	81832 Nucleosid	8183200 Nucleosid	S	1 GM	ORAL	TABS	EA	6	GENERIC	10/25/2022	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788634501	VALACYC	VALACYC	81832 Nucleosid	8183200 Nucleosid	S	1 GM	ORAL	TABS	EA	10	GENERIC	10/25/2022	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788634502	VALACYC	VALACYC	81832 Nucleosid	8183200 Nucleosid	S	1 GM	ORAL	TABS	EA	20	GENERIC	10/25/2022	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788634503	VALACYC	VALACYC	81832 Nucleosid	8183200 Nucleosid	S	1 GM	ORAL	TABS	EA	30	GENERIC	10/25/2022	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788634504	VALACYC	VALACYC	81832 Nucleosid	8183200 Nucleosid	S	1 GM	ORAL	TABS	EA	4	GENERIC	10/25/2022	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788634507	VALACYC	VALACYC	81832 Nucleosid	8183200 Nucleosid	S	1 GM	ORAL	TABS	EA	21	GENERIC	10/25/2022	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788635201	HYDROC	HYDROC	280808 Opiate Ag	28080800 Opiate Ag	S	7.5-325 M	ORAL	SOLN	ML	118	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788635303	LEVOTHY	LEVOTHY	683604 Thyroid Ag	68360400 Thyroid Ag	S	150 MCG	ORAL	TABS	EA	30 X	GENERIC	7/21/2022	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788635306	LEVOTHY	LEVOTHY	683604 Thyroid Ag	68360400 Thyroid Ag	S	150 MCG	ORAL	TABS	EA	60 X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788635705	BENZONA	BENZONA	480800 Antitussive	48080000 Antitussive	S	100 MG	ORAL	CAPS	EA	15	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788636503	TIZANIDIN	TIZANIDIN	122004 UNKNOW	12200400 UNKNOW	S	4 MG	ORAL	TABS	EA	30	GENERIC	10/18/2022	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788636506	TIZANIDIN	TIZANIDIN	122004 UNKNOW	12200400 UNKNOW	S	4 MG	ORAL	TABS	EA	60	GENERIC	10/18/2022	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788636508	TIZANIDIN	TIZANIDIN	122004 UNKNOW	12200400 UNKNOW	S	4 MG	ORAL	TABS	EA	120	GENERIC	10/18/2022	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788636509	TIZANIDIN	TIZANIDIN	122004 UNKNOW	12200400 UNKNOW	S	4 MG	ORAL	TABS	EA	90	GENERIC	10/18/2022	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788636902	AMOXICIL	AMOXICIL	81216 Penicillins	8121608 Aminopen	S	250 MG	ORAL	CAPS	EA	21	GENERIC	1/16/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788636903	AMOXICIL	AMOXICIL	81216 Penicillins	8121608 Aminopen	S	250 MG	ORAL	CAPS	EA	30	GENERIC	1/16/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788637403	AMOXICIL	AMOXICIL	81216 Penicillins	8121608 Aminopen	S	500 MG	ORAL	CAPS	EA	30	GENERIC	10/30/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788637900	VALACYC	VALACYC	81832 Nucleosid	8183200 Nucleosid	S	500 MG	ORAL	TABS	EA	6	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788638000	DULOXET	DULOXET	281604 Antidepres	28160416 UNKNOW	S	20 MG	ORAL	CPEP	EA	6 X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788638001	DULOXET	DULOXET	281604 Antidepres	28160416 UNKNOW	S	20 MG	ORAL	CPEP	EA	10 X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788638002	DULOXET	DULOXET	281604 Antidepres	28160416 UNKNOW	S	20 MG	ORAL	CPEP	EA	20 X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788638003	DULOXET	DULOXET	281604 Antidepres	28160416 UNKNOW	S	20 MG	ORAL	CPEP	EA	30 X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788638006	DULOXET	DULOXET	281604 Antidepres	28160416 UNKNOW	S	20 MG	ORAL	CPEP	EA	60 X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788638009	DULOXET	DULOXET	281604 Antidepres	28160416 UNKNOW	S	20 MG	ORAL	CPEP	EA	90 X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788638101	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	1 MG	ORAL	TABS	EA	100	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788638401	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	20 MG	ORAL	TABS	EA	100	GENERIC	3/7/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788638403	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	20 MG	ORAL	TABS	EA	30	GENERIC	3/7/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788638406	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	20 MG	ORAL	TABS	EA	60	GENERIC	3/7/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788638408	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	20 MG	ORAL	TABS	EA	120	GENERIC	3/7/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788638409	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	20 MG	ORAL	TABS	EA	90	GENERIC	3/7/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788638601	AMLODIP	AMLODIP	242808 Dihydropy	24280800 Dihydropy	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788638603	AMLODIP	AMLODIP	242808 Dihydropy	24280800 Dihydropy	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788638606	AMLODIP	AMLODIP	242808 Dihydropy	24280800 Dihydropy	S	10 MG	ORAL	TABS	EA	60 X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788638609	AMLODIP	AMLODIP	242808 Dihydropy	24280800 Dihydropy	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788638801	DICLOFEI	DICLOFEI	280804 Nonsteroi	28080492 Other Non	S	100 MG	ORAL	TB24	EA	100 X	GENERIC	12/4/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788638803	DICLOFEI	DICLOFEI	280804 Nonsteroi	28080492 Other Non	S	100 MG	ORAL	TB24	EA	30 X	GENERIC	12/4/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788638806	DICLOFEI	DICLOFEI	280804 Nonsteroi	28080492 Other Non	S	100 MG	ORAL	TB24	EA	60 X	GENERIC	12/4/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788638808	DICLOFEI	DICLOFEI	280804 Nonsteroi	28080492 Other Non	S	100 MG	ORAL	TB24	EA	120 X	GENERIC	12/4/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788638809	DICLOFEI	DICLOFEI	280804 Nonsteroi	28080492 Other Non	S	100 MG	ORAL	TB24	EA	90 X	GENERIC	12/4/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788639001	LANSOPR	LANSOPR	562836 Proton-pu	56283600 Proton-pu	S	15 MG	ORAL	CPDR	EA	100 X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788639002	LANSOPR	LANSOPR	562836 Proton-pu	56283600 Proton-pu	S	15 MG	ORAL	CPDR	EA	20 X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788639003	LANSOPR	LANSOPR	562836 Proton-pu	56283600 Proton-pu	S	15 MG	ORAL	CPDR	EA	30 X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788639004	LANSOPR	LANSOPR	562836 Proton-pu	56283600 Proton-pu	S	15 MG	ORAL	CPDR	EA	14 X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788639006	LANSOPR	LANSOPR	562836 Proton-pu	56283600 Proton-pu	S	15 MG	ORAL	CPDR	EA	60 X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788639008	LANSOPR	LANSOPR	562836 Proton-pu	56283600 Proton-pu	S	15 MG	ORAL	CPDR	EA	120 X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788639009	LANSOPR	LANSOPR	562836 Proton-pu	56283600 Proton-pu	S	15 MG	ORAL	CPDR	EA	90 X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788639101	METHOCA	METHOCA	122004 UNKNOW	12200400 UNKNOW	S	500 MG	ORAL	TABS	EA	100	GENERIC	1/16/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788639102	METHOCA	METHOCA	122004 UNKNOW	12200400 UNKNOW	S	500 MG	ORAL	TABS	EA	20	GENERIC	1/16/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788639103	METHOCA	METHOCA	122004 UNKNOW	12200400 UNKNOW	S	500 MG	ORAL	TABS	EA	30	GENERIC	1/16/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788639104	METHOCA	METHOCA	122004 UNKNOW	12200400 UNKNOW	S	500 MG	ORAL	TABS	EA	40	GENERIC	1/16/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788639106	METHOCA	METHOCA	122004 UNKNOW	12200400 UNKNOW	S	500 MG	ORAL	TABS	EA	60	GENERIC	1/16/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788639108	METHOCA	METHOCA	122004 UNKNOW	12200400 UNKNOW	S	500 MG	ORAL	TABS	EA	120	GENERIC	1/16/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788639109	METHOCA	METHOCA	122004 UNKNOW	12200400 UNKNOW	S	500 MG	ORAL	TABS	EA	90	GENERIC	1/16/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788639901	FAMOTID	FAMOTID	562812 Histamine	56281200 Histamine	S	20 MG	ORAL	TABS	EA	100 X	GENERIC	1/14/2022	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788639903	FAMOTID	FAMOTID	562812 Histamine	56281200 Histamine	S	20 MG	ORAL	TABS	EA	30 X	GENERIC	1/14/2022	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788639906	FAMOTID	FAMOTID	562812 Histamine	56281200 Histamine	S	20 MG	ORAL	TABS	EA	60 X	GENERIC	1/14/2022	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788639908	FAMOTID	FAMOTID	562812 Histamine	56281200 Histamine	S	20 MG	ORAL	TABS	EA	120 X	GENERIC	1/14/2022	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788639909	FAMOTID	FAMOTID	562812 Histamine	56281200 Histamine	S	20 MG	ORAL	TABS	EA	90 X	GENERIC	1/14/2022	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788640220	OXYBUTY	OXYBUTY	861204 UNKNOW	86120400 UNKNOW	S	5 MG	ORAL	TABS	EA	20 X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788640701	LISINOPR	LISINOPR	243204 Angiotens	24320400 Angiotens	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788640703	LISINOPR	LISINOPR	243204 Angiotens	24320400 Angiotens	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788640706	LISINOPR	LISINOPR	243204 Angiotens	24320400 Angiotens	S	10 MG	ORAL	TABS	EA	60 X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788640709	LISINOPR	LISINOPR	243204 Angiotens	24320400 Angiotens	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788640901	VITAMIN I	ERGOCAL	881600 Vitamin D	88160000 Vitamin D	S	1.25 MG (	ORAL	CAPS	EA	100 X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788640902	VITAMIN I	ERGOCAL	881600 Vitamin D	88160000 Vitamin D	S	1.25 MG (	ORAL	CAPS	EA	12 X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788641601	CEFADRO	CEFADRO	81206 Cephalos	8120604 First Gene	S	500 MG	ORAL	CAPS	EA	10	GENERIC	4/15/2022	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788641602	CEFADRO	CEFADRO	81206 Cephalos	8120604 First Gene	S	500 MG	ORAL	CAPS	EA	20	GENERIC	4/15/2022	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788641603	CEFADRO	CEFADRO	81206 Cephalos	8120604 First Gene	S	500 MG	ORAL	CAPS	EA	30	GENERIC	4/15/2022	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788641604	CEFADRO	CEFADRO	81206 Cephalos	8120604 First Gene	S	500 MG	ORAL	CAPS	EA	14	GENERIC	4/15/2022	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
68788641606	CEFADRO	CEFADRO	81206 Cephalos	8120604 First Gene	S	500 MG	ORAL	CAPS	EA	60	GENERIC	4/15/2022	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI

68788641901	PIOGLITA	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	15 MG	ORAL	TABS	EA	100	X	GENERIC	9/5/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788641903	PIOGLITA	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	15 MG	ORAL	TABS	EA	30	X	GENERIC	9/5/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788641906	PIOGLITA	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	15 MG	ORAL	TABS	EA	60	X	GENERIC	9/5/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788641909	PIOGLITA	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	15 MG	ORAL	TABS	EA	90	X	GENERIC	9/5/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788642301	PHYSICIA	TRIAMCIN	680400	Adrenals	68040000	Adrenals	R	40-1 MG/M	COMBINA	KIT	EA	1		SSB	1/18/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788642401	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	100	X	GENERIC	10/23/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788642402	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	20	X	GENERIC	10/23/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788642403	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	30	X	GENERIC	10/23/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788642406	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	60	X	GENERIC	10/23/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788642408	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	120	X	GENERIC	10/23/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788642409	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	90	X	GENERIC	10/23/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788642801	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	2.5MG-50	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788642901	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788642902	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	28	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788642903	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788642906	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788642908	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	120	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788642909	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788643201	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	TABS	EA	100	X	GENERIC	10/24/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788643203	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	TABS	EA	30	X	GENERIC	10/24/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788643206	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	TABS	EA	60	X	GENERIC	10/24/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788643208	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	TABS	EA	28	X	GENERIC	10/24/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788643209	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	TABS	EA	90	X	GENERIC	10/24/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788643701	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788643703	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788643706	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788643709	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788644001	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	10		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788644002	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	20		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788644003	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788644004	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	40		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788644005	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	50		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788644006	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	15		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788644007	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	45		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788644008	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	21		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788644009	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	90		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788644201	SENNA-L/	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6 MG	ORAL	TABS	EA	100		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788644203	SENNA-L/	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6 MG	ORAL	TABS	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788644401	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	100		GENERIC	10/18/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788644403	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	30		GENERIC	10/18/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788644406	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	60		GENERIC	10/18/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788644408	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	120		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788644409	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	90		GENERIC	10/18/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788644703	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	30	X	GENERIC	7/13/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788644706	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	60	X	GENERIC	7/13/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788644803	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788645201	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-25 M	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788645203	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-25 M	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788645206	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-25 M	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788645209	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-25 M	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788645901	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	100		GENERIC	11/21/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788645902	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	20		GENERIC	11/21/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788645903	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	30		GENERIC	11/21/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788645905	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	50		GENERIC	11/21/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788645906	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	60		GENERIC	11/21/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788645909	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	90		GENERIC	11/21/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788646101	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788646103	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788646106	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788646108	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	120	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788646109	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788676909	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	25 MG	ORAL	TABS	EA	9		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788677003	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	10/18/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788677005	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	15	X	GENERIC	10/18/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788677006	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	60	X	GENERIC	10/18/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788677009	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	10/18/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788677103	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	30	X	GENERIC	1/18/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788677106	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	60	X	GENERIC	1/18/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788677109	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	90	X	GENERIC	1/18/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788677203	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	30	X	GENERIC	9/7/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788677206	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	60	X	GENERIC	9/7/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788677209	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	90	X	GENERIC	9/7/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788677601	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	100		GENERIC	1/18/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788677603	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	30		GENERIC	1/18/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788677606	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	60		GENERIC	1/18/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788677609	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	90		GENERIC	1/18/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788677809	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	100 MG	ORAL	TABS	EA	9		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788678401	FUROSE	FUROSE	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788678403	FUROSE	FUROSE	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788678406	FUROSE	FUROSE	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788678409	FUROSE	FUROSE	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788679103	METOCL(	METOCL(	563200	Prokinetic	56320000	Prokinetic	S	10 MG	ORAL	TABS	EA	30		GENERIC	9/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788679206	NYSTATI	NYSTATI	81428	Polyenes	8142800	Polyenes	S	100000 U	MOUTH/T	SUSP	ML	60		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788679706	CICLOPIF	CICLOPIF	840408	Antifungal	84040820	Hydroxypy	S	8%	EXTERNA	SOLN	ML	6		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788680301	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	3/7/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788680303	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	3/7/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788680306	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	60	X	GENERIC	3/7/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788680309	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	3/7/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788680501	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	3/7/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788680503	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	3/7/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788680506	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	3/7/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788680509	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	3/7/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788680601	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788680602	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	20	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788680603	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788680606	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788680608	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	120	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788680609	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788681101	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	8/2/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788681103	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	8/2/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788681106	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	60	X	GENERIC	8/2/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788681109	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	8/2/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788681201	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-12.5 M	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788681203	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-12.5 M	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788681206	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-12.5 M	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788681209	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-12.5 M	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788681701	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	100	X	GENERIC	4/13/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788681703	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	30	X	GENERIC	4/13/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788681706	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	60	X	GENERIC	4/13/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788681708	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	120	X	GENERIC	4/13/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788681709	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	90	X	GENERIC	4/13/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788681901	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	100	X	GENERIC	4/13/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788681903	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	4/13/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788681906	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	60	X	GENERIC	4/13/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788681908	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	120	X	GENERIC	4/13/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788681909	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	4/13/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788682001	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788682003	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788682006	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788682009	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788682503	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788682506	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788682508	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	28	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788682509	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788683406	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	60	X	GENERIC	10/13/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788683501	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788683503	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	28	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788683506	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788683508	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788683509	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788684400	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788684401	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	15	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788684403	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788684406	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788684409	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

68788685001	ZALEPLO	ZALEPLO	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	CAPS	EA	100		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788685503	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	60 MG	ORAL	CP24	EA	30	X	GENERIC	8/7/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788685708	MUSCLE	MENTHOL	842404	Basic Loti	84240400	Basic Loti	P	10-15 %	EXTERNA	CREA	GM	85		GENERIC	8/1/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788685901	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788685903	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788685906	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788685908	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	120	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788685909	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788686801	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	300 MG	ORAL	TB24	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788686802	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	300 MG	ORAL	TB24	EA	20	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788686803	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	300 MG	ORAL	TB24	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788686806	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	300 MG	ORAL	TB24	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788686808	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	300 MG	ORAL	TB24	EA	120	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788686809	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	300 MG	ORAL	TB24	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788687001	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-s	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788687003	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-s	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788687006	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-s	S	40 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788687008	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-s	S	40 MG	ORAL	TABS	EA	120	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788687009	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-s	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788687503	FINASTEF	FINASTEF	841600	Cell Stimu	84160000	Cell Stimu	S	1 MG	ORAL	TABS	EA	30		GENERIC	6/12/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788687506	FINASTEF	FINASTEF	841600	Cell Stimu	84160000	Cell Stimu	S	1 MG	ORAL	TABS	EA	60		GENERIC	6/12/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788687509	FINASTEF	FINASTEF	841600	Cell Stimu	84160000	Cell Stimu	S	1 MG	ORAL	TABS	EA	90		GENERIC	6/12/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788687801	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	100		GENERIC	1/18/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788687803	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC	1/18/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788687806	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC	1/18/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788687809	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	90		GENERIC	1/18/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788688101	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788688102	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	20	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788688103	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788688104	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	14	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788688106	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788688108	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	120	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788688109	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788689903	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	9/16/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788689906	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	TABS	EA	60	X	GENERIC	9/16/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788689908	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	TABS	EA	28	X	GENERIC	9/16/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788689909	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	9/16/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788690401	TEMAZEF	TEMAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	100		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788690403	TEMAZEF	TEMAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788690406	TEMAZEF	TEMAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	60		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788690408	TEMAZEF	TEMAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	28		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788690409	TEMAZEF	TEMAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	90		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788690901	IBUPROF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	100	X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788690902	IBUPROF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	20	X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788690903	IBUPROF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788690905	IBUPROF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	50	X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788690906	IBUPROF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788690907	IBUPROF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	21	X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788690908	IBUPROF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	120	X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788690909	IBUPROF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788691501	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5-500 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788691503	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5-500 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788691506	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5-500 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788691508	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5-500 MG	ORAL	TABS	EA	120	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788691509	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5-500 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788692001	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788692003	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788692006	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788692009	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788692101	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	3/11/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788692102	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	20	X	GENERIC	3/11/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788692103	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	3/11/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788692106	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	3/11/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788692109	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	3/11/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788692201	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788692202	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	20	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788692203	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788692206	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788692209	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788692601	FLOVENT	FLUTICAS	680400	Adrenals	68040000	Adrenals	S	44 MCG/A	INHALATI	AERO	GM	10.6	X	SSB	12/18/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788693001	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	14		GENERIC	9/20/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788693002	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	21		GENERIC	9/20/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788693003	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC	9/20/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788693004	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	28		GENERIC	9/20/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788693007	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	42		GENERIC	9/20/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788693201	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	100	X	GENERIC	8/29/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788693203	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	30	X	GENERIC	8/29/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788693206	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	60	X	GENERIC	8/29/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788693208	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	120	X	GENERIC	8/29/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788693209	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	90	X	GENERIC	8/29/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788693301	TUSSIN D	DEXTROM	480800	Antitussive	48080000	Antitussive	P	10-100 MG	ORAL	SYRP	ML	118		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788693400	NAPROXE	NAPROXE	280804	Nonsteroic	28080404	UNKNOW	S	550 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788693501	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	3/7/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788693503	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	3/7/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788693506	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	60	X	GENERIC	3/7/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788693509	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	3/7/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788693801	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	10		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788693802	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	20		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788693804	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	14		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788693807	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	7		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788693901	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	100		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788693902	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	20		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788693903	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788693906	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	60		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788693908	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	120		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788693909	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	90		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788694303	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TB24	EA	30		GENERIC	3/7/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788694306	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TB24	EA	60		GENERIC	3/7/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788694309	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TB24	EA	90		GENERIC	3/7/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788694801	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788694803	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788694806	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788694809	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788695001	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788695102	ALLERGY	CHLORPH	40400	First Gene	4040000	First Gene	P	4 MG	ORAL	TABS	EA	24		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788695300	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	1 MG	ORAL	TABS	EA	100		GENERIC	5/13/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788695301	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	1 MG	ORAL	TABS	EA	10		GENERIC	5/13/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788695302	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	1 MG	ORAL	TABS	EA	20		GENERIC	5/13/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788695303	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	1 MG	ORAL	TABS	EA	30		GENERIC	5/13/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788695305	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	1 MG	ORAL	TABS	EA	15		GENERIC	5/13/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788695306	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	1 MG	ORAL	TABS	EA	60		GENERIC	5/13/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788695307	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	1 MG	ORAL	TABS	EA	7		GENERIC	5/13/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788695309	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	1 MG	ORAL	TABS	EA	90		GENERIC	5/13/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788695701	BENAZEF	BENAZEF	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788695703	BENAZEF	BENAZEF	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788695706	BENAZEF	BENAZEF	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788695708	BENAZEF	BENAZEF	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	120	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788695709	BENAZEF	BENAZEF	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788697501	AMANTAD	AMANTAD	283604	UNKNOW	28360400	UNKNOW	S	100 MG	ORAL	CAPS	EA	10	X	GENERIC	3/7/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788697502	AMANTAD	AMANTAD	283604	UNKNOW	28360400	UNKNOW	S	100 MG	ORAL	CAPS	EA	20	X	GENERIC	3/7/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788697503	AMANTAD	AMANTAD	283604	UNKNOW	28360400	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC	3/7/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788697504	AMANTAD	AMANTAD	283604	UNKNOW	28360400	UNKNOW	S	100 MG	ORAL	CAPS	EA	14	X	GENERIC	3/7/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788697601	FINASTEF	FINASTEF	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788697603	FINASTEF	FINASTEF	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788697606	FINASTEF	FINASTEF	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788697609	FINASTEF	FINASTEF	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788697801	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-s	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	5/13/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788697803	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-s	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	5/13/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788697806	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-s	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	5/13/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788697808	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-s	S	10 MG	ORAL	TABS	EA	28	X	GENERIC	5/13/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788697809	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-s	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	5/13/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

68788698302	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	20	X	GENERIC	7/19/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788698303	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC	7/19/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788698401	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	100		GENERIC	3/18/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788698403	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC	3/18/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788698406	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC	3/18/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788698409	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	90		GENERIC	3/18/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788698601	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	100		GENERIC	10/2/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788698603	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	30		GENERIC	10/2/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788698606	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	60		GENERIC	10/2/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788698608	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	28		GENERIC	10/2/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788698609	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	90		GENERIC	10/2/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788699001	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	S	1-0.05 %	EXTERNA	CREA	GM	15		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788699004	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	S	1-0.05 %	EXTERNA	CREA	GM	45		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788699501	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788699503	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788699506	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788699508	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	120	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788699509	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788700501	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	100	X	GENERIC	6/15/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788700503	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC	6/15/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788700506	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC	6/15/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788700508	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	120	X	GENERIC	6/15/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788700509	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC	6/15/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788700601	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TABS	EA	100	X	GENERIC	11/4/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788700602	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TABS	EA	20	X	GENERIC	11/4/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788700603	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TABS	EA	30	X	GENERIC	11/4/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788700606	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TABS	EA	60	X	GENERIC	11/4/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788700609	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TABS	EA	90	X	GENERIC	11/4/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788701103	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788701106	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788701201	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788701203	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788701206	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788701209	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788701701	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788701703	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788701706	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788701709	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788701800	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	100		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788701801	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	15		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788701802	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	20		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788701803	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788701806	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	60		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788701809	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	90		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788701903	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788701906	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788701909	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788702400	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788702405	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	15	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788702901	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	2 MG	ORAL	TABS	EA	10		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788702902	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	2 MG	ORAL	TABS	EA	20		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788702903	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	2 MG	ORAL	TABS	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788702906	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	2 MG	ORAL	TABS	EA	60		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788702909	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	2 MG	ORAL	TABS	EA	90		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788703602	TRI-LO-SI	NORGEST	681200	Contracep	68120000	Contracep	S	0.18/0.215	ORAL	TABS	EA	28	X	GENERIC	8/29/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788703800	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788703802	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	20	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788703803	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788703804	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	28	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788703806	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788703808	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	120	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788703809	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788704201	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788704208	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	120	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788704300	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	100	X	GENERIC	6/23/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788704302	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	20	X	GENERIC	6/23/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788704303	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	30	X	GENERIC	6/23/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788704304	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	28	X	GENERIC	6/23/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788704306	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	60	X	GENERIC	6/23/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788704308	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	120	X	GENERIC	6/23/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788704309	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC	6/23/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788704400	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	100	X	GENERIC	6/23/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788704401	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	180	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788704403	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	30	X	GENERIC	6/23/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788704406	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	60	X	GENERIC	6/23/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788704408	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	120	X	GENERIC	6/23/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788704409	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC	6/23/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788704801	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	CREA	GM	15		GENERIC	10/10/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788704808	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	CREA	GM	80		GENERIC	10/10/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788704901	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788704903	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788704906	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788704908	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	120	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788704909	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788705001	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788705002	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	20	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788705003	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788705006	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788705008	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	120	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788705009	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788705103	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788705106	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788705109	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788705201	MINOCYC	MINOCYC	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	CAPS	EA	14		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788705202	MINOCYC	MINOCYC	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	CAPS	EA	20		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788705203	MINOCYC	MINOCYC	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	CAPS	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788705301	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788705303	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788705306	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788705309	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788705401	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788705403	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	1 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788705406	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	1 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788705409	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	1 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788705601	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788705603	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788705606	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788705609	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788706001	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	1		GENERIC	1/18/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788706002	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	2		GENERIC	1/18/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788706008	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	12		GENERIC	1/18/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788706103	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	9/16/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788706106	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	60	X	GENERIC	9/16/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788706108	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	28	X	GENERIC	9/16/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788706109	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	9/16/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788706201	CEFDINIR	CEFDINIR	81206	Cephalosp	8120612	Third Gen	S	250 MG/5M	ORAL	SUSR	ML	100		GENERIC	4/15/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788706301	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788706302	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	20	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788706303	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788706306	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788706309	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788706606	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6		GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788706702	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500-125 M	ORAL	TABS	EA	20		GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788707101	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	100	X	GENERIC	3/16/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788707103	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	3/16/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788707106	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	60	X	GENERIC	3/16/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788707109	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	3/16/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788707201	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	375 MG	ORAL	TBEC	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788707401	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TABS	EA	100	X	GENERIC	7/19/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788707402	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TABS	EA	20	X	GENERIC	7/19/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788707403	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TABS	EA	30	X	GENERIC	7/19/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788707406	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TABS	EA	60	X	GENERIC	7/19/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788707409	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TABS	EA	90	X	GENERIC	7/19/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788707601	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	100	X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788707602	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	20	X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788707603	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	30	X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788707606	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	60	X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788707609	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	90	X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788707901	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	100	X	GENERIC	7/19/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788707902	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	20	X	GENERIC	7/19/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788707903	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC	7/19/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788707906	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC	7/19/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788707909	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC	7/19/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788708001	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788708002	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	20	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788708003	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788708005	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	50	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788708006	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788708007	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	21	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788708008	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	120	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788708009	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788708103	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	88 MCG	ORAL	TABS	EA	30	X	GENERIC	1/19/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788708109	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	88 MCG	ORAL	TABS	EA	90	X	GENERIC	1/19/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788708203	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	3		GENERIC	3/21/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788708205	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	5		GENERIC	3/21/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788708460	NALTREX	NALTREX	281000	Opiate An	28100000	Opiate An	S	50 MG	ORAL	TABS	EA	60		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788708602	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	20	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788708603	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788708606	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788708609	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788708701	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	15		GENERIC	11/25/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788708702	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	20		GENERIC	11/25/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788708703	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	30		GENERIC	11/25/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788708706	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	60		GENERIC	11/25/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788709001	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788709002	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	20	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788709003	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788709004	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	40	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788709005	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	15	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788709006	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788709007	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	14	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788709008	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	120	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788709009	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788709801	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	100	X	GENERIC	6/20/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

68788709803	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC	6/20/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788709806	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC	6/20/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788709808	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	120	X	GENERIC	6/20/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788709809	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC	6/20/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788710201	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788710203	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	1 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788710206	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	1 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788710209	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	1 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788710303	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75-0.2 MG	ORAL	TBEC	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788710306	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75-0.2 MG	ORAL	TBEC	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788710401	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	100	X	GENERIC	6/20/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788710403	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC	6/20/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788710406	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC	6/20/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788710408	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	120	X	GENERIC	6/20/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788710409	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC	6/20/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788710601	OSELTAM	OSELTAM	81828	Neuramini	8182800	Neuramini	S	75 MG	ORAL	CAPS	EA	10		GENERIC	9/22/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788711401	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788711402	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	20	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788711403	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788711405	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	50	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788711406	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788711408	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	28	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788711409	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788711801	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788711803	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788711806	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788711809	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788712101	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	100	X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788712103	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	30	X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788712106	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	60	X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788712108	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	120	X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788712109	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	90	X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788712201	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	10		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788712202	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	20		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788712203	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788712204	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	14		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788712206	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	6		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788712207	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	28		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788712208	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	40		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788712301	PSEUDOE	PSEUDOE	480800	Antitussive	48080000	Antitussive	S	30-2-10 M	ORAL	SYRP	ML	118		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788712501	CLARITH	CLARITH	81212	Macrolide	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	14		GENERIC	4/2/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788712502	CLARITH	CLARITH	81212	Macrolide	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	20		GENERIC	4/2/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788712503	CLARITH	CLARITH	81212	Macrolide	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC	4/2/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788712508	CLARITH	CLARITH	81212	Macrolide	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	28		GENERIC	4/2/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788712701	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	600-42.9 M	ORAL	SUSR	ML	125		GENERIC	2/14/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788712707	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	600-42.9 M	ORAL	SUSR	ML	75		GENERIC	2/14/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788712801	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	400-57 MG	ORAL	SUSR	ML	100		GENERIC	3/13/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788712903	REGULOI	PSYLLIUM	561200	Cathartics	56120000	Cathartics	P	43%	ORAL	POWD	GM	369		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788713004	ALENDRO	ALENDRO	922400	UNKNOW	92240000	UNKNOW	S	70 MG	ORAL	TABS	EA	4	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788713100	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	10		GENERIC	4/22/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788713101	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	14		GENERIC	4/22/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788713102	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	20		GENERIC	4/22/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788713103	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC	4/22/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788713105	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	15		GENERIC	4/22/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788713106	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC	4/22/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788713109	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	90		GENERIC	4/22/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788713701	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788713703	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788713706	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788713708	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	28	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788713709	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788714003	BISMATR	BISMUTH	560800	Antidiarrhe	56080000	Antidiarrhe	P	262 MG	ORAL	CHEW	EA	30		GENERIC	3/13/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788714102	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	21		GENERIC	3/13/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788714103	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	30		GENERIC	3/13/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788714104	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	40		GENERIC	3/13/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788714201	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	12		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788714203	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788714205	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	15		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788714501	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788714503	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788714506	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788714509	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788714903	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	4 MG	ORAL	TABS	EA	30	X	GENERIC	1/16/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788714906	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	4 MG	ORAL	TABS	EA	60	X	GENERIC	1/16/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788714909	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	4 MG	ORAL	TABS	EA	90	X	GENERIC	1/16/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788715000	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	1		GENERIC	4/26/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788715001	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	10		GENERIC	4/26/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788715002	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	20		GENERIC	4/26/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788715003	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	30		GENERIC	4/26/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788715005	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	2		GENERIC	4/26/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788715006	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	60		GENERIC	4/26/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788715009	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	90		GENERIC	4/26/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788715903	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788716002	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875 MG	ORAL	TABS	EA	20		GENERIC	3/7/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788716103	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788716106	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788716109	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788716201	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788716202	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	20	X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788716203	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788716206	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	60	X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788716209	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788716301	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	100		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788716303	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	30		GENERIC	9/28/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788716306	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	60		GENERIC	9/28/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788716309	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	90		GENERIC	9/28/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788716503	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	8/26/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788716506	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	8/26/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788716509	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	8/26/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788716601	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	150 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788716603	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	150 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788716606	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	150 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788716609	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	150 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788716701	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	100	X	GENERIC	8/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788716703	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	8/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788716706	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	60	X	GENERIC	8/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788716709	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	8/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788716803	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788716806	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788716809	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788716901	ESZOPICL	ESZOPICL	282444	UNKNOW	28244400	UNKNOW	S	3 MG	ORAL	TABS	EA	10		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788716902	ESZOPICL	ESZOPICL	282444	UNKNOW	28244400	UNKNOW	S	3 MG	ORAL	TABS	EA	20		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788716903	ESZOPICL	ESZOPICL	282444	UNKNOW	28244400	UNKNOW	S	3 MG	ORAL	TABS	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788716906	ESZOPICL	ESZOPICL	282444	UNKNOW	28244400	UNKNOW	S	3 MG	ORAL	TABS	EA	60		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788716909	ESZOPICL	ESZOPICL	282444	UNKNOW	28244400	UNKNOW	S	3 MG	ORAL	TABS	EA	90		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788717003	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TB12	EA	30	X	GENERIC	4/7/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788717006	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TB12	EA	60	X	GENERIC	4/7/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788717009	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TB12	EA	90	X	GENERIC	4/7/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788717501	DESVENL	DESVENL	281604	Antidepres	28160416	UNKNOW	S	100 MG	ORAL	TB24	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788717503	DESVENL	DESVENL	281604	Antidepres	28160416	UNKNOW	S	100 MG	ORAL	TB24	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788717506	DESVENL	DESVENL	281604	Antidepres	28160416	UNKNOW	S	100 MG	ORAL	TB24	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788717509	DESVENL	DESVENL	281604	Antidepres	28160416	UNKNOW	S	100 MG	ORAL	TB24	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788717703	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	30	X	GENERIC	4/15/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788717706	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	60	X	GENERIC	4/15/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788717709	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	90	X	GENERIC	4/15/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788718001	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	2.5-500 M	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788718003	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	2.5-500 M	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788718006	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	2.5-500 M	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788718009	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	2.5-500 M	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788718102	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	20		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788718103	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788718106	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	60		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788718109	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	90		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788718303	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TBEC	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788718306	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TBEC	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788718309	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TBEC	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788718401	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	300 MG	ORAL	TABS	EA	100	X	GENERIC	12/7/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788718403	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	300 MG	ORAL	TABS	EA	30	X	GENERIC	12/7/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788718406	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	300 MG	ORAL	TABS	EA	60	X	GENERIC	12/7/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788718408	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	300 MG	ORAL	TABS	EA	120	X	GENERIC	12/7/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788718409	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	300 MG	ORAL	TABS	EA	90	X	GENERIC	12/7/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788718501	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	100	X	GENERIC	12/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788718503	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	12/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788718506	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	60	X	GENERIC	12/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788718508	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	120	X	GENERIC	12/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788718509	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	12/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788718601	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788718603	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788718606	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788718608	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TABS	EA	120	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788718609	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788718703	TERBINAF	TERBINAF	81404	Allylamine	8140400	Allylamine	S	250 MG	ORAL	TABS	EA	30		GENERIC	10/2/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788719101	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788719103	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788719104	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	14	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788719106	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788719108	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	120	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788719109	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788719401	DESVENL	DESVENL	281604	Antidepres	28160416	UNKNOW	S	50 MG	ORAL	TB24	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788719403	DESVENL	DESVENL	281604	Antidepres	28160416	UNKNOW	S	50 MG	ORAL	TB24	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788719406	DESVENL	DESVENL	281604	Antidepres	28160416	UNKNOW	S	50 MG	ORAL	TB24	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788719409	DESVENL	DESVENL	281604	Antidepres	28160416	UNKNOW	S	50 MG	ORAL	TB24	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788720401	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788720403	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788720406	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788720408	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	120	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788720409	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788720501	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788720503	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788720506	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788720508	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	120	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788720509	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788720601	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	100	X	GENERIC	8/9/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788720602	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	20	X	GENERIC	8/9/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788720603	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	30	X	GENERIC	8/9/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788720606	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	60	X	GENERIC	8/9/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788720609	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	90	X	GENERIC	8/9/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788720801	ZALEPLO	ZALEPLO	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	CAPS	EA	100		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788720802	ZALEPLO	ZALEPLO	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	CAPS	EA	20		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788720803	ZALEPLO	ZALEPLO	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	CAPS	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788720806	ZALEPLO	ZALEPLO	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	CAPS	EA	60		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788720809	ZALEPLO	ZALEPLO	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	CAPS	EA	90		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788721001	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788721002	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	20	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788721003	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788721006	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788721008	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	28	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788721009	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788721103	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	30	X	GENERIC	8/7/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788721106	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	60	X	GENERIC	8/7/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788721109	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	90	X	GENERIC	8/7/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788721201	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	15		GENERIC	4/22/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788721203	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	30		GENERIC	4/22/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788721206	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	60		GENERIC	4/22/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

68788721503	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	80 MG	ORAL	CAPS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788721506	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	80 MG	ORAL	CAPS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788721509	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	80 MG	ORAL	CAPS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788721601	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788721603	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788721606	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788721609	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788721803	SILDENAF	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788721804	SILDENAF	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	4		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788721806	SILDENAF	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	60		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788721807	SILDENAF	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	7		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788721809	SILDENAF	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	90		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788721903	FLUVOXA	FLUVOXA	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788721906	FLUVOXA	FLUVOXA	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788721909	FLUVOXA	FLUVOXA	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788722303	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788722306	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788722309	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788722501	DICLOFEI	DICLOFEI	840620	UNKNOW	84062000	UNKNOW	S	1.50%	EXTERNA	SOLN	ML	150		GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788722603	METOCL(	METOCL(	563200	Prokinetic	56320000	Prokinetic	S	10 MG	ORAL	TABS	EA	30		GENERIC	10/30/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788723001	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TB24	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788723003	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TB24	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788723006	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TB24	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788723009	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TB24	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788723203	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	175 MCG	ORAL	TABS	EA	30	X	GENERIC	7/21/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788723209	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	175 MCG	ORAL	TABS	EA	90	X	GENERIC	7/21/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788723401	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	2/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788723402	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	20	X	GENERIC	2/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788723403	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	2/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788723406	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	60	X	GENERIC	2/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788723409	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	2/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788723501	GUAIFEN	GUAIFEN	480800	Antitussive	48080000	Antitussive	P	100-10 MG	ORAL	SOLN	ML	118		GENERIC	7/14/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788723601	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	S	35 MG	ORAL	TABS	EA	14		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788723602	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	S	35 MG	ORAL	TABS	EA	28		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788723603	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	S	35 MG	ORAL	TABS	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788723607	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	S	35 MG	ORAL	TABS	EA	7		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788723701	DILTIAZEI	DILTIAZEI	240404	Antiarrhyt	24040424	Class IV A	S	120 MG	ORAL	CP24	EA	100	X	GENERIC	5/6/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788723703	DILTIAZEI	DILTIAZEI	240404	Antiarrhyt	24040424	Class IV A	S	120 MG	ORAL	CP24	EA	30	X	GENERIC	5/6/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788723706	DILTIAZEI	DILTIAZEI	240404	Antiarrhyt	24040424	Class IV A	S	120 MG	ORAL	CP24	EA	60	X	GENERIC	5/6/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788723708	DILTIAZEI	DILTIAZEI	240404	Antiarrhyt	24040424	Class IV A	S	120 MG	ORAL	CP24	EA	120	X	GENERIC	5/6/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788723709	DILTIAZEI	DILTIAZEI	240404	Antiarrhyt	24040424	Class IV A	S	120 MG	ORAL	CP24	EA	90	X	GENERIC	5/6/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788723902	TRINESS/	NORGES'	681200	Contracep	68120000	Contracep	S	0.18/0.215	ORAL	TABS	EA	28	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788724000	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	12		GENERIC	4/20/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788724001	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	14		GENERIC	4/20/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788724002	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	20		GENERIC	4/20/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788724003	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	30		GENERIC	4/20/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788724005	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	56		GENERIC	4/20/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788724006	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	60		GENERIC	4/20/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788724007	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	21		GENERIC	4/20/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788724008	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	28		GENERIC	4/20/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788724105	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	50		GENERIC	3/12/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788724301	PHENAZC	PHENAZC	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	10		GENERIC	2/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788724302	PHENAZC	PHENAZC	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	20		GENERIC	2/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788724303	PHENAZC	PHENAZC	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	30		GENERIC	2/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788724305	PHENAZC	PHENAZC	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	15		GENERIC	2/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788724309	PHENAZC	PHENAZC	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	9		GENERIC	2/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788724401	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	5/29/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788724403	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	5/29/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788724406	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	5/29/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788724409	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	5/29/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788724501	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	100		GENERIC	1/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788724503	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	30		GENERIC	1/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788724506	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	60		GENERIC	1/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788724509	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	90		GENERIC	1/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788724701	INDAPAM	INDAPAM	243624	UNKNOW	24362400	UNKNOW	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788724703	INDAPAM	INDAPAM	243624	UNKNOW	24362400	UNKNOW	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788724706	INDAPAM	INDAPAM	243624	UNKNOW	24362400	UNKNOW	S	2.5 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788724709	INDAPAM	INDAPAM	243624	UNKNOW	24362400	UNKNOW	S	2.5 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788725205	TOBRAM'	TOBRAM'	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	5		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788725901	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC	3/10/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788725903	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC	3/10/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788725906	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	60	X	GENERIC	3/10/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788725909	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	90	X	GENERIC	3/10/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788726201	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	10		GENERIC	11/21/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788726202	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	2		GENERIC	11/21/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788726203	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	30		GENERIC	11/21/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788726205	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	25		GENERIC	11/21/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788726301	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	100	X	GENERIC	9/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788726302	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	20	X	GENERIC	9/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788726303	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	30	X	GENERIC	9/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788726306	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	60	X	GENERIC	9/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788726309	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	90	X	GENERIC	9/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788726401	CELECO>	CELECO>	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788726403	CELECO>	CELECO>	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788726406	CELECO>	CELECO>	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788726409	CELECO>	CELECO>	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788726501	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788726503	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788726506	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788726509	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788726601	ARTIFICI/	GLYCERI	529200	EENT Dru	52920000	EENT Dru	P	0.2-0.2-1	OPHTHAL	SOLN	ML	15		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788726700	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	0.75 MG	ORAL	TABS	EA	100		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788726701	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	0.75 MG	ORAL	TABS	EA	12		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788726702	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	0.75 MG	ORAL	TABS	EA	21		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788726703	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	0.75 MG	ORAL	TABS	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788726801	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	100 MG/5I	ORAL	SUSP	ML	118		GENERIC	2/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788726903	LIOTHYR(	LIOTHYR(	683604	Thyroid Ag	68360400	Thyroid Ag	S	5 MCG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788726906	LIOTHYR(	LIOTHYR(	683604	Thyroid Ag	68360400	Thyroid Ag	S	5 MCG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788726909	LIOTHYR(	LIOTHYR(	683604	Thyroid Ag	68360400	Thyroid Ag	S	5 MCG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788727001	DICLOFEI	DICLOFEI	840620	UNKNOW	84062000	UNKNOW	S	1.50%	EXTERNA	SOLN	ML	150		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788727201	DOCUSA'	DOCUSA'	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	100		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788727203	DOCUSA'	DOCUSA'	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	30		GENERIC	11/10/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788727206	DOCUSA'	DOCUSA'	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	60		GENERIC	11/10/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788727501	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788727503	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788727506	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	60	X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788727509	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788728001	HYDROX'	HYDROX'	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	100		GENERIC	7/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788728002	HYDROX'	HYDROX'	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	20		GENERIC	7/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788728003	HYDROX'	HYDROX'	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	30		GENERIC	7/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788728005	HYDROX'	HYDROX'	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	15		GENERIC	7/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788728006	HYDROX'	HYDROX'	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	60		GENERIC	7/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788728009	HYDROX'	HYDROX'	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	90		GENERIC	7/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788728102	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG (21)	ORAL	TBPK	EA	21		GENERIC	10/3/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788728301	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	200 MG	ORAL	TB12	EA	100	X	GENERIC	4/11/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788728302	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	200 MG	ORAL	TB12	EA	20	X	GENERIC	4/11/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788728303	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	200 MG	ORAL	TB12	EA	30	X	GENERIC	4/11/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788728306	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	200 MG	ORAL	TB12	EA	60	X	GENERIC	4/11/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788728308	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	200 MG	ORAL	TB12	EA	120	X	GENERIC	4/11/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788728309	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	200 MG	ORAL	TB12	EA	90	X	GENERIC	4/11/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788728501	OSELTAN	OSELTAN	81828	Neuramini	8182800	Neuramini	S	75 MG	ORAL	CAPS	EA	10		GENERIC	2/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788728603	CELECO>	CELECO>	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788728606	CELECO>	CELECO>	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788728609	CELECO>	CELECO>	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788728809	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC	6/20/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788728901	ENOVAR)	NAPROXE	840620	UNKNOW	84062000	UNKNOW	R	10%	EXTERNA	CREA	GM	120		SSB		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788729003	BUDESOI	BUDESOI	680400	Adrenals	68040000	Adrenals	S	0.25 MG/2	INHALATI	SUSP	ML	2	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788729101	CHILDREI	LORATAD	40800	Second G	4080000	Second G	P	5 MG/5ML	ORAL	SOLN	ML	120		GENERIC	2/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788729201	PHENAZC	PHENAZC	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	10		GENERIC	2/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788729202	PHENAZC	PHENAZC	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	20		GENERIC	2/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788729203	PHENAZC	PHENAZC	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	30		GENERIC	2/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788729205	PHENAZC	PHENAZC	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	15		GENERIC	2/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788729209	PHENAZC	PHENAZC	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	9		GENERIC	2/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788729301	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	1		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788729302	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	2		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788729308	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	12		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788729703	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788729706	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788729709	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788730001	ETODOL/	ETODOL/	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788730002	ETODOL/	ETODOL/	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	20	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788730003	ETODOL/	ETODOL/	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788730006	ETODOL/	ETODOL/	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788730008	ETODOL/	ETODOL/	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	120	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788730009	ETODOL/	ETODOL/	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788730901	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788730903	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	5/29/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788730906	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	60	X	GENERIC	5/29/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788730909	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	5/29/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788731002	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	20	X	GENERIC	10/7/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788731003	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	10/7/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788731006	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	60	X	GENERIC	10/7/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788731009	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	10/7/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788731201	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	15		GENERIC	4/7/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

68788731204	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	45		GENERIC	4/7/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788731301	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC	6/9/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788731303	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC	6/9/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788731305	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	15	X	GENERIC	6/9/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788731306	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC	6/9/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788731308	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	120	X	GENERIC	6/9/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788731309	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC	6/9/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788731403	BUDESON	BUDESON	680400	Adrenals	68040000	Adrenals	S	0.5 MG/2M	INHALATI	SUSP	ML	2	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788731501	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788731502	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	20	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788731503	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788731506	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788731509	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788731801	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	400 MG/5M	ORAL	SUSR	ML	100		GENERIC	2/14/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788731901	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TABS	EA	100	X	GENERIC	4/7/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788731903	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	4/7/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788731906	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TABS	EA	60	X	GENERIC	4/7/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788731908	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TABS	EA	120	X	GENERIC	4/7/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788731909	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	4/7/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788732101	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	100		GENERIC	8/23/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788732102	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	20		GENERIC	8/23/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788732103	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	30		GENERIC	8/23/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788732104	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	40		GENERIC	8/23/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788732105	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	15		GENERIC	8/23/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788732106	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	60		GENERIC	8/23/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788732107	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	50		GENERIC	8/23/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788732108	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	120		GENERIC	8/23/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788732109	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	90		GENERIC	8/23/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788732301	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	200 MG/5M	ORAL	SUSR	ML	100		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788732803	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	TABS	EA	30	X	GENERIC	1/11/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788732806	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	TABS	EA	60	X	GENERIC	1/11/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788732809	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	TABS	EA	90	X	GENERIC	1/11/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788733001	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	100 MG	ORAL	TABS	EA	100	X	GENERIC	7/5/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788733002	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	100 MG	ORAL	TABS	EA	20	X	GENERIC	7/5/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788733003	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	7/5/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788733006	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	100 MG	ORAL	TABS	EA	60	X	GENERIC	7/5/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788733009	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	7/5/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788733201	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.5 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788733203	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.5 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788733206	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.5 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788733209	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.5 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788733401	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	100	X	GENERIC	4/2/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788733403	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	4/2/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788733406	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	60	X	GENERIC	4/2/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788733409	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	4/2/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788733501	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	CAPS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788733503	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	CAPS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788733506	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	CAPS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788733509	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	CAPS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788733605	GENTAMI	GENTAMI	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	5		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788733801	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	100	X	GENERIC	9/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788733803	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	9/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788733806	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	60	X	GENERIC	9/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788733809	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	9/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788733902	CEFDINIR	CEFDINIR	81206	Cephalosp	8120612	Third Gen	S	300 MG	ORAL	CAPS	EA	20		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788734101	FLURBIPR	FLURBIPR	280804	Nonsteroi	28080404	UNKNOW	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788734103	FLURBIPR	FLURBIPR	280804	Nonsteroi	28080404	UNKNOW	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788734106	FLURBIPR	FLURBIPR	280804	Nonsteroi	28080404	UNKNOW	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788734109	FLURBIPR	FLURBIPR	280804	Nonsteroi	28080404	UNKNOW	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788734201	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	100		GENERIC	1/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788734202	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	21		GENERIC	1/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788734203	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	30		GENERIC	1/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788734204	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	40		GENERIC	1/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788734205	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	50		GENERIC	1/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788734206	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	60		GENERIC	1/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788734207	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	28		GENERIC	1/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788734208	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	35		GENERIC	1/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788734209	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	45		GENERIC	1/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788734504	SULFATR	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	200-40 MG	ORAL	SUSP	ML	473		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788734801	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	137 MCG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788734803	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	137 MCG	ORAL	TABS	EA	30	X	GENERIC	7/21/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788734809	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	137 MCG	ORAL	TABS	EA	90	X	GENERIC	7/21/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788734901	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	112 MCG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788734903	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	112 MCG	ORAL	TABS	EA	30	X	GENERIC	7/19/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788734909	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	112 MCG	ORAL	TABS	EA	90	X	GENERIC	7/19/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788735001	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788735003	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788735006	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	40 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788735009	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788735101	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788735103	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788735105	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	15	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788735106	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788735109	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788735302	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	108 (90 B	INHALATI	AERS	GM	18	X	GENERIC	3/8/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788735401	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788735403	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788735406	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788735409	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788735501	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	100		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788735503	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788735506	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	60		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788735508	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	120		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788735509	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	90		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788735601	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	CAPS	EA	100	X	GENERIC	6/19/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788735603	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	CAPS	EA	30	X	GENERIC	6/19/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788735606	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	CAPS	EA	60	X	GENERIC	6/19/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788735609	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	CAPS	EA	90	X	GENERIC	6/19/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788736902	ANTI-DIAR	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	P	2 MG	ORAL	TABS	EA	24		GENERIC	7/2/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788737101	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	14		GENERIC	5/10/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788737102	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	20		GENERIC	5/10/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788737103	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	30		GENERIC	5/10/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788737106	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	60		GENERIC	5/10/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788737108	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	28		GENERIC	5/10/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788737201	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	10		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788737202	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	20		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788737203	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788737204	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	40		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788737208	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	21		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788737209	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	90		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788737402	ANTIFUN	MICONAZ	840408	Antifungal	84040808	Azoles	P	2%	EXTERNA	CREA	GM	28		GENERIC	11/30/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788737605	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	OINT	GM	50		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788737802	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	21		GENERIC	2/28/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788737803	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	30		GENERIC	2/28/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788737804	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	40		GENERIC	2/28/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788737805	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	50		GENERIC	2/28/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788737806	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	60		GENERIC	2/28/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788737807	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	25		GENERIC	2/28/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788737808	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	35		GENERIC	2/28/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788737903	SILDENAF	SILDENAF	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788737904	SILDENAF	SILDENAF	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	4	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788737906	SILDENAF	SILDENAF	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788737909	SILDENAF	SILDENAF	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788738202	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	21		GENERIC	1/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788738203	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	30		GENERIC	1/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788738204	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	40		GENERIC	1/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788738205	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	50		GENERIC	1/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788738206	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	60		GENERIC	1/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788738207	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	28		GENERIC	1/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788738208	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	35		GENERIC	1/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788738301	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788738303	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788738309	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788738405	KETOROL	KETOROL	520820	Nonsteroi	52082000	Nonsteroi	S	0.50%	OPHTHAL	SOLN	ML	5		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788738501	LANSOPR	LANSOPR	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	14	X	GENERIC	7/20/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788738503	LANSOPR	LANSOPR	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	30	X	GENERIC	7/20/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788738506	LANSOPR	LANSOPR	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	60	X	GENERIC	7/20/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788738508	LANSOPR	LANSOPR	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	120	X	GENERIC	7/20/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788738509	LANSOPR	LANSOPR	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	90	X	GENERIC	7/20/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788739402	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	20		GENERIC	4/2/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788739403	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	30		GENERIC	4/2/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788739406	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	60		GENERIC	4/2/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788739409	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	90		GENERIC	4/2/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788740001	HYDROCH	HYDROCH	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	TABS	EA	7	X	GENERIC	7/5/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788740003	HYDROCH	HYDROCH	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	TABS	EA	30	X	GENERIC	7/5/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788740006	HYDROCH	HYDROCH	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	TABS	EA	60	X	GENERIC	7/5/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788740008	HYDROCH	HYDROCH	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	TABS	EA	100	X	GENERIC	7/5/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788740009	HYDROCH	HYDROCH	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	TABS	EA	90	X	GENERIC	7/5/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788740202	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	P	1%	EXTERNA	CREA	GM	28		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788740501	LIDOTHO	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	R	4.5-5 %	EXTERNA	PTCH	EA	15		SSB	8/14/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788740603	ECONAZO	ECONAZO	840408	Antifungal	84040808	Azoles	S	1%	EXTERNA	CREA	GM	30		GENERIC	5/22/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788740702	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	6.25 MG	ORAL	TBCR	EA	28		GENERIC	11/25/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788740703	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	6.25 MG	ORAL	TBCR	EA	30		GENERIC	11/25/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788740706	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	6.25 MG	ORAL	TBCR	EA	60		GENERIC	11/25/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788740709	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	6.25 MG	ORAL	TBCR	EA	90		GENERIC	11/25/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788741001	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	30 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788741002	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	30 MG	ORAL	TABS	EA	28	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788741003	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	30 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788741006	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	30 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788741008	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	30 MG	ORAL	TABS	EA	120	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788741009	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	30 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788741201	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	100	X	GENERIC	12/7/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788741203	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	12/7/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788741206	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	60	X	GENERIC	12/7/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788741208	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	120	X	GENERIC	12/7/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788741209	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	12/7/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788742202	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	12.5 MG	ORAL	TBCR	EA	20		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788742203	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	12.5 MG	ORAL	TBCR	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788742206	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	12.5 MG	ORAL	TBCR	EA	60		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788742209	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	12.5 MG	ORAL	TBCR	EA	90		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788742801	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	100		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788742803	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788742806	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	60		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788742808	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	120		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788742809	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	90		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788742902	SPRINTE	NORGEST	681200	Contracep	68120000	Contracep	S	0.25-35 M	ORAL	TABS	EA	28	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788743101	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	100	X	GENERIC	6/13/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788743102	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	20	X	GENERIC	6/13/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788743103	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	30	X	GENERIC	6/13/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788743104	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	28	X	GENERIC	6/13/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788743106	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	60	X	GENERIC	6/13/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788743108	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	120	X	GENERIC	6/13/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788743109	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC	6/13/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788743801	ZONISAM	ZONISAM	281224	UNKNOW	28122400	UNKNOW	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788743803	ZONISAM	ZONISAM	281224	UNKNOW	28122400	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788743806	ZONISAM	ZONISAM	281224	UNKNOW	28122400	UNKNOW	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

68788743809	ZONISAM	ZONISAM	281224	UNKNOW	28122400	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788744306	SENTRA I	DIETARY	402000	Caloric Ag	40200000	Caloric Ag	R	0-0-0-0-0	ORAL	CAPS	EA	60		SSB		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788744402	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	20	X	GENERIC	6/13/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788744403	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	30	X	GENERIC	6/13/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788744404	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	28	X	GENERIC	6/13/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788744406	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	60	X	GENERIC	6/13/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788744409	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC	6/13/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788744503	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788744506	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788744508	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	120		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788744509	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	90		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788744801	DESVENL	DESVENL	281604	Antidepres	28160416	UNKNOW	S	50 MG	ORAL	TB24	EA	100	X	GENERIC	4/25/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788744803	DESVENL	DESVENL	281604	Antidepres	28160416	UNKNOW	S	50 MG	ORAL	TB24	EA	30	X	GENERIC	4/25/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788744806	DESVENL	DESVENL	281604	Antidepres	28160416	UNKNOW	S	50 MG	ORAL	TB24	EA	60	X	GENERIC	4/25/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788744809	DESVENL	DESVENL	281604	Antidepres	28160416	UNKNOW	S	50 MG	ORAL	TB24	EA	90	X	GENERIC	4/25/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788744901	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	100		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788744903	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788744906	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	60		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788744909	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	90		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788745001	TERBINAI	TERBINAI	81404	Allylamine	8140400	Allylamine	S	250 MG	ORAL	TABS	EA	100		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788745003	TERBINAI	TERBINAI	81404	Allylamine	8140400	Allylamine	S	250 MG	ORAL	TABS	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788745201	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	15		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788745202	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	20		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788745203	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788745206	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	60		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788745208	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	100		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788745209	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	90		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788745701	SALSALA	SALSALA	280804	Nonsteroi	28080424	Salicylates	S	750 MG	ORAL	TABS	EA	100	X	GENERIC	9/1/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788745703	SALSALA	SALSALA	280804	Nonsteroi	28080424	Salicylates	S	750 MG	ORAL	TABS	EA	30	X	GENERIC	9/1/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788745706	SALSALA	SALSALA	280804	Nonsteroi	28080424	Salicylates	S	750 MG	ORAL	TABS	EA	60	X	GENERIC	9/1/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788745709	SALSALA	SALSALA	280804	Nonsteroi	28080424	Salicylates	S	750 MG	ORAL	TABS	EA	90	X	GENERIC	9/1/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788745801	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	3.125 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788745803	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	3.125 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788745806	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	3.125 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788745808	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	3.125 MG	ORAL	TABS	EA	120	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788745809	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	3.125 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788745903	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788745906	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788746003	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788746006	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788746009	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788746101	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788746103	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788746106	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788746108	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	28	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788746109	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788746206	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	60		GENERIC	3/18/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788746209	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	90		GENERIC	3/18/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788746401	HYDROX'	HYDROX'	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	100		GENERIC	7/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788746402	HYDROX'	HYDROX'	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	20		GENERIC	7/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788746403	HYDROX'	HYDROX'	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	30		GENERIC	7/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788746405	HYDROX'	HYDROX'	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	15		GENERIC	7/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788746406	HYDROX'	HYDROX'	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	60		GENERIC	7/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788746409	HYDROX'	HYDROX'	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	90		GENERIC	7/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788746803	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788746805	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	15	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788746806	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788746809	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788747101	ENOVAR)	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	R	20 MG/GM	TRANSDE	CREA	GM	120		SSB		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788747206	NARCOS(	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-0-0-0	ORAL	CAPS	EA	60		SSB		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788747401	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	TABS	EA	14		GENERIC	5/22/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788747402	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	TABS	EA	20		GENERIC	5/22/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788747403	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	TABS	EA	30		GENERIC	5/22/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788747406	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	TABS	EA	60		GENERIC	5/22/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788747408	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	TABS	EA	28		GENERIC	5/22/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788747501	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	100	X	GENERIC	7/5/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788747503	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	30	X	GENERIC	7/5/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788747506	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	60	X	GENERIC	7/5/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788747507	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	7	X	GENERIC	7/5/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788747509	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	90	X	GENERIC	7/5/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788747702	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	108 (90 B/	INHALATI	AERS	GM	8.5	X	GENERIC	2/28/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788747901	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	100	X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788747903	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	30	X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788747906	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	60	X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788747908	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	120	X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788747909	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	90	X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788748001	LORAZEF	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	100		GENERIC	8/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788748003	LORAZEF	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	30		GENERIC	8/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788748006	LORAZEF	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	60		GENERIC	8/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788748008	LORAZEF	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	120		GENERIC	8/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788748009	LORAZEF	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	90		GENERIC	8/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788748200	ALLERGY	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	10		GENERIC	2/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788748201	ALLERGY	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	14		GENERIC	2/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788748203	ALLERGY	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC	2/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788748205	ALLERGY	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	15		GENERIC	2/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788748209	ALLERGY	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC	2/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788748301	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788748302	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	20	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788748303	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788748306	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788748309	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788748401	CEFADR(	CEFADR(	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	10		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788748402	CEFADR(	CEFADR(	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	20		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788748403	CEFADR(	CEFADR(	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788748404	CEFADR(	CEFADR(	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	14		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788748406	CEFADR(	CEFADR(	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	60		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788749201	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	15 MG	ORAL	TABS	EA	15	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788749203	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	15 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788749206	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	15 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788749209	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	15 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788749900	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	15		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788749901	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	100		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788749902	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	20		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788749903	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788749906	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	60		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788749909	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	90		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788750108	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	CREA	GM	80		GENERIC	10/10/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788750601	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.50%	EXTERNA	CREA	GM	15		GENERIC	8/29/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788750901	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	100	X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788750903	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	30	X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788750906	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	60	X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788750908	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	120	X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788750909	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	90	X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788751001	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788751003	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788751006	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788751008	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	28	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788751009	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788751301	NYSTATII	NYSTATII	840408	Antifungal	84040828	Polyenes	S	100000 UI	EXTERNA	CREA	GM	15		GENERIC	8/21/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788751303	NYSTATII	NYSTATII	840408	Antifungal	84040828	Polyenes	S	100000 UI	EXTERNA	CREA	GM	30		GENERIC	8/21/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788751401	PIOGLITA	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	30 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788751403	PIOGLITA	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	30 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788751406	PIOGLITA	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	30 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788751409	PIOGLITA	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	30 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788752001	PREGAB/	PREGAB/	281228	UNKNOW	28122800	UNKNOW	S	25 MG	ORAL	CAPS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788752003	PREGAB/	PREGAB/	281228	UNKNOW	28122800	UNKNOW	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788752006	PREGAB/	PREGAB/	281228	UNKNOW	28122800	UNKNOW	S	25 MG	ORAL	CAPS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788752009	PREGAB/	PREGAB/	281228	UNKNOW	28122800	UNKNOW	S	25 MG	ORAL	CAPS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788752101	PREGAB/	PREGAB/	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788752103	PREGAB/	PREGAB/	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788752106	PREGAB/	PREGAB/	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788752109	PREGAB/	PREGAB/	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788752201	PREGAB/	PREGAB/	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788752203	PREGAB/	PREGAB/	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788752206	PREGAB/	PREGAB/	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788752209	PREGAB/	PREGAB/	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788752301	PREGAB/	PREGAB/	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788752303	PREGAB/	PREGAB/	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788752306	PREGAB/	PREGAB/	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788752309	PREGAB/	PREGAB/	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788752401	PREGAB/	PREGAB/	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788752403	PREGAB/	PREGAB/	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788752406	PREGAB/	PREGAB/	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788752409	PREGAB/	PREGAB/	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788752601	TRIAMTEI	TRIAMTEI	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788752603	TRIAMTEI	TRIAMTEI	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788752606	TRIAMTEI	TRIAMTEI	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788752609	TRIAMTEI	TRIAMTEI	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788752701	PREGAB/	PREGAB/	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788752703	PREGAB/	PREGAB/	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788752706	PREGAB/	PREGAB/	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788752709	PREGAB/	PREGAB/	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788753602	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788753603	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788753606	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788753609	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788753901	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788753903	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788753906	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788753909	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788754201	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788754203	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788754209	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788754403	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788754406	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788754409	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788754801	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788754803	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788754806	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788754809	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788754903	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	200 MG/5I	ORAL	SUSR	ML	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788755901	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	5/29/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788755903	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	5/29/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788755906	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-	S	5 MG	ORAL	TABS	EA	60	X	GENERIC	5/29/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788755908	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-	S	5 MG	ORAL	TABS	EA	28	X	GENERIC	5/29/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788755909	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	5/29/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788756201	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	100		GENERIC	3/29/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788756203	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	30		GENERIC	3/29/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788756206	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	60		GENERIC	3/29/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788756208	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	120		GENERIC	3/29/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788756209	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	90		GENERIC	3/29/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788756401	HYDROX'	HYDROX'	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	100		GENERIC	7/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788756403	HYDROX'	HYDROX'	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	30		GENERIC	7/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788756405	HYDROX'	HYDROX'	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	15		GENERIC	7/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788756406	HYDROX'	HYDROX'	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	60		GENERIC	7/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788756409	HYDROX'	HYDROX'	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	90		GENERIC	7/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788756501	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TBDP	EA	10		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788756503	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TBDP	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788756602	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	20	X	GENERIC	2/16/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788756603	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	2/16/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788756606	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	60	X	GENERIC	2/16/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788756609	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	2/16/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788757001	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	100	X	GENERIC	8/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788757003	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	8/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788757005	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	50	X	GENERIC	8/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788757006	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	60	X	GENERIC	8/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788757009	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	8/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788757101	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	7.5 MG	ORAL	TABS	EA	100		GENERIC	4/13/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788757103	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30		GENERIC	4/13/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788757106	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	7.5 MG	ORAL	TABS	EA	60		GENERIC	4/13/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788757109	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90		GENERIC	4/13/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788757502	ACYCLO\	ACYCLO\	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	21		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788757503	ACYCLO\	ACYCLO\	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788757504	ACYCLO\	ACYCLO\	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	40		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788757505	ACYCLO\	ACYCLO\	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	50		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788757506	ACYCLO\	ACYCLO\	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	60		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788757507	ACYCLO\	ACYCLO\	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	25		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788757508	ACYCLO\	ACYCLO\	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	35		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788757601	ACYCLO\	ACYCLO\	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	100		GENERIC	2/4/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788757602	ACYCLO\	ACYCLO\	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	21		GENERIC	2/4/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788757603	ACYCLO\	ACYCLO\	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	30		GENERIC	2/4/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788757604	ACYCLO\	ACYCLO\	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	40		GENERIC	2/4/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788757605	ACYCLO\	ACYCLO\	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	50		GENERIC	2/4/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788757606	ACYCLO\	ACYCLO\	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	60		GENERIC	2/4/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788757607	ACYCLO\	ACYCLO\	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	28		GENERIC	2/4/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788757608	ACYCLO\	ACYCLO\	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	35		GENERIC	2/4/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788757609	ACYCLO\	ACYCLO\	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	45		GENERIC	2/4/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788757801	FENOFIBI	FENOFIBI	240606	Fibric Acic	24060600	Fibric Acid	S	160 MG	ORAL	TABS	EA	100	X	GENERIC	5/29/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788757803	FENOFIBI	FENOFIBI	240606	Fibric Acic	24060600	Fibric Acid	S	160 MG	ORAL	TABS	EA	30	X	GENERIC	5/29/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788757806	FENOFIBI	FENOFIBI	240606	Fibric Acic	24060600	Fibric Acid	S	160 MG	ORAL	TABS	EA	60	X	GENERIC	5/29/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788757809	FENOFIBI	FENOFIBI	240606	Fibric Acic	24060600	Fibric Acid	S	160 MG	ORAL	TABS	EA	90	X	GENERIC	5/29/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788757901	FENOFIBI	FENOFIBI	240606	Fibric Acic	24060600	Fibric Acid	S	145 MG	ORAL	TABS	EA	100	X	GENERIC	5/29/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788757903	FENOFIBI	FENOFIBI	240606	Fibric Acic	24060600	Fibric Acid	S	145 MG	ORAL	TABS	EA	30	X	GENERIC	5/29/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

68788757906	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	145 MG	ORAL	TABS	EA	60	X	GENERIC	5/29/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788757909	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	145 MG	ORAL	TABS	EA	90	X	GENERIC	5/29/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788758000	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	6		GENERIC	5/1/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788758001	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	14		GENERIC	5/1/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788758002	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	20		GENERIC	5/1/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788758003	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788758004	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	40		GENERIC	5/1/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788758006	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788758008	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	10		GENERIC	5/1/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788758601	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	25 MG	ORAL	TABS	EA	100	X	GENERIC	2/16/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788758603	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	2/16/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788758606	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	25 MG	ORAL	TABS	EA	60	X	GENERIC	2/16/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788758609	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	2/16/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788759303	ARMODAI	ARMODAI	282080	UNKNOW	28208000	UNKNOW	S	250 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788759306	ARMODAI	ARMODAI	282080	UNKNOW	28208000	UNKNOW	S	250 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788759309	ARMODAI	ARMODAI	282080	UNKNOW	28208000	UNKNOW	S	250 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788759402	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	20		GENERIC	10/24/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788759403	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	30		GENERIC	10/24/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788759406	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	60		GENERIC	10/24/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788759409	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	90		GENERIC	10/24/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788759502	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	20		GENERIC	10/24/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788759503	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	30		GENERIC	10/24/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788759506	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	60		GENERIC	10/24/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788759508	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	120		GENERIC	10/24/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788759509	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	90		GENERIC	10/24/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788759602	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	20		GENERIC	10/24/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788759603	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	30		GENERIC	10/24/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788759606	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	60		GENERIC	10/24/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788759608	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	120		GENERIC	10/24/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788759609	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	90		GENERIC	10/24/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788759701	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788759702	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	20	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788759703	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788759706	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788759708	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	120	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788759709	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788759803	AZITHROI	AZITHROI	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	3		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788759903	BACITRA	BACITRA	520404	Antibacter	52040400	Antibacter	S	500-10000	OPHTHAL	OINT	GM	3.5		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788760006	OSELTAM	OSELTAM	81828	Neuramini	8182800	Neuramini	S	6 MG/ML	ORAL	SUSR	ML	60		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788760102	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	200 MG	ORAL	TB24	EA	20		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788760103	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	200 MG	ORAL	TB24	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788760106	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	200 MG	ORAL	TB24	EA	60		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788760109	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	200 MG	ORAL	TB24	EA	90		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788760201	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	100	X	GENERIC	7/19/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788760202	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	20	X	GENERIC	7/19/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788760203	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC	7/19/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788760204	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	14	X	GENERIC	7/19/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788760205	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	50	X	GENERIC	7/19/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788760206	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC	7/19/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788760207	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	21	X	GENERIC	7/19/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788760208	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	120	X	GENERIC	7/19/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788760209	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC	7/19/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788760301	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788760303	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788760306	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788760308	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	120	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788760309	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788760602	CEFDINIR	CEFDINIR	81206	Cephalosp	8120612	Third Gen	S	300 MG	ORAL	CAPS	EA	20		GENERIC	4/15/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788760700	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	9		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788760701	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	100		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788760702	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	20		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788760703	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788760704	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	40		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788760705	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	15		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788760709	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	90		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788761101	CLEAR EY	NAPHAZO	523200	Vasoconst	52320000	Vasoconst	P	0.012-0.2	OPHTHAL	SOLN	ML	15		MSB	12/20/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRM
68788761302	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	20		GENERIC	10/24/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788761303	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	30		GENERIC	10/24/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788761306	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	60		GENERIC	10/24/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788761309	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	90		GENERIC	10/24/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788761401	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	100	X	GENERIC	6/15/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788761403	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	30	X	GENERIC	6/15/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788761406	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	60	X	GENERIC	6/15/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788761408	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	120	X	GENERIC	6/15/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788761409	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	90	X	GENERIC	6/15/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788761501	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	100	X	GENERIC	5/13/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788761502	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	20	X	GENERIC	5/13/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788761503	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC	5/13/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788761506	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	60	X	GENERIC	5/13/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788761509	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90	X	GENERIC	5/13/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788761601	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788761603	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788761606	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788761609	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788761703	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788761801	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	4/6/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788761803	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	4/6/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788761806	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	4/6/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788761809	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	4/6/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788761900	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	6	X	GENERIC	5/13/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788761901	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	10	X	GENERIC	5/13/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788761902	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	20	X	GENERIC	5/13/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788761903	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	30	X	GENERIC	5/13/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788761906	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	60	X	GENERIC	5/13/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788761909	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	90	X	GENERIC	5/13/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788762201	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	10		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788762202	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	20		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788762203	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788762204	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	14		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788762206	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	6		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788762207	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	28		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788762208	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	40		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788762401	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788762403	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	30	X	GENERIC	5/31/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788762406	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	60	X	GENERIC	5/31/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788762409	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	90	X	GENERIC	5/31/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788762601	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	100	X	GENERIC	8/24/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788762602	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	20	X	GENERIC	8/24/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788762603	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC	8/24/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788762604	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	14	X	GENERIC	8/24/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788762606	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	60	X	GENERIC	8/24/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788762608	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	120	X	GENERIC	8/24/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788762609	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90	X	GENERIC	8/24/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788762801	PROCHL	PROCHL	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	10	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788762802	PROCHL	PROCHL	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	20	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788762803	PROCHL	PROCHL	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788762805	PROCHL	PROCHL	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	15	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788762806	PROCHL	PROCHL	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788762901	LIDOPRO	LIDOCAIN	521600	Local Ane	52160000	Local Ane	O	4-.0325-10	EXTERNA	OINT	GM	121		SSB	1/11/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788763001	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	3/12/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788763003	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	3/12/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788763006	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	3/12/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788763009	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	3/12/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788763101	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	100	X	GENERIC	3/12/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788763103	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	3/12/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788763106	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	60	X	GENERIC	3/12/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788763109	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	3/12/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788763301	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	7/26/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788763303	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	7/26/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788763306	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	7/26/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788763309	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	7/26/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788763401	DILTIAZEI	DILTIAZEI	240404	Antiarrhyth	24040424	Class IV A	S	120 MG	ORAL	CP24	EA	100	X	GENERIC	5/6/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788763403	DILTIAZEI	DILTIAZEI	240404	Antiarrhyth	24040424	Class IV A	S	120 MG	ORAL	CP24	EA	30	X	GENERIC	5/6/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788763406	DILTIAZEI	DILTIAZEI	240404	Antiarrhyth	24040424	Class IV A	S	120 MG	ORAL	CP24	EA	60	X	GENERIC	5/6/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788763408	DILTIAZEI	DILTIAZEI	240404	Antiarrhyth	24040424	Class IV A	S	120 MG	ORAL	CP24	EA	120	X	GENERIC	5/6/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788763409	DILTIAZEI	DILTIAZEI	240404	Antiarrhyth	24040424	Class IV A	S	120 MG	ORAL	CP24	EA	90	X	GENERIC	5/6/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788763501	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	100		GENERIC	3/29/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788763503	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	30		GENERIC	3/29/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788763506	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	60		GENERIC	3/29/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788763508	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	120		GENERIC	3/29/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788763509	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	90		GENERIC	3/29/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788763601	AZITHROI	AZITHROI	81212	Macrolides	8121208	UNKNOW	S	100 MG/5	ORAL	SUSR	ML	15		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788763801	DOXYCY	DOXYCY	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	100		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788763802	DOXYCY	DOXYCY	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	20		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788763803	DOXYCY	DOXYCY	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788763806	DOXYCY	DOXYCY	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	60		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788763808	DOXYCY	DOXYCY	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	28		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788764003	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	80 MG	ORAL	CAPS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788764006	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	80 MG	ORAL	CAPS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788764009	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	80 MG	ORAL	CAPS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788764103	GNP ANT.	ALUM & M	560400	Antacids a	56040000	Antacids a	P	400-400-4	ORAL	SUSP	ML	355		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788764201	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788764203	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788764206	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788764209	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788764301	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC	3/29/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788764303	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC	3/29/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788764306	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC	3/29/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788764308	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	120		GENERIC	3/29/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788764309	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC	3/29/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788764401	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TBDP	EA	10		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788764403	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TBDP	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788764405	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TBDP	EA	5		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788764503	CLOPIDO	CLOPIDO	201218	Platelet-Ag	20121800	Platelet-Ag	S	75 MG	ORAL	TABS	EA	30	X	GENERIC	5/8/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788764506	CLOPIDO	CLOPIDO	201218	Platelet-Ag	20121800	Platelet-Ag	S	75 MG	ORAL	TABS	EA	60	X	GENERIC	5/8/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788764509	CLOPIDO	CLOPIDO	201218	Platelet-Ag	20121800	Platelet-Ag	S	75 MG	ORAL	TABS	EA	90	X	GENERIC	5/8/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788764703	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	150 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788764706	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	150 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788764709	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	150 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788764800	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	100	X	GENERIC	7/14/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788764801	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	15	X	GENERIC	7/14/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788764803	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	7/14/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788764806	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	60	X	GENERIC	7/14/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788764809	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	7/14/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788765103	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC	6/9/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788765106	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC	6/9/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788765108	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	120	X	GENERIC	6/9/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788765109	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC	6/9/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788765300	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	10		GENERIC	7/28/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788765301	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	14		GENERIC	7/28/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788765303	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC	7/28/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788765305	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	15		GENERIC	7/28/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788765309	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC	7/28/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788765406	AZITHROI	AZITHROI	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6		GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788765601	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788765603	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788765606	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788765609	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788765703	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	30	X	GENERIC	8/7/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788765706	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	60	X	GENERIC	8/7/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788765801	FLUTICAS	FLUTICAS	520808	Corticoste	52080800	Corticoste	S	50 MCG/A	NASAL	SUSP	GM	16		GENERIC	5/31/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788766001	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788766002	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	20	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788766003	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788766006	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788766008	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	120	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788766009	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788766103	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788766106	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788766109	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788766201	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	160 MG	ORAL	TABS	EA	100	X	GENERIC	5/23/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788766203	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	160 MG	ORAL	TABS	EA	30	X	GENERIC	5/23/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788766206	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	160 MG	ORAL	TABS	EA	60	X	GENERIC	5/23/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788766209	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	160 MG	ORAL	TABS	EA	90	X	GENERIC	5/23/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788766401	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788766403	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788766406	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788766409	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788766501	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788766503	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788766506	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788766509	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788766601	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788766603	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788766606	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788766609	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788766700	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	1 MG	ORAL	TABS	EA	100		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788766701	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	1 MG	ORAL	TABS	EA	10		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788766702	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	1 MG	ORAL	TABS	EA	20		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788766703	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	1 MG	ORAL	TABS	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788766705	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	1 MG	ORAL	TABS	EA	15		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788766706	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	1 MG	ORAL	TABS	EA	60		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788766707	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	1 MG	ORAL	TABS	EA	7		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788766709	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	1 MG	ORAL	TABS	EA	90		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788766801	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	4 MG	ORAL	CHEW	EA	10	X	GENERIC	8/11/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788766802	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	4 MG	ORAL	CHEW	EA	20	X	GENERIC	8/11/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788766803	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	4 MG	ORAL	CHEW	EA	30	X	GENERIC	8/11/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788766804	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	4 MG	ORAL	CHEW	EA	14	X	GENERIC	8/11/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788766806	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	4 MG	ORAL	CHEW	EA	60	X	GENERIC	8/11/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788766809	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	4 MG	ORAL	CHEW	EA	90	X	GENERIC	8/11/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788766901	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	5 MG	ORAL	CHEW	EA	10	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788766902	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	5 MG	ORAL	CHEW	EA	20	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788766903	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	5 MG	ORAL	CHEW	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788766904	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	5 MG	ORAL	CHEW	EA	14	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788766906	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	5 MG	ORAL	CHEW	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788766909	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	5 MG	ORAL	CHEW	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788767005	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	50		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788767101	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788767103	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788767106	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788767109	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788767200	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	6	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788767201	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	10	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788767202	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	20	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788767203	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788767206	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788767208	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788767209	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788767302	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	20	X	GENERIC	9/25/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788767303	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	9/25/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788767306	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	9/25/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788767309	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	9/25/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788767401	STIMULAI	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	100		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788767406	STIMULAI	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	60		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM

68788767500	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	15		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788767501	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	100		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788767502	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	20		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788767503	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788767506	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	60		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788767508	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	120		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788767509	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	90		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788767603	HYDROX	HYDROX	282492	Anxiolytic	28249200	Anxiolytic	S	10 MG	ORAL	TABS	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788767701	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	9/26/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788767703	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	9/26/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788767706	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	9/26/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788767708	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	120	X	GENERIC	9/26/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788767709	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	9/26/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788767901	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC	2/5/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788767903	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC	2/5/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788767906	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	60	X	GENERIC	2/5/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788767909	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	90	X	GENERIC	2/5/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788768003	SILDENA	SILDENA	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	9/28/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788768004	SILDENA	SILDENA	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	4	X	GENERIC	9/28/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788768006	SILDENA	SILDENA	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	60	X	GENERIC	9/28/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788768009	SILDENA	SILDENA	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	9/28/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788768301	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788768303	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788768306	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788768307	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	7	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788768309	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788768503	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788768506	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788768509	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788768701	LIDOPRO	METHYL	840800	Antipruritic	84080000	Antipruritic	O	4-4-5 %	EXTERNA	PTCH	EA	15		SSB	2/23/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788768802	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	6.25 MG	ORAL	TBCR	EA	28		GENERIC	11/25/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788768803	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	6.25 MG	ORAL	TBCR	EA	30		GENERIC	11/25/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788768806	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	6.25 MG	ORAL	TBCR	EA	60		GENERIC	11/25/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788768809	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	6.25 MG	ORAL	TBCR	EA	90		GENERIC	11/25/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788768903	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	125 MCG	ORAL	TABS	EA	30	X	GENERIC	7/21/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788768909	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	125 MCG	ORAL	TABS	EA	90	X	GENERIC	7/21/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788769201	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	10		GENERIC	8/7/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788769202	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	20		GENERIC	8/7/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788769203	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	30		GENERIC	8/7/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788769204	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	40		GENERIC	8/7/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788769208	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	21		GENERIC	8/7/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788769209	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	90		GENERIC	8/7/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788769305	OFLOXAC	OFLOXAC	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	5		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788769401	GLIMEPI	GLIMEPI	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788769403	GLIMEPI	GLIMEPI	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788769406	GLIMEPI	GLIMEPI	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788769409	GLIMEPI	GLIMEPI	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788769505	DESOXIM	DESOXIM	840608	UNKNOW	84060800	UNKNOW	S	0.25%	EXTERNA	OINT	GM	60		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788769506	DESOXIM	DESOXIM	840608	UNKNOW	84060800	UNKNOW	S	0.25%	EXTERNA	OINT	GM	60		GENERIC	4/25/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788769601	DENDRA	CAPSAICI	842404	Basic Lotio	84240400	Basic Lotio	O	0.025-10-3	EXTERNA	LOTN	ML	120		SSB		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788769606	DENDRA	CAPSAICI	842404	Basic Lotio	84240400	Basic Lotio	O	0.025-10-3	EXTERNA	LOTN	ML	60		SSB		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788769701	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	112 MCG	ORAL	TABS	EA	100	X	GENERIC	7/21/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788769703	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	112 MCG	ORAL	TABS	EA	30	X	GENERIC	7/21/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788769709	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	112 MCG	ORAL	TABS	EA	90	X	GENERIC	7/21/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788769803	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	50 MCG	ORAL	TABS	EA	30	X	GENERIC	7/21/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788769809	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	50 MCG	ORAL	TABS	EA	90	X	GENERIC	7/21/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788769901	LEVOCET	LEVOCET	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	100		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788769903	LEVOCET	LEVOCET	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788769906	LEVOCET	LEVOCET	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	60		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788769909	LEVOCET	LEVOCET	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	90		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788770003	CLOPIDO	CLOPIDO	201218	Platelet-A	20121800	Platelet-A	S	75 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788770006	CLOPIDO	CLOPIDO	201218	Platelet-A	20121800	Platelet-A	S	75 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788770009	CLOPIDO	CLOPIDO	201218	Platelet-A	20121800	Platelet-A	S	75 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788770202	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	(2.5 MG/3	INHALATI	NEBU	ML	3	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788770306	DESOXIM	DESOXIM	840608	UNKNOW	84060800	UNKNOW	S	0.25%	EXTERNA	CREA	GM	60		GENERIC	4/25/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788770403	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	200 MCG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788770409	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	200 MCG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788770501	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TBDP	EA	10		GENERIC	9/22/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788770503	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TBDP	EA	30		GENERIC	9/22/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788770601	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	120		GENERIC	5/23/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788770802	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	15 MG/5M	ORAL	SOLN	ML	237		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788770901	PAIN REL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	100		GENERIC	9/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788770902	PAIN REL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	20		GENERIC	9/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788770903	PAIN REL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	30		GENERIC	9/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788770904	PAIN REL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	45		GENERIC	9/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788770905	PAIN REL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	50		GENERIC	9/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788770906	PAIN REL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	60		GENERIC	9/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788771003	GLIMEPI	GLIMEPI	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	30	X	GENERIC	7/14/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788771006	GLIMEPI	GLIMEPI	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	60	X	GENERIC	7/14/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788771009	GLIMEPI	GLIMEPI	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	90	X	GENERIC	7/14/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788771101	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	100	X	GENERIC	8/16/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788771102	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	20	X	GENERIC	8/16/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788771103	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	30	X	GENERIC	8/16/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788771106	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	60	X	GENERIC	8/16/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788771108	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	120	X	GENERIC	8/16/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788771109	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	90	X	GENERIC	8/16/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788771201	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	100		GENERIC	10/18/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788771202	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	20		GENERIC	10/18/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788771203	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	30		GENERIC	10/18/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788771204	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	40		GENERIC	10/18/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788771205	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	50		GENERIC	10/18/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788771206	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	60		GENERIC	10/18/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788771208	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	120		GENERIC	10/18/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788771209	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	90		GENERIC	10/18/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788771501	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	1.50%	EXTERNA	SOLN	ML	150		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788771603	LITHIUM	LITHIUM	282800	Antimanic	28280000	Antimanic	S	300 MG	ORAL	CAPS	EA	30	X	GENERIC	12/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788771606	LITHIUM	LITHIUM	282800	Antimanic	28280000	Antimanic	S	300 MG	ORAL	CAPS	EA	60	X	GENERIC	12/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788771609	LITHIUM	LITHIUM	282800	Antimanic	28280000	Antimanic	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC	12/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788771701	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	100	X	GENERIC	5/6/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788771703	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	5/6/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788771706	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	60	X	GENERIC	5/6/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788771709	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	5/6/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788771801	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	100	X	GENERIC	9/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788771802	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	20	X	GENERIC	9/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788771803	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	30	X	GENERIC	9/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788771806	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	60	X	GENERIC	9/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788771809	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	90	X	GENERIC	9/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788772001	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	137 MCG	ORAL	TABS	EA	100	X	GENERIC	7/25/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788772003	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	137 MCG	ORAL	TABS	EA	30	X	GENERIC	7/25/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788772009	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	137 MCG	ORAL	TABS	EA	90	X	GENERIC	7/25/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788772101	ESOMEP	ESOMEP	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	100	X	GENERIC	4/22/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788772102	ESOMEP	ESOMEP	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	20	X	GENERIC	4/22/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788772103	ESOMEP	ESOMEP	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30	X	GENERIC	4/22/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788772106	ESOMEP	ESOMEP	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	60	X	GENERIC	4/22/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788772109	ESOMEP	ESOMEP	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	GENERIC	4/22/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788772201	TERBINA	TERBINA	81404	Allylamine	8140400	Allylamine	S	250 MG	ORAL	TABS	EA	100		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788772203	TERBINA	TERBINA	81404	Allylamine	8140400	Allylamine	S	250 MG	ORAL	TABS	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788772403	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	150 MCG	ORAL	TABS	EA	30	X	GENERIC	7/25/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788772409	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	150 MCG	ORAL	TABS	EA	90	X	GENERIC	7/25/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788772600	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788772601	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	15	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788772602	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	20	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788772603	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788772606	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788772608	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	28	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788772609	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788772701	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC	6/23/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788772703	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC	6/23/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788772706	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC	6/23/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788772708	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	120	X	GENERIC	6/23/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788772709	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC	6/23/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788772803	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	25 MCG	ORAL	TABS	EA	30	X	GENERIC	7/21/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788772809	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	25 MCG	ORAL	TABS	EA	90	X	GENERIC	7/21/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788772901	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	100 MCG	ORAL	TABS	EA	100	X	GENERIC	7/21/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788772903	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	100 MCG	ORAL	TABS	EA	30	X	GENERIC	7/21/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788772909	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	100 MCG	ORAL	TABS	EA	90	X	GENERIC	7/21/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788773003	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788773006	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788773009	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788773103	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC	5/10/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788773106	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	60	X	GENERIC	5/10/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788773109	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	90	X	GENERIC	5/10/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788773203	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	5/22/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788773206	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	5 MG	ORAL	TABS	EA	60	X	GENERIC	5/22/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788773209	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	5/22/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788773301	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788773302	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	20	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788773303	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788773306	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788773309	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788773450	SKARJEL	SCAR TRI	849200	Skin and M	84920000	Skin and M	P	0-0	EXTERNA	GEL	ML	50		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788773501	CELECO	CELECO	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	100	X	GENERIC	4/24/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788773503	CELECO	CELECO	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	30	X	GENERIC	4/24/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788773506	CELECO	CELECO	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	60	X	GENERIC	4/24/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788773508	CELECO	CELECO	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	120	X	GENERIC	4/24/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788773509	CELECO	CELECO	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	90	X	GENERIC	4/24/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788773601	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	100	X	GENERIC	8/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788773603	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	8/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788773605	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	50	X	GENERIC	8/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788773606	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	60	X	GENERIC	8/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788773609	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	8/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788773701	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788773703	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788773705	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	50	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788773706	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788773709	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788773802	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	20		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788773803	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788773806	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	60		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788773808	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	28		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788773809	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	90		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788774201	LANSOP	LANSOP	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	14	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788774203	LANSOP	LANSOP	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788774206	LANSOP	LANSOP	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788774208	LANSOP	LANSOP	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	120	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788774209	LANSOP	LANSOP	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788774401	STOOL S	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	100		GENERIC	12/19/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788774403	STOOL S	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	30		GENERIC	12/19/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788774406	STOOL S	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	60		GENERIC	12/19/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788774501	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788774502	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	20	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788774503	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788774505	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	50	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788774506	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788774508	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	28	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788774509	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788774601	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	100	X	GENERIC	8/8/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788774603	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	8/8/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788774606	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	60	X	GENERIC	8/8/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788774609	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	8/8/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788774702	HYDROX	HYDROX	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	20	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788774703	HYDROX	HYDROX	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788774803	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	30	X	GENERIC	9/7/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788774806	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	60	X	GENERIC	9/7/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788774809	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	90	X	GENERIC	9/7/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788774901	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788774902	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	20	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788774903	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788774906	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788774909	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788775001	DESIPRA	DESIPRA	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	100	X	GENERIC	5/8/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788775003	DESIPRA	DESIPRA	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	5/8/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788775006	DESIPRA	DESIPRA	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	60	X	GENERIC	5/8/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788775009	DESIPRA	DESIPRA	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	5/8/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788775200	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	18		GENERIC	8/30/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788775201	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	10		GENERIC	8/30/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788775202	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	20		GENERIC	8/30/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788775203	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	30		GENERIC	8/30/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788775204	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	40		GENERIC	8/30/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788775205	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	9		GENERIC	8/30/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788775206	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	15		GENERIC	8/30/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788775208	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	21		GENERIC	8/30/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788775209	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	90		GENERIC	8/30/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788775300	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	12		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788775301	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	14		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788775302	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	20		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788775303	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788775305	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	56		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788775306	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	60		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788775307	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	21		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788775308	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	28		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788775403	MIRTAZA	MIRTAZA	281604	Antidepres	28160424	Serotonin	S	45 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788775406	MIRTAZA	MIRTAZA	281604	Antidepres	28160424	Serotonin	S	45 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788775409	MIRTAZA	MIRTAZA	281604	Antidepres	28160424	Serotonin	S	45 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788775501	KETOCO	KETOCO	840408	Antifungal	84040808	Azoles	S	2%	EXTERNA	CREA	GM	15		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788775503	KETOCO	KETOCO	840408	Antifungal	84040808	Azoles	S	2%	EXTERNA	CREA	GM	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788775601	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	100	X	GENERIC	11/25/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788775603	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	30	X	GENERIC	11/25/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788775606	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	60	X	GENERIC	11/25/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788775608	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	120	X	GENERIC	11/25/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788775609	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	90	X	GENERIC	11/25/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788775701	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788775703	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788775706	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788775708	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	120	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788775709	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788775801	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50-12.5 M	ORAL	TABS	EA	100	X	GENERIC	7/28/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788775803	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50-12.5 M	ORAL	TABS	EA	30	X	GENERIC	7/28/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788775809	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50-12.5 M	ORAL	TABS	EA	90	X	GENERIC	7/28/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788775901	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	88 MCG	ORAL	TABS	EA	100	X	GENERIC	7/21/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788775903	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	88 MCG	ORAL	TABS	EA	30	X	GENERIC	7/21/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788775909	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	88 MCG	ORAL	TABS	EA	90	X	GENERIC	7/21/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788776001	ACYCLO	ACYCLO	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	100		GENERIC	1/22/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788776002	ACYCLO	ACYCLO	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	21		GENERIC	1/22/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788776003	ACYCLO	ACYCLO	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	30		GENERIC	1/22/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788776004	ACYCLO	ACYCLO	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	40		GENERIC	1/22/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788776005	ACYCLO	ACYCLO	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	50		GENERIC	1/22/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788776006	ACYCLO	ACYCLO	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	60		GENERIC	1/22/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788776007	ACYCLO	ACYCLO	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	28		GENERIC	1/22/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788776008	ACYCLO	ACYCLO	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	35		GENERIC	1/22/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788776009	ACYCLO	ACYCLO	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	45		GENERIC	1/22/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788776101	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	12		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788776102	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	20		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788776103	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788776104	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	40		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788776105	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	6		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788776106	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	60		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788776107	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	21		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788776108	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	28		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788776202	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	200 MG	ORAL	TB24	EA	20		GENERIC	8/23/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788776203	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	200 MG	ORAL	TB24	EA	30		GENERIC	8/23/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788776206	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	200 MG	ORAL	TB24	EA	60		GENERIC	8/23/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788776209	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	200 MG	ORAL	TB24	EA	90		GENERIC	8/23/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788776302	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	100 MG	ORAL	TB24	EA	20		GENERIC	8/23/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

68788776303	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	100 MG	ORAL	TB24	EA	30		GENERIC	8/23/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788776306	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	100 MG	ORAL	TB24	EA	60		GENERIC	8/23/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788776309	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	100 MG	ORAL	TB24	EA	90		GENERIC	8/23/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788776403	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	175 MCG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788776409	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	175 MCG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788776501	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788776502	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	20	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788776503	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788776506	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788776508	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	120	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788776509	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788776605	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	OINT	GM	50		GENERIC	7/25/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788776701	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	100		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788776703	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788776705	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	15		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788776706	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	60		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788776709	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	90		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788776801	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	LOTN	ML	118		GENERIC	4/22/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788776900	ALLERGY	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	10		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788776901	ALLERGY	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	14		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788776903	ALLERGY	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788776905	ALLERGY	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	15		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788776909	ALLERGY	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788777001	HYDROXY	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	100	X	GENERIC	7/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788777002	HYDROXY	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	20	X	GENERIC	7/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788777003	HYDROXY	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	30	X	GENERIC	7/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788777004	HYDROXY	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	24	X	GENERIC	7/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788777008	HYDROXY	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	8	X	GENERIC	7/14/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788777101	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	4 MG	ORAL	CHEW	EA	10	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788777102	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	4 MG	ORAL	CHEW	EA	20	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788777103	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	4 MG	ORAL	CHEW	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788777104	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	4 MG	ORAL	CHEW	EA	14	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788777106	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	4 MG	ORAL	CHEW	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788777109	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	4 MG	ORAL	CHEW	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788777201	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	1%	EXTERNA	GEL	GM	100		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788777401	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788777403	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788777406	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788777408	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	120	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788777409	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788777503	SILDENAF	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	30		GENERIC	9/28/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788777504	SILDENAF	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	4		GENERIC	9/28/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788777506	SILDENAF	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	60		GENERIC	9/28/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788777507	SILDENAF	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	7		GENERIC	9/28/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788777509	SILDENAF	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	90		GENERIC	9/28/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788777701	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC	6/23/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788777703	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC	6/23/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788777706	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC	6/23/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788777708	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	120	X	GENERIC	6/23/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788777709	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC	6/23/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788777903	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788777906	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788777909	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788778001	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	100	X	GENERIC	8/20/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788778002	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	20	X	GENERIC	8/20/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788778003	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	30	X	GENERIC	8/20/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788778006	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	60	X	GENERIC	8/20/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788778008	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	120	X	GENERIC	8/20/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788778009	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	90	X	GENERIC	8/20/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788778101	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	100		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788778102	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	20		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788778103	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788778106	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	60		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788778108	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	120		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788778109	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	90		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788778203	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	30		GENERIC	10/5/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788778206	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	60		GENERIC	10/5/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788778208	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	120		GENERIC	10/5/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788778209	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	90		GENERIC	10/5/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788778401	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	100	X	GENERIC	3/12/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788778403	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	3/12/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788778406	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	60	X	GENERIC	3/12/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788778409	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	3/12/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788778501	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	7/29/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788778502	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	20	X	GENERIC	7/29/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788778503	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	7/29/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788778506	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	60	X	GENERIC	7/29/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788778509	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	7/29/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788778601	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788778603	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788778606	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788778608	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	120	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788778609	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788778701	NEOMYCI	NEOMYCI	520808	Corticoste	52080800	Corticoste	S	3.5-10000-	OTIC	SUSP	ML	10		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788778801	FLUTICAS	FLUTICAS	520808	Corticoste	52080800	Corticoste	S	50 MCG/A	NASAL	SUSP	GM	16		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788778901	LANSOPR	LANSOPR	562836	Proton-pu	56283600	Proton-pu	S	15 MG	ORAL	CPDR	EA	100	X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788778903	LANSOPR	LANSOPR	562836	Proton-pu	56283600	Proton-pu	S	15 MG	ORAL	CPDR	EA	30	X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788778906	LANSOPR	LANSOPR	562836	Proton-pu	56283600	Proton-pu	S	15 MG	ORAL	CPDR	EA	60	X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788778908	LANSOPR	LANSOPR	562836	Proton-pu	56283600	Proton-pu	S	15 MG	ORAL	CPDR	EA	120	X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788778909	LANSOPR	LANSOPR	562836	Proton-pu	56283600	Proton-pu	S	15 MG	ORAL	CPDR	EA	90	X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788779000	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788779001	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	15	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788779003	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788779006	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788779009	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788779103	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788779109	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788779301	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	200 MG	ORAL	TB12	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788779302	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	200 MG	ORAL	TB12	EA	20	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788779303	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	200 MG	ORAL	TB12	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788779306	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	200 MG	ORAL	TB12	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788779308	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	200 MG	ORAL	TB12	EA	120	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788779309	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	200 MG	ORAL	TB12	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788779601	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	125 MG/5M	ORAL	SUSR	ML	100		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788779602	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	125 MG/5M	ORAL	SUSR	ML	200		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788779801	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788779803	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788779806	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788779808	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	120	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788779809	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788779901	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	100	X	GENERIC	4/6/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788779903	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	4/6/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788779906	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	60	X	GENERIC	4/6/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788779909	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	4/6/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788780001	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	550 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788780002	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	550 MG	ORAL	TABS	EA	20	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788780003	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	550 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788780004	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	550 MG	ORAL	TABS	EA	14	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788780006	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	550 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788780008	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	550 MG	ORAL	TABS	EA	120	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788780009	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	550 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788780101	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MG	ORAL	TABS	EA	15		GENERIC	3/6/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788780102	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MG	ORAL	TABS	EA	20		GENERIC	3/6/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788780103	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MG	ORAL	TABS	EA	30		GENERIC	3/6/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788780106	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MG	ORAL	TABS	EA	60		GENERIC	3/6/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788780201	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-60 MG	ORAL	TABS	EA	15		GENERIC	3/6/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788780202	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-60 MG	ORAL	TABS	EA	20		GENERIC	3/6/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788780203	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-60 MG	ORAL	TABS	EA	30		GENERIC	3/6/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788780206	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-60 MG	ORAL	TABS	EA	60		GENERIC	3/6/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788780301	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	100	X	GENERIC	7/31/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788780303	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	30	X	GENERIC	7/31/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788780306	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	60	X	GENERIC	7/31/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788780308	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	120	X	GENERIC	7/31/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788780309	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	90	X	GENERIC	7/31/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788780401	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	100	X	GENERIC	8/24/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788780403	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30	X	GENERIC	8/24/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788780406	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	60	X	GENERIC	8/24/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788780408	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	120	X	GENERIC	8/24/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788780409	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	GENERIC	8/24/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788780502	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	20		GENERIC	9/9/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788780600	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	10		GENERIC	8/16/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788780601	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	14		GENERIC	8/16/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788780701	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788780702	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	20	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788780703	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788780706	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788780708	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	120	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788780709	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788780801	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788780802	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	20	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788780803	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788780806	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788780809	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788780901	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	100		GENERIC	8/4/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788780902	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	20		GENERIC	8/4/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788780903	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	30		GENERIC	8/4/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788780906	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	60		GENERIC	8/4/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788780908	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	120		GENERIC	8/4/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788780909	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	90		GENERIC	8/4/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788781006	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1%	EXTERNA	SOLN	ML	60		GENERIC	4/2/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788781102	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	20		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788781103	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788781106	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	60		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788781109	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	90		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788781203	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250 MG	ORAL	CAPS	EA	30		GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788781301	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788781303	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788781306	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788781308	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TABS	EA	120	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788781309	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788781405	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	MOUTH/T	PSTE	GM	5		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788781501	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	14		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788781502	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	21		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788781503	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788781504	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	28		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788781505	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	56		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788781507	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	42		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788781603	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	160 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788781609	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	160 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788781703	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	CAPS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788781706	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	CAPS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788781709	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	CAPS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788781803	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	30		GENERIC	10/13/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788781809	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	90		GENERIC	10/13/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788781903	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TB12	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788781906	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TB12	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788781909	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TB12	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788782001	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	100	X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788782003	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	30	X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788782006	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	60	X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788782008	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	120	X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788782009	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	90	X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788782101	NEW TER	CAPSAICI	842404	Basic Lotio	84240400	Basic Lotio	P	0.025-10-2	EXTERNA	LOTN	ML	120		MSB		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRM
68788782201	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	100	X	GENERIC	1/22/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788782203	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	30	X	GENERIC	1/22/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788782206	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	60	X	GENERIC	1/22/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788782208	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	120	X	GENERIC	1/22/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788782209	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	90	X	GENERIC	1/22/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788782301	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	7		GENERIC	9/27/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788782303	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	30		GENERIC	9/27/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788782305	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	15		GENERIC	9/27/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788782401	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	100	X	GENERIC	9/11/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788782403	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	30	X	GENERIC	9/11/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788782406	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	60	X	GENERIC	9/11/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788782409	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	90	X	GENERIC	9/11/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788782501	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788782503	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788782506	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788782509	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788782603	ARMODAI	ARMODAI	282080	UNKNOW	28208000	UNKNOW	S	200 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788782606	ARMODAI	ARMODAI	282080	UNKNOW	28208000	UNKNOW	S	200 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788782609	ARMODAI	ARMODAI	282080	UNKNOW	28208000	UNKNOW	S	200 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788782701	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	15		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788782704	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	45		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788782800	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	6	X	GENERIC	5/22/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788782801	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	10	X	GENERIC	5/22/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788782802	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	20	X	GENERIC	5/22/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788782803	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	30	X	GENERIC	5/22/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788782806	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	60	X	GENERIC	5/22/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788782809	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	90	X	GENERIC	5/22/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788782901	ENOVAR	BACLOFE	122012	UNKNOW	12201200	UNKNOW	R	1%	EXTERNA	CREA	GM	120		SSB		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788783001	BANOPHE	DIPHENH	40400	First Gene	4040000	First Gene	P	50 MG	ORAL	CAPS	EA	15		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788783003	BANOPHE	DIPHENH	40400	First Gene	4040000	First Gene	P	50 MG	ORAL	CAPS	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788783101	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	100	X	GENERIC	7/26/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788783103	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	7/27/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788783106	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	60	X	GENERIC	7/26/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788783109	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	7/26/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788783201	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788783203	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788783206	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788783209	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788783302	METHYLF	METHYLF	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TBPK	EA	21		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788783501	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MG	ORAL	TABS	EA	15		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788783502	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MG	ORAL	TABS	EA	20		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788783503	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MG	ORAL	TABS	EA	30		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788783506	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MG	ORAL	TABS	EA	60		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788783701	DEXLIDO-	DEXAMET	680400	Adrenals	68040000	Adrenals	R	10 & 0.25	INJECTIO	KIT	EA	1		SSB		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788783801	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788783803	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788783806	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788783808	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	120	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788783809	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788783900	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	100	X	GENERIC	1/16/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788783901	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	180	X	GENERIC	1/16/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788783903	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	30	X	GENERIC	1/16/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788783905	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	15	X	GENERIC	1/16/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788783906	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	60	X	GENERIC	1/16/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788783908	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	120	X	GENERIC	1/16/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788783909	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC	1/16/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788784001	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788784003	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788784006	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788784008	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	120	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788784009	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788784103	GERI-LAN	ALUM & M	560400	Antacids a	56040000	Antacids a	P	200-200-2	ORAL	SUSP	ML	355		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788784305	OLOPATA	OLOPATA	520200	Antiallergi	52020000	Antiallergi	S	0.10%	OPHTHAL	SOLN	ML	5		GENERIC	12/12/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788784401	CEFDINIR	CEFDINIR	81206	Cephalosp	8120612	Third Gen	S	250 MG/5M	ORAL	SUSR	ML	100		GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788784501	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788784503	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788784506	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788784508	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	120	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788784509	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788784701	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788784703	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788784706	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788784708	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	120	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788784709	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788784800	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788784801	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	180	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788784803	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	30	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788784805	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	15	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788784806	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	60	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788784808	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	120	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788784809	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788784901	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	100	X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM

68788784903	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	30 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788784906	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	60 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788784909	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	90 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788785001	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	10	GENERIC	1/19/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788785003	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	30	GENERIC	1/19/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788785101	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	100 X	GENERIC	7/25/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788785103	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	30 X	GENERIC	7/25/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788785106	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	60 X	GENERIC	7/25/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788785109	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	90 X	GENERIC	7/25/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788785303	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788785306	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	60 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788785309	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788785403	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	30	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788785406	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	60	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788785409	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	90	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788785502	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	20	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788785503	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	30	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788785509	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	90	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788785601	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TB24	EA	100 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788785603	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TB24	EA	30 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788785606	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TB24	EA	60 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788785609	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TB24	EA	90 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788785700	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	6	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788785701	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	14	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788785702	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	20	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788785703	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	30	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788785704	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	40	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788785706	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	60	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788785708	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	10	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788785901	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-60 M	ORAL	TABS	EA	15	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788785902	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-60 M	ORAL	TABS	EA	20	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788785903	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-60 M	ORAL	TABS	EA	30	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788785906	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-60 M	ORAL	TABS	EA	60	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788786003	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788786101	PSEUDOE	PSEUDOE	480800	Antitussive	48080000	Antitussive	S	30-2-10 M	ORAL	SYRP	ML	118	GENERIC	3/13/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788786301	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	100 X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788786303	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	30 X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788786306	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	60 X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788786308	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	120 X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788786309	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	90 X	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788786400	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	6	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788786401	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	14	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788786402	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	20	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788786403	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	30	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788786404	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	40	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788786406	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	60	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788786408	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	10	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788786505	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	OINT	GM	50	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788786603	OXCARBA	OXCARBA	281224	UNKNOW	28122400	UNKNOW	S	600 MG	ORAL	TABS	EA	30 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788786606	OXCARBA	OXCARBA	281224	UNKNOW	28122400	UNKNOW	S	600 MG	ORAL	TABS	EA	60 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788786609	OXCARBA	OXCARBA	281224	UNKNOW	28122400	UNKNOW	S	600 MG	ORAL	TABS	EA	90 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788786701	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	100 X	GENERIC	7/31/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788786703	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	30 X	GENERIC	7/31/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788786706	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	60 X	GENERIC	7/31/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788786707	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	180 X	GENERIC	7/31/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788786708	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	120 X	GENERIC	7/31/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788786709	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	90 X	GENERIC	7/31/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788786805	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	OINT	GM	50	GENERIC	7/25/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788786901	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	100 X	GENERIC	6/23/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788786903	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30 X	GENERIC	6/23/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788786906	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	60 X	GENERIC	6/23/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788786908	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	120 X	GENERIC	6/23/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788786909	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90 X	GENERIC	6/23/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788787001	DILTIAZE	DILTIAZE	240404	Antiarrhyth	24040424	Class IV A	S	120 MG	ORAL	CP24	EA	100 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788787003	DILTIAZE	DILTIAZE	240404	Antiarrhyth	24040424	Class IV A	S	120 MG	ORAL	CP24	EA	30 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788787006	DILTIAZE	DILTIAZE	240404	Antiarrhyth	24040424	Class IV A	S	120 MG	ORAL	CP24	EA	60 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788787008	DILTIAZE	DILTIAZE	240404	Antiarrhyth	24040424	Class IV A	S	120 MG	ORAL	CP24	EA	120 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788787009	DILTIAZE	DILTIAZE	240404	Antiarrhyth	24040424	Class IV A	S	120 MG	ORAL	CP24	EA	90 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788787103	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	30 X	GENERIC	7/19/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788787106	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	60 X	GENERIC	7/19/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788787109	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	90 X	GENERIC	7/19/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788787301	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	100	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788787303	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	30	GENERIC	9/7/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788787401	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	100 X	GENERIC	3/12/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788787403	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30 X	GENERIC	3/12/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788787406	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	60 X	GENERIC	3/12/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788787409	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90 X	GENERIC	3/12/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788787501	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	100	GENERIC	4/14/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788787503	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	30	GENERIC	4/14/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788787506	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	60	GENERIC	4/14/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788787509	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	90	GENERIC	4/14/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788787601	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	100 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788787603	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	30 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788787606	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	60 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788787609	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788787901	SILDENAF	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	10	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788787907	SILDENAF	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	7	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788788003	ARMODAF	ARMODAF	282080	UNKNOW	28208000	UNKNOW	S	150 MG	ORAL	TABS	EA	30 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788788006	ARMODAF	ARMODAF	282080	UNKNOW	28208000	UNKNOW	S	150 MG	ORAL	TABS	EA	60 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788788009	ARMODAF	ARMODAF	282080	UNKNOW	28208000	UNKNOW	S	150 MG	ORAL	TABS	EA	90 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788788102	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	108 (90 B	INHALATI	AERS	GM	6.7 X	GENERIC	2/28/2022	68788 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

68788788301	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	100 X	GENERIC	4/14/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788788303	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	30 X	GENERIC	4/14/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788788306	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	60 X	GENERIC	4/14/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788788308	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	120 X	GENERIC	4/14/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788788309	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	90 X	GENERIC	4/14/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788788401	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	250 MG	ORAL	TABS	EA	100 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788788402	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	250 MG	ORAL	TABS	EA	20 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788788403	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	250 MG	ORAL	TABS	EA	30 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788788406	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	250 MG	ORAL	TABS	EA	60 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788788409	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	250 MG	ORAL	TABS	EA	90 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788788501	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	100	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788788503	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	30	GENERIC	4/13/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788788506	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	60	GENERIC	4/13/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788788509	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	90	GENERIC	4/13/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788788601	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	10	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788788602	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	20	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788788603	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	30	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788788608	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	12	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788788703	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	160-12.5 M	ORAL	TABS	EA	30 X	GENERIC	10/13/2023	68788 N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788788706	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	160-12.5 M	ORAL	TABS	EA	60 X	GENERIC	10/13/2023	68788 N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788788709	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	160-12.5 M	ORAL	TABS	EA	90 X	GENERIC	10/13/2023	68788 N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788788801	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	1	GENERIC	6/12/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788788802	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	2	GENERIC	6/12/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788788808	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	12	GENERIC	6/12/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788788901	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	100 X	GENERIC	8/4/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788788903	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	30 X	GENERIC	8/4/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788788906	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	60 X	GENERIC	8/4/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788788907	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	180 X	GENERIC	8/4/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788788908	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	120 X	GENERIC	8/4/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788788909	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	90 X	GENERIC	8/4/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788789103	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	30 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788789106	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	60 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788789108	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	90 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788789201	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.5 MG	ORAL	TABS	EA	100 X	GENERIC	5/30/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788789203	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.5 MG	ORAL	TABS	EA	30 X	GENERIC	5/30/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788789206	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.5 MG	ORAL	TABS	EA	60 X	GENERIC	5/30/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788789209	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.5 MG	ORAL	TABS	EA	90 X	GENERIC	5/30/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788789301	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	TABS	EA	100 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788789303	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	TABS	EA	30 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788789306	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	TABS	EA	60 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788789309	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	TABS	EA	90 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788789402	NORGEST	NORGEST	681200	Contracep	68120000	Contracep	S	0.18/0.215	ORAL	TABS	EA	28 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788789406	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	60	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788789502	ACYCLOV	ACYCLOV	81832	Nucleoside	8183200	Nucleoside	S	800 MG	ORAL	TABS	EA	21	GENERIC	1/22/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788789503	ACYCLOV	ACYCLOV	81832	Nucleoside	8183200	Nucleoside	S	800 MG	ORAL	TABS	EA	30	GENERIC	1/22/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788789504	ACYCLOV	ACYCLOV	81832	Nucleoside	8183200	Nucleoside	S	800 MG	ORAL	TABS	EA	40	GENERIC	1/22/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788789505	ACYCLOV	ACYCLOV	81832	Nucleoside	8183200	Nucleoside	S	800 MG	ORAL	TABS	EA	50	GENERIC	1/22/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788789601	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	100 X	GENERIC	9/20/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788789603	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30 X	GENERIC	9/20/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788789606	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	60 X	GENERIC	9/20/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788789608	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	120 X	GENERIC	9/20/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788789609	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90 X	GENERIC	9/20/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788789703	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	20 MG	ORAL	CPEP	EA	30 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788789706	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	20 MG	ORAL	CPEP	EA	60 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788789709	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	20 MG	ORAL	CPEP	EA	90 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788789801	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	100 X	GENERIC	9/20/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788789803	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30 X	GENERIC	9/20/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788789806	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	60 X	GENERIC	9/20/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788789809	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90 X	GENERIC	9/20/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788789903	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	30 X	GENERIC	4/2/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788789906	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	60 X	GENERIC	4/2/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788789909	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	90 X	GENERIC	4/2/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788790001	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788790003	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788790006	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	60 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788790009	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788790101	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	100 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788790103	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	30 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788790106	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	60 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788790108	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	120 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788790109	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	90 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788790201	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	15	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788790303	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	6.25 MG	ORAL	TBCR	EA	30	GENERIC	9/9/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788790306	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	6.25 MG	ORAL	TBCR	EA	60	GENERIC	9/9/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788790309	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	6.25 MG	ORAL	TBCR	EA	90	GENERIC	9/9/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788790401	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	15 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788790403	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	30 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788790406	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	60 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788790409	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	90 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788790501	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	10	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788790502	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	20	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788790503	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	30	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788790601	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	7	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788790603	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	30	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788790605	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	15	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788790901	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	100 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788790903	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	30 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788790906	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	60 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788790909	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	90 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788791001	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	100 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788791003	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	30 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788791006	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	60 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788791009	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788791103	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	50 MCG	ORAL	TABS	EA	30 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788791109	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	50 MCG	ORAL	TABS	EA	90 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788791201	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788791203	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788791206	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	60 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788791209	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788791301	ESOMEP	ESOMEP	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	100 X	GENERIC	1/16/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788791302	ESOMEP	ESOMEP	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	20 X	GENERIC	1/16/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788791303	ESOMEP	ESOMEP	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30 X	GENERIC	1/16/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788791306	ESOMEP	ESOMEP	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	60 X	GENERIC	1/16/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788791309	ESOMEP	ESOMEP	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90 X	GENERIC	1/16/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788791401	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	100 X	GENERIC	7/28/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788791403	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	30 X	GENERIC	7/28/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788791406	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	60 X	GENERIC	7/28/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788791409	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	90 X	GENERIC	7/28/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788791501	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	100	GENERIC	4/7/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788791503	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	30	GENERIC	4/7/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788791506	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	60	GENERIC	4/7/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788791508	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	120	GENERIC	4/7/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788791509	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	90	GENERIC	4/7/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788791801	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	1.50%	EXTERNA	SOLN	ML	150	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788791903	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	30 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788791906	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	60 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788791909	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	90 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788792101	GUAIFEN	GUAIFEN	480800	Antitussive	48080000	Antitussive	P	100-10 M	ORAL	SOLN	ML	120	GENERIC	7/14/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788792201	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	100 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788792203	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	30 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788792206	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	60 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788792208	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	120 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788792209	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	90 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788792302	ACYCLOV	ACYCLOV	81832	Nucleoside	8183200	Nucleoside	S	800 MG	ORAL	TABS	EA	21	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788792303	ACYCLOV	ACYCLOV	81832	Nucleoside	8183200	Nucleoside	S	800 MG	ORAL	TABS	EA	30	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788792304	ACYCLOV	ACYCLOV	81832	Nucleoside	8183200	Nucleoside	S	800 MG	ORAL	TABS	EA	40	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788792305	ACYCLOV	ACYCLOV	81832	Nucleoside	8183200	Nucleoside	S	800 MG	ORAL	TABS	EA	50	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788792401	DESOXIM	DESOXIM	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	100	GENERIC	11/10/2022	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788792603	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	1.30%	EXTERNA	PTCH	EA	30	MSB		68788 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
68788792801	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TABS	EA	100 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788792803	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TABS	EA	30 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788792806	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TABS	EA	60 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788792809	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TABS	EA	90 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788792901	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	100 MCG	ORAL	TABS	EA	100 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788792903	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	100 MCG	ORAL	TABS	EA	30 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788792909	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	100 MCG	ORAL	TABS	EA	90 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788793003	METOCLO	METOCLO	563200	Prokinetic	56320000	Prokinetic	S	10 MG	ORAL	TABS	EA	30	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788793201	FENOFIB	FENOFIB	240606	Fibric Acid	24060600	Fibric Acid	S	145 MG	ORAL	TABS	EA	100 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788793203	FENOFIB	FENOFIB	240606	Fibric Acid	24060600	Fibric Acid	S	145 MG	ORAL	TABS	EA	30 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788793206	FENOFIB	FENOFIB	240606	Fibric Acid	24060600	Fibric Acid	S	145 MG	ORAL	TABS	EA	60 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788793209	FENOFIB	FENOFIB	240606	Fibric Acid	24060600	Fibric Acid	S	145 MG	ORAL	TABS	EA	90 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788793302	CLARITH	CLARITH	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	20	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788793308	CLARITH	CLARITH	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	28	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788793401	LEVOCET	LEVOCET	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	100	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788793403	LEVOCET	LEVOCET	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	30	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788793406	LEVOCET	LEVOCET	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	60	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788793409	LEVOCET	LEVOCET	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	90	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788793503	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	30 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788793506	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	60 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788793509	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	90 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788793801	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG/5M	ORAL	SUSR	ML	100	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788793802	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG/5M	ORAL	SUSR	ML	200	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788794101	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	100 X	GENERIC	6/23/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788794103	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	30 X	GENERIC	6/23/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788794106	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	60 X	GENERIC	6/23/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788794108	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	120 X	GENERIC	6/23/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788794109	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	90 X	GENERIC	6/23/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788794301	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	88 MCG	ORAL	TABS	EA	100 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788794303	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	88 MCG	ORAL	TABS	EA	30 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788794309	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	88 MCG	ORAL	TABS	EA	90 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788794401	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	137 MCG	ORAL	TABS	EA	100 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788794403	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	137 MCG	ORAL	TABS	EA	30 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788794409	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	137 MCG	ORAL	TABS	EA	90 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788794503	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	125 MCG	ORAL	TABS	EA	30 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788794509	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	125 MCG	ORAL	TABS	EA	90 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788794601	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	100 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788794602	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	20 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788794603	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	30 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788794606	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	60 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788794608	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	120 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788794609	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	90 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788794702	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	20 X	GENERIC	8/12/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788794703	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30 X	GENERIC	8/12/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788794706	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	60 X	GENERIC	8/12/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788794709	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90 X	GENERIC	8/12/2024	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788794801	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	100	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788794802	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	20	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788794803	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	30	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788794806	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	60	GENERIC	1/17/2023	68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788794901	NYSTATI	NYSTATI	840408	Antifungal	84040828	Polyenes	S	100000 UI	EXTERNA	CREA	GM	15	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788794903	NYSTATI	NYSTATI	840408	Antifungal	84040828	Polyenes	S	100000 UI	EXTERNA	CREA	GM	30	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788795001	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	100 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788795003	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	30 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788795006	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	60 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788795008	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	120 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788795009	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	90 X	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788795201	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	100	GENERIC		68788	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

68788795203	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788795206	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788795209	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	90		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788795303	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	150 MCG	ORAL	TABS	EA	30	X	GENERIC		68788	Y	X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788795309	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	150 MCG	ORAL	TABS	EA	90	X	GENERIC		68788	Y	X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788795403	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	75 MCG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788795409	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	75 MCG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788795501	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	14		GENERIC	8/9/2023	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788795502	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	21		GENERIC	8/9/2023	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788795503	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	30		GENERIC	8/9/2023	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788795504	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	28		GENERIC	8/9/2023	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788795506	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	60		GENERIC	8/9/2023	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788795606	NYSTATIN	NYSTATIN	81428	Polyenes	8142800	Polyenes	S	100000 U	MOUTH/T	SUSP	ML	60		GENERIC	8/21/2023	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788795706	ENOVAR	AMITRIPT	281604	Antidepres	28160428	Tricyclics	R	2%	EXTERNA	KIT	GM	60		NON DRUG		68788	N	X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788795802	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	20		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788795901	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	1		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788795902	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	2		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788795908	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	12		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788796001	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788796003	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788796006	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788796008	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	120	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788796009	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788796101	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	1 MG	ORAL	TABS	EA	100	X	GENERIC	4/22/2024	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788796103	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	1 MG	ORAL	TABS	EA	30	X	GENERIC	4/22/2024	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788796106	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	1 MG	ORAL	TABS	EA	60	X	GENERIC	4/22/2024	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788796109	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	1 MG	ORAL	TABS	EA	90	X	GENERIC	4/22/2024	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788796201	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	6 MG	ORAL	CAPS	EA	100		GENERIC	8/23/2024	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788796203	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	6 MG	ORAL	CAPS	EA	30		GENERIC	8/23/2024	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788796206	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	6 MG	ORAL	CAPS	EA	60		GENERIC	8/23/2024	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788796209	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	6 MG	ORAL	CAPS	EA	90		GENERIC	8/23/2024	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788796301	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	15		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788796303	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	30		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788796306	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	60		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788796403	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788796406	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788796409	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788796502	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500-125 M	ORAL	TABS	EA	20		GENERIC	10/24/2024	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788796601	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	7/26/2023	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788796603	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	7/26/2023	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788796606	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	60	X	GENERIC	7/26/2023	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788796609	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	7/26/2023	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788796701	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788796703	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788796706	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788796709	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788796801	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	100		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788796803	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788796806	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	60		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788796809	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	90		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788796903	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	25 MCG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788796909	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	25 MCG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788797001	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	1/16/2024	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788797003	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	1/16/2024	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788797006	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	60	X	GENERIC	1/16/2024	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788797009	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	1/16/2024	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788797103	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	8/7/2024	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788797106	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	60	X	GENERIC	8/7/2024	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788797109	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	8/7/2024	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788797201	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	7		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788797203	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	30		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788797303	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788797306	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	60		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788797309	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	90		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788797403	SILDENA	SILDENA	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788797404	SILDENA	SILDENA	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	4	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788797406	SILDENA	SILDENA	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788797409	SILDENA	SILDENA	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788797501	PSEUDOE	PSEUDOE	480800	Antitussive	48080000	Antitussive	S	30-2-10 M	ORAL	SYRP	ML	118		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788797701	DMT SUI	DEXAMET	680400	Adrenals	68040000	Adrenals	R	10 MG/ML	COMBINA	KIT	EA	1		SSB		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788797801	BETALOA	BETAMET	680400	Adrenals	68040000	Adrenals	R	30 MG/5M	COMBINA	KIT	EA	1		SSB		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788797901	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	11/11/2024	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788797903	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	11/11/2024	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788797906	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	11/11/2024	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788797909	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	11/11/2024	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788798001	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	100		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788798003	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788798006	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	60		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788798008	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	120		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788798009	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	90		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788798101	PHENAZO	PHENAZO	840800	Antiprurit	84080000	Antiprurit	S	100 MG	ORAL	TABS	EA	15		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788798201	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	CHEW	EA	10		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788798203	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	CHEW	EA	30		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788798301	IBUPROF	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	100		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788798302	IBUPROF	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	20		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788798303	IBUPROF	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788798305	IBUPROF	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	50		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788798501	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788798503	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788798506	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788798509	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788798601	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	100	X	GENERIC	10/30/2023	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788798603	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	10/30/2023	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788798606	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	60	X	GENERIC	10/30/2023	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788798609	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	10/30/2023	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788798702	CEFDINIR	CEFDINIR	81206	Cephalosp	8120612	Third Gen	S	300 MG	ORAL	CAPS	EA	20		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788798803	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788798806	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788798809	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788798901	PIOGLITA	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	15 MG	ORAL	TABS	EA	100	X	GENERIC	1/18/2024	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788798903	PIOGLITA	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	15 MG	ORAL	TABS	EA	30	X	GENERIC	1/18/2024	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788798906	PIOGLITA	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	15 MG	ORAL	TABS	EA	60	X	GENERIC	1/18/2024	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788798909	PIOGLITA	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	15 MG	ORAL	TABS	EA	90	X	GENERIC	1/18/2024	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788799006	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1%	EXTERNA	SOLN	ML	60		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788799103	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788799106	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	60		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788799108	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	120		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788799109	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	90		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788799201	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	100	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788799203	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	30	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788799206	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	60	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788799208	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	120	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788799209	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	90	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788799302	MUPIROC	MUPIROC	840404	Antibacter	84040400	Antibacter	S	2%	EXTERNA	OINT	GM	22		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788799602	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective	S	108 (90 B	INHALATI	AERS	GM	6.7	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788799701	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	100	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788799703	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	30	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788799706	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	60	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788799709	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	90	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788799802	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500-125 M	ORAL	TABS	EA	20		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788799901	LIDOCAIN	LIDOCAIN	521600	Local Ane	52160000	Local Ane	S	2%	MOUTH/T	SOLN	ML	100		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788800001	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	200-28.5 M	ORAL	SUSR	ML	100		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788806501	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	100	X	GENERIC	9/18/2023	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788806503	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	9/18/2023	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788806506	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	60	X	GENERIC	9/18/2023	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788806508	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	120	X	GENERIC	9/18/2023	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788806590	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788806701	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	100	X	GENERIC	1/18/2024	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788806703	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	30	X	GENERIC	1/18/2024	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788806706	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	60	X	GENERIC	1/18/2024	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788806709	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	90	X	GENERIC	1/18/2024	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788806803	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	30	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788806806	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	60	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788806809	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	90	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788806903	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	30	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788806906	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	60	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788806909	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	90	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788807001	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	100		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788807002	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	20		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788807003	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788807005	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	50		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788807101	DEXLIDO	DEXAMET	680400	Adrenals	68040000	Adrenals	R	10 & 1 MG	INJECTIO	KIT	EA	1		SSB		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788807203	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	30	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788807206	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	60	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788807209	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	90	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788807402	SSD	SILVER S	840416	UNKNOW	84041600	UNKNOW	S	1%	EXTERNA	CREA	GM	25		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788807405	SSD	SILVER S	840416	UNKNOW	84041600	UNKNOW	S	1%	EXTERNA	CREA	GM	50		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788807501	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788807503	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788807506	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788807509	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788807703	ESZOPICL	ESZOPICL	282444	UNKNOW	28244400	UNKNOW	S	2 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788807706	ESZOPICL	ESZOPICL	282444	UNKNOW	28244400	UNKNOW	S	2 MG	ORAL	TABS	EA	60		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788807709	ESZOPICL	ESZOPICL	282444	UNKNOW	28244400	UNKNOW	S	2 MG	ORAL	TABS	EA	90		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788807802	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	CREA	GM	28		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788807903	MODAFIN	MODAFIN	282080	UNKNOW	28208000	UNKNOW	S	200 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788807906	MODAFIN	MODAFIN	282080	UNKNOW	28208000	UNKNOW	S	200 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788807909	MODAFIN	MODAFIN	282080	UNKNOW	28208000	UNKNOW	S	200 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788808003	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788808006	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788808009	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788808103	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	30		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788808201	MEDROL	METHYLP	680400	Adrenals	68040000	Adrenals	R	40 MG/ML	COMBINA	KIT	EA	1		SSB	7/28/2023	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788808301	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788808303	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788808306	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788808308	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	120	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788808309	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788808401	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	1.50%	EXTERNA	SOLN	ML	150		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788808503	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	30	X	GENERIC		68788	Y	X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788808506	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	60	X	GENERIC		68788	Y	X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788808509	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	90	X	GENERIC		68788	Y	X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788808601	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788808603	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788808606	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788808609	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788808701	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788808801	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	10		GENERIC	5/1/2023	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788808802	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	20		GENERIC	5/1/2023	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788808803	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788808901	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		68788	Y	X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788808902	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	20	X	GENERIC		68788	Y	X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788808903	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		68788	Y	X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788808906	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		68788	Y	X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788808909	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		68788	Y	X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788809202	INDOMET	INDOMET	280804	Nonsteroid	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	20	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788809203	INDOMET	INDOMET	280804	Nonsteroid	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788809401	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788809403	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788809406	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788809409	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788809501	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788809503	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788809506	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788809509	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788809601	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788809603	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788809606	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788809609	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788809701	MINOCYC	MINOCYC	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	CAPS	EA	14		GENERIC	9/13/2022	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788809702	MINOCYC	MINOCYC	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	CAPS	EA	20		GENERIC	9/13/2022	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788809703	MINOCYC	MINOCYC	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	CAPS	EA	30		GENERIC	9/13/2022	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788809706	MINOCYC	MINOCYC	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	CAPS	EA	60		GENERIC	9/13/2022	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788809801	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	100	X	GENERIC		68788	Y	X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788809803	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	30	X	GENERIC		68788	Y	X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788809806	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	60	X	GENERIC		68788	Y	X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788809809	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	90	X	GENERIC		68788	Y	X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788809903	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		68788	Y	X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788809906	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		68788	Y	X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788809909	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		68788	Y	X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788810001	PROMETH	PROMETH	480800	Antitussive	48080000	Antitussive	S	6.25-15 M	ORAL	SYRP	ML	118		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788810106	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6		GENERIC	11/19/2024	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788810303	IPRATRO	IPRATRO	121208	beta-Adre	12120812	Selective	S	0.5-2.5 (3)	INHALATI	SOLN	ML	3	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788810503	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	30		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788810601	FENOFIB	FENOFIB	240606	Fibric Acid	24060600	Fibric Acid	S	145 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788810603	FENOFIB	FENOFIB	240606	Fibric Acid	24060600	Fibric Acid	S	145 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788810606	FENOFIB	FENOFIB	240606	Fibric Acid	24060600	Fibric Acid	S	145 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788810609	FENOFIB	FENOFIB	240606	Fibric Acid	24060600	Fibric Acid	S	145 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788810803	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	2.5 MG	ORAL	TABS	EA	30		GENERIC	1/3/2023	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788810901	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788810903	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788810906	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788810909	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788811001	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788811003	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788811006	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788811007	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	180	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788811008	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	120	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788811009	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788811103	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	CAPS	EA	30		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788811203	MEDROXY	MEDROXY	683200	Progestins	68320000	Progestins	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788811302	JUNEL FE	NORETHI	681200	Contracep	68120000	Contracep	S	1.5-30 MG	ORAL	TABS	EA	28	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788811401	MARVONA	BUPIVACA	720000	Local Ane	72000000	Local Ane	R	0.50%	COMBINA	KIT	EA	1		SSB	7/28/2023	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788811601	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	10		GENERIC	8/30/2023	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788811602	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	20		GENERIC	8/30/2023	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788811603	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	30		GENERIC	8/30/2023	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788811604	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	40		GENERIC	8/30/2023	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788811605	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	50		GENERIC	8/30/2023	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788811606	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	15		GENERIC	8/30/2023	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788811607	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	45		GENERIC	8/30/2023	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788811608	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	21		GENERIC	8/30/2023	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788811609	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	90		GENERIC	8/30/2023	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788811703	INDOMET	INDOMET	280804	Nonsteroid	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	30	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788811803	ZOLPIDEM	ZOLPIDEM	282444	UNKNOW	28244400	UNKNOW	S	6.25 MG	ORAL	TBCR	EA	30		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788811806	ZOLPIDEM	ZOLPIDEM	282444	UNKNOW	28244400	UNKNOW	S	6.25 MG	ORAL	TBCR	EA	60		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788811809	ZOLPIDEM	ZOLPIDEM	282444	UNKNOW	28244400	UNKNOW	S	6.25 MG	ORAL	TBCR	EA	90		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788811901	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	100		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788811903	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	30		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788811905	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	15		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788811906	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	60		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788811909	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	90		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788812002	KETOROL	KETOROL	280804	Nonsteroid	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788812101	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	100		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788812102	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	20		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788812103	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788812104	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	40		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788812105	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	15		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788812106	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	60		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788812107	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	50		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788812108	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	120		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788812109	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	90		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788812201	OSELTAM	OSELTAM	81828	Neuramini	8182800	Neuramini	S	75 MG	ORAL	CAPS	EA	10		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788812306	OSELTAM	OSELTAM	81828	Neuramini	8182800	Neuramini	S	6 MG/ML	ORAL	SUSR	ML	60		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788812406	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788812503	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	3		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788812600	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788812601	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	15	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788812603	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788812606	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788812609	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788812701	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	15		GENERIC	3/4/2024	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788812702	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	20		GENERIC	3/4/2024	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788812703	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	30		GENERIC	3/4/2024	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788812706	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	60		GENERIC	3/4/2024	68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788812909	LIDOTHO	LIDOCAIN	840800	Antiprurit	84080000	Antiprurit	R	4.5-5 %	EXTERNA	GEL	GM	99		SSB		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788813001	NEOMYCI	NEOMYCI	520808	Corticoste	52080800	Corticoste	S	3.5-10000	OTIC	SUSP	ML	10		GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788813101	ESOMEPR	ESOMEPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	100	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788813102	ESOMEPR	ESOMEPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	20	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788813103	ESOMEPR	ESOMEPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788813106	ESOMEPR	ESOMEPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	60	X	GENERIC		68788		X	N	EXCLUDEREPACK	REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM

68788813109	ESOMEP	ESOMEP	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788813201	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	100	X	GENERIC	10/30/2023	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788813203	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	30	X	GENERIC	10/30/2023	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788813206	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	60	X	GENERIC	10/30/2023	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788813209	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90	X	GENERIC	10/30/2023	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788813301	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	15		GENERIC	3/4/2024	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788813302	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	20		GENERIC	3/4/2024	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788813303	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	30		GENERIC	3/4/2024	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788813306	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	60		GENERIC	3/4/2024	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788813401	DIMAPHE	PHENYLE	480800	Antitussive	48080000	Antitussive	P	2.5-1-5 M	ORAL	LIQD	ML	118		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788813502	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	20	X	GENERIC	8/12/2024	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788813503	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	8/12/2024	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788813506	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	8/12/2024	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788813509	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	8/12/2024	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788813600	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	6		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788813601	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	14		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788813602	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	20		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788813603	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788813608	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	10		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788813702	BUTALBI	BUTALBI	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	20		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788813703	BUTALBI	BUTALBI	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788813801	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788813803	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788813806	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788813808	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	180	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788813809	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788813903	TEMAZEF	TEMAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788814003	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788814006	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788814009	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788814109	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788814403	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788814503	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TBEC	EA	30	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788814601	VIVA	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	O	2.5-4-2 %	EXTERNA	PTCH	EA	15		SSB	8/14/2024	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788814801	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	100		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788814802	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	20		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788814803	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788814804	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	40		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788814805	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	50		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788814806	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788814809	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	90		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788814902	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788815003	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	2.5-2.5 %	EXTERNA	CREA	GM	30		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788815101	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788815103	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788815106	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788815109	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788815201	POLYMYX	POLYMYX	520404	Antibacter	52040400	Antibacter	S	10000-0.1	OPHTHAL	SOLN	ML	10		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788815307	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	7		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788815501	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-25 MG	ORAL	TABS	EA	100	X	GENERIC	7/25/2023	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788815503	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-25 MG	ORAL	TABS	EA	30	X	GENERIC	7/25/2023	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788815506	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-25 MG	ORAL	TABS	EA	60	X	GENERIC	7/25/2023	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788815509	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-25 MG	ORAL	TABS	EA	90	X	GENERIC	7/25/2023	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788815603	NYSTATIN	NYSTATIN	840608	UNKNOW	84060800	UNKNOW	S	100000-0.	EXTERNA	CREA	GM	30		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788815701	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	600-42.9 M	ORAL	SUSR	ML	125		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788815707	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	600-42.9 M	ORAL	SUSR	ML	75		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788815803	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	CAPS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788815901	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10-12.5 M	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788815903	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10-12.5 M	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788815906	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10-12.5 M	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788815909	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10-12.5 M	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788816001	ESOMEP	ESOMEP	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788816002	ESOMEP	ESOMEP	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	20	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788816003	ESOMEP	ESOMEP	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788816006	ESOMEP	ESOMEP	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788816009	ESOMEP	ESOMEP	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788816204	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	6.25 MG/5	ORAL	SOLN	ML	473		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788816301	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.3 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788816303	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.3 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788816306	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.3 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788816309	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.3 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788816401	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788816403	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788816406	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788816409	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788816602	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	21		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788816603	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788816702	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788816703	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788816705	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	15		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788816706	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788816709	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788816803	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-20 MG	ORAL	CAPS	EA	30	X	GENERIC	2/5/2024	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788817003	ECONAZ	ECONAZ	840408	Antifungal	84040808	Azoles	S	1%	EXTERNA	CREA	GM	30		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788817103	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788817202	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	20		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788817203	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788817206	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788817207	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	120		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788817208	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	120		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788817209	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	90		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788817304	CHLORHE	CHLORHE	520424	UNKNOW	52042400	UNKNOW	S	0.12%	MOUTH/T	SOLN	ML	473		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788817401	ECONAZ	ECONAZ	840408	Antifungal	84040808	Azoles	S	1%	EXTERNA	CREA	GM	15		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788817503	FLUVOXA	FLUVOXA	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788817506	FLUVOXA	FLUVOXA	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788817509	FLUVOXA	FLUVOXA	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788817601	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788817603	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788817606	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788817608	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	120	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788817609	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788817703	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	30	X	GENERIC	3/26/2024	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788817706	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	60	X	GENERIC	3/26/2024	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788817709	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	90	X	GENERIC	3/26/2024	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788817805	OFLOXAC	OFLOXAC	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	5		GENERIC	7/29/2024	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788817901	ACCUCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	R	1%	COMBINA	KIT	EA	1		SSB	7/9/2024	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788818001	TRILOAN	TRIAMCIN	680400	Adrenals	68040000	Adrenals	R	40 MG/ML	COMBINA	KIT	EA	1		SSB		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788818101	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC	4/7/2023	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788818103	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC	4/7/2023	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788818106	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC	4/7/2023	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788818108	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	120		GENERIC	4/7/2023	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788818109	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC	4/7/2023	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788818201	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	100	X	GENERIC	7/19/2023	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788818202	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	20	X	GENERIC	7/19/2023	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788818203	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC	7/19/2023	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788818204	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	14	X	GENERIC	7/19/2023	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788818205	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	50	X	GENERIC	7/19/2023	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788818206	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC	7/19/2023	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788818207	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	21	X	GENERIC	7/19/2023	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788818208	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	120	X	GENERIC	7/19/2023	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788818209	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC	7/19/2023	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788818301	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	100	X	GENERIC	5/29/2024	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788818302	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	20	X	GENERIC	5/29/2024	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788818303	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC	5/29/2024	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788818304	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	14	X	GENERIC	5/29/2024	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788818305	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	50	X	GENERIC	5/29/2024	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788818306	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC	5/29/2024	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788818307	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	21	X	GENERIC	5/29/2024	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788818308	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	120	X	GENERIC	5/29/2024	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788818309	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC	5/29/2024	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788818403	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	2.5 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788818503	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788818506	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788818509	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788818601	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788818603	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788818606	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788818609	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788818701	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50-12.5 M	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788818703	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50-12.5 M	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788818706	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50-12.5 M	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788818709	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50-12.5 M	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788818901	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788818903	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788818906	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788818909	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788819003	CLOPIDO	CLOPIDO	201218	Platelet-A	20121800	Platelet-A	S	75 MG	ORAL	TABS	EA	30	X	GENERIC	4/8/2024	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788819006	CLOPIDO	CLOPIDO	201218	Platelet-A	20121800	Platelet-A	S	75 MG	ORAL	TABS	EA	60	X	GENERIC	4/8/2024	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788819009	CLOPIDO	CLOPIDO	201218	Platelet-A	20121800	Platelet-A	S	75 MG	ORAL	TABS	EA	90	X	GENERIC	4/8/2024	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788819201	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788819203	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788819206	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788819208	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	180	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788819209	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788819301	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788819303	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788819306	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788819308	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	120	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788819309	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788819401	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788819403	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788819406	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788819408	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	120	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788819409	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788819505	OFLOXAC	OFLOXAC	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	5		GENERIC	3/30/2023	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788819603	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788819606	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788819609	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788819701	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788819703	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788819706	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788819708	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	120	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788819709	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788819801	CIPROFL	CIPROFL	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	10		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788819805	CIPROFL	CIPROFL	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	5		GENERIC		68788	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788819901	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788819903	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788819906	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788819908	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	120	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788819909	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788820001	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	10		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788820002	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	20		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788820003	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788820101	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788820102	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	20	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788820103	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788820105	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	50	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788820106	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788820108	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	28	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788820109	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788820201	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788820203	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788820206	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788820209	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788820301	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	100		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788820302	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	21		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788820303	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788820304	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	40		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788820305	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	50		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788820308	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	35		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788820400	ALLERGY	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	100		GENERIC		68788	N	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788820401	ALLERGY	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	14		GENERIC		68788	N	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788820403	ALLERGY	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		68788	N	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788820405	ALLERGY	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	15		GENERIC		68788	N	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788820406	ALLERGY	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	60		GENERIC		68788	N	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788820409	ALLERGY	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC		68788	N	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788820509	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	25 MG	ORAL	TABS	EA	9		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788820603	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788820606	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788820609	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788820701	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	100	X	GENERIC	7/19/2024	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788820703	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	7/19/2024	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788820706	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	60	X	GENERIC	7/19/2024	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788820709	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	7/19/2024	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788820803	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788820806	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788820809	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788820902	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	21		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788820903	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788820904	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	40		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788821003	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788821006	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788821009	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788821101	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788821103	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788821106	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788821109	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788821201	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	10		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788821202	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	20		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788821203	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788821204	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	18		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788821205	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	15		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788821208	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	21		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788821303	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788821306	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788821309	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	90		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788821403	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75-0.2 MG	ORAL	TBEC	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788821406	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75-0.2 MG	ORAL	TBEC	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788821503	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788821506	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788821509	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788821603	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	S	1%	EXTERNA	CREA	GM	30		GENERIC		68788	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788821701	DOXYCY	DOXYCY	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	14		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788821702	DOXYCY	DOXYCY	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	20		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788821703	DOXYCY	DOXYCY	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788821803	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788821806	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788821809	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788821901	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	14		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788821902	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	20		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788821903	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788821904	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	40		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788821905	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	56		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788821906	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788821908	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	21		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788822000	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	1		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788822001	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	10		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788822002	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	20		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788822003	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788822006	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788822008	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	2		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788822009	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	90		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788822102	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	20		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788822103	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788822106	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788822108	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	120		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788822109	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	90		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788822203	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	200 MG/5	ORAL	SUSR	ML	30		GENERIC	11/19/2024	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788822301	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	12		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788822303	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788822305	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	15		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788822306	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	6		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788822401	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10-12.5 M	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788822403	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10-12.5 M	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788822406	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10-12.5 M	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788822409	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10-12.5 M	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788822501	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788822601	METHIMA	METHIMA	683608	Antithyroi	68360800	Antithyroi	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788822603	METHIMA	METHIMA	683608	Antithyroi	68360800	Antithyroi	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788822701	METHIMA	METHIMA	683608	Antithyroi	68360800	Antithyroi	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788822703	METHIMA	METHIMA	683608	Antithyroi	68360800	Antithyroi	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788822803	ANTACID	ALUM & M	560400	Antacids a	56040000	Antacids a	P	400-400-4	ORAL	SUSP	ML	355		GENERIC	1/2/2024	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788822901	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	100 MG/5	ORAL	SUSR	ML	15		GENERIC		68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788823002	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	21		GENERIC	7/24/2024	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

6878882310 CARVEDI CARVEDI 240300 Alpha-Adr 24000000 Alpha-Adr/S 25 MG ORAL TABS EA 100 X GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MEDPRM
6878882309 CARVEDI CARVEDI 240300 Alpha-Adr 24000000 Alpha-Adr/S 25 MG ORAL TABS EA 90 X GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882323 LOVASTALOVASTA 240608 HMG-CoA 24060800 HMG-CoA/S 40 MG ORAL TABS EA 90 X GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882401 NYSTATINNYSTATI 840408 Antifungal 84040808 Polyenes S 100000 UI EXTERNACREA GM 15 GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882403 NYSTATINNYSTATI 840408 Antifungal 84040808 Polyenes S 100000 UI EXTERNACREA GM 30 GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882304 ALENDRALENDRC 922400 UNKNOW 92240000 UNKNOWN S 70 MG ORAL TABS EA 4 X GENERIC 1/26/2024 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882369 DICLOFDICLOFEI 840920 UNKNOW 84092000 UNKNOWN S 3% EXTERNAGEL GM 100 GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882370 DICLOFDICLOFEI 840920 UNKNOW 84092000 UNKNOWN S 3% EXTERNAGEL GM 100 GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882381 CLOBETACLOBETA 840608 UNKNOW 84060800 UNKNOWN S 0.05% EXTERNAOINT GM 15 GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882383 CLOBETACLOBETA 840608 UNKNOW 84060800 UNKNOWN S 0.05% EXTERNAOINT GM 30 GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882368 CLOBETACLOBETA 840608 UNKNOW 84060800 UNKNOWN S 0.05% EXTERNAOINT GM 60 GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882400 AMOXICILAMOXICIL 81216 Penicillins 81216008 Aminopen S 250 MG ORAL CAPS EA 21 GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882403 AMOXICILAMOXICIL 81216 Penicillins 81216008 Aminopen S 250 MG ORAL CAPS EA 30 GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882410 LISINOPRLISINOPR 243204 Angiotens 24320400 Angiotens S 5 MG ORAL TABS EA 30 X GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882103 LISINOPRLISINOPR 243204 Angiotens 24320400 Angiotens S 20-25 MG ORAL TABS EA 30 X GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882106 LISINOPRLISINOPR 243204 Angiotens 24320400 Angiotens S 20-25 MG ORAL TABS EA 60 X GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882109 LISINOPRLISINOPR 243204 Angiotens 24320400 Angiotens S 20-25 MG ORAL TABS EA 90 X GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882402 PENICILL PENICILL 81216 Penicillins 81216004 Natural Pe S 500 MG ORAL TABS EA 28 GENERIC 68788 Y N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882404 PENICILL PENICILL 81216 Penicillins 81216004 Natural Pe S 500 MG ORAL TABS EA 40 GENERIC 68788 Y N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882401 GLIPIZIDEGLIPIZIDE 682020 Sulfonylur 68202000 Sulfonylurs S 5 MG ORAL TABS EA 100 X GENERIC 1/2/2024 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882403 GLIPIZIDEGLIPIZIDE 682020 Sulfonylur 68202000 Sulfonylurs S 5 MG ORAL TABS EA 30 X GENERIC 12/13/2023 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882406 GLIPIZIDEGLIPIZIDE 682020 Sulfonylur 68202000 Sulfonylurs S 5 MG ORAL TABS EA 60 X GENERIC 1/2/2024 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882408 GLIPIZIDEGLIPIZIDE 682020 Sulfonylur 68202000 Sulfonylurs S 5 MG ORAL TABS EA 180 X GENERIC 1/2/2024 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882409 GLIPIZIDEGLIPIZIDE 682020 Sulfonylur 68202000 Sulfonylurs S 5 MG ORAL TABS EA 90 X GENERIC 1/2/2024 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882402 IBUPROF IBUPROF 280804 Nonsteroi 28080404 UNKNOWN S 600 MG ORAL TABS EA 30 X 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882403 IBUPROF IBUPROF 280804 Nonsteroi 28080404 UNKNOWN S 800 MG ORAL TABS EA 30 X 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882404 IBUPROF IBUPROF 280804 Nonsteroi 28080404 UNKNOWN S 800 MG ORAL TABS EA 14 X 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882405 IBUPROF IBUPROF 280804 Nonsteroi 28080404 UNKNOWN S 800 MG ORAL TABS EA 50 X 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882406 IBUPROF IBUPROF 280804 Nonsteroi 28080404 UNKNOWN S 800 MG ORAL TABS EA 60 X 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882407 IBUPROF IBUPROF 280804 Nonsteroi 28080404 UNKNOWN S 800 MG ORAL TABS EA 21 X 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882408 IBUPROF IBUPROF 280804 Nonsteroi 28080404 UNKNOWN S 800 MG ORAL TABS EA 120 X 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882409 IBUPROF IBUPROF 280804 Nonsteroi 28080404 UNKNOWN S 800 MG ORAL TABS EA 90 X 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882410 ALENDRALENDRC 922400 UNKNOW 92240000 UNKNOWN S 70 MG ORAL TABS EA 4 X GENERIC 68788 Y N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882411 AZITHROAZITHRO 81212 Macrolides 81212008 UNKNOWN S 200 MG/5 ORAL SUSR ML 15 GENERIC 68788 Y N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882701 ACYCLOVACYCLOV 840406 Antivirals 84040680 Antivirals S 5% EXTERNAOINT GM 15 GENERIC 68788 Y N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882405 TOBRAMTOBRAMY 520404 Antibacter 52040400 Antibacter S 0.30% OPHTHASOLN ML 5 GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882406 METOPRMETOPRI 240300 Alpha-Adr 24030000 Alpha-Adr/S 100 MG ORAL TABS EA 100 X GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882407 METOPRMETOPRI 240300 Alpha-Adr 24030000 Alpha-Adr/S 100 MG ORAL TABS EA 30 X GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882408 METOPRMETOPRI 240300 Alpha-Adr 24030000 Alpha-Adr/S 100 MG ORAL TABS EA 60 X GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882409 METOPRMETOPRI 240300 Alpha-Adr 24030000 Alpha-Adr/S 100 MG ORAL TABS EA 90 X GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882501 FERROUSFERROU 260404 Iron Prepa 26040400 Iron Prepar P 325 (65 FE ORAL TABS EA 100 GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882103 VALACYCVALACYC 81832 Nucleosid 81832000 Nucleosid S 500 MG ORAL TABS EA 30 GENERIC 9/4/2024 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882109 VALACYCVALACYC 81832 Nucleosid 81832000 Nucleosid S 500 MG ORAL TABS EA 90 GENERIC 9/4/2024 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882201 CARVEDI CARVEDI 240300 Alpha-Adr 24003000 Alpha-Adr/S 3.125 MG ORAL TABS EA 100 X 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882203 CARVEDI CARVEDI 240300 Alpha-Adr 24003000 Alpha-Adr/S 3.125 MG ORAL TABS EA 30 X 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882206 CARVEDI CARVEDI 240300 Alpha-Adr 24003000 Alpha-Adr/S 3.125 MG ORAL TABS EA 60 X 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882208 CARVEDI CARVEDI 240300 Alpha-Adr 24003000 Alpha-Adr/S 3.125 MG ORAL TABS EA 120 X 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882209 CARVEDI CARVEDI 240300 Alpha-Adr 24003000 Alpha-Adr/S 3.125 MG ORAL TABS EA 90 X 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882404 LISINOPRLISINOPR 243204 Angiotens 24320400 Angiotens S 20-12.5 MORAL TABS EA 100 X GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882303 LISINOPRLISINOPR 243204 Angiotens 24320400 Angiotens S 20-12.5 MORAL TABS EA 30 X 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882306 LISINOPRLISINOPR 243204 Angiotens 24320400 Angiotens S 20-12.5 MORAL TABS EA 60 X 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882309 LISINOPRLISINOPR 243204 Angiotens 24320400 Angiotens S 20-12.5 MORAL TABS EA 90 X 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882401 LEVETIRALEVETIRA 281292 Anticonvul 28129200 Anticonvuls S 500 MG ORAL TABS EA 100 X GENERIC 68788 Y N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882402 LEVETIRALEVETIRA 281292 Anticonvul 28129200 Anticonvuls S 500 MG ORAL TABS EA 20 X GENERIC 68788 Y N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882403 LEVETIRALEVETIRA 281292 Anticonvul 28129200 Anticonvuls S 500 MG ORAL TABS EA 30 X GENERIC 68788 Y N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882406 LEVETIRALEVETIRA 281292 Anticonvul 28129200 Anticonvuls S 500 MG ORAL TABS EA 60 X GENERIC 68788 Y N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882409 LEVETIRALEVETIRA 281292 Anticonvul 28129200 Anticonvuls S 500 MG ORAL TABS EA 90 X GENERIC 68788 Y N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882501 METOPRMETOPRI 240300 Alpha-Adr 24003000 Alpha-Adr/S 100 MG TB24 EA 100 X GENERIC 68788 Y N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882503 METOPRMETOPRI 240300 Alpha-Adr 24003000 Alpha-Adr/S 100 MG TB24 EA 30 X GENERIC 68788 Y N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882506 METOPRMETOPRI 240300 Alpha-Adr 24003000 Alpha-Adr/S 100 MG TB24 EA 60 X GENERIC 68788 Y N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882509 METOPRMETOPRI 240300 Alpha-Adr 24003000 Alpha-Adr/S 100 MG TB24 EA 90 X GENERIC 68788 Y N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882501 ASPIRIN ASPIRIN 280804 Nonsteroi 28080404 Salicylates P 325 MG ORAL TABS EA 100 GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882502 ASPIRIN ASPIRIN 280804 Nonsteroi 28080404 Salicylates P 325 MG ORAL TABS EA 20 GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882701 KETOCONKETOCOF 840408 Antifungal 84040808 Azoles S 2% EXTERNASHAM ML 100 GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882580 NITROFU NITROFU 83600 Urinary An 83600000 Urinary An/S 100 MG ORAL CAPS EA 10 GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882581 NITROFU NITROFU 83600 Urinary An 83600000 Urinary An/S 100 MG ORAL CAPS EA 14 GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882901 OSELTAMOSELTAM 81828 Neuramini 81828000 Neuraminid S 75 MG ORAL CAPS EA 10 GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882603 AZITHROAZITHRO 81212 Macrolides 81212008 UNKNOWN S 600 MG/5 ORAL SUSR ML 22.5 GENERIC 3/7/2024 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882102 CEFADRCCEFADRC 81206 Cephalosp 81206004 First Gene S 500 MG ORAL CAPS EA 20 GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882103 CEFADRCCEFADRC 81206 Cephalosp 81206004 First Gene S 500 MG ORAL CAPS EA 30 GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878883001 AMLODIPAMLODIP 242808 Dihydropy 24280800 Dihydropy S 2.5 MG ORAL TABS EA 100 X GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878883003 AMLODIPAMLODIP 242808 Dihydropy 24280800 Dihydropy S 2.5 MG ORAL TABS EA 30 X GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878883006 AMLODIPAMLODIP 242808 Dihydropy 24280800 Dihydropy S 2.5 MG ORAL TABS EA 60 X GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878883009 AMLODIPAMLODIP 242808 Dihydropy 24280800 Dihydropy S 2.5 MG ORAL TABS EA 90 X GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878883645 OFLOXAOFLOXAC 520404 Antibacter 52040400 Antibacter S 0.30% OPHTHASOLN ML 5 GENERIC 7/29/2024 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882501 MINOCYCMINOCYC 81224 Tetracycli 81224400 Tetracyclin S 100 MG ORAL CAPS EA 14 GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882502 MINOCYCMINOCYC 81224 Tetracycli 81224400 Tetracyclin S 100 MG ORAL CAPS EA 20 GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882503 MINOCYCMINOCYC 81224 Tetracycli 81224400 Tetracyclin S 100 MG ORAL CAPS EA 30 GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882506 MINOCYCMINOCYC 81224 Tetracycli 81224400 Tetracyclin S 100 MG ORAL CAPS EA 60 GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882509 METOPRMETOPRI 243000 Alpha-Adr 24003000 Alpha-Adr/S 100 MG TB24 EA 90 X GENERIC 68788 Y N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882501 ASPIRIN ASPIRIN 280804 Nonsteroi 28080404 Salicylates P 325 MG ORAL TABS EA 100 GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882670 PREDNIS PREDNIS 680400 Adrenals 68040000 Adrenals S 5 MG ORAL TABS EA 21 GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882703 PREDNIS PREDNIS 680400 Adrenals 68040000 Adrenals S 5 MG ORAL TABS EA 30 GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882704 PREDNIS PREDNIS 680400 Adrenals 68040000 Adrenals S 5 MG ORAL TABS EA 50 GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882604 FAMOTID FAMOTID 582812 Histamine 58281200 Histamine S 20 MG ORAL TABS EA 14 X GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882606 FAMOTID FAMOTID 582812 Histamine 58281200 Histamine S 20 MG ORAL TABS EA 60 X GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882609 FAMOTID FAMOTID 582812 Histamine 58281200 Histamine S 20 MG ORAL TABS EA 90 X GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882702 TRIPLE A NEOMYCI 840404 Antibacter 84040400 Antibacter P 3.5-400-5(EXTERNAOINT GM 28 GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882710 AMOXICILAMOXICIL 81216 Penicillins 81216008 Aminopen S 875-125 M ORAL TABS EA 20 GENERIC 10/30/2024 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882720 IBUPROPI IBUPROPI 281604 Antidepres 28160492 Miscellaneo S 300 MG ORAL TB24 EA 100 X GENERIC 3/18/2024 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882723 IBUPROPI IBUPROPI 281604 Antidepres 28160492 Miscellaneo S 300 MG ORAL TB24 EA 30 X GENERIC 3/18/2024 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882726 IBUPROPI IBUPROPI 281604 Antidepres 28160492 Miscellaneo S 300 MG ORAL TB24 EA 60 X GENERIC 3/18/2024 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882728 IBUPROPI IBUPROPI 281604 Antidepres 28160492 Miscellaneo S 300 MG ORAL TB24 EA 120 X GENERIC 3/18/2024 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882729 IBUPROPI IBUPROPI 281604 Antidepres 28160492 Miscellaneo S 300 MG ORAL TB24 EA 90 X GENERIC 3/18/2024 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882701 FINASTEFINASTEF 841600 Cell Stimu 84160000 Cell Stimu S 1 MG ORAL TABS EA 30 GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882703 FINASTEFINASTEF 841600 Cell Stimu 84160000 Cell Stimu S 1 MG ORAL TABS EA 60 GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882709 FINASTEFINASTEF 841600 Cell Stimu 84160000 Cell Stimu S 1 MG ORAL TABS EA 90 GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882702 METHYLPMETHYLP 680400 Adrenals 68040000 Adrenals S 4 MG ORAL TBPK EA 21 GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882701 TAMSULCTAMSULC 121604 UNKNOW 12160412 UNKNOWN S 0.4 MG ORAL CAPS EA 100 X GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882703 TAMSULCTAMSULC 121604 UNKNOW 12160412 UNKNOWN S 0.4 MG ORAL CAPS EA 30 X GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882706 TAMSULCTAMSULC 121604 UNKNOW 12160412 UNKNOWN S 0.4 MG ORAL CAPS EA 60 X GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882709 TAMSULCTAMSULC 121604 UNKNOW 12160412 UNKNOWN S 0.4 MG ORAL CAPS EA 90 X GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882801 IBUPROF IBUPROF 280804 Nonsteroi 28080404 UNKNOWN S 600 MG ORAL TABS EA 100 X 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882802 IBUPROF IBUPROF 280804 Nonsteroi 28080404 UNKNOWN S 600 MG ORAL TABS EA 20 X 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882804 IBUPROF IBUPROF 280804 Nonsteroi 28080404 UNKNOWN S 600 MG ORAL TABS EA 14 X 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882806 IBUPROF IBUPROF 280804 Nonsteroi 28080404 UNKNOWN S 600 MG ORAL TABS EA 60 X 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882807 IBUPROF IBUPROF 280804 Nonsteroi 28080404 UNKNOWN S 600 MG ORAL TABS EA 21 X 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882808 IBUPROF IBUPROF 280804 Nonsteroi 28080404 UNKNOWN S 600 MG ORAL TABS EA 120 X 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882809 IBUPROF IBUPROF 280804 Nonsteroi 28080404 UNKNOWN S 600 MG ORAL TABS EA 90 X 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882903 GLYCOPYGLYCOPY 120808 Antimuscu 12080800 Antimuscu S 1 MG ORAL TABS EA 30 GENERIC 68788 Y N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882909 GLYCOPYGLYCOPY 120808 Antimuscu 12080800 Antimuscu S 1 MG ORAL TABS EA 90 GENERIC 68788 Y N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882003 MODAFINMODAFIN 282080 UNKNOW 28208000 UNKNOWN S 200 MG ORAL TABS EA 30 X GENERIC 68788 Y N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882006 MODAFINMODAFIN 282080 UNKNOW 28208000 UNKNOWN S 200 MG ORAL TABS EA 60 X GENERIC 68788 Y N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882009 MODAFINMODAFIN 282080 UNKNOW 28208000 UNKNOWN S 200 MG ORAL TABS EA 90 X GENERIC 68788 Y N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882001 DIAZEPADIAZEPAM 282408 Benzodiaz 28240800 Benzodiaz S 5 MG ORAL TABS EA 20 GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882002 DIAZEPADIAZEPAM 282408 Benzodiaz 28240800 Benzodiaz S 5 MG ORAL TABS EA 30 GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882003 DIAZEPADIAZEPAM 282408 Benzodiaz 28240800 Benzodiaz S 5 MG ORAL TABS EA 60 GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882006 DIAZEPADIAZEPAM 282408 Benzodiaz 28240800 Benzodiaz S 5 MG ORAL TABS EA 100 GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882008 DIAZEPADIAZEPAM 282408 Benzodiaz 28240800 Benzodiaz S 5 MG ORAL TABS EA 90 GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882009 DIAZEPADIAZEPAM 282408 Benzodiaz 28240800 Benzodiaz S 5 MG ORAL TABS EA 120 GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882001 CETIRIZHCETIRIZH 40800 Second G 4080000 Second G S 1 MG/5 ML ORAL SOLN ML 120 GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882302 AMOXICILAMOXICIL 81216 Penicillins 81216008 Aminopen S 875-125 M ORAL TABS EA 20 GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882401 ENALAPRENALAPR 243204 Angiotens 24320400 Angiotens S 5 MG ORAL TABS EA 100 X GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882403 ENALAPRENALAPR 243204 Angiotens 24320400 Angiotens S 5 MG ORAL TABS EA 30 X GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882406 ENALAPRENALAPR 243204 Angiotens 24320400 Angiotens S 5 MG ORAL TABS EA 60 X GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882408 ENALAPRENALAPR 243204 Angiotens 24320400 Angiotens S 5 MG ORAL TABS EA 180 X GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882501 FAMOTID FAMOTID 582812 Histamine 58281200 Histamine S 40 MG ORAL TABS EA 100 X GENERIC 68788 Y N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882503 FAMOTID FAMOTID 582812 Histamine 58281200 Histamine S 40 MG ORAL TABS EA 30 X GENERIC 68788 Y N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882506 FAMOTID FAMOTID 582812 Histamine 58281200 Histamine S 40 MG ORAL TABS EA 60 X GENERIC 68788 Y N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882508 FAMOTID FAMOTID 582812 Histamine 58281200 Histamine S 40 MG ORAL TABS EA 120 X GENERIC 68788 Y N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882509 FAMOTID FAMOTID 582812 Histamine 58281200 Histamine S 40 MG ORAL TABS EA 90 X GENERIC 68788 Y N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882601 LORATADLORATAC 40800 Second G 4080000 Second G S 1 MG/5 ML ORAL SOLN ML 120 GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882701 LOVASTALOVASTA 240608 HMG-CoA 24060800 HMG-CoA/S 10 MG ORAL TABS EA 100 X GENERIC 68788 X N EXCLUDE/REPACK /REPACKED PRODUCTION/FINAL BENEFIT EXCLUSION R MEDPRM
6878882703 LOVASTALOVAS

68788834901	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	14		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788834903	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788834905	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	15		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788834909	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788835001	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	15		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788835008	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	80		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788835101	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788835103	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788835106	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788835109	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788835202	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875 MG	ORAL	TABS	EA	20		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788835303	HYDROCO	HYDROCO	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788835306	HYDROCO	HYDROCO	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788835309	HYDROCO	HYDROCO	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	90		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788835401	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788835402	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	20	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788835403	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788835404	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	14	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788835405	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	50	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788835406	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788835407	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	21	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788835408	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	120	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788835409	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788835502	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	20		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788835600	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	80		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788835603	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788835608	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	30		GENERIC	10/31/2023	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788835704	MOMETAS	MOMETAS	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	45		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788835803	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788835806	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788835809	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788835901	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC	8/7/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788835903	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC	8/7/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788835906	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC	8/7/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788835909	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC	8/7/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788836001	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788836003	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788836006	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788836009	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788836101	GUAIFEN	GUAIFEN	480800	Antitussive	48080000	Antitussive	P	100-10 MG	ORAL	SOLN	ML	118		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788836200	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	40 MG	ORAL	CPEP	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788836203	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	40 MG	ORAL	CPEP	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788836206	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	40 MG	ORAL	CPEP	EA	63	X	GENERIC	3/14/2023	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788836209	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	40 MG	ORAL	CPEP	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788836303	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788836306	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788836308	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	28	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788836309	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788836401	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788836403	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788836409	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788836505	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG/5ML	ORAL	SOLN	ML	50		GENERIC	11/4/2024	68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788836601	PSEUDOE	PSEUDOE	480800	Antitussive	48080000	Antitussive	S	30-2-10 M	ORAL	SYRP	ML	118		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788836702	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	100 MG	ORAL	TB24	EA	20		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788836703	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	100 MG	ORAL	TB24	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788836706	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	100 MG	ORAL	TB24	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788836709	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	100 MG	ORAL	TB24	EA	90		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788836803	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788836806	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788836809	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788836901	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788836903	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788836906	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788836909	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788837001	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	100	X	GENERIC	11/15/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788837003	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	11/15/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788837006	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	60	X	GENERIC	11/15/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788837009	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	11/15/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788837101	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788837103	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788837106	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788837108	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	28	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788837109	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788837202	APAP EXT	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG/15	ORAL	LIQD	ML	237		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788837301	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	100		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788837302	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	20		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788837303	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788837306	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788837408	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.05 MG/2	TRANSDE	PTTW	EA	8	X	GENERIC	10/2/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788837502	APAP EXT	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG/15	ORAL	LIQD	ML	237		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788837602	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	12.5 MG	ORAL	TBCR	EA	28		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788837603	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	12.5 MG	ORAL	TBCR	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788837606	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	12.5 MG	ORAL	TBCR	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788837609	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	12.5 MG	ORAL	TBCR	EA	90		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788837701	FINASTE	FINASTE	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788837703	FINASTE	FINASTE	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788837706	FINASTE	FINASTE	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788837709	FINASTE	FINASTE	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788837800	HYDROCH	HYDROCH	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788837801	HYDROCH	HYDROCH	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	15	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788837803	HYDROCH	HYDROCH	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788837806	HYDROCH	HYDROCH	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788837809	HYDROCH	HYDROCH	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788837901	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788837903	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788837906	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788837909	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788838003	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788838006	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788838008	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	TABS	EA	28	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788838009	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788838103	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788838106	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788838109	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788838203	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	50 MCG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788838209	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	50 MCG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788838301	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788838303	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788838306	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788838309	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788838402	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	20	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788838403	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788838406	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788838409	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788838501	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788838503	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788838506	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788838509	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788838605	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	MOUTH/T	PSTE	GM	5		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788838703	ESZOPIC	ESZOPIC	282444	UNKNOW	28244400	UNKNOW	S	1 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788838706	ESZOPIC	ESZOPIC	282444	UNKNOW	28244400	UNKNOW	S	1 MG	ORAL	TABS	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788838801	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	S	1-0.05 %	EXTERNA	CREA	GM	15		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788838901	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	3/15/2023	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788838903	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	3/15/2023	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788838906	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	3/15/2023	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788838909	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	3/15/2023	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788839001	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788839003	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788839006	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788839008	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	120	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788839009	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788839101	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788839103	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788839106	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788839109	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788839203	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788839206	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788839209	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788839302	LOPERAM	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	P	2 MG	ORAL	TABS	EA	24		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788839402	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	20		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788839403	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788839406	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788839408	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	120		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788839409	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	90		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788839501	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788839503	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788839506	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788839509	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788839605	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	OINT	GM	50		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788839701	APAP CH	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	SUSP	ML	118		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788839803	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	30		GENERIC	3/15/2023	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788839806	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	60		GENERIC	3/15/2023	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788839809	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	90		GENERIC	3/15/2023	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788839902	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	(2.5 MG/3	INHALATI	NEBU	ML	3	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788840005	KETOROL	KETOROL	520820	Nonsteroi	52082000	Nonsteroi	S	0.50%	OPHTHAL	SOLN	ML	5		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788840102	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	20		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788840103	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788840106	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788840108	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	28		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788840109	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	90		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788840201	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788840203	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788840206	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2.5 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788840209	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2.5 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788840301	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	6/4/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788840303	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	6/4/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788840306	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	6/4/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788840308	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	28	X	GENERIC	6/4/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788840309	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	6/4/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788840402	CEFDINIR	CEFDINIR	81206	Cephalosp	8120612	Third Gen	S	300 MG	ORAL	CAPS	EA	20		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788840501	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	15		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788840502	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	20		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788840503	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788840506	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788840601	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788840603	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788840606	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788840609	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788840701	APAP CH	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	SUSP	ML	118		GENERIC		68788	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788840803	IPRATRO	IPRATRO	121208	beta-Adre	12120812	Selective I	S	0.5-2.5 (3)	INHALATI	SOLN	ML	3	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788840901	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788840903	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788840906	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788840909	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788841003	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788841006	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788841009	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	90		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788841201	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	4 MG	ORAL	TABS	EA	100	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788841203	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	4 MG	ORAL	TABS	EA	30	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788841206	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	4 MG	ORAL	TABS	EA	60	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788841209	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	4 MG	ORAL	TABS	EA	90	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788841303	MILK OF M	MAGNESI	561200	Cathartics	56120000	Cathartics	P	400 MG/5	ORAL	SUSP	ML	355		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788841402	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	20		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788841403	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788841406	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788841409	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	90		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788841501	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	2%	EXTERNA	SOLN	GM	112		GENERIC	4/15/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788841601	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788841603	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788841606	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788841609	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788841703	HYDROCH	HYDROCH	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788841706	HYDROCH	HYDROCH	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788841709	HYDROCH	HYDROCH	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788841801	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	10		GENERIC	5/10/2023	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788841802	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	12		GENERIC	5/10/2023	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788841803	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	30		GENERIC	5/10/2023	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788841805	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	15		GENERIC	5/10/2023	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788841806	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	60		GENERIC	5/10/2023	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788841901	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	S	1-0.05 %	EXTERNA	CREA	GM	15		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788842002	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	20		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788842003	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788842006	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788842009	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	90		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788842103	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788842106	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788842109	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788842201	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	TABS	EA	100	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788842203	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	TABS	EA	30	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788842206	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	TABS	EA	60	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788842209	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	TABS	EA	90	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788842306	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1%	EXTERNA	GEL	GM	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788842401	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788842403	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788842409	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788842503	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788842506	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788842509	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788842606	FLUTICAS	FLUTICAS	121208	beta-Adre	12120812	Selective I	S	250-50 MC	INHALATI	AEPB	EA	60	X	GENERIC	4/21/2023	68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788842708	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.05 MG/2	TRANSDE	PTTW	EA	8	X	GENERIC	5/8/2023	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788842802	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	20	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788842803	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788842806	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788842809	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788842903	BUDESON	BUDESON	680400	Adrenals	68040000	Adrenals	S	0.25 MG/2	INHALATI	SUSP	ML	2	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788843001	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788843003	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788843006	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788843007	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	180	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788843008	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	120	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788843009	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788843101	ESOMEPR	ESOMEPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788843102	ESOMEPR	ESOMEPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	20	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788843103	ESOMEPR	ESOMEPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788843106	ESOMEPR	ESOMEPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788843109	ESOMEPR	ESOMEPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788843203	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788843206	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788843209	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788843301	FINASTE	FINASTE	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788843303	FINASTE	FINASTE	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788843306	FINASTE	FINASTE	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788843309	FINASTE	FINASTE	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788843402	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	21		GENERIC	10/15/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788843403	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	30		GENERIC	10/15/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788843404	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	40		GENERIC	10/15/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788843405	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	50		GENERIC	10/15/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788843408	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	35		GENERIC	10/15/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788843503	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788843506	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788843509	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788843601	NYSTATIN	NYSTATIN	840408	Antifungal	84040828	Polyenes	S	100000 UN	EXTERNA	CREA	GM	15		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788843701	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788843703	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788843706	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788843709	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788843801	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788843802	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	20	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788843803	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788843805	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	50	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788843806	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788843808	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	28	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788843809	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788843906	PERMETH	PERMETH	840412	Scabicides	84041200	Scabicides	S	5%	EXTERNA	CREA	GM	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788844003	TELMISAR	TELMISAR	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788844006	TELMISAR	TELMISAR	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788844009	TELMISAR	TELMISAR	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788844103	TELMISAR	TELMISAR	243208	Angiotens	24320800	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788844106	TELMISAR	TELMISAR	243208	Angiotens	24320800	Angiotens	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788844109	TELMISAR	TELMISAR	243208	Angiotens	24320800	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788844202	CRYSELL	NORGEST	681200	Contracep	68120000	Contracep	S	0.3-30 MG	ORAL	TABS	EA	28	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788844302	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	20		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788844303	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788844304	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	40		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

68788844306	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788844403	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	300 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788844406	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	300 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788844409	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	300 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788844501	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	15		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788844503	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788844507	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	7		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788844601	FLUTICAS	FLUTICAS	520808	Corticoste	52080800	Corticoste	S	50 MCG/A	NASAL	SUSP	GM	16		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788844702	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	20		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788844703	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788844704	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	40		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788844706	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788844801	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788844803	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788844806	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788844809	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788844905	OFLOXAC	OFLOXAC	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	5		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788845001	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	15		GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788845004	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	45		GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788845101	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788845103	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788845106	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788845109	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788845203	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788845206	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788845209	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788845306	FLUTICAS	FLUTICAS	121208	beta-Adre	12120812	Selective I	S	250-50 MC	INHALATI	AEPB	EA	60	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788845403	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-20 MG	ORAL	CAPS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788845503	HYDROC	HYDROC	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788845506	HYDROC	HYDROC	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788845509	HYDROC	HYDROC	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	90		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788845601	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	3%	EXTERNA	GEL	GM	100		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788845701	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.50%	EXTERNA	CREA	GM	15		GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788845801	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788845803	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788845806	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788845809	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788845903	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	45 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788845906	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	45 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788845909	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	45 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788846001	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788846003	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788846006	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788846009	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788846101	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5I	ORAL	SUSP	ML	118		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788846202	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	20		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788846203	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788846303	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	160-12.5 I	ORAL	TABS	EA	30	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788846306	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	160-12.5 I	ORAL	TABS	EA	60	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788846309	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	160-12.5 I	ORAL	TABS	EA	90	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788846401	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	TABS	EA	14		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788846402	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	TABS	EA	20		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788846403	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788846501	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	15	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788846502	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	20	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788846602	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	20		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788846603	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788846701	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	12		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788846703	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788846705	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	15		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788846706	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	6		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788846801	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788846803	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788846806	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788846808	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	120	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788846809	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788847001	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	5 MG/5ML	ORAL	SOLN	ML	118		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788847102	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	20		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788847103	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788847106	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788847108	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	120		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788847109	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	90		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788847201	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788847203	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788847206	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788847209	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788847302	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	20		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788847303	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788847306	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788847308	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	28		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788847309	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	90		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788847402	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788847403	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788847405	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	15		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788847406	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788847409	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788847501	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788847503	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788847506	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788847508	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	120	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788847509	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788847601	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788847603	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788847606	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788847608	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	120	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788847609	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788847701	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5I	ORAL	SUSP	ML	118		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788847801	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	6 MG	ORAL	CAPS	EA	100		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788847803	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	6 MG	ORAL	CAPS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788847806	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	6 MG	ORAL	CAPS	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788847809	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	6 MG	ORAL	CAPS	EA	90		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788847902	CEFADRO	CEFADRO	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	20		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788847903	CEFADRO	CEFADRO	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788848002	CLARITHI	CLARITHI	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	20		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788848008	CLARITHI	CLARITHI	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	28		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788848101	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.5 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788848103	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.5 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788848106	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.5 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788848109	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.5 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788848203	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788848209	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	90		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788848300	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	1		GENERIC	10/31/2023	68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788848301	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	10		GENERIC	10/31/2023	68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788848302	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	20		GENERIC	10/31/2023	68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788848303	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	30		GENERIC	10/31/2023	68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788848306	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	60		GENERIC	10/31/2023	68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788848308	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	2		GENERIC	10/31/2023	68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788848309	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	90		GENERIC	10/31/2023	68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788848401	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	75-50 MG	ORAL	TABS	EA	100	X	GENERIC	10/31/2023	68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788848403	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	75-50 MG	ORAL	TABS	EA	30	X	GENERIC	10/31/2023	68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788848406	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	75-50 MG	ORAL	TABS	EA	60	X	GENERIC	10/31/2023	68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788848409	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	75-50 MG	ORAL	TABS	EA	90	X	GENERIC	10/31/2023	68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788848503	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788848504	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	14	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788848506	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788848509	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788848603	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788848606	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788848609	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788848701	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	2.5 MG	ORAL	TB24	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788848703	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	2.5 MG	ORAL	TB24	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788848706	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	2.5 MG	ORAL	TB24	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788848709	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	2.5 MG	ORAL	TB24	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788848801	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788848803	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788848806	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788848808	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	120	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788848809	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788848901	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788848903	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788848906	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788848908	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	120	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788848909	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788849001	CROMOL'	CROMOL'	520200	Antiallergi	52020000	Antiallergi	R	4%	OPHTHAL	SOLN	ML	10		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788849104	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	P	1%	VAGINAL	CREA	GM	45		GENERIC		68788	N	X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788849202	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	(2.5 MG/3I	INHALATI	NEBU	ML	3	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788849303	TEMAZEF	TEMAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788849401	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788849403	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788849406	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788849409	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788849501	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788849503	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788849506	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788849508	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	120	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788849509	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788849601	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	15		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788849604	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	45		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788849701	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788849801	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788849803	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788849806	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788849807	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	180	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788849808	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	120	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788849809	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788849902	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	20		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788849903	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788849906	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788849909	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	90		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788850001	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	P	1%	EXTERNA	GEL	GM	100		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788850501	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788850503	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788850506	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788850508	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	120	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788850509	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788850603	ANTACID	ALUM & M	560400	Antacids a	56040000	Antacids a	P	200-200-2	ORAL	SUSP	ML	355		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788850701	LIDOCAIN	LIDOCAIN	521600	Local Ane	52160000	Local Ane	S	2%	MOUTH/T	SOLN	ML	100		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788850801	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788850803	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788850806	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788850809	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788850901	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788850903	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788850906	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788850909	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788851001	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50-12.5 M	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788851003	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50-12.5 M	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788851006	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50-12.5 M	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788851009	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50-12.5 M	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788851101	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788851102	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	20	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788851103	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788851106	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788851109	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788851201	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788851203	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788851206	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788851208	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	180	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788851209	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788851402	AZELAST	AZELAST	520200	Antiallergi	52020000	Antiallergi	S	137 MCG/	NASAL	SOLN	ML	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788851508	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	CREA	GM	80		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788851603	ERYTHRO	ERYTHRO	520404	Antibacter	52040400	Antibacter	S	5 MG/GM	OPHTHAL	OINT	GM	3.5		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788851700	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788851701	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	15	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788851703	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788851706	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788851709	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788851803	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788851804	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	14	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788851806	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788851809	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788851902	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	21		GENERIC	9/4/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788851903	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	30		GENERIC	9/4/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788851904	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	40		GENERIC	9/4/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788852006	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TB24	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788852103	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	200 MCG	ORAL	TABS	EA	30	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788852109	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	200 MCG	ORAL	TABS	EA	90	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788852203	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	15 MG	ORAL	CP24	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788852301	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	S	1 MG/ML	ORAL	SOLN	ML	120		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788852401	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	100	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788852402	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	20	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788852403	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788852406	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	60	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788852409	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788852501	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	100		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788852502	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	20		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788852503	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788852506	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788852600	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	1		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788852601	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	10		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788852602	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	20		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788852603	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788852606	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788852608	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	2		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788852609	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	90		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788852701	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788852703	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788852706	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788852709	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788852801	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788852803	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788852806	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788852808	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	120	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788852809	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788852901	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	10		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788852903	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788853003	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	300 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788853006	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	300 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788853009	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	300 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788853101	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788853102	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	20	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788853103	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788853104	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	14	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788853105	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	50	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788853106	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788853107	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	21	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788853108	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	120	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788853109	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788853201	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788853302	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	20	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788853303	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788853306	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788853309	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788853402	MUPIROC	MUPIROC	840404	Antibacter	84040400	Antibacter	S	2%	EXTERNA	OINT	GM	22		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788853509	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	100 MG	ORAL	TABS	EA	9		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788853603	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788853606	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788853701	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788853703	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788853706	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788853708	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	120	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788853709	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788853801	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	12		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788853802	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	20		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788853803	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788853804	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	40		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788853805	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	6		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788853806	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788853807	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	21		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788853808	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	28		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788853809	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	14		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788853901	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	75-50 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788853903	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	75-50 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788853906	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	75-50 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED	PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

68788853909	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	75-50 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788854002	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	20		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788854003	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788854006	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788854009	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	90		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788854101	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	2%	EXTERNA	SOLN	GM	112		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788854201	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788854203	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788854206	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788854208	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	120	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788854209	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788854301	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788854303	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788854306	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788854309	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788854408	MUSCLE	MENTHOL	842404	Basic Lotic	84240400	Basic Lotic	P	10-15 %	EXTERNA	CREA	GM	85		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788854503	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788854506	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788854509	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788854601	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788854603	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788854606	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788854608	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	120	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788854609	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788854804	MOMETA	MOMETA	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	45		GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788854905	KETOROL	KETOROL	520820	Nonsteroi	52082000	Nonsteroi	S	0.50%	OPHTHAL	SOLN	ML	5		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788855001	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788855003	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788855006	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788855008	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	180	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788855009	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788855101	OFLOXAC	OFLOXAC	520404	Antibacter	52040400	Antibacter	S	0.30%	OTIC	SOLN	ML	10		GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788855204	METRONI	METRONI	840404	Antibacter	84040400	Antibacter	S	0.75%	EXTERNA	CREA	GM	45		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788855303	NYSTATIN	NYSTATIN	840608	UNKNOW	84060800	UNKNOW	S	100000-0.	EXTERNA	CREA	GM	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788855406	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788855501	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788855503	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788855506	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788855508	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	120		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788855509	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788855601	DESVENL	DESVENL	281604	Antidepres	28160416	UNKNOW	S	100 MG	ORAL	TB24	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788855603	DESVENL	DESVENL	281604	Antidepres	28160416	UNKNOW	S	100 MG	ORAL	TB24	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788855606	DESVENL	DESVENL	281604	Antidepres	28160416	UNKNOW	S	100 MG	ORAL	TB24	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788855609	DESVENL	DESVENL	281604	Antidepres	28160416	UNKNOW	S	100 MG	ORAL	TB24	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788855701	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788855703	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788855706	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788855709	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788855805	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	56		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788855901	APAP EXT	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	100		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788856001	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788856003	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788856006	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788856008	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	120	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788856009	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788856104	NYSTATIN	NYSTATIN	81428	Polyenes	8142800	Polyenes	S	100000 UN	MOUTH/T	SUSP	ML	473		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788856201	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788856203	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788856206	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788856209	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788856301	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788856303	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788856306	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788856308	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	120	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788856309	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788856401	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788856508	ASPIRIN L	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	120		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788856603	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.0375 MG	TRANSDE	PTTW	EA	8	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788856703	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	CAPS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788856803	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788856903	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788857008	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.05 MG/2	TRANSDE	PTTW	EA	8	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788857100	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	10		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788857101	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	14		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788857201	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788857203	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788857206	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788857208	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	120		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788857209	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788857301	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	100		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788857409	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788857501	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	100		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788857503	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788857506	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788857508	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	120		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788857509	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	90		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788857601	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	100		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788857709	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788857803	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788857903	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	30		GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788857908	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	21		GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788858006	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788858103	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788858201	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	10		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788858202	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	12		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788858203	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788858205	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	15		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788858206	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788858302	HYDROCO	HYDROCO	840608	UNKNOW	84060800	UNKNOW	S	2.50%	EXTERNA	CREA	GM	28.35		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788858401	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788858403	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788858406	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788858408	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	120		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788858409	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788858505	GOODSEN	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	50		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788858601	GNP EAR	CARBAMI	520424	UNKNOW	52042400	UNKNOW	P	6.50%	OTIC	SOLN	ML	15		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788858801	DOXYCY	DOXYCY	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	14		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788858802	DOXYCY	DOXYCY	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	20		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788858803	DOXYCY	DOXYCY	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788858806	DOXYCY	DOXYCY	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788858808	DOXYCY	DOXYCY	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	28		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788858901	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788858903	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788858906	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788858908	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	120	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788858909	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788859001	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	100		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788859005	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	50		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788859109	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788859205	GENTAMI	GENTAMI	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	5		GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788859306	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788859403	LIDOPRO	METHYL S	840800	Antipruritic	84080000	Antipruritic	O	4-0.5-0.1 %	EXTERNA	PTCH	EA	30		SSB		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788859503	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788859509	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788859602	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788859603	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788859605	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	15		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788859606	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788859609	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788859701	ESOMEPR	ESOMEPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788859702	ESOMEPR	ESOMEPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	20	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788859703	ESOMEPR	ESOMEPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788859706	ESOMEPR	ESOMEPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788859709	ESOMEPR	ESOMEPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788859808	GOODSEN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	120		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788859903	TRUBREX	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	R	4.75-0.025	EXTERNA	PTCH	EA	32		SSB		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788860001	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788860003	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788860006	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788860007	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	180	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788860008	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	120	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788860009	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788860102	POLYETH	POLYETH	561200	Cathartics	56120000	Cathartics	P	17GM/SCO	ORAL	POWD	GM	238		NON DRUG		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788860201	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788860202	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	20	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788860203	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788860204	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	40	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788860205	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	15	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788860206	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788860207	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	14	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788860208	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	120	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788860209	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788860301	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788860303	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788860306	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788860308	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	120	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788860309	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788860403	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788860406	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788860409	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788860500	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	10		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788860501	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	14		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788860503	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788860505	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	15		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788860509	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788860601	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	100		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788860704	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	200-40 MG	ORAL	SUSP	ML	473		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788860803	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788860806	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788860809	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788860903	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TBEC	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788860906	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TBEC	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788860909	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TBEC	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788861003	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788861006	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788861009	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788861101	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	200 MG/5M	ORAL	SUSR	ML	100		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788861201	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788861203	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788861206	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788861209	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788861301	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788861303	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788861306	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788861309	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788861400	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	10		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788861401	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	14		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788861403	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788861405	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	15		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788861409	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788861600	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	100		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788861601	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	14		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788861603	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788861605	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	15		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788861608	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	10		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788861609	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788861703	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788861706	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788861709	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788861801	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	CAPS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788861803	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	CAPS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788861809	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	CAPS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788861909	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	50 MG	ORAL	TABS	EA	9		GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788862001	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788862003	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788862006	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	40 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788862009	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788862101	LANSOPR	LANSOPR	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	14	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788862103	LANSOPR	LANSOPR	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	30	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788862106	LANSOPR	LANSOPR	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	60	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788862108	LANSOPR	LANSOPR	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	120	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788862109	LANSOPR	LANSOPR	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	90	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788862201	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788862202	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	20	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788862203	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788862204	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	14	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788862206	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788862208	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	210	X	GENERIC	6/5/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788862209	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788862303	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788862306	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788862309	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788862401	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	75-50 MG	ORAL	TABS	EA	100	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788862403	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	75-50 MG	ORAL	TABS	EA	30	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788862406	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	75-50 MG	ORAL	TABS	EA	60	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788862409	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	75-50 MG	ORAL	TABS	EA	90	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788862501	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788862503	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788862506	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788862509	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788862601	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.5 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788862603	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.5 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788862606	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.5 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788862609	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.5 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788862701	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788862703	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788862706	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788862709	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788862800	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	10		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788862801	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	14		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788862803	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788862805	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	15		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788862809	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788862900	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	10		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788862901	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	14		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788862903	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788862905	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	15		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788862909	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788863001	LIDOPRO	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4-1 %	EXTERNA	PTCH	EA	15		GENERIC		68788	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788863101	NYSTATIN	NYSTATIN	840408	Antifungal	84040828	Polyenes	S	100000 UN	EXTERNA	CREA	GM	15		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788863103	NYSTATIN	NYSTATIN	840408	Antifungal	84040828	Polyenes	S	100000 UN	EXTERNA	CREA	GM	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788863201	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-12.5 M	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788863203	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-12.5 M	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788863206	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-12.5 M	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788863209	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-12.5 M	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788863301	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	12.5 MG	ORAL	TABS	EA	10		GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788863303	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	12.5 MG	ORAL	TABS	EA	30		GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788863401	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5-500 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788863403	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5-500 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788863406	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5-500 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788863408	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5-500 MG	ORAL	TABS	EA	120	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788863409	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5-500 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788863501	EYE DRO	TETRAHY	523200	Vasocons	52320000	Vasocons	P	0.05-0.1-1	OPHTHAL	SOLN	ML	15		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788863601	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	100		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788863602	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	20		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788863603	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788863605	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	50		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788863702	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788863703	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788863705	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	15		GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788863706	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788863709	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788863803	MILK OF M	MAGNESI	561200	Cathartics	56120000	Cathartics	P	1200 MG/	ORAL	SUSP	ML	355		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788863901	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788863903	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788863905	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	50	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788863906	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788863909	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788864101	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788864103	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788864106	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788864108	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	120	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788864109	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
68788864202	MUPIROC	MUPIROC	840404	Antibacter	84040400	Antibacter	S	2%	EXTERNA	OINT	GM	22		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

68788864302	BACITRA	BACITRA	840404	Antibacter	84040400	Antibacter	P	500 UNIT/	EXTERNA	OINT	GM	28.4		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788864401	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	100	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788864403	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	30	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788864406	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	60	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788864408	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	120	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788864409	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	90	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788864502	ANTIFUN	MICONAZ	840408	Antifungal	84040808	Azoles	P	2%	EXTERNA	CREA	GM	28.4		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788864601	GOODSEI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5I	ORAL	SUSP	ML	118		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788864703	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788864706	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788864709	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788864803	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	25 MCG	ORAL	TABS	EA	30	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788864809	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	25 MCG	ORAL	TABS	EA	90	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788864902	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	20	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788864903	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788864906	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	60	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788864909	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788865003	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	1 MG	ORAL	TABS	EA	30		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788865006	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	1 MG	ORAL	TABS	EA	60		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788865009	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	1 MG	ORAL	TABS	EA	90		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788865101	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	10		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788865102	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	12		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788865103	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	30		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788865105	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	15		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788865106	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	60		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788865201	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	100	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788865203	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	30	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788865206	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	60	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788865207	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	180	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788865208	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	120	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788865209	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	90	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788865303	MODAFIN	MODAFIN	282080	UNKNOW	28208000	UNKNOW	S	200 MG	ORAL	TABS	EA	30	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788865306	MODAFIN	MODAFIN	282080	UNKNOW	28208000	UNKNOW	S	200 MG	ORAL	TABS	EA	60	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788865309	MODAFIN	MODAFIN	282080	UNKNOW	28208000	UNKNOW	S	200 MG	ORAL	TABS	EA	90	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788865403	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	6.25 MG	ORAL	TBCR	EA	30		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788865406	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	6.25 MG	ORAL	TBCR	EA	60		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788865409	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	6.25 MG	ORAL	TBCR	EA	90		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788865501	CEFDINIF	CEFDINIF	81206	Cephalosp	8120612	Third Gen	S	250 MG/5I	ORAL	SUSR	ML	100		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788865603	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788865606	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788865609	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788865701	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	5 MG/5ML	ORAL	SOLN	ML	120		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788865801	DOCUSAT	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	100		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788865803	DOCUSAT	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	30		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788865806	DOCUSAT	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	60		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788865900	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	10		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788865901	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	14		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788865903	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788865905	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	15		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788865909	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788866001	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	100	X	GENERIC	68788	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788866003	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	30	X	GENERIC	68788	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788866006	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	60	X	GENERIC	68788	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788866009	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	90	X	GENERIC	68788	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788866104	MICONAZ	MICONAZ	840408	Antifungal	84040808	Azoles	P	2%	VAGINAL	CREA	GM	45		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788866203	NYSTATI	NYSTATI	840608	UNKNOW	84060800	UNKNOW	S	100000-0.	EXTERNA	CREA	GM	30		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788866301	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	10		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788866302	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	20		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788866303	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	30		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788866304	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	18		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788866305	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	15		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788866308	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	21		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788866401	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	15		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788866403	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	30		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788866407	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	7		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788866503	TELMISAF	TELMISAF	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788866506	TELMISAF	TELMISAF	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	60	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788866509	TELMISAF	TELMISAF	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788866601	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TBDP	EA	10		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788866603	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TBDP	EA	30		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788866605	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TBDP	EA	5		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788866701	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	100	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788866703	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	30	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788866706	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	60	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788866709	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	90	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788866801	PHENAZC	PHENAZC	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	15		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788866806	PHENAZC	PHENAZC	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	6		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788866901	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	100	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788866902	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	28	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788866903	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788866906	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	60	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788866908	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	120	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788866909	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788867009	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	150 MG	ORAL	TABS	EA	90	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788867101	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788867203	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788867206	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788867209	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788867301	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	100	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788867302	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	20	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788867303	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	30	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788867306	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	60	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788867309	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	90	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788867401	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	14		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788867402	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	21		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788867403	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788867404	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	28		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788867405	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	56		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788867407	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	42		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788867501	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	100 MG/5I	ORAL	SUSR	ML	15		GENERIC	68788	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788867603	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	200 MG/5I	ORAL	SUSR	ML	30		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788867701	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	100	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788867703	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	30	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788867706	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	60	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788867708	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	120	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788867709	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	90	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788867801	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	100		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788867803	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	30		GENERIC	68788	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788867806	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	60		GENERIC	68788	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788867808	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	120		GENERIC	68788	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788867809	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	90		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788867901	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	100	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788867903	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	30	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788867906	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	60	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788867908	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	120	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788867909	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	90	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788868001	TRAZODC	TRAZODC	281604	Antidepres	28160424	Serotonin	S	150 MG	ORAL	TABS	EA	100	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788868003	TRAZODC	TRAZODC	281604	Antidepres	28160424	Serotonin	S	150 MG	ORAL	TABS	EA	30	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788868006	TRAZODC	TRAZODC	281604	Antidepres	28160424	Serotonin	S	150 MG	ORAL	TABS	EA	60	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788868009	TRAZODC	TRAZODC	281604	Antidepres	28160424	Serotonin	S	150 MG	ORAL	TABS	EA	90	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788868101	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	100		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788868103	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	30		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788868106	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	60		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788868109	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	90		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788868201	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	100	X	GENERIC	68788	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788868203	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	30	X	GENERIC	68788	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788868206	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	60	X	GENERIC	68788	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788868208	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	120	X	GENERIC	68788	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788868209	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	90	X	GENERIC	68788	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788868301	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	100	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788868303	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788868306	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	60	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788868309	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788868403	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788868406	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788868409	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788868501	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	14		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788868502	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	20		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788868503	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	30		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788868504	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	40		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788868505	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	56		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788868506	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	60		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788868508	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	21		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788868602	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG/5I	ORAL	SUSR	ML	200		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788868701	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	100	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788868703	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788868706	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788868708	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	120	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788868709	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788868801	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	100	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788868803	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788868806	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788868808	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	120	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788868809	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788868901	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TABS	EA	100	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788868903	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788868906	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TABS	EA	60	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788868909	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788869001	NYSTATI	NYSTATI	81428	Polyenes	8142800	Polyenes	S	500000 UI	ORAL	TABS	EA	120		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788869101	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	100	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788869103	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788869104	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	120	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788869106	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	60	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788869109	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788869200	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	6		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788869201	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	14		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788869202	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	20		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788869203	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	30		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788869208	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	10		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788869301	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	100	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788869303	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788869306	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	60	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788869309	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788869403	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	30	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788869406	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	60	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788869409	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	90	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788869501	PHENAZC	PHENAZC	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	15		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788869509	PHENAZC	PHENAZC	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	9		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788869601	VERAPAN	VERAPAN	240404	Antiarrhyt	24040424	Class IV A	S	120 MG	ORAL	TBCR	EA	100	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788869603	VERAPAN	VERAPAN	240404	Antiarrhyt	24040424	Class IV A	S	120 MG	ORAL	TBCR	EA	30	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788869609	VERAPAN	VERAPAN	240404	Antiarrhyt	24040424	Class IV A	S	120 MG	ORAL	TBCR	EA	90	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788869703	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788869706	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TABS	EA	60	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788869709	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788869802	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	20	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788869803	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788869806	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	60	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788869809	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788870001	TRIAMTEI	TRIAMTEI	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	CAPS	EA	100	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788870003	TRIAMTEI	TRIAMTEI	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	CAPS	EA	30	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788870006	TRIAMTEI	TRIAMTEI	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	CAPS	EA	60	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788870009	TRIAMTEI	TRIAMTEI	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	CAPS	EA	90	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788870102	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788870206	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788870300	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	100	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788870302	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	20	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788870303	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	30	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788870304	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	28	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788870305	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	15	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788870306	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	60	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788870308	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	120	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788870309	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788870406	FLUTICAS	FLUTICAS	121208	beta-Adre	12120812	Selective I	S	100-50 MC	INHALATI	AEPB	EA	60	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788870500	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	6		GENERIC	68788	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788870501	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	10		GENERIC	68788	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788870502	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	20		GENERIC	68788	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788870503	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	30		GENERIC	68788	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788870504	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	4		GENERIC	68788	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788870505	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	15		GENERIC	68788	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788870507	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	21		GENERIC	68788	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788870602	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	20		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788870603	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788870606	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788870608	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	120		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788870609	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	90		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788870703	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	30		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788870706	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	60		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788870709	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	90		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788870801	PROCHLC	PROCHLC	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	10	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788870802	PROCHLC	PROCHLC	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	20	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788870803	PROCHLC	PROCHLC	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788870805	PROCHLC	PROCHLC	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	15	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788870806	PROCHLC	PROCHLC	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788870903	PROGEST	PROGEST	683200	Progestins	68320000	Progestins	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788871001	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	100	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788871002	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	20	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788871003	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788871004	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	14	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788871005	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	50	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788871006	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788871007	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	21	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788871008	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	120	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788871009	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788871103	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788871106	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	5 MG	ORAL	TABS	EA	60	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788871109	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788871200	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	100	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788871202	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	20	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788871203	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	30	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788871204	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	28	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788871205	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	15	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788871206	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	60	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788871208	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	120	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788871209	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788871301	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	100	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788871303	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	30	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788871309	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	90	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788871402	MEGESTF	MEGESTF	683200	Progestins	68320000	Progestins	S	40 MG/ML	ORAL	SUSP	ML	240		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788871505	KETOTIFE	KETOTIFE	520200	Antiallergi	52020000	Antiallergi	P	0.04%	OPHTHAL	SOLN	ML	5		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788871603	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	10 MG	ORAL	TABS	EA	30		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788871701	TRAMADC	TRAMADC	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	100		GENERIC	68788	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788871702	TRAMADC	TRAMADC	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	20		GENERIC	68788	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788871703	TRAMADC	TRAMADC	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	30		GENERIC	68788	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788871704	TRAMADC	TRAMADC	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	40		GENERIC	68788	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788871705	TRAMADC	TRAMADC	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	15		GENERIC	68788	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788871706	TRAMADC	TRAMADC	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	60		GENERIC	68788	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788871707	TRAMADC	TRAMADC	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	50		GENERIC	68788	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788871708	TRAMADC	TRAMADC	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	120		GENERIC	68788	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788871709	TRAMADC	TRAMADC	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	90		GENERIC	68788	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788871803	TELMISAF	TELMISAF	243208	Angiotens	24320800	Angiotens	S	80 MG	ORAL	TABS	EA	30	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788871806	TELMISAF	TELMISAF	243208	Angiotens	24320800	Angiotens	S	80 MG	ORAL	TABS	EA	60	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788871809	TELMISAF	TELMISAF	243208	Angiotens	24320800	Angiotens	S	80 MG	ORAL	TABS	EA	90	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788871903	PROGEST	PROGEST	683200	Progestins	68320000	Progestins	S	200 MG	ORAL	CAPS	EA	30	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788872001	DICLONA	DICLOFEI	849200	Skin and M	84920000	Skin and M	R	1.25-4.5 %	EXTERNA	PTCH	EA	3		SSB	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788872101	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	100	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788872103	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788872106	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	60	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788872109	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	90	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788872203	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788872206	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	60	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788872209	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788872301	ESCITALC	ESCITALC	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	100	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788872303	ESCITALC	ESCITALC	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788872306	ESCITALC	ESCITALC	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	60	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788872308	ESCITALC	ESCITALC	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	28	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788872309	ESCITALC	ESCITALC	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788872401	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	100		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788872402	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	21		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788872403	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	30		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788872404	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	40		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788872405	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	50		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788872408	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	35		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788872501	ZALEPLO	ZALEPLO	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	CAPS	EA	100		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
68788872502	ZALEPLO	ZALEPLO	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	CAPS	EA	20		GENERIC	68788		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM

68788872503	ZALEPLO	ZALEPLO	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	CAPS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788872506	ZALEPLO	ZALEPLO	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	CAPS	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788872509	ZALEPLO	ZALEPLO	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	CAPS	EA	90		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788872601	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788872603	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788872606	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788872608	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	120		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788872609	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788872701	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788872703	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788872706	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788872709	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788872801	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788872803	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788872806	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788872809	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788872908	MUSCLE	MENTHOI	842404	Basic Loti	84240400	Basic Loti	P	10-15 %	EXTERNA	CREA	GM	85		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788873001	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	400 MG/5	ORAL	SUSR	ML	100		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788873101	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	400 MG/5	ORAL	SUSR	ML	100		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788873201	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788873203	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788873206	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788873209	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788873303	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788873304	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	14	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788873306	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788873309	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788873403	VILAZOD	VILAZOD	281604	Antidepres	28160424	Serotonin	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788873503	VILAZOD	VILAZOD	281604	Antidepres	28160424	Serotonin	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788873701	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	100		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788873703	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788873706	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788873708	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	120		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788873709	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	90		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788873801	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788873803	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788873806	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788873808	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	120	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788873809	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788873901	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788873903	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788873906	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788873909	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788874001	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	12		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788874002	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	20		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788874003	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788874004	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	40		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788874005	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	6		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788874006	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788874007	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	21		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788874008	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	28		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788874009	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	14		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788874101	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	100		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788874102	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	20		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788874103	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788874106	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788874108	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	120		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788874109	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	90		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788874201	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788874203	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788874206	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788874209	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788874301	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	2%	EXTERNA	SOLN	GM	112		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788874403	NASAL D	OXYMETA	523200	Vasocons	52320000	Vasocons	P	0.05%	NASAL	SOLN	ML	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788874501	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		68788	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788874503	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		68788	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788874506	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		68788	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788874508	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	120	X	GENERIC		68788	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788874509	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		68788	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788874601	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788874603	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788874606	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788874608	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	120	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788874609	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788874701	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	CAPS	EA	100		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788874702	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	CAPS	EA	20		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788874703	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	CAPS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788874706	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	CAPS	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788874708	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	CAPS	EA	120		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788874709	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	CAPS	EA	90		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788874803	NEOMYCI	NEOMYCI	520808	Corticoste	52080800	Corticoste	S	3.5-10000	OPHTHAL	OINT	GM	3.5		GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788874901	FINASTEF	FINASTEF	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788874903	FINASTEF	FINASTEF	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788874906	FINASTEF	FINASTEF	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788874909	FINASTEF	FINASTEF	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788875002	LOPERAM	LOPERAM	560800	Antidiarrh	56080000	Antidiarrh	P	2 MG	ORAL	TABS	EA	24		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788875102	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	20		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788875103	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788875106	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788875109	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	90		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788875203	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	30	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788875206	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	60	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788875209	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	90	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788875301	TRIAMCI	TRIAMCI	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	15		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788875303	TRIAMCI	TRIAMCI	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788875308	TRIAMCI	TRIAMCI	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	80		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788875401	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788875402	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	20	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788875403	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788875404	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	14	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788875405	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	50	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788875406	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788875407	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	21	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788875408	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	120	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788875409	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788875701	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788875702	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	20	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788875703	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788875704	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	14	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788875705	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	50	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788875706	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788875707	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	21	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788875708	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	120	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788875709	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788875800	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	100	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788875801	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	15	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788875802	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	20	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788875803	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788875806	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	60	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788875808	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	28	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788875809	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788876401	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788876403	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788876406	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788876408	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	120	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788876409	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		68788	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788876603	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500-20 MG	ORAL	TBEC	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788876606	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500-20 MG	ORAL	TBEC	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788876703	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788876706	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788876708	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	28	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788876709	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788877101	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788877103	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788877106	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788877108	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	120	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788877109	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788877201	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	10		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788877202	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	20		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788877203	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788877204	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	14		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788877207	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	7		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788891901	DOCUSA	DOCUSA	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	100		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788891903	DOCUSA	DOCUSA	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788891906	DOCUSA	DOCUSA	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788892801	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	15	X	GENERIC	1/19/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788892803	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	1/19/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788892806	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	60	X	GENERIC	1/19/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788892809	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	1/19/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788892810	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788892901	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC	4/11/2022	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788892903	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC	4/11/2022	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788892906	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC	4/11/2022	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788892909	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC	4/11/2022	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788893808	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	12		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788894201	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	15 MG	ORAL	CAPS	EA	7		GENERIC	9/27/2022	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788894203	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	15 MG	ORAL	CAPS	EA	30		GENERIC	9/27/2022	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788894601	SUCRALF	SUCRALF	562832	Protectant	56283200	Protectant	S	1 GM	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788894603	SUCRALF	SUCRALF	562832	Protectant	56283200	Protectant	S	1 GM	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788895001	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	7		GENERIC	8/29/2023	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788895003	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	30		GENERIC	8/29/2023	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788895101	LOPERAM	LOPERAM	560800	Antidiarrh	56080000	Antidiarrh	P	2 MG	ORAL	TABS	EA	15		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788895102	LOPERAM	LOPERAM	560800	Antidiarrh	56080000	Antidiarrh	P	2 MG	ORAL	TABS	EA	24		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788895103	LOPERAM	LOPERAM	560800	Antidiarrh	56080000	Antidiarrh	P	2 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788895106	LOPERAM	LOPERAM	560800	Antidiarrh	56080000	Antidiarrh	P	2 MG	ORAL	TABS	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788895201	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788895203	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788895206	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788895208	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	120	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788895209	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788896201	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788896203	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788896206	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788896208	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	120	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788896209	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788897202	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	21		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788897203	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788897204	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	40		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788898701	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	100		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788898708	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	120		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788898709	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	90		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788899101	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	100	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788899103	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788899106	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788899109	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788899601	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	200-28.5 M	ORAL	SUSR	ML	100		GENERIC	1/17/2023	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788900602	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	20		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788901200	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	6		GENERIC	4/2/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788901201	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	14		GENERIC	4/2/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788901202	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	20		GENERIC	4/2/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788901208	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	10		GENERIC	4/2/2024	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788901701	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250 MG/5	ORAL	SUSR	ML	150		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788901801	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	400 MG/5	ORAL	SUSR	ML	100		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788901901	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	125 MG/5	ORAL	SUSR	ML	150		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788902400	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	6		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788902401	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	14		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788902402	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	20		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788902408	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	10		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788903501	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	400 MG/5	ORAL	SUSR	ML	100		GENERIC	3/7/2022	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788903701	DOXYCY	DOXYCY	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	14		GENERIC	5/10/2022	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788903702	DOXYCY	DOXYCY	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	20		GENERIC	5/10/2022	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788907403	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788907406	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788907803	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	3		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788911202	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	20	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788911203	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788911206	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788911209	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788911502	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	20	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788911503	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788911506	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788911509	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788912103	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	30	X	GENERIC	7/31/2023	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788912106	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	60	X	GENERIC	7/31/2023	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788912203	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	30	X	GENERIC	7/31/2023	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788912206	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	60	X	GENERIC	7/31/2023	68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788912603	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788912606	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788912703	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788912706	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788912709	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788913803	ORPHEN	ORPHEN	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788913806	ORPHEN	ORPHEN	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788913809	ORPHEN	ORPHEN	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	90		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788915003	ORPHEN	ORPHEN	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	30		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788915006	ORPHEN	ORPHEN	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	60		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
68788915009	ORPHEN	ORPHEN	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	90		GENERIC		68788		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

68788915603	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	125 MCG	ORAL	TABS	EA	30	X	GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788915703	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	150 MCG	ORAL	TABS	EA	30	X	GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788916003	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	25 MCG	ORAL	TABS	EA	30	X	GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788916103	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	50 MCG	ORAL	TABS	EA	30	X	GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788916203	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	75 MCG	ORAL	TABS	EA	30	X	GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788916403	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	100 MCG	ORAL	TABS	EA	30	X	GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788917201	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	15		GENERIC	1/17/2023	68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788918203	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788919901	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	100		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788919902	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	20		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788919903	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	30		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788919904	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	40		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788919905	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	15		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788919906	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	60		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788919907	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	50		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788919908	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	120		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788919909	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	90		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788920700	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	2		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788920701	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	15		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788920702	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	20		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788920703	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	30		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788920704	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	10		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788920705	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	6		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788920706	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	60		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788920708	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	100		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788920709	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	90		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788922309	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	CAPS	EA	90	X	GENERIC	6/12/2023	68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788924601	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788924603	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788924606	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788924608	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	120		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788924609	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788929401	DENDRA(	CAPSAICI	842404	Basic Loti	84240400	Basic Loti	O	0.025-10-3	EXTERNA	LOTN	ML	120		SSB		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788930100	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	6	X	GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788930101	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	10	X	GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788930102	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	20	X	GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788930103	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	30	X	GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788930106	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	60	X	GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788930109	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	90	X	GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788930902	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	20		GENERIC	10/3/2022	68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788931902	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	20		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788932600	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	18		GENERIC	10/31/2023	68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788932602	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	20		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788932603	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	30		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788932604	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	40		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788932607	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	21		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788932608	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	28		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788932609	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	14		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788936801	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	10		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788936802	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	12		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788936803	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	30		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788936805	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	15		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788936806	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	60		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788937601	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	100		GENERIC	1/19/2023	68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788937602	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	20		GENERIC	1/19/2023	68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788937603	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	30		GENERIC	1/19/2023	68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788937606	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	60		GENERIC	1/19/2023	68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788937608	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	120		GENERIC	1/19/2023	68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788937609	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	90		GENERIC	1/19/2023	68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788940201	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	10		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788940202	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	12		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788940203	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	30		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788940205	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	15		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788940206	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	6		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788941801	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	15	X	GENERIC	7/28/2023	68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788941803	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	30	X	GENERIC	7/28/2023	68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788941806	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	60	X	GENERIC	7/28/2023	68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788941809	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	90	X	GENERIC	7/28/2023	68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788943002	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	20		GENERIC	3/7/2022	68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788943003	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	30		GENERIC	3/7/2022	68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788943006	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	60		GENERIC	3/7/2022	68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788943009	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	90		GENERIC	3/7/2022	68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788943501	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	3%	EXTERNA	GEL	GM	100		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788943801	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	10	X	GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788943802	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	20	X	GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788943803	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788943804	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	14	X	GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788943806	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788943809	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788948701	QUETIAPI	QUETIAPI	281608	Antipsycho	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	100	X	GENERIC	12/7/2022	68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788948703	QUETIAPI	QUETIAPI	281608	Antipsycho	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	30	X	GENERIC	12/7/2022	68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788948706	QUETIAPI	QUETIAPI	281608	Antipsycho	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	60	X	GENERIC	12/7/2022	68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788948708	QUETIAPI	QUETIAPI	281608	Antipsycho	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	120	X	GENERIC	12/7/2022	68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788948709	QUETIAPI	QUETIAPI	281608	Antipsycho	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	90	X	GENERIC	12/7/2022	68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788949601	NEW TER	CAPSAICI	842404	Basic Loti	84240400	Basic Loti	P	0.025-10-2	EXTERNA	LOTN	ML	120		MSB		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION			R	MEDPRIM
68788949709	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	90		GENERIC	10/18/2022	68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788949908	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	120	X	GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788950105	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	15		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788950901	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	100	X	GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788950903	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	30	X	GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788950906	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	60	X	GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788950908	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	120	X	GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788950909	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	90	X	GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788951403	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	30		GENERIC	10/18/2022	68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788951406	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	60		GENERIC	10/18/2022	68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788951409	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	90		GENERIC	10/18/2022	68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788953701	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	10		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788953705	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	15		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788954709	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	50 MG	ORAL	TABS	EA	9		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788955501	TEROCIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4-4 %	EXTERNA	PTCH	EA	10		MSB		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION			R	MEDPRIM
68788955603	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788966803	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788967001	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TBDP	EA	10		GENERIC	9/20/2022	68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788967801	FLUTICAS	FLUTICAS	520808	Corticoste	52080800	Corticoste	S	50 MCG/A	NASAL	SUSP	GM	16		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788968303	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788970205	NEOMYCI	NEOMYCI	520808	Corticoste	52080800	Corticoste	S	.1%-3.5M	OPHTHAL	SUSP	ML	5		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788971203	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	8/12/2022	68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788971300	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	6		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788971302	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	20		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788971303	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	30		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788971304	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	40		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788971306	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	60		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788971307	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	21		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788971308	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	28		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788973008	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	120	X	GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788975202	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	20		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788975203	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	30		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788975204	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	40		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788975207	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	21		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788976601	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	100		GENERIC	4/11/2022	68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788976603	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	30		GENERIC	4/11/2022	68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788976606	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	60		GENERIC	4/11/2022	68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788976609	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	90		GENERIC	4/11/2022	68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788978903	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	30	X	GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788980601	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	100	X	GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788980602	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	20	X	GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788980603	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	30	X	GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788980606	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	60	X	GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788980608	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	120	X	GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788980609	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	90	X	GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788980703	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10-12.5 M	ORAL	TABS	EA	30	X	GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788980803	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-25 MG	ORAL	TABS	EA	30	X	GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788980903	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	30	X	GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788983001	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	100	X	GENERIC	8/17/2023	68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788983003	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC	8/17/2023	68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788983006	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	60	X	GENERIC	8/17/2023	68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788983009	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	90	X	GENERIC	8/17/2023	68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788985403	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	30		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788986803	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788986903	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788987101	SULFACE	SULFACE	520404	Antibacter	52040400	Antibacter	S	10%	OPHTHAL	SOLN	ML	15		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788989202	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	20		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788989305	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	15		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788990002	PROAIR H	ALBUTER	121208	beta-Adre	12120812	Selective	S	108 (90 B	INHALATI	AERS	GM	8.5	X	MSB	10/1/2022	68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION			R	MEDPRIM
68788990603	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	30	X	GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788990606	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	60	X	GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788990702	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	20	X	GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788990703	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30	X	GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788990706	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788991503	KETOCON	KETOCON	840408	Antifungal	84040808	Azoles	S	2%	EXTERNA	CREA	GM	30		GENERIC	7/19/2023	68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788992401	NEOMYCI	NEOMYCI	520808	Corticoste	52080800	Corticoste	S	3.5-10000-	OTIC	SUSP	ML	10		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788994801	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250 MG/5	ORAL	SUSR	ML	150		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788994901	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	125 MG/5	ORAL	SUSR	ML	150		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788996701	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	100		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788996702	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	20		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788996703	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788996704	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	21		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788996706	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	60		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788996707	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	8		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788996708	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	120		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788996709	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788997001	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	600-42.9 M	ORAL	SUSR	ML	125		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788997007	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	600-42.9 M	ORAL	SUSR	ML	75		GENERIC		68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68788997501	LIDOPRO	METHYL S	840800	Antipruritic	84080000	Antipruritic	O	4-4-5 %	EXTERNA	PTCH	EA	15		SSB	2/23/2024	68788			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68791010104	DERMA-S	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.01%	EXTERNA	OIL	ML	118.28		MSB		68791	Y			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
68791010201	DERMA-S	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.01%	EXTERNA	OIL	ML	20		MSB	10/30/2023	68791				Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU		FORMULARY EXCLUSION			R	MEDPRIM
68791010204	DERMA-S	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.01%	EXTERNA	OIL	ML	118.28		MSB		68791	Y			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
68791010320	DERMOTI	FLUOCIN	520808	Corticoste	52080800	Corticoste	S	0.01%	OTIC	OIL	ML	20		MSB		68791	Y			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
68791010404	PEDIAPRI	PREDNIS	680400	Adrenals	68040000	Adrenals	S	6.7 (5 BAS	ORAL	SOLN	ML	120		MSB		68791	Y			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
68803061210	VISIONBL	TRYPAN B	365800	Ocular Dis	36580000	Ocular Dis	R	0.06%	INTRAOC	SOSY	ML	0.5		SSB		68803				N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68803067205	MEMBRAI	TRYPAN B	365800	Ocular Dis	36580000	Ocular Dis	R	0.15%	INTRAOC	SOSY	ML	0.5		SSB	6/30/2022	68803				N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68803072205	TISSUEBL	BRILLIANT	365800	Ocular Dis	36580000	Ocular Dis	R	0.03%	INTRAOC	SOSY	ML	0.5		SSB		68803				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68803072225	TISSUEBL	BRILLIANT	365800	Ocular Dis	36580000	Ocular Dis	R	0.03%	INTRAOC	SOSY	ML	0.5		SSB		68803				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68817013450	ABRAXAN	PACLITAX	100000	Antineopla	10000000	Antineopla	S	100 MG	INTRAVEI	SUSR	EA	1		MSB		68817				N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION			R	MEDPRIM
68850001201	MYAMBU	ETHAMBU	81604	Antituberc	8160400	Antituberc	S	400 MG	ORAL	TABS	EA	100		MSB	8/15/2024	68850	Y			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
68850001202	MYAMBU	ETHAMBU	81604	Antituberc	8160400	Antituberc	S	400 MG	ORAL	TABS	EA	100		MSB	8/15/2024	68850	Y			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			R	MEDPRIM
68875010201	GATTEX	TEDUGLU	561600	Digestants	56160000	Digestants	R	5 MG	SUBCUTA	KIT	EA	1	X	SSB		68875		Y		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X	R	MEDPRIM
68875010301	GATTEX	TEDUGLU	561600	Digestants	56160000	Digestants	R	5 MG	SUBCUTA	KIT	EA	1	X	SSB		68875		Y		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X	R	MEDPRIM
68875020201	NATPARA	PARATHY	682408	UNKNOW	68240800	UNKNOW	R	25 MCG	SUBCUTA	CART	EA	1	X	SSB	10/4/2022	68875		Y		N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X	R	MEDPRIM
68875020202	NATPARA	PARATHY	682408	UNKNOW	68240800	UNKNOW	R	25 MCG	SUBCUTA	CART	EA	1	X	SSB	10/4/2022	68875		Y		N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X	R	MEDPRIM
68875020301	NATPARA	PARATHY	682408	UNKNOW	68240800	UNKNOW	R	50 MCG	SUBCUTA	CART	EA	1	X	SSB	10/4/2022	68875		Y		N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X	R	MEDPRIM
68875020302	NATPARA	PARATHY	682408	UNKNOW	68240800	UNKNOW	R	50 MCG	SUBCUTA	CART	EA	1	X	SSB	10/4/2022	68875		Y		N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X	R	MEDPRIM
68875020401	NATPARA	PARATHY	682408	UNKNOW	68240800	UNKNOW	R	75 MCG	SUBCUTA	CART	EA	1	X	SSB	10/4/2022	68875		Y		N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X	R	MEDPRIM
68875020402	NATPARA	PARATHY	682408	UNKNOW	68240800	UNKNOW	R	75 MCG	SUBCUTA	CART	EA	1	X	SSB	10/4/2022	68875		Y		N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X	R	MEDPRIM
68875020501	NATPARA	PARATHY	682408	UNKNOW	68240800	UNKNOW	R	100 MCG	SUBCUTA	CART	EA	1	X	SSB	10/4/2022	68875		Y		N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X	R	MEDPRIM
68875020502	NATPARA	PARATHY	682408	UNKNOW	68240800	UNKNOW	R	100 MCG	SUBCUTA	CART	EA	1	X	SSB	10/4/2022	68875		Y		N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X	R	MEDPRIM
68883001005	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	10 UNIT/M	INTRAVEI	SOLN	ML	5		GENERIC		68883		Y		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68883010003	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	100 UNIT/	INTRAVEI	SOLN	ML	3		GENERIC		68883		Y		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68883010005	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	100 UNIT/	INTRAVEI	SOLN	ML	5		GENERIC		68883	Y	Y		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
68883060005	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVEI	SOLN	ML	5		GENERIC		68883		Y		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM

69097032186	BUDESOI	BUDESOI	680400	Adrenals	68040000	Adrenals	S	1 MG/2ML	INHALATI	SUSP	ML	2 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS							R	MEDPRMI
69097032187	BUDESOI	BUDESOI	680400	Adrenals	68040000	Adrenals	S	1 MG/2ML	INHALATI	SUSP	ML	2 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS							R	MEDPRMI
69097032289	DIMETHY	DIMETHY	900408	UNKNOW	90040800	UNKNOW	S	120 MG	ORAL	CPDR	EA	14 X	GENERIC	10/31/2024	69097		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRMI
69097032303	DIMETHY	DIMETHY	900408	UNKNOW	90040800	UNKNOW	S	240 MG	ORAL	CPDR	EA	60 X	GENERIC	10/31/2024	69097		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRMI
69097034135	DIFLUPRI	DIFLUPRI	520808	Corticoste	52080800	Corticoste	S	0.05%	OPHTHAL	EMUL	ML	5	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS			X	5 IN 7 DAYS							R	MEDPRMI
69097036108	GRISEOF	GRISEOF	81492	Antifungal	8149200	Antifungal	S	125 MG/5I	ORAL	SUSP	ML	120	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097036202	ABACAVII	ABACAVII	81808	Antiretrovi	8180820	Nucleosid	S	600-300 M	ORAL	TABS	EA	30 X	GENERIC		69097		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	1 IN 1 DAYS							R	MEDPRMI
69097036344	TESTOST	TESTOST	680800	Androgen	68080000	Androgen	S	30 MG/AC	TRANSDE	SOLN	ML	90 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS	X	PA:X									R	MEDPRMI
69097037302	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	2.5 MG	ORAL	TABS	EA	30 X	GENERIC	2/15/2023	69097		N	FORMULARY		1 GEN	GENERICS	X	PA:X									R	MEDPRMI
69097037305	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	2.5 MG	ORAL	TABS	EA	90 X	GENERIC	2/15/2023	69097		N	FORMULARY		1 GEN	GENERICS	X	PA:X									R	MEDPRMI
69097037402	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	30 X	GENERIC	2/15/2023	69097		N	FORMULARY		1 GEN	GENERICS	X	PA:X									R	MEDPRMI
69097037405	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	90 X	GENERIC	2/15/2023	69097		N	FORMULARY		1 GEN	GENERICS	X	PA:X									R	MEDPRMI
69097037502	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	10 MG	ORAL	TABS	EA	30	GENERIC	2/15/2023	69097		N	FORMULARY		1 GEN	GENERICS			X	1 IN 5 DAYS							R	MEDPRMI
69097037505	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	10 MG	ORAL	TABS	EA	90	GENERIC	2/15/2023	69097		N	FORMULARY		1 GEN	GENERICS			X	1 IN 5 DAYS							R	MEDPRMI
69097037602	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	30	GENERIC	2/15/2023	69097		N	FORMULARY		1 GEN	GENERICS			X	1 IN 5 DAYS							R	MEDPRMI
69097037605	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	90	GENERIC	2/15/2023	69097		N	FORMULARY		1 GEN	GENERICS			X	1 IN 5 DAYS							R	MEDPRMI
69097038173	LENALID	LENALID	100000	Antineopla	10000000	Antineopla	S	5 MG	ORAL	CAPS	EA	28	GENERIC		69097		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRMI
69097038273	LENALID	LENALID	100000	Antineopla	10000000	Antineopla	S	10 MG	ORAL	CAPS	EA	28	GENERIC		69097		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRMI
69097038381	LENALID	LENALID	100000	Antineopla	10000000	Antineopla	S	15 MG	ORAL	CAPS	EA	21	GENERIC		69097		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRMI
69097038481	LENALID	LENALID	100000	Antineopla	10000000	Antineopla	S	20 MG	ORAL	CAPS	EA	21	GENERIC		69097		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRMI
69097038581	LENALID	LENALID	100000	Antineopla	10000000	Antineopla	S	25 MG	ORAL	CAPS	EA	21	GENERIC		69097		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRMI
69097038602	AMBRISE	AMBRISE	484800	Vasodilati	48481200	UNKNOW	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		69097		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRMI
69097038702	AMBRISE	AMBRISE	484800	Vasodilati	48481200	UNKNOW	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		69097		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRMI
69097039102	DEFERAS	DEFERAS	640000	Heavy Me	64000000	Heavy Me	S	90 MG	ORAL	TABS	EA	30 X	GENERIC		69097		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRMI
69097039202	DEFERAS	DEFERAS	640000	Heavy Me	64000000	Heavy Me	S	180 MG	ORAL	TABS	EA	30 X	GENERIC		69097		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRMI
69097039302	DEFERAS	DEFERAS	640000	Heavy Me	64000000	Heavy Me	S	360 MG	ORAL	TABS	EA	30 X	GENERIC		69097		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRMI
69097040707	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	100 X	GENERIC	5/22/2024	69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097040715	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	1000 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097040807	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	100 X	GENERIC	5/22/2024	69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097040815	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	1000 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097040907	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TB24	EA	100 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097041002	CINACAL	CINACAL	682404	UNKNOW	68240400	UNKNOW	S	30 MG	ORAL	TABS	EA	30 X	GENERIC		69097		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	2 IN 1 DAYS							R	MEDPRMI
69097041102	CINACAL	CINACAL	682404	UNKNOW	68240400	UNKNOW	S	60 MG	ORAL	TABS	EA	30 X	GENERIC		69097		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	2 IN 1 DAYS							R	MEDPRMI
69097041202	CINACAL	CINACAL	682404	UNKNOW	68240400	UNKNOW	S	90 MG	ORAL	TABS	EA	30 X	GENERIC		69097		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	4 IN 1 DAYS							R	MEDPRMI
69097042003	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	400 MG	ORAL	CAPS	EA	60 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097042107	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	100 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097042112	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	500 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097042207	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	100 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097042212	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	500 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097042303	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	50 MG	ORAL	CAPS	EA	60 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097042502	ENTECAV	ENTECAV	81832	Nucleosid	8183200	Nucleosid	S	1 MG	ORAL	TABS	EA	30 X	GENERIC	5/22/2024	69097		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	1 IN 1 DAYS							R	MEDPRMI
69097042602	ENTECAV	ENTECAV	81832	Nucleosid	8183200	Nucleosid	S	0.5 MG	ORAL	TABS	EA	30 X	GENERIC	5/22/2024	69097		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	1 IN 1 DAYS							R	MEDPRMI
69097043102	DARIFEN	DARIFEN	861204	UNKNOW	86120400	UNKNOW	S	7.5 MG	ORAL	TB24	EA	30 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097043105	DARIFEN	DARIFEN	861204	UNKNOW	86120400	UNKNOW	S	7.5 MG	ORAL	TB24	EA	90 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097043202	DARIFEN	DARIFEN	861204	UNKNOW	86120400	UNKNOW	S	15 MG	ORAL	TB24	EA	30 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097043205	DARIFEN	DARIFEN	861204	UNKNOW	86120400	UNKNOW	S	15 MG	ORAL	TB24	EA	90 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097043935	PALONOS	PALONOS	562220	5-HT3 Re	56222000	5-HT3 Re	S	0.25 MG/5	INTRAVEI	SOLN	ML	5	GENERIC	2/15/2023	69097		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRMI
69097044403	ATAZANA	ATAZANA	81808	Antiretrovi	8180808	HIV Prote	S	150 MG	ORAL	CAPS	EA	60 X	GENERIC	2/15/2023	69097		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	2 IN 1 DAYS							R	MEDPRMI
69097044503	ATAZANA	ATAZANA	81808	Antiretrovi	8180808	HIV Prote	S	200 MG	ORAL	CAPS	EA	60 X	GENERIC	2/15/2023	69097		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	2 IN 1 DAYS							R	MEDPRMI
69097044602	ATAZANA	ATAZANA	81808	Antiretrovi	8180808	HIV Prote	S	300 MG	ORAL	CAPS	EA	30 X	GENERIC	2/15/2023	69097		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	1 IN 1 DAYS							R	MEDPRMI
69097045805	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	145 MG	ORAL	TABS	EA	90 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097045905	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	48 MG	ORAL	TABS	EA	90 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097050327	DIHYDRO	DIHYDRO	121604	UNKNOW	12160404	UNKNOW	S	4 MG/ML	NASAL	SOLN	ML	1	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS			X	8 IN 28 DAYS	X	Must meet	5 DS Imitr	TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS			R	MEDPRMI
69097050331	DIHYDRO	DIHYDRO	121604	UNKNOW	12160404	UNKNOW	S	4 MG/ML	NASAL	SOLN	ML	1	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS			X	8 IN 28 DAYS	X	Must meet	5 DS Imitr	TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS			R	MEDPRMI
69097051403	ABACAVII	ABACAVII	81808	Antiretrovi	8180820	Nucleosid	S	300 MG	ORAL	TABS	EA	60 X	GENERIC		69097		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	2 IN 1 DAYS							R	MEDPRMI
69097051607	CYCLOPH	CYCLOPH	100000	Antineopla	10000000	Antineopla	S	25 MG	ORAL	CAPS	EA	100	GENERIC		69097		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS											R	MEDPRMI
69097051707	CYCLOPH	CYCLOPH	100000	Antineopla	10000000	Antineopla	S	50 MG	ORAL	CAPS	EA	100	GENERIC		69097		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS											R	MEDPRMI
69097052131	ISOPROT	ISOPROT	121208	beta-Adre	12120804	Non-selec	S	0.2 MG/M	INJECTIO	SOLN	ML	1	GENERIC	2/15/2023	69097		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRMI
69097052235	ISOPROT	ISOPROT	121208	beta-Adre	12120804	Non-selec	S	0.2 MG/M	INJECTIO	SOLN	ML	5	GENERIC	2/15/2023	69097		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRMI
69097052444	DICLOFEI	DICLOFEI	840620	UNKNOW	84062000	UNKNOW	S	1%	EXTERN	GEL	GM	100	GENERIC	10/31/2024	69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097052603	TADALAF	TADALAF	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	60 X	GENERIC		69097		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRMI
69097052734	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	10 MG	ORAL	PACK	EA	30 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet	5 DS Cvs	TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZ			R	MEDPRMI
69097052834	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	PACK	EA	30 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet	5 DS Cvs	TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZ			R	MEDPRMI
69097052934	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	PACK	EA	30 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS	X	Must meet	5 DS Cvs	TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZ			R	MEDPRMI
69097053302	TENOFOV	TENOFOV	81808	Antiretrovi	8180820	Nucleosid	S	300 MG	ORAL	TABS	EA	30 X	GENERIC		69097		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS					X	IF RATIO=IF FOR PREEXPOSI	R	MEDPRMI
69097053637	TESTOST	TESTOST	680800	Androgen	68080000	Androgen	S	100 MG/M	INTRAMU	SOLN	ML	10 X	GENERIC	10/31/2024	69097	Y	N	FORMULARY		1 GEN	GENERICS	X	PA:X									R	MEDPRMI
69097053731	TESTOST	TESTOST	680800	Androgen	68080000	Androgen	S	200 MG/M	INTRAMU	SOLN	ML	1 X	GENERIC		69097	Y	N	FORMULARY		1 GEN	GENERICS	X	PA:X									R	MEDPRMI
69097055031	DEFERAS	DEFERAS	640000	Heavy Me	64000000	Heavy Me	S	90 MG	ORAL	PACK	EA	1 X	GENERIC		69097		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRMI
69097055053	DEFERAS	DEFERAS	640000	Heavy Me	64000000	Heavy Me	S	90 MG	ORAL	PACK	EA	30 X	GENERIC		69097		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRMI
69097055203	DIMETHY	DIMETHY	900408	UNKNOW	90040800	UNKNOW	S	120 & 240	ORAL	CDPK	EA	60	GENERIC	10/31/2024	69097		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRMI
69097056031	DEFERAS	DEFERAS	640000	Heavy Me	64000000	Heavy Me	S	180 MG	ORAL	PACK	EA	1 X	GENERIC		69097		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRMI
69097056053	DEFERAS	DEFERAS	640000	Heavy Me	64000000	Heavy Me	S	180 MG	ORAL	PACK	EA	30 X	GENERIC		69097		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRMI
69097057031	DEFERAS	DEFERAS	640000	Heavy Me	64000000	Heavy Me	S	360 MG	ORAL	PACK	EA	1 X	GENERIC		69097		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRMI
69097057053	DEFERAS	DEFERAS	640000	Heavy Me	64000000	Heavy Me	S	360 MG	ORAL	PACK	EA	30 X	GENERIC		69097		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRMI
69097057967	FOSFOM	FOSFOM	83600	Urinary Ar	8360000	Urinary Ar	S	3 GM	ORAL	PACK	EA	1	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097060473	LENALID	LENALID	100000	Antineopla	10000000	Antineopla	S	2.5 MG	ORAL	CAPS	EA	28	GENERIC		69097		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRMI
69097064202	EMTRICI	EMTRICI	81808	Antiretrovi	8180820	Nucleosid	S	200 MG	ORAL	CAPS	EA	30 X	GENERIC		69097		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS					X	IF RATIO=IF FOR PREEXPOSI	R	MEDPRMI
69097064448	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	20 MG/AC	NASAL	SOLN	EA	1	GENERIC		69097 Y		N	FORMULARY		1 GEN	GENERICS			X	36 IN 30 DAYS							R	MEDPRMI
69097065502	RITONAV	RITONAV	81808	Antiretrovi	8180808	HIV Prote	S	100 MG	ORAL	TABS	EA	30 X	GENERIC	10/31/2024	69097		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	12 IN 1 DAYS							R	MEDPRMI
69097066434	ICATIBAN	ICATIBAN	244804	UNKNOW	24480400	UNKNOW	S	30 MG/3M	SUBCUT	SOSY	ML	3	GENERIC		69097	Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRMI
69097066468	ICATIBAN	ICATIBAN	244804	UNKNOW	24480400	UNKNOW	S	30 MG/3M	SUBCUT	SOSY	ML	3	GENERIC		69097	Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRMI
69097067705	PREGAB	PREGAB	281228	UNKNOW	28122800	UNKNOW	S	25 MG	ORAL	CAPS	EA	90 X	GENERIC	5/22/2024	69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097067805	PREGAB	PREGAB	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	90 X	GENERIC	5/22/2024	69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097067905	PREGAB	PREGAB	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	90 X	GENERIC	5/22/2024	69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097068105	PREGAB	PREGAB	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90 X	GENERIC	10/31/2024	69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097068205	PREGAB	PREGAB	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	90 X	GENERIC	5/22/2024	69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097068305	PREGAB	PREGAB	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	90 X	GENERIC	10/31/2024	69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097068405	PREGAB	PREGAB	281228	UNKNOW	28122800	UNKNOW	S	225 MG	ORAL	CAPS	EA	90 X	GENERIC	5/22/2024	69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097068505	PREGAB	PREGAB	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90 X	GENERIC	10/31/2024	69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097068637	TAVABOF	TAVABOF	840408	Antifungal	84040824	UNKNOW	S	5%	EXTERN	SOLN	ML	10	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS	X	PA:X									R	MEDPRMI
69097070831	PHYTON	PHYTON	882400	Vitamin K	88240000	Vitamin K	S	10 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		69097	Y	N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097070896	PHYTON	PHYTON	882400	Vitamin K	88240000	Vitamin K	S	10 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		69097	Y	N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097070930	PHYTON	PHYTON	882400	Vitamin K	88240000	Vitamin K	S	1 MG/0.5I	INJECTIO	SOLN	ML	0.5	GENERIC		69097	Y	N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097070996	PHYTON	PHYTON	882400	Vitamin K	88240000	Vitamin K	S	1 MG/0.5I	INJECTIO	SOLN	ML	0.5	GENERIC		69097	Y	N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097072044	DICLOFEI	DICLOFEI	840620	UNKNOW	84062000	UNKNOW	P	1%	EXTERN	GEL	GM	100	GENERIC		69097		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRMI
69097073102	TERBINAI	TERBINAI	81404	Allylamine	8140400	Allylamine	S	250 MG	ORAL	TABS	EA	30	GENERIC	9/1/2023	69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097073107	TERBINAI	TERBINAI	81404	Allylamine	8140400	Allylamine	S	250 MG	ORAL	TABS	EA	100	GENERIC	9/1/2023	69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097074031	DIHYDRO	DIHYDRO	121604	UNKNOW	12160404	UNKNOW	S	4 MG/ML	NASAL	SOLN	ML	1	GENERIC	2/15/2023	69097		N	FORMULARY		1 GEN	GENERICS			X	8 IN 28 DAYS	X	Must meet	5 DS Imitr	TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS			R	MEDPRMI
69097074102	EMTRICI	EMTRICI	81808	Antiretrovi	8180820	Nucleosid	S	200-300 M	ORAL	TABS	EA	30 X	GENERIC	9/1/2023	69097		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS					X	IF RATIO=IF FOR PREEXPOSI	R	MEDPRMI
69097077032	CALCITOI	CALCITOI	682404	UNKNOW	68240400	UNKNOW	S	200 UNIT/	INJECTIO	SOLN	ML	2	GENERIC		69097	Y	N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097078805	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		69097		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS					X	IF AGE=40-75 YEARS AND R/	R	MEDPRMI
69097078812	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	500 X	GENERIC		69097		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS					X	IF AGE=40-75 YEARS AND R/	R	MEDPRMI
69097078905	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		69097		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS					X	IF AGE=40-75 YEARS AND R/	R	MEDPRMI
69097078912	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	500 X	GENERIC		69097		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS					X	IF AGE=40-75 YEARS AND R/	R	MEDPRMI
69097079105	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90 X	GENERIC		69097		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS					X	IF AGE=40-75 YEARS AND R/	R	MEDPRMI
69097079112	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	500 X	GENERIC		69097		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS					X	IF AGE=40-75 YEARS AND R/	R	MEDPRMI
69097079205	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90 X	GENERIC		69097		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS					X	IF AGE=40-75 YEARS AND R/	R	MEDPRMI
69097079212	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	500 X	GENERIC		69097		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS					X	IF AGE=40-75 YEARS AND R/	R	MEDPRMI
69097080232	TESTOST	TESTOST	680800	Androgen	68080000	Androgen	S	200 MG/M	INTRAMU	SOLN	ML	1 X	GENERIC		69097	Y	N	FORMULARY		1 GEN	GENERICS	X	PA:X									R	MEDPRMI
69097080237	TESTOST	TESTOST	680800	Androgen	68080000	Androgen	S	200 MG/M	INTRAMU	SOLN	ML	10 X	GENERIC	8/4/2023	69097	Y	N	FORMULARY		1 GEN	GENERICS	X	PA:X									R	MEDPRMI
69097080540	AZACITID	AZACITID	100000	Antineopla	10000000	Antineopla	S	100 MG	INJECTIO	SUSR	EA	1	GENERIC	2/15/2023	69097		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRMI
69097080737	DAPTOMY	DAPTOMY	81228	Antibacter	8122812	Cyclic Lip	S	500 MG	INTRAVEI	SOLR	EA	1	GENERIC	2/15/2023	69097		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRMI
69097081307	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	100 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097081312	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	500 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097081507	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	100 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097081512	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	500 X	GENERIC	5/22/2024	69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097082037	ZEMDRI	PLAZOMI	81202	Aminoglyc	8120200	Aminoglyc	R	500 MG/1(	INTRAVEI	SOLN	ML	10	SSB		69097		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION											R	MEDPRMI
69097082096	ZEMDRI	PLAZOMI	81202	Aminoglyc	8120200	Aminoglyc	R	500 MG/1(	INTRAVEI	SOLN	ML	10	SSB		69097		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION											R	MEDPRMI
69097082103	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	60 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097082112	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	500 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097082207	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-S	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097082212	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-S	S	10 MG	ORAL	TABS	EA	500 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097082307	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-S	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097082312	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-S	S	20 MG	ORAL	TABS	EA	500 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097082407	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-S	S	40 MG	ORAL	TABS	EA	100 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097082412	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-S	S	40 MG	ORAL	TABS	EA	500 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097082502	RALOXIFI	RALOXIFI	681612	Estrogen	68161200	Estrogen	S	60 MG	ORAL	TABS	EA	30 X	GENERIC		69097		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS					X	IF AGE=35-999 YEARS AND R	R	MEDPRMI
69097082507	RALOXIFI	RALOXIFI	681612	Estrogen	68161200	Estrogen	S	60 MG	ORAL	TABS	EA	100 X	GENERIC		69097		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS					X	IF AGE=35-999 YEARS AND R	R	MEDPRMI
69097082515	RALOXIFI	RALOXIFI	681612	Estrogen	68161200	Estrogen	S	60 MG	ORAL	TABS	EA	1000 X	GENERIC		69097		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS					X	IF AGE=35-999 YEARS AND R	R	MEDPRMI
69097082607	BENZTRO	BENZTRO	283608	UNKNOW	28360800	UNKNOW	S	0.5 MG	ORAL	TABS	EA	100 X	GENERIC	10/31/2024	69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097082707	BENZTRO	BENZTRO	283608	UNKNOW	28360800	UNKNOW	S	1 MG	ORAL	TABS	EA	100 X	GENERIC	5/22/2024	69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097082715	BENZTRO	BENZTRO	283608	UNKNOW	28360800	UNKNOW	S	1 MG	ORAL	TABS	EA	1000 X	GENERIC	5/22/2024	69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097083037	FOSAPRE	FOSAPRE	562232	UNKNOW	56223200	UNKNOW	S	150 MG	INTRAVEI	SOLR	EA	1	GENERIC	2/15/2023	69097		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRMI
69097083207	BENZTRO	BENZTRO	283608	UNKNOW	28360800	UNKNOW	S	2 MG	ORAL	TABS	EA	100 X	GENERIC	5/22/2024	69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097083215	BENZTRO	BENZTRO	283608	UNKNOW	28360800	UNKNOW	S	2 MG	ORAL	TABS	EA	1000 X	GENERIC	5/22/2024	69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097083302	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-S	S	25 MG	ORAL	TABS	EA	30 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097083305	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-S	S	25 MG	ORAL	TABS	EA	90 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097083312	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-S	S	25 MG	ORAL	TABS	EA	500 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097083402	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-S	S	50 MG	ORAL	TABS	EA	30 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097083412	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-S	S	50 MG	ORAL	TABS	EA	500 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097083502	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-S	S	100 MG	ORAL	TABS	EA	30 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097083512	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-S	S	100 MG	ORAL	TABS	EA	500 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097083605	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	90 X	GENERIC	9/1/2023	69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097083615	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	1000 X	GENERIC	9/1/2023	69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097083705	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	90 X	GENERIC	9/1/2023	69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097083715	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	1000 X	GENERIC	9/1/2023	69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097083805	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	90 X	GENERIC	9/1/2023	69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097083815	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC	9/1/2023	69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097084034	IPRATRO	IPRATRO	121208	beta-Adre	12120812	Selective	S	0.5-2.5 (3)	INHALATI	SOLN	ML	3 X	GENERIC	5/22/2024	69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097084053	IPRATRO	IPRATRO	121208	beta-Adre	12120812	Selective	S	0.5-2.5 (3)	INHALATI	SOLN	ML	3 X	GENERIC	5/22/2024	69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097084064	IPRATRO	IPRATRO	121208	beta-Adre	12120812	Selective	S	0.5-2.5 (3)	INHALATI	SOLN	ML	3 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097084087	IPRATRO	IPRATRO	121208	beta-Adre	12120812	Selective	S	0.5-2.5 (3)	INHALATI	SOLN	ML	3 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097084407	ALFUZOS	ALFUZOS	121604	UNKNOW	12160412	UNKNOW	S	10 MG	ORAL	TB24	EA	100 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097084412	ALFUZOS	ALFUZOS	121604	UNKNOW	12160412	UNKNOW	S	10 MG	ORAL	TB24	EA	500 X	GENERIC	2/15/2023	69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097084507	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	100	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS							R	MEDPRMI
69097084607	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	100	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS							R	MEDPRMI
69097084615	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	1000	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS							R	MEDPRMI
69097084705	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-S	S	5 MG	ORAL	TABS	EA	90 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097084715	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-S	S	5 MG	ORAL	TABS	EA	1000 X	GENERIC		69097 Y		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097084805	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-S	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097084815	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-S	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097084905	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-S	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097084915	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-S	S	20 MG	ORAL	TABS	EA	1000 X	GENERIC		69097 Y		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097085067	DAPTOMY	DAPTOMY	81228	Antibacter	8122812	Cyclic Lip	S	350 MG	INTRAVEI	SOLR	EA	1	GENERIC	2/15/2023	69097		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRMI
69097085107	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	375 MG	ORAL	TBEC	EA	100 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097085207	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TBEC	EA	100 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097085605	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097085705	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097085805	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	90 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097085902	TERBINAI	TERBINAI	81404	Allylamine	8140400	Allylamine	S	250 MG	ORAL	TABS	EA	30	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097085907	TERBINAI	TERBINAI	81404	Allylamine	8140400	Allylamine	S	250 MG	ORAL	TABS	EA	100	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097086107	ZONISAM	ZONISAM	281224	UNKNOW	28122400	UNKNOW	S	100 MG	ORAL	CAPS	EA	100 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097086283	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	S	667 MG	ORAL	CAPS	EA	200 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097086517	RIZATRIP	RIZATRIP	283228	Selective	28322800	Selective	S	5 MG	ORAL	TABS	EA	1	GENERIC	8/4/2023	69097		N	FORMULARY		1 GEN	GENERICS			X	27 IN 30 DAYS							R	MEDPRMI
69097086585	RIZATRIP	RIZATRIP	283228	Selective	28322800	Selective	S	5 MG	ORAL	TABS	EA	18	GENERIC	8/4/2023	69097		N	FORMULARY		1 GEN	GENERICS			X	27 IN 30 DAYS							R	MEDPRMI
69097086617	RIZATRIP	RIZATRIP	283228	Selective	28322800	Selective	S	10 MG	ORAL	TABS	EA	1	GENERIC	8/4/2023	69097		N	FORMULARY		1 GEN	GENERICS			X	27 IN 30 DAYS							R	MEDPRMI
69097086685	RIZATRIP	RIZATRIP	283228	Selective	28322800	Selective	S	10 MG	ORAL	TABS	EA	18	GENERIC	8/4/2023	69097		N	FORMULARY		1 GEN	GENERICS			X	27 IN 30 DAYS							R	MEDPRMI
69097086707	NADOLOL	NADOLOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097086807	NADOLOL	NADOLOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	40 MG	ORAL	TABS	EA	100 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097086907	NADOLOL	NADOLOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	TABS	EA	100 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097087067	LANREOT	LANREOT	682904	UNKNOW	68290400	UNKNOW	R	120 MG/0.	SUBCUT	SOLN	ML	0.5	MSB		69097		N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION											R	MEDPRMI
69097087502	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	30 X	GENERIC	9/1/2023	69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097087505	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	90 X	GENERIC	5/22/2024	69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097087512	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	500 X	GENERIC	9/1/2023	69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097087602	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	30 X	GENERIC	5/22/2024	69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097087612	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	500 X	GENERIC	5/22/2024	69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097087707	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TB12	EA	100 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097089407	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	67 MG	ORAL	CAPS	EA	100 X	GENERIC	2/15/2023	69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097089507	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	134 MG	ORAL	CAPS	EA	100 X	GENERIC	2/15/2023	69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097089607	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	200 MG	ORAL	CAPS	EA	100 X	GENERIC	2/15/2023	69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097089705	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		69097		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS					X	IF AGE=40-75 YEARS AND R/	R	MEDPRMI
69097089715	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC		69097		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS					X	IF AGE=40-75 YEARS AND R/	R	MEDPRMI
69097089805	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		69097		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS					X	IF AGE=40-75 YEARS AND R/	R	MEDPRMI
69097089812	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	500 X	GENERIC		69097		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS					X	IF AGE=40-75 YEARS AND R/	R	MEDPRMI
69097089905	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS							R	MEDPRMI
69097089915	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	1000 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS							R	MEDPRMI
69097090344	SILDENAI	SILDENAI	484824	UNKNOW	48482400	UNKNOW	S	10 MG/ML	ORAL	SUSR	ML	112 X	GENERIC	2/15/2023	69097 Y		N	FORMULARY		1 GEN	GENERICS	X	PA:X									R	MEDPRMI
69097090443	OSELTAM	OSELTAM	81828	Neuramini	8182800	Neuramini	S	6 MG/ML	ORAL	SUSR	ML	60	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS			X	360 IN 180 DAYS							R	MEDPRMI
69097090567	DECITABI	DECITABI	100000	Antineopla	10000000	Antineopla	S	50 MG	INTRAVEI	SOLR	EA	1	GENERIC	9/1/2023	69097		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRMI
69097090667	LANREOT	LANREOT	682904	UNKNOW	68290400	UNKNOW	S	120 MG/0.	SUBCUT	SOLN	ML	0.5	GENERIC		69097		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRMI
69097090950	LEUPROL	LEUPROL	681808	UNKNOW	68180800	UNKNOW	R	22.5 MG	INTRAMU	INJ	EA	1	MSB		69097		N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION											R	MEDPRMI
69097091105	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS							R	MEDPRMI
69097091112	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	500 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS							R	MEDPRMI
69097091203	TROSPIU	TROSPIU	861204	UNKNOW	86120400	UNKNOW	S	20 MG	ORAL	TABS	EA	60 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097091302	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20-1100 M	ORAL	CAPS	EA	30 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet	5 DS Cvs	TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZ			R	MEDPRMI
69097091402	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40-1100 M	ORAL	CAPS	EA	30 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must meet	5 DS Cvs	TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZ			R	MEDPRMI
69097092735	PALONOS	PALONOS	562220	5-HT3 Re	56222000	5-HT3 Re	S	0.25 MG/5	INTRAVEI	SOLN	ML	5	GENERIC	2/15/2023	69097		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION											R	MEDPRMI
69097093457	LANTHAN	LANTHAN	401819	Phosphat	40181900	Phosphat	S	500 MG	ORAL	CHEW	EA	45 X	GENERIC		69097 Y		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097093498	LANTHAN	LANTHAN	401819	Phosphat	40181900	Phosphat	S	500 MG	ORAL	CHEW	EA	45 X	GENERIC		69097 Y		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097093589	LANTHAN	LANTHAN	401819	Phosphat	40181900	Phosphat	S	750 MG	ORAL	CHEW	EA	15 X	GENERIC		69097 Y		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097093598	LANTHAN	LANTHAN	401819	Phosphat	40181900	Phosphat	S	750 MG	ORAL	CHEW	EA	15 X	GENERIC		69097 Y		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097093665	LANTHAN	LANTHAN	401819	Phosphat	40181900	Phosphat	S	1000 MG	ORAL	CHEW	EA	10 X	GENERIC		69097 Y		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097093698	LANTHAN	LANTHAN	401819	Phosphat	40181900	Phosphat	S	1000 MG	ORAL	CHEW	EA	10 X	GENERIC		69097 Y		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097094093	PIRFENID	PIRFENID	480200	UNKNOW	48020000	UNKNOW	S	267 MG	ORAL	CAPS	EA	270 X	GENERIC		69097		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRMI
69097094307	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	100 X	GENERIC	5/22/2024	69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097094312	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	500 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097094405	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90 X	GENERIC	9/1/2023	69097		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS					X	IF AGE=40-75 YEARS AND R/	R	MEDPRMI
69097094415	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC	2/15/2023	69097		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS					X	IF AGE=40-75 YEARS AND R/	R	MEDPRMI
69097094505	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90 X	GENERIC	9/1/2023	69097		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS					X	IF AGE=40-75 YEARS AND R/	R	MEDPRMI
69097094512	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	500 X	GENERIC	2/15/2023	69097		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS					X	IF AGE=40-75 YEARS AND R/	R	MEDPRMI
69097094605	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90 X	GENERIC	9/1/2023	69097		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS							R	MEDPRMI
69097094615	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	1000 X	GENERIC	2/15/2023	69097		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS							R	MEDPRMI
69097094705	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90 X	GENERIC	9/1/2023	69097		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS							R	MEDPRMI
69097094712	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	500 X	GENERIC	2/15/2023	69097		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS							R	MEDPRMI
69097094808	CAPECIT	CAPECIT	100000	Antineopla	10000000	Antineopla	S	500 MG	ORAL	TABS	EA	120	GENERIC	5/22/2024	69097		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRMI
69097094903	CAPECIT	CAPECIT	100000	Antineopla	10000000	Antineopla	S	150 MG	ORAL	TABS	EA	60	GENERIC	5/22/2024	69097		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRMI
69097095102	SILDENAI	SILDENAI	240812	Calcium-c	24081200	UNKNOW	S	25 MG	ORAL	TABS	EA	30	GENERIC	2/15/2023	69097		N	FORMULARY		1 GEN	GENERICS			X	1 IN 5 DAYS							R	MEDPRMI
69097095202	SILDENAI	SILDENAI	240812	Calcium-c	24081200	UNKNOW	S	50 MG	ORAL	TABS	EA	30	GENERIC	2/15/2023	69097		N	FORMULARY		1 GEN	GENERICS			X	1 IN 5 DAYS							R	MEDPRMI
69097095207	SILDENAI	SILDENAI	240812	Calcium-c	24081200	UNKNOW	S	50 MG	ORAL	TABS	EA	100	GENERIC	2/15/2023	69097		N	FORMULARY		1 GEN	GENERICS			X	1 IN 5 DAYS							R	MEDPRMI
69097095302	SILDENAI	SILDENAI	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	30	GENERIC	2/15/2023	69097		N	FORMULARY		1 GEN	GENERICS			X	1 IN 5 DAYS							R	MEDPRMI
69097095307	SILDENAI	SILDENAI	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	100	GENERIC	2/15/2023	69097		N	FORMULARY		1 GEN	GENERICS			X	1 IN 5 DAYS							R	MEDPRMI
69097095405	PREGAB	PREGAB	281228	UNKNOW	28122800	UNKNOW	S	25 MG	ORAL	CAPS	EA	90 X	GENERIC	9/1/2023	69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097095505	PREGAB	PREGAB	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	90 X	GENERIC	9/1/2023	69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097095605	PREGAB	PREGAB	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	90 X	GENERIC	9/1/2023	69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097095705	PREGAB	PREGAB	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90 X	GENERIC	9/1/2023	69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097095805	PREGAB	PREGAB	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	90 X	GENERIC	9/1/2023	69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097095905	PREGAB	PREGAB	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	90 X	GENERIC	9/1/2023	69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097096105	PREGAB	PREGAB	281228	UNKNOW	28122800	UNKNOW	S	225 MG	ORAL	CAPS	EA	90 X	GENERIC	9/1/2023	69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097096205	PREGAB	PREGAB	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90 X	GENERIC	9/1/2023	69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097096453	VIGABATI	VIGABATI	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	PACK	EA	50 X	GENERIC		69097		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X									R	MEDPRMI
69097096507	NABUME	NABUME	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	100 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097096512	NABUME	NABUME	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	500 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097096607	NABUME	NABUME	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	100 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097096612	NABUME	NABUME	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	500 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI
69097096793	SEVELAM	SEVELAM	401819	Phosphat	40181900	Phosphat	S	800 MG	ORAL	TABS	EA	270 X	GENERIC		69097		N	FORMULARY		1 GEN	GENERICS											R	MEDPRMI

69344020429	ZORVOLE	DICLOFEI	280804 Nonsteroi	28080492 Other Non	R	35 MG	ORAL	CAPS	EA	90 X	SSB	1/2/2024	69344		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
69344021311	OXAYDO	OXYCODI	280808 Opiate Ag	28080800 Opiate Ag	R	7.5 MG	ORAL	TABS	EA	100	SSB	1/30/2024	69344		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND										R	MEDPRMI
69355041202	VISBIOME	PROBIOT	560800 Antidiarrh	56080000 Antidiarrh	O	0-0-0	ORAL	PACK	EA	30	SSB		69355		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
69355041203	VISBIOME	PROBIOT	560800 Antidiarrh	56080000 Antidiarrh	O	0-0-0-0-0	ORAL	CAPS	EA	60	SSB		69355		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
69355051601	VISBIOME	PROBIOT	560800 Antidiarrh	56080000 Antidiarrh	R	0-0-0-0-0	ORAL	PACK	EA	30	SSB		69355		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND										R	MEDPRMI
69367013106	GABAPEN	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	100 MG	ORAL	CAPS	EA	500 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367013206	GABAPEN	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	300 MG	ORAL	CAPS	EA	500 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367013306	GABAPEN	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	400 MG	ORAL	CAPS	EA	500 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367013406	GABAPEN	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	600 MG	ORAL	TABS	EA	500 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367013506	GABAPEN	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	800 MG	ORAL	TABS	EA	500 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367013701	ACYCLOV	ACYCLOV	81832 Nucleosid	8183200 Nucleosid	S	400 MG	ORAL	TABS	EA	100	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367013705	ACYCLOV	ACYCLOV	81832 Nucleosid	8183200 Nucleosid	S	400 MG	ORAL	TABS	EA	500	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367013801	ACYCLOV	ACYCLOV	81832 Nucleosid	8183200 Nucleosid	S	800 MG	ORAL	TABS	EA	100	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367013805	ACYCLOV	ACYCLOV	81832 Nucleosid	8183200 Nucleosid	S	800 MG	ORAL	TABS	EA	500	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367015504	THYROID	THYROID	683604 Thyroid Ag	68360400 Thyroid Ag	S	30 MG	ORAL	TABS	EA	100 X	GENERIC	4/27/2020	69367		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
69367015604	THYROID	THYROID	683604 Thyroid Ag	68360400 Thyroid Ag	S	60 MG	ORAL	TABS	EA	100 X	GENERIC	4/27/2020	69367		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
69367015704	THYROID	THYROID	683604 Thyroid Ag	68360400 Thyroid Ag	S	90 MG	ORAL	TABS	EA	100 X	GENERIC	4/27/2020	69367		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
69367015804	THYROID	THYROID	683604 Thyroid Ag	68360400 Thyroid Ag	S	120 MG	ORAL	TABS	EA	100 X	GENERIC	4/27/2020	69367		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
69367015904	THYROID	THYROID	683604 Thyroid Ag	68360400 Thyroid Ag	S	15 MG	ORAL	TABS	EA	100 X	GENERIC	4/27/2020	69367		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
69367016004	SALSALA	SALSALA	280804 Nonsteroi	28080424 Salicylates	S	500 MG	ORAL	TABS	EA	100 X	GENERIC	1/18/2023	69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367016104	SALSALA	SALSALA	280804 Nonsteroi	28080424 Salicylates	S	750 MG	ORAL	TABS	EA	100 X	GENERIC	1/18/2023	69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367016204	PHENAZO	PHENAZO	840800 Antipruritic	84080000 Antipruritic	S	100 MG	ORAL	TABS	EA	100	GENERIC	7/2/2024	69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367016304	PHENAZO	PHENAZO	840800 Antipruritic	84080000 Antipruritic	S	200 MG	ORAL	TABS	EA	100	GENERIC	7/2/2024	69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367016504	FERROUS	FERROUS	200404 Iron Prepa	20040400 Iron Prepa	O	324 (38 FE	ORAL	TABS	EA	100	MSB		69367		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
69367016507	FERROUS	FERROUS	200404 Iron Prepa	20040400 Iron Prepa	O	324 (38 FE	ORAL	TABS	EA	1000	MSB		69367		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
69367016604	FERROUS	FERROUS	200404 Iron Prepa	20040400 Iron Prepa	P	325 (65 FE	ORAL	TBEC	EA	100	GENERIC		69367		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
69367016607	FERROUS	FERROUS	200404 Iron Prepa	20040400 Iron Prepa	P	325 (65 FE	ORAL	TBEC	EA	1000	GENERIC		69367		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
69367016620	FERROUS	FERROUS	200404 Iron Prepa	20040400 Iron Prepa	P	325 (65 FE	ORAL	TBEC	EA	100	GENERIC		69367		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
69367017216	PHENOBA	PHENOBA	282404 Barbiturat	28240400 Barbiturat	S	20 MG/5M	ORAL	ELIX	ML	473 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367017401	HYDROQ	HYDROQ	845004 Depigmen	84500400 Depigmen	S	4%	EXTERNA	CREA	GM	28.35	GENERIC		69367		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
69367018001	METFORI	METFORI	682004 Biguanide	68200400 Biguanide	S	500 MG	ORAL	TABS	EA	100 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367018005	METFORI	METFORI	682004 Biguanide	68200400 Biguanide	S	500 MG	ORAL	TABS	EA	500 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367018010	METFORI	METFORI	682004 Biguanide	68200400 Biguanide	S	500 MG	ORAL	TABS	EA	1000 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367018101	METFORI	METFORI	682004 Biguanide	68200400 Biguanide	S	850 MG	ORAL	TABS	EA	100 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367018105	METFORI	METFORI	682004 Biguanide	68200400 Biguanide	S	850 MG	ORAL	TABS	EA	500 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367018201	METFORI	METFORI	682004 Biguanide	68200400 Biguanide	S	1000 MG	ORAL	TABS	EA	100 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367018205	METFORI	METFORI	682004 Biguanide	68200400 Biguanide	S	1000 MG	ORAL	TABS	EA	500 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367018210	METFORI	METFORI	682004 Biguanide	68200400 Biguanide	S	1000 MG	ORAL	TABS	EA	1000 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367018316	PSE-DEX	PSEUDOE	480800 Antitussive	48080000 Antitussive	O	30-1-12.5	ORAL	LIQD	ML	473	MSB	10/2/2024	69367		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
69367018408	DEXTROI	PHENYLE	480800 Antitussive	48080000 Antitussive	P	18MG/15M	ORAL	LIQD	ML	240	GENERIC		69367		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
69367018804	ZINC OXI	ZINC OXI	841200 Astringent	84120000 Astringent	O	22%	EXTERNA	CREA	GM	113	MSB	12/4/2023	69367		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
69367019050	ZOLEDRO	ZOLEDRO	922400 UNKNOW	92240000 UNKNOW	S	4 MG/5ML	INTRAVEI	CONC	ML	5	GENERIC		69367		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
69367019101	PHENAZO	PHENAZO	840800 Antipruritic	84080000 Antipruritic	S	100 MG	ORAL	TABS	EA	100	GENERIC	5/6/2024	69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367019201	PHENAZO	PHENAZO	840800 Antipruritic	84080000 Antipruritic	S	200 MG	ORAL	TABS	EA	100	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367019405	CLOPIDO	CLOPIDO	201218 Platelet-Ag	20121800 Platelet-Ag	S	300 MG	ORAL	TABS	EA	500	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS			X	4 IN 30 DAYS						R	MEDPRMI
69367019430	CLOPIDO	CLOPIDO	201218 Platelet-Ag	20121800 Platelet-Ag	S	300 MG	ORAL	TABS	EA	30	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS			X	4 IN 30 DAYS						R	MEDPRMI
69367019530	OMEPRA	OMEPRA	562836 Proton-pu	56283600 Proton-pu	S	20MG-110	ORAL	CAPS	EA	30 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS		X	Must meet 5 DS Cvs TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZ			R	MEDPRMI
69367019630	OMEPRA	OMEPRA	562836 Proton-pu	56283600 Proton-pu	S	40-1100 M	ORAL	CAPS	EA	30 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS		X	Must meet 5 DS Cvs TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZ			R	MEDPRMI
69367019760	DEXBROI	DEXBROI	40400 First Gene	4040000 First Gene	P	2-10 MG	ORAL	TABS	EA	60	GENERIC	8/8/2023	69367		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
69367019890	PHENYLE	PHENYLE	480800 Antitussive	48080000 Antitussive	P	10-17.5-3	ORAL	TABS	EA	90	GENERIC	8/8/2023	69367		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
69367019901	DOXYLAI	DOXYLAI	40400 First Gene	4040000 First Gene	P	7.5-10 MG	ORAL	TABS	EA	100	GENERIC	8/8/2023	69367		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
69367020005	CLOPIDO	CLOPIDO	201218 Platelet-Ag	20121800 Platelet-Ag	S	75 MG	ORAL	TABS	EA	500 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367020201	LIDOCAIN	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	S	3%	EXTERNA	CREA	GM	28.35	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367020285	LIDOCAIN	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	S	3%	EXTERNA	CREA	GM	85	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367020301	BUTALBIT	BUTALBIT	280816 UNKNOW	28081600 UNKNOW	S	50-325-40	ORAL	TABS	EA	100	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367020305	BUTALBIT	BUTALBIT	280816 UNKNOW	28081600 UNKNOW	S	50-325-40	ORAL	TABS	EA	500	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367020901	ACETAZO	ACETAZO	524012 UNKNOW	52401200 UNKNOW	S	500 MG	ORAL	CP12	EA	100 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367021001	POLYSAC	POLYSAC	200404 Iron Prepa	20040400 Iron Prepa	P	150 MG	ORAL	CAPS	EA	100	GENERIC		69367		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
69367021020	POLYSAC	POLYSAC	200404 Iron Prepa	20040400 Iron Prepa	P	150 MG	ORAL	CAPS	EA	100	GENERIC		69367		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
69367021101	PHENOBA	PHENOBA	282404 Barbiturat	28240400 Barbiturat	S	16.2 MG	ORAL	TABS	EA	100 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367021110	PHENOBA	PHENOBA	282404 Barbiturat	28240400 Barbiturat	S	16.2 MG	ORAL	TABS	EA	1000 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367021201	PHENOBA	PHENOBA	282404 Barbiturat	28240400 Barbiturat	S	32.4 MG	ORAL	TABS	EA	100 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367021210	PHENOBA	PHENOBA	282404 Barbiturat	28240400 Barbiturat	S	32.4 MG	ORAL	TABS	EA	1000 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367021301	PHENOBA	PHENOBA	282404 Barbiturat	28240400 Barbiturat	S	64.8 MG	ORAL	TABS	EA	100 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367021310	PHENOBA	PHENOBA	282404 Barbiturat	28240400 Barbiturat	S	64.8 MG	ORAL	TABS	EA	1000 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367021401	PHENOBA	PHENOBA	282404 Barbiturat	28240400 Barbiturat	S	97.2 MG	ORAL	TABS	EA	100 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367021410	PHENOBA	PHENOBA	282404 Barbiturat	28240400 Barbiturat	S	97.2 MG	ORAL	TABS	EA	1000 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367021709	IRON FOL	FERROUS	200404 Iron Prepa	20040400 Iron Prepa	R	125-1 MG	ORAL	CAPS	EA	90	SSB		69367		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
69367021730	IRON FOL	FERROUS	200404 Iron Prepa	20040400 Iron Prepa	R	125-1 MG	ORAL	CAPS	EA	30	SSB		69367		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
69367021809	IRON FOL	FE FUM-II	200404 Iron Prepa	20040400 Iron Prepa	R	210MG-21	ORAL	CAPS	EA	90	SSB		69367		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
69367021830	IRON FOL	FE FUM-II	200404 Iron Prepa	20040400 Iron Prepa	R	210MG-21	ORAL	CAPS	EA	30	SSB		69367		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
69367021901	HYDROCI	HYDROCI	243620 UNKNOW	24362000 UNKNOW	S	12.5 MG	ORAL	CAPS	EA	100 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367021905	HYDROCI	HYDROCI	243620 UNKNOW	24362000 UNKNOW	S	12.5 MG	ORAL	CAPS	EA	500 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367021910	HYDROCI	HYDROCI	243620 UNKNOW	24362000 UNKNOW	S	12.5 MG	ORAL	CAPS	EA	1000 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367022001	SODIUM (	SODIUM (	401200 Replacem	40120000 Replacem	P	1 GM	ORAL	TABS	EA	100	GENERIC		69367		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
69367022209	WESTAB	FOLIC AC	880800 Vitamin B	88080000 Vitamin B	P	2.5-25-1 M	ORAL	TABS	EA	90	GENERIC		69367		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
69367022301	WESTAB	FOLIC AC	880800 Vitamin B	88080000 Vitamin B	S	2.2-25-1 M	ORAL	TABS	EA	100	GENERIC	1/18/2023	69367		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
69367022409	WESTAB	FOLIC AC	880800 Vitamin B	88080000 Vitamin B	O	2.5-25-2 M	ORAL	TABS	EA	90	SSB		69367		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
69367022918	SELENIUI	SELENIUI	840416 UNKNOW	84041600 UNKNOW	S	2.25%	EXTERNA	SHAM	ML	180	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367023430	WESTGEI	PRENATA	882800 Multivitam	88280000 Multivitam	R	31-0.6-0.4	ORAL	CAPS	EA	30	SSB		69367		N	EXCLUDE	N/A: [DRU	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
69367023501	FLUOXET	FLUOXET	281604 Antidepres	28160420 Selective-S	S	10 MG	ORAL	CAPS	EA	100 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367023510	FLUOXET	FLUOXET	281604 Antidepres	28160420 Selective-S	S	10 MG	ORAL	CAPS	EA	1000 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367023601	FLUOXET	FLUOXET	281604 Antidepres	28160420 Selective-S	S	20 MG	ORAL	CAPS	EA	100 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367023610	FLUOXET	FLUOXET	281604 Antidepres	28160420 Selective-S	S	20 MG	ORAL	CAPS	EA	1000 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367023701	FLUOXET	FLUOXET	281604 Antidepres	28160420 Selective-S	S	40 MG	ORAL	CAPS	EA	100 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367023705	FLUOXET	FLUOXET	281604 Antidepres	28160420 Selective-S	S	40 MG	ORAL	CAPS	EA	500 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367023809	LEVOCET	LEVOCET	40800 Second G	4080000 Second G	S	5 MG	ORAL	TABS	EA	90	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367023903	SOLIFEN	SOLIFEN	861204 UNKNOW	86120400 UNKNOW	S	5 MG	ORAL	TABS	EA	30 X	GENERIC	1/18/2023	69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367023909	SOLIFEN	SOLIFEN	861204 UNKNOW	86120400 UNKNOW	S	5 MG	ORAL	TABS	EA	90 X	GENERIC	1/18/2023	69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367024003	SOLIFEN	SOLIFEN	861204 UNKNOW	86120400 UNKNOW	S	10 MG	ORAL	TABS	EA	30 X	GENERIC	1/18/2023	69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367024009	SOLIFEN	SOLIFEN	861204 UNKNOW	86120400 UNKNOW	S	10 MG	ORAL	TABS	EA	90 X	GENERIC	1/18/2023	69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367024101	NABUME	NABUME	280804 Nonsteroi	28080404 UNKNOW	S	500 MG	ORAL	TABS	EA	100 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367024105	NABUME	NABUME	280804 Nonsteroi	28080404 UNKNOW	S	500 MG	ORAL	TABS	EA	500 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367024201	NABUME	NABUME	280804 Nonsteroi	28080404 UNKNOW	S	750 MG	ORAL	TABS	EA	100 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367024205	NABUME	NABUME	280804 Nonsteroi	28080404 UNKNOW	S	750 MG	ORAL	TABS	EA	500 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367024312	HYDROCI	HYDROCI	840608 UNKNOW	84060800 UNKNOW	S	25 MG	RECTAL	SUPP	EA	12	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367024324	HYDROCI	HYDROCI	840608 UNKNOW	84060800 UNKNOW	S	25 MG	RECTAL	SUPP	EA	24	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367024410	SULFACE	SULFACE	842800 Keratolytic	84280000 Keratolytic	S	9.8-4.8 %	EXTERNA	LIQD	GM	285	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367024516	SULFACE	SULFACE	842800 Keratolytic	84280000 Keratolytic	S	8-4 %	EXTERNA	SUSP	ML	473	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367024601	CYPROHI	CYPROHI	40400 First Gene	4040000 First Gene	S	4 MG	ORAL	TABS	EA	100	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367024610	CYPROHI	CYPROHI	40400 First Gene	4040000 First Gene	S	4 MG	ORAL	TABS	EA	1000	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367024706	SULFACE	SULFACE	842800 Keratolytic	84280000 Keratolytic	S	10-5 %	EXTERNA	LIQD	GM	170.3	GENERIC	1/17/2023	69367		N	FORMULARY		1 GEN	GENERICS			X	<= 1419						R	MEDPRMI
69367024712	SULFACE	SULFACE	842800 Keratolytic	84280000 Keratolytic	S	10-5 %	EXTERNA	LIQD	GM	340.2	GENERIC	1/17/2023	69367		N	FORMULARY		1 GEN	GENERICS			X	<= 1419						R	MEDPRMI
69367024806	POSACOI	POSACOI	81408 Azoles	8140800 Azoles	S	100 MG	ORAL	TBEC	EA	60 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS	X	PA:X								R	MEDPRMI
69367025001	WES-PHC	POT PHO	401200 Replacem	40120000 Replacem	S	155-852-1	ORAL	TABS	EA	100 X	GENERIC		69367		N	NON-FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367025130	WESNAT	PRENATA	882800 Multivitam	88280000 Multivitam	R	29-1-200	ORAL	MISC	EA	60	SSB		69367		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
69367025330	TRIPROLI	TRIPROLI	40400 First Gene	4040000 First Gene	P	0.938 MG/	ORAL	LIQD	ML	30	GENERIC		69367		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
69367025405	FENOFIBI	FENOFIBI	240606 Fibric Acid	24060600 Fibric Acid	S	160 MG	ORAL	TABS	EA	500 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367025409	FENOFIBI	FENOFIBI	240606 Fibric Acid	24060600 Fibric Acid	S	160 MG	ORAL	TABS	EA	90 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367025501	METHOC	METHOC	122004 UNKNOW	12200400 UNKNOW	S	500 MG	ORAL	TABS	EA	100	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS			X	8 IN 1 DAYS						R	MEDPRMI
69367025505	METHOC	METHOC	122004 UNKNOW	12200400 UNKNOW	S	500 MG	ORAL	TABS	EA	500	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS			X	8 IN 1 DAYS						R	MEDPRMI
69367025601	METHOC	METHOC	122004 UNKNOW	12200400 UNKNOW	S	750 MG	ORAL	TABS	EA	100	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS			X	6 IN 1 DAYS						R	MEDPRMI
69367025605	METHOC	METHOC	122004 UNKNOW	12200400 UNKNOW	S	750 MG	ORAL	TABS	EA	500	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS			X	6 IN 1 DAYS						R	MEDPRMI
69367025709	FENOFIBI	FENOFIBI	240606 Fibric Acid	24060600 Fibric Acid	S	54 MG	ORAL	TABS	EA	90 X	GENERIC	1/18/2023	69367	Y	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367025810	SODIUM E	SODIUM E	560400 Antacids a	56040000 Antacids a	P	650 MG	ORAL	TABS	EA	1000	GENERIC		69367		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
69367025901	FERROUS	FERROUS	200404 Iron Prepa	20040400 Iron Prepa	P	324 MG	ORAL	TABS	EA	100	GENERIC		69367		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
69367025920	FERROUS	FERROUS	200404 Iron Prepa	20040400 Iron Prepa	P	324 MG	ORAL	TABS	EA	100	GENERIC		69367		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
69367026012	HYDROCI	HYDROCI	840608 UNKNOW	84060800 UNKNOW	S	30 MG	RECTAL	SUPP	EA	12	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367026209	VALACYC	VALACYC	81832 Nucleosid	8183200 Nucleosid	S	500 MG	ORAL	TABS	EA	90	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367026230	VALACYC	VALACYC	81832 Nucleosid	8183200 Nucleosid	S	500 MG	ORAL	TABS	EA	30	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367026309	VALACYC	VALACYC	81832 Nucleosid	8183200 Nucleosid	S	1 GM	ORAL	TABS	EA	90	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367026330	VALACYC	VALACYC	81832 Nucleosid	8183200 Nucleosid	S	1 GM	ORAL	TABS	EA	30	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367026401	FELODIPI	FELODIPI	242808 Dihydropy	24280800 Dihydropy	S	2.5 MG	ORAL	TB24	EA	100 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367026501	FELODIPI	FELODIPI	242808 Dihydropy	24280800 Dihydropy	S	5 MG	ORAL	TB24	EA	100 X	GENERIC		69367	Y	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367026601	FELODIPI	FELODIPI	242808 Dihydropy	24280800 Dihydropy	S	10 MG	ORAL	TB24	EA	100 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367026701	WESTAB	PRENATA	882800 Multivitam	88280000 Multivitam	R	27-1 MG	ORAL	TABS	EA	100	SSB		69367		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
69367026801	FENOFIBI	FENOFIBI	240606 Fibric Acid	24060600 Fibric Acid	S	134 MG	ORAL	CAPS	EA	100 X	GENERIC	1/18/2023	69367	Y	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367026901	FENOFIBI	FENOFIBI	240606 Fibric Acid	24060600 Fibric Acid	S	200 MG	ORAL	CAPS	EA	100 X	GENERIC	1/18/2023	69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367027001	FENOFIBI	FENOFIBI	240606 Fibric Acid	24060600 Fibric Acid	S	67 MG	ORAL	CAPS	EA	100 X	GENERIC	1/18/2023	69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367027102	MAGNESI	MAGNESI	401200 Replacem	40120000 Replacem	P	400 (240 M	ORAL	TABS	EA	120	GENERIC		69367		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
69367027204	GUAIFEN	GUAIFEN	480800 Antitussive	48080000 Antitussive	P	100-10 MG	ORAL	SOLN	ML	118	GENERIC		69367		N	NON-FORMULARY		1 GEN	GENERICS								X	AGE_YEAMUST BE AT LEAST	R	MEDPRMI
69367027216	GUAIFEN	GUAIFEN	480800 Antitussive	48080000 Antitussive	P	100-10 MG	ORAL	SOLN	ML	473	GENERIC		69367		N	NON-FORMULARY		1 GEN	GENERICS								X	AGE_YEAMUST BE AT LEAST	R	MEDPRMI
69367028009	L-METHYI	L-METHYI	929200 UNKNOW	92920000 UNKNOW	R	7.5 MG	ORAL	TABS	EA	90	MSB	1/13/2023	69367		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
69367028030	L-METHYI	L-METHYI	929200 UNKNOW	92920000 UNKNOW	R	7.5 MG	ORAL	TABS	EA	30	MSB	1/13/2023	69367		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
69367028109	L-METHYI	L-METHYI	929200 UNKNOW	92920000 UNKNOW	R	15 MG	ORAL	TABS	EA	90	MSB	1/13/2023	69367		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
69367028209	L-METHYI	L-METHYI	880800 Vitamin B	88080000 Vitamin B	R	3-35-2 MG	ORAL	TABS	EA	90	MSB	1/13/2023	69367		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION										R	MEDPRMI
69367028302	ERGOCAI	ERGOCAI	881600 Vitamin D	88160000 Vitamin D	P	200 MCG/	ORAL	SOLN	ML	60	GENERIC		69367		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
69367028601	HYDROCI	IODOQUI	840416 UNKNOW	84041600 UNKNOW	S	1-1 %	EXTERNA	CREA	GM	28.4	GENERIC	11/12/2024	69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367028705	MONTELU	MONTELU	481024 Leukotrien	48102400 Leukotrien	S	10 MG	ORAL	TABS	EA	500 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367028709	MONTELU	MONTELU	481024 Leukotrien	48102400 Leukotrien	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367028805	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	150 MG	ORAL	TB24	EA	500 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367028809	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	150 MG	ORAL	TB24	EA	90 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367028905	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	300 MG	ORAL	TB24	EA	500 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367028909	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	300 MG	ORAL	TB24	EA	90 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367029360	RANOLA	RANOLA	240492 Cardiac D	24049200 Cardiac D	S	500 MG	ORAL	TB12	EA	60 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS						R	MEDPRMI
69367029460	RANOLA	RANOLA	240492 Cardiac D	24049200 Cardiac D	S	1000 MG	ORAL	TB12	EA	60 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS						R	MEDPRMI
69367029509	SOLIFEN	SOLIFEN	861204 UNKNOW	86120400 UNKNOW	S	5 MG	ORAL	TABS	EA	90 X	GENERIC	1/18/2023	69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367029530	SOLIFEN	SOLIFEN	861204 UNKNOW	86120400 UNKNOW	S	5 MG	ORAL	TABS	EA	30 X	GENERIC	1/18/2023	69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367029609	SOLIFEN	SOLIFEN	861204 UNKNOW	86120400 UNKNOW	S	10 MG	ORAL	TABS	EA	90 X	GENERIC	1/18/2023	69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367029630	SOLIFEN	SOLIFEN	861204 UNKNOW	86120400 UNKNOW	S	10 MG	ORAL	TABS	EA	30 X	GENERIC	1/18/2023	69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367029820	MAGNESI	MAGNESI	560400 Antacids a	56040000 Antacids a	P	400 MG	ORAL	TABS	EA	120	GENERIC		69367		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
69367030101	CELECO	CELECO	280804 Nonsteroi	28080408 Cyclooxyg	S	100 MG	ORAL	CAPS	EA	100 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367030105	CELECO	CELECO	280804 Nonsteroi	28080408 Cyclooxyg	S	100 MG	ORAL	CAPS	EA	500 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367030201	CELECO	CELECO	280804 Nonsteroi	28080408 Cyclooxyg	S	200 MG	ORAL	CAPS	EA	100 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367030205	CELECO	CELECO	280804 Nonsteroi	28080408 Cyclooxyg	S	200 MG	ORAL	CAPS	EA	500 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367030301	MIGLITOL	MIGLITOL	682002 Alpha-Glu	68200200 Alpha-Glu	R	25 MG	ORAL	TABS	EA	100 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367030401	MIGLITOL	MIGLITOL	682002 Alpha-Glu	68200200 Alpha-Glu	R	50 MG	ORAL	TABS	EA	100 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367030501	MIGLITOL	MIGLITOL	682002 Alpha-Glu	68200200 Alpha-Glu	R	100 MG	ORAL	TABS	EA	100 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367030709	EPLEREN	EPLEREN	243220 Mineraloc	24322008 UNKNOW	S	25 MG	ORAL	TABS	EA	90 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367030730	EPLEREN	EPLEREN	243220 Mineraloc	24322008 UNKNOW	S	25 MG	ORAL	TABS	EA	30 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367030809	EPLEREN	EPLEREN	243220 Mineraloc	24322008 UNKNOW	S	50 MG	ORAL	TABS	EA	90 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367030830	EPLEREN	EPLEREN	243220 Mineraloc	24322008 UNKNOW	S	50 MG	ORAL	TABS	EA	30 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367030951	SODIUM I	SODIUM F	340400 UNKNOW	34040000 UNKNOW	S	1.10%	DENTAL	CREA	GM	51 X	GENERIC		69367	N	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367031056	SODIUM I	SODIUM F	340400 UNKNOW	34040000 UNKNOW	S	1.10%	DENTAL	GEL	GM	56 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367031101	SODIUM I	SODIUM F	340000 Dental Ag	34000000 Dental Ag	S	1.10%	DENTAL	PSTE	ML	100 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367031201	SODIUM I	SODIUM F	340000 Dental Ag	34000000 Dental Ag	S	1.10%	DENTAL	PSTE	ML	100 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367031401	WESCAP	B-COMPL	882800 Multivitam	88280000 Multivitam	S	1 MG	ORAL	CAPS	EA	100	GENERIC		69367		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
69367031530	WESCAP-	PRENATA	882800 Multivitam	88280000 Multivitam	R	53.5-38-1	ORAL	CAPS	EA	30	SSB		69367		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
69367031630	WESCAP-	PRENATA	882800 Multivitam	88280000 Multivitam	R	27-0.6-0.4	ORAL	CAPS	EA	30	SSB		69367		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
69367031730	WESNATI	PRENATA	882800 Multivitam	88280000 Multivitam	R	28-1-200	ORAL	CAPS	EA	30	SSB		69367		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
69367031801	SOD FLU	SODIUM F	340000 Dental Ag	34000000 Dental Ag	R	1.1-5 %	DENTAL	GEL	ML	100	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367032016	SOD CITF	SODIUM (	400800 Alkalinizin	40080000 Alkalinizin	S	500-334 M	ORAL	SOLN	ML	473	GENERIC	1/18/2023	69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367032116	POTASSI	POTASSI	400800 Alkalinizin	40080000 Alkalinizin	S	1100-334	ORAL	SOLN	ML	473	GENERIC	1/18/2023	69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367032216	POT & SC	POT & SC	400800 Alkalinizin	40080000 Alkalinizin	S	550-500-3	ORAL	SOLN	ML	473	GENERIC	1/18/2023	69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367032304	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	160 MG/5	ORAL	LIQD	ML	118	GENERIC		69367		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
69367032316	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	160 MG/5	ORAL	LIQD	ML	473	GENERIC		69367		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
69367032409	PREGAB	PREGAB	281228 UNKNOW	28122800 UNKNOW	S	25 MG	ORAL	CAPS	EA	90 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367032509	PREGAB	PREGAB	281228 UNKNOW	28122800 UNKNOW	S	50 MG	ORAL	CAPS	EA	90 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367032609	PREGAB	PREGAB	281228 UNKNOW	28122800 UNKNOW	S	75 MG	ORAL	CAPS	EA	90 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367032709	PREGAB	PREGAB	281228 UNKNOW	28122800 UNKNOW	S	100 MG	ORAL	CAPS	EA	90 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367032809	PREGAB	PREGAB	281228 UNKNOW	28122800 UNKNOW	S	150 MG	ORAL	CAPS	EA	90 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367032909	PREGAB	PREGAB	281228 UNKNOW	28122800 UNKNOW	S	200 MG	ORAL	CAPS	EA	90 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367033009	PREGAB	PREGAB	281228 UNKNOW	28122800 UNKNOW	S	225 MG	ORAL	CAPS	EA	90 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367033109	PREGAB	PREGAB	281228 UNKNOW	28122800 UNKNOW	S	300 MG	ORAL	CAPS	EA	90 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367033260	LEVETIR	LEVETIR	281292 Anticonvul	28129200 Anticonvul	S	500 MG	ORAL	TB24	EA	60 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367033360	LEVETIR	LEVETIR	281292 Anticonvul	28129200 Anticonvul	S	750 MG	ORAL	TB24	EA	60 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367033416	WESTUS	PHENYLE	480800 Antitussive	48080000 Antitussive	O	1-10-5 MG	ORAL	SYRP	ML	480	SSB		69367		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
69367033530	PAROXET	PAROXET	281604 Antidepres	28160420 Selective-S	S	12.5 MG	ORAL	TB24	EA	30 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367033630	PAROXET	PAROXET	281604 Antidepres	28160420 Selective-S	S	25 MG	ORAL	TB24	EA	30 X	GENERIC		69367	Y	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367033730	PAROXET	PAROXET	281604 Antidepres	28160420 Selective-S	S	37.5 MG	ORAL	TB24	EA	30 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367033801	CARBIDO	CARBIDO	283616 UNKNOW	28361600 UNKNOW	S	10-100 MC	ORAL	TABS	EA	100 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367033805	CARBIDO	CARBIDO	283616 UNKNOW	28361600 UNKNOW	S	10-100 MC	ORAL	TABS	EA	500 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367033901	CARBIDO	CARBIDO	283616 UNKNOW	28361600 UNKNOW	S	25-100 MC	ORAL	TABS	EA	100 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367033905	CARBIDO	CARBIDO	283616 UNKNOW	28361600 UNKNOW	S	25-100 MC	ORAL	TABS	EA	500 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367033910	CARBIDO	CARBIDO	283616 UNKNOW	28361600 UNKNOW	S	25-100 MC	ORAL	TABS	EA	1000 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367034001	CARBIDO	CARBIDO	283616 UNKNOW	28361600 UNKNOW	S	25-250 MC	ORAL	TABS	EA	100 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367034005	CARBIDO	CARBIDO	283616 UNKNOW	28361600 UNKNOW	S	25-250 MC	ORAL	TABS	EA	500 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367034305	GABAPEN	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	100 MG	ORAL	CAPS	EA	500 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367034405	GABAPEN	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	300 MG	ORAL	CAPS	EA	500 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367034505	GABAPEN	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	400 MG	ORAL	CAPS	EA	500 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367034605	GABAPEN	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	600 MG	ORAL	TABS	EA	500 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367034705	GABAPEN	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	800 MG	ORAL	TABS	EA	500 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367034860	LACOSAI	LACOSAI	281224 UNKNOW	28122400 UNKNOW	S	50 MG	ORAL	TABS	EA	60 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS						R	MEDPRMI
69367034960	LACOSAI	LACOSAI	281224 UNKNOW	28122400 UNKNOW	S	100 MG	ORAL	TABS	EA	60 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS						R	MEDPRMI
69367035060	LACOSAI	LACOSAI	281224 UNKNOW	28122400 UNKNOW	S	150 MG	ORAL	TABS	EA	60 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS						R	MEDPRMI
69367035160	LACOSAI	LACOSAI	281224 UNKNOW	28122400 UNKNOW	S	200 MG	ORAL	TABS	EA	60 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS						R	MEDPRMI
69367035316	WESTUS	PHENYLE	480800 Antitussive	48080000 Antitussive	P	2-15-7.5 M	ORAL	LIQD	ML	473	GENERIC		69367		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION										R	MEDPRMI
69367035410	METOPR	METOPR	242000 Alpha-Adr	24200000 Alpha-Adr	S	50 MG	ORAL	TABS	EA	1000 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367035510	METOPR	METOPR	242000 Alpha-Adr	24200000 Alpha-Adr	S	100 MG	ORAL	TABS	EA	1000 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367035601	RAMELTE	RAMELTE	282448 UNKNOW	28244800 UNKNOW	S	8 MG	ORAL	TABS	EA	100	GENERIC		69367		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
69367035630	RAMELTE	RAMELTE	282448 UNKNOW	28244800 UNKNOW	S	8 MG	ORAL	TABS	EA	30	GENERIC		69367		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
69367035716	PHENOBA	PHENOBA	282404 Barbiturat	28240400 Barbiturat	S	20 MG/5M	ORAL	ELIX	ML	473 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367035905	ROSUVAS	ROSUVAS	240608 HMG-CoA	24060800 HMG-CoA	S	5 MG	ORAL	TABS	EA	500 X	GENERIC		69367		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS				X	IF AGE>40-75 YEARS AND R/R	R	MEDPRMI
69367035909	ROSUVAS	ROSUVAS	240608 HMG-CoA	24060800 HMG-CoA	S	5 MG	ORAL	TABS	EA	90 X	GENERIC		69367		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS				X	IF AGE>40-75 YEARS AND R/R	R	MEDPRMI
69367035910	ROSUVAS	ROSUVAS	240608 HMG-CoA	24060800 HMG-CoA	S	5 MG	ORAL	TABS	EA	1000 X	GENERIC		69367		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS				X	IF AGE>40-75 YEARS AND R/R	R	MEDPRMI
69367036005	ROSUVAS	ROSUVAS	240608 HMG-CoA	24060800 HMG-CoA	S	10 MG	ORAL	TABS	EA	500 X	GENERIC		69367		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS				X	IF AGE>40-75 YEARS AND R/R	R	MEDPRMI
69367036009	ROSUVAS	ROSUVAS	240608 HMG-CoA	24060800 HMG-CoA	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		69367		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS				X	IF AGE>40-75 YEARS AND R/R	R	MEDPRMI
69367036010	ROSUVAS	ROSUVAS	240608 HMG-CoA	24060800 HMG-CoA	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC		69367		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS				X	IF AGE>40-75 YEARS AND R/R	R	MEDPRMI
69367036105	ROSUVAS	ROSUVAS	240608 HMG-CoA	24060800 HMG-CoA	S	20 MG	ORAL	TABS	EA	500 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
69367036109	ROSUVAS	ROSUVAS	240608 HMG-CoA	24060800 HMG-CoA	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
69367036110	ROSUVAS	ROSUVAS	240608 HMG-CoA	24060800 HMG-CoA	S	20 MG	ORAL	TABS	EA	1000 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
69367036205	ROSUVAS	ROSUVAS	240608 HMG-CoA	24060800 HMG-CoA	S	40 MG	ORAL	TABS	EA	500 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
69367036209	ROSUVAS	ROSUVAS	240608 HMG-CoA	24060800 HMG-CoA	S	40 MG	ORAL	TABS	EA	90 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
69367036230	ROSUVAS	ROSUVAS	240608 HMG-CoA	24060800 HMG-CoA	S	40 MG	ORAL	TABS	EA	30 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS						R	MEDPRMI
69367036805	RISPERID	RISPERID	281608 Antipsych	28160804 Atypical A	S	0.25 MG	ORAL	TABS	EA	500 X	GENERIC		69367	N	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367036860	RISPERID	RISPERID	281608 Antipsych	28160804 Atypical A	S	0.25 MG	ORAL	TABS	EA	60 X	GENERIC		69367	N	N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367036905	RISPERID	RISPERID	281608 Antipsych	28160804 Atypical A	S	0.5 MG	ORAL	TABS	EA	500 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367036960	RISPERID	RISPERID	281608 Antipsych	28160804 Atypical A	S	0.5 MG	ORAL	TABS	EA	60 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367037005	RISPERID	RISPERID	281608 Antipsych	28160804 Atypical A	S	1 MG	ORAL	TABS	EA	500 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367037060	RISPERID	RISPERID	281608 Antipsych	28160804 Atypical A	S	1 MG	ORAL	TABS	EA	60 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367037801	DAPSONE	DAPSONE	81608 UNKNOW	8160800 UNKNOW	S	25 MG	ORAL	TABS	EA	100 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367037830	DAPSONE	DAPSONE	81608 UNKNOW	8160800 UNKNOW	S	25 MG	ORAL	TABS	EA	30 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367037901	DAPSONE	DAPSONE	81608 UNKNOW	8160800 UNKNOW	S	100 MG	ORAL	TABS	EA	100 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367037930	DAPSONE	DAPSONE	81608 UNKNOW	8160800 UNKNOW	S	100 MG	ORAL	TABS	EA	30 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367038101	METFORI	METFORI	682004 Biguanide	68200400 Biguanide	S	500 MG	ORAL	TABS	EA	100 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367038105	METFORI	METFORI	682004 Biguanide	68200400 Biguanide	S	500 MG	ORAL	TABS	EA	500 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367038110	METFORI	METFORI	682004 Biguanide	68200400 Biguanide	S	500 MG	ORAL	TABS	EA	1000 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367038201	METFORI	METFORI	682004 Biguanide	68200400 Biguanide	S	850 MG	ORAL	TABS	EA	100 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367038205	METFORI	METFORI	682004 Biguanide	68200400 Biguanide	S	850 MG	ORAL	TABS	EA	500 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367038210	METFORI	METFORI	682004 Biguanide	68200400 Biguanide	S	850 MG	ORAL	TABS	EA	1000 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367038301	METFORI	METFORI	682004 Biguanide	68200400 Biguanide	S	1000 MG	ORAL	TABS	EA	100 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367038305	METFORI	METFORI	682004 Biguanide	68200400 Biguanide	S	1000 MG	ORAL	TABS	EA	500 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367038310	METFORI	METFORI	682004 Biguanide	68200400 Biguanide	S	1000 MG	ORAL	TABS	EA	1000 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367038501	CIPROFL	CIPROFL	81218 Quinolone	8121800 Quinolone	S	250 MG	ORAL	TABS	EA	100	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367038601	CIPROFL	CIPROFL	81218 Quinolone	8121800 Quinolone	S	500 MG	ORAL	TABS	EA	100	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367038605	CIPROFL	CIPROFL	81218 Quinolone	8121800 Quinolone	S	500 MG	ORAL	TABS	EA	500	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367038750	CIPROFL	CIPROFL	81218 Quinolone	8121800 Quinolone	S	750 MG	ORAL	TABS	EA	50	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367038801	AMITRIPT	AMITRIPT	281604 Antidepres	28160428 Tricyclics	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367038810	AMITRIPT	AMITRIPT	281604 Antidepres	28160428 Tricyclics	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367038901	AMITRIPT	AMITRIPT	281604 Antidepres	28160428 Tricyclics	S	25 MG	ORAL	TABS	EA	100 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367038910	AMITRIPT	AMITRIPT	281604 Antidepres	28160428 Tricyclics	S	25 MG	ORAL	TABS	EA	1000 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367039001	AMITRIPT	AMITRIPT	281604 Antidepres	28160428 Tricyclics	S	50 MG	ORAL	TABS	EA	100 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367039010	AMITRIPT	AMITRIPT	281604 Antidepres	28160428 Tricyclics	S	50 MG	ORAL	TABS	EA	1000 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367039101	AMITRIPT	AMITRIPT	281604 Antidepres	28160428 Tricyclics	S	75 MG	ORAL	TABS	EA	100 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367039201	AMITRIPT	AMITRIPT	281604 Antidepres	28160428 Tricyclics	S	100 MG	ORAL	TABS	EA	100 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367039301	AMITRIPT	AMITRIPT	281604 Antidepres	28160428 Tricyclics	S	150 MG	ORAL	TABS	EA	100 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI
69367039401	IBUPROF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	S	400 MG	ORAL	TABS	EA	100 X	GENERIC		69367		N	FORMULARY		1 GEN	GENERICS										R	MEDPRMI

70010011501	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	15 MG	ORAL	TABS	EA	100 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS		X	2 IN 1 DAYS		R	MEDPRIM
70010011601	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS		X	2 IN 1 DAYS		R	MEDPRIM
70010011701	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	30 MG	ORAL	TABS	EA	100 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS		X	2 IN 1 DAYS		R	MEDPRIM
70010011801	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	100 X	GENERIC	1/1/2023	70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010011805	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	500 X	GENERIC	1/1/2023	70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010013303	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS		X	1 IN 1 DAYS		R	MEDPRIM
70010013309	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS		X	1 IN 1 DAYS		R	MEDPRIM
70010013310	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	1000 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS		X	1 IN 1 DAYS		R	MEDPRIM
70010013403	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS		X	2 IN 1 DAYS		R	MEDPRIM
70010013409	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS		X	2 IN 1 DAYS		R	MEDPRIM
70010013410	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	1000 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS		X	2 IN 1 DAYS		R	MEDPRIM
70010013501	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	100 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010013505	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	500 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010013510	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	1000 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010013601	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	100 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010013605	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	500 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010013610	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	1000 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010013701	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	250 MG	ORAL	TABS	EA	100 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010013705	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	250 MG	ORAL	TABS	EA	500 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010013801	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	100 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010013805	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	500 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010013901	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	100 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010013905	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	500 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010013910	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	1000 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010014701	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	8 MEQ	ORAL	CPCR	EA	100 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010014801	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	CPCR	EA	100 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010014805	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	CPCR	EA	500 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010014901	BUTALBI	BUTALBI	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	100	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010014905	BUTALBI	BUTALBI	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	500	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010016001	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	650 MG	ORAL	TBCR	EA	100	GENERIC		70010		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70010016101	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	100	GENERIC		70010		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70010016105	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	500	GENERIC		70010		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70010016110	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	1000	GENERIC		70010		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70010016201	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	100	GENERIC		70010		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70010016234	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	300	GENERIC		70010		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70010016303	CETIRIZI	CETIRIZI	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30	GENERIC		70010		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70010016305	CETIRIZI	CETIRIZI	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	500	GENERIC		70010		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70010016309	CETIRIZI	CETIRIZI	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90	GENERIC		70010		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70010018403	VENLAFA	VENLAFA	281604	Antidepre	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	30 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010018405	VENLAFA	VENLAFA	281604	Antidepre	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	500 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010018409	VENLAFA	VENLAFA	281604	Antidepre	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	90 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010018410	VENLAFA	VENLAFA	281604	Antidepre	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	1000 X	GENERIC		70010 Y		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010018503	VENLAFA	VENLAFA	281604	Antidepre	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	30 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010018505	VENLAFA	VENLAFA	281604	Antidepre	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	500 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010018509	VENLAFA	VENLAFA	281604	Antidepre	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	90 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010018510	VENLAFA	VENLAFA	281604	Antidepre	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	1000 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010018603	VENLAFA	VENLAFA	281604	Antidepre	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	30 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010018605	VENLAFA	VENLAFA	281604	Antidepre	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	500 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010018609	VENLAFA	VENLAFA	281604	Antidepre	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	90 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010019009	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	90 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010019109	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	90 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010019110	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	1000 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010019905	GUAIFEN	GUAIFEN	481600	Expectora	48160000	Expectora	P	600 MG	ORAL	TB12	EA	500	GENERIC		70010 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70010020303	SERTRAL	SERTRAL	281604	Antidepre	28160420	Selective-	S	25 MG	ORAL	TABS	EA	30 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010020305	SERTRAL	SERTRAL	281604	Antidepre	28160420	Selective-	S	25 MG	ORAL	TABS	EA	500 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010020309	SERTRAL	SERTRAL	281604	Antidepre	28160420	Selective-	S	25 MG	ORAL	TABS	EA	90 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010020310	SERTRAL	SERTRAL	281604	Antidepre	28160420	Selective-	S	25 MG	ORAL	TABS	EA	1000 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010020403	SERTRAL	SERTRAL	281604	Antidepre	28160420	Selective-	S	50 MG	ORAL	TABS	EA	30 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010020405	SERTRAL	SERTRAL	281604	Antidepre	28160420	Selective-	S	50 MG	ORAL	TABS	EA	500 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010020409	SERTRAL	SERTRAL	281604	Antidepre	28160420	Selective-	S	50 MG	ORAL	TABS	EA	90 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010020410	SERTRAL	SERTRAL	281604	Antidepre	28160420	Selective-	S	50 MG	ORAL	TABS	EA	1000 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010020503	SERTRAL	SERTRAL	281604	Antidepre	28160420	Selective-	S	100 MG	ORAL	TABS	EA	30 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010020505	SERTRAL	SERTRAL	281604	Antidepre	28160420	Selective-	S	100 MG	ORAL	TABS	EA	500 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010020509	SERTRAL	SERTRAL	281604	Antidepre	28160420	Selective-	S	100 MG	ORAL	TABS	EA	90 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010020510	SERTRAL	SERTRAL	281604	Antidepre	28160420	Selective-	S	100 MG	ORAL	TABS	EA	1000 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010022701	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	100 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010022705	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	500 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010022801	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	100 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010022805	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	500 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010023101	TRAZODC	TRAZODC	281604	Antidepre	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	100 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010023105	TRAZODC	TRAZODC	281604	Antidepre	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	500 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010023110	TRAZODC	TRAZODC	281604	Antidepre	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	1000 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010023201	TRAZODC	TRAZODC	281604	Antidepre	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	100 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010023205	TRAZODC	TRAZODC	281604	Antidepre	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	500 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010023210	TRAZODC	TRAZODC	281604	Antidepre	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	1000 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010023301	TRAZODC	TRAZODC	281604	Antidepre	28160424	Serotonin	S	150 MG	ORAL	TABS	EA	100 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010023305	TRAZODC	TRAZODC	281604	Antidepre	28160424	Serotonin	S	150 MG	ORAL	TABS	EA	500 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010023401	TRAZODC	TRAZODC	281604	Antidepre	28160424	Serotonin	S	300 MG	ORAL	TABS	EA	100 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010049101	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	100 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010049105	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	500 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010049109	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	90 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010049110	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	1000 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010049201	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	100 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010049205	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	500 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010049210	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	1000 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010049601	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	100 X	GENERIC		70010		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION				DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
70010049709	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TB24	EA	90 X	GENERIC		70010		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION				DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
70010074103	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	30 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010074109	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	90 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010074110	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	1000 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010074203	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	30 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010074209	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	90 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010074210	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	1000 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010074303	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	30 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010074309	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	90 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010074310	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	1000 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010075401	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	100	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS		X	8 IN 1 DAYS		R	MEDPRIM
70010075405	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	500	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS		X	8 IN 1 DAYS		R	MEDPRIM
70010077001	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	100	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS		X	6 IN 1 DAYS		R	MEDPRIM
70010077005	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	500	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS		X	6 IN 1 DAYS		R	MEDPRIM
70010078001	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	100 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010078005	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	500 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010078010	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	1000 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010078101	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	100 X	GENERIC		70010 Y		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010078105	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	500 X	GENERIC		70010 Y		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010078110	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	1000 X	GENERIC		70010 Y		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010078201	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	100 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010078205	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	500 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010078210	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	1000 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010078301	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TB24	EA	100 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010078305	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TB24	EA	500 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010078310	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TB24	EA	1000 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010078403	BUPROPI	BUPROPI	281604	Antidepre	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	30 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010078405	BUPROPI	BUPROPI	281604	Antidepre	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	500 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010078409	BUPROPI	BUPROPI	281604	Antidepre	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	90 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010078503	BUPROPI	BUPROPI	281604	Antidepre	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	30 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010078505	BUPROPI	BUPROPI	281604	Antidepre	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	500 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010078509	BUPROPI	BUPROPI	281604	Antidepre	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	90 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010078612	METHYLE	METHYLE	760000	Oxytocics	76000000	Oxytocics	S	0.2 MG	ORAL	TABS	EA	12	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS		X	28 IN 30 DAYS		R	MEDPRIM
70010078628	METHYLE	METHYLE	760000	Oxytocics	76000000	Oxytocics	S	0.2 MG	ORAL	TABS	EA	28	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS		X	28 IN 30 DAYS		R	MEDPRIM
70010090701	PENICILL	PENICILL	640000	Heavy Me	64000000	Heavy Me	S	250 MG	ORAL	CAPS	EA	100	GENERIC		70010		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X PA:X				R	MEDPRIM
70010092601	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	100 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010092605	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	500 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010092610	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	1000 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010092701	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	100 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010092705	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	500 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010092710	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	1000 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010092801	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	100 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70010092805	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	500 X	GENERIC		70010		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70020191001	IXEMPRA	IXABEPIL	100000	Antineopla	10000000	Antineopla	R	15 MG	INTRAVEI	SOLR	EA	1	SSB		70020		N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70020191101	IXEMPRA	IXABEPIL	100000	Antineopla	10000000	Antineopla	R	45 MG	INTRAVEI	SOLR	EA	1	SSB		70020		N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70020191501	EPISIL	ORAL WC	849200	Skin and I	84920000	Skin and I	R	0-0-0-0	MOUTH/T	LIQD	ML	10	SSB		70020		N	EXCLUDE	N/A: [DRU	20	FORMULARY EXCLUSION				DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
70030011698	EQ CALCI	CALCIUM	401200	Replacem	40120000	Replacem	P	315MG-25	ORAL	TABS	EA	120	GENERIC		70030		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70030012706	GOODSEI	ORAL ELE	401200	Replacem	40120000	Replacem	P	440MG/36	ORAL	SOLN	ML	1000	GENERIC		70030 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70030012713	GOODSEI	ORAL ELE	401200	Replacem	40120000	Replacem	P	440MG/36	ORAL	SOLN	ML	1000	GENERIC		70030 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70030012714	GOODSEI	ORAL ELE	401200	Replacem	40120000	Replacem	P	440MG/36	ORAL	SOLN	ML	1000	GENERIC		70030 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70030012715	GOODSEI	ORAL ELE	401200	Replacem	40120000	Replacem	P	35MEQ/L-	ORAL	SOLN	ML	1000	GENERIC		70030		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70030012854	GOODSEI	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		70030		N	FORMULARY		2 BRAND	PREFERRED BRAND					R	MEDPRIM
70030012855	GOODSEI	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		70030		N	FORMULARY		2 BRAND	PREFERRED BRAND					R	MEDPRIM
70030012856	GOODSEI	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		70030		N	FORMULARY		2 BRAND	PREFERRED BRAND					R	MEDPRIM
70030012919	GOODSEI	PROBIOT	560800	Antidiarrh	56080000	Antidiarrh	O	0-0-0-0-0	ORAL	TBEC	EA	28	SSB		70030		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70030012983	GOODSEI	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	325 MG	ORAL	TABS	EA	100	GENERIC		70030		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70030013173	NASAL M	SALINE	529200	EENT Dru	52920000	EENT Dru	P	0.65%	NASAL	SOLN	ML	44	GENERIC		70030		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70030013488	PREGNAI	PREGNAI	940000	Devices	94000000	Devices	O	0	IN VITRO	TEST	EA	1	MSB		70030		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRIM
70030013489	PREGNAI	PREGNAI	940000	Devices	94000000	Devices	O	0	IN VITRO	TEST	EA	2	MSB		70030		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRIM
70030014765	PERSONA	LUBRICAI	849200	Skin and I	84920000	Skin and I	P	0	EXTERNA	GEL	GM	113	GENERIC		70030		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70030014857	GOODSEI	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	30MG-30I	ORAL	TABS	EA	80	SSB		70030		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70030014861	BEDDING	PERMETH	840412	Scabicide	84041200	Scabicide	P	0.50%	DOES NO	AERO	GM	142	GENERIC		70030		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70030051091	DEX4	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	10	SSB		70030		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70030051167	SCARAW	OCCLUSI	940000	Devices	94000000	Devices	O	0	DOES NO	SHEE	EA	30	NON DRUG		70030		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70030062392	TGT BLO	BLOOD G	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		70030		N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION				FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR		MEDPRIM
70030062393	TGT BLO	GLUCOSE	362600	Diabetes I	36260000	Diabetes I	O	0	IN VITRO	STRP	EA	50	NON DRUG		70030		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION				DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
70030062394	TGT BLO	GLUCOSE	362600	Diabetes I	36260000	Diabetes I	O	0	IN VITRO	STRP	EA	100	NON DRUG		70030		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION				DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
70030064045	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	100 MG/5	ORAL	SUSP	ML	118	GENERIC		70030		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70063010001	PENLEN	DERMATC	849200	Skin and I	84920000	Skin and I	R	0-0	EXTERNA	EMUL	ML	90	SSB		70063		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION				DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
70065021301	BAMA FR	MENTHOI	849200	Skin and I	84920000	Skin and I	O	3.70%	EXTERNA	GEL	ML	120	SSB		70065		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70065021302	BAMA FR	MENTHOI	849200	Skin and I	84920000	Skin and I	O	3.70%	EXTERNA	GEL	ML	90	SSB		70065		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70065021303	BAMA FR	MENTHOI	849200	Skin and I	84920000	Skin and I	O	3.70%	EXTERNA	GEL	ML	3785	SSB		70065		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069000501	CYANOC	CYANOC	880800	Vitamin B	88080000	Vitamin B	S	1000 MCG	INJECTIO	SOLN	ML	1	GENERIC		70069	Y	N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70069000510	CYANOC	CYANOC	880800	Vitamin B	88080000	Vitamin B	S	1000 MCG	INJECTIO	SOLN	ML	1	GENERIC		70069	Y	N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70069000701	OLOPATA	OLOPATA	520200	Antiallergi	52020000	Antiallergi	S	0.10%	OPHTHAL	SOLN	ML	5	GENERIC	10/18/2023	70069		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70069000801	EPINASTI	EPINASTI	520200	Antiallergi	52020000	Antiallergi	S	0.05%	OPHTHAL	SOLN	ML	5	GENERIC		70069		N	FORMULARY		1 GEN	GENERICS		X	10 IN 30 DAYS		R	MEDPRIM
70069001101	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.2 MG/M	INJECTIO	SOLN	ML	1	GENERIC	1/28/2022	70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069001125	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.2 MG/M	INJECTIO	SOLN	ML	1	GENERIC	1/28/2022	70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069001201	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.4 MG/2	INJECTIO	SOLN	ML	2	GENERIC	1/28/2022	70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069001225	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.4 MG/2	INJECTIO	SOLN	ML	2	GENERIC	1/28/2022	70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069001301	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	1 MG/5ML	INJECTIO	SOLN	ML	5	GENERIC	1/28/2022	70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069001325	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	1 MG/5ML	INJECTIO	SOLN	ML	5	GENERIC	1/28/2022	70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069001401	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	4 MG/20M	INJECTIO	SOLN	ML	20	GENERIC	1/28/2022	70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069001410	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	4 MG/20M	INJECTIO	SOLN	ML	20	GENERIC	1/28/2022	70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069001701	OLOPATA	OLOPATA	520200	Antiallergi	52020000	Antiallergi	P	0.10%	OPHTHAL	SOLN	ML	5	GENERIC		70069		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069002101	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	10 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069002125	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	10 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069002501	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	100 MG/1	INJECTIO	SOLN	ML	10	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069002510	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	100 MG/1	INJECTIO	SOLN	ML	10	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069003001	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	50 MG/ML	INTRAMU	SOLN	ML	1	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069003003	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	50 MG/ML	INTRAMU	SOLN	ML	1	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069003101	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	100 MG/M	INTRAMU	SOLN	ML	1	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069003105	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	100 MG/M	INTRAMU	SOLN	ML	1	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069005101	DORZOLA	DORZOLA	524012	UNKNOW	52401200	UNKNOW	S	20MG/ML-	OPHTHAL	SOLN	ML	10 X	GENERIC		70069		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70069006110	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	10	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069006125	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	10	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069006210	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	20	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069006225	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	20	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069006301	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	5 MG/ML	INJECTIO	SOLN	ML	20	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069006325	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	5 MG/ML	INJECTIO	SOLN	ML	20	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069006401	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	5 MG/ML	INJECTIO	SOLN	ML	30	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069006410	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	5 MG/ML	INJECTIO	SOLN	ML	30	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069006425	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	5 MG/ML	INJECTIO	SOLN	ML	30	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069006710	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	10 MG/ML	INJECTIO	SOLN	ML	20	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069006725	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	10 MG/ML	INJECTIO	SOLN	ML	20	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069007101	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	S	0.4 MG/M	INJECTIO	SOLN	ML	1	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069007110	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	S	0.4 MG/M	INJECTIO	SOLN	ML	1	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069007201	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	S	4 MG/10M	INJECTIO	SOLN	ML	10	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069007210	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	S	4 MG/10M	INJECTIO	SOLN	ML	10	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069009101	AZELAST	AZELAST	520200	Antiallergi	52020000	Antiallergi	S	0.05%	OPHTHAL	SOLN	ML	6	GENERIC		70069		N	FORMULARY		1 GEN	GENERICS		X	12 IN 30 DAYS		R	MEDPRIM
70069010101	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	1000 MG/	INJECTIO	SOLN	ML	10	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069010105	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	1000 MG/	INJECTIO	SOLN	ML	10	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069010125	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	1000 MG/	INJECTIO	SOLN	ML	10	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069012101	TROPICA	TROPICA	522400	Mydriatics	52240000	Mydriatics	S	1%	OPHTHAL	SOLN	ML	15 X	GENERIC		70069		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069013101	TOBRAM	TOBRAM	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	5	GENERIC		70069		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70069014101	CISATRA	CISATRA	122020	UNKNOW	12202000	UNKNOW	S	10 MG/5M	INTRAVEI	SOLN	ML	5	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069014110	CISATRA	CISATRA	122020	UNKNOW	12202000	UNKNOW	S	10 MG/5M	INTRAVEI	SOLN	ML	5	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069015101	CISATRA	CISATRA	122020	UNKNOW	12202000	UNKNOW	S	200 MG/2	INTRAVEI	SOLN	ML	20	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069015110	CISATRA	CISATRA	122020	UNKNOW	12202000	UNKNOW	S	200 MG/2	INTRAVEI	SOLN	ML	20	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069016101	CISATRA	CISATRA	122020	UNKNOW	12202000	UNKNOW	S	20 MG/10	INTRAVEI	SOLN	ML	10	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069016110	CISATRA	CISATRA	122020	UNKNOW	12202000	UNKNOW	S	20 MG/10	INTRAVEI	SOLN	ML	10	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069017101	CYANOC	CYANOC	880800	Vitamin B	88080000	Vitamin B	S	1000 MCG	INJECTIO	SOLN	ML	30	GENERIC		70069	Y	N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70069017110	CYANOC	CYANOC	880800	Vitamin B	88080000	Vitamin B	S	1000 MCG	INJECTIO	SOLN	ML	30	GENERIC		70069	Y	N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70069017201	CYANOC	CYANOC	880800	Vitamin B	88080000	Vitamin B	S	1000 MCG	INJECTIO	SOLN	ML	10	GENERIC		70069	Y	N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70069017210	CYANOC	CYANOC	880800	Vitamin B	88080000	Vitamin B	S	1000 MCG	INJECTIO	SOLN	ML	10	GENERIC		70069	Y	N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70069018101	PILOCARI	PILOCARI	524020	UNKNOW	52402000	UNKNOW	S	1%	OPHTHAL	SOLN	ML	15 X	GENERIC		70069		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70069019101	PILOCARI	PILOCARI	524020	UNKNOW	52402000	UNKNOW	S	2%	OPHTHAL	SOLN	ML	15 X	GENERIC		70069		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70069020101	PILOCARI	PILOCARI	524020	UNKNOW	52402000	UNKNOW	S	4%	OPHTHAL	SOLN	ML	15 X	GENERIC		70069		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70069023101	BRIMONI	BRIMONI	524004	UNKNOW	52400400	UNKNOW	S	0.20%	OPHTHAL	SOLN	ML	5 X	GENERIC		70069		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70069023201	BRIMONI	BRIMONI	524004	UNKNOW	52400400	UNKNOW	S	0.20%	OPHTHAL	SOLN	ML	10 X	GENERIC		70069		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70069023301	BRIMONI	BRIMONI	524004	UNKNOW	52400400	UNKNOW	S	0.20%	OPHTHAL	SOLN	ML	15 X	GENERIC		70069		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70069026101	NITROPR	NITROPR	240816	Central Al	24081600	Central Al	S	25 MG/ML	INTRAVEI	SOLN	ML	2	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069027101	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	2.5 MG/M	INTRAVEI	SOLN	ML	2	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069027105	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	2.5 MG/M	INTRAVEI	SOLN	ML	2	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069027125	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	2.5 MG/M	INTRAVEI	SOLN	ML	2	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069027201	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	2.5 MG/M	INTRAVEI	SOLN	ML	4	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069027205	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	2.5 MG/M	INTRAVEI	SOLN	ML	4	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069027301	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	2.5 MG/M	INTRAVEI	SOLN	ML	2	GENERIC	11/30/2024	70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069027305	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	2.5 MG/M	INTRAVEI	SOLN	ML	2	GENERIC	11/30/2024	70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069030101	SUCCINY	SUCCINY	122020	UNKNOW	12202000	UNKNOW	S	20 MG/ML	INJECTIO	SOLN	ML	10	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069030110	SUCCINY	SUCCINY	122020	UNKNOW	12202000	UNKNOW	S	20 MG/ML	INJECTIO	SOLN	ML	10	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069030125	SUCCINY	SUCCINY	122020	UNKNOW	12202000	UNKNOW	S	20 MG/ML	INJECTIO	SOLN	ML	10	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069031101	POLYMYX	POLYMYX	520404	Antibacter	52040400	Antibacter	S	10000-0.1	OPHTHAL	SOLN	ML	10	GENERIC		70069		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70069036101	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	400MG/5	INTRAVEI	SOLN	ML	5	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069036110	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	400MG/5	INTRAVEI	SOLN	ML	5	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069036201	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	400MG/5	INTRAVEI	SOLN	ML	10	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069036210	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	400MG/5	INTRAVEI	SOLN	ML	10	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069036301	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	400MG/5	INTRAVEI	SOLN	ML	30	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069037101	PROCHLO	PROCHLO	281608	Antipsych	28160824	Phenothia	S	10 MG/2M	INJECTIO	SOLN	ML	2	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069037125	PROCHLO	PROCHLO	281608	Antipsych	28160824	Phenothia	S	10 MG/2M	INJECTIO	SOLN	ML	2	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069038101	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	50 MG/ML	INTRAMU	SOLN	ML	1	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069038110	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	50 MG/ML	INTRAMU	SOLN	ML	1	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069038301	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	100 MG/M	INTRAMU	SOLN	ML	1	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069038305	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	100 MG/M	INTRAMU	SOLN	ML	1	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069038310	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	100 MG/M	INTRAMU	SOLN	ML	1	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069038401	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	100 MG/M	INTRAMU	SOLN	ML	5	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069038405	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	100 MG/M	INTRAMU	SOLN	ML	5	GENERIC	2/1/2024	70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069040101	BIMATOP	BIMATOP	524028	UNKNOW	52402800	UNKNOW	S	0.03%	OPHTHAL	SOLN	ML	2.5 X	GENERIC		70069		N	FORMULARY		1 GEN	GENERICS		X	2.5 IN 30 DAYS		R	MEDPRIM
70069040201	BIMATOP	BIMATOP	524028	UNKNOW	52402800	UNKNOW	S	0.03%	OPHTHAL	SOLN	ML	5 X	GENERIC		70069		N	FORMULARY		1 GEN	GENERICS		X	2.5 IN 30 DAYS		R	MEDPRIM
70069040301	BIMATOP	BIMATOP	524028	UNKNOW	52402800	UNKNOW	S	0.03%	OPHTHAL	SOLN	ML	7.5 X	GENERIC		70069		N	FORMULARY		1 GEN	GENERICS		X	2.5 IN 30 DAYS		R	MEDPRIM
70069041101	OFLOXAC	OFLOXAC	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	5	GENERIC		70069		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70069042101	LATANOF	LATANOF	524028	UNKNOW	52402800	UNKNOW	S	0.01%	OPHTHAL	SOLN	ML	2.5 X	GENERIC		70069		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70069042103	LATANOF	LATANOF	524028	UNKNOW	52402800	UNKNOW	S	0.01%	OPHTHAL	SOLN	ML	2.5 X	GENERIC		70069		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70069043101	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG/ML	INTRAMU	SOLN	ML	2	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069043105	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG/ML	INTRAMU	SOLN	ML	2	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069044101	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG/ML	INTRAMU	SOLN	ML	2	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069044105	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG/ML	INTRAMU	SOLN	ML	2	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069047101	LACOSAM	LACOSAM	281224	UNKNOW	28122400	UNKNOW	S	200 MG/2	INTRAVEI	SOLN	ML	20	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069047110	LACOSAM	LACOSAM	281224	UNKNOW	28122400	UNKNOW	S	200 MG/2	INTRAVEI	SOLN	ML	20	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069050601	CUPRIC C	CUPRIC C	401200	Replacem	40120000	Replacem	S	0.4 MG/M	INTRAVEI	SOLN	ML	10	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069050625	CUPRIC C	CUPRIC C	401200	Replacem	40120000	Replacem	S	0.4 MG/M	INTRAVEI	SOLN	ML	10	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069051601	TIMOLOL	TIMOLOL	524008	UNKNOW	52400800	UNKNOW	S	0.50%	OPHTHAL	SOLN	ML	2.5 X	GENERIC		70069 Y		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70069051701	TIMOLOL	TIMOLOL	524008	UNKNOW	52400800	UNKNOW	S	0.50%	OPHTHAL	SOLN	ML	5 X	GENERIC		70069 Y		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70069052601	ZINC CHL	ZINC CHL	401200	Replacem	40120000	Replacem	S	1 MG/ML	INTRAVEI	SOLN	ML	10	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069052625	ZINC CHL	ZINC CHL	401200	Replacem	40120000	Replacem	S	1 MG/ML	INTRAVEI	SOLN	ML	10	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069056601	BRIMONI	BRIMONI	524004	UNKNOW	52400400	UNKNOW	S	0.10%	OPHTHAL	SOLN	ML	5 X	GENERIC		70069		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70069056701	BRIMONI	BRIMONI	524004	UNKNOW	52400400	UNKNOW	S	0.10%	OPHTHAL	SOLN	ML	10 X	GENERIC		70069		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70069056801	BRIMONI	BRIMONI	524004	UNKNOW	52400400	UNKNOW	S	0.10%	OPHTHAL	SOLN	ML	15 X	GENERIC		70069		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70069058101	ATROPIN	ATROPIN	522400	Mydriatics	52240000	Mydriatics	S	1%	OPHTHAL	SOLN	ML	2 X	GENERIC		70069		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70069058201	ATROPIN	ATROPIN	522400	Mydriatics	52240000	Mydriatics	S	1%	OPHTHAL	SOLN	ML	5 X	GENERIC		70069		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70069058601	TRAVOPF	TRAVOPF	524028	UNKNOW	52402800	UNKNOW	S	0.00%	OPHTHAL	SOLN	ML	2.5 X	GENERIC		70069		N	FORMULARY		1 GEN	GENERICS		X	2.5 IN 25 DAYS		R	MEDPRIM
70069058701	TRAVOPF	TRAVOPF	524028	UNKNOW	52402800	UNKNOW	S	0.00%	OPHTHAL	SOLN	ML	5 X	GENERIC		70069		N	FORMULARY		1 GEN	GENERICS		X	2.5 IN 25 DAYS		R	MEDPRIM
70069060101	PROPARA	PROPARA	521600	Local Ane	52160000	Local Ane	S	0.50%	OPHTHAL	SOLN	ML	15	GENERIC		70069 N		N	FORMULARY		1 GEN	GENERICS					R	MEDPRIM
70069061601	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	4 MG/20M	INJECTIO	SOLN	ML	20	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069061610	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	4 MG/20M	INJECTIO	SOLN	ML	20	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069061701	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.2 MG/M	INJECTIO	SOLN	ML	1	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069061725	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.2 MG/M	INJECTIO	SOLN	ML	1	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069061801	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.4 MG/2	INJECTIO	SOLN	ML	2	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069061825	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.4 MG/2	INJECTIO	SOLN	ML	2	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069061901	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	1 MG/5ML	INJECTIO	SOLN	ML	5	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069061925	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	1 MG/5ML	INJECTIO	SOLN	ML	5	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069063101	ATROPIN	ATROPIN	120808	Antimusca	12080800	Antimusca	S	0.4 MG/M	INJECTIO	SOLN	ML	1	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM
70069063125	ATROPIN	ATROPIN	120808	Antimusca	12080800	Antimusca	S	1 MG/ML	INTRAVEI	SOLN	ML	1	GENERIC		70069		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRIM

70074051279	ISOMIL DI	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/150M	ORAL	LIQD	ML	960	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074051305	ADVERA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	90MG/240	ORAL	LIQD	ML	240	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074051334	FLEXIFLC	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074051335	FLEXIFLC	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074051337	FLEXIFLC	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	5	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074051477	SIMILAC I	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/150M	ORAL	LIQD	ML	946	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074051478	SIMILAC/I	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/150M	ORAL	LIQD	ML	960	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074051490	INVERTA-	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074051544	FLEXIFLC	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074051546	FLEXIFLC	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074051597	SIMILAC/I	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/150M	ORAL	CONC	ML	384	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074051617	PROMOTI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	345MG/10	ORAL	LIQD	ML	1000	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074051666	EQUALYT	ORAL ELE	401200	Replacem	40120000	Replacem	P	67.6MEQ/	ORAL	SOLN	ML	1000	MSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRMI
70074051739	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	37.5MG/2	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074051740	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	50MG/240	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074051741	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	50MG/240	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074051742	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	50MG/240	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074051743	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	50MG/240	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074051744	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	37.5MG/2	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074051745	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	37.5MG/2	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074051752	PEDIALYT	ORAL ELE	401200	Replacem	40120000	Replacem	P	8.3MEQ/2	ORAL	SOLN	ML	1000	MSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRMI
70074051753	PEDIALYT	ORAL ELE	401200	Replacem	40120000	Replacem	P	35MEQ/L-	ORAL	SOLN	ML	1000	MSB	12/19/2022	70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRMI
70074051785	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	37.5MG/2	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074051787	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	50MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074051806	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	24MG/237	ENTERAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074051807	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	24MG/237	ENTERAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074051808	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	24MG/240	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074051809	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	24MG/240	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074051810	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	24MG/240	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074051811	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	24MG/240	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074051812	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	24MG/240	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074051813	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	24MG/240	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074051849	NEOSURE	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	15MG/134	ORAL	LIQD	ML	118	SSB	4/20/2022	70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074051851	SIMILAC N	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	15MG/135	ORAL	POWD	GM	397	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074051872	PROMOTI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	81MG/237	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074051873	PROMOTI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	81MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074051875	PROMOTI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	80.6MG/2	ORAL	LIQD	ML	1000	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074051892	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	37.5MG/2	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074051893	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	37.5MG/2	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074051894	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	50MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074051895	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	50MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074051949	PERATIVE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	260MG/L-	ORAL	LIQD	ML	1000	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074052000	INVERTA-	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074052001	FLEXIFLC	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074052002	INVERTA-	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074052003	INVERTA-	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074052047	FLEXIFLC	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074052098	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	30MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074052099	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	30MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074052100	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	30MG/237	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074052101	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	30MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074052102	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	30MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074052104	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	30MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074052105	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	30MG/237	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074052238	FLEXIFLC	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074052274	SIMILAC I	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/150M	ORAL	POWD	GM	423	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074052275	SIMILAC I	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/150M	ORAL	POWD	GM	423	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074052276	SIMILAC/I	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/150M	ORAL	POWD	GM	423	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074052277	SIMILAC/I	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/150M	ORAL	POWD	GM	400	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074052354	INVERTA-	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074052418	SIMILAC S	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-37MG/1	ORAL	LIQD	ML	59	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074052440	MAGNA-F	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074052442	MAGNA-F	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074052452	ADVERA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	90MG/240	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074052453	ADVERA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	90MG/240	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074052484	FLEXIFLC	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074052486	FLEXIFLC	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074052488	FLEXIFLC	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074052490	FLEXIFLC	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074052492	FLEXIFLC	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074052601	OSMOLIT	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	1500	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074052603	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	1500	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074052637	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	37.5MG/2	ORAL	LIQD	ML	946	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074052646	SIMILAC I	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/150M	ORAL	CONC	ML	390	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074053118	JEVITY 1.	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	72MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074053119	JEVITY 1.	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	72MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074053121	OSMOLIT	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	72MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074053123	OSMOLIT	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	450MG/15	ORAL	LIQD	ML	1000	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074053125	JEVITY 1.	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-300MG/	ORAL	LIQD	ML	1000	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074053156	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/150M	ORAL	POWD	GM	397	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074053157	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/150M	ORAL	POWD	GM	397	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074053205	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	50MG/240	ORAL	LIQD	ML	946	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074053207	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	50MG/240	ORAL	LIQD	ML	946	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074053328	CALCILO	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	46MG/100	ORAL	POWD	GM	352	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074053329	CALCILO	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	46MG/100	ORAL	POWD	GM	352	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074053360	SIMILAC /	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	POWD	GM	658	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074053363	SIMILAC /	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	LIQD	ML	946	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074053364	SIMILAC /	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	LIQD	ML	946	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074053365	SIMILAC /	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	LIQD	ML	59	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074053432	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074053446	SIMILAC S	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	POWD	GM	964	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074053463	ENLIVE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	240	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074053497	SIMILAC /	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	POWD	GM	963	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074053510	ELECARE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-43M	ORAL	POWD	GM	400	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074053511	ELECARE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-43M	ORAL	POWD	GM	400	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074053526	SIMILAC /	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/150M	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074053533	SIMILAC /	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/150M	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074053534	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	78MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074053535	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	78MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074053537	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	325MG/10	ORAL	LIQD	ML	1000	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074053592	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	24MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074053594	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	24MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074053623	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074053626	NEPRO/C	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	25MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074053629	NEPRO/C	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	25MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074053632	NEPRO/C	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	25MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074053634	NEPRO/C	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	25MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074053638	SUPLENA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	25MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074053677	SIMILAC S	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074053729	SIMILAC S	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	POWD	GM	638	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074053730	SIMILAC S	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	POWD	GM	638	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074053735	SIMILAC S	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074053806	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-33	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074053807	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074053809	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-33	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074053810	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074053811	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074053820	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	24MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074053824	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	24MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074053935	SIMILAC /	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	CONC	ML	384	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074053984	PEDIALYT	ORAL ELE	401200	Replacem	40120000	Replacem	P	35MEQ/L-	ORAL	SOLN	ML	1000	MSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRMI
70074054064	TWOCAL	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	75MG/237	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054065	TWOCAL	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	75MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054104	NEPRO	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	25MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054105	NEPRO	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	25MG/237	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054106	NEPRO	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	25MG/237	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054107	NEPRO	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	25MG/237	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054234	HIDE-A-P	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054236	HIDE-A-P	ENTERAL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054322	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054326	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054327	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054328	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054329	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054332	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	4	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054333	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	4	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054344	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	4	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054345	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	4	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054350	FLEXIFLC	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054351	FLEXIFLC	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054386	OXEPA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	205MG/23	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054387	OXEPA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	205MG/23	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054408	PULMOC/	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	75MG/240	ORAL	LIQD	ML	240	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054454	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	4	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054455	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	1	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054460	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	4	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054461	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	1	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054496	SIMILAC/I	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/150M	ORAL	POWD	GM	850	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054544	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054545	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054546	FLEXIFLC	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054547	FLEXIFLC	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054548	FLEXIFLC	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054549	FLEXIFLC	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054550	FLEXIFLC	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054551	FLEXIFLC	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054552	FLEXIFLC	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054553	FLEXIFLC	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054554	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054556	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054568	SIMILAC /	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/150M	ORAL	POWD	GM	454	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054569	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054598	SIMILAC I	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	POWD	EA	50	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054599	SIMILAC I	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	POWD	EA	50	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054612	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	4	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054615	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	4	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054616	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	4	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054638	OPTIMEN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	50MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054639	OPTIMEN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	50MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054640	OPTIMEN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	50MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054665	ELECARE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-43MG	ORAL	POWD	GM	400	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054666	ELECARE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-43MG	ORAL	POWD	GM	400	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054736	FLEXIFLC	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054737	MAGNA-F	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054738	FLEXIFLC	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054739	MAGNA-F	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054744	SIMILAC/I	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/150M	ORAL	POWD	GM	32.1	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054745	SIMILAC/I	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/150M	ORAL	POWD	GM	32.1	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054746	ISOMIL/IR	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/150M	ORAL	POWD	GM	31.8	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054747	ISOMIL/IR	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/150M	ORAL	POWD	GM	31.8	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054751	ISOMIL/IR	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/150M	ORAL	POWD	GM	850	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054752	ISOMIL/IR	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/150M	ORAL	POWD	GM	850	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054825	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	42MG/237	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054833	HIDE-A-P	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054835	HIDE-A-P	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054837	HIDE-A-P	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054839	HIDE-A-P	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054841	INVERTA-	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054843	INVERTA-	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054844	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0	ORAL	PUDG	GM	113	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054845	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0	ORAL	PUDG	GM	113	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054846	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	PUDG	GM	113	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054847	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	PUDG	GM	113	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054848	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	PUDG	GM	113	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054849	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	PUDG	GM	113	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054939	HEALTH S	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	POWD	GM	261	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054940	HEALTH S	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	POWD	GM	216	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054941	HEALTH S	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	POWD	GM	261	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054942	HEALTH S	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	POWD	GM	261	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054943	HEALTH S	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	POWD	GM	306	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054944	HEALTH S	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	POWD	GM	306	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054945	HEALTH S	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	POWD	GM	252	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054953	EQUATE I	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054955	EQUATE I	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054956	EQUATE I	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054958	EQUATE I	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054959	EQUATE I	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054961	EQUATE I	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054962	EQUATE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054964	EQUATE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054965	EQUATE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054967	EQUATE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054968	EQUATE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054970	EQUATE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054972	HIDE-A-P	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	5	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054976	HIDE-A-P	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	5	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074054981	PEDIALYT	ORAL ELE	401200	Replacem	40120000	Replacem	P	8.3MEQ/2	ORAL	SOLN	ML	237	MSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRMI
70074054982	PEDIALYT	ORAL ELE	401200	Replacem	40120000	Replacem	P	8.3MEQ/2	ORAL	SOLN	ML	237	MSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRMI
70074055026	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	946	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055027	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	946	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055041	FLEXIFLC	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055045	ISOMIL S	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/150M	ORAL	LIQD	ML	946	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055079	SIMILAC S	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	LIQD	ML	59	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055238	CLEARST	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055251	ELECARE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-43M	ORAL	POWD	GM	400	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055253	ELECARE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-42.5M	ORAL	POWD	GM	400	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055254	ELECARE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-42.5M	ORAL	POWD	GM	400	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055260	HIDE-A-P	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055278	HIDE-A-P	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055280	HIDE-A-P	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055282	HIDE-A-P	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055288	HIDE-A-P	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055294	HIDE-A-P	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055298	HIDE-A-P	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055304	HIDE-A-P	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055306	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	946	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055315	ENSURE/	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	51MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055317	HIDE-A-P	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055319	HIDE-A-P	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055351	ELECARE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-43M	ORAL	POWD	GM	400	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055362	EMBRACE	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055378	FLEXIFLC	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055381	FLEXITAI	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055382	FLEXITAI	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055383	FLEXIFLC	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055384	FLEXIFLC	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055387	FLEXIFLC	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055388	FLEXIFLC	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055390	FLEXIFLC	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055391	FLEXIFLC	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055408	SIMILAC 2	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/150M	ORAL	POWD	GM	400	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055431	RE/NEPH	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0	ORAL	LIQD	ML	118	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055433	RE/NEPH	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0	ORAL	LIQD	ML	118	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055434	RE/NEPH	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	118	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055435	RE/NEPH	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	118	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055436	RE/NEPH	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	118	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055507	SIMILAC 2	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/150M	ORAL	POWD	GM	850	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055553	SIMILAC/I	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/150M	ORAL	PACK	EA	18	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055557	ISOMIL S	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/150M	ORAL	POWD	EA	18	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055593	ISOMIL 2	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/150M	ORAL	POWD	GM	397	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055595	ISOMIL 2	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/150M	ORAL	POWD	GM	850	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055603	HIDE-A-P	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055605	HIDE-A-P	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055607	HIDE-A-P	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055609	HIDE-A-P	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055611	HIDE-A-P	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055613	HIDE-A-P	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055615	HIDE-A-P	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055617	HIDE-A-P	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055619	HIDE-A-P	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055621	HIDE-A-P	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055623	HIDE-A-P	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055625	HIDE-A-P	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055627	HIDE-A-P	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055629	HIDE-A-P	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055631	HIDE-A-P	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055633	HIDE-A-P	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055635	HIDE-A-P	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055637	HIDE-A-P	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055639	HIDE-A-P	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055641	HIDE-A-P	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055643	HIDE-A-P	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074055645	HIDE-A-P	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

70074055647	HIDE-A-P	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055649	HIDE-A-P	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055651	HIDE-A-P	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055653	HIDE-A-P	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055655	HIDE-A-P	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055657	HIDE-A-P	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055659	HIDE-A-P	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055661	HIDE-A-P	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055663	HIDE-A-P	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055665	HIDE-A-P	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055667	HIDE-A-P	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055669	HIDE-A-P	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055671	HIDE-A-P	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055673	HIDE-A-P	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055675	HIDE-A-P	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055677	HIDE-A-P	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055679	HIDE-A-P	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055681	HIDE-A-P	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055683	HIDE-A-P	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055685	HIDE-A-P	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055687	HIDE-A-P	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055689	HIDE-A-P	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055691	HIDE-A-P	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055693	HIDE-A-P	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055695	HIDE-A-P	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055697	HIDE-A-P	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055699	HIDE-A-P	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055701	HIDE-A-P	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055703	HIDE-A-P	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055705	HIDE-A-P	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055707	HIDE-A-P	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055710	HIDE-A-P	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055712	HIDE-A-P	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055714	HIDE-A-P	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055716	HIDE-A-P	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055718	HIDE-A-P	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055720	HIDE-A-P	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055722	HIDE-A-P	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055724	HIDE-A-P	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055726	HIDE-A-P	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055756	PHENEX-	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-60MG	ORAL	POWD	GM	400	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055778	PROSURI	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	30MG/237	ORAL	LIQD	ML	948	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055797	SIMILAC I	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	9MG-9MG	ORAL	POWD	GM	850	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055859	NUTRIFO	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	30MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055891	DURA-G (	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055905	GLUCERN	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055957	SIMILAC /	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/15	ORAL	POWD	GM	352	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055958	SIMILAC /	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/15	ORAL	POWD	GM	352	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055963	SIMILAC S	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	9MG/150M	ORAL	POWD	GM	352	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055964	SIMILAC S	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/15	ORAL	POWD	GM	352	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055967	SIMILAC S	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/15	ORAL	LIQD	ML	946	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074055968	SIMILAC S	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/15	ORAL	LIQD	ML	946	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056003	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	12	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056006	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	12	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056009	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	12	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056012	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	12	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056016	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056052	GLUCERN	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056079	PEDIALYT	ORAL ELE	401200 Replacem	40120000 Replacem	O	8.3MEQ-8	ORAL	PACK	EA	4	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056082	PEDIALYT	ORAL ELE	401200 Replacem	40120000 Replacem	O	8.3MEQ-8	ORAL	PACK	EA	4	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056091	PEDIALYT	ORAL ELE	401200 Replacem	40120000 Replacem	O	8.3MEQ-8	ORAL	PACK	EA	8	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056092	SIMILAC S	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/15	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056177	SIMILAC I	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	15MG/135	ORAL	LIQD	ML	59	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056178	SIMILAC I	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	15MG/135	ORAL	LIQD	ML	59	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056251	SIMILAC /	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/15	ORAL	CONC	ML	946	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056258	SIMILAC S	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/15	ORAL	CONC	ML	946	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056259	SIMILAC S	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/15	ORAL	CONC	ML	946	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056267	SIMILAC S	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	59	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056268	SIMILAC S	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	59	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056270	SIMILAC S	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-37MG/1	ORAL	LIQD	ML	59	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056275	SIMILAC S	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	59	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056277	VITAL 1.0	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	83MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056278	VITAL 1.0	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	83MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056279	VITAL 1.5	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	120MG/23	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056280	VITAL 1.5	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	120MG/23	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056282	VITAL 1.0	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	83MG/237	ORAL	LIQD	ML	1000	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056284	VITAL 1.5	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	120MG/23	ORAL	LIQD	ML	1000	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056295	SIMILAC S	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-37MG/1	ORAL	LIQD	ML	59	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056308	SIMILAC S	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/15	ORAL	LIQD	ML	59	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056312	SIMILAC S	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-37MG/1	ORAL	LIQD	ML	59	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056313	SIMILAC S	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-37MG/1	ORAL	LIQD	ML	59	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056369	PEDIASUI	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056383	VITAL JR	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	24MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056390	VITAL JR	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	24MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056392	VITAL JR	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	24MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056417	PEDIASUI	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056420	PEDIASUI	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056423	PEDIASUI	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056436	PEDIALYT	ORAL ELE	401200 Replacem	40120000 Replacem	P	7MEQ/200	ORAL	SOLN	ML	200	MSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRM
70074056437	PEDIALYT	ORAL ELE	401200 Replacem	40120000 Replacem	P	7MEQ/200	ORAL	SOLN	ML	200	MSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRM
70074056439	PEDIALYT	ORAL ELE	401200 Replacem	40120000 Replacem	P	7MEQ/200	ORAL	SOLN	ML	200	MSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRM
70074056440	PEDIALYT	ORAL ELE	401200 Replacem	40120000 Replacem	P	7MEQ/200	ORAL	SOLN	ML	200	MSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRM
70074056442	PEDIALYT	ORAL ELE	401200 Replacem	40120000 Replacem	P	7MEQ/200	ORAL	SOLN	ML	200	MSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRM
70074056443	PEDIALYT	ORAL ELE	401200 Replacem	40120000 Replacem	P	7MEQ/200	ORAL	SOLN	ML	200	MSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRM
70074056459	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056462	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056468	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056471	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056474	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056477	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056480	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056483	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056486	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056489	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056492	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056495	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056500	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	296	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056501	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	296	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056502	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	296	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056508	SIMILAC S	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/15	ORAL	LIQD	ML	59	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056524	PEDIASUI	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	24MG/237	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056525	SIMILAC /	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/15	ORAL	LIQD	ML	59	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056543	VITAL AF	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	100MG/23	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056545	VITAL AF	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	422MG/10	ORAL	LIQD	ML	1000	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056559	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056561	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056562	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056563	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056564	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056565	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056585	ELECARE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-42.5M	ORAL	POWD	GM	400	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056586	ELECARE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-42.5M	ORAL	POWD	GM	400	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056588	ELECARE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-42.5M	ORAL	POWD	GM	400	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056604	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	296	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056605	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	296	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056606	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	296	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056640	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	200	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056641	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	200	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056642	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	198	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056643	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	200	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056649	SIMILAC I	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-10.4MG	ORAL	CONC	ML	5	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056682	GLUCERN	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	4	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056683	GLUCERN	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	1	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056728	SIMILAC S	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/15	ORAL	LIQD	ML	946	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056731	SIMILAC S	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/15	ORAL	LIQD	ML	946	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056780	SIMILAC /	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/15	ORAL	LIQD	ML	59	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056785	SIMILAC /	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/15	ORAL	LIQD	ML	118	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056842	PATROL I	FEEDING	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056958	GLUCERN	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	4	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056964	GLUCERN	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	2	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056968	GLUCERN	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	2	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056974	SIMILAC /	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/15	ORAL	CONC	ML	384	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056976	SIMILAC S	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/15	ORAL	CONC	ML	384	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056978	ISOMIL AI	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/15	ORAL	LIQD	ML	118	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056980	ISOMIL AI	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/15	ORAL	LIQD	ML	59	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074056983	SIMILAC S	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/15	ORAL	PACK	EA	16	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057044	OXEPA	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	850MG/L-	ORAL	LIQD	ML	1000	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057046	OPTIMEN	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-215MG/	ORAL	LIQD	ML	1000	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057048	TWOCAL	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	320MG/L-	ORAL	LIQD	ML	1000	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057050	NEPRO	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	105MG/L-	ORAL	LIQD	ML	1000	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057231	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057234	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-33	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057243	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057263	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057266	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-33	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057333	JEVITY 1.	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	72MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057334	JEVITY 1.	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	72MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057426	PEDIALYT	ORAL ELE	401200 Replacem	40120000 Replacem	P	33.2MEQ/	ORAL	SOLN	ML	237	MSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRM
70074057430	SIMILAC I	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-15MG/1	ORAL	POWD	GM	371	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057431	SIMILAC I	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-15MG/1	ORAL	POWD	GM	371	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057455	SIMILAC I	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-15MG/1	ORAL	LIQD	ML	946	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057456	SIMILAC I	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-15MG/1	ORAL	LIQD	ML	946	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057464	PEDIASUI	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057470	OSMOLIT	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	57MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057507	SIMILAC /	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/15	ORAL	LIQD	ML	118	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057508	SIMILAC /	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/15	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057509	SIMILAC I	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/15	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057512	SIMILAC I	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/15	ORAL	LIQD	ML	946	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057513	SIMILAC I	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/15	ORAL	LIQD	ML	946	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057533	SIMILAC S	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	9MG/150M	ORAL	LIQD	ML	946	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057534	SIMILAC S	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/15	ORAL	LIQD	ML	946	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057535	SIMILAC S	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/15	ORAL	CONC	ML	384	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057536	SIMILAC S	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/15	ORAL	CONC	ML	384	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057539	SIMILAC S	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-61MG/1	ORAL	POWD	GM	354	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057541	SIMILAC S	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/15	ORAL	POWD	GM	354	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057544	SIMILAC I	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	9MG-9MG	ORAL	POWD	GM	728	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057547	SIMILAC I	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/15	ORAL	LIQD	ML	118	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057568	ALIMENTI	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	9MG/150M	ORAL	POWD	GM	454	SSB	4/20/2022	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057601	SIMILAC /	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	9MG/150M	ORAL	LIQD	ML	59	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057604	GLUCERN	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	4	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057610	GLUCERN	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	4	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057617	GLUCERN	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	4	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057632	PROMOTI	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	56.9MG/2	ORAL	LIQD	ML	1500	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057634	PROMOTI	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	80.6MG/2	ORAL	LIQD	ML	1500	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057636	PERATIVI	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	260MG/L-	ORAL	LIQD	ML	1500	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057649	GLUCERN	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	325	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057655	GLUCERN	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	325	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057663	SIMILAC /	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/15	ORAL	POWD	GM	454	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057664	SIMILAC /	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/15	ORAL	POWD	GM	454	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057668	GLUCERN	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	325	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057702	GLUCERN	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	50MG/237	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057707	SIMILAC /	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/15	ORAL	POWD	GM	728	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057719	GLUCERN	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	4	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057753	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057755	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057768	SIMILAC I	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	9MG/150M	ORAL	LIQD	ML	946	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057769	SIMILAC I	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	9MG/150M	ORAL	LIQD	ML	946	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057802	GLUCERN	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057803	GLUCERN	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057805	GLUCERN	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057806	GLUCERN	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057808	GLUCERN	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057809	GLUCERN	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057811	GLUCERN	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057812	GLUCERN	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057842	PEDIASUI	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	24MG/240	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057886	SIMILAC I	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/15	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057910	SIMILAC S	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/15	ORAL	CONC	ML	384	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057939	SIMILAC /	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/15	ORAL	PACK	EA	16	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074057949	SIMILAC I	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	15MG/135	ORAL	LIQD	ML	118	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074058013	PIVOT 1.5	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-72MG/2	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074058014	PIVOT 1.5	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-72MG/2	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074058016	PIVOT 1.5	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	72MG/237	ORAL	LIQD	ML	1000	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074058037	SIMILAC S	STERILE '	403600 Irrigating S	40360000 Irrigating S	O	0	ORAL	LIQD	ML	1000	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074058049	PEDIASUI	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-33	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074058050	PEDIASUI	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-33	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074058053	PEDIASUI	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	24MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074058056	PEDIASUI	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	24MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074058058	PEDIASUI	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-33	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074058059	PEDIASUI	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-33	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074058062	PEDIASUI	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	24MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074058209	PHENEX (	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-.6MG-	ORAL	CHEW	EA	350	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074058211	PHENEX (	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-.6MG-	ORAL	CHEW	EA	350	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074058235	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074058238	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074058244	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	10	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074058246	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	10	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074058252	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	30MG/237	ORAL	LIQD	ML	946	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074058253	HI-CAL	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	12MG/240	ORAL	LIQD	ML	1000	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074058254	HI-CAL	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	12MG/240	ORAL	LIQD	ML	1000	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074058263	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	30MG/237	ORAL	LIQD	ML	946	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074058293	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-33	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074058294	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074058295	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-33	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074058296	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-30MG/2	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074058297	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-33	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074058298	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-30MG/2	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074058299	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-33	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074058300	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-30MG/2	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074058301	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-33	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074058302	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-30MG/2	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074058303	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-33	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074058304	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-30MG/2	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074058585	SIMILAC /	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	873	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074058586	SIMILAC /	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	873	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074058603	SIMILAC S	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/15	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074058604	SIMILAC S	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/15	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074058613	SIMILAC /	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	9MG/150M	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074058614	SIMILAC /	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	9MG/150M	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074059405	ELECARE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-43M	ORAL	POWD	GM	400	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074059406	ELECARE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-43M	ORAL	POWD	GM	400	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074059439	SIMILAC S	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-37MG/1	ORAL	LIQD	ML	59	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074059440	SIMILAC S	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-37MG/1	ORAL	LIQD	ML	59	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074059472	MAGNA-F	FEEDING	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074059544	SIMILAC (	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/15	ORAL	POWD	GM	365	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074059549	PEDIASUI	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074059555	PEDIASUI	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074059558	PEDIASUI	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074059561	PEDIASUI	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	6	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074059564	PEDIASUI	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	6	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074059567	PEDIASUI	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	6	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074059570	PEDIASUI	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	6	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074059583	SIMILAC S	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-37MG/1	ORAL	LIQD	ML	59	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074059610	GLUCERN	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0	ORAL	MISC	GM	270	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074059614	GLUCERN	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0	ORAL	MISC	GM	270	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074059646	SIMILAC I	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-15MG/1	ORAL	LIQD	ML	59	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074059650	SIMILAC /	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/15	ORAL	LIQD	ML	59	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074059678	NEPRO/C	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	105MG/L-	ORAL	LIQD	ML	1000	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074059705	GLUCERN	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	8	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074059709	GLUCERN	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	8	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074059721	PROMOD	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	946	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074059722	PROMOD	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	946	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074059738	SIMILAC I	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/15	ORAL	LIQD	ML	59	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074059761	VITAL JR	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	24MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074059763	VITAL JR	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	24MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074059857	GLUCERN	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074059858	GLUCERN	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074059860	GLUCERN	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074059861	GLUCERN	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074059884	SIMILAC (	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/15	ORAL	LIQD	ML	946	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074059892	PEDIALYT	ORAL ELE	401200 Replacem	40120000 Replacem	P	2.1MEQ/5	ORAL	SOLN	ML	59	MSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRM
70074059952	SIMILAC /	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	9MG/150M	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
70074060237	ALIMENTI	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	9MG/150M	ORAL	LIQD	ML	946	SSB	4/20/2022	70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM

70074060738	OSMOLIT	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	37.5MG/2	ORAL	LIQD	ML	960	SSB	70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074060739	OSMOLIT	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	53.6MG/2	ORAL	LIQD	ML	960	SSB	70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074060750	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	POWD	GM	397	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074060775	PROMOD	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	44MG/5G	ORAL	POWD	GM	275	SSB	70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074060850	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/150M	ORAL	POWD	GM	400	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062010	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062011	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062013	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062014	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	152MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062015	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	152MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062020	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	101MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062021	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	101MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062022	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	101MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062023	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	101MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062051	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	101MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062052	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	101MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062060	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	340	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062061	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	340	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062063	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	340	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062064	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	340	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062067	VITAL 1.0	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	525MG/15	ORAL	LIQD	ML	1500	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062068	VITAL 1.0	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	525MG/15	ORAL	LIQD	ML	1500	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062069	VITAL AF	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	635MG/15	ORAL	LIQD	ML	1500	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062070	VITAL AF	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	635MG/15	ORAL	LIQD	ML	1500	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062071	VITAL 1.5	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	750MG/15	ORAL	LIQD	ML	1500	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062072	VITAL 1.5	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	750MG/15	ORAL	LIQD	ML	1500	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062074	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	24	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062075	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	1	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062076	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	4	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062077	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	24	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062078	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	1	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062079	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	4	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062082	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062088	SUPLENA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	25MG/237	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062089	SUPLENA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	25MG/237	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062091	NEPRO/C	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	25MG/237	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062093	NEPRO/C	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	25MG/237	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062095	NEPRO/C	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	25MG/237	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062125	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	200	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062126	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	200	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062127	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	200	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062130	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	200	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062131	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	200	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062132	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	200	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062139	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	LIQD	ML	59	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062140	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	LIQD	ML	59	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062309	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	18MG/200	ORAL	LIQD	ML	200	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062310	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	18MG/200	ORAL	LIQD	ML	200	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062311	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	18MG/200	ORAL	LIQD	ML	200	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062312	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	18MG/200	ORAL	LIQD	ML	200	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062315	PROTEIN	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0	ORAL	LIQD	ML	54	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062317	PROTEIN	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	1GM/6ML	ORAL	LIQD	ML	54	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062336	PROMOTI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	510MG/15	ORAL	LIQD	ML	1500	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062338	PROMOTI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	515MG/15	ORAL	LIQD	ML	1500	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062340	PULMOC	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	320MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062342	TWOCAL	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	320MG/L-	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062344	VITAL 1.0	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	350MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062346	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	215MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062348	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	320MG/15	ORAL	LIQD	ML	1500	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062350	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	260MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062352	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	390MG/15	ORAL	LIQD	ML	1500	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062354	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	325MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062356	JEVITY 1	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	230MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062364	JEVITY 1.	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	300MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062368	NEPRO/C	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	105MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062370	OPTIMEN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-215MG/	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062374	OSMOLIT	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	230MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062376	OSMOLIT	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	345MG/15	ORAL	LIQD	ML	1500	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062382	OXEPA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	850MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062384	PERATIV	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-260MG/	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062386	PERATIV	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-395MG/	ORAL	LIQD	ML	1500	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062388	PIVOT 1.5	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-300MG/	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062390	PROMOTI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	345MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062392	PROMOTI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	340MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062394	VITAL AF	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	422MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062396	VITAL 1.5	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	500MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062427	SIMILAC	PRENATA	882800	Multivitam	88280000	Multivitam	O	27-0.8 & 2	ORAL	MISC	EA	60	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062428	SIMILAC	PRENATA	882800	Multivitam	88280000	Multivitam	O	27-0.8 & 2	ORAL	MISC	EA	60	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062479	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0	ORAL	LIQD	ML	296	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062480	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0	ORAL	LIQD	ML	296	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062481	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0	ORAL	LIQD	ML	296	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062483	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062485	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062487	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062495	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062585	NEPRO/C	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	23MG/237	ORAL	LIQD	ML	237	SSB	70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062595	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	LIQD	ML	59	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062598	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	POWD	GM	638	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062599	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	POWD	GM	357	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062600	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	POWD	GM	357	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062667	JEVITY 1.	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	450MG/15	ORAL	LIQD	ML	1500	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062668	JEVITY 1.	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	450MG/15	ORAL	LIQD	ML	1500	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062669	NEPRO/C	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	105MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062670	NEPRO/C	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	105MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062671	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	215MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062672	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	215MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062673	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	320MG/15	ORAL	LIQD	ML	1500	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062674	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	320MG/15	ORAL	LIQD	ML	1500	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062675	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	390MG/15	ORAL	LIQD	ML	1500	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062676	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	390MG/15	ORAL	LIQD	ML	1500	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062677	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	260MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062678	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	260MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062679	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	325MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062680	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	325MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062681	JEVITY 1.	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	300MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062682	JEVITY 1.	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	300MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062683	JEVITY 1.	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	300MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062684	JEVITY 1.	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	300MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062685	JEVITY 1	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	230MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062686	JEVITY 1	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	230MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062687	JEVITY 1	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	345MG/15	ORAL	LIQD	ML	1500	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062688	JEVITY 1	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	345MG/15	ORAL	LIQD	ML	1500	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062689	JEVITY 1.	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	450MG/15	ORAL	LIQD	ML	1500	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062690	JEVITY 1.	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	450MG/15	ORAL	LIQD	ML	1500	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062691	OSMOLIT	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	230MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062692	OSMOLIT	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	230MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062693	OSMOLIT	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	450MG/15	ORAL	LIQD	ML	1500	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062694	OSMOLIT	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	450MG/15	ORAL	LIQD	ML	1500	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062695	OSMOLIT	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	345MG/15	ORAL	LIQD	ML	1500	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062696	OSMOLIT	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	345MG/15	ORAL	LIQD	ML	1500	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062697	OSMOLIT	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	300MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062698	OSMOLIT	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	300MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062699	OSMOLIT	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	240MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062700	OSMOLIT	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	240MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062701	PROMOTI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	150MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062702	PROMOTI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	150MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062703	PROMOTI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	340MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062704	PROMOTI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	340MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062705	PROMOTI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	510MG/15	ORAL	LIQD	ML	1500	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062706	PROMOTI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	510MG/15	ORAL	LIQD	ML	1500	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062707	PROMOTI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	515MG/15	ORAL	LIQD	ML	1500	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062708	PROMOTI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	515MG/15	ORAL	LIQD	ML	1500	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062709	TWOCAL	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	320MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062710	TWOCAL	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	320MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062711	VITAL 1.0	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	350MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062712	VITAL 1.0	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	350MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062713	VITAL 1.5	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	500MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062714	VITAL 1.5	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	500MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062715	VITAL AF	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	422MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062716	VITAL AF	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	422MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062717	OXEPA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	850MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062718	OXEPA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	850MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062719	PIVOT 1.5	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-300MG/	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062720	PIVOT 1.5	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-300MG/	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062721	PERATIV	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-395MG/	ORAL	LIQD	ML	1500	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062722	PERATIV	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-395MG/	ORAL	LIQD	ML	1500	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062723	PERATIV	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-260MG/	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062724	PERATIV	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-260MG/	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062725	PULMOC	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	320MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062726	PULMOC	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	320MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062758	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062759	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062761	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062762	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062802	ENSURE .	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062803	ENSURE .	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062805	ENSURE .	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062806	ENSURE .	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062882	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	296	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062884	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	296	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062885	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062887	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	296	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062932	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-33	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062950	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	POWD	GM	658	SSB	70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062951	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	POWD	GM	845	SSB	70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062952	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	POWD	GM	845	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062990	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	LIQD	ML	59	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062991	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	LIQD	ML	59	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074062999	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074063000	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074063001	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074063002	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074063010	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-10.4MG	ORAL	CONC	ML	5	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074063011	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-10.4MG	ORAL	CONC	ML	5	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074063012	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	POWD	GM	638	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074063024	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	36	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074063025	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	1	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074063026	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	6	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074063027	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	36	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074063028	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	1	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074063029	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	6	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074063030	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	36	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074063031	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	1	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074063032	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	6	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074063055	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074063057	PEDIALY	ORAL ELE	401200	Replacem	40120000	Replacem	P	35MEQ/L-	ORAL	SOLN	ML	1000	MSB	70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
70074063058	PEDIALY	ORAL ELE	401200	Replacem	40120000	Replacem	P	35MEQ/L-	ORAL	SOLN	ML	1000	MSB	70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
70074063059	PEDIALY	ORAL ELE	401200	Replacem	40120000	Replacem	P	35MEQ/L-	ORAL	SOLN	ML	1000	MSB	70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
70074063060	PEDIALY	ORAL ELE	401200	Replacem	40120000	Replacem	P	35MEQ/L-	ORAL	SOLN	ML	1000	MSB	70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
70074063074	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	POWD	GM	771	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074063075	SIMILAC/	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	15MG/126	ORAL	LIQD	ML	59	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074063076	SIMILAC/	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	15MG/126	ORAL	LIQD	ML	59	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074063081	VITAL HI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	350MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074063082	VITAL HI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	350MG/10	ORAL	LIQD	ML	1000	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074063084	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	POWD	GM	771	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074063119	VITAL HI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	83MG/237	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074063120	VITAL HI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	83MG/237	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074063177	NEPRO/C	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	25MG/237	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074063343	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	POWD	GM	397	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074063344	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	POWD	GM	397	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074063362	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-12MG/1	ORAL	POWD	GM	873	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074063363	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	POWD	GM	845	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074063389	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074063420	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	POWD	GM	624	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074063421	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	POWD	GM	624	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064113	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	POWD	GM	160	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064114	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	POWD	GM	160	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064115	ENSURE .	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064116	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064117	ENSURE .	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064118	ENSURE .	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064121	ENSURE .	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064122	ENSURE .	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064123	ENSURE .	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064124	ENSURE .	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064134	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064135	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064136	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064137	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064172	PEDIALY	ORAL ELE	401200	Replacem	40120000	Replacem	O	0-0-190M	ORAL	PACK	EA	36	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064174	PEDIALY	ORAL ELE	401200	Replacem	40120000	Replacem	O	0-0-190M	ORAL	PACK	EA	6	SSB	70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064179	PEDIALY	ORAL ELE	401200	Replacem	40120000	Replacem	O	0-0-0-180M	ORAL	PACK	EA	6	SSB	70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064230	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	POWD	GM	680	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064240	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	POWD	GM	638	SSB	70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064242	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	POWD	GM	658	SSB	70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064243	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	POWD	GM	658	SSB	70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064246	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	POWD	GM	638	SSB	70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064249	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	LIQD	ML	946	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064253	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	LIQD	ML	946	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064254	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	LIQD	ML	946	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064258	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	POWD	GM	624	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064261	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	POWD	GM	624	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064273	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064281	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-50	ORAL	LIQD	ML	237	SSB	70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064282	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064283	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064284	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064286	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-50	ORAL	LIQD	ML	237	SSB	70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064290	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064292	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064294	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064297	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064301	PEDIALY	ORAL ELE	401200	Replacem	40120000	Replacem	P	6.3MEQ/2	ORAL	SOLN	ML	1000	MSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
70074064302	PEDIALY	ORAL ELE	401200	Replacem	40120000	Replacem	P	6.3MEQ/2	ORAL	SOLN	ML	1000	MSB	70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
70074064307	PEDIALY	ORAL ELE	401200	Replacem	40120000	Replacem	P	6.3MEQ/2	ORAL	SOLN	ML	1000	MSB	70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
70074064308	PEDIALY	ORAL ELE	401200	Replacem	40120000	Replacem	P	6.3MEQ/2	ORAL	SOLN	ML	1000	MSB	70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
70074064319	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	POWD	GM	680	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064349	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	118	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064353	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	118	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064356	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	118	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064357	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	118	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064359	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	118	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064361	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	118	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064362	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	118	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064363	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	118	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064588	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064589	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064590	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064594	PEDIALY	ORAL ELE	401200	Replacem	40120000	Replacem	O	0-0-180M	ORAL	PACK	EA	6	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064597	PEDIALY	ORAL ELE	401200	Replacem	40120000	Replacem	O	0-0-180M	ORAL	PACK	EA	6	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064624	JEVITY 1.	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	72MG/237	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064625	JEVITY 1.	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	72MG/237	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064626	JEVITY 1.	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	71MG/237	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064628	JEVITY 1.	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	71MG/237	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064629	PROMOTI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	36MG/237	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064631	PROMOTI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	36MG/237	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064632	OSMOLIT	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	54MG/237	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064633	OSMOLIT	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	55MG/237	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064634	OSMOLIT	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	72MG/237	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064635	OSMOLIT	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	72MG/237	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064712	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/150M	ORAL	POWD	GM	343	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064715	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/150M	ORAL	POWD	GM	343	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064718	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	POWD	GM	561	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064719	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	POWD	GM	561	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064721	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064754	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	PACK	EA	10	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064758	JEVITY 1	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	55MG/237	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064759	JEVITY 1	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	55MG/237	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064760	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064781	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	POWD	GM	680	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064788	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	POWD	GM	661	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064790	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	POWD	GM	661	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064793	SUPLENA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	25MG/237	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064794	SUPLENA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	25MG/237	ORAL	LIQD	ML	237	SSB	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

70074064795	NEPRO/C	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	25MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064797	NEPRO/C	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	25MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064799	NEPRO/C	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	25MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064803	NEPRO/C	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	25MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064804	TWOCAL	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	75MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064807	TWOCAL	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	75MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064809	TWOCAL	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	75MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064810	PULMOCA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	75MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064811	PULMOCA	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	76MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064813	OXEPA 1.	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	205MG/23	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064815	PERATIVE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-36MG/2	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064816	PERATIVE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-36MG/2	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064817	VITAL HP	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	82MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064820	VITAL HP	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	82MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064824	VITAL 1.5	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	120MG/23	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064825	VITAL 1.5	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	40MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064826	VITAL AF	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	100MG/23	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064828	VITAL AF	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	43MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064829	VITAL 1.0	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	71MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064832	VITAL 1.0	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	71MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064833	PROMOTI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	36MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064834	PROMOTI	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	36MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064835	OSMOLIT	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	47MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064837	OSMOLIT	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	47MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064894	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064895	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-52	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064896	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064898	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-52	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064899	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064900	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064901	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064903	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064904	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064905	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-33	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064906	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064907	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-33	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064908	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064909	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-33	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064910	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064911	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064912	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	50MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064913	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	50MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064916	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	62MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064918	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	62MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064919	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	78MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064920	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	78MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064921	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064922	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064924	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064925	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-26	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064926	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064927	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-26	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064928	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064929	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-26	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064930	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064931	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-62MG/2	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064932	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-33	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064933	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064934	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064935	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-33	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064936	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074064937	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-33	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074065006	PIVOT 1.5	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-72MG/2	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074065007	PIVOT 1.5	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-72MG/2	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074065040	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	50GM/296	ORAL	LIQD	ML	296	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074065044	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	50GM/296	ORAL	LIQD	ML	296	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074065046	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	4.2GM/23	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074065047	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	4.2GM/23	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074065093	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/159M	ORAL	POWD	GM	900	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074065095	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/159M	ORAL	POWD	GM	352	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066075	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	POWD	GM	352	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066078	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	POWD	GM	900	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066080	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/159M	ORAL	POWD	GM	658	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066081	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/159M	ORAL	POWD	GM	658	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066082	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/159M	ORAL	POWD	GM	638	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066084	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/159M	ORAL	POWD	GM	638	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066088	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	POWD	GM	900	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066172	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/159M	ORAL	LIQD	ML	59	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066178	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/159M	ORAL	LIQD	ML	59	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066179	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/159M	ORAL	LIQD	ML	59	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066180	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/159M	ORAL	LIQD	ML	59	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066237	VITAL PE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	36MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066271	ELECARE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	42.5MG/1	ORAL	POWD	GM	400	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066273	ELECARE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	42.5MG/1	ORAL	POWD	GM	400	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066275	ELECARE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	42.5MG/1	ORAL	POWD	GM	400	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066276	ELECARE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	42.5MG/1	ORAL	POWD	GM	400	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066436	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066437	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	45MG/296	ORAL	LIQD	ML	296	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066535	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-33	ORAL	LIQD	ML	296	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066547	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066639	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066640	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066642	PEDIALY	ORAL ELE	401200	Replacem	40120000	Replacem	P	50MEQ/L-	ORAL	SOLN	ML	1000	MSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
70074066644	PEDIALY	ORAL ELE	401200	Replacem	40120000	Replacem	P	50MEQ/L-	ORAL	SOLN	ML	1000	MSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRIM
70074066670	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	24MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066673	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	24MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066795	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-26	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066853	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	POWD	GM	400	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066854	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0	ORAL	POWD	GM	400	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066884	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	20	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066885	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	5	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066886	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	BAR	EA	1	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066887	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-20	ORAL	BAR	EA	5	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066888	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-20	ORAL	BAR	EA	5	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066889	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-20	ORAL	BAR	EA	1	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066891	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	330	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066892	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	330	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066893	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	330	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066897	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	330	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066898	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	330	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066899	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	330	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066911	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-33	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066912	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066913	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066916	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066917	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066918	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066920	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066923	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	15MG/135	ORAL	POWD	GM	646	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066924	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	15MG/135	ORAL	POWD	GM	646	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066937	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	POWD	GM	845	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066938	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	POWD	GM	845	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066939	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	POWD	GM	638	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066940	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	POWD	GM	638	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066950	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-21	ORAL	POWD	GM	400	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066954	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	POWD	GM	400	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074066956	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	POWD	GM	400	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067004	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	330	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067010	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	POWD	GM	680	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067011	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	POWD	GM	873	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067012	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/150M	ORAL	LIQD	ML	946	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067031	PRO-PHR	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-85MG/1	ORAL	POWD	GM	400	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067033	CYCLINE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-75MG/1	ORAL	POWD	GM	400	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067034	CYCLINE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-75MG	ORAL	POWD	GM	400	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067035	CYCLINE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-75MG	ORAL	POWD	GM	400	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067037	GLUTARE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-75M	ORAL	POWD	GM	400	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067038	GLUTARE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-60MG	ORAL	POWD	GM	400	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067039	GLUTARE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-60MG	ORAL	POWD	GM	400	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067041	HOMINEX	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-75M	ORAL	POWD	GM	400	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067042	HOMINEX	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-60MG	ORAL	POWD	GM	400	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067043	HOMINEX	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-60MG	ORAL	POWD	GM	400	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067045	I-VALEX-1	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-75M	ORAL	POWD	GM	400	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067046	I-VALEX-2	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-60MG	ORAL	POWD	GM	400	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067047	I-VALEX-2	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-60MG	ORAL	POWD	GM	400	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067049	KETONEX	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-75M	ORAL	POWD	GM	400	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067050	KETONEX	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-60MG	ORAL	POWD	GM	400	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067051	KETONEX	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-60MG	ORAL	POWD	GM	400	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067053	PHENEX-	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-75M	ORAL	POWD	GM	400	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067054	PHENEX-	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-60MG	ORAL	POWD	GM	400	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067055	PHENEX-	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-60MG	ORAL	POWD	GM	400	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067056	PHENEX-	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-60MG	ORAL	POWD	GM	400	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067057	PHENEX-	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-60MG	ORAL	POWD	GM	400	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067059	PROPIME	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-75M	ORAL	POWD	GM	400	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067060	PROPIME	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-60MG	ORAL	POWD	GM	400	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067061	PROPIME	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-60MG	ORAL	POWD	GM	400	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067063	TYREX-1	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-75M	ORAL	POWD	GM	400	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067064	TYREX-2	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-60MG	ORAL	POWD	GM	400	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067065	TYREX-2	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-60MG	ORAL	POWD	GM	400	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067067	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-46	ORAL	LIQD	ML	473	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067068	GLUCERN	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-46	ORAL	LIQD	ML	473	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067073	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	24MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067074	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	24MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067082	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-33	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067083	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-33	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067086	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-33	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067087	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-33	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067151	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	POWD	GM	680	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067152	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	POWD	GM	680	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067166	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-65	ORAL	LIQD	ML	330	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067167	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-65	ORAL	LIQD	ML	330	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067185	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	23MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067199	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/59	ORAL	LIQD	ML	59	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067200	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/59	ORAL	LIQD	ML	59	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067214	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-25	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067215	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-25	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067217	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-25	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067218	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-25	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067220	PEDIALY	ORAL ELE	401200	Replacem	40120000	Replacem	O	590MG/17	ORAL	PACK	EA	36	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067221	PEDIALY	ORAL ELE	401200	Replacem	40120000	Replacem	O	590MG/17	ORAL	PACK	EA	6	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067222	PEDIALY	ORAL ELE	401200	Replacem	40120000	Replacem	O	590MG/17	ORAL	PACK	EA	1	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067225	PEDIALY	ORAL ELE	401200	Replacem	40120000	Replacem	O	590MG/17	ORAL	PACK	EA	36	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067226	PEDIALY	ORAL ELE	401200	Replacem	40120000	Replacem	O	590MG/17	ORAL	PACK	EA	6	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067227	PEDIALY	ORAL ELE	401200	Replacem	40120000	Replacem	O	590MG/17	ORAL	PACK	EA	1	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067282	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-65	ORAL	LIQD	ML	330	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067283	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-65	ORAL	LIQD	ML	330	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067318	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	POWD	GM	700	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067323	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	LIQD	ML	59	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067374	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	23MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067375	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	23MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067376	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	97MG/L-9	ENTERAL	LIQD	ML	1000	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067377	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	97MG/L-9	ENTERAL	LIQD	ML	1000	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067378	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	23MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067386	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	23MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067397	SIMILAC	PROBIOT	560800	Antidiarrh	56080000	Antidiarrh	O	0-0-0	ORAL	PACK	EA	50	SSB	2/7/2023	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067398	SIMILAC	PROBIOT	560800	Antidiarrh	56080000	Antidiarrh	O	0-0-0	ORAL	PACK	EA	50	SSB	2/7/2023	70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067399	SIMILAC	PROBIOT	560800	Antidiarrh	56080000	Antidiarrh	O	0-0-0	ORAL	PACK	EA	1	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067401	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	23MG/237	ENTERAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067402	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	23MG/237	ENTERAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067403	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	23MG/237	ENTERAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067404	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	23MG/237	ENTERAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067405	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	97MG/L-9	ENTERAL	LIQD	ML	1000	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067406	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	97MG/L-9	ENTERAL	LIQD	ML	1000	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067407	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	24MG/237	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067410	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	24MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067411	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	24MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067412	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	24MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067413	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	24MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067414	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	24MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067415	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	101MG/L-	ENTERAL	LIQD	ML	1000	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067416	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	101MG/L-	ENTERAL	LIQD	ML	1000	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067417	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	36MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067418	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	36MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067419	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	152MG/L-	ENTERAL	LIQD	ML	1000	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067420	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	152MG/L-	ENTERAL	LIQD	ML	1000	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067440	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	LIQD	ML	59	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067444	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	LIQD	ML	59	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067445	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	LIQD	ML	59	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067447	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-37MG/1	ORAL	LIQD	ML	59	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067448	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-37MG/1	ORAL	LIQD	ML	59	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067449	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-37MG/1	ORAL	LIQD	ML	59	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067450	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-40	ORAL	LIQD	ML	330	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067451	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-40	ORAL	LIQD	ML	330	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067452	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-40	ORAL	LIQD	ML	330	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067453	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-40	ORAL	LIQD	ML	330	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067455	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-40	ORAL	LIQD	ML	330	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067456	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-40	ORAL	LIQD	ML	330	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067472	ENSURE	ORAL ELE	401200	Replacem	40120000	Replacem	O	840MG/17	ORAL	PACK	EA	6	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067473	ENSURE	ORAL ELE	401200	Replacem	40120000	Replacem	O	840MG/17	ORAL	PACK	EA	6	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067474	ENSURE	ORAL ELE	401200	Replacem	40120000	Replacem	O	840MG/17	ORAL	PACK	EA	1	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067512	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-9MG/1	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067522	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	23MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067523	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	23MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067524	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	.84GM/34	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067525	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	23MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067526	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	23MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067527	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	23MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067528	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	23MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067529	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	23MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067530	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	23MG/237	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067531	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	23MG/237	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067532	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	23MG/237	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067533	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	23MG/237	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067534	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	23MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067535	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	23MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067536	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	23MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067537	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	23MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067538	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	23MG/237	ORAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067613	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	23MG/237	ORAL	LIQD	ML	237	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067642	VITAL AF	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	633MG/15	ORAL	LIQD	ML	1500	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067643	VITAL AF	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	633MG/15	ORAL	LIQD	ML	1500	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067655	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	5628	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067683	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/150M	ORAL	LIQD	ML	59	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067684	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/150M	ORAL	LIQD	ML	59	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067689	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-37MG/1	ORAL	LIQD	ML	59	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067705	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-15MG/1	ORAL	LIQD	ML	59	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067706	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-15MG/1	ORAL	LIQD	ML	59	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067715	ELECARE	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-9MG	ORAL	POWD	GM	400	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067716	ELECARE	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-9MG	ORAL	POWD	GM	400	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067765	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	POWD	GM	658	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067766	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	POWD	GM	658	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067963	PEDIASU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	24MG/237	ENTERAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067965	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	22MG/237	ENTERAL	LIQD	ML	237	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067966	PEDIALY	ORAL ELE	401200	Replacem	40120000	Replacem	P	250MG/35	ORAL	SOLN	ML	1000	GENERIC		70074		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067967	PEDIALY	ORAL ELE	401200	Replacem	40120000	Replacem	P	250MG/35	ORAL	SOLN	ML	1000	GENERIC		70074		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067969	PEDIALY	ORAL ELE	401200	Replacem	40120000	Replacem	P	250MG/36	ORAL	SOLN	ML	1000	GENERIC		70074		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074067970	PEDIALY	ORAL ELE	401200	Replacem	40120000	Replacem	P	250MG/36	ORAL	SOLN	ML	1000	GENERIC		70074		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074068048	TWOCAL	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	316MG/10	ORAL	LIQD	ML	1000	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074068054	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-52	ORAL	LIQD	ML	296	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074068055	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-52	ORAL	LIQD	ML	296	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074068057	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-52	ORAL	LIQD	ML	296	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074068058	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-52	ORAL	LIQD	ML	296	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074068060	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-52	ORAL	LIQD	ML	296	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074068061	ENSURE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-52	ORAL	LIQD	ML	296	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074068062	TWOCAL	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	316MG/10	ORAL	LIQD	ML	1000	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074068063	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/150M	ORAL	POWD	GM	584	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074068064	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/150M	ORAL	POWD	GM	584	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074068065	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/150M	ORAL	POWD	GM	859	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074068066	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/150M	ORAL	POWD	GM	859	SSB		70074	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074068070	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	POWD	GM	570	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074068071	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	POWD	GM	570	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074068072	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	POWD	GM	837	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074068073	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-9MG/15	ORAL	POWD	GM	837	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70074068082	SIMILAC	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	9MG/150M	ORAL	POWD	GM	570	SSB		70074		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

70074068083	SIMILAC	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	9MG/150M	ORAL	POWD	GM	570	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068084	SIMILAC	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	9MG/150M	ORAL	POWD	GM	584	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068085	SIMILAC	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	9MG/150M	ORAL	POWD	GM	584	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068086	SIMILAC	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	9MG/150M	ORAL	POWD	GM	553	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068087	SIMILAC	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	9MG/150M	ORAL	POWD	GM	553	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068088	SIMILAC	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-9MG/1	ORAL	POWD	GM	584	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068089	SIMILAC	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-9MG/1	ORAL	POWD	GM	584	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068090	SIMILAC	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	9MG/150M	ORAL	POWD	GM	570	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068091	SIMILAC	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	9MG/150M	ORAL	POWD	GM	570	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068092	PURE BLI	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/150	ORAL	POWD	GM	584	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068093	PURE BLI	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/150	ORAL	POWD	GM	584	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068099	PURE BLI	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/150	ORAL	POWD	GM	584	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068100	PURE BLI	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/150	ORAL	POWD	GM	584	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068107	SIMILAC	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-9MG/1	ORAL	POWD	GM	570	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068108	SIMILAC	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-9MG/1	ORAL	POWD	GM	570	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068113	SIMILAC	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	9MG/150M	ORAL	POWD	EA	16	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068114	SIMILAC	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	9MG/150M	ORAL	POWD	EA	16	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068115	SIMILAC	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	9MG/150M	ORAL	POWD	EA	1	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068117	SIMILAC	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-9MG	ORAL	POWD	GM	873	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068123	SIMILAC	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-9MG	ORAL	POWD	GM	857	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068130	SIMILAC	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/150	ORAL	LIQD	ML	59	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068131	SIMILAC	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/150	ORAL	LIQD	ML	59	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068132	SIMILAC	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/150	ORAL	LIQD	ML	59	SSB		70074	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068133	SIMILAC	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	9MG/150M	ORAL	LIQD	ML	59	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068134	SIMILAC	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	9MG/150M	ORAL	LIQD	ML	59	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068136	SIMILAC	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	9MG/150M	ORAL	LIQD	ML	59	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068138	SIMILAC	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/150	ORAL	LIQD	ML	237	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068140	SIMILAC	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/150	ORAL	LIQD	ML	237	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068145	SIMILAC	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/150	ORAL	LIQD	ML	946	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068146	SIMILAC	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/150	ORAL	LIQD	ML	946	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068149	SIMILAC	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	9MG/150M	ORAL	LIQD	ML	59	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068150	SIMILAC	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	9MG/150M	ORAL	LIQD	ML	59	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068151	SIMILAC	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	9MG/150M	ORAL	LIQD	ML	59	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068152	SIMILAC	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	9MG/150M	ORAL	LIQD	ML	59	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068153	SIMILAC	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	9MG/150M	ORAL	LIQD	ML	59	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068155	SIMILAC	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	9MG/150M	ORAL	LIQD	ML	59	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068157	SIMILAC	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/150	ORAL	LIQD	ML	237	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068159	SIMILAC	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/150	ORAL	LIQD	ML	237	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068160	SIMILAC	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	9MG/150M	ORAL	LIQD	ML	946	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068161	SIMILAC	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/150	ORAL	LIQD	ML	946	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068169	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-65	ORAL	LIQD	ML	330	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068170	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-65	ORAL	LIQD	ML	330	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068171	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-65	ORAL	LIQD	ML	330	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068222	PURE BLI	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/150	ORAL	LIQD	ML	946	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068223	PURE BLI	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-9MG/150	ORAL	LIQD	ML	946	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068230	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-33	ORAL	LIQD	ML	237	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068231	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-33	ORAL	LIQD	ML	237	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068232	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-33	ORAL	LIQD	ML	237	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068233	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-33	ORAL	LIQD	ML	237	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068234	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-33	ORAL	LIQD	ML	237	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068235	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-33	ORAL	LIQD	ML	237	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068236	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-33	ORAL	LIQD	ML	237	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068237	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-33	ORAL	LIQD	ML	237	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068398	SIMILAC	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-45.7MG	ORAL	POWD	GM	343	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068399	SIMILAC	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-45.7MG	ORAL	POWD	GM	343	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068589	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-17	ORAL	PUDG	GM	125	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068591	ENSURE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-17	ORAL	PUDG	GM	125	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068625	ELECARE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-45.6M	ORAL	POWD	GM	400	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068628	ELECARE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-45.6M	ORAL	POWD	GM	400	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068630	ELECARE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-45.6M	ORAL	POWD	GM	400	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068631	ELECARE	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-45.6M	ORAL	POWD	GM	400	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068654	SIMILAC	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-9MG	ORAL	POWD	GM	873	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068760	PEDIASUI	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-33	ORAL	LIQD	ML	220	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068978	PROTALI	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-65	ORAL	LIQD	ML	330	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068979	PROTALI	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-65	ORAL	LIQD	ML	330	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068982	PROTALI	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-65	ORAL	LIQD	ML	330	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068983	PROTALI	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-65	ORAL	LIQD	ML	330	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068984	PROTALI	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-65	ORAL	LIQD	ML	330	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068985	PROTALI	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-65	ORAL	LIQD	ML	330	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068995	PEDIALY	ORAL ELE	401200 Replacem	40120000 Replacem	O	690MG/36	ORAL	SOLN	ML	1000	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068996	PEDIALY	ORAL ELE	401200 Replacem	40120000 Replacem	O	690MG/36	ORAL	SOLN	ML	1000	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068997	PEDIALY	ORAL ELE	401200 Replacem	40120000 Replacem	O	690MG/36	ORAL	SOLN	ML	1000	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074068998	PEDIALY	ORAL ELE	401200 Replacem	40120000 Replacem	O	690MG/36	ORAL	SOLN	ML	1000	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074080214	SIMILAC	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	37MG/126	ORAL	LIQD	ML	120	SSB		70074	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074080240	PEDIALY	ORAL ELE	401200 Replacem	40120000 Replacem	P	1240MG/L	ORAL	SOLN	ML	1000	MSB		70074	N		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRMI
70074080336	PEDIALY	ORAL ELE	401200 Replacem	40120000 Replacem	P	35MEQ/L-	ORAL	SOLN	ML	1000	MSB		70074	N		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRMI
70074080365	PEDIALY	ORAL ELE	401200 Replacem	40120000 Replacem	P	35MEQ/L-	ORAL	SOLN	ML	1000	MSB		70074	N		N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION	R	MEDPRMI
70074080431	POLYCOS	GLUCOSE	402000 Caloric Ag	40200000 Caloric Ag	O	0	ORAL	LIQD	ML	124	SSB		70074	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074080443	SIMILAC	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	37MG/123	ORAL	LIQD	ML	118	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074080668	OSMOLIT	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	53.6MG/2	ORAL	LIQD	ML	1000	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074080669	INTROLIT	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	230MG/L-	ORAL	LIQD	ML	1000	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074080682	JEVITY 1	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	230MG/10	ORAL	LIQD	ML	1000	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074086201	SIMILAC/I	INFANT F	402000 Caloric Ag	40200000 Caloric Ag	O	9MG/150M	ORAL	LIQD	ML	120	SSB		70074			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074513050	ADVERA	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	90MG/240	ORAL	LIQD	ML	240	SSB		70074	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70074524530	ADVERA	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	90MG/240	ORAL	LIQD	ML	240	SSB		70074	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092100437	AMIODAR	AMIODAR	240404 Antiarrhyt	24040420 Class III A	R	450-5 MG	INTRAVEI	SOLN	ML	250	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092100538	AMIODAR	AMIODAR	240404 Antiarrhyt	24040420 Class III A	R	900-5 MG	INTRAVEI	SOLN	ML	500	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092100736	DILTIAZE	DILTIAZE	240404 Antiarrhyt	24040424 Class IV A	R	125-5 MG	INTRAVEI	SOLN	ML	125	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092100846	ESMOLOI	ESMOLOI	242000 Alpha-Adr	24200000 Alpha-Adr	R	100 MG/1(	INTRAVEI	SOSY	ML	10	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092100944	LABETAL	LABETAL	242000 Alpha-Adr	24200000 Alpha-Adr	R	20 MG/4M	INTRAVEI	SOSY	ML	4	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092101403	CALCIUM	CALCIUM	401200 Replacem	40120000 Replacem	R	1GM/100M	INTRAVEI	SOLN	ML	100	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092101746	CEFAZOL	CEFAZOL	81206 Cephalosp	8120604 First Gene	R	1 GM/10M	INTRAVEI	SOSY	ML	10	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092101803	CEFAZOL	CEFAZOL	81206 Cephalosp	8120604 First Gene	R	2GM/100M	INTRAVEI	SOLN	ML	100	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092101915	CEFAZOL	CEFAZOL	81206 Cephalosp	8120604 First Gene	R	2-5 GM/10	INTRAVEI	SOLN	ML	100	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092102543	MIDAZOL	MIDAZOL	282408 Benzodiaz	28240800 Benzodiaz	R	2MG/2ML-	INTRAVEI	SOSY	ML	2	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092102644	MIDAZOL	MIDAZOL	282408 Benzodiaz	28240800 Benzodiaz	R	5-0.9 MG/	INTRAVEI	SOSY	ML	5	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092102849	MIDAZOL	MIDAZOL	282408 Benzodiaz	28240800 Benzodiaz	R	30-0.9 MG	INTRAVEI	SOSY	ML	30	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092102935	MIDAZOL	MIDAZOL	282408 Benzodiaz	28240800 Benzodiaz	R	50-0.9 MG	INTRAVEI	SOLN	ML	50	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092103036	MIDAZOL	MIDAZOL	282408 Benzodiaz	28240800 Benzodiaz	R	100-0.9 M	INTRAVEI	SOLN	ML	100	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092103250	MIDAZOL	MIDAZOL	282408 Benzodiaz	28240800 Benzodiaz	R	50-0.9 MG	INTRAVEI	SOSY	ML	50	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092103305	NOREPIN	NOREPIN	121212 alpha- and	12121200 alpha- and	R	4-0.9 MG/	INTRAVEI	SOLN	ML	250	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092103417	NOREPIN	NOREPIN	121212 alpha- and	12121200 alpha- and	R	4-5 MG/25	INTRAVEI	SOLN	ML	250	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092103505	NOREPIN	NOREPIN	121212 alpha- and	12121200 alpha- and	R	8-0.9 MG/	INTRAVEI	SOLN	ML	250	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092103617	NOREPIN	NOREPIN	121212 alpha- and	12121200 alpha- and	R	8-5 MG/25	INTRAVEI	SOLN	ML	250	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092103817	NOREPIN	NOREPIN	121212 alpha- and	12121200 alpha- and	R	16-5 MG/2	INTRAVEI	SOLN	ML	250	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092104205	PHENYLE	PHENYLE	121204 alpha-Adr	12120400 alpha-Adr	R	20-0.9 MG	INTRAVEI	SOLN	ML	250	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092104646	PHENYLE	PHENYLE	121204 alpha-Adr	12120400 alpha-Adr	R	1-0.9 MG/	INTRAVEI	SOSY	ML	10	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092105305	VANCOM	VANCOM	81228 Antibacter	8122816 Glycopept	R	.9%-1GM/	INTRAVEI	SOLN	ML	250	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092106202	MAGNESI	MAGNESI	401200 Replacem	40120000 Replacem	R	2-0.9 GM/	INTRAVEI	SOLN	ML	50	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092106708	OXYTOCI	OXYTOCI	760000 Oxytocics	76000000 Oxytocics	R	20-0.9 UN	INTRAVEI	SOLN	ML	1000	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092106807	OXYTOCI	OXYTOCI	760000 Oxytocics	76000000 Oxytocics	R	30-0.9 UT/	INTRAVEI	SOLN	ML	500	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092107025	OXYTOCI	OXYTOCI	760000 Oxytocics	76000000 Oxytocics	R	20 UNIT/L	INTRAVEI	SOLN	ML	1000	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092107124	OXYTOCI	OXYTOCI	760000 Oxytocics	76000000 Oxytocics	R	30 UNIT/5	INTRAVEI	SOLN	ML	500	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092107344	ROCURO	ROCURO	122020 UNKNOW	12202000 UNKNOW	R	50 MG/5M	INTRAVEI	SOSY	ML	5	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092107446	ROCURO	ROCURO	122020 UNKNOW	12202000 UNKNOW	R	100 MG/1(	INTRAVEI	SOSY	ML	10	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092107844	EPHEDRI	EPHEDRI	121212 alpha- and	12121200 alpha- and	R	50MG/5ML	INTRAVEI	SOSY	ML	5	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092108344	GLYCOPY	GLYCOPY	120808 Antimusca	12080800 Antimusca	R	1 MG/5ML	INTRAVEI	SOSY	ML	5	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092108444	NEOSTIG	NEOSTIG	120400 Parasymp	12040000 Parasymp	R	5 MG/5ML	INTRAVEI	SOSY	ML	5	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092108644	SUCCINY	SUCCINY	122020 UNKNOW	12202000 UNKNOW	R	100 MG/5	INTRAVEI	SOSY	ML	5	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092108746	SUCCINY	SUCCINY	122020 UNKNOW	12202000 UNKNOW	R	200 MG/1(	INTRAVEI	SOSY	ML	10	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092108937	BUPIVAC	BUPIVAC	720000 Local Ane	72000000 Local Ane	R	0.125-0.9	EPIDURA	SOLN	ML	250	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092109236	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	1-0.9 MG/	INTRAVEI	SOLN	ML	100	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092109337	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	2.5-0.9 MC	INTRAVEI	SOLN	ML	250	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092109436	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	2-0.9 MG/	INTRAVEI	SOLN	ML	100	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092109743	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	100 MCG/	INTRAVEI	SOSY	ML	2	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092109844	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	250 MCG/	INTRAVEI	SOSY	ML	5	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092109949	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	1500 MCG	INTRAVEI	SOSY	ML	30	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092110050	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	2750 MCG	INTRAVEI	SOSY	ML	55	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092110336	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	0.2-0.1-0.9	EPIDURA	SOLN	ML	100	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092110436	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	0.2-0.125-	EPIDURA	SOLN	ML	100	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092110537	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	0.5-0.125-	EPIDURA	SOLN	ML	250	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092110736	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	0.2-0.1-0.9	EPIDURA	SOLN	ML	100	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092110836	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	0.2-0.2-0.9	EPIDURA	SOLN	ML	100	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092111050	HYDROM	HYDROM	280808 Opiate Ag	28080800 Opiate Ag	R	55MG/55M	INTRAVEI	SOSY	ML	55	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092111148	HYDROM	HYDROM	280808 Opiate Ag	28080800 Opiate Ag	R	6-0.9 MG/	INTRAVEI	SOSY	ML	30	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092111249	HYDROM	HYDROM	280808 Opiate Ag	28080800 Opiate Ag	R	6-0.9 MG/	INTRAVEI	SOSY	ML	30	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092111379	HYDROM	HYDROM	280808 Opiate Ag	28080800 Opiate Ag	R	6-0.9 MG/	INTRAVEI	SOSY	ML	30	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092111450	HYDROM	HYDROM	280808 Opiate Ag	28080800 Opiate Ag	R	10MG/50M	INTRAVEI	SOSY	ML	50	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092111536	HYDROM	HYDROM	280808 Opiate Ag	28080800 Opiate Ag	R	20-0.9 MG	INTRAVEI	SOLN	ML	100	GENERIC		70092		Y	N	FORMULARY		1	GEN	GENERICS	R	MEDPRMI
70092111675	HYDROM	HYDROM	280808 Opiate Ag	28080800 Opiate Ag	R	20MG/100	INJECTIO	SOLN	ML	100	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092111779	HYDROM	HYDROM	280808 Opiate Ag	28080800 Opiate Ag	R	30-0.9 MG	INTRAVEI	SOLN	ML	30	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092111850	HYDROM	HYDROM	280808 Opiate Ag	28080800 Opiate Ag	R	50MG/50M	INTRAVEI	SOLN	ML	50	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092111944	KETAMIN	KETAMIN	280408 UNKNOW	28040800 UNKNOW	R	50-0.9 MG	INTRAVEI	SOSY	ML	5	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092112043	KETAMIN	KETAMIN	280408 UNKNOW	28040800 UNKNOW	R	50 MG/ML	INTRAVEI	SOSY	ML	1	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092112548	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	R	1-0.9 MG/I	INTRAVEI	SOLN	ML	30	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092112649	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	R	30-0.9 MG	INTRAVEI	SOSY	ML	30	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092112735	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	R	50MG/50M	INTRAVEI	SOLN	ML	50	NON DRUG		70092		Y	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	R	MEDPRMI
70092112850	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	R	50-0.9 MG	INTRAVEI	SOSY	ML	50	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092112950	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	R	55MG/55M	INTRAVEI	SOSY	ML	55	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092113036	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	R	100MG/10	INTRAVEI	SOLN	ML	100	NON DRUG		70092		Y	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	R	MEDPRMI
70092113243	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	R	0.5 MG/M	INTRAVEI	SOLN	ML	2	GENERIC		70092		Y	N	FORMULARY		1	GEN	GENERICS	R	MEDPRMI
70092113343	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	R	1 MG/ML	INTRAVEI	SOLN	ML	2	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092113544	L.E.T. (RA	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	R	4-0.05-0.5	EXTERNA	GEL	ML	3	SSB		70092			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	R	MEDPRMI
70092113644	L.E.T.	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	R	4-0.05-0.5	EXTERNA	SOLN	ML	3	SSB	12/26/2022	70092			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	R	MEDPRMI
70092113743	L.E.T.	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	R	4-0.05-0.5	EXTERNA	GEL	ML	1.5	SSB	6/16/2022	70092			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	R	MEDPRMI
70092114703	KCL-LIDO	POTASSII	401200 Replacem	40120000 Replacem	R	10-10 ME(	INTRAVEI	SOLN	ML	100	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092114843	SODIUM (	SODIUM (	201204 Anticoagu	20120492 Miscellane	R	120 MG/3	INTRAVEI	SOSY	ML	3	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092115346	LIDOCAIN	LIDOCAIN	720000 Local Ane	72000000 Local Ane	R	200 MG/1(	INJECTIO	SOSY	ML	10	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092115546	PHENYLE	PHENYLE	121204 alpha-Adr	12120400 alpha-Adr	R	.8MG/10M	INTRAVEI	SOSY	ML	10	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092115603	FUROSEM	FUROSEM	243608 UNKNOW	24360800 UNKNOW	R	100-0.9 M	INTRAVEI	SOLN	ML	100	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092116037	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	0.5-0.1-0.9	EPIDURA	SOLN	ML	250	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092116143	METHAD	METHAD	280808 Opiate Ag	28080800 Opiate Ag	R	1-0.9 MG/I	INTRAVEI	SOSY	ML	1	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092116648	HYDROM	HYDROM	280808 Opiate Ag	28080800 Opiate Ag	R	5-0.9 MG/	INTRAVEI	SOSY	ML	25	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092116835	HYDROM	HYDROM	280808 Opiate Ag	28080800 Opiate Ag	R	25MG/50M	INTRAVEI	SOLN	ML	50	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092116946	LIDOCAIN	LIDOCAIN	720000 Local Ane	72000000 Local Ane	R	100 MG/1(	INJECTIO	SOSY	ML	10	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092117343	ATROPIN	ATROPIN	120808 Antimusca	12080800 Antimusca	R	0.8 MG/2M	INTRAVEI	SOSY	ML	2	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092117405	VANCOM	VANCOM	81228 Antibacter	8122816 Glycopept	R	.9%-1.75G	INTRAVEI	SOLN	ML	250	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092117546	LIDOCAIN	LIDOCAIN	720000 Local Ane	72000000 Local Ane	R	1-8.4 %	INJECTIO	SOSY	ML	10	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092117735	MIDAZOL	MIDAZOL	282408 Benzodiaz	28240800 Benzodiaz	R	50-0.9 MG	INTRAVEI	SOLN	ML	50	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092117944	LIDOCAIN	LIDOCAIN	720000 Local Ane	72000000 Local Ane	R	100 MG/5	INJECTIO	SOSY	ML	5	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092118079	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	1500 MCG	INTRAVEI	SOLN	ML	30	GENERIC		70092		Y	N	FORMULARY		1	GEN	GENERICS	R	MEDPRMI
70092118446	SUCCINY	SUCCINY	122020 UNKNOW	12202000 UNKNOW	R	200 MG/1(	INTRAVEI	SOSY	ML	10	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092118944	NEOSTIG	NEOSTIG	120400 Parasymp	12040000 Parasymp	R	5 MG/5ML	INTRAVEI	SOSY	ML	5	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092119146	PHENYLE	PHENYLE	121204 alpha-Adr	12120400 alpha-Adr	R	1MG/10ML	INTRAVEI	SOSY	ML	10	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092119736	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	R	500MG/10	INTRAVEI	SOLN	ML	100	NON DRUG		70092		Y	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	R	MEDPRMI
70092120144	SUCCINY	SUCCINY	122020 UNKNOW	12202000 UNKNOW	R	100 MG/5	INTRAVEI	SOSY	ML	5	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092120275	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	0.2-0.125-	EPIDURA	SOLN	ML	100	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092120737	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	0.4-0.1-0.9	EPIDURA	SOLN	ML	200	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092120908	HEPARIN	HEPARIN	201204 Anticoagu	20120416 Heparins	R	4000-0.9 U	INTRAVEI	SOLN	ML	1000	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092121007	HEPARIN	HEPARIN	201204 Anticoagu	20120416 Heparins	R	500-0.9 UT	INTRAVEI	SOLN	ML	500	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092121650	HEPARIN	HEPARIN	201204 Anticoagu	20120416 Heparins	R	50-0.9 UN	INTRAVEI	SOSY	ML	50	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092121747	HEPARIN	HEPARIN	201204 Anticoagu	20120416 Heparins	R	20-0.9 UN	INTRAVEI	SOSY	ML	20	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092122138	ROPIVAC	ROPIVAC	720000 Local Ane	72000000 Local Ane	R	0.20%	EPIDURA	SOLN	ML	400	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092122335	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	2500 MCG	INTRAVEI	SOLN	ML	50	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092122537	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	0.5-0.2-0.9	EPIDURA	SOLN	ML	250	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092122943	ATROPIN	ATROPIN	120808 Antimusca	12080800 Antimusca	R	1 MG/2.5M	INTRAVEI	SOSY	ML	2.5	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092123503	CALCIUM	CALCIUM	401200 Replacem	40120000 Replacem	R	2GM/100M	INTRAVEI	SOLN	ML	100	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092123847	CEFAZOL	CEFAZOL	81206 Cephalosp	8120604 First Gene	R	2 GM/20M	INTRAVEI	SOSY	ML	20	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092124246	EPINEPHI	EPINEPHI	523200 Vasocons	52320000 Vasocons	R	1-0.9 MG/	INTRAVEI	SOSY	ML	10	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092124505	EPINEPHI	EPINEPHI	523200 Vasocons	52320000 Vasocons	R	8-0.9 MG/	INTRAVEI	SOLN	ML	250	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092124746	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	100-0.9 M	INTRAVEI	SOSY	ML	10	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092124850	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	0.1-0.125-	EPIDURA	SOSY	ML	50	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092125075	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	1-0.9 MG/	INTRAVEI	SOLN	ML	100	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092125575	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	0.2-0.1-0.9	EPIDURA	SOLN	ML	100	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092125975	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	0.2-0.2-0.9	EPIDURA	SOLN	ML	100	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092126536	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	0.3-0.2-0.9	EPIDURA	SOLN	ML	150	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092126843	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	5MCG/ML	INTRAVEI	SOSY	ML	1	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092126937	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	0.5-0.0625	EPIDURA	SOLN	ML	250	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092127450	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	550MCG/5	INTRAVEI	SOSY	ML	55	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092127843	GLYCOPY	GLYCOPY	120808 Antimusca	12080800 Antimusca	R	0.6 MG/3M	INTRAVEI	SOSY	ML	3	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092127943	GLYCOPY	GLYCOPY	120808 Antimusca	12080800 Antimusca	R	0.6 MG/3M	INTRAVEI	SOSY	ML	3	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092128108	HEPARIN	HEPARIN	201204 Anticoagu	20120416 Heparins	R	30000-0.9	INTRAVEI	SOLN	ML	1000	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092128208	HEPARIN	HEPARIN	201204 Anticoagu	20120416 Heparins	R	5000-0.9 U	INTRAVEI	SOLN	ML	1000	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092128544	HYDROM	HYDROM	280808 Opiate Ag	28080800 Opiate Ag	R	1MG/5ML-	INTRAVEI	SOSY	ML	5	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092128674	HYDROM	HYDROM	280808 Opiate Ag	28080800 Opiate Ag	R	10-0.9 MG	INTRAVEI	SOLN	ML	50	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092128735	HYDROM	HYDROM	280808 Opiate Ag	28080800 Opiate Ag	R	10-0.9 MG	INTRAVEI	SOLN	ML	50	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092129049	HYDROM	HYDROM	280808 Opiate Ag	28080800 Opiate Ag	R	15-0.9 MG	INTRAVEI	SOSY	ML	30	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092129349	HYDROM	HYDROM	280808 Opiate Ag	28080800 Opiate Ag	R	30-0.9 MG	INTRAVEI	SOSY	ML	30	GENERIC		70092		Y	N	FORMULARY		1	GEN	GENERICS	R	MEDPRMI
70092129474	HYDROM	HYDROM	280808 Opiate Ag	28080800 Opiate Ag	R	50MG/50M	INTRAVEI	SOLN	ML	50	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092129646	KETAMIN	KETAMIN	280408 UNKNOW	28040800 UNKNOW	R	100-0.9 M	INTRAVEI	SOSY	ML	10	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092129743	KETAMIN	KETAMIN	280408 UNKNOW	28040800 UNKNOW	R	100 MG/2	INTRAVEI	SOSY	ML	2	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092129843	LIDOCAIN	LIDOCAIN	720000 Local Ane	72000000 Local Ane	R	1%-8.4%	INJECTIO	SOSY	ML	3	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092131046	METHOHI	METHOHI	280404 UNKNOW	28040400 UNKNOW	R	100 MG/1(	INTRAVEI	SOSY	ML	10	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092131275	MIDAZOL	MIDAZOL	282408 Benzodiaz	28240800 Benzodiaz	R	100-0.9 M	INTRAVEI	SOLN	ML	100	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092131350	MIDAZOL	MIDAZOL	282408 Benzodiaz	28240800 Benzodiaz	R	55-0.9 MG	INTRAVEI	SOSY	ML	55	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092131475	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	R	100-0.9 M	INTRAVEI	SOLN	ML	100	NON DRUG		70092		Y	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	R	MEDPRMI
70092131574	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	R	50-0.9 MG	INTRAVEI	SOLN	ML	50	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092131744	NEOSTIG	NEOSTIG	120400 Parasymp	12040000 Parasymp	R	3 MG/3ML	INTRAVEI	SOSY	ML	3	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092131844	NEOSTIG	NEOSTIG	120400 Parasymp	12040000 Parasymp	R	4 MG/4ML	INTRAVEI	SOSY	ML	4	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092131944	NEOSTIG	NEOSTIG	120400 Parasymp	12040000 Parasymp	R	3 MG/3ML	INTRAVEI	SOSY	ML	3	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092132405	OXYTOCI	OXYTOCI	760000 Oxytocics	76000000 Oxytocics	R	15UNIT/25	INTRAVEI	SOLN	ML	250	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092132744	PHENYLE	PHENYLE	121204 alpha-Adr	12120400 alpha-Adr	R	.5MG/5ML	INTRAVEI	SOSY	ML	5	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092132844	PHENYLE	PHENYLE	121204 alpha-Adr	12120400 alpha-Adr	R	.5MG/5ML	INTRAVEI	SOSY	ML	5	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092133375	ROPIVAC	ROPIVAC	720000 Local Ane	72000000 Local Ane	R	0.20%	EPIDURA	SOLN	ML	100	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092133576	ROPIVAC	ROPIVAC	720000 Local Ane	72000000 Local Ane	R	0.2-0.9 %	EPIDURA	SOLN	ML	250	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092133646	SUCCINY	SUCCINY	122020 UNKNOW	12202000 UNKNOW	R	140 MG/7	INTRAVEI	SOSY	ML	7	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092133746	SUCCINY	SUCCINY	122020 UNKNOW	12202000 UNKNOW	R	140 MG/7	INTRAVEI	SOSY	ML	7	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092133807	VANCOM	VANCOM	81228 Antibacter	8122816 Glycopept	R	.9%-2GM/	INTRAVEI	SOLN	ML	500	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092134046	VECURO	VECURO	122020 UNKNOW	12202000 UNKNOW	R	10 MG/10	INTRAVEI	SOSY	ML	10	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092138036	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	R	100-0.9 M	INTRAVEI	SOLN	ML	100	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092138343	MIDAZOL	MIDAZOL	282408 Benzodiaz	28240800 Benzodiaz	R	2MG/2ML-	INTRAVEI	SOSY	ML	2	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092138444	MIDAZOL	MIDAZOL	282408 Benzodiaz	28240800 Benzodiaz	R	5MG/5ML-	INTRAVEI	SOSY	ML	5	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092139975	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	0.2-0.1-0.9	EPIDURA	SOLN	ML	100	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092140043	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	10-0.9 MC	INTRAVEI	SOSY	ML	1	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092140550	HYDROM	HYDROM	280808 Opiate Ag	28080800 Opiate Ag	R	25-0.9 MG	INTRAVEI	SOSY	ML	50	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092140843	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	10MCG/2M	INTRAVEI	SOSY	ML	2	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092141547	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	1000 MCG	INTRAVEI	SOSY	ML	20	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092141836	MIDAZOL	MIDAZOL	282408 Benzodiaz	28240800 Benzodiaz	R	100-0.9 M	INTRAVEI	SOLN	ML	100	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092142743	KETAMIN	KETAMIN	280408 UNKNOW	28040800 UNKNOW	R	10-0.9 MG	INTRAVEI	SOSY	ML	1	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092143176	ROPIVAC	ROPIVAC	720000 Local Ane	72000000 Local Ane	R	0.2-0.9 %	EPIDURA	SOLN	ML	200	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092143350	RECK	ROPIVAC	720000 Local Ane	72000000 Local Ane	R	123-0.25-(	PERIARTI	SOSY	ML	50	SSB		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092143546	ACETAMI	ACETAMI	280816 UNKNOW	28081600 UNKNOW	R	100 MG/1(	INTRAVEI	SOSY	ML	10	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092143676	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	0.8-0.1667	EPIDURA	SOLN	ML	200	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092144076	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	0.4-0.2-0.9	EPIDURA	SOLN	ML	200	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092144176	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	0.4-0.1-0.9	EPIDURA	SOLN	ML	200	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092144204	VANCOM	VANCOM	81228 Antibacter	8122816 Glycopept	R	.9%-750M	INTRAVEI	SOLN	ML	150	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092144343	LIDOCAIN	LIDOCAIN	720000 Local Ane	72000000 Local Ane	R	1-8.4 %	INJECTIO	SOSY	ML	1	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092144405	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	1.25-0.9 M	INTRAVEI	SOLN	ML	250	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092145244	ROCURO	ROCURO	122020 UNKNOW	12202000 UNKNOW	R	50 MG/5M	INTRAVEI	SOSY	ML	5	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092145336	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	0.2-0.125-	EPIDURA	SOLN	ML	100	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092145444	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	250 MCG/	INTRAVEI	SOSY	ML	5	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092145546	EPHEDRI	EPHEDRI	121212 alpha- and	12121200 alpha- and	R	50-0.9 MG	INTRAVEI	SOSY	ML	10	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092145643	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	100 MCG/	INTRAVEI	SOSY	ML	2	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092146805	NOREPIN	NOREPIN	121212 alpha- and	12121200 alpha- and	R	16-0.9 MG	INTRAVEI	SOLN	ML	250	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092147043	DROPERI	DROPERI	562212 UNKNOW	56221200 UNKNOW	R	0.625 MG/	INTRAVEI	SOSY	ML	1	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092147446	DEXTROS	DEXTROS	402000 Caloric Ag	40200000 Caloric Ag	R	250 MG/M	INTRAVEI	SOLN	ML	10	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092147550	DEXTROS	DEXTROS	402000 Caloric Ag	40200000 Caloric Ag	R	50%	INTRAVEI	SOLN	ML	50	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092147744	EPHEDRI	EPHEDRI	121212 alpha- and	12121200 alpha- and	R	50-0.9 MG	INTRAVEI	SOSY	ML	5	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092147844	EPHEDRI	EPHEDRI	121212 alpha- and	12121200 alpha- and	R	25-0.9 MG	INTRAVEI	SOSY	ML	5	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092147903	POTASSI	POTASSI	401200 Replacem	40120000 Replacem	R	10MG/100	INTRAVEI	SOLN	ML	100	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092148046	ROCURO	ROCURO	122020 UNKNOW	12202000 UNKNOW	R	100 MG/1(	INTRAVEI	SOSY	ML	10	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092148250	MIDAZOL	MIDAZOL	282408 Benzodiaz	28240800 Benzodiaz	R	55-0.9 MG	INTRAVEI	SOSY	ML	55	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092148443	LIDOCAIN	LIDOCAIN	720000 Local Ane	72000000 Local Ane	R	1%-8.4%	INJECTIO	SOSY	ML	1	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092148546	PHENYLE	PHENYLE	121204 alpha-Adr	12120400 alpha-Adr	R	0.4-0.9 MC	INTRAVEI	SOSY	ML	10	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092148646	PHENYLE	PHENYLE	121204 alpha-Adr	12120400 alpha-Adr	R	0.8-0.9 MC	INTRAVEI	SOSY	ML	10	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092149117	NOREPIN	NOREPIN	121212 alpha- and	12121200 alpha- and	R	4-5 MG/25	INTRAVEI	SOLN	ML	250	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092149317	NOREPIN	NOREPIN	121212 alpha- and	12121200 alpha- and	R	8-5 MG/25	INTRAVEI	SOLN	ML	250	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092149449	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	1500 MCG	INTRAVEI	SOSY	ML	30	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092149550	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	2750 MCG	INTRAVEI	SOSY	ML	55	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092149747	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	1000 MCG	INTRAVEI	SOSY	ML	20	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092149936	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	0.2-0.1-0.9	EPIDURA	SOLN	ML	100	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092150037	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	0.5-0.1-0.9	EPIDURA	SOLN	ML	250	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092150137	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	0.5-0.125-	EPIDURA	SOLN	ML	250	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092150436	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	0.2-0.2-0.9	EPIDURA	SOLN	ML	100	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092150579	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	1500 MCG	INTRAVEI	SOLN	ML	30	NON DRUG		70092		Y	N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	R	MEDPRMI
70092150636	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	1MG/100M	INTRAVEI	SOLN	ML	100	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092150736	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	2-0.9 MG/	INTRAVEI	SOLN	ML	100	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092150837	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	2.5-0.9 MC	INTRAVEI	SOLN	ML	250	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092150935	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	2500 MCG	INTRAVEI	SOLN	ML	50	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092151743	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	R	1-0.9 MG/I	INTRAVEI	SOSY	ML	1	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092151875	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	R	100-0.9 M	INTRAVEI	SOLN	ML	100	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092151948	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	R	30MG/30M	INTRAVEI	SOSY	ML	30	NON DRUG		70092			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092152049	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	R	30-0.9 MG	INTRAVEI	SOSY	ML	30	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70092152174	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	R	50-0.9 MG	INTRAVEI	SOLN	ML	50	GENERIC		70092			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

70092152235	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	50-0.9 MG	INTRAVEI	SOLN	ML	50	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092152350	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	50MG/50M	INTRAVEI	SOSY	ML	50	NON DRUG		70092		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092152450	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	55MG/55M	INTRAVEI	SOSY	ML	55	NON DRUG		70092		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092153243	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	R	1MG/ML-.	INTRAVEI	SOSY	ML	1	NON DRUG		70092		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092153343	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	R	2MG/ML-.	INTRAVEI	SOSY	ML	1	NON DRUG		70092		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092153643	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	2MG/ML-.	INTRAVEI	SOSY	ML	1	NON DRUG		70092		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092153743	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	4MG/ML-.	INTRAVEI	SOSY	ML	1	NON DRUG		70092		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092153946	BUPIVAC	BUPIVAC	720000	Local Ane	72000000	Local Ane	R	0.25-0.9 %	EPIDURA	SOSY	ML	10	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092154046	EPHEDRI	EPHEDRI	121212	alpha- and	12121200	alpha- and	R	100MG/10	INTRAVEI	SOSY	ML	10	NON DRUG		70092		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092154143	EPHEDRI	EPHEDRI	121212	alpha- and	12121200	alpha- and	R	10MG/ML-	INTRAVEI	SOSY	ML	1	NON DRUG		70092		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092154217	EPINEPHI	EPINEPHI	523200	Vasocons	52320000	Vasocons	R	2-5 MG/25	INTRAVEI	SOLN	ML	250	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092154305	EPINEPHI	EPINEPHI	523200	Vasocons	52320000	Vasocons	R	2-0.9 MG/	INTRAVEI	SOLN	ML	250	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092154436	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	5000 MCG	INTRAVEI	SOLN	ML	100	NON DRUG		70092		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092154507	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	R	5000-0.9 U	INTRAVEI	SOLN	ML	500	GENERIC		70092	Y	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
70092154635	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	R	50-0.9 MG	INTRAVEI	SOLN	ML	50	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092154746	NICARDIF	NICARDIF	242808	Dihydropy	24280800	Dihydropy	R	1-0.9 MG/	INTRAVEI	SOSY	ML	10	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092154817	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	R	5%-1.25G	INTRAVEI	SOLN	ML	250	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092154935	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	R	0.15-0.9 %	EPIDURA	SOLN	ML	50	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092155050	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	R	20MG/50M	INTRAVEI	SOSY	ML	50	NON DRUG		70092		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092155207	OXYTOCI	OXYTOCI	760000	Oxytocics	76000000	Oxytocics	R	30-0.9 UT/	INTRAVEI	SOLN	ML	500	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092155844	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	R	20 MG/4M	INTRAVEI	SOSY	ML	4	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092156149	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	R	60-0.9 MG	INTRAVEI	SOSY	ML	30	GENERIC	5/31/2023	70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092156343	KETAMIN	KETAMIN	280408	UNKNOW	28040800	UNKNOW	R	20-0.9 MG	INTRAVEI	SOSY	ML	2	NON DRUG		70092		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092156446	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	R	200 MG/10	INJECTIO	SOSY	ML	10	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092156646	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	R	10 MG/ML	INJECTIO	SOSY	ML	10	NON DRUG		70092		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092156744	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	R	100 MG/5	INJECTIO	SOSY	ML	5	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092157343	METHADO	METHADO	280808	Opiate Ag	28080800	Opiate Ag	R	1-0.9 MG/	INTRAVEI	SOSY	ML	1	NON DRUG		70092		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092157536	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	R	125-5 MG	INTRAVEI	SOLN	ML	125	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092158643	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	R	0.5 %-1:10	INJECTIO	SOSY	ML	3	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092158838	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	R	0.2-0.9 %	EPIDURA	SOLN	ML	500	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092159350	ADENOC	CARDIOP	401200	Replacem	40120000	Replacem	R	39.9MG/40	INTRAVEI	SOSY	ML	40	SSB		70092		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092159907	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	R	1.5-0.9 GM	INTRAVEI	SOLN	ML	500	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092160044	DEXMEDE	DEXMEDE	121204	alpha-Adr	12120400	alpha-Adr	R	20-0.9 MC	INTRAVEI	SOSY	ML	5	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092160346	CEFAZOL	CEFAZOL	81206	Cephalosp	8120604	First Gene	R	1 GM/10M	INTRAVEI	SOSY	ML	10	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092160447	CEFAZOL	CEFAZOL	81206	Cephalosp	8120604	First Gene	R	2 GM/20M	INTRAVEI	SOSY	ML	20	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092161144	LIDO-RAC	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	R	4-0.05-0.5	EXTERNA	GEL	ML	3	GENERIC		70092		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
70092161243	L.E.T.	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	R	4-0.05-0.5	EXTERNA	GEL	ML	1.5	SSB		70092		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
70092161379	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	1-0.9 MG/	INTRAVEI	SOLN	ML	30	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092161746	EPINEPHI	EPINEPHI	523200	Vasocons	52320000	Vasocons	R	100-5 MC	INTRAVEI	SOSY	ML	10	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092161835	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	R	6-0.9 MG/	INTRAVEI	SOLN	ML	25	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092161950	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	1000-0.9 M	INTRAVEI	SOSY	ML	50	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092162115	CEFAZOL	CEFAZOL	81206	Cephalosp	8120604	First Gene	R	2-5 GM/10	INTRAVEI	SOLN	ML	100	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092162203	CEFAZOL	CEFAZOL	81206	Cephalosp	8120604	First Gene	R	2-0.9 GM/	INTRAVEI	SOLN	ML	100	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092162303	CEFAZOL	CEFAZOL	81206	Cephalosp	8120604	First Gene	R	3-0.9 GM/	INTRAVEI	SOLN	ML	100	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092163875	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	R	100-0.9 M	INTRAVEI	SOLN	ML	100	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092164050	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	R	50-0.9 MG	INTRAVEI	SOSY	ML	50	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092164474	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	250-0.9 M	INTRAVEI	SOLN	ML	50	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092164717	EPINEPHI	EPINEPHI	523200	Vasocons	52320000	Vasocons	R	5-5 MG/25	INTRAVEI	SOLN	ML	250	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092164836	VASOPRE	VASOPRE	682800	Pituitary	68280000	Pituitary	R	20-5 UT/10	INTRAVEI	SOLN	ML	100	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092164935	VASOPRE	VASOPRE	682800	Pituitary	68280000	Pituitary	R	50-5 UT/5	INTRAVEI	SOLN	ML	50	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092165005	NOREPIN	NOREPIN	121212	alpha- and	12121200	alpha- and	R	4-0.9 MG/	INTRAVEI	SOLN	ML	250	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092165105	NOREPIN	NOREPIN	121212	alpha- and	12121200	alpha- and	R	8-0.9 MG/	INTRAVEI	SOLN	ML	250	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092165205	NOREPIN	NOREPIN	121212	alpha- and	12121200	alpha- and	R	16-0.9 MG	INTRAVEI	SOLN	ML	250	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092165317	NOREPIN	NOREPIN	121212	alpha- and	12121200	alpha- and	R	4-5 MG/25	INTRAVEI	SOLN	ML	250	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092165417	NOREPIN	NOREPIN	121212	alpha- and	12121200	alpha- and	R	8-5 MG/25	INTRAVEI	SOLN	ML	250	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092165517	NOREPIN	NOREPIN	121212	alpha- and	12121200	alpha- and	R	16-5 MG/2	INTRAVEI	SOLN	ML	250	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092165776	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	R	0.2-0.9 %	EPIDURA	SOLN	ML	250	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092165844	L.E.T. (RA	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	R	4-0.05-0.5	EXTERNA	SOLN	ML	3	SSB		70092		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
70092166146	VASOPRE	VASOPRE	682800	Pituitary	68280000	Pituitary	R	5-5 UNIT/	INTRAVEI	SOSY	ML	5	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092166243	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	R	0.5 %-1:10	INJECTIO	SOSY	ML	3	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092166343	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	R	1 %-1:100	INJECTIO	SOSY	ML	3	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092166474	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	2500 MCG	INTRAVEI	SOLN	ML	50	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092168448	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	1500 MCG	INTRAVEI	SOSY	ML	30	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092168550	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	2500 MCG	INTRAVEI	SOSY	ML	50	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092168648	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	R	15-0.9 MG	INTRAVEI	SOSY	ML	30	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092168748	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	R	30-0.9 MG	INTRAVEI	SOSY	ML	30	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092200944	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	R	20 MG/4M	INTRAVEI	SOSY	ML	4	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092204646	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	R	1-0.9 MG/	INTRAVEI	SOSY	ML	10	NON DRUG		70092		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092207344	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	R	50 MG/5M	INTRAVEI	SOSY	ML	5	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092208444	NEOSTIG	NEOSTIG	120400	Parasymp	12040000	Parasymp	R	5 MG/5ML	INTRAVEI	SOSY	ML	5	NON DRUG		70092		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092208644	SUCCINY	SUCCINY	122020	UNKNOW	12202000	UNKNOW	R	100 MG/5	INTRAVEI	SOSY	ML	5	NON DRUG		70092		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092208746	SUCCINY	SUCCINY	122020	UNKNOW	12202000	UNKNOW	R	200 MG/10	INTRAVEI	SOSY	ML	10	NON DRUG		70092		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092222943	ATROPIN	ATROPIN	120808	Antimusca	12080800	Antimusca	R	1 MG/2.5M	INTRAVEI	SOSY	ML	2.5	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092231744	NEOSTIG	NEOSTIG	120400	Parasymp	12040000	Parasymp	R	3 MG/3ML	INTRAVEI	SOSY	ML	3	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092233646	SUCCINY	SUCCINY	122020	UNKNOW	12202000	UNKNOW	R	140 MG/7	INTRAVEI	SOSY	ML	7	NON DRUG		70092		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092245244	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	R	50 MG/5M	INTRAVEI	SOSY	ML	5	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092245546	EPHEDRI	EPHEDRI	121212	alpha- and	12121200	alpha- and	R	50-0.9 MG	INTRAVEI	SOSY	ML	10	NON DRUG		70092		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092247744	EPHEDRI	EPHEDRI	121212	alpha- and	12121200	alpha- and	R	50-0.9 MG	INTRAVEI	SOSY	ML	5	NON DRUG		70092		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092247844	EPHEDRI	EPHEDRI	121212	alpha- and	12121200	alpha- and	R	25-0.9 MG	INTRAVEI	SOSY	ML	5	NON DRUG		70092		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092248046	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	R	100 MG/10	INTRAVEI	SOSY	ML	10	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092311944	KETAMIN	KETAMIN	280408	UNKNOW	28040800	UNKNOW	R	50-0.9 MG	INTRAVEI	SOSY	ML	5	NON DRUG		70092		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092710836	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	0.2-0.2-0.9	EPIDURA	SOLN	ML	100	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092720737	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	0.4-0.1-0.9	EPIDURA	SOLN	ML	200	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092722537	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	0.5-0.2-0.9	EPIDURA	SOLN	ML	250	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092725975	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	0.2-0.2-0.9	EPIDURA	SOLN	ML	100	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092744076	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	0.4-0.2-0.9	EPIDURA	SOLN	ML	200	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092744176	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	0.4-0.1-0.9	EPIDURA	SOLN	ML	200	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092903305	NOREPIN	NOREPIN	121212	alpha- and	12121200	alpha- and	R	4-0.9 MG/	INTRAVEI	SOLN	ML	250	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092903417	NOREPIN	NOREPIN	121212	alpha- and	12121200	alpha- and	R	4-5 MG/25	INTRAVEI	SOLN	ML	250	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092903505	NOREPIN	NOREPIN	121212	alpha- and	12121200	alpha- and	R	8-0.9 MG/	INTRAVEI	SOLN	ML	250	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092903617	NOREPIN	NOREPIN	121212	alpha- and	12121200	alpha- and	R	8-5 MG/25	INTRAVEI	SOLN	ML	250	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092903817	NOREPIN	NOREPIN	121212	alpha- and	12121200	alpha- and	R	16-5 MG/2	INTRAVEI	SOLN	ML	250	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092904205	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	R	20-0.9 MG	INTRAVEI	SOLN	ML	250	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092904405	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	R	25-0.9 MG	INTRAVEI	SOLN	ML	250	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092904505	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	R	50-0.9 MG	INTRAVEI	SOLN	ML	250	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092905305	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	R	1-0.9 GM/	INTRAVEI	SOLN	ML	250	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092905405	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	R	1.25-0.9 G	INTRAVEI	SOLN	ML	250	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092905605	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	R	1.5-0.9 GM	INTRAVEI	SOLN	ML	250	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092905817	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	R	5%-1.5GM	INTRAVEI	SOLN	ML	250	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092911148	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	R	6-0.9 MG/	INTRAVEI	SOSY	ML	30	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092911249	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	R	6-0.9 MG/	INTRAVEI	SOSY	ML	30	NON DRUG		70092		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092911379	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	R	6-0.9 MG/	INTRAVEI	SOSY	ML	30	NON DRUG		70092		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092911450	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	R	10-0.9 MG	INTRAVEI	SOSY	ML	50	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092911536	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	R	20MG/100	INTRAVEI	SOLN	ML	100	NON DRUG		70092		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092911675	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	R	20-0.9 MG	INTRAVEI	SOLN	ML	100	GENERIC		70092	Y	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
70092911779	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	R	30-0.9 MG	INTRAVEI	SOSY	ML	30	NON DRUG		70092		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092911850	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	R	50-0.9 MG	INTRAVEI	SOSY	ML	50	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092911944	KETAMIN	KETAMIN	280408	UNKNOW	28040800	UNKNOW	R	50-0.9 MG	INTRAVEI	SOSY	ML	5	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092912043	KETAMIN	KETAMIN	280408	UNKNOW	28040800	UNKNOW	R	50 MG/ML	INTRAVEI	SOSY	ML	1	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092915905	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	R	80MG/250	INTRAVEI	SOLN	ML	250	NON DRUG		70092		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092916648	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	R	5-0.9 MG/	INTRAVEI	SOSY	ML	25	NON DRUG		70092		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092917005	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	R	40-0.9 MG	INTRAVEI	SOLN	ML	250	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092917405	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	R	1.75-0.9 G	INTRAVEI	SOLN	ML	250	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092920275	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	0.2-0.125-	EPIDURA	SOLN	ML	100	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092920375	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	0.2-0.1-0.9	EPIDURA	SOLN	ML	100	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092920737	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	0.4-0.1-0.9	EPIDURA	SOLN	ML	200	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092922138	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	R	0.20%	EPIDURA	SOLN	ML	400	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092922537	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	0.5-0.2-0.9	EPIDURA	SOLN	ML	250	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092925075	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	1-0.9 MG/	INTRAVEI	SOLN	ML	100	NON DRUG		70092		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092925575	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	0.2-0.1-0.9	EPIDURA	SOLN	ML	100	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092925975	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	0.2-0.2-0.9	EPIDURA	SOLN	ML	100	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092926937	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	0.5-0.0625	EPIDURA	SOLN	ML	250	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092927450	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	550-0.9 M	INTRAVEI	SOSY	ML	55	NON DRUG		70092		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092928674	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	R	10-0.9 MG	INTRAVEI	SOLN	ML	50	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092928735	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	R	10MG/50M	INTRAVEI	SOLN	ML	50	NON DRUG		70092		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092929049	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	R	15-0.9 MG	INTRAVEI	SOSY	ML	30	NON DRUG		70092		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092929349	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	R	30-0.9 MG	INTRAVEI	SOSY	ML	30	NON DRUG		70092		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092929474	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	R	50MG/50M	INTRAVEI	SOLN	ML	50	NON DRUG		70092		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092933375	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	R	0.20%	EPIDURA	SOLN	ML	100	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092933576	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	R	0.2-0.9 %	EPIDURA	SOLN	ML	250	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092933807	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	R	2-0.9 GM/	INTRAVEI	SOLN	ML	500	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092939218	NOREPIN	NOREPIN	121212	alpha- and	12121200	alpha- and	R	8-5 MG/50	INTRAVEI	SOLN	ML	500	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092939975	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	0.2-0.1-0.9	EPIDURA	SOLN	ML	100	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092940043	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	10MCG/M	INTRAVEI	SOSY	ML	1	NON DRUG		70092		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092940550	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	R	25-0.9 MG	INTRAVEI	SOSY	ML	50	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092941946	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	R	100-0.9 M	INTRAVEI	SOSY	ML	10	NON DRUG		70092		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092943176	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	R	0.2-0.9 %	EPIDURA	SOLN	ML	200	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092943676	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	0.8-0.1667	EPIDURA	SOLN	ML	200	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092944076	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	0.4-0.2-0.9	EPIDURA	SOLN	ML	200	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092944176	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	0.4-0.1-0.9	EPIDURA	SOLN	ML	200	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092944204	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	R	.9%-750M	INTRAVEI	SOLN	ML	150	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092953946	BUPIVAC	BUPIVAC	720000	Local Ane	72000000	Local Ane	R	0.25-0.9 %	EPIDURA	SOSY	ML	10	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092954046	EPHEDRI	EPHEDRI	121212	alpha- and	12121200	alpha- and	R	100MG/10	INTRAVEI	SOSY	ML	10	NON DRUG		70092		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092954143	EPHEDRI	EPHEDRI	121212	alpha- and	12121200	alpha- and	R	10MG/ML-	INTRAVEI	SOSY	ML	1	NON DRUG		70092		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092954436	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	5000 MCG	INTRAVEI	SOLN	ML	100	NON DRUG		70092		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092954635	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	R	50MG/50M	INTRAVEI	SOLN	ML	50	NON DRUG		70092		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092954817	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	R	5%-1.25G	INTRAVEI	SOLN	ML	250	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092954935	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	R	0.15-0.9 %	EPIDURA	SOLN	ML	50	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092955050	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	R	20MG/50M	INTRAVEI	SOSY	ML	50	NON DRUG		70092		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092956343	KETAMIN	KETAMIN	280408	UNKNOW	28040800	UNKNOW	R	20-0.9 MG	INTRAVEI	SOSY	ML	2	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092958838	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	R	0.2-0.9 %	EPIDURA	SOLN	ML	500	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092959140	BUPIVAC	BUPIVAC	720000	Local Ane	72000000	Local Ane	R	0.125-0.9	EPIDURA	SOLN	ML	2000	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092959907	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	R	1.5-0.9 GM	INTRAVEI	SOLN	ML	500	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092964274	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	R	100-0.9 M	INTRAVEI	SOLN	ML	50	NON DRUG		70092		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092964536	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	0.2-0.125-	EPIDURA	SOLN	ML	100	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092965776	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	R	0.2-0.9 %	EPIDURA	SOLN	ML	250	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70092966474	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	2500 MCG	INTRAVEI	SOLN	ML	50	GENERIC		70092		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70095001701	THEOPHY	THEOPHY	861600	Respirator	86160000	Respirator	S	300 MG	ORAL	TB12	EA	100 X	GENERIC		70095		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
70095001801	THEOPHY	THEOPHY	861600	Respirator	86160000	Respirator	S	450 MG	ORAL	TB12	EA	100 X	GENERIC		70095		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
70095001901	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		70095		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
70095001902	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		70095		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
70095002001	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		70095		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
70095002002	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		70095		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
70095002401	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	INTRAVEI	SOLR	EA	1	GENERIC		70095		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70095002402	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	INTRAVEI	SOLR	EA	1	GENERIC		70095		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70095002403	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	INTRAVEI	SOLR	EA	1	GENERIC		70095		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70095002501	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	500 MG	INTRAVEI	SOLR	EA	1	GENERIC		70095 Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70095002502	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	500 MG	INTRAVEI	SOLR	EA	1	GENERIC		70095 Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70095002601	DESMOP	DESMOP	682800	Pituitary	68280000	Pituitary	S	4 MCG/ML	INJECTIO	SOLN	ML	1	GENERIC		70095	Y	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
70095002602	DESMOP	DESMOP	682800	Pituitary	68280000	Pituitary	S	4 MCG/ML	INJECTIO	SOLN	ML	1	GENERIC		70095	Y	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
70095003101	DESMOP	DESMOP	682800	Pituitary	68280000	Pituitary	S	4 MCG/ML	INJECTIO	SOLN	ML	10	GENERIC		70095	Y	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
70095005001	SODIUM B	SODIUM B	400800	Alkalinizin	40080000	Alkalinizin	S	8.40%	INTRAVEI	SOLN	ML	50	GENERIC		70095		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70095005003	SODIUM B	SODIUM B	400800	Alkalinizin	40080000	Alkalinizin	S	8.40%	INTRAVEI	SOLN	ML	50	GENERIC		70095		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70100042401	INDOCYA	INDOCYA	361800	Cardiac Fu	36180000	Cardiac Fu	R	25 MG	INTRAVEI	SOLR	EA	1	GENERIC		70100		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70100042402	INDOCYA	INDOCYA	361800	Cardiac Fu	36180000	Cardiac Fu	R	25 MG	INTRAVEI	SOLR	EA	1	GENERIC		70100		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70112015001	LEVIGOL	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	O	4%-1%	EXTERNA	CREA	GM	76.5	SSB		70112		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70112015505	LEVIGOS	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	.13%-2.5%	EXTERNA	LIQD	ML	150	GENERIC		70112		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70112055502	TOPIDEX	DEXAMET	680400	Adrenals	68040000	Adrenals	R	10 MG/ML	INJECTIO	KIT	EA	1	SSB		70112		N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70114010101	UDENYCA	PEGFILGI	201600	Hematopo	20160000	Hematopo	R	6 MG/0.6M	SUBCUTA	SOSY	ML	0.6	SSB		70114	Y	N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
70114012001	UDENYCA	PEGFILGI	201600	Hematopo	20160000	Hematopo	R	6 MG/0.6M	SUBCUTA	SOAJ	ML	0.6	SSB		70114	Y	N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
70114013001	UDENYCA	PEGFILGI	201600	Hematopo	20160000	Hematopo	R	6 MG/0.6M	SUBCUTA	SOSY	ML	0.6	SSB		70114	Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X						R	MEDPRMI
70114022002	YUSIMRY	ADALIMU	902416	UNKNOW	90241692	UNKNOW	R	40 MG/0.8	SUBCUTA	SOAJ	ML	0.8 X	SSB		70114	Y	N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
70114034001	LOQTORZ	TORIPALI	100000	Antineopla	10000000	Antineopla	R	240 MG/6	INTRAVEI	SOLN	ML	6	SSB		70114		N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70114044001	CIMERLI	RANIBIZU	525600	UNKNOW	52560000	UNKNOW	R	0.3 MG/0.0	INTRAVIT	SOLN	ML	0.05	SSB		70114		N	EXCLUDE	SELF_INJ	5 SPBRD	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70114044101	CIMERLI	RANIBIZU	525600	UNKNOW	52560000	UNKNOW	R	0.5 MG/0.0	INTRAVIT	SOLN	ML	0.05	SSB		70114		N	EXCLUDE	SELF_INJ	5 SPBRD	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121100001	METHYLP	METHYLP	680400	Adrenals	68040000	Adrenals	S	40 MG	INJECTIO	SOLR	EA	1	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121100005	METHYLP	METHYLP	680400	Adrenals	68040000	Adrenals	S	40 MG	INJECTIO	SOLR	EA	1	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121100101	METHYLP	METHYLP	680400	Adrenals	68040000	Adrenals	S	125 MG	INJECTIO	SOLR	EA	1	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121100105	METHYLP	METHYLP	680400	Adrenals	68040000	Adrenals	S	125 MG	INJECTIO	SOLR	EA	1	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121100201	EPTIFIBA	EPTIFIBA	201218	Platelet-A	20121800	Platelet-A	S	20 MG/10	INTRAVEI	SOLN	ML	10	GENERIC		70121		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121100301	EPTIFIBA	EPTIFIBA	201218	Platelet-A	20121800	Platelet-A	S	75 MG/100	INTRAVEI	SOLN	ML	100	GENERIC		70121		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121104901	TRIAMCI	TRIAMCI	680400	Adrenals	68040000	Adrenals	S	40 MG/ML	INJECTIO	SUSP	ML	1	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121104902	TRIAMCI	TRIAMCI	680400	Adrenals	68040000	Adrenals	S	40 MG/ML	INJECTIO	SUSP	ML	1	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121104905	TRIAMCI	TRIAMCI	680400	Adrenals	68040000	Adrenals	S	40 MG/ML	INJECTIO	SUSP	ML	1	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121107601	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	10	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121107605	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	10	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121109901	LEVOLEU	LEVOLEU	910412	UNKNOW	91041200	UNKNOW	S	50 MG	INTRAVEI	SOLR	EA	1	GENERIC		70121		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121116801	TRIAMCI	TRIAMCI	680400	Adrenals	68040000	Adrenals	S	40 MG/ML	INJECTIO	SUSP	ML	5	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121116901	TRIAMCI	TRIAMCI	680400	Adrenals	68040000	Adrenals	S	40 MG/ML	INJECTIO	SUSP	ML	10	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121118901	SODIUM N	NITROPR	240816	Central Al	24081600	Central Al	S	25 MG/ML	INTRAVEI	SOLN	ML	2	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121122101	DOCETAX	DOCETAX	100000	Antineopla	10000000	Antineopla	S	20 MG/ML	INTRAVEI	CONC	ML	1	GENERIC		70121 Y		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121122201	DOCETAX	DOCETAX	100000	Antineopla	10000000	Antineopla	S	80 MG/4M	INTRAVEI	CONC	ML	4	GENERIC		70121 Y		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121122301	DOCETAX	DOCETAX	100000	Antineopla	10000000	Antineopla	S	160 MG/8	INTRAVEI	CONC	ML	8	GENERIC		70121		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121123601	CLOFARA	CLOFARA	100000	Antineopla	10000000	Antineopla	S	1 MG/ML	INTRAVEI	SOLN	ML	20	GENERIC		70121		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121123701	AZACITID	AZACITID	100000	Antineopla	10000000	Antineopla	S	100 MG	INJECTIO	SUSR	EA	1	GENERIC		70121		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121123801	CYCLOPH	CYCLOPH	100000	Antineopla	10000000	Antineopla	S	500 MG	INJECTIO	SOLR	EA	1	GENERIC		70121		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121123901	CYCLOPH	CYCLOPH	100000	Antineopla	10000000	Antineopla	S	1 GM	INJECTIO	SOLR	EA	1	GENERIC		70121		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121124001	CYCLOPH	CYCLOPH	100000	Antineopla	10000000	Antineopla	S	2 GM	INJECTIO	SOLR	EA	1	GENERIC		70121		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
																													R	MEDPRMI
																													R	MEDPRMI
																													R	MEDPRMI
70121138101	FOSPHEN	FOSPHEN	281212	Hydantoin	28121200	Hydantoin	S	100 MG P	INJECTIO	SOLN	ML	2	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121138105	FOSPHEN	FOSPHEN	281212	Hydantoin	28121200	Hydantoin	S	100 MG P	INJECTIO	SOLN	ML	2	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121138801	DEXMEDE	DEXMEDE	121204	alpha-Adr	12120400	alpha-Adr	S	200 MCG/	INTRAVEI	SOLN	ML	50	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121138808	DEXMEDE	DEXMEDE	121204	alpha-Adr	12120400	alpha-Adr	S	200 MCG/	INTRAVEI	SOLN	ML	50	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121138901	DEXMEDE	DEXMEDE	121204	alpha-Adr	12120400	alpha-Adr	S	400 MCG/	INTRAVEI	SOLN	ML	100	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121138907	DEXMEDE	DEXMEDE	121204	alpha-Adr	12120400	alpha-Adr	S	400 MCG/	INTRAVEI	SOLN	ML	100	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121139001	FOSPHEN	FOSPHEN	281212	Hydantoin	28121200	Hydantoin	S	500 MG P	INJECTIO	SOLN	ML	10	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121139007	FOSPHEN	FOSPHEN	281212	Hydantoin	28121200	Hydantoin	S	500 MG P	INJECTIO	SOLN	ML	10	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121139401	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.2 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121139405	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.2 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121139501	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.4 MG/2M	INJECTIO	SOLN	ML	2	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121139505	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.4 MG/2M	INJECTIO	SOLN	ML	2	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121139601	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	1 MG/5ML	INJECTIO	SOLN	ML	5	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121139605	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	1 MG/5ML	INJECTIO	SOLN	ML	5	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121139701	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	4 MG/20M	INJECTIO	SOLN	ML	20	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121139707	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	4 MG/20M	INJECTIO	SOLN	ML	20	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121139901	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	10 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121139905	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	10 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121140801	DOXERC	DOXERC	881600	Vitamin D	88160000	Vitamin D	S	4 MCG/2M	INTRAVEI	SOLN	ML	2	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121140805	DOXERC	DOXERC	881600	Vitamin D	88160000	Vitamin D	S	4 MCG/2M	INTRAVEI	SOLN	ML	2	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121145301	MEROPE	MEROPE	81207	Miscellane	8120708	Carbapen	S	1 GM	INTRAVEI	SOLR	EA	1	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121145307	MEROPE	MEROPE	81207	Miscellane	8120708	Carbapen	S	1 GM	INTRAVEI	SOLR	EA	1	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121145401	MEROPE	MEROPE	81207	Miscellane	8120708	Carbapen	S	500 MG	INTRAVEI	SOLR	EA	1	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121145407	MEROPE	MEROPE	81207	Miscellane	8120708	Carbapen	S	500 MG	INTRAVEI	SOLR	EA	1	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121146302	FULVEST	FULVEST	100000	Antineopla	10000000	Antineopla	S	250 MG/5	INTRAMU	SOSY	ML	5	GENERIC		70121		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121146702	MEDROX	MEDROX	683200	Progestins	68320000	Progestins	S	150 MG/M	INTRAMU	SUSP	ML	1	GENERIC		70121	Y	N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 84 DAYS		X	IF DS LIMIT=90 THEN $0 COP	R	MEDPRMI
70121146705	MEDROX	MEDROX	683200	Progestins	68320000	Progestins	S	150 MG/M	INTRAMU	SUSP	ML	1	GENERIC		70121	Y	N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 84 DAYS		X	IF DS LIMIT=90 THEN $0 COP	R	MEDPRMI
70121147801	NEOSTIG	NEOSTIG	120400	Parasymp	12040000	Parasymp	S	5 MG/10M	INTRAVEI	SOLN	ML	10	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121147807	NEOSTIG	NEOSTIG	120400	Parasymp	12040000	Parasymp	S	5 MG/10M	INTRAVEI	SOLN	ML	10	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121147901	NEOSTIG	NEOSTIG	120400	Parasymp	12040000	Parasymp	S	10 MG/10	INTRAVEI	SOLN	ML	10	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121147907	NEOSTIG	NEOSTIG	120400	Parasymp	12040000	Parasymp	S	10 MG/10	INTRAVEI	SOLN	ML	10	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121148001	MEDROX	MEDROX	683200	Progestins	68320000	Progestins	S	150 MG/M	INTRAMU	SUSY	ML	1	GENERIC		70121	Y	N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 84 DAYS		X	IF DS LIMIT=90 THEN $0 COP	R	MEDPRMI
70121148202	CARMUS	CARMUS	100000	Antineopla	10000000	Antineopla	S	100 MG	INTRAVEI	SOLR	EA	1	GENERIC		70121		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121148301	ARSENIC	ARSENIC	100000	Antineopla	10000000	Antineopla	S	10 MG/10	INTRAVEI	SOLN	ML	10	GENERIC		70121		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121148307	ARSENIC	ARSENIC	100000	Antineopla	10000000	Antineopla	S	10 MG/10	INTRAVEI	SOLN	ML	10	GENERIC		70121		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121155201	METHYLP	METHYLP	680400	Adrenals	68040000	Adrenals	S	80 MG/ML	INJECTIO	SUSP	ML	1	GENERIC		70121 Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121155205	METHYLP	METHYLP	680400	Adrenals	68040000	Adrenals	S	80 MG/ML	INJECTIO	SUSP	ML	1	GENERIC		70121 Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121156801	RELEUKO	FILGRAS	201600	Hematopo	20160000	Hematopo	R	300 MCG/	SUBCUTA	SOSY	ML	0.5	SSB		70121	Y	N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
70121156807	RELEUKO	FILGRAS	201600	Hematopo	20160000	Hematopo	R	300 MCG/	SUBCUTA	SOSY	ML	0.5	SSB		70121		N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121156907	RELEUKO	FILGRAS	201600	Hematopo	20160000	Hematopo	R	300 MCG/	INJECTIO	SOLN	ML	1	SSB	12/14/2023	70121		N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121157001	RELEUKO	FILGRAS	201600	Hematopo	20160000	Hematopo	R	480 MCG/	SUBCUTA	SOSY	ML	0.8	SSB		70121		N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121157007	RELEUKO	FILGRAS	201600	Hematopo	20160000	Hematopo	R	480 MCG/	SUBCUTA	SOSY	ML	0.8	SSB		70121		N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121157107	RELEUKO	FILGRAS	201600	Hematopo	20160000	Hematopo	R	480 MCG/	INJECTIO	SOLN	ML	1.6	SSB	12/14/2023	70121		N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121157201	LEVOLEU	LEVOLEU	910412	UNKNOW	91041200	UNKNOW	S	175 MG/17	INTRAVEI	SOLN	ML	17.5	GENERIC		70121		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121157301	METHYLP	METHYLP	680400	Adrenals	68040000	Adrenals	S	40 MG/ML	INJECTIO	SUSP	ML	1	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121157305	METHYLP	METHYLP	680400	Adrenals	68040000	Adrenals	S	40 MG/ML	INJECTIO	SUSP	ML	1	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121157401	METHYLP	METHYLP	680400	Adrenals	68040000	Adrenals	S	80 MG/ML	INJECTIO	SUSP	ML	1	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121157405	METHYLP	METHYLP	680400	Adrenals	68040000	Adrenals	S	80 MG/ML	INJECTIO	SUSP	ML	1	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121157601	NOREPIN	NOREPIN	121212	alpha- and	12121200	alpha- and	S	1 MG/ML	INTRAVEI	SOLN	ML	4	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121157607	NOREPIN	NOREPIN	121212	alpha- and	12121200	alpha- and	S	1 MG/ML	INTRAVEI	SOLN	ML	4	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121157701	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	S	10 MG/ML	INTRAVEI	SOLN	ML	1	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121157705	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	S	10 MG/ML	INTRAVEI	SOLN	ML	1	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121157801	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	S	10 MG/ML	INTRAVEI	SOLN	ML	5	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121157807	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	S	10 MG/ML	INTRAVEI	SOLN	ML	5	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121157901	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	S	10 MG/ML	INTRAVEI	SOLN	ML	10	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121158005	PROCHL	PROCHL	281608	Antipsych	28160824	Phenothia	S	10 MG/2M	INJECTIO	SOLN	ML	2	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121158007	PROCHL	PROCHL	281608	Antipsych	28160824	Phenothia	S	10 MG/2M	INJECTIO	SOLN	ML	2	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121158101	SUCCINY	SUCCINY	122020	UNKNOW	12202000	UNKNOW	S	20 MG/ML	INJECTIO	SOLN	ML	10	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121158105	SUCCINY	SUCCINY	122020	UNKNOW	12202000	UNKNOW	S	20 MG/ML	INJECTIO	SOLN	ML	10	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121158501	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	2.5 MG/ML	INTRAVEI	SOLN	ML	2	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121158505	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	2.5 MG/ML	INTRAVEI	SOLN	ML	2	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121158601	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	2.5 MG/ML	INTRAVEI	SOLN	ML	4	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121158603	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	2.5 MG/ML	INTRAVEI	SOLN	ML	4	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121160401	ISOPROT	ISOPROT	121208	beta-Adre	12120804	Non-selec	S	0.2 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121160407	ISOPROT	ISOPROT	121208	beta-Adre	12120804	Non-selec	S	0.2 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121160501	ISOPROT	ISOPROT	121208	beta-Adre	12120804	Non-selec	S	0.2 MG/ML	INJECTIO	SOLN	ML	5	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121160507	ISOPROT	ISOPROT	121208	beta-Adre	12120804	Non-selec	S	0.2 MG/ML	INJECTIO	SOLN	ML	5	GENERIC		70121		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121160901	METHYLP	METHYLP	680400	Adrenals	68040000	Adrenals	S	40 MG/ML	INJECTIO	SUSP	ML	10	GENERIC		70121 Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121160905	METHYLP	METHYLP	680400	Adrenals	68040000	Adrenals	S	40 MG/ML	INJECTIO	SUSP	ML	10	GENERIC		70121 Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121161001	METHYLP	METHYLP	680400	Adrenals	68040000	Adrenals	S	80 MG/ML	INJECTIO	SUSP	ML	5	GENERIC		70121 Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121161005	METHYLP	METHYLP	680400	Adrenals	68040000	Adrenals	S	80 MG/ML	INJECTIO	SUSP	ML	5	GENERIC		70121 Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121162701	FYLNETR	PEGFILGI	201600	Hematopo	20160000	Hematopo	R	6 MG/0.6M	SUBCUTA	SOSY	ML	0.6	SSB		70121		N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
70121163001	TEPADIN	THIOTEP	100000	Antineopla	10000000	Antineopla	S	15 MG	INJECTIO	SOLR	EA	1	MSB		70121 Y		N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION								R	MEDPRMI
70121163101	TEPADIN	THIOTEP	100000	Antineopla	10000000	Antineopla	S	100 MG	INJECTIO	SOLR	EA	1	MSB		70121		N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION								R	MEDPRMI

70319002880	SELECT L	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	24	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319002881	SELECT F	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	24	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319002882	SELECT E	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	24	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319002903	TRANQUI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319002904	REGULAF	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003020	HIGH CAF	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	25	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003022	HIGH CAF	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	250	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003031	PADSORE	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003035	TRIMSHIE	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	25	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003037	TRIMSHIE	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	25	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003042	TRIMSHIE	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	125	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003045	TRIMSHIE	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	25	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003047	TRIMSHIE	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	144	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003070	WASHABI	INCONTIN	940000 Devices	94000000 Devices	P	0	DOES NO	KIT	EA	1	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003071	WASHABI	INCONTIN	940000 Devices	94000000 Devices	P	0	DOES NO	KIT	EA	1	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003072	WASHABI	INCONTIN	940000 Devices	94000000 Devices	P	0	DOES NO	KIT	EA	1	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003073	WASHABI	INCONTIN	940000 Devices	94000000 Devices	P	0	DOES NO	KIT	EA	1	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003074	WASHABI	INCONTIN	940000 Devices	94000000 Devices	P	0	DOES NO	KIT	EA	1	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003075	WASHABI	INCONTIN	940000 Devices	94000000 Devices	P	0	DOES NO	KIT	EA	1	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003081	WASHABI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003082	WASHABI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003083	WASHABI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003084	WASHABI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003085	WASHABI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003086	WASHABI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	6	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003087	WASHABI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003090	TRANQUI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	25	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003091	TRANQUI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	25	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003092	TRANQUI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003094	SLIMLINE	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	150	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003096	TRANQUI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003097	TRANQUI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003098	THE SIDE	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003099	THE SIDE	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003101	PERSONA	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003104	TRANQUI	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003105	TRANQUI	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003106	TRANQUI	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003111	TRANQUI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	16	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003201	TRANQUI	INCONTIN	940000 Devices	94000000 Devices	P	0	DOES NO	KIT	EA	1	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003209	TRANQUI	INCONTIN	940000 Devices	94000000 Devices	P	0	DOES NO	KIT	EA	1	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003210	TRANQUI	INCONTIN	940000 Devices	94000000 Devices	P	0	DOES NO	KIT	EA	1	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003211	TRANQUI	INCONTIN	940000 Devices	94000000 Devices	P	0	DOES NO	KIT	EA	1	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003212	TRANQUI	INCONTIN	940000 Devices	94000000 Devices	P	0	DOES NO	KIT	EA	1	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003213	TRANQUI	INCONTIN	940000 Devices	94000000 Devices	P	0	DOES NO	KIT	EA	1	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003214	TRANQUI	INCONTIN	940000 Devices	94000000 Devices	P	0	DOES NO	KIT	EA	1	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003220	TRANQUI	INCONTIN	940000 Devices	94000000 Devices	P	0	DOES NO	KIT	EA	1	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003221	TRANQUI	INCONTIN	940000 Devices	94000000 Devices	P	0	DOES NO	KIT	EA	1	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003222	TRANQUI	INCONTIN	940000 Devices	94000000 Devices	P	0	DOES NO	KIT	EA	1	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003223	TRANQUI	INCONTIN	940000 Devices	94000000 Devices	P	0	DOES NO	KIT	EA	1	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003229	TRANQUI	INCONTIN	940000 Devices	94000000 Devices	P	0	DOES NO	KIT	EA	1	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003230	TRANQUI	INCONTIN	940000 Devices	94000000 Devices	P	0	DOES NO	KIT	EA	1	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003231	TRANQUI	INCONTIN	940000 Devices	94000000 Devices	P	0	DOES NO	KIT	EA	1	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003232	TRANQUI	INCONTIN	940000 Devices	94000000 Devices	P	0	DOES NO	KIT	EA	1	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003233	TRANQUI	INCONTIN	940000 Devices	94000000 Devices	P	0	DOES NO	KIT	EA	1	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003234	TRANQUI	INCONTIN	940000 Devices	94000000 Devices	P	0	DOES NO	KIT	EA	1	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003240	TRANQUI	INCONTIN	940000 Devices	94000000 Devices	P	0	DOES NO	KIT	EA	1	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003241	TRANQUI	INCONTIN	940000 Devices	94000000 Devices	P	0	DOES NO	KIT	EA	1	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003242	TRANQUI	INCONTIN	940000 Devices	94000000 Devices	P	0	DOES NO	KIT	EA	1	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003665	SELECT I	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319003666	SELECT [	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319020693	TRANQUI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319020716	TRANQUI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	25	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319020778	TRANQUI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319021232	TRANQUI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319021256	TRANQUI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319021331	TRANQUI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	12	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319021515	TRANQUI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319021607	TRANQUI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319030203	TRANQUI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	25	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319030357	TRANQUI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	25	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319030371	TRANQUI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	25	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319030456	TRANQUI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	25	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319030715	TRANQUI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319030722	TRANQUI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319030739	TRANQUI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319030746	TRANQUI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70319030753	TRANQUI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70319		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70324005201	EPINEPHI	EPINEPHI	523200 Vasocons	52320000 Vasocons	R	5-0.9 MG/	INTRAVEI	SOLN	ML	250	GENERIC	1/31/2024	70324		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70324010202	MIDAZOL	MIDAZOL	282408 Benzodiaz	28240800 Benzodiaz	R	100-0.9 M	INTRAVEI	SOLN	ML	100	GENERIC	1/31/2024	70324		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70324032601	SODIUM E	SODIUM E	400800 Alkalinizin	40080000 Alkalinizin	R	150-5 ME(	INTRAVEI	SOLN	ML	1000	GENERIC	1/31/2024	70324		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70324032603	SODIUM E	SODIUM E	400800 Alkalinizin	40080000 Alkalinizin	R	150-5 ME(	INTRAVEI	SOLN	ML	1000	GENERIC	1/31/2024	70324		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70324042602	MAGNESI	MAGNESI	281292 Anticonvul	28129200 Anticonvul	R	50%	INJECTIO	SOLN	ML	20	GENERIC	1/31/2024	70324		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70324057701	NOREPIN	NOREPIN	121212 alpha- and	12121200 alpha- and	R	8-0.9 MG/	INTRAVEI	SOLN	ML	250	GENERIC	1/31/2024	70324		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70324065101	NOREPIN	NOREPIN	121212 alpha- and	12121200 alpha- and	R	4-0.9 MG/	INTRAVEI	SOLN	ML	250	GENERIC	1/31/2024	70324		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70324067601	NOREPIN	NOREPIN	121212 alpha- and	12121200 alpha- and	R	8-0.9 MG/	INTRAVEI	SOLN	ML	250	GENERIC	1/31/2024	70324		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70324070101	PHENYLE	PHENYLE	121204 alpha-Adr	12120400 alpha-Adr	R	20-0.9 MG	INTRAVEI	SOLN	ML	250	GENERIC	1/31/2024	70324		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70324092601	NOREPIN	NOREPIN	121212 alpha- and	12121200 alpha- and	R	16-0.9 MG	INTRAVEI	SOLN	ML	250	GENERIC	1/31/2024	70324		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70324095101	DILTIAZEI	DILTIAZEI	240404 Antiarrhyt	24040424 Class IV A	R	125-5 MG/	INTRAVEI	SOLN	ML	125	GENERIC	1/31/2024	70324		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70324097601	DILTIAZEI	DILTIAZEI	240404 Antiarrhyt	24040424 Class IV A	R	125-0.7 M	INTRAVEI	SOLN	ML	125	GENERIC	1/31/2024	70324		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70332010101	KETOPHE	KETOPRC	840620 UNKNOW	84062000 UNKNOW	R	20%	EXTERNA	CREA	GM	100	SSB	7/5/2023	70332		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRIMI
70332010201	CYCLOPH	CYCLOBE	122004 UNKNOW	12200400 UNKNOW	R	5%	TRANSDE	CREA	GM	100	SSB	7/5/2023	70332		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRIMI
70332010301	DICOPAN	DIPHENH	40400 First Gene	4040000 First Gene	R	5 MG/ML	ORAL	SUSR	ML	150	SSB	7/5/2023	70332		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRIMI
70332010601	TABRADC	CYCLOBE	122004 UNKNOW	12200400 UNKNOW	R	1 MG/ML	ORAL	SUSP	ML	250	SSB	7/5/2023	70332		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRIMI
70332030001	PANTOPF	PANTOPF	562836 Proton-pu	56283600 Proton-pu	S	40 MG	ORAL	TBEC	EA	7 X	GENERIC	7/5/2023	70332	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70332030002	PANTOPF	PANTOPF	562836 Proton-pu	56283600 Proton-pu	S	40 MG	ORAL	TBEC	EA	30 X	GENERIC	7/5/2023	70332	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70332030102	PANTOPF	PANTOPF	562836 Proton-pu	56283600 Proton-pu	S	40 MG	ORAL	TBEC	EA	30 X	GENERIC	7/5/2023	70332	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70332031001	OXAPRO	OXAPRO	280804 Nonsteroi	28080404 UNKNOW	S	600 MG	ORAL	TABS	EA	14 X	GENERIC	7/5/2023	70332		N	FORMULARY		1 GEN	GENERICS							R	MEDPRIMI
70332031002	OXAPRO	OXAPRO	280804 Nonsteroi	28080404 UNKNOW	S	600 MG	ORAL	TABS	EA	60 X	GENERIC	7/5/2023	70332		N	FORMULARY		1 GEN	GENERICS							R	MEDPRIMI
70332032001	ETODOLA	ETODOLA	280804 Nonsteroi	28080404 UNKNOW	S	600 MG	ORAL	TB24	EA	7 X	GENERIC	7/5/2023	70332	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70332032002	ETODOLA	ETODOLA	280804 Nonsteroi	28080404 UNKNOW	S	600 MG	ORAL	TB24	EA	30 X	GENERIC	7/5/2023	70332	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70332033001	METAXAL	METAXAL	122004 UNKNOW	12200400 UNKNOW	S	800 MG	ORAL	TABS	EA	21	GENERIC	7/5/2023	70332	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70332033003	METAXAL	METAXAL	122004 UNKNOW	12200400 UNKNOW	S	800 MG	ORAL	TABS	EA	28	GENERIC	7/5/2023	70332	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70332033004	METAXAL	METAXAL	122004 UNKNOW	12200400 UNKNOW	S	800 MG	ORAL	TABS	EA	105	GENERIC	7/5/2023	70332	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70347002502	TOPROL	METOPR	242000 Alpha-Adr	24200000 Alpha-Adr	S	25 MG	ORAL	TB24	EA	100 X	MSB		70347 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRIMI
70347002503	TOPROL	METOPR	242000 Alpha-Adr	24200000 Alpha-Adr	S	25 MG	ORAL	TB24	EA	1000 X	MSB		70347 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRIMI
70347005002	TOPROL	METOPR	242000 Alpha-Adr	24200000 Alpha-Adr	S	50 MG	ORAL	TB24	EA	100 X	MSB		70347 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRIMI
70347005003	TOPROL	METOPR	242000 Alpha-Adr	24200000 Alpha-Adr	S	50 MG	ORAL	TB24	EA	1000 X	MSB		70347 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRIMI
70347010002	TOPROL	METOPR	242000 Alpha-Adr	24200000 Alpha-Adr	S	100 MG	ORAL	TB24	EA	100 X	MSB		70347 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRIMI
70347010003	TOPROL	METOPR	242000 Alpha-Adr	24200000 Alpha-Adr	S	100 MG	ORAL	TB24	EA	1000 X	MSB		70347 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRIMI
70347020002	TOPROL	METOPR	242000 Alpha-Adr	24200000 Alpha-Adr	S	200 MG	ORAL	TB24	EA	100 X	MSB		70347 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRIMI
70347020003	TOPROL	METOPR	242000 Alpha-Adr	24200000 Alpha-Adr	S	200 MG	ORAL	TB24	EA	1000 X	MSB		70347 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRIMI
70347020830	ZONTIVIT	VORAPAX	201218 Platelet-A	20121800 Platelet-A	R	2.08 MG	ORAL	TABS	EA	30 X	SSB	12/31/2022	70347		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND			X	1 IN 1 DAYS			R	MEDPRIMI
70347020890	ZONTIVIT	VORAPAX	201218 Platelet-A	20121800 Platelet-A	R	2.08 MG	ORAL	TABS	EA	90 X	SSB	12/31/2022	70347		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND			X	1 IN 1 DAYS			R	MEDPRIMI

70369000101	SODIUM E	SODIUM E	560400 Antacids a	56040000 Antacids a	P	650 MG	ORAL	TABS	EA	1000	GENERIC		70369		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70369000201	SODIUM E	SODIUM E	560400 Antacids a	56040000 Antacids a	P	325MG	ORAL	TABS	EA	1000	GENERIC		70369		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70370106001	INGREZZ	VALBENA	285600 UNKNOW	28560000 UNKNOW	R	60 MG	ORAL	CAPS	EA	30 X	SSB		70370		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X					R	MEDPRIMI
70370108001	INGREZZ	VALBENA	285600 UNKNOW	28560000 UNKNOW	R	80 MG	ORAL	CAPS	EA	30 X	SSB		70370		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X					R	MEDPRIMI
70370204001	INGREZZ	VALBENA	285600 UNKNOW	28560000 UNKNOW	R	40 MG	ORAL	CAPS	EA	30 X	SSB		70370		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X					R	MEDPRIMI
70370204806	INGREZZ	VALBENA	285600 UNKNOW	28560000 UNKNOW	R	40 & 80 M	ORAL	CPPK	EA	28	SSB		70370		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X					R	MEDPRIMI
70370302502	ONGENT'	OPICAPO	283612 UNKNOW	28361200 UNKNOW	R	25 MG	ORAL	CAPS	EA	30 X	SSB	6/11/2024	70370		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X					R	MEDPRIMI
70370305002	ONGENT'	OPICAPO	283612 UNKNOW	28361200 UNKNOW	R	50 MG	ORAL	CAPS	EA	30 X	SSB	6/11/2024	70370		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X					R	MEDPRIMI
70370404001	INGREZZ	VALBENA	285600 UNKNOW	28560000 UNKNOW	R	40 MG	ORAL	CPSP	EA	30 X	SSB		70370		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X					R	MEDPRIMI
70370406001	INGREZZ	VALBENA	285600 UNKNOW	28560000 UNKNOW	R	60 MG	ORAL	CPSP	EA	30 X	SSB		70370		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X					R	MEDPRIMI
70370408001	INGREZZ	VALBENA	285600 UNKNOW	28560000 UNKNOW	R	80 MG	ORAL	CPSP	EA	30 X	SSB		70370		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X					R	MEDPRIMI
70377000112	SIMVAST	SIMVAST	240608 HMG-CoA	24060800 HMG-CoA	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		70377		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIMI
70377000114	SIMVAST	SIMVAST	240608 HMG-CoA	24060800 HMG-CoA	S	5 MG	ORAL	TABS	EA	90 X	GENERIC		70377		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIMI
70377000115	SIMVAST	SIMVAST	240608 HMG-CoA	24060800 HMG-CoA	S	5 MG	ORAL	TABS	EA	1000 X	GENERIC		70377		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIMI
70377000212	SIMVAST	SIMVAST	240608 HMG-CoA	24060800 HMG-CoA	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		70377		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIMI
70377000214	SIMVAST	SIMVAST	240608 HMG-CoA	24060800 HMG-CoA	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		70377		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIMI
70377000215	SIMVAST	SIMVAST	240608 HMG-CoA	24060800 HMG-CoA	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC		70377		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIMI
70377000312	SIMVAST	SIMVAST	240608 HMG-CoA	24060800 HMG-CoA	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		70377		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIMI
70377000314	SIMVAST	SIMVAST	240608 HMG-CoA	24060800 HMG-CoA	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		70377		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIMI
70377000315	SIMVAST	SIMVAST	240608 HMG-CoA	24060800 HMG-CoA	S	20 MG	ORAL	TABS	EA	1000 X	GENERIC		70377		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIMI
70377000412	SIMVAST	SIMVAST	240608 HMG-CoA	24060800 HMG-CoA	S	40 MG	ORAL	TABS	EA	30 X	GENERIC		70377		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIMI
70377000414	SIMVAST	SIMVAST	240608 HMG-CoA	24060800 HMG-CoA	S	40 MG	ORAL	TABS	EA	90 X	GENERIC		70377		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIMI
70377000415	SIMVAST	SIMVAST	240608 HMG-CoA	24060800 HMG-CoA	S	40 MG	ORAL	TABS	EA	1000 X	GENERIC		70377		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIMI
70377000512	SIMVAST	SIMVAST	240608 HMG-CoA	24060800 HMG-CoA	S	80 MG	ORAL	TABS	EA	30 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS	X	PA:X	X	1 IN 1 DAYS			R	MEDPRIMI
70377000514	SIMVAST	SIMVAST	240608 HMG-CoA	24060800 HMG-CoA	S	80 MG	ORAL	TABS	EA	90 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS	X	PA:X	X	1 IN 1 DAYS			R	MEDPRIMI
70377000515	SIMVAST	SIMVAST	240608 HMG-CoA	24060800 HMG-CoA	S	80 MG	ORAL	TABS	EA	1000 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS	X	PA:X	X	1 IN 1 DAYS			R	MEDPRIMI
70377000612	ROSUVAS	ROSUVAS	240608 HMG-CoA	24060800 HMG-CoA	S	5 MG	ORAL	TABS	EA	90 X	GENERIC		70377		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIMI
70377000613	ROSUVAS	ROSUVAS	240608 HMG-CoA	24060800 HMG-CoA	S	5 MG	ORAL	TABS	EA	500 X	GENERIC		70377		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIMI
70377000712	ROSUVAS	ROSUVAS	240608 HMG-CoA	24060800 HMG-CoA	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		70377		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIMI
70377000713	ROSUVAS	ROSUVAS	240608 HMG-CoA	24060800 HMG-CoA	S	10 MG	ORAL	TABS	EA	500 X	GENERIC		70377		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIMI
70377000812	ROSUVAS	ROSUVAS	240608 HMG-CoA	24060800 HMG-CoA	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRIMI
70377000813	ROSUVAS	ROSUVAS	240608 HMG-CoA	24060800 HMG-CoA	S	20 MG	ORAL	TABS	EA	500 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRIMI
70377000911	ROSUVAS	ROSUVAS	240608 HMG-CoA	24060800 HMG-CoA	S	40 MG	ORAL	TABS	EA	30 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRIMI
70377000912	ROSUVAS	ROSUVAS	240608 HMG-CoA	24060800 HMG-CoA	S	40 MG	ORAL	TABS	EA	90 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRIMI
70377000913	ROSUVAS	ROSUVAS	240608 HMG-CoA	24060800 HMG-CoA	S	40 MG	ORAL	TABS	EA	500 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRIMI
70377001011	EVEROLI	EVEROLI	100000 Antineopl	10000000 Antineopl	S	2.5 MG	ORAL	TABS	EA	30	GENERIC		70377		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRIMI
70377001022	EVEROLI	EVEROLI	100000 Antineopl	10000000 Antineopl	S	2.5 MG	ORAL	TABS	EA	28	GENERIC		70377		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRIMI
70377001023	EVEROLI	EVEROLI	100000 Antineopl	10000000 Antineopl	S	2.5 MG	ORAL	TABS	EA	28	GENERIC		70377		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRIMI
70377001111	EVEROLI	EVEROLI	100000 Antineopl	10000000 Antineopl	S	5 MG	ORAL	TABS	EA	30	GENERIC		70377 Y		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRIMI
70377001122	EVEROLI	EVEROLI	100000 Antineopl	10000000 Antineopl	S	5 MG	ORAL	TABS	EA	28	GENERIC		70377 Y		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRIMI
70377001123	EVEROLI	EVEROLI	100000 Antineopl	10000000 Antineopl	S	5 MG	ORAL	TABS	EA	28	GENERIC		70377		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRIMI
70377001211	EVEROLI	EVEROLI	100000 Antineopl	10000000 Antineopl	S	7.5 MG	ORAL	TABS	EA	30	GENERIC		70377		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRIMI
70377001222	EVEROLI	EVEROLI	100000 Antineopl	10000000 Antineopl	S	7.5 MG	ORAL	TABS	EA	28	GENERIC		70377 Y		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRIMI
70377001223	EVEROLI	EVEROLI	100000 Antineopl	10000000 Antineopl	S	7.5 MG	ORAL	TABS	EA	28	GENERIC		70377		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRIMI
70377001311	EVEROLI	EVEROLI	100000 Antineopl	10000000 Antineopl	S	10 MG	ORAL	TABS	EA	30	GENERIC		70377		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRIMI
70377001322	EVEROLI	EVEROLI	100000 Antineopl	10000000 Antineopl	S	10 MG	ORAL	TABS	EA	28	GENERIC		70377		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRIMI
70377001323	EVEROLI	EVEROLI	100000 Antineopl	10000000 Antineopl	S	10 MG	ORAL	TABS	EA	28	GENERIC		70377		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRIMI
70377001411	TACROLI	TACROLI	902828 UNKNOW	90282892 UNKNOW	S	0.5 MG	ORAL	CAPS	EA	100 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS							R	MEDPRIMI
70377001511	TACROLI	TACROLI	902828 UNKNOW	90282892 UNKNOW	S	1 MG	ORAL	CAPS	EA	100 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS							R	MEDPRIMI
70377001611	TACROLI	TACROLI	902828 UNKNOW	90282892 UNKNOW	S	5 MG	ORAL	CAPS	EA	100 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS							R	MEDPRIMI
70377001711	TERIFLU	TERIFLU	900420 UNKNOW	90042000 UNKNOW	S	7 MG	ORAL	TABS	EA	30 X	GENERIC		70377		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRIMI
70377001811	TERIFLU	TERIFLU	900420 UNKNOW	90042000 UNKNOW	S	14 MG	ORAL	TABS	EA	30 X	GENERIC		70377		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRIMI
70377002711	ATORVAS	ATORVAS	240608 HMG-CoA	24060800 HMG-CoA	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		70377		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIMI
70377002713	ATORVAS	ATORVAS	240608 HMG-CoA	24060800 HMG-CoA	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC		70377		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIMI
70377002811	ATORVAS	ATORVAS	240608 HMG-CoA	24060800 HMG-CoA	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		70377		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIMI
70377002813	ATORVAS	ATORVAS	240608 HMG-CoA	24060800 HMG-CoA	S	20 MG	ORAL	TABS	EA	1000 X	GENERIC		70377		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIMI
70377002911	ATORVAS	ATORVAS	240608 HMG-CoA	24060800 HMG-CoA	S	40 MG	ORAL	TABS	EA	90 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRIMI
70377002913	ATORVAS	ATORVAS	240608 HMG-CoA	24060800 HMG-CoA	S	40 MG	ORAL	TABS	EA	1000 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRIMI
70377003012	ATORVAS	ATORVAS	240608 HMG-CoA	24060800 HMG-CoA	S	80 MG	ORAL	TABS	EA	90 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRIMI
70377003014	ATORVAS	ATORVAS	240608 HMG-CoA	24060800 HMG-CoA	S	80 MG	ORAL	TABS	EA	1000 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRIMI
70377003411	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	150 MG	ORAL	TB24	EA	30 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS							R	MEDPRIMI
70377003412	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	150 MG	ORAL	TB24	EA	90 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS							R	MEDPRIMI
70377003413	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	150 MG	ORAL	TB24	EA	500 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS							R	MEDPRIMI
70377003511	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	300 MG	ORAL	TB24	EA	30 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS							R	MEDPRIMI
70377003512	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	300 MG	ORAL	TB24	EA	90 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS							R	MEDPRIMI
70377003513	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	300 MG	ORAL	TB24	EA	500 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS							R	MEDPRIMI
70377003811	POSACO	POSACO	81408 Azoles	8140800 Azoles	S	100 MG	ORAL	TBEC	EA	60 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS	X	PA:X					R	MEDPRIMI
70377003911	MYCOPH	MYCOPH	924400 UNKNOW	92440000 UNKNOW	S	180 MG	ORAL	TBEC	EA	120 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS							R	MEDPRIMI
70377004011	MYCOPH	MYCOPH	924400 UNKNOW	92440000 UNKNOW	S	360 MG	ORAL	TBEC	EA	120 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS							R	MEDPRIMI
70377004512	PRAVAST	PRAVAST	240608 HMG-CoA	24060800 HMG-CoA	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		70377		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIMI
70377004514	PRAVAST	PRAVAST	240608 HMG-CoA	24060800 HMG-CoA	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC		70377		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIMI
70377004612	PRAVAST	PRAVAST	240608 HMG-CoA	24060800 HMG-CoA	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		70377		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIMI
70377004614	PRAVAST	PRAVAST	240608 HMG-CoA	24060800 HMG-CoA	S	20 MG	ORAL	TABS	EA	1000 X	GENERIC		70377		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIMI
70377004712	PRAVAST	PRAVAST	240608 HMG-CoA	24060800 HMG-CoA	S	40 MG	ORAL	TABS	EA	90 X	GENERIC		70377		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIMI
70377004714	PRAVAST	PRAVAST	240608 HMG-CoA	24060800 HMG-CoA	S	40 MG	ORAL	TABS	EA	1000 X	GENERIC		70377		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIMI
70377004812	PRAVAST	PRAVAST	240608 HMG-CoA	24060800 HMG-CoA	S	80 MG	ORAL	TABS	EA	90 X	GENERIC		70377		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIMI
70377004813	PRAVAST	PRAVAST	240608 HMG-CoA	24060800 HMG-CoA	S	80 MG	ORAL	TABS	EA	500 X	GENERIC		70377		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIMI
70377005511	ESOMEPI	ESOMEPI	562836 Proton-pu	56283600 Proton-pu	S	20 MG	ORAL	CPDR	EA	30 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRIMI
70377005512	ESOMEPI	ESOMEPI	562836 Proton-pu	56283600 Proton-pu	S	20 MG	ORAL	CPDR	EA	90 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRIMI
70377005513	ESOMEPI	ESOMEPI	562836 Proton-pu	56283600 Proton-pu	S	20 MG	ORAL	CPDR	EA	1000 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRIMI
70377005611	ESOMEPI	ESOMEPI	562836 Proton-pu	56283600 Proton-pu	S	40 MG	ORAL	CPDR	EA	30 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRIMI
70377005612	ESOMEPI	ESOMEPI	562836 Proton-pu	56283600 Proton-pu	S	40 MG	ORAL	CPDR	EA	90 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRIMI
70377005613	ESOMEPI	ESOMEPI	562836 Proton-pu	56283600 Proton-pu	S	40 MG	ORAL	CPDR	EA	1000 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRIMI
70377006012	LABETAL	LABETAL	242000 Alpha-Adr	24200000 Alpha-Adr	S	100 MG	ORAL	TABS	EA	100 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS							R	MEDPRIMI
70377006013	LABETAL	LABETAL	242000 Alpha-Adr	24200000 Alpha-Adr	S	100 MG	ORAL	TABS	EA	500 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS							R	MEDPRIMI
70377006112	LABETAL	LABETAL	242000 Alpha-Adr	24200000 Alpha-Adr	S	200 MG	ORAL	TABS	EA	100 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS							R	MEDPRIMI
70377006113	LABETAL	LABETAL	242000 Alpha-Adr	24200000 Alpha-Adr	S	200 MG	ORAL	TABS	EA	500 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS							R	MEDPRIMI
70377006212	LABETAL	LABETAL	242000 Alpha-Adr	24200000 Alpha-Adr	S	300 MG	ORAL	TABS	EA	100 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS							R	MEDPRIMI
70377006213	LABETAL	LABETAL	242000 Alpha-Adr	24200000 Alpha-Adr	S	300 MG	ORAL	TABS	EA	500 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS							R	MEDPRIMI
70377006611	PRAZOSI	PRAZOSI	241600 Sclerosing	24160000 Sclerosing	S	1 MG	ORAL	CAPS	EA	100 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS							R	MEDPRIMI
70377006711	PRAZOSI	PRAZOSI	241600 Sclerosing	24160000 Sclerosing	S	2 MG	ORAL	CAPS	EA	100 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS							R	MEDPRIMI
70377006811	PRAZOSI	PRAZOSI	241600 Sclerosing	24160000 Sclerosing	S	5 MG	ORAL	CAPS	EA	100 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS							R	MEDPRIMI
70377007711	ATORVAS	ATORVAS	240608 HMG-CoA	24060800 HMG-CoA	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		70377		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIMI
70377007713	ATORVAS	ATORVAS	240608 HMG-CoA	24060800 HMG-CoA	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC		70377		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIMI
70377007811	ATORVAS	ATORVAS	240608 HMG-CoA	24060800 HMG-CoA	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		70377		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIMI
70377007813	ATORVAS	ATORVAS	240608 HMG-CoA	24060800 HMG-CoA	S	20 MG	ORAL	TABS	EA	1000 X	GENERIC		70377		N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS	X	IF AGE=40-75 YEARS AND R/	R	MEDPRIMI
70377007911	ATORVAS	ATORVAS	240608 HMG-CoA	24060800 HMG-CoA	S	40 MG	ORAL	TABS	EA	90 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRIMI
70377007913	ATORVAS	ATORVAS	240608 HMG-CoA	24060800 HMG-CoA	S	40 MG	ORAL	TABS	EA	1000 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRIMI
70377008011	ATORVAS	ATORVAS	240608 HMG-CoA	24060800 HMG-CoA	S	80 MG	ORAL	TABS	EA	90 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRIMI
70377008013	ATORVAS	ATORVAS	240608 HMG-CoA	24060800 HMG-CoA	S	80 MG	ORAL	TABS	EA	1000 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRIMI
70377008111	DORZOL	DORZOL	524012 UNKNOW	52401200 UNKNOW	S	2%	OPHTHAL	SOLN	ML	10 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS							R	MEDPRIMI
70377008211	DORZOL	DORZOL	524012 UNKNOW	52401200 UNKNOW	S	22.3MG/M	OPHTHAL	SOLN	ML	10 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS							R	MEDPRIMI
70377009391	DAPTOM	DAPTOM	81228 Antibacter	8122812 Cyclic Lip	S	500 MG	INTRAVE	SOLR	EA	1	GENERIC		70377 Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70377010211	AMINOCA	AMINOCA	202816 Hemostati	20281600 Hemostati	S	500 MG	ORAL	TABS	EA	30	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS							R	MEDPRIMI
70377010311	AMINOCA	AMINOCA	202816 Hemostati	20281600 Hemostati	S	1000 MG	ORAL	TABS	EA	30	GENERIC		70377 Y		N	FORMULARY		1 GEN	GENERICS							R	MEDPRIMI
70377010411	AMINOCA	AMINOCA	202816 Hemostati	20281600 Hemostati	S	0.25 GM/	ORAL	SOLN	ML	236.5	GENERIC		70377 Y		N	FORMULARY		1 GEN	GENERICS							R	MEDPRIMI
70377011311	FAMOTID	FAMOTID	562812 Histamine	56281200 Histamine	S	40 MG/5M	ORAL	SUSR	ML	50 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS							R	MEDPRIMI
70377011412	LIOTHYR	LIOTHYR	683604 Thyroid A	68360400 Thyroid A	S	5 MCG	ORAL	TABS	EA	100 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS							R	MEDPRIMI
70377011512	LIOTHYR	LIOTHYR	683604 Thyroid A	68360400 Thyroid A	S	25 MCG	ORAL	TABS	EA	100 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS							R	MEDPRIMI
70377011612	LIOTHYR	LIOTHYR	683604 Thyroid A	68360400 Thyroid A	S	50 MCG	ORAL	TABS	EA	100 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS							R	MEDPRIMI
70377011711	OXCARB	OXCARB	281224 UNKNOW	28122400 UNKNOW	S	300 MG/5	ORAL	SUSP	ML	250 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS							R	MEDPRIMI
70377011831	NITROFU	NITROFU	83600 Urinary Ar	8360000 Urinary Ar	S	25 MG/5M	ORAL	SUSP	ML	230	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS	X	PA:X					R	MEDPRIMI
70377012611	MYCOPH	MYCOPH	924400 UNKNOW	92440000 UNKNOW	S	180 MG	ORAL	TBEC	EA	120 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS							R	MEDPRIMI
70377012711	MYCOPH	MYCOPH	924400 UNKNOW	92440000 UNKNOW	S	360 MG	ORAL	TBEC	EA	120 X	GENERIC		70377		N	FORMULARY		1 GEN	GENERICS							R	MEDPRIMI
70382020401	DEXTENZ	DEXAMET	520808 Corticoste	52080800 Corticoste	R	.4MG	OPHTHAL	INST	EA	1	SSB		70382		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRIMI
70382020410	DEXTENZ	DEXAMET	520808 Corticoste	52080800 Corticoste	R	.4MG	OPHTHAL	INST	EA	10	SSB		70382		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRIMI
70382020499	DEXTENZ	DEXAMET	520808 Corticoste	52080800 Corticoste	R	.4MG	OPHTHAL	INST	EA	1	SSB		70382		Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70393000107	CARETOL	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1	NON DRUG		70393		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70393000109	CARETOL	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		70393		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70393000114	CARETOL	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	2	NON DRUG		70393		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70393000131	CARETOL	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	15	NON DRUG		70393		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70393000132	CLEANSI	INCONTIN	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	15	GENERIC		70393		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70393000142	CARETOL	GLUCOSE	362600 Diabetes I	36260000 Diabetes I	O	0	IN VITRO	STRP	EA	100	NON DRUG		70393		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIMI
70393000164	CARETOL	BENZALK	840492 Local Anti	84049200 Local Anti	P	0.13%	EXTERNA	MISC	EA	50	GENERIC	1/1/2022	70393		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70393000190	CARETOL	RESPIRA	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	ML	354.8	NON DRUG		70393		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70393000467	CARETOL	ETHYL AL	840492 Local Anti	84049200 Local Anti	O	62%	EXTERNA	GEL	ML	59	SSB	1/1/2022	70393		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70393000468	CARETOL	ETHYL AL	840492 Local Anti	84049200 Local Anti	O	62%	EXTERNA	GEL	ML	236	SSB	1/1/2022	70393		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70393000469	CARETOL	ELECTRO	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70393		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70393000518	CARETOL	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1	NON DRUG		70393		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70393000532	CARETOL	ETHYL AL	840492 Local Anti	84049200 Local Anti	O	75%	EXTERNA	GEL	ML	2	NON DRUG		70393		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70393000542	CARETOL	ETHYL AL	840492 Local Anti	84049200 Local Anti	O	75%	EXTERNA	GEL	ML	2	NON DRUG		70393		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70393000569	CARETOL	ELECTRO	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70393		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70393000585	CARETOL	ELECTRO	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		70393		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70393000811	CARETOL	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		70393		N	FORMULARY		2 BRAND	PREFERRED BRAND							R	MEDPRIMI
70393000812	CARETOL	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		70393		N	FORMULARY		2 BRAND	PREFERRED BRAND							R	MEDPRIMI
70393000813	CARETOL	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		70393		N	FORMULARY		2 BRAND	PREFERRED BRAND							R	MEDPRIMI
70393001164	CARETOL	BENZALK	840492 Local Anti	84049200 Local Anti	P	0.13%	EXTERNA	MISC	EA	20	GENERIC	1/1/2022	70393		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70393001290	CARETOL	BENZALK	840492 Local Anti	84049200 Local Anti	P	0.13%	EXTERNA	MISC	EA	90	GENERIC	1/1/2022	70393		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70393002210	CARETOL	BENZALK	840492 Local Anti	84049200 Local Anti	P	0.13%	EXTERNA	MISC	EA	100	GENERIC	1/1/2022	70393		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70393002230	CARETOL	BENZALK	840492 Local Anti	84049200 Local Anti	P	0.13%	EXTERNA	MISC	EA	30	GENERIC	1/1/2022	70393		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70393008901	CARETOL	INSULIN F	940000 Devices	94000000 Devices	O	29G X 12	DOES NO	MISC	EA	100	NON DRUG		70393		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTER		MEDPRIMI
70393008902	CARETOL	INSULIN F	940000 Devices	94000000 Devices	O	33G X 4	DOES NO	MISC	EA	100	NON DRUG		70393		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTER		MEDPRIMI
70393010201	CARETOL	INSULIN F	940000 Devices	94000000 Devices	O	31G X 5	DOES NO	MISC	EA	100	NON DRUG		70393		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTER		MEDPRIMI
70393010301	CARETOL	INSULIN F	940000 Devices	94000000 Devices	O	31G X 8	DOES NO	MISC	EA	100	NON DRUG		70393		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTER		MEDPRIMI
70393010401	CARETOL	INSULIN F	940000 Devices	94000000 Devices	O	31G X 6	DOES NO	MISC	EA	100	NON DRUG		70393		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTER		MEDPRIMI
70393011501	CARETOL	INSULIN F	940000 Devices	94000000 Devices	O	32G X 4	DOES NO	MISC	EA	100	NON DRUG		70393		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTER		MEDPRIMI
70393011601	CARETOL	INSULIN F	940000 Devices	94000000 Devices	O	32G X 5	DOES NO	MISC	EA	100	NON DRUG		70393		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTER		MEDPRIMI
70393013101	CARETOL	NEEDLE (	940000 Devices	94000000 Devices	O	18G X 1-1	DOES NO	MISC	EA	100	NON DRUG		70393		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70393013401	CARETOL	NEEDLE (	940000 Devices	94000000 Devices	O	20G X 1""	DOES NO	MISC	EA	100	NON DRUG		70393		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70393014001	CARETOL	NEEDLE (	940000 Devices	94000000 Devices	O	22G X 1""	DOES NO	MISC	EA	100	NON DRUG		70393		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70393014201	CARETOL	NEEDLE (	940000 Devices	94000000 Devices	O	23G X 1""	DOES NO	MISC	EA	100	NON DRUG		70393		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70393014301	CARETOL	NEEDLE (	940000 Devices	94000000 Devices	O	23G X 1-1	DOES NO	MISC	EA	100	NON DRUG		70393		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70393014401	CARETOL	NEEDLE (	940000 Devices	94000000 Devices	O	25G X 5/8	DOES NO	MISC	EA	100	NON DRUG		70393		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70393014501	CARETOL	NEEDLE (	940000 Devices	94000000 Devices	O	25G X 1""	DOES NO	MISC	EA	100	NON DRUG		70393		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70393014601	CARETOL	NEEDLE (	940000 Devices	94000000 Devices	O	25G X 1-1	DOES NO	MISC	EA	100	NON DRUG		70393		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI
70393014701	CARETOL	NEEDLE (	940000 Devices	94000000 Devices	O	26G X 1""	DOES NO	MISC	EA	100	NON DRUG		70393		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRIMI

70518211702	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	30		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518212500	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518212501	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518213500	DIPHENO	DIPHENO	560800	Antidiarrhe	56080000	Antidiarrhe	S	2.5-0.025	ORAL	TABS	EA	30		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518214700	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	OINT	GM	50		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518215300	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	30		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518215301	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	28		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518215302	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	20		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518215303	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	21		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518215304	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	16		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518216800	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	30		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518217300	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	90		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518218500	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518218501	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TABS	EA	270	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518218502	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518218800	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250 MG	ORAL	CAPS	EA	30		GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518218902	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500-125 M	ORAL	TABS	EA	14		GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518218904	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500-125 M	ORAL	TABS	EA	14		GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518218905	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500-125 M	ORAL	TABS	EA	20		GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518219000	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	28		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518219001	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	21		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518219002	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	30		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518219003	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	30		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518219004	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	21		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518219005	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	20		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518219006	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	1		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518219007	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	100		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518219100	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875 MG	ORAL	TABS	EA	20		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518219101	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875 MG	ORAL	TABS	EA	30		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518219102	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875 MG	ORAL	TABS	EA	20		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518219103	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875 MG	ORAL	TABS	EA	14		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518219104	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875 MG	ORAL	TABS	EA	14		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518220000	CILOSTAZ	CILOSTAZ	201218	Platelet-Ag	20121800	Platelet-Ag	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518220202	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	30		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518220800	CILOSTAZ	CILOSTAZ	201218	Platelet-Ag	20121800	Platelet-Ag	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518221700	BUPRENO	BUPRENO	280812	Opiate Pa	28081200	Opiate Pa	S	2 MG	SUBLINGI	SUBL	EA	30		GENERIC	7/19/2022	70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518221800	BUPRENO	BUPRENO	280812	Opiate Pa	28081200	Opiate Pa	S	8 MG	SUBLINGI	SUBL	EA	30		GENERIC	7/19/2022	70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518222500	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	20		GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518222501	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	30		GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518222502	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	10		GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518222503	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	20		GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518222504	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	14		GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518222505	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	30		GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518222506	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	100		GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518222507	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	1		GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518222508	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	14		GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518222600	BUPRENO	BUPRENO	280812	Opiate Pa	28081200	Opiate Pa	S	2 MG	SUBLINGI	SUBL	EA	30		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518222601	BUPRENO	BUPRENO	280812	Opiate Pa	28081200	Opiate Pa	S	2 MG	SUBLINGI	SUBL	EA	30		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518222602	BUPRENO	BUPRENO	280812	Opiate Pa	28081200	Opiate Pa	S	2 MG	SUBLINGI	SUBL	EA	60		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518222603	BUPRENO	BUPRENO	280812	Opiate Pa	28081200	Opiate Pa	S	2 MG	SUBLINGI	SUBL	EA	90		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518222800	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518222801	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518223200	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	100		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518223201	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	1		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518224201	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	100	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518224202	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	1	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518224203	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	30	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518224204	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	100	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518224205	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	1	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518224206	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	100	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518224207	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	1	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518224208	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	60	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518225800	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	150 MG	ORAL	TABS	EA	90	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518225801	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	150 MG	ORAL	TABS	EA	30	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518226300	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	30		GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518226301	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	20		GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518226302	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	14		GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518226303	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	100		GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518226304	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	1		GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518226305	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	20		GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518226500	CALCIUM	CALCIUM	560400	Antacids a	56040000	Antacids a	O	1250 MG/	ORAL	SUSP	ML	5		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518226501	CALCIUM	CALCIUM	560400	Antacids a	56040000	Antacids a	O	1250 MG/	ORAL	SUSP	ML	5		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518227300	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	30		GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518227301	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	14		GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518228601	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	14		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518228602	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	20		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518228603	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	30		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518230000	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	30 MG	ORAL	TABS	EA	30		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518230100	CEFTRIAX	CEFTRIAX	81206	Cephalosp	8120612	Third Gen	S	500 MG	INJECTIO	SOLR	EA	1		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518230101	CEFTRIAX	CEFTRIAX	81206	Cephalosp	8120612	Third Gen	S	500 MG	INJECTIO	SOLR	EA	1		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518231100	BUPRENO	BUPRENO	280812	Opiate Pa	28081200	Opiate Pa	S	8-2 MG	SUBLINGI	SUBL	EA	30		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518232500	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	10		GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518232501	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	20		GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518232502	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	100		GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518232503	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	1		GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518233200	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	28	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518233400	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	100		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518233401	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	1		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518234100	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	10		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518234103	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	14		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518234105	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	30		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518234106	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	20		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518235200	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	S	1-0.05 %	EXTERNA	CREA	GM	45		GENERIC	8/23/2022	70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518235601	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518235800	DIAZEPAM	DIAZEPAM	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG/ML	INJECTIO	SOLN	ML	2		GENERIC	8/26/2022	70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518235801	DIAZEPAM	DIAZEPAM	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG/ML	INJECTIO	SOLN	ML	2		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518235802	DIAZEPAM	DIAZEPAM	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG/ML	INJECTIO	SOLN	ML	2		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518236000	BUPIVAC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.50%	INJECTIO	SOLN	ML	25		GENERIC	7/29/2022	70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518236001	BUPIVAC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.50%	INJECTIO	SOLN	ML	10		GENERIC	7/29/2022	70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518236502	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	30	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518237200	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	S	667 MG	ORAL	CAPS	EA	30	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518238900	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518239000	CIPROFL	CIPROFL	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	5		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518239200	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	100		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518239201	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	1		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518241300	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective	S	(2.5 MG/3	INHALATI	NEBU	ML	3	X	GENERIC	7/29/2022	70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518241400	CYPROHE	CYPROHE	40400	First Gene	4040000	First Gene	S	4 MG	ORAL	TABS	EA	30		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518242000	ANASTRO	ANASTRO	681608	Antiestrog	68160800	Antiestrog	S	1 MG	ORAL	TABS	EA	30	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518242001	ANASTRO	ANASTRO	681608	Antiestrog	68160800	Antiestrog	S	1 MG	ORAL	TABS	EA	1	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518242100	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-10 MG	ORAL	CAPS	EA	90	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518242203	ASPIRIN L	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	CHEW	EA	30		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518242204	ASPIRIN L	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	CHEW	EA	30		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518242205	ASPIRIN L	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	CHEW	EA	1		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518242600	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	CHEW	EA	100	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518242601	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	CHEW	EA	1	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518242602	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	CHEW	EA	30	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518243300	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	30		GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518243301	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6		GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518243302	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6		GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518243303	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	30		GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518243800	BENADRY	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	TABS	EA	30		MSB		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
70518244600	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	100-25 MG	ORAL	TABS	EA	90	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518244900	AMMONIU	LACTIC A	842404	Basic Loti	84240400	Basic Loti	S	12%	EXTERNA	CREA	GM	140		GENERIC	7/29/2022	70518	N		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518245100	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	240 MG	ORAL	TB24	EA	90	X	GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518245102	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	240 MG	ORAL	TB24	EA	90	X	GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518245501	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	15		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518245502	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	30		GENERIC	8/23/2022	70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518245503	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	21		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518245600	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	30	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518245800	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	90	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518245801	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	360	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518245802	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	30	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518245803	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	60	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518246700	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	30		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518246701	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	100		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518246702	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	1		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518248400	ANASTRO	ANASTRO	681608	Antiestrog	68160800	Antiestrog	S	1 MG	ORAL	TABS	EA	30	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518248401	ANASTRO	ANASTRO	681608	Antiestrog	68160800	Antiestrog	S	1 MG	ORAL	TABS	EA	1	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518248500	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	30		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518248501	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	100		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518248502	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	1		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518248503	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	100		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518248504	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	1		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518248900	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	100	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518248901	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	1	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518248902	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	100	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518248903	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	1	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518248904	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	30	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518248905	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	100	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518248906	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	1	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518249100	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	30		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518249101	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	30		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518249102	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	21		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518249600	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	30		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518249601	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	30		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518249900	CEFTRIAX	CEFTRIAX	81206	Cephalosp	8120612	Third Gen	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518249901	CEFTRIAX	CEFTRIAX	81206	Cephalosp	8120612	Third Gen	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518250201	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	400 MG	ORAL	TABS	EA	30	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518250600	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	180 MG	ORAL	CP24	EA	30	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518250700	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	100		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518250701	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	1		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518250800	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TABS	EA	30	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518250801	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TABS	EA	1	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518251300	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TBEC	EA	100	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518251301	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TBEC	EA	1	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518251400	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518251401	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	1	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518251402	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518251500	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518251501	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	1	X	GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518251800	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	30		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518251801	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	30		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518252600	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	3%	EXTERNA	GEL	GM	100		GENERIC	8/26/2022	70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518252700	DIVALPRO	DIVALPRO	281292	Anticonvul	28129200	Anticonvul	S	125 MG	ORAL	CSDR	EA	100	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518252701	DIVALPRO	DIVALPRO	281292	Anticonvul	28129200	Anticonvul	S	125 MG	ORAL	CSDR	EA	1	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518253300	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	30		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518253301	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	100		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518253302	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	1		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518253600	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518253700	CEFDINIR	CEFDINIR	81206	Cephalosp	8120612	Third Gen	S	300 MG	ORAL	CAPS	EA	20		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518253800	CEFADRO	CEFADRO	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	30		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518253801	CEFADRO	CEFADRO	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	20		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518255300	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518255700	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518256200	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	30		GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518256201	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6		GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518256202	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6		GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518256500	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	30 MG	ORAL	TABS	EA	30	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518256501	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	30 MG	ORAL	TABS	EA	1	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518256600	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-20 MG	ORAL	CAPS	EA	90	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518256700	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TABS	EA	30	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518256701	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TABS	EA	1	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518257000	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	TABS	EA	90	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518258000	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518258400	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	30	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518258401	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	180	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518259001	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	30	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518259100	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	30 MG	ORAL	TABS	EA	30		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518260100	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518260101	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518260102	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	1	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518260700	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	28		GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518261101	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	90		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518261102	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518261300	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective	S	(2.5 MG/3	INHALATI	NEBU	ML	3	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518261700	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	8/10/2022	70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518261800	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	90		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518261801	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	60		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518262500	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500-125 M	ORAL	TABS	EA	30		GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518262501	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500-125 M	ORAL	TABS	EA	20		GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518262502	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500-125 M	ORAL	TABS	EA	14		GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518262503	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500-125 M	ORAL	TABS	EA	20		GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518262800	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MG	ORAL	TABS	EA	30		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518263200	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518263201	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518263202	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	7	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518263203	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	28	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518263500	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	7/19/2022	70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518263700	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	30	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518263701	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	30	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518264100	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TB12	EA	30	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518264200	TRINTELL	VORTIOX	281604	Antidepres	28160424	Serotonin	R	20 MG	ORAL	TABS	EA	30	X	SSB		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518264201	TRINTELL	VORTIOX	281604	Antidepres	28160424	Serotonin	R	20 MG	ORAL	TABS	EA	1	X	SSB		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518264300	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TABS	EA	30	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518265300	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TB12	EA	30	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518266000	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	30		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518266200	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	30		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518266201	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	90		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518266500	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	125 MG	ORAL	TBEC	EA	30	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518266800	ASPIRIN L	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	28		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518266801	ASPIRIN L	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	30		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518267100	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518267101	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518267300	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	1%	EXTERNA	GEL	GM	100		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518267700	BENZTRO	BENZTRO	283608	UNKNOW	28360800	UNKNOW	S	2 MG	ORAL	TABS	EA	30	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518267701	BENZTRO	BENZTRO	283608	UNKNOW	28360800	UNKNOW	S	2 MG	ORAL	TABS	EA	30	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518267800	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	2 MG	ORAL	TABS	EA	30	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518268300	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	120 MG	ORAL	TABS	EA	30	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518268301	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	120 MG	ORAL	TABS	EA	100	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518268302	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	120 MG	ORAL	TABS	EA	1	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518269300	COLESTI	COLESTI	240604	Bile Acid S	24060400	Bile Acid S	S	1 GM	ORAL	TABS	EA	30	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518269301	COLESTI	COLESTI	240604	Bile Acid S	24060400	Bile Acid S	S	1 GM	ORAL	TABS	EA	1	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518269400	CEFUROX	CEFUROX	81206	Cephalosp	8120608	Second G	S	500 MG	ORAL	TABS	EA	30		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518270700	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	90	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518270701	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	60	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518270702	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	60	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518270800	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	4		GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518271400	CILOSTAZ	CILOSTAZ	201218	Platelet-Ag	20121800	Platelet-Ag	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518271500	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	90	X	GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518271501	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	60	X	GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518271502	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	30	X	GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518271900	CANDESA	CANDESA	243208	Angiotens	24320800	Angiotens	S	16 MG	ORAL	TABS	EA	90	X	GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518272000	CANDESA	CANDESA	243208	Angiotens	24320800	Angiotens	S	32-12.5 M	ORAL	TABS	EA	90	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518272200	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1-5 %	EXTERNA	GEL	GM	50		GENERIC	8/10/2022	70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518272300	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	S	667 MG	ORAL	CAPS	EA	30	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518272400	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518273200	BENZTRO	BENZTRO	283608	UNKNOW	28360800	UNKNOW	S	0.5 MG	ORAL	TABS	EA	30	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518273201	BENZTRO	BENZTRO	283608	UNKNOW	28360800	UNKNOW	S	0.5 MG	ORAL	TABS	EA	28	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518273202	BENZTRO	BENZTRO	283608	UNKNOW	28360800	UNKNOW	S	0.5 MG	ORAL	TABS	EA	60	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518273500	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	20		GENERIC	8/12/2022	70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518273600	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	30	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518273900	CYANOC	CYANOC	880800	Vitamin B	88080000	Vitamin B	S	1000 MCG	INJECTIO	SOLN	ML	1		GENERIC		70518		Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518274200	AFRIN 12	OXYMETA	523200	Vasocons	52320000	Vasocons	P	0.05%	NASAL	SOLN	ML	15		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518274800	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518274900	CEFIXIME	CEFIXIME	81206	Cephalosp	8120612	Third Gen	S	400 MG	ORAL	CAPS	EA	10		GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518274901	CEFIXIME	CEFIXIME	81206	Cephalosp	8120612	Third Gen	S	400 MG	ORAL	CAPS	EA	1		GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518274902	CEFIXIME	CEFIXIME	81206	Cephalosp	8120612	Third Gen	S	400 MG	ORAL	CAPS	EA	2		GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518274904	CEFIXIME	CEFIXIME	81206	Cephalosp	8120612	Third Gen	S	400 MG	ORAL	CAPS	EA	1		GENERIC		70518	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518276400	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-60 MG	ORAL	TABS	EA	30		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518276500	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518277200	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	90	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518277201	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	30	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518277202	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	90	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518277203	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	30	X	GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518277300	CLARITH	CLARITH	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518277800	ADENOSI	ADENOSI	240404	Antiarrhyt	24040424	Class IV A	S	6 MG/2ML	INTRAVEI	SOLN	ML	2		GENERIC	7/29/2022	70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518277801	ADENOSI	ADENOSI	240404	Antiarrhyt	24040424	Class IV A	S	6 MG/2ML	INTRAVEI	SOLN	ML	2		GENERIC	7/29/2022	70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518277900	ASPIRIN L	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	CHEW	EA	750		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518278300	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	TABS	EA	100		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518278500	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	30		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518278800	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518278801	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518278802	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518278803	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		70518			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

70518278804	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	6	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518278805	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	90	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518278806	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	30	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518278807	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	10	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518278808	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	15	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518278809	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	12	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518278900	DILTIAZE	DILTIAZE	240404	Antiarrhyth	24040424	Class IV A	S	120 MG	ORAL	CP24	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518279200	AMIODAR	AMIODAR	240404	Antiarrhyth	24040420	Class III A	S	150 MG/3	INTRAVE	SOLN	ML	3	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518279201	AMIODAR	AMIODAR	240404	Antiarrhyth	24040420	Class III A	S	150 MG/3	INTRAVE	SOLN	ML	3	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518280000	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	60	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518280001	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	90	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518280300	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	30 MG	ORAL	TABS	EA	30	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518280400	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	90	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518280401	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	30	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518280500	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	30	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518280600	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518280601	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	1 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518280602	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518280900	CIMETIDI	CIMETIDI	562812	Histamine	56281200	Histamine	S	200 MG	ORAL	TABS	EA	30	GENERIC		70518 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518281100	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	1.50%	EXTERNA	SOLN	ML	150	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518281300	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	1%	EXTERNA	GEL	GM	100	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518282000	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518282001	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518282002	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	1 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518282500	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		70518 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518282501	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	1 X	GENERIC		70518 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518282502	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	30 X	GENERIC	7/26/2022	70518 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518282700	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	30 MG	ORAL	TABS	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518282701	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	30 MG	ORAL	TABS	EA	1 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518283000	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518283001	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518283200	ATAZANA	ATAZANA	81808	Antiretrovi	8180808	HIV Prote	S	300 MG	ORAL	CAPS	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518283700	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	30	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518283701	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	10	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518283702	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	30	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518283703	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	20	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518284100	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518284101	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	100 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518284102	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	1 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518284103	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	30 X	GENERIC	8/26/2022	70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518284300	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	28 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518285400	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	108 (90 B	INHALATI	AERS	GM	8.5 X	GENERIC	8/2/2022	70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518286600	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	100 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518286900	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TABS	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518286901	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TABS	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518286902	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TABS	EA	1 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518287000	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TB24	EA	60	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518287300	BENZONA	BENZONA	480800	Antitussiv	48080000	Antitussiv	S	100 MG	ORAL	CAPS	EA	10	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518287301	BENZONA	BENZONA	480800	Antitussiv	48080000	Antitussiv	S	100 MG	ORAL	CAPS	EA	30	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518287302	BENZONA	BENZONA	480800	Antitussiv	48080000	Antitussiv	S	100 MG	ORAL	CAPS	EA	30	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518287303	BENZONA	BENZONA	480800	Antitussiv	48080000	Antitussiv	S	100 MG	ORAL	CAPS	EA	15	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518288400	CANDESA	CANDESA	243208	Angiotens	24320800	Angiotens	S	8 MG	ORAL	TABS	EA	90 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518288600	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	28	GENERIC		70518 N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518289700	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		70518 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518290800	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-250 M	ORAL	TABS	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518290900	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 M	ORAL	TABS	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518290901	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 M	ORAL	TABS	EA	100 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518290902	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 M	ORAL	TABS	EA	1 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518292100	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		70518 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518292101	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	1 X	GENERIC		70518 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518292102	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	180 X	GENERIC		70518 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518292200	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	90 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518292201	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	90 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518293200	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	P	1%	VAGINAL	CREA	GM	45	GENERIC		70518 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518293400	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	75 MG	ORAL	TABS	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518293600	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518293601	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518293900	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	90 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518293901	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518293902	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	90 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518294400	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	1.50%	EXTERNA	SOLN	ML	150	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518294800	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	90 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518294801	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	60 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518295000	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		70518 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518295100	CLARITIN	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	10	MSB		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
70518295200	BETAMET	BETAMET	680400	Adrenals	68040000	Adrenals	S	6 (3-3) MG	INJECTIO	SUSP	ML	5	GENERIC	8/2/2022	70518 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518295800	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518295900	DIGOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	250 MCG	ORAL	TABS	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518296100	CHLORPH	CHLORPH	40400	First Gene	4040000	First Gene	P	4 MG	ORAL	TABS	EA	30	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518296800	BALANCE	B-COMPL	882800	Multivitam	88280000	Multivitam	P	100MCG-	ORAL	TBCR	EA	30	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518296801	BALANCE	B-COMPL	882800	Multivitam	88280000	Multivitam	P	100MCG-	ORAL	TBCR	EA	1	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518297400	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	30 MG	ORAL	TABS	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518297401	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	30 MG	ORAL	TABS	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518297600	BISACOD	BISACOD	561200	Cathartics	56120000	Cathartics	S	5 MG	ORAL	TBEC	EA	30	GENERIC		70518 N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518297601	BISACOD	BISACOD	561200	Cathartics	56120000	Cathartics	S	5 MG	ORAL	TBEC	EA	100	GENERIC		70518 N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518297602	BISACOD	BISACOD	561200	Cathartics	56120000	Cathartics	S	5 MG	ORAL	TBEC	EA	1	GENERIC		70518 N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518297700	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	60	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518297701	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	60	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518298100	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518298101	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	90 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518298102	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518298103	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	28 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518298300	COLESTI	COLESTI	240604	Bile Acid S	24060400	Bile Acid S	S	1 GM	ORAL	TABS	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518298301	COLESTI	COLESTI	240604	Bile Acid S	24060400	Bile Acid S	S	1 GM	ORAL	TABS	EA	1 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518298700	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	30	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518298701	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	60	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518298900	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 M	ORAL	TABS	EA	30	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518299300	BICALUT	BICALUT	100000	Antineopla	10000000	Antineopla	S	50 MG	ORAL	TABS	EA	30	GENERIC		70518 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518299301	BICALUT	BICALUT	100000	Antineopla	10000000	Antineopla	S	50 MG	ORAL	TABS	EA	1	GENERIC		70518 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518299500	BUTALBI	BUTALBI	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	30	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518299501	BUTALBI	BUTALBI	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	60	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518299700	BISACOD	BISACOD	561200	Cathartics	56120000	Cathartics	P	5 MG	ORAL	TBEC	EA	30	GENERIC		70518 N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518299800	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	6 MG	ORAL	TABS	EA	30	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518300000	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	1.30%	EXTERNA	PTCH	EA	30	GENERIC	4/12/2022	70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518300400	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518300401	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	1 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518300700	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518300701	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518301100	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518301101	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	1 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518301900	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518301901	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518302300	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30 X	GENERIC		70518 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518302301	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	60 X	GENERIC		70518 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518302302	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30 X	GENERIC		70518 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518302601	MINTOX	ALUM & M	560400	Antacids a	56040000	Antacids a	P	400-400-4	ORAL	SUSP	ML	20	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518303000	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-40 MG	ORAL	CAPS	EA	90 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518303400	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	25 MG	ORAL	TABS	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518303500	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	30	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518303600	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518303601	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	90 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518303602	ATENOLC	ATENOLC	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	100 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518303700	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518304700	CEFAZOL	CEFAZOL	81206	Cephalos	8120604	First Gene	S	1 GM	INJECTIO	SOLR	EA	1	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518304701	CEFAZOL	CEFAZOL	81206	Cephalos	8120604	First Gene	S	1 GM	INJECTIO	SOLR	EA	1	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518305000	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	2 MG	ORAL	TABS	EA	30	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518305100	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-60 M	ORAL	TABS	EA	30	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518305500	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TBEC	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518305501	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TBEC	EA	100 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518305502	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TBEC	EA	1 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518305800	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TB12	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518305900	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	14	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518305901	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	30	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518305902	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	20	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518305903	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	14	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518305904	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	21	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518305905	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	100	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518305906	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	1	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518305907	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	30	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518305908	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	28	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518305909	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	20	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518306000	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	90 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518306001	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	60 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518306300	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	30	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518306301	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	14	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518306302	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	20	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518306303	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	20	GENERIC	8/10/2022	70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518306304	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	14	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518306500	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	30 MG	ORAL	TABS	EA	30	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518306600	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	30	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518306601	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	40	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518306602	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	30	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518306900	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylate	P	325 MG	ORAL	TABS	EA	30	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518307200	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TABS	EA	270 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518307400	BENAZEF	BENAZEF	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		70518 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518307600	ASPIRIN /	ASPIRIN	280804	Nonsteroi	28080424	Salicylate	P	81 MG	ORAL	TBEC	EA	30	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518307601	ASPIRIN /	ASPIRIN	280804	Nonsteroi	28080424	Salicylate	P	81 MG	ORAL	TBEC	EA	1	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518307602	ASPIRIN /	ASPIRIN	280804	Nonsteroi	28080424	Salicylate	P	81 MG	ORAL	TBEC	EA	30	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518307900	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518308000	BIKTARV	BICTEGR	81808	Antiretrovi	8180812	Integrase	R	50-200-25	ORAL	TABS	EA	3 X	SSB	7/19/2022	70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518308001	BIKTARV	BICTEGR	81808	Antiretrovi	8180812	Integrase	R	50-200-25	ORAL	TABS	EA	30 X	SSB	7/19/2022	70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518308002	BIKTARV	BICTEGR	81808	Antiretrovi	8180812	Integrase	R	50-200-25	ORAL	TABS	EA	1 X	SSB	7/19/2022	70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518308600	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	25 MG	ORAL	TABS	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518308900	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	30	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518309000	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518309100	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	30	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518309101	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	60	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518309400	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	2	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518309401	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	1	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518309900	CEFTRIA	CEFTRIA	81206	Cephalos	8120612	Third Gen	S	1 GM	INJECTIO	SOLR	EA	1	GENERIC	8/2/2022	70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518309901	CEFTRIA	CEFTRIA	81206	Cephalos	8120612	Third Gen	S	1 GM	INJECTIO	SOLR	EA	1	GENERIC	8/2/2022	70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518310700	BUDESON	BUDESON	680400	Adrenals	68040000	Adrenals	S	160-4.5 M	INHALATI	AERO	GM	10.2 X	GENERIC	8/2/2022	70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518311500	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	90	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518311501	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	30	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518311900	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	120 MG/3	INJECTIO	SOLN	ML	25	GENERIC	8/18/2022	70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518311901	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	120 MG/3	INJECTIO	SOLN	ML	30	GENERIC	8/18/2022	70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518312000	ATROPIN	ATROPIN	120808	Antimusca	12080800	Antimusca	S	1 MG/10M	INJECTIO	SOSY	ML	10	GENERIC	8/2/2022	70518 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518312400	DIGOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	125 MCG	ORAL	TABS	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518312500	DESMOPI	DESMOPI	682800	Pituitary	68280000	Pituitary	S	0.2 MG	ORAL	TABS	EA	100 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518312501	DESMOPI	DESMOPI	682800	Pituitary	68280000	Pituitary	S	0.2 MG	ORAL	TABS	EA	1 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518312800	METHYLF	METHYLF	680400	Adrenals	68040000	Adrenals	S	125 MG	INJECTIO	SOLR	EA	1	GENERIC		70518 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518312801	METHYLF	METHYLF	680400	Adrenals	68040000	Adrenals	S	125 MG	INJECTIO	SOLR	EA	1	GENERIC		70518 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518312900	BUPRENO	BUPRENO	280812	Opiate Pa	28081200	Opiate Pa	S	8-2 MG	SUBLINGU	SUBL	EA	30	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518313100	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	90	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518313400	CHLORDI	CHLORDI	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	CAPS	EA	30	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518313700	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	15	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518314400	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	100	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518314401	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	1	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518314402	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	30	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518314600	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	100 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518314601	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	1 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518314800	DESMOPI	DESMOPI	682800	Pituitary	68280000	Pituitary	S	0.1 MG	ORAL	TABS	EA	100 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518314801	DESMOPI	DESMOPI	682800	Pituitary	68280000	Pituitary	S	0.1 MG	ORAL	TABS	EA	1 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518314900	DESMOPI	DESMOPI	682800	Pituitary	68280000	Pituitary	S	0.2 MG	ORAL	TABS	EA	100 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518314901	DESMOPI	DESMOPI	682800	Pituitary	68280000	Pituitary	S	0.2 MG	ORAL	TABS	EA	1 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518315900	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	10	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518315901	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	5	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518316100	BIOTIN	BIOTIN	880800	Vitamin B	88080000	Vitamin B	P	5 MG	ORAL	CAPS	EA	110	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518316101	BIOTIN	BIOTIN	880800	Vitamin B	88080000	Vitamin B	P	5 MG	ORAL	CAPS	EA	1	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518316200	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518316500	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518316800	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	2	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518316801	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	2	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518316802	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	1	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518316900	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	2	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518317100	BENAZEF	BENAZEF	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518317200	BENAZEF	BENAZEF	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518317400	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TB12	EA	100 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518317401	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TB12	EA	1 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518317500	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	25 MG	ORAL	TABS	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518317600	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	CP12	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518317601	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	CP12	EA	1 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518318300	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TB24	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518319100	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	2 MG	ORAL	TABS	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518319500	DESVENL	DESVENL	281604	Antidepres	28160416	UNKNOW	S	25 MG	ORAL	TB24	EA	90 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518319600	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1-5 %	EXTERNA	GEL	GM	50	GENERIC	8/10/2022	70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518320400	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	90 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518320500	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	S	10%	INTRAVE	SOLN	ML	10	GENERIC	8/2/2022	70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518320700	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	10-6.25 M	ORAL	TABS	EA	90 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518320900	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	60 X	GENERIC		70518 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518320901	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	30 X	GENERIC		70518 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518321500	CEFURO	CEFURO	81206	Cephalos	8120608	Second G	S	500 MG	ORAL	TABS	EA	30	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518321700	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6	GENERIC		70518 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518322000	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG/5M	ORAL	SOLN	ML	473	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518322100	CEFIXIME	CEFIXIME	81206	Cephalos	8120612	Third Gen	S	400 MG	ORAL	CAPS	EA	2	GENERIC		70518 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518322101	CEFIXIME	CEFIXIME	81206	Cephalos	8120612	Third Gen	S	400 MG	ORAL	CAPS	EA	1	GENERIC		70518 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518322102	CEFIXIME	CEFIXIME	81206	Cephalos	8120612	Third Gen	S	400 MG	ORAL	CAPS	EA	2	GENERIC		70518 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518322103	CEFIXIME	CEFIXIME	81206	Cephalos	8120612	Third Gen	S	400 MG	ORAL	CAPS	EA	1	GENERIC		70518 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518322104	CEFIXIME	CEFIXIME	81206	Cephalos	8120612	Third Gen	S	400 MG	ORAL	CAPS	EA	2	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518322800	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	TABS	EA	21	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518323400	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	100	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518323401	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	1	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518324300	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5 MG/5	ORAL	LIQD	ML	118	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518324500	CALCIUM	CALCIUM	560400	Antacids a	56040000	Antacids a	O	1250 MG/	ORAL	SUSP	ML	10	GENERIC	5/9/2023	70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518324501	CALCIUM	CALCIUM	560400	Antacids a	56040000	Antacids a	O	1250 MG/	ORAL	SUSP	ML	5	GENERIC	5/9/2023	70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518324600	AMIODAR	AMIODAR	240404	Antiarrhyth	24040420	Class III A	S	200 MG	ORAL	TABS	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518324800	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	30	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518324801	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	30	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518324900	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	600 MG	ORAL	TABS	EA	30	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518325000	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 M	ORAL	TABS	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518325100	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	90	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518325101	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	30	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518325102	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	30	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518325103	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	60	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518325300	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	20	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518325400	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	30	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518325401	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	2	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518325402	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	2	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518325403	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	1	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518325900	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	60	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518326100	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50-0.2 MG	ORAL	TBEC	EA	60 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518327300	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518327500	CORTEF	HYDROC	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	100	MSB		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
70518327501	CORTEF	HYDROC	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	1	MSB		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
70518327600	CLONIDIN	CLONIDIN	121204	alpha-Adr	12120400	alpha-Adr	S	0.1 MG	ORAL	TB12	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518327601	CLONIDIN	CLONIDIN	121204	alpha-Adr	12120400	alpha-Adr	S	0.1 MG	ORAL	TB12	EA	1 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518327602	CLONIDIN	CLONIDIN	121204	alpha-Adr	12120400	alpha-Adr	S	0.1 MG	ORAL	TB12	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518327900	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	30	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518328000	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	50 MG	ORAL	TABS	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518328900	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518329200	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	90 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518329201	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518329202	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	60 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518329400	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	30	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518329500	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518329800	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518329900	DILTIAZE	DILTIAZE	240404	Antiarrhyth	24040424	Class IV A	S	240 MG	ORAL	CP24	EA	90 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518330300	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-10 MG	ORAL	CAPS	EA	28 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518330400	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518330600	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	30	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518330700	CAPTOPF	CAPTOPF	243204	Angiotens	24320400	Angiotens	S	12.5 MG	ORAL	TABS	EA	28 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518330900	CORLANC	IVABRADI	240408	Cardiotoni	24040800	Cardiotoni	S	5 MG	ORAL	TABS	EA	28 X	MSB	8/15/2022	70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
70518331500	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	3%	EXTERNA	GEL	GM	100	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518331800	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518331900	COLACE	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	30	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518332100	CHLORPF	CHLORPF	281608	Antipsych	28160824	Phenothia	S	50 MG	ORAL	TABS	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518332600	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518333100	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	30	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518333200	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	S	50 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518333201	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	S	50 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518333300	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	2.5-6.25 M	ORAL	TABS	EA	90 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518333500	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TB12	EA	100 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518333501	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TB12	EA	1 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
70518333700	DILTIAZE	DILTIAZE	240404	Antiarrhyth	24040424	Class IV A	S	240 MG	ORAL	CP24	EA	90 X	GENERIC		70518	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

70748025807	POSACO	POSACO	81408	Azoles	8140800	Azoles	S	100 MG	ORAL	TBEC	EA	60	X	GENERIC		70748			N	FORMULARY		1 GEN	GENERICS	X	PA:X							R	MEDPRMI
70748026130	FORMOT	FORMOT	121208	beta-Adre	12120812	Selective I	S	20 MCG/2	INHALATI	NEBU	ML	2	X	GENERIC		70748			N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS					R	MEDPRMI
70748026160	FORMOT	FORMOT	121208	beta-Adre	12120812	Selective I	S	20 MCG/2	INHALATI	NEBU	ML	2	X	GENERIC		70748			N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS					R	MEDPRMI
70748026201	MYCOPH	MYCOPH	924400	UNKNOW	92440000	UNKNOW	S	500 MG	ORAL	TABS	EA	100	X	GENERIC	4/2/2024	70748			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70748026202	MYCOPH	MYCOPH	924400	UNKNOW	92440000	UNKNOW	S	500 MG	ORAL	TABS	EA	500	X	GENERIC	4/2/2024	70748			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70748027401	GANIREL	GANIREL	681804	UNKNOW	68180400	UNKNOW	S	250 MCG/	SUBCUTA	SOSY	ML	0.5		GENERIC		70748		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS									R	MEDPRMI
70748029901	ATOVAQU	ATOVAQU	83092	Antiprotoz	8309200	Antiprotoz	S	750 MG/5	ORAL	SUSP	ML	210		GENERIC		70748			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70748030806	DOXYCY	DOXYCY	840404	Antibacter	84040400	Antibacter	S	40 MG	ORAL	CPDR	EA	30		GENERIC		70748			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X	Must mee 5 DS Avid TRIAL OF GENERIC DOXYCYCLINE OR	X	AGE_YEA MUST BE AT LEAST	R	MEDPRMI
70748031209	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800-26.6 M	ORAL	TABS	EA	90	X	GENERIC		70748			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
70748032301	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	0.25 MG/M	INJECTIO	SOLN	ML	4		GENERIC		70748			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70748032302	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	0.25 MG/M	INJECTIO	SOLN	ML	10		GENERIC		70748			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70748032310	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	0.25 MG/M	INJECTIO	SOLN	ML	4		GENERIC		70748			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70748032311	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	0.25 MG/M	INJECTIO	SOLN	ML	10		GENERIC		70748			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70748033202	PREDNIS	PREDNIS	520808	Corticoste	52080800	Corticoste	S	1%	OPHTHAL	SUSP	ML	5		GENERIC		70748	N		N	FORMULARY		1 GEN	GENERICS			X	10 IN 7 DAYS					R	MEDPRMI
70748033203	PREDNIS	PREDNIS	520808	Corticoste	52080800	Corticoste	S	1%	OPHTHAL	SUSP	ML	10		GENERIC		70748	N		N	FORMULARY		1 GEN	GENERICS			X	10 IN 7 DAYS					R	MEDPRMI
70748033204	PREDNIS	PREDNIS	520808	Corticoste	52080800	Corticoste	S	1%	OPHTHAL	SUSP	ML	15		GENERIC		70748	N		N	FORMULARY		1 GEN	GENERICS			X	10 IN 7 DAYS					R	MEDPRMI
70748033501	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	2%	EXTERNA	SOLN	GM	112		GENERIC	5/29/2024	70748			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
70748033801	DOXYCY	DOXYCY	81224	Tetracycli	8122400	Tetracycli	S	100 MG	INTRAVE	SOLR	EA	1		GENERIC		70748			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70748033810	DOXYCY	DOXYCY	81224	Tetracycli	8122400	Tetracycli	S	100 MG	INTRAVE	SOLR	EA	1		GENERIC		70748			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70748033901	DOXORU	DOXORU	100000	Antineopla	10000000	Antineopla	S	2 MG/ML	INTRAVE	SUSP	ML	10		GENERIC		70748			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70748034001	DOXORU	DOXORU	100000	Antineopla	10000000	Antineopla	S	2 MG/ML	INTRAVE	SUSP	ML	25		GENERIC		70748			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70748034701	THIAMINE	THIAMINE	880800	Vitamin B	88080000	Vitamin B	S	100 MG/M	INJECTIO	SOLN	ML	2		GENERIC	12/31/2024	70748		Y	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70748034702	THIAMINE	THIAMINE	880800	Vitamin B	88080000	Vitamin B	S	100 MG/M	INJECTIO	SOLN	ML	2		GENERIC	12/31/2024	70748		Y	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70748034801	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	50 MG/5M	INTRAVE	SOLN	ML	5		GENERIC		70748			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70748034802	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	50 MG/5M	INTRAVE	SOLN	ML	5		GENERIC		70748			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70748034901	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	100 MG/1	INTRAVE	SOLN	ML	10		GENERIC		70748			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70748034902	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	100 MG/1	INTRAVE	SOLN	ML	10		GENERIC		70748			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70752010112	CYPROHE	CYPROHE	40400	First Gene	4040000	First Gene	S	2 MG/5ML	ORAL	SYRP	ML	473		GENERIC		70752			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70752010212	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	2 MG/5ML	ORAL	SYRP	ML	473	X	GENERIC		70752			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70752010406	CETIRIZI	CETIRIZI	40800	Second G	4080000	Second G	P	1 MG/ML	ORAL	SOLN	ML	118		GENERIC		70752			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70752010710	CYPROHE	CYPROHE	40400	First Gene	4040000	First Gene	S	4 MG	ORAL	TABS	EA	100		GENERIC		70752			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70752010711	CYPROHE	CYPROHE	40400	First Gene	4040000	First Gene	S	4 MG	ORAL	TABS	EA	1000		GENERIC		70752			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70752011303	LIDOCAI	LIDOCAI	840800	Antipruriti	84080000	Antipruriti	S	5%	EXTERNA	OINT	GM	35.44		GENERIC		70752			N	FORMULARY		1 GEN	GENERICS			X	240 IN 30 DAYS					R	MEDPRMI
70752011304	LIDOCAI	LIDOCAI	840800	Antipruriti	84080000	Antipruriti	S	5%	EXTERNA	OINT	GM	50		GENERIC		70752			N	FORMULARY		1 GEN	GENERICS			X	240 IN 30 DAYS					R	MEDPRMI
70752011902	HALOBET	HALOBET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	15		GENERIC		70752			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70752011904	HALOBET	HALOBET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	50		GENERIC		70752			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70752012905	TRIAMCI	TRIAMCI	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	LOTN	ML	60		GENERIC		70752			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70752013005	TRIAMCI	TRIAMCI	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	LOTN	ML	60		GENERIC		70752			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70752013114	METHYLP	METHYLP	282032	UNKNOW	28203200	UNKNOW	S	5 MG/5ML	ORAL	SOLN	ML	500	X	GENERIC		70752			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70752013214	METHYLP	METHYLP	282032	UNKNOW	28203200	UNKNOW	S	10 MG/5M	ORAL	SOLN	ML	500	X	GENERIC		70752			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70752013614	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG/5ML	ORAL	SOLN	ML	500		GENERIC		70752			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70752013812	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	6.25 MG/5	ORAL	SOLN	ML	473		GENERIC		70752			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70752013906	PROMETH	PROMETH	480800	Antitussive	48080000	Antitussive	S	6.25-10 M	ORAL	SOLN	ML	118		GENERIC		70752			N	FORMULARY		1 GEN	GENERICS			X	30 IN 1 DAYS			X	AGE_YEA MUST BE AT LEAST	R	MEDPRMI
70752013912	PROMETH	PROMETH	480800	Antitussive	48080000	Antitussive	S	6.25-10 M	ORAL	SOLN	ML	473		GENERIC		70752			N	FORMULARY		1 GEN	GENERICS			X	30 IN 1 DAYS			X	AGE_YEA MUST BE AT LEAST	R	MEDPRMI
70752014017	TRIAMCI	TRIAMCI	840608	UNKNOW	84060800	UNKNOW	S	0.10%	MOUTH/T	PSTE	GM	5		GENERIC		70752			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70752014210	BUTALBI	BUTALBI	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	100		GENERIC		70752			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70752014214	BUTALBI	BUTALBI	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	500		GENERIC		70752			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70752014410	BUTALBI	BUTALBI	280816	UNKNOW	28081600	UNKNOW	S	50-300-40	ORAL	CAPS	EA	100		GENERIC		70752			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70752014710	BUTALBI	BUTALBI	280816	UNKNOW	28081600	UNKNOW	S	50-300 MG	ORAL	TABS	EA	100		GENERIC		70752			N	FORMULARY		1 GEN	GENERICS			X	6 IN 1 DAYS	X	Must mee 5 DS Buta TRIAL OF GENERIC BUTALBITAL/ACETAMINOPHEN 50MG-325MG COMBINATI			R	MEDPRMI
70752014810	BUTALBI	BUTALBI	280816	UNKNOW	28081600	UNKNOW	S	50-325 MG	ORAL	TABS	EA	100		GENERIC		70752			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70752015304	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	SOLN	ML	50		GENERIC		70752			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70752015320	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	SOLN	ML	25		GENERIC		70752			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70752015606	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.01%	EXTERNA	OIL	ML	118.28		GENERIC		70752			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70752015806	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.01%	EXTERNA	OIL	ML	118.28		GENERIC		70752			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70752015920	FLUOCIN	FLUOCIN	520808	Corticoste	52080800	Corticoste	S	0.01%	OTIC	OIL	ML	20		GENERIC		70752			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70752017110	PROPYLT	PROPYLT	683608	Antithyroi	68360800	Antithyroi	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		70752			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70752018006	GUAIFEN	GUAIFEN	480800	Antitussive	48080000	Antitussive	P	100-10 MG	ORAL	SOLN	ML	118		GENERIC		70752			N	NON-FORMULARY		1 GEN	GENERICS							X	AGE_YEA MUST BE AT LEAST	R	MEDPRMI
70752018012	GUAIFEN	GUAIFEN	480800	Antitussive	48080000	Antitussive	P	100-10 MG	ORAL	SOLN	ML	473		GENERIC		70752			N	NON-FORMULARY		1 GEN	GENERICS							X	AGE_YEA MUST BE AT LEAST	R	MEDPRMI
70752018512	CYPROHE	CYPROHE	40400	First Gene	4040000	First Gene	S	2 MG/5ML	ORAL	SYRP	ML	473		GENERIC		70752			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70752020212	VALPROI	VALPROA	281228	UNKNOW	28122800	UNKNOW	S	250 MG/5	ORAL	SOLN	ML	473	X	GENERIC		70752			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70752020410	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		70752			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70752020411	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	1000	X	GENERIC		70752			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756000111	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	0.5 MG	ORAL	TABS	EA	100	X	GENERIC		70756	Y		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756000112	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	0.5 MG	ORAL	TABS	EA	1000	X	GENERIC		70756	Y		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756000211	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756000212	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	1 MG	ORAL	TABS	EA	1000	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756000311	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	2 MG	ORAL	TABS	EA	100	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756000312	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	2 MG	ORAL	TABS	EA	1000	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756000411	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756000412	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	5 MG	ORAL	TABS	EA	1000	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756001011	MIDODRI	MIDODRI	121204	alpha-Adre	12120400	alpha-Adre	S	2.5 MG	ORAL	TABS	EA	100		GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756001111	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		70756	N		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756001112	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC		70756	N		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756001311	NITROGL	NITROGL	240808	beta-Adre	24080800	UNKNOW	S	0.3 MG	SUBLING	SUBL	EA	100	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756001402	NITROGL	NITROGL	240808	beta-Adre	24080800	UNKNOW	S	0.4 MG	SUBLING	SUBL	EA	25	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756001405	NITROGL	NITROGL	240808	beta-Adre	24080800	UNKNOW	S	0.4 MG	SUBLING	SUBL	EA	25	X	GENERIC		70756	N		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756001411	NITROGL	NITROGL	240808	beta-Adre	24080800	UNKNOW	S	0.4 MG	SUBLING	SUBL	EA	100	X	GENERIC		70756	N		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756001611	NITROGL	NITROGL	240808	beta-Adre	24080800	UNKNOW	S	0.6 MG	SUBLING	SUBL	EA	100	X	GENERIC		70756	Y		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756001912	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	1000	X	GENERIC	1/9/2024	70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756001990	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	90	X	GENERIC	1/9/2024	70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756002011	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756002012	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	50 MG	ORAL	TABS	EA	1000	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756002530	NEBIVOL	NEBIVOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC	6/14/2024	70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756004911	MIDODRI	MIDODRI	121204	alpha-Adre	12120400	alpha-Adre	S	5 MG	ORAL	TABS	EA	100		GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756005011	MIDODRI	MIDODRI	121204	alpha-Adre	12120400	alpha-Adre	S	10 MG	ORAL	TABS	EA	100		GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756005111	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756005112	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756005211	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756005212	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	1000	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756008511	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	5 MG	ORAL	TABS	EA	100		GENERIC		70756			N	FORMULARY		1 GEN	GENERICS			X	16 IN 1 DAYS					R	MEDPRMI
70756020111	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756020112	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756020211	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756020212	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756020311	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756020312	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	1000	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756020411	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	TABS	EA	100	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756020511	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		70756	Y		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756020611	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	150 MG	ORAL	TABS	EA	100	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756021451	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	54 MG	ORAL	TABS	EA	500	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756021490	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	54 MG	ORAL	TABS	EA	90	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756021551	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	160 MG	ORAL	TABS	EA	500	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756021590	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	160 MG	ORAL	TABS	EA	90	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756023611	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756023612	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756024211	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		70756	N		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756024212	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC		70756	N		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756024712	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC		70756			N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
70756024751	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	500	X	GENERIC		70756			N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
70756024790	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		70756			N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
70756024812	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC		70756			N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
70756024851	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	500	X	GENERIC		70756			N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
70756024890	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		70756			N	#N/A	ORIG_FR	10 EHB	#N/A			X	1 IN 1 DAYS			X	IF AGE=40-75 YEARS AND RA	R	MEDPRMI
70756024912	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	1000	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
70756024951	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	500	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
70756024990	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
70756025051	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	500	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
70756025090	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
70756028811	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC		70756			N	FORMULARY		1 GEN	GENERICS			X	8 IN 1 DAYS					R	MEDPRMI
70756028812	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	1000		GENERIC		70756			N	FORMULARY		1 GEN	GENERICS			X	8 IN 1 DAYS					R	MEDPRMI
70756028911	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	100		GENERIC		70756			N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS					R	MEDPRMI
70756028912	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	1000		GENERIC		70756			N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS					R	MEDPRMI
70756028951	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	500		GENERIC		70756			N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS					R	MEDPRMI
70756029130	NEBIVOL	NEBIVOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	6/14/2024	70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756029190	NEBIVOL	NEBIVOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	6/14/2024	70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756029230	NEBIVOL	NEBIVOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	6/14/2024	70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756029290	NEBIVOL	NEBIVOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	6/14/2024	70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756029330	NEBIVOL	NEBIVOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	6/14/2024	70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756029390	NEBIVOL	NEBIVOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	6/14/2024	70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756031230	TELMISA	TELMISA	243208	Angiotens	24320800	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		70756	Y		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756031330	TELMISA	TELMISA	243208	Angiotensin II Recept		UNKNOW	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		70756	Y		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756031430	TELMISA	TELMISA	243208	Angiotens	24320800	Angiotens	S	80 MG	ORAL	TABS	EA	30	X	GENERIC		70756	Y		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756040411	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	100		GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756040511	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	100	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756040611	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	100	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756040711	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	CAPS	EA	100	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756041011	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	25 MG	ORAL	CAPS	EA	100		GENERIC		70756			N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS					R	MEDPRMI
70756041111	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	50 MG	ORAL	CAPS	EA	100		GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756041211	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	100		GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756042322	OMEGA-3	OMEGA-3	240612	UNKNOW	24061200	UNKNOW	S	1 GM	ORAL	CAPS	EA	120	X	GENERIC		70756	Y		N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS	X	Must mee 5 DS Fenc TRIAL OF GENERIC FENOFIBRATE IN THE PAST 120 DAYS			R	MEDPRMI
70756042411	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	CAPS	EA	100	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756042511	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	100	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756042611	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	100	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756042711	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	CAPS	EA	100	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756042811	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756042911	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	CAPS	EA	100	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756042912	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	CAPS	EA	1000	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756043011	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	100	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756043012	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	1000	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756044011	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	100	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756060456	TOBRAMY	TOBRAMY	81202	Aminoglyc	8120200	Aminoglyc	S	300 MG/5	INHALATI	NEBU	ML	5	X	GENERIC		70756	Y		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
70756060505	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	2.5 MG/ML	INTRAVE	SOLN	ML	2		GENERIC		70756			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70756060525	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	2.5 MG/ML	INTRAVE	SOLN	ML	2		GENERIC		70756			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70756060605	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	2.5 MG/ML	INTRAVE	SOLN	ML	4		GENERIC		70756			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70756060685	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	2.5 MG/ML	INTRAVE	SOLN	ML	4		GENERIC		70756			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70756060730	OFLOXAC	OFLOXAC	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	5		GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756060812	FORMOT	FORMOT	121208	beta-Adre	12120812	Selective I	S	20 MCG/2	INHALATI	NEBU	ML	2	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS					R	MEDPRMI
70756060844	FORMOT	FORMOT	121208	beta-Adre	12120812	Selective I	S	20 MCG/2	INHALATI	NEBU	ML	2	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS					R	MEDPRMI
70756060860	FORMOT	FORMOT	121208	beta-Adre	12120812	Selective I	S	20 MCG/2	INHALATI	NEBU	ML	2	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS					R	MEDPRMI
70756060870	FORMOT	FORMOT	121208	beta-Adre	12120812	Selective I	S	20 MCG/2	INHALATI	NEBU	ML	2	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS					R	MEDPRMI
70756060915	OFLOXAC	OFLOXAC	520404	Antibacter	52040400	Antibacter	S	0.30%	OTIC	SOLN	ML	5		GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756061030	OFLOXAC	OFLOXAC	520404	Antibacter	52040400	Antibacter	S	0.30%	OTIC	SOLN	ML	10		GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756061125	EPHEDRI	EPHEDRI	121212	alpha- and	12121200	alpha- and	S	50 MG/ML	INTRAVE	SOLN	ML	1		GENERIC		70756			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70756061182	EPHEDRI	EPHEDRI	121212	alpha- and	12121200	alpha- and	S	50 MG/ML	INTRAVE	SOLN	ML	1		GENERIC		70756			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70756061212	ARFORM	ARFORM	121208	beta-Adre	12120812	Selective I	S	15 MCG/2	INHALATI	NEBU	ML	2	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS	X	Must mee 5 DS Forn TRIAL OF SEREVENT, STRIVERDI, OR PERFOROMIST IN THE PAST 120 DAYS			R	MEDPRMI
70756061244	ARFORM	ARFORM	121208	beta-Adre	12120812	Selective I	S	15 MCG/2	INHALATI	NEBU	ML	2	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS	X	Must mee 5 DS Forn TRIAL OF SEREVENT, STRIVERDI, OR PERFOROMIST IN THE PAST 120 DAYS			R	MEDPRMI
70756061260	ARFORM	ARFORM	121208	beta-Adre	12120812	Selective I	S	15 MCG/2	INHALATI	NEBU	ML	2	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS	X	Must mee 5 DS Forn TRIAL OF SEREVENT, STRIVERDI, OR PERFOROMIST IN THE PAST 120 DAYS			R	MEDPRMI
70756061270	ARFORM	ARFORM	121208	beta-Adre	12120812	Selective I	S	15 MCG/2	INHALATI	NEBU	ML	2	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS	X	Must mee 5 DS Forn TRIAL OF SEREVENT, STRIVERDI, OR PERFOROMIST IN THE PAST 120 DAYS			R	MEDPRMI
70756061430	PHENYLE	PHENYLE	522400	Mydriatics	52240000	Mydriatics	S	10%	OPHTHAL	SOLN	ML	5		GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756061510	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	50 MG/ML	INTRAMU	SOLN	ML	1		GENERIC		70756			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70756061581	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	50 MG/ML	INTRAMU	SOLN	ML	1		GENERIC		70756			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70756061610	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	100 MG/M	INTRAMU	SOLN	ML	1		GENERIC		70756			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70756061681	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	100 MG/M	INTRAMU	SOLN	ML	1		GENERIC		70756			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70756061756	TOBRAMY	TOBRAMY	81202	Aminoglyc	8120200	Aminoglyc	S	300 MG/4	INHALATI	NEBU	ML	4	X	GENERIC		70756			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
70756061825	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	2		GENERIC	5/28/2024	70756			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70756061882	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	2		GENERIC	5/28/2024	70756			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70756061925	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	4		GENERIC	5/28/2024	70756			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70756061985	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	4		GENERIC	5/28/2024	70756			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70756062025	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	10		GENERIC	5/28/2024	70756			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70756062086	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	10		GENERIC	5/28/2024	70756			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70756062125	PHENYLE	PHENYLE	121204	alpha-Adre	12120400	alpha-Adre	S	10 MG/ML	INTRAVE	SOLN	ML	1		GENERIC		70756			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70756062210	PHENYLE	PHENYLE	121204	alpha-Adre	12120400	alpha-Adre	S	10 MG/ML	INTRAVE	SOLN	ML	5		GENERIC		70756			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70756062386	PHENYLE	PHENYLE	121204	alpha-Adre	12120400	alpha-Adre	S	10 MG/ML	INTRAVE	SOLN	ML	10		GENERIC		70756			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70756062485	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	50 MG/ML	INTRAMU	SOLN	ML	5		GENERIC		70756			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70756062585	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	100 MG/M	INTRAMU	SOLN	ML	5		GENERIC		70756			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70756062925	PHENYLE	PHENYLE	522400	Mydriatics	52240000	Mydriatics	S	2.50%	OPHTHAL	SOLN	ML	2		GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756063525	CYANOCO	CYANOCO	880800	Vitamin B	88080000	Vitamin B	S	1000 MCG	INJECTIO	SOLN	ML	1		GENERIC		70756		Y	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756064025	LIDOCAI	LIDOCAI	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	2		GENERIC		70756			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70756064125	LIDOCAI	LIDOCAI	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	5		GENERIC		70756			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70756064225	LIDOCAI	LIDOCAI	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	2		GENERIC		70756			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70756064325	LIDOCAI	LIDOCAI	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	5		GENERIC		70756			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70756064425	LIDOCAI	LIDOCAI	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	2		GENERIC		70756			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70756064525	LIDOCAI	LIDOCAI	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	10		GENERIC		70756			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70756064625	LIDOCAI	LIDOCAI	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	20		GENERIC		70756			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70756064725	LIDOCAI	LIDOCAI	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	10		GENERIC		70756			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70756064786	LIDOCAI	LIDOCAI	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	10		GENERIC		70756			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70756064825	LIDOCAI	LIDOCAI	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	20		GENERIC		70756			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70756064887	LIDOCAI	LIDOCAI	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	20		GENERIC		70756			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70756064935	PHENYLE	PHENYLE	522400	Mydriatics	52240000	Mydriatics	S	2.50%	OPHTHAL	SOLN	ML	15		GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756065030	OFLOXAC	OFLOXAC	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	10		GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756065125	ATROPIN	ATROPIN	522400	Mydriatics	52240000	Mydriatics	S	1%	OPHTHAL	SOLN	ML	2	X	GENERIC		70756	N		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756065225	ATROPIN	ATROPIN	522400	Mydriatics	52240000	Mydriatics	S	1%	OPHTHAL	SOLN	ML	5	X	GENERIC		70756	N		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756065335	ATROPIN	ATROPIN	522400	Mydriatics	52240000	Mydriatics	S	1%	OPHTHAL	SOLN	ML	15	X	GENERIC		70756	N		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756065415	TIMOLOL	TIMOLOL	524008	UNKNOW	52400800	UNKNOW	S	0.25%	OPHTHAL	SOLN	ML	5	X	GENERIC		70756	Y		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756065530	TIMOLOL	TIMOLOL	524008	UNKNOW	52400800	UNKNOW	S	0.25%	OPHTHAL	SOLN	ML	10	X	GENERIC		70756	Y		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756065615	TIMOLOL	TIMOLOL	524008	UNKNOW	52400800	UNKNOW	S	0.50%	OPHTHAL	SOLN	ML	5	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756065730	TIMOLOL	TIMOLOL	524008	UNKNOW	52400800	UNKNOW	S	0.50%	OPHTHAL	SOLN	ML	10	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756065810	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	S	0.4 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		70756			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70756065825	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	S	0.4 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		70756			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70756066199	SODIUM (	SODIUM (	482400	Mucolytic	48240000	Mucolytic	S	0.90%	INHALATI	NEBU	ML	3		GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756066360	SODIUM (	SODIUM (	482400	Mucolytic	48240000	Mucolytic	S	3%	INHALATI	NEBU	ML	4		GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756066460	SODIUM (	SODIUM (	482400	Mucolytic	48240000	Mucolytic	S	7%	INHALATI	NEBU	ML	4		GENERIC		70756	N		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756070130	ALOSETR	ALOSETR	563600	Anti-inflam	56360000	Anti-inflam	S	1 MG	ORAL	TABS	EA	30	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756070230	ALOSETR	ALOSETR	563600	Anti-inflam	56360000	Anti-inflam	S	0.5 MG	ORAL	TABS	EA	30	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756070360	RANOLAZ	RANOLAZ	240492	Cardiac D	24049200	Cardiac D	S	500 MG	ORAL	TB12	EA	60	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS					R	MEDPRMI
70756070460	RANOLAZ	RANOLAZ	240492	Cardiac D	24049200	Cardiac D	S	1000 MG	ORAL	TB12	EA	60	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
70756072011	ACETAZO	ACETAZO	524012	UNKNOW	52401200	UNKNOW	S	125 MG	ORAL	TABS	EA	100	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756072111	ACETAZO	ACETAZO	524012	UNKNOW	52401200	UNKNOW	S	250 MG	ORAL	TABS	EA	100	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756080630	LANSOPR	LANSOPR	562836	Proton-pu	56283600	Proton-pu	S	15 MG	ORAL	CPDR	EA	30	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756080730	LANSOPR	LANSOPR	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	30	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756080751	LANSOPR	LANSOPR	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	500	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756080790	LANSOPR	LANSOPR	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	90	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI

70756081230	OLMESAR	OLMESAR	243208	Angiotens	24320800	Angiotens	S	20-12.5 M	ORAL	TABS	EA	30	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756081290	OLMESAR	OLMESAR	243208	Angiotens	24320800	Angiotens	S	20-12.5 M	ORAL	TABS	EA	90	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756081330	OLMESAR	OLMESAR	243208	Angiotens	24320800	Angiotens	S	40-12.5 M	ORAL	TABS	EA	30	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756081390	OLMESAR	OLMESAR	243208	Angiotens	24320800	Angiotens	S	40-12.5 M	ORAL	TABS	EA	90	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756081430	OLMESAR	OLMESAR	243208	Angiotens	24320800	Angiotens	S	40-25 MG	ORAL	TABS	EA	30	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756081490	OLMESAR	OLMESAR	243208	Angiotens	24320800	Angiotens	S	40-25 MG	ORAL	TABS	EA	90	X	GENERIC		70756			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70756081560	CAPECIT	CAPECIT	100000	Antineopla	10000000	Antineopla	S	150 MG	ORAL	TABS	EA	60		GENERIC		70756			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
70756081622	CAPECIT	CAPECIT	100000	Antineopla	10000000	Antineopla	S	500 MG	ORAL	TABS	EA	120		GENERIC		70756			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
70795012001	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	100		GENERIC		70795			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70795012025	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	225		GENERIC		70795			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70795101001	LAXATIVE	BISACOD	561200	Cathartics	56120000	Cathartics	P	10MG	RECTAL	SUPP	EA	100		GENERIC		70795			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70795101005	LAXATIVE	BISACOD	561200	Cathartics	56120000	Cathartics	P	10MG	RECTAL	SUPP	EA	50		GENERIC		70795			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70795101008	LAXATIVE	BISACOD	561200	Cathartics	56120000	Cathartics	P	10MG	RECTAL	SUPP	EA	8		GENERIC		70795			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70795102102	HEMORR	PHENYLE	841600	Cell Stimu	84160000	Cell Stimu	P	0.25-88.44	RECTAL	SUPP	EA	12		GENERIC		70795			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70795102104	HEMORR	PHENYLE	841600	Cell Stimu	84160000	Cell Stimu	P	0.25-88.44	RECTAL	SUPP	EA	24		GENERIC		70795			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70795112000	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	P	1 GM	ORAL	TABS	EA	1000		GENERIC		70795			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70795112001	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	P	1 GM	ORAL	TABS	EA	100		GENERIC		70795			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70795124100	PHENAZO	PHENAZO	840800	Antipruriti	84080000	Antipruriti	S	100 MG	ORAL	TABS	EA	100		GENERIC		70795	N		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70795125200	PHENAZO	PHENAZO	840800	Antipruriti	84080000	Antipruriti	S	200 MG	ORAL	TABS	EA	100		GENERIC		70795			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70795241201	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	25 MG	RECTAL	SUPP	EA	12		GENERIC		70795			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70795241202	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	25 MG	RECTAL	SUPP	EA	24		GENERIC		70795			N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
70795802001	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	P	1%	EXTERNA	SOLN	ML	10		GENERIC		70795			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70801000101	ZILRETTA	TRIAMCI	680400	Adrenals	68040000	Adrenals	R	32 MG	INTRA-AR	SRER	EA	1		SSB	3/31/2023	70801			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70801000102	ZILRETTA	TRIAMCI	680400	Adrenals	68040000	Adrenals	R	32 MG	INTRA-AR	SRER	EA	1		SSB		70801			Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU		OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70801000301	ZILRETTA	TRIAMCI	680400	Adrenals	68040000	Adrenals	R	32 MG	INTRA-AR	SRER	EA	1		SSB	3/31/2023	70801			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70801000302	ZILRETTA	TRIAMCI	680400	Adrenals	68040000	Adrenals	R	32 MG	INTRA-AR	SRER	EA	1		SSB	4/3/2023	70801			Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU		OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70839011230	TEKTURN	ALISKIRE	243240	UNKNOW	24324000	UNKNOW	R	150-12.5 M	ORAL	TABS	EA	30	X	SSB	3/1/2023	70839			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND									R	MEDPRMI
70839012530	TEKTURN	ALISKIRE	243240	UNKNOW	24324000	UNKNOW	R	150-25 MG	ORAL	TABS	EA	30	X	SSB	10/3/2022	70839			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND									R	MEDPRMI
70839015030	TEKTURN	ALISKIRE	243240	UNKNOW	24324000	UNKNOW	S	150 MG	ORAL	TABS	EA	30	X	MSB		70839	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION									R	MEDPRMI
70839030030	TEKTURN	ALISKIRE	243240	UNKNOW	24324000	UNKNOW	S	300 MG	ORAL	TABS	EA	30	X	MSB		70839	Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION									R	MEDPRMI
70839031230	TEKTURN	ALISKIRE	243240	UNKNOW	24324000	UNKNOW	R	300-12.5 M	ORAL	TABS	EA	30	X	SSB	10/2/2023	70839			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND									R	MEDPRMI
70839032530	TEKTURN	ALISKIRE	243240	UNKNOW	24324000	UNKNOW	R	300-25 MG	ORAL	TABS	EA	30	X	SSB	10/2/2023	70839			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND									R	MEDPRMI
70839036204	COCAINE	COCAINE	521600	Local Ane	52160000	Local Ane	S	40 MG/ML	NASAL	SOLN	ML	4		MSB		70839			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION									R	MEDPRMI
70842010101	BAXDELA	DELAFLO	81218	Quinolone	8121800	Quinolone	R	450MG	ORAL	TABS	EA	20		SSB		70842			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X							R	MEDPRMI
70842010102	BAXDELA	DELAFLO	81218	Quinolone	8121800	Quinolone	R	450MG	ORAL	TABS	EA	20		SSB		70842			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X							R	MEDPRMI
70842010103	BAXDELA	DELAFLO	81218	Quinolone	8121800	Quinolone	R	450MG	ORAL	TABS	EA	1		SSB		70842			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X							R	MEDPRMI
70842010203	BAXDELA	DELAFLO	81218	Quinolone	8121800	Quinolone	R	300 MG	INTRAVE	SOLR	EA	1		SSB		70842			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70842011002	TOPROL	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	100	X	MSB		70842			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION									R	MEDPRMI
70842011102	TOPROL	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	100	X	MSB		70842			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION									R	MEDPRMI
70842011202	TOPROL	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	100	X	MSB		70842			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION									R	MEDPRMI
70842011302	TOPROL	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TB24	EA	100	X	MSB		70842			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION									R	MEDPRMI
70842012001	VABOMEI	MEROPEI	81207	Miscellane	8120708	Carbapen	R	2 (1-1) GM	INTRAVE	SOLR	EA	1		SSB		70842			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70842012006	VABOMEI	MEROPEI	81207	Miscellane	8120708	Carbapen	R	1GM-1GM	INTRAVE	SOLR	EA	1		SSB		70842			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70842014001	ORBACTI	ORITAVAI	81228	Antibacter	8122816	Glycopept	R	400 MG	INTRAVE	SOLR	EA	1		SSB		70842			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70842014003	ORBACTI	ORITAVAI	81228	Antibacter	8122816	Glycopept	R	400 MG	INTRAVE	SOLR	EA	1		SSB		70842			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70842016001	MINOCIN	MINOCYC	81224	Tetracycli	8122400	Tetracycli	R	100 MG	INTRAVE	SOLR	EA	1		SSB		70842			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70842016010	MINOCIN	MINOCYC	81224	Tetracycli	8122400	Tetracycli	R	100 MG	INTRAVE	SOLR	EA	1		SSB		70842			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70842022501	KIMYRSA	ORITAVAI	81228	Antibacter	8122816	Glycopept	R	1200 MG	INTRAVE	SOLR	EA	1		SSB		70842			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70842024001	REZZAYO	REZAFUN	81416	Echinocan	8141600	Echinocan	R	200 MG	INTRAVE	SOLR	EA	1		SSB		70842			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
70859000101	NUSURGI	CHLORHE	840404	Antibacter	84040400	Antibacter	R	4 & 2 & 5	EXTERNA	KIT	EA	1		SSB	1/2/2024	70859			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
70859000301	NUDICLO	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	1.5 & 0.02	EXTERNA	THPK	EA	1		GENERIC	1/2/2024	70859			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
70859000401	NUDICLO	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 & 0.025	COMBINA	THPK	EA	1		GENERIC	6/17/2024	70859			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
70859002524	DUAL CO	FLURBIPI	849200	Skin and M	84920000	Skin and M	R	10%-10%	EXTERNA	CREA	GM	240		SSB		70859			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND									R	MEDPRMI

70859002624	TRIPLE C	KETOPRC	849200	Skin and M	84920000	Skin and M	R	20-2-10 %	EXTERNA	CREA	GM	240		SSB		70859				N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
70859002803	NUDROXI	CAPSAICI	842404	Basic Lotio	84240400	Basic Lotio	O	.025%-6%	EXTERNA	LIQD	ML	90		SSB		70859				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70859002901	NUDROXI	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	R	200 MG	COMBINA	THPK	EA	1		SSB	5/2/2024	70859				N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
70859003001	NUDROXI	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	R	800 MG	COMBINA	KIT	EA	1		SSB	8/16/2024	70859				N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
70859003101	NUDROXI	MELOXIC	280804	Nonsteroi	28080492	Other Non	R	15 MG	COMBINA	KIT	EA	1		SSB	6/13/2024	70859				N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
70859003201	NUDROXI	NABUMET	280804	Nonsteroi	28080492	Other Non	R	500 MG	COMBINA	KIT	EA	1		SSB	6/4/2024	70859				N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
70859003301	NUDROXI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	R	50 MG	COMBINA	KIT	EA	1		SSB	6/5/2024	70859				N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
70859003401	NUDROXI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	R	75 MG	COMBINA	KIT	EA	1		SSB	6/13/2024	70859				N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
70859003501	NUDROXI	ETODOLA	280804	Nonsteroi	28080492	Other Non	R	400 MG	COMBINA	KIT	EA	1		SSB	6/13/2024	70859				N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
70859003701	POINT OF	METHYLF	680400	Adrenals	68040000	Adrenals	R	40 & 1 MG	INJECTIO	KIT	EA	1		SSB	6/10/2024	70859				N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70859003801	POINT OF	METHYLF	680400	Adrenals	68040000	Adrenals	R	40 & 1 MG	INJECTIO	KIT	EA	1		SSB	6/10/2024	70859				N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70859003901	POINT OF	LIDOCAIN	720000	Local Ane	72000000	Local Ane	R	1 & 0.25 %	INJECTIO	KIT	EA	1		SSB	6/5/2024	70859				N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70859004001	POINT OF	LIDOCAIN	720000	Local Ane	72000000	Local Ane	R	1 & 0.25 %	INJECTIO	KIT	EA	1		SSB	6/13/2024	70859				N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70859004101	POINT OF	METHYLF	680400	Adrenals	68040000	Adrenals	R	40 & 0.25	INJECTIO	KIT	EA	1		SSB	6/5/2024	70859				N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70859004201	POINT OF	TRIAMCIN	680400	Adrenals	68040000	Adrenals	R	40 & 0.5 M	INJECTIO	KIT	EA	1		SSB	7/9/2024	70859				N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70859004301	MEDICAT	DNA COL	940000	Devices	94000000	Devices	R	2%	COMBINA	KIT	EA	1		SSB	6/10/2024	70859				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70859004401	MEDICAT	DNA COL	940000	Devices	94000000	Devices	R	2%	COMBINA	KIT	EA	1		SSB	8/16/2024	70859				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70859004501	DFS/MS/M	DICLOFEI	849200	Skin and M	84920000	Skin and M	R	.025%-1.5	EXTERNA	KIT	ML	240		SSB	8/20/2024	70859				N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
70859004601	DFS DR/M	DICLOFEI	280804	Nonsteroi	28080492	Other Non	R	75 MG	COMBINA	KIT	EA	1		SSB	8/1/2024	70859				N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
70859004701	NUTRIAR	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.1 & 5 %	EXTERNA	KIT	EA	1		GENERIC		70859	N			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
70859004801	NUDERMI	CALCIPO	849200	Skin and M	84920000	Skin and M	R	0.005-5 %	EXTERNA	THPK	EA	1		GENERIC		70859				N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
70859004901	NUDERMI	CALCIPO	849200	Skin and M	84920000	Skin and M	R	0.005-5 %	EXTERNA	THPK	EA	1		GENERIC		70859				N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
70859005001	NUCARA	CLINDAM	840404	Antibacter	84040400	Antibacter	R	1-2.5 %	EXTERNA	KIT	EA	1		SSB	8/16/2024	70859				N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
70859005101	NUCARA	CLINDAM	840404	Antibacter	84040400	Antibacter	R	1%	EXTERNA	KIT	EA	1		SSB	8/16/2024	70859				N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
70859005301	PEDIZOLI	KETOCOI	840408	Antifungal	84040808	Azoles	R	2 & 2 %	EXTERNA	THPK	EA	1		SSB	8/16/2024	70859				N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
70859005401	NUTRIAR	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.1 & 5 %	EXTERNA	KIT	EA	1		GENERIC	8/1/2024	70859				N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
70859005501	NUDERMI	CALCIPO	849200	Skin and M	84920000	Skin and M	R	0.005-5 %	EXTERNA	THPK	EA	1		GENERIC		70859				N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
70859005601	NUDERMI	CALCIPO	849200	Skin and M	84920000	Skin and M	R	0.005-5 %	EXTERNA	THPK	EA	1		GENERIC		70859				N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
70859005701	NUSURGI	CHLORHE	840404	Antibacter	84040400	Antibacter	R	4 & 2 & 5	EXTERNA	KIT	EA	1		SSB		70859				N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
70859005901	MPM PAK	MIFEPRIS	760000	Oxytocics	76000000	Oxytocics	R	200-0.2-8-	ORAL	THPK	EA	18		SSB	6/10/2024	70859				N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
70859006001	MPM PAK	MIFEPRIS	760000	Oxytocics	76000000	Oxytocics	R	200-0.2-8-	ORAL	THPK	EA	18		SSB	6/10/2024	70859				N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
70859006101	MPM PAK	MIFEPRIS	760000	Oxytocics	76000000	Oxytocics	R	200-0.2-8-	ORAL	THPK	EA	18		SSB	6/10/2024	70859				N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
70860010010	AZITHROI	AZITHROI	81212	Macrolides	8121208	UNKNOW	S	500 MG	INTRAVEI	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860010041	AZITHROI	AZITHROI	81212	Macrolides	8121208	UNKNOW	S	500 MG	INTRAVEI	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860010310	POLYMYX	POLYMYX	81228	Antibacter	8122828	Polymyxin	S	500000 UN	INJECTIO	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860010341	POLYMYX	POLYMYX	81228	Antibacter	8122828	Polymyxin	S	500000 UN	INJECTIO	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860010410	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	500 MG	INTRAVEI	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860010441	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	500 MG	INTRAVEI	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860010520	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	1 GM	INTRAVEI	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860010541	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	S	1 GM	INTRAVEI	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860010610	CASPOFU	CASPOFU	81416	Echinocan	8141600	Echinocan	S	50 MG	INTRAVEI	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860010710	CASPOFU	CASPOFU	81416	Echinocan	8141600	Echinocan	S	70 MG	INTRAVEI	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860011215	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	250 MG	INJECTIO	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860011241	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	250 MG	INJECTIO	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860011315	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	500 MG	INJECTIO	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860011341	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	500 MG	INJECTIO	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860011415	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860011441	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860011526	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	2 GM	INJECTIO	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860011541	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	2 GM	INJECTIO	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860011626	NAFCILLI	NAFCILLI	81216	Penicillins	8121612	Penicillina	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860011641	NAFCILLI	NAFCILLI	81216	Penicillins	8121612	Penicillina	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860011726	NAFCILLI	NAFCILLI	81216	Penicillins	8121612	Penicillina	S	2 GM	INJECTIO	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860011741	NAFCILLI	NAFCILLI	81216	Penicillins	8121612	Penicillina	S	2 GM	INJECTIO	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860011899	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	10 GM	INTRAVEI	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860011999	NAFCILLI	NAFCILLI	81216	Penicillins	8121612	Penicillina	S	10 GM	INTRAVEI	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860012020	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	2.25 (2-0.2	INTRAVEI	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860012041	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	2.25 (2-0.2	INTRAVEI	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860012130	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	3.375 (3-0	INTRAVEI	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860012141	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	3.375 (3-0	INTRAVEI	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860012241	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	4.5 (4-0.5)	INTRAVEI	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860012250	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	4.5 (4-0.5)	INTRAVEI	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860012399	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	40.5 (36-4	INTRAVEI	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860012441	POLYMYX	POLYMYX	81228	Antibacter	8122828	Polymyxin	S	500000 UN	INJECTIO	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860012466	POLYMYX	POLYMYX	81228	Antibacter	8122828	Polymyxin	S	500000 UN	INJECTIO	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860012541	AZITHROI	AZITHROI	81212	Macrolides	8121208	UNKNOW	S	500 MG	INTRAVEI	SOLR	EA	1		GENERIC		70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860012566	AZITHROI	AZITHROI	81212	Macrolides	8121208	UNKNOW	S	500 MG	INTRAVEI	SOLR	EA	1		GENERIC		70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860012620	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	5000000 U	INJECTIO	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860012641	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	5000000 U	INJECTIO	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860012751	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	20000000	INJECTIO	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860020005	PACLITA	PACLITA	100000	Antineopla	10000000	Antineopla	S	30 MG/5M	INTRAVEI	CONC	ML	5		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860020017	PACLITA	PACLITA	100000	Antineopla	10000000	Antineopla	S	100 MG/16	INTRAVEI	CONC	ML	16.7		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860020050	PACLITA	PACLITA	100000	Antineopla	10000000	Antineopla	S	300 MG/50	INTRAVEI	CONC	ML	50		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860020110	OXALIPLA	OXALIPLA	100000	Antineopla	10000000	Antineopla	S	50 MG/10I	INTRAVEI	SOLN	ML	10		GENERIC	2/21/2022	70860				N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860020120	OXALIPLA	OXALIPLA	100000	Antineopla	10000000	Antineopla	S	100 MG/20	INTRAVEI	SOLN	ML	20		GENERIC	2/21/2022	70860				N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860020210	PEMETRE	PEMETRE	100000	Antineopla	10000000	Antineopla	S	100 MG	INTRAVEI	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860020350	PEMETRE	PEMETRE	100000	Antineopla	10000000	Antineopla	S	500 MG	INTRAVEI	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860020550	GEMCITA	GEMCITA	100000	Antineopla	10000000	Antineopla	S	1 GM	INTRAVEI	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860020650	CISPLATI	CISPLATI	100000	Antineopla	10000000	Antineopla	S	50 MG/50I	INTRAVEI	SOLN	ML	50		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860020651	CISPLATI	CISPLATI	100000	Antineopla	10000000	Antineopla	S	100 MG/10	INTRAVEI	SOLN	ML	100		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860020805	DOXORU	DOXORU	100000	Antineopla	10000000	Antineopla	S	2 MG/ML	INTRAVEI	SOLN	ML	5		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860020825	DOXORU	DOXORU	100000	Antineopla	10000000	Antineopla	S	2 MG/ML	INTRAVEI	SOLN	ML	25		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860020851	DOXORU	DOXORU	100000	Antineopla	10000000	Antineopla	S	2 MG/ML	INTRAVEI	SOLN	ML	100		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860020910	MESNA	MESNA	925600	UNKNOW	92560000	UNKNOW	S	100 MG/M	INTRAVEI	SOLN	ML	10		GENERIC	2/21/2022	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860021051	ZOLEDRC	ZOLEDRC	922400	UNKNOW	92240000	UNKNOW	R	4 MG/100I	INTRAVEI	SOLN	ML	100		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860021141	FULVEST	FULVEST	100000	Antineopla	10000000	Antineopla	S	250 MG/5I	INTRAMU	SOSY	ML	5		GENERIC		70860				N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860021174	FULVEST	FULVEST	100000	Antineopla	10000000	Antineopla	S	250 MG/5I	INTRAMU	SOSY	ML	5		GENERIC		70860				N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860021461	MELPHAL	MELPHAL	100000	Antineopla	10000000	Antineopla	S	50 MG	INTRAVEI	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860021566	PACLITA	PACLITA	100000	Antineopla	10000000	Antineopla	S	30 MG/5M	INTRAVEI	CONC	ML	5		GENERIC	10/2/2024	70860				N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860021567	PACLITA	PACLITA	100000	Antineopla	10000000	Antineopla	S	100 MG/16	INTRAVEI	CONC	ML	16.7		GENERIC	12/5/2024	70860				N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860021568	PACLITA	PACLITA	100000	Antineopla	10000000	Antineopla	S	300 MG/50	INTRAVEI	CONC	ML	50		GENERIC	4/30/2024	70860				N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860021710	ARSENIC	ARSENIC	100000	Antineopla	10000000	Antineopla	S	10 MG/10I	INTRAVEI	SOLN	ML	10		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860021803	CYCLOPH	CYCLOPH	100000	Antineopla	10000000	Antineopla	S	500 MG/2.	INTRAVEI	SOLN	ML	2.5		MSB	9/7/2023	70860				N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION						R	MEDPRMI
70860021805	CYCLOPH	CYCLOPH	100000	Antineopla	10000000	Antineopla	S	1 GM/5ML	INTRAVEI	SOLN	ML	5		MSB	9/7/2023	70860				N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION						R	MEDPRMI
70860021810	CYCLOPH	CYCLOPH	100000	Antineopla	10000000	Antineopla	S	2 GM/10M	INTRAVEI	SOLN	ML	10		MSB	9/7/2023	70860				N	EXCLUDE	SELF_INJ	6 SPBD2	FORMULARY EXCLUSION						R	MEDPRMI
70860021920	DECITABI	DECITABI	100000	Antineopla	10000000	Antineopla	S	50 MG	INTRAVEI	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860022130	CARMUS	CARMUS	100000	Antineopla	10000000	Antineopla	S	100 MG	INTRAVEI	SOLR	EA	1		GENERIC	9/7/2023	70860	Y			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860022361	CARMUS	CARMUS	100000	Antineopla	10000000	Antineopla	S	100 MG	INTRAVEI	SOLR	EA	1		GENERIC	9/7/2023	70860	Y			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860022510	BORTEZO	BORTEZO	100000	Antineopla	10000000	Antineopla	S	3.5 MG	INJECTIO	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860030005	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG/5ML	INTRAVEI	SOLN	ML	5		GENERIC	5/3/2022	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860030041	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG/5ML	INTRAVEI	SOLN	ML	5		GENERIC	5/3/2022	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860030105	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	25 MG/5M	INTRAVEI	SOLN	ML	5		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860030110	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	50 MG/10I	INTRAVEI	SOLN	ML	10		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860030125	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	125 MG/25	INTRAVEI	SOLN	ML	25		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860030141	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	25 MG/5M	INTRAVEI	SOLN	ML	5		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860030142	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	50 MG/10I	INTRAVEI	SOLN	ML	10		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860030143	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	125 MG/25	INTRAVEI	SOLN	ML	25		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860030202	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	2		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860030204	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	4		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860030210	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	10		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860030241	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	2		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860030242	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	4		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860030243	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	10		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860030310	EPTIFIBA	EPTIFIBA	201218	Platelet-Ag	20121800	Platelet-Ag	S	20 MG/10I	INTRAVEI	SOLN	ML	10		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860030551	EPTIFIBA	EPTIFIBA	201218	Platelet-Ag	20121800	Platelet-Ag	S	75 MG/100	INTRAVEI	SOLN	ML	100		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860030602	ISOPROT	ISOPROT	121208	beta-Adre	12120804	Non-selec	S	0.2 MG/MI	INJECTIO	SOLN	ML	1		GENERIC	10/2/2024	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860030606	ISOPROT	ISOPROT	121208	beta-Adre	12120804	Non-selec	S	0.2 MG/MI	INJECTIO	SOLN	ML	5		GENERIC	10/2/2024	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860040010	TRANEXA	TRANEXA	202816	Hemostati	20281600	Hemostati	S	1000 MG/1	INTRAVEI	SOLN	ML	10		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860040041	TRANEXA	TRANEXA	202816	Hemostati	20281600	Hemostati	S	1000 MG/1	INTRAVEI	SOLN	ML	10		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860040210	BIVALIRU	BIVALIRU	201204	Anticoagu	20120412	Direct Thr	S	250 MG	INTRAVEI	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860040241	BIVALIRU	BIVALIRU	201204	Anticoagu	20120412	Direct Thr	S	250 MG	INTRAVEI	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860040350	BIVALIRU	BIVALIRU	201204	Anticoagu	20120412	Direct Thr	S	250 MG/50	INTRAVEI	SOLN	ML	50		SSB	9/7/2023	70860				N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860040351	BIVALIRU	BIVALIRU	201204	Anticoagu	20120412	Direct Thr	S	250 MG/50	INTRAVEI	SOLN	ML	50		SSB	9/7/2023	70860				N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860040504	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	0.25 MG/M	INJECTIO	SOLN	ML	4		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860040541	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	0.25 MG/M	INJECTIO	SOLN	ML	4		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860040610	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	0.25 MG/M	INJECTIO	SOLN	ML	10		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860040641	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	0.25 MG/M	INJECTIO	SOLN	ML	10		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860045110	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	100 MCG	INTRAVEI	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860045210	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	200 MCG	INTRAVEI	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860045310	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	500 MCG	INTRAVEI	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860045401	DESMOPI	DESMOPI	682800	Pituitary	68280000	Pituitary	S	4 MCG/MI	INJECTIO	SOLN	ML	1		GENERIC	9/7/2023	70860		Y		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
70860045410	DESMOPI	DESMOPI	682800	Pituitary	68280000	Pituitary	S	4 MCG/MI	INJECTIO	SOLN	ML	10		GENERIC	9/7/2023	70860		Y		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
70860045441	DESMOPI	DESMOPI	682800	Pituitary	68280000	Pituitary	S	4 MCG/MI	INJECTIO	SOLN	ML	1		GENERIC	9/7/2023	70860		Y		N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
70860050142	MAGNESI	MAGNESI	281292	Anticonvul	28129200	Anticonvul	S	4 GM/100I	INTRAVEI	SOLN	ML	100		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860050181	MAGNESI	MAGNESI	281292	Anticonvul	28129200	Anticonvul	S	2 GM/50M	INTRAVEI	SOLN	ML	50		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860050182	MAGNESI	MAGNESI	281292	Anticonvul	28129200	Anticonvul	S	4 GM/100I	INTRAVEI	SOLN	ML	100		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860050281	MAGNESI	MAGNESI	281292	Anticonvul	28129200	Anticonvul	S	4 GM/50M	INTRAVEI	SOLN	ML	50		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860060002	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG/2ML	INJECTIO	SOLN	ML	2		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860060041	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG/2ML	INJECTIO	SOLN	ML	2		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860060105	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	25 MG/5M	INJECTIO	SOLN	ML	5		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860060110	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	50 MG/10I	INJECTIO	SOLN	ML	10		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860060141	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	25 MG/5M	INJECTIO	SOLN	ML	5		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860060142	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	50 MG/10I	INJECTIO	SOLN	ML	10		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860060241	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG/10	INTRAVEI	SOLN	ML	100		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860060282	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG/10	INTRAVEI	SOLN	ML	100		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860060341	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	1000 MG/1	INTRAVEI	SOLN	ML	100		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860060382	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	1000 MG/1	INTRAVEI	SOLN	ML	100		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860060441	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	1500 MG/1	INTRAVEI	SOLN	ML	100		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860060482	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	1500 MG/1	INTRAVEI	SOLN	ML	100		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860060502	DEXMEDI	DEXMEDI	121204	alpha-Adr	12120400	alpha-Adr	S	200 MCG/	INTRAVEI	SOLN	ML	2		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860060503	DEXMEDI	DEXMEDI	121204	alpha-Adr	12120400	alpha-Adr	S	200 MCG/	INTRAVEI	SOLN	ML	2		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860060541	DEXMEDI	DEXMEDI	121204	alpha-Adr	12120400	alpha-Adr	S	200 MCG/	INTRAVEI	SOLN	ML	2		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860065105	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	50 MG/5M	INTRAVEI	SOLN	ML	5		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860065110	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	100 MG/10	INTRAVEI	SOLN	ML	10		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860065141	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	50 MG/5M	INTRAVEI	SOLN	ML	5		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860065142	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	100 MG/10	INTRAVEI	SOLN	ML	10		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860065210	ETOMIDA	ETOMIDA	280408	UNKNOW	28040800	UNKNOW	S	2 MG/ML	INTRAVEI	SOLN	ML	10		GENERIC	2/21/2022	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860065220	ETOMIDA	ETOMIDA	280408	UNKNOW	28040800	UNKNOW	S	2 MG/ML	INTRAVEI	SOLN	ML	20		GENERIC	2/21/2022	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860065241	ETOMIDA	ETOMIDA	280408	UNKNOW	28040800	UNKNOW	S	2 MG/ML	INTRAVEI	SOLN	ML	10		GENERIC	2/21/2022	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860065242	ETOMIDA	ETOMIDA	280408	UNKNOW	28040800	UNKNOW	S	2 MG/ML	INTRAVEI	SOLN	ML	20		GENERIC	2/21/2022	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860065310	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	1000 MG/1	INJECTIO	SOLN	ML	10		GENERIC	2/21/2022	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860065341	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	1000 MG/1	INJECTIO	SOLN	ML	10		GENERIC	2/21/2022	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860070001	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	15 MG/ML	INJECTIO	SOLN	ML	1		GENERIC	9/7/2023	70860		Y		N	FORMULARY		1 GEN	GENERICS			X	5 DAYS		R	MEDPRMI
70860070002	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	15 MG/ML	INJECTIO	SOLN	ML	1		GENERIC	9/7/2023	70860		Y		N	FORMULARY		1 GEN	GENERICS			X	5 DAYS		R	MEDPRMI
70860070041	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	15 MG/ML	INJECTIO	SOLN	ML	1		GENERIC	9/7/2023	70860		Y		N	FORMULARY		1 GEN	GENERICS			X	5 DAYS		R	MEDPRMI
70860070101	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	30 MG/ML	INJECTIO	SOLN	ML	1		GENERIC	1/23/2023	70860		Y		N	FORMULARY		1 GEN	GENERICS			X	5 DAYS		R	MEDPRMI
70860070102	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	60 MG/2M	INTRAMU	SOLN	ML	2		GENERIC	9/7/2023	70860		Y		N	FORMULARY		1 GEN	GENERICS			X	5 DAYS		R	MEDPRMI
70860070103	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	30 MG/ML	INJECTIO	SOLN	ML	1		GENERIC	9/7/2023	70860		Y		N	FORMULARY		1 GEN	GENERICS			X	5 DAYS		R	MEDPRMI
70860070104	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	60 MG/2M	INTRAMU	SOLN	ML	2		GENERIC	9/7/2023	70860		Y		N	FORMULARY		1 GEN	GENERICS			X	5 DAYS		R	MEDPRMI
70860070141	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	30 MG/ML	INJECTIO	SOLN	ML	1		GENERIC	9/7/2023	70860		Y		N	FORMULARY		1 GEN	GENERICS			X	5 DAYS		R	MEDPRMI
70860070142	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	60 MG/2M	INTRAMU	SOLN	ML	2		GENERIC	9/7/2023	70860		Y		N	FORMULARY		1 GEN	GENERICS			X	5 DAYS		R	MEDPRMI
70860075102	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG/2M	INTRAVEI	SOLN	ML	2		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860075141	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG/2M	INTRAVEI	SOLN	ML	2		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860075320	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	200 MG/20	INTRAVEI	SOLN	ML	20		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860075341	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	200 MG/20	INTRAVEI	SOLN	ML	20		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860077602	ONDANSI	ONDANSI	562220	5-HT3 Rec	56222000	5-HT3 Rec	S	4 MG/2ML	INJECTIO	SOLN	ML	2		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860077641	ONDANSI	ONDANSI	562220	5-HT3 Rec	56222000	5-HT3 Rec	S	4 MG/2ML	INJECTIO	SOLN	ML	2		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860077720	ONDANSI	ONDANSI	562220	5-HT3 Rec	56222000	5-HT3 Rec	S	40 MG/20I	INJECTIO	SOLN	ML	20		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860077721	ONDANSI	ONDANSI	562220	5-HT3 Rec	56222000	5-HT3 Rec	S	40 MG/20I	INJECTIO	SOLN	ML	20		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860077802	PROCHLO	PROCHLO	281608	Antipsych	28160824	Phenothia	S	10 MG/2M	INJECTIO	SOLN	ML	2		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860077810	PROCHLO	PROCHLO	281608	Antipsych	28160824	Phenothia	R	50 MG/10I	INJECTIO	SOLN	ML	10		GENERIC	3/7/2022	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860077841	PROCHLO	PROCHLO	281608	Antipsych	28160824	Phenothia	S	10 MG/2M	INJECTIO	SOLN	ML	2		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860078101	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.2 MG/MI	INJECTIO	SOLN	ML	1		GENERIC		70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860078102	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.4 MG/2M	INJECTIO	SOLN	ML	2		GENERIC		70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860078105	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	1 MG/5ML	INJECTIO	SOLN	ML	5		GENERIC		70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860078120	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	4 MG/20M	INJECTIO	SOLN	ML	20		GENERIC		70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860078141	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.2 MG/MI	INJECTIO	SOLN	ML	1		GENERIC		70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860078142	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.4 MG/2M	INJECTIO	SOLN	ML	2		GENERIC		70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860078143	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	1 MG/5ML	INJECTIO	SOLN	ML	5		GENERIC		70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860078144	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	4 MG/20M	INJECTIO	SOLN	ML	20		GENERIC		70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860078210	FOSAPRE	FOSAPRE	562232	UNKNOW	56223200	UNKNOW	S	150 MG	INTRAVEI	SOLR	EA	1		GENERIC	1/31/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860078310	FOSAPRE	FOSAPRE	562232	UNKNOW	56223200	UNKNOW	S	150 MG	INTRAVEI	SOLR	EA	1		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860078405	VALPROA	VALPROA	281228	UNKNOW	28122800	UNKNOW	S	500 MG/5I	INTRAVEI	SOLN	ML	5		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860078441	VALPROA	VALPROA	281228	UNKNOW	28122800	UNKNOW	S	500 MG/5I	INTRAVEI	SOLN	ML	5		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860078505	PALONOS	PALONOS	562220	5-HT3 Rec	56222000	5-HT3 Rec	S	0.25 MG/5	INTRAVEI	SOLN	ML	5		GENERIC	9/7/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70860080282	ZOLEDRC	ZOLEDRC	922400	UNKNOW	92240000	UNKNOW	S	5 MG/100I	INTRAVEI	SOLN	ML	100		GENERIC	2/13/2023	70860				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70868073016	MICLARA	TRIPROLI	40400	First Gene	4040000	First Gene	O	1.25 MG/5	ORAL	LIQD	ML	473		SSB		70868				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70868074016	MICLARA	PHENYLE	480800	Antitussive	48080000	Antitussive	O	10-2.5-20	ORAL	LIQD	ML	473		SSB		70868				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70868075016	LORTUSS	DOXYLAM	40400	First Gene	4040000	First Gene	O	6.25-30 M	ORAL	LIQD	ML	473		SSB		70868				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70868081010	IMIPRAMI	IMIPRAMI	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		70868				N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
70868082005	DESOXYN	METHAMI	282004	Amphetam	28200400	Amphetam	S	5 MG	ORAL	TABS	EA	100	X	MSB		70868				N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION	X	5 IN 1 DAYS				R	MEDPRMI
70868090190	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	90		GENERIC		70868				N	FORMULARY		1 GEN	GENERICS	X	6 IN 1 DAYS				R	MEDPRMI
70868091010	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	100		GENERIC		70868				N	FORMULARY		1 GEN	GENERICS	X	8 IN 1 DAYS				R	MEDPRMI
70868092021	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	1.5 MG	ORAL	TABS	EA	100		GENERIC		70868				N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
70877100201	DEXIFOL	B-COMPL	882800	Multivitam	88280000	Multivitam	S	5 MG	ORAL	TABS	EA	30		GENERIC		70877				N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70877858801	TALIVA	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	R	1 MG	ORAL	CAPS	EA	60		SSB		70877				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70898010212	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	25 MG	RECTAL	SUPP	EA	12		GENERIC		70898				N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
70898010501	NEONATA	PRENATA	882800	Multivitam	88280000	Multivitam	O	27-0.8 MG	ORAL	TABS	EA	100		SSB		70898				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70898011501	NEONATA	PRENATA	882800	Multivitam	88280000	Multivitam	R	27-1 MG	ORAL	TABS	EA	100		SSB		70898				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70898012510	NEOMUL	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	60MG-60M	ORAL	TABS	EA	1000		SSB		70898				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70898019809	ONEVITE	MULTIPLE	882800	Multivitam	88280000	Multivitam	R	100MG-10	ORAL	TABS	EA	90		SSB		70898				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70898020424	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	25 MG	RECTAL	SUPP	EA	24		GENERIC		70898				N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
70898022001	NEONATA	PRENATA	882800	Multivitam	88280000	Multivitam	R	27-1 MG	ORAL	TABS	EA	100		SSB		70898				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70898022109	NEOVITE	MULTIPLE	882800	Multivitam	88280000	Multivitam	R	100MG-10	ORAL	TABS	EA	90		SSB		70898				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70898040909	FOLVITE-	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	R	1-3775 MC	ORAL	TABS	EA	90		SSB		70898				N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
70914000100	D-CARE (	BLOOD G	940000	Devices	94000000	Devices	R	0	DOES NO	KIT	EA	1		NON DRUG		70914				N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION					FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GI	R	MEDPRMI
70914000305	D-CARE E	GLUCOSE	362600	Diabetes M	36260000	Diabetes M	R	0	IN VITRO	STRP	EA	50		NON DRUG		70914				N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
70914002001	NUVAZIL	OCCLUSI	940000	Devices	94000000	Devices	R	100%	DOES NO	SHEE	EA	15		NON DRUG		70914				N	EXCLUDE	N/A: [DRU	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
70914003100	NVZZLER	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		70914				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70914003101	NVZZLER	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		70914				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70914003310	BREATHE	SPACER/	940000	Devices	94000000	Devices	R	0	DOES NO	DEVI	EA	1		NON DRUG		70914				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70914003320	BREATHE	SPACER/	940000	Devices	94000000	Devices	R	0	DOES NO	DEVI	EA	1		NON DRUG		70914				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70914003330	BREATHE	SPACER/	940000	Devices	94000000	Devices	R	0	DOES NO	DEVI	EA	1		NON DRUG		70914				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70914003410	POWDER	DISPOSA	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	100		NON DRUG		70914				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70914003420	POWDER	DISPOSA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		70914				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70914003430	POWDER	DISPOSA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		70914				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70914003440	POWDER	DISPOSA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		70914				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70914003500	BREATHE	HUMIDIFI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		70914				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70914003600	BREATHE	RESPIRA	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		70914				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70914003610	BREATHE	RESPIRA	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		70914				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70914003620	BREATHE	RESPIRA	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		70914				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70914003700	BREATHE	PEAK FLC	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		SSB		70914				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70914003900	DISPOSA	MASKS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50		NON DRUG		70914				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70914003901	DISPOSA	MASKS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	25		NON DRUG		70914				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70914004000	KN95 DIS	MASKS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	5		NON DRUG		70914				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70914004001	DISPOSA	MASKS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	5		NON DRUG		70914				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70914004200	BREATHE	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		70914				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70934001030	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30	X	GENERIC	6/4/2024	70934			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70934001090	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90	X	GENERIC	2/3/2023	70934			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70934001130	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	30	X	GENERIC	7/2/2024	70934			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70934001460	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	60	X	GENERIC	2/6/2023	70934			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
70934001530	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30	X	GENERIC	2/15/2023	70934			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI

70934001590	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	GENERIC	1/31/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934001930	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-s	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	7/31/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934001990	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-s	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	8/1/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934002130	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	30		GENERIC	2/13/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934002190	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	90		GENERIC	2/13/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934002614	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	14	X	GENERIC	7/3/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934002714	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	100 MG	ORAL	TB24	EA	14	X	GENERIC	1/23/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934002915	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	15		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934003030	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	30	X	GENERIC	2/3/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934003090	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	90	X	GENERIC	2/3/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934003114	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	75 MG	ORAL	CPCR	EA	14	X	GENERIC	1/30/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934003215	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	15	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934003230	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934003260	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934003290	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934003320	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	20		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934003321	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	21		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934003330	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	30		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934003392	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	21		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934003393	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	28		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934003394	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	30		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

70934003520	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	20		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934003530	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	30		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934003540	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	40		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934003591	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	20		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934003593	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	28		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934003594	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	30		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934003814	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875 MG	ORAL	TABS	EA	14		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934003891	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875 MG	ORAL	TABS	EA	20		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934003894	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875 MG	ORAL	TABS	EA	30		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934003910	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	10		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934003914	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	14		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934003991	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	20		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934003994	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	30		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934004010	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	10		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934004020	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	20		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934004021	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	21		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934004030	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	30		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934004040	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	40		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934004056	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	56		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934004094	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	30		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934004120	MINOCYC	MINOCYC	81224	Tetracyclir	8122400	Tetracyclir	S	50 MG	ORAL	CAPS	EA	20		GENERIC	7/3/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934004160	MINOCYC	MINOCYC	81224	Tetracyclir	8122400	Tetracyclir	S	50 MG	ORAL	CAPS	EA	60		GENERIC	7/3/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934004214	MINOCYC	MINOCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	14		GENERIC	7/3/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934004220	MINOCYC	MINOCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	20		GENERIC	7/3/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934004230	MINOCYC	MINOCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	30		GENERIC	7/3/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934004306	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	6		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934004312	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	12		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934004420	CEFDINIR	CEFDINIR	81206	Cephalos	8120612	Third Gen	S	300 MG	ORAL	CAPS	EA	20		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934004506	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	6		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934004510	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	10		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934004514	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	14		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934004520	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	20		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934004530	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	30		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934004620	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	20		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934004628	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	28		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934004714	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	14		GENERIC	8/1/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934004830	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	30		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934004840	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	40		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934004906	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	6		GENERIC	2/13/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934004910	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	10		GENERIC	12/4/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934004914	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	14		GENERIC	2/13/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934004920	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	20		GENERIC	12/4/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934005007	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	7		GENERIC	1/30/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934005010	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	10		GENERIC	1/30/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934005014	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	14		GENERIC	1/30/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934005130	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC	4/3/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934005160	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC	1/2/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934005190	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC	1/2/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934005280	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	80		GENERIC	1/19/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934005314	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500-125 M	ORAL	TABS	EA	14		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934005394	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500-125 M	ORAL	TABS	EA	30		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934005421	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	21		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934005430	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	30		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934005440	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	40		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934005492	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	21		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934005493	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	28		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934005494	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	30		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934005520	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	20		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934005530	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	30		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934005691	CEFADRO	CEFADRO	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	20		GENERIC	7/3/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934005694	CEFADRO	CEFADRO	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	30		GENERIC	7/3/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934005714	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500-125 M	ORAL	TABS	EA	14		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934005794	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500-125 M	ORAL	TABS	EA	30		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934005830	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	30		GENERIC	7/3/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934005928	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	28		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934006030	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-s	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934006130	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934006190	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934006220	CEFDINIR	CEFDINIR	81206	Cephalos	8120612	Third Gen	S	300 MG	ORAL	CAPS	EA	20		GENERIC	12/4/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934006315	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	15		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934006320	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934006330	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934006414	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875 MG	ORAL	TABS	EA	14		GENERIC	10/2/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934006491	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875 MG	ORAL	TABS	EA	20		GENERIC	10/2/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934006494	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875 MG	ORAL	TABS	EA	30		GENERIC	10/2/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934006520	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	20		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934006530	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	30		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934006540	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	40		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934006594	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	30		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934006660	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934006730	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934006806	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	6		GENERIC	1/19/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934006930	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934006990	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934007030	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934007130	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	6/4/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934007230	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	1/10/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934007320	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	20	X	GENERIC	1/2/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934007330	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30	X	GENERIC	1/31/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934007430	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	10/2/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934007490	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	10/31/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934007530	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	9/4/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934007590	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934007730	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	CAPS	EA	30	X	GENERIC	1/24/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934007820	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	20		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934007830	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	30		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934007901	SUPRAX	CEFIXIME	81206	Cephalos	8120612	Third Gen	S	400 MG	ORAL	CAPS	EA	1		MSB	2/1/2022	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
70934008030	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934008191	CEFADRO	CEFADRO	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	20		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934008194	CEFADRO	CEFADRO	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	30		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934008230	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	30		GENERIC	7/3/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934008294	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	30		GENERIC	7/3/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934008330	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934008390	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	90	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934008514	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	14		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934008520	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	20		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934008620	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	20		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934008730	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250 MG	ORAL	CAPS	EA	30		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934008820	CEFUROX	CEFUROX	81206	Cephalos	8120608	Second G	S	500 MG	ORAL	TABS	EA	20		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934008930	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934009030	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-s	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934009130	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934009230	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	30	X	GENERIC	6/4/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934009290	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	90	X	GENERIC	6/4/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934009306	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	6		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934009314	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	14		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934009320	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	20		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934009407	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	7		GENERIC	7/31/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934009410	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	10		GENERIC	10/31/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934009520	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	20		GENERIC	2/8/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934009521	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	21		GENERIC	10/2/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934009530	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	30		GENERIC	10/2/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934009542	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	42		GENERIC	10/2/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934009610	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	10		GENERIC	3/1/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934009615	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	15		GENERIC	3/1/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934009620	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	20		GENERIC	3/1/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934009630	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	30		GENERIC	3/1/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934009720	MINOCYC	MINOCYC	81224	Tetracyclir	8122400	Tetracyclir	S	50 MG	ORAL	CAPS	EA	20		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934009830	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	7/2/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934009890	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	1/26/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934010121	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	21		GENERIC	2/13/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934010230	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934010414	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	14		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934010420	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	20		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934010421	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	21		GENERIC		70934	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934010430	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934010530	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934010596	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	180	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934010614	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	14		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934010730	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934010840	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	40		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934010910	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	10		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934010928	CEPHALE	CEPHALE	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	28		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934011091	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	20		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934011094	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	30		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934011130	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	3/1/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934011230	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-s	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934011290	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-s	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934011330	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934011430	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934011730	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934011830	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934011860	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	60	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934011890	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934011930	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934011990	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934012030	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934012090	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934012109	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	9		GENERIC	1/17/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934012115	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	15		GENERIC	1/17/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934012120	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	20		GENERIC	1/17/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934012130	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	30		GENERIC	1/17/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934012430	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30	X	GENERIC	2/6/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934012460	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC	2/6/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934012630	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500-125 M	ORAL	TABS	EA	30		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934012730	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934012790	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934012830	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934012914	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	14		GENERIC	2/6/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934013030	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934013130	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	30		GENERIC	7/3/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

70934013330	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934013430	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934013498	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	120	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934013530	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	30	X	GENERIC	1/31/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934013560	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	60	X	GENERIC	10/2/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934013630	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934013660	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934013705	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	50 MG	ORAL	TABS	EA	5		GENERIC	2/13/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934013830	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	30		GENERIC	1/31/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934014030	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	R	250 MG	ORAL	CHEW	EA	30		GENERIC	7/3/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934014040	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	R	250 MG	ORAL	CHEW	EA	40		GENERIC	7/3/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934014130	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	CAPS	EA	30	X	GENERIC	1/24/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934014230	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	1/12/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934014480	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	80		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934014530	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934014730	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	TABS	EA	30		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934014804	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	4		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934014806	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	6		GENERIC	12/4/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934014810	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	10		GENERIC	7/2/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934014930	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934015030	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	30		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934015130	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	30	X	GENERIC	1/17/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934015160	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	60	X	GENERIC	1/17/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934015190	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	90	X	GENERIC	1/17/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934015196	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	180	X	GENERIC	1/17/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934015230	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	100 MCG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934015494	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250 MG	ORAL	CAPS	EA	30		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934015590	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	4/30/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934015696	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	180	X	GENERIC	1/17/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934015730	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	30	X	GENERIC	2/15/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934015830	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	30	X	GENERIC	7/3/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934015890	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	90	X	GENERIC	7/3/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934015930	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934016020	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	20		GENERIC	2/3/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934016130	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934016291	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	20		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934016330	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-s	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934016420	CEFDINIR	CEFDINIR	81206	Cephalos	8120612	Third Gen	S	300 MG	ORAL	CAPS	EA	20		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934016530	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	30	X	GENERIC	7/31/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934016630	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	50 MCG	ORAL	TABS	EA	30	X	GENERIC	2/15/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934016690	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	50 MCG	ORAL	TABS	EA	90	X	GENERIC	2/15/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934016730	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934016990	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-s	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934017030	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	TABS	EA	30	X	GENERIC	6/4/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934017730	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	1/31/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934017760	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	60	X	GENERIC	1/12/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934017990	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	150 MCG	ORAL	TABS	EA	90	X	GENERIC	2/15/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934018130	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	30	X	GENERIC	3/1/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934018230	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	30		GENERIC	1/23/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934018490	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC	1/17/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934018720	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	TABS	EA	20		GENERIC	3/1/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934018830	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-s	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	7/31/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934018890	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-s	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	12/4/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934019930	CETIRIZI	CETIRIZI	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC	4/2/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934019990	CETIRIZI	CETIRIZI	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC	10/2/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934020030	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	2/1/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934020090	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	2/1/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934020230	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	2/6/2023	70934	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934020290	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	5/31/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934020330	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934020687	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TBDP	EA	6		GENERIC	2/6/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934020695	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TBDP	EA	10		GENERIC	2/6/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934020730	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934020760	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	60	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934020930	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	1/10/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934021230	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	30	X	GENERIC	10/31/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934021260	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	60	X	GENERIC	10/31/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934021290	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	90	X	GENERIC	10/31/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934021630	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	30		GENERIC	8/1/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934021810	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	10		GENERIC	2/8/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934021815	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	15		GENERIC	2/8/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934021830	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	30		GENERIC	2/8/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934021930	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	10/2/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934022130	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC	1/23/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934022330	FENOFIB	FENOFIB	240606	Fibric Acid	24060600	Fibric Acid	S	160 MG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934022890	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	1/17/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934023430	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	30		GENERIC		70934	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934023830	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	30		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934024310	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	10		GENERIC	10/2/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934024312	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	12		GENERIC	10/2/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934024320	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	20		GENERIC	7/31/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934024330	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	30		GENERIC	10/2/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934024430	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934024530	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

70934024590	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	2/13/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934024610	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	10		GENERIC	2/8/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934025130	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10-12.5 M	ORAL	TABS	EA	30	X	GENERIC	2/1/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934025208	VITAMIN I	ERGOCAL	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (	ORAL	CAPS	EA	8	X	GENERIC	10/31/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934025212	VITAMIN I	ERGOCAL	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (	ORAL	CAPS	EA	12	X	GENERIC	2/13/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934025230	VITAMIN I	ERGOCAL	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (	ORAL	CAPS	EA	30	X	GENERIC	7/3/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934025590	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	90	X	GENERIC	4/2/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934025630	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934026410	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	10		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934026630	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	25 MCG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934026730	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	30	X	GENERIC	10/2/2023	70934	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934026790	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	90	X	GENERIC	10/31/2023	70934	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934026910	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	10		GENERIC	8/31/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934026914	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	14		GENERIC	1/2/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934027130	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	30	X	GENERIC	1/23/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934027190	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	90	X	GENERIC	1/23/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934027330	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	50 MCG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934027390	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	50 MCG	ORAL	TABS	EA	90	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934027530	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	8/31/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934027590	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	2/13/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934027620	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	20		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934028830	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	1/12/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934029021	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	21		GENERIC	2/8/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934029115	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	15		GENERIC	2/8/2023	70934	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934029121	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	21		GENERIC	2/8/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934029230	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	75 MCG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934029290	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	75 MCG	ORAL	TABS	EA	90	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934029484	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TBDP	EA	20		GENERIC	8/31/2023	70934	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934029495	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TBDP	EA	10		GENERIC	8/31/2023	70934	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934029630	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	1/12/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934029730	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30	X	GENERIC	2/3/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934029790	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90	X	GENERIC	2/3/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934030030	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	12/4/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934030090	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	1/31/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934030330	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934030490	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	1/19/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934030530	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	2/6/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934030560	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	60	X	GENERIC	2/6/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934030590	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	2/6/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934030710	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	10		GENERIC	7/3/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934030715	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	15		GENERIC	7/3/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934030721	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	21		GENERIC	2/8/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934030730	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	30		GENERIC	7/3/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934030830	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	100 MCG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934031606	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	6		GENERIC	1/31/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934031614	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	14		GENERIC	9/4/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934031630	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	30		GENERIC	1/31/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934032130	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	30	X	GENERIC	1/26/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934032190	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	90	X	GENERIC	1/26/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934032330	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934032390	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	90	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934032460	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	60		GENERIC		70934	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934032520	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	TABS	EA	20		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934033030	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	6/4/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934033090	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	12/4/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934033130	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934033630	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934033830	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	7/2/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934034130	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	1/19/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934034230	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	4/18/2022	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934034430	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	2/8/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934034830	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934034890	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		70934	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934034930	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934034990	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	90	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934035130	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934035190	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934035312	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	12		GENERIC	2/13/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934035930	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	CAPS	EA	30	X	GENERIC	1/24/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934036830	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934037030	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934037090	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	2/13/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934037130	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	120 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934037430	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	100 MCG	ORAL	TABS	EA	30	X	GENERIC	1/30/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934037530	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC	1/31/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934037590	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC	8/31/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934037730	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934037830	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	25 MCG	ORAL	TABS	EA	30	X	GENERIC	1/30/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934037890	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	25 MCG	ORAL	TABS	EA	90	X	GENERIC	1/30/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934037930	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	88 MCG	ORAL	TABS	EA	30	X	GENERIC	1/30/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934037990	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	88 MCG	ORAL	TABS	EA	90	X	GENERIC	1/30/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934038030	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	112 MCG	ORAL	TABS	EA	30	X	GENERIC	1/30/2023	70934	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934038130	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	125 MCG	ORAL	TABS	EA	30	X	GENERIC	1/30/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934038230	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	150 MCG	ORAL	TABS	EA	30	X	GENERIC	1/30/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934038530	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	30		GENERIC		70934	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934038730	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	30		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934038830	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	30	X	GENERIC	10/2/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934038890	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	90	X	GENERIC	10/31/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934039030	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	7/2/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934039090	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	2/6/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934039207	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	7		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934039210	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	10		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934039330	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	2 MG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934039530	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	30	X	GENERIC	1/30/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934039730	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	1/19/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934039790	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	1/19/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934039830	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	50 MCG	ORAL	TABS	EA	30	X	GENERIC	1/30/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934039890	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	50 MCG	ORAL	TABS	EA	90	X	GENERIC	1/30/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934040430	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	30	X	GENERIC	2/3/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934040460	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	60	X	GENERIC	2/3/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934040490	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	90	X	GENERIC	2/3/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934040630	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	1/17/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934040721	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250 MG	ORAL	CAPS	EA	21		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934041130	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	75 MCG	ORAL	TABS	EA	30	X	GENERIC	1/30/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934041230	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	1/26/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934041530	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	6/4/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934041830	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934042290	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	90	X	GENERIC	2/3/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934042730	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	30	X	GENERIC	2/3/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934042760	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	60	X	GENERIC	2/3/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934042790	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	90	X	GENERIC	4/3/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934042930	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	30		GENERIC	3/1/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934043621	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	21		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934043930	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	1/26/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934044210	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	10		GENERIC	6/4/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934044215	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	15		GENERIC	6/4/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934044220	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC	10/31/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934044230	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC	10/31/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934044260	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC	10/31/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934044290	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC	8/31/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934044883	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TBDP	EA	4		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934044895	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TBDP	EA	10		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934045430	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	2/6/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934045490	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	2/6/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934045630	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934045690	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934046630	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	30	X	GENERIC	1/26/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934046660	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	60	X	GENERIC	1/26/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934046690	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	90	X	GENERIC	1/26/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934046730	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC	2/1/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934046790	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC	2/1/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934046797	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	100		GENERIC	2/1/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934047030	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	1/10/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934047110	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	10		GENERIC	3/1/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934047112	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	12		GENERIC	2/13/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934047115	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	15		GENERIC	2/13/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934047120	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	20		GENERIC	2/13/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934047121	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	21		GENERIC	4/3/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934047130	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	30		GENERIC	3/1/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934047990	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934048230	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934048290	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934048430	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	30		GENERIC	1/24/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934048490	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	90		GENERIC	1/24/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934048530	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	5 MG	ORAL	CHEW	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934048630	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934048690	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934049030	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	30	X	GENERIC	1/24/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934049230	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	7/3/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934049290	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	1/24/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934049330	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	2/13/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934049390	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	2/13/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934049430	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	30	X	GENERIC	2/13/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934049920	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	20		GENERIC	3/1/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934050030	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	10/31/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934050090	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	1/2/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934050186	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	2		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934050230	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	30	X	GENERIC	5/1/2023	70934	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934050290	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	90	X	GENERIC	5/1/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934050430	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	30	X	GENERIC	1/10/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934050930	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	30	X	GENERIC	1/30/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934051230	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	30		GENERIC	1/10/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934051245	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	45		GENERIC	1/10/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934051330	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	30	X	GENERIC	1/17/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934051530	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	30	X	GENERIC	1/17/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934051590	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	90	X	GENERIC	1/17/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934051760	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	60	X	GENERIC	1/17/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934052030	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	175 MCG	ORAL	TABS	EA	30	X	GENERIC	2/15/2023	70934	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934052560	SUCRALF	SUCRALF	562832	Protectant	56283200	Protectant	S	1 GM	ORAL	TABS	EA	60	X	GENERIC	10/31/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934052690	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	1/24/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934053930	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	1/19/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934053990	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	1/19/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934054030	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	1/24/2023	70934	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934054130	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	1 MG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934054230	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	30	X	GENERIC	2/6/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934054406	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	6		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934054410	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	10		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934054414	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	14		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934054420	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	20		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934054428	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	28		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934054530	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	1/17/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934055635	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	35		GENERIC	1/31/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934055715	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	15		GENERIC	1/10/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934055730	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	30		GENERIC	1/10/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934055760	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	60		GENERIC	1/10/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934058010	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	10		GENERIC	2/8/2023	70934	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934058015	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	15		GENERIC	2/8/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934058020	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	20		GENERIC	2/8/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934058021	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	21		GENERIC	2/8/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934058030	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	30		GENERIC	2/8/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934058040	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	40		GENERIC	2/8/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934059730	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	30	X	GENERIC	1/24/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934060130	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	30		GENERIC	1/24/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934060330	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	30	X	GENERIC	1/31/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934060430	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	30	X	GENERIC	4/3/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934060630	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934060660	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934060830	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	10/31/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934060890	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	1/17/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934061030	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	30		GENERIC	8/31/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934061090	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	90		GENERIC	4/2/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934061130	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	30	X	GENERIC	1/24/2023	70934	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934061190	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	90	X	GENERIC	1/24/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934061230	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	30	X	GENERIC	2/6/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934061290	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	90	X	GENERIC	2/6/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934061330	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934061390	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934061430	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934061490	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934061530	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934061590	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934061630	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	1/2/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934061690	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	1/2/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934062430	MINOCYC	MINOCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	30		GENERIC	2/6/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934062520	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	20		GENERIC	1/23/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934062730	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	1/31/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934062790	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	1/31/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934063030	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	1/24/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934063090	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	12/4/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934063330	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC	2/1/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934063495	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TBDP	EA	10		GENERIC		70934	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934063830	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	160 MG	ORAL	TABS	EA	30	X	GENERIC	1/24/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934064630	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	1/24/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934064930	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	30		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934065090	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	1/24/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934065330	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	1/17/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934065730	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	1/31/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934065790	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	2/1/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934065830	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	8/31/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934065890	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	8/31/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934066130	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934066630	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	7/2/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934066730	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC	4/3/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934066830	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-25 MG	ORAL	TABS	EA	30	X	GENERIC	2/1/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934067012	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	1.25 MG (	ORAL	CAPS	EA	12		GENERIC		70934	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934067412	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	12		GENERIC	2/13/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934067520	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	20		GENERIC	3/1/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934067530	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	30		GENERIC	3/1/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934067830	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934068230	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	30		GENERIC	10/31/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934068660	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	60	X	GENERIC	1/17/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934068930	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	1/24/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934069330	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	30		GENERIC	1/19/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934069430	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	30		GENERIC	1/10/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934069460	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	60		GENERIC	1/10/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934069490	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	90		GENERIC	1/10/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934069921	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	21		GENERIC	2/13/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934070230	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	1/24/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934070730	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	30	X	GENERIC	1/17/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934070790	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	90	X	GENERIC	1/17/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934070890	CLOPIDO	CLOPIDO	201218	Platelet-A	20121800	Platelet-A	S	75 MG	ORAL	TABS	EA	90	X	GENERIC	1/23/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934071030	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	CAPS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934071230	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	30	X	GENERIC	1/24/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934071290	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	90	X	GENERIC	1/24/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934071390	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	1/24/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934071430	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	CAPS	EA	30	X	GENERIC	1/24/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934071590	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	1/26/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934071660	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	60		GENERIC	1/26/2023	70934	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934071830	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-25 MG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934071890	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-25 MG	ORAL	TABS	EA	90	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934071990	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934072430	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934072490	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	90	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934072530	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	30	X	GENERIC	2/6/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934072590	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	90	X	GENERIC	2/6/2023	70934	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934072630	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	30	X	GENERIC	8/1/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934072690	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	90	X	GENERIC	8/1/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934072730	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	30	X	GENERIC	10/2/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934072930	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934073360	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934073590	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	90	X	GENERIC	2/13/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934073630	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934073660	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	60	X	GENERIC	2/6/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934073690	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	10/2/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934074290	FERROUS	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	325 (65 FE	ORAL	TABS	EA	90		GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934074630	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30	X	GENERIC	10/31/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934074660	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC	10/2/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934074690	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	90	X	GENERIC	10/2/2024	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934074860	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934074890	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934075090	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	2/1/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934075430	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	30		GENERIC	1/23/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934075890	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	90	X	GENERIC	1/17/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
70934075990	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	1/17/2023	70934		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

71149000128	ACTIVES	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	125MG-12	ORAL	MISC	EA	300		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000129	ACTIVNU	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	62.5MG-6	ORAL	CAPS	EA	60		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000130	PMS SOC	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	50MG-50M	ORAL	CAPS	EA	60		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000131	VIRAGRA	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	187.5MG-	ORAL	CAPS	EA	60		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000132	MENOFEI	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	50MG-50M	ORAL	CAPS	EA	90		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000133	D3 LIQUI	CHOLECA	881600	Vitamin D	88160000	Vitamin D	O	25 MCG/0	ORAL	LIQD	ML	60		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000134	NIAVASC	NIACIN	880800	Vitamin B	88080000	Vitamin B	P	500 MG	ORAL	TBCR	EA	120		GENERIC		71149	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000138	ONCOPLE	GLUCORA	929200	UNKNOW	92920000	UNKNOW	O	30 MG	ORAL	CAPS	EA	120		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000141	IGG 2000	PROTEIN	402000	Caloric Ag	40200000	Caloric Ag	O	40MG/5GI	ORAL	POWD	GM	450		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000142	OPTIMAG	MAGNESI	401200	Replacem	40120000	Replacem	O	200MG/1.7	ORAL	POWD	GM	102		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000145	OMEGAPI	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	O	1400 MG	ORAL	CPDR	EA	120		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000146	ALAMAX	ALPHA LII	929200	UNKNOW	92920000	UNKNOW	O	600-450 M	ORAL	TBCR	EA	60		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000148	IMMUNOT	GLUCAN	929200	UNKNOW	92920000	UNKNOW	O	500 MG	ORAL	CAPS	EA	60		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000156	RESVERA	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	62.5-250-7	ORAL	CAPS	EA	60		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000161	PROBIOM	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	5MG-0-0	ORAL	CAPS	EA	120		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000162	XCELLEN	VITAMIN A	880400	Vitamin A	88040000	Vitamin A	P	3000 MCG	ORAL	CAPS	EA	60		GENERIC		71149			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000163	ACTIVNU	PEDIATRI	882800	Multivitam	88280000	Multivitam	O	62.5MG-6	ORAL	CHEW	EA	60		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000164	N.O.MAX	ARGININE	402000	Caloric Ag	40200000	Caloric Ag	O	660-50 MC	ORAL	TBCR	EA	180		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000165	D3 2000	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	50 MCG (2	ORAL	CAPS	EA	120		GENERIC		71149			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000166	D3 5000	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	125 MCG	ORAL	CAPS	EA	90		GENERIC		71149			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000167	CALCIUM	CALCIUM	929200	UNKNOW	92920000	UNKNOW	O	500 MG	ORAL	CAPS	EA	90		GENERIC		71149			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000168	L-THEANI	THEANINI	402000	Caloric Ag	40200000	Caloric Ag	P	200 MG	ORAL	CAPS	EA	60		GENERIC		71149			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000169	ADRENAL	SPECIALT	882800	Multivitam	88280000	Multivitam	O	125MG-12	ORAL	CAPS	EA	60		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000177	ADRENAL	SPECIALT	882800	Multivitam	88280000	Multivitam	O	125MG-12	ORAL	CAPS	EA	120		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000178	B ACTIV	B-COMPL	882800	Multivitam	88280000	Multivitam	O	20MG-400	ORAL	CAPS	EA	90		SSB		71149	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000181	FEMQUIL	SPECIALT	882800	Multivitam	88280000	Multivitam	O	25MG-25M	ORAL	CAPS	EA	120		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000184	COGNIQU	COBALAM	880800	Vitamin B	88080000	Vitamin B	O	1000MCG	ORAL	CAPS	EA	60		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000185	IMMUNOT	GLUCAN	929200	UNKNOW	92920000	UNKNOW	O	500 MG	ORAL	CAPS	EA	20		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000186	PEPCIX	POLAPRE	929200	UNKNOW	92920000	UNKNOW	O	91 MG	ORAL	CHEW	EA	60		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000191	PROBIOM	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0-0-0	ORAL	CAPS	EA	60		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000192	COQMAX	UBIQUINC	929200	UNKNOW	92920000	UNKNOW	O	200 MG	ORAL	CAPS	EA	30		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000194	OSSOPAI	HYDROXY	401200	Replacem	40120000	Replacem	O	1100 MG	ORAL	CAPS	EA	120		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000197	ANGINOX	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	2GM/8GM	ORAL	PDEF	GM	480		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000198	ANGINOX	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	2GM/8GM	ORAL	PDEF	GM	240		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000199	PROBIOM	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	174MG-50	ORAL	CAPS	EA	30		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000204	SAM-E &	S-ADENO	929200	UNKNOW	92920000	UNKNOW	O	400-600 M	ORAL	PACK	EA	30		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000207	NAC	ACETYLC	402000	Caloric Ag	40200000	Caloric Ag	P	600 MG	ORAL	CAPS	EA	120		GENERIC		71149			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000208	ATP IGNI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	500MG-50	ORAL	PACK	EA	30		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000211	ATP IGNI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	500MG-50	ORAL	PACK	EA	30		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000212	TESTOPL	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	250-100 M	ORAL	CAPS	EA	120		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000213	APPE-CU	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	125MG-12	ORAL	CAPS	EA	120		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000214	APPE-CU	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	125MG-12	ORAL	CAPS	EA	240		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000215	ADRENAL	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	20MG-400	ORAL	CAPS	EA	120		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000216	MITOCHO	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	1980MG-4	ORAL	THPK	EA	300		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000217	OMEGAPI	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	O	1250 MG	ORAL	CAPS	EA	120		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000218	K2-D3 50	VITAMIN I	881600	Vitamin D	88160000	Vitamin D	O	5000-90 U	ORAL	CAPS	EA	120		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000221	K2-D3 10,	VITAMIN I	881600	Vitamin D	88160000	Vitamin D	O	45MCG-2	ORAL	CAPS	EA	120		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000222	FITFOOD	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	800MG-16	ORAL	PACK	EA	10		SSB		71149	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000224	PROBIOM	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-50MG-1	ORAL	PACK	EA	30		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000226	HISTDAO	DIAMINE	561600	Digestants	56160000	Digestants	O	300 MCG	ORAL	CAPS	EA	60		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000230	OSSOPAI	HYDROXY	401200	Replacem	40120000	Replacem	O	500-1.25-5	ORAL	CAPS	EA	240		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000231	PROBIOM	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	100MG-50	ORAL	PACK	EA	15		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000232	GASTRAC	DIGESTIV	561600	Digestants	56160000	Digestants	O	300MG-20	ORAL	CAPS	EA	180		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000233	PANXYMI	DIGESTIV	561600	Digestants	56160000	Digestants	O	45MG-0-0	ORAL	CAPS	EA	180		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000235	T-150	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	50MG-15M	ORAL	CAPS	EA	60		NON DRUG		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000236	OSAPLEX	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	550MG-50	ORAL	CPPK	EA	180		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000237	5-HTP	5-HYDRO	929200	UNKNOW	92920000	UNKNOW	O	100 MG	ORAL	TBCR	EA	60		GENERIC		71149			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000238	MELATON	MELATON	929200	UNKNOW	92920000	UNKNOW	P	5-10 MG	ORAL	TBCR	EA	90		GENERIC		71149			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000239	L-THEANI	THEANINI	402000	Caloric Ag	40200000	Caloric Ag	P	200 MG	ORAL	CAPS	EA	120		GENERIC		71149			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000240	ONCOPLE	GLUCORA	929200	UNKNOW	92920000	UNKNOW	O	100 MG	ORAL	CAPS	EA	60		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000241	D3 5000	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	125 MCG	ORAL	CAPS	EA	180		GENERIC		71149			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000242	ACTIVNU	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	62.5MG-6	ORAL	CAPS	EA	240		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000243	OPTIMAG	MAGNESI	401200	Replacem	40120000	Replacem	O	125 MG	ORAL	CAPS	EA	240		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000244	PROBIOM	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0-0-0	ORAL	CAPS	EA	30		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000247	LIVER PR	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	200MG-20	ORAL	CAPS	EA	120		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000248	NATTOKI	NATTOKI	929200	UNKNOW	92920000	UNKNOW	O	50 MG	ORAL	CAPS	EA	120		GENERIC		71149			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000257	OPTICLE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	1129MG-2	ORAL	POWD	GM	868		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000258	OPTICLE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	150MG-11	ORAL	POWD	GM	812		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000261	SACCHAF	SACCHAF	560800	Antidiarrhe	56080000	Antidiarrhe	P	250 MG	ORAL	CAPS	EA	20		GENERIC		71149			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000264	NIAVASC	NIACIN	880800	Vitamin B	88080000	Vitamin B	P	500 MG	ORAL	TBCR	EA	360		GENERIC		71149			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000265	SACCHAF	SACCHAF	560800	Antidiarrhe	56080000	Antidiarrhe	P	250 MG	ORAL	CAPS	EA	120		GENERIC		71149			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000267	NRF2 AC	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	30MG-200	ORAL	CAPS	EA	30		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000268	NIAVASC	NIACIN	880800	Vitamin B	88080000	Vitamin B	P	750 MG	ORAL	TBCR	EA	60		GENERIC		71149	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000269	NIAVASC	NIACIN	880800	Vitamin B	88080000	Vitamin B	P	750 MG	ORAL	TBCR	EA	120		GENERIC		71149			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000271	ACTIVES	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	125MG-12	ORAL	MISC	EA	240		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000279	NEUROAI	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	100MG-37	ORAL	CAPS	EA	240		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000280	NEUROAI	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	100MG-37	ORAL	CAPS	EA	120		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000281	5-MTHF	LEVOMEF	929200	UNKNOW	92920000	UNKNOW	P	1700 MCG	ORAL	CAPS	EA	60		MSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION		R	MEDPRIM
71149000282	OLIVDEFI	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	50MG-0-1	ORAL	CAPS	EA	20		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000283	RELAXMA	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	100MG-20	ORAL	POWD	GM	234		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000284	ADRENAM	AMINO AC	402000	Caloric Ag	40200000	Caloric Ag	P	133.333M	ORAL	CAPS	EA	120		GENERIC		71149			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000285	ACTIVNU	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	62.5MG-6	ORAL	CAPS	EA	120		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000287	PROBIOM	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0-0-0	ORAL	CAPS	EA	30		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000289	MELATON	MELATON	929200	UNKNOW	92920000	UNKNOW	P	5-10 MG	ORAL	TBCR	EA	180		GENERIC		71149			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000290	IMMUNOT	GLUCAN	929200	UNKNOW	92920000	UNKNOW	O	250 MG	ORAL	CAPS	EA	30		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000291	IMMUNE I	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	333.333M	ORAL	CAPS	EA	45		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000293	DHA FRO	DOCOSAI	929200	UNKNOW	92920000	UNKNOW	P	200 MG	ORAL	CAPS	EA	60		GENERIC		71149			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000299	MOOD FC	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	10MG-10M	ORAL	CAPS	EA	60		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000300	PROBIOM	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-50MG-1	ORAL	PACK	EA	30		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000301	BRAINSU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	100MG/17	ORAL	POWD	GM	268.5		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000303	XCELLEN	VITAMIN A	880400	Vitamin A	88040000	Vitamin A	P	7.5 MG (2	ORAL	CAPS	EA	60		GENERIC		71149			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000305	SYNOVX	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	42.5MG-1	ORAL	CAPS	EA	60		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000317	K2-45	MENAQUI	882400	Vitamin K	88240000	Vitamin K	O	45 MCG	ORAL	CAPS	EA	60		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000318	K2-D3 10,	VITAMIN I	881600	Vitamin D	88160000	Vitamin D	O	10000-45	ORAL	CAPS	EA	60		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000320	MOOD FC	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	10MG-10M	ORAL	CAPS	EA	120		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000325	CORTISO	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-0-0-0-0	ORAL	CAPS	EA	120		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000327	NRF2 AC	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	30MG-200	ORAL	CAPS	EA	60		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000333	K-MG CIT	MAGNESI	401200	Replacem	40120000	Replacem	O	70-99 MG	ORAL	CAPS	EA	60		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000334	L-GLUTAI	GLUTAMI	402000	Caloric Ag	40200000	Caloric Ag	P	0-0	ORAL	POWD	GM	340		GENERIC		71149			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000336	REGENEI	CHOLINE-	929200	UNKNOW	92920000	UNKNOW	O	120-6 MG/	ORAL	LIQD	ML	30		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000337	L-LYSINE	LYSINE H	402000	Caloric Ag	40200000	Caloric Ag	O	500 MG	ORAL	CAPS	EA	90		GENERIC		71149			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000338	OPTIMAG	MAGNESI	401200	Replacem	40120000	Replacem	O	200MG/2.5	ORAL	POWD	GM	75		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000342	GI PROTE	PROTEIN	402000	Caloric Ag	40200000	Caloric Ag	O	2.5GM/5.8	ORAL	POWD	GM	174		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000343	CANDICII	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	100MG-50	ORAL	CAPS	EA	60		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000344	ALLERDH	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	50MG-100	ORAL	CAPS	EA	60		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000345	S-ACETYI	S-ACETYI	402000	Caloric Ag	40200000	Caloric Ag	O	100 MG	ORAL	CPDR	EA	60		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000347	VEGAPRC	PROTEIN	402000	Caloric Ag	40200000	Caloric Ag	O	890MG/21	ORAL	POWD	GM	294		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000348	COLONX	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	25MG-25M	ORAL	CAPS	EA	60		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000355	GI PROTE	PROTEIN	402000	Caloric Ag	40200000	Caloric Ag	O	2.5GM/6.3	ORAL	POWD	GM	189		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000356	IGG 2000	PROTEIN	402000	Caloric Ag	40200000	Caloric Ag	O	40MG/5GI	ORAL	POWD	GM	150		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000358	RELAXMA	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	100MG/3C	ORAL	POWD	GM	180		NON DRUG		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000360	HORMON	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	30MG-150	ORAL	CAPS	EA	60		SSB		71149	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000361	BENFOTI	BENFOTIA	880800	Vitamin B	88080000	Vitamin B	P	150 MG	ORAL	CAPS	EA	120		GENERIC		71149			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000362	5-MTHF E	LEVOMEF	929200	UNKNOW	92920000	UNKNOW	O	8500 MCG	ORAL	CAPS	EA	60		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000363	OSAPLEX	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	550MG-25	ORAL	PACK	EA	180		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000364	COQMAX	UBIQUINC	929200	UNKNOW	92920000	UNKNOW	O	200 MG	ORAL	CAPS	EA	60		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000365	ORGANIX	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-0-0-0-0	ORAL	POWD	GM	240		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000366	COQMAX	COENZYM	929200	UNKNOW	92920000	UNKNOW	O	100 MG	ORAL	CAPS	EA	60		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000367	T-150	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	50MG-15M	ORAL	CAPS	EA	120		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000368	XYMOZYI	DIGESTIV	561600	Digestants	56160000	Digestants	O	0-0-0-0-0	ORAL	CAPS	EA	60		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000369	XYMOZYI	DIGESTIV	561600	Digestants	56160000	Digestants	O	0-0-0-0-0	ORAL	CAPS	EA	120		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000370	XENOPRC	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	50MG-50M	ORAL	CAPS	EA	120		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000373	COQMAX	COENZYM	929200	UNKNOW	92920000	UNKNOW	O	50 MG	ORAL	CAPS	EA	120		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000374	COQMAX	COENZYM	929200	UNKNOW	92920000	UNKNOW	O	50 MG	ORAL	CAPS	EA	30		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000378	ADRENAL	SPECIALT	882800	Multivitam	88280000	Multivitam	O	12.5MG-8	ORAL	CAPS	EA	60		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000383	ADRENAL	SPECIALT	882800	Multivitam	88280000	Multivitam	O	12.5MG-8	ORAL	CAPS	EA	120		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000385	OMEGA M	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	O	650 MG	ORAL	CPDR	EA	120		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000403	ACTIVNU	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	925MCG/6	ORAL	POWD	GM	366		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000405	D3 5000	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	125 MCG	ORAL	CAPS	EA	60		GENERIC		71149			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000406	DIOVASC	HESPERII	929200	UNKNOW	92920000	UNKNOW	O	0-0	ORAL	CAPS	EA	60		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000407	PROTEO	DIGESTIV	561600	Digestants	56160000	Digestants	O	45MG-100	ORAL	CPDR	EA	100		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000408	FLASHAR	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-0	ORAL	CAPS	EA	60		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000409	K2-D3 50	VITAMIN I	881600	Vitamin D	88160000	Vitamin D	O	5000-90 U	ORAL	CAPS	EA	60		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000410	OPTIFIBE	FIBER	561200	Cathartics	56120000	Cathartics	O	500 MG	ORAL	CAPS	EA	180		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000411	REGENEI	BIOTIN-CI	880800	Vitamin B	88080000	Vitamin B	O	5-100-5 M	ORAL	CAPS	EA	60		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000413	IG 26 PLU	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	4.5GM-4.5	ORAL	POWD	GM	183		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000415	XYMOBO	AMINO AC	929200	UNKNOW	92920000	UNKNOW	O	405MG/7C	ORAL	POWD	GM	210		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000419	FOUNDAT	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	THERAPY	ORAL	MISC	EA	180		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000421	D3 LIQUI	CHOLECA	881600	Vitamin D	88160000	Vitamin D	O	25 MCG/0	ORAL	LIQD	ML	30		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000422	5-MTHF P	COBALAM	880800	Vitamin B	88080000	Vitamin B	O	2500-1700	ORAL	TBDP	EA	30		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000423	XYMODIN	IODINE-P	840416	UNKNOW	84041600	UNKNOW	O	5000-7500	ORAL	CAPS	EA	90		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000424	OMEGA M	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	O	1300 MG	ORAL	CPDR	EA	60		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000425	IG 26 DF	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	500-500 M	ORAL	CAPS	EA	120		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000426	MAX HYP	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	100 MG	ORAL	CAPS	EA	60		GENERIC		71149			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000427	B ACTIV	B-COMPL	882800	Multivitam	88280000	Multivitam	O	20MG-400	ORAL	CAPS	EA	180		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000428	METHYL I	SPECIALT	882800	Multivitam	88280000	Multivitam	O	500MG-10	ORAL	CAPS	EA	120		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000434	D3 2000	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	50 MCG (2	ORAL	CAPS	EA	240		GENERIC		71149			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000435	S-ACETYI	S-ACETYI	402000	Caloric Ag	40200000	Caloric Ag	O	100 MG	ORAL	CPDR	EA	120		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000436	OMEGA M	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	O	650 MG	ORAL	CPDR	EA	60		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000438	METHYLC	METHYLC	880800	Vitamin B	88080000	Vitamin B	P	5000 MCG	ORAL	TBDP	EA	120		GENERIC		71149			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000439	ALAMAX	ALPHA LII	929200	UNKNOW	92920000	UNKNOW	O	600-450 M	ORAL	TBCR	EA	120		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000441	SYNOVX	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	30MG-30M	ORAL	CAPS	EA	60		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000442	SYNOVX	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-0-0-0	ORAL	CAPS	EA	60		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000443	MELATON	MELATON	929200	UNKNOW	92920000	UNKNOW	P	3 MG	ORAL	TBDP	EA	120		GENERIC		71149			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000446	ACTIVNU	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	62.5MG-6	ORAL	CAPS	EA	240		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000448	SYNOVX	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	80MG	ORAL	CAPS	EA	30		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000449	OPTIMAG	CALCIUM	401200	Replacem	40120000	Replacem	O	600-300 M	ORAL	POWD	GM	204		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000451	PROSTAT	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	90MG-250	ORAL	CAPS	EA	60		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000452	XCELLEN	VITAMIN I	882000	Vitamin E	88200000	Vitamin E	O	33.5 MG (	ORAL	CAPS	EA	60		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000453	COLONX	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-0-100M	ORAL	CAPS	EA	120		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000455	OMEGAPI	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	O	1290 MG	ORAL	CPDR	EA	90		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000456	CURCUPI	TURMERI	929200	UNKNOW	92920000	UNKNOW	P	500 MG	ORAL	CAPS	EA	120		GENERIC		71149			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000457	LEPTIN M	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	15-80 MG	ORAL	CAPS	EA	30		SSB		71149	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000458	HORMON	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	30MG-150	ORAL	CAPS	EA	120		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000461	DIMENSI	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	1.25MG-1	ORAL	CAPS	EA	240		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000466	ALAMAX I	ALPHA LII	929200	UNKNOW	92920000	UNKNOW	O	125-95-25	ORAL	CAPS	EA	120		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000468	OMEGAPI	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	O	1286 MG	ORAL	CAPS	EA	120		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000470	DRAINAG	HOMEOP.	929200	UNKNOW	92920000	UNKNOW	O	0	ORAL	LIQD	ML	30		NON DRUG		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000471	ACTIVNU	PEDIATRI	882800	Multivitam	88280000	Multivitam	O	62.5MG-6	ORAL	CHEW	EA	120		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000473	5-MTHF P	COBALAM	880800	Vitamin B	88080000	Vitamin B	O	2500-1700	ORAL	TBDP	EA	60		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000474	OMEGAPI	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	O	1290 MG	ORAL	CPDR	EA	120		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000477	SYNOVX	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	15-80 MG	ORAL	CAPS	EA	60		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000478	OPTIMAG	MAGNESI	401200	Replacem	40120000	Replacem	O	200MG/2.5	ORAL	POWD	GM	150		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000480	OMEGA M	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	O	1300 MG	ORAL	CPDR	EA	120		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000481	IG 26 DF	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	2 GM	ORAL	POWD	GM	135		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000487	XYMOBO	AMINO AC	929200	UNKNOW	92920000	UNKNOW	O	405MG/6.8	ORAL	POWD	GM	204		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000488	CORTISO	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-0-0-0-0	ORAL	CAPS	EA	60		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000492	CURCUPI	TURMERI	929200	UNKNOW	92920000	UNKNOW	P	500 MG	ORAL	CAPS	EA	60		GENERIC		71149			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000494	NEUROPI	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	O	2-5.1-35 M	ORAL	CAPS	EA	60		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000495	FOLAFY E	LEVOMEF	929200	UNKNOW	92920000	UNKNOW	O	25.5 MG	ORAL	TBCR	EA	30		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000496	ATP IGNI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	0-400MG/	ORAL	POWD	GM	387		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000497	OPTIFIBE	FIBER	561200	Cathartics	56120000	Cathartics	O	1.5 GM	ORAL	POWD	GM	96		SSB		71149	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000498	REGENEI	BIOTIN-CI	880800	Vitamin B	88080000	Vitamin B	O	5-100-5 M	ORAL	CAPS	EA	120		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000582	OPTICLE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	150MG-12	ORAL	PACK	EA	10		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000632	FITFOOD	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	800MG-16	ORAL	PACK	EA	10		SSB		71149	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000660	OMEGA M	EICOSAP	929200	UNKNOW	92920000	UNKNOW	O	910 MG	ORAL	CPDR	EA	30		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000670	OMEGA M	EICOSAP	929200	UNKNOW	92920000	UNKNOW	O	910 MG	ORAL	CPDR	EA	60		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000674	FITFOOD	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	800MG-16	ORAL	PACK	EA	10		SSB		71149	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000688	FITFOOD	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	800MG-16	ORAL	PACK	EA	10		SSB		71149	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000690	NEW ZEA	PROTEIN	402000	Caloric Ag	40200000	Caloric Ag	O	855MG/16	ORAL	POWD	GM	507		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000693	BRAINSU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	800MG/51	ORAL	PACK	EA	10		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000725	BRAINSU	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	800MG/48	ORAL	PACK	EA	10		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000727	BERGAC	CITRUS B	929200	UNKNOW	92920000	UNKNOW	O	650 MG	ORAL	TABS	EA	30		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000728	BERGAC	CITRUS B	929200	UNKNOW	92920000	UNKNOW	O	650 MG	ORAL	TABS	EA	60		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000729	BERGAC	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	400MG-25	ORAL	TABS	EA	60		SSB		71149	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000730	DHEA MI	PRASTER	929200	UNKNOW	92920000	UNKNOW	O	10 MG	ORAL	TABS	EA	60		MSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION		R	MEDPRIM
71149000731	DHEA MI	PRASTER	929200	UNKNOW	92920000	UNKNOW	P	25 MG	ORAL	TABS	EA	60		GENERIC		71149	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000732	FITFOOD	PROTEIN	402000	Caloric Ag	40200000	Caloric Ag	O	1110MG-5	ORAL	PACK	EA	10		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000733	FITFOOD	PROTEIN	402000	Caloric Ag	40200000	Caloric Ag	O	1110MG-5	ORAL	PACK	EA	10		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000735	I5	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-45M	ORAL	PACK	EA	10		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000736	I5	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-35M	ORAL	PACK	EA	10		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000739	OPTIMET.	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	1060MG/4	ORAL	PACK	EA	10		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000741	OPTIMET.	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	1060MG/4	ORAL	PACK	EA	10		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000742	K2	MENAQUI	882400	Vitamin K	88240000	Vitamin K	O	90 MCG/0	ORAL	LIQD	ML	30		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000745	HEMP MC	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	O	132MG-13	ORAL	CPDR	EA	30		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71149000922	HEMP MC	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	O	0-132MG-	ORAL	CPDR	EA	60		SSB		71149			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71150078610	ONYCHO-	TERBINAI	840408	Antifungal	84040804	Allylamine	R	2-250 %-M	EXTERNA	KIT	ML	10		SSB		71150			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
71162000105	AMMONIA	AMMONIA	361800	Cardiac Fu	36180000	Cardiac Fu	R	3.75-37.5	INTRAVE	SOLN	EA	1		GENERIC		71162			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71162000110	AMMONIA	AMMONIA	361800	Cardiac Fu	36180000	Cardiac Fu	R	3.75-37.5	INTRAVE	SOLN	EA	1		GENERIC		71162			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71179032025	COLD-EE	HOMEOP.	929200	UNKNOW	92920000	UNKNOW	P	0	MOUTH/T	LOZG	EA	25		GENERIC		71179			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71179032325	COLD-EE	HOMEOP.	929200	UNKNOW	92920000	UNKNOW	P	0	MOUTH/T	LOZG	EA	25		GENERIC		71179			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71179032425	COLD-EE	HOMEOP.	929200	UNKNOW	92920000	UNKNOW	P	0	MOUTH/T	LOZG	EA	25		GENERIC		71179			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71179034225	COLD-EE	HOMEOP.	929200	UNKNOW	92920000	UNKNOW	P	0	MOUTH/T	LOZG	EA	25		GENERIC		71179			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71179034325	COLD-EE	HOMEOP.	929200	UNKNOW	92920000	UNKNOW	P	0	MOUTH/T	LOZG	EA	25		GENERIC		71179			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71180000112	ESKATA	HYDROGI	849200	Skin and M	84920000	Skin and M	R	40%	EXTERNA	SOLN	EA	1		SSB		71180			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND		R	MEDPRIM
71186000024	VILEVEV	METHENA	83600	Urinary Ar	8360000	Urinary Ar	S	81 MG	ORAL	TABS	EA	90		GENERIC		71186	N		N	FORMULARY		1 GEN	GENERICS		R	MEDPRIM
71186000235	VILAMIT	METHENA	83600	Urinary Ar	8360000	Urinary Ar	S	118 MG	ORAL	CAPS	EA	100		GENERIC		71186			N	FORMULARY		1 GEN	GENERICS		R	MEDPRIM
71186000325	PHENAZC	PHENAZC	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	100		GENERIC		71186			N	FORMULARY		1 GEN	GENERICS		R	MEDPRIM
71186000425	PHENAZC	PHENAZC	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	100		GENERIC		71186			N	FORMULARY		1 GEN	GENERICS		R	MEDPRIM
71186000635	CHLORDI	CHLORDI	120808	Antimusca	12080800	Antimusca	S	5-2.5 MG	ORAL	CAPS	EA	100		GENERIC		71186			N	FORMULARY		1 GEN	GENERICS		R	MEDPRIM
71186000725	HYOSCYA	HYOSCYA	120808	Antimusca	12080800	Antimusca	S	0.125 MG	ORAL	TBDP	EA	100	X	GENERIC		71186			N	FORMULARY		1 GEN	GENERICS		R	MEDPRIM
71186000825	HYOSCYA	HYOSCYA	120808	Antimusca	12080800	Antimusca	S	0.125 MG	ORAL	TABS	EA	100	X	GENERIC		71186			N	FORMULARY		1 GEN	GENERICS		R	MEDPRIM
71186000925	HYOSCYA	HYOSCYA	120808	Antimusca	12080800	Antimusca	S	0.125 MG	SUBLINGI	SUBL	EA	100	X	GENERIC		71186			N	FORMULARY		1 GEN	GENERICS		R	MEDPRIM
71205000115	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MC	ORAL	TABS	EA	15		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205000130	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MC	ORAL	TABS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205000203	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	3		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205000205	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	5		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205000207	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	7		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205000210	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	10		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205000212	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	12		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205000214	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	14		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205000360	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205000490	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	320-12.5 M	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205000560	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	20 MG	ORAL	CPEP	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205000628	TRIPLE A	NEOMYCI	840404	Antibacter	84040400	Antibacter	P	5-400-500	EXTERNA	OINT	GM	28		GENERIC	9/3/2024	71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205000830	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205000890	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205000915	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.50%	EXTERNA	CREA	GM	15		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205001221	TAPERDE	DEXAMET	680400	Adrenals	68040000	Adrenals	S	1.5 MG (2	ORAL	TBPK	EA	21		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205001349	TAPERDE	DEXAMET	680400	Adrenals	68040000	Adrenals	R	1.5 MG (4	ORAL	TBPK	EA	49		SSB		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205001406	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500-125 M	ORAL	TABS	EA	6		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205001420	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500-125 M	ORAL	TABS	EA	20		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205001421	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500-125 M	ORAL	TABS	EA	21		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205001590	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	320-25 MC	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205001630	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205001660	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	60		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205001730	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	240 MG	ORAL	TBCR	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205001790	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	240 MG	ORAL	TBCR	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205001830	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	100 MCG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205001890	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	100 MCG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205001920	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	20		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205002060	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205002106	AZITHROI	AZITHROI	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205002230	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205002290	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205002314	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	50 MG	ORAL	CAPS	EA	14		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205002330	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	50 MG	ORAL	CAPS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205002430	CYPROHE	CYPROHE	40400	First Gene	4040000	First Gene	S	4 MG	ORAL	TABS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205002590	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205002630	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	300 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205002690	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	300 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205002714	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	14	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205002730	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205002760	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205002790	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205002830	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205002890	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205002990	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	CAPS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205003020	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	20	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205003030	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205003190	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	400 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205003230	PIROXICA	PIROXICA	280804	Nonsteroi	28080404	UNKNOW	S	20 MG	ORAL	CAPS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205003315	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	15		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205003430	HYDROCO	HYDROCO	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	OINT	GM	28		GENERIC	10/24/2024	71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205003514	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875 MG	ORAL	TABS	EA	14		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205003520	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875 MG	ORAL	TABS	EA	20		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205003612	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	600-42.9 M	ORAL	SUSR	ML	125		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205003675	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	600-42.9 M	ORAL	SUSR	ML	75		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205003714	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	14		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
71205003720	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	20		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM

71205003721	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	21		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205003730	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	30		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205003815	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.50%	EXTERNA	OINT	GM	15		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205003990	DUTASTE	DUTASTE	920400	UNKNOW	92040000	UNKNOW	S	0.5 MG	ORAL	CAPS	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205004015	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	15		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205004130	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205004160	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205004178	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	180	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205004190	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205004290	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	320-12.5 M	ORAL	TABS	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205004330	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	30		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205004490	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205004530	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205004590	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205004630	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	TABS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205004730	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205004760	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205004790	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205004804	ALENDRO	ALENDRO	922400	UNKNOW	92240000	UNKNOW	S	70 MG	ORAL	TABS	EA	4	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205004930	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205005090	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	48 MG	ORAL	TABS	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205005105	IPRATRO	IPRATRO	121208	beta-Adre	12120812	Selective I	S	0.5-2.5 (3)	INHALATI	SOLN	ML	3	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205005115	IPRATRO	IPRATRO	121208	beta-Adre	12120812	Selective I	S	0.5-2.5 (3)	INHALATI	SOLN	ML	3	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205005130	IPRATRO	IPRATRO	121208	beta-Adre	12120812	Selective I	S	0.5-2.5 (3)	INHALATI	SOLN	ML	3	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205005230	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205005290	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205005330	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	30		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205005335	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	35		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205005421	METHYLP	METHYLP	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TBPK	EA	21		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205005530	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205005560	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	60	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205005630	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	30		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205005701	BACITRA	BACITRA	840404	Antibacter	84040400	Antibacter	P	500 UNIT/	EXTERNA	OINT	GM	28.4		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205005821	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	21		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205005914	FEXMID	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	14		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205005920	FEXMID	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	20		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205005930	FEXMID	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205005960	FEXMID	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	60		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205005972	FEXMID	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	120		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205005990	FEXMID	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205006060	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	375 MG	ORAL	TBEC	EA	60	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205006130	TERBINAI	TERBINAI	81404	Allylamine	8140400	Allylamine	S	250 MG	ORAL	TABS	EA	30		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205006135	TERBINAI	TERBINAI	81404	Allylamine	8140400	Allylamine	S	250 MG	ORAL	TABS	EA	35		GENERIC	10/2/2024	71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205006215	DICLOFEI	DICLOFEI	840620	UNKNOW	84062000	UNKNOW	S	1.50%	EXTERNA	SOLN	ML	150		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205006330	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	150-12.5 M	ORAL	TABS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205006430	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205006472	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	120	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205006490	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205006510	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	10		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205006515	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	15		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205006520	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205006521	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	21		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205006530	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205006545	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	45		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205006560	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205006572	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	120		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205006590	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205006620	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	20		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205006630	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	30		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205006640	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	40		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205006660	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	60		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205006672	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	120		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205006678	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	180		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205006690	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	90		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205006710	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	10		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205006715	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	15		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205006720	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	20		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205006730	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	30		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205006740	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	40		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205006820	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	20		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205006830	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	30		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205006840	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	40		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205006845	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	45		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205006860	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	60		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205006890	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	90		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205006930	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205006990	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205007090	SIMVASTA	SIMVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205007130	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	30 MG	ORAL	TABS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205007190	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	30 MG	ORAL	TABS	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205007290	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205007330	CLOPIDO	CLOPIDO	201218	Platelet-A	20121800	Platelet-A	S	75 MG	ORAL	TABS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205007390	CLOPIDO	CLOPIDO	201218	Platelet-A	20121800	Platelet-A	S	75 MG	ORAL	TABS	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205007490	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205007590	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205007690	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205007730	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205007830	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205007890	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205007912	LOPERAM	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	P	2 MG	ORAL	TABS	EA	12		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205008090	RAMIPRIL	RAMIPRIL	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	CAPS	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205008101	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	1		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205008102	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	2		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205008104	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	4		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205008230	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	150 MG	ORAL	TABS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205008315	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	TABS	EA	15		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205008415	EYE DRO	CARBOXY	529200	EENT Dru	52920000	EENT Dru	P	0.50%	OPHTHAL	SOLN	ML	15		GENERIC	10/30/2024	71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205008510	CROMOLY	CROMOLY	520200	Antiallergi	52020000	Antiallergi	S	4%	OPHTHAL	SOLN	ML	10		GENERIC	3/30/2023	71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205008660	MINOCYC	MINOCYC	81224	Tetracyclir	8122400	Tetracyclir	S	50 MG	ORAL	CAPS	EA	60		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205008730	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	30		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205008820	SILDENAI	SILDENAI	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	20		GENERIC		71205	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205008830	SILDENAI	SILDENAI	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	30		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205008900	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	1 MG	ORAL	TABS	EA	100		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205009030	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205009090	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205009190	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205009215	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	15		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205009330	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	5MG	ORAL	TABS	EA	30		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205009401	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	100 MG	ORAL	TABS	EA	1		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205009403	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	100 MG	ORAL	TABS	EA	3		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205009590	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205009690	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205009790	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	90		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205009890	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205009930	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205009990	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205010024	APRODIN	TRIPROLI	40400	First Gene	4040000	First Gene	P	2.5-60 MG	ORAL	TABS	EA	24		GENERIC	10/30/2024	71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205010105	TOBRAMY	TOBRAMY	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	5		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205010230	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205010290	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205010320	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	20		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205010390	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	90		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205010430	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	30		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205010572	KETOCOI	KETOCOI	840408	Antifungal	84040808	Azoles	S	2%	EXTERNA	SHAM	ML	120		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205010630	NYSTATII	NYSTATII	840408	Antifungal	84040828	Polyenes	S	100000 UI	EXTERNA	POWD	GM	30		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205010710	OSELTAM	OSELTAM	81828	Neuramini	8182800	Neuramini	S	75 MG	ORAL	CAPS	EA	10		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205010815	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	15		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205010880	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	80		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205010950	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG/5ML	ORAL	SOLN	ML	50		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205011030	INFANTS	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	50 MG/1.2	ORAL	SUSP	ML	30		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205011101	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	6 MG/0.5M	SUBCUTA	SOLN	ML	0.5		GENERIC		71205		Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205011200	ASPIRIN I	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	100		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205011210	ASPIRIN I	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	10		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205011230	ASPIRIN I	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	30		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205011272	ASPIRIN I	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	120		GENERIC		71205	N		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205011505	KETOTIFE	KETOTIFE	520200	Antiallergi	52020000	Antiallergi	P	0.04%	OPHTHAL	SOLN	ML	5		GENERIC	3/30/2023	71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205011601	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	30 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		71205		Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205011701	CEFTRIAX	CEFTRIAX	81206	Cephalosp	8120612	Third Gen	S	250 MG	INJECTIO	SOLR	EA	1		GENERIC	1/3/2023	71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205011801	MEDROXY	MEDROXY	683200	Progestins	68320000	Progestins	S	150 MG/M	INTRAMU	SUSP	ML	1		GENERIC		71205		Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205011904	AZITHROI	AZITHROI	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	4		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205012001	MY CHOI	LEVONOF	681200	Contracep	68120000	Contracep	P	1.5MG	ORAL	TABS	EA	1		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205012130	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205012230	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-20 MG	ORAL	CAPS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205012330	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	30		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205012415	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	15		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205012480	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	80		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205012530	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205012610	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	10		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205012612	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	12		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205012615	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	15		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205012620	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	20		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205012630	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	30		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205012714	TERBINAI	TERBINAI	81404	Allylamine	8140400	Allylamine	S	250 MG	ORAL	TABS	EA	14		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205012730	TERBINAI	TERBINAI	81404	Allylamine	8140400	Allylamine	S	250 MG	ORAL	TABS	EA	30		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205012735	TERBINAI	TERBINAI	81404	Allylamine	8140400	Allylamine	S	250 MG	ORAL	TABS	EA	35		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205012745	TERBINAI	TERBINAI	81404	Allylamine	8140400	Allylamine	S	250 MG	ORAL	TABS	EA	45		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205012890	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	5 MG	ORAL	CHEW	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205012930	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	120 MG	ORAL	TABS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205013100	FISH OIL	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	100		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205013220	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	20		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205013230	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205013260	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	60		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205013272	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	120		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205013290	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205013324	SUDOGES	PSEUDOE	121212	alpha- anc	12121200	alpha- anc	P	30 MG	ORAL	TABS	EA	24		GENERIC	10/30/2024	71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205013415	ARTIFICIA	POLYVIN	529200	EENT Dru	52920000	EENT Dru	P	5-6 MG/MI	OPHTHAL	SOLN	ML	15		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205013502	DOXYCYC	DOXYCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	2		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205013506	DOXYCYC	DOXYCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	6		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205013514	DOXYCYC	DOXYCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	14		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205013520	DOXYCYC	DOXYCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	20		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205013530	DOXYCYC	DOXYCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	30		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205013615	EARWAX	CARBAMI	520424	UNKNOW	52042400	UNKNOW	P	6.50%	OTIC	SOLN	ML	15		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205013752	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	OINT	GM	35.44		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205013815	DICLOFEI	DICLOFEI	840620	UNKNOW	84062000	UNKNOW	S	1.50%	EXTERNA	SOLN	ML	150		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205014230	METFORM	METFORM	682004	Biguanides	68200400	Biguanides	S	850 MG	ORAL	TABS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205014260	METFORM	METFORM	682004	Biguanides	68200400	Biguanides	S	850 MG	ORAL	TABS	EA	60	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205014330	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205014390	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205014428	DROSPIR	DROSPIR	681200	Contracep	68120000	Contracep	S	3-0.02 MG	ORAL	TABS	EA	28	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205014530	EZETIMIB	EZETIMIB	240605	Cholester	24060500	Cholester	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205014630	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205014730	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205014790	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205014830	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205014930	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205015030	LIOTHYRO	LIOTHYRO	683604	Thyroid Ag	68360400	Thyroid Ag	S	5 MCG	ORAL	TABS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205015115	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	15		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205015230	TERBINAI	TERBINAI	81404	Allylamine	8140400	Allylamine	S	250 MG	ORAL	TABS	EA	30		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205015235	TERBINAI	TERBINAI	81404	Allylamine	8140400	Allylamine	S	250 MG	ORAL	TABS	EA	35		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205015372	MENTHO	CAPSAICI	842404	Basic Loti	84240400	Basic Loti	O	0.0375-5-2	EXTERNA	CREA	ML	120		SSB		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205015425	LATANOF	LATANOF	524028	UNKNOW	52402800	UNKNOW	S	0.01%	OPHTHAL	SOLN	ML	2.5	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205015510	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	10		GENERIC		71205	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205015516	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	16		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205015520	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	20		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205015530	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	30		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205015560	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	60		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205015620	DOXYCYC	DOXYCYC	81224	Tetracyclir	8122400	Tetracyclir	S	50 MG	ORAL	CAPS	EA	20		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205015760	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	60	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205015790	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205015806	AZITHROI	AZITHROI	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205015866	AZITHROI	AZITHROI	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205015930	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205016030	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205016060	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205016090	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205016107	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	7	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205016130	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205016190	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205016290	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205016306	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	6		GENERIC	10/30/2024	71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205016310	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	10		GENERIC	10/30/2024	71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205016312	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	12		GENERIC	10/30/2024	71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205016430	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205016530	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	30		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205016540	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	40		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205016550	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	50		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205016602	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	2		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205016610	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	10		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205016615	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	15		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205016630	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	30		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205016730	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205016760	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	60		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205016830	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205016860	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205016890	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205016930	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205017028	NORGEST	NORGEST	681200	Contracep	68120000	Contracep	S	0.18/0.215	ORAL	TABS	EA	28	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205017110	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	10		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205017114	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	14		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205017120	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	20		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205017128	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	28		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205017230	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205017330	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	20-12.5 M	ORAL	TABS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205017430	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205017590	OLMESAF	OLMESAF	243208	Angiotens	24320800	Angiotens	S	40-25 MG	ORAL	TABS	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205017630	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205017690	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205017830	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205017890	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205017930	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205017990	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205018000	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205018030	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205018090	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205018130	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205018190	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205018215	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	15	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205018290	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205018630	METFORM	METFORM	682004	Biguanides	68200400	Biguanides	S	500 MG	ORAL	TB24	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205018660	METFORM	METFORM	682004	Biguanides	68200400	Biguanides	S	500 MG	ORAL	TB24	EA	60	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205018690	METFORM	METFORM	682004	Biguanides	68200400	Biguanides	S	500 MG	ORAL	TB24	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205018790	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205018830	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	CAPS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205018930	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	4 MG	ORAL	CHEW	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205019030	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	160 MG	ORAL	TABS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205019090	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	160 MG	ORAL	TABS	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205019128	NORGEST	NORGEST	681200	Contracep	68120000	Contracep	S	0.18/0.215	ORAL	TABS	EA	28	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205019230	SIMVASTA	SIMVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205019290	SIMVASTA	SIMVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205019330	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205019390	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205019430	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205019490	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205019530	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205019590	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205019603	AZITHROI	AZITHROI	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	3		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205019724	PSEUDOE	PSEUDOE	121212	alpha- anc	12121200	alpha- anc	P	30 MG	ORAL	TABS	EA	24		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205019830	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205019890	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205019930	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205019990	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205020172	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	120		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205020230	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205020330	PIROXICA	PIROXICA	280804	Nonsteroi	28080404	UNKNOW	S	20 MG	ORAL	CAPS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205020430	LEVOCET	LEVOCET	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	30		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205020530	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205020560	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205020590	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205020610	OSELTAM	OSELTAM	81828	Neuramini	8182800	Neuramini	S	75 MG	ORAL	CAPS	EA	10		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205020706	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	6		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205020710	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	10		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205020715	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	15		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205020730	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		71205			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

7 12/05/94/306 PRED/NS PRED/NS 68040 Adrenalis 68040/000 Adrenalis S 20 MG ORAL TABS EA 6 GENERIC 8/1/10/23 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/307 PRED/NS PRED/NS 68040 Adrenalis 68040/000 Adrenalis S 20 MG ORAL TABS EA 7 GENERIC 8/1/10/23 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/310 PRED/NS PRED/NS 68040 Adrenalis 68040/000 Adrenalis S 20 MG ORAL TABS EA 10 GENERIC 8/1/10/23 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/312 PRED/NS PRED/NS 68040 Adrenalis 68040/000 Adrenalis S 20 MG ORAL TABS EA 52 GENERIC 8/1/10/23 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/430 RIBE/BARR/RIBE/AR 24320B Angiotens 24320B000 Angiotensi S 75 MG ORAL TABS EA 30 X GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/550 CEFDINIR/CEFDINI 81206 Cephalosp 81206012 Third Gene S 250 MG/5 ORAL SUSR ML 100 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/560 CEFDINIR/CEFDINI 81206 Cephalosp 81206012 Third Gen/G 250 MG/5 ORAL SUSR ML 60 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/604 ACETAMI ACETAMI 28081K UNKNOW 28081600 UNKNOWN P 160 MG/5 ORAL SUSP ML 118 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/710 PRED/NS PRED/NS 68040 Adrenalis 68040/000 Adrenalis S 20 MG ORAL TABS EA 10 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/718 PRED/NS PRED/NS 68040 Adrenalis 68040/000 Adrenalis S 20 MG ORAL TABS EA 18 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/720 PRED/NS PRED/NS 68040 Adrenalis 68040/000 Adrenalis S 20 MG ORAL TABS EA 20 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/721 PRED/NS PRED/NS 68040 Adrenalis 68040/000 Adrenalis S 20 MG ORAL TABS EA 21 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/730 PRED/NS PRED/NS 68040 Adrenalis 68040/000 Adrenalis S 20 MG ORAL TABS EA 30 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/960 HYDROX/HYDROX 28192K UNKNOW 28192400 UNKNOWN P 160 MG ORAL SUSP ML 60 X GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/980 VENLAFA VENLAFA 39184 Antidepres 39184016 UNKNOWN S 37.5 MG ORAL CP24 EA 60 X GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/1004 DIPH/SNH DIPH/SNH 40400 First Gene 40400000 First Gen/P 12.5 MG/5 ORAL LIQD ML 118 GENERIC 12/4/2024 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/1160 CIAC/ABIG/CIAB/ 28122K UNKNOW 28122400 UNKNOWN P 150 MG ORAL SUSP ML 60 X GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/1266 NIFED/PMN/FEDIPM 24280B Dihydropy 24280B600 Dihydropy S 60 MG ORAL TB24 EA 90 X GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/1315 MOMET/MOMET/MO 84060B UNKNOW 84060800 UNKNOWN S 0.10% EXTERNAL OINT GM 15 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/1400 FERROUS/FERROU 20404K Iron Prepar 20404K600 Iron Prepar/P 325 (65 FE ORAL TABS EA 100 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/1610 MECLIZ/MECLIZIN 56220B Antihistam 56220B600 Antihistam/S 12.5 MG ORAL TABS EA 10 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/1690 MECLIZ/MECLIZIN 56220B Antihistam 56220B600 Antihistam/S 12.5 MG ORAL TABS EA 90 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/1719 OSELTAM/OSELTAI 81928 Neuramini 81928000 Neuraminid S 45 MG ORAL CAPS EA 10 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/1830 TADALAF TADALAF 24081Z Calcium-c 24081200 UNKNOWN S 10 MG ORAL TABS EA 30 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/1840 HYDROX/HYDROX 24192K UNKNOW 24192400 UNKNOWN P 160 MG ORAL SUSP ML 90 X GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/1990 HYDROX/HYDROX 24302D UNKNOW 24302000 UNKNOWN P 25 MG ORAL TABS EA 90 X GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/2005 OFLOXACO/FLOXAC 52404X Antibacter 52404X400 Antibacter/S 0.30% OPHTHA SOLN ML 5 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/2110 PRED/NS PRED/NS 68040 Adrenalis 68040/000 Adrenalis S 10 MG ORAL TABS EA 50 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/2118 PRED/NS PRED/NS 68040 Adrenalis 68040/000 Adrenalis S 10 MG ORAL TABS EA 18 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/2120 PRED/NS PRED/NS 68040 Adrenalis 68040/000 Adrenalis S 10 MG ORAL TABS EA 20 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/2121 PRED/NS PRED/NS 68040 Adrenalis 68040/000 Adrenalis S 10 MG ORAL TABS EA 21 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/2124 PRED/NS PRED/NS 68040 Adrenalis 68040/000 Adrenalis S 10 MG ORAL TABS EA 24 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/2128 PRED/NS PRED/NS 68040 Adrenalis 68040/000 Adrenalis S 10 MG ORAL TABS EA 28 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/2130 PRED/NS PRED/NS 68040 Adrenalis 68040/000 Adrenalis S 10 MG ORAL TABS EA 30 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/2140 PRED/NS PRED/NS 68040 Adrenalis 68040/000 Adrenalis S 10 MG ORAL TABS EA 40 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/2142 PRED/NS PRED/NS 68040 Adrenalis 68040/000 Adrenalis S 10 MG ORAL TABS EA 42 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/2163 PRED/NS PRED/NS 68040 Adrenalis 68040/000 Adrenalis S 10 MG ORAL TABS EA 63 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/2210 BUPROF BUPROF 28080K Nonsteroi 28080400 UNKNOWN P 100 MG ORAL CHEW EA 60 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/2224 BUPROF BUPROF 28080K Nonsteroi 28080400 UNKNOWN P 100 MG ORAL CHEW EA 24 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/2406 AZITHROM/AZITHRO 81212 Macrolides 81212J08 UNKNOWN S 250 MG ORAL TABS EA 6 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/2414 METAXAL/METAXAL 12204X UNKNOW 12204400 UNKNOWN S 800 MG ORAL TABS EA 14 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/2420 METAXAL/METAXAL 12204X UNKNOW 12204400 UNKNOWN S 800 MG ORAL TABS EA 20 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/2430 METAXAL/METAXAL 12204X UNKNOW 12204400 UNKNOWN S 800 MG ORAL TABS EA 30 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/2460 METAXAL/METAXAL 12204X UNKNOW 12204400 UNKNOWN S 800 MG ORAL TABS EA 60 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/2490 METAXAL/METAXAL 12204X UNKNOW 12204400 UNKNOWN S 800 MG ORAL TABS EA 90 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/2706 AZITHROM/AZITHRO 81212 Macrolides 81212J08 UNKNOWN S 250 MG ORAL TABS EA 6 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/2815 DICYCLO/DICYCLO 12888B Antimuscu 12888B600 Antimuscu/S 10 MG ORAL CAPS EA 10 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/2930 LIDOCAINE/LIDOCAIN 84080D Antiarrhyth 84080D000 Antiarrhyth/S 5% EXTERNAL OINT GM 30 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/2940 LIDOCAINE/LIDOCAIN 84080D Antiarrhyth 84080D000 Antiarrhyth/S 5% EXTERNAL OINT GM 35.44 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/2952 LIDOCAINE/LIDOCAIN 84080D Antiarrhyth 84080D000 Antiarrhyth/S 5% EXTERNAL OINT GM 50 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/2964 LIDOCAINE/LIDOCAIN 84080D Antiarrhyth 84080D000 Antiarrhyth/S 5% EXTERNAL OINT GM 340 GENERIC 10/2/2024 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/3004 AZITHROM/AZITHRO 81212 Macrolides 81212J08 UNKNOWN P 250 MG/5 ORAL SUSR ML 4 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/3008 AZITHROM/AZITHRO 81212 Macrolides 81212J08 UNKNOWN S 250 MG ORAL TABS EA 6 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/3100 HYDROX/HYDROX 28244D Antihistam 28244D600 Antihistam/S 25 MG CAPS EA 30 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/3504 CETRIZIN/CETIRIZI 40800 Second G 40800000 Second G S 1 MG/ML ORAL SOLN ML 120 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/3600 AMOXICIL/AMOXICIL 81216 Penicillins 81216I08 Aminopen S 400 MG/5M ORAL SUSR ML 100 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/3715 NYST/ATRN/STATIN 84040B Antifungal 84040B08 Polyenes S 100000 UI EXTERNAL OINT GM 15 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/3930 CELECOX/CELECOX 28080K Nonsteroi 28080400 Cyclooxyg/S 100 MG ORAL CAPS EA 30 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/3960 CELECOX/CELECOX 28080K Nonsteroi 28080400 Cyclooxyg/S 100 MG ORAL CAPS EA 60 X GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/4230 ASPIR/N ASPIR/N 28080K Nonsteroi 28080400 Salicylates/ 81 MG ORAL CHEW EA 36 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/4316 FLUTICA/FLUTICAI 52080B Corticoste 52080B600 Corticoste/S 50 MCG/A NASAL SUSP GM 16 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/4420 CLINDAM/CLINDAM 81228 Antibacter 81228J01 Lincomyci S 300 MG ORAL CAPS EA 21 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/4428 CLINDAM/CLINDAM 81228 Antibacter 81228J01 Lincomyci S 300 MG ORAL CAPS EA 28 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/4430 CLINDAM/CLINDAM 81228 Antibacter 81228J01 Lincomyci S 300 MG ORAL CAPS EA 30 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/4440 CLINDAM/CLINDAM 81228 Antibacter 81228J01 Lincomyci S 300 MG ORAL CAPS EA 40 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/4530 DULOXET/DULOXET 28160H Antidepres 28160H16 UNKNOWN S 30 MG ORAL CPDP EA 30 X GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/4560 DULOXET/DULOXET 28160H Antidepres 28160H16 UNKNOWN S 30 MG ORAL CPDP EA 60 X GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/4590 DULOXET/DULOXET 28160H Antidepres 28160H16 UNKNOWN S 30 MG ORAL CPDP EA 90 X GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/4630 PROPRAM/PROPRAM 24200D Alpha-Adr 24200D600 Alpha-Adr/S 10 MG ORAL TABS EA 30 X GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/4660 PROPRAM/PROPRAM 24200D Alpha-Adr 24200D600 Alpha-Adr/S 10 MG ORAL TABS EA 60 X GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/4912 PLAQUEN/HYDROXY 83008I Antimalari 83008I600 Antimalari/S 200 MG ORAL TABS EA 12 X MSB 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/ORDINARY EXCLUSION R MED/PRM
7 12/05/94/4930 CLINDAM/CLINDAM 81228 Antibacter 81228J01 Lincomyci S 300 MG ORAL CAPS EA 90 X GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/5010 DICLOF/DICLOFE 84082D UNKNOW 84082000 UNKNOWN S 1.50% EXTERNAL SOLN ML 100 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/5230 RIBE/BARR/RIBE/AR 24320B Angiotens 24320B000 Angiotensi S 150 MG ORAL TABS EA 30 X GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/5320 METHYL/METHYLF 68040 Adrenalis 68040/000 Adrenalis S 1 MG ORAL TBPK EA 21 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/5430 CYCLOBEC/CYCLOBE 12204X UNKNOW 12204400 UNKNOWN S 15 MG ORAL CP24 EA 30 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/5442 CYCLOBEC/CYCLOBE 12204X UNKNOW 12204400 UNKNOWN S 15 MG ORAL CP24 EA 42 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/5530 SERTRAL/SERTRAL 28160K Antidepres 28160K400 Selective-S 100 MG ORAL TABS EA 30 X GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/5590 SERTRAL/SERTRAL 28160K Antidepres 28160K400 Selective-S 100 MG ORAL TABS EA 90 X GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/5600 ACETAMI ACETAMI 28081K UNKNOW 28081600 UNKNOWN P 325 MG ORAL TABS EA 100 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/5630 ACETAMI ACETAMI 28081K UNKNOW 28081600 UNKNOWN P 325 MG ORAL TABS EA 30 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/5730 GABAPEN/GABAPEN 28122B UNKNOW 28122800 UNKNOWN S 600 MG ORAL TABS EA 30 X GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/5790 GABAPEN/GABAPEN 28122B UNKNOW 28122800 UNKNOWN S 600 MG ORAL TABS EA 90 X GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/5930 OLMESAR/OLMESAR 24320B Angiotens 24320B000 Angiotensi S 40 MG ORAL TABS EA 30 X GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/6000 PRED/NS PRED/NS 68040 Adrenalis 68040/000 Adrenalis S 50 MG ORAL TABS EA 5 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/6007 PRED/NS PRED/NS 68040 Adrenalis 68040/000 Adrenalis S 50 MG ORAL TABS EA 7 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/6008 PRED/NS PRED/NS 68040 Adrenalis 68040/000 Adrenalis S 50 MG ORAL TABS EA 8 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/6200 AMOXICIL/AMOXICIL 81216 Penicillins 81216I08 Aminopen S 400-57 MK ORAL SUSR ML 100 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/6230 AMOXICIL/AMOXICIL 81216 Penicillins 81216I08 Aminopen S 400-57 MK ORAL SUSR ML 150 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/6330 TRAMADC/TRAMADI 28080B Opiate Ag 28080B600 Opiate Ag/S 100 MG ORAL TB24 EA 30 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/6360 TRAMADC/TRAMADI 28080B Opiate Ag 28080B600 Opiate Ag/S 100 MG ORAL TB24 EA 60 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/6415 BUPROF/BUPROF 28080K Nonsteroi 28080400 UNKNOWN P 400 MG ORAL TABS EA 15 X GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/6430 BUPROF/BUPROF 28080K Nonsteroi 28080400 UNKNOWN P 400 MG ORAL TABS EA 30 X GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/6530 BUPROF/BUPROF 28160K Antidepres 28160K492 Miscellaneo S 300 MG ORAL TB24 EA 30 X GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/6590 BUPROP/BUPROP/ 28160K Antidepres 28160K492 Miscellaneo S 300 MG ORAL TB24 EA 90 X GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/6620 AMITRIP/AMITRIP/ 28160B Tricyclics 28160B608 Tricyclics/S 75 MG ORAL TABS EA 30 X GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/6760 ETODOLAC/ETODOLA 28080K Nonsteroi 28080400 UNKNOWN S 500 MG ORAL TABS EA 60 X GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/6930 TRAMADC/TRAMADI 28080B Opiate Ag 28080B600 Opiate Ag/S 100 MG ORAL TB24 EA 30 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/6960 NAPROX/NAPROX 28080K Nonsteroi 28080400 UNKNOWN S 375 MG ORAL TBEC EA 60 X GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/7030 METAXAL/METAXAL 12204X UNKNOW 12204400 UNKNOWN S 800 MG ORAL TABS EA 30 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/7060 METAXAL/METAXAL 12204X UNKNOW 12204400 UNKNOWN S 800 MG ORAL TABS EA 60 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/7090 METAXAL/METAXAL 12204X UNKNOW 12204400 UNKNOWN S 800 MG ORAL TABS EA 90 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/7130 LISIN/OPRIL/SINOPR 24320X Angiotens 24320X400 Angiotens S 5 MG ORAL TABS EA 30 X GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/7190 LISIN/OPRIL/SINOPR 24320X Angiotens 24320X400 Angiotens S 5 MG ORAL TABS EA 90 X GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/7215 ACYCLOVAC/CYCLOV 81832 Nucleosid 81832000 Nucleosid/S 400 MG ORAL TABS EA 15 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/7230 ACYCLOVAC/CYCLOV 81832 Nucleosid 81832000 Nucleosid/S 400 MG ORAL TABS EA 30 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/7310 SILDENA/SILDENA 24081Z Calcium-c 24081200 UNKNOWN S 100 MG ORAL TABS EA 10 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/7320 SILDENA/SILDENA 24081Z Calcium-c 24081200 UNKNOWN S 100 MG ORAL TABS EA 20 GENERIC 7/1/05 Y N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/7330 SILDENA/SILDENA 24081Z Calcium-c 24081200 UNKNOWN S 100 MG ORAL TABS EA 30 GENERIC 7/1/05 Y N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/7360 SILDENA/SILDENA 24081Z Calcium-c 24081200 UNKNOWN S 100 MG ORAL TABS EA 90 GENERIC 7/1/05 Y N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/7414 BACLOF/BACLOFE 12201D UNKNOW 12201200 UNKNOWN S 10 MG ORAL TABS EA 14 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/7420 BACLOF/BACLOFE 12201D UNKNOW 12201200 UNKNOWN S 10 MG ORAL TABS EA 20 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/7430 BACLOF/BACLOFE 12201D UNKNOW 12201200 UNKNOWN S 10 MG ORAL TABS EA 30 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/7460 BACLOF/BACLOFE 12201D UNKNOW 12201200 UNKNOWN S 10 MG ORAL TABS EA 60 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/7472 BACLOF/BACLOFE 12201D UNKNOW 12201200 UNKNOWN S 10 MG ORAL TABS EA 72 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/7476 BACLOF/BACLOFE 12201D UNKNOW 12201200 UNKNOWN S 10 MG ORAL TABS EA 180 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/7490 BACLOF/BACLOFE 12201D UNKNOW 12201200 UNKNOWN S 10 MG ORAL TABS EA 90 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/7590 ROSUVA/ROSUVA 24080B HMG-CoA 24080B80 HMG-CoA/S 40 MG ORAL TABS EA 90 X GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/7630 LEVOCET/LEVOCET 40800 Second G 40800000 Second G S 5 MG ORAL TABS EA 30 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/7690 LEVOCET/LEVOCET 40800 Second G 40800000 Second G S 5 MG ORAL TABS EA 90 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/7730 MODAFIN/MODAFIN 28208D UNKNOW 28208D600 UNKNOWN S 100 MG ORAL TABS EA 30 X GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/7820 PHARBET/ACETAMI 28081K UNKNOW 28081600 UNKNOWN P 500 MG ORAL TABS EA 20 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM
7 12/05/94/7824 PHARBET/ACETAMI 28081K UNKNOW 28081600 UNKNOWN P 500 MG ORAL TABS EA 24 GENERIC 7/1/05 X N EXCLUDE/REPACK; PREPACKED PRODUCT/FINAL BENEFIT EXCLUSION R MED/PRM

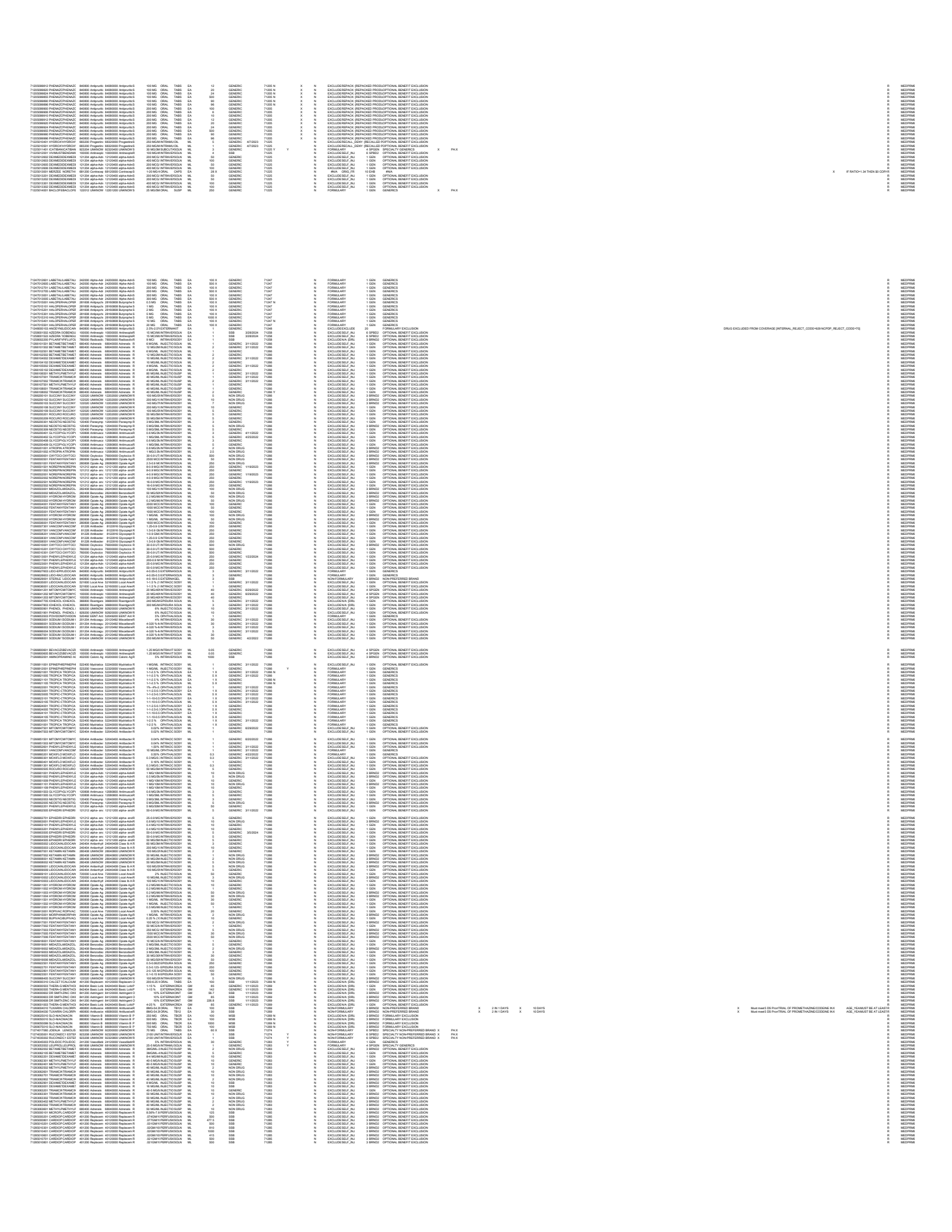
71205058030	SOLIFEN/	SOLIFEN/	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205058130	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	1 MG	ORAL	TABS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205058160	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	1 MG	ORAL	TABS	EA	60		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205058190	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	1 MG	ORAL	TABS	EA	90		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205058630	DESVENL	DESVENL	281604	Antidepres	28160416	UNKNOW	S	100 MG	ORAL	TB24	EA	30	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205058812	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	12	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205058830	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205058930	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205059030	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205059106	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	6		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205059524	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	24		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205059530	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205059630	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205059690	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205059710	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	10	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205059714	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	14	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205059715	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	15	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205059720	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	20	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205059730	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205059740	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	40	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205059760	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205059790	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205059890	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205059930	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205059990	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205060028	TRIPLE A	NEOMYCI	840404	Antibacter	84040400	Antibacter	P	400UNIT/(	EXTERNA	OINT	GM	28		GENERIC	10/15/2024	71205	N	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205060104	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5I	ORAL	SUSP	ML	118		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205060230	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205060260	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205060290	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205060330	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	30	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205060360	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	60	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205060415	IBU	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	15	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205060430	IBU	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205060514	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	14		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205060520	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	20		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205060521	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	21		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205060530	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205060830	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205060860	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205060890	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205060921	FAMCICL	FAMCICL	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	21		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205061030	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205061306	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	6	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205061314	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	14	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205061330	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205061360	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205061390	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205061402	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	2		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205061430	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205061606	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	6		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205061614	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	14		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205061620	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	20		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205061630	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205061710	OSELTAM	OSELTAM	81828	Neuramini	8182800	Neuramini	S	75 MG	ORAL	CAPS	EA	10		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205061800	DICLOFEI	DICLOFEI	840620	UNKNOW	84062000	UNKNOW	S	1%	EXTERNA	GEL	GM	100		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205061972	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205062075	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	600-42.9 I	ORAL	SUSR	ML	75		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205062160	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205062190	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205062230	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205062310	SILDENAI	SILDENAI	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	10	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205062330	SILDENAI	SILDENAI	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205062390	SILDENAI	SILDENAI	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205062530	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 I	ORAL	TABS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205062560	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 I	ORAL	TABS	EA	60		GENERIC		71205	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205062590	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 I	ORAL	TABS	EA	90		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205062690	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205062715	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	15		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205062800	FERROUS	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	325 (65 FE	ORAL	TABS	EA	100		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205063030	TRAZOD(	TRAZOD(	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205063115	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	550 MG	ORAL	TABS	EA	15	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205063130	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	550 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205063160	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	550 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205063220	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	20		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205063221	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	21		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205063230	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205063330	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	3 MG	ORAL	TABS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205063430	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205063490	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205063530	QUINAPR	QUINAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205063730	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	P	10 MG	ORAL	TABS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205063830	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205063890	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205063930	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205063960	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205063990	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205064015	DICLOFEI	DICLOFEI	840620	UNKNOW	84062000	UNKNOW	S	1.50%	EXTERNA	SOLN	ML	150		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205064230	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	100 MCG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205064290	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	100 MCG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205064314	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	14		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205064320	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	20		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205064321	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	21		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205064330	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205064412	RIZATRIP	RIZATRIP	283228	Selective	28322800	Selective	S	10 MG	ORAL	TABS	EA	12		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205064506	AZITHROI	AZITHROI	81212	Macrolide	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205064630	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	50 MCG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205064690	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	50 MCG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205064710	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	12.5 MG	ORAL	TABS	EA	10		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205064790	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	12.5 MG	ORAL	TABS	EA	90		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205064906	CIPROFL(	CIPROFL(	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	6		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205064907	CIPROFL(	CIPROFL(	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	7		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205064910	CIPROFL(	CIPROFL(	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	10		GENERIC		71205	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205064914	CIPROFL(	CIPROFL(	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	14		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205064920	CIPROFL(	CIPROFL(	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	20		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205064930	CIPROFL(	CIPROFL(	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205064960	CIPROFL(	CIPROFL(	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	60		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205065003	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	100 MG	ORAL	TABS	EA	3		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205065010	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	100 MG	ORAL	TABS	EA	10		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205065120	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	20		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205065230	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205065320	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	50 MG	ORAL	CAPS	EA	20		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205065404	PROMETI	PROMETI	480800	Antitussive	48080000	Antitussive	S	6.25-15 M	ORAL	SYRP	ML	118		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205065530	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	75 MCG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205065630	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	300 MG	ORAL	TB24	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205065702	SILDENAI	SILDENAI	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	2		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205065710	SILDENAI	SILDENAI	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	10		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205065720	SILDENAI	SILDENAI	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	20		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205065730	SILDENAI	SILDENAI	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205065790	SILDENAI	SILDENAI	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	90		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205065810	PROMETI	PROMETI	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	10		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205065812	PROMETI	PROMETI	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	12		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205065820	PROMETI	PROMETI	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	20		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205065830	PROMETI	PROMETI	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205065914	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	14		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205065920	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	20		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205065921	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	21		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205065930	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205066030	HYDROC(	HYDROC(	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M(	ORAL	TABS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205066115	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	15	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205066230	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205066390	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205066414	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	14	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205066430	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205066460	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205066490	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205066505	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	50 MG	ORAL	TABS	EA	5		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205066630	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	54 MG	ORAL	TABS	EA	30	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205066814	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	14		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205066830	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205066930	PROGEST	PROGEST	683200	Progestins	68320000	Progestins	S	200 MG	ORAL	CAPS	EA	30	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205067000	DICLOFEI	DICLOFEI	840620	UNKNOW	84062000	UNKNOW	P	1%	EXTERNA	GEL	GM	100		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205067172	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205067214	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	14		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205067215	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	15		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205067220	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	20		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205067228	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	28		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205067230	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205067240	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	40		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205067314	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	14		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205067330	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205067403	AZITHROI	AZITHROI	81212	Macrolide	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	3		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205067608	VITAMIN I	ERGOCAI	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (!	ORAL	CAPS	EA	8	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205067612	VITAMIN I	ERGOCAI	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (!	ORAL	CAPS	EA	12	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205067630	VITAMIN I	ERGOCAI	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (!	ORAL	CAPS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205067730	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205067760	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205067790	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205067860	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205067901	CEFAZOL	CEFAZOL	81206	Cephalosp	8120604	First Gene	S	1 GM	INJECTIO	SOLR	EA	1		GENERIC		71205	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205068010	OSELTAM	OSELTAM	81828	Neuramini	8182800	Neuramini	S	45 MG	ORAL	CAPS	EA	10		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205068130	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	125 MCG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205068390	METOPR(	METOPR(	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205068630	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205068660	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205068672	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205068690	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205068710	COLCHIC	COLCHIC	921600	UNKNOW	92160000	UNKNOW	S	0.6 MG	ORAL	TABS	EA	10		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205068730	COLCHIC	COLCHIC	921600	UNKNOW	92160000	UNKNOW	S	0.6 MG	ORAL	TABS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205068814	TAMSULC	TAMSULC	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	14	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205069130	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205069200	DICLOFEI	DICLOFEI	840620	UNKNOW	84062000	UNKNOW	S	3%	EXTERNA	GEL	GM	100		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205069460	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205069530	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	CAPS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205069660	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205069720	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	TABS	EA	20		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205069930	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205070000	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	100		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205070010	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	10		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205070020	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	20		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205070030	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205070090	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205070220	AMANTAI	AMANTAI	283604	UNKNOW	28360400	UNKNOW	S	100 MG	ORAL	CAPS	EA	20	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205070320	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	20		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205070490	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	90		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205070630	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205070660	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	60	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205070830	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	200 MG	ORAL	TB24	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205070906	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	6		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205070910	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	10		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205070930	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205070990	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205071130	CHLORZ(	CHLORZ(	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205071190	CHLORZ(	CHLORZ(	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	90		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205071220	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	20		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205071310	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TBDP	EA	10		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205071320	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TBDP	EA	20		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205071330	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TBDP	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205071572	LIDOZEN(	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4-1 %	EXTERNA	GEL	ML	120		GENERIC		71205	N	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205071672	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	100 MG/5I	ORAL	SUSP	ML	120		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205071750	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	OINT	GM	50		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205071830	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205071920	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	20		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205072004	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	10 MG	ORAL	TABS	EA	4		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205072104	SILDENAI	SILDENAI	240812	Calcium-c	24081200	UNKNOW	S	50 MG	ORAL	TABS	EA	4		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205072615	IPRATRO	IPRATRO	121208	beta-Adre	12120812	Selective	S	0.5-2.5 (3)	INHALATI	SOLN	ML	3	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205072730	ZONISAM	ZONISAM	281224	UNKNOW	28122400	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205072918	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	18		GENERIC		71205	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205072920	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	20		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205072921	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	21		GENERIC		71205	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205072930	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205072940	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	40		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205072963	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	63		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205073004	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5I	ORAL	LIQD	ML	118		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205073130	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205073285	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective	S	108 (90 B/	INHALATI	AERS	GM	8.5	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205073360	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	25 MG	ORAL	CAPS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205073430	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205073490	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205073530	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205073610	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	10		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205073690	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	90		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205073960	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	60		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205074015	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	15		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205074020	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	20		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205074030	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205074040	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	40		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205074060	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	60		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205074072	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	120		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205074078	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	180		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205074090	TRAMAD(	TRAMAD(	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	90		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205074110	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	10		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205074114	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	14		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205074115	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	15		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205074120	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	20		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205074121	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	21		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205074230	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205074290	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205074390	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	200 MG	ORAL	CAPS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205074410	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	10		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205074412	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	12		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205074430	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205074505	LIDOZENI	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4-1 %	EXTERNA	PTCH	EA	5		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205074515	LIDOZENI	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4-1 %	EXTERNA	PTCH	EA	15		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205074530	LIDOZENI	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4-1 %	EXTERNA	PTCH	EA	30		GENERIC		71205	N	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205074628	TRI-LO-M	NORGEST	681200	Contracep	68120000	Contracep	S	0.18/0.215	ORAL	TABS	EA	28	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205074700	DICLOFEI	DICLOFEI	840620	UNKNOW	84062000	UNKNOW	P	1%	EXTERNA	GEL	GM	100		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205074890	TAMSULC	TAMSULC	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205074920	CIPROFL(	CIPROFL(	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	20		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205075190	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205075200	DICLOFEI	DICLOFEI	840620	UNKNOW	84062000	UNKNOW	S	3%	EXTERNA	GEL	GM	100		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205075330	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205075430	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205075505	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	50 MG	ORAL	TABS	EA	5		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205075610	LORAZEF	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	10		GENERIC		71205	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205075615	LORAZEF	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	15		GENERIC		71205	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205075814	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	14		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205075830	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	30		GENERIC		71205	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205075930	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205076030	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	60 MG	ORAL	CP24	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205076130	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	120 MG	ORAL	CP24	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205076290	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	12.5 MG	ORAL	TABS	EA	90		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205076330	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M(	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205076430	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205076490	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205076530	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205076590	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205076614	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	14	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205076630	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205076690	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205076730	FINASTEI	FINASTEI	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205076790	FINASTEI	FINASTEI	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205077030	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	CAPS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205077172	MENTHO	CAPSAICI	842404	Basic Lotic	84240400	Basic Lotic	O	0.0375-5-2	EXTERNA	CREA	ML	120		SSB		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205077460	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205077490	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205077990	GLIMEPIF	GLIMEPIF	682020	Sulfonylur	68202000	Sulfonylur	S	1 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205078230	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205078260	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205078430	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205078478	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205078490	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205078610	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	10		GENERIC		71205		X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71205078620	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	20		GENERIC		71205	Y	X	N	EXCLUDE	REPACK:	[REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

71205078630	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	30		GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205078700	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	100		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205078830	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205078915	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	1.50%	EXTERNA	SOLN	ML	150		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205079030	FINASTE	FINASTE	841600	Cell Stimu	84160000	Cell Stimu	S	1 MG	ORAL	TABS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205079130	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205079190	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205079230	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205079260	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205079530	SILDENA	SILDENA	240812	Calcium-c	24081200	UNKNOW	S	50 MG	ORAL	TABS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205079601	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	1		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205079602	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	2		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205079710	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	10		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205079715	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	15		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205079720	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	20		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205079721	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	21		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205079730	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205079830	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205079890	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205079960	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205079990	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	90		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205080030	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	30	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205080130	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	30	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205080190	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205080230	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205080290	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205080430	IMIPRAMI	IMIPRAMI	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205080515	PROMET	PROMET	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	15		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205080890	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205080990	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205081006	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	6		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205081010	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	10		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205081014	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	14		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205081020	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	20		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205081028	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	28		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205081040	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	40		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205081115	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	1.50%	EXTERNA	SOLN	ML	150		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205081230	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205081312	PHENAZ	PHENAZ	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	12		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205081444	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	OINT	GM	35.44		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205081452	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	OINT	GM	35.44		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205081530	TRAZOD	TRAZOD	281604	Antidepres	28160424	Serotonin	S	150 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205081660	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205081720	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	20		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205081721	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	21		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205081730	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205081820	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	20		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205081821	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	21		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205081830	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205081842	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	42		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205081960	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205082030	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205082090	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205082112	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	2%	EXTERNA	SOLN	GM	112		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205082230	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	75 MG	ORAL	CPCR	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205082260	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	75 MG	ORAL	CPCR	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205082330	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205082410	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	10	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205082630	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205082730	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205082890	FENOPR	FENOPR	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	CAPS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205082930	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083030	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083100	LUBIPRO	LUBIPRO	561808	UNKNOW	56180800	UNKNOW	S	8 MCG	ORAL	CAPS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083111	LUBIPRO	LUBIPRO	561808	UNKNOW	56180800	UNKNOW	S	8 MCG	ORAL	CAPS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083130	LUBIPRO	LUBIPRO	561808	UNKNOW	56180800	UNKNOW	S	8 MCG	ORAL	CAPS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083155	LUBIPRO	LUBIPRO	561808	UNKNOW	56180800	UNKNOW	S	8 MCG	ORAL	CAPS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083160	LUBIPRO	LUBIPRO	561808	UNKNOW	56180800	UNKNOW	S	8 MCG	ORAL	CAPS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083164	LUBIPRO	LUBIPRO	561808	UNKNOW	56180800	UNKNOW	S	8 MCG	ORAL	CAPS	EA	240	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083167	LUBIPRO	LUBIPRO	561808	UNKNOW	56180800	UNKNOW	S	8 MCG	ORAL	CAPS	EA	270	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083172	LUBIPRO	LUBIPRO	561808	UNKNOW	56180800	UNKNOW	S	8 MCG	ORAL	CAPS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083178	LUBIPRO	LUBIPRO	561808	UNKNOW	56180800	UNKNOW	S	8 MCG	ORAL	CAPS	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083190	LUBIPRO	LUBIPRO	561808	UNKNOW	56180800	UNKNOW	S	8 MCG	ORAL	CAPS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083200	LUBIPRO	LUBIPRO	561808	UNKNOW	56180800	UNKNOW	S	24 MCG	ORAL	CAPS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083211	LUBIPRO	LUBIPRO	561808	UNKNOW	56180800	UNKNOW	S	24 MCG	ORAL	CAPS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083230	LUBIPRO	LUBIPRO	561808	UNKNOW	56180800	UNKNOW	S	24 MCG	ORAL	CAPS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083255	LUBIPRO	LUBIPRO	561808	UNKNOW	56180800	UNKNOW	S	24 MCG	ORAL	CAPS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083260	LUBIPRO	LUBIPRO	561808	UNKNOW	56180800	UNKNOW	S	24 MCG	ORAL	CAPS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083264	LUBIPRO	LUBIPRO	561808	UNKNOW	56180800	UNKNOW	S	24 MCG	ORAL	CAPS	EA	240	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083267	LUBIPRO	LUBIPRO	561808	UNKNOW	56180800	UNKNOW	S	24 MCG	ORAL	CAPS	EA	270	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083272	LUBIPRO	LUBIPRO	561808	UNKNOW	56180800	UNKNOW	S	24 MCG	ORAL	CAPS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083278	LUBIPRO	LUBIPRO	561808	UNKNOW	56180800	UNKNOW	S	24 MCG	ORAL	CAPS	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083290	LUBIPRO	LUBIPRO	561808	UNKNOW	56180800	UNKNOW	S	24 MCG	ORAL	CAPS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083400	LUBIPRO	LUBIPRO	561808	UNKNOW	56180800	UNKNOW	S	24 MCG	ORAL	CAPS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083411	LUBIPRO	LUBIPRO	561808	UNKNOW	56180800	UNKNOW	S	24 MCG	ORAL	CAPS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083430	LUBIPRO	LUBIPRO	561808	UNKNOW	56180800	UNKNOW	S	24 MCG	ORAL	CAPS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083455	LUBIPRO	LUBIPRO	561808	UNKNOW	56180800	UNKNOW	S	24 MCG	ORAL	CAPS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083460	LUBIPRO	LUBIPRO	561808	UNKNOW	56180800	UNKNOW	S	24 MCG	ORAL	CAPS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083464	LUBIPRO	LUBIPRO	561808	UNKNOW	56180800	UNKNOW	S	24 MCG	ORAL	CAPS	EA	240	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083467	LUBIPRO	LUBIPRO	561808	UNKNOW	56180800	UNKNOW	S	24 MCG	ORAL	CAPS	EA	270	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083472	LUBIPRO	LUBIPRO	561808	UNKNOW	56180800	UNKNOW	S	24 MCG	ORAL	CAPS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083478	LUBIPRO	LUBIPRO	561808	UNKNOW	56180800	UNKNOW	S	24 MCG	ORAL	CAPS	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083490	LUBIPRO	LUBIPRO	561808	UNKNOW	56180800	UNKNOW	S	24 MCG	ORAL	CAPS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083500	PHENAZ	PHENAZ	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	100		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083506	PHENAZ	PHENAZ	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	6		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083510	PHENAZ	PHENAZ	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	10		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083512	PHENAZ	PHENAZ	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	12		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083520	PHENAZ	PHENAZ	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	20		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083524	PHENAZ	PHENAZ	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	24		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083555	PHENAZ	PHENAZ	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	500		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083590	PHENAZ	PHENAZ	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	90		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083596	PHENAZ	PHENAZ	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	96		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083600	PHENAZ	PHENAZ	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	100		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083606	PHENAZ	PHENAZ	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	6		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083610	PHENAZ	PHENAZ	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	10		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083612	PHENAZ	PHENAZ	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	12		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083620	PHENAZ	PHENAZ	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	20		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083624	PHENAZ	PHENAZ	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	24		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083655	PHENAZ	PHENAZ	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	500		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083690	PHENAZ	PHENAZ	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	90		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083696	PHENAZ	PHENAZ	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	96		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083700	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083711	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	1 MG	ORAL	TABS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083730	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	1 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083755	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	1 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083760	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	1 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083764	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	1 MG	ORAL	TABS	EA	240	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083772	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	1 MG	ORAL	TABS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083778	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	1 MG	ORAL	TABS	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083790	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	1 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083800	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083811	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	2.5 MG	ORAL	TABS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083830	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083855	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	2.5 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083860	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	2.5 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083864	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	2.5 MG	ORAL	TABS	EA	240	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083872	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	2.5 MG	ORAL	TABS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083878	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	2.5 MG	ORAL	TABS	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083890	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	2.5 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083900	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083911	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	5 MG	ORAL	TABS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083930	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083955	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	5 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083960	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083964	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	5 MG	ORAL	TABS	EA	240	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083972	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	5 MG	ORAL	TABS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083978	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	5 MG	ORAL	TABS	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205083990	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084000	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084011	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084030	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084055	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084060	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084064	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	240	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084072	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084078	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084090	FLUPHEN	FLUPHEN	281608	Antipsych	28160824	Phenothia	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084100	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	2 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084111	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	2 MG	ORAL	TABS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084130	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	2 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084155	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	2 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084160	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	2 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084164	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	2 MG	ORAL	TABS	EA	240	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084172	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	2 MG	ORAL	TABS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084178	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	2 MG	ORAL	TABS	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084190	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	2 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084200	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	4 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084211	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	4 MG	ORAL	TABS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084230	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	4 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084255	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	4 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084260	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	4 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084264	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	4 MG	ORAL	TABS	EA	240	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084272	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	4 MG	ORAL	TABS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084278	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	4 MG	ORAL	TABS	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084290	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	4 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084300	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	8 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084311	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	8 MG	ORAL	TABS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084330	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	8 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084355	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	8 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084360	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	8 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084364	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	8 MG	ORAL	TABS	EA	240	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084372	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	8 MG	ORAL	TABS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084378	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	8 MG	ORAL	TABS	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084390	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	8 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084400	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	16 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084411	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	16 MG	ORAL	TABS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084430	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	16 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084455	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	16 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084460	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	16 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084464	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	16 MG	ORAL	TABS	EA	240	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084472	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	16 MG	ORAL	TABS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084478	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	16 MG	ORAL	TABS	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084490	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	16 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084500	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	15 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084511	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	15 MG	ORAL	TABS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084530	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	15 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084555	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	15 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084560	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	15 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084564	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	15 MG	ORAL	TABS	EA	240	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084572	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	15 MG	ORAL	TABS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084578	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	15 MG	ORAL	TABS	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084590	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	15 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084600	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	16.2 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084611	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	16.2 MG	ORAL	TABS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084630	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	16.2 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084655	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	16.2 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084660	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	16.2 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084664	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	16.2 MG	ORAL	TABS	EA	240	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084672	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	16.2 MG	ORAL	TABS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084678	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	16.2 MG	ORAL	TABS	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084690	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	16.2 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084700	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	32.4 MG	ORAL	TABS	EA	100	X	GENERIC		71205	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084711	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	32.4 MG	ORAL	TABS	EA	1000	X	GENERIC		71205	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084730	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	32.4 MG	ORAL	TABS	EA	30	X	GENERIC		71205	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084755	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	32.4 MG	ORAL	TABS	EA	500	X	GENERIC		71205	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084760	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	32.4 MG	ORAL	TABS	EA	60	X	GENERIC		71205	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084764	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	32.4 MG	ORAL	TABS	EA	240	X	GENERIC		71205	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084772	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	32.4 MG	ORAL	TABS	EA	120	X	GENERIC		71205	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084778	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	32.4 MG	ORAL	TABS	EA	180	X	GENERIC		71205	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084790	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	32.4 MG	ORAL	TABS	EA	90	X	GENERIC		71205	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084800	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	60 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084811	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	60 MG	ORAL	TABS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084830	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	60 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084855	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	60 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084860	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	60 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084864	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	60 MG	ORAL	TABS	EA	240	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084872	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	60 MG	ORAL	TABS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084878	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	60 MG	ORAL	TABS	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084890	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	60 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084900	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	64.8 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084911	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	64.8 MG	ORAL	TABS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084930	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	64.8 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084955	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	64.8 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084960	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	64.8 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084964	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	64.8 MG	ORAL	TABS	EA	240	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084972	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	64.8 MG	ORAL	TABS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084978	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	64.8 MG	ORAL	TABS	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205084990	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	64.8 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085000	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	97.2 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085011	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	97.2 MG	ORAL	TABS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085030	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	97.2 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085055	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	97.2 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085060	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	97.2 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085064	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	97.2 MG	ORAL	TABS	EA	240	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085072	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	97.2 MG	ORAL	TABS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085078	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	97.2 MG	ORAL	TABS	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085090	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	97.2 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085100	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085111	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	100 MG	ORAL	TABS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085130	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085155	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	100 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085160	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085164	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	100 MG	ORAL	TABS	EA	240	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085172	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	100 MG	ORAL	TABS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085178	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	100 MG	ORAL	TABS	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085190	PHENOBA	PHENOBA	282404	Barbiturat	28240400	Barbiturat	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085200	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	100		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085210	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	10		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085214	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	14		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085220	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	20		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085230	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085255	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	500		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085300	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	100		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085310	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	10		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085314	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	14		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085315	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	15		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085320	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	20		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085321	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	21		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085330	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085355	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	500		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085400	ACARBOS	ACARBOS	682002	Alpha-Glu	68200200	Alpha-Glu	S	25 MG	ORAL	TABS	EA	100	X	GENERIC	5/23/2024	71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085411	ACARBOS	ACARBOS	682002	Alpha-Glu	68200200	Alpha-Glu	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085430	ACARBOS	ACARBOS	682002	Alpha-Glu	68200200	Alpha-Glu	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085455	ACARBOS	ACARBOS	682002	Alpha-Glu	68200200	Alpha-Glu	S	25 MG	ORAL	TABS	EA	500	X	GENERIC	5/23/2024	71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085460	ACARBOS	ACARBOS	682002	Alpha-Glu	68200200	Alpha-Glu	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085472	ACARBOS	ACARBOS	682002	Alpha-Glu	68200200	Alpha-Glu	S	25 MG	ORAL	TABS	EA	120	X	GENERIC	5/23/2024	71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085478	ACARBOS	ACARBOS	682002	Alpha-Glu	68200200	Alpha-Glu	S	25 MG	ORAL	TABS	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085490	ACARBOS	ACARBOS	682002	Alpha-Glu	68200200	Alpha-Glu	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085500	ACARBOS	ACARBOS	682002	Alpha-Glu	68200200	Alpha-Glu	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085511	ACARBOS	ACARBOS	682002	Alpha-Glu	68200200	Alpha-Glu	S	50 MG	ORAL	TABS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085530	ACARBOS	ACARBOS	682002	Alpha-Glu	68200200	Alpha-Glu	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085555	ACARBOS	ACARBOS	682002	Alpha-Glu	68200200	Alpha-Glu	S	50 MG	ORAL	TABS	EA	500	X	GENERIC	5/23/2024	71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085560	ACARBOS	ACARBOS	682002	Alpha-Glu	68200200	Alpha-Glu	S	50 MG	ORAL	TABS	EA	60	X	GENERIC	5/23/2024	71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085572	ACARBOS	ACARBOS	682002	Alpha-Glu	68200200	Alpha-Glu	S	50 MG	ORAL	TABS	EA	120	X	GENERIC	5/23/2024	71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085578	ACARBOS	ACARBOS	682002	Alpha-Glu	68200200	Alpha-Glu	S	50 MG	ORAL	TABS	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085590	ACARBOS	ACARBOS	682002	Alpha-Glu	68200200	Alpha-Glu	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085600	ACARBOS	ACARBOS	682002	Alpha-Glu	68200200	Alpha-Glu	S	100 MG	ORAL	TABS	EA	100	X	GENERIC	5/23/2024	71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085611	ACARBOS	ACARBOS	682002	Alpha-Glu	68200200	Alpha-Glu	S	100 MG	ORAL	TABS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085630	ACARBOS	ACARBOS	682002	Alpha-Glu	68200200	Alpha-Glu	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085655	ACARBOS	ACARBOS	682002	Alpha-Glu	68200200	Alpha-Glu	S	100 MG	ORAL	TABS	EA	500	X	GENERIC	5/23/2024	71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085660	ACARBOS	ACARBOS	682002	Alpha-Glu	68200200	Alpha-Glu	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085672	ACARBOS	ACARBOS	682002	Alpha-Glu	68200200	Alpha-Glu	S	100 MG	ORAL	TABS	EA	120	X	GENERIC	5/23/2024	71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085678	ACARBOS	ACARBOS	682002	Alpha-Glu	68200200	Alpha-Glu	S	100 MG	ORAL	TABS	EA	180	X	GENERIC	5/23/2024	71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085690	ACARBOS	ACARBOS	682002	Alpha-Glu	68200200	Alpha-Glu	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	7/2/2024	71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

71205085700	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	15 MG	ORAL	CP24	EA	100		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085711	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	15 MG	ORAL	CP24	EA	1000		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085730	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	15 MG	ORAL	CP24	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085755	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	15 MG	ORAL	CP24	EA	500		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085760	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	15 MG	ORAL	CP24	EA	60		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085772	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	15 MG	ORAL	CP24	EA	120		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085790	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	15 MG	ORAL	CP24	EA	90		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085800	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	30 MG	ORAL	CP24	EA	100		GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085811	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	30 MG	ORAL	CP24	EA	1000		GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085830	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	30 MG	ORAL	CP24	EA	30		GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085855	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	30 MG	ORAL	CP24	EA	500		GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085860	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	30 MG	ORAL	CP24	EA	60		GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085872	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	30 MG	ORAL	CP24	EA	120		GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085890	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	30 MG	ORAL	CP24	EA	90		GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085900	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	100	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085930	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	30	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085955	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	500	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085960	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	60	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085964	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	240	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085972	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	120	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085978	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	180	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205085990	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	90	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086000	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TB24	EA	100	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086030	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TB24	EA	30	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086055	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TB24	EA	500	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086060	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TB24	EA	60	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086064	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TB24	EA	240	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086072	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TB24	EA	120	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086078	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TB24	EA	180	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086090	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TB24	EA	90	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086100	DANAZOL	DANAZOL	680800	Androgens	68080000	Androgens	S	100 MG	ORAL	CAPS	EA	100		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086130	DANAZOL	DANAZOL	680800	Androgens	68080000	Androgens	S	100 MG	ORAL	CAPS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086155	DANAZOL	DANAZOL	680800	Androgens	68080000	Androgens	S	100 MG	ORAL	CAPS	EA	500		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086160	DANAZOL	DANAZOL	680800	Androgens	68080000	Androgens	S	100 MG	ORAL	CAPS	EA	60		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086172	DANAZOL	DANAZOL	680800	Androgens	68080000	Androgens	S	100 MG	ORAL	CAPS	EA	120		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086190	DANAZOL	DANAZOL	680800	Androgens	68080000	Androgens	S	100 MG	ORAL	CAPS	EA	90		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086200	DANAZOL	DANAZOL	680800	Androgens	68080000	Androgens	S	200 MG	ORAL	CAPS	EA	100		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086230	DANAZOL	DANAZOL	680800	Androgens	68080000	Androgens	S	200 MG	ORAL	CAPS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086255	DANAZOL	DANAZOL	680800	Androgens	68080000	Androgens	S	200 MG	ORAL	CAPS	EA	500		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086260	DANAZOL	DANAZOL	680800	Androgens	68080000	Androgens	S	200 MG	ORAL	CAPS	EA	60		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086272	DANAZOL	DANAZOL	680800	Androgens	68080000	Androgens	S	200 MG	ORAL	CAPS	EA	120		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086290	DANAZOL	DANAZOL	680800	Androgens	68080000	Androgens	S	200 MG	ORAL	CAPS	EA	90		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086300	EPLEREN	EPLEREN	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086311	EPLEREN	EPLEREN	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086330	EPLEREN	EPLEREN	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086355	EPLEREN	EPLEREN	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086360	EPLEREN	EPLEREN	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086372	EPLEREN	EPLEREN	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086378	EPLEREN	EPLEREN	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086390	EPLEREN	EPLEREN	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086400	EPLEREN	EPLEREN	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086411	EPLEREN	EPLEREN	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086430	EPLEREN	EPLEREN	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086455	EPLEREN	EPLEREN	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086460	EPLEREN	EPLEREN	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086472	EPLEREN	EPLEREN	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086478	EPLEREN	EPLEREN	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086490	EPLEREN	EPLEREN	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086500	DICLOFEN	DICLOFEN	280804	Nonsteroi	28080492	Other Non	S	50-0.2 MG	ORAL	TBEC	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086530	DICLOFEN	DICLOFEN	280804	Nonsteroi	28080492	Other Non	S	50-0.2 MG	ORAL	TBEC	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086555	DICLOFEN	DICLOFEN	280804	Nonsteroi	28080492	Other Non	S	50-0.2 MG	ORAL	TBEC	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086560	DICLOFEN	DICLOFEN	280804	Nonsteroi	28080492	Other Non	S	50-0.2 MG	ORAL	TBEC	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086572	DICLOFEN	DICLOFEN	280804	Nonsteroi	28080492	Other Non	S	50-0.2 MG	ORAL	TBEC	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086590	DICLOFEN	DICLOFEN	280804	Nonsteroi	28080492	Other Non	S	50-0.2 MG	ORAL	TBEC	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086600	DICLOFEN	DICLOFEN	280804	Nonsteroi	28080492	Other Non	S	75-0.2 MG	ORAL	TBEC	EA	100	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086630	DICLOFEN	DICLOFEN	280804	Nonsteroi	28080492	Other Non	S	75-0.2 MG	ORAL	TBEC	EA	30	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086655	DICLOFEN	DICLOFEN	280804	Nonsteroi	28080492	Other Non	S	75-0.2 MG	ORAL	TBEC	EA	500	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086660	DICLOFEN	DICLOFEN	280804	Nonsteroi	28080492	Other Non	S	75-0.2 MG	ORAL	TBEC	EA	60	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086672	DICLOFEN	DICLOFEN	280804	Nonsteroi	28080492	Other Non	S	75-0.2 MG	ORAL	TBEC	EA	120	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086690	DICLOFEN	DICLOFEN	280804	Nonsteroi	28080492	Other Non	S	75-0.2 MG	ORAL	TBEC	EA	90	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086700	RANOLAZ	RANOLAZ	240492	Cardiac D	24049200	Cardiac D	S	500 MG	ORAL	TB12	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086730	RANOLAZ	RANOLAZ	240492	Cardiac D	24049200	Cardiac D	S	500 MG	ORAL	TB12	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086755	RANOLAZ	RANOLAZ	240492	Cardiac D	24049200	Cardiac D	S	500 MG	ORAL	TB12	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086760	RANOLAZ	RANOLAZ	240492	Cardiac D	24049200	Cardiac D	S	500 MG	ORAL	TB12	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086772	RANOLAZ	RANOLAZ	240492	Cardiac D	24049200	Cardiac D	S	500 MG	ORAL	TB12	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086778	RANOLAZ	RANOLAZ	240492	Cardiac D	24049200	Cardiac D	S	500 MG	ORAL	TB12	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086790	RANOLAZ	RANOLAZ	240492	Cardiac D	24049200	Cardiac D	S	500 MG	ORAL	TB12	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086800	RANOLAZ	RANOLAZ	240492	Cardiac D	24049200	Cardiac D	S	1000 MG	ORAL	TB12	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086830	RANOLAZ	RANOLAZ	240492	Cardiac D	24049200	Cardiac D	S	1000 MG	ORAL	TB12	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086855	RANOLAZ	RANOLAZ	240492	Cardiac D	24049200	Cardiac D	S	1000 MG	ORAL	TB12	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086860	RANOLAZ	RANOLAZ	240492	Cardiac D	24049200	Cardiac D	S	1000 MG	ORAL	TB12	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086872	RANOLAZ	RANOLAZ	240492	Cardiac D	24049200	Cardiac D	S	1000 MG	ORAL	TB12	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086878	RANOLAZ	RANOLAZ	240492	Cardiac D	24049200	Cardiac D	S	1000 MG	ORAL	TB12	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086890	RANOLAZ	RANOLAZ	240492	Cardiac D	24049200	Cardiac D	S	1000 MG	ORAL	TB12	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086900	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	25 MG	ORAL	CAPS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086911	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	25 MG	ORAL	CAPS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086930	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086955	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	25 MG	ORAL	CAPS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086960	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	25 MG	ORAL	CAPS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086967	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	25 MG	ORAL	CAPS	EA	270	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086972	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	25 MG	ORAL	CAPS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086978	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	25 MG	ORAL	CAPS	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205086990	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	25 MG	ORAL	CAPS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087000	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087011	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087030	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087055	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087060	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087067	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	270	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087072	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087078	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087090	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087100	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087111	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087130	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087155	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087160	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087167	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	270	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087172	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087178	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087190	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087200	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087211	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	1000	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087230	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087255	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	500	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087260	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087267	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	270	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087272	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	120	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087278	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	180	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087290	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087300	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087311	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087330	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087355	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087360	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087367	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	270	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087372	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087378	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087390	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087400	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087411	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087430	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087455	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087460	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087467	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	270	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087472	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087478	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087490	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087500	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	225 MG	ORAL	CAPS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087511	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	225 MG	ORAL	CAPS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087530	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	225 MG	ORAL	CAPS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087555	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	225 MG	ORAL	CAPS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087560	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	225 MG	ORAL	CAPS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087567	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	225 MG	ORAL	CAPS	EA	270	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087572	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	225 MG	ORAL	CAPS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087578	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	225 MG	ORAL	CAPS	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087590	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	225 MG	ORAL	CAPS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087600	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087611	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087630	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087655	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087660	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087667	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	270	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087672	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087678	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087690	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087700	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	10-100 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087711	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	10-100 MG	ORAL	TABS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087730	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	10-100 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087755	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	10-100 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087760	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	10-100 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087764	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	10-100 MG	ORAL	TABS	EA	240	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087772	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	10-100 MG	ORAL	TABS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087778	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	10-100 MG	ORAL	TABS	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087790	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	10-100 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087800	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087811	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MG	ORAL	TABS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087830	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087855	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087860	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087864	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MG	ORAL	TABS	EA	240	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087872	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MG	ORAL	TABS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087878	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MG	ORAL	TABS	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087890	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087900	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-250 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087911	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-250 MG	ORAL	TABS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087930	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-250 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087955	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-250 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087960	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-250 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087964	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-250 MG	ORAL	TABS	EA	240	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087972	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-250 MG	ORAL	TABS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087978	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-250 MG	ORAL	TABS	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205087990	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-250 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088000	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TB24	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088011	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TB24	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088030	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TB24	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088055	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TB24	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088060	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TB24	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088064	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TB24	EA	240	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088072	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TB24	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088078	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TB24	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088090	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TB24	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088100	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	750 MG	ORAL	TB24	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088111	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	750 MG	ORAL	TB24	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088130	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	750 MG	ORAL	TB24	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088155	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	750 MG	ORAL	TB24	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088160	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	750 MG	ORAL	TB24	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088164	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	750 MG	ORAL	TB24	EA	240	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088172	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	750 MG	ORAL	TB24	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088178	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	750 MG	ORAL	TB24	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088190	LEVETIRA	LEVETIRA	281292	Anticonvul	28129200	Anticonvul	S	750 MG	ORAL	TB24	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088200	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088211	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088230	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088255	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088260	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088264	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	240	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088272	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088278	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088290	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088300	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088311	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088330	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088355	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088360	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088364	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	240	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088372	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088378	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088390	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088400	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088411	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088430	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088455	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088460	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088464	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	240	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088472	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088478	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088490	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088500	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	100		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088510	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	10		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088514	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	14		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088515	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	15		GENERIC	5/23/2024	71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088520	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	20		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088521	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	21		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088530	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088555	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	500		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088600	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	100		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088610	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	10		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088614	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	14		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088615	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	15		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088620	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	20		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088621	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	21		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088630	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088655	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	500		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088700	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	100		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088710	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	10		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088714	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	14		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088715	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	15		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088720	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	20		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088721	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	21		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088730	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088755	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	500		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088800	SELEGILI	SELEGILI	283632	UNKNOW	28363200	UNKNOW	S	5 MG	ORAL	CAPS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088811	SELEGILI	SELEGILI	283632	UNKNOW	28363200	UNKNOW	S	5 MG	ORAL	CAPS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088830	SELEGILI	SELEGILI	283632	UNKNOW	28363200	UNKNOW	S	5 MG	ORAL	CAPS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088855	SELEGILI	SELEGILI	283632	UNKNOW	28363200	UNKNOW	S	5 MG	ORAL	CAPS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088860	SELEGILI	SELEGILI	283632	UNKNOW	28363200	UNKNOW	S	5 MG	ORAL	CAPS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088890	SELEGILI	SELEGILI	283632	UNKNOW	28363200	UNKNOW	S	5 MG	ORAL	CAPS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088900	PHENOBA	PHENOBA	282404	Barbiturate	28240400	Barbiturate	S	16.2 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088911	PHENOBA	PHENOBA	282404	Barbiturate	28240400	Barbiturate	S	16.2 MG	ORAL	TABS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088930	PHENOBA	PHENOBA	282404	Barbiturate	28240400	Barbiturate	S	16.2 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088955	PHENOBA	PHENOBA	282404	Barbiturate	28240400	Barbiturate	S	16.2 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088960	PHENOBA	PHENOBA	282404	Barbiturate	28240400	Barbiturate	S	16.2 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205088990	PHENOBA	PHENOBA	282404	Barbiturate	28240400	Barbiturate	S	16.2 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089000	PHENOBA	PHENOBA	282404	Barbiturate	28240400	Barbiturate	S	30 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089011	PHENOBA	PHENOBA	282404	Barbiturate	28240400	Barbiturate	S	30 MG	ORAL	TABS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089030	PHENOBA	PHENOBA	282404	Barbiturate	28240400	Barbiturate	S	30 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089055	PHENOBA	PHENOBA	282404	Barbiturate	28240400	Barbiturate	S	30 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089060	PHENOBA	PHENOBA	282404	Barbiturate	28240400	Barbiturate	S	30 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089090	PHENOBA	PHENOBA	282404	Barbiturate	28240400	Barbiturate	S	30 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089100	PHENOBA	PHENOBA	282404	Barbiturate	28240400	Barbiturate	S	32.4 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089111	PHENOBA	PHENOBA	282404	Barbiturate	28240400	Barbiturate	S	32.4 MG	ORAL	TABS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089130	PHENOBA	PHENOBA	282404	Barbiturate	28240400	Barbiturate	S	32.4 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089155	PHENOBA	PHENOBA	282404	Barbiturate	28240400	Barbiturate	S	32.4 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089160	PHENOBA	PHENOBA	282404	Barbiturate	28240400	Barbiturate	S	32.4 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089190	PHENOBA	PHENOBA	282404	Barbiturate	28240400	Barbiturate	S	32.4 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089200	PHENOBA	PHENOBA	282404	Barbiturate	28240400	Barbiturate	S	64.8 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089211	PHENOBA	PHENOBA	282404	Barbiturate	28240400	Barbiturate	S	64.8 MG	ORAL	TABS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089230	PHENOBA	PHENOBA	282404	Barbiturate	28240400	Barbiturate	S	64.8 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089255	PHENOBA	PHENOBA	282404	Barbiturate	28240400	Barbiturate	S	64.8 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089260	PHENOBA	PHENOBA	282404	Barbiturate	28240400	Barbiturate	S	64.8 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089290	PHENOBA	PHENOBA	282404	Barbiturate	28240400	Barbiturate	S	64.8 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089300	PHENOBA	PHENOBA	282404	Barbiturate	28240400	Barbiturate	S	97.2 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089311	PHENOBA	PHENOBA	282404	Barbiturate	28240400	Barbiturate	S	97.2 MG	ORAL	TABS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

71205089330	PHENOB	PHENOB	282404	Barbiturat	28240400	Barbiturat	S	97.2 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089355	PHENOB	PHENOB	282404	Barbiturat	28240400	Barbiturat	S	97.2 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089360	PHENOB	PHENOB	282404	Barbiturat	28240400	Barbiturat	S	97.2 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089390	PHENOB	PHENOB	282404	Barbiturat	28240400	Barbiturat	S	97.2 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089400	DIPYRIDA	DIPYRIDA	361800	Cardiac Fu	36180000	Cardiac Fu	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089411	DIPYRIDA	DIPYRIDA	361800	Cardiac Fu	36180000	Cardiac Fu	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089430	DIPYRIDA	DIPYRIDA	361800	Cardiac Fu	36180000	Cardiac Fu	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089455	DIPYRIDA	DIPYRIDA	361800	Cardiac Fu	36180000	Cardiac Fu	S	25 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089460	DIPYRIDA	DIPYRIDA	361800	Cardiac Fu	36180000	Cardiac Fu	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089490	DIPYRIDA	DIPYRIDA	361800	Cardiac Fu	36180000	Cardiac Fu	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089500	DIPYRIDA	DIPYRIDA	361800	Cardiac Fu	36180000	Cardiac Fu	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089511	DIPYRIDA	DIPYRIDA	361800	Cardiac Fu	36180000	Cardiac Fu	S	50 MG	ORAL	TABS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089530	DIPYRIDA	DIPYRIDA	361800	Cardiac Fu	36180000	Cardiac Fu	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089555	DIPYRIDA	DIPYRIDA	361800	Cardiac Fu	36180000	Cardiac Fu	S	50 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089560	DIPYRIDA	DIPYRIDA	361800	Cardiac Fu	36180000	Cardiac Fu	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089590	DIPYRIDA	DIPYRIDA	361800	Cardiac Fu	36180000	Cardiac Fu	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089600	DIPYRIDA	DIPYRIDA	361800	Cardiac Fu	36180000	Cardiac Fu	S	75 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089611	DIPYRIDA	DIPYRIDA	361800	Cardiac Fu	36180000	Cardiac Fu	S	75 MG	ORAL	TABS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089630	DIPYRIDA	DIPYRIDA	361800	Cardiac Fu	36180000	Cardiac Fu	S	75 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089655	DIPYRIDA	DIPYRIDA	361800	Cardiac Fu	36180000	Cardiac Fu	S	75 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089660	DIPYRIDA	DIPYRIDA	361800	Cardiac Fu	36180000	Cardiac Fu	S	75 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089690	DIPYRIDA	DIPYRIDA	361800	Cardiac Fu	36180000	Cardiac Fu	S	75 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089700	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	100		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089711	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	1000		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089730	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089755	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	500		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089760	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	60		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089790	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089800	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	2 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089811	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	2 MG	ORAL	TABS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089830	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	2 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089855	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	2 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089860	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	2 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089890	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	2 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089900	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	4 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089911	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	4 MG	ORAL	TABS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089930	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	4 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089955	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	4 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089960	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	4 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205089990	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	4 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090000	DARIFEN	DARIFEN	861204	UNKNOW	86120400	UNKNOW	S	7.5 MG	ORAL	TB24	EA	100	X	GENERIC	10/24/2024	71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090011	DARIFEN	DARIFEN	861204	UNKNOW	86120400	UNKNOW	S	7.5 MG	ORAL	TB24	EA	1000	X	GENERIC	10/24/2024	71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090030	DARIFEN	DARIFEN	861204	UNKNOW	86120400	UNKNOW	S	7.5 MG	ORAL	TB24	EA	30	X	GENERIC	10/24/2024	71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090055	DARIFEN	DARIFEN	861204	UNKNOW	86120400	UNKNOW	S	7.5 MG	ORAL	TB24	EA	500	X	GENERIC	10/24/2024	71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090060	DARIFEN	DARIFEN	861204	UNKNOW	86120400	UNKNOW	S	7.5 MG	ORAL	TB24	EA	60	X	GENERIC	10/24/2024	71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090072	DARIFEN	DARIFEN	861204	UNKNOW	86120400	UNKNOW	S	7.5 MG	ORAL	TB24	EA	120	X	GENERIC	10/24/2024	71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090090	DARIFEN	DARIFEN	861204	UNKNOW	86120400	UNKNOW	S	7.5 MG	ORAL	TB24	EA	90	X	GENERIC	10/24/2024	71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090100	DARIFEN	DARIFEN	861204	UNKNOW	86120400	UNKNOW	S	15 MG	ORAL	TB24	EA	100	X	GENERIC	10/24/2024	71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090111	DARIFEN	DARIFEN	861204	UNKNOW	86120400	UNKNOW	S	15 MG	ORAL	TB24	EA	1000	X	GENERIC	10/24/2024	71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090130	DARIFEN	DARIFEN	861204	UNKNOW	86120400	UNKNOW	S	15 MG	ORAL	TB24	EA	30	X	GENERIC	10/24/2024	71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090155	DARIFEN	DARIFEN	861204	UNKNOW	86120400	UNKNOW	S	15 MG	ORAL	TB24	EA	500	X	GENERIC	10/24/2024	71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090160	DARIFEN	DARIFEN	861204	UNKNOW	86120400	UNKNOW	S	15 MG	ORAL	TB24	EA	60	X	GENERIC	10/24/2024	71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090172	DARIFEN	DARIFEN	861204	UNKNOW	86120400	UNKNOW	S	15 MG	ORAL	TB24	EA	120	X	GENERIC	10/24/2024	71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090190	DARIFEN	DARIFEN	861204	UNKNOW	86120400	UNKNOW	S	15 MG	ORAL	TB24	EA	90	X	GENERIC	10/24/2024	71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090211	PROGEST	PROGEST	683200	Progestins	68320000	Progestins	S	100 MG	ORAL	CAPS	EA	1000	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090230	PROGEST	PROGEST	683200	Progestins	68320000	Progestins	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090255	PROGEST	PROGEST	683200	Progestins	68320000	Progestins	S	100 MG	ORAL	CAPS	EA	500	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090260	PROGEST	PROGEST	683200	Progestins	68320000	Progestins	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090272	PROGEST	PROGEST	683200	Progestins	68320000	Progestins	S	100 MG	ORAL	CAPS	EA	120	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090290	PROGEST	PROGEST	683200	Progestins	68320000	Progestins	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090311	PROGEST	PROGEST	683200	Progestins	68320000	Progestins	S	200 MG	ORAL	CAPS	EA	1000	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090330	PROGEST	PROGEST	683200	Progestins	68320000	Progestins	S	200 MG	ORAL	CAPS	EA	30	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090355	PROGEST	PROGEST	683200	Progestins	68320000	Progestins	S	200 MG	ORAL	CAPS	EA	500	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090360	PROGEST	PROGEST	683200	Progestins	68320000	Progestins	S	200 MG	ORAL	CAPS	EA	60	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090372	PROGEST	PROGEST	683200	Progestins	68320000	Progestins	S	200 MG	ORAL	CAPS	EA	120	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090390	PROGEST	PROGEST	683200	Progestins	68320000	Progestins	S	200 MG	ORAL	CAPS	EA	90	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090400	MIDODRI	MIDODRI	121204	alpha-Adr	12120400	alpha-Adr	S	2.5 MG	ORAL	TABS	EA	100		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090411	MIDODRI	MIDODRI	121204	alpha-Adr	12120400	alpha-Adr	S	2.5 MG	ORAL	TABS	EA	1000		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090430	MIDODRI	MIDODRI	121204	alpha-Adr	12120400	alpha-Adr	S	2.5 MG	ORAL	TABS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090455	MIDODRI	MIDODRI	121204	alpha-Adr	12120400	alpha-Adr	S	2.5 MG	ORAL	TABS	EA	500		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090460	MIDODRI	MIDODRI	121204	alpha-Adr	12120400	alpha-Adr	S	2.5 MG	ORAL	TABS	EA	60		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090472	MIDODRI	MIDODRI	121204	alpha-Adr	12120400	alpha-Adr	S	2.5 MG	ORAL	TABS	EA	120		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090490	MIDODRI	MIDODRI	121204	alpha-Adr	12120400	alpha-Adr	S	2.5 MG	ORAL	TABS	EA	90		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090500	MIDODRI	MIDODRI	121204	alpha-Adr	12120400	alpha-Adr	S	5 MG	ORAL	TABS	EA	100		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090511	MIDODRI	MIDODRI	121204	alpha-Adr	12120400	alpha-Adr	S	5 MG	ORAL	TABS	EA	1000		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090530	MIDODRI	MIDODRI	121204	alpha-Adr	12120400	alpha-Adr	S	5 MG	ORAL	TABS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090555	MIDODRI	MIDODRI	121204	alpha-Adr	12120400	alpha-Adr	S	5 MG	ORAL	TABS	EA	500		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090560	MIDODRI	MIDODRI	121204	alpha-Adr	12120400	alpha-Adr	S	5 MG	ORAL	TABS	EA	60		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090572	MIDODRI	MIDODRI	121204	alpha-Adr	12120400	alpha-Adr	S	5 MG	ORAL	TABS	EA	120		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090590	MIDODRI	MIDODRI	121204	alpha-Adr	12120400	alpha-Adr	S	5 MG	ORAL	TABS	EA	90		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090600	MIDODRI	MIDODRI	121204	alpha-Adr	12120400	alpha-Adr	S	10 MG	ORAL	TABS	EA	100		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090611	MIDODRI	MIDODRI	121204	alpha-Adr	12120400	alpha-Adr	S	10 MG	ORAL	TABS	EA	1000		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090630	MIDODRI	MIDODRI	121204	alpha-Adr	12120400	alpha-Adr	S	10 MG	ORAL	TABS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090655	MIDODRI	MIDODRI	121204	alpha-Adr	12120400	alpha-Adr	S	10 MG	ORAL	TABS	EA	500		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090660	MIDODRI	MIDODRI	121204	alpha-Adr	12120400	alpha-Adr	S	10 MG	ORAL	TABS	EA	60		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090672	MIDODRI	MIDODRI	121204	alpha-Adr	12120400	alpha-Adr	S	10 MG	ORAL	TABS	EA	120		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090690	MIDODRI	MIDODRI	121204	alpha-Adr	12120400	alpha-Adr	S	10 MG	ORAL	TABS	EA	90		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090700	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090711	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090730	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090755	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090760	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090790	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090800	LEUCOV	LEUCOV	910412	UNKNOW	91041200	UNKNOW	S	5 MG	ORAL	TABS	EA	100		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090811	LEUCOV	LEUCOV	910412	UNKNOW	91041200	UNKNOW	S	5 MG	ORAL	TABS	EA	1000		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090830	LEUCOV	LEUCOV	910412	UNKNOW	91041200	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090855	LEUCOV	LEUCOV	910412	UNKNOW	91041200	UNKNOW	S	5 MG	ORAL	TABS	EA	500		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090860	LEUCOV	LEUCOV	910412	UNKNOW	91041200	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090890	LEUCOV	LEUCOV	910412	UNKNOW	91041200	UNKNOW	S	5 MG	ORAL	TABS	EA	90		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090900	DIPHENO	DIPHENO	560800	Antidiarrh	56080000	Antidiarrh	S	2.5-0.025	ORAL	TABS	EA	100		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090911	DIPHENO	DIPHENO	560800	Antidiarrh	56080000	Antidiarrh	S	2.5-0.025	ORAL	TABS	EA	1000		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090930	DIPHENO	DIPHENO	560800	Antidiarrh	56080000	Antidiarrh	S	2.5-0.025	ORAL	TABS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090955	DIPHENO	DIPHENO	560800	Antidiarrh	56080000	Antidiarrh	S	2.5-0.025	ORAL	TABS	EA	500		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090960	DIPHENO	DIPHENO	560800	Antidiarrh	56080000	Antidiarrh	S	2.5-0.025	ORAL	TABS	EA	60		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205090990	DIPHENO	DIPHENO	560800	Antidiarrh	56080000	Antidiarrh	S	2.5-0.025	ORAL	TABS	EA	90		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091000	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091011	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091030	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091055	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091060	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091090	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091100	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091111	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091130	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091155	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091160	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091190	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091200	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	CAPS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091211	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	CAPS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091230	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	CAPS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091255	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	CAPS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091260	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	CAPS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091290	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	CAPS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091300	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091311	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091330	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091355	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091360	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091390	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091400	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	100		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091430	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091455	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	500		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091460	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	60		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091472	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	120		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091490	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	90		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091500	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	100		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091530	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091555	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	500		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091560	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	60		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091572	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	120		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091590	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	90		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091600	PENICILL	PENICILL	640000	Heavy Me	64000000	Heavy Me	S	250 MG	ORAL	CAPS	EA	100		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091700	TROSPIU	TROSPIU	861204	UNKNOW	86120400	UNKNOW	S	60 MG	ORAL	CP24	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091730	TROSPIU	TROSPIU	861204	UNKNOW	86120400	UNKNOW	S	60 MG	ORAL	CP24	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091755	TROSPIU	TROSPIU	861204	UNKNOW	86120400	UNKNOW	S	60 MG	ORAL	CP24	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091760	TROSPIU	TROSPIU	861204	UNKNOW	86120400	UNKNOW	S	60 MG	ORAL	CP24	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091772	TROSPIU	TROSPIU	861204	UNKNOW	86120400	UNKNOW	S	60 MG	ORAL	CP24	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091790	TROSPIU	TROSPIU	861204	UNKNOW	86120400	UNKNOW	S	60 MG	ORAL	CP24	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091800	RAMELTE	RAMELTE	282448	UNKNOW	28244800	UNKNOW	S	8 MG	ORAL	TABS	EA	100		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091830	RAMELTE	RAMELTE	282448	UNKNOW	28244800	UNKNOW	S	8 MG	ORAL	TABS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091855	RAMELTE	RAMELTE	282448	UNKNOW	28244800	UNKNOW	S	8 MG	ORAL	TABS	EA	500		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091860	RAMELTE	RAMELTE	282448	UNKNOW	28244800	UNKNOW	S	8 MG	ORAL	TABS	EA	60		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091872	RAMELTE	RAMELTE	282448	UNKNOW	28244800	UNKNOW	S	8 MG	ORAL	TABS	EA	120		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205091890	RAMELTE	RAMELTE	282448	UNKNOW	28244800	UNKNOW	S	8 MG	ORAL	TABS	EA	90		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092000	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TB24	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092030	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TB24	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092055	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TB24	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092060	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TB24	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092072	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TB24	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092090	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TB24	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092100	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TB24	EA	100	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092130	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TB24	EA	30	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092155	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TB24	EA	500	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092160	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TB24	EA	60	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092172	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TB24	EA	120	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092190	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TB24	EA	90	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092200	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TB24	EA	100	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092230	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TB24	EA	30	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092255	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TB24	EA	500	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092260	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TB24	EA	60	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092272	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TB24	EA	120	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092290	FELODIPI	FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TB24	EA	90	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092300	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092307	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	7	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092311	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092314	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	14	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092315	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	15	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092328	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	28	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092330	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092355	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092360	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092372	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092390	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092400	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092407	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	7	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092411	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092414	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	14	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092415	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	15	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092428	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	28	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092430	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092455	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092460	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092472	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092490	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092800	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092830	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092855	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092860	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092864	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	240	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092867	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	270	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092872	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092876	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	360	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092878	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092890	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092900	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092930	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092955	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092960	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092964	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	240	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092967	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	270	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092972	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092976	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	360	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092978	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205092990	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093000	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093030	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093055	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093060	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093064	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	240	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093067	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	270	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093072	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093076	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	360	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093078	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093090	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093100	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093130	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093155	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093160	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093164	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	240	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093167	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	270	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093172	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093176	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	360	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093178	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093190	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093200	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093230	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093255	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093260	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093264	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	240	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093267	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	270	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093272	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093276	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	360	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093278	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093290	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093330	SOLIFEN	SOLIFEN	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093360	SOLIFEN	SOLIFEN	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093390	SOLIFEN	SOLIFEN	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093430	SOLIFEN	SOLIFEN	861204	UNKNOW	86120400	UNKNOW	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093460	SOLIFEN	SOLIFEN	861204	UNKNOW	86120400	UNKNOW	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093490	SOLIFEN	SOLIFEN	861204	UNKNOW	86120400	UNKNOW	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093500	MIGLITOL	MIGLITOL	682002	Alpha-Glu	68200200	Alpha-Glu	R	25 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093530	MIGLITOL	MIGLITOL	682002	Alpha-Glu	68200200	Alpha-Glu	R	25 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093560	MIGLITOL	MIGLITOL	682002	Alpha-Glu	68200200	Alpha-Glu	R	25 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093590	MIGLITOL	MIGLITOL	682002	Alpha-Glu	68200200	Alpha-Glu	R	25 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093600	MIGLITOL	MIGLITOL	682002	Alpha-Glu	68200200	Alpha-Glu	R	50 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093630	MIGLITOL	MIGLITOL	682002	Alpha-Glu	68200200	Alpha-Glu	R	50 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093660	MIGLITOL	MIGLITOL	682002	Alpha-Glu	68200200	Alpha-Glu	R	50 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093690	MIGLITOL	MIGLITOL	682002	Alpha-Glu	68200200	Alpha-Glu	R	50 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093700	MIGLITOL	MIGLITOL	682002	Alpha-Glu	68200200	Alpha-Glu	R	100 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093730	MIGLITOL	MIGLITOL	682002	Alpha-Glu	68200200	Alpha-Glu	R	100 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093760	MIGLITOL	MIGLITOL	682002	Alpha-Glu	68200200	Alpha-Glu	R	100 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093790	MIGLITOL	MIGLITOL	682002	Alpha-Glu	68200200	Alpha-Glu	R	100 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093800	TERBUTA	TERBUTA	121208	beta-Adre	12120812	Selective I	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093830	TERBUTA	TERBUTA	121208	beta-Adre	12120812	Selective I	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093855	TERBUTA	TERBUTA	121208	beta-Adre	12120812	Selective I	S	2.5 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093860	TERBUTA	TERBUTA	121208	beta-Adre	12120812	Selective I	S	2.5 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093890	TERBUTA	TERBUTA	121208	beta-Adre	12120812	Selective I	S	2.5 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093900	TERBUTA	TERBUTA	121208	beta-Adre	12120812	Selective I	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093930	TERBUTA	TERBUTA	121208	beta-Adre	12120812	Selective I	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093955	TERBUTA	TERBUTA	121208	beta-Adre	12120812	Selective I	S	5 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093960	TERBUTA	TERBUTA	121208	beta-Adre	12120812	Selective I	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205093990	TERBUTA	TERBUTA	121208	beta-Adre	12120812	Selective I	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205094060	PROPAFE	PROPAFE	240404	Antiarrhyt	24040412	Class Ic A	S	225 MG	ORAL	CP12	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205094160	PROPAFE	PROPAFE	240404	Antiarrhyt	24040412	Class Ic A	S	325 MG	ORAL	CP12	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205094260	PROPAFE	PROPAFE	240404	Antiarrhyt	24040412	Class Ic A	S	425 MG	ORAL	CP12	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205094315	MEGESTR	MEGESTR	683200	Progestins	68320000	Progestins	R	625 MG/5	ORAL	SUSP	ML	150	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205094400	GUANFAC	GUANFAC	289200	Central Ne	28920000	Central Ne	S	1 MG	ORAL	TB24	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205094430	GUANFAC	GUANFAC	289200	Central Ne	28920000	Central Ne	S	1 MG	ORAL	TB24	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205094455	GUANFAC	GUANFAC	289200	Central Ne	28920000	Central Ne	S	1 MG	ORAL	TB24	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205094460	GUANFAC	GUANFAC	289200	Central Ne	28920000	Central Ne	S	1 MG	ORAL	TB24	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205094490	GUANFAC	GUANFAC	289200	Central Ne	28920000	Central Ne	S	1 MG	ORAL	TB24	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205094500	GUANFAC	GUANFAC	289200	Central Ne	28920000	Central Ne	S	2 MG	ORAL	TB24	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205094530	GUANFAC	GUANFAC	289200	Central Ne	28920000	Central Ne	S	2 MG	ORAL	TB24	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205094555	GUANFAC	GUANFAC	289200	Central Ne	28920000	Central Ne	S	2 MG	ORAL	TB24	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

71205094560	GUANFAC	GUANFAC	289200	Central Ne	28920000	Central Ne	S	2 MG	ORAL	TB24	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205094590	GUANFAC	GUANFAC	289200	Central Ne	28920000	Central Ne	S	2 MG	ORAL	TB24	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205094600	GUANFAC	GUANFAC	289200	Central Ne	28920000	Central Ne	S	3 MG	ORAL	TB24	EA	100	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205094630	GUANFAC	GUANFAC	289200	Central Ne	28920000	Central Ne	S	3 MG	ORAL	TB24	EA	30	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205094655	GUANFAC	GUANFAC	289200	Central Ne	28920000	Central Ne	S	3 MG	ORAL	TB24	EA	500	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205094660	GUANFAC	GUANFAC	289200	Central Ne	28920000	Central Ne	S	3 MG	ORAL	TB24	EA	60	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205094690	GUANFAC	GUANFAC	289200	Central Ne	28920000	Central Ne	S	3 MG	ORAL	TB24	EA	90	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205094700	GUANFAC	GUANFAC	289200	Central Ne	28920000	Central Ne	S	4 MG	ORAL	TB24	EA	100	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205094730	GUANFAC	GUANFAC	289200	Central Ne	28920000	Central Ne	S	4 MG	ORAL	TB24	EA	30	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205094755	GUANFAC	GUANFAC	289200	Central Ne	28920000	Central Ne	S	4 MG	ORAL	TB24	EA	500	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205094760	GUANFAC	GUANFAC	289200	Central Ne	28920000	Central Ne	S	4 MG	ORAL	TB24	EA	60	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205094790	GUANFAC	GUANFAC	289200	Central Ne	28920000	Central Ne	S	4 MG	ORAL	TB24	EA	90	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205094800	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	23 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205094830	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	23 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205094855	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	23 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205094860	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	23 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205094890	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	23 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205094930	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	160 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205094955	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	160 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205094960	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	160 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205094972	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	160 MG	ORAL	TABS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205094978	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	160 MG	ORAL	TABS	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205094990	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	160 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095000	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095011	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	1 MG	ORAL	TABS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095030	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	1 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095055	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	1 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095060	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	1 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095064	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	1 MG	ORAL	TABS	EA	240	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095072	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	1 MG	ORAL	TABS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095090	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	1 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095100	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095111	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2 MG	ORAL	TABS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095130	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095155	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095160	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095164	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2 MG	ORAL	TABS	EA	240	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095172	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2 MG	ORAL	TABS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095190	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095200	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095211	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2.5 MG	ORAL	TABS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095230	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095255	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2.5 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095260	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2.5 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095264	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2.5 MG	ORAL	TABS	EA	240	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095272	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2.5 MG	ORAL	TABS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095290	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2.5 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095300	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	3 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095311	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	3 MG	ORAL	TABS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095330	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	3 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095355	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	3 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095360	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	3 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095364	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	3 MG	ORAL	TABS	EA	240	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095372	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	3 MG	ORAL	TABS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095390	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	3 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095400	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	4 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095411	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	4 MG	ORAL	TABS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095430	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	4 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095455	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	4 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095460	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	4 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095464	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	4 MG	ORAL	TABS	EA	240	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095472	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	4 MG	ORAL	TABS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095490	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	4 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095500	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095511	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095530	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095555	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095560	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095564	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	240	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095572	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095590	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095900	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095911	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095930	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095955	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095960	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205095990	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205096000	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205096011	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205096030	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205096055	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205096060	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205096090	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205096100	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	100		GENERIC	5/23/2024	71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205096130	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	30		GENERIC	7/2/2024	71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205096155	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	500		GENERIC	7/2/2024	71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205096160	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	60		GENERIC	5/23/2024	71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205096172	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	120		GENERIC	5/23/2024	71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205096190	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	90		GENERIC	5/23/2024	71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205096260	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-300-40	ORAL	CAPS	EA	60		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205096300	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205096330	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205096360	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205096364	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	240	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205096367	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	270	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205096372	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205096378	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205096390	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205096396	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	300	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205096400	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205096430	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205096460	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205096464	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	240	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205096467	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	270	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205096472	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205096478	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205096490	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205096496	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	300	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205096500	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	90 MG	ORAL	TB24	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205096530	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	90 MG	ORAL	TB24	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205096560	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	90 MG	ORAL	TB24	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205096564	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	90 MG	ORAL	TB24	EA	240	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205096567	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	90 MG	ORAL	TB24	EA	270	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205096572	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	90 MG	ORAL	TB24	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205096578	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	90 MG	ORAL	TB24	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205096590	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	90 MG	ORAL	TB24	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205096596	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	90 MG	ORAL	TB24	EA	300	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205096667	SEVELAM	SEVELAM	401819	Phosphate	40181900	Phosphate	S	800 MG	ORAL	TABS	EA	270	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205096730	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205096755	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205096790	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205096830	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205096855	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205096890	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097000	SENNA S	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	100		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097011	SENNA S	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	1000		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097030	SENNA S	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097055	SENNA S	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	500		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097060	SENNA S	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	60		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097090	SENNA S	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	90		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097100	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	100		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097110	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	10		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097114	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	14		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097115	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	15		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097120	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	20		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097121	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	21		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097130	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097155	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	500		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097200	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	100		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097210	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	10		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097214	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	14		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097215	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	15		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097220	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	20		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097221	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	21		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097230	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097255	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	500		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097400	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	10 MG	ORAL	CAPS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097411	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	10 MG	ORAL	CAPS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097430	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	10 MG	ORAL	CAPS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097455	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	10 MG	ORAL	CAPS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097460	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	10 MG	ORAL	CAPS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097472	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	10 MG	ORAL	CAPS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097490	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	10 MG	ORAL	CAPS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097500	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	CAPS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097511	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	CAPS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097530	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	CAPS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097555	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	CAPS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097560	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	CAPS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097572	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	CAPS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097590	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	CAPS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097612	HYDROCI	HYDROCO	840608	UNKNOW	84060800	UNKNOW	S	25 MG	RECTAL	SUPP	EA	12		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097624	HYDROCI	HYDROCO	840608	UNKNOW	84060800	UNKNOW	S	25 MG	RECTAL	SUPP	EA	24		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097700	NABUMET	NABUMET	280804	Nonsteroid	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097730	NABUMET	NABUMET	280804	Nonsteroid	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097755	NABUMET	NABUMET	280804	Nonsteroid	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097760	NABUMET	NABUMET	280804	Nonsteroid	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097772	NABUMET	NABUMET	280804	Nonsteroid	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097790	NABUMET	NABUMET	280804	Nonsteroid	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097800	NABUMET	NABUMET	280804	Nonsteroid	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097830	NABUMET	NABUMET	280804	Nonsteroid	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097855	NABUMET	NABUMET	280804	Nonsteroid	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097860	NABUMET	NABUMET	280804	Nonsteroid	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097872	NABUMET	NABUMET	280804	Nonsteroid	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097890	NABUMET	NABUMET	280804	Nonsteroid	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097900	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	40 MG	ORAL	CAPS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097911	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	40 MG	ORAL	CAPS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097930	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	40 MG	ORAL	CAPS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097955	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	40 MG	ORAL	CAPS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097960	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	40 MG	ORAL	CAPS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097972	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	40 MG	ORAL	CAPS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205097990	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	40 MG	ORAL	CAPS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098000	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098011	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098030	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098055	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098060	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098072	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098090	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098100	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	100		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098130	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098155	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	500		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098160	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	60		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098172	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	120		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098190	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	90		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098200	SALSALA	SALSALA	280804	Nonsteroid	28080424	Salicylates	S	500 MG	ORAL	TABS	EA	100	X	GENERIC	5/23/2024	71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098211	SALSALA	SALSALA	280804	Nonsteroid	28080424	Salicylates	S	500 MG	ORAL	TABS	EA	1000	X	GENERIC	5/23/2024	71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098230	SALSALA	SALSALA	280804	Nonsteroid	28080424	Salicylates	S	500 MG	ORAL	TABS	EA	30	X	GENERIC	5/23/2024	71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098255	SALSALA	SALSALA	280804	Nonsteroid	28080424	Salicylates	S	500 MG	ORAL	TABS	EA	500	X	GENERIC	5/23/2024	71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098260	SALSALA	SALSALA	280804	Nonsteroid	28080424	Salicylates	S	500 MG	ORAL	TABS	EA	60	X	GENERIC	5/23/2024	71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098272	SALSALA	SALSALA	280804	Nonsteroid	28080424	Salicylates	S	500 MG	ORAL	TABS	EA	120	X	GENERIC	5/23/2024	71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098290	SALSALA	SALSALA	280804	Nonsteroid	28080424	Salicylates	S	500 MG	ORAL	TABS	EA	90	X	GENERIC	5/23/2024	71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098300	SALSALA	SALSALA	280804	Nonsteroid	28080424	Salicylates	S	750 MG	ORAL	TABS	EA	100	X	GENERIC	5/23/2024	71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098311	SALSALA	SALSALA	280804	Nonsteroid	28080424	Salicylates	S	750 MG	ORAL	TABS	EA	1000	X	GENERIC	5/23/2024	71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098330	SALSALA	SALSALA	280804	Nonsteroid	28080424	Salicylates	S	750 MG	ORAL	TABS	EA	30	X	GENERIC	5/23/2024	71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098355	SALSALA	SALSALA	280804	Nonsteroid	28080424	Salicylates	S	750 MG	ORAL	TABS	EA	500	X	GENERIC	5/23/2024	71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098360	SALSALA	SALSALA	280804	Nonsteroid	28080424	Salicylates	S	750 MG	ORAL	TABS	EA	60	X	GENERIC	5/23/2024	71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098372	SALSALA	SALSALA	280804	Nonsteroid	28080424	Salicylates	S	750 MG	ORAL	TABS	EA	120	X	GENERIC	5/23/2024	71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098390	SALSALA	SALSALA	280804	Nonsteroid	28080424	Salicylates	S	750 MG	ORAL	TABS	EA	90	X	GENERIC	5/23/2024	71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098430	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20-1100 M	ORAL	CAPS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098460	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20-1100 M	ORAL	CAPS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098490	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20-1100 M	ORAL	CAPS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098530	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40-1100 M	ORAL	CAPS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098560	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40-1100 M	ORAL	CAPS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098590	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40-1100 M	ORAL	CAPS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098630	SOLIFEN	SOLIFEN	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098660	SOLIFEN	SOLIFEN	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098690	SOLIFEN	SOLIFEN	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098730	SOLIFEN	SOLIFEN	861204	UNKNOW	86120400	UNKNOW	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098760	SOLIFEN	SOLIFEN	861204	UNKNOW	86120400	UNKNOW	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098790	SOLIFEN	SOLIFEN	861204	UNKNOW	86120400	UNKNOW	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		71205	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098830	LEVOCET	LEVOCET	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098860	LEVOCET	LEVOCET	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	60		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098890	LEVOCET	LEVOCET	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	90		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098900	CYPROHE	CYPROHE	40400	First Gene	4040000	First Gene	S	4 MG	ORAL	TABS	EA	100		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098911	CYPROHE	CYPROHE	40400	First Gene	4040000	First Gene	S	4 MG	ORAL	TABS	EA	1000		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098930	CYPROHE	CYPROHE	40400	First Gene	4040000	First Gene	S	4 MG	ORAL	TABS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098960	CYPROHE	CYPROHE	40400	First Gene	4040000	First Gene	S	4 MG	ORAL	TABS	EA	60		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098964	CYPROHE	CYPROHE	40400	First Gene	4040000	First Gene	S	4 MG	ORAL	TABS	EA	240		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098967	CYPROHE	CYPROHE	40400	First Gene	4040000	First Gene	S	4 MG	ORAL	TABS	EA	270		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098972	CYPROHE	CYPROHE	40400	First Gene	4040000	First Gene	S	4 MG	ORAL	TABS	EA	120		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098976	CYPROHE	CYPROHE	40400	First Gene	4040000	First Gene	S	4 MG	ORAL	TABS	EA	360		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098978	CYPROHE	CYPROHE	40400	First Gene	4040000	First Gene	S	4 MG	ORAL	TABS	EA	180		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205098990	CYPROHE	CYPROHE	40400	First Gene	4040000	First Gene	S	4 MG	ORAL	TABS	EA	90		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099000	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	100		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099011	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	1000		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099050	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	50		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099055	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	500		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099100	DICLOFE	DICLOFE	280804	Nonsteroid	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099111	DICLOFE	DICLOFE	280804	Nonsteroid	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099130	DICLOFE	DICLOFE	280804	Nonsteroid	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099155	DICLOFE	DICLOFE	280804	Nonsteroid	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099160	DICLOFE	DICLOFE	280804	Nonsteroid	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099172	DICLOFE	DICLOFE	280804	Nonsteroid	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099178	DICLOFE	DICLOFE	280804	Nonsteroid	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099190	DICLOFE	DICLOFE	280804	Nonsteroid	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099200	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099211	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099230	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099255	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099260	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099290	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099300	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099311	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099330	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099355	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099360	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099390	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099400	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099411	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099430	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099455	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	500	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099460	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099490	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099500	DICLOFE	DICLOFE	280804	Nonsteroid	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	100	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099511	DICLOFE	DICLOFE	280804	Nonsteroid	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	1000	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099530	DICLOFE	DICLOFE	280804	Nonsteroid	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	30	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099560	DICLOFE	DICLOFE	280804	Nonsteroid	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	60	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099572	DICLOFE	DICLOFE	280804	Nonsteroid	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	120	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099578	DICLOFE	DICLOFE	280804	Nonsteroid	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	180	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099590	DICLOFE	DICLOFE	280804	Nonsteroid	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	90	X	GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099600	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	100	X	GENERIC	5/13/2024	71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099655	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	500	X	GENERIC	5/13/2024	71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099665	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	270	X	GENERIC	5/13/2024	71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099678	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	180	X	GENERIC	5/13/2024	71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099690	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	90	X	GENERIC	5/13/2024	71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099697	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	360	X	GENERIC	5/13/2024	71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099700	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	100		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099710	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	10		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099714	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	14		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099720	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	20		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099730	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	30		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099755	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	500		GENERIC		71205		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099800	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	100		GENERIC		71205	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71205099810	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	10		GENERIC		71205	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI



71285011101	CARDIOP	CARDIOP	401200	Replacem	40120000	Replacem	R	1.302GM/'	PERFUSI	SOLN	ML	500	SSB		71285			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71285011201	CARDIOP	CARDIOP	401200	Replacem	40120000	Replacem	R	1.253GM/'	PERFUSI	SOLN	ML	1000	SSB		71285			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71285020201	CARDIOP	CARDIOP	401200	Replacem	40120000	Replacem	R	.012GM/1(	PERFUSI	SOLN	ML	1052.8	SSB		71285			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71285021201	CARDIOP	CARDIOP	401200	Replacem	40120000	Replacem	R	.018GM/1(	PERFUSI	SOLN	ML	542	SSB		71285			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71285021401	CARDIOP	CARDIOP	401200	Replacem	40120000	Replacem	R	.767GM/1(	PERFUSI	SOLN	ML	300	SSB		71285			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71285030001	TRISODIL	CONTINU	401200	Replacem	40120000	Replacem	R	89MEQ/L-	EXTRACC	SOLN	ML	4000	NON DRUG		71285			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND			R	MEDPRIM
71285040201	AMINO A(	AMINO A(	402000	Caloric Ag	40200000	Caloric Ag	R	2.50%	INTRAVEI	SOLN	ML	250	GENERIC		71285			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71285040501	NEONAT/	AMINO A(	402000	Caloric Ag	40200000	Caloric Ag	R	3%	INTRAVEI	SOLN	ML	250	SSB		71285			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71285040801	AMINO A(	AMINO A(	402000	Caloric Ag	40200000	Caloric Ag	R	4%	INTRAVEI	SOLN	ML	250	GENERIC		71285			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71285041801	NEONAT/	AMINO A(	402000	Caloric Ag	40200000	Caloric Ag	R	2.50%	INTRAVEI	SOLN	ML	250	SSB		71285			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71285042001	AMINO A(	AMINO A(	402000	Caloric Ag	40200000	Caloric Ag	R	3%	INTRAVEI	SOLN	ML	250	GENERIC		71285			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71285042201	AMINO A(	AMINO A(	402000	Caloric Ag	40200000	Caloric Ag	R	4%	INTRAVEI	SOLN	ML	250	GENERIC		71285			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71285042701	AMINO A(	AMINO A(	402000	Caloric Ag	40200000	Caloric Ag	R	3%	INTRAVEI	SOLN	ML	250	GENERIC		71285			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71285042801	NEONAT/	AMINO A(	402000	Caloric Ag	40200000	Caloric Ag	R	3%	INTRAVEI	SOLN	ML	250	SSB		71285			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71285603701	OXYTOCI	OXYTOCI	760000	Oxytocics	76000000	Oxytocics	R	15 UNIT/2	INTRAVEI	SOLN	ML	250	GENERIC		71285			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71285604401	OXYTOCI	OXYTOCI	760000	Oxytocics	76000000	Oxytocics	R	30UNIT/5(	INTRAVEI	SOLN	ML	500	NON DRUG		71285			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71285605501	DILTIAZEI	DILTIAZEI	240404	Antiarrhytl	24040424	Class IV A	R	125-0.9 M	INTRAVEI	SOLN	ML	125	GENERIC		71285			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71285605801	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	R	10-0.9 MG	INTRAVEI	SOLN	ML	250	GENERIC		71285			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71285607301	VANCOM'	VANCOM'	81228	Antibacter	8122816	Glycopept	R	5%-1.25G	INTRAVEI	SOLN	ML	250	GENERIC		71285			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71285607401	VANCOM'	VANCOM'	81228	Antibacter	8122816	Glycopept	R	.9%-1.25G	INTRAVEI	SOLN	ML	250	GENERIC		71285			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71285607501	VANCOM'	VANCOM'	81228	Antibacter	8122816	Glycopept	R	5%-1.5GM	INTRAVEI	SOLN	ML	250	GENERIC		71285			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71285607801	VANCOM'	VANCOM'	81228	Antibacter	8122816	Glycopept	R	.9%-2GM/	INTRAVEI	SOLN	ML	500	GENERIC		71285			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71285615701	NOREPIN	NOREPIN	121212	alpha- anc	12121200	alpha- anc	R	8-5 MG/50	INTRAVEI	SOLN	ML	500	GENERIC		71285			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71285701801	EPINEPHI	EPINEPHI	523200	Vasocons	52320000	Vasocons	R	4-5 MG/25	INTRAVEI	SOLN	ML	250	GENERIC		71285			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71285702301	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	R	5000-0.9 U	INTRAVEI	SOLN	ML	500	GENERIC		71285		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
71285702501	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	R	20-0.9 MG	INTRAVEI	SOLN	ML	250	GENERIC		71285			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71285808602	TROMETI	TROMETI	400800	Alkalinizin	40080000	Alkalinizin	R	30 MEQ/1(	INTRAVEI	SOLN	ML	50	GENERIC		71285			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71285809301	EPINEPHI	EPINEPHI	523200	Vasocons	52320000	Vasocons	R	4-0.9 MG/	INTRAVEI	SOLN	ML	250	GENERIC		71285			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71285810001	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	R	2500-0.9 U	INTRAVEI	SOLN	ML	500	GENERIC		71285		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
71286200303	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	2500 MCG	INTRAVEI	SOSY	ML	50	NON DRUG		71286			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71286201002	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	R	10MG/50M	INTRAVEI	SOSY	ML	50	NON DRUG		71286			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71286201201	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	R	30MG/30M	INTRAVEI	SOSY	ML	30	NON DRUG		71286		Y	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND			R	MEDPRIM
71286204003	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	30-0.9 MG	INTRAVEI	SOSY	ML	30	NON DRUG		71286			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71286204005	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	50MG/50M	INTRAVEI	SOLN	ML	50	NON DRUG		71286		Y	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND			R	MEDPRIM
71286204006	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	100MG/10	INTRAVEI	SOLN	ML	100	NON DRUG		71286		Y	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND			R	MEDPRIM
71286207101	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	10-0.9 MC	INTRAVEI	SOSY	ML	1	NON DRUG		71286			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71286207103	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	500MCG/5	INTRAVEI	SOSY	ML	50	NON DRUG		71286		Y	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND			R	MEDPRIM
71286207105	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	2.5MG/25(	INTRAVEI	SOLN	ML	250	NON DRUG		71286			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71286208202	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	0.5-0.125-	EPIDURA	SOLN	ML	250	GENERIC		71286			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71286302001	KETAMIN	KETAMIN	280408	UNKNOW	28040800	UNKNOW	R	50 MG/ML	INTRAVEI	SOSY	ML	1	GENERIC		71286			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71286302201	KETAMIN	KETAMIN	280408	UNKNOW	28040800	UNKNOW	R	50-0.9 MG	INTRAVEI	SOSY	ML	5	NON DRUG		71286			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71286403503	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	R	100MG/10	INTRAVEI	SOLN	ML	100	NON DRUG		71286			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71286600301	EPHEDRI	EPHEDRI	121212	alpha- anc	12121200	alpha- anc	R	25MG/5ML	INTRAVEI	SOSY	ML	5	NON DRUG		71286			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71286600302	EPHEDRI	EPHEDRI	121212	alpha- anc	12121200	alpha- anc	R	50-0.9 MG	INTRAVEI	SOSY	ML	10	NON DRUG		71286			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71286600401	EPHEDRI	EPHEDRI	121212	alpha- anc	12121200	alpha- anc	R	50-0.9 MG	INTRAVEI	SOSY	ML	5	NON DRUG		71286			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71286600901	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	R	1MG/10ML	INTRAVEI	SOSY	ML	10	NON DRUG		71286			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71286601001	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	R	50 MG/5M	INTRAVEI	SOSY	ML	5	GENERIC		71286			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71287011901	YESCART	AXICABT/	261200	UNKNOW	26120000	UNKNOW	R	20000000(	INTRAVEI	SUSP	EA	1	SSB		71287			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71287011902	YESCART	AXICABT/	261200	UNKNOW	26120000	UNKNOW	R	20000000(	INTRAVEI	SUSP	EA	1	SSB		71287			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71287021901	TECARTL	BREXUC/	261200	UNKNOW	26120000	UNKNOW	R	0	INTRAVEI	SUSP	EA	1	SSB		71287			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71287022001	TECARTL	BREXUC/	261200	UNKNOW	26120000	UNKNOW	R	10000000(	INTRAVEI	SUSP	EA	1	SSB		71287			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288000230	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	2.25 (2-0.2	INTRAVEI	SOLR	EA	1	GENERIC	9/6/2023	71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288000231	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	2.25 (2-0.2	INTRAVEI	SOLR	EA	1	GENERIC	9/6/2023	71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288000330	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	3.375 (3-0	INTRAVEI	SOLR	EA	1	GENERIC	9/6/2023	71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288000331	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	3.375 (3-0	INTRAVEI	SOLR	EA	1	GENERIC	9/6/2023	71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288000450	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	4.5 (4-0.5)	INTRAVEI	SOLR	EA	1	GENERIC	9/6/2023	71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288000451	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	4.5 (4-0.5)	INTRAVEI	SOLR	EA	1	GENERIC	9/6/2023	71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288000520	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	1.5 (1-0.5)	INJECTIO	SOLR	EA	1	GENERIC	9/4/2023	71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288000521	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	1.5 (1-0.5)	INJECTIO	SOLR	EA	1	GENERIC	9/4/2023	71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288000630	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	3 (2-1) GM	INJECTIO	SOLR	EA	1	GENERIC	9/4/2023	71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288000631	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	3 (2-1) GM	INJECTIO	SOLR	EA	1	GENERIC	9/4/2023	71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288000775	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	15 (10-5) (	INTRAVEI	SOLR	EA	1	GENERIC	2/16/2024	71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288000815	CEFEPIM	CEFEPIM	81206	Cephalosp	8120616	Fourth Ge	S	1 GM	INJECTIO	SOLR	EA	1	GENERIC	3/21/2022	71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288000920	CEFEPIM	CEFEPIM	81206	Cephalosp	8120616	Fourth Ge	S	2 GM	INTRAVEI	SOLR	EA	1	GENERIC	8/31/2022	71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM

71288001615	DAPTOMY	DAPTOMY	81228	Antibacter	8122812	Cyclic Lipo	S	500 MG	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288001691	DAPTOMY	DAPTOMY	81228	Antibacter	8122812	Cyclic Lipo	S	500 MG	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288001695	DAPTOMY	DAPTOMY	81228	Antibacter	8122812	Cyclic Lipo	S	500 MG	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288001715	DAPTOMY	DAPTOMY	81228	Antibacter	8122812	Cyclic Lipo	S	350 MG	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288001791	DAPTOMY	DAPTOMY	81228	Antibacter	8122812	Cyclic Lipo	S	350 MG	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288001810	DAPTOMY	DAPTOMY	81228	Antibacter	8122812	Cyclic Lipo	S	500 MG	INTRAVEI	SOLR	EA	1	GENERIC	6/1/2023	71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288001910	TIGECYC	TIGECYC	81224	Tetracyclir	8122412	Glycylcycl	S	50 MG	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288001911	TIGECYC	TIGECYC	81224	Tetracyclir	8122412	Glycylcycl	S	50 MG	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288002210	VANCOM'	VANCOM'	81228	Antibacter	8122816	Glycopept	S	500 MG	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288002211	VANCOM'	VANCOM'	81228	Antibacter	8122816	Glycopept	S	500 MG	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288002320	VANCOM'	VANCOM'	81228	Antibacter	8122816	Glycopept	S	1 GM	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288002321	VANCOM'	VANCOM'	81228	Antibacter	8122816	Glycopept	S	1 GM	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288002420	VANCOM'	VANCOM'	81228	Antibacter	8122816	Glycopept	S	750 MG	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288002421	VANCOM'	VANCOM'	81228	Antibacter	8122816	Glycopept	S	750 MG	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288002575	VANCOM'	VANCOM'	81228	Antibacter	8122816	Glycopept	S	5 GM	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288002675	VANCOM'	VANCOM'	81228	Antibacter	8122816	Glycopept	S	10 GM	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288002730	VORICON	VORICON	81408	Azoles	8140800	Azoles	S	200 MG	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288002810	MICAFUN	MICAFUN	81416	Echinocan	8141600	Echinocan	S	50 MG	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288002811	MICAFUN	MICAFUN	81416	Echinocan	8141600	Echinocan	S	50 MG	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288002910	MICAFUN	MICAFUN	81416	Echinocan	8141600	Echinocan	S	100 MG	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288002911	MICAFUN	MICAFUN	81416	Echinocan	8141600	Echinocan	S	100 MG	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288003020	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288003021	DOXYCY(	DOXYCY(	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288003120	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	1.5 (1-0.5)	INJECTIO	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288003121	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	1.5 (1-0.5)	INJECTIO	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288003191	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	1.5 (1-0.5)	INJECTIO	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288003192	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	1.5 (1-0.5)	INJECTIO	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288003220	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	3 (2-1) GM	INJECTIO	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288003221	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	3 (2-1) GM	INJECTIO	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288003291	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	3 (2-1) GM	INJECTIO	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288003292	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	3 (2-1) GM	INJECTIO	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288003375	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	15 (10-5) (	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288003391	AMPICILL	AMPICILL	81216	Penicillins	8121608	Aminopen	S	15 (10-5) (	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM

71288010110	OXALIPL/	OXALIPL/	100000	Antineopla	10000000	Antineopla	S	50 MG/10	INTRAVEI	SOLN	ML	10	GENERIC		71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288010120	OXALIPL/	OXALIPL/	100000	Antineopla	10000000	Antineopla	S	100 MG/2(	INTRAVEI	SOLN	ML	20	GENERIC		71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288010210	BENDAMI	BENDAMI	100000	Antineopla	10000000	Antineopla	S	25 MG	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288010320	BENDAMI	BENDAMI	100000	Antineopla	10000000	Antineopla	S	100 MG	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288010410	LEVOLEU	LEVOLEU	910412	UNKNOW	91041200	UNKNOW	S	50 MG	INTRAVEI	SOLR	EA	1	GENERIC	4/30/2024	71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288010518	LEVOLEU	LEVOLEU	910412	UNKNOW	91041200	UNKNOW	S	175 MG/1	INTRAVEI	SOLN	ML	17.5	GENERIC		71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288010610	BLEOMY(	BLEOMY(	100000	Antineopla	10000000	Antineopla	S	15 UNIT	INJECTIO	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288010720	BLEOMY(	BLEOMY(	100000	Antineopla	10000000	Antineopla	S	30 UNIT	INJECTIO	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288010920	CYTARAE	CYTARAE	100000	Antineopla	10000000	Antineopla	S	100 MG/M	INJECTIO	SOLN	ML	20	GENERIC		71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288011110	MELPHAL	MELPHAL	100000	Antineopla	10000000	Antineopla	S	50 MG	INTRAVEI	SOLR	EA	1	GENERIC	11/28/2022	71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288011290	MELPHAL	MELPHAL	100000	Antineopla	10000000	Antineopla	S	50 MG	INTRAVEI	SOLR	EA	1	GENERIC	11/28/2022	71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288011310	GEMCITA	GEMCITA	100000	Antineopla	10000000	Antineopla	S	200 MG	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288011450	GEMCITA	GEMCITA	100000	Antineopla	10000000	Antineopla	S	1GM	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288011530	AZACITID	AZACITID	100000	Antineopla	10000000	Antineopla	S	100 MG	INJECTIO	SUSR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288011610	BUSULFA	BUSULFA	100000	Antineopla	10000000	Antineopla	S	6 MG/ML	INTRAVEI	SOLN	ML	10	GENERIC		71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288011611	BUSULFA	BUSULFA	100000	Antineopla	10000000	Antineopla	S	6 MG/ML	INTRAVEI	SOLN	ML	10	GENERIC		71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288011706	GEMCITA	GEMCITA	100000	Antineopla	10000000	Antineopla	S	200 MG/5.	INTRAVEI	SOLN	ML	5.26	GENERIC		71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288011728	GEMCITA	GEMCITA	100000	Antineopla	10000000	Antineopla	S	1 GM/26.3	INTRAVEI	SOLN	ML	26.3	GENERIC		71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288011754	GEMCITA	GEMCITA	100000	Antineopla	10000000	Antineopla	S	2 GM/52.6	INTRAVEI	SOLN	ML	52.6	GENERIC		71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288011810	BORTEZ(	BORTEZ(	100000	Antineopla	10000000	Antineopla	S	3.5 MG	INJECTIO	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288011920	DECITABI	DECITABI	100000	Antineopla	10000000	Antineopla	S	50 MG	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288012690	CARMUS'	CARMUS'	100000	Antineopla	10000000	Antineopla	S	100 MG	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288012820	CLOFAR/	CLOFAR/	100000	Antineopla	10000000	Antineopla	S	1 MG/ML	INTRAVEI	SOLN	ML	20	GENERIC		71288	Y		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288012902	DACTINO	DACTINO	100000	Antineopla	10000000	Antineopla	S	0.5 MG	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288013015	MELPHAL	MELPHAL	100000	Antineopla	10000000	Antineopla	S	50 MG	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288013290	MELPHAL	MELPHAL	100000	Antineopla	10000000	Antineopla	S	50 MG	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288013720	MITOMYC	MITOMYC	100000	Antineopla	10000000	Antineopla	S	5 MG	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288013850	MITOMYC	MITOMYC	100000	Antineopla	10000000	Antineopla	S	20 MG	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288013951	MITOMYC	MITOMYC	100000	Antineopla	10000000	Antineopla	S	40 MG	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288014408	DOCETA>	DOCETA>	100000	Antineopla	10000000	Antineopla	S	80 MG/8M	INTRAVEI	SOLN	ML	8	GENERIC		71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288014416	DOCETA>	DOCETA>	100000	Antineopla	10000000	Antineopla	S	160 MG/1(	INTRAVEI	SOLN	ML	16	GENERIC		71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288014750	PEMETRE	PEMETRE	100000	Antineopla	10000000	Antineopla	S	750 MG	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288014851	PEMETRE	PEMETRE	100000	Antineopla	10000000	Antineopla	S	1000 MG	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288014995	OXALIPL/	OXALIPL/	100000	Antineopla	10000000	Antineopla	S	50 MG/10	INTRAVEI	SOLN	ML	10	GENERIC		71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288014996	OXALIPL/	OXALIPL/	100000	Antineopla	10000000	Antineopla	S	100 MG/2(	INTRAVEI	SOLN	ML	20	GENERIC		71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288015395	AZACITID	AZACITID	100000	Antineopla	10000000	Antineopla	S	100 MG	INJECTIO	SUSR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288015501	PLERIXAF	PLERIXAF	201600	Hematopo	20160000	Hematopo	S	24 MG/1.2	SUBCUT/	SOLN	ML	1.2	GENERIC		71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288015605	THIOTEP/	THIOTEP/	100000	Antineopla	10000000	Antineopla	S	15 MG	INJECTIO	SOLR	EA	1	GENERIC		71288	Y		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288015710	THIOTEP/	THIOTEP/	100000	Antineopla	10000000	Antineopla	S	100 MG	INJECTIO	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288016010	LEUCOV(	LEUCOV(	910412	UNKNOW	91041200	UNKNOW	S	50 MG	INJECTIO	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288016120	LEUCOV(	LEUCOV(	910412	UNKNOW	91041200	UNKNOW	S	100 MG	INJECTIO	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288016230	LEUCOV(	LEUCOV(	910412	UNKNOW	91041200	UNKNOW	S	200 MG	INJECTIO	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288016330	LEUCOV(	LEUCOV(	910412	UNKNOW	91041200	UNKNOW	S	350 MG	INJECTIO	SOLR	EA	1	GENERIC		71288	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288016450	LEUCOV(	LEUCOV(	910412	UNKNOW	91041200	UNKNOW	S	500 MG	INJECTIO	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288016552	NELARAE	NELARAE	100000	Antineopla	10000000	Antineopla	S	5 MG/ML	INTRAVEI	SOLN	ML	50	GENERIC		71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288016553	NELARAE	NELARAE	100000	Antineopla	10000000	Antineopla	S	5 MG/ML	INTRAVEI	SOLN	ML	50	GENERIC	6/3/2024	71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288016554	NELARAE	NELARAE	100000	Antineopla	10000000	Antineopla	S	5 MG/ML	INTRAVEI	SOLN	ML	50	GENERIC		71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288016610	PEMETRE	PEMETRE	100000	Antineopla	10000000	Antineopla	S	100 MG	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288016691	PEMETRE	PEMETRE	100000	Antineopla	10000000	Antineopla	S	100 MG	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288016692	PEMETRE	PEMETRE	100000	Antineopla	10000000	Antineopla	S	100 MG	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288016750	PEMETRE	PEMETRE	100000	Antineopla	10000000	Antineopla	S	500 MG	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288016795	PEMETRE	PEMETRE	100000	Antineopla	10000000	Antineopla	S	500 MG	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288016796	PEMETRE	PEMETRE	100000	Antineopla	10000000	Antineopla	S	500 MG	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288017075	FLUOROL	FLUOROL	100000	Antineopla	10000000	Antineopla	S	2.5 GM/50	INTRAVEI	SOLN	ML	50	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288017420	DACARB/	DACARB/	100000	Antineopla	10000000	Antineopla	S	200 MG	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288017421	DACARB/	DACARB/	100000	Antineopla	10000000	Antineopla	S	200 MG	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288020010	MILRINOI	MILRINOI	240408	Cardiotoni	24040800	Cardiotoni	S	10 MG/10	INTRAVEI	SOLN	ML	10	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288020011	MILRINOI	MILRINOI	240408	Cardiotoni	24040800	Cardiotoni	S	10 MG/10	INTRAVEI	SOLN	ML	10	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288020020	MILRINOI	MILRINOI	240408	Cardiotoni	24040800	Cardiotoni	S	20 MG/20	INTRAVEI	SOLN	ML	20	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288020021	MILRINOI	MILRINOI	240408	Cardiotoni	24040800	Cardiotoni	S	20 MG/20	INTRAVEI	SOLN	ML	20	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288020050	MILRINOI	MILRINOI	240408	Cardiotoni	24040800	Cardiotoni	S	50 MG/50	INTRAVEI	SOLN	ML	50	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288020185	REGADEI	REGADEI	361800	Cardiac Fu	36180000	Cardiac Fu	S	0.4 MG/5M	INTRAVEI	SOLN	ML	5	GENERIC		71288			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288020202	NITROPR	NITROPR	240816	Central Al	24081600	Central Al	S	25 MG/ML	INTRAVEI	SOLN	ML	2	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288020302	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	2	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288020303	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	2	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288020304	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	4	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288020305	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	4	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288020310	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	10	GENERIC		71288	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288020311	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	10	GENERIC		71288	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288020601	ALPROST	ALPROST	240816	Central Al	24081600	Central Al	S	500 MCG/	INJECTIO	SOLN	ML	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288020602	ALPROST	ALPROST	240816	Central Al	24081600	Central Al	S	500 MCG/	INJECTIO	SOLN	ML	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288030301	CYANOC(	CYANOC(	880800	Vitamin B	88080000	Vitamin B	S	1000 MCG	INJECTIO	SOLN	ML	1	GENERIC		71288		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
71288030302	CYANOC(	CYANOC(	880800	Vitamin B	88080000	Vitamin B	S	1000 MCG	INJECTIO	SOLN	ML	1	GENERIC		71288		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
71288030391	CYANOC(	CYANOC(	880800	Vitamin B	88080000	Vitamin B	S	1000 MCG	INJECTIO	SOLN	ML	1	GENERIC		71288		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
71288030392	CYANOC(	CYANOC(	880800	Vitamin B	88080000	Vitamin B	S	1000 MCG	INJECTIO	SOLN	ML	1	GENERIC		71288		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
71288040002	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	1000 UNIT	INJECTIO	SOLN	ML	2	GENERIC		71288		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
71288040003	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	1000 UNIT	INJECTIO	SOLN	ML	2	GENERIC		71288		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
71288040101	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	20000 UN	INJECTIO	SOLN	ML	1	GENERIC		71288		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
71288040102	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	20000 UN	INJECTIO	SOLN	ML	1	GENERIC		71288		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
71288040201	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	1000 UNIT	INJECTIO	SOLN	ML	1	GENERIC		71288		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
71288040202	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	1000 UNIT	INJECTIO	SOLN	ML	1	GENERIC		71288		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
71288040210	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	1000 UNIT	INJECTIO	SOLN	ML	10	GENERIC		71288		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
71288040211	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	1000 UNIT	INJECTIO	SOLN	ML	10	GENERIC		71288		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
71288040230	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	1000 UNIT	INJECTIO	SOLN	ML	30	GENERIC		71288		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
71288040231	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	1000 UNIT	INJECTIO	SOLN	ML	30	GENERIC		71288		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
71288040301	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	5000 UNIT	INJECTIO	SOLN	ML	1	GENERIC		71288		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
71288040302	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	5000 UNIT	INJECTIO	SOLN	ML	1	GENERIC		71288		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
71288040310	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	5000 UNIT	INJECTIO	SOLN	ML	10	GENERIC		71288		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
71288040311	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	5000 UNIT	INJECTIO	SOLN	ML	10	GENERIC		71288		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
71288040401	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	10000 UN	INJECTIO	SOLN	ML	1	GENERIC		71288		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
71288040402	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	10000 UN	INJECTIO	SOLN	ML	1	GENERIC		71288		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
71288040404	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	10000 UN	INJECTIO	SOLN	ML	4	GENERIC		71288		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
71288040405	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	10000 UN	INJECTIO	SOLN	ML	4	GENERIC		71288		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
71288040580	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	5000 UNIT	INJECTIO	SOLN	ML	0.5	GENERIC		71288		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
71288040581	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	5000 UNIT	INJECTIO	SOLN	ML	0.5	GENERIC		71288		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
71288040681	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	5000 UNIT	INJECTIO	SOLN	ML	1	GENERIC		71288		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
71288040682	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	5000 UNIT	INJECTIO	SOLN	ML	1	GENERIC		71288		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
71288040701	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.2 MG/M	INJECTIO	SOLN	ML	1	GENERIC	6/27/2022	71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288040702	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.4 MG/2M	INJECTIO	SOLN	ML	2	GENERIC	7/25/2022	71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288040703	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.2 MG/M	INJECTIO	SOLN	ML	1	GENERIC	6/27/2022	71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288040704	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.4 MG/2M	INJECTIO	SOLN	ML	2	GENERIC	7/25/2022	71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288040805	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	1 MG/5ML	INJECTIO	SOLN	ML	5	GENERIC	7/11/2022	71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288040806	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	1 MG/5ML	INJECTIO	SOLN	ML	5	GENERIC	7/11/2022	71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288040820	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	4 MG/20M	INJECTIO	SOLN	ML	20	GENERIC	5/2/2022	71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288040821	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	4 MG/20M	INJECTIO	SOLN	ML	20	GENERIC	5/2/2022	71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288040905	PALONOS	PALONOS	562220	5-HT3 Re	56222000	5-HT3 Re	S	0.25 MG/5	INTRAVEI	SOLN	ML	5	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288041080	ENOXAP/	ENOXAP/	201204	Anticoagu	20120416	Heparins	S	30 MG/0.3	INJECTIO	SOSY	ML	0.3	GENERIC	6/26/2023	71288		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			R	MEDPRIM
71288041081	ENOXAP/	ENOXAP/	201204	Anticoagu	20120416	Heparins	S	30 MG/0.3	INJECTIO	SOSY	ML	0.3	GENERIC	6/26/2023	71288		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			R	MEDPRIM
71288041082	ENOXAP/	ENOXAP/	201204	Anticoagu	20120416	Heparins	S	40 MG/0.4	INJECTIO	SOSY	ML	0.4	GENERIC	6/26/2023	71288		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			R	MEDPRIM
71288041083	ENOXAP/	ENOXAP/	201204	Anticoagu	20120416	Heparins	S	40 MG/0.4	INJECTIO	SOSY	ML	0.4	GENERIC	6/26/2023	71288		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			R	MEDPRIM
71288041084	ENOXAP/	ENOXAP/	201204	Anticoagu	20120416	Heparins	S	60 MG/0.6	INJECTIO	SOSY	ML	0.6	GENERIC	10/2/2023	71288		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			R	MEDPRIM
71288041085	ENOXAP/	ENOXAP/	201204	Anticoagu	20120416	Heparins	S	60 MG/0.6	INJECTIO	SOSY	ML	0.6	GENERIC	10/2/2023	71288		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			R	MEDPRIM
71288041086	ENOXAP/	ENOXAP/	201204	Anticoagu	20120416	Heparins	S	80 MG/0.8	INJECTIO	SOSY	ML	0.8	GENERIC	1/8/2024	71288		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			R	MEDPRIM
71288041087	ENOXAP/	ENOXAP/	201204	Anticoagu	20120416	Heparins	S	80 MG/0.8	INJECTIO	SOSY	ML	0.8	GENERIC	1/8/2024	71288		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			R	MEDPRIM
71288041088	ENOXAP/	ENOXAP/	201204	Anticoagu	20120416	Heparins	S	100 MG/M	INJECTIO	SOSY	ML	1	GENERIC	1/8/2024	71288		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			R	MEDPRIM
71288041089	ENOXAP/	ENOXAP/	201204	Anticoagu	20120416	Heparins	S	100 MG/M	INJECTIO	SOSY	ML	1	GENERIC	1/8/2024	71288		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			R	MEDPRIM
71288041180	ENOXAP/	ENOXAP/	201204	Anticoagu	20120416	Heparins	S	120 MG/0.	INJECTIO	SOSY	ML	0.8	GENERIC	9/14/2023	71288		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			R	MEDPRIM
71288041181	ENOXAP/	ENOXAP/	201204	Anticoagu	20120416	Heparins	S	120 MG/0.	INJECTIO	SOSY	ML	0.8	GENERIC	9/14/2023	71288		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			R	MEDPRIM
71288041182	ENOXAP/	ENOXAP/	201204	Anticoagu	20120416	Heparins	S	150 MG/M	INJECTIO	SOSY	ML	1	GENERIC	4/19/2024	71288		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			R	MEDPRIM
71288041183	ENOXAP/	ENOXAP/	201204	Anticoagu	20120416	Heparins	S	150 MG/M	INJECTIO	SOSY	ML	1	GENERIC	4/19/2024	71288		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			R	MEDPRIM
71288041210	EPTIFIBA	EPTIFIBA	201218	Platelet-A	20121800	Platelet-A	S	20 MG/10	INTRAVEI	SOLN	ML	10	GENERIC		71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288041351	EPTIFIBA	EPTIFIBA	201218	Platelet-A	20121800	Platelet-A	S	75 MG/10(	INTRAVEI	SOLN	ML	100	GENERIC		71288	Y		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288041401	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.2 MG/M	INJECTIO	SOLN	ML	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288041402	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.4 MG/2M	INJECTIO	SOLN	ML	2	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288041403	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.2 MG/M	INJECTIO	SOLN	ML	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288041404	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.4 MG/2M	INJECTIO	SOLN	ML	2	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288041491	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.2 MG/M	INJECTIO	SOLN	ML	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288041492	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.2 MG/M	INJECTIO	SOLN	ML	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288041493	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.4 MG/2M	INJECTIO	SOLN	ML	2	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288041494	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.4 MG/2M	INJECTIO	SOLN	ML	2	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288041505	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	1 MG/5ML	INJECTIO	SOLN	ML	5	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288041506	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	1 MG/5ML	INJECTIO	SOLN	ML	5	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288041520	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	4 MG/20M	INJECTIO	SOLN	ML	20	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288041521	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	4 MG/20M	INJECTIO	SOLN	ML	20	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288041595	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	1 MG/5ML	INJECTIO	SOLN	ML	5	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288041596	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	1 MG/5ML	INJECTIO	SOLN	ML	5	GENERIC		71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288041810	FOSAPRE	FOSAPRE	562232	UNKNOW	56223200	UNKNOW	S	150 MG	INTRAVEI	SOLR	EA	1	GENERIC	3/30/2023	71288			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288041995	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	1000 UNIT	INJECTIO	SOLN	ML	1	GENERIC		71288		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
71288041996	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	1000 UNIT	INJECTIO	SOLN	ML	1	GENERIC		71288		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
71288042095	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	1000 UNIT	INJECTIO	SOLN	ML	10	GENERIC		71288		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
71288042096	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	1000 UNIT	INJECTIO	SOLN	ML	10	GENERIC		71288		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
71288042195	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	1000 UNIT	INJECTIO	SOLN	ML	30	GENERIC		71288		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
71288042196	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	1000 UNIT	INJECTIO	SOLN	ML	30	GENERIC		71288		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
71288042295	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	5000 UNIT	INJECTIO	SOLN	ML	1	GENERIC		71288		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
71288042296	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	5000 UNIT	INJECTIO	SOLN	ML	1	GENERIC		71288		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
71288042495	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	10000 UN	INJECTIO	SOLN	ML	1	GENERIC		71288		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
71288042496	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	10000 UN	INJECTIO	SOLN	ML	1	GENERIC		71288		Y	N	FORMULARY		1 GEN	GENERICS			R	MEDPRIM
71288042603	ENOXAP/	ENOXAP/	201204	Anticoagu	20120416	Heparins	S	300 MG/3	INJECTIO	SOLN	ML	3	GENERIC		71288		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	1 IN 1 DAYS	R	MEDPRIM
71288042691	ENOXAP/	ENOXAP/	201204	Anticoagu	20120416	Heparins	S	300 MG/3	INJECTIO	SOLN	ML	3	GENERIC		71288		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	1 IN 1 DAYS	R	MEDPRIM
71288042710	BIVALIRU	BIVALIRU	201204	Anticoagu	20120412	Direct Thr	S	250 MG	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288042711	BIVALIRU	BIVALIRU	201204	Anticoagu	20120412	Direct Thr	S	250 MG	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288042791	BIVALIRU	BIVALIRU	201204	Anticoagu	20120412	Direct Thr	S	250 MG	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288042792	BIVALIRU	BIVALIRU	201204	Anticoagu	20120412	Direct Thr	S	250 MG	INTRAVEI	SOLR	EA	1	GENERIC		71288			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
71288043280	ENOXAP/	ENOXAP/	201204	Anticoagu	20120416	Heparins	S	30 MG/0.3	INJECTIO	SOSY	ML	0.3	GENERIC		71288		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			R	MEDPRIM
71288043281	ENOXAP/	ENOXAP/	201204	Anticoagu	20120416	Heparins	S	30 MG/0.3	INJECTIO	SOSY	ML	0.3	GENERIC		71288		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			R	MEDPRIM
71288043291	ENOXAP/	ENOXAP/	201204	Anticoagu	20120416	Heparins	S	30 MG/0.3	INJECTIO	SOSY	ML	0.3	GENERIC		71288		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			R	MEDPRIM
71288043292	ENOXAP/	ENOXAP/	201204	Anticoagu	20120416	Heparins	S	30 MG/0.3	INJECTIO	SOSY	ML	0.3	GENERIC		71288		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			R	MEDPRIM
71288043382	ENOXAP/	ENOXAP/	201204	Anticoagu	20120416	Heparins	S	40 MG/0.4	INJECTIO	SOSY	ML	0.4	GENERIC		71288		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			R	MEDPRIM
71288043383	ENOXAP/	ENOXAP/	201204	Anticoagu	20120416	Heparins	S	40 MG/0.4	INJECTIO	SOSY	ML	0.4	GENERIC		71288		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			R	MEDPRIM
71288043391	ENOXAP/	ENOXAP/	201204	Anticoagu	20120416	Heparins	S	40 MG/0.4	INJECTIO	SOSY	ML	0.4	GENERIC		71288		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			R	MEDPRIM
71288043392	ENOXAP/	ENOXAP/	201204	Anticoagu	20120416	Heparins	S	40 MG/0.4	INJECTIO	SOSY	ML	0.4	GENERIC		71288		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			R	MEDPRIM
71288043484	ENOXAP/	ENOXAP/	201204	Anticoagu	20120416	Heparins	S	60 MG/0.6	INJECTIO	SOSY	ML	0.6	GENERIC		71288		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			R	MEDPRIM
71288043485	ENOXAP/	ENOXAP/	201204	Anticoagu	20120416	Heparins	S	60 MG/0.6	INJECTIO	SOSY	ML	0.6	GENERIC		71288		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			R	MEDPRIM
71288043491	ENOXAP/	ENOXAP/	201204	Anticoagu	20120416	Heparins	S	60 MG/0.6	INJECTIO	SOSY	ML	0.6	GENERIC		71288		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			R	MEDPRIM
71288043492	ENOXAP/	ENOXAP/	201204	Anticoagu	20120416	Heparins	S	60 MG/0.6	INJECTIO	SOSY	ML	0.6	GENERIC		71288		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			R	MEDPRIM
71288043586	ENOXAP/	ENOXAP/	201204	Anticoagu	20120416	Heparins	S	80 MG/0.8	INJECTIO	SOSY	ML	0.8	GENERIC		71288		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			R	MEDPRIM
71288043587	ENOXAP/	ENOXAP/	201204	Anticoagu	20120416	Heparins	S	80 MG/0.8	INJECTIO	SOSY	ML	0.8	GENERIC		71288		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			R	MEDPRIM
71288043591	ENOXAP/	ENOXAP/	201204	Anticoagu	20120416	Heparins	S	80 MG/0.8	INJECTIO	SOSY	ML	0.8	GENERIC		71288		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			R	MEDPRIM
71288043592	ENOXAP/	ENOXAP/	201204	Anticoagu	20120416	Heparins	S	80 MG/0.8	INJECTIO	SOSY	ML	0.8	GENERIC		71288		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			R	MEDPRIM
71288043688	ENOXAP/	ENOXAP/	201204	Anticoagu	20120416	Heparins	S	100 MG/M	INJECTIO	SOSY	ML	1	GENERIC		71288		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			R	MEDPRIM
71288043689	ENOXAP/	ENOXAP/	201204	Anticoagu	20120416	Heparins	S	100 MG/M	INJECTIO	SOSY	ML	1	GENERIC		71288		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			R	MEDPRIM
71288043691	ENOXAP/	ENOXAP/	201204	Anticoagu	20120416	Heparins	S	100 MG/M	INJECTIO	SOSY	ML	1	GENERIC		71288		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			R	MEDPRIM
71288043692	ENOXAP/	ENOXAP/	201204	Anticoagu	20120416	Heparins	S	100 MG/M	INJECTIO	SOSY	ML	1	GENERIC		71288		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			R	MEDPRIM
71288043791	ENOXAP/	ENOXAP/	201204	Anticoagu	20120416	Heparins	S	120 MG/0.	INJECTIO	SOSY	ML	0.8	GENERIC		71288		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			R	MEDPRIM
71288043792	ENOXAP/	ENOXAP/	201204	Anticoagu	20120416	Heparins	S	120 MG/0.	INJECTIO	SOSY	ML	0.8	GENERIC		71288		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			R	MEDPRIM
71288043793	ENOXAP/	ENOXAP/	201204	Anticoagu	20120416	Heparins	S	120 MG/0.	INJECTIO	SOSY	ML	0.8	GENERIC		71288		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			R	MEDPRIM
71288043794	ENOXAP/	ENOXAP/	201204	Anticoagu	20120416	Heparins	S	120 MG/0.	INJECTIO	SOSY	ML	0.8	GENERIC		71288		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			R	MEDPRIM
71288043893	ENOXAP/	ENOXAP/	201204	Anticoagu	20120416	Heparins	S	150 MG/M	INJECTIO	SOSY	ML	1	GENERIC		71288		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			R	MEDPRIM
71288043894	ENOXAP/	ENOXAP/	201204	Anticoagu	20120416	Heparins	S	150 MG/M	INJECTIO	SOSY	ML	1	GENERIC		71288		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			R	MEDPRIM

71288043895	ENOXAPA	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	150 MG/M	INJECTIO	SOSY	ML	1		GENERIC		71288		Y		N	FORMULARY		4	SPGEN	SPECIALTY GENERICS				R	MEDPRMI
71288043896	ENOXAPA	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	150 MG/M	INJECTIO	SOSY	ML	1		GENERIC		71288		Y		N	FORMULARY		4	SPGEN	SPECIALTY GENERICS				R	MEDPRMI
71288050010	NEOSTIG	NEOSTIG	120400	Parasymp	12040000	Parasymp	S	5 MG/10M	INTRAVE	SOLN	ML	10		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288050011	NEOSTIG	NEOSTIG	120400	Parasymp	12040000	Parasymp	S	5 MG/10M	INTRAVE	SOLN	ML	10		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288050110	NEOSTIG	NEOSTIG	120400	Parasymp	12040000	Parasymp	S	10 MG/10	INTRAVE	SOLN	ML	10		GENERIC		71288	Y			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288050111	NEOSTIG	NEOSTIG	120400	Parasymp	12040000	Parasymp	S	10 MG/10	INTRAVE	SOLN	ML	10		GENERIC		71288	Y			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288050201	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	50 MG/ML	INTRAMU	SOLN	ML	1		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288050202	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	50 MG/ML	INTRAMU	SOLN	ML	1		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288050301	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	100 MG/M	INTRAMU	SOLN	ML	1		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288050302	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	100 MG/M	INTRAMU	SOLN	ML	1		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288050405	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	100 MG/M	INTRAMU	SOLN	ML	5		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288050502	DEXMEDE	DEXMEDE	121204	alpha-Adr	12120400	alpha-Adr	S	200 MCG/	INTRAVE	SOLN	ML	2		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288050503	DEXMEDE	DEXMEDE	121204	alpha-Adr	12120400	alpha-Adr	S	200 MCG/	INTRAVE	SOLN	ML	2		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288055480	GANIRELI	GANIRELI	681804	UNKNOW	68180400	UNKNOW	S	250 MCG/	SUBCUTA	SOSY	ML	0.5		GENERIC		71288		Y		N	FORMULARY		4	SPGEN	SPECIALTY GENERICS				R	MEDPRMI
71288055585	FULVEST	FULVEST	100000	Antineopla	10000000	Antineopla	S	250 MG/5	INTRAMU	SOSY	ML	5		GENERIC		71288				N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288055586	FULVEST	FULVEST	100000	Antineopla	10000000	Antineopla	S	250 MG/5	INTRAMU	SOSY	ML	5		GENERIC		71288				N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288055602	CETRORE	CETRORE	681804	UNKNOW	68180400	UNKNOW	S	0.25 MG	SUBCUTA	KIT	EA	1		GENERIC		71288		Y		N	FORMULARY		4	SPGEN	SPECIALTY GENERICS				R	MEDPRMI
71288055890	CETRORE	CETRORE	681804	UNKNOW	68180400	UNKNOW	S	0.25 MG	SUBCUTA	KIT	EA	1		GENERIC		71288		Y		N	FORMULARY		4	SPGEN	SPECIALTY GENERICS				R	MEDPRMI
71288056990	LEUPROL	LEUPROL	681808	UNKNOW	68180800	UNKNOW	S	1 MG/0.2M	INJECTIO	KIT	EA	1		GENERIC		71288		Y		N	FORMULARY		4	SPGEN	SPECIALTY GENERICS	X	PA.X		R	MEDPRMI
71288060010	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	INTRAVE	SOLR	EA	1		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288060011	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	INTRAVE	SOLR	EA	1		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288070005	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	50 MG/5M	INTRAVE	SOLN	ML	5		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288070006	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	50 MG/5M	INTRAVE	SOLN	ML	5		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288070105	ATRACUR	ATRACUR	122020	UNKNOW	12202000	UNKNOW	S	50 MG/5M	INTRAVE	SOLN	ML	5		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288070210	ATRACUR	ATRACUR	122020	UNKNOW	12202000	UNKNOW	S	100 MG/1(	INTRAVE	SOLN	ML	10		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288071205	CISATRA	CISATRA	122020	UNKNOW	12202000	UNKNOW	S	10 MG/5M	INTRAVE	SOLN	ML	5		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288071206	CISATRA	CISATRA	122020	UNKNOW	12202000	UNKNOW	S	10 MG/5M	INTRAVE	SOLN	ML	5		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288071320	CISATRA	CISATRA	122020	UNKNOW	12202000	UNKNOW	S	200 MG/2(	INTRAVE	SOLN	ML	20		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288071321	CISATRA	CISATRA	122020	UNKNOW	12202000	UNKNOW	S	200 MG/2(	INTRAVE	SOLN	ML	20		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288071410	CISATRA	CISATRA	122020	UNKNOW	12202000	UNKNOW	S	20 MG/10	INTRAVE	SOLN	ML	10		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288071411	CISATRA	CISATRA	122020	UNKNOW	12202000	UNKNOW	S	20 MG/10	INTRAVE	SOLN	ML	10		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288071610	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	1000 MG/	INJECTIO	SOLN	ML	10		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288071611	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	1000 MG/	INJECTIO	SOLN	ML	10		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288071810	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	100 MG/1(	INTRAVE	SOLN	ML	10		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288071811	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	100 MG/1(	INTRAVE	SOLN	ML	10		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288071910	SUCCINY	SUCCINY	122020	UNKNOW	12202000	UNKNOW	S	20 MG/ML	INJECTIO	SOLN	ML	10		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288071911	SUCCINY	SUCCINY	122020	UNKNOW	12202000	UNKNOW	S	20 MG/ML	INJECTIO	SOLN	ML	10		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288072095	CISATRA	CISATRA	122020	UNKNOW	12202000	UNKNOW	S	10 MG/5M	INTRAVE	SOLN	ML	5		GENERIC	4/8/2024	71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288072096	CISATRA	CISATRA	122020	UNKNOW	12202000	UNKNOW	S	10 MG/5M	INTRAVE	SOLN	ML	5		GENERIC	4/8/2024	71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288072111	BUPIVACA	BUPIVACA	720000	Local Ane	72000000	Local Ane	S	0.25%	INJECTIO	SOLN	ML	10		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288072232	BUPIVACA	BUPIVACA	720000	Local Ane	72000000	Local Ane	S	0.25%	INJECTIO	SOLN	ML	30		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288072352	BUPIVACA	BUPIVACA	720000	Local Ane	72000000	Local Ane	S	0.25%	INJECTIO	SOLN	ML	50		GENERIC		71288	Y			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288072411	BUPIVACA	BUPIVACA	720000	Local Ane	72000000	Local Ane	S	0.50%	INJECTIO	SOLN	ML	10		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288072532	BUPIVACA	BUPIVACA	720000	Local Ane	72000000	Local Ane	S	0.50%	INJECTIO	SOLN	ML	30		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288072652	BUPIVACA	BUPIVACA	720000	Local Ane	72000000	Local Ane	S	0.50%	INJECTIO	SOLN	ML	50		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288072711	BUPIVACA	BUPIVACA	720000	Local Ane	72000000	Local Ane	S	0.75%	INJECTIO	SOLN	ML	10		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288072832	BUPIVACA	BUPIVACA	720000	Local Ane	72000000	Local Ane	S	0.75%	INJECTIO	SOLN	ML	30		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288073210	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	10		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288073211	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	10		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288073320	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	20		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288073321	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	2 MG/ML	INJECTIO	SOLN	ML	20		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288073420	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	5 MG/ML	INJECTIO	SOLN	ML	20		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288073421	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	5 MG/ML	INJECTIO	SOLN	ML	20		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288073530	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	5 MG/ML	INJECTIO	SOLN	ML	30		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288073531	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	5 MG/ML	INJECTIO	SOLN	ML	30		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288073620	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	7.5 MG/M	INJECTIO	SOLN	ML	20		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288073621	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	7.5 MG/M	INJECTIO	SOLN	ML	20		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288073710	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	10 MG/ML	INJECTIO	SOLN	ML	10		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288073711	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	10 MG/ML	INJECTIO	SOLN	ML	10		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288073820	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	10 MG/ML	INJECTIO	SOLN	ML	20		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288073821	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	S	10 MG/ML	INJECTIO	SOLN	ML	20		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288080202	DOXERCA	DOXERCA	881600	Vitamin D	88160000	Vitamin D	S	4 MCG/2M	INTRAVE	SOLN	ML	2		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288080203	DOXERCA	DOXERCA	881600	Vitamin D	88160000	Vitamin D	S	4 MCG/2M	INTRAVE	SOLN	ML	2		GENERIC	7/25/2022	71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288080204	DOXERCA	DOXERCA	881600	Vitamin D	88160000	Vitamin D	S	4 MCG/2M	INTRAVE	SOLN	ML	2		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288080320	MYCOPHI	MYCOPHI	924400	UNKNOW	92440000	UNKNOW	S	500 MG	INTRAVE	SOLR	EA	1		GENERIC		71288	Y			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288080321	MYCOPHI	MYCOPHI	924400	UNKNOW	92440000	UNKNOW	S	500 MG	INTRAVE	SOLR	EA	1		GENERIC		71288	Y			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288080391	MYCOPHI	MYCOPHI	924400	UNKNOW	92440000	UNKNOW	S	500 MG	INTRAVE	SOLR	EA	1		GENERIC		71288	Y			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288080392	MYCOPHI	MYCOPHI	924400	UNKNOW	92440000	UNKNOW	S	500 MG	INTRAVE	SOLR	EA	1		GENERIC		71288	Y			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288080651	ZOLEDRO	ZOLEDRO	922400	UNKNOW	92240000	UNKNOW	S	5 MG/100	INTRAVE	SOLN	ML	100		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288080701	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	S	10 MG/ML	INTRAVE	SOLN	ML	1		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288080702	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	S	10 MG/ML	INTRAVE	SOLN	ML	1		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288080875	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	S	10 MG/ML	INTRAVE	SOLN	ML	5		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288080876	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	S	10 MG/ML	INTRAVE	SOLN	ML	5		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71288080877	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	S	10 MG/ML	INTRAVE	SOLN	ML	10		GENERIC		71288				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71296001103	BIORX SF	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	O	.035%-4%	EXTERNA	SOLN	GM	85		SSB		71296				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71296001201	BIORX SF	UNDECYL	840416	UNKNOW	84041600	UNKNOW	O	22%	EXTERNA	SOLN	ML	30		SSB		71296				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71297001001	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	2%	EXTERNA	LOTN	ML	29.6		GENERIC		71297	N			N	FORMULARY		1	GEN	GENERICS	X		Must meet 5 DS Hydr TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS	R	MEDPRMI
71297001002	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	2%	EXTERNA	LOTN	ML	59.2		GENERIC		71297	N			N	FORMULARY		1	GEN	GENERICS	X		Must meet 5 DS Hydr TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS	R	MEDPRMI
71297020016	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	125 MG/5	ORAL	SUSP	ML	473	X	GENERIC	7/31/2022	71297				N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
71297024034	AUGMEN	AMOXICIL	81216	Penicillins	8121608	Aminopen	R	125-31.25	ORAL	SUSR	ML	75		SSB		71297				N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
71297024035	AUGMEN	AMOXICIL	81216	Penicillins	8121608	Aminopen	R	125-31.25	ORAL	SUSR	ML	100		SSB		71297				N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
71297024036	AUGMEN	AMOXICIL	81216	Penicillins	8121608	Aminopen	R	125-31.25	ORAL	SUSR	ML	150		SSB		71297				N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
71300643802	LIDTOPIC	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	R	10%	EXTERNA	CREA	GM	30		SSB		71300				N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRMI
71300644001	NEURAPT	GABAPEN	280892	Analgesic	28089200	Analgesic	R	10%	EXTERNA	CREA	GM	1		SSB	2/10/2022	71300				N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
71300644002	NEURAPT	GABAPEN	280892	Analgesic	28089200	Analgesic	R	10%	EXTERNA	CREA	GM	30		SSB		71300				N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
71300644003	NEURAPT	GABAPEN	280892	Analgesic	28089200	Analgesic	R	10%	EXTERNA	CREA	GM	1		SSB	2/10/2022	71300				N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
71300644201	FROTEK	KETOPRO	840620	UNKNOW	84062000	UNKNOW	R	10%	EXTERNA	CREA	GM	1		SSB		71300				N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
71300644202	FROTEK	KETOPRO	840620	UNKNOW	84062000	UNKNOW	R	10%	EXTERNA	CREA	GM	30		SSB		71300				N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
71300644203	FROTEK	KETOPRO	840620	UNKNOW	84062000	UNKNOW	R	10%	EXTERNA	CREA	GM	1		SSB		71300				N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
71300646702	IFE-BIMIX	PAPAVER	240816	Central Al	24081600	Central Al	R	30-1 MG/M	INTRACA	SOLN	ML	5		SSB		71300		Y		N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRMI
71300650501	LIDOCILO	TRIAMCIN	680400	Adrenals	68040000	Adrenals	R	0	INJECTIO	SUSP	ML	4		SSB		71300				N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71300655501	LIDOCIDE	DEXAMET	680400	Adrenals	68040000	Adrenals	R	5MG/1.5M	INJECTIO	SOLN	ML	1.5		SSB		71300				N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71300656401	DEXONT	DEXAMET	680400	Adrenals	68040000	Adrenals	R	20 MG/5M	IONTOPH	SOLN	ML	5		SSB		71300				N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRMI
71300656403	DEXONT	DEXAMET	680400	Adrenals	68040000	Adrenals	R	20 MG/5M	IONTOPH	SOLN	ML	5		SSB		71300				N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRMI
71300657301	DICLOFO	DICLOFE	840620	UNKNOW	84062000	UNKNOW	R	1.60%	EXTERNA	GEL	GM	2.5		SSB		71300				N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
71300657303	DICLOFO	DICLOFE	840620	UNKNOW	84062000	UNKNOW	R	1.60%	EXTERNA	GEL	GM	2.5		SSB		71300				N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
71300659101	LIDOMAR	LIDOCAIN	720000	Local Ane	72000000	Local Ane	R	18.75MG/	INJECTIO	SOLN	ML	5		SSB		71300				N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71300660003	LOTREXO	NALTREX	280892	Analgesic	28089200	Analgesic	R	1.5 MG	ORAL	CAPS	EA	30		SSB		71300				N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRMI
71300660006	LOTREXO	NALTREX	280892	Analgesic	28089200	Analgesic	R	1.5 MG	ORAL	CAPS	EA	60		SSB		71300				N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRMI
71300660009	LOTREXO	NALTREX	280892	Analgesic	28089200	Analgesic	R	1.5 MG	ORAL	CAPS	EA	90		SSB		71300				N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRMI
71300661003	LOTREXO	NALTREX	280892	Analgesic	28089200	Analgesic	R	4.5 MG	ORAL	CAPS	EA	30		SSB		71300				N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRMI
71300661006	LOTREXO	NALTREX	280892	Analgesic	28089200	Analgesic	R	4.5 MG	ORAL	CAPS	EA	60		SSB		71300				N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRMI
71300661009	LOTREXO	NALTREX	280892	Analgesic	28089200	Analgesic	R	4.5 MG	ORAL	CAPS	EA	90		SSB		71300				N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRMI
71300661602	PRAKETA	KETAMIN	849200	Skin and M	84920000	Skin and M	R	5%	EXTERNA	CREA	GM	30		SSB		71300				N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRMI
71300661604	PRAKETA	KETAMIN	849200	Skin and M	84920000	Skin and M	R	5%	EXTERNA	CREA	GM	30		SSB		71300				N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRMI
71300662205	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	R	0.4-0.2 %	INJECTIO	SOLN	ML	50		GENERIC		71300				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71300662402	EPINEPHI	EPINEPHI	523200	Vasocons	52320000	Vasocons	R	0.2 MG/0.2	INJECTIO	SOSY	ML	0.2		GENERIC		71300				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71300663502	MUSCUS	BACLOFE	849200	Skin and M	84920000	Skin and M	R	2%	EXTERNA	CREA	GM	30		SSB		71300				N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRMI
71300663504	MUSCUS	BACLOFE	849200	Skin and M	84920000	Skin and M	R	2%	EXTERNA	CREA	GM	30		SSB		71300				N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRMI
71300663802	MUSCUS	BACLOFE	849200	Skin and M	84920000	Skin and M	R	5%	EXTERNA	CREA	GM	30		SSB		71300				N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRMI
71300663804	MUSCUS	BACLOFE	849200	Skin and M	84920000	Skin and M	R	5%	EXTERNA	CREA	GM	30		SSB		71300				N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRMI
71300664603	NALTREX	NALTREX	280892	Analgesic	28089200	Analgesic	R	1.5 MG	ORAL	CAPS	EA	30		SSB		71300				N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRMI
71300664606	NALTREX	NALTREX	280892	Analgesic	28089200	Analgesic	R	1.5 MG	ORAL	CAPS	EA	60		SSB		71300				N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRMI
71300664609	NALTREX	NALTREX	280892	Analgesic	28089200	Analgesic	R	1.5 MG	ORAL	CAPS	EA	90		SSB		71300				N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRMI
71300664703	NALTREX	NALTREX	280892	Analgesic	28089200	Analgesic	R	4.5 MG	ORAL	CAPS	EA	30		SSB		71300				N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRMI
71300664706	NALTREX	NALTREX	280892	Analgesic	28089200	Analgesic	R	4.5 MG	ORAL	CAPS	EA	60		SSB		71300				N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRMI
71300664709	NALTREX	NALTREX	280892	Analgesic	28089200	Analgesic	R	4.5 MG	ORAL	CAPS	EA	90		SSB		71300				N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRMI
71300667602	LIDTOPIC	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	R	7.50%	EXTERNA	CREA	GM	30		SSB		71300				N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRMI
71300670403	ACYCLOV	ACYCLOV	840608	UNKNOW	84060800	UNKNOW	R	36.7-16.7-	MOUTH/T	AERP	GM	3		SSB		71300				N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRMI
71300671701	DEX24	DEXAMET	520808	Corticoste	52080800	Corticoste	R	24 MG/ML	INTRATY	SOLN	ML	1		SSB		71300				N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71300672705	TRESNI	DICLOFE	280804	Nonsteroi	28080492	Other Non	R	100 MG	RECTAL	SUPP	EA	5	X	SSB		71300				N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
71308001101	OLINVYK	OLICERID	280808	Opiate Ag	28080800	Opiate Ag	R	1 MG/ML	INTRAVE	SOLN	ML	1		SSB		71308				N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71308001110	OLINVYK	OLICERID	280808	Opiate Ag	28080800	Opiate Ag	R	1 MG/ML	INTRAVE	SOLN	ML	1		SSB		71308				N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71308002101	OLINVYK	OLICERID	280808	Opiate Ag	28080800	Opiate Ag	R	2 MG/2ML	INTRAVE	SOLN	ML	2		SSB		71308				N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71308002110	OLINVYK	OLICERID	280808	Opiate Ag	28080800	Opiate Ag	R	2 MG/2ML	INTRAVE	SOLN	ML	2		SSB		71308				N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71308030101	OLINVYK	OLICERID	280808	Opiate Ag	28080800	Opiate Ag	R	30 MG/30	INTRAVE	SOLN	ML	30		SSB		71308				N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71308030110	OLINVYK	OLICERID	280808	Opiate Ag	28080800	Opiate Ag	R	30 MG/30	INTRAVE	SOLN	ML	30		SSB		71308				N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71317097040	HYALO G	VAGINAL	849200	Skin and M	84920000	Skin and M	O	0	VAGINAL	GEL	GM	30		SSB		71317				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71321060312	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	30 MG	RECTAL	SUPP	EA	12		GENERIC	2/8/2023	71321	N			N	FORMULARY		1	GEN	GENERICS				R	MEDPRMI
71321060416	ORAL CIT	SODIUM C	400800	Alkalinizin	40080000	Alkalinizin	R	490-640 M	ORAL	SOLN	ML	473		SSB		71321				N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRMI
71321070016	BRANTUS	PHENYLE	480800	Antitussive	48080000	Antitussive	P	7.5-2-15 M	ORAL	LIQD	ML	473		GENERIC		71321				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71321070150	TRIPROLI	TRIPROLI	40400	First Gene	4040000	First Gene	P	0.625 MG/	ORAL	LIQD	ML	50		GENERIC		71321				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71321080010	MAGNESI	MAGNESI	401200	Replacem	40120000	Replacem	P	7MEQ	ORAL	TBCR	EA	100		GENERIC		71321				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71321080060	MAGNESI	MAGNESI	401200	Replacem	40120000	Replacem	P	7MEQ	ORAL	TBCR	EA	60		GENERIC		71321				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71321080116	FERROUS	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	220 (44 FE	ORAL	SOLN	ML	473		GENERIC		71321				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71321080130	VITAMIN E	TOCOPHE	882000	Vitamin E	88200000	Vitamin E	P	15UNIT/0.	ORAL	SOLN	ML	30		GENERIC		71321				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71321080230	VITAMIN E	VITAMIN E	882000	Vitamin E	88200000	Vitamin E	P	15 MG/0.6	ORAL	SOLN	ML	30		GENERIC		71321				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71321080320	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	667 MG	ORAL	TABS	EA	200	X	GENERIC		71321				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71332000101	TAVALISS	FOSTAMA	209200	UNKNOW	20920000	UNKNOW	R	100MG	ORAL	TABS	EA	60	X	SSB		71332				N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA.X		R	MEDPRMI
71332000201	TAVALISS	FOSTAMA	209200	UNKNOW	20920000	UNKNOW	R	150MG	ORAL	TABS	EA	60	X	SSB		71332				N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA.X		R	MEDPRMI
71332000501	REZLIDHI	OLUTASID	100000	Antineopla	10000000	Antineopla	R	150 MG	ORAL	CAPS	EA	30		SSB		71332				N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA.X		R	MEDPRMI
71332000660	GAVRETO	PRALSET	100000	Antineopla	10000000	Antineopla	R	100 MG	ORAL	CAPS	EA	60		SSB		71332				N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA.X		R	MEDPRMI
71332000690	GAVRETO	PRALSET	100000	Antineopla	10000000	Antineopla	R	100 MG	ORAL	CAPS	EA	90		SSB		71332				N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA.X		R	MEDPRMI
71334010001	TIBSOVO	IVOSIDEN	100000	Antineopla	10000000	Antineopla	R	250 MG	ORAL	TABS	EA	60		SSB	2/13/2022	71334				N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA.X		R	MEDPRMI
71334020505	PYRUKYN	MITAPIVA	209200	UNKNOW	20920000	UNKNOW	R	5 MG	ORAL	TABS	EA	14	X	SSB		71334				N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA.X		R	MEDPRMI
71334020514	PYRUKYN	MITAPIVA	209200	UNKNOW	20920000	UNKNOW	R	5 MG	ORAL	TABS	EA	14	X	SSB		71334				N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA.X		R	MEDPRMI
71334021014	PYRUKYN	MITAPIVA	209200	UNKNOW	20920000	UNKNOW	R	20 MG	ORAL	TABS	EA	14	X	SSB		71334				N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA.X		R	MEDPRMI
71334021020	PYRUKYN	MITAPIVA	209200	UNKNOW	20920000	UNKNOW	R	20 MG	ORAL	TABS	EA	14	X	SSB		71334				N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA.X		R	MEDPRMI
71334021514	PYRUKYN	MITAPIVA	209200	UNKNOW	20920000	UNKNOW	R	50 MG	ORAL	TABS	EA	14	X	SSB		71334				N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA.X		R	MEDPRMI
71334021550	PYRUKYN	MITAPIVA	209200	UNKNOW	20920000	UNKNOW	R	50 MG	ORAL	TABS	EA	14	X	SSB		71334				N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA.X		R	MEDPRMI
71334022011	PYRUKYN	MITAPIVA	209200	UNKNOW	20920000	UNKNOW	R	5 MG	ORAL	TBPK	EA	7		SSB		71334				N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA.X		R	MEDPRMI
71334022512	PYRUKYN	MITAPIVA	209200	UNKNOW	20920000	UNKNOW	R	7 X 20 MG	ORAL	TBPK	EA	7		SSB		71334				N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA.X		R	MEDPRMI
71334023013	PYRUKYN	MITAPIVA	209200	UNKNOW	20920000	UNKNOW	R	7 X 50 MG	ORAL	TBPK	EA	7		SSB		71334				N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA.X		R	MEDPRMI
71335000301	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	30		GENERIC	11/25/2022	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335000302	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	60		GENERIC	11/25/2022	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335000303	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	90		GENERIC	11/25/2022	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335000304	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	120		GENERIC	11/25/2022	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335000305	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	100		GENERIC	11/25/2022	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335000306	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	84		GENERIC	11/25/2022	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335000307	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	28		GENERIC	11/25/2022	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335000308	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	21		GENERIC	11/25/2022	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335000309	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	160		GENERIC	11/25/2022	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335000501	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	1 MG	ORAL	TABS	EA	30		GENERIC	1/19/2024	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335000502	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	1 MG	ORAL	TABS	EA	60		GENERIC	1/19/2024	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335000601	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	60	X	GENERIC	1/17/2023	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335000602	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	90	X	GENERIC	1/17/2023	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335000603	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	30	X	GENERIC	1/17/2023	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335000604	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	120	X	GENERIC	1/17/2023	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335000605	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	45	X	GENERIC	1/17/2023	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335000606	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	180	X	GENERIC	1/17/2023	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335000607	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	28	X	GENERIC	1/17/2023	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335000701	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC	3/7/2022	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335000702	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC	3/7/2022	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335000801	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TBEC	EA	30	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335000802	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TBEC	EA	60	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335000803	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TBEC	EA	90	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335000804	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TBEC	EA	120	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335000901	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	240 MG	ORAL	CP24	EA	30	X	GENERIC	4/7/2022	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335000902	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	240 MG	ORAL	CP24	EA	90	X	GENERIC	4/7/2022	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335001200	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	14		GENERIC	3/20/2023	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335001201	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	15		GENERIC	3/20/2023	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335001202	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	30		GENERIC	3/20/2023	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335001203	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	10		GENERIC	3/20/2023	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335001204	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	20		GENERIC	3/20/2023	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335001205	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	12		GENERIC	3/20/2023	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335001206	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	60		GENERIC	3/20/2023	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335001207	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	90		GENERIC	3/20/2023	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335001208	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	6		GENERIC	3/20/2023	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335001209	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	56		GENERIC	3/20/2023	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335001501	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335001502	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335001503	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335001504	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335001505	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	200	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335001506	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	120	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335001507	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	20	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335001508	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	10	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335001509	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	180	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335001601	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	1 MG	ORAL	TABS	EA	30	X	GENERIC	11/25/2022	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335001602	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	1 MG	ORAL	TABS	EA	90	X	GENERIC	11/25/2022	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335001603	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	1 MG	ORAL	TABS	EA	28	X	GENERIC	11/25/2022	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335001604	BUMETAN	BUMETAN	243608	UNKNOW	24360800	UNKNOW	S	1 MG	ORAL	TABS	EA	18	X	GENERIC	11/25/2022	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335001701	CLARITH	CLARITH	81212	Macrolide	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	20		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335001702	CLARITH	CLARITH	81212	Macrolide	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	14		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335001703	CLARITH	CLARITH	81212	Macrolide	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335001704	CLARITH	CLARITH	81212	Macrolide	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	21		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335001705	CLARITH	CLARITH	81212	Macrolide	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	28		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335001706	CLARITH	CLARITH	81212	Macrolide	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	60		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335001707	CLARITH	CLARITH	81212	Macrolide	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	90		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335001708	CLARITH	CLARITH	81212	Macrolide	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	10		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335002106	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	30		GENERIC	3/20/2023	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335002200	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	100		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335002201	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	20		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335002202	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	30		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335002203	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	60		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335002204	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	90		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335002205	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	120		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335002206	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	180		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335002207	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	84		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335002208	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	28		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335002209	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	56		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335002702	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	90	X	GENERIC	1/22/2024	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335002703	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	30	X	GENERIC	1/22/2024	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335002704	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	60	X	GENERIC	1/22/2024	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335002705	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	28	X	GENERIC	1/22/2024	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335003000	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	24		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335003001	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	30		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335003002	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	7		GENERIC	9/5/2024	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335003003	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	14		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335003004	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	56		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335003005	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	60		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335003006	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	2		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335003007	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	21		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335003008	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	28		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335003009	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	42		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335003101	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	30		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335003601	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	3/20/2023	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335003602	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	3/20/2023	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335003603	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	60	X	GENERIC	3/20/2023	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335003604	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	3/20/2023	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335003605	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	20	X	GENERIC	3/20/2023	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335003606	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	180	X	GENERIC	3/20/2023	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335003701	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	100	X	GENERIC	1/22/2024	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335003702	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	30	X	GENERIC	1/22/2024	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335003703	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	60	X	GENERIC	1/22/2024	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335003704	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	90	X	GENERIC	1/22/2024	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335003901	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	1/28/2022	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335003902	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	1/28/2022	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335003903	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	1/28/2022	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335003904	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	120	X	GENERIC	1/28/2022	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335003905	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	1/28/2022	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335003906	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	20	X	GENERIC	1/28/2022	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335003907	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	180	X	GENERIC	1/28/2022	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335004001	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335004301	LANSOPR	LANSOPR	562836	Proton-pu	56283600	Proton-pu	S	15 MG	ORAL	CPDR	EA	30	X	GENERIC	1/19/2024	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335004302	LANSOPR	LANSOPR	562836	Proton-pu	56283600	Proton-pu	S	15 MG	ORAL	CPDR	EA	15	X	GENERIC	1/19/2024	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335004303	LANSOPR	LANSOPR	562836	Proton-pu	56283600	Proton-pu	S	15 MG	ORAL	CPDR	EA	60	X	GENERIC	1/19/2024	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335004304	LANSOPR	LANSOPR	562836	Proton-pu	56283600	Proton-pu	S	15 MG	ORAL	CPDR	EA	90	X	GENERIC	1/19/2024	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335004305	LANSOPR	LANSOPR	562836	Proton-pu	56283600	Proton-pu	S	15 MG	ORAL	CPDR	EA	28	X	GENERIC	1/19/2024	71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335004501	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335004600	MINOCYC	MINOCYC	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	CAPS	EA	50		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335004601	MINOCYC	MINOCYC	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	CAPS	EA	20		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335004602	MINOCYC	MINOCYC	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	CAPS	EA	28		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335004603	MINOCYC	MINOCYC	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	CAPS	EA	60		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335004604	MINOCYC	MINOCYC	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	CAPS	EA	100		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71335004606	MINOCYC	MINOCYC	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	CAPS	EA	14		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI

71335004607	MINOCYC	MINOCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	120	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335004608	MINOCYC	MINOCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	90	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335004609	MINOCYC	MINOCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	15	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335004901	DIETHYLI	DIETHYLI	282008	UNKNOW	28200804	UNKNOW	S	75 MG	ORAL	TB24	EA	30	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335004902	DIETHYLI	DIETHYLI	282008	UNKNOW	28200804	UNKNOW	S	75 MG	ORAL	TB24	EA	28	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335004903	DIETHYLI	DIETHYLI	282008	UNKNOW	28200804	UNKNOW	S	75 MG	ORAL	TB24	EA	90	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335004904	DIETHYLI	DIETHYLI	282008	UNKNOW	28200804	UNKNOW	S	75 MG	ORAL	TB24	EA	7	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335004905	DIETHYLI	DIETHYLI	282008	UNKNOW	28200804	UNKNOW	S	75 MG	ORAL	TB24	EA	14	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335004906	DIETHYLI	DIETHYLI	282008	UNKNOW	28200804	UNKNOW	S	75 MG	ORAL	TB24	EA	84	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335004907	DIETHYLI	DIETHYLI	282008	UNKNOW	28200804	UNKNOW	S	75 MG	ORAL	TB24	EA	21	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335004908	DIETHYLI	DIETHYLI	282008	UNKNOW	28200804	UNKNOW	S	75 MG	ORAL	TB24	EA	60	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335005201	ESOMEPI	ESOMEPI	562836	Proton-pui	56283600	Proton-pui	S	40 MG	ORAL	CPDR	EA	90 X	GENERIC	3/20/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335005202	ESOMEPI	ESOMEPI	562836	Proton-pui	56283600	Proton-pui	S	40 MG	ORAL	CPDR	EA	30 X	GENERIC	3/20/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335005203	ESOMEPI	ESOMEPI	562836	Proton-pui	56283600	Proton-pui	S	40 MG	ORAL	CPDR	EA	60 X	GENERIC	3/20/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335005204	ESOMEPI	ESOMEPI	562836	Proton-pui	56283600	Proton-pui	S	40 MG	ORAL	CPDR	EA	10 X	GENERIC	3/20/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335005205	ESOMEPI	ESOMEPI	562836	Proton-pui	56283600	Proton-pui	S	40 MG	ORAL	CPDR	EA	20 X	GENERIC	3/20/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335005601	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30 X	GENERIC	3/20/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335005801	LANSOPF	LANSOPF	562836	Proton-pui	56283600	Proton-pui	S	15 MG	ORAL	CPDR	EA	30 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335006201	VITAMIN I	ERGOCAI	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (!	ORAL	CAPS	EA	12 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335006206	VITAMIN I	ERGOCAI	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (!	ORAL	CAPS	EA	8 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335006208	VITAMIN I	ERGOCAI	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (!	ORAL	CAPS	EA	120 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335006701	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	30 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335006702	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	10 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335006703	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	90 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335006704	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	100 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335006705	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	60 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335007000	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	7	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335007001	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	14	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335007002	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	30	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335007003	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	20	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335007004	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	60	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335007005	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	6	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335007006	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	10	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335007007	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	28	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335007008	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	2	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335007009	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	40	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335007401	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	S	35 MG	ORAL	TABS	EA	30	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335007402	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	S	35 MG	ORAL	TABS	EA	135	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335007403	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	S	35 MG	ORAL	TABS	EA	180	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335007404	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	S	35 MG	ORAL	TABS	EA	15	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335007405	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	S	35 MG	ORAL	TABS	EA	90	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335007406	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	S	35 MG	ORAL	TABS	EA	7	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335007407	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	S	35 MG	ORAL	TABS	EA	21	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335007408	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	S	35 MG	ORAL	TABS	EA	60	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335007409	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	S	35 MG	ORAL	TABS	EA	45	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335008001	CLOPIDO	CLOPIDO	201218	Platelet-A	20121800	Platelet-A	S	75 MG	ORAL	TABS	EA	90 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335008002	CLOPIDO	CLOPIDO	201218	Platelet-A	20121800	Platelet-A	S	75 MG	ORAL	TABS	EA	30 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335008003	CLOPIDO	CLOPIDO	201218	Platelet-A	20121800	Platelet-A	S	75 MG	ORAL	TABS	EA	60 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335008004	CLOPIDO	CLOPIDO	201218	Platelet-A	20121800	Platelet-A	S	75 MG	ORAL	TABS	EA	20 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335008102	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	50 MG	ORAL	CAPS	EA	20	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335008202	PROPRAI	PROPRAI	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	30 X	GENERIC	4/11/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335008204	PROPRAI	PROPRAI	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	60 X	GENERIC	4/11/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335008205	PROPRAI	PROPRAI	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	90 X	GENERIC	4/11/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335008302	NORTRIP	NORTRIP	281604	Antidepre:	28160428	Tricyclics :	S	25 MG	ORAL	CAPS	EA	60 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335008304	NORTRIP	NORTRIP	281604	Antidepre:	28160428	Tricyclics :	S	25 MG	ORAL	CAPS	EA	30 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335008305	NORTRIP	NORTRIP	281604	Antidepre:	28160428	Tricyclics :	S	25 MG	ORAL	CAPS	EA	90 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335008306	NORTRIP	NORTRIP	281604	Antidepre:	28160428	Tricyclics :	S	25 MG	ORAL	CAPS	EA	50 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335008307	NORTRIP	NORTRIP	281604	Antidepre:	28160428	Tricyclics :	S	25 MG	ORAL	CAPS	EA	100 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335008308	NORTRIP	NORTRIP	281604	Antidepre:	28160428	Tricyclics :	S	25 MG	ORAL	CAPS	EA	120 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335008309	NORTRIP	NORTRIP	281604	Antidepre:	28160428	Tricyclics :	S	25 MG	ORAL	CAPS	EA	28 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335008404	BISACOD	BISACOD	561200	Cathartics	56120000	Cathartics	P	5 MG	ORAL	TBEC	EA	4	GENERIC	3/7/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335008501	METFORI	METFORI	682004	Biguanide	68200400	Biguanide:	S	1000 MG	ORAL	TABS	EA	60 X	GENERIC	1/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335008502	METFORI	METFORI	682004	Biguanide	68200400	Biguanide:	S	1000 MG	ORAL	TABS	EA	100 X	GENERIC	1/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335008503	METFORI	METFORI	682004	Biguanide	68200400	Biguanide:	S	1000 MG	ORAL	TABS	EA	30 X	GENERIC	1/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335008504	METFORI	METFORI	682004	Biguanide	68200400	Biguanide:	S	1000 MG	ORAL	TABS	EA	120 X	GENERIC	1/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335008505	METFORI	METFORI	682004	Biguanide	68200400	Biguanide:	S	1000 MG	ORAL	TABS	EA	90 X	GENERIC	1/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335008506	METFORI	METFORI	682004	Biguanide	68200400	Biguanide:	S	1000 MG	ORAL	TABS	EA	28 X	GENERIC	1/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335008507	METFORI	METFORI	682004	Biguanide	68200400	Biguanide:	S	1000 MG	ORAL	TABS	EA	56 X	GENERIC	1/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335008508	METFORI	METFORI	682004	Biguanide	68200400	Biguanide:	S	1000 MG	ORAL	TABS	EA	180 X	GENERIC	1/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335008908	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	2 MG	ORAL	TABS	EA	10	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335009001	OXCARB/	OXCARB/	281224	UNKNOW	28122400	UNKNOW	S	300 MG	ORAL	TABS	EA	30 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335009002	OXCARB/	OXCARB/	281224	UNKNOW	28122400	UNKNOW	S	300 MG	ORAL	TABS	EA	60 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335009003	OXCARB/	OXCARB/	281224	UNKNOW	28122400	UNKNOW	S	300 MG	ORAL	TABS	EA	90 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335009601	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	60	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335009602	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335009603	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335009604	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	120	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335009701	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	160 MG	ORAL	TABS	EA	30 X	GENERIC	3/20/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335009702	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	160 MG	ORAL	TABS	EA	90 X	GENERIC	3/20/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335009703	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	160 MG	ORAL	TABS	EA	120 X	GENERIC	3/20/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335009704	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	160 MG	ORAL	TABS	EA	180 X	GENERIC	3/20/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335009705	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	160 MG	ORAL	TABS	EA	28 X	GENERIC	3/20/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335010001	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	20	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335010002	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335010003	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	60	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335010004	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	14	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335010005	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	10	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335010006	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335010007	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	28	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335010008	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	15	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335010009	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	100	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335010300	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	120	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335010301	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	90	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335010303	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	60	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335010306	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	30	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335010602	VENLAFA	VENLAFA	281604	Antidepre:	28160416	UNKNOW	S	75 MG	ORAL	TABS	EA	30 X	GENERIC	11/25/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335010701	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	21 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335010702	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	42 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335010703	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	30 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335010704	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	60 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335010705	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	90 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335010706	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	14 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335010707	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	20 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335011101	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 I	ORAL	TABS	EA	30	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335011102	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 I	ORAL	TABS	EA	60	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335011103	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 I	ORAL	TABS	EA	90	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335011104	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 I	ORAL	TABS	EA	120	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335011105	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 I	ORAL	TABS	EA	20	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335011106	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 I	ORAL	TABS	EA	40	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335011107	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 I	ORAL	TABS	EA	100	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335011301	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	20	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335011302	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	30	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335011303	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	60	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335011304	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	90	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335011305	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	120	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335011306	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	56	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335011307	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	28	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335011308	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	100	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335011309	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	45	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335011501	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	TABS	EA	30	GENERIC	10/13/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335011502	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	TABS	EA	60	GENERIC	10/13/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335011700	ORPHEN/	ORPHEN/	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	56	GENERIC	1/19/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335011701	ORPHEN/	ORPHEN/	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	20	GENERIC	1/19/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335011702	ORPHEN/	ORPHEN/	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	60	GENERIC	1/19/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335011703	ORPHEN/	ORPHEN/	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	100	GENERIC	1/19/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335011704	ORPHEN/	ORPHEN/	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	90	GENERIC	1/19/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335011705	ORPHEN/	ORPHEN/	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	30	GENERIC	1/19/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335011706	ORPHEN/	ORPHEN/	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	28	GENERIC	1/19/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335011707	ORPHEN/	ORPHEN/	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	45	GENERIC	1/19/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335011708	ORPHEN/	ORPHEN/	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	14	GENERIC	1/19/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335011709	ORPHEN/	ORPHEN/	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	120	GENERIC	1/19/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335012201	MIRTAZAI	MIRTAZAI	281604	Antidepre:	28160424	Serotonin	S	15 MG	ORAL	TABS	EA	30 X	GENERIC	3/20/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335012205	MIRTAZAI	MIRTAZAI	281604	Antidepre:	28160424	Serotonin	S	15 MG	ORAL	TABS	EA	15 X	GENERIC	3/20/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335012301	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	30	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335012302	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	21	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335012303	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	20	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335012304	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	4	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335012305	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	10	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335012306	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	6	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335012307	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	15	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335012308	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	8	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335012601	ETODOL/	ETODOL/	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	20 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335012602	ETODOL/	ETODOL/	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	14 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335012603	ETODOL/	ETODOL/	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	30 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335012604	ETODOL/	ETODOL/	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	100 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335012605	ETODOL/	ETODOL/	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	60 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335012606	ETODOL/	ETODOL/	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	90 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335012607	ETODOL/	ETODOL/	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	56 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335012608	ETODOL/	ETODOL/	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	120 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335012800	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	100	GENERIC	11/25/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335012801	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	30	GENERIC	11/25/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335012802	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	90	GENERIC	11/25/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335012803	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	21	GENERIC	11/25/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335012807	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	60	GENERIC	11/25/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335012808	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	20	GENERIC	11/25/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335012809	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	120	GENERIC	11/25/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335013001	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	0.5 MG	ORAL	TABS	EA	60 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335013002	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	0.5 MG	ORAL	TABS	EA	30 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335013003	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	0.5 MG	ORAL	TABS	EA	90 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335013004	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	0.5 MG	ORAL	TABS	EA	120 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335013501	BUPROPI	BUPROPI	281604	Antidepre:	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	60 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335013502	BUPROPI	BUPROPI	281604	Antidepre:	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	90 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335013503	BUPROPI	BUPROPI	281604	Antidepre:	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	30 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335013504	BUPROPI	BUPROPI	281604	Antidepre:	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	120 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335013505	BUPROPI	BUPROPI	281604	Antidepre:	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	45 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335013506	BUPROPI	BUPROPI	281604	Antidepre:	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	180 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335013507	BUPROPI	BUPROPI	281604	Antidepre:	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	28 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335014300	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	120	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335014301	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	30	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335014302	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	20	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335014303	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	25	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335014304	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	40	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335014305	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	60	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335014306	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	90	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335014307	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	8	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335014308	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	14	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335014309	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	10	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335014401	OXCARB/	OXCARB/	281224	UNKNOW	28122400	UNKNOW	S	600 MG	ORAL	TABS	EA	30 X	GENERIC	10/24/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335014402	OXCARB/	OXCARB/	281224	UNKNOW	28122400	UNKNOW	S	600 MG	ORAL	TABS	EA	60 X	GENERIC	10/24/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335014601	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MC	ORAL	TABS	EA	30	GENERIC	11/25/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335014603	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MC	ORAL	TABS	EA	90	GENERIC	11/25/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335014605	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MC	ORAL	TABS	EA	60	GENERIC	11/25/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335014808	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	2 MG	ORAL	TABS	EA	10	GENERIC	1/19/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335014903	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	90 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335015001	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	30 X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335015002	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	120 X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335015003	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	100 X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335015004	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	60 X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335015005	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	90 X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335015006	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	180 X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335015101	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 I	ORAL	TABS	EA	30	GENERIC	1/13/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335015102	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 I	ORAL	TABS	EA	60	GENERIC	1/13/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335015103	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 I	ORAL	TABS	EA	90	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335015104	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 I	ORAL	TABS	EA	120	GENERIC	12/27/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335015105	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 I	ORAL	TABS	EA	20	GENERIC	12/27/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335015106	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 I	ORAL	TABS	EA	40	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335015107	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 I	ORAL	TABS	EA	100	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335015401	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	30	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335015402	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	60	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335015405	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	90	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335015406	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	10	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335015407	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	15	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335015701	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylate:	P	325 MG	ORAL	TBEC	EA	30	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335015702	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylate:	P	325 MG	ORAL	TBEC	EA	60	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335015703	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylate:	P	325 MG	ORAL	TBEC	EA	100	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335015704	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylate:	P	325 MG	ORAL	TBEC	EA	90	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335015705	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylate:	P	325 MG	ORAL	TBEC	EA	20	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335015706	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylate:	P	325 MG	ORAL	TBEC	EA	45	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335015707	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylate:	P	325 MG	ORAL	TBEC	EA	120	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335015802	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	30 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335016100	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	90	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335016101	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	30	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

71335016102	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	15		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335016103	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	28		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335016104	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	7		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335016105	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	14		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335016106	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	60		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335016107	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	45		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335016108	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	2		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335016109	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	21		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335016401	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	150 MG	ORAL	TABS	EA	30	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335016402	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	150 MG	ORAL	TABS	EA	60	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335016403	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	150 MG	ORAL	TABS	EA	90	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335016404	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	150 MG	ORAL	TABS	EA	18	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335016501	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	20 MG	ORAL	CPEP	EA	30	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335016502	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	20 MG	ORAL	CPEP	EA	60	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335016503	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	20 MG	ORAL	CPEP	EA	28	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335016701	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	30	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335016702	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	90	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335016703	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	120	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335016704	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	20	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335016705	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	100	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335016706	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	60	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

71335017301	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	TABS	EA	30	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335017401	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TABS	EA	60		GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335017502	DIETHYLP	DIETHYLP	282008	UNKNOW	28200804	UNKNOW	S	25 MG	ORAL	TABS	EA	90		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335017503	DIETHYLP	DIETHYLP	282008	UNKNOW	28200804	UNKNOW	S	25 MG	ORAL	TABS	EA	30		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335017505	DIETHYLP	DIETHYLP	282008	UNKNOW	28200804	UNKNOW	S	25 MG	ORAL	TABS	EA	21		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335017507	DIETHYLP	DIETHYLP	282008	UNKNOW	28200804	UNKNOW	S	25 MG	ORAL	TABS	EA	60		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335018101	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	3/20/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335018102	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	3/20/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335018103	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	60	X	GENERIC	3/20/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335018104	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	120	X	GENERIC	3/20/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335018105	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	100	X	GENERIC	3/20/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335018201	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335018202	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335018501	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	11/25/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335018502	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	100 MG	ORAL	TABS	EA	60	X	GENERIC	11/25/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335018503	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	11/25/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335018504	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	100 MG	ORAL	TABS	EA	18	X	GENERIC	11/25/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335018600	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	100		GENERIC	3/20/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335018601	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	30		GENERIC	3/20/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335018602	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	20		GENERIC	3/20/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335018603	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	90		GENERIC	3/20/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335018607	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	60		GENERIC	3/20/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335018701	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335018702	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	28	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335018801	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	9		GENERIC	3/7/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335018802	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	20		GENERIC	3/7/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335018803	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	30		GENERIC	3/7/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335018804	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	10		GENERIC	3/7/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335018805	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	15		GENERIC	3/7/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335018806	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	6		GENERIC	3/7/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335018807	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	90		GENERIC	3/7/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335018808	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	12		GENERIC	3/7/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335018809	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	18		GENERIC	3/7/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335019101	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	20		GENERIC	11/25/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335019102	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	14		GENERIC	11/25/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335019103	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	30		GENERIC	11/25/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335019104	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	28		GENERIC	11/25/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335019105	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	60		GENERIC	11/25/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335019106	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	10		GENERIC	11/25/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335019107	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	90		GENERIC	11/25/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335019401	BUTALBIT	BUTALBIT	280808	Opiate Ag	28080800	Opiate Ag	S	50-325-40	ORAL	CAPS	EA	20		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335019402	BUTALBIT	BUTALBIT	280808	Opiate Ag	28080800	Opiate Ag	S	50-325-40	ORAL	CAPS	EA	90		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335019403	BUTALBIT	BUTALBIT	280808	Opiate Ag	28080800	Opiate Ag	S	50-325-40	ORAL	CAPS	EA	30		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335019404	BUTALBIT	BUTALBIT	280808	Opiate Ag	28080800	Opiate Ag	S	50-325-40	ORAL	CAPS	EA	60		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335019405	BUTALBIT	BUTALBIT	280808	Opiate Ag	28080800	Opiate Ag	S	50-325-40	ORAL	CAPS	EA	100		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335019406	BUTALBIT	BUTALBIT	280808	Opiate Ag	28080800	Opiate Ag	S	50-325-40	ORAL	CAPS	EA	15		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335019407	BUTALBIT	BUTALBIT	280808	Opiate Ag	28080800	Opiate Ag	S	50-325-40	ORAL	CAPS	EA	18		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335019501	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	120		GENERIC	1/17/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335019502	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	30		GENERIC	1/17/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335019503	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	100		GENERIC	1/17/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335019504	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	20		GENERIC	1/17/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335019505	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	90		GENERIC	1/17/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335019506	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	60		GENERIC	1/17/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335019507	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	36		GENERIC	1/17/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335019900	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	12.5 MG	ORAL	TABS	EA	30		GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335019901	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	12.5 MG	ORAL	TABS	EA	12		GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335019902	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	12.5 MG	ORAL	TABS	EA	4		GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335019903	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	12.5 MG	ORAL	TABS	EA	2		GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335019905	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	12.5 MG	ORAL	TABS	EA	6		GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335019906	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	12.5 MG	ORAL	TABS	EA	10		GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335019907	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	12.5 MG	ORAL	TABS	EA	40		GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335019908	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	12.5 MG	ORAL	TABS	EA	20		GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335019909	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	12.5 MG	ORAL	TABS	EA	60		GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335020000	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	40		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335020001	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	12		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335020002	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	28		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335020003	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	42		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335020004	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	60		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335020005	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	30		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335020006	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	21		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335020007	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	4		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335020008	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	56		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335020009	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	20		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335020201	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335020202	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335020203	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335020500	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	60		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335020501	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	10		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335020503	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	30		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335020504	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	15		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335020507	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	90		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335020600	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	112		GENERIC	1/19/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335020601	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC	1/19/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335020602	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	120		GENERIC	1/19/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335020603	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC	1/19/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335020604	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC	1/19/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335020605	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC	1/19/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335020606	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	56		GENERIC	1/19/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335020607	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC	1/19/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335020608	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	140		GENERIC	1/19/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335020609	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	84		GENERIC	1/19/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335020702	REFENES	DEXTROM	480800	Antitussive	48080000	Antitussive	P	20MG-400	ORAL	TABS	EA	20		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335021001	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335021003	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335021202	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	30	X	GENERIC	3/20/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

71335021400	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	180	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335021401	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	20	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335021402	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	90	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335021403	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	60	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335021404	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	30	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335021405	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	120	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335021406	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	21	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335021407	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	84	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335021408	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	112	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335021409	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	28	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335021606	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	30		GENERIC	11/25/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335021607	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	90		GENERIC	11/25/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335021801	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335021802	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335021803	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335021804	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	120	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335021805	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335021902	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	650 MG	ORAL	TBCR	EA	100		GENERIC	1/17/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335022000	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	20	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335022001	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	30	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335022002	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335022003	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	60	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335022004	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	120	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335022005	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	100	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335022008	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	84	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335022009	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	180	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335022300	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	90		GENERIC	11/30/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335022301	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	20		GENERIC	12/1/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335022302	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	15		GENERIC	11/30/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335022303	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	30		GENERIC	11/30/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335022304	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	100		GENERIC	11/30/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335022305	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	60		GENERIC	11/30/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335022306	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	50		GENERIC	11/30/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335022307	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	40		GENERIC	11/30/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335022308	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	10		GENERIC	11/30/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335022309	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	56		GENERIC	11/30/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335022701	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	160-12.5 M	ORAL	TABS	EA	30	X	GENERIC	3/20/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335022702	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	160-12.5 M	ORAL	TABS	EA	90	X	GENERIC	3/20/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335023001	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	30	X	GENERIC	10/3/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335023002	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	90	X	GENERIC	10/3/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335023003	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	100	X	GENERIC	10/3/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335023004	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	60	X	GENERIC	10/3/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335023401	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	60 MG	ORAL	CP24	EA	30	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335023601	ZALEPLO	ZALEPLO	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	CAPS	EA	30		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335023801	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335023802	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335023803	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335023804	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335023805	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	15	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335023806	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	120	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335024101	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	1/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335024102	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	100	X	GENERIC	1/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335024103	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	60	X	GENERIC	1/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335024104	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	1/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335024105	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	180	X	GENERIC	1/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335024402	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	90	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335024403	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	30	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335024404	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	60	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335024405	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	28	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335024603	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	TABS	EA	30		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335024901	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335024902	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335024903	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	60	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335024904	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	100	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335025001	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	60	X	GENERIC	1/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335025002	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	30	X	GENERIC	1/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335025003	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	120	X	GENERIC	1/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335025004	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	90	X	GENERIC	1/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335025005	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	100	X	GENERIC	1/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335025006	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	180	X	GENERIC	1/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335025100	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	14		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335025101	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	20		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335025102	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	30		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335025103	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	40		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335025104	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	120		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335025105	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	60		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335025106	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	90		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335025107	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	112		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335025108	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	21		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335025109	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	84		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

71335025402	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335025403	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335025404	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	180	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335025405	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	120	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335025501	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	20	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335025600	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MG	ORAL	TABS	EA	40		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335025601	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MG	ORAL	TABS	EA	6		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335025602	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MG	ORAL	TABS	EA	20		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335025603	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MG	ORAL	TABS	EA	30		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335025604	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MG	ORAL	TABS	EA	84		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335025605	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MG	ORAL	TABS	EA	15		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335025606	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MG	ORAL	TABS	EA	120		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335025607	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MG	ORAL	TABS	EA	100		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335025608	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MG	ORAL	TABS	EA	60		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335025609	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MG	ORAL	TABS	EA	90		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335025701	TERBINAF	TERBINAF	81404	Allylamine	8140400	Allylamine	S	250 MG	ORAL	TABS	EA	30		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335025702	TERBINAF	TERBINAF	81404	Allylamine	8140400	Allylamine	S	250 MG	ORAL	TABS	EA	60		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335025703	TERBINAF	TERBINAF	81404	Allylamine	8140400	Allylamine	S	250 MG	ORAL	TABS	EA	90		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335025704	TERBINAF	TERBINAF	81404	Allylamine	8140400	Allylamine	S	250 MG	ORAL	TABS	EA	100		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335025705	TERBINAF	TERBINAF	81404	Allylamine	8140400	Allylamine	S	250 MG	ORAL	TABS	EA	7		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335025706	TERBINAF	TERBINAF	81404	Allylamine	8140400	Allylamine	S	250 MG	ORAL	TABS	EA	40		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335025707	TERBINAF	TERBINAF	81404	Allylamine	8140400	Allylamine	S	250 MG	ORAL	TABS	EA	45		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335025708	TERBINAF	TERBINAF	81404	Allylamine	8140400	Allylamine	S	250 MG	ORAL	TABS	EA	14		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335025801	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	20		GENERIC	3/7/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335025802	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	12		GENERIC	3/7/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335025803	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	9		GENERIC	3/7/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335025804	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	10		GENERIC	3/7/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335025805	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	15		GENERIC	3/7/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335025806	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	100		GENERIC	3/7/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335025807	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	6		GENERIC	3/7/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335025808	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	21		GENERIC	3/7/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335025809	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	30		GENERIC	3/7/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

71335026201	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335026202	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335026203	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335026204	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	120	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335026205	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335026301	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	80 MG	ORAL	CAPS	EA	60	X	GENERIC	1/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335026302	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	80 MG	ORAL	CAPS	EA	30	X	GENERIC	1/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335026303	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	80 MG	ORAL	CAPS	EA	28	X	GENERIC	1/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335026402	FLUVOXA	FLUVOXA	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	1/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335026502	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	2 MG	ORAL	TABS	EA	60		GENERIC	10/9/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335026503	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	2 MG	ORAL	TABS	EA	30		GENERIC	10/9/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335026509	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	2 MG	ORAL	TABS	EA	10		GENERIC	10/9/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335026801	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	10 MG	ORAL	TABS	EA	30		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335026802	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	10 MG	ORAL	TABS	EA	100		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335026803	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	10 MG	ORAL	TABS	EA	20		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335026804	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	10 MG	ORAL	TABS	EA	90		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335026805	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	10 MG	ORAL	TABS	EA	15		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335026806	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	10 MG	ORAL	TABS	EA	60		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335026807	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	10 MG	ORAL	TABS	EA	120		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335026808	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	10 MG	ORAL	TABS	EA	10		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335026900	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	8	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335026901	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	100	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335026902	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335026903	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	7	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335026904	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	14	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335026905	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	60	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

71335029566	HYDROCHYDROCI	243620	UNKNOW	24362000	UNKNOWN S	25 MG	ORAL	TABS	EA	2 X	GENERIC	12/8/2022	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335029567	HYDROCHYDROCI	243620	UNKNOW	24362000	UNKNOWN S	25 MG	ORAL	TABS	EA	90 X	GENERIC	12/8/2022	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335029568	HYDROCHYDROCI	243620	UNKNOW	24362000	UNKNOWN S	25 MG	ORAL	TABS	EA	4 X	GENERIC	12/8/2022	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335029569	HYDROCHYDROCI	243620	UNKNOW	24362000	UNKNOWN S	25 MG	ORAL	TABS	EA	6 X	GENERIC	12/8/2022	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335027201	BUSPIRO BUSPIRO	282412	UNKNOW	28241200	UNKNOWN S	15 MG	ORAL	TABS	EA	30	GENERIC	12/8/2022	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335027202	BUSPIRO BUSPIRO	282412	UNKNOW	28241200	UNKNOWN S	15 MG	ORAL	TABS	EA	100	GENERIC	12/8/2022	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335027203	BUSPIRO BUSPIRO	282412	UNKNOW	28241200	UNKNOWN S	15 MG	ORAL	TABS	EA	60	GENERIC	12/8/2022	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335027204	BUSPIRO BUSPIRO	282412	UNKNOW	28241200	UNKNOWN S	15 MG	ORAL	TABS	EA	90	GENERIC	12/8/2022	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335027205	BUSPIRO BUSPIRO	282412	UNKNOW	28241200	UNKNOWN S	15 MG	ORAL	TABS	EA	120	GENERIC	12/8/2022	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335027206	BUSPIRO BUSPIRO	282412	UNKNOW	28241200	UNKNOWN S	15 MG	ORAL	TABS	EA	28	GENERIC	12/8/2022	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335027303	CARVEDI CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adrs	25 MG	ORAL	TABS	EA	90 X	GENERIC	12/8/2022	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335027304	CARVEDI CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adrs	25 MG	ORAL	TABS	EA	60 X	GENERIC	12/8/2022	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM

71335029760	VITAMIN ISRSOCAI	881600	Vitamin D	88160000	Vitamin D S	1.25 MG ((	ORAL	CAPS	EA	12 X	GENERIC		71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335027858	VITAMIN ISRSOCAI	881600	Vitamin D	88160000	Vitamin D S	1.25 MG ((	ORAL	CAPS	EA	8 X	GENERIC		71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335028000	ACYCLOVACYCLOVI	818321	Nucleosid	81832300	Nucleosids	200 MG	ORAL	CAPS	EA	90	GENERIC		71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335028001	ACYCLOVACYCLOVI	818321	Nucleosid	81832300	Nucleosids	200 MG	ORAL	CAPS	EA	30	GENERIC		71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335028002	ACYCLOVACYCLOVI	818321	Nucleosid	81832300	Nucleosids	200 MG	ORAL	CAPS	EA	25	GENERIC		71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335028003	ACYCLOVACYCLOVI	818321	Nucleosid	81832300	Nucleosids	200 MG	ORAL	CAPS	EA	35	GENERIC		71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335028004	ACYCLOVACYCLOVI	818321	Nucleosid	81832300	Nucleosids	200 MG	ORAL	CAPS	EA	50	GENERIC		71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335028005	ACYCLOVACYCLOVI	818321	Nucleosid	81832300	Nucleosids	200 MG	ORAL	CAPS	EA	100	GENERIC		71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335028006	ACYCLOVACYCLOVI	818321	Nucleosid	81832300	Nucleosids	200 MG	ORAL	CAPS	EA	40	GENERIC		71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335028007	ACYCLOVACYCLOVI	818321	Nucleosid	81832300	Nucleosids	200 MG	ORAL	CAPS	EA	60	GENERIC		71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335028008	ACYCLOVACYCLOVI	818321	Nucleosid	81832300	Nucleosids	200 MG	ORAL	CAPS	EA	120	GENERIC		71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335028009	ACYCLOVACYCLOVI	818321	Nucleosid	81832300	Nucleosids	200 MG	ORAL	CAPS	EA	30	GENERIC		71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335028101	FINASTEFINASTEI	841600	Cell Stimu	84160000	Cell Stimu S	1 MG	ORAL	TABS	EA	30	GENERIC	3/20/2023	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335028102	FINASTEFINASTEI	841600	Cell Stimu	84160000	Cell Stimu S	1 MG	ORAL	TABS	EA	90	GENERIC	3/20/2023	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335028103	FINASTEFINASTEI	841600	Cell Stimu	84160000	Cell Stimu S	1 MG	ORAL	TABS	EA	60	GENERIC	3/20/2023	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335028104	FINASTEFINASTEI	841600	Cell Stimu	84160000	Cell Stimu S	1 MG	ORAL	TABS	EA	28	GENERIC	3/20/2023	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335028201	DIGOX DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni S	125 MCG	ORAL	TABS	EA	30 X	GENERIC	10/3/2022	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335028202	DIGOX DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni S	125 MCG	ORAL	TABS	EA	90 X	GENERIC	10/3/2022	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335028203	DIGOX DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni S	125 MCG	ORAL	TABS	EA	12 X	GENERIC	10/3/2022	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335028204	DIGOX DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni S	125 MCG	ORAL	TABS	EA	6 X	GENERIC	10/3/2022	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335028205	DIGOX DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni S	125 MCG	ORAL	TABS	EA	60 X	GENERIC	10/3/2022	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335028206	DIGOX DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni S	125 MCG	ORAL	TABS	EA	100 X	GENERIC	10/3/2022	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335028401	LISINOPRLISINOPR	243204	Angiotens	24320400	Angiotens S	20-12.5 M	ORAL	TABS	EA	30 X	GENERIC	1/17/2023	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335028402	LISINOPRLISINOPR	243204	Angiotens	24320400	Angiotens S	20-12.5 M	ORAL	TABS	EA	90 X	GENERIC	1/17/2023	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335028403	LISINOPRLISINOPR	243204	Angiotens	24320400	Angiotens S	20-12.5 M	ORAL	TABS	EA	12 X	GENERIC	1/17/2023	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335028404	LISINOPRLISINOPR	243204	Angiotens	24320400	Angiotens S	20-12.5 M	ORAL	TABS	EA	60 X	GENERIC	1/17/2023	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335028500	DOXYCYCDOXYCYC	812240	Tetracycli	81224000	Tetracyclin S	100 MG	ORAL	CAPS	EA	6	GENERIC	3/7/2022	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335028501	DOXYCYCDOXYCYC	812240	Tetracycli	81224000	Tetracyclin S	100 MG	ORAL	CAPS	EA	10	GENERIC	3/7/2022	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335028502	DOXYCYCDOXYCYC	812240	Tetracycli	81224000	Tetracyclin S	100 MG	ORAL	CAPS	EA	20	GENERIC	3/7/2022	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335028503	DOXYCYCDOXYCYC	812240	Tetracycli	81224000	Tetracyclin S	100 MG	ORAL	CAPS	EA	30	GENERIC	3/7/2022	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335028504	DOXYCYCDOXYCYC	812240	Tetracycli	81224000	Tetracyclin S	100 MG	ORAL	CAPS	EA	40	GENERIC	3/7/2022	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335028505	DOXYCYCDOXYCYC	812240	Tetracycli	81224000	Tetracyclin S	100 MG	ORAL	CAPS	EA	60	GENERIC	3/7/2022	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335028506	DOXYCYCDOXYCYC	812240	Tetracycli	81224000	Tetracyclin S	100 MG	ORAL	CAPS	EA	28	GENERIC	3/7/2022	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335028507	DOXYCYCDOXYCYC	812240	Tetracycli	81224000	Tetracyclin S	100 MG	ORAL	CAPS	EA	14	GENERIC	3/7/2022	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335028508	DOXYCYCDOXYCYC	812240	Tetracycli	81224000	Tetracyclin S	100 MG	ORAL	CAPS	EA	90	GENERIC	3/7/2022	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335028509	DOXYCYCDOXYCYC	812240	Tetracycli	81224000	Tetracyclin S	100 MG	ORAL	CAPS	EA	120	GENERIC	3/7/2022	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335028601	MIRTAZAMIRTAZAI	281604	Antidepres	28160404	Serotonin S	15 MG	ORAL	TABS	EA	30 X	GENERIC	3/20/2023	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335028602	MIRTAZAMIRTAZAI	281604	Antidepres	28160404	Serotonin S	15 MG	ORAL	TABS	EA	60 X	GENERIC	3/20/2023	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335028801	SILDENASILDENAI	464824	UNKNOW	46482400	UNKNOWN S	20 MG	ORAL	TABS	EA	10 X	GENERIC	3/20/2023	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335028802	SILDENASILDENAI	464824	UNKNOW	46482400	UNKNOWN S	20 MG	ORAL	TABS	EA	30 X	GENERIC	3/20/2023	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335028803	SILDENASILDENAI	464824	UNKNOW	46482400	UNKNOWN S	20 MG	ORAL	TABS	EA	90 X	GENERIC	3/20/2023	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335028806	SILDENASILDENAI	464824	UNKNOW	46482400	UNKNOWN S	20 MG	ORAL	TABS	EA	20 X	GENERIC	3/20/2023	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335028901	POTASSIPOTASSI	401200	Replacem	40120000	Replacem S	10 MEQ	ORAL	TBCR	EA	30 X	GENERIC	12/1/2022	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335028902	POTASSIPOTASSI	401200	Replacem	40120000	Replacem S	10 MEQ	ORAL	TBCR	EA	60 X	GENERIC	12/1/2022	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335028903	POTASSIPOTASSI	401200	Replacem	40120000	Replacem S	10 MEQ	ORAL	TBCR	EA	90 X	GENERIC	12/1/2022	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335028904	POTASSIPOTASSI	401200	Replacem	40120000	Replacem S	10 MEQ	ORAL	TBCR	EA	15 X	GENERIC	12/1/2022	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335028905	POTASSIPOTASSI	401200	Replacem	40120000	Replacem S	10 MEQ	ORAL	TBCR	EA	180 X	GENERIC	12/1/2022	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335029101	PANTOPRPANTOPR	582836	Proton-pu	58283600	Proton-pu S	20 MG	ORAL	TBEC	EA	60 X	GENERIC		71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335029102	PANTOPRPANTOPR	582836	Proton-pu	58283600	Proton-pu S	20 MG	ORAL	TBEC	EA	90 X	GENERIC		71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335029203	CELECORCELECOI	280804	Nonsteroi	28080408	Cyclooxyg S	100 MG	ORAL	CAPS	EA	60 X	GENERIC		71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM

71335029400	DOCUSATDOCUSA	591200	Cathartics	59120000	Cathartics P	100 MG	ORAL	CAPS	EA	50	GENERIC		71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335029401	DOCUSATDOCUSA	591200	Cathartics	59120000	Cathartics P	100 MG	ORAL	CAPS	EA	30	GENERIC		71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335029402	DOCUSATDOCUSA	591200	Cathartics	59120000	Cathartics P	100 MG	ORAL	CAPS	EA	100	GENERIC		71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335029403	DOCUSATDOCUSA	591200	Cathartics	59120000	Cathartics P	100 MG	ORAL	CAPS	EA	60	GENERIC		71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335029404	DOCUSATDOCUSA	591200	Cathartics	59120000	Cathartics P	100 MG	ORAL	CAPS	EA	120	GENERIC		71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335029405	DOCUSATDOCUSA	591200	Cathartics	59120000	Cathartics P	100 MG	ORAL	CAPS	EA	90	GENERIC		71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335029406	DOCUSATDOCUSA	591200	Cathartics	59120000	Cathartics P	100 MG	ORAL	CAPS	EA	180	GENERIC		71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335029407	DOCUSATDOCUSA	591200	Cathartics	59120000	Cathartics P	100 MG	ORAL	CAPS	EA	10	GENERIC		71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335029408	DOCUSATDOCUSA	591200	Cathartics	59120000	Cathartics P	100 MG	ORAL	CAPS	EA	28	GENERIC		71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335029409	DOCUSATDOCUSA	591200	Cathartics	59120000	Cathartics P	100 MG	ORAL	CAPS	EA	56	GENERIC		71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335029501	PRAVASTPRAVAST	240808	HMG-CoA	24080880	HMG-CoA S	20 MG	ORAL	TABS	EA	30 X	GENERIC	1/28/2022	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335029601	OMEPRAOMEPRA	582836	Proton-pu	58283600	Proton-pu S	40 MG	ORAL	CPDR	EA	60 X	GENERIC		71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335029602	OMEPRAOMEPRA	582836	Proton-pu	58283600	Proton-pu S	40 MG	ORAL	CPDR	EA	30 X	GENERIC		71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335029603	OMEPRAOMEPRA	582836	Proton-pu	58283600	Proton-pu S	40 MG	ORAL	CPDR	EA	20 X	GENERIC		71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335029604	OMEPRAOMEPRA	582836	Proton-pu	58283600	Proton-pu S	40 MG	ORAL	CPDR	EA	90 X	GENERIC		71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335029605	OMEPRAOMEPRA	582836	Proton-pu	58283600	Proton-pu S	40 MG	ORAL	CPDR	EA	14 X	GENERIC		71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335029606	OMEPRAOMEPRA	582836	Proton-pu	58283600	Proton-pu S	40 MG	ORAL	CPDR	EA	120 X	GENERIC		71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335030001	CETIRIZHCETIRIZH	458800	Second G	45880099	Second G P	10 MG	ORAL	TABS	EA	30	GENERIC		71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335030002	CETIRIZHCETIRIZH	458800	Second G	45880099	Second G P	10 MG	ORAL	TABS	EA	14	GENERIC		71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335030006	CETIRIZHCETIRIZH	458800	Second G	45880099	Second G P	10 MG	ORAL	TABS	EA	90	GENERIC		71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM

71335029301	HYDROMHYDROM	280808	Opiate Ag	28080800	Opiate Ag S	4 MG	ORAL	TABS	EA	30	GENERIC	10/9/2024	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335029307	HYDROMHYDROM	280808	Opiate Ag	28080800	Opiate Ag S	4 MG	ORAL	TABS	EA	60	GENERIC	10/9/2024	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335030602	AMITRIPTAMITRIPT	281604	Antidepres	28160428	Tricyclics	25 MG	ORAL	TABS	EA	30 X	GENERIC	8/22/2024	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335030604	AMITRIPTAMITRIPT	281604	Antidepres	28160428	Tricyclics (S	25 MG	ORAL	TABS	EA	60 X	GENERIC	8/22/2024	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335030703	FENOPROFENOPRO	280804	Nonsteroi	28080404	UNKNOWN S	400 MG	ORAL	CAPS	EA	90 X	GENERIC	3/20/2023	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335030801	CARVEDI CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adrs	10 MG	ORAL	CPDR	EA	30 X	GENERIC		71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335030901	DOXACZOSDOXAZOI	241600	Sclerosing	24160000	Sclerosing S	2 MG	ORAL	TABS	EA	30 X	GENERIC		71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335030903	DOXACZOSDOXAZOI	241600	Sclerosing	24160000	Sclerosing S	2 MG	ORAL	TABS	EA	90 X	GENERIC		71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335031102	DIPHENODIPHENO	560800	Antidiarrhe	56080000	Antidiarrhe S	2.5-0.025 (	ORAL	TABS	EA	30	GENERIC		71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335031104	DIPHENODIPHENO	560800	Antidiarrhe	56080000	Antidiarrhe S	2.5-0.025 (	ORAL	TABS	EA	10	GENERIC		71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335031501	TEMAZEPTEMAZEP	282408	Benzodiaz	28240800	Benzodiaz S	15 MG	ORAL	CAPS	EA	20	GENERIC		71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335031502	TEMAZEPTEMAZEP	282408	Benzodiaz	28240800	Benzodiaz S	15 MG	ORAL	CAPS	EA	30	GENERIC		71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335031503	TEMAZEPTEMAZEP	282408	Benzodiaz	28240800	Benzodiaz S	15 MG	ORAL	CAPS	EA	60	GENERIC		71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335031504	TEMAZEPTEMAZEP	282408	Benzodiaz	28240800	Benzodiaz S	15 MG	ORAL	CAPS	EA	90	GENERIC		71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335031505	TEMAZEPTEMAZEP	282408	Benzodiaz	28240800	Benzodiaz S	15 MG	ORAL	CAPS	EA	28	GENERIC		71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335031506	TEMAZEPTEMAZEP	282408	Benzodiaz	28240800	Benzodiaz S	15 MG	ORAL	CAPS	EA	120	GENERIC		71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335031603	OXYCODOXYCODO	280808	Opiate Ag	28080800	Opiate Ag S	7.5-325 M	ORAL	TABS	EA	60	GENERIC	11/25/2022	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335032000	CLINDAMCLINDAM	812280	Antibacter	81228020	Lincomycin S	300 MG	ORAL	CAPS	EA	16	GENERIC	1/28/2022	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335032001	CLINDAMCLINDAM	812280	Antibacter	81228020	Lincomycin S	300 MG	ORAL	CAPS	EA	30	GENERIC	1/28/2022	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335032002	CLINDAMCLINDAM	812280	Antibacter	81228020	Lincomycin S	300 MG	ORAL	CAPS	EA	20	GENERIC	1/28/2022	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335032003	CLINDAMCLINDAM	812280	Antibacter	81228020	Lincomycin S	300 MG	ORAL	CAPS	EA	40	GENERIC	1/28/2022	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335032004	CLINDAMCLINDAM	812280	Antibacter	81228020	Lincomycin S	300 MG	ORAL	CAPS	EA	21	GENERIC	1/28/2022	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335032005	CLINDAMCLINDAM	812280	Antibacter	81228020	Lincomycin S	300 MG	ORAL	CAPS	EA	28	GENERIC	1/28/2022	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335032006	CLINDAMCLINDAM	812280	Antibacter	81228020	Lincomycin S	300 MG	ORAL	CAPS	EA	12	GENERIC	1/28/2022	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335032007	CLINDAMCLINDAM	812280	Antibacter	81228020	Lincomycin S	300 MG	ORAL	CAPS	EA	60	GENERIC	1/28/2022	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335032008	CLINDAMCLINDAM	812280	Antibacter	81228020	Lincomycin S	300 MG	ORAL	CAPS	EA	14	GENERIC	1/28/2022	71335		X	N	EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION	R	MEDPRIM

71335036500	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	84		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335036501	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	20		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335036502	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	30		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335036503	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	60		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335036504	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	90		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335036505	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	50		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335036506	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	6		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335036507	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	120		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335036508	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	40		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335036509	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	12		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335036602	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	10/2/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335036802	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	60	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335036804	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	90	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335036806	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	180	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335036902	DICLOFE	DICLOFE	280804	Nonsteroid	28080492	Other Non	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	1/31/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335037001	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335037002	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335037003	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	20	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335037004	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335037005	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335037006	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	10	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335037007	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	120	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335037101	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	1%	EXTERNA	GEL	GM	100		GENERIC	10/9/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335037201	MIRTAZA	MIRTAZA	281604	Antidepres	28160424	Serotonin	S	30 MG	ORAL	TABS	EA	30	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335038101	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335038102	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335038103	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335038104	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	28	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335038401	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335038402	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335038403	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	60	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335038404	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	100	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335038405	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	7	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335038406	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	28	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335038407	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	14	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335038408	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	10	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335038601	NAPROXE	NAPROXE	280804	Nonsteroid	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	20	X	GENERIC	4/6/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335038602	NAPROXE	NAPROXE	280804	Nonsteroid	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	30	X	GENERIC	4/6/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335038603	NAPROXE	NAPROXE	280804	Nonsteroid	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	40	X	GENERIC	4/6/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335038604	NAPROXE	NAPROXE	280804	Nonsteroid	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	120	X	GENERIC	4/6/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335038605	NAPROXE	NAPROXE	280804	Nonsteroid	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	60	X	GENERIC	4/6/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335038606	NAPROXE	NAPROXE	280804	Nonsteroid	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	90	X	GENERIC	4/6/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335038607	NAPROXE	NAPROXE	280804	Nonsteroid	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	14	X	GENERIC	4/6/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335038608	NAPROXE	NAPROXE	280804	Nonsteroid	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	15	X	GENERIC	4/6/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335038802	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TB24	EA	30	X	GENERIC	12/7/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335039201	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	30	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335039202	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	60	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335039205	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	90	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335039503	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335039701	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	40	X	GENERIC	10/9/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335039702	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	10/9/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335039703	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	100	X	GENERIC	10/9/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335039704	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	10/9/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335039705	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	60	X	GENERIC	10/9/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335039706	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	7	X	GENERIC	10/9/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335039707	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	14	X	GENERIC	10/9/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335039708	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	180	X	GENERIC	10/9/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335039903	ETODOLA	ETODOLA	280804	Nonsteroid	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335040201	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	30	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335040203	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	60	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335040301	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335040302	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335040303	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335040304	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	180	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335040600	MELOXIC	MELOXIC	280804	Nonsteroid	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	120	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335040601	MELOXIC	MELOXIC	280804	Nonsteroid	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335040602	MELOXIC	MELOXIC	280804	Nonsteroid	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	60	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335040604	MELOXIC	MELOXIC	280804	Nonsteroid	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335040800	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	7		GENERIC	3/17/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335040801	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	20		GENERIC	3/17/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335040802	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	10		GENERIC	3/17/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335040803	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	14		GENERIC	3/17/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335040804	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	6		GENERIC	3/17/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335040805	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	30		GENERIC	3/17/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335040806	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	60		GENERIC	3/17/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335040807	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	12		GENERIC	3/17/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335040808	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	40		GENERIC	3/17/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335040809	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	90		GENERIC	3/17/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335040901	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335040902	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	60	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335040903	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	20	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335040904	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335040905	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	100	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335040906	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	10	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335040907	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	120	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335041601	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335041602	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335041603	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335041901	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	15 MG	ORAL	CAPS	EA	7		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335041902	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	15 MG	ORAL	CAPS	EA	14		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335041903	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	15 MG	ORAL	CAPS	EA	30		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335041904	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	15 MG	ORAL	CAPS	EA	100		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335041905	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	15 MG	ORAL	CAPS	EA	2		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335041906	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	15 MG	ORAL	CAPS	EA	28		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335041907	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	15 MG	ORAL	CAPS	EA	90		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335041908	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	15 MG	ORAL	CAPS	EA	21		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335041909	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	15 MG	ORAL	CAPS	EA	60		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335042001	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	100	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335042002	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335042003	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	60	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335042004	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	120	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335042005	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335042006	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	20	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335042007	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	180	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335042008	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	15	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335042301	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	150 MG	ORAL	TABS	EA	30	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335042302	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	150 MG	ORAL	TABS	EA	60	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335042303	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	150 MG	ORAL	TABS	EA	90	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335042401	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	30		GENERIC	3/20/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335042402	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	60		GENERIC	3/20/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335042403	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	90		GENERIC	3/20/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335042501	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	30		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335042502	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	40		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335042503	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	60		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335042504	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	90		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335042505	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	20		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335042506	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	21		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335042507	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	120		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335043201	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	300 MG	ORAL	TABS	EA	30	X	GENERIC	3/20/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335043202	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	300 MG	ORAL	TABS	EA	60	X	GENERIC	3/20/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335043203	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	300 MG	ORAL	TABS	EA	28	X	GENERIC	3/20/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335043204	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	300 MG	ORAL	TABS	EA	90	X	GENERIC	3/20/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335043301	FINASTE	FINASTE	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335043302	FINASTE	FINASTE	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335043303	FINASTE	FINASTE	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335043304	FINASTE	FINASTE	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335043402	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	10		GENERIC	2/15/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335043404	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	14		GENERIC	2/15/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335043405	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	5		GENERIC	2/15/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335043406	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	20		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335043407	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	60		GENERIC	2/15/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335043500	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	100		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335043501	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	30		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335043502	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	20		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335043503	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	42		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335043504	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	24		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335043505	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	15		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335043506	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	60		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335043507	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	10		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335043508	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	6		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335043509	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	90		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335043906	KETOCON	KETOCON	81408	Azoles	8140800	Azoles	S	200 MG	ORAL	TABS	EA	7		GENERIC	1/19/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335044201	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335044202	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	60	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335044203	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335044204	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	120	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335044205	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	100	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335044206	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	28	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335044400	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	56		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335044401	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	20		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335044402	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	30		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335044403	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	40		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335044404	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	50		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335044405	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	60		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335044406	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	90		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335044407	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	100		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335044408	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	10		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335044409	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	120		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335045300	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	16		GENERIC	1/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335045301	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	30		GENERIC	1/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335045302	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	20		GENERIC	1/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335045303	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	40		GENERIC	1/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335045304	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	21		GENERIC	1/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335045305	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	28		GENERIC	1/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335045306	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	12		GENERIC	1/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335045307	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	120		GENERIC	1/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335045308	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	14		GENERIC	1/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335045309	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	45		GENERIC	1/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335045400	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	16		GENERIC	1/31/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335045401	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	30		GENERIC	1/31/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335045402	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	20		GENERIC	1/31/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335045403	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	40		GENERIC	1/31/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335045404	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	21		GENERIC	1/31/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335045405	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	28		GENERIC	1/31/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335045406	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	12		GENERIC	1/31/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335045407	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	120		GENERIC	1/31/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335045408	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	14		GENERIC	1/31/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335045409	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	45		GENERIC	1/31/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335045503	OMEGA II	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	100		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335045600	DICLOFE	DICLOFE	280804	Nonsteroid	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	40	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335045601	DICLOFE	DICLOFE	280804	Nonsteroid	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	28	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335045602	DICLOFE	DICLOFE	280804	Nonsteroid	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	60	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335045603	DICLOFE	DICLOFE	280804	Nonsteroid	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	20	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335045604	DICLOFE	DICLOFE	280804	Nonsteroid	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	30	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335045605	DICLOFE	DICLOFE	280804	Nonsteroid	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	120	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335045606	DICLOFE	DICLOFE	280804	Nonsteroid	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	90	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335045607	DICLOFE	DICLOFE	280804	Nonsteroid	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	100	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335045608	DICLOFE	DICLOFE	280804	Nonsteroid	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	15	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335045609	DICLOFE	DICLOFE	280804	Nonsteroid	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	14	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335045801	IBUPROF	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	20	X	GENERIC	1/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335045802	IBUPROF	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	30	X	GENERIC	1/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335045803	IBUPROF	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	40	X	GENERIC	1/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335045804	IBUPROF	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	60	X	GENERIC	1/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335045805	IBUPROF	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	90	X	GENERIC	1/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335045806	IBUPROF	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	120	X	GENERIC	1/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335045807	IBUPROF	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	100	X	GENERIC	1/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335045808	IBUPROF	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	21	X	GENERIC	1/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335045809	IBUPROF	IBUPROF	280804	Nonsteroid	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	15	X	GENERIC	1/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335046400	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	10		GENERIC	8/1/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335046401	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	21		GENERIC	8/1/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335046402	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	40		GENERIC	8/1/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335046403	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	30		GENERIC	8/1/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335046404	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	20		GENERIC	8/1/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335046405	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	15		GENERIC	8/1/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335046406	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	50		GENERIC	8/1/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335046407	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	60		GENERIC	8/1/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335046408	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	42		GENERIC	8/1/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335046409	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	48		GENERIC	8/1/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335046501	FERROUS	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	325 (65 FE	ORAL	TABS	EA	100		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335046502	FERROUS	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	325 (65 FE	ORAL	TABS	EA	50		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335046503	FERROUS	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	325 (65 FE	ORAL	TABS	EA	30		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335046504	FERROUS	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	325 (65 FE	ORAL	TABS	EA	90		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335046505	FERROUS	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	325 (65 FE	ORAL	TABS	EA	20		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335046506	FERROUS	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	325 (65 FE	ORAL	TABS	EA	60		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335046507	FERROUS	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	325 (65 FE	ORAL	TABS	EA	180		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335046601	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	120		GENERIC	4/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335046605	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	30		GENERIC	4/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335046608	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	60		GENERIC	4/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335046609	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	90		GENERIC	4/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335047000	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	90		GENERIC	4/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335047001	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	30		GENERIC	4/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335047002	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	25		GENERIC	4/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335047003	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	35		GENERIC	4/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335047004	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	50		GENERIC	4/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335047005	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	100		GENERIC	4/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335047006	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	40		GENERIC	4/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335047007	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	60		GENERIC	4/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335047008	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	120		GENERIC	4/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335047009	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	20		GENERIC	4/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335047203	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	4/11/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335047301	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335047302	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335047303	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	60	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335047304	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335047305	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	180	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335047306	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	120	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335047307	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	10	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335047402	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	7		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335047403	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	14		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335047404	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	28		GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335047501	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	320 MG	ORAL	TABS	EA	30	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335047502	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	320 MG	ORAL	TABS	EA	90	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335047503	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	320 MG	ORAL	TABS	EA	28	X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335047601	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	60	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335047603	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	90	X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

7133506147700 GABAPENGABAPEN 28122B8 UNKNOW 28122800 UNKNOWN S 100 MG ORAL CAPS EA 65 X GENERIC 1/28/2022 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506147701 GABAPENGABAPEN 28122B8 UNKNOW 28122800 UNKNOWN S 100 MG ORAL CAPS EA 56 X GENERIC 1/28/2022 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506147702 GABAPENGABAPEN 28122B8 UNKNOW 28122800 UNKNOWN S 100 MG ORAL CAPS EA 90 X GENERIC 1/28/2022 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506147703 GABAPENGABAPEN 28122B8 UNKNOW 28122800 UNKNOWN S 100 MG ORAL CAPS EA 30 X GENERIC 1/28/2022 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506147704 GABAPENGABAPEN 28122B8 UNKNOW 28122800 UNKNOWN S 100 MG ORAL CAPS EA 60 X GENERIC 1/28/2022 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506147705 GABAPENGABAPEN 28122B8 UNKNOW 28122800 UNKNOWN S 100 MG ORAL CAPS EA 28 X GENERIC 1/28/2022 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506147706 GABAPENGABAPEN 28122B8 UNKNOW 28122800 UNKNOWN S 100 MG ORAL CAPS EA 360 X GENERIC 1/28/2022 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506147707 GABAPENGABAPEN 28122B8 UNKNOW 28122800 UNKNOWN S 100 MG ORAL CAPS EA 120 X GENERIC 1/28/2022 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506147708 GABAPENGABAPEN 28122B8 UNKNOW 28122800 UNKNOWN S 100 MG ORAL CAPS EA 100 X GENERIC 1/28/2022 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506147709 GABAPENGABAPEN 28122B8 UNKNOW 28122800 UNKNOWN S 100 MG ORAL CAPS EA 84 X GENERIC 1/28/2022 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506147901 LISINOPRLISINOPR 24320A4 Angiotens 24320400 Angiotens S 10-12.5 M ORAL TABS EA 90 X GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506147902 LISINOPRLISINOPR 24320A4 Angiotens 24320400 Angiotens S 10-12.5 M ORAL TABS EA 60 X GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506147903 LISINOPRLISINOPR 24320A4 Angiotens 24320400 Angiotens S 10-12.5 M ORAL TABS EA 30 X GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506147904 LISINOPRLISINOPR 24320A4 Angiotens 24320400 Angiotens S 10-12.5 M ORAL TABS EA 120 X GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506147905 LISINOPRLISINOPR 24320A4 Angiotens 24320400 Angiotens S 10-12.5 M ORAL TABS EA 500 X GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506148001 CITALOPRCITALOPR 28160A4 Antidepres 28160420 Selective-rS 40 MG ORAL TABS EA 30 X GENERIC 2/28/2022 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506148101 DICLOFDICLOFE1 28080A4 Nonsteroi 28080462 Other Non-S 50 MG ORAL TBEC EA 30 X GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506148102 DICLOFDICLOFE1 28080A4 Nonsteroi 28080462 Other Non-S 50 MG ORAL TBEC EA 60 X GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506148103 DICLOFDICLOFE1 28080A4 Nonsteroi 28080462 Other Non-S 50 MG ORAL TBEC EA 90 X GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506148104 DICLOFDICLOFE1 28080A4 Nonsteroi 28080462 Other Non-S 50 MG ORAL TBEC EA 120 X GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506148105 DICLOFDICLOFE1 28080A4 Nonsteroi 28080462 Other Non-S 50 MG ORAL TBEC EA 20 X GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506148107 DICLOFDICLOFE1 28080A4 Nonsteroi 28080462 Other Non-S 50 MG ORAL TBEC EA 14 X GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506148301 FEXOFENTAXOFEX 40800 Second G 40800300 Second G P 180 MG ORAL TABS EA 30 GENERIC 10/9/2024 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506148501 RISPERDRISPERD2 28160B4 Antipsycho 28160804 Atypical A S 0.5 MG ORAL TABS EA 60 X GENERIC 1/31/2022 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506148502 RISPERDRISPERD2 28160B4 Antipsycho 28160804 Atypical A S 0.5 MG ORAL TABS EA 30 X GENERIC 1/31/2022 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506148503 RISPERDRISPERD2 28160B4 Antipsycho 28160804 Atypical A S 0.5 MG ORAL TABS EA 90 X GENERIC 1/31/2022 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506148504 RISPERDRISPERD2 28160B4 Antipsycho 28160804 Atypical A S 0.5 MG ORAL TABS EA 120 X GENERIC 1/31/2022 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506148701 TOPIRAMITOPIRAM 28120C2 Anticonvul 28120200 Anticonvul S 50 MG ORAL TABS EA 30 X GENERIC 1/28/2022 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506148702 TOPIRAMITOPIRAM 28120C2 Anticonvul 28120200 Anticonvul S 50 MG ORAL TABS EA 60 X GENERIC 1/28/2022 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506148704 TOPIRAMITOPIRAM 28120C2 Anticonvul 28120200 Anticonvul S 50 MG ORAL TABS EA 120 X GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506148801 VALSARTVALSART 24320B Angiotens 24320800 Angiotens S 320 MG ORAL TABS EA 30 X GENERIC 1/28/2022 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506148802 VALSARTVALSART 24320B Angiotens 24320800 Angiotens S 320 MG ORAL TABS EA 90 X GENERIC 1/28/2022 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506148803 VALSARTVALSART 24320B Angiotens 24320800 Angiotens S 320 MG ORAL TABS EA 28 X GENERIC 1/28/2022 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506149501 NIFEDIPINNIFEDIPI 24280B Dihydropy 24280800 Dihydropy S 60 MG ORAL TB24 EA 30 X GENERIC 1/19/2024 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506149502 NIFEDIPINNIFEDIPI 24280B Dihydropy 24280800 Dihydropy S 60 MG ORAL TB24 EA 90 X GENERIC 1/19/2024 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506149503 NIFEDIPINNIFEDIPI 24280B Dihydropy 24280800 Dihydropy S 60 MG ORAL TB24 EA 60 X GENERIC 1/19/2024 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506149504 NIFEDIPINNIFEDIPI 24280B Dihydropy 24280800 Dihydropy S 60 MG ORAL TB24 EA 28 X GENERIC 1/19/2024 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506149505 NIFEDIPINNIFEDIPI 24280B Dihydropy 24280800 Dihydropy S 30 MG ORAL TB24 EA 30 X GENERIC 1/19/2024 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506149701 NIFEDIPINNIFEDIPI 24280B Dihydropy 24280800 Dihydropy S 30 MG ORAL TB24 EA 90 X GENERIC 1/19/2024 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506149702 NIFEDIPINNIFEDIPI 24280B Dihydropy 24280800 Dihydropy S 30 MG ORAL TB24 EA 100 X GENERIC 1/19/2024 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506149703 NIFEDIPINNIFEDIPI 24280B Dihydropy 24280800 Dihydropy S 30 MG ORAL TB24 EA 90 X GENERIC 1/19/2024 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506150101 ZIPRASIDZIPRASID 28160B Antipsycho 28160804 Atypical A S 80 MG ORAL CAPS EA 60 X GENERIC 1/19/2024 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506150102 ZIPRASIDZIPRASID 28160B Antipsycho 28160804 Atypical A S 80 MG ORAL CAPS EA 30 X GENERIC 1/19/2024 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506150103 ZIPRASIDZIPRASID 28160B Antipsycho 28160804 Atypical A S 80 MG ORAL CAPS EA 28 X GENERIC 1/19/2024 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506150401 TRIAMTERTRIAMTER1 40281B Potassium 40281600 Potassium/S 37.5-25 M ORAL CAPS EA 100 X GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506150402 TRIAMTERTRIAMTER1 40281B Potassium 40281600 Potassium/S 37.5-25 M ORAL CAPS EA 30 X GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506150403 TRIAMTERTRIAMTER1 40281B Potassium 40281600 Potassium/S 37.5-25 M ORAL CAPS EA 60 X GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506150404 TRIAMTERTRIAMTER1 40281B Potassium 40281600 Potassium/S 37.5-25 M ORAL CAPS EA 90 X GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506150501 ALLEGRYSYSOFOH 45800A Second G 45800300 Second G P 180 MG ORAL TABS EA 30 GENERIC 1/19/2024 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506150601 ALLEGRYSYSOFOH 45800A Second G 45800300 Second G P 180 MG ORAL TABS EA 30 GENERIC 4/22/2024 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506150904 DULOXETDULOXET 28160A4 Antidepres 28160430 Selective-rS 60 MG ORAL CPEP EA 90 X GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506151001 SERTRALSERTRAL 28160A4 Antidepres 28160420 Selective-rS 100 MG ORAL TABS EA 30 X GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506151002 SERTRALSERTRAL 28160A4 Antidepres 28160420 Selective-rS 100 MG ORAL TABS EA 60 X GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506151208 ESZOPICESZOPIC 28244A4 UNKNOW 28244400 UNKNOWN S 2 MG ORAL TABS EA 10 GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506151301 ASPIRIN ASPIRIN 28080A Nonsteroi 28080434 Salicylates/P 325 MG ORAL TBEC EA 30 GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506151302 ASPIRIN ASPIRIN 28080A Nonsteroi 28080434 Salicylates/P 325 MG ORAL TBEC EA 60 GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506151303 ASPIRIN ASPIRIN 28080A Nonsteroi 28080434 Salicylates/P 325 MG ORAL TBEC EA 100 GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506151304 ASPIRIN ASPIRIN 28080A Nonsteroi 28080434 Salicylates/P 325 MG ORAL TBEC EA 90 GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506151305 ASPIRIN ASPIRIN 28080A Nonsteroi 28080434 Salicylates/P 325 MG ORAL TBEC EA 20 GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506151306 ASPIRIN ASPIRIN 28080A Nonsteroi 28080434 Salicylates/P 325 MG ORAL TBEC EA 45 GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506151401 MONTELMONTEL 48102A4 Leukotriene 48102400 Leukotriene S 10 MG ORAL TABS EA 30 X GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM

7133506151802 RABEPRARABEPRA 58283B Proton-pu 58283800 Proton-puS 20 MG ORAL TBEC EA 90 X GENERIC 3/20/2023 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506151803 RABEPRARABEPRA 58283B Proton-pu 58283800 Proton-puS 20 MG ORAL TBEC EA 30 X GENERIC 3/20/2023 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506151804 RABEPRARABEPRA 58283B Proton-pu 58283800 Proton-puS 20 MG ORAL TBEC EA 60 X GENERIC 3/20/2023 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506151805 RABEPRARABEPRA 58283B Proton-pu 58283800 Proton-puS 20 MG ORAL TBEC EA 28 X GENERIC 3/20/2023 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506151901 OXYBUTYCOXYBUTY 66120A4 UNKNOW 66120400 UNKNOWN S 5 MG ORAL TABS EA 30 X GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506151902 OXYBUTYCOXYBUTY 66120A4 UNKNOW 66120400 UNKNOWN S 5 MG ORAL TABS EA 100 X GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506151903 OXYBUTYCOXYBUTY 66120A4 UNKNOW 66120400 UNKNOWN S 5 MG ORAL TABS EA 20 X GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506151904 OXYBUTYCOXYBUTY 66120A4 UNKNOW 66120400 UNKNOWN S 5 MG ORAL TABS EA 60 X GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506151905 OXYBUTYCOXYBUTY 66120A4 UNKNOW 66120400 UNKNOWN S 5 MG ORAL TABS EA 90 X GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506151906 OXYBUTYCOXYBUTY 66120A4 UNKNOW 66120400 UNKNOWN S 5 MG ORAL TABS EA 42 X GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506151907 OXYBUTYCOXYBUTY 66120A4 UNKNOW 66120400 UNKNOWN S 5 MG ORAL TABS EA 28 X GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506151908 OXYBUTYCOXYBUTY 66120A4 UNKNOW 66120400 UNKNOWN S 5 MG ORAL TABS EA 180 X GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506152100 TRIAMADTRIAMAD1 28080B Opiate Ag 28080800 Opiate Ag/S 50 MG ORAL TABS EA 50 GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506152101 TRIAMADTRIAMAD1 28080B Opiate Ag 28080800 Opiate Ag/S 50 MG ORAL TABS EA 30 GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506152102 TRIAMADTRIAMAD1 28080B Opiate Ag 28080800 Opiate Ag/S 50 MG ORAL TABS EA 20 GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506152103 TRIAMADTRIAMAD1 28080B Opiate Ag 28080800 Opiate Ag/S 50 MG ORAL TABS EA 90 GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506152104 TRIAMADTRIAMAD1 28080B Opiate Ag 28080800 Opiate Ag/S 50 MG ORAL TABS EA 60 GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506152105 TRIAMADTRIAMAD1 28080B Opiate Ag 28080800 Opiate Ag/S 50 MG ORAL TABS EA 120 GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506152106 TRIAMADTRIAMAD1 28080B Opiate Ag 28080800 Opiate Ag/S 50 MG ORAL TABS EA 180 GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506152107 TRIAMADTRIAMAD1 28080B Opiate Ag 28080800 Opiate Ag/S 50 MG ORAL TABS EA 40 GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506152108 TRIAMADTRIAMAD1 28080B Opiate Ag 28080800 Opiate Ag/S 50 MG ORAL TABS EA 100 GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506152109 TRIAMADTRIAMAD1 28080B Opiate Ag 28080800 Opiate Ag/S 50 MG ORAL TABS EA 15 GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506152201 METOCLOMETOCLO 58320D Prokinetic 58320000 Prokinetic S 10 MG ORAL TABS EA 30 GENERIC 3/7/2022 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506152202 METOCLOMETOCLO 58320D Prokinetic 58320000 Prokinetic S 10 MG ORAL TABS EA 90 GENERIC 3/7/2022 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506152203 METOCLOMETOCLO 58320D Prokinetic 58320000 Prokinetic S 10 MG ORAL TABS EA 60 GENERIC 3/7/2022 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506152204 METOCLOMETOCLO 58320D Prokinetic 58320000 Prokinetic S 10 MG ORAL TABS EA 10 GENERIC 3/7/2022 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506152205 METOCLOMETOCLO 58320D Prokinetic 58320000 Prokinetic S 10 MG ORAL TABS EA 20 GENERIC 3/7/2022 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506152206 METOCLOMETOCLO 58320D Prokinetic 58320000 Prokinetic S 10 MG ORAL TABS EA 100 GENERIC 3/7/2022 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506152701 TEMAZEPTEMAZEP 28240B Benzodiaz 28240800 Benzodiaz/S 30 MG ORAL CAPS EA 30 GENERIC 1/28/2022 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506152702 TEMAZEPTEMAZEP 28240B Benzodiaz 28240800 Benzodiaz/S 30 MG ORAL CAPS EA 20 GENERIC 1/28/2022 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506152703 TEMAZEPTEMAZEP 28240B Benzodiaz 28240800 Benzodiaz/S 30 MG ORAL CAPS EA 100 GENERIC 1/28/2022 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506152704 TEMAZEPTEMAZEP 28240B Benzodiaz 28240800 Benzodiaz/S 30 MG ORAL CAPS EA 60 GENERIC 1/28/2022 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506152705 TEMAZEPTEMAZEP 28240B Benzodiaz 28240800 Benzodiaz/S 30 MG ORAL CAPS EA 90 GENERIC 1/28/2022 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506152706 TEMAZEPTEMAZEP 28240B Benzodiaz 28240800 Benzodiaz/S 30 MG ORAL CAPS EA 28 GENERIC 1/28/2022 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506152707 TEMAZEPTEMAZEP 28240B Benzodiaz 28240800 Benzodiaz/S 30 MG ORAL CAPS EA 14 GENERIC 1/28/2022 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506152708 TEMAZEPTEMAZEP 28240B Benzodiaz 28240800 Benzodiaz/S 30 MG ORAL CAPS EA 45 GENERIC 1/28/2022 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506152709 TEMAZEPTEMAZEP 28240B Benzodiaz 28240800 Benzodiaz/S 30 MG ORAL CAPS EA 120 GENERIC 1/28/2022 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506152804 METOCLOMETOCLO 58320D Prokinetic 58320000 Prokinetic S 1 MG ORAL TABS EA 60 GENERIC 3/7/2022 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506153001 METOPRIMETOPRI 24200D Alpha-Adr 24200000 Alpha-Adrb/S 100 MG ORAL TABS EA 30 X GENERIC 1/28/2022 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506153002 METOPRIMETOPRI 24200D Alpha-Adr 24200000 Alpha-Adrb/S 100 MG ORAL TABS EA 90 X GENERIC 1/28/2022 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506153003 METOPRIMETOPRI 24200D Alpha-Adr 24200000 Alpha-Adrb/S 100 MG ORAL TABS EA 60 X GENERIC 1/28/2022 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506153004 METOPRIMETOPRI 24200D Alpha-Adr 24200000 Alpha-Adrb/S 100 MG ORAL TABS EA 90 X GENERIC 1/28/2022 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506153005 METOPRIMETOPRI 24200D Alpha-Adr 24200000 Alpha-Adrb/S 100 MG ORAL TABS EA 180 X GENERIC 1/28/2022 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506153403 OLANZAPOLANZAP 28160B4 Antipsycho 28160804 Atypical A S 5 MG ORAL TABS EA 60 X GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506153501 CITALOPRCITALOPR 28160A4 Antidepres 28160420 Selective-rS 40 MG ORAL TABS EA 30 X GENERIC 4/22/2024 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506153502 CITALOPRCITALOPR 28160A4 Antidepres 28160420 Selective-rS 40 MG ORAL TABS EA 90 X GENERIC 4/22/2024 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506153503 PANTOPRPANTOPR 28160A4 Antidepres 28160420 Selective-rS 10 MG ORAL TABS EA 90 X GENERIC 1/28/2022 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506154001 ACETAMI ACETAMI 28080B Opiate Ag 28080800 Opiate Ag/S 300-30 MK ORAL TABS EA 40 GENERIC 4/22/2024 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506154002 ACETAMI ACETAMI 28080B Opiate Ag 28080800 Opiate Ag/S 300-30 MK ORAL TABS EA 6 GENERIC 4/22/2024 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506154003 ACETAMI ACETAMI 28080B Opiate Ag 28080800 Opiate Ag/S 300-30 MK ORAL TABS EA 20 GENERIC 4/22/2024 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506154003 ACETAMI ACETAMI 28080B Opiate Ag 28080800 Opiate Ag/S 300-30 MK ORAL TABS EA 30 GENERIC 4/22/2024 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506154004 ACETAMI ACETAMI 28080B Opiate Ag 28080800 Opiate Ag/S 300-30 MK ORAL TABS EA 84 GENERIC 4/22/2024 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506154005 ACETAMI ACETAMI 28080B Opiate Ag 28080800 Opiate Ag/S 300-30 MK ORAL TABS EA 15 GENERIC 4/22/2024 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506154006 ACETAMI ACETAMI 28080B Opiate Ag 28080800 Opiate Ag/S 300-30 MK ORAL TABS EA 120 GENERIC 4/22/2024 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506154007 ACETAMI ACETAMI 28080B Opiate Ag 28080800 Opiate Ag/S 300-30 MK ORAL TABS EA 100 GENERIC 4/22/2024 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506154008 ACETAMI ACETAMI 28080B Opiate Ag 28080800 Opiate Ag/S 300-30 MK ORAL TABS EA 60 GENERIC 4/22/2024 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506154009 ACETAMI ACETAMI 28080B Opiate Ag 28080800 Opiate Ag/S 300-30 MK ORAL TABS EA 90 GENERIC 4/22/2024 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506154010 TOPIRAMITOPIRAM 28120C2 Anticonvul 28120200 Anticonvul S 25 MG ORAL TABS EA 30 X GENERIC 1/28/2022 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506154011 TOPIRAMITOPIRAM 28120C2 Anticonvul 28120200 Anticonvul S 25 MG ORAL TABS EA 60 X GENERIC 1/28/2022 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506154012 TOPIRAMITOPIRAM 28120C2 Anticonvul 28120200 Anticonvul S 25 MG ORAL TABS EA 90 X GENERIC 1/28/2022 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506154013 TOPIRAMITOPIRAM 28120C2 Anticonvul 28120200 Anticonvul S 25 MG ORAL TABS EA 120 X GENERIC 1/28/2022 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506154014 PANTOPRPANTOPR 58283B Proton-pu 58283800 Proton-puS 40 MG ORAL TBEC EA 30 X GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506155103 PANTOPRPANTOPR 58283B Proton-pu 58283800 Proton-puS 40 MG ORAL TBEC EA 60 X GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506155402 PROPRAMPROPRAM 24200D Alpha-Adr 24200000 Alpha-Adrb/S 10 MG ORAL TABS EA 60 X GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506155403 PROPRAMPROPRAM 24200D Alpha-Adr 24200000 Alpha-Adrb/S 10 MG ORAL TABS EA 100 X GENERIC 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
7133506155404 PROPRAMPROPRAM 24200D Alpha-Adr 24200000 Alpha-Adrb/S 10 MG ORAL TABS EA 90 X GENERIC 4/11/2022 71335 X N EXCLUDEREPACK: PREPACKED PRODUCTIONAL BENEFIT EXCL

71335067402	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	100		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335067403	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335067502	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335067601	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TBCR	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335067602	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TBCR	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335067603	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TBCR	EA	90		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335067701	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TABS	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335067702	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TABS	EA	90		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335067704	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TABS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335068101	ARMODA	ARMODA	282080	UNKNOW	28208000	UNKNOW	S	150 MG	ORAL	TABS	EA	30	X	GENERIC	1/26/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335068303	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	S	25 MCG/H	TRANSDE	PT72	EA	5		GENERIC	7/3/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335068501	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	60	X	GENERIC	1/28/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335068503	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	1/28/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335068504	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	1/28/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335068701	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	30	X	GENERIC	4/18/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335068801	BENZONA	BENZONA	480800	Antitussiv	48080000	Antitussiv	S	100 MG	ORAL	CAPS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335069101	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335069201	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335069202	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335069203	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335069204	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335069300	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	56		GENERIC	10/9/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335069301	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	14		GENERIC	10/9/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335069302	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	28		GENERIC	10/9/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335069303	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	60		GENERIC	10/9/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335069304	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	20		GENERIC	10/9/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335069305	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	30		GENERIC	10/9/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335069306	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	84		GENERIC	10/9/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335069307	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	90		GENERIC	10/9/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335069308	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	100		GENERIC	10/9/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335069309	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	120		GENERIC	10/9/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335069502	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	35		GENERIC	1/28/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335069508	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	21		GENERIC	1/28/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335069605	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	300 MG	ORAL	TABS	EA	180	X	GENERIC	10/9/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335069801	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335069802	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335070001	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	1/31/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335070101	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-60 MC	ORAL	TABS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335070103	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-60 MC	ORAL	TABS	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335070501	TRAZOD	TRAZOD	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	20	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335070502	TRAZOD	TRAZOD	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335070503	TRAZOD	TRAZOD	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335070504	TRAZOD	TRAZOD	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335070701	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	60 MG	ORAL	TBCR	EA	30		GENERIC	1/31/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335070702	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	60 MG	ORAL	TBCR	EA	60		GENERIC	1/31/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335070806	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335071105	TAMSUL	TAMSUL	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335071401	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335071501	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	90	X	GENERIC	4/18/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335071502	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	30	X	GENERIC	4/18/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335071503	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	60	X	GENERIC	4/18/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335071601	OMEGA-3	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335071701	MIRTAZA	MIRTAZA	281604	Antidepres	28160424	Serotonin	S	15 MG	ORAL	TBDP	EA	30	X	GENERIC	1/19/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335071801	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	1/28/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335071802	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	60	X	GENERIC	1/28/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335071803	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	1/28/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335072001	METFOR	METFOR	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335072002	METFOR	METFOR	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335072004	METFOR	METFOR	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335072006	METFOR	METFOR	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	15	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335072301	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	4 MG	ORAL	TABS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335072307	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	4 MG	ORAL	TABS	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335072402	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	100 MCG	ORAL	TABS	EA	30	X	GENERIC	1/28/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335072501	BENZONA	BENZONA	480800	Antitussiv	48080000	Antitussiv	S	200 MG	ORAL	CAPS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335072506	BENZONA	BENZONA	480800	Antitussiv	48080000	Antitussiv	S	200 MG	ORAL	CAPS	EA	21		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335072902	ZIPRASID	ZIPRASID	281608	Antipsych	28160804	Atypical A	S	80 MG	ORAL	CAPS	EA	30	X	GENERIC	4/18/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335073001	TRAZOD	TRAZOD	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	1/31/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335073002	TRAZOD	TRAZOD	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335073003	TRAZOD	TRAZOD	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	1/31/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335073005	TRAZOD	TRAZOD	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	28	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335073008	TRAZOD	TRAZOD	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	45	X	GENERIC	1/31/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335073101	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	60 MG	ORAL	CP24	EA	30	X	GENERIC	4/18/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335073301	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	10/9/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335073302	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	10/9/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335073502	METHAD	METHAD	280808	Opiate Ag	28080800	Opiate Ag	S	10 MG	ORAL	TABS	EA	30		GENERIC	1/31/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335073601	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TBCR	EA	30		GENERIC	1/31/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335073602	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TBCR	EA	60		GENERIC	1/31/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335073700	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	112		GENERIC	11/25/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335073701	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	30		GENERIC	11/25/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335073702	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	60		GENERIC	11/25/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335073703	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	90		GENERIC	11/25/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335073704	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	120		GENERIC	11/25/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335073705	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	20		GENERIC	11/25/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335073706	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	45		GENERIC	11/25/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335073708	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	84		GENERIC	11/25/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335073709	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	28		GENERIC	11/25/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335073801	STOOL S	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	30		GENERIC	10/9/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335073803	STOOL S	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	60		GENERIC	10/9/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335074002	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	0.25 MG	ORAL	TABS	EA	30	X	GENERIC	1/28/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335074101	FENOFIB	FENOFIB	240606	Fibric Acid	24060600	Fibric Acid	S	160 MG	ORAL	TABS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335074102	FENOFIB	FENOFIB	240606	Fibric Acid	24060600	Fibric Acid	S	160 MG	ORAL	TABS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335074201	TRAZOD	TRAZOD	281604	Antidepres	28160424	Serotonin	S	150 MG	ORAL	TABS	EA	30	X	GENERIC	1/31/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335074202	TRAZOD	TRAZOD	281604	Antidepres	28160424	Serotonin	S	150 MG	ORAL	TABS	EA	60	X	GENERIC	1/31/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335074301	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335074302	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335074501	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	120 MG	ORAL	CP24	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335074503	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	120 MG	ORAL	CP24	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335074603	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	30		GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335074604	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	100		GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335074801	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TABS	EA	90	X	GENERIC	4/18/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335074802	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TABS	EA	60	X	GENERIC	4/18/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335074803	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TABS	EA	30	X	GENERIC	4/18/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335074804	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TABS	EA	120	X	GENERIC	4/18/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335074901	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	1/28/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335074902	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	1/28/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335075201	CLOPIDO	CLOPIDO	201218	Platelet-A	20121800	Platelet-A	S	75 MG	ORAL	TABS	EA	90	X	GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335075202	CLOPIDO	CLOPIDO	201218	Platelet-A	20121800	Platelet-A	S	75 MG	ORAL	TABS	EA	30	X	GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335075401	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	60	X	GENERIC	10/9/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335075402	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	90	X	GENERIC	10/9/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335075403	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	30	X	GENERIC	10/9/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335075602	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	75 MG	ORAL	CPCR	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335075801	CYPROHE	CYPROHE	40400	First Gene	4040000	First Gene	S	4 MG	ORAL	TABS	EA	30		GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335075903	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	2 MG	ORAL	TABS	EA	30		GENERIC	2/28/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335076201	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	20		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335076202	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	14		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335076204	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	28		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335076205	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	40		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335076303	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	60	X	GENERIC	2/28/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335076701	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335076703	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335077001	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335077002	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	10	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335077003	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335077101	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	20		GENERIC	10/9/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335077102	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	30		GENERIC	10/9/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335077104	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	120		GENERIC	10/9/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335077105	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	60		GENERIC	10/9/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335077106	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	90		GENERIC	10/9/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335077201	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	300 MG	ORAL	TABS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335077501	OLMESAR	OLMESAR	243208	Angiotens	24320800	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335077602	METFOR	METFOR	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335077603	METFOR	METFOR	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335077701	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	100	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335077702	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	30	X	GENERIC		71335	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335077706	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335077802	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	TABS	EA	30	X	GENERIC	1/31/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335078103	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC	10/9/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335078802	HYOSCYA	HYOSCYA	120808	Antimusca	12080800	Antimusca	S	0.125 MG	SUBLING	SUBL	EA	30	X	GENERIC	10/9/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335079402	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	20		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335079505	CLARITH	CLARITH	81212	Macrolide	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	28		GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335079702	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	1 MG	ORAL	TABS	EA	30	X	GENERIC	1/28/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335079901	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	1/31/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335079902	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	1/31/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335080400	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	24		GENERIC	1/2/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335080402	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	100		GENERIC	1/2/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335080801	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	1/28/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335080802	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TABS	EA	60	X	GENERIC	1/28/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335080803	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335081701	OLMESAR	OLMESAR	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	2/3/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335081801	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	137 MCG	ORAL	TABS	EA	30	X	GENERIC	1/28/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335082001	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335082205	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	550 MG	ORAL	TABS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335082401	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335082403	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335082405	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	8	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335082801	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	20		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335082802	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335082803	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	40		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335082804	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	120		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335082805	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335082806	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	90		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335083302	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335083402	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	2/4/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335083601	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	20		GENERIC	10/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335083602	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	10		GENERIC	10/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335083603	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	14		GENERIC	10/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335083604	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	6		GENERIC	10/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335084402	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC	10/9/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335084404	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	60		GENERIC	10/9/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335084407	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	90		GENERIC	10/9/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335084601	BETHANE	BETHANE	120400	Parasymp	12040000	Parasymp	S	10 MG	ORAL	TABS	EA	30		GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335084905	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	90		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335084906	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335085301	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	320-25 MC	ORAL	TABS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335085401	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	12/27/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335085404	BENAZEP	BENAZEP	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	12/27/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335085601	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	30		GENERIC	12/1/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335085602	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	78		GENERIC	12/1/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335085603	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	36		GENERIC	12/1/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335085604	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	21		GENERIC	12/1/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335085605	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	15		GENERIC	12/1/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335085607	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	20		GENERIC	12/1/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335085608	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	10		GENERIC	12/1/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335085609	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	90		GENERIC	12/1/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335085701	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	20		GENERIC	12/1/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335086102	DOXYCY	DOXYCY	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	20		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335086103	DOXYCY	DOXYCY	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335086301	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	20		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335086302	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	14		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335086303	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335086306	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	10		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335086307	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	90		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335086501	SENNOSI	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6 MG	ORAL	TABS	EA	100		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335086502	SENNOSI	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6 MG	ORAL	TABS	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335086503	SENNOSI	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6 MG	ORAL	TABS	EA	120		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335086505	SENNOSI	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6 MG	ORAL	TABS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335086801	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335086802	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335088102	AMIODAR	AMIODAR	240404	Antiarrhyt	24040420	Class III A	S	200 MG	ORAL	TABS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335088104	AMIODAR	AMIODAR	240404	Antiarrhyt	24040420	Class III A	S	200 MG	ORAL	TABS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335089601	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	1/28/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335089602	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	60	X	GENERIC	1/28/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335089603	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	1/28/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335090900	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	14		GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335090901	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	20		GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335090902	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	30		GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335090903	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	40		GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335090904	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	120		GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335090905	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	60		GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335090906	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	90		GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335090907	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	112		GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335090908	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	21		GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335090909	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	84		GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335091004	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	60		GENERIC	2/7/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335091007	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	90		GENERIC	2/7/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335091008	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	120		GENERIC	2/7/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335091400	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	112		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335091401	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335091402	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335091403	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	90		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335091404	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	120		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335091405	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	20		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335091406	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	45		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335091408	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	84		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335091409	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	28		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335092101	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC	10/9/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335092102	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	90		GENERIC	10/9/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335092103	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	21		GENERIC	10/9/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335092107	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC	10/9/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335092109	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	120		GENERIC	10/9/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335092401	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335092402	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	100	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335092403	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335092602	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335093501	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335093601	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335093603	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335093604	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335093605	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	120	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335093606	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	14	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335094201	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	TABS	EA	30	X	GENERIC	1/31/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335094202	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	TABS	EA	60	X	GENERIC	1/31/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335094203	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	TABS	EA	90	X	GENERIC	1/31/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71335094501	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

71335094502	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335094503	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335094504	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	120	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335094505	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335094506	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	800	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335094507	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335094900	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	120		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335095001	BUPRENO	BUPRENO	280812	Opiate Pa	28081200	Opiate Pa	S	2 MG	SUBLING	SUBL	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335095002	BUPRENO	BUPRENO	280812	Opiate Pa	28081200	Opiate Pa	S	2 MG	SUBLING	SUBL	EA	90		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335095003	BUPRENO	BUPRENO	280812	Opiate Pa	28081200	Opiate Pa	S	2 MG	SUBLING	SUBL	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335095503	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	TABS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335095801	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335095803	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	90		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335095804	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	120		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335095807	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335096401	MIRTAZA	MIRTAZA	281604	Antidepres	28160424	Serotonin	S	30 MG	ORAL	TABS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335097004	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335097007	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	90		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335097702	SENNOSI	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	120		GENERIC	1/29/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335097703	SENNOSI	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	60		GENERIC	1/29/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335097705	SENNOSI	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	100		GENERIC	1/29/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335098101	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	TABS	EA	30		GENERIC	1/31/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335098102	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	TABS	EA	60		GENERIC	1/31/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335098103	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	TABS	EA	90		GENERIC	1/31/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335098503	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	60		GENERIC	2/28/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335098900	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	12.5 MG	ORAL	TABS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335098909	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	12.5 MG	ORAL	TABS	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335099101	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	30 MG	ORAL	TABS	EA	60		GENERIC	2/28/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335099102	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	30 MG	ORAL	TABS	EA	30		GENERIC	2/28/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335099103	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	30 MG	ORAL	TABS	EA	56		GENERIC	2/28/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335099106	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	30 MG	ORAL	TABS	EA	15		GENERIC	2/28/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335099301	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335099802	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335100301	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	8		GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335100303	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	56		GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335100502	SILDENA	SILDENA	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335100604	LITHIUM (	LITHIUM (	282800	Antimanic	28280000	Antimanic	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335100701	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335100702	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335100703	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335100705	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	120	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335100809	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335101001	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	6/21/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335101003	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	6/21/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335101103	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	2/4/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335101200	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	28	X	GENERIC	10/9/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335101201	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC	10/9/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335101202	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC	10/9/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335101204	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC	10/9/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335101206	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	120	X	GENERIC	10/9/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335101208	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	84	X	GENERIC	10/9/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335101209	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	112	X	GENERIC	10/9/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335101601	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335101602	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335101603	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	90		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335101604	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	120		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335101605	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	20		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335101606	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	45		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335102601	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC	2/4/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335102604	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	120	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335102605	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC	2/4/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335102606	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC	2/4/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335102802	SILDENA	SILDENA	240812	Calcium-c	24081200	UNKNOW	S	50 MG	ORAL	TABS	EA	10		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335102803	SILDENA	SILDENA	240812	Calcium-c	24081200	UNKNOW	S	50 MG	ORAL	TABS	EA	15		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335103003	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-s	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	2/4/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335103601	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335103603	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	90		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335103605	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335104101	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335104701	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335104702	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335104703	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	20		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335104705	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	15		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335104706	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	90		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335104708	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	10		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335104801	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	10 MG	ORAL	CAPS	EA	30	X	GENERIC	2/7/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335105101	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	1/28/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335105102	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	60	X	GENERIC	1/28/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335105103	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	1/28/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335105104	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	9	X	GENERIC	1/28/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335105105	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	28	X	GENERIC	1/28/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335105106	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	20	X	GENERIC	1/28/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335105300	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	120		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335105301	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	20		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335105302	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	28		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335105303	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335105304	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	50		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335105306	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335105308	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	10		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335106401	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335106402	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	60	X	GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335106403	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335106405	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	7	X	GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335106407	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	14	X	GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335106601	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335106602	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335106603	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335106606	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	10	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335106803	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	TABS	EA	30		GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335107101	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TBDP	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335107305	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335107306	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335107307	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	100	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335107309	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335107801	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-s	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335108003	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TABS	EA	30		GENERIC	1/31/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335108501	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335108503	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335108800	SILDENA	SILDENA	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	15		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335108801	SILDENA	SILDENA	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	10		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335108802	SILDENA	SILDENA	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	5		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335108803	SILDENA	SILDENA	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335108804	SILDENA	SILDENA	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	2		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335108806	SILDENA	SILDENA	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	20		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335108808	SILDENA	SILDENA	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	90		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335108809	SILDENA	SILDENA	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335108901	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	14		GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335108903	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335108904	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335108905	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	15		GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335108906	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335108907	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335108909	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	120		GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335109202	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335109205	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	90		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335109206	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335109301	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335109306	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	120	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335109702	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	150-12.5 M	ORAL	TABS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335109901	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335109902	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	90		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335109903	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	21		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335109905	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	15		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335109907	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335109908	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	20		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335109909	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	120		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335110002	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	90	X	GENERIC		71335	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335110003	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335110004	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	60	X	GENERIC		71335	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335110005	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	28	X	GENERIC		71335	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335110401	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	TABS	EA	60	X	GENERIC	1/22/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335110402	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	TABS	EA	30	X	GENERIC	1/22/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335111302	SENNOSI	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	120		GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335111303	SENNOSI	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	60		GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335111305	SENNOSI	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	100		GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335111403	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335111601	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335111602	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335112101	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	10 MG	ORAL	TABS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335112104	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	10 MG	ORAL	TABS	EA	90		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335112201	MODAFIN	MODAFIN	282080	UNKNOW	28208000	UNKNOW	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335112301	MINOCYC	MINOCYC	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	CAPS	EA	20		GENERIC	1/19/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335112302	MINOCYC	MINOCYC	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	CAPS	EA	30		GENERIC	1/19/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335112304	MINOCYC	MINOCYC	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	CAPS	EA	60		GENERIC	1/19/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335112306	MINOCYC	MINOCYC	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	CAPS	EA	14		GENERIC	1/19/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335112901	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TB24	EA	60		GENERIC	1/31/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335112902	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TB24	EA	30		GENERIC	1/31/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335112903	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TB24	EA	90		GENERIC	1/31/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335112904	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TB24	EA	45		GENERIC	1/31/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335113201	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC	2/4/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335113202	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC	2/4/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335113204	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC	2/4/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335113206	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	120	X	GENERIC	2/4/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335113902	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335113906	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335114001	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	1/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335114002	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	1/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335114301	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	60	X	GENERIC	2/4/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335114302	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	2/4/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335114303	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	2/4/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335114304	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	120	X	GENERIC	2/4/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335114701	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	2/4/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335114702	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	60	X	GENERIC	2/4/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335114703	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	2/4/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335114705	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	7	X	GENERIC	2/4/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335115401	BUPRENO	BUPRENO	280812	Opiate Pa	28081200	Opiate Pa	S	8 MG	SUBLING	SUBL	EA	90		GENERIC	2/4/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335115402	BUPRENO	BUPRENO	280812	Opiate Pa	28081200	Opiate Pa	S	8 MG	SUBLING	SUBL	EA	60		GENERIC	2/4/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335115403	BUPRENO	BUPRENO	280812	Opiate Pa	28081200	Opiate Pa	S	8 MG	SUBLING	SUBL	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335116301	BUPRENO	BUPRENO	280812	Opiate Pa	28081200	Opiate Pa	S	8 MG	SUBLING	SUBL	EA	90		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335116302	BUPRENO	BUPRENO	280812	Opiate Pa	28081200	Opiate Pa	S	8 MG	SUBLING	SUBL	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335116303	BUPRENO	BUPRENO	280812	Opiate Pa	28081200	Opiate Pa	S	8 MG	SUBLING	SUBL	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335116501	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	60	X	GENERIC	1/28/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335116502	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	30	X	GENERIC	1/28/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335116503	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	90	X	GENERIC	1/28/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335116504	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	56	X	GENERIC	1/28/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335116701	ROPINIRO	ROPINIRO	283620	UNKNOW	28362008	UNKNOW	S	2 MG	ORAL	TABS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335116902	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC	2/4/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335116903	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC	2/4/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335116904	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC	2/4/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335116905	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	28	X	GENERIC	2/4/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335116907	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	120	X	GENERIC	2/4/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335116908	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC	2/4/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335116909	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	84	X	GENERIC	2/4/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335117101	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	30		GENERIC	2/4/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335117501	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	1		GENERIC	1/31/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335117601	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	1		GENERIC	1/31/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335118102	SENNOSI	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	120		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335118103	SENNOSI	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335118105	SENNOSI	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	100		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335118106	SENNOSI	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	28		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335118401	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	9		GENERIC	12/14/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335118404	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	10		GENERIC	12/14/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335118405	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	15		GENERIC	12/14/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335118406	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	6		GENERIC	12/14/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335118408	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	12		GENERIC	12/14/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335118701	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-s	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335118703	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-s	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335118704	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-s	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335119700	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	20	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335119701	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335119702	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335119703	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335119704	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	120	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335119705	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	100	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335119706	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	28	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335119707	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	112	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335119708	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	84	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335119709	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	180	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335119802	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335119803	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335119804	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335119807	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	120	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335119902	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	90	X	GENERIC	2/7/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335119903	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335119905	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	120	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335120001	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335120002	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335120003	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	180	X	GENERIC		71335	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335120004	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335120006	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	120	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335120303	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335120305	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335120307	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	90		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335120309	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	120		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335120606	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335120609	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335120700	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	21	X	GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335120701	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	20	X	GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335120703	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335120704	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	40	X	GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335120705	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335120706	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335120707	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	120	X	GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335120708	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	50	X	GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335120709	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	100	X	GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335121302	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	TABS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335121401	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335121501	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	CHEW	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335121606	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	30		GENERIC	12/1/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335121607	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	90		GENERIC	12/1/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335121800	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	21	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335121801	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	20	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335121802	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	15	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335121803	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335121804	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	40	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335121805	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335121806	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335121807	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	120	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335121808	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	50	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335121809	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	100	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335121902	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335122004	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	21		GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335122301	CARTIA X	DILTIAZE	240404	Antiarrhyth	24040424	Class IV A	S	120 MG	ORAL	CP24	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335123101	ROPINIRO	ROPINIRO	283620	UNKNOW	28362008	UNKNOW	S	0.25 MG	ORAL	TABS	EA	30	X	GENERIC	2/7/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335123402	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335123403	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335123801	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	100 MG	ORAL	TB24	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335123802	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	100 MG	ORAL	TB24	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335123804	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	100 MG	ORAL	TB24	EA	14	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335123805	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	100 MG	ORAL	TB24	EA	10	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335123806	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	100 MG	ORAL	TB24	EA	21	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335123809	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	100 MG	ORAL	TB24	EA	7	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335124301	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	1/31/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335124302	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	1/31/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335124804	HYDROCO	HYDROCO	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335124806	HYDROCO	HYDROCO	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335124807	HYDROCO	HYDROCO	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	90		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM

71335125402	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	30 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335125404	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	60 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335125406	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	90 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335125602	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	30 X	GENERIC	2/7/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335125603	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	60 X	GENERIC	2/7/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335125604	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	90 X	GENERIC	2/7/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335126102	SENNOSI	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6 MG	ORAL	TABS	EA	60	GENERIC	3/23/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335126601	CYCLOBE	CYCLOBE	122004	UNKNOWN	12200400	UNKNOWN	S	10 MG	ORAL	TABS	EA	14	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335126603	CYCLOBE	CYCLOBE	122004	UNKNOWN	12200400	UNKNOWN	S	10 MG	ORAL	TABS	EA	30	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335126604	CYCLOBE	CYCLOBE	122004	UNKNOWN	12200400	UNKNOWN	S	10 MG	ORAL	TABS	EA	20	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335126605	CYCLOBE	CYCLOBE	122004	UNKNOWN	12200400	UNKNOWN	S	10 MG	ORAL	TABS	EA	15	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335126606	CYCLOBE	CYCLOBE	122004	UNKNOWN	12200400	UNKNOWN	S	10 MG	ORAL	TABS	EA	60	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335126607	CYCLOBE	CYCLOBE	122004	UNKNOWN	12200400	UNKNOWN	S	10 MG	ORAL	TABS	EA	90	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335126901	GABAPEN	GABAPEN	281228	UNKNOWN	28122800	UNKNOWN	S	300 MG	ORAL	CAPS	EA	90 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335126904	GABAPEN	GABAPEN	281228	UNKNOWN	28122800	UNKNOWN	S	300 MG	ORAL	CAPS	EA	30 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335127004	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOWN	S	400 MG	ORAL	TABS	EA	60 X	GENERIC	2/4/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335127201	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOWN	S	750 MG	ORAL	TABS	EA	60 X	GENERIC	2/7/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335127203	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOWN	S	750 MG	ORAL	TABS	EA	30 X	GENERIC	2/7/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM

71335128202	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOWN	P	220 MG	ORAL	TABS	EA	30	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335128207	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOWN	P	220 MG	ORAL	TABS	EA	100	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335128702	GABAPEN	GABAPEN	281228	UNKNOWN	28122800	UNKNOWN	S	600 MG	ORAL	TABS	EA	60 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335128704	GABAPEN	GABAPEN	281228	UNKNOWN	28122800	UNKNOWN	S	600 MG	ORAL	TABS	EA	90 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335128901	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	60 X	GENERIC	7/25/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335128902	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	100 X	GENERIC	7/25/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335128903	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	30 X	GENERIC	7/25/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335128905	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	90 X	GENERIC	9/5/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335128906	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	28 X	GENERIC	7/25/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335128908	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	180 X	GENERIC	7/25/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335129601	BUPRENO	BUPRENO	280812	Opiate Pa	28081200	Opiate Pa	S	2-0.5 MG	SUBLINGU	SUBL	EA	30	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335130001	PREGABA	PREGABA	281228	UNKNOWN	28122800	UNKNOWN	S	50 MG	ORAL	CAPS	EA	30 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335130003	PREGABA	PREGABA	281228	UNKNOWN	28122800	UNKNOWN	S	50 MG	ORAL	CAPS	EA	90 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335130701	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	60 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335130703	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	30 X	GENERIC	2/7/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335130704	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335130801	ARMODAF	ARMODAF	282080	UNKNOWN	28208000	UNKNOWN	S	250 MG	ORAL	TABS	EA	30 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335131201	PHENTER	PHENTER	282008	UNKNOWN	28200804	UNKNOWN	S	37.5 MG	ORAL	TABS	EA	30	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335131302	GABAPEN	GABAPEN	281228	UNKNOWN	28122800	UNKNOWN	S	400 MG	ORAL	CAPS	EA	90 X	GENERIC	2/4/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335131303	GABAPEN	GABAPEN	281228	UNKNOWN	28122800	UNKNOWN	S	400 MG	ORAL	CAPS	EA	60 X	GENERIC	2/4/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335131304	GABAPEN	GABAPEN	281228	UNKNOWN	28122800	UNKNOWN	S	400 MG	ORAL	CAPS	EA	30 X	GENERIC	2/4/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335131401	ONDANSE	ONDANSE	562220	5-HT3 Rec	56222000	5-HT3 Rec	S	4 MG	ORAL	TBDP	EA	30	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335131402	ONDANSE	ONDANSE	562220	5-HT3 Rec	56222000	5-HT3 Rec	S	4 MG	ORAL	TBDP	EA	20	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335131403	ONDANSE	ONDANSE	562220	5-HT3 Rec	56222000	5-HT3 Rec	S	4 MG	ORAL	TBDP	EA	10	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335131702	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOWN	S	37.5 MG	ORAL	CP24	EA	60 X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335131901	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	8	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335132001	METAXAL	METAXAL	122004	UNKNOWN	12200400	UNKNOWN	S	800 MG	ORAL	TABS	EA	30	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335132003	METAXAL	METAXAL	122004	UNKNOWN	12200400	UNKNOWN	S	800 MG	ORAL	TABS	EA	90	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335132006	METAXAL	METAXAL	122004	UNKNOWN	12200400	UNKNOWN	S	800 MG	ORAL	TABS	EA	10	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335132007	METAXAL	METAXAL	122004	UNKNOWN	12200400	UNKNOWN	S	800 MG	ORAL	TABS	EA	60	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335132202	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90 X	GENERIC	3/23/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335132502	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	30	GENERIC	1/19/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335133301	PIOGLITA	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	30 MG	ORAL	TABS	EA	30 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335134703	CIPROFLO	CIPROFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	20	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335134704	CIPROFLO	CIPROFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	60	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335134706	CIPROFLO	CIPROFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	10	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335134800	GABAPEN	GABAPEN	281228	UNKNOWN	28122800	UNKNOWN	S	300 MG	ORAL	CAPS	EA	20 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335134801	GABAPEN	GABAPEN	281228	UNKNOWN	28122800	UNKNOWN	S	300 MG	ORAL	CAPS	EA	30 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335134802	GABAPEN	GABAPEN	281228	UNKNOWN	28122800	UNKNOWN	S	300 MG	ORAL	CAPS	EA	90 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335134803	GABAPEN	GABAPEN	281228	UNKNOWN	28122800	UNKNOWN	S	300 MG	ORAL	CAPS	EA	60 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335134804	GABAPEN	GABAPEN	281228	UNKNOWN	28122800	UNKNOWN	S	300 MG	ORAL	CAPS	EA	120 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335134805	GABAPEN	GABAPEN	281228	UNKNOWN	28122800	UNKNOWN	S	300 MG	ORAL	CAPS	EA	100 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335134809	GABAPEN	GABAPEN	281228	UNKNOWN	28122800	UNKNOWN	S	300 MG	ORAL	CAPS	EA	180 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335134810	GABAPEN	GABAPEN	281228	UNKNOWN	28122800	UNKNOWN	S	300 MG	ORAL	CAPS	EA	20 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335135204	RIZATRIP	RIZATRIP	283228	Selective	28322800	Selective	S	10 MG	ORAL	TABS	EA	9	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335135206	RIZATRIP	RIZATRIP	283228	Selective	28322800	Selective	S	10 MG	ORAL	TABS	EA	18	GENERIC		71335 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335135302	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TABS	EA	60 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335135707	ONDANSE	ONDANSE	562220	5-HT3 Rec	56222000	5-HT3 Rec	S	8 MG	ORAL	TABS	EA	30	GENERIC		71335 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335135708	ONDANSE	ONDANSE	562220	5-HT3 Rec	56222000	5-HT3 Rec	S	8 MG	ORAL	TABS	EA	60	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335135907	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	90	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335136003	METHADO	METHADO	280808	Opiate Ag	28080800	Opiate Ag	S	10 MG	ORAL	TABS	EA	90	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335136301	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335137503	GABAPEN	GABAPEN	281228	UNKNOWN	28122800	UNKNOWN	S	100 MG	ORAL	CAPS	EA	30 X	GENERIC	2/7/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335137801	BUPRENO	BUPRENO	280812	Opiate Pa	28081200	Opiate Pa	S	8-2 MG	SUBLINGU	SUBL	EA	30	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335138100	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	500	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335138101	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	25	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335138102	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	35	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335138103	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	30	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335138104	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	60	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335138105	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	50	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335138106	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	10	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335138107	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	40	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335138108	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	21	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335138109	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	90	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335138202	ASPIRIN L	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	30	GENERIC	1/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM

71335138605	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	90	GENERIC		71335 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335139103	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOWN	S	500 MG	ORAL	TABS	EA	60 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335139605	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOWN	S	800 MG	ORAL	TABS	EA	30 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335139606	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOWN	S	800 MG	ORAL	TABS	EA	90 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335139607	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOWN	S	800 MG	ORAL	TABS	EA	100 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335139609	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOWN	S	800 MG	ORAL	TABS	EA	60 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335140101	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	CAPS	EA	30 X	GENERIC	2/4/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335140201	MODAFIN	MODAFIN	282080	UNKNOWN	28208000	UNKNOWN	S	200 MG	ORAL	TABS	EA	30 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335141201	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	30	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335141205	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	28	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335141304	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TABS	EA	120	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335141401	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TABS	EA	60	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335141402	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TABS	EA	90	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335141404	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TABS	EA	30	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335141701	HYDROCO	HYDROCO	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	30	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335141704	HYDROCO	HYDROCO	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	60	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335141705	HYDROCO	HYDROCO	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	90	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335141800	HYDROCO	HYDROCO	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	120	GENERIC	2/7/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335141801	HYDROCO	HYDROCO	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	20	GENERIC	2/7/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335141802	HYDROCO	HYDROCO	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	30	GENERIC	2/7/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335141806	HYDROCO	HYDROCO	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	60	GENERIC	2/7/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335141808	HYDROCO	HYDROCO	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	90	GENERIC	2/7/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335141905	HYDROCO	HYDROCO	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	30	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335141908	HYDROCO	HYDROCO	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	60	GENERIC	2/7/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335142001	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	30	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335142003	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	90	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335142005	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	60	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335142101	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	TABS	EA	30	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335142102	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	TABS	EA	60	GENERIC	2/7/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335142103	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	TABS	EA	90	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335142109	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	TABS	EA	20	GENERIC	2/7/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335142201	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	10 MG	ORAL	TABS	EA	120	GENERIC	2/7/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335142202	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	10 MG	ORAL	TABS	EA	30	GENERIC	2/7/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335142203	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	10 MG	ORAL	TABS	EA	60	GENERIC	2/7/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335142204	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	10 MG	ORAL	TABS	EA	90	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335142501	LANSOPR	LANSOPR	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	30 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335142901	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	90 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335142902	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	30 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335142903	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	60 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335143401	ROPINIRO	ROPINIRO	283620	UNKNOWN	28362008	UNKNOWN	S	1 MG	ORAL	TABS	EA	30 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335144501	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOWN	S	60 MG	ORAL	CPEP	EA	30 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335145302	GABAPEN	GABAPEN	281228	UNKNOWN	28122800	UNKNOWN	S	300 MG	ORAL	CAPS	EA	90 X	GENERIC	1/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335145503	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	60	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335146202	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	30 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335146401	DOXYCYC	DOXYCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	10	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335146402	DOXYCYC	DOXYCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	20	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335146403	DOXYCYC	DOXYCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	30	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335146404	DOXYCYC	DOXYCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	40	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335146405	DOXYCYC	DOXYCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	60	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335146406	DOXYCYC	DOXYCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	28	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335146407	DOXYCYC	DOXYCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	14	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335146408	DOXYCYC	DOXYCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	90	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335146701	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	30	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335146801	ZOLPIDE	ZOLPIDE	282444	UNKNOWN	28244400	UNKNOWN	S	12.5 MG	ORAL	TBCR	EA	30	GENERIC		71335 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335147202	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	90	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335147203	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	60	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335147204	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	30	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335147601	PREGABA	PREGABA	281228	UNKNOWN	28122800	UNKNOWN	S	75 MG	ORAL	CAPS	EA	30 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335147602	PREGABA	PREGABA	281228	UNKNOWN	28122800	UNKNOWN	S	75 MG	ORAL	CAPS	EA	60 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335147603	PREGABA	PREGABA	281228	UNKNOWN	28122800	UNKNOWN	S	75 MG	ORAL	CAPS	EA	90 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335149000	GABAPEN	GABAPEN	281228	UNKNOWN	28122800	UNKNOWN	S	300 MG	ORAL	CAPS	EA	20 X	GENERIC	1/19/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335149001	GABAPEN	GABAPEN	281228	UNKNOWN	28122800	UNKNOWN	S	300 MG	ORAL	CAPS	EA	30 X	GENERIC	1/19/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335149002	GABAPEN	GABAPEN	281228	UNKNOWN	28122800	UNKNOWN	S	300 MG	ORAL	CAPS	EA	90 X	GENERIC	1/19/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335149003	GABAPEN	GABAPEN	281228	UNKNOWN	28122800	UNKNOWN	S	300 MG	ORAL	CAPS	EA	60 X	GENERIC	1/19/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335149004	GABAPEN	GABAPEN	281228	UNKNOWN	28122800	UNKNOWN	S	300 MG	ORAL	CAPS	EA	120 X	GENERIC	1/19/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335149005	GABAPEN	GABAPEN	281228	UNKNOWN	28122800	UNKNOWN	S	300 MG	ORAL	CAPS	EA	100 X	GENERIC	1/19/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335149009	GABAPEN	GABAPEN	281228	UNKNOWN	28122800	UNKNOWN	S	300 MG	ORAL	CAPS	EA	180 X	GENERIC	1/19/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335149202	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	120	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335149206	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	30	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335149301	CLARITH	CLARITH	81212	Macrolides	8121208	UNKNOWN	S	500 MG	ORAL	TABS	EA	20	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335149302	CLARITH	CLARITH	81212	Macrolides	8121208	UNKNOWN	S	500 MG	ORAL	TABS	EA	14	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335149303	CLARITH	CLARITH	81212	Macrolides	8121208	UNKNOWN	S	500 MG	ORAL	TABS	EA	30	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335149304	CLARITH	CLARITH	81212	Macrolides	8121208	UNKNOWN	S	500 MG	ORAL	TABS	EA	21	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335149305	CLARITH	CLARITH	81212	Macrolides	8121208	UNKNOWN	S	500 MG	ORAL	TABS	EA	28	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335149306	CLARITH	CLARITH	81212	Macrolides	8121208	UNKNOWN	S	500 MG	ORAL	TABS	EA	60	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335149307	CLARITH	CLARITH	81212	Macrolides	8121208	UNKNOWN	S	500 MG	ORAL	TABS	EA	90	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335149308	CLARITH	CLARITH	81212	Macrolides	8121208	UNKNOWN	S	500 MG	ORAL	TABS	EA	10	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335149309	CLARITH	CLARITH	81212	Macrolides	8121208	UNKNOWN	S	500 MG	ORAL	TABS	EA	180	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335149601	GABAPEN	GABAPEN	281228	UNKNOWN	28122800	UNKNOWN	S	400 MG	ORAL	CAPS	EA	90 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335149603	GABAPEN	GABAPEN	281228	UNKNOWN	28122800	UNKNOWN	S	400 MG	ORAL	CAPS	EA	120 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335149604	GABAPEN	GABAPEN	281228	UNKNOWN	28122800	UNKNOWN	S	400 MG	ORAL	CAPS	EA	30 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335149605	GABAPEN	GABAPEN	281228	UNKNOWN	28122800	UNKNOWN	S	400 MG	ORAL	CAPS	EA	60 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335149701	GABAPEN	GABAPEN	281228	UNKNOWN	28122800	UNKNOWN	S	400 MG	ORAL	CAPS	EA	90 X	GENERIC	2/7/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335149803	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	90	GENERIC	3/23/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335149804	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	60	GENERIC	3/23/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335149805	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	120	GENERIC	3/23/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335149807	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	40	GENERIC	3/23/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335149901	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	125 MCG	ORAL	TABS	EA	30 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335150300	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOWN	S	600 MG	ORAL	TABS	EA	21 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335150301	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOWN	S	600 MG	ORAL	TABS	EA	20 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335150302	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOWN	S	600 MG	ORAL	TABS	EA	15 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335150303	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOWN	S	600 MG	ORAL	TABS	EA	30 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335150304	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOWN	S	600 MG	ORAL	TABS	EA	40 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335150305	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOWN	S	600 MG	ORAL	TABS	EA	60 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335150306	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOWN	S	600 MG	ORAL	TABS	EA	90 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335150307	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOWN	S	600 MG	ORAL	TABS	EA	120 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335150308	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOWN	S	600 MG	ORAL	TABS	EA	50 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335150601	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	30 MG	ORAL	TABS	EA	30 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335151301	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		71335 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335152001	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335152002	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	60 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335152003	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	20 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335152004	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335152005	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335152006	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	10 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335152007	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	120 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335152205	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 M	ORAL	TABS	EA	15	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335152208	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 M	ORAL	TABS	EA	60	GENERIC		71335 Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335152501	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	20	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335152701	DAILY VIT	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	100	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335153201	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	60 X	GENERIC	1/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335153202	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30 X	GENERIC	1/22/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335153604	ACETAMI	ACETAMI	280816	UNKNOWN	28081600	UNKNOWN	P	500 MG	ORAL	TABS	EA	100	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335153605	ACETAMI	ACETAMI	280816	UNKNOWN	28081600	UNKNOWN	P	500 MG	ORAL	TABS	EA	30	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335154900	DOXYCYC	DOXYCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	6	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335154901	DOXYCYC	DOXYCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	10	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335154902	DOXYCYC	DOXYCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	20	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335154903	DOXYCYC	DOXYCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	30	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335154905	DOXYCYC	DOXYCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	60	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335154906	DOXYCYC	DOXYCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	28	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335154907	DOXYCYC	DOXYCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	14	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335154908	DOXYCYC	DOXYCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	90	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335155901	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOWN	S	750 MG	ORAL	TABS	EA	60 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335156201	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	30 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335157201	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	60 X	GENERIC	1/31/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335157502	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	30 X	GENERIC	2/28/2022	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335157503	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	60 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335157504	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	90 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335160503	BUSPIRO	BUSPIRO	282412	UNKNOWN	28241200	UNKNOWN	S	15 MG	ORAL	TABS	EA	60	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335162501	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	25 MCG	ORAL	TABS	EA	30 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335163904	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335164201	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOWN	S	150 MG	ORAL	CP24	EA	30 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335164202	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOWN	S	150 MG	ORAL	CP24	EA	60 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335164301	BACLOFE	BACLOFE	122012	UNKNOWN	12201200	UNKNOWN	S	10 MG	ORAL	TABS	EA	30	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335164302	BACLOFE	BACLOFE	122012	UNKNOWN	12201200	UNKNOWN	S	10 MG	ORAL	TABS	EA	120	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335164303	BACLOFE	BACLOFE	122012	UNKNOWN	12201200	UNKNOWN	S	10 MG	ORAL	TABS	EA	20	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335164307	BACLOFE	BACLOFE	122012	UNKNOWN	12201200	UNKNOWN	S	10 MG	ORAL	TABS	EA	90	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335164902	SILDENAF	SILDENAF	484824	UNKNOWN	48482400	UNKNOWN	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335165101	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	20	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335165102	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335165103	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	60	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335165104	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	14	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335165105	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	10	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335165106	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335165107	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	28	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335165108	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	15	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335165109	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	100	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335165801	ESOMEPR	ESOMEPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30 X	GENERIC	10/11/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335166201	ESZOPICL	ESZOPICL	282444	UNKNOWN	28244400	UNKNOWN	S	2 MG	ORAL	TABS	EA	30	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335166401	BACLOFE	BACLOFE	122012	UNKNOWN	12201200	UNKNOWN	S	20 MG	ORAL	TABS	EA	90	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335166701	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	60 X	GENERIC	1/19/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335167001	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOWN	S	10 MG	ORAL	TABS	EA	30	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335167201	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOWN	S	30 MG	ORAL	CPEP	EA	30 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335167202	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOWN	S	30 MG	ORAL	CPEP	EA	60 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335167205	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOWN	S	30 MG	ORAL	CPEP	EA	90 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335167302	BUSPIRO	BUSPIRO	282412	UNKNOWN	28241200	UNKNOWN	S	10 MG	ORAL	TABS	EA	60	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335167402	SENNOSI	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	120	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335167403	SENNOSI	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	60	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335167405	SENNOSI	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	100	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335167501	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	100 MG	ORAL	TB24	EA	30	GENERIC	9/23/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335167502	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	100 MG	ORAL	TB24	EA	60	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335167503	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	100 MG	ORAL	TB24	EA	90	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335167601	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	200 MG	ORAL	TB24	EA	30	GENERIC	9/23/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335167602	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	200 MG	ORAL	TB24	EA	60	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335167603	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	200 MG	ORAL	TB24	EA	90	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335168201	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	30 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335169003	OXYBUTY	OXYBUTY	861204	UNKNOWN	86120400	UNKNOWN	S	10 MG	ORAL	TB24	EA	90 X	GENERIC	1/19/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335169401	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	30	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335169405	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	90	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335170001	DESVENL	DESVENL	281604	Antidepres	28160416	UNKNOWN	S	50 MG	ORAL	TB24	EA	30 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335170201	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	60 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335170203	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	30 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335171402	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	30	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335172501	BUPRENO	BUPRENO	280812	Opiate Pa	28081200	Opiate Pa	S	8-2 MG	SUBLINGU	SUBL	EA	30	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335172502	BUPRENO	BUPRENO	280812	Opiate Pa	28081200	Opiate Pa	S	8-2 MG	SUBLINGU	SUBL	EA	60	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335172602	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	60 X	GENERIC	10/31/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335172604	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	30 X	GENERIC	10/31/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335172701	METHOCA	METHOCA	122004	UNKNOWN	12200400	UNKNOWN	S	750 MG	ORAL	TABS	EA	20	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335172702	METHOCA	METHOCA	122004	UNKNOWN	12200400	UNKNOWN	S	750 MG	ORAL	TABS	EA	30	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335172703	METHOCA	METHOCA	122004	UNKNOWN	12200400	UNKNOWN	S	750 MG	ORAL	TABS	EA	40	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335172704	METHOCA	METHOCA	122004	UNKNOWN	12200400	UNKNOWN	S	750 MG	ORAL	TABS	EA	120	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335172705	METHOCA	METHOCA	122004	UNKNOWN	12200400	UNKNOWN	S	750 MG	ORAL	TABS	EA	60	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335172706	METHOCA	METHOCA	122004	UNKNOWN	12200400	UNKNOWN	S	750 MG	ORAL	TABS	EA	90	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335173101	ONDANSE	ONDANSE	562220	5-HT3 Rec	56222000	5-HT3 Rec	S	8 MG	ORAL	TBDP	EA	30	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335173202	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	5 MG	ORAL	TABS	EA	60 X	GENERIC	3/23/2023	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335174001	PREGABA	PREGABA	281228	UNKNOWN	28122800	UNKNOWN	S	100 MG	ORAL	CAPS	EA	30 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335174002	PREGABA	PREGABA	281228	UNKNOWN	28122800	UNKNOWN	S	100 MG	ORAL	CAPS	EA	90 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335174202	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	37.5-325 M	ORAL	TABS	EA	60	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335174301	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	CAPS	EA	30 X	GENERIC	10/2/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335174501	PREGABA	PREGABA	281228	UNKNOWN	28122800	UNKNOWN	S	150 MG	ORAL	CAPS	EA	30 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335174502	PREGABA	PREGABA	281228	UNKNOWN	28122800	UNKNOWN	S	150 MG	ORAL	CAPS	EA	60 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335174503	PREGABA	PREGABA	281228	UNKNOWN	28122800	UNKNOWN	S	150 MG	ORAL	CAPS	EA	90 X	GENERIC		71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335174601	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30 X	GENERIC	1/19/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335174602	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	60 X	GENERIC	1/19/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
71335174603	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	56 X	GENERIC	1/19/2024	71335	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM

71335174604	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90	X	GENERIC	1/19/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335174605	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	20	X	GENERIC	1/19/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335174901	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	30 MG	ORAL	TABS	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335174902	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	30 MG	ORAL	TABS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335174903	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	30 MG	ORAL	TABS	EA	56		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335174904	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	30 MG	ORAL	TABS	EA	90		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335174905	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	30 MG	ORAL	TABS	EA	180		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335174906	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	30 MG	ORAL	TABS	EA	15		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335174907	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	30 MG	ORAL	TABS	EA	120		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335175201	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335175203	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335175204	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	90		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335175801	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335175802	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335175803	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335176001	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335176004	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	2.5 MG	ORAL	TABS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335176703	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335177301	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	30	X	GENERIC	10/31/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335177401	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	120		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335177402	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335177403	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	100		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335177404	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	20		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335177405	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	90		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335177406	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335177407	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	36		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335177408	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	15		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335178801	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335178802	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335178803	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335178901	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335178902	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335178903	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335179001	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335179002	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335179003	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335179102	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	25 MG	ORAL	CAPS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335179103	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	25 MG	ORAL	CAPS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335179201	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335179202	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335179203	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335179401	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	3 MG	ORAL	TABS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335179601	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	90		GENERIC	1/19/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335179603	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	60		GENERIC	1/19/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335179701	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335179702	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	120		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335179703	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335179704	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335179707	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335179901	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335179902	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335179903	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	90		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335179904	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	120		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335180401	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335180403	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335180404	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335180405	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	120	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335180501	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	9		GENERIC	11/11/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335180502	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	20		GENERIC	11/11/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335180503	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	30		GENERIC	11/11/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335180504	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	10		GENERIC	11/11/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335180505	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	15		GENERIC	11/11/2022	71335	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335180506	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	6		GENERIC	11/11/2022	71335	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335180507	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	90		GENERIC	11/11/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335180508	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	12		GENERIC	11/11/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335180509	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	18		GENERIC	11/11/2022	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335181002	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335181003	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335181004	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	90		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335181809	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MG	ORAL	TABS	EA	90		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335181902	RIZATRIP	RIZATRIP	283228	Selective	28322800	Selective	S	10 MG	ORAL	TBDP	EA	18		GENERIC	3/23/2023	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335182201	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335182202	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335182203	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335182302	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335183002	ELETRIPT	ELETRIPT	283228	Selective	28322800	Selective	S	40 MG	ORAL	TABS	EA	30		GENERIC	1/19/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335183201	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335183202	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	28	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335183203	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335183204	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335183205	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	120	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335183206	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	15	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335183300	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	1000	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335183301	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335183302	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	100	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335183303	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335183304	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	120	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335183305	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335183306	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	28	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335183307	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	56	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335183308	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	180	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335183701	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335183703	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335183901	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TB24	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335183902	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TB24	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335184101	TELMISA	TELMISA	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	12/9/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335184201	ARMODA	ARMODA	282080	UNKNOW	28208000	UNKNOW	S	250 MG	ORAL	TABS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335184302	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335184303	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335184304	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	90		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335184701	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	20		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335184702	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	100		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335184703	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335184709	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	40		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335185101	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335185102	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335185104	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335185105	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	14	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335185200	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	7	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335185201	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335185202	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335185203	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	56	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335185204	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335185205	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	20	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335185206	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	15	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335185207	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	120	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335185208	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	100	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335185209	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	28	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335185500	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335185501	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	10		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335185503	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335185509	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	20		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335185801	BUPRENO	BUPRENO	280812	Opiate Pa	28081200	Opiate Pa	S	8-2 MG	SUBLINGU	SUBL	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335185802	BUPRENO	BUPRENO	280812	Opiate Pa	28081200	Opiate Pa	S	8-2 MG	SUBLINGU	SUBL	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335186701	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	20		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335186702	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	10		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335186703	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	14		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335186704	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	6		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335186901	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	250 MG	ORAL	TABS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335186902	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	250 MG	ORAL	TABS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335188301	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	60	X	GENERIC	10/9/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335188302	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335188303	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	90	X	GENERIC	10/9/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335188801	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335188802	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335188803	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335189201	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335189304	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335189902	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335190301	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335190302	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335190303	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	28	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335190304	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335190801	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335190802	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335191100	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	90		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335191101	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	20		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335191102	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	15		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335191103	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335191104	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	100		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335191105	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335191106	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	50		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335191107	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	40		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335191108	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	10		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335191109	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	56		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335191402	CHLORZO	CHLORZO	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335191404	CHLORZO	CHLORZO	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	90		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335191405	CHLORZO	CHLORZO	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335193401	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335193403	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	9		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335193405	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	14		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335193406	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	5		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335194002	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	200 MCG	ORAL	TABS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335195601	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335195602	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335195603	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335195902	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 MG	ORAL	TABS	EA	36		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335195904	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 MG	ORAL	TABS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335195906	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 MG	ORAL	TABS	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335195907	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 MG	ORAL	TABS	EA	90		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335195908	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 MG	ORAL	TABS	EA	120		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335196101	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335196102	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	90		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335196103	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	21		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335196104	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	10		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335196105	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	15		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335196107	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335196109	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	120		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335196201	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	14		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335196203	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335196206	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335196207	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335197001	HYDROCO	HYDROCO	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 MG	ORAL	TABS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335197005	HYDROCO	HYDROCO	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 MG	ORAL	TABS	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335197006	HYDROCO	HYDROCO	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 MG	ORAL	TABS	EA	90		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335197007	HYDROCO	HYDROCO	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 MG	ORAL	TABS	EA	120		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335197103	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	9		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335197105	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	14		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335197502	DESVENL	DESVENL	281604	Antidepres	28160416	UNKNOW	S	25 MG	ORAL	TB24	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335198001	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335199402	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335199702	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335200401	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC		71335	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335200905	CHLORZO	CHLORZO	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335201502	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	60	X	GENERIC	1/19/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335201503	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	90	X	GENERIC	1/19/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335201701	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335201702	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335201705	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335201901	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335201903	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335202001	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	CAPS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335202002	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	CAPS	EA	100	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335202003	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	CAPS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335202007	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	CAPS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335203702	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335203703	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335203705	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	120	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335203801	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335203805	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335203806	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	120	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335203901	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	75 MCG	ORAL	TABS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335204001	ESOMEPR	ESOMEPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335204002	ESOMEPR	ESOMEPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335204106	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335204301	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	22.5 MG	ORAL	CAPS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335204603	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	20		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335204608	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	100		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335204801	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335204804	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	120	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335204805	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335204806	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335205501	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335205502	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335205505	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335206004	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	90		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335206604	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	60		GENERIC	1/19/2024	71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335206901	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	21		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335206904	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	20		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335207601	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	CAPS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335207602	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	CAPS	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335207603	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	CAPS	EA	90		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335207604	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	CAPS	EA	8		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335207605	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	CAPS	EA	20		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335207606	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	CAPS	EA	42		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335207901	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	20		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335207906	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	21		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335208001	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30	X	GENERIC		71335	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335208002	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	60	X	GENERIC		71335	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335208004	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335208401	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	150 MG	ORAL	TABS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335208402	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	150 MG	ORAL	TABS	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335208403	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	150 MG	ORAL	TABS	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335208601	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	10		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335208602	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	20		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335208603	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335208605	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335208607	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	14		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335208608	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	90		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335209201	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	CAPS	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335210001	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	10		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335210002	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	20		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335210003	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335210004	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	40		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335210005	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335210006	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	28		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335210007	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	14		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335210008	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	90		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335210405	HYDROCO	HYDROCO	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 MG	ORAL	TABS	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335210603	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MG	ORAL	TABS	EA	90		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335210605	OXYCODO	OXYCODO	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MG	ORAL	TABS	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335211000	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	40		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335211001	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	14		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335211003	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335211004	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335211005	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	15		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335211006	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335211007	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335211009	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	120		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335211802	HYDROCO	HYDROCO	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MG	ORAL	TABS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335213001	DESVENL	DESVENL	281604	Antidepres	28160416	UNKNOW	S	25 MG	ORAL	TB24	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335213404	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	21		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335213602	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	10		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335215601	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335215602	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	90		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335215605	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	15		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335215607	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335215608	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	20		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335215609	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	120		GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335215801	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TBEC	EA	60	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335215802	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TBEC	EA	30	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335215803	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TBEC	EA	90	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335215804	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TBEC	EA	180	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71335215805	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TBEC	EA	120	X	GENERIC		71335		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

71335217301	TELMISA	TELMISA	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335217302	TELMISA	TELMISA	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335218202	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MG	ORAL	TABS	EA	120		GENERIC	7/25/2024	71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335218504	HYDROX	HYDROX	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	TABS	EA	60		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335218601	RAMELTE	RAMELTE	282448	UNKNOW	28244800	UNKNOW	S	8 MG	ORAL	TABS	EA	30		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335219001	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335219002	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335219201	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	100	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335219602	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	30		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335219708	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	2		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335219901	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	CAPS	EA	30	X	GENERIC	9/18/2024	71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335220101	MINOCYC	MINOCYC	849200	Skin and M	84920000	Skin and M	S	90 MG	ORAL	TB24	EA	30		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335220201	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25-25 MG	ORAL	TABS	EA	100	X	GENERIC		71335	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335220301	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	100 MG	ORAL	TABS	EA	500	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335220401	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335220501	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	500	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335220701	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335220801	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	CAPS	EA	150		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335220901	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	CAPS	EA	150		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335221001	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	6 MG	ORAL	CAPS	EA	150		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335221101	TRIAMCI	TRIAMCI	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	454		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335221701	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335221901	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	90		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335222001	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	30	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335222002	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	60	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335222203	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335222400	METFOR	METFOR	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	25	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335222401	METFOR	METFOR	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	30	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335222402	METFOR	METFOR	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335222403	METFOR	METFOR	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	100	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335222404	METFOR	METFOR	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	120	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335222405	METFOR	METFOR	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	90	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335222406	METFOR	METFOR	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	28	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335222407	METFOR	METFOR	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	56	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335222408	METFOR	METFOR	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	180	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335222409	METFOR	METFOR	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	10	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335224901	TOLNAFT	TOLNAFT	840408	Antifungal	84040840	Thiocarba	P	1%	EXTERNA	POWD	GM	45		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335225001	VALPROI	VALPROA	281228	UNKNOW	28122800	UNKNOW	S	250 MG/5M	ORAL	SOLN	ML	473	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335225101	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	30		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335227001	BUTALBI	BUTALBI	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	20		GENERIC		71335	N		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335227002	BUTALBI	BUTALBI	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	30		GENERIC		71335	N		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335227003	BUTALBI	BUTALBI	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	60		GENERIC		71335	N		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335227004	BUTALBI	BUTALBI	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	90		GENERIC		71335	N		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335227007	BUTALBI	BUTALBI	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	120		GENERIC		71335	N		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335227901	GABAPE	GABAPE	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	1000	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335227902	GABAPE	GABAPE	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	500	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335228001	GABAPE	GABAPE	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	1000	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335228002	GABAPE	GABAPE	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	500	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335228101	GABAPE	GABAPE	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	500	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335228201	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TABS	EA	500	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335228301	LEVOCET	LEVOCET	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	10		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335228302	LEVOCET	LEVOCET	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	35		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335228303	LEVOCET	LEVOCET	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	5		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335228401	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	125 MCG	ORAL	TABS	EA	1000	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335228501	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	150 MCG	ORAL	TABS	EA	1000	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335228601	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	200 MCG	ORAL	TABS	EA	1000	X	GENERIC		71335	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335228701	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	25 MCG	ORAL	TABS	EA	1000	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335228801	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	50 MCG	ORAL	TABS	EA	1000	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335228901	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	75 MCG	ORAL	TABS	EA	1000	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335229001	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	88 MCG	ORAL	TABS	EA	1000	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335229101	METFOR	METFOR	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	500	X	GENERIC	9/5/2024	71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335229201	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	500	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335229301	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	500	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335229401	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	550 MG	ORAL	TABS	EA	500	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335229501	OXAPRO	OXAPRO	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	100	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335229601	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	CAPS	EA	100		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335229701	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	1000		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335229702	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	100		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335229801	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335229802	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	500	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335230001	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	1000	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335230002	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	5000	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335230003	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	500	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335230101	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335230102	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	500	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335230201	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	500		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335230301	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	1000		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335230403	RABEPR	RABEPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	30	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335230404	RABEPR	RABEPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	60	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335230505	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	60		GENERIC		71335	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335230506	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	90		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335231201	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	30	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335231203	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	90	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335232503	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	90		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335232700	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	20	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335232701	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	30	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335232702	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	60	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335232703	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	90	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335232704	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	14	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335232707	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	10	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335232709	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	28	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335235004	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335238302	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335239202	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	120		GENERIC		71335	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335239207	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335239706	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335242101	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	90	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335244407	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	15		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335245401	FLUDRO	FLUDRO	680400	Adrenals	68040000	Adrenals	S	0.1 MG	ORAL	TABS	EA	100	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335245601	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	30	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335245602	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	60	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335245604	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	14	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335246301	DIGOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	125 MCG	ORAL	TABS	EA	1000	X	GENERIC		71335	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335246302	DIGOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	125 MCG	ORAL	TABS	EA	100	X	GENERIC		71335	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335246401	DIGOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	250 MCG	ORAL	TABS	EA	1000	X	GENERIC		71335	N		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335246402	DIGOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	250 MCG	ORAL	TABS	EA	100	X	GENERIC		71335	N		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335247001	TESTOST	TESTOST	680800	Androgens	68080000	Androgens	S	200 MG/M	INTRAMU	SOLN	ML	1	X	GENERIC		71335		Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335247301	TESTOST	TESTOST	680800	Androgens	68080000	Androgens	S	200 MG/M	INTRAMU	SOLN	ML	10	X	GENERIC		71335		Y	X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335248001	NALTREX	NALTREX	281000	Opiate An	28100000	Opiate An	S	50 MG	ORAL	TABS	EA	30		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335248101	NALTREX	NALTREX	281000	Opiate An	28100000	Opiate An	S	50 MG	ORAL	TABS	EA	100		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335960901	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335960902	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	60	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335962901	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335962902	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335963301	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	20	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335963302	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335963303	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335963304	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335963306	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335963503	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335963504	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335963701	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335963801	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335963802	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	120		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335963804	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335963807	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335963901	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335963902	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	10		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335963903	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335963905	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	16		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335963906	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	8		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335963907	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	15		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335963908	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	5		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335966003	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	30		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335966101	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335966102	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335966103	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335966305	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	550 MG	ORAL	TABS	EA	60	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335966501	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	100 MG	ORAL	TB24	EA	60	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335966502	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	100 MG	ORAL	TB24	EA	30	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335966504	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	100 MG	ORAL	TB24	EA	14	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335966601	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	15		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335967801	ESOMEP	ESOMEP	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335968701	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335968702	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335968703	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335969103	PREGAB	PREGAB	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	90	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335969701	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	300 MG	ORAL	TABS	EA	30	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335969702	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	300 MG	ORAL	TABS	EA	60	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335970701	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	CP24	EA	30	X	GENERIC		71335	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335970801	DILTIAZE	DILTIAZE	240404	Antiarrhyt	24040424	Class IV A	S	180 MG	ORAL	CP24	EA	30	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335971303	ESOMEP	ESOMEP	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	60	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335971401	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335971801	DOXYCY	DOXYCY	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	TABS	EA	20		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335972301	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	9/23/2024	71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335972302	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	100	X	GENERIC	10/2/2024	71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335972303	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	9/23/2024	71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335972304	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	60	X	GENERIC	9/23/2024	71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335972305	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	180	X	GENERIC	10/2/2024	71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335972306	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	10	X	GENERIC	9/23/2024	71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335972307	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	7	X	GENERIC	9/23/2024	71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335973100	DOCUSA	DOCUSA	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	18		GENERIC		71335	N		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335973101	DOCUSA	DOCUSA	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	30		GENERIC		71335	N		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335973102	DOCUSA	DOCUSA	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	100		GENERIC		71335	N		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335973103	DOCUSA	DOCUSA	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	60		GENERIC		71335	N		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335973104	DOCUSA	DOCUSA	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	120		GENERIC		71335	N		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335973105	DOCUSA	DOCUSA	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	90		GENERIC		71335	N		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335973106	DOCUSA	DOCUSA	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	180		GENERIC		71335	N		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335973107	DOCUSA	DOCUSA	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	10		GENERIC		71335	N		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335973108	DOCUSA	DOCUSA	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	28		GENERIC		71335	N		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335973109	DOCUSA	DOCUSA	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	56		GENERIC		71335	N		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335973306	CETIRIZI	CETIRIZI	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335973400	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	10		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335973401	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	30		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335973402	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	120		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335973403	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	20		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335973404	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	60		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335973405	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	90		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335973407	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	40		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335973408	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	15		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335973409	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	84		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335973605	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	30		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335973705	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	60		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335974801	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335974802	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335974803	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	20	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335974804	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335974805	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335974806	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	10	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335974807	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	120	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335974808	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	50	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335974809	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	14	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335975801	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335975802	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335975803	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335975804	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	45		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335975805	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	180		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335975806	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	120		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335975901	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335975902	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	120		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335975904	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335975907	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335976201	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	50 MCG	ORAL	TABS	EA	30	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335976301	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	150 MCG	ORAL	TABS	EA	30	X	GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71335976401	CHLORDI	CHLORDI	120808	Antimusca	12080800	Antimusca	S	5-2.5 MG	ORAL	CAPS	EA	100		GENERIC		71335			X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71336100001	ONPATTR	PATISIRA	929200	UNKNOW	92920000	UNKNOW	R	10 MG/5M	INTRAVE	SOLN	ML	5	X	SSB		71336				N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71336100101	GIVLAARI	GIVOSIRA	929200	UNKNOW	92920000	UNKNOW	R	189 MG/M	SUBCUTA	SOLN	ML	1		SSB		71336				N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71336100201	OXLUMO	LUMASIR	929200	UNKNOW	92920000	UNKNOW	R	94.5 MG/0	SUBCUTA	SOLN	ML	0.5	X	SSB		71336		Y		N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X						R	MEDPRIM
71336100301	AMVUTTR	VUTRISIR	929200	UNKNOW	92920000	UNKNOW	R	25 MG/0.5	SUBCUTA	SOSY	ML	0.5	X	SSB		71336				N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71349007001	YCANTH	CANTHAR	840406	Antivirals	84040600	Antivirals	R	0.70%	EXTERNA	SOLN	EA	1		SSB		71349				N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRIM
71349007006	YCANTH	CANTHAR	840406	Antivirals	84040600	Antivirals	R	0.70%	EXTERNA	SOLN	EA	1		SSB		71349				N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRIM
71349007012	YCANTH	CANTHAR	840406	Antivirals	84040600	Antivirals	R	0.70%	EXTERNA	SOLN	EA	1		SSB		71349				N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRIM
71351001001	PHOSPHO	POTASSI	401200	Replacem	40120000	Replacem	P	280-160-2	ORAL	PACK	EA	100		GENERIC		71351				N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71351001012	PHOSPHO	POTASSI	401200	Replacem	40120000	Replacem	P	280-160-2	ORAL	PACK	EA	12		GENERIC		71351				N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71351001099	PHOSPHO	POTASSI	401200	Replacem	40120000	Replacem	P	250MG-28	ORAL	PACK	EA	1		GENERIC		71351				N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71351001101	PHOSPHO	POT PHO	401200	Replacem	40120000	Replacem	S	155MG-85	ORAL	TABS	EA	100	X	GENERIC		71351				N	FORMULARY		1 GEN	GENERICS								R	MEDPRIM
71351001250	LACTOBA	LACTOBA	560800	Antidiarrh	56080000	Antidiarrh	P	0-0	ORAL	TABS	EA	50		GENERIC		71351				N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71351001312	LACTOBA	LACTOBA	560800	Antidiarrh	56080000	Antidiarrh	P	0-0	ORAL	PACK	EA	12		GENERIC		71351				N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71351001399	LACTOBA	LACTOBA	560800	Antidiarrh	56080000	Antidiarrh	P	0-0	ORAL	PACK	EA	1		GENERIC		71351				N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71351001460	BPCO	BALSAM	849200	Skin and M	84920000	Skin and M	R	0-0-0	EXTERNA	OINT	GM	60		SSB		71351				N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION								R	MEDPRIM
71351001760	HIGH PO	PROBIOT	560800	Antidiarrh	56080000	Antidiarrh	O	0-0-0	ORAL	CAPS	EA	60		SSB	5/24/2024	71351				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
71351002030	QUAD-PR	PROBIOT	560800	Antidiarrh	56080000	Antidiarrh	O	0-0-0-0	ORAL	CAPS	EA	30		SSB		71351				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71351002105	LIDOCAI	LIDOCAI	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	5		GENERIC		71351				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71351002110	LIDOCAI	LIDOCAI	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	5		GENERIC		71351				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71351002125	LIDOCAI	LIDOCAI	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	5		GENERIC		71351				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71351002202	BUPIVAC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.75-8.25	INTRATHI	SOLN	ML	2		GENERIC		71351	Y			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71351002210	BUPIVAC	BUPIVAC	720000	Local Ane	72000000	Local Ane	S	0.75-8.25	INTRATHI	SOLN	ML	2		GENERIC		71351	Y			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71351002310	LIDOCAI	LIDOCAI	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	5		GENERIC		71351				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71351002325	LIDOCAI	LIDOCAI	720000	Local Ane	72000000	Local Ane	S	2%	INJECTIO	SOLN	ML	5		GENERIC		71351				N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71351002530	JELCAINE	LIDOCAI	840800	Antipruriti	84080000	Antipruriti	P	2%	EXTERNA	GEL	ML	30		GENERIC		71351				N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71369002010	DOPTELE	AVATROM	201600	Hematopo	20160000	Hematopo	R	20MG	ORAL	TABS	EA	10		SSB		71369				N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X						R	MEDPRIM
71369002011	DOPTELE	AVATROM	201600	Hematopo	20160000	Hematopo	R	20 MG	ORAL	TABS	EA	10		SSB		71369				N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X						R	MEDPRIM
71369002015	DOPTELE	AVATROM	201600	Hematopo	20160000	Hematopo	R	20MG	ORAL	TABS	EA	15		SSB		71369				N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X						R	MEDPRIM
71369002030	DOPTELE	AVATROM	201600	Hematopo	20160000	Hematopo	R	20MG	ORAL	TABS	EA	30		SSB		71369				N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X						R	MEDPRIM
71376020103	JORNAY I	METHYLF	282032	UNKNOW	28203200	UNKNOW	R	20 MG	ORAL	CP24	EA	100	X	SSB		71376				N	FORMULARY		2 BRAND	PREFERRED BRAND			X	1 IN 1 DAYS	X	Must meet 5 DS Amp TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHER		R	MEDPRIM
71376020203	JORNAY I	METHYLF	282032	UNKNOW	28203200	UNKNOW	R	40 MG	ORAL	CP24	EA	100	X	SSB		71376				N	FORMULARY		2 BRAND	PREFERRED BRAND			X	1 IN 1 DAYS	X	Must meet 5 DS Amp TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHER		R	MEDPRIM
71376020303	JORNAY I	METHYLF	282032	UNKNOW	28203200	UNKNOW	R	60 MG	ORAL	CP24	EA	100	X	SSB		71376				N	FORMULARY		2 BRAND	PREFERRED BRAND			X	1 IN 1 DAYS	X	Must meet 5 DS Amp TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHER		R	MEDPRIM
71376020403	JORNAY I	METHYLF	282032	UNKNOW	28203200	UNKNOW	R	80 MG	ORAL	CP24	EA	100	X	SSB		71376				N	FORMULARY		2 BRAND	PREFERRED BRAND			X	1 IN 1 DAYS	X	Must meet 5 DS Amp TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHER		R	MEDPRIM
71376020503	JORNAY I	METHYLF	282032	UNKNOW	28203200	UNKNOW	R	100 MG	ORAL	CP24	EA	100	X	SSB		71376				N	FORMULARY		2 BRAND	PREFERRED BRAND			X	1 IN 1 DAYS	X	Must meet 5 DS Amp TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHER		R	MEDPRIM
71384020005	KLARITY-	LOTEPRE	520808	Corticoste	52080800	Corticoste	R	0.20%	OPHTHAL	EMUL	ML	5		SSB		71384				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71384021005	KLARITY-	LOTEPRE	520808	Corticoste	52080800	Corticoste	R	0.50%	OPHTHAL	EMUL	ML	5		SSB		71384				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71384022003	KLARITY-	AZITHRO	520404	Antibacter	52040400	Antibacter	R	1%	OPHTHAL	SOLN	ML	3.5		SSB		71384				N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
71384030005	PREDNIS	PREDNIS	520808	Corticoste	52080800	Corticoste	R	.5%-1%	OPHTHAL	SUSP	ML	5		NON DRUG		71384				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71384031005	PREDNIS	PREDNIS	520808	Corticoste	52080800	Corticoste	R	.075%-.5%	OPHTHAL	SUSP	ML	5		NON DRUG		71384				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71384031008	PREDNIS	PREDNIS	520808	Corticoste	52080800	Corticoste	R	.075%-.5%	OPHTHAL	SUSP	ML	8		NON DRUG		71384				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71384032005	PREDNIS	PREDNIS	520808	Corticoste	52080800	Corticoste	R	.5%-.1%-1	OPHTHAL	SUSP	ML	5		NON DRUG		71384				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71384032008	PREDNIS	PREDNIS	520808	Corticoste	52080800	Corticoste	R	.5%-.1%-1	OPHTHAL	SUSP	ML	8		NON DRUG		71384				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71384033005	PREDNIS	PREDNIS	520808	Corticoste	52080800	Corticoste	R	.5%-1%	OPHTHAL	SOLN	ML	5		NON DRUG		71384				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71384034005	PREDNIS	PREDNIS	520808	Corticoste	52080800	Corticoste	R	.075%-.5%	OPHTHAL	SOLN	ML	5		NON DRUG		71384				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71384034008	PREDNIS	PREDNIS	520808	Corticoste	52080800	Corticoste	R	.075%-.5%	OPHTHAL	SOLN	ML	8		NON DRUG		71384				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71384040005	PREDNIS	PREDNIS	520808	Corticoste	52080800	Corticoste	R	.1%-1%	OPHTHAL	SUSP	ML	5		NON DRUG		71384				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71384041003	MKO MEL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	R	3-25-2 MG	SUBLINGI	TROC	EA	1		SSB	4/5/2022	71384				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71384050010	CHONDR	CHONDR	529200	EENT Dru	52920000	EENT Dru	R	0.25%	OPHTHAL	SOLN	ML	10		NON DRUG		71384				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71384050105	PREDNIS	PREDNIS	520808	Corticoste	52080800	Corticoste	R	1%	OPHTHAL	SUSP	ML	5		SSB		71384				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			X	10 IN 7 DAYS				R	MEDPRIM
71384050205	PREDNIS	PREDNIS	520808	Corticoste	52080800	Corticoste	R	.5%-1%	OPHTHAL	SUSP	ML	5		SSB		71384				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71384050405	PREDNIS	PREDNIS	520808	Corticoste	52080800	Corticoste	R	.075%-.5%	OPHTHAL	SUSP	ML	5		NON DRUG		71384				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71384050408	PREDNIS	PREDNIS	520808	Corticoste	52080800	Corticoste	R	.075%-.5%	OPHTHAL	SUSP	ML	8		NON DRUG		71384				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71384050505	PREDNIS	PREDNIS	520808	Corticoste	52080800	Corticoste	R	1-0.075 %	OPHTHAL	SUSP	ML	5		GENERIC		71384				N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71384050901	MOXIFLO	MOXIFLO	520404	Antibacter	52040400	Antibacter	R	1 MG/ML	INTRAOC	SOLN	ML	0.8		GENERIC		71384				N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71384050908	MOXIFLO	MOXIFLO	520404	Antibacter	52040400	Antibacter	R	1 MG/ML	INTRAOC	SOLN	ML	0.8		GENERIC		71384				N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71384051001	TRIAMCI	TRIAMCI	520808	Corticoste	52080800	Corticoste	R	1MG/ML-1	INTRAOC	SUSP	ML	0.6		GENERIC		71384				N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71384051101	MOXIFLO	MOXIFLO	520404	Antibacter	52040400	Antibacter	R	5 MG/ML	INTRAOC	SOLN	ML	0.8		GENERIC		71384				N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71384051108	MOXIFLO	MOXIFLO	520404	Antibacter	52040400	Antibacter	R	5 MG/ML	INTRAOC	SOLN	ML	0.8		GENERIC		71384				N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71384051201	DEXAMET	DEXAMET	520808	Corticoste	52080800	Corticoste	R	1-5 MG/MI	INTRAOC	SOLN	ML	1		GENERIC		71384				N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71384051301	DEXAMET	DEXAMET	520808	Corticoste	52080800	Corticoste	R	1MG/ML-.	INTRAOC	SOLN	ML	1		GENERIC		71384				N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71384051405	KLARITY-	CYCLOSP	520800	Anti-inflam	52080000	Anti-inflam	R	0.10%	OPHTHAL	EMUL	ML	5.5	X	SSB		71384				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71384051507	LATANOP	LATANOP	524028	UNKNOW	52402800	UNKNOW	R	0.01%	OPHTHAL	SOLN	ML	7.5	X	NON DRUG		71384				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71384051610	DORZOLA	DORZOLA	524012	UNKNOW	52401200	UNKNOW	R	2%	OPHTHAL	SOLN	ML	10	X	NON DRUG		71384				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71384051705	TIMOLOL	LATANOP	524028	UNKNOW	52402800	UNKNOW	R	50MCG/M	OPHTHAL	SOLN	ML	5	X	NON DRUG		71384				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71384051810	BRIMONI	BRIMONI	524004	UNKNOW	52400400	UNKNOW	R	0.15-2 %	OPHTHAL	SOLN	ML	10	X	GENERIC		71384				N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71384051910	DORZOLA	DORZOLA	524012	UNKNOW	52401200	UNKNOW	R	2%-.5%	OPHTHAL	SOLN	ML	10	X	GENERIC		71384				N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71384052005	TIMOLOL-	TIMOLOL	524004	UNKNOW	52400400	UNKNOW	R	0.5-0.15-2	OPHTHAL	SOLN	ML	5		GENERIC		71384				N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71384052010	TIMOLOL-	TIMOLOL	524004	UNKNOW	52400400	UNKNOW	R	0.5-0.15-2	OPHTHAL	SOLN	ML	10		GENERIC		71384				N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71384052105	TIMOLOL	TIMOLOL	524028	UNKNOW	52402800	UNKNOW	R	.15%-.005	OPHTHAL	SOLN	ML	5		NON DRUG		71384				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM
71384052205	TIMOLOL	TIMOLOL	524008	UNKNOW	52400800	UNKNOW	R	.15%-2%-.	OPHTHAL	SOLN	ML	5		NON DRUG		71384				N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRIM

71384054305	TIMOLOL	TIMOLOL	524028	UNKNOW	52402800	UNKNOW	R	0.5-2-0.01	OPHTHAL	SOLN	ML	5		GENERIC		71384			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71384054405	TIMOLOL	TIMOLOL	524008	UNKNOW	52400800	UNKNOW	R	0.5-0.15-2	OPHTHAL	SOLN	ML	5		GENERIC		71384			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71384055005	PREDNIS	PREDNIS	520808	Corticoste	52080800	Corticoste	R	.075%-.5%	OPHTHAL	SOLN	ML	5		NON DRUG		71384			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71384055008	PREDNIS	PREDNIS	520808	Corticoste	52080800	Corticoste	R	.075%-.5%	OPHTHAL	SOLN	ML	8		NON DRUG		71384			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71384055203	PREDNIS	PREDNIS	520808	Corticoste	52080800	Corticoste	R	.075%-1%	OPHTHAL	SOLN	ML	3.5		GENERIC		71384			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71384055205	PREDNIS	PREDNIS	520808	Corticoste	52080800	Corticoste	R	.075%-1%	OPHTHAL	SOLN	ML	5		NON DRUG		71384			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71384056605	ATROPIN	ATROPIN	522400	Mydriatics	52240000	Mydriatics	R	0.01%	OPHTHAL	SOLN	ML	5	X	GENERIC		71384			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71384056705	ATROPIN	ATROPIN	522400	Mydriatics	52240000	Mydriatics	R	0.03%	OPHTHAL	SOLN	ML	5	X	GENERIC		71384			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71384056805	ATROPIN	ATROPIN	522400	Mydriatics	52240000	Mydriatics	R	0.05%	OPHTHAL	SOLN	ML	5	X	GENERIC		71384			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71384057105	ATROPIN	ATROPIN	522400	Mydriatics	52240000	Mydriatics	R	0.01%	OPHTHAL	SOLN	ML	5	X	NON DRUG		71384			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71384058003	POVIDON	POVIDON	520492	EENT Ant	52049200	EENT Ant	R	5%	OPHTHAL	SOLN	ML	3		NON DRUG		71384			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71384063205	TROPICA	TROPICA	522400	Mydriatics	52240000	Mydriatics	R	.5%-2.5%-	OPHTHAL	SOLN	ML	5	X	GENERIC		71384			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71384063305	TROPICA	TROPICA	522400	Mydriatics	52240000	Mydriatics	R	1-2.5 %	OPHTHAL	SOLN	ML	5	X	GENERIC		71384			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71384064001	LIDOCAIN	LIDOCAIN	521600	Local Ane	52160000	Local Ane	R	.25MG/ML	INTRAOC	SOLN	ML	1		NON DRUG		71384			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71384065001	LIDOCAIN	LIDOCAIN	521600	Local Ane	52160000	Local Ane	R	1%-1.5%	INTRAOC	SOLN	ML	1		GENERIC		71384			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71384066605	TROPICA	TROPICA	522400	Mydriatics	52240000	Mydriatics	R	1-2.5 %	OPHTHAL	SOLN	ML	5	X	GENERIC		71384			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71384066610	TROPICA	TROPICA	522400	Mydriatics	52240000	Mydriatics	R	1-2.5 %	OPHTHAL	SOLN	ML	10	X	GENERIC		71384			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71384070021	KETAMIN	KETAMIN	280408	UNKNOW	28040800	UNKNOW	R	100 MG	SUBLINGI	TROC	EA	1		NON DRUG		71384			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71384072107	TOBRAM	TOBRAM	520404	Antibacter	52040400	Antibacter	R	1.5-5 %	OPHTHAL	SOLN	ML	7		GENERIC		71384			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71384074606	TRIMOXI	TRIAMCIN	520808	Corticoste	52080800	Corticoste	R	15-1 MG/M	INTRAOC	SUSP	ML	0.6		SSB		71384			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71384080010	ASCORBI	ASCORBI	881200	Vitamin C	88120000	Vitamin C	R	500 MG/M	INJECTIO	SOLN	ML	100		GENERIC		71384			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71384081030	GLUTATH	GLUTATH	402000	Caloric Ag	40200000	Caloric Ag	R	6 GM/30M	INJECTIO	SOLN	ML	30		NON DRUG		71384			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71384082030	VITAMIN I	B-COMPL	880800	Vitamin B	88080000	Vitamin B	R	1MG/ML-1	INJECTIO	SOLN	ML	30		GENERIC	3/1/2023	71384			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71384083030	METHYLC	METHYLC	880800	Vitamin B	88080000	Vitamin B	R	30 MG/30	INJECTIO	SOLN	ML	30		GENERIC		71384			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71384083130	METHYLC	METHYLC	880800	Vitamin B	88080000	Vitamin B	R	150 MG/3(	INJECTIO	SOLN	ML	30		GENERIC		71384			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71384083230	METHYLC	METHYLC	880800	Vitamin B	88080000	Vitamin B	R	300 MG/3(	INJECTIO	SOLN	ML	30		GENERIC		71384			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71384084030	PYRIDOX	PYRIDOX	880800	Vitamin B	88080000	Vitamin B	R	100 MG/M	INJECTIO	SOLN	ML	30		NON DRUG		71384			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71384085030	MIC/L-CAI	METHION	562400	Lipotropic	56240000	Lipotropic	R	50MG/ML-	INJECTIO	SOLN	ML	30		SSB		71384			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71384090001	PENTOSA	PENTOSA	929200	UNKNOW	92920000	UNKNOW	R	150MG	ORAL	CPDR	EA	1		NON DRUG		71384			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71384090101	PENTOSA	PENTOSA	929200	UNKNOW	92920000	UNKNOW	R	200MG	ORAL	CPDR	EA	1		NON DRUG		71384			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71384091001	PYRIMET	PYRIMET	83008	Antimalari	8300800	Antimalari	R	2.5MG-12.	ORAL	CAPS	EA	1		GENERIC		71384			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71384091101	PYRIMET	PYRIMET	83008	Antimalari	8300800	Antimalari	R	5MG-25M	ORAL	CAPS	EA	1		GENERIC		71384			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71384091201	PYRIMET	PYRIMET	83008	Antimalari	8300800	Antimalari	R	10MG-25M	ORAL	CAPS	EA	1		GENERIC		71384			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71384091301	PYRIMET	PYRIMET	83008	Antimalari	8300800	Antimalari	R	10MG-50M	ORAL	CAPS	EA	1		GENERIC		71384			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71384091401	PYRIMET	PYRIMET	83008	Antimalari	8300800	Antimalari	R	20MG-50M	ORAL	CAPS	EA	1		GENERIC		71384			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71384091501	PYRIMET	PYRIMET	83008	Antimalari	8300800	Antimalari	R	25MG-50M	ORAL	CAPS	EA	1		GENERIC		71384			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71384091601	PYRIMET	PYRIMET	83008	Antimalari	8300800	Antimalari	R	25MG-75M	ORAL	CAPS	EA	1		GENERIC		71384			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71384095005	DIMERCA	DIMERCA	640000	Heavy Me	64000000	Heavy Me	R	250 MG/5	INJECTIO	SOLN	ML	5		NON DRUG		71384			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71390001100	BYFAVO	REMIMAZ	282408	Benzodiaz	28240800	Benzodiaz	R	20 MG	INTRAVEI	SOLR	EA	1		SSB		71390			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71390001111	BYFAVO	REMIMAZ	282408	Benzodiaz	28240800	Benzodiaz	R	20 MG	INTRAVEI	SOLR	EA	1		SSB		71390			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71390012520	BARHEM	AMISULPI	562212	UNKNOW	56221200	UNKNOW	R	5 MG/2ML	INTRAVEI	SOLN	ML	2		SSB		71390			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71390012521	BARHEM	AMISULPI	562212	UNKNOW	56221200	UNKNOW	R	5 MG/2ML	INTRAVEI	SOLN	ML	2		SSB		71390			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71390012550	BARHEM	AMISULPI	562212	UNKNOW	56221200	UNKNOW	R	10 MG/4M	INTRAVEI	SOLN	ML	4		SSB		71390			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71390012551	BARHEM	AMISULPI	562212	UNKNOW	56221200	UNKNOW	R	10 MG/4M	INTRAVEI	SOLN	ML	4		SSB		71390			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71394006501	LUXTURN	VORETIG	261200	UNKNOW	26120000	UNKNOW	R	50000000	INTRAOC	SUSP	ML	0.5		SSB		71394			N	EXCLUDE	SELF_INJ	6	SPBD2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71394041501	LUXTURN	VORETIG	261200	UNKNOW	26120000	UNKNOW	R	50000000	INTRAOC	SUSP	ML	0.5		SSB		71394			N	EXCLUDE	SELF_INJ	6	SPBD2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399002004	MAX RELI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	LIQD	ML	118		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399002006	MAX RELI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	LIQD	ML	473		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399002008	MAX RELI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	LIQD	ML	236		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399002104	MAX RELI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	ELIX	ML	118		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399002106	MAX RELI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	ELIX	ML	473		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399002108	MAX RELI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	ELIX	ML	236		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399002204	MAX RELI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	LIQD	ML	118		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399002206	MAX RELI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	LIQD	ML	473		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399002208	MAX RELI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	LIQD	ML	236		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399002304	MAXALLE	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5 MG/5	ORAL	LIQD	ML	118		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399002306	MAXALLE	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5 MG/5	ORAL	LIQD	ML	473		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399002308	MAXALLE	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5 MG/5	ORAL	LIQD	ML	236		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399002404	MAX TUS	GUAIFEN	481600	Expectora	48160000	Expectora	P	200 MG/1(	ORAL	LIQD	ML	118		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399002406	MAX TUS	GUAIFEN	481600	Expectora	48160000	Expectora	P	200 MG/1(	ORAL	LIQD	ML	473		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399002408	MAX TUS	GUAIFEN	481600	Expectora	48160000	Expectora	P	200 MG/1(	ORAL	LIQD	ML	236		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399002504	MAX TUS	DEXTROM	480800	Antitussive	48080000	Antitussive	P	20-200 MC	ORAL	LIQD	ML	118		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399002506	MAX TUS	DEXTROM	480800	Antitussive	48080000	Antitussive	P	20-200 MC	ORAL	LIQD	ML	473		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399002508	MAX TUS	DEXTROM	480800	Antitussive	48080000	Antitussive	P	20-200 MC	ORAL	LIQD	ML	236		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399002604	MAX TUS	DEXTROM	480800	Antitussive	48080000	Antitussive	P	20-200 MC	ORAL	LIQD	ML	118		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399002606	MAX TUS	DEXTROM	480800	Antitussive	48080000	Antitussive	P	20-200 MC	ORAL	LIQD	ML	473		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399002608	MAX TUS	DEXTROM	480800	Antitussive	48080000	Antitussive	P	20-200 MC	ORAL	LIQD	ML	236		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399002708	ONELAX	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.8 MG/5M	ORAL	SYRP	ML	237		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399003804	MAX RELI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	SUSP	ML	118		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399003806	MAX RELI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	SUSP	ML	473		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399003808	MAX RELI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	SUSP	ML	236		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399003906	ONELAX	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	50 MG/5M	ORAL	LIQD	ML	473		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399004006	ONE VITE	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	220 (44 FE	ORAL	SOLN	ML	473		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399004101	TEENY TU	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	20 MG/0.3	ORAL	SUSP	ML	30		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399004802	MAX RELI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	SUSP	ML	60		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399004804	MAX RELI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	SUSP	ML	118		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399004806	MAX RELI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	SUSP	ML	473		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399004808	MAX RELI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	SUSP	ML	236		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399004901	ASPERFL	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4%	EXTERNA	CREA	GM	15		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399004902	ASPERFL	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4%	EXTERNA	CREA	GM	5		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399004903	ASPERFL	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4%	EXTERNA	CREA	GM	30		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399004905	ASPERFL	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4%	EXTERNA	CREA	GM	5		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399005002	RECTOPF	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	5%	EXTERNA	CREA	GM	30		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399005101	ONELAX	MAGNESI	561200	Cathartics	56120000	Cathartics	P	1.745 GM/	ORAL	SOLN	ML	296		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399005102	ONELAX	MAGNESI	561200	Cathartics	56120000	Cathartics	P	1.745 GM/	ORAL	SOLN	ML	296		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399005301	ONELAX	MAGNESI	561200	Cathartics	56120000	Cathartics	P	1.745 GM/	ORAL	SOLN	ML	296		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399005302	ONELAX	MAGNESI	561200	Cathartics	56120000	Cathartics	P	1.745 GM/	ORAL	SOLN	ML	296		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399005408	MAX TUS	GUAIFEN	481600	Expectora	48160000	Expectora	P	200 MG/1(	ORAL	LIQD	ML	236		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399006301	ONE VITE	CALCIUM	401200	Replacem	40120000	Replacem	P	600-10 MC	ORAL	TABS	EA	100		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399006306	ONE VITE	CALCIUM	401200	Replacem	40120000	Replacem	P	600-10 MC	ORAL	TABS	EA	60		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399006308	ONE VITE	CALCIUM	401200	Replacem	40120000	Replacem	P	600-10 MC	ORAL	TABS	EA	180		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399007101	MEDPUR	MICONAZ	840408	Antifungal	84040808	Azoles	P	2%	EXTERNA	CREA	GM	14.2		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399007103	MEDPUR	MICONAZ	840408	Antifungal	84040808	Azoles	P	2%	EXTERNA	CREA	GM	28.4		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399007104	MEDPUR	MICONAZ	840408	Antifungal	84040808	Azoles	P	2%	EXTERNA	CREA	GM	42.5		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399011001	HEMORR	WITCH H	842412	Basic Oint	84241200	Basic Oint	P	50%	EXTERNA	PADS	EA	100		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399012001	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	LOTN	ML	120		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399012201	MEDPUR	VITAMINS	842412	Basic Oint	84241200	Basic Oint	P	95%-0-0-0	EXTERNA	OINT	GM	454		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399012202	MEDPUR	VITAMINS	842412	Basic Oint	84241200	Basic Oint	P	95%-0-0-0	EXTERNA	OINT	GM	56		GENERIC		71399	N		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399012204	MEDPUR	VITAMINS	842412	Basic Oint	84241200	Basic Oint	P	95%-0-0-0	EXTERNA	OINT	GM	113		GENERIC		71399	N		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399012504	ALLERGY	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5 MG/5	ORAL	LIQD	ML	118		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399012506	ALLERGY	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5 MG/5	ORAL	LIQD	ML	473		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399012508	ALLERGY	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5 MG/5	ORAL	LIQD	ML	236		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399012801	MAX SLEI	MELATON	929200	UNKNOW	92920000	UNKNOW	P	1 MG/ML	ORAL	LIQD	ML	30		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399014004	AMMONIU	LACTIC A	842404	Basic Loti	84240400	Basic Loti	P	12%	EXTERNA	LOTN	GM	400		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399014008	AMMONIU	LACTIC A	842404	Basic Loti	84240400	Basic Loti	P	12%	EXTERNA	LOTN	GM	225		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399016004	PAIN REL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	ELIX	ML	118		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399016006	PAIN REL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	ELIX	ML	473		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399016008	PAIN REL	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	ELIX	ML	237		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399018001	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	CREA	GM	454		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399024502	MEDPUR	ZINC OXI	841200	Astringent	84120000	Astringent	P	20%	EXTERNA	OINT	GM	56.7		GENERIC		71399	N		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399024503	MEDPUR	ZINC OXI	841200	Astringent	84120000	Astringent	P	20%	EXTERNA	OINT	GM	85		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399024506	MEDPUR	ZINC OXI	841200	Astringent	84120000	Astringent	P	20%	EXTERNA	OINT	GM	454		GENERIC		71399	N		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399040001	HYDROQ	HYDROQ	845004	Depigmen	84500400	Depigmen	S	4%	EXTERNA	CREA	GM	28.35		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399048002	SODIUM	SULFACE	840404	Antibacter	84040400	Antibacter	S	10%	EXTERNA	LIQD	ML	360		GENERIC		71399			N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
71399048006	SODIUM	SULFACE	840404	Antibacter	84040400	Antibacter	S	10%	EXTERNA	LIQD	ML	480		GENERIC		71399			N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
71399048008	SODIUM	SULFACE	840404	Antibacter	84040400	Antibacter	S	10%	EXTERNA	LIQD	ML	240		GENERIC		71399			N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
71399048206	SULFACE	SULFACE	842800	Keratolytic	84280000	Keratolytic	S	9-4 %	EXTERNA	LIQD	ML	473		GENERIC		71399			N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
71399048406	SULFACE	SULFACE	842800	Keratolytic	84280000	Keratolytic	S	9-4.5 %	EXTERNA	LIQD	GM	454		GENERIC		71399			N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
71399048508	SULFACE	SULFACE	842800	Keratolytic	84280000	Keratolytic	S	10-2 %	EXTERNA	LIQD	GM	227		GENERIC		71399			N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
71399048601	SULFACE	SULFACE	842800	Keratolytic	84280000	Keratolytic	S	9.8-4.8 %	EXTERNA	LIQD	GM	285		GENERIC		71399			N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
71399048706	SULFACE	SULFACE	842800	Keratolytic	84280000	Keratolytic	S	8-4 %	EXTERNA	SUSP	ML	473		GENERIC		71399			N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
71399048806	SULFACE	SULFACE	842800	Keratolytic	84280000	Keratolytic	S	10-5 %	EXTERNA	LIQD	GM	170.3		GENERIC		71399			N	FORMULARY		1	GEN	GENERICS	X	<= 1419			R	MEDPRMI
71399049404	AMMONIU	LACTIC A	842404	Basic Loti	84240400	Basic Loti	P	12%	EXTERNA	CREA	GM	140		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399050001	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	P	1%	EXTERNA	SOLN	ML	10		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399050003	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	P	1%	EXTERNA	SOLN	ML	30		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399054401	HYDROCI	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	0-21%	EXTERNA	CREA	GM	454		SSB		71399			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399054404	HYDROCI	SKIN PRC	842412	Basic Oint	84241200	Basic Oint	O	0-21%	EXTERNA	CREA	GM	113		SSB		71399			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399066603	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	S	1%	EXTERNA	SOLN	ML	30		GENERIC		71399			N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
71399066606	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	S	1%	EXTERNA	SOLN	ML	30		GENERIC		71399			N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
71399100404	TUSSIN C	DEXTROM	480800	Antitussive	48080000	Antitussive	P	10-100 MC	ORAL	LIQD	ML	118		GENERIC	1/22/2024	71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399100406	TUSSIN C	DEXTROM	480800	Antitussive	48080000	Antitussive	P	10-100 MC	ORAL	LIQD	ML	473		GENERIC	1/22/2024	71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399100408	TUSSIN C	DEXTROM	480800	Antitussive	48080000	Antitussive	P	10-100 MC	ORAL	LIQD	ML	236		GENERIC	1/22/2024	71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399100504	TUSSIN M	GUAIFEN	481600	Expectora	48160000	Expectora	P	200MG/10	ORAL	LIQD	ML	118		GENERIC	1/22/2024	71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399100506	TUSSIN M	GUAIFEN	481600	Expectora	48160000	Expectora	P	200MG/10	ORAL	LIQD	ML	473		GENERIC	1/22/2024	71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399100508	TUSSIN M	GUAIFEN	481600	Expectora	48160000	Expectora	P	200MG/10	ORAL	LIQD	ML	236		GENERIC	1/22/2024	71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399100604	TUSSIN C	DEXTROM	480800	Antitussive	48080000	Antitussive	P	10-100 MC	ORAL	LIQD	ML	118		GENERIC	1/22/2024	71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399100606	TUSSIN C	DEXTROM	480800	Antitussive	48080000	Antitussive	P	10-100 MC	ORAL	LIQD	ML	473		GENERIC	1/22/2024	71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399100608	TUSSIN C	DEXTROM	480800	Antitussive	48080000	Antitussive	P	10-100 MC	ORAL	LIQD	ML	236		GENERIC	1/22/2024	71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399124601	MEDPUR	HYDROC	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	CREA	GM	28		GENERIC	11/27/2023	71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399159908	SODIUM	SULFACE	840404	Antibacter	84040400	Antibacter	S	10%	EXTERNA	SHAM	ML	237		GENERIC		71399			N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
71399201901	MEDPUR	ISOPROP	840492	Local Anti-	84049200	Local Anti-	O	70%	EXTERNA	GEL	ML	100		SSB		71399			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399201902	MEDPUR	ISOPROP	840492	Local Anti-	84049200	Local Anti-	O	70%	EXTERNA	GEL	ML	200		SSB		71399			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399201904	MEDPUR	ISOPROP	840492	Local Anti-	84049200	Local Anti-	O	65%	EXTERNA	GEL	ML	414		NON DRUG		71399			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399202002	DISPOSA	MASKS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30		NON DRUG		71399			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399202201	KN95 MEI	MASKS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		71399			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399209201	MEDPUR	ISOPROP	840492	Local Anti-	84049200	Local Anti-	P	70%	EXTERNA	MISC	EA	100		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399209901	PROTECT	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		71399			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399219505	N95 PART	MASKS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	5		NON DRUG		71399			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399282901	DIBUCAIN	DIBUCAIN	840800	Antipruritic	84080000	Antipruritic	P	1%	EXTERNA	OINT	GM	28		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399282902	DIBUCAIN	DIBUCAIN	840800	Antipruritic	84080000	Antipruritic	P	1%	EXTERNA	OINT	GM	56		GENERIC		71399	N		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399285505	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	50		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399292901	MEDPUR	ISOPROP	840492	Local Anti-	84049200	Local Anti-	O	70%	EXTERNA	SOLN	ML	100		SSB		71399			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399292902	MEDPUR	ISOPROP	840492	Local Anti-	84049200	Local Anti-	O	70%	EXTERNA	SOLN	ML	200		SSB		71399			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399388406	ASPERFL	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4%	EXTERNA	PTCH	EA	6		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399402003	NEODOT	THERMOI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		71399			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399443906	ASPERFL	CAPSAICI	840800	Antipruritic	84080000	Antipruritic	O	0.025-1.25	EXTERNA	PTCH	EA	6		SSB		71399			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399445305	ASPERFL	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4-1 %	EXTERNA	PTCH	EA	5		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399445605	ASPERFL	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4%	EXTERNA	PTCH	EA	5		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399445806	ASPERFL	CAMPHOI	849200	Skin and M	84920000	Skin and M	P	3.1-6-10 %	EXTERNA	PTCH	EA	6		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399446105	ASPERFL	MENTHOI	849200	Skin and M	84920000	Skin and M	O	7.50%	EXTERNA	PTCH	EA	5		SSB		71399			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399458901	MEDPUR	CAMPHOI	929200	UNKNOW	92920000	UNKNOW	P	4.8%-1.2%	EXTERNA	OINT	GM	100		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399510101	HYDROPI	EMOLLIEI	842412	Basic Oint	84241200	Basic Oint	P	42%	EXTERNA	OINT	GM	454		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399510102	HYDROPI	EMOLLIEI	842412	Basic Oint	84241200	Basic Oint	P	42%	EXTERNA	OINT	GM	100		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399624609	ONE VITE	PRENATA	882800	Multivitam	88280000	Multivitam	R	27-1 MG	ORAL	TABS	EA	90		SSB		71399			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399654401	ASPERFL	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	O	4%	EXTERNA	OINT	GM	100		SSB		71399			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399658503	ONELAX	PSYLLIUM	561200	Cathartics	56120000	Cathartics	P	25%	ORAL	POWD	GM	368		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399658603	ONELAX	PSYLLIUM	561200	Cathartics	56120000	Cathartics	P	25%	ORAL	POWD	GM	368		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399658701	ONELAX	PSYLLIUM	561200	Cathartics	56120000	Cathartics	O	83%	ORAL	POWD	GM	300		SSB		71399			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399674301	MEDPUR	MENTHOI	841200	Astringent	84120000	Astringent	P	0.44-20.6	EXTERNA	OINT	GM	100		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399685403	ASPERFL	MENTHOI	842404	Basic Loti	84240400	Basic Loti	P	10-15 %	EXTERNA	CREA	GM	85		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399740105	D-VITE PE	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	10 MCG/M	ORAL	LIQD	ML	50		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399742005	POLY-VIT	PEDIATRI	882800	Multivitam	88280000	Multivitam	O	11 MG/ML	ORAL	SOLN	ML	50		SSB		71399			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399744005	POLY-VIT	PEDIATRI	882800	Multivitam	88280000	Multivitam	O	400UNIT/M	ORAL	SOLN	ML	50		SSB		71399			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399748005	FE-VITE II	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	75 (15 FE)	ORAL	SOLN	ML	50		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399750405	TRI-VITE	PEDIATRI	882800	Multivitam	88280000	Multivitam	P	750-400-3	ORAL	SOLN	ML	50		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399783601	ONE VITE	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	60MG-60M	ORAL	TABS	EA	100		SSB		71399			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399783602	ONE VITE	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	60MG-60M	ORAL	TABS	EA	1000		SSB		71399			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399788901	ONELAX	MAGNESI	561200	Cathartics	56120000	Cathartics	P	1.745 GM/	ORAL	SOLN	ML	296		GENERIC		71399	N		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399801401	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	100		GENERIC	11/29/2024	71399	N		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399802001	DOCUSAT	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	100		GENERIC	1/28/2022	71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399802201	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	100		GENERIC	11/29/2024	71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399802202	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	1000		GENERIC	11/29/2024	71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399802401	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	100		GENERIC	11/29/2024	71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399802402	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	1000		GENERIC	11/29/2024	71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399802501	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	100		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399802502	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	1000		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399802601	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	50 MG	ORAL	CAPS	EA	100		GENERIC		71399	Y		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399802602	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	50 MG	ORAL	CAPS	EA	1000		GENERIC		71399	Y		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399802701	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	100		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399802702	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	1000		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399802801	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	100		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399802802	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	1000		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399804201	ALLERGY	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	100		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399804203	ALLERGY	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	30		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399823508	ONELAX	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.8 MG/5M	ORAL	SYRP	ML	237		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399823708	SENNA	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.8 MG/5M	ORAL	SYRP	ML	237		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399824501	SENNA	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6 MG	ORAL	TABS	EA	100		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399824502	SENNA	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6 MG	ORAL	TABS	EA	1000		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399824503	SENNA	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6 MG	ORAL	TABS	EA	100		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399826609	ONE VITE	PRENATA	882800	Multivitam	88280000	Multivitam	O	27-0.8 MG	ORAL	TABS	EA	90		SSB		71399			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399843403	UREA 20	UREA	842800	Keratolytic	84280000	Keratolytic	P	20%	EXTERNA	CREA	GM	85		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399845508	UREA	UREA	842800	Keratolytic	84280000	Keratolytic	S	40%	EXTERNA	LOTN	GM	226.8		GENERIC		71399			N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
71399845601	UREA	UREA	842800	Keratolytic	84280000	Keratolytic	S	40%	EXTERNA	CREA	GM	28		GENERIC		71399			N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
71399845603	UREA	UREA	842800	Keratolytic	84280000	Keratolytic	S	40%	EXTERNA	CREA	GM	85		GENERIC		71399			N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
71399845607	UREA	UREA	842800	Keratolytic	84280000	Keratolytic	S	40%	EXTERNA	CREA	GM	198.4		GENERIC		71399			N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
71399846002	ONELAX	BISACOD	561200	Cathartics	56120000	Cathartics	P	10 MG	RECTAL	SUPP	EA	12		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399846005	ONELAX	BISACOD	561200	Cathartics	56120000	Cathartics	P	10 MG	RECTAL	SUPP	EA	50		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399862701	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	1000		GENERIC		71399			N	#N/A	ORIG_FR	10	EHB	#N/A			X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
71399862702	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	120		GENERIC		71399			N	#N/A	ORIG_FR	10	EHB	#N/A			X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
71399865901	ALLERGY	FEXOFEN	40800	Second G	4080000	Second G	P	60 MG	ORAL	TABS	EA	100		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399904801	SAFETY L	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		71399			N	FORMULARY		2	BRAND	PREFERRED BRAND					R	MEDPRMI
71399923405	MEDPUR	BENZOYL	840492	Local Anti-	84049200	Local Anti-	P	5%	EXTERNA	LIQD	GM	148		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399923408	MEDPUR	BENZOYL	840492	Local Anti-	84049200	Local Anti-	P	5%	EXTERNA	LIQD	GM	237		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399923605	MEDPUR	BENZOYL	840492	Local Anti-	84049200	Local Anti-	P	10%	EXTERNA	LIQD	GM	148		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399923608	MEDPUR	BENZOYL	840492	Local Anti-	84049200	Local Anti-	P	10%	EXTERNA	LIQD	GM	237		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399947405	MEDPUR	BENZOYL	840492	Local Anti-	84049200	Local Anti-	P	10%	EXTERNA	GEL	GM	42.5		GENERIC		71399	N		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399947406	MEDPUR	BENZOYL	840492	Local Anti-	84049200	Local Anti-	P	10%	EXTERNA	GEL	GM	60		GENERIC		71399	N		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399947409	MEDPUR	BENZOYL	840492	Local Anti-	84049200	Local Anti-	P	10%	EXTERNA	GEL	GM	90		GENERIC		71399	N		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399947805	MEDPUR	BENZOYL	840492	Local Anti-	84049200	Local Anti-	P	5%	EXTERNA	GEL	GM	42.5		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399947806	MEDPUR	BENZOYL	840492	Local Anti-	84049200	Local Anti-	P	5%	EXTERNA	GEL	GM	60		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399947809	MEDPUR	BENZOYL	840492	Local Anti-	84049200	Local Anti-	P	5%	EXTERNA	GEL	GM	90		GENERIC		71399			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71399968601	AERIVA C	NEBULIZE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		71399			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71401038816	CALCIUM	MULTIPLE	401200	Replacem	40120000	Replacem	O	250MCG/3	ORAL	LIQD	ML	480		SSB		71401			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71401039416	JOINT MC	GLUCOSA	929200	UNKNOW	92920000	UNKNOW	O	10MCG/30	ORAL	LIQD	ML	480		SSB		71401			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71401089416	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	O	25 MCG/1	ORAL	LIQD	ML	480		SSB		71401			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71401091616	MULTIVIT	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	30MG/15M	ORAL	LIQD	ML	480		SSB		71401			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71401092316	IRON	IRON GLY	200404	Iron Prepa	20040400	Iron Prepa	O	18 MG/15	ORAL	LIQD	ML	480		GENERIC		71401			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71403000330	RHOFADE	OXYMETA	523200	Vasocons	52320000	Vasocons	R	1%	EXTERNA	CREA	GM	30		SSB		71403			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION				DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
71403000704	BIONECT	HYALURO	849200	Skin and M	84920000	Skin and M	R	0.20%	EXTERNA	CREA	GM	100		SSB		71403			N	EXCLUDE	N/A: [DRU	20		FORMULARY EXCLUSION				DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
71403000804	BIONECT	HYALURO	849200	Skin and M	84920000	Skin and M	R	0.20%	EXTERNA	GEL	GM	100		SSB		71403			N	EXCLUDE	N/A: [DRU	20		FORMULARY EXCLUSION				DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
71403004401	NUVAIL	DERMATO	849200	Skin and M	84920000	Skin and M	R	0	EXTERNA	SOLN	ML	15		SSB		71403			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION				DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
71403004901	SITAVIG	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	R	50MG	BUCCAL	TABS	EA	1		SSB		71403			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION				DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
71403004902	SITAVIG	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	R	50MG	BUCCAL	TABS	EA	2		SSB		71403			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION				DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
71403010130	MINOLIRA	MINOCYC	849200	Skin and M	84920000	Skin and M	R	105 MG	ORAL	TB24	EA	30		SSB		71403			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION				DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
71403010230	MINOLIRA	MINOCYC	849200	Skin and M	84920000	Skin and M	R	135 MG	ORAL	TB24	EA	30		SSB		71403			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION				DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
71403080445	CLODERM	CLOCORT	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	45		MSB		71403	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION			X	Must meet 5 DS Eloc TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CRE	R	MEDPRMI
71403080475	CLODERM	CLOCORT	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	75		MSB		71403	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION			X	Must meet 5 DS Eloc TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CRE	R	MEDPRMI
71403080490	CLODERM	CLOCORT	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	90		MSB		71403	Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION			X	Must meet 5 DS Eloc TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CRE	R	MEDPRMI
71406010501	SENNA	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6 MG	ORAL	TABS	EA	100		GENERIC		71406			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71406010510	SENNA	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6 MG	ORAL	TABS	EA	1000		GENERIC		71406			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71406010601	SENNA-S	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	100		GENERIC		71406			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71406010610	SENNA-S	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	1000		GENERIC		71406			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71406011301	METOLAZ	METOLAZ	243624	UNKNOW	24362400	UNKNOW	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC	6/4/2024	71406			N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
71406011401	METOLAZ	METOLAZ	243624	UNKNOW	24362400	UNKNOW	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	6/4/2024	71406			N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
71406011501	METOLAZ	METOLAZ	243624	UNKNOW	24362400	UNKNOW	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	6/4/2024	71406			N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
71406012335	SODIUM (	SODIUM (	529200	EENT Dru	52920000	EENT Dru	P	5%	OPHTHAL	OINT	GM	3.5		GENERIC	1/17/2023	71406			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71406012435	LUBRICAI	WHITE PE	529200	EENT Dru	52920000	EENT Dru	P	42.5%-57.	OPHTHAL	OINT	GM	3.5		GENERIC	11/15/2024	71406			N	EXCLUDE	RECALL_DENY: [RECALLED F			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71406012810	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	1000		GENERIC		71406			N	#N/A	ORIG_FR	10	EHB	#N/A			X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
71406012812	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	120		GENERIC		71406			N	#N/A	ORIG_FR	10	EHB	#N/A			X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
71410010001	ULTRA OI	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	100		GENERIC		71410			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71414011501	ASCORBI	ASCORBI	881200	Vitamin C	88120000	Vitamin C	R	500 MG/M	INJECTIO	SOLN	ML	50		GENERIC		71414		Y	N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
71414022501	VITAMIN I	B-COMPL	880800	Vitamin B	88080000	Vitamin B	S	2MG/ML-1	INJECTIO	SOLN	ML	30		GENERIC		71414		Y	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
71428000160	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	SOLN	ML	60		GENERIC	5/31/2023	71428			N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
71428000260	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.01%	EXTERNA	SOLN	ML	60		GENERIC	5/31/2023	71428			N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
71428000330	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1%	EXTERNA	SOLN	ML	30		GENERIC	5/31/2023	71428			N	FORMULARY		1	GEN	GENERICS	X	<= 180			R	MEDPRMI
71428000360	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1%	EXTERNA	SOLN	ML	60		GENERIC	4/24/2024	71428			N	FORMULARY		1	GEN	GENERICS	X	<= 180			R	MEDPRMI
71428001130	HALCINO	HALCINO	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	30		GENERIC	5/31/2023	71428	Y		N	FORMULARY		1	GEN	GENERICS			X	Must meet 5 DS Beta TRIAL OF ONE OF THE FOLLOWING: BETAMETHASONE 0.05% OINTMENT OR	R	MEDPRMI

71428001160	HALCINO	HALCINO	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	60	GENERIC	5/31/2023	71428 Y			N	FORMULARY		1 GEN	GENERICS			X	Must mee 5 DS Beta TRIAL OF ONE OF THE FOLLOWING: BETAMETHASONE 0.05% OINTMENT OR ,	R	MEDPRM
71436002601	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4%	EXTERNA	CREA	GM	120	GENERIC		71436			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71436302501	CAPSAICI	CAPSAICI	849200	Skin and M	84920000	Skin and M	P	0.03%	EXTERNA	PTCH	EA	10	GENERIC		71436			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71436310401	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4%	EXTERNA	PTCH	EA	10	GENERIC		71436			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71436357105	LM PLUS	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	R	3.5-7 %	EXTERNA	PTCH	EA	15	SSB		71436			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRM
71437052501	DICLOPR	DICLOFE	849200	Skin and M	84920000	Skin and M	R	1%-10%-3	EXTERNA	KIT	GM	418	SSB		71437			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION				DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
71449000111	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	R	0.5 MG/5M	INTRAVE	SOSY	ML	5	NON DRUG		71449			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449000115	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	R	1 MG/10M	INTRAVE	SOSY	ML	10	NON DRUG		71449			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449000411	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	R	50 MG/5M	INTRAVE	SOSY	ML	5	GENERIC		71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449000415	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	R	100 MG/1(	INTRAVE	SOSY	ML	10	GENERIC		71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449000511	SUCCINY	SUCCINY	122020	UNKNOW	12202000	UNKNOW	R	100 MG/5	INJECTIO	SOSY	ML	5	GENERIC	8/16/2023	71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449000514	SUCCINY	SUCCINY	122020	UNKNOW	12202000	UNKNOW	R	140 MG/7	INJECTIO	SOSY	ML	7	GENERIC	8/16/2023	71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449000515	SUCCINY	SUCCINY	122020	UNKNOW	12202000	UNKNOW	R	200 MG/1(	INJECTIO	SOSY	ML	10	GENERIC	8/16/2023	71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449000810	NEOSTIG	NEOSTIG	120400	Parasymp	12040000	Parasymp	R	4 MG/4ML	INTRAVE	SOSY	ML	4	GENERIC	8/16/2023	71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449000811	NEOSTIG	NEOSTIG	120400	Parasymp	12040000	Parasymp	R	5 MG/5ML	INTRAVE	SOSY	ML	5	GENERIC	8/16/2023	71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449000907	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	R	0.6 MG/3M	INJECTIO	SOSY	ML	3	GENERIC	8/16/2023	71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449000911	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	R	1 MG/5ML	INJECTIO	SOSY	ML	5	GENERIC	8/16/2023	71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449001011	EPHEDRI	EPHEDRI	121212	alpha- anc	12121200	alpha- anc	R	25 MG/5M	INJECTIO	SOSY	ML	5	GENERIC	8/16/2023	71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449001015	EPHEDRI	EPHEDRI	121212	alpha- anc	12121200	alpha- anc	R	50 MG/10	INJECTIO	SOSY	ML	10	GENERIC		71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449001140	SODIUM	SODIUM	400800	Alkalinizin	40080000	Alkalinizin	R	8.40%	INTRAVE	SOLN	ML	50	GENERIC	8/16/2023	71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449001305	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	100 MCG/	INJECTIO	SOSY	ML	2	GENERIC		71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449001332	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	1500 MCG	INTRAVE	SOSY	ML	30	NON DRUG		71449			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449001411	EPHEDRI	EPHEDRI	121212	alpha- anc	12121200	alpha- anc	R	50 MG/5M	INJECTIO	SOSY	ML	5	NON DRUG		71449			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449001506	ATROPIN	ATROPIN	120808	Antimusca	12080800	Antimusca	R	1 MG/2.5M	INJECTIO	SOSY	ML	2.5	GENERIC		71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449001632	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	R	150 MG/3(	INTRAVE	SOLN	ML	30	NON DRUG		71449			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449001832	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	R	30MG/30M	INTRAVE	SOSY	ML	30	NON DRUG		71449	Y		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRM
71449002015	EPINEPHI	EPINEPHI	523200	Vasocons	52320000	Vasocons	R	1-0.9 MG/	INTRAVE	SOSY	ML	10	GENERIC		71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449002111	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	5-0.9 MG/	INJECTIO	SOSY	ML	5	GENERIC	8/16/2023	71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449002232	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	150MG/30	INTRAVE	SOSY	ML	30	NON DRUG		71449			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449002311	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	R	10 MG/ML	INJECTIO	SOSY	ML	5	GENERIC		71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449002407	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	R	60 MG/3M	INJECTIO	SOSY	ML	3	GENERIC	6/1/2022	71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449002411	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	R	100 MG/5	INJECTIO	SOSY	ML	5	NON DRUG		71449			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449002768	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	R	.9%-1GM/	INTRAVE	SOLN	ML	250	GENERIC		71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449002868	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	R	1.25-0.9 G	INTRAVE	SOLN	ML	250	GENERIC		71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449002968	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	R	1.5-0.9 GM	INTRAVE	SOLN	ML	250	GENERIC		71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449003070	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	R	1.75-0.9 G	INTRAVE	SOLN	ML	500	GENERIC		71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449003170	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	R	2-0.9 GM/	INTRAVE	SOLN	ML	500	GENERIC		71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449006811	KETAMIN	KETAMIN	280408	UNKNOW	28040800	UNKNOW	R	50 MG/5M	INJECTIO	SOSY	ML	5	NON DRUG		71449			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449006832	KETAMIN	KETAMIN	280408	UNKNOW	28040800	UNKNOW	R	300 MG/3(	INJECTIO	SOSY	ML	30	GENERIC		71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449007025	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	R	0.20%	INJECTIO	SOSY	ML	50	GENERIC		71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449007031	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	R	0.20%	INJECTIO	SOSY	ML	60	GENERIC	8/16/2023	71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449007241	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	1-0.9 MG/	INTRAVE	SOLN	ML	100	GENERIC		71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449007282	FENTANY	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	2.5-0.9 MC	INTRAVE	SOLN	ML	250	GENERIC		71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449007532	DEXAME	DEXAME	680400	Adrenals	68040000	Adrenals	R	0.01-0.375	INJECTIO	SOSY	ML	30	GENERIC		71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449007951	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	R	0.2-0.9 %	INJECTIO	SOLN	ML	545	GENERIC		71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449007955	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	R	0.2-0.9 %	INJECTIO	SOLN	ML	545	GENERIC		71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449007957	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	R	0.2-0.9 %	INJECTIO	SOLN	ML	745	GENERIC		71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449007959	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	R	0.2-0.9 %	INJECTIO	SOLN	ML	745	GENERIC		71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449009042	LIDOCAIN	LIDOCAIN	521600	Local Ane	52160000	Local Ane	R	1%-1.5%	INTRAOC	SOLN	ML	1	NON DRUG		71449			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449009122	BEVACIZI	BEVACIZU	100000	Antineopla	10000000	Antineopla	R	2 MG/0.08	INTRAVIT	SOSY	ML	0.08	GENERIC		71449	Y		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X			R	MEDPRM
71449009135	BEVACIZI	BEVACIZU	100000	Antineopla	10000000	Antineopla	R	3.75 MG/0	INTRAVIT	SOSY	ML	0.15	GENERIC	8/16/2023	71449			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449009143	BEVACIZI	BEVACIZU	100000	Antineopla	10000000	Antineopla	R	2.5 MG/0.	INTRAVIT	SOSY	ML	0.1	NON DRUG		71449			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449009144	BEVACIZI	BEVACIZU	100000	Antineopla	10000000	Antineopla	R	3.25 MG/0	INTRAVIT	SOSY	ML	0.13	NON DRUG		71449			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449009190	BEVACIZI	BEVACIZU	100000	Antineopla	10000000	Antineopla	R	2.75 MG/0	INTRAVIT	SOSY	ML	0.11	GENERIC		71449			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449009198	BEVACIZI	BEVACIZU	100000	Antineopla	10000000	Antineopla	R	2 MG/0.08	INTRAVIT	SOSY	ML	0.08	GENERIC	3/31/2024	71449	Y		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X			R	MEDPRM
71449009245	TROPICA	TROPICA	522400	Mydriatics	52240000	Mydriatics	R	1-1-2.5 %	OPHTHAL	SOLN	ML	1 X	NON DRUG		71449 N			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRM
71449009246	TROPICA	TROPICA	522400	Mydriatics	52240000	Mydriatics	R	1-1-2.5 %	OPHTHAL	SOLN	ML	5 X	NON DRUG		71449 N			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRM
71449009642	MOXIFLO	MOXIFLO	520404	Antibacter	52040400	Antibacter	R	1 MG/ML	INTRAVIT	SOLN	ML	1	GENERIC		71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449009742	MOXIFLO	MOXIFLO	520404	Antibacter	52040400	Antibacter	R	5 MG/ML	INTRAOC	SOLN	ML	1	GENERIC		71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449009846	TROPICA	TROPICA	522400	Mydriatics	52240000	Mydriatics	R	1-2.5 %	OPHTHAL	SOLN	ML	5 X	GENERIC		71449			N	FORMULARY		1 GEN	GENERICS					R	MEDPRM
71449009847	TROPICA	TROPICA	522400	Mydriatics	52240000	Mydriatics	R	1-2.5 %	OPHTHAL	SOLN	ML	10 X	GENERIC		71449			N	FORMULARY		1 GEN	GENERICS					R	MEDPRM
71449009848	TROPICA	TROPICA	522400	Mydriatics	52240000	Mydriatics	R	1-2.5 %	OPHTHAL	SOLN	ML	2 X	GENERIC		71449			N	FORMULARY		1 GEN	GENERICS					R	MEDPRM
71449010236	CANTHAF	CANTHAF	840406	Antivirals	84040600	Antivirals	R	0.70%	EXTERNA	SOLN	ML	10	GENERIC		71449			N	FORMULARY		1 GEN	GENERICS					R	MEDPRM
71449010411	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	R	1 MG/5ML	INJECTIO	SOSY	ML	5	GENERIC		71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449010611	EPHEDRI	EPHEDRI	121212	alpha- anc	12121200	alpha- anc	R	25 MG/5M	INJECTIO	SOSY	ML	5	NON DRUG		71449			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449010615	EPHEDRI	EPHEDRI	121212	alpha- anc	12121200	alpha- anc	R	50 MG/10	INJECTIO	SOSY	ML	10	NON DRUG		71449			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449010711	EPHEDRI	EPHEDRI	121212	alpha- anc	12121200	alpha- anc	R	50 MG/5M	INJECTIO	SOSY	ML	5	GENERIC	8/16/2023	71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449012483	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	R	0.2-0.9 %	INJECTIO	SOLN	ML	500	GENERIC		71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449012491	ROPIVAC	ROPIVAC	720000	Local Ane	72000000	Local Ane	R	0.2-0.9 %	INJECTIO	SOLN	ML	1000	GENERIC		71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449012511	NEOSTIG	NEOSTIG	120400	Parasymp	12040000	Parasymp	R	5 MG/5ML	INTRAVE	SOSY	ML	5	GENERIC		71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449012615	SUCCINY	SUCCINY	122020	UNKNOW	12202000	UNKNOW	R	200 MG/1(	INJECTIO	SOSY	ML	10	GENERIC		71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449012732	DEXAME	DEXAME	720000	Local Ane	72000000	Local Ane	R	0.01-0.375	INJECTIO	SOSY	ML	30	GENERIC	8/16/2023	71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449013032	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	R	150 MG/3(	INTRAVE	SOSY	ML	30	GENERIC		71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449013111	DEXMED	DEXMED	121204	alpha-Adr	12120400	alpha-Adr	R	20-0.9 MC	INTRAVE	SOSY	ML	5	GENERIC		71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449013115	DEXMED	DEXMED	121204	alpha-Adr	12120400	alpha-Adr	R	40-0.9 MC	INTRAVE	SOSY	ML	10	GENERIC		71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449013339	NOREPIN	NOREPIN	121212	alpha- anc	12121200	alpha- anc	R	2 MG/ML	INTRAVE	SOLN	ML	8	GENERIC		71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449013424	DEXAME	DEXAME	720000	Local Ane	72000000	Local Ane	R	0.01-0.375	INJECTIO	SOSY	ML	30	GENERIC		71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449013432	DEXAME	DEXAME	720000	Local Ane	72000000	Local Ane	R	0.01-0.375	INJECTIO	SOSY	ML	30	GENERIC		71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449014894	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	R	20-0.9 MG	INTRAVE	SOLN	ML	250	GENERIC		71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449014982	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	R	25-0.9 MG	INTRAVE	SOLN	ML	250	GENERIC		71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71449015082	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	R	40-0.9 MG	INTRAVE	SOLN	ML	250	GENERIC		71449	Y		N	FORMULARY		1 GEN	GENERICS					R	MEDPRM
71449015770	OXYTOCI	OXYTOCI	760000	Oxytocics	76000000	Oxytocics	R	30-0.9 UT/	INTRAVE	SOLN	ML	500	GENERIC		71449			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71469023101	GLEOLAN	AMINOLE	366800	Roentgen	36680000	Roentgen	S	1.5 GM	ORAL	SOLR	EA	1	SSB		71469			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71474030105	KERAGEL	WOUND D	849200	Skin and M	84920000	Skin and M	R	0	EXTERNA	GEL	GM	5	SSB		71474 N			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION				DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
71474030120	KERAGEL	WOUND D	849200	Skin and M	84920000	Skin and M	R	0	EXTERNA	GEL	GM	20	SSB		71474			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION				DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
71474030205	KERAGEL	WOUND D	849200	Skin and M	84920000	Skin and M	R	0	EXTERNA	GEL	GM	5	SSB		71474			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION				DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
71474030220	KERAGEL	WOUND D	849200	Skin and M	84920000	Skin and M	R	0	EXTERNA	GEL	GM	20	SSB		71474			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION				DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
71474030301	KERAMA	WOUND D	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	SHEE	EA	1	SSB		71474			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION				DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
71474030303	KERAMA	WOUND D	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	SHEE	EA	1	SSB		71474			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION				DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
71474030305	KERAMA	WOUND D	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	SHEE	EA	1	SSB		71474			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION				DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
71474030310	KERAMA	WOUND D	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	SHEE	EA	10	SSB		71474			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION				DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
71474030350	KERAMA	WOUND D	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	SHEE	EA	5	SSB		71474			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION				DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
71474030351	KERAMA	WOUND D	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	SHEE	EA	10	SSB		71474			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION				DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
71474030355	KERAMA	WOUND D	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	SHEE	EA	5	SSB		71474			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION				DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
71474030356	KERAMA	WOUND D	960000	Pharmace	96000000	Pharmace	R	0	EXTERNA	SHEE	EA	5	SSB		71474			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION				DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
71475025701	ARAKODA	TAFENOC	83008	Antimalari	8300800	Antimalari	R	100 MG	ORAL	TABS	EA	16	SSB		71475			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRM
71500000110	SUBSYS	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	100 MCG	SUBLINGI	LIQD	EA	10	SSB	12/31/2022	71500			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION				DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
71500000230	SUBSYS	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	200 MCG	SUBLINGI	LIQD	EA	30	SSB	12/31/2022	71500			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION				DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
71500000430	SUBSYS	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	400 MCG	SUBLINGI	LIQD	EA	30	SSB	12/31/2022	71500			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION				DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
71500000630	SUBSYS	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	600 MCG	SUBLINGI	LIQD	EA	30	SSB	12/31/2022	71500			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION				DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
71500000830	SUBSYS	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	800 MCG	SUBLINGI	LIQD	EA	30	SSB	12/31/2022	71500			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION				DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
71500001201	SUBSYS	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	1200 (600	SUBLINGI	LIQD	EA	2	SSB	12/31/2022	71500			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION				DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
71500001215	SUBSYS	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	1200 (600	SUBLINGI	LIQD	EA	2	SSB	12/31/2022	71500			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION				DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
71500001601	SUBSYS	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	1600 (800	SUBLINGI	LIQD	EA	2	SSB	12/31/2022	71500			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION				DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
71500001615	SUBSYS	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	1600 (800	SUBLINGI	LIQD	EA	2	SSB	12/31/2022	71500			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION				DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
71500011001	LAZANDA	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	100 MCG/	NASAL	SOLN	EA	1	SSB	12/30/2022	71500			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION				DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
71500014001	LAZANDA	FENTANY	280808	Opiate Ag	28080800	Opiate Ag	R	400 MCG/	NASAL	SOLN	EA	1	SSB	12/30/2022	71500			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION				DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
71506000858	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	R	80-0.9 MG	INTRAVE	SOLN	ML	250	GENERIC		71506			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71506001058	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	R	10-0.9 MG	INTRAVE	SOLN	ML	250	GENERIC		71506			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71506001458	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	R	750-0.9 M	INTRAVE	SOLN	ML	250	GENERIC		71506			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71506001558	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	R	1.25-0.9 G	INTRAVE	SOLN	ML	250	GENERIC		71506			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71506001659	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	R	1.5-0.9 GM	INTRAVE	SOLN	ML	500	GENERIC		71506			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71506001759	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	R	1.75-0.9 G	INTRAVE	SOLN	ML	500	GENERIC		71506			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71506001858	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	R	1-0.9 GM/	INTRAVE	SOLN	ML	250	GENERIC		71506			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71506001959	VANCOM	VANCOM	81228	Antibacter	8122816	Glycopept	R	2-0.9 GM/	INTRAVE	SOLN	ML	500	GENERIC		71506			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71506002235	EPHEDRI	EPHEDRI	121212	alpha- anc	12121200	alpha- anc	R	15-0.9 MG	INTRAVE	SOSY	ML	3	GENERIC		71506			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71506002303	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	R	0.6 MG/3M	INJECTIO	SOSY	ML	3	GENERIC		71506			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71506002458	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	R	20-0.9 MG	INTRAVE	SOLN	ML	250	GENERIC		71506			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71506002558	NOREPIN	NOREPIN	121212	alpha- anc	12121200	alpha- anc	R	4-0.9 MG/	INTRAVE	SOLN	ML	250	GENERIC		71506			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71506002651	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	R	0.4-0.9 MC	INTRAVE	SOSY	ML	5	GENERIC		71506			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71506002758	NOREPIN	NOREPIN	121212	alpha- anc	12121200	alpha- anc	R	8-0.9 MG/	INTRAVE	SOLN	ML	250	GENERIC		71506			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71506002859	OXYTOCI	OXYTOCI	760000	Oxytocics	76000000	Oxytocics	R	30-0.9 UT/	INTRAVE	SOLN	ML	500	GENERIC		71506			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71506003151	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	R	0.4-0.9 MC	INTRAVE	SOSY	ML	5	GENERIC		71506			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71506003258	NOREPIN	NOREPIN	121212	alpha- anc	12121200	alpha- anc	R	32-0.9 MG	INTRAVE	SOLN	ML	250	GENERIC		71506			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71506003405	SUCCINY	SUCCINY	122020	UNKNOW	12202000	UNKNOW	R	100 MG/5	INTRAVE	SOSY	ML	5	GENERIC		71506			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71506003556	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	R	200-0.9 M	INTRAVE	SOLN	ML	100	GENERIC		71506			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71506003601	ATROPIN	ATROPIN	120808	Antimusca	12080800	Antimusca	R	0.4 MG/ML	INTRAVE	SOSY	ML	1	GENERIC		71506			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71506004010	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	R	0.4-0.9 MC	INTRAVE	SOSY	ML	10	GENERIC		71506			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71506004105	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	R	100 MG/5	INTRAVE	SOSY	ML	5	GENERIC		71506			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71506004301	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	R	10 MG/ML	INTRAVE	SOSY	ML	1	GENERIC		71506			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71506004645	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	R	20 MG/4M	INTRAVE	SOSY	ML	4	GENERIC		71506			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71506005056	KETAMIN	KETAMIN	280408	UNKNOW	28040800	UNKNOW	R	1000-0.9	INTRAVE	SOLN	ML	100	GENERIC		71506			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71506005510	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	R	0.4-0.9 MC	INTRAVE	SOSY	ML	10	GENERIC		71506			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71506006058	EPINEPHI	EPINEPHI	523200	Vasocons	52320000	Vasocons	R	8-0.9 MG/	INTRAVE	SOLN	ML	250	GENERIC		71506			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71506007405	KETAMIN	KETAMIN	280408	UNKNOW	28040800	UNKNOW	R	50-0.9 MG	INJECTIO	SOSY	ML	5	GENERIC		71506			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71506007956	THIAMINE	THIAMINE	880800	Vitamin B	88080000	Vitamin B	R	500-0.9 M	INTRAVE	SOLN	ML	100	GENERIC		71506			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71506009905	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	R	50 MG/5M	INTRAVE	SOSY	ML	5	GENERIC		71506			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71511030116	QDOLO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG/ML	ORAL	SOLN	ML	473	SSB		71511			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X			R	MEDPRM
71511050130	FIBRICOF	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	35 MG	ORAL	TABS	EA	30 X	SSB		71511 Y			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRM
71511050230	FIBRICOF	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	105MG	ORAL	TABS	EA	30 X	SSB		71511 Y			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRM
71511050330	NEXICLO	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.17 MG	ORAL	TB24	EA	30 X	SSB		71511			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION				DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
71511070116	NAPROS	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	125 MG/5	ORAL	SUSP	ML	473 X	MSB		71511 Y			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION				DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
71518000101	ANJESO	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	R	30 MG/ML	INTRAVE	INJ	ML	1	SSB	7/14/2023	71518			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71550010090	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90 X	GENERIC		71550			N	FORMULARY		1 GEN	GENERICS					R	MEDPRM
71550010101	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	100	GENERIC		71550			N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS	R	MEDPRM
71558059028	ARIKAYC	AMIKACIN	81202	Aminoglyc	8120200	Aminoglyc	R	590 MG/8.	INHALATI	SUSP	ML	8.4	SSB		71558			N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X			R	MEDPRM
71565004001	XIPERE	TRIAMCIN	520808	Corticoste	52080800	Corticoste	R	40 MG/ML	INTRAOC	SUSP	ML	0.9	SSB	11/1/2022	71565			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71565004025	XIPERE	TRIAMCIN	520808	Corticoste	52080800	Corticoste	R	40 MG/ML	INTRAOC	SUSP	ML	0.9	SSB	11/1/2022	71565			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71571012128	INVELTY	LOTEPRE	520808	Corticoste	52080800	Corticoste	R	1%	OPHTHAL	SUSP	ML	2.8	SSB		71571			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION				DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
71571033383	EYSUVIS	LOTEPRE	520808	Corticoste	52080800	Corticoste	R	0.25%	OPHTHAL	SUSP	ML	8.3	SSB		71571	Y		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION				DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
71574011001	VP FC KIT	FLURBIPI	849200	Skin and M	84920000	Skin and M	R	10%-10%	EXTERNA	CREA	GM	240	SSB		71574			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRM
71574012001	VP GKL K	KETOPRC	849200	Skin and M	84920000	Skin and M	R	20-2-10 %	EXTERNA	CREA	GM	240	SSB		71574			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRM
71574013063	VP DERM	CREAM B	960000	Pharmace	96000000	Pharmace	R	0-0	EXTERNA	CREA	GM	163.2	SSB		71574			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRM
71574013092	VP DERM	CREAM B	960000	Pharmace	96000000	Pharmace	R	0-0	EXTERNA	CREA	GM	192	SSB		71574			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRM
71574030072	LIDOZEN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4-1 %	EXTERNA	GEL	ML	120	MSB		71574 N			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION					R	MEDPRM
71574030572	LIDOZEN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4-1 %	EXTERNA	GEL	ML	120	GENERIC		71574			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71574040005	LIDOZEN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4-1 %	EXTERNA	PTCH	EA	5	GENERIC	9/20/2022	71574			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71574050001	SCARZEN	DIMETHIC	840608	UNKNOW	84060800	UNKNOW	R	5%-.1%	EXTERNA	KIT	EA	1	SSB		71574			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRM
71574050072	SCARZEN	DIMETHIC	842412	Basic Oint	84241200	Basic Oint	O	5%	EXTERNA	LOTN	ML	120	SSB		71574			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71574050101	SCARZEN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	R	0.1 & 5 %	EXTERNA	KIT	EA	1	SSB		71574			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					R	MEDPRM
71574060072	MENTHO	CAPSAICI	842404	Basic Loti	84240400	Basic Loti	O	0.0375-5-2	EXTERNA	CREA	ML	120	SSB		71574			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71574060105	MENTHO	CAPSAICI	840800	Antipruritic	84080000	Antipruritic	O	0.03-4 %	EXTERNA	PTCH	EA	5	SSB		71574			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71574060572	MENTHO	CAPSAICI	842404	Basic Loti	84240400	Basic Loti	O	0.0375-5-2	EXTERNA	CREA	ML	120	SSB		71574			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71574070060	DOCUZEN	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	60	GENERIC		71574			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71574071030	REPOZEN	MELATON	929200	UNKNOW	92920000	UNKNOW	O	30MG-5M	ORAL	CAPS	EA	30	SSB		71574			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71574071110	SANIZEN	ETHYL AL	840492	Local Anti	84049200	Local Anti	O	75%	EXTERNA	GEL	ML	300	NON DRU	1/26/2024	71574			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71574080005	LIDOZEN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4-1 %	EXTERNA	PTCH	EA	5	GENERIC	9/20/2022	71574			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71574090005	LIDOZEN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4-1 %	EXTERNA	PTCH	EA	5	GENERIC		71574			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71574090505	LIDOZEN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4-1 %	EXTERNA	PTCH	EA	5	GENERIC		71574 N			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71594060005	FIRST CA	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4%	EXTERNA	PTCH	EA	5	GENERIC	1/16/2024	71594			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71594060105	FIRST CA	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4%	EXTERNA	PTCH	EA	5	GENERIC	1/16/2024	71594			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71594060205	FIRST CA	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4%	EXTERNA	PTCH	EA	5	GENERIC	11/29/2024	71594			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000106	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000130	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	30	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000187	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	2400	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000360	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	90 X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000430	TEMAZEF	TEMAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	7.5 MG	ORAL	CAPS	EA	30	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000453	TEMAZEF	TEMAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	7.5 MG	ORAL	CAPS	EA	60	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000460	TEMAZEF	TEMAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	7.5 MG	ORAL	CAPS	EA	90	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000560	PRIMIDOI	PRIMIDOI	281204	Anticonvul	28120400	Anticonvul	S	50 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000580	PRIMIDOI	PRIMIDOI	281204	Anticonvul	28120400	Anticonvul	S	50 MG	ORAL	TABS	EA	180 X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000592	PRIMIDOI	PRIMIDOI	281204	Anticonvul	28120400	Anticonvul	S	50 MG	ORAL	TABS	EA	270 X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000594	PRIMIDOI	PRIMIDOI	281204	Anticonvul	28120400	Anticonvul	S	50 MG	ORAL	TABS	EA	360 X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000598	PRIMIDOI	PRIMIDOI	281204	Anticonvul	28120400	Anticonvul	S	50 MG	ORAL	TABS	EA	540 X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000615	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	15	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000620	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	20	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000624	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	224	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000628	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	28	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000630	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	30	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000640	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	40	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000645	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	45	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000646	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	56	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000648	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	480	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000650	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	50	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000653	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	60	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000654	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	84	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000657	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	80	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000660	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	90	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000665	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	100	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000667	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	168	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000670	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	120	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000672	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	112	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000673	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	135	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000675	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	150	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000680	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	180	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000685	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	200	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000689	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	720	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000690	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	240	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000692	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	270	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000694	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	360	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000698	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	540	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000760	OYSTER	OYSTER	401200	Replacem	40120000	Replacem	P	500 MG	ORAL	TABS	EA	90	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000780	OYSTER	OYSTER	401200	Replacem	40120000	Replacem	P	500 MG	ORAL	TABS	EA	180	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000810	LORAZEF	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	10	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000815	LORAZEF	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	15	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000820	LORAZEF	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	20	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000830	LORAZEF	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	30	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000845	LORAZEF	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	45	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000853	LORAZEF	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	60	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000860	LORAZEF	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	90	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000870	LORAZEF	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	120	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000875	LORAZEF	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	150	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000880	LORAZEF	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	180	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000892	LORAZEF	LORAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	270	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000930	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	30 X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000945	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	45 X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610000960	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610001060	NIACIN EI	NIACIN	880800	Vitamin B	88080000	Vitamin B	P	500 MG	ORAL	TBCR	EA	90	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610001080	NIACIN EI	NIACIN	880800	Vitamin B	88080000	Vitamin B	P	500 MG	ORAL	TBCR	EA	180	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610001118	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	10 MG	ORAL	TABS	EA	3000 X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610001204	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	4000 X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610001209	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	9000 X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610001216	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	6000 X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610001230	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	30 X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610001260	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	90 X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610001280	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	60 MG	ORAL	TB24	EA	180 X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610001353	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	60 X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610001379	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	2160 X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610001415	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	15 X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610001430	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	30 X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610001445	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	45 X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610001453	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	60 X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610001460	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610001545	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	45 X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610001560	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610001630	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	30	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610001645	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	45	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610001653	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	60	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610001670	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	120	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610001692	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	270	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610001760	SUCRALF	SUCRALF	562832	Protectant	56283200	Protectant	S	1 GM	ORAL	TABS	EA	90 X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610001770	SUCRALF	SUCRALF	562832	Protectant	56283200	Protectant	S	1 GM	ORAL	TABS	EA	120 X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610001794	SUCRALF	SUCRALF	562832	Protectant	56283200	Protectant	S	1 GM	ORAL	TABS	EA	360 X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610001879	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	2160 X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610001960	LANOXIN	DIGOXIN	240408	Cardiotoni	24040800	Cardiotoni	S	125 MCG	ORAL	TABS	EA	90 X	MSB	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		FORMULARY EXCLUSION					R	MEDPRM
71610002060	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	90 X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610002080	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	180 X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610002094	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	360 X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610002109	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	50 MG	ORAL	TABS	EA	9000 X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610002245	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	45 X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610002260	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90 X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610002315	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	15	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610002330	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	30	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610002345	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	45	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610002353	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	60	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM
71610002360	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	90	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION					R	MEDPRM

71610002370	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	120		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610002430	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-S	S	10 MG	ORAL	CAPS	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610002460	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-S	S	10 MG	ORAL	CAPS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610002553	SLO-NIAC	NIACIN	880800	Vitamin B	88080000	Vitamin B	P	500 MG	ORAL	TBCR	EA	60		MSB	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
71610002560	SLO-NIAC	NIACIN	880800	Vitamin B	88080000	Vitamin B	P	500 MG	ORAL	TBCR	EA	90		MSB	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
71610002580	SLO-NIAC	NIACIN	880800	Vitamin B	88080000	Vitamin B	P	500 MG	ORAL	TBCR	EA	180		MSB	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
71610002630	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610002660	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610002783	FENOFIBI	FENOFIBI	240606	Fibric Acid	24060600	Fibric Acid	S	145 MG	ORAL	TABS	EA	3600	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610002830	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-S	S	20 MG	ORAL	CAPS	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610002853	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-S	S	20 MG	ORAL	CAPS	EA	60	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610002860	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-S	S	20 MG	ORAL	CAPS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610002870	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-S	S	20 MG	ORAL	CAPS	EA	120	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610002880	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-S	S	20 MG	ORAL	CAPS	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610002892	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-S	S	20 MG	ORAL	CAPS	EA	270	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610002909	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	25 MG	ORAL	TABS	EA	9000	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610002916	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	25 MG	ORAL	TABS	EA	6000	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610002930	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610002945	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	25 MG	ORAL	TABS	EA	45	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610002960	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610002980	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	25 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610003030	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TB24	EA	30	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610003060	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TB24	EA	90	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610003075	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TB24	EA	150	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610003080	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TB24	EA	180	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610003092	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TB24	EA	270	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610003160	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TBEC	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610003253	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TBEC	EA	60	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610003260	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TBEC	EA	90	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610003353	MYCOPHI	MYCOPHI	924400	UNKNOW	92440000	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610003360	MYCOPHI	MYCOPHI	924400	UNKNOW	92440000	UNKNOW	S	500 MG	ORAL	TABS	EA	90	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610003370	MYCOPHI	MYCOPHI	924400	UNKNOW	92440000	UNKNOW	S	500 MG	ORAL	TABS	EA	120	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610003375	MYCOPHI	MYCOPHI	924400	UNKNOW	92440000	UNKNOW	S	500 MG	ORAL	TABS	EA	150	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610003380	MYCOPHI	MYCOPHI	924400	UNKNOW	92440000	UNKNOW	S	500 MG	ORAL	TABS	EA	180	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610003390	MYCOPHI	MYCOPHI	924400	UNKNOW	92440000	UNKNOW	S	500 MG	ORAL	TABS	EA	240	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610003392	MYCOPHI	MYCOPHI	924400	UNKNOW	92440000	UNKNOW	S	500 MG	ORAL	TABS	EA	270	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610003394	MYCOPHI	MYCOPHI	924400	UNKNOW	92440000	UNKNOW	S	500 MG	ORAL	TABS	EA	360	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610003398	MYCOPHI	MYCOPHI	924400	UNKNOW	92440000	UNKNOW	S	500 MG	ORAL	TABS	EA	540	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610003465	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TBEC	EA	100		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610003545	TOPROL	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	45	X	MSB	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
71610003560	TOPROL	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	90	X	MSB	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
71610003615	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610003630	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610003645	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610003660	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610003753	CILOSTA	CILOSTA	201218	Platelet-A	20121800	Platelet-A	S	100 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610003760	CILOSTA	CILOSTA	201218	Platelet-A	20121800	Platelet-A	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610003780	CILOSTA	CILOSTA	201218	Platelet-A	20121800	Platelet-A	S	100 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610003845	TOPROL	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	45	X	MSB	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
71610003860	TOPROL	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	90	X	MSB		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
71610003915	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	15		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610003930	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610003945	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	45		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610003953	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	60		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610003955	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	75		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610003960	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	90		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610003970	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	120		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610003975	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	150		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610003980	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	180		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610003992	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	270		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610004015	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	15		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610004028	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	28		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610004030	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	30		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610004045	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	45		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610004053	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610004055	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	75		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610004060	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	90		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610004070	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	120		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610004075	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	150		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610004080	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	180		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610004130	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610004160	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610004230	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	30		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610004253	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	60		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610004260	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610004270	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-325-40	ORAL	TABS	EA	120		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610004309	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	4 MG	ORAL	TABS	EA	9000	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610004360	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	4 MG	ORAL	TABS	EA	90	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610004430	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610004445	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610004453	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610004460	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610004470	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	120	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610004473	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	135	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610004480	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610004492	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610004530	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	3 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610004660	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	90	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610004680	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	180	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610004709	HYDROXY	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	9000	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610004730	HYDROXY	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610004753	HYDROXY	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610004760	HYDROXY	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610004780	HYDROXY	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610004860	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610004930	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610004945	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610004953	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	60	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610004960	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610004980	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	180	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610005030	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610005045	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	45	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610005060	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610005130	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610005215	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610005245	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610005260	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610005360	RALOXIFE	RALOXIFE	681612	Estrogen A	68161200	Estrogen A	S	60 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610005465	SENNA	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6 MG	ORAL	TABS	EA	100		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610005516	NIFEDIPIN	NIFEDIPIN	242808	Dihydropy	24280800	Dihydropy	S	90 MG	ORAL	TB24	EA	6000	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610005560	NIFEDIPIN	NIFEDIPIN	242808	Dihydropy	24280800	Dihydropy	S	90 MG	ORAL	TB24	EA	90	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610005615	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-S	S	40 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610005645	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-S	S	40 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610005760	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610005780	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610005792	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	270	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610005865	SENNOSI	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6 MG	ORAL	TABS	EA	100		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610005960	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610006030	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610006053	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	60	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610006060	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610006070	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	120	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610006080	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610006092	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	270	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610006094	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	360	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610006098	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	540	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610006253	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	3.125 MG	ORAL	TABS	EA	60	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610006260	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	3.125 MG	ORAL	TABS	EA	90	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610006280	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	3.125 MG	ORAL	TABS	EA	180	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610006330	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	30	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610006353	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	60	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610006360	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	90	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610006380	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	180	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610006445	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	45	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610006460	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	90	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610006545	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610006560	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610006660	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610006680	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	180	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610006760	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610006780	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	180	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610006880	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610006945	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610006960	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610006980	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610006992	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610007030	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610007060	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610007130	LYRICA	PREGAB	281228	UNKNOW	28122800	UNKNOW	S	25 MG	ORAL	CAPS	EA	30	X	MSB	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
71610007153	LYRICA	PREGAB	281228	UNKNOW	28122800	UNKNOW	S	25 MG	ORAL	CAPS	EA	60	X	MSB		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
71610007260	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610007280	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610007292	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	270	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610007298	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	540	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610007360	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610007380	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610007430	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610007460	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610007515	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	15		GENERIC	2/24/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610007530	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	30		GENERIC	2/24/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610007545	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	45		GENERIC	2/24/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610007553	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	60		GENERIC	2/24/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610007570	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	120		GENERIC	2/24/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610007630	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610007645	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610007715	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610007730	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610007745	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610007760	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610007815	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610007830	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610007845	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610007860	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610007960	PRIMIDOI	PRIMIDOI	281204	Anticonvul	28120400	Anticonvul	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610007980	PRIMIDOI	PRIMIDOI	281204	Anticonvul	28120400	Anticonvul	S	50 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610007992	PRIMIDOI	PRIMIDOI	281204	Anticonvul	28120400	Anticonvul	S	50 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610007994	PRIMIDOI	PRIMIDOI	281204	Anticonvul	28120400	Anticonvul	S	50 MG	ORAL	TABS	EA	360	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610007998	PRIMIDOI	PRIMIDOI	281204	Anticonvul	28120400	Anticonvul	S	50 MG	ORAL	TABS	EA	540	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008053	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008060	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008080	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008118	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	3000		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008183	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	3600		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008230	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008245	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008260	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008330	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008360	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008410	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	10		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008414	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	14		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008415	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	15		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008420	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	20		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008428	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	28		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008430	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	30		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008445	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	45		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008446	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	56		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008453	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	60		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008454	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	84		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008455	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	75		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008460	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	90		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008470	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	120		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008475	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	150		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008480	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	180		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008492	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	270		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008515	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	15		GENERIC	2/24/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008530	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	30		GENERIC	2/24/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008545	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	45		GENERIC	2/24/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008546	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	56		GENERIC	2/24/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008553	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	60		GENERIC	2/24/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008555	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	75		GENERIC	2/24/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008560	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	90		GENERIC	2/24/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008570	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	120		GENERIC	2/24/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008575	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	150		GENERIC	2/24/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008580	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	180		GENERIC	2/24/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008628	TEMAZEF	TEMAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	28		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008630	TEMAZEF	TEMAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	30		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008653	TEMAZEF	TEMAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	60		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008720	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	TABS	EA	20		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008830	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008853	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	60	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008860	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008870	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	120	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008880	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008892	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	270	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008894	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	360	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008898	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	540	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610008930	TEMAZEF	TEMAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	30		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610009053	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	60	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610009060	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610009080	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610009092	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	270	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610009094	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	360	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610009160	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610009215	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-S	S	20 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610009230	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-S	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610009245	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-S	S	20 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610009260	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-S	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610009360	CETIRIZIN	CETIRIZIN	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610009415	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610009430	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610009445	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610009460	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610009530	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	30		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610009553	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	60		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610009560	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	90		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610009570	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	120		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610009580	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	180		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610009630	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610009645	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610009653	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610009660	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610009680	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	180	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610009730	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610009753	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610009760	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610009770	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	120		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610009818	GUAIFEN	GUAIFEN	481600	Expectora	48160000	Expectora	P	200 MG	ORAL	TABS	EA	3000		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610009930	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610009953	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	60	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610009980	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610010015	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	30 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610010030	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	30 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610010045	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	30 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610010053	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	30 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610010115	TEMAZEF	TEMAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	15		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610010120	TEMAZEF	TEMAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	20		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610010128	TEMAZEF	TEMAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	28		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610010130	TEMAZEF	TEMAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	30		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610010153	TEMAZEF	TEMAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	60		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610010159	TEMAZEF	TEMAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	22		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610010160	TEMAZEF	TEMAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	90		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610010260	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610010309	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	9000	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610010553	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610010560	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610010570	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	120	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610010580	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	180	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610010592	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	270	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610010594	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	360	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610010615	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-S	S	100 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610010630	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-S	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610010645	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-S	S	100 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610010653	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-S	S	100 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610010660	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-S	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

71610010673	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-s	S	100 MG	ORAL	TABS	EA	135	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610010680	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-s	S	100 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610010753	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610010760	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	90	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610010780	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610010930	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610011009	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	8 MG	ORAL	TABS	EA	9000	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610011060	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	8 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610011130	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610011145	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MG	ORAL	TABS	EA	45		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610011146	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MG	ORAL	TABS	EA	56		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610011153	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610011154	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MG	ORAL	TABS	EA	84		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610011160	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610011170	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MG	ORAL	TABS	EA	120		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610011172	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MG	ORAL	TABS	EA	112		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610011175	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MG	ORAL	TABS	EA	150		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610011180	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MG	ORAL	TABS	EA	180		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610011190	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 MG	ORAL	TABS	EA	240		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610011230	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610011253	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610011260	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610011270	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	120		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610011330	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610011353	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610011360	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610011370	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	120		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610011430	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610011453	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610011460	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610011515	MIRTAZA	MIRTAZA	281604	Antidepres	28160424	Serotonin	S	15 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610011530	MIRTAZA	MIRTAZA	281604	Antidepres	28160424	Serotonin	S	15 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610011560	MIRTAZA	MIRTAZA	281604	Antidepres	28160424	Serotonin	S	15 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610011645	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610011660	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610011730	DOXYCY	DOXYCY	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610011988	ONDANSE	ONDANSE	562220	5-HT3 Rec	56222000	5-HT3 Rec	S	8 MG	ORAL	TABS	EA	900		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610012009	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	4 MG	ORAL	TABS	EA	9000	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610012060	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	4 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610012109	MIRTAZA	MIRTAZA	281604	Antidepres	28160424	Serotonin	S	15 MG	ORAL	TABS	EA	9000	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610012210	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	10		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610012215	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	15		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610012220	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	20		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610012228	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	28		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610012230	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	30		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610012245	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	45		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610012253	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	60		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610012255	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	75		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610012260	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	90		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610012270	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	120		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610012275	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	150		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610012280	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	180		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610012292	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	270		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610012330	CETIRIZI	CETIRIZI	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610012360	CETIRIZI	CETIRIZI	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610012409	AZATHIO	AZATHIO	902808	UNKNOW	90280892	UNKNOW	S	50 MG	ORAL	TABS	EA	9000	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610012530	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610012553	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	60	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610012560	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610012570	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	120	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610012580	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610012592	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	270	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610012598	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	540	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610012660	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610012680	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610012692	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	270	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610012718	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	300 MG	ORAL	TABS	EA	3000	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610012815	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	15	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610012816	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	6000	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610012830	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	30	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610012853	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610012909	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	9000	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610012930	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610013130	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610013160	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610013253	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	3.125 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610013260	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	3.125 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610013280	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	3.125 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610013315	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610013330	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610013345	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610013453	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610013460	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610013560	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610013580	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610013592	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	270	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610013598	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	540	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610013615	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	15	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610013616	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	6000	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610013630	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610013645	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	45	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610013653	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610013660	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610013760	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610013780	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610013860	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610013870	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	120	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610013880	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610013892	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610013960	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610014030	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610014053	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610014060	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610014118	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	400 MG	ORAL	TABS	EA	3000	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610014187	QUETIAP	QUETIAP	281608	Antipsych	28160804	Atypical A	S	400 MG	ORAL	TABS	EA	2400	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610014209	METOLAZ	METOLAZ	243624	UNKNOW	24362400	UNKNOW	S	2.5 MG	ORAL	TABS	EA	9000	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610014360	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610014416	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	6000	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610014430	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610014460	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	90	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610014515	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	1 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610014530	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	1 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610014545	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	1 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610014560	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	1 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610014630	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610014653	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	60	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610014660	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610014670	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	120	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610014680	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610014692	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	270	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610014698	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	540	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610014760	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610014770	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	120	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610014780	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610014792	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610014794	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	360	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610015060	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-s	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610015115	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	15		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610015120	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	20		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610015128	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	28		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610015130	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610015145	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	45		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610015153	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610015160	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610015210	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	10		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610015215	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	15		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610015220	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610015221	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	21		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610015228	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	28		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610015230	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610015360	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	TABS	EA	90	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610015460	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610015480	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610015492	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610015530	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610015545	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610015560	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610015610	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	10		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610015615	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	15		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610015620	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	20		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610015628	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	28		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610015630	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610015645	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	45		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610015653	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610015760	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TB24	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610015775	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TB24	EA	150	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610015860	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610015880	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610015983	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	3600		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610016016	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	8 MG	ORAL	TABS	EA	6000	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610016060	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	8 MG	ORAL	TABS	EA	90	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610016145	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	45	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610016160	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610016216	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	6000		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610016315	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610016330	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610016345	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610016483	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TABS	EA	3600	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610016553	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610016560	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610016580	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	180		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610016660	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610016680	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610016692	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	270	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610016694	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	360	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610016716	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	6000		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610016730	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610016753	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610016760	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610016815	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	15	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610016830	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610016845	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	45	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610016860	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610016960	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610017015	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	15	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610017030	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	30	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610017045	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	45	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610017060	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610017130	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610017160	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610017260	MAGNESI	MAGNESI	560400	Antacids a	56040000	Antacids a	P	400 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610017330	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610017335	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	35	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610017340	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	40	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610017345	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610017453	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610017460	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610017470	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	120		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610017480	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	180		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610017545	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	45	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610017560	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610017573	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	135	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610017580	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	180	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610017592	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610017594	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	360	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610017598	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	540	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610017660	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610017680	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610017692	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610017709	JARDIAN	EMPAGLI	682018	UNKNOW	68201800	UNKNOW	R	25 MG	ORAL	TABS	EA	9000	X	SSB		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610017715	JARDIAN	EMPAGLI	682018	UNKNOW	68201800	UNKNOW	R	25 MG	ORAL	TABS	EA	15	X	SSB		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610017730	JARDIAN	EMPAGLI	682018	UNKNOW	68201800	UNKNOW	R	25 MG	ORAL	TABS	EA	30	X	SSB	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610017742	JARDIAN	EMPAGLI	682018	UNKNOW	68201800	UNKNOW	R	25 MG	ORAL	TABS	EA	1800	X	SSB		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610017745	JARDIAN	EMPAGLI	682018	UNKNOW	68201800	UNKNOW	R	25 MG	ORAL	TABS	EA	45	X	SSB		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610017815	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	15		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610017830	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610017845	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	45		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610017853	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610017860	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610017870	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	120		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610017880	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	180		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610017930	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610018015	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	15	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610018030	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610018045	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	45	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610018060	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610018160	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610018180	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610018260	MAGNESI	MAGNESI	560400	Antacids a	56040000	Antacids a	P	400 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610018353	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610018360	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610018453	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610018460	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610018480	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610018530	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610018553	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	60	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610018560	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610018570	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	120	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610018580	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610018592	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	270	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610018594	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	360	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610018653	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610018660	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610018680	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610018745	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610018830	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	30	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610018853	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	60	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610018860	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610018880	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	180	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610018892	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	270	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610018894	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	360	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610018898	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	540	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610018930	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610018960	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610019030	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610019060	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610019109	PRIMIDO	PRIMIDO	281204	Anticonvul	28120400	Anticonvul	S	50 MG	ORAL	TABS	EA	9000	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610019160	PRIMIDO	PRIMIDO	281204	Anticonvul	28120400	Anticonvul	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610019180	PRIMIDO	PRIMIDO	281204	Anticonvul	28120400	Anticonvul	S	50 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610019192	PRIMIDO	PRIMIDO	281204	Anticonvul	28120400	Anticonvul	S	50 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610019194	PRIMIDO	PRIMIDO	281204	Anticonvul	28120400	Anticonvul	S	50 MG	ORAL	TABS	EA	360	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610019198	PRIMIDO	PRIMIDO	281204	Anticonvul	28120400	Anticonvul	S	50 MG	ORAL	TABS	EA	540	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610019210	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	10		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610019214	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	14		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610019215	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	15		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610019220	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610019225	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	25		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610019228	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	28		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610019230	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610019245	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	45		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610019253	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610019259	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	22		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610019260	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610019330	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610019353	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610019360	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610019380	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610019430	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610019460	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610019480	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	180	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610019560	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610019592	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	270	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610019630	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

71610019760	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610019780	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	100 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610019853	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	60	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610019860	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	90	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610019880	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	180	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610019892	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	270	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610019894	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	360	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610019910	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	10		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610019915	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	15		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610019920	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	20		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610019930	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	30		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610019945	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	45		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610019953	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	60		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610019955	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	75		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610019960	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	90		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610019970	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	120		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610019975	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	150		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610019980	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	180		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610019992	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	270		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610020060	GEMFIBR	GEMFIBR	240606	Fibric Acic	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610020080	GEMFIBR	GEMFIBR	240606	Fibric Acic	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610020153	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	60	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610020160	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610020170	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	120	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610020260	IBUPROF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610020280	IBUPROF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610020292	IBUPROF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610020353	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610020360	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610020380	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	180		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610020460	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-s	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610020530	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	30	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610020553	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	60	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610020560	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	90	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610020570	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	120	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610020575	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	150	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610020580	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	180	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610020630	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610020660	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610020730	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610020745	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610020760	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610020853	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610020860	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610020880	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	180		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610020909	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	9000		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610021080	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610021160	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610021170	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	120	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610021180	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610021192	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	270	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610021194	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	360	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610021198	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	540	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610021253	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610021260	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610021280	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610021304	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	4		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610021306	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	6		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610021312	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	12		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610021408	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	8	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610021411	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	48	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610021418	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	16	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610021447	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	24	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610021545	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610021560	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610021630	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610021730	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	30		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610021753	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	60		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610021760	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	90		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610021770	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	120		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610021780	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	180		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610021830	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610021860	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610021902	BISACOD	BISACOD	561200	Cathartics	56120000	Cathartics	P	5 MG	ORAL	TBEC	EA	2		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610021903	BISACOD	BISACOD	561200	Cathartics	56120000	Cathartics	P	5 MG	ORAL	TBEC	EA	3		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610021904	BISACOD	BISACOD	561200	Cathartics	56120000	Cathartics	P	5 MG	ORAL	TBEC	EA	4		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610021908	BISACOD	BISACOD	561200	Cathartics	56120000	Cathartics	P	5 MG	ORAL	TBEC	EA	8		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610021920	BISACOD	BISACOD	561200	Cathartics	56120000	Cathartics	P	5 MG	ORAL	TBEC	EA	20		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610022083	DOXYCYC	DOXYCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	3600		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

71610022260	IBUPROF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610022280	IBUPROF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610022292	IBUPROF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610022330	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610022353	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610022360	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610022370	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	120		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610022380	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	180		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610022390	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	240		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610022392	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	270		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610022430	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610022445	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610022460	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610022480	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610022510	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	10		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610022515	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	15		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610022520	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	20		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610022528	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	28		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610022530	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610022545	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	45		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610022553	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610022560	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610022570	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	120		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610022575	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	150		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610022580	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	180		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610022630	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	3 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610022653	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	3 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610022730	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610022753	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	60	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610022760	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610022780	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610022830	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610022853	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610022860	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610022910	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	10		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610022915	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	15		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610022930	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	30		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610022945	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	45		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610022953	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	60		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610022955	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	75		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610022960	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	90		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610022970	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	120		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610022975	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	150		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610022980	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	180		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610023030	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610023060	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610023160	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610023215	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	15	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610023216	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	6000	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610023218	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	3000	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610023242	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	1800	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610023245	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	45	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610023260	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610023315	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	15	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610023317	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	6030	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610023319	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	3060	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610023345	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	45	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610023360	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610023415	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	15	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610023417	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	6030	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610023445	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	45	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610023530	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610023560	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610023565	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	100	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610023660	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	90	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610023680	GLIMEPIR	GLIMEPIR	682020	Sulfonylur	68202000	Sulfonylur	S	4 MG	ORAL	TABS	EA	180	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610023702	SILDENAF	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	2		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610023703	SILDENAF	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	9		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610023704	SILDENAF	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	4		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610023706	SILDENAF	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	6		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610023712	SILDENAF	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	12		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610023752	SILDENAF	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	18		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610023865	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	100		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610023960	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	90		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610024003	VITAMIN D	ERGOCAL	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (	ORAL	CAPS	EA	3	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610024004	VITAMIN D	ERGOCAL	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (	ORAL	CAPS	EA	4	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610024008	VITAMIN D	ERGOCAL	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (	ORAL	CAPS	EA	8	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610024012	VITAMIN D	ERGOCAL	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (	ORAL	CAPS	EA	12	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610024013	VITAMIN D	ERGOCAL	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (	ORAL	CAPS	EA	13	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610024130	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610024145	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610024160	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610024253	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	60		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610024260	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610024270	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	120		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610024280	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	180		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610024360	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-s	S	30 MG	ORAL	TABS	EA	90	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610024460	SUCRALF	SUCRALF	562832	Protectant	56283200	Protectant	S	1 GM	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610024470	SUCRALF	SUCRALF	562832	Protectant	56283200	Protectant	S	1 GM	ORAL	TABS	EA	120	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610024494	SUCRALF	SUCRALF	562832	Protectant	56283200	Protectant	S	1 GM	ORAL	TABS	EA	360	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610024530	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	30		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610024560	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	90		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610024615	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	4 MG	ORAL	TABS	EA	15	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610024630	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	4 MG	ORAL	TABS	EA	30	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610024645	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	4 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610024653	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	4 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610024660	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	4 MG	ORAL	TABS	EA	90	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610024783	ENTACAP	ENTACAP	283612	UNKNOW	28361200	UNKNOW	S	200 MG	ORAL	TABS	EA	3600	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610024860	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610024930	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610024953	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	60	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610024960	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	90	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610024970	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	120	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610024980	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	180	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610025030	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610025045	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610025060	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610025160	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610025260	SLO-NIAC	NIACIN	880800	Vitamin B	88080000	Vitamin B	P	500 MG	ORAL	TBCR	EA	90		MSB		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
71610025280	SLO-NIAC	NIACIN	880800	Vitamin B	88080000	Vitamin B	P	500 MG	ORAL	TBCR	EA	180		MSB		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
71610025360	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610025430	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	12.5 MG	ORAL	TBCR	EA	30		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610025510	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	10		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610025515	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	15		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610025528	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	28		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610025530	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	30		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610025545	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	45		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610025553	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	60		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610025555	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	75		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610025560	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	90		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610025570	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	120		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610025575	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	150		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610025580	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	180		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610025602	SILDENAF	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	50 MG	ORAL	TABS	EA	2		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610025604	SILDENAF	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	50 MG	ORAL	TABS	EA	4		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610025606	SILDENAF	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	50 MG	ORAL	TABS	EA	6		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610025612	SILDENAF	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	50 MG	ORAL	TABS	EA	12		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610025753	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610025760	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610025780	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	180		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610025860	VERAPAM	VERAPAM	240404	Antiarrhyth	24040424	Class IV A	S	180 MG	ORAL	TBCR	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610025880	VERAPAM	VERAPAM	240404	Antiarrhyth	24040424	Class IV A	S	180 MG	ORAL	TBCR	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610025915	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610025930	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610025945	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	45	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610026030	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610026045	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610026060	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610026115	HYDROCH	HYDROCH	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610026228	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	28		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610026260	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	90		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610026353	CHLORDI	CHLORDI	282408	Benzodiaz	28240800	Benzodiaz	S	25 MG	ORAL	CAPS	EA	60		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610026415	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	15	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610026430	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	30	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610026445	RISPERID	RISPERID	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	45	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610026509	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	10 MG	ORAL	CAPS	EA	9000		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610026653	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610026660	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610026680	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	180		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610026753	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610026760	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610026780	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	180		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610026860	VERAPAM	VERAPAM	240404	Antiarrhyth	24040424	Class IV A	S	240 MG	ORAL	TBCR	EA	90	X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610026960	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 M	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610026980	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 M	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027015	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	15		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027020	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	20		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027030	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	30		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027045	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	45		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027053	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	60		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027055	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	75		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027060	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	90		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027070	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	120		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027075	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	150		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027080	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	180		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027090	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	240		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027102	SILDENAF	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	25 MG	ORAL	TABS	EA	2		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027104	SILDENAF	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	25 MG	ORAL	TABS	EA	4		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027106	SILDENAF	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	25 MG	ORAL	TABS	EA	6		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027112	SILDENAF	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	25 MG	ORAL	TABS	EA	12		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027210	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	10		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027214	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	14		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027215	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	15		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027220	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	20		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027221	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	21		GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027228	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	28		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027230	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027245	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	45		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027253	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027259	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	22		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027260	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	90		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027310	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	10		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027314	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	14		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027315	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	15		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027320	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027321	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	21		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027325	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	25		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027328	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	28		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027330	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027345	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	45		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027353	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027359	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	22		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027360	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027362	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	11		GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027480	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027560	IBUPROF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027580	IBUPROF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027592	IBUPROF	IBUPROF	280804	Nonsteroic	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	71610	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

71610027660	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027730	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027753	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027760	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027780	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	180	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027792	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	270	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027860	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027880	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027930	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027945	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027960	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610027980	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610028060	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610028153	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610028160	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610028180	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	180		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610028230	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610028245	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610028260	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610028330	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610028353	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610028360	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610028430	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610028453	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610028460	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610028480	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610028509	METOLAZ	METOLAZ	243624	UNKNOW	24362400	UNKNOW	S	2.5 MG	ORAL	TABS	EA	9000	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610028609	METOLAZ	METOLAZ	243624	UNKNOW	24362400	UNKNOW	S	5 MG	ORAL	TABS	EA	9000	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610028730	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610028745	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	45	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610028830	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610028845	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	100 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610028860	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610028930	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TB24	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610028960	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TB24	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610028975	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TB24	EA	150	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610028980	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TB24	EA	180	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610028992	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TB24	EA	270	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610029060	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610029160	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610029230	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610029430	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610029460	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610029480	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610029515	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610029530	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610029553	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610029660	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610029680	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610029692	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610029760	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610029808	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	8	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610029811	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	48	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610029823	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	16	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610029847	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	24	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610029930	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610029953	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610029960	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610029980	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	180		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610029992	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	270		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610030009	ALOGLIPT	ALOGLIPT	682005	UNKNOW	68200500	UNKNOW	R	25 MG	ORAL	TABS	EA	9000	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610030018	ALOGLIPT	ALOGLIPT	682005	UNKNOW	68200500	UNKNOW	R	25 MG	ORAL	TABS	EA	3000	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610030060	ALOGLIPT	ALOGLIPT	682005	UNKNOW	68200500	UNKNOW	R	25 MG	ORAL	TABS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610030130	CALCIUM	CALCIUM	560400	Antacids a	56040000	Antacids a	O	648 MG	ORAL	TABS	EA	30		MSB	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
71610030153	CALCIUM	CALCIUM	560400	Antacids a	56040000	Antacids a	O	648 MG	ORAL	TABS	EA	60		MSB	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
71610030160	CALCIUM	CALCIUM	560400	Antacids a	56040000	Antacids a	O	648 MG	ORAL	TABS	EA	90		MSB		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
71610030165	CALCIUM	CALCIUM	560400	Antacids a	56040000	Antacids a	O	648 MG	ORAL	TABS	EA	100		MSB		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
71610030180	CALCIUM	CALCIUM	560400	Antacids a	56040000	Antacids a	O	648 MG	ORAL	TABS	EA	180		MSB		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
71610030185	CALCIUM	CALCIUM	560400	Antacids a	56040000	Antacids a	O	648 MG	ORAL	TABS	EA	200		MSB		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
71610030192	CALCIUM	CALCIUM	560400	Antacids a	56040000	Antacids a	O	648 MG	ORAL	TABS	EA	270		MSB	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
71610030253	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610030260	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610030270	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	120		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610030280	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	180		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610030292	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	270		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610030304	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	4		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610030306	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	6		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610030312	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	12		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610030480	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610030494	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	360	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610030560	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	80 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610030580	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	80 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610030660	AZATHIOI	AZATHIOI	902808	UNKNOW	90280892	UNKNOW	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610030753	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610030760	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610030780	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	180		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610030792	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	270		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610030830	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610030845	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610030853	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610030860	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610030880	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610030930	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610030945	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610030953	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610030960	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610030980	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610030992	FUROSEI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610031002	VARDENA	VARDENA	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	2		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610031004	VARDENA	VARDENA	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	4		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610031006	VARDENA	VARDENA	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	6		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610031012	VARDENA	VARDENA	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	12		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610031153	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610031160	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610031170	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	120	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610031230	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	4/2/2024	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610031245	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610031253	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610031260	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610031280	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610031330	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610031353	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	25 MG	ORAL	CAPS	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610031430	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610031446	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	56	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610031453	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610031530	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610031546	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	56	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610031553	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610031570	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	120	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610031630	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610031646	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	56	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610031653	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610031670	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	120	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610031692	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	270	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610031730	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610031746	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	56	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610031753	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610031754	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	84	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610031770	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	120	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610031830	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610031846	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	56	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610031853	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610031946	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	225 MG	ORAL	CAPS	EA	56	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610031953	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	225 MG	ORAL	CAPS	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610032030	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610032046	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	56	X	GENERIC		71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610032053	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610032105	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	120 MG	ORAL	TB24	EA	4200	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610032283	RANOLAZ	RANOLAZ	240492	Cardiac D	24049200	Cardiac D	S	500 MG	ORAL	TB12	EA	3600	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610032345	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610032360	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610032408	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	8	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610032411	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	48	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610032423	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	16	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610032447	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	24	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610032504	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	4		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610032506	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	6		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610032512	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	12		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610032660	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610032760	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	320-25 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610032830	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610032853	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610032930	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610032946	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	56	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610032953	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610032970	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	120	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610033053	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610033153	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	225 MG	ORAL	CAPS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610033230	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610033253	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610033330	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610033346	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	56	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610033353	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610033370	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	120	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610033430	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610033446	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	56	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610033453	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610033470	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	120	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610033530	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610033553	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	25 MG	ORAL	CAPS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610033630	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610033653	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610033660	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610033680	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	180	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610033730	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610033745	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	45	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610033760	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610033780	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	180	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610033830	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	30 MG	ORAL	TB24	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610033860	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	30 MG	ORAL	TB24	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610033945	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610033960	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610034009	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	9000	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610034017	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	6030	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610034029	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	8000	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

71610034260	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610034315	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	15	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610034330	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610034345	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	45	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610034353	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610034360	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610034370	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	120	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610034373	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	135	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610034380	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	180	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610034390	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	240	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610034392	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	270	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610034453	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610034509	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	9000		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610034660	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610034730	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	10 MG	ORAL	TB24	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610034760	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	10 MG	ORAL	TB24	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610034860	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610034915	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	15	X	GENERIC	5/1/2023	71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610034930	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610034945	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	45	X	GENERIC	5/1/2023	71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610034953	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610034960	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610034970	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	120	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610034980	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	180	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610034985	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	200	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610034992	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	270	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610034994	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	360	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610034998	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	540	X	GENERIC	5/1/2023	71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610035030	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610035053	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610035130	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610035153	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610035230	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610035246	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	56	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610035253	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610035270	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	120	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610035304	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	4		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610035306	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	6		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610035312	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	12		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610035408	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	8	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610035411	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	48	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610035423	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	16	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610035447	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	24	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610035516	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	6000		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610035530	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	30		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610035553	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	60		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610035560	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	90		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610035630	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610035653	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610035670	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	120	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610035730	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610035753	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610035770	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	120	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610035853	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	225 MG	ORAL	CAPS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

71610036060	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610036153	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

71610036315	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	15		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610036328	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	28		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610036330	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	30		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610036345	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	45		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610036346	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	56		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610036353	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	60		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610036354	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	84		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610036355	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	75		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610036360	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	90		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610036370	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	120		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610036375	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	150		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610036380	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	180		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610036430	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610036453	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610036460	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610036480	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610036530	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610036553	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	25 MG	ORAL	CAPS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610036615	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	15		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610036628	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	28		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610036630	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	30		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610036645	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	45		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610036646	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	56		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610036653	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	60		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610036654	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	84		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610036655	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	75		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610036660	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	90		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610036670	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	120		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610036680	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	180		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610036715	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	15		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610036730	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610036745	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	45		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610036753	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610036760	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610036810	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	10		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610036814	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	14		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610036815	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	15		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

71610036820	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	20		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610036828	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	28		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610036830	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610036845	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	45		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610036846	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	56		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610036853	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610036854	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	84		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610036855	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	75		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610036860	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610036870	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	120		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610036875	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	150		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610036880	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	180		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610036892	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	270		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610036915	MIRTAZA	MIRTAZA	281604	Antidepres	28160424	Serotonin	S	15 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610036960	MIRTAZA	MIRTAZA	281604	Antidepres	28160424	Serotonin	S	15 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610037030	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610037045	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610037253	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	75 MG	ORAL	TABS	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610037270	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	75 MG	ORAL	TABS	EA	120	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610037280	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	75 MG	ORAL	TABS	EA	180	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610037294	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	75 MG	ORAL	TABS	EA	360	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610037345	TOPROL	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TB24	EA	45	X	MSB	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
71610037360	TOPROL	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TB24	EA	90	X	MSB	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRIM
71610037460	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610037480	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	180	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610037560	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610037580	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610037680	NIACIN EI	NIACIN	880800	Vitamin B	88080000	Vitamin B	P	500 MG	ORAL	TBCR	EA	180		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610037760	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	240 MG	ORAL	TBCR	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610037930	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610037945	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	45		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610037953	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610037960	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610037980	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	180		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610037992	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	270		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610038030	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610038060	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610038106	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610038230	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10-12.5 M	ORAL	TABS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610038260	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10-12.5 M	ORAL	TABS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610038360	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-25 MG	ORAL	TABS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610038480	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	75 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610038494	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	75 MG	ORAL	TABS	EA	360	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610038580	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610038660	FEBUXOS	FEBUXOS	921600	UNKNOW	92160000	UNKNOW	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610038760	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610038780	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610038792	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610038845	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610038860	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610038873	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	135	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610038880	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610038892	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610038898	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	540	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610038960	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	P	20 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039015	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	15		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039030	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039045	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	45		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039053	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039060	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039070	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	120		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039145	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	45		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039160	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039192	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	270		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039215	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	15		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039220	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	20		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039224	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	224		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039228	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	28		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039230	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039240	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	40		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039245	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	45		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039246	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	56		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039250	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	50		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039253	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039254	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	84		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039257	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	80		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039260	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039265	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	100		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039267	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	168		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039270	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	120		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039272	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	112		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039273	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	135		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039275	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	150		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039280	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	180		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039285	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	200		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039290	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	240		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039294	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	360		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039353	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039360	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039370	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	120	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039380	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039392	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039394	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	360	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039453	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039460	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039492	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039530	ISONIAZI	ISONIAZI	81604	Antituberc	8160400	Antituberc	S	300 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039645	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039730	HYDROX	HYDROX	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	30		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039753	HYDROX	HYDROX	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	60		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039760	HYDROX	HYDROX	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	90		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039770	HYDROX	HYDROX	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	120		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039780	HYDROX	HYDROX	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	180		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039815	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	15		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039820	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	20		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039824	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	224		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039828	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	28		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039830	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039840	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	40		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039845	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	45		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039846	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	56		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039850	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	50		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039853	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039854	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	84		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039857	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	80		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039860	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039865	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	100		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039867	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	168		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039870	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	120		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039872	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	112		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039873	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	135		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039875	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	150		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039880	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	180		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039885	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	200		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039890	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	240		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039930	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039960	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610039980	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610040030	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610040045	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610040053	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610040060	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610040070	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	120	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610040073	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	135	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610040080	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610040092	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610040183	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	20 MG	ORAL	CPEP	EA	3600	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610040260	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610040360	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610040460	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610040560	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	180 MG	ORAL	TBCR	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610040580	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	180 MG	ORAL	TBCR	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610040660	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610040730	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610040753	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610040760	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610040770	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	120	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610040780	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610040794	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	360	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610040830	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610040853	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610040860	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610040880	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	180	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610040930	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	3 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610041060	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610041160	FEBUXOS	FEBUXOS	921600	UNKNOW	92160000	UNKNOW	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610041260	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610041360	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610041460	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610041474	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	500	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610041480	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610041492	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610041560	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610041609	PANTOP	PANTOP	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	9000	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610041745	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610041845	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610041930	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610042009	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	4 MG	ORAL	TABS	EA	9000	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610042060	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	4 MG	ORAL	TABS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610042130	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610042153	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610042160	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610042245	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610042260	CITALOP	CITALOP	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610042360	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610042415	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	15		GENERIC	5/1/2023	71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610042430	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	30		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610042445	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	45		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610042453	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	60		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610042460	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	90		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610042470	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	120		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610042560	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610042660	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610042715	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	15		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610042730	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610042745	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	45		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610042753	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610042760	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610042770	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	120		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610042780	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG	ORAL	TABS	EA	180		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610042845	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	45		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610042930	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610042960	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610043030	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610043053	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610043060	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610043070	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	120		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610043145	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	75-50 MG	ORAL	TABS	EA	45	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610043160	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	75-50 MG	ORAL	TABS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610043245	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	45	X	GENERIC	9/23/2022	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610043253	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC	9/23/2022	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610043270	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	120	X	GENERIC	9/23/2022	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610043315	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610043418	GUAIFEN	GUAIFEN	481600	Expectora	48160000	Expectora	P	200 MG	ORAL	TABS	EA	3000		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610043545	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610043553	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610043560	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610043573	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	135	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610043580	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610043653	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610043660	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610043680	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610043792	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610043853	SODIUM	SODIUM	560400	Antacids a	56040000	Antacids a	P	650 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610043860	SODIUM	SODIUM	560400	Antacids a	56040000	Antacids a	P	650 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610043870	SODIUM	SODIUM	560400	Antacids a	56040000	Antacids a	P	650 MG	ORAL	TABS	EA	120		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610043880	SODIUM	SODIUM	560400	Antacids a	56040000	Antacids a	P	650 MG	ORAL	TABS	EA	180		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610043894	SODIUM	SODIUM	560400	Antacids a	56040000	Antacids a	P	650 MG	ORAL	TABS	EA	360		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610043915	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	15	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610043930	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610043945	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	45	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610043960	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044015	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	15	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044030	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044045	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	45	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044153	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044230	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044245	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044253	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044260	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044270	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	120	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044273	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	135	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044280	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044292	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044360	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044370	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	120	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044380	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044392	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044394	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	360	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044445	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	45		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044460	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044492	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	270		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044553	SODIUM	SODIUM	560400	Antacids a	56040000	Antacids a	P	650 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044560	SODIUM	SODIUM	560400	Antacids a	56040000	Antacids a	P	650 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044580	SODIUM	SODIUM	560400	Antacids a	56040000	Antacids a	P	650 MG	ORAL	TABS	EA	180		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044645	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	45		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044660	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044692	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	270		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044730	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044753	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044760	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044770	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	120	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044780	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044794	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	360	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044811	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	48	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044815	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044820	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	20	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044821	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	32	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044825	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	25	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044828	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	28	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044830	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044835	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	35	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044838	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	55	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044840	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	40	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044844	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	36	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044845	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044846	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	56	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044847	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	24	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044850	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	50	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044853	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044855	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	75	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044859	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	22	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044860	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044861	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	70	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044868	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	26	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044878	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	34	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610044909	CLONIDIN	CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.3 MG	ORAL	TABS	EA	9000	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610045060	FEBUXOS	FEBUXOS	921600	UNKNOW	92160000	UNKNOW	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610045116	TIZANIDIN	TIZANIDIN	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	6000		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610045260	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

71610045280	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	180		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610045292	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	270		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610045302	BISACOD	BISACOD	561200	Cathartics	56120000	Cathartics	P	5 MG	ORAL	TBEC	EA	2		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610045304	BISACOD	BISACOD	561200	Cathartics	56120000	Cathartics	P	5 MG	ORAL	TBEC	EA	4		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610045320	BISACOD	BISACOD	561200	Cathartics	56120000	Cathartics	P	5 MG	ORAL	TBEC	EA	20		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610045430	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610045453	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610045460	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610045470	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	120	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610045480	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610045492	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	270	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610045494	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	360	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610045509	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	9000		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610045660	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610045680	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610045692	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610045730	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610045753	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610045760	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610045770	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	120	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610045780	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610045792	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	270	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610045794	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	360	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610045830	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610045915	DIAZEPAM	DIAZEPAM	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	15		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610045920	DIAZEPAM	DIAZEPAM	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	20		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610045930	DIAZEPAM	DIAZEPAM	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	30		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610045945	DIAZEPAM	DIAZEPAM	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	45		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610045953	DIAZEPAM	DIAZEPAM	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	60		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610045955	DIAZEPAM	DIAZEPAM	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	75		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610045960	DIAZEPAM	DIAZEPAM	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	90		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610045970	DIAZEPAM	DIAZEPAM	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	120		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610045975	DIAZEPAM	DIAZEPAM	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	150		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610045980	DIAZEPAM	DIAZEPAM	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	180		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610046030	DIAZEPAM	DIAZEPAM	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610046053	DIAZEPAM	DIAZEPAM	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610046060	DIAZEPAM	DIAZEPAM	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610046070	DIAZEPAM	DIAZEPAM	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	120		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610046108	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	8	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610046111	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	48	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610046123	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	16	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610046230	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610046235	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2 MG	ORAL	TABS	EA	35	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610046240	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2 MG	ORAL	TABS	EA	40	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610046245	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610046253	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610046260	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610046330	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610046345	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610046353	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610046360	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610046370	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	120	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610046373	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	135	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610046380	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610046392	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610046430	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610046453	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610046460	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610046470	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	120	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610046480	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	180	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610046492	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	270	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610046530	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610046560	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610046630	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610046760	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610046780	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610046809	CALCITRI	CALCITRI	881600	Vitamin D	88160000	Vitamin D	S	0.25 MCG	ORAL	CAPS	EA	9000	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610046830	CALCITRI	CALCITRI	881600	Vitamin D	88160000	Vitamin D	S	0.25 MCG	ORAL	CAPS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610046930	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610046945	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	45	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610046953	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610046960	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610047053	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610047060	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610047080	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610047145	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	45	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610047160	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610047230	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610047245	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	25 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610047260	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610047304	PLAQUEN	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	4000	X	MSB		71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODL	FORMULARY EXCLUSION	R	MEDPRMI
71610047330	PLAQUEN	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	30	X	MSB	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	FORMULARY EXCLUSION	R	MEDPRMI
71610047353	PLAQUEN	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	60	X	MSB		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	FORMULARY EXCLUSION	R	MEDPRMI
71610047374	PLAQUEN	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	500	X	MSB		71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODL	FORMULARY EXCLUSION	R	MEDPRMI
71610047380	PLAQUEN	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	180	X	MSB		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	FORMULARY EXCLUSION	R	MEDPRMI
71610047460	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610047480	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	TABS	EA	180	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610047515	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	15 MG	ORAL	TABS	EA	15	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610047530	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	15 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610047560	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	15 MG	ORAL	TABS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610047702	VARDENA	VARDENA	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	2		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610047704	VARDENA	VARDENA	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	4		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610047706	VARDENA	VARDENA	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	6		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610047712	VARDENA	VARDENA	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	12		GENERIC	5/1/2023	71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610047860	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	CAPS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610047960	PHENYTO	PHENYTO	281212	Hydantoin	28121200	Hydantoin	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610047970	PHENYTO	PHENYTO	281212	Hydantoin	28121200	Hydantoin	S	100 MG	ORAL	CAPS	EA	120	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610047992	PHENYTO	PHENYTO	281212	Hydantoin	28121200	Hydantoin	S	100 MG	ORAL	CAPS	EA	270	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610047994	PHENYTO	PHENYTO	281212	Hydantoin	28121200	Hydantoin	S	100 MG	ORAL	CAPS	EA	360	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610047998	PHENYTO	PHENYTO	281212	Hydantoin	28121200	Hydantoin	S	100 MG	ORAL	CAPS	EA	540	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610048030	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610048035	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2 MG	ORAL	TABS	EA	35	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610048040	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2 MG	ORAL	TABS	EA	40	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610048045	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610048053	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610048060	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610048109	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	9000	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610048260	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610048345	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610048360	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610048445	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610048460	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610048530	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610048560	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610048570	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	120	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610048580	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610048630	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610048653	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610048660	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610048680	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610048760	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610048815	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	15	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610048830	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610048845	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	45	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610048853	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610048860	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610048953	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610048980	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610049030	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	4 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610049130	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610049230	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610049245	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610049253	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610049260	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610049315	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610049330	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610049360	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610049403	COLCHIC	COLCHIC	921600	UNKNOW	92160000	UNKNOW	S	0.6 MG	ORAL	TABS	EA	9		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610049560	PIOGLITA	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	15 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610049645	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TB24	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610049660	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TB24	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610049730	PIOGLITA	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	15 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610049760	PIOGLITA	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	15 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610049815	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610049820	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	20	X	GENERIC	5/1/2023	71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610049825	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	25	X	GENERIC	5/1/2023	71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610049830	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610049835	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	35	X	GENERIC	5/1/2023	71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610049840	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	40	X	GENERIC	5/1/2023	71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610049845	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610049850	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	50	X	GENERIC	5/1/2023	71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610049853	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610049855	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	75	X	GENERIC	5/1/2023	71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610049860	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610049912	GUAIFEN	GUAIFEN	481600	Expectora	48160000	Expectora	P	600 MG	ORAL	TB12	EA	12		GENERIC	5/1/2023	71610	N	X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610049953	GUAIFEN	GUAIFEN	481600	Expectora	48160000	Expectora	P	600 MG	ORAL	TB12	EA	60		GENERIC		71610	N	X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610050060	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610050160	IBU	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610050180	IBU	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610050192	IBU	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610050253	BENZTRO	BENZTRO	283608	UNKNOW	28360800	UNKNOW	S	1 MG	ORAL	TABS	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610050360	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610050380	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610050460	RALOXIFE	RALOXIFE	681612	Estrogen /	68161200	Estrogen /	S	60 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610050560	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610050580	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610050592	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610050630	HYDROXY	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610050653	HYDROXY	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610050730	HYDROXY	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610050753	HYDROXY	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610050802	VARDENA	VARDENA	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	2		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610050804	VARDENA	VARDENA	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	4		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610050812	VARDENA	VARDENA	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	12		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610050945	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610050960	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610051030	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610051053	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610051060	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610051070	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	120	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610051080	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	180	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610051092	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	270	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610051094	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	360	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610051130	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610051160	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610051180	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610051245	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610051260	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610051330	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610051360	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610051380	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610051430	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610051453	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610051530	FINASTER	FINASTER	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610051553	FINASTER	FINASTER	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610051560	FINASTER	FINASTER	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610051660	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610051753	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610051760	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610051780	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610051842	RANOLAZ	RANOLAZ	240492	Cardiac D	24049200	Cardiac D	S	500 MG	ORAL	TB12	EA	1800	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610051883	RANOLAZ	RANOLAZ	240492	Cardiac D	24049200	Cardiac D	S	500 MG	ORAL	TB12	EA	3600	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610051930	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	7.5 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610	N	X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610052030	FINASTER	FINASTER	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610052060	FINASTER	FINASTER	920400	UNKNOW	92040000	UNKNOW	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610052109	CALCITRI	CALCITRI	881600	Vitamin D	88160000	Vitamin D	S	0.25 MCG	ORAL	CAPS	EA	9000	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610052230	PIOGLITA	PIOGLITA	682028	Thiazolidir	68202800	Thiazolidir	S	15 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610052315	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	30 MG	ORAL	TABS	EA	15	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610052330	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	30 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610052345	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	30 MG	ORAL	TABS	EA	45	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610052353	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	30 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610052360	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	30 MG	ORAL	TABS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610052460	RALOXIFE	RALOXIFE	681612	Estrogen /	68161200	Estrogen /	S	60 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610052515	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	15	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610052530	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610052545	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	45	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610052553	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610052560	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610052570	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	120	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610052630	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	30		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610052660	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	90		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610052760	CLOPIDO	CLOPIDO	201218	Platelet-A	20121800	Platelet-A	S	75 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610052830	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	30		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610052860	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	90		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610052915	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	15	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610052930	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610052945	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610052953	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610052960	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610052970	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	120	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610053030	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610053053	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610053060	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610053080	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	180	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610053130	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610053153	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610053160	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610053170	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	120		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610053260	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610053280	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610053292	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610053330	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610053353	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610053360	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610053370	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	120	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610053380	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610053460	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610053560	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610053645	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610053730	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610053753	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610053760	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610053780	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610053887	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	400 MG	ORAL	TABS	EA	2400	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610053960	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610054009	PRIMIDON	PRIMIDON	281204	Anticonvul	28120400	Anticonvul	S	50 MG	ORAL	TABS	EA	9000	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610054060	PRIMIDON	PRIMIDON	281204	Anticonvul	28120400	Anticonvul	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610054080	PRIMIDON	PRIMIDON	281204	Anticonvul	28120400	Anticonvul	S	50 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610054092	PRIMIDON	PRIMIDON	281204	Anticonvul	28120400	Anticonvul	S	50 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610054094	PRIMIDON	PRIMIDON	281204	Anticonvul	28120400	Anticonvul	S	50 MG	ORAL	TABS	EA	360	X	GENERIC	5/1/2023	71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610054160	SUCRALF	SUCRALF	562832	Protectant	56283200	Protectant	S	1 GM	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610054170	SUCRALF	SUCRALF	562832	Protectant	56283200	Protectant	S	1 GM	ORAL	TABS	EA	120	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610054194	SUCRALF	SUCRALF	562832	Protectant	56283200	Protectant	S	1 GM	ORAL	TABS	EA	360	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610054230	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610054260	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610054360	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610054430	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610054453	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610054460	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610054530	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610054560	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610054660	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	10 MG	ORAL	CAPS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610054680	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	10 MG	ORAL	CAPS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610054760	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610054780	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610054792	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610054860	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610054880	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610054902	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	100 MG	ORAL	TABS	EA	2000	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610054905	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	100 MG	ORAL	TABS	EA	4200	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610055060	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610055080	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610055092	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610055160	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODL	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

71610055180	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610055203	VITAMIN I	ERGOCAL	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (!	ORAL	CAPS	EA	3	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610055204	VITAMIN I	ERGOCAL	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (!	ORAL	CAPS	EA	4	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610055212	VITAMIN I	ERGOCAL	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (!	ORAL	CAPS	EA	12	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610055213	VITAMIN I	ERGOCAL	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (!	ORAL	CAPS	EA	13	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610055360	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610055430	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610055453	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610055460	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610055470	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	120	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610055480	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	180	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610055492	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	270	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610055494	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	360	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610055545	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	45	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610055560	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610055630	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610055645	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610055653	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610055660	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610055670	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	120	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610055680	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	180	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610055692	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	270	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610055698	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	540	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610055770	LITHIUM (	LITHIUM (	282800	Antimanic	28280000	Antimanic	S	300 MG	ORAL	CAPS	EA	120	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610055845	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	45	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610055860	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610055953	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610055960	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610055980	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	180	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610056053	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610056060	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610056080	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610056160	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610056180	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	25 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610056192	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	25 MG	ORAL	TABS	EA	270	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610056260	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610056280	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	50 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610056292	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	50 MG	ORAL	TABS	EA	270	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610056298	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	50 MG	ORAL	TABS	EA	540	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610056330	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610056430	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	12.5 MG	ORAL	TBCR	EA	30		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610056530	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610056545	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610056553	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610056560	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610056570	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	120	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610056573	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	135	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610056580	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	180	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610056592	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	270	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610056594	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	360	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610056598	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	540	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610056630	DIPHENO	DIPHENO	560800	Antidiarrh	56080000	Antidiarrh	S	2.5-0.025 I	ORAL	TABS	EA	30		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610056653	DIPHENO	DIPHENO	560800	Antidiarrh	56080000	Antidiarrh	S	2.5-0.025 I	ORAL	TABS	EA	60		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610056660	DIPHENO	DIPHENO	560800	Antidiarrh	56080000	Antidiarrh	S	2.5-0.025 I	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610056670	DIPHENO	DIPHENO	560800	Antidiarrh	56080000	Antidiarrh	S	2.5-0.025 I	ORAL	TABS	EA	120		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610056680	DIPHENO	DIPHENO	560800	Antidiarrh	56080000	Antidiarrh	S	2.5-0.025 I	ORAL	TABS	EA	180		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610056690	DIPHENO	DIPHENO	560800	Antidiarrh	56080000	Antidiarrh	S	2.5-0.025 I	ORAL	TABS	EA	240		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610056704	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	4		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610056712	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	12		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610056731	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	600		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610057060	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610057080	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610057160	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	CAPS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610057345	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TB24	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610057360	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TB24	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610057430	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610057435	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2 MG	ORAL	TABS	EA	35	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610057440	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2 MG	ORAL	TABS	EA	40	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610057445	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610057453	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610057460	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610057515	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610057520	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	20	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610057525	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	25	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610057530	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610057535	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	35	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610057538	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	55	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610057540	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	40	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610057545	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610057550	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	50	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610057553	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610057555	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	75	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610057560	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610057630	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610057660	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610057680	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	180	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610057770	SULFASA	SULFASA	81220	Sulfonami	8122000	Sulfonami	S	500 MG	ORAL	TABS	EA	120	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610057780	SULFASA	SULFASA	81220	Sulfonami	8122000	Sulfonami	S	500 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610057860	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610057870	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	120	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610057880	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610057894	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	360	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610057960	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 M	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610057980	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 M	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610058030	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610058060	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610058104	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	10 MG	ORAL	TABS	EA	4		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610058106	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	10 MG	ORAL	TABS	EA	6		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610058112	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	10 MG	ORAL	TABS	EA	12		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610058139	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	10 MG	ORAL	TABS	EA	1440		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610058152	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	10 MG	ORAL	TABS	EA	18		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610058283	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	200 MG	ORAL	TB12	EA	3600	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610058315	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610058330	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610058345	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610058353	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610058360	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610058370	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	120	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610058380	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610058430	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610058453	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610058460	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610058560	FEBUXOS	FEBUXOS	921600	UNKNOW	92160000	UNKNOW	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610058660	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610058670	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	120	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610058680	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610058694	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	360	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610058730	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610058760	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610058770	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	120	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610058780	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610058792	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	270	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610058794	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	360	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610058860	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610058930	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	4 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610059060	PRIMIDO	PRIMIDO	281204	Anticonvul	28120400	Anticonvul	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610059080	PRIMIDO	PRIMIDO	281204	Anticonvul	28120400	Anticonvul	S	50 MG	ORAL	TABS	EA	180	X	GENERIC		71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610059092	PRIMIDO	PRIMIDO	281204	Anticonvul	28120400	Anticonvul	S	50 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610059094	PRIMIDO	PRIMIDO	281204	Anticonvul	28120400	Anticonvul	S	50 MG	ORAL	TABS	EA	360	X	GENERIC	5/1/2023	71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610059153	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610059180	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	180	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610059253	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	250 MG	ORAL	TABS	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610059280	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	250 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610059330	WARFARI	WARFARI	201204	Anticoagu	20120408	Coumarin	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610059460	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	10 MG	ORAL	CAPS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610059480	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	10 MG	ORAL	CAPS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610059560	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610059580	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610059653	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610059660	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610059670	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	120		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610059680	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	180		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610059692	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	270		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610059753	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610059770	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	120	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610059780	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	180	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610059853	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	60		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610059860	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	90		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610059870	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	120		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610059880	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	180		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610059930	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610059953	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610059960	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	90		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610059970	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	120		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610059980	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	180		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610059990	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	240		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610059992	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	270		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610060030	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610060053	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610060060	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610060070	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	120		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610060153	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610060160	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610060260	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610060308	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	8	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610060311	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	48	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610060323	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	16	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610060336	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	2940	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610060453	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610060460	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	90		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610060480	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	180		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610060492	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	270		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610060560	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	TABS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610060617	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	TABS	EA	6030	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610060704	SIMETHIC	SIMETHIC	561000	Antiflatulen	56100000	Antiflatulen	P	80 MG	ORAL	CHEW	EA	4		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610060860	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610060945	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	45	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610061045	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	45	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610061145	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	45	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610061245	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610061260	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610061330	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610061353	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610061360	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610061370	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	120	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610061380	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610061394	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	360	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610061445	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	45		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610061460	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610061492	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	270		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610061545	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	45	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610061645	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610061660	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610061680	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610061730	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	30		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610061753	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	60		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610061760	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	90		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610061770	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	120		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610061830	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610061846	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	56	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610061853	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610061854	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	84	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610061870	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	120	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610061953	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610062030	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610062035	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	35	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610062045	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610062060	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610062080	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610062115	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610062130	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610062145	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	45	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610062153	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610062160	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610062170	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	120	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610062173	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	135	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610062180	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	180	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610062192	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	270	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610062194	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	360	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610062215	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610062230	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610062245	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610062260	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610062315	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610062330	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610062345	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610062360	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610062445	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610062460	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610062480	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610062510	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	10		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610062515	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	15		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610062520	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	20		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610062528	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	28		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610062530	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	30		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610062545	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	45		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610062553	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	60		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610062560	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	90		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610062615	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	15		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610062628	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	28		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610062630	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	30		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610062653	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	60		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610062660	TEMAZEP	TEMAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	90		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610062760	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610062780	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610062792	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610062860	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	8 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610062960	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610062980	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610062992	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610063030	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610063045	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	45	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610063053	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610063060	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610063070	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	120	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610063073	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	135	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610063080	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610063092	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	270	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610063153	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610063160	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610063180	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610063192	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	270	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610063215	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	15	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610063230	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610063245	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610063253	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610063260	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610063280	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610063315	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610063330	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610063345	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610063360	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610063430	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610063445	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	45	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610063453	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610063460	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610063480	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	180	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610063530	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610063545	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	45	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610063553	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610063560	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610063580	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	180	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610063592	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	270	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
71610063630	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	80 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

71610063645	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	80 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610063653	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	80 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610063660	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	80 MG	ORAL	TABS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610063680	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	80 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610063730	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610063745	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610063815	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610063830	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610063845	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610063860	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610063880	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610063930	OXAZEPA	OXAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	30		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610063953	OXAZEPA	OXAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	60		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610063960	OXAZEPA	OXAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	90		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610064030	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610064060	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	90		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610064080	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	180		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610064092	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	270		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610064160	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	90		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610064245	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610064253	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610064260	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610064302	VARDENA	VARDENA	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	2		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610064304	VARDENA	VARDENA	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	4		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610064306	VARDENA	VARDENA	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	6		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610064312	VARDENA	VARDENA	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	12		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610064460	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610064480	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	180	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610064492	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	270	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610064553	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610064560	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610064580	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	180	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610064592	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	270	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610064660	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610064680	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	180	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610064692	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	270	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610064760	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610064780	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610064853	LOPERAM	LOPERAM	560800	Antidiarrh	56080000	Antidiarrh	S	2 MG	ORAL	CAPS	EA	60		GENERIC	5/1/2023	71610	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610064860	LOPERAM	LOPERAM	560800	Antidiarrh	56080000	Antidiarrh	S	2 MG	ORAL	CAPS	EA	90		GENERIC	5/1/2023	71610	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610064904	SIMETHIC	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	80 MG	ORAL	CHEW	EA	4		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610065004	SIMETHIC	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	80 MG	ORAL	CHEW	EA	4		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610065115	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-S	S	100 MG	ORAL	TABS	EA	15	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610065130	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-S	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610065145	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-S	S	100 MG	ORAL	TABS	EA	45	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610065153	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-S	S	100 MG	ORAL	TABS	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610065160	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-S	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610065173	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-S	S	100 MG	ORAL	TABS	EA	135	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610065180	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-S	S	100 MG	ORAL	TABS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610065230	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610065253	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610065260	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610065270	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	120	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610065280	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	180	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610065294	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	360	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610065330	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610065353	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610065360	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610065380	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610065410	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	10		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610065415	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	15		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610065420	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	20		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610065430	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	30		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610065445	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	45		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610065453	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	60		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610065460	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	90		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610065470	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	120		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610065475	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	150		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610065480	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	180		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610065492	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	270		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610065530	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	30		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610065553	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	60		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610065560	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	90		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610065570	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	120		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610065630	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610065660	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610065730	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610065760	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610065830	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610065845	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	45	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610065860	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610065880	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	180	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610065892	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	270	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610065909	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	9000	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610065942	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	1800	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610066060	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610066080	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	180		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610066092	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	270		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610066109	ALOGLIPT	ALOGLIPT	682005	UNKNOW	68200500	UNKNOW	R	12.5 MG	ORAL	TABS	EA	9000	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610066118	ALOGLIPT	ALOGLIPT	682005	UNKNOW	68200500	UNKNOW	R	12.5 MG	ORAL	TABS	EA	3000	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610066209	ELIQUIS	APIXABAN	201204	Anticoagu	20120414	UNKNOW	R	5 MG	ORAL	TABS	EA	9000	X	SSB	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610066218	ELIQUIS	APIXABAN	201204	Anticoagu	20120414	UNKNOW	R	5 MG	ORAL	TABS	EA	3000	X	SSB		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610066280	ELIQUIS	APIXABAN	201204	Anticoagu	20120414	UNKNOW	R	5 MG	ORAL	TABS	EA	180	X	SSB		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610066330	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610066351	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	4800	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610066353	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610066356	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	9200	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610066360	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610066370	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	120	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610066380	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	180	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610066387	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	2400	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610066394	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	360	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610066460	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MG	ORAL	TABS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610066480	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MG	ORAL	TABS	EA	180	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610066530	ESOMEPR	ESOMEPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610066553	ESOMEPR	ESOMEPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	60	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610066560	ESOMEPR	ESOMEPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610066580	ESOMEPR	ESOMEPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610066653	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610066660	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610066680	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610066730	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610066753	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610066760	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610066780	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	180	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610066792	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	270	X	GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610066853	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610066860	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610066870	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	120	X	GENERIC		71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610066880	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	180	X	GENERIC		71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610066892	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	270	X	GENERIC		71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610066894	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	360	X	GENERIC		71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610066953	SODIUM B	SODIUM B	560400	Antacids a	56040000	Antacids a	P	650 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610066960	SODIUM B	SODIUM B	560400	Antacids a	56040000	Antacids a	P	650 MG	ORAL	TABS	EA	90		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610066980	SODIUM B	SODIUM B	560400	Antacids a	56040000	Antacids a	P	650 MG	ORAL	TABS	EA	180		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610067030	ZOLPIDEM	ZOLPIDEM	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610067053	ZOLPIDEM	ZOLPIDEM	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610067060	ZOLPIDEM	ZOLPIDEM	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	90		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610067070	ZOLPIDEM	ZOLPIDEM	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	120		GENERIC	5/1/2023	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610067160	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-25 MG	ORAL	TABS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610067410	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	10		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610067415	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	15		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610067430	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	30		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610067445	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	45		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610067453	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	60		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610067455	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	75		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610067460	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	90		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610067470	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	120		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610067502	SILDENAF	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	2		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610067503	SILDENAF	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	9		GENERIC		71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610067504	SILDENAF	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	4		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610067506	SILDENAF	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	6		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610067512	SILDENAF	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	12		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610067533	SILDENAF	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	3		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610067552	SILDENAF	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	18		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610067730	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610067753	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610067902	SILDENAF	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	50 MG	ORAL	TABS	EA	2		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610068045	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	45	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610068060	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610068073	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	135	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610068080	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	180	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610068092	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	270	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610068098	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	540	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610068145	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	45	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610068160	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610068216	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	25 MG	ORAL	TABS	EA	6000	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610068230	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610068245	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	25 MG	ORAL	TABS	EA	45	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610068260	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610068330	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-S	S	10 MG	ORAL	CAPS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610068360	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-S	S	10 MG	ORAL	CAPS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610068460	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	37.5-25 MG	ORAL	TABS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610068553	MODAFIN	MODAFIN	282080	UNKNOW	28208000	UNKNOW	S	200 MG	ORAL	TABS	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610068653	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	60		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610068660	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	90		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610068680	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	180		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610068715	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	15	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610068730	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610068745	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	45	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610068830	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610068843	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	1300	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610068853	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610068858	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	650	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610068860	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610068880	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	180	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610068887	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	2400	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610068960	NIFEDIPIN	NIFEDIPIN	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610069042	XARELTO	RIVAROX	201204	Anticoagu	20120414	UNKNOW	R	10 MG	ORAL	TABS	EA	1800	X	SSB		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610069130	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610069145	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	45	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610069160	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610069230	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	30		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610069253	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	60		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610069260	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	90		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610069360	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	CAPS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610069460	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610069480	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	180	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610069530	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610069560	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610069630	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	30		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610069645	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	45		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610069860	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610069930	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-S	S	20 MG	ORAL	CAPS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610069953	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-S	S	20 MG	ORAL	CAPS	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610069960	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-S	S	20 MG	ORAL	CAPS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610069970	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-S	S	20 MG	ORAL	CAPS	EA	120	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610069980	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-S	S	20 MG	ORAL	CAPS	EA	180	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610069992	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-S	S	20 MG	ORAL	CAPS	EA	270	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610070006	BISACOD	BISACOD	561200	Cathartics	56120000	Cathartics	P	5 MG	ORAL	TBEC	EA	6		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610070008	BISACOD	BISACOD	561200	Cathartics	56120000	Cathartics	P	5 MG	ORAL	TBEC	EA	8		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610070153	HYDROXY	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	60	X	GENERIC		71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610070180	HYDROXY	HYDROXY	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	180	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610070215	QUETIAPI	QUETIAPI	281608	Antipsycho	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	15	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610070230	QUETIAPI	QUETIAPI	281608	Antipsycho	28160804	Atypical A	S	200 MG	ORAL	TABS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610070330	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610070353	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610070360	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610070430	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610070460	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610070480	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	180	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610070560	SLO-NIAC	NIACIN	880800	Vitamin B	88080000	Vitamin B	P	500 MG	ORAL	TBCR	EA	90		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610070580	SLO-NIAC	NIACIN	880800	Vitamin B	88080000	Vitamin B	P	500 MG	ORAL	TBCR	EA	180		GENERIC		71610	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610070670	SULFASA	SULFASA	81220	Sulfonami	8122000	Sulfonami	S	500 MG	ORAL	TABS	EA	120	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610070680	SULFASA	SULFASA	81220	Sulfonami	8122000	Sulfonami	S	500 MG	ORAL	TABS	EA	180	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610070753	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610070760	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610070770	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	120	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610070780	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	180	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610070880	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TABS	EA	180	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610070945	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	45	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610071030	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610071053	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610071060	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610071080	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	180	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610071129	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	29	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610071130	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610071160	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610071203	VITAMIN D	ERGOCAL	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (	ORAL	CAPS	EA	3	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610071204	VITAMIN D	ERGOCAL	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (	ORAL	CAPS	EA	4	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610071212	VITAMIN D	ERGOCAL	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (	ORAL	CAPS	EA	12	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610071213	VITAMIN D	ERGOCAL	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (	ORAL	CAPS	EA	13	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610071315	MIRTAZAP	MIRTAZAP	281604	Antidepres	28160424	Serotonin	S	30 MG	ORAL	TABS	EA	15	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610071345	MIRTAZAP	MIRTAZAP	281604	Antidepres	28160424	Serotonin	S	30 MG	ORAL	TABS	EA	45	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610071430	DIPHENO	DIPHENO	560800	Antidiarrh	56080000	Antidiarrh	S	2.5-0.025	ORAL	TABS	EA	30		GENERIC		71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610071453	DIPHENO	DIPHENO	560800	Antidiarrh	56080000	Antidiarrh	S	2.5-0.025	ORAL	TABS	EA	60		GENERIC		71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610071460	DIPHENO	DIPHENO	560800	Antidiarrh	56080000	Antidiarrh	S	2.5-0.025	ORAL	TABS	EA	90		GENERIC		71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610071470	DIPHENO	DIPHENO	560800	Antidiarrh	56080000	Antidiarrh	S	2.5-0.025	ORAL	TABS	EA	120		GENERIC		71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610071480	DIPHENO	DIPHENO	560800	Antidiarrh	56080000	Antidiarrh	S	2.5-0.025	ORAL	TABS	EA	180		GENERIC		71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610071490	DIPHENO	DIPHENO	560800	Antidiarrh	56080000	Antidiarrh	S	2.5-0.025	ORAL	TABS	EA	240		GENERIC		71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610071560	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	CAPS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610071630	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610071660	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610071715	MIRTAZAP	MIRTAZAP	281604	Antidepres	28160424	Serotonin	S	15 MG	ORAL	TABS	EA	15	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610071760	MIRTAZAP	MIRTAZAP	281604	Antidepres	28160424	Serotonin	S	15 MG	ORAL	TABS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610071930	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610071953	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610071970	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	120	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610072030	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610072053	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610072060	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610072070	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	120	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610072080	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	180	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610072092	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	270	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610072094	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	360	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610072160	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	90		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610072215	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	15	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610072230	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610072245	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	45	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610072260	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610072330	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	TABS	EA	30	X	GENERIC		71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610072360	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	TABS	EA	90	X	GENERIC		71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610072380	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	TABS	EA	180	X	GENERIC		71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610072430	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610072453	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610072460	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610072470	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	120	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610072480	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	180	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610072570	MELATON	MELATON	929200	UNKNOW	92920000	UNKNOW	P	3 MG	ORAL	TABS	EA	120		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610072580	MELATON	MELATON	929200	UNKNOW	92920000	UNKNOW	P	3 MG	ORAL	TABS	EA	180		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610072630	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610072645	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	45	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610072653	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610072660	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610072670	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	120	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610072730	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610072745	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	45	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610072760	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610072804	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	4		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610072930	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	30	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610072953	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	60	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610072970	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	120	X	GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610073028	ZOLPIDEM	ZOLPIDEM	282444	UNKNOW	28244400	UNKNOW	S	12.5 MG	ORAL	TBCR	EA	28		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610073030	ZOLPIDEM	ZOLPIDEM	282444	UNKNOW	28244400	UNKNOW	S	12.5 MG	ORAL	TBCR	EA	30		GENERIC		71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

71610073115	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	15	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610073130	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610073145	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	45	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610073160	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610073180	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	180	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610073215	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	15	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610073230	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610073245	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	45	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610073253	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	60	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610073260	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	90	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610073315	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	15	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610073330	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610073345	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	45	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610073353	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	60	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610073360	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610073415	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	15		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610073430	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	30		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610073445	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	45		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610073453	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	60		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610073460	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	90		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610073470	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	120		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610073475	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	150		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610073480	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	180		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610073530	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	30		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610073553	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	60		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610073560	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	90		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610073570	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	120		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610073580	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	180		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610073642	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	1800	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610073730	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610073745	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	45	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610073753	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610073760	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610073770	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	120	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610073773	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	135	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610073780	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	180	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610073792	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	270	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610073830	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	30	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610073853	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	60	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610073860	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	90	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610073870	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	120	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610073880	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	180	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610073916	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	20 MG	ORAL	CPEP	EA	6000	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610073933	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	20 MG	ORAL	CPEP	EA	840	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610073974	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	20 MG	ORAL	CPEP	EA	500	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074053	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	60	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074060	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	90	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074080	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	180	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074130	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074145	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	45	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074153	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	60	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074160	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	90	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074170	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	120	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074175	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	150	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074180	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	180	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074230	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074245	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	45	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074260	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074280	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	180	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074330	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	30	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074353	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	60	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074360	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	90	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074380	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	180	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074415	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	15	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074430	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074445	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	45	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074453	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	60	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074460	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074470	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	120	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074515	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	15	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074530	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074545	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	45	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074553	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	60	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074560	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074615	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	15	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074630	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	30	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074645	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	45	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074653	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	60	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074660	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074730	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	30		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074753	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	60		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074760	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	90		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074770	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	120		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074780	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	180		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074830	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074853	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	60	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074860	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	90	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074870	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	120	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074880	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	TABS	EA	180	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074915	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	15		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074930	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	30		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074945	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	45		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074953	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	60		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074960	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	90		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610074980	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	180		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610075030	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610075053	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	60	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610075060	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610075080	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	180	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610075130	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610075153	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	60	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610075160	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610075180	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	180	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610075230	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610075253	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	60	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610075260	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610075280	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	180	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610075370	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	120	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610075394	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	360	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610075398	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	540	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610075430	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	30	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610075446	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	56	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610075453	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	60	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610075530	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	30	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610075546	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	56	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610075553	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	60	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610075630	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610075653	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610075753	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	60	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610075760	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	90	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610075780	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	180	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610075794	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	360	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610075830	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	30	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610075846	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	56	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610075853	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	60	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610075860	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	90	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610075930	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	30	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610075946	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	56	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610075953	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	60	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610075960	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	90	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610075980	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	180	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076046	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	225 MG	ORAL	CAPS	EA	56	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076053	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	225 MG	ORAL	CAPS	EA	60	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076130	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	30		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076153	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	60		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076160	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	90		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076170	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	120		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076175	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	150		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076260	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	10 MG	ORAL	CAPS	EA	90	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076280	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	10 MG	ORAL	CAPS	EA	180	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076360	PRIMIDON	PRIMIDON	281204	Anticonvul	28120400	Anticonvul	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076380	PRIMIDON	PRIMIDON	281204	Anticonvul	28120400	Anticonvul	S	50 MG	ORAL	TABS	EA	180	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076392	PRIMIDON	PRIMIDON	281204	Anticonvul	28120400	Anticonvul	S	50 MG	ORAL	TABS	EA	270	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076394	PRIMIDON	PRIMIDON	281204	Anticonvul	28120400	Anticonvul	S	50 MG	ORAL	TABS	EA	360	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076410	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	10		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076415	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	15		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076420	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	20		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076428	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	28		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076430	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	30		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076445	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	45		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076453	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	60		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076460	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	90		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076470	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	120		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076475	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	150		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076480	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	180		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076492	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	270		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076530	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	30	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076546	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	56	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076553	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	60	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076570	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	120	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076630	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076653	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	60	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076660	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076680	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	5 MG	ORAL	TABS	EA	180	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076730	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076745	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	45	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076753	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076760	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076770	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	120	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076773	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	135	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076780	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	180	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076792	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	270	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076830	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	30		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076853	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	60		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076860	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	90		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076870	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	120		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076915	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	15	X	GENERIC	71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076930	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076945	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	45	X	GENERIC	71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076953	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	60	X	GENERIC	71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076960	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076973	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	135	X	GENERIC	71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610076980	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	180	X	GENERIC	71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077015	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	6.25 MG	ORAL	TBCR	EA	15		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077028	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	6.25 MG	ORAL	TBCR	EA	28		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077030	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	6.25 MG	ORAL	TBCR	EA	30		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077053	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	6.25 MG	ORAL	TBCR	EA	60		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077060	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	6.25 MG	ORAL	TBCR	EA	90		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077115	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	15		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077128	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	28		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077130	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	30		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077145	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	45		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077146	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	56		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077153	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	60		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077154	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	84		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077160	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	90		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077170	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	120		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077180	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	180		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077230	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	30	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077245	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	45	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077260	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	90	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077280	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	60 MG	ORAL	TB24	EA	180	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077330	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	30		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077353	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	60		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077360	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	90		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077370	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	120		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077380	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	180		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077453	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	75 MG	ORAL	TABS	EA	60	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077470	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	75 MG	ORAL	TABS	EA	120	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077480	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	75 MG	ORAL	TABS	EA	180	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077494	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	75 MG	ORAL	TABS	EA	360	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077530	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077545	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	45	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077553	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	60	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077560	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077580	LOVASTA	LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	180	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077616	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	6000		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077630	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	30		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077653	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	60		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077660	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	90		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077675	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	7500		GENERIC	71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077730	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077745	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	45	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077753	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077760	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077770	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	120	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077773	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	135	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077780	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	180	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077792	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	270	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077845	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	45	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077853	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077870	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	120	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077892	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	270	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610077953	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610078060	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	10 MG	ORAL	CAPS	EA	90	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610078080	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	10 MG	ORAL	CAPS	EA	180	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610078153	LOPERAM	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	S	2 MG	ORAL	CAPS	EA	60		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610078160	LOPERAM	LOPERAM	560800	Antidiarrhe	56080000	Antidiarrhe	S	2 MG	ORAL	CAPS	EA	90		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610078280	CARBAMA	CARBAMA	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	180	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610078530	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610078560	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	90	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610078660	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	90	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610078680	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	180	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610078730	PACERO	AMIODAR	240404	Antiarrhyth	24040420	Class III A	S	200 MG	ORAL	TABS	EA	30	X	GENERIC	71610	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610078830	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	30 MG	ORAL	TB24	EA	30	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610078860	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	30 MG	ORAL	TB24	EA	90	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610078960	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	4 MG	ORAL	TABS	EA	90	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610079010	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	10		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610079015	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	15		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610079020	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	20		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610079028	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	28		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610079030	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	30		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610079045	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	45		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610079046	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	56		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610079053	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	60		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610079055	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	75		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610079060	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	90		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610079070	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	120		GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610079146	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	225 MG	ORAL	CAPS	EA	56	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610079153	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	225 MG	ORAL	CAPS	EA	60	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610079230	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610079253	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	25 MG	ORAL	CAPS	EA	60	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610079315	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	15	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610079345	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	45	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610079360	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610079480	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	180	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610079553	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610079615	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	15	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610079630	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610079645	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	45	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610079653	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	60	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610079660	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610079715	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	15	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610079745	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	45	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610079815	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	15	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610079816	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	6000	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610079830	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610079845	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	45	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610079853	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	60	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610079860	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610079930	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	30	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610079946	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	56	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610079953	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	60	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
71610079954	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	84	X	GENERIC	71610		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

71610079970	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	120 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610079992	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	270 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610080030	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	30 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610080046	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	56 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610080053	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	60 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610080145	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	45 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610080330	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	30 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610080353	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	60 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610080360	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	90 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610080430	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	30 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610080453	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	60 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610080460	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	90 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610080480	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	180 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610080534	ALLI	ORLISTAT	569200	GI Drugs,	56920000	GI Drugs,	O	60 MG	ORAL	CAPS	EA	2280	SSB		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610080632	ENTREST	SACUBITI	243212	UNKNOW	24321200	UNKNOW	R	49-51 MG	ORAL	TABS	EA	780 X	SSB		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610080737	ENTREST	SACUBITI	243212	UNKNOW	24321200	UNKNOW	R	97-103 MG	ORAL	TABS	EA	3120 X	SSB		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610080830	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610080853	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	60 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610080860	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610080870	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	120 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610080953	DIPHENO	DIPHENO	560800	Antidiarrhe	56080000	Antidiarrhe	S	2.5-0.025	ORAL	TABS	EA	60	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610080960	DIPHENO	DIPHENO	560800	Antidiarrhe	56080000	Antidiarrhe	S	2.5-0.025	ORAL	TABS	EA	90	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610080970	DIPHENO	DIPHENO	560800	Antidiarrhe	56080000	Antidiarrhe	S	2.5-0.025	ORAL	TABS	EA	120	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610080980	DIPHENO	DIPHENO	560800	Antidiarrhe	56080000	Antidiarrhe	S	2.5-0.025	ORAL	TABS	EA	180	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610080990	DIPHENO	DIPHENO	560800	Antidiarrhe	56080000	Antidiarrhe	S	2.5-0.025	ORAL	TABS	EA	240	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610081032	ENTREST	SACUBITI	243212	UNKNOW	24321200	UNKNOW	R	24-26 MG	ORAL	TABS	EA	780 X	SSB		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610081183	ELIQUIS	APIXABAN	201204	Anticoagu	20120414	UNKNOW	R	2.5 MG	ORAL	TABS	EA	3600 X	SSB		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610081287	TROSPIU	TROSPIU	861204	UNKNOW	86120400	UNKNOW	S	20 MG	ORAL	TABS	EA	2400 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610081326	CILOSTA	CILOSTA	201218	Platelet-Ag	20121800	Platelet-Ag	S	100 MG	ORAL	TABS	EA	1200 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610081427	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	1250 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610081541	BRILINTA	TICAGRE	201218	Platelet-Ag	20121800	Platelet-Ag	R	90 MG	ORAL	TABS	EA	5400 X	SSB		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610081653	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	60 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610081660	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	90 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610081680	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	180 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610081715	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	15	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610081730	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	30	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610081745	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	45	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610081746	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	56	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610081753	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	60	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610081760	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	90	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610081770	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	120	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610081815	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-s	S	50 MG	ORAL	TABS	EA	15 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610081845	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-s	S	50 MG	ORAL	TABS	EA	45 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610081860	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-s	S	50 MG	ORAL	TABS	EA	90 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610081922	TORSEMI	TORSEMI	402808	Loop Diur	40280800	Loop Diur	S	20 MG	ORAL	TABS	EA	1170 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610082030	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	30 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610082046	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	56 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610082053	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	60 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610082060	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	90 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610082130	CETIRIZI	CETIRIZI	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610082160	CETIRIZI	CETIRIZI	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610082226	CILOSTA	CILOSTA	201218	Platelet-Ag	20121800	Platelet-Ag	S	100 MG	ORAL	TABS	EA	1200 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610082330	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	30 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610082346	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	56 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610082353	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	60 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610082360	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610082380	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	180 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610082430	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	30 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610082453	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	60 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610082460	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	90 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610082480	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	180 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610082560	ISOSORB	ISOSORB	240808	beta-Adre	24080800	UNKNOW	S	30 MG	ORAL	TB24	EA	90 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610082630	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	30	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610082653	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	60	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610082660	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	90	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610082710	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	10	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610082715	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	15	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610082720	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	20	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610082728	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	28	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610082730	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	30	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610082745	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	45	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610082753	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	60	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610082760	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	90	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610082770	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	120	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610082780	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	180	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610082792	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	270	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610082810	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	10	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610082815	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	15	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610082828	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	28	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610082830	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	30	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610082845	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	45	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610082853	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	60	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610082860	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	90	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610082870	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	120	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610082880	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	180	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610082892	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	270	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610082927	PRAZOSI	PRAZOSI	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	1250 X	GENERIC		71610 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610083030	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610083045	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	45 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610083153	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	8 MG	ORAL	TABS	EA	60 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610083160	DOXAZOS	DOXAZOS	241600	Sclerosing	24160000	Sclerosing	S	8 MG	ORAL	TABS	EA	90 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610083230	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	30	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610083253	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	60	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610083260	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	90	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610083270	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	120	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610083280	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	180	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610083290	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	240	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610083292	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	270	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610083353	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	60	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610083360	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	90	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610083370	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	120	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610083380	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	180	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610083390	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	240	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610083392	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	270	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610083430	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	30	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610083453	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	60	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610083460	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	90	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610083480	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	180	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610083530	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	30 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610083553	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	60 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610083560	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	90 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610083580	TAMSULO	TAMSULO	121604	UNKNOW	12160412	UNKNOW	S	0.4 MG	ORAL	CAPS	EA	180 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610083630	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	30	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610083653	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	60	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610083660	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	90	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610083680	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	180	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610083730	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	30 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610083753	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	60 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610083760	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	90 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610083770	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	120 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610083780	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	180 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610083794	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	360 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610083830	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	30 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610083853	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	60 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610083860	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	90 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610083870	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	120 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610083880	LISINOPR	LISINOPR	243204	Angiotens	24320400	Angiotens	S	20-12.5 M	ORAL	TABS	EA	180 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610083930	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	6.25 MG	ORAL	TBCR	EA	30	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610083953	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	6.25 MG	ORAL	TBCR	EA	60	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610083960	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	6.25 MG	ORAL	TBCR	EA	90	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610083980	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	6.25 MG	ORAL	TBCR	EA	180	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084030	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	30 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084053	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	60 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084060	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	90 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084070	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	5 MG	ORAL	CAPS	EA	120 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084160	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	30 MG	ORAL	TB24	EA	90 X	GENERIC		71610 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084215	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	15	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084230	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	30	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084245	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	45	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084253	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	60	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084260	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	90	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084270	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	120	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084280	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	180	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084330	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084353	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	60 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084360	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084380	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	180 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084453	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	60	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084460	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	90	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084480	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	180	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084530	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	30 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084546	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	56 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084553	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	60 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084554	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	84 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084570	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	120 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084615	MIRTAZA	MIRTAZA	281604	Antidepres	28160424	Serotonin	S	30 MG	ORAL	TABS	EA	15 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084630	MIRTAZA	MIRTAZA	281604	Antidepres	28160424	Serotonin	S	30 MG	ORAL	TABS	EA	30 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084645	MIRTAZA	MIRTAZA	281604	Antidepres	28160424	Serotonin	S	30 MG	ORAL	TABS	EA	45 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084653	MIRTAZA	MIRTAZA	281604	Antidepres	28160424	Serotonin	S	30 MG	ORAL	TABS	EA	60 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084710	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	10	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084714	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	14	GENERIC		71610 Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084715	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	15	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084720	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	20	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084721	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	21	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084728	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	28	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084730	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	30	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084745	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	45	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084753	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	60	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084760	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	90	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084810	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	10	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084815	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	15	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084820	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	20	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084821	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	21	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084828	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	28	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084830	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	30	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084845	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	45	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084853	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	60	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084860	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	90	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610084980	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	TABS	EA	180 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085130	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	30	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085153	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	60	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085160	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	90	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085170	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	120	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085180	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	180	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085212	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	12	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085215	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	15	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085228	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	28	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085230	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	30	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085245	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	45	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085246	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	56	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085253	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	60	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085260	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	90	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085280	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	180	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085315	MIRTAZA	MIRTAZA	281604	Antidepres	28160424	Serotonin	S	15 MG	ORAL	TABS	EA	15 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085360	MIRTAZA	MIRTAZA	281604	Antidepres	28160424	Serotonin	S	15 MG	ORAL	TABS	EA	90 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085430	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	CAPS	EA	30 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085453	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	CAPS	EA	60 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085460	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	CAPS	EA	90 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085480	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	1 MG	ORAL	CAPS	EA	180 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085510	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	10	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085514	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	14	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085515	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	15	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085520	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	20	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085528	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	28	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085530	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	30	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085545	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	45	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085553	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	60	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085554	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	84	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085560	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	90	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085570	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	120	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085580	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	180	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085680	TERAZOS	TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	2 MG	ORAL	CAPS	EA	180 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085730	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	30 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085745	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	45 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085753	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	60 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085760	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085780	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	180 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085830	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	30 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085853	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	60 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085860	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	90 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085870	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	120 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085880	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	180 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085894	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	360 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085930	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	30 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085953	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	60 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085960	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	90 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610085980	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	180 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610086030	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610086053	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	60 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610086060	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	90 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610086080	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	180 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610086130	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	30 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610086145	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	45 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610086160	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	90 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610086173	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	135 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610086180	ATENOLO	ATENOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	180 X	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610086230	CETIRIZI	CETIRIZI	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610086260	CETIRIZI	CETIRIZI	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71610086416	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	6000	GENERIC		71610	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71626010106	ZOLMITRI	ZOLMITRI	283228	Selective S	28322800	Selective S	S	2.5 MG	ORAL	TABS	EA	6	GENERIC		71626		N	FORMULARY		1 GEN	GENERICS	X 18 IN 30 DAYS	X Must meet 5 DS Imitr TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS		R	MEDPRMI
71626010203	ZOLMITRI	ZOLMITRI	283228	Selective S	28322800	Selective S	S	5 MG	ORAL	TABS	EA	3	GENERIC		71626		N	FORMULARY		1 GEN	GENERICS	X 18 IN 30 DAYS	X Must meet 5 DS Imitr TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS		R	MEDPRMI
71626020101	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	100	GENERIC		71626		N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
71626030101	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	50 MG	ORAL	CAPS	EA	100 X	GENERIC		71626		N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
71626030130	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	50 MG	ORAL	CAPS	EA	30 X	GENERIC		71626		N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
71626030160	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	50 MG	ORAL	CAPS	EA	60 X	GENERIC		71626		N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
71626030201	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	100 X	GENERIC		71626		N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
71626030205	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	500 X	GENERIC		71626		N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
71626030230	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	30 X	GENERIC		71626		N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
71626030301	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	100 X	GENERIC		71626		N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
71626030305	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	500 X	GENERIC		71626		N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
71626030330	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	30 X	GENERIC		71626		N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
71634000502	TC MAX	CALCIUM	560400	Antacids a	56040000	Antacids a	O	588 MG/1	ORAL	POWD	GM	500	SSB	8/1/2022	71634		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71656001650	LEVOCAR	LEVOCAR	929200	UNKNOW	92920000	UNKNOW	S	1 GM/10M	ORAL	SOLN	ML	5 X	GENERIC		71656		N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
71656001651	LEVOCAR	LEVOCAR	929200	UNKNOW	92920000	UNKNOW	S	1 GM/10M	ORAL	SOLN	ML	10 X	GENERIC		71656		N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
71656001704	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG/5	ORAL	SOLN	ML	118 X	GENERIC		71656		N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
71656002101	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ/1	ORAL	SOLN	ML	15 X	GENERIC		71656		N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
71656002116	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ/1	ORAL	SOLN	ML	473 X	GENERIC		71656		N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
71656002150	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ/1	ORAL	SOLN	ML	15 X	GENERIC		71656		N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
71656002151	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ/1	ORAL	SOLN	ML	30 X	GENERIC		71656		N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
71656002216	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	40 MEQ/1	ORAL	SOLN	ML	473 X	GENERIC		71656		N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
71656002250	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	40 MEQ/1	ORAL	SOLN	ML	15 X	GENERIC		71656		N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
71656003060	ERYTHRO	ERYTHRO	520404	Antibacter	52040400	Antibacter	S	2%	EXTERNA	SOLN	ML	60	GENERIC		71656		N	FORMULARY		1 GEN	GENERICS	X <= 180			R	MEDPRMI
71656004060	TRIAMCI	TRIAMCI	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	LOTN	ML	60	GENERIC		71656		N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
71656004215	TRIAMCI	TRIAMCI	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	15	GENERIC		71656		N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
71656004230	TRIAMCI	TRIAMCI	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	30	GENERIC		71656		N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
71656004280	TRIAMCI	TRIAMCI	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	80	GENERIC		71656		N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
71656006116	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	1 MG/5ML	ORAL	SOLN	ML	473 X	GENERIC		71656		N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
71656006410	HYDROCO	HYDROCO	520808	Corticoste	52080800	Corticoste	S	1-2 %	OTIC	SOLN	ML	10	GENERIC		71656		N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
71656007205	LITHIUM	LITHIUM	282800	Antimanic	28280000	Antimanic	S	8 MEQ/5M	ORAL	SOLN	ML	5 X	GENERIC		71656 Y		N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
71656007216	LITHIUM	LITHIUM	282800	Antimanic	28280000	Antimanic	S	8 MEQ/5M	ORAL	SOLN	ML	473 X	GENERIC		71656 Y		N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
71656007250	LITHIUM	LITHIUM	282800	Antimanic	28280000	Antimanic	S	8 MEQ/5M	ORAL	SOLN	ML	5 X	GENERIC		71656 Y		N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
71662000001	RE-LIEVE	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4%	EXTERNA	PTCH	EA	1	GENERIC		71662		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71662000006	RE-LIEVE	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4%	EXTERNA	PTCH	EA	6	GENERIC	3/1/2023	71662		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71662000020	RE-LIEVE	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4%	EXTERNA	PTCH	EA	20	GENERIC		71662		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71662001020	RE-LIEVE	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4%	EXTERNA	PTCH	EA	20	GENERIC	3/26/2024	71662		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71665033001	ACAM200	SMALLPO	801200	Vaccines	80120000	Vaccines	R	0	INJECTIO	SOLR	EA	1	SSB		71665		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71665033002	ACAM200	SMALLPO	801200	Vaccines	80120000	Vaccines	R	0	INJECTIO	SOLR	EA	1	SSB		71665		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71671010003	TWIRLA	LEVONOR	681200	Contracep	68120000	Contracep	R	120-30 MC	TRANSDE	PTWK	EA	1 X	SSB		71671		N	#N/A	ORIG_FR	10 EHB	#N/A			X THEN $0 COPAY AND TIER=1	R	MEDPRMI
71671010011	TWIRLA	LEVONOR	681200	Contracep	68120000	Contracep	R	120-30 MC	TRANSDE	PTWK	EA	1 X	SSB		71671		N	#N/A	ORIG_FR	10 EHB	#N/A			X THEN $0 COPAY AND TIER=1	R	MEDPRMI
71687010532	BENZODE	BENZOCA	840800	Antipruritic	84080000	Antipruritic	P	20%	MOUTH/T	CREA	GM	7	GENERIC		71687		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71687010534	BENZODE	BENZOCA	840800	Antipruritic	84080000	Antipruritic	P	20%	MOUTH/T	CREA	GM	28	GENERIC		71687		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
71687030031	PAMPRIN	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500-25-15	ORAL	TABS	EA	20	MSB		71687		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRMI
71687030032	PAMPRIN	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500-25-15	ORAL	TABS	EA	40	MSB		71687		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION				R	MEDPRMI
71687034012	ULTRASW	SHAMPO	842000	Detergent	84200000	Detergent	O	0	EXTERNA	SHAM	ML	207	SSB		71687		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI

71687034032	ULTRASV	SHAMPO	842000	Detergent	84200000	Detergent	O	0	EXTERNA	SHAM	ML	207		SSB		71687			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71687077732	HERPECI	COLD SO	840800	Antipruritic	84080000	Antipruritic	O	5%-1%-5%	EXTERNA	MISC	GM	2.8		SSB		71687			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71691076226	RUBBER	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		71691			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71699002530	XCOPRI	CENOBAM	281224	UNKNOW	28122400	UNKNOW	R	25 MG	ORAL	TABS	EA	30	X	SSB		71699			N	FORMULARY		2 BRAND	PREFERRED BRAND			X	1 IN 1 DAYS				R	MEDPRMI
71699005030	XCOPRI	CENOBAM	281224	UNKNOW	28122400	UNKNOW	R	50 MG	ORAL	TABS	EA	30	X	SSB		71699			N	FORMULARY		2 BRAND	PREFERRED BRAND			X	1 IN 1 DAYS				R	MEDPRMI
71699010030	XCOPRI	CENOBAM	281224	UNKNOW	28122400	UNKNOW	R	100 MG	ORAL	TABS	EA	30	X	SSB		71699			N	FORMULARY		2 BRAND	PREFERRED BRAND			X	1 IN 1 DAYS				R	MEDPRMI
71699010356	XCOPRI (	CENOBAM	281224	UNKNOW	28122400	UNKNOW	R	150 & 200	ORAL	TBPK	EA	56	X	SSB		71699			N	FORMULARY		2 BRAND	PREFERRED BRAND			X	2 IN 1 DAYS				R	MEDPRMI
71699010456	XCOPRI (	CENOBAM	281224	UNKNOW	28122400	UNKNOW	R	100 & 150	ORAL	TBPK	EA	56	X	SSB		71699			N	FORMULARY		2 BRAND	PREFERRED BRAND			X	2 IN 1 DAYS				R	MEDPRMI
71699015030	XCOPRI	CENOBAM	281224	UNKNOW	28122400	UNKNOW	R	150 MG	ORAL	TABS	EA	30	X	SSB		71699			N	FORMULARY		2 BRAND	PREFERRED BRAND			X	1 IN 1 DAYS				R	MEDPRMI
71699020030	XCOPRI	CENOBAM	281224	UNKNOW	28122400	UNKNOW	R	200 MG	ORAL	TABS	EA	30	X	SSB		71699			N	FORMULARY		2 BRAND	PREFERRED BRAND			X	2 IN 1 DAYS				R	MEDPRMI
71699020128	XCOPRI	CENOBAM	281224	UNKNOW	28122400	UNKNOW	R	14 X 12.5	ORAL	TBPK	EA	28		SSB		71699			N	FORMULARY		2 BRAND	PREFERRED BRAND			X	1 IN 1 DAYS				R	MEDPRMI
71699020228	XCOPRI	CENOBAM	281224	UNKNOW	28122400	UNKNOW	R	14 X 50 M	ORAL	TBPK	EA	28		SSB		71699			N	FORMULARY		2 BRAND	PREFERRED BRAND			X	1 IN 1 DAYS				R	MEDPRMI
71699020328	XCOPRI	CENOBAM	281224	UNKNOW	28122400	UNKNOW	R	14 X 150 I	ORAL	TBPK	EA	28		SSB		71699			N	FORMULARY		2 BRAND	PREFERRED BRAND			X	1 IN 1 DAYS				R	MEDPRMI
71709011006	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	500	X	GENERIC		71709			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
71709011007	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	1000	X	GENERIC		71709			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
71709011106	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	500	X	GENERIC		71709			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
71709011107	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	1000	X	GENERIC		71709			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
71709011206	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	500	X	GENERIC		71709			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
71709011207	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	1000	X	GENERIC		71709			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
71709012904	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	100		GENERIC		71709			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
71709012906	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	500		GENERIC		71709			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
71709013004	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	100		GENERIC		71709			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
71709013006	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	500		GENERIC		71709			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
71713010064	NURX TE	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		71713			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRMI
71713010065	NURX TE	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		71713			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRMI
71713010066	NURX UT	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		71713			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRMI
71713010067	NURX VA	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		71713			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRMI
71713010068	NURX CO	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		71713			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRMI
71713010069	NURX EM	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		71713			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRMI
71713010070	NURX ST	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		71713			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRMI
71713010071	NURX HE	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		71713			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRMI
71713010072	NURX HP	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		71713			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRMI
71713010073	NURX TE	DIGITAL T	929200	UNKNOW	92920000	UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		71713			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRMI
71715000101	NUZYRA	OMADAC	81224	Tetracyclin	8122404	UNKNOW	R	100MG	INTRAVEI	SOLR	EA	1		SSB		71715			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71715000102	NUZYRA	OMADAC	81224	Tetracyclin	8122404	UNKNOW	R	100MG	INTRAVEI	SOLR	EA	1		SSB		71715			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71715000221	NUZYRA	OMADAC	81224	Tetracyclin	8122404	UNKNOW	R	150 MG	ORAL	TABS	EA	6		SSB		71715			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X						R	MEDPRMI
71715000227	NUZYRA	OMADAC	81224	Tetracyclin	8122404	UNKNOW	R	150 MG	ORAL	TABS	EA	30		SSB		71715			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X						R	MEDPRMI
71717010103	CLOPIDO	CLOPIDO	201218	Platelet-A	20121800	Platelet-A	S	75 MG	ORAL	TABS	EA	30	X	GENERIC		71717			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
71717010109	CLOPIDO	CLOPIDO	201218	Platelet-A	20121800	Platelet-A	S	75 MG	ORAL	TABS	EA	90	X	GENERIC		71717			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
71717010150	CLOPIDO	CLOPIDO	201218	Platelet-A	20121800	Platelet-A	S	75 MG	ORAL	TABS	EA	500	X	GENERIC		71717			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
71717010210	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	100	X	GENERIC		71717			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
71717010250	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	500	X	GENERIC		71717			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
71717010310	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	100	X	GENERIC		71717			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
71717010350	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	500	X	GENERIC		71717			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
71717010411	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	1000	X	GENERIC		71717			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
71717010510	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	100	X	GENERIC		71717			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
71717010550	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	500	X	GENERIC		71717			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
71717010611	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	1000	X	GENERIC		71717			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
71726000702	ORTHOGI	MENTHOI	849200	Skin and M	84920000	Skin and M	P	3.50%	EXTERNA	GEL	GM	113.4		GENERIC		71726			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71740000110	NIACOR	NIACIN (A	240692	Antilipemi	24069200	Antilipemi	S	500 MG	ORAL	TABS	EA	100		SSB		71740			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
71740001042	PROTYL /	SILVER	849200	Skin and M	84920000	Skin and M	R	1%	EXTERNA	GEL	GM	42		SSB	5/31/2022	71740			N	EXCLUDE	N/A: [DRU	20	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
71740011208	SSKI	POTASSII	481600	Expectora	48160000	Expectora	S	1 GM/ML	ORAL	SOLN	ML	237		MSB	3/17/2022	71740			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
71740011230	SSKI	POTASSII	481600	Expectora	48160000	Expectora	S	1 GM/ML	ORAL	SOLN	ML	30		MSB		71740			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
71740020110	NIACOR	NIACIN (A	240692	Antilipemi	24069200	Antilipemi	S	500 MG	ORAL	TABS	EA	100		SSB	11/15/2024	71740			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
71740033911	MELOXIC	MELOXIC	280804	Nonsteroi	28080400	UNKNOW	S	7.5 MG/5M	ORAL	SUSP	ML	100	X	MSB		71740			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
71741002090	NIACIN (A	NIACIN (A	240692	Antilipemi	24069200	Antilipemi	S	500 MG	ORAL	TABS	EA	90		MSB		71741			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
71741004790	NIACIN (A	NIACIN (A	240692	Antilipemi	24069200	Antilipemi	S	500 MG	ORAL	TABS	EA	90		MSB	11/15/2024	71741			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
71741007230	PREGENI	PRENATA	882800	Multivitam	88280000	Multivitam	R	20-1 MG	ORAL	TABS	EA	30		SSB		71741			N	EXCLUDE	N/A: [DRU	20	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
71741008630	FOLAMA	MULTIPLE	882800	Multivitam	88280000	Multivitam	R	60MG-60M	ORAL	TABS	EA	30		SSB		71741			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71741009130	PNV TAB	PRENATA	882800	Multivitam	88280000	Multivitam	R	20-1 MG	ORAL	TABS	EA	30		SSB		71741			N	EXCLUDE	N/A: [DRU	20	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
71741014130	PROFOL	MULTIPLE	882800	Multivitam	88280000	Multivitam	R	60MG-60M	ORAL	TABS	EA	30		SSB		71741			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71741019430	FOLAMEI	MULTIPLE	882800	Multivitam	88280000	Multivitam	R	60MG-60M	ORAL	CAPS	EA	30		SSB		71741			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71741030130	LORMATE	DIETARY	402000	Caloric Ag	40200000	Caloric Ag	R	0-0-0-0	ORAL	CAPS	EA	30		SSB		71741			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
71741032730	FOLAGEN	MULTIPLE	882800	Multivitam	88280000	Multivitam	R	60MG-60M	ORAL	CAPS	EA	30		SSB		71741			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71741035330	KEYFOLI	MULTIPLE	882800	Multivitam	88280000	Multivitam	R	60MG-60M	ORAL	TABS	EA	30		SSB		71741			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71741036530	WELLFOL	MULTIPLE	882800	Multivitam	88280000	Multivitam	R	60MG-60M	ORAL	TABS	EA	30		SSB		71741			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71741037630	WELLPRO	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	R	0-0	ORAL	CAPS	EA	30		SSB		71741			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
71741038230	FOLAPRII	MULTIPLE	882800	Multivitam	88280000	Multivitam	R	60MG-60M	ORAL	TABS	EA	30		SSB		71741	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71741039530	SUREBIO	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	R	0-0	ORAL	CAPS	EA	30		SSB		71741			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
71767010001	FUROSCI	FUROSEI	243608	UNKNOW	24360800	UNKNOW	R	80 MG/10I	SUBCUTA	CTKT	EA	1		SSB		71767		Y	N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND								R	MEDPRMI
71770010560	SIKLOS	HYDROXY	100000	Antineopla	10000000	Antineopla	R	100 MG	ORAL	TABS	EA	60		SSB		71770			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND			X	2 IN 1 DAYS				R	MEDPRMI
71770012030	SIKLOS	HYDROXY	100000	Antineopla	10000000	Antineopla	R	1000 MG	ORAL	TABS	EA	30		SSB		71770			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND					X	Must meet 5 DS Drox	TRIAL OF GENERIC HYDROXYUREA AND DROXIA IN THE PAST 365 DAYS	R	MEDPRMI
71770020010	PHEBURA	SODIUM F	401000	Ammonia	40100000	Ammonia	R	483 MG/G	ORAL	PLLT	GM	174	X	SSB		71770			N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X						R	MEDPRMI
71773005005	XERAVA	ERAVACY	81224	Tetracyclin	8122408	UNKNOW	R	50MG	INTRAVEI	SOLR	EA	1		SSB		71773			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71773005012	XERAVA	ERAVACY	81224	Tetracyclin	8122408	UNKNOW	R	50MG	INTRAVEI	SOLR	EA	1		SSB		71773			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71773010005	XERAVA	ERAVACY	81224	Tetracyclin	8122408	UNKNOW	R	100 MG	INTRAVEI	SOLR	EA	1		SSB		71773			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71773010012	XERAVA	ERAVACY	81224	Tetracyclin	8122408	UNKNOW	R	100 MG	INTRAVEI	SOLR	EA	1		SSB		71773			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71776000110	FRESHKO	POLYVIN	529200	EENT Dru	52920000	EENT Dru	O	2.7-2 %	OPHTHAL	SOLN	ML	10		SSB		71776			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71776000515	NATACYN	NATAMYC	520416	Antifungal	52041600	Antifungal	R	5%	OPHTHAL	SUSP	ML	15		SSB		71776			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
71776002430	ZERVIATE	CETIRIZIN	520200	Antiallergi	52020000	Antiallergi	R	0.24%	OPHTHAL	SOLN	EA	30		SSB		71776			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
71776003505	TOBRADE	TOBRAMY	520808	Corticoste	52080800	Corticoste	R	0.3-0.05 %	OPHTHAL	SUSP	ML	5		SSB		71776			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
71776010005	FLAREX	FLUOROM	520808	Corticoste	52080800	Corticoste	R	0.10%	OPHTHAL	SUSP	ML	5		SSB		71776			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
71776777110	FRESHKO	POLYVIN	529200	EENT Dru	52920000	EENT Dru	O	2.7-2 %	OPHTHAL	SOLN	ML	10		SSB		71776			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71777039201	VITRAKVI	LAROTRE	100000	Antineopla	10000000	Antineopla	R	20 MG/ML	ORAL	SOLN	ML	100		SSB		71777			N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X						R	MEDPRMI
71779011502	COPIKTR	DUVELISI	100000	Antineopla	10000000	Antineopla	R	15 MG	ORAL	CAPS	EA	56		SSB	2/13/2023	71779			N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X						R	MEDPRMI
71779011503	COPIKTR	DUVELISI	100000	Antineopla	10000000	Antineopla	R	15 MG	ORAL	CAPS	EA	28		SSB	2/13/2023	71779			N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X						R	MEDPRMI
71779012502	COPIKTR	DUVELISI	100000	Antineopla	10000000	Antineopla	R	25 MG	ORAL	CAPS	EA	56		SSB	4/26/2022	71779			N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X						R	MEDPRMI
71779012504	COPIKTR	DUVELISI	100000	Antineopla	10000000	Antineopla	R	25 MG	ORAL	CAPS	EA	28		SSB		71779			N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X						R	MEDPRMI
71791000001	PROBIOT	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0	ORAL	CAPS	EA	30		SSB		71791			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71791000002	PROBIOT	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0	ORAL	CAPS	EA	90		SSB		71791			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71791000011	ESBERIT	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-0-0-0-0	ORAL	CHEW	EA	100		SSB		71791			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71791000024	OSTEOPI	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	30MG-30M	ORAL	TABS	EA	120		GENERIC		71791			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71791000028	UBQH	UBIQUINO	929200	UNKNOW	92920000	UNKNOW	O	50 MG	ORAL	CAPS	EA	60		SSB		71791			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71791000035	VITALINE	COENZYI	929200	UNKNOW	92920000	UNKNOW	O	200 MG	ORAL	TABS	EA	30		SSB		71791			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71791000036	VITALINE	COENZYI	929200	UNKNOW	92920000	UNKNOW	O	100 MG	ORAL	WAFR	EA	30		SSB		71791			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71791000048	TYLER IN	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-0-0-0	ORAL	CAPS	EA	60		SSB		71791			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71791000059	TYLER SI	DIGESTIV	561600	Digestants	56160000	Digestants	P	0-0-0-0-0	ORAL	CAPS	EA	180		GENERIC		71791			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71791000060	TYLER SI	DIGESTIV	561600	Digestants	56160000	Digestants	P	0-0-0-0-0	ORAL	CAPS	EA	90		GENERIC		71791			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71791000082	7-KETO L	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	100MG-10	ORAL	CAPS	EA	30		SSB		71791			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71791000085	BERBERI	BARBERF	929200	UNKNOW	92920000	UNKNOW	O	200-200-5	ORAL	CAPS	EA	90		SSB		71791			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71791000087	BIO-ZYMI	DIGESTIV	561600	Digestants	56160000	Digestants	O	0-0-0-0-0	ORAL	TABS	EA	200		SSB		71791			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71791000117	COQ10	COENZYI	929200	UNKNOW	92920000	UNKNOW	P	100 MG	ORAL	CAPS	EA	60		GENERIC		71791			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71791000125	TYLER SI	DIGESTIV	561600	Digestants	56160000	Digestants	P	40MG-0-0	ORAL	CAPS	EA	180		GENERIC		71791			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71791000126	TYLER SI	DIGESTIV	561600	Digestants	56160000	Digestants	P	40MG-0-0	ORAL	CAPS	EA	90		GENERIC		71791			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71791000150	KREBS M	MAGNESI	401200	Replacem	40120000	Replacem	O	250-100 M	ORAL	TABS	EA	60		SSB		71791			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71791000154	SIMILASE	DIGESTIV	561600	Digestants	56160000	Digestants	O	16000UNI	ORAL	CAPS	EA	90		SSB		71791			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71791000156	L-THEANI	THEANINI	402000	Caloric Ag	40200000	Caloric Ag	P	100 MG	ORAL	CAPS	EA	60		MSB		71791			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
71791000174	NF FORM	ACETYLC	402000	Caloric Ag	40200000	Caloric Ag	P	600 MG	ORAL	CAPS	EA	60		GENERIC		71791			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71791000177	PANPLEX	DIGESTIV	561600	Digestants	56160000	Digestants	O	25200UNI	ORAL	TBEC	EA	180		SSB		71791			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71791000181	PARA-GA	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	50MG-50M	ORAL	CAPS	EA	120		SSB		71791			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71791000213	SUPER M	MILK THIS	929200	UNKNOW	92920000	UNKNOW	O	40MG-10M	ORAL	CAPS	EA	120		SSB		71791			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71791000222	VITAMIN (	VITAMIN (	929200	UNKNOW	92920000	UNKNOW	O	450-250-1	ORAL	CAPS	EA	90		MSB		71791			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
71791000227	VITALINE	COENZYI	929200	UNKNOW	92920000	UNKNOW	O	300 MG	ORAL	WAFR	EA	60		SSB		71791			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71791000236	BETAINE	DIGESTIV	561600	Digestants	56160000	Digestants	P	650-130 M	ORAL	CAPS	EA	250		GENERIC		71791			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71791000257	IRON COI	IRON COI	200404	Iron Prepa	20040400	Iron Prepa	P	60MG-60M	ORAL	CAPS	EA	90		GENERIC		71791			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71791000258	NIACIN FI	INOSITOL	241292	Vasodilati	24129200	Vasodilati	O	590 MG	ORAL	CAPS	EA	60		SSB		71791			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71791000259	B12-ACTI	METHYLC	880800	Vitamin B	88080000	Vitamin B	O	1 MG	ORAL	CHEW	EA	30		SSB		71791			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71791000265	YEAST F	OREGAN	929200	UNKNOW	92920000	UNKNOW	O	50MG-0-0	ORAL	CPDR	EA	90		SSB		71791			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71791000276	LIPASE C	DIGESTIV	561600	Digestants	56160000	Digestants	O	55.5 MG	ORAL	CAPS	EA	90		SSB		71791			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71791000294	5-HTP	5-HYDRO	929200	UNKNOW	92920000	UNKNOW	P	50 MG	ORAL	CAPS	EA	60		GENERIC		71791			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71791000325	FIBER FO	FIBER	561200	Cathartics	56120000	Cathartics	O	0-0-0-0-0	ORAL	CAPS	EA	120		SSB		71791			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71791000326	LAXATIVE	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-0-0-0-0	ORAL	TABS	EA	60		SSB		71791			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71791000329	VITALINE	COENZYI	929200	UNKNOW	92920000	UNKNOW	O	100 MG	ORAL	WAFR	EA	30		SSB		71791			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71791000335	BUFFERE	ASCORBI	881200	Vitamin C	88120000	Vitamin C	O	1000 MG	ORAL	CAPS	EA	60		SSB		71791			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71791000351	NF FORM	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	50MG-10M	ORAL	CAPS	EA	90		SSB		71791			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71791000381	CORTISO	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-0-0-0-0	ORAL	TABS	EA	30		SSB		71791			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71791000383	PRO-FLO	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0-0-0-0	ORAL	CAPS	EA	30		SSB		71791			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71791000389	UBQH	UBIQUINO	929200	UNKNOW	92920000	UNKNOW	P	100 MG	ORAL	CAPS	EA	60		GENERIC		71791			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71791000406	VITAMIN I	VITAMIN I	882000	Vitamin E	88200000	Vitamin E	P	268 MG (4	ORAL	CAPS	EA	60		GENERIC		71791			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71791000423	D-LIMONI	ORANGE	929200	UNKNOW	92920000	UNKNOW	O	1 GM	ORAL	CAPS	EA	10		MSB		71791			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
71791000433	CORTISO	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-0-0-0-0	ORAL	TABS	EA	90		SSB		71791			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71791000445	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	50 MCG (	ORAL	CHEW	EA	120		GENERIC		71791			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71791000446	RESVERA	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-0-75MG	ORAL	CAPS	EA	60		SSB		71791			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71791000448	PROBIOT	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0-0-0	ORAL	CAPS	EA	60		SSB		71791			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71791000450	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	125 MCG	ORAL	CHEW	EA	90		GENERIC		71791			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71791000451	CURCUM	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-0-0-0-0	ORAL	TABS	EA	60		SSB		71791			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71791070662	LAVELA V	LAVENDE	929200	UNKNOW	92920000	UNKNOW	P	80 MG	ORAL	CAPS	EA	60		MSB		71791			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
71800000301	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	1000		GENERIC	9/30/2022	71800			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
71800000960	DIFLORA	DIFLORA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	60		GENERIC	1/31/2023	71800			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
71800001130	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	40 MG	ORAL	CPEP	EA	30	X	GENERIC	7/7/2022	71800			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
71800001630	YOSPRAL	ASPIRIN-	201218	Platelet-A	20121800	Platelet-A	S	325-40 M	ORAL	TBEC	EA	30	X	SSB	1/31/2022	71800			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
71800001830	ASPIRIN-	ASPIRIN-	201218	Platelet-A	20121800	Platelet-A	S	325-40 M	ORAL	TBEC	EA	30	X	MSB	1/31/2022	71800			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
71800081030	FOLIKA-M	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	60MG-60M	ORAL	TABS	EA	30		SSB	7/7/2022	71800			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71800090101	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	85-500 M	ORAL	TABS	EA	9		GENERIC	7/7/2022	71800			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
71837584301	LEUKINE	SARGRAI	201600	Hematopo	20160000	Hematopo	R	250 MCG	INJECTIO	SOLR	EA	1		SSB		71837			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71837584305	LEUKINE	SARGRAI	201600	Hematopo	20160000	Hematopo	R	250 MCG	INJECTIO	SOLR	EA	1		SSB		71837			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71839010401	FOSAPRE	FOSAPRE	562232	UNKNOW	56223200	UNKNOW	S	150 MG	INTRAVEI	SOLR	EA	1		GENERIC		71839			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71839010501	NEOSTIG	NEOSTIG	120400	Parasymp	12040000	Parasymp	S	5 MG/10M	INTRAVEI	SOLN	ML	10		GENERIC		71839			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71839010601	NEOSTIG	NEOSTIG	120400	Parasymp	12040000	Parasymp	S	10 MG/10I	INTRAVEI	SOLN	ML	10		GENERIC		71839			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71839010610	NEOSTIG	NEOSTIG	120400	Parasymp	12040000	Parasymp	S	10 MG/10I	INTRAVEI	SOLN	ML	10		GENERIC		71839	Y		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71839010701	DAPTOM	DAPTOM	81228	Antibacter	8122812	Cyclic Lip	S	500 MG	INTRAVEI	SOLR	EA	1		GENERIC		71839			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71839010801	DAPTOM	DAPTOM	81228	Antibacter	8122812	Cyclic Lip	S	350 MG	INTRAVEI	SOLR	EA	1		GENERIC		71839			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71839010910	ENOXAPA	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	30 MG/0.3	INJECTIO	SOSY	ML	0.3		GENERIC		71839		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS								R	MEDPRMI
71839011010	ENOXAPA	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	40 MG/0.4	INJECTIO	SOSY	ML	0.4		GENERIC		71839		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS								R	MEDPRMI
71839011110	ENOXAPA	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	60 MG/0.6	INJECTIO	SOSY	ML	0.6		GENERIC		71839		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS								R	MEDPRMI
71839011210	ENOXAPA	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	80 MG/0.8	INJECTIO	SOSY	ML	0.8		GENERIC		71839		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS								R	MEDPRMI
71839011310	ENOXAPA	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	100 MG/M	INJECTIO	SOSY	ML	1		GENERIC		71839		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS								R	MEDPRMI
71839011510	ENOXAPA	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	120 MG/0.	INJECTIO	SOSY	ML	0.8		GENERIC		71839		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS								R	MEDPRMI
71839011610	ENOXAPA	ENOXAPA	201204	Anticoagu	20120416	Heparins	S	150 MG/M	INJECTIO	SOSY	ML	1		GENERIC		71839		Y	N	FORMULARY		4 SPGEN	SPECIALTY GENERICS								R	MEDPRMI
71839011725	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	1000 UNI	INJECTIO	SOLN	ML	2		GENERIC		71839		Y	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
71839011825	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	5000 UNI	INJECTIO	SOLN	ML	0.5		GENERIC		71839	N	Y	N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
71839012001	SODIUM I	NITROPR	240816	Central Al	24081600	Central Al	S	50 MG/2M	INTRAVEI	SOLN	ML	2		GENERIC		71839			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71839012210	PANTOPI	PANTOPI	562836	Proton-pu	56283600	Proton-pu	S	40 MG	INTRAVEI	SOLR	EA	1		GENERIC		71839			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71839012225	PANTOPI	PANTOPI	562836	Proton-pu	56283600	Proton-pu	S	40 MG	INTRAVEI	SOLR	EA	1		GENERIC		71839			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71839012301	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.2 MG/MI	INJECTIO	SOLN	ML	1		GENERIC		71839			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71839012325	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.2 MG/MI	INJECTIO	SOLN	ML	1		GENERIC		71839			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71839012401	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.4 MG/2M	INJECTIO	SOLN	ML	2		GENERIC		71839			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71839012425	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.4 MG/2M	INJECTIO	SOLN	ML	2		GENERIC		71839			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71839012501	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	1 MG/5ML	INJECTIO	SOLN	ML	5		GENERIC		71839			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71839012525	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	1 MG/5ML	INJECTIO	SOLN	ML	5		GENERIC		71839			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71839013701	CARBOPI	CARBOPI	760000	Oxytocics	76000000	Oxytocics	S	250 MCG/	INTRAMU	SOLN	ML	1		GENERIC		71839			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71839013710	CARBOPI	CARBOPI	760000	Oxytocics	76000000	Oxytocics	S	250 MCG/	INTRAMU	SOLN	ML	1		GENERIC		71839			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71839014101	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	50 MG/5M	INTRAVEI	SOLN	ML	5		GENERIC		71839			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71839014110	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	50 MG/5M	INTRAVEI	SOLN	ML	5		GENERIC		71839			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71839014201	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	100 MG/1(	INTRAVEI	SOLN	ML	10		GENERIC		71839			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71839014210	ROCURO	ROCURO	122020	UNKNOW	12202000	UNKNOW	S	100 MG/1(	INTRAVEI	SOLN	ML	10		GENERIC		71839			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71839014325	NOREPIN	NOREPIN	121212	alpha- and	12121200	alpha- and	S	1 MG/ML	INTRAVEI	SOLN	ML	4		GENERIC		71839			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
71849010090	L-METHYI	L-METHYI	880800	Vitamin B	88080000	Vitamin B	R	3-90.314-2	ORAL	CAPS	EA	90		MSB		71849			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
71849020090	METHYLF	L-METHYI	880800	Vitamin B	88080000	Vitamin B	R	6-90.314-2	ORAL	TABS	EA	90		MSB		71849			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
71849030090	L-METHYI	L-METHYI	929200	UNKNOW	92920000	UNKNOW	R	15-90.314	ORAL	CAPS	EA	90		MSB		71849			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
71850180001	UREMEZ-	UREA	842800	Keratolytic	84280000	Keratolytic	S	40%	EXTERNA	CREA	GM	227		GENERIC		71850			N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI
71850180101	SALIMEZ	SALICYLI	842800	Keratolytic	84280000	Keratolytic	R	6%	EXTERNA	CREA	GM	227		SSB		71850	N		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
71850180201	REXASIL	SILICONE	842412	Basic Oint	84241200	Basic Oint	S	0-0-0-0-0	EXTERNA	KIT	EA	1		MSB		71850	N		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
71850180301	SULFAME	SULFACE	842800	Keratolytic	84280000	Keratolytic	S	10-1 %	EXTERNA	EMUL	ML	177		GENERIC		71850	N		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
71850180401	BENZOYL	BENZOYL	840492	Local Anti-	84049200	Local Anti-	R	8%	EXTERNA	GEL	GM	113		MSB		71850	N		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
71850180501	FUNGIME	ANTIFUN	840408	Antifungal	84040892	Miscellane	R	0-0-0-0-0	EXTERNA	SOLN	ML	15		SSB		71850	N		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
71850180601	BENZOYL	BENZOYL	840608	UNKNOW	84060800	UNKNOW	S	5-0.5 %	EXTERNA	LOTN	GM	113		GENERIC		71850	N		N	FORMULARY		1 GEN	GENERICS								R	MEDPRMI

72140040759	NIVEA	EMOLLIEI	842404 Basic Loti	84240400 Basic Loti	O	0-0-0-0-0	EXTERNA	LOTN	ML	30		SSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140040763	NIVEA SH	BATH PRO	842408 Basic Oils	84240800 Basic Oils	P	0-0-0-0-0	EXTERNA	GEL	GM	225		MSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRM
72140040764	NIVEA SH	BATH PRO	842408 Basic Oils	84240800 Basic Oils	P	0-0-0-0-0	EXTERNA	GEL	GM	225		MSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRM
72140040765	NIVEA SH	BATH PRO	842408 Basic Oils	84240800 Basic Oils	P	0-0-0-0-0	EXTERNA	GEL	GM	225		MSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRM
72140040766	NIVEA SH	BATH PRO	842408 Basic Oils	84240800 Basic Oils	P	0-0-0-0-0	EXTERNA	GEL	GM	225		MSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRM
72140040768	NIVEA	SKIN OILS	842408 Basic Oils	84240800 Basic Oils	O	0-0-0-0	EXTERNA	OIL	ML	225		SSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140040769	NIVEA	EMOLLIEI	842404 Basic Loti	84240400 Basic Loti	O	0-0-0-0-0	EXTERNA	LOTN	ML	142.5		SSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140040770	NIVEA SH	BATH PRO	842408 Basic Oils	84240800 Basic Oils	P	0-0-0-0-0	EXTERNA	GEL	GM	30		MSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRM
72140041150	NIVEA OF	EMOLLIEI	842404 Basic Loti	84240400 Basic Loti	O	0-0-0-0-0	EXTERNA	LOTN	ML	30		SSB		72140	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140041458	BASIS CC	SOAP & C	842000 Detergent	84200000 Detergent	O	0-0-0-0-0	EXTERNA	BAR	EA	1		SSB		72140	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140041459	BASIS CC	SOAP & C	842000 Detergent	84200000 Detergent	O	0-0-0-0-0	EXTERNA	BAR	EA	1		SSB		72140	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140042407	NIVEA VIS	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	O	0-0	EXTERNA	CREA	GM	15		SSB		72140	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140043146	NIVEA VIS	EMOLLIEI	842404 Basic Loti	84240400 Basic Loti	O	0-0	EXTERNA	LOTN	ML	15		SSB		72140	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140044950	NIVEA SK	BATH PRO	842408 Basic Oils	84240800 Basic Oils	O	0-0-0	EXTERNA	LIQD	ML	30		SSB		72140	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140044951	NIVEA	EMOLLIEI	842404 Basic Loti	84240400 Basic Loti	O	0-0-0-0	EXTERNA	LOTN	ML	30		SSB		72140	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140044952	NIVEA MC	SOAP & C	842000 Detergent	84200000 Detergent	O	0	EXTERNA	LOTN	ML	51		SSB		72140	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140044982	NIVEA	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	O	0-0-0-0	EXTERNA	CREA	GM	15		SSB		72140	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140044990	NIVEA MC	SOAP & C	842000 Detergent	84200000 Detergent	O	0-0-0-0-0	EXTERNA	CREA	GM	300		SSB		72140	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140045231	AQUAPHO	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	O	0-0-0	EXTERNA	OINT	GM	50		SSB		72140	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140045344	FUTURO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		72140	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140045347	FUTURO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		72140	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140045841	FUTURO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		72140	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140045842	FUTURO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140045957	FUTURO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140046163	FUTURO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140046164	FUTURO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140046165	FUTURO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140046645	FUTURO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140047550	FUTURO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140047551	FUTURO	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	1		NON DRUG		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140063377	AQUAPHO	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	O	41%	EXTERNA	OINT	GM	85		SSB		72140	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140063378	EUCERIN	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	P	0-0-0	EXTERNA	CREA	GM	226		MSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRM
72140063382	EUCERIN	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	O	0-0-0-2.5%	EXTERNA	CREA	GM	78		SSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140063386	AQUAPHO	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	O	41%	EXTERNA	OINT	GM	396		SSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140063429	EUCERIN	EMOLLIEI	842404 Basic Loti	84240400 Basic Loti	O	4.5%-7.5%	EXTERNA	LOTN	ML	118		SSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140063466	EUCERIN	SUNSCRE	848000 Sunscreen	84800000 Sunscreen	O	5%-7.5%-7	EXTERNA	LOTN	ML	50		NON DRUG		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140063467	EUCERIN	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	O	0-0-0-0	EXTERNA	CREA	GM	48		SSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140063474	EUCERIN	SOAP & C	842000 Detergent	84200000 Detergent	O	0-0-0-0	EXTERNA	GEL	ML	200		NON DRUG		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140063482	EUCERIN	EMOLLIEI	842404 Basic Loti	84240400 Basic Loti	O	0-0-0-0	EXTERNA	LOTN	ML	500		SSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140063605	EUCERIN	SOAP & C	842000 Detergent	84200000 Detergent	O	0	EXTERNA	LIQD	ML	250		SSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140063608	AQUAPHO	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	O	41%	EXTERNA	OINT	GM	396		SSB		72140	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140063626	EUCERIN	PODIATR	849200 Skin and M	84920000 Skin and M	O	0	EXTERNA	CREA	GM	85		SSB		72140	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140063628	EUCERIN	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	P	0-0-0-0	EXTERNA	CREA	GM	396		MSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION		R	MEDPRM
72140071013	FUTURO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140071014	FUTURO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140071015	FUTURO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140073763	EUCERIN	EMOLLIEI	842404 Basic Loti	84240400 Basic Loti	O	0-0	EXTERNA	LOTN	ML	30		SSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140074106	NIVEA VIS	SOAP & C	842000 Detergent	84200000 Detergent	O	0-0-0-0-0	EXTERNA	LOTN	ML	30		SSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140074108	NIVEA VIS	SOAP & C	842000 Detergent	84200000 Detergent	O	0-0-0-0-0	EXTERNA	LIQD	ML	30		SSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140074109	NIVEA VIS	SOAP & C	842000 Detergent	84200000 Detergent	O	0-0-0-0-0	EXTERNA	GEL	GM	30		SSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140077716	BASIS SE	SOAP & C	842000 Detergent	84200000 Detergent	O	0-0-0-0-0	EXTERNA	BAR	EA	1		SSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140077717	BASIS NC	SOAP & C	842000 Detergent	84200000 Detergent	O	0-0-0-0-0	EXTERNA	BAR	EA	1		SSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140077718	BASIS EX	SOAP & C	842000 Detergent	84200000 Detergent	O	0-0-0-0-0	EXTERNA	BAR	EA	1		SSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140077719	BASIS CC	SOAP & C	842000 Detergent	84200000 Detergent	O	0-0-0-0-0	EXTERNA	BAR	EA	1		SSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140077721	BASIS CL	SOAP & C	842000 Detergent	84200000 Detergent	O	0-0-0-0-0	EXTERNA	LIQD	ML	30		SSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140077722	BASIS CL	SOAP & C	842000 Detergent	84200000 Detergent	O	0-0-0-0-0	EXTERNA	LIQD	ML	30		SSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140077723	BASIS CL	SOAP & C	842000 Detergent	84200000 Detergent	O	0-0-0-0-0	EXTERNA	LIQD	ML	30		SSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140080201	NIVEA ES	EMOLLIEI	842404 Basic Loti	84240400 Basic Loti	O	0-0-0-0-0	EXTERNA	LOTN	ML	250		NON DRUG		72140	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140080258	NIVEA OF	EMOLLIEI	842404 Basic Loti	84240400 Basic Loti	O	0	EXTERNA	LOTN	ML	400		SSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140080891	NIVEA MC	SOAP & C	842000 Detergent	84200000 Detergent	O	0	EXTERNA	LOTN	ML	225		SSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140080899	NIVEA MC	SOAP & C	842000 Detergent	84200000 Detergent	O	0	EXTERNA	LOTN	ML	51		SSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140081100	NIVEA VIS	SOAP & C	842000 Detergent	84200000 Detergent	O	0-0-0-0-0	EXTERNA	LOTN	ML	180		SSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140081106	NIVEA VIS	SOAP & C	842000 Detergent	84200000 Detergent	O	0-0-0-0-0	EXTERNA	LIQD	ML	180		SSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140081145	NIVEA VIS	SOAP & C	842000 Detergent	84200000 Detergent	O	0-0-0-0-0	EXTERNA	LIQD	ML	180		SSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140081146	NIVEA VIS	SUNSCRE	848000 Sunscreen	84800000 Sunscreen	O	0-0-0-0-0	EXTERNA	LOTN	ML	90		SSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140081151	NIVEA VIS	SOAP & C	842000 Detergent	84200000 Detergent	O	0-0-0-0-0	EXTERNA	GEL	GM	165		SSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140081204	NIVEA VIS	SUNSCRE	848000 Sunscreen	84800000 Sunscreen	O	0-0-0-0-0	EXTERNA	GEL	GM	15		SSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140081206	NIVEA VIS	SUNSCRE	848000 Sunscreen	84800000 Sunscreen	O	0-0-0-0-0	EXTERNA	CREA	GM	51		SSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140081207	NIVEA VIS	SUNSCRE	848000 Sunscreen	84800000 Sunscreen	O	0-0-0-0-0	EXTERNA	CREA	GM	51		SSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140081214	NIVEA VIS	SUNSCRE	848000 Sunscreen	84800000 Sunscreen	O	0-0-0-0-0	EXTERNA	CREA	GM	51		SSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140081266	NIVEA VIS	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	O	0-0-0-0-0	EXTERNA	CREA	GM	51		SSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140081280	NIVEA VIS	SOAP & C	842000 Detergent	84200000 Detergent	O	0-0-0-0-0	EXTERNA	GEL	GM	60		SSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140084640	NIVEA HA	SUNSCRE	848000 Sunscreen	84800000 Sunscreen	O	0-0-0-0-0	EXTERNA	LOTN	ML	75		SSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140085700	BASIS SE	SOAP & C	842000 Detergent	84200000 Detergent	O	0-0-0-0-0	EXTERNA	BAR	EA	1		SSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140085731	BASIS AL	SOAP & C	842000 Detergent	84200000 Detergent	O	0	EXTERNA	BAR	EA	1		SSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140085820	BASIS CL	SOAP & C	842000 Detergent	84200000 Detergent	O	0-0-0-0-0	EXTERNA	LIQD	ML	240		SSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140085821	BASIS CL	SOAP & C	842000 Detergent	84200000 Detergent	O	0-0-0-0-0	EXTERNA	LIQD	ML	240		SSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140085822	BASIS CL	SOAP & C	842000 Detergent	84200000 Detergent	O	0-0-0-0-0	EXTERNA	LIQD	ML	240		SSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140085830	BASIS FA	SKIN PRO	842412 Basic Oint	84241200 Basic Oint	O	0	EXTERNA	CREA	GM	120		SSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140085832	BASIS OV	SKIN PRO	842412 Basic Oint	84241200 Basic Oint	O	0	EXTERNA	CREA	GM	48		SSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140088243	NIVEA	EMOLLIEI	842404 Basic Loti	84240400 Basic Loti	O	0-0-0-0	EXTERNA	LOTN	ML	360		SSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140089011	NIVEA	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	O	0-0-0-0	EXTERNA	CREA	GM	180		SSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140090983	FUTURO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140090986	FUTURO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140090996	FUTURO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72140097023	NIVEA HA	SUNSCRE	848000 Sunscreen	84800000 Sunscreen	O	0-0-0-0-0	EXTERNA	LOTN	ML	15		SSB		72140			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72143021160	DOXYCYC	DOXYCYC	81224 Tetracyclir	8122400 Tetracyclir	S	50 MG	ORAL	TABS	EA	60		GENERIC		72143			N	FORMULARY		1	GEN	GENERICS	X 4 IN 1 DAYS X Must meet 5 DS Avoi TRIAL OF DOXYCYCLINE HYCLATE/MONOHYDRATE 50MG/100MG IR TABLETS	R	MEDPRM
72143022130	MINOCYC	MINOCYC	849200 Skin and M	84920000 Skin and M	S	45 MG	ORAL	CP24	EA	30		MSB	4/2/2024	72143			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
72143022230	MINOCYC	MINOCYC	849200 Skin and M	84920000 Skin and M	S	90 MG	ORAL	CP24	EA	30		MSB	4/2/2024	72143			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
72143022330	MINOCYC	MINOCYC	849200 Skin and M	84920000 Skin and M	S	135 MG	ORAL	CP24	EA	30		MSB	4/2/2024	72143			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRM
72143023110	ACCUTAN	ISOTRETI	842800 Keratolytic	84280000 Keratolytic	S	10 MG	ORAL	CAPS	EA	10		GENERIC	10/2/2023	72143	N		N	FORMULARY		1	GEN	GENERICS		R	MEDPRM
72143023130	ACCUTAN	ISOTRETI	842800 Keratolytic	84280000 Keratolytic	S	10 MG	ORAL	CAPS	EA	30		GENERIC	10/2/2023	72143	N		N	FORMULARY		1	GEN	GENERICS		R	MEDPRM
72143023210	ACCUTAN	ISOTRETI	842800 Keratolytic	84280000 Keratolytic	S	20 MG	ORAL	CAPS	EA	10		GENERIC	12/4/2023	72143			N	FORMULARY		1	GEN	GENERICS		R	MEDPRM
72143023230	ACCUTAN	ISOTRETI	842800 Keratolytic	84280000 Keratolytic	S	20 MG	ORAL	CAPS	EA	30		GENERIC	12/4/2023	72143			N	FORMULARY		1	GEN	GENERICS		R	MEDPRM
72143023310	ACCUTAN	ISOTRETI	842800 Keratolytic	84280000 Keratolytic	S	30 MG	ORAL	CAPS	EA	10		GENERIC	1/31/2024	72143			N	FORMULARY		1	GEN	GENERICS		R	MEDPRM
72143023330	ACCUTAN	ISOTRETI	842800 Keratolytic	84280000 Keratolytic	S	30 MG	ORAL	CAPS	EA	30		GENERIC	1/31/2024	72143			N	FORMULARY		1	GEN	GENERICS		R	MEDPRM
72143023410	ACCUTAN	ISOTRETI	842800 Keratolytic	84280000 Keratolytic	S	40 MG	ORAL	CAPS	EA	10		GENERIC	2/1/2023	72143			N	FORMULARY		1	GEN	GENERICS		R	MEDPRM
72143023430	ACCUTAN	ISOTRETI	842800 Keratolytic	84280000 Keratolytic	S	40 MG	ORAL	CAPS	EA	30		GENERIC	2/1/2023	72143			N	FORMULARY		1	GEN	GENERICS		R	MEDPRM
72143025110	ACCUTAN	ISOTRETI	842800 Keratolytic	84280000 Keratolytic	S	10 MG	ORAL	CAPS	EA	10		GENERIC		72143	N		N	FORMULARY		1	GEN	GENERICS		R	MEDPRM
72143025130	ACCUTAN	ISOTRETI	842800 Keratolytic	84280000 Keratolytic	S	10 MG	ORAL	CAPS	EA	10		GENERIC		72143	N		N	FORMULARY		1	GEN	GENERICS		R	MEDPRM
72143025210	ACCUTAN	ISOTRETI	842800 Keratolytic	84280000 Keratolytic	S	20 MG	ORAL	CAPS	EA	10		GENERIC		72143			N	FORMULARY		1	GEN	GENERICS		R	MEDPRM
72143025230	ACCUTAN	ISOTRETI	842800 Keratolytic	84280000 Keratolytic	S	20 MG	ORAL	CAPS	EA	10		GENERIC		72143			N	FORMULARY		1	GEN	GENERICS		R	MEDPRM
72143025310	ACCUTAN	ISOTRETI	842800 Keratolytic	84280000 Keratolytic	S	30 MG	ORAL	CAPS	EA	10		GENERIC		72143			N	FORMULARY		1	GEN	GENERICS		R	MEDPRM
72143025330	ACCUTAN	ISOTRETI	842800 Keratolytic	84280000 Keratolytic	S	30 MG	ORAL	CAPS	EA	10		GENERIC		72143			N	FORMULARY		1	GEN	GENERICS		R	MEDPRM
72143025410	ACCUTAN	ISOTRETI	842800 Keratolytic	84280000 Keratolytic	S	40 MG	ORAL	CAPS	EA	10		GENERIC		72143	N		N	FORMULARY		1	GEN	GENERICS		R	MEDPRM
72143025430	ACCUTAN	ISOTRETI	842800 Keratolytic	84280000 Keratolytic	S	40 MG	ORAL	CAPS	EA	10		GENERIC		72143			N	FORMULARY		1	GEN	GENERICS		R	MEDPRM
72143031160	SULCONA	SULCONA	840408 Antifungal	84040808 Azoles	S	1%	EXTERNA	CREA	GM	60		MSB		72143			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRM
72143032130	SULCONA	SULCONA	840408 Antifungal	84040808 Azoles	S	1%	EXTERNA	SOLN	ML	30		MSB		72143			N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION		R	MEDPRM
72152054720	ZULRESS	BREXANC	281604 Antidepres	28160404 UNKNOW	R	100 MG/2(	INTRAVEI	SOLN	ML	20		SSB		72152			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162103401	FLUVAST	FLUVAST	240608 HMG-CoA	24060800 HMG-CoA	S	40 MG	ORAL	CAPS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162103509	IRBESAR	IRBESAR	243208 Angiotens	24320800 Angiotens	S	150-12.5 M	ORAL	TABS	EA	90	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162105106	OXAPRO	OXAPRO	280804 Nonsteroi	28080404 UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162105902	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	0.5 MG	ORAL	TB24	EA	45		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162105903	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	0.5 MG	ORAL	TB24	EA	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162105906	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	0.5 MG	ORAL	TB24	EA	60		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162105909	ALPRAZO	ALPRAZO	282408 Benzodiaz	28240800 Benzodiaz	S	0.5 MG	ORAL	TB24	EA	90		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162107703	DICYCLO	DICYCLO	120808 Antimusca	12080800 Antimusca	S	20 MG	ORAL	TABS	EA	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162107709	DICYCLO	DICYCLO	120808 Antimusca	12080800 Antimusca	S	20 MG	ORAL	TABS	EA	90		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162107801	PILOCARI	PILOCARI	120400 Parasymp	12040000 Parasymp	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162107900	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	10 MG	ORAL	TABS	EA	1000		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162107901	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162107908	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	10 MG	ORAL	TABS	EA	140		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162107909	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162108000	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	20 MG	ORAL	TABS	EA	120		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162108001	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	20 MG	ORAL	TABS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162108003	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	20 MG	ORAL	TABS	EA	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162108005	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	20 MG	ORAL	TABS	EA	500		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162108006	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	20 MG	ORAL	TABS	EA	60		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162108009	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	20 MG	ORAL	TABS	EA	90		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162108100	HYDROM	HYDROM	280808 Opiate Ag	28080800 Opiate Ag	S	2 MG	ORAL	TABS	EA	10		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162108103	HYDROM	HYDROM	280808 Opiate Ag	28080800 Opiate Ag	S	2 MG	ORAL	TABS	EA	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162108106	HYDROM	HYDROM	280808 Opiate Ag	28080800 Opiate Ag	S	2 MG	ORAL	TABS	EA	60		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162108203	HYDROM	HYDROM	280808 Opiate Ag	28080800 Opiate Ag	S	4 MG	ORAL	TABS	EA	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162108206	HYDROM	HYDROM	280808 Opiate Ag	28080800 Opiate Ag	S	4 MG	ORAL	TABS	EA	60		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162108301	METAXAL	METAXAL	122004 UNKNOW	12200400 UNKNOW	S	800 MG	ORAL	TABS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162108406	TRIAMTEI	TRIAMTEI	402816 Potassium	40281600 Potassium	S	37.5-25 M	ORAL	CAPS	EA	60	X	GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162108502	METHADO	METHADO	280808 Opiate Ag	28080800 Opiate Ag	S	10 MG/ML	ORAL	CONC	ML	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162108608	DICLOFEI	DICLOFEI	280804 Nonsteroi	28080492 Other Non	S	100 MG	ORAL	TB24	EA	21	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162108701	AMPHETA	AMPHETA	282004 Amphetam	28200400 Amphetam	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162108801	AMPHETA	AMPHETA	282004 Amphetam	28200400 Amphetam	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162108903	VENLAFA	VENLAFA	281604 Antidepres	28160416 UNKNOW	S	150 MG	ORAL	TB24	EA	30	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162109000	LEVOTHY	LEVOTHY	683604 Thyroid Ag	68360400 Thyroid Ag	S	88 MCG	ORAL	TABS	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162109100	LEVOTHY	LEVOTHY	683604 Thyroid Ag	68360400 Thyroid Ag	S	112 MCG	ORAL	TABS	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162109200	LEVOTHY	LEVOTHY	683604 Thyroid Ag	68360400 Thyroid Ag	S	137 MCG	ORAL	TABS	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162109300	LEVOTHY	LEVOTHY	683604 Thyroid Ag	68360400 Thyroid Ag	S	175 MCG	ORAL	TABS	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162109400	LEVOTHY	LEVOTHY	683604 Thyroid Ag	68360400 Thyroid Ag	S	200 MCG	ORAL	TABS	EA	1000	X	GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162109500	LEVOTHY	LEVOTHY	683604 Thyroid Ag	68360400 Thyroid Ag	S	300 MCG	ORAL	TABS	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162109601	BUTALBIT	BUTALBIT	280816 UNKNOW	28081600 UNKNOW	S	50-325-40	ORAL	CAPS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162109802	LIDOCAIN	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	S	4%	EXTERNA	SOLN	ML	50		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162110601	TROSPIU	TROSPIU	861204 UNKNOW	86120400 UNKNOW	S	60 MG	ORAL	CP24	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162110603	TROSPIU	TROSPIU	861204 UNKNOW	86120400 UNKNOW	S	60 MG	ORAL	CP24	EA	30	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162110701	CLINDAM	CLINDAM	81228 Antibacter	8122820 Lincomyci	S	75 MG/5M	ORAL	SOLR	ML	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162110806	TROSPIU	TROSPIU	861204 UNKNOW	86120400 UNKNOW	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162110902	MIDAZOL	MIDAZOL	282408 Benzodiaz	28240800 Benzodiaz	S	2 MG/ML	ORAL	SYRP	ML	118		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162111201	REPAGLI	REPAGLI	682016 Meglitinide	68201600 Meglitinide	S	0.5 MG	ORAL	TABS	EA	100	X	GENERIC	9/5/2024	72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162111301	REPAGLI	REPAGLI	682016 Meglitinide	68201600 Meglitinide	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162111401	REPAGLI	REPAGLI	682016 Meglitinide	68201600 Meglitinide	S	2 MG	ORAL	TABS	EA	100	X	GENERIC	6/4/2024	72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162111801	PILOCARI	PILOCARI	120400 Parasymp	12040000 Parasymp	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	9/5/2024	72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162112302	PSEUDOE	PSEUDOE	480800 Antitussive	48080000 Antitussive	S	30-2-10 M	ORAL	SYRP	ML	118		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162112304	PSEUDOE	PSEUDOE	480800 Antitussive	48080000 Antitussive	S	30-2-10 M	ORAL	SYRP	ML	473		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162112503	LIDOCAIN	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	S	2.5-2.5 %	EXTERNA	CREA	GM	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162112601	CICLOPIF	CICLOPIF	840408 Antifungal	84040820 Hydroxypy	S	0.77%	EXTERNA	GEL	GM	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162112602	CICLOPIF	CICLOPIF	840408 Antifungal	84040820 Hydroxypy	S	0.77%	EXTERNA	GEL	GM	45		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162112603	CICLOPIF	CICLOPIF	840408 Antifungal	84040820 Hydroxypy	S	0.77%	EXTERNA	GEL	GM	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162115201	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162115501	BENZTRC	BENZTRC	283608 UNKNOW	28360800 UNKNOW	S	0.5 MG	ORAL	TABS	EA	100	X	GENERIC	9/4/2024	72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162115801	FELODIPI	FELODIPI	242808 Dihydropy	24280800 Dihydropy	S	2.5 MG	ORAL	TB24	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162115805	FELODIPI	FELODIPI	242808 Dihydropy	24280800 Dihydropy	S	2.5 MG	ORAL	TB24	EA	500	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162115901	FELODIPI	FELODIPI	242808 Dihydropy	24280800 Dihydropy	S	5 MG	ORAL	TB24	EA	100	X	GENERIC	10/2/2024	72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162115905	FELODIPI	FELODIPI	242808 Dihydropy	24280800 Dihydropy	S	5 MG	ORAL	TB24	EA	500	X	GENERIC	9/5/2024	72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162116001	FELODIPI	FELODIPI	242808 Dihydropy	24280800 Dihydropy	S	10 MG	ORAL	TB24	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162116005	FELODIPI	FELODIPI	242808 Dihydropy	24280800 Dihydropy	S	10 MG	ORAL	TB24	EA	500	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162116101	METHYLF	METHYLF	680400 Adrenals	68040000 Adrenals	S	4 MG	ORAL	TABS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162116102	METHYLF	METHYLF	680400 Adrenals	68040000 Adrenals	S	4 MG	ORAL	TBPK	EA	21		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162116201	PERPHEN	PERPHEN	281608 Antipsycho	28160824 Phenothia	S	2 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162116301	PERPHEN	PERPHEN	281608 Antipsycho	28160824 Phenothia	S	4 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162116401	PERPHEN	PERPHEN	281608 Antipsycho	28160824 Phenothia	S	8 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162116600	PHENOBA	PHENOBA	282404 Barbiturat	28240400 Barbiturat	S	16.2 MG	ORAL	TABS	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162116700	PHENOBA	PHENOBA	282404 Barbiturat	28240400 Barbiturat	S	64.8 MG	ORAL	TABS	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162116800	PHENOBA	PHENOBA	282404 Barbiturat	28240400 Barbiturat	S	97.2 MG	ORAL	TABS	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162116900	PREDNIS	PREDNIS	680400 Adrenals	68040000 Adrenals	S	1 MG	ORAL	TABS	EA	1000		GENERIC	10/2/2024	72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162116901	PREDNIS	PREDNIS	680400 Adrenals	68040000 Adrenals	S	1 MG	ORAL	TABS	EA	100		GENERIC	7/25/2024	72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162117001	PREDNIS	PREDNIS	680400 Adrenals	68040000 Adrenals	S	2.5 MG	ORAL	TABS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162117100	PREDNIS	PREDNIS	680400 Adrenals	68040000 Adrenals	S	5 MG	ORAL	TABS	EA	1000		GENERIC	9/5/2024	72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162117101	PREDNIS	PREDNIS	680400 Adrenals	68040000 Adrenals	S	5 MG	ORAL	TABS	EA	100		GENERIC	10/2/2024	72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162117200	PREDNIS	PREDNIS	680400 Adrenals	68040000 Adrenals	S	10 MG	ORAL	TABS	EA	1000		GENERIC	10/2/2024	72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162117201	PREDNIS	PREDNIS	680400 Adrenals	68040000 Adrenals	S	10 MG	ORAL	TABS	EA	100		GENERIC	7/25/2024	72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162117205	PREDNIS	PREDNIS	680400 Adrenals	68040000 Adrenals	S	10 MG	ORAL	TABS	EA	500		GENERIC	7/25/2024	72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162117500	PROPRAN	PROPRAN	242000 Alpha-Adr	24200000 Alpha-Adr	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162117501	PROPRAN	PROPRAN	242000 Alpha-Adr	24200000 Alpha-Adr	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162117600	PROPRAN	PROPRAN	242000 Alpha-Adr	24200000 Alpha-Adr	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162117601	PROPRAN	PROPRAN	242000 Alpha-Adr	24200000 Alpha-Adr	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162117603	PROPRAN	PROPRAN	242000 Alpha-Adr	24200000 Alpha-Adr	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162117608	PROPRAN	PROPRAN	242000 Alpha-Adr	24200000 Alpha-Adr	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162117700	PROPRAN	PROPRAN	242000 Alpha-Adr	24200000 Alpha-Adr	S	40 MG	ORAL	TABS	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162117701	PROPRAN	PROPRAN	242000 Alpha-Adr	24200000 Alpha-Adr	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162117801	PROPRAN	PROPRAN	242000 Alpha-Adr	24200000 Alpha-Adr	S	60 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162117901	PROPRAN	PROPRAN	242000 Alpha-Adr	24200000 Alpha-Adr	S	80 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162117905	PROPRAN	PROPRAN	242000 Alpha-Adr	24200000 Alpha-Adr	S	80 MG	ORAL	TABS	EA	500	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162121202	ALBUTER	ALBUTER	121208 beta-Adre	12120812 Selective I	S	108 (90 B	INHALATI	AERS	GM	6.7	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162121803	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	150 MG	ORAL	TB24	EA	30	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162121805	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	150 MG	ORAL	TB24	EA	500	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162121903	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	300 MG	ORAL	TB24	EA	30	X	GENERIC	7/25/2024	72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162121905	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	300 MG	ORAL	TB24	EA	500	X	GENERIC	10/2/2024	72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162122001	TRETINOI	TRETINOI	100000 Antineopla	10000000 Antineopla	S	10 MG	ORAL	CAPS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162122003	TRETINOI	TRETINOI	100000 Antineopla	10000000 Antineopla	S	10 MG	ORAL	CAPS	EA	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162122701	PHENTEF	PHENTEF	282008 UNKNOW	28200804 UNKNOW	S	15 MG	ORAL	CAPS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162122800	PHENTEF	PHENTEF	282008 UNKNOW	28200804 UNKNOW	S	37.5 MG	ORAL	CAPS	EA	1000		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162122801	PHENTEF	PHENTEF	282008 UNKNOW	28200804 UNKNOW	S	37.5 MG	ORAL	CAPS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162122900	PHENTEF	PHENTEF	282008 UNKNOW	28200804 UNKNOW	S	37.5 MG	ORAL	TABS	EA	1000		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162122901	PHENTEF	PHENTEF	282008 UNKNOW	28200804 UNKNOW	S	37.5 MG	ORAL	TABS	EA	100		GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162123002	SODIUM F	SODIUM F	401818 Potassium	40181800 Potassium	S	0	ORAL	POWD	GM	454		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162123100	PHENTEF	PHENTEF	282008 UNKNOW	28200804 UNKNOW	S	30 MG	ORAL	CAPS	EA	1000		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162123101	PHENTEF	PHENTEF	282008 UNKNOW	28200804 UNKNOW	S	30 MG	ORAL	CAPS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162123201	BUTALBIT	BUTALBIT	280816 UNKNOW	28081600 UNKNOW	S	50-300-40	ORAL	CAPS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162123301	DEXTROA	DEXTROA	282004 Amphetam	28200400 Amphetam	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162123303	DEXTROA	DEXTROA	282004 Amphetam	28200400 Amphetam	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162123401	DEXTROA	DEXTROA	282004 Amphetam	28200400 Amphetam	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162123403	DEXTROA	DEXTROA	282004 Amphetam	28200400 Amphetam	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162123501	AMPHETA	AMPHETA	282004 Amphetam	28200400 Amphetam	S	7.5 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162123601	AMPHETA	AMPHETA	282004 Amphetam	28200400 Amphetam	S	12.5 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162123701	CHLORDI	CHLORDI	120808 Antimusca	12080800 Antimusca	S	5-2.5 MG	ORAL	CAPS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162126200	NITROFU	NITROFU	83600 Urinary Ar	8360000 Urinary Ar	S	100 MG	ORAL	CAPS	EA	1000		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162126201	NITROFU	NITROFU	83600 Urinary Ar	8360000 Urinary Ar	S	100 MG	ORAL	CAPS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162126500	PHENOBA	PHENOBA	282404 Barbiturat	28240400 Barbiturat	S	64.8 MG	ORAL	TABS	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162126501	PHENOBA	PHENOBA	282404 Barbiturat	28240400 Barbiturat	S	64.8 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162126601	PHENOBA	PHENOBA	282404 Barbiturat	28240400 Barbiturat	S	97.2 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162126700	PHENOBA	PHENOBA	282404 Barbiturat	28240400 Barbiturat	S	16.2 MG	ORAL	TABS	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162126701	PHENOBA	PHENOBA	282404 Barbiturat	28240400 Barbiturat	S	16.2 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162126802	PHENOBA	PHENOBA	282404 Barbiturat	28240400 Barbiturat	S	20 MG/5M	ORAL	ELIX	ML	473	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162127006	FLUOCIN	FLUOCIN	840608 UNKNOW	84060800 UNKNOW	S	0.05%	EXTERNA	SOLN	ML	60		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162127106	FLUOCIN	FLUOCIN	840608 UNKNOW	84060800 UNKNOW	S	0.01%	EXTERNA	SOLN	ML	60		GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162127202	DESONID	DESONID	840608 UNKNOW	84060800 UNKNOW	S	0.05%	EXTERNA	OINT	GM	15		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162127206	DESONID	DESONID	840608 UNKNOW	84060800 UNKNOW	S	0.05%	EXTERNA	OINT	GM	60		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162127302	CLOBETA	CLOBETA	840608 UNKNOW	84060800 UNKNOW	S	0.05%	EXTERNA	OINT	GM	45		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162127303	CLOBETA	CLOBETA	840608 UNKNOW	84060800 UNKNOW	S	0.05%	EXTERNA	OINT	GM	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162127304	CLOBETA	CLOBETA	840608 UNKNOW	84060800 UNKNOW	S	0.05%	EXTERNA	OINT	GM	15		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162127306	CLOBETA	CLOBETA	840608 UNKNOW	84060800 UNKNOW	S	0.05%	EXTERNA	OINT	GM	60		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162127502	NYSTATI	NYSTATI	840608 UNKNOW	84060800 UNKNOW	S	100000-0.	EXTERNA	OINT	GM	15		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162127503	NYSTATI	NYSTATI	840608 UNKNOW	84060800 UNKNOW	S	100000-0.	EXTERNA	OINT	GM	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162127506	NYSTATI	NYSTATI	840608 UNKNOW	84060800 UNKNOW	S	100000-0.	EXTERNA	OINT	GM	60		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162127603	DONEPEZ	DONEPEZ	120400 Parasymp	12040000 Parasymp	S	23 MG	ORAL	TABS	EA	30	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162127701	NIFEDIPI	NIFEDIPI	242808 Dihydropy	24280800 Dihydropy	S	30 MG	ORAL	TB24	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162127703	NIFEDIPI	NIFEDIPI	242808 Dihydropy	24280800 Dihydropy	S	30 MG	ORAL	TB24	EA	30	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162127709	NIFEDIPI	NIFEDIPI	242808 Dihydropy	24280800 Dihydropy	S	30 MG	ORAL	TB24	EA	90	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162127809	BUPROPI	BUPROPI	281604 Antidepres	28160492 Miscellane	S	300 MG	ORAL	TB24	EA	90	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162127900	HYDROC(	HYDROC(	280808 Opiate Ag	28080800 Opiate Ag	S	5-325 MG	ORAL	TABS	EA	1000		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162127901	HYDROC(	HYDROC(	280808 Opiate Ag	28080800 Opiate Ag	S	5-325 MG	ORAL	TABS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162127905	HYDROC(	HYDROC(	280808 Opiate Ag	28080800 Opiate Ag	S	5-325 MG	ORAL	TABS	EA	500		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162128000	HYDROC(	HYDROC(	280808 Opiate Ag	28080800 Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	1000		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162128001	HYDROC(	HYDROC(	280808 Opiate Ag	28080800 Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162128005	HYDROC(	HYDROC(	280808 Opiate Ag	28080800 Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	500		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162128006	HYDROC(	HYDROC(	280808 Opiate Ag	28080800 Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	60		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162128100	HYDROC(	HYDROC(	280808 Opiate Ag	28080800 Opiate Ag	S	10-325 MC	ORAL	TABS	EA	1000		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162128101	HYDROC(	HYDROC(	280808 Opiate Ag	28080800 Opiate Ag	S	10-325 MC	ORAL	TABS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162128105	HYDROC(	HYDROC(	280808 Opiate Ag	28080800 Opiate Ag	S	10-325 MC	ORAL	TABS	EA	500		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162128202	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	S	100 MG/5I	ORAL	SOLN	ML	120		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162128203	MORPHIN	MORPHIN	280808 Opiate Ag	28080800 Opiate Ag	S	100 MG/5I	ORAL	SOLN	ML	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162128302	HYDROC(	HYDROC(	480800 Antitussive	48080000 Antitussive	R	10-8 MG/5	ORAL	SUER	ML	115		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162128304	HYDROC(	HYDROC(	480800 Antitussive	48080000 Antitussive	R	10-8 MG/5	ORAL	SUER	ML	473		GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162128307	HYDROC(	HYDROC(	480800 Antitussive	48080000 Antitussive	R	10-8 MG/5	ORAL	SUER	ML	70		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162128401	DEXMETH	DEXMETH	282032 UNKNOW	28203200 UNKNOW	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162128501	DEXMETH	DEXMETH	282032 UNKNOW	28203200 UNKNOW	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162128601	DEXMETH	DEXMETH	282032 UNKNOW	28203200 UNKNOW	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162128701	HYDROC(	HYDROC(	280808 Opiate Ag	28080800 Opiate Ag	S	5-300 MG	ORAL	TABS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162128801	HYDROC(	HYDROC(	280808 Opiate Ag	28080800 Opiate Ag	S	7.5-300 M	ORAL	TABS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162128901	HYDROC(	HYDROC(	280808 Opiate Ag	28080800 Opiate Ag	S	10-300 MC	ORAL	TABS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162129001	PIROXICA	PIROXICA	280804 Nonsteroi	28080404 UNKNOW	S	10 MG	ORAL	CAPS	EA	100	X	GENERIC		72162	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162129101	PIROXICA	PIROXICA	280804 Nonsteroi	28080404 UNKNOW	S	20 MG	ORAL	CAPS	EA	100	X	GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162129105	PIROXICA	PIROXICA	280804 Nonsteroi	28080404 UNKNOW	S	20 MG	ORAL	CAPS	EA	500	X	GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162129301	METFORI	METFORI	682004 Biguanide	68200400 Biguanide	S	750 MG	ORAL	TB24	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162129603	DUTASTE	DUTASTE	920400 UNKNOW	92040000 UNKNOW	S	0.5 MG	ORAL	CAPS	EA	30	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162129609	DUTASTE	DUTASTE	920400 UNKNOW	92040000 UNKNOW	S	0.5 MG	ORAL	CAPS	EA	90	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162129900	INDOMET	INDOMET	280804 Nonsteroi	28080404 UNKNOW	S	25 MG	ORAL	CAPS	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162129901	INDOMET	INDOMET	280804 Nonsteroi	28080404 UNKNOW	S	25 MG	ORAL	CAPS	EA	100	X	GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162130001	INDOMET	INDOMET	280804 Nonsteroi	28080404 UNKNOW	S	50 MG	ORAL	CAPS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162130206	INDOMET	INDOMET	280804 Nonsteroi	28080404 UNKNOW	S	75 MG	ORAL	CPCR	EA	60	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162130904	ALBENDA	ALBENDA	80800 Anthelmin	8080000 Anthelmin	S	200 MG	ORAL	TABS	EA	2		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162131002	OMEGA-3	OMEGA-3	240612 UNKNOW	24061200 UNKNOW	S	1 GM	ORAL	CAPS	EA	120	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162131601	BENZONA	BENZONA	480800 Antitussive	48080000 Antitussive	S	200 MG	ORAL	CAPS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM
72162131804	GABAPEN	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	250 MG/5ML	ORAL	SOLN	ML	470	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION		R	MEDPRM

72162132102	CICLOPIR	CICLOPIR	840408	Antifungal	84040820	Hydroxypy	S	8%	EXTERNA	SOLN	ML	6.6		GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162132601	FLUCYTO	FLUCYTO	81432	Pyrimidine	8143200	Pyrimidine	S	250 MG	ORAL	CAPS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162132701	FLUCYTO	FLUCYTO	81432	Pyrimidine	8143200	Pyrimidine	S	500 MG	ORAL	CAPS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162132902	PHENOB	PHENOB	282404	Barbiturat	28240400	Barbiturat	S	65 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162132904	PHENOB	PHENOB	282404	Barbiturat	28240400	Barbiturat	S	65 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162133002	PHENOB	PHENOB	282404	Barbiturat	28240400	Barbiturat	S	130 MG/M	INJECTIO	SOLN	ML	1		GENERIC	9/5/2024	72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162133004	PHENOB	PHENOB	282404	Barbiturat	28240400	Barbiturat	S	130 MG/M	INJECTIO	SOLN	ML	1		GENERIC	10/2/2024	72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162133102	RIBAVIRI	RIBAVIRI	81832	Nucleosid	8183200	Nucleosid	S	6 GM	INHALATI	SOLR	EA	1		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162133203	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	10 MG	ORAL	TABS	EA	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162133209	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	10 MG	ORAL	TABS	EA	90		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162133302	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	20		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162133303	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162133304	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	15		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162133305	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	500		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162133306	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	60		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162133308	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	10		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162133309	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	90		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162133402	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	TABS	EA	20		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162133403	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	TABS	EA	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162133406	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	TABS	EA	60		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162133409	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	TABS	EA	90		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162133502	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10 MG	ORAL	TABS	EA	120		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162133503	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10 MG	ORAL	TABS	EA	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162133506	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10 MG	ORAL	TABS	EA	60		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162133509	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10 MG	ORAL	TABS	EA	90		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162133601	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TABS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162133703	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TABS	EA	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162133706	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TABS	EA	60		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162133709	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TABS	EA	90		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162134101	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162134105	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	500		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162134201	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162134403	BUPREN	BUPREN	280812	Opiate Pa	28081200	Opiate Pa	S	2 MG	SUBLINGI	SUBL	EA	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162134503	BUPREN	BUPREN	280812	Opiate Pa	28081200	Opiate Pa	S	8 MG	SUBLINGI	SUBL	EA	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162134603	BUPREN	BUPREN	280812	Opiate Pa	28081200	Opiate Pa	S	2-0.5 MG	SUBLINGI	SUBL	EA	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162134703	BUPREN	BUPREN	280812	Opiate Pa	28081200	Opiate Pa	S	8-2 MG	SUBLINGI	SUBL	EA	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162135201	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	200 MG	ORAL	TBCR	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162135503	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	23 MG	ORAL	TABS	EA	30	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162135509	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	23 MG	ORAL	TABS	EA	90	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162135600	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162135601	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162135701	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162135801	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162135805	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	500		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162135900	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	1000		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162135901	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162135905	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	500		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162136000	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162136001	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162136100	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162136101	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162136201	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	80 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162136205	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	80 MG	ORAL	TABS	EA	500	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162136301	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162136305	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	500		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162136400	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	1000		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162136401	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162136405	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	500		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162136601	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162136605	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	500		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162136706	CLONIDIN	CLONIDIN	121204	alpha-Adr	12120400	alpha-Adr	S	0.1 MG	ORAL	TB12	EA	60	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162136801	AMPHET	AMPHET	282004	Amphetam	28200400	Amphetam	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162136901	AMPHET	AMPHET	282004	Amphetam	28200400	Amphetam	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162137701	AMPHET	AMPHET	282004	Amphetam	28200400	Amphetam	S	5 MG	ORAL	CP24	EA	100	X	GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162137801	AMPHET	AMPHET	282004	Amphetam	28200400	Amphetam	S	10 MG	ORAL	CP24	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162137901	AMPHET	AMPHET	282004	Amphetam	28200400	Amphetam	S	20 MG	ORAL	CP24	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162138001	AMPHET	AMPHET	282004	Amphetam	28200400	Amphetam	S	25 MG	ORAL	CP24	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162138101	AMPHET	AMPHET	282004	Amphetam	28200400	Amphetam	S	30 MG	ORAL	CP24	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162138202	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	2.50%	EXTERNA	CREA	GM	28		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162138204	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	2.50%	EXTERNA	CREA	GM	20		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162138304	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	2.50%	EXTERNA	OINT	GM	20		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162138307	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	S	2.50%	EXTERNA	OINT	GM	454		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162138604	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	15		GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162138802	AZELAST	AZELAST	520200	Antiallergi	52020000	Antiallergi	S	137-50 MC	NASAL	SUSP	GM	23		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162138902	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.1 MG/GI	VAGINAL	CREA	GM	42.5	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162139002	OLOPATA	OLOPATA	520200	Antiallergi	52020000	Antiallergi	S	0.60%	NASAL	SOLN	GM	30.5		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162139101	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	3%	EXTERNA	GEL	GM	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162139203	MOMETA	MOMETA	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	SOLN	ML	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162139206	MOMETA	MOMETA	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	SOLN	ML	60		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162139302	MOMETA	MOMETA	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	45		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162139304	MOMETA	MOMETA	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	OINT	GM	15		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162139506	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1%	EXTERNA	LOTN	ML	60		GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162139602	HALOBET	HALOBET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	15		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162139604	HALOBET	HALOBET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	50		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162139703	CICLOPIR	CICLOPIR	840408	Antifungal	84040820	Hydroxypy	S	0.77%	EXTERNA	CREA	GM	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162139709	CICLOPIR	CICLOPIR	840408	Antifungal	84040820	Hydroxypy	S	0.77%	EXTERNA	CREA	GM	90		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162139903	HYDROC	HYDROC	840800	Antipruritic	84080000	Antipruritic	S	1-1 %	EXTERNA	CREA	GM	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162140102	FLUTICAS	FLUTICAS	680400	Adrenals	68040000	Adrenals	S	0.01%	EXTERNA	OINT	GM	15		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162140103	FLUTICAS	FLUTICAS	680400	Adrenals	68040000	Adrenals	S	0.01%	EXTERNA	OINT	GM	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162140106	FLUTICAS	FLUTICAS	680400	Adrenals	68040000	Adrenals	S	0.01%	EXTERNA	OINT	GM	60		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162140202	FLUTICAS	FLUTICAS	680400	Adrenals	68040000	Adrenals	S	0.05%	EXTERNA	CREA	GM	15		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162140203	FLUTICAS	FLUTICAS	680400	Adrenals	68040000	Adrenals	S	0.05%	EXTERNA	CREA	GM	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162140206	FLUTICAS	FLUTICAS	680400	Adrenals	68040000	Adrenals	S	0.05%	EXTERNA	CREA	GM	60		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162140302	NYSTATI	NYSTATI	840608	UNKNOW	84060800	UNKNOW	S	100000-0.	EXTERNA	OINT	GM	15		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162140303	NYSTATI	NYSTATI	840608	UNKNOW	84060800	UNKNOW	S	100000-0.	EXTERNA	OINT	GM	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162140306	NYSTATI	NYSTATI	840608	UNKNOW	84060800	UNKNOW	S	100000-0.	EXTERNA	OINT	GM	60		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162140402	MOMETA	MOMETA	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	15		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162140404	MOMETA	MOMETA	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	45		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162140502	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	15		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162140504	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	50		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162140603	CICLOPIR	CICLOPIR	840408	Antifungal	84040820	Hydroxypy	S	0.77%	EXTERNA	SUSP	ML	30		GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162140702	AMMONIL	LACTIC A	842404	Basic Loti	84240400	Basic Loti	S	12%	EXTERNA	LOTN	GM	225		GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162140704	AMMONIL	LACTIC A	842404	Basic Loti	84240400	Basic Loti	S	12%	EXTERNA	LOTN	GM	400		GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162141002	ECONAZ	ECONAZ	840408	Antifungal	84040808	Azoles	S	1%	EXTERNA	CREA	GM	85		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162141003	ECONAZ	ECONAZ	840408	Antifungal	84040808	Azoles	S	1%	EXTERNA	CREA	GM	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162141004	ECONAZ	ECONAZ	840408	Antifungal	84040808	Azoles	S	1%	EXTERNA	CREA	GM	15		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162141202	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.01%	EXTERNA	OIL	ML	118.28		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162141302	AMMONIL	LACTIC A	842404	Basic Loti	84240400	Basic Loti	S	12%	EXTERNA	CREA	GM	140		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162141402	DESOXIM	DESOXIM	840608	UNKNOW	84060800	UNKNOW	S	0.25%	EXTERNA	OINT	GM	15		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162141406	DESOXIM	DESOXIM	840608	UNKNOW	84060800	UNKNOW	S	0.25%	EXTERNA	OINT	GM	60		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162141502	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	45		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162141504	BETAMET	BETAMET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	15		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162141902	SCOPOLA	SCOPOLA	120808	Antimusca	12080800	Antimusca	S	1 MG/3DA	TRANSDE	PT72	EA	24		GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162141904	SCOPOLA	SCOPOLA	120808	Antimusca	12080800	Antimusca	S	1 MG/3DA	TRANSDE	PT72	EA	4		GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162141907	SCOPOLA	SCOPOLA	120808	Antimusca	12080800	Antimusca	S	1 MG/3DA	TRANSDE	PT72	EA	10		GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162142102	TESTOST	TESTOST	680800	Androgens	68080000	Androgens	S	30 MG/AC	TRANSDE	SOLN	ML	90	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162142402	LEVOCET	LEVOCET	40800	Second G	4080000	Second G	S	2.5 MG/5M	ORAL	SOLN	ML	148		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162142602	TESTOST	TESTOST	680800	Androgens	68080000	Androgens	S	1.62%	TRANSDE	GEL	GM	75	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162142801	CALCIPO	CALCIPO	840608	UNKNOW	84060800	UNKNOW	S	0.005-0.06	EXTERNA	OINT	GM	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162142806	CALCIPO	CALCIPO	840608	UNKNOW	84060800	UNKNOW	S	0.005-0.06	EXTERNA	OINT	GM	60		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162142902	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	430		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162143002	ADAPALE	ADAPALE	842800	Keratolytic	84280000	Keratolytic	S	0.1-2.5 %	EXTERNA	GEL	GM	45		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162143202	ADAPALE	ADAPALE	842800	Keratolytic	84280000	Keratolytic	S	0.3-2.5 %	EXTERNA	GEL	GM	45		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162143302	NYSTATI	NYSTATI	840608	UNKNOW	84060800	UNKNOW	S	100000-0.	EXTERNA	CREA	GM	15		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162143306	NYSTATI	NYSTATI	840608	UNKNOW	84060800	UNKNOW	S	100000-0.	EXTERNA	CREA	GM	60		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162143402	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.01%	EXTERNA	OIL	ML	118.28		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162143606	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1%	EXTERNA	GEL	GM	60		GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162143802	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	GEL	GM	15		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162143803	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	GEL	GM	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162143806	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	GEL	GM	60		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162143902	FLURAND	FLURAND	840608	UNKNOW	84060800	UNKNOW	R	0.05%	EXTERNA	LOTN	ML	120		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162144104	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	R	2.50%	EXTERNA	LOTN	ML	59		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162144107	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	R	2.50%	EXTERNA	LOTN	ML	118		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162144403	ERYTHRO	ERYTHRO	520404	Antibacter	52040400	Antibacter	S	2%	EXTERNA	GEL	GM	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162144406	ERYTHRO	ERYTHRO	520404	Antibacter	52040400	Antibacter	S	2%	EXTERNA	GEL	GM	60		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162144603	GALANTA	GALANTA	120400	Parasymp	12040000	Parasymp	S	8 MG	ORAL	CP24	EA	30	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162144703	GALANTA	GALANTA	120400	Parasymp	12040000	Parasymp	S	16 MG	ORAL	CP24	EA	30	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162144803	GALANTA	GALANTA	120400	Parasymp	12040000	Parasymp	S	24 MG	ORAL	CP24	EA	30	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162144909	ALFUZOS	ALFUZOS	121604	UNKNOW	12160412	UNKNOW	S	10 MG	ORAL	TB24	EA	90	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162145802	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	25 MCG	ORAL	TABS	EA	90	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162145900	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	50 MCG	ORAL	TABS	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162146000	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	75 MCG	ORAL	TABS	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162146003	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	75 MCG	ORAL	TABS	EA	30	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162146006	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	75 MCG	ORAL	TABS	EA	60	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162146009	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	75 MCG	ORAL	TABS	EA	90	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162146200	LEVOTHY	LEVOTHY	683604	Thyroid A	68360400	Thyroid A	S	100 MCG	ORAL	TABS	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162147003	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	81 MG	ORAL	TBEC	EA	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162147201	DEXMETH	DEXMETH	282032	UNKNOW	28203200	UNKNOW	S	5 MG	ORAL	CP24	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162147301	DEXMETH	DEXMETH	282032	UNKNOW	28203200	UNKNOW	S	10 MG	ORAL	CP24	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162147701	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	1 MG	ORAL	TABS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162147801	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	2 MG	ORAL	TABS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162148501	DOXYLAM	DOXYLAM	562208	Antihistam	56220800	Antihistam	S	10-10 MG	ORAL	TBEC	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162148801	DEXMETH	DEXMETH	282032	UNKNOW	28203200	UNKNOW	S	20 MG	ORAL	CP24	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162148901	MINOXIDI	MINOXIDI	240816	Central Al	24081600	Central Al	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162149005	MINOXIDI	MINOXIDI	240816	Central Al	24081600	Central Al	S	10 MG	ORAL	TABS	EA	500	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162149301	DEXMETH	DEXMETH	282032	UNKNOW	28203200	UNKNOW	S	25 MG	ORAL	CP24	EA	100	X	GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162149401	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162149403	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162149501	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162149503	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162149601	DEXMETH	DEXMETH	282032	UNKNOW	28203200	UNKNOW	S	35 MG	ORAL	CP24	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162149701	DANTROL	DANTROL	122008	UNKNOW	12200800	UNKNOW	S	25 MG	ORAL	CAPS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162149801	DANTROL	DANTROL	122008	UNKNOW	12200800	UNKNOW	S	50 MG	ORAL	CAPS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162149901	DANTROL	DANTROL	122008	UNKNOW	12200800	UNKNOW	S	100 MG	ORAL	CAPS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162150201	DEXMETH	DEXMETH	282032	UNKNOW	28203200	UNKNOW	S	15 MG	ORAL	CP24	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162150301	DEXMETH	DEXMETH	282032	UNKNOW	28203200	UNKNOW	S	30 MG	ORAL	CP24	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162150402	CHOLEST	CHOLEST	240604	Bile Acid S	24060400	Bile Acid S	S	4 GM/DOS	ORAL	POWD	GM	378	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162150502	CHOLEST	CHOLEST	240604	Bile Acid S	24060400	Bile Acid S	S	4 GM/DOS	ORAL	POWD	GM	210	X	GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162150603	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	60 MG	ORAL	TABS	EA	30	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162151009	CANDESA	CANDESA	243208	Angiotens	24320800	Angiotens	S	4 MG	ORAL	TABS	EA	90	X	GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162151109	CANDESA	CANDESA	243208	Angiotens	24320800	Angiotens	S	8 MG	ORAL	TABS	EA	90	X	GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162151403	OLMESAR	OLMESAR	242808	Dihydropy	24280800	Dihydropy	S	20-5-12.5	ORAL	TABS	EA	30	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162151409	OLMESAR	OLMESAR	242808	Dihydropy	24280800	Dihydropy	S	20-5-12.5	ORAL	TABS	EA	90	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162151503	OLMESAR	OLMESAR	242808	Dihydropy	24280800	Dihydropy	S	40-5-25 M	ORAL	TABS	EA	30	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162151609	OLMESAR	OLMESAR	242808	Dihydropy	24280800	Dihydropy	S	40-10-12.5	ORAL	TABS	EA	90	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162151701	MIDODRI	MIDODRI	121204	alpha-Adr	12120400	alpha-Adr	S	2.5 MG	ORAL	TABS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162152201	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162152205	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	500	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162152301	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162152305	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	500	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162152400	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	1000		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162152401	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162152405	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	500		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162152503	LEVOCET	LEVOCET	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162152603	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	30	X	GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162152605	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	500	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162152703	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	30	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162152705	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	300 MG	ORAL	TB24	EA	500	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162152805	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	500	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162152905	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB12	EA	500	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162153001	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162153005	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	500	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162153101	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162153105	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	500	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162153201	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162153205	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	500	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162153301	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	100	X	GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162153305	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	500	X	GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162153401	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162153500	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162153501	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162153600	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162153700	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	50 MG	ORAL	TABS	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162153801	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162154104	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	25 MG	ORAL	CAPS	EA	90	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162154209	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	90	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162154302	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	90	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162154409	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162154509	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	90	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162154609	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	90	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162154709	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	225 MG	ORAL	CAPS	EA	90	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162154809	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162155409	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162155505	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	500	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162155509	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162155609	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162155701	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162155705	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	500	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162155801	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	100	X	GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162155805	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	500	X	GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162156001	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162156005	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	500		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162156101	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162156105	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	500		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162156200	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	1000		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162156201	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162156301	URSODIO	URSODIO	561400	Cholelitho	56140000	Cholelitho	S	300 MG	ORAL	CAPS	EA	100	X	GENERIC	8/23/2024	72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162156400	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	1000		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162156401	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162156500	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	15 MG	ORAL	CAPS	EA	1000		GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162156501	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	15 MG	ORAL	CAPS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162156601	NALTREX	NALTREX	281000	Opiate An	28100000	Opiate An	S	50 MG	ORAL	TABS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162156603	NALTREX	NALTREX	281000	Opiate An	28100000	Opiate An	S	50 MG	ORAL	TABS	EA	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162156907	SALSALA	SALSALA	280804	Nonsteroi	28080424	Salicylates	S	750 MG	ORAL	TABS	EA	120	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162157100	PHENOB	PHENOB	282404	Barbiturat	28240400	Barbiturat	S	16.2 MG	ORAL	TABS	EA	1000	X	GENERIC	9/23/2024	72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162157101	PHENOB	PHENOB	282404	Barbiturat	28240400	Barbiturat	S	16.2 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162157200	PHENOB	PHENOB	282404	Barbiturat	28240400	Barbiturat	S	32.4 MG	ORAL	TABS	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162157201	PHENOB	PHENOB	282404	Barbiturat	28240400	Barbiturat	S	32.4 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162157300	PHENOB	PHENOB	282404	Barbiturat	28240400	Barbiturat	S	64.8 MG	ORAL	TABS	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162157301	PHENOB	PHENOB	282404	Barbiturat	28240400	Barbiturat	S	64.8 MG	ORAL	TABS	EA	100	X	GENERIC	9/23/2024	72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162157400	PHENOB	PHENOB	282404	Barbiturat	28240400	Barbiturat	S	97.2 MG	ORAL	TABS	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162157401	PHENOB	PHENOB	282404	Barbiturat	28240400	Barbiturat	S	97.2 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162158101	PHENOB	PHENOB	282404	Barbiturat	28240400	Barbiturat	S	15 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162158201	PHENOB	PHENOB	282404	Barbiturat	28240400	Barbiturat	S	30 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162158205	PHENOB	PHENOB	282404	Barbiturat	28240400	Barbiturat	S	30 MG	ORAL	TABS	EA	500	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162158301	PHENOB	PHENOB	282404	Barbiturat	28240400	Barbiturat	S	60 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162158401	PHENOB	PHENOB	282404	Barbiturat	28240400	Barbiturat	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162159102	BUTALBIT	BUTALBIT	280808	Opiate Ag	28080800	Opiate Ag	S	50-325-40	ORAL	CAPS	EA	20		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162159202	METHYLE	METHYLE	760000	Oxytocics	76000000	Oxytocics	S	0.2 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162159401	OXCARB	OXCARB	281224	UNKNOW	28122400	UNKNOW	S	300 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162159405	OXCARB	OXCARB	281224	UNKNOW	28122400	UNKNOW	S	300 MG	ORAL	TABS	EA	500	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162159501	TERBINAI	TERBINAI	81404	Allylamine	8140400	Allylamine	S	250 MG	ORAL	TABS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162159705	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	20 MG	ORAL	CPEP	EA	500	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162159709	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	20 MG	ORAL	CPEP	EA	90	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162159809	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	90	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162159901	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162159909	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	90	X	GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162160003	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	40 MG	ORAL	CPEP	EA	30	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162160103	AZELAST	AZELAST	520200	Antiallergi	52020000	Antiallergi	S	0.10%	NASAL	SOLN	ML	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162160201	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	60 MG	ORAL	CP24	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162160401	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	120 MG	ORAL	CP24	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162160501	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	160 MG	ORAL	CP24	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162160803	RIVASTIG	RIVASTIG	120400	Parasymp	12040000	Parasymp	S	4.6 MG/24	TRANSDE	PT24	EA	30	X	GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162161203	AMPHET	AMPHET	282004	Amphetam	28200400	Amphetam	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162161303	AMPHET	AMPHET	282004	Amphetam	28200400	Amphetam	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162162401	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162162403	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162162405	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	500	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162162406	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162162409	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162162500	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25-25 MG	ORAL	TABS	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162162501	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25-25 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162162503	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25-25 MG	ORAL	TABS	EA	30	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162162505	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25-25 MG	ORAL	TABS	EA	500	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162162506	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25-25 MG	ORAL	TABS	EA	60	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162162601	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162162603	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162162605	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	500	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162162606	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162162609	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162162701	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162162703	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162162704	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM
72162162705	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	100 MG	ORAL	TABS	EA	500	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRM

72162162706 SPIRONO SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162162800 PHENTEF PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	1000		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162162801 PHENTEF PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162162803 PHENTEF PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162163601 METHYLF METHYLF	282032	UNKNOW	28203200	UNKNOW	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162163802 CLOZAPI CLOZAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	500		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162163900 MIRTAZAI MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	15 MG	ORAL	TABS	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162163903 MIRTAZAI MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	15 MG	ORAL	TABS	EA	30	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162164000 MIRTAZAI MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	30 MG	ORAL	TABS	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162164003 MIRTAZAI MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	30 MG	ORAL	TABS	EA	30	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162164005 MIRTAZAI MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	30 MG	ORAL	TABS	EA	500	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162164100 TIZANIDI TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	1000		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162164200 TIZANIDI TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	1000		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162164800 PHENYTC PHENYTC	281212	Hydantoin	28121200	Hydantoin	S	100 MG	ORAL	CAPS	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162165100 FOLIC AC FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162165101 FOLIC AC FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162165202 SODIUM F SODIUM F	340400	UNKNOW	34040000	UNKNOW	S	0.55 (0.25	ORAL	CHEW	EA	120	X	GENERIC		72162	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162165300 SODIUM F SODIUM F	340400	UNKNOW	34040000	UNKNOW	S	1.1 (0.5 F)	ORAL	CHEW	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162165302 SODIUM F SODIUM F	340400	UNKNOW	34040000	UNKNOW	S	1.1 (0.5 F)	ORAL	CHEW	EA	120	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162165402 SODIUM F SODIUM F	340400	UNKNOW	34040000	UNKNOW	S	2.2 (1 F) M	ORAL	CHEW	EA	120	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162165501 MULTIVIT PEDIATRI	882800	Multivitam	88280000	Multivitam	R	0.25 MG	ORAL	CHEW	EA	100		SSB		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162165509 MULTIVIT PEDIATRI	882800	Multivitam	88280000	Multivitam	R	0.25 MG	ORAL	CHEW	EA	90		SSB		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162165601 MULTIVIT PEDIATRI	882800	Multivitam	88280000	Multivitam	R	0.5 MG	ORAL	CHEW	EA	100		SSB		72162	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162165609 MULTIVIT PEDIATRI	882800	Multivitam	88280000	Multivitam	R	0.5 MG	ORAL	CHEW	EA	90		SSB		72162	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162165701 MULTIVIT PEDIATRI	882800	Multivitam	88280000	Multivitam	R	1 MG	ORAL	CHEW	EA	100		SSB		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162165709 MULTIVIT PEDIATRI	882800	Multivitam	88280000	Multivitam	R	1 MG	ORAL	CHEW	EA	90		SSB		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162165801 M-NATAL PRENATA	882800	Multivitam	88280000	Multivitam	R	27-1 MG	ORAL	TABS	EA	100		SSB		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162165902 TRI-VITE/ PEDIATRI	882800	Multivitam	88280000	Multivitam	R	0.5 MG/MI	ORAL	SOLN	ML	50		SSB		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162166404 SULFACE SULFACE	842800	Keratolytic	84280000	Keratolytic	S	10-5 %	EXTERNA	LIQD	GM	340		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162166407 SULFACE SULFACE	842800	Keratolytic	84280000	Keratolytic	S	10-5 %	EXTERNA	LIQD	GM	340.2		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162166602 SELENIUI SELENIUI	840416	UNKNOW	84041600	UNKNOW	S	2.25%	EXTERNA	SHAM	ML	180		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162166902 GUAIFEN GUAIFEN	480800	Antitussive	48080000	Antitussive	P	100-10 MC	ORAL	SOLN	ML	120		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162167002 DEXTROM DEXTROM	480800	Antitussive	48080000	Antitussive	P	10-100 MC	ORAL	SYRP	ML	237		GENERIC	9/23/2024	72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162167102 GUAIFEN GUAIFEN	481600	Expectora	48160000	Expectora	P	100 MG/5I	ORAL	LIQD	ML	473		GENERIC	9/23/2024	72162	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162167202 SENNA SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.8 MG/5M	ORAL	SYRP	ML	237		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162167302 M-PAP ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5I	ORAL	LIQD	ML	120		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162167304 M-PAP ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5I	ORAL	LIQD	ML	473		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162167402 M-DRYL DIPHENH	40400	First Gene	4040000	First Gene	P	12.5 MG/5	ORAL	LIQD	ML	120		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162167404 M-DRYL DIPHENH	40400	First Gene	4040000	First Gene	P	12.5 MG/5	ORAL	LIQD	ML	473		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162167501 LABETAL LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162167505 LABETAL LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	500	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162167601 LABETAL LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162167605 LABETAL LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TABS	EA	500	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162167701 LABETAL LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	300 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162167705 LABETAL LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	300 MG	ORAL	TABS	EA	500	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162167900 CLONIDIN CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162167901 CLONIDIN CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162167905 CLONIDIN CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.1 MG	ORAL	TABS	EA	500	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162168000 CLONIDIN CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162168001 CLONIDIN CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162168005 CLONIDIN CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.2 MG	ORAL	TABS	EA	500	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162168100 CLONIDIN CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.3 MG	ORAL	TABS	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162168101 CLONIDIN CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.3 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162168105 CLONIDIN CLONIDIN	242400	Beta-Adre	24240000	Beta-Adre	S	0.3 MG	ORAL	TABS	EA	500	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162168301 HALOPER HALOPER	281608	Antipsych	28160808	Butyrophe	S	0.5 MG	ORAL	TABS	EA	100	X	GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162168401 HALOPER HALOPER	281608	Antipsych	28160808	Butyrophe	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162168501 HALOPER HALOPER	281608	Antipsych	28160808	Butyrophe	S	2 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162168600 HALOPER HALOPER	281608	Antipsych	28160808	Butyrophe	S	5 MG	ORAL	TABS	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162168601 HALOPER HALOPER	281608	Antipsych	28160808	Butyrophe	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162168701 HALOPER HALOPER	281608	Antipsych	28160808	Butyrophe	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		72162	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162168801 HALOPER HALOPER	281608	Antipsych	28160808	Butyrophe	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162168901 METHYLP METHYLP	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162169000 MECLIZIN MECLIZIN	562208	Antihistam	56220800	Antihistam	S	12.5 MG	ORAL	TABS	EA	1000		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162169100 PREDNIS PREDNIS	680400	Adrenals	68040000	Adrenals	S	1 MG	ORAL	TABS	EA	1000		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162169200 CYCLOBE CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	1000		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162169305 SPIRONO SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	500	X	GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162169401 SPIRONO SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162169600 LOSARTA LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162169700 LOSARTA LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162169800 LOSARTA LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162170000 LOSARTA LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-12.5 M	ORAL	TABS	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162170100 LOSARTA LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-25 MC	ORAL	TABS	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162170200 TERAZOS TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	10 MG	ORAL	CAPS	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162170201 TERAZOS TERAZOS	241600	Sclerosing	24160000	Sclerosing	S	10 MG	ORAL	CAPS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162170400 ACYCLOV ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	120		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162170401 ACYCLOV ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162170402 ACYCLOV ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	25		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162170403 ACYCLOV ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162170404 ACYCLOV ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	35		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162170405 ACYCLOV ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	20		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162170406 ACYCLOV ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	60		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162170407 ACYCLOV ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	50		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162170408 ACYCLOV ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	40		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162170409 ACYCLOV ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	90		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162170603 PRAVAST PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162170609 PRAVAST PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162170700 PRAVAST PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162170701 PRAVAST PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162170703 PRAVAST PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162170706 PRAVAST PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	60	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162170709 PRAVAST PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162171102 PRAVAST PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	58	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162171103 PRAVAST PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	30	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162171104 PRAVAST PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	88	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162171105 PRAVAST PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	500	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162171109 PRAVAST PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	80 MG	ORAL	TABS	EA	90	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162171202 ATORVAS ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	9	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162171203 ATORVAS ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162171204 ATORVAS ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	28	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162171206 ATORVAS ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162171207 ATORVAS ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	20	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162171209 ATORVAS ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162172400 ACYCLOV ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	40		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162172401 ACYCLOV ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	21		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162172402 ACYCLOV ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	25		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162172403 ACYCLOV ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162172404 ACYCLOV ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	35		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162172405 ACYCLOV ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	500		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162172406 ACYCLOV ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	60		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162172407 ACYCLOV ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	50		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162172408 ACYCLOV ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	10		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162172409 ACYCLOV ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	800 MG	ORAL	TABS	EA	90		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162172801 ENDOCE OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MC	ORAL	TABS	EA	100		MSB		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	FORMULARY EXCLUSION	R	MEDPRMI
72162173300 DICLOFE DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162173301 DICLOFE DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162173302 DICLOFE DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	120	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162173303 DICLOFE DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	30	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162173306 DICLOFE DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	60	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162173307 DICLOFE DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	14	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162173308 DICLOFE DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162173309 DICLOFE DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	90	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162173401 DICLOFE DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162173403 DICLOFE DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	30	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162173404 DICLOFE DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	20	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162173406 DICLOFE DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	60	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162173407 DICLOFE DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	14	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162173408 DICLOFE DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	15	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162173409 DICLOFE DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	90	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162173501 ACYCLOV ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	120		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162173502 ACYCLOV ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	20		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162173503 ACYCLOV ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162173504 ACYCLOV ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	28		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162173505 ACYCLOV ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	10		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162173506 ACYCLOV ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	60		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162173507 ACYCLOV ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	50		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162173700 FAMOTID FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162173701 FAMOTID FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162173800 MELOXIC MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162173900 LOVASTA LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162173902 LOVASTA LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162173904 LOVASTA LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	300	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162173905 LOVASTA LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	500	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162173906 LOVASTA LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162173907 LOVASTA LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	120	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162173909 LOVASTA LOVASTA	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162174001 CIPROFL CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162174101 CIPROFL CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	100		GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162174102 CIPROFL CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	14		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162174103 CIPROFL CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162174104 CIPROFL CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	20		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162174105 CIPROFL CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	500		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162174106 CIPROFL CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	60		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162174107 CIPROFL CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	10		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162174108 CIPROFL CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	120		GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162174205 FELODIPI FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TB24	EA	500	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162174305 FELODIPI FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TB24	EA	500	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162174405 FELODIPI FELODIPI	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TB24	EA	500	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162174603 PANTOPF PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	30	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162174606 PANTOPF PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	60	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162174609 PANTOPF PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	90	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162174701 EST ESTE ESTERIFI	681604	Estrogens	68160400	Estrogens	S	1.25-2.5 M	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162174801 EST ESTE ESTERIFI	681604	Estrogens	68160400	Estrogens	S	0.625-1.25	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162174902 OXYCOD OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG/5ML	ORAL	SOLN	ML	473		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162175002 METOCL METOCL	563200	Prokinetic	56320000	Prokinetic	S	5 MG/5ML	ORAL	SOLN	ML	473		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162175101 PROPAFE PROPAFE	240404	Antiarrhyt	24040412	Class Ic A	S	150 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162175201 PROPAFE PROPAFE	240404	Antiarrhyt	24040412	Class Ic A	S	225 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162175301 PROPAFE PROPAFE	240404	Antiarrhyt	24040412	Class Ic A	S	300 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162175401 METHAZC METHAZC	243604	UNKNOW	24360400	UNKNOW	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162175501 METHAZC METHAZC	243604	UNKNOW	24360400	UNKNOW	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162175601 ETODOLA ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	200 MG	ORAL	CAPS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162175701 ETODOLA ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	300 MG	ORAL	CAPS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162175801 POTASSI POTASSI	400800	Alkalinizin	40080000	Alkalinizin	S	10 MEQ (1	ORAL	TBCR	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162175901 POTASSI POTASSI	400800	Alkalinizin	40080000	Alkalinizin	S	15 MEQ (1	ORAL	TBCR	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162176001 FLECAINI FLECAINI	240404	Antiarrhyt	24040412	Class Ic A	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162176101 FLECAINI FLECAINI	240404	Antiarrhyt	24040412	Class Ic A	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162176201 FLECAINI FLECAINI	240404	Antiarrhyt	24040412	Class Ic A	S	150 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162176302 HYDROC HYDROC	840608	UNKNOW	84060800	UNKNOW	S	1%	EXTERNA	CREA	GM	28.4		GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162176403 HYDROC HYDROC	840608	UNKNOW	84060800	UNKNOW	S	2.50%	EXTERNA	CREA	GM	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162176500 DIPHENO DIPHENO	560800	Antidiarrh	56080000	Antidiarrh	S	2.5-0.025	ORAL	TABS	EA	1000		GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162176501 DIPHENO DIPHENO	560800	Antidiarrh	56080000	Antidiarrh	S	2.5-0.025	ORAL	TABS	EA	100		GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162176601 INDAPAM INDAPAM	243624	UNKNOW	24362400	UNKNOW	S	1.25 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162176701 INDAPAM INDAPAM	243624	UNKNOW	24362400	UNKNOW	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162177001 FELBAMA FELBAMA	281292	Anticonvul	28129200	Anticonvul	S	400 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162177101 FELBAMA FELBAMA	281292	Anticonvul	28129200	Anticonvul	S	600 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162177201 MEXILETI MEXILETI	240404	Antiarrhyt	24040408	Class Ib A	S	150 MG	ORAL	CAPS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162177301 MEXILETI MEXILETI	240404	Antiarrhyt	24040408	Class Ib A	S	200 MG	ORAL	CAPS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162177401 MEXILETI MEXILETI	240404	Antiarrhyt	24040408	Class Ib A	S	250 MG	ORAL	CAPS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162177502 VANCOM VANCOM	81228	Antibacter	8122816	Glycopept	S	250 MG/5I	ORAL	SOLR	ML	150		GENERIC		72162	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162177504 VANCOM VANCOM	81228	Antibacter	8122816	Glycopept	S	250 MG/5I	ORAL	SOLR	ML	300		GENERIC		72162	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162177507 VANCOM VANCOM	81228	Antibacter	8122816	Glycopept	S	250 MG/5I	ORAL	SOLR	ML	80		GENERIC		72162	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162178201 MEXILETI MEXILETI	240404	Antiarrhyt	24040408	Class Ib A	S	150 MG	ORAL	CAPS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162178301 MEXILETI MEXILETI	240404	Antiarrhyt	24040408	Class Ib A	S	200 MG	ORAL	CAPS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162178401 MEXILETI MEXILETI	240404	Antiarrhyt	24040408	Class Ib A	S	250 MG	ORAL	CAPS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162178600 POTASSI POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	1000	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162178601 POTASSI POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162178602 POTASSI POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	180	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162178603 POTASSI POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	360	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162178604 POTASSI POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	500	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162178605 POTASSI POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	90	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162178900 MORPHIN MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TBCR	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162178903 MORPHIN MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TBCR	EA	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162178906 MORPHIN MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TBCR	EA	60		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162178909 MORPHIN MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TBCR	EA	90		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162179001 MORPHIN MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TBCR	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162179003 MORPHIN MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TBCR	EA	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162179006 MORPHIN MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TBCR	EA	60		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162179009 MORPHIN MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TBCR	EA	90		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162179101 MORPHIN MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	100 MG	ORAL	TBCR	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162179103 MORPHIN MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	100 MG	ORAL	TBCR	EA	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162179106 MORPHIN MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	100 MG	ORAL	TBCR	EA	60		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162179109 MORPHIN MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	100 MG	ORAL	TBCR	EA	90		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162179201 MORPHIN MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	200 MG	ORAL	TBCR	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162179301 MORPHIN MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	60 MG	ORAL	TBCR	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162179303 MORPHIN MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	60 MG	ORAL	TBCR	EA	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162179306 MORPHIN MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	60 MG	ORAL	TBCR	EA	60		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162179309 MORPHIN MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	S	60 MG	ORAL	TBCR	EA	90		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162179801 GUANFAC GUANFAC	289200	Central Ne	28920000	Central Ne	S	1 MG	ORAL	TB24	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162180201 METHIMA METHIMA	683608	Antithyroid	68360800	Antithyroid	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162180205 METHIMA METHIMA	683608	Antithyroid	68360800	Antithyroid	S	5 MG	ORAL	TABS	EA	500	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162180209 METHIMA METHIMA	683608	Antithyroid	68360800	Antithyroid	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162180301 METHIMA METHIMA	683608	Antithyroid	68360800	Antithyroid	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162180403 MESALAM MESALAM	563600	Anti-inflam	56360000	Anti-inflam	S	1000 MG	RECTAL	SUPP	EA	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162180601 TRIAMCI TRIAMCI	840608	UNKNOW	84060800	UNKNOW	S	0.147 MG/	EXTERNA	AERS	GM	100		GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162180602 TRIAMCI TRIAMCI	840608	UNKNOW	84060800	UNKNOW	S	0.147 MG/	EXTERNA	AERS	GM	63		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162180702 CLOBETA CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	45		GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162180703 CLOBETA CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162180704 CLOBETA CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	15		GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162180801 METAXAL METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	100		GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162180901 CLINDAM CLINDAM	81228	Antibacter	8122820	Lincomyci	S	75 MG/5M	ORAL	SOLR	ML	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162181100 OXYCOD OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	TABS	EA	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162181101 OXYCOD OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	TABS	EA	60		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162181102 OXYCOD OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	TABS	EA	90		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162181200 OXYCOD OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TABS	EA	60		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162181201 OXYCOD OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TABS	EA	90		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162181301 GABAPEN GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	100	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162181302 GABAPEN GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	120	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162181304 GABAPEN GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	20	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162181306 GABAPEN GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	60	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162181307 GABAPEN GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	180	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162181308 GABAPEN GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	84	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162181309 GABAPEN GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162181502 NITROFU NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	20		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162181503 NITROFU NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162181504 NITROFU NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	14		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162181508 NITROFU NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	10		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162181509 NITROFU NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	90		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162181603 BENAZEF BENAZEF	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162181609 BENAZEF BENAZEF	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162182401 TEMAZEF TEMAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162182405 TEMAZEF TEMAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	CAPS	EA	500		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162182501 TEMAZEF TEMAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162182505 TEMAZEF TEMAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	500		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162182601 TEMAZEF TEMAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	7.5 MG	ORAL	CAPS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162182703 TEMAZEF TEMAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	22.5 MG	ORAL	CAPS	EA	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162183001 CEPHALE CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162183002 CEPHALE CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	500		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162183005 CEPHALE CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	500		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162183101 CEPHALE CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162183102 CEPHALE CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	500		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162183105 CEPHALE CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	500		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162183203 TRIAMCI TRIAMCI	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162183302 CEPHALE CEPHALE	81206	Cephalosp	8120604	First Gene	S	750 MG	ORAL	CAPS	EA	50		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162183304 CEPHALE CEPHALE	81206	Cephalosp	8120604	First Gene	S	750 MG	ORAL	CAPS	EA	20		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162183402 CHOLEST CHOLEST	240604	Bile Acid S	24060400	Bile Acid S	S	4 GM/DOS	ORAL	POWD	GM	368.76	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162183502 TRIAMCI TRIAMCI	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	CREA	GM	454		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162183504 TRIAMCI TRIAMCI	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	CREA	GM	15		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162183602 TRIAMCI TRIAMCI	840608	UNKNOW	84060800	UNKNOW	S	0.50%	EXTERNA	CREA	GM	15		GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162183802 MINOCYC MINOCYC	849200	Skin and M	84920000	Skin and M	S	55 MG	ORAL	TB24	EA	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162183803 MINOCYC MINOCYC	849200	Skin and M	84920000	Skin and M	S	80 MG	ORAL	TB24	EA	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162183903 MINOCYC MINOCYC	849200	Skin and M	84920000	Skin and M	S	105 MG	ORAL	TB24	EA	30		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162184303 CINACAL CINACAL	682404	UNKNOW	68240400	UNKNOW	S	30 MG	ORAL	TABS	EA	30	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162184403 CINACAL CINACAL	682404	UNKNOW	68240400	UNKNOW	S	60 MG	ORAL	TABS	EA	30	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162184503 CINACAL CINACAL	682404	UNKNOW	68240400	UNKNOW	S	90 MG	ORAL	TABS	EA	30	X	GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162184602 COLESEV COLESEV	240604	Bile Acid S	24060400	Bile Acid S	S	625 MG	ORAL	TABS	EA	180	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162184702 COLESEV COLESEV	240604	Bile Acid S	24060400	Bile Acid S	S	3.75 GM	ORAL	PACK	EA	30	X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162184803 SOLIFEN SOLIFEN	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162184809 SOLIFEN SOLIFEN	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162184903 SOLIFEN SOLIFEN	861204	UNKNOW	86120400	UNKNOW	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162184909 SOLIFEN SOLIFEN	861204	UNKNOW	86120400	UNKNOW	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162185001 CEPHALE CEPHALE	81206	Cephalosp	8120604	First Gene	S	125 MG/5I	ORAL	SUSR	ML	100		GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162185002 CEPHALE CEPHALE	81206	Cephalosp	8120604	First Gene	S	125 MG/5I	ORAL	SUSR	ML	200		GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162185101 CEPHALE CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG/5I	ORAL	SUSR	ML	100		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162185102 CEPHALE CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG/5I	ORAL	SUSR	ML	200		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162185104 CEPHALE CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG/5I	ORAL	SUSR	ML	200		GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

72162185203	MINOCYC	MINOCYC	849200	Skin and	84920000	Skin and	S	90 MG	ORAL	TB24	EA	30		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162185303	MINOCYC	MINOCYC	849200	Skin and	84920000	Skin and	S	135 MG	ORAL	TB24	EA	30		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162185403	MINOCYC	MINOCYC	849200	Skin and	84920000	Skin and	S	45 MG	ORAL	TB24	EA	30		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162185501	COLCHIC	COLCHIC	921600	UNKNOW	92160000	UNKNOW	S	0.6 MG	ORAL	TABS	EA	100		GENERIC		72162	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162185600	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	1000	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162185601	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	100	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162185605	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TB24	EA	500	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162185700	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	1000	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162185701	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	100	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162185800	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	1000	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162185801	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	100	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162185805	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TB24	EA	500	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162185900	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TB24	EA	1000	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162185901	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TB24	EA	100	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162185905	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TB24	EA	500	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162186002	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	CAPS	EA	150		GENERIC		72162	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162186102	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	CAPS	EA	150		GENERIC		72162	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162186202	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	6 MG	ORAL	CAPS	EA	150		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162186703	MINOCYC	MINOCYC	849200	Skin and	84920000	Skin and	S	65 MG	ORAL	TB24	EA	30		GENERIC		72162	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162186803	MINOCYC	MINOCYC	849200	Skin and	84920000	Skin and	S	115 MG	ORAL	TB24	EA	30		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162187801	DRONABI	DRONABI	569200	GI Drugs,	56920000	GI Drugs,	S	2.5 MG	ORAL	CAPS	EA	100		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162187806	DRONABI	DRONABI	569200	GI Drugs,	56920000	GI Drugs,	S	2.5 MG	ORAL	CAPS	EA	60		GENERIC	4/4/2024	72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162187906	DRONABI	DRONABI	569200	GI Drugs,	56920000	GI Drugs,	S	5 MG	ORAL	CAPS	EA	60		GENERIC	4/4/2024	72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162188006	DRONABI	DRONABI	569200	GI Drugs,	56920000	GI Drugs,	S	10 MG	ORAL	CAPS	EA	60		GENERIC	4/4/2024	72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162188903	PIMECRO	PIMECRO	840628	UNKNOW	84062800	UNKNOW	S	1%	EXTERNA	CREA	GM	30		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162189006	PIMECRO	PIMECRO	840628	UNKNOW	84062800	UNKNOW	S	1%	EXTERNA	CREA	GM	60		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162189101	PIMECRO	PIMECRO	840628	UNKNOW	84062800	UNKNOW	S	1%	EXTERNA	CREA	GM	100		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162189502	LOTEPRE	LOTEPRE	520808	Corticoste	52080800	Corticoste	S	0.50%	OPHTHAL	SUSP	ML	5		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162189504	LOTEPRE	LOTEPRE	520808	Corticoste	52080800	Corticoste	S	0.50%	OPHTHAL	SUSP	ML	10		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162190002	DIAZEPAI	DIAZEPAI	281208	Anticonvul	28120800	Anticonvul	S	10 MG	RECTAL	GEL	EA	1		GENERIC		72162	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162190203	DILTIAZEI	DILTIAZEI	240404	Antiarrhyt	24040424	Class IV A	S	180 MG	ORAL	TB24	EA	30	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162190303	DILTIAZEI	DILTIAZEI	240404	Antiarrhyt	24040424	Class IV A	S	240 MG	ORAL	TB24	EA	30	X	GENERIC		72162	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162190503	DILTIAZEI	DILTIAZEI	240404	Antiarrhyt	24040424	Class IV A	S	360 MG	ORAL	TB24	EA	30	X	GENERIC		72162	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162190603	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	20-1680 M	ORAL	PACK	EA	30	X	GENERIC	10/14/2024	72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162190703	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40-1680 M	ORAL	PACK	EA	30	X	GENERIC	10/14/2024	72162	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162190800	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	30		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162190801	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	25		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162190802	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	35		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162190803	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	50		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162190804	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	100		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162190805	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	40		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162190806	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	60		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162190807	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	120		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162190808	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	20		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162190809	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	200 MG	ORAL	CAPS	EA	90		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162191305	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	500		GENERIC	10/9/2024	72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162191401	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	100		GENERIC	10/9/2024	72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162191503	PARICAL	PARICAL	881600	Vitamin D	88160000	Vitamin D	S	1 MCG	ORAL	CAPS	EA	30	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162191603	PARICAL	PARICAL	881600	Vitamin D	88160000	Vitamin D	S	2 MCG	ORAL	CAPS	EA	30	X	GENERIC		72162	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162191701	VALPROI	VALPROI	281292	Anticonvul	28129200	Anticonvul	S	250 MG	ORAL	CAPS	EA	100	X	GENERIC	10/9/2024	72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162191801	VITAMIN I	ERGOCAI	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (	ORAL	CAPS	EA	100	X	GENERIC	10/9/2024	72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162192003	CALCITRI	CALCITRI	881600	Vitamin D	88160000	Vitamin D	S	0.25 MCG	ORAL	CAPS	EA	30	X	GENERIC	10/9/2024	72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162192401	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	100		GENERIC		72162	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162192405	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	500		GENERIC		72162	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162192501	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162192505	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	500		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162192601	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	100		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162192605	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	500		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162192705	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	30 MG	ORAL	TABS	EA	500		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162192706	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	30 MG	ORAL	TABS	EA	60		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162192801	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	100		GENERIC		72162	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162192901	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	100		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162192905	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	500		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162193001	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	100		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162193005	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	500		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162193101	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	TABS	EA	100	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162193201	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	120 MG	ORAL	TABS	EA	100	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162193301	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	160 MG	ORAL	TABS	EA	100	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162193402	CROMOL	CROMOL	481032	Mast-cell	48103200	Mast-cell	S	100 MG/5	ORAL	CONC	ML	5	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162193501	EC-NAPR	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TBEC	EA	100	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162193901	HYOSCYA	HYOSCYA	120808	Antimusca	12080800	Antimusca	S	0.125 MG	ORAL	TABS	EA	100	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162194001	HYOSCYA	HYOSCYA	120808	Antimusca	12080800	Antimusca	S	0.125 MG	SUBLINGI	SUBL	EA	100	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162194101	HYOSCYA	HYOSCYA	120808	Antimusca	12080800	Antimusca	S	0.125 MG	ORAL	TBDP	EA	100	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162195300	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	1000	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162195802	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	6.25 MG/5	ORAL	SOLN	ML	473		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162196002	ACYCLOV	ACYCLOV	840406	Antivirals	84040600	Antivirals	S	5%	EXTERNA	OINT	GM	15		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162196003	ACYCLOV	ACYCLOV	840406	Antivirals	84040600	Antivirals	S	5%	EXTERNA	OINT	GM	30		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162196102	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	15		GENERIC		72162	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162196103	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	30		GENERIC		72162	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162196104	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	45		GENERIC		72162	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162196106	CLOBETA	CLOBETA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	60		GENERIC		72162	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162196202	TESTOST	TESTOST	680800	Androgen	68080000	Androgen	S	1.62%	TRANSDE	GEL	GM	75	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162197202	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	15		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162197203	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	30		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162197206	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	60		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162197301	MIDODRI	MIDODRI	121204	alpha-Adr	12120400	alpha-Adr	S	2.5 MG	ORAL	TABS	EA	100		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162197401	MIDODRI	MIDODRI	121204	alpha-Adr	12120400	alpha-Adr	S	5 MG	ORAL	TABS	EA	100		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162197501	MIDODRI	MIDODRI	121204	alpha-Adr	12120400	alpha-Adr	S	10 MG	ORAL	TABS	EA	100		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162197603	LANSOPF	LANSOPF	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	30	X	GENERIC		72162	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162197605	LANSOPF	LANSOPF	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	500	X	GENERIC		72162	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162197609	LANSOPF	LANSOPF	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	90	X	GENERIC		72162	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162197701	CLOMIPR	CLOMIPR	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	CAPS	EA	100	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162197801	ACETAZC	ACETAZC	524012	UNKNOW	52401200	UNKNOW	S	125 MG	ORAL	TABS	EA	100	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162197901	ACETAZC	ACETAZC	524012	UNKNOW	52401200	UNKNOW	S	250 MG	ORAL	TABS	EA	100	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162198201	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	100		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162198301	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162198801	URSODIC	URSODIO	561400	Cholelitho	56140000	Cholelitho	S	300 MG	ORAL	CAPS	EA	100	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162198901	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	100		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162199005	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	500		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162199101	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 M	ORAL	TABS	EA	100		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162199205	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	5 MG/5ML	ORAL	SOLN	ML	500	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162199305	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	10 MG/5M	ORAL	SOLN	ML	500	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162199601	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-300 MG	ORAL	TABS	EA	100		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162199605	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-300 MG	ORAL	TABS	EA	500		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162199701	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-300 M	ORAL	TABS	EA	100		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162199705	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-300 M	ORAL	TABS	EA	500		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162199801	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-300 M	ORAL	TABS	EA	100		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162199805	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-300 M	ORAL	TABS	EA	500		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162200101	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 M	ORAL	TABS	EA	100		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162200105	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-30 M	ORAL	TABS	EA	500		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162200201	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-60 M	ORAL	TABS	EA	100		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162200205	ACETAMI	ACETAMI	280808	Opiate Ag	28080800	Opiate Ag	S	300-60 M	ORAL	TABS	EA	500		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162200305	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	5 MG	ORAL	TABS	EA	500	X	GENERIC		72162	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162200306	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		72162	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162200405	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	10 MG	ORAL	TABS	EA	500	X	GENERIC		72162	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162200406	MEMANTI	MEMANTI	289200	Central Ne	28920000	Central Ne	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		72162	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162200502	DESONID	DESONID	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	15		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162200506	DESONID	DESONID	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	60		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162200602	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	120		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162200603	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	30		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162200606	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	60		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162200702	NYSTATI	NYSTATI	840408	Antifungal	84040828	Polyenes	S	100000 U	EXTERNA	OINT	GM	15		GENERIC		72162	N		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162200703	NYSTATI	NYSTATI	840408	Antifungal	84040828	Polyenes	S	100000 U	EXTERNA	OINT	GM	30		GENERIC		72162	N		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162201702	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	7		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162201704	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	14		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162201707	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	28		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162201801	HYDROC	HYDROC	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	100		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162201901	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162201906	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162202001	ORPHEN	ORPHEN	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	100		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162202005	ORPHEN	ORPHEN	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	500		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162202006	ORPHEN	ORPHEN	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	60		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162202102	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	CP12	EA	120	X	GENERIC		72162	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162202106	CARBAM	CARBAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	CP12	EA	60	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162202209	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	25 MG	ORAL	CAPS	EA	90	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162202309	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	90	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162202409	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	90	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162202509	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162202609	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	90	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162202709	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	90	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162202809	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	225 MG	ORAL	CAPS	EA	90	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162202901	GUANFAC	GUANFAC	289200	Central Ne	28920000	Central Ne	S	3 MG	ORAL	TB24	EA	100	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162202903	GUANFAC	GUANFAC	289200	Central Ne	28920000	Central Ne	S	3 MG	ORAL	TB24	EA	30	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162203001	GUANFAC	GUANFAC	289200	Central Ne	28920000	Central Ne	S	4 MG	ORAL	TB24	EA	100	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162203003	GUANFAC	GUANFAC	289200	Central Ne	28920000	Central Ne	S	4 MG	ORAL	TB24	EA	30	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162203102	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	1.50%	EXTERNA	SOLN	ML	150		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162203202	DOTTI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.025 MG/	TRANSDE	PTTW	EA	8	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162203302	DOTTI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.0375 M	TRANSDE	PTTW	EA	8	X	GENERIC		72162	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162203402	DOTTI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.05 MG/2	TRANSDE	PTTW	EA	8	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162203502	DOTTI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.075 MG/	TRANSDE	PTTW	EA	8	X	GENERIC		72162	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162203602	DOTTI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	0.1 MG/24	TRANSDE	PTTW	EA	8	X	GENERIC		72162	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162203703	RISPERII	RISPERII	281608	Antipsych	28160804	Atypical A	S	1 MG/ML	ORAL	SOLN	ML	30	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162203802	THEOPHY	THEOPHY	861600	Respirator	86160000	Respirator	S	80 MG/15	ORAL	SOLN	ML	473	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162203902	PROMETH	PROMETH	480800	Antitussive	48080000	Antitussive	S	6.25-15 M	ORAL	SYRP	ML	473		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162204005	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	5 MG/5ML	ORAL	SOLN	ML	500	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162204105	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	10 MG/5M	ORAL	SOLN	ML	500	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162204202	PROMETH	PROMETH	480800	Antitussive	48080000	Antitussive	S	6.25-10 M	ORAL	SYRP	ML	473		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162204302	DEXTRO	DEXTRO	282004	Amphetam	28200400	Amphetam	S	5 MG/5ML	ORAL	SOLN	ML	473	X	GENERIC		72162	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162204400	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	S	35 MG	ORAL	TABS	EA	1000		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162204401	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	S	35 MG	ORAL	TABS	EA	100		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162204403	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	S	35 MG	ORAL	TABS	EA	30		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162204406	PHENDIM	PHENDIM	282008	UNKNOW	28200804	UNKNOW	S	35 MG	ORAL	TABS	EA	60		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162204501	DANTROL	DANTROL	122008	UNKNOW	12200800	UNKNOW	S	25 MG	ORAL	CAPS	EA	100		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162204601	DANTROL	DANTROL	122008	UNKNOW	12200800	UNKNOW	S	50 MG	ORAL	CAPS	EA	100		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162204701	DANTROL	DANTROL	122008	UNKNOW	12200800	UNKNOW	S	100 MG	ORAL	CAPS	EA	100		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162204709	DANTROL	DANTROL	122008	UNKNOW	12200800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162204801	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162204803	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162204806	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162204809	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162204901	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	7.5 MG	ORAL	TABS	EA	100	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162204903	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	7.5 MG	ORAL	TABS	EA	30	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162204906	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	7.5 MG	ORAL	TABS	EA	60	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162204909	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	7.5 MG	ORAL	TABS	EA	90	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162205001	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162205003	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162205006	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162205009	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162205101	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	12.5 MG	ORAL	TABS	EA	100	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162205103	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	12.5 MG	ORAL	TABS	EA	30	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162205106	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	12.5 MG	ORAL	TABS	EA	60	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162205109	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	12.5 MG	ORAL	TABS	EA	90	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162205201	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	15 MG	ORAL	TABS	EA	100	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162205203	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	15 MG	ORAL	TABS	EA	30	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162205206	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	15 MG	ORAL	TABS	EA	60	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162205209	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	15 MG	ORAL	TABS	EA	90	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162205301	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162205303	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162205306	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162205309	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162205401	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	30 MG	ORAL	TABS	EA	100	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162205403	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	30 MG	ORAL	TABS	EA	30	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162205406	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	30 MG	ORAL	TABS	EA	60	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162205409	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	30 MG	ORAL	TABS	EA	90	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162205501	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	5 MG	ORAL	CP24	EA	100	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162205503	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	5 MG	ORAL	CP24	EA	30	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162205506	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	5 MG	ORAL	CP24	EA	60	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162205509	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	5 MG	ORAL	CP24	EA	90	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162205601	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	10 MG	ORAL	CP24	EA	100	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162205603	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	10 MG	ORAL	CP24	EA	30	X	GENERIC		72162	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162205606	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	10 MG	ORAL	CP24	EA	60	X	GENERIC		72162	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162205609	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	10 MG	ORAL	CP24	EA	90	X	GENERIC		72162	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162205701	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	15 MG	ORAL	CP24	EA	100	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162205703	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	15 MG	ORAL	CP24	EA	30	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162205706	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	15 MG	ORAL	CP24	EA	60	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162205709	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	15 MG	ORAL	CP24	EA	90	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162205801	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	20 MG	ORAL	CP24	EA	100	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162205803	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	20 MG	ORAL	CP24	EA	30	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162205806	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	20 MG	ORAL	CP24	EA	60	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162205809	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	20 MG	ORAL	CP24	EA	90	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162205901	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	25 MG	ORAL	CP24	EA	100	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162205903	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	25 MG	ORAL	CP24	EA	30	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162205906	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	25 MG	ORAL	CP24	EA	60	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162205909	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	25 MG	ORAL	CP24	EA	90	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162206001	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	30 MG	ORAL	CP24	EA	100	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162206003	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	30 MG	ORAL	CP24	EA	30	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162206006	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	30 MG	ORAL	CP24	EA	60	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162206009	AMPHETA	AMPHETA	282004	Amphetam	28200400	Amphetam	S	30 MG	ORAL	CP24	EA	90	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162206103	TRIMIPRA	TRIMIPRA	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162206203	TRIMIPRA	TRIMIPRA	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	30	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162206303	TRIMIPRA	TRIMIPRA	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162206402	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective	S	2 MG/5ML	ORAL	SYRP	ML	473	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162206502	CYPROHE	CYPROHE	40400	First Gene	4040000	First Gene	S	2 MG/5ML	ORAL	SYRP	ML	473		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162206600	CYPROHE	CYPROHE	40400	First Gene	4040000	First Gene	S	4 MG	ORAL	TABS	EA	1000		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162206601	CYPROHE	CYPROHE	40400	First Gene	4040000	First Gene	S	4 MG	ORAL	TABS	EA	100		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162206602	CYPROHE	CYPROHE	40400	First Gene	4040000	First Gene	S	4 MG	ORAL	TABS	EA	120		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162206609	CYPROHE	CYPROHE	40400	First Gene	4040000	First Gene	S	4 MG	ORAL	TABS	EA	90		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162206702	HALOBET	HALOBET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	15		GENERIC		72162	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162206704	HALOBET	HALOBET	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	OINT	GM	50		GENERIC		72162	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162206802	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	OINT	GM	35.44		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162206804	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	OINT	GM	50		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162206906	TRIAMCI	TRIAMCI	840608	UNKNOW	84060800	UNKNOW	S	0.03%	EXTERNA	LOTN	ML	60		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162207006	TRIAMCI	TRIAMCI	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	LOTN	ML	60		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162207102	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	6.25 MG/5	ORAL	SOLN	ML	473		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162207201	PROPYLT	PROPYLT	683608	Antithyroid	68360800	Antithyroid	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162207202	PROPYLT	PROPYLT	683608	Antithyroid	68360800	Antithyroid	S	50 MG	ORAL	TABS	EA	180	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162207302	CETIRIZI	CETIRIZI	40800	Second G	4080000	Second G	P	1 MG/ML	ORAL	SOLN	ML	118		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162207402	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1-5 %	EXTERNA	GEL	GM	50		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162207506	ERYTHRO	ERYTHRO	520404	Antibacter	52040400	Antibacter	S	2%	EXTERNA	SOLN	ML	60		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162207601	CICLOPIF	CICLOPIF	840408	Antifungal	84040820	Hydroxypy	S	8%	EXTERNA	SOLN	ML	6.6		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162207701	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1.2-2.5 %	EXTERNA	GEL	GM	50		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162208102	LEVALBU	LEVALBU	121208	beta-Adre	12120812	Selective	S	0.31 MG/3	INHALATI	NEBU	ML	3	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162208202	LEVALBU	LEVALBU	121208	beta-Adre	12120812	Selective	S	0.63 MG/3	INHALATI	NEBU	ML	3	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162208302	LEVALBU	LEVALBU	121208	beta-Adre	12120812	Selective	S	1.25 MG/3	INHALATI	NEBU	ML	3	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162208402	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	OINT	GM	35.44		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162208503	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	30		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162208601	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		72162	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162208701	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		72162	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162208802	OXCARB	OXCARB	281224	UNKNOW	28122400	UNKNOW	S	300 MG/5	ORAL	SUSP	ML	250	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162208903	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-10 MG	ORAL	TABS	EA	30	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162209003	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-20 MG	ORAL	TABS	EA	30	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162209103	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-40 MG	ORAL	TABS	EA	30	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162209203	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-10 MG	ORAL	TABS	EA	30	X	GENERIC		72162	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162209303	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-20 MG	ORAL	TABS	EA	30	X	GENERIC		72162	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162209403	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-40 MG	ORAL	TABS	EA	30	X	GENERIC		72162	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162209502	BALSALA	BALSALA	563600	Anti-inflam	56360000	Anti-inflam	S	750 MG	ORAL	CAPS	EA	280		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162209602	BRIMONI	BRIMONI	840624	UNKNOW	84062400	UNKNOW	S	0.2-0.5 %	OPHTHAL	SOLN	ML	10	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162209604	BRIMONI	BRIMONI	840624	UNKNOW	84062400	UNKNOW	S	0.2-0.5 %	OPHTHAL	SOLN	ML	15	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162209607	BRIMONI	BRIMONI	840624	UNKNOW	84062400	UNKNOW	S	0.2-0.5 %	OPHTHAL	SOLN	ML	5	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162209701	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162209801	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	75 MG	ORAL	TABS	EA	100	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162209902	BUTORPH	BUTORPH	280812	Opiate Pa	28081200	Opiate Pa	S	10 MG/ML	NASAL	SOLN	ML	2.5		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162210001	CLORAZE	CLORAZE	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	TABS	EA	100		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162210101	DESMOPI	DESMOPI	682800	Pituitary	68280000	Pituitary	S	0.2 MG	ORAL	TABS	EA	100	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162210200	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC		72162	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162210300	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	1000	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162210401	GUANFAC	GUANFAC	289200	Central Ne	28920000	Central Ne	S	1 MG	ORAL	TB24	EA	100	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162210501	GUANFAC	GUANFAC	289200	Central Ne	28920000	Central Ne	S	2 MG	ORAL	TB24	EA	100	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162210602	ICATIBAN	ICATIBAN	244804	UNKNOW	24480400	UNKNOW	S	30 MG/3M	SUBCUTA	SOSY	ML	3		GENERIC		72162		Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162210702	MOXIFLO	MOXIFLO	520404	Antibacter	52040400	Antibacter	S	0.50%	OPHTHAL	SOLN	ML	3		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162210802	OFLOXAC	OFLOXAC	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	10		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162210900	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	2.5 MG	ORAL	TABS	EA	1000	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162211000	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	1000	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162211003	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162211102	OMEGA-3	OMEGA-3	240612	UNKNOW	24061200	UNKNOW	S	1 GM	ORAL	CAPS	EA	120	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162211201	PENICILL	PENICILL	640000	Heavy Me	64000000	Heavy Me	S	250 MG	ORAL	CAPS	EA	100		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162211301	PENTOXI	PENTOXI	202400	Hemorrhe	20240000	Hemorrhe	S	400 MG	ORAL	TBCR	EA	100	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162211400	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162211509	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162211601	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	120 MG	ORAL	TABS	EA	100	X	GENERIC		72162	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162211701	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	160 MG	ORAL	TABS	EA	100	X	GENERIC		72162	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162211801	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	TABS	EA	100	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162211906	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	60	X	GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72162212001	POTASSI	POTASSI	400800	Alkalinizin	40080000	Alkalinizin	S	10 MEQ (1	ORAL	TBCR	EA	100		GENERIC		72162			X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

72162234903	DEXTRO	DEXTRO	282004	Amphetam	28200400	Amphetam	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162235003	DEXTRO	DEXTRO	282004	Amphetam	28200400	Amphetam	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162235103	DEXTRO	DEXTRO	282004	Amphetam	28200400	Amphetam	S	15 MG	ORAL	TABS	EA	30 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162235203	DEXTRO	DEXTRO	282004	Amphetam	28200400	Amphetam	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162235303	DEXTRO	DEXTRO	282004	Amphetam	28200400	Amphetam	S	30 MG	ORAL	TABS	EA	30 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162235403	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	150 MG	ORAL	TABS	EA	30 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162235409	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	150 MG	ORAL	TABS	EA	90 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162235503	IRBESAR	IRBESAR	243208	Angiotens	24320800	Angiotens	S	150 MG	ORAL	TABS	EA	30 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162235705	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	500 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162235809	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	90 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162235902	ALBENDA	ALBENDA	80800	Anthelmin	8080000	Anthelmin	S	200 MG	ORAL	TABS	EA	2	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162236001	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-20 MG	ORAL	CAPS	EA	100 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162236106	ZAFIRLUK	ZAFIRLUK	481024	Leukotrien	48102400	Leukotrien	S	20 MG	ORAL	TABS	EA	60 X	GENERIC		72162 Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162236206	ZAFIRLUK	ZAFIRLUK	481024	Leukotrien	48102400	Leukotrien	S	20 MG	ORAL	TABS	EA	60 X	GENERIC		72162 Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162236309	SILDENAF	SILDENAF	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162236405	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	500	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162236505	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	500	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162236609	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	90	GENERIC		72162 N		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162236705	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	500 X	GENERIC		72162 N		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162236800	OLANZAF	OLANZAF	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162236905	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	500 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162237001	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	100 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162237003	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	30 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162237006	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	60 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162237008	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	180 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162237009	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	90 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162237101	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	100 X	GENERIC	10/9/2024	72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162237105	DIVALPR	DIVALPR	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TB24	EA	500 X	GENERIC	10/9/2024	72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162237201	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	5 MG	ORAL	TABS	EA	100	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162237300	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	1000	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162237301	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	100	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162237400	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	1000	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162237401	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	100	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162237402	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	120	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162237406	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	60	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162237502	TESTOST	TESTOST	680800	Androgens	68080000	Androgens	S	200 MG/M	INTRAMU	SOLN	ML	1 X	GENERIC		72162	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162237602	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	P	4 MG/0.1	NASAL	LIQD	EA	2	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162237702	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	6.25 MG/5	ORAL	SOLN	ML	473	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162237903	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-20 MG	ORAL	TABS	EA	30 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162237909	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-20 MG	ORAL	TABS	EA	90 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162238001	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	100 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162238005	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	500 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162238102	DORZOLA	DORZOLA	524012	UNKNOW	52401200	UNKNOW	S	22.3MG/M	OPHTHAL	SOLN	ML	10 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162238203	MEFENAM	MEFENAM	280804	Nonsteroi	28080404	UNKNOW	S	250 MG	ORAL	CAPS	EA	30 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162238303	RASAGILI	RASAGILI	283632	UNKNOW	28363200	UNKNOW	S	1 MG	ORAL	TABS	EA	30 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162238402	KETOROL	KETOROL	520820	Nonsteroi	52082000	Nonsteroi	S	0.50%	OPHTHAL	SOLN	ML	5	GENERIC		72162 Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162238404	KETOROL	KETOROL	520820	Nonsteroi	52082000	Nonsteroi	S	0.50%	OPHTHAL	SOLN	ML	10	GENERIC		72162 Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162238503	ROFLUMI	ROFLUMI	483200	UNKNOW	48320000	UNKNOW	S	500 MCG	ORAL	TABS	EA	30 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162238601	PROBENE	PROBENE	404000	Uricosuric	40400000	Uricosuric	S	500 MG	ORAL	TABS	EA	100 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162238706	DORZOLA	DORZOLA	524012	UNKNOW	52401200	UNKNOW	S	2-0.5 %	OPHTHAL	SOLN	EA	60 X	GENERIC		72162 Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162238800	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	1000 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162238802	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	14 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162238803	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162238806	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	60 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162238809	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162239201	ESTRATE	ESTERIFI	681604	Estrogens	68160400	Estrogens	S	1.25-2.5 M	ORAL	TABS	EA	100 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162239301	EST ESTF	ESTERIFI	681604	Estrogens	68160400	Estrogens	S	1.25-2.5 M	ORAL	TABS	EA	100 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162239601	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	2 MG	ORAL	TABS	EA	100 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162239701	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	4 MG	ORAL	TABS	EA	100 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162239801	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	8 MG	ORAL	TABS	EA	100 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162239901	PERPHEN	PERPHEN	281608	Antipsych	28160824	Phenothia	S	16 MG	ORAL	TABS	EA	100 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162240001	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	75 MG	ORAL	TABS	EA	100 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162240101	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TABS	EA	100 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162240202	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	TABS	EA	14	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162240302	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	500 MG	ORAL	TABS	EA	14	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162240402	M-PAP	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5	ORAL	LIQD	ML	473	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162240703	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	30 X	GENERIC		72162 Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162240801	AMANTAD	AMANTAD	283604	UNKNOW	28360400	UNKNOW	S	100 MG	ORAL	CAPS	EA	100 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162240805	AMANTAD	AMANTAD	283604	UNKNOW	28360400	UNKNOW	S	100 MG	ORAL	CAPS	EA	500 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162240903	LEFLUNO	LEFLUNO	902404	UNKNOW	90240400	UNKNOW	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162241003	LEFLUNO	LEFLUNO	902404	UNKNOW	90240400	UNKNOW	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162241100	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	1000 X	GENERIC		72162 Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162241101	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	100 X	GENERIC		72162 Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162241105	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	500 X	GENERIC		72162 Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162241201	TORSEMI	TORSEMI	402808	Loop Diur	40280800	Loop Diur	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162241205	TORSEMI	TORSEMI	402808	Loop Diur	40280800	Loop Diur	S	20 MG	ORAL	TABS	EA	500 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162241209	TORSEMI	TORSEMI	402808	Loop Diur	40280800	Loop Diur	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162241300	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	1000 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162241301	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	S	1 MG	ORAL	TABS	EA	100 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162241403	NEBIVOL	NEBIVOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162241409	NEBIVOL	NEBIVOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162241503	NEBIVOL	NEBIVOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	2.5 MG	ORAL	TABS	EA	30 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162241603	NEBIVOL	NEBIVOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162241609	NEBIVOL	NEBIVOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162241703	NEBIVOL	NEBIVOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162241709	NEBIVOL	NEBIVOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG	ORAL	TABS	EA	90 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162241800	RALOXIF	RALOXIF	681612	Estrogen /	68161200	Estrogen /	S	60 MG	ORAL	TABS	EA	1000 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162241801	RALOXIF	RALOXIF	681612	Estrogen /	68161200	Estrogen /	S	60 MG	ORAL	TABS	EA	100 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162241803	RALOXIF	RALOXIF	681612	Estrogen /	68161200	Estrogen /	S	60 MG	ORAL	TABS	EA	30 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162241902	CLINDAM	CLINDAM	840404	Antibacter	84040400	Antibacter	S	1.2-3.75 %	EXTERNA	GEL	GM	50	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162242003	TAZAROT	TAZAROT	842800	Keratolytic	84280000	Keratolytic	S	0.05%	EXTERNA	CREA	GM	30	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162242006	TAZAROT	TAZAROT	842800	Keratolytic	84280000	Keratolytic	S	0.05%	EXTERNA	CREA	GM	60	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162242101	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	100 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162242105	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	500 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162242202	HYDROQ	HYDROQ	845004	Depigmen	84500400	Depigmen	S	4%	EXTERNA	CREA	GM	28.4	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162242302	POTASSI	POTASSI	481600	Expectora	48160000	Expectora	S	1 GM/ML	ORAL	SOLN	ML	237	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162242303	POTASSI	POTASSI	481600	Expectora	48160000	Expectora	S	1 GM/ML	ORAL	SOLN	ML	30	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162242400	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	1000 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162242401	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	100 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162242402	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	50 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162242404	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	180 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162242405	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	500 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162242407	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	360 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162242409	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	90 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162242501	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	100	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162242502	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	20	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162242503	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	30	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162242504	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	28	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162242505	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	500	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162242601	DEXMETH	DEXMETH	282032	UNKNOW	28203200	UNKNOW	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162242606	DEXMETH	DEXMETH	282032	UNKNOW	28203200	UNKNOW	S	5 MG	ORAL	TABS	EA	60 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162242701	DEXMETH	DEXMETH	282032	UNKNOW	28203200	UNKNOW	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162242801	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162242901	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72162243001	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		72162		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM

72187010103	ORSERDI	ELACEST	100000	Antineopla	10000000	Antineopla	R	86 MG	ORAL	TABS	EA	30	SSB		72187			N	NON-FORMULARY	6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X	R	MEDPRIM
72187010203	ORSERDI	ELACEST	100000	Antineopla	10000000	Antineopla	R	345 MG	ORAL	TABS	EA	30	SSB		72187			N	NON-FORMULARY	6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X	R	MEDPRIM
72187040101	ELZONRI	TAGRAXC	100000	Antineopla	10000000	Antineopla	R	1000 MCG	INTRAVEI	SOLN	ML	1	SSB		72187			N	EXCLUDE	SELF_INJ 6 SPBD2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189000314	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	14	GENERIC	3/28/2022	72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189000330	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	30	GENERIC	4/18/2022	72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM

72189000401	FLUTICAS	FLUTICAS	520808	Corticoste	52080800	Corticoste	S	50 MCG/A	NASAL	SUSP	GM	16	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189000510	POLYMYX	POLYMYX	520404	Antibacter	52040400	Antibacter	S	10000-0.1	OPHTHAL	SOLN	ML	10	GENERIC	3/30/2023	72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189000620	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	20	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189000630	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	30	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189000821	METHYLF	METHYLF	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TBPK	EA	21	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189000915	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	15	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189000930	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	CAPS	EA	30	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189001030	VALPROI	VALPROI	281292	Anticonvul	28129200	Anticonvul	S	250 MG	ORAL	CAPS	EA	30 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189001160	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	550 MG	ORAL	TABS	EA	60 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189001290	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50-12.5 M	ORAL	TABS	EA	90 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189001360	HYDRALA	HYDRALA	240816	Central Al	24081600	Central Al	S	100 MG	ORAL	TABS	EA	60 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189001490	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	112 MCG	ORAL	TABS	EA	90 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189001502	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	2	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189001608	VENTOLI	ALBUTER	121208	beta-Adre	12120812	Selective	S	108 (90 B	INHALATI	AERS	GM	8 X	SSB		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189001735	BACITRA	BACITRA	520404	Antibacter	52040400	Antibacter	S	500-10000	OPHTHAL	OINT	GM	3.5	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189001830	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	CP24	EA	30 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189001930	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	30 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189001960	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	60 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189001982	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	180 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189001990	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	90 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189002030	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	30 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189002060	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	60 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189002090	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	90 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189002130	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	30 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189002160	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	60 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189002190	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	90 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189002330	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189002360	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	60 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189002390	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189002430	OMEGA-3	OMEGA-3	240612	UNKNOW	24061200	UNKNOW	S	1 GM	ORAL	CAPS	EA	30 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189002460	OMEGA-3	OMEGA-3	240612	UNKNOW	24061200	UNKNOW	S	1 GM	ORAL	CAPS	EA	60 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189002490	OMEGA-3	OMEGA-3	240612	UNKNOW	24061200	UNKNOW	S	1 GM	ORAL	CAPS	EA	90 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189002530	PENTOXI	PENTOXI	202400	Hemorrhe	20240000	Hemorrhe	S	400 MG	ORAL	TBCR	EA	30 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189002560	PENTOXI	PENTOXI	202400	Hemorrhe	20240000	Hemorrhe	S	400 MG	ORAL	TBCR	EA	60 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189002590	PENTOXI	PENTOXI	202400	Hemorrhe	20240000	Hemorrhe	S	400 MG	ORAL	TBCR	EA	90 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189002630	FENOFIB	FENOFIB	240606	Fibric Acid	24060600	Fibric Acid	S	160 MG	ORAL	TABS	EA	30 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189002704	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	4 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189002730	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	10 MEQ	ORAL	TBCR	EA	30 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189002830	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	30 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189002860	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	60 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189002890	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	90 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189002930	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TB24	EA	30	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189002960	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TB24	EA	60	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189002990	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TB24	EA	90	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM

72189003130	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189003160	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	5 MG	ORAL	TABS	EA	60 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189003190	DONEPEZ	DONEPEZ	120400	Parasymp	12040000	Parasymp	S	5 MG	ORAL	TABS	EA	90 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189003230	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	30 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189003260	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	60 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189003290	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	90 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189003330	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189003360	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	60 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189003390	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189003430	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	30 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189003460	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	60 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189003490	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	90 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189003530	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	30 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189003560	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	60 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189003590	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	90 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189003635	ERYTHRO	ERYTHRO	520404	Antibacter	52040400	Antibacter	S	5 MG/GM	OPHTHAL	OINT	GM	3.5	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189003721	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	21	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189003730	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	30	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189003760	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	60	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189003790	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	90	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189003835	NEOMYCI	NEOMYCI	520808	Corticoste	52080800	Corticoste	S	3.5-10000	OPHTHAL	OINT	GM	3.5	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189003980	TRIAMCIN	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	80	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189004001	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	3%	EXTERNA	GEL	GM	100	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189004130	ARMODA	ARMODA	282080	UNKNOW	28208000	UNKNOW	S	150 MG	ORAL	TABS	EA	30 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189004160	ARMODA	ARMODA	282080	UNKNOW	28208000	UNKNOW	S	150 MG	ORAL	TABS	EA	60 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189004190	ARMODA	ARMODA	282080	UNKNOW	28208000	UNKNOW	S	150 MG	ORAL	TABS	EA	90 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189004232	CEFDINIR	CEFDINIR	81206	Cephalos	8120612	Third Gen	S	125 MG/5	ORAL	SUSR	ML	100	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189004332	CEFDINIR	CEFDINIR	81206	Cephalos	8120612	Third Gen	S	250 MG/5	ORAL	SUSR	ML	100	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189004430	BACITRA	BACITRA	840404	Antibacter	84040400	Antibacter	P	500 UNIT/	EXTERNA	OINT	GM	30	GENERIC	10/10/2023	72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189004530	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	225 MG	ORAL	CAPS	EA	30 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189004560	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	225 MG	ORAL	CAPS	EA	60 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189004590	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	225 MG	ORAL	CAPS	EA	90 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189004615	NYSTATI	NYSTATI	840408	Antifungal	84040828	Polyenes	S	100000 U	EXTERNA	CREA	GM	15	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189004706	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	6	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189004830	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	30	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189004860	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	60	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189004890	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	S	25 MG	ORAL	TABS	EA	90	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189004930	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	80 MG	ORAL	TABS	EA	30 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189004960	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	80 MG	ORAL	TABS	EA	60 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189004990	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	80 MG	ORAL	TABS	EA	90 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189005030	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	160 MG	ORAL	TABS	EA	30 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189005121	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	21	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189005130	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	1 GM	ORAL	TABS	EA	30	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189005210	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	50 MG	ORAL	CAPS	EA	10	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189005305	OLOPATA	OLOPATA	520200	Antiallergi	52020000	Antiallergi	S	0.10%	OPHTHAL	SOLN	ML	5	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189005405	KETOROL	KETOROL	520820	Nonsteroi	52082000	Nonsteroi	S	0.50%	OPHTHAL	SOLN	ML	5	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189005505	PREDNIS	PREDNIS	520808	Corticoste	52080800	Corticoste	S	1%	OPHTHAL	SUSP	ML	5	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189005630	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	30 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189005660	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	60 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189005690	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	90 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189005730	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TB12	EA	30 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189005760	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TB12	EA	60 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189005860	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	60	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189005990	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189006030	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189006090	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189006130	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189006190	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189006290	LANSOPR	LANSOPR	562836	Proton-pu	56283600	Proton-pu	S	30 MG	ORAL	CPDR	EA	90 X	GENERIC	10/23/2023	72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189006330	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	30 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189006490	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	90 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189006530	ROSUVAS	ROSUVAS	240608	HMG-CoA	24060800	HMG-CoA	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189006630	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	30 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189006790	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	CAPS	EA	90 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189006830	BACITRA	BACITRA	840404	Antibacter	84040400	Antibacter	P	500 UNIT/	EXTERNA	OINT	GM	28	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189006910	SILDENAF	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	10	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189006930	SILDENAF	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	30	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189007090	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	2.5 MG	ORAL	TB24	EA	90 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189007107	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	7	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189007114	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	14	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189007130	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	30	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189007230	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	30 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189007260	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	60 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189007330	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	75 MCG	ORAL	TABS	EA	30 X	GENERIC		72189 Y		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189007390	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	75 MCG	ORAL	TABS	EA	90 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189007430	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189007500	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	1.50%	EXTERNA	SOLN	ML	150	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189007505	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	1.50%	EXTERNA	SOLN	ML	150	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189007605	MOXIFLO	MOXIFLO	520404	Antibacter	52040400	Antibacter	S	0.50%	OPHTHAL	SOLN	ML	3	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189007760	OXAPRO	OXAPRO	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	60 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189007928	MICONAZ	MICONAZ	840408	Antifungal	84040808	Azoles	S	2%	EXTERNA	CREA	GM	28	GENERIC	1/2/2024	72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189008007	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	7	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189008010	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	10	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189008015	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	15	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189008020	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	20	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189008030	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	30	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189008060	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	60	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189008072	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	120	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189008090	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	90	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189008130	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	30	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189008160	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	60	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189008190	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	90	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189008230	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	30 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189008424	IMIQUIM	IMIQUIM	841800	UNKNOW	84180000	UNKNOW	S	5%	EXTERNA	CREA	EA	24	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM

72189008635	LIDOTHO	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	R	4.5-5 %	EXTERNA	GEL	GM	105	SSB		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189008710	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	10	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189008802	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	2	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189008803	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	3	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189008906	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189009002	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	2	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189009003	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	3	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189009290	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	90 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189009306	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189009430	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	10 MG	ORAL	TABS	EA	30	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189009530	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	TABS	EA	30	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189009730	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	30 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189009790	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	90 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189009890	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100-12.5 M	ORAL	TABS	EA	90 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189009930	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	1 MG	ORAL	TABS	EA	30	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189009990	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	1 MG	ORAL	TABS	EA	90	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189010090	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	90 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189010160	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	15 MG	ORAL	CP24	EA	60	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189010230	TORSEMI	TORSEMI	402808	Loop Diur	40280800	Loop Diur	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189010306	CEFADRO	CEFADRO	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	6	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM
72189010320	CEFADRO	CEFADRO	81206	Cephalos	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	20	GENERIC		72189		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION			R	MEDPRIM

72190901043 DESIPRAMDESIPRAM 28160 Antidepres 28160428 Tricyclics cS 10 MG ORAL TABS EA 30 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901055 PROGLITAPROGLITA 66030 Thiazolidi 66030350 Thiazolidine 30 MG ORAL TABS EA 90 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901069 ROSUVASROSUVAS 68069 HMG-CoA 68069800 HMG-CoA S 40 MG ORAL TABS EA 90 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901735 LEVOTHYLEVOTHYL 68364 Thyroid Ag 68364400 Thyroid Ag S 75 MCG ORAL TABS EA 30 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901076 LEVOTHYLEVOTHYL 68364 Thyroid Ag 68364400 Thyroid Ag S 75 MCG ORAL TABS EA 90 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901080 CFLOANCOFLOANC 52464 Antibacter 52464600 Antibacter S 0.36% OTIC SOLN ML 30 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901093 GABAPENGABAPEN 28128 UNKNOW 28122800 UNKNOWN S 100 MG ORAL CAPS EA 30 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901960 GABAPENGABAPEN 28128 UNKNOW 28122800 UNKNOWN S 100 MG ORAL CAPS EA 60 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901097 GABAPENGABAPEN 28128 UNKNOW 28122800 UNKNOWN S 100 MG ORAL CAPS EA 100 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901099 GABAPENGABAPEN 28128 UNKNOW 28122800 UNKNOWN S 100 MG ORAL CAPS EA 90 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901100 BENAZEPIBENAZEP 24324 Angiotens 24320400 Angiotens S 10 MG ORAL TABS EA 30 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901095 BENAZEPIBENAZEP 24324 Angiotens 24320400 Angiotens S 10 MG ORAL TABS EA 90 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901114 CIPROFLCIPROFLI 81218 Quinolone 81218800 Quinolone S 500 MG ORAL TABS EA 14 GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901120 CIPROFLCIPROFLI 81218 Quinolone 81218800 Quinolone S 500 MG ORAL TABS EA 30 GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901130 CIPROFLCIPROFLI 81218 Quinolone 81218800 Quinolone S 500 MG ORAL TABS EA 90 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901230 PANTOPRPANTOPR 56283 Proton-pu 56283600 Proton-pu S 20 MG ORAL TBEC EA 30 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901237 PANTOPRPANTOPR 56283 Proton-pu 56283600 Proton-pu S 20 MG ORAL TBEC EA 60 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901290 PANTOPRPANTOPR 56283 Proton-pu 56283600 Proton-pu S 20 MG ORAL TBEC EA 90 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901330 GABAPENGABAPEN 28128 UNKNOW 28122800 UNKNOWN S 400 MG ORAL CAPS EA 30 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901360 GABAPENGABAPEN 28128 UNKNOW 28122800 UNKNOWN S 400 MG ORAL CAPS EA 60 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901372 GABAPENGABAPEN 28128 UNKNOW 28122800 UNKNOWN S 400 MG ORAL CAPS EA 120 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901390 GABAPENGABAPEN 28128 UNKNOW 28122800 UNKNOWN S 400 MG ORAL CAPS EA 90 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901405 KETOTFSKETOTFS 52020 Antidandru 52020500 Antidandruff P 0.04% OPHTHALSOLN ML 5 GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901590 PREGABAPREGABA 28128 UNKNOW 28122800 UNKNOWN S 25 MG ORAL CAPS EA 90 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901600 PREGABAPREGABA 28128 UNKNOW 28122800 UNKNOWN S 25 MG ORAL CAPS EA 180 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901760 DOXAZOSDOXAZOS 34160 Sidenaing 34160500 Sidenaing/Ja S 1 MG ORAL TABS EA 60 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901830 EZETIMIBEZETIMIB 24065S Cholester 24065550 Cholesterol S 10 MG ORAL TABS EA 30 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901960 PRAVASTPRAVAST 68068 HMG-CoA 68068800 HMG-CoA S 40 MG ORAL TABS EA 90 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190902030 ACETAMI ACETAMI 28081 6 UNKNOW 28081600 UNKNOWN P 500 MG ORAL TABS EA 30 GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190902040 ACETAMI ACETAMI 28081 6 UNKNOW 28081600 UNKNOWN P 500 MG ORAL TABS EA 50 GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190902160 ALPRAZOALPRAZO 28248 Benzodiaz 28240800 Benzodiaz S 2 MG ORAL TABS EA 60 GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190902230 SERTRALSERTRAL 28160 4 Antidepres 28160400 Selective nS 100 MG ORAL TABS EA 30 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190902260 SERTRALSERTRAL 28160 4 Antidepres 28160400 Selective nS 100 MG ORAL TABS EA 60 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901295 SERTRALSERTRAL 28160 4 Antidepres 28160400 Selective nS 100 MG ORAL TABS EA 90 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901230 CELECCOCELECCO 28080 4 Nonsteroi 28080408 Cyclooxyg S 100 MG ORAL CAPS EA 30 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901260 CELECCOCELECCO 28080 4 Nonsteroi 28080408 Cyclooxyg S 100 MG ORAL CAPS EA 60 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190902372 CELECCOCELECCO 28080 4 Nonsteroi 28080408 Cyclooxyg S 100 MG ORAL CAPS EA 120 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901290 CELECCOCELECCO 28080 4 Nonsteroi 28080408 Cyclooxyg S 100 MG ORAL CAPS EA 90 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901472 IBUPROFIBUPROFI 28080 4 Nonsteroi 28080462 Miscellaneo S 800 MG ORAL TABS EA 120 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190902018 RIZATRIPRIZATRIP 28320B Selective I 28322800 Selective IS S 5 MG ORAL TABS EA 18 GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190902714 DOXYCYCDOXYCYCL 81224 Tetracycli 81224600 Tetracyclin S 100 MG ORAL TABS EA 14 GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190902720 DOXYCYCDOXYCYCL 81224 Tetracycli 81224600 Tetracyclin S 100 MG ORAL TABS EA 20 GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901915 LIDOTHGLIDOCAIN 84080 Antiparkin 84080500 Antiparkins/P S 4.5-0 % EXTERNAPTCH EA 15 SSB 8/14/2024 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190902060 LOSARTALOSARTA 24320B Angiotens 24320800 Angiotens S 50-12.5 M ORAL TABS EA 90 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901330 OXYBUTYOXYBUTY 86124A UNKNOW 86124000 UNKNOWN S 5 MG ORAL TBD4 EA 30 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901330 OXYBUTYOXYBUTY 86124A UNKNOW 86124000 UNKNOWN S 10 MG ORAL TBD4 EA 30 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901330 ABMODANABMODAN 28208G UNKNOW 28208000 UNKNOWN S 250 MG ORAL TABS EA 30 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM

72190901472 BUPROPIBUPROPI 28160 4 Antidepres 28160462 Miscellaneo S 150 MG ORAL TB24 EA 120 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901460 BUPROPIBUPROPI 28160 4 Antidepres 28160462 Miscellaneo S 150 MG ORAL TB24 EA 60 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901530 ATENOLCATENOLC 24200D Alpha-Adr 24200000D Alpha-Adrs S 50 MG ORAL TABS EA 30 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901914 NAPROXNAPROXE 28080 4 Nonsteroi 28080408 Cyclooxyg S 500 MG ORAL TABS EA 14 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901920 NAPROXNAPROXE 28080 4 Nonsteroi 28080408 Cyclooxyg S 500 MG ORAL TABS EA 20 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901930 NAPROXNAPROXE 28080 4 Nonsteroi 28080408 Cyclooxyg S 500 MG ORAL TABS EA 30 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901960 NAPROXNAPROXE 28080 4 Nonsteroi 28080408 Cyclooxyg S 500 MG ORAL TABS EA 60 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901971 NAPROXNAPROXE 28080 4 Nonsteroi 28080408 Cyclooxyg S 500 MG ORAL TABS EA 100 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901990 NAPROXNAPROXE 28080 4 Nonsteroi 28080408 Cyclooxyg S 500 MG ORAL TABS EA 90 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901995 NAPROXNAPROXE 28080 4 Nonsteroi 28080408 Cyclooxyg S 500 MG ORAL TABS EA 120 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901410 FLUCONAFLUCONA 81408 Azoles 81408800 Azoles S 150 MG ORAL TBEC EA 1 GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901450 FLUCONAFLUCONA 81408 Azoles 81408800 Azoles S 150 MG ORAL TBEC EA 2 GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901460 FAMOTIDFAMOTID 56281Z Histamine 56281200 Histamine S 20 MG ORAL TABS EA 60 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901490 FAMOTIDFAMOTID 56281Z Histamine 56281200 Histamine S 20 MG ORAL TABS EA 90 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901230 RABEPRRABEPRA 56283E Proton-pu 56283600 Proton-pu S 20 MG ORAL TBEC EA 30 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901290 RABEPRRABEPRA 56283E Proton-pu 56283600 Proton-pu S 20 MG ORAL TBEC EA 90 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901301 FLUCONAFLUCONA 81408 Azoles 81408800 Azoles S 150 MG ORAL TABS EA 1 GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901419 1ST MEDLIDOCAIN 84080 Antiparkin 84080300 Antiparkins/P S 4-0.0375-0 EXTERNAPTCH EA 10 SSB 6/23/2023 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901430 TADALAKTADALAK 24081Z Calcium-c 24081000 UNKNOWN P 5 MG ORAL TABS EA 30 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901630 ATENOLCATENOLC 24200D Alpha-Adr 24200000D Alpha-Adrs S 25 MG ORAL TABS EA 30 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901660 ATENOLCATENOLC 24200D Alpha-Adr 24200000D Alpha-Adrs S 25 MG ORAL TABS EA 60 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901690 ATENOLCATENOLC 24200D Alpha-Adr 24200000D Alpha-Adrs S 25 MG ORAL TABS EA 90 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901728 DESVENLDESVENL 28160A4 Antidepres 28160416 Selective nS 50 MG ORAL TB24 EA 28 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901730 DESVENLDESVENL 28160A4 Antidepres 28160416 Selective nS 50 MG ORAL TB24 EA 30 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901815 TRAMADOLTRAMADO 84080 Antiparkin 84080500 Antiparkins/P S 4-6 % EXTERNAPTCH EA 10 SSB 8/12/2022 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901490 FLUCONAFLUCONA 81408 Azoles 81408800 Azoles S 150 MG ORAL TABS EA 1 GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901530 METFORMMETFORM 68204 Biguanide 68204400 Biguanides S 500 MG ORAL TB24 EA 30 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901590 METFORMMETFORM 68204 Biguanide 68204400 Biguanides S 500 MG ORAL TB24 EA 90 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901596 ENALAPRENALAPR 24334 Angiotens 24320400 Angiotens S 10 MG ORAL TABS EA 30 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901290 ATENOLCATENOLC 24200D Alpha-Adr 24200000D Alpha-Adrs S 100 MG ORAL TABS EA 90 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901330 RANEL TRANEL TE 28248B UNKNOW 28248800 UNKNOWN S 0.5 MG ORAL TABS EA 30 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901430 TRAMADOLTRAMADO 28080B Opiate Ag 28080800 Opiate Ag S 200 MG ORAL TB24 EA 30 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901460 TRAMADOLTRAMADO 28080B Opiate Ag 28080800 Opiate Ag S 200 MG ORAL TB24 EA 60 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901502 ENTROCTENTROCT 81808 Antiretrovir 81808200 Nucleoside/t S 200-300 MG ORAL TABS EA 2 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901503 ENTROCTENTROCT 81808 Antiretrovir 81808200 Nucleoside/t S 200-300 MG ORAL TABS EA 3 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901530 GABAPENGABAPEN 28128 UNKNOW 28122800 UNKNOWN S 600 MG ORAL TABS EA 30 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901872 GABAPENGABAPEN 28128 UNKNOW 28122800 UNKNOWN S 800 MG ORAL TABS EA 120 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901890 GABAPENGABAPEN 28128 UNKNOW 28122800 UNKNOWN S 600 MG ORAL TABS EA 90 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901895 GABAPENGABAPEN 28128 UNKNOW 28122800 UNKNOWN S 800 MG ORAL TABS EA 90 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901895 GABAPENGABAPEN 28128 UNKNOW 28122800 UNKNOWN S 800 MG ORAL TABS EA 120 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901896 GABAPENGABAPEN 28128 UNKNOW 28122800 UNKNOWN S 600 MG ORAL TABS EA 180 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901910 DONEPIN DONEPIN 28160A8 Tricyclics cS 25 MG ORAL TABS EA 30 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901535 LIDOCAINLIDOCAI 84080 Antiparkin 84080400 Antiparkins/S S 5% EXTERNAOINT GM 35.44 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901604 TRANSDLIDOCAIN 84080 Antiparkin 84080300 Antiparkins/O 4-1 % EXTERNAOINT GM 121 SSB 8/26/2022 72189 X N EXCLUDE;NA (DRA) 3 BRN20 OPTIONAL BENEFIT EXCLUSION R MEDPRM
72190901790 LOSARTALOSARTA 24320B Angiotens 24320800 Angiotens S 100-12.5 M ORAL TABS EA 30 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901790 LOSARTALOSARTA 24320B Angiotens 24320800 Angiotens S 100-12.5 M ORAL TABS EA 90 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901835 LIDOCAINLIDOCAI 84080 Antiparkin 84080400 Antiparkins/S S 5% EXTERNAOINT GM 50 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901850 LIDOCAINLIDOCAI 84080 Antiparkin 84080400 Antiparkins/S S 5% EXTERNAOINT GM 30 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901860 RABEPRRABEPRA 56283E Proton-pu 56283600 Proton-pu S 20 MG ORAL TBEC EA 60 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901890 RABEPRRABEPRA 56283E Proton-pu 56283600 Proton-pu S 20 MG ORAL TBEC EA 90 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901728 IBUPROFIBUPROFI 28080 4 Nonsteroi 28080462 Miscellaneo S 200 MG ORAL TABS EA 28 10/30/2023 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901730 FENOFIBFENOFIB 24006B Fibric Acid 24006060 Fibric Acids S 160 MG ORAL TABS EA 30 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901790 FENOFIBFENOFIB 24006B Fibric Acid 24006060 Fibric Acids S 160 MG ORAL TABS EA 90 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901730 LEVOTHYLEVOTHYL 68364 Thyroid Ag 68364400 Thyroid Ag S 150 MCG ORAL TABS EA 30 X GENERIC 72189 Y N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901796 LEVOTHYLEVOTHYL 68364 Thyroid Ag 68364400 Thyroid Ag S 150 MCG ORAL TABS EA 90 X GENERIC 72189 Y N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901430 LEVOTHYLEVOTHYL 68364 Thyroid Ag 68364400 Thyroid Ag S 25 MCG ORAL TABS EA 30 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901720 BUSPIRO BUSPIRO 28241D UNKNOW 28241200 UNKNOWN S 10 MG ORAL TABS EA 30 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901790 BUSPIRO BUSPIRO 28241D UNKNOW 28241200 UNKNOWN S 10 MG ORAL TABS EA 90 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901760 PROMETPROMETH 40400 First Gene 40400000 First Gene S 25 MG ORAL TABS EA 12 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901772 PROMETPROMETH 40400 First Gene 40400000 First Gene S 25 MG ORAL TABS EA 30 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901720 PROMETPROMETH 40400 First Gene 40400000 First Gene S 25 MG ORAL TABS EA 60 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901730 NORTRIP NORTRIP 28160A 4 Antidepres 28160428 Tricyclics cS 50 MG ORAL CAPS EA 30 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901930 GABAPENGABAPEN 28128 UNKNOW 28122800 UNKNOWN S 800 MG ORAL TABS EA 60 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901872 GABAPENGABAPEN 28128 UNKNOW 28122800 UNKNOWN S 800 MG ORAL TABS EA 120 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901890 GABAPENGABAPEN 28128 UNKNOW 28122800 UNKNOWN S 600 MG ORAL TABS EA 90 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901910 NITROFU NITROFU 83600 Urinary An 83600000 Urinary Anti S 100 MG ORAL CAPS EA 10 GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901914 NITROFU NITROFU 83600 Urinary An 83600000 Urinary Anti S 100 MG ORAL CAPS EA 14 GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901920 NITROFU NITROFU 83600 Urinary An 83600000 Urinary Anti S 100 MG ORAL CAPS EA 20 GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901837 KETOCONKETOCOF 81408 Azoles 81408800 Azoles S 2 % CREAM GM 7 GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901818 SOMC TH SEINZOC 84080D Antiparkin 84080600 Antiparkins/P S 15-3.6 MG MOUTHWLOZEN EA 18 GENERIC 8/31/2023 72189 N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901960 ESTRADIESTRADI 68160 Estrogens 68160400 Estrogens S 0.5 MG ORAL TABS EA 90 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901990 ESTRADIESTRADI 68160 Estrogens 68160400 Estrogens S 1 MG ORAL TABS EA 90 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901995 ESTRADIESTRADI 68160 Estrogens 68160400 Estrogens S 1 MG ORAL TABS EA 90 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901914 NABUMENABUMET 28080 4 Nonsteroi 28080404 UNKNOWN S 500 MG ORAL TABS EA 14 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901930 NABUMENABUMET 28080 4 Nonsteroi 28080404 UNKNOWN S 500 MG ORAL TABS EA 30 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901949 NABUMENABUMET 28080 4 Nonsteroi 28080404 UNKNOWN S 500 MG ORAL TABS EA 90 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901832 CEFDINRCEFDINR 81206I Cephalosp 81206012 Third Gen-S 125 MG/5 ORAL SUSR ML 100 GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901832 CEFDINRCEFDINR 81206I Cephalosp 81206012 Third Gen-S 250 MG/5 ORAL SUSR ML 100 GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901760 ASPIRIN ASPIRIN 28080K Nonsteroi 28080430 Salicylates/P 325 MG ORAL TABS EA 60 GENERIC 10/10/2023 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901830 ASPIRIN ASPIRIN 28080K Nonsteroi 28080430 Salicylates/P 81 MG ORAL TBEC EA 30 GENERIC 10/10/2023 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901860 ASPIRIN ASPIRIN 28080K Nonsteroi 28080430 Salicylates/P 81 MG ORAL TBEC EA 60 GENERIC 10/10/2023 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901930 LEVETIRALEVETIRA 28129Z Anticonvul 28129200 Anticonvuls S 250 MG ORAL TABS EA 30 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901990 LEVETIRALEVETIRA 28129Z Anticonvul 28129200 Anticonvuls S 250 MG ORAL TABS EA 60 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901995 LEVETIRALEVETIRA 28129Z Anticonvul 28129200 Anticonvuls S 250 MG ORAL TABS EA 90 X GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901930 HYDROCONHYDROCO 28080B Opiate Ag 28080800 Opiate Ag S 7.5-325 MI ORAL TABS EA 30 GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901939 BENZONABENZONA 48080D Antitussiv 48080500 Antitussive/P S 500 MG ORAL TABS EA 30 GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRM
72190901930 DIAZEPADIAZEPAM 28240B Benzodiaz 28240800 Benzodiaz S 2 MG ORAL TABS EA 30 GENERIC 72189 X N EXCLUDE;REPACK;PREPACKED

72189003114 PHENTERPHENTER 282008 UNKNOW 28200804 UNKNOWN S 37.5 MG ORAL TABS EA 14 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003150 PHENTERPHENTER 282008 UNKNOW 28200804 UNKNOWN S 37.5 MG ORAL TABS EA 30 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003230 MECLIZINMECLIZIN 282208 Antihistam 58020800 Antihistam S 12.5 MG ORAL TABS EA 30 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003260 MECLIZINMECLIZIN 282208 Antihistam 58020800 Antihistam S 12.5 MG ORAL TABS EA 60 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003590 LOSARTALOSARTA 243208 Angiotens 24320800 Angiotens S 25 MG ORAL TABS EA 90 X GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003648 CIPROFLOCIPROFLO 81218 Quinolone 81218500 Quinolone S 250 MG ORAL TABS EA 6 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003530 FEXOFENFEXOFEN 40800 Second G 40800000 Second G P 180 MG ORAL TABS EA 30 GENERIC 7/30/2023 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003645 METRONIMETRONI 845404 Antibacter 84540400 Antibacter S 0.75% EXTERNACRGLA GM 45 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003730 DIETHYLDIETHYLI 282008 UNKNOW 28200804 UNKNOWN S 75 MG ORAL TB24 EA 30 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003814 CEFDINRCEFDINR 81206 Cephalosp 81206012 Third Gen/S 300 MG ORAL CAPS EA 14 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003820 CEFDINRCEFDINR 81206 Cephalosp 81206012 Third Gen/S 300 MG ORAL CAPS EA 20 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003930 AMITRIPTAMITRIPT 281604 Antidepre 28160428 Tricyclics cS 75 MG ORAL TABS EA 30 X GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003120 CARISOP CARISOP 122004 UNKNOW 12200400 UNKNOWN S 350 MG ORAL TABS EA 30 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003130 CARISOP CARISOP 122004 UNKNOW 12200400 UNKNOWN S 350 MG ORAL TABS EA 60 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003140 CARISOP CARISOP 122004 UNKNOW 12200400 UNKNOWN S 350 MG ORAL TABS EA 90 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003112 TRAMADOTRAMADO 282602 Analgetics 28260200 Analgetics S 50 MG ORAL CAPS EA 12 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003120 TRAMADOTRAMADO 282608 Opiate Ag 28260800 Opiate Ag/S 50 MG ORAL TABS EA 20 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003130 TRAMADOTRAMADO 282608 Opiate Ag 28260800 Opiate Ag/S 50 MG ORAL TABS EA 30 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003140 TRAMADOTRAMADO 282608 Opiate Ag 28260800 Opiate Ag/S 50 MG ORAL TABS EA 40 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003160 TRAMADOTRAMADO 282608 Opiate Ag 28260800 Opiate Ag/S 50 MG ORAL TABS EA 60 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003172 TRAMADOTRAMADO 282608 Opiate Ag 28260800 Opiate Ag/S 50 MG ORAL TABS EA 120 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003182 TRAMADOTRAMADO 282608 Opiate Ag 28260800 Opiate Ag/S 50 MG ORAL TABS EA 160 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003184 TRAMADOTRAMADO 282608 Opiate Ag 28260800 Opiate Ag/S 50 MG ORAL TABS EA 240 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003186 TRAMADOTRAMADO 282608 Opiate Ag 28260800 Opiate Ag/S 50 MG ORAL TABS EA 360 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003193 EMTRICITEMTRICIT 81808 Antiretrov 81808000 Nucleoside/S 200-300 M ORAL TABS EA 30 X GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003360 GABAPENGABAPEN 281208 UNKNOW 28120800 UNKNOWN S 600 MG ORAL TABS EA 60 X GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003372 GABAPENGABAPEN 281208 UNKNOW 28120800 UNKNOWN S 600 MG ORAL TABS EA 120 X GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003390 GABAPENGABAPEN 281208 UNKNOW 28120800 UNKNOWN S 600 MG ORAL TABS EA 90 X GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003128 HYDROXYHYDROXY 282402 Anxiolytics 28240200 Anxiolytics S 50 MG ORAL CAPS EA 30 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003190 HYDROXYHYDROXY 282402 Anxiolytics 28240200 Anxiolytics S 50 MG ORAL CAPS EA 90 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003618 RIZATRIPRIZATRIP 282208 Selective I 28322800 Selective I/S 5 MG ORAL TABS EA 18 GENERIC 72189 Y N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003730 LOSARTALOSARTA 243208 Angiotens 24320800 Angiotens S 100 MG ORAL TABS EA 30 X GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003790 LOSARTALOSARTA 243208 Angiotens 24320800 Angiotens S 100 MG ORAL TABS EA 90 X GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003830 ESOMEPRESOMEPR 282306 Proton-pu 58283600 Proton-pu/S 40 MG ORAL CPDR EA 30 X GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003905 DICLOFDICLOFENA 849200 UNKNOW 84920000 UNKNOWN S 1.50% EXTERNAGEL GM 100 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003230 PROPRAHPROPRAH 242000 Alpha-Adr 24200000 Alpha-Adrn/S 10 MG ORAL TABS EA 30 X GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003240 PROPRAHPROPRAH 242000 Alpha-Adr 24200000 Alpha-Adrn/S 10 MG ORAL TABS EA 60 X GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003250 PROPRAHPROPRAH 242000 Alpha-Adr 24200000 Alpha-Adrn/S 10 MG ORAL TABS EA 90 X GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003306 CIPROFLOCIPROFLO 81218 Quinolone 81218500 Quinolone S 250 MG ORAL TABS EA 6 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003430 IBUPROF IBUPROF 280804 Nonsteroi 28080404 UNKNOWN S 400 MG ORAL TABS EA 30 X GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003460 IBUPROF IBUPROF 280804 Nonsteroi 28080404 UNKNOWN S 400 MG ORAL TABS EA 60 X GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003530 LOSARTALOSARTA 243208 Angiotens 24320800 Angiotens S 50-12.5 M ORAL TABS EA 30 X GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003560 LOSARTALOSARTA 243208 Angiotens 24320800 Angiotens S 50-12.5 M ORAL TABS EA 90 X GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003535 LOSARTALOSARTA 243208 Angiotens 24320800 Angiotens S 100-25 M ORAL TABS EA 30 X GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003590 LOSARTALOSARTA 243208 Angiotens 24320800 Angiotens S 100-25 M ORAL TABS EA 90 X GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003730 LOSARTALOSARTA 243208 Angiotens 24320800 Angiotens S 100-12.5 M ORAL TABS EA 30 X GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003790 LOSARTALOSARTA 243208 Angiotens 24320800 Angiotens S 100-12.5 M ORAL TABS EA 90 X GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003960 SPIRONOSPIRONO 243220 Mineralcr 24322008 UNKNOWN S 100 MG ORAL TABS EA 30 X GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003980 TRIAMCINTRIAMCIN 840608 UNKNOW 84060800 UNKNOWN S 0.10% EXTERNACREA GM 80 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003103 COLCHICCOLCHIC 921600 UNKNOW 92160000 UNKNOWN S 0.6 MG ORAL TABS EA 3 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003260 NAPROXNAPROXE 280804 Nonsteroi 28080404 UNKNOWN S 550 MG ORAL TABS EA 60 X GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003330 HYDROXYHYDROXY 282402 Anxiolytics 28240200 Anxiolytics S 10 MG ORAL TABS EA 30 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003505 KETOROLKETOROL 520800 Nonsteroi 52080000 Nonsteroid/S 0.50% OPHTHALSOLN ML 5 GENERIC 72189 Y N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003610 DIPHENCDIPHENC 560800 Antidiarrhe 56080000 Antidiarrhe/S 2.5-0.025 M ORAL TABS EA 100 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003630 DIPHENCDIPHENC 560800 Antidiarrhe 56080000 Antidiarrhe/S 2.5-0.025 / ORAL TABS EA 30 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003704 GUAIFEN GUAIFEN 480800 Antitussive 48080000 Antitussive/P 100-10 M ORAL SOLN ML 118 GENERIC 10/13/2023 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003805 LEVOFLOLEVOFLO 81218 Quinolone 81218500 Quinolone S 750 MG ORAL TABS EA 5 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003810 LEVOFLOLEVOFLO 81218 Quinolone 81218500 Quinolone S 750 MG ORAL TABS EA 10 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003814 LEVOFLOLEVOFLO 81218 Quinolone 81218500 Quinolone S 750 MG ORAL TABS EA 14 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189003960 OXACARCARBAM 281224 UNKNOW 28122400 UNKNOWN S 150 MG ORAL TABS EA 60 X GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189004030 QUETIAPIQUETIAP 281608 Antipsych 28160804 Atypical A S 100 MG ORAL TABS EA 30 X GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189004060 QUETIAPIQUETIAP 281608 Antipsych 28160804 Atypical A S 100 MG ORAL TABS EA 60 X GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189004109 RIZATRIPRIZATRIP 282208 Selective I 28322800 Selective I/S 10 MG ORAL TBDP EA 9 GENERIC 72189 Y N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189004301 FLUOMAFLUOMA 81408 Azoles 81406000 Azoles S 150 MG ORAL TABS EA 1 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189004308 HYDROCHYDROCO 282808 Opiate Ag 28280800 Opiate Ag/C 5-325 MG ORAL TABS EA 8 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189004330 HYDROCHYDROCO 282808 Opiate Ag 28280800 Opiate Ag/C 5-325 MG ORAL TABS EA 30 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189004360 HYDROCHYDROCO 282808 Opiate Ag 28280800 Opiate Ag/C 5-325 MG ORAL TABS EA 60 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189004372 HYDROCHYDROCO 282808 Opiate Ag 28280800 Opiate Ag/C 5-325 MG ORAL TABS EA 120 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189004390 HYDROCHYDROCO 282808 Opiate Ag 28280800 Opiate Ag/C 5-325 MG ORAL TABS EA 90 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189004428 MECHAZMECHAZ 840408 Antifungal 84040808 Azoles P 2% EXTERNACRGLA GM 28 GENERIC 10/23/2023 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189004660 LEVOTHYLEVOTHY 683604 Thyroid Ag 68360400 Thyroid Ag/S 200 MCG ORAL TABS EA 90 X GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189004790 PROGESPROGEST 483200 Progestins 48320000 Progestins/S 200 MG ORAL CAPS EA 30 X GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189004830 HYDROCHYDROCO 282808 Opiate Ag 28280800 Opiate Ag/C 10-325 MG ORAL TABS EA 30 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189004860 HYDROCHYDROCO 282808 Opiate Ag 28280800 Opiate Ag/C 10-325 MG ORAL TABS EA 60 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189004872 HYDROCHYDROCO 282808 Opiate Ag 28280800 Opiate Ag/C 10-325 MG ORAL TABS EA 120 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189004890 HYDROCHYDROCO 282808 Opiate Ag 28280800 Opiate Ag/C 10-325 MG ORAL TABS EA 90 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189004930 BUPROPI BUPROPI 281604 Antidepre 28160402 Miscellaneo S 150 MG ORAL TB12 EA 30 X GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189004960 BUPROPI BUPROPI 281604 Antidepre 28160402 Miscellaneo S 150 MG ORAL TB12 EA 60 X GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189005060 PROCHLPROCHLO 282804 Nonsteroi 28080404 UNKNOWN S 25 MG ORAL CAPS EA 60 X GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189005080 PROCHLPROCHLO 282804 Nonsteroi 28080404 UNKNOWN S 25 MG ORAL CAPS EA 90 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189005130 LORAZEPLORAZEP 282408 Benzodiaz 28240800 Benzodiaz/S 0.5 MG ORAL TABS EA 30 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189005160 LORAZEPLORAZEP 282408 Benzodiaz 28240800 Benzodiaz/S 0.5 MG ORAL TABS EA 60 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189005180 HYDROCHYDROCO 282808 Opiate Ag 28280800 Opiate Ag/C 7.5-325 M ORAL TABS EA 30 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189005260 HYDROCHYDROCO 282808 Opiate Ag 28280800 Opiate Ag/C 7.5-325 M ORAL TABS EA 60 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189005290 HYDROCHYDROCO 282808 Opiate Ag 28280800 Opiate Ag/C 7.5-325 M ORAL TABS EA 90 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189005330 ARMODOARMODOX 282080 UNKNOW 28208000 UNKNOWN S 200 MG ORAL TABS EA 30 X GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189005400 NARCOSNARCSUL 929200 UNKNOW 92920000 UNKNOWN O 0.4-0.5 / ORAL CAPS EA 60 SSB 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189005530 DOXEPIN DOXEPIN 281604 Antidepre 28160428 Tricyclics cS 10 MG ORAL CAPS EA 30 X GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189005685 CHLORTHCHLORTH 242604 UNKNOW 24260400 UNKNOWN S 25 MG ORAL TABS EA 30 X GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189005730 OXYCODOXYCODO 282808 Opiate Ag 28280800 Opiate Ag/C 5-325 MG ORAL TABS EA 30 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189005760 OXYCODOXYCODO 282808 Opiate Ag 28280800 Opiate Ag/C 5-325 MG ORAL TABS EA 60 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189005790 OXYCODOXYCODO 282808 Opiate Ag 28280800 Opiate Ag/C 5-325 MG ORAL TABS EA 90 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189005820 DOXYCYDOXYCYCY 81224 Tetracyclin 81224400 Tetracyclin/S 100 MG ORAL CAPS EA 20 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189005900 GENTAMIGENTAMI 820404 Antibacter 82040400 Antibacter S 0.30% OPHTHALSOLN ML 5 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189006010 CELECOXCELECOX 280804 Nonsteroi 28080408 Cyclooxyg/S 200 MG ORAL CAPS EA 10 X GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189006030 CELECOXCELECOX 280804 Nonsteroi 28080408 Cyclooxyg/S 200 MG ORAL CAPS EA 30 X GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189006042 CELECOXCELECOX 280804 Nonsteroi 28080408 Cyclooxyg/S 200 MG ORAL CAPS EA 42 X GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189006060 CELECOXCELECOX 280804 Nonsteroi 28080408 Cyclooxyg/S 200 MG ORAL CAPS EA 60 X GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189006090 CELECOXCELECOX 280804 Nonsteroi 28080408 Cyclooxyg/S 200 MG ORAL CAPS EA 90 X GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189006115 LENZAPRLIDOCAIN 840800 Antipruritic 84080000 Antipruritic/P 4-4 % EXTERNAPTCH EA 15 GENERIC 10/13/2023 72189 N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189006260 CYCLOBECYCLOBE 122004 UNKNOW 12200400 UNKNOWN S 10 MG ORAL CP24 EA 60 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189006330 VENLAFAVENLAFA 281604 Antidepre 28160416 UNKNOWN S 37.5 MG ORAL CP24 EA 30 X GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189006360 VENLAFAVENLAFA 281604 Antidepre 28160416 UNKNOWN S 37.5 MG ORAL CP24 EA 60 X GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189006530 PHENTERPHENTER 282008 UNKNOW 28200804 UNKNOWN S 37.5 MG ORAL CAPS EA 30 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189006660 QUETIAPIQUETIAP 281608 Antipsych 28160804 Atypical A S 50 MG ORAL TABS EA 60 X GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189006830 OXYCODOXYCODO 282808 Opiate Ag 28280800 Opiate Ag/C 7.5-325 M ORAL TABS EA 30 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189006860 OXYCODOXYCODO 282808 Opiate Ag 28280800 Opiate Ag/C 7.5-325 M ORAL TABS EA 60 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189006930 RABELTERABELTE 282448 UNKNOW 28244800 Adrenals S 5 MG ORAL TABS EA 30 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189007030 LANSOPRLANSOPR 562836 Proton-pu 56283600 Proton-pu/S 30 MG ORAL CPDR EA 30 X GENERIC 72189 Y N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189007090 LANSOPRLANSOPR 562836 Proton-pu 56283600 Proton-pu/S 30 MG ORAL CPDR EA 90 GENERIC 10/23/2023 72189 Y N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189007110 KETOROLKETOROL 280804 Nonsteroi 28080404 UNKNOWN S 10 MG ORAL TABS EA 10 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189007115 KETOROLKETOROL 280804 Nonsteroi 28080404 UNKNOWN S 10 MG ORAL TABS EA 15 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189007120 KETOROLKETOROL 280804 Nonsteroi 28080404 UNKNOWN S 10 MG ORAL TABS EA 20 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189007130 KETOROLKETOROL 280804 Nonsteroi 28080404 UNKNOWN S 10 MG ORAL TABS EA 30 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189007230 CARVEDI CARVEDI 242000 Alpha-Adr 24200000 Alpha-Adrn/S 12.5 MG ORAL TABS EA 30 X GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189007390 OLMESAROLMESAR 243208 Angiotens 24320800 Angiotens S 5 MG ORAL TABS EA 90 X GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189007472 ZONISAMZONISAM 281224 UNKNOW 28122400 UNKNOWN S 25 MG ORAL CAPS EA 120 X GENERIC 72189 Y N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189007530 OXYCODOXYCODO 282808 Opiate Ag 28280800 Opiate Ag/C 7.5-325 M ORAL TABS EA 30 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189007590 OXYCODOXYCODO 282808 Opiate Ag 28280800 Opiate Ag/C 7.5-325 M ORAL TABS EA 90 GENERIC 72189 Y N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189007660 ACETAMI ACETAMI 280808 Opiate Ag 28080800 Opiate Ag/C 300-60 M ORAL TABS EA 60 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189007739 DOCUSADOCUSAK 561200 Cathartics 56120000 Cathartics P 100 MG ORAL CAPS EA 30 GENERIC 10/13/2023 72189 N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189007760 DOCUSATDOCUSA 561200 Cathartics 56120000 Cathartics P 100 MG ORAL CAPS EA 60 GENERIC 10/13/2023 72189 N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189007800 SENNOSI SENNOSI 561200 Cathartics 56120000 Cathartics P 8.6-50 M ORAL TABS EA 60 GENERIC 10/13/2023 72189 N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189007901 DICLOFDICLOFEN 849200 UNKNOW 84920000 UNKNOWN S 1% EXTERNAGEL GM 100 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189008130 ESOMEPRESOMEPR 562836 Proton-pu 56283600 Proton-pu/S 20 MG ORAL CPDR EA 30 X GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189008160 ESOMEPRESOMEPR 562836 Proton-pu 56283600 Proton-pu/S 20 MG ORAL CPDR EA 60 X GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189008180 ESOMEPRESOMEPR 562836 Proton-pu 56283600 Proton-pu/S 20 MG ORAL CPDR EA 90 X GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189008230 TRAMADOTRAMADO 282608 Opiate Ag 28260800 Opiate Ag/C 37.5-325 M ORAL TABS EA 60 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189008330 DEXMETDEXAMET 680400 Adrenals S 0.75 MG ORAL TABS EA 30 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189008490 GABAPENGABAPEN 281208 UNKNOW 28120800 UNKNOWN S 100 MG ORAL CAPS EA 30 X GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189008532 AMOXICILAMOXICIL 81216 Penicillins 81216008 Aminopens S 400 MG/5M ORAL SUSR ML 100 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189008630 CARISOP CARISOP 122004 UNKNOW 12200400 UNKNOWN S 350 MG ORAL TABS EA 30 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189008672 CARISOP CARISOP 122004 UNKNOW 12200400 UNKNOWN S 350 MG ORAL TABS EA 120 GENERIC 72189 X N EXCLUDE/REPACK PREPACKED PRODUCTIONAL BENEFIT EXCLUSION R MEDPRIM
72189008690 CARISOP CARISOP 122004 UNKNOW 12200400 UNKNOWN S 350 MG ORAL TABS EA 90 GENERIC 72189 X N EXCLUDE/REPACK PRE

72603028601	TESTOST	TESTOST	680800 Androgens	68080000 Androgens	S	200 MG/M	INTRAMU	SOLN	ML	1 X	GENERIC		72603	Y	N	FORMULARY	1 GEN	GENERICS	X	PA:X					R	MEDPRMI
72603030101	OXALIPLA	OXALIPLA	100000 Antineopla	10000000 Antineopla	S	50 MG/10	INTRAVE	SOLN	ML	10	GENERIC		72603		N	EXCLUDE SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72603030401	MESALAM	MESALAM	563600 Anti-inflam	56360000 Anti-inflam	S	1.2 GM	ORAL	TBEC	EA	120 X	GENERIC		72603		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72603030501	LACOSAM	LACOSAM	281224 UNKNOW	28122400 UNKNOW	S	10 MG/ML	ORAL	SOLN	ML	200 X	GENERIC		72603		N	FORMULARY	1 GEN	GENERICS			X	1200 IN 30 DAYS			R	MEDPRMI
72603031501	METHIMA	METHIMA	683608 Antithyroic	68360800 Antithyroic	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		72603		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72603031601	METHIMA	METHIMA	683608 Antithyroic	68360800 Antithyroic	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		72603		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72603031701	PANTOPF	PANTOPF	562836 Proton-pu	56283600 Proton-pu	S	40 MG	ORAL	PACK	EA	1 X	GENERIC		72603		N	FORMULARY	1 GEN	GENERICS					X	Must meet 5 DS Cvs TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZ	R	MEDPRMI
72603031730	PANTOPF	PANTOPF	562836 Proton-pu	56283600 Proton-pu	S	40 MG	ORAL	PACK	EA	30 X	GENERIC		72603		N	FORMULARY	1 GEN	GENERICS					X	Must meet 5 DS Cvs TRIAL OF OMEPRAZOLE (SUSP, CAP, TAB), LANSOPRAZOLE, OR PANTOPRAZ	R	MEDPRMI
72603031901	TRIAMCIN	TRIAMCIN	840608 UNKNOW	84060800 UNKNOW	S	0.05%	EXTERNA	OINT	GM	430	GENERIC		72603		N	EXCLUDE EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72603032201	CLINDAM	CLINDAM	840404 Antibacter	84040400 Antibacter	S	1.2-5 %	EXTERNA	GEL	GM	45	GENERIC		72603		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72603032401	LOTEPRE	LOTEPRE	520808 Corticoste	52080800 Corticoste	S	0.50%	OPHTHAL	SUSP	ML	5	GENERIC		72603		N	FORMULARY	1 GEN	GENERICS			X	10 IN 7 DAYS			R	MEDPRMI
72603032402	LOTEPRE	LOTEPRE	520808 Corticoste	52080800 Corticoste	S	0.50%	OPHTHAL	SUSP	ML	10	GENERIC		72603		N	FORMULARY	1 GEN	GENERICS			X	10 IN 7 DAYS			R	MEDPRMI
72603032403	LOTEPRE	LOTEPRE	520808 Corticoste	52080800 Corticoste	S	0.50%	OPHTHAL	SUSP	ML	15	GENERIC		72603		N	FORMULARY	1 GEN	GENERICS			X	10 IN 7 DAYS			R	MEDPRMI
72603032501	PEMETRE	PEMETRE	100000 Antineopla	10000000 Antineopla	S	100 MG	INTRAVE	SOLR	EA	1	GENERIC		72603		N	EXCLUDE SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72603032601	CYCLOPH	CYCLOPH	100000 Antineopla	10000000 Antineopla	S	1 GM	INJECTIO	SOLR	EA	1	GENERIC		72603		N	EXCLUDE SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72603033501	AMPICILL	AMPICILL	81216 Penicillins	8121608 Aminopen	S	3 (2-1) GM	INJECTIO	SOLR	EA	1	GENERIC		72603		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72603033510	AMPICILL	AMPICILL	81216 Penicillins	8121608 Aminopen	S	3 (2-1) GM	INJECTIO	SOLR	EA	1	GENERIC		72603		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72603033601	HEPARIN	HEPARIN	201204 Anticoagu	20120416 Heparins	S	1000 UNIT	INJECTIO	SOLN	ML	2	GENERIC		72603	Y	N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72603033625	HEPARIN	HEPARIN	201204 Anticoagu	20120416 Heparins	S	1000 UNIT	INJECTIO	SOLN	ML	2	GENERIC		72603	Y	N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72603033701	POTASSI	POTASSI	401200 Replacem	40120000 Replacem	S	10 MEQ	ORAL	TBCR	EA	100 X	GENERIC		72603		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72603033801	POTASSI	POTASSI	401200 Replacem	40120000 Replacem	S	20 MEQ	ORAL	TBCR	EA	100 X	GENERIC		72603		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72603033901	ARSENIC	ARSENIC	100000 Antineopla	10000000 Antineopla	S	10 MG/10	INTRAVE	SOLN	ML	10	GENERIC		72603		N	EXCLUDE SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72603033910	ARSENIC	ARSENIC	100000 Antineopla	10000000 Antineopla	S	10 MG/10	INTRAVE	SOLN	ML	10	GENERIC		72603		N	EXCLUDE SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72603034401	LEUPROL	LEUPROL	681808 UNKNOW	68180800 UNKNOW	S	1 MG/0.2M	INJECTIO	KIT	EA	1	GENERIC		72603	Y	N	FORMULARY	4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
72603034501	PENICILL	PENICILL	81216 Penicillins	8121604 Natural Pe	S	20000000	INJECTIO	SOLR	EA	1	GENERIC		72603		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72603035010	LIDOCAIN	LIDOCAIN	720000 Local Ane	72000000 Local Ane	S	1%	INJECTIO	SOLN	ML	2	GENERIC		72603		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72603035025	LIDOCAIN	LIDOCAIN	720000 Local Ane	72000000 Local Ane	S	1%	INJECTIO	SOLN	ML	2	GENERIC		72603		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72603035101	CUPRIC C	CUPRIC C	401200 Replacem	40120000 Replacem	S	0.4 MG/ML	INTRAVE	SOLN	ML	10	GENERIC		72603		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72603035125	CUPRIC C	CUPRIC C	401200 Replacem	40120000 Replacem	S	0.4 MG/ML	INTRAVE	SOLN	ML	10	GENERIC		72603		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72603036301	AMPICILL	AMPICILL	81216 Penicillins	8121608 Aminopen	S	1 GM	INJECTIO	SOLR	EA	1	GENERIC		72603		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72603036310	AMPICILL	AMPICILL	81216 Penicillins	8121608 Aminopen	S	1 GM	INJECTIO	SOLR	EA	1	GENERIC		72603		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72603038701	TRANEXA	TRANEXA	202816 Hemostati	20281600 Hemostati	S	1000 MG/	INTRAVE	SOLN	ML	10	GENERIC		72603		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72603038710	TRANEXA	TRANEXA	202816 Hemostati	20281600 Hemostati	S	1000 MG/	INTRAVE	SOLN	ML	10	GENERIC		72603		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72603040101	TRIAMCIN	TRIAMCIN	680400 Adrenals	68040000 Adrenals	S	40 MG/ML	INJECTIO	SUSP	ML	10	GENERIC	11/30/2022	72603 Y		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72603041001	LIDOCAIN	LIDOCAIN	720000 Local Ane	72000000 Local Ane	S	2%	INJECTIO	SOLN	ML	2	GENERIC		72603		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72603041025	LIDOCAIN	LIDOCAIN	720000 Local Ane	72000000 Local Ane	S	2%	INJECTIO	SOLN	ML	2	GENERIC		72603		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72603041201	HEPARIN	HEPARIN	201204 Anticoagu	20120416 Heparins	S	5000 UNIT	INJECTIO	SOLN	ML	1	GENERIC		72603	Y	N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72603041225	HEPARIN	HEPARIN	201204 Anticoagu	20120416 Heparins	S	5000 UNIT	INJECTIO	SOLN	ML	1	GENERIC		72603	Y	N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72603041301	FESOTER	FESOTER	861204 UNKNOW	86120400 UNKNOW	S	4 MG	ORAL	TB24	EA	30 X	GENERIC		72603		N	FORMULARY	1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
72603041401	FESOTER	FESOTER	861204 UNKNOW	86120400 UNKNOW	S	8 MG	ORAL	TB24	EA	30 X	GENERIC		72603		N	FORMULARY	1 GEN	GENERICS			X	1 IN 1 DAYS			R	MEDPRMI
72603042501	PEMETRE	PEMETRE	100000 Antineopla	10000000 Antineopla	S	500 MG	INTRAVE	SOLR	EA	1	GENERIC		72603		N	EXCLUDE SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72603043004	TOBRAM	TOBRAM	81202 Aminoglyc	8120200 Aminoglyc	S	300 MG/5	INHALATI	NEBU	ML	5 X	GENERIC		72603 Y		N	FORMULARY	4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
72603043056	TOBRAM	TOBRAM	81202 Aminoglyc	8120200 Aminoglyc	S	300 MG/5	INHALATI	NEBU	ML	5 X	GENERIC		72603 Y		N	FORMULARY	4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
72603044401	AMPICILL	AMPICILL	81216 Penicillins	8121608 Aminopen	S	15 (10-5)	INTRAVE	SOLR	EA	1	GENERIC		72603		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72603044501	ARIPIPRA	ARIPIPRA	281608 Antipsych	28160804 Atypical A	S	1 MG/ML	ORAL	SOLN	ML	150 X	GENERIC		72603		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72603045301	NAFCILLI	NAFCILLI	81216 Penicillins	8121612 Penicillina	S	2 GM	INJECTIO	SOLR	EA	1	GENERIC		72603		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72603045310	NAFCILLI	NAFCILLI	81216 Penicillins	8121612 Penicillina	S	2 GM	INJECTIO	SOLR	EA	1	GENERIC		72603		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72603045401	AMPICILL	AMPICILL	81216 Penicillins	8121608 Aminopen	S	2 GM	INJECTIO	SOLR	EA	1	GENERIC		72603		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72603045410	AMPICILL	AMPICILL	81216 Penicillins	8121608 Aminopen	S	2 GM	INJECTIO	SOLR	EA	1	GENERIC		72603		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72603047401	FUROSEI	FUROSEI	243608 UNKNOW	24360800 UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	10	GENERIC		72603		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72603047425	FUROSEI	FUROSEI	243608 UNKNOW	24360800 UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	10	GENERIC		72603		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72603047601	VARENIC	VARENIC	120200 UNKNOW	12020000 UNKNOW	S	0.5 MG	ORAL	TABS	EA	56	GENERIC		72603		N	#N/A ORIG_FR	10 EHB	#N/A			X	2 IN 1 DAYS	X	IF AGE=18-999 YEARS AND D	R	MEDPRMI
72603047701	VARENIC	VARENIC	120200 UNKNOW	12020000 UNKNOW	S	1 MG	ORAL	TABS	EA	56	GENERIC		72603		N	#N/A ORIG_FR	10 EHB	#N/A			X	2 IN 1 DAYS	X	IF AGE=18-999 YEARS AND D	R	MEDPRMI
72603047801	VARENIC	VARENIC	120200 UNKNOW	12020000 UNKNOW	S	0.5 MG X	ORAL	TBPK	EA	53	GENERIC		72603		N	#N/A ORIG_FR	10 EHB	#N/A			X	2 IN 1 DAYS	X	IF AGE=18-999 YEARS AND D	R	MEDPRMI
72603050101	HEPARIN	HEPARIN	201204 Anticoagu	20120416 Heparins	S	10000 UN	INJECTIO	SOLN	ML	1	GENERIC		72603	Y	N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72603050125	HEPARIN	HEPARIN	201204 Anticoagu	20120416 Heparins	S	10000 UN	INJECTIO	SOLN	ML	1	GENERIC		72603	Y	N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72603050510	LIDOCAIN	LIDOCAIN	720000 Local Ane	72000000 Local Ane	S	2%	INJECTIO	SOLN	ML	5	GENERIC		72603		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72603050525	LIDOCAIN	LIDOCAIN	720000 Local Ane	72000000 Local Ane	S	2%	INJECTIO	SOLN	ML	5	GENERIC		72603		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72603056701	NAFCILLI	NAFCILLI	81216 Penicillins	8121612 Penicillina	S	10 GM	INTRAVE	SOLR	EA	1	GENERIC		72603		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72603057801	AMPICILL	AMPICILL	81216 Penicillins	8121608 Aminopen	S	10 GM	INTRAVE	SOLR	EA	1	GENERIC		72603		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72603059010	NALOXOI	NALOXOI	281000 Opiate An	28100000 Opiate An	S	0.4 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		72603		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72603059025	NALOXOI	NALOXOI	281000 Opiate An	28100000 Opiate An	S	0.4 MG/ML	INJECTIO	SOLN	ML	1	GENERIC		72603		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72603062001	FORMOTI	FORMOTI	121208 beta-Adre	12120812 Selective	S	20 MCG/2	INHALATI	NEBU	ML	2 X	GENERIC		72603		N	FORMULARY	1 GEN	GENERICS			X	4 IN 1 DAYS			R	MEDPRMI
72603062004	FORMOTI	FORMOTI	121208 beta-Adre	12120812 Selective	S	20 MCG/2	INHALATI	NEBU	ML	2 X	GENERIC		72603		N	FORMULARY	1 GEN	GENERICS			X	4 IN 1 DAYS			R	MEDPRMI
72603062030	FORMOTI	FORMOTI	121208 beta-Adre	12120812 Selective	S	20 MCG/2	INHALATI	NEBU	ML	2 X	GENERIC		72603		N	FORMULARY	1 GEN	GENERICS			X	4 IN 1 DAYS			R	MEDPRMI
72603062060	FORMOTI	FORMOTI	121208 beta-Adre	12120812 Selective	S	20 MCG/2	INHALATI	NEBU	ML	2 X	GENERIC		72603		N	FORMULARY	1 GEN	GENERICS			X	4 IN 1 DAYS			R	MEDPRMI
72603063004	TOBRAM	TOBRAM	81202 Aminoglyc	8120200 Aminoglyc	S	300 MG/4	INHALATI	NEBU	ML	4 X	GENERIC		72603		N	FORMULARY	4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
72603063056	TOBRAM	TOBRAM	81202 Aminoglyc	8120200 Aminoglyc	S	300 MG/4	INHALATI	NEBU	ML	4 X	GENERIC		72603		N	FORMULARY	4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
72603065001	CYANOCO	CYANOCO	880800 Vitamin B	88080000 Vitamin B	S	1000 MCG	INJECTIO	SOLN	ML	1	GENERIC		72603	Y	N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72603065025	CYANOCO	CYANOCO	880800 Vitamin B	88080000 Vitamin B	S	1000 MCG	INJECTIO	SOLN	ML	1	GENERIC		72603	Y	N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72604003201	MARPLAN	ISOCARB	281604 Antidepre	28160412 Monoamin	R	10MG	ORAL	TABS	EA	56 X	SSB		72604		N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
72606000103	LINEZOLI	LINEZOLI	81228 Antibacter	8122824 Oxazolidin	S	600 MG	ORAL	TABS	EA	30	GENERIC	1/29/2024	72606		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72606000107	LINEZOLI	LINEZOLI	81228 Antibacter	8122824 Oxazolidin	S	600 MG	ORAL	TABS	EA	20	GENERIC	1/29/2024	72606		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72606000108	LINEZOLI	LINEZOLI	81228 Antibacter	8122824 Oxazolidin	S	600 MG	ORAL	TABS	EA	30	GENERIC	1/29/2024	72606		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72606000501	PREGAB	PREGAB	281228 UNKNOW	28122800 UNKNOW	S	50 MG	ORAL	CAPS	EA	90 X	GENERIC		72606		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72606000601	PREGAB	PREGAB	281228 UNKNOW	28122800 UNKNOW	S	75 MG	ORAL	CAPS	EA	90 X	GENERIC		72606		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72606000701	PREGAB	PREGAB	281228 UNKNOW	28122800 UNKNOW	S	100 MG	ORAL	CAPS	EA	90 X	GENERIC		72606		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72606000801	PREGAB	PREGAB	281228 UNKNOW	28122800 UNKNOW	S	150 MG	ORAL	CAPS	EA	90 X	GENERIC		72606		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72606000901	SOLIFEN	SOLIFEN	861204 UNKNOW	86120400 UNKNOW	S	5 MG	ORAL	TABS	EA	30 X	GENERIC	1/31/2024	72606		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72606001001	SOLIFEN	SOLIFEN	861204 UNKNOW	86120400 UNKNOW	S	10 MG	ORAL	TABS	EA	30 X	GENERIC	1/31/2024	72606		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72606001002	SOLIFEN	SOLIFEN	861204 UNKNOW	86120400 UNKNOW	S	10 MG	ORAL	TABS	EA	90 X	GENERIC	1/31/2024	72606		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72606001101	VEGZELM	BEVACIZU	100000 Antineopla	10000000 Antineopla	R	100 MG/4	INTRAVE	SOLN	ML	4	SSB		72606		N	EXCLUDE SELF_INJ	5 SPBRD	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72606001201	VEGZELM	BEVACIZU	100000 Antineopla	10000000 Antineopla	R	400 MG/16	INTRAVE	SOLN	ML	16	SSB		72606		N	EXCLUDE SELF_INJ	5 SPBRD	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72606002206	ADALIMU	ADALIMU	902416 UNKNOW	90241692 UNKNOW	R	40 MG/0.4	SUBCUTA	PSKT	EA	1 X	GENERIC		72606	Y	N	EXCLUDE EXCLUDE	4 SPGEN	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72606002209	ADALIMU	ADALIMU	902416 UNKNOW	90241692 UNKNOW	R	40 MG/0.4	SUBCUTA	AJKT	EA	1 X	GENERIC		72606	Y	N	EXCLUDE EXCLUDE	4 SPGEN	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72606002210	ADALIMU	ADALIMU	902416 UNKNOW	90241692 UNKNOW	R	40 MG/0.4	SUBCUTA	AJKT	EA	1 X	GENERIC		72606	Y	N	EXCLUDE EXCLUDE	4 SPGEN	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72606002304	YUFLYM	ADALIMU	902416 UNKNOW	90241692 UNKNOW	R	80 MG/0.8	SUBCUTA	AJKT	EA	1 X	MSB		72606	Y	N	EXCLUDE EXCLUDE	6 SPBD2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72606002307	YUFLYM	ADALIMU	902416 UNKNOW	90241692 UNKNOW	R	80 MG/0.8	SUBCUTA	AJKT	EA	1 X	MSB		72606	Y	N	EXCLUDE EXCLUDE	6 SPBD2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72606002401	YUFLYM	ADALIMU	902416 UNKNOW	90241692 UNKNOW	R	20 MG/0.2	SUBCUTA	PSKT	EA	1 X	SSB		72606	Y	N	EXCLUDE EXCLUDE	6 SPBD2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72606002501	ZYMFENT	INFLIXIM	902416 UNKNOW	90241692 UNKNOW	R	120 MG/M	SUBCUTA	AJKT	EA	1	SSB		72606	Y	N	EXCLUDE EXCLUDE	6 SPBD2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72606002502	ZYMFENT	INFLIXIM	902416 UNKNOW	90241692 UNKNOW	R	120 MG/M	SUBCUTA	AJKT	EA	1	SSB		72606	Y	N	EXCLUDE EXCLUDE	6 SPBD2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72606002510	ZYMFENT	INFLIXIM	902416 UNKNOW	90241692 UNKNOW	R	120 MG/M	SUBCUTA	PSKT	EA	1	SSB		72606	Y	N	EXCLUDE EXCLUDE	6 SPBD2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72606003006	YUFLYM	ADALIMU	902416 UNKNOW	90241692 UNKNOW	R	40 MG/0.4	SUBCUTA	PSKT	EA	1 X	MSB		72606	Y	N	EXCLUDE EXCLUDE	6 SPBD2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72606003009	YUFLYM	ADALIMU	902416 UNKNOW	90241692 UNKNOW	R	40 MG/0.4	SUBCUTA	AJKT	EA	1 X	MSB		72606	Y	N	EXCLUDE EXCLUDE	6 SPBD2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72606003010	YUFLYM	ADALIMU	902416 UNKNOW	90241692 UNKNOW	R	40 MG/0.4	SUBCUTA	AJKT	EA	1 X	MSB		72606	Y	N	EXCLUDE EXCLUDE	6 SPBD2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72606004004	ADALIMU	ADALIMU	902416 UNKNOW	90241692 UNKNOW	R	80 MG/0.8	SUBCUTA	AJKT	EA	1 X	GENERIC		72606	Y	N	EXCLUDE EXCLUDE	4 SPGEN	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72606004101	ADALIMU	ADALIMU	902416 UNKNOW	90241692 UNKNOW	R	20 MG/0.2	SUBCUTA	PSKT	EA	1 X	GENERIC		72606	Y	N	EXCLUDE EXCLUDE	4 SPGEN	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72606050602	TELMISA	TELMISA	243208 Angiotens	24320800 Angiotens	S	20 MG	ORAL	TABS	EA	30 X	GENERIC	1/31/2024	72606		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72606050603	TELMISA	TELMISA	243208 Angiotens	24320800 Angiotens	S	20 MG	ORAL	TABS	EA	30 X	GENERIC	1/31/2024	72606		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72606050702	TELMISA	TELMISA	243208 Angiotens	24320800 Angiotens	S	40 MG	ORAL	TABS	EA	30 X	GENERIC	1/31/2024	72606		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72606050703	TELMISA	TELMISA	243208 Angiotens	24320800 Angiotens	S	40 MG	ORAL	TABS	EA	30 X	GENERIC	1/31/2024	72606		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72606050802	TELMISA	TELMISA	243208 Angiotens	24320800 Angiotens	S	80 MG	ORAL	TABS	EA	30 X	GENERIC	1/31/2024	72606		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72606050803	TELMISA	TELMISA	243208 Angiotens	24320800 Angiotens	S	80 MG	ORAL	TABS	EA	30 X	GENERIC	1/31/2024	72606		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72606050902	FAMOTID	FAMOTID	562812 Histamine	56281200 Histamine	S	20 MG	ORAL	TABS	EA	100 X	GENERIC	1/31/2024	72606		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72606050904	FAMOTID	FAMOTID	562812 Histamine	56281200 Histamine	S	20 MG	ORAL	TABS	EA	1000 X	GENERIC	1/31/2024	72606		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72606051002	FAMOTID	FAMOTID	562812 Histamine	56281200 Histamine	S	40 MG	ORAL	TABS	EA	100 X	GENERIC	1/31/2024	72606		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72606051004	FAMOTID	FAMOTID	562812 Histamine	56281200 Histamine	S	40 MG	ORAL	TABS	EA	1000 X	GENERIC	1/31/2024	72606		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72606051402	MEMANTI	MEMANTI	289200 Central N	28920000 Central N	S	5 MG	ORAL	TABS	EA	60 X	GENERIC		72606		N	FORMULARY	1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
72606051404	MEMANTI	MEMANTI	289200 Central N	28920000 Central N	S	5 MG	ORAL	TABS	EA	500 X	GENERIC		72606		N	FORMULARY	1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
72606051502	MEMANTI	MEMANTI	289200 Central N	28920000 Central N	S	10 MG	ORAL	TABS	EA	60 X	GENERIC		72606		N	FORMULARY	1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
72606051504	MEMANTI	MEMANTI	289200 Central N	28920000 Central N	S	10 MG	ORAL	TABS	EA	500 X	GENERIC		72606		N	FORMULARY	1 GEN	GENERICS			X	2 IN 1 DAYS			R	MEDPRMI
72606056601	ABIRATEI	ABIRATEI	100000 Antineopla	10000000 Antineopla	S	250 MG	ORAL	TABS	EA	120	GENERIC		72606		N	FORMULARY	4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
72606056701	ZOLMITRI	ZOLMITRI	283228 Selective	28322800 Selective	S	2.5 MG	ORAL	TABS	EA	6	GENERIC		72606		N	FORMULARY	1 GEN	GENERICS			X	18 IN 30 DAYS	X	Must meet 5 DS Imitr TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS	R	MEDPRMI
72606056801	ZOLMITRI	ZOLMITRI	283228 Selective	28322800 Selective	S	5 MG	ORAL	TABS	EA	3	GENERIC		72606		N	FORMULARY	1 GEN	GENERICS			X	18 IN 30 DAYS	X	Must meet 5 DS Imitr TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS	R	MEDPRMI
72606057001	PIOGLITA	PIOGLITA	682028 Thiazolidi	68202800 Thiazolidi	S	15 MG	ORAL	TABS	EA	30 X	GENERIC	1/16/2024	72606 Y		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72606057002	PIOGLITA	PIOGLITA	682028 Thiazolidi	68202800 Thiazolidi	S	15 MG	ORAL	TABS	EA	90 X	GENERIC	1/16/2024	72606 Y		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72606057003	PIOGLITA	PIOGLITA	682028 Thiazolidi	68202800 Thiazolidi	S	15 MG	ORAL	TABS	EA	500 X	GENERIC	1/16/2024	72606 Y		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72606057101	PIOGLITA	PIOGLITA	682028 Thiazolidi	68202800 Thiazolidi	S	30 MG	ORAL	TABS	EA	30 X	GENERIC	1/16/2024	72606 Y		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72606057102	PIOGLITA	PIOGLITA	682028 Thiazolidi	68202800 Thiazolidi	S	30 MG	ORAL	TABS	EA	90 X	GENERIC	1/16/2024	72606 Y		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72606057103	PIOGLITA	PIOGLITA	682028 Thiazolidi	68202800 Thiazolidi	S	30 MG	ORAL	TABS	EA	500 X	GENERIC	1/16/2024	72606 Y		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72606057201	PIOGLITA	PIOGLITA	682028 Thiazolidi	68202800 Thiazolidi	S	45 MG	ORAL	TABS	EA	30 X	GENERIC	1/16/2024	72606		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72606057202	PIOGLITA	PIOGLITA	682028 Thiazolidi	68202800 Thiazolidi	S	45 MG	ORAL	TABS	EA	90 X	GENERIC	1/16/2024	72606		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72606057203	PIOGLITA	PIOGLITA	682028 Thiazolidi	68202800 Thiazolidi	S	45 MG	ORAL	TABS	EA	500 X	GENERIC	1/16/2024	72606		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72606057301	ABIRATEI	ABIRATEI	100000 Antineopla	10000000 Antineopla	S	500 MG	ORAL	TABS	EA	60	GENERIC		72606		N	FORMULARY	4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
72607010000	TAZVERI	TAZEMET	100000 Antineopla	10000000 Antineopla	R	200MG	ORAL	TABS	EA	240	SSB		72607		N	FORMULARY	5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X					R	MEDPRMI
72611063401	CLINDAM	CLINDAM	81228 Antibacter	8122820 Lincomyci	S	300 MG/2	INJECTIO	SOLN	ML	2	GENERIC	1/30/2023	72611		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72611063425	CLINDAM	CLINDAM	81228 Antibacter	8122820 Lincomyci	S	300 MG/2	INJECTIO	SOLN	ML	2	GENERIC	1/30/2023	72611		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72611063901	CLINDAM	CLINDAM	81228 Antibacter	8122820 Lincomyci	S	600 MG/4	INJECTIO	SOLN	ML	4	GENERIC	1/30/2023	72611		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72611063925	CLINDAM	CLINDAM	81228 Antibacter	8122820 Lincomyci	S	600 MG/4	INJECTIO	SOLN	ML	4	GENERIC	1/30/2023	72611		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72611064201	CLINDAM	CLINDAM	81228 Antibacter	8122820 Lincomyci	S	900 MG/6	INJECTIO	SOLN	ML	6	GENERIC	1/30/2023	72611		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72611064225	CLINDAM	CLINDAM	81228 Antibacter	8122820 Lincomyci	S	900 MG/6	INJECTIO	SOLN	ML	6	GENERIC	1/30/2023	72611		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72611064511	CLINDAM	CLINDAM	81228 Antibacter	8122820 Lincomyci	S	9 GM/60M	INJECTIO	SOLN	ML	60	GENERIC	1/30/2023	72611		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72611064555	CLINDAM	CLINDAM	81228 Antibacter	8122820 Lincomyci	S	9 GM/60M	INJECTIO	SOLN	ML	60	GENERIC	1/30/2023	72611		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72611070001	CASPOFL	CASPOFL	81416 Echinocan	8141600 Echinocan	S	50 MG	INTRAVE	SOLR	EA	1	GENERIC	11/11/2024	72611		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72611070201	CASPOFL	CASPOFL	81416 Echinocan	8141600 Echinocan	S	70 MG	INTRAVE	SOLR	EA	1	GENERIC	11/7/2023	72611		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72611071601	DEXRAZO	DEXRAZO	910412 UNKNOW	91041200 UNKNOW	S	500 MG	INTRAVE	SOLR	EA	1	GENERIC		72611		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72611071672	DEXRAZO	DEXRAZO	910412 UNKNOW	91041200 UNKNOW	S	500 MG	INTRAVE	SOLR	EA	1	GENERIC		72611		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72611071901	KETOROL	KETOROL	280804 Nonsteroi	28080404 UNKNOW	S	15 MG/ML	INJECTIO	SOLN	ML	1	GENERIC	2/27/2023	72611	Y	N	FORMULARY	1 GEN	GENERICS			X	5 DAYS			R	MEDPRMI
72611071925	KETOROL	KETOROL	280804 Nonsteroi	28080404 UNKNOW	S	15 MG/ML	INJECTIO	SOLN	ML	1	GENERIC	2/27/2023	72611	Y	N	FORMULARY	1 GEN	GENERICS			X	5 DAYS			R	MEDPRMI
72611072201	KETOROL	KETOROL	280804 Nonsteroi	28080404 UNKNOW	S	30 MG/ML	INJECTIO	SOLN	ML	1	GENERIC	2/27/2023	72611	Y	N	FORMULARY	1 GEN	GENERICS			X	5 DAYS			R	MEDPRMI
72611072225	KETOROL	KETOROL	280804 Nonsteroi	28080404 UNKNOW	S	30 MG/ML	INJECTIO	SOLN	ML	1	GENERIC	2/27/2023	72611	Y	N	FORMULARY	1 GEN	GENERICS			X	5 DAYS			R	MEDPRMI
72611072501	KETOROL	KETOROL	280804 Nonsteroi	28080404 UNKNOW	S	60 MG/2M	INTRAMU	SOLN	ML	2	GENERIC	4/25/2023	72611	Y	N	FORMULARY	1 GEN	GENERICS			X	5 DAYS			R	MEDPRMI
72611072525	KETOROL	KETOROL	280804 Nonsteroi	28080404 UNKNOW	S	60 MG/2M	INTRAMU	SOLN	ML	2	GENERIC	4/25/2023	72611	Y	N	FORMULARY	1 GEN	GENERICS			X	5 DAYS			R	MEDPRMI
72611073401	LABETAL	LABETAL	242000 Alpha-Adr	24200000 Alpha-Adr	S	5 MG/ML	INTRAVE	SOLN	ML	20	GENERIC		72611		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72611073801	LABETAL	LABETAL	242000 Alpha-Adr	24200000 Alpha-Adr	S	5 MG/ML	INTRAVE	SOLN	ML	40	GENERIC		72611		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72611074001	METOPR	METOPR	242000 Alpha-Adr	24200000 Alpha-Adr	S	5 MG/5ML	INTRAVE	SOLN	ML	5	GENERIC	11/11/2024	72611		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72611074010	METOPR	METOPR	242000 Alpha-Adr	24200000 Alpha-Adr	S	5 MG/5ML	INTRAVE	SOLN	ML	5	GENERIC	11/11/2024	72611		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72611074101	MIDAZOL	MIDAZOL	282408 Benzodiaz	28240800 Benzodiaz	S	2 MG/2ML	INJECTIO	SOLN	ML	2	GENERIC	9/25/2023	72611		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72611074125	MIDAZOL	MIDAZOL	282408 Benzodiaz	28240800 Benzodiaz	S	2 MG/2ML	INJECTIO	SOLN	ML	2	GENERIC	9/25/2023	72611		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72611074901	MIDAZOL	MIDAZOL	282408 Benzodiaz	28240800 Benzodiaz	S	50 MG/10	INJECTIO	SOLN	ML	10	GENERIC		72611		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72611074910	MIDAZOL	MIDAZOL	282408 Benzodiaz	28240800 Benzodiaz	S	50 MG/10	INJECTIO	SOLN	ML	10	GENERIC		72611		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72611075601	ROCURO	ROCURO	122020 UNKNOW	12202000 UNKNOW	S	50 MG/5M	INTRAVE	SOLN	ML	5	GENERIC		72611		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72611075610	ROCURO	ROCURO	122020 UNKNOW	12202000 UNKNOW	S	50 MG/5M	INTRAVE	SOLN	ML	5	GENERIC		72611		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72611075701	ROCURO	ROCURO	122020 UNKNOW	12202000 UNKNOW	S	100 MG/1	INTRAVE	SOLN	ML	10	GENERIC	2/17/2023	72611		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72611075710	ROCURO	ROCURO	122020 UNKNOW	12202000 UNKNOW	S	100 MG/1	INTRAVE	SOLN	ML	10	GENERIC	2/17/2023	72611		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72611076001	TRANEXA	TRANEXA	202816 Hemostati	20281600 Hemostati	S	1000 MG/	INTRAVE	SOLN	ML	10	GENERIC	2/17/2023	72611		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72611076010	TRANEXA	TRANEXA	202816 Hemostati	20281600 Hemostati	S	1000 MG/	INTRAVE	SOLN	ML	10	GENERIC	2/17/2023	72611		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72611076101	VANCOM	VANCOM	81228 Antibacter	8122816 Glycopept	S	500 MG	INTRAVE	SOLR	EA	1	GENERIC		72611		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72611076110	VANCOM	VANCOM	81228 Antibacter	8122816 Glycopept	S	500 MG	INTRAVE	SOLR	EA	1	GENERIC		72611		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72611076501	VANCOM	VANCOM	81228 Antibacter	8122816 Glycopept	S	1 GM	INTRAVE	SOLR	EA	1	GENERIC	12/4/2024	72611		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72611076510	VANCOM	VANCOM	81228 Antibacter	8122816 Glycopept	S	1 GM	INTRAVE	SOLR	EA	1	GENERIC	12/4/2024	72611		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72611078001	TEMSIRO	TEMSIRO	100000 Antineopla	10000000 Antineopla	S	25 MG/ML	INTRAVE	SOLN	ML	1	GENERIC		72611		N	EXCLUDE SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72611078502	TEMSIRO	TEMSIRO	100000 Antineopla	10000000 Antineopla	S	25 MG/ML	INTRAVE	SOLN	ML	1	GENERIC		72611		N	EXCLUDE SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72611086001	ACETYLC	ACETYLC	910400 UNKNOW	91040000 UNKNOW	S	200 MG/M	INTRAVE	SOLN	ML	30	GENERIC		72611		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72611086004	ACETYLC	ACETYLC	910400 UNKNOW	91040000 UNKNOW	S	200 MG/M	INTRAVE	SOLN	ML	30	GENERIC		72611		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72611087410	REGADEI	REGADEI	361800 Cardiac F	36180000 Cardiac F	S	0.4 MG/5N	INTRAVE	SOLN	ML	5	GENERIC		72611		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72618300002	NURTEC	RIMEGEP	283212 UNKNOW	28321200 UNKNOW	R	75 MG	ORAL	TBDP	EA	8	SSB		72618		N	FORMULARY	2 BRAND	PREFERRED BRAND	X	PA:X					R	MEDPRMI
72626260101	LEDIPAS	LEDIPAS	81840 UNKNOW	8184024 UNKNOW	S	90-400 M	ORAL	TABS	EA	28	GENERIC		72626		N	EXCLUDE HARD_M	4 SPGEN	FORMULARY EXCLUSION						PLEASE DISPENSE BRAND	R	MEDPRMI
72626270101	SOFOSBI	SOFOSBI	81840 UNKNOW	8184016 UNKNOW	S	400-100 M	ORAL	TABS	EA	28	GENERIC		72626		N	EXCLUDE HARD_M	4 SPGEN	FORMULARY EXCLUSION						PLEASE DISPENSE BRAND	R	MEDPRMI
72627210001	TESTOST	TESTOST	680800 Androgens	68080000 Androgens	R	200 MG/M	INJECTIO	SOLN	ML	30 X	NON DRUG		72627	Y	N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND	X	PA:X					R	MEDPRMI
72627220001	TESTOST	TESTOST	680800 Androgens	68080000 Androgens	R	25MG	IMPLANT	PLLT	EA	1	NON DRUG		72627		N	EXCLUDE SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72627220009	TESTOST	TESTOST	680800 Androgens	68080000 Androgens	R	25 MG	IMPLANT	PLLT	EA	10	NON DRUG		72627 N		N	EXCLUDE SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72627220101	TESTOST	TESTOST	680800 Androgens	68080000 Androgens	R	50MG	IMPLANT	PLLT	EA	1	NON DRUG		72627		N	EXCLUDE SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72627220109	TESTOST	TESTOST	680800 Androgens	68080000 Androgens	R	50 MG	IMPLANT	PLLT	EA	10	NON DRUG		72627 N		N	EXCLUDE SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72627220201	TESTOST	TESTOST	680800 Androgens	68080000 Androgens	R	100MG	IMPLANT	PLLT	EA	1	NON DRUG		72627		N	EXCLUDE SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72627220209	TESTOST	TESTOST	680800 Androgens	68080000 Androgens	R	100 MG	IMPLANT	PLLT	EA	10	NON DRUG		72627 N		N	EXCLUDE SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72627220301	TESTOST	TESTOST	680800 Androgens	68080000 Androgens	R	200MG	IMPLANT	PLLT	EA	1	NON DRUG		72627		N	EXCLUDE SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72627220309	TESTOST	TESTOST	680800 Androgens	68080000 Androgens	R	200 MG	IMPLANT	PLLT	EA	10	NON DRUG		72627 N		N	EXCLUDE SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72627220401	ESTRADI	ESTRADI	681604 Estrogens	68160400 Estrogens	R	6 MG	IMPLANT	PLLT	EA	1 X	NON DRUG		72627 N		N	EXCLUDE SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72627220409	ESTRADI	ESTRADI	681604 Estrogens	68160400 Estrogens	R	6 MG	IMPLANT	PLLT	EA	10 X	NON DRUG		72627 N		N	EXCLUDE SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72627240001	CYANOCO	CYANOCO	880800 Vitamin B	88080000 Vitamin B	R	2000 MCG	INJECTIO	SOLN	ML	30	NON DRUG		72627		N	EXCLUDE SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72627240101	EDETATE	EDETATE	640000 Heavy Me	64000000 Heavy Me	R	150 MG/M	INTRAVE	SOLN	ML	30	NON DRUG		72627		N	EXCLUDE SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72627240201	GLUTATH	GLUTATH	402000 Caloric Ag	40200000 Caloric Ag	R	6 GM/30M	INTRAVE	SOLN	ML	30	NON DRUG		72627		N	EXCLUDE SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72627240301	GLUTATH	GLUTATH	402000 Caloric Ag	40200000 Caloric Ag	R	200 MG/M	INJECTIO	SOLN	ML	30	NON DRUG		72627		N	EXCLUDE SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72627240401	ASCORBI	ASCORBI	881200 Vitamin C	88120000 Vitamin C	R	15000 MG	INTRAVE	SOLN	ML	30	NON DRUG		72627		N	EXCLUDE SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72627240501	ASCORBI	ASCORBI	881200 Vitamin C	88120000 Vitamin C	R	15000 MG	INTRAVE	SOLN	ML	30	NON DRUG		72627		N	EXCLUDE SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72627240601	ALPHA-LI	ALPHA-LI	929200 UNKNOW	92920000 UNKNOW	R	25 MG/ML	INJECTIO	SOLN	ML	30	GENERIC		72627		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72627241102	COENZY	UBIQUIN	929200 UNKNOW	92920000 UNKNOW	R	20 MG/ML	INJECTIO	SOLN	ML	10	NON DRUG		72627		N	EXCLUDE SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72627241201	DEXPANT	DEXPANT	880800 Vitamin B	88080000 Vitamin B	R	250 MG/M	INJECTIO	SOLN	ML	30	NON DRUG		72627	Y	N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
72627241401	L-ARGINI	ARGININE	402000 Caloric Ag	40200000 Caloric Ag	R	6 GM/30M	INJECTIO	SOLN	ML	30	NON DRUG		72627		N	EXCLUDE SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72627241501	L-CARNIT	LEVOCAR	929200 UNKNOW	92920000 UNKNOW	R	500 MG/M	INJECTIO	SOLN	ML	30	NON DRUG		72627		N	EXCLUDE SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72627241601	GLYCINE	GLYCINE	402000 Caloric Ag	40200000 Caloric Ag	R	50 MG/ML	INJECTIO	SOLN	ML	30	NON DRUG		72627		N	EXCLUDE SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72627241701	L-LYSINE	LYSINE H	402000 Caloric Ag	40200000 Caloric Ag	R	100 MG/M	INJECTIO	SOLN	ML	30	NON DRUG		72627		N	EXCLUDE SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72627241801	LIPO	CHOLINE	562400 Lipotropic	56240000 Lipotropic	R	50MG/ML-	INTRAMU	SOLN	ML	30	NON DRUG		72627		N	EXCLUDE SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72627241901	LIPO-B	CYANOCO	880800 Vitamin B	88080000 Vitamin B	R	50MG/ML-	INTRAMU	SOLN	ML	30	NON DRUG		72627		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72627241902	LIPO-B	CYANOCO	880800 Vitamin B	88080000 Vitamin B	R	50MG/ML-	INTRAMU	SOLN	ML	10	NON DRUG		72627		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72627242001	LIPO-C	METHION	562400 Lipotropic	56240000 Lipotropic	R	50MG/ML-	INTRAMU	SOLN	ML	30	SSB		72627		N	EXCLUDE SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72627242101	METHYLC	METHYLC	880800 Vitamin B	88080000 Vitamin B	R	10000 MC	INJECTIO	SOLR	EA	1	GENERIC		72627	Y	N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72627242201	METHYLC	METHYLC	880800 Vitamin B	88080000 Vitamin B	R	50000 MC	INJECTIO	SOLR	EA	1	GENERIC		72627		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72627242401	PYRIDOX	PYRIDOX	880800 Vitamin B	88080000 Vitamin B	R	100 MG/M	INJECTIO	SOLN	ML	30	GENERIC		72627	Y	N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72627242501	TAURINE	TAURINE	402000 Caloric Ag	40200000 Caloric Ag	R	50 MG/ML	INJECTIO	SOLN	ML	30	NON DRUG		72627		N	EXCLUDE SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72627242601	TRI-AMIN	ARGININE	402000 Caloric Ag	40200000 Caloric Ag	R	100MG/M	INJECTIO	SOLN	ML	30	SSB		72627		N	EXCLUDE SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72627242701	B-COMPL	B-COMPL	880800 Vitamin B	88080000 Vitamin B	R	2MG/ML-1	INJECTIO	SOLN	ML	30	GENERIC	3/12/2024	72627	Y	N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72627243001	SODIUM	SODIUM	400800 Alkalinizin	40080000 Alkalinizin	R	8.40%	INTRAVE	SOLN	ML	30	NON DRUG		72627		N	EXCLUDE SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72627250003	BI-MIX	PAPAVER	240816 Central A	24081600 Central A	R	150-5 MG	INTRACA	SOLR	EA	1	SSB		72627		N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
72627250103	SUPER B	PAPAVER	240816 Central A	24081600 Central A	R	150-10 M	INTRACA	SOLR	EA	1	SSB		72627		N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
72627250207	PHENYLE	PHENYLE	121204 alpha-Adr	12120400 alpha-Adr	R	2 MG/2ML	INJECTIO	SOLN	ML	2	NON DRUG		72627		N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
72627250303	QUAD-MI	PAPAVER	240816 Central A	24081600 Central A	R	150-10-0.1	INTRACA	SOLR	EA	1	SSB		72627		N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
72627250403	SUPER Q	PAPAVER	240816 Central A	24081600 Central A	R	150-20-0.2	INTRACA	SOLR	EA	1	SSB		72627		N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
72627250503	TRI-MIX	PAPAVER	240816 Central A	24081600 Central A	R	150-5-50	INTRACA	SOLR	EA	1	SSB		72627	Y	N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
72627250603	SUPER TI	PAPAVER	240816 Central A	24081600 Central A	R	150-10-10	INTRACA	SOLR	EA	1	SSB		72627	Y	N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
72627260004	BACTERI	WATER F	960000 Pharmace	96000000 Pharmace	R	.9%-0	INJECTIO	SOLN	ML	6	NON DRUG		72627	Y	N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
72627260005	BACTERI	WATER F	960000 Pharmace	96000000 Pharmace	R	.9%-0	INJECTIO	SOLN	ML	12	NON DRUG		72627	Y	N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
72647033001	PYRIMET	PYRIMET	83008 Antimalari	8300800 Antimalari	S	25 MG	ORAL	TABS	EA	100	GENERIC	9/28/2023	72647		N	FORMULARY	4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
72647033003	PYRIMET	PYRIMET	83008 Antimalari	8300800 Antimalari	S	25 MG	ORAL	TABS	EA	30	GENERIC	4/30/2024	72647		N	FORMULARY	4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
72647033101	METHYLF	METHYLF	680400 Adrenals	68040000 Adrenals	S	4 MG	ORAL	TABS	EA	100	GENERIC	1/31/2024	72647		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72647033104	METHYLF	METHYLF	680400 Adrenals	68040000 Adrenals	S	4 MG	ORAL	TBPK	EA	21	GENERIC	1/31/2024	72647		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72647037130	DEFERAS	DEFERAS	640000 Heavy Me	64000000 Heavy Me	S	90 MG	ORAL	PACK	EA	30 X	GENERIC	1/31/2024	72647		N	FORMULARY	4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
72647037230	DEFERAS	DEFERAS	640000 Heavy Me	64000000 Heavy Me	S	180 MG	ORAL	PACK	EA	30 X	GENERIC	1/31/2024	72647		N	FORMULARY	4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
72647037330	DEFERAS	DEFERAS	640000 Heavy Me	64000000 Heavy Me	S	360 MG	ORAL	PACK	EA	30 X	GENERIC	1/31/2024	72647		N	FORMULARY	4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
72647090001	BETAINE	BETAINE	929200 UNKNOW	92920000 UNKNOW	S	0	ORAL	POWD	GM	180 X	GENERIC	4/30/2024	72647		N	FORMULARY	4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
72664021101	NADOLOI	NADOLOI	242000 Alpha-Adr	24200000 Alpha-Adr	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		72664		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72664021201	NADOLOI	NADOLOI	242000 Alpha-Adr	24200000 Alpha-Adr	S	40 MG	ORAL	TABS	EA	100 X	GENERIC		72664		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72664021301	NADOLOI	NADOLOI	242000 Alpha-Adr	24200000 Alpha-Adr	S	80 MG	ORAL	TABS	EA	100 X	GENERIC		72664		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72664021490	CLOMIPR	CLOMIPR	281604 Antidepre	28160428 Tricyclics	S	25 MG	ORAL	CAPS	EA	90 X	GENERIC		72664		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72664021590	CLOMIPR	CLOMIPR	281604 Antidepre	28160428 Tricyclics	S	50 MG	ORAL	CAPS	EA	90 X	GENERIC		72664		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72664021690	CLOMIPR	CLOMIPR	281604 Antidepre	28160428 Tricyclics	S	75 MG	ORAL	CAPS	EA	90 X	GENERIC		72664		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72664021701	URSODIC	URSODIO	561400 Cholelitho	56140000 Cholelitho	S	300 MG	ORAL	CAPS	EA	100 X	GENERIC		72664		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72664061128	LEUPROL	LEUPROL	681808 UNKNOW	68180800 UNKNOW	S	1 MG/0.2M	INJECTIO	KIT	EA	1	GENERIC		72664	Y	N	FORMULARY	4 SPGEN	SPECIALTY GENERICS	X	PA:X					R	MEDPRMI
72677055101	UPLIZNA	INEBILIZ	901204 UNKNOW	90120400 UNKNOW	R	100 MG/1	INTRAVE	SOLN	ML	10	SSB	5/30/2022	72677		N	EXCLUDE SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72677055103	UPLIZNA	INEBILIZ	901204 UNKNOW	90120400 UNKNOW	R	100 MG/1	INTRAVE	SOLN	ML	10	SSB	5/30/2022	72677		N	EXCLUDE SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72678000101	SCARSILI	OCCLUSI	940000 Devices	94000000 Devices	R	0	DOES NO	SHEE	EA	4	NON DRUG		72678		N	EXCLUDE N/A: [DRU	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72678000201	SCARSILI	SCAR TRI	849200 Skin and	84920000 Skin and	R	0	EXTERNA	GEL	GM	25	SSB		72678		N	EXCLUDE EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72678000301	ACESO A	SILVER	849200 Skin and	84920000 Skin and	R	0	EXTERNA	PADS	EA	4	SSB		72678		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72678000501	CELLPAD	OCCLUSI	940000 Devices	94000000 Devices	R	0	DOES NO	SHEE	EA	2	NON DRUG		72678		N	EXCLUDE N/A: [DRU	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72678000601	PROSILK	OCCLUSI	940000 Devices	94000000 Devices	R	0	DOES NO	SHEE	EA	2	NON DRUG		72678		N	EXCLUDE N/A: [DRU	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72678000701	PROSILK	SILICONE	842412 Basic Oint	84241200 Basic Oint	R	0	EXTERNA	GEL	GM	25	SSB		72678		N	EXCLUDE EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72678001801	ZALVIT	PRENATA	882800 Multivitam	88280000 Multivitam	R	13-1 MG	ORAL	TABS	EA	30	SSB		72678		N	EXCLUDE N/A: [DRU	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72678001901	BACICAP	PROBIOT	560800 Antidiarrh	56080000 Antidiarrh	O	0-0-0-0	ORAL	CAPS	EA	30	SSB		72678		N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72678002007	HAPRODI	WOUND D	849200 Skin and	84920000 Skin and	R	0	EXTERNA	GEL	GM	30	SSB		72678		N	EXCLUDE EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72678003101	VITASUR	B-COMPL	882800 Multivitam	88280000 Multivitam	S	1 MG	ORAL	TABS	EA	30	GENERIC		72678		N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72678003301	HALUCOI	DERMATC	849200 Skin and	84920000 Skin and	R	0-0-0-0-0	EXTERNA	GEL	GM	30	SSB		72678		N	EXCLUDE EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72678003401	XUREA	UREA	842800 Keratolytic	84280000 Keratolytic	S	39%	EXTERNA	CREA	GM	227	GENERIC		72678 N		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72682224301	ASCORBI	ASCORBI	881200 Vitamin C	88120000 Vitamin C	R	500 MG/M	INJECTIO	SOLN	ML	10	GENERIC		72682		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72682224303	ASCORBI	ASCORBI	881200 Vitamin C	88120000 Vitamin C	R	500 MG/M	INJECTIO	SOLN	ML	30	GENERIC		72682		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72682262500	AMINOPF	AMINO AC	402000 Caloric Ag	40200000 Caloric Ag	R	5%	INTRAVE	SOLN	ML	1000	SSB		72682		N	EXCLUDE SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72682272601	ASCORBI	ASCORBI	881200 Vitamin C	88120000 Vitamin C	R	500 MG/M	INJECTIO	SOLN	ML	10	GENERIC		72682		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72682272603	ASCORBI	ASCORBI	881200 Vitamin C	88120000 Vitamin C	R	500 MG/M	INJECTIO	SOLN	ML	30	GENERIC		72682		N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72694051501	ASPARLA	CALASPA	100000 Antineopla	10000000 Antineopla	R	3750 UNIT	INTRAVE	SOLN	ML	5	SSB		72694		N	EXCLUDE SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72694061760	TIBSOVO	IVOSIDEN	100000 Antineopla	10000000 Antineopla	R	250 MG	ORAL	TABS	EA	60	SSB		72694		N	FORMULARY	5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X					R	MEDPRMI
72694072840	VORANIG	VORASID	100000 Antineopla	10000000 Antineopla	R	40 MG	ORAL	TABS	EA	30	SSB		72694		N	FORMULARY	5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X					R	MEDPRMI
72694087910	VORANIG	VORASID	100000 Antineopla	10000000 Antineopla	R	10 MG	ORAL	TABS	EA	30	SSB		72694		N	FORMULARY	5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X					R	MEDPRMI
72694095401	ONCASPA	PEGASPA	100000 Antineopla	10000000 Antineopla	R	750 UNIT/	INJECTIO	SOLN	ML	5	SSB		72694		N	EXCLUDE SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72721172505	CLOZAPI	CLOZAPI	281608 Antipsych	28160804 Atypical A	S	25 MG	ORAL	TABS	EA	100	GENERIC	10/25/2022	72721		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72721175005	CLOZAPI	CLOZAPI	281608 Antipsych	28160804 Atypical A	S	50 MG	ORAL	TABS	EA	100	GENERIC	10/25/2022	72721		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72721176005	CLOZAPI	CLOZAPI	281608 Antipsych	28160804 Atypical A	S	100 MG	ORAL	TABS	EA	100	GENERIC	10/25/2022	72721		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72721177005	CLOZAPI	CLOZAPI	281608 Antipsych	28160804 Atypical A	S	200 MG	ORAL	TABS	EA	100	GENERIC	10/26/2022	72721		N	FORMULARY	1 GEN	GENERICS							R	MEDPRMI
72730010101	TRUSELT	INFIGRAT	100000 Antineopla	10000000 Antineopla	R	100 & 25	ORAL	CPPK	EA	42	SSB	3/31/2023	72730		N	EXCLUDE RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72730011101	TRUSELT	INFIGRAT	100000 Antineopla	10000000 Antineopla	R	100 MG	ORAL	CPPK	EA	21	SSB	3/31/2023	72730		N	EXCLUDE RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
72730020201	TRUSELT	INFIGRAT	100000 Antineopla	10000000 Antineopla	R	25 MG	ORAL	CPPK	EA	63	SSB	3/31/2023	72730		N	EXCLUDE RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI

72789011790	DIETHYL	DIETHYL	282008	UNKNOW	28200804	UNKNOW	S	25 MG	ORAL	TABS	EA	90		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789011801	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	100		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789011820	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	20		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789011990	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	125 MCG	ORAL	TABS	EA	90	X	GENERIC	8/17/2022	72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789012090	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789012108	MISOPR	MISOPR	562828	Prostaglan	56282800	Prostaglan	S	100 MCG	ORAL	TABS	EA	8	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789012230	METAXAL	METAXAL	122004	UNKNOW	12200400	UNKNOW	S	800 MG	ORAL	TABS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789012330	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789012360	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789012390	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789012401	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	100		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789012550	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	50		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789012690	ARMODA	ARMODA	282080	UNKNOW	28208000	UNKNOW	S	150 MG	ORAL	TABS	EA	90	X	GENERIC	8/17/2022	72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789012790	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC	1/18/2022	72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789012804	MISOPR	MISOPR	562828	Prostaglan	56282800	Prostaglan	S	200 MCG	ORAL	TABS	EA	4	X	GENERIC	8/23/2022	72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789012813	MISOPR	MISOPR	562828	Prostaglan	56282800	Prostaglan	S	200 MCG	ORAL	TABS	EA	13	X	GENERIC	8/17/2022	72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789012930	AZATHIO	AZATHIO	902808	UNKNOW	90280892	UNKNOW	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789013030	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789013090	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789013130	ACARBOS	ACARBOS	682002	Alpha-Glu	68200200	Alpha-Glu	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789013160	ACARBOS	ACARBOS	682002	Alpha-Glu	68200200	Alpha-Glu	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789013190	ACARBOS	ACARBOS	682002	Alpha-Glu	68200200	Alpha-Glu	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789013230	ACARBOS	ACARBOS	682002	Alpha-Glu	68200200	Alpha-Glu	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789013260	ACARBOS	ACARBOS	682002	Alpha-Glu	68200200	Alpha-Glu	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789013290	ACARBOS	ACARBOS	682002	Alpha-Glu	68200200	Alpha-Glu	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789013330	ACARBOS	ACARBOS	682002	Alpha-Glu	68200200	Alpha-Glu	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789013360	ACARBOS	ACARBOS	682002	Alpha-Glu	68200200	Alpha-Glu	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789013390	ACARBOS	ACARBOS	682002	Alpha-Glu	68200200	Alpha-Glu	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789013424	CHLORPH	CHLORPH	40400	First Gene	4040000	First Gene	P	4 MG	ORAL	TABS	EA	24		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789013501	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	160 MG	ORAL	TABS	EA	100	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789013601	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	240 MG	ORAL	TABS	EA	100	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789013701	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	TABS	EA	100	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789013801	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	120 MG	ORAL	TABS	EA	100	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789013901	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	100		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789014001	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789014101	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	100		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789014260	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	30 MG	ORAL	TABS	EA	60		GENERIC	4/15/2024	72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789014330	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789014430	ATENOL	ATENOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789014490	ATENOL	ATENOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789014530	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	30	X	GENERIC	10/11/2024	72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789014606	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	250 MG	ORAL	TABS	EA	6		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789014620	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	250 MG	ORAL	TABS	EA	20		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789014628	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	250 MG	ORAL	TABS	EA	28		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789014703	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	3		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789014704	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	4		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789014710	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	10		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789014714	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	14		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789014720	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	20		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789014728	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	28		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789014730	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789014809	PHENAZ	PHENAZ	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	9		GENERIC	1/2/2024	72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789014969	BALSALA	BALSALA	563600	Anti-inflam	56360000	Anti-inflam	S	750 MG	ORAL	CAPS	EA	280		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789015030	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	25 MCG	ORAL	TABS	EA	30	X	GENERIC	8/17/2022	72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789015090	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	25 MCG	ORAL	TABS	EA	90	X	GENERIC	8/17/2022	72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789015106	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	6		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789015130	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789015260	LEVETIR	LEVETIR	281292	Anticonvul	28129200	Anticonvul	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789015330	ATORVAS	ATORVAS	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		72789	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789015430	TRAZOD	TRAZOD	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789015460	TRAZOD	TRAZOD	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789015490	TRAZOD	TRAZOD	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789015590	OMEPRA	OMEPRA	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789015615	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	15		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789015701	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789015860	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	100 MG	ORAL	TB12	EA	60	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789015928	CHROMIU	CHROMIU	401200	Replacem	40120000	Replacem	P	200 MCG	ORAL	TABS	EA	28		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789016030	PYRIDOX	PYRIDOX	880800	Vitamin B	88080000	Vitamin B	P	50 MG	ORAL	TABS	EA	30		GENERIC		72789	N	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789016130	PRAVAST	PRAVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		72789	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789016230	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50-12.5 M	ORAL	TABS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789016390	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		72789	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789016490	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789016590	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789016660	DOCUSA	DOCUSA	561200	Cathartics	56120000	Cathartics	S	250 MG	ORAL	CAPS	EA	60		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789016709	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	9		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789016720	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	20		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789016721	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	21		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789016730	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789016740	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	40		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789016830	TRAZOD	TRAZOD	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789016890	TRAZOD	TRAZOD	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789016930	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789017030	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789017101	LITHIUM	LITHIUM	282800	Antimanic	28280000	Antimanic	S	300 MG	ORAL	TBCR	EA	100	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789017130	LITHIUM	LITHIUM	282800	Antimanic	28280000	Antimanic	S	300 MG	ORAL	TBCR	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789017182	LITHIUM	LITHIUM	282800	Antimanic	28280000	Antimanic	S	300 MG	ORAL	TBCR	EA	500	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789017201	LITHIUM	LITHIUM	282800	Antimanic	28280000	Antimanic	S	600 MG	ORAL	CAPS	EA	100	X	GENERIC		72789	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789017301	LITHIUM	LITHIUM	282800	Antimanic	28280000	Antimanic	S	300 MG	ORAL	CAPS	EA	100	X	MSB		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
72789017401	LITHIUM	LITHIUM	282800	Antimanic	28280000	Antimanic	S	300 MG	ORAL	TABS	EA	100	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789017530	ADIPEX-P	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	30		MSB		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	FORMULARY EXCLUSION	R	MEDPRMI
72789017606	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	6	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789017630	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789017690	HYDROCI	HYDROCI	243620	UNKNOW	24362000	UNKNOW	S	12.5 MG	ORAL	CAPS	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789017701	PRIMIDO	PRIMIDO	281204	Anticonvul	28120400	Anticonvul	S	250 MG	ORAL	TABS	EA	100	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789017730	PRIMIDO	PRIMIDO	281204	Anticonvul	28120400	Anticonvul	S	250 MG	ORAL	TABS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789017782	PRIMIDO	PRIMIDO	281204	Anticonvul	28120400	Anticonvul	S	250 MG	ORAL	TABS	EA	500	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789017801	PRIMIDO	PRIMIDO	281204	Anticonvul	28120400	Anticonvul	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789017830	PRIMIDO	PRIMIDO	281204	Anticonvul	28120400	Anticonvul	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789017882	PRIMIDO	PRIMIDO	281204	Anticonvul	28120400	Anticonvul	S	50 MG	ORAL	TABS	EA	500	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789017990	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789018004	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	4		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789018006	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	6		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789018008	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	8		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789018015	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	15		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789018020	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	20		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789018021	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	21		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789018028	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	28		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789018030	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789018040	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	40		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789018042	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	42		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789018056	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	150 MG	ORAL	CAPS	EA	56		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789018190	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789018201	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	100		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789018290	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	90		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789018295	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	1000		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789018298	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	120		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789018330	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	TABS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789018390	TRIAMTE	TRIAMTE	402816	Potassium	40281600	Potassium	S	37.5-25 M	ORAL	TABS	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789018490	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789018520	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	20	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789018530	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789018560	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	60	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789018582	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	500	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789018590	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789018630	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789018660	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789018682	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	500	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789018690	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789018730	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789018760	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789018782	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	500	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789018790	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789018809	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	9		GENERIC	5/23/2022	72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789018921	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	21	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789018930	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789018960	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	60	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789018990	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789018993	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	180	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789018998	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	120	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789019014	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	14		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789019030	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789019098	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	120		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789019120	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	20		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789019130	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789019220	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	20	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789019221	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	21	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789019230	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789019260	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789019290	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789019293	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TABS	EA	180	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789019306	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	6		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789019310	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	10		GENERIC	4/18/2022	72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789019312	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	12		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789019314	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	14		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789019320	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	20		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789019430	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789019490	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789019506	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	6		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789019521	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	21		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789019530	METRONI	METRONI	83016	UNKNOW	8301692	UNKNOW	S	250 MG	ORAL	TABS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789019610	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	10		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789019630	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789019690	FEXOFEN	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	90		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789019730	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789019920	DOXYCY	DOXYCY	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	CAPS	EA	20		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789019937	DOXYCY	DOXYCY	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	CAPS	EA	250		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789019960	DOXYCY	DOXYCY	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	CAPS	EA	60		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789020010	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	10	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789020012	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	12	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789020015	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	15	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789020020	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	20	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789020021	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	21	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789020030	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789020040	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	40	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789020060	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789020090	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789020093	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	180	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789020106	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	6	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789020120	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	20	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789020140	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	40	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789020201	POTASSI	POTASSI	400800	Alkalinizin	40080000	Alkalinizin	S	5 MEQ (5	ORAL	TBCR	EA	100		GENERIC	10/15/2024	72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789020230	POTASSI	POTASSI	400800	Alkalinizin	40080000	Alkalinizin	S	5 MEQ (5	ORAL	TBCR	EA	30		GENERIC	10/15/2024	72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789020301	POTASSI	POTASSI	400800	Alkalinizin	40080000	Alkalinizin	S	10 MEQ (1	ORAL	TBCR	EA	100		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789020330	POTASSI	POTASSI	400800	Alkalinizin	40080000	Alkalinizin	S	10 MEQ (1	ORAL	TBCR	EA	30		GENERIC	10/15/2024	72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789020401	POTASSI	POTASSI	400800	Alkalinizin	40080000	Alkalinizin	S	15 MEQ (1	ORAL	TBCR	EA	100		GENERIC	10/15/2024	72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789020430	POTASSI	POTASSI	400800	Alkalinizin	40080000	Alkalinizin	S	15 MEQ (1	ORAL	TBCR	EA	30		GENERIC	10/15/2024	72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789020501	URSODIC	URSODIO	561400	Cholelitho	56140000	Cholelitho	S	300 MG	ORAL	CAPS	EA	100	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789020660	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789020709	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	9		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789020720	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	20		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789020721	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	21		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789020730	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789020740	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	40		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789020801	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	100		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789020902	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	2		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789020979	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	1		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789021001	PIROXICA	PIROXICA	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	CAPS	EA	100	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789021101	PIROXICA	PIROXICA	280804	Nonsteroi	28080404	UNKNOW	S	20 MG	ORAL	CAPS	EA	100	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789021206	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	6	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789021210	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	10	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789021215	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	15	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789021220	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	20	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789021221	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	21	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789021224	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	24	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789021230	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789021240	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	40	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789021290	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789021398	ABIRATE	ABIRATE	100000	Antineopla	10000000	Antineopla	S	250 MG	ORAL	TABS	EA	120		GENERIC		72789	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789021604	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	4		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789021612	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	12		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789021620	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	20		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789021630	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789021640	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	40		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789021660	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	60		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789021690	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	90		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789021760	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789021830	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789021908	NIFEDIPI	NIFEDIPI	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	CAPS	EA	8	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789022030	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	CAPS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789022090	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	CAPS	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789022130	FLUVOXA	FLUVOXA	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789022201	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	100		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789022230	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	500 MG	ORAL	TABS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789022301	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	250 MG	ORAL	TABS	EA	100		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789022401	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875 MG	ORAL	TABS	EA	100		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789022582	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	500		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789022604	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	4		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789022606	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	6		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789022615	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	15		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789022630	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789022750	HYDROCO	HYDROCO	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	50		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789022801	HYDROCO	HYDROCO	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	100		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789022901	HYDROCO	HYDROCO	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	100		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789023006	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	6		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789023012	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	12		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789023015	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	15		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789023020	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	20		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789023021	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	21		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789023030	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789023115	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	15		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789023221	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	21		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789023230	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789023310	MOXIFLO	MOXIFLO	81218	Quinolone	8121800	Quinolone	S	400 MG	ORAL	TABS	EA	10		GENERIC		72789	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789023410	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	10		GENERIC		72789	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789023507	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	7		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789023521	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	21		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789023530	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789023630	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789023701	ACETAZO	ACETAZO	524012	UNKNOW	52401200	UNKNOW	S	250 MG	ORAL	TABS	EA	100	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789023801	ACETAZO	ACETAZO	524012	UNKNOW	52401200	UNKNOW	S	125 MG	ORAL	TABS	EA	100	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789023930	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789024001	IMIPRAMI	IMIPRAMI	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789024095	IMIPRAMI	IMIPRAMI	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789024101	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	100		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789024120	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	20		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789024130	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789024150	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	50		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789024160	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	60		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789024202	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	2		GENERIC		72789	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789024206	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	6		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789024210	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	10		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789024214	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	14		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789024301	IMIPRAMI	IMIPRAMI	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789024395	IMIPRAMI	IMIPRAMI	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789024401	IMIPRAMI	IMIPRAMI	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789024495	IMIPRAMI	IMIPRAMI	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	1000	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789024528	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	250 MG	ORAL	TABS	EA	28		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789024540	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	250 MG	ORAL	TABS	EA	40		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789024698	MYCOPHI	MYCOPHI	924400	UNKNOW	92440000	UNKNOW	S	360 MG	ORAL	TBEC	EA	120	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789024798	MYCOPHI	MYCOPHI	924400	UNKNOW	92440000	UNKNOW	S	180 MG	ORAL	TBEC	EA	120	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789024805	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	5		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789024807	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	7		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789024810	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	10		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789024901	VITAMIN	ERGOCAL	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (	ORAL	CAPS	EA	100	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789024912	VITAMIN	ERGOCAL	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (	ORAL	CAPS	EA	12	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789024913	VITAMIN	ERGOCAL	881600	Vitamin D	88160000	Vitamin D	S	1.25 MG (	ORAL	CAPS	EA	13	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789025012	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	12		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789025020	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	20		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789025030	MECLIZIN	MECLIZIN	562208	Antihistam	56220800	Antihistam	P	25 MG	ORAL	CHEW	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789025182	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	500		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789025201	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	250 MG	ORAL	CAPS	EA	100		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789025320	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	20		GENERIC		72789	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789025421	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	21		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789025430	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

72789025460	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	60		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789025560	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789025606	CLORAZE	CLORAZE	282408	Benzodiaz	28240800	Benzodiaz	S	15 MG	ORAL	TABS	EA	6		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789025790	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789025814	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	14		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789025914	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	14	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789025930	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789025960	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	60	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789026090	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789026095	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	1000	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789026130	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789026160	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789026190	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789026195	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	1000	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789026230	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		72789	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789026260	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		72789	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789026290	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789026295	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789026310	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	10		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789026314	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	14		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789026390	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	90		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789026430	VALACYC	VALACYC	81832	Nucleosid	8183200	Nucleosid	S	500 MG	ORAL	TABS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789026503	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TBDP	EA	3	X	GENERIC	10/24/2024	72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789026607	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	50 MG	ORAL	TABS	EA	7	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789026720	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	20		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789026730	ACETAMI	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789026830	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	TBEC	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789026930	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	TABS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789027002	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	2		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789027010	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	10		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789027014	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	14		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789027130	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	10 MG	ORAL	TABS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789027230	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	50 MCG	ORAL	TABS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789027290	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	50 MCG	ORAL	TABS	EA	90	X	GENERIC		72789	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789027301	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-s	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789027430	DOCUSAT	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789027501	GLYBURI	GLYBURI	682020	Sulfonylur	68202000	Sulfonylur	S	5-500 MG	ORAL	TABS	EA	100	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789027601	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	100		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789027607	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	7		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789027610	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	10		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789027614	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	14		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789027620	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	20		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789027671	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	210		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789027674	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	400		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789027682	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	500		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789027685	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	330		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789027687	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	300		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789027690	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	90		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789027693	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	180		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789027720	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	20		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789027750	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	50		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789027801	MINOXIDI	MINOXIDI	240816	Central Al	24081600	Central Al	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789027901	MINOXIDI	MINOXIDI	240816	Central Al	24081600	Central Al	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789028030	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789028160	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	160 MG	ORAL	TABS	EA	60	X	GENERIC		72789	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789028230	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		72789	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789028310	SENNOSI	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6 MG	ORAL	TABS	EA	10		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789028330	SENNOSI	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6 MG	ORAL	TABS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789028430	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	30	X	GENERIC		72789	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789028490	METOPRO	METOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TB24	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789028501	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-20 MG	ORAL	CAPS	EA	100	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789028660	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TB24	EA	60	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789028714	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	14		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789028730	PHENTER	PHENTER	282008	UNKNOW	28200804	UNKNOW	S	30 MG	ORAL	CAPS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789028809	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	200 MG	ORAL	TABS	EA	9		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789028930	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789029030	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789029060	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789029090	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789029095	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789029130	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789029160	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789029182	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	500	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789029190	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789029230	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789029260	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789029282	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	100 MG	ORAL	TABS	EA	500	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789029290	SPIRONO	SPIRONO	243220	Mineraloc	24322008	UNKNOW	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789029301	PINDOLO	PINDOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789029401	PINDOLO	PINDOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789029530	DOCUSAT	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789029590	DOCUSAT	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	90		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789029630	HYDROCH	HYDROCH	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789029660	HYDROCH	HYDROCH	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789029690	HYDROCH	HYDROCH	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789029730	LEVOTHY	LEVOTHY	683604	Thyroid Ag	68360400	Thyroid Ag	S	100 MCG	ORAL	TABS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789029814	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	14		GENERIC		72789	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789029820	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	20		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789029930	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	1 MG	ORAL	TABS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789029990	ESTRADI	ESTRADI	681604	Estrogens	68160400	Estrogens	S	1 MG	ORAL	TABS	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789030004	MISOPRO	MISOPRO	562828	Prostaglan	56282800	Prostaglan	S	200 MCG	ORAL	TABS	EA	4	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789030008	MISOPRO	MISOPRO	562828	Prostaglan	56282800	Prostaglan	S	200 MCG	ORAL	TABS	EA	8	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789030020	MISOPRO	MISOPRO	562828	Prostaglan	56282800	Prostaglan	S	200 MCG	ORAL	TABS	EA	20	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789030190	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	90	X	GENERIC		72789	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789030206	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	6		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789030210	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	10		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789030212	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	12		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789030214	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	14		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789030220	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	250 MG	ORAL	TABS	EA	20		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789030301	HYDROCH	HYDROCH	243620	UNKNOW	24362000	UNKNOW	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		72789	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789030430	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789030490	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789030530	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789030630	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		72789	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789030730	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789030820	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	20		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789030837	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	250		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789030850	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	50		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789030860	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	60		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789030901	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	20 MG	ORAL	TABS	EA	100		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789030960	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	20 MG	ORAL	TABS	EA	60		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789030993	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	20 MG	ORAL	TABS	EA	180		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789031030	FENOFIBR	FENOFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	130 MG	ORAL	CAPS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789031130	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789031190	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-s	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789031230	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789031290	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	90		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789031306	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	6		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789031330	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789031360	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	60		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789031390	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	90		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789031430	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789031530	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789031630	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789031690	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789031710	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	10		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789031712	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	12		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789031715	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	15		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789031720	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	20		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789031730	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789031890	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789031906	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	6		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789031907	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	7		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789031910	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	10		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789031928	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	28		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789031930	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789031960	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	TABS	EA	60		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789032030	SIMVAST	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789032104	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	4	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789032115	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	15	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789032120	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	20	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789032130	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789032160	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789032190	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789032201	FERROUS	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	324 (65 FE	ORAL	TBEC	EA	100		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789032301	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789032314	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	14		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789032315	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	15		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789032321	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	21		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789032330	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789032360	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789032490	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789032530	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789032577	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	150		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789032590	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	90		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789032630	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789032677	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	150		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789032690	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	90		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789032720	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	20		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789032830	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789032860	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	60		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789032990	ENALAPR	ENALAPR	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789033006	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	6		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789033010	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	10		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789033014	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	14		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789033020	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	20		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789033028	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	28		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789033120	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	20	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789033130	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789033160	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789033190	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789033193	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	180	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789033260	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	60		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789033301	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	CAPS	EA	100	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789033330	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	CAPS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789033401	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	100	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789033430	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789033501	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	100	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789033530	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	CAPS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789033601	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	CAPS	EA	100	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789033630	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	75 MG	ORAL	CAPS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789033701	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789033730	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789033890	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789033930	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789034010	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	10		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789034014	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	14		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789034190	OLANZAP	OLANZAP	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789034215	ANASTRO	ANASTRO	681608	Antiestrog	68160800	Antiestrog	S	1 MG	ORAL	TABS	EA	15	X	GENERIC		72789	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789034310	CETIRIZI	CETIRIZI	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	10		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789034330	CETIRIZI	CETIRIZI	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789034387	CETIRIZI	CETIRIZI	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	300		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789034390	CETIRIZI	CETIRIZI	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789034415	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	15		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789034490	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	90		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789034530	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789034690	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-s	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789034720	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	20		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789034730	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789034787	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	300		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789034790	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	90		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789034860	TROSPIU	TROSPIU	861204	UNKNOW	86120400	UNKNOW	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789034930	TRIAZOL	TRIAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	0.25 MG	ORAL	TABS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789035010	MOXIFLO	MOXIFLO	81218	Quinolone	8121800	Quinolone	S	400 MG	ORAL	TABS	EA	10		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789035130	SILODOS	SILODOS	121604	UNKNOW	12160412	UNKNOW	S	4 MG	ORAL	CAPS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789035230	ESOMEPR	ESOMEPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC		72789	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789035301	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	250 MG	ORAL	TBEC	EA	100	X	GENERIC		72789	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789035401	DIVALPRO	DIVALPRO	281228	UNKNOW	28122800	UNKNOW	S	500 MG	ORAL	TBEC	EA	100	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789035530	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789035560	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	60		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789035590	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	90		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789035595	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	1000		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789035630	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789035660	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	60		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789035690	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	90		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789035695	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	1000		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789035730	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789035760	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	60		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789035790	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	90		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789035795	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	1000		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789035830	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789035890	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789035930	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789035990	CHLORTH	CHLORTH	243624	UNKNOW	24362400	UNKNOW	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789036206	PHENAZO	PHENAZO	840800	Antipruritic	84080000	Antipruritic	S	100 MG	ORAL	TABS	EA	6		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789036301	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	100	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789036310	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	10	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789036315	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	15	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789036320	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	20	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789036321	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	21	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789036324	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	24	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789036330	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789036340	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	40	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789036360	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789036390	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789036406	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	6	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789036410	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	10	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789036415	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	15	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789036420	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	20	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789036421	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	21	X	GENERIC		72789	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789036430	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789036440	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	40	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789036460	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789036490	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC		72789	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789036493	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	180	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789036501	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	100	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789036530	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789036560	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	60	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789036582	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	500	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789036590	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789036595	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	S	20 MEQ	ORAL	TBCR	EA	1000	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789036628	PENICILL	PENICILL	81216	Penicillins	8121604	Natural Pe	S	250 MG	ORAL	TABS	EA	28		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789036707	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	7		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789036814	CIPROFL	CIPROFL	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	14		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789036902	DOXYCYC	DOXYCYC	81224	Tetracyclin	8122400	Tetracyclin	S	100 MG	ORAL	CAPS	EA	2		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789037030	GLIMEPI	GLIMEPI	682020	Sulfonylur	68202000	Sulfonylur	S	2 MG	ORAL	TABS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789037190	TELMISA	TELMISA	243208	Angiotens	24320800	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789037290	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789037301	SULINDA	SULINDA	280804	Nonsteroi	28080404	UNKNOW	S	150 MG	ORAL	TABS	EA	100	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789037382	SULINDA	SULINDA	280804	Nonsteroi	28080404	UNKNOW	S	150 MG	ORAL	TABS	EA	500	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789037401	SULINDA	SULINDA	280804	Nonsteroi	28080404	UNKNOW	S	200 MG	ORAL	TABS	EA	100	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789037482	SULINDA	SULINDA	280804	Nonsteroi	28080404	UNKNOW	S	200 MG	ORAL	TABS	EA	500	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789037525	DIPHENO	DIPHENO	560800	Antidiarrhe	56080000	Antidiarrhe	S	2.5-0.025	ORAL	TABS	EA	25		GENERIC		72789	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789037610	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG	ORAL	TABS	EA	10		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789037790	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	90	X	GENERIC		72789	Y	X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789037830	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	TABS	EA	30		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789037990	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-s	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789038015	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	15		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789038190	HYDROCH	HYDROCH	243620	UNKNOW	24362000	UNKNOW	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789038230	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789038301	FLECAINI	FLECAINI	240404	Antiarrhyth	24040412	Class Ic A	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789038360	FLECAINI	FLECAINI	240404	Antiarrhyth	24040412	Class Ic A	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789038393	FLECAINI	FLECAINI	240404	Antiarrhyth	24040412	Class Ic A	S	100 MG	ORAL	TABS	EA	180	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789038401	FLECAINI	FLECAINI	240404	Antiarrhyth	24040412	Class Ic A	S	150 MG	ORAL	TABS	EA	100	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789038460	FLECAINI	FLECAINI	240404	Antiarrhyth	24040412	Class Ic A	S	150 MG	ORAL	TABS	EA	60	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789038493	FLECAINI	FLECAINI	240404	Antiarrhyth	24040412	Class Ic A	S	150 MG	ORAL	TABS	EA	180	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789038501	FLECAINI	FLECAINI	240404	Antiarrhyth	24040412	Class Ic A	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789038560	FLECAINI	FLECAINI	240404	Antiarrhyth	24040412	Class Ic A	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789038593	FLECAINI	FLECAINI	240404	Antiarrhyth	24040412	Class Ic A	S	50 MG	ORAL	TABS	EA	180	X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789038606	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	6		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789038610	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	10		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789038614	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	14		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789038710	NITROFU	NITROFU	83600	Urinary Ar	8360000	Urinary Ar	S	100 MG	ORAL	CAPS	EA	10		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI
72789038814	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875 MG	ORAL	TABS	EA	14		GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD	OPTIONAL BENEFIT EXCLUSION	R	MEDPRMI

72789038960	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	550 MG	ORAL	TABS	EA	60 X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789039021	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	21	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789039030	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	30	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789039190	ESOMEP	ESOMEP	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90 X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789039282	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG	ORAL	TABS	EA	500 X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789039305	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	5	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789039306	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	6	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789039309	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	9	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789039310	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	10	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789039312	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	12	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789039314	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	14	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789039315	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	15	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789039320	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	20	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789039321	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	21	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789039325	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	25	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789039330	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	30	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789039442	TERBINA	TERBINA	81404	Allylamine	8140400	Allylamine	S	250 MG	ORAL	TABS	EA	42	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789039490	TERBINA	TERBINA	81404	Allylamine	8140400	Allylamine	S	250 MG	ORAL	TABS	EA	90	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789039582	BISOPRO	BISOPRO	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	500 X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789039615	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	15	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789039690	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	90	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789039701	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	100	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789039782	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	500	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789039801	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	100	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789039882	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	500	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789039930	DOCUSA	DOCUSA	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	30	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789039960	DOCUSA	DOCUSA	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	60	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789040060	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	60 X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789040082	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	500 X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789040086	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	360 X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789040090	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	90 X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789040093	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	180 X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789040110	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	10	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789040112	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	12	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789040120	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	20	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789040121	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	21	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789040130	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	30	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789040140	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	40	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789040150	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	10 MG	ORAL	TABS	EA	50	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789040230	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30 X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789040290	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90 X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789040295	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	1000 X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789040330	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	30 X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789040390	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	90 X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789040395	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	1000 X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789040430	SILDENA	SILDENA	240812	Calcium-c	24081200	UNKNOW	S	25 MG	ORAL	TABS	EA	30	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789040490	SILDENA	SILDENA	240812	Calcium-c	24081200	UNKNOW	S	25 MG	ORAL	TABS	EA	90	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789040515	SILDENA	SILDENA	240812	Calcium-c	24081200	UNKNOW	S	50 MG	ORAL	TABS	EA	15	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789040530	SILDENA	SILDENA	240812	Calcium-c	24081200	UNKNOW	S	50 MG	ORAL	TABS	EA	30	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789040615	SILDENA	SILDENA	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	15	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789040630	SILDENA	SILDENA	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	30	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789040690	SILDENA	SILDENA	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	90	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789040730	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789040790	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	90 X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789040830	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	10 MG	ORAL	TABS	EA	30	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789040890	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	10 MG	ORAL	TABS	EA	90	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789040990	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	850 MG	ORAL	TABS	EA	90 X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789041030	FENOFIB	FENOFIB	240606	Fibric Acid	24060600	Fibric Acid	S	160 MG	ORAL	TABS	EA	30 X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789041190	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	3.125 MG	ORAL	TABS	EA	90 X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789041290	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10-20 MG	ORAL	CAPS	EA	90 X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789041321	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	21	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789041330	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	30	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789041490	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	10 MG	ORAL	TB24	EA	90 X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789041590	RAMIPRI	RAMIPRI	243204	Angiotens	24320400	Angiotens	S	2.5 MG	ORAL	CAPS	EA	90 X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789041690	VERAPAM	VERAPAM	240404	Antiarrhyt	24040424	Class IV A	S	180 MG	ORAL	TBCR	EA	90 X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789041790	OXYBUTY	OXYBUTY	861204	UNKNOW	86120400	UNKNOW	S	5 MG	ORAL	TABS	EA	90 X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789041814	AMOXICI	AMOXICI	81216	Penicillins	8121608	Aminopen	S	500-125 M	ORAL	TABS	EA	14	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789041914	DOXYCY	DOXYCY	81224	Tetracycli	8122400	Tetracycli	S	100 MG	ORAL	TABS	EA	14	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789042090	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	90 X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789042114	AMOXICI	AMOXICI	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	14	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789042297	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	S	667 MG	ORAL	CAPS	EA	200 X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789042330	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789042430	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	30 X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789042490	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	90 X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789042530	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	30 X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789042605	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	50 MG	ORAL	TABS	EA	5	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789042790	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	90 X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789042830	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	30	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789042930	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	30	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789042960	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	60	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789043090	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	10 MG	ORAL	TABS	EA	90	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789043160	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	60 X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789043290	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5-10 MG	ORAL	CAPS	EA	90 X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789043307	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	7	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789043315	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	15	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789043328	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	28	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789043330	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	30	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789043345	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	45	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789043360	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	60	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789043390	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	90	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789043479	NORGES	NORGES	681200	Contracep	68120000	Contracep	S	0.25-35 M	ORAL	TABS	EA	28 X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789043579	NORGES	NORGES	681200	Contracep	68120000	Contracep	S	0.18/0.215	ORAL	TABS	EA	28 X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789043701	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	100	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789043710	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	10	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789043720	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	20	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789043979	NORETHI	NORETHI	681200	Contracep	68120000	Contracep	S	0.35 MG	ORAL	TABS	EA	28 X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789044090	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	90 X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789044093	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	180 X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789044101	THEOPHY	THEOPHY	861600	Respirator	86160000	Respirator	S	300 MG	ORAL	TB12	EA	100 X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789044201	THEOPHY	THEOPHY	861600	Respirator	86160000	Respirator	S	450 MG	ORAL	TB12	EA	100 X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789044360	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	60 X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789044428	PHENTEF	PHENTEF	282008	UNKNOW	28200804	UNKNOW	S	37.5 MG	ORAL	TABS	EA	28	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789044502	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	2	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789044507	AZITHRO	AZITHRO	81212	Macrolide	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	7	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789044614	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	14 X	GENERIC		72789 Y		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789044715	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	15 X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789044821	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	21	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789044930	TEMAZEF	TEMAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	30	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789045079	JUNEL FE	NORETHI	681200	Contracep	68120000	Contracep	S	1-20 MG-M	ORAL	TABS	EA	28 X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72789045330	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	40 MG	ORAL	TABS	EA	30 X	GENERIC		72789		X	N	EXCLUDE	REPACK: [REPACKED PROD		OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72819014906	NICARDI	NICARDI	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG/MI	INTRAVE	SOLN	ML	10	GENERIC		72819			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72819014907	NICARDI	NICARDI	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG/MI	INTRAVE	SOLN	ML	10	GENERIC		72819			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72819015110	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TABS	EA	100 X	GENERIC		72819			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72819015205	MITOMYC	MITOMYC	100000	Antineopla	10000000	Antineopla	S	5 MG	INTRAVE	SOLR	EA	1	GENERIC		72819			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72819015295	MITOMYC	MITOMYC	100000	Antineopla	10000000	Antineopla	S	5 MG	INTRAVE	SOLR	EA	1	GENERIC		72819			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72819015302	MITOMYC	MITOMYC	100000	Antineopla	10000000	Antineopla	S	20 MG	INTRAVE	SOLR	EA	1	GENERIC		72819			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72819015404	MITOMYC	MITOMYC	100000	Antineopla	10000000	Antineopla	S	40 MG	INTRAVE	SOLR	EA	1	GENERIC		72819			N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72819015508	MYCOPHI	MYCOPHI	924400	UNKNOW	92440000	UNKNOW	S	180 MG	ORAL	TBEC	EA	120 X	GENERIC		72819			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72819015608	MYCOPHI	MYCOPHI	924400	UNKNOW	92440000	UNKNOW	S	360 MG	ORAL	TBEC	EA	120 X	GENERIC		72819			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72819015703	PALIPERI	PALIPERI	281608	Antipsych	28160804	Atypical A	S	1.5 MG	ORAL	TB24	EA	30 X	GENERIC		72819			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS		R	MEDPRMI
72819015803	PALIPERI	PALIPERI	281608	Antipsych	28160804	Atypical A	S	3 MG	ORAL	TB24	EA	30 X	GENERIC		72819			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS		R	MEDPRMI
72819015903	PALIPERI	PALIPERI	281608	Antipsych	28160804	Atypical A	S	6 MG	ORAL	TB24	EA	30 X	GENERIC		72819			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS		R	MEDPRMI
72819016003	PALIPERI	PALIPERI	281608	Antipsych	28160804	Atypical A	S	9 MG	ORAL	TB24	EA	30 X	GENERIC		72819			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS		R	MEDPRMI
72819016103	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	3 MG	ORAL	TABS	EA	30	GENERIC		72819			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS		R	MEDPRMI
72819016203	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	6 MG	ORAL	TABS	EA	30	GENERIC		72819			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS		R	MEDPRMI
72819018103	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	40 MG	ORAL	TABS	EA	30 X	GENERIC		72819			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72819018209	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	80 MG	ORAL	TABS	EA	90 X	GENERIC		72819			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72819018309	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	160 MG	ORAL	TABS	EA	90 X	GENERIC		72819			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72819018409	VALSART	VALSART	243208	Angiotens	24320800	Angiotens	S	320 MG	ORAL	TABS	EA	90 X	GENERIC		72819			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72819018509	IMATINIB	IMATINIB	100000	Antineopla	10000000	Antineopla	S	100 MG	ORAL	TABS	EA	90	GENERIC		72819			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X				R	MEDPRMI
72819018603	IMATINIB	IMATINIB	100000	Antineopla	10000000	Antineopla	S	400 MG	ORAL	TABS	EA	30	GENERIC		72819			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X				R	MEDPRMI
72819023406	CUPRIC (	CUPRIC (	401200	Replacem	40120000	Replacem	S	0.4 MG/MI	INTRAVE	SOLN	ML	10	GENERIC		72819			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72819023416	CUPRIC (	CUPRIC (	401200	Replacem	40120000	Replacem	S	0.4 MG/MI	INTRAVE	SOLN	ML	10	GENERIC		72819			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72829001001	IMCIVREE	SETMELA	684800	UNKNOW	68480000	UNKNOW	R	10 MG/ML	SUBCUTA	SOLN	ML	1 X	SSB		72829	Y		N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X				R	MEDPRMI
72833067830	TESTOST	TESTOST	680800	Androgen	68080000	Androgen	R	200 MG/M	INJECTIO	SOLN	ML	30 X	GENERIC	9/15/2023	72833	Y		N	FORMULARY		1 GEN	GENERICS	X	PA:X				R	MEDPRMI
72834021030	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	R	10 MG	ORAL	CPSP	EA	30 X	GENERIC		72834			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS	X Must meet 5 DS Cvs TRIAL OF 2 OF THE FOLLOWING: OMEPRAZOLE, LANSOPRAZOLE OR PANTOPR	R	MEDPRMI
72834052330	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	5MG	ORAL	TABS	EA	30 X	MSB		72834			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	16 IN 1 DAYS		R	MEDPRMI
72834060216	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG/5M	ORAL	SOLN	ML	473	GENERIC		72834			N	FORMULARY		1 GEN	GENERICS	X	PA:X				R	MEDPRMI
72835010000	PROTEZA	OCCLUSI	940000	Devices	94000000	Devices	O	0	DOES NO	SHEE	EA	4	NON DRUG		72835			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72835020102	VAROPHE	DICLOFE	849200	Skin and M	84920000	Skin and M	R	1.5-10-15	EXTERNA	KIT	EA	1	SSB		72835			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72835020202	FENOVAF	DICLOFE	849200	Skin and M	84920000	Skin and M	R	1.5-10-15	EXTERNA	KIT	EA	1	SSB		72835			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72835020303	DERMET	KETOCON	840408	Antifungal	84040808	Azoles	R	2 & 20 %	EXTERNA	THPK	GM	145	SSB	1/30/2023	72835			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72835030102	QUINOSC	MOMETA	840608	UNKNOW	84060800	UNKNOW	R	0	EXTERNA	KIT	GM	270	SSB		72835			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72835030202	PODIATR	KETOCON	840408	Antifungal	84040808	Azoles	R	2 & 20 %	EXTERNA	THPK	GM	145	SSB		72835			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72835030203	PODIATR	KETOCON	840408	Antifungal	84040808	Azoles	R	2 & 20 %	EXTERNA	THPK	GM	145	SSB		72835			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72835040102	INFLATHE	DICLOFE	280804	Nonsteroi	28080492	Other Non	R	0	COMBINA	KIT	EA	1	SSB		72835			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72835050102	LMR PLUS	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	R	5 & 0.5-0.5	EXTERNA	KIT	EA	1	SSB		72835			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72835050202	ELEMAR	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	R	5-6 %	EXTERNA	KIT	EA	1	SSB		72835			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72835060102	QUINIXIL	MOMETA	840608	UNKNOW	84060800	UNKNOW	R	0.1 & 5 %	EXTERNA	THPK	GM	159	SSB	7/29/2024	72835			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72835060202	LEFLUNC	LEFLUNO	902404	UNKNOW	90240400	UNKNOW	R	20 & 1 MG	COMBINA	KIT	EA	1	SSB		72835			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72835070102	INFLATHE	DICLOFE	280804	Nonsteroi	28080492	Other Non	R	75 & 3-3 M	COMBINA	THPK	EA	1	SSB		72835			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72835080202	DULOXIC	DULOXET	281604	Antidepres	28160416	UNKNOW	R	30 & 4 MG	COMBINA	KIT	EA	1	SSB		72835			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72835090202	TRIONEX	CALCIPO	842412	Basic Oint	84241200	Basic Oint	R	0.01%	EXTERNA	KIT	EA	1	NON DRUG		72835			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72847021315	GLUCO T	DEXTROS	682292	Antihypog	68229200	Antihypog	P	40%	ORAL	GEL	GM	37.5	GENERIC		72847			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72847022150	GLUCO T	DEXTROS	682292	Antihypog	68229200	Antihypog	O	4 GM	ORAL	CHEW	EA	50	SSB		72847			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72847031620	CAPZIX	CAPSAICI	849200	Skin and M	84920000	Skin and M	P	0.10%	EXTERNA	CREA	GM	56.6	GENERIC		72847			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72854006404	MUCINEX	ACETAMI	480800	Antitussive	48080000	Antitussive	O	325-10 MG	ORAL	LIQD	ML	118	SSB		72854			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72854008116	MUCINEX	DEXTROM	480800	Antitussive	48080000	Antitussive	O	10 MG	ORAL	CHEW	EA	16	SSB		72854			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72854008216	MUCINEX	DOXYLAM	480800	Antitussive	48080000	Antitussive	O	6.25-10 M	ORAL	CHEW	EA	16	SSB		72854			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72854008332	MUCINEX	DOXYLAM	480800	Antitussive	48080000	Antitussive	O	6.25-10 &	ORAL	THPK	EA	32	SSB		72854			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72854012608	MUCINEX	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-10-200-3	ORAL	CAPS	EA	8	MSB		72854			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
72854012610	MUCINEX	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-10-200-3	ORAL	CAPS	EA	10	GENERIC		72854			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72854012616	MUCINEX	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-10-200-3	ORAL	CAPS	EA	16	MSB		72854			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
72854012716	MUCINEX	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-10-200-3	ORAL	CAPS	EA	16	GENERIC		72854			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72854012816	MUCINEX	DEXTROM	480800	Antitussive	48080000	Antitussive	P	10-5-325 M	ORAL	CAPS	EA	16	GENERIC		72854			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72854012924	MUCINEX	PHENYLE	480800	Antitussive	48080000	Antitussive	P	325MG-10	ORAL	CPPK	EA	24	MSB		72854			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
72854013366	MUCINEX	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-10-200-3	ORAL	LIQD	ML	180	MSB	5/15/2023	72854 N			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
72854013466	MUCINEX	PHENYLE	480800	Antitussive	48080000	Antitussive	P	2.5-5-100	ORAL	LIQD	ML	180	GENERIC	5/15/2023	72854			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72854013526	MUCINEX	PHENYLE	480800	Antitussive	48080000	Antitussive	O	650MG/20	ORAL	LQPK	ML	360	SSB	5/15/2023	72854			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72854013616	MUCINEX	ACETAMI	481600	Expectora	48160000	Expectora	O	325-200 M	ORAL	CAPS	EA	16	SSB		72854			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72854013716	MUCINEX	DEXTROM	480800	Antitussive	48080000	Antitussive	P	10-200 MG	ORAL	CAPS	EA	16	GENERIC		72854			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72854013866	MUCINEX	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-10-200-3	ORAL	LIQD	ML	180	GENERIC		72854 N			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72854014410	MUCINEX	PHENYLE	480800	Antitussive	48080000	Antitussive	P	325MG-10	ORAL	CPPK	EA	10	GENERIC		72854			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72854015316	MUCINEX	DEXTROM	480800	Antitussive	48080000	Antitussive	P	10-200 MG	ORAL	CAPS	EA	16	GENERIC		72854			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72854015966	MUCINEX	DEXTROM	480800	Antitussive	48080000	Antitussive	P	5-100 MG	ORAL	LIQD	ML	180	GENERIC		72854			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72854020208	MUCINEX	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-10-200-3	ORAL	CAPS	EA	8	GENERIC		72854			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72854020216	MUCINEX	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-10-200-3	ORAL	CAPS	EA	16	MSB		72854			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
72854020316	MUCINEX	DEXTROM	480800	Antitussive	48080000	Antitussive	P	10-5-325 M	ORAL	CAPS	EA	16	MSB		72854			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
72854020424	MUCINEX	PHENYLE	480800	Antitussive	48080000	Antitussive	P	325MG-10	ORAL	CPPK	EA	24	MSB		72854			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
72854023320	MUCINEX	DEXTROM	280816	UNKNOW	28081600	UNKNOW	O	10-325-1.2	ORAL	TABS	EA	20	SSB		72854			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72854023420	MUCINEX	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	O	5-1.25-10-	ORAL	TABS	EA	20	SSB		72854			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72854023916	MUCINEX	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	O	5-1.25-10-	ORAL	CAPS	EA	16	SSB		72854			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72854024020	MUCINEX	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	O	5-1.25-10-	ORAL	TABS	EA	20	SSB		72854			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72854024110	MUCINEX	PHENYLE	480800	Antitussive	48080000	Antitussive	O	325MG-10	ORAL	TBPK	EA	10	SSB		72854			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72854024120	MUCINEX	PHENYLE	480800	Antitussive	48080000	Antitussive	O	325MG-10	ORAL	TBPK	EA	20	SSB		72854			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72854024140	MUCINEX	PHENYLE	480800	Antitussive	48080000	Antitussive	O	325MG-10	ORAL	TBPK	EA	40	SSB		72854			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72854024240	MUCINEX	PHENYLE	480800	Antitussive	48080000	Antitussive	O	325MG-10	ORAL	TBPK	EA	40	SSB		72854			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72854024310	MUCINEX	PHENYLE	480800	Antitussive	48080000	Antitussive	O	325MG-10	ORAL	TBPK	EA	10	SSB		72854			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72854024320	MUCINEX	PHENYLE	480800	Antitussive	48080000	Antitussive	O	325MG-10	ORAL	TBPK	EA	20	SSB		72854			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72854024340	MUCINEX	PHENYLE	480800	Antitussive	48080000	Antitussive	O	325MG-10	ORAL	TBPK	EA	40	SSB		72854			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72854024424	MUCINEX	PHENYLE	480800	Antitussive	48080000	Antitussive	O	325MG-10	ORAL	CPPK	EA	24	SSB	5/15/2023	72854			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72854024524	MUCINEX	PHENYLE	480800	Antitussive	48080000	Antitussive	O	325MG-10	ORAL	CPPK	EA	24	SSB	5/15/2023	72854			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72854025066	MUCINEX	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	O	10-2.5-20-	ORAL	SOLN	ML	180	SSB	5/15/2023	72854			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72854026120	MUCINEX	HEXYLRE	522800	Mouthwas	52280000	Mouthwas	O	2.4 MG	MOUTH/T	LOZG	EA	20	SSB		72854			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72854026140	MUCINEX	HEXYLRE	522800	Mouthwas	52280000	Mouthwas	O	2.4 MG	MOUTH/T	LOZG	EA	40	SSB		72854			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72854026220	MUCINEX	HEXYLRE	522800	Mouthwas	52280000	Mouthwas	O	2 MG	MOUTH/T	LOZG	EA	20	SSB		72854			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72854026240	MUCINEX	HEXYLRE	522800	Mouthwas	52280000	Mouthwas	O	2 MG	MOUTH/T	LOZG	EA	40	SSB		72854			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72854026320	MUCINEX	DEXTROM	480800	Antitussive	48080000	Antitussive	O	5-2 MG	MOUTH/T	LOZG	EA	20	SSB		72854			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72854026340	MUCINEX	DEXTROM	480800	Antitussive	48080000	Antitussive	O	5-2 MG	MOUTH/T	LOZG	EA	40	SSB		72854			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72854026504	MUCINEX	BENZOC	840800	Antipruritic	84080000	Antipruritic	O	7-1 %	MOUTH/T	LIQD	ML	115	SSB		72854			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72854026604	MUCINEX	BENZOC	840800	Antipruritic	84080000	Antipruritic	O	5-2 %	MOUTH/T	LIQD	ML	115	SSB		72854			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72854026720	MUCINEX	DEXTROM	480800	Antitussive	48080000	Antitussive	O	5 MG	MOUTH/T	LOZG	EA	20	SSB		72854			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72854026740	MUCINEX	DEXTROM	480800	Antitussive	48080000	Antitussive	O	5 MG	MOUTH/T	LOZG	EA	40	SSB		72854			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72854035120	DELSYM	DEXTROM	480800	Antitussive	48080000	Antitussive	O	15 MG	ORAL	TABS	EA	20	SSB		72854			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72854035201	DELSYM '	CAMPHO	929200	UNKNOW	92920000	UNKNOW	P	5.3-1.3-2.8	EXTERNA	OINT	GM	50	GENERIC		72854			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
72865011001	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	100	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS			X	12 IN 1 DAYS		R	MEDPRMI
72865011101	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	100	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS			X	12 IN 1 DAYS		R	MEDPRMI
72865011201	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	10-325 MG	ORAL	TABS	EA	100	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS			X	12 IN 1 DAYS		R	MEDPRMI
72865011301	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	2.5-325 M	ORAL	TABS	EA	100	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS			X	12 IN 1 DAYS		R	MEDPRMI
72865011401	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	5-325 MG	ORAL	TABS	EA	100	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS			X	12 IN 1 DAYS		R	MEDPRMI
72865011501	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	100	GENERIC		72865 Y			N	FORMULARY		1 GEN	GENERICS			X	12 IN 1 DAYS		R	MEDPRMI
72865011701	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	100	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72865011730	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	100 MG	ORAL	CAPS	EA	30	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72865011901	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	100	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72865011930	BENZONA	BENZONA	480800	Antitussive	48080000	Antitussive	S	200 MG	ORAL	CAPS	EA	30	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72865012001	METHAD	METHAD	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	TABS	EA	100	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS			X	8 IN 1 DAYS		R	MEDPRMI
72865012101	METHAD	METHAD	280808	Opiate Ag	28080800	Opiate Ag	S	10 MG	ORAL	TABS	EA	100	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS		R	MEDPRMI
72865012201	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS		R	MEDPRMI
72865012301	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS		R	MEDPRMI
72865012401	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	20 MG	ORAL	TABS	EA	100 X	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS		R	MEDPRMI
72865012501	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	2.5 MG	ORAL	CHEW	EA	100 X	GENERIC		72865 Y			N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS		R	MEDPRMI
72865012601	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	5 MG	ORAL	CHEW	EA	100 X	GENERIC		72865 Y			N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS		R	MEDPRMI
72865012701	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	10 MG	ORAL	CHEW	EA	100 X	GENERIC		72865 Y			N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS		R	MEDPRMI
72865012801	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TABS	EA	100	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72865012901	OXYCOD	OXYCOD	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TABS	EA	100	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72865013001	OXYMOR	OXYMOR	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	TABS	EA	100	GENERIC		72865 Y			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72865013101	OXYMOR	OXYMOR	280808	Opiate Ag	28080800	Opiate Ag	S	10 MG	ORAL	TABS	EA	100	GENERIC		72865 Y			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72865013301	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	18 MG	ORAL	TBCR	EA	100 X	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS		R	MEDPRMI
72865013401	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	27 MG	ORAL	TBCR	EA	100 X	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS		R	MEDPRMI
72865013501	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	36 MG	ORAL	TBCR	EA	100 X	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS		R	MEDPRMI
72865013601	METHYLF	METHYLF	282032	UNKNOW	28203200	UNKNOW	S	54 MG	ORAL	TBCR	EA	100 X	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS		R	MEDPRMI
72865013701	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	100 X	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72865013710	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	1000 X	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72865013790	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90 X	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72865013801	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	100 X	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72865013810	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	1000 X	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72865013890	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	90 X	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72865014030	DUTASTE	DUTASTE	920400	UNKNOW	92040000	UNKNOW	S	0.5 MG	ORAL	CAPS	EA	30 X	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72865014090	DUTASTE	DUTASTE	920400	UNKNOW	92040000	UNKNOW	S	0.5 MG	ORAL	CAPS	EA	90 X	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72865014110	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	1000 X	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72865014130	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	30 X	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72865014190	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	25 MG	ORAL	TABS	EA	90 X	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72865014210	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	1000 X	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72865014230	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	30 X	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72865014290	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	50 MG	ORAL	TABS	EA	90 X	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72865014310	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	1000 X	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72865014330	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	30 X	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72865014390	LOSARTA	LOSARTA	243208	Angiotens	24320800	Angiotens	S	100 MG	ORAL	TABS	EA	90 X	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72865014460	LAMIVUD	LAMIVUD	81808	Antiretrovi	8180820	Nucleosid	S	150-300 M	ORAL	TABS	EA	60 X	GENERIC		72865			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	2 IN 1 DAYS		R	MEDPRMI
72865014801	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	25 MG	ORAL	CAPS	EA	100 X	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72865014901	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	50 MG	ORAL	CAPS	EA	100 X	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72865015030	CINACAL	CINACAL	682404	UNKNOW	68240400	UNKNOW	S	30 MG	ORAL	TABS	EA	30 X	GENERIC		72865			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	2 IN 1 DAYS		R	MEDPRMI
72865015130	CINACAL	CINACAL	682404	UNKNOW	68240400	UNKNOW	S	60 MG	ORAL	TABS	EA	30 X	GENERIC		72865			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	2 IN 1 DAYS		R	MEDPRMI
72865015230	CINACAL	CINACAL	682404	UNKNOW	68240400	UNKNOW	S	90 MG	ORAL	TABS	EA	30 X	GENERIC		72865			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	4 IN 1 DAYS		R	MEDPRMI
72865015305	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	500 X	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72865015330	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	30 X	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72865015405	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	500 X	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72865015430	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72865015505	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	500 X	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72865015530	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72865015605	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TABS	EA	500 X	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72865015630	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TABS	EA	30 X	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72865015705	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	500 X	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72865015730	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	30 X	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72865015805	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	30 MG	ORAL	TABS	EA	500 X	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72865015830	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	30 MG	ORAL	TABS	EA	30 X	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72865016701	ABACAVI	ABACAVI	81808	Antiretrovi	8180820	Nucleosid	S	300 MG	ORAL	TABS	EA	60 X	GENERIC		72865 Y			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	2 IN 1 DAYS		R	MEDPRMI
72865016760	ABACAVI	ABACAVI	81808	Antiretrovi	8180820	Nucleosid	S	300 MG	ORAL	TABS	EA	60 X	GENERIC		72865			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	2 IN 1 DAYS		R	MEDPRMI
72865016801	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	8 MG	ORAL	TB24	EA	100	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS	X	PA:X				R	MEDPRMI
72865016901	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	12 MG	ORAL	TB24	EA	100	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS	X	PA:X				R	MEDPRMI
72865017001	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	16 MG	ORAL	TB24	EA	100	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS	X	PA:X				R	MEDPRMI
72865017101	HYDROM	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	32 MG	ORAL	TB24	EA	100	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS	X	PA:X				R	MEDPRMI
72865017230	EFAVIRE	EFAVIRE	81808	Antiretrovi	8180816	Nonnucleo	S	600 MG	ORAL	TABS	EA	30 X	GENERIC		72865			N	FORMULARY		4 SPGEN	SPECIALTY GENERICS						R	MEDPRMI
72865017510	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72865017530	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72865017590	MONTELU	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	90 X	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72865018005	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	500 X	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72865018030	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	2 MG	ORAL	TABS	EA	30 X	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72865018105	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	500 X	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72865018130	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	30 X	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72865018205	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	500 X	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI
72865018230	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	30 X	GENERIC		72865			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI

72865018305	ARIPIPRA	ARIPIPRA	281608 Antipsych	28160804 Atypical A	S	15 MG	ORAL	TABS	EA	500	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865018330	ARIPIPRA	ARIPIPRA	281608 Antipsych	28160804 Atypical A	S	15 MG	ORAL	TABS	EA	30	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865018405	ARIPIPRA	ARIPIPRA	281608 Antipsych	28160804 Atypical A	S	20 MG	ORAL	TABS	EA	500	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865018430	ARIPIPRA	ARIPIPRA	281608 Antipsych	28160804 Atypical A	S	20 MG	ORAL	TABS	EA	30	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865018505	ARIPIPRA	ARIPIPRA	281608 Antipsych	28160804 Atypical A	S	30 MG	ORAL	TABS	EA	500	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865018530	ARIPIPRA	ARIPIPRA	281608 Antipsych	28160804 Atypical A	S	30 MG	ORAL	TABS	EA	30	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865018605	GEMFIBR	GEMFIBR	240606 Fibric Acid	24060600 Fibric Acid	S	600 MG	ORAL	TABS	EA	500	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865018618	GEMFIBR	GEMFIBR	240606 Fibric Acid	24060600 Fibric Acid	S	600 MG	ORAL	TABS	EA	180	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865018660	GEMFIBR	GEMFIBR	240606 Fibric Acid	24060600 Fibric Acid	S	600 MG	ORAL	TABS	EA	60	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865018705	LEVETIR	LEVETIR	281292 Anticonvul	28129200 Anticonvul	S	250 MG	ORAL	TABS	EA	500	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865018712	LEVETIR	LEVETIR	281292 Anticonvul	28129200 Anticonvul	S	250 MG	ORAL	TABS	EA	120	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865018805	LEVETIR	LEVETIR	281292 Anticonvul	28129200 Anticonvul	S	500 MG	ORAL	TABS	EA	500	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865018812	LEVETIR	LEVETIR	281292 Anticonvul	28129200 Anticonvul	S	500 MG	ORAL	TABS	EA	120	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865018905	LEVETIR	LEVETIR	281292 Anticonvul	28129200 Anticonvul	S	750 MG	ORAL	TABS	EA	500	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865018912	LEVETIR	LEVETIR	281292 Anticonvul	28129200 Anticonvul	S	750 MG	ORAL	TABS	EA	120	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865019060	LEVETIR	LEVETIR	281292 Anticonvul	28129200 Anticonvul	S	1000 MG	ORAL	TABS	EA	60	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865019101	POTASSI	POTASSI	400800 Alkalinizin	40080000 Alkalinizin	S	5 MEQ (5	ORAL	TBCR	EA	100		GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865019201	POTASSI	POTASSI	400800 Alkalinizin	40080000 Alkalinizin	S	10 MEQ (1	ORAL	TBCR	EA	100		GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865019301	POTASSI	POTASSI	400800 Alkalinizin	40080000 Alkalinizin	S	15 MEQ (1	ORAL	TBCR	EA	100		GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865019401	POTASSI	POTASSI	401200 Replacem	40120000 Replacem	S	10 MEQ	ORAL	TBCR	EA	100	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865019405	POTASSI	POTASSI	401200 Replacem	40120000 Replacem	S	10 MEQ	ORAL	TBCR	EA	500	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865019501	POTASSI	POTASSI	401200 Replacem	40120000 Replacem	S	15 MEQ	ORAL	TBCR	EA	100	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865019505	POTASSI	POTASSI	401200 Replacem	40120000 Replacem	S	15 MEQ	ORAL	TBCR	EA	500	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865019601	POTASSI	POTASSI	401200 Replacem	40120000 Replacem	S	20 MEQ	ORAL	TBCR	EA	100	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865019605	POTASSI	POTASSI	401200 Replacem	40120000 Replacem	S	20 MEQ	ORAL	TBCR	EA	500	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865019610	POTASSI	POTASSI	401200 Replacem	40120000 Replacem	S	20 MEQ	ORAL	TBCR	EA	500	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865019730	VENLAFA	VENLAFA	281604 Antidepres	28160416 UNKNOW	S	37.5 MG	ORAL	TB24	EA	30	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865019790	VENLAFA	VENLAFA	281604 Antidepres	28160416 UNKNOW	S	37.5 MG	ORAL	TB24	EA	90	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865019830	VENLAFA	VENLAFA	281604 Antidepres	28160416 UNKNOW	S	75 MG	ORAL	TB24	EA	30	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865019890	VENLAFA	VENLAFA	281604 Antidepres	28160416 UNKNOW	S	75 MG	ORAL	TB24	EA	90	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865019930	VENLAFA	VENLAFA	281604 Antidepres	28160416 UNKNOW	S	150 MG	ORAL	TB24	EA	30	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865019990	VENLAFA	VENLAFA	281604 Antidepres	28160416 UNKNOW	S	150 MG	ORAL	TB24	EA	90	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865020030	VENLAFA	VENLAFA	281604 Antidepres	28160416 UNKNOW	S	225 MG	ORAL	TB24	EA	30	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865020090	VENLAFA	VENLAFA	281604 Antidepres	28160416 UNKNOW	S	225 MG	ORAL	TB24	EA	90	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865020505	SERTRAL	SERTRAL	281604 Antidepres	28160420 Selective-	S	25 MG	ORAL	TABS	EA	500	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865020518	SERTRAL	SERTRAL	281604 Antidepres	28160420 Selective-	S	25 MG	ORAL	TABS	EA	180	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865020530	SERTRAL	SERTRAL	281604 Antidepres	28160420 Selective-	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865020590	SERTRAL	SERTRAL	281604 Antidepres	28160420 Selective-	S	25 MG	ORAL	TABS	EA	90	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865020605	SERTRAL	SERTRAL	281604 Antidepres	28160420 Selective-	S	50 MG	ORAL	TABS	EA	500	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865020618	SERTRAL	SERTRAL	281604 Antidepres	28160420 Selective-	S	50 MG	ORAL	TABS	EA	180	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865020630	SERTRAL	SERTRAL	281604 Antidepres	28160420 Selective-	S	50 MG	ORAL	TABS	EA	30	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865020690	SERTRAL	SERTRAL	281604 Antidepres	28160420 Selective-	S	50 MG	ORAL	TABS	EA	90	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865020705	SERTRAL	SERTRAL	281604 Antidepres	28160420 Selective-	S	100 MG	ORAL	TABS	EA	500	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865020718	SERTRAL	SERTRAL	281604 Antidepres	28160420 Selective-	S	100 MG	ORAL	TABS	EA	180	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865020730	SERTRAL	SERTRAL	281604 Antidepres	28160420 Selective-	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865020790	SERTRAL	SERTRAL	281604 Antidepres	28160420 Selective-	S	100 MG	ORAL	TABS	EA	90	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865020945	LISINOPR	LISINOPR	243204 Angiotens	24320400 Angiotens	S	5 MG	ORAL	TABS	EA	45	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865020990	LISINOPR	LISINOPR	243204 Angiotens	24320400 Angiotens	S	5 MG	ORAL	TABS	EA	90	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865021010	LISINOPR	LISINOPR	243204 Angiotens	24320400 Angiotens	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865021045	LISINOPR	LISINOPR	243204 Angiotens	24320400 Angiotens	S	10 MG	ORAL	TABS	EA	45	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865021090	LISINOPR	LISINOPR	243204 Angiotens	24320400 Angiotens	S	10 MG	ORAL	TABS	EA	90	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865021110	LISINOPR	LISINOPR	243204 Angiotens	24320400 Angiotens	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865021145	LISINOPR	LISINOPR	243204 Angiotens	24320400 Angiotens	S	20 MG	ORAL	TABS	EA	45	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865021190	LISINOPR	LISINOPR	243204 Angiotens	24320400 Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865021310	LISINOPR	LISINOPR	243204 Angiotens	24320400 Angiotens	S	40 MG	ORAL	TABS	EA	1000	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865021345	LISINOPR	LISINOPR	243204 Angiotens	24320400 Angiotens	S	40 MG	ORAL	TABS	EA	45	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865021390	LISINOPR	LISINOPR	243204 Angiotens	24320400 Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865021401	FAMOTID	FAMOTID	562812 Histamine	56281200 Histamine	S	20 MG	ORAL	TABS	EA	100	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865021405	FAMOTID	FAMOTID	562812 Histamine	56281200 Histamine	S	20 MG	ORAL	TABS	EA	500	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865021418	FAMOTID	FAMOTID	562812 Histamine	56281200 Histamine	S	20 MG	ORAL	TABS	EA	180	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865021501	FAMOTID	FAMOTID	562812 Histamine	56281200 Histamine	S	40 MG	ORAL	TABS	EA	100	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865021505	FAMOTID	FAMOTID	562812 Histamine	56281200 Histamine	S	40 MG	ORAL	TABS	EA	500	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865021518	FAMOTID	FAMOTID	562812 Histamine	56281200 Histamine	S	40 MG	ORAL	TABS	EA	180	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865022990	PANTOPR	PANTOPR	562836 Proton-pu	56283600 Proton-pu	S	20 MG	ORAL	TBEC	EA	90	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865023010	PANTOPR	PANTOPR	562836 Proton-pu	56283600 Proton-pu	S	40 MG	ORAL	TBEC	EA	1000	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865023090	PANTOPR	PANTOPR	562836 Proton-pu	56283600 Proton-pu	S	40 MG	ORAL	TBEC	EA	90	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865023160	MARAVIR	MARAVIR	81808 Antiretrovi	8180804 HIV Fusio	S	150 MG	ORAL	TABS	EA	60	X	GENERIC	72865		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
72865023260	MARAVIR	MARAVIR	81808 Antiretrovi	8180804 HIV Fusio	S	300 MG	ORAL	TABS	EA	60	X	GENERIC	72865		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS			X	4 IN 1 DAYS					R	MEDPRMI
72865023301	METHOC	METHOC	122004 UNKNOW	12200400 UNKNOW	S	500 MG	ORAL	TABS	EA	100		GENERIC	72865		N	FORMULARY		1 GEN	GENERICS			X	8 IN 1 DAYS					R	MEDPRMI
72865023305	METHOC	METHOC	122004 UNKNOW	12200400 UNKNOW	S	500 MG	ORAL	TABS	EA	500		GENERIC	72865		N	FORMULARY		1 GEN	GENERICS			X	8 IN 1 DAYS					R	MEDPRMI
72865023401	METHOC	METHOC	122004 UNKNOW	12200400 UNKNOW	S	750 MG	ORAL	TABS	EA	100		GENERIC	72865	Y	N	FORMULARY		1 GEN	GENERICS			X	6 IN 1 DAYS					R	MEDPRMI
72865023405	METHOC	METHOC	122004 UNKNOW	12200400 UNKNOW	S	750 MG	ORAL	TABS	EA	500		GENERIC	72865	Y	N	FORMULARY		1 GEN	GENERICS			X	6 IN 1 DAYS					R	MEDPRMI
72865023501	LACOSAM	LACOSAM	281224 UNKNOW	28122400 UNKNOW	S	200 MG/2	INTRAVE	SOLN	ML	20		GENERIC	72865		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
72865023510	LACOSAM	LACOSAM	281224 UNKNOW	28122400 UNKNOW	S	200 MG/2	INTRAVE	SOLN	ML	20		GENERIC	72865		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
72865023610	LEVOTHY	LEVOTHY	683604 Thyroid A	68360400 Thyroid A	S	25 MCG	ORAL	TABS	EA	1000	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
72865023690	LEVOTHY	LEVOTHY	683604 Thyroid A	68360400 Thyroid A	S	25 MCG	ORAL	TABS	EA	90	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
72865023710	LEVOTHY	LEVOTHY	683604 Thyroid A	68360400 Thyroid A	S	50 MCG	ORAL	TABS	EA	1000	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
72865023790	LEVOTHY	LEVOTHY	683604 Thyroid A	68360400 Thyroid A	S	50 MCG	ORAL	TABS	EA	90	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
72865023810	LEVOTHY	LEVOTHY	683604 Thyroid A	68360400 Thyroid A	S	75 MCG	ORAL	TABS	EA	1000	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
72865023890	LEVOTHY	LEVOTHY	683604 Thyroid A	68360400 Thyroid A	S	75 MCG	ORAL	TABS	EA	90	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
72865023910	LEVOTHY	LEVOTHY	683604 Thyroid A	68360400 Thyroid A	S	88 MCG	ORAL	TABS	EA	1000	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
72865023990	LEVOTHY	LEVOTHY	683604 Thyroid A	68360400 Thyroid A	S	88 MCG	ORAL	TABS	EA	90	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
72865024010	LEVOTHY	LEVOTHY	683604 Thyroid A	68360400 Thyroid A	S	100 MCG	ORAL	TABS	EA	1000	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
72865024090	LEVOTHY	LEVOTHY	683604 Thyroid A	68360400 Thyroid A	S	100 MCG	ORAL	TABS	EA	90	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
72865024110	LEVOTHY	LEVOTHY	683604 Thyroid A	68360400 Thyroid A	S	112 MCG	ORAL	TABS	EA	1000	X	GENERIC	72865	Y	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
72865024190	LEVOTHY	LEVOTHY	683604 Thyroid A	68360400 Thyroid A	S	112 MCG	ORAL	TABS	EA	90	X	GENERIC	72865	Y	N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
72865024210	LEVOTHY	LEVOTHY	683604 Thyroid A	68360400 Thyroid A	S	125 MCG	ORAL	TABS	EA	1000	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
72865024290	LEVOTHY	LEVOTHY	683604 Thyroid A	68360400 Thyroid A	S	125 MCG	ORAL	TABS	EA	90	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
72865024310	LEVOTHY	LEVOTHY	683604 Thyroid A	68360400 Thyroid A	S	137 MCG	ORAL	TABS	EA	1000	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
72865024390	LEVOTHY	LEVOTHY	683604 Thyroid A	68360400 Thyroid A	S	137 MCG	ORAL	TABS	EA	90	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
72865024410	LEVOTHY	LEVOTHY	683604 Thyroid A	68360400 Thyroid A	S	150 MCG	ORAL	TABS	EA	1000	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
72865024490	LEVOTHY	LEVOTHY	683604 Thyroid A	68360400 Thyroid A	S	150 MCG	ORAL	TABS	EA	90	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
72865024510	LEVOTHY	LEVOTHY	683604 Thyroid A	68360400 Thyroid A	S	175 MCG	ORAL	TABS	EA	1000	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
72865024590	LEVOTHY	LEVOTHY	683604 Thyroid A	68360400 Thyroid A	S	175 MCG	ORAL	TABS	EA	90	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
72865024610	LEVOTHY	LEVOTHY	683604 Thyroid A	68360400 Thyroid A	S	200 MCG	ORAL	TABS	EA	1000	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
72865024690	LEVOTHY	LEVOTHY	683604 Thyroid A	68360400 Thyroid A	S	200 MCG	ORAL	TABS	EA	90	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
72865024710	LEVOTHY	LEVOTHY	683604 Thyroid A	68360400 Thyroid A	S	300 MCG	ORAL	TABS	EA	1000	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
72865024790	LEVOTHY	LEVOTHY	683604 Thyroid A	68360400 Thyroid A	S	300 MCG	ORAL	TABS	EA	90	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
72865025205	GABAPEN	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	100 MG	ORAL	CAPS	EA	500	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865025218	GABAPEN	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	100 MG	ORAL	CAPS	EA	180	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865025227	GABAPEN	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	100 MG	ORAL	CAPS	EA	270	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865025290	GABAPEN	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865025305	GABAPEN	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	300 MG	ORAL	CAPS	EA	500	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865025318	GABAPEN	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	300 MG	ORAL	CAPS	EA	180	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865025327	GABAPEN	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	300 MG	ORAL	CAPS	EA	270	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865025330	GABAPEN	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	300 MG	ORAL	CAPS	EA	30	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865025360	GABAPEN	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	300 MG	ORAL	CAPS	EA	60	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865025390	GABAPEN	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865025405	GABAPEN	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	400 MG	ORAL	CAPS	EA	500	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865025427	GABAPEN	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	400 MG	ORAL	CAPS	EA	270	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865025490	GABAPEN	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	400 MG	ORAL	CAPS	EA	90	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865025730	FINGOLIM	FINGOLIM	900416 UNKNOW	90041600 UNKNOW	S	0.5 MG	ORAL	CAPS	EA	30	X	GENERIC	72865		N	FORMULARY		4 SPGEN	SPECIALTY GENERICS	X	PA:X							R	MEDPRMI
72865027260	DABIGAT	DABIGAT	201204 Anticoagu	20120412 Direct Thr	S	75 MG	ORAL	CAPS	EA	60	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
72865027360	DABIGAT	DABIGAT	201204 Anticoagu	20120412 Direct Thr	S	150 MG	ORAL	CAPS	EA	60	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS			X	2 IN 1 DAYS					R	MEDPRMI
72865028301	OXCARB	OXCARB	281224 UNKNOW	28122400 UNKNOW	S	150 MG	ORAL	TABS	EA	100	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865028305	OXCARB	OXCARB	281224 UNKNOW	28122400 UNKNOW	S	150 MG	ORAL	TABS	EA	500	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865028401	OXCARB	OXCARB	281224 UNKNOW	28122400 UNKNOW	S	300 MG	ORAL	TABS	EA	100	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865028405	OXCARB	OXCARB	281224 UNKNOW	28122400 UNKNOW	S	300 MG	ORAL	TABS	EA	500	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865028501	OXCARB	OXCARB	281224 UNKNOW	28122400 UNKNOW	S	600 MG	ORAL	TABS	EA	100	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865028505	OXCARB	OXCARB	281224 UNKNOW	28122400 UNKNOW	S	600 MG	ORAL	TABS	EA	500	X	GENERIC	72865		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72865028924	ICOSAPE	ICOSAPE	240612 UNKNOW	24061200 UNKNOW	S	0.5 GM	ORAL	CAPS	EA	240	X	GENERIC	72865		N	EXCLUDE	HARD_MS	1 GEN	FORMULARY EXCLUSION						PLEASE DISPENSE BRAND FOR GENERIC COPAY.			R	MEDPRMI
72865029012	ICOSAPE	ICOSAPE	240612 UNKNOW	24061200 UNKNOW	S	1 GM	ORAL	CAPS	EA	120	X	GENERIC	72865		N	EXCLUDE	HARD_MS	1 GEN	FORMULARY EXCLUSION						PLEASE DISPENSE BRAND FOR GENERIC COPAY.			R	MEDPRMI
72874000101	CERIANN	FLUOROE	366800 Roentgen	36680000 Roentgen	R	4-100 MCI	INTRAVE	SOLN	EA	1		SSB	72874		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
72887014306	URSODIC	URSODIO	561400 Cholelitho	56140000 Cholelitho	S	200 MG	ORAL	CAPS	EA	60	X	MSB	72887		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
72887014406	URSODIC	URSODIO	561400 Cholelitho	56140000 Cholelitho	S	400 MG	ORAL	CAPS	EA	60	X	MSB	72887		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
72887016003	GLYCOPY	GLYCOPY	120808 Antimusca	12080800 Antimusca	S	1.5 MG	ORAL	TABS	EA	30		MSB	72887		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
72887019303	OXYCOD	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag	S	2.5-300 M	ORAL	TABS	EA	30		MSB	72887		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
72887064812	OXYCOD	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag	S	10-300 MC	ORAL	SOLN	ML	120		MSB	72887		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
72887068103	OXYCOD	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag	S	5-300 MG	ORAL	TABS	EA	30		MSB	72887		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
72887068203	OXYCOD	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag	S	7.5-300 M	ORAL	TABS	EA	30		MSB	72887		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
72887068303	OXYCOD	OXYCOD	280808 Opiate Ag	28080800 Opiate Ag	S	10-300 MC	ORAL	TABS	EA	30		MSB	72887		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
72887087303	METHOC	METHOC	122004 UNKNOW	12200400 UNKNOW	S	1000 MG	ORAL	TABS	EA	30		MSB	72887		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
72888000115	TIZANIDI	TIZANIDI	122004 UNKNOW	12200400 UNKNOW	S	2 MG	ORAL	CAPS	EA	150		GENERIC	72888		N	FORMULARY		1 GEN	GENERICS			X	18 IN 1 DAYS					R	MEDPRMI
72888000215	TIZANIDI	TIZANIDI	122004 UNKNOW	12200400 UNKNOW	S	4 MG	ORAL	CAPS	EA	150		GENERIC	72888		N	FORMULARY		1 GEN	GENERICS			X	9 IN 1 DAYS					R	MEDPRMI
72888000315	TIZANIDI	TIZANIDI	122004 UNKNOW	12200400 UNKNOW	S	6 MG	ORAL	CAPS	EA	150		GENERIC	72888		N	FORMULARY		1 GEN	GENERICS			X	6 IN 1 DAYS					R	MEDPRMI
72888000400	METOPR	METOPR	242000 Alpha-Adr	24200000 Alpha-Adr	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888000401	METOPR	METOPR	242000 Alpha-Adr	24200000 Alpha-Adr	S	25 MG	ORAL	TABS	EA	100	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888000405	METOPR	METOPR	242000 Alpha-Adr	24200000 Alpha-Adr	S	25 MG	ORAL	TABS	EA	500	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888000500	METOPR	METOPR	242000 Alpha-Adr	24200000 Alpha-Adr	S	50 MG	ORAL	TABS	EA	1000	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888000501	METOPR	METOPR	242000 Alpha-Adr	24200000 Alpha-Adr	S	50 MG	ORAL	TABS	EA	100	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888000600	METOPR	METOPR	242000 Alpha-Adr	24200000 Alpha-Adr	S	100 MG	ORAL	TABS	EA	1000	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888000601	METOPR	METOPR	242000 Alpha-Adr	24200000 Alpha-Adr	S	100 MG	ORAL	TABS	EA	100	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888000801	TRAMAD	TRAMAD	280808 Opiate Ag	28080800 Opiate Ag	S	100 MG	ORAL	TABS	EA	100		GENERIC	72888		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
72888000901	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	5 MG	ORAL	TABS	EA	100		GENERIC	72888		N	FORMULARY		1 GEN	GENERICS			X	16 IN 1 DAYS					R	MEDPRMI
72888001000	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	10 MG	ORAL	TABS	EA	1000		GENERIC	72888		N	FORMULARY		1 GEN	GENERICS			X	8 IN 1 DAYS					R	MEDPRMI
72888001001	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC	72888		N	FORMULARY		1 GEN	GENERICS			X	8 IN 1 DAYS					R	MEDPRMI
72888001005	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	10 MG	ORAL	TABS	EA	500		GENERIC	72888		N	FORMULARY		1 GEN	GENERICS			X	8 IN 1 DAYS					R	MEDPRMI
72888001100	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	20 MG	ORAL	TABS	EA	1000		GENERIC	72888		N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS					R	MEDPRMI
72888001101	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	20 MG	ORAL	TABS	EA	100		GENERIC	72888		N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS					R	MEDPRMI
72888001105	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	20 MG	ORAL	TABS	EA	500		GENERIC	72888		N	FORMULARY		1 GEN	GENERICS			X	4 IN 1 DAYS					R	MEDPRMI
72888001200	CYCLOBE	CYCLOBE	122004 UNKNOW	12200400 UNKNOW	S	5 MG	ORAL	TABS	EA	1000		GENERIC	72888		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS					R	MEDPRMI
72888001201	CYCLOBE	CYCLOBE	122004 UNKNOW	12200400 UNKNOW	S	5 MG	ORAL	TABS	EA	100		GENERIC	72888		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS					R	MEDPRMI
72888001205	CYCLOBE	CYCLOBE	122004 UNKNOW	12200400 UNKNOW	S	5 MG	ORAL	TABS	EA	500		GENERIC	72888		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS					R	MEDPRMI
72888001301	CYCLOBE	CYCLOBE	122004 UNKNOW	12200400 UNKNOW	S	7.5 MG	ORAL	TABS	EA	100		GENERIC	72888		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
72888001400	CYCLOBE	CYCLOBE	122004 UNKNOW	12200400 UNKNOW	S	10 MG	ORAL	TABS	EA	1000		GENERIC	72888		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS					R	MEDPRMI
72888001401	CYCLOBE	CYCLOBE	122004 UNKNOW	12200400 UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC	72888		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS					R	MEDPRMI
72888001405	CYCLOBE	CYCLOBE	122004 UNKNOW	12200400 UNKNOW	S	10 MG	ORAL	TABS	EA	500		GENERIC	72888		N	FORMULARY		1 GEN	GENERICS			X	3 IN 1 DAYS					R	MEDPRMI
72888001505	SILDENA	SILDENA	240812 Calcium-c	24081200 UNKNOW	S	25 MG	ORAL	TABS	EA	500		GENERIC	72888		N	FORMULARY		1 GEN	GENERICS			X	1 IN 5 DAYS					R	MEDPRMI
72888001600	SILDENA	SILDENA	240812 Calcium-c	24081200 UNKNOW	S	50 MG	ORAL	TABS	EA	1000		GENERIC	72888		N	FORMULARY		1 GEN	GENERICS			X	1 IN 5 DAYS					R	MEDPRMI
72888001700	SILDENA	SILDENA	240812 Calcium-c	24081200 UNKNOW	S	100 MG	ORAL	TABS	EA	1000		GENERIC	72888		N	FORMULARY		1 GEN	GENERICS			X	1 IN 5 DAYS					R	MEDPRMI
72888001800	SILDENA	SILDENA	484824 UNKNOW	48482400 UNKNOW	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS	X	PA:X							R	MEDPRMI
72888001890	SILDENA	SILDENA	484824 UNKNOW	48482400 UNKNOW	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS	X	PA:X							R	MEDPRMI
72888002301	METOPR	METOPR	242000 Alpha-Adr	24200000 Alpha-Adr	S	75 MG	ORAL	TABS	EA	100	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888002407	POTASSI	POTASSI	401200 Replacem	40120000 Replacem	S	20 MEQ	ORAL	PACK	EA	30	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888002410	POTASSI	POTASSI	401200 Replacem	40120000 Replacem	S	20 MEQ	ORAL	PACK	EA	100	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888002443	POTASSI	POTASSI	401200 Replacem	40120000 Replacem	S	20 MEQ	ORAL	PACK	EA	50	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888002500	LAMOTRI	LAMOTRI	281292 Anticonvul	28129200 Anticonvul	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888002501	LAMOTRI	LAMOTRI	281292 Anticonvul	28129200 Anticonvul	S	25 MG	ORAL	TABS	EA	100	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888002505	LAMOTRI	LAMOTRI	281292 Anticonvul	28129200 Anticonvul	S	25 MG	ORAL	TABS	EA	500	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888002600	LAMOTRI	LAMOTRI	281292 Anticonvul	28129200 Anticonvul	S	100 MG	ORAL	TABS	EA	1000	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888002601	LAMOTRI	LAMOTRI	281292 Anticonvul	28129200 Anticonvul	S	100 MG	ORAL	TABS	EA	100	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888002605	LAMOTRI	LAMOTRI	281292 Anticonvul	28129200 Anticonvul	S	100 MG	ORAL	TABS	EA	500	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888002705	LAMOTRI	LAMOTRI	281292 Anticonvul	28129200 Anticonvul	S	150 MG	ORAL	TABS	EA	500	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888002760	LAMOTRI	LAMOTRI	281292 Anticonvul	28129200 Anticonvul	S	150 MG	ORAL	TABS	EA	60	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888002805	LAMOTRI	LAMOTRI	281292 Anticonvul	28129200 Anticonvul	S	200 MG	ORAL	TABS	EA	500	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888002860	LAMOTRI	LAMOTRI	281292 Anticonvul	28129200 Anticonvul	S	200 MG	ORAL	TABS	EA	60	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888002909	LORATAD	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TBDP	EA	10		GENERIC	72888		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
72888002911	LORATAD	LORATAD	40800 Second G	4080000 Second G	P	10 MG	ORAL	TBDP	EA	30		GENERIC	72888		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION									R	MEDPRMI
72888003001	OXYBUTY	OXYBUTY	861204 UNKNOW	86120400 UNKNOW	S	5 MG	ORAL	TB24	EA	100	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888003005	OXYBUTY	OXYBUTY	861204 UNKNOW	86120400 UNKNOW	S	5 MG	ORAL	TB24	EA	500	X	GENERIC	72888	N	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888003101	OXYBUTY	OXYBUTY	861204 UNKNOW	86120400 UNKNOW	S	10 MG	ORAL	TB24	EA	100	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888003105	OXYBUTY	OXYBUTY	861204 UNKNOW	86120400 UNKNOW	S	10 MG	ORAL	TB24	EA	500	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888003201	OXYBUTY	OXYBUTY	861204 UNKNOW	86120400 UNKNOW	S	15 MG	ORAL	TB24	EA	100	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888003205	OXYBUTY	OXYBUTY	861204 UNKNOW	86120400 UNKNOW	S	15 MG	ORAL	TB24	EA	500	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888003301	AMANTAD	AMANTAD	283604 UNKNOW	28360400 UNKNOW	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888003305	AMANTAD	AMANTAD	283604 UNKNOW	28360400 UNKNOW	S	100 MG	ORAL	CAPS	EA	500	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888003330	AMANTAD	AMANTAD	283604 UNKNOW	28360400 UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888003400	CARVEDI	CARVEDI	242000 Alpha-Adr	24200000 Alpha-Adr	S	3.125 MG	ORAL	TABS	EA	1000	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888003401	CARVEDI	CARVEDI	242000 Alpha-Adr	24200000 Alpha-Adr	S	3.125 MG	ORAL	TABS	EA	100	X	GENERIC	72888	Y	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888003405	CARVEDI	CARVEDI	242000 Alpha-Adr	24200000 Alpha-Adr	S	3.125 MG	ORAL	TABS	EA	500	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888003500	CARVEDI	CARVEDI	242000 Alpha-Adr	24200000 Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	1000	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888003501	CARVEDI	CARVEDI	242000 Alpha-Adr	24200000 Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	100	X	GENERIC	72888	Y	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888003505	CARVEDI	CARVEDI	242000 Alpha-Adr	24200000 Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	500	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888003600	CARVEDI	CARVEDI	242000 Alpha-Adr	24200000 Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	1000	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888003601	CARVEDI	CARVEDI	242000 Alpha-Adr	24200000 Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	100	X	GENERIC	72888	Y	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888003605	CARVEDI	CARVEDI	242000 Alpha-Adr	24200000 Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	500	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888003700	CARVEDI	CARVEDI	242000 Alpha-Adr	24200000 Alpha-Adr	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888003701	CARVEDI	CARVEDI	242000 Alpha-Adr	24200000 Alpha-Adr	S	25 MG	ORAL	TABS	EA	100	X	GENERIC	72888	Y	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888003705	CARVEDI	CARVEDI	242000 Alpha-Adr	24200000 Alpha-Adr	S	25 MG	ORAL	TABS	EA	500	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888003905	AMIODAR	AMIODAR	240404 Antiarrhyt	24040420 Class III A	S	200 MG	ORAL	TABS	EA	500	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888003960	AMIODAR	AMIODAR	240404 Antiarrhyt	24040420 Class III A	S	200 MG	ORAL	TABS	EA	60	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888004113	POTASSI	POTASSI	401200 Replacem	40120000 Replacem	S	20 MEQ/1	ORAL	SOLN	ML	473	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888004213	POTASSI	POTASSI	401200 Replacem	40120000 Replacem	S	40 MEQ/1	ORAL	SOLN	ML	473	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888004501	PRIMIDO	PRIMIDO	281204 Anticonvul	28120400 Anticonvul	S	50 MG	ORAL	TABS	EA	100	X	GENERIC	72888	Y	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888004505	PRIMIDO	PRIMIDO	281204 Anticonvul	28120400 Anticonvul	S	50 MG	ORAL	TABS	EA	500	X	GENERIC	72888	Y	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888004601	PRIMIDO	PRIMIDO	281204 Anticonvul	28120400 Anticonvul	S	250 MG	ORAL	TABS	EA	100	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888004605	PRIMIDO	PRIMIDO	281204 Anticonvul	28120400 Anticonvul	S	250 MG	ORAL	TABS	EA	500	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888004701	ACETAZO	ACETAZO	524012 UNKNOW	52401200 UNKNOW	S	125 MG	ORAL	TABS	EA	100	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888004801	ACETAZO	ACETAZO	524012 UNKNOW	52401200 UNKNOW	S	250 MG	ORAL	TABS	EA	100	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888004930	PREGAB	PREGAB	284000 UNKNOW	28400000 UNKNOW	S	82.5 MG	ORAL	TB24	EA	30	X	GENERIC	72888		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
72888005030	PREGAB	PREGAB	284000 UNKNOW	28400000 UNKNOW	S	165 MG	ORAL	TB24	EA	30	X	GENERIC	72888		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
72888005130	PREGAB	PREGAB	284000 UNKNOW	28400000 UNKNOW	S	330 MG	ORAL	TB24	EA	30	X	GENERIC	72888		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
72888005201	METOLAZ	METOLAZ	243624 UNKNOW	24362400 UNKNOW	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888005301	METOLAZ	METOLAZ	243624 UNKNOW	24362400 UNKNOW	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888005401	METOLAZ	METOLAZ	243624 UNKNOW	24362400 UNKNOW	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888005930	RABEPRA	RABEPRA	562836 Proton-pu	56283600 Proton-pu	S	20 MG	ORAL	TBEC	EA	30	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
72888005990	RABEPRA	RABEPRA	562836 Proton-pu	56283600 Proton-pu	S	20 MG	ORAL	TBEC	EA	90	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS			X	1 IN 1 DAYS					R	MEDPRMI
72888006030	AMIODAR	AMIODAR	240404 Antiarrhyt	24040420 Class III A	S	100 MG	ORAL	TABS	EA	30	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888006130	AMIODAR	AMIODAR	240404 Antiarrhyt	24040420 Class III A	S	400 MG	ORAL	TABS	EA	30	X	GENERIC	72888	Y	N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888006201	BUSPIRO	BUSPIRO	282412 UNKNOW	28241200 UNKNOW	S	5 MG	ORAL	TABS	EA	100		GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888006205	BUSPIRO	BUSPIRO	282412 UNKNOW	28241200 UNKNOW	S	5 MG	ORAL	TABS	EA	500		GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888006301	BUSPIRO	BUSPIRO	282412 UNKNOW	28241200 UNKNOW	S	7.5 MG	ORAL	TABS	EA	100		GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888006305	BUSPIRO	BUSPIRO	282412 UNKNOW	28241200 UNKNOW	S	7.5 MG	ORAL	TABS	EA	500		GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888006401	BUSPIRO	BUSPIRO	282412 UNKNOW	28241200 UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888006405	BUSPIRO	BUSPIRO	282412 UNKNOW	28241200 UNKNOW	S	10 MG	ORAL	TABS	EA	500		GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888006501	BUSPIRO	BUSPIRO	282412 UNKNOW	28241200 UNKNOW	S	15 MG	ORAL	TABS	EA	100		GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888006505	BUSPIRO	BUSPIRO	282412 UNKNOW	28241200 UNKNOW	S	15 MG	ORAL	TABS	EA	500		GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888006560	BUSPIRO	BUSPIRO	282412 UNKNOW	28241200 UNKNOW	S	15 MG	ORAL	TABS	EA	60		GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888006605	BUSPIRO	BUSPIRO	282412 UNKNOW	28241200 UNKNOW	S	30 MG	ORAL	TABS	EA	500		GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888006660	BUSPIRO	BUSPIRO	282412 UNKNOW	28241200 UNKNOW	S	30 MG	ORAL	TABS	EA	60		GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888006700	AMITRIPT	AMITRIPT	281604 Antidepres	28160428 Tricyclics	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888006701	AMITRIPT	AMITRIPT	281604 Antidepres	28160428 Tricyclics	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888006800	AMITRIPT	AMITRIPT	281604 Antidepres	28160428 Tricyclics	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888006801	AMITRIPT	AMITRIPT	281604 Antidepres	28160428 Tricyclics	S	25 MG	ORAL	TABS	EA	100	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888006900	AMITRIPT	AMITRIPT	281604 Antidepres	28160428 Tricyclics	S	50 MG	ORAL	TABS	EA	1000	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888006901	AMITRIPT	AMITRIPT	281604 Antidepres	28160428 Tricyclics	S	50 MG	ORAL	TABS	EA	100	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888007001	AMITRIPT	AMITRIPT	281604 Antidepres	28160428 Tricyclics	S	75 MG	ORAL	TABS	EA	100	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888007101	AMITRIPT	AMITRIPT	281604 Antidepres	28160428 Tricyclics	S	100 MG	ORAL	TABS	EA	100	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888007201	AMITRIPT	AMITRIPT	281604 Antidepres	28160428 Tricyclics	S	150 MG	ORAL	TABS	EA	100	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888007301	DICLOFE	DICLOFE	280804 Nonsteroi	28080492 Other Non	S	50 MG	ORAL	TABS	EA	100	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888007305	DICLOFE	DICLOFE	280804 Nonsteroi	28080492 Other Non	S	50 MG	ORAL	TABS	EA	500	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888007414	OXCARB	OXCARB	281224 UNKNOW	28122400 UNKNOW	S	300 MG/5	ORAL	SUSP	ML	250	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888007500	POTASSI	POTASSI	401200 Replacem	40120000 Replacem	S	10 MEQ	ORAL	TBCR	EA	1000	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888007501	POTASSI	POTASSI	401200 Replacem	40120000 Replacem	S	10 MEQ	ORAL	TBCR	EA	100	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888007505	POTASSI	POTASSI	401200 Replacem	40120000 Replacem	S	10 MEQ	ORAL	TBCR	EA	500	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888007601	POTASSI	POTASSI	401200 Replacem	40120000 Replacem	S	20 MEQ	ORAL	TBCR	EA	100	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888007605	POTASSI	POTASSI	401200 Replacem	40120000 Replacem	S	20 MEQ	ORAL	TBCR	EA	500	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888007917	ACYCLOV	ACYCLOV	81832 Nucleosid	8183200 Nucleosid	S	200 MG/5	ORAL	SUSP	ML	473		GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888008000	TRAMAD	TRAMAD	280808 Opiate Ag	28080800 Opiate Ag	S	50 MG	ORAL	TABS	EA	1000		GENERIC	72888		N	FORMULARY		1 GEN	GENERICS			X	8 IN 1 DAYS			X	AGE_YEAMUST BE AT LEAST	R	MEDPRMI
72888008001	TRAMAD	TRAMAD	280808 Opiate Ag	28080800 Opiate Ag	S	50 MG	ORAL	TABS	EA	100		GENERIC	72888		N	FORMULARY		1 GEN	GENERICS			X	8 IN 1 DAYS			X	AGE_YEAMUST BE AT LEAST	R	MEDPRMI
72888008005	TRAMAD	TRAMAD	280808 Opiate Ag	28080800 Opiate Ag	S	50 MG	ORAL	TABS	EA	500		GENERIC	72888		N	FORMULARY		1 GEN	GENERICS			X	8 IN 1 DAYS			X	AGE_YEAMUST BE AT LEAST	R	MEDPRMI
72888008100	ISOSORB	ISOSORB	240808 beta-Adre	24080800 UNKNOW	S	5 MG	ORAL	TABS	EA	1000	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888008101	ISOSORB	ISOSORB	240808 beta-Adre	24080800 UNKNOW	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888008200	ISOSORB	ISOSORB	240808 beta-Adre	24080800 UNKNOW	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888008201	ISOSORB	ISOSORB	240808 beta-Adre	24080800 UNKNOW	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888008300	ISOSORB	ISOSORB	240808 beta-Adre	24080800 UNKNOW	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888008301	ISOSORB	ISOSORB	240808 beta-Adre	24080800 UNKNOW	S	20 MG	ORAL	TABS	EA	100	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888008400	ISOSORB	ISOSORB	240808 beta-Adre	24080800 UNKNOW	S	30 MG	ORAL	TABS	EA	1000	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888008401	ISOSORB	ISOSORB	240808 beta-Adre	24080800 UNKNOW	S	30 MG	ORAL	TABS	EA	100	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888008501	ISOSORB	ISOSORB	240808 beta-Adre	24080800 UNKNOW	S	40 MG	ORAL	TABS	EA	100	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888008630	DICLOFE	DICLOFE	280804 Nonsteroi	28080492 Other Non	S	25 MG	ORAL	TABS	EA	30	X	GENERIC	72888		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
72888008701	OXCARB	OXCARB	281224 UNKNOW	28122400 UNKNOW	S	150 MG	ORAL	TABS	EA	100	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888008705	OXCARB	OXCARB	281224 UNKNOW	28122400 UNKNOW	S	150 MG	ORAL	TABS	EA	500	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888008801	OXCARB	OXCARB	281224 UNKNOW	28122400 UNKNOW	S	300 MG	ORAL	TABS	EA	100	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888008805	OXCARB	OXCARB	281224 UNKNOW	28122400 UNKNOW	S	300 MG	ORAL	TABS	EA	500	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888008901	OXCARB	OXCARB	281224 UNKNOW	28122400 UNKNOW	S	600 MG	ORAL	TABS	EA	100	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888008905	OXCARB	OXCARB	281224 UNKNOW	28122400 UNKNOW	S	600 MG	ORAL	TABS	EA	500	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888009201	BISOPRO	BISOPRO	242000 Alpha-Adr	24200000 Alpha-Adr	S	5 MG	ORAL	TABS	EA	100	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888009230	BISOPRO	BISOPRO	242000 Alpha-Adr	24200000 Alpha-Adr	S	5 MG	ORAL	TABS	EA	30	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888009301	BISOPRO	BISOPRO	242000 Alpha-Adr	24200000 Alpha-Adr	S	10 MG	ORAL	TABS	EA	100	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888009330	BISOPRO	BISOPRO	242000 Alpha-Adr	24200000 Alpha-Adr	S	10 MG	ORAL	TABS	EA	30	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888009401	TRIAMTE	TRIAMTE	402816 Potassium	40281600 Potassium	S	37.5-25 M	ORAL	TABS	EA	100	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888009405	TRIAMTE	TRIAMTE	402816 Potassium	40281600 Potassium	S	37.5-25 M	ORAL	TABS	EA	500	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888009501	TRIAMTE	TRIAMTE	402816 Potassium	40281600 Potassium	S	75-50 MG	ORAL	TABS	EA	100	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888009505	TRIAMTE	TRIAMTE	402816 Potassium	40281600 Potassium	S	75-50 MG	ORAL	TABS	EA	500	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888009619	DIHYDRO	DIHYDRO	121604 UNKNOW	12160404 UNKNOW	S	4 MG/ML	NASAL	SOLN	ML	1		GENERIC	72888	Y	N	FORMULARY		1 GEN	GENERICS			X	8 IN 28 DAYS	X	Must meet 5 DS limit-TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS			R	MEDPRMI
72888009634	DIHYDRO	DIHYDRO	121604 UNKNOW	12160404 UNKNOW	S	4 MG/ML	NASAL	SOLN	ML	1		GENERIC	72888	Y	N	FORMULARY		1 GEN	GENERICS			X	8 IN 28 DAYS	X	Must meet 5 DS limit-TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS			R	MEDPRMI
72888009801	POTASSI	POTASSI	401200 Replacem	40120000 Replacem	S	15 MEQ	ORAL	TBCR	EA	100	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888010020	ARIPIPRA	ARIPIPRA	281608 Antipsych	28160804 Atypical A	S	1 MG/ML	ORAL	SOLN	ML	150	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888010101	METOPR	METOPR	242000 Alpha-Adr	24200000 Alpha-Adr	S	37.5 MG	ORAL	TABS	EA	100	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888010324	BACLOFE	BACLOFE	122012 UNKNOW	12201200 UNKNOW	S	5 MG/5ML	ORAL	SOLN	ML	473		GENERIC	72888		N	FORMULARY		1 GEN	GENERICS	X	PA:X							R	MEDPRMI
72888010425	GABAPEN	GABAPEN	281228 UNKNOW	28122800 UNKNOW	S	250 MG/5	ORAL	SOLN	ML	470	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI
72888010600	CARBIDO	CARBIDO	283616 UNKNOW	28361600 UNKNOW	S	10-100 MC	ORAL	TABS	EA	1000	X	GENERIC	72888		N	FORMULARY		1 GEN	GENERICS									R	MEDPRMI

72888010601	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	10-100 MC	ORAL	TABS	EA	100 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888010605	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	10-100 MC	ORAL	TABS	EA	500 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888010700	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MC	ORAL	TABS	EA	1000 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888010701	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MC	ORAL	TABS	EA	100 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888010705	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MC	ORAL	TABS	EA	500 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888010800	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-250 MC	ORAL	TABS	EA	1000 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888010801	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-250 MC	ORAL	TABS	EA	100 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888010805	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-250 MC	ORAL	TABS	EA	500 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888010901	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	25 MG	ORAL	TBEC	EA	100 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888011000	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	1000 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888011001	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	100 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888011060	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	60 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888011100	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	1000 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888011101	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	100 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888011105	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	500 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888011160	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	60 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888011201	MIDODRI	MIDODRI	121204	alpha-Adr	12120400	alpha-Adr	S	2.5 MG	ORAL	TABS	EA	100	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888011301	MIDODRI	MIDODRI	121204	alpha-Adr	12120400	alpha-Adr	S	5 MG	ORAL	TABS	EA	100	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888011401	MIDODRI	MIDODRI	121204	alpha-Adr	12120400	alpha-Adr	S	10 MG	ORAL	TABS	EA	100	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888011600	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	1000 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888011601	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	100 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888011605	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	5 MG	ORAL	TABS	EA	500 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888011700	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	1000 X	GENERIC		72888 Y	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888011701	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	100 X	GENERIC		72888 Y	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888011705	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	500 X	GENERIC		72888 Y	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888011801	CEVIMELI	CEVIMELI	120400	Parasymp	12040000	Parasymp	S	30 MG	ORAL	CAPS	EA	100 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888011830	CEVIMELI	CEVIMELI	120400	Parasymp	12040000	Parasymp	S	30 MG	ORAL	CAPS	EA	30 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888011900	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	1000	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888011901	DICYCLO	DICYCLO	120808	Antimusca	12080800	Antimusca	S	20 MG	ORAL	TABS	EA	100	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888012001	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	100 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888012005	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	500 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888012101	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TABS	EA	100 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888012105	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	200 MG	ORAL	TABS	EA	500 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888012201	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	300 MG	ORAL	TABS	EA	100 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888012205	LABETAL	LABETAL	242000	Alpha-Adr	24200000	Alpha-Adr	S	300 MG	ORAL	TABS	EA	500 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888012301	GUANFAC	GUANFAC	242400	Beta-Adre	24240000	Beta-Adre	S	1 MG	ORAL	TABS	EA	100 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888012401	GUANFAC	GUANFAC	242400	Beta-Adre	24240000	Beta-Adre	S	2 MG	ORAL	TABS	EA	100 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888012526	LIDOCAIN	LIDOCAIN	521600	Local Ane	52160000	Local Ane	S	2%	MOUTH/T	SOLN	ML	100	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888013001	LOPERAM	LOPERAM	560800	Antidiarrh	56080000	Antidiarrh	S	2 MG	ORAL	CAPS	EA	100	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888013005	LOPERAM	LOPERAM	560800	Antidiarrh	56080000	Antidiarrh	S	2 MG	ORAL	CAPS	EA	500	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888013101	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	100 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888013105	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	500 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888013201	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	100 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888013205	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	500 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888013801	NITROGL	NITROGL	240808	beta-Adre	24080800	UNKNOW	S	0.3 MG	SUBLINGI	SUBL	EA	100 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888013901	NITROGL	NITROGL	240808	beta-Adre	24080800	UNKNOW	S	0.4 MG	SUBLINGI	SUBL	EA	100 X	GENERIC		72888 N	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888013932	NITROGL	NITROGL	240808	beta-Adre	24080800	UNKNOW	S	0.4 MG	SUBLINGI	SUBL	EA	25 X	GENERIC		72888 N	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888013933	NITROGL	NITROGL	240808	beta-Adre	24080800	UNKNOW	S	0.4 MG	SUBLINGI	SUBL	EA	25 X	GENERIC		72888 N	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888014001	NITROGL	NITROGL	240808	beta-Adre	24080800	UNKNOW	S	0.6 MG	SUBLINGI	SUBL	EA	100 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888014330	DESVENL	DESVENL	281604	Antidepres	28160416	UNKNOW	S	50 MG	ORAL	TB24	EA	30 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888014390	DESVENL	DESVENL	281604	Antidepres	28160416	UNKNOW	S	50 MG	ORAL	TB24	EA	90 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888014430	DESVENL	DESVENL	281604	Antidepres	28160416	UNKNOW	S	100 MG	ORAL	TB24	EA	30 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888014490	DESVENL	DESVENL	281604	Antidepres	28160416	UNKNOW	S	100 MG	ORAL	TB24	EA	90 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888015200	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	1000	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888015201	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	100	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888015205	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	500	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888015230	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	30	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888015300	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	1000	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888015301	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	100	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888015305	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	500	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888015330	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	30	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888015400	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	1000	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888015401	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	100	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888015405	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	500	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888015430	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	2 MG	ORAL	TABS	EA	30	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888015501	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MC	ORAL	TBCR	EA	100 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888015530	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MC	ORAL	TBCR	EA	30 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888015601	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	50-200 MC	ORAL	TBCR	EA	100 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888015630	CARBIDO	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	50-200 MC	ORAL	TBCR	EA	30 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888015739	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	10 MG/5M	ORAL	SOLN	ML	473 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888016230	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	R	25 MG	ORAL	TABS	EA	30	GENERIC		72888	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72888016330	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	R	75 MG	ORAL	TABS	EA	30	GENERIC		72888	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72888017246	LITHIUM	LITHIUM	282800	Antimanic	28280000	Antimanic	S	8 MEQ/5M	ORAL	SOLN	ML	500 X	GENERIC		72888 Y	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888017347	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	2 MG/ML	ORAL	CONC	ML	15 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888017348	HALOPER	HALOPER	281608	Antipsych	28160808	Butyrophe	S	2 MG/ML	ORAL	CONC	ML	120 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888017530	DESVENL	DESVENL	281604	Antidepres	28160416	UNKNOW	S	25 MG	ORAL	TB24	EA	30 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888017830	TRANEXA	TRANEXA	202816	Hemostati	20281600	Hemostati	S	650 MG	ORAL	TABS	EA	30	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888017930	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	30 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888017990	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	90 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888018030	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	30 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888018090	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	90 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888018130	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	30 X	GENERIC		72888 Y	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888018190	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	90 X	GENERIC		72888 Y	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888018230	BUPREN	BUPREN	280812	Opiate Pa	28081200	Opiate Pa	S	2 MG	SUBLINGI	SUBL	EA	30	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS	X	3 IN 1 DAYS		R	MEDPRMI
72888018330	BUPREN	BUPREN	280812	Opiate Pa	28081200	Opiate Pa	S	8 MG	SUBLINGI	SUBL	EA	30	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS	X	3 IN 1 DAYS		R	MEDPRMI
72888018501	MYCOPH	MYCOPH	924400	UNKNOW	92440000	UNKNOW	S	500 MG	ORAL	TABS	EA	100 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888018505	MYCOPH	MYCOPH	924400	UNKNOW	92440000	UNKNOW	S	500 MG	ORAL	TABS	EA	500 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888019201	MYCOPH	MYCOPH	902808	UNKNOW	90280892	UNKNOW	S	250 MG	ORAL	CAPS	EA	100 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888019205	MYCOPH	MYCOPH	902808	UNKNOW	90280892	UNKNOW	S	250 MG	ORAL	CAPS	EA	500 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888019912	MYCOPH	MYCOPH	924400	UNKNOW	92440000	UNKNOW	S	180 MG	ORAL	TBEC	EA	120 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888020012	MYCOPH	MYCOPH	924400	UNKNOW	92440000	UNKNOW	S	360 MG	ORAL	TBEC	EA	120 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888020101	POTASSI	POTASSI	401200	Replacem	40120000	Replacem	R	15 MEQ	ORAL	TBCR	EA	100 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888020800	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	1000 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888020801	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	100 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888020805	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	500 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888021000	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	1000 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888021001	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	50 MG	ORAL	TABS	EA	100 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888021200	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	1000 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72888021201	METOPR	METOPR	242000	Alpha-Adr	24200000	Alpha-Adr	S	100 MG	ORAL	TABS	EA	100 X	GENERIC		72888	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72893000101	EVOMEL	MELPHAL	100000	Antineopla	10000000	Antineopla	R	50 MG	INTRAVE	SOLR	EA	1	SSB		72893	N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
72893000201	BELEODA	BELINOS	100000	Antineopla	10000000	Antineopla	R	500 MG	INTRAVE	SOLR	EA	1	SSB		72893	N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
72893000301	FOLOTYN	PRALATR	100000	Antineopla	10000000	Antineopla	R	20 MG/ML	INTRAVE	SOLN	ML	1	SSB		72893	N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
72893000401	KHAPZOF	LEVOLEU	910412	UNKNOW	91041200	UNKNOW	R	175 MG	INTRAVE	SOLR	EA	1	SSB		72893	N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
72893000501	FOLOTYN	PRALATR	100000	Antineopla	10000000	Antineopla	R	40 MG/2M	INTRAVE	SOLN	ML	2	SSB		72893	N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
72893000601	KHAPZOF	LEVOLEU	910412	UNKNOW	91041200	UNKNOW	R	300 MG	INTRAVE	SOLR	EA	1	SSB	10/31/2023	72893	N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
72893000704	ZEVALIN	IBRITUM	100000	Antineopla	10000000	Antineopla	R	3.2 MG/2M	INTRAVE	KIT	EA	1	SSB		72893	N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
72893000803	MARQIBO	VINCRIST	100000	Antineopla	10000000	Antineopla	R	5 MG/31M	INTRAVE	SUSP	EA	1	SSB	5/2/2022	72893	N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
72893001506	HEMADY	DEXAMET	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	100	SSB		72893	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72893001524	HEMADY	DEXAMET	680400	Adrenals	68040000	Adrenals	S	20 MG	ORAL	TABS	EA	24	SSB		72893	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72903085301	ELAHERE	MIRVETU	100000	Antineopla	10000000	Antineopla	R	100 MG/2(	INTRAVE	SOLN	ML	20	SSB		72903	N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
72912052530	ADHANSI	METHYLF	282032	UNKNOW	28203200	UNKNOW	R	25 MG	ORAL	CP24	EA	30 X	SSB	7/15/2022	72912	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72912053530	ADHANSI	METHYLF	282032	UNKNOW	28203200	UNKNOW	R	35 MG	ORAL	CP24	EA	30 X	SSB	7/15/2022	72912	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72912054530	ADHANSI	METHYLF	282032	UNKNOW	28203200	UNKNOW	R	45 MG	ORAL	CP24	EA	30 X	SSB	7/15/2022	72912	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72912055530	ADHANSI	METHYLF	282032	UNKNOW	28203200	UNKNOW	R	55 MG	ORAL	CP24	EA	30 X	SSB	7/15/2022	72912	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72912057030	ADHANSI	METHYLF	282032	UNKNOW	28203200	UNKNOW	R	70 MG	ORAL	CP24	EA	30 X	SSB	7/15/2022	72912	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72912058530	ADHANSI	METHYLF	282032	UNKNOW	28203200	UNKNOW	R	85 MG	ORAL	CP24	EA	30 X	SSB	7/15/2022	72912	N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72919008330	PREGEN	PRENATA	882800	Multivitam	88280000	Multivitam	R	28-1-35 M	ORAL	CAPS	EA	30	SSB		72919	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
72919012410	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG/5M	ORAL	SUSP	ML	100 X	GENERIC		72919	N	FORMULARY		1 GEN	GENERICS				R	MEDPRMI
72919030342	COLLATY	SILVER	849200	Skin and M	84920000	Skin and M	R	0-0	EXTERNA	GEL	GM	42	SSB	3/17/2022	72919	N	EXCLUDE	N/A: [DRU	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72919054960	DIFLORA	DIFLORA	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	60	MSB		72919 N	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72928008901	STRONTI	STRONTI	780000	Radioactiv	78000000	Radioactiv	R	1 MCI/ML	INTRAVE	SOLN	EA	1	GENERIC		72928	N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
72931001002	PRESTAL	PERINDO	243204	Angiotens	24320400	Angiotens	R	3.5-2.5 MC	ORAL	TABS	EA	90 X	SSB		72931	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72931001102	PRESTAL	PERINDO	243204	Angiotens	24320400	Angiotens	R	7-5 MG	ORAL	TABS	EA	90 X	SSB		72931	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72931001202	PRESTAL	PERINDO	243204	Angiotens	24320400	Angiotens	R	14-10 MG	ORAL	TABS	EA	90 X	SSB		72931	N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
72934130002	TAROXIA	NIACINAM	841600	Cell Stimu	84160000	Cell Stimu	R	4-0.025 %	EXTERNA	GEL	GM	30	SSB	5/29/2023	72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934130302	DEOXIA	CLINDAM	840404	Antibacter	84040400	Antibacter	R	1-4 %	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934130402	VAROXIA	NIACINAM	841600	Cell Stimu	84160000	Cell Stimu	R	4-0.05 %	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934131102	DIMOXIA	NIACINAM	849200	Skin and M	84920000	Skin and M	R	4-5 %	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934131302	DEOXIAD	CLINDAM	840404	Antibacter	84040400	Antibacter	R	1-4-2-0.02	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934131402	TARDIMA	NIACINAM	841600	Cell Stimu	84160000	Cell Stimu	R	2-5-0.025	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934131502	VARDIMA	NIACINAM	841600	Cell Stimu	84160000	Cell Stimu	R	2-5-0.05 %	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934132102	DIAOXIA	DAPSONE	849200	Skin and M	84920000	Skin and M	R	6-4 %	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934132202	DIADIMA	DAPSONE	849200	Skin and M	84920000	Skin and M	R	6-2-5 %	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934132302	DIASOXIA	DAPSONE	849200	Skin and M	84920000	Skin and M	R	8.5-4 %	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934132402	DIASAXIA	DAPSONE	849200	Skin and M	84920000	Skin and M	R	8.5-2-0.02	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934132502	DIASDIMA	DAPSONE	849200	Skin and M	84920000	Skin and M	R	8.5-2-5 %	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934132602	INZDEOX	CLINDAM	840404	Antibacter	84040400	Antibacter	R	2.5-1-4 %	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934132702	ONZDEO	CLINDAM	840404	Antibacter	84040400	Antibacter	R	1-5-4 %	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934132802	INZDEAXI	BENZOYL	840404	Antibacter	84040400	Antibacter	R	2.5-1-2-0.(	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934132902	INZDEAXI	BENZOYL	840404	Antibacter	84040400	Antibacter	R	2.5-1-2-0.(	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934133002	ONZDEA	BENZOYL	840404	Antibacter	84040400	Antibacter	R	5-1-2-0.02	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934133102	ONZDEA	BENZOYL	840404	Antibacter	84040400	Antibacter	R	5-1-2-0.05	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934133202	ONZDEA	BENZOYL	840404	Antibacter	84040400	Antibacter	R	5-1-2-0.1	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934133302	ONZDEA	BENZOYL	840404	Antibacter	84040400	Antibacter	R	5-1-2-2-0.(	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934133402	ONZDEA	BENZOYL	840404	Antibacter	84040400	Antibacter	R	5-1-2-2-0.(	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934133502	ADAINZO	ADAPALE	842800	Keratolytic	84280000	Keratolytic	R	0.3-2.5-4	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934133602	ADAINZD	ADAPALE	840404	Antibacter	84040400	Antibacter	R	0.3-2.5-1	EXTERNA	GEL	GM	30	SSB	8/19/2024	72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934133802	ROAOXIA	DICLOFE	840620	UNKNOW	84062000	UNKNOW	R	3-4 %	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934133902	QUIHOXV	IMIQUIMO	841800	UNKNOW	84180000	UNKNOW	R	5-1-0.05 %	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934134002	QUITAR	IMIQUIMO	841800	UNKNOW	84180000	UNKNOW	R	5-0.025 %	EXTERNA	GEL	GM	30	SSB	5/29/2023	72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934134102	QUIHOXA	IMIQUIMO	841800	UNKNOW	84180000	UNKNOW	R	5-1-2 %	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934134202	QUIDROX	IMIQUIMO	841800	UNKNOW	84180000	UNKNOW	R	5-30-0.1 %	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934139602	DAZOMOI	BRIMONI	524004	UNKNOW	52400400	UNKNOW	R	0.25%	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934139702	IDAOXIA	METRONI	840404	Antibacter	84040400	Antibacter	R	1-4 %	EXTERNA	GEL	GM	30	SSB	5/29/2023	72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934139802	AVEIDA	IVERMEC	840412	Scabicides	84041200	Scabicides	R	1-1 %	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934139902	DAZAVEI	BRIMONI	524004	UNKNOW	52400400	UNKNOW	R	0.25-1-1-4	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934140002	AVEIDAO	IVERMEC	840412	Scabicides	84041200	Scabicides	R	1-1-4 %	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934140802	GEAMETI	CIMETIDI	842800	Keratolytic	84280000	Keratolytic	R	5-2-17 %	EXTERNA	GEL	GM	30	SSB	8/30/2022	72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934141102	ADEINZD	ADAPALE	840404	Antibacter	84040400	Antibacter	R	0.1-2.5-1	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934141204	PRONAL	UREA-LA	842800	Keratolytic	84280000	Keratolytic	R	40-10 %	EXTERNA	GEL	GM	120	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934141302	IDYYXIAT	NIACINAM	841600	Cell Stimu	84160000	Cell Stimu	R	5-0.025 %	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934141802	ACIOXIA	TRIAMCIN	840608	UNKNOW	84060800	UNKNOW	R	0.5-0.1 %	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934143502	METDRA	IBUPROF	842800	Keratolytic	84280000	Keratolytic	R	2-17 %	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934143602	NENDRU	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	R	5-40 %	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934144010	LOUNZD	BENZOYL	840404	Antibacter	84040400	Antibacter	R	10-4 & 2-4	EXTERNA	THPK	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934144110	UNZDOMI	BENZOYL	840404	Antibacter	84040400	Antibacter	R	10-4 & 2-4	EXTERNA	THPK	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934154406	XIRUN	UREA-LA	842800	Keratolytic	84280000	Keratolytic	R	40-10 %	EXTERNA	GEL	GM	120	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934156302	APORIX	CLINDAM	840404	Antibacter	84040400	Antibacter	R	1-4 %	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934156402	ALURIS	NIACINAM	841600	Cell Stimu	84160000	Cell Stimu	R	4-0.05 %	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934157102	ADALINA	NIACINAM	849200	Skin and M	84920000	Skin and M	R	4-5 %	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934157302	AUGUSTI	CLINDAM	840404	Antibacter	84040400	Antibacter	R	1-4-2-0.02	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934157402	AZALTA	NIACINAM	841600	Cell Stimu	84160000	Cell Stimu	R	2-5-0.025	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934157502	AZALTA H	NIACINAM	841600	Cell Stimu	84160000	Cell Stimu	R	2-5-0.05 %	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934157802	ARTILIS	CLINDAM	840404	Antibacter	84040400	Antibacter	R	1-2.5-4 %	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934157902	ARTILIS H	CLINDAM	840404	Antibacter	84040400	Antibacter	R	1-5-4 %	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934158002	ADERMIC	BENZOYL	840404	Antibacter	84040400	Antibacter	R	2.5-1-2-0.(	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934158102	ADERMIC	BENZOYL	840404	Antibacter	84040400	Antibacter	R	2.5-1-2-0.(	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934158202	ALOMIRA	BENZOYL	840404	Antibacter	84040400	Antibacter	R	5-1-2-0.02	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934158302	ALOMIRA	BENZOYL	840404	Antibacter	84040400	Antibacter	R	5-1-2-0.05	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934158402	ALOMIRA	BENZOYL	840404	Antibacter	84040400	Antibacter	R	5-1-2-0.1	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934158502	APHORIA	ADAPALE	842800	Keratolytic	84280000	Keratolytic	R	0.3-2.5-4	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934159102	ALUXOF	BENZOYL	840404	Antibacter	84040400	Antibacter	R	10-4 & 2-4	EXTERNA	THPK	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934159110	ALUXOF	BENZOYL	840404	Antibacter	84040400	Antibacter	R	10-4 & 2-4	EXTERNA	THPK	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934159202	ALUXOF I	BENZOYL	840404	Antibacter	84040400	Antibacter	R	10-4 & 2-4	EXTERNA	THPK	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934159210	ALUXOF I	BENZOYL	840404	Antibacter	84040400	Antibacter	R	10-4 & 2-4	EXTERNA	THPK	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934159302	KERAXA	DICLOFE	840620	UNKNOW	84062000	UNKNOW	R	3-4 %	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934159402	KAZURI	IMIQUIMO	841800	UNKNOW	84180000	UNKNOW	R	5-1-0.05 %	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934159502	KYNARA	IMIQUIMO	841800	UNKNOW	84180000	UNKNOW	R	5-1-2 %	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934159602	KERIDA	IMIQUIMO	841800	UNKNOW	84180000	UNKNOW	R	5-30-0.1 %	EXTERNA	GEL	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934229904	OXIAVAR	NIACINAM	841600	Cell Stimu	84160000	Cell Stimu	R	4-0.05 %	EXTERNA	CREA	GM	100	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934230002	TAROXIA	NIACINAM	841600	Cell Stimu	84160000	Cell Stimu	R	4-0.025 %	EXTERNA	CREA	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934230202	TARDEO	CLINDAM	840404	Antibacter	84040400	Antibacter	R	1-4-0.025	EXTERNA	CREA	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934230402	VAROXIA	NIACINAM	841600	Cell Stimu	84160000	Cell Stimu	R	4-0.05 %	EXTERNA	CREA	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934230502	DEOXIAV	CLINDAM	840404	Antibacter	84040400	Antibacter	R	1-4-0.05 %	EXTERNA	CREA	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934230602	OXIAVAR	NIACINAM	841600	Cell Stimu	84160000	Cell Stimu	R	4-0.1 %	EXTERNA	CREA	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934230702	OXIATAR	NIACINAM	841600	Cell Stimu	84160000	Cell Stimu	R	4-0.025 %	EXTERNA	CREA	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934230802	OXIAVAR	NIACINAM	841600	Cell Stimu	84160000	Cell Stimu	R	4-0.05 %	EXTERNA	CREA	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934230902	OXIAZAR	NIACINAM	841600	Cell Stimu	84160000	Cell Stimu	R	4-0.1 %	EXTERNA	CREA	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934231702	ETHOXIA	NIACINAM	849200	Skin and M	84920000	Skin and M	R	4-0.05 %	EXTERNA	CREA	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934231802	ITHOXIA	NIACINAM	849200	Skin and M	84920000	Skin and M	R	4-0.1 %	EXTERNA	CREA	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934232102	DIASOXIA	DAPSONE	849200	Skin and M	84920000	Skin and M	R	6-4 %	EXTERNA	CREA	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934232202	DIADIMA	DAPSONE	849200	Skin and M	84920000	Skin and M	R	6-2-5 %	EXTERNA	CREA	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934232302	DIASOXIA	DAPSONE	849200	Skin and M	84920000	Skin and M	R	8.5-4 %	EXTERNA	CREA	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934232402	DIASAXIA	DAPSONE	849200	Skin and M	84920000	Skin and M	R	8.5-2-0.02	EXTERNA	CREA	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934232502	DIASDIMA	DAPSONE	849200	Skin and M	84920000	Skin and M	R	8.5-2-5 %	EXTERNA	CREA	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934235802	IMIOXIA	ECONAZO	840408	Antifungal	84040808	Azoles	R	1-4 %	EXTERNA	CREA	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934236202	TETOXIA	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	R	0.01-4 %	EXTERNA	CREA	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934236302	PHEOXIA	KETOCON	840408	Antifungal	84040808	Azoles	R	2-4 %	EXTERNA	CREA	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934236403	CHLOOXI	CLOBETA	840608	UNKNOW	84060800	UNKNOW	R	0.05-4 %	EXTERNA	CREA	GM	60	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934236602	OXIANUJ	NIACINAM	849200	Skin and M	84920000	Skin and M	R	4-0.1 %	EXTERNA	CREA	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934236902	PHEYO	KETOCON	840408	Antifungal	84040808	Azoles	R	2.5-2 %	EXTERNA	CREA	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934237002	PHEODO	IODOQUI	840416	UNKNOW	84041600	UNKNOW	R	1-2.5-2 %	EXTERNA	CREA	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934239102	PROOXIA	LACTIC A	845004	Depigmen	84500400	Depigmen	R	10-4 %	EXTERNA	CREA	GM	30	SSB		72934	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRMI
72934239502	DIOOXIA	CALCIPO	842412	Basic Oint	84241200	Basic Oint	R	0.005-4 %	EXTERNA	CREA	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934240202	NYNUTE	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	R	23-7 %	EXTERNA	CREA	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934240702	NUJU	TACROLI	840628	UNKNOW	84062800	UNKNOW	R	0.10%	EXTERNA	CREA	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934241102	GUANENI	CIMETIDI	842800	Keratolytic	84280000	Keratolytic	R	10-5-40 %	EXTERNA	CREA	GM	30	SSB	8/30/2022	72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934241402	ACIOXIAY	AZELAIC	840404	Antibacter	84040400	Antibacter	R	15-4 %	EXTERNA	CREA	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934241502	FLUOXIA	DESOXIM	840608	UNKNOW	84060800	UNKNOW	R	0.05-4 %	EXTERNA	CREA	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934242102	ECEOXIA	NIACINAM	840404	Antibacter	84040400	Antibacter	R	4-10 %	EXTERNA	CREA	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934242902	SAROXIA	NIACINAM	841600	Cell Stimu	84160000	Cell Stimu	R	4-0.05 %	EXTERNA	CREA	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934250002	ELYZIA	NIACINAM	849200	Skin and M	84920000	Skin and M	R	4-0.1 %	EXTERNA	CREA	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934250302	DELIBON	KETOCON	840408	Antifungal	84040808	Azoles	R	2-2.5 %	EXTERNA	CREA	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934250402	DAZINIA	IODOQUI	840416	UNKNOW	84041600	UNKNOW	R	1-2.5-2 %	EXTERNA	CREA	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934252902	PURAZIL	CALCIPO	842412	Basic Oint	84241200	Basic Oint	R	0.005-4 %	EXTERNA	CREA	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934253502	NOLIRA	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	R	23-7 %	EXTERNA	CREA	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934254602	SORIXIA	NIACINAM	841600	Cell Stimu	84160000	Cell Stimu	R	4-0.05 %	EXTERNA	CREA	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934254702	RUMILO	AZELAIC	840404	Antibacter	84040400	Antibacter	R	15-4 %	EXTERNA	CREA	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934254802	DYNOMA	DESOXIM	840608	UNKNOW	84060800	UNKNOW	R	0.05-4 %	EXTERNA	CREA	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934256102	ALURIS L	NIACINAM	841600	Cell Stimu	84160000	Cell Stimu	R	4-0.025 %	EXTERNA	CREA	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934256202	AVIDORA	CLINDAM	840404	Antibacter	84040400	Antibacter	R	1-4-0.025	EXTERNA	CREA	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934256402	ALURIS	NIACINAM	841600	Cell Stimu	84160000	Cell Stimu	R	4-0.05 %	EXTERNA	CREA	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934256502	AVIDORA	CLINDAM	840404	Antibacter	84040400	Antibacter	R	1-4-0.05 %	EXTERNA	CREA	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934256602	ALURIS H	NIACINAM	841600	Cell Stimu	84160000	Cell Stimu	R	4-0.1 %	EXTERNA	CREA	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934256702	ALURIS L	NIACINAM	841600	Cell Stimu	84160000	Cell Stimu	R	4-0.025 %	EXTERNA	CREA	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934256802	ALURIS P	NIACINAM	841600	Cell Stimu	84160000	Cell Stimu	R	4-0.05 %	EXTERNA	CREA	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934256902	ALURIS H	NIACINAM	841600	Cell Stimu	84160000	Cell Stimu	R	4-0.1 %	EXTERNA	CREA	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934257602	ALVOX	NIACINAM	849200	Skin and M	84920000	Skin and M	R	4-0.05 %	EXTERNA	CREA	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934257702	ALVOX HI	NIACINAM	849200	Skin and M	84920000	Skin and M	R	4-0.1 %	EXTERNA	CREA	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI
72934258602	ALIXI	DAPSONE	849200	Skin and M	84920000	Skin and M	R	6-4 %	EXTERNA	CREA	GM	30	SSB		72934	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND				R	MEDPRMI

72934258702	ADMIRAZ	DAPSONE	849200 Skin and M	84920000 Skin and M	R	6-2-5 %	EXTERNA	CREA	GM	30		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934258802	ALIXI HP	DAPSONE	849200 Skin and M	84920000 Skin and M	R	8.5-4 %	EXTERNA	CREA	GM	30		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934258902	AWANIS	DAPSONE	849200 Skin and M	84920000 Skin and M	R	8.5-2-0.02	EXTERNA	CREA	GM	30		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934259002	ADMIRAZ	DAPSONE	849200 Skin and M	84920000 Skin and M	R	8.5-2-5 %	EXTERNA	CREA	GM	30		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934261202	FRIVO	ECONAZO	840408 Antifungal	84040808 Azoles	R	1-4 %	EXTERNA	CREA	GM	30		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934261502	DOMELA	FLUOCIN	840608 UNKNOW	84060800 UNKNOW	R	0.01-4 %	EXTERNA	CREA	GM	30		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934261602	DENVITA	KETOCON	840408 Antifungal	84040808 Azoles	R	2-4 %	EXTERNA	CREA	GM	30		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934261703	DIVINIX	CLOBETA	840608 UNKNOW	84060800 UNKNOW	R	0.05-4 %	EXTERNA	CREA	GM	60		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934261708	DIVINIX	CLOBETA	840608 UNKNOW	84060800 UNKNOW	R	0.05-4 %	EXTERNA	CREA	GM	60		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934330303	DEOXIA	CLINDAM	840404 Antibacter	84040400 Antibacter	R	1-4 %	EXTERNA	LOTN	GM	60		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934331002	OXIAICE	NIACINAM	840404 Antibacter	84040400 Antibacter	R	4-15 %	EXTERNA	LOTN	GM	30		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934335702	HEXIOUN	CICLOPIR	840408 Antifungal	84040820 Hydroxypy	R	3-5-20 %	EXTERNA	LOTN	GM	30		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934356303	APORIX	CLINDAM	840404 Antibacter	84040400 Antibacter	R	1-4 %	EXTERNA	LOTN	GM	60		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934356308	APORIX	CLINDAM	840404 Antibacter	84040400 Antibacter	R	1-4 %	EXTERNA	LOTN	GM	60		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934357002	ABENOR	NIACINAM	840404 Antibacter	84040400 Antibacter	R	4-15 %	EXTERNA	LOTN	GM	30		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934361102	FERVINA	CICLOPIR	840408 Antifungal	84040820 Hydroxypy	R	3-5-20 %	EXTERNA	LOTN	GM	30		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934423509	DIFMETIC	FLUCONA	840408 Antifungal	84040808 Azoles	R	4-2-1-4 %	EXTERNA	SOLN	ML	15		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934431203	DEOXIAT	CLINDAM	840404 Antibacter	84040400 Antibacter	R	1-4-0.025	EXTERNA	SOLN	ML	50		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934434308	OXOPID	BETAMET	240816 Central Al	24081600 Central Al	R	0.05-5 %	EXTERNA	SOLN	ML	60		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934434408	OXOPIDA	BETAMET	849200 Skin and M	84920000 Skin and M	R	0.05-5-2-0	EXTERNA	SOLN	ML	60		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934434508	FINAPID	FINASTEF	920400 UNKNOW	92040000 UNKNOW	R	0.1-5 %	EXTERNA	SOLN	ML	60		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934434608	FLYPROG	DEXAMET	849200 Skin and M	84920000 Skin and M	R	0.1-0.1-5-(	EXTERNA	SOLN	ML	60		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934434708	PIDPROG	MINOXIDI	849200 Skin and M	84920000 Skin and M	R	5-0.1-0.02	EXTERNA	SOLN	ML	60		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934434808	TETPIDTA	FLUOCIN	849200 Skin and M	84920000 Skin and M	R	0.01-5-0.0	EXTERNA	SOLN	ML	60		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934434908	NUJO	TACROLI	840628 UNKNOW	84062800 UNKNOW	R	0.10%	EXTERNA	SOLN	ML	60		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934435008	OXOPOD	BETAMET	240816 Central Al	24081600 Central Al	R	0.05-7 %	EXTERNA	SOLN	ML	60		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934435108	PODTAR	MINOXIDI	849200 Skin and M	84920000 Skin and M	R	7-0.025 %	EXTERNA	SOLN	ML	60		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934435208	FINAPOD	FINASTEF	920400 UNKNOW	92040000 UNKNOW	R	0.1-7 %	EXTERNA	SOLN	ML	60		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934435308	FINAPOD	FINASTEF	849200 Skin and M	84920000 Skin and M	R	0.1-7-0.02	EXTERNA	SOLN	ML	60		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934435408	PODPRO	MINOXIDI	849200 Skin and M	84920000 Skin and M	R	7-0.1-0.02	EXTERNA	SOLN	ML	60		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934435508	PODPRO	PROGEST	683200 Progestins	68320000 Progestins	R	0.1-7 %	EXTERNA	SOLN	ML	60		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934435608	PODOXIA	MINOXIDI	849200 Skin and M	84920000 Skin and M	R	7-4 %	EXTERNA	SOLN	ML	60		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934436009	HIXDEFRI	CICLOPIR	840408 Antifungal	84040804 Allylamine	R	8-1-1 %	EXTERNA	SOLN	ML	15		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934436109	RIMI	TERBINAF	840408 Antifungal	84040804 Allylamine	R	5%	EXTERNA	SOLN	GM	15		SSB	5/29/2023	72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934436405	CHLOOXI	CLOBETA	840608 UNKNOW	84060800 UNKNOW	R	0.05-4 %	EXTERNA	SOLN	ML	60		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934436503	DIOCHLO	CALCIPO	840608 UNKNOW	84060800 UNKNOW	R	0.005-0.05	EXTERNA	SOLN	ML	50		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934442205	OXIACHL	CLOBETA	840608 UNKNOW	84060800 UNKNOW	R	0.05-4 %	EXTERNA	SOLN	GM	60		SSB	5/29/2023	72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934457203	AVIDORA	CLINDAM	840404 Antibacter	84040400 Antibacter	R	1-4-0.025	EXTERNA	SOLN	ML	50		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934457211	AVIDORA	CLINDAM	840404 Antibacter	84040400 Antibacter	R	1-4-0.025	EXTERNA	SOLN	ML	50		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934459708	HEMTARA	BETAMET	240816 Central Al	24081600 Central Al	R	0.05-5 %	EXTERNA	SOLN	ML	60		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934459808	HESMILLA	BETAMET	849200 Skin and M	84920000 Skin and M	R	0.05-5-2-0	EXTERNA	SOLN	ML	60		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934459908	HARVIVA	FINASTEF	920400 UNKNOW	92040000 UNKNOW	R	0.1-5 %	EXTERNA	SOLN	ML	60		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934460008	HARISIS	DEXAMET	849200 Skin and M	84920000 Skin and M	R	0.1-0.1-5-(	EXTERNA	SOLN	ML	60		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934460108	HENTIS	MINOXIDI	849200 Skin and M	84920000 Skin and M	R	5-0.1-0.02	EXTERNA	SOLN	ML	60		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934460208	HEVONA	FLUOCIN	849200 Skin and M	84920000 Skin and M	R	0.01-5-0.0	EXTERNA	SOLN	ML	60		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934460308	HOVYN	TACROLI	840628 UNKNOW	84062800 UNKNOW	R	0.10%	EXTERNA	SOLN	ML	60		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934460408	HEMTARA	BETAMET	240816 Central Al	24081600 Central Al	R	0.05-7 %	EXTERNA	SOLN	ML	60		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934460508	HOLIZAR	MINOXIDI	849200 Skin and M	84920000 Skin and M	R	7-0.025 %	EXTERNA	SOLN	ML	60		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934460608	HARVIVA	FINASTEF	920400 UNKNOW	92040000 UNKNOW	R	0.1-7 %	EXTERNA	SOLN	ML	60		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934460708	HONISTA	FINASTEF	849200 Skin and M	84920000 Skin and M	R	0.1-7-0.02	EXTERNA	SOLN	ML	60		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934460808	HENTIS H	MINOXIDI	849200 Skin and M	84920000 Skin and M	R	7-0.1-0.02	EXTERNA	SOLN	ML	60		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934460908	HOLIXIA	PROGEST	683200 Progestins	68320000 Progestins	R	0.1-7 %	EXTERNA	SOLN	ML	60		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934461008	HOVITRA	MINOXIDI	849200 Skin and M	84920000 Skin and M	R	7-4 %	EXTERNA	SOLN	ML	60		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934461309	FENOVIA	FLUCONA	840408 Antifungal	84040808 Azoles	R	4-2-1-4 %	EXTERNA	SOLN	ML	15		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934461409	FILOMA	CICLOPIR	840408 Antifungal	84040804 Allylamine	R	8-1-1 %	EXTERNA	SOLN	ML	15		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934461705	DIVINIX	CLOBETA	840608 UNKNOW	84060800 UNKNOW	R	0.05-4 %	EXTERNA	SOLN	ML	60		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934461708	DIVINIX	CLOBETA	840608 UNKNOW	84060800 UNKNOW	R	0.05-4 %	EXTERNA	SOLN	ML	60		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934461803	PLENURA	CALCIPO	840608 UNKNOW	84060800 UNKNOW	R	0.005-0.05	EXTERNA	SOLN	ML	50		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934461811	PLENURA	CALCIPO	840608 UNKNOW	84060800 UNKNOW	R	0.005-0.05	EXTERNA	SOLN	ML	50		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934536403	CHLOOXI	CLOBETA	840608 UNKNOW	84060800 UNKNOW	R	0.05-4 %	EXTERNA	OINT	GM	60		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934536702	OXIANUJ	NIACINAM	849200 Skin and M	84920000 Skin and M	R	4-0.1 %	EXTERNA	OINT	GM	30		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934536802	OXIANUJI	NIACINAM	849200 Skin and M	84920000 Skin and M	R	4-0.03 %	EXTERNA	OINT	ML	30		SSB	5/29/2023	72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934540402	ENZNONI	BENZOCA	840800 Antipruritic	84080000 Antipruritic	R	20-10-10 %	EXTERNA	OINT	GM	30		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934541602	IDARAN	METRONI	840404 Antibacter	84040400 Antibacter	R	1-2 %	EXTERNA	OINT	ML	30		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934541702	NANRAN	MUPIROC	840404 Antibacter	84040400 Antibacter	R	2-2 %	EXTERNA	OINT	GM	30		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934550102	ELYZIA	NIACINAM	849200 Skin and M	84920000 Skin and M	R	4-0.1 %	EXTERNA	OINT	GM	30		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934553802	NOBELA	BENZOCA	840800 Antipruritic	84080000 Antipruritic	R	20-10-10 %	EXTERNA	OINT	ML	30		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934554902	BAXONIL	METRONI	840404 Antibacter	84040400 Antibacter	R	1-2 %	EXTERNA	OINT	ML	30		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934555002	BATIZIA	MUPIROC	840404 Antibacter	84040400 Antibacter	R	2-2 %	EXTERNA	OINT	GM	30		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934561703	DIVINIX	CLOBETA	840608 UNKNOW	84060800 UNKNOW	R	0.05-4 %	EXTERNA	OINT	GM	60		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934561708	DIVINIX	CLOBETA	840608 UNKNOW	84060800 UNKNOW	R	0.05-4 %	EXTERNA	OINT	GM	60		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934637102	KAXM	HYDROQ	845004 Depigmen	84500400 Depigmen	R	4%	EXTERNA	EMUL	GM	30		SSB		72934			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
72934637202	KEXM	HYDROQ	845004 Depigmen	84500400 Depigmen	R	6%	EXTERNA	EMUL	GM	30		SSB		72934			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
72934637302	KOTARAX	HYDROQ	845004 Depigmen	84500400 Depigmen	R	5-0.025-0.	EXTERNA	EMUL	GM	30		SSB		72934			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
72934637402	KATARAX	HYDROQ	845004 Depigmen	84500400 Depigmen	R	4-0.025-0.	EXTERNA	EMUL	GM	30		SSB		72934			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
72934637502	KATARYA	HYDROQ	845004 Depigmen	84500400 Depigmen	R	4-0.5-0.02	EXTERNA	EMUL	GM	30		SSB		72934			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
72934637602	KETARYA	HYDROQ	845004 Depigmen	84500400 Depigmen	R	6-0.5-0.02	EXTERNA	EMUL	GM	30		SSB		72934			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
72934637702	KEVARYA	HYDROQ	845004 Depigmen	84500400 Depigmen	R	6-0.5-0.05	EXTERNA	EMUL	GM	30		SSB		72934			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
72934637802	KUVARYA	HYDROQ	845004 Depigmen	84500400 Depigmen	R	8-0.5-0.05	EXTERNA	EMUL	GM	30		SSB		72934			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
72934637902	KUXM	HYDROQ	845004 Depigmen	84500400 Depigmen	R	8%	EXTERNA	EMUL	GM	30		SSB		72934			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
72934638002	KATARVI	HYDROQ	845004 Depigmen	84500400 Depigmen	R	4-0.025 %	EXTERNA	EMUL	GM	30		SSB		72934			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
72934638102	KUTAR	HYDROQ	845004 Depigmen	84500400 Depigmen	R	8-0.025 %	EXTERNA	EMUL	GM	30		SSB		72934			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
72934638202	KEVARTI	HYDROQ	845004 Depigmen	84500400 Depigmen	R	6-0.05 %	EXTERNA	EMUL	GM	30		SSB		72934			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
72934638302	KEIDO	HYDROQ	845004 Depigmen	84500400 Depigmen	R	6%	EXTERNA	EMUL	GM	30		SSB		72934			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
72934638402	YAXATAR	HYDROQ	845004 Depigmen	84500400 Depigmen	R	4-0.5-0.02	EXTERNA	EMUL	GM	30		SSB		72934			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
72934638502	KUTARYA	HYDROQ	845004 Depigmen	84500400 Depigmen	R	8-0.5-0.02	EXTERNA	EMUL	GM	30		SSB		72934			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
72934638602	KATARYA	HYDROQ	845004 Depigmen	84500400 Depigmen	R	4-0.5-0.02	EXTERNA	EMUL	GM	30		SSB		72934			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
72934638702	KUTARYA	HYDROQ	845004 Depigmen	84500400 Depigmen	R	8-0.5-0.02	EXTERNA	EMUL	GM	30		SSB		72934			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
72934638802	YOKATAR	HYDROQ	845004 Depigmen	84500400 Depigmen	R	4-2.5-0.02	EXTERNA	EMUL	GM	30		SSB		72934			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
72934638902	KEVARAX	HYDROQ	845004 Depigmen	84500400 Depigmen	R	6-0.05-0.0	EXTERNA	EMUL	GM	30		SSB		72934			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
72934639002	KUTEA	HYDROQ	845004 Depigmen	84500400 Depigmen	R	8%	EXTERNA	EMUL	GM	30		SSB		72934			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
72934639202	KUTARVI	HYDROQ	845004 Depigmen	84500400 Depigmen	R	8-0.025 %	EXTERNA	EMUL	GM	30		SSB		72934			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
72934639302	KUVARYE	HYDROQ	845004 Depigmen	84500400 Depigmen	R	8-1-0.05 %	EXTERNA	EMUL	GM	30		SSB		72934			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
72934639402	KEYA	HYDROQ	845004 Depigmen	84500400 Depigmen	R	6-0.5 %	EXTERNA	EMUL	GM	30		SSB		72934			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
72934650502	MEDORF	HYDROQ	845004 Depigmen	84500400 Depigmen	R	4%	EXTERNA	EMUL	GM	30		SSB		72934			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
72934650602	MEDORF	HYDROQ	845004 Depigmen	84500400 Depigmen	R	6%	EXTERNA	EMUL	GM	30		SSB		72934			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
72934650702	MAVILO	HYDROQ	845004 Depigmen	84500400 Depigmen	R	5-0.025-0.	EXTERNA	EMUL	GM	30		SSB		72934			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
72934650802	MAVILO L	HYDROQ	845004 Depigmen	84500400 Depigmen	R	4-0.025-0.	EXTERNA	EMUL	GM	30		SSB		72934			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
72934650902	MELONDI	HYDROQ	845004 Depigmen	84500400 Depigmen	R	4-0.5-0.02	EXTERNA	EMUL	GM	30		SSB		72934			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
72934651002	MAHOVA	HYDROQ	845004 Depigmen	84500400 Depigmen	R	6-0.5-0.02	EXTERNA	EMUL	GM	30		SSB		72934			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
72934651102	MEKAM H	HYDROQ	845004 Depigmen	84500400 Depigmen	R	6-0.5-0.05	EXTERNA	EMUL	GM	30		SSB		72934			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
72934651202	MECORIX	HYDROQ	845004 Depigmen	84500400 Depigmen	R	8-0.5-0.05	EXTERNA	EMUL	GM	30		SSB		72934			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
72934651302	MEDORF	HYDROQ	845004 Depigmen	84500400 Depigmen	R	8%	EXTERNA	EMUL	GM	30		SSB		72934			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
72934651402	MOKURA	HYDROQ	845004 Depigmen	84500400 Depigmen	R	4-0.025 %	EXTERNA	EMUL	GM	30		SSB		72934			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
72934742306	HAXCHLO	CICLOPIR	840408 Antifungal	84040820 Hydroxypy	R	0.77-0.05 %	EXTERNA	SHAM	ML	120		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934742406	PHEDRAX	KETOCON	840408 Antifungal	84040808 Azoles	R	2-2 %	EXTERNA	SHAM	ML	120		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934742506	HAXDRAX	CICLOPIR	840408 Antifungal	84040820 Hydroxypy	R	0.77-2 %	EXTERNA	SHAM	ML	120		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934742606	HAXCHLO	CICLOPIR	840408 Antifungal	84040820 Hydroxypy	R	0.77-0.05-	EXTERNA	SHAM	ML	120		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934742706	CHLOHU	CLOBETA	840608 UNKNOW	84060800 UNKNOW	R	0.05-2 %	EXTERNA	SHAM	ML	120		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934841906	DRAXACE	SALICYLI	842800 Keratolytic	84280000 Keratolytic	R	2-8 %	EXTERNA	SUSP	ML	120		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934841907	DRAXACE	SALICYLI	842800 Keratolytic	84280000 Keratolytic	R	2-8 %	EXTERNA	SUSP	ML	240		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934842006	DRAXACE	SALICYLI	842800 Keratolytic	84280000 Keratolytic	R	2-8 %	EXTERNA	SUSP	GM	120		SSB	5/29/2023	72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72934842806	DRIXECE	SALICYLI	842800 Keratolytic	84280000 Keratolytic	R	5-10 %	EXTERNA	SUSP	ML	120		SSB		72934			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72959001052	PSORIAS	COAL TAR	843200 Keratoplas	84320000 Keratoplas	P	2%	EXTERNA	OINT	GM	119		MSB		72959			N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
72959001552	PSORIAS	COAL TAR	843200 Keratoplas	84320000 Keratoplas	P	2%	EXTERNA	OINT	GM	119		GENERIC		72959			N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
72959049524	DIUREX M	PAMABRO	243692 UNKNOW	24369200 UNKNOW	O	50 MG	ORAL	TABS	EA	24		SSB		72959			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
72959053038	BACKAID	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	500-25 MG	ORAL	TABS	EA	38		GENERIC		72959			N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
72959055080	DIUREX L	CAFFEINE	243692 UNKNOW	24369200 UNKNOW	O	100 MG	ORAL	TABS	EA	80		SSB		72959			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
72959061430	FUNGICU	TOLNAFT	840408 Antifungal	84040840 Thiocarba	P	1%	EXTERNA	SOLN	ML	30		GENERIC		72959			N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
72960011201	DAXXIFY	DAXIBOT	122020 UNKNOW	12202024 UNKNOW	R	100 UNIT	INTRAMU	SOLR	EA	1		SSB		72960			N	EXCLUDE N/A: [DRU	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
72972000102	OPTASE I	GLYCERI	529200 EENT Dru	52920000 EENT Dru	O	0.20%	OPHTHAL	SOLN	ML	9.9		SSB		72972			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
72974012001	ORGOVYX	RELUGOL	681804 UNKNOW	68180400 UNKNOW	R	120 MG	ORAL	TABS	EA	30		SSB		72974			N	FORMULARY	5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X						R	MEDPRMI
72974041501	MYFEMBI	RELUGOL	681804 UNKNOW	68180400 UNKNOW	R	40-1-0.5 M	ORAL	TABS	EA	28		SSB		72974			N	FORMULARY	2 BRAND	PREFERRED BRAND	X	PA:X						R	MEDPRMI
72989037230	PROMETR	PROGEST	683200 Progestins	68320000 Progestins	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		72989	Y		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
72989037330	PROMETR	PROGEST	683200 Progestins	68320000 Progestins	S	200 MG	ORAL	CAPS	EA	30	X	GENERIC		72989	Y		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
72989040930	PHENDIM	PHENDIM	282008 UNKNOW	28200804 UNKNOW	R	105 MG	ORAL	CP24	EA	30		MSB		72989			N	EXCLUDED	3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS	X	AGE_YEA	MUST BE AT LEAST	R	MEDPRMI
72990010303	DEFENCA	HEPARIN	81228 Antibacter	8122800 Antibacter	R	1000-13.5	IN VITRO	SOLN	ML	3		SSB		72990			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
72990010310	DEFENCA	HEPARIN	81228 Antibacter	8122800 Antibacter	R	1000-13.5	IN VITRO	SOLN	ML	3		SSB		72990			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
73007000130	FOLICA-B	AMANUAL	882800 Multivitam	88280000 Multivitam	R	0	ORAL	CAPS	EA	30		SSB		73007			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
73007000230	ORTHO-F	AMANUAL	880800 Vitamin B	88080000 Vitamin B	R	0	ORAL	CAPS	EA	30		SSB		73007			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND								R	MEDPRMI
73007000430	VITAZYM	AMANUAL	882800 Multivitam	88280000 Multivitam	R	0	ORAL	TABS	EA	30		SSB		73007			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
73007001303	CHLORZO	CHLORZO	122004 UNKNOW	12200400 UNKNOW	S	500 MG	ORAL	TABS	EA	100		GENERIC	7/3/2023	73007			N	FORMULARY	1 GEN	GENERICS			X	4 IN 1 DAYS				R	MEDPRMI
73010022110	TAMPAX	SANITARY	940000 Devices	94000000 Devices	O	0	VAGINAL	TAMP	EA	40		NON DRUG		73010			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
73028010112	HYDROC	HYDROC	840608 UNKNOW	84060800 UNKNOW	S	25 MG	RECTAL	SUPP	EA	12		GENERIC		73028			N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
73028010124	HYDROC	HYDROC	840608 UNKNOW	84060800 UNKNOW	S	25 MG	RECTAL	SUPP	EA	24		GENERIC		73028			N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
73028040112	HYDROC	HYDROC	840800 Antipruritic	84080000 Antipruritic	R	25-18 MG	RECTAL	SUPP	EA	12		GENERIC		73028			N	EXCLUDE EXCLUDE	20	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
73042020101	DANYELZ	NAXITAM	100000 Antineopla	10000000 Antineopla	R	40 MG/10	INTRAVEI	SOLN	ML	10		SSB		73042			N	EXCLUDE SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
73043000501	CYCLOSP	CYCLOSP	520800 Anti-inflam	52080000 Anti-inflam	S	0.05%	OPHTHAL	EMUL	EA	30	X	GENERIC		73043			N	FORMULARY	1 GEN	GENERICS			X	2 IN 1 DAYS				R	MEDPRMI
73043000502	CYCLOSP	CYCLOSP	520800 Anti-inflam	52080000 Anti-inflam	S	0.05%	OPHTHAL	EMUL	EA	60	X	GENERIC		73043			N	FORMULARY	1 GEN	GENERICS			X	2 IN 1 DAYS				R	MEDPRMI
73043001003	AMOXICIL	AMOXICIL	81216 Penicillins	8121608 Aminopen	S	250-62.5 M	ORAL	SUSR	ML	150		GENERIC		73043	Y		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
73043002201	FUROSEM	FUROSEM	243608 UNKNOW	24360800 UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	2		GENERIC		73043			N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
73043002301	FUROSEM	FUROSEM	243608 UNKNOW	24360800 UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	4		GENERIC		73043			N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
73043002401	FUROSEM	FUROSEM	243608 UNKNOW	24360800 UNKNOW	S	10 MG/ML	INJECTIO	SOLN	ML	10		GENERIC		73043			N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
73059000160	ACCRUFER	FERRIC M	200404 Iron Prepa	20040400 Iron Prepa	R	30 MG	ORAL	CAPS	EA	60		SSB		73059			N	EXCLUDE EXCLUDE	20	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
73063003503	RELYVRIO	SODIUM P	284400 UNKNOW	28440000 UNKNOW	R	3-1 GM	ORAL	PACK	EA	56		SSB	10/31/2024	73063			N	EXCLUDE RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
73063003504	RELYVRIO	SODIUM P	284400 UNKNOW	28440000 UNKNOW	R	3-1 GM	ORAL	PACK	EA	7		SSB	10/31/2024	73063			N	EXCLUDE RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
73070010011	INSULIN A	INSULIN A	682008 Insulins	68200804 UNKNOW	R	100 UNIT/	INJECTIO	SOLN	ML	10	X	SSB		73070		Y	N	EXCLUDE EXCLUDE	3 BRND2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
73070010210	INSULIN A	INSULIN A	682008 Insulins	68200804 UNKNOW	R	100 UNIT/	SUBCUTA	SOCT	ML	3	X	SSB		73070		Y	N	EXCLUDE EXCLUDE	3 BRND2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
73070010215	INSULIN A	INSULIN A	682008 Insulins	68200804 UNKNOW	R	100 UNIT/	SUBCUTA	SOCT	ML	3	X	SSB		73070		Y	N	EXCLUDE EXCLUDE	3 BRND2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
73070010310	INSULIN A	INSULIN A	682008 Insulins	68200804 UNKNOW	R	100 UNIT/	SUBCUTA	SOPN	ML	3	X	SSB		73070		Y	N	EXCLUDE EXCLUDE	3 BRND2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
73070010315	INSULIN A	INSULIN A	682008 Insulins	68200804 UNKNOW	R	100 UNIT/	SUBCUTA	SOPN	ML	3	X	SSB		73070		Y	N	EXCLUDE EXCLUDE	3 BRND2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
73070020011	INSULIN A	INSULIN A	682008 Insulins	68200804 UNKNOW	R	(70-30) 10	SUBCUTA	SUSP	ML	10	X	GENERIC		73070		Y	N	EXCLUDE EXCLUDE	3 BRND2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
73070020310	INSULIN A	INSULIN A	682008 Insulins	68200804 UNKNOW	R	(70-30) 10	SUBCUTA	SUPN	ML	3	X	GENERIC		73070		Y	N	EXCLUDE EXCLUDE	3 BRND2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
73070020315	INSULIN A	INSULIN A	682008 Insulins	68200804 UNKNOW	R	(70-30) 10	SUBCUTA	SUPN	ML	3	X	GENERIC		73070		Y	N	EXCLUDE EXCLUDE	3 BRND2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
73070040011	INSULIN D	INSULIN D	682008 Insulins	68200816 UNKNOW	R	100 UNIT/	SUBCUTA	SOLN	ML	10	X	GENERIC		73070		Y	N	EXCLUDE HARD_MS	1 GEN	FORMULARY EXCLUSION							PLEASE DISPENSE BRAND	R	MEDPRMI
73070040315	INSULIN D	INSULIN D	682008 Insulins	68200816 UNKNOW	R	100 UNIT/	SUBCUTA	SOPN	ML	3	X	GENERIC		73070		Y	N	EXCLUDE HARD_MS	1 GEN	FORMULARY EXCLUSION							PLEASE DISPENSE BRAND	R	MEDPRMI
73070050315	INSULIN D	INSULIN D	682008 Insulins	68200816 UNKNOW	R	200 UNIT/	SUBCUTA	SOPN	ML	3	X	GENERIC		73070		Y	N	EXCLUDE HARD_MS	1 GEN	FORMULARY EXCLUSION							PLEASE DISPENSE BRAND	R	MEDPRMI
73077001001	PEDMARK	SODIUM T	910412 UNKNOW	91041200 UNKNOW	R	12.50%	INTRAVEI	SOLN	ML	100		SSB		73077			N	EXCLUDE SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
73079005030	ZOKINVY	LONAFAR	440400 UNKNOW	44040000 UNKNOW	R	50 MG	ORAL	CAPS	EA	30	X	SSB		73079			N	NON-FORMULARY	6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X						R	MEDPRMI
73079007530	ZOKINVY	LONAFAR	440400 UNKNOW	44040000 UNKNOW	R	75 MG	ORAL	CAPS	EA	30	X	SSB		73079			N	NON-FORMULARY	6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X						R	MEDPRMI
73086021001	IBUPROF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	S	400 MG	ORAL	TABS	EA	100	X	GENERIC		73086			N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
73086021101	IBUPROF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	S	600 MG	ORAL	TABS	EA	100	X	GENERIC		73086			N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
73086021201	IBUPROF	IBUPROF	280804 Nonsteroi	28080404 UNKNOW	S	800 MG	ORAL	TABS	EA	100	X	GENERIC		73086			N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
73086050030	PROBION	PROBIOT	560800 Antidiarrh	56080000 Antidiarrh	O	0-0-0-0	ORAL	CAPS	EA	30		SSB		73086			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
73086080597	SKARLITE	OCCLUSI	940000 Devices	94000000 Devices	R	0	DOES NO	SHEE	EA	7		NON DRU	8/17/2023	73086			N	EXCLUDE N/A: [DRU	20	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
73086080599	SKARLITE	OCCLUSI	940000 Devices	94000000 Devices	R	0	DOES NO	SHEE	EA	28		NON DRU	8/17/2023	73086			N	EXCLUDE N/A: [DRU	20	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
73086090099	CAPSAICI	CAPSAICI	840800 Antipruritic	84080000 Antipruritic	O	0.0225-4.5	EXTERNA	PTCH	EA	15		MSB	11/21/2022	73086			N	EXCLUDE N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRMI
73086090299	LIDOCAIN	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	4%	EXTERNA	PTCH	EA	10		GENERIC	11/21/2022	73086			N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
73086090399	CAPSAICI	CAPSAICI	849200 Skin and M	84920000 Skin and M	P	0.03%	EXTERNA	PTCH	EA	10		GENERIC	11/21/2022	73086			N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
73086090498	LIDOCAIN	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	4-4 %	EXTERNA	PTCH	EA	5		GENERIC	11/21/2022	73086			N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
73086090499	LIDOCAIN	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	P	4-4 %	EXTERNA	PTCH	EA	10		GENERIC	11/21/2022	73086			N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
73086090799	SKYADEF	LIDOCAIN	840800 Antipruritic	84080000 Antipruritic	R	2.5-2.5 %	EXTERNA	KIT	EA	1		SSB		73086			N	EXCLUDE EXCLUDE	20	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
73089008112	VAZALOR	ASPIRIN	280804 Nonsteroi	28080424 Salicylates	O	81 MG	ORAL	CAPS	EA	12		SSB		73089			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
73089008121	VAZALOR	ASPIRIN	280804 Nonsteroi	28080424 Salicylates	O	81 MG	ORAL	CAPS	EA	30		SSB		73089			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
73089032521	VAZALOR	ASPIRIN	280804 Nonsteroi	28080424 Salicylates	O	325 MG	ORAL	CAPS	EA	30		SSB		73089			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
73090042001	SYLVANT	SILTUXIM	100000 Antineopla	10000000 Antineopla	R	100 MG	INTRAVEI	SOLR	EA	1		SSB		73090			N	EXCLUDE SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
73090042101	SYLVANT	SILTUXIM	100000 Antineopla	10000000 Antineopla	R	400 MG	INTRAVEI	SOLR	EA	1		SSB		73090			N	EXCLUDE SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
73108000001	CEQUR S	INJECTIO	940000 Devices	94000000 Devices	R	0	DOES NO	DEVI	EA	10		NON DRUG		73108			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	X	PA:X						R	MEDPRMI
73108000008	CEQUR S	INJECTIO	940000 Devices	94000000 Devices	R	0	DOES NO	DEVI	EA	8		NON DRUG		73108			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	X	PA:X						R	MEDPRMI
73108000100	CEQUR S	INJECTIO	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		73108			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	X	PA:X						R	MEDPRMI
73108000101	CEQUR S	INJECTIO	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		73108			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	X	PA:X						R	MEDPRMI
73108000201	CEQUR S	INJECTIO	940000 Devices	94000000 Devices	R	0	DOES NO	KIT	EA	1		NON DRUG		73108			N	EXCLUDE N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION	X	PA:X						R	MEDPRMI
73116010006	FARYDAK	PANOBIN	100000 Antineopla	10000000 Antineopla	R	10 MG	ORAL	CAPS	EA	6		SSB	6/10/2022	73116			N	EXCLUDE RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
73116010106	FARYDAK	PANOBIN	100000 Antineopla	10000000 Antineopla	R	15 MG	ORAL	CAPS	EA	6		SSB	6/10/2022	73116			N	EXCLUDE RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
73116010206	FARYDAK	PANOBIN	100000 Antineopla	10000000 Antineopla	R	20 MG	ORAL	CAPS	EA	6		SSB	6/10/2022	73116			N	EXCLUDE RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
73116021528	COPIKTR	DUVELISI	100000 Antineopla	10000000 Antineopla	R	15 MG	ORAL	CAPS	EA	28		SSB		73116			N	NON-FORMULARY	6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X						R	MEDPRMI
73116021556	COPIKTR	DUVELISI	100000 Antineopla	10000000 Antineopla	R	15 MG	ORAL	CAPS	EA	56		SSB		73116			N	NON-FORMULARY	6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X						R	MEDPRMI
73116022528	COPIKTR	DUVELISI	100000 Antineopla	10000000 Antineopla	R	25 MG	ORAL	CAPS	EA	28		SSB		73116			N	NON-FORMULARY	6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X						R	MEDPRMI
73116022556	COPIKTR	DUVELISI	100000 Antineopla	10000000 Antineopla	R	25 MG	ORAL	CAPS	EA	56		SSB		73116			N	NON-FORMULARY	6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X						R	MEDPRMI
73129000101	NULIBRY	FOSDENO	929200 UNKNOW	92920000 UNKNOW	R	9.5 MG	INTRAVEI	SOLR	EA	1	X	SSB	4/17/2023	73129		Y	N	NON-FORMULARY	6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X						R	MEDPRMI
73129000199	NULIBRY	FOSDENO	929200 UNKNOW	92920000 UNKNOW	R	9.5 MG	INTRAVEI	SOLR	EA	1	X	SSB	9/13/2023	73129		Y	Y	EXCLUDE INSTIT: [INSTITUTIONAL DRU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
73141000602	SELEGILI	SELEGILI	283632 UNKNOW	28363200 UNKNOW	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		73141			N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
73141001203	ISOSORB	ISOSORB	240816 Central Al	24081600 Central Al	S	20-37.5 M	ORAL	TABS	EA	90	X	GENERIC		73141			N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
73141002302	POSACO	POSACO	81408 Azoles	8140800 Azoles	S	100 MG	ORAL	TBEC	EA	60	X	GENERIC		73141			N	FORMULARY	1 GEN	GENERICS	X	PA:X						R	MEDPRMI
73141002402	MARAVIR	MARAVIR	81808 Antiretrovi	8180804 HIV Fusion	S	150 MG	ORAL	TABS	EA	60	X	GENERIC		73141			N	FORMULARY	4 SPGEN	SPECIALTY GENERICS			X	2 IN 1 DAYS				R	MEDPRMI
73141002502	MARAVIR	MARAVIR	81808 Antiretrovi	8180804 HIV Fusion	S	300 MG	ORAL	TABS	EA	60	X	GENERIC		73141			N	FORMULARY	4 SPGEN	SPECIALTY GENERICS			X	4 IN 1 DAYS				R	MEDPRMI
73141011601	OMEGA-3	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	P	1000 MG	ORAL	CAPS	EA	100		GENERIC		73141			N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
73141011701	OMEGA-3	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	P	1000 MG	ORAL	CAPS	EA	100		GENERIC		73141			N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
73141011801	OMEGA-3	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	P	1000 MG	ORAL	CAPS	EA	100		GENERIC		73141			N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
73141013501	OMEGA-3	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	P	1000 MG	ORAL	CAPS	EA	100		GENERIC		73141			N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
73141055802	CAPSAICI	CAPSAICI	849200 Skin and M	84920000 Skin and M	P	0.10%	EXTERNA	CREA	GM	60		GENERIC		73141			N	EXCLUDE N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
73150015006	BRIUMVI	UBLITUXI	900404 UNKNOW	90040400 UNKNOW	R	150 MG/6	INTRAVEI	SOLN	ML	6	X	SSB		73150			N	EXCLUDE SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
73150020012	UKONIQ	UMBRALI	100000 Antineopla	10000000 Antineopla	R	200 MG	ORAL	TABS	EA	120		SSB	4/15/2022	73150			N	EXCLUDE RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
73152002660	TOLTERO	TOLTERO	861204 UNKNOW	86120400 UNKNOW	S	1 MG	ORAL	TABS	EA	60	X	GENERIC		73152			N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
73152002705	TOLTERO	TOLTERO	861204 UNKNOW	86120400 UNKNOW	S	2 MG	ORAL	TABS	EA	500	X	GENERIC		73152			N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
73152002760	TOLTERO	TOLTERO	861204 UNKNOW	86120400 UNKNOW	S	2 MG	ORAL	TABS	EA	60	X	GENERIC		73152			N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
73152002901	TIMOLOL	TIMOLOL	242000 Alpha-Adr	24200000 Alpha-Adr	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		73152			N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
73152003001	TIMOLOL	TIMOLOL	242000 Alpha-Adr	24200000 Alpha-Adr	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		73152			N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
73152003101	TIMOLOL	TIMOLOL	242000 Alpha-Adr	24200000 Alpha-Adr	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		73152			N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
73152007501	AMANTA	AMANTA	283604 UNKNOW	28360400 UNKNOW	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		73152			N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
73152007505	AMANTA	AMANTA	283604 UNKNOW	28360400 UNKNOW	S	100 MG	ORAL	TABS	EA	500	X	GENERIC		73152			N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
73152007601	AMANTA	AMANTA	283604 UNKNOW	28360400 UNKNOW	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC		73152			N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
73152007605	AMANTA	AMANTA	283604 UNKNOW	28360400 UNKNOW	S	100 MG	ORAL	CAPS	EA	500	X	GENERIC		73152			N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
73152014101	FOLIC AC	FOLIC AC	880800 Vitamin B	88080000 Vitamin B	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		73152			N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
73152014110	FOLIC AC	FOLIC AC	880800 Vitamin B	88080000 Vitamin B	S	1 MG	ORAL	TABS	EA	1000	X	GENERIC		73152			N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
73153090001	BREYANZ	LISOCAB	261200 UNKNOW	26120000 UNKNOW	R	70000000	INTRAVEI	SUSP	EA	1		SSB		73153			N	EXCLUDE SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
73154005060	IBSRELA	TENAPAN	569200 GI Drugs,	56920000 GI Drugs,	R	50 MG	ORAL	TABS	EA	60	X	SSB		73154			N	EXCLUDE EXCLUDE	3 BRND2	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
73154012060	XPHOZAH	TENAPAN	401819 Phosphate	40181900 Phosphate	R	20 MG	ORAL	TABS	EA	60	X	SSB		73154			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND			X	2 IN 1 DAYS	X	Must meet	5 DS Calc TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER I	R	MEDPRMI
73154013060	XPHOZAH	TENAPAN	401819 Phosphate	40181900 Phosphate	R	30 MG	ORAL	TABS	EA	60	X	SSB		73154			N	NON-FORMULARY	3 BRND2	NON-PREFERRED BRAND			X	2 IN 1 DAYS	X	Must meet	5 DS Calc TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER I	R	MEDPRMI
73159000101	ENZOCLE	BENZOYL	840492 Local Anti-	84049200 Local Anti-	S	9.80%	EXTERNA	FOAM	GM	100		GENERIC	4/17/2023	73159	N		N	FORMULARY	1 GEN	GENERICS								R	MEDPRMI
73159000301	BUTALBIT	BUTALBIT	280892 Analgesic	28089200 Analgesic	S	25-325 M	ORAL	TABS	EA	100		MSB	1/30/2023	73159			N	EXCLUDE EXCLUDE	20	FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
73177010102	KETAMIN	KETAMIN	280408 UNKNOW	28040800 UNKNOW	R	50 MG/5M	INTRAVEI	SOSY	ML	5		GENERIC	2/6/2024	73177			N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
73177010106	KETAMIN	KETAMIN	280408 UNKNOW	28040800 UNKNOW	R	30 MG/3M	INTRAVEI	SOSY	ML	3		GENERIC	2/15/2024	73177			N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
73177010201	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	20 MCG/2	INTRAVEI	SOSY	ML	2		GENERIC		73177			N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
73177010202	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	50 MCG/5	INTRAVEI	SOSY	ML	5		GENERIC		73177			N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
73177010203	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	100 MCG/	INTRAVEI	SOSY	ML	10		GENERIC		73177			N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
73177010205	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	500 MCG/	INTRAVEI	SOSY	ML	50		GENERIC		73177			N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
73177010225	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	2.5-0.9 M	INTRAVEI	SOLN	ML	250		GENERIC		73177			N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
73177010227	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	1-0.9 MG/	INTRAVEI	SOLN	ML	100		GENERIC		73177			N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
73177010301	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	100 MCG/	INTRAVEI	SOSY	ML	2		GENERIC		73177			N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
73177010302	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	250 MCG/	INTRAVEI	SOSY	ML	5		GENERIC	7/30/2024	73177			N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
73177010304	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	1250 MC	INTRAVEI	SOSY	ML	25		GENERIC		73177			N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
73177010305	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	2500 MC	INTRAVEI	SOSY	ML	50		GENERIC		73177			N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
73177010307	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	1000 MC	INTRAVEI	SOSY	ML	20		GENERIC		73177			N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI
73177010316	FENTANY	FENTANY	280808 Opiate Ag	28080800 Opiate Ag	R	1500 MC	INTRAVEI	SOSY	ML	30		GENERIC		73177			N	EXCLUDE SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRMI

74312001474 ASCORBI	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	500 MG	ORAL	TABS	EA	250	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312001510 ASCORBI	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	500 MG	ORAL	TABS	EA	100	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312001603 GENTLE I	FE BISGL	200404 Iron Prepa	20040400 Iron Prepa	O	28-60-0.0(	ORAL	CAPS	EA	90	SSB	74312	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312001620 B-12 (ME1	METHYLC	880800 Vitamin B	88080000 Vitamin B	P	1000 MCG	SUBLINGI	SUBL	EA	60	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312001683 L-CARNIT	LEVOCAF	402000 Caloric Ag	40200000 Caloric Ag	P	500MG	ORAL	TABS	EA	30	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312001707 ASCORBI	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	1000 MG	ORAL	TABS	EA	100	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312001947 MILK THIS	MILK THIS	929200 UNKNOW	92920000 UNKNOW	P	250 MG	ORAL	CAPS	EA	50	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312001976 NIACIN FI	INOSITOL	241292 Vasodilati	24129200 Vasodilati	P	500 MG	ORAL	CAPS	EA	120 X	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312002060 ZINC	ZINC	401200 Replacem	40120000 Replacem	P	50 MG	ORAL	TABS	EA	100	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312002099 CO Q-10	COENZYI	929200 UNKNOW	92920000 UNKNOW	P	200 MG	ORAL	CAPS	EA	45	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312002532 CO Q-10	COENZYI	929200 UNKNOW	92920000 UNKNOW	P	400 MG	ORAL	CAPS	EA	39	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312002603 CHROMIL	CHROMIL	401200 Replacem	40120000 Replacem	O	800 MCG	ORAL	TABS	EA	50	MSB	74312	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
74312002605 ACIDOPH	LACTOBA	560800 Antidiarrh	56080000 Antidiarrh	P	1MG	ORAL	TABS	EA	100	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312002610 ACIDOPH	LACTOBA	560800 Antidiarrh	56080000 Antidiarrh	P	0.5 MG	ORAL	TABS	EA	120	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312002832 MELATON	MELATON	929200 UNKNOW	92920000 UNKNOW	P	1MG	ORAL	TABS	EA	180	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312002843 FOLIC AC	FOLIC AC	880800 Vitamin B	88080000 Vitamin B	P	800 MCG	ORAL	TABS	EA	250 X	GENERIC	74312	N	#N/A	ORIG_FR	10 EHB	#N/A	X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
74312002871 B-COMPL	B-COMPL	880800 Vitamin B	88080000 Vitamin B	P	1200MCG	SUBLINGI	LIQD	ML	59	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312003201 SELENIUI	SELENIUI	401200 Replacem	40120000 Replacem	P	200 MCG	ORAL	TABS	EA	100	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312003595 B-12 MICI	CYANOC(	880800 Vitamin B	88080000 Vitamin B	P	500MCG	SUBLINGI	SUBL	EA	100	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312003822 FISH OIL	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	P	1000 MG	ORAL	CAPS	EA	145	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312003849 FISH OIL	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	P	1000 MG	ORAL	CAPS	EA	250	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312003880 VITAMIN (	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	500 MG	ORAL	CHEW	EA	90	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312003925 FISH OIL	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	P	1000 MG	ORAL	CAPS	EA	200	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312004233 CALCIUM	CALCIUM	401200 Replacem	40120000 Replacem	P	600-20 M(	ORAL	TABS	EA	250	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312004290 CALCIUM	MULTIPLE	401200 Replacem	40120000 Replacem	O	33.333MG	ORAL	TABS	EA	100	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312004349 CRANBEF	CRANBEF	929200 UNKNOW	92920000 UNKNOW	P	4200-20-3	ORAL	CAPS	EA	120	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312004363 CRANBEF	CRANBEF	929200 UNKNOW	92920000 UNKNOW	P	4200-20-3	ORAL	CAPS	EA	250	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312004544 GINKGO E	GINKGO E	929200 UNKNOW	92920000 UNKNOW	P	120 MG	ORAL	CAPS	EA	100	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312004549 MILK THIS	MILK THIS	929200 UNKNOW	92920000 UNKNOW	P	250 MG	ORAL	CAPS	EA	200	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312004750 VITAMIN (	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	500 MG	ORAL	CPCR	EA	100	GENERIC	74312 N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312004886 CO Q-10	COENZYI	929200 UNKNOW	92920000 UNKNOW	P	100 MG	ORAL	CAPS	EA	45	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312004902 LUTEIN	LUTEIN	929200 UNKNOW	92920000 UNKNOW	P	20MG	ORAL	CAPS	EA	40	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312005145 GINGER F	GINGER (	929200 UNKNOW	92920000 UNKNOW	P	550 MG	ORAL	CAPS	EA	100	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312005163 CLA	SAFFLOW	929200 UNKNOW	92920000 UNKNOW	P	1000MG	ORAL	CAPS	EA	50	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312005315 5-HTP	5-HYDRO	929200 UNKNOW	92920000 UNKNOW	P	100MG	ORAL	CAPS	EA	60	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312005535 MAGNESI	MAGNESI	401200 Replacem	40120000 Replacem	P	500 MG	ORAL	TABS	EA	100	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312005633 ECHINAC	ECHINAC	929200 UNKNOW	92920000 UNKNOW	P	400 MG	ORAL	CAPS	EA	100	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312005800 NIACIN EI	NIACIN	880800 Vitamin B	88080000 Vitamin B	P	250 MG	ORAL	CPCR	EA	90	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312006011 L-LYSINE	LYSINE	402000 Caloric Ag	40200000 Caloric Ag	P	1000 MG	ORAL	TABS	EA	60	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312006212 RED YEA:	RED YEA:	929200 UNKNOW	92920000 UNKNOW	P	600MG	ORAL	CAPS	EA	120	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312007087 CALCIUM	CALCIUM	401200 Replacem	40120000 Replacem	P	500-10 M(	ORAL	TABS	EA	300	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312007321 HORNY G	HORNY G	929200 UNKNOW	92920000 UNKNOW	O	250-150 M	ORAL	CAPS	EA	60	MSB	74312	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
74312007373 EVENING	EVENING	929200 UNKNOW	92920000 UNKNOW	O	1000 MG	ORAL	CAPS	EA	60	MSB	74312	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
74312007580 HAIR/SKII	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	20MG-20M	ORAL	TABS	EA	60	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312007760 L-ARGINII	ARGININE	402000 Caloric Ag	40200000 Caloric Ag	P	1000 MG	ORAL	TABS	EA	50	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312007901 MELATON	MELATON	929200 UNKNOW	92920000 UNKNOW	O	3 MG	SUBLINGI	SUBL	EA	120	MSB	74312	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
74312007903 MELATON	MELATON	929200 UNKNOW	92920000 UNKNOW	O	3MG	SUBLINGI	SUBL	EA	240	MSB	74312	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
74312007961 BIOTIN	BIOTIN	880800 Vitamin B	88080000 Vitamin B	P	1000 MCG	ORAL	TABS	EA	100	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312010151 FISH-FLA	FLAXSEE	929200 UNKNOW	92920000 UNKNOW	P	0-0-0-0	ORAL	CAPS	EA	72	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312011932 GINSENG	GINSENG	929200 UNKNOW	92920000 UNKNOW	O	375-1-15 I	ORAL	CAPS	EA	75	SSB	74312	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312012326 GARLIC	GARLIC	929200 UNKNOW	92920000 UNKNOW	P	1000MG	ORAL	CAPS	EA	100	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312013102 FISH OIL	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	P	1200 MG	ORAL	CAPS	EA	200	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312013168 SUPER B	B-COMPL	882800 Multivitam	88280000 Multivitam	P	60MG-60M	ORAL	TABS	EA	150	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312013185 SAM-E	S-ADENO	929200 UNKNOW	92920000 UNKNOW	P	400 MG	ORAL	TABS	EA	30	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312013321 FLAXSEE	FLAXSEE	929200 UNKNOW	92920000 UNKNOW	P	1200 MG	ORAL	CAPS	EA	125	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312013329 FISH OIL	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	P	1200 MG	ORAL	CAPS	EA	120	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312013430 BIOTIN	BIOTIN	880800 Vitamin B	88080000 Vitamin B	P	5 MG	ORAL	CAPS	EA	72	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312013437 CALCIUM	CALCIUM	401200 Replacem	40120000 Replacem	P	600-12.5 I	ORAL	CAPS	EA	120	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312013439 CALCIUM	CALCIUM	401200 Replacem	40120000 Replacem	P	600-12.5 I	ORAL	CAPS	EA	220	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312013794 CRANBEF	CRANBEF	929200 UNKNOW	92920000 UNKNOW	O	252-20-3 I	ORAL	CAPS	EA	60	SSB	74312	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312014020 CINNAMC	CINNAMC	929200 UNKNOW	92920000 UNKNOW	P	500MG	ORAL	CAPS	EA	100	GENERIC	74312 N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312014230 CALCIUM	CALCIUM	401200 Replacem	40120000 Replacem	P	600-3.125	ORAL	TABS	EA	60	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312015061 CINNAMC	CHROMIL	929200 UNKNOW	92920000 UNKNOW	O	200-1000 I	ORAL	CAPS	EA	60	SSB	74312	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312015417 TURMERI	MISC NAT	929200 UNKNOW	92920000 UNKNOW	P	0	ORAL	CAPS	EA	60	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312015605 D3-1000	CHOLEC/	881600 Vitamin D	88160000 Vitamin D	P	1000UNIT	ORAL	CAPS	EA	120	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312015606 VITAMIN I	CHOLEC/	881600 Vitamin D	88160000 Vitamin D	P	25 MCG ('	ORAL	CAPS	EA	250	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312015745 MELATON	MELATON	929200 UNKNOW	92920000 UNKNOW	P	5 MG	ORAL	CAPS	EA	90	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312016878 FISH OIL	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	P	1200 MG	ORAL	CAPS	EA	200	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312016887 FISH OIL	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	P	1200 MG	ORAL	CAPS	EA	60	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312017130 FISH OIL	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	P	1200 MG	ORAL	CAPS	EA	90	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312017139 CO Q-10	COENZYI	929200 UNKNOW	92920000 UNKNOW	P	200 MG	ORAL	CAPS	EA	80	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312017243 GINKGO E	GINKGO E	929200 UNKNOW	92920000 UNKNOW	O	30MG	ORAL	CAPS	EA	200	MSB	74312	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION			R	MEDPRMI
74312017621 VITAMIN I	CHOLEC/	881600 Vitamin D	88160000 Vitamin D	P	50 MCG (:	ORAL	CAPS	EA	150	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312017640 CO Q-10 E	COENZYI	929200 UNKNOW	92920000 UNKNOW	O	100-20 M(	ORAL	CAPS	EA	60	SSB	74312	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312018187 B-12 SUP	CYANOC(	880800 Vitamin B	88080000 Vitamin B	O	5000 MCG	SUBLINGI	LIQD	ML	59	SSB	74312	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312018678 MINI FISH	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	P	645 MG	ORAL	CAPS	EA	90	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312019377 VITAMIN I	CHOLEC/	881600 Vitamin D	88160000 Vitamin D	P	125 MCG	ORAL	CAPS	EA	150	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312019404 FISH OIL	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	O	1400 MG	ORAL	CAPS	EA	39	SSB	74312	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312019405 FISH OIL	FISH OIL-	929200 UNKNOW	92920000 UNKNOW	P	1200-100(	ORAL	CAPS	EA	90	GENERIC	74312 N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312019491 MELATON	MELATON	929200 UNKNOW	92920000 UNKNOW	P	10 MG	ORAL	CAPS	EA	60	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312019939 VITAMIN I	CHOLEC/	881600 Vitamin D	88160000 Vitamin D	P	50 MCG (:	ORAL	CAPS	EA	240	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312019961 CALCIUM	CALCIUM	401200 Replacem	40120000 Replacem	P	600-12.5 I	ORAL	CAPS	EA	120	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312019989 RED YEA:	RED YEA:	929200 UNKNOW	92920000 UNKNOW	P	600 MG	ORAL	CAPS	EA	250	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312027602 FISH OIL	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	P	1200 MG	ORAL	CAPS	EA	320	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312027800 FISH OIL	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	P	1000 MG	ORAL	CAPS	EA	120	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312029176 D3 MAXIN	CHOLEC/	881600 Vitamin D	88160000 Vitamin D	P	5000UNIT	ORAL	CAPS	EA	240	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312030413 VITAMIN I	CHOLEC/	881600 Vitamin D	88160000 Vitamin D	P	25 MCG ('	ORAL	CAPS	EA	350	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312030421 YOUR LIF	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	30MG-30M	ORAL	CHEW	EA	75	SSB	74312	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312030696 CO Q-10 E	COENZYI	929200 UNKNOW	92920000 UNKNOW	O	100-20 M(	ORAL	CAPS	EA	60	SSB	74312	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312030697 FISH OIL	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	P	1200 MG	ORAL	CAPS	EA	180	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312030698 D3 SUPEI	CHOLEC/	881600 Vitamin D	88160000 Vitamin D	P	2000UNIT	ORAL	CAPS	EA	150	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI
74312030709 ACIDOPH	LACTOBA	560800 Antidiarrh	56080000 Antidiarrh	P	.5MG	ORAL	TABS	EA	100	GENERIC	74312	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION			R	MEDPRMI

75987003004	VIMOVO	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500-20 MC	ORAL	TBEC	EA	60	X	MSB		75987			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
75987003104	VIMOVO	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	375-20 MC	ORAL	TBEC	EA	60	X	MSB	9/30/2024	75987			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
75987004005	PENNSAI	DICLOFEI	840620	UNKNOW	84062000	UNKNOW	S	2%	EXTERNA	SOLN	GM	112		MSB		75987			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION							DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]					R	MEDPRMI
75987004074	PENNSAI	DICLOFEI	840620	UNKNOW	84062000	UNKNOW	S	2%	EXTERNA	SOLN	GM	2		MSB		75987			Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU			FORMULARY EXCLUSION												R	MEDPRMI
75987005006	RAVICTI	GLYCERC	401000	Ammonia	40100000	Ammonia	R	1.1 GM/MI	ORAL	LIQD	ML	25	X	SSB		75987			N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X										R	MEDPRMI
75987006008	BUPHENY	SODIUM F	401000	Ammonia	40100000	Ammonia	S	500 MG	ORAL	TABS	EA	250	X	MSB		75987	Y		N	EXCLUDED		6	SPBD2	FORMULARY EXCLUSION	X	PA:X										R	MEDPRMI
75987007009	BUPHENY	SODIUM F	401000	Ammonia	40100000	Ammonia	S	3 GM/TSP	ORAL	POWD	GM	266	X	MSB		75987	Y		N	EXCLUDED		6	SPBD2	FORMULARY EXCLUSION	X	PA:X										R	MEDPRMI
75987008010	KRYSTEX	PEGLOTI	921600	UNKNOW	92160000	UNKNOW	R	8 MG/ML	INTRAVEI	SOLN	ML	1		SSB		75987			N	EXCLUDE	SELF_INJ	6	SPBD2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
75987010004	PROCYSI	CYSTEAN	929200	UNKNOW	92920000	UNKNOW	R	25 MG	ORAL	CPDR	EA	60	X	SSB		75987			N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X										R	MEDPRMI
75987010108	PROCYSI	CYSTEAN	929200	UNKNOW	92920000	UNKNOW	R	75 MG	ORAL	CPDR	EA	250	X	SSB		75987			N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X										R	MEDPRMI
75987011110	ACTIMMU	INTERFEI	922000	UNKNOW	92200000	UNKNOW	R	100 MCG/	SUBCUTA	SOLN	ML	0.5	X	SSB		75987		Y	N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X										R	MEDPRMI
75987011111	ACTIMMU	INTERFEI	922000	UNKNOW	92200000	UNKNOW	R	100 MCG/	SUBCUTA	SOLN	ML	0.5	X	SSB		75987		Y	N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X										R	MEDPRMI
75987013015	TEPEZZA	TEPROTU	520800	Anti-inflam	52080000	Anti-inflam	R	500 MG	INTRAVEI	SOLR	EA	1		SSB		75987			N	EXCLUDE	SELF_INJ	6	SPBD2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
75987014013	PROCYSI	CYSTEAN	929200	UNKNOW	92920000	UNKNOW	R	75 MG	ORAL	PACK	EA	1	X	SSB		75987			N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X										R	MEDPRMI
75987014014	PROCYSI	CYSTEAN	929200	UNKNOW	92920000	UNKNOW	R	75 MG	ORAL	PACK	EA	1	X	SSB	9/30/2022	75987			N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X										R	MEDPRMI
75987014513	PROCYSI	CYSTEAN	929200	UNKNOW	92920000	UNKNOW	R	300 MG	ORAL	PACK	EA	1	X	SSB		75987			N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X										R	MEDPRMI
75987014514	PROCYSI	CYSTEAN	929200	UNKNOW	92920000	UNKNOW	R	300 MG	ORAL	PACK	EA	1	X	SSB	9/30/2022	75987			N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X										R	MEDPRMI
75987015001	UPLIZNA	INEBILIZU	901204	UNKNOW	90120400	UNKNOW	R	100 MG/1(	INTRAVEI	SOLN	ML	10		SSB		75987			N	EXCLUDE	SELF_INJ	6	SPBD2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
75987015003	UPLIZNA	INEBILIZU	901204	UNKNOW	90120400	UNKNOW	R	100 MG/1(	INTRAVEI	SOLN	ML	10		SSB		75987			N	EXCLUDE	SELF_INJ	6	SPBD2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76014000425	VAZCULE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	S	10 MG/ML	INTRAVEI	SOLN	ML	1		MSB	8/2/2022	76014	Y		N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION												R	MEDPRMI
76014000430	VAZCULE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	S	10 MG/ML	INTRAVEI	SOLN	ML	1		MSB	8/2/2022	76014	Y		N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION												R	MEDPRMI
76014000433	VAZCULE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	S	10 MG/ML	INTRAVEI	SOLN	ML	10		MSB	1/24/2022	76014	Y		N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION												R	MEDPRMI
76045000120	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG/2ML	INJECTIO	SOLN	ML	2		GENERIC		76045			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76045000210	MIDAZOL	MIDAZOL	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		76045			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76045000401	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	2 MG/ML	INJECTIO	SOLN	ML	1		MSB		76045			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION												R	MEDPRMI
76045000411	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	2 MG/ML	INJECTIO	SOLN	ML	1		MSB		76045			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION												R	MEDPRMI
76045000501	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	4 MG/ML	INJECTIO	SOLN	ML	1		MSB		76045			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION												R	MEDPRMI
76045000511	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	4 MG/ML	INJECTIO	SOLN	ML	1		MSB		76045			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION												R	MEDPRMI
76045000901	DILAUDID	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	1 MG/ML	INJECTIO	SOLN	ML	1		MSB		76045		Y	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION												R	MEDPRMI
76045000905	DILAUDID	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	1 MG/ML	INJECTIO	SOLN	ML	0.5		MSB	4/19/2023	76045		Y	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION												R	MEDPRMI
76045000906	DILAUDID	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	1 MG/ML	INJECTIO	SOLN	ML	0.5		MSB		76045		Y	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION												R	MEDPRMI
76045000910	DILAUDID	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	1 MG/ML	INJECTIO	SOLN	ML	1		MSB	4/19/2023	76045		Y	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION												R	MEDPRMI
76045000911	DILAUDID	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	1 MG/ML	INJECTIO	SOLN	ML	1		MSB		76045		Y	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION												R	MEDPRMI
76045000996	DILAUDID	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	1 MG/ML	INJECTIO	SOLN	ML	0.5		MSB		76045		Y	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION												R	MEDPRMI
76045001001	DILAUDID	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	2 MG/ML	INJECTIO	SOLN	ML	1		MSB		76045		Y	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION												R	MEDPRMI
76045001010	DILAUDID	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	2 MG/ML	INJECTIO	SOLN	ML	1		MSB	4/19/2023	76045		Y	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION												R	MEDPRMI
76045001011	DILAUDID	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	2 MG/ML	INJECTIO	SOLN	ML	1		MSB		76045		Y	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION												R	MEDPRMI
76045002300	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	R	0.6 MG/3N	INJECTIO	SOSY	ML	3		MSB		76045		Y	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION												R	MEDPRMI
76045002330	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	R	0.6 MG/3N	INJECTIO	SOSY	ML	3		MSB		76045		Y	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION												R	MEDPRMI
76045010120	METOCLC	METOCLC	563200	Prokinetic	56320000	Prokinetic	S	5 MG/ML	INJECTIO	SOLN	ML	2		GENERIC		76045			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76045010210	DIPHENH	DIPHENH	40400	First Gene	4040000	First Gene	S	50 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		76045			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76045010320	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	R	4 MG/2ML	INJECTIO	SOSY	ML	2		GENERIC		76045			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76045010410	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	30 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		76045		Y	N	FORMULARY		1	GEN	GENERICS					X	5 DAYS						R	MEDPRMI
76045010520	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	60 MG/2M	INTRAMU	SOLN	ML	2		GENERIC		76045		Y	N	FORMULARY		1	GEN	GENERICS					X	5 DAYS						R	MEDPRMI
76045010610	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	R	4 MG/ML	INJECTIO	SOSY	ML	1		GENERIC		76045			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76045010710	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	15 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		76045		Y	N	FORMULARY		1	GEN	GENERICS					X	5 DAYS						R	MEDPRMI
76045010800	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	5000 UNIT	INJECTIO	SOLN	ML	1		GENERIC		76045		Y	N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76045010810	HEPARIN	HEPARIN	201204	Anticoagu	20120416	Heparins	S	5000 UNIT	INJECTIO	SOLN	ML	1		GENERIC		76045		Y	N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76045010910	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	R	10 MG/ML	INJECTIO	SOSY	ML	1		GENERIC		76045			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76045011201	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	S	2 MG/2ML	INJECTIO	SOSY	ML	2		GENERIC		76045		Y	N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76045011220	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	S	2 MG/2ML	INJECTIO	SOSY	ML	2		GENERIC		76045		Y	N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76045011401	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	R	0.4 MG/MI	INJECTIO	SOSY	ML	1		GENERIC		76045			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76045011410	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	R	0.4 MG/MI	INJECTIO	SOSY	ML	1		GENERIC		76045			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76045012101	DILAUDID	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	0.2 MG/MI	INJECTIO	SOLN	ML	1		MSB		76045			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION												R	MEDPRMI
76045012111	DILAUDID	HYDROM	280808	Opiate Ag	28080800	Opiate Ag	S	0.2 MG/MI	INJECTIO	SOLN	ML	1		MSB		76045			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION												R	MEDPRMI
76045020301	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.2 MG/MI	INJECTIO	SOSY	ML	1		GENERIC		76045			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76045020302	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.4 MG/2N	INJECTIO	SOSY	ML	2		GENERIC		76045			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76045020310	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.2 MG/MI	INJECTIO	SOSY	ML	1		GENERIC		76045			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76045020320	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.4 MG/2N	INJECTIO	SOSY	ML	2		GENERIC		76045			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76045020400	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG/2M	INJECTIO	SOLN	ML	2		GENERIC		76045			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76045020420	DIAZEPAI	DIAZEPAI	282408	Benzodiaz	28240800	Benzodiaz	S	10 MG/2M	INJECTIO	SOLN	ML	2		GENERIC		76045			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76045020601	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.2 MG/MI	INJECTIO	SOSY	ML	1		GENERIC		76045			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76045020610	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	0.2 MG/MI	INJECTIO	SOSY	ML	1		GENERIC		76045			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76045020900	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	30 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		76045		Y	N	FORMULARY		1	GEN	GENERICS					X	5 DAYS						R	MEDPRMI
76045020910	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	30 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		76045		Y	N	FORMULARY		1	GEN	GENERICS					X	5 DAYS						R	MEDPRMI
76045021000	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	R	4 MG/ML	INJECTIO	SOSY	ML	1		GENERIC		76045			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76045021010	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	R	4 MG/ML	INJECTIO	SOSY	ML	1		GENERIC		76045			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76045021300	METOCLC	METOCLC	563200	Prokinetic	56320000	Prokinetic	S	5 MG/ML	INJECTIO	SOLN	ML	2		GENERIC		76045			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76045021320	METOCLC	METOCLC	563200	Prokinetic	56320000	Prokinetic	S	5 MG/ML	INJECTIO	SOLN	ML	2		GENERIC		76045			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76045021600	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	R	4 MG/2ML	INJECTIO	SOSY	ML	2		GENERIC		76045			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76045021620	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	R	4 MG/2ML	INJECTIO	SOSY	ML	2		GENERIC		76045			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76045022303	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	R	0.6 MG/3N	INJECTIO	SOSY	ML	3		MSB		76045		Y	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION												R	MEDPRMI
76045022330	GLYCOPY	GLYCOPY	120808	Antimusca	12080800	Antimusca	R	0.6 MG/3N	INJECTIO	SOSY	ML	3		MSB		76045		Y	N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION												R	MEDPRMI
76045038313	NEOSTIG	NEOSTIG	120400	Parasymp	12040000	Parasymp	S	3 MG/3ML	INTRAVEI	SOSY	ML	3		MSB		76045			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION												R	MEDPRMI
76045038330	NEOSTIG	NEOSTIG	120400	Parasymp	12040000	Parasymp	S	3 MG/3ML	INTRAVEI	SOSY	ML	3		MSB		76045			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION												R	MEDPRMI
76045073701	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	5 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		76045			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76045073710	HALOPEF	HALOPEF	281608	Antipsych	28160808	Butyrophe	S	5 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		76045			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76074013511	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	OINT	GM	50		GENERIC		76074			N	FORMULARY		1	GEN	GENERICS			X	240 IN 30 DAYS								R	MEDPRMI
76074050111	DICLOFEI	DICLOFEI	840620	UNKNOW	84062000	UNKNOW	S	3%	EXTERNA	GEL	GM	100		GENERIC		76074			N	FORMULARY		1	GEN	GENERICS			X	<= 100								R	MEDPRMI
76075010101	KYPROLI	CARFILZC	100000	Antineopla	10000000	Antineopla	R	60MG	INTRAVEI	SOLR	EA	1		SSB		76075			N	EXCLUDE	SELF_INJ	6	SPBD2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76075010201	KYPROLI	CARFILZC	100000	Antineopla	10000000	Antineopla	R	30 MG	INTRAVEI	SOLR	EA	1		SSB		76075			N	EXCLUDE	SELF_INJ	6	SPBD2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76075010301	KYPROLI	CARFILZC	100000	Antineopla	10000000	Antineopla	R	10 MG	INTRAVEI	SOLR	EA	1		SSB		76075			N	EXCLUDE	SELF_INJ	6	SPBD2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76077010004	PERINEAI	INCONTIN	849200	Skin and M	84920000	Skin and M	O	0.10%	EXTERNA	LIQD	ML	120		SSB		76077			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76077020004	MOISTUR	DIMETHIC	842412	Basic Oint	84241200	Basic Oint	O	8%	EXTERNA	CREA	GM	113		SSB		76077			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76077020007	MOISTUR	DIMETHIC	842412	Basic Oint	84241200	Basic Oint	O	8%	EXTERNA	CREA	GM	198		SSB		76077			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76077020009	MOISTUR	DIMETHIC	842412	Basic Oint	84241200	Basic Oint	O	8%	EXTERNA	CREA	GM	255		SSB		76077			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76077030004	SKIN PRC	ZINC OXII	841200	Astringent	84120000	Astringent	O	12%	EXTERNA	CREA	GM	113		SSB		76077			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76077030007	SKIN PRC	ZINC OXII	841200	Astringent	84120000	Astringent	O	12%	EXTERNA	CREA	GM	198		SSB		76077			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76077040004	ANTIFUN	MICONAZ	840408	Antifungal	84040808	Azoles	P	2%	EXTERNA	CREA	GM	113		GENERIC		76077			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76077040007	ANTIFUN	MICONAZ	840408	Antifungal	84040808	Azoles	P	2%	EXTERNA	CREA	GM	198		GENERIC		76077			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76077050008	ONE STEI	INCONTIN	849200	Skin and M	84920000	Skin and M	O	2%	EXTERNA	LOTN	ML	240		SSB		76077			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76117000116	RYCONTU	PHENYLE	480800	Antitussive	48080000	Antitussive	P	5-2-10 MC	ORAL	LIQD	ML	473		MSB		76117			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION												R	MEDPRMI
76125015002	KEDRAB	RABIES IN	800400	Serums	80040000	Serums	R	300 UNIT/	INJECTIO	SOLN	ML	2		SSB		76125			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76125015003	KEDRAB	RABIES IN	800400	Serums	80040000	Serums	R	300 UNIT/	INJECTIO	SOLN	ML	2		SSB		76125			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76125015010	KEDRAB	RABIES IN	800400	Serums	80040000	Serums	R	1500 UNIT	INJECTIO	SOLN	ML	10		SSB		76125			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76125015011	KEDRAB	RABIES IN	800400	Serums	80040000	Serums	R	1500 UNIT	INJECTIO	SOLN	ML	10		SSB		76125			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76125025620	KOATE	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	250 UNIT	INTRAVEI	SOLR	EA	1		SSB		76125		Y	N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND												R	MEDPRMI
76125025725	KOATE	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	250 UNIT	INTRAVEI	SOLR	EA	1		SSB		76125		Y	N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND												R	MEDPRMI
76125025902	KOATE	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	250 UNIT	INTRAVEI	SOLR	EA	1		SSB		76125		Y	N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND												R	MEDPRMI
76125066350	KOATE	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	500 UNIT	INTRAVEI	SOLR	EA	1		SSB		76125		Y	N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND												R	MEDPRMI
76125066502	KOATE	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	500 UNIT	INTRAVEI	SOLR	EA	1		SSB		76125		Y	N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND												R	MEDPRMI
76125066730	KOATE-D	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	500 UNIT	INTRAVEI	SOLR	EA	1		SSB		76125		Y	N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND												R	MEDPRMI
76125066830	KOATE	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	500 UNIT	INTRAVEI	SOLR	EA	1		SSB		76125		Y	N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND												R	MEDPRMI
76125067250	KOATE-D	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	1000 UNIT	INTRAVEI	SOLR	EA	1		SSB		76125		Y	N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND												R	MEDPRMI
76125067351	KOATE-D	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	1000 UNIT	INTRAVEI	SOLR	EA	1		SSB		76125		Y	N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND												R	MEDPRMI
76125067650	KOATE	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	1000 UNIT	INTRAVEI	SOLR	EA	1		SSB		76125		Y	N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND												R	MEDPRMI
76125067810	KOATE	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	1000 UNIT	INTRAVEI	SOLR	EA	1		SSB		76125		Y	N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND												R	MEDPRMI
76125067912	KOATE	ANTIHEM	202816	Hemostati	20281600	Hemostati	R	1000 UNIT	INTRAVEI	SOLR	EA	1		SSB		76125		Y	N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND												R	MEDPRMI
76125079025	ALBUKED	ALBUMIN	160000	Blood Der	16000000	Blood Der	R	5%	INTRAVEI	SOLN	ML	250		SSB		76125			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76125079026	ALBUKED	ALBUMIN	160000	Blood Der	16000000	Blood Der	R	5%	INTRAVEI	SOLN	ML	250		SSB		76125			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76125079210	ALBUKED	ALBUMIN	160000	Blood Der	16000000	Blood Der	R	25%	INTRAVEI	SOLN	ML	100		SSB		76125			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76125079211	ALBUKED	ALBUMIN	160000	Blood Der	16000000	Blood Der	R	25%	INTRAVEI	SOLN	ML	100		SSB		76125			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76125079225	ALBUKED	ALBUMIN	160000	Blood Der	16000000	Blood Der	R	25%	INTRAVEI	SOLN	ML	50		SSB		76125			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76125079226	ALBUKED	ALBUMIN	160000	Blood Der	16000000	Blood Der	R	25%	INTRAVEI	SOLN	ML	50		SSB		76125			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76125090001	GAMMAK	IMMUNE (	800400	Serums	80040000	Serums	R	1 GM/10M	INJECTIO	SOLN	ML	10		SSB		76125		Y	N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X										R	MEDPRMI
76125090010	GAMMAK	IMMUNE (	800400	Serums	80040000	Serums	R	10 GM/10(	INJECTIO	SOLN	ML	100		SSB		76125		Y	N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X										R	MEDPRMI
76125090011	GAMMAK	IMMUNE (	800400	Serums	80040000	Serums	R	10 GM/10(	INJECTIO	SOLN	ML	100		SSB		76125		Y	N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X										R	MEDPRMI
76125090020	GAMMAK	IMMUNE (	800400	Serums	80040000	Serums	R	20 GM/20(	INJECTIO	SOLN	ML	200		SSB		76125		Y	N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X										R	MEDPRMI
76125090021	GAMMAK	IMMUNE (	800400	Serums	80040000	Serums	R	20 GM/20(	INJECTIO	SOLN	ML	200		SSB		76125		Y	N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X										R	MEDPRMI
76125090050	GAMMAK	IMMUNE (	800400	Serums	80040000	Serums	R	5 GM/50M	INJECTIO	SOLN	ML	50		SSB		76125		Y	N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X										R	MEDPRMI
76125090051	GAMMAK	IMMUNE (	800400	Serums	80040000	Serums	R	5 GM/50M	INJECTIO	SOLN	ML	50		SSB		76125		Y	N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X										R	MEDPRMI
76128015575	PHOTOFF	PORFIME	100000	Antineopla	10000000	Antineopla	R	75MG	INTRAVEI	SOLR	EA	1		SSB		76128			N	EXCLUDE	SELF_INJ	6	SPBD2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76154047315	NOREPIN	NOREPIN	121212	alpha- anc	12121200	alpha- anc	R	16-5 MG/2	INTRAVEI	SOLN	ML	250		GENERIC	1/8/2024	76154			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76154047415	NOREPIN	NOREPIN	121212	alpha- anc	12121200	alpha- anc	R	4-0.9 MG/	INTRAVEI	SOLN	ML	250		GENERIC	1/8/2024	76154			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76154047515	NOREPIN	NOREPIN	121212	alpha- anc	12121200	alpha- anc	R	8-0.9 MG/	INTRAVEI	SOLN	ML	250		GENERIC	1/8/2024	76154			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76154047615	NOREPIN	NOREPIN	121212	alpha- anc	12121200	alpha- anc	R	16-0.9 MG	INTRAVEI	SOLN	ML	250		GENERIC	1/8/2024	76154			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76154049115	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	R	20-0.9 MG	INTRAVEI	SOLN	ML	250		GENERIC	1/8/2024	76154			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76154049215	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	R	25-0.9 MG	INTRAVEI	SOLN	ML	250		GENERIC	1/8/2024	76154			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76154049315	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	R	40-0.9 MG	INTRAVEI	SOLN	ML	250		GENERIC	1/8/2024	76154		Y	N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76154049415	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	R	50-0.9 MG	INTRAVEI	SOLN	ML	250		GENERIC	1/8/2024	76154			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76154081215	EPINEPHI	EPINEPHI	523200	Vasocons	52320000	Vasocons	R	4-0.9 MG/	INTRAVEI	SOLN	ML	250		GENERIC	1/8/2024	76154			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76154081315	EPINEPHI	EPINEPHI	523200	Vasocons	52320000	Vasocons	R	5-0.9 MG/	INTRAVEI	SOLN	ML	250		GENERIC	1/8/2024	76154			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76154081415	EPINEPHI	EPINEPHI	523200	Vasocons	52320000	Vasocons	R	8-0.9 MG/	INTRAVEI	SOLN	ML	250		GENERIC	1/8/2024	76154			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76154083375	VASOPRE	VASOPRE	682800	Pituitary	68280000	Pituitary	R	5 UNIT/5N	INTRAVEI	SOSY	ML	5		GENERIC	1/8/2024	76154			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76154083405	VASOPRE	VASOPRE	682800	Pituitary	68280000	Pituitary	R	20-0.9 UT/	INTRAVEI	SOLN	ML	100		GENERIC	1/8/2024	76154			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76154083505	VASOPRE	VASOPRE	682800	Pituitary	68280000	Pituitary	R	40-0.9 UT/	INTRAVEI	SOLN	ML	100		GENERIC	1/8/2024	76154			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76162060026	TUSSIN D	DEXTROM	480800	Antitussive	48080000	Antitussive	P	20-200 MC	ORAL	LIQD	ML	118		GENERIC		76162			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76170002001	AVOSIL	SCAR TRI	849200	Skin and M	84920000	Skin and M	O	2%	EXTERNA	OINT	GM	56.7		SSB		76170			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76170002020	AVOSIL	SCAR TRI	849200	Skin and M	84920000	Skin and M	O	2%	EXTERNA	OINT	GM	56.7		SSB		76170			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76170004001	AVOSIL	SCAR TRI	849200	Skin and M	84920000	Skin and M	O	2%	EXTERNA	OINT	GM	113.4		SSB		76170			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76170004020	AVOSIL	SCAR TRI	849200	Skin and M	84920000	Skin and M	O	2%	EXTERNA	OINT	GM	113.4		SSB		76170			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76170010443	AVOGEL	WOUND D	849200	Skin and M	84920000	Skin and M	O	20%	EXTERNA	MISC	EA	3		SSB		76170			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76170010648	AVOGEL	WOUND D	849200	Skin and M	84920000	Skin and M	O	0	EXTERNA	MISC	EA	1		SSB		76170			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76170010881	AVOGEL	WOUND D	849200	Skin and M	84920000	Skin and M	O	0	EXTERNA	MISC	EA	1		SSB		76170			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76170010883	AVOGEL	WOUND D	849200	Skin and M	84920000	Skin and M	O	0	EXTERNA	MISC	EA	3		SSB		76170			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76170012001	AVOSIL	SCAR TRI	849200	Skin and M	84920000	Skin and M	O	2%	EXTERNA	OINT	GM	340.2		SSB		76170			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76170012006	AVOSIL	SCAR TRI	849200	Skin and M	84920000	Skin and M	O	2%	EXTERNA	OINT	GM	340.2		SSB		76170			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76170016483	AVOGEL	WOUND D	849200	Skin and M	84920000	Skin and M	O	0	EXTERNA	MISC	EA	1		SSB		76170			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76179002501	KEDBUMI	ALBUMIN	160000	Blood Der	16000000	Blood Der	R	25%	INTRAVEI	SOLN	ML	50		SSB		76179			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76179002502	KEDBUMI	ALBUMIN	160000	Blood Der	16000000	Blood Der	R	25%	INTRAVEI	SOLN	ML	50		SSB		76179			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76179002503	KEDBUMI	ALBUMIN	160000	Blood Der	16000000	Blood Der	R	25%	INTRAVEI	SOLN	ML	100		SSB		76179			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76179002504	KEDBUMI	ALBUMIN	160000	Blood Der	16000000	Blood Der	R	25%	INTRAVEI	SOLN	ML	100		SSB		76179			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76204001001	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective	S	0.63 MG/3	INHALATI	NEBU	ML	3	X	GENERIC		76204			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76204001055	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective	S	0.63 MG/3	INHALATI	NEBU	ML	3	X	GENERIC		76204			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76204001101	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective	S	1.25 MG/3	INHALATI	NEBU	ML	3	X	GENERIC		76204			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76204001155	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective	S	1.25 MG/3	INHALATI	NEBU	ML	3	X	GENERIC		76204			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76204001801	BUDESOI	BUDESOI	680400	Adrenals	68040000	Adrenals	S	0.5 MG/2N	INHALATI	SUSP	ML	2	X	GENERIC		76204			N	FORMULARY		1	GEN	GENERICS			X	4 IN 1 DAYS								R	MEDPRMI
76204002160	SODIUM (	SODIUM (	482400	Mucolytic	48240000	Mucolytic	S	7%	INHALATI	NEBU	ML	4		GENERIC		76204			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76204002260	SODIUM (	SODIUM (	482400	Mucolytic	48240000	Mucolytic	S	3%	INHALATI	NEBU	ML	4		GENERIC		76204			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76204002596	CROMOL	CROMOL	481032	Mast-cell	48103200	Mast-cell	S	100 MG/5I	ORAL	CONC	ML	5	X	GENERIC		76204			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76204002601	ARFORM	ARFORM	121208	beta-Adre	12120812	Selective	S	15 MCG/2	INHALATI	NEBU	ML	2	X	GENERIC		76204			N	FORMULARY		1	GEN	GENERICS			X	4 IN 1 DAYS			X	Must meet 5 DS Form	TRIAL OF SEREVENT, STRIVERDI, OR PERFOROMIST IN THE PAST 120 DAYS			R	MEDPRMI
76204002602	ARFORM	ARFORM	121208	beta-Adre	12120812	Selective	S	15 MCG/2	INHALATI	NEBU	ML	2	X	GENERIC		76204			N	FORMULARY		1	GEN	GENERICS			X	4 IN 1 DAYS			X	Must meet 5 DS Form	TRIAL OF SEREVENT, STRIVERDI, OR PERFOROMIST IN THE PAST 120 DAYS			R	MEDPRMI
76204002812	CROMOL	CROMOL	481032	Mast-cell	48103200	Mast-cell	S	20 MG/2M	INHALATI	NEBU	ML	2	X	GENERIC		76204			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76204002860	CROMOL	CROMOL	481032	Mast-cell	48103200	Mast-cell	S	20 MG/2M	INHALATI	NEBU	ML	2	X	GENERIC		76204			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76204010001	IPRATRO	IPRATRO	120808	Antimusca	12080800	Antimusca	S	0.02%	INHALATI	SOLN	ML	2.5	X	GENERIC		76204			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76204010025	IPRATRO	IPRATRO	120808	Antimusca	12080800	Antimusca	S	0.02%	INHALATI	SOLN	ML	2.5	X	GENERIC		76204			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76204010030	IPRATRO	IPRATRO	120808	Antimusca	12080800	Antimusca	S	0.02%	INHALATI	SOLN	ML	2.5	X	GENERIC		76204			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76204010060	IPRATRO	IPRATRO	120808	Antimusca	12080800	Antimusca	S	0.02%	INHALATI	SOLN	ML	2.5	X	GENERIC		76204			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76204020001	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective	S	(2.5 MG/3I	INHALATI	NEBU	ML	3	X	GENERIC		76204			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76204020025	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective	S	(2.5 MG/3I	INHALATI	NEBU	ML	3	X	GENERIC		76204			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76204020030	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective	S	(2.5 MG/3I	INHALATI	NEBU	ML	3	X	GENERIC		76204			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76204020060	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective	S	(2.5 MG/3I	INHALATI	NEBU	ML	3	X	GENERIC		76204			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76204030003	SODIUM (	SODIUM (	482400	Mucolytic	48240000	Mucolytic	S	0.90%	INHALATI	NEBU	ML	3		GENERIC		76204			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76204030005	SODIUM (	SODIUM (	482400	Mucolytic	48240000	Mucolytic	S	0.90%	INHALATI	NEBU	ML	5		GENERIC		76204			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76204030050	SODIUM (	SODIUM (	482400	Mucolytic	48240000	Mucolytic	S	0.90%	INHALATI	NEBU	ML	15		GENERIC		76204			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76204060001	IPRATRO	IPRATRO	121208	beta-Adre	12120812	Selective	S	0.5-2.5 (3)	INHALATI	SOLN	ML	3	X	GENERIC		76204			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76204060005	IPRATRO	IPRATRO	121208	beta-Adre	12120812	Selective	S	0.5-2.5 (3)	INHALATI	SOLN	ML	3	X	GENERIC		76204			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76204060012	IPRATRO	IPRATRO	121208	beta-Adre	12120812	Selective	S	0.5-2.5 (3)	INHALATI	SOLN	ML	3	X	GENERIC		76204			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76204060030	IPRATRO	IPRATRO	121208	beta-Adre	12120812	Selective	S	0.5-2.5 (3)	INHALATI	SOLN	ML	3	X	GENERIC		76204			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76204060060	IPRATRO	IPRATRO	121208	beta-Adre	12120812	Selective	S	0.5-2.5 (3)	INHALATI	SOLN	ML	3	X	GENERIC		76204			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76204070001	LEVALBU	LEVALBU	121208	beta-Adre	12120812	Selective	S	0.31 MG/3	INHALATI	NEBU	ML	3	X	GENERIC		76204			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76204070011	LEVALBU	LEVALBU	121208	beta-Adre	12120812	Selective	S	0.31 MG/3	INHALATI	NEBU	ML	3	X	GENERIC		76204			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76204070015	LEVALBU	LEVALBU	121208	beta-Adre	12120812	Selective	S	0.31 MG/3	INHALATI	NEBU	ML	3	X	GENERIC		76204			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76204070025	LEVALBU	LEVALBU	121208	beta-Adre	12120812	Selective	S	0.31 MG/3	INHALATI	NEBU	ML	3	X	GENERIC		76204			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76204080001	LEVALBU	LEVALBU	121208	beta-Adre	12120812	Selective	S	0.63 MG/3	INHALATI	NEBU	ML	3	X	GENERIC		76204			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76204080011	LEVALBU	LEVALBU	121208	beta-Adre	12120812	Selective	S	0.63 MG/3	INHALATI	NEBU	ML	3	X	GENERIC		76204			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76204080015	LEVALBU	LEVALBU	121208	beta-Adre	12120812	Selective	S	0.63 MG/3	INHALATI	NEBU	ML	3	X	GENERIC		76204			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76204080025	LEVALBU	LEVALBU	121208	beta-Adre	12120812	Selective	S	0.63 MG/3	INHALATI	NEBU	ML	3	X	GENERIC		76204			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76204090001	LEVALBU	LEVALBU	121208	beta-Adre	12120812	Selective	S	1.25 MG/3	INHALATI	NEBU	ML	3	X	GENERIC		76204			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76204090011	LEVALBU	LEVALBU	121208	beta-Adre	12120812	Selective	S	1.25 MG/3	INHALATI	NEBU	ML	3	X	GENERIC		76204			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76204090015	LEVALBU	LEVALBU	121208	beta-Adre	12120812	Selective	S	1.25 MG/3	INHALATI	NEBU	ML	3	X	GENERIC		76204			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76204090025	LEVALBU	LEVALBU	121208	beta-Adre	12120812	Selective	S	1.25 MG/3	INHALATI	NEBU	ML	3	X	GENERIC		76204			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282004530	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282004630	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282004730	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	15 MG	ORAL	TABS	EA	30	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282004830	ARIPIPRA	ARIPIPRA	281608	Antipsych	28160804	Atypical A	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282010339	DICLOFEI	DICLOFEI	840620	UNKNOW	84062000	UNKNOW	P	1%	EXTERNA	GEL	GM	100		GENERIC		76282			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION												R	MEDPRMI
76282015201	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	100	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282015210	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	1000	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282015301	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	100	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282015310	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	1000	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282020010	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282020090	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282020110	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282020190	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282020210	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	1000	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282020290	FOSINOP	FOSINOP	243204	Angiotens	24320400	Angiotens	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282020790	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	90	X	GENERIC	11/27/2023	76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282020810	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	1000	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282020890	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-	S	40 MG	ORAL	TABS	EA	90	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282021201	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282021205	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TABS	EA	500	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282021218	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TABS	EA	180	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282021230	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282021260	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282021290	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282021301	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282021305	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	500	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282021318	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	180	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282021330	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282021360	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282021390	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282021401	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282021405	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	500	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282021418	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	180	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282021430	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282021460	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282021490	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282022505	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	500	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282022518	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	180	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282022560	GEMFIBR	GEMFIBR	240606	Fibric Acid	24060600	Fibric Acid	S	600 MG	ORAL	TABS	EA	60	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282022601	ZONISAM	ZONISAM	281224	UNKNOW	28122400	UNKNOW	S	25 MG	ORAL	CAPS	EA	100	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282022701	ZONISAM	ZONISAM	281224	UNKNOW	28122400	UNKNOW	S	50 MG	ORAL	CAPS	EA	100	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282022801	ZONISAM	ZONISAM	281224	UNKNOW	28122400	UNKNOW	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282023710	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	1000	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282023790	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	2.5 MG	ORAL	TABS	EA	90	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282023810	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	1000	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282023890	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282023910	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282023990	AMLODIP	AMLODIP	242808	Dihydropy	24280800	Dihydropy	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282024910	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-	S	5 MG	ORAL	TABS	EA	1000	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282024930	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282024990	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282025010	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282025030	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282025090	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282025110	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282025130	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282025190	ESCITAL(	ESCITAL(	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282025605	RALOXIFI	RALOXIFI	681612	Estrogen /	68161200	Estrogen /	S	60 MG	ORAL	TABS	EA	500	X	GENERIC		76282			N	#N/A	ORIG_FR	10	EHB	#N/A			X	1 IN 1 DAYS						X	IF AGE=35-999 YEARS AND R	R	MEDPRMI
76282025630	RALOXIFI	RALOXIFI	681612	Estrogen /	68161200	Estrogen /	S	60 MG	ORAL	TABS	EA	30	X	GENERIC		76282			N	#N/A	ORIG_FR	10	EHB	#N/A			X	1 IN 1 DAYS						X	IF AGE=35-999 YEARS AND R	R	MEDPRMI
76282025701	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	100	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282025705	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	500	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282025801	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	100	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282025805	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	750 MG	ORAL	TABS	EA	500	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282027810	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	1000	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282027860	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282027910	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	1000	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI
76282027960	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		76282			N	FORMULARY		1	GEN	GENERICS												R	MEDPRMI

76300037905	PARADIG	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	5		NON DRUG		76300				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76300038005	PARADIG	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	5		NON DRUG		76300				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76300038501	SIL-SERT	INSULIN I	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		76300				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76300039501	QUICK-SE	INSULIN I	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		76300				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76300070501	GUARDIA	CONTINU	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		76300				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76300070601	GUARDIA	CONTINU	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		76300				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76300072501	MINILINK	CONTINU	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		76300				N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND					R	MEDPRMI
76300750001	SEN-SER	INSULIN I	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		76300				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76300751001	ENLITE S	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		76300				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76300770101	PARADIG	CONTINU	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		76300				N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND					R	MEDPRMI
76310001701	ETHYOL	AMIFOST	910412	UNKNOW	91041200	UNKNOW	R	500 MG	INTRAVEI	SOLR	EA	1		SSB	10/9/2024	76310	N			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76310001750	ETHYOL	AMIFOST	910412	UNKNOW	91041200	UNKNOW	R	500 MG	INTRAVEI	SOLR	EA	1		SSB	10/9/2024	76310	N			N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76310002201	PROLEUK	ALDESLE	100000	Antineopla	10000000	Antineopla	R	22000000	INTRAVEI	SOLR	EA	1		SSB	8/15/2024	76310				N	EXCLUDE	SELF_INJ	6	SPBD2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76310002401	FOSCAVI	FOSCARN	81892	Antivirals,	8189200	Antivirals,	S	6000 MG/	INTRAVEI	SOLN	ML	250		MSB		76310	Y			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
76310002411	FOSCAVI	FOSCARN	81892	Antivirals,	8189200	Antivirals,	S	6000 MG/	INTRAVEI	SOLN	ML	250		MSB		76310	Y			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
76310002415	FOSCAVI	FOSCARN	81892	Antivirals,	8189200	Antivirals,	S	6000 MG/	INTRAVEI	SOLN	ML	250		MSB		76310	Y			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
76310002425	FOSCAVI	FOSCARN	81892	Antivirals,	8189200	Antivirals,	S	6000 MG/	INTRAVEI	SOLN	ML	250		MSB		76310	Y			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
76310002441	FOSCAVI	FOSCARN	81892	Antivirals,	8189200	Antivirals,	S	6000 MG/	INTRAVEI	SOLN	ML	250		MSB	9/24/2024	76310	Y			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
76310002445	FOSCAVI	FOSCARN	81892	Antivirals,	8189200	Antivirals,	S	6000 MG/	INTRAVEI	SOLN	ML	250		MSB	9/24/2024	76310	Y			N	EXCLUDE	SELF_INJ	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
76310011001	TOTECT	DEXRAZC	910412	UNKNOW	91041200	UNKNOW	R	500 MG	INTRAVEI	SOLR	EA	1		SSB	11/30/2022	76310				N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314030193	EMERGEI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	1MG/8.3G	ORAL	PACK	EA	30		SSB		76314	N			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314030199	EMERGEI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	1MG/8.4G	ORAL	PACK	EA	30		SSB		76314	N			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314030201	EMERGEI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	1MG/9.1G	ORAL	PACK	EA	30		SSB		76314	N			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314030202	EMERGEI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	1MG/9.4G	ORAL	PACK	EA	30		SSB		76314	N			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314030203	EMERGEI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	1MG/8.8G	ORAL	PACK	EA	30		SSB		76314	N			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314030204	EMERGEI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	1MG/9.4G	ORAL	PACK	EA	30		SSB		76314	N			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314030205	EMERGEI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	1MG/9.3G	ORAL	PACK	EA	30		SSB		76314	N			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314030206	EMERGEI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	1MG/8.4G	ORAL	PACK	EA	30		SSB		76314	N			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314030207	EMERGEI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	1MG/9GM	ORAL	PACK	EA	30		SSB		76314	N			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314030208	EMERGEI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	1MG/9.3G	ORAL	PACK	EA	30		SSB		76314	N			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314030209	EMERGEI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	1MG/3.8G	ORAL	PACK	EA	30		SSB		76314	N			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314030210	EMERGEI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	1MG/4.8G	ORAL	PACK	EA	30		SSB		76314				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314030211	EMERGEI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	1MG/9GM	ORAL	PACK	EA	30		SSB		76314				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314030213	EMERGEI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	1MG/8.8G	ORAL	PACK	EA	60		SSB		76314	N			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314030226	EMERGEI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	1MG/8.8G	ORAL	PACK	EA	30		SSB		76314				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314030232	EMERGEI	ORAL ELE	401200	Replacem	40120000	Replacem	O	100MG/4C	ORAL	PACK	EA	30		SSB		76314				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314030279	EMERGEI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	1000MG/9	ORAL	PACK	EA	50		SSB		76314				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314030280	EMERGEI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	1000MG/9	ORAL	PACK	EA	50		SSB		76314				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314030281	EMERGEI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	1000MG/9	ORAL	PACK	EA	50		SSB		76314				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314030297	EMERGEI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	1MG/8.8G	ORAL	PACK	EA	10		SSB		76314	N			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314030298	EMERGEI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	1MG/9.1G	ORAL	PACK	EA	10		SSB		76314	N			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314030299	EMERGEI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	1MG/9.4G	ORAL	PACK	EA	10		SSB		76314	N			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314030316	EMERGEI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	1MG/8.3G	ORAL	PACK	EA	10		SSB		76314	N			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314030317	EMERGEI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	1MG/8.4G	ORAL	PACK	EA	10		SSB		76314	N			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314030319	EMERGEI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	1000MG/8	ORAL	PACK	EA	30		SSB		76314	N			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314030320	EMERGEI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	1MG-1MG	ORAL	PACK	EA	30		SSB		76314	N			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314030403	EMERGEI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	250MG-25	ORAL	PACK	EA	10		SSB		76314	N			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314030404	EMERGEI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	250MG-25	ORAL	PACK	EA	30		SSB		76314				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314030405	EMERGEI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	250MG-25	ORAL	PACK	EA	30		SSB		76314				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314030406	EMERGEI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	250MG-25	ORAL	PACK	EA	30		SSB		76314				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314030407	EMERGEI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	250MG/9.	ORAL	PACK	EA	10		SSB		76314				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314030436	EMERGEI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	1MG/4.8G	ORAL	PACK	EA	30		SSB		76314				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314030437	EMERGEI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	1MG/5.4G	ORAL	PACK	EA	30		SSB		76314				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314030445	EMERGEI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	1MG/4.8G	ORAL	PACK	EA	10		SSB		76314				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314030494	EMERGEI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	1MG/8.8G	ORAL	PACK	EA	3		SSB		76314	N			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314030603	EMERGEI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	1000MG/9	ORAL	PACK	EA	30		SSB		76314	N			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314030606	EMERGEI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	1000MG/9	ORAL	PACK	EA	10		SSB		76314	N			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314032024	EMERGEI	MELATON	929200	UNKNOW	92920000	UNKNOW	O	3 MG	ORAL	PACK	EA	24		SSB	6/1/2023	76314	N			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314032108	EMERGEI	MELATON	929200	UNKNOW	92920000	UNKNOW	O	3 MG	ORAL	PACK	EA	8		SSB	6/1/2023	76314	N			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314032124	EMERGEI	MELATON	929200	UNKNOW	92920000	UNKNOW	O	3 MG	ORAL	PACK	EA	24		SSB	6/1/2023	76314	N			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314032324	EMERGEI	MELATON	929200	UNKNOW	92920000	UNKNOW	O	3 MG	ORAL	PACK	EA	24		SSB	6/1/2023	76314	N			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314032450	EMERGEI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	500MG-50	ORAL	CHEW	EA	40		SSB		76314				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314034171	EMERGEI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	83.333MG	ORAL	CHEW	EA	36		SSB		76314				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314034172	EMERGEI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	83.333MG	ORAL	CHEW	EA	36		SSB		76314				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314037110	EMERGEI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	1000MG/8	ORAL	PACK	EA	30		SSB		76314				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314039090	EMERGEI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	83.333MG	ORAL	CHEW	EA	36		SSB		76314				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314051170	EMERGEI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	1000MG/9	ORAL	PACK	EA	2		SSB		76314				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76314060844	EMERGEI	PEDIATRI	882800	Multivitam	88280000	Multivitam	O	250MG-25	ORAL	CHEW	EA	44		SSB		76314	N			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76329124001	PHYTON/	PHYTON/	882400	Vitamin K	88240000	Vitamin K	S	1 MG/0.5M	INJECTIO	SOLN	ML	0.5		GENERIC		76329		Y		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76329146901	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	S	2 MG/2ML	INJECTIO	SOSY	ML	2		GENERIC		76329		Y		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76329191101	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	1 MG/ML	INTRAVEI	SOLN	ML	30		GENERIC	1/31/2022	76329		Y		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76329191201	MORPHIN	MORPHIN	280808	Opiate Ag	28080800	Opiate Ag	R	1 MG/ML	INTRAVEI	SOLN	ML	30		SSB		76329				N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76329301105	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	2%	EXTERNA	PRSY	ML	5		GENERIC		76329				N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76329301205	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	2%	EXTERNA	PRSY	ML	5		GENERIC		76329				N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76329301305	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	2%	EXTERNA	PRSY	ML	10		GENERIC		76329				N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76329301505	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	2%	EXTERNA	PRSY	ML	20		GENERIC		76329				N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76329330101	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	S	50%	INTRAVEI	SOLN	ML	50		GENERIC	9/4/2024	76329				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76329330201	DEXTROS	DEXTROS	402000	Caloric Ag	40200000	Caloric Ag	S	50%	INTRAVEI	SOLN	ML	50		GENERIC		76329				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76329330401	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	S	10%	INTRAVEI	SOLN	ML	10		GENERIC		76329				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76329331601	EPINEPHI	EPINEPHI	523200	Vasocons	52320000	Vasocons	R	1 MG/10M	INJECTIO	SOSY	ML	10		GENERIC	1/31/2023	76329		Y		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76329331801	EPINEPHI	EPINEPHI	523200	Vasocons	52320000	Vasocons	R	1 MG/10M	INTRAVEI	SOSY	ML	10		MSB		76329		Y		N	EXCLUDED		3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
76329332100	REGADEI	REGADEN	361800	Cardiac Fu	36180000	Cardiac Fu	S	0.4 MG/5M	INTRAVEI	SOLN	ML	5		GENERIC		76329				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76329333901	ATROPIN	ATROPIN	120808	Antimusca	12080800	Antimusca	S	1 MG/10M	INJECTIO	SOSY	ML	10		GENERIC	4/25/2022	76329				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76329334001	ATROPIN	ATROPIN	120808	Antimusca	12080800	Antimusca	S	1 MG/10M	INJECTIO	SOSY	ML	10		GENERIC		76329	Y			N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76329335201	SODIUM I	SODIUM I	400800	Alkalinizin	40080000	Alkalinizin	S	8.40%	INTRAVEI	SOLN	ML	50		GENERIC		76329				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76329336901	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	S	2 MG/2ML	INJECTIO	SOSY	ML	2		GENERIC		76329		Y		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76329339001	LIDOCAIN	LIDOCAIN	240404	Antiarrhyt	24040408	Class Ib A	S	100 MG/5	INTRAVEI	SOSY	ML	5		GENERIC		76329				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76329339905	PROCAIN	PROCAIN	240404	Antiarrhyt	24040404	Class Ia A	S	100 MG/M	INJECTIO	SOLN	ML	10		GENERIC		76329				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76329346901	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	S	2 MG/2ML	INJECTIO	SOSY	ML	2		GENERIC		76329		Y		N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76329366902	REXTOV	NALOXON	281000	Opiate An	28100000	Opiate An	R	4 MG/0.25	NASAL	LIQD	EA	2		SSB		76329				N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND			X	4 IN 30 DAYS	R	MEDPRMI
76329630005	LIDOCAIN	LIDOCAIN	521600	Local Ane	52160000	Local Ane	R	4%	MOUTH/T	SOLN	ML	4		GENERIC		76329				N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76329826100	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG/ML	INJECTIO	SOLN	ML	10		GENERIC		76329				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76329826101	LORAZEP	LORAZEP	282408	Benzodiaz	28240800	Benzodiaz	S	2 MG/ML	INJECTIO	SOLN	ML	10		GENERIC		76329				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76329906000	EPINEPHI	EPINEPHI	121212	alpha- anc	12121200	alpha- anc	S	30 MG/30	INJECTIO	SOLN	ML	30		GENERIC		76329				N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76336008060	LYSODRE	MITOTAN	100000	Antineopla	10000000	Antineopla	R	500 MG	ORAL	TABS	EA	100		SSB		76336				N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND					R	MEDPRMI
76336045518	METOPIR	METYRAF	366600	Pituitary F	36660000	Pituitary F	R	250 MG	ORAL	CAPS	EA	18		SSB		76336				N	EXCLUDE	N/A: [DRU	6	SPBD2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76346007301	KORLYM	MIFEPRIS	682092	Antidiabet	68209200	Antidiabet	S	300 MG	ORAL	TABS	EA	28	X	MSB		76346				N	EXCLUDED		6	SPBD2	FORMULARY EXCLUSION	X	PA:X			R	MEDPRMI
76346007302	KORLYM	MIFEPRIS	682092	Antidiabet	68209200	Antidiabet	S	300 MG	ORAL	TABS	EA	280	X	MSB		76346				N	EXCLUDED		6	SPBD2	FORMULARY EXCLUSION	X	PA:X			R	MEDPRMI
76346065403	MIFEPRIS	MIFEPRIS	682092	Antidiabet	68209200	Antidiabet	S	300 MG	ORAL	TABS	EA	280	X	GENERIC		76346				N	FORMULARY		4	SPGEN	SPECIALTY GENERICS	X	PA:X			R	MEDPRMI
76385010001	METHSC(	METHSC(	120808	Antimusca	12080800	Antimusca	S	2.5 MG	ORAL	TABS	EA	100		GENERIC		76385				N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76385010160	METHSC(	METHSC(	120808	Antimusca	12080800	Antimusca	S	5 MG	ORAL	TABS	EA	60		GENERIC		76385				N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76385010201	PRIMAQU	PRIMAQU	83008	Antimalari	8300800	Antimalari	S	26.3 (15 B	ORAL	TABS	EA	100		GENERIC		76385				N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76385010301	BENZTRC	BENZTRC	283608	UNKNOW	28360800	UNKNOW	S	0.5 MG	ORAL	TABS	EA	100	X	GENERIC		76385				N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76385010310	BENZTRC	BENZTRC	283608	UNKNOW	28360800	UNKNOW	S	0.5 MG	ORAL	TABS	EA	1000	X	GENERIC		76385				N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76385010401	BENZTRC	BENZTRC	283608	UNKNOW	28360800	UNKNOW	S	1 MG	ORAL	TABS	EA	100	X	GENERIC		76385				N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76385010410	BENZTRC	BENZTRC	283608	UNKNOW	28360800	UNKNOW	S	1 MG	ORAL	TABS	EA	1000	X	GENERIC		76385				N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76385010501	BENZTRC	BENZTRC	283608	UNKNOW	28360800	UNKNOW	S	2 MG	ORAL	TABS	EA	100	X	GENERIC		76385				N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76385010510	BENZTRC	BENZTRC	283608	UNKNOW	28360800	UNKNOW	S	2 MG	ORAL	TABS	EA	1000	X	GENERIC		76385				N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76385010617	KETOTIFI	KETOTIFE	520200	Antiallergi	52020000	Antiallergi	P	0.04%	OPHTHAL	SOLN	ML	5		GENERIC		76385				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76385010701	DIPHENO	DIPHENO	560800	Antidiarrhe	56080000	Antidiarrhe	S	2.5-0.025	ORAL	TABS	EA	100		GENERIC		76385				N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76385010710	DIPHENO	DIPHENO	560800	Antidiarrhe	56080000	Antidiarrhe	S	2.5-0.025	ORAL	TABS	EA	1000		GENERIC		76385				N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76385011001	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	3.125 MG	ORAL	TABS	EA	100	X	GENERIC		76385				N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76385011050	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	3.125 MG	ORAL	TABS	EA	500	X	GENERIC		76385				N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76385011101	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	100	X	GENERIC		76385				N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76385011150	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	6.25 MG	ORAL	TABS	EA	500	X	GENERIC		76385				N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76385011250	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	12.5 MG	ORAL	TABS	EA	500	X	GENERIC		76385				N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76385011301	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	100	X	GENERIC		76385				N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76385011350	CARVEDI	CARVEDI	242000	Alpha-Adr	24200000	Alpha-Adr	S	25 MG	ORAL	TABS	EA	500	X	GENERIC		76385				N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76385011401	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	TABS	EA	100	X	GENERIC		76385				N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76385011501	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	120 MG	ORAL	TABS	EA	100	X	GENERIC		76385				N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76385011601	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	160 MG	ORAL	TABS	EA	100	X	GENERIC		76385				N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76385011801	ETODOL/	ETODOL/	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	100	X	GENERIC		76385				N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76385011901	ETODOL/	ETODOL/	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	100	X	GENERIC		76385				N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76385012301	METHOC/	METHOC/	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	100		GENERIC		76385				N	FORMULARY		1	GEN	GENERICS			X	8 IN 1 DAYS	R	MEDPRMI
76385012350	METHOC/	METHOC/	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	500		GENERIC		76385				N	FORMULARY		1	GEN	GENERICS			X	8 IN 1 DAYS	R	MEDPRMI
76385012401	METHOC/	METHOC/	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	100		GENERIC		76385				N	FORMULARY		1	GEN	GENERICS			X	6 IN 1 DAYS	R	MEDPRMI
76385012450	METHOC/	METHOC/	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	500		GENERIC		76385				N	FORMULARY		1	GEN	GENERICS			X	6 IN 1 DAYS	R	MEDPRMI
76385012501	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	TABS	EA	100	X	GENERIC		76385				N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76385012601	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	120 MG	ORAL	TABS	EA	100	X	GENERIC		76385				N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76385012701	SOTALOL	SOTALOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	160 MG	ORAL	TABS	EA	100	X	GENERIC		76385				N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76385012810	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	500 MG	ORAL	TB24	EA	1000	X	GENERIC		76385				N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76385012901	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	100	X	GENERIC		76385				N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76385012950	METFORI	METFORI	682004	Biguanide	68200400	Biguanide	S	750 MG	ORAL	TB24	EA	500	X	GENERIC		76385				N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76385013001	CYPROHI	CYPROHI	40400	First Gene	4040000	First Gene	S	4 MG	ORAL	TABS	EA	100		GENERIC		76385				N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76385013101	PINDOLO	PINDOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		76385				N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76385013201	PINDOLO	PINDOLO	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		76385				N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76385013301	NADOLOI	NADOLOI	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		76385				N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76385013401	NADOLOI	NADOLOI	242000	Alpha-Adr	24200000	Alpha-Adr	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		76385				N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76385013501	NADOLOI	NADOLOI	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	TABS	EA	100	X	GENERIC		76385				N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76385013601	METOLAZ	METOLAZ	243624	UNKNOW	24362400	UNKNOW	S	2.5 MG	ORAL	TABS	EA	100	X	GENERIC		76385				N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76385013701	METOLAZ	METOLAZ	243624	UNKNOW	24362400	UNKNOW	S	5 MG	ORAL	TABS	EA	100	X	GENERIC		76385				N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76385013801	METOLAZ	METOLAZ	243624	UNKNOW	24362400	UNKNOW	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		76385				N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76385014205	CHLORO(	CHLORO(	83008	Antimalari	8300800	Antimalari	S	250 MG	ORAL	TABS	EA	50	X	GENERIC	6/4/2024	76385				N	FORMULARY		1	GEN	GENERICS			X	36 IN 16 DAYS	R	MEDPRMI
76385014401	HYDROX'	HYDROX'	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	100	X	GENERIC	6/4/2024	76385				N	FORMULARY		1	GEN	GENERICS			X	100 IN 30 DAYS	R	MEDPRMI
76385014450	HYDROX'	HYDROX'	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	500	X	GENERIC	6/4/2024	76385				N	FORMULARY		1	GEN	GENERICS			X	100 IN 30 DAYS	R	MEDPRMI
76385014501	FLECAINI	FLECAINI	240404	Antiarrhyt	24040412	Class Ic A	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		76385				N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76385014601	FLECAINI	FLECAINI	240404	Antiarrhyt	24040412	Class Ic A	S	100 MG	ORAL	TABS	EA	100	X	GENERIC		76385				N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76385014701	FLECAINI	FLECAINI	240404	Antiarrhyt	24040412	Class Ic A	S	150 MG	ORAL	TABS	EA	100	X	GENERIC		76385				N	FORMULARY		1	GEN	GENERICS					R	MEDPRMI
76388063525	LEUKERA	CHLORAM	100000	Antineopla	10000000	Antineopla	R	2 MG	ORAL	TABS	EA	25		SSB	7/15/2022	76388				N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND					R	MEDPRMI
76388071325	MYLERAI	BUSULFA	100000	Antineopla	10000000	Antineopla	R	2 MG	ORAL	TABS	EA	25		SSB	7/15/2022	76388				N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND					R	MEDPRMI
76388088025	TABLOID	THIOGUA	100000	Antineopla	10000000	Antineopla	R	40 MG	ORAL	TABS	EA	25		SSB	7/15/2022	76388				N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND					R	MEDPRMI
76394264203	GALLIUM	GALLIUM	366800	Roentgen	36680000	Roentgen	R	0.5-5 MCI/	INTRAVEI	SOLN	EA	1		MSB		76394				N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION					R	MEDPRMI
76420000200	MICRODE	CREAM B	960000	Pharmace	96000000	Pharmace	O	0	EXTERNA	CREA	GM	1		SSB		76420				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76420000201	MICRODE	CREAM B	960000	Pharmace	96000000	Pharmace	O	0	EXTERNA	CREA	GM	1000		SSB		76420				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76420000205	MICRODE	CREAM B	960000	Pharmace	96000000	Pharmace	O	0	EXTERNA	CREA	GM	5000		SSB		76420				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76420000210	MICRODE	CREAM B	960000	Pharmace	96000000	Pharmace	O	0	EXTERNA	CREA	GM	10000		SSB		76420				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76420000220	MICRODE	CREAM B	960000	Pharmace	96000000	Pharmace	O	0	EXTERNA	CREA	GM	20000		SSB		76420				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76420000320	AMOXICII	AMOXICII	81216	Penicillins	8121608	Aminopen	S	875 MG	ORAL	TABS	EA	20		GENERIC		76420			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76420000520	AMOXICII	AMOXICII	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	20		GENERIC		76420			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76420000606	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6		GENERIC		76420			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76420000901	CELECO)	CELECO)	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	1	X	GENERIC		76420	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76420000907	CELECO)	CELECO)	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	7	X	GENERIC		76420	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76420000930	CELECO)	CELECO)	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	30	X	GENERIC		76420	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76420000960	CELECO)	CELECO)	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	60	X	GENERIC		76420			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76420001001	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	100		GENERIC		76420			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76420001005	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	500		GENERIC		76420			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76420001015	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	15		GENERIC		76420			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76420001030	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30		GENERIC		76420			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76420001060	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	60		GENERIC		76420			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76420001090	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90		GENERIC		76420			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76420001101	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	1		GENERIC		76420			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76420001102	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	2		GENERIC		76420			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76420001107	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	7		GENERIC		76420			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76420001120	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC		76420			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76420001130	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		76420			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI
76420001160	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		76420			X	N	EXCLUDE	REPACK: [REPACKED PRODU			OPTIONAL BENEFIT EXCLUSION					R	MEDPRMI

76420023412	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	120	X	GENERIC		76420	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420023424	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	240	X	GENERIC		76420	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420023430	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	30	X	GENERIC		76420	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420023460	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	60	X	GENERIC		76420	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420023490	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	90	X	GENERIC		76420	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420023512	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	120	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420023524	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	240	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420023530	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420023560	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420023590	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420023630	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	30	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420023660	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	60	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420023690	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	90	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420023730	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420023760	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420023790	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420023830	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420023860	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420023890	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420023930	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420023960	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420023990	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420024001	BETALOA	BETAMET	680400	Adrenals	68040000	Adrenals	R	30 MG/5M	COMBINA	KIT	EA	1		SSB		76420			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND		R	MEDPRIM
76420024130	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420024160	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420024190	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420024230	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	30		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420024260	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	60		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420024290	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	90		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420024301	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	1	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420024307	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	7	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420024330	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420024360	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420024390	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420024430	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	100 MG	ORAL	TB24	EA	30		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420024460	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	100 MG	ORAL	TB24	EA	60		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420024490	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	100 MG	ORAL	TB24	EA	90		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420024530	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	200 MG	ORAL	TB24	EA	30		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420024560	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	200 MG	ORAL	TB24	EA	60		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420024590	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	200 MG	ORAL	TB24	EA	90		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420024630	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	300 MG	ORAL	TB24	EA	30		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420024730	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	30	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420024760	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	60	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420024790	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	90	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420024830	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420024860	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420024890	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420024930	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	30	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420024960	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	60	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420024990	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	90	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420025001	TORONO	KETOROL	280804	Nonsteroi	28080492	Other Non	R	30 MG/ML	COMBINA	KIT	EA	1		SSB		76420			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND		R	MEDPRIM
76420025104	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TBDP	EA	4		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420025106	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TBDP	EA	6		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420025110	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TBDP	EA	10		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420025120	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TBDP	EA	20		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420025130	ONDANS	ONDANS	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TBDP	EA	30		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420025201	TORONO	KETOROL	280804	Nonsteroi	28080492	Other Non	R	30MG/ML-	COMBINA	KIT	EA	1		SSB		76420			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND		R	MEDPRIM
76420025304	LIDOTHO	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	R	4.5-5 %	EXTERNA	GEL	GM	99		SSB		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420025405	GENTAMI	GENTAMI	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	5		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420025630	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420025660	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	60		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420025690	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420025730	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	30		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420025760	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	60		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420025790	HYDROC	HYDROC	280808	Opiate Ag	28080800	Opiate Ag	S	7.5-325 M	ORAL	TABS	EA	90		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420025810	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	100		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420025830	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	30		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420025860	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	60		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420025890	METHOC	METHOC	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	90		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420025901	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	100	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420025905	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	500	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420025930	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420025960	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420025990	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420026001	MEDROL	METHYLP	680400	Adrenals	68040000	Adrenals	R	40 MG/ML	COMBINA	KIT	EA	1		SSB		76420			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND		R	MEDPRIM
76420026201	MEDROL	METHYLP	680400	Adrenals	68040000	Adrenals	R	40 MG/ML	COMBINA	KIT	EA	1		SSB		76420			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND		R	MEDPRIM
76420026330	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420026360	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420026401	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	1	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420026402	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	2	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420026405	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	500	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420026407	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	7	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420026410	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	100	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420026414	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	14	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420026430	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420026460	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420026490	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	90	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420026510	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	100		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420026530	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420026560	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	60		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420026590	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420026801	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	1		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420026802	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	2		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420026807	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	7		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420026810	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	100		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420026815	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	15		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420026820	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	20		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420026830	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420026860	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	60		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420026890	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420026901	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	1		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420026902	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	2		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420026907	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	7		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420026910	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	100		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420026915	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	15		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420026920	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	20		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420026930	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420026960	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420026990	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	90		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420027001	DMT SUIK	DEXAMET	680400	Adrenals	68040000	Adrenals	R	10MG/ML-	COMBINA	KIT	EA	1		SSB		76420			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
76420027101	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	1		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420027102	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	2		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420027107	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	7		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420027110	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	100		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420027112	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	120		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420027115	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	15		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420027120	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420027130	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420027160	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420027190	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420027501	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	3%	EXTERNA	GEL	GM	100		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420027630	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420027660	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420027690	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420027830	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420027860	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420027890	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420027930	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420027960	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420027990	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420028030	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	30	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420028060	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	60	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420028090	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	200 MG	ORAL	TABS	EA	90	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420029806	CYCLO	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	R	20 MG/GM	TRANSDE	CREA	GM	60		SSB		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420029930	VITALEE	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	30		GENERIC		76420			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420030290	DETOXAF	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	50MG-5M	ORAL	CAPS	EA	90		SSB		76420			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420030601	HYRONAI	SODIUM H	929200	UNKNOW	92920000	UNKNOW	R	1 & 2 %	INJECTIO	KIT	EA	1		SSB		76420			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420031160	ENOVASH	SKIN PRO	842412	Basic Oint	84241200	Basic Oint	O	0-0	EXTERNA	LOTN	ML	60		SSB		76420			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420031260	PREORB	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-150MG-	ORAL	CAPS	EA	60		SSB		76420			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420031301	CADIRAM	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	R	2.5%-2.5%	EXTERNA	KIT	EA	1		SSB		76420			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND		R	MEDPRIM
76420031760	TUMERSA	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	100MG-20	ORAL	TABS	EA	60		SSB		76420			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420032460	CARDIOP	SPECIALT	882800	Multivitam	88280000	Multivitam	O	60MG-60M	ORAL	CAPS	EA	60		SSB		76420			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420033301	PROSYNI	PROTEIN	402000	Caloric Ag	40200000	Caloric Ag	O	1449MG/3	ORAL	POWD	GM	453.5		SSB		76420			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420034660	CHOLASE	SPECIALT	882800	Multivitam	88280000	Multivitam	O	25MG-25M	ORAL	CAPS	EA	60		SSB		76420			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420035130	EHA LOTI	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	R	4%	EXTERNA	LOTN	ML	88		SSB		76420			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND		R	MEDPRIM
76420035560	NARCOS	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-0-0	ORAL	CAPS	EA	60		SSB		76420			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420036760	SYNERTF	SPECIALT	882800	Multivitam	88280000	Multivitam	O	200MG-10	ORAL	CAPS	EA	60		SSB		76420			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420037215	APHEN	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	150		GENERIC		76420			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420037760	IMMUNIC	SPECIALT	882800	Multivitam	88280000	Multivitam	O	0-15MG-1	ORAL	CAPS	EA	60		SSB		76420			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420037960	ADRENOI	SPECIALT	882800	Multivitam	88280000	Multivitam	O	25MG-15M	ORAL	CAPS	EA	60		SSB		76420			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420038290	INULOSE	SPECIALT	882800	Multivitam	88280000	Multivitam	O	25MG-30M	ORAL	CAPS	EA	90		SSB		76420			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420039060	TRUTICAI	BRINDALI	929200	UNKNOW	92920000	UNKNOW	O	500-10-25	ORAL	CAPS	EA	60		SSB		76420			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420039403	EHA LOTI	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	O	4%	EXTERNA	LOTN	ML	88		SSB		76420			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420044830	WRESTOI	MELATON	929200	UNKNOW	92920000	UNKNOW	P	3MG-100M	ORAL	CAPS	EA	30		GENERIC		76420			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420044960	XOLIDO	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	O	2%	EXTERNA	CREA	ML	118		SSB	10/10/2023	76420			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420045012	CALYPXC	MENTHOL	842404	Basic Loti	84240400	Basic Loti	P	3-10 %	EXTERNA	CREA	GM	113		GENERIC		76420			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420045101	XOLIDO X	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4%	EXTERNA	CREA	ML	118		GENERIC	10/10/2023	76420	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420045360	NARCOS	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-0-0-0	ORAL	CAPS	EA	60		SSB		76420			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420049401	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	6.25 MG	ORAL	TBCR	EA	100		GENERIC		76420	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420049430	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	6.25 MG	ORAL	TBCR	EA	30		GENERIC		76420	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420049460	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	6.25 MG	ORAL	TBCR	EA	60		GENERIC		76420	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420049490	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	6.25 MG	ORAL	TBCR	EA	90		GENERIC		76420	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420049601	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	12.5 MG	ORAL	TBCR	EA	100		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420049630	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	12.5 MG	ORAL	TBCR	EA	30		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420049660	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	12.5 MG	ORAL	TBCR	EA	60		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420049690	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	12.5 MG	ORAL	TBCR	EA	90		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420049701	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	100	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420049705	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	500	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420049712	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	120	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420049724	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	240	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420049730	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420049760	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420049790	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420049809	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	50 MG	ORAL	TABS	EA	9		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420049909	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	25 MG	ORAL	TABS	EA	9		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420050009	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	100 MG	ORAL	TABS	EA	9		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420050120	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	20		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420050330	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250-125 M	ORAL	TABS	EA	30		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420050415	ZYLOTRC	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4-4 %	EXTERNA	PTCH	EA	15		GENERIC	10/10/2023	76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420050560	NOPIOD	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	2.5MG-50	ORAL	CAPS	EA	60		SSB		76420			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420050720	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500-125 M	ORAL	TABS	EA	20		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420050850	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	50		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420050912	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	120		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420052001	PHYSICIA	METHYLP	680400	Adrenals	68040000	Adrenals	R	40-0.5 MG	INJECTIO	KIT	EA	1		SSB		76420			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420052401	PHYSICIA	TRIAMCIN	680400	Adrenals	68040000	Adrenals	R	40-1 MG/M	COMBINA	KIT	EA	1		SSB		76420			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND		R	MEDPRIM
76420052701	PHYSICIA	CYANOC	880800	Vitamin B	88080000	Vitamin B	R	1000 MCG	INJECTIO	KIT	EA	1		SSB		76420			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420052920	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	20		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420053006	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	60		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420053012	FLUOCIN	FLUOCIN	840608	UNKNOW	84060800	UNKNOW	S	0.10%	EXTERNA	CREA	GM	120		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420053101	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective	S	108 (90 B	INHALATI	AERS	GM	6.7	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420053201	ENOXILU	ENOXAPA	201204	Anticoagu	20120416	Heparins	R	40 MG/0.4	INJECTIO	PSKT	EA	1		SSB		76420			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420053301	DIAZEPA	DIAZEPA	282408	Benzodiaz	28240800	Benzodiaz	S	5 MG	ORAL	TABS	EA	100		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420053508	HIBICLEN	CHLORHE	840416	UNKNOW	84041600	UNKNOW	P	4%	EXTERNA	SOLN	ML	236		MSB		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		FORMULARY EXCLUSION		R	MEDPRIM
76420053630	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	100 MG	ORAL	TB24	EA	30		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420053660	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	100 MG	ORAL	TB24	EA	60		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420053690	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	100 MG	ORAL	TB24	EA	90		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420053730	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	200 MG	ORAL	TB24	EA	30		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420053760	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	200 MG	ORAL	TB24	EA	60		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420053790	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	200 MG	ORAL	TB24	EA	90		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420053830	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	300 MG	ORAL	TB24	EA	30		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420053860	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	300 MG	ORAL	TB24	EA	60		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420053890	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	300 MG	ORAL	TB24	EA	90		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420054130	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420054190	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420054230	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420054330	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420054430	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	30		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420054550	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	50		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420055035	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	OINT	GM	35.44		GENERIC		76420	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420055105	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	500	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420055112	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	120	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420055130	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	30	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420055160	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	60	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420055190	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	5 MG	ORAL	TABS	EA	90	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420055205	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	2.5 MG	ORAL	TABS	EA	500	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420055212	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	2.5 MG	ORAL	TABS	EA	120	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420055230	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	2.5 MG	ORAL	TABS	EA	30	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420055260	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	2.5 MG	ORAL	TABS	EA	60	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420055290	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	2.5 MG	ORAL	TABS	EA	90	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420055305	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	10 MG	ORAL	TABS	EA	500		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420055312	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	10 MG	ORAL	TABS	EA	120		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420055330	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420055360	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420055390	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420055405	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	500		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420055412	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	120		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420055430	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	30		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420055460	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	60		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420055490	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	90		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420056004	ZYLOTRC	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	O	4-1 %	EXTERNA	CREA	GM	102		SSB		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420056210	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	10		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420056220	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	20		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420056230	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	30		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420056250	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	50		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420056330	SILDENA	SILDENA	240812	Calcium-c	24081200	UNKNOW	S	25 MG	ORAL	TABS	EA	30		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420056360	SILDENA	SILDENA	240812	Calcium-c	24081200	UNKNOW	S	25 MG	ORAL	TABS	EA	60		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420056390	SILDENA	SILDENA	240812	Calcium-c	24081200	UNKNOW	S	25 MG	ORAL	TABS	EA	90		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420056401	SILDENA	SILDENA	240812	Calcium-c	24081200	UNKNOW	S	50 MG	ORAL	TABS	EA	100		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420056430	SILDENA	SILDENA	240812	Calcium-c	24081200	UNKNOW	S	50 MG	ORAL	TABS	EA	30		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420056460	SILDENA	SILDENA	240812	Calcium-c	24081200	UNKNOW	S	50 MG	ORAL	TABS	EA	60		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420056490	SILDENA	SILDENA	240812	Calcium-c	24081200	UNKNOW	S	50 MG	ORAL	TABS	EA	90		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420056501	SILDENA	SILDENA	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	100		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420056530	SILDENA	SILDENA	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	30		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420056560	SILDENA	SILDENA	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	60		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420056590	SILDENA	SILDENA	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	90		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420057101	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	25 MG	ORAL	TBEC	EA	100	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420057130	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	25 MG	ORAL	TBEC	EA	30	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420057160	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	25 MG	ORAL	TBEC	EA	60	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420057190	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	25 MG	ORAL	TBEC	EA	90	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420057201	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	100	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420057230	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	30	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420057260	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	60	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420057290	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	50 MG	ORAL	TBEC	EA	90	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420057310	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250 MG/5	ORAL	SUSR	ML	100		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420057315	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250 MG/5	ORAL	SUSR	ML	150		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420057380	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	250 MG/5	ORAL	SUSR	ML	80		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420057501	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	100	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420057530	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	30	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420057560	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	60	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420057590	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	400 MG	ORAL	TABS	EA	90	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420057601	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	100	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420057630	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420057660	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420057690	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420057701	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	100	X	GENERIC		76420	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420057730	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC		76420	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420057760	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC		76420	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420057790	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC		76420	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420057801	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	2%	EXTERNA	SOLN	GM	112		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420058115	ZYLOTRC	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4-1 %	EXTERNA	PTCH	EA	15		GENERIC		76420	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420058330	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420058360	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420058390	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420058701	FLUCONA	FLUCONA	81408	Azoles	8140800	Azoles	S	150 MG	ORAL	TABS	EA	1		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420058903	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	3		GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420059807	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	100 MG	ORAL	TB24	EA	7	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420059810	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	100 MG	ORAL	TB24	EA	100	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420059814	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	100 MG	ORAL	TB24	EA	14	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420059820	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	100 MG	ORAL	TB24	EA	20	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420059830	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	100 MG	ORAL	TB24	EA	30	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420059860	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	100 MG	ORAL	TB24	EA	60	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM
76420059890	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	100 MG	ORAL	TB24	EA	90	X	GENERIC		76420		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION		R	MEDPRIM

78206016101	REMERO	MIRTAZA	281604	Antidepres	28160424	Serotonin	S	30 MG	ORAL	TABS	EA	30 X	MSB		78206		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
78206016201	RENFLEX	INFLIXIM	902416	UNKNOW	90241692	UNKNOW	R	100 MG	INTRAVE	SOLR	EA	1	SSB		78206		N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78206016299	RENFLEX	INFLIXIM	902416	UNKNOW	90241692	UNKNOW	R	100 MG	INTRAVE	SOLR	EA	1	SSB		78206		N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78206016601	SINEMET	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	10-100 MG	ORAL	TABS	EA	100 X	MSB		78206		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
78206016801	SINEMET	CARBIDO	283616	UNKNOW	28361600	UNKNOW	S	25-100 MG	ORAL	TABS	EA	100 X	MSB		78206		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
78206017001	SINGULA	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	4 MG	ORAL	CHEW	EA	30 X	MSB		78206 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
78206017101	SINGULA	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	4 MG	ORAL	PACK	EA	30 X	MSB		78206		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
78206017201	SINGULA	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	30 X	MSB		78206 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
78206017202	SINGULA	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	10 MG	ORAL	TABS	EA	90 X	MSB		78206 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
78206017301	SINGULA	MONTELU	481024	Leukotrien	48102400	Leukotrien	S	5 MG	ORAL	CHEW	EA	30 X	MSB		78206 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
78206017401	VYTORIN	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-10 MG	ORAL	TABS	EA	30 X	MSB		78206 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS			R	MEDPRMI
78206017402	VYTORIN	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-10 MG	ORAL	TABS	EA	90 X	MSB		78206 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS			R	MEDPRMI
78206017501	VYTORIN	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-20 MG	ORAL	TABS	EA	30 X	MSB		78206		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS			R	MEDPRMI
78206017502	VYTORIN	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-20 MG	ORAL	TABS	EA	90 X	MSB		78206		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS			R	MEDPRMI
78206017601	VYTORIN	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-40 MG	ORAL	TABS	EA	30 X	MSB		78206		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS			R	MEDPRMI
78206017602	VYTORIN	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-40 MG	ORAL	TABS	EA	90 X	MSB		78206		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS			R	MEDPRMI
78206017701	VYTORIN	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-80 MG	ORAL	TABS	EA	30 X	MSB		78206		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION	X	PA:X	X	1 IN 1 DAYS			R	MEDPRMI
78206017702	VYTORIN	EZETIMIB	240608	HMG-CoA	24060800	HMG-CoA	S	10-80 MG	ORAL	TABS	EA	90 X	MSB		78206 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION	X	PA:X	X	1 IN 1 DAYS			R	MEDPRMI
78206017801	ZETIA	EZETIMIB	240605	Cholester	24060500	Cholester	S	10 MG	ORAL	TABS	EA	30 X	MSB		78206 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS			R	MEDPRMI
78206018001	ZOCOR	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	30 X	MSB		78206 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS			R	MEDPRMI
78206018002	ZOCOR	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	10 MG	ORAL	TABS	EA	90 X	MSB		78206		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS			R	MEDPRMI
78206018101	ZOCOR	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	30 X	MSB		78206 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS			R	MEDPRMI
78206018102	ZOCOR	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	20 MG	ORAL	TABS	EA	90 X	MSB		78206		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS			R	MEDPRMI
78206018201	ZOCOR	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	30 X	MSB		78206 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS			R	MEDPRMI
78206018202	ZOCOR	SIMVAST	240608	HMG-CoA	24060800	HMG-CoA	S	40 MG	ORAL	TABS	EA	90 X	MSB		78206		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS			R	MEDPRMI
78206018301	HADLIMA	ADALIMU	902416	UNKNOW	90241692	UNKNOW	R	40 MG/0.8	SUBCUT	SOSY	ML	0.8 X	SSB		78206	Y	N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
78206018401	HADLIMA	ADALIMU	902416	UNKNOW	90241692	UNKNOW	R	40 MG/0.8	SUBCUT	SOAJ	ML	0.8 X	SSB		78206	Y	N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
78206018601	HADLIMA	ADALIMU	902416	UNKNOW	90241692	UNKNOW	R	40 MG/0.4	SUBCUT	SOSY	ML	0.4 X	SSB		78206	Y	N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
78206018701	HADLIMA	ADALIMU	902416	UNKNOW	90241692	UNKNOW	R	40 MG/0.4	SUBCUT	SOAJ	ML	0.4 X	SSB		78206	Y	N	EXCLUDE	EXCLUDE	6 SPBD2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
78206018801	CLARINE	DESLORA	40800	Second G	4080000	Second G	S	5 MG	ORAL	TABS	EA	100	MSB		78206 Y		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION			X	1 IN 1 DAYS			R	MEDPRMI
78206018901	XACIATO	CLINDAM	840404	Antibacter	84040400	Antibacter	R	2%	VAGINAL	GEL	GM	8	SSB		78206		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
78300007044	STAYFRE	SANITAR	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	40	NON DRUG		78300		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78300007046	STAYFRE	SANITAR	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	14	NON DRUG		78300		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78482011002	ALBENDA	ALBENDA	80800	Anthelmin	8080000	Anthelmin	S	200 MG	ORAL	TABS	EA	2	GENERIC		78482		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
78613020130	SYNDRO	DRONABI	569200	GI Drugs,	56920000	GI Drugs,	R	5 MG/ML	ORAL	SOLN	ML	30	SSB		78613		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND			X	2 IN 1 DAYS	X	Must meet 5 DS Dron TRIAL OF GENERIC DRONABINOL CAPSULES OR MEGESTROL SUSPENSION I	R	MEDPRMI
78670000367	REVONT	DANTROL	122008	UNKNOW	12200800	UNKNOW	S	20 MG	INTRAVE	SOLR	EA	1	GENERIC		78670		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78670005036	LUCEMY	LOFEXIDI	121204	alpha-Adr	12120400	alpha-Adr	S	0.18 MG	ORAL	TABS	EA	36	MSB		78670		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION	X	PA:X					R	MEDPRMI
78670005096	LUCEMY	LOFEXIDI	121204	alpha-Adr	12120400	alpha-Adr	S	0.18 MG	ORAL	TABS	EA	96	MSB		78670		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION	X	PA:X					R	MEDPRMI
78670010001	CORGAR	NADOLOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	100 X	MSB	9/29/2023	78670		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
78670010101	CORGAR	NADOLOL	242000	Alpha-Adr	24200000	Alpha-Adr	S	40 MG	ORAL	TABS	EA	100 X	MSB	9/29/2023	78670		N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
78670013002	SYMJEPI	EPINEPHI	121212	alpha- anc	12121200	alpha- anc	R	0.3 MG/0.3	INJECTIO	SOSY	EA	2	SSB	12/12/2023	78670	Y	N	FORMULARY		2 BRAND	PREFERRED BRAND			X	<= 4			R	MEDPRMI
78670013011	SYMJEPI	EPINEPHI	121212	alpha- anc	12121200	alpha- anc	R	0.3 MG/0.3	INJECTIO	SOSY	EA	1	SSB	12/12/2023	78670	Y	N	FORMULARY		2 BRAND	PREFERRED BRAND			X	<= 4			R	MEDPRMI
78670013102	SYMJEPI	EPINEPHI	121212	alpha- anc	12121200	alpha- anc	R	0.15 MG/0	INJECTIO	SOSY	EA	2	SSB	12/12/2023	78670	Y	N	FORMULARY		2 BRAND	PREFERRED BRAND			X	<= 4			R	MEDPRMI
78670013111	SYMJEPI	EPINEPHI	121212	alpha- anc	12121200	alpha- anc	R	0.15 MG/0	INJECTIO	SOSY	EA	1	SSB	12/12/2023	78670	Y	N	FORMULARY		2 BRAND	PREFERRED BRAND			X	<= 4			R	MEDPRMI
78670014002	ZIMHI	NALOXON	281000	Opiate An	28100000	Opiate An	R	5 MG/0.5M	INJECTIO	SOSY	ML	0.5	SSB		78670	Y	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND			X	2 IN 30 DAYS			R	MEDPRMI
78670014011	ZIMHI	NALOXON	281000	Opiate An	28100000	Opiate An	R	5 MG/0.5M	INJECTIO	SOSY	ML	0.5	SSB		78670	Y	N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND			X	2 IN 30 DAYS			R	MEDPRMI
78670015001	IWILFIN	EFLORNI	100000	Antineopla	10000000	Antineopla	R	192 MG	ORAL	TABS	EA	100 X	SSB		78670		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X					R	MEDPRMI
78742000497	SR ANTI-I	LOPERAM	560800	Antidiarrh	56080000	Antidiarrh	P	2MG	ORAL	TABS	EA	350	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742000985	SV VITAM	CYANOC	880800	Vitamin B	88080000	Vitamin B	P	1000MCG	ORAL	TBCR	EA	60	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742000986	VITAMIN I	CYANOC	880800	Vitamin B	88080000	Vitamin B	P	500 MCG	ORAL	TABS	EA	100	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742000987	B-12 TR	CYANOC	880800	Vitamin B	88080000	Vitamin B	P	2000 MCG	ORAL	TBCR	EA	60	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742000989	B-100 CO	B-COMPL	882800	Multivitam	88280000	Multivitam	P	100MCG-1	ORAL	TBCR	EA	60	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742000991	B-COMPL	B-COMPL	882800	Multivitam	88280000	Multivitam	P	25MCG-2	ORAL	TABS	EA	250	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742000992	SUPER B-	B-COMPL	882800	Multivitam	88280000	Multivitam	P	180MG-18	ORAL	TABS	EA	100	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742000994	SUPER B-	B-COMPL	882800	Multivitam	88280000	Multivitam	P	180MG-18	ORAL	TABS	EA	80	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742001190	EQ EAR W	CARBAMI	520424	UNKNOW	52042400	UNKNOW	P	6.50%	OTIC	SOLN	ML	15	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742001431	ASSURAN	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	6	NON DRUG		78742		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742001535	EQ INSTA	COLD PA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		78742		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742001650	EQ OPTIC	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	26	NON DRUG		78742		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742001651	EQ OPTIC	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	14	NON DRUG		78742		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742001652	EQ OPTIC	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	39	NON DRUG		78742		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742001653	EQ OPTIC	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	27	NON DRUG		78742		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742002344	FISH OIL	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1200 MG	ORAL	CAPS	EA	100	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742002345	FISH OIL	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1200 MG	ORAL	CAPS	EA	100	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742002644	RELION L	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		78742		N	FORMULARY		2 BRAND	PREFERRED BRAND							R	MEDPRMI
78742002646	RELION L	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	210	NON DRUG		78742		N	FORMULARY		2 BRAND	PREFERRED BRAND							R	MEDPRMI
78742002648	RELION L	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		78742		N	FORMULARY		2 BRAND	PREFERRED BRAND							R	MEDPRMI
78742002657	EQ ANTIE	BENZALK	840492	Local Anti	84049200	Local Anti	P	0.12%	EXTERNA	MISC	EA	40	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742002660	EQ ANTIE	BENZALK	840492	Local Anti	84049200	Local Anti	P	0.12%	EXTERNA	MISC	EA	40	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742004887	EQ GAS F	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	125 MG	ORAL	CAPS	EA	20	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742005457	EQ PANT	SANITAR	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	54	NON DRUG		78742		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742005861	CRANBEF	CRANBEF	929200	UNKNOW	92920000	UNKNOW	O	500 MG	ORAL	CHEW	EA	30	MSB		78742		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
78742006317	EQ PREG	PREGNAN	940000	Devices	94000000	Devices	O	0	IN VITRO	TEST	EA	2	SSB		78742		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742006331	Q-SORB (	COENZYI	929200	UNKNOW	92920000	UNKNOW	P	200 MG	ORAL	CAPS	EA	30	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742006334	FISH OIL	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	100	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742006599	EQ GLUC	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	30MG-30M	ORAL	TABS	EA	80	SSB		78742		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742006600	MELATON	MELATON	929200	UNKNOW	92920000	UNKNOW	P	10MG-10M	ORAL	TBCR	EA	120	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742006795	L-LYSINE	LYSINE H	402000	Caloric Ag	40200000	Caloric Ag	P	1000MG	ORAL	TABS	EA	100	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742008231	EQ TAMP	SANITAR	940000	Devices	94000000	Devices	O	0	VAGINAL	TAMP	EA	36	NON DRUG		78742		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742008265	EQ TAMP	SANITAR	940000	Devices	94000000	Devices	O	0	VAGINAL	TAMP	EA	20	NON DRUG		78742		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742008285	EQ ULTR	SANITAR	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	16	NON DRUG		78742		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742008286	EQ THIN I	SANITAR	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	120	NON DRUG		78742		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742008536	ASSURAN	DISPOSA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		78742		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742008637	ASSURAN	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	12	NON DRUG		78742		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742008682	ASSURAN	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	96	NON DRUG		78742		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742009146	NICOTINE	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	LOZG	EA	27	GENERIC		78742		N	#N/A	ORIG_FR	10 EHB	#N/A					X	IF AGE=1 LIMITED TO 20 LOZ	R	MEDPRMI
78742009268	EQ DAIRY	LACTASE	561600	Digestants	56160000	Digestants	P	9000 UNIT	ORAL	TABS	EA	12	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742009270	EQ ANTA	ALUM & M	560400	Antacids a	56040000	Antacids a	P	400MG/5M	ORAL	SUSP	ML	355	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742009271	EQ DAIRY	LACTASE	561600	Digestants	56160000	Digestants	P	9000 UNIT	ORAL	CHEW	EA	32	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742009308	KRILL OIL	KRILL OIL	929200	UNKNOW	92920000	UNKNOW	P	300 MG	ORAL	CAPS	EA	60	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742009317	GLUCOS	GLUCOS	929200	UNKNOW	92920000	UNKNOW	P	600MG-75	ORAL	TABS	EA	80	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742009318	GLUCOS	GLUCOS	929200	UNKNOW	92920000	UNKNOW	P	600MG-75	ORAL	TABS	EA	170	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742009319	GLUCOS	GLUCOS	929200	UNKNOW	92920000	UNKNOW	P	600MG-75	ORAL	TABS	EA	170	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742009340	FENUGRE	FENUGRE	929200	UNKNOW	92920000	UNKNOW	P	610 MG	ORAL	CAPS	EA	100	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742009352	LUTEIN-Z	LUTEIN-Z	929200	UNKNOW	92920000	UNKNOW	P	25-5 MG	ORAL	CAPS	EA	30	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742009356	EQ STRO	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	20	SSB		78742		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742009357	EQ FLEXI	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30	SSB		78742		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742009359	EQ ESTR	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	75MG-75M	ORAL	TABS	EA	30	SSB		78742		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742009382	UBIQUIN	UBIQUIN	929200	UNKNOW	92920000	UNKNOW	P	100 MG	ORAL	CAPS	EA	30	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742009463	MM MELA	MELATON	929200	UNKNOW	92920000	UNKNOW	P	10MG	ORAL	TBCR	EA	250	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742012050	MM VITAI	METHYLC	880800	Vitamin B	88080000	Vitamin B	P	5000 MCG	SUBLINGI	TBDP	EA	300	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742012413	EQ ATHL	TOLNAFT	840408	Antifungal	84040840	Thiocarba	P	1%	EXTERNA	CREA	GM	30	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742013744	MM BIOTI	SPECIALT	882800	Multivitam	88280000	Multivitam	O	60MG-60M	ORAL	CAPS	EA	250	SSB		78742		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742014327	EQ FIBER	FIBER	561200	Cathartics	56120000	Cathartics	P	2 GM	ORAL	CHEW	EA	90	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742023460	MM EASY	BLOOD G	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		78742		N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION						FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, G	R	MEDPRMI
78742023461	MM EASY	GLUCOSE	362600	Diabetes I	36260000	Diabetes I	O	0	IN VITRO	STRP	EA	50	NON DRUG		78742		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
78742023550	MM FEXC	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	150	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742025657	MM INSUI	INSULIN S	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		78742		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
78742025659	MM INSUI	INSULIN S	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		78742		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
78742025661	MM INSUI	INSULIN S	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		78742		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
78742025663	MM INSUI	INSULIN S	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		78742		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
78742025665	MM INSUI	INSULIN S	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		78742		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
78742025767	MM INSUI	INSULIN S	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		78742		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
78742025769	MM TWIS	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		78742		N	FORMULARY		2 BRAND	PREFERRED BRAND							R	MEDPRMI
78742025770	MM TWIS	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		78742		N	FORMULARY		2 BRAND	PREFERRED BRAND							R	MEDPRMI
78742025771	MM LANC	LANCET D	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		78742		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742025772	MM PEN I	INSULIN F	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		78742		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
78742025773	MM PEN I	INSULIN F	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		78742		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
78742025774	MM PEN I	INSULIN F	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		78742		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
78742025775	MM PEN I	INSULIN F	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		78742		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
78742026442	RELION L	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		78742		N	FORMULARY		2 BRAND	PREFERRED BRAND							R	MEDPRMI
78742033365	ASSURAN	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	48	NON DRUG		78742		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742035191	DISTILLE	DISTILLE	960000	Pharmace	96000000	Pharmace	O	0	ORAL	LIQD	ML	3780	MSB		78742		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
78742039269	EQ MAXI	SANITAR	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	45	NON DRUG		78742		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742039281	EQ MAXI	SANITAR	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	48	NON DRUG		78742		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742043509	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	600-20 MC	ORAL	TABS	EA	100	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742043518	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	1500 (600	ORAL	TABS	EA	100	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742043525	ALFALFA	ALFALFA	929200	UNKNOW	92920000	UNKNOW	P	650MG	ORAL	TABS	EA	300	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742043526	BEE POLI	BEE POLI	929200	UNKNOW	92920000	UNKNOW	O	550MG	ORAL	CAPS	EA	100	MSB		78742		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
78742043528	BREWER	BREWER	880800	Vitamin B	88080000	Vitamin B	P	500MG-.1	ORAL	TABS	EA	250	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742043532	GELATIN	GELATIN	929200	UNKNOW	92920000	UNKNOW	P	650 MG	ORAL	CAPS	EA	100	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742043539	LECITHIN	LECITHIN	562400	Lipotropic	56240000	Lipotropic	O	400 MG	ORAL	CAPS	EA	250	MSB		78742		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
78742043564	VITAMIN	VITAMIN	880400	Vitamin A	88040000	Vitamin A	P	2400 MCG	ORAL	CAPS	EA	250	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742043574	B6 NATUI	PYRIDOX	880800	Vitamin B	88080000	Vitamin B	P	100MG	ORAL	TABS	EA	250	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742043588	B1 NATUI	THIAMINE	880800	Vitamin B	88080000	Vitamin B	P	250 MG	ORAL	TABS	EA	100	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742043590	VITAMIN I	VITAMIN I	882000	Vitamin E	88200000	Vitamin E	P	180 MG (4	ORAL	CAPS	EA	100	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742043617	NATURAL	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	1000 MG	ORAL	TABS	EA	100	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742043619	VITAMIN (	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	TABS	EA	250	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742043620	VITAMIN (	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	TABS	EA	100	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742043656	PRENATA	PRENATA	882800	Multivitam	88280000	Multivitam	O	28-0.8 MG	ORAL	TABS	EA	100	SSB		78742		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742043665	BETA CAI	BETA CAI	880400	Vitamin A	88040000	Vitamin A	P	25000 UN	ORAL	CAPS	EA	100	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742044274	EQ COMF	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	60MG-60M	ORAL	TABS	EA	100	SSB		78742		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742044277	EQ COMF	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	110	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742044281	EQ CALC	CALCIUM	401200	Replacem	40120000	Replacem	P	600-800 N	ORAL	TABS	EA	120	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742044282	LUTEIN/Z	LUTEIN-Z	929200	UNKNOW	92920000	UNKNOW	O	45MG-180	ORAL	CAPS	EA	30	MSB		78742		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
78742045610	MELATON	MELATON	929200	UNKNOW	92920000	UNKNOW	P	1MG	ORAL	TABS	EA	120	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742045614	EQ WEIG	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	325	SSB		78742		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742049904	VITAMIN I	VITAMIN I	882000	Vitamin E	88200000	Vitamin E	P	180 MG (4	ORAL	CAPS	EA	100	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742049905	VITAMIN I	VITAMIN I	842400	Emollients	84240000	Emollients	P	12000 UN	EXTERNA	OIL	ML	59	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742049906	ANTIOXID	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	250MG-25	ORAL	CAPS	EA	60	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742049908	COD LIVE	COD LIVE	882800	Multivitam	88280000	Multivitam	P	130UNIT-5	ORAL	CAPS	EA	100	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742049911	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	P	400 MCG	ORAL	TABS	EA	250	GENERIC		78742		N	#N/A	ORIG_FR	10 EHB	#N/A					X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
78742049923	LYSINE H	LYSINE H	402000	Caloric Ag	40200000	Caloric Ag	P	500 MG	ORAL	TABS	EA	250	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742049947	NATURAL	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	1000 MG	ORAL	TABS	EA	250	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78742063438	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	600-20 MC	ORAL	TABS	EA	250	GENERIC		78742		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
78835080042	COENZYI	COENZYI	929200	UNKNOW	92920000	UNKNOW	P	10MG	ORAL	CAPS	EA	90	GENERIC		78835		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79043011028	DERMELL	SCAR TRI	849200	Skin and I	84920000	Skin and I	R	0	EXTERNA	GEL	GM	28.5	SSB		79043		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
79043015028	DERPIXA	WOUND D	849200	Skin and I	84920000	Skin and I	R	0	EXTERNA	GEL	GM	28.5	SSB		79043		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
79043018008	CLENIA P	SULFACE	842800	Keratolytic	84280000	Keratolytic	R	9-4.25 %	EXTERNA	SUSP	ML	237	SSB		79043		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
79043018099	CLENIA P	SULFACE	842800	Keratolytic	84280000	Keratolytic	R	9-4.25 %	EXTERNA	SUSP	ML	30	SSB		79043		Y	EXCLUDE	INSTIT: [INSTITUTIONAL DRU		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79043020025	ZCORT 7-	DEXAMET	680400	Adrenals	68040000	Adrenals	R	1.5 MG (2	ORAL	TBPK	EA	25	SSB	12/12/2022	79043		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
79043024031	PRAMOXI	PRAMOXI	840608	UNKNOW	84060800	UNKNOW	R	1-2.35 %	EXTERNA	CREA	GM	28.4	GENERIC	7/19/2023	79043		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
79043033401	URIMAR-T	METHENA	83600	Urinary Ar	8360000	Urinary Ar	R	120 MG	ORAL	TABS	EA	100	SSB	1/11/2024	79043		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
79043033860	URNEVA	METHENA	83600	Urinary Ar	8360000	Urinary Ar	S	120 MG	ORAL	CAPS	EA	60	GENERIC		79043		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
79043041090	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	R	2%	EXTERNA	THPK	ML	295.8	SSB	6/4/2024	79043		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
79043045001	URO-SP	METHENA	83600	Urinary Ar	8360000	Urinary Ar	S	118 MG	ORAL	CAPS	EA	100	GENERIC	1/11/2024	79043		N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
79043098008	SULFACE	SULFACE	842800	Keratolytic	84280000	Keratolytic	R	9-4.25 %	EXTERNA	SUSP	ML	237	GENERIC	4/2/2024	79043		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION						DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
79234005299	MOMMY'S	GINGER-F	929200	UNKNOW	92920000	UNKNOW	O	5-5 MG/5M	ORAL	LIQD	ML	120	SSB		79234		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79234005410	MOMMY'S	GINGER-(	929200	UNKNOW	92920000	UNKNOW	O	5MG/5ML-	ORAL	LIQD	ML	120	SSB		79234		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79234005503	MOMMY'S	LACTOBA	560800	Antidiarrh	56080000	Antidiarrh	O	0-0	ORAL	LIQD	ML	6	SSB		79234		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79234005531	MOMMY'S	MAGNESI	929200	UNKNOW	92920000	UNKNOW	O	15-25-25 I	ORAL	LIQD	ML	120	SSB		79234		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79234005551	MOMMY'S	LACTOBA	560800	Antidiarrh	56080000	Antidiarrh	O	0-0	ORAL	LIQD	ML	10	SSB		79234		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79234005563	MOMMY'S	LACTOBA	560800	Antidiarrh	56080000	Antidiarrh	O	400 UNT/(	ORAL	LIQD	ML	10	SSB		79234		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79234005602	MOMMYS	CHOLECA	881600	Vitamin D	88160000	Vitamin D	O	10 MCG /(	ORAL	LIQD	ML	3.24	SSB		79234		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79234005612	MOMMY'S	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	40MG/ML-	ORAL	LIQD	ML	30	SSB		79234		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79234005803	MOMMYS	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	20 MG/0.3	ORAL	SUSP	ML	30	GENERIC		79234		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79234008503	MOMMY'S	LACTOBA	560800	Antidiarrh	56080000	Antidiarrh	O	5 B CELL	ORAL	PACK	EA	30	SSB		79234		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79234008513	MOMMY'S	LACTOBA	560800	Antidiarrh	56080000	Antidiarrh	O	5 B CELL	ORAL	PACK	EA	30	SSB		79234		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79378011001	LIVMARLI	MARALIXI	561400	Cholelitho	56140000	Cholelitho	R	9.5 MG/MI	ORAL	SOLN	ML	30 X	SSB		79378		N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X					R	MEDPRMI
79378011101	LIVMARLI	MARALIXI	561400	Cholelitho	56140000	Cholelitho	R	19 MG/MI	ORAL	SOLN	ML	30 X	SSB		79378		N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X					R	MEDPRMI
79503010115	ARTIFICI	CARBOXY	529200	EENT Dru	52920000	EENT Dru	P	1%	OPHTHAL	SOLN	ML	15	GENERIC	1/22/2024	79503		N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79503010330	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	OINT	GM	30	GENERIC		79503		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79503010530	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	P	1%	EXTERNA	CREA	GM	30	GENERIC		79503		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79503010630	MICONAZ	MICONAZ	840408	Antifungal	84040808	Azoles	P	2%	EXTERNA	CREA	GM	30	GENERIC		79503		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79503010730	BACITRA	BACITRA	840404	Antibacter	84040400	Antibacter	P	500 UNIT/	EXTERNA	OINT	GM	30	GENERIC		79503		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79503010830	TRIPLE A	NEOMYCI	840404	Antibacter	84040400	Antibacter	P	3.5-400-5(	EXTERNA	OINT	GM	30	GENERIC		79503 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79503020230	HYDROC	HYDROC	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	CREA	GM	30	GENERIC		79503		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79573000916	ACU-LIFE	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		79573		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79573001115	PILL SPLI	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		79573		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79573010003	EAR SYRI	RUBBER	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		79573		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79573010004	NASAL AS	RUBBER	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		79573		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79573010198	ACU-STR	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		79573		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79622001004	TEMBEXA	BRINCIDO	81832	Nucleosid	8183200	Nucleosid	R	100 MG	ORAL	TABS	EA	4	SSB		79622		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
79622001265	TEMBEXA	BRINCIDO	81832	Nucleosid	8183200	Nucleosid	R	10 MG/ML	ORAL	SUSP	ML	65	SSB		79622		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND							R	MEDPRMI
79643000101	LIDOCAN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4%	EXTERNA	PTCH	EA	10	GENERIC		79643		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79643000201	CAPSAICI	CAPSAICI	849200	Skin and I	84920000	Skin and I	P	0.03%	EXTERNA	PTCH	EA	10	GENERIC		79643		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79643000301	METHYL	METHYL	842404	Basic Loti	84240400	Basic Loti	P	10%	EXTERNA	PTCH	EA	10	GENERIC		79643		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79643000401	METHYL	METHYL	842404	Basic Loti	84240400	Basic Loti	O	25%	EXTERNA	CREA	GM	100	GENERIC		79643		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79672061301	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVE	SOLN	ML	50	GENERIC		79672		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79672061302	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVE	SOLN	ML	100	GENERIC		79672		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79672061303	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVE	SOLN	ML	250	GENERIC		79672		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79672061304	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVE	SOLN	ML	500	GENERIC		79672		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79672061305	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVE	SOLN	ML	1000	GENERIC		79672		N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79672061310	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVE	SOLN	ML	50	GENERIC		79672 Y	Y	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
79672061320	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVE	SOLN	ML	100	GENERIC		79672	Y	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
79672061330	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVE	SOLN	ML	250	GENERIC		79672	Y	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
79672061340	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVE	SOLN	ML	500	GENERIC		79672	Y	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
79672061350	SODIUM (	SODIUM (	401200	Replacem	40120000	Replacem	S	0.90%	INTRAVE	SOLN	ML	1000	GENERIC		79672	Y	N	FORMULARY		1 GEN	GENERICS							R	MEDPRMI
79672082501	OXALIPL	OXALIPL	100000	Antineopla	10000000	Antineopla	S	50 MG	INTRAVE	SOLR	EA	1	GENERIC		79672		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79672082502	OXALIPL	OXALIPL	100000	Antineopla	10000000	Antineopla	S	50 MG	INTRAVE	SOLR	EA	1	GENERIC		79672		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79672082601	OXALIPL	OXALIPL	100000	Antineopla	10000000	Antineopla	S	100 MG	INTRAVE	SOLR	EA	1	GENERIC		79672		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79672082602	OXALIPL	OXALIPL	100000	Antineopla	10000000	Antineopla	S	100 MG	INTRAVE	SOLR	EA	1	GENERIC		79672		N	EXCLUDE	SELF_INJ	4 SPGEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79802020030	REZURO	BELUMOS	929200	UNKNOW	92920000	UNKNOW	R	200 MG	ORAL	TABS	EA	30 X	SSB		79802		N	FORMULARY		5 SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X					R	MEDPRMI
79854000010	EVENING	EVENING	929200	UNKNOW	92920000	UNKNOW	P	500 MG	ORAL	CAPS	EA	90	GENERIC		79854		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79854001118	GLUCOS	GLUCOS	929200	UNKNOW	92920000	UNKNOW	P	30MG-30M	ORAL	TABS	EA	60	GENERIC		79854		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79854001143	SOY ISOF	SOY ISOF	929200	UNKNOW	92920000	UNKNOW	P	40 MG	ORAL	TABS	EA	90	GENERIC		79854 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79854001153	GLUCOS	GLUCOS	929200	UNKNOW	92920000	UNKNOW	O	20MG-20M	ORAL	CAPS	EA	120	SSB		79854		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79854001156	ACIDOPH	PROBIOT	560800	Antidiarrh	56080000	Antidiarrh	P	200MG-0	ORAL	CHEW	EA	100	GENERIC		79854		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79854001157	SUPER A	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	10MG-166	ORAL	CAPS	EA	90	SSB		79854		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79854001162	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	10 MCG (4	ORAL	TABS	EA	100	GENERIC		79854		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79854001170	THERATR	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	130	GENERIC		79854		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79854001171	THERATR	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	100	GENERIC		79854		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79854001181	GLUCOS	GLUCOS	929200	UNKNOW	92920000	UNKNOW	P	30MG-30M	ORAL	TABS	EA	120	GENERIC		79854		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79854001430	CATS CL	CAT'S CL	929200	UNKNOW	92920000	UNKNOW	O	400 MG	ORAL	CAPS	EA	90	MSB		79854		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
79854005023	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	25 MCG (1	ORAL	TABS	EA	300	GENERIC		79854		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79854006900	OMEGA-3	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	60	GENERIC		79854 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79854006990	FLAX OIL	FLAXSEE	929200	UNKNOW	92920000	UNKNOW	P	400MG-80	ORAL	CAPS	EA	60	GENERIC		79854		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79854006991	OMEGA-3	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	O	880 MG	ORAL	CAPS	EA	60	SSB		79854 N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79854007006	CO-Q 10 (	COENZYI	929200	UNKNOW	92920000	UNKNOW	O	50MG-120	ORAL	CAPS	EA	30	MSB		79854 N		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
79854007009	OMEGA-3	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1200 MG	ORAL	CAPS	EA	60	GENERIC		79854 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79854007012	POMEGR	POMEGR	929200	UNKNOW	92920000	UNKNOW	P	250MG	ORAL	CAPS	EA	100	GENERIC		79854 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79854007724	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	5000UNIT	ORAL	LIQD	ML	52.5	GENERIC		79854 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79854007725	DIGESTIV	DIGESTIV	561600	Digestants	56160000	Digestants	P	90MG-50M	ORAL	CAPS	EA	60	GENERIC		79854		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79854007749	SLOW IR	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	160 (50 FE	ORAL	TBCR	EA	60	GENERIC		79854		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79854008038	FLAXSEE	FLAXSEE	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	90	GENERIC		79854 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79854008041	GLUCOS	GLUCOS	929200	UNKNOW	92920000	UNKNOW	P	20MG-20M	ORAL	CAPS	EA	120	GENERIC		79854		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79854008980	VITAMIN I	CYANOC	880800	Vitamin B	88080000	Vitamin B	O	3000 MCG	SUBLINGI	LIQD	ML	52	MSB		79854		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
79854008981	ACIDOPH	LACTOBA	560800	Antidiarrh	56080000	Antidiarrh	P	50MG-0	ORAL	TABS	EA	60	GENERIC		79854		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79854009203	MULTI VI	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	300	GENERIC		79854		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79854009305	MELATON	MELATON	929200	UNKNOW	92920000	UNKNOW	P	2.5 MG	ORAL	CHEW	EA	60	GENERIC		79854		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79854009332	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	10000UNI	ORAL	CAPS	EA	90	GENERIC		79854		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79854014036	CO-ENZY	COENZYI	929200	UNKNOW	92920000	UNKNOW	P	30 MG	ORAL	CAPS	EA	30	GENERIC		79854		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79854033400	TEA TREE	TEA TREE	929200	UNKNOW	92920000	UNKNOW	O	0-0	EXTERNA	OIL	ML	60	MSB		79854		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION							R	MEDPRMI
79854040035	DAILY VI	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	50MG-50M	ORAL	TABS	EA	250	GENERIC		79854 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79854041113	MULTIPLE	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	100	GENERIC		79854		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79854050022	PURE CA	CALCIUM	401200	Replacem	40120000	Replacem	P	1500 (600	ORAL	TABS	EA	100	GENERIC		79854		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79854073301	HONEY B	PEDIATRI	882800	Multivitam	88280000	Multivitam	O	30MG-30M	ORAL	CHEW	EA	100	SSB		79854		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79854074408	NATURAL	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-0-0-0-0	EXTERNA	GEL	GM	120	SSB		79854		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79903000040	EQ OLOP	OLOPATA	520200	Antiallergi	52020000	Antiallergi	P	0.10%	OPHTHAL	SOLN	ML	5	GENERIC		79903		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79903000141	EQ OLOP	OLOPATA	520200	Antiallergi	52020000	Antiallergi	P	0.20%	OPHTHAL	SOLN	ML	2.5	GENERIC		79903		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79903000510	EQ ALL D	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	40	GENERIC		79903		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79903000512	EQ ALL D	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	P	220 MG	ORAL	TABS	EA	100	GENERIC		79903		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79903000912	EQ STOO	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	120	GENERIC		79903		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79903000924	EQ STOO	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	240	GENERIC		79903		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79903002635	EQ EYE L	WHITE PE	529200	EENT Dru	52920000	EENT Dru	P	42.5%-57.	OPHTHAL	OINT	GM	3.5	GENERIC		79903 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79903003202	EQ PAIN I	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	100	GENERIC		79903		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79903003210	EQ PAIN I	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	100	GENERIC		79903		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79903003240	EQ PAIN I	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	500 MG	ORAL	TABS	EA	40	GENERIC		79903		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79903004512	EQ VEGE	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6 MG	ORAL	TABS	EA	100	GENERIC	5/1/2023	79903		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79903005210	EQ PAIN I	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	100	GENERIC	12/12/2023	79903 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79903005610	EQ ALLEF	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	TABS	EA	100	GENERIC		79903		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79903006410	EQ VEGE	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6 MG	ORAL	TABS	EA	100	GENERIC		79903		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79903006501	EQ MUCL	DEXTROI	480800	Antitussive	48080000	Antitussive	P	30-600 MC	ORAL	TB12	EA	20	GENERIC		79903		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79903007314	EQ STOO	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	250 MG	ORAL	CAPS	EA	140	GENERIC		79903		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79903007412	EQ ALLEF	CHLORPH	40400	First Gene	4040000	First Gene	P	4 MG	ORAL	TABS	EA	100	GENERIC		79903 Y		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79903008949	EQ STOM	BISMUTH	560800	Antidiarrh	56080000	Antidiarrh	P	262 MG	ORAL	CHEW	EA	30	GENERIC		79903		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79903009015	EQ ALLEF	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	15	GENERIC		79903		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79903009101	EQ HYDR	HYDROC	840608	UNKNOW	84060800	UNKNOW	P	1%	EXTERNA	CREA	GM	28	GENERIC		79903		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79903009508	EQ COUG	DEXTROI	480800	Antitussive	48080000	Antitussive	P	20-200 MC	ORAL	LIQD	ML	237	GENERIC		79903		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79903010606	EQ LIDOC	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4%	EXTERNA	PTCH	EA	6	GENERIC		79903		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79903010820	EQ ALLEF	FEXOFEN	40800	Second G	4080000	Second G	P	60-120 MC	ORAL	TB12	EA	20	GENERIC		79903 N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI
79903010830	EQ ALLEF	FEXOFEN	40800	Second G	4080000	Second G	P	60-120 MC	ORAL	TB12	EA	30	GENERIC		79903		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION							R	MEDPRMI

79903010930	EQ HEMC	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	5%	EXTERNA	CREA	GM	30		GENERIC		79903				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
79903011430	EQ CLEA	POLYETH	561200	Cathartics	56120000	Cathartics	P	17GM/SC	ORAL	POWD	GM	510		GENERIC		79903				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
79903012420	EQ MUCL	GUAIFEN	481600	Expectora	48160000	Expectora	P	600 MG	ORAL	TB12	EA	20		GENERIC		79903				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
79903012518	EQ MUCL	PSEUDOE	481600	Expectora	48160000	Expectora	P	60-600 MG	ORAL	TB12	EA	18		GENERIC		79903				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
79903012536	EQ MUCL	PSEUDOE	481600	Expectora	48160000	Expectora	P	60-600 MG	ORAL	TB12	EA	36		GENERIC		79903				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
79903012614	EQ ALLEF	CETIRIZIN	40800	Second G	4080000	Second G	P	5-120 MG	ORAL	TB12	EA	24		GENERIC		79903				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
79903012808	EQ NICOT	NICOTINE	120200	UNKNOW	12020000	UNKNOW	P	4 MG	MOUTH/T	LOZG	EA	108		GENERIC		79903				N	#N/A	ORIG_FR	10	EHB	#N/A				X	IF AGE=1!LIMITED TO 20 LOZ	R	MEDPRMI
79903013099	EQ PAIN I	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	325 MG	ORAL	TABS	EA	100		GENERIC		79903				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
79903013225	EQ 8HR A	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	650 MG	ORAL	TBCR	EA	325		GENERIC		79903				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
79903013724	EQ 8HR A	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	650 MG	ORAL	TBCR	EA	24		GENERIC		79903				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
79903013799	EQ 8HR A	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	650 MG	ORAL	TBCR	EA	100		GENERIC		79903				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
79903015401	EQ IVERM	IVERMEC	840412	Scabicides	84041200	Scabicides	P	0.50%	EXTERNA	LOTN	GM	117		GENERIC		79903	N			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
79903015610	EQ ALL D	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	10		GENERIC		79903				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
79903015612	EQ ALL D	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	120		GENERIC		79903				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
79903015645	EQ ALL D	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	45		GENERIC		79903				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
79903015699	EQ ALL D	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	150		GENERIC		79903				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
79903015705	EQ ARTIF	POLYVIN	529200	EENT Dru	52920000	EENT Dru	P	0.5-0.6 %	OPHTHAL	SOLN	ML	15		GENERIC		79903				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
79903017204	EQ PAIN I	ACETAMI	280816	UNKNOW	28081600	UNKNOW	P	160 MG/5M	ORAL	SUSP	ML	118		GENERIC		79903	N			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
79903017508	EQ ALLEF	DIPHENH	40400	First Gene	4040000	First Gene	P	12.5 MG/5	ORAL	LIQD	ML	237		GENERIC		79903				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
79903019760	EQ LIDOC	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4%	EXTERNA	PTCH	EA	6		GENERIC		79903				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
79911003481	HERBAL E	GUAIFEN	481600	Expectora	48160000	Expectora	O	150 MG/1!	ORAL	LIQD	ML	125		SSB		79911				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
79926004210	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	R	25 MG	ORAL	TABS	EA	100	X	GENERIC		79926				N	FORMULARY		1	GEN	GENERICS						R	MEDPRMI
79926004310	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	R	50 MG	ORAL	TABS	EA	100	X	GENERIC		79926				N	FORMULARY		1	GEN	GENERICS						R	MEDPRMI
79952011001	ZYNLONT	LONCAST	100000	Antineopla	10000000	Antineopla	R	10 MG	INTRAVEI	SOLR	EA	1		SSB		79952				N	EXCLUDE	SELF_INJ	6	SPBD2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
79952011010	ZYNLONT	LONCAST	100000	Antineopla	10000000	Antineopla	R	10 MG	INTRAVEI	SOLR	EA	1		SSB		79952				N	EXCLUDE	SELF_INJ	6	SPBD2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80005011711	PRIMIDOI	PRIMIDOI	281204	Anticonvul	28120400	Anticonvul	S	50 MG	ORAL	TABS	EA	100	X	GENERIC		80005				N	FORMULARY		1	GEN	GENERICS						R	MEDPRMI
80005011714	PRIMIDOI	PRIMIDOI	281204	Anticonvul	28120400	Anticonvul	S	50 MG	ORAL	TABS	EA	500	X	GENERIC		80005				N	FORMULARY		1	GEN	GENERICS						R	MEDPRMI
80005011811	PRIMIDOI	PRIMIDOI	281204	Anticonvul	28120400	Anticonvul	S	250 MG	ORAL	TABS	EA	100	X	GENERIC		80005				N	FORMULARY		1	GEN	GENERICS						R	MEDPRMI
80053000048	BIO-D-MU	CHOLECA	881600	Vitamin D	88160000	Vitamin D	O	10 MCG/0	ORAL	LIQD	ML	30		SSB		80053				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80053000049	BIO-D-MU	CHOLECA	881600	Vitamin D	88160000	Vitamin D	O	50 MCG/0	ORAL	LIQD	ML	30		SSB		80053				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80053000093	CHLORO(	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	0-0-0-30M	ORAL	CAPS	EA	90		GENERIC		80053				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80056014301	RELTONE	URSODIO	561400	Cholelitho	56140000	Cholelitho	S	200 MG	ORAL	CAPS	EA	100	X	SSB		80056				N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
80056014401	RELTONE	URSODIO	561400	Cholelitho	56140000	Cholelitho	S	400 MG	ORAL	CAPS	EA	100	X	SSB		80056				N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
80056016010	GLYCATE	GLYCOPY	120808	Antimusca	12080800	Antimusca	S	1.5 MG	ORAL	TABS	EA	100		SSB		80056				N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
80064014101	VYLEESI	BREMELA	684800	UNKNOW	68480000	UNKNOW	R	1.75 MG/0	SUBCUTA	SOAJ	ML	0.3		SSB		80064		Y		N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	X	PA:X				R	MEDPRMI
80064014104	VYLEESI	BREMELA	684800	UNKNOW	68480000	UNKNOW	R	1.75 MG/0	SUBCUTA	SOAJ	ML	0.3		SSB		80064		Y		N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	X	PA:X				R	MEDPRMI
80136079101	HEARTLA	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	80 MG	ORAL	CHEW	EA	100		GENERIC		80136				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80203034701	ENJAYMC	SUTIMLIM	902000	UNKNOW	90200000	UNKNOW	R	1100 MG/	INTRAVEI	SOLN	ML	22		SSB		80203				N	EXCLUDE	SELF_INJ	6	SPBD2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80208000004	DERMAID	EMOLLIEI	842412	Basic Oint	84241200	Basic Oint	O	70%	EXTERNA	CREA	GM	120		SSB		80208				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80376002102	PROFOO'	FOOT CA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		80376				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80376002103	PROFOO'	FOOT CA	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		80376				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80410000015	GOODSEI	TETRAHY	523200	Vasocons	52320000	Vasocons	P	0.05%	OPHTHAL	SOLN	ML	15		GENERIC		80410				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80410000016	GOODSEI	POLYVIN	529200	EENT Dru	52920000	EENT Dru	P	.5%-.6%	OPHTHAL	SOLN	ML	15		GENERIC		80410				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80410000020	GOODSEI	SOFT LEN	521200	Contact Le	52120000	Contact Le	O	0-0-0	DOES NO	SOLN	ML	355		SSB		80410				N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80410000041	GOODSEI	MENTHOI	521600	Local Ane	52160000	Local Ane	P	5.4 MG	MOUTH/T	LOZG	EA	30		GENERIC		80410				N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425000101	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	14		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425000201	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	14		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425000301	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	14		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425000302	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	20		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425000303	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425000304	SULFAME	SULFAME	81220	Sulfonami	8122000	Sulfonami	S	800-160 M	ORAL	TABS	EA	10		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425000401	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	28		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425000402	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	40		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425000403	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	6		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425000404	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	5		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425000405	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	14		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425000406	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	20		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425000407	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425000501	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	28		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425000502	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	40		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425000503	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	6		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425000601	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	28		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425000602	CEPHALE	CEPHALE	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	40		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425000701	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	14		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425000702	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425000703	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	20		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425000704	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	10		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425000801	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	14		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425000802	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425000901	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	14		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425000902	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425000903	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	500 MG	ORAL	TABS	EA	20		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425001001	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425001201	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425001202	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425001301	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425001302	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425001401	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425001402	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425001501	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30		GENERIC	7/16/2024	80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425001502	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	60		GENERIC	7/16/2024	80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425001503	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90		GENERIC	7/16/2024	80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425001601	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425001602	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425001603	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	90		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425001604	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	120		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425001701	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425001801	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425001802	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425001803	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425001901	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425001902	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425001903	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425002001	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425002002	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	60		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425002003	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	90		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425002101	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425002102	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	60		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425002103	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	750 MG	ORAL	TABS	EA	90		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425002201	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	60		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425002202	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	90		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425002301	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	60		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425002302	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	90		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425002303	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425002401	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	60		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425002402	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	90		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425002403	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425002404	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	4 MG	ORAL	TABS	EA	120		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425002501	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425002502	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425002503	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425002601	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425002603	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425002701	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425002801	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425002802	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425002803	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425002901	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425002902	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425002903	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425003001	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425003002	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425003101	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425003102	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425003103	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425003104	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	120	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425003201	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425003202	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425003203	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425003301	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425003302	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425003303	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425003304	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	40	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425003501	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425003601	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425003602	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425003701	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425003702	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425003801	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425003802	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425003901	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425003902	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425004001	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425004002	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425004101	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425004102	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425004103	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425004201	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425004202	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425004203	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425004301	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425004302	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425004303	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425004401	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425004402	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425004403	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425004501	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425004502	MELOXIC	MELOXIC	280804	Nonsteroi	28080404	UNKNOW	S	15 MG	ORAL	TABS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425004601	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425004602	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	120	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425004603	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425004604	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425004701	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425004702	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	120	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425004703	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425004704	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425004705	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	100	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425004801	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	375 MG	ORAL	TABS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425004901	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425004902	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425004903	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425004904	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	120	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425005001	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425005002	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425005101	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425005102	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425005301	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		80425	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425005401	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		80425	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425005402	NABUMET	NABUMET	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	90	X	GENERIC		80425	Y		X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425005501	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425005601	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	75 MG	ORAL	TBEC	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425005701	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425005702	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	60		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425005703	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	90		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425005704	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	15		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425005705	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	120		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425005801	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425005802	TRAMADO	TRAMADO	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	60		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425005901	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425005902	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425005903	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425006001	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425006101	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425006102	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425006103	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425006201	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	2 MG	ORAL	TABS	EA	60		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425006202	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	2 MG	ORAL	TABS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425006301	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	2 MG	ORAL	TABS	EA	60		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425006302	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	2 MG	ORAL	TABS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425006401	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	2 MG	ORAL	TABS	EA	60		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425006501	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	3 MG	ORAL	TABS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425006601	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	3 MG	ORAL	TABS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425006701	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	3 MG	ORAL	TABS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425006801	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	21		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425006901	PREDNIS	PREDNIS	680400	Adrenals	68040000	Adrenals	S	5 MG	ORAL	TABS	EA	21		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425007001	OMEPRA;	OMEPRA;	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425007002	OMEPRA;	OMEPRA;	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425007003	OMEPRA;	OMEPRA;	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	120	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425007004	OMEPRA;	OMEPRA;	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425007101	OMEPRA;	OMEPRA;	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425007102	OMEPRA;	OMEPRA;	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425007103	OMEPRA;	OMEPRA;	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	120	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425007201	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	20		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425007202	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425007203	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	60		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425007204	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	15		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425007205	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TABS	EA	10		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425007301	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TBDP	EA	20		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425007302	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TBDP	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425007401	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	10		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425007402	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	15		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425007403	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	20		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425007404	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425007405	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	60		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425007501	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	10		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425007502	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	15		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425007503	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	20		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425007504	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425007505	ONDANSI	ONDANSI	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TABS	EA	60		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425007601	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	14		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425007701	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	14		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425007801	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425007802	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	60		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425007803	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	90		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425007804	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	7.5 MG	ORAL	TABS	EA	120		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
80425007901	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	300 MG	ORAL	CAPS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PROD			OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI

80425021202	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425021203	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425021301	SUCRALF	SUCRALF	562832	Protectant	56283200	Protectant	S	1 GM	ORAL	TABS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425021401	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425021402	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425021403	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425021501	BUTALBIT	BUTALBIT	280816	UNKNOW	28081600	UNKNOW	S	50-300-40	ORAL	CAPS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425021701	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	20		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425021801	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425021901	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425022001	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	3		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425022101	SILVER S	SILVER S	840416	UNKNOW	84041600	UNKNOW	S	1%	EXTERNA	CREA	GM	50		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425022201	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TBDP	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425022301	BETALID	BETAMET	680400	Adrenals	68040000	Adrenals	R	6 & 1 MG/	INJECTIO	KIT	EA	1		SSB		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425022401	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	100 MG	ORAL	TABS	EA	9		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425022501	CICLOPIR	CICLOPIR	840408	Antifungal	84040820	Hydroxypy	S	0.77%	EXTERNA	CREA	GM	30		GENERIC		80425	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425022601	MULTI-SF	METHYLF	680400	Adrenals	68040000	Adrenals	R	40 & 1 MG	INJECTIO	KIT	EA	1		SSB		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425022701	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	8 MG	ORAL	TBDP	EA	10		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425022801	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TBDP	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425022802	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TBDP	EA	60		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425022803	ONDANSE	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	S	4 MG	ORAL	TBDP	EA	10		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425022901	NEOMYCI	NEOMYCI	520808	Corticoste	52080800	Corticoste	S	3.5-10000-	OPHTHAL	OINT	GM	3.5		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425023001	METHYLF	METHYLF	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TBPK	EA	21		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425023101	METHYLF	METHYLF	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TBPK	EA	21		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425023201	DOUBLED	DEXAMET	680400	Adrenals	68040000	Adrenals	R	10 MG/ML	INJECTIO	KIT	EA	1		SSB		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425023301	DICLOFEI	DICLOFEI	840620	UNKNOW	84062000	UNKNOW	S	1%	EXTERNA	GEL	GM	100		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425023401	DICLOFEI	DICLOFEI	840620	UNKNOW	84062000	UNKNOW	S	3%	EXTERNA	GEL	GM	100		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425023501	DICLOFEI	DICLOFEI	840620	UNKNOW	84062000	UNKNOW	S	3%	EXTERNA	GEL	GM	100		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425023601	DICLOFEI	DICLOFEI	840620	UNKNOW	84062000	UNKNOW	S	3%	EXTERNA	GEL	GM	100		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425023701	DICLOFEI	DICLOFEI	840620	UNKNOW	84062000	UNKNOW	S	1.50%	EXTERNA	SOLN	ML	150		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425023801	DICLOFEI	DICLOFEI	840620	UNKNOW	84062000	UNKNOW	S	1.50%	EXTERNA	SOLN	ML	150		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425023901	MOXIFLO	MOXIFLO	520404	Antibacter	52040400	Antibacter	S	0.50%	OPHTHAL	SOLN	ML	3		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425024001	DICLOFEI	DICLOFEI	840620	UNKNOW	84062000	UNKNOW	S	1.50%	EXTERNA	SOLN	ML	150		GENERIC	2/14/2024	80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425024202	METHYLF	METHYLF	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TBPK	EA	21		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425024304	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	100	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425024401	LIDOLOG	TRIAMCIN	680400	Adrenals	68040000	Adrenals	R	40 & 2 MG	INJECTIO	KIT	EA	1		SSB		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425024501	KETORO	KETOROL	280804	Nonsteroi	28080492	Other Non	R	30 & 0.25	INJECTIO	KIT	EA	1		SSB		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425024601	MUPIROC	MUPIROC	840404	Antibacter	84040400	Antibacter	S	2%	EXTERNA	OINT	GM	22		GENERIC		80425	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425024701	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	OINT	GM	50		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425024801	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	OINT	GM	50		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425024901	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	OINT	GM	50		GENERIC	4/30/2024	80425	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425025001	DICLONA	DICLOFEI	849200	Skin and M	84920000	Skin and M	R	1-4.5 %	EXTERNA	GEL	GM	99		SSB		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425025101	LIDOTHO	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	R	4.5-5 %	EXTERNA	GEL	GM	99		SSB		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425025201	LIDOTHO	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	R	4.5-5 %	EXTERNA	PTCH	EA	15		SSB	8/14/2024	80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425025301	LIDOPRO	METHYL S	840800	Antipruritic	84080000	Antipruritic	O	4-4-5 %	EXTERNA	PTCH	EA	15		SSB	2/23/2024	80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425025401	MUPIROC	MUPIROC	840404	Antibacter	84040400	Antibacter	S	2%	EXTERNA	OINT	GM	22		GENERIC		80425	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425025501	METHYLF	METHYLF	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TBPK	EA	21		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425025601	NEW TER	CAPSAICI	842404	Basic Lotic	84240400	Basic Lotic	P	0.025-10-2	EXTERNA	LOTN	ML	120		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425025701	VIVA	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	O	2.5-4-2 %	EXTERNA	PTCH	EA	15		SSB	8/14/2024	80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425025801	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	100 MG	ORAL	TABS	EA	9		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425025901	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	S	4 MG/0.1M	NASAL	LIQD	EA	2		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425026001	TOBRAMY	TOBRAMY	520808	Corticoste	52080800	Corticoste	S	0.3-0.1 %	OPHTHAL	SUSP	ML	5		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425026101	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	10 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		80425	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425026201	TRIAMCIN	TRIAMCIN	680400	Adrenals	68040000	Adrenals	S	40 MG/ML	INJECTIO	SUSP	ML	5		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425026301	FLUTICAS	FLUTICAS	520808	Corticoste	52080800	Corticoste	S	50 MCG/A	NASAL	SUSP	GM	16		GENERIC	5/31/2024	80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425026401	EPINEPHI	EPINEPHI	121212	alpha- and	12121200	alpha- and	R	0.3 MG/0.3	INJECTIO	SOAJ	EA	2		GENERIC		80425		Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425026501	PROMETH	PROMETH	40400	First Gene	4040000	First Gene	S	25 MG	ORAL	TABS	EA	20		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425026601	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective	S	108 (90 B	INHALATI	AERS	GM	8.5	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425026701	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	9		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425026702	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	20		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425026703	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425026704	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425026705	KETOROL	KETOROL	280804	Nonsteroi	28080404	UNKNOW	S	10 MG	ORAL	TABS	EA	10		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425026801	LIDOCAIN	LIDOCAIN	720000	Local Ane	72000000	Local Ane	S	1%	INJECTIO	SOLN	ML	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425026901	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	500 MG	ORAL	CAPS	EA	28		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425027001	ACYCLOV	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	40		GENERIC		80425	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425027101	INDOMET	INDOMET	280804	Nonsteroi	28080404	UNKNOW	S	75 MG	ORAL	CPCR	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425027201	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	75-0.2 MG	ORAL	TBEC	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425027301	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	75-0.2 MG	ORAL	TBEC	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425027401	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	15		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425027402	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425027403	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	60		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425027404	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	90		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425027405	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	120		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425027406	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	40		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425027407	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	180		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425027501	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425027502	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	60		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425027503	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	90		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425027601	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	15		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425027602	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425027603	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	60		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425027604	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	90		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425027605	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	120		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425027606	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	40		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425027607	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	180		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425027608	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	50 MG	ORAL	TABS	EA	240		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425027701	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425027702	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425027703	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425027801	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425027802	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425027803	PANTOPF	PANTOPF	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425027901	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	20		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425027902	AMOXICIL	AMOXICIL	81216	Penicillins	8121608	Aminopen	S	875-125 M	ORAL	TABS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425028001	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	10		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425028002	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	20		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425028003	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	14		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425028101	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425028102	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425028103	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425028104	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	180	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425028201	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425028202	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	60		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425028203	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	90		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425028204	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	20 MG	ORAL	TABS	EA	120		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425028301	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425028302	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	60		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425028303	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	90		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425028304	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	120		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425028305	METHOCA	METHOCA	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	180		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425028401	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425028402	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	0.5 MG	ORAL	TABS	EA	60		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425028501	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425028502	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425028503	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425028601	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425028602	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425028603	GABAPEN	GABAPEN	281228	UNKNOW	28122800	UNKNOW	S	400 MG	ORAL	CAPS	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425028701	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425028702	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425028703	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425028801	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425028802	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425028803	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425028804	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	270	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425028901	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425028902	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425028903	LAMOTRI	LAMOTRI	281292	Anticonvul	28129200	Anticonvul	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425029001	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425029002	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425029003	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	37.5 MG	ORAL	CP24	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425029101	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425029102	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	60		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425029103	CARISOP	CARISOP	122004	UNKNOW	12200400	UNKNOW	S	350 MG	ORAL	TABS	EA	90		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425029201	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	15 MG	ORAL	CP24	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425029202	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	15 MG	ORAL	CP24	EA	60		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425029203	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	15 MG	ORAL	CP24	EA	90		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425029301	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TBEC	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425029302	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TBEC	EA	60		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425029303	ASPIRIN	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TBEC	EA	90		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425029401	IMIPRAMI	IMIPRAMI	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425029402	IMIPRAMI	IMIPRAMI	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425029403	IMIPRAMI	IMIPRAMI	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425029501	TEMAZEF	TEMAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425029502	TEMAZEF	TEMAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	60		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425029503	TEMAZEF	TEMAZEF	282408	Benzodiaz	28240800	Benzodiaz	S	30 MG	ORAL	CAPS	EA	90		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425029601	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425029602	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425029603	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425029701	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425029702	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425029703	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	150 MG	ORAL	CP24	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425029801	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425029802	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425029803	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425029901	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425029902	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425029903	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425030001	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425030002	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425030003	BUPROPI	BUPROPI	281604	Antidepres	28160492	Miscellane	S	150 MG	ORAL	TB24	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425030101	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425030102	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425030103	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425030201	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	150 MG	ORAL	TABS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425030202	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	150 MG	ORAL	TABS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425030203	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	150 MG	ORAL	TABS	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425030301	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425030302	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	60		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425030303	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	90		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425030401	SILDENAF	SILDENAF	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425030402	SILDENAF	SILDENAF	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425030403	SILDENAF	SILDENAF	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425030404	SILDENAF	SILDENAF	484824	UNKNOW	48482400	UNKNOW	S	20 MG	ORAL	TABS	EA	50	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425030501	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	15 MG	ORAL	TABS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425030502	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	15 MG	ORAL	TABS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425030503	MIRTAZAI	MIRTAZAI	281604	Antidepres	28160424	Serotonin	S	15 MG	ORAL	TABS	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425030601	MEFENAM	MEFENAM	280804	Nonsteroi	28080404	UNKNOW	S	250 MG	ORAL	CAPS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425030602	MEFENAM	MEFENAM	280804	Nonsteroi	28080404	UNKNOW	S	250 MG	ORAL	CAPS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425030603	MEFENAM	MEFENAM	280804	Nonsteroi	28080404	UNKNOW	S	250 MG	ORAL	CAPS	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425030701	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425030702	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	25 MG	ORAL	CAPS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425030703	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	25 MG	ORAL	CAPS	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425030801	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	30	X	GENERIC		80425	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425030802	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	60	X	GENERIC		80425	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425030803	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	200 MG	ORAL	CAPS	EA	90	X	GENERIC		80425	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425030901	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425030902	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425030903	CITALOPI	CITALOPI	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425031001	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425031002	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425031003	SERTRAL	SERTRAL	281604	Antidepres	28160420	Selective-	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425031101	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	20 MG	ORAL	CPEP	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425031102	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	20 MG	ORAL	CPEP	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425031103	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	20 MG	ORAL	CPEP	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425031201	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	300 MG	ORAL	TB24	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425031202	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	300 MG	ORAL	TB24	EA	60		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425031203	TRAMAD	TRAMAD	280808	Opiate Ag	28080800	Opiate Ag	S	300 MG	ORAL	TB24	EA	90		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425031301	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425031302	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425031303	FLUOXET	FLUOXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	CAPS	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425031401	MINOCYC	MINOCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425031402	MINOCYC	MINOCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	60		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425031403	MINOCYC	MINOCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	90		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425031501	CHLORZO	CHLORZO	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425031502	CHLORZO	CHLORZO	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	60		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425031503	CHLORZO	CHLORZO	122004	UNKNOW	12200400	UNKNOW	S	500 MG	ORAL	TABS	EA	90		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425031601	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425031602	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425031603	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425031701	DICLOFEI	DICLOFEI	280804	Nonsteroi	28080492	Other Non	S	1.30%	EXTERNA	PTCH	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425031801	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	50 MG	ORAL	TABS	EA	9		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425031802	SUMATRI	SUMATRI	283228	Selective	28322800	Selective	S	50 MG	ORAL	TABS	EA	36		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425031901	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	TABS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425031902	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	TABS	EA	60		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425031903	DOXYCY	DOXYCY	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	TABS	EA	90		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425032001	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425032002	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425032003	ESCITAL	ESCITAL	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425032101	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425032102	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425032103	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425032201	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425032202	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425032203	ZOLPIDEI	ZOLPIDEI	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	90		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425032301	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425032302	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425032303	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	100 MG	ORAL	CAPS	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425032401	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	OINT	GM	35.44		GENERIC		80425	Y		X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425032501	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425032601	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425032602	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425032603	TRAZODO	TRAZODO	281604	Antidepres	28160424	Serotonin	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425032701	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425032702	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425032703	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425032801	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	4 MG	ORAL	TABS	EA	12		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425032901	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425032902	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425032903	FAMOTID	FAMOTID	562812	Histamine	56281200	Histamine	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425033001	DICLONA	DICLOFEI	849200	Skin and M	84920000	Skin and M	R	1.25-4.5 %	EXTERNA	PTCH	EA	3		SSB		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425033101	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425033102	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425033103	ESOMEPI	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425033201	LIDOPRO	LIDOCAIN	521600	Local Ane	52160000	Local Ane	O	4-.0325-1(	EXTERNA	OINT	GM	92		SSB	12/9/2024	80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425033301	ACCUCAI	LIDOCAIN	720000	Local Ane	72000000	Local Ane	R	1%	COMBINA	KIT	EA	1		SSB		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425033401	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425033402	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425033403	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	5 MG	ORAL	TABS	EA	90		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425033501	DICLOFEI	DICLOFEI	840620	UNKNOW	84062000	UNKNOW	S	2%	EXTERNA	SOLN	GM	112		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425033601	DICLOFEI	DICLOFEI	840620	UNKNOW	84062000	UNKNOW	S	2%	EXTERNA	SOLN	GM	112		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425033701	DICLOFEI	DICLOFEI	840620	UNKNOW	84062000	UNKNOW	S	2%	EXTERNA	SOLN	GM	112		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425033801	DICLOFEI	DICLOFEI	840620	UNKNOW	84062000	UNKNOW	S	3%	EXTERNA	GEL	GM	100		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425033901	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425033902	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425033903	PAROXET	PAROXET	281604	Antidepres	28160420	Selective-	S	20 MG	ORAL	TABS	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425034001	ORPHEN	ORPHEN	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425034002	ORPHEN	ORPHEN	122010	UNKNOW	12201000	UNKNOW	S	100 MG	ORAL	TB12	EA	60		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425034101	TOBRAMY	TOBRAMY	520404	Antibacter	52040400	Antibacter	S	0.30%	OPHTHAL	SOLN	ML	5		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425034201	IMIPRAMI	IMIPRAMI	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425034202	IMIPRAMI	IMIPRAMI	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425034203	IMIPRAMI	IMIPRAMI	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425034301	RAMELTE	RAMELTE	282448	UNKNOW	28244800	UNKNOW	S	8 MG	ORAL	TABS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425034401	CLOTRIM	CLOTRIM	840408	Antifungal	84040808	Azoles	S	1-0.05 %	EXTERNA	CREA	GM	15		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425034501	LAXACIN	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	100		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425034601	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	1.5 MG	ORAL	TABS	EA	21		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425034602	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	1.5 MG	ORAL	TABS	EA	27		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425034603	DEXAMET	DEXAMET	680400	Adrenals	68040000	Adrenals	S	1.5 MG	ORAL	TABS	EA	49		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425034701	BETALOA	BETAMET	680400	Adrenals	68040000	Adrenals	R	30 MG/5M	COMBINA	KIT	EA	1		SSB		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425034801	DYURAL-	METHYLF	680400	Adrenals	68040000	Adrenals	R	40 & 0.25	INJECTIO	KIT	EA	1		SSB		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425034901	DYURAL-	METHYLF	680400	Adrenals	68040000	Adrenals	R	80 & 0.25	INJECTIO	KIT	EA	1		SSB		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425035001	DYURAL	METHYLF	680400	Adrenals	68040000	Adrenals	R	80 & 0.25	INJECTIO	KIT	EA	1		SSB		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425035101	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4%	EXTERNA	CREA	GM	15		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425035201	LORATAD	LORATAD	40800	Second G	4080000	Second G	P	10 MG	ORAL	TABS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425035301	BUPIVILO	TRIAMCIN	680400	Adrenals	68040000	Adrenals	R	40 & 0.5 M	INJECTIO	KIT	EA	1		SSB		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425035402	LUBIPRO	LUBIPRO	561808	UNKNOW	56180800	UNKNOW	S	8 MCG	ORAL	CAPS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425035502	LUBIPRO	LUBIPRO	561808	UNKNOW	56180800	UNKNOW	S	24 MCG	ORAL	CAPS	EA	60	X	GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425035701	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425035702	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	60		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425035703	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	1 MG	ORAL	TABS	EA	90		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425035801	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	30		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425035802	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	60		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM
80425035803	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	90		GENERIC		80425			X	N	EXCLUDE	REPACK: [REPACKED PRODU	OPTIONAL BENEFIT EXCLUSION	R	MEDPRIM

80425035901	ALBUTER	ALBUTER	121208	beta-Adre	12120812	Selective I	S	108 (90 B/	INHALATI	AERS	GM	18	X	GENERIC		80425	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425036101	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	1.50%	EXTERNA	SOLN	ML	150		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425036201	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425036301	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	30	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425036302	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	60	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425036303	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	90	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425036401	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	1.30%	EXTERNA	PTCH	EA	30		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425036501	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	30		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425036502	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	60		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425036503	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	25 MG	ORAL	TABS	EA	90		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425036601	TOBRAMY	TOBRAMY	520808	Corticoste	52080800	Corticoste	S	0.3-0.1 %	OPHTHAL	SUSP	ML	5		GENERIC		80425	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425036701	TRUBREX	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	R	4.75-0.025	EXTERNA	PTCH	EA	32		SSB		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425036801	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	1.50%	EXTERNA	SOLN	ML	150		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425036901	CALYPXO	MENTHOL	842404	Basic Lotic	84240400	Basic Lotic	P	3-10 %	EXTERNA	CREA	GM	113		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425037001	ZONISAM	ZONISAM	281224	UNKNOW	28122400	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425037101	DESONID	DESONID	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	60		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425037201	DERMACI	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	2.80%	EXTERNA	GEL	GM	100		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425037301	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425037302	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425037303	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425037401	LIDOPRO	METHYL S	840800	Antipruritic	84080000	Antipruritic	O	4-0.5-0.1 %	EXTERNA	PTCH	EA	30		SSB		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425037501	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425037502	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425037503	ESCITALO	ESCITALO	281604	Antidepres	28160420	Selective-	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425037601	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	TABS	EA	30		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425037602	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	TABS	EA	60		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425037701	SUCRALF	SUCRALF	562832	Protectant	56283200	Protectant	S	1 GM	ORAL	TABS	EA	30	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425037801	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	30	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425037802	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	60	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425037803	NAPROXE	NAPROXE	280804	Nonsteroi	28080404	UNKNOW	S	500 MG	ORAL	TABS	EA	90	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425037901	MOXIFLO	MOXIFLO	520404	Antibacter	52040400	Antibacter	S	0.50%	OPHTHAL	SOLN	ML	3		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425038001	LIDOPRO	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4-1 %	EXTERNA	PTCH	EA	15		GENERIC		80425	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425038101	ETODOLA	ETODOLA	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TB24	EA	30	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425038201	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	30	X	GENERIC		80425	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425038202	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	60	X	GENERIC		80425	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425038203	CELECOX	CELECOX	280804	Nonsteroi	28080408	Cyclooxyg	S	200 MG	ORAL	CAPS	EA	90	X	GENERIC		80425	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425038301	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	30	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425038302	ALLOPUR	ALLOPUR	921600	UNKNOW	92160000	UNKNOW	S	300 MG	ORAL	TABS	EA	60	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425038401	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800-26.6 M	ORAL	TABS	EA	30	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425038402	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800-26.6 M	ORAL	TABS	EA	60	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425038403	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800-26.6 M	ORAL	TABS	EA	90	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425038501	LIDOTHO	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	4-1 %	EXTERNA	PTCH	EA	15		GENERIC		80425	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425038601	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425038602	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425038603	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425038701	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	30		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425038702	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	60		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425038703	BUSPIRO	BUSPIRO	282412	UNKNOW	28241200	UNKNOW	S	15 MG	ORAL	TABS	EA	90		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425038801	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	7		GENERIC		80425	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425038802	LEVOFLO	LEVOFLO	81218	Quinolone	8121800	Quinolone	S	750 MG	ORAL	TABS	EA	14		GENERIC		80425	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425038901	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	30	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425038902	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	60	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425038903	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	60 MG	ORAL	CPEP	EA	90	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425039001	MINOCYC	MINOCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	30		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425039002	MINOCYC	MINOCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	60		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425039003	MINOCYC	MINOCYC	81224	Tetracyclir	8122400	Tetracyclir	S	100 MG	ORAL	CAPS	EA	90		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425039101	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	30		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425039102	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	60		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425039103	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	90		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425039104	BACLOFE	BACLOFE	122012	UNKNOW	12201200	UNKNOW	S	10 MG	ORAL	TABS	EA	120		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425039201	ZONISAM	ZONISAM	281224	UNKNOW	28122400	UNKNOW	S	100 MG	ORAL	CAPS	EA	30	X	GENERIC		80425	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425039202	ZONISAM	ZONISAM	281224	UNKNOW	28122400	UNKNOW	S	100 MG	ORAL	CAPS	EA	60	X	GENERIC		80425	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425039301	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	30	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425039302	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	60	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425039303	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	90	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425039304	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	100	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425039305	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800 MG	ORAL	TABS	EA	120	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425039401	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	TABS	EA	30		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425039402	HYDROXY	HYDROXY	282492	Anxiolytics	28249200	Anxiolytics	S	50 MG	ORAL	TABS	EA	60		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425039501	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	30	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425039502	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	60	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425039503	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	TABS	EA	90	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425039601	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	30	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425039602	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	60	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425039603	VENLAFA	VENLAFA	281604	Antidepres	28160416	UNKNOW	S	75 MG	ORAL	CP24	EA	90	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425039701	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	30	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425039702	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	60	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425039703	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	150 MG	ORAL	CAPS	EA	90	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425039801	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425039802	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425039803	TOPIRAM	TOPIRAM	281292	Anticonvul	28129200	Anticonvul	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425039901	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	225 MG	ORAL	CAPS	EA	30	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425039902	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	225 MG	ORAL	CAPS	EA	60	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425039903	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	225 MG	ORAL	CAPS	EA	90	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425040001	CEFADRO	CEFADRO	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	10		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425040002	CEFADRO	CEFADRO	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	20		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425040003	CEFADRO	CEFADRO	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	30		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425040101	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425040102	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	60	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425040103	NORTRIP	NORTRIP	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	90	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425040201	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	30		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425040202	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	60		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425040203	CLONAZE	CLONAZE	281208	Anticonvul	28120800	Anticonvul	S	0.5 MG	ORAL	TABS	EA	90		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425040301	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	1.30%	EXTERNA	PTCH	EA	30		GENERIC		80425	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425040401	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	PTCH	EA	30		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425040501	DICLOFE	DICLOFE	840620	UNKNOW	84062000	UNKNOW	S	2%	EXTERNA	SOLN	GM	112		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425040601	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	30	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425040602	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	60	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425040603	PANTOPR	PANTOPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	90	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425040701	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	1 MG	ORAL	TABS	EA	30		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425040702	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	1 MG	ORAL	TABS	EA	60		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425040703	ESZOPICI	ESZOPICI	282444	UNKNOW	28244400	UNKNOW	S	1 MG	ORAL	TABS	EA	90		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425040801	ELETRIPT	ELETRIPT	283228	Selective	28322800	Selective	S	40 MG	ORAL	TABS	EA	6		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425040901	NALOXON	NALOXON	281000	Opiate An	28100000	Opiate An	P	4 MG/0.1M	NASAL	LIQD	EA	2		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425041001	SILDENAF	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	6		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425041002	SILDENAF	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	12		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425041003	SILDENAF	SILDENAF	240812	Calcium-c	24081200	UNKNOW	S	100 MG	ORAL	TABS	EA	30		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425041101	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425041102	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	60	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425041103	DOXEPIN	DOXEPIN	281604	Antidepres	28160428	Tricyclics	S	25 MG	ORAL	CAPS	EA	90	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425041201	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	500 MG	ORAL	TABS	EA	3		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425041301	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		80425	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425041302	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		80425	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425041303	QUETIAPI	QUETIAPI	281608	Antipsych	28160804	Atypical A	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		80425	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425041401	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	100 MG	ORAL	TB24	EA	30	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425041402	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	100 MG	ORAL	TB24	EA	60	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425041403	DICLOFE	DICLOFE	280804	Nonsteroi	28080492	Other Non	S	100 MG	ORAL	TB24	EA	90	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425041501	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425041502	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	60	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425041503	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425041504	OMEPRAZ	OMEPRAZ	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	120	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425041601	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	21		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425041602	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	28		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425041603	CLINDAM	CLINDAM	81228	Antibacter	8122820	Lincomyci	S	300 MG	ORAL	CAPS	EA	30		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425041701	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	30	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425041702	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	60	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425041703	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	90	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425041704	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	75 MG	ORAL	CAPS	EA	120	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425041801	DESONID	DESONID	840608	UNKNOW	84060800	UNKNOW	S	0.05%	EXTERNA	CREA	GM	60		GENERIC		80425	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425041901	ESOMEPR	ESOMEPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC		80425	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425041902	ESOMEPR	ESOMEPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	60	X	GENERIC		80425	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425041903	ESOMEPR	ESOMEPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90	X	GENERIC		80425	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425042001	ESOMEPR	ESOMEPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	30	X	GENERIC		80425	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425042002	ESOMEPR	ESOMEPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	60	X	GENERIC		80425	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425042003	ESOMEPR	ESOMEPR	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	CPDR	EA	90	X	GENERIC		80425	Y	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425042101	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	30	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425042102	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	60	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425042103	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	50 MG	ORAL	CAPS	EA	90	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425042201	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800-26.6 M	ORAL	TABS	EA	30	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425042202	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800-26.6 M	ORAL	TABS	EA	60	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425042203	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	800-26.6 M	ORAL	TABS	EA	90	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425042301	MEFENAM	MEFENAM	280804	Nonsteroi	28080404	UNKNOW	S	250 MG	ORAL	CAPS	EA	30	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425042302	MEFENAM	MEFENAM	280804	Nonsteroi	28080404	UNKNOW	S	250 MG	ORAL	CAPS	EA	60	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425042303	MEFENAM	MEFENAM	280804	Nonsteroi	28080404	UNKNOW	S	250 MG	ORAL	CAPS	EA	90	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425042401	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425042402	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425042403	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425042404	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	100	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425042501	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	30		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425042502	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	60		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425042503	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	90		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425042601	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	30	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425042602	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	60	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425042603	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	90	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425042604	IBUPROF	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	S	600 MG	ORAL	TABS	EA	100	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425042701	ENOVARX	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	R	20 MG/GM	TRANSDE	CREA	GM	120		SSB		80425	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425042801	ENOVARX	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	R	10%	EXTERNA	CREA	GM	120		SSB		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425042901	ENOVARX	DICLOFE	840620	UNKNOW	84062000	UNKNOW	R	2.50%	EXTERNA	CREA	GM	120		SSB		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425043001	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	30		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425043002	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	60		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425043003	ZOLPIDE	ZOLPIDE	282444	UNKNOW	28244400	UNKNOW	S	5 MG	ORAL	TABS	EA	90		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425043101	AZITHRO	AZITHRO	81212	Macrolides	8121208	UNKNOW	S	250 MG	ORAL	TABS	EA	6		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425043201	CEFADRO	CEFADRO	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	10		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425043202	CEFADRO	CEFADRO	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	20		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425043203	CEFADRO	CEFADRO	81206	Cephalosp	8120604	First Gene	S	500 MG	ORAL	CAPS	EA	30		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425043301	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	25 MG	ORAL	CAPS	EA	30	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425043302	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	25 MG	ORAL	CAPS	EA	60	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425043303	PREGABA	PREGABA	281228	UNKNOW	28122800	UNKNOW	S	25 MG	ORAL	CAPS	EA	90	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425043401	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	30	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425043402	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	60	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425043403	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	50 MG	ORAL	TABS	EA	90	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425043501	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	30	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425043502	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	60	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425043503	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	90	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425043504	METFORM	METFORM	682004	Biguanide	68200400	Biguanide	S	1000 MG	ORAL	TABS	EA	108	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425043601	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	30		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425043602	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	60		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425043603	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	2 MG	ORAL	TABS	EA	90		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425043701	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	30	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425043702	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	60	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425043703	GLIPIZIDE	GLIPIZIDE	682020	Sulfonylur	68202000	Sulfonylur	S	10 MG	ORAL	TABS	EA	90	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425043801	LIDOPRO	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4-1 %	EXTERNA	PTCH	EA	30		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425043901	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	TABS	EA	30	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425043902	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	TABS	EA	60	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425043903	AMITRIPT	AMITRIPT	281604	Antidepres	28160428	Tricyclics	S	100 MG	ORAL	TABS	EA	90	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425044001	ESOMEPR	ESOMEPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	30	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425044002	ESOMEPR	ESOMEPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	60	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425044003	ESOMEPR	ESOMEPR	562836	Proton-pu	56283600	Proton-pu	S	40 MG	ORAL	CPDR	EA	90	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425044101	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	30	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425044102	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	60	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425044103	DULOXET	DULOXET	281604	Antidepres	28160416	UNKNOW	S	30 MG	ORAL	CPEP	EA	90	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425044201	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	OINT	GM	50		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425044301	TADALAF	TADALAF	240812	Calcium-c	24081200	UNKNOW	S	20 MG	ORAL	TABS	EA	7		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425044401	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	30		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425044402	ALPRAZO	ALPRAZO	282408	Benzodiaz	28240800	Benzodiaz	S	1 MG	ORAL	TABS	EA	60		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425044501	ENOVARX	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	R	20 MG/GM	TRANSDE	CREA	GM	60		SSB		80425	N	X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425044601	ENOVARX	DICLOFE	840620	UNKNOW	84062000	UNKNOW	R	2.50%	EXTERNA	CREA	GM	60		SSB		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425044701	ENOVARX	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	R	10%	EXTERNA	CREA	GM	60		SSB		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425044801	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	6 MG	ORAL	CAPS	EA	30		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425044802	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	6 MG	ORAL	CAPS	EA	60		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425044803	TIZANIDI	TIZANIDI	122004	UNKNOW	12200400	UNKNOW	S	6 MG	ORAL	CAPS	EA	90		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425044901	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	30	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425044902	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	60	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425044903	RABEPRA	RABEPRA	562836	Proton-pu	56283600	Proton-pu	S	20 MG	ORAL	TBEC	EA	90	X	GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425045001	LIDOCAIN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	5%	EXTERNA	OINT	GM	35.44		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425045101	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	15 MG	ORAL	CP24	EA	30		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425045102	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	15 MG	ORAL	CP24	EA	60		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425045103	CYCLOBE	CYCLOBE	122004	UNKNOW	12200400	UNKNOW	S	15 MG	ORAL	CP24	EA	90		GENERIC		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80425045501	TORONO	KETOROL	280804	Nonsteroi	28080492	Other Non	R	30 MG/ML	COMBINA	KIT	EA	1		SSB		80425		X	N	EXCLUDE	REPACK: [REPACKED PRODU		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80446040101	KIMMTRA	TEBENTA	100000	Antineopla	10000000	Antineopla	R	100 MCG/	INTRAVEI	SOLN	ML	0.5		SSB		80446			N	EXCLUDE	SELF_INJ	6 SPBD2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80454088926	SAW PAL	SAW PAL	929200	UNKNOW	92920000	UNKNOW	O	540MG	ORAL	CAPS	EA	100		MSB		80454			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION								R	MEDPRM
80491782503	QUVIVIQ	DARIDOR	282440	UNKNOW	28244000	UNKNOW	R	25 MG	ORAL	TABS	EA	30		SSB		80491			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRM
80491785003	QUVIVIQ	DARIDOR	282440	UNKNOW	28244000	UNKNOW	R	50 MG	ORAL	TABS	EA	30		SSB		80491			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRM
80491801203	TRYVIO	APROCIT	484812	UNKNOW	48481200	UNKNOW	R	12.5 MG	ORAL	TABS	EA	30	X	SSB		80491			N	NON-FORMULARY		6 SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X						R	MEDPRM
80534635001	XENOVIE	XENON X	360000	Diagnostic	36000000	Diagnostic	R	1%	INHALATI	GAS	EA	1		SSB		80534			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80603010122	KYZATRE	TESTOST	680800	Androgens	68080000	Androgens	R	100 MG	ORAL	CAPS	EA	120	X	SSB		80603			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X						R	MEDPRM
80603010322	KYZATRE	TESTOST	680800	Androgens	68080000	Androgens	R	150 MG	ORAL	CAPS	EA	120	X	SSB		80603			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X						R	MEDPRM
80603010522	KYZATRE	TESTOST	680800	Androgens	68080000	Androgens	S	200 MG	ORAL	CAPS	EA	120	X	SSB		80603			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X						R	MEDPRM
80603010533	KYZATRE	TESTOST	680800	Androgens	68080000	Androgens	S	200 MG	ORAL	CAPS	EA	60	X	SSB		80603			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND	X	PA:X						R	MEDPRM
80610011560	ZORYVE	ROFLUMI	840612	UNKNOW	84061200	UNKNOW	R	0.15%	EXTERNA	CREA	GM	60		SSB		80610			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRM
80610013060	ZORYVE	ROFLUMI	840612	UNKNOW	84061200	UNKNOW	R	0.30%	EXTERNA	CREA	GM	60		SSB		80610			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRM
80610043060	ZORYVE	ROFLUMI	840616	UNKNOW	84061600	UNKNOW	R	0.30%	EXTERNA	FOAM	GM	60		SSB		80610			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRM
80631010001	NOVAVAX	COVID-19	801200	Vaccines	80120000	Vaccines	R	5 MCG/0.5	INTRAMU	SUSP	ML	5		SSB	10/3/2023	80631			N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80631010010	NOVAVAX	COVID-19	801200	Vaccines	80120000	Vaccines	R	5 MCG/0.5	INTRAMU	SUSP	ML	5		SSB	10/3/2023	80631			N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80631010201	NOVAVAX	COVID-19	801200	Vaccines	80120000	Vaccines	R	5 MCG/0.5	INTRAMU	SUSP	ML	2.5		SSB	10/3/2023	80631			N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80631010210	NOVAVAX	COVID-19	801200	Vaccines	80120000	Vaccines	R	5 MCG/0.5	INTRAMU	SUSP	ML	2.5		SSB	10/3/2023	80631			N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80631010301	NOVAVAX	COVID-19	801200	Vaccines	80120000	Vaccines	R	5 MCG/0.5	INTRAMU	SUSP	ML	0.5		SSB	8/31/2023	80631			N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80631010310	NOVAVAX	COVID-19	801200	Vaccines	80120000	Vaccines	R	5 MCG/0.5	INTRAMU	SUSP	ML	0.5		SSB	8/31/2023	80631			N	EXCLUDE	RECALL_DENY: [RECALLED F		OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80631010501	NOVAVAX	COVID-19	801200	Vaccines	80120000	Vaccines	R	5 MCG/0.5	INTRAMU	SUSP	ML	2.5		SSB	8/23/2024	80631			N	#N/A	ORIG_FR	10 EHB	#N/A								R	MEDPRM
80631010502	NOVAVAX	COVID-19	801200	Vaccines	80120000	Vaccines	R	5 MCG/0.5	INTRAMU	SUSP	ML	2.5		SSB	8/23/2024	80631			N	#N/A	ORIG_FR	10 EHB	#N/A								R	MEDPRM
80631010701	NOVAVAX	COVID-19	801200	Vaccines	80120000	Vaccines	R	5 MCG/0.5	INTRAMU	SUSY	ML	0.5		SSB		80631			N	#N/A	ORIG_FR	10 EHB	#N/A								R	MEDPRM
80631010710	NOVAVAX	COVID-19	801200	Vaccines	80120000	Vaccines	R	5 MCG/0.5	INTRAMU	SUSY	ML	0.5		SSB		80631			N	#N/A	ORIG_FR	10 EHB	#N/A								R	MEDPRM
80644001201	ZEGALOG	DASIGLU	682212	Glycogen	68221200	Glycogen	R	0.6 MG/0.(	SUBCUTA	SOAJ	ML	0.6		SSB	6/5/2023	80644		Y	N	FORMULARY		2 BRAND	PREFERRED BRAND			X	<= 2.4		X	IF AGE=12-17 YEARS AND QS	R	MEDPRM
80644001202	ZEGALOG	DASIGLU	682212	Glycogen	68221200	Glycogen	R	0.6 MG/0.(	SUBCUTA	SOAJ	ML	0.6		SSB	6/5/2023	80644		Y	N	FORMULARY		2 BRAND	PREFERRED BRAND			X	<= 2.4		X	IF AGE=12-17 YEARS AND QS	R	MEDPRM
80644001301	ZEGALOG	DASIGLU	682212	Glycogen	68221200	Glycogen	R	0.6 MG/0.(	SUBCUTA	SOSY	ML	0.6		SSB	6/5/2023	80644		Y	N	FORMULARY		2 BRAND	PREFERRED BRAND			X	<= 2.4		X	IF AGE=12-17 YEARS AND QS	R	MEDPRM
80644001302	ZEGALOG	DASIGLU	682212	Glycogen	68221200	Glycogen	R	0.6 MG/0.(	SUBCUTA	SOSY	ML	0.6		SSB	6/5/2023	80644		Y	N	FORMULARY		2 BRAND	PREFERRED BRAND			X	<= 2.4		X	IF AGE=12-17 YEARS AND QS	R	MEDPRM
80681000200	ZINC GLU	ZINC GLU	401200	Replacem	40120000	Replacem	P	50 MG	ORAL	TABS	EA	100		GENERIC		80681			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80681000300	THEREMS	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	90MG-90M	ORAL	TABS	EA	130		SSB		80681			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80681000400	OYSTER	OYSTER	401200	Replacem	40120000	Replacem	P	500 MG	ORAL	TABS	EA	250		GENERIC		80681			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80681000500	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	1500 (600	ORAL	TABS	EA	60		GENERIC		80681			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80681000800	VITAMIN I	VITAMIN E	882000	Vitamin E	88200000	Vitamin E	P	180 MG (4	ORAL	CAPS	EA	100		GENERIC	10/13/2022	80681			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80681000900	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	50 MCG (2	ORAL	CAPS	EA	100		GENERIC	7/18/2022	80681			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80681001000	COENZYM	COENZYM	929200	UNKNOW	92920000	UNKNOW	P	100 MG	ORAL	CAPS	EA	30		GENERIC	10/7/2024	80681			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80681001100	VITAMIN I	VITAMIN E	882000	Vitamin E	88200000	Vitamin E	P	180 MG (4	ORAL	CAPS	EA	300		GENERIC		80681			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80681001200	CHROMIU	CHROMIU	401200	Replacem	40120000	Replacem	P	200 MCG	ORAL	TABS	EA	100		GENERIC	1/3/2024	80681			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80681001300	ORALYTE	ORAL ELE	401200	Replacem	40120000	Replacem	P	1420MG/L	ORAL	SOLN	ML	1000		GENERIC	9/30/2024	80681			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80681001400	ORALYTE	ORAL ELE	401200	Replacem	40120000	Replacem	P	1420MG/L	ORAL	SOLN	ML	1000		GENERIC	8/1/2024	80681			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80681001500	ORALYTE	ORAL ELE	401200	Replacem	40120000	Replacem	P	40MEQ/L-	ORAL	SOLN	ML	1000		GENERIC	7/25/2024	80681			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80681001600	ORALYTE	ORAL ELE	401200	Replacem	40120000	Replacem	P	40MEQ/L-	ORAL	SOLN	ML	1000		GENERIC	9/9/2024	80681			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80681001900	NIACINAM	NIACINAM	880800	Vitamin B	88080000	Vitamin B	P	500MG	ORAL	TABS	EA	100		GENERIC		80681			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80681002000	MULTIVIT	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	37.5MG-3	ORAL	TABS	EA	1000		SSB		80681			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80681002200	REGULOI	PSYLLIUM	561200	Cathartics	56120000	Cathartics	P	400 MG	ORAL	CAPS	EA	160		GENERIC		80681			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80681002300	ANTIOXID	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	167MG-16	ORAL	TABS	EA	50		SSB		80681			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80681002500	VITAMIN I	PYRIDOX	880800	Vitamin B	88080000	Vitamin B	P	100 MG	ORAL	TABS	EA	100		GENERIC		80681			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80681002600	ACIDOPH	LACTOBA	560800	Antidiarrhe	56080000	Antidiarrhe	O	70MG-0-0	ORAL	TABS	EA	100		SSB	3/22/2024	80681			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80681002900	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	600-10 MC	ORAL	TABS	EA	60		GENERIC		80681			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80681003400	SHEER A	ADHESIVI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	200		SSB		80681			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80681003700	MOISTUR	EMOLLIE	842412	Basic Oint	84241200	Basic Oint	O	0-0	EXTERNA	CREA	GM	454		SSB		80681	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80681003800	DAILY MC	EMOLLIE	842404	Basic Lotic	84240400	Basic Lotic	O	0	EXTERNA	LOTN	ML	354		SSB		80681			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80681004000	MELATON	MELATON	929200	UNKNOW	92920000	UNKNOW	P	5 MG	ORAL	TABS	EA	60		GENERIC		80681			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80681004001	MELATON	MELATON	929200	UNKNOW	92920000	UNKNOW	P	5 MG	ORAL	TABS	EA	90		GENERIC		80681			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80681004002	MELATON	MELATON	929200	UNKNOW	92920000	UNKNOW	P	5 MG	ORAL	TABS	EA	500		GENERIC		80681			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80681004100	MELATON	MELATON	929200	UNKNOW	92920000	UNKNOW	P	1 MG	ORAL	TABS	EA	90		GENERIC		80681			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80681004201	REGULOI	PSYLLIUM	561200	Cathartics	56120000	Cathartics	O	57.60%	ORAL	POWD	GM	284		SSB		80681			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80681004300	REGULOI	PSYLLIUM	561200	Cathartics	56120000	Cathartics	O	57.60%	ORAL	POWD	GM	426		SSB		80681			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80681004301	REGULOI	PSYLLIUM	561200	Cathartics	56120000	Cathartics	O	57.60%	ORAL	POWD	GM	284		SSB		80681			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80681004500	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	315-5 MG-	ORAL	TABS	EA	60		GENERIC		80681			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80681004700	LACTOBA	LACTOBA	560800	Antidiarrhe	56080000	Antidiarrhe	P	0-0	ORAL	TABS	EA	50		GENERIC	9/28/2023	80681			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80681004900	MULTIVIT	PEDIATRI	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	CHEW	EA	100		GENERIC		80681			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80681005000	DAILY-VI	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	100		GENERIC		80681			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80681005200	EYE MUL	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	113MG-11	ORAL	TABS	EA	120		SSB		80681			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80681005500	FISH OIL	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1200 MG	ORAL	CAPS	EA	100		GENERIC		80681			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80681005700	NIACIN	NIACIN	880800	Vitamin B	88080000	Vitamin B	P	100 MG	ORAL	TABS	EA	100		GENERIC		80681			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80681005800	OYSTER	OYSTER	401200	Replacem	40120000	Replacem	P	500 MG	ORAL	TABS	EA	60		GENERIC		80681			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80681006200	PROBIOT	BACILLUS	560800	Antidiarrhe	56080000	Antidiarrhe	P	1-250 BILL	ORAL	CAPS	EA	30		GENERIC		80681			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80681006300	TAB-A-VI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	60MG-60M	ORAL	TABS	EA	100		SSB		80681			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80681006301	TAB-A-VI	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	60MG-60M	ORAL	TABS	EA	1000		SSB		80681			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80681006400	THEREMS	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	90MG-90M	ORAL	TABS	EA	1000		SSB		80681			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80681007100	VITAMIN I	CYANOCO	880800	Vitamin B	88080000	Vitamin B	P	100 MCG	ORAL	TABS	EA	100		GENERIC		80681			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80681007200	VITAMIN I	CYANOCO	880800	Vitamin B	88080000	Vitamin B	P	500 MCG	ORAL	TABS	EA	100		GENERIC		80681			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION								R	MEDPRM
80681007400	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	P	800 MCG	ORAL	TABS	EA	100	X	GENERIC		80681			N	#N/A	ORIG_FR	10 EHB	#N/A								R	MEDPRM
80681007600	MULTIVIT	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	150MG-15	ORAL	TABS	EA	100		SSB		80681			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						X	THEN $0 COPAY AND TIER=1	R	MEDPRM

81131005232	EQ DIAPE	ZINC OXII	841200	Astringent	84120000	Astringent	P	40%	EXTERNA	OINT	GM	113		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131005286	EQ ANTI-I	DIPHENH	840800	Antipruritic	84080000	Antipruritic	P	2-0.1 %	EXTERNA	LIQD	GM	76		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131005399	EQ DAILY	PSYLLIUM	561200	Cathartics	56120000	Cathartics	P	51.70%	ORAL	POWD	GM	283		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131005415	EQ PROB	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0-0-0	ORAL	CAPS	EA	42		SSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131005540	ASSURAN	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	144		NON DRUG		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131005545	EQ BODY	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	54		NON DRUG		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131005578	EQ BODY	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	39		NON DRUG		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131005579	EQ BODY	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	27		NON DRUG		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131005584	EQ ONE [	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	120MG-12	ORAL	TABS	EA	65		SSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131005585	EQ ONE [	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	120MG-12	ORAL	TABS	EA	65		SSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131005586	EQ CALC	CALCIUM	401200	Replacem	40120000	Replacem	P	200-6.25 I	ORAL	TABS	EA	200		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131005673	SV MELAT	MELATON	929200	UNKNOW	92920000	UNKNOW	P	5 MG	ORAL	TABS	EA	120		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131005686	PRENATA	PRENATA	882800	Multivitam	88280000	Multivitam	O	0.4-25 MG	ORAL	CHEW	EA	90		MSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
81131005691	MELATON	MELATON	929200	UNKNOW	92920000	UNKNOW	P	2.5MG	ORAL	CHEW	EA	60		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131005703	EQ VISIO	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	150MG-15	ORAL	CAPS	EA	50		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131005716	EQ MULT	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	15MG-15M	ORAL	CHEW	EA	150		SSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131005717	EQ MULT	PEDIATRI	882800	Multivitam	88280000	Multivitam	O	10MG-10M	ORAL	CHEW	EA	190		SSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131005720	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	250-100-5	ORAL	CHEW	EA	100		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131005855	ACIDOPH	LACTOBA	560800	Antidiarrhe	56080000	Antidiarrhe	P	10MG	ORAL	TABS	EA	100		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131005882	EQ GLUC	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	15MG-15M	ORAL	TABS	EA	120		SSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131006024	RELION [	ELECTRC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131006026	RELION T	THERMOI	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30		NON DRUG		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131006027	RELION E	ELECTRC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131006033	RELION (	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50		SSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131006034	RELION (	GLUCOSE	682292	Antihypog	68229200	Antihypog	O	4-6 GM-M	ORAL	CHEW	EA	50		SSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131006040	RELION L	LANCET [	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131006041	RELION L	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		81131			N	FORMULARY		2 BRAND	PREFERRED BRAND						R	MEDPRMI
81131006043	RELION K	ACETONE	368812	Ketones	36881200	Ketones	O	0	IN VITRO	STRP	EA	50		NON DRUG		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131006044	RELION A	ALCOHOL	940000	Devices	94000000	Devices	O	70%	DOES NO	PADS	EA	100		NON DRUG		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131006126	EQ PAIN I	ACETAMI	280892	Analgesic	28089200	Analgesic	P	500MG/15	ORAL	LIQD	ML	237		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131006267	EQ NUTR	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131006268	EQ NUTR	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131006269	EQ NUTR	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	45MG/237	ORAL	LIQD	ML	237		SSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131006270	EQ NUTR	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131006275	RELION [	ELECTRC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131006456	ASSURAN	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	40		NON DRUG		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131006458	ASSURAN	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	32		NON DRUG		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131006459	ASSURAN	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	36		NON DRUG		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131006571	FISH OIL	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	600 MG	ORAL	CAPS	EA	75		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131007083	EQ THER	EMOLLIEI	842412	Basic Oint	84241200	Basic Oint	O	0-0-0-0-0	EXTERNA	CREA	GM	454		SSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131007162	FISH OIL	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	200		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131007163	FLAXSEE	FLAXSEE	929200	UNKNOW	92920000	UNKNOW	P	1200 MG	ORAL	CAPS	EA	200		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131007164	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	P	800 MCG	ORAL	TABS	EA	400	X	GENERIC		81131			N	#N/A	ORIG_FR	10 EHB	#N/A				X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
81131007165	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	25 MCG ('	ORAL	CAPS	EA	100		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131007166	DAILY PR	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0-0-0-0	ORAL	CAPS	EA	30		SSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131007172	EQ CALC	CALCIUM	401200	Replacem	40120000	Replacem	P	315MG-25	ORAL	TABS	EA	180		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131007173	EQ COMF	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60M	ORAL	TABS	EA	125		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131007174	B12 FAST	CYANOC(	880800	Vitamin B	88080000	Vitamin B	P	5000MCG	ORAL	TBDP	EA	45		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131007178	SLOW RE	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	45 MG	ORAL	TBCR	EA	30		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131007179	MAGNESI	MAGNESI	401200	Replacem	40120000	Replacem	P	400MG	ORAL	TABS	EA	250		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131007181	FISH OIL	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	300		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131007183	SAME	S-ADENO	929200	UNKNOW	92920000	UNKNOW	P	400 MG	ORAL	TABS	EA	18		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131007184	SAME	S-ADENO	929200	UNKNOW	92920000	UNKNOW	P	400 MG	ORAL	TABS	EA	40		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131007403	MELATON	MELATON	929200	UNKNOW	92920000	UNKNOW	P	10 MG	ORAL	TBDP	EA	120		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131007412	EQ NUTR	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131007834	EQ MULT	PHENYLE	480800	Antitussive	48080000	Antitussive	P	2.5-5-100	ORAL	LIQD	ML	118		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131007852	RELION F	MISC. DE'	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131007917	SOY ISOF	SOY ISOF	929200	UNKNOW	92920000	UNKNOW	P	40 MG	ORAL	TABS	EA	60		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131008711	SV MAGN	MAGNESI	401200	Replacem	40120000	Replacem	P	250 MG	ORAL	TABS	EA	100		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131008712	SV MAGN	MAGNESI	401200	Replacem	40120000	Replacem	P	250 MG	ORAL	TABS	EA	250		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131008747	SV MELAT	MELATON	929200	UNKNOW	92920000	UNKNOW	P	3MG	ORAL	TBDP	EA	120		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131008748	SV MELAT	MELATON	929200	UNKNOW	92920000	UNKNOW	P	5 MG	ORAL	TBDP	EA	120		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131008952	EQ ESOM	ESOMEPI	562836	Proton-pu	56283600	Proton-pu	P	20 MG	ORAL	CPDR	EA	14	X	GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131009371	SV IRON	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	325MG	ORAL	TABS	EA	200		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131009373	SV MELAT	MELATON	929200	UNKNOW	92920000	UNKNOW	P	5 MG	ORAL	TABS	EA	240		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131009537	SV VITAM	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	25 MCG	ORAL	CHEW	EA	120		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131009558	SV N-ACE	MULTIPLE	401200	Replacem	40120000	Replacem	O	600MG-50	ORAL	CAPS	EA	60		SSB		81131	N		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131009885	RELION L	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	200		NON DRUG		81131			N	FORMULARY		2 BRAND	PREFERRED BRAND						R	MEDPRMI
81131009935	EQ MINEI	MINERAL	561200	Cathartics	56120000	Cathartics	P	100%	ORAL	OIL	ML	473		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131009936	GROUND	FLAXSEE	929200	UNKNOW	92920000	UNKNOW	P	0	ORAL	POWD	GM	453		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131010486	EQ BLOO	GLUCOSE	362600	Diabetes I	36260000	Diabetes I	O	0	IN VITRO	STRP	EA	50		NON DRUG		81131			N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
81131010760	EQ TAMP	SANITAR'	940000	Devices	94000000	Devices	O	0	VAGINAL	TAMP	EA	54		NON DRUG		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131010761	EQ TAMP	SANITAR'	940000	Devices	94000000	Devices	O	0	VAGINAL	TAMP	EA	40		NON DRUG		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131010762	EQ TAMP	SANITAR'	940000	Devices	94000000	Devices	O	0	VAGINAL	TAMP	EA	36		NON DRUG		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131010763	EQ TAMP	SANITAR'	940000	Devices	94000000	Devices	O	0	VAGINAL	TAMP	EA	36		NON DRUG		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131011007	SV CRAN	CRANBEI	929200	UNKNOW	92920000	UNKNOW	P	500 MG	ORAL	TABS	EA	30		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131011065	EQ MULT	PEDIATRI	882800	Multivitam	88280000	Multivitam	O	15MG-15M	ORAL	CHEW	EA	70		SSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131011120	VITAMIN (	ASCORBI	881200	Vitamin C	88120000	Vitamin C	O	120 MG	ORAL	CHEW	EA	70		SSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131011122	STEVIA	STEVIA (S	929200	UNKNOW	92920000	UNKNOW	O	100MG	ORAL	PACK	EA	100		MSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
81131011127	SV BLACI	BLACK C(	929200	UNKNOW	92920000	UNKNOW	O	20 MG	ORAL	TABS	EA	100		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131011128	GOLDEN	GOLDENS	929200	UNKNOW	92920000	UNKNOW	O	400 MG	ORAL	CAPS	EA	50		MSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
81131011132	GREEN T	GREEN T	929200	UNKNOW	92920000	UNKNOW	O	315-12.5 I	ORAL	CAPS	EA	70		MSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
81131011133	CRANBEI	CRANBEI	929200	UNKNOW	92920000	UNKNOW	P	4200-20-3	ORAL	CAPS	EA	100		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131011134	CRANBEI	CRANBEI	929200	UNKNOW	92920000	UNKNOW	P	4200-20-3	ORAL	CAPS	EA	100		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131011135	RED YEA	RED YEA	929200	UNKNOW	92920000	UNKNOW	P	600 MG	ORAL	CAPS	EA	60		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131011136	RED YEA	RED YEA	929200	UNKNOW	92920000	UNKNOW	P	600 MG	ORAL	CAPS	EA	60		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131011138	ACIDOPH	LACTOBA	560800	Antidiarrhe	56080000	Antidiarrhe	P	10MG	ORAL	TABS	EA	30		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131011141	CO Q-10 I	LEVOCAF	929200	UNKNOW	92920000	UNKNOW	O	100-30-10	ORAL	CAPS	EA	50		SSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131011142	TONALIN	SAFFLOW	929200	UNKNOW	92920000	UNKNOW	P	1000MG	ORAL	CAPS	EA	50		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131011144	MILK THIS	MILK THIS	929200	UNKNOW	92920000	UNKNOW	O	1000 MG	ORAL	CAPS	EA	90		MSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
81131011147	BIOTIN	BIOTIN	880800	Vitamin B	88080000	Vitamin B	P	5 MG	ORAL	CAPS	EA	120		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131011148	L-CARNIT	LEVOCAF	402000	Caloric Ag	40200000	Caloric Ag	P	500MG	ORAL	TABS	EA	30		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131011151	ACETYLC	ACETYLC	929200	UNKNOW	92920000	UNKNOW	O	400-200 I	ORAL	CAPS	EA	50		MSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
81131011152	L-ARGINI	ARGININE	402000	Caloric Ag	40200000	Caloric Ag	P	500 MG	ORAL	CAPS	EA	50		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131011153	BILBERR'	LUTEIN-B	929200	UNKNOW	92920000	UNKNOW	O	5-1000 M(	ORAL	CAPS	EA	60		SSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131011154	TURMERI	TURMERI	929200	UNKNOW	92920000	UNKNOW	P	500 MG	ORAL	CAPS	EA	90		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131011178	PROBIOT	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	16.667MG	ORAL	TABS	EA	200		SSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131011179	GINGER F	GINGER (	929200	UNKNOW	92920000	UNKNOW	P	550 MG	ORAL	CAPS	EA	100		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131011181	HAWTHO	HAWTHO	929200	UNKNOW	92920000	UNKNOW	O	565MG	ORAL	CAPS	EA	100		MSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
81131011185	FLAX	FLAXSEE	929200	UNKNOW	92920000	UNKNOW	P	4650MG/5	ORAL	OIL	ML	236		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131011186	OLIVE LE	OLIVE LE	929200	UNKNOW	92920000	UNKNOW	O	150MG	ORAL	CAPS	EA	60		MSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
81131011187	B-12	CYANOC(	880800	Vitamin B	88080000	Vitamin B	P	500MCG	SUBLINGI	SUBL	EA	200		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131011191	L-GLUTAI	GLUTAMI	402000	Caloric Ag	40200000	Caloric Ag	P	500 MG	ORAL	TABS	EA	100		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131011192	FLAXSEE	FLAXSEE	929200	UNKNOW	92920000	UNKNOW	P	1200 MG	ORAL	CAPS	EA	200		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131013029	EQ PROB	LACTOBA	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0-0	ORAL	CAPS	EA	50		SSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131013031	RELION A	BLOOD G	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		81131			N	EXCLUDE	N/A: [DRU	20	FORMULARY EXCLUSION			FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GR			R	MEDPRMI
81131013347	RELION L	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	50		NON DRUG		81131			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
81131013353	SV MELAT	MELATON	929200	UNKNOW	92920000	UNKNOW	O	10-1000 I	ORAL	TABS	EA	120		SSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131013834	RELION II	INSULIN $	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		81131			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290			R	MEDPRMI
81131013835	RELION II	INSULIN $	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG		81131			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290			R	MEDPRMI
81131013836	RELION II	INSULIN $	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		81131			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290			R	MEDPRMI
81131013837	RELION II	INSULIN $	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG		81131			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290			R	MEDPRMI
81131013838	RELION II	INSULIN $	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		81131			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290			R	MEDPRMI
81131013839	RELION II	INSULIN $	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG		81131			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290			R	MEDPRMI
81131013842	EQ TRIPL	NEOMYCI	840404	Antibacter	84040400	Antibacter	P	400UNIT/(	EXTERNA	OINT	GM	28.4		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131014482	FLAXSEE	FLAXSEE	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	100		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131014500	CASCAR/	CASCAR/	561200	Cathartics	56120000	Cathartics	O	450 MG	ORAL	CAPS	EA	100		MSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
81131015112	MELATON	MELATON	929200	UNKNOW	92920000	UNKNOW	P	1 MG/ML	ORAL	LIQD	ML	58		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131015639	EQ PROB	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0-0-0-0	ORAL	CPDR	EA	50		SSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131015680	SV CRAN	CRANBEI	929200	UNKNOW	92920000	UNKNOW	O	500 MG	ORAL	CAPS	EA	60		SSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131015690	SV FISH (	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	500 MG	ORAL	CAPS	EA	60		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131015725	EQ GAUZ	GAUZE P/	940000	Devices	94000000	Devices	O	4""X4""	DOES NO	PADS	EA	25		NON DRUG		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131018377	EQ COUG	MENTHOI	521600	Local Ane	52160000	Local Ane	P	5.8 MG	MOUTH/T	LOZG	EA	70		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131018721	EQ CHLO	CHLORPI	40420	Propylami	4042000	Propylami	P	4MG	ORAL	TABS	EA	100		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131018722	EQ ALLEI	DIPHENH	40400	First Gene	4040000	First Gene	P	25 MG	ORAL	CAPS	EA	24		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131018748	EQ IBUPI	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	CAPS	EA	80		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131018753	ASSURAN	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	30		NON DRUG		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131024068	EQ SPAC	SPACER/	940000	Devices	94000000	Devices	R	0	DOES NO	DEVI	EA	1		NON DRUG		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131024069	EQ SPAC	SPACER/	940000	Devices	94000000	Devices	R	0	DOES NO	DEVI	EA	1		NON DRUG		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131024070	EQ SPAC	SPACER/	940000	Devices	94000000	Devices	R	0	DOES NO	DEVI	EA	1		NON DRUG		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131024071	EQ SPAC	SPACER/	940000	Devices	94000000	Devices	R	0	DOES NO	DEVI	EA	1		NON DRUG		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131024789	EQ BP M(	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131028017	EQ IBUPI	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	100		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131028018	EQ SENN	SENNOSI	561200	Cathartics	56120000	Cathartics	P	8.6-50 MG	ORAL	TABS	EA	30		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131028052	EQ HOT/(	HOT/COL	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131028068	EQ HOT (	HOT/COL	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	1		NON DRUG		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131028073	EQ NUTR	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	54MG/237	ORAL	LIQD	ML	237		SSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131028093	SV D-MAI	D-MANNC	929200	UNKNOW	92920000	UNKNOW	P	500 MG	ORAL	CAPS	EA	120		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131028498	SV MAGN	MAGNESI	401200	Replacem	40120000	Replacem	P	100 MG	ORAL	CAPS	EA	60		GENERIC		81131	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131028948	EQ STOO	DOCUSAT	561200	Cathartics	56120000	Cathartics	P	100 MG	ORAL	CAPS	EA	400		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131029616	EQ D3 DF	CHOLECA	881600	Vitamin D	88160000	Vitamin D	O	10 MCG /(	ORAL	LIQD	ML	9.2		SSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131029621	EQ MUCL	DEXTROI	480800	Antitussive	48080000	Antitussive	P	30-600 M(	ORAL	TB12	EA	20		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131029764	ASSURAN	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	18		NON DRUG		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131029765	ASSURAN	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131029768	EQ IBUPI	IBUPROF	282492	Anxiolytics	28249200	Anxiolytics	P	38MG-200	ORAL	TABS	EA	20		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131029769	EQ IBUPI	IBUPROF	282492	Anxiolytics	28249200	Anxiolytics	P	200-38 M(	ORAL	TABS	EA	80		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131029773	EQ FIBER	WHEAT D	561200	Cathartics	56120000	Cathartics	P	0	ORAL	POWD	GM	477		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131029775	EQ GAS F	SIMETHIC	561000	Antiflatule	56100000	Antiflatule	P	125 MG	ORAL	CAPS	EA	72		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131029777	EQ PERS	LUBRICAI	849200	Skin and I	84920000	Skin and I	P	0	EXTERNA	LIQD	GM	142		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131029802	ASSURAN	INCONTIN	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	52		NON DRUG		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131031164	RELION II	INSULIN $	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		81131			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290			R	MEDPRMI
81131031165	RELION II	INSULIN $	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG		81131			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290			R	MEDPRMI
81131031174	RELION II	INSULIN $	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		81131			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290			R	MEDPRMI
81131031175	RELION II	INSULIN $	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG		81131			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290			R	MEDPRMI
81131031176	RELION II	INSULIN $	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		81131			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290			R	MEDPRMI
81131031177	RELION II	INSULIN $	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG		81131			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290			R	MEDPRMI
81131031178	RELION II	INSULIN $	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		81131			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290			R	MEDPRMI
81131031179	RELION II	INSULIN $	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	10		NON DRUG		81131			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290			R	MEDPRMI
81131031249	DAILY PA	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	590MG-59	ORAL	MISC	EA	30		SSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131031250	MELATON	MELATON	929200	UNKNOW	92920000	UNKNOW	P	3 MG	ORAL	TABS	EA	240		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131031255	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	P	595 (99 K)	ORAL	TABS	EA	250		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131031262	ACAI	ACAI (EU'	929200	UNKNOW	92920000	UNKNOW	P	25 MG	ORAL	CAPS	EA	100		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131031264	NORWEG	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	120		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131031265	ALGAL OI	DOCOSAI	929200	UNKNOW	92920000	UNKNOW	P	200 MG	ORAL	CAPS	EA	30		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131031266	ALGAL-9(	DOCOSAI	929200	UNKNOW	92920000	UNKNOW	O	450 MG	ORAL	CAPS	EA	30		SSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131031268	CHROMIL	CHROMIL	401200	Replacem	40120000	Replacem	P	1000 MCG	ORAL	TABS	EA	100		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131031271	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	5000UNIT	ORAL	CAPS	EA	100		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131031272	SAM-E	S-ADENO	929200	UNKNOW	92920000	UNKNOW	P	400 MG	ORAL	TBEC	EA	18		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131031282	VITAMIN I	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	50 MCG (2	ORAL	CAPS	EA	200		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131032523	NIACIN FI	NIACIN W	882800	Multivitam	88280000	Multivitam	P	400-100 I	ORAL	CAPS	EA	120		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131035011	SV MELAT	MELATON	929200	UNKNOW	92920000	UNKNOW	O	10-1000 I	ORAL	TABS	EA	240		SSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131035241	EQ ASPIF	ASPIRIN	280804	Nonsteroi	28080424	Salicylates	P	325 MG	ORAL	TABS	EA	500		GENERIC		81131			N	#N/A	ORIG_FR	10 EHB	#N/A				X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
81131036639	EQ ALLEI	FEXOFEN	40800	Second G	4080000	Second G	P	180 MG	ORAL	TABS	EA	30		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131037883	SV CRAN	CRANBEI	929200	UNKNOW	92920000	UNKNOW	P	500 MG	ORAL	TABS	EA	30		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131038679	RELION F	INSULIN F	940000	Devices	94000000	Devices	O	32G X 4 I	DOES NO	MISC	EA	50		NON DRUG		81131			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE			R	MEDPRMI
81131038680	RELION F	INSULIN F	940000	Devices	94000000	Devices	O	31G X 6 I	DOES NO	MISC	EA	50		NON DRUG		81131			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE			R	MEDPRMI
81131038681	RELION F	INSULIN F	940000	Devices	94000000	Devices	O	31G X 8 I	DOES NO	MISC	EA	50		NON DRUG		81131			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE			R	MEDPRMI
81131040583	EQ CRUT	MISC. DE'	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131054393	D3 ADULT	CHOLECA	881600	Vitamin D	88160000	Vitamin D	P	1000UNIT	ORAL	CHEW	EA	75		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131057350	ODORLES	GARLIC	929200	UNKNOW	92920000	UNKNOW	P	1000MG	ORAL	CAPS	EA	120		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131057357	GRAPE S	MISC NAT	929200	UNKNOW	92920000	UNKNOW	P	0-0-0-50M	ORAL	CAPS	EA	72		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131057365	ST JOHNS	ST JOHN'	929200	UNKNOW	92920000	UNKNOW	P	150 MG	ORAL	CAPS	EA	100		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131057368	Q-SORB (	COENZYI	929200	UNKNOW	92920000	UNKNOW	P	100 MG	ORAL	CAPS	EA	30		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131057371	VITAMIN (	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	CHEW	EA	60		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131063305	FLAXSEE	FLAXSEE	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CAPS	EA	200		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131063306	MSM	METHYLS	929200	UNKNOW	92920000	UNKNOW	O	1000 MG	ORAL	TABS	EA	90		MSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
81131063308	B-COMPL	B-COMPL	880800	Vitamin B	88080000	Vitamin B	P	1200MCG	SUBLINGI	LIQD	ML	59		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131063325	NIACIN FI	NIACIN W	882800	Multivitam	88280000	Multivitam	P	400-100 I	ORAL	CAPS	EA	60		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131063328	ZINC GLU	ZINC GLU	401200	Replacem	40120000	Replacem	P	50 MG	ORAL	TABS	EA	200		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131067885	NATURAL	VITAMIN I	882000	Vitamin E	88200000	Vitamin E	P	670 MG (1	ORAL	CAPS	EA	60		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131067887	PRENATA	PRENATA	882800	Multivitam	88280000	Multivitam	O	28-0.8 MG	ORAL	TABS	EA	240		SSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131067892	LUTEIN/Z	LUTEIN-Z	929200	UNKNOW	92920000	UNKNOW	O	6MG-240I	ORAL	CAPS	EA	30		MSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
81131069693	BLACK C(	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	50MG-20I	ORAL	TABS	EA	60		SSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131069703	LUTEIN-Z	LUTEIN-Z	929200	UNKNOW	92920000	UNKNOW	O	20-0.8 MG	ORAL	CAPS	EA	30		MSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
81131069708	FOLIC AC	FOLIC AC	880800	Vitamin B	88080000	Vitamin B	P	800 MCG	ORAL	TABS	EA	250	X	GENERIC		81131			N	#N/A	ORIG_FR	10 EHB	#N/A				X	THEN $0 COPAY AND TIER=1	R	MEDPRMI
81131069992	EQ DAILY	PSYLLIUM	561200	Cathartics	56120000	Cathartics	P	25%	ORAL	POWD	GM	1360		GENERIC		81131	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131070008	EQ IBUPI	IBUPROF	280804	Nonsteroi	28080404	UNKNOW	P	200 MG	ORAL	TABS	EA	24		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131070024	EQ SALIN	SALINE	529200	EENT Dru	52920000	EENT Dru	P	0.65%	NASAL	SOLN	ML	44		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131073156	EQ PREG	PREGNAI	940000	Devices	94000000	Devices	O	0	IN VITRO	TEST	EA	1		SSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131073187	EQ MULT	SOFT LEI	521200	Contact L	52120000	Contact L	O	0-0-0-0-0	DOES NO	SOLN	ML	118		SSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131073189	EQ MULT	SOFT LEI	521200	Contact L	52120000	Contact L	O	0-0-0-0-0	DOES NO	SOLN	ML	355		SSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131073207	EQ EYE [	TETRAHY	523200	Vasocons	52320000	Vasocons	P	0.05%	OPHTHAL	SOLN	ML	15		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131073208	EQ EYE [	TETRAHY	523200	Vasocons	52320000	Vasocons	P	0.05%	OPHTHAL	SOLN	ML	30		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131074219	VISION F(	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	200MG-20	ORAL	TABS	EA	120		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131074241	CALCIUM	MULTIPLE	401200	Replacem	40120000	Replacem	O	333.33MG	ORAL	TABS	EA	250		MSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
81131074906	GLUCOS/	GLUCOS/	929200	UNKNOW	92920000	UNKNOW	O	500-400 I	ORAL	CHEW	EA	50		MSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
81131074913	C-CHEW/	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	500 MG	ORAL	CHEW	EA	200		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131074918	LUTEIN-Z	LUTEIN-Z	929200	UNKNOW	92920000	UNKNOW	O	20-0.8 MG	ORAL	CAPS	EA	90		MSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
81131074934	GLUCOS/	GLUCOS/	929200	UNKNOW	92920000	UNKNOW	O	1000UNIT	ORAL	TABS	EA	80		MSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
81131074940	GLUCOS/	GLUCOS/	929200	UNKNOW	92920000	UNKNOW	P	400MG-50	ORAL	TABS	EA	240		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131074947	NIACIN FI	NIACIN W	882800	Multivitam	88280000	Multivitam	P	400-100 I	ORAL	CAPS	EA	120		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131076944	EQ HEMC	WITCH H/	842412	Basic Oint	84241200	Basic Oint	P	50%	EXTERNA	PADS	EA	100		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131076945	EQ HEMC	PHENYLE	841600	Cell Stimu	84160000	Cell Stimu	P	85.39%-.2	RECTAL	SUPP	EA	24		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131077911	EQ COMF	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60I	ORAL	TABS	EA	220		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131077922	EQ DAILY	PSYLLIUM	561200	Cathartics	56120000	Cathartics	P	400MG	ORAL	CAPS	EA	160		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131077923	EQ PERS	LUBRICAI	849200	Skin and I	84920000	Skin and I	P	0	EXTERNA	GEL	GM	113		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131077943	EQ ONE [	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	60MG-60I	ORAL	TABS	EA	100		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131081234	EQ ONE [	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	60MG-60I	ORAL	TABS	EA	200		SSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131083747	EQ CALC	CALCIUM	401200	Replacem	40120000	Replacem	P	600-20 M(	ORAL	TABS	EA	120		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131083748	EQ CALC	CALCIUM	401200	Replacem	40120000	Replacem	P	500-5 MG-	ORAL	TABS	EA	160		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131086480	EQ MAXI	SANITAR'	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	48		NON DRUG		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131086487	EQ MAXI	SANITAR'	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	28		NON DRUG		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131086488	EQ ULTR/	SANITAR'	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	28		NON DRUG		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131086502	EQ PANTI	SANITAR'	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	105		NON DRUG		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131086503	EQ PANTI	SANITAR'	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	135		NON DRUG		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131086586	EQ COMF	PEDIATRI	882800	Multivitam	88280000	Multivitam	P	18 MG	ORAL	CHEW	EA	150		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131089538	RELION E	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131089540	RELION E	BLOOD P	940000	Devices	94000000	Devices	O	0	DOES NO	KIT	EA	1		NON DRUG		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131092840	EQ ONE [	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	60MG-60I	ORAL	TABS	EA	200		SSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131092861	Q-SORB (	COENZYI	929200	UNKNOW	92920000	UNKNOW	P	200 MG	ORAL	CAPS	EA	30		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131092881	CALCIUM	CALCIUM	401200	Replacem	40120000	Replacem	P	600-12.5 I	ORAL	CAPS	EA	150		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131092882	BIOTIN	BIOTIN	880800	Vitamin B	88080000	Vitamin B	O	1 MG	ORAL	CAPS	EA	150		MSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
81131092883	POMEGR	POMEGR/	929200	UNKNOW	92920000	UNKNOW	P	250 MG	ORAL	CAPS	EA	90		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131092884	NONI	NONI (MC	929200	UNKNOW	92920000	UNKNOW	O	250 MG	ORAL	CAPS	EA	120		MSB		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
81131092886	VITAMIN (	ASCORBI	881200	Vitamin C	88120000	Vitamin C	P	1000 MG	ORAL	TBCR	EA	100		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131092887	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	P	595 (99 K)	ORAL	TABS	EA	100		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131092888	POTASSII	POTASSII	401200	Replacem	40120000	Replacem	P	595 (99 K)	ORAL	TABS	EA	250		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131092889	ACIDOPH	LACTOBA	560800	Antidiarrhe	56080000	Antidiarrhe	P	0	ORAL	TABS	EA	30		GENERIC		81131			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131097214	EQ ULTR/	SANITAR'	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	36		NON DRUG		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81131097215	EQ ULTR/	SANITAR'	940000	Devices	94000000	Devices	O	0	DOES NO	PADS	EA	32		NON DRUG		81131			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81140010110	ROXYBOI	OXYCOD(	280808	Opiate Ag	28080800	Opiate Ag	S	5 MG	ORAL	TABA	EA	100		MSB		81140			N	EXCLUDED		3 BRND2	FORMULARY EXCLUSION						R	MEDPRMI
81140010210	ROXYBOI	OXYCOD(	280808	Opiate Ag	28080800	Opiate Ag	S	15 MG	ORAL	TABA	EA	100		SSB		81140			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
81140010310	ROXYBOI	OXYCOD(	280808	Opiate Ag	28080800	Opiate Ag	S	30 MG	ORAL	TABA	EA	100		SSB		81140			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
81140010410	ROXYBOI	OXYCOD(	280808	Opiate Ag	28080800	Opiate Ag	R	10 MG	ORAL	TABA	EA	100		SSB		81140			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
81266091002	AQUA-NU	EMOLLIEI	842412	Basic Oint	84241200	Basic Oint	P	42%	EXTERNA	OINT	GM	50		GENERIC		81266			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81266091004	AQUA-NU	EMOLLIEI	842412	Basic Oint	84241200	Basic Oint	P	42%	EXTERNA	OINT	GM	100		GENERIC	10/30/2023	81266			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81266091016	AQUA-NU	EMOLLIEI	842412	Basic Oint	84241200	Basic Oint	P	42%	EXTERNA	OINT	GM	454		GENERIC	10/30/2023	81266			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81266092001	DIBUCAIN	DIBUCAIN	840800	Antipruritic	84080000	Antipruritic	P	1%	EXTERNA	OINT	GM	28		GENERIC	10/30/2023	81266			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81266093004	AQUA-CE	EMOLLIEI	842412	Basic Oint	84241200	Basic Oint	P	0-0-0	EXTERNA	CREA	GM	113		GENERIC		81266			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81266093016	AQUA-CE	EMOLLIEI	842412	Basic Oint	84241200	Basic Oint	P	0-0-0	EXTERNA	CREA	GM	454		GENERIC		81266			N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81266094015	LAN-O-SI	LANOLIN	842412	Basic Oint	84241200	Basic Oint	P	0	EXTERNA	CREA	GM	56		GENERIC		81266	N		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81279010050	FLORAFC	PEDIATRI	882800	Multivitam	88280000	Multivitam	R	0.25 MG/I	ORAL	SOLN	ML	50		SSB		81279	N		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
81279010150	FLORAFC	PED MUL'	882800	Multivitam	88280000	Multivitam	R	0.25-7 MG	ORAL	SOLN	ML	50		SSB		81279			N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]			R	MEDPRMI
81279010230	FLORAFC	PEDIATRI	882800	Multivitam	88280000	Multivitam	R	0.5 MG	ORAL	CHEW	EA	30		SSB		81279	N		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
81279010330	FLORAFC	PEDIATRI	882800	Multivitam	88280000	Multivitam	R	1 MG	ORAL	CHEW	EA	30		SSB		81279			N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND						R	MEDPRMI
81279010601	SELENIOI	SELENIOI	401200	Replacem	40120000	Replacem	S	40 MCG/I	INTRAVEI	SOLN	ML	10		GENERIC		81279			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81279010605	SELENIOI	SELENIOI	401200	Replacem	40120000	Replacem	S	40 MCG/I	INTRAVEI	SOLN	ML	10		GENERIC		81279			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81284015100	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	2.25 (2-0.2	INTRAVEI	SOLR	EA	1		GENERIC		81284			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81284015110	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	2.25 (2-0.2	INTRAVEI	SOLR	EA	1		GENERIC		81284			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81284015200	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	3-0.375 GI	INTRAVEI	SOLR	EA	1		GENERIC		81284			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81284015210	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	3-0.375 GI	INTRAVEI	SOLR	EA	1		GENERIC		81284			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81284015300	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	4.5 (4-0.5)	INTRAVEI	SOLR	EA	1		GENERIC		81284			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81284015310	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	4.5 (4-0.5)	INTRAVEI	SOLR	EA	1		GENERIC		81284			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81284015400	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	13.5 (12-1	INTRAVEI	SOLR	EA	1		GENERIC		81284			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81284015401	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	13.5 (12-1	INTRAVEI	SOLR	EA	1		GENERIC		81284			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81284015500	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	40.5 (36-4	INTRAVEI	SOLR	EA	1		GENERIC		81284			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81284015501	PIPERACI	PIPERACI	81216	Penicillins	8121616	Extended-	S	40.5 (36-4	INTRAVEI	SOLR	EA	1		GENERIC		81284			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81284021100	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	S	10 MG/ML	INTRAVEI	SOLN	ML	1		GENERIC		81284			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81284021125	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	S	10 MG/ML	INTRAVEI	SOLN	ML	1		GENERIC		81284			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81284021200	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	S	10 MG/ML	INTRAVEI	SOLN	ML	5		GENERIC		81284			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81284021210	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	S	10 MG/ML	INTRAVEI	SOLN	ML	5		GENERIC		81284			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81284021300	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	S	10 MG/ML	INTRAVEI	SOLN	ML	10		GENERIC		81284			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81284021301	PHENYLE	PHENYLE	121204	alpha-Adr	12120400	alpha-Adr	S	10 MG/ML	INTRAVEI	SOLN	ML	10		GENERIC		81284			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81284031500	BLUDIGO	INDIGOTI	364000	Kidney Fu	36400000	Kidney Fu	R	8 MG/ML	INTRAVEI	SOLN	ML	5		SSB		81284			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81284031505	BLUDIGO	INDIGOTI	364000	Kidney Fu	36400000	Kidney Fu	R	8 MG/ML	INTRAVEI	SOLN	ML	5		SSB		81284			N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81284041105	DIHYDRO	DIHYDRO	121604	UNKNOW	12160404	UNKNOW	S	1 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		81284		Y	N	FORMULARY		1 GEN	GENERICS	X	15 IN 14 DAYS				R	MEDPRMI
81284041110	DIHYDRO	DIHYDRO	121604	UNKNOW	12160404	UNKNOW	S	1 MG/ML	INJECTIO	SOLN	ML	1		GENERIC		81284		Y	N	FORMULARY		1 GEN	GENERICS	X	15 IN 14 DAYS				R	MEDPRMI
81284052101	EXTENCII	PENICILL	81216	Penicillins	8121604	Natural Pe	R	1200000 I	INTRAMU	SUSR	EA	1		SSB		81284			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81284052201	EXTENCII	PENICILL	81216	Penicillins	8121604	Natural Pe	R	2400000 I	INTRAMU	SUSR	EA	1		SSB		81284			N	EXCLUDE	SELF_INJ	3 BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81284061100	TRANEXA	TRANEXA	202816	Hemostati	20281600	Hemostati	S	1000 MG/'	INTRAVEI	SOLN	ML	10		GENERIC		81284			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81284061110	TRANEXA	TRANEXA	202816	Hemostati	20281600	Hemostati	S	1000 MG/'	INTRAVEI	SOLN	ML	10		GENERIC		81284			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81284061200	TRANEXA	TRANEXA	202816	Hemostati	20281600	Hemostati	S	1000 MG/'	INTRAVEI	SOLN	ML	10		GENERIC		81284			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81284061210	TRANEXA	TRANEXA	202816	Hemostati	20281600	Hemostati	S	1000 MG/'	INTRAVEI	SOLN	ML	10		GENERIC		81284			N	EXCLUDE	SELF_INJ	1 GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
81288001801	ACYCLO\	ACYCLOV	81832	Nucleosid	8183200	Nucleosid	S	400 MG	ORAL	TABS	EA	100		GENERIC		81288			N	FORMULARY		1 GEN	GENERICS						R	MEDPRMI

82944010010	LIDOCOR	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4%	EXTERNA	PTCH	EA	10	GENERIC	82944	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION		
82944010110	METHYL S	METHYL S	842404	Basic Lotio	84240400	Basic Lotio	P	10%	EXTERNA	PTCH	EA	10	GENERIC	82944	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION		
82944010210	LIDOSYN	METHYL S	840800	Antipruritic	84080000	Antipruritic	P	2-4-1 %	EXTERNA	PTCH	EA	10	GENERIC	82944	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION		
82944010301	LIDOCOR	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4%	EXTERNA	PTCH	EA	1	GENERIC	82944	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION		
82944010410	LIDOSYN	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	P	4-1 %	EXTERNA	PTCH	EA	10	GENERIC	82944	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION		
82946010130	MINOCYC	MINOCYC	849200	Skin and M	84920000	Skin and M	S	105 MG	ORAL	TB24	EA	30	MSB	82946	N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		
82946010530	MINOCYC	MINOCYC	849200	Skin and M	84920000	Skin and M	S	135 MG	ORAL	TB24	EA	30	MSB	82946	N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION		
82950000116	OJEMDA	TOVORAF	100000	Antineopla	10000000	Antineopla	R	100 MG	ORAL	TABS	EA	4	SSB	82950	N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X
82950000120	OJEMDA	TOVORAF	100000	Antineopla	10000000	Antineopla	R	100 MG	ORAL	TABS	EA	4	SSB	82950	N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X
82950000124	OJEMDA	TOVORAF	100000	Antineopla	10000000	Antineopla	R	100 MG	ORAL	TABS	EA	6	SSB	82950	N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X
82950001201	OJEMDA	TOVORAF	100000	Antineopla	10000000	Antineopla	R	25 MG/ML	ORAL	SUSR	ML	12	SSB	82950	N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X
82950011210	OJEMDA	TOVORAF	100000	Antineopla	10000000	Antineopla	R	25 MG/ML	ORAL	SUSR	ML	12	SSB	82950	N	NON-FORMULARY		6	SPBD2	SPECIALTY NON-PREFERRED BRAND	X	PA:X
82954010001	RIVIVE	NALOXON	281000	Opiate An	28100000	Opiate An	O	3 MG/0.1M	NASAL	LIQD	EA	2	SSB	82954	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		
82959011101	RYTELO	IMETELST	100000	Antineopla	10000000	Antineopla	R	188 MG	INTRAVEI	SOLR	EA	1	SSB	82959	N	EXCLUDE	SELF_INJ	6	SPBD2	OPTIONAL BENEFIT EXCLUSION		
82959011201	RYTELO	IMETELST	100000	Antineopla	10000000	Antineopla	R	47 MG	INTRAVEI	SOLR	EA	1	SSB	82959	N	EXCLUDE	SELF_INJ	6	SPBD2	OPTIONAL BENEFIT EXCLUSION		
82966000102	VITEYES	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	33.3MG-2	ORAL	CAPS	EA	180	GENERIC	82966	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION		
82966000104	VITEYES	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	500MG/5.5	ORAL	POWD	GM	531	SSB	82966	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		
82966000105	VITEYES	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	100MG-67	ORAL	TABS	EA	90	SSB	82966	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		
82966000106	VITEYES	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	166.667M	ORAL	CAPS	EA	270	SSB	82966	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		
82966000151	VITEYES	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	25MG-25M	ORAL	CAPS	EA	180	SSB	82966	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		
82966000153	VITEYES	MULTIPLE	882800	Multivitam	88280000	Multivitam	P	250MG-25	ORAL	CAPS	EA	180	GENERIC	82966 N	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION		
82966000154	VITEYES	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	250MG-25	ORAL	CAPS	EA	180	SSB	82966	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		
82966000157	VITEYES	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	250MG-25	ORAL	CAPS	EA	180	SSB	82966	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		
82966000424	VITEYES	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	0-30MCG-	ORAL	TABS	EA	90	SSB	82966	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		
82966000425	VITEYES	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	30MCG-30	ORAL	TABS	EA	90	SSB	82966	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		
82966000426	VITEYES	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	P	1000 MG	ORAL	CPDR	EA	90	GENERIC	82966	N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION		
82966000430	VITEYES	LUTEIN-Z	929200	UNKNOW	92920000	UNKNOW	O	15-4.75 M	ORAL	CAPS	EA	90	NON DRUG	82966	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		
82966000431	VITEYES	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	10MG-100	ORAL	CAPS	EA	90	SSB	82966	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		
82966000457	VITEYES	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	O	800 MG	ORAL	CAPS	EA	60	SSB	82966	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION		

83744096291	GOODSE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-39	ORAL	LIQD	ML	237		SSB		83744	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
83744096292	GOODSE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-39	ORAL	LIQD	ML	237		SSB		83744	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
83744096299	GOODSE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB		83744	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
83744096300	GOODSE	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-0-0	ORAL	LIQD	ML	237		SSB		83744	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
83744096434	BRIGHT E	NUTRITIC	402000	Caloric Ag	40200000	Caloric Ag	O	36MG/237	ORAL	LIQD	ML	237		SSB		83744		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
83744096443	GOODSE	ORAL ELE	401200	Replacem	40120000	Replacem	O	630MG/36	ORAL	SOLN	ML	1000		SSB		83744	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
83744096450	GOODSE	ORAL ELE	401200	Replacem	40120000	Replacem	O	290MG/9C	ORAL	PACK	EA	8		NON DRUG		83744		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
83744096485	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-10MG/1	ORAL	POWD	GM	348		SSB	7/1/2024	83744		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
83744096486	GERBER	INFANT F	402000	Caloric Ag	40200000	Caloric Ag	O	0-0-0-10M	ORAL	POWD	GM	340		SSB	7/1/2024	83744		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
83745023216	HYDROX	HYDROX	282492	Anxiolytics	28249200	Anxiolytics	S	10 MG/5M	ORAL	SYRP	ML	473		GENERIC		83745		N	FORMULARY		1	GEN	GENERICS						R	MEDPRMI
83774010201	AZACITID	AZACITID	100000	Antineopla	10000000	Antineopla	S	100 MG	INJECTIO	SUSR	EA	1		GENERIC		83774		N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
83826900305	TIMOLOL	TIMOLOL	524008	UNKNOW	52400800	UNKNOW	R	0.5-0.1-2-(	OPHTHAL	SOLN	ML	5		GENERIC		83826		N	FORMULARY		1	GEN	GENERICS						R	MEDPRMI
83826900401	DEXAMET	DEXAMET	520808	Corticoste	52080800	Corticoste	R	1-5 MG/MI	INTRAOC	SOLN	ML	1		GENERIC		83826		N	EXCLUDE	SELF_INJ	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
83826900605	TIMOLOL	TIMOLOL	524004	UNKNOW	52400400	UNKNOW	R	0.5-0.1-2	OPHTHAL	SOLN	ML	5		GENERIC		83826		N	FORMULARY		1	GEN	GENERICS						R	MEDPRMI
83826901003	ATROPIN	ATROPIN	522400	Mydriatics	52240000	Mydriatics	R	0.01%	OPHTHAL	SOLN	ML	3.5	X	GENERIC		83826		N	FORMULARY		1	GEN	GENERICS						R	MEDPRMI
83826901103	ATROPIN	ATROPIN	522400	Mydriatics	52240000	Mydriatics	R	0.03%	OPHTHAL	SOLN	ML	3.5	X	GENERIC		83826		N	FORMULARY		1	GEN	GENERICS						R	MEDPRMI
83826901203	ATROPIN	ATROPIN	522400	Mydriatics	52240000	Mydriatics	R	0.05%	OPHTHAL	SOLN	ML	3.5	X	GENERIC		83826		N	FORMULARY		1	GEN	GENERICS						R	MEDPRMI
83826901405	PREDNIS	PREDNIS	520808	Corticoste	52080800	Corticoste	R	1-0.5-0.07	OPHTHAL	SOLN	ML	5		GENERIC		83826		N	FORMULARY		1	GEN	GENERICS						R	MEDPRMI
83826901608	PREDNIS	PREDNIS	520808	Corticoste	52080800	Corticoste	R	1-0.5-0.07	OPHTHAL	SOLN	ML	8		GENERIC		83826		N	FORMULARY		1	GEN	GENERICS						R	MEDPRMI
83826901708	PREDNIS	PREDNIS	520808	Corticoste	52080800	Corticoste	R	1-0.5-0.5	OPHTHAL	SOLN	ML	8		GENERIC		83826		N	FORMULARY		1	GEN	GENERICS						R	MEDPRMI
83826901805	BIMATOP	BIMATOP	524028	UNKNOW	52402800	UNKNOW	R	0.01-0.5 %	OPHTHAL	SOLN	ML	5	X	GENERIC		83826		N	FORMULARY		1	GEN	GENERICS						R	MEDPRMI
83826903305	PREDNIS	PREDNIS	520808	Corticoste	52080800	Corticoste	R	1-0.5 %	OPHTHAL	SOLN	ML	5		GENERIC		83826		N	FORMULARY		1	GEN	GENERICS						R	MEDPRMI
83826903405	MOXIFLO	MOXIFLO	520404	Antibacter	52040400	Antibacter	R	0.5-0.075	OPHTHAL	SOLN	ML	5		GENERIC		83826		N	FORMULARY		1	GEN	GENERICS						R	MEDPRMI
83826905505	PREDNIS	PREDNIS	520808	Corticoste	52080800	Corticoste	R	1-0.075 %	OPHTHAL	SOLN	ML	5		GENERIC		83826		N	FORMULARY		1	GEN	GENERICS						R	MEDPRMI
83826905702	TROPICA	TROPICA	522400	Mydriatics	52240000	Mydriatics	R	1-2.5 %	OPHTHAL	SOLN	ML	2	X	GENERIC		83826		N	FORMULARY		1	GEN	GENERICS						R	MEDPRMI
83826905902	BRIMONI	BRIMONI	524004	UNKNOW	52400400	UNKNOW	R	0.1-2 %	OPHTHAL	SOLN	ML	2	X	GENERIC		83826		N	FORMULARY		1	GEN	GENERICS						R	MEDPRMI
83831010102	DOCIVYX	DOCETAX	100000	Antineopla	10000000	Antineopla	R	20 MG/2M	INTRAVE	SOLN	ML	2		SSB		83831		N	EXCLUDE	SELF_INJ	6	SPBD2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
83831010208	DOCIVYX	DOCETAX	100000	Antineopla	10000000	Antineopla	R	80 MG/8M	INTRAVE	SOLN	ML	8		SSB		83831		N	EXCLUDE	SELF_INJ	6	SPBD2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
83831010316	DOCIVYX	DOCETAX	100000	Antineopla	10000000	Antineopla	R	160 MG/1(	INTRAVE	SOLN	ML	16		SSB		83831		N	EXCLUDE	SELF_INJ	6	SPBD2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
83831010501	POSFRE	PALONOS	562220	5-HT3 Re	56222000	5-HT3 Re	R	0.25 MG/5	INTRAVE	SOLN	ML	5		SSB		83831	Y	N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
83831011101	PEMETRE	PEMETRE	100000	Antineopla	10000000	Antineopla	R	100 MG	INTRAVE	SOLR	EA	1		SSB		83831		N	EXCLUDE	SELF_INJ	6	SPBD2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
83831011201	PEMETRE	PEMETRE	100000	Antineopla	10000000	Antineopla	R	500 MG	INTRAVE	SOLR	EA	1		SSB		83831		N	EXCLUDE	SELF_INJ	6	SPBD2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
83831011601	CYCLOPH	CYCLOPH	100000	Antineopla	10000000	Antineopla	R	500 MG/M	INTRAVE	SOLN	ML	1		MSB		83831		N	EXCLUDE	SELF_INJ	6	SPBD2	FORMULARY EXCLUSION						R	MEDPRMI
83831011702	CYCLOPH	CYCLOPH	100000	Antineopla	10000000	Antineopla	R	1 GM/2ML	INTRAVE	SOLN	ML	2		GENERIC		83831		N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
83831011804	CYCLOPH	CYCLOPH	100000	Antineopla	10000000	Antineopla	R	2 GM/4ML	INTRAVE	SOLN	ML	4		GENERIC		83831		N	EXCLUDE	SELF_INJ	4	SPGEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
83831013101	AXTLE	PEMETRE	100000	Antineopla	10000000	Antineopla	R	100 MG	INTRAVE	SOLR	EA	1		SSB		83831		N	EXCLUDE	SELF_INJ	6	SPBD2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
83831013201	AXTLE	PEMETRE	100000	Antineopla	10000000	Antineopla	R	500 MG	INTRAVE	SOLR	EA	1		SSB		83831		N	EXCLUDE	SELF_INJ	6	SPBD2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
83853010101	AQNEUR	LEVACET	929200	UNKNOW	92920000	UNKNOW	R	1 GM	ORAL	PACK	EA	28	X	SSB		83853		N	FORMULARY		5	SPBRD	SPECIALTY PREFERRED BRAND	X	PA:X				R	MEDPRMI
83881040102	LIDOPRO	METHYL S	840800	Antipruritic	84080000	Antipruritic	O	4-0.5-0.1	EXTERNA	PTCH	EA	1		SSB		83881		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
83881040130	LIDOPRO	METHYL S	840800	Antipruritic	84080000	Antipruritic	O	4-0.5-0.1	EXTERNA	PTCH	EA	30		SSB		83881		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
83881044115	LIDOTHO	LIDOCAIN	840800	Antipruritic	84080000	Antipruritic	S	4-1 %	EXTERNA	PTCH	EA	15		GENERIC		83881	N	N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION					DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
83903010044	FITNESS	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	25MG-25M	ORAL	TABS	EA	120		SSB		83903		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
83903010045	FITNESS	MULTIPLE	882800	Multivitam	88280000	Multivitam	O	0-0-0-150	ORAL	TABS	EA	120		SSB		83903		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
83903090541	HEART T/	SPECIALT	882800	Multivitam	88280000	Multivitam	O	250UNIT-	ORAL	TABS	EA	60		SSB		83903		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
83926010100	TECNU E	POISON I	840800	Antipruritic	84080000	Antipruritic	O	0-0-0	EXTERNA	LIQD	GM	113.4		NON DRUG		83926		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
83926010130	TECNU IV	POISON I	840800	Antipruritic	84080000	Antipruritic	O	2%	EXTERNA	KIT	EA	1		NON DRUG		83926		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
83926010210	TECNU R	DIPHENH	840800	Antipruritic	84080000	Antipruritic	P	2%	EXTERNA	SOLN	ML	177		GENERIC		83926		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
83926011200	TECNU O	POISON I	840800	Antipruritic	84080000	Antipruritic	O	0-0-0-0	EXTERNA	LIQD	ML	355		SSB		83926		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
83926014100	TECNU O	POISON I	840800	Antipruritic	84080000	Antipruritic	O	0-0-0-0	EXTERNA	LIQD	ML	118.29		SSB		83926		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
83926014130	TECNU O	POISON I	840800	Antipruritic	84080000	Antipruritic	O	0-0-0-0	EXTERNA	LIQD	ML	118.29		SSB		83926		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
83926024100	LICEFRE	LIMONEN	840412	Scabicides	84041200	Scabicides	O	5%	DOES NO	LIQD	ML	473.2		SSB		83926		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
83926024300	LICEFRE	HOMEOP.	929200	UNKNOW	92920000	UNKNOW	O	0	EXTERNA	SOLN	ML	177.4		NON DRUG		83926		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
83926024900	LICEFRE	HOMEOP.	929200	UNKNOW	92920000	UNKNOW	O	0	EXTERNA	KIT	EA	1		NON DRUG		83926	N	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
83980000101	HYDROX	HYDROX	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	100	X	GENERIC		83980		N	FORMULARY		1	GEN	GENERICS			X	100 IN 30 DAYS		R	MEDPRMI
83980000105	HYDROX	HYDROX	83008	Antimalari	8300800	Antimalari	S	200 MG	ORAL	TABS	EA	500	X	GENERIC		83980		N	FORMULARY		1	GEN	GENERICS			X	100 IN 30 DAYS		R	MEDPRMI
83980000201	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		83980		N	FORMULARY		1	GEN	GENERICS						R	MEDPRMI
83980000210	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC		83980		N	FORMULARY		1	GEN	GENERICS						R	MEDPRMI
83980000301	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		83980		N	FORMULARY		1	GEN	GENERICS						R	MEDPRMI
83980000310	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	40 MG	ORAL	TABS	EA	1000	X	GENERIC		83980		N	FORMULARY		1	GEN	GENERICS						R	MEDPRMI
83980000401	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	80 MG	ORAL	TABS	EA	100	X	GENERIC		83980		N	FORMULARY		1	GEN	GENERICS						R	MEDPRMI
83980000405	FUROSEM	FUROSEM	243608	UNKNOW	24360800	UNKNOW	S	80 MG	ORAL	TABS	EA	500	X	GENERIC		83980		N	FORMULARY		1	GEN	GENERICS						R	MEDPRMI
83980000501	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	100	X	GENERIC		83980		N	FORMULARY		1	GEN	GENERICS						R	MEDPRMI
83980000510	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	10 MG	ORAL	TABS	EA	1000	X	GENERIC		83980		N	FORMULARY		1	GEN	GENERICS						R	MEDPRMI
83980000601	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	100	X	GENERIC		83980		N	FORMULARY		1	GEN	GENERICS						R	MEDPRMI
83980000610	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	20 MG	ORAL	TABS	EA	1000	X	GENERIC		83980		N	FORMULARY		1	GEN	GENERICS						R	MEDPRMI
83980000701	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	40 MG	ORAL	TABS	EA	100	X	GENERIC		83980		N	FORMULARY		1	GEN	GENERICS						R	MEDPRMI
83980000710	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	40 MG	ORAL	TABS	EA	1000	X	GENERIC		83980		N	FORMULARY		1	GEN	GENERICS						R	MEDPRMI
83980000801	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	60 MG	ORAL	TABS	EA	100	X	GENERIC		83980		N	FORMULARY		1	GEN	GENERICS						R	MEDPRMI
83980000901	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	TABS	EA	100	X	GENERIC		83980		N	FORMULARY		1	GEN	GENERICS						R	MEDPRMI
83980000905	PROPRAN	PROPRAN	242000	Alpha-Adr	24200000	Alpha-Adr	S	80 MG	ORAL	TABS	EA	500	X	GENERIC		83980		N	FORMULARY		1	GEN	GENERICS						R	MEDPRMI
84093044200	HAV EZ P	MENTHOL	849200	Skin and M	84920000	Skin and M	O	3%	EXTERNA	GEL	ML	60		SSB		84093		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
84369000000	NASALCE	CALCIUM	202816	Hemostati	20281600	Hemostati	O	0	EXTERNA	MISC	EA	5		SSB		84369		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
84369000005	BLEEDCE	CALCIUM	202816	Hemostati	20281600	Hemostati	O	0	EXTERNA	MISC	EA	5		SSB		84369		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
84369000010	BLEEDCE	CALCIUM	202816	Hemostati	20281600	Hemostati	O	0	EXTERNA	MISC	EA	25		SSB		84369		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
84369000020	BLEEDCE	CALCIUM	202816	Hemostati	20281600	Hemostati	O	0	EXTERNA	MISC	EA	100		SSB		84369		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
84383011001	LENTOCI	PENICILL	81216	Penicillins	8121604	Natural Pe	R	1200000 U	INTRAMU	SUSR	EA	1		SSB		84383		N	EXCLUDE	SELF_INJ	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI

84460060130	FLORAXI	PROBIOT	560800	Antidiarrh	56080000	Antidiarrh	R	0-0	ORAL	TABS	EA	30		SSB		84460		N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND						R	MEDPRMI
84460090130	FLORRAV	MULTIPLE	882800	Multivitam	88280000	Multivitam	R	60MG-60M	ORAL	TABS	EA	30		SSB		84460		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
84521000423	SALEM S	FEEDING	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		84521		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
84521000432	SALEM S	FEEDING	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		84521		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
84521000436	SALEM S	FEEDING	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		84521		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
84521000438	SALEM S	FEEDING	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		84521		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
84521000444	SALEM S	FEEDING	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		84521		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
84521000447	SALEM S	FEEDING	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		84521		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
84521000454	SALEM S	FEEDING	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		84521		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
84521000455	SALEM S	FEEDING	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		84521		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
84521000456	SALEM S	FEEDING	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		84521		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
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84521014213	CURITY T	DIAPERS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	26		NON DRUG		84521		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
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84521016709	T.E.D. AN	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		84521		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
84521017074	KENDALL	WOUND D	849200	Skin and M	84920000	Skin and M	O	0	EXTERNA	MISC	EA	1		SSB		84521		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
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84521024967	T.E.D. AN	ELASTIC	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		84521		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI
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84527000608	PRECISI	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		84527		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION						R	MEDPRMI

86227099005	HEALTHV	INSULIN S	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		86227		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
86227099015	HEALTHV	INSULIN S	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		86227		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
86227099025	HEALTHV	INSULIN S	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		86227		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
86227099035	HEALTHV	INSULIN S	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		86227		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
86227099045	HEALTHV	INSULIN S	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		86227		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
86227099055	HEALTHV	INSULIN S	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		86227		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
86227099105	HEALTHV	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		86227		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
86227099115	HEALTHV	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		86227		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
86227099125	HEALTHV	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		86227		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
86295000020	MEDERM	EMOLLIEI	842412 Basic Oint	84241200 Basic Oint	O	0	EXTERNA	CREA	GM	55	SSB		86295		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86295000022	MEDERM	EMOLLIEI	842404 Basic Loti	84240400 Basic Loti	O	0	EXTERNA	LOTN	ML	175	SSB		86295		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86295000023	MEDERM	SOAP & C	842000 Detergent	84200000 Detergent	O	0	EXTERNA	LIQD	ML	175	SSB		86295		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86295000024	MEDERM	SOAP & C	842000 Detergent	84200000 Detergent	O	0	EXTERNA	LIQD	ML	175	SSB		86295		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86295000025	MEDERM	SOAP & C	842000 Detergent	84200000 Detergent	O	0	EXTERNA	LIQD	ML	235	SSB		86295		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86414000196	PLAX	DENTAL F	340000 Dental Ag	34000000 Dental Ag	P	0	MOUTH/T	LIQD	ML	710	GENERIC		86414	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86679041536	COMFEE	DIAPERS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	42	NON DRUG		86679		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86679041537	COMFEE	DIAPERS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		86679		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86679041538	COMFEE	DIAPERS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	42	NON DRUG		86679		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86679041539	COMFEE	DIAPERS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	36	NON DRUG		86679		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86679041540	COMFEE	DIAPERS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	31	NON DRUG		86679		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86679041541	COMFEE	DIAPERS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	27	NON DRUG		86679		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86679041542	COMFEE	DIAPERS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	23	NON DRUG		86679		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86679041543	COMFEE	DIAPERS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		86679		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86679041544	COMFEE	DIAPERS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	26	NON DRUG		86679		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86679041545	COMFEE	DIAPERS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	23	NON DRUG		86679		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86679041546	COMFEE	DIAPERS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	19	NON DRUG		86679		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86679041547	COMFEE	DIAPERS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	26	NON DRUG		86679		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86679041548	COMFEE	DIAPERS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	23	NON DRUG		86679		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86679041549	COMFEE	DIAPERS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	19	NON DRUG		86679		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86679041550	COMFEE	DIAPERS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	17	NON DRUG		86679		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86679041551	COMFEE	DIAPERS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	14	NON DRUG		86679		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86679041552	COMFEE	DIAPERS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	13	NON DRUG		86679		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86790001338	BENEFIB	WHEAT D	561200 Cathartics	56120000 Cathartics	P	0	ORAL	POWD	GM	144	MSB		86790		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION		R	MEDPRMI
86790001362	BENEFIB	WHEAT D	561200 Cathartics	56120000 Cathartics	P	0	ORAL	POWD	GM	248	MSB		86790		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION		R	MEDPRMI
86790001383	BENEFIB	WHEAT D	561200 Cathartics	56120000 Cathartics	P	0	ORAL	POWD	GM	475	MSB		86790		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION		R	MEDPRMI
86790001762	BENEFIB	WHEAT D	561200 Cathartics	56120000 Cathartics	P	0	ORAL	POWD	GM	248	GENERIC		86790		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86790001930	SLOW FE	FERROUS	200404 Iron Prepa	20040400 Iron Prepa	P	45 MG	ORAL	TBCR	EA	30	MSB		86790	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION		R	MEDPRMI
86790001960	SLOW FE	FERROUS	200404 Iron Prepa	20040400 Iron Prepa	P	45 MG	ORAL	TBCR	EA	60	MSB		86790	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION		R	MEDPRMI
86790012170	BENEFIB	BACILLUS	560800 Antidiarrh	56080000 Antidiarrh	O	10MG-1.5	ORAL	CHEW	EA	50	SSB		86790		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86790014240	BENEFIB	WHEAT D	561200 Cathartics	56120000 Cathartics	O	0	ORAL	PACK	EA	24	SSB		86790	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86790016280	BENEFIB	WHEAT D	561200 Cathartics	56120000 Cathartics	P	0	ORAL	POWD	EA	28	GENERIC		86790		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86790021380	BENEFIB	WHEAT D	561200 Cathartics	56120000 Cathartics	P	0	ORAL	POWD	GM	152	MSB		86790		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION		R	MEDPRMI
86790021620	BENEFIB	WHEAT D	561200 Cathartics	56120000 Cathartics	P	0	ORAL	POWD	GM	248	MSB		86790		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION		R	MEDPRMI
86790021830	BENEFIB	WHEAT D	561200 Cathartics	56120000 Cathartics	P	0	ORAL	POWD	GM	500	MSB		86790		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION		R	MEDPRMI
86790073895	BENEFIB	WHEAT D	561200 Cathartics	56120000 Cathartics	O	0	ORAL	CHEW	EA	100	SSB		86790		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86800010039	NEUTRO	SUNSCRE	848000 Sunscreen	84800000 Sunscreen	O	5%-3%-10	EXTERNA	AERO	GM	141	NON DRUG		86800		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86800011082	NEUTRO	SUNSCRE	848000 Sunscreen	84800000 Sunscreen	O	21.60%	EXTERNA	LOTN	ML	88	SSB		86800		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86800068770	NEUTRO	SUNSCRE	848000 Sunscreen	84800000 Sunscreen	O	3%-15%-2	EXTERNA	LOTN	ML	88	SSB		86800		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86800068790	NEUTRO	SUNSCRE	848000 Sunscreen	84800000 Sunscreen	O	5%-3%-10	EXTERNA	LOTN	ML	88	SSB		86800		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86800068795	NEUTRO	SUNSCRE	848000 Sunscreen	84800000 Sunscreen	O	5%-2%-15	EXTERNA	LOTN	ML	88	SSB		86800		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86800087025	NEUTRO	SUNSCRE	848000 Sunscreen	84800000 Sunscreen	O	3%-15%-4	EXTERNA	LOTN	ML	73	SSB		86800		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86800087260	NEUTRO	SUNSCRE	848000 Sunscreen	84800000 Sunscreen	P	4.9%-4.7%	EXTERNA	LOTN	ML	88	GENERIC	10/3/2022	86800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86800087270	NEUTRO	SUNSCRE	848000 Sunscreen	84800000 Sunscreen	P	5%-3%-10	EXTERNA	LOTN	ML	88	GENERIC		86800		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86800087272	NEUTRO	SUNSCRE	848000 Sunscreen	84800000 Sunscreen	O	3%-10%-4	EXTERNA	LOTN	ML	198	SSB		86800		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86800087274	NEUTRO	SUNSCRE	848000 Sunscreen	84800000 Sunscreen	O	3%-15%-1	EXTERNA	AERO	GM	184	SSB		86800		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86876009944	COOL-WE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		86876		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86876014531	BATH/SH	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		86876		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86876014532	BATH/SH	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		86876		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86876014533	TENNIS E	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		86876		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86876014534	TENNIS E	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		86876		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86876014535	ELBOW B	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		86876		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86876014536	ELBOW B	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		86876		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86876014537	KNEE BR	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		86876		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86876014538	KNEE BR	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		86876		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86876014539	WRIST SI	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		86876		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86876014540	WRIST SI	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		86876		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86876014541	WRIST W	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		86876		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86876014542	ANKLE L	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		86876		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86876014543	ANKLE L	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		86876		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86876014544	ANKLE W	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		86876		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86876014545	BACK SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		86876		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86876014546	BACK SU	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		86876		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86876014547	REMOVA	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		86876		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86876014548	3-IN-1 CO	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		86876		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86876015756	DUAL PA	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		86876		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
86876015954	HEAD HA	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		86876		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87473000001	GLUCON	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		87473		N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN:(8##10020, GFR	R	MEDPRMI
87473000011	GLUCON	GLUCOSE	362600 Diabetes I	36260000 Diabetes I	O	0	IN VITRO	STRP	EA	100	NON DRUG		87473		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
87473000012	GLUCON	GLUCOSE	362600 Diabetes I	36260000 Diabetes I	O	0	IN VITRO	STRP	EA	50	NON DRUG		87473		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
87473000020	PILOT CC	COVID-19	360000 Diagnostic	36000000 Diagnostic	O	0	IN VITRO	KIT	EA	1	NON DRUG		87473		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87541030131	VISCO-3	SODIUM I	929200 UNKNOW	92920000 UNKNOW	R	25 MG/2.5	INTRA-AR	SOSY	ML	2.5	SSB		87541		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
87651003267	AZO TES	URINARY	368800 Urine and	36880000 Urine and	O	0	IN VITRO	STRP	EA	3	NON DRUG		87651		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87651010167	AZO CRA	CRANBEF	929200 UNKNOW	92920000 UNKNOW	P	250-60 MC	ORAL	CAPS	EA	100	MSB		87651		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION		R	MEDPRMI
87651012253	AZO URIN	PHENAZC	840800 Antipruritic	84080000 Antipruritic	P	99.5 MG	ORAL	TABS	EA	12	MSB		87651		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION		R	MEDPRMI
87651020067	AZO CRA	CRANBEF	929200 UNKNOW	92920000 UNKNOW	O	250-30 MC	ORAL	TABS	EA	20	SSB		87651	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87651024153	AZO URIN	PHENAZC	840800 Antipruritic	84080000 Antipruritic	P	99.5 MG	ORAL	TABS	EA	24	MSB		87651		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION		R	MEDPRMI
87651030152	AZO URIN	PHENAZC	840800 Antipruritic	84080000 Antipruritic	P	95 MG	ORAL	TABS	EA	30	GENERIC		87651	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87651042067	AZO CRA	CRANBEF	929200 UNKNOW	92920000 UNKNOW	O	250-30 MC	ORAL	TABS	EA	50	SSB		87651	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87651060667	AZO YEA	HOMEOP	929200 UNKNOW	92920000 UNKNOW	O	0	ORAL	TABS	EA	60	SSB		87651	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87651076002	AZO BLA	PUMPKIN	929200 UNKNOW	92920000 UNKNOW	O	0-0	ORAL	CAPS	EA	54	SSB		87651		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87651076004	AZO YEA	HOMEOP	929200 UNKNOW	92920000 UNKNOW	O	0	ORAL	TABS	EA	20	SSB		87651	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87651076005	AZO BLA	PUMPKIN	929200 UNKNOW	92920000 UNKNOW	O	0-0	ORAL	CAPS	EA	72	SSB		87651		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87651076009	AZO CRA	CRANBEF	929200 UNKNOW	92920000 UNKNOW	P	250 MG	ORAL	CHEW	EA	40	GENERIC		87651		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87651076010	AZO CRA	CRANBEF	929200 UNKNOW	92920000 UNKNOW	P	250 MG	ORAL	CHEW	EA	72	GENERIC		87651		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87651076011	AZO URIN	METHENA	83600 Urinary Ar	8360000 Urinary Ar	P	162-162.5	ORAL	TABS	EA	24	GENERIC		87651		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87651076014	AZO BLA	PUMPKIN	929200 UNKNOW	92920000 UNKNOW	O	150MG-0-	ORAL	CAPS	EA	48	SSB		87651		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87651076015	AZO URIN	METHENA	83600 Urinary Ar	8360000 Urinary Ar	P	162-162.5	ORAL	TABS	EA	18	GENERIC		87651		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87651076016	AZO COM	LACTOBA	560800 Antidiarrh	56080000 Antidiarrh	O	0-0-0-0-0	ORAL	CAPS	EA	30	SSB		87651		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87651076018	AZO COM	LACTOBA	560800 Antidiarrh	56080000 Antidiarrh	O	0-0-0-0-0	ORAL	CAPS	EA	60	SSB		87651		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87651076019	AZO HOR	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	50MG-40M	ORAL	TABS	EA	30	SSB	1/1/2024	87651		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87651076020	AZO HOR	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	50MG-40M	ORAL	TABS	EA	30	SSB	1/1/2024	87651		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87651076021	AZO TES	URINARY	368800 Urine and	36880000 Urine and	O	0	IN VITRO	STRP	EA	2	SSB		87651		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87651076023	AZO CRA	CRANBEF	929200 UNKNOW	92920000 UNKNOW	P	250-60 MC	ORAL	CAPS	EA	120	GENERIC		87651		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87651076025	AZO COM	LACTOBA	560800 Antidiarrh	56080000 Antidiarrh	O	0-0-0-0-0	ORAL	CAPS	EA	30	SSB		87651		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87651076026	AZO D-MA	D-MANNC	929200 UNKNOW	92920000 UNKNOW	P	500 MG	ORAL	CAPS	EA	120	GENERIC		87651		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87651076028	AZO DUA	LACTOBA	560800 Antidiarrh	56080000 Antidiarrh	O	0-0-0-0-0	ORAL	CAPS	EA	30	SSB		87651		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87651076029	AZO MEN	PUMPKIN	929200 UNKNOW	92920000 UNKNOW	O	500 MG	ORAL	CAPS	EA	30	SSB	8/1/2023	87651		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87651076030	AZO BOR	BORIC AC	840416 UNKNOW	84041600 UNKNOW	P	600 MG	VAGINAL	SUPP	EA	30	GENERIC		87651		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87651076033	AZO VAG	VAGINAL	360000 Diagnostic	36000000 Diagnostic	O	0	IN VITRO	KIT	EA	2	NON DRUG		87651		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87651076052	AZO UTI/	UTI & VAC	360000 Diagnostic	36000000 Diagnostic	O	0	EXTRACC	KIT	EA	2	NON DRUG		87651		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701019001	GNP COC	HUMIDIFI	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701019002	GNP SUP	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701019003	GNP SUP	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701019004	GNP SUP	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701019006	GNP SUP	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701019007	GNP SUP	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701019008	GNP SUP	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701019009	GNP PLA	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701024725	COTTON	COTTON	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701024727	COTTON	COTTON	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	300	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701024748	COTTON	APPLICAT	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	220	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701028810	GNP DAI	LACTASE	561600 Digestants	56160000 Digestants	P	3000 UNI	ORAL	TABS	EA	120	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701037366	GNP ORA	ELECTRC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701039130	DIGITAL T	ELECTRC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040031	GNP TEM	ELECTRC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040085	GNP NAS	SALINE	529200 EENT Dru	52920000 EENT Dru	P	0.65%	NASAL	SOLN	ML	88	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040122	GNP ICE	COLD PA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040123	GNP ICE	COLD PA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040124	GNP ICE	COLD PA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040125	GNP NAS	RUBBER	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040126	DOUCHE	RUBBER	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040127	GNP EAR	RUBBER	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040129	GNP EAR	RUBBER	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040130	GNP WAT	RUBBER	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040132	GNP COT	COTTON	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	70	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040161	GNP DIGI	ELECTRC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040181	GNP PRE	PREGNA	940000 Devices	94000000 Devices	O	0	IN VITRO	TEST	EA	2	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040196	GNP ALC	ALCOHOL	840492 Local Anti-	84049200 Local Anti-	O	0-3.8%	DOES NO	SOLN	ML	473	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040233	GNP ETH	ALCOHOL	840492 Local Anti-	84049200 Local Anti-	O	70%	DOES NO	SOLN	ML	473	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040291	GNP HEA	HEATING	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040292	GNP HEA	HEATING	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040308	GNP COR	FOOT CA	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	9	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040310	GNP COR	SALICYLI	842800 Keratolytic	84280000 Keratolytic	P	40%	EXTERNA	PADS	EA	9	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040331	GNP HOT	HOT/COL	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040332	GNP COL	COLD PA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040337	GNP CAL	FOOT CA	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	6	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040342	GNP SUP	FOOT CA	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	3	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040345	GNP BAL	FOOT CA	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040377	GNP WRI	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040391	GNP LAM	FOOT CA	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040463	GNP FEV	ELECTRC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040511	GNP SAL	SODIUM C	849200 Skin and M	84920000 Skin and M	O	0.90%	EXTERNA	SOLN	GM	210	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040512	GNP LIQ	DYCLONI	840800 Antipruritic	84080000 Antipruritic	P	.2%-.75%	EXTERNA	LIQD	ML	9	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040534	GNP CRA	CRANBEF	929200 UNKNOW	92920000 UNKNOW	O	30MG-30M	ORAL	TABS	EA	50	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040542	GNP TRU	GLUCOSE	362600 Diabetes I	36260000 Diabetes I	O	0	IN VITRO	STRP	EA	50	NON DRUG		87701		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
87701040623	GNP URIN	PHENAZC	840800 Antipruritic	84080000 Antipruritic	P	97.5 MG	ORAL	TABS	EA	12	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040660	GNP SIN	SODIUM C	529200 EENT Dru	52920000 EENT Dru	P	2300-700	NASAL	KIT	EA	30	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040661	GNP SIN	SODIUM C	529200 EENT Dru	52920000 EENT Dru	P	2300-700	NASAL	PACK	EA	100	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040672	GNP IMM	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	1000MG-1	ORAL	TBEF	EA	10	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040697	GNP COT	APPLICAT	940000 Devices	94000000 Devices	O	0	DOES NO	SWAB	EA	375	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040698	GNP COT	APPLICAT	940000 Devices	94000000 Devices	O	0	DOES NO	SWAB	EA	50	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040725	GNP VITA	VITAMIN A	880400 Vitamin A	88040000 Vitamin A	P	3 MG (100	ORAL	CAPS	EA	100	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040727	GNP B-50	B-COMPL	882800 Multivitam	88280000 Multivitam	P	50MCG-50	ORAL	TBCR	EA	100	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040728	GNP B-10	B-COMPL	882800 Multivitam	88280000 Multivitam	P	100MCG-1	ORAL	TBCR	EA	50	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040729	GNP VITA	THIAMINE	880800 Vitamin B	88080000 Vitamin B	P	100MG	ORAL	TABS	EA	100	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040730	GNP VITA	PYRIDOX	880800 Vitamin B	88080000 Vitamin B	P	100MG	ORAL	TABS	EA	100	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040731	GNP VITA	CYANOC	880800 Vitamin B	88080000 Vitamin B	P	500MCG	ORAL	TABS	EA	100	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040732	GNP VITA	CYANOC	880800 Vitamin B	88080000 Vitamin B	P	1000MCG	ORAL	TBCR	EA	60	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040733	GNP FOLI	FOLIC AC	880800 Vitamin B	88080000 Vitamin B	P	400 MCG	ORAL	TABS	EA	250	GENERIC		87701		N	#N/A	ORIG_FR	10 EHB	#N/A	X THEN $0 COPAY AND TIER+1	R	MEDPRMI
87701040734	GNP BIOT	BIOTIN	880800 Vitamin B	88080000 Vitamin B	P	5000 MCG	ORAL	CAPS	EA	60	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040736	GNP NIAC	NIACIN W	882800 Multivitam	88280000 Multivitam	P	400-100 M	ORAL	CAPS	EA	100	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040737	GNP B-C	B-COMPL	882800 Multivitam	88280000 Multivitam	P	300MG-30	ORAL	TABS	EA	100	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040738	GNP VITA	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	250 MG	ORAL	TABS	EA	100	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040739	GNP VITA	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	500 MG	ORAL	TABS	EA	100	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040741	GNP VITA	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	500 MG	ORAL	TABS	EA	500	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040743	GNP VITA	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	500 MG	ORAL	CHEW	EA	100	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040744	GNP VITA	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	500-37 MC	ORAL	TABS	EA	100	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040745	GNP VITA	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	500 MG	ORAL	TBCR	EA	100	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040746	GNP VITA	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	1000 MG	ORAL	TABS	EA	100	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040747	GNP VITA	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	1000 MG	ORAL	TABS	EA	60	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040748	GNP VITA	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	10 MCG (4	ORAL	TABS	EA	100	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040749	GNP VITA	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	1000UNIT	ORAL	TABS	EA	100	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040750	GNP VITA	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	1000UNIT	ORAL	TABS	EA	200	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040751	GNP VITA	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	2000UNIT	ORAL	TABS	EA	100	GENERIC		87701	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040752	GNP VITA	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	5000UNIT	ORAL	TABS	EA	100	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040753	GNP VITA	VITAMIN E	882000 Vitamin E	88200000 Vitamin E	P	90 MG (20	ORAL	CAPS	EA	100	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040754	GNP VITA	VITAMIN E	882000 Vitamin E	88200000 Vitamin E	P	180 MG (4	ORAL	CAPS	EA	100	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040756	GNP VITA	VITAMIN E	882000 Vitamin E	88200000 Vitamin E	P	400 UNIT	ORAL	CAPS	EA	100	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040757	GNP VITA	VITAMIN E	882000 Vitamin E	88200000 Vitamin E	P	450 MG (1	ORAL	CAPS	EA	50	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040758	GNP GLU	GLUCOSA	929200 UNKNOW	92920000 UNKNOW	P	1000MG	ORAL	TABS	EA	120	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040759	GNP GLU	MISC NAT	929200 UNKNOW	92920000 UNKNOW	O	20MG-20M	ORAL	TABS	EA	50	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040760	GNP GLU	MISC NAT	929200 UNKNOW	92920000 UNKNOW	O	20MG-20M	ORAL	TABS	EA	110	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040763	GNP GLU	MISC NAT	929200 UNKNOW	92920000 UNKNOW	O	30MG-30M	ORAL	TABS	EA	80	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040764	GNP GLU	MISC NAT	929200 UNKNOW	92920000 UNKNOW	O	30MG-30M	ORAL	TABS	EA	120	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040765	GNP GLU	MISC NAT	929200 UNKNOW	92920000 UNKNOW	O	0-66.667M	ORAL	TABS	EA	80	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040766	GNP CAL	CALCIUM	401200 Replacem	40120000 Replacem	P	500-15 MC	ORAL	TABS	EA	75	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040767	GNP CAL	CALCIUM	401200 Replacem	40120000 Replacem	P	500-15 MC	ORAL	TABS	EA	160	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040768	GNP CAL	CALCIUM	401200 Replacem	40120000 Replacem	P	1500 (600	ORAL	TABS	EA	60	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040769	GNP CAL	CALCIUM	401200 Replacem	40120000 Replacem	P	600-20 MC	ORAL	TABS	EA	60	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040770	GNP CAL	CALCIUM	401200 Replacem	40120000 Replacem	P	600-20 MC	ORAL	TABS	EA	300	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040771	GNP CAL	CALCIUM	401200 Replacem	40120000 Replacem	P	600-800 M	ORAL	TABS	EA	60	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040772	GNP CAL	CALCIUM	401200 Replacem	40120000 Replacem	P	600-800 M	ORAL	CHEW	EA	60	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040773	GNP CAL	CALCIUM	401200 Replacem	40120000 Replacem	P	315MG-25	ORAL	TABS	EA	60	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040774	GNP CAL	CALCIUM	401200 Replacem	40120000 Replacem	P	315MG-25	ORAL	TABS	EA	120	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040775	GNP CAL	MULTIPLE	401200 Replacem	40120000 Replacem	P	333.333M	ORAL	TABS	EA	100	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040776	GNP IRO	FERROUS	200404 Iron Prepa	20040400 Iron Prepa	P	45 MG	ORAL	TBCR	EA	30	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040777	GNP IRO	FERROUS	200404 Iron Prepa	20040400 Iron Prepa	P	200 (65 FE	ORAL	TABS	EA	125	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040778	GNP MAG	MAGNESI	560400 Antacids a	56040000 Antacids a	P	250MG	ORAL	TABS	EA	100	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040779	GNP POT	POTASSI	401200 Replacem	40120000 Replacem	P	595 (99 K)	ORAL	TABS	EA	100	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040780	GNP ZINC	ZINC	401200 Replacem	40120000 Replacem	P	50MG	ORAL	TABS	EA	100	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040786	GNP HEA	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	200MG-20	ORAL	TABS	EA	60	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040787	GNP HEA	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	226MG-22	ORAL	CAPS	EA	60	GENERIC	6/6/2022	87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040788	GNP MEG	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	25MG-25M	ORAL	TABS	EA	90	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040789	GNP MEG	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	100MG-10	ORAL	TABS	EA	90	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040799	GNP PRE	PRENATA	882800 Multivitam	88280000 Multivitam	O	28-0.8 MG	ORAL	TABS	EA	100	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040807	GNP THE	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	90MG-90M	ORAL	TABS	EA	130	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040808	GNP ACI	PROBIOT	560800 Antidiarrh	56080000 Antidiarrh	O	0-0-0-0	ORAL	CAPS	EA	100	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040810	GNP HAI	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	0-0-50MG-	ORAL	TABS	EA	60	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040811	GNP L-LY	LYSINE	402000 Caloric Ag	40200000 Caloric Ag	O	600 MG	ORAL	TABS	EA	100	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040812	GNP LUT	LUTEIN	929200 UNKNOW	92920000 UNKNOW	P	10 MG	ORAL	TABS	EA	60	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040813	GNP MEL	MELATON	929200 UNKNOW	92920000 UNKNOW	P	3MG	ORAL	TABS	EA	100	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040814	GNP MEL	MELATON	929200 UNKNOW	92920000 UNKNOW	P	5MG	ORAL	TABS	EA	100	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040815	GNP CO	COENZYM	929200 UNKNOW	92920000 UNKNOW	P	60MG	ORAL	CAPS	EA	60	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040816	GNP CO	COENZYM	929200 UNKNOW	92920000 UNKNOW	P	100MG	ORAL	CAPS	EA	30	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040817	GNP CO	COENZYM	929200 UNKNOW	92920000 UNKNOW	P	200MG	ORAL	CAPS	EA	30	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040818	GNP FISH	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	P	1000 MG	ORAL	CAPS	EA	60	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040819	GNP FISH	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	P	1000 MG	ORAL	CAPS	EA	120	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040820	GNP FISH	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	P	1000 MG	ORAL	CPDR	EA	60	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040822	GNP FISH	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	P	1200 MG	ORAL	CPDR	EA	100	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040823	GNP FISH	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	O	840 MG	ORAL	CPDR	EA	60	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040824	GNP TRIF	OMEGA 3	929200 UNKNOW	92920000 UNKNOW	O	400MG-45	ORAL	CPDR	EA	60	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040825	GNP FLA	FLAXSEE	929200 UNKNOW	92920000 UNKNOW	P	1000 MG	ORAL	CAPS	EA	100	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040826	GNP RED	RED YEA	929200 UNKNOW	92920000 UNKNOW	P	600MG	ORAL	CAPS	EA	120	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040828	GNP CIN	CINNAMC	929200 UNKNOW	92920000 UNKNOW	P	500 MG	ORAL	CAPS	EA	100	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040829	GNP CRA	CRANBEF	929200 UNKNOW	92920000 UNKNOW	P	200MG	ORAL	CAPS	EA	90	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040830	GNP ECH	ECHINAC	929200 UNKNOW	92920000 UNKNOW	O	62.5 MG	ORAL	CAPS	EA	90	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040831	GNP EVE	EVENING	929200 UNKNOW	92920000 UNKNOW	P	500 MG	ORAL	CAPS	EA	75	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040833	GNP GIN	GINKGO E	929200 UNKNOW	92920000 UNKNOW	P	60MG	ORAL	CAPS	EA	50	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040834	GNP GIN	GINSENG	929200 UNKNOW	92920000 UNKNOW	P	100 MG	ORAL	CAPS	EA	50	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701040890	GNP COL	COLD PA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701041088	GNP DEN	DENTAL F	340000 Dental Ag	34000000 Dental Ag	O	0	DOES NO	MISC	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701041107	GNP POC	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	80	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701041134	GNP WHI	FOOT CA	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	8	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701041136	GNP WHI	FOOT CA	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	4	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701041138	GNP FLE	FOOT CA	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	8	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701041139	GNP FOA	FOOT CA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	8	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701041141	GNP PLA	FOOT CA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	6	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701041153	GNP B-12	CYANOC	880800 Vitamin B	88080000 Vitamin B	P	2500MCG	SUBLING	SUBL	EA	60	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701041154	GNP VITA	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	400UNIT	ORAL	CHEW	EA	100	GENERIC		87701	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701041166	GNP COT	COTTON	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701041167	GNP FLE	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701041171	GNP PRE	GAUZE B	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	5	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701041172	GNP VAR	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	30	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701041269	GNP D 10	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	1000UNIT	ORAL	CAPS	EA	250	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701041270	GNP CO	COENZYM	929200 UNKNOW	92920000 UNKNOW	P	100 MG	ORAL	CAPS	EA	60	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701041272	GNP GEN	SOAP & C	842000 Detergent	84200000 Detergent	O	0	EXTERNA	LIQD	ML	473	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042522	GNP FIRS	FIRST AIL	940000 Devices	94000000 Devices	O	0	COMBINA	KIT	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042598	GNP GLU	DEXTROS	682292 Antihypog	68229200 Antihypog	O	4 GM	ORAL	CHEW	EA	50	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042599	GNP GLU	DEXTROS	682292 Antihypog	68229200 Antihypog	O	4 GM	ORAL	CHEW	EA	10	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042600	GNP GLU	DEXTROS	682292 Antihypog	68229200 Antihypog	O	4 GM	ORAL	CHEW	EA	50	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042601	GNP GLU	DEXTROS	682292 Antihypog	68229200 Antihypog	O	4 GM	ORAL	CHEW	EA	10	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042602	GNP GLU	DEXTROS	682292 Antihypog	68229200 Antihypog	O	4 GM	ORAL	CHEW	EA	50	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042603	GNP GLU	DEXTROS	682292 Antihypog	68229200 Antihypog	O	4 GM	ORAL	CHEW	EA	10	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042604	GNP STE	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		87701		N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
87701042605	GNP STE	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		87701		N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
87701042606	GNP STE	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		87701		N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI

87701042608	GNP INSU	INSULIN S	940000 Devices	94000000 Devices	O	28G X 1/2'	DOES NO	MISC	EA	100	NON DRUG		87701		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
87701042610	GNP INSU	INSULIN S	940000 Devices	94000000 Devices	O	29G X 1/2'	DOES NO	MISC	EA	100	NON DRUG		87701		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
87701042611	GNP INSU	INSULIN S	940000 Devices	94000000 Devices	O	29G X 1/2'	DOES NO	MISC	EA	100	NON DRUG		87701		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
87701042612	GNP INSU	INSULIN S	940000 Devices	94000000 Devices	O	30G X 5/1	DOES NO	MISC	EA	100	NON DRUG		87701		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
87701042614	GNP INSU	INSULIN S	940000 Devices	94000000 Devices	O	30G X 5/1	DOES NO	MISC	EA	100	NON DRUG		87701		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
87701042615	GNP INSU	INSULIN S	940000 Devices	94000000 Devices	O	31G X 5/1	DOES NO	MISC	EA	100	NON DRUG		87701		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
87701042616	GNP INSU	INSULIN S	940000 Devices	94000000 Devices	O	31G X 5/1	DOES NO	MISC	EA	100	NON DRUG		87701		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
87701042617	GNP INSU	INSULIN S	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		87701		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
87701042625	GNP TRU	BLOOD G	940000 Devices	94000000 Devices	O	W/DEVICE	DOES NO	KIT	EA	1	NON DRUG		87701		N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GI	R	MEDPRMI
87701042626	GNP TRU	GLUCOSE	362600 Diabetes I	36260000 Diabetes I	O	0	IN VITRO	STRP	EA	100	NON DRUG		87701		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
87701042627	GNP TRU	GLUCOSE	362600 Diabetes I	36260000 Diabetes I	O	0	IN VITRO	STRP	EA	50	NON DRUG		87701		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
87701042629	GNP ADV	PROBIOT	560800 Antidiarrh	56080000 Antidiarrh	O	0-0-0-0-0	ORAL	CAPS	EA	60	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042631	GNP MUL	PEDIATRI	882800 Multivitam	88280000 Multivitam	O	10MG-10M	ORAL	CHEW	EA	60	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042634	GNP MEL	MELATON	929200 UNKNOW	92920000 UNKNOW	P	10MG	SUBLINGI	SUBL	EA	100	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042638	GNP VITA	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	125 MG	ORAL	CHEW	EA	60	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042640	GNP D 20	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	1000UNIT	ORAL	CHEW	EA	60	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042653	GNP TRU	GLUCOSE	362600 Diabetes I	36260000 Diabetes I	O	0	IN VITRO	STRP	EA	50	NON DRUG		87701		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
87701042683	GNP PRO	PROBIOT	560800 Antidiarrh	56080000 Antidiarrh	O	0-0-0	ORAL	CAPS	EA	30	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042712	GNP BLO	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042739	GNP TRU	BLOOD G	940000 Devices	94000000 Devices	O	W/DEVICE	DOES NO	KIT	EA	1	NON DRUG		87701		N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GI	R	MEDPRMI
87701042740	GNP DEL	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042741	GNP PUL	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042744	GNP ALO	ALOE VE	842412 Basic Oint	84241200 Basic Oint	P	0	EXTERNA	GEL	GM	453	GENERIC		87701	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042760	GNP TRU	GLUCOSE	362600 Diabetes I	36260000 Diabetes I	O	0	IN VITRO	STRP	EA	30	NON DRUG		87701		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
87701042775	GNP HEA	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	250MG-25	ORAL	CAPS	EA	120	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042777	GNP MEL	MELATON	929200 UNKNOW	92920000 UNKNOW	P	2.5 MG	ORAL	CHEW	EA	90	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042835	GNP HOT	HOT/COL	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042847	GNP REA	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042864	GNP EXT	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042865	GNP STE	GAUZE P	940000 Devices	94000000 Devices	O	2""X2""	DOES NO	PADS	EA	10	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042866	GNP ROL	GAUZE B	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042867	GNP CLE	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	30	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042868	GNP SHE	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	10	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042869	GNP NON	GAUZE P	940000 Devices	94000000 Devices	O	3""X4""	DOES NO	PADS	EA	10	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042870	GNP SHE	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	40	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042871	GNP PLA	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	60	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042873	GNP BUT	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042874	GNP FLE	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	30	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042875	GNP SHE	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	60	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042876	GNP WAT	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042877	GNP CLE	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	30	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042878	GNP FLE	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	10	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042879	GNP MINI	FIRST AID	940000 Devices	94000000 Devices	O	0	COMBINA	KIT	EA	1	NON DRU	1/28/2022	87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042880	GNP GRI	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042881	GNP GRI	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042882	GNP GRI	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042883	GNP SEL	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042884	GNP WAT	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042885	GNP STE	GAUZE P	940000 Devices	94000000 Devices	O	3""X3""	DOES NO	PADS	EA	10	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042886	GNP EAS	GLUCOSE	362600 Diabetes I	36260000 Diabetes I	O	0	IN VITRO	STRP	EA	50	NON DRUG		87701		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
87701042887	GNP EAS	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1	NON DRUG		87701		N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GI	R	MEDPRMI
87701042888	GNP EAS	BLOOD G	940000 Devices	94000000 Devices	O	0	IN VITRO	LIQD	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042903	GNP FISH	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	P	1000 MG	ORAL	CAPS	EA	300	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042907	GNP NAIL	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042915	GNP CRA	CRANBEF	929200 UNKNOW	92920000 UNKNOW	O	250-30 M	ORAL	TABS	EA	90	SSB		87701	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042916	GNP TUR	TURMERI	929200 UNKNOW	92920000 UNKNOW	P	500 MG	ORAL	CAPS	EA	50	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042920	GNP KINE	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	20	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042921	GNP KINE	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	20	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042935	GNP CUS	FOOT CA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042947	GNP 2-SE	ELECTRO	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042948	GNP TEM	ELECTRO	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042949	GNP TOU	ELECTRO	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042955	GNP LICE	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	4	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042995	GNP BLO	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701042996	GNP BLO	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043012	GNP DAI	LACTASE	561600 Digestants	56160000 Digestants	P	3000 UNI	ORAL	TABS	EA	60	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043014	GNP DEL	HEATING	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043015	GNP HEA	HEATING	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043089	GNP SAW	SAW PAL	929200 UNKNOW	92920000 UNKNOW	O	450-15 M	ORAL	CAPS	EA	50	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043101	GNP COL	COLLAGE	929200 UNKNOW	92920000 UNKNOW	O	1000-10 M	ORAL	TABS	EA	120	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043122	GNP LATI	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043123	GNP VINY	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043124	GNP NITF	DISPOSA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	50	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043146	GNP PRE	EYE GLA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043147	GNP TIGI	OPTICAL	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043148	GNP EYE	EYE GLA	940000 Devices	94000000 Devices	O	0	DOES NO	SOLN	ML	118	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043149	GNP LEN	EYE GLA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043150	GNP EYE	EYE GLA	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043178	GNP UND	INCONTI	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	14	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043179	GNP STR	INCONTI	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043180	GNP STR	INCONTI	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	16	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043181	GNP UND	INCONTI	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043184	GNP GUA	INCONTI	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	52	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043185	GNP PAD	INCONTI	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	39	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043186	GNP UND	INCONTI	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	18	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043187	GNP UND	INCONTI	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	20	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043188	GNP BRIE	INCONTI	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	16	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043223	GNP URI	URINARY	368800 Urine and	36880000 Urine and	O	0	IN VITRO	STRP	EA	3	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043233	GNP THE	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	90MG-90M	ORAL	TABS	EA	130	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043240	GNP CEN	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	100MG-10	ORAL	TABS	EA	100	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043249	GNP CEN	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	60MG-60M	ORAL	TABS	EA	30	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043259	GNP GLU	DEXTROS	682292 Antihypog	68229200 Antihypog	P	2 GM	ORAL	CHEW	EA	60	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043263	GNP DIGI	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043269	GNP ANT	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043272	GNP FOO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043273	GNP THIC	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043274	GNP SHE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043275	GNP SHE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043276	GNP SUP	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043277	GNP MED	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043278	GNP MED	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043279	GNP MED	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043280	GNP STO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043281	GNP STO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043283	GNP STO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043284	GNP DIAE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043285	GNP DAIL	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043286	GNP ANT	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043287	GNP COT	APPLICAT	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	80	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043288	GNP THIC	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043289	GNP FOO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043290	GNP FOO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043291	GNP ANT	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043292	GNP ANT	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043293	GNP DIAE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043294	GNP DIAE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043295	GNP DIAE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043296	GNP DIAE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043297	GNP DIAE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043298	GNP STO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043299	GNP STO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043300	GNP STO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043301	GNP STO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043302	GNP STO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043303	GNP STO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043304	GNP STO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043305	GNP STO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043306	GNP STO	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043307	GNP MED	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043308	GNP MED	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043309	GNP MED	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043310	GNP MED	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043312	GNP MED	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043313	GNP MED	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043314	GNP THIC	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043315	GNP SUP	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043316	GNP SUP	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043317	GNP SHE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043318	GNP SHE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043319	GNP SHE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043320	GNP DAIL	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043321	GNP DAIL	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043322	GNP SHE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043323	GNP SHE	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043334	GNP MEL	MELATON	929200 UNKNOW	92920000 UNKNOW	P	10 MG	ORAL	TBCR	EA	100	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043354	GNP EAR	RUBBER	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043356	GNP SPO	SUNSCRE	848000 Sunscreen	84800000 Sunscreen	O	5%-3%-10	EXTERNA	AERO	GM	206	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043357	GNP SUN	SUNSCRE	848000 Sunscreen	84800000 Sunscreen	O	5%-3%-10	EXTERNA	AERO	GM	206	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043358	GNP SPO	SUNSCRE	848000 Sunscreen	84800000 Sunscreen	O	5%-3%-10	EXTERNA	AERO	GM	206	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043363	GNP EAR	OVULATI	929200 UNKNOW	92920000 UNKNOW	O	0	IN VITRO	KIT	EA	11	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043364	GNP ADV	PREGNAN	940000 Devices	94000000 Devices	O	0	IN VITRO	TEST	EA	2	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043387	GNP ELE	ORAL ELE	401200 Replacem	40120000 Replacem	O	590MG/17	ORAL	PACK	EA	6	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043400	GNP IMM	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	1000MG-1	ORAL	PACK	EA	30	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043407	GNP IMM	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	1000MG-1	ORAL	PACK	EA	12	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043443	GNP PRO	LACTOBA	560800 Antidiarrh	56080000 Antidiarrh	O	200MG-0-	ORAL	CAPS	EA	30	SSB		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043453	GNP SQU	SODIUM	529200 EENT Dru	52920000 EENT Dru	P	2300-700	NASAL	KIT	EA	30	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043462	GNP D3	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	50 MCG (	ORAL	CAPS	EA	250	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043465	GNP D3	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	250 MCG	ORAL	CAPS	EA	100	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043512	GNP ASS	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	60	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043513	GNP TWE	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	24	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043515	GNP VITA	CYANOC	880800 Vitamin B	88080000 Vitamin B	P	1500 MCG	ORAL	CHEW	EA	60	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043525	GNP ICE	COLD PA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043526	GNP GEL	HOT/COL	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701043527	GNP WRI	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701048570	GNP COT	APPLICAT	940000 Devices	94000000 Devices	O	0	DOES NO	SWAB	EA	300	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701048571	COTTON	COTTON	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	130	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701052620	GNP LAN	LANCET	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701055205	GNP NAS	SALINE	529200 EENT Dru	52920000 EENT Dru	P	0.65%	NASAL	SOLN	ML	44	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701056580	GNP THE	THERMOI	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	25	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701074723	GNP ULTI	INSULIN S	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100	NON DRUG		87701		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
87701082463	GNP CHIL	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	160 MG/5	ORAL	SUSP	ML	118	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701082470	GNP CHIL	ACETAMI	280816 UNKNOW	28081600 UNKNOW	P	160 MG/5	ORAL	SUSP	ML	118	GENERIC		87701		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701086657	GNP TRU	GLUCOSE	362600 Diabetes I	36260000 Diabetes I	O	0	IN VITRO	STRP	EA	50	NON DRUG		87701		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
87701086678	GNP TRU	GLUCOSE	362600 Diabetes I	36260000 Diabetes I	O	0	IN VITRO	STRP	EA	100	NON DRUG		87701		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
87701089690	GNP COT	APPLICAT	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	80	NON DRUG		87701		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
87701092172	GNP SOR	PHENOL	522800 Mouthwas	52280000 Mouthwas	P	1.40%	MOUTH/T	LIQD	ML	177	GENERIC		87701	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88395000141	KEY-E	VITAMIN I	882000 Vitamin E	88200000 Vitamin E	O	268 MG (4	ORAL	CHEW	EA	100	SSB		88395		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88395000554	KEY-E	VITAMIN I	882000 Vitamin E	88200000 Vitamin E	O	0-0-0-0	COMBINA	SUPP	EA	24	SSB		88395		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88395000555	KEY-E	VITAMIN I	882000 Vitamin E	88200000 Vitamin E	O	0-0-0-0	COMBINA	SUPP	EA	12	SSB		88395		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88395001121	VITAMIN	VITAMIN	880400 Vitamin A	88040000 Vitamin A	P	3 MG (100	ORAL	CAPS	EA	100	GENERIC		88395		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88395001131	VITAMIN	VITAMIN	880400 Vitamin A	88040000 Vitamin A	P	7.5 MG (2	ORAL	CAPS	EA	100	GENERIC		88395		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88395001161	VITAMIN	VITAMIN	880400 Vitamin A	88040000 Vitamin A	P	7.5 MG (2	ORAL	CAPS	EA	100	GENERIC		88395		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88395001250	BABY SU	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	10 MCG /	ORAL	LIQD	ML	10.3	GENERIC		88395		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88395001270	SUPER D	CHOLECA	881600 Vitamin D	88160000 Vitamin D	O	25 MCG /	ORAL	LIQD	ML	10.3	SSB		88395	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88395001280	SUPER D	CHOLECA	881600 Vitamin D	88160000 Vitamin D	O	50 MCG /	ORAL	LIQD	ML	10.3	SSB		88395		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88395001311	COD LIVE	COD LIVE	882800 Multivitam	88280000 Multivitam	P	133.333U	ORAL	CAPS	EA	100	GENERIC		88395		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88395001312	COD LIVE	COD LIVE	882800 Multivitam	88280000 Multivitam	P	133.333U	ORAL	CAPS	EA	250	GENERIC		88395		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88395001321	NORWEG	COD LIVE	882800 Multivitam	88280000 Multivitam	O	4.6GM/5M	ORAL	OIL	ML	250	SSB		88395		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88395001322	NORWEG	COD LIVE	882800 Multivitam	88280000 Multivitam	O	4.6GM/5M	ORAL	OIL	ML	500	SSB		88395		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88395001353	COD LIVE	COD LIVE	882800 Multivitam	88280000 Multivitam	O	2.3GM/2.5	ORAL	OIL	ML	250	SSB		88395		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88395001391	COD LIVE	COD LIVE	882800 Multivitam	88280000 Multivitam	P	110MG-11	ORAL	CAPS	EA	150	GENERIC		88395		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88395001393	COD LIVE	COD LIVE	882800 Multivitam	88280000 Multivitam	P	110MG-11	ORAL	CAPS	EA	300	GENERIC		88395		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88395001421	VITAMIN	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	250 MCG	ORAL	CAPS	EA	120	GENERIC		88395		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88395001441	VITAMIN	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	10 MCG (	ORAL	CAPS	EA	100	GENERIC		88395		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88395001451	VITAMIN	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	25 MCG (	ORAL	CAPS	EA	100	GENERIC		88395		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88395001452	VITAMIN	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	25 MCG (	ORAL	CAPS	EA	250	GENERIC		88395		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88395001540	THE VER	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	P	500MG/5M	ORAL	LIQD	ML	200	GENERIC		88395		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88395001543	THE VER	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	P	250MG/2.5	ORAL	LIQD	ML	200	GENERIC		88395		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88395001545	THE VER	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	P	500MG/5M	ORAL	LIQD	ML	500	GENERIC		88395		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88395001550	SUPER D	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	P	1000 MG	ORAL	CAPS	EA	60	GENERIC		88395		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88395001552	SUPER D	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	P	1000 MG	ORAL	CAPS	EA	180	GENERIC		88395		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88395001553	SUPER D	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	P	1000 MG	ORAL	CAPS	EA	240	GENERIC		88395		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88395001653	THE VER	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	P	250MG/2.5	ORAL	LIQD	ML	200	GENERIC		88395		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88395001900	BABY DD	CHOLECA	881600 Vitamin D	88160000 Vitamin D	O	10 MCG/0	ORAL	LIQD	ML	11	SSB		88395		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88395001910	DDROPS	CHOLECA	881600 Vitamin D	88160000 Vitamin D	O	25 MCG/0	ORAL	LIQD	ML	11	SSB		88395		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88395001920	DDROPS	CHOLECA	881600 Vitamin D	88160000 Vitamin D	O	50 MCG/0	ORAL	LIQD	ML	11	SSB		88395		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88395002022	B-COMPL	B-COMPL	882800 Multivitam	88280000 Multivitam	P	50MCG-5	ORAL	TABS	EA	250	GENERIC		88395		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88395002071	B-COMPL	B-COMPL	882800 Multivitam	88280000 Multivitam	P	100MCG-1	ORAL	TABS	EA	100	GENERIC		88395		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88395002211	B-2	RIBOFLA	880800 Vitamin B	88080000 Vitamin B	P	100 MG	ORAL	TABS	EA	100	GENERIC		88395		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88395002432	B-12-SL	CYANOC	880800 Vitamin B	88080000 Vitamin B	P	1000MCG	SUBLINGI	SUBL	EA	180	GENERIC		88395		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88395002434	B-12-SL	CYANOC	880800 Vitamin B	88080000 Vitamin B	P	1000MCG	SUBLINGI	SUBL	EA	90	GENERIC		88395		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88395002481	BIOTIN	BIOTIN	880800 Vitamin B	88080000 Vitamin B	P	1000 MCG	ORAL	TABS	EA	100	GENERIC		88395		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88395004611	NUTRA-S	MULTIPLE	401200 Replacem	40120000 Replacem	O	1MG-200M	ORAL	CAPS	EA	90	SSB		88395		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88395005280	SELENIU	SELENIU	401200 Replacem	40120000 Replacem	P	200 MCG	ORAL	CAPS	EA	60	GENERIC		88395		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88395005282	SELENIU	SELENIU	401200 Replacem	40120000 Replacem	P	200 MCG	ORAL	CAPS	EA	180	GENERIC		88395		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88395008770	PHOSPH	PHOSPH	562400 Lipotropic	56240000 Lipotropic	P	100 MG	ORAL	CAPS	EA	30	MSB		88395		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION		R	MEDPRMI
88395014110	VITAMIN	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	125 MCG	ORAL	CAPS	EA	120	GENERIC		88395		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88813000024	WET-STO	MISC. DE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		88813		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88853000008	DR SCHO	SALICYLI	842800 Keratolytic	84280000 Keratolytic	O	17%	EXTERNA	KIT	EA	1	SSB		88853		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88853000058	DR SCHO	POWDER	842416 Basic Pow	84241600 Basic Pow	O	0-13%-0-0	EXTERNA	AERP	GM	133	SSB		88853	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88853000113	DR SCHO	SALICYLI	842800 Keratolytic	84280000 Keratolytic	P	40%	EXTERNA	PADS	EA	8	GENERIC		88853		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88853000116	DR SCHO	SALICYLI	842800 Keratolytic	84280000 Keratolytic	P	40%	EXTERNA	PADS	EA	18	MSB		88853		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION		R	MEDPRMI
88853059022	DR SCHO	FOOT CA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		88853		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88853059037	DR SCHO	FOOT CA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		88853		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88853059038	DR SCHO	FOOT CA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		88853		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88853059048	DR SCHO	FOOT CA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		88853		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88853059062	DR SCHO	FOOT CA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		88853		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88853059064	DR SCHO	FOOT CA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		88853		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88853059066	DR SCHO	FOOT CA	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	2	NON DRUG		88853		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88856000030	K-PAX IM	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	125MG-15	ORAL	TABS	EA	4	SSB		88856		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88856000055	K-PAX PR	NUTRITIC	402000 Caloric Ag	40200000 Caloric Ag	O	250MG/30	ORAL	POWD	GM	975	SSB		88856		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88856000060	K-PAX IM	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	125MG-15	ORAL	TABS	EA	4	SSB		88856		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88901000001	MIDNITE	MISC NAT	929200 UNKNOW	92920000 UNKNOW	O	0-0-0-1.5M	ORAL	CHEW	EA	30	SSB		88901		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88901000006	MIDNITE	MISC NAT	929200 UNKNOW	92920000 UNKNOW	O	0-0-0-1.5M	ORAL	CHEW	EA	10	SSB		88901		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88901000007	MIDNITE	MISC NAT	929200 UNKNOW	92920000 UNKNOW	O	20MG-0-0	ORAL	CHEW	EA	28	SSB		88901		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88901000024	MIDNITE	MISC NAT	929200 UNKNOW	92920000 UNKNOW	O	0-15MG-0-	ORAL	CHEW	EA	28	SSB		88901		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
88912004063	PROCARI	ELASTIC	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		88912	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
89076010857	HEART S	SPECIALT	882800 Multivitam	88280000 Multivitam	O	15MG-50M	ORAL	CAPS	EA	120	SSB		89076		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
89076034911	MEDNEB	NEBULIZE	940000 Devices	94000000 Devices	R	0	DOES NO	MISC	EA	1	NON DRUG		89076		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
89076034921	MEDNEB	NEBULIZE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		89076		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
89076055117	MEDNEB	NEBULIZE	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1	NON DRUG		89076		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
89076077142	BENFOTI	BENFOTI	880800 Vitamin B	88080000 Vitamin B	P	150 MG	ORAL	CAPS	EA	120	GENERIC		89076		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
89076077152	BENFOTI	BENFOTI	880800 Vitamin B	88080000 Vitamin B	P	150 MG	ORAL	CAPS	EA	120	GENERIC		89076		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
89076081573	LIPIDSHI	SPECIALT	882800 Multivitam	88280000 Multivitam	O	0-0-0-0-0	ORAL	TABS	EA	60	SSB		89076		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
89076086722	BENFOTI	B-COMPL	882800 Multivitam	88280000 Multivitam	P	150MG-50	ORAL	CAPS	EA	120	GENERIC		89076		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
89109010801	MUGARD	ORAL WC	849200 Skin and M	84920000 Skin and M	R	0-0	MOUTH/T	LIQD	ML	240	SSB		89109		N	EXCLUDE	N/A: [DRU	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
89115005001	QUINTET	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1	NON DRUG		89115		N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GI	R	MEDPRMI
89115005102	QUINTET	GLUCOSE	362600 Diabetes I	36260000 Diabetes I	O	0	IN VITRO	STRP	EA	25	NON DRUG		89115		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
89115005202	QUINTET	BLOOD G	940000 Devices	94000000 Devices	O	0	IN VITRO	SOLN	EA	1	NON DRUG		89115		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
89115005501	QUINTET	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1	NON DRUG		89115		N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GI	R	MEDPRMI
89115005902	QUINTET	GLUCOSE	362600 Diabetes I	36260000 Diabetes I	O	0	IN VITRO	STRP	EA	25	NON DRUG		89115		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
89116000018	ACUICYN	EYELID C	849200 Skin and M	84920000 Skin and M	R	0-0-0	EXTERNA	SOLN	ML	38	SSB		89116		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
89116000020	ZANABIN	WOUND D	849200 Skin and M	84920000 Skin and M	R	0	EXTERNA	GEL	GM	113	SSB		89116		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
89116000022	ACUICYN	EYELID C	849200 Skin and M	84920000 Skin and M	R	0-0-0	EXTERNA	SOLN	ML	80	SSB		89116		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
89116000050	MICROCY	WOUND C	849200 Skin and M	84920000 Skin and M	R	0.02%	EXTERNA	LIQD	ML	236	SSB		89116		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
89116000075	MICROCY	WOUND C	849200 Skin and M	84920000 Skin and M	R	.008%-.06	EXTERNA	GEL	GM	43	SSB		89116		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
89116000080	MICROCY	WOUND C	849200 Skin and M	84920000 Skin and M	R	.008%-0-0	EXTERNA	GEL	GM	86	SSB		89116		N	NON-FORMULARY		3 BRND2	NON-PREFERRED BRAND		R	MEDPRMI

89117000000	NASONE	NASAL NE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		89117			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89117000001	NASONE	NASAL NE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		89117			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89117000006	NASONE	NASAL NE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		89117			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89117000030	NASONE	NASAL NE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		89117			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89122049601	HYMOVIS	HYALURC	929200	UNKNOW	92920000	UNKNOW	R	24 MG/3M	INTRA-AR	SOSY	ML	3		SSB		89122			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
89122049663	HYMOVIS	HYALURC	929200	UNKNOW	92920000	UNKNOW	R	24 MG/3M	INTRA-AR	SOSY	ML	3		SSB		89122			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
89122072412	HYALGAN	SODIUM H	929200	UNKNOW	92920000	UNKNOW	R	20 MG/2M	INTRA-AR	SOLN	ML	2		SSB		89122			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
89122072420	HYALGAN	SODIUM H	929200	UNKNOW	92920000	UNKNOW	R	20 MG/2M	INTRA-AR	SOSY	ML	2		SSB		89122			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
89122087901	TRILURO	SODIUM H	929200	UNKNOW	92920000	UNKNOW	R	20 MG/2M	INTRA-AR	SOSY	ML	2		SSB		89122			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
89126100101	TOPI-CLI	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		89126			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89126100201	TOPI-CLI	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		89126			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89126100301	TOPI-CLI	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		89126			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89126100401	TOPI-CLI	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		89126			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89126100501	TOPI-CLI	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		89126			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89126100601	TOPI-CLI	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		89126			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89126100701	TOPI-CLI	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		89126			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89126100801	TOPI-CLI	MISC. DE	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		89126			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89126103525	TOPI-CLI	MISC. DE	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		89126			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89126114010	TOPI-CLI	MISC. DE	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		89126			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89126133525	TOPI-CLI	MISC. DE	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	1		NON DRUG		89126			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89128000101	NEUTEK 2	BLOOD G	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		SSB		89128			N	EXCLUDE	N/A: [DRU	20		FORMULARY EXCLUSION			FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GF	R	MEDPRIM
89128000201	NEUTEK 2	BLOOD G	940000	Devices	94000000	Devices	O	0	IN VITRO	SOLN	EA	1		NON DRUG		89128			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89128010001	NEUTEK 2	GLUCOSE	362600	Diabetes M	36260000	Diabetes M	O	0	IN VITRO	STRP	EA	100		NON DRUG		89128			N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
89128015001	NEUTEK 2	GLUCOSE	362600	Diabetes M	36260000	Diabetes M	O	0	IN VITRO	STRP	EA	50		NON DRUG		89128			N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
89129010001	BLUESTA	BLOOD G	940000	Devices	94000000	Devices	R	0	DOES NO	DEVI	EA	1		SSB		89129			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89129010002	BLUESTA	BLOOD G	940000	Devices	94000000	Devices	O	0	DOES NO	DEVI	EA	1		SSB		89129			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89130202001	DUROLAN	SODIUM H	929200	UNKNOW	92920000	UNKNOW	R	60 MG/3M	INTRA-AR	PRSY	ML	3		SSB		89130			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
89130311101	GELSYN-3	SODIUM H	929200	UNKNOW	92920000	UNKNOW	R	16.8 MG/2	INTRA-AR	SOSY	ML	2		SSB		89130			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
89130444401	SUPARTZ	SODIUM H	929200	UNKNOW	92920000	UNKNOW	R	25 MG/2.5	INTRA-AR	SOSY	ML	2.5		SSB		89130			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
89134050202	MAXI-COI	INSULIN S	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		89134			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRIM
89134050302	MAXI-COI	INSULIN S	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		89134			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRIM
89134052602	MAXICOM	INSULIN S	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		89134			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRIM
89134052702	MAXICOM	INSULIN S	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		89134			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRIM
89134052802	ULTRA-TH	INSULIN S	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		89134			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRIM
89134052902	ULTRA-TH	INSULIN S	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		89134			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRIM
89134061802	ULTRA-TH	INSULIN S	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		89134			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRIM
89134062002	ULTRA-TH	INSULIN S	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		89134			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRIM
89134062202	ULTRA-TH	INSULIN F	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		89134			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRIM
89134062501	MAXI-COI	INSULIN F	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		89134			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRIM
89134062601	MAXI-COI	INSULIN F	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		89134			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRIM
89134063002	ULTRA-TH	INSULIN F	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		89134			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRIM
89134063102	ULTRA-TH	INSULIN F	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		89134			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRIM
89134072202	ULTRA-TH	INSULIN S	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		89134			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRIM
89134072602	ULTRA-TH	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		89134			N	FORMULARY		2	BRAND	PREFERRED BRAND				R	MEDPRIM
89134072802	ULTRA-TH	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		89134			N	FORMULARY		2	BRAND	PREFERRED BRAND				R	MEDPRIM
89134074002	ULTRA-TH	INSULIN S	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		89134			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRIM
89134074202	ULTRA-TH	INSULIN S	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		89134			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRIM
89134074402	ULTRA-TH	INSULIN S	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		89134			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRIM
89134075802	MINI LAN	LANCET D	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		89134			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89134310401	MAXICOM	INSULIN F	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		89134			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRIM
89134320801	ULTRA TH	INSULIN F	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		89134			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRIM
89134321001	AIMSCO 1	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		89134			N	FORMULARY		2	BRAND	PREFERRED BRAND				R	MEDPRIM
89134331001	AIMSCO 1	LANCETS	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		89134			N	FORMULARY		2	BRAND	PREFERRED BRAND				R	MEDPRIM
89141012301	SOLTAMO	TAMOXIF	681612	Estrogen A	68161200	Estrogen A	R	10 MG/5M	ORAL	SOLN	ML	150	X	SSB	6/30/2022	89141			N	FORMULARY		2	BRAND	PREFERRED BRAND				R	MEDPRIM
89141025014	ORAVIG	MICONAZ	840408	Antifungal	84040808	Azoles	R	50 MG	BUCCAL	TABS	EA	14		SSB	1/31/2022	89141			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRIM
89141044430	ZUPLENZ	ONDANSE	562220	5-HT3 Re	56222000	5-HT3 Re	R	4 MG	ORAL	FILM	EA	30		SSB	6/9/2022	89141			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
89141045602	GELCLAIR	POVIDON	849200	Skin and M	84920000	Skin and M	R	0-0-0-0	MOUTH/T	GEL	ML	15		SSB	9/20/2024	89141			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
89141045603	GELCLAIR	POVIDON	849200	Skin and M	84920000	Skin and M	R	0-0-0-0	MOUTH/T	GEL	ML	15		SSB	9/20/2024	89141			N	EXCLUDE	EXCLUDE	20		FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
89152000401	T:SLIM X2	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	DEVI	EA	1		NON DRUG		89152			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRIM
89152000901	T:SLIM X2	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	DEVI	EA	1		NON DRU	3/7/2024	89152			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND				R	MEDPRIM
89152031177	TANDEM	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	KIT	EA	1		NON DRUG		89152			N	NON-FORMULARY		3	BRND2	NON-PREFERRED BRAND	X	PA:X		R	MEDPRIM
89152031187	AUTOSOF	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	30		NON DRU	7/22/2024	89152			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89152031197	AUTOSOF	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	6		NON DRU	7/22/2024	89152			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89152031207	AUTOSOF	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	20		NON DRU	7/22/2024	89152			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89152031217	AUTOSOF	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	30		NON DRU	7/22/2024	89152			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89152031227	TRUSTEE	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	20		NON DRU	7/22/2024	89152			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89152077805	TANDEM	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	2		NON DRUG		89152			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89152118005	T:SLIM X2	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	10		NON DRUG		89152			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89152139005	T:FLEX T:	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	10		NON DRUG		89152		Y	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89152168005	AUTOSOF	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	10		NON DRUG		89152			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89152168105	AUTOSOF	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	10		NON DRUG		89152			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89152168205	AUTOSOF	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	10		NON DRUG		89152			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89152168305	AUTOSOF	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	10		NON DRUG		89152			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89152172805	AUTOSOF	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	10		NON DRUG		89152			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89152172905	AUTOSOF	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	10		NON DRUG		89152			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89152254105	T:SLIM X2	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	10		NON DRUG		89152		Y	N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89152281705	AUTOSOF	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	10		NON DRUG		89152			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89152281805	AUTOSOF	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	10		NON DRUG		89152			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89152281905	AUTOSOF	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	10		NON DRUG		89152			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89152282005	AUTOSOF	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	10		NON DRUG		89152			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89152282105	AUTOSOF	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	10		NON DRUG		89152			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89152282205	AUTOSOF	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	10		NON DRUG		89152			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89152282305	AUTOSOF	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	10		NON DRUG		89152			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89152282405	AUTOSOF	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	10		NON DRUG		89152			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89152282505	AUTOSOF	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	10		NON DRUG		89152			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89152282605	AUTOSOF	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	10		NON DRUG		89152			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89152282705	VARISOF	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	10		NON DRUG		89152			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89152282805	VARISOF	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	10		NON DRUG		89152			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89152283005	VARISOF	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	10		NON DRUG		89152			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89152283205	VARISOF	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	10		NON DRUG		89152			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89152283305	TRUSTEE	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	10		NON DRUG		89152			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89152283405	TRUSTEE	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	10		NON DRUG		89152			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89152283505	TRUSTEE	INSULIN I	940000	Devices	94000000	Devices	R	0	DOES NO	MISC	EA	10		NON DRUG		89152			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
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89165400003	MOMMA B	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		89165			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89165400004	MOMMA B	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	3		NON DRUG		89165			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89165500001	MOMMA N	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		89165			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89165500002	MOMMA N	FEEDING	940000	Devices	94000000	Devices	O	0	DOES NO	MISC	EA	2		NON DRUG		89165			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89167024850	UNISTRIP	GLUCOSE	362600	Diabetes M	36260000	Diabetes M	O	0	IN VITRO	STRP	EA	50		NON DRUG		89167			N	EXCLUDE	EXCLUDE	3	BRND2	FORMULARY EXCLUSION			DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRIM
89167036210	UNISTRIP	BLOOD G	940000	Devices	94000000	Devices	O	0	IN VITRO	SOLN	EA	1		NON DRUG		89167			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89167037320	UNISTRIP	BLOOD G	940000	Devices	94000000	Devices	O	0	IN VITRO	SOLN	EA	1		NON DRUG		89167			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89269000101	COROME	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	O	12MG/2.5	ORAL	EMUL	GM	2.5		SSB		89269	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89269000106	COROME	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	O	12MG/2.5	ORAL	EMUL	GM	2.5		SSB		89269	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89269045202	COROME	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	O	12MG/2.5	ORAL	EMUL	GM	2.5		SSB	7/29/2024	89269	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89269045206	COROME	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	O	12MG/2.5	ORAL	EMUL	GM	2.5		SSB	7/29/2024	89269	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89269045222	COROME	FISH OIL-	929200	UNKNOW	92920000	UNKNOW	O	12MG/2.5	ORAL	EMUL	GM	2.5		SSB		89269			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89269045226	COROME	FISH OIL-	929200	UNKNOW	92920000	UNKNOW	O	12MG/2.5	ORAL	EMUL	GM	2.5		SSB		89269			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89269045242	COROME	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	O	12MG/2.5	ORAL	EMUL	GM	2.5		SSB		89269			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89269045302	PRENATA	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	O	150MG/1.8	ORAL	EMUL	GM	1.8		SSB	7/29/2024	89269			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89269045422	COROME	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	O	12MG/2.5	ORAL	EMUL	GM	2.5		SSB	7/29/2024	89269	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89269045426	COROME	OMEGA-3	929200	UNKNOW	92920000	UNKNOW	O	12MG/2.5	ORAL	EMUL	GM	2.5		SSB	7/29/2024	89269	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89269045502	HEALTHY	COENZYM	929200	UNKNOW	92920000	UNKNOW	O	50MG/2.5	ORAL	EMUL	GM	2.5		SSB	7/29/2024	89269			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89411012201	VANQUIS	ASPIRIN-/	280804	Nonsteroi	28080424	Salicylates	O	227-194-3	ORAL	TABS	EA	100		SSB		89411			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89411012208	VANQUIS	ASPIRIN-/	280804	Nonsteroi	28080424	Salicylates	P	250-250-6	ORAL	TABS	EA	100		GENERIC		89411	N		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89411012301	FERGON	FERROUS	200404	Iron Prepa	20040400	Iron Prepa	P	240 (27 FE	ORAL	TABS	EA	100		GENERIC		89411			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89411029101	NU-IRON	POLYSAC	200404	Iron Prepa	20040400	Iron Prepa	P	150 MG	ORAL	CAPS	EA	100		GENERIC		89411			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89411035116	ELDERTO	B-COMPL	882800	Multivitam	88280000	Multivitam	P	13.5%-.8M	ORAL	LIQD	ML	473		GENERIC		89411			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89411043100	CHARCOC	CHARCO/	560400	Antacids a	56040000	Antacids a	P	260 MG	ORAL	CAPS	EA	36		GENERIC		89411	N		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89411043110	CHARCOC	CHARCO/	560400	Antacids a	56040000	Antacids a	P	260 MG	ORAL	CAPS	EA	100		GENERIC		89411	N		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89411043120	REQUA A	CHARCO/	560400	Antacids a	56040000	Antacids a	P	260 MG	ORAL	CAPS	EA	100		GENERIC		89411			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89411065000	URINOZIN	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	35MG-.02	ORAL	CAPS	EA	60		SSB		89411	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89411065005	URINOZIN	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	.023MG-2.	ORAL	CAPS	EA	500		SSB		89411			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89411065012	URINOZIN	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-67.5MG-	ORAL	TABS	EA	60		SSB		89411	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89411065025	URINOZIN	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	4.8MCG-4	ORAL	CAPS	EA	250		NON DRUG		89411			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89411065030	URINOZIN	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	4.8MCG-4	ORAL	CAPS	EA	30		NON DRUG		89411			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89411080060	PRELIEF	CALCIUM	929200	UNKNOW	92920000	UNKNOW	O	340 (65-50	ORAL	TABS	EA	60		SSB		89411	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89411080070	PRELIEF	CALCIUM	929200	UNKNOW	92920000	UNKNOW	O	340 (65-50	ORAL	TABS	EA	300		SSB		89411	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89411080120	PRELIEF	CALCIUM	929200	UNKNOW	92920000	UNKNOW	O	340 (65-50	ORAL	TABS	EA	120		SSB		89411	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89476031503	ALBOLEN	SOAP & C	842000	Detergent	84200000	Detergent	O	0-0	EXTERNA	CREA	GM	85		SSB		89476			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89476031506	ALBOLEN	SOAP & C	842000	Detergent	84200000	Detergent	O	0-0	EXTERNA	CREA	GM	170		SSB		89476			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89476031612	ALBOLEN	SOAP & C	842000	Detergent	84200000	Detergent	O	0-0	EXTERNA	CREA	GM	340		SSB		89476			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89476041204	ABSORBI	MENTHOL	849200	Skin and M	84920000	Skin and M	O	4%	EXTERNA	LIQD	ML	118		SSB		89476			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89476041218	ABSORBI	MENTHOL	849200	Skin and M	84920000	Skin and M	P	5%	EXTERNA	PTCH	EA	1		GENERIC		89476			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89476041236	ABSORBI	MENTHOL	849200	Skin and M	84920000	Skin and M	P	5%	EXTERNA	PTCH	EA	1		MSB		89476			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRIM
89476041318	ABSORBI	MENTHOL	849200	Skin and M	84920000	Skin and M	O	6.50%	EXTERNA	PTCH	EA	1		SSB		89476			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89476041336	ABSORBI	MENTHOL	849200	Skin and M	84920000	Skin and M	O	6.50%	EXTERNA	PTCH	EA	1		SSB		89476			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89476051090	LIPO FLA	VITAMINS	882800	Multivitam	88280000	Multivitam	P	100MG-10	ORAL	TABS	EA	90		GENERIC		89476			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89476051100	LIPO FLA	VITAMINS	882800	Multivitam	88280000	Multivitam	P	100MG-10	ORAL	TABS	EA	100		GENERIC		89476			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89476051240	CYSTEX	METHENA	83600	Urinary Ar	8360000	Urinary Ar	P	162-162.5	ORAL	TABS	EA	40		GENERIC		89476			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89476051476	CYSTEX	MISC NAT	929200	UNKNOW	92920000	UNKNOW	O	0-0-0-0	ORAL	LIQD	ML	225		SSB		89476			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89476051760	CYSTEX	CRANBEF	929200	UNKNOW	92920000	UNKNOW	O	254MG-0-	ORAL	CAPS	EA	60		SSB		89476			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89476071626	CERTAIN	DERMATO	849200	Skin and M	84920000	Skin and M	O	20%	EXTERNA	STCK	GM	74		NON DRUG		89476			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89476081506	BABY AN	CALAMIN	841200	Astringent	84120000	Astringent	O	8%	EXTERNA	POWD	GM	170		SSB		89476			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89476081606	LADY AN	POWDER	842416	Basic Pow	84241600	Basic Pow	O	0-0	EXTERNA	POWD	GM	170		SSB		89476			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89476081701	ANTI MON	POWDER	842416	Basic Pow	84241600	Basic Pow	O	0-0	EXTERNA	POWD	GM	43		NON DRUG		89476			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89476081730	ANTI MON	POWDER	842416	Basic Pow	84241600	Basic Pow	O	0-0	EXTERNA	POWD	GM	170		NON DRUG		89476	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89476081766	ANTI MON	POWDER	842416	Basic Pow	84241600	Basic Pow	O	0-0	EXTERNA	POWD	GM	170		NON DRUG		89476			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89476081780	AMB ANT	POWDER	842416	Basic Pow	84241600	Basic Pow	O	0-0	EXTERNA	POWD	GM	227		SSB		89476	N		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
89901053787	ZANFEL	POISON I	840800	Antipruritic	84080000	Antipruritic	P	0-0	EXTERNA	MISC	GM	30		MSB		89901			N	EXCLUDE	N/A: [DRU	3	BRND2	FORMULARY EXCLUSION				R	MEDPRIM
90011001006	B-RIGHT	B-COMPL	882800	Multivitam	88280000	Multivitam	O	300MCG-3	ORAL	CAPS	EA	100		SSB		90011			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
90011001016	INOSITOL	INOSITOL	562400	Lipotropic	56240000	Lipotropic	O	0	ORAL	POWD	GM	227		GENERIC		90011			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
90011001024	INOSITOL	INOSITOL	562400	Lipotropic	56240000	Lipotropic	O	0	ORAL	POWD	GM	100		GENERIC		90011			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
90011001030	D-RIBOSE	D-RIBOSE	929200	UNKNOW	92920000	UNKNOW	O	0	ORAL	POWD	GM	200		GENERIC		90011			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
90011002001	L-CARNIT	LEVOCAR	402000	Caloric Ag	40200000	Caloric Ag	P	500 MG	ORAL	CAPS	EA	50		GENERIC		90011			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
90011002002	L-CARNIT	LEVOCAR	402000	Caloric Ag	40200000	Caloric Ag	P	500 MG	ORAL	CAPS	EA	100		GENERIC		90011			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
90011002014	LEVOCAR	LEVOCAR	402000	Caloric Ag	40200000	Caloric Ag	P	500 MG	ORAL	CAPS	EA	100		GENERIC		90011			N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
90011003001	JARRO-D	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0-0-0	ORAL	CAPS	EA	100		SSB		90011			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
90011003004	S. BOULA	SACCHAR	560800	Antidiarrhe	56080000	Antidiarrhe	O	250MG-20	ORAL	CPDR	EA	90		SSB		90011			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
90011003012	JARRO-D	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0-0-0	ORAL	CAPS	EA	200		SSB		90011			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
90011003013	JARRO-D	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0-0-0-0	ORAL	POWD	GM	71		SSB		90011	Y		N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
90011003020	JARRO-D	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	O	0-0-0-0-0	ORAL	CPDR	EA	60		SSB		90011			N	EXCLUDE	N/A: [DRU	3	BRND2	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM
90011003021	YUM-YUM	PROBIOT	560800	Antidiarrhe	56080000	Antidiarrhe	P	0-0-0-0	ORAL	CHEW	EA	60		GENERIC		90011	N		N	EXCLUDE	N/A: [DRU	1	GEN	OPTIONAL BENEFIT EXCLUSION				R	MEDPRIM

92961004030	ESTROVE	RHUBARE	929200 UNKNOW	92920000 UNKNOW	O	4 MG	ORAL	TABS	EA	56		SSB	9/23/2022	92961		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
92961004032	ESTROVE	BLACK C(	929200 UNKNOW	92920000 UNKNOW	O	40-56-300	ORAL	CAPS	EA	60		SSB		92961		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
92961004034	ESTROVE	RHUBARE	929200 UNKNOW	92920000 UNKNOW	O	4 MG	ORAL	TABS	EA	60		SSB		92961		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
92961004050	ESTROVE	PROBIOT	560800 Antidiarrh	56080000 Antidiarrh	O	2.4MCG-2	ORAL	CAPS	EA	30		SSB		92961		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93169000206	KT TAPE	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	20		NON DRUG		93169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93169000207	KT TAPE	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	20		NON DRUG		93169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93169000226	KT TAPE	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	20		NON DRUG		93169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93169000233	KT TAPE	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	20		NON DRUG		93169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93169000234	KT TAPE	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	20		NON DRUG		93169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93169000235	KT TAPE	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	20		NON DRUG		93169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93169000236	KT TAPE	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	20		NON DRUG		93169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93169000247	KT TAPE	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	20		NON DRUG		93169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93169000253	KT TAPE	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	14		NON DRUG		93169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93169000254	KT TAPE	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	14		NON DRUG		93169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93169000255	KT TAPE	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	14		NON DRUG		93169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93169000256	KT TAPE	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	14		NON DRUG		93169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93169000263	KT TAPE	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	20		NON DRUG		93169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93169000280	KT TAPE	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	20		NON DRUG		93169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93169000298	KT TAPE	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	20		NON DRUG		93169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93169000299	KT TAPE	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	TAPE	EA	20		NON DRUG		93169		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93190002004	GINKOBA	GINKGO E	929200 UNKNOW	92920000 UNKNOW	P	40MG	ORAL	TABS	EA	72		GENERIC		93190		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93190007097	PROSTAT	NETTLE-F	929200 UNKNOW	92920000 UNKNOW	O	300MG-25	ORAL	CAPS	EA	28		SSB		93190	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93190007098	PROSTAT	NETTLE-F	929200 UNKNOW	92920000 UNKNOW	O	300MG-25	ORAL	CAPS	EA	56		SSB		93190	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93190008039	VITASAN	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	60MG-60M	ORAL	TABS	EA	60		SSB		93190	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93190008040	VITASAN	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	60MG-60M	ORAL	TABS	EA	90		SSB		93190	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93190009001	VENASTA	HORSE C	929200 UNKNOW	92920000 UNKNOW	O	300MG	ORAL	CPCR	EA	30		SSB		93190		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93190009014	VENASTA	HORSE C	929200 UNKNOW	92920000 UNKNOW	O	300MG	ORAL	CPCR	EA	60		SSB		93190		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93190009015	VENASTA	HORSE C	929200 UNKNOW	92920000 UNKNOW	O	300MG	ORAL	CPCR	EA	105		SSB		93190		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93190014003	MOVANA	ST JOHN'	929200 UNKNOW	92920000 UNKNOW	P	300 MG	ORAL	TABS	EA	36		GENERIC		93190	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93190016097	PRELIEVE	CHASTE	929200 UNKNOW	92920000 UNKNOW	O	20MG	ORAL	TABS	EA	28		SSB		93190		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93190018001	PROBIAT	LACTOBA	560800 Antidiarrh	56080000 Antidiarrh	P	0	ORAL	TABS	EA	30		GENERIC		93190	N	N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93198000254	THERAW	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	EXTERNA	FOAM	ML	506		NON DRUG		93198		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93198000270	THERAW	PERIVAG	849200 Skin and M	84920000 Skin and M	P	0-0-0-0-0	EXTERNA	LIQD	ML	210		NON DRUG		93198		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93198000273	THERAW	INCONTIN	940000 Devices	94000000 Devices	O	0-0	DOES NO	MISC	EA	15		NON DRUG		93198		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93198000279	THERAW	INCONTIN	940000 Devices	94000000 Devices	O	0-0	DOES NO	MISC	EA	30		NON DRUG		93198		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93198000286	THERAW	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	EXTERNA	FOAM	ML	210		SSB		93198	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93198000287	THERAW	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	EXTERNA	KIT	EA	1		SSB		93198	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93198000288	THERAW	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	EXTERNA	KIT	EA	1		SSB		93198	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93198000289	THERAW	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	EXTERNA	KIT	EA	1		SSB		93198	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93198000290	THERAW	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	EXTERNA	KIT	EA	1		SSB		93198	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93198000292	THERAW	HOMEOP.	929200 UNKNOW	92920000 UNKNOW	O	0	EXTERNA	LIQD	ML	74		NON DRUG		93198	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93268000010	ALMOST I	LUBRICAI	849200 Skin and M	84920000 Skin and M	P	0-0	EXTERNA	LIQD	ML	45		GENERIC		93268		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93268000060	ALMOST I	LUBRICAI	849200 Skin and M	84920000 Skin and M	P	0-0	EXTERNA	LIQD	ML	118		GENERIC		93268		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93465043711	MANNOSI	D-MANNC	929200 UNKNOW	92920000 UNKNOW	O	2000MG	ORAL	POWD	GM	50		MSB		93465	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION		R	MEDPRMI
93465043721	MANNOSI	D-MANNC	929200 UNKNOW	92920000 UNKNOW	O	2000MG	ORAL	POWD	GM	100		MSB		93465	N	N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION		R	MEDPRMI
93573090011	ORIGINAL	MISC. DE'	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		93573	N	N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93749015202	THORNE	BIOFLAV(	882800 Multivitam	88280000 Multivitam	O	500MG-50	ORAL	CAPS	EA	180		SSB		93749		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93749078703	METHYL-'	SPECIALT	882800 Multivitam	88280000 Multivitam	O	.4MG-600	ORAL	CAPS	EA	180		SSB		93749		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93749078901	METHYL-	SPECIALT	882800 Multivitam	88280000 Multivitam	O	1MG-600M	ORAL	CAPS	EA	90		SSB		93749		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93764060056	ADVANCE	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		93764		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93764060062	BLOOD P	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		93764		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93764060157	BLOOD P	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		93764		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93764060158	BLOOD P	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		93764		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93764060293	PREMIER	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1		NON DRUG		93764		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93764060332	BLOOD P	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1		GENERIC		93764		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93764060334	BLOOD P	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1		GENERIC		93764		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93814000100	FEMMENI	MACA RO	929200 UNKNOW	92920000 UNKNOW	P	500MG	ORAL	CAPS	EA	120		GENERIC		93814		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93814000101	FEMMENI	MACA RO	929200 UNKNOW	92920000 UNKNOW	P	500MG	ORAL	CAPS	EA	120		GENERIC		93814		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93814000106	FEMMENI	MACA RO	929200 UNKNOW	92920000 UNKNOW	P	500MG	ORAL	CAPS	EA	120		GENERIC		93814		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
93968032835	MM BLOC	BLOOD G	940000 Devices	94000000 Devices	O	W/DEVICE	DOES NO	KIT	EA	1		NON DRUG		93968		N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GF	R	MEDPRMI
93968032836	MM BLOC	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	300		NON DRUG		93968		N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GF	R	MEDPRMI
93968032837	MM BLUL	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		93968		N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GF	R	MEDPRMI
93968032838	MM BLUL	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	25		NON DRUG		93968		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
93968032839	MM BLUL	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	50		NON DRUG		93968		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
93991000691	WW DIGI	DIGITAL T	929200 UNKNOW	92920000 UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		93991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRMI
93991000692	KURBO B	DIGITAL T	929200 UNKNOW	92920000 UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		93991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRMI
93991000693	KURBO B	DIGITAL T	929200 UNKNOW	92920000 UNKNOW	O	0	DOES NO	MISC	EA	3		NON DRUG		93991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRMI
93991000705	WW DIGI	DIGITAL T	929200 UNKNOW	92920000 UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		93991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRMI
93991000974	WW DIGI	DIGITAL T	929200 UNKNOW	92920000 UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		93991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRMI
93991000975	WW CORI	DIGITAL T	929200 UNKNOW	92920000 UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		93991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRMI
93991000976	WW CORI	DIGITAL T	929200 UNKNOW	92920000 UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		93991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRMI
93991000977	WW DIGI	DIGITAL T	929200 UNKNOW	92920000 UNKNOW	O	0	DOES NO	MISC	EA	1		NON DRUG		93991		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION	DIGITAL THERAPEUTICS EXCLUDED FROM COVERAGE	R	MEDPRMI
94030000200	EMBRACI	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		94030		N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GF	R	MEDPRMI
94030000201	EMBRACI	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		94030		N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GF	R	MEDPRMI
94030000202	EMBRACI	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	50		NON DRUG		94030		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
94030000203	EMBRACI	INSULIN F	940000 Devices	94000000 Devices	O	30G X 8 M	DOES NO	MISC	EA	100		NON DRUG		94030		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
94030000204	EMBRACI	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		94030		N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
94030000205	EMBRACI	INSULIN F	940000 Devices	94000000 Devices	O	31G X 6 M	DOES NO	MISC	EA	100		NON DRUG		94030		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
94030000206	EMBRACI	BLOOD G	940000 Devices	94000000 Devices	O	0	IN VITRO	LIQD	EA	1		NON DRUG		94030		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94030000207	EMBRACI	BLOOD G	940000 Devices	94000000 Devices	O	0	IN VITRO	SOLN	EA	1		NON DRUG		94030		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94030000210	EMBRACI	INSULIN F	940000 Devices	94000000 Devices	O	29G X 12M	DOES NO	MISC	EA	100		NON DRUG		94030		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
94030000211	EMBRACI	INSULIN F	940000 Devices	94000000 Devices	O	31G X 5 M	DOES NO	MISC	EA	100		NON DRUG		94030		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
94030000212	EMBRACI	INSULIN F	940000 Devices	94000000 Devices	O	31G X 8 M	DOES NO	MISC	EA	100		NON DRUG		94030		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
94030000213	EMBRACI	INSULIN F	940000 Devices	94000000 Devices	O	32G X 4 M	DOES NO	MISC	EA	100		NON DRUG		94030		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
94030000217	EMBRACI	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		94030		N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GF	R	MEDPRMI
94030000221	EMBRACI	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	50		NON DRUG		94030		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
94030000233	EMBRACI	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	50		NON DRUG		94030		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
94030000234	EMBRACI	BLOOD G	940000 Devices	94000000 Devices	O	0	IN VITRO	LIQD	EA	1		NON DRUG		94030		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94030000235	EMBRACI	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	50		NON DRUG		94030		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
94030000236	EMBRACI	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		94030		N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GF	R	MEDPRMI
94030000239	EMBRACI	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		94030		N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GF	R	MEDPRMI
94030000240	EMBRACI	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	50		NON DRUG		94030		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
94030000241	EMBRACI	BLOOD G	940000 Devices	94000000 Devices	O	0	IN VITRO	LIQD	EA	1		NON DRUG		94030		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94030000242	EMBRACI	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1		NON DRUG		94030		N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GF	R	MEDPRMI
94030000251	EMBRACI	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		94030		N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
94030000252	EMBRACI	INSULIN F	940000 Devices	94000000 Devices	O	30G X 5 M	DOES NO	MISC	EA	100		NON DRUG		94030		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
94030000266	EMBRACI	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		94030		N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
94030000268	EMBRACI	LANCET D	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		94030		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94030000269	EMBRACI	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1		NON DRUG		94030		N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GF	R	MEDPRMI
94030000270	EMBRACI	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	10		NON DRUG		94030		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
94030000271	EMBRACI	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	50		NON DRUG		94030		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
94030000272	EMBRACI	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	100		NON DRUG		94030		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
94030000279	HW EMBF	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		94030		N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GF	R	MEDPRMI
94030000280	HW EMBF	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	50		NON DRUG		94030		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
94030000281	HW EMBF	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		94030		N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GF	R	MEDPRMI
94030000282	HW EMBF	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1		NON DRUG		94030		N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GF	R	MEDPRMI
94030000283	HW EMBF	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	50		NON DRUG		94030		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
94030000286	EMBRACI	BLOOD G	940000 Devices	94000000 Devices	O	0	IN VITRO	SOLN	EA	1		NON DRUG		94030		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94030000287	EMBRACI	BLOOD G	940000 Devices	94000000 Devices	O	0	IN VITRO	SOLN	EA	1		NON DRUG		94030		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94030000291	EMBRACI	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	25		NON DRUG		94030		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
94030000292	HW EMBF	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	25		NON DRUG		94030		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
94030000294	EMBRACI	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	50		NON DRUG		94030		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
94030000298	EMBRACI	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		94030		N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GF	R	MEDPRMI
94030000299	EMBRACI	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	50		NON DRUG		94030		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
94046000100	ADVOCA	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	50		NON DRUG		94046		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
94046000101	ADVOCA	BLOOD G	940000 Devices	94000000 Devices	O	0	IN VITRO	LIQD	EA	1		NON DRUG		94046		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94046000102	ADVOCA	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		94046		N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GF	R	MEDPRMI
94046000103	ADVOCA	LANCET D	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		94046		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94046000104	ADVOCA	BLOOD G	940000 Devices	94000000 Devices	O	0	IN VITRO	LIQD	EA	1		NON DRUG		94046		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94046000106	ADVOCA	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		94046		N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
94046000107	ADVOCA	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		94046		N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GF	R	MEDPRMI
94046000109	ADVOCA	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		94046		N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
94046000110	ADVOCA	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		94046		N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
94046000111	ADVOCA	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		94046		N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GF	R	MEDPRMI
94046000112	ADVOCA	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		94046		N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GF	R	MEDPRMI
94046000113	ADVOCA	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	50		NON DRUG		94046		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
94046000114	ADVOCA	HEATING	940000 Devices	94000000 Devices	O	0	DOES NO	PADS	EA	1		NON DRUG		94046		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94046000118	ADVOCA	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		94046		N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
94046000124	ADVOCA	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	35		NON DRUG		94046		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
94046000126	ADVOCA	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	50		NON DRUG		94046		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
94046000133	ADVOCA	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	50		NON DRUG		94046		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
94046000134	ADVOCA	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1		NON DRUG		94046		N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GF	R	MEDPRMI
94046000135	AFTERTE	BENZOCA	840800 Antipruritic	84080000 Antipruritic	O	10%	EXTERNA	STCK	ML	4		SSB		94046		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94046000136	ADVOCA	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	KIT	EA	1		NON DRUG		94046		N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GF	R	MEDPRMI
94046000137	ADVOCA	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1		SSB		94046		N	EXCLUDE	N/A: [DRU	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GF	R	MEDPRMI
94046000138	ADVOCA	ALCOHOL	940000 Devices	94000000 Devices	O	70%	DOES NO	PADS	EA	100		NON DRUG		94046		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94046000139	ADVOCA	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	50		NON DRUG		94046		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
94046000140	ADVOCA	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		94046		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94046000141	ADVOCA	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		94046		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94046000152	ADVOCA	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		94046		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
94046000153	ADVOCA	BLOOD P	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		94046		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94046000156	ADVOCA	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		94046		N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GF	R	MEDPRMI
94046000157	ADVOCA	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	50		NON DRUG		94046		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
94046000158	ADVOCA	BLOOD G	940000 Devices	94000000 Devices	O	LOW	IN VITRO	SOLN	EA	1		NON DRUG		94046		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94046000160	ADVOCA	BLOOD G	940000 Devices	94000000 Devices	O	HIGH	IN VITRO	SOLN	EA	1		NON DRUG		94046		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94046000162	ADVOCA	INSULIN S	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		94046		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
94046000164	ADVOCA	INSULIN S	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		94046		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
94046000166	ADVOCA	INSULIN S	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		94046		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
94046000168	ADVOCA	INSULIN S	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		94046		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
94046000170	ADVOCA	INSULIN S	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		94046		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
94046000172	ADVOCA	INSULIN S	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		94046		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
94046000173	ADVOCA	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		94046		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
94046000174	ADVOCA	INSULIN F	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		94046		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328203, 8290320109, 8290320749, 8290320119, 8290320122, 8290320550, 8290329515) [INTE	R	MEDPRMI
94046000175	ADVOCA	INSULIN S	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		94046		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
94046000176	ADVOCA	INSULIN S	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		94046		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
94046000177	ADVOCA	INSULIN S	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		94046		N	EXCLUDE	EXCLUDE	20	FORMULARY EXCLUSION	BD PREFERRED (NDC: 8290328411, 8290328431, 8290328466, 8290328418, 8290328438, 8290328468, 8290328440, 8290	R	MEDPRMI
94046000187	ADVOCA	GLUCOSE	362600 Diabetes M	36260000 Diabetes M	O	0	IN VITRO	STRP	EA	35		NON DRUG		94046		N	EXCLUDE	EXCLUDE	3 BRND2	FORMULARY EXCLUSION	DRUG EXCLUDED FROM COVERAGE [INTERNAL_REJECT_CODE=929 NCPDP_REJECT_CODE=70]	R	MEDPRMI
94046000188	ADVOCA	BLOOD G	940000 Devices	94000000 Devices	O	0	DOES NO	DEVI	EA	1		NON DRUG		94046		N	EXCLUDE	HARD_MS	20	FORMULARY EXCLUSION	FREESTYL, PRECISN, ONETOUCH PREFERRED. MBR TO OBTAIN FREE METER. FREESTYL/PRECISN (BIN#610020, GF	R	MEDPRMI
94046000189	SAFETY L	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200		NON DRUG		94046		N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
94046000190	SAFETY L	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200		NON DRUG		94046		N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
94046000191	SAFETY L	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200		NON DRUG		94046		N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
94046000192	ADVOCA	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		94046		N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
94046000197	ADVOCA	LANCET D	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	1		NON DRUG		94046		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94047000103	PREVAGE	APOAEQU	929200 UNKNOW	92920000 UNKNOW	O	10 MG	ORAL	CAPS	EA	30		SSB		94047		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94047000110	PREVAGE	APOAEQU	929200 UNKNOW	92920000 UNKNOW	O	20MG	ORAL	CAPS	EA	30		SSB		94047		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94346006533	SV VITAM	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	25 MCG	ORAL	CAPS	EA	450		GENERIC		94346		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94346006534	SV VITAM	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	50 MCG	ORAL	CAPS	EA	400		GENERIC		94346		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94422003107	NATURAL	PROTEIN	402000 Caloric Ag	40200000 Caloric Ag	O	0-0-0-0-22	ORAL	POWD	GM	840		SSB		94422		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94542005005	SURELITE	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200		NON DRUG		94542		N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
94542005830	CLEANLE	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		94542		N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
94542005835	CLEANLE	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	200		NON DRUG		94542		N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
94542051150	SURELITE	LANCETS	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		94542		N	FORMULARY		2 BRAND	PREFERRED BRAND		R	MEDPRMI
94542085100	SURESEA	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		94542		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94542085200	SURESEA	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	100		NON DRUG		94542		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94542085300	SURESEA	ADHESIVI	940000 Devices	94000000 Devices	O	0	DOES NO	MISC	EA	25		NON DRUG		94542		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94603000000	AUSTRAL	HISTAMIN	849200 Skin and M	84920000 Skin and M	P	0.03%	EXTERNA	CREA	GM	119		GENERIC		94603		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94603000202	BARIATRI	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	45MG-45M	ORAL	CHEW	EA	120		SSB		94603		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94603000335	AUSTRAL	HISTAMIN	849200 Skin and M	84920000 Skin and M	P	0.03%	EXTERNA	CREA	GM	119		MSB		94603		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION		R	MEDPRMI
94603000820	AUSTRAL	HISTAMIN	849200 Skin and M	84920000 Skin and M	P	0.03%	EXTERNA	CREA	GM	59		MSB		94603		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION		R	MEDPRMI
94604010009	GLUCOSA	GLUCOSA	929200 UNKNOW	92920000 UNKNOW	P	100MG-10	ORAL	TABS	EA	60		GENERIC		94604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94604010011	NAT-RUL	COENZYM	929200 UNKNOW	92920000 UNKNOW	P	60MG	ORAL	CAPS	EA	50		GENERIC		94604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94604010015	NAT-RUL	COENZYM	929200 UNKNOW	92920000 UNKNOW	O	100-150-6	ORAL	CHEW	EA	30		SSB		94604		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94604010019	MEGA CC	COENZYM	929200 UNKNOW	92920000 UNKNOW	P	400 MG	ORAL	CAPS	EA	30		GENERIC		94604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94604010075	MELATON	MELATON	929200 UNKNOW	92920000 UNKNOW	P	1MG	ORAL	TABS	EA	100		GENERIC		94604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94604010078	MELATON	MELATON	929200 UNKNOW	92920000 UNKNOW	P	3 MG	ORAL	TABS	EA	60		GENERIC		94604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94604010079	MELATON	MELATON	929200 UNKNOW	92920000 UNKNOW	P	5 MG	ORAL	TABS	EA	60		GENERIC		94604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94604010142	NATURAL	VITAMIN A	880400 Vitamin A	88040000 Vitamin A	P	3 MG (100	ORAL	CAPS	EA	100		GENERIC		94604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94604010192	VITAMIN I	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	400UNIT	ORAL	TABS	EA	100		GENERIC		94604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94604010195	NAT-RUL	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	1000UNIT	ORAL	TABS	EA	100		GENERIC		94604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94604010198	NAT-RUL	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	2000UNIT	ORAL	TABS	EA	60		GENERIC		94604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94604010199	NAT-RUL	CHOLECA	881600 Vitamin D	88160000 Vitamin D	P	5000UNIT	ORAL	TABS	EA	60		GENERIC		94604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94604010230	NATRUL-'	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	150MG-15	ORAL	TABS	EA	100		SSB		94604		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94604010304	NAT-RUL	VITAMINS	882800 Multivitam	88280000 Multivitam	P	50MCG-5(	ORAL	TABS	EA	50		GENERIC		94604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94604010320	B COMPL	VITAMINS	882800 Multivitam	88280000 Multivitam	P	30MCG-3(	ORAL	TABS	EA	100		GENERIC		94604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94604010340	THIAMINE	THIAMINE	880800 Vitamin B	88080000 Vitamin B	P	100 MG	ORAL	TABS	EA	100		GENERIC		94604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94604010375	BIOTIN	BIOTIN	880800 Vitamin B	88080000 Vitamin B	P	5 MG	ORAL	CAPS	EA	100		GENERIC		94604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94604010400	VITAMIN I	PYRIDOX	880800 Vitamin B	88080000 Vitamin B	P	50 MG	ORAL	TABS	EA	100		GENERIC		94604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94604010410	VITAMIN I	PYRIDOX	880800 Vitamin B	88080000 Vitamin B	P	100 MG	ORAL	TABS	EA	100		GENERIC		94604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94604010430	VITAMIN I	CYANOC(	880800 Vitamin B	88080000 Vitamin B	P	250 MCG	ORAL	TABS	EA	100		GENERIC		94604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94604010440	VITAMIN I	CYANOC(	880800 Vitamin B	88080000 Vitamin B	P	500 MCG	ORAL	TABS	EA	100		GENERIC		94604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94604010450	VITAMIN I	CYANOC(	880800 Vitamin B	88080000 Vitamin B	P	1000 MCG	ORAL	TABS	EA	100		GENERIC		94604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94604010473	FOLIC AC	FOLIC AC	880800 Vitamin B	88080000 Vitamin B	P	800 MCG	ORAL	TABS	EA	250	X	GENERIC		94604		N	#N/A	ORIG_FR	10 EHB	#N/A	X THEN $0 COPAY AND TIER+1	R	MEDPRMI
94604010540	VITAMIN (	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	500 MG	ORAL	TABS	EA	100		GENERIC		94604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94604010550	VITAMIN (	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	1000 MG	ORAL	TABS	EA	100		GENERIC		94604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94604010680	SELENIUI	SELENIUI	401200 Replacem	40120000 Replacem	P	200 MCG	ORAL	TABS	EA	100		GENERIC		94604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94604010700	ZINC	ZINC	401200 Replacem	40120000 Replacem	P	50 MG	ORAL	TABS	EA	100		GENERIC		94604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94604010850	NATRUL I	PROBIOT	560800 Antidiarrh	56080000 Antidiarrh	O	0-0-0	ORAL	CAPS	EA	60		SSB		94604		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94604010865	ACIDOPH	PROBIOT	560800 Antidiarrh	56080000 Antidiarrh	P	0-0	ORAL	CHEW	EA	100		GENERIC		94604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94604010880	ACIDOPH	LACTOBA	560800 Antidiarrh	56080000 Antidiarrh	O	100 MG	ORAL	CAPS	EA	100		MSB		94604		N	EXCLUDE	N/A: [DRU	3 BRND2	FORMULARY EXCLUSION		R	MEDPRMI
94604011180	CALCIUM	CALCIUM	401200 Replacem	40120000 Replacem	P	333MG-13	ORAL	TABS	EA	100		GENERIC		94604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94604011190	CAL-MAG	CALCIUM	401200 Replacem	40120000 Replacem	O	500-250 M	ORAL	TABS	EA	100		SSB		94604		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94604021220	ASCORBI	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	500 MG	ORAL	TABS	EA	100		GENERIC		94604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94604021230	VITAMIN (	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	1000 MG	ORAL	TABS	EA	100		GENERIC		94604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94604021289	OMEGA-3	OMEGA-3	929200 UNKNOW	92920000 UNKNOW	P	1000 MG	ORAL	CAPS	EA	90		GENERIC		94604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94604021310	C-CHEWA	ASCORBI	881200 Vitamin C	88120000 Vitamin C	P	500 MG	ORAL	CHEW	EA	100		GENERIC		94604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94604021370	NATRUL I	MAGNESI	401200 Replacem	40120000 Replacem	P	250MG	ORAL	TABS	EA	100		GENERIC		94604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94604042851	NAT-RUL	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	90MG-90M	ORAL	TABS	EA	130		SSB		94604		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94604049455	CALCITRA	CALCIUM	401200 Replacem	40120000 Replacem	P	315-5 MG-	ORAL	TABS	EA	60		GENERIC		94604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94604049456	NAT-RUL	CALCIUM	401200 Replacem	40120000 Replacem	P	500-3.125	ORAL	TABS	EA	60		GENERIC		94604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94604049470	DAILY VIT	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	60MG-60M	ORAL	TABS	EA	100		GENERIC		94604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94604049480	NAT-RUL	MULTIPLE	882800 Multivitam	88280000 Multivitam	P	60MG-60M	ORAL	TABS	EA	100		GENERIC		94604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94604049486	SENTRY !	MULTIPLE	882800 Multivitam	88280000 Multivitam	O	60MG-60M	ORAL	TABS	EA	100		SSB		94604		N	EXCLUDE	N/A: [DRU	3 BRND2	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94604049521	FERROTA	FERROUS	200404 Iron Prepa	20040400 Iron Prepa	P	240 MG	ORAL	TABS	EA	100		GENERIC		94604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94604049526	CALCIUM	CALCIUM	401200 Replacem	40120000 Replacem	P	1500 (600	ORAL	TABS	EA	60		GENERIC		94604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94604049536	CALCIUM	CALCIUM	401200 Replacem	40120000 Replacem	P	600-5 MG-	ORAL	TABS	EA	60		GENERIC		94604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94604062488	LUTEIN	LUTEIN	929200 UNKNOW	92920000 UNKNOW	P	20 MG	ORAL	CAPS	EA	30		GENERIC		94604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94604062510	NAT-RUL	FLAXSEE	929200 UNKNOW	92920000 UNKNOW	P	1000 MG	ORAL	CAPS	EA	100		GENERIC		94604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI
94604062920	VITAMIN I	CYANOC(	880800 Vitamin B	88080000 Vitamin B	P	5000 MCG	ORAL	LOZG	EA	60		GENERIC		94604		N	EXCLUDE	N/A: [DRU	1 GEN	OPTIONAL BENEFIT EXCLUSION		R	MEDPRMI

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MedPerform – Preferred Drug List (PDL)

July 1, 2025

What is the MedImpact Preferred Drug List (PDL)?

The PDL is a list of commonly prescribed medications within select classes of drugs covered by your prescription drug plan. The PDL was created to promote clinically appropriate utilization of medications in a cost-effective manner.

Are the medications listed on the PDL the only drugs my physician can prescribe for me?

No. The PDL is a select list of commonly prescribed drugs and does not represent all preferred formulary medications available under your plan. The PDL does not limit your prescription coverage but is provided to encourage the use of preferred generic and brand name drugs within major therapeutic drug classes (e.g., Cardiovascular, Diabetes, etc.). For complete formulary information, visit your Plan website or refer to the phone number listed on your benefit card.

How do I get the greatest benefit from my PDL?

- **Print out the Preferred Drug List and take it with you when visiting your physician.**
- Ask your physician to prescribe generic medications whenever possible.
- When there is more than one brand name drug available for your medical condition, ask your physician to prescribe a preferred drug listed on your PDL. This should also reduce your copays.

Please note: The MedImpact PDL is subject to change due to updates and availability of generic alternatives. The PDL is not a complete list of formulary drugs; therefore, you should refer to your plan for a complete drug list and details of any additional coverage or quantity limit restrictions that may apply to certain medications.

PDL DRUG CATEGORY	GENERIC	PREFERRED BRAND	NON-PREFERRED BRAND	EXCLUDED
ALLERGY				
NASAL CORTICOSTEROIDS	azelastine/fluticasone OTC budesonide flunisolide fluticasone mometasone OTC triamcinolone	Qnasl Xhance		Beconase AQ Dymista Omnaris Ticanase Zetonna
OPHTHALMIC ANTIHISTAMINES	azelastine epinastine olopatadine	Alomide		Bepreve Emadine Lastacaft Pazeo
BEHAVIORAL HEALTH				
ADHD AGENTS	amphetamine sulfate dexmethylphenidate dextroamphetamine/ amphetamine dextroamphetamine/ amphetamine ER dextroamphetamine ER dextroamphetamine methylphenidate methylphenidate ER lisdexamfetamine dimesylate	Azstarys Jornay PM	Dyanavel XR Evekeo ODT Qelbree Quillichew Quillivant Zenzedi	Adhansia XR Adzenys ER Adzenys XR-ODT amphetamine ER Aptensio XR Cotempla XR-ODT methylphenidate ER (72mg) Relexii Xelstrym

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MedPerform – Preferred Drug List (PDL)

July 1, 2025

PDL DRUG CATEGORY	GENERIC	PREFERRED BRAND	NON-PREFERRED BRAND	EXCLUDED
ANTIPSYCHOTICS	aripiprazole/aripiprazole ODT/ oral solution asenapine clozapine clozapine ODT lurasidone olanzapine paliperidone quetiapine IR/XR risperidone risperdone ER ziprasidone	Abilify Asimtufii Abilify Maintena Aristada Invega Hafyera/ Sustenna/Trinza Perseris Rexulti Rykindo Uzedy Vraylar	Caplyta Fanapt Fazaclo Secuado Versacloz Zyprexa Relprevv	Abilify Mycite Lybalvi quetiapine (150mg)
CARDIOVASCULAR				
LIPID-LOWERING AGENTS	atorvastatin ezetimibe fluvastatin IR/ER lovastatin IR/ER Livalo pravastatin rosuvastatin simvastatin tablet simvastatin/ezetimibe		Altoprev Atorvaliq Ezallor Sprinkle Flolipid Zypitamag	pitavastatin calcium Roszet
ANTICOAGULANTS	dabigatran rivaroxaban 2.5mg	Eliquis Xarelto	Bevyxxa Pradaxa	Savaysa
PCSK9 INHIBITORS		Repatha		Praluent
ACL INHIBITORS		Nexletol Nexlizet		
DERMATOLOGY				
ACTINIC KERATOSIS AGENTS	diclofenac 3% fluorouracil 0.5% fluorouracil 5%	Tolak Klisyri	Fluoroplex	Carac 0.5% Picato Zyclara
DIABETES				
DPP-4 INHIBITORS		Januvia Janumet Janumet XR		alogliptin alogliptin/metformin alogliptin/pioglitazone Jentadueto Jentadueto XR Kazano Kombiglyze XR Nesina (brand and authorized generic) Onglyza Oseni Tradjenta Zituvio (brand and authorized generic)

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PDL DRUG CATEGORY	GENERIC	PREFERRED BRAND	NON-PREFERRED BRAND	EXCLUDED
SGLT-2 INHIBITORS		Farxiga Jardiance Synjardy Synjardy XR Xigduo XR		Brenzavvy dapagliflozin propanediol dapaglifloz propaned/metformin Inpefa Invokana Invokamet Invokamet XR Segluromet Steglatro
DPP-4 INHIBITOR AND SGLT-2 INHIBITOR COMBINATIONS		Glyxambi Trijardy XR		Qtern Steglujan
GLP-1 AGONISTS	exenatide	Mounjaro Ozempic Rybelsus Trulicity	Liraglutide	Adlyxin Bydureon Bydureon BCise Byetta
INSULINS, RAPID-ACTING	insulin lispro	Humalog (U-200) Lyumjev	Afrezza	Admelog Apidra Fiasp insulin aspart (authorized generic) Novolog
INSULINS, SHORT-ACTING		Humulin		Novolin
INSULINS, LONG-ACTING		Semglee (yfgn) Tresiba Toujeo		Basaglar Insulin degludec Insulin glargine (yfgn) insulin glargine, hum.rec.anlog (authorized generic) Lantus Levemir Rezvoglar
INSULIN (LONG-ACTING) AND GLP-1 AGONIST COMBINATIONS		Soliqua Xultophy		
DIABETIC SUPPLIES		Abbott & Lifescan diabetic supplies (Precision, FreeStyle, FreeStyle Neo, OneTouch Ultra, OneTouch Verio) BD insulin syringes BD pen needles		All non-Abbott & non-Lifescan manufacturers of diabetic test strips and meters All non-BD insulin syringes All non-BD pen needles
ENDOCRINE				
ANDROGENS	me-testosterone testosterone cypionate testosterone enanthate testosterone gel testosterone solution		Androderm patch Kyzatrex Methitest Striant Tlando Xyosted	Natesto Jatenzo

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PDL DRUG CATEGORY	GENERIC	PREFERRED BRAND	NON-PREFERRED BRAND	EXCLUDED
ESTROGENS/ESTROGEN MODIFIERS	estradiol gel estradiol patch estradiol/norethindrone estropipate medroxyprogesterone norethindrone ac-eth progesterone, micronized	Bijuva Combipatch Crinone Duavee Premarin Premphase Prempro	Cenestin Elestrin Enjuvia Imvexxy Prefest	Climara Pro Estring Estrogel Femring Intrarosa Menest Osphena
FERTILITY AGENTS (IF COVERED)	cetrorelix ganirelix	Crinone Endometrin Gonal-F Menopur Novarel Ovidrel	Chorionic gonadotropin Follistim AQ Pregnyl	
ELECTROLYTE REGULATION		Lokelma	Veltassa	
OSTEOPOROSIS AGENTS	alendronate calcitonin ibandronate raloxifene risedronate risedronate DR teriparatide	Tymlos		Binosto
WEIGHT REDUCTION (IF COVERED)	diethylpropion orlistat phentermine phendimetrazine topiramate	Saxenda Wegovy Zepbound		Belviq Belviq XR Contrave Plenity Qsymia
GASTROINTESTINAL				
IRRITABLE BOWEL & CONSTIPATION	lubiprostone prucalopride	Linzess Movantik Trulance Symproic	Motegrity	Ibsrela Zelnorm
INFLAMMATORY BOWEL DISEASE AGENTS	balsalazide disodium mesalamine 1.2G mesalamine DR 800mg mesalamine ER sulfasalazine	Pentasa 250mg		mesalamine DR 400mg Dipentum
PANCREATIC ENZYMES		Creon Zenpep		Pancreaze Pertzye
GENITOURINARY				
DRUGS TO TREAT IMPOTENCY	sildenafil tadalafil			Stendra vardenafil
INFLAMMATORY DISEASE				
AUTOIMMUNE AGENTS	methotrexate	Otrexup	Xatmep	Rasuvo
PAIN MANAGEMENT				
HEADACHE/ MIGRAINE TREATMENT	almotriptan eletriptan frovatriptan naratriptan rizatriptan sumatriptan zolmitriptan	Aimovig Ajovy Emgality Nurtec ODT Qulipta Reyvow Ubrelvy	Trudhesa Zavzpret	Onzetra Xsail Tosymra Treximet Zembrace Symtouch Zomig Nasal

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PDL DRUG CATEGORY	GENERIC	PREFERRED BRAND	NON-PREFERRED BRAND	EXCLUDED
RESPIRATORY				
BETA-AGONISTS, SHORT-ACTING (SABA)	albuterol HFA levalbuterol HFA			ProAir Digihaler ProAir RespiClick
INHALED CORTICOSTEROIDS (ICS)	Fluticasone Propionate	Arnuity Ellipta		Aerospan Alvesco Armonair RespiClick Armonair DigiClick Asmanex Pulmicort Flexhaler Qvar Redihaler
INHALED CORTICOSTEROID/LONG-ACTING BETA AGONIST (ICS/LABA) COMBINATIONS	Fluticasone/Salmeterol (Advair Diskus) Budesonide/Formoterol (Symbicort)	Advair HFA Breo Ellipta		Airduo (brand and authorized generic) Airduo RespiClick Airduo Digihaler Dulera Fluticasone furoate-vilanterol (authorized generic) Fluticasone-Salmeterol (HFA)
INHALED LONG-ACTING BETA AGONIST (LABA)		Perforomist Serevent Diskus Striverdi Respimat	Arcapta Brovana Foradil	
INHALED LONG-ACTING MUSCARINIC ANTAGONISTS (LAMA)	Spiriva Handihaler	Spiriva Respimat	Lonhala Magnair	Incruse Ellipta Seebri Neohaler tiotropium bromide Tudorza Pressair Yupelri
INHALED LONG-ACTING MUSCARINIC ANTAGONISTS AND LONG-ACTING BETA AGONIST (LAMA/LABA) COMBINATIONS	umeclidinium-vilanterol	Anoro Ellipta Stiolto Respimat		Duaklir Pressair Utibron Neohaler Bevespi Aerosphere
INHALED CORTICOSTEROID, LONG-ACTING MUSCARINIC ANTAGONIST, AND LONG-ACTING BETA AGONIST (ICS/LAMA/LABA) COMBINATIONS		Trelegy Ellipta Breztri Aerosphere		
ANTI-LEUKOTRIENES	montelukast zafirlukast			Zyflo Zyflo CR
SPECIALTY				
ANEMIA AGENTS		Retacrit	Mircera	Aranesp Epogen Procrit

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PDL DRUG CATEGORY	GENERIC	PREFERRED BRAND	NON-PREFERRED BRAND	EXCLUDED
ASTHMA BIOLOGICS		Dupixent Fasenra Nucala Xolair Tezspire	Cinqair	
AUTOIMMUNE AGENTS	infliximab	Adalimumab-ADAZ Enbrel Ebglyss Humira Omvoh Otezla Rinvoq Selarsdi Simlandi Skyrizi Sotyktu Stelara Taltz Tremfya Xeljanz Xeljanz XR Yesintek	Bimzelx Cimzia Inflectra Kineret Kevzara Olumiant Orencia Renflexis Simponi 100mg Simponi 50mg Simponi Aria Tyenne	Abrilada Actemra Adalimumab-ryvk Amjevita Cosentyx Cyltezo Hadlima Hulio Hyrimoz Idacio Ilumya Otulfi Pyzchiva Siliq Steqeyma Tofidence Velsipity Wezlana Yuflyma Yusimry Zymfentra
GROWTH HORMONES		Norditropin Genotropin Skytrofa Sogroya	Serostim Omnitrope Zorbtive	Humatrope Ngenla Nutropin AQ NuSpin Saizen Zomacton
HEMATOLOGICAL DISORDERS-LEUKOCYTE (WBC) STIMULANTS		Nivestym Ziextenzo	Leukine Udenyca Onbody	Fulphila Flynetra Granix Neulasta Neulasta Onpro Neupogen Nyvepria Relueko Rolvedon Stimufend Udenyca Zarxio
HEPATITIS C AGENTS		Epclusa Harvoni Vosevi	Mavyret Sovaldi	Zepatier Ledipasvir-sofosbuvir Sofosbuvir-velpatasvir

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PDL DRUG CATEGORY	GENERIC	PREFERRED BRAND	NON-PREFERRED BRAND	EXCLUDED
MULTIPLE SCLEROSIS AGENTS	Glatopa Glatiramer dalfampridine dimethyl fumarate fingolimod 0.5mg teriflunomide	Avonex Betaseron Copaxone 40mg/mL Kesimpta Pen Mavenclad Mayzent Plegridy Rebif Rebif Rebidose Vumerity	Copaxone 20mg/mL Gilenya 0.25mg Zeposia	Bafiertam Extavia Ponvory Tascenso ODT Tecfidera
ONCOLOGY AGENTS – HORMONE RECEPTOR-POSITIVE BREAST CANCER		Kisqali Kisqali/Femara Co-pack Verzenio	Ibrance	

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MedImpact Drug Exclusions

July 1, 2025

Please Note: The MedImpact Drug Exclusions are subject to change due to updates and availability of generic alternatives.

Formulary Value Exclusions (MedPerform & Portfolio)

Excluded Drug	Preferred Alternative
ABRILADA	Enbrel, Humira, Rinvoq, Xeljanz, Xeljanz XR, Simlandi, Adalimumab-ADAZ, Taltz, Tremfya, Skyrizi, Otezla, Omvoh
AMJEVITA	Enbrel, Humira, Rinvoq, Xeljanz, Xeljanz XR, Simlandi, Adalimumab-ADAZ, Taltz, Tremfya, Skyrizi, Otezla, Omvoh
BASAGLAR TEMPO PEN	Semglee YFGN, Tresiba, Toujeo
BKEMV	Soliris or Epysqli
CYLTEZO (brand and generic)	Enbrel, Humira, Rinvoq, Xeljanz, Xeljanz XR, Simlandi, Adalimumab-ADAZ, Taltz, Tremfya, Skyrizi, Otezla, Omvoh
FLUTICASONE-SALMETEROL HFA	Advair HFA
HADLIMA	Enbrel, Humira, Rinvoq, Xeljanz, Xeljanz XR, Simlandi, Adalimumab-ADAZ, Taltz, Tremfya, Skyrizi, Otezla, Omvoh
HULIO	Enbrel, Humira, Rinvoq, Xeljanz, Xeljanz XR, Simlandi, Adalimumab-ADAZ, Taltz, Tremfya, Skyrizi, Otezla, Omvoh
HYRIMOZ (brand and generic)	Enbrel, Humira, Rinvoq, Xeljanz, Xeljanz XR, Simlandi, Adalimumab-ADAZ, Taltz, Tremfya, Skyrizi, Otezla, Omvoh
IDACIO (brand and generic)	Enbrel, Humira, Rinvoq, Xeljanz, Xeljanz XR, Simlandi, Adalimumab-ADAZ, Taltz, Tremfya, Skyrizi, Otezla, Omvoh
INSULIN DEGLUDEC	Semglee YFGN, Tresiba, Toujeo
INSULIN GLARGINE, HUM.REC.ANLOG	Semglee YFGN, Tresiba, Toujeo
INSULIN GLARGINE-YFGN	Semglee YFGN, Tresiba, Toujeo
LANTUS	Semglee YFGN, Tresiba, Toujeo
LANTUS SOLOSTAR	Semglee YFGN, Tresiba, Toujeo
OTULFI	Enbrel, Humira, Rinvoq, Xeljanz, Xeljanz XR, Simlandi, Adalimumab-ADAZ, Taltz, Tremfya, Sotyktu, Skyrizi, Omvoh Otezla, Selarsdi, Stelara, Yesintek
PYZCHIVA (brand and generic)	Enbrel, Humira, Rinvoq, Xeljanz, Xeljanz XR, Simlandi, Adalimumab-ADAZ, Taltz, Tremfya, Sotyktu, Skyrizi, Omvoh Otezla, Selarsdi, Stelara, Yesintek
REZVOGLAR	Semglee YFGN, Tresiba, Toujeo
ADALIMUMAB-ryvk (generic for Simlandi)	Enbrel, Humira, Rinvoq, Xeljanz, Xeljanz XR, Simlandi, Adalimumab-ADAZ, Taltz, Tremfya, Skyrizi, Otezla, Omvoh
SITAGLIPTIN-METFORMIN	Generic Sitagliptin, metformin
STEQEYMA	Enbrel, Humira, Rinvoq, Xeljanz, Xeljanz XR, Simlandi, Adalimumab-ADAZ, Taltz, Tremfya, Sotyktu, Skyrizi, Omvoh Otezla, Selarsdi, Stelara, Yesintek
TOFIDENCE	Tyenne, Enbrel, Humira, Rinvoq, Xeljanz, Xeljanz XR, Simlandi, Adalimumab-ADAZ

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MedImpact Drug Exclusions

July 1, 2025

Excluded Drug	Preferred Alternative
USTEKINUMAB	Enbrel, Humira, Rinvoq, Xeljanz, Xeljanz XR, Simlandi, Adalimumab-ADAZ, Taltz, Tremfya, Sotyktu, Skyrizi, Omvoh Otezla, Selarsdi, Stelara, Yesintek
WEZLANA	Enbrel, Humira, Rinvoq, Xeljanz, Xeljanz XR, Simlandi, Adalimumab-ADAZ, Taltz, Tremfya, Sotyktu, Skyrizi, Omvoh Otezla, Selarsdi, Stelara, Yesintek
YUFLYMA (brand and generic)	Enbrel, Humira, Rinvoq, Xeljanz, Xeljanz XR, Simlandi, Adalimumab-ADAZ, Taltz, Tremfya, Skyrizi, Otezla, Omvoh
YUSIMRY	Enbrel, Humira, Rinvoq, Xeljanz, Xeljanz XR, Simlandi, Adalimumab-ADAZ, Taltz, Tremfya, Skyrizi, Otezla, Omvoh
ZITUVIMET XR	Januvia, Janumet, Janumet XR

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MedImpact Drug Exclusions

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Formulary Value Exclusions (MedPerform Only)

Excluded Drug	Preferred Alternative
ACTEMRA	Tyenne, Enbrel, Humira, Rinvoq, Xeljanz, Xeljanz XR, Simlandi, Adalimumab-ADAZ
ADLARITY	generic donepezil
ADLYXIN	Ozempic, Rybelsus, Trulicity, Byetta, Bydureon, Bydureon Bcise, Mounjaro
ADMELOG	insulin lispro, Lyumjev, Lyumjev Kwikpen
ADMELOG SOLOSTAR	insulin lispro, Lyumjev, Lyumjev Kwikpen
ADZENYS ER	generic methylphenidate ER/LA/CD or lisdexamfetamine or dextroamphetamine/amphetamine XR, Azstarys, Jornay PM
ADZENYS XR-ODT	generic methylphenidate ER/LA/CD or lisdexamfetamine or dextroamphetamine/amphetamine XR, Azstarys, Jornay PM
AIRDUO RESPICLICK (brand and authorized generic)	Advair HFA, Breo Ellipta, fluticasone/salmeterol diskus, budesonide/formoterol
AKLIEF	Tazarotene cream, adapalene, tretinoin
ALVESCO	Arnuity Ellipta, fluticasone propionate HFA
APIDRA	insulin lispro, Lyumjev, Lyumjev Kwikpen
APIDRA SOLOSTAR	insulin lispro, Lyumjev, Lyumjev Kwikpen
ARANESP	Retacrit
ARMONAIR DIGIHALER	Arnuity Ellipta, fluticasone propionate HFA
ARMOUR THYROID	generic levothyroxine, NP Thyroid
ASCENIV	Gammagard S-D, Gammagard liquid, Gammaplex, Panzyga, Privigen, Octagam
ASMANEX	Arnuity Ellipta, fluticasone propionate HFA
ASMANEX HFA	Arnuity Ellipta, fluticasone propionate HFA
ASTAGRAF XL	Generic tacrolimus
AURYXIA	Velphoro, sevelamer, lanthanum
AVASTIN	Mvasi, Zirabev
AZASITE	Ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, tobramycin, Besivance
AZELEX	Azelaic acid 15% gel, tretinoin, topical clindamycin, topical erythromycin
BAFIERTAM	Fingolimod, Mavenclad, Mayzent, dimethyl fumuarate, Avonex, Betaseron, Copaxone, Glatiramer, Glatopa, Plegridy, Rebif, Vumerity, Aubagio, Kesimpta
BALCOLTRA	generic combination oral contraceptive (e.g. levonorgestrel-ethinyl estradiol, norethindrone-ethinyl estradiol, desogestrel-ethyl estradiol, norgestimate-ethinyl estradiol)
BASAGLAR KWIKPEN	Semglee YFGN, Tresiba, Toujeo

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Excluded Drug	Preferred Alternative
BECONASE AQ	OTC budesonide, flunisolide, RX/OTC fluticasone, mometasone, OTC triamcinolone, Qnasl
BEPREVE	azelastine, olopatadine
BEVESPI AEROSPHERE	Anoro Ellipta, Stiolto Respimat
BRENZAVVY (brand and generic)	Farxiga, Xigduo XR, Jardiance, Synjardy
BYDUREON	Ozempic, Rybelsus, Trulicity, Byetta, Bydureon, Bydureon Bcise, Mounjaro
BYETTA	Ozempic, Rybelsus, Trulicity, Byetta, Bydureon, Bydureon Bcise, Mounjaro
CEQUA	Restasis, Xiidra, Tyrvaya, Miebo, Cyclosporine ophthalmic drops
CIBINQO	Topical corticosteroid, Eucrisa pimecrolimus, tacrolimus, Dupixent, Rinvoq, Adbry, Eglyss
CIPRO HC	ciprofloxacin-dexamethasone, ciprofloxacin-fluocinolone
COMPLERA	Generic for Atripla or Symfi/Lo
CONTRAVE	Wegovy, Saxenda, phentermine, phendimetrazine, diethylpropion, topiramate, Zepbound
COSENTYX COSENTYX UNOREADY PEN COSENTYX SENSOREADY (2 PENS) COSENTYX SYRINGE	Simlandi, Adalimumab-ADAZ, Enbrel, Humira, Otezla, Rinvoq, Skyrizi, Sotyktu, Stelara, Selarsdi, Yesintek, Taltz, Tremfya, Xeljanz, Xeljanz XR
COTEMPLA XR-ODT	generic methylphenidate ER/LA/CD or lisdexamfetamine or dextroamphetamine/amphetamine XR, Azstarys, Jornay PM
CUTAQUIG	Gammagard S-D, Gammagard liquid, Gammaplex, Panzyga, Privigen, Octagam
CUVITRU	Gammagard S-D, Gammagard liquid, Gammaplex, Panzyga, Privigen, Octagam
CLIMARA PRO	Combipatch
CREXONT	Generic ER carbidopa-levodopa
DAYVIGO	zolpidem, zaleplon, eszopiclone, Belsomra
DELSTRIGO	Generic for Atripla or Symfi/Lo
DELZICOL (brand and generic)	Apriso, balsalazide disodium, mesalamine, Pentasa, sulfasalazine
DEXCOM, DEXCOM G4, DEXCOM G5, DEXCOM G5-G4 SENSOR	Dexcom G6, Dexcom G7, Freestyle Libre
DIFFERIN	Tretinoin, adapalene gel, clindamycin topical, benzoyl peroxide topical, Tazarotene
DIPENTUM	Apriso, balsalazide disodium, mesalamine, Pentasa, sulfasalazine
DUAKLIR PRESSAIR	Anoro Ellipta, Stiolto Respimat
DULERA	Advair HFA, Breo Ellipta, fluticasone/salmeterol diskus, budesonide/formoterol

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Excluded Drug	Preferred Alternative
DUOBRII	Generic Halobetasol and Tazarotene
DYANAVEL	generic methylphenidate ER/LA/CD or lisdexamfetamine or dextroamphetamine/amphetamine XR, Azstarys, Jornay PM
EDARBI	ace-inhibitor (ACE-I), ACE-I combo, angiotensin receptor blocker (ARB), ARB combo
EDARBYCLOR	ace-inhibitor (ACE-I), ACE-I combo, angiotensin receptor blocker (ARB), ARB combo
ENVARSUS XR	Generic tacrolimus
EPOGEN	Retacrit
ESTRING	Premarin cream, estradiol cream, estradiol vaginal tablet
ESTROGEL	generic Climara, Minivelle, Vivelle-Dot
EXTAVIA	Aubagio, Avonex, Betaseron, Copaxone, glatiramer, Fingolimod, Glatopa, Mavenclad, Mayzent, Plegridy, Rebif, Vumerity, Kesimpta, dimethyl fumuarate
EYSUVIS	Ophthalmic corticosteroids (e.g. loteprednol 0.5%, fluoromethaolone 0.1%), OTC ophthalmic lubricants
FEMRING	Premarin cream, estradiol cream, estradiol vaginal tablet
FERRIPROX 1,000MG tablet, solution	Deferiprone
FIASP FIASP FLEXTOUCH FIASP PENFILL FIASP PUMPCART	insulin lispro, Lyumjev, Lyumjev Kwikpen
FLAREX	difluprednate, dexamethasone sodium phosphate, fluorometholone, prednisolone acetate, prednisolone sodium phosphate, loteprednol
FML FORTE	difluprednate, dexamethasone sodium phosphate, fluorometholone, prednisolone acetate, prednisolone sodium phosphate, loteprednol
FULPHILA	Ziextenzo
FYLNETRA	Ziextenzo
GEMTESA	Myrbetriq, oxybutynin, solifenacin
GRANIX	Nivestym
GUARDIAN CONNECT TRANSMITTER	Dexcom G6, Dexcom G7, Freestyle Libre
HERCEPTIN	Kanjinti, Ogivri, Trazimera
HERCESSI	Kanjinti, Ogivri, Trazimera
HUMATROPE	Norditropin, Genotropin, Skytrofa, Sogroya
HYALURONATE SODIUM injection (DUROLANE, GEL-ONE, GELSYN-3, GENVISC 850, HYALGAN, HYMOVIS, MONOVISC, ORTHOVISC SODIUM HYALURONATE, SUPARTZ FX,	Synvisc, Synvisc-One, Euflexxa

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Excluded Drug	Preferred Alternative
SYNOJOYNT, TRILURON, TRIVISC, VISCO-3)	
HYSINGLA ER	Generic hydrocodone agents
IBSRELA	Linzess, lubiprostone, Trulance
IGALMI	Olanzapine, ziprasidone, haloperidol
ILUMYA	Simlandi, Adalimumab-ADAZ, Humira, Sotyktu, Stelara, Selarsdi, Yesintek,Taltz, Tremfya, Skyrizi, Enbrel, Otezla
INCRUSE ELLIPTA	Spiriva Handihaler, Spiriva Respimat
INPEFA	Farxiga, Jardiance, Synjardy, Xigduo
INTRAROSA	Premarin cream, estradiol cream, estradiol vaginal tablet
INVELTYS	dexamethasone, prednisolone
INVOKANA	Jardiance, Farxiga
INVOKAMET	Synjardy, Synjardy XR, Xigduo XR
INVOKAMET XR	Synjardy, Synjardy XR, Xigduo XR
IYUZEH	Latanoprost, travoprost, bimatoprost, tafluprost, Lumigan
JATENZO	Generic Testosterone agents
JENTADUETO	Janumet, Janumet XR
JENTADUETO XR	Janumet, Janumet XR
KAZANO	Janumet, Janumet XR
KERENDIA	Farxiga, Xigduo XR, Jardiance, Synjardy
KISUNLA	Leqembi, Aduhelm
KOMBIGLYZE XR	Janumet, Janumet XR
LACRISERT	Artificial tears, Restasis, Cyclosporine ophthalmic drops
LASTACAFT	azelastine, olopatadine
LEVEMIR	Semglee YFGN, Tresiba, Toujeo
LEVEMIR FLEXTOUCH	Semglee YFGN, Tresiba, Toujeo
LEVEMIR FLEXPEN	Semglee YFGN, Tresiba, Toujeo
LO LOESTRIN FE	generic combination oral contraceptive
LUPRON DEPOT, LUPRON DEPOT (LUPANETA), LUPRON DEPOT-PED	Generic leuprolide acetate or other GnRH agonists (i.e., leuprolide mesylate, nafarelin, histrelin, triptorelin, goserelin)
MENEST	Premarin cream, estradiol cream, estradiol vaginal tablet
MOTPOLY XR	lacosamide
NATESTO	Testosterone Cypionate, Testosterone Enanthate, Testosterone transdermal, Striant
NESINA (brand and authorized generic)	Januvia
NEULASTA	Ziextenzo
NEULASTA ONPRO	Udencya Onbody
NEVANAC	diclofenac, bromfenac, flubiprofen, ketorolac, Ilevro

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Excluded Drug	Preferred Alternative
NEUPOGEN	Nivestym
NGENLA	Skytrofa, Sogroya
NEMLUVIO	Dupixent, Ebglyss
NIKTIMVO	Jakafi, Rezurock
NON-BD BRAND INSULIN SYRINGES	BD Insulin Syringes, Embecta Insulin Syringes
NON-BD BRAND PEN NEEDLES	BD Pen Needles, Embecta Pen Needles
NOURIANZ	Entacapone, selegiline, rasagiline
NOVOLIN N, NOVOLIN N FLEXPEN	Humulin N, Humulin N Kwikpen
NOVOLIN R, NOVOLIN R FLEXPEN	Humulin R, Humulin R KwikPen
NOVOLIN 70/30, NOVOLIN 70-30 FLEXPEN	Humulin 70/30, Humulin 70/30 Kwikpen
NOVOLOG, NOVOLOG KWIKPEN, NOVOLOG FLEXPEN	insulin lispro, Lyumjev, Lyumjev Kwikpen
NOVOLOG MIX 70/30, NOVOLOG MIX 70/30 KWIKPEN, NOVOLOG MIX 70-30 FLEXPEN	Humalog Mix 75-25, insulin lispro protamine mix 75-25 Kwikpen
NUTROPIN	Norditropin, Genotropin, Skytrofa, Sogroya
NUTROPIN AQ	Norditropin, Genotropin, Skytrofa, Sogroya
NYPOZI	Nivestym
NYVEPRIA	Ziextenzo
OMNARIS	OTC budesonide, flunisolide, RX/OTC fluticasone, mometasone, OTC triamcinolone, Qnasl
ONGLYZA	Januvia
OSENI (brand and authorized generic)	Januvia, pioglitazone
OSPHENA	Premarin cream, estradiol cream, estradiol vaginal tablet
PANCREAZE	Creon, Zenpep
PAZEO	azelastine, olopatadine
PERTZYE	Creon, Zenpep
PIFELTRO	efavirenz, etravirine, nevirapine, rilpivirine, delavirdine
PLENITY	Wegovy, Saxenda, phentermine, phendimetrazine, diethylpropion, topiramate, Zepbound
PRALUENT	Repatha
PRED MILD	fluoromethalone 0.1%, dexamethasone 0.1%, prednisolone 0.1%
PREZCOBIX	Kaletra, Evotaz
PRILOSEC SUSPENSION	lansoprazole, Omeprazole, Pantoprazole
PROCRIT	Retacrit
PULMICORT FLEXHALER	Arnuity Ellipta, fluticasone propionate HFA
QSYMIA	Saxenda, Wegovy, phentermine, phendimetrazine, diethylpropion, topiramate, Zepbound

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Excluded Drug	Preferred Alternative
QTERN	Individual components: Jardiance, Synjardy/XR, Farxiga, Xigduo XR, Januvia, Janumet, Janumet XR
QVAR REDIHALER	Arnuity Ellipta, fluticasone propionate HFA
QUVIVIQ	Zolpidem, zaleplon, eszopiclone, Belsomra
RASUVO	Otrexup
REDITREX	Otrexup
RELEUKO	Nivestym
RETIN-A MICRO PUMP	Generic Tretinoin Microspheres 0.04% or 0.10%
ROLVEDON	Ziextenzo
SAIZEN	Norditropin, Genotropin, Skytrofa, Sogroya
SAVAYSA	Eliquis, Xarelto
SAVELLA	amitriptyline, cyclobenzaprine IR, duloxetine, gabapentin, pregabalin
SEGLUROMET	Synjardy, Synjardy XR, Xigduo XR
SERTRALINE CAPSULES (150 mg and 200 mg)	Generic sertraline, Fetzima, Trintellix
SILIQ	Simlandi, Adalimumab-ADAZ, Humira, Sotyktu, Stelara, Selarsdi, Yesintek, Taltz, Tremfya, Skyrizi, Enbrel, Otezla
SOFDRA	Drysol, Qbrexza
STEGLATRO	Jardiance, Farxiga
STEGLUJAN	Individual components: Jardiance, Synjardy/XR, Farxiga, Xigduo XR, Januvia, Janumet, Janumet XR
SUBVENITE	Briviact, Lamotrigine
STIMUFEND	Ziextenzo
SYMLINPEN	Consult with your healthcare provider to find a covered alternative
TUDORZA PRESSAIR	Spiriva Handihaler, Spiriva Respimat,
UDENYCA	Ziextenzo
VAFSEO	Jesduvroq
VELSIPITY	Humira, Stelara, Selarsdi, Yesintek, Xeljanz IR/XR, Rinvoq, Simlandi, Adalimumab-ADAZ, Omvoh
VESICARE LS	Solifenacin, oxybutynin
VEVYE	Restasis, Xiidra, Cyclosporine ophthalmic drops
VTAMA	calcipotriene, tazarotene, tacrolimus, pimecrolimus, salicylic acid
XELSTRYM	generic methylphenidate ER/LA/CD/PATCH or lisdexamfetamine or dextroamphetamine/amphetamine XR, Azstarys, Jornay PM
YUPELRI	Lonhala Magnair
ZARXIO	Nivestym
ZELNORM	Linzess, lubiprostone, Trulance

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Excluded Drug	Preferred Alternative
ZEPATIER	Epclusa, Harvoni, Vosevi
ZETONNA	OTC budesonide, flunisolide, RX/OTC fluticasone, mometasone, OTC triamcinolone, Qnasl
ZIRGAN	trifluridine, acyclovir, valacyclovir, famciclovir
ZITUVIO (brand and authorized generic)	Januvia, Janumet, Janumet XR
ZOMACTON	Norditropin, Genotropin, Skytrofa, Sogroya
ZORYVE	generic topical antifungals (ketoconazole, ciclopirox, selenium sulfide, zinc pyrithione), or generic topical calcineurin inhibitors (pimecrolimus, tacrolimus)
ZYLET	neomycin-polymixin B-dexamethasone, neomycin-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone
ZYMFENTRA	Humira, Rinvoq, Xeljanz, Xeljanz XR, Simlandi, Adalimumab-ADAZ, Stelara, Selarsdi, Yesintek, Omvoh

Non-Essential Drugs

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MedImpact Drug Exclusions

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Excluded Drug	Preferred Alternative
ABILIFY MYCITE	generic oral aripiprazole formulations
ABSORICA, ABSORICA LD (brand and authorized generic)	generic isotretinoin capsules
ABSTRAL	fentanyl citrate lozenge
ACUICYN	OTC OCuSOFT lid scrub, ocular antibiotics, OTC artificial tears
ACTICOAT, ACTICOAT 7, ACTICOAT FLEX 3, ACTICOAT FLEX 7, ACTICOAT SURGICAL	OTC and other silver products
ACCRUFER	OTC oral iron preparations
ADAPALENE SOLUTION	Rx generic adapalene cream or lotion, Rx generic/OTC adapalene gel, EpiDuo, generic topical tretinoin
AERONEB GO	Aerochamber
ALEVICYN/SPRAY GEL	OTC emollients or creams, OTC generic hydrocortisone, OTC wound care products
ALLEVYN, ALLEVYN ADHESIVE, ALLEVYN HEEL	OTC and other foam bandage products
ALLEVYN AG, ALLEVYN AG ADHESIVE, ALLEVYN AG GENTLE	OTC and other foam bandage and silver products
ALLZITAL	generic butalbital/acetaminophen (50mg-325mg tablet)
ALZAIR	Chloraseptic Allergen Block
AMCINONIDE 0.1 % OINT.	generic high-potency topical steroids (e.g., 0.05% betamethasone diproprionate, 0.05% fluocinonide)
AMRIX	cyclobenzaprine (5mg or 10mg)
AMZEEQ	Oral doxy/minocycline, topical antibiotics for acne (e.g. dapsone, clindamycin)
ANTARA	fenofibrate, micronized/nanocrystallized
ANTIVERT	OTC antihistamines
APEXICON E	Generic high potency topical steroid (e.g., fluocinonide 0.05%, betamethasone dipropionate 0.05%)
APLENZIN	bupropion extended release, bupropion
ASPRUZYO SPRINKLE	ranolazine
AQUORAL	OTC saliva mouthwash, powder, or spray/pump
ARAZLO	Other tazarotene, tretinoin, or adapalene products
ASPIRIN/OMEPRAZOLE	OTC aspirin, OTC omeprazole
ASTERO	topical lidocaine
ATOPADERM	OTC emollients (Eucerin, Cetaphil, petroleum jelly, Aquaphor), pramoxine, Sarna lotion, topical diphenhydramine, generic topical steroids, OTC wound care products
ATOPICLAIR	OTC hyaluronate products

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MedImpact Drug Exclusions

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Excluded Drug	Preferred Alternative
AUGMENTIN (125 mg/5 mL suspension)	generic amoxicillin/clavulanate suspension
AUVI-Q	generic epinephrine autoinjector
AVENOVA	OTC OCuSOFT lid scrub, ocular antibiotics, OTC artificial tears
AVO CREAM	OTC hyaluronate products, OTC wound dressings, barrier creams
AZADROX	OTC hydrogel/gel products for wound care, OTC first aid/wound care dressings
BALSAM PERU-CASTOR OIL	OTC wound care products, barrier creams and ointments
BACLOFEN (15 mg)	baclofen 5, 10, or 20 mg tablets
BEAU RX	Kelocote, Recedo
BELVIQ	Wegovy, Saxenda phentermine, phendimetrazine, diethylpropion, topiramate, Zepbound
BELVIQ XR	Wegovy, Saxenda, phentermine, phendimetrazine, diethylpropion, topiramate, Zepbound
BENZEPRO	generic or OTC topical benzoyl peroxide
BENZONATATE (Solubiomix)	generic benzonatate
BIAFINE	OTC hyaluronate products, OTC wound dressings, barrier creams
BINOSTO	alendronate, ibandronate
BIONECT	OTC hyaluronate products
BIOSTEP	OTC collagen dressings
BIOSTEP AG	OTC collagen dressings and silver products
BOCASAL	OTC saliva mouthwash, powder, or spray/pump
BONJESTA	OTC doxylamine, OTC pyridoxine
BPCO	OTC wound care products, barrier creams and ointments
BRYHALI	Generic halobetasol ointment or cream, clobetasol propionate; generic betamethasone augmented 0.05%; generic fluocinonide
BUTALBITAL-ACETAMINOPHEN (50 mg-300 mg capsules)	generic butalbital/acetaminophen (50 mg-325 mg tablet)
BUTALBITAL-ACETAMINOPHEN (25 mg-325 mg tablets)	Other butalbital products, such as generic butalbital/acetaminophen (50 mg-325 mg tablet).
CAMBIA	Diclofenac oral tablets, other generic NSAIDs
CALSODORE	generic calcipotriene products
CAROSPIR	generic spironolactone tablets
CELACYN	OTC Mederma, OTC Scarguard MD, OTC ScarAway
CELACYN POST PROCEDURE	OTC moisturizing creams/cleansers

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Excluded Drug	Preferred Alternative
CERACADE	OTC emollients (Eucerin, Cetaphil, petroleum jelly, Aquaphor), pramoxine, Sarna lotion, topical diphenhydramine, generic topical steroids
CERAMAX	OTC emollients (Eucerin, Cetaphil, petroleum jelly, Aquaphor), pramoxine, Sarna lotion
CHLORZOXAZONE 375 mg, 750 mg	generic chlorozoxazone (500 mg tablets)
CIRCUDERM	OTC wound care products, barrier creams and ointments
CLEMASTINE FUMARATE	OTC antihistamines
COMBOGESIC	generic ibuprofen and generic acetaminophen tablets
CONSENSI	Generic amlodipine and celecoxib (individually)
CONZIP	generic tramadol extended-release capsules or tablets
COREMINO	generic immediate-release minocycline capsules or tablets, doxycycline
COXANTO	generic oxaprozin
DAXBIA	Cephalexin
DELUO	OTC antiseptic cleansers
DENAVIR	Generic oral acyclovir, famciclovir, and valacyclovir
DERMULCERA	OTC wound care products, barrier creams and ointments
DERMASO PLUS	Generic OTC or low cost skin emollient combinations
DESVENLAFAXINE ER	desvenlafaxine succinate ER, desvenlafaxine ER (Ranbaxy)
DEXABLISS	Regular (not in a therapy pack) dexamethasone tablets
DEXERYL	OTC emollients or creams, OTC generic hydrocortisone
DEXPAK	dexamethasone tablets (1.5 mg)
DICLOFENAC POTASSIUM 25MG	Generic diclofenac potassium 50mg tablets, generic diclofenac sodium tablets
DICLOFENAC SODIUM	topical diclofenac
DICLOFENAC SUBMICRONIZED	generic oral NSAIDs, generic oral diclofenac
DIFENOXIN HCL/ATROPINE SULFATE	generic Lomotil tablets
DIFLORASONE DIACETATE CREAM/OINTMENT	Generic high to super-high potency topical steroid (e.g., fluocinonide, betamethasone dipropionate)
DIMENTHO	Generic diclofenac topical preparations and OTC topical counterirritants
DORYX MPC	Generic oral tetracyclines
DOXYCYCLINE (selected strengths)	Generic doxycyclines
DOLOBID	generic and OTC salicylates
DRIZALMA SPRINKLE	generic duloxetine capsules
DUEXIS	famotidine & ibuprofen
DULOXETINE HCL	generic duloxetine
DURLAZA	RX/OTC aspirin, clopidogrel
DUTOPROL	generic metoprolol, hydrochlorothiazide

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Excluded Drug	Preferred Alternative
DXEVO	Generic dexamethasone tablets
EDLUAR	eszopiclone, zaleplon, zolpidem
ELEPSIA XR	Generic levetiracetam ER tablets
ELETONE	OTC emollients or creams, OTC generic hydrocortisone
ENDOFORM	OTC collagen dressings
ENOXILUV	generic enoxaparin syringes and OTC alcohol prep pads, gloves, adhesive bandages, single-use gauze sponges
ENTTY	OTC emollients (Eucerin, Cetaphil, petroleum jelly, Aquaphor), pramoxine, Sarna lotion, topical diphenhydramine, generic topical steroids
EPICERAM	OTC emollients (Eucerin, Cetaphil, petroleum jelly, Aquaphor), pramoxine, Sarna lotion, topical diphenhydramine, generic topical steroids
EPICYN	OTC benzoyl peroxide cleansers
EPISIL	OTC saliva substitutes
EPSOLAY	generic benzoyl peroxide, topical metronidazole or azelaic acid
ERTACZO	generic clotrimazole, econazole, ketoconazole, terbinafine
EURAX	generic topical permethrin, oral ivermectin
EVEKEO ODT	generic amphetamine sulfate or other short-acting ADHD products
EVZIO	Narcan, naloxone, Kloxxado
EXTINA	2% ketoconazole shampoo or cream
EZETIMIBE-ATORVASTATIN CALCIUM	Generic ezetimibe, atorvastatin calcium
FABIOR	Generic topical adapalene, tretinoin, tazarotene creams/gels
FENOFIBRATE (selected strengths)	generic fenofibrate, micronized/nanocrystallized
FENOPROFEN CALCIUM	generic oral NSAIDs
FENOPRON	generic fenoprofen capsules/tablets
FENTORA	fentanyl citrate lozenge
FEXMID (brand and generic)	cyclobenzaprine (5mg or 10mg)
FORFIVO XL	bupropion extended release
FORTAMET	metformin IR, metformin ER (generic for Glucophage XR)
GABARONE	Generic gabapentin capsules or solution
GELCLAIR, GELX, PROTHELIAL	Rincinol PRN, Magic mouthwash
GEL-MATRIX SILICONE PAD (Cellpad, Cicasil, Cicatrace, Derm-Silk, Kelotop, Prosilk, Scarcinpad,Scarsilk, Silivex, Sil-K, Siltrex)	OTC Scargel, OTC silicone gel sheet
GENADUR	OTC nail strengthener
GLUMETZA	generic Glucophage XR

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MedImpact Drug Exclusions

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Excluded Drug	Preferred Alternative
GLYCATE	generic glycopyrrolate (1mg tablets)
GLIMEPIRIDE	Other generic glimepiride products
GOCOVRI	generic amantadine IR (100mg tablets)
GONITRO	generic nitroglycerin sublingual tablets, generic nitroglycerin translingual spray
GRALISE, GABAPENTIN (ONCE DAILY)	gabapentin immediate-release
HALUCORT	Generic topical corticosteroids
HELIDAC	Bismuth subsalicylate OTC, metronidazole, tetracycline
HEMADY	generic dexamethasone 4 mg tablet
HORIZANT	gabapentin immediate-release
HPR/PLUS/MB/HYDROGEL	generic topical clobetasol or hydrocortisone, OTC emollient products (CeraVe, etc.)
HPR PLUS	Any antiseptic wound care product, OTC emollient
HYCLODEX	Di-Dak Sol (sodium hypochlorite 0.0125%), Dakin's solution (sodium hypochlorite 0.125%, 0.25%, and 0.50%), Hysept (sodium hypochlorite 0.5%), and H-Chlor (0.062/0.125%)
HYCOFENIX	OTC 1% hydrocortisone
HYDROCODONE-ACETAMINOPHEN (10 mg-32 mg oral solution)	hydrocodone-acetaminophen 10mg-300mg tablets, 10mg-325mg tablets, 7.5-325mg oral solution
HYDROCORTISONE ACETATE W/ PRAMOXINE SUPPOSITORY	Generic hydrocortisone suppository
HYDROFERA BLUE, HYDROFERA BLUE READY	Any antiseptic wound dressing
HYDROCERIN	OTC emollients
HYGEL	Any moisture-retaining skin/wound protectant product
HYLATOPIC PLUS	OTC emollients (Eucerin, Cetaphil, petroleum jelly, Aquaphor), pramoxine, Sarna lotion, topical diphenhydramine, generic topical steroids, OTC wound care products
IMPEKLO	Other topical formulations of generic clobetasol 0.05%, other topical high-potency generic corticosteroids
IMPOYZ	Other topical formulations of generic clobetasol 0.05% (e.g. cream, foam), Other topical high-potency generic corticosteroids
INDOCIN	diclofenac oral and capsicum
INDOMETHACIN (Tivorbex authorized generic)	Other NSAIDs, including other indomethacin products
INDERAL XL	propranolol tablets
INNOPRAN XL	propranolol tablets
INTERMEZZO	eszopiclone, zaleplon, zolpidem
IRENKA	Duloxetine 20mg capsules

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Excluded Drug	Preferred Alternative
ISOTRETINOIN BRANDS	generic isotretinoin capsules
JUBLIA	generic terbinafine, fluconazole, itraconazole, ciclopirox
KAMDOY	topical lidocaine
KATERZIA	amlodipine tablets
KELARX	OTC Mederma, OTC Scarguard MD
KERAGEL, KERAGELT KERAMATRIX	OTC wound care products/dressings
KETOROLAC TROMETHAMINE NASAL SPRAY	Other NSAIDS (e.g.ibuprofen, naproxen) and analgesia products.
KHEDEZLA (brand and generic)	desvenlafaxine succinate extended release, desvenlafaxine extended release (Ranbaxy)
KIVIK	OTC emollients, OTC or generic topical steroids
KONVOMEP	generic PPIs available as packets or disintegrating tablets (i.e., pantoprazole, lansoprazole)
KRISTALOSE/LACTULOSE PACKETS	generic lactulose solution
LAZANDA	fentanyl citrate lozenge
LEVICYN/SG	OTC emollients or creams, OTC generic hydrocortisone, OTC wound care products
LEVORPHANOL 3 MG	Generic morphine IR, oxycodone IR
LEXETTE	generic halobetasol ointment or cream; generic clobetasol; generic betamethasone; generic fluocinonide
LIDOCAINE HCL/ALOE/COLLAGEN	lidocaine, OTC aloe, OTC emollients
LIDOCAINE/TETRACAINE	generic lidocaine 5% topical, lidocaine-prilocaine topical cream
LIDOCAINE/PRILOCAINE 2.5%/2.5% (kit)	generic lidocaine 5% topical, lidocaine-prilocaine topical cream
LIDOTRAL + HYDROCORTISONE	OTC lidocaine products
LIDOTREX	lidocaine, OTC vitamin E, OTC aloe, OTC emollients
LIDOTROL-MENTHOL	individual generic components or OTC lidocaine/menthol products
LOCORT	Generic dexamethasone tablets
LODOCO	Generic 0.6 mg tabs
LOREEV XR	Generic lorazepam tablets or alprazolam ER/XR tablets
LORZONE	Generic chlorzoxazone (500 mg tablets)
LOUTREX	OTC emollients (Eucerin, Cetaphil, Aquaphor)
LOYON	topical dimethicone
LURADROX	OTC hyaluronate products
LUXAMEND	OTC hyaluronate products, OTC wound dressings, barrier creams
LYRICA CR	immediate-release gabapentin, immediate-release Lyrica
LYVISPAH	Generic baclofen tablets, other muscle relaxants

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Excluded Drug	Preferred Alternative
MATRISTEM, MATRISTEM MICROMATRIX	OTC wound care products/dressings
MEDIHONEY	OTC wound dressings, hyaluronate, barrier creams, emollients
METAXALONE (640MG)	metaxalone 400 mg or 800 mg tablets
METHOCARBAMOL 1000MG	generic methocarbamol 500 mg and 750 mg tablet
METFORMIN HCL 625MG, 750MG	Other strengths of generic metformin tablets
METFORMIN HCL ER (gastric release, modified release, i.e., Glumetza)	generic metformin IR, generic Glucophage XR (metformin ER)
MICROCYN, MICROCYN HYDROGEL	OTC wound care products
MIGERGOT	generic ergotamine/caffeine tablets
MILLIPRED	generic prednisone, prednisolone, or methylprednisolone products
MIMYX	OTC emollients (Eucerin, Cetaphil, petroleum jelly, Aquaphor), promoxine, Sarna lotion, topical diphenhydramine, generic topical steroids
MINOCYCLINE HCL ER	generic immediate-release minocycline capsules or tablets, doxycycline
MINOCYCLINE HCL MICROSPHERES	generic immediate-release minocycline capsules or tablets, doxycycline
MINOLIRA ER	generic immediate-release minocycline capsules or tablets, doxycycline
MISTASSIST	alternative respiratory assistance devices (nebulizers, spacers, inspiratory muscle trainers)
MOTOFEN	Diphenoxylate-atropine, Loperamide OTC
MUGARD	oral baking soda and salt rinses, magic mouthwash preparation
NALFON	generic oral NSAIDs
NAPRELAN	naproxen
NAPROTIN	Generic naproxen, OTC capsaicin cream
NAPROXEN ORAL SUSPENSION	Ibuprofen suspension, OTC NSAIDs
NAPROXEN SODIUM ER	naproxen
NAPROXEN/ESOMEPRAZOLE MAG	naproxen & esomeprazole magnesium, lansoprazole, omeprazole, or pantoprazole
NASCOBAL	Generic cyanocobalamin (e.g. injectable, oral, or sublingual)
NEOCERA	OTC emollients (Eucerin, Cetaphil, petroleum jelly, Aquaphor), pramoxine, Sarna lotion, topical diphenhydramine, generic topical steroids
NEOSALUS	OTC emollients (Eucerin, Cetaphil, petroleum jelly, Aquaphor), pramoxine, Sarna lotion, topical diphenhydramine, generic topical steroids

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Excluded Drug	Preferred Alternative
NEUTRASAL	OTC saliva mouthwash, powder, or spray/pump
NEXICLON XR	Generic clonidine tablets
NIVATOPIC PLUS	OTC emollients (Eucerin, Cetaphil, petroleum jelly, Aquaphor), pramoxine, Sarna lotion, topical diphenhydramine, generic topical steroids, OTC wound care products
NITROFURANTOIN (generic for FURADANTIN)	25 mg/5 mL susp and generic nitrofurantoin capsules
NORGESIC FORTE, ORPHENGESIC FORTE	individual components or other muscle relaxants
NORITATE	0.75% metronidazole cream or lotion
NORLIQVA	Generic amlodipine tablets
NORTRIPTYLINE 20 MG/10ML UNIT-DOSE CUPS	Generic nortriptyline capsules and oral solution (10mg/5mL)
NUTRASEB	OTC topical antifungal products, OTC topical low-potency steroids
NUVAIL	OTC nail strengthener
OASIS ULTRA	OTC wound care products
ONSOLIS	fentanyl citrate lozenge
ONZETRA XSAIL	sumatriptan
ONDANSETRON ODT	Generic ondansetron tablets, oral disintegrating tablets, oral solution, or vials
ORAFATE	Oral baking soda and salt rinses, magic mouthwash preparation
ORAPEUTIC	OTC mouth pain/protectant products (e.g., Rincinol PRN Mouth Sore Rinse)
ORTIKOS	Generic budesonide EC 3 mg capsules
OSMOLEX ER	generic amantadine IR (100mg tablets)
PAIN EASE MEDIUM STREAM SPRAY	OTC lidocaine, prilocaine, benzocaine
PENNSAID	Diclofenac
PEXEVA	paroxetine
PHLAG SPRAY	OTC treatments including calamine, hydrocortisone (a weak steroid), camphor, diphenhydramine hydrochloride (HCl), benzocaine and menthol
PICATO	fluorouracil 0.5%, 4%, or 5% cream, fluorouracil 2% or 5% solution, imiquimod 5% cream, diclofenac sodium 3% gel
PLIXDA (brand and authorized generic)	Rx generic adapalene cream or lotion, Rx generic/OTC adapalene gel, EpiDuo, generic topical tretinoin
POKONZA	generic potassium chloride oral solution
PONVORY	Fingolimod, Mayzent
PRESTALIA	amlodipine and benazepril

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Excluded Drug	Preferred Alternative
PRIMLEV/OXYCODONE-ACETAMINOPHEN (brand and generic)	Generic oxycodone/acetaminophen (2.5-325 mg, 5-325 mg, 7.5-325 mg, 10-325 mg)
PROAIR DIGIHALER	generic albuterol inhalers
PROAIR RESPICLICK	generic albuterol inhalers
PROLATE	Oxycodone-acetaminophen tablets, hydrocodone-acetaminophen solution
PROMISE B	OTC topical antifungal products, OTC topical steroids, OTC ketoconazole/dandruff shampoos
PROTYL AG	OTC wound care, SilvaSorb, Hydrogel AG
PRUMYX	OTC topical emollients
PRUTECT	OTC hyaluronate products, OTC wound dressings, barrier creams
PULMOSAL	Generic options of sodium chloride inhalation solutions
QUETIAPINE FUMARATE (150mg) TABLET	quetiapine fumarate 25 mg, 50 mg, 100 mg, 200 mg, 300 mg, and 400 mg
RADIAPLEX RX	OTC hyaluronate products, OTC aloe, OTC emollient products, OTC wound care products
RAMELTEON	eszopiclone, zaleplon, zolpidem
RAYOS	prednisone IR
REGENECARE	lidocaine, OTC vitamin E, OTC aloe, OTC emollients
RELAFEN DS	Generic nabumetone tablets in other strengths and/or other OTC/generic NSAIDs
RELEXXII	generic methylphenidate ER/LA/CD or lisdexamfetamine or dextroamphetamine/amphetamine XR, Azstarys, Jornay PM
RELTONE	Generic ursodiol
REPLICARE, REPLICARE THIN, REPLICARE ULTRA, REPLICARE ULTRA SACRUM	OTC wound care products/dressings
RESTIZAN	OTC Mederma, OTC Scarguard MD, OTC ScarAway
RHOFADE	Metronidazole gel, azelaic acid, ivermectin cream
ROSZET	Generic ezetimibe and rosuvastatin
ROZEREM	eszopiclone, zaleplon, zolpidem
RYCLORA (brand and generic)	OTC diphenhydramine, OTC chlorpheniramine
RYVENT (brand and generic)	generic carbinoxamine (4 mg tablets)
SALIVAMAX	OTC saliva mouthwash, powder, or spray/pump
SALIVATERX	OTC saliva mouthwash, powder, or spray/pump
SCARCARE	OTC Mederma, OTC Scarguard MD, OTC Bio Oil
SALICATE	generic or OTC salicylic acid products
SCARCIN SCARCIN ROLL ON	OTC Mederma, OTC Scarguard MD, OTC ScarAway

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Excluded Drug	Preferred Alternative
SEBUDERM	OTC topical antifungal products, OTC topical steroids, OTC ketoconazole/dandruff shampoos
SEYSARA	generic immediate-release minocycline capsules or tablets, doxycycline
SILATRIX	OTC oral mucosal protectants and mouth sore rinses (e.g., Canker Cover, Canker Relief, G.U.M Rincinol P.R.N)
SILIPAC	OTC Mederma, OTC Scarguard MD, OTC Bio Oil
SILVRSTAT	OTC anti-microbial products or silver wound gels
SITAVIG	acyclovir tablets, valacyclovir tablets, famciclovir tablets
SOAANZ	Generic torsemide tablets
SOLODYN	generic immediate-release minocycline capsules or tablets, doxycycline
SOLOX gel	OTC One Silver wound dressing gel, OTC wound management products
SONAFINE	OTC hyaluronate products, OTC wound dressings, barrier creams
SP SCAR MANAGEMENT	OTC Mederma, OTC Scarguard MD, OTC ScarAway
SPRITAM	generic levetiracetam product
SPRIX	ibuprofen, naproxen
SUBSYS	fentanyl citrate lozenge
SULFACLEANSE	generic sulfur/sodium sulfacetamide topical products
SUMADAN	Generic sulfacetamide sodium/sulfur topical products
SUMAXIN TS	generic sulfur/sodium sulfacetamide topical products
SUVICORT	lidocaine, OTC aloe, OTC emollients
SYMBRAVO	generic meloxicam and rizatriptan
SYMPAZAN	generic clobazam product (i.e., tablet or oral suspension)
SYNERDERM	palm oil
TAPERDEX	dexamethasone tablets (1.5 mg)
TETRIX	OTC wound care products, barrier creams and ointments
TETRACYCLINE (generic for SUMYCIN)	Generic tetracycline capsules
THERAPEVO	OTC hyaluronate products, OTC wound dressings, barrier creams
TIVORBEX	indomethacin
TOBRADEX ST	generic tobramycin/dexamethasone ophthalmic drops
TOLSURA	generic itraconazole
TOSYMRA	Imitrex nasal spray, sumatriptan subcutaneous injection, other triptan oral products
TRAMADOL (25 mg, 75mg, 100 mg tablets)	generic tramadol IR or ER products
TREXIMET (brand and generic)	sumatriptan, naproxen
TREZIX (brand and generic)	acetaminophen/codeine

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Excluded Drug	Preferred Alternative
TRIANEX	generic triamcinolone acetonide 0.03%-0.1% ointment
TRIONEX	individual components generic calcipotriene formulations and OTC dressing
TWYNEO	generic topical benzoyl peroxide
ULTRAVATE	Generic halobetasol ointment or cream, clobetasol propionate, generic betamethasone augmented 0.05%, generic fluocinonide 0.1%
URNEVA, URIMAR-T	other generic urinary antiseptic products
VALSARTAN ORAL SOLUTION	Generic valsartan tablets
VANATOL LQ	butalbital/acetaminophen/caffeine (50mg-325mg-40mg) tablets/capsules
VANATOL S	butalbital/acetaminophen/caffeine (50mg-325mg-40mg) tablets/capsules
VASHE WOUND	OTC wound care products, wound washes
VELTIN (brand and generic)	generic clindamycin topical, generic tretinoin topical
VENELEX	OTC wound care products, barrier creams and ointments
VERDESO	generic desonide 0.05% cream, lotion, or ointment
VIEKIRA PAK	Epclusa, Harvoni, Vosevi
VENLAFAXINE BESYLATE ER (112.5mg)	venlafaxine ER (25 mg, 37.5 mg, 50 mg, 75 mg, 100 mg, 150 mg, 225 mg)
VIMOVO	naproxen & esomeprazole
VIVLODEX	meloxicam
XCELLISTEM	OTC wound care products
XERESE	oral acyclovir, famciclovir, valacyclovir
XEROFORM PETROLATUM DRESSING	OTC wound care products
XACIATO	Generic clindamycin vaginal cream
XIMINO	generic immediate-release minocycline capsules or tablets, doxycycline
XOLEGEL	2% ketoconazole shampoo or cream
YOSPRALA (81/40 mg, 325/40 mg) (brand and generic)	Rx/OTC aspirin, RX/OTC omeprazole
ZCORT	Generic dexamethasone tablets (1.5 mg)
ZECUITY	sumatriptan
ZEGERID PACKET	OTC antacid and PPI (e.g., omeprazole)
ZEMA-PAK	dexamethasone tablets (1.5 mg)
ZEMBRACE SYMTOUCH	sumatriptan
ZERVIATE	Azelastine, epinastine or olopatadine ophthalmic solutions
ZIANA (brand and generic)	generic clindamycin topical, generic tretinoin topical
ZILEUTON ER	montelukast, zafirlukast
ZILXI	Generic oral tetracylines
ZIPSOR	Diclofenac

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Excluded Drug	Preferred Alternative
ZOLPIDEM TARTRATE (Capsule)	Generic zolpidem tartarate tabs
ZODEX	Generic dexamethasone, generic methylprednisolone dose packs
ZOLPIMIST	eszopiclone, zaleplon, zolpidem
ZONACORT	dexamethasone tablets (1.5 mg)
ZONALON	topical corticosteroid
ZORVOLEX	diclofenac
ZOVIRAX (brand and generic)	Generic oral acyclovir, famciclovir, and valacyclovir
ZTLIDO	immediate-release gabapentin, immediate-release Lyrica, generic lidocaine 5% topical patches, OTC lidocaine cream, generic Rx lidocaine cream, solution, or ointment
ZUPLENZ	ondansetron ODT
ZYCLARA	fluorouracil 0.5%, 4%, or 5% cream, fluorouracil solution, imiquimod 5% cream, diclofenac sodium 3% gel
ZYFLO	montelukast, zafirlukast
ZYFLO CR	montelukast, zafirlukast
ZYPITAMAG	other statins

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High-Cost, Non-Essential Products

Excluded Drug	Preferred Alternative
ACCUCAINE	lidocaine topical
ACTIVE-PAC	generic gabapentin IR and lidocaine/menthol topical
ACYCLOVIX	oral acyclovir, OTC oral pain relievers
ADAZIN	OTC lidocaine, benzocaine, methyl salicylate, capsaicin creams
ALCORTIN A	hydrocortisone-iodoquinol cream, ciclopirox cream, clotrimazole cream
ALLEVESS PATCH	topical capsaicin and menthol
ALOQUIN	hydrocortisone-iodoquinol cream
AVIDOXY DK	generic doxycycline, OTC salicylic acid
BENSAL HP	topical hydrocortisone, OTC emollients, salicylic acid
BENZODOX 30	generic doxycycline, OTC benzoyl peroxide
BESER/KIT	Generic topical corticosteroids, generic/OTC emollients
CAPHOSOL	OTC saliva mouthwash, powder, or spray/pump
CAPXIB	celecoxib, capsaicin/menthol
CLENIA PLUS	Ovace, Ovace Plus Wash
CLINDAMYCIN PHOS/SKIN CLNSR 19	Acanya (clindamycin 1.2%/benzoyl peroxide 2.5%); Benzaclin generic (clindamycin 1%/benzoyl peroxide 5%); erythromycin 3%, benzoyl peroxide 5%
CLINDAMYCIN/BENZOYL/EMOL CMB94	Acanya (clindamycin 1.2%/benzoyl peroxide 2.5%); Benzaclin generic (clindamycin 1%/benzoyl peroxide 5%; erythromycin 3%, benzoyl peroxide 5%
CLINDAVIX	Generic clindamycin topical solution, OTC skin protectants
CLOBETAVIX	Generic clobetasol propionate, OTC hydrocolloid bandages, generic super-high potency topical steroids
CLOBETEX	Generic desloratadine, loratadine, cetirizine, levocetirizine, clobetasol propionate and other generic topical corticosteroids
CLEARACYLIC/CLEARACYLIC PRO	low-cost generic or OTC salicylic acid products
CYCLOBENZAPRINEPAX	generic cyclobenzaprine 10 mg tablets
CYCLOPAK	Generic cyclobenzaprine, topical lidocaine-prilocaine, OTC swallowing spray
CYCLOTENS	cyclobenzaprine 10 mg tablets
DAVIMET-FLUORIDE (pediatric MVI with fluoride)	generic low-cost pediatric multivitamins with fluoride
DAVIMET-IRON	generic and other low-cost multivitamins with iron
DERMACINRX CINLONE-I CPI	triamcinolone 40mg injectable; lidocaine/prilocaine
DERMACINRX LEXITRAL	topical diclofenac, topical capsaicin cream
DERMACINRX PHN PAK	topical generic lidocaine

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Excluded Drug	Preferred Alternative
DERMACINRX PRIZOPAK	topical lidocaine, prilocaine
DERMACINRX PUREFOLIX	folic acid and vitamin D
DERMACINRX SILAPAK	triamcinolone, dimethicone
DERMACINRX SILAZONE	triamcinolone, dimethicone
DERMACINRX SURGICAL PHARMAPAK	mupirocin and chlorhexidine
DERMACINRX THERAZOLE PAK	clotrimazole/betamethasone cream or lotion
DERMACINRX ZRM PAK	lidocaine/dimethicone cream
DERMALID	OTC lidocaine patches
DERMAPAK PLUS	topical tretinoin
DERMAPLEX	OTC topical emollients/hyaluronic acid products
DERMASORB HC	hydrocortisone cream
DERMASORB TA	triamcinolone cream
DERMASORB XM	urea cream
DICLAREAL	generic diclofenac solution, drops, or gel and generic capsaicin cream
DICLO GEL-XRYLIX SHEET	topical diclofenac
DICLOFENAC SODIUM/MENTHOL	topical diclofenac, OTC menthol/methyl salicylate
DICLOFONO	Generic or OTC diclofenac topical gel
DICLONA	topical diclofenac, lidocaine topical gel
DICLONA+	individual generic diclofenac and lidocaine topical formulations
DICLOPAK	topical diclofenac
DICLOPR	topical diclofenac, OTC menthol/methyl salicylate
DICLOTREX	Diclofenac sodium gel, OTC camphor and menthol products
DICLOVIX	Diclofenac 1.5% topical solution, OTC camphor/methylsalicylate patches, OTC lidocaine patches
DICLOZOR	topical diclofenac
DITHOL	Generic or OTC diclofenac topical gel, OTC counterirritants
DMT SUIK	injectable dexamethasone
DOLOTRANZ	lidocaine/prilocaine cream, lidocaine topical gel
DONNATAL	Other bowel antispasmodics as appropriate for condition
DS PREP PAK	topical diclofenac
DULOXICAINE	generic duloxetine capsules and OTC lidocaine products
DURACHOL	OTC vitamin D3, folic acid
DYZBAC	folic acid, vitamin B12, OTC multivitamin
ECONASIL	Generic topical econazole products
ELEMAR PATCH	Generic lidocaine patch

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Excluded Drug	Preferred Alternative
ESOMEP-EZS	Generic or OTC omeprazole, lansoprazole, OTC Pill Glide spray
ELLZIA PAK	Generic triamcinolone cream and OTC dimethicone
EZ FLU KIT	Seasonal influenza virus vaccine
FLEXIPAK	diclofenac tablets, capsaicin cream
FLORAFOL FE PEDIATRIC	Multi-Vitamin W-Fluoride-Iron (Pedi Multivit 45/Fluoride/Iron) 0.25-10/mL liquid drops
FLUOPAR	Generic topical corticosteroids, OTC topical skin protectants
FLUOVIX	Generic topical corticosteroids, OTC topical silicone dressings
FROTEK	Generic/OTC topical diclofenac gel
FORMOTEROL FUMARATE-NEBULIZER	Generic formoterol fumarate and arformoterol
FRAICHE 5000 SENSITIVE	Generic sodium fluoride-potassium nitrate dental paste
GABACAINE	Generic gabapentin capsules, generic and/or OTC lidocaine patches, OTC alcohol swabs and gadgets/timers/apps
GABAPAL	Generic/OTC topical lidocaine patches
HYDROXYM	generic hydrocortisone products
HYDROCORT COMPLETE KIT HYDROCORT LOTION COMPLETE	generic hydrocortisone products
HYDROCORTISONE-PRAMOXINE 2%-1%	hydrocortisone, Texacort, Ala-Scalp, hydrocortisone acetate, hydrocortisone-pramoxine 2.5%-1%, Pramosone
HYDROCAINE	Generic/low-cost lidocaine-hydrocortisone preparations
IBUPAK	Generic ibuprofen tablets, other prescription NSAIDS
INFLAMMACIN	diclofenac solution; methyl salicylate/menthol/camphor patch
INFLAMMA-K	diclofenac solution; methyl salicylate/menthol/camphor patch
INFLATHERM	Generic oral diclofenac/oral NSAIDS, OTC counterirritant products
INFLATHERM KIT	Generic diclofenac tablets/ other oral NSIADS, OTC menthol/camphor products
IV INFUSION CPI	lidocaine/prilocaine cream
KERALAC	urea cream
KERALYT	OTC topical salicylic acid gel or cream
KRISTALOSE	generic lactulose syrup
LEFLUNICLO	generic components of the kit (i.e., generic diclofenac 1% gel and leflunomide 20 mg tablets)
LENZAPATCH	topical lidocaine and menthol

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LIDO-K	generic lidocaine 5% ointment
LIDOCAINE/PRILO/M.SALICY/MENTH	topical lidocaine/prilocaine cream, lidocaine gel, methyl salicylate/menthol
LIDOMARK	Individual lidocaine vials, OTC wound care products (bandages gloves, alcohol prep pads)
LIDOPAC	topical lidocaine
LIDOPATCH	topical lidocaine and menthol
LIDOPURE PATCH	Generic lidocaine 5% patch, OTC kinesiology tape
LIDORX	OTC lidocaine 4% gel
LIDORXKIT	topical lidocaine
LIDOTIN	Generic oral gabapentin, generic/OTC topical lidocaine, OTC topical silicone preparations
LIDOTRAL	OTC lidocaine products
LIDOTRANS 5 PAK	topical lidocaine
LIDOVEX	topical lidocaine
LIDOVIX	Generic diclofenac DR tablets, generic and/or OTC lidocaine patches
LIDOXIB	celecoxib and topical lidocaine/menthol
LIDOZION	generic lidocaine 5% ointment
LIFEMS NALOXONE	Narcan, naloxone single-dose cartridges, naloxone single-dose syringes
LIPRITIN II	Generic topical lidocaine/prilocaine preparations
LIQUICAL PLUS	Individual calcium, cholecalciferol, pediatric multi-vitamin OTC/low-cost supplements
LMR PLUS	Generic lidocaine patches, OTC topical counterirritants
LOPROX KIT	OTC clotrimazole 1%, terbinafine 1%, and tolnaftate 1%
MEBOLEX	multivitamin, folic acid, cholecalciferol, resveratrol
MEDROX	topical capsaicin and menthol
MENTHO-CAINE	lidocaine/menthol spray OTC, lidocaine cream OTC
METFORMIN/BLOOD SUGAR DIAGNOST	generic metformin and formulary glucose test strips
METHAVER	folic acid, multivitamin
METOPIC	urea cream
MICROVIX	Generic lidocaine/prilocaine cream, OTC wound care supplies
MICURADERM SKIN EMULSION	Dermazinc
MIGRANOW	sumatriptan, camphor/menthol gel
MOMETACURE	generic mometasone and dimethicone products
MORGIDOX	generic doxycycline
MPM PAK	individual components of the kit

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MedImpact Drug Exclusions

July 1, 2025

Excluded Drug	Preferred Alternative
MTX	OTC/generic topical lidocaine products, OTC counterirritants
MULTIVIT #34/FA/NADH/UBIQUINON	folic acid, vitamin B12, OTC multivitamin
MYCOZYL HC	OTC tolnaftate or other antifungal topical products
NAPROPAK COOL	naproxen
NAPROXENPAX	naproxen
NATAL PNV	generic prenatal vitamins, ferrous gluconate,folic acid individual components
NEUAC	Generic clindamycin/benzoyl peroxide products
NOPIOID-TC KIT	Generic cyclobenzaprine tablets, OTC/generic topical lidocaine products, OTC counterirritants
NOVACORT	hydrocortisone/pramoxine creams
NOXIFOL-D3	OTC vitamin D3, folic acid
NOXIPAK	fluocinolone/urea/silicone
NUCARACLINPAK/NUCARARXPAK	Generic clindamycin gel, OTC Cetaphil lotion, other facial moisturizers with UV protection/generic clindamycin 1% gel, OTC Cetaphil lotion, other facial moisturizers with UV protection, OTC benzoyl peroxide
NUDERMRX 60	Generic topical calcipotriene, OTC skin protectants
NUDICLO	OTC/generic topical diclofenac, OTC topical capsaicin
NUDROXIPAK	Rx generic celecoxib capsules, OTC topical capsaicin/methyl salicylate
NUDROXIPAD DSDR-50/75	Rx generic diclofenac delayed-release tablets, OTC topical capsaicin/methyl salicylate
NUDROXIPAK E-400	Rx generic etodolac tablets, OTC topical capsaicin/methyl salicylate
NUDROXIPAK I-800	OTC/Rx generic Ibuprofen tablets, OTC topical capsaicin/methyl salicylate
NUDROXIPAK N-500	OTC/Rx generic nabumetone, OTC topical capsaicin/methyl salicylate
NUVAKAAN	Generic lidocaine 2.5%/prilocaine 2.5% cream, OTC scar dressings
NYATA	topical nystatin
PAINGO KFT	Generic topical prilocaine/lidocaine, OTC topical Bengay
PEDIPAK	ciclopirox
PEDIZOLPAK	Generic ketoconazole cream, OTC miconazole
PHENOBARB/HYOSCY/ATROPINE/SCOP	dicyclomine, hyoscyamine
PRENATAL MULTIVITAMINS (Azesco, Zalvit, Trinaz, Pregenna, Prenate Mini, Prenate Elite, Prenate DHA, Prenate Essential, Prenate Chewable, Primacare, Prenate Restore, Prenate Enhance,	Lower cost prenatal/pregnancy vitamins

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MedImpact Drug Exclusions

July 1, 2025

Excluded Drug	Preferred Alternative
Prenate Pixie, Prenate AM, OB Complete One, Tristart DHA, Prenate Star, Neevodha, Kosher Prenatal Plus Iron, Enbrace HR)	
PRILO PATCH	Generic lidocaine/prilocaine cream, generic and/or OTC lidocaine patches, OTC alcohol swabs
PRIZOTRAL	Generic lidocaine 2.5%/prilocaine 2.5% cream, OTC lidocaine cream
PRUCLAIR	OTC hyaluronate products
QUINOSONE	Generic mometasone/other topical corticosteroids and ammonium lactate or OTC ammonium lactate
QUINIXIL	Generic mometasone/other topical corticosteroids and OTC skin protectant/barrier creams
RAYASAL	OTC salicylic acid products
RAYASORE KIT	generic silver sulfadiazine cream
REVESTA	OTC vitamin D3, folic acid
REVIVASIL	Individual components or OTC silicone gel-matrix pads
ROSADAN	metronidazole cream
ROXIFOL-D	OTC vitamin D3, folic acid
RYALTRIS	Individual generic olopatadine and mometasone furoate nasal products
RYNODERM	urea cream
SALEX KIT	OTC salicylic acid cream, OTC hydrating cleanser or lotion
SCARTRATE	Low cost/OTC dimethicone and/or allantoin topical agents
SILA III	Generic triamcinolone 0.1% ointment (or other topical corticosteroids), OTC silicone scar prevention products, first aid/wound care dressings
SILALITE PAK	Generic triamcinolone 0.1% ointment and OTC scar gel sheets
SILICONE ADHESIVE SHEETS (Cica-care, Nuva III, Nuvagel, Nuvazil, Nuvazil II, Polytoza, Scarheal, Siladerm, Siladone, Szosil)	OTC silicone adhesives, other OTC scar treatments
SMARTRX GABAKIT	gabapentin, topical lidocaine/menthol
SMARTRX GABA-V KIT	gabapentin, topical lidocaine/menthol
SOLARAVIX	Generic diclofenac 3% gel, OTC silicone scar prevention products
SOLUPAK	topical lidocaine
STRATAMARK	OTC silicone scar products
STRATATRIZ	OTC silicone scar products
SULFACETAMIDE/SULFUR/CLEANSR23	sulfacetamide and sulfur lotion
SULFACETAMIDE SODIUM/SULFUR 10-5% SUSPENSION, 10-5% LOTION, 10-4%	Generic sulfacetamide sodium/sulfur topical products

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MedImpact Drug Exclusions

July 1, 2025

Excluded Drug	Preferred Alternative
MEDICAL PAD, 10-5% CREAM, 10-5% (ROSULA), 10-2% CREAM, 10-1% CLEANSER (BP 10-1), 10-5% FOAM (SSS 10-5), 9.8-4.8% CREAM, 9.8-4.8% LOTION	
SUMADAN	Generic sulfacetamide sodium/sulfur topical products
SUMANSETRON	sumatriptan, ondansetron
SUMAXIN CP	Generic topical sulfacetamide/sulfur products
TADLIQ	Generic tadalafil tablets
TASOPROL	Generic topical corticosteroids
TICALAST	azelastine, fluticasone
TICANASE	OTC budesonide, flunisolide, RX/OTC fluticasone, mometasone, OTC triamcinolone, Qnasl
TICASPRAY	OTC budesonide, flunisolide, RX/OTC fluticasone, mometasone, OTC triamcinolone, Qnasl
TOVET	Generic clobetasol 0.05% preparation, OTC emollient
TRESNI	Generic diclofenac tablets or aspirin suppository
TRIAMAZOLE	Topical triamcinolone, econazole cream
TRILOCICLO	Topical triamcinolone, ciclopirox
TRIXYLITRAL	topical diclofenac, OTC kinesiology therapy tape, OTC lidocaine cream, generic Rx lidocaine solution, cream, or ointment
TRUBREXA	generic lidocaine and/or capsaicin patches
ULTRAVATE X	halobetasol cream
UREA	urea cream
URE-K	urea cream
UREA-SALICYLIC ACID	OTC urea and salicylic acid products
UREVAZ	urea cream
VAROPHEN	Generic diclofenac solution, OTC topical counterirritants
VENIPUNCTURE CPI	topical lidocaine
VEREGEN	imiquimod cream, podofilox solution
VOPAC MDS	generic diclofenac gel
WHYTEDERM SURGIPAK	ciclopirox
WHYTEDERM TRILASIL PAK	triamcinolone, dimethicone
WOUND DEBRIDEMENT-LIDOCAINE	topical lidocaine solution
WPR PLUS	OTC lidocaine cream, generic Rx lidocaine cream, solution, or ointment, OTC methyl salicylate/menthol cream
XELITRAL	OTC/generic topical diclofenac, OTC topical capsaicin
XENAFLAMM	OTC/generic topical diclofenac, OTC topical capsaicin
XILAPAK	topical fluocinolone solution
XRYLIDERM	topical lidocaine patches

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MedImpact Drug Exclusions

July 1, 2025

Excluded Drug	Preferred Alternative
XRYLIX	topical diclofenac
ZEYOCAINE	Generic lidocaine 5% ointment, kinesiology tape, and alcohol prep pads
ZILACAINE PATCH	Generic lidocaine 5% patch, OTC scar dressings
ZMA CLEAR	Other topical products (e.g., washes, etc.) with antibacterial and/or keratolytic properties
ZOLPAK	Generic topical econazole, OTC wound care products

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Point of Service Clinical Edit Value

Report Criteria Selection
Summary
Summary - Specialty
Summary - Persistency
Summary - Persistency - Specialty
Summary - Therapeutic Class
Summary - Therapeutic Class - Specialty
Summary - Therapeutic Class - Persistency
Summary - Therapeutic Class - Persistency - Specialty
Summary - Brand Name
Summary - Brand Name - Specialty
Summary - Brand Name - Persistency
Summary - Brand Name - Persistency - Specialty

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Point of Service Clinical Edit Value - Report Criteria Selection

1. Intervention Period: Jan 01, 2025 to Mar 31, 2025
2. HQ Header Code(s): XXX
3. HQ Code(s): XXX01
4. Number of Days Before Intervention: 90
5. Number of Days After Intervention: 90
6. Region Number 1 Code(s): All
7. Region Number 2 Code(s): All
8. Region Number 3 Code(s): All
9. Group Number(s) Selected: All
10. Group-Division(s): All
11. Drug Language: First Data Bank
12. CMS Part D Type: All

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Point of Service Clinical Edit Value - Summary

Summary - Subsequent Approvals

Edits	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM
DRUG EXCLUDED; STEPCARE	16	($454.59)	28,352	($0.02)
PA REQUIRED	147	$85,016.60	28,352	$3.00
QUANTITY DISPENSED EXCEEDS MAX	54	$4,016.05	28,352	$0.14
Totals:	**217**	**$88,578.06**	**28,352**	**$3.12**

Summary - No Subsequent Approvals

Edits	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM
DRUG EXCLUDED; STEPCARE	43	$10,394.76	28,352	$0.37
PA REQUIRED	126	$171,150.49	28,352	$6.04
QUANTITY DISPENSED EXCEEDS MAX	25	$1,855.39	28,352	$0.07
RESTRICTED QS: QS_LIMIT_PCT2	3	$1,404.06	28,352	$0.05
Totals:	**197**	**$184,804.70**	**28,352**	**$6.52**

Summary - Total

Edits	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM
DRUG EXCLUDED; STEPCARE	59	$9,940.17	28,352	$0.35
PA REQUIRED	273	$256,167.09	28,352	$9.04
QUANTITY DISPENSED EXCEEDS MAX	79	$5,871.44	28,352	$0.21
RESTRICTED QS: QS_LIMIT_PCT2	3	$1,404.06	28,352	$0.05
Totals:	**414**	**$273,382.76**	**28,352**	**$9.64**

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Point of Service Clinical Edit Value - Summary - Specialty

Summary - Subsequent Approvals

Edit	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM
PA REQUIRED	11	$90,807.95	28,352	$3.20
Totals:	**11**	**$90,807.95**	**28,352**	**$3.20**

Summary - No Subsequent Approvals

Edits	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM
PA REQUIRED	9	$92,030.11	28,352	$3.25
Totals:	**9**	**$92,030.11**	**28,352**	**$3.25**

Summary - Total

Edits	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM
PA REQUIRED	20	$182,838.06	28,352	$6.45
Totals:	**20**	**$182,838.06**	**28,352**	**$6.45**

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Point of Service Clinical Edit Value - Summary - Persistency

Summary - Subsequent Approvals

Edits	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM
DRUG EXCLUDED; STEPCARE	16	($454.59)	28,352	($0.02)
PA REQUIRED	147	$85,016.60	28,352	$3.00
QUANTITY DISPENSED EXCEEDS MAX	54	$4,016.05	28,352	$0.14
Totals:	**217**	**$88,578.06**	**28,352**	**$3.12**

Summary - No Subsequent Approvals

Edits	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM
DRUG EXCLUDED; STEPCARE	43	$28,736.76	28,352	$1.01
PA REQUIRED	126	$561,566.64	28,352	$19.81
QUANTITY DISPENSED EXCEEDS MAX	25	$4,542.44	28,352	$0.16
RESTRICTED QS: QS_LIMIT_PCT2	3	$1,431.52	28,352	$0.05
Totals:	**197**	**$596,277.36**	**28,352**	**$21.03**

Summary - Total

Edits	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM
DRUG EXCLUDED; STEPCARE	59	$28,282.17	28,352	$1.00
PA REQUIRED	273	$646,583.24	28,352	$22.81
QUANTITY DISPENSED EXCEEDS MAX	79	$8,558.48	28,352	$0.30
RESTRICTED QS: QS_LIMIT_PCT2	3	$1,431.52	28,352	$0.05
Totals:	**414**	**$684,855.41**	**28,352**	**$24.16**

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Point of Service Clinical Edit Value - Summary - Persistency - Specialty

Summary - Subsequent Approvals

Edits	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM
PA REQUIRED	11	$90,807.95	28,352	$3.20
Totals:	**11**	**$90,807.95**	**28,352**	**$3.20**

Summary - No Subsequent Approvals

Edits	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM
PA REQUIRED	9	$288,702.66	28,352	$10.18
Totals:	**9**	**$288,702.66**	**28,352**	**$10.18**

Summary - Total

Edits	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM
PA REQUIRED	20	$379,510.61	28,352	$13.39
Totals:	**20**	**$379,510.61**	**28,352**	**$13.39**

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Point of Service Clinical Edit Value - Summary - Therapeutic Class

Summary - Subsequent Approvals

Edits	Therapeutic Drug Class Desc	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM
DRUG EXCLUDED; STEPCARE	TETRACYCLINES	1	$1,051.94	28,352	$0.04
DRUG EXCLUDED; STEPCARE	KERATOLYTICS	1	$614.52	28,352	$0.02
DRUG EXCLUDED; STEPCARE	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	1	$337.10	28,352	$0.01
DRUG EXCLUDED; STEPCARE	NASAL ANTIHISTAMINE & ANTI-INFLAM. STEROID COMB.	1	$68.66	28,352	$0.00
DRUG EXCLUDED; STEPCARE	LAXATIVES AND CATHARTICS	3	$32.80	28,352	$0.00
DRUG EXCLUDED; STEPCARE	ANALGESICS,NARCOTICS	2	($4.70)	28,352	$0.00
DRUG EXCLUDED; STEPCARE	DIABETIC SUPPLIES	7	($2,554.90)	28,352	($0.09)
PA REQUIRED	ANTIPSORIATIC AGENTS,SYSTEMIC	1	$44,330.06	28,352	$1.56
PA REQUIRED	AGENTS TO TREAT MULTIPLE SCLEROSIS	1	$37,120.14	28,352	$1.31
PA REQUIRED	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	1	$15,181.54	28,352	$0.54
PA REQUIRED	ANTIMIGRAINE PREPARATIONS	16	$7,261.66	28,352	$0.26
PA REQUIRED	ANDROGENIC AGENTS	6	$146.98	28,352	$0.01
PA REQUIRED	THYROID HORMONES	1	$104.00	28,352	$0.00
PA REQUIRED	BETALACTAMS	1	$0.00	28,352	$0.00
PA REQUIRED	HEP C VIRUS - NS5A & NS5B POLYMERASE INHIB. COMBO.	1	$0.00	28,352	$0.00
PA REQUIRED	INTERLEUKIN-4(IL-4) RECEPTOR ALPHA ANTAGONIST, MAB	2	$0.00	28,352	$0.00
PA REQUIRED	NARCOTIC WITHDRAWAL THERAPY AGENTS	2	$0.00	28,352	$0.00
PA REQUIRED	PULMONARY FIBROSIS - SYSTEMIC ENZYME INHIBITORS	1	$0.00	28,352	$0.00
PA REQUIRED	TOPICAL ANTIANDROGENIC AGENTS	1	$0.00	28,352	$0.00
PA REQUIRED	TOPICAL ANTICHOLINERGIC HYPERHIDROSIS TX AGENTS	1	$0.00	28,352	$0.00
PA REQUIRED	TOPICAL/MUCOUS MEMBR./SUBCUT. ENZYMES	1	$0.00	28,352	$0.00
PA REQUIRED	URINARY TRACT ANALGESIC AGENTS	1	$0.00	28,352	$0.00
PA REQUIRED	ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGONIST)	9	($503.19)	28,352	($0.02)
PA REQUIRED	ANTI-OBESITY GLUCAGON-LIKE PEPTIDE-1 RECEP AGONIST	47	($2,290.11)	28,352	($0.08)
PA REQUIRED	ANTIHYPERGLYCEMIC - INCRETIN MIMETICS COMBINATION	15	($2,306.29)	28,352	($0.08)

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Point of Service Clinical Edit Value - Summary - Therapeutic Class

Summary - Subsequent Approvals

Edits	Therapeutic Drug Class Desc	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM
PA REQUIRED	ANTI-OBESITY - INCRETIN MIMETICS COMBINATION	37	($2,415.00)	28,352	($0.09)
PA REQUIRED	TETRACYCLINES	1	($5,789.41)	28,352	($0.20)
PA REQUIRED	ANTISERA	1	($5,823.79)	28,352	($0.21)
QUANTITY DISPENSED EXCEEDS MAX	ANTIHYPERGLYCEMIC,INSULIN & GLP-1 RECEPTOR AGONIST	1	$3,699.70	28,352	$0.13
QUANTITY DISPENSED EXCEEDS MAX	OPHTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR-TYPE	1	$202.50	28,352	$0.01
QUANTITY DISPENSED EXCEEDS MAX	ANTIEMETIC/ANTIVERTIGO AGENTS	12	$149.35	28,352	$0.01
QUANTITY DISPENSED EXCEEDS MAX	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	3	$32.52	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	LIPOTROPICS	1	$22.19	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	2	$13.71	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	SKELETAL MUSCLE RELAXANTS	6	$6.75	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	NSAIDS, CYCLOOXYGENASE INHIBITOR-TYPE	3	$3.43	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	NARCOTIC ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE	1	$3.16	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	ANTICONVULSANT - BENZODIAZEPINE TYPE	1	$0.00	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	COLCHICINE	1	$0.00	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	EYE ANTIINFLAMMATORY AGENTS	1	$0.00	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	GLUCOCORTICOIDS, ORALLY INHALED	1	$0.00	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	EYE ANTIHISTAMINES	2	($2.75)	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	ANTIMIGRAINE PREPARATIONS	13	($26.84)	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	NASAL ANTI-INFLAMMATORY STEROIDS	5	($87.67)	28,352	$0.00
Totals:		**217**	**$88,578.06**	**28,352**	**$3.12**

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Point of Service Clinical Edit Value - Summary - Therapeutic Class

Summary - No Subsequent Approvals

Edits	Therapeutic Drug Class Desc	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM
DRUG EXCLUDED; STEPCARE	DIABETIC SUPPLIES	21	$3,606.15	28,352	$0.13
DRUG EXCLUDED; STEPCARE	ANTIHYPERLIPIDEMIC - PCSK9 INHIBITORS	2	$2,209.52	28,352	$0.08
DRUG EXCLUDED; STEPCARE	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	2	$874.06	28,352	$0.03
DRUG EXCLUDED; STEPCARE	LAXATIVES AND CATHARTICS	6	$752.61	28,352	$0.03
DRUG EXCLUDED; STEPCARE	TETRACYCLINES	1	$647.09	28,352	$0.02
DRUG EXCLUDED; STEPCARE	BETA-ADRENERGIC BLOCKING AGENTS	1	$625.38	28,352	$0.02
DRUG EXCLUDED; STEPCARE	KERATOLYTICS	1	$547.21	28,352	$0.02
DRUG EXCLUDED; STEPCARE	SMOKING DETERRENT AGENTS (GANGLIONIC STIM,OTHERS)	1	$484.65	28,352	$0.02
DRUG EXCLUDED; STEPCARE	ANTIEMETIC, CANNIBINOID-TYPE	1	$256.20	28,352	$0.01
DRUG EXCLUDED; STEPCARE	HUMAN CHORIONIC GONADOTROPIN (HCG)	1	$171.68	28,352	$0.01
DRUG EXCLUDED; STEPCARE	ANTIHISTAMINES - 2ND GENERATION	2	$97.36	28,352	$0.00
DRUG EXCLUDED; STEPCARE	LIPOTROPICS	3	$92.99	28,352	$0.00
DRUG EXCLUDED; STEPCARE	HYPERURICEMIA TX - PURINE INHIBITORS	1	$29.86	28,352	$0.00
PA REQUIRED	ANTIPSORIATIC AGENTS,SYSTEMIC	2	$35,902.43	28,352	$1.27
PA REQUIRED	ANTI-OBESITY - INCRETIN MIMETICS COMBINATION	20	$25,996.76	28,352	$0.92
PA REQUIRED	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	1	$20,443.13	28,352	$0.72
PA REQUIRED	ANTI-OBESITY GLUCAGON-LIKE PEPTIDE-1 RECEP AGONIST	12	$15,324.68	28,352	$0.54
PA REQUIRED	PULMONARY FIBROSIS - SYSTEMIC ENZYME INHIBITORS	1	$13,384.48	28,352	$0.47
PA REQUIRED	ANTIMIGRAINE PREPARATIONS	9	$11,359.40	28,352	$0.40
PA REQUIRED	ANTIHYPERGLYCEMIC - INCRETIN MIMETICS COMBINATION	10	$10,303.33	28,352	$0.36
PA REQUIRED	GASTRIC ENZYMES	1	$10,040.24	28,352	$0.35
PA REQUIRED	ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGONIST)	8	$6,906.77	28,352	$0.24
PA REQUIRED	RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS	2	$4,652.03	28,352	$0.16
PA REQUIRED	INTERLEUKIN-4(IL-4) RECEPTOR ALPHA ANTAGONIST, MAB	1	$4,049.27	28,352	$0.14
PA REQUIRED	MONOCLONAL ANTIBODY - INTERLEUKIN-5 ANTAGONISTS	1	$3,762.41	28,352	$0.13

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Point of Service Clinical Edit Value - Summary - Therapeutic Class

Summary - No Subsequent Approvals

Edits	Therapeutic Drug Class Desc	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM
PA REQUIRED	JANUS KINASE (JAK) INHIBITORS	1	$2,713.25	28,352	$0.10
PA REQUIRED	ANDROGENIC AGENTS	37	$2,255.59	28,352	$0.08
PA REQUIRED	LEUKOCYTE (WBC) STIMULANTS	1	$1,734.90	28,352	$0.06
PA REQUIRED	ANALGESICS, NON-NARCOTICS	1	$930.00	28,352	$0.03
PA REQUIRED	POTASSIUM SPARING DIURETICS	1	$658.69	28,352	$0.02
PA REQUIRED	TOPICAL ANTIANDROGENIC AGENTS	1	$576.42	28,352	$0.02
PA REQUIRED	DRUGS TO TREAT IMPOTENCY	11	$110.06	28,352	$0.00
PA REQUIRED	PULM.ANTI-HTN,SEL.C-GMP PHOSPHODIESTERASE T5 INHIB	5	$46.65	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	INSULINS	1	$933.40	28,352	$0.03
QUANTITY DISPENSED EXCEEDS MAX	SMOKING DETERRENT AGENTS (GANGLIONIC STIM,OTHERS)	1	$484.65	28,352	$0.02
QUANTITY DISPENSED EXCEEDS MAX	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	6	$188.15	28,352	$0.01
QUANTITY DISPENSED EXCEEDS MAX	OXYTOCICS	1	$69.37	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	2	$59.77	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	ANTIEMETIC/ANTIVERTIGO AGENTS	3	$52.83	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	ANTIMIGRAINE PREPARATIONS	5	$30.98	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	NSAIDS, CYCLOOXYGENASE INHIBITOR-TYPE	1	$14.21	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	NASAL ANTI-INFLAMMATORY STEROIDS	1	$9.29	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	SKELETAL MUSCLE RELAXANTS	3	$8.55	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	ANOREXIC AGENTS	1	$4.19	28,352	$0.00
RESTRICTED QS: QS_LIMIT_PCT2	DIABETIC SUPPLIES	3	$1,404.06	28,352	$0.05
Totals:		**197**	**$184,804.70**	**28,352**	**$6.52**

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Point of Service Clinical Edit Value - Summary - Therapeutic Class

Summary - Total

Edits	Therapeutic Drug Class Desc	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM
DRUG EXCLUDED; STEPCARE	ANTIHYPERLIPIDEMIC - PCSK9 INHIBITORS	2	$2,209.52	28,352	$0.08
DRUG EXCLUDED; STEPCARE	TETRACYCLINES	2	$1,699.03	28,352	$0.06
DRUG EXCLUDED; STEPCARE	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	3	$1,211.16	28,352	$0.04
DRUG EXCLUDED; STEPCARE	KERATOLYTICS	2	$1,161.73	28,352	$0.04
DRUG EXCLUDED; STEPCARE	DIABETIC SUPPLIES	28	$1,051.25	28,352	$0.04
DRUG EXCLUDED; STEPCARE	LAXATIVES AND CATHARTICS	9	$785.41	28,352	$0.03
DRUG EXCLUDED; STEPCARE	BETA-ADRENERGIC BLOCKING AGENTS	1	$625.38	28,352	$0.02
DRUG EXCLUDED; STEPCARE	SMOKING DETERRENT AGENTS (GANGLIONIC STIM,OTHERS)	1	$484.65	28,352	$0.02
DRUG EXCLUDED; STEPCARE	ANTIEMETIC, CANNIBINOID-TYPE	1	$256.20	28,352	$0.01
DRUG EXCLUDED; STEPCARE	HUMAN CHORIONIC GONADOTROPIN (HCG)	1	$171.68	28,352	$0.01
DRUG EXCLUDED; STEPCARE	ANTIHISTAMINES - 2ND GENERATION	2	$97.36	28,352	$0.00
DRUG EXCLUDED; STEPCARE	LIPOTROPICS	3	$92.99	28,352	$0.00
DRUG EXCLUDED; STEPCARE	NASAL ANTIHISTAMINE & ANTI-INFLAM. STEROID COMB.	1	$68.66	28,352	$0.00
DRUG EXCLUDED; STEPCARE	HYPERURICEMIA TX - PURINE INHIBITORS	1	$29.86	28,352	$0.00
DRUG EXCLUDED; STEPCARE	ANALGESICS,NARCOTICS	2	($4.70)	28,352	$0.00
PA REQUIRED	ANTIPSORIATIC AGENTS,SYSTEMIC	3	$80,232.49	28,352	$2.83
PA REQUIRED	AGENTS TO TREAT MULTIPLE SCLEROSIS	1	$37,120.14	28,352	$1.31
PA REQUIRED	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	2	$35,624.67	28,352	$1.26
PA REQUIRED	ANTI-OBESITY - INCRETIN MIMETICS COMBINATION	57	$23,581.76	28,352	$0.83
PA REQUIRED	ANTIMIGRAINE PREPARATIONS	25	$18,621.06	28,352	$0.66
PA REQUIRED	PULMONARY FIBROSIS - SYSTEMIC ENZYME INHIBITORS	2	$13,384.48	28,352	$0.47
PA REQUIRED	ANTI-OBESITY GLUCAGON-LIKE PEPTIDE-1 RECEP AGONIST	59	$13,034.57	28,352	$0.46
PA REQUIRED	GASTRIC ENZYMES	1	$10,040.24	28,352	$0.35
PA REQUIRED	ANTIHYPERGLYCEMIC - INCRETIN MIMETICS COMBINATION	25	$7,997.04	28,352	$0.28
PA REQUIRED	ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGONIST)	17	$6,403.58	28,352	$0.23

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Point of Service Clinical Edit Value - Summary - Therapeutic Class

Summary - Total

Edits	Therapeutic Drug Class Desc	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM
PA REQUIRED	RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS	2	$4,652.03	28,352	$0.16
PA REQUIRED	INTERLEUKIN-4(IL-4) RECEPTOR ALPHA ANTAGONIST, MAB	3	$4,049.27	28,352	$0.14
PA REQUIRED	MONOCLONAL ANTIBODY - INTERLEUKIN-5 ANTAGONISTS	1	$3,762.41	28,352	$0.13
PA REQUIRED	JANUS KINASE (JAK) INHIBITORS	1	$2,713.25	28,352	$0.10
PA REQUIRED	ANDROGENIC AGENTS	43	$2,402.57	28,352	$0.08
PA REQUIRED	LEUKOCYTE (WBC) STIMULANTS	1	$1,734.90	28,352	$0.06
PA REQUIRED	ANALGESICS, NON-NARCOTICS	1	$930.00	28,352	$0.03
PA REQUIRED	POTASSIUM SPARING DIURETICS	1	$658.69	28,352	$0.02
PA REQUIRED	TOPICAL ANTIANDROGENIC AGENTS	2	$576.42	28,352	$0.02
PA REQUIRED	DRUGS TO TREAT IMPOTENCY	11	$110.06	28,352	$0.00
PA REQUIRED	THYROID HORMONES	1	$104.00	28,352	$0.00
PA REQUIRED	PULM.ANTI-HTN,SEL.C-GMP PHOSPHODIESTERASE T5 INHIB	5	$46.65	28,352	$0.00
PA REQUIRED	BETALACTAMS	1	$0.00	28,352	$0.00
PA REQUIRED	HEP C VIRUS - NS5A & NS5B POLYMERASE INHIB. COMBO.	1	$0.00	28,352	$0.00
PA REQUIRED	NARCOTIC WITHDRAWAL THERAPY AGENTS	2	$0.00	28,352	$0.00
PA REQUIRED	TOPICAL ANTICHOLINERGIC HYPERHIDROSIS TX AGENTS	1	$0.00	28,352	$0.00
PA REQUIRED	TOPICAL/MUCOUS MEMBR./SUBCUT. ENZYMES	1	$0.00	28,352	$0.00
PA REQUIRED	URINARY TRACT ANALGESIC AGENTS	1	$0.00	28,352	$0.00
PA REQUIRED	TETRACYCLINES	1	($5,789.41)	28,352	($0.20)
PA REQUIRED	ANTISERA	1	($5,823.79)	28,352	($0.21)
QUANTITY DISPENSED EXCEEDS MAX	ANTIHYPERGLYCEMIC,INSULIN & GLP-1 RECEPTOR AGONIST	1	$3,699.70	28,352	$0.13
QUANTITY DISPENSED EXCEEDS MAX	INSULINS	1	$933.40	28,352	$0.03
QUANTITY DISPENSED EXCEEDS MAX	SMOKING DETERRENT AGENTS (GANGLIONIC STIM,OTHERS)	1	$484.65	28,352	$0.02
QUANTITY DISPENSED EXCEEDS MAX	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	9	$220.67	28,352	$0.01
QUANTITY DISPENSED EXCEEDS MAX	OPHTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR-TYPE	1	$202.50	28,352	$0.01

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Point of Service Clinical Edit Value - Summary - Therapeutic Class

Summary - Total

Edits	Therapeutic Drug Class Desc	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM
QUANTITY DISPENSED EXCEEDS MAX	ANTIEMETIC/ANTIVERTIGO AGENTS	15	$202.18	28,352	$0.01
QUANTITY DISPENSED EXCEEDS MAX	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	4	$73.48	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	OXYTOCICS	1	$69.37	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	LIPOTROPICS	1	$22.19	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	NSAIDS, CYCLOOXYGENASE INHIBITOR-TYPE	4	$17.64	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	SKELETAL MUSCLE RELAXANTS	9	$15.30	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	ANOREXIC AGENTS	1	$4.19	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	ANTIMIGRAINE PREPARATIONS	18	$4.14	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	NARCOTIC ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE	1	$3.16	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	ANTICONVULSANT - BENZODIAZEPINE TYPE	1	$0.00	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	COLCHICINE	1	$0.00	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	EYE ANTIINFLAMMATORY AGENTS	1	$0.00	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	GLUCOCORTICOIDS, ORALLY INHALED	1	$0.00	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	EYE ANTIHISTAMINES	2	($2.75)	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	NASAL ANTI-INFLAMMATORY STEROIDS	6	($78.38)	28,352	$0.00
RESTRICTED QS: QS_LIMIT_PCT2	DIABETIC SUPPLIES	3	$1,404.06	28,352	$0.05
Totals:		**414**	**$273,382.76**	**28,352**	**$9.64**

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Point of Service Clinical Edit Value - Summary - Therapeutic Class - Specialty

Summary - Subsequent Approvals

Edits	Therapeutic Drug Class Desc	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM
PA REQUIRED	ANTIPSORIATIC AGENTS,SYSTEMIC	1	$44,330.06	28,352	$1.56
PA REQUIRED	AGENTS TO TREAT MULTIPLE SCLEROSIS	1	$37,120.14	28,352	$1.31
PA REQUIRED	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	1	$15,181.54	28,352	$0.54
PA REQUIRED	BETALACTAMS	1	$0.00	28,352	$0.00
PA REQUIRED	HEP C VIRUS - NS5A & NS5B POLYMERASE INHIB. COMBO.	1	$0.00	28,352	$0.00
PA REQUIRED	INTERLEUKIN-4(IL-4) RECEPTOR ALPHA ANTAGONIST, MAB	2	$0.00	28,352	$0.00
PA REQUIRED	NARCOTIC WITHDRAWAL THERAPY AGENTS	2	$0.00	28,352	$0.00
PA REQUIRED	PULMONARY FIBROSIS - SYSTEMIC ENZYME INHIBITORS	1	$0.00	28,352	$0.00
PA REQUIRED	ANTISERA	1	($5,823.79)	28,352	($0.21)
Totals:		**11**	**$90,807.95**	**28,352**	**$3.20**

Summary - No Subsequent Approvals

Edits	Therapeutic Drug Class Desc	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM
PA REQUIRED	ANTIPSORIATIC AGENTS,SYSTEMIC	2	$35,902.43	28,352	$1.27
PA REQUIRED	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	1	$20,443.13	28,352	$0.72
PA REQUIRED	PULMONARY FIBROSIS - SYSTEMIC ENZYME INHIBITORS	1	$13,384.48	28,352	$0.47
PA REQUIRED	GASTRIC ENZYMES	1	$10,040.24	28,352	$0.35
PA REQUIRED	INTERLEUKIN-4(IL-4) RECEPTOR ALPHA ANTAGONIST, MAB	1	$4,049.27	28,352	$0.14
PA REQUIRED	MONOCLONAL ANTIBODY - INTERLEUKIN-5 ANTAGONISTS	1	$3,762.41	28,352	$0.13
PA REQUIRED	JANUS KINASE (JAK) INHIBITORS	1	$2,713.25	28,352	$0.10
PA REQUIRED	LEUKOCYTE (WBC) STIMULANTS	1	$1,734.90	28,352	$0.06
Totals:		**9**	**$92,030.11**	**28,352**	**$3.25**

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Point of Service Clinical Edit Value - Summary - Therapeutic Class - Specialty

Summary - Total

Edits	Therapeutic Drug Class Desc	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM
PA REQUIRED	ANTIPSORIATIC AGENTS,SYSTEMIC	3	$80,232.49	28,352	$2.83
PA REQUIRED	AGENTS TO TREAT MULTIPLE SCLEROSIS	1	$37,120.14	28,352	$1.31
PA REQUIRED	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	2	$35,624.67	28,352	$1.26
PA REQUIRED	PULMONARY FIBROSIS - SYSTEMIC ENZYME INHIBITORS	2	$13,384.48	28,352	$0.47
PA REQUIRED	GASTRIC ENZYMES	1	$10,040.24	28,352	$0.35
PA REQUIRED	INTERLEUKIN-4(IL-4) RECEPTOR ALPHA ANTAGONIST, MAB	3	$4,049.27	28,352	$0.14
PA REQUIRED	MONOCLONAL ANTIBODY - INTERLEUKIN-5 ANTAGONISTS	1	$3,762.41	28,352	$0.13
PA REQUIRED	JANUS KINASE (JAK) INHIBITORS	1	$2,713.25	28,352	$0.10
PA REQUIRED	LEUKOCYTE (WBC) STIMULANTS	1	$1,734.90	28,352	$0.06
PA REQUIRED	BETALACTAMS	1	$0.00	28,352	$0.00
PA REQUIRED	HEP C VIRUS - NS5A & NS5B POLYMERASE INHIB. COMBO.	1	$0.00	28,352	$0.00
PA REQUIRED	NARCOTIC WITHDRAWAL THERAPY AGENTS	2	$0.00	28,352	$0.00
PA REQUIRED	ANTISERA	1	($5,823.79)	28,352	($0.21)
Totals:		**20**	**$182,838.06**	**28,352**	**$6.45**

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Point of Service Clinical Edit Value - Summary - Therapeutic Class - Persistency

Summary - Subsequent Approvals

Edits	Therapeutic Drug Class Desc	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM
DRUG EXCLUDED; STEPCARE	TETRACYCLINES	1	$1,051.94	28,352	$0.04
DRUG EXCLUDED; STEPCARE	KERATOLYTICS	1	$614.52	28,352	$0.02
DRUG EXCLUDED; STEPCARE	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	1	$337.10	28,352	$0.01
DRUG EXCLUDED; STEPCARE	NASAL ANTIHISTAMINE & ANTI-INFLAM. STEROID COMB.	1	$68.66	28,352	$0.00
DRUG EXCLUDED; STEPCARE	LAXATIVES AND CATHARTICS	3	$32.80	28,352	$0.00
DRUG EXCLUDED; STEPCARE	ANALGESICS,NARCOTICS	2	($4.70)	28,352	$0.00
DRUG EXCLUDED; STEPCARE	DIABETIC SUPPLIES	7	($2,554.90)	28,352	($0.09)
PA REQUIRED	ANTIPSORIATIC AGENTS,SYSTEMIC	1	$44,330.06	28,352	$1.56
PA REQUIRED	AGENTS TO TREAT MULTIPLE SCLEROSIS	1	$37,120.14	28,352	$1.31
PA REQUIRED	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	1	$15,181.54	28,352	$0.54
PA REQUIRED	ANTIMIGRAINE PREPARATIONS	16	$7,261.66	28,352	$0.26
PA REQUIRED	ANDROGENIC AGENTS	6	$146.98	28,352	$0.01
PA REQUIRED	THYROID HORMONES	1	$104.00	28,352	$0.00
PA REQUIRED	BETALACTAMS	1	$0.00	28,352	$0.00
PA REQUIRED	HEP C VIRUS - NS5A & NS5B POLYMERASE INHIB. COMBO.	1	$0.00	28,352	$0.00
PA REQUIRED	INTERLEUKIN-4(IL-4) RECEPTOR ALPHA ANTAGONIST, MAB	2	$0.00	28,352	$0.00
PA REQUIRED	NARCOTIC WITHDRAWAL THERAPY AGENTS	2	$0.00	28,352	$0.00
PA REQUIRED	PULMONARY FIBROSIS - SYSTEMIC ENZYME INHIBITORS	1	$0.00	28,352	$0.00
PA REQUIRED	TOPICAL ANTIANDROGENIC AGENTS	1	$0.00	28,352	$0.00
PA REQUIRED	TOPICAL ANTICHOLINERGIC HYPERHIDROSIS TX AGENTS	1	$0.00	28,352	$0.00
PA REQUIRED	TOPICAL/MUCOUS MEMBR./SUBCUT. ENZYMES	1	$0.00	28,352	$0.00
PA REQUIRED	URINARY TRACT ANALGESIC AGENTS	1	$0.00	28,352	$0.00
PA REQUIRED	ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGONIST)	9	($503.19)	28,352	($0.02)
PA REQUIRED	ANTI-OBESITY GLUCAGON-LIKE PEPTIDE-1 RECEP AGONIST	47	($2,290.11)	28,352	($0.08)
PA REQUIRED	ANTIHYPERGLYCEMIC - INCRETIN MIMETICS COMBINATION	15	($2,306.29)	28,352	($0.08)

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Point of Service Clinical Edit Value - Summary - Therapeutic Class - Persistency

Summary - Subsequent Approvals

Edits	Therapeutic Drug Class Desc	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM
PA REQUIRED	ANTI-OBESITY - INCRETIN MIMETICS COMBINATION	37	($2,415.00)	28,352	($0.09)
PA REQUIRED	TETRACYCLINES	1	($5,789.41)	28,352	($0.20)
PA REQUIRED	ANTISERA	1	($5,823.79)	28,352	($0.21)
QUANTITY DISPENSED EXCEEDS MAX	ANTIHYPERGLYCEMIC,INSULIN & GLP-1 RECEPTOR AGONIST	1	$3,699.70	28,352	$0.13
QUANTITY DISPENSED EXCEEDS MAX	OPHTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR-TYPE	1	$202.50	28,352	$0.01
QUANTITY DISPENSED EXCEEDS MAX	ANTIEMETIC/ANTIVERTIGO AGENTS	12	$149.35	28,352	$0.01
QUANTITY DISPENSED EXCEEDS MAX	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	3	$32.52	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	LIPOTROPICS	1	$22.19	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	2	$13.71	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	SKELETAL MUSCLE RELAXANTS	6	$6.75	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	NSAIDS, CYCLOOXYGENASE INHIBITOR-TYPE	3	$3.43	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	NARCOTIC ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE	1	$3.16	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	ANTICONVULSANT - BENZODIAZEPINE TYPE	1	$0.00	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	COLCHICINE	1	$0.00	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	EYE ANTIINFLAMMATORY AGENTS	1	$0.00	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	GLUCOCORTICOIDS, ORALLY INHALED	1	$0.00	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	EYE ANTIHISTAMINES	2	($2.75)	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	ANTIMIGRAINE PREPARATIONS	13	($26.84)	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	NASAL ANTI-INFLAMMATORY STEROIDS	5	($87.67)	28,352	$0.00
Totals:		**217**	**$88,578.06**	**28,352**	**$3.12**

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Point of Service Clinical Edit Value - Summary - Therapeutic Class - Persistency

Summary - No Subsequent Approvals

Edits	Therapeutic Drug Class Desc	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM
DRUG EXCLUDED; STEPCARE	DIABETIC SUPPLIES	21	$10,851.64	28,352	$0.38
DRUG EXCLUDED; STEPCARE	BETA-ADRENERGIC BLOCKING AGENTS	1	$4,329.55	28,352	$0.15
DRUG EXCLUDED; STEPCARE	ANTIHYPERLIPIDEMIC - PCSK9 INHIBITORS	2	$3,427.65	28,352	$0.12
DRUG EXCLUDED; STEPCARE	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	2	$2,622.18	28,352	$0.09
DRUG EXCLUDED; STEPCARE	KERATOLYTICS	1	$2,557.44	28,352	$0.09
DRUG EXCLUDED; STEPCARE	SMOKING DETERRENT AGENTS (GANGLIONIC STIM,OTHERS)	1	$2,320.06	28,352	$0.08
DRUG EXCLUDED; STEPCARE	LAXATIVES AND CATHARTICS	6	$640.80	28,352	$0.02
DRUG EXCLUDED; STEPCARE	TETRACYCLINES	1	$629.13	28,352	$0.02
DRUG EXCLUDED; STEPCARE	ANTIEMETIC, CANNIBINOID-TYPE	1	$544.12	28,352	$0.02
DRUG EXCLUDED; STEPCARE	HUMAN CHORIONIC GONADOTROPIN (HCG)	1	$408.27	28,352	$0.01
DRUG EXCLUDED; STEPCARE	ANTIHISTAMINES - 2ND GENERATION	2	$220.78	28,352	$0.01
DRUG EXCLUDED; STEPCARE	LIPOTROPICS	3	$155.25	28,352	$0.01
DRUG EXCLUDED; STEPCARE	HYPERURICEMIA TX - PURINE INHIBITORS	1	$29.86	28,352	$0.00
PA REQUIRED	ANTIPSORIATIC AGENTS,SYSTEMIC	2	$115,400.67	28,352	$4.07
PA REQUIRED	ANTI-OBESITY - INCRETIN MIMETICS COMBINATION	20	$66,468.44	28,352	$2.34
PA REQUIRED	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	1	$65,710.06	28,352	$2.32
PA REQUIRED	ANTIMIGRAINE PREPARATIONS	9	$65,133.83	28,352	$2.30
PA REQUIRED	ANTI-OBESITY GLUCAGON-LIKE PEPTIDE-1 RECEP AGONIST	12	$47,400.75	28,352	$1.67
PA REQUIRED	PULMONARY FIBROSIS - SYSTEMIC ENZYME INHIBITORS	1	$40,153.44	28,352	$1.42
PA REQUIRED	ANTIHYPERGLYCEMIC - INCRETIN MIMETICS COMBINATION	10	$33,117.85	28,352	$1.17
PA REQUIRED	GASTRIC ENZYMES	1	$30,120.72	28,352	$1.06
PA REQUIRED	RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS	2	$29,905.91	28,352	$1.05
PA REQUIRED	ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGONIST)	8	$21,174.25	28,352	$0.75
PA REQUIRED	INTERLEUKIN-4(IL-4) RECEPTOR ALPHA ANTAGONIST, MAB	1	$13,015.51	28,352	$0.46
PA REQUIRED	MONOCLONAL ANTIBODY - INTERLEUKIN-5 ANTAGONISTS	1	$12,093.46	28,352	$0.43

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Point of Service Clinical Edit Value - Summary - Therapeutic Class - Persistency

Summary - No Subsequent Approvals

Edits	Therapeutic Drug Class Desc	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM
PA REQUIRED	JANUS KINASE (JAK) INHIBITORS	1	$8,139.75	28,352	$0.29
PA REQUIRED	ANDROGENIC AGENTS	37	$4,763.35	28,352	$0.17
PA REQUIRED	LEUKOCYTE (WBC) STIMULANTS	1	$4,069.05	28,352	$0.14
PA REQUIRED	POTASSIUM SPARING DIURETICS	1	$1,976.07	28,352	$0.07
PA REQUIRED	TOPICAL ANTIANDROGENIC AGENTS	1	$1,532.92	28,352	$0.05
PA REQUIRED	ANALGESICS, NON-NARCOTICS	1	$1,147.00	28,352	$0.04
PA REQUIRED	DRUGS TO TREAT IMPOTENCY	11	$132.40	28,352	$0.00
PA REQUIRED	PULM.ANTI-HTN,SEL.C-GMP PHOSPHODIESTERASE T5 INHIB	5	$111.23	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	INSULINS	1	$2,800.20	28,352	$0.10
QUANTITY DISPENSED EXCEEDS MAX	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	6	$558.39	28,352	$0.02
QUANTITY DISPENSED EXCEEDS MAX	SMOKING DETERRENT AGENTS (GANGLIONIC STIM,OTHERS)	1	$484.65	28,352	$0.02
QUANTITY DISPENSED EXCEEDS MAX	ANTIEMETIC/ANTIVERTIGO AGENTS	3	$182.16	28,352	$0.01
QUANTITY DISPENSED EXCEEDS MAX	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	2	$179.31	28,352	$0.01
QUANTITY DISPENSED EXCEEDS MAX	NASAL ANTI-INFLAMMATORY STEROIDS	1	$119.44	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	OXYTOCICS	1	$69.37	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	SKELETAL MUSCLE RELAXANTS	3	$63.08	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	ANTIMIGRAINE PREPARATIONS	5	$59.06	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	NSAIDS, CYCLOOXYGENASE INHIBITOR-TYPE	1	$14.21	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	ANOREXIC AGENTS	1	$12.57	28,352	$0.00
RESTRICTED QS: QS_LIMIT_PCT2	DIABETIC SUPPLIES	3	$1,431.52	28,352	$0.05
Totals:		**197**	**$596,277.36**	**28,352**	**$21.03**

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Point of Service Clinical Edit Value - Summary - Therapeutic Class - Persistency

Summary - Total

Edits	Therapeutic Drug Class Desc	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM
DRUG EXCLUDED; STEPCARE	DIABETIC SUPPLIES	28	$8,296.74	28,352	$0.29
DRUG EXCLUDED; STEPCARE	BETA-ADRENERGIC BLOCKING AGENTS	1	$4,329.55	28,352	$0.15
DRUG EXCLUDED; STEPCARE	ANTIHYPERLIPIDEMIC - PCSK9 INHIBITORS	2	$3,427.65	28,352	$0.12
DRUG EXCLUDED; STEPCARE	KERATOLYTICS	2	$3,171.96	28,352	$0.11
DRUG EXCLUDED; STEPCARE	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	3	$2,959.28	28,352	$0.10
DRUG EXCLUDED; STEPCARE	SMOKING DETERRENT AGENTS (GANGLIONIC STIM,OTHERS)	1	$2,320.06	28,352	$0.08
DRUG EXCLUDED; STEPCARE	TETRACYCLINES	2	$1,681.07	28,352	$0.06
DRUG EXCLUDED; STEPCARE	LAXATIVES AND CATHARTICS	9	$673.60	28,352	$0.02
DRUG EXCLUDED; STEPCARE	ANTIEMETIC, CANNIBINOID-TYPE	1	$544.12	28,352	$0.02
DRUG EXCLUDED; STEPCARE	HUMAN CHORIONIC GONADOTROPIN (HCG)	1	$408.27	28,352	$0.01
DRUG EXCLUDED; STEPCARE	ANTIHISTAMINES - 2ND GENERATION	2	$220.78	28,352	$0.01
DRUG EXCLUDED; STEPCARE	LIPOTROPICS	3	$155.25	28,352	$0.01
DRUG EXCLUDED; STEPCARE	NASAL ANTIHISTAMINE & ANTI-INFLAM. STEROID COMB.	1	$68.66	28,352	$0.00
DRUG EXCLUDED; STEPCARE	HYPERURICEMIA TX - PURINE INHIBITORS	1	$29.86	28,352	$0.00
DRUG EXCLUDED; STEPCARE	ANALGESICS,NARCOTICS	2	($4.70)	28,352	$0.00
PA REQUIRED	ANTIPSORIATIC AGENTS,SYSTEMIC	3	$159,730.73	28,352	$5.63
PA REQUIRED	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	2	$80,891.60	28,352	$2.85
PA REQUIRED	ANTIMIGRAINE PREPARATIONS	25	$72,395.49	28,352	$2.55
PA REQUIRED	ANTI-OBESITY - INCRETIN MIMETICS COMBINATION	57	$64,053.44	28,352	$2.26
PA REQUIRED	ANTI-OBESITY GLUCAGON-LIKE PEPTIDE-1 RECEP AGONIST	59	$45,110.64	28,352	$1.59
PA REQUIRED	PULMONARY FIBROSIS - SYSTEMIC ENZYME INHIBITORS	2	$40,153.44	28,352	$1.42
PA REQUIRED	AGENTS TO TREAT MULTIPLE SCLEROSIS	1	$37,120.14	28,352	$1.31
PA REQUIRED	ANTIHYPERGLYCEMIC - INCRETIN MIMETICS COMBINATION	25	$30,811.55	28,352	$1.09
PA REQUIRED	GASTRIC ENZYMES	1	$30,120.72	28,352	$1.06
PA REQUIRED	RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS	2	$29,905.91	28,352	$1.05

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Point of Service Clinical Edit Value - Summary - Therapeutic Class - Persistency

Summary - Total

Edits	Therapeutic Drug Class Desc	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM
PA REQUIRED	ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGONIST)	17	$20,671.06	28,352	$0.73
PA REQUIRED	INTERLEUKIN-4(IL-4) RECEPTOR ALPHA ANTAGONIST, MAB	3	$13,015.51	28,352	$0.46
PA REQUIRED	MONOCLONAL ANTIBODY - INTERLEUKIN-5 ANTAGONISTS	1	$12,093.46	28,352	$0.43
PA REQUIRED	JANUS KINASE (JAK) INHIBITORS	1	$8,139.75	28,352	$0.29
PA REQUIRED	ANDROGENIC AGENTS	43	$4,910.33	28,352	$0.17
PA REQUIRED	LEUKOCYTE (WBC) STIMULANTS	1	$4,069.05	28,352	$0.14
PA REQUIRED	POTASSIUM SPARING DIURETICS	1	$1,976.07	28,352	$0.07
PA REQUIRED	TOPICAL ANTIANDROGENIC AGENTS	2	$1,532.92	28,352	$0.05
PA REQUIRED	ANALGESICS, NON-NARCOTICS	1	$1,147.00	28,352	$0.04
PA REQUIRED	DRUGS TO TREAT IMPOTENCY	11	$132.40	28,352	$0.00
PA REQUIRED	PULM.ANTI-HTN,SEL.C-GMP PHOSPHODIESTERASE T5 INHIB	5	$111.23	28,352	$0.00
PA REQUIRED	THYROID HORMONES	1	$104.00	28,352	$0.00
PA REQUIRED	BETALACTAMS	1	$0.00	28,352	$0.00
PA REQUIRED	HEP C VIRUS - NS5A & NS5B POLYMERASE INHIB. COMBO.	1	$0.00	28,352	$0.00
PA REQUIRED	NARCOTIC WITHDRAWAL THERAPY AGENTS	2	$0.00	28,352	$0.00
PA REQUIRED	TOPICAL ANTICHOLINERGIC HYPERHIDROSIS TX AGENTS	1	$0.00	28,352	$0.00
PA REQUIRED	TOPICAL/MUCOUS MEMBR./SUBCUT. ENZYMES	1	$0.00	28,352	$0.00
PA REQUIRED	URINARY TRACT ANALGESIC AGENTS	1	$0.00	28,352	$0.00
PA REQUIRED	TETRACYCLINES	1	($5,789.41)	28,352	($0.20)
PA REQUIRED	ANTISERA	1	($5,823.79)	28,352	($0.21)
QUANTITY DISPENSED EXCEEDS MAX	ANTIHYPERGLYCEMIC,INSULIN & GLP-1 RECEPTOR AGONIST	1	$3,699.70	28,352	$0.13
QUANTITY DISPENSED EXCEEDS MAX	INSULINS	1	$2,800.20	28,352	$0.10
QUANTITY DISPENSED EXCEEDS MAX	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	9	$590.91	28,352	$0.02
QUANTITY DISPENSED EXCEEDS MAX	SMOKING DETERRENT AGENTS (GANGLIONIC STIM,OTHERS)	1	$484.65	28,352	$0.02
QUANTITY DISPENSED EXCEEDS MAX	ANTIEMETIC/ANTIVERTIGO AGENTS	15	$331.51	28,352	$0.01

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Point of Service Clinical Edit Value - Summary - Therapeutic Class - Persistency

Summary - Total

Edits	Therapeutic Drug Class Desc	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM
QUANTITY DISPENSED EXCEEDS MAX	OPHTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR-TYPE	1	$202.50	28,352	$0.01
QUANTITY DISPENSED EXCEEDS MAX	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	4	$193.02	28,352	$0.01
QUANTITY DISPENSED EXCEEDS MAX	SKELETAL MUSCLE RELAXANTS	9	$69.83	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	OXYTOCICS	1	$69.37	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	ANTIMIGRAINE PREPARATIONS	18	$32.22	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	NASAL ANTI-INFLAMMATORY STEROIDS	6	$31.77	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	LIPOTROPICS	1	$22.19	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	NSAIDS, CYCLOOXYGENASE INHIBITOR-TYPE	4	$17.64	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	ANOREXIC AGENTS	1	$12.57	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	NARCOTIC ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE	1	$3.16	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	ANTICONVULSANT - BENZODIAZEPINE TYPE	1	$0.00	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	COLCHICINE	1	$0.00	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	EYE ANTIINFLAMMATORY AGENTS	1	$0.00	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	GLUCOCORTICOIDS, ORALLY INHALED	1	$0.00	28,352	$0.00
QUANTITY DISPENSED EXCEEDS MAX	EYE ANTIHISTAMINES	2	($2.75)	28,352	$0.00
RESTRICTED QS: QS_LIMIT_PCT2	DIABETIC SUPPLIES	3	$1,431.52	28,352	$0.05
Totals:		**414**	**$684,855.41**	**28,352**	**$24.16**

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Point of Service Clinical Edit Value - Summary - Therapeutic Class - Persistency - Specialty

Summary - Subsequent Approvals

Edits	Therapeutic Drug Class Desc	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM
PA REQUIRED	ANTIPSORIATIC AGENTS,SYSTEMIC	1	$44,330.06	28,352	$1.56
PA REQUIRED	AGENTS TO TREAT MULTIPLE SCLEROSIS	1	$37,120.14	28,352	$1.31
PA REQUIRED	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	1	$15,181.54	28,352	$0.54
PA REQUIRED	BETALACTAMS	1	$0.00	28,352	$0.00
PA REQUIRED	HEP C VIRUS - NS5A & NS5B POLYMERASE INHIB. COMBO.	1	$0.00	28,352	$0.00
PA REQUIRED	INTERLEUKIN-4(IL-4) RECEPTOR ALPHA ANTAGONIST, MAB	2	$0.00	28,352	$0.00
PA REQUIRED	NARCOTIC WITHDRAWAL THERAPY AGENTS	2	$0.00	28,352	$0.00
PA REQUIRED	PULMONARY FIBROSIS - SYSTEMIC ENZYME INHIBITORS	1	$0.00	28,352	$0.00
PA REQUIRED	ANTISERA	1	($5,823.79)	28,352	($0.21)
Totals:		**11**	**$90,807.95**	**28,352**	**$3.20**

Summary - No Subsequent Approvals

Edits	Therapeutic Drug Class Desc	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM
PA REQUIRED	ANTIPSORIATIC AGENTS,SYSTEMIC	2	$115,400.67	28,352	$4.07
PA REQUIRED	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	1	$65,710.06	28,352	$2.32
PA REQUIRED	PULMONARY FIBROSIS - SYSTEMIC ENZYME INHIBITORS	1	$40,153.44	28,352	$1.42
PA REQUIRED	GASTRIC ENZYMES	1	$30,120.72	28,352	$1.06
PA REQUIRED	INTERLEUKIN-4(IL-4) RECEPTOR ALPHA ANTAGONIST, MAB	1	$13,015.51	28,352	$0.46
PA REQUIRED	MONOCLONAL ANTIBODY - INTERLEUKIN-5 ANTAGONISTS	1	$12,093.46	28,352	$0.43
PA REQUIRED	JANUS KINASE (JAK) INHIBITORS	1	$8,139.75	28,352	$0.29
PA REQUIRED	LEUKOCYTE (WBC) STIMULANTS	1	$4,069.05	28,352	$0.14
Totals:		**9**	**$288,702.66**	**28,352**	**$10.18**

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Point of Service Clinical Edit Value - Summary - Therapeutic Class - Persistency - Specialty

Summary - Total

Edits	Therapeutic Drug Class Desc	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM
PA REQUIRED	ANTIPSORIATIC AGENTS,SYSTEMIC	3	$159,730.73	28,352	$5.63
PA REQUIRED	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	2	$80,891.60	28,352	$2.85
PA REQUIRED	PULMONARY FIBROSIS - SYSTEMIC ENZYME INHIBITORS	2	$40,153.44	28,352	$1.42
PA REQUIRED	AGENTS TO TREAT MULTIPLE SCLEROSIS	1	$37,120.14	28,352	$1.31
PA REQUIRED	GASTRIC ENZYMES	1	$30,120.72	28,352	$1.06
PA REQUIRED	INTERLEUKIN-4(IL-4) RECEPTOR ALPHA ANTAGONIST, MAB	3	$13,015.51	28,352	$0.46
PA REQUIRED	MONOCLONAL ANTIBODY - INTERLEUKIN-5 ANTAGONISTS	1	$12,093.46	28,352	$0.43
PA REQUIRED	JANUS KINASE (JAK) INHIBITORS	1	$8,139.75	28,352	$0.29
PA REQUIRED	LEUKOCYTE (WBC) STIMULANTS	1	$4,069.05	28,352	$0.14
PA REQUIRED	BETALACTAMS	1	$0.00	28,352	$0.00
PA REQUIRED	HEP C VIRUS - NS5A & NS5B POLYMERASE INHIB. COMBO.	1	$0.00	28,352	$0.00
PA REQUIRED	NARCOTIC WITHDRAWAL THERAPY AGENTS	2	$0.00	28,352	$0.00
PA REQUIRED	ANTISERA	1	($5,823.79)	28,352	($0.21)
Totals:		**20**	**$379,510.61**	**28,352**	**$13.39**

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Point of Service Clinical Edit Value - Summary - Brand Name

Summary - Subsequent Approvals

Edits	Therapeutic Drug Class Desc	Brand Name	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM	Specialty
DRUG EXCLUDED; STEPCARE	TETRACYCLINES	DOXYCYCLINE HYCLATE	1	$1,051.94	28,352	$0.04	N
DRUG EXCLUDED; STEPCARE	KERATOLYTICS	PODOFILOX	1	$614.52	28,352	$0.02	N
DRUG EXCLUDED; STEPCARE	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	QUILLICHEW ER	1	$337.10	28,352	$0.01	N
DRUG EXCLUDED; STEPCARE	NASAL ANTIHISTAMINE & ANTI-INFLAM. STEROID COMB.	AZELASTINE-FLUTICASONE	1	$68.66	28,352	$0.00	N
DRUG EXCLUDED; STEPCARE	LAXATIVES AND CATHARTICS	PLENVU	3	$32.80	28,352	$0.00	N
DRUG EXCLUDED; STEPCARE	DIABETIC SUPPLIES	FREESTYLE LIBRE 3 SENSOR	1	$0.00	28,352	$0.00	N
DRUG EXCLUDED; STEPCARE	ANALGESICS,NARCOTICS	BUPRENORPHINE	2	($4.70)	28,352	$0.00	N
DRUG EXCLUDED; STEPCARE	DIABETIC SUPPLIES	DEXCOM G7 SENSOR	4	($497.58)	28,352	($0.02)	N
DRUG EXCLUDED; STEPCARE	DIABETIC SUPPLIES	FREESTYLE LIBRE 14 DAY SENSOR	1	($843.80)	28,352	($0.03)	N
DRUG EXCLUDED; STEPCARE	DIABETIC SUPPLIES	FREESTYLE LIBRE 2 READER	1	($1,213.52)	28,352	($0.04)	N
PA REQUIRED	ANTIPSORIATIC AGENTS,SYSTEMIC	SKYRIZI PEN	1	$44,330.06	28,352	$1.56	Y
PA REQUIRED	AGENTS TO TREAT MULTIPLE SCLEROSIS	KESIMPTA PEN	1	$37,120.14	28,352	$1.31	Y
PA REQUIRED	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	HUMIRA(CF) PEN	1	$15,181.54	28,352	$0.54	Y
PA REQUIRED	ANTIMIGRAINE PREPARATIONS	NURTEC ODT	5	$4,752.24	28,352	$0.17	N
PA REQUIRED	ANTIMIGRAINE PREPARATIONS	QULIPTA	3	$2,189.62	28,352	$0.08	N
PA REQUIRED	ANTIMIGRAINE PREPARATIONS	EMGALITY PEN	3	$1,157.48	28,352	$0.04	N
PA REQUIRED	ANDROGENIC AGENTS	TESTOSTERONE CYPIONATE	6	$146.98	28,352	$0.01	N
PA REQUIRED	THYROID HORMONES	LEVOTHYROXINE SODIUM	1	$104.00	28,352	$0.00	N
PA REQUIRED	ANTIMIGRAINE PREPARATIONS	AJOVY AUTOINJECTOR	1	$0.00	28,352	$0.00	N
PA REQUIRED	ANTIMIGRAINE PREPARATIONS	EMGALITY SYRINGE	1	$0.00	28,352	$0.00	N
PA REQUIRED	ANTIMIGRAINE PREPARATIONS	UBRELVY	1	$0.00	28,352	$0.00	N
PA REQUIRED	BETALACTAMS	CAYSTON	1	$0.00	28,352	$0.00	Y
PA REQUIRED	HEP C VIRUS - NS5A & NS5B POLYMERASE INHIB. COMBO.	EPCLUSA	1	$0.00	28,352	$0.00	Y
PA REQUIRED	INTERLEUKIN-4(IL-4) RECEPTOR ALPHA ANTAGONIST, MAB	DUPIXENT SYRINGE	2	$0.00	28,352	$0.00	Y
PA REQUIRED	NARCOTIC WITHDRAWAL THERAPY AGENTS	SUBLOCADE	2	$0.00	28,352	$0.00	Y

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Point of Service Clinical Edit Value - Summary - Brand Name

Summary - Subsequent Approvals

Edits	Therapeutic Drug Class Desc	Brand Name	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM	Specialty
PA REQUIRED	PULMONARY FIBROSIS - SYSTEMIC ENZYME INHIBITORS	OFEV	1	$0.00	28,352	$0.00	Y
PA REQUIRED	TOPICAL ANTIANDROGENIC AGENTS	WINLEVI	1	$0.00	28,352	$0.00	N
PA REQUIRED	TOPICAL ANTICHOLINERGIC HYPERHIDROSIS TX AGENTS	QBREXZA	1	$0.00	28,352	$0.00	N
PA REQUIRED	TOPICAL/MUCOUS MEMBR./SUBCUT. ENZYMES	SANTYL	1	$0.00	28,352	$0.00	N
PA REQUIRED	URINARY TRACT ANALGESIC AGENTS	ELMIRON	1	$0.00	28,352	$0.00	N
PA REQUIRED	ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGONIST)	TRULICITY	1	($206.37)	28,352	($0.01)	N
PA REQUIRED	ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGONIST)	OZEMPIC	8	($296.81)	28,352	($0.01)	N
PA REQUIRED	ANTI-OBESITY GLUCAGON-LIKE PEPTIDE-1 RECEP AGONIST	SAXENDA	1	($709.05)	28,352	($0.03)	N
PA REQUIRED	ANTIMIGRAINE PREPARATIONS	AJOVY SYRINGE	2	($837.68)	28,352	($0.03)	N
PA REQUIRED	ANTI-OBESITY GLUCAGON-LIKE PEPTIDE-1 RECEP AGONIST	WEGOVY	46	($1,581.06)	28,352	($0.06)	N
PA REQUIRED	ANTIHYPERGLYCEMIC - INCRETIN MIMETICS COMBINATION	MOUNJARO	15	($2,306.29)	28,352	($0.08)	N
PA REQUIRED	ANTI-OBESITY - INCRETIN MIMETICS COMBINATION	ZEPBOUND	37	($2,415.00)	28,352	($0.09)	N
PA REQUIRED	TETRACYCLINES	NUZYRA	1	($5,789.41)	28,352	($0.20)	N
PA REQUIRED	ANTISERA	GAMMAGARD LIQUID	1	($5,823.79)	28,352	($0.21)	Y
QUANTITY DISPENSED EXCEEDS MAX	ANTIHYPERGLYCEMIC,INSULIN & GLP-1 RECEPTOR AGONIST	SOLIQUA 100-33	1	$3,699.70	28,352	$0.13	N
QUANTITY DISPENSED EXCEEDS MAX	OPHTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR-TYPE	CYCLOSPORINE	1	$202.50	28,352	$0.01	N
QUANTITY DISPENSED EXCEEDS MAX	ANTIEMETIC/ANTIVERTIGO AGENTS	APREPITANT	1	$147.78	28,352	$0.01	N
QUANTITY DISPENSED EXCEEDS MAX	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	DEXTROAMPHETAMINE-AMPHET ER	2	$40.39	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	LIPOTROPICS	VASCEPA	1	$22.19	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	METHYLPHENIDATE HCL	2	$13.71	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	SKELETAL MUSCLE RELAXANTS	CYCLOBENZAPRINE HCL	5	$6.75	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	NSAIDS, CYCLOOXYGENASE INHIBITOR-TYPE	KETOROLAC TROMETHAMINE	3	$3.43	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	NARCOTIC ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE	HYDROCODONE-CHLORPHENIRAMNE ER	1	$3.16	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	ANTIEMETIC/ANTIVERTIGO AGENTS	ONDANSETRON HCL	11	$1.57	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	ANTICONVULSANT - BENZODIAZEPINE TYPE	VALTOCO	1	$0.00	28,352	$0.00	N

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Edits	Therapeutic Drug Class Desc	Brand Name	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM	Specialty
QUANTITY DISPENSED EXCEEDS MAX	ANTIMIGRAINE PREPARATIONS	SUMATRIPTAN	1	$0.00	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	COLCHICINE	COLCHICINE	1	$0.00	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	EYE ANTIINFLAMMATORY AGENTS	KETOROLAC TROMETHAMINE	1	$0.00	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	GLUCOCORTICOIDS, ORALLY INHALED	FLUTICASONE PROPIONATE	1	$0.00	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	SKELETAL MUSCLE RELAXANTS	METHOCARBAMOL	1	$0.00	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	EYE ANTIHISTAMINES	AZELASTINE HCL	2	($2.75)	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	DEXTROAMPHETAMINE-AMPHETAMINE	1	($7.87)	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	ANTIMIGRAINE PREPARATIONS	SUMATRIPTAN SUCCINATE	7	($12.09)	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	ANTIMIGRAINE PREPARATIONS	RIZATRIPTAN	5	($14.75)	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	NASAL ANTI-INFLAMMATORY STEROIDS	FLUTICASONE PROPIONATE	5	($87.67)	28,352	$0.00	N
Totals:			**217**	**$88,578.06**	**28,352**	**$3.12**	

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DRUG EXCLUDED; STEPCARE	ANTIHYPERLIPIDEMIC - PCSK9 INHIBITORS	REPATHA SURECLICK	2	$2,209.52	28,352	$0.08	N
DRUG EXCLUDED; STEPCARE	DIABETIC SUPPLIES	FREESTYLE LIBRE 3 SENSOR	8	$1,571.85	28,352	$0.06	N
DRUG EXCLUDED; STEPCARE	DIABETIC SUPPLIES	FREESTYLE LIBRE 3 PLUS SENSOR	7	$1,240.54	28,352	$0.04	N
DRUG EXCLUDED; STEPCARE	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	JORNAY PM	2	$874.06	28,352	$0.03	N
DRUG EXCLUDED; STEPCARE	TETRACYCLINES	DOXYCYCLINE IR-DR	1	$647.09	28,352	$0.02	N
DRUG EXCLUDED; STEPCARE	BETA-ADRENERGIC BLOCKING AGENTS	HEMANGEOL	1	$625.38	28,352	$0.02	N
DRUG EXCLUDED; STEPCARE	LAXATIVES AND CATHARTICS	SUFLAVE	5	$614.35	28,352	$0.02	N
DRUG EXCLUDED; STEPCARE	KERATOLYTICS	PODOFILOX	1	$547.21	28,352	$0.02	N
DRUG EXCLUDED; STEPCARE	SMOKING DETERRENT AGENTS (GANGLIONIC STIM,OTHERS)	NICOTROL	1	$484.65	28,352	$0.02	N

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DRUG EXCLUDED; STEPCARE	DIABETIC SUPPLIES	FREESTYLE LIBRE 2 SENSOR	3	$474.62	28,352	$0.02	N
DRUG EXCLUDED; STEPCARE	ANTIEMETIC, CANNIBINOID-TYPE	DRONABINOL	1	$256.20	28,352	$0.01	N
DRUG EXCLUDED; STEPCARE	DIABETIC SUPPLIES	DEXCOM G7 SENSOR	2	$251.07	28,352	$0.01	N
DRUG EXCLUDED; STEPCARE	HUMAN CHORIONIC GONADOTROPIN (HCG)	PREGNYL	1	$171.68	28,352	$0.01	N
DRUG EXCLUDED; STEPCARE	LAXATIVES AND CATHARTICS	PLENVU	1	$138.26	28,352	$0.00	N
DRUG EXCLUDED; STEPCARE	ANTIHISTAMINES - 2ND GENERATION	LEVOCETIRIZINE DIHYDROCHLORIDE	2	$97.36	28,352	$0.00	N
DRUG EXCLUDED; STEPCARE	LIPOTROPICS	OMEGA-3 ACID ETHYL ESTERS	3	$92.99	28,352	$0.00	N
DRUG EXCLUDED; STEPCARE	DIABETIC SUPPLIES	FREESTYLE LIBRE 14 DAY SENSOR	1	$68.07	28,352	$0.00	N
DRUG EXCLUDED; STEPCARE	HYPERURICEMIA TX - PURINE INHIBITORS	FEBUXOSTAT	1	$29.86	28,352	$0.00	N
PA REQUIRED	ANTI-OBESITY - INCRETIN MIMETICS COMBINATION	ZEPBOUND	20	$25,996.76	28,352	$0.92	N
PA REQUIRED	ANTIPSORIATIC AGENTS,SYSTEMIC	SKYRIZI PEN	1	$22,165.03	28,352	$0.78	Y
PA REQUIRED	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	HUMIRA(CF) PEN CROHN'S-UC-HS	1	$20,443.13	28,352	$0.72	Y
PA REQUIRED	ANTIPSORIATIC AGENTS,SYSTEMIC	TREMFYA	1	$13,737.40	28,352	$0.48	Y
PA REQUIRED	PULMONARY FIBROSIS - SYSTEMIC ENZYME INHIBITORS	OFEV	1	$13,384.48	28,352	$0.47	Y
PA REQUIRED	ANTI-OBESITY GLUCAGON-LIKE PEPTIDE-1 RECEP AGONIST	WEGOVY	9	$11,687.43	28,352	$0.41	N
PA REQUIRED	ANTIHYPERGLYCEMIC - INCRETIN MIMETICS COMBINATION	MOUNJARO	10	$10,303.33	28,352	$0.36	N
PA REQUIRED	GASTRIC ENZYMES	SUCRAID	1	$10,040.24	28,352	$0.35	Y
PA REQUIRED	ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGONIST)	OZEMPIC	6	$5,741.86	28,352	$0.20	N
PA REQUIRED	ANTIMIGRAINE PREPARATIONS	UBRELVY	4	$5,206.56	28,352	$0.18	N
PA REQUIRED	RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS	XIFAXAN	2	$4,652.03	28,352	$0.16	N
PA REQUIRED	INTERLEUKIN-4(IL-4) RECEPTOR ALPHA ANTAGONIST, MAB	DUPIXENT PEN	1	$4,049.27	28,352	$0.14	Y
PA REQUIRED	ANTIMIGRAINE PREPARATIONS	NURTEC ODT	3	$3,950.24	28,352	$0.14	N
PA REQUIRED	MONOCLONAL ANTIBODY - INTERLEUKIN-5 ANTAGONISTS	NUCALA	1	$3,762.41	28,352	$0.13	Y
PA REQUIRED	ANTI-OBESITY GLUCAGON-LIKE PEPTIDE-1 RECEP AGONIST	SAXENDA	3	$3,637.25	28,352	$0.13	N
PA REQUIRED	JANUS KINASE (JAK) INHIBITORS	OLUMIANT	1	$2,713.25	28,352	$0.10	Y

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PA REQUIRED	ANTIMIGRAINE PREPARATIONS	QULIPTA	2	$2,202.60	28,352	$0.08	N
PA REQUIRED	ANDROGENIC AGENTS	TESTOSTERONE CYPIONATE	32	$1,808.53	28,352	$0.06	N
PA REQUIRED	LEUKOCYTE (WBC) STIMULANTS	NIVESTYM	1	$1,734.90	28,352	$0.06	Y
PA REQUIRED	ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGONIST)	TRULICITY	1	$947.70	28,352	$0.03	N
PA REQUIRED	ANALGESICS, NON-NARCOTICS	JOURNAVX	1	$930.00	28,352	$0.03	N
PA REQUIRED	POTASSIUM SPARING DIURETICS	KERENDIA	1	$658.69	28,352	$0.02	N
PA REQUIRED	TOPICAL ANTIANDROGENIC AGENTS	WINLEVI	1	$576.42	28,352	$0.02	N
PA REQUIRED	ANDROGENIC AGENTS	TESTOSTERONE	3	$308.98	28,352	$0.01	N
PA REQUIRED	ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGONIST)	LIRAGLUTIDE	1	$217.21	28,352	$0.01	N
PA REQUIRED	ANDROGENIC AGENTS	TESTOSTERONE ENANTHATE	2	$138.08	28,352	$0.00	N
PA REQUIRED	DRUGS TO TREAT IMPOTENCY	TADALAFIL	11	$110.06	28,352	$0.00	N
PA REQUIRED	PULM.ANTI-HTN,SEL.C-GMP PHOSPHODIESTERASE T5 INHIB	SILDENAFIL CITRATE	5	$46.65	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	INSULINS	SEMGLEE (YFGN) PEN	1	$933.40	28,352	$0.03	N
QUANTITY DISPENSED EXCEEDS MAX	SMOKING DETERRENT AGENTS (GANGLIONIC STIM,OTHERS)	NICOTROL	1	$484.65	28,352	$0.02	N
QUANTITY DISPENSED EXCEEDS MAX	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	DEXTROAMPHETAMINE-AMPHETAMINE	5	$132.26	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	OXYTOCICS	METHYLERGONOVINE MALEATE	1	$69.37	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	DEXMETHYLPHENIDATE HCL	2	$59.77	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	DEXTROAMPHETAMINE-AMPHET ER	1	$55.89	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	ANTIEMETIC/ANTIVERTIGO AGENTS	ONDANSETRON HCL	3	$52.83	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	ANTIMIGRAINE PREPARATIONS	RIZATRIPTAN	3	$16.98	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	NSAIDS, CYCLOOXYGENASE INHIBITOR-TYPE	KETOROLAC TROMETHAMINE	1	$14.21	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	ANTIMIGRAINE PREPARATIONS	SUMATRIPTAN SUCCINATE	2	$14.00	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	NASAL ANTI-INFLAMMATORY STEROIDS	FLUTICASONE PROPIONATE	1	$9.29	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	SKELETAL MUSCLE RELAXANTS	METHOCARBAMOL	1	$4.42	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	ANOREXIC AGENTS	PHENTERMINE HCL	1	$4.19	28,352	$0.00	N

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QUANTITY DISPENSED EXCEEDS MAX	SKELETAL MUSCLE RELAXANTS	CYCLOBENZAPRINE HCL	2	$4.13	28,352	$0.00	N
RESTRICTED QS: QS_LIMIT_PCT2	DIABETIC SUPPLIES	OMNIPOD 5 DEXG7G6 INTRO(GEN 5)	2	$1,123.75	28,352	$0.04	N
RESTRICTED QS: QS_LIMIT_PCT2	DIABETIC SUPPLIES	DEXCOM G7 RECEIVER	1	$280.31	28,352	$0.01	N
Totals:			**197**	**$184,804.70**	**28,352**	**$6.52**	

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DRUG EXCLUDED; STEPCARE	ANTIHYPERLIPIDEMIC - PCSK9 INHIBITORS	REPATHA SURECLICK	2	$2,209.52	28,352	$0.08	N
DRUG EXCLUDED; STEPCARE	DIABETIC SUPPLIES	FREESTYLE LIBRE 3 SENSOR	9	$1,571.85	28,352	$0.06	N
DRUG EXCLUDED; STEPCARE	DIABETIC SUPPLIES	FREESTYLE LIBRE 3 PLUS SENSOR	7	$1,240.54	28,352	$0.04	N
DRUG EXCLUDED; STEPCARE	KERATOLYTICS	PODOFILOX	2	$1,161.73	28,352	$0.04	N
DRUG EXCLUDED; STEPCARE	TETRACYCLINES	DOXYCYCLINE HYCLATE	1	$1,051.94	28,352	$0.04	N
DRUG EXCLUDED; STEPCARE	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	JORNAY PM	2	$874.06	28,352	$0.03	N
DRUG EXCLUDED; STEPCARE	TETRACYCLINES	DOXYCYCLINE IR-DR	1	$647.09	28,352	$0.02	N
DRUG EXCLUDED; STEPCARE	BETA-ADRENERGIC BLOCKING AGENTS	HEMANGEOL	1	$625.38	28,352	$0.02	N
DRUG EXCLUDED; STEPCARE	LAXATIVES AND CATHARTICS	SUFLAVE	5	$614.35	28,352	$0.02	N
DRUG EXCLUDED; STEPCARE	SMOKING DETERRENT AGENTS (GANGLIONIC STIM,OTHERS)	NICOTROL	1	$484.65	28,352	$0.02	N
DRUG EXCLUDED; STEPCARE	DIABETIC SUPPLIES	FREESTYLE LIBRE 2 SENSOR	3	$474.62	28,352	$0.02	N
DRUG EXCLUDED; STEPCARE	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	QUILLICHEW ER	1	$337.10	28,352	$0.01	N
DRUG EXCLUDED; STEPCARE	ANTIEMETIC, CANNIBINOID-TYPE	DRONABINOL	1	$256.20	28,352	$0.01	N
DRUG EXCLUDED; STEPCARE	HUMAN CHORIONIC GONADOTROPIN (HCG)	PREGNYL	1	$171.68	28,352	$0.01	N
DRUG EXCLUDED; STEPCARE	LAXATIVES AND CATHARTICS	PLENVU	4	$171.06	28,352	$0.01	N
DRUG EXCLUDED; STEPCARE	ANTIHISTAMINES - 2ND GENERATION	LEVOCETIRIZINE DIHYDROCHLORIDE	2	$97.36	28,352	$0.00	N

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DRUG EXCLUDED; STEPCARE	LIPOTROPICS	OMEGA-3 ACID ETHYL ESTERS	3	$92.99	28,352	$0.00	N
DRUG EXCLUDED; STEPCARE	NASAL ANTIHISTAMINE & ANTI-INFLAM. STEROID COMB.	AZELASTINE-FLUTICASONE	1	$68.66	28,352	$0.00	N
DRUG EXCLUDED; STEPCARE	HYPERURICEMIA TX - PURINE INHIBITORS	FEBUXOSTAT	1	$29.86	28,352	$0.00	N
DRUG EXCLUDED; STEPCARE	ANALGESICS,NARCOTICS	BUPRENORPHINE	2	($4.70)	28,352	$0.00	N
DRUG EXCLUDED; STEPCARE	DIABETIC SUPPLIES	DEXCOM G7 SENSOR	6	($246.51)	28,352	($0.01)	N
DRUG EXCLUDED; STEPCARE	DIABETIC SUPPLIES	FREESTYLE LIBRE 14 DAY SENSOR	2	($775.73)	28,352	($0.03)	N
DRUG EXCLUDED; STEPCARE	DIABETIC SUPPLIES	FREESTYLE LIBRE 2 READER	1	($1,213.52)	28,352	($0.04)	N
PA REQUIRED	ANTIPSORIATIC AGENTS,SYSTEMIC	SKYRIZI PEN	2	$66,495.09	28,352	$2.35	Y
PA REQUIRED	AGENTS TO TREAT MULTIPLE SCLEROSIS	KESIMPTA PEN	1	$37,120.14	28,352	$1.31	Y
PA REQUIRED	ANTI-OBESITY - INCRETIN MIMETICS COMBINATION	ZEPBOUND	57	$23,581.76	28,352	$0.83	N
PA REQUIRED	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	HUMIRA(CF) PEN CROHN'S-UC-HS	1	$20,443.13	28,352	$0.72	Y
PA REQUIRED	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	HUMIRA(CF) PEN	1	$15,181.54	28,352	$0.54	Y
PA REQUIRED	ANTIPSORIATIC AGENTS,SYSTEMIC	TREMFYA	1	$13,737.40	28,352	$0.48	Y
PA REQUIRED	PULMONARY FIBROSIS - SYSTEMIC ENZYME INHIBITORS	OFEV	2	$13,384.48	28,352	$0.47	Y
PA REQUIRED	ANTI-OBESITY GLUCAGON-LIKE PEPTIDE-1 RECEP AGONIST	WEGOVY	55	$10,106.37	28,352	$0.36	N
PA REQUIRED	GASTRIC ENZYMES	SUCRAID	1	$10,040.24	28,352	$0.35	Y
PA REQUIRED	ANTIMIGRAINE PREPARATIONS	NURTEC ODT	8	$8,702.48	28,352	$0.31	N
PA REQUIRED	ANTIHYPERGLYCEMIC - INCRETIN MIMETICS COMBINATION	MOUNJARO	25	$7,997.04	28,352	$0.28	N
PA REQUIRED	ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGONIST)	OZEMPIC	14	$5,445.05	28,352	$0.19	N
PA REQUIRED	ANTIMIGRAINE PREPARATIONS	UBRELVY	5	$5,206.56	28,352	$0.18	N
PA REQUIRED	RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS	XIFAXAN	2	$4,652.03	28,352	$0.16	N
PA REQUIRED	ANTIMIGRAINE PREPARATIONS	QULIPTA	5	$4,392.22	28,352	$0.15	N
PA REQUIRED	INTERLEUKIN-4(IL-4) RECEPTOR ALPHA ANTAGONIST, MAB	DUPIXENT PEN	1	$4,049.27	28,352	$0.14	Y
PA REQUIRED	MONOCLONAL ANTIBODY - INTERLEUKIN-5 ANTAGONISTS	NUCALA	1	$3,762.41	28,352	$0.13	Y
PA REQUIRED	ANTI-OBESITY GLUCAGON-LIKE PEPTIDE-1 RECEP AGONIST	SAXENDA	4	$2,928.20	28,352	$0.10	N

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PA REQUIRED	JANUS KINASE (JAK) INHIBITORS	OLUMIANT	1	$2,713.25	28,352	$0.10	Y
PA REQUIRED	ANDROGENIC AGENTS	TESTOSTERONE CYPIONATE	38	$1,955.51	28,352	$0.07	N
PA REQUIRED	LEUKOCYTE (WBC) STIMULANTS	NIVESTYM	1	$1,734.90	28,352	$0.06	Y
PA REQUIRED	ANTIMIGRAINE PREPARATIONS	EMGALITY PEN	3	$1,157.48	28,352	$0.04	N
PA REQUIRED	ANALGESICS, NON-NARCOTICS	JOURNAVX	1	$930.00	28,352	$0.03	N
PA REQUIRED	ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGONIST)	TRULICITY	2	$741.33	28,352	$0.03	N
PA REQUIRED	POTASSIUM SPARING DIURETICS	KERENDIA	1	$658.69	28,352	$0.02	N
PA REQUIRED	TOPICAL ANTIANDROGENIC AGENTS	WINLEVI	2	$576.42	28,352	$0.02	N
PA REQUIRED	ANDROGENIC AGENTS	TESTOSTERONE	3	$308.98	28,352	$0.01	N
PA REQUIRED	ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGONIST)	LIRAGLUTIDE	1	$217.21	28,352	$0.01	N
PA REQUIRED	ANDROGENIC AGENTS	TESTOSTERONE ENANTHATE	2	$138.08	28,352	$0.00	N
PA REQUIRED	DRUGS TO TREAT IMPOTENCY	TADALAFIL	11	$110.06	28,352	$0.00	N
PA REQUIRED	THYROID HORMONES	LEVOTHYROXINE SODIUM	1	$104.00	28,352	$0.00	N
PA REQUIRED	PULM.ANTI-HTN,SEL.C-GMP PHOSPHODIESTERASE T5 INHIB	SILDENAFIL CITRATE	5	$46.65	28,352	$0.00	N
PA REQUIRED	ANTIMIGRAINE PREPARATIONS	AJOVY AUTOINJECTOR	1	$0.00	28,352	$0.00	N
PA REQUIRED	ANTIMIGRAINE PREPARATIONS	EMGALITY SYRINGE	1	$0.00	28,352	$0.00	N
PA REQUIRED	BETALACTAMS	CAYSTON	1	$0.00	28,352	$0.00	Y
PA REQUIRED	HEP C VIRUS - NS5A & NS5B POLYMERASE INHIB. COMBO.	EPCLUSA	1	$0.00	28,352	$0.00	Y
PA REQUIRED	INTERLEUKIN-4(IL-4) RECEPTOR ALPHA ANTAGONIST, MAB	DUPIXENT SYRINGE	2	$0.00	28,352	$0.00	Y
PA REQUIRED	NARCOTIC WITHDRAWAL THERAPY AGENTS	SUBLOCADE	2	$0.00	28,352	$0.00	Y
PA REQUIRED	TOPICAL ANTICHOLINERGIC HYPERHIDROSIS TX AGENTS	QBREXZA	1	$0.00	28,352	$0.00	N
PA REQUIRED	TOPICAL/MUCOUS MEMBR./SUBCUT. ENZYMES	SANTYL	1	$0.00	28,352	$0.00	N
PA REQUIRED	URINARY TRACT ANALGESIC AGENTS	ELMIRON	1	$0.00	28,352	$0.00	N
PA REQUIRED	ANTIMIGRAINE PREPARATIONS	AJOVY SYRINGE	2	($837.68)	28,352	($0.03)	N
PA REQUIRED	TETRACYCLINES	NUZYRA	1	($5,789.41)	28,352	($0.20)	N

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PA REQUIRED	ANTISERA	GAMMAGARD LIQUID	1	($5,823.79)	28,352	($0.21)	Y
QUANTITY DISPENSED EXCEEDS MAX	ANTIHYPERGLYCEMIC,INSULIN & GLP-1 RECEPTOR AGONIST	SOLIQUA 100-33	1	$3,699.70	28,352	$0.13	N
QUANTITY DISPENSED EXCEEDS MAX	INSULINS	SEMGLEE (YFGN) PEN	1	$933.40	28,352	$0.03	N
QUANTITY DISPENSED EXCEEDS MAX	SMOKING DETERRENT AGENTS (GANGLIONIC STIM,OTHERS)	NICOTROL	1	$484.65	28,352	$0.02	N
QUANTITY DISPENSED EXCEEDS MAX	OPHTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR-TYPE	CYCLOSPORINE	1	$202.50	28,352	$0.01	N
QUANTITY DISPENSED EXCEEDS MAX	ANTIEMETIC/ANTIVERTIGO AGENTS	APREPITANT	1	$147.78	28,352	$0.01	N
QUANTITY DISPENSED EXCEEDS MAX	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	DEXTROAMPHETAMINE-AMPHETAMINE	6	$124.39	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	DEXTROAMPHETAMINE-AMPHET ER	3	$96.28	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	OXYTOCICS	METHYLERGONOVINE MALEATE	1	$69.37	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	DEXMETHYLPHENIDATE HCL	2	$59.77	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	ANTIEMETIC/ANTIVERTIGO AGENTS	ONDANSETRON HCL	14	$54.40	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	LIPOTROPICS	VASCEPA	1	$22.19	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	NSAIDS, CYCLOOXYGENASE INHIBITOR-TYPE	KETOROLAC TROMETHAMINE	4	$17.64	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	METHYLPHENIDATE HCL	2	$13.71	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	SKELETAL MUSCLE RELAXANTS	CYCLOBENZAPRINE HCL	7	$10.88	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	SKELETAL MUSCLE RELAXANTS	METHOCARBAMOL	2	$4.42	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	ANOREXIC AGENTS	PHENTERMINE HCL	1	$4.19	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	NARCOTIC ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE	HYDROCODONE-CHLORPHENIRAMNE ER	1	$3.16	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	ANTIMIGRAINE PREPARATIONS	RIZATRIPTAN	8	$2.23	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	ANTIMIGRAINE PREPARATIONS	SUMATRIPTAN SUCCINATE	9	$1.91	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	ANTICONVULSANT - BENZODIAZEPINE TYPE	VALTOCO	1	$0.00	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	ANTIMIGRAINE PREPARATIONS	SUMATRIPTAN	1	$0.00	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	COLCHICINE	COLCHICINE	1	$0.00	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	EYE ANTIINFLAMMATORY AGENTS	KETOROLAC TROMETHAMINE	1	$0.00	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	GLUCOCORTICOIDS, ORALLY INHALED	FLUTICASONE PROPIONATE	1	$0.00	28,352	$0.00	N

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Summary - Total

Edits	Therapeutic Drug Class Desc	Brand Name	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM	Specialty
QUANTITY DISPENSED EXCEEDS MAX	EYE ANTIHISTAMINES	AZELASTINE HCL	2	($2.75)	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	NASAL ANTI-INFLAMMATORY STEROIDS	FLUTICASONE PROPIONATE	6	($78.38)	28,352	$0.00	N
RESTRICTED QS: QS_LIMIT_PCT2	DIABETIC SUPPLIES	OMNIPOD 5 DEXG7G6 INTRO(GEN 5)	2	$1,123.75	28,352	$0.04	N
RESTRICTED QS: QS_LIMIT_PCT2	DIABETIC SUPPLIES	DEXCOM G7 RECEIVER	1	$280.31	28,352	$0.01	N
Totals:			**414**	**$273,382.76**	**28,352**	**$9.64**	

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Summary - Subsequent Approvals

Edits	Therapeutic Drug Class Desc	Brand Name	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM
PA REQUIRED	ANTIPSORIATIC AGENTS,SYSTEMIC	SKYRIZI PEN	1	$44,330.06	28,352	$1.56
PA REQUIRED	AGENTS TO TREAT MULTIPLE SCLEROSIS	KESIMPTA PEN	1	$37,120.14	28,352	$1.31
PA REQUIRED	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	HUMIRA(CF) PEN	1	$15,181.54	28,352	$0.54
PA REQUIRED	BETALACTAMS	CAYSTON	1	$0.00	28,352	$0.00
PA REQUIRED	HEP C VIRUS - NS5A & NS5B POLYMERASE INHIB. COMBO.	EPCLUSA	1	$0.00	28,352	$0.00
PA REQUIRED	INTERLEUKIN-4(IL-4) RECEPTOR ALPHA ANTAGONIST, MAB	DUPIXENT SYRINGE	2	$0.00	28,352	$0.00
PA REQUIRED	NARCOTIC WITHDRAWAL THERAPY AGENTS	SUBLOCADE	2	$0.00	28,352	$0.00
PA REQUIRED	PULMONARY FIBROSIS - SYSTEMIC ENZYME INHIBITORS	OFEV	1	$0.00	28,352	$0.00
PA REQUIRED	ANTISERA	GAMMAGARD LIQUID	1	($5,823.79)	28,352	($0.21)
Totals:			**11**	**$90,807.95**	**28,352**	**$3.20**

Summary - No Subsequent Approvals

Edits	Therapeutic Drug Class Desc	Brand Name	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM
PA REQUIRED	ANTIPSORIATIC AGENTS,SYSTEMIC	SKYRIZI PEN	1	$22,165.03	28,352	$0.78
PA REQUIRED	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	HUMIRA(CF) PEN CROHN'S-UC-HS	1	$20,443.13	28,352	$0.72
PA REQUIRED	ANTIPSORIATIC AGENTS,SYSTEMIC	TREMFYA	1	$13,737.40	28,352	$0.48
PA REQUIRED	PULMONARY FIBROSIS - SYSTEMIC ENZYME INHIBITORS	OFEV	1	$13,384.48	28,352	$0.47
PA REQUIRED	GASTRIC ENZYMES	SUCRAID	1	$10,040.24	28,352	$0.35
PA REQUIRED	INTERLEUKIN-4(IL-4) RECEPTOR ALPHA ANTAGONIST, MAB	DUPIXENT PEN	1	$4,049.27	28,352	$0.14
PA REQUIRED	MONOCLONAL ANTIBODY - INTERLEUKIN-5 ANTAGONISTS	NUCALA	1	$3,762.41	28,352	$0.13
PA REQUIRED	JANUS KINASE (JAK) INHIBITORS	OLUMIANT	1	$2,713.25	28,352	$0.10
PA REQUIRED	LEUKOCYTE (WBC) STIMULANTS	NIVESTYM	1	$1,734.90	28,352	$0.06
Totals:			**9**	**$92,030.11**	**28,352**	**$3.25**

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Summary - Total

Edits	Therapeutic Drug Class Desc	Brand Name	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM
PA REQUIRED	ANTIPSORIATIC AGENTS,SYSTEMIC	SKYRIZI PEN	2	$66,495.09	28,352	$2.35
PA REQUIRED	AGENTS TO TREAT MULTIPLE SCLEROSIS	KESIMPTA PEN	1	$37,120.14	28,352	$1.31
PA REQUIRED	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	HUMIRA(CF) PEN CROHN'S-UC-HS	1	$20,443.13	28,352	$0.72
PA REQUIRED	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	HUMIRA(CF) PEN	1	$15,181.54	28,352	$0.54
PA REQUIRED	ANTIPSORIATIC AGENTS,SYSTEMIC	TREMFYA	1	$13,737.40	28,352	$0.48
PA REQUIRED	PULMONARY FIBROSIS - SYSTEMIC ENZYME INHIBITORS	OFEV	2	$13,384.48	28,352	$0.47
PA REQUIRED	GASTRIC ENZYMES	SUCRAID	1	$10,040.24	28,352	$0.35
PA REQUIRED	INTERLEUKIN-4(IL-4) RECEPTOR ALPHA ANTAGONIST, MAB	DUPIXENT PEN	1	$4,049.27	28,352	$0.14
PA REQUIRED	MONOCLONAL ANTIBODY - INTERLEUKIN-5 ANTAGONISTS	NUCALA	1	$3,762.41	28,352	$0.13
PA REQUIRED	JANUS KINASE (JAK) INHIBITORS	OLUMIANT	1	$2,713.25	28,352	$0.10
PA REQUIRED	LEUKOCYTE (WBC) STIMULANTS	NIVESTYM	1	$1,734.90	28,352	$0.06
PA REQUIRED	BETALACTAMS	CAYSTON	1	$0.00	28,352	$0.00
PA REQUIRED	HEP C VIRUS - NS5A & NS5B POLYMERASE INHIB. COMBO.	EPCLUSA	1	$0.00	28,352	$0.00
PA REQUIRED	INTERLEUKIN-4(IL-4) RECEPTOR ALPHA ANTAGONIST, MAB	DUPIXENT SYRINGE	2	$0.00	28,352	$0.00
PA REQUIRED	NARCOTIC WITHDRAWAL THERAPY AGENTS	SUBLOCADE	2	$0.00	28,352	$0.00
PA REQUIRED	ANTISERA	GAMMAGARD LIQUID	1	($5,823.79)	28,352	($0.21)
Totals:			**20**	**$182,838.06**	**28,352**	**$6.45**

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Summary - Subsequent Approvals

Edits	Therapeutic Drug Class Desc	Brand Name	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM	Specialty
DRUG EXCLUDED; STEPCARE	TETRACYCLINES	DOXYCYCLINE HYCLATE	1	$1,051.94	28,352	$0.04	N
DRUG EXCLUDED; STEPCARE	KERATOLYTICS	PODOFILOX	1	$614.52	28,352	$0.02	N
DRUG EXCLUDED; STEPCARE	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	QUILLICHEW ER	1	$337.10	28,352	$0.01	N
DRUG EXCLUDED; STEPCARE	NASAL ANTIHISTAMINE & ANTI-INFLAM. STEROID COMB.	AZELASTINE-FLUTICASONE	1	$68.66	28,352	$0.00	N
DRUG EXCLUDED; STEPCARE	LAXATIVES AND CATHARTICS	PLENVU	3	$32.80	28,352	$0.00	N
DRUG EXCLUDED; STEPCARE	DIABETIC SUPPLIES	FREESTYLE LIBRE 3 SENSOR	1	$0.00	28,352	$0.00	N
DRUG EXCLUDED; STEPCARE	ANALGESICS,NARCOTICS	BUPRENORPHINE	2	($4.70)	28,352	$0.00	N
DRUG EXCLUDED; STEPCARE	DIABETIC SUPPLIES	DEXCOM G7 SENSOR	4	($497.58)	28,352	($0.02)	N
DRUG EXCLUDED; STEPCARE	DIABETIC SUPPLIES	FREESTYLE LIBRE 14 DAY SENSOR	1	($843.80)	28,352	($0.03)	N
DRUG EXCLUDED; STEPCARE	DIABETIC SUPPLIES	FREESTYLE LIBRE 2 READER	1	($1,213.52)	28,352	($0.04)	N
PA REQUIRED	ANTIPSORIATIC AGENTS,SYSTEMIC	SKYRIZI PEN	1	$44,330.06	28,352	$1.56	Y
PA REQUIRED	AGENTS TO TREAT MULTIPLE SCLEROSIS	KESIMPTA PEN	1	$37,120.14	28,352	$1.31	Y
PA REQUIRED	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	HUMIRA(CF) PEN	1	$15,181.54	28,352	$0.54	Y
PA REQUIRED	ANTIMIGRAINE PREPARATIONS	NURTEC ODT	5	$4,752.24	28,352	$0.17	N
PA REQUIRED	ANTIMIGRAINE PREPARATIONS	QULIPTA	3	$2,189.62	28,352	$0.08	N
PA REQUIRED	ANTIMIGRAINE PREPARATIONS	EMGALITY PEN	3	$1,157.48	28,352	$0.04	N
PA REQUIRED	ANDROGENIC AGENTS	TESTOSTERONE CYPIONATE	6	$146.98	28,352	$0.01	N
PA REQUIRED	THYROID HORMONES	LEVOTHYROXINE SODIUM	1	$104.00	28,352	$0.00	N
PA REQUIRED	ANTIMIGRAINE PREPARATIONS	AJOVY AUTOINJECTOR	1	$0.00	28,352	$0.00	N
PA REQUIRED	ANTIMIGRAINE PREPARATIONS	EMGALITY SYRINGE	1	$0.00	28,352	$0.00	N
PA REQUIRED	ANTIMIGRAINE PREPARATIONS	UBRELVY	1	$0.00	28,352	$0.00	N
PA REQUIRED	BETALACTAMS	CAYSTON	1	$0.00	28,352	$0.00	Y
PA REQUIRED	HEP C VIRUS - NS5A & NS5B POLYMERASE INHIB. COMBO.	EPCLUSA	1	$0.00	28,352	$0.00	Y
PA REQUIRED	INTERLEUKIN-4(IL-4) RECEPTOR ALPHA ANTAGONIST, MAB	DUPIXENT SYRINGE	2	$0.00	28,352	$0.00	Y
PA REQUIRED	NARCOTIC WITHDRAWAL THERAPY AGENTS	SUBLOCADE	2	$0.00	28,352	$0.00	Y

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Edits	Therapeutic Drug Class Desc	Brand Name	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM	Specialty
PA REQUIRED	PULMONARY FIBROSIS - SYSTEMIC ENZYME INHIBITORS	OFEV	1	$0.00	28,352	$0.00	Y
PA REQUIRED	TOPICAL ANTIANDROGENIC AGENTS	WINLEVI	1	$0.00	28,352	$0.00	N
PA REQUIRED	TOPICAL ANTICHOLINERGIC HYPERHIDROSIS TX AGENTS	QBREXZA	1	$0.00	28,352	$0.00	N
PA REQUIRED	TOPICAL/MUCOUS MEMBR./SUBCUT. ENZYMES	SANTYL	1	$0.00	28,352	$0.00	N
PA REQUIRED	URINARY TRACT ANALGESIC AGENTS	ELMIRON	1	$0.00	28,352	$0.00	N
PA REQUIRED	ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGONIST)	TRULICITY	1	($206.37)	28,352	($0.01)	N
PA REQUIRED	ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGONIST)	OZEMPIC	8	($296.81)	28,352	($0.01)	N
PA REQUIRED	ANTI-OBESITY GLUCAGON-LIKE PEPTIDE-1 RECEP AGONIST	SAXENDA	1	($709.05)	28,352	($0.03)	N
PA REQUIRED	ANTIMIGRAINE PREPARATIONS	AJOVY SYRINGE	2	($837.68)	28,352	($0.03)	N
PA REQUIRED	ANTI-OBESITY GLUCAGON-LIKE PEPTIDE-1 RECEP AGONIST	WEGOVY	46	($1,581.06)	28,352	($0.06)	N
PA REQUIRED	ANTIHYPERGLYCEMIC - INCRETIN MIMETICS COMBINATION	MOUNJARO	15	($2,306.29)	28,352	($0.08)	N
PA REQUIRED	ANTI-OBESITY - INCRETIN MIMETICS COMBINATION	ZEPBOUND	37	($2,415.00)	28,352	($0.09)	N
PA REQUIRED	TETRACYCLINES	NUZYRA	1	($5,789.41)	28,352	($0.20)	N
PA REQUIRED	ANTISERA	GAMMAGARD LIQUID	1	($5,823.79)	28,352	($0.21)	Y
QUANTITY DISPENSED EXCEEDS MAX	ANTIHYPERGLYCEMIC,INSULIN & GLP-1 RECEPTOR AGONIST	SOLIQUA 100-33	1	$3,699.70	28,352	$0.13	N
QUANTITY DISPENSED EXCEEDS MAX	OPHTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR-TYPE	CYCLOSPORINE	1	$202.50	28,352	$0.01	N
QUANTITY DISPENSED EXCEEDS MAX	ANTIEMETIC/ANTIVERTIGO AGENTS	APREPITANT	1	$147.78	28,352	$0.01	N
QUANTITY DISPENSED EXCEEDS MAX	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	DEXTROAMPHETAMINE-AMPHET ER	2	$40.39	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	LIPOTROPICS	VASCEPA	1	$22.19	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	METHYLPHENIDATE HCL	2	$13.71	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	SKELETAL MUSCLE RELAXANTS	CYCLOBENZAPRINE HCL	5	$6.75	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	NSAIDS, CYCLOOXYGENASE INHIBITOR-TYPE	KETOROLAC TROMETHAMINE	3	$3.43	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	NARCOTIC ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE	HYDROCODONE-CHLORPHENIRAMNE ER	1	$3.16	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	ANTIEMETIC/ANTIVERTIGO AGENTS	ONDANSETRON HCL	11	$1.57	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	ANTICONVULSANT - BENZODIAZEPINE TYPE	VALTOCO	1	$0.00	28,352	$0.00	N

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Summary - Subsequent Approvals

Edits	Therapeutic Drug Class Desc	Brand Name	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM	Specialty
QUANTITY DISPENSED EXCEEDS MAX	ANTIMIGRAINE PREPARATIONS	SUMATRIPTAN	1	$0.00	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	COLCHICINE	COLCHICINE	1	$0.00	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	EYE ANTIINFLAMMATORY AGENTS	KETOROLAC TROMETHAMINE	1	$0.00	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	GLUCOCORTICOIDS, ORALLY INHALED	FLUTICASONE PROPIONATE	1	$0.00	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	SKELETAL MUSCLE RELAXANTS	METHOCARBAMOL	1	$0.00	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	EYE ANTIHISTAMINES	AZELASTINE HCL	2	($2.75)	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	DEXTROAMPHETAMINE-AMPHETAMINE	1	($7.87)	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	ANTIMIGRAINE PREPARATIONS	SUMATRIPTAN SUCCINATE	7	($12.09)	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	ANTIMIGRAINE PREPARATIONS	RIZATRIPTAN	5	($14.75)	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	NASAL ANTI-INFLAMMATORY STEROIDS	FLUTICASONE PROPIONATE	5	($87.67)	28,352	$0.00	N
Totals:			**217**	**$88,578.06**	**28,352**	**$3.12**	

Summary - No Subsequent Approvals

Edits	Therapeutic Drug Class Desc	Brand Name	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM	Specialty
DRUG EXCLUDED; STEPCARE	BETA-ADRENERGIC BLOCKING AGENTS	HEMANGEOL	1	$4,329.55	28,352	$0.15	N
DRUG EXCLUDED; STEPCARE	DIABETIC SUPPLIES	FREESTYLE LIBRE 3 SENSOR	8	$3,796.87	28,352	$0.13	N
DRUG EXCLUDED; STEPCARE	ANTIHYPERLIPIDEMIC - PCSK9 INHIBITORS	REPATHA SURECLICK	2	$3,427.65	28,352	$0.12	N
DRUG EXCLUDED; STEPCARE	DIABETIC SUPPLIES	FREESTYLE LIBRE 3 PLUS SENSOR	7	$2,876.51	28,352	$0.10	N
DRUG EXCLUDED; STEPCARE	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	JORNAY PM	2	$2,622.18	28,352	$0.09	N
DRUG EXCLUDED; STEPCARE	KERATOLYTICS	PODOFILOX	1	$2,557.44	28,352	$0.09	N
DRUG EXCLUDED; STEPCARE	SMOKING DETERRENT AGENTS (GANGLIONIC STIM,OTHERS)	NICOTROL	1	$2,320.06	28,352	$0.08	N
DRUG EXCLUDED; STEPCARE	DIABETIC SUPPLIES	DEXCOM G7 SENSOR	2	$2,259.63	28,352	$0.08	N
DRUG EXCLUDED; STEPCARE	DIABETIC SUPPLIES	FREESTYLE LIBRE 2 SENSOR	3	$1,481.04	28,352	$0.05	N

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Summary - No Subsequent Approvals

Edits	Therapeutic Drug Class Desc	Brand Name	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM	Specialty
DRUG EXCLUDED; STEPCARE	TETRACYCLINES	DOXYCYCLINE IR-DR	1	$629.13	28,352	$0.02	N
DRUG EXCLUDED; STEPCARE	ANTIEMETIC, CANNIBINOID-TYPE	DRONABINOL	1	$544.12	28,352	$0.02	N
DRUG EXCLUDED; STEPCARE	LAXATIVES AND CATHARTICS	SUFLAVE	5	$502.54	28,352	$0.02	N
DRUG EXCLUDED; STEPCARE	DIABETIC SUPPLIES	FREESTYLE LIBRE 14 DAY SENSOR	1	$437.59	28,352	$0.02	N
DRUG EXCLUDED; STEPCARE	HUMAN CHORIONIC GONADOTROPIN (HCG)	PREGNYL	1	$408.27	28,352	$0.01	N
DRUG EXCLUDED; STEPCARE	ANTIHISTAMINES - 2ND GENERATION	LEVOCETIRIZINE DIHYDROCHLORIDE	2	$220.78	28,352	$0.01	N
DRUG EXCLUDED; STEPCARE	LIPOTROPICS	OMEGA-3 ACID ETHYL ESTERS	3	$155.25	28,352	$0.01	N
DRUG EXCLUDED; STEPCARE	LAXATIVES AND CATHARTICS	PLENVU	1	$138.26	28,352	$0.00	N
DRUG EXCLUDED; STEPCARE	HYPERURICEMIA TX - PURINE INHIBITORS	FEBUXOSTAT	1	$29.86	28,352	$0.00	N
PA REQUIRED	ANTIPSORIATIC AGENTS,SYSTEMIC	SKYRIZI PEN	1	$71,244.74	28,352	$2.51	Y
PA REQUIRED	ANTI-OBESITY - INCRETIN MIMETICS COMBINATION	ZEPBOUND	20	$66,468.44	28,352	$2.34	N
PA REQUIRED	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	HUMIRA(CF) PEN CROHN'S-UC-HS	1	$65,710.06	28,352	$2.32	Y
PA REQUIRED	ANTIPSORIATIC AGENTS,SYSTEMIC	TREMFYA	1	$44,155.93	28,352	$1.56	Y
PA REQUIRED	PULMONARY FIBROSIS - SYSTEMIC ENZYME INHIBITORS	OFEV	1	$40,153.44	28,352	$1.42	Y
PA REQUIRED	ANTIMIGRAINE PREPARATIONS	UBRELVY	4	$38,525.71	28,352	$1.36	N
PA REQUIRED	ANTI-OBESITY GLUCAGON-LIKE PEPTIDE-1 RECEP AGONIST	WEGOVY	9	$35,708.27	28,352	$1.26	N
PA REQUIRED	ANTIHYPERGLYCEMIC - INCRETIN MIMETICS COMBINATION	MOUNJARO	10	$33,117.85	28,352	$1.17	N
PA REQUIRED	GASTRIC ENZYMES	SUCRAID	1	$30,120.72	28,352	$1.06	Y
PA REQUIRED	RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS	XIFAXAN	2	$29,905.91	28,352	$1.05	N
PA REQUIRED	ANTIMIGRAINE PREPARATIONS	NURTEC ODT	3	$20,000.32	28,352	$0.71	N
PA REQUIRED	ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGONIST)	OZEMPIC	6	$17,429.89	28,352	$0.61	N
PA REQUIRED	INTERLEUKIN-4(IL-4) RECEPTOR ALPHA ANTAGONIST, MAB	DUPIXENT PEN	1	$13,015.51	28,352	$0.46	Y
PA REQUIRED	MONOCLONAL ANTIBODY - INTERLEUKIN-5 ANTAGONISTS	NUCALA	1	$12,093.46	28,352	$0.43	Y
PA REQUIRED	ANTI-OBESITY GLUCAGON-LIKE PEPTIDE-1 RECEP AGONIST	SAXENDA	3	$11,692.48	28,352	$0.41	N
PA REQUIRED	JANUS KINASE (JAK) INHIBITORS	OLUMIANT	1	$8,139.75	28,352	$0.29	Y

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Edits	Therapeutic Drug Class Desc	Brand Name	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM	Specialty
PA REQUIRED	ANTIMIGRAINE PREPARATIONS	QULIPTA	2	$6,607.80	28,352	$0.23	N
PA REQUIRED	LEUKOCYTE (WBC) STIMULANTS	NIVESTYM	1	$4,069.05	28,352	$0.14	Y
PA REQUIRED	ANDROGENIC AGENTS	TESTOSTERONE CYPIONATE	32	$3,525.66	28,352	$0.12	N
PA REQUIRED	ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGONIST)	TRULICITY	1	$3,046.18	28,352	$0.11	N
PA REQUIRED	POTASSIUM SPARING DIURETICS	KERENDIA	1	$1,976.07	28,352	$0.07	N
PA REQUIRED	TOPICAL ANTIANDROGENIC AGENTS	WINLEVI	1	$1,532.92	28,352	$0.05	N
PA REQUIRED	ANALGESICS, NON-NARCOTICS	JOURNAVX	1	$1,147.00	28,352	$0.04	N
PA REQUIRED	ANDROGENIC AGENTS	TESTOSTERONE	3	$926.94	28,352	$0.03	N
PA REQUIRED	ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGONIST)	LIRAGLUTIDE	1	$698.18	28,352	$0.02	N
PA REQUIRED	ANDROGENIC AGENTS	TESTOSTERONE ENANTHATE	2	$310.75	28,352	$0.01	N
PA REQUIRED	DRUGS TO TREAT IMPOTENCY	TADALAFIL	11	$132.40	28,352	$0.00	N
PA REQUIRED	PULM.ANTI-HTN,SEL.C-GMP PHOSPHODIESTERASE T5 INHIB	SILDENAFIL CITRATE	5	$111.23	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	INSULINS	SEMGLEE (YFGN) PEN	1	$2,800.20	28,352	$0.10	N
QUANTITY DISPENSED EXCEEDS MAX	SMOKING DETERRENT AGENTS (GANGLIONIC STIM,OTHERS)	NICOTROL	1	$484.65	28,352	$0.02	N
QUANTITY DISPENSED EXCEEDS MAX	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	DEXTROAMPHETAMINE-AMPHETAMINE	5	$390.72	28,352	$0.01	N
QUANTITY DISPENSED EXCEEDS MAX	ANTIEMETIC/ANTIVERTIGO AGENTS	ONDANSETRON HCL	3	$182.16	28,352	$0.01	N
QUANTITY DISPENSED EXCEEDS MAX	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	DEXMETHYLPHENIDATE HCL	2	$179.31	28,352	$0.01	N
QUANTITY DISPENSED EXCEEDS MAX	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	DEXTROAMPHETAMINE-AMPHET ER	1	$167.67	28,352	$0.01	N
QUANTITY DISPENSED EXCEEDS MAX	NASAL ANTI-INFLAMMATORY STEROIDS	FLUTICASONE PROPIONATE	1	$119.44	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	OXYTOCICS	METHYLERGONOVINE MALEATE	1	$69.37	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	SKELETAL MUSCLE RELAXANTS	CYCLOBENZAPRINE HCL	2	$58.66	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	ANTIMIGRAINE PREPARATIONS	RIZATRIPTAN	3	$45.06	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	NSAIDS, CYCLOOXYGENASE INHIBITOR-TYPE	KETOROLAC TROMETHAMINE	1	$14.21	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	ANTIMIGRAINE PREPARATIONS	SUMATRIPTAN SUCCINATE	2	$14.00	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	ANOREXIC AGENTS	PHENTERMINE HCL	1	$12.57	28,352	$0.00	N

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QUANTITY DISPENSED EXCEEDS MAX	SKELETAL MUSCLE RELAXANTS	METHOCARBAMOL	1	$4.42	28,352	$0.00	N
RESTRICTED QS: QS_LIMIT_PCT2	DIABETIC SUPPLIES	OMNIPOD 5 DEXG7G6 INTRO(GEN 5)	2	$1,151.21	28,352	$0.04	N
RESTRICTED QS: QS_LIMIT_PCT2	DIABETIC SUPPLIES	DEXCOM G7 RECEIVER	1	$280.31	28,352	$0.01	N
Totals:			**197**	**$596,277.36**	**28,352**	**$21.03**	

Summary - Total

Edits	Therapeutic Drug Class Desc	Brand Name	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM	Specialty
DRUG EXCLUDED; STEPCARE	BETA-ADRENERGIC BLOCKING AGENTS	HEMANGEOL	1	$4,329.55	28,352	$0.15	N
DRUG EXCLUDED; STEPCARE	DIABETIC SUPPLIES	FREESTYLE LIBRE 3 SENSOR	9	$3,796.87	28,352	$0.13	N
DRUG EXCLUDED; STEPCARE	ANTIHYPERLIPIDEMIC - PCSK9 INHIBITORS	REPATHA SURECLICK	2	$3,427.65	28,352	$0.12	N
DRUG EXCLUDED; STEPCARE	KERATOLYTICS	PODOFILOX	2	$3,171.96	28,352	$0.11	N
DRUG EXCLUDED; STEPCARE	DIABETIC SUPPLIES	FREESTYLE LIBRE 3 PLUS SENSOR	7	$2,876.51	28,352	$0.10	N
DRUG EXCLUDED; STEPCARE	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	JORNAY PM	2	$2,622.18	28,352	$0.09	N
DRUG EXCLUDED; STEPCARE	SMOKING DETERRENT AGENTS (GANGLIONIC STIM,OTHERS)	NICOTROL	1	$2,320.06	28,352	$0.08	N
DRUG EXCLUDED; STEPCARE	DIABETIC SUPPLIES	DEXCOM G7 SENSOR	6	$1,762.05	28,352	$0.06	N
DRUG EXCLUDED; STEPCARE	DIABETIC SUPPLIES	FREESTYLE LIBRE 2 SENSOR	3	$1,481.04	28,352	$0.05	N
DRUG EXCLUDED; STEPCARE	TETRACYCLINES	DOXYCYCLINE HYCLATE	1	$1,051.94	28,352	$0.04	N
DRUG EXCLUDED; STEPCARE	TETRACYCLINES	DOXYCYCLINE IR-DR	1	$629.13	28,352	$0.02	N
DRUG EXCLUDED; STEPCARE	ANTIEMETIC, CANNIBINOID-TYPE	DRONABINOL	1	$544.12	28,352	$0.02	N
DRUG EXCLUDED; STEPCARE	LAXATIVES AND CATHARTICS	SUFLAVE	5	$502.54	28,352	$0.02	N
DRUG EXCLUDED; STEPCARE	HUMAN CHORIONIC GONADOTROPIN (HCG)	PREGNYL	1	$408.27	28,352	$0.01	N
DRUG EXCLUDED; STEPCARE	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	QUILLICHEW ER	1	$337.10	28,352	$0.01	N
DRUG EXCLUDED; STEPCARE	ANTIHISTAMINES - 2ND GENERATION	LEVOCETIRIZINE DIHYDROCHLORIDE	2	$220.78	28,352	$0.01	N

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DRUG EXCLUDED; STEPCARE	LAXATIVES AND CATHARTICS	PLENVU	4	$171.06	28,352	$0.01	N
DRUG EXCLUDED; STEPCARE	LIPOTROPICS	OMEGA-3 ACID ETHYL ESTERS	3	$155.25	28,352	$0.01	N
DRUG EXCLUDED; STEPCARE	NASAL ANTIHISTAMINE & ANTI-INFLAM. STEROID COMB.	AZELASTINE-FLUTICASONE	1	$68.66	28,352	$0.00	N
DRUG EXCLUDED; STEPCARE	HYPERURICEMIA TX - PURINE INHIBITORS	FEBUXOSTAT	1	$29.86	28,352	$0.00	N
DRUG EXCLUDED; STEPCARE	ANALGESICS,NARCOTICS	BUPRENORPHINE	2	($4.70)	28,352	$0.00	N
DRUG EXCLUDED; STEPCARE	DIABETIC SUPPLIES	FREESTYLE LIBRE 14 DAY SENSOR	2	($406.21)	28,352	($0.01)	N
DRUG EXCLUDED; STEPCARE	DIABETIC SUPPLIES	FREESTYLE LIBRE 2 READER	1	($1,213.52)	28,352	($0.04)	N
PA REQUIRED	ANTIPSORIATIC AGENTS,SYSTEMIC	SKYRIZI PEN	2	$115,574.80	28,352	$4.08	Y
PA REQUIRED	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	HUMIRA(CF) PEN CROHN'S-UC-HS	1	$65,710.06	28,352	$2.32	Y
PA REQUIRED	ANTI-OBESITY - INCRETIN MIMETICS COMBINATION	ZEPBOUND	57	$64,053.44	28,352	$2.26	N
PA REQUIRED	ANTIPSORIATIC AGENTS,SYSTEMIC	TREMFYA	1	$44,155.93	28,352	$1.56	Y
PA REQUIRED	PULMONARY FIBROSIS - SYSTEMIC ENZYME INHIBITORS	OFEV	2	$40,153.44	28,352	$1.42	Y
PA REQUIRED	ANTIMIGRAINE PREPARATIONS	UBRELVY	5	$38,525.71	28,352	$1.36	N
PA REQUIRED	AGENTS TO TREAT MULTIPLE SCLEROSIS	KESIMPTA PEN	1	$37,120.14	28,352	$1.31	Y
PA REQUIRED	ANTI-OBESITY GLUCAGON-LIKE PEPTIDE-1 RECEP AGONIST	WEGOVY	55	$34,127.21	28,352	$1.20	N
PA REQUIRED	ANTIHYPERGLYCEMIC - INCRETIN MIMETICS COMBINATION	MOUNJARO	25	$30,811.55	28,352	$1.09	N
PA REQUIRED	GASTRIC ENZYMES	SUCRAID	1	$30,120.72	28,352	$1.06	Y
PA REQUIRED	RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS	XIFAXAN	2	$29,905.91	28,352	$1.05	N
PA REQUIRED	ANTIMIGRAINE PREPARATIONS	NURTEC ODT	8	$24,752.56	28,352	$0.87	N
PA REQUIRED	ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGONIST)	OZEMPIC	14	$17,133.08	28,352	$0.60	N
PA REQUIRED	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	HUMIRA(CF) PEN	1	$15,181.54	28,352	$0.54	Y
PA REQUIRED	INTERLEUKIN-4(IL-4) RECEPTOR ALPHA ANTAGONIST, MAB	DUPIXENT PEN	1	$13,015.51	28,352	$0.46	Y
PA REQUIRED	MONOCLONAL ANTIBODY - INTERLEUKIN-5 ANTAGONISTS	NUCALA	1	$12,093.46	28,352	$0.43	Y
PA REQUIRED	ANTI-OBESITY GLUCAGON-LIKE PEPTIDE-1 RECEP AGONIST	SAXENDA	4	$10,983.43	28,352	$0.39	N
PA REQUIRED	ANTIMIGRAINE PREPARATIONS	QULIPTA	5	$8,797.42	28,352	$0.31	N

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PA REQUIRED	JANUS KINASE (JAK) INHIBITORS	OLUMIANT	1	$8,139.75	28,352	$0.29	Y
PA REQUIRED	LEUKOCYTE (WBC) STIMULANTS	NIVESTYM	1	$4,069.05	28,352	$0.14	Y
PA REQUIRED	ANDROGENIC AGENTS	TESTOSTERONE CYPIONATE	38	$3,672.64	28,352	$0.13	N
PA REQUIRED	ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGONIST)	TRULICITY	2	$2,839.80	28,352	$0.10	N
PA REQUIRED	POTASSIUM SPARING DIURETICS	KERENDIA	1	$1,976.07	28,352	$0.07	N
PA REQUIRED	TOPICAL ANTIANDROGENIC AGENTS	WINLEVI	2	$1,532.92	28,352	$0.05	N
PA REQUIRED	ANTIMIGRAINE PREPARATIONS	EMGALITY PEN	3	$1,157.48	28,352	$0.04	N
PA REQUIRED	ANALGESICS, NON-NARCOTICS	JOURNAVX	1	$1,147.00	28,352	$0.04	N
PA REQUIRED	ANDROGENIC AGENTS	TESTOSTERONE	3	$926.94	28,352	$0.03	N
PA REQUIRED	ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGONIST)	LIRAGLUTIDE	1	$698.18	28,352	$0.02	N
PA REQUIRED	ANDROGENIC AGENTS	TESTOSTERONE ENANTHATE	2	$310.75	28,352	$0.01	N
PA REQUIRED	DRUGS TO TREAT IMPOTENCY	TADALAFIL	11	$132.40	28,352	$0.00	N
PA REQUIRED	PULM.ANTI-HTN,SEL.C-GMP PHOSPHODIESTERASE T5 INHIB	SILDENAFIL CITRATE	5	$111.23	28,352	$0.00	N
PA REQUIRED	THYROID HORMONES	LEVOTHYROXINE SODIUM	1	$104.00	28,352	$0.00	N
PA REQUIRED	ANTIMIGRAINE PREPARATIONS	AJOVY AUTOINJECTOR	1	$0.00	28,352	$0.00	N
PA REQUIRED	ANTIMIGRAINE PREPARATIONS	EMGALITY SYRINGE	1	$0.00	28,352	$0.00	N
PA REQUIRED	BETALACTAMS	CAYSTON	1	$0.00	28,352	$0.00	Y
PA REQUIRED	HEP C VIRUS - NS5A & NS5B POLYMERASE INHIB. COMBO.	EPCLUSA	1	$0.00	28,352	$0.00	Y
PA REQUIRED	INTERLEUKIN-4(IL-4) RECEPTOR ALPHA ANTAGONIST, MAB	DUPIXENT SYRINGE	2	$0.00	28,352	$0.00	Y
PA REQUIRED	NARCOTIC WITHDRAWAL THERAPY AGENTS	SUBLOCADE	2	$0.00	28,352	$0.00	Y
PA REQUIRED	TOPICAL ANTICHOLINERGIC HYPERHIDROSIS TX AGENTS	QBREXZA	1	$0.00	28,352	$0.00	N
PA REQUIRED	TOPICAL/MUCOUS MEMBR./SUBCUT. ENZYMES	SANTYL	1	$0.00	28,352	$0.00	N
PA REQUIRED	URINARY TRACT ANALGESIC AGENTS	ELMIRON	1	$0.00	28,352	$0.00	N
PA REQUIRED	ANTIMIGRAINE PREPARATIONS	AJOVY SYRINGE	2	($837.68)	28,352	($0.03)	N
PA REQUIRED	TETRACYCLINES	NUZYRA	1	($5,789.41)	28,352	($0.20)	N

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PA REQUIRED	ANTISERA	GAMMAGARD LIQUID	1	($5,823.79)	28,352	($0.21)	Y
QUANTITY DISPENSED EXCEEDS MAX	ANTIHYPERGLYCEMIC,INSULIN & GLP-1 RECEPTOR AGONIST	SOLIQUA 100-33	1	$3,699.70	28,352	$0.13	N
QUANTITY DISPENSED EXCEEDS MAX	INSULINS	SEMGLEE (YFGN) PEN	1	$2,800.20	28,352	$0.10	N
QUANTITY DISPENSED EXCEEDS MAX	SMOKING DETERRENT AGENTS (GANGLIONIC STIM,OTHERS)	NICOTROL	1	$484.65	28,352	$0.02	N
QUANTITY DISPENSED EXCEEDS MAX	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	DEXTROAMPHETAMINE-AMPHETAMINE	6	$382.85	28,352	$0.01	N
QUANTITY DISPENSED EXCEEDS MAX	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	DEXTROAMPHETAMINE-AMPHET ER	3	$208.06	28,352	$0.01	N
QUANTITY DISPENSED EXCEEDS MAX	OPHTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR-TYPE	CYCLOSPORINE	1	$202.50	28,352	$0.01	N
QUANTITY DISPENSED EXCEEDS MAX	ANTIEMETIC/ANTIVERTIGO AGENTS	ONDANSETRON HCL	14	$183.73	28,352	$0.01	N
QUANTITY DISPENSED EXCEEDS MAX	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	DEXMETHYLPHENIDATE HCL	2	$179.31	28,352	$0.01	N
QUANTITY DISPENSED EXCEEDS MAX	ANTIEMETIC/ANTIVERTIGO AGENTS	APREPITANT	1	$147.78	28,352	$0.01	N
QUANTITY DISPENSED EXCEEDS MAX	OXYTOCICS	METHYLERGONOVINE MALEATE	1	$69.37	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	SKELETAL MUSCLE RELAXANTS	CYCLOBENZAPRINE HCL	7	$65.41	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	NASAL ANTI-INFLAMMATORY STEROIDS	FLUTICASONE PROPIONATE	6	$31.77	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	ANTIMIGRAINE PREPARATIONS	RIZATRIPTAN	8	$30.31	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	LIPOTROPICS	VASCEPA	1	$22.19	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	NSAIDS, CYCLOOXYGENASE INHIBITOR-TYPE	KETOROLAC TROMETHAMINE	4	$17.64	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	METHYLPHENIDATE HCL	2	$13.71	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	ANOREXIC AGENTS	PHENTERMINE HCL	1	$12.57	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	SKELETAL MUSCLE RELAXANTS	METHOCARBAMOL	2	$4.42	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	NARCOTIC ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE	HYDROCODONE-CHLORPHENIRAMNE ER	1	$3.16	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	ANTIMIGRAINE PREPARATIONS	SUMATRIPTAN SUCCINATE	9	$1.91	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	ANTICONVULSANT - BENZODIAZEPINE TYPE	VALTOCO	1	$0.00	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	ANTIMIGRAINE PREPARATIONS	SUMATRIPTAN	1	$0.00	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	COLCHICINE	COLCHICINE	1	$0.00	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	EYE ANTIINFLAMMATORY AGENTS	KETOROLAC TROMETHAMINE	1	$0.00	28,352	$0.00	N

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QUANTITY DISPENSED EXCEEDS MAX	GLUCOCORTICOIDS, ORALLY INHALED	FLUTICASONE PROPIONATE	1	$0.00	28,352	$0.00	N
QUANTITY DISPENSED EXCEEDS MAX	EYE ANTIHISTAMINES	AZELASTINE HCL	2	($2.75)	28,352	$0.00	N
RESTRICTED QS: QS_LIMIT_PCT2	DIABETIC SUPPLIES	OMNIPOD 5 DEXG7G6 INTRO(GEN 5)	2	$1,151.21	28,352	$0.04	N
RESTRICTED QS: QS_LIMIT_PCT2	DIABETIC SUPPLIES	DEXCOM G7 RECEIVER	1	$280.31	28,352	$0.01	N
Totals:			**414**	**$684,855.41**	**28,352**	**$24.16**	

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Edits	Therapeutic Drug Class Desc	Brand Name	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM
PA REQUIRED	ANTIPSORIATIC AGENTS,SYSTEMIC	SKYRIZI PEN	1	$44,330.06	28,352	$1.56
PA REQUIRED	AGENTS TO TREAT MULTIPLE SCLEROSIS	KESIMPTA PEN	1	$37,120.14	28,352	$1.31
PA REQUIRED	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	HUMIRA(CF) PEN	1	$15,181.54	28,352	$0.54
PA REQUIRED	BETALACTAMS	CAYSTON	1	$0.00	28,352	$0.00
PA REQUIRED	HEP C VIRUS - NS5A & NS5B POLYMERASE INHIB. COMBO.	EPCLUSA	1	$0.00	28,352	$0.00
PA REQUIRED	INTERLEUKIN-4(IL-4) RECEPTOR ALPHA ANTAGONIST, MAB	DUPIXENT SYRINGE	2	$0.00	28,352	$0.00
PA REQUIRED	NARCOTIC WITHDRAWAL THERAPY AGENTS	SUBLOCADE	2	$0.00	28,352	$0.00
PA REQUIRED	PULMONARY FIBROSIS - SYSTEMIC ENZYME INHIBITORS	OFEV	1	$0.00	28,352	$0.00
PA REQUIRED	ANTISERA	GAMMAGARD LIQUID	1	($5,823.79)	28,352	($0.21)
Totals:			**11**	**$90,807.95**	**28,352**	**$3.20**

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Edits	Therapeutic Drug Class Desc	Brand Name	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM
PA REQUIRED	ANTIPSORIATIC AGENTS,SYSTEMIC	SKYRIZI PEN	1	$71,244.74	28,352	$2.51
PA REQUIRED	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	HUMIRA(CF) PEN CROHN'S-UC-HS	1	$65,710.06	28,352	$2.32
PA REQUIRED	ANTIPSORIATIC AGENTS,SYSTEMIC	TREMFYA	1	$44,155.93	28,352	$1.56
PA REQUIRED	PULMONARY FIBROSIS - SYSTEMIC ENZYME INHIBITORS	OFEV	1	$40,153.44	28,352	$1.42
PA REQUIRED	GASTRIC ENZYMES	SUCRAID	1	$30,120.72	28,352	$1.06
PA REQUIRED	INTERLEUKIN-4(IL-4) RECEPTOR ALPHA ANTAGONIST, MAB	DUPIXENT PEN	1	$13,015.51	28,352	$0.46
PA REQUIRED	MONOCLONAL ANTIBODY - INTERLEUKIN-5 ANTAGONISTS	NUCALA	1	$12,093.46	28,352	$0.43
PA REQUIRED	JANUS KINASE (JAK) INHIBITORS	OLUMIANT	1	$8,139.75	28,352	$0.29
PA REQUIRED	LEUKOCYTE (WBC) STIMULANTS	NIVESTYM	1	$4,069.05	28,352	$0.14
Totals:			**9**	**$288,702.66**	**28,352**	**$10.18**

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Point of Service Clinical Edit Value - Summary - Brand Name - Persistency - Specialty

Summary - Total

Edits	Therapeutic Drug Class Desc	Brand Name	Count	Total Ingr Cost Savings	Total Member Months Intervention Period	Total Ingr Cost Savings PMPM
PA REQUIRED	ANTIPSORIATIC AGENTS,SYSTEMIC	SKYRIZI PEN	2	$115,574.80	28,352	$4.08
PA REQUIRED	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	HUMIRA(CF) PEN CROHN'S-UC-HS	1	$65,710.06	28,352	$2.32
PA REQUIRED	ANTIPSORIATIC AGENTS,SYSTEMIC	TREMFYA	1	$44,155.93	28,352	$1.56
PA REQUIRED	PULMONARY FIBROSIS - SYSTEMIC ENZYME INHIBITORS	OFEV	2	$40,153.44	28,352	$1.42
PA REQUIRED	AGENTS TO TREAT MULTIPLE SCLEROSIS	KESIMPTA PEN	1	$37,120.14	28,352	$1.31
PA REQUIRED	GASTRIC ENZYMES	SUCRAID	1	$30,120.72	28,352	$1.06
PA REQUIRED	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	HUMIRA(CF) PEN	1	$15,181.54	28,352	$0.54
PA REQUIRED	INTERLEUKIN-4(IL-4) RECEPTOR ALPHA ANTAGONIST, MAB	DUPIXENT PEN	1	$13,015.51	28,352	$0.46
PA REQUIRED	MONOCLONAL ANTIBODY - INTERLEUKIN-5 ANTAGONISTS	NUCALA	1	$12,093.46	28,352	$0.43
PA REQUIRED	JANUS KINASE (JAK) INHIBITORS	OLUMIANT	1	$8,139.75	28,352	$0.29
PA REQUIRED	LEUKOCYTE (WBC) STIMULANTS	NIVESTYM	1	$4,069.05	28,352	$0.14
PA REQUIRED	BETALACTAMS	CAYSTON	1	$0.00	28,352	$0.00
PA REQUIRED	HEP C VIRUS - NS5A & NS5B POLYMERASE INHIB. COMBO.	EPCLUSA	1	$0.00	28,352	$0.00
PA REQUIRED	INTERLEUKIN-4(IL-4) RECEPTOR ALPHA ANTAGONIST, MAB	DUPIXENT SYRINGE	2	$0.00	28,352	$0.00
PA REQUIRED	NARCOTIC WITHDRAWAL THERAPY AGENTS	SUBLOCADE	2	$0.00	28,352	$0.00
PA REQUIRED	ANTISERA	GAMMAGARD LIQUID	1	($5,823.79)	28,352	($0.21)
Totals:			**20**	**$379,510.61**	**28,352**	**$13.39**

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NDC	BRAND_NAME	LDD_STATUS
93112589	ABIRATERONE ACETATE	No
143959721	ABIRATERONE ACETATE	No
378692078	ABIRATERONE ACETATE	No
378692191	ABIRATERONE ACETATE	No
591436560	ABIRATERONE ACETATE	No
904694804	ABIRATERONE ACETATE	No
16714096301	ABIRATERONE ACETATE	No
42291002412	ABIRATERONE ACETATE	No
42291007360	ABIRATERONE ACETATE	No
42292005701	ABIRATERONE ACETATE	No
42292005703	ABIRATERONE ACETATE	No
43598035804	ABIRATERONE ACETATE	No
43598046860	ABIRATERONE ACETATE	No
51407018112	ABIRATERONE ACETATE	No
57894015512	ABIRATERONE ACETATE	No
60219116507	ABIRATERONE ACETATE	No
60219175406	ABIRATERONE ACETATE	No
60505432701	ABIRATERONE ACETATE	No
60505476406	ABIRATERONE ACETATE	No
60687045511	ABIRATERONE ACETATE	No
60687045521	ABIRATERONE ACETATE	No
60687079011	ABIRATERONE ACETATE	No
60687079021	ABIRATERONE ACETATE	No
63629942901	ABIRATERONE ACETATE	No
63629943001	ABIRATERONE ACETATE	No
64679002101	ABIRATERONE ACETATE	No
64980041812	ABIRATERONE ACETATE	No
68001048907	ABIRATERONE ACETATE	No
68462013508	ABIRATERONE ACETATE	No
68462088260	ABIRATERONE ACETATE	No
69238116507	ABIRATERONE ACETATE	No
69238175406	ABIRATERONE ACETATE	No
71921017706	ABIRATERONE ACETATE	No
71921017820	ABIRATERONE ACETATE	No
72162215106	ABIRATERONE ACETATE	No
72205003092	ABIRATERONE ACETATE	No
72205028492	ABIRATERONE ACETATE	No
72205028560	ABIRATERONE ACETATE	No
72603011001	ABIRATERONE ACETATE	No
72603011101	ABIRATERONE ACETATE	No
72606056601	ABIRATERONE ACETATE	No
72606057301	ABIRATERONE ACETATE	No
72789021398	ABIRATERONE ACETATE	No
75907022404	ABIRATERONE ACETATE	No
82009013912	ABIRATERONE ACETATE	No
82009014060	ABIRATERONE ACETATE	No
82249001012	ABIRATERONE ACETATE	No
82293000110	ABIRATERONE ACETATE	No
82293000210	ABIRATERONE ACETATE	No
68817013450	ABRAXANE	No
25032802	ABRILADA(CF)	No
25033302	ABRILADA(CF)	No
69032802	ABRILADA(CF)	No
69033302	ABRILADA(CF)	No
25032501	ABRILADA(CF) PEN	No
69032501	ABRILADA(CF) PEN	No
25032502	ABRILADA(CF) PEN (2 PACK)	No
69032502	ABRILADA(CF) PEN (2 PACK)	No

93113556	ACITRETIN	No
93113656	ACITRETIN	No
93113856	ACITRETIN	No
115175008	ACITRETIN	No
115175108	ACITRETIN	No
115175208	ACITRETIN	No
115175308	ACITRETIN	No
378702093	ACITRETIN	No
378702393	ACITRETIN	No
42291008630	ACITRETIN	No
42291008730	ACITRETIN	No
42291008830	ACITRETIN	No
42794008008	ACITRETIN	No
42794008108	ACITRETIN	No
42794008308	ACITRETIN	No
62332074130	ACITRETIN	No
62332074230	ACITRETIN	No
62332074330	ACITRETIN	No
72162222203	ACITRETIN	No
72162222303	ACITRETIN	No
72162222403	ACITRETIN	No
50242013501	ACTEMRA	Yes
50242013601	ACTEMRA	Yes
50242013701	ACTEMRA	Yes
50242013801	ACTEMRA	Yes
50242013886	ACTEMRA	Yes
50242014301	ACTEMRA ACTPEN	No
63004871001	ACTHAR	Yes
63004871002	ACTHAR	Yes
63004871101	ACTHAR SELFJECT	Yes
63004871104	ACTHAR SELFJECT	Yes
63004871201	ACTHAR SELFJECT	Yes
63004871204	ACTHAR SELFJECT	Yes
75987011110	ACTIMMUNE	Yes
75987011111	ACTIMMUNE	Yes
78088361	ADAKVEO	No
65219061802	ADALIMUMAB-AACF(CF)	No
65219061299	ADALIMUMAB-AACF(CF) PEN (2 PK)	No
65219061289	ADALIMUMAB-AACF(CF) PEN CROHN	No
72606002206	ADALIMUMAB-AATY(CF) (2 PACK)	No
72606004101	ADALIMUMAB-AATY(CF) (2 PK)	No
72606004006	ADALIMUMAB-AATY(CF) AI CROHNS	No
72606002210	ADALIMUMAB-AATY(CF) AUTOINJ(2)	No
72606002209	ADALIMUMAB-AATY(CF) AUTOINJEC	No
72606004004	ADALIMUMAB-AATY(CF) AUTOINJEC	No
61314032764	ADALIMUMAB-ADAZ(CF)	No
61314033264	ADALIMUMAB-ADAZ(CF)	No
61314033294	ADALIMUMAB-ADAZ(CF)	No
61314039164	ADALIMUMAB-ADAZ(CF)	No
61314039194	ADALIMUMAB-ADAZ(CF)	No
61314032520	ADALIMUMAB-ADAZ(CF) PEN	No
61314032596	ADALIMUMAB-ADAZ(CF) PEN	No
61314032720	ADALIMUMAB-ADAZ(CF) PEN	No
597055580	ADALIMUMAB-ADBM(CF)	No
597056520	ADALIMUMAB-ADBM(CF)	No
597058589	ADALIMUMAB-ADBM(CF)	No
597059520	ADALIMUMAB-ADBM(CF)	No
82009014622	ADALIMUMAB-ADBM(CF)	No
82009015022	ADALIMUMAB-ADBM(CF)	No

597057550	ADALIMUMAB-ADBM(CF) PEN	No
82009014422	ADALIMUMAB-ADBM(CF) PEN	No
597054566	ADALIMUMAB-ADBM(CF) PEN CROHI	No
597057560	ADALIMUMAB-ADBM(CF) PEN CROHI	No
597054544	ADALIMUMAB-ADBM(CF) PEN PS-UV	No
597057540	ADALIMUMAB-ADBM(CF) PEN PS-UV	No
597054522	ADALIMUMAB-ADBM(CF)PEN	No
82009014822	ADALIMUMAB-ADBM(CF)PEN	No
49502041702	ADALIMUMAB-FKJP(CF)	No
49502041706	ADALIMUMAB-FKJP(CF)	No
49502041802	ADALIMUMAB-FKJP(CF)	No
49502041806	ADALIMUMAB-FKJP(CF)	No
83257002042	ADALIMUMAB-FKJP(CF)	No
83257002142	ADALIMUMAB-FKJP(CF)	No
49502041602	ADALIMUMAB-FKJP(CF) PEN	No
49502041606	ADALIMUMAB-FKJP(CF) PEN	No
83257002232	ADALIMUMAB-FKJP(CF) PEN	No
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50222034604	ADBRY	Yes
50222034622	ADBRY	Yes
50222034692	ADBRY	Yes
50222035000	ADBRY AUTOINJECTOR	Yes
50222035001	ADBRY AUTOINJECTOR	Yes
50222035002	ADBRY AUTOINJECTOR	No
51144005001	ADCETRIS	Yes
43353007002	ADCIRCA	No
43353007004	ADCIRCA	No
43353007006	ADCIRCA	No
43353007012	ADCIRCA	No
66302046760	ADCIRCA	No
50419025001	ADEMPAS	Yes
50419025091	ADEMPAS	Yes
50419025101	ADEMPAS	Yes
50419025191	ADEMPAS	Yes
50419025201	ADEMPAS	Yes
50419025291	ADEMPAS	Yes
50419025301	ADEMPAS	Yes
50419025391	ADEMPAS	Yes
50419025401	ADEMPAS	Yes
50419025491	ADEMPAS	Yes
55566105000	ADSTILADRIN	Yes
55566105001	ADSTILADRIN	Yes
64406010101	ADUHELM	Yes
64406010202	ADUHELM	Yes
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944304511	ADVATE	No
944304512	ADVATE	No
944304610	ADVATE	No
944304611	ADVATE	No
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944305204	ADVATE	No
944305302	ADVATE	No
944305303	ADVATE	No
944305304	ADVATE	No

944305402	ADVATE	No
944305403	ADVATE	No
944305404	ADVATE	No
944462201	ADYNOVATE	No
944462202	ADYNOVATE	No
944462301	ADYNOVATE	No
944462302	ADYNOVATE	No
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944462601	ADYNOVATE	No
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944462702	ADYNOVATE	No
944462801	ADYNOVATE	No
944462802	ADYNOVATE	No
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64764013501	ADZYNMA	Yes
64764014005	ADZYNMA	Yes
64764014505	ADZYNMA	Yes
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78056661	AFINITOR	No
78056751	AFINITOR	No
78056761	AFINITOR	No
78059451	AFINITOR	No
78059461	AFINITOR	No
78062051	AFINITOR	No
78062061	AFINITOR	No
78062651	AFINITOR DISPERZ	No
78062661	AFINITOR DISPERZ	No
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78062761	AFINITOR DISPERZ	No
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78062861	AFINITOR DISPERZ	No
69911047402	AFSTYLA	No
69911047502	AFSTYLA	No
69911047602	AFSTYLA	No
69911047702	AFSTYLA	No
69911047802	AFSTYLA	No
69911048002	AFSTYLA	No
69911048102	AFSTYLA	No
69911049001	AFSTYLA	No
69911049101	AFSTYLA	No
69616026438	AGAMREE	Yes
57894005060	AKEEGA	Yes
57894010060	AKEEGA	Yes
58468007001	ALDURAZYME	No
50242013001	ALECENSA	Yes
54746000101	ALFERON N	No
2762301	ALIMTA	No
2764001	ALIMTA	No
52609300100	ALKERAN	No
52609300200	ALKERAN	No
71863010950	ALKINDI SPRINKLE	Yes
71863011050	ALKINDI SPRINKLE	Yes
71863011150	ALKINDI SPRINKLE	Yes
71863011250	ALKINDI SPRINKLE	Yes
68516460101	ALPHANATE	No

68516460201	ALPHANATE	No
68516460302	ALPHANATE	No
68516460402	ALPHANATE	No
68516460501	ALPHANATE	No
68516460601	ALPHANATE	No
68516460702	ALPHANATE	No
68516460802	ALPHANATE	No
68516460902	ALPHANATE	No
68516461002	ALPHANATE	No
68516461101	ALPHANATE	No
68516461201	ALPHANATE	No
68516461302	ALPHANATE	No
68516461402	ALPHANATE	No
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68516461701	ALPHANATE	No
68516461802	ALPHANATE	No
68516461902	ALPHANATE	No
68516462002	ALPHANATE	No
68516360102	ALPHANINE SD	No
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68516360402	ALPHANINE SD	No
68516360502	ALPHANINE SD	No
68516360602	ALPHANINE SD	No
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68516360802	ALPHANINE SD	No
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68516361002	ALPHANINE SD	No
68516361102	ALPHANINE SD	No
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71104092201	ALPROLIX	No
71104093301	ALPROLIX	No
71104094401	ALPROLIX	No
71104095109	ALPROLIX	No
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71104095309	ALPROLIX	No
71104095409	ALPROLIX	No
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71104095609	ALPROLIX	No
71104096601	ALPROLIX	No
71104097701	ALPROLIX	No
71104097801	ALTUVIIIO	No
71104097901	ALTUVIIIO	No
71104098001	ALTUVIIIO	No
71104098008	ALTUVIIIO	No
71104098101	ALTUVIIIO	No
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71104098401	ALTUVIIIO	No
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71104098608	ALTUVIIIO	No
71104098808	ALTUVIIIO	No
71104098908	ALTUVIIIO	No
71104099008	ALTUVIIIO	No
71104099108	ALTUVIIIO	No
63020009007	ALUNBRIG	Yes
63020009030	ALUNBRIG	Yes
63020011330	ALUNBRIG	Yes

63020018023	ALUNBRIG	Yes
63020018030	ALUNBRIG	Yes
63020019830	ALUNBRIG	Yes
51167012101	ALYFTREK	Yes
51167013501	ALYFTREK	Yes
70121175401	ALYMSYS	No
70121175407	ALYMSYS	No
70121175501	ALYMSYS	No
70121175507	ALYMSYS	No
93333406	ALYQ	No
480927706	ALYQ	No
378427093	AMBRISENTAN	Yes
378427193	AMBRISENTAN	Yes
591240530	AMBRISENTAN	Yes
591240630	AMBRISENTAN	Yes
42794005108	AMBRISENTAN	Yes
42794005208	AMBRISENTAN	Yes
47335023683	AMBRISENTAN	Yes
47335023783	AMBRISENTAN	Yes
49884035311	AMBRISENTAN	Yes
49884035362	AMBRISENTAN	Yes
49884035411	AMBRISENTAN	Yes
49884035462	AMBRISENTAN	Yes
59651049430	AMBRISENTAN	Yes
59651049530	AMBRISENTAN	Yes
60505455203	AMBRISENTAN	Yes
60505455303	AMBRISENTAN	Yes
69097038602	AMBRISENTAN	Yes
69097038702	AMBRISENTAN	Yes
70710117903	AMBRISENTAN	Yes
70710118003	AMBRISENTAN	Yes
82009014130	AMBRISENTAN	Yes
82009014230	AMBRISENTAN	Yes
50090641100	AMJEVITA(CF)	No
55513039901	AMJEVITA(CF)	No
55513041001	AMJEVITA(CF)	No
55513041101	AMJEVITA(CF)	No
55513041301	AMJEVITA(CF)	No
55513047901	AMJEVITA(CF)	No
55513047902	AMJEVITA(CF)	No
72511039901	AMJEVITA(CF)	No
72511047901	AMJEVITA(CF)	No
72511047902	AMJEVITA(CF)	No
84612039901	AMJEVITA(CF)	No
84612047902	AMJEVITA(CF)	No
50090642800	AMJEVITA(CF) AUTOINJECTOR	No
55513040001	AMJEVITA(CF) AUTOINJECTOR	No
55513040002	AMJEVITA(CF) AUTOINJECTOR	No
55513048101	AMJEVITA(CF) AUTOINJECTOR	No
55513048102	AMJEVITA(CF) AUTOINJECTOR	No
55513048201	AMJEVITA(CF) AUTOINJECTOR	No
55513048202	AMJEVITA(CF) AUTOINJECTOR	No
72511040001	AMJEVITA(CF) AUTOINJECTOR	No
72511040002	AMJEVITA(CF) AUTOINJECTOR	No
72511048101	AMJEVITA(CF) AUTOINJECTOR	No
72511048102	AMJEVITA(CF) AUTOINJECTOR	No
72511048201	AMJEVITA(CF) AUTOINJECTOR	No
72511048202	AMJEVITA(CF) AUTOINJECTOR	No
84612048102	AMJEVITA(CF) AUTOINJECTOR	No

84612048202	AMJEVITA(CF) AUTOINJECTOR	No
10144042760	AMPYRA	Yes
71336100301	AMVUTTRA	Yes
81481080301	ANKTIVA	Yes
27505000401	APOKYN	Yes
27505000405	APOKYN	Yes
52817072001	APOMORPHINE HCL	Yes
52817072005	APOMORPHINE HCL	Yes
83853010101	AQNEURSA	Yes
944280303	ARALAST NP	Yes
944280404	ARALAST NP	Yes
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55513009804	ARANESP	No
55513011101	ARANESP	No
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73604091404	ARCALYST	Yes
65976010001	ARESTIN	Yes
65976010024	ARESTIN	Yes
71558059028	ARIKAYCE	Yes
78068361	ARRANON	No
781349806	ARSENIC TRIOXIDE	No
781349894	ARSENIC TRIOXIDE	No
781349895	ARSENIC TRIOXIDE	No
14789060007	ARSENIC TRIOXIDE	No
14789060010	ARSENIC TRIOXIDE	No
23155086931	ARSENIC TRIOXIDE	No
23155086941	ARSENIC TRIOXIDE	No
23155087031	ARSENIC TRIOXIDE	No
23155087041	ARSENIC TRIOXIDE	No
25021022610	ARSENIC TRIOXIDE	No
25021022706	ARSENIC TRIOXIDE	No
50742043810	ARSENIC TRIOXIDE	No
54879002710	ARSENIC TRIOXIDE	No
55150036601	ARSENIC TRIOXIDE	No
55150036610	ARSENIC TRIOXIDE	No
63323063703	ARSENIC TRIOXIDE	No

63323063710	ARSENIC TRIOXIDE	No
68382099701	ARSENIC TRIOXIDE	No
68382099710	ARSENIC TRIOXIDE	No
69918072001	ARSENIC TRIOXIDE	No
69918072002	ARSENIC TRIOXIDE	No
69918072010	ARSENIC TRIOXIDE	No
70121148301	ARSENIC TRIOXIDE	No
70121148307	ARSENIC TRIOXIDE	No
70121165801	ARSENIC TRIOXIDE	No
70121165806	ARSENIC TRIOXIDE	No
70710161001	ARSENIC TRIOXIDE	No
70710161006	ARSENIC TRIOXIDE	No
70710189501	ARSENIC TRIOXIDE	No
70710189506	ARSENIC TRIOXIDE	No
70710189601	ARSENIC TRIOXIDE	No
70710189606	ARSENIC TRIOXIDE	No
70860021710	ARSENIC TRIOXIDE	No
72205017101	ARSENIC TRIOXIDE	No
72205017107	ARSENIC TRIOXIDE	No
72603033901	ARSENIC TRIOXIDE	No
72603033910	ARSENIC TRIOXIDE	No
83090000901	ARSENIC TRIOXIDE	No
83090000905	ARSENIC TRIOXIDE	No
83090000910	ARSENIC TRIOXIDE	No
83090001001	ARSENIC TRIOXIDE	No
83090001005	ARSENIC TRIOXIDE	No
83090001010	ARSENIC TRIOXIDE	No
78066913	ARZERRA	No
78066961	ARZERRA	No
78069061	ARZERRA	No
69800025001	ASCENIV	No
69800025002	ASCENIV	No
72694051501	ASPARLAS	No
82228071228	ATTRUBY	Yes
58468021002	AUBAGIO	Yes
58468021004	AUBAGIO	Yes
58468021101	AUBAGIO	Yes
58468021104	AUBAGIO	Yes
3404012	AUGTYRO	No
3404060	AUGTYRO	No
3416014	AUGTYRO	No
3416060	AUGTYRO	No
68546017060	AUSTEDO	No
68546017160	AUSTEDO	No
68546017260	AUSTEDO	No
68546018270	AUSTEDO 12MG START TITR(WK1-4)	No
68546017628	AUSTEDO TD TITRATN PK (WK 1-2)	No
68546047056	AUSTEDO XR	No
68546047156	AUSTEDO XR	No
68546047256	AUSTEDO XR	No
68546047356	AUSTEDO XR	No
68546047456	AUSTEDO XR	No
68546047556	AUSTEDO XR	No
68546047656	AUSTEDO XR	No
68546047956	AUSTEDO XR	No
50242006001	AVASTIN	Yes
50242006010	AVASTIN	Yes
50242006101	AVASTIN	Yes
50242006110	AVASTIN	Yes

59627000206	AVONEX	No
59627000207	AVONEX	No
59627022205	AVONEX (4 PACK)	No
59627000301	AVONEX PEN	No
59627033304	AVONEX PEN (4 PACK)	No
55513067001	AVSOLA	No
72064011030	AYVAKIT	Yes
72064012030	AYVAKIT	Yes
72064012530	AYVAKIT	Yes
72064013030	AYVAKIT	Yes
72064015030	AYVAKIT	Yes
143960601	AZACITIDINE	No
781325394	AZACITIDINE	No
781349194	AZACITIDINE	No
781925394	AZACITIDINE	No
16714057801	AZACITIDINE	No
16714077701	AZACITIDINE	No
16714092701	AZACITIDINE	No
16729030610	AZACITIDINE	No
43598014362	AZACITIDINE	No
43598030562	AZACITIDINE	No
43598046562	AZACITIDINE	No
43598067811	AZACITIDINE	No
51991079798	AZACITIDINE	No
55150039301	AZACITIDINE	No
60505627101	AZACITIDINE	No
63323077139	AZACITIDINE	No
64679009601	AZACITIDINE	No
64679009602	AZACITIDINE	No
67457025430	AZACITIDINE	No
68001031356	AZACITIDINE	No
68001050454	AZACITIDINE	No
68001052754	AZACITIDINE	No
68001062054	AZACITIDINE	No
69097080540	AZACITIDINE	No
70121123701	AZACITIDINE	No
71288011530	AZACITIDINE	No
71288015395	AZACITIDINE	No
72485020101	AZACITIDINE	No
75907022511	AZACITIDINE	No
83774010201	AZACITIDINE	No
69387000101	BAFIERTAM	Yes
59676003056	BALVERSA	Yes
59676003084	BALVERSA	Yes
59676004028	BALVERSA	Yes
59676004056	BALVERSA	Yes
59676005028	BALVERSA	Yes
44087353501	BAVENCIO	Yes
72893000201	BELEODAQ	No
16729025003	BENDAMUSTINE HCL	No
16729025105	BENDAMUSTINE HCL	No
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55150039201	BENDAMUSTINE HCL	No
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68001057141	BENDAMUSTINE HCL	No
68001057241	BENDAMUSTINE HCL	No
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71288010320	BENDAMUSTINE HCL	No

63459034804	BENDEKA	No
58394013303	BENEFIX	No
58394013403	BENEFIX	No
58394013603	BENEFIX	No
58394063303	BENEFIX	No
58394063403	BENEFIX	No
58394063503	BENEFIX	No
58394063603	BENEFIX	No
58394063703	BENEFIX	No
49401008801	BENLYSTA	Yes
49401008835	BENLYSTA	Yes
49401008842	BENLYSTA	Yes
49401008847	BENLYSTA	Yes
49401008861	BENLYSTA	Yes
49401010101	BENLYSTA	Yes
49401010201	BENLYSTA	Yes
78082760	BEOVU	No
78082761	BEOVU	No
63833082502	BERINERT	Yes
63833083501	BERINERT	Yes
8010001	BESPONSA	Yes
73536050001	BESREMI	Yes
713035281	BETAINE ANHYDROUS	Yes
55792000201	BETAINE ANHYDROUS	Yes
71863011518	BETAINE ANHYDROUS	Yes
72647090001	BETAINE ANHYDROUS	Yes
50419052201	BETASERON	No
50419052401	BETASERON	No
50419052435	BETASERON	No
10122082004	BETHKIS	Yes
10122082028	BETHKIS	Yes
10122082056	BETHKIS	Yes
42852000128	BEVACIZUMAB	No
42852000130	BEVACIZUMAB	No
71266800502	BEVACIZUMAB	No
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71449009143	BEVACIZUMAB	No
71449009144	BEVACIZUMAB	No
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71449009198	BEVACIZUMAB	No
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81483004101	BEVACIZUMAB	No
81483004105	BEVACIZUMAB	No
54039925	BEXAROTENE	No
378695501	BEXAROTENE	No
591283201	BEXAROTENE	No
832028500	BEXAROTENE	No
42291007201	BEXAROTENE	No
42292000701	BEXAROTENE	No
42292000710	BEXAROTENE	No
43975031510	BEXAROTENE	No
68682000260	BEXAROTENE	No
68682000310	BEXAROTENE	No
69238125001	BEXAROTENE	No
69238208806	BEXAROTENE	No
15301260	BICNU	No
23155026131	BICNU	No

23155026141	BICNU	No
23155058931	BICNU	No
50474078078	BIMZELX	No
50474078079	BIMZELX	No
50474078378	BIMZELX	No
50474078184	BIMZELX AUTOINJECTOR	No
50474078185	BIMZELX AUTOINJECTOR	No
50474078284	BIMZELX AUTOINJECTOR	No
59730650201	BIVIGAM	No
69800650201	BIVIGAM	No
69800650202	BIVIGAM	No
69800650301	BIVIGAM	No
69800650302	BIVIGAM	No
143924001	BLEOMYCIN SULFATE	No
143924101	BLEOMYCIN SULFATE	No
409032320	BLEOMYCIN SULFATE	No
409033220	BLEOMYCIN SULFATE	No
703315401	BLEOMYCIN SULFATE	No
703315501	BLEOMYCIN SULFATE	No
16714088601	BLEOMYCIN SULFATE	No
16714090801	BLEOMYCIN SULFATE	No
61703032322	BLEOMYCIN SULFATE	No
61703033218	BLEOMYCIN SULFATE	No
63323013610	BLEOMYCIN SULFATE	No
63323013720	BLEOMYCIN SULFATE	No
71288010610	BLEOMYCIN SULFATE	No
71288010720	BLEOMYCIN SULFATE	No
55513015001	BLINCYTO	Yes
55513016001	BLINCYTO	Yes
143909801	BORTEZOMIB	No
409170001	BORTEZOMIB	No
409170301	BORTEZOMIB	No
409170401	BORTEZOMIB	No
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25021024410	BORTEZOMIB	No
25021026210	BORTEZOMIB	No
31722030331	BORTEZOMIB	No
43598042660	BORTEZOMIB	No
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55150033701	BORTEZOMIB	No
60505605004	BORTEZOMIB	No
63323072110	BORTEZOMIB	No
63323082110	BORTEZOMIB	No
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68001054036	BORTEZOMIB	No
68001054136	BORTEZOMIB	No
70069083601	BORTEZOMIB	No
70710141101	BORTEZOMIB	No
70860022510	BORTEZOMIB	No
71288011810	BORTEZOMIB	No
72205018301	BORTEZOMIB	No
72266024301	BORTEZOMIB	No
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72603027001	BORTEZOMIB	No
83090000801	BORTEZOMIB	No
54052021	BOSENTAN	Yes
54052121	BOSENTAN	Yes
591251160	BOSENTAN	Yes

591251260	BOSENTAN	Yes
10148012560	BOSENTAN	Yes
10148062560	BOSENTAN	Yes
47335003886	BOSENTAN	Yes
47335003986	BOSENTAN	Yes
49884005802	BOSENTAN	Yes
49884005902	BOSENTAN	Yes
68180034011	BOSENTAN	Yes
68180034013	BOSENTAN	Yes
68382044614	BOSENTAN	Yes
68382044714	BOSENTAN	Yes
69013501	BOSULIF	Yes
69013601	BOSULIF	Yes
69019301	BOSULIF	Yes
69050430	BOSULIF	Yes
69101415	BOSULIF	Yes
23114501	BOTOX	No
23114502	BOTOX	No
23392102	BOTOX	No
23392103	BOTOX	No
70255002501	BRAFTOVI	Yes
70255002502	BRAFTOVI	Yes
70255002503	BRAFTOVI	Yes
70255002504	BRAFTOVI	Yes
68135050000	BRINEURA	No
68135081102	BRINEURA	No
73150015006	BRIUMVI	Yes
10122021201	BRONCHITOL	Yes
10122021204	BRONCHITOL	Yes
10122021214	BRONCHITOL	Yes
10122021256	BRONCHITOL	Yes
84639021201	BRONCHITOL	Yes
84639021204	BRONCHITOL	Yes
84639021214	BRONCHITOL	Yes
84639021256	BRONCHITOL	Yes
72579001102	BRUKINSA	Yes
75987006008	BUPHENYL	Yes
75987007009	BUPHENYL	Yes
409111201	BUSULFAN	No
409111210	BUSULFAN	No
517092001	BUSULFAN	No
517092008	BUSULFAN	No
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16729035192	BUSULFAN	No
25021024110	BUSULFAN	No
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67457089308	BUSULFAN	No
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70860021610	BUSULFAN	No
70860021641	BUSULFAN	No
71288011610	BUSULFAN	No
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59148007090	BUSULFEX	No
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15054330201	BYLVAY	Yes
15054330301	BYLVAY	Yes
15054330401	BYLVAY	Yes
74528002001	BYLVAY	Yes
74528004001	BYLVAY	Yes
74528006001	BYLVAY	Yes
74528012001	BYLVAY	Yes
64406001901	BYOOVIZ	No
64406001907	BYOOVIZ	No
58468022501	CABLIVI	Yes
58468022701	CABLIVI	Yes
42388002326	CABOMETYX	Yes
42388002336	CABOMETYX	Yes
42388002346	CABOMETYX	Yes
42388002426	CABOMETYX	Yes
42388002446	CABOMETYX	Yes
42388002526	CABOMETYX	Yes
42388002546	CABOMETYX	Yes
310051260	CALQUENCE	Yes
310351260	CALQUENCE	Yes
310451360	CALQUENCE	Yes
9008202	CAMPTOSAR	No
9011205	CAMPTOSAR	No
9752903	CAMPTOSAR	No
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9752905	CAMPTOSAR	No
9752910	CAMPTOSAR	No
73625011111	CAMZYOS	Yes
73625011211	CAMZYOS	Yes
73625011311	CAMZYOS	Yes
73625011411	CAMZYOS	Yes
54027121	CAPECITABINE	No
54027223	CAPECITABINE	No
93747306	CAPECITABINE	No
93747489	CAPECITABINE	No
378251191	CAPECITABINE	No
378251278	CAPECITABINE	No
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16729007329	CAPECITABINE	No
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51407064012	CAPECITABINE	No
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55111049704	CAPECITABINE	No
59651020460	CAPECITABINE	No
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67877045860	CAPECITABINE	No
67877045912	CAPECITABINE	No
68001048706	CAPECITABINE	No
68001048807	CAPECITABINE	No
68001064306	CAPECITABINE	No
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69097094808	CAPECITABINE	No
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70756081560	CAPECITABINE	No
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72603030301	CAPECITABINE	No
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82249020760	CAPECITABINE	No
82249021012	CAPECITABINE	No
58468782003	CAPRELSA	Yes
58468784003	CAPRELSA	Yes
52276031205	CARBAGLU	Yes
52276031260	CARBAGLU	Yes
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703423981	CARBOPLATIN	No
703424401	CARBOPLATIN	No
703424481	CARBOPLATIN	No
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61703033950	CARBOPLATIN	No
61703033956	CARBOPLATIN	No
61703036018	CARBOPLATIN	No
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63323016721	CARBOPLATIN	No
63323017215	CARBOPLATIN	No
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63323017260	CARBOPLATIN	No
35573045960	CARGLUMIC ACID	Yes
71863011460	CARGLUMIC ACID	Yes
781347090	CARMUSTINE	No
781347432	CARMUSTINE	No
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16729054601	CARMUSTINE	No
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23155079041	CARMUSTINE	No
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51167029009	CASGEVY	No
61958090101	CAYSTON	Yes
944417601	CEPROTIN	Yes
944417705	CEPROTIN	Yes
944417802	CEPROTIN	Yes
944417910	CEPROTIN	Yes
58468022001	CERDELGA	Yes
58468022002	CERDELGA	Yes
58468466301	CEREZYME	No
68974087640	CHENODAL	Yes
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45043000202	CHOLBAM	Yes
79378000102	CHOLBAM	Yes
79378000202	CHOLBAM	Yes
69023530	CIBINQO	No
69033530	CIBINQO	No
69043530	CIBINQO	No
61314062494	CIMERLI	No
61314062594	CIMERLI	No
70114044001	CIMERLI	Yes
70114044101	CIMERLI	Yes
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50474070062	CIMZIA (2 PACK)	No
50474071079	CIMZIA (2 PACK)	No
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378619693	CINACALCET HCL	No
378619793	CINACALCET HCL	No
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904750204	CINACALCET HCL	No
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16729044010	CINACALCET HCL	No
16729044015	CINACALCET HCL	No
16729044110	CINACALCET HCL	No
16729044115	CINACALCET HCL	No
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31722010430	CINACALCET HCL	No
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43598036830	CINACALCET HCL	No
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65862083205	CINACALCET HCL	No
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72865015030	CINACALCET HCL	No
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42227008105	CINRYZE	Yes
42227008301	CINRYZE	Yes
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70121123601	CLOFARABINE	No
71288012820	CLOFARABINE	No
72266010801	CLOFARABINE	No
24586001	CLOLAR	No
66435070012	CLOVIQUE	No
66435070020	CLOVIQUE	No
64208775201	COAGADEX	Yes
64208775301	COAGADEX	Yes
64208775401	COAGADEX	Yes
64208775601	COAGADEX	Yes
50242012501	COLUMVI	No
50242012701	COLUMVI	No
42388001114	COMETRIQ	Yes
42388001214	COMETRIQ	Yes
42388001314	COMETRIQ	Yes
68546031730	COPAXONE	No
68546032506	COPAXONE	No
68546032512	COPAXONE	No
71779011502	COPIKTRA	Yes
71779012502	COPIKTRA	Yes
73116021528	COPIKTRA	Yes
73116021556	COPIKTRA	Yes
73116022528	COPIKTRA	Yes
73116022556	COPIKTRA	Yes
63833051802	CORIFACT	No
62559086011	CORTROPHIN	Yes
62559086015	CORTROPHIN	Yes
62559086111	CORTROPHIN	Yes
62559086135	CORTROPHIN	Yes
78116861	COSENTYX	Yes
78063998	COSENTYX (2 SYRINGES)	Yes
78063941	COSENTYX SENSOREADY (2 PENS)	Yes
78063968	COSENTYX SENSOREADY PEN	Yes
78063997	COSENTYX SYRINGE	Yes
78105697	COSENTYX SYRINGE	Yes
78107068	COSENTYX UNOREADY PEN	Yes
78107096	COSENTYX UNOREADY PEN	Yes
55292081155	COSMEGEN	No
50242071701	COTELLIC	Yes
70370502501	CRENESSITY	Yes
70370505001	CRENESSITY	Yes
70370510001	CRENESSITY	Yes
70370525001	CRENESSITY	Yes
42747010201	CRYSVITA	Yes
42747020301	CRYSVITA	Yes
42747030401	CRYSVITA	Yes
69794010201	CRYSVITA	Yes
69794020301	CRYSVITA	Yes
69794030401	CRYSVITA	Yes
25010070515	CUPRIMINE	No
69106101	CUTAQUIG	Yes

69106102	CUTAQUIG	Yes
69147601	CUTAQUIG	Yes
69147602	CUTAQUIG	Yes
69150901	CUTAQUIG	Yes
69150902	CUTAQUIG	Yes
69196501	CUTAQUIG	Yes
69196502	CUTAQUIG	Yes
68982081001	CUTAQUIG	Yes
68982081002	CUTAQUIG	Yes
68982081003	CUTAQUIG	Yes
68982081004	CUTAQUIG	Yes
68982081005	CUTAQUIG	Yes
68982081006	CUTAQUIG	Yes
68982081081	CUTAQUIG	Yes
68982081082	CUTAQUIG	Yes
68982081083	CUTAQUIG	Yes
68982081084	CUTAQUIG	Yes
68982081085	CUTAQUIG	Yes
68982081086	CUTAQUIG	Yes
944285001	CUVITRU	Yes
944285002	CUVITRU	Yes
944285003	CUVITRU	Yes
944285004	CUVITRU	Yes
944285005	CUVITRU	Yes
944285006	CUVITRU	Yes
944285007	CUVITRU	Yes
944285008	CUVITRU	Yes
944285009	CUVITRU	Yes
81802000108	CUVRIOR	Yes
81802000172	CUVRIOR	Yes
54038225	CYCLOPHOSPHAMIDE	No
54038325	CYCLOPHOSPHAMIDE	No
338977701	CYCLOPHOSPHAMIDE	No
338977901	CYCLOPHOSPHAMIDE	No
781323394	CYCLOPHOSPHAMIDE	No
781324494	CYCLOPHOSPHAMIDE	No
781325594	CYCLOPHOSPHAMIDE	No
781352810	CYCLOPHOSPHAMIDE	No
781352875	CYCLOPHOSPHAMIDE	No
781352910	CYCLOPHOSPHAMIDE	No
781352970	CYCLOPHOSPHAMIDE	No
781353010	CYCLOPHOSPHAMIDE	No
781353080	CYCLOPHOSPHAMIDE	No
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10019093525	CYCLOPHOSPHAMIDE	No
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10019093701	CYCLOPHOSPHAMIDE	No
10019093710	CYCLOPHOSPHAMIDE	No
10019093801	CYCLOPHOSPHAMIDE	No
10019093825	CYCLOPHOSPHAMIDE	No
10019093901	CYCLOPHOSPHAMIDE	No
10019093950	CYCLOPHOSPHAMIDE	No
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10019094210	CYCLOPHOSPHAMIDE	No
10019094301	CYCLOPHOSPHAMIDE	No
10019094325	CYCLOPHOSPHAMIDE	No
10019094401	CYCLOPHOSPHAMIDE	No
10019094450	CYCLOPHOSPHAMIDE	No

10019094501	CYCLOPHOSPHAMIDE	No
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10019098409	CYCLOPHOSPHAMIDE	No
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25021024851	CYCLOPHOSPHAMIDE	No
25021024951	CYCLOPHOSPHAMIDE	No
39822025001	CYCLOPHOSPHAMIDE	No
39822025501	CYCLOPHOSPHAMIDE	No
39822026001	CYCLOPHOSPHAMIDE	No
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50742052005	CYCLOPHOSPHAMIDE	No
50742052110	CYCLOPHOSPHAMIDE	No
51407074802	CYCLOPHOSPHAMIDE	No
51407074905	CYCLOPHOSPHAMIDE	No
51407075010	CYCLOPHOSPHAMIDE	No
54879002101	CYCLOPHOSPHAMIDE	No
54879002201	CYCLOPHOSPHAMIDE	No
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55150027101	CYCLOPHOSPHAMIDE	No
55150027199	CYCLOPHOSPHAMIDE	No
55150027201	CYCLOPHOSPHAMIDE	No
62332061831	CYCLOPHOSPHAMIDE	No
62332061931	CYCLOPHOSPHAMIDE	No
62559093001	CYCLOPHOSPHAMIDE	No
62559093101	CYCLOPHOSPHAMIDE	No
65219013120	CYCLOPHOSPHAMIDE	No
65219013320	CYCLOPHOSPHAMIDE	No
65219013520	CYCLOPHOSPHAMIDE	No
68001037232	CYCLOPHOSPHAMIDE	No
68001044226	CYCLOPHOSPHAMIDE	No
68001044327	CYCLOPHOSPHAMIDE	No
68001044432	CYCLOPHOSPHAMIDE	No
68001056422	CYCLOPHOSPHAMIDE	No
68001056528	CYCLOPHOSPHAMIDE	No
69097051607	CYCLOPHOSPHAMIDE	No
69097051707	CYCLOPHOSPHAMIDE	No
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70121123901	CYCLOPHOSPHAMIDE	No
70121124001	CYCLOPHOSPHAMIDE	No
70860021803	CYCLOPHOSPHAMIDE	No
70860021805	CYCLOPHOSPHAMIDE	No

70860021810	CYCLOPHOSPHAMIDE	No
72572008301	CYCLOPHOSPHAMIDE	No
72572008501	CYCLOPHOSPHAMIDE	No
72572008701	CYCLOPHOSPHAMIDE	No
72603010401	CYCLOPHOSPHAMIDE	No
72603032601	CYCLOPHOSPHAMIDE	No
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75907019007	CYCLOPHOSPHAMIDE	No
75907019102	CYCLOPHOSPHAMIDE	No
81298811001	CYCLOPHOSPHAMIDE	No
81298811201	CYCLOPHOSPHAMIDE	No
81298811401	CYCLOPHOSPHAMIDE	No
83831011601	CYCLOPHOSPHAMIDE	No
83831011702	CYCLOPHOSPHAMIDE	No
83831011804	CYCLOPHOSPHAMIDE	No
597037082	CYLTEZO(CF)	No
597040089	CYLTEZO(CF)	No
597040580	CYLTEZO(CF)	No
597048520	CYLTEZO(CF)	No
597037597	CYLTEZO(CF) PEN	No
597049550	CYLTEZO(CF) PEN	No
597037516	CYLTEZO(CF) PEN CROHN'S-UC-HS	No
597049560	CYLTEZO(CF) PEN CROHN'S-UC-HS	No
597037523	CYLTEZO(CF) PEN PSORIASIS-UV	No
597049540	CYLTEZO(CF) PEN PSORIASIS-UV	No
2766901	CYRAMZA	Yes
2767801	CYRAMZA	Yes
52276040001	CYSTADANE	Yes
55292041005	CYSTADROPS	Yes
378904001	CYSTAGON	Yes
378904005	CYSTAGON	Yes
378904501	CYSTAGON	Yes
378904505	CYSTAGON	Yes
54482002001	CYSTARAN	Yes
54482002002	CYSTARAN	Yes
25021022320	CYTARABINE	No
25021022905	CYTARABINE	No
61703015501	CYTARABINE	No
61703030346	CYTARABINE	No
61703030436	CYTARABINE	No
61703030538	CYTARABINE	No
61703030558	CYTARABINE	No
61703031922	CYTARABINE	No
63323012020	CYTARABINE	No
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67457045552	CYTARABINE	No
71288010920	CYTARABINE	No
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44206053290	CYTOGAM	No
49591053250	CYTOGAM	No
49591053251	CYTOGAM	No
70257053250	CYTOGAM	No
70257053251	CYTOGAM	No
378070901	D-PENAMINE	No
59148004670	DACOGEN	No
62856060001	DACOGEN	No
39822210001	DACTINOMYCIN	No

39822210002	DACTINOMYCIN	No
42658000801	DACTINOMYCIN	No
55150043101	DACTINOMYCIN	No
55150092802	DACTINOMYCIN	No
66993048983	DACTINOMYCIN	No
67457051305	DACTINOMYCIN	No
67457092802	DACTINOMYCIN	No
71288012902	DACTINOMYCIN	No
54047921	DALFAMPRIDINE ER	No
378050991	DALFAMPRIDINE ER	No
591253360	DALFAMPRIDINE ER	No
16729029212	DALFAMPRIDINE ER	No
42571027560	DALFAMPRIDINE ER	No
51407024660	DALFAMPRIDINE ER	No
51407087660	DALFAMPRIDINE ER	No
62756042986	DALFAMPRIDINE ER	No
63629945001	DALFAMPRIDINE ER	No
65862086360	DALFAMPRIDINE ER	No
67877044460	DALFAMPRIDINE ER	No
72162245906	DALFAMPRIDINE ER	No
82249070260	DALFAMPRIDINE ER	No
24338015401	DANZITEN	Yes
24338015402	DANZITEN	Yes
24338015403	DANZITEN	Yes
24338015501	DANZITEN	Yes
24338015502	DANZITEN	Yes
24338015503	DANZITEN	Yes
52054033095	DARAPRIM	Yes
69413033010	DARAPRIM	Yes
69413033030	DARAPRIM	Yes
83649033001	DARAPRIM	Yes
57894050205	DARZALEX	No
57894050220	DARZALEX	No
57894050505	DARZALEX	No
57894050520	DARZALEX	No
57894050301	DARZALEX FASPRO	No
43598059960	DASATINIB	No
43598060060	DASATINIB	No
43598060160	DASATINIB	No
43598060230	DASATINIB	No
43598060330	DASATINIB	No
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59651054260	DASATINIB	No
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59651054630	DASATINIB	No
59651054730	DASATINIB	No
60505362806	DASATINIB	No
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60505363006	DASATINIB	No
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60505381603	DASATINIB	No
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66993023360	DASATINIB	No
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66993023630	DASATINIB	No
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70710174206	DASATINIB	No
70710174306	DASATINIB	No
70710174403	DASATINIB	No
70710174503	DASATINIB	No
70710174603	DASATINIB	No
143955001	DAUNORUBICIN HCL	No
143955101	DAUNORUBICIN HCL	No
143955110	DAUNORUBICIN HCL	No
703523311	DAUNORUBICIN HCL	No
703523313	DAUNORUBICIN HCL	No
703523391	DAUNORUBICIN HCL	No
703523393	DAUNORUBICIN HCL	No
42658001901	DAUNORUBICIN HCL	No
42658002101	DAUNORUBICIN HCL	No
42658002102	DAUNORUBICIN HCL	No
42658002191	DAUNORUBICIN HCL	No
42658002192	DAUNORUBICIN HCL	No
69029860	DAURISMO	Yes
69153130	DAURISMO	Yes
63090066001	DAYBUE	Yes
143938501	DECITABINE	No
781329680	DECITABINE	No
16714092801	DECITABINE	No
16729022405	DECITABINE	No
25021021920	DECITABINE	No
25021023120	DECITABINE	No
31722030431	DECITABINE	No
43598034837	DECITABINE	No
43598042737	DECITABINE	No
47335036140	DECITABINE	No
47335036141	DECITABINE	No
50742043001	DECITABINE	No
55111055610	DECITABINE	No
55150037601	DECITABINE	No
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67457031625	DECITABINE	No
68001042237	DECITABINE	No
68001057341	DECITABINE	No
68001061837	DECITABINE	No
68001064241	DECITABINE	No
69097028537	DECITABINE	No
69097090567	DECITABINE	No
70121164401	DECITABINE	No
70860021920	DECITABINE	No
71288011920	DECITABINE	No
72205003101	DECITABINE	No
72205003601	DECITABINE	No
72603010701	DECITABINE	No
75834019001	DECITABINE	No
480701156	DEFERASIROX	No
480701256	DEFERASIROX	No

480701356	DEFERASIROX	No
591473030	DEFERASIROX	No
591473054	DEFERASIROX	No
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31722001130	DEFERASIROX	No
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31722002932	DEFERASIROX	No
31722003031	DEFERASIROX	No
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31722003132	DEFERASIROX	No
42806037130	DEFERASIROX	No
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43598085530	DEFERASIROX	No
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45963045530	DEFERASIROX	No
45963045630	DEFERASIROX	No
59651041030	DEFERASIROX	No
59651041130	DEFERASIROX	No
59651041230	DEFERASIROX	No
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62332032530	DEFERASIROX	No
62332032630	DEFERASIROX	No
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62756056983	DEFERASIROX	No
62756057083	DEFERASIROX	No
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67877055030	DEFERASIROX	No
67877055130	DEFERASIROX	No
67877055230	DEFERASIROX	No
67877055430	DEFERASIROX	No
67877067571	DEFERASIROX	No
67877067584	DEFERASIROX	No
67877067672	DEFERASIROX	No
67877067684	DEFERASIROX	No
67877067773	DEFERASIROX	No
67877067784	DEFERASIROX	No
68462049430	DEFERASIROX	No
68462049530	DEFERASIROX	No
68462049630	DEFERASIROX	No
69097039102	DEFERASIROX	No
69097039202	DEFERASIROX	No
69097039302	DEFERASIROX	No

69097055031	DEFERASIROX	No
69097055053	DEFERASIROX	No
69097056031	DEFERASIROX	No
69097056053	DEFERASIROX	No
69097057031	DEFERASIROX	No
69097057053	DEFERASIROX	No
69238170301	DEFERASIROX	No
69238170303	DEFERASIROX	No
69238170401	DEFERASIROX	No
69238170403	DEFERASIROX	No
69452015913	DEFERASIROX	No
69452016013	DEFERASIROX	No
69452016113	DEFERASIROX	No
70700026930	DEFERASIROX	No
70700027030	DEFERASIROX	No
70700027130	DEFERASIROX	No
70710127503	DEFERASIROX	No
70710127603	DEFERASIROX	No
70710127703	DEFERASIROX	No
72205007530	DEFERASIROX	No
72205007561	DEFERASIROX	No
72205007630	DEFERASIROX	No
72205007661	DEFERASIROX	No
72205017630	DEFERASIROX	No
72205017661	DEFERASIROX	No
72603023101	DEFERASIROX	No
72603023201	DEFERASIROX	No
72603023301	DEFERASIROX	No
72647037130	DEFERASIROX	No
72647037230	DEFERASIROX	No
72647037330	DEFERASIROX	No
54057625	DEFERIPRONE	Yes
51672419601	DEFERIPRONE	Yes
54071119	DEFERIPRONE (3 TIMES A DAY)	No
51672423704	DEFERIPRONE (3 TIMES A DAY)	No
832081411	DEFLAZACORT	Yes
832081530	DEFLAZACORT	Yes
832081630	DEFLAZACORT	Yes
832081730	DEFLAZACORT	Yes
27808024901	DEFLAZACORT	Yes
59651059901	DEFLAZACORT	Yes
59651060030	DEFLAZACORT	Yes
59651060130	DEFLAZACORT	Yes
59651060230	DEFLAZACORT	Yes
70095004001	DEFLAZACORT	Yes
70095004130	DEFLAZACORT	Yes
70095004230	DEFLAZACORT	Yes
70095004330	DEFLAZACORT	Yes
37440101	DEPEN	No
68418793906	DIACOMIT	Yes
68418794006	DIACOMIT	Yes
68418794106	DIACOMIT	Yes
68418794206	DIACOMIT	Yes
59212000101	DIBENZYLINE	No
59212000102	DIBENZYLINE	No
13668067601	DICHLORPHENAMIDE	Yes
72065000201	DICHLORPHENAMIDE	Yes
93921841	DIMETHYL FUMARATE	No
93921906	DIMETHYL FUMARATE	No

378039614	DIMETHYL FUMARATE	No
378039918	DIMETHYL FUMARATE	No
378039991	DIMETHYL FUMARATE	No
16729041604	DIMETHYL FUMARATE	No
16729041712	DIMETHYL FUMARATE	No
16729041759	DIMETHYL FUMARATE	No
24979012721	DIMETHYL FUMARATE	No
24979012804	DIMETHYL FUMARATE	No
31722065731	DIMETHYL FUMARATE	No
31722065832	DIMETHYL FUMARATE	No
31722068060	DIMETHYL FUMARATE	No
43547002414	DIMETHYL FUMARATE	No
43547002506	DIMETHYL FUMARATE	No
43598042952	DIMETHYL FUMARATE	No
43598043060	DIMETHYL FUMARATE	No
50090672200	DIMETHYL FUMARATE	No
51407044160	DIMETHYL FUMARATE	No
51407044214	DIMETHYL FUMARATE	No
59651008314	DIMETHYL FUMARATE	No
59651008460	DIMETHYL FUMARATE	No
67877055514	DIMETHYL FUMARATE	No
67877055532	DIMETHYL FUMARATE	No
67877055623	DIMETHYL FUMARATE	No
67877055660	DIMETHYL FUMARATE	No
67877055739	DIMETHYL FUMARATE	No
68180077614	DIMETHYL FUMARATE	No
68180077665	DIMETHYL FUMARATE	No
68180077707	DIMETHYL FUMARATE	No
68180077748	DIMETHYL FUMARATE	No
68180077813	DIMETHYL FUMARATE	No
69097032228	DIMETHYL FUMARATE	No
69097032289	DIMETHYL FUMARATE	No
69097032303	DIMETHYL FUMARATE	No
69097032388	DIMETHYL FUMARATE	No
69097055203	DIMETHYL FUMARATE	No
69238131804	DIMETHYL FUMARATE	No
69238131906	DIMETHYL FUMARATE	No
69238162603	DIMETHYL FUMARATE	No
70512085214	DIMETHYL FUMARATE	No
70512085360	DIMETHYL FUMARATE	No
82009013860	DIMETHYL FUMARATE	No
82249074514	DIMETHYL FUMARATE	No
82249074760	DIMETHYL FUMARATE	No
143920401	DOCETAXEL	No
143920501	DOCETAXEL	No
409001601	DOCETAXEL	No
409020102	DOCETAXEL	No
409020110	DOCETAXEL	No
409020120	DOCETAXEL	No
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409036801	DOCETAXEL	No
409173201	DOCETAXEL	No
409202601	DOCETAXEL	No
409423501	DOCETAXEL	No
409506801	DOCETAXEL	No
409787001	DOCETAXEL	No
955102001	DOCETAXEL	No

955102104	DOCETAXEL	No
955102208	DOCETAXEL	No
16729026763	DOCETAXEL	No
16729026764	DOCETAXEL	No
16729026765	DOCETAXEL	No
23155090331	DOCETAXEL	No
23155090431	DOCETAXEL	No
23155090531	DOCETAXEL	No
25021024501	DOCETAXEL	No
25021024504	DOCETAXEL	No
25021025408	DOCETAXEL	No
25021025416	DOCETAXEL	No
43066000101	DOCETAXEL	No
43066000601	DOCETAXEL	No
43066001001	DOCETAXEL	No
43598025811	DOCETAXEL	No
43598025940	DOCETAXEL	No
43598038957	DOCETAXEL	No
43598061040	DOCETAXEL	No
43598061111	DOCETAXEL	No
45963073454	DOCETAXEL	No
45963076552	DOCETAXEL	No
47335032340	DOCETAXEL	No
47335089540	DOCETAXEL	No
47335093940	DOCETAXEL	No
50742042802	DOCETAXEL	No
50742043108	DOCETAXEL	No
50742046316	DOCETAXEL	No
55150037801	DOCETAXEL	No
55150037901	DOCETAXEL	No
55150038001	DOCETAXEL	No
62332067802	DOCETAXEL	No
62332067808	DOCETAXEL	No
62332067816	DOCETAXEL	No
63739093211	DOCETAXEL	No
63739097117	DOCETAXEL	No
66758005001	DOCETAXEL	No
66758005002	DOCETAXEL	No
66758005003	DOCETAXEL	No
66758095002	DOCETAXEL	No
66758095003	DOCETAXEL	No
66758095004	DOCETAXEL	No
67457053102	DOCETAXEL	No
67457053208	DOCETAXEL	No
67457053316	DOCETAXEL	No
67457078108	DOCETAXEL	No
70121122101	DOCETAXEL	No
70121122201	DOCETAXEL	No
70121122301	DOCETAXEL	No
70700017422	DOCETAXEL	No
70700017522	DOCETAXEL	No
70700017622	DOCETAXEL	No
71288014408	DOCETAXEL	No
71288014416	DOCETAXEL	No
72078004008	DOCETAXEL	No
72485021401	DOCETAXEL	No
72485021504	DOCETAXEL	No
72485021608	DOCETAXEL	No
73358021008	DOCETAXEL	No

73358021016	DOCETAXEL	No
69794005050	DOJOLVI	Yes
71369002010	DOPTELET	Yes
71369002011	DOPTELET	Yes
71369002015	DOPTELET	Yes
71369002016	DOPTELET	Yes
71369002030	DOPTELET	Yes
338006301	DOXIL	No
338006701	DOXIL	No
338966501	DOXIL	No
338966701	DOXIL	No
338008001	DOXORUBICIN HCL LIPOSOME	No
338008601	DOXORUBICIN HCL LIPOSOME	No
574093010	DOXORUBICIN HCL LIPOSOME	No
574093125	DOXORUBICIN HCL LIPOSOME	No
16714074201	DOXORUBICIN HCL LIPOSOME	No
16714085601	DOXORUBICIN HCL LIPOSOME	No
43598028335	DOXORUBICIN HCL LIPOSOME	No
43598054125	DOXORUBICIN HCL LIPOSOME	No
43598068235	DOXORUBICIN HCL LIPOSOME	No
43598068325	DOXORUBICIN HCL LIPOSOME	No
47335004940	DOXORUBICIN HCL LIPOSOME	No
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63629953001	DOXORUBICIN HCL LIPOSOME	No
63629953101	DOXORUBICIN HCL LIPOSOME	No
68001034526	DOXORUBICIN HCL LIPOSOME	No
68001034536	DOXORUBICIN HCL LIPOSOME	No
68001049236	DOXORUBICIN HCL LIPOSOME	No
68001049326	DOXORUBICIN HCL LIPOSOME	No
68001062926	DOXORUBICIN HCL LIPOSOME	No
68001062936	DOXORUBICIN HCL LIPOSOME	No
70710153001	DOXORUBICIN HCL LIPOSOME	No
70710153101	DOXORUBICIN HCL LIPOSOME	No
70748033901	DOXORUBICIN HCL LIPOSOME	No
70748034001	DOXORUBICIN HCL LIPOSOME	No
72603010301	DOXORUBICIN HCL LIPOSOME	No
72603020001	DOXORUBICIN HCL LIPOSOME	No
72603034601	DOXORUBICIN HCL LIPOSOME	No
72603050701	DOXORUBICIN HCL LIPOSOME	No
54053222	DROXIDOPA	No
54053322	DROXIDOPA	No
54053422	DROXIDOPA	No
904739289	DROXIDOPA	No
904739389	DROXIDOPA	No
904739489	DROXIDOPA	No
27241019990	DROXIDOPA	No
27241020090	DROXIDOPA	No
27241020190	DROXIDOPA	No
27808019901	DROXIDOPA	No
27808020001	DROXIDOPA	No
27808020101	DROXIDOPA	No
31722001090	DROXIDOPA	No
31722001490	DROXIDOPA	No
31722001590	DROXIDOPA	No
50228042990	DROXIDOPA	No
50228043090	DROXIDOPA	No
50228043190	DROXIDOPA	No
51407076590	DROXIDOPA	No
51407076690	DROXIDOPA	No

51407076790	DROXIDOPA	No
59651037590	DROXIDOPA	No
59651037690	DROXIDOPA	No
59651037790	DROXIDOPA	No
63304008690	DROXIDOPA	No
63304010490	DROXIDOPA	No
63304011290	DROXIDOPA	No
67877070490	DROXIDOPA	No
67877070590	DROXIDOPA	No
67877070690	DROXIDOPA	No
68180098709	DROXIDOPA	No
68180098809	DROXIDOPA	No
68180098909	DROXIDOPA	No
70436014006	DROXIDOPA	No
70436014106	DROXIDOPA	No
70436014206	DROXIDOPA	No
70710138909	DROXIDOPA	No
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70710139109	DROXIDOPA	No
72205007290	DROXIDOPA	No
72205007390	DROXIDOPA	No
72205007490	DROXIDOPA	No
82249055190	DROXIDOPA	No
82249055290	DROXIDOPA	No
82249055490	DROXIDOPA	No
74301207	DUOPA	Yes
23965201	DURYSTA	Yes
11797011001	DUVYZAT	Yes
11797011002	DUVYZAT	Yes
299596230	DYSPORT	No
15054050001	DYSPORT	No
15054053006	DYSPORT	No
781352720	EDARAVONE	Yes
781352794	EDARAVONE	Yes
39822450001	EDARAVONE	No
39822450002	EDARAVONE	No
39822451001	EDARAVONE	No
43598096111	EDARAVONE	Yes
66794025961	EDARAVONE	Yes
66794025964	EDARAVONE	Yes
68083050001	EDARAVONE	Yes
68083050002	EDARAVONE	Yes
68083050101	EDARAVONE	Yes
81298705001	EDARAVONE	Yes
81298705003	EDARAVONE	Yes
62064024130	EGRIFTA SV	Yes
72903085301	ELAHERE	Yes
54092070001	ELAPRASE	No
69010601	ELELYSO	Yes
60923050110	ELEVIDYS	Yes
60923050211	ELEVIDYS	Yes
60923050312	ELEVIDYS	Yes
60923050413	ELEVIDYS	Yes
60923050514	ELEVIDYS	Yes
60923050615	ELEVIDYS	Yes
60923050716	ELEVIDYS	Yes
60923050817	ELEVIDYS	Yes
60923050918	ELEVIDYS	Yes
60923051019	ELEVIDYS	Yes

60923051120	ELEVIDYS	Yes
60923051221	ELEVIDYS	Yes
60923051322	ELEVIDYS	Yes
60923051423	ELEVIDYS	Yes
60923051524	ELEVIDYS	Yes
60923051625	ELEVIDYS	Yes
60923051726	ELEVIDYS	Yes
60923051827	ELEVIDYS	Yes
60923051928	ELEVIDYS	Yes
60923052029	ELEVIDYS	Yes
60923052130	ELEVIDYS	Yes
60923052231	ELEVIDYS	Yes
60923052332	ELEVIDYS	Yes
60923052433	ELEVIDYS	Yes
60923052534	ELEVIDYS	Yes
60923052635	ELEVIDYS	Yes
60923052736	ELEVIDYS	Yes
60923052837	ELEVIDYS	Yes
60923052938	ELEVIDYS	Yes
60923053039	ELEVIDYS	Yes
60923053140	ELEVIDYS	Yes
60923053241	ELEVIDYS	Yes
60923053342	ELEVIDYS	Yes
60923053443	ELEVIDYS	Yes
60923053544	ELEVIDYS	Yes
60923053645	ELEVIDYS	Yes
60923053746	ELEVIDYS	Yes
60923053847	ELEVIDYS	Yes
60923053948	ELEVIDYS	Yes
60923054049	ELEVIDYS	Yes
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60923054251	ELEVIDYS	Yes
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60923054453	ELEVIDYS	Yes
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60923054655	ELEVIDYS	Yes
60923054756	ELEVIDYS	Yes
60923054857	ELEVIDYS	Yes
60923054958	ELEVIDYS	Yes
60923055059	ELEVIDYS	Yes
60923055160	ELEVIDYS	Yes
60923055261	ELEVIDYS	Yes
60923055362	ELEVIDYS	Yes
60923055463	ELEVIDYS	Yes
60923055564	ELEVIDYS	Yes
60923055665	ELEVIDYS	Yes
60923055766	ELEVIDYS	Yes
60923055867	ELEVIDYS	Yes
60923055968	ELEVIDYS	Yes
60923056069	ELEVIDYS	Yes
60923056170	ELEVIDYS	Yes
60923056201	ELEVIDYS	Yes
10122016001	ELFABRIO	Yes
10122016002	ELFABRIO	Yes
10122016005	ELFABRIO	Yes
10122016010	ELFABRIO	Yes
10122016502	ELFABRIO	Yes
62935022104	ELIGARD	No
62935022305	ELIGARD	No

62935022710	ELIGARD	No
62935030330	ELIGARD	No
62935030529	ELIGARD	No
62935030640	ELIGARD	No
62935045345	ELIGARD	No
62935045444	ELIGARD	No
62935046150	ELIGARD	No
62935075375	ELIGARD	No
62935075474	ELIGARD	No
62935075680	ELIGARD	No
9509101	ELLENCE	No
9509125	ELLENCE	No
9509301	ELLENCE	No
9509310	ELLENCE	No
71104048308	ELOCTATE	No
71104048408	ELOCTATE	No
71104048508	ELOCTATE	No
71104048608	ELOCTATE	No
71104048708	ELOCTATE	No
71104048808	ELOCTATE	No
71104048908	ELOCTATE	No
71104049008	ELOCTATE	No
71104049108	ELOCTATE	No
71104049208	ELOCTATE	No
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71104080201	ELOCTATE	No
71104080301	ELOCTATE	No
71104080401	ELOCTATE	No
71104080501	ELOCTATE	No
71104080601	ELOCTATE	No
71104080701	ELOCTATE	No
71104080801	ELOCTATE	No
71104080901	ELOCTATE	No
71104081001	ELOCTATE	No
72187040101	ELZONRIS	Yes
13013202	EMCYT	No
52856050101	EMFLAZA	Yes
52856050203	EMFLAZA	Yes
52856050303	EMFLAZA	Yes
52856050403	EMFLAZA	Yes
52856050521	EMFLAZA	Yes
52856050522	EMFLAZA	Yes
73606001001	EMPAVELI	Yes
3229111	EMPLICITI	No
3452211	EMPLICITI	No
58406001001	ENBREL	No
58406001004	ENBREL	No
58406001096	ENBREL	No
58406002101	ENBREL	No
58406002104	ENBREL	No
58406002196	ENBREL	No
58406005501	ENBREL	No
58406005504	ENBREL	No
58406042534	ENBREL	No
58406042541	ENBREL	No
58406043501	ENBREL	No
58406043504	ENBREL	No
58406045501	ENBREL	No
58406045504	ENBREL	No

58406004401	ENBREL MINI	No
58406004404	ENBREL MINI	No
58406004496	ENBREL MINI	No
58406045601	ENBREL MINI	No
58406045604	ENBREL MINI	No
58406003201	ENBREL SURECLICK	No
58406003204	ENBREL SURECLICK	No
58406003296	ENBREL SURECLICK	No
58406044501	ENBREL SURECLICK	No
58406044504	ENBREL SURECLICK	No
42457042001	ENDARI	Yes
42457042060	ENDARI	Yes
65597040601	ENHERTU	Yes
80203034701	ENJAYMO	Yes
50242000701	ENSPRYNG	Yes
64764030020	ENTYVIO	Yes
64764010820	ENTYVIO PEN	Yes
64764010821	ENTYVIO PEN	Yes
64764010500	EOHILIA	No
64764010501	EOHILIA	No
64764010510	EOHILIA	No
64764010560	EOHILIA	No
61958220101	EPCLUSA	No
61958220301	EPCLUSA	No
61958220401	EPCLUSA	No
61958220402	EPCLUSA	No
61958220501	EPCLUSA	No
61958220502	EPCLUSA	No
70127010001	EPIDIOLEX	Yes
70127010006	EPIDIOLEX	Yes
70127010010	EPIDIOLEX	Yes
70127010060	EPIDIOLEX	Yes
143920201	EPIRUBICIN HCL	No
143920301	EPIRUBICIN HCL	No
59923070100	EPIRUBICIN HCL	No
59923070125	EPIRUBICIN HCL	No
61703034735	EPIRUBICIN HCL	No
61703034859	EPIRUBICIN HCL	No
61703035902	EPIRUBICIN HCL	No
63323015100	EPIRUBICIN HCL	No
82705000201	EPKINLY	Yes
82705001001	EPKINLY	Yes
55513012601	EPOGEN	No
55513012610	EPOGEN	No
55513014401	EPOGEN	No
55513014410	EPOGEN	No
55513014801	EPOGEN	No
55513014810	EPOGEN	No
55513026701	EPOGEN	No
55513026710	EPOGEN	No
55513028301	EPOGEN	No
55513028310	EPOGEN	No
55513047801	EPOGEN	No
55513047810	EPOGEN	No
703198501	EPOPROSTENOL SODIUM	Yes
703199501	EPOPROSTENOL SODIUM	Yes
62756005940	EPOPROSTENOL SODIUM	Yes
62756006040	EPOPROSTENOL SODIUM	Yes
67457058710	EPOPROSTENOL SODIUM	Yes

67457058810	EPOPROSTENOL SODIUM	Yes
66733094823	ERBITUX	No
66733095823	ERBITUX	No
143916701	ERIBULIN MESYLATE	No
781339194	ERIBULIN MESYLATE	No
10019008001	ERIBULIN MESYLATE	No
60505628900	ERIBULIN MESYLATE	No
68083059201	ERIBULIN MESYLATE	No
70095008001	ERIBULIN MESYLATE	No
81298389001	ERIBULIN MESYLATE	No
50242014001	ERIVEDGE	Yes
59676060012	ERLEADA	Yes
59676060430	ERLEADA	Yes
93766256	ERLOTINIB HCL	No
93766356	ERLOTINIB HCL	No
93766456	ERLOTINIB HCL	No
378713193	ERLOTINIB HCL	No
378713293	ERLOTINIB HCL	No
378713393	ERLOTINIB HCL	No
31722026330	ERLOTINIB HCL	No
31722026430	ERLOTINIB HCL	No
31722026530	ERLOTINIB HCL	No
42292005101	ERLOTINIB HCL	No
42292005105	ERLOTINIB HCL	No
42292005201	ERLOTINIB HCL	No
42292005205	ERLOTINIB HCL	No
42292005301	ERLOTINIB HCL	No
42292005305	ERLOTINIB HCL	No
51991089033	ERLOTINIB HCL	No
51991089133	ERLOTINIB HCL	No
51991089233	ERLOTINIB HCL	No
59923072530	ERLOTINIB HCL	No
59923072630	ERLOTINIB HCL	No
59923072730	ERLOTINIB HCL	No
62332056530	ERLOTINIB HCL	No
62332056630	ERLOTINIB HCL	No
62332056730	ERLOTINIB HCL	No
63304009530	ERLOTINIB HCL	No
63304009630	ERLOTINIB HCL	No
63304013530	ERLOTINIB HCL	No
68382091306	ERLOTINIB HCL	No
68382091406	ERLOTINIB HCL	No
68382091506	ERLOTINIB HCL	No
72205008030	ERLOTINIB HCL	No
72205008130	ERLOTINIB HCL	No
72205008230	ERLOTINIB HCL	No
72485021730	ERLOTINIB HCL	No
72485021830	ERLOTINIB HCL	No
72485021930	ERLOTINIB HCL	No
81561041301	ERWINASE	Yes
81561041305	ERWINASE	Yes
57902024901	ERWINAZE	Yes
57902024905	ERWINAZE	Yes
50242012101	ESBRIET	Yes
50242012206	ESBRIET	Yes
50242012301	ESBRIET	Yes
64116012101	ESBRIET	Yes
169810001	ESPEROCT	No
169810111	ESPEROCT	No

169815001	ESPEROCT	No
169815111	ESPEROCT	No
169820001	ESPEROCT	No
169820111	ESPEROCT	No
169830001	ESPEROCT	No
169830111	ESPEROCT	No
169840001	ESPEROCT	No
169840111	ESPEROCT	No
169850001	ESPEROCT	No
169850111	ESPEROCT	No
55513088001	EVENITY	No
55513099801	EVENITY	No
55513088002	EVENITY (2 SYRINGES)	No
55513099802	EVENITY (2 SYRINGES)	No
54048013	EVEROLIMUS	No
54048113	EVEROLIMUS	No
54048114	EVEROLIMUS	No
54048213	EVEROLIMUS	No
54049713	EVEROLIMUS	No
54049714	EVEROLIMUS	No
93776619	EVEROLIMUS	No
93776624	EVEROLIMUS	No
93776719	EVEROLIMUS	No
93776724	EVEROLIMUS	No
93776819	EVEROLIMUS	No
93776824	EVEROLIMUS	No
93776919	EVEROLIMUS	No
93776924	EVEROLIMUS	No
378000532	EVEROLIMUS	No
378000585	EVEROLIMUS	No
378000632	EVEROLIMUS	No
378000685	EVEROLIMUS	No
378000732	EVEROLIMUS	No
378000785	EVEROLIMUS	No
378309632	EVEROLIMUS	No
378309685	EVEROLIMUS	No
378309732	EVEROLIMUS	No
378309785	EVEROLIMUS	No
378309832	EVEROLIMUS	No
378309885	EVEROLIMUS	No
378309932	EVEROLIMUS	No
378309985	EVEROLIMUS	No
49884011952	EVEROLIMUS	No
49884011991	EVEROLIMUS	No
49884012552	EVEROLIMUS	No
49884012591	EVEROLIMUS	No
49884012752	EVEROLIMUS	No
49884012791	EVEROLIMUS	No
49884012852	EVEROLIMUS	No
49884012891	EVEROLIMUS	No
51991082128	EVEROLIMUS	No
51991082133	EVEROLIMUS	No
51991082199	EVEROLIMUS	No
51991082228	EVEROLIMUS	No
51991082233	EVEROLIMUS	No
51991082299	EVEROLIMUS	No
51991082328	EVEROLIMUS	No
51991082333	EVEROLIMUS	No
51991082399	EVEROLIMUS	No

51991082428	EVEROLIMUS	No
51991082433	EVEROLIMUS	No
51991082499	EVEROLIMUS	No
51991099028	EVEROLIMUS	No
51991099099	EVEROLIMUS	No
51991099128	EVEROLIMUS	No
51991099199	EVEROLIMUS	No
51991099228	EVEROLIMUS	No
51991099299	EVEROLIMUS	No
60219227901	EVEROLIMUS	No
60219227902	EVEROLIMUS	No
60219228001	EVEROLIMUS	No
60219228002	EVEROLIMUS	No
60219228101	EVEROLIMUS	No
60219228102	EVEROLIMUS	No
70377001011	EVEROLIMUS	No
70377001022	EVEROLIMUS	No
70377001023	EVEROLIMUS	No
70377001111	EVEROLIMUS	No
70377001122	EVEROLIMUS	No
70377001123	EVEROLIMUS	No
70377001211	EVEROLIMUS	No
70377001222	EVEROLIMUS	No
70377001223	EVEROLIMUS	No
70377001311	EVEROLIMUS	No
70377001322	EVEROLIMUS	No
70377001323	EVEROLIMUS	No
72603025401	EVEROLIMUS	No
72603025501	EVEROLIMUS	No
72603025601	EVEROLIMUS	No
72603025701	EVEROLIMUS	No
61755001001	EVKEEZA	Yes
61755001301	EVKEEZA	Yes
72893000101	EVOMELA	No
50242017505	EVRYSDI	Yes
50242017507	EVRYSDI	Yes
50242020201	EVRYSDI	Yes
78046815	EXJADE	No
78046915	EXJADE	No
78047015	EXJADE	No
63020004012	EXKIVITY	Yes
60923028410	EXONDYS-51	Yes
60923036302	EXONDYS-51	Yes
70510220101	EXSERVAN	Yes
70510220102	EXSERVAN	Yes
78056912	EXTAVIA	No
78056961	EXTAVIA	No
78056999	EXTAVIA	No
61755000501	EYLEA	Yes
61755000502	EYLEA	Yes
61755000554	EYLEA	Yes
61755000555	EYLEA	Yes
61755005000	EYLEA HD	Yes
61755005001	EYLEA HD	Yes
61755005050	EYLEA HD	Yes
61755005051	EYLEA HD	Yes
78118920	FABHALTA	Yes
58468004001	FABRAZYME	No
58468004101	FABRAZYME	No

42747032730	FARESTON	No
78065006	FARYDAK	No
78065106	FARYDAK	No
78065206	FARYDAK	No
73116010006	FARYDAK	No
73116010106	FARYDAK	No
73116010206	FARYDAK	No
310173030	FASENRA	Yes
310173085	FASENRA	Yes
310174501	FASENRA	Yes
310183030	FASENRA PEN	Yes
310183085	FASENRA PEN	Yes
310072010	FASLODEX	No
64193032401	FEIBA	No
64193032501	FEIBA	No
64193032601	FEIBA	No
64193042402	FEIBA	No
64193042502	FEIBA	No
64193042602	FEIBA	No
62935015350	FENSOLVI	Yes
62935015450	FENSOLVI	Yes
62935016360	FENSOLVI	Yes
10122010010	FERRIPROX	Yes
10122010150	FERRIPROX	Yes
52609000601	FERRIPROX	Yes
52609000705	FERRIPROX	Yes
52609450207	FERRIPROX	Yes
10122010401	FERRIPROX (2 TIMES A DAY)	Yes
10122010405	FERRIPROX (2 TIMES A DAY)	Yes
10122010305	FERRIPROX (3 TIMES A DAY)	Yes
68982034701	FIBRYGA	No
68982034801	FIBRYGA	No
68982034901	FIBRYGA	No
68982034981	FIBRYGA	No
68974020030	FILSPARI	Yes
68974040030	FILSPARI	Yes
10122031001	FILSUVEZ	Yes
10122031002	FILSUVEZ	Yes
76431031001	FILSUVEZ	Yes
378452593	FINGOLIMOD	No
480782056	FINGOLIMOD	No
16729034210	FINGOLIMOD	No
31722088930	FINGOLIMOD	No
42291004830	FINGOLIMOD	No
43598028530	FINGOLIMOD	No
60505433203	FINGOLIMOD	No
62756006483	FINGOLIMOD	No
64980044903	FINGOLIMOD	No
65862095230	FINGOLIMOD	No
67877047630	FINGOLIMOD	No
68382091206	FINGOLIMOD	No
68462016630	FINGOLIMOD	No
72865025730	FINGOLIMOD	No
82009014330	FINGOLIMOD	No
43376032230	FINTEPLA	Yes
43376032236	FINTEPLA	Yes
54092070202	FIRAZYR	No
54092070203	FIRAZYR	No
69616021103	FIRDAPSE	Yes

69616021104	FIRDAPSE	Yes
69616021106	FIRDAPSE	Yes
55566830301	FIRMAGON	No
55566840200	FIRMAGON	No
55566840301	FIRMAGON	No
61953000400	FLEBOGAMMA DIF	No
61953000402	FLEBOGAMMA DIF	No
61953000403	FLEBOGAMMA DIF	No
61953000404	FLEBOGAMMA DIF	No
61953000405	FLEBOGAMMA DIF	No
61953000407	FLEBOGAMMA DIF	No
61953000408	FLEBOGAMMA DIF	No
61953000409	FLEBOGAMMA DIF	No
61953000501	FLEBOGAMMA DIF	No
61953000502	FLEBOGAMMA DIF	No
61953000503	FLEBOGAMMA DIF	No
61953000504	FLEBOGAMMA DIF	No
61953000505	FLEBOGAMMA DIF	No
61953000506	FLEBOGAMMA DIF	No
173051700	FLOLAN	Yes
173051900	FLOLAN	Yes
143927001	FLOXURIDINE	No
81643927001	FLOXURIDINE	No
48818000101	FOLOTYN	No
48818000102	FOLOTYN	No
72893000301	FOLOTYN	No
72893000501	FOLOTYN	No
2840001	FORTEO	No
45629008901	FOTIVDA	Yes
45629013401	FOTIVDA	Yes
63020021021	FRUZAQLA	Yes
63020022521	FRUZAQLA	Yes
67457083306	FULPHILA	No
83257000541	FULPHILA	No
143902201	FULVESTRANT	No
143902202	FULVESTRANT	No
310772010	FULVESTRANT	No
591501902	FULVESTRANT	No
591501911	FULVESTRANT	No
781307901	FULVESTRANT	No
781307912	FULVESTRANT	No
781349201	FULVESTRANT	No
781349212	FULVESTRANT	No
781353201	FULVESTRANT	No
781353212	FULVESTRANT	No
781905501	FULVESTRANT	No
781905512	FULVESTRANT	No
16714007001	FULVESTRANT	No
16714007002	FULVESTRANT	No
16714011801	FULVESTRANT	No
16714011802	FULVESTRANT	No
16729043630	FULVESTRANT	No
16729043631	FULVESTRANT	No
25021046274	FULVESTRANT	No
25021047174	FULVESTRANT	No
43598026202	FULVESTRANT	No
43598026211	FULVESTRANT	No
43598026223	FULVESTRANT	No
55150039401	FULVESTRANT	No

55150039402	FULVESTRANT	No
62332065005	FULVESTRANT	No
62332065010	FULVESTRANT	No
63323071501	FULVESTRANT	No
63323071505	FULVESTRANT	No
67457031100	FULVESTRANT	No
67457031105	FULVESTRANT	No
68001042485	FULVESTRANT	No
68001042486	FULVESTRANT	No
68001048485	FULVESTRANT	No
68001048486	FULVESTRANT	No
68001052285	FULVESTRANT	No
68001052286	FULVESTRANT	No
68001062685	FULVESTRANT	No
68001062686	FULVESTRANT	No
68462031732	FULVESTRANT	No
70121146302	FULVESTRANT	No
70700028498	FULVESTRANT	No
70710168802	FULVESTRANT	No
70710168808	FULVESTRANT	No
70860021141	FULVESTRANT	No
70860021174	FULVESTRANT	No
71288055585	FULVESTRANT	No
71288055586	FULVESTRANT	No
72603010501	FULVESTRANT	No
72603010502	FULVESTRANT	No
83634020341	FULVESTRANT	No
83634020374	FULVESTRANT	No
68152010100	FUSILEV	No
80803015350	FYARRO	Yes
70121162701	FYLNETRA	No
71904010001	GALAFOLD	Yes
13533033504	GAMASTAN	No
13533033512	GAMASTAN	No
13533033513	GAMASTAN	No
13533033540	GAMASTAN	No
66658050101	GAMIFANT	Yes
66658050501	GAMIFANT	Yes
66658051001	GAMIFANT	Yes
72171050101	GAMIFANT	Yes
72171050501	GAMIFANT	Yes
944270002	GAMMAGARD LIQUID	No
944270003	GAMMAGARD LIQUID	No
944270004	GAMMAGARD LIQUID	No
944270005	GAMMAGARD LIQUID	No
944270006	GAMMAGARD LIQUID	No
944270007	GAMMAGARD LIQUID	No
944270008	GAMMAGARD LIQUID	No
944270009	GAMMAGARD LIQUID	No
944270010	GAMMAGARD LIQUID	No
944270011	GAMMAGARD LIQUID	No
944270012	GAMMAGARD LIQUID	No
944270013	GAMMAGARD LIQUID	No
944265603	GAMMAGARD S-D	No
944265707	GAMMAGARD S-D	No
944265804	GAMMAGARD S-D	No
944265908	GAMMAGARD S-D	No
76125090001	GAMMAKED	No
76125090002	GAMMAKED	No

76125090010	GAMMAKED	No
76125090011	GAMMAKED	No
76125090020	GAMMAKED	No
76125090021	GAMMAKED	No
76125090050	GAMMAKED	No
76125090051	GAMMAKED	No
64208823402	GAMMAPLEX	No
64208823403	GAMMAPLEX	No
64208823404	GAMMAPLEX	No
64208823406	GAMMAPLEX	No
64208823407	GAMMAPLEX	No
64208823408	GAMMAPLEX	No
64208823501	GAMMAPLEX	No
64208823502	GAMMAPLEX	No
64208823503	GAMMAPLEX	No
64208823505	GAMMAPLEX	No
64208823506	GAMMAPLEX	No
64208823507	GAMMAPLEX	No
13533080012	GAMUNEX-C	No
13533080013	GAMUNEX-C	No
13533080015	GAMUNEX-C	No
13533080016	GAMUNEX-C	No
13533080020	GAMUNEX-C	No
13533080021	GAMUNEX-C	No
13533080024	GAMUNEX-C	No
13533080025	GAMUNEX-C	No
13533080040	GAMUNEX-C	No
13533080041	GAMUNEX-C	No
13533080071	GAMUNEX-C	No
13533080072	GAMUNEX-C	No
68875010101	GATTEX	Yes
68875010102	GATTEX	Yes
68875010201	GATTEX	Yes
68875010301	GATTEX	Yes
50242021060	GAVRETO	Yes
50242021090	GAVRETO	Yes
71332000660	GAVRETO	Yes
71332000690	GAVRETO	Yes
50242007001	GAZYVA	Yes
480405356	GEFITINIB	Yes
50742036630	GEFITINIB	Yes
60505451203	GEFITINIB	Yes
69339016803	GEFITINIB	Yes
143939401	GEMCITABINE HCL	No
409018101	GEMCITABINE HCL	No
409018125	GEMCITABINE HCL	No
409018201	GEMCITABINE HCL	No
409018225	GEMCITABINE HCL	No
409018301	GEMCITABINE HCL	No
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409018501	GEMCITABINE HCL	No
409018601	GEMCITABINE HCL	No
409018701	GEMCITABINE HCL	No
16714090901	GEMCITABINE HCL	No
16714093001	GEMCITABINE HCL	No
16729009203	GEMCITABINE HCL	No
16729011711	GEMCITABINE HCL	No
16729011838	GEMCITABINE HCL	No
16729039130	GEMCITABINE HCL	No

16729041903	GEMCITABINE HCL	No
16729042333	GEMCITABINE HCL	No
16729042605	GEMCITABINE HCL	No
23155021331	GEMCITABINE HCL	No
23155021431	GEMCITABINE HCL	No
23155048331	GEMCITABINE HCL	No
23155048431	GEMCITABINE HCL	No
23155052831	GEMCITABINE HCL	No
23155052931	GEMCITABINE HCL	No
25021023410	GEMCITABINE HCL	No
25021023550	GEMCITABINE HCL	No
25021023551	GEMCITABINE HCL	No
25021023905	GEMCITABINE HCL	No
25021023926	GEMCITABINE HCL	No
25021023952	GEMCITABINE HCL	No
47335015340	GEMCITABINE HCL	No
47335015440	GEMCITABINE HCL	No
50742049626	GEMCITABINE HCL	No
50742049753	GEMCITABINE HCL	No
50742049805	GEMCITABINE HCL	No
55111068607	GEMCITABINE HCL	No
55111068725	GEMCITABINE HCL	No
60505611306	GEMCITABINE HCL	No
60505611400	GEMCITABINE HCL	No
60505611502	GEMCITABINE HCL	No
63323010213	GEMCITABINE HCL	No
63323010294	GEMCITABINE HCL	No
63323012553	GEMCITABINE HCL	No
63323012594	GEMCITABINE HCL	No
63323012603	GEMCITABINE HCL	No
67457046420	GEMCITABINE HCL	No
67457061610	GEMCITABINE HCL	No
67457061730	GEMCITABINE HCL	No
67457061810	GEMCITABINE HCL	No
68001028223	GEMCITABINE HCL	No
68001028226	GEMCITABINE HCL	No
68001034234	GEMCITABINE HCL	No
68001034836	GEMCITABINE HCL	No
68001035937	GEMCITABINE HCL	No
70860020550	GEMCITABINE HCL	No
71288011310	GEMCITABINE HCL	No
71288011450	GEMCITABINE HCL	No
71288011706	GEMCITABINE HCL	No
71288011728	GEMCITABINE HCL	No
71288011754	GEMCITABINE HCL	No
72485022102	GEMCITABINE HCL	No
72485022210	GEMCITABINE HCL	No
72485022320	GEMCITABINE HCL	No
13262681	GENOTROPIN	No
13264681	GENOTROPIN	No
13264901	GENOTROPIN	No
13264902	GENOTROPIN	No
13265002	GENOTROPIN	No
13265102	GENOTROPIN	No
13265202	GENOTROPIN	No
13265302	GENOTROPIN	No
13265402	GENOTROPIN	No
13265502	GENOTROPIN	No
13265602	GENOTROPIN	No

13265702	GENOTROPIN	No
13265802	GENOTROPIN	No
78060715	GILENYA	No
78060789	GILENYA	No
78096589	GILENYA	No
597013730	GILOTRIF	Yes
597013830	GILOTRIF	Yes
597014130	GILOTRIF	Yes
72089030715	GIMOTI	Yes
71336100101	GIVLAARI	Yes
944288401	GLASSIA	Yes
944288402	GLASSIA	Yes
378696032	GLATIRAMER ACETATE	No
378696093	GLATIRAMER ACETATE	No
378696112	GLATIRAMER ACETATE	No
378696132	GLATIRAMER ACETATE	No
781323434	GLATOPA	No
781323471	GLATOPA	No
781325071	GLATOPA	No
781325089	GLATOPA	No
63629881501	GLATOPA	No
63629881601	GLATOPA	No
78040134	GLEEVEC	No
78064913	GLEEVEC	No
78064926	GLEEVEC	No
78064930	GLEEVEC	No
58181304005	GLEOSTINE	No
58181304105	GLEOSTINE	No
58181304205	GLEOSTINE	No
24338005008	GLIADEL	No
70482008560	GOCOVRI	Yes
70482017060	GOCOVRI	Yes
63459091001	GRANIX	No
63459091011	GRANIX	No
63459091012	GRANIX	No
63459091015	GRANIX	No
63459091017	GRANIX	No
63459091018	GRANIX	No
63459091036	GRANIX	No
63459091201	GRANIX	No
63459091211	GRANIX	No
63459091212	GRANIX	No
63459091215	GRANIX	No
63459091217	GRANIX	No
63459091218	GRANIX	No
63459091236	GRANIX	No
63459091853	GRANIX	No
63459091859	GRANIX	No
63459092053	GRANIX	No
63459092059	GRANIX	No
50090670500	HADLIMA	No
78206018301	HADLIMA	No
78206018399	HADLIMA	No
50090670600	HADLIMA PUSHTOUCH	No
78206018401	HADLIMA PUSHTOUCH	No
78206018499	HADLIMA PUSHTOUCH	No
50090670400	HADLIMA(CF)	No
78206018601	HADLIMA(CF)	No
78206018699	HADLIMA(CF)	No

50090670700	HADLIMA(CF) PUSHTOUCH	No
78206018701	HADLIMA(CF) PUSHTOUCH	No
78206018799	HADLIMA(CF) PUSHTOUCH	No
63833082802	HAEGARDA	Yes
63833082902	HAEGARDA	Yes
62856038901	HALAVEN	No
61958180101	HARVONI	No
61958180301	HARVONI	No
61958180401	HARVONI	No
61958180402	HARVONI	No
61958180501	HARVONI	No
61958180502	HARVONI	No
53009901	HEMGENIX	Yes
53010010	HEMGENIX	Yes
53011011	HEMGENIX	Yes
53012012	HEMGENIX	Yes
53013013	HEMGENIX	Yes
53014014	HEMGENIX	Yes
53015015	HEMGENIX	Yes
53016016	HEMGENIX	Yes
53017017	HEMGENIX	Yes
53018018	HEMGENIX	Yes
53019019	HEMGENIX	Yes
53020020	HEMGENIX	Yes
53021021	HEMGENIX	Yes
53022022	HEMGENIX	Yes
53023023	HEMGENIX	Yes
53024024	HEMGENIX	Yes
53025025	HEMGENIX	Yes
53026026	HEMGENIX	Yes
53027027	HEMGENIX	Yes
53028028	HEMGENIX	Yes
53029029	HEMGENIX	Yes
53030030	HEMGENIX	Yes
53031031	HEMGENIX	Yes
53032032	HEMGENIX	Yes
53033033	HEMGENIX	Yes
53034034	HEMGENIX	Yes
53035035	HEMGENIX	Yes
53036036	HEMGENIX	Yes
53037037	HEMGENIX	Yes
53038038	HEMGENIX	Yes
53039039	HEMGENIX	Yes
53040040	HEMGENIX	Yes
53041041	HEMGENIX	Yes
53042042	HEMGENIX	Yes
53043043	HEMGENIX	Yes
53044044	HEMGENIX	Yes
53045045	HEMGENIX	Yes
53046046	HEMGENIX	Yes
53047047	HEMGENIX	Yes
53048048	HEMGENIX	Yes
50242092001	HEMLIBRA	Yes
50242092101	HEMLIBRA	Yes
50242092201	HEMLIBRA	Yes
50242092301	HEMLIBRA	Yes
50242092701	HEMLIBRA	Yes
50242093001	HEMLIBRA	Yes
944394002	HEMOFIL M	No

944394101	HEMOFIL M	No
944394202	HEMOFIL M	No
944394301	HEMOFIL M	No
944394402	HEMOFIL M	No
944394501	HEMOFIL M	No
944394602	HEMOFIL M	No
944394701	HEMOFIL M	No
50242013201	HERCEPTIN	Yes
50242013210	HERCEPTIN	Yes
50242033301	HERCEPTIN	Yes
50242007701	HERCEPTIN HYLECTA	Yes
63459030343	HERZUMA	No
63459030547	HERZUMA	No
63459030741	HERZUMA	No
43068022001	HETLIOZ	Yes
43068030402	HETLIOZ LQ	Yes
43068030406	HETLIOZ LQ	Yes
44206045101	HIZENTRA	No
44206045190	HIZENTRA	No
44206045202	HIZENTRA	No
44206045291	HIZENTRA	No
44206045404	HIZENTRA	No
44206045492	HIZENTRA	No
44206045510	HIZENTRA	No
44206045525	HIZENTRA	No
44206045593	HIZENTRA	No
44206045597	HIZENTRA	No
44206045621	HIZENTRA	No
44206045694	HIZENTRA	No
44206045722	HIZENTRA	No
44206045795	HIZENTRA	No
44206045824	HIZENTRA	No
44206045896	HIZENTRA	No
49502038102	HULIO(CF)	No
49502038106	HULIO(CF)	No
49502038202	HULIO(CF)	No
49502038206	HULIO(CF)	No
83257001642	HULIO(CF)	No
83257001742	HULIO(CF)	No
49502038002	HULIO(CF) PEN	No
49502038006	HULIO(CF) PEN	No
83257001932	HULIO(CF) PEN	No
63833061502	HUMATE-P	No
63833061602	HUMATE-P	No
63833061702	HUMATE-P	No
63833062501	HUMATE-P	No
63833062601	HUMATE-P	No
63833062701	HUMATE-P	No
2734901	HUMATROPE	No
2814701	HUMATROPE	No
2814801	HUMATROPE	No
2814901	HUMATROPE	No
74379902	HUMIRA	No
74433901	HUMIRA PEN	No
74433902	HUMIRA PEN	No
74433974	HUMIRA PEN	No
50090448700	HUMIRA PEN	No
74433906	HUMIRA PEN CROHN'S-UC-HS	No
74433907	HUMIRA PEN PSOR-UVEITS-ADOL HS	No

74024302	HUMIRA(CF)	No
74061602	HUMIRA(CF)	No
74081702	HUMIRA(CF)	No
83457024302	HUMIRA(CF)	No
83457061602	HUMIRA(CF)	No
83457081702	HUMIRA(CF)	No
74006702	HUMIRA(CF) PEDIATRIC CROHN'S	No
74254003	HUMIRA(CF) PEDIATRIC CROHN'S	No
74012402	HUMIRA(CF) PEN	No
74012474	HUMIRA(CF) PEN	No
74055402	HUMIRA(CF) PEN	No
74055471	HUMIRA(CF) PEN	No
83457012402	HUMIRA(CF) PEN	No
83457055402	HUMIRA(CF) PEN	No
74012403	HUMIRA(CF) PEN CROHN'S-UC-HS	No
74012404	HUMIRA(CF) PEN PEDIATRIC UC	No
74153903	HUMIRA(CF) PEN PSOR-UV-ADOL HS	No
78067201	HYCAMTIN	No
78067301	HYCAMTIN	No
78067461	HYCAMTIN	No
66758010111	HYCAMTIN	No
66758010211	HYCAMTIN	No
517176701	HYDROXYPROGESTERONE CAPROA	No
517179101	HYDROXYPROGESTERONE CAPROA	No
55150030901	HYDROXYPROGESTERONE CAPROA	No
55150031001	HYDROXYPROGESTERONE CAPROA	No
66993003883	HYDROXYPROGESTERONE CAPROA	No
66993003901	HYDROXYPROGESTERONE CAPROA	No
67457088605	HYDROXYPROGESTERONE CAPROA	No
67457096701	HYDROXYPROGESTERONE CAPROA	No
69238179701	HYDROXYPROGESTERONE CAPROA	No
71225010401	HYDROXYPROGESTERONE CAPROA	No
71225010501	HYDROXYPROGESTERONE CAPROA	No
73683010110	HYFTOR	Yes
944251002	HYQVIA	Yes
944251102	HYQVIA	Yes
944251202	HYQVIA	Yes
944251302	HYQVIA	Yes
944251402	HYQVIA	Yes
944271525	HYQVIA IG COMPONENT	Yes
944271605	HYQVIA IG COMPONENT	Yes
944271710	HYQVIA IG COMPONENT	Yes
944271820	HYQVIA IG COMPONENT	Yes
944271930	HYQVIA IG COMPONENT	Yes
83457010301	HYRIMOZ	No
83457020356	HYRIMOZ	No
83457010201	HYRIMOZ PEN	No
83457020250	HYRIMOZ PEN	No
61314047364	HYRIMOZ(CF)	No
61314047664	HYRIMOZ(CF)	No
61314050964	HYRIMOZ(CF)	No
83457010101	HYRIMOZ(CF)	No
83457010801	HYRIMOZ(CF)	No
83457020146	HYRIMOZ(CF)	No
61314045468	HYRIMOZ(CF) PEDIATRIC CROHN'S	No
61314053164	HYRIMOZ(CF) PEDIATRIC CROHN'S	No
61314045420	HYRIMOZ(CF) PEN	No
61314047320	HYRIMOZ(CF) PEN	No
61314047377	HYRIMOZ(CF) PEN	No

61314047392	HYRIMOZ(CF) PEN	No
83457010001	HYRIMOZ(CF) PEN	No
83457010701	HYRIMOZ(CF) PEN	No
83457020040	HYRIMOZ(CF) PEN	No
61314045436	HYRIMOZ(CF) PEN CROHN-UC STAR	No
83457011301	HYRIMOZ(CF) PEN CROHN-UC STAR	No
61314051736	HYRIMOZ(CF) PEN PSORIASIS	No
83457011201	HYRIMOZ(CF) PEN PSORIASIS	No
69018721	IBRANCE	Yes
69018821	IBRANCE	Yes
69018921	IBRANCE	Yes
69028403	IBRANCE	Yes
69028407	IBRANCE	Yes
69048603	IBRANCE	Yes
69048607	IBRANCE	Yes
69068803	IBRANCE	Yes
69068807	IBRANCE	Yes
93306619	ICATIBANT	No
93306634	ICATIBANT	No
93306693	ICATIBANT	No
24201020701	ICATIBANT	No
24201020703	ICATIBANT	No
54092013501	ICATIBANT	No
54092013502	ICATIBANT	No
55150035101	ICATIBANT	No
55150035103	ICATIBANT	No
60505621401	ICATIBANT	No
63323057401	ICATIBANT	No
63323057486	ICATIBANT	Yes
63323057493	ICATIBANT	Yes
69097066434	ICATIBANT	No
69097066468	ICATIBANT	No
71225011401	ICATIBANT	No
72162210602	ICATIBANT	No
63020053330	ICLUSIG	Yes
63020053430	ICLUSIG	Yes
63020053530	ICLUSIG	Yes
63020053630	ICLUSIG	Yes
65219055618	IDACIO(CF) (2 PACK)	No
65219057404	IDACIO(CF) PEN	No
65219055408	IDACIO(CF) PEN (2 PACK)	No
65219055438	IDACIO(CF) PEN CROHN'S-UC(6PK)	No
65219055428	IDACIO(CF) PEN PSORIASIS (4PK)	No
13257605	IDAMYCIN PFS	No
13257691	IDAMYCIN PFS	No
13258610	IDAMYCIN PFS	No
13258691	IDAMYCIN PFS	No
13259620	IDAMYCIN PFS	No
13259691	IDAMYCIN PFS	No
143921701	IDARUBICIN HCL	No
143921801	IDARUBICIN HCL	No
143921901	IDARUBICIN HCL	No
143930601	IDARUBICIN HCL	No
143930701	IDARUBICIN HCL	No
143930801	IDARUBICIN HCL	No
703415411	IDARUBICIN HCL	No
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63323019405	IDARUBICIN HCL	No

63323019410	IDARUBICIN HCL	No
63323019420	IDARUBICIN HCL	No
69911086402	IDELVION	No
69911086502	IDELVION	No
69911086602	IDELVION	No
69911086702	IDELVION	No
69911086902	IDELVION	No
59572070530	IDHIFA	Yes
59572071030	IDHIFA	Yes
25357010001	IDOSE TR	Yes
338399101	IFEX	No
338399301	IFEX	No
143953001	IFOSFAMIDE	No
143953101	IFOSFAMIDE	No
703342711	IFOSFAMIDE	No
703342911	IFOSFAMIDE	No
10019092501	IFOSFAMIDE	No
10019092582	IFOSFAMIDE	No
10019092602	IFOSFAMIDE	No
10019092616	IFOSFAMIDE	No
63323014210	IFOSFAMIDE	No
63323014212	IFOSFAMIDE	No
63323017420	IFOSFAMIDE	No
63323017460	IFOSFAMIDE	No
78073461	ILARIS	Yes
47335017701	ILUMYA	No
47335017710	ILUMYA	No
47335017795	ILUMYA	No
47335017796	ILUMYA	No
54024822	IMATINIB MESYLATE	No
54024913	IMATINIB MESYLATE	No
93762998	IMATINIB MESYLATE	No
93763056	IMATINIB MESYLATE	No
378224577	IMATINIB MESYLATE	No
378224693	IMATINIB MESYLATE	No
832053209	IMATINIB MESYLATE	No
832053303	IMATINIB MESYLATE	No
904662104	IMATINIB MESYLATE	No
904690104	IMATINIB MESYLATE	No
16714070401	IMATINIB MESYLATE	No
16714070501	IMATINIB MESYLATE	No
42292004301	IMATINIB MESYLATE	No
42292004303	IMATINIB MESYLATE	No
42292004401	IMATINIB MESYLATE	No
42292004403	IMATINIB MESYLATE	No
43598034431	IMATINIB MESYLATE	No
43598034479	IMATINIB MESYLATE	No
43598034490	IMATINIB MESYLATE	No
43598034530	IMATINIB MESYLATE	No
43598034531	IMATINIB MESYLATE	No
43598034579	IMATINIB MESYLATE	No
47335047281	IMATINIB MESYLATE	No
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51407027030	IMATINIB MESYLATE	No

51991037690	IMATINIB MESYLATE	No
51991037733	IMATINIB MESYLATE	No
59651024090	IMATINIB MESYLATE	No
59651024130	IMATINIB MESYLATE	No
59923072390	IMATINIB MESYLATE	No
59923072430	IMATINIB MESYLATE	No
60505290009	IMATINIB MESYLATE	No
60505290103	IMATINIB MESYLATE	No
60687019211	IMATINIB MESYLATE	No
60687019221	IMATINIB MESYLATE	No
60687020325	IMATINIB MESYLATE	No
60687020395	IMATINIB MESYLATE	No
60687088211	IMATINIB MESYLATE	No
60687088221	IMATINIB MESYLATE	No
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62135065930	IMATINIB MESYLATE	No
63629206701	IMATINIB MESYLATE	No
63629206801	IMATINIB MESYLATE	No
67877063390	IMATINIB MESYLATE	No
67877063430	IMATINIB MESYLATE	No
68001049005	IMATINIB MESYLATE	No
68001049104	IMATINIB MESYLATE	No
68001062205	IMATINIB MESYLATE	No
68001062304	IMATINIB MESYLATE	No
72485020290	IMATINIB MESYLATE	No
72485020330	IMATINIB MESYLATE	No
72819018509	IMATINIB MESYLATE	No
72819018603	IMATINIB MESYLATE	No
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82009008730	IMATINIB MESYLATE	No
57962000712	IMBRUVICA	Yes
57962001428	IMBRUVICA	Yes
57962007028	IMBRUVICA	Yes
57962014009	IMBRUVICA	Yes
57962014012	IMBRUVICA	Yes
57962028028	IMBRUVICA	Yes
57962042028	IMBRUVICA	Yes
57962056028	IMBRUVICA	Yes
72829001001	IMCIVREE	Yes
55513005901	IMDELLTRA	No
55513006901	IMDELLTRA	No
55513007701	IMDELLTRA	No
55513010301	IMDELLTRA	No
310450012	IMFINZI	Yes
310461150	IMFINZI	Yes
310450525	IMJUDO	Yes
310453530	IMJUDO	Yes
10144034201	INBRIJA	Yes
10144034260	INBRIJA	Yes
15054104005	INCRELEX	Yes
69080901	INFLECTRA	No
57894016001	INFLIXIMAB	No
62756000860	INFUGEM	No
62756007360	INFUGEM	No
62756010260	INFUGEM	No
62756021960	INFUGEM	No
62756032160	INFUGEM	No
62756043860	INFUGEM	No
62756053360	INFUGEM	No

62756061460	INFUGEM	No
62756074660	INFUGEM	No
62756097460	INFUGEM	No
70370106001	INGREZZA	Yes
70370108001	INGREZZA	Yes
70370204001	INGREZZA	Yes
70370204806	INGREZZA INITIATION PK(TARDIV)	Yes
70370404001	INGREZZA SPRINKLE	Yes
70370406001	INGREZZA SPRINKLE	Yes
70370408001	INGREZZA SPRINKLE	Yes
517060201	INJECTAFER	No
517062001	INJECTAFER	No
517065001	INJECTAFER	No
69014501	INLYTA	Yes
69015111	INLYTA	Yes
64842072709	INQOVI	Yes
59572072012	INREBIC	Yes
85113301	INTRON A	Yes
85116801	INTRON A	Yes
85435001	INTRON A	Yes
85435101	INTRON A	Yes
85435201	INTRON A	Yes
15054008001	IQIRVO	Yes
310048230	IRESSA	Yes
143958301	IRINOTECAN HCL	No
143970101	IRINOTECAN HCL	No
143970201	IRINOTECAN HCL	No
16714002701	IRINOTECAN HCL	No
16714013101	IRINOTECAN HCL	No
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25021023002	IRINOTECAN HCL	No
25021023005	IRINOTECAN HCL	No
45963061451	IRINOTECAN HCL	No
45963061455	IRINOTECAN HCL	No
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55150035301	IRINOTECAN HCL	No
55150035401	IRINOTECAN HCL	No
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57884300201	IRINOTECAN HCL	No
59923071402	IRINOTECAN HCL	No
59923071505	IRINOTECAN HCL	No
59923071615	IRINOTECAN HCL	No
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60505612801	IRINOTECAN HCL	No
60505627201	IRINOTECAN HCL	No
61703034909	IRINOTECAN HCL	No
61703034916	IRINOTECAN HCL	No
61703034936	IRINOTECAN HCL	No
63323019302	IRINOTECAN HCL	No
63323019305	IRINOTECAN HCL	No
63323019352	IRINOTECAN HCL	No
63323019355	IRINOTECAN HCL	No
68001048022	IRINOTECAN HCL	No
68001048035	IRINOTECAN HCL	No

70700016922	IRINOTECAN HCL	No
70700017022	IRINOTECAN HCL	No
72485021102	IRINOTECAN HCL	No
72485021205	IRINOTECAN HCL	No
72485021315	IRINOTECAN HCL	No
59572096210	ISTODAX	No
59572098401	ISTODAX	No
55292032020	ISTURISA	Yes
55292032060	ISTURISA	Yes
55292032120	ISTURISA	Yes
55292032160	ISTURISA	Yes
55292032220	ISTURISA	Yes
55292032260	ISTURISA	Yes
50242007908	ITOVEBI	No
50242008408	ITOVEBI	No
78670015001	IWILFIN	Yes
70020191001	IXEMPRA	No
70020191002	IXEMPRA	No
70020191101	IXEMPRA	No
70020191102	IXEMPRA	No
59137027001	IXINITY	No
59137027101	IXINITY	No
59137027201	IXINITY	No
59137027501	IXINITY	No
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59137028305	IXINITY	No
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78071315	JADENU SPRINKLE	No
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78072019	JADENU SPRINKLE	No
78072715	JADENU SPRINKLE	No
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50881000560	JAKAFI	Yes
50881001060	JAKAFI	Yes
50881001560	JAKAFI	Yes
50881002060	JAKAFI	Yes
50881002560	JAKAFI	Yes
43598009604	JAVYGTOR	Yes

43598009711	JAVYGTOR	Yes
43598009730	JAVYGTOR	Yes
43598016211	JAVYGTOR	Yes
43598016230	JAVYGTOR	Yes
2690230	JAYPIRCA	Yes
2702660	JAYPIRCA	Yes
173089803	JEMPERLI	No
24582315	JEVTANA	No
24582411	JEVTANA	No
26394225	JIVI	No
26394425	JIVI	No
26394625	JIVI	No
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26395099	JIVI	No
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26494801	JIVI	No
26495001	JIVI	No
26495099	JIVI	No
71274017060	JOENJA	Yes
10122040528	JUXTAPID	Yes
10122041028	JUXTAPID	Yes
10122042028	JUXTAPID	Yes
10122043028	JUXTAPID	Yes
76431010501	JUXTAPID	Yes
76431011001	JUXTAPID	Yes
76431012001	JUXTAPID	Yes
76431013001	JUXTAPID	Yes
59148007907	JYNARQUE	Yes
59148007928	JYNARQUE	Yes
59148008007	JYNARQUE	Yes
59148008028	JYNARQUE	Yes
59148008213	JYNARQUE	Yes
59148008313	JYNARQUE	Yes
59148008707	JYNARQUE	Yes
59148008728	JYNARQUE	Yes
59148008807	JYNARQUE	Yes
59148008828	JYNARQUE	Yes
59148008907	JYNARQUE	Yes
59148008928	JYNARQUE	Yes
50242008701	KADCYLA	Yes
50242008801	KADCYLA	Yes
47783010101	KALBITOR	Yes
51167020001	KALYDECO	Yes
51167030001	KALYDECO	Yes
51167040001	KALYDECO	Yes
51167060001	KALYDECO	Yes
51167077001	KALYDECO	Yes
51167078501	KALYDECO	Yes
55513013201	KANJINTI	No
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55513016401	KANJINTI	No
25682000701	KANUMA	Yes
63833038602	KCENTRA	No
63833038702	KCENTRA	No
63833039601	KCENTRA	No
63833039701	KCENTRA	No

52856060101	KEBILIDI	Yes
52856060111	KEBILIDI	Yes
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66658011203	KEPIVANCE	No
66658011206	KEPIVANCE	No
66658011301	KEPIVANCE	No
66658011303	KEPIVANCE	No
66658011306	KEPIVANCE	No
78100768	KESIMPTA PEN	No
78100798	KESIMPTA PEN	No
71090000101	KEVEYIS	Yes
72065000101	KEVEYIS	Yes
24590801	KEVZARA	No
24591001	KEVZARA	No
24592001	KEVZARA	No
24592201	KEVZARA	No
6302601	KEYTRUDA	No
6302602	KEYTRUDA	No
6302604	KEYTRUDA	No
68152011201	KHAPZORY	No
68152011401	KHAPZORY	No
72893000401	KHAPZORY	No
72893000601	KHAPZORY	No
66658023401	KINERET	Yes
66658023407	KINERET	Yes
78086001	KISQALI	No
78086714	KISQALI	No
78086742	KISQALI	No
78087421	KISQALI	No
78087463	KISQALI	No
78088821	KISQALI	No
78089514	KISQALI	No
78090221	KISQALI	No
78090961	KISQALI FEMARA CO-PACK	No
78091661	KISQALI FEMARA CO-PACK	No
78092361	KISQALI FEMARA CO-PACK	No
24492085056	KITABIS PAK	Yes
76125025221	KOATE	No
76125025620	KOATE	No
76125025725	KOATE	No
76125025902	KOATE	No
76125066350	KOATE	No
76125066502	KOATE	No
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76125066931	KOATE	No
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76125067650	KOATE	No
76125067810	KOATE	No
76125067912	KOATE	No
26378225	KOGENATE FS	No
26378335	KOGENATE FS	No
26378555	KOGENATE FS	No
26378665	KOGENATE FS	No
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26478501	KOGENATE FS	No
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76346007301	KORLYM	Yes
76346007302	KORLYM	Yes
59353006501	KORSUVA	No
59353006512	KORSUVA	No
310061028	KOSELUGO	Yes
310061060	KOSELUGO	Yes
310062528	KOSELUGO	Yes
310062560	KOSELUGO	Yes
26382125	KOVALTRY	No
26382225	KOVALTRY	No
26382425	KOVALTRY	No
26382650	KOVALTRY	No
26382850	KOVALTRY	No
26482101	KOVALTRY	No
26482201	KOVALTRY	No
26482401	KOVALTRY	No
26482601	KOVALTRY	No
26482801	KOVALTRY	No
80739081218	KRAZATI	Yes
75987008010	KRYSTEXXA	No
68135030002	KUVAN	Yes
68135030111	KUVAN	Yes
68135030122	KUVAN	Yes
68135048210	KUVAN	Yes
68135048211	KUVAN	Yes
78084619	KYMRIAH	Yes
78095819	KYMRIAH	Yes
63402001001	KYNMOBI	Yes
63402001030	KYNMOBI	Yes
63402001501	KYNMOBI	Yes
63402001530	KYNMOBI	Yes
63402002001	KYNMOBI	Yes
63402002030	KYNMOBI	Yes
63402002501	KYNMOBI	Yes
63402002530	KYNMOBI	Yes
63402003001	KYNMOBI	Yes
63402003030	KYNMOBI	Yes
63402008810	KYNMOBI	Yes
76075010101	KYPROLIS	Yes
76075010201	KYPROLIS	Yes
76075010301	KYPROLIS	Yes
70954041710	L-GLUTAMINE	Yes
70954041720	L-GLUTAMINE	Yes
69097087067	LANREOTIDE ACETATE	No
69097090667	LANREOTIDE ACETATE	No
69097090767	LANREOTIDE ACETATE	No
69097090867	LANREOTIDE ACETATE	No
76282071167	LANREOTIDE ACETATE	No
76282072067	LANREOTIDE ACETATE	No
480323751	LAPATINIB	No
42291003515	LAPATINIB	No
68180080136	LAPATINIB	No
57894008060	LAZCLUZE	Yes
57894024030	LAZCLUZE	Yes
72626260101	LEDIPASVIR-SOFOSBUVIR	No
58468020001	LEMTRADA	Yes
378193501	LENALIDOMIDE	Yes
378193528	LENALIDOMIDE	Yes
378193601	LENALIDOMIDE	Yes

378193628	LENALIDOMIDE	Yes
378193701	LENALIDOMIDE	Yes
378193728	LENALIDOMIDE	Yes
378194001	LENALIDOMIDE	Yes
378194021	LENALIDOMIDE	Yes
378194101	LENALIDOMIDE	Yes
378194121	LENALIDOMIDE	Yes
378194201	LENALIDOMIDE	Yes
378194221	LENALIDOMIDE	Yes
480124128	LENALIDOMIDE	Yes
480124228	LENALIDOMIDE	Yes
480124328	LENALIDOMIDE	Yes
480124421	LENALIDOMIDE	Yes
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480124621	LENALIDOMIDE	Yes
31722025728	LENALIDOMIDE	Yes
31722025828	LENALIDOMIDE	Yes
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31722026121	LENALIDOMIDE	Yes
31722026221	LENALIDOMIDE	Yes
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43598051263	LENALIDOMIDE	Yes
43598051321	LENALIDOMIDE	Yes
43598051421	LENALIDOMIDE	Yes
43598051521	LENALIDOMIDE	Yes
43598051663	LENALIDOMIDE	Yes
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47781048401	LENALIDOMIDE	Yes
47781048428	LENALIDOMIDE	Yes
47781048501	LENALIDOMIDE	Yes
47781048528	LENALIDOMIDE	Yes
47781048601	LENALIDOMIDE	Yes
47781048677	LENALIDOMIDE	Yes
47781048777	LENALIDOMIDE	Yes
47781048801	LENALIDOMIDE	Yes
47781048877	LENALIDOMIDE	Yes
59651034228	LENALIDOMIDE	Yes
59651034328	LENALIDOMIDE	Yes
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60505453702	LENALIDOMIDE	Yes
63304004127	LENALIDOMIDE	Yes
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63304004622	LENALIDOMIDE	Yes
69097038173	LENALIDOMIDE	Yes
69097038273	LENALIDOMIDE	Yes
69097038381	LENALIDOMIDE	Yes
69097038481	LENALIDOMIDE	Yes

69097038581	LENALIDOMIDE	Yes
69097060473	LENALIDOMIDE	Yes
70377004913	LENALIDOMIDE	Yes
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70377005211	LENALIDOMIDE	Yes
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70710103207	LENALIDOMIDE	Yes
70710103308	LENALIDOMIDE	Yes
70710103408	LENALIDOMIDE	Yes
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76282069748	LENALIDOMIDE	Yes
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62856070805	LENVIMA	Yes
62856070830	LENVIMA	Yes
62856071005	LENVIMA	Yes
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62856071205	LENVIMA	Yes
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62856071405	LENVIMA	Yes
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62856071805	LENVIMA	Yes
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62856072005	LENVIMA	Yes
62856072030	LENVIMA	Yes
62856072405	LENVIMA	Yes
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62856021201	LEQEMBI	Yes
62856021501	LEQEMBI	Yes
61958080101	LETAIRIS	Yes
61958080105	LETAIRIS	Yes
61958080201	LETAIRIS	Yes
61958080205	LETAIRIS	Yes
69784061025	LEUKERAN	No
76388063525	LEUKERAN	No
80725061025	LEUKERAN	No
71837584301	LEUKINE	No
71837584305	LEUKINE	No
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16714057201	LEUPROLIDE ACETATE	No
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55150047801	LEUPROLIDE ACETATE	No
63629882101	LEUPROLIDE ACETATE	No
70121169502	LEUPROLIDE ACETATE	No
70121253706	LEUPROLIDE ACETATE	No

71288056503	LEUPROLIDE ACETATE	No
71288056990	LEUPROLIDE ACETATE	No
72603020101	LEUPROLIDE ACETATE	No
72603034401	LEUPROLIDE ACETATE	No
72664061128	LEUPROLIDE ACETATE	No
83634045203	LEUPROLIDE ACETATE	No
83634045461	LEUPROLIDE ACETATE	No
69097090950	LEUPROLIDE DEPOT	No
69097095032	LEUPROLIDE DEPOT	No
143955801	LEVOLEUCOVORIN CALCIUM	No
781320194	LEVOLEUCOVORIN CALCIUM	No
16714089001	LEVOLEUCOVORIN CALCIUM	No
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70436020980	LEVOLEUCOVORIN CALCIUM	No
71288010410	LEVOLEUCOVORIN CALCIUM	No
71288010518	LEVOLEUCOVORIN CALCIUM	No
72266012001	LEVOLEUCOVORIN CALCIUM	No
72266012101	LEVOLEUCOVORIN CALCIUM	No
61755000801	LIBTAYO	Yes
46287005501	LIQREV	No
69033428	LITFULO	Yes
61958330101	LIVDELZI	Yes
79378011001	LIVMARLI	Yes
79378011101	LIVMARLI	Yes
79378021030	LIVMARLI	Yes
79378021530	LIVMARLI	Yes
79378022030	LIVMARLI	Yes
79378023030	LIVMARLI	Yes
64842102001	LONSURF	Yes
64842102002	LONSURF	Yes
64842102003	LONSURF	Yes
64842102501	LONSURF	Yes
64842102502	LONSURF	Yes
64842102503	LONSURF	Yes
70114034001	LOQTORZI	No
69022701	LORBRENA	Yes
69022703	LORBRENA	Yes
69023101	LORBRENA	Yes
50242008002	LUCENTIS	Yes
50242008003	LUCENTIS	Yes
50242008086	LUCENTIS	Yes
50242008088	LUCENTIS	Yes
50242008202	LUCENTIS	Yes
50242008203	LUCENTIS	Yes
50242008287	LUCENTIS	Yes
50242008288	LUCENTIS	Yes
55513048824	LUMAKRAS	Yes
55513048840	LUMAKRAS	Yes
55513048896	LUMAKRAS	Yes
55513050450	LUMAKRAS	Yes
55513051260	LUMAKRAS	Yes
58468016001	LUMIZYME	No
310470001	LUMOXITI	Yes

73380470001	LUMOXITI	Yes
13551000101	LUMRYZ	Yes
13551000107	LUMRYZ	Yes
13551000130	LUMRYZ	Yes
13551000201	LUMRYZ	Yes
13551000207	LUMRYZ	Yes
13551000230	LUMRYZ	Yes
13551000301	LUMRYZ	Yes
13551000307	LUMRYZ	Yes
13551000330	LUMRYZ	Yes
13551000401	LUMRYZ	Yes
13551000407	LUMRYZ	Yes
13551000430	LUMRYZ	Yes
50242014201	LUNSUMIO	Yes
50242015901	LUNSUMIO	Yes
74105205	LUPANETA PACK	No
74105210	LUPANETA PACK	No
75626000101	LUPKYNIS	Yes
75626000102	LUPKYNIS	Yes
74334603	LUPRON DEPOT	No
74347303	LUPRON DEPOT	No
74364103	LUPRON DEPOT	No
74364171	LUPRON DEPOT	No
74364203	LUPRON DEPOT	No
74366303	LUPRON DEPOT	No
74368303	LUPRON DEPOT	No
74364104	LUPRON DEPOT (LUPANETA)	No
74364107	LUPRON DEPOT (LUPANETA)	No
74210803	LUPRON DEPOT-PED	No
74228203	LUPRON DEPOT-PED	No
74244003	LUPRON DEPOT-PED	No
74357501	LUPRON DEPOT-PED	No
74377903	LUPRON DEPOT-PED	No
74969403	LUPRON DEPOT-PED	No
69488000301	LUTATHERA	Yes
69488000370	LUTATHERA	Yes
71394006501	LUXTURNA	Yes
71394041501	LUXTURNA	Yes
310056912	LYNPARZA	Yes
310056960	LYNPARZA	Yes
310057812	LYNPARZA	Yes
310057860	LYNPARZA	Yes
310066812	LYNPARZA	Yes
310066860	LYNPARZA	Yes
310067912	LYNPARZA	Yes
310067960	LYNPARZA	Yes
15308060	LYSODREN	Yes
76336008060	LYSODREN	Yes
64842012004	LYTGOBI	Yes
64842012005	LYTGOBI	Yes
64842012006	LYTGOBI	Yes
64842012021	LYTGOBI	Yes
64842012028	LYTGOBI	Yes
64842012035	LYTGOBI	Yes
169140101	MACRILEN	Yes
71090000202	MACRILEN	Yes
64011024301	MAKENA	No
64011024702	MAKENA	No
64011030103	MAKENA	No

74527002201	MARGENZA	No
74527002202	MARGENZA	No
74527002203	MARGENZA	No
54482005401	MATULANE	Yes
44087040004	MAVENCLAD	Yes
44087040005	MAVENCLAD	Yes
44087040006	MAVENCLAD	Yes
44087040007	MAVENCLAD	Yes
44087040008	MAVENCLAD	Yes
44087040009	MAVENCLAD	Yes
44087400000	MAVENCLAD	Yes
44087400004	MAVENCLAD	Yes
44087400005	MAVENCLAD	Yes
44087400006	MAVENCLAD	Yes
44087400007	MAVENCLAD	Yes
44087400008	MAVENCLAD	Yes
44087400009	MAVENCLAD	Yes
74260028	MAVYRET	No
74262501	MAVYRET	No
74262528	MAVYRET	No
74262580	MAVYRET	No
74262584	MAVYRET	No
78097912	MAYZENT	Yes
78097950	MAYZENT	Yes
78097989	MAYZENT	Yes
78098615	MAYZENT	Yes
78098645	MAYZENT	Yes
78101415	MAYZENT	Yes
78066615	MEKINIST	No
78066815	MEKINIST	No
78110515	MEKINIST	No
78111215	MEKINIST	No
78116147	MEKINIST	No
70255001002	MEKTOVI	Yes
23155035331	MELPHALAN HCL	No
23155035541	MELPHALAN HCL	No
25021025610	MELPHALAN HCL	No
25021025861	MELPHALAN HCL	No
43598002748	MELPHALAN HCL	No
43598002950	MELPHALAN HCL	No
43598039150	MELPHALAN HCL	No
43598039248	MELPHALAN HCL	No
45963068602	MELPHALAN HCL	No
45963068749	MELPHALAN HCL	No
54288010601	MELPHALAN HCL	No
54288010902	MELPHALAN HCL	No
63323076020	MELPHALAN HCL	No
63323076120	MELPHALAN HCL	No
67457019350	MELPHALAN HCL	No
67457019501	MELPHALAN HCL	No
67457021501	MELPHALAN HCL	No
67457057750	MELPHALAN HCL	No
67457057901	MELPHALAN HCL	No
70700027722	MELPHALAN HCL	No
70700027897	MELPHALAN HCL	No
70860021210	MELPHALAN HCL	No
70860021461	MELPHALAN HCL	No
71288011110	MELPHALAN HCL	No
71288011290	MELPHALAN HCL	No

71288013015	MELPHALAN HCL	No
71288013290	MELPHALAN HCL	No
72266012801	MELPHALAN HCL	No
72266014401	MELPHALAN HCL	No
75907011111	MELPHALAN HCL	No
75907011211	MELPHALAN HCL	No
83634020015	MELPHALAN HCL	No
83634020261	MELPHALAN HCL	No
69794000101	MEPSEVII	Yes
76336045518	METOPIRONE	Yes
591439096	MIFEPRISTONE	Yes
76346065403	MIFEPRISTONE	Yes
10148020115	MIGLUSTAT	Yes
10148020190	MIGLUSTAT	Yes
42799070815	MIGLUSTAT	Yes
43975031008	MIGLUSTAT	Yes
43975031083	MIGLUSTAT	Yes
70710203904	MIGLUSTAT	Yes
70710203908	MIGLUSTAT	Yes
72542012401	MIPLYFFA	Yes
72542014701	MIPLYFFA	Yes
72542016201	MIPLYFFA	Yes
72542019301	MIPLYFFA	Yes
143913501	MITOMYCIN	No
143913601	MITOMYCIN	No
143927901	MITOMYCIN	No
143928001	MITOMYCIN	No
16729010811	MITOMYCIN	No
16729011505	MITOMYCIN	No
16729011638	MITOMYCIN	No
16729024605	MITOMYCIN	No
16729024711	MITOMYCIN	No
16729024838	MITOMYCIN	No
25021025020	MITOMYCIN	No
25021025150	MITOMYCIN	No
25021025251	MITOMYCIN	No
55150045001	MITOMYCIN	No
55150045101	MITOMYCIN	No
55150045201	MITOMYCIN	No
55390025101	MITOMYCIN	No
55390025201	MITOMYCIN	No
55390025301	MITOMYCIN	No
65219056420	MITOMYCIN	No
65219056620	MITOMYCIN	No
65219056800	MITOMYCIN	No
67457051805	MITOMYCIN	No
67457051920	MITOMYCIN	No
67457052040	MITOMYCIN	No
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67457099740	MITOMYCIN	No
68001038928	MITOMYCIN	No
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68001039077	MITOMYCIN	No
68001039078	MITOMYCIN	No
68001039179	MITOMYCIN	No
68001039180	MITOMYCIN	No
68001061536	MITOMYCIN	No
68001061677	MITOMYCIN	No
68001061779	MITOMYCIN	No

71266847501	MITOMYCIN	No
71266851501	MITOMYCIN	No
71288013720	MITOMYCIN	No
71288013850	MITOMYCIN	No
71288013951	MITOMYCIN	No
72162246402	MITOMYCIN	No
72819015205	MITOMYCIN	No
72819015295	MITOMYCIN	No
72819015302	MITOMYCIN	No
72819015404	MITOMYCIN	No
703468001	MITOXANTRONE HCL	No
703468501	MITOXANTRONE HCL	No
703468601	MITOXANTRONE HCL	No
61703034318	MITOXANTRONE HCL	No
61703034365	MITOXANTRONE HCL	No
61703034366	MITOXANTRONE HCL	No
63323013210	MITOXANTRONE HCL	No
63323013212	MITOXANTRONE HCL	No
63323013215	MITOXANTRONE HCL	No
50881001303	MONJUVI	No
73535020801	MONJUVI	Yes
53623302	MONONINE	No
24586201	MOZOBIL	No
59630055107	MULPLETA	No
55513020601	MVASI	No
55513020701	MVASI	No
10122021001	MYALEPT	Yes
10122021002	MYALEPT	Yes
76431021001	MYALEPT	Yes
69880012028	MYCAPSSA	Yes
69784062025	MYLERAN	No
76388071325	MYLERAN	No
80725062025	MYLERAN	No
8451001	MYLOTARG	Yes
10454071010	MYOBLOC	No
10454071110	MYOBLOC	No
10454071210	MYOBLOC	No
68135002001	NAGLAZYME	Yes
68875020201	NATPARA	Yes
68875020202	NATPARA	Yes
68875020301	NATPARA	Yes
68875020302	NATPARA	Yes
68875020401	NATPARA	Yes
68875020402	NATPARA	Yes
68875020501	NATPARA	Yes
68875020502	NATPARA	Yes
25021025950	NELARABINE	No
25021025951	NELARABINE	No
39822065001	NELARABINE	No
39822065006	NELARABINE	No
43598014206	NELARABINE	No
43598014211	NELARABINE	No
62332081350	NELARABINE	No
62332081363	NELARABINE	No
70121174301	NELARABINE	No
70121174304	NELARABINE	No
70710172601	NELARABINE	No
70710172608	NELARABINE	No
70710183901	NELARABINE	No

70710183908	NELARABINE	No
71288016552	NELARABINE	No
71288016553	NELARABINE	No
71288016554	NELARABINE	No
72205015401	NELARABINE	No
72205015404	NELARABINE	No
81927011101	NELARABINE	No
81927011106	NELARABINE	No
299622015	NEMLUVIO	Yes
70437024018	NERLYNX	Yes
70437024033	NERLYNX	Yes
55513019001	NEULASTA	No
55513019201	NEULASTA ONPRO	No
55513020901	NEUPOGEN	No
55513020910	NEUPOGEN	No
55513020991	NEUPOGEN	No
55513053001	NEUPOGEN	No
55513053010	NEUPOGEN	No
55513054601	NEUPOGEN	No
55513054610	NEUPOGEN	No
55513092401	NEUPOGEN	No
55513092410	NEUPOGEN	No
55513092491	NEUPOGEN	No
50419048858	NEXAVAR	Yes
50419048901	NEXAVAR	Yes
58468042601	NEXVIAZYME	No
69050501	NGENLA	Yes
69050502	NGENLA	Yes
69052001	NGENLA	Yes
69052002	NGENLA	Yes
59212011114	NILANDRON	No
62559017331	NILUTAMIDE	No
66993021238	NILUTAMIDE	No
63020023001	NINLARO	Yes
63020023002	NINLARO	Yes
63020023003	NINLARO	Yes
63020039001	NINLARO	Yes
63020039002	NINLARO	Yes
63020039003	NINLARO	Yes
63020040001	NINLARO	Yes
63020040002	NINLARO	Yes
63020040003	NINLARO	Yes
409080101	NIPENT	No
254302002	NITISINONE	Yes
254302102	NITISINONE	Yes
254302202	NITISINONE	Yes
13668063260	NITISINONE	Yes
63629223301	NITISINONE	Yes
63629223401	NITISINONE	Yes
63629223501	NITISINONE	Yes
70505020260	NITISINONE	Yes
70505020560	NITISINONE	Yes
70505021060	NITISINONE	Yes
70505022060	NITISINONE	Yes
71863011960	NITISINONE	Yes
71863012060	NITISINONE	Yes
71863012160	NITISINONE	Yes
71863012260	NITISINONE	Yes
70709000060	NITYR	Yes

70709000260	NITYR	Yes
70709000560	NITYR	Yes
69029101	NIVESTYM	No
69029110	NIVESTYM	No
69029201	NIVESTYM	No
69029210	NIVESTYM	No
69029301	NIVESTYM	No
69029310	NIVESTYM	No
69029401	NIVESTYM	No
69029410	NIVESTYM	No
169770321	NORDITROPIN FLEXPRO	No
169770421	NORDITROPIN FLEXPRO	No
169770521	NORDITROPIN FLEXPRO	No
169770821	NORDITROPIN FLEXPRO	No
67386082019	NORTHERA	Yes
67386082119	NORTHERA	Yes
67386082219	NORTHERA	Yes
42747060290	NOURIANZ	Yes
42747060490	NOURIANZ	Yes
169781001	NOVOEIGHT	No
169781501	NOVOEIGHT	No
169782001	NOVOEIGHT	No
169782501	NOVOEIGHT	No
169783001	NOVOEIGHT	No
169785001	NOVOEIGHT	No
169720101	NOVOSEVEN RT	No
169720201	NOVOSEVEN RT	No
169720501	NOVOSEVEN RT	No
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169721111	NOVOSEVEN RT	No
169721211	NOVOSEVEN RT	No
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50419039501	NUBEQA	Yes
173088101	NUCALA	Yes
173088161	NUCALA	Yes
173089201	NUCALA	Yes
173089242	NUCALA	Yes
173089261	NUCALA	Yes
173090442	NUCALA	Yes
42358029501	NULIBRY	Yes
73129000101	NULIBRY	Yes
63090010030	NUPLAZID	Yes
63090034030	NUPLAZID	Yes
50242007401	NUTROPIN AQ NUSPIN	No
50242007501	NUTROPIN AQ NUSPIN	No
50242007601	NUTROPIN AQ NUSPIN	No
68982013901	NUWIQ	No
68982014001	NUWIQ	No
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68982014201	NUWIQ	No
68982014301	NUWIQ	No
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68982014501	NUWIQ	No
68982014601	NUWIQ	No
68982014701	NUWIQ	No

68982014801	NUWIQ	No
68982014901	NUWIQ	No
68982015001	NUWIQ	No
68982015101	NUWIQ	No
68982015201	NUWIQ	No
68982015301	NUWIQ	No
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24338023005	NYMALIZE	No
24338023012	NYMALIZE	No
24338023015	NYMALIZE	No
24338023030	NYMALIZE	No
24338026008	NYMALIZE	No
24338026010	NYMALIZE	No
24338026012	NYMALIZE	No
69032401	NYVEPRIA	No
944500101	OBIZUR	No
944500110	OBIZUR	No
69516000530	OCALIVA	Yes
69516001030	OCALIVA	Yes
50242015001	OCREVUS	Yes
69600201	OCTAGAM	No
69600202	OCTAGAM	No
69611101	OCTAGAM	No
69611102	OCTAGAM	No
69623701	OCTAGAM	No
69623702	OCTAGAM	No
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69655001	OCTAGAM	No
69655002	OCTAGAM	No
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69845101	OCTAGAM	No
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69847602	OCTAGAM	No
68982084001	OCTAGAM	No
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641617501	OCTREOTIDE ACETATE	No
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641617701	OCTREOTIDE ACETATE	No
641617801	OCTREOTIDE ACETATE	No
703330101	OCTREOTIDE ACETATE	No
703330104	OCTREOTIDE ACETATE	No
703331101	OCTREOTIDE ACETATE	No

703331104	OCTREOTIDE ACETATE	No
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703333301	OCTREOTIDE ACETATE	No
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23155068741	OCTREOTIDE ACETATE	No
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25021046301	OCTREOTIDE ACETATE	No
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25021046605	OCTREOTIDE ACETATE	No
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62756009444	OCTREOTIDE ACETATE	No
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62756035144	OCTREOTIDE ACETATE	No
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68462089601	OCTREOTIDE ACETATE	No
68462089610	OCTREOTIDE ACETATE	No
68462089701	OCTREOTIDE ACETATE	No
68462089710	OCTREOTIDE ACETATE	No
78064515	ODOMZO	No
47335030383	ODOMZO	No
597014360	OFEV	Yes
597014560	OFEV	Yes
67457084550	OGIVRI	No
67457084744	OGIVRI	No

67457099115	OGIVRI	No
83257000111	OGIVRI	No
83257000311	OGIVRI	No
83257000412	OGIVRI	No
82448005018	OGSIVEO	Yes
82448010014	OGSIVEO	Yes
82448015014	OGSIVEO	Yes
82950000116	OJEMDA	Yes
82950000120	OJEMDA	Yes
82950000124	OJEMDA	Yes
82950001201	OJEMDA	Yes
82950011210	OJEMDA	Yes
81864010130	OJJAARA	Yes
81864010230	OJJAARA	Yes
81864010330	OJJAARA	Yes
72542000201	OLPRUVA	Yes
72542000301	OLPRUVA	Yes
72542020002	OLPRUVA	Yes
72542020009	OLPRUVA	Yes
72542030002	OLPRUVA	Yes
72542030009	OLPRUVA	Yes
72542040002	OLPRUVA	Yes
72542040018	OLPRUVA	Yes
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72542050018	OLPRUVA	Yes
72542060002	OLPRUVA	Yes
72542060018	OLPRUVA	Yes
72542066702	OLPRUVA	Yes
72542066718	OLPRUVA	Yes
2418230	OLUMIANT	Yes
2447930	OLUMIANT	Yes
2473230	OLUMIANT	Yes
781300107	OMNITROPE	No
781300126	OMNITROPE	No
781300407	OMNITROPE	No
781300426	OMNITROPE	No
781400436	OMNITROPE	No
781401471	OMNITROPE	No
2144201	OMVOH	No
2757501	OMVOH	No
2772211	OMVOH	No
2887001	OMVOH	No
2887027	OMVOH	No
2311601	OMVOH PEN	No
2771711	OMVOH PEN	No
2801101	OMVOH PEN	No
2801127	OMVOH PEN	No
72694095401	ONCASPAR	No
15054004301	ONIVYDE	No
71336100001	ONPATTRO	Yes
6503301	ONTRUZANT	No
6503302	ONTRUZANT	No
6503401	ONTRUZANT	No
6503402	ONTRUZANT	No
78206014701	ONTRUZANT	No
78206014799	ONTRUZANT	No
78206014801	ONTRUZANT	No
78206014899	ONTRUZANT	No
59572073007	ONUREG	No

59572074007	ONUREG	No
3373413	OPDIVO	No
3375614	OPDIVO	No
3377211	OPDIVO	No
3377412	OPDIVO	No
3712511	OPDUALAG	Yes
71904030001	OPFOLDA	Yes
71904030002	OPFOLDA	Yes
71904030003	OPFOLDA	Yes
66215050115	OPSUMIT	Yes
66215050130	OPSUMIT	Yes
66215081201	OPSYNVI	Yes
66215081208	OPSYNVI	Yes
66215081230	OPSYNVI	Yes
66215081401	OPSYNVI	Yes
66215081410	OPSYNVI	Yes
66215081430	OPSYNVI	Yes
3218713	ORENCIA	No
3218811	ORENCIA	No
3218891	ORENCIA	No
3281411	ORENCIA	No
3281811	ORENCIA	No
3218851	ORENCIA CLICKJECT	No
3218890	ORENCIA CLICKJECT	No
66302030001	ORENITRAM ER	Yes
66302030002	ORENITRAM ER	Yes
66302030010	ORENITRAM ER	Yes
66302030201	ORENITRAM ER	Yes
66302030202	ORENITRAM ER	Yes
66302030210	ORENITRAM ER	Yes
66302031001	ORENITRAM ER	Yes
66302031002	ORENITRAM ER	Yes
66302031010	ORENITRAM ER	Yes
66302032501	ORENITRAM ER	Yes
66302032502	ORENITRAM ER	Yes
66302032510	ORENITRAM ER	Yes
66302035001	ORENITRAM ER	Yes
66302035002	ORENITRAM ER	Yes
66302035010	ORENITRAM ER	Yes
66302036128	ORENITRAM MONTH 1 TITRATION K1	Yes
66302036256	ORENITRAM MONTH 2 TITRATION K1	Yes
66302036384	ORENITRAM MONTH 3 TITRATION K1	Yes
66658010260	ORFADIN	Yes
66658010560	ORFADIN	Yes
66658011060	ORFADIN	Yes
66658012060	ORFADIN	Yes
66658020490	ORFADIN	Yes
72974012001	ORGOVYX	Yes
51167012201	ORKAMBI	Yes
51167050002	ORKAMBI	Yes
51167070002	ORKAMBI	Yes
51167080901	ORKAMBI	Yes
51167090001	ORKAMBI	Yes
72769010101	ORLADEYO	Yes
72769010201	ORLADEYO	Yes
70709008510	ORMALVI	Yes
72187010103	ORSERDU	Yes
72187010203	ORSERDU	Yes
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55513048595	OTEZLA	No
55513049760	OTEZLA	No
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59572063027	OTEZLA	No
59572063106	OTEZLA	No
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703398601	OXALIPLATIN	No
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72603042001	OXALIPLATIN	No
79672082502	OXALIPLATIN	No
79672082602	OXALIPLATIN	No
72786010101	OXBRYTA	Yes
72786010202	OXBRYTA	Yes
72786010203	OXBRYTA	Yes
72786011102	OXBRYTA	Yes
72786011103	OXBRYTA	Yes
71981002007	OXERVATE	Yes
71336100201	OXLUMO	Yes
703321301	PACLITAXEL	No
703321381	PACLITAXEL	No
703321601	PACLITAXEL	No
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23155088431	PACLITAXEL	No
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62332062117	PACLITAXEL	No
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63323076316	PACLITAXEL	No
63323076317	PACLITAXEL	No
63323076350	PACLITAXEL	No
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67457047152	PACLITAXEL	No

68001051627	PACLITAXEL	No
70860020005	PACLITAXEL	No
70860020017	PACLITAXEL	No
70860020050	PACLITAXEL	No
70860021566	PACLITAXEL	No
70860021567	PACLITAXEL	No
70860021568	PACLITAXEL	No
72205006101	PACLITAXEL	No
72205006201	PACLITAXEL	No
72205006301	PACLITAXEL	No
480329001	PACLITAXEL PROTEIN-BOUND	No
517430001	PACLITAXEL PROTEIN-BOUND	No
781353191	PACLITAXEL PROTEIN-BOUND	No
24979071051	PACLITAXEL PROTEIN-BOUND	No
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68001065137	PACLITAXEL PROTEIN-BOUND	No
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22840011407	PALFORZIA	Yes
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22840012745	PALFORZIA	No
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71881010290	PALFORZIA	Yes
71881010345	PALFORZIA	Yes
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71881011115	PALFORZIA	Yes
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71881011313	PALFORZIA	Yes
68135005889	PALYNZIQ	Yes
68135005890	PALYNZIQ	Yes
68135067339	PALYNZIQ	Yes
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68135067345	PALYNZIQ	Yes
68135075619	PALYNZIQ	Yes
68135075620	PALYNZIQ	Yes
55292070254	PANHEMATIN	No
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59212060122	PANRETIN	No
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69101102	PANZYGA	No
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55513074001	PARSABIV	Yes
55513074010	PARSABIV	Yes
55513074101	PARSABIV	Yes
55513074110	PARSABIV	Yes
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59651058208	PAZOPANIB HCL	No
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73077001001	PEDMARK	No
4035009	PEGASYS	No
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82154044901	PEGASYS	No
82154045101	PEGASYS	No
82154045104	PEGASYS	No
50881002601	PEMAZYRE	Yes
50881002701	PEMAZYRE	Yes
50881002801	PEMAZYRE	Yes
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338072201	PEMETREXED DISODIUM	No
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409353201	PEMETREXED DISODIUM	No
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781352091	PEMETREXED DISODIUM	No
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16729023011	PEMETREXED DISODIUM	No
16729024438	PEMETREXED DISODIUM	No
16729052205	PEMETREXED DISODIUM	No
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43975030910	PENICILLAMINE	No
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51991097401	PENICILLAMINE	No
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70010090701	PENICILLAMINE	No
70748015301	PENICILLAMINE	No
71205091600	PENICILLAMINE	No
72162211201	PENICILLAMINE	No
73657002001	PEPAXTO	No
50242014501	PERJETA	Yes
71770020010	PHEBURANE	Yes
54034925	PHENOXYBENZAMINE HCL	No
35573047302	PHENOXYBENZAMINE HCL	No
49884003801	PHENOXYBENZAMINE HCL	No
60219150201	PHENOXYBENZAMINE HCL	No
66993006602	PHENOXYBENZAMINE HCL	No
70954036510	PHENOXYBENZAMINE HCL	No
72603022901	PHENOXYBENZAMINE HCL	No
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50242026001	PHESGO	No
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78070184	PIQRAY	No
78070802	PIQRAY	No
78070851	PIQRAY	No
78070890	PIQRAY	No
78070891	PIQRAY	No
78071502	PIQRAY	No
78071561	PIQRAY	No
78071591	PIQRAY	No
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480361198	PIRFENIDONE	Yes
781215832	PIRFENIDONE	Yes
781808532	PIRFENIDONE	Yes
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904739789	PIRFENIDONE	Yes
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31722087290	PIRFENIDONE	Yes
31722087390	PIRFENIDONE	Yes
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42291049109	PIRFENIDONE	Yes
42291049127	PIRFENIDONE	Yes
42291049209	PIRFENIDONE	Yes
42385092329	PIRFENIDONE	Yes

42385092490	PIRFENIDONE	Yes
42385092499	PIRFENIDONE	Yes
42385092590	PIRFENIDONE	Yes
42385092690	PIRFENIDONE	Yes
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60219164207	PIRFENIDONE	Yes
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70954087010	PIRFENIDONE	Yes
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72162246504	PIRFENIDONE	Yes
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72162246609	PIRFENIDONE	Yes
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72205018236	PIRFENIDONE	Yes
72205018290	PIRFENIDONE	Yes
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76282071690	PIRFENIDONE	Yes
76282071727	PIRFENIDONE	Yes
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64406001502	PLEGRIDY	Yes
64406001601	PLEGRIDY	Yes
64406001701	PLEGRIDY	Yes
64406001702	PLEGRIDY	Yes
64406001101	PLEGRIDY PEN	Yes
64406001102	PLEGRIDY PEN	Yes
64406001201	PLEGRIDY PEN	Yes
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71288015501	PLERIXAFOR	No
72205024901	PLERIXAFOR	No
50242010301	POLIVY	No
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59572050121	POMALYST	Yes
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59572050221	POMALYST	Yes
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59572050321	POMALYST	Yes
59572050400	POMALYST	Yes
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71904020002	POMBILITI	Yes
71904020003	POMBILITI	Yes
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43068062001	PONVORY	No
50458070714	PONVORY	Yes
50458072030	PONVORY	Yes
2771601	PORTRAZZA	Yes
42747076101	POTELIGEO	Yes
65219055001	PRALATREXATE	No
65219055202	PRALATREXATE	No
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13533070511	PROLASTIN C	Yes
73776002201	PROLEUKIN	No
76310002201	PROLEUKIN	No
55513071001	PROLIA	No
55513071021	PROLIA	No
78068415	PROMACTA	No
78068515	PROMACTA	No
78068615	PROMACTA	No
78068655	PROMACTA	No
78068715	PROMACTA	No
78069719	PROMACTA	No
78069723	PROMACTA	No
78069761	PROMACTA	No
78097219	PROMACTA	No
78097223	PROMACTA	No
78097261	PROMACTA	No
50242010039	PULMOZYME	No
50242010040	PULMOZYME	No
62484002001	PURIXAN	Yes
62484002002	PURIXAN	Yes
480372001	PYRIMETHAMINE	Yes
480372056	PYRIMETHAMINE	Yes
43598067201	PYRIMETHAMINE	Yes
43598067230	PYRIMETHAMINE	Yes
47781092501	PYRIMETHAMINE	Yes
47781092530	PYRIMETHAMINE	Yes
59651059001	PYRIMETHAMINE	Yes
72603026201	PYRIMETHAMINE	Yes
72603026202	PYRIMETHAMINE	Yes
72647033001	PYRIMETHAMINE	Yes
72647033003	PYRIMETHAMINE	Yes
71334020505	PYRUKYND	Yes
71334020507	PYRUKYND	Yes
71334020514	PYRUKYND	Yes
71334021007	PYRUKYND	Yes
71334021014	PYRUKYND	Yes
71334021020	PYRUKYND	Yes
71334021507	PYRUKYND	Yes
71334021514	PYRUKYND	Yes
71334021550	PYRUKYND	Yes
71334022011	PYRUKYND	Yes
71334022512	PYRUKYND	Yes
71334023013	PYRUKYND	Yes
64406010901	QALSODY	Yes
73207010130	QINLOCK	Yes
70510217101	RADICAVA	Yes
70510217102	RADICAVA	Yes
70510232101	RADICAVA ORS	Yes
70510232102	RADICAVA ORS	Yes
70510232201	RADICAVA ORS	Yes
75987005006	RAVICTI	Yes
44087002203	REBIF	No
44087002209	REBIF	No
44087004403	REBIF	No

44087004409	REBIF	No
44087882201	REBIF	No
44087018801	REBIF REBIDOSE	No
44087332201	REBIF REBIDOSE	No
44087332209	REBIF REBIDOSE	No
44087334401	REBIF REBIDOSE	No
44087334409	REBIF REBIDOSE	No
169790101	REBINYN	No
169790201	REBINYN	No
169790301	REBINYN	No
169790501	REBINYN	No
169791111	REBINYN	No
169792211	REBINYN	No
169793311	REBINYN	No
169795511	REBINYN	No
59572071101	REBLOZYL	No
59572077501	REBLOZYL	No
55566980000	REBYOTA	Yes
55566980002	REBYOTA	Yes
944283101	RECOMBINATE	No
944283201	RECOMBINATE	No
944283301	RECOMBINATE	No
944284110	RECOMBINATE	No
944284210	RECOMBINATE	No
944284310	RECOMBINATE	No
944284410	RECOMBINATE	No
944284510	RECOMBINATE	No
72065000301	RECORLEV	Yes
70121156801	RELEUKO	No
70121156807	RELEUKO	No
70121156901	RELEUKO	No
70121156907	RELEUKO	No
70121157001	RELEUKO	No
70121157007	RELEUKO	No
70121157101	RELEUKO	No
70121157107	RELEUKO	No
73063003503	RELYVRIO	Yes
73063003504	RELYVRIO	Yes
57894003001	REMICADE	No
66302010101	REMODULIN	Yes
66302010201	REMODULIN	Yes
66302010501	REMODULIN	Yes
66302011001	REMODULIN	Yes
6430501	RENFLEXIS	No
6430502	RENFLEXIS	No
78206016201	RENFLEXIS	No
78206016299	RENFLEXIS	No
69130501	RETACRIT	No
69130510	RETACRIT	No
69130601	RETACRIT	No
69130610	RETACRIT	No
69130701	RETACRIT	No
69130710	RETACRIT	No
69130801	RETACRIT	No
69130810	RETACRIT	No
69130901	RETACRIT	No
69130904	RETACRIT	No
69131101	RETACRIT	No
69131110	RETACRIT	No

69131801	RETACRIT	No
69131810	RETACRIT	No
59353000201	RETACRIT	No
59353000210	RETACRIT	No
59353000301	RETACRIT	No
59353000310	RETACRIT	No
59353000401	RETACRIT	No
59353000410	RETACRIT	No
59353001001	RETACRIT	No
59353001010	RETACRIT	No
59353012001	RETACRIT	No
59353012010	RETACRIT	No
59353022001	RETACRIT	No
59353022010	RETACRIT	No
2298026	RETEVMO	Yes
2298060	RETEVMO	Yes
2397760	RETEVMO	Yes
2534060	RETEVMO	Yes
2556260	RETEVMO	Yes
2608260	RETEVMO	Yes
2612060	RETEVMO	Yes
10122050201	REVCOVI	Yes
57665000201	REVCOVI	Yes
59572040200	REVLIMID	Yes
59572040228	REVLIMID	Yes
59572040500	REVLIMID	Yes
59572040528	REVLIMID	Yes
59572041000	REVLIMID	Yes
59572041028	REVLIMID	Yes
59572041500	REVLIMID	Yes
59572041521	REVLIMID	Yes
59572042000	REVLIMID	Yes
59572042021	REVLIMID	Yes
59572042500	REVLIMID	Yes
59572042521	REVLIMID	Yes
73555050000	REVUFORJ	Yes
73555050100	REVUFORJ	Yes
73555050200	REVUFORJ	Yes
82576006030	REZDIFFRA	Yes
82576008030	REZDIFFRA	Yes
82576010030	REZDIFFRA	Yes
71332000501	REZLIDHIA	Yes
79802020030	REZUROCK	Yes
55513022401	RIABNI	No
55513032601	RIABNI	No
74104328	RINVOQ	No
74230630	RINVOQ	No
74230670	RINVOQ	No
74231030	RINVOQ	No
50242005110	RITUXAN	Yes
50242005121	RITUXAN	Yes
50242005306	RITUXAN	Yes
50242010801	RITUXAN HYCELA	Yes
50242010901	RITUXAN HYCELA	Yes
169530610	RIVFLOZA	Yes
169530708	RIVFLOZA	Yes
169530801	RIVFLOZA	Yes
944302501	RIXUBIS	No
944302602	RIXUBIS	No

944302701	RIXUBIS	No
944302802	RIXUBIS	No
944302901	RIXUBIS	No
944303002	RIXUBIS	No
944303101	RIXUBIS	No
944303202	RIXUBIS	No
944303301	RIXUBIS	No
944303402	RIXUBIS	No
76961010101	ROLVEDON	Yes
703400401	ROMIDEPSIN	No
63323092517	ROMIDEPSIN	No
63323092688	ROMIDEPSIN	No
50242009130	ROZLYTREK	Yes
50242009490	ROZLYTREK	Yes
50242062301	ROZLYTREK	Yes
50242062342	ROZLYTREK	Yes
69660020191	RUBRACA	Yes
69660020291	RUBRACA	Yes
69660020391	RUBRACA	Yes
82154078301	RUBRACA	Yes
82154078401	RUBRACA	Yes
82154078501	RUBRACA	Yes
68012035001	RUCONEST	Yes
68012035002	RUCONEST	Yes
71274035001	RUCONEST	Yes
71274035002	RUCONEST	Yes
69023801	RUXIENCE	No
69024901	RUXIENCE	No
49938011001	RUZURGI	Yes
57894050100	RYBREVANT	No
57894050101	RYBREVANT	No
78069802	RYDAPT	No
78069819	RYDAPT	No
78069851	RYDAPT	No
78069899	RYDAPT	No
68727090001	RYLAZE	Yes
68727090003	RYLAZE	Yes
70573009901	RYPLAZIM	Yes
70573009902	RYPLAZIM	Yes
50474098079	RYSTIGGO	Yes
50474098183	RYSTIGGO	Yes
50474098284	RYSTIGGO	Yes
50474098386	RYSTIGGO	Yes
82959011101	RYTELO	Yes
82959011201	RYTELO	Yes
67386011101	SABRIL	Yes
67386021165	SABRIL	Yes
44087100502	SAIZEN	No
44087108801	SAIZEN	No
44087001601	SAIZEN-SAIZENPREP	No
70709001301	SAJAZIR	Yes
70709001303	SAJAZIR	Yes
59148002050	SAMSCA	Yes
59148002150	SAMSCA	Yes
78018001	SANDOSTATIN	No
78018061	SANDOSTATIN	No
78018101	SANDOSTATIN	No
78018161	SANDOSTATIN	No
78018201	SANDOSTATIN	No

78018261	SANDOSTATIN	No
78079061	SANDOSTATIN LAR DEPOT	No
78079761	SANDOSTATIN LAR DEPOT	No
78080461	SANDOSTATIN LAR DEPOT	No
78081181	SANDOSTATIN LAR DEPOT	No
78081881	SANDOSTATIN LAR DEPOT	No
78082581	SANDOSTATIN LAR DEPOT	No
310304000	SAPHNELO	Yes
31722004512	SAPROPTERIN DIHYDROCHLORIDE	No
31722004701	SAPROPTERIN DIHYDROCHLORIDE	No
31722004730	SAPROPTERIN DIHYDROCHLORIDE	No
31722004801	SAPROPTERIN DIHYDROCHLORIDE	No
31722004830	SAPROPTERIN DIHYDROCHLORIDE	No
43598047711	SAPROPTERIN DIHYDROCHLORIDE	No
43598047730	SAPROPTERIN DIHYDROCHLORIDE	No
43598074904	SAPROPTERIN DIHYDROCHLORIDE	No
49884072008	SAPROPTERIN DIHYDROCHLORIDE	No
49884087352	SAPROPTERIN DIHYDROCHLORIDE	No
49884087372	SAPROPTERIN DIHYDROCHLORIDE	No
49884094852	SAPROPTERIN DIHYDROCHLORIDE	No
49884094872	SAPROPTERIN DIHYDROCHLORIDE	No
72603019101	SAPROPTERIN DIHYDROCHLORIDE	No
72603019301	SAPROPTERIN DIHYDROCHLORIDE	No
72603019330	SAPROPTERIN DIHYDROCHLORIDE	No
72603019401	SAPROPTERIN DIHYDROCHLORIDE	No
72603019430	SAPROPTERIN DIHYDROCHLORIDE	No
24065401	SARCLISA	Yes
24065601	SARCLISA	Yes
78109120	SCEMBLIX	Yes
78109820	SCEMBLIX	Yes
78119620	SCEMBLIX	Yes
50090709600	SENSIPAR	No
55513007330	SENSIPAR	No
55513007430	SENSIPAR	No
55513007530	SENSIPAR	No
44087000401	SEROSTIM	Yes
44087000407	SEROSTIM	Yes
44087000501	SEROSTIM	Yes
44087000507	SEROSTIM	Yes
44087000601	SEROSTIM	Yes
44087000607	SEROSTIM	Yes
71127100001	SEVENFACT	Yes
71127110001	SEVENFACT	Yes
71127200001	SEVENFACT	Yes
71127210001	SEVENFACT	Yes
71127500001	SEVENFACT	Yes
71127510001	SEVENFACT	Yes
78063320	SIGNIFOR	Yes
78063420	SIGNIFOR	Yes
78063520	SIGNIFOR	Yes
55292013101	SIGNIFOR	Yes
55292013106	SIGNIFOR	Yes
55292013160	SIGNIFOR	Yes
55292013201	SIGNIFOR	Yes
55292013206	SIGNIFOR	Yes
55292013260	SIGNIFOR	Yes
55292013301	SIGNIFOR	Yes
55292013306	SIGNIFOR	Yes
55292013360	SIGNIFOR	Yes

78064181	SIGNIFOR LAR	Yes
78064281	SIGNIFOR LAR	Yes
78064381	SIGNIFOR LAR	Yes
78074181	SIGNIFOR LAR	Yes
78074881	SIGNIFOR LAR	Yes
55292013401	SIGNIFOR LAR	Yes
55292013501	SIGNIFOR LAR	Yes
55292013601	SIGNIFOR LAR	Yes
55292013701	SIGNIFOR LAR	Yes
55292013801	SIGNIFOR LAR	Yes
55292013901	SIGNIFOR LAR	Yes
55292014001	SIGNIFOR LAR	Yes
55292014101	SIGNIFOR LAR	Yes
55292014201	SIGNIFOR LAR	Yes
55292014301	SIGNIFOR LAR	Yes
187000400	SILIQ	No
187000402	SILIQ	No
51759038622	SIMLANDI(CF)	No
51759041222	SIMLANDI(CF)	No
51759049731	SIMLANDI(CF)	No
51759052321	SIMLANDI(CF)	No
51759062431	SIMLANDI(CF)	No
51759063431	SIMLANDI(CF)	No
51759027417	SIMLANDI(CF) AUTOINJECTOR	No
51759038421	SIMLANDI(CF) AUTOINJECTOR	No
51759040202	SIMLANDI(CF) AUTOINJECTOR	No
51759040217	SIMLANDI(CF) AUTOINJECTOR	No
51759051321	SIMLANDI(CF) AUTOINJECTOR	No
57894007001	SIMPONI	No
57894007002	SIMPONI	No
57894007101	SIMPONI	No
57894007102	SIMPONI	No
57894035001	SIMPONI ARIA	No
59676070101	SIRTURO	Yes
59676070260	SIRTURO	Yes
73179025090	SKYCLARYS	Yes
74105001	SKYRIZI	No
74204201	SKYRIZI	No
74501501	SKYRIZI	No
74204202	SKYRIZI (2 SYRINGES) KIT	No
74106501	SKYRIZI ON-BODY	No
74106601	SKYRIZI ON-BODY	No
74106901	SKYRIZI ON-BODY	No
74107001	SKYRIZI ON-BODY	No
74210001	SKYRIZI PEN	No
73362000301	SKYTROFA	No
73362000302	SKYTROFA	No
73362000401	SKYTROFA	No
73362000402	SKYTROFA	No
73362000501	SKYTROFA	No
73362000502	SKYTROFA	No
73362000601	SKYTROFA	No
73362000602	SKYTROFA	No
73362000701	SKYTROFA	No
73362000702	SKYTROFA	No
73362000801	SKYTROFA	No
73362000802	SKYTROFA	No
73362000901	SKYTROFA	No
73362000902	SKYTROFA	No

73362001001	SKYTROFA	No
73362001002	SKYTROFA	No
73362001101	SKYTROFA	No
73362001102	SKYTROFA	No
54962857	SODIUM OXYBATE	Yes
69238239101	SODIUM OXYBATE	Yes
42794008614	SODIUM PHENYLBUTYRATE	No
49884000604	SODIUM PHENYLBUTYRATE	No
49884017004	SODIUM PHENYLBUTYRATE	No
68462085320	SODIUM PHENYLBUTYRATE	No
72626270101	SOFOSBUVIR-VELPATASVIR	No
169203011	SOGROYA	Yes
169203511	SOGROYA	Yes
169203711	SOGROYA	Yes
15054001001	SOHONOS	Yes
15054001501	SOHONOS	Yes
15054002501	SOHONOS	Yes
15054005001	SOHONOS	Yes
15054010001	SOHONOS	Yes
50004072501	SOLESTA	Yes
25682000101	SOLIRIS	Yes
15054106003	SOMATULINE DEPOT	No
15054106004	SOMATULINE DEPOT	No
15054109003	SOMATULINE DEPOT	No
15054109004	SOMATULINE DEPOT	No
15054112003	SOMATULINE DEPOT	No
15054112004	SOMATULINE DEPOT	No
9517502	SOMAVERT	Yes
9517510	SOMAVERT	Yes
9517702	SOMAVERT	Yes
9517710	SOMAVERT	Yes
9517902	SOMAVERT	Yes
9517910	SOMAVERT	Yes
9520104	SOMAVERT	Yes
9520110	SOMAVERT	Yes
9537604	SOMAVERT	Yes
9537610	SOMAVERT	Yes
9716601	SOMAVERT	Yes
9716630	SOMAVERT	Yes
9716801	SOMAVERT	Yes
9716830	SOMAVERT	Yes
9718801	SOMAVERT	Yes
9718830	SOMAVERT	Yes
9719901	SOMAVERT	Yes
9719930	SOMAVERT	Yes
9720001	SOMAVERT	Yes
9720030	SOMAVERT	Yes
378120178	SORAFENIB	Yes
480542589	SORAFENIB	Yes
13668068212	SORAFENIB	Yes
24979071544	SORAFENIB	Yes
43598045804	SORAFENIB	Yes
51407076012	SORAFENIB	Yes
145009025	SORIATANE	No
145009125	SORIATANE	No
3089511	SOTYKTU	No
3089591	SOTYKTU	No
61958150101	SOVALDI	No
61958150301	SOVALDI	No

61958150401	SOVALDI	No
61958150402	SOVALDI	No
61958150501	SOVALDI	No
61958150502	SOVALDI	No
597003510	SPEVIGO	Yes
597062010	SPEVIGO	Yes
597062020	SPEVIGO	Yes
64406005801	SPINRAZA	Yes
3052411	SPRYCEL	No
3052711	SPRYCEL	No
3052811	SPRYCEL	No
3085222	SPRYCEL	No
3085522	SPRYCEL	No
3085722	SPRYCEL	No
57894005416	STELARA	No
57894005427	STELARA	No
57894006002	STELARA	No
57894006003	STELARA	No
57894006004	STELARA	No
57894006103	STELARA	No
57894006104	STELARA	No
65219037110	STIMUFEND	No
50419017101	STIVARGA	Yes
50419017103	STIVARGA	Yes
50419017105	STIVARGA	Yes
50419017106	STIVARGA	Yes
25682001001	STRENSIQ	Yes
25682001012	STRENSIQ	Yes
25682001301	STRENSIQ	Yes
25682001312	STRENSIQ	Yes
25682001601	STRENSIQ	Yes
25682001612	STRENSIQ	Yes
25682001901	STRENSIQ	Yes
25682001912	STRENSIQ	Yes
67871011101	SUCRAID	Yes
67871011104	SUCRAID	Yes
67871011105	SUCRAID	Yes
67871011106	SUCRAID	Yes
67871011107	SUCRAID	Yes
93819928	SUNITINIB MALATE	Yes
93822428	SUNITINIB MALATE	Yes
93822928	SUNITINIB MALATE	Yes
93823128	SUNITINIB MALATE	Yes
378667828	SUNITINIB MALATE	Yes
378667928	SUNITINIB MALATE	Yes
378668028	SUNITINIB MALATE	Yes
378668128	SUNITINIB MALATE	Yes
16714067601	SUNITINIB MALATE	Yes
16714067701	SUNITINIB MALATE	Yes
16714067801	SUNITINIB MALATE	Yes
16714067901	SUNITINIB MALATE	Yes
42291090128	SUNITINIB MALATE	Yes
42291090228	SUNITINIB MALATE	Yes
42291090328	SUNITINIB MALATE	Yes
42291090428	SUNITINIB MALATE	Yes
43598004563	SUNITINIB MALATE	Yes
43598004663	SUNITINIB MALATE	Yes
43598004763	SUNITINIB MALATE	Yes
43598004863	SUNITINIB MALATE	Yes

59651046428	SUNITINIB MALATE	Yes
59651046528	SUNITINIB MALATE	Yes
59651046628	SUNITINIB MALATE	Yes
59651046728	SUNITINIB MALATE	Yes
63304009127	SUNITINIB MALATE	Yes
63304009227	SUNITINIB MALATE	Yes
63304009327	SUNITINIB MALATE	Yes
63304009427	SUNITINIB MALATE	Yes
82293001410	SUNITINIB MALATE	Yes
82293001510	SUNITINIB MALATE	Yes
82293001610	SUNITINIB MALATE	Yes
82293001710	SUNITINIB MALATE	Yes
67979000201	SUPPRELIN LA	No
50242007812	SUSVIMO	Yes
50242007855	SUSVIMO	Yes
10042059001	SUSVIMO IMPLNT AND INSERT TOOL	Yes
10042059005	SUSVIMO IMPLNT AND INSERT TOOL	Yes
69055038	SUTENT	Yes
69077038	SUTENT	Yes
69083038	SUTENT	Yes
69098038	SUTENT	Yes
73606002001	SYFOVRE	Yes
73090042001	SYLVANT	No
73090042101	SYLVANT	No
51167011301	SYMDEKO	Yes
51167066101	SYMDEKO	Yes
60574411301	SYNAGIS	Yes
60574411401	SYNAGIS	Yes
66658023001	SYNAGIS	Yes
66658023101	SYNAGIS	Yes
25016608	SYNAREL	No
63459017714	SYNRIBO	Yes
187212010	SYPRINE	No
69784063025	TABLOID	No
76388088025	TABLOID	No
80725063025	TABLOID	No
78070956	TABRECTA	No
78071656	TABRECTA	No
378697691	TADALAFIL	No
13668058130	TADALAFIL	No
27241012302	TADALAFIL	No
31722064730	TADALAFIL	No
33342027809	TADALAFIL	No
42291080460	TADALAFIL	No
43547099006	TADALAFIL	No
43598057860	TADALAFIL	No
65862088060	TADALAFIL	No
69097052603	TADALAFIL	No
82009008060	TADALAFIL	No
46287004515	TADLIQ	No
78068166	TAFINLAR	No
78068266	TAFINLAR	No
78115421	TAFINLAR	No
310124830	TAGRISSO	Yes
310125130	TAGRISSO	Yes
310134930	TAGRISSO	Yes
310135030	TAGRISSO	Yes
47783064401	TAKHZYRO	Yes
47783064501	TAKHZYRO	Yes

47783064601	TAKHZYRO	Yes
2144501	TALTZ AUTOINJECTOR	Yes
2144511	TALTZ AUTOINJECTOR	Yes
2144527	TALTZ AUTOINJECTOR (2 PACK)	Yes
2144509	TALTZ AUTOINJECTOR (3 PACK)	Yes
2772401	TALTZ SYRINGE	Yes
2772411	TALTZ SYRINGE	Yes
2890011	TALTZ SYRINGE	Yes
2890501	TALTZ SYRINGE	Yes
2890511	TALTZ SYRINGE	Yes
69025230	TALZENNA	Yes
69029630	TALZENNA	Yes
69035330	TALZENNA	Yes
69045430	TALZENNA	Yes
69054630	TALZENNA	Yes
69065530	TALZENNA	Yes
69075730	TALZENNA	Yes
69103130	TALZENNA	Yes
69119530	TALZENNA	Yes
69123530	TALZENNA	Yes
69150130	TALZENNA	Yes
69175130	TALZENNA	Yes
50242006201	TARCEVA	Yes
50242006301	TARCEVA	Yes
50242006401	TARCEVA	Yes
187552560	TARGRETIN	No
187552675	TARGRETIN	No
81749000401	TARPEYO	Yes
70709006230	TASCENSO ODT	Yes
70709006530	TASCENSO ODT	Yes
78052651	TASIGNA	No
78052687	TASIGNA	No
78059251	TASIGNA	No
78059287	TASIGNA	No
78095166	TASIGNA	No
480449056	TASIMELTEON	Yes
60505466503	TASIMELTEON	Yes
69238254803	TASIMELTEON	Yes
71332000101	TAVALISSE	Yes
71332000201	TAVALISSE	Yes
73556016801	TAVNEOS	Yes
73556016802	TAVNEOS	Yes
72607010000	TAZVERIK	Yes
50242091701	TECENTRIQ	No
50242091801	TECENTRIQ	No
64406000501	TECFIDERA	Yes
64406000602	TECFIDERA	Yes
64406000703	TECFIDERA	Yes
70726030401	TEGLUTIK	Yes
70726030501	TEGLUTIK	Yes
70726030601	TEGLUTIK	Yes
72126000701	TEGSEDI	Yes
72126000702	TEGSEDI	Yes
85136603	TEMODAR	No
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85138101	TEMODAR	No
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64980033505	TEMOZOLOMIDE	No
64980033514	TEMOZOLOMIDE	No
64980033605	TEMOZOLOMIDE	No
64980033614	TEMOZOLOMIDE	No
64980033705	TEMOZOLOMIDE	No
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65162080214	TEMOZOLOMIDE	No
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67877054007	TEMOZOLOMIDE	No
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75834014314	TEMOZOLOMIDE	No
75834014405	TEMOZOLOMIDE	No
75834014414	TEMOZOLOMIDE	No
75834014505	TEMOZOLOMIDE	No
75834014514	TEMOZOLOMIDE	No
75834014605	TEMOZOLOMIDE	No
16729022130	TEMSIROLIMUS	No
16729022361	TEMSIROLIMUS	No
65219020005	TEMSIROLIMUS	No
65219020505	TEMSIROLIMUS	No
72611078001	TEMSIROLIMUS	No
72611078502	TEMSIROLIMUS	No
70121163001	TEPADINA	No

70121163101	TEPADINA	No
75987013015	TEPEZZA	Yes
44087500003	TEPMETKO	Yes
44087500006	TEPMETKO	Yes
480315656	TERIFLUNOMIDE	Yes
480315756	TERIFLUNOMIDE	Yes
781574731	TERIFLUNOMIDE	Yes
781575531	TERIFLUNOMIDE	Yes
16729039910	TERIFLUNOMIDE	Yes
16729040010	TERIFLUNOMIDE	Yes
31722024630	TERIFLUNOMIDE	Yes
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42291083030	TERIFLUNOMIDE	Yes
42291083130	TERIFLUNOMIDE	Yes
43598028130	TERIFLUNOMIDE	Yes
43598028230	TERIFLUNOMIDE	Yes
59651005430	TERIFLUNOMIDE	Yes
59651005530	TERIFLUNOMIDE	Yes
60505447703	TERIFLUNOMIDE	Yes
60505447803	TERIFLUNOMIDE	Yes
62332031330	TERIFLUNOMIDE	Yes
62332031430	TERIFLUNOMIDE	Yes
68462042330	TERIFLUNOMIDE	Yes
68462042430	TERIFLUNOMIDE	Yes
69238130306	TERIFLUNOMIDE	Yes
69238130406	TERIFLUNOMIDE	Yes
70377001711	TERIFLUNOMIDE	Yes
70377001811	TERIFLUNOMIDE	Yes
70512085028	TERIFLUNOMIDE	Yes
70512085128	TERIFLUNOMIDE	Yes
70710111403	TERIFLUNOMIDE	Yes
70710111503	TERIFLUNOMIDE	Yes
93110616	TERIPARATIDE	No
47781065289	TERIPARATIDE	No
60505618800	TERIPARATIDE	No
66993049528	TERIPARATIDE	No
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54046923	TETRABENAZINE	No
31722082111	TETRABENAZINE	No
31722082211	TETRABENAZINE	No
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47335017923	TETRABENAZINE	No
47335027723	TETRABENAZINE	No
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51224042610	TETRABENAZINE	No
51407048012	TETRABENAZINE	No
51407048112	TETRABENAZINE	No
60505388207	TETRABENAZINE	No
60505388307	TETRABENAZINE	No
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68682042225	TETRABENAZINE	No
69452011721	TETRABENAZINE	No
69452011821	TETRABENAZINE	No
70436010109	TETRABENAZINE	No
70436010209	TETRABENAZINE	No
72579012101	TEVIMBRA	Yes

55513011201	TEZSPIRE	Yes
55513011296	TEZSPIRE	Yes
55513012301	TEZSPIRE	Yes
59572020514	THALOMID	Yes
59572020517	THALOMID	Yes
59572021015	THALOMID	Yes
59572021513	THALOMID	Yes
59572022016	THALOMID	Yes
178090001	THIOLA	Yes
178090190	THIOLA EC	Yes
178090201	THIOLA EC	Yes
143929201	THIOTEPA	No
143930901	THIOTEPA	No
143956501	THIOTEPA	No
25021024602	THIOTEPA	No
43598017111	THIOTEPA	No
43598065011	THIOTEPA	No
54879001413	THIOTEPA	No
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71288015605	THIOTEPA	No
71288015710	THIOTEPA	No
72205004501	THIOTEPA	No
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58468003001	THYROGEN	Yes
58468003002	THYROGEN	Yes
71334010001	TIBSOVO	Yes
72694061760	TIBSOVO	Yes
70726030301	TIGLUTIK	Yes
70726030302	TIGLUTIK	Yes
93790901	TIOPRONIN	Yes
254303430	TIOPRONIN	Yes
254303509	TIOPRONIN	Yes
480782498	TIOPRONIN	Yes
480922755	TIOPRONIN	Yes
13668069103	TIOPRONIN	Yes
13668069290	TIOPRONIN	Yes
44523005401	TIOPRONIN	Yes
44523005501	TIOPRONIN	Yes
51144000301	TIVDAK	No
78049461	TOBI	Yes
78049471	TOBI	Yes
49502034573	TOBI	Yes
49502034599	TOBI	Yes
78063011	TOBI PODHALER	Yes
78063019	TOBI PODHALER	Yes
49502034611	TOBI PODHALER	Yes
49502034624	TOBI PODHALER	Yes
49502040111	TOBI PODHALER	Yes
49502040124	TOBI PODHALER	Yes
49502040156	TOBI PODHALER	Yes
93375004	TOBRAMYCIN	No
93375028	TOBRAMYCIN	No
93375063	TOBRAMYCIN	No
93408563	TOBRAMYCIN	No
781717156	TOBRAMYCIN	No
781717175	TOBRAMYCIN	No
781717184	TOBRAMYCIN	No
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16714011903	TOBRAMYCIN	No

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42571040809	TOBRAMYCIN	No
42571040819	TOBRAMYCIN	No
42571040892	TOBRAMYCIN	No
43598060504	TOBRAMYCIN	No
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65162091446	TOBRAMYCIN	No
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70756060444	TOBRAMYCIN	No
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72603043004	TOBRAMYCIN	No
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70748024111	TOLVAPTAN	No
70748024113	TOLVAPTAN	No
70748024211	TOLVAPTAN	Yes
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70748024311	TOLVAPTAN	Yes
70748024313	TOLVAPTAN	Yes
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70748024413	TOLVAPTAN	Yes
72205013011	TOLVAPTAN	No

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409030201	TOPOTECAN HCL	No
703471401	TOPOTECAN HCL	No
703471471	TOPOTECAN HCL	No
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45963061556	TOPOTECAN HCL	No
50742040401	TOPOTECAN HCL	No
62756002340	TOPOTECAN HCL	No
63323076210	TOPOTECAN HCL	No
63323076217	TOPOTECAN HCL	No
63323076294	TOPOTECAN HCL	No
67457066205	TOPOTECAN HCL	No
64980040403	TOREMIFENE CITRATE	No
72205005030	TOREMIFENE CITRATE	No
8117901	TORISEL	No
245082230	TORPENZ	Yes
245082330	TORPENZ	Yes
245082430	TORPENZ	Yes
245082530	TORPENZ	Yes
66215010103	TRACLEER	Yes
66215010106	TRACLEER	Yes
66215010203	TRACLEER	Yes
66215010206	TRACLEER	Yes
66215010314	TRACLEER	Yes
66215010356	TRACLEER	Yes
66215023214	TRACLEER	Yes
66215023256	TRACLEER	Yes
69030501	TRAZIMERA	No
69030601	TRAZIMERA	No
69030801	TRAZIMERA	No
63459039008	TREANDA	No
63459039120	TREANDA	No
74676590200	TRELSTAR	No
74676590201	TRELSTAR	No
74676590400	TRELSTAR	No
74676590401	TRELSTAR	No
74676590600	TRELSTAR	No
74676590601	TRELSTAR	No
57894064001	TREMFYA	No
57894065001	TREMFYA	No
57894065002	TREMFYA	No
57894065111	TREMFYA	No
57894065122	TREMFYA	No
57894064011	TREMFYA ONE-PRESS	No
703066601	TREPROSTINIL	Yes
703067601	TREPROSTINIL	Yes
703068601	TREPROSTINIL	Yes
703069601	TREPROSTINIL	Yes
781342080	TREPROSTINIL	Yes
781342580	TREPROSTINIL	Yes
781342780	TREPROSTINIL	Yes
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43598064911	TREPROSTINIL	Yes
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904686760	TRETINOIN	No
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42291087001	TRETINOIN	No
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63629875201	TRETINOIN	No
68084007511	TRETINOIN	No
68084007521	TRETINOIN	No
68462079201	TRETINOIN	No
72162122001	TRETINOIN	No
72162122003	TRETINOIN	No
169701301	TRETTEN	Yes
169711311	TRETTEN	Yes
591491001	TRIENTINE HCL	No
16571081001	TRIENTINE HCL	No
16571081205	TRIENTINE HCL	No
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49884006001	TRIENTINE HCL	No
64980045001	TRIENTINE HCL	No
66435070010	TRIENTINE HCL	No
68682021210	TRIENTINE HCL	No
70710120301	TRIENTINE HCL	No
72205000891	TRIENTINE HCL	No
51167010602	TRIKAFTA	Yes
51167033101	TRIKAFTA	Yes
51167044501	TRIKAFTA	Yes
51167044601	TRIKAFTA	Yes
24338015001	TRIPTODUR	Yes
24338015020	TRIPTODUR	Yes
63459060106	TRISENOX	No
63459060111	TRISENOX	No
55135013201	TRODELVY	Yes
310950001	TRUQAP	Yes
310950002	TRUQAP	Yes
310950101	TRUQAP	Yes
310950102	TRUQAP	Yes
72730010101	TRUSELTIQ	Yes
72730011101	TRUSELTIQ	Yes
72730020201	TRUSELTIQ	Yes
72730050601	TRUSELTIQ	Yes
63459010310	TRUXIMA	No
63459010450	TRUXIMA	No
71860010101	TRYNGOLZA	Yes
51144000160	TUKYSA	Yes
51144000212	TUKYSA	Yes
51144000260	TUKYSA	Yes
65597040220	TURALIO	Yes
65597040228	TURALIO	Yes
65597040720	TURALIO	Yes
65597040728	TURALIO	Yes
65219058604	TYENNE	No
65219059004	TYENNE	No
65219059210	TYENNE	No
65219059420	TYENNE	No
65219058401	TYENNE AUTOINJECTOR	No

78067119	TYKERB	No
70539000101	TYMLOS	Yes
70539000102	TYMLOS	Yes
70539000198	TYMLOS	Yes
70539000199	TYMLOS	Yes
64406000801	TYSABRI	Yes
66302020603	TYVASO	Yes
66302060002	TYVASO DPI	Yes
66302061002	TYVASO DPI	Yes
66302061601	TYVASO DPI	Yes
66302061603	TYVASO DPI	Yes
66302062003	TYVASO DPI	Yes
66302063201	TYVASO DPI	Yes
66302063203	TYVASO DPI	Yes
66302064801	TYVASO DPI	Yes
66302064803	TYVASO DPI	Yes
66302066401	TYVASO DPI	Yes
66302066403	TYVASO DPI	Yes
66302071604	TYVASO DPI	Yes
66302073204	TYVASO DPI	Yes
66302074804	TYVASO DPI	Yes
66302076404	TYVASO DPI	Yes
66302020604	TYVASO INSTITUTIONAL START KIT	Yes
66302020602	TYVASO REFILL KIT	Yes
66302020601	TYVASO STARTER KIT	Yes
70114010101	UDENYCA	No
70114012001	UDENYCA AUTOINJECTOR	No
70114013001	UDENYCA ONBODY	No
25682002501	ULTOMIRIS	Yes
25682002801	ULTOMIRIS	Yes
72677055101	UPLIZNA	Yes
75987015001	UPLIZNA	Yes
75987015003	UPLIZNA	Yes
66215060206	UPTRAVI	Yes
66215060214	UPTRAVI	Yes
66215060406	UPTRAVI	Yes
66215060606	UPTRAVI	Yes
66215060806	UPTRAVI	Yes
66215061006	UPTRAVI	Yes
66215061206	UPTRAVI	Yes
66215061406	UPTRAVI	Yes
66215061606	UPTRAVI	Yes
66215062820	UPTRAVI	Yes
66215071801	UPTRAVI	Yes
50242009601	VABYSMO	No
50242009606	VABYSMO	No
50242009677	VABYSMO	No
50242009686	VABYSMO	No
69639012001	VALCHLOR	Yes
24201010101	VALRUBICIN	No
24201010104	VALRUBICIN	No
67979000101	VALSTAR	No
65597050404	VANFLYTA	Yes
65597050428	VANFLYTA	Yes
65597051104	VANFLYTA	Yes
65597051128	VANFLYTA	Yes
67979050001	VANTAS	No
69413055840	VECAMYL	Yes
83649055801	VECAMYL	Yes

55513095401	VECTIBIX	No
55513095601	VECTIBIX	No
72606001101	VEGZELMA	No
72606001201	VEGZELMA	No
63020004901	VELCADE	No
63020004904	VELCADE	No
66215040201	VELETRI	Yes
66215040301	VELETRI	Yes
69027430	VELSIPITY	No
74056111	VENCLEXTA	Yes
74056114	VENCLEXTA	Yes
74056607	VENCLEXTA	Yes
74056611	VENCLEXTA	Yes
74057611	VENCLEXTA	Yes
74057622	VENCLEXTA	Yes
74057630	VENCLEXTA	Yes
74057634	VENCLEXTA	Yes
74057928	VENCLEXTA STARTING PACK	Yes
66215030200	VENTAVIS	Yes
66215030230	VENTAVIS	Yes
66215030300	VENTAVIS	Yes
66215030330	VENTAVIS	Yes
65086000112	VERKAZIA	No
2448354	VERZENIO	Yes
2481554	VERZENIO	Yes
2533754	VERZENIO	Yes
2621654	VERZENIO	Yes
59572010201	VIDAZA	No
54065225	VIGABATRIN	Yes
574020101	VIGABATRIN	Yes
574047000	VIGABATRIN	Yes
574047050	VIGABATRIN	Yes
591385101	VIGABATRIN	Yes
591395511	VIGABATRIN	Yes
591395550	VIGABATRIN	Yes
16729052111	VIGABATRIN	Yes
16729052163	VIGABATRIN	Yes
31722000950	VIGABATRIN	Yes
42799095001	VIGABATRIN	Yes
43598065101	VIGABATRIN	Yes
43598069711	VIGABATRIN	Yes
43598069750	VIGABATRIN	Yes
49884035803	VIGABATRIN	Yes
49884035852	VIGABATRIN	Yes
59651036607	VIGABATRIN	Yes
59651036650	VIGABATRIN	Yes
59651036701	VIGABATRIN	Yes
60219142501	VIGABATRIN	Yes
60219142505	VIGABATRIN	Yes
67877067463	VIGABATRIN	Yes
69097096453	VIGABATRIN	Yes
69238142401	VIGABATRIN	Yes
69238142501	VIGABATRIN	Yes
69238142505	VIGABATRIN	Yes
70710128701	VIGABATRIN	Yes
245055650	VIGADRONE	Yes
245055689	VIGADRONE	Yes
245600111	VIGADRONE	Yes
80789000315	VIGAFYDE	Yes

80789011701	VIGPODER	Yes
80789011750	VIGPODER	Yes
78102151	VIJOICE	Yes
78102184	VIJOICE	Yes
78102884	VIJOICE	Yes
78103502	VIJOICE	Yes
78103561	VIJOICE	Yes
78117519	VIJOICE	Yes
78117551	VIJOICE	Yes
73292001101	VILTEPSO	Yes
68135010001	VIMIZIM	Yes
63323027810	VINBLASTINE SULFATE	No
703418201	VINORELBINE TARTRATE	No
703418301	VINORELBINE TARTRATE	No
25021020401	VINORELBINE TARTRATE	No
25021020405	VINORELBINE TARTRATE	No
45963060755	VINORELBINE TARTRATE	No
45963060756	VINORELBINE TARTRATE	No
55390006901	VINORELBINE TARTRATE	No
55390007001	VINORELBINE TARTRATE	No
63323014801	VINORELBINE TARTRATE	No
63323014805	VINORELBINE TARTRATE	No
50633022004	VISTOGARD	Yes
50633022020	VISTOGARD	Yes
69468015104	VISTOGARD	Yes
69468015110	VISTOGARD	Yes
69468015120	VISTOGARD	Yes
187560015	VISUDYNE	Yes
50419039001	VITRAKVI	Yes
50419039101	VITRAKVI	Yes
50419039201	VITRAKVI	Yes
50419039302	VITRAKVI	Yes
50419039303	VITRAKVI	Yes
71777039201	VITRAKVI	Yes
24338027001	VIVIMUSTA	No
71225012001	VIVIMUSTA	No
69019730	VIZIMPRO	Yes
69119830	VIZIMPRO	Yes
69229930	VIZIMPRO	Yes
72482010012	VONJO	Yes
944755001	VONVENDI	Yes
944755102	VONVENDI	Yes
944755201	VONVENDI	Yes
944755302	VONVENDI	Yes
72694072840	VORANIGO	Yes
72694087910	VORANIGO	Yes
50633021011	VORAXAZE	Yes
61958240101	VOSEVI	No
78067066	VOTRIENT	No
78107766	VOTRIENT	No
71881040012	VOWST	Yes
68135008236	VOXZOGO	Yes
68135011966	VOXZOGO	Yes
68135018193	VOXZOGO	Yes
54092070104	VPRIV	No
64406002003	VUMERITY	Yes
74050101	VYALEV	Yes
67386013051	VYEPTI	Yes
83860002501	VYKAT XR	Yes

83860007501	VYKAT XR	Yes
83860015001	VYKAT XR	Yes
469342510	VYLOY	Yes
469442530	VYLOY	Yes
69873001	VYNDAMAX	Yes
69873030	VYNDAMAX	Yes
69197512	VYNDAQEL	Yes
69197540	VYNDAQEL	Yes
60923046502	VYONDYS-53	Yes
73475304105	VYVGART	Yes
73475122101	VYVGART HYTRULO	Yes
73475122104	VYVGART HYTRULO	Yes
73475310203	VYVGART HYTRULO	Yes
68727074501	VYXEOS	Yes
68727074502	VYXEOS	Yes
68727074505	VYXEOS	Yes
310940001	WAINUA	Yes
72028004503	WAKIX	Yes
72028017803	WAKIX	Yes
6533101	WELIREG	Yes
68982018201	WILATE	No
68982018202	WILATE	No
6506899	WINREVAIR	Yes
6506999	WINREVAIR	Yes
6509001	WINREVAIR	Yes
6509101	WINREVAIR	Yes
6508701	WINREVAIR (2 PACK)	Yes
6508801	WINREVAIR (2 PACK)	Yes
49591030013	WINRHO SDF	No
49591030051	WINRHO SDF	No
49591033011	WINRHO SDF	No
49591033051	WINRHO SDF	No
49591035002	WINRHO SDF	No
49591035051	WINRHO SDF	No
70257030013	WINRHO SDF	No
70257030051	WINRHO SDF	No
70257031004	WINRHO SDF	No
70257031051	WINRHO SDF	No
70257033011	WINRHO SDF	No
70257033051	WINRHO SDF	No
70257035002	WINRHO SDF	No
70257035051	WINRHO SDF	No
69025160	XALKORI	Yes
69050760	XALKORI	Yes
69150060	XALKORI	Yes
69814020	XALKORI	Yes
69814120	XALKORI	Yes
81942012501	XDEMVY	Yes
69100101	XELJANZ	No
69100201	XELJANZ	No
69102901	XELJANZ	No
69102902	XELJANZ	No
63539001202	XELJANZ	No
63539001602	XELJANZ	No
69050114	XELJANZ XR	No
69050130	XELJANZ XR	No
69050230	XELJANZ XR	No
4110020	XELODA	No
4110150	XELODA	No

61269047060	XELODA	No
61269047512	XELODA	No
13533081005	XEMBIFY	Yes
13533081006	XEMBIFY	Yes
13533081010	XEMBIFY	Yes
13533081011	XEMBIFY	Yes
13533081020	XEMBIFY	Yes
13533081021	XEMBIFY	Yes
13533081050	XEMBIFY	Yes
13533081051	XEMBIFY	Yes
67386042101	XENAZINE	Yes
67386042201	XENAZINE	Yes
58468005001	XENPOZYME	No
58468005101	XENPOZYME	No
259160501	XEOMIN	No
259161001	XEOMIN	No
259162001	XEOMIN	No
259162010	XEOMIN	No
259411001	XEOMIN	No
259415001	XEOMIN	No
46783016001	XEOMIN	No
46783016101	XEOMIN	No
46783016501	XEOMIN	No
70183012522	XERMELO	Yes
70183012585	XERMELO	Yes
70720012585	XERMELO	Yes
55513073001	XGEVA	No
66887000301	XIAFLEX	Yes
24208004001	XIPERE	Yes
24208004002	XIPERE	Yes
24208004040	XIPERE	Yes
24208004041	XIPERE	Yes
71565004001	XIPERE	Yes
71565004025	XIPERE	Yes
50242004062	XOLAIR	Yes
50242004086	XOLAIR	Yes
50242021401	XOLAIR	Yes
50242021403	XOLAIR	Yes
50242021455	XOLAIR	Yes
50242021501	XOLAIR	Yes
50242021503	XOLAIR	Yes
50242021555	XOLAIR	Yes
50242021586	XOLAIR	Yes
50242022701	XOLAIR	Yes
50242022755	XOLAIR	Yes
50242022786	XOLAIR	Yes
50242022799	XOLAIR	Yes
83296010012	XOLREMDI	Yes
83296010060	XOLREMDI	Yes
83296010090	XOLREMDI	Yes
469142590	XOSPATA	Yes
72237010103	XPOVIO	Yes
72237010104	XPOVIO	Yes
72237010113	XPOVIO	Yes
72237010114	XPOVIO	Yes
72237010202	XPOVIO	Yes
72237010206	XPOVIO	Yes
72237010207	XPOVIO	Yes
72237010212	XPOVIO	Yes

72237010216	XPOVIO	Yes
72237010217	XPOVIO	Yes
72237010305	XPOVIO	Yes
72237010315	XPOVIO	Yes
72237010401	XPOVIO	Yes
72237010411	XPOVIO	Yes
72237010601	XPOVIO	Yes
72237010611	XPOVIO	Yes
469012599	XTANDI	Yes
469062599	XTANDI	Yes
469072560	XTANDI	Yes
50633033002	XURIDEN	Yes
50633033030	XURIDEN	Yes
69468015202	XURIDEN	Yes
69468015230	XURIDEN	Yes
58394001201	XYNTHA	No
58394001301	XYNTHA	No
58394001401	XYNTHA	No
58394001501	XYNTHA	No
58394011501	XYNTHA	No
58394001603	XYNTHA SOLOFUSE	No
58394002203	XYNTHA SOLOFUSE	No
58394002303	XYNTHA SOLOFUSE	No
58394002403	XYNTHA SOLOFUSE	No
58394002503	XYNTHA SOLOFUSE	No
58394011603	XYNTHA SOLOFUSE	No
58394012203	XYNTHA SOLOFUSE	No
58394012303	XYNTHA SOLOFUSE	No
58394012403	XYNTHA SOLOFUSE	No
58394012503	XYNTHA SOLOFUSE	No
68727010001	XYREM	Yes
68727015001	XYWAV	Yes
42799070915	YARGESA	Yes
3232711	YERVOY	No
3232822	YERVOY	No
71287011901	YESCARTA	Yes
71287011902	YESCARTA	Yes
59676061001	YONDELIS	No
47335040181	YONSA	No
73362010001	YORVIPATH	Yes
73362010002	YORVIPATH	Yes
73362010003	YORVIPATH	No
73362010101	YORVIPATH	Yes
73362010102	YORVIPATH	Yes
73362010103	YORVIPATH	No
73362010201	YORVIPATH	Yes
73362010202	YORVIPATH	Yes
73362010203	YORVIPATH	Yes
72606002401	YUFLYMA(CF) (2 PACK)	No
72606003006	YUFLYMA(CF) (2 PACK)	No
72606002307	YUFLYMA(CF) AI CROHN'S-UC-HS	No
72606003010	YUFLYMA(CF) AUTOINJECT (2 PCK)	No
72606002304	YUFLYMA(CF) AUTOINJECTOR	No
72606003009	YUFLYMA(CF) AUTOINJECTOR	No
70114022002	YUSIMRY(CF) PEN	No
24584001	ZALTRAP	No
24584101	ZALTRAP	No
703463601	ZANOSAR	No
68118010001	ZANOSAR	No

61314031801	ZARXIO	No
61314031805	ZARXIO	No
61314031810	ZARXIO	No
61314032601	ZARXIO	No
61314032605	ZARXIO	No
61314032610	ZARXIO	No
66215020115	ZAVESCA	Yes
66215020118	ZAVESCA	Yes
66215020190	ZAVESCA	Yes
173090913	ZEJULA	Yes
173091213	ZEJULA	Yes
173091261	ZEJULA	Yes
173091513	ZEJULA	Yes
173091561	ZEJULA	Yes
69656010330	ZEJULA	Yes
69656010361	ZEJULA	Yes
50242009002	ZELBORAF	Yes
53720102	ZEMAIRA	Yes
53720202	ZEMAIRA	Yes
53720302	ZEMAIRA	Yes
53721101	ZEMAIRA	Yes
53721201	ZEMAIRA	Yes
53721301	ZEMAIRA	Yes
6307401	ZEPATIER	No
6307402	ZEPATIER	No
59572081007	ZEPOSIA	Yes
59572082030	ZEPOSIA	Yes
59572089007	ZEPOSIA	Yes
59572089021	ZEPOSIA	Yes
59572089028	ZEPOSIA	Yes
59572089030	ZEPOSIA	Yes
59572089091	ZEPOSIA	Yes
68727071201	ZEPZELCA	No
61314086601	ZIEXTENZO	No
61314086602	ZIEXTENZO	No
50474099080	ZILBRYSQ	Yes
50474099180	ZILBRYSQ	Yes
50474099280	ZILBRYSQ	Yes
69031501	ZIRABEV	No
69034201	ZIRABEV	No
73079005030	ZOKINVY	Yes
73079007530	ZOKINVY	Yes
70720095036	ZOLADEX	No
70720095130	ZOLADEX	No
71894012002	ZOLGENSMA	Yes
71894012103	ZOLGENSMA	Yes
71894012203	ZOLGENSMA	Yes
71894012303	ZOLGENSMA	Yes
71894012404	ZOLGENSMA	Yes
71894012504	ZOLGENSMA	Yes
71894012604	ZOLGENSMA	Yes
71894012705	ZOLGENSMA	Yes
71894012805	ZOLGENSMA	Yes
71894012905	ZOLGENSMA	Yes
71894013006	ZOLGENSMA	Yes
71894013106	ZOLGENSMA	Yes
71894013206	ZOLGENSMA	Yes
71894013307	ZOLGENSMA	Yes
71894013407	ZOLGENSMA	Yes

71894013507	ZOLGENSMA	Yes
71894013608	ZOLGENSMA	Yes
71894013708	ZOLGENSMA	Yes
71894013808	ZOLGENSMA	Yes
71894013909	ZOLGENSMA	Yes
71894014009	ZOLGENSMA	Yes
71894014109	ZOLGENSMA	Yes
71894014210	ZOLGENSMA	Yes
71894014310	ZOLGENSMA	Yes
71894014410	ZOLGENSMA	Yes
71894014511	ZOLGENSMA	Yes
71894014611	ZOLGENSMA	Yes
71894014711	ZOLGENSMA	Yes
71894014812	ZOLGENSMA	Yes
71894014912	ZOLGENSMA	Yes
71894015012	ZOLGENSMA	Yes
71894015113	ZOLGENSMA	Yes
71894015213	ZOLGENSMA	Yes
71894015313	ZOLGENSMA	Yes
71894015414	ZOLGENSMA	Yes
71894015514	ZOLGENSMA	Yes
71894015614	ZOLGENSMA	Yes
6056840	ZOLINZA	No
55566180101	ZOMACTON	No
55566190101	ZOMACTON	No
55566190201	ZOMACTON	No
44087338807	ZORBTIVE	No
81583010001	ZTALMY	Yes
81583010005	ZTALMY	Yes
61958170101	ZYDELIG	Yes
61958170201	ZYDELIG	Yes
78069484	ZYKADIA	No
72606002501	ZYMFENTRA	No
79952011001	ZYNLONTA	Yes
50881000603	ZYNYZ	No
57894015012	ZYTIGA	No
57894019506	ZYTIGA	No

State of Nebraska Geo Access Report

MedImpact Healthcare Systems, Inc.

July 1, 2025

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Access Overview - 2 Providers Within 5 Miles - Urban

July 1, 2025

Access Analysis
2 Providers within 5 Miles - Urban

Member / Pharmacy Groups
NEBRASKA - Urban
Broad Retail Network

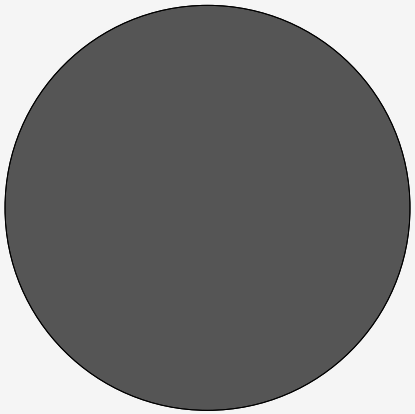
Comparison Graph
Percent of members with access to a choice of pharmacies over miles
1st closest
2nd closest
3rd closest

[1] The Access Standard is defined as (NEBRASKA - Urban) members accessing:
2 (Broad Retail Network) pharmacies in 5 miles

Overall Access[1]

6,738 Members
59,850 pharmacies at 57,949 locations (Broad Retail Network)

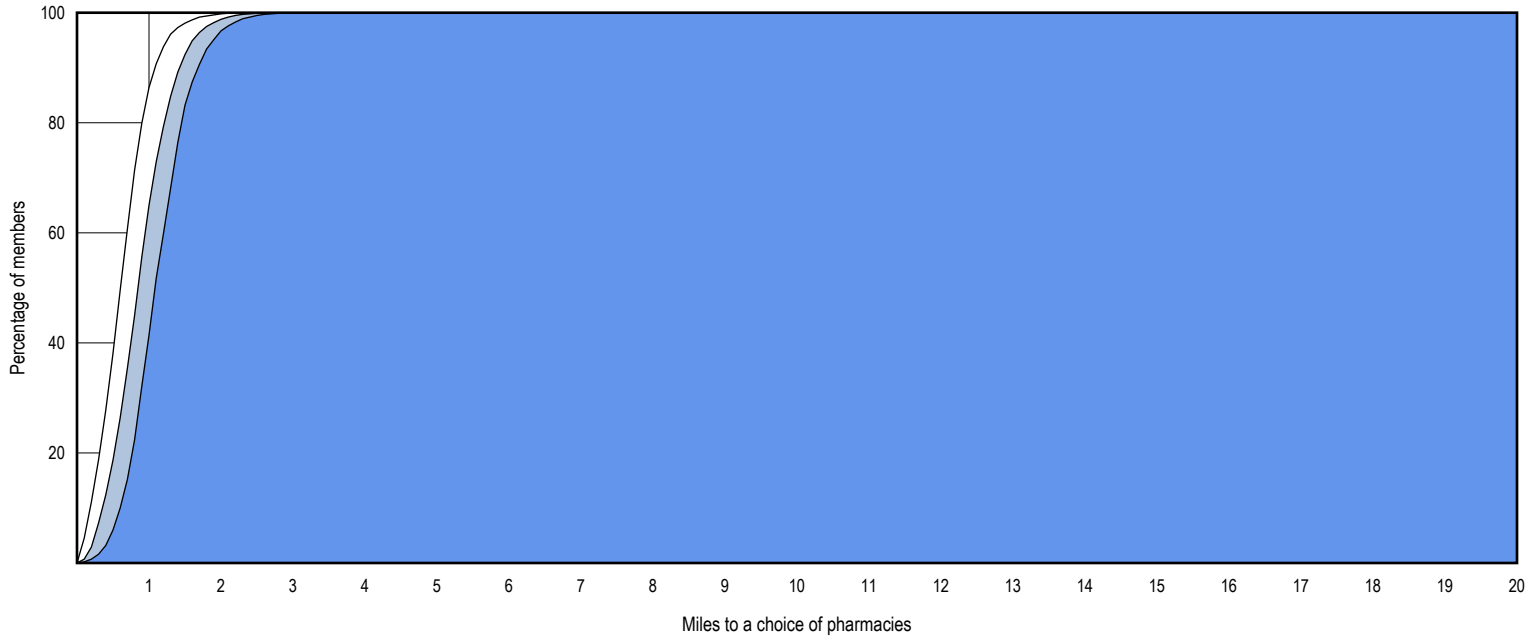
6,738 (100.0%) Members with access
0 (0.0%) Members without access



Distances

	Average
Distance to 1st closest pharmacy	0.7 mile
Distance to 2nd closest pharmacy	0.9 mile
Distance to 3rd closest pharmacy	1.2 miles

Access Standard Comparison



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Access Summary By County - 2 Providers Within 5 Miles – Urban

July 1, 2025

Access Analysis
2 Providers within 5 Miles - Urban

Member Group
NEBRASKA - Urban

Pharmacy Group
Broad Retail Network

Areas With Access
Top 17 Counties in the market, sorted by the number of members with access

Areas Without Access
Bottom 17 Counties in the market, sorted by the number of members without access

[1] The Access Standard is defined as (NEBRASKA - Urban) members accessing:
2 (Broad Retail Network) pharmacies in 5 miles

[2] Provider counts represent:
#: Provider access points

Members With and Without Access

Member Group	6,738 members 6,738 (100.0%) members with access 0 (0.0%) members without access	Pharmacy Group	59,850 unique pharmacies at 57,949 unique locations

Key Geographic Areas

	Zip Code Class	State Name	County	Member #	Pharmacy Group	With Access[1] #	With Access[1] %	Without Access[1] #	Without Access[1] %	Counts[2] #	Average Distance 1	Average Distance 2	Average Distance 3
With Access	Urban	Nebraska	Lancaster	4,377	Broad Retail Network	4,377	100.0	0	0.0	29	0.6	0.8	1.1
			Douglas	2,201	Broad Retail Network	2,201	100.0	0	0.0	81	0.8	1.1	1.4
			Sarpy	122	Broad Retail Network	122	100.0	0	0.0	8	0.6	0.9	1.2
		Iowa	Woodbury	9	Broad Retail Network	9	100.0	0	0.0	4	0.8	1.1	1.3
		Arizona	Maricopa	3	Broad Retail Network	3	100.0	0	0.0	474	0.7	1.1	1.3
		Colorado	Denver	2	Broad Retail Network	2	100.0	0	0.0	86	0.2	0.5	0.6
		Louisiana	Orleans	2	Broad Retail Network	2	100.0	0	0.0	70	0.8	0.9	1.3
		Texas	Tarrant	2	Broad Retail Network	2	100.0	0	0.0	216	1.5	1.7	2.1
		Arizona	Pima	1	Broad Retail Network	1	100.0	0	0.0	68	0.7	1.0	1.1
		California	Fresno	1	Broad Retail Network	1	100.0	0	0.0	99	1.3	1.4	1.4
			Los Angeles	1	Broad Retail Network	1	100.0	0	0.0	1,360	0.4	0.5	1.8
			Sacramento	1	Broad Retail Network	1	100.0	0	0.0	143	0.6	1.2	1.5
			San Diego	1	Broad Retail Network	1	100.0	0	0.0	287	0.6	0.6	0.6
		District of Columbia	District of Columbia	1	Broad Retail Network	1	100.0	0	0.0	116	0.2	0.2	0.3
		Kansas	Johnson	1	Broad Retail Network	1	100.0	0	0.0	69	0.7	0.8	1.3
		Louisiana	Jefferson	1	Broad Retail Network	1	100.0	0	0.0	76	0.3	1.0	1.0
		Maryland	Anne Arundel	1	Broad Retail Network	1	100.0	0	0.0	27	0.5	0.5	0.5

Without Access	No data that meets the criteria	

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Access Detail By County - 2 Providers Within 5 Miles – Urban

July 1, 2025

Access Analysis
2 Providers within 5 Miles - Urban

Member / Pharmacy Groups
NEBRASKA - Urban
Broad Retail Network

[1] The Access Standard is defined as (NEBRASKA - Urban) members accessing:
2 (Broad Retail Network) pharmacies in 5 miles

Members With Access

Zip Code Class	State Name	County	Member #	Pharmacy Group	Counts #	With Access[1] #	With Access[1] %	Average Distance 1	Average Distance 2	Average Distance 3
Urban	Arizona	Maricopa	3	Broad Retail Network	474	3	100.0	0.7	1.1	1.3
		Pima	1	Broad Retail Network	68	1	100.0	0.7	1.0	1.1
	Totals		4	Broad Retail Network	542	4	100.0	0.7	1.1	1.3
	California	Fresno	1	Broad Retail Network	99	1	100.0	1.3	1.4	1.4
		Los Angeles	1	Broad Retail Network	1,360	1	100.0	0.4	0.5	1.8
		Sacramento	1	Broad Retail Network	143	1	100.0	0.6	1.2	1.5
		San Diego	1	Broad Retail Network	287	1	100.0	0.6	0.6	0.6
	Totals		4	Broad Retail Network	1,889	4	100.0	0.7	0.9	1.3
	Colorado	Denver	2	Broad Retail Network	86	2	100.0	0.2	0.5	0.6
	District of Columbia	District of Columbia	1	Broad Retail Network	116	1	100.0	0.2	0.2	0.3
	Iowa	Woodbury	9	Broad Retail Network	4	9	100.0	0.8	1.1	1.3
	Kansas	Johnson	1	Broad Retail Network	69	1	100.0	0.7	0.8	1.3
	Louisiana	Jefferson	1	Broad Retail Network	76	1	100.0	0.3	1.0	1.0
		Orleans	2	Broad Retail Network	70	2	100.0	0.8	0.9	1.3
	Totals		3	Broad Retail Network	146	3	100.0	0.6	0.9	1.2
	Maryland	Anne Arundel	1	Broad Retail Network	27	1	100.0	0.5	0.5	0.5
		Howard	1	Broad Retail Network	19	1	100.0	0.5	0.6	0.8
		Montgomery	1	Broad Retail Network	106	1	100.0	0.6	0.8	0.8
	Totals		3	Broad Retail Network	152	3	100.0	0.5	0.6	0.7
	Montana	Yellowstone	1	Broad Retail Network	20	1	100.0	0.3	0.5	0.8
	Nebraska	Douglas	2,201	Broad Retail Network	81	2,201	100.0	0.8	1.1	1.4
		Lancaster	4,377	Broad Retail Network	29	4,377	100.0	0.6	0.8	1.1
		Sarpy	122	Broad Retail Network	8	122	100.0	0.6	0.9	1.2
	Totals		6,700	Broad Retail Network	118	6,700	100.0	0.7	0.9	1.2
	New York	Bronx	1	Broad Retail Network	402	1	100.0	0.3	0.3	0.3
	Ohio	Cuyahoga	1	Broad Retail Network	111	1	100.0	0.5	1.3	1.4
		Franklin	1	Broad Retail Network	97	1	100.0	1.0	1.1	1.2
	Totals		2	Broad Retail Network	208	2	100.0	0.8	1.2	1.3

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Continued on next page...

Access Detail By County - 2 Providers Within 5 Miles – Urban

July 1, 2025

Access Analysis
2 Providers within 5 Miles - Urban

Member / Pharmacy Groups
NEBRASKA - Urban
Broad Retail Network

[1] The Access Standard is defined as (NEBRASKA - Urban) members accessing:
2 (Broad Retail Network) pharmacies in 5 miles

Members With Access										
Zip Code Class	State Name	County	Member #	Pharmacy Group	Counts #	With Access[1] #	With Access[1] %	Average Distance 1	Average Distance 2	Average Distance 3
Urban	Pennsylvania	Philadelphia	1	Broad Retail Network	299	1	100.0	0.2	0.4	0.5
	Texas	Bexar	1	Broad Retail Network	167	1	100.0	1.2	1.4	1.6
		Brazos	1	Broad Retail Network	6	1	100.0	0.5	0.8	1.0
		Harris	1	Broad Retail Network	484	1	100.0	0.6	0.7	1.6
		Tarrant	2	Broad Retail Network	216	2	100.0	1.5	1.7	2.1
	Totals		5	Broad Retail Network	873	5	100.0	1.0	1.2	1.7
	Wisconsin	Milwaukee	1	Broad Retail Network	124	1	100.0	0.2	0.8	0.8
Grand Totals			6,738	Broad Retail Network	5,048	6,738	100.0	0.7	0.9	1.2

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Access Detail By County - 2 Providers Within 5 Miles – Urban

July 1, 2025

Access Analysis
2 Providers within 5 Miles - Urban

Member / Pharmacy Groups
NEBRASKA - Urban
Broad Retail Network

[1] The Access Standard is defined as (NEBRASKA - Urban) members accessing:
2 (Broad Retail Network) pharmacies in 5 miles

Members Without Access											
Zip Code Class	State Name	County	Member #	Pharmacy Group	Counts #	Without Access[1] #	Without Access[1] %	Average Distance 1	Average Distance 2	Average Distance 3
No data that meets the criteria										

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Access Overview - 2 Providers Within 5 Miles – Suburban

July 1, 2025

Access Analysis
2 Providers within 5 Miles - Suburban

Member / Pharmacy Groups
NEBRASKA - Suburban
Broad Retail Network

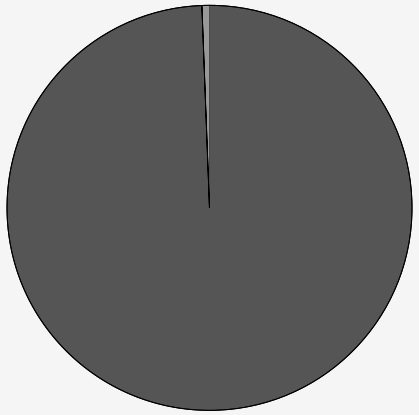
Comparison Graph
Percent of members with access to a choice of pharmacies over miles
1st closest
2nd closest
3rd closest

[1] The Access Standard is defined as (NEBRASKA - Suburban) members accessing:
2 (Broad Retail Network) pharmacies in 5 miles

Overall Access[1]

7,820 Members
59,850 pharmacies at 57,949 locations (Broad Retail Network)

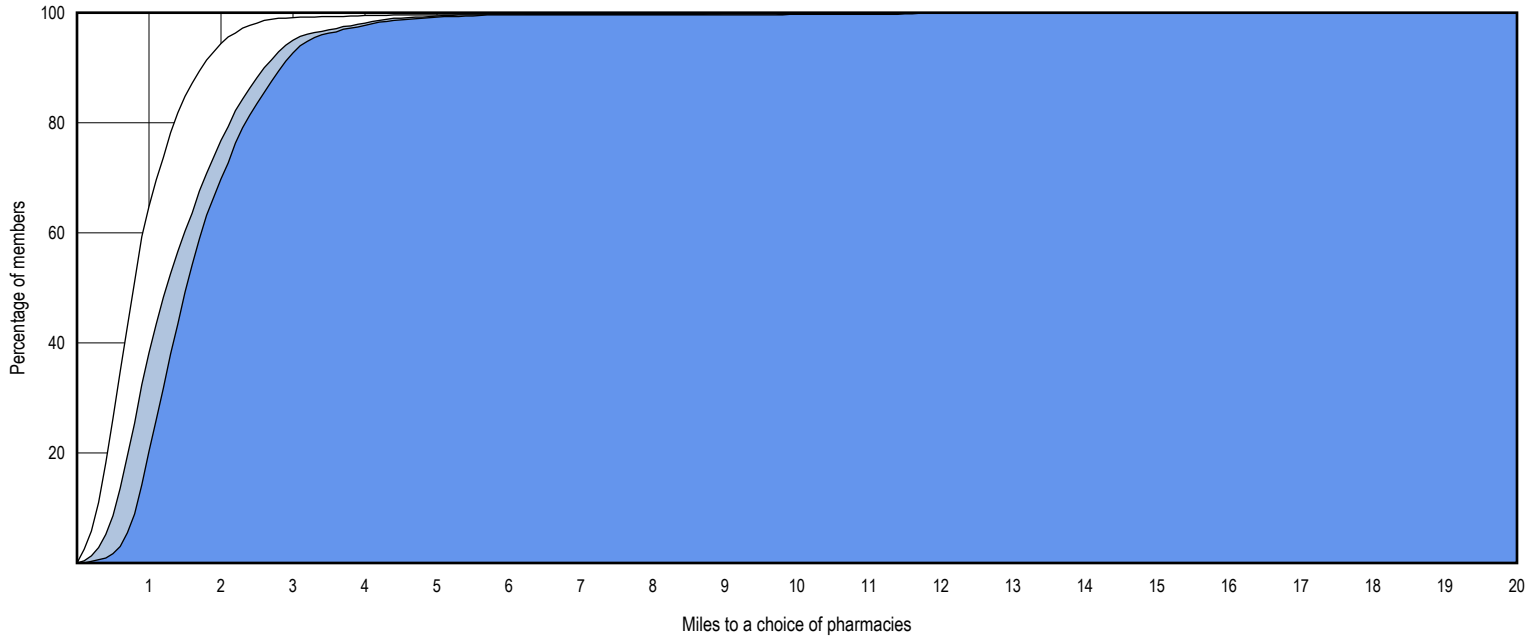
7,770 (99.4%) Members with access
50 (0.6%) Members without access



Distances

	Average
Distance to 1st closest pharmacy	1.0 mile
Distance to 2nd closest pharmacy	1.5 miles
Distance to 3rd closest pharmacy	1.8 miles

Access Standard Comparison



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Access Summary By County - 2 Provider Within 5 Miles – Suburban

July 1, 2025

Access Analysis
2 Providers within 5 Miles - Suburban

Member Group
NEBRASKA - Suburban

Pharmacy Group
Broad Retail Network

Areas With Access
Top 17 Counties in the market, sorted by the number of members with access

Areas Without Access
Bottom 17 Counties in the market, sorted by the number of members without access

[1] The Access Standard is defined as (NEBRASKA - Suburban) members accessing:
2 (Broad Retail Network) pharmacies in 5 miles

[2] Provider counts represent:
#: Provider access points

Members With and Without Access

Member Group	7,820 members 7,770 (99.4%) members with access 50 (0.6%) members without access	Pharmacy Group	59,850 unique pharmacies at 57,949 unique locations

Key Geographic Areas

	Zip Code Class	State Name	County	Member	Pharmacy	With Access[1]		Without Access[1]		Counts[2]	Average Distance		
				#	Group	#	%	#	%	#	1	2	3
With Access	Suburban	Nebraska	Lancaster	6,271	Broad Retail Network	6,260	99.8	11	0.2	28	0.9	1.4	1.7
			Sarpy	1,109	Broad Retail Network	1,093	98.6	16	1.4	17	1.2	1.7	2.2
			Douglas	277	Broad Retail Network	277	100.0	0	0.0	19	0.9	1.2	1.4
		Iowa	Pottawattamie	101	Broad Retail Network	101	100.0	0	0.0	9	1.1	1.4	1.7
			Woodbury	7	Broad Retail Network	7	100.0	0	0.0	5	1.0	1.3	1.5
		Colorado	Larimer	5	Broad Retail Network	5	100.0	0	0.0	26	2.4	2.6	3.7
		Kansas	Johnson	3	Broad Retail Network	3	100.0	0	0.0	35	0.6	0.9	1.1
		South Dakota	Minnehaha	3	Broad Retail Network	3	100.0	0	0.0	25	0.6	1.0	1.6
		Arizona	Maricopa	2	Broad Retail Network	2	100.0	0	0.0	140	0.8	1.0	1.1
		Ohio	Franklin	2	Broad Retail Network	2	100.0	0	0.0	112	0.8	0.8	1.3
		Arizona	Pima	1	Broad Retail Network	1	100.0	0	0.0	56	0.4	1.0	1.5
			Yavapai	1	Broad Retail Network	1	100.0	0	0.0	6	1.0	1.3	1.3
		California	Riverside	1	Broad Retail Network	1	100.0	0	0.0	164	0.7	1.6	2.4
		Florida	Lee	1	Broad Retail Network	1	100.0	0	0.0	76	1.2	1.6	1.7
		Georgia	Gwinnett	1	Broad Retail Network	1	100.0	0	0.0	101	0.5	1.7	2.0
			Houston	1	Broad Retail Network	1	100.0	0	0.0	25	1.3	1.3	1.3
		Illinois	Rock Island	1	Broad Retail Network	1	100.0	0	0.0	18	0.9	1.1	1.5
Without Access	Suburban	Nebraska	Seward	22	Broad Retail Network	0	0.0	22	100.0	0	9.0	10.5	11.7
			Sarpy	1,109	Broad Retail Network	1,093	98.6	16	1.4	17	4.3	5.2	5.6
			Lancaster	6,271	Broad Retail Network	6,260	99.8	11	0.2	28	5.0	7.8	8.0
			Otoe	1	Broad Retail Network	0	0.0	1	100.0	0	12.0	12.4	12.6

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Access Detail By County - 2 Provider Within 5 Miles – Suburban

July 1, 2025

Access Analysis
2 Providers within 5 Miles - Suburban

Member / Pharmacy Groups
NEBRASKA - Suburban
Broad Retail Network

[1] The Access Standard is defined as (NEBRASKA - Suburban) members accessing:
2 (Broad Retail Network) pharmacies in 5 miles

Members With Access										
Zip Code Class	State Name	County	Member #	Pharmacy Group	Counts #	With Access[1] #	With Access[1] %	Average Distance 1	Average Distance 2	Average Distance 3
Suburban	Arizona	Maricopa	2	Broad Retail Network	140	2	100.0	0.8	1.0	1.1
		Pima	1	Broad Retail Network	56	1	100.0	0.4	1.0	1.5
		Yavapai	1	Broad Retail Network	6	1	100.0	1.0	1.3	1.3
	Totals		4	Broad Retail Network	202	4	100.0	0.8	1.1	1.3
	California	Riverside	1	Broad Retail Network	164	1	100.0	0.7	1.6	2.4
	Colorado	Larimer	5	Broad Retail Network	26	5	100.0	2.4	2.6	3.7
	Florida	Lee	1	Broad Retail Network	76	1	100.0	1.2	1.6	1.7
	Georgia	Gwinnett	1	Broad Retail Network	101	1	100.0	0.5	1.7	2.0
		Houston	1	Broad Retail Network	25	1	100.0	1.3	1.3	1.3
	Totals		2	Broad Retail Network	126	2	100.0	0.9	1.5	1.7
	Illinois	Rock Island	1	Broad Retail Network	18	1	100.0	0.9	1.1	1.5
	Iowa	Pottawattamie	101	Broad Retail Network	9	101	100.0	1.1	1.4	1.7
		Woodbury	7	Broad Retail Network	5	7	100.0	1.0	1.3	1.5
	Totals		108	Broad Retail Network	14	108	100.0	1.1	1.4	1.6
	Kansas	Johnson	3	Broad Retail Network	35	3	100.0	0.6	0.9	1.1
	Minnesota	Hennepin	1	Broad Retail Network	58	1	100.0	1.1	1.4	1.4
	Missouri	Clay	1	Broad Retail Network	21	1	100.0	1.0	1.6	1.9
	Nebraska	Douglas	277	Broad Retail Network	19	277	100.0	0.9	1.2	1.4
		Lancaster	6,271	Broad Retail Network	28	6,260	99.8	0.9	1.4	1.7
		Sarpy	1,109	Broad Retail Network	17	1,093	98.6	1.2	1.7	2.2
	Totals		7,657	Broad Retail Network	64	7,630	99.6	0.9	1.5	1.7
	North Carolina	Durham	1	Broad Retail Network	45	1	100.0	0.2	0.3	0.3
	Ohio	Franklin	2	Broad Retail Network	112	2	100.0	0.8	0.8	1.3
	Oklahoma	Tulsa	1	Broad Retail Network	49	1	100.0	0.5	1.5	1.7
	South Carolina	Greenville	1	Broad Retail Network	94	1	100.0	2.0	2.6	2.9

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Access Detail By County - 2 Provider Within 5 Miles – Suburban

July 1, 2025

Access Analysis
2 Providers within 5 Miles - Suburban

Member / Pharmacy Groups
NEBRASKA - Suburban
Broad Retail Network

[1] The Access Standard is defined as (NEBRASKA - Suburban) members accessing:
2 (Broad Retail Network) pharmacies in 5 miles

Members With Access										
Zip Code Class	State Name	County	Member #	Pharmacy Group	Counts #	With Access[1] #	With Access[1] %	Average Distance 1	Average Distance 2	Average Distance 3
Suburban	South Dakota	Lincoln	1	Broad Retail Network	8	1	100.0	0.2	0.2	0.7
		Minnehaha	3	Broad Retail Network	25	3	100.0	0.6	1.0	1.6
	Totals		4	Broad Retail Network	33	4	100.0	0.5	0.8	1.4
	Texas	Bexar	1	Broad Retail Network	109	1	100.0	1.5	1.7	1.8
		Collin	1	Broad Retail Network	43	1	100.0	1.6	1.8	1.8
		Tarrant	1	Broad Retail Network	112	1	100.0	0.2	0.4	0.6
	Totals		3	Broad Retail Network	264	3	100.0	1.1	1.3	1.4
	Virginia	Portsmouth City	1	Broad Retail Network	12	1	100.0	1.1	1.1	1.2
Grand Totals			7,797	Broad Retail Network	1,413	7,770	99.7	0.9	1.5	1.7

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Access Detail By County - 2 Provider Within 5 Miles – Suburban

July 1, 2025

Access Analysis
2 Providers within 5 Miles - Suburban

Member / Pharmacy Groups
NEBRASKA - Suburban
Broad Retail Network

[1] The Access Standard is defined as (NEBRASKA - Suburban) members accessing:
2 (Broad Retail Network) pharmacies in 5 miles

Members Without Access										
Zip Code Class	State Name	County	Member #	Pharmacy Group	Counts #	Without Access[1] #	%	Average Distance 1	2	3
Suburban	Nebraska	Lancaster	6,271	Broad Retail Network	28	11	0.2	5.0	7.8	8.0
		Otoe	1	Broad Retail Network	0	1	100.0	12.0	12.4	12.6
		Sarpy	1,109	Broad Retail Network	17	16	1.4	4.3	5.2	5.6
		Seward	22	Broad Retail Network	0	22	100.0	9.0	10.5	11.7
	Totals		7,403	Broad Retail Network	45	50	0.7	6.7	8.3	9.0
Grand Totals			7,403	Broad Retail Network	45	50	0.7	6.7	8.3	9.0

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Access Overview - 1 Provider Within 15 Miles - Rural

July 1, 2025

Access Analysis
1 Provider within 15 Miles - Rural

Member / Pharmacy Groups
NEBRASKA - Rural
Broad Retail Network

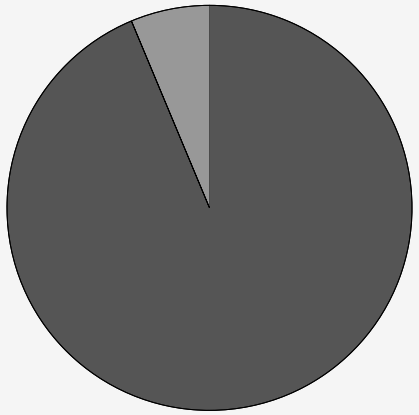
Comparison Graph
Percent of members with access to a choice of pharmacies over miles
1st closest
2nd closest
3rd closest

[1] The Access Standard is defined as (NEBRASKA - Rural) members accessing:
1 (Broad Retail Network) pharmacy in 15 miles

Overall Access[1]

17,155 Members
59,850 pharmacies at 57,949 locations (Broad Retail Network)

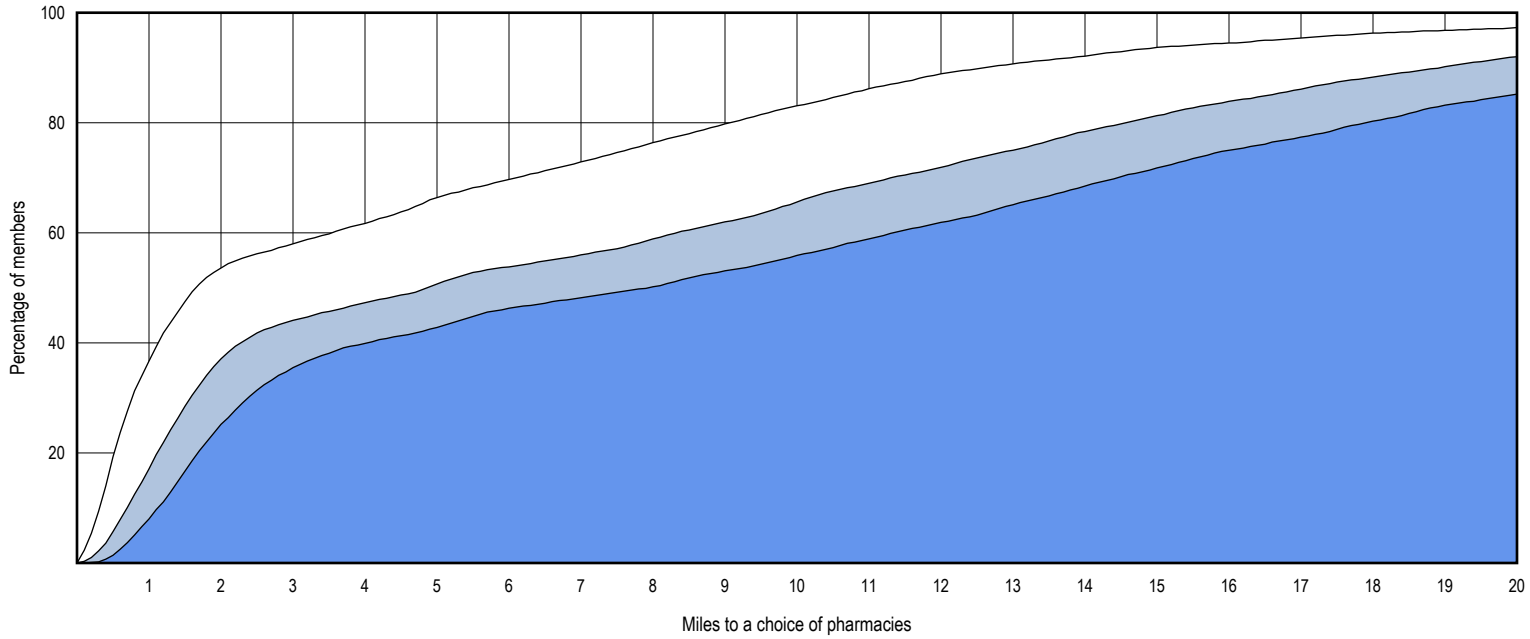
16,066 (93.7%) Members with access
1,089 (6.3%) Members without access



Distances

	Average
Distance to 1st closest pharmacy	4.8 miles
Distance to 2nd closest pharmacy	8.0 miles
Distance to 3rd closest pharmacy	10.4 miles

Access Standard Comparison



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Access Summary By County - 1 Provider Within 15 Miles - Rural

July 1, 2025

Access Analysis
1 Provider within 15 Miles - Rural

Member Group
NEBRASKA - Rural

Pharmacy Group
Broad Retail Network

Areas With Access
Top 17 Counties in the market, sorted by the number of members with access

Areas Without Access
Bottom 17 Counties in the market, sorted by the number of members without access

[1] The Access Standard is defined as (NEBRASKA - Rural) members accessing:
1 (Broad Retail Network) pharmacy in 15 miles

[2] Provider counts represent:
#: Provider access points

Members With and Without Access

Member Group	17,155 members 16,066 (93.7%) members with access 1,089 (6.3%) members without access	Pharmacy Group	59,850 unique pharmacies at 57,949 unique locations

Key Geographic Areas

	Zip Code Class	State Name	County	Member #	Pharmacy Group	With Access[1] #	With Access[1] %	Without Access[1] #	Without Access[1] %	Counts[2] #	Average Distance 1	Average Distance 2	Average Distance 3
With Access	Rural	Nebraska	Lancaster	2,164	Broad Retail Network	2,158	99.7	6	0.3	7	3.9	6.0	6.4
			Gage	996	Broad Retail Network	992	99.6	4	0.4	6	3.5	5.6	6.7
			Buffalo	995	Broad Retail Network	941	94.6	54	5.4	12	2.5	3.7	4.1
			Madison	854	Broad Retail Network	838	98.1	16	1.9	10	1.8	2.6	2.9
			Scotts Bluff	840	Broad Retail Network	812	96.7	28	3.3	6	2.9	3.2	4.1
			Hall	628	Broad Retail Network	609	97.0	19	3.0	14	2.0	2.3	2.7
			Douglas	504	Broad Retail Network	504	100.0	0	0.0	15	2.0	2.7	3.1
			Lincoln	548	Broad Retail Network	485	88.5	63	11.5	6	2.7	3.5	3.7
			Dodge	485	Broad Retail Network	484	99.8	1	0.2	10	2.1	3.4	3.7
			Cass	463	Broad Retail Network	462	99.8	1	0.2	2	7.3	11.7	12.8
			Otoe	432	Broad Retail Network	425	98.4	7	1.6	4	5.2	10.0	10.7
			Seward	411	Broad Retail Network	405	98.5	6	1.5	4	3.5	6.0	7.4
			Saunders	383	Broad Retail Network	353	92.2	30	7.8	1	7.5	15.3	16.4
			Adams	352	Broad Retail Network	346	98.3	6	1.7	6	2.9	3.1	3.5
			York	350	Broad Retail Network	342	97.7	8	2.3	4	2.5	4.3	5.9
			Johnson	333	Broad Retail Network	331	99.4	2	0.6	2	4.4	5.8	16.7
			Red Willow	332	Broad Retail Network	326	98.2	6	1.8	3	2.2	3.2	3.7
Without Access	Rural	Nebraska	Custer	153	Broad Retail Network	70	45.8	83	54.2	3	20.5	23.6	25.5
			Lincoln	548	Broad Retail Network	485	88.5	63	11.5	6	21.2	23.6	23.9
			Buffalo	995	Broad Retail Network	941	94.6	54	5.4	12	19.1	19.6	19.8
			Dawes	114	Broad Retail Network	70	61.4	44	38.6	2	25.4	27.2	35.5
			Garden	35	Broad Retail Network	0	0.0	35	100.0	0	26.0	30.9	42.3
			Chase	32	Broad Retail Network	0	0.0	32	100.0	0	28.0	37.3	41.5
			Boyd	31	Broad Retail Network	0	0.0	31	100.0	0	27.0	30.0	32.5
			Burt	50	Broad Retail Network	19	38.0	31	62.0	0	18.9	19.6	20.8
			Saunders	383	Broad Retail Network	353	92.2	30	7.8	1	17.6	19.6	20.8
			Clay	74	Broad Retail Network	46	62.2	28	37.8	1	18.1	22.4	23.0
			Morrill	78	Broad Retail Network	50	64.1	28	35.9	1	17.3	20.1	20.3
			Scotts Bluff	840	Broad Retail Network	812	96.7	28	3.3	6	17.1	17.2	18.1
			Holt	132	Broad Retail Network	105	79.5	27	20.5	2	20.8	28.2	36.9
			Hitchcock	41	Broad Retail Network	17	41.5	24	58.5	0	21.7	22.4	23.2
			Keith	93	Broad Retail Network	70	75.3	23	24.7	4	20.7	20.9	20.9
			Sheridan	51	Broad Retail Network	30	58.8	21	41.2	1	22.8	26.3	30.6
			Gosper	44	Broad Retail Network	25	56.8	19	43.2	0	16.5	18.6	20.5

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Access Detail By County - 1 Provider Within 15 Miles - Rural

July 1, 2025

Access Analysis
1 Provider within 15 Miles - Rural

Member / Pharmacy Groups
NEBRASKA - Rural
Broad Retail Network

[1] The Access Standard is defined as (NEBRASKA - Rural) members accessing:
1 (Broad Retail Network) pharmacy in 15 miles

Members With Access										
Zip Code Class	State Name	County	Member #	Pharmacy Group	Counts #	With Access[1] #	With Access[1] %	Average Distance 1	Average Distance 2	Average Distance 3
Rural	Alabama	Houston	1	Broad Retail Network	36	1	100.0	0.6	2.2	2.9
	Alaska	Anchorage	1	Broad Retail Network	6	1	100.0	1.0	1.2	1.3
		North Slope	1	Broad Retail Network	1	1	100.0	1.2	338.0	499.7
		Totals	2	Broad Retail Network	7	2	100.0	1.1	169.6	250.5
	Arizona	Pima	2	Broad Retail Network	58	2	100.0	1.0	1.7	1.9
	Arkansas	Benton	1	Broad Retail Network	44	1	100.0	0.8	7.0	7.3
		Washington	1	Broad Retail Network	58	1	100.0	0.9	1.7	2.0
		Totals	2	Broad Retail Network	102	2	100.0	0.9	4.4	4.7
	California	Del Norte	1	Broad Retail Network	4	1	100.0	0.8	1.9	2.2
		Los Angeles	1	Broad Retail Network	80	1	100.0	2.1	3.4	4.2
		Madera	1	Broad Retail Network	18	1	100.0	0.8	0.9	1.1
		Totals	3	Broad Retail Network	102	3	100.0	1.2	2.1	2.5
	Colorado	Douglas	2	Broad Retail Network	13	2	100.0	2.4	2.5	2.6
		El Paso	1	Broad Retail Network	19	1	100.0	1.2	1.3	1.4
		Larimer	2	Broad Retail Network	34	2	100.0	1.0	1.4	12.4
		Logan	2	Broad Retail Network	7	1	50.0	0.4	0.4	0.7
		Morgan	3	Broad Retail Network	6	2	66.7	1.4	1.7	2.4
		Sedgwick	5	Broad Retail Network	1	3	60.0	13.0	15.4	24.7
		Weld	2	Broad Retail Network	21	2	100.0	0.9	1.0	1.0
		Totals	17	Broad Retail Network	101	13	76.5	4.0	4.7	8.7
	Florida	Gadsden	1	Broad Retail Network	6	1	100.0	2.1	3.9	4.0
		Jackson	1	Broad Retail Network	9	1	100.0	1.1	1.7	4.1
		Totals	2	Broad Retail Network	15	2	100.0	1.6	2.8	4.1
	Georgia	Dougherty	1	Broad Retail Network	12	1	100.0	2.4	2.9	3.5
		Forsyth	1	Broad Retail Network	4	1	100.0	1.8	4.7	4.7
		Jasper	1	Broad Retail Network	3	1	100.0	10.5	13.1	14.1
		Totals	3	Broad Retail Network	19	3	100.0	4.9	6.9	7.4
	Idaho	Ada	1	Broad Retail Network	24	1	100.0	1.4	2.2	5.5
		Bonner	3	Broad Retail Network	7	2	66.7	1.1	2.0	3.0
		Totals	4	Broad Retail Network	31	3	75.0	1.2	2.1	3.8
	Indiana	DeKalb	1	Broad Retail Network	6	1	100.0	1.2	12.7	14.3

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Continued on next page...

Access Detail By County - 1 Provider Within 15 Miles - Rural

July 1, 2025

Access Analysis
1 Provider within 15 Miles - Rural

Member / Pharmacy Groups
NEBRASKA - Rural
Broad Retail Network

[1] The Access Standard is defined as (NEBRASKA - Rural) members accessing:
1 (Broad Retail Network) pharmacy in 15 miles

Members With Access										
Zip Code Class	State Name	County	Member #	Pharmacy Group	Counts #	With Access[1] #	With Access[1] %	Average Distance 1	Average Distance 2	Average Distance 3
Rural	Indiana	Ripley	1	Broad Retail Network	6	1	100.0	8.8	9.8	9.8
	Totals		2	Broad Retail Network	12	2	100.0	5.0	11.3	12.1
	Iowa	Adams	3	Broad Retail Network	1	3	100.0	3.6	15.2	18.4
		Audubon	1	Broad Retail Network	1	1	100.0	0.2	18.2	22.2
		Boone	1	Broad Retail Network	9	1	100.0	0.2	0.2	0.4
		Dallas	1	Broad Retail Network	8	1	100.0	0.6	0.7	16.3
		Fremont	23	Broad Retail Network	4	23	100.0	3.3	9.2	11.6
		Harrison	23	Broad Retail Network	2	22	95.7	3.9	15.5	19.4
		Marion	1	Broad Retail Network	10	1	100.0	0.9	0.9	1.1
		Mills	46	Broad Retail Network	3	46	100.0	3.0	5.2	10.6
		Monona	1	Broad Retail Network	3	1	100.0	0.5	18.2	23.6
		Montgomery	2	Broad Retail Network	3	2	100.0	0.3	0.9	18.3
		Page	15	Broad Retail Network	2	15	100.0	1.5	5.1	16.2
		Plymouth	6	Broad Retail Network	7	6	100.0	7.6	8.8	11.5
		Pocahontas	3	Broad Retail Network	2	3	100.0	2.0	15.5	24.1
		Polk	1	Broad Retail Network	18	1	100.0	0.6	1.1	1.2
		Pottawattamie	135	Broad Retail Network	8	132	97.8	2.8	4.1	4.3
		Shelby	2	Broad Retail Network	3	2	100.0	7.3	8.2	9.1
		Woodbury	38	Broad Retail Network	13	35	92.1	1.7	2.5	3.1
	Totals		302	Broad Retail Network	97	295	97.7	2.8	5.8	8.2
	Kansas	Barton	3	Broad Retail Network	8	3	100.0	1.5	12.1	12.4
		Decatur	8	Broad Retail Network	1	8	100.0	0.7	27.8	28.2
		Douglas	2	Broad Retail Network	25	2	100.0	0.7	1.0	1.2
		Franklin	1	Broad Retail Network	5	1	100.0	9.9	12.3	12.6
		Mitchell	1	Broad Retail Network	2	1	100.0	1.5	1.5	25.4
		Nemaha	2	Broad Retail Network	2	2	100.0	5.9	14.3	15.2
		Rawlins	6	Broad Retail Network	1	6	100.0	8.7	22.8	33.0
		Reno	1	Broad Retail Network	10	1	100.0	1.1	1.9	2.7
		Riley	1	Broad Retail Network	13	1	100.0	0.7	1.0	1.1
		Stafford	1	Broad Retail Network	1	1	100.0	1.2	24.7	25.0
	Totals		26	Broad Retail Network	68	26	100.0	3.5	18.0	21.6
	Louisiana	Bossier	1	Broad Retail Network	22	1	100.0	0.0	0.3	0.8
	Michigan	Mecosta	1	Broad Retail Network	8	1	100.0	0.3	0.3	0.7
		Ontonagon	1	Broad Retail Network	2	1	100.0	1.6	2.5	41.8
		Wayne	1	Broad Retail Network	15	1	100.0	0.1	1.0	1.4
	Totals		3	Broad Retail Network	25	3	100.0	0.7	1.3	14.6

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Access Detail By County - 1 Provider Within 15 Miles - Rural

July 1, 2025

Access Analysis
1 Provider within 15 Miles - Rural

Member / Pharmacy Groups
NEBRASKA - Rural
Broad Retail Network

[1] The Access Standard is defined as (NEBRASKA - Rural) members accessing:
1 (Broad Retail Network) pharmacy in 15 miles

Members With Access										
Zip Code Class	State Name	County	Member #	Pharmacy Group	Counts #	With Access[1] #	With Access[1] %	Average Distance 1	Average Distance 2	Average Distance 3
Rural	Minnesota	Washington	1	Broad Retail Network	17	1	100.0	0.5	0.5	0.5
	Mississippi	Coahoma	2	Broad Retail Network	6	2	100.0	0.4	1.6	1.8
	Missouri	Atchison	1	Broad Retail Network	2	1	100.0	9.9	10.4	14.3
		Boone	1	Broad Retail Network	39	1	100.0	0.4	1.1	1.6
		Callaway	1	Broad Retail Network	6	1	100.0	1.5	1.5	6.8
		Cass	1	Broad Retail Network	18	1	100.0	1.6	1.9	10.3
		Cedar	1	Broad Retail Network	3	1	100.0	0.1	19.9	19.9
		Clay	1	Broad Retail Network	12	1	100.0	1.3	1.6	7.5
		Cole	4	Broad Retail Network	16	4	100.0	2.2	2.3	2.4
		Greene	1	Broad Retail Network	27	1	100.0	1.5	1.5	2.6
		Pettis	1	Broad Retail Network	5	1	100.0	0.3	0.6	1.3
		St. Charles	1	Broad Retail Network	25	1	100.0	1.2	1.4	1.4
	Totals		13	Broad Retail Network	153	13	100.0	2.0	3.8	5.8
	Nebraska	Adams	352	Broad Retail Network	6	346	98.3	2.9	3.1	3.5
		Antelope	91	Broad Retail Network	2	80	87.9	5.0	14.2	24.4
		Boone	33	Broad Retail Network	1	20	60.6	7.2	17.1	22.8
		Box Butte	101	Broad Retail Network	3	99	98.0	2.8	5.2	22.4
		Brown	78	Broad Retail Network	1	73	93.6	3.6	16.7	44.0
		Buffalo	995	Broad Retail Network	12	941	94.6	2.5	3.7	4.1
		Burt	50	Broad Retail Network	0	19	38.0	12.0	14.4	22.1
		Butler	110	Broad Retail Network	1	104	94.5	7.1	14.1	17.0
		Cass	463	Broad Retail Network	2	462	99.8	7.3	11.7	12.8
		Cedar	93	Broad Retail Network	2	92	98.9	7.0	15.7	17.6
		Cherry	76	Broad Retail Network	1	58	76.3	2.0	31.8	35.9
		Cheyenne	105	Broad Retail Network	4	94	89.5	2.7	3.3	4.2
		Clay	74	Broad Retail Network	1	46	62.2	4.9	13.5	16.2
		Colfax	41	Broad Retail Network	1	25	61.0	3.5	13.5	15.1
		Cuming	85	Broad Retail Network	3	84	98.8	3.3	8.6	15.2
		Custer	153	Broad Retail Network	3	70	45.8	2.9	3.9	21.6
		Dakota	49	Broad Retail Network	5	49	100.0	2.6	3.8	4.3
		Dawes	114	Broad Retail Network	2	70	61.4	2.6	3.6	31.5
		Dawson	337	Broad Retail Network	6	324	96.1	2.0	5.8	13.2
		Deuel	52	Broad Retail Network	1	48	92.3	6.9	17.8	25.6
		Dixon	59	Broad Retail Network	1	59	100.0	6.7	12.3	15.4
		Dodge	485	Broad Retail Network	10	484	99.8	2.1	3.4	3.7
		Douglas	504	Broad Retail Network	15	504	100.0	2.0	2.7	3.1
		Dundy	24	Broad Retail Network	1	17	70.8	4.7	33.6	40.5

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Access Detail By County - 1 Provider Within 15 Miles - Rural

July 1, 2025

Access Analysis
1 Provider within 15 Miles - Rural

Member / Pharmacy Groups
NEBRASKA - Rural
Broad Retail Network

[1] The Access Standard is defined as (NEBRASKA - Rural) members accessing:
1 (Broad Retail Network) pharmacy in 15 miles

Members With Access										
Zip Code Class	State Name	County	Member #	Pharmacy Group	Counts #	With Access[1] #	With Access[1] %	Average Distance 1	Average Distance 2	Average Distance 3
Rural	Nebraska	Fillmore	134	Broad Retail Network	1	132	98.5	5.7	16.2	20.1
		Franklin	5	Broad Retail Network	1	4	80.0	7.5	20.3	23.6
		Frontier	26	Broad Retail Network	1	24	92.3	6.8	28.1	29.1
		Furnas	69	Broad Retail Network	2	62	89.9	2.8	15.4	28.5
		Gage	996	Broad Retail Network	6	992	99.6	3.5	5.6	6.7
		Garfield	28	Broad Retail Network	1	26	92.9	3.0	22.0	22.0
		Gosper	44	Broad Retail Network	0	25	56.8	10.8	14.1	20.2
		Greeley	17	Broad Retail Network	1	7	41.2	8.5	20.3	27.0
		Hall	628	Broad Retail Network	14	609	97.0	2.0	2.3	2.7
		Hamilton	138	Broad Retail Network	1	135	97.8	5.0	12.9	15.5
		Harlan	20	Broad Retail Network	1	18	90.0	5.9	20.7	22.9
		Hitchcock	41	Broad Retail Network	0	17	41.5	11.1	11.8	12.5
		Holt	132	Broad Retail Network	2	105	79.5	3.3	20.4	36.9
		Howard	107	Broad Retail Network	1	100	93.5	5.0	19.5	20.4
		Jefferson	121	Broad Retail Network	4	115	95.0	6.2	6.4	7.4
		Johnson	333	Broad Retail Network	2	331	99.4	4.4	5.8	16.7
		Kearney	120	Broad Retail Network	1	115	95.8	4.8	17.0	17.2
		Keith	93	Broad Retail Network	4	70	75.3	2.4	2.8	2.8
		Keya Paha	9	Broad Retail Network	0	1	11.1	11.8	25.2	37.8
		Kimball	35	Broad Retail Network	2	34	97.1	4.0	4.0	35.9
		Knox	117	Broad Retail Network	3	102	87.2	7.1	15.3	19.4
		Lancaster	2,164	Broad Retail Network	7	2,158	99.7	3.9	6.0	6.4
		Lincoln	548	Broad Retail Network	6	485	88.5	2.7	3.5	3.7
		Loup	16	Broad Retail Network	0	11	68.8	12.3	31.7	31.7
		Madison	854	Broad Retail Network	10	838	98.1	1.8	2.6	2.9
		Merrick	103	Broad Retail Network	2	97	94.2	5.9	6.2	16.3
		Morrill	78	Broad Retail Network	1	50	64.1	4.4	32.2	32.3
		Nance	28	Broad Retail Network	1	19	67.9	5.1	18.5	19.4
		Nemaha	179	Broad Retail Network	2	176	98.3	6.2	6.8	15.3
		Nuckolls	30	Broad Retail Network	1	25	83.3	6.2	23.2	25.6
		Otoe	432	Broad Retail Network	4	425	98.4	5.2	10.0	10.7
		Pawnee	80	Broad Retail Network	1	75	93.8	7.4	16.3	18.0
		Perkins	17	Broad Retail Network	1	16	94.1	3.0	18.8	19.6
		Phelps	146	Broad Retail Network	3	137	93.8	3.2	3.8	4.0
		Pierce	135	Broad Retail Network	3	135	100.0	3.4	10.9	12.7
		Platte	235	Broad Retail Network	10	226	96.2	2.8	3.7	4.0
		Polk	70	Broad Retail Network	2	69	98.6	6.3	6.3	18.6
		Red Willow	332	Broad Retail Network	3	326	98.2	2.2	3.2	3.7
		Richardson	86	Broad Retail Network	2	78	90.7	6.5	7.9	17.1
		Rock	43	Broad Retail Network	1	31	72.1	2.6	18.2	29.9

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Access Detail By County - 1 Provider Within 15 Miles - Rural

July 1, 2025

Access Analysis
1 Provider within 15 Miles - Rural

Member / Pharmacy Groups
NEBRASKA - Rural
Broad Retail Network

[1] The Access Standard is defined as (NEBRASKA - Rural) members accessing:
1 (Broad Retail Network) pharmacy in 15 miles

Members With Access										
Zip Code Class	State Name	County	Member #	Pharmacy Group	Counts #	With Access[1] #	With Access[1] %	Average Distance 1	Average Distance 2	Average Distance 3
Rural	Nebraska	Saline	258	Broad Retail Network	4	246	95.3	3.1	9.3	12.7
		Sarpy	300	Broad Retail Network	7	300	100.0	2.3	3.1	3.7
		Saunders	383	Broad Retail Network	1	353	92.2	7.5	15.3	16.4
		Scotts Bluff	840	Broad Retail Network	6	812	96.7	2.9	3.2	4.1
		Seward	411	Broad Retail Network	4	405	98.5	3.5	6.0	7.4
		Sheridan	51	Broad Retail Network	1	30	58.8	4.0	29.1	38.7
		Sherman	47	Broad Retail Network	1	41	87.2	7.0	18.3	24.1
		Sioux	13	Broad Retail Network	0	4	30.8	12.1	12.6	23.7
		Stanton	113	Broad Retail Network	0	105	92.9	9.2	10.2	10.9
		Thayer	35	Broad Retail Network	1	32	91.4	6.5	21.6	23.3
		Thurston	19	Broad Retail Network	3	19	100.0	4.2	11.4	15.7
		Valley	53	Broad Retail Network	3	51	96.2	3.8	4.4	4.5
		Washington	153	Broad Retail Network	2	153	100.0	4.7	5.5	10.6
		Wayne	120	Broad Retail Network	2	117	97.5	5.3	5.8	14.9
		Webster	35	Broad Retail Network	2	35	100.0	2.8	18.5	21.2
		Wheeler	10	Broad Retail Network	0	1	10.0	9.3	25.4	28.9
		York	350	Broad Retail Network	4	342	97.7	2.5	4.3	5.9
	Totals		16,504	Broad Retail Network	233	15,615	94.6	3.7	6.8	9.2
	North Carolina	Moore	1	Broad Retail Network	23	1	100.0	2.2	2.4	2.5
	Oklahoma	Caddo	2	Broad Retail Network	10	2	100.0	11.8	19.8	20.2
	Oregon	Lane	1	Broad Retail Network	30	1	100.0	1.5	1.8	1.8
	South Dakota	Bennett	2	Broad Retail Network	1	2	100.0	0.8	35.0	44.8
		Bon Homme	1	Broad Retail Network	2	1	100.0	6.1	11.7	27.3
		Charles Mix	2	Broad Retail Network	3	2	100.0	3.7	4.0	15.1
		Clay	3	Broad Retail Network	4	3	100.0	0.8	1.3	1.6
		Gregory	6	Broad Retail Network	2	5	83.3	7.9	17.6	33.9
		Minnehaha	1	Broad Retail Network	13	1	100.0	1.3	2.2	2.2
		Pennington	1	Broad Retail Network	25	1	100.0	6.3	6.6	7.2
		Union	7	Broad Retail Network	4	7	100.0	2.4	5.2	8.7
		Yankton	12	Broad Retail Network	8	12	100.0	1.4	1.8	2.1
	Totals		35	Broad Retail Network	62	34	97.1	2.9	7.3	12.3
	Texas	Aransas	1	Broad Retail Network	3	1	100.0	1.1	1.2	1.9
		Bastrop	1	Broad Retail Network	13	1	100.0	0.3	0.3	1.9
		Fort Bend	1	Broad Retail Network	29	1	100.0	0.5	2.3	2.5
		Gregg	2	Broad Retail Network	23	2	100.0	0.8	0.9	1.2

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Access Detail By County - 1 Provider Within 15 Miles - Rural

July 1, 2025

Access Analysis
1 Provider within 15 Miles - Rural

Member / Pharmacy Groups
NEBRASKA - Rural
Broad Retail Network

[1] The Access Standard is defined as (NEBRASKA - Rural) members accessing:
1 (Broad Retail Network) pharmacy in 15 miles

Members With Access										
Zip Code Class	State Name	County	Member #	Pharmacy Group	Counts #	With Access[1] #	With Access[1] %	Average Distance 1	Average Distance 2	Average Distance 3
Rural	Texas	Smith	1	Broad Retail Network	28	1	100.0	1.0	1.1	1.9
	Totals		6	Broad Retail Network	96	6	100.0	0.8	1.1	1.8
	Virginia	Spotsylvania	5	Broad Retail Network	19	5	100.0	1.5	1.7	2.1
	Washington	Asotin	1	Broad Retail Network	6	1	100.0	1.7	3.0	3.1
		Chelan	1	Broad Retail Network	15	1	100.0	15.0	18.9	19.0
		Lewis	2	Broad Retail Network	14	2	100.0	1.0	1.3	1.5
	Totals		4	Broad Retail Network	35	4	100.0	4.7	6.1	6.3
	Wisconsin	Dane	1	Broad Retail Network	48	1	100.0	1.6	1.7	1.7
	Wyoming	Albany	1	Broad Retail Network	7	1	100.0	3.2	3.5	3.6
		Goshen	19	Broad Retail Network	2	18	94.7	2.6	3.2	33.6
		Lincoln	1	Broad Retail Network	7	1	100.0	4.0	5.3	11.5
		Natrona	1	Broad Retail Network	14	1	100.0	1.0	1.0	1.1
		Platte	2	Broad Retail Network	3	2	100.0	0.6	1.3	25.6
	Totals		24	Broad Retail Network	33	23	95.8	2.4	3.0	29.2
Grand Totals			16,969	Broad Retail Network	1,460	16,066	94.7	3.7	6.8	9.3

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Access Detail By County - 1 Provider Within 15 Miles - Rural

July 1, 2025

Access Analysis
1 Provider within 15 Miles - Rural

Member / Pharmacy Groups
NEBRASKA - Rural
Broad Retail Network

[1] The Access Standard is defined as (NEBRASKA - Rural) members accessing:
1 (Broad Retail Network) pharmacy in 15 miles

Members Without Access

Zip Code Class	State Name	County	Member	Pharmacy	Counts	Without Access[1]		Average Distance		
			#	Group	#	#	%	1	2	3
Rural	Colorado	Logan	2	Broad Retail Network	7	1	50.0	18.0	18.6	18.8
		Morgan	3	Broad Retail Network	6	1	33.3	17.8	18.2	18.4
		Sedgwick	5	Broad Retail Network	1	2	40.0	18.3	19.6	22.4
	Totals		10	Broad Retail Network	14	4	40.0	18.1	19.0	20.5
	Idaho	Bonner	3	Broad Retail Network	7	1	33.3	16.1	16.7	18.3
	Iowa	Harrison	23	Broad Retail Network	2	1	4.3	16.1	21.3	23.3
		Pottawattamie	135	Broad Retail Network	8	3	2.2	16.1	16.5	16.6
		Woodbury	38	Broad Retail Network	13	3	7.9	16.2	17.6	17.8
	Totals		196	Broad Retail Network	23	7	3.6	16.1	17.6	18.1
	Kansas	Phillips	1	Broad Retail Network	2	1	100.0	18.4	18.4	26.5
	Missouri	Caldwell	2	Broad Retail Network	1	2	100.0	20.1	24.7	24.8
	Nebraska	Adams	352	Broad Retail Network	6	6	1.7	17.6	18.4	18.5
		Antelope	91	Broad Retail Network	2	11	12.1	17.6	18.0	20.9
		Arthur	12	Broad Retail Network	0	12	100.0	34.2	34.6	34.6
		Banner	6	Broad Retail Network	0	6	100.0	24.0	24.0	25.8
		Blaine	1	Broad Retail Network	0	1	100.0	40.1	46.7	46.7
		Boone	33	Broad Retail Network	1	13	39.4	16.1	19.5	24.6
		Box Butte	101	Broad Retail Network	3	2	2.0	15.4	18.6	18.8
		Boyd	31	Broad Retail Network	0	31	100.0	27.0	30.0	32.5
		Brown	78	Broad Retail Network	1	5	6.4	19.1	30.0	48.6
		Buffalo	995	Broad Retail Network	12	54	5.4	19.1	19.6	19.8
		Burt	50	Broad Retail Network	0	31	62.0	18.9	19.6	20.8
		Butler	110	Broad Retail Network	1	6	5.5	17.2	18.8	20.1
		Cass	463	Broad Retail Network	2	1	0.2	15.1	15.7	15.8
		Cedar	93	Broad Retail Network	2	1	1.1	15.4	15.7	19.5
		Chase	32	Broad Retail Network	0	32	100.0	28.0	37.3	41.5
		Cherry	76	Broad Retail Network	1	18	23.7	31.8	40.4	49.5
		Cheyenne	105	Broad Retail Network	4	11	10.5	20.0	20.3	22.0
		Clay	74	Broad Retail Network	1	28	37.8	18.1	22.4	23.0
		Colfax	41	Broad Retail Network	1	16	39.0	19.7	21.1	23.2
		Cuming	85	Broad Retail Network	3	1	1.2	16.4	17.4	18.2
		Custer	153	Broad Retail Network	3	83	54.2	20.5	23.6	25.5
		Dawes	114	Broad Retail Network	2	44	38.6	25.4	27.2	35.5
		Dawson	337	Broad Retail Network	6	13	3.9	17.0	21.5	23.3
		Deuel	52	Broad Retail Network	1	4	7.7	17.7	20.7	23.4

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Access Detail By County - 1 Provider Within 15 Miles - Rural

July 1, 2025

Access Analysis
1 Provider within 15 Miles - Rural

Member / Pharmacy Groups
NEBRASKA - Rural
Broad Retail Network

[1] The Access Standard is defined as (NEBRASKA - Rural) members accessing:
1 (Broad Retail Network) pharmacy in 15 miles

Members Without Access										
Zip Code Class	State Name	County	Member	Pharmacy	Counts	Without Access[1]		Average Distance		
			#	Group	#	#	%	1	2	3
Rural	Nebraska	Dodge	485	Broad Retail Network	10	1	0.2	15.2	15.3	16.3
		Dundy	24	Broad Retail Network	1	7	29.2	18.5	26.9	44.5
		Fillmore	134	Broad Retail Network	1	2	1.5	15.3	22.4	23.4
		Franklin	5	Broad Retail Network	1	1	20.0	15.4	19.7	23.4
		Frontier	26	Broad Retail Network	1	2	7.7	19.6	20.1	21.9
		Furnas	69	Broad Retail Network	2	7	10.1	16.4	22.2	26.5
		Gage	996	Broad Retail Network	6	4	0.4	17.6	19.9	20.9
		Garden	35	Broad Retail Network	0	35	100.0	26.0	30.9	42.3
		Garfield	28	Broad Retail Network	1	2	7.1	21.7	34.3	34.8
		Gosper	44	Broad Retail Network	0	19	43.2	16.5	18.6	20.5
		Grant	6	Broad Retail Network	0	6	100.0	56.2	56.6	57.3
		Greeley	17	Broad Retail Network	1	10	58.8	17.6	21.2	22.3
		Hall	628	Broad Retail Network	14	19	3.0	18.1	18.4	18.7
		Hamilton	138	Broad Retail Network	1	3	2.2	16.4	18.0	18.6
		Harlan	20	Broad Retail Network	1	2	10.0	16.9	23.1	24.5
		Hayes	10	Broad Retail Network	0	10	100.0	34.5	37.6	38.5
		Hitchcock	41	Broad Retail Network	0	24	58.5	21.7	22.4	23.2
		Holt	132	Broad Retail Network	2	27	20.5	20.8	28.2	36.9
		Hooker	13	Broad Retail Network	0	13	100.0	63.6	64.1	64.5
		Howard	107	Broad Retail Network	1	7	6.5	16.8	19.6	24.7
		Jefferson	121	Broad Retail Network	4	6	5.0	17.2	17.7	18.4
		Johnson	333	Broad Retail Network	2	2	0.6	16.0	16.0	19.0
		Kearney	120	Broad Retail Network	1	5	4.2	16.6	17.1	17.3
		Keith	93	Broad Retail Network	4	23	24.7	20.7	20.9	20.9
		Keya Paha	9	Broad Retail Network	0	8	88.9	23.6	26.2	36.5
		Kimball	35	Broad Retail Network	2	1	2.9	20.6	20.6	34.5
		Knox	117	Broad Retail Network	3	15	12.8	17.8	22.9	24.8
		Lancaster	2,164	Broad Retail Network	7	6	0.3	16.6	18.0	18.6
		Lincoln	548	Broad Retail Network	6	63	11.5	21.2	23.6	23.9
		Logan	13	Broad Retail Network	0	13	100.0	32.5	32.8	33.1
		Loup	16	Broad Retail Network	0	5	31.2	25.7	31.4	31.5
		Madison	854	Broad Retail Network	10	16	1.9	16.5	17.0	19.5
		McPherson	9	Broad Retail Network	0	9	100.0	36.2	37.0	37.3
		Merrick	103	Broad Retail Network	2	6	5.8	15.3	15.6	17.4
		Morrill	78	Broad Retail Network	1	28	35.9	17.3	20.1	20.3
		Nance	28	Broad Retail Network	1	9	32.1	18.0	19.2	20.0
		Nemaha	179	Broad Retail Network	2	3	1.7	15.7	17.2	17.5
		Nuckolls	30	Broad Retail Network	1	5	16.7	18.5	22.0	26.8
		Otoe	432	Broad Retail Network	4	7	1.6	16.3	16.9	17.0
		Pawnee	80	Broad Retail Network	1	5	6.2	15.9	16.8	20.3

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Continued on next page...

Access Detail By County - 1 Provider Within 15 Miles - Rural

July 1, 2025

Access Analysis
1 Provider within 15 Miles - Rural

Member / Pharmacy Groups
NEBRASKA - Rural
Broad Retail Network

[1] The Access Standard is defined as (NEBRASKA - Rural) members accessing:
1 (Broad Retail Network) pharmacy in 15 miles

Members Without Access										
Zip Code Class	State Name	County	Member #	Pharmacy Group	Counts #	Without Access[1] #	Without Access[1] %	Average Distance 1	Average Distance 2	Average Distance 3
Rural	Nebraska	Perkins	17	Broad Retail Network	1	1	5.9	25.3	39.5	40.4
		Phelps	146	Broad Retail Network	3	9	6.2	17.1	17.6	17.8
		Platte	235	Broad Retail Network	10	9	3.8	17.3	19.4	23.3
		Polk	70	Broad Retail Network	2	1	1.4	15.4	15.4	22.6
		Red Willow	332	Broad Retail Network	3	6	1.8	18.7	23.0	23.7
		Richardson	86	Broad Retail Network	2	8	9.3	15.7	16.3	17.1
		Rock	43	Broad Retail Network	1	12	27.9	24.0	30.7	36.6
		Saline	258	Broad Retail Network	4	12	4.7	18.0	19.9	21.0
		Saunders	383	Broad Retail Network	1	30	7.8	17.6	19.6	20.8
		Scotts Bluff	840	Broad Retail Network	6	28	3.3	17.1	17.2	18.1
		Seward	411	Broad Retail Network	4	6	1.5	17.0	17.7	18.8
		Sheridan	51	Broad Retail Network	1	21	41.2	22.8	26.3	30.6
		Sherman	47	Broad Retail Network	1	6	12.8	17.0	20.2	30.1
		Sioux	13	Broad Retail Network	0	9	69.2	28.2	35.9	38.6
		Stanton	113	Broad Retail Network	0	8	7.1	16.4	21.0	21.9
		Thayer	35	Broad Retail Network	1	3	8.6	15.7	16.9	17.6
		Thomas	10	Broad Retail Network	0	10	100.0	58.4	59.2	60.5
		Valley	53	Broad Retail Network	3	2	3.8	17.7	21.4	21.4
		Wayne	120	Broad Retail Network	2	3	2.5	15.5	15.8	16.6
		Wheeler	10	Broad Retail Network	0	9	90.0	22.9	26.5	29.3
		York	350	Broad Retail Network	4	8	2.3	16.7	17.1	19.0
	Totals		15,428	Broad Retail Network	195	1,067	6.9	22.0	24.7	27.5
	Oregon	Clackamas	2	Broad Retail Network	17	2	100.0	17.9	18.4	19.2
	South Dakota	Gregory	6	Broad Retail Network	2	1	16.7	22.7	24.1	31.3
	Washington	Walla Walla	3	Broad Retail Network	7	3	100.0	18.6	19.1	19.4
	Wyoming	Goshen	19	Broad Retail Network	2	1	5.3	19.0	20.4	21.1
Grand Totals			15,670	Broad Retail Network	270	1,089	6.9	21.9	24.6	27.3

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Pharmacy Network Disruption

Input Parameter	Input Values
Client Name	State of Nebraska
Network	Broad Retail

State of Nebraska Pharmacy File

Px Type	Network	Px Count	Px%	Claims Count	Claims%	*Mbr Count	Mbr%
COMMUNITY/RETAIL PHARMACY	N	17	1.33%	1228	0.37%	395	1.67%
INDIAN HEALTH SERVICE/TRIBAL/URBAN (I/T/U)	N	2	0.16%	550	0.16%	17	0.07%
LONG TERM CARE PHARMACY	N	3	0.23%	66	0.02%	5	0.02%
COMPOUNDING PHARMACY	N	3	0.23%	11	0.00%	8	0.03%
NON-PHARMACY DISPENSING SITE	N	2	0.16%	8	0.00%	2	0.01%
HOME INFUSION THERAPY PROVIDER	N	1	0.08%	1	0.00%	1	0.00%
Fallout Total		**28**	**2.19%**	**1864**	**0.56%**	**428**	**1.81%**
		.	.	.	.	.	.
PARTICIPATING PHARMACY	Y	1253	97.81%	333345	99.44%	23604	99.86%
Grand Total		**1281**	**100.00%**	**335209**	**100.00%**	**23636**	**100.00%**

*Member count is unique and will not tie to Member total

NABP	Px Name	Px Address	Px City	Px State	Px Zip	Network	Comment	# Claims	# Members
1723370	OPTUMRX, INC.	6800 WEST 115TH STREET SUITE 600	OVERLAND PARK	KS	66211-0000	N	COMMUNITY/RETAIL PHARMACY	483	249
2820404	PONCA HEALTH SERVICES, LINCOLN	1600 WINDHOEK DR	LINCOLN	NE	68512-1272	N	INDIAN HEALTH SERVICE/TRIBAL/URBAN (I/T/U)	378	8
5732676	OPTUM PHARMACY 700, LLC	5700 DOT COM CT STE 1000	OVIEDO	FL	32765-3400	N	COMMUNITY/RETAIL PHARMACY	324	199
2369797	OPTUM PHARMACY 701, LLC	4100 S SAGINAW STREET SUITE D	FLINT	MI	48507-2683	N	COMMUNITY/RETAIL PHARMACY	280	195
2818411	PONCA HILLS HEALTH AND WELLNESS CENTER	1800 SYRACUSE AVE	NORFOLK	NE	68701-2458	N	INDIAN HEALTH SERVICE/TRIBAL/URBAN (I/T/U)	172	9
2819449	ALLIANCE COMMUNITY PHARMACY	2409 BOX BUTTE AVE	ALLIANCE	NE	69301-0000	N	COMMUNITY/RETAIL PHARMACY	49	14
2820923	MEDICINE MAN PHARMACY	526 N LINDEN ST	WAHOO	NE	68066-1961	N	LONG TERM CARE PHARMACY	34	2
1626780	EBY DRUG	103 N 4TH AVE	LOGAN	IA	51546-0000	N	COMMUNITY/RETAIL PHARMACY	21	5
2820288	DAVE'S PHARMACY LTC	508 NIOBRARA AVE	HEMINGFORD	NE	69348-9703	N	LONG TERM CARE PHARMACY	17	1
2820884	ELMWOOD PHARMACY LTC	5203 LEAVENWORTH ST SUITE 1	OMAHA	NE	68106-1345	N	LONG TERM CARE PHARMACY	15	2
1705310	KRIEN PHARMACY INC	105 W WASHINGTON ST	ST FRANCIS	KS	67756-0664	N	COMMUNITY/RETAIL PHARMACY	15	2
2820961	STOCKMEN'S DRUG CRAWFORD	202 MAIN ST	CRAWFORD	NE	69339-1026	N	COMMUNITY/RETAIL PHARMACY	14	7
4613508	BYRAM HEALTHCARE CENTERS, INC	3793 S STATE ST	SALT LAKE CITY	UT	84115-4828	N	COMMUNITY/RETAIL PHARMACY	14	2
2816277	PHARMACY SOLUTIONS	5750 HIDCOTE DR	LINCOLN	NE	68516-5524	N	COMPOUNDING PHARMACY	9	6
2819033	NEBRASKA UROLOGY	5500 PINE LAKE RD	LINCOLN	NE	68516-3389	N	NON-PHARMACY DISPENSING SITE	7	1
2588842	HIGHLAND SPECIALTY PHARMACY	10 C AINSWORTH ROAD	HATTIESBURG	MS	39402-0000	N	COMMUNITY/RETAIL PHARMACY	6	1
2820593	NEBRASKA METHODIST HOSPITAL, RETAIL PHARMACY	8303 DODGE ST	OMAHA	NE	68114-4108	N	COMMUNITY/RETAIL PHARMACY	5	1
5814024	BROADWAY FAMILY PHARMACY	601 AMSTERDAM AVE	NEW YORK	NY	10024-1810	N	COMMUNITY/RETAIL PHARMACY	4	3
3158955	AMWELL PHARMACY	438 US HIGHWAY 206 STE 3	HILLSBOROUGH	NJ	08844-5525	N	COMMUNITY/RETAIL PHARMACY	4	1
2643321	OPTIME CARE, INC	4060 WEDGEWAY COURT	EARTH CITY	MO	63045-0000	N	COMMUNITY/RETAIL PHARMACY	3	1
4939306	OPTUM PHARMACY 701 LLC	8131 W BOSTIAN RD STE A350	WOODINVILLE	WA	98072-5029	N	COMMUNITY/RETAIL PHARMACY	2	1
4531275	SHANNON HEALTH SYSTEM PHARMACY - PAP	120 E HARRIS AVE	SAN ANGELO	TX	76903-5904	N	COMMUNITY/RETAIL PHARMACY	2	1
3990226	BIOMATRIX SPECIALTY PHARMACY PA	3070 MCCANN FARM DR STE 101	GARNET VALLEY	PA	19060-2131	N	HOME INFUSION THERAPY PROVIDER	1	1
5623031	OPTUM PHARMACY 707, INC	4900 RIVERGRADE ROAD SUITE E110	IRWINDALE	CA	91706-1460	N	COMMUNITY/RETAIL PHARMACY	1	1
5934636	GLENDALE PHARMACY	4203 GARDENDALE ST SUITE 223C	SAN ANTONIO	TX	78229-3177	N	COMMUNITY/RETAIL PHARMACY	1	1
2819730	UROLOGY CENTER PC	105 S 90TH ST	OMAHA	NE	68114-3963	N	NON-PHARMACY DISPENSING SITE	1	1
2819906	INNOVATIVE RX	416 W 48TH ST STE 20	KEARNEY	NE	68845-1315	N	COMPOUNDING PHARMACY	1	1
2819982	J KOHLL RX	13110 W DODGE RD STE B	OMAHA	NE	68154-2102	N	COMPOUNDING PHARMACY	1	1
5926716	OPTUM PHARMACY 704, INC.	5627 UNIVERSITY HEIGHTS BOULEVARD SUITE 108	SAN ANTONIO	TX	78249-0000	R	MAIL ORDER PHARMACY	11744	1093
1564930	OPTUM PHARMACY 702, LLC	1050 PATROL RD	JEFFERSONVILLE	IN	47130-7750	R	SPECIALTY PHARMACY	2181	503
2813928	KUBAT HEALTHCARE	910 E COURT ST	BEATRICE	NE	68310-0000	R	Px Closed/NABP INACTIVE	2138	212
365088	OPTUM PHARMACY 701, LLC	1830 S. HORNE	MESA	AZ	85204-5771	R	MAIL ORDER PHARMACY	1040	322
1718634	OPTUMRX, INC.	6800 WEST 115TH STREET SUITE 600	OVERLAND PARK	KS	66211-2457	R	MAIL ORDER PHARMACY	652	248

2805060	RX EXPRESS PHARMACY	402 N JEFFERS ST	NORTH PLATTE	NE	69101-0000	R	Px Closed/NABP INACTIVE	503	43
2818106	CVS PHARMACY #03085	1701 GALVIN RD S	BELLEVUE	NE	68005-3810	R	Px Closed/NABP INACTIVE	485	56
2816645	MEDICAP PHARMACY	2706 2ND AVE	KEARNEY	NE	68847-4430	R	Px Closed/NABP INACTIVE	482	41
323624	WALGREENS.COM	2225 S PRICE RD	CHANDLER	AZ	85286-7201	R	MAIL ORDER PHARMACY	474	122
2817546	URBAN CLINIC PHARMACY INC	1760 COUNTY RD J	WAHOO	NE	68066-0000	R	Px Closed/NABP INACTIVE	463	42
362309	AMAZON PHARMACY #002	3809 E WATKINS ST	PHOENIX	AZ	85034-7264	R	MAIL ORDER PHARMACY	430	74
2819805	AINSWORTH DRUG	255 N MAIN ST	AINSWORTH	NE	69210-1300	R	Px Closed/NABP INACTIVE	420	39
5741372	OPTUM PHARMACY 700, LLC	5700 DOT COM COURT SUITE 1000	OVIEDO	FL	32765-0000	R	MAIL ORDER PHARMACY	352	192
2813904	SONNYS PHARMACY	310 MAIN ST	BRIDGEPORT	NE	69336-0000	R	Px Closed/NABP INACTIVE	298	20
1570882	AMAZON PHARMACY #006	3620 PLAINFIELD ROAD	INDIANAPOLIS	IN	46231-0000	R	MAIL ORDER PHARMACY	297	20
4436615	OPTUM PHARMACY 705, LLC	1893 GENERAL GEORGE PATTON DRIVE STE 106	FRANKLIN	TN	37067-2655	R	SPECIALTY PHARMACY	255	179
5919177	AMAZON PHARMACY #001	4500 S. PLEASANT VALLEY ROAD SUITE 201	AUSTIN	TX	78744-0000	R	MAIL ORDER PHARMACY	208	30
4539079	OPTUM PHARMACY 704, INC	5627 UNIVERSITY HEIGHTS BOULEVARD SUITE 108	SAN ANTONIO	TX	78249-3583	R	SPECIALTY PHARMACY	183	135
2815770	WALGREENS #05190	2323 L STREET	OMAHA	NE	68107-1847	R	Px Closed/NABP INACTIVE	173	23
360987	OPTUM PHARMACY 801 INC	24416 N 19TH AVE SUITE 100	PHOENIX	AZ	85085-1887	R	SPECIALTY PHARMACY	168	61
5817133	PROPEL PHARMACY	5962 STATE ROUTE 31 STE 4	CICERO	NY	13039-7857	R	MAIL ORDER PHARMACY	163	37
1493826	CAREPOINT PHARMACY	9 COMMERCE DR	SCHAUMBURG	IL	60173-5302	R	MAIL ORDER PHARMACY	127	59
131754	OPTUM PHARMACY 705 LLC	1100 LEE BRANCH LN	BIRMINGHAM	AL	35242-1507	R	SPECIALTY PHARMACY	125	86
1721275	AR-EX DRUG STORE	801 BROADWAY	MARYSVILLE	KS	66508-0000	R	Px Closed/NABP INACTIVE	96	2
2820694	BLOOD PHARMACY TILDEN	103 E 2ND ST	TILDEN	NE	68781-0000	R	Px Closed/NABP INACTIVE	85	24
1604099	LEHAN PHARMACY	317 MAIN ST	MINDEN	IA	51553-0000	R	Px Closed/NABP INACTIVE	82	2
2818233	CVS PHARMACY #03478	2609 S 132ND ST	OMAHA	NE	68144-2595	R	Px Closed/NABP INACTIVE	78	21
2814386	CAMPBELL DRUG	311 MAIN ST	OSHKOSH	NE	69154-0000	R	Px Closed/NABP INACTIVE	73	16
2819134	U-SAVE PAVILION PHARMACY	211 W LEOTA ST	NORTH PLATTE	NE	69101-0614	R	Px Closed/NABP INACTIVE	57	14
5729871	AMAZON PHARMACY #003	6701 NW 7TH STREET SUITE #199	MIAMI	FL	33126-0000	R	MAIL ORDER PHARMACY	56	13
2802038	RONS PHARMACY	537 WEST GAGE ST	BLUE HILL	NE	68930-0307	R	Px Closed/NABP INACTIVE	56	4
2801442	ADAMS DRUG COMPANY INC	513 BROADWAY	IMPERIAL	NE	69033-0369	R	Px Closed/NABP INACTIVE	39	11
2992750	OPTUM FRONTIER THERAPIES II LLC	6425 SANTA MARGARITA STREET UNIT 110	LAS VEGAS	NV	89118-0000	R	SPECIALTY PHARMACY	31	11
2633611	EXPRESS SCRIPTS SPECIALTY DIST SVCS	4600 N. HANLEY ROAD SUITE B	SAINT LOUIS	MO	63134-2715	R	MAIL ORDER PHARMACY	30	4
2433693	STERLING SPECIALTY PHARMACY	1312 NORTHLAND DR SUITE 500	MENDOTA HEIGHTS	MN	55120-1140	R	SPECIALTY PHARMACY	25	17
4939902	AMAZON PHARMACY #005	20416 72ND AVE S	KENT	WA	98032-2319	R	MAIL ORDER PHARMACY	24	6
3686663	EDGEPARK MEDICAL SUPPLIES	1810 SUMMIT COMMERCE PARK	TWINSBURG	OH	44087-2300	R	MAIL ORDER PHARMACY	24	1
5660091	TRUEPILL	3121 DIABLO AVE	HAYWARD	CA	94545-2701	R	MAIL ORDER PHARMACY	23	14
4436920	ACCREDO HEALTH GROUP INC	1620 CENTURY CENTER PARKWAY SUITE 109	MEMPHIS	TN	38134-0000	R	SPECIALTY PHARMACY	23	6

6008002	PANTHERX SPECIALTY PHARMACY	1120 STEVENSON MILL RD STE 400	CORAOPOLIS	PA	15108-2446	R	SPECIALTY PHARMACY	23	4
1942754	PROFESSIONAL ARTS PHARMACY	128 CURRAN LN	LAFAYETTE	LA	70506-0000	R	MAIL ORDER PHARMACY	22	2
1602778	OARD ROSS DRUG INC	701 16TH AVE	COUNCIL BLUFFS	IA	51501-6378	R	Px Closed/NABP INACTIVE	21	2
5733591	ROSEMONT SPECIALTY PHARMACY	1727 ORLANDO CENTRAL PKWY	ORLANDO	FL	32809-0000	R	MAIL ORDER PHARMACY	20	10
6001565	PANTHERX SPECIALTY PHARMACY	24 SUMMIT PARK DR STE 101	PITTSBURGH	PA	15275-1104	R	SPECIALTY PHARMACY	19	4
2817798	GENOA COMMUNITY PHARMACY	508 WILLARD AVE.	GENOA	NE	68640-0000	R	Px Closed/NABP INACTIVE	18	5
5934787	BIOLOGICS BY MCKESSON	13501 PARK VISTA BLVD STE 150	FORT WORTH	TX	76177-3203	R	SPECIALTY PHARMACY	18	4
1487330	CAREPOINT PHARMACY	9 E COMMERCE DRIVE	SCHAUMBURG	IL	60173-0000	R	MAIL ORDER PHARMACY	17	13
4939318	OPTUM PHARMACY 701, LLC	8131 W BOSTIAN RD STE A350	WOODINVILLE	WA	98072-5029	R	MAIL ORDER PHARMACY	17	4
3472660	OPTUM PHARMACY 701, LLC	4015 SHOPTON ROAD SUITE 600	CHARLOTTE	NC	28217-0000	R	MAIL ORDER PHARMACY	16	5
3061582	PILLPACK BY AMAZON PHARMACY	250 COMMERCIAL ST STE 2012	MANCHESTER	NH	03101-1142	R	MAIL ORDER PHARMACY	16	4
1715830	CAREMARK KANSAS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	11162 RENNER BLVD	LENEXA	KS	66219-9621	R	SPECIALTY PHARMACY	14	4
2819110	TEKAMAH DRUG COMPANY	412 S 13TH ST	TEKAMAH	NE	68061-0009	R	Px Closed/NABP INACTIVE	13	2
2817736	KUBAT HEALTHCARE	108 W 11TH ST	NELIGH	NE	68756-0000	R	Px Closed/NABP INACTIVE	12	4
3974892	ACCREDO HEALTH GROUP INC	3000 ERICSSON DRIVE SUITE 100	WARRENDALE	PA	15086-7502	R	SPECIALTY PHARMACY	12	1
3430369	BIOLOGICS BY MCKESSON	11800 WESTON PKWY	CARY	NC	27513-0000	R	SPECIALTY PHARMACY	11	6
2818827	DOD OFFUTT PHARMACY	502 CUSTER DR	OFFUTT	NE	68113-1043	R	MILITARY/U.S. COAST GUARD PHARMACY	11	3
3662726	GEM EDWARDS PHARMACY	5650 HUDSON INDUSTRIAL PKWY STE A	HUDSON	OH	44236-0000	R	MAIL ORDER PHARMACY	10	4
4918213	BARTELL DRUGS #31	2700 NE UNIVERSITY VILLAGE STREET	SEATTLE	WA	98105-5016	R	Px Closed/NABP INACTIVE	9	1
1606980	STANGEL PHARMACY	821 IOWA AVE	ONAWA	IA	51040-1629	R	Px Closed/NABP INACTIVE	7	1
514667	WALGREENS #842	350 NORTH CAPITOL AVENUE	SAN JOSE	CA	95133-1937	R	Px Closed/NABP INACTIVE	3	1
5710240	LEE PHARMACY 2	9981 S HEALTH PARK DR	FORT MYERS	FL	33908-3618	R	Px Closed/NABP INACTIVE	3	1
600862	WALGREENS #4307	12051 E MISSISSIPPI AVE	AURORA	CO	80012-2834	R	Px Closed/NABP INACTIVE	3	1
620307	WALGREENS #11863	3143 W COLORADO AVE	COLORADO SPRINGS	CO	80904-2040	R	Px Closed/NABP INACTIVE	2	1
627779	CVS PHARMACY #17841	460 S COLLEGE AVE	FORT COLLINS	CO	80524-2992	R	Px Closed/NABP INACTIVE	2	1
3331597	GATES AND GARVEY PHARMACY	276-280 MARCUS GARVEY BLVD	BROOKLYN	NY	11221-0000	R	Px Closed/NABP INACTIVE	2	1
1061554	WALGREENS #12672	1835 W SAND LAKE RD	ORLANDO	FL	32809-7629	R	Px Closed/NABP INACTIVE	2	1
3809742	RITE AID PHARMACY 05357	514 NE 181ST AVENUE	PORTLAND	OR	97230-6704	R	Px Closed/NABP INACTIVE	2	1
1830391	WALGREENS #11198	3312 STATE ROUTE 54	OWENSBORO	KY	42303-2121	R	Px Closed/NABP INACTIVE	2	1
3137141	CAREMARK NEW JERSEY SPECIALTY PHARMACY DBA CVS/SPECIALTY	180 PASSAIC AVENUE UNIT B-5	FAIRFIELD	NJ	07004-3516	R	SPECIALTY PHARMACY	2	1
3157369	RVL PHARMACY	2500 MAIN ST EXTENSION SUITE 10	SAYREVILLE	NJ	08872-0000	R	MAIL ORDER PHARMACY	1	1
4445640	ANOVORX GROUP LLC	1710 N SHELBY OAKS DRIVE SUITE 1	MEMPHIS	TN	38134-0000	R	SPECIALTY PHARMACY	1	1
3985934	WALGREENS #9674	133 W 8TH AVE	HOMESTEAD	PA	15120-1008	R	Px Closed/NABP INACTIVE	1	1
617641	WALGREENS #5547	350 N UNION BLVD	COLORADO SPRINGS	CO	80909-5704	R	Px Closed/NABP INACTIVE	1	1

1929388	WALGREENS #5747	3747 MOSS ST	LAFAYETTE	LA	70507-5536	R	Px Closed/NABP INACTIVE	1	1
3211632	WALGREENS #11958	3632 MENAUL BLVD NE	ALBUQUERQUE	NM	87110-0000	R	Px Closed/NABP INACTIVE	1	1
3964687	RITE AID PHARMACY 02790	1406 CECIL B MOORE AVE	PHILADELPHIA	PA	19121-4311	R	Px Closed/NABP INACTIVE	1	1
2815605	WALGREENS #04753	1404 SUPERIOR ST	LINCOLN	NE	68521-1945	Y	PARTICIPATING PHARMACY	8635	997
2815908	WALGREENS #05874	2630 PINE LAKE RD	LINCOLN	NE	68512-3648	Y	PARTICIPATING PHARMACY	7522	879
2817192	CVS PHARMACY #08626	7002 O ST	LINCOLN	NE	68510-2425	Y	PARTICIPATING PHARMACY	7400	1054
2812798	HY-VEE PHARMACY #4 (1388)	6001 VILLAGE DRIVE	LINCOLN	NE	68516-0000	Y	PARTICIPATING PHARMACY	6349	655
2817217	CVS PHARMACY #08615	1411 SUPERIOR STREET	LINCOLN	NE	68521-0000	Y	PARTICIPATING PHARMACY	6253	600
2818295	CVS PHARMACY #00473	1550 SOUTH ST L	LINCOLN	NE	68502-0000	Y	PARTICIPATING PHARMACY	5631	512
2817659	HY-VEE PHARMACY #1 (1385)	5010 O STREET	LINCOLN	NE	68510-0000	Y	PARTICIPATING PHARMACY	5438	500
2818271	CVS PHARMACY #04033	5611 S 27TH ST	LINCOLN	NE	68512-1613	Y	PARTICIPATING PHARMACY	4981	505
2815388	HY-VEE PHARMACY #5 (1390)	7151 STACY LANE	LINCOLN	NE	68516-0000	Y	PARTICIPATING PHARMACY	4869	499
2816164	RUSS'S PHARMACY #21	1550 S CODDINGTON	LINCOLN	NE	68522-0000	Y	PARTICIPATING PHARMACY	4867	383
2800046	WALGREENS #03182	7045 O STREET	LINCOLN	NE	68510-2426	Y	PARTICIPATING PHARMACY	4699	579
2811063	HY-VEE PHARMACY #2 (1386)	1601 N 84TH STREET	LINCOLN	NE	68505-0000	Y	PARTICIPATING PHARMACY	4646	424
2816203	WALGREENS #06884	4000 S 70TH ST	LINCOLN	NE	68506-4658	Y	PARTICIPATING PHARMACY	4470	640
2817205	CVS PHARMACY #08616	5566 S 56TH ST	LINCOLN	NE	68516-0000	Y	PARTICIPATING PHARMACY	4345	492
2815744	WALMART PHARMACY 10-2784	3620 NORTH 6TH STREET	BEATRICE	NE	68310-0000	Y	PARTICIPATING PHARMACY	4333	400
2814893	HY-VEE PHARMACY #3 (1387)	5020 N 27TH STREET	LINCOLN	NE	68521-0000	Y	PARTICIPATING PHARMACY	4171	397
2810946	CLABAUGH PHARMACY	501 COURT ST	BEATRICE	NE	68310-3989	Y	PARTICIPATING PHARMACY	4105	199
2817229	CVS PHARMACY #08610	2755 S 48TH ST	LINCOLN	NE	68506-0000	Y	PARTICIPATING PHARMACY	3881	311
2820997	KUBAT HEALTHCARE	910 E COURT ST	BEATRICE	NE	68310-0000	Y	PARTICIPATING PHARMACY	3410	251
2817332	WALGREENS #10408	4811 O ST	LINCOLN	NE	68510-1920	Y	PARTICIPATING PHARMACY	3377	391
2816518	WALGREENS #07383	205 W 27TH ST	SCOTTSBLUFF	NE	69361-4307	Y	PARTICIPATING PHARMACY	3173	324
2817154	U SAVE PHARMACY OF NORFOLK	1001 W BENJAMIN AVENUE	NORFOLK	NE	68701-0000	Y	PARTICIPATING PHARMACY	3161	223
2817394	WALGREENS #11089	5500 RED ROCK LN	LINCOLN	NE	68516-6512	Y	PARTICIPATING PHARMACY	2949	369
2816974	WALGREENS #01162	8300 NORTHERN LIGHTS DR	LINCOLN	NE	68505-3705	Y	PARTICIPATING PHARMACY	2936	316
2812712	WALGREENS #01430	1701 SOUTH ST	LINCOLN	NE	68502-2734	Y	PARTICIPATING PHARMACY	2845	394
2818447	SUPER SAVER PHARMACY #27	840 FALLBROOK BLVD	LINCOLN	NE	68521-0000	Y	PARTICIPATING PHARMACY	2777	257
2809690	U SAVE PHARMACY	211 W LEOTA	NORTH PLATTE	NE	69101-6503	Y	PARTICIPATING PHARMACY	2729	185
2816532	WALMART PHARMACY 10-3278	8700 ANDERMATT DRIVE	LINCOLN	NE	68526-0000	Y	PARTICIPATING PHARMACY	2574	265
2818702	HY-VEE PHARMACY (1323)	5212 3RD AVENUE	KEARNEY	NE	68845-2831	Y	PARTICIPATING PHARMACY	2572	242
2815403	WALGREENS #04531	1300 W. NORFOLK AVE	NORFOLK	NE	68701-4834	Y	PARTICIPATING PHARMACY	2392	263
2814259	WALMART PHARMACY 10-1943	4700 N 27TH STREET	LINCOLN	NE	68521-0000	Y	PARTICIPATING PHARMACY	2373	244
2814146	WALGREENS #02845	5701 VILLAGE BLVD	LINCOLN	NE	68516-4759	Y	PARTICIPATING PHARMACY	2325	280
2815047	HY-VEE PHARMACY #1 (1460)	120 E NORFOLK	NORFOLK	NE	68701-0000	Y	PARTICIPATING PHARMACY	2234	187
2817433	CVS PHARMACY #17371	8201 S 40TH ST	LINCOLN	NE	68516-0000	Y	PARTICIPATING PHARMACY	2211	311

2811304	WALGREENS #04088	2502 N 48TH ST	LINCOLN	NE	68504-3629	Y	PARTICIPATING PHARMACY	2168	210
2810833	U-SAVE PHARMACY & MEDICAL SUPPLY	902 N HWY 83	MCCOOK	NE	69001-0000	Y	PARTICIPATING PHARMACY	2134	142
2817700	WALMART PHARMACY 10-3823	3400 NORTH 85TH STREET	LINCOLN	NE	68507-9435	Y	PARTICIPATING PHARMACY	2081	197
2812433	WALGREENS #03716	2516 2ND AVE	KEARNEY	NE	68847-4415	Y	PARTICIPATING PHARMACY	1965	303
2810390	SAFEWAY PHARMACY #0556	601 BROADWAY	SCOTTSBLUFF	NE	69361-3517	Y	PARTICIPATING PHARMACY	1965	132
2817457	WALGREENS #10892	533 S LINCOLN AVE	YORK	NE	68467-4211	Y	PARTICIPATING PHARMACY	1946	211
2819336	ALIVATION PHARMACY, LLC	8550 CUTHILLS CIR	LINCOLN	NE	68526-9474	Y	PARTICIPATING PHARMACY	1879	60
2818536	WALMART PHARMACY 10-2432	2501 GRAINGER PARKWAY	LINCOLN	NE	68512-0000	Y	PARTICIPATING PHARMACY	1815	183
2812899	WALMART PHARMACY 10-0867	3322 AVENUE I	SCOTTSBLUFF	NE	69361-4589	Y	PARTICIPATING PHARMACY	1788	191
2813295	WALGREENS #09899	1525 E 23RD ST	FREMONT	NE	68025-2434	Y	PARTICIPATING PHARMACY	1785	188
2812750	WALMART PHARMACY 10-0790	1902 WEST B	MCCOOK	NE	69001-0000	Y	PARTICIPATING PHARMACY	1777	130
2813017	WALMART PHARMACY 10-0598	5411 N. SECOND AVENUE	KEARNEY	NE	68847-0000	Y	PARTICIPATING PHARMACY	1773	170
2800628	GERING U-SAVE PHARMACY	1400 10TH STREET	GERING	NE	69341-0000	Y	PARTICIPATING PHARMACY	1748	120
2812914	WALMART PHARMACY 10-0885	1326 280TH ROAD	SEWARD	NE	68434-0000	Y	PARTICIPATING PHARMACY	1735	176
2815059	HY-VEE PHARMACY #2 (1461)	2107 TAYLOR AVENUE	NORFOLK	NE	68701-0000	Y	PARTICIPATING PHARMACY	1718	157
2817801	WALGREENS #12538	1230 N WEBB RD	GRAND ISLAND	NE	68803-3304	Y	PARTICIPATING PHARMACY	1633	149
2817902	WALGREENS #12405	102 E PHILIP AVE	NORTH PLATTE	NE	69101-5537	Y	PARTICIPATING PHARMACY	1626	150
2801694	WALGREENS #00515	2600 SOUTH 48TH STREET STE 7	LINCOLN	NE	68506-2502	Y	PARTICIPATING PHARMACY	1585	186
2813651	WALMART PHARMACY 10-0350	101 EAST DAVID DRIVE	YORK	NE	68467-0000	Y	PARTICIPATING PHARMACY	1562	149
2819817	U-SAVE PHARMACY	3611 2ND AVE	KEARNEY	NE	68847-8104	Y	PARTICIPATING PHARMACY	1498	105
2813702	CODY'S USAVE PHARMACY	2220 J STREET	AUBURN	NE	68305-0000	Y	PARTICIPATING PHARMACY	1424	104
2816823	HY-VEE PHARMACY (1185)	840 EAST 23RD STREET	FREMONT	NE	68025-0000	Y	PARTICIPATING PHARMACY	1415	101
2800236	WALGREENS #03694	1802 GALVIN RD S	BELLEVUE	NE	68005-3813	Y	PARTICIPATING PHARMACY	1414	193
2800034	WALGREENS #00541	1301 O STREET	LINCOLN	NE	68508-1512	Y	PARTICIPATING PHARMACY	1407	167
2802684	BERTS PHARMACY	1021 W 14TH ST	HASTINGS	NE	68901-3046	Y	PARTICIPATING PHARMACY	1371	97
2813548	WALMART PHARMACY 10-1326	2250 NO. DIERS AVE	GRAND ISLAND	NE	68803-0000	Y	PARTICIPATING PHARMACY	1343	118
2810249	WEAVER PHARMACY	1014 G ST	GENEVA	NE	68361-0000	Y	PARTICIPATING PHARMACY	1340	93
2803927	THE NEBRASKA MEDICAL CENTER CLINIC PHARMACY	989200 NEBRASKA MEDICAL CENTER	OMAHA	NE	68198-9200	Y	PARTICIPATING PHARMACY	1331	161
2804400	CHIEF DRUG	123 SOUTH 3RD ST	TECUMSEH	NE	68450-0000	Y	PARTICIPATING PHARMACY	1331	88
2802850	VALLEY PHARMACY INC	211 W 33RD ST	KEARNEY	NE	68845-0000	Y	PARTICIPATING PHARMACY	1330	107
2813803	WALMART PHARMACY 10-1460	3803 OSBORNE DRIVE WEST	HASTINGS	NE	68901-0000	Y	PARTICIPATING PHARMACY	1304	128
2818613	CVS PHARMACY #10293	1301 WEST NORFOLK AVE	NORFOLK	NE	68701-0000	Y	PARTICIPATING PHARMACY	1285	103
2812887	WALGREENS #04974	5038 CENTER ST	OMAHA	NE	68106-3111	Y	PARTICIPATING PHARMACY	1278	187
2820327	U-SAVE PHARMACY	13851 GUILDFORD ST STE D	WAVERLY	NE	68462-1453	Y	PARTICIPATING PHARMACY	1277	85
2816405	CVS PHARMACY #16055	333 N 48TH ST	LINCOLN	NE	68504-0000	Y	PARTICIPATING PHARMACY	1269	165
2812546	WALMART PHARMACY 10-0776	3010 E 23RD AVE N	FREMONT	NE	68025-0000	Y	PARTICIPATING PHARMACY	1260	95

2819386	COSTCO PHARMACY #1285	1620 PINE LAKE RD	LINCOLN	NE	68512-3612	Y	PARTICIPATING PHARMACY	1253	155
2805147	HASSELBALCH PHARMACY	143 S 3RD ST	TECUMSEH	NE	68450-0537	Y	PARTICIPATING PHARMACY	1239	111
2800248	WALGREENS #07272	13155 W CENTER RD	OMAHA	NE	68144-3740	Y	PARTICIPATING PHARMACY	1189	146
2818120	MEDS & MORE	1226 W PASEWALK AVE	NORFOLK	NE	68701-0000	Y	PARTICIPATING PHARMACY	1186	73
2804385	SYRACUSE U-SAVE PHARMACY	1710 POPLAR	SYRACUSE	NE	68446-0000	Y	PARTICIPATING PHARMACY	1174	118
2812786	WESTFIELD PHARMACY	1845 WEST A ST	NORTH PLATTE	NE	69101-0000	Y	PARTICIPATING PHARMACY	1152	64
2800642	U SAVE PHARMACY SOUTH	2105 S LOCUST ST	GRAND ISLAND	NE	68801-0000	Y	PARTICIPATING PHARMACY	1148	84
2817421	WALMART PHARMACY 10-4322	1800 EAST 29TH STREET	CRETE	NE	68333-0000	Y	PARTICIPATING PHARMACY	1142	133
2818358	SAMS PHARMACY 10-4873	8480 ANDERMATT DR	LINCOLN	NE	68526-0000	Y	PARTICIPATING PHARMACY	1087	127
2818459	U SAVE PHARMACY GRETNA	611 N HIGHWAY 6	GRETNA	NE	68028-0000	Y	PARTICIPATING PHARMACY	1085	70
2818651	HY-VEE PHARMACY (1527)	16418 WESTSIDE DRIVE	PLATTSMOUTH	NE	68048-0000	Y	PARTICIPATING PHARMACY	1060	93
2803648	O'NEILL FAMILY PHARMACY	317 E DOUGLAS STREET	ONEILL	NE	68763-1829	Y	PARTICIPATING PHARMACY	1055	107
2819398	SUPER SAVER PHARMACY #11	5460 S 56TH ST	LINCOLN	NE	68516-1879	Y	PARTICIPATING PHARMACY	1050	82
2813992	RUSS PHARMACY #1	1709 WASHINGTON ST	LINCOLN	NE	68502-0000	Y	PARTICIPATING PHARMACY	1047	56
2802773	HOLDREGE PHARMACY	516 W 14TH ST SUITE 500	HOLDREGE	NE	68949-0000	Y	PARTICIPATING PHARMACY	1036	54
2814285	WALGREENS #05736	815 N 27TH ST	LINCOLN	NE	68503-2524	Y	PARTICIPATING PHARMACY	1035	166
2812508	WALMART PHARMACY 10-0637	200 FRONTIER STREET	LEXINGTON	NE	68850-0000	Y	PARTICIPATING PHARMACY	1023	110
2812356	WALMART PHARMACY 10-0645	2400 PASEWALK AVE	NORFOLK	NE	68701-0000	Y	PARTICIPATING PHARMACY	1021	99
2818372	CVS PHARMACY #02741	6901 S 84TH ST	LA VISTA	NE	68128-2127	Y	PARTICIPATING PHARMACY	1015	157
2817673	WALGREENS #11356	11343 S 96TH ST	PAPILLION	NE	68046-4280	Y	PARTICIPATING PHARMACY	1007	142
2817382	HY-VEE PHARMACY (1514)	11650 S 73RD ST	PAPILLION	NE	68046-0000	Y	PARTICIPATING PHARMACY	998	84
2816568	WALGREENS #06802	15525 SPAULDING PLAZA	OMAHA	NE	68116-6211	Y	PARTICIPATING PHARMACY	983	112
2819831	LINCOLN PHARMACY	3300 A ST STE 100	LINCOLN	NE	68510-4512	Y	PARTICIPATING PHARMACY	981	137
2817279	CVS PHARMACY #16297	4800 3RD AVE	KEARNEY	NE	68845-0000	Y	PARTICIPATING PHARMACY	968	103
2819425	MEADOWLARK PHARMACY	520 PRAIRIE VW	HICKMAN	NE	68372-7083	Y	PARTICIPATING PHARMACY	967	101
2816897	WALGREENS #02472	18040 R PLAZA	OMAHA	NE	68135-1922	Y	PARTICIPATING PHARMACY	964	120
2816140	SAMS PHARMACY	4900 NORTH 27TH STREET	LINCOLN	NE	68521-0000	Y	PARTICIPATING PHARMACY	949	54
2816087	BAKERS PHARMACY #323	1531 N BELL ST	FREMONT	NE	68025-0000	Y	PARTICIPATING PHARMACY	946	60
2817560	HY-VEE PHARMACY (1221)	115 WILMAR AVE	GRAND ISLAND	NE	68803-0000	Y	PARTICIPATING PHARMACY	916	130
2803232	STOCKWELL PHARMACY	3811 S 27TH ST	LINCOLN	NE	68502-5700	Y	PARTICIPATING PHARMACY	906	46
2809878	JIMS U SAVE PHARMACY	219 Q STREET	AURORA	NE	68818-0000	Y	PARTICIPATING PHARMACY	903	85
2810439	WALGREENS #04754	8380 HARRISON ST	LA VISTA	NE	68128-2918	Y	PARTICIPATING PHARMACY	900	121
2801199	BREHM DRUG	608 HOWARD AVE	SAINT PAUL	NE	68873-0000	Y	PARTICIPATING PHARMACY	895	59
2815667	HY-VEE PHARMACY (1078)	3010 23RD ST	COLUMBUS	NE	68601-0000	Y	PARTICIPATING PHARMACY	894	92
2816924	LINCOLN VA CLINIC PHARMACY	420 VICTORY PARK DR	LINCOLN	NE	68510-2484	Y	PARTICIPATING PHARMACY	882	103
2803674	U SAVE PHARMACY OGALLALA	23 N SPRUCE ST	OGALLALA	NE	69153-0000	Y	PARTICIPATING PHARMACY	881	59
2816859	BAKERS PHARMACY #300	3614 TWIN CREEK DR	BELLEVUE	NE	68123-0000	Y	PARTICIPATING PHARMACY	873	75

2812736	WALGREENS #12115	2320 23RD AVE	COLUMBUS	NE	68601-3304	Y	PARTICIPATING PHARMACY	871	104
2814778	U-SAVE PHARMACY NW	3224 W 13TH ST	GRAND ISLAND	NE	68803-0000	Y	PARTICIPATING PHARMACY	871	80
2813156	FULMER PHARMACY	1317 HILL ST	HOLDREGE	NE	68949-0000	Y	PARTICIPATING PHARMACY	864	64
2804551	BARNAS DRUG INC	124 W 3RD ST	WILBER	NE	68465-0547	Y	PARTICIPATING PHARMACY	863	60
2817875	WALGREENS #12854	502 S 11TH ST	NEBRASKA CITY	NE	68410-2728	Y	PARTICIPATING PHARMACY	855	90
2815768	WALGREENS #05360	5062 S 155TH ST	OMAHA	NE	68137-5002	Y	PARTICIPATING PHARMACY	848	121
2818738	RUSS'S MARKET PHARMACY #7	611 N BURLINGTON AVE	HASTINGS	NE	68901-0000	Y	PARTICIPATING PHARMACY	847	65
2800541	FARRELL'S PHARMACY	120 WEST B ST	MCCOOK	NE	69001-0000	Y	PARTICIPATING PHARMACY	847	50
2818815	KEX RX PHARMACY & HOME CARE	120 E 18TH ST	FALLS CITY	NE	68355-0000	Y	PARTICIPATING PHARMACY	841	54
2810910	HY-VEE PHARMACY #1 (1465)	5150 CENTER	OMAHA	NE	68106-0000	Y	PARTICIPATING PHARMACY	832	72
2817089	WALMART PHARMACY 10-3395	3501 SOUTH LOCUST STREET	GRAND ISLAND	NE	68801-0000	Y	PARTICIPATING PHARMACY	815	64
2803422	LT PEDLEY DRUG	419 N COLORADO	MINDEN	NE	68959-0000	Y	PARTICIPATING PHARMACY	800	47
2820391	MEDICINE MAN PHARMACY	526 N. LINDEN ST	WAHOO	NE	68066-0000	Y	PARTICIPATING PHARMACY	790	99
2800185	WALGREENS #03269	705 N BURLINGTON AVE	HASTINGS	NE	68901-4419	Y	PARTICIPATING PHARMACY	779	112
2820151	STONER DRUG	2115 14TH ST STE 201	AUBURN	NE	68305-1760	Y	PARTICIPATING PHARMACY	776	37
2809777	USAVE PHARMACY LEX	603 N WASHINGTON	LEXINGTON	NE	68850-0000	Y	PARTICIPATING PHARMACY	770	92
2818221	CVS PHARMACY #05714	4840 DODGE ST	OMAHA	NE	68132-3111	Y	PARTICIPATING PHARMACY	763	67
2818889	GENOA HEALTHCARE, LLC	2301 O ST	LINCOLN	NE	68510-1124	Y	PARTICIPATING PHARMACY	759	39
2809688	GOTHENBURG DISCOUNT PHARMACY	902 AVENUE D	GOTHENBURG	NE	69138-0000	Y	PARTICIPATING PHARMACY	759	30
2818423	ROCK COUNTY PHARMACY	103 W HIGHWAY 20	BASSETT	NE	68714-0000	Y	PARTICIPATING PHARMACY	757	65
2817344	WALMART PHARMACY 10-4209	2101 S. 11TH STREET	NEBRASKA CITY	NE	68410-0000	Y	PARTICIPATING PHARMACY	730	72
2817077	VARNEY PHARMACY	744 SOUTH E ST	BROKEN BOW	NE	68822-0070	Y	PARTICIPATING PHARMACY	722	61
1600293	WALGREENS #4405	2508 W BROADWAY	COUNCIL BLUFFS	IA	51501-3509	Y	PARTICIPATING PHARMACY	720	66
2813978	HY-VEE PHARMACY #4 (1467)	10808 FORT STREET	OMAHA	NE	68164-0000	Y	PARTICIPATING PHARMACY	720	60
2815693	SUPER SAVER PHARMACY #17	2525 PINE LAKE ROAD	LINCOLN	NE	68512-0000	Y	PARTICIPATING PHARMACY	703	73
2812419	CHARLIES U SAVE PHARMACY	2029 N LINCOLN AVE	YORK	NE	68467-1025	Y	PARTICIPATING PHARMACY	703	43
2818598	WALMART PHARMACY 10-3173	9460 GILES RD	LA VISTA	NE	68128-3064	Y	PARTICIPATING PHARMACY	694	54
2819146	SUPER SAVER PHARMACY #28	710 WEST STATE ST	GRAND ISLAND	NE	68801-0000	Y	PARTICIPATING PHARMACY	685	26
2817469	WALGREENS #11204	20201 MANDERSON ST	ELKHORN	NE	68022-3234	Y	PARTICIPATING PHARMACY	684	106
2810136	TRAV'S U-SAVE PHARMACY	1414 16TH ST	CENTRAL CITY	NE	68826-1812	Y	PARTICIPATING PHARMACY	681	61
2818283	WALMART PHARMACY 10-4568	1882 HOLLY ST	BLAIR	NE	68008-6309	Y	PARTICIPATING PHARMACY	674	50
2803460	CODY'S USAVE PHARMACY	1821 S 11TH ST	NEBRASKA CITY	NE	68410-0000	Y	PARTICIPATING PHARMACY	673	48
2817091	CROSIER PARK PHARMACY	405 EAST 14TH STREET	HASTINGS	NE	68901-0000	Y	PARTICIPATING PHARMACY	672	25
2817990	WALMART PHARMACY 10-4600	11350 WICKERSHAM BLVD	GRETNA	NE	68028-0000	Y	PARTICIPATING PHARMACY	664	74
2819843	GENOA HEALTHCARE, LLC	3100 N 14TH STREET SUITE P	LINCOLN	NE	68521-2134	Y	PARTICIPATING PHARMACY	658	27
2814362	WALMART PHARMACY 10-0418	2831 HWY 15	FAIRBURY	NE	68352-0000	Y	PARTICIPATING PHARMACY	656	74
2815186	WALMART PHARMACY 10-2579	510 LINDEN STREET	CHADRON	NE	69337-0000	Y	PARTICIPATING PHARMACY	645	69

2819297	HEART CITY DRUG	110 N MAIN ST	VALENTINE	NE	69201-1817	Y	PARTICIPATING PHARMACY	645	45
2816253	MARKS PHARMACY CAMBRIDGE	624 PATTERSON ST	CAMBRIDGE	NE	69022-0117	Y	PARTICIPATING PHARMACY	644	45
2818308	CVS PHARMACY #05634	8315 W CENTER RD	OMAHA	NE	68124-3111	Y	PARTICIPATING PHARMACY	643	43
2810112	WALGREENS #03467	1515 W 2ND ST	GRAND ISLAND	NE	68801-5715	Y	PARTICIPATING PHARMACY	642	77
2818081	CVS PHARMACY #02931	14303 U ST	OMAHA	NE	68137-2666	Y	PARTICIPATING PHARMACY	638	68
2813889	SEWARD FAMILY PHARMACY	250 N COLUMBIA AVE	SEWARD	NE	68434-0000	Y	PARTICIPATING PHARMACY	635	77
2815061	HY-VEE PHARMACY #5 (1470)	7910 CASS STREET	OMAHA	NE	68114-0000	Y	PARTICIPATING PHARMACY	632	56
2814526	WALGREENS #03186	3701 NORTH 132ND ST	OMAHA	NE	68164-1849	Y	PARTICIPATING PHARMACY	629	99
2814350	HY-VEE PHARMACY #2 (1466)	14591 STONY BROOK BLVD.	OMAHA	NE	68137-0000	Y	PARTICIPATING PHARMACY	626	74
2816950	HY-VEE PHARMACY #10 (1474)	3410 NORTH 156TH STREET	OMAHA	NE	68116-0000	Y	PARTICIPATING PHARMACY	619	74
2819463	DAVE'S PHARMACY	223 BOX BUTTE AVE	ALLIANCE	NE	69301-3741	Y	PARTICIPATING PHARMACY	615	31
2819994	FRONTIER FAMILY PHARMACY	540 S 8TH AVE	BROKEN BOW	NE	68822-0000	Y	PARTICIPATING PHARMACY	608	41
2816051	BAKERS PHARMACY #319	888 SADDLECREEK RD	OMAHA	NE	68106-0000	Y	PARTICIPATING PHARMACY	597	38
2815910	WALGREENS #05059	10725 FORT ST	OMAHA	NE	68134-1229	Y	PARTICIPATING PHARMACY	588	68
2815213	RUSS'S PHARMACY #2	130 N 66TH ST	LINCOLN	NE	68505-2402	Y	PARTICIPATING PHARMACY	568	38
2802874	BEMIS DRUG LLC	129 S CHESTNUT ST	KIMBALL	NE	69145-1208	Y	PARTICIPATING PHARMACY	566	36
2818574	CVS PHARMACY #10243	1710 W 2ND ST	GRAND ISLAND	NE	68803-5409	Y	PARTICIPATING PHARMACY	564	38
2816049	BAKER'S PHARMACY #316	7312 N 30TH ST	OMAHA	NE	68112-2821	Y	PARTICIPATING PHARMACY	559	27
2813877	WALMART PHARMACY 10-1585	1401 SOUTH DEWEY ST.	NORTH PLATTE	NE	69101-0000	Y	PARTICIPATING PHARMACY	556	70
2804513	U-SAVE PHARMACY	216 E 7TH ST	WAYNE	NE	68787-0000	Y	PARTICIPATING PHARMACY	552	57
2813512	DAVID CITY DISCOUNT PHARMACY	422 5TH ST	DAVID CITY	NE	68632-0000	Y	PARTICIPATING PHARMACY	551	61
2820822	HY-VEE PHARMACY (1227)	10855 SOUTH 191ST ST	OMAHA	NE	68136-0000	Y	PARTICIPATING PHARMACY	543	88
2818043	U SAVE PHARMACY 4TH STREET	423 W 4TH ST	GRAND ISLAND	NE	68801-4503	Y	PARTICIPATING PHARMACY	535	26
2815934	WALGREENS #05966	2605 S 171ST ST	OMAHA	NE	68130-2389	Y	PARTICIPATING PHARMACY	533	87
2820618	GENOA HEALTHCARE, LLC	9100 ANDERMATT DR SUITE 2	LINCOLN	NE	68526-6700	Y	PARTICIPATING PHARMACY	531	32
2813031	HAEBERLE'S GRAND CENTRAL PHARMACY	7 W 25TH ST	KEARNEY	NE	68847-0000	Y	PARTICIPATING PHARMACY	525	40
2800197	WALGREENS #03621	9001 BLONDO STREET	OMAHA	NE	68134-6029	Y	PARTICIPATING PHARMACY	522	76
2817508	WALGREENS #11205	6005 N 72ND ST	OMAHA	NE	68134-2300	Y	PARTICIPATING PHARMACY	521	50
2813637	HY-VEE PHARMACY #6 (1535)	9707 Q STREET	OMAHA	NE	68127-0000	Y	PARTICIPATING PHARMACY	520	67
2820252	HEALTHFIRST PHARMACY	540 G ST	PAWNEE CITY	NE	68420-2567	Y	PARTICIPATING PHARMACY	517	27
2801808	WELLS DRUG	113 S 4TH ST	ALBION	NE	68620-1215	Y	PARTICIPATING PHARMACY	513	28
2816948	NEIN PHARMACY	1012 MAIN ST	BRIDGEPORT	NE	69336-0000	Y	PARTICIPATING PHARMACY	499	35
2817306	WALGREENS #10437	5225 N 90TH ST	OMAHA	NE	68134-2831	Y	PARTICIPATING PHARMACY	495	53
2812558	WALMART PHARMACY 10-0774	818 EAST 23RD ST.	COLUMBUS	NE	68601-0000	Y	PARTICIPATING PHARMACY	493	35
2818764	NEIGHBORHOOD LTC PHARMACY	1265 S COTNER BLVD STE 30	LINCOLN	NE	68510-4924	Y	PARTICIPATING PHARMACY	476	8
2815439	COMMUNITY PHARMACY AT REGIONAL WEST	3911 AVENUE B STE M200	SCOTTSBLUFF	NE	69361-0000	Y	PARTICIPATING PHARMACY	475	53
2802280	MANION'S DRUG STORE	719 MAIN STREET	CREIGHTON	NE	68729-0085	Y	PARTICIPATING PHARMACY	457	31

2818740	THE APOTHECARY SHOP	958 WELLNESS WAY SUITE 2	PENDER	NE	68047-4509	Y	PARTICIPATING PHARMACY	452	47
2816847	BAKERS PHARMACY #302	12025 W CENTER RD	OMAHA	NE	68144-0000	Y	PARTICIPATING PHARMACY	449	36
1603972	HY-VEE PHARMACY #1 (1092)	2323 W. BROADWAY	COUNCIL BLUFFS	IA	51501-0000	Y	PARTICIPATING PHARMACY	448	29
2811330	PAC N SAVE DISCOUNT PHARMACY	1519 W HWY 34 STE 1	SEWARD	NE	68434-0000	Y	PARTICIPATING PHARMACY	445	34
2818194	NEBRASKA LTC PHARMACY	3901 NORMAL BLVD STE 203	LINCOLN	NE	68506-5250	Y	PARTICIPATING PHARMACY	444	19
2816912	GRAND ISLAND VAMC PHARMACY	2201 N BROADWELL AVE	GRAND ISLAND	NE	68803-2153	Y	PARTICIPATING PHARMACY	436	45
2817837	WALGREENS #11355	9512 S 71ST PLAZA	PAPILLION	NE	68133-2152	Y	PARTICIPATING PHARMACY	433	67
2817976	CVS PHARMACY #05863	14460 W MAPLE RD	OMAHA	NE	68116-5163	Y	PARTICIPATING PHARMACY	432	60
1624902	WALMART PHARMACY 10-3150	1800 N 16TH ST	COUNCIL BLUFFS	IA	51501-0123	Y	PARTICIPATING PHARMACY	427	16
2818726	WALMART PHARMACY 10-4139	360 N SADDLE CREEK RD	OMAHA	NE	68131-2230	Y	PARTICIPATING PHARMACY	426	25
2813473	HY-VEE PHARMACY #8 (1471)	747 NORTH 132ND STREET	OMAHA	NE	68154-0000	Y	PARTICIPATING PHARMACY	425	43
2818714	ARBOR STATE PHARMACY	203 S 7TH ST STE B	WYMORE	NE	68466-2101	Y	PARTICIPATING PHARMACY	425	33
2815504	WALGREENS #04772	3005 LAKE ST	OMAHA	NE	68111-3780	Y	PARTICIPATING PHARMACY	413	44
2814564	OMAHA VAMC PHARMACY	4101 WOOLWORTH AVE	OMAHA	NE	68105-1850	Y	PARTICIPATING PHARMACY	408	72
2813954	KENS U SAVE PHARMACY	1302 LINDEN AVE	CRETE	NE	68333-2257	Y	PARTICIPATING PHARMACY	408	32
2819778	PROVIDENCE COMMUNITY PHARMACY	803 PROVIDENCE RD STE 101	WAYNE	NE	68787-1590	Y	PARTICIPATING PHARMACY	404	34
2818548	WALMART PHARMACY 10-3172	5051 L ST	OMAHA	NE	68117-1328	Y	PARTICIPATING PHARMACY	404	27
2802090	BURWELL PHARMACY	137 GRAND AVE	BURWELL	NE	68823-9802	Y	PARTICIPATING PHARMACY	402	30
2804171	SVANDA PHARMACY	314 GRAND AVE	RAVENNA	NE	68869-1393	Y	PARTICIPATING PHARMACY	398	20
2817495	SUTTON PHARMACY	210 NORTH SAUNDERS AVENUE	SUTTON	NE	68979-0000	Y	PARTICIPATING PHARMACY	397	23
2814552	CVS PHARMACY #16146	4001 N 132ND ST	OMAHA	NE	68164-0000	Y	PARTICIPATING PHARMACY	395	37
2813358	WALGREENS #13137	13510 Q ST	OMAHA	NE	68137-3116	Y	PARTICIPATING PHARMACY	391	57
2816746	WALMART PHARMACY 10-5361	12850 L STREET	OMAHA	NE	68137-0000	Y	PARTICIPATING PHARMACY	390	39
2818473	WALMART PHARMACY 10-3154	2109 TOWNE CENTER DR	BELLEVUE	NE	68123-0000	Y	PARTICIPATING PHARMACY	386	41
2814906	ELMWOOD PHARMACY	5203 LEAVENWORTH	OMAHA	NE	68106-0000	Y	PARTICIPATING PHARMACY	386	10
2813980	WALMART PHARMACY 10-1671	8525 S 71ST PLZ	PAPILLION	NE	68133-2100	Y	PARTICIPATING PHARMACY	382	60
2816671	WALMART PHARMACY 10-5170	3001 SILVERBERG DRIVE	SIDNEY	NE	69162-0000	Y	PARTICIPATING PHARMACY	369	40
2815453	SAFEWAY PHARMACY #0557	611 N SPRUCE ST	OGALLALA	NE	69153-2140	Y	PARTICIPATING PHARMACY	366	39
2817697	WALMART PHARMACY 10-4358	1606 SOUTH 72ND STREET	OMAHA	NE	68124-0000	Y	PARTICIPATING PHARMACY	366	28
2818524	WALMART PHARMACY 10-3153	6710 S 167TH ST	OMAHA	NE	68135-0000	Y	PARTICIPATING PHARMACY	362	55
2815960	WALMART PHARMACY 10-2847	10504 SOUTH 15TH STREET	BELLEVUE	NE	68123-0000	Y	PARTICIPATING PHARMACY	359	36
2817647	WALGREENS #11957	1260 WASHINGTON ST	BLAIR	NE	68008-1732	Y	PARTICIPATING PHARMACY	354	48
2820670	CHI HEALTH PHARMACY - YANKEE HILL	4055 YANKEE HILL RD SUITE 101	LINCOLN	NE	68516-7779	Y	PARTICIPATING PHARMACY	352	77
2819627	KOHLL'S RX	808 N. 27TH STREET	LINCOLN	NE	68503-2523	Y	PARTICIPATING PHARMACY	351	57
2801098	A & A DRUG COMPANY	1612 N BELL	FREMONT	NE	68025-0000	Y	PARTICIPATING PHARMACY	351	25
2817116	WALMART PHARMACY 10-5141	16960 WEST MAPLE ROAD	OMAHA	NE	68116-0000	Y	PARTICIPATING PHARMACY	350	47
2810489	WALGREENS #05540	6905 S 36TH ST	BELLEVUE	NE	68147-1231	Y	PARTICIPATING PHARMACY	350	42

2818269	HY-VEE PHARMACY #11 (1478)	1000 SOUTH 178TH STREET	OMAHA	NE	68118-0000	Y	PARTICIPATING PHARMACY	349	41
2815578	HY-VEE PHARMACY #3 (1469)	8809 W CENTER ROAD	OMAHA	NE	68124-0000	Y	PARTICIPATING PHARMACY	341	49
1614937	WALGREENS #5306	301 W BENNETT AVE	COUNCIL BLUFFS	IA	51503-5179	Y	PARTICIPATING PHARMACY	337	34
2816114	USAVE PHARMACY MILFORD	610 FIRST STREET	MILFORD	NE	68405-0000	Y	PARTICIPATING PHARMACY	332	21
2816417	WALGREENS #05741	3001 DODGE ST	OMAHA	NE	68131-2627	Y	PARTICIPATING PHARMACY	331	53
2820478	SYRACUSE AREA HEALTH RETAIL PHARMACY 68463	7512 HIGHWAY 50	WEEPING WATER	NE	68463-1812	Y	PARTICIPATING PHARMACY	327	34
2810922	RELYCARE PHARMACY	1221 N COTNER BLVD STE 1	LINCOLN	NE	68505-0000	Y	PARTICIPATING PHARMACY	326	34
1610890	HY-VEE PHARMACY #2 (1101)	1745 MADISON AVENUE	COUNCIL BLUFFS	IA	51501-0000	Y	PARTICIPATING PHARMACY	321	25
2815198	BLOOMFIELD PHARMACY	105 S BROADWAY ST STE 1	BLOOMFIELD	NE	68718-0000	Y	PARTICIPATING PHARMACY	319	25
2813550	OSMOND PHARMACY	322 STATE STREET 322 STATE ST	OSMOND	NE	68765-0036	Y	PARTICIPATING PHARMACY	315	22
2813916	WALMART PHARMACY 10-1637	6304 NORTH 99TH STREET	OMAHA	NE	68122-0000	Y	PARTICIPATING PHARMACY	314	33
2800058	WALGREENS #05143	7151 CASS ST	OMAHA	NE	68132-2652	Y	PARTICIPATING PHARMACY	313	57
2814766	CVS PHARMACY #16148	718 N WASHINGTON ST	PAPILLION	NE	68046-0000	Y	PARTICIPATING PHARMACY	305	39
2801810	HAYS PHARMACY	706 W MAIN	ALMA	NE	68920-0000	Y	PARTICIPATING PHARMACY	305	20
2814805	CVS PHARMACY #17208	7200 DODGE ST	OMAHA	NE	68114-0000	Y	PARTICIPATING PHARMACY	303	28
2804311	WESTERN DRUG	806 ILLINIOS	SIDNEY	NE	69162-0000	Y	PARTICIPATING PHARMACY	302	29
2817510	COSTCO PHARMACY #1012	12300 W DODGE RD	OMAHA	NE	68154-2382	Y	PARTICIPATING PHARMACY	290	31
2803244	UNIVERSITY HEALTH CENTER PHARMACY	550 N 19TH ST	LINCOLN	NE	68588-0046	Y	PARTICIPATING PHARMACY	287	60
2816633	HY-VEE PHARMACY #9 (1472)	17810 WELCH PLAZA	OMAHA	NE	68135-0000	Y	PARTICIPATING PHARMACY	287	55
2819754	HY-VEE PHARMACY (7090)	500 PLAZA DRIVE	WEST POINT	NE	68788-2612	Y	PARTICIPATING PHARMACY	285	28
2817609	WALGREENS #11203	17909 BURKE ST	OMAHA	NE	68118-2252	Y	PARTICIPATING PHARMACY	281	45
2811253	LAKE CREST PHARMACY	620 MAIN STREET STE B	ADAMS	NE	68301-0000	Y	PARTICIPATING PHARMACY	281	39
2816099	WALMART PHARMACY 10-3267	18201 WRIGHT ST.	OMAHA	NE	68130-0000	Y	PARTICIPATING PHARMACY	280	45
2816506	CVS PHARMACY #16867	3808 TWIN CREEK DR	BELLEVUE	NE	68123-0000	Y	PARTICIPATING PHARMACY	274	36
2817471	CVS PHARMACY #17392	16959 EVANS PLAZA	OMAHA	NE	68116-0000	Y	PARTICIPATING PHARMACY	274	33
2819045	FRONTIER FAMILY PHARMACY	312 W 8TH ST	COZAD	NE	69130-1772	Y	PARTICIPATING PHARMACY	274	26
2814627	WALGREENS #03202	7202 NORTH 30TH ST	OMAHA	NE	68112-2819	Y	PARTICIPATING PHARMACY	272	36
2814261	ELGIN PHARMACY	112 S. 2ND STREET	ELGIN	NE	68636-0000	Y	PARTICIPATING PHARMACY	270	24
2819209	WISNER APOTHECARY	118 18TH ST.	WISNER	NE	68791-0000	Y	PARTICIPATING PHARMACY	269	16
2816835	BAKERS PHARMACY #301	4405 N 72ND ST	OMAHA	NE	68134-0000	Y	PARTICIPATING PHARMACY	266	27
2816188	BAKERS PHARMACY #318	801 GALVIN RD	BELLEVUE	NE	68005-0000	Y	PARTICIPATING PHARMACY	264	35
2813029	REIMER PHARMACY	312 BROADWAY	FULLERTON	NE	68638-0000	Y	PARTICIPATING PHARMACY	264	19
2815821	SAFEWAY PHARMACY #2563	230 MOREHEAD	CHADRON	NE	69337-2325	Y	PARTICIPATING PHARMACY	262	31
1618795	WALGREENS #3700	535 E BROADWAY	COUNCIL BLUFFS	IA	51503-4419	Y	PARTICIPATING PHARMACY	261	35
2801555	SCRIBNER DRUGSTORE	416 MAIN ST	SCRIBNER	NE	68057-3196	Y	PARTICIPATING PHARMACY	261	13
2817407	CONSONUS PHARMACY GRETNA	21689 NORTHSTAR DR	GRETNA	NE	68028-0000	Y	PARTICIPATING PHARMACY	259	8
2820377	FRANCISCAN PHARMACY	435 N MONITOR ST	WEST POINT	NE	68788-1554	Y	PARTICIPATING PHARMACY	255	13

2800147	WALGREENS #07693	225 N SADDLE CREEK RD	OMAHA	NE	68131-2228	Y	PARTICIPATING PHARMACY	252	47
2818485	WALMART PHARMACY 10-4138	13105 BIRCH DR	OMAHA	NE	68164-5222	Y	PARTICIPATING PHARMACY	252	26
2816037	BAKERS PHARMACY #315	13250 W MAPLE RD	OMAHA	NE	68164-0000	Y	PARTICIPATING PHARMACY	248	33
2820769	TRAV'S U-SAVE PHARMACY	415 HAWKEYE ST	OSCEOLA	NE	68651-4474	Y	PARTICIPATING PHARMACY	243	18
2818409	SAFEWAY PHARMACY #0549	500 E. THIRD STREET	ALLIANCE	NE	69301-3832	Y	PARTICIPATING PHARMACY	242	26
2815035	DIABETES SUPPLY CENTER OF THE MIDLANDS LLC	10304 CROWN POINT AVE	OMAHA	NE	68134-0000	Y	PARTICIPATING PHARMACY	241	19
2821014	WALGREENS #21446	10819 S 192ND AVE	GRETNA	NE	68028-3646	Y	PARTICIPATING PHARMACY	240	47
2818625	WALMART PHARMACY 10-3151	5018 AMES AVE	OMAHA	NE	68104-2323	Y	PARTICIPATING PHARMACY	238	17
2803991	ANDERSON PHARMACY	1429 M ST	ORD	NE	68862-0000	Y	PARTICIPATING PHARMACY	237	24
2816063	BAKERS PHARMACY #320	17370 LAKESIDE HILLS PLAZA	OMAHA	NE	68130-0000	Y	PARTICIPATING PHARMACY	236	24
2802660	STEFFEN DRUG	214 NORTH BROADWAY	HARTINGTON	NE	68739-0248	Y	PARTICIPATING PHARMACY	234	25
2817914	CANCER PARTNERS OF NEBRASKA	4101 TIGER LILY RD STE 100	LINCOLN	NE	68516-5587	Y	PARTICIPATING PHARMACY	233	28
2820098	KOHLL'S EXTENDED CARE	12767 Q STREET	OMAHA	NE	68137-3211	Y	PARTICIPATING PHARMACY	223	4
2814879	CHI HEALTH PHARMACY - LAKESIDE	16909 LAKESIDE HILLS CT STE 107	OMAHA	NE	68130-0000	Y	PARTICIPATING PHARMACY	218	49
2820719	GLOBE REXALL DRUG	424 E ST	FAIRBURY	NE	68352-2535	Y	PARTICIPATING PHARMACY	218	11
2810845	MAIN ST APOTHECARY	201 E 2ND ST	LAUREL	NE	68745-0515	Y	PARTICIPATING PHARMACY	217	18
1617464	WALMART PHARMACY 10-1965	3201 MANAWA CENTRE DR	COUNCIL BLUFFS	IA	51501-7672	Y	PARTICIPATING PHARMACY	217	14
2813461	SUPER SAVER PHARMACY #9	2662 CORNHUSKER HWY	LINCOLN	NE	68521-0000	Y	PARTICIPATING PHARMACY	214	24
2820567	HENDERSON PHARMACY	1060 N MAIN ST	HENDERSON	NE	68371-0711	Y	PARTICIPATING PHARMACY	213	15
2815655	CHI HEALTH PHARMACY - MIDLANDS	11109 S 84TH ST STE 1841	PAPILLION	NE	68046-0000	Y	PARTICIPATING PHARMACY	209	27
2804359	SUPERIOR PHARMACY	348 N CENTRAL AVE	SUPERIOR	NE	68978-0000	Y	PARTICIPATING PHARMACY	209	17
2818346	PHARMACY EXPRESS IN TOWER PLAZA	349 N 78TH STREET	OMAHA	NE	68114-3640	Y	PARTICIPATING PHARMACY	209	9
2816152	HY-VEE PHARMACY (1620)	2501 CORNHUSKER PLAZA	SOUTH SIOUX CITY	NE	68776-0000	Y	PARTICIPATING PHARMACY	208	25
2804133	KELLER PHARMACY	101 W 3RD ST	PONCA	NE	68770-0365	Y	PARTICIPATING PHARMACY	207	19
2820795	CHILDREN'S NEBRASKA	8200 DODGE ST	OMAHA	NE	68114-4113	Y	PARTICIPATING PHARMACY	202	34
2818978	NEIGHBORHOOD LTC PHARMACY	5115 S 111TH ST	OMAHA	NE	68137-0000	Y	PARTICIPATING PHARMACY	199	4
2814665	THE NEBRASKA MED CTR BELLEVUE PHARMACY DBA NEBRASKA MEDICINE	2510 BELLEVUE MEDICAL CENTER DR STE 100	BELLEVUE	NE	68123-0000	Y	PARTICIPATING PHARMACY	198	44
1606233	STONER DRUG	1105 MAIN ST	HAMBURG	IA	51640-0000	Y	PARTICIPATING PHARMACY	198	5
2818803	DAVE'S PHARMACY	508 NIOBRARA AVE	HEMINGFORD	NE	69348-0000	Y	PARTICIPATING PHARMACY	194	10
2800072	WALGREENS #15237	2929 N 60TH ST	OMAHA	NE	68106-2929	Y	PARTICIPATING PHARMACY	191	26
2814437	CVS PHARMACY #17446	12500 K PLAZA	OMAHA	NE	68137-0000	Y	PARTICIPATING PHARMACY	190	23
2816734	SAMS PHARMACY 10-8146	13130 L STREET	OMAHA	NE	68137-0000	Y	PARTICIPATING PHARMACY	190	14
2814831	FAITH REGIONAL HEALTH SERVICES - THE PILLBOX	2700 WEST NORFOLK AVE	NORFOLK	NE	68701-4438	Y	PARTICIPATING PHARMACY	189	43
2815237	BENKELMAN PHARMACY	509 S CHIEF	BENKELMAN	NE	69021-0000	Y	PARTICIPATING PHARMACY	189	11
2819285	NEBRASKA MEDICINE PHARMACY AT LAURITZEN OUTPATIENT CENTER	4014 LEAVENWORTH ST	OMAHA	NE	68198-5610	Y	PARTICIPATING PHARMACY	188	48

2815972	CVS PHARMACY #16903	17810 W CENTER RD	OMAHA	NE	68130-0000	Y	PARTICIPATING PHARMACY	184	35
1623986	CVS PHARMACY #04816	545 W. WASHINGTON ST	COUNCIL BLUFFS	IA	51503-0216	Y	PARTICIPATING PHARMACY	174	26
2815263	HY-VEE DRUGSTORE (7062)	8404 N 30TH STREET	OMAHA	NE	68112-0000	Y	PARTICIPATING PHARMACY	173	19
2819704	METHODIST FREMONT HEALTH PHARMACY	450 E 23RD ST	FREMONT	NE	68025-2303	Y	PARTICIPATING PHARMACY	172	23
2811215	GOOD LIFE PHARMACY	125 S 16TH ST	ORD	NE	68862-0000	Y	PARTICIPATING PHARMACY	170	23
2819259	COSTCO PHARMACY #1237	12515 PORTSIDE PKWY	LA VISTA	NE	68128-5622	Y	PARTICIPATING PHARMACY	167	18
1617250	SUPER SAVER PHARMACY #12	1141 N BROADWAY	COUNCIL BLUFFS	IA	51503-0000	Y	PARTICIPATING PHARMACY	167	8
2813598	WALGREENS #10502	1030 W 21ST ST	SOUTH SIOUX CITY	NE	68776-2661	Y	PARTICIPATING PHARMACY	166	22
2818841	SAM'S CLUB PHARMACY 10-6181	9851 S 71ST PLAZA	PAPILLION	NE	68133-0000	Y	PARTICIPATING PHARMACY	163	12
2818966	CVS PHARMACY #10441	2307 23RD ST	COLUMBUS	NE	68601-3303	Y	PARTICIPATING PHARMACY	157	22
2815643	CHI HEALTH PHARMACY - BELLEVUE	3308 SAMSON WAY STE 106A	BELLEVUE	NE	68123-0000	Y	PARTICIPATING PHARMACY	157	21
2818790	MEDICINE MAN PHARMACY	748 MAIN ST	NORTH BEND	NE	68649-0000	Y	PARTICIPATING PHARMACY	156	12
2819742	PIERCE PHARMACY	215 E. MAIN STREET, STE. B	PIERCE	NE	68767-1314	Y	PARTICIPATING PHARMACY	153	23
2815542	SAFEWAY PHARMACY #2555	1944 ILLINOIS ST	SIDNEY	NE	69162-1427	Y	PARTICIPATING PHARMACY	153	14
2818586	NEBRASKA ORTHOPAEDIC HOSPITAL RETAIL PHARMACY	2808 S 143RD PLZ	OMAHA	NE	68144-0000	Y	PARTICIPATING PHARMACY	152	46
1624659	HY-VEE PHARMACY (3527)	409 S LOCUST	GLENWOOD	IA	51534-0000	Y	PARTICIPATING PHARMACY	152	12
2818904	CHI HEALTH PHARMACY - 161ST AND MAPLE	16101 EVANS STREET SUITE 101	OMAHA	NE	68116-2020	Y	PARTICIPATING PHARMACY	148	23
2815201	TOOLEY DRUG INC CLINICAL PHARMACY	4306 38TH ST	COLUMBUS	NE	68601-0000	Y	PARTICIPATING PHARMACY	148	15
2820846	GENOA HEALTHCARE, LLC	13917 GOLD CIRCLE SUITE P	OMAHA	NE	68144-0000	Y	PARTICIPATING PHARMACY	148	12
2813586	WALMART PHARMACY 10-1332	1601 CORNHUSKERS DRIVE	SOUTH SIOUX CITY	NE	68776-0000	Y	PARTICIPATING PHARMACY	146	18
2818687	VIARX	825 N 90TH ST	OMAHA	NE	68114-2702	Y	PARTICIPATING PHARMACY	146	5
2800173	WALGREENS #04443	9001 W CENTER RD	OMAHA	NE	68124-2046	Y	PARTICIPATING PHARMACY	145	30
2820745	STOCKMEN'S DRUG	116 N MAIN ST	GORDON	NE	69343-1501	Y	PARTICIPATING PHARMACY	144	19
2804183	VILLAGE PHARMACY	317 N WEBSTER ST	RED CLOUD	NE	68970-2549	Y	PARTICIPATING PHARMACY	144	8
2816001	BAKERS PHARMACY #311	5555 N 90TH ST	OMAHA	NE	68134-0000	Y	PARTICIPATING PHARMACY	143	20
2819019	CHI HEALTH PHARMACY - 42ND AND L	4220 L ST	OMAHA	NE	68107-1048	Y	PARTICIPATING PHARMACY	141	5
2818637	WALMART PHARMACY 10-3152	2451 N 90TH ST	OMAHA	NE	68134-6009	Y	PARTICIPATING PHARMACY	139	21
2818132	CORE LTC PHARMACY	7428 EASTPORT PARKWAY STE 101	LA VISTA	NE	68128-0000	Y	PARTICIPATING PHARMACY	138	10
1623102	MEDICAP PHARMACY	1206 S LOCUST ST	GLENWOOD	IA	51534-0000	Y	PARTICIPATING PHARMACY	137	14
2816758	HEALTH MART PHARMACY	15817 C W HADAN DR	BENNINGTON	NE	68007-0000	Y	PARTICIPATING PHARMACY	136	4
2820466	MEDICINE MAN PHARMACY	122 W 16TH ST	SCHUYLER	NE	68661-0000	Y	PARTICIPATING PHARMACY	134	22
2817231	CVS PHARMACY #17105	6636 N 73RD PLZ	OMAHA	NE	68122-0000	Y	PARTICIPATING PHARMACY	134	15
2804119	PLAINVIEW FAMILY PHARMACY	103 S MAIN	PLAINVIEW	NE	68769-0217	Y	PARTICIPATING PHARMACY	132	15
2803763	CREIGHTON UNIVERSITY MEDICAL CENTER CLINIC PHARMACY	2412 CUMING ST STE 201 CUMC CLINIC PHARMACY	OMAHA	NE	68131-2137	Y	PARTICIPATING PHARMACY	131	15
2819615	KOHLL'S RX	12741 Q ST	OMAHA	NE	68137-3211	Y	PARTICIPATING PHARMACY	130	55

2801858	WEST HOLT PHARMACY	313 W PEARL	ATKINSON	NE	68713-0000	Y	PARTICIPATING PHARMACY	129	15
2818891	WALMART PHARMACY 10-7129	201 PONY EXPRESS LANE	OGALLALA	NE	69153-0000	Y	PARTICIPATING PHARMACY	126	15
2821052	HILLTOP COMMUNITY PHARMACY	108 W 11TH ST	NELIGH	NE	68756-1066	Y	PARTICIPATING PHARMACY	125	20
5200922	VANDEL DRUG LLC	2041 MAIN ST	TORRINGTON	WY	82240-2792	Y	PARTICIPATING PHARMACY	125	10
2802266	SERVICE DRUG STORE	133 E 8TH ST	COZAD	NE	69130-1729	Y	PARTICIPATING PHARMACY	124	24
2802634	GRANT PHARMACY	218 CENTRAL AVE	GRANT	NE	69140-0000	Y	PARTICIPATING PHARMACY	124	17
2811532	CHI HEALTH PHARMACY - IMMANUEL	6829 N 72ND ST SUITE 2160	OMAHA	NE	68122-0000	Y	PARTICIPATING PHARMACY	123	22
2817724	FAMILY FRESH MARKET PHARMACY 3765	3920 2ND AVENUE	KEARNEY	NE	68847-2485	Y	PARTICIPATING PHARMACY	122	18
2812837	ARAPAHOE PHARMACY	507 NEBRASKA AVE	ARAPAHOE	NE	68922-0000	Y	PARTICIPATING PHARMACY	122	10
1616739	WALMART PHARMACY 10-1683	705 S FREMONT ST	SHENANDOAH	IA	51601-2101	Y	PARTICIPATING PHARMACY	122	7
2816075	BAKERS PHARMACY #321	505 N 155TH PLAZA	OMAHA	NE	68154-0000	Y	PARTICIPATING PHARMACY	119	36
2802533	JOHNSON PHARMACY	151 MAPLE ST	FRIEND	NE	68359-1030	Y	PARTICIPATING PHARMACY	119	18
2818788	WALGREENS SPECIALTY PHARMACY #16270	240 S 77TH ST	OMAHA	NE	68114-4579	Y	PARTICIPATING PHARMACY	114	31
5136420	GUARDIAN PHARMACY OF WISCONSIN	3250 KINGSLEY WAY	MADISON	WI	53713-0000	Y	PARTICIPATING PHARMACY	110	1
2820276	THAYER COUNTY PHARMACY	428 LINCOLN AVE	HEBRON	NE	68370-1526	Y	PARTICIPATING PHARMACY	108	16
2813687	OMNICARE OF NEBRASKA	8402 S. 117TH STREET SUITES 300 400	LA VISTA	NE	68128-5512	Y	PARTICIPATING PHARMACY	105	17
2817964	FRED LEROY HEALTH AND WELLNESS CENTER	2602 J ST	OMAHA	NE	68107-1643	Y	PARTICIPATING PHARMACY	99	6
2816520	WALGREENS #07563	8989 W DODGE RD	OMAHA	NE	68114-3301	Y	PARTICIPATING PHARMACY	97	30
2801517	ABC DRUG	2123 CENTRAL AVE	KEARNEY	NE	68847-0000	Y	PARTICIPATING PHARMACY	97	9
2805109	JEFFERSON COMMUNITY HEALTH CENTER	2200 NORTH H ST	FAIRBURY	NE	68352-0277	Y	PARTICIPATING PHARMACY	94	5
2813625	MEDICINE MAN PHARMACY	15615 PACIFIC ST STE 8	OMAHA	NE	68118-2118	Y	PARTICIPATING PHARMACY	93	7
2811188	WALGREENS #06962	3121 S 24TH ST	OMAHA	NE	68108-1824	Y	PARTICIPATING PHARMACY	91	17
1713482	WALMART PHARMACY 10-0341	1174 PONY EXPRESS HWY	MARYSVILLE	KS	66508-8676	Y	PARTICIPATING PHARMACY	91	6
2816431	ONEWORLD PHARMACY	4920 S 30TH ST STE 105	OMAHA	NE	68107-0000	Y	PARTICIPATING PHARMACY	90	9
2809599	CHI HEALTH PHARMACY - BERGAN MERCY	7710 MERCY RD STE 110	OMAHA	NE	68124-0000	Y	PARTICIPATING PHARMACY	89	19
2819716	EMERSON APOTHECARY	1003 S MAIN ST STE 2	EMERSON	NE	68733-3606	Y	PARTICIPATING PHARMACY	89	5
2816594	SUPER SAVER PHARMACY #4	233 N 48TH ST	LINCOLN	NE	68504-0000	Y	PARTICIPATING PHARMACY	88	14
2816481	REDLINE SPECIALTY PHARMACY	2415 OSBORNE DRIVE EAST, STE 100	HASTINGS	NE	68901-0000	Y	PARTICIPATING PHARMACY	87	21
1619189	HY-VEE PHARMACY #3 (1615)	3301 GORDON DRIVE	SIOUX CITY	IA	51105-0000	Y	PARTICIPATING PHARMACY	84	7
2819867	OUR TOWN PHARMACY	733 2ND ST	CHAPPELL	NE	69129-6876	Y	PARTICIPATING PHARMACY	82	10
1623568	CVS PHARMACY #17507	3804 METRO DR	COUNCIL BLUFFS	IA	51501-0000	Y	PARTICIPATING PHARMACY	82	10
4352768	HOT SPRINGS VAMC PHARMACY	500 N 5TH ST	HOT SPRINGS	SD	57747-0000	Y	PARTICIPATING PHARMACY	74	12
1624700	WALGREENS #15647	1900 HAMILTON BLVD	SIOUX CITY	IA	51104-4149	Y	PARTICIPATING PHARMACY	74	11
2820668	MIDWEST LTC PHARMACY	2208 N WEBB RD UNIT #3	GRAND ISLAND	NE	68803-0000	Y	PARTICIPATING PHARMACY	74	1
2801466	TOOLEY DRUG INC	2615 13TH ST	COLUMBUS	NE	68601-0000	Y	PARTICIPATING PHARMACY	72	15
2820810	GENOA HEALTHCARE, LLC	914 BAUMANN DRIVE ROOM P	GRAND ISLAND	NE	68803-0000	Y	PARTICIPATING PHARMACY	72	4

2820858	CHI HEALTH PHARMACY - ELKHORN	1625 N 205TH ST STE 101	ELKHORN	NE	68022-4759	Y	PARTICIPATING PHARMACY	71	11
610851	FOLTMER DRUG	317 MAIN ST	WRAY	CO	80758-0000	Y	PARTICIPATING PHARMACY	71	4
4931982	WALGREENS #10107	633 W TIETAN ST	WALLA WALLA	WA	99362-4329	Y	PARTICIPATING PHARMACY	71	1
2818360	FAMILY FARE PHARMACY 3811	1221 SOUTH 203RD STREET	OMAHA	NE	68130-0000	Y	PARTICIPATING PHARMACY	69	10
1624813	CHI HEALTH PHARMACY - WEST BROADWAY	3135 W BROADWAY STE 101	COUNCIL BLUFFS	IA	51501-3359	Y	PARTICIPATING PHARMACY	68	8
2819475	FRANKLIN DRUG	635 15TH AVE	FRANKLIN	NE	68939-1073	Y	PARTICIPATING PHARMACY	68	3
1617173	HY-VEE PHARMACY #2 (1614)	4500 SERGEANT ROAD	SIOUX CITY	IA	51106-0000	Y	PARTICIPATING PHARMACY	67	10
1621588	CVS PHARMACY #16923	5775 SUNNYBROOK DR	SIOUX CITY	IA	51106-0000	Y	PARTICIPATING PHARMACY	66	8
2810996	DEPOT DRUG	221 S JEFFERS ST STE 2 STE 2	NORTH PLATTE	NE	69101-0000	Y	PARTICIPATING PHARMACY	66	5
2818752	LOUP CITY RX SHOPPE	133 S 7TH ST	LOUP CITY	NE	68853-8019	Y	PARTICIPATING PHARMACY	64	9
2818334	CHI HEALTH PHARMACY - LAVISTA	8248 S. 96TH STREET SUITE 101	LAVISTA	NE	68128-0000	Y	PARTICIPATING PHARMACY	63	11
2815679	EMPLOYER'S HEALTH CARE PHARMACY	810 N DIERS AVE	GRAND ISLAND	NE	68803-4955	Y	PARTICIPATING PHARMACY	62	7
1602071	DRILLING PHARMACY	4010 MORNINGSIDE AVE	SIOUX CITY	IA	51106-0000	Y	PARTICIPATING PHARMACY	60	2
1623330	HY-VEE PHARMACY (1619)	500 S FREMONT ST	SHENANDOAH	IA	51601-0000	Y	PARTICIPATING PHARMACY	59	7
1622516	SAMS PHARMACY 10-6472	3221 MANAWA CENTRE DR	COUNCIL BLUFFS	IA	51501-7672	Y	PARTICIPATING PHARMACY	59	7
2818067	SOUTH LOUP COMMUNITY PHARMACY	200 E PACIFIC ST	CALLAWAY	NE	68825-0130	Y	PARTICIPATING PHARMACY	57	7
2815566	LOUDERBACK DRUG	201 S MAIN ST	MADISON	NE	68748-0000	Y	PARTICIPATING PHARMACY	57	5
2819413	NEBRASKA HEMATOLOGY-ONCOLOGY PC PHARMACY	4004 PIONEER WOODS DR	LINCOLN	NE	68506-7548	Y	PARTICIPATING PHARMACY	55	19
4353811	YANKTON MEDICAL CLINIC PHARMACY	1104 W 8TH ST	YANKTON	SD	57078-0000	Y	PARTICIPATING PHARMACY	55	10
1620334	HY-VEE MAINSTREET (7070)	2611 PIERCE ST	SIOUX CITY	IA	51104-0000	Y	PARTICIPATING PHARMACY	55	5
2632950	WALGREENS #4439	1191 W KANSAS ST	LIBERTY	MO	64068-2034	Y	PARTICIPATING PHARMACY	55	1
2820783	NEBRASKA MEDICINE VILLAGE POINTE PHARMACY	17405 BURKE ST SUITE 0026	OMAHA	NE	68118-0000	Y	PARTICIPATING PHARMACY	53	15
619126	WALGREENS #9212	3700 W 10TH ST	GREELEY	CO	80634-1819	Y	PARTICIPATING PHARMACY	53	3
4353897	WALGREENS #9806	2020 BROADWAY AVE	YANKTON	SD	57078-2115	Y	PARTICIPATING PHARMACY	50	14
2819158	WELLNESS PHARMACY, INC	4640 CHAMPLAIN DR STE 113	LINCOLN	NE	68521-4714	Y	PARTICIPATING PHARMACY	50	7
1622352	HY-VEE PHARMACY (1241)	2003 CHATBURN	HARLAN	IA	51537-0000	Y	PARTICIPATING PHARMACY	50	5
4305036	HY-VEE PHARMACY (1899)	2100 BROADWAY AVE	YANKTON	SD	57078-0000	Y	PARTICIPATING PHARMACY	49	12
2815528	SUPER SAVER PHARMACY #18	3318 23RD ST	COLUMBUS	NE	68601-0000	Y	PARTICIPATING PHARMACY	49	10
4837045	COSTCO PHARMACY #340	3102 PLANK RD #600	FREDERICKSBURG	VA	22407-4954	Y	PARTICIPATING PHARMACY	49	3
2802444	KORBEL DRUG	405 5TH ST	FAIRBURY	NE	68352-2598	Y	PARTICIPATING PHARMACY	48	4
4304173	WALMART PHARMACY 10-1483	3001 BROADWAY AVENUE	YANKTON	SD	57078-0000	Y	PARTICIPATING PHARMACY	47	6
326442	WALGREENS #6666	2880 N CENTRE COURT	PRESCOTT VALLEY	AZ	86314-1203	Y	PARTICIPATING PHARMACY	47	1
4304488	BURKE COMMUNITY PHARMACY	809 JACKSON ST	BURKE	SD	57523-0358	Y	PARTICIPATING PHARMACY	45	9
5204019	RAWHIDE DRUG LLC	232 S MAIN	LUSK	WY	82225-0000	Y	PARTICIPATING PHARMACY	45	3
2632710	HY-VEE PHARMACY (1406)	1217 S MAIN STREET	MARYVILLE	MO	64468-0000	Y	PARTICIPATING PHARMACY	44	4
325426	WALGREENS #6244	4700 E BROADWAY BLVD	TUCSON	AZ	85711-3608	Y	PARTICIPATING PHARMACY	44	1

2647797	ADVANCED FAMILY CARE PHARMACY	1234 S KINGSHIGHWAY BLVD SUITE 1900	SAINT LOUIS	MO	63110-2170	Y	PARTICIPATING PHARMACY	44	1
1721376	WARD DRUG	142 S PENN AVE	OBERLIN	KS	67749-0000	Y	PARTICIPATING PHARMACY	41	7
1477517	MEDICINE EXPRESS	7650 MAGNA DRIVE SUITE 130	BELLEVILLE	IL	62223-0000	Y	PARTICIPATING PHARMACY	41	1
2820644	GENOA HEALTHCARE, LLC	2202 S 11TH ST ROOM PHARMACY	LINCOLN	NE	68502-3559	Y	PARTICIPATING PHARMACY	40	5
4354647	LEWIS FAMILY DRUG #37	204 W MAIN ST	ELK POINT	SD	57025-0000	Y	PARTICIPATING PHARMACY	40	2
2818384	CHI HEALTH PHARMACY - 132ND AND CENTER	13315 W CENTER RD SUITE 101	OMAHA	NE	68144-3449	Y	PARTICIPATING PHARMACY	39	12
5117937	WALGREENS #6132	2909 E WASHINGTON AVE	MADISON	WI	53704-5142	Y	PARTICIPATING PHARMACY	38	1
4305149	HY-VEE PHARMACY (1820)	525 WEST CHERRY STREET	VERMILLION	SD	57069-0000	Y	PARTICIPATING PHARMACY	37	8
4304616	SIOUX FALLS VAMC PHARMACY	2501 W 22ND ST	SIOUX FALLS	SD	57105-1305	Y	PARTICIPATING PHARMACY	37	5
1626033	KOHLL'S RX	403 MAIN ST	MALVERN	IA	51551-8137	Y	PARTICIPATING PHARMACY	36	4
5203651	CHEYENNE VAMC PHARMACY	2360 E PERSHING BLVD	CHEYENNE	WY	82001-0000	Y	PARTICIPATING PHARMACY	35	5
1602297	GREENVILLE PHARMACY	2701 CORRECTIONVILLE RD	SIOUX CITY	IA	51105-0000	Y	PARTICIPATING PHARMACY	35	1
1607312	PENN DRUG CO	714 ILLINOIS ST	SIDNEY	IA	51652-0575	Y	PARTICIPATING PHARMACY	34	1
4533382	WALGREENS #9205	1309 HWY 35 N	ROCKPORT	TX	78382-3342	Y	PARTICIPATING PHARMACY	33	1
4545414	WALGREENS #11175	701 US HWY 259 N	KILGORE	TX	75662-6041	Y	PARTICIPATING PHARMACY	31	2
2818029	HY-VEE DRUGSTORE LTC (7062)	8404 N. 30TH SUITE 100	OMAHA	NE	68112-0000	Y	PARTICIPATING PHARMACY	31	1
4938126	CENTRALIA PHARMACY	417 S TOWER AVE	CENTRALIA	WA	98531-3917	Y	PARTICIPATING PHARMACY	31	1
1626211	CHI HEALTH PHARMACY - VALLEY VIEW	1288 VALLEY VIEW DRIVE SUITE 101	COUNCIL BLUFFS	IA	51503-5245	Y	PARTICIPATING PHARMACY	30	7
4301583	SMITHS DRUG	301 MAIN AVE.	LEMMON	SD	57638-0000	Y	PARTICIPATING PHARMACY	30	1
2820632	TIBBALS STREET PHARMACY	1215 TIBBALS ST STE 100	HOLDREGE	NE	68949-1255	Y	PARTICIPATING PHARMACY	29	5
2820199	GENOA HEALTHCARE, LLC	2740 N CLARKSON ST SUITE P1	FREMONT	NE	68025-7703	Y	PARTICIPATING PHARMACY	29	4
4927806	WALGREENS #5571	1510 COOPER POINT RD SW	OLYMPIA	WA	98502-5734	Y	PARTICIPATING PHARMACY	27	1
2810768	PHARMERICA	6528 S 118TH ST	OMAHA	NE	68137-0000	Y	PARTICIPATING PHARMACY	26	4
1623366	WALMART PHARMACY 10-4256	534 S DUFF AVE	AMES	IA	50010-6863	Y	PARTICIPATING PHARMACY	26	2
3342792	CVS PHARMACY #02414	269 HARRY L DRIVE	JOHNSON CITY	NY	13790-0000	Y	PARTICIPATING PHARMACY	26	1
4843290	CVS PHARMACY #02224	7529 RICHMOND RD	WILLIAMSBURG	VA	23188-7226	Y	PARTICIPATING PHARMACY	26	1
4353809	WALMART PHARMACY 10-3734	1207 PRINCETON AVE	VERMILLION	SD	57069-7232	Y	PARTICIPATING PHARMACY	25	10
1718571	HEN HOUSE	2724 W 53RD STREET	FAIRWAY	KS	66205-0000	Y	PARTICIPATING PHARMACY	25	3
2815732	CHI HEALTH PHARMACY - FLORENCE	8613 N 30TH ST	OMAHA	NE	68112-0000	Y	PARTICIPATING PHARMACY	25	2
2433908	HCMC ENHANCED CARE PHARMACY	913 SOUTH 7TH ST	MINNEAPOLIS	MN	55415-1623	Y	PARTICIPATING PHARMACY	25	1
4500369	WALMART PHARMACY 10-2625	1025 W TRINITY MILLS RD	CARROLLTON	TX	75006-1375	Y	PARTICIPATING PHARMACY	25	1
1620245	WALGREENS #5470	4650 MORNINGSIDE AVE	SIOUX CITY	IA	51106-2964	Y	PARTICIPATING PHARMACY	24	8
620383	UNIVERSITY OF COLORADO HOSPITAL ATRIUM PHARMACY	12605 E 16TH RM 1054 MS-A027	AURORA	CO	80045-0000	Y	PARTICIPATING PHARMACY	24	4
602272	PHARMERICA	1041 ELKTON DR SUITE A	COLORADO SPRINGS	CO	80907-0000	Y	PARTICIPATING PHARMACY	23	2
619671	KING SOOPERS PHARMACY	750 RIDGE ROAD	CASTLE ROCK	CO	80104-0000	Y	PARTICIPATING PHARMACY	23	2

1608299	VALLEY DRUG STORE	318 E ERIE ST	MISSOURI VALLEY	IA	51555-1692	Y	PARTICIPATING PHARMACY	23	1
4303501	THE MEDICINE SHOPPE PHARMACY	1304 MT RUSHMORE RD	RAPID CITY	SD	57701-0000	Y	PARTICIPATING PHARMACY	23	1
1620788	MCMH PHARMACY	600 SENATE AVE	RED OAK	IA	51566-0000	Y	PARTICIPATING PHARMACY	22	3
4353342	DUNES FAMILY PHARMACY	101 TOWER ROAD SUITE 130	DAKOTA DUNES	SD	57049-0000	Y	PARTICIPATING PHARMACY	22	3
2417904	MAYO CLINIC PHARMACY	3551 COMMERCIAL DR SW	ROCHESTER	MN	55902-2883	Y	PARTICIPATING PHARMACY	22	1
321428	CVS PHARMACY #17312	16806 N 7TH ST	PHOENIX	AZ	85022-0000	Y	PARTICIPATING PHARMACY	22	1
1626437	PHARMSCRIPT OF IA LLC	2601 104ST , SUITE 300	URBANDALE	IA	50322-3954	Y	PARTICIPATING PHARMACY	22	1
1609897	HY-VEE PHARMACY #1 (1610)	2827 HAMILTON BLVD	SIOUX CITY	IA	51104-0000	Y	PARTICIPATING PHARMACY	21	5
1623025	WALGREENS #10770	105 E SIXTH ST	CARROLL	IA	51401-2418	Y	PARTICIPATING PHARMACY	21	1
2815338	AMBER SPECIALTY PHARMACY	10004 S 152ND ST STE A	OMAHA	NE	68138-0000	Y	PARTICIPATING PHARMACY	20	8
1621590	WALMART PHARMACY 10-3590	3101 FLOYD BLVD	SIOUX CITY	IA	51108-1467	Y	PARTICIPATING PHARMACY	20	3
3211240	WALMART PHARMACY 10-3428	1400 W MAIN ST	FARMINGTON	NM	87401-3836	Y	PARTICIPATING PHARMACY	20	2
6002670	CVS PHARMACY #10526	259 MARKET ST	PHILADELPHIA	PA	19106-4502	Y	PARTICIPATING PHARMACY	20	1
4301608	MARTIN DRUG AND MERCANTILE	304 MAIN ST	MARTIN	SD	57551-0000	Y	PARTICIPATING PHARMACY	19	2
2818954	REDLERS LTC PHARMACY LLC	13831 CHALCO VALLEY PKWY STE 101	OMAHA	NE	68138-6101	Y	PARTICIPATING PHARMACY	19	2
1719472	OPTUM INFUSION SERVICES 305, LLC	15529 COLLEGE BLVD	LENEXA	KS	66219-1351	Y	PARTICIPATING PHARMACY	19	2
352663	CVS PHARMACY #01716	21087 W MAIN ST	BUCKEYE	AZ	85396-3500	Y	PARTICIPATING PHARMACY	19	1
4699964	WALGREENS #7982	210 N MAIN ST	KAYSVILLE	UT	84037-1402	Y	PARTICIPATING PHARMACY	19	1
4550908	WALGREENS #12356	130 N OAKRIDGE DR	HUDSON OAKS	TX	76087-7760	Y	PARTICIPATING PHARMACY	19	1
5203497	COMMUNITY DRUG	900 W VALLEY RD	TORRINGTON	WY	82240-0000	Y	PARTICIPATING PHARMACY	18	6
1714321	WALMART PHARMACY 10-0035	101 EAST BLUEMONT AVENUE	MANHATTAN	KS	66502-5093	Y	PARTICIPATING PHARMACY	18	4
4304806	FORT MEADE VAMC PHARMACY	113 COMMANCHE ROAD	FORT MEADE	SD	57741-0000	Y	PARTICIPATING PHARMACY	18	3
2819603	KOHLL'S RX	2915 LEAVENWORTH ST	OMAHA	NE	68105-2739	Y	PARTICIPATING PHARMACY	18	3
2820555	SIOUXLAND COMMUNITY HEALTH CENTER PHARMACY OF NEBRASKA	3410 FUTURES DR	SOUTH SIOUX CITY	NE	68776-3917	Y	PARTICIPATING PHARMACY	17	4
2634423	WALGREENS #5145	222 E BROADWAY	COLUMBIA	MO	65203-0000	Y	PARTICIPATING PHARMACY	17	1
2434037	HY-VEE PHARMACY (1531)	16705 COUNTY ROAD 24	PLYMOUTH	MN	55447-1287	Y	PARTICIPATING PHARMACY	17	1
1052428	CVS PHARMACY #04015	302 E JAMES LEE BLVD	CRESTVIEW	FL	32539-0000	Y	PARTICIPATING PHARMACY	17	1
5203699	KING SOOPERS PHARMACY	3702 DELL RANGE BLVD	CHEYENNE	WY	82009-5453	Y	PARTICIPATING PHARMACY	17	1
2640161	WALGREENS SPECIALTY PHARMACY #16072	3537 BROADWAY BLVD	KANSAS CITY	MO	64112-2501	Y	PARTICIPATING PHARMACY	17	1
2819590	CURTIS DISCOUNT PHARMACY	115 CENTER AVE	CURTIS	NE	69025-0000	Y	PARTICIPATING PHARMACY	16	7
2819641	KOHLL'S RX	5002 DODGE ST	OMAHA	NE	68132-2906	Y	PARTICIPATING PHARMACY	16	5
613631	ROCKY MOUNTAIN PHARMACY	455 E WONDERVIEW AVE B1	ESTES PARK	CO	80517-0000	Y	PARTICIPATING PHARMACY	16	2
1711628	WALMART PHARMACY 10-0794	1905 E 17TH STREET	HUTCHINSON	KS	67501-1103	Y	PARTICIPATING PHARMACY	16	2
625131	CVS PHARMACY #10785	16920 LINCOLN AVE	PARKER	CO	80134-9102	Y	PARTICIPATING PHARMACY	16	2
1479903	WALGREENS #09038	4001 W IRVING PARK RD	CHICAGO	IL	60641-2926	Y	PARTICIPATING PHARMACY	16	1
1717707	WALMART PHARMACY 10-3492	11411 EAST KELLOGG DR	WICHITA	KS	67207-1928	Y	PARTICIPATING PHARMACY	16	1

1712315	DILLON PHARMACY	3000 W 6TH ST	LAWRENCE	KS	66049-0000	Y	PARTICIPATING PHARMACY	16	1
2434227	CVS PHARMACY #11046	17435 COUNTY ROAD 6	PLYMOUTH	MN	55447-3046	Y	PARTICIPATING PHARMACY	16	1
2819487	WINNEBAGO COMPREHENSIVE HEALTHCARE SYSTEM	US HIGHWAY 77 75 225 SOUTH BLUFF STREET	WINNEBAGO	NE	68071-0000	Y	PARTICIPATING PHARMACY	15	2
1720603	MOFFET DRUG	102 S STATE ST	NORTON	KS	67654-0405	Y	PARTICIPATING PHARMACY	15	2
1715222	WALGREENS #3056	400 WEST 23RD ST	LAWRENCE	KS	66046-4706	Y	PARTICIPATING PHARMACY	15	2
620852	CVS PHARMACY #17464	2936 COUNCIL TREE AVE	FORT COLLINS	CO	80525-0000	Y	PARTICIPATING PHARMACY	15	2
4354623	ROGER'S FAMILY PHARMACY	218 WEST 4TH STREET	YANKTON	SD	57078-4301	Y	PARTICIPATING PHARMACY	15	2
4224236	PUBLIX PHARMACY #0035	2700 WOODRUFF RD	SIMPSONVILLE	SC	29681-0000	Y	PARTICIPATING PHARMACY	15	1
1719624	WASHINGTON HEALTH AND DRUG	227 C STREET	WASHINGTON	KS	66968-0000	Y	PARTICIPATING PHARMACY	15	1
904943	WALGREENS #15360	801 7TH ST NW	WASHINGTON	DC	20001-3717	Y	PARTICIPATING PHARMACY	15	1
1617135	STONER DRUG	712 MAIN ST	TABOR	IA	51653-0097	Y	PARTICIPATING PHARMACY	14	3
1623241	HY-VEE CLINIC PHARMACY (1634)	113 N 3 RD ST	LAURENS	IA	50554-0000	Y	PARTICIPATING PHARMACY	14	3
1448744	WALMART PHARMACY 10-0633	730 TENNEY ST	KEWANEE	IL	61443-0000	Y	PARTICIPATING PHARMACY	14	1
1627302	NIED'S PHARMACY	211 W MAIN ST	MARSHALLTOWN	IA	50158-5845	Y	PARTICIPATING PHARMACY	14	1
5939028	LIVE WELL PHARMACY	4001 LONG PRAIRIE RD STE 100	FLOWER MOUND	TX	75028-1528	Y	PARTICIPATING PHARMACY	13	7
621335	WALGREENS SPECIALTY PHARMACY #13100	1601 E 19TH AVE STE 4650	DENVER	CO	80218-1253	Y	PARTICIPATING PHARMACY	13	5
1617832	SIOUXLAND COMMUNITY HEALTH CENTER	1021 NEBRASKA ST	SIOUX CITY	IA	51105-0000	Y	PARTICIPATING PHARMACY	13	3
1615345	WALMART PHARMACY 10-1152	255 16TH ST SW	SIOUX CENTER	IA	51250-2959	Y	PARTICIPATING PHARMACY	13	3
1613478	MEDICAP PHARMACY	405 S SUMNER AVE	CRESTON	IA	50801-0000	Y	PARTICIPATING PHARMACY	13	3
2821115	BLUE HILL PHARMACY	537 WEST GAGE ST	BLUE HILL	NE	68930-0307	Y	PARTICIPATING PHARMACY	13	3
2819108	GENOA HEALTHCARE, LLC	7150 ARBOR STREET SUITE P	OMAHA	NE	68106-0000	Y	PARTICIPATING PHARMACY	13	2
1711286	WALMART PHARMACY 10-0664	4301 VINE STREET	HAYS	KS	67601-9484	Y	PARTICIPATING PHARMACY	13	1
4916409	SAFEWAY PHARMACY #1799	3919 N MARKET ST	SPOKANE	WA	99207-5813	Y	PARTICIPATING PHARMACY	13	1
3685902	GENTRY HEALTH SERVICES	33381 WALKER RD STE A	AVON LAKE	OH	44012-1463	Y	PARTICIPATING PHARMACY	13	1
2623610	STEVENSON FAMILY PHARMACY	6201 KING HILL AVE	SAINT JOSEPH	MO	64504-2063	Y	PARTICIPATING PHARMACY	13	1
1706982	WATKINS HEALTH CENTER PHARMACY	1200 SCHWEGLER DR UNIVERSITY OF KANSAS	LAWRENCE	KS	66045-7538	Y	PARTICIPATING PHARMACY	12	4
1719193	CVS PHARMACY #00676	2300 IOWA ST	LAWRENCE	KS	66046-0000	Y	PARTICIPATING PHARMACY	12	2
624088	HARMONY EMERGENCY DEPARTMENT PHARMACY	4630 SNOW MESA DR	FORT COLLINS	CO	80528-8508	Y	PARTICIPATING PHARMACY	12	2
1607665	FOOD LAND PHARMACY	423 WALKER ST	WOODBINE	IA	51579-1295	Y	PARTICIPATING PHARMACY	12	2
902507	CVS PHARMACY #01344	500 12TH ST SE	WASHINGTON	DC	20003-0000	Y	PARTICIPATING PHARMACY	12	1
1625310	PRAIRIE PARKWAY PHARMACY	5100 PRAIRIE PKWY STE 106	CEDAR FALLS	IA	50613-8155	Y	PARTICIPATING PHARMACY	12	1
4544424	ACARIAHEALTH PHARMACY #11	1311 W SAM HOUSTON PKWY N # 130	HOUSTON	TX	77043-4015	Y	PARTICIPATING PHARMACY	12	1
5203803	SMITHS PHARMACY #184	1425 SOUTH HIGHWAY 89	JACKSON	WY	83001-0000	Y	PARTICIPATING PHARMACY	12	1
4354863	LEWIS DRUG #15	2525 S ELLIS RD	SIOUX FALLS	SD	57106-7066	Y	PARTICIPATING PHARMACY	11	4
2820238	SIDNEY REGIONAL MEDICAL CENTER OUTPATIENT PHARMACY	1000 POLE CREEK XING	SIDNEY	NE	69162-0000	Y	PARTICIPATING PHARMACY	11	3

1463455	WALGREENS #02840	1500 W WILSON AVE	CHICAGO	IL	60640-5416	Y	PARTICIPATING PHARMACY	11	2
4304921	WALGREENS #5243	2605 W 12TH ST	SIOUX FALLS	SD	57104-3816	Y	PARTICIPATING PHARMACY	11	2
1715210	WALGREENS #3055	3421 W 6TH ST	LAWRENCE	KS	66049-3200	Y	PARTICIPATING PHARMACY	11	2
1703950	LAFENE HEALTH CENTER PHARMACY	1105 SUNSET AVE	MANHATTAN	KS	66502-3575	Y	PARTICIPATING PHARMACY	11	2
3723132	WALGREENS #6436	1400 E SECOND ST	EDMOND	OK	73034-5321	Y	PARTICIPATING PHARMACY	11	2
4352439	WALGREENS #5514	1806 S MINNESOTA AVE	SIOUX FALLS	SD	57105-2811	Y	PARTICIPATING PHARMACY	11	2
2641389	CVS PHARMACY #02376	3925 LINDELL BLVD	SAINT LOUIS	MO	63108-3203	Y	PARTICIPATING PHARMACY	11	2
2625018	WALMART PHARMACY 10-1188	11900 SAINT CHARLES ROCK RD	BRIDGETON	MO	63044-2612	Y	PARTICIPATING PHARMACY	11	1
3005077	WALMART PHARMACY 10-2055	344 LOUDON ROAD	CONCORD	NH	03301-0000	Y	PARTICIPATING PHARMACY	11	1
364339	FRY'S PHARMACY #658	4075 E WILLIAMS FIELD RD	GILBERT	AZ	85295-1142	Y	PARTICIPATING PHARMACY	11	1
5620364	CVS PHARMACY #09707	14735 VENTURA BLVD	SHERMAN OAKS	CA	91403-3679	Y	PARTICIPATING PHARMACY	11	1
2809791	DOUGLAS COUNTY HEALTH CENTER	4102 WOOLWORTH	OMAHA	NE	68105-1899	Y	PARTICIPATING PHARMACY	11	1
1621312	CVS PHARMACY #16022	3500 DODGE ST	DUBUQUE	IA	52003-0000	Y	PARTICIPATING PHARMACY	11	1
5662033	CVS PHARMACY #10478	657 US HIGHWAY 101 N	CRESCENT CITY	CA	95531-2306	Y	PARTICIPATING PHARMACY	11	1
3469168	WALGREENS #19644	7860 RAEFORD ROAD	FAYETTEVILLE	NC	28304-6018	Y	PARTICIPATING PHARMACY	11	1
1715311	DILLON PHARMACY	130 SARBER LANE	MANHATTAN	KS	66502-0000	Y	PARTICIPATING PHARMACY	10	2
2810009	SPALDING PHARMACY	230 W ST JOSEPH	SPALDING	NE	68665-0040	Y	PARTICIPATING PHARMACY	10	2
4354027	WALGREENS #10656	1902 MOUNT RUSHMORE RD	RAPID CITY	SD	57701-4621	Y	PARTICIPATING PHARMACY	10	2
3974157	WALGREENS SPECIALTY PHARMACY #16287	130 ENTERPRISE DR	PITTSBURGH	PA	15275-1213	Y	PARTICIPATING PHARMACY	10	1
3203750	DAVIS-FLECK UNITED PHARMACY	500 N BROADWAY ST	TRUTH OR CONSEQUENCE	NM	87901-0000	Y	PARTICIPATING PHARMACY	10	1
2420040	WALGREENS #16361	2650 HENNEPIN AVE	MINNEAPOLIS	MN	55408-1149	Y	PARTICIPATING PHARMACY	10	1
2420963	CVS PHARMACY #16300	851 W 78TH ST	CHANHASSEN	MN	55317-0000	Y	PARTICIPATING PHARMACY	10	1
612362	OMNICARE OF GOLDEN #48219	15000 W 6TH AVE STE 300	GOLDEN	CO	80401-5047	Y	PARTICIPATING PHARMACY	10	1
5200605	UW STUDENT HEALTH CENTER PHARMACY	1000 E UNIVERSITY AVE	LARAMIE	WY	82071-0000	Y	PARTICIPATING PHARMACY	10	1
596455	RITE AID PHARMACY 05666	3515 DELMAR HEIGHTS ROAD	SAN DIEGO	CA	92130-2122	Y	PARTICIPATING PHARMACY	10	1
2424997	MAYO CLINIC PHARMACY MARY BRIGH	1216 2ND ST SW SUITE M600B	ROCHESTER	MN	55902-0000	Y	PARTICIPATING PHARMACY	9	3
3420370	WALGREENS #12133	3069 RICHLANDS HWY	JACKSONVILLE	NC	28540-2976	Y	PARTICIPATING PHARMACY	9	2
1610802	HY-VEE PHARMACY #1 (1013)	3800 WEST LINCOLN WAY	AMES	IA	50014-0000	Y	PARTICIPATING PHARMACY	9	2
2820339	SENIOR RX CARE OF NEBRASKA	5501 ALVO RD	LINCOLN	NE	68514-3206	Y	PARTICIPATING PHARMACY	9	2
2782971	CVS PHARMACY #08621	115 NORTH 19TH AVENUE	BOZEMAN	MT	59718-4072	Y	PARTICIPATING PHARMACY	9	2
5755965	PUBLIX PHARMACY #1877	32265 OVERPASS RD	WESLEY CHAPEL	FL	33545-4987	Y	PARTICIPATING PHARMACY	9	2
1620827	HY-VEE PHARMACY (1544)	1605 N BROADWAY ST	RED OAK	IA	51566-0000	Y	PARTICIPATING PHARMACY	9	2
2636782	CVS PHARMACY #08554	6129 NE ANTIOCH RD	GLADSTONE	MO	64119-1844	Y	PARTICIPATING PHARMACY	9	2
3722926	WALGREENS #5530	519 S MAIN ST	STILLWATER	OK	74074-4058	Y	PARTICIPATING PHARMACY	9	2
2420660	WALMART PHARMACY 10-1657	150 WESTERN AVE	FARIBAULT	MN	55021-4504	Y	PARTICIPATING PHARMACY	9	1
1445700	WALMART PHARMACY 10-0216	2802 OUTER DR	MARION	IL	62959-5207	Y	PARTICIPATING PHARMACY	9	1
1308635	WALMART PHARMACY 10-5869	2470 W PULLMAN RD	MOSCOW	ID	83843-4034	Y	PARTICIPATING PHARMACY	9	1

1719244	MAINSTREET DRUG	103 W MAIN ST	OSBORNE	KS	67473-0000	Y	PARTICIPATING PHARMACY	9	1
611461	WALMART PHARMACY 10-0924	1510 WEST MAIN	STERLING	CO	80751-9095	Y	PARTICIPATING PHARMACY	9	1
5666839	CVS PHARMACY #17745	3029 UNIVERSITY AVE	SAN DIEGO	CA	92104-3036	Y	PARTICIPATING PHARMACY	9	1
4928480	WALMART PHARMACY 10-2476	1700 SE MEADOWBROOK BLVD	COLLEGE PLACE	WA	99324-1798	Y	PARTICIPATING PHARMACY	9	1
4609129	CVS PHARMACY #16237	5800 S REDWOOD RD	TAYLORSVILLE	UT	84123-5327	Y	PARTICIPATING PHARMACY	9	1
3965665	WAL-MART PHARMACY 10-1769	20 INDUSTRIAL DRIVE	DU BOIS	PA	15801-0000	Y	PARTICIPATING PHARMACY	9	1
1616804	WALGREENS #12108	2719 GRAND AVE	AMES	IA	50010-4659	Y	PARTICIPATING PHARMACY	8	3
310564	ST. JOSEPH'S MCAULEY PHARMACY	500 W THOMAS RD STE 190	PHOENIX	AZ	85013-4419	Y	PARTICIPATING PHARMACY	8	2
1719927	WALGREENS #11370	9500 ANTIOCH RD	OVERLAND PARK	KS	66212-4058	Y	PARTICIPATING PHARMACY	8	2
1716046	DILLON PHARMACY	1605 S RANGE RD	COLBY	KS	67701-0000	Y	PARTICIPATING PHARMACY	8	2
623238	POUDRE VALLEY HOSPITAL PHARMACY	1024 S LEMAY AVE	FORT COLLINS	CO	80524-3929	Y	PARTICIPATING PHARMACY	8	2
4444410	CVS PHARMACY #04992	2115 UNION AVE	MEMPHIS	TN	38104-4233	Y	PARTICIPATING PHARMACY	8	2
3149209	WALGREENS #15649	500 ROUTE 530	WHITING	NJ	08759-3124	Y	PARTICIPATING PHARMACY	8	1
2348046	WALGREENS SPECIALTY PHARMACY #15438	41460 HAGGERTY CIRCLE S	CANTON	MI	48188-2227	Y	PARTICIPATING PHARMACY	8	1
1718418	CVS PHARMACY #08237	5001 WEST 135 ST	LEAWOOD	KS	66224-0000	Y	PARTICIPATING PHARMACY	8	1
1710676	DILLON PHARMACY	1740 MASSACHUSETTS ST	LAWRENCE	KS	66046-1903	Y	PARTICIPATING PHARMACY	8	1
2435471	WALGREENS # 21377	1402 CENTRAL AVE NE	EAST GRAND FOLKS	MN	56721-1605	Y	PARTICIPATING PHARMACY	8	1
1618327	WALMART PHARMACY 10-0753	525 BRANDILYNN BLVD	CEDAR FALLS	IA	50613-7416	Y	PARTICIPATING PHARMACY	8	1
1606295	PEXTON PHARMACY	1812 CHATBURN PLAZA	HARLAN	IA	51537-1395	Y	PARTICIPATING PHARMACY	8	1
4415849	WALGREENS #3775	1460 FORT CAMPBELL BLVD	CLARKSVILLE	TN	37042-3553	Y	PARTICIPATING PHARMACY	8	1
4300327	HAISCH PHARMACY	303 E 5TH ST	CANTON	SD	57013-1735	Y	PARTICIPATING PHARMACY	8	1
4233552	PUBLIX PHARMACY #1510	2170 OAKHEART RD	MYRTLE BEACH	SC	29579-0000	Y	PARTICIPATING PHARMACY	8	1
3985198	WALGREENS #7225	1 YORKTOWN PLAZA	ELKINS PARK	PA	19027-1400	Y	PARTICIPATING PHARMACY	8	1
3618759	CLEVELAND CLINIC EUCLID AVE OUTPATIENT PHARMACY	9211 EUCLID AVE	CLEVELAND	OH	44195-0000	Y	PARTICIPATING PHARMACY	8	1
1616032	WALMART PHARMACY 10-1361	3400 SINGING HILLS BLVD	SIOUX CITY	IA	51106-5162	Y	PARTICIPATING PHARMACY	7	3
4405696	TALLENT DRUG COMPANY	116 OCOEE ST	COPPERHILL	TN	37317-0000	Y	PARTICIPATING PHARMACY	7	2
422991	WALGREENS #11987	323 HIGHWAY 64 E	ALMA	AR	72921-0000	Y	PARTICIPATING PHARMACY	7	1
3151785	WALGREENS #16329	254 EASTON AVE STE 100G	NEW BRUNSWICK	NJ	08901-1766	Y	PARTICIPATING PHARMACY	7	1
617627	WALMART PHARMACY 10-2729	1250 EAST MAGNOLIA ST	FORT COLLINS	CO	80524-2702	Y	PARTICIPATING PHARMACY	7	1
2422789	LEWIS FAMILY DRUG #51	202 KNISS AVE S	LUVERNE	MN	56156-0000	Y	PARTICIPATING PHARMACY	7	1
111764	CVS PHARMACY #04819	808 VETERANS MEMORIAL PKWY	TUSCALOOSA	AL	35404-5809	Y	PARTICIPATING PHARMACY	7	1
612742	WALMART PHARMACY 10-1384	6 CONLEY ROAD	LA JUNTA	CO	81050-9640	Y	PARTICIPATING PHARMACY	7	1
1721895	RUSH COUNTY PHARMACY	708 MAIN ST	LA CROSSE	KS	67548-0000	Y	PARTICIPATING PHARMACY	7	1
5007251	KINGWOOD PHARMACY LLC	220 W MAIN ST	KINGWOOD	WV	26537-0000	Y	PARTICIPATING PHARMACY	7	1
4528533	CVS PHARMACY #05667	19715 TOMBALL HWY	HOUSTON	TX	77070-0000	Y	PARTICIPATING PHARMACY	7	1

5924801	WALMART PHARMACY 10-4111	26824 FM 1093	RICHMOND	TX	77406-0000	Y	PARTICIPATING PHARMACY	7	1
5204639	WALMART PHARMACY 10-4653	580 LIVINGSTON AVE	CHEYENNE	WY	82007-1966	Y	PARTICIPATING PHARMACY	7	1
5646116	WALMART PHARMACY 10-3087	2701 SAVIERS RD	OXNARD	CA	93033-4517	Y	PARTICIPATING PHARMACY	7	1
4304995	WALGREENS #5745	3620 W 41ST ST	SIOUX FALLS	SD	57106-0726	Y	PARTICIPATING PHARMACY	7	1
4304375	SAFEWAY PHARMACY #0583	1606 NORTH AVE SUITE 2	SPEARFISH	SD	57783-1249	Y	PARTICIPATING PHARMACY	7	1
3503807	WHITE DRUG #45	310 FIRST AVENUE SOUTH	JAMESTOWN	ND	58401-0000	Y	PARTICIPATING PHARMACY	7	1
4353784	WALGREENS #1975	1720 S SYCAMORE AVE	SIOUX FALLS	SD	57110-4207	Y	PARTICIPATING PHARMACY	6	4
2821038	CHI HEALTH PHARMACY - IMC FHC	6801 NEWPORT AVE STE 101	OMAHA	NE	68152-2152	Y	PARTICIPATING PHARMACY	6	3
4704614	CVS PHARMACY #10127	1634 US ROUTE 302	BARRE	VT	05641-2322	Y	PARTICIPATING PHARMACY	6	3
2363846	WALGREENS #7160	4445 IVANREST AVE SW	GRANDVILLE	MI	49418-3150	Y	PARTICIPATING PHARMACY	6	2
621777	MEDICAL CENTER OF THE ROCKIES OUTPATIENT PHARMACY	2500 ROCKY MOUNTAIN AVE	LOVELAND	CO	80538-9004	Y	PARTICIPATING PHARMACY	6	2
4351742	WALMART PHARMACY 10-3237	5521 E ARROWHEAD PKWY	SIOUX FALLS	SD	57110-0400	Y	PARTICIPATING PHARMACY	6	2
2639928	CVS PHARMACY #04080	300 KESTREL LANE	LAKE OZARK	MO	65049-5569	Y	PARTICIPATING PHARMACY	6	2
3317927	CVS PHARMACY #00502	625 WEST CLINTON STREET	ITHACA	NY	14850-0000	Y	PARTICIPATING PHARMACY	6	1
617588	WALGREENS #6844	4502 S COLLEGE AVE	FORT COLLINS	CO	80525-3025	Y	PARTICIPATING PHARMACY	6	1
305361	WALGREENS #4045	4685 E GRANT RD	TUCSON	AZ	85712-2618	Y	PARTICIPATING PHARMACY	6	1
1939896	LIL BOO'S PHARMACY	415 ST. CLAIR RD. STE. C	BOYCE	LA	71409-0000	Y	PARTICIPATING PHARMACY	6	1
1719838	WALGREENS #12923	2900 S 4TH ST	LEAVENWORTH	KS	66048-5002	Y	PARTICIPATING PHARMACY	6	1
1146794	WALMART PHARMACY 10-2811	4375 LEXINGTON ROAD	ATHENS	GA	30605-0000	Y	PARTICIPATING PHARMACY	6	1
1084463	WALGREENS #4638	654 CASSAT AVE	JACKSONVILLE	FL	32205-4717	Y	PARTICIPATING PHARMACY	6	1
610255	KING SOOPERS PHARMACY	815 CHEYENNE MEADOWS	COLORADO SPRINGS	CO	80906-4929	Y	PARTICIPATING PHARMACY	6	1
1711654	WALGREENS #7778	1001 SW GAGE BLVD	TOPEKA	KS	66604-1700	Y	PARTICIPATING PHARMACY	6	1
1710892	WALMART PHARMACY 10-0484	3300 IOWA STREET	LAWRENCE	KS	66046-5206	Y	PARTICIPATING PHARMACY	6	1
352916	EL RIO WEST PHARMACY	1230 S CHERRYBELL STAV	TUCSON	AZ	85713-0000	Y	PARTICIPATING PHARMACY	6	1
320604	WALGREENS #11610	2000 S MILL AVE	TEMPE	AZ	85282-0000	Y	PARTICIPATING PHARMACY	6	1
5940665	WALGREENS #21461	521 SOUTH MAIN STREET	LINDALE	TX	75771-6814	Y	PARTICIPATING PHARMACY	6	1
5827843	TRIBECA APOTHECARY	138 WEST BROADWAY	NEW YORK	NY	10013-0000	Y	PARTICIPATING PHARMACY	6	1
623947	KING SOOPERS PHARMACY #115	1950 CHESTNUT PL	DENVER	CO	80202-6059	Y	PARTICIPATING PHARMACY	6	1
4931261	CHAS MAPLE PHARMACY	3919 N MAPLE ST	SPOKANE	WA	99205-1349	Y	PARTICIPATING PHARMACY	6	1
4575099	HEB PHARMACY	1434 WELLS BRANCH PKWY	PFLUGERVILLE	TX	78660-0000	Y	PARTICIPATING PHARMACY	6	1
1535612	WALGREENS #6454	20 W MAIN ST	BROWNSBURG	IN	46112-1242	Y	PARTICIPATING PHARMACY	6	1
4532621	WALGREENS #4607	1520 S VALLEY MILLS DR	BEVERLY HILLS	TX	76711-1607	Y	PARTICIPATING PHARMACY	6	1
327595	CVS PHARMACY #16296	6500 E GRANT RD	TUCSON	AZ	85715-0000	Y	PARTICIPATING PHARMACY	6	1
620294	WALGREENS #11862	743 S LEMAY AVE	FORT COLLINS	CO	80524-3251	Y	PARTICIPATING PHARMACY	6	1
5673404	CVS PHARMACY #17794	5500 W SUNSET BLVD	LOS ANGELES	CA	90028-8522	Y	PARTICIPATING PHARMACY	6	1
4303397	LEWIS DRUG #5	741 SOUTH WASHINGTON AVENUE	MADISON	SD	57042-0000	Y	PARTICIPATING PHARMACY	6	1

2641783	SAM'S CLUB PHARMACY 10-6247	8130 N CHURCH RD	KANSAS CITY	MO	64158-1101	Y	PARTICIPATING PHARMACY	6	1
3671965	CVS PHARMACY #05457	3488 SELDOM SEEN RD	POWELL	OH	43065-0000	Y	PARTICIPATING PHARMACY	6	1
2633750	WALMART PHARMACY 10-2994	3022 S BELT HWY	ST JOSEPH	MO	64503-1547	Y	PARTICIPATING PHARMACY	6	1
3645453	WALGREENS #7435	4605 MONTGOMERY RD	NORWOOD	OH	45212-0000	Y	PARTICIPATING PHARMACY	6	1
3504455	THRIFTY WHITE PHARMACY #068	4255 30TH AVE S	FARGO	ND	58104-8427	Y	PARTICIPATING PHARMACY	6	1
2621147	WALMART PHARMACY 10-0032	2050 W HWY 76	BRANSON	MO	65616-2100	Y	PARTICIPATING PHARMACY	5	5
1715537	WALMART PHARMACY 10-0342	701 HOPI DRIVE	HIAWATHA	KS	66434-8929	Y	PARTICIPATING PHARMACY	5	5
621309	ABTS PHARMACY LLC	121 CEDAR ST	JULESBURG	CO	80737-1519	Y	PARTICIPATING PHARMACY	5	4
2425002	MAYO CLINIC PHARMACY EISENBERG	201 CENTER ST W SUITE LO19	ROCHESTER	MN	55902-0000	Y	PARTICIPATING PHARMACY	5	3
2427462	GILLETTE CHILDRENS SPECIALTY HEALTHCARE	200 UNIVERSITY AVE E	ST PAUL	MN	55101-0000	Y	PARTICIPATING PHARMACY	5	2
1719458	CVS PHARMACY #04521	22700 W 55TH TERRACE	SHAWNEE	KS	66226-0000	Y	PARTICIPATING PHARMACY	5	2
611613	WALMART PHARMACY 10-0953	1325 NORTH DENVER AVE	LOVELAND	CO	80537-5120	Y	PARTICIPATING PHARMACY	5	2
1717721	WALGREENS #7060	325 BLUEMONT AVE	MANHATTAN	KS	66502-5723	Y	PARTICIPATING PHARMACY	5	2
4839708	WALGREENS #9975	1309 RICHMOND RD	WILLIAMSBURG	VA	23185-2826	Y	PARTICIPATING PHARMACY	5	2
4304010	AVERA MCKENNAN CAMPUS PHARMACY	1325 S CLIFF AVE SUITE CP	SIOUX FALLS	SD	57105-1008	Y	PARTICIPATING PHARMACY	5	2
4301393	GREGORY DRUG	604 MAIN ST	GREGORY	SD	57533-1349	Y	PARTICIPATING PHARMACY	5	2
618403	WALGREENS #6343	3690 N GARFIELD AVE	LOVELAND	CO	80538-2244	Y	PARTICIPATING PHARMACY	5	2
3809362	SAFEWAY PHARMACY #0514	642 NE 3RD ST	BEND	OR	97701-4702	Y	PARTICIPATING PHARMACY	5	1
617766	DENVER VAMC PHARMACY	1700 N WHEELING ST	AURORA	CO	80045-7211	Y	PARTICIPATING PHARMACY	5	1
2989688	CVS PHARMACY #08798	5985 W TROPICANA RD	LAS VEGAS	NV	89103-0000	Y	PARTICIPATING PHARMACY	5	1
2989676	CVS PHARMACY #08821	8320 W CHEYENNE AVE	LAS VEGAS	NV	89129-0000	Y	PARTICIPATING PHARMACY	5	1
2430875	MAYO CLINIC PHARMACY SUBWAY	200 FIRST STREET SW SUITE SL14	ROCHESTER	MN	55905-0000	Y	PARTICIPATING PHARMACY	5	1
2426408	CVS PHARMACY #07197	6300 WEDGEWOOD RD N	MAPLE GROVE	MN	55311-0000	Y	PARTICIPATING PHARMACY	5	1
613465	WALGREENS #2843	120 BROADWAY	DENVER	CO	80203-3917	Y	PARTICIPATING PHARMACY	5	1
2818156	KUBAT HEALTHCARE	4924 CENTER ST STE A1	OMAHA	NE	68106-0000	Y	PARTICIPATING PHARMACY	5	1
1720122	WALGREENS #13032	4016 W 95TH ST	PRAIRIE VILLAGE	KS	66207-2702	Y	PARTICIPATING PHARMACY	5	1
610469	SAFEWAY PHARMACY #1873	771 THORNTON PARKWAY	THORNTON	CO	80229-3680	Y	PARTICIPATING PHARMACY	5	1
610306	CITY MARKET PHARMACY	777 GOLD HILL PLACE	WOODLAND PARK	CO	80863-0000	Y	PARTICIPATING PHARMACY	5	1
1045512	CVS PHARMACY #03441	2331 PALM RIDGE RD	SANIBEL	FL	33957-0000	Y	PARTICIPATING PHARMACY	5	1
1714763	WALGREENS #16314	3900 SW 29TH ST	TOPEKA	KS	66614-2217	Y	PARTICIPATING PHARMACY	5	1
1013870	CVS PHARMACY #17148	10000 GULF CENTER DR	FORT MYERS	FL	33913-0000	Y	PARTICIPATING PHARMACY	5	1
1622631	CVS PHARMACY #08538	2302 W FIRST ST	CEDAR FALLS	IA	50613-0000	Y	PARTICIPATING PHARMACY	5	1
4914746	SAFEWAY PHARMACY #3255	933 E MISSION AVE	SPOKANE	WA	99202-1908	Y	PARTICIPATING PHARMACY	5	1
621210	WALMART PHARMACY 10-4599	4500 WEITZEL ST	TIMNATH	CO	80547-4416	Y	PARTICIPATING PHARMACY	5	1
2809993	CARL T CURTIS HEALTH EDUCATION CENTER	923 SENIOR CIR	MACY	NE	68039-0000	Y	PARTICIPATING PHARMACY	5	1
4601147	MOUNTAIN VIEW PHARMACY	230 S MAIN ST	BOUNTIFUL	UT	84010-4945	Y	PARTICIPATING PHARMACY	5	1
621044	WALGREENS SPECIALTY PHARMACY #12805	499 HAMPDEN AVE STE 150	ENGLEWOOD	CO	80113-2780	Y	PARTICIPATING PHARMACY	5	1

4549234	WALGREENS #11910	1130 S BROADWAY ST	SULPHUR SPRINGS	TX	75482-4840	Y	PARTICIPATING PHARMACY	5	1
4526111	WALGREENS #6663	4201 E RENNER RD	RICHARDSON	TX	75082-2811	Y	PARTICIPATING PHARMACY	5	1
1622895	WALGREENS #10557	2509 WHITE TAIL DR	CEDAR FALLS	IA	50613-7222	Y	PARTICIPATING PHARMACY	5	1
4354534	LEWIS FAMILY DRUG #31	109 S MAIN ST	MILBANK	SD	57252-1725	Y	PARTICIPATING PHARMACY	5	1
4353924	WALGREENS #10347	901 S BURR ST	MITCHELL	SD	57301-4705	Y	PARTICIPATING PHARMACY	5	1
509185	CVS PHARMACY #09986	1400 HOWARD RD	MADERA	CA	93637-0000	Y	PARTICIPATING PHARMACY	5	1
624812	MMH HOMETOWN PHARMACY	1001 E JOHNSON ST	HOLYOKE	CO	80734-1854	Y	PARTICIPATING PHARMACY	5	1
2649032	CVS PHARMACY #17887	900 S GRAND BLVD	SAINT LOUIS	MO	63103-2918	Y	PARTICIPATING PHARMACY	5	1
1623669	CVS PHARMACY #17554	214 VIKING PLAZA DR	CEDAR FALLS	IA	50613-0000	Y	PARTICIPATING PHARMACY	5	1
3847223	WALGREENS # 21407	2091 NE 3RD STREET	PRINEVILLE	OR	97754-8130	Y	PARTICIPATING PHARMACY	5	1
619556	WALGREENS #9565	2614 S COLLEGE AVE	FORT COLLINS	CO	80525-2138	Y	PARTICIPATING PHARMACY	5	1
2636768	CVS PHARMACY #08565	330 NE BARRY RD	KANSAS CITY	MO	64155-0000	Y	PARTICIPATING PHARMACY	5	1
421658	WALGREENS #07234	8300 ROGERS AVE	FORT SMITH	AR	72903-0000	Y	PARTICIPATING PHARMACY	5	1
2619940	WALMART PHARMACY 10-0560	4201 N BELT HWY	ST JOSEPH	MO	64506-1299	Y	PARTICIPATING PHARMACY	4	3
2821064	COSTCO PHARMACY #1690	17701 EVANS ST	OMAHA	NE	68116-6450	Y	PARTICIPATING PHARMACY	4	3
4305050	WALMART PHARMACY 10-2990	1101 E SPRUCE ST	MITCHELL	SD	57301-4867	Y	PARTICIPATING PHARMACY	4	3
3504138	WHITE DRUG #61	706 38TH STREET NW UNIT A	FARGO	ND	58102-0000	Y	PARTICIPATING PHARMACY	4	3
1716426	WALMART PHARMACY 10-2562	2160 COMMERCE RD	GOODLAND	KS	67735-9776	Y	PARTICIPATING PHARMACY	4	2
1703001	HUTCHINSON CLINIC PHARMACY	2101 N WALDRON ST SUITE A	HUTCHINSON	KS	67502-0000	Y	PARTICIPATING PHARMACY	4	2
1700093	WALGREENS #3069	1001 SW TOPEKA BLVD	TOPEKA	KS	66612-1601	Y	PARTICIPATING PHARMACY	4	2
5806457	NOBLE HEALTH SERVICES INC.	6040 TARBELL RD	SYRACUSE	NY	13206-1314	Y	PARTICIPATING PHARMACY	4	2
4354394	WALMART PHARMACY 10-3872	100 STUMER RD	RAPID CITY	SD	57701-6417	Y	PARTICIPATING PHARMACY	4	2
4353126	LEWIS DRUG #12	910 22ND AVENUE SOUTH	BROOKINGS	SD	57006-0000	Y	PARTICIPATING PHARMACY	4	2
4304236	WALMART PHARMACY 10-1538	2233 6TH ST	BROOKINGS	SD	57006-1731	Y	PARTICIPATING PHARMACY	4	2
3715224	WALMART PHARMACY 10-0130	1000 W SHAWNEE ST	MUSKOGEE	OK	74401-3509	Y	PARTICIPATING PHARMACY	4	1
3410103	WALGREENS #10274	382 ASHVILLE HWY	BREVARD	NC	28712-4646	Y	PARTICIPATING PHARMACY	4	1
1520508	CVS PHARMACY #06735	668 S US HIGHWAY 231	BLOOMFIELD	IN	47424-7114	Y	PARTICIPATING PHARMACY	4	1
4220682	CVS PHARMACY #07654	2996 EAST HWY 501	CONWAY	SC	29526-0000	Y	PARTICIPATING PHARMACY	4	1
2432297	LEWIS FAMILY DRUG #75	825 3RD ST	JACKSON	MN	56143-0000	Y	PARTICIPATING PHARMACY	4	1
2820531	NEBRASKA MEDICINE KEARNEY PHARMACY	2232 CHANCELLORS AVE RM 1051	KEARNEY	NE	68845-0000	Y	PARTICIPATING PHARMACY	4	1
2246595	WALGREENS #18091	530 SOMERVILLE AVENUE	SOMERVILLE	MA	02143-3216	Y	PARTICIPATING PHARMACY	4	1
2136364	JOHNS HOPKINS OUTPATIENT PHARMACY AT THE ARCADE	1800 ORLEANS STREET ZAYED-BLOOMBERG BUILDING M2125	BALTIMORE	MD	21287-0001	Y	PARTICIPATING PHARMACY	4	1
358122	CVS PHARMACY #10184	825 E. UNIVERSITY BLVD SUITE 101	TUCSON	AZ	85719-0000	Y	PARTICIPATING PHARMACY	4	1
1939113	WALMART PHARMACY 10-4577	321 W CALIFORNIA AVE	RUSTON	LA	71270-5042	Y	PARTICIPATING PHARMACY	4	1
1719749	HY-VEE PHARMACY	601 THIRD STREET	MANHATTAN	KS	66502-0000	Y	PARTICIPATING PHARMACY	4	1
1101310	CVS PHARMACY #04507	103 JESSE JEWEL PKWY SW	GAINESVILLE	GA	30501-0000	Y	PARTICIPATING PHARMACY	4	1

1718747	CVS PHARMACY #08602	7501 METCALF	OVERLAND PARK	KS	66204-0000	Y	PARTICIPATING PHARMACY	4	1
1717783	AUBURN PHARMACY #110	13351 MISSION RD	LEAWOOD	KS	66209-0000	Y	PARTICIPATING PHARMACY	4	1
1715272	WALGREENS #5768	5505 E HARRY ST	WICHITA	KS	67218-3825	Y	PARTICIPATING PHARMACY	4	1
1042465	CVS PHARMACY #03490	5650 RED BUG LAKE RD	WINTER SPRINGS	FL	32708-0000	Y	PARTICIPATING PHARMACY	4	1
1712238	LEEKERS FAMILY PHARMACY	6223 N BROADWAY	WICHITA	KS	67219-0000	Y	PARTICIPATING PHARMACY	4	1
1707441	STORMONT VAIL PHARMACY, LLC	830 SW LANE ST	TOPEKA	KS	66606-0000	Y	PARTICIPATING PHARMACY	4	1
1701487	CURRIER DRUG	416 STATE ST	ATWOOD	KS	67730-1929	Y	PARTICIPATING PHARMACY	4	1
5938583	BROOKSHIRE BROTHERS PHARMACY #117	8087 BRONCO LN	LAGO VISTA	TX	78645-4528	Y	PARTICIPATING PHARMACY	4	1
5824429	WALGREENS #18204	355 KNICKERBOCKER AVENUE	BROOKLYN	NY	11237-3740	Y	PARTICIPATING PHARMACY	4	1
5614121	WALGREENS #7869	885 EUCLID AVE	NATIONAL CITY	CA	91950-3862	Y	PARTICIPATING PHARMACY	4	1
5203663	WALGREENS #5838	2302 E LINCOLNWAY	CHEYENNE	WY	82001-5416	Y	PARTICIPATING PHARMACY	4	1
5200972	RICKER PHARMACY INC	1801 BIG HORN AVE	WORLAND	WY	82401-2691	Y	PARTICIPATING PHARMACY	4	1
622440	CENTURA HEALTH PHARMACY AT ST ANTHONY HOSPITAL	11600 W. 2ND PLACE SUITE 1817	LAKEWOOD	CO	80228-0000	Y	PARTICIPATING PHARMACY	4	1
4694142	WALGREENS #5875	7794 S REDWOOD RD	WEST JORDAN	UT	84084-4010	Y	PARTICIPATING PHARMACY	4	1
4613344	CVS PHARMACY #10370	7777 S REDWOOD RD	WEST JORDAN	UT	84084-5518	Y	PARTICIPATING PHARMACY	4	1
4567030	WALMART PHARMACY 10-0768	1313 FRY ROAD	KATY	TX	77449-0000	Y	PARTICIPATING PHARMACY	4	1
3301835	CVS PHARMACY #00146	15 WEST MAIN STREET	EAST ISLIP	NY	11730-0000	Y	PARTICIPATING PHARMACY	4	1
4522276	WALGREENS #6660	5742 E MOCKINGBIRD LN	DALLAS	TX	75206-5422	Y	PARTICIPATING PHARMACY	4	1
328561	CVS PHARMACY #06719	44274 WEST SMITH ENKE RD	MARICOPA	AZ	85138-0000	Y	PARTICIPATING PHARMACY	4	1
4516312	WALGREENS #4632	1910 #2 W BRAKER LANE	AUSTIN	TX	78758-4024	Y	PARTICIPATING PHARMACY	4	1
4508632	HEB PHARMACY	7301 NORTH FM 620	AUSTIN	TX	78726-0000	Y	PARTICIPATING PHARMACY	4	1
1614014	OAKLAND PHARMACY	601 PIONEER AVE.	OAKLAND	IA	51560-0000	Y	PARTICIPATING PHARMACY	4	1
619962	WALGREENS #9979	111 E PLATTE AVE	FT MORGAN	CO	80701-2128	Y	PARTICIPATING PHARMACY	4	1
4216657	CVS PHARMACY #07016	10317 OCEAN HWY 17 SOUTH	PAWLEYS ISLAND	SC	29585-0000	Y	PARTICIPATING PHARMACY	4	1
2639827	HY-VEE PHARMACY (1641)	1720 WEST BATTLEFIELD ROAD	SPRINGFIELD	MO	65807-0000	Y	PARTICIPATING PHARMACY	4	1
626652	UCHEALTH GREELEY HOSPITAL PHARMACY	6767 W 29TH ST RD	GREELEY	CO	80634-7979	Y	PARTICIPATING PHARMACY	4	1
2616982	WALMART PHARMACY 10-0089	94 CECIL ST	CAMDENTON	MO	65020-7057	Y	PARTICIPATING PHARMACY	3	3
1620663	IOWA CITY VAMC PHARMACY	601 HWY 6 W	IOWA CITY	IA	52246-2209	Y	PARTICIPATING PHARMACY	3	3
3808992	SAFEWAY PHARMACY #0782	37601 HWY 26	SANDY	OR	97055-9313	Y	PARTICIPATING PHARMACY	3	2
617879	WALGREENS #6514	14 E ALLEN STREET	CASTLE ROCK	CO	80108-7840	Y	PARTICIPATING PHARMACY	3	2
358665	CVS PHARMACY #10006	10650 N. ORACLE ROAD	ORO VALLEY	AZ	85737-9301	Y	PARTICIPATING PHARMACY	3	2
2244642	WEGMANS FOOD MARKETS, INC.	200 BOYLSTON STREET	CHESTNUT HILL	MA	02467-0000	Y	PARTICIPATING PHARMACY	3	2
1173664	SYNERGEN RX, LLC	3990 FLOWERS RD STE 530	DORAVILLE	GA	30360-3195	Y	PARTICIPATING PHARMACY	3	2
2818144	UROLOGY CANCER CENTER	17607 GOLD PLAZA	OMAHA	NE	68130-0000	Y	PARTICIPATING PHARMACY	3	2
1719573	WALGREENS #9425	5455 ROBERTS ST	SHAWNEE	KS	66226-3937	Y	PARTICIPATING PHARMACY	3	2
1713242	HY-VEE PHARMACY #1 (1508)	8501 W 95TH ST	OVERLAND PARK	KS	66212-3220	Y	PARTICIPATING PHARMACY	3	2

5615666	CVS PHARMACY #16337	7600 N BLACKSTONE AVE	FRESNO	CA	93720-0000	Y	PARTICIPATING PHARMACY	3	2
4554463	SENDERRA RX PHARMACY	3712 E PLANO PKWY STE 200	PLANO	TX	75074-0000	Y	PARTICIPATING PHARMACY	3	2
1619139	HY-VEE PHARMACY #2 (1018)	640 LINCOLN WAY	AMES	IA	50010-0000	Y	PARTICIPATING PHARMACY	3	2
4304135	LEWIS DRUG #7	4409 EAST 26TH STREET	SIOUX FALLS	SD	57103-0000	Y	PARTICIPATING PHARMACY	3	2
3814452	COSTCO PHARMACY #682	3130 KILLDEER AVE SE	ALBANY	OR	97322-5359	Y	PARTICIPATING PHARMACY	3	2
2629080	FAMILY CARE PHARMACY AT BARNES-JEWISH HOSPITAL	1 BARNES JEWISH HOSPITAL PLZ	ST LOUIS	MO	63110-0000	Y	PARTICIPATING PHARMACY	3	1
2628317	HY-VEE PHARMACY (1219)	7117 N PROSPECT	GLADSTONE	MO	64119-0000	Y	PARTICIPATING PHARMACY	3	1
3415797	CVS PHARMACY #04299	1305 MATTHEWS TWP PARKWAY	MATTHEWS	NC	28105-0000	Y	PARTICIPATING PHARMACY	3	1
2617679	ROGERS PHARMACY	411 MAIN ST	TARKIO	MO	64491-0000	Y	PARTICIPATING PHARMACY	3	1
2600270	CVS PHARMACY #05697	3902 MAIN ST	KANSAS CITY	MO	64111-0000	Y	PARTICIPATING PHARMACY	3	1
618023	SAMS PHARMACY 10-6632	505 S BROADWAY	DENVER	CO	80209-4093	Y	PARTICIPATING PHARMACY	3	1
410542	WALMART PHARMACY 10-0100	406 SOUTH WALTON BLVD	BENTONVILLE	AR	72712-0000	Y	PARTICIPATING PHARMACY	3	1
324450	SAFEWAY PHARMACY #1662	10641 W OLIVE AVE	PEORIA	AZ	85345-7323	Y	PARTICIPATING PHARMACY	3	1
2419023	FAIRVIEW EDINA PHARMACY	6401 FRANCE AVE S STE SL-1	EDINA	MN	55435-2104	Y	PARTICIPATING PHARMACY	3	1
2411104	BOYNTON HEALTH PHARMACY	410 CHURCH STREET SE N300	MINNEAPOLIS	MN	55455-0000	Y	PARTICIPATING PHARMACY	3	1
1440990	WALGREENS #04936	4040 N CICERO AVE	CHICAGO	IL	60641-1807	Y	PARTICIPATING PHARMACY	3	1
2133798	WALGREENS #10539	12400 AUTO DRIVE	CLARKSVILLE	MD	21029-2200	Y	PARTICIPATING PHARMACY	3	1
2121591	CVS PHARMACY #02016	5910 GREENBELT RD	GREENBELT	MD	20770-0000	Y	PARTICIPATING PHARMACY	3	1
1149473	WALMART PHARMACY 10-3471	3105 N COBB PARKWAY	KENNESAW	GA	30152-0000	Y	PARTICIPATING PHARMACY	3	1
1094604	WALGREENS #6385	1565 COUNTY ROAD 220	ORANGE PARK	FL	32003-7926	Y	PARTICIPATING PHARMACY	3	1
1088384	FMC PHARMACY SERVICES	11001 DANKA WAY N STE 2	SAINT PETERSBURG	FL	33716-0000	Y	PARTICIPATING PHARMACY	3	1
1718002	CVS PHARMACY #16942	800 COMMONS PL	MANHATTAN	KS	66503-0000	Y	PARTICIPATING PHARMACY	3	1
1081948	ADVENTHEALTH OUTPATIENT PHARMACY CELEBRATION	400 CELEBRATION PLACE	CELEBRATION	FL	34747-0000	Y	PARTICIPATING PHARMACY	3	1
1717264	WALGREENS #6006	9525 E 21ST ST N	WICHITA	KS	67206-2946	Y	PARTICIPATING PHARMACY	3	1
1712771	DILLON PHARMACY	1101 WESTLOOP PL	MANHATTAN	KS	66502-0000	Y	PARTICIPATING PHARMACY	3	1
1031741	CVS PHARMACY #17384	8040 MEDITERRANEAN DR	ESTERO	FL	33928-0000	Y	PARTICIPATING PHARMACY	3	1
1006697	CVS PHARMACY #02997	15129 MADEIRA WAY	MADEIRA BEACH	FL	33708-1963	Y	PARTICIPATING PHARMACY	3	1
1625649	LEWIS FAMILY DRUG #42	528 S 3RD ST	MOVILLE	IA	51039-2009	Y	PARTICIPATING PHARMACY	3	1
5830181	VALLEY PHARMACY.	79 ROOSEVELT AVE	VALLEY STREAM	NY	11581-1132	Y	PARTICIPATING PHARMACY	3	1
5620655	CVS PHARMACY #09795	511 N HOLLYWOOD WAY	BURBANK	CA	91505-0000	Y	PARTICIPATING PHARMACY	3	1
5203928	WALGREENS #9548	1501 DELL RANGE BLVD	CHEYENNE	WY	82009-4853	Y	PARTICIPATING PHARMACY	3	1
1622504	HY-VEE PHARMACY #4 (1890)	555 SOUTH 51ST STREET	WEST DES MOINES	IA	50265-0000	Y	PARTICIPATING PHARMACY	3	1
5130872	WALGREENS #12498	675 S WATER ST	PLATTEVILLE	WI	53818-0000	Y	PARTICIPATING PHARMACY	3	1
4928543	WALGREENS #5697	15225 PACIFIC AVE S	TACOMA	WA	98444-4667	Y	PARTICIPATING PHARMACY	3	1
4848529	WALGREENS #17626	314 ROLKIN ROAD	CHARLOTTESVILLE	VA	22911-3556	Y	PARTICIPATING PHARMACY	3	1

4838566	SAFEWAY PHARMACY #2616	3043 NUTLEY ST	FAIRFAX	VA	22031-1931	Y	PARTICIPATING PHARMACY	3	1
4612176	HARMONS PHARMACY	135 E 100 S	SALT LAKE CITY	UT	84111-6500	Y	PARTICIPATING PHARMACY	3	1
4610211	WALGREENS #2523	1171 W 2000 N ANTELOPE DR	LAYTON	UT	84041-1143	Y	PARTICIPATING PHARMACY	3	1
327963	CVS PHARMACY #00069	8332 W THUNDERBIRD RD	PEORIA	AZ	85381-4822	Y	PARTICIPATING PHARMACY	3	1
4580949	CVS PHARMACY #07675	105 HARRIS AVE	RED OAK	TX	75154-0000	Y	PARTICIPATING PHARMACY	3	1
4559021	WALMART PHARMACY 10-0429	1724 W UNIVERSITY DRIVE	EDINBURG	TX	78539-0000	Y	PARTICIPATING PHARMACY	3	1
4542139	WALGREENS #10283	6420 82ND ST	LUBBOCK	TX	79424-0804	Y	PARTICIPATING PHARMACY	3	1
1619204	MEDICAP PHARMACY	2301 SUNSET DR SUITE A	NORWALK	IA	50211-0000	Y	PARTICIPATING PHARMACY	3	1
4538700	CVS PHARMACY #17154	6801 FM 1960 RD W	HOUSTON	TX	77069-0000	Y	PARTICIPATING PHARMACY	3	1
4527531	WALGREENS #7264	1755 W LOOP 281	LONGVIEW	TX	75604-2734	Y	PARTICIPATING PHARMACY	3	1
1622770	NUCARA PHARMACY #28	3600 UNIVERSITY BLVD STE 103	AMES	IA	50010-8674	Y	PARTICIPATING PHARMACY	3	1
4448735	PUBLIX PHARMACY #1515	2656 PARKWAY	PIGEON FORGE	TN	37863-3246	Y	PARTICIPATING PHARMACY	3	1
4435447	FRESENIUS MEDICAL CARE RX	1000 CORPORATE CENTRE DR SUITE 400	FRANKLIN	TN	37067-0000	Y	PARTICIPATING PHARMACY	3	1
4354510	WALMART PHARMACY 10-4865	5200 W 60TH ST N	SIOUX FALLS	SD	57107-6419	Y	PARTICIPATING PHARMACY	3	1
4353568	BON HOMME PHARMACY	410 W 16TH AVE	TYNDALL	SD	57066-0000	Y	PARTICIPATING PHARMACY	3	1
2643078	ROGERS PHARMACY	125 E SOUTH AVE	MARYVILLE	MO	64468-2669	Y	PARTICIPATING PHARMACY	3	1
4226747	WALGREENS #10162	1716 PLEASANT RD	FORT MILL	SC	29708-7815	Y	PARTICIPATING PHARMACY	3	1
2641151	ST LUKES HOSPITAL PHARMACY	4320 WORNALL RD STE 128	KANSAS CITY	MO	64111-3220	Y	PARTICIPATING PHARMACY	3	1
424705	CVS PHARMACY #10255	2015 FAYETTEVILLE RD	VAN BUREN	AR	72956-6537	Y	PARTICIPATING PHARMACY	3	1
3974145	SELECTRX PA	3950 BRODHEAD RD STE 100	MONACA	PA	15061-3030	Y	PARTICIPATING PHARMACY	3	1
3845015	WALMART PHARMACY 10-3050	9055 SW MURRAY BLVD	BEAVERTON	OR	97008-7434	Y	PARTICIPATING PHARMACY	3	1
2636833	CVS PHARMACY #08567	5011 MAIN ST	KANSAS CITY	MO	64112-0000	Y	PARTICIPATING PHARMACY	3	1
3801811	APOTHECARE - LTC @ HOME	1590 E 13TH AVE	EUGENE	OR	97403-1232	Y	PARTICIPATING PHARMACY	3	1
618542	WALMART PHARMACY 10-5232	1000 AIRPORT ROAD	RIFLE	CO	81650-8407	Y	PARTICIPATING PHARMACY	3	1
3505178	SANFORD PHARMACY I 94	5225 23RD AVE S	FARGO	ND	58104-7927	Y	PARTICIPATING PHARMACY	3	1
2617011	EVANS DRUGS	19 PUBLIC SQUARE	STOCKTON	MO	65785-0000	Y	PARTICIPATING PHARMACY	2	2
616839	SAFEWAY PHARMACY #1568	40 COUNTY ROAD 804	FRASER	CO	80442-9998	Y	PARTICIPATING PHARMACY	2	2
611889	WALMART PHARMACY 10-1019	3105 E US HWY 50	CANON CITY	CO	81212-2797	Y	PARTICIPATING PHARMACY	2	2
354908	CVS PHARMACY #01720	21201 E OCOTILLO RD	QUEEN CREEK	AZ	85142-9339	Y	PARTICIPATING PHARMACY	2	2
1717430	WALGREENS #6478	8701 JOHNSON DRIVE	MERRIAM	KS	66202-2150	Y	PARTICIPATING PHARMACY	2	2
1716541	WALGREENS #4186	15100 W 87TH ST	LENEXA	KS	66219-1420	Y	PARTICIPATING PHARMACY	2	2
605975	WALKER PHARMACY	410 W MAIN STREET	STERLING	CO	80751-3034	Y	PARTICIPATING PHARMACY	2	2
905147	WALGREENS #15953	1155 F ST NW STE 975	WASHINGTON	DC	20004-1312	Y	PARTICIPATING PHARMACY	2	2
628404	CHILDREN'S COLORADO OUTPATIENT PHARMACY AT ANSCHUTZ MEDICAL	13123 E 16TH AVE	AURORA	CO	80045-7106	Y	PARTICIPATING PHARMACY	2	2
5622596	POC NETWORK TECHNOLOGIES INC	5000 BIRCH STREET STE 3000	NEWPORT BEACH	CA	92660-0000	Y	PARTICIPATING PHARMACY	2	2
5126811	WALMART PHARMACY 10-3505	130 COMMERCE STREET	WISCONSIN DELLS	WI	53965-8263	Y	PARTICIPATING PHARMACY	2	2

1622162	WALGREENS #7967	15601 HICKMAN RD	CLIVE	IA	50325-7985	Y	PARTICIPATING PHARMACY	2	2
4354762	MONUMENT HEALTH HOME PLUS PHARMACY	353 FAIRMONT BLVD	RAPID CITY	SD	57701-0000	Y	PARTICIPATING PHARMACY	2	2
620143	WALGREENS #9783	101 W MAIN ST	STERLING	CO	80751-4341	Y	PARTICIPATING PHARMACY	2	2
4305000	HY-VEE PHARMACY #4 (1633)	1900 SOUTH MARION ROAD	SIOUX FALLS	SD	57106-0000	Y	PARTICIPATING PHARMACY	2	2
4300175	LEWIS DRUG #2	2700 WEST 12TH STREET	SIOUX FALLS	SD	57104-0000	Y	PARTICIPATING PHARMACY	2	2
3807899	SAFEWAY PHARMACY #1665	1705 S HIGHWAY 97	REDMOND	OR	97756-9647	Y	PARTICIPATING PHARMACY	2	2
310639	WALGREENS #06128	19003 N RH JOHNSON BLVD	SUN CITY WEST	AZ	85375-4402	Y	PARTICIPATING PHARMACY	2	2
3468990	WALGREENS #17554	610 S BENNETT STREET	SOUTHERN PINES	NC	28387-4306	Y	PARTICIPATING PHARMACY	2	1
3458735	CVS PHARMACY #02538	2351 US 70 HWY	SWANNANOA	NC	28778-8207	Y	PARTICIPATING PHARMACY	2	1
3440637	WALGREENS #7476	1200 S CROATAN HWY	KILL DEVIL HILLS	NC	27948-8920	Y	PARTICIPATING PHARMACY	2	1
3438505	WALGREENS #5761	4701 SOUTH BLVD	CHARLOTTE	NC	28217-2117	Y	PARTICIPATING PHARMACY	2	1
3431525	CVS PHARMACY #04622	3625 SOUTH COLLEGE RD	WILMINGTON	NC	28412-0000	Y	PARTICIPATING PHARMACY	2	1
3408552	WALGREENS #10541	1210 KILDAIRE FARM RD	CARY	NC	27511-5524	Y	PARTICIPATING PHARMACY	2	1
618198	CVS PHARMACY #16855	715 BLUE RIVER PKWY	SILVERTHORNE	CO	80498-0000	Y	PARTICIPATING PHARMACY	2	1
3334543	DUANE READE #14169	155 E 34TH ST	NEW YORK	NY	10016-4766	Y	PARTICIPATING PHARMACY	2	1
3330153	DUANE READE #14312	296 FLATBUSH AVE	BROOKLYN	NY	11217-2817	Y	PARTICIPATING PHARMACY	2	1
411835	WALMART PHARMACY 10-0358	367 WEST CHERRY ST	ALMA	AR	72921-0000	Y	PARTICIPATING PHARMACY	2	1
3212747	WALMART PHARMACY 10-3517	1115 NM HWY 528 SE	RIO RANCHO	NM	87124-0000	Y	PARTICIPATING PHARMACY	2	1
2613429	THE CHILDRENS MERCY HOSPITAL PHARMACY	2401 GILLHAM RD	KANSAS CITY	MO	64108-4698	Y	PARTICIPATING PHARMACY	2	1
2519847	WALGREENS #5165	204 HWY 80 EAST	CLINTON	MS	39056-4716	Y	PARTICIPATING PHARMACY	2	1
3203875	MESA WINDS HEALTHMART PHARMACY	1923 S 1ST STREET	TUCUMCARI	NM	88401-3826	Y	PARTICIPATING PHARMACY	2	1
3194115	WALGREENS #9989	201 MATHISTOWN RD	LITTLE EGG HARBOR	NJ	08087-4033	Y	PARTICIPATING PHARMACY	2	1
2992801	WALGREENS #13900	3717 LAS VEGAS BLVD S STE 100	LAS VEGAS	NV	89109-0000	Y	PARTICIPATING PHARMACY	2	1
1485451	CVS PHARMACY #02510	1800 VANDALIA STREET	COLLINSVILLE	IL	62234-0000	Y	PARTICIPATING PHARMACY	2	1
2987242	CVS PHARMACY #03210	3758 LAS VEGAS BLVD S	LAS VEGAS	NV	89109-0000	Y	PARTICIPATING PHARMACY	2	1
1482152	CVS PHARMACY #01493	5205 N BROADWAY STREET	CHICAGO	IL	60640-0000	Y	PARTICIPATING PHARMACY	2	1
1477757	WALGREENS #07824	40 E BELVIDERE RD	HAINESVILLE	IL	60030-1040	Y	PARTICIPATING PHARMACY	2	1
2423666	HY-VEE PHARMACY (1400)	900 E MAIN ST	MARSHALL	MN	56258-0000	Y	PARTICIPATING PHARMACY	2	1
1474220	CVS PHARMACY #16682	7000 MANNHEIM RD	ROSEMONT	IL	60018-0000	Y	PARTICIPATING PHARMACY	2	1
617285	UNIVERSITY OF CO HOSP OP PAVILION	1635 AURORA COURT ROOM 1012, MS-F702	AURORA	CO	80045-0000	Y	PARTICIPATING PHARMACY	2	1
1467679	WALGREENS #04042	100 W LINCOLN HIGHWAY	DEKALB	IL	60115-3678	Y	PARTICIPATING PHARMACY	2	1
2419934	WALMART PHARMACY 10-1722	1221 E MAIN ST	MARSHALL	MN	56258-2582	Y	PARTICIPATING PHARMACY	2	1
2416976	WALGREENS #1303	4323 CHICAGO AVE	MINNEAPOLIS	MN	55407-3152	Y	PARTICIPATING PHARMACY	2	1
2374166	WALGREENS #12345	1045 ROBBINS RD	GRAND HAVEN	MI	49417-2646	Y	PARTICIPATING PHARMACY	2	1
616740	SAFEWAY PHARMACY #0920	451 E WONDERVIEW AVE	ESTES PARK	CO	80517-9647	Y	PARTICIPATING PHARMACY	2	1
2246355	WALGREENS #19536	467 SALEM STREET	MEDFORD	MA	02155-3336	Y	PARTICIPATING PHARMACY	2	1

615495	UNIVERSITY OF COLORADO HOSPITAL LOWRY PHARMACY	8111 E. LOWRY BLVD. STE 110, MS B01	DENVER	CO	80230-0000	Y	PARTICIPATING PHARMACY	2	1
2244414	CVS PHARMACY #10083	891 MAIN STREET	WOBURN	MA	01801-1803	Y	PARTICIPATING PHARMACY	2	1
2244185	WALGREENS #15390	24 SCHOOL ST	BOSTON	MA	02108-5113	Y	PARTICIPATING PHARMACY	2	1
614392	WALGREENS #3584	2921 NORTH NEVADA AVE	COLORADO SPRINGS	CO	80907-6224	Y	PARTICIPATING PHARMACY	2	1
2233106	WALGREENS #2945	16 BEACON STREET	SOMERVILLE	MA	02143-4311	Y	PARTICIPATING PHARMACY	2	1
1406621	OSCO DRUG #4252	1950 W GALENA BLVD	AURORA	IL	60506-4306	Y	PARTICIPATING PHARMACY	2	1
2132936	WALGREENS #9967	8174 OCEAN GATEWAY	EASTON	MD	21601-7144	Y	PARTICIPATING PHARMACY	2	1
2121173	CVS PHARMACY #16429	6111 DOBBIN RD	COLUMBIA	MD	21045-0000	Y	PARTICIPATING PHARMACY	2	1
1307796	WALGREENS #10672	2219 12TH AVE RD	NAMPA	ID	83686-6313	Y	PARTICIPATING PHARMACY	2	1
2006458	WALMART PHARMACY 10-2153	50 BOULDER WAY	BIDDEFORD	ME	04005-9442	Y	PARTICIPATING PHARMACY	2	1
1828156	WALGREENS #7685	2385 NASHVILLE RD	BOWLING GREEN	KY	42101-4144	Y	PARTICIPATING PHARMACY	2	1
1171038	WALGREENS #17229	1101 RED BUD ROAD NE	CALHOUN	GA	30701-9278	Y	PARTICIPATING PHARMACY	2	1
1722520	THE UNIVERSITY OF KANSAS HEALTH SYSTEM INDIAN CREEK RETAIL	10710 NALL AVE SUITE 1301	OVERLAND PARK	KS	66211-1206	Y	PARTICIPATING PHARMACY	2	1
356217	WALGREENS #9460	40663 N GANTZEL RD	SAN TAN VALLEY	AZ	85140-7008	Y	PARTICIPATING PHARMACY	2	1
1721554	LMH HEALTH SYSTEM PHARMACY	325 MAINE STREET SUITE 250	LAWRENCE	KS	66044-0000	Y	PARTICIPATING PHARMACY	2	1
305222	WALGREENS #5568	10707 W PEORIA AVE	SUN CITY	AZ	85351-4061	Y	PARTICIPATING PHARMACY	2	1
1152646	CVS PHARMACY #07064	5095 MOUNT ZION PKWY	STOCKBRIDGE	GA	30281-0000	Y	PARTICIPATING PHARMACY	2	1
1721302	MIDWEST FAMILY HEALTH	317 E US HIGHWAY 36	SMITH CENTER	KS	66967-9586	Y	PARTICIPATING PHARMACY	2	1
1720829	WALMART PHARMACY 10-0998	4701 MISSION RD	WESTWOOD	KS	66205-1635	Y	PARTICIPATING PHARMACY	2	1
1720590	DILLON PHARMACY #095	1235 E CLOUD ST	SALINA	KS	67401-6401	Y	PARTICIPATING PHARMACY	2	1
356089	WALMART PHARMACY 10-4543	100 W RIVERSIDE DR	PARKER	AZ	85344-5205	Y	PARTICIPATING PHARMACY	2	1
1131236	KROGER PHARMACY #676	2801 WASHINGTON ROAD	AUGUSTA	GA	30909-0000	Y	PARTICIPATING PHARMACY	2	1
1718824	CVS PHARMACY #08580	6510 NIEMAN RD	SHAWNEE	KS	66203-0000	Y	PARTICIPATING PHARMACY	2	1
1718569	CVS PHARMACY #17135	11501 W 97TH ST	OVERLAND PARK	KS	66214-0000	Y	PARTICIPATING PHARMACY	2	1
1080251	WALGREENS #4164	12100 S APOPKA VINELAND RD	ORLANDO	FL	32836-6801	Y	PARTICIPATING PHARMACY	2	1
354299	CVS PHARMACY #05892	5050 W BASELINE RD	LAVEEN	AZ	85339-7324	Y	PARTICIPATING PHARMACY	2	1
1062467	WALGREENS #4278	8917 SAN JOSE BLVD	JACKSONVILLE	FL	32257-5012	Y	PARTICIPATING PHARMACY	2	1
1715284	WALGREENS #5769	3333 E CENTRAL AVE	WICHITA	KS	67208-3121	Y	PARTICIPATING PHARMACY	2	1
610231	KING SOOPERS PHARMACY	1331 N SPEER BLVD	DENVER	CO	80204-2512	Y	PARTICIPATING PHARMACY	2	1
1044902	PUBLIX PHARMACY #1318	5998 MOBILE HWY	PENSACOLA	FL	32526-0000	Y	PARTICIPATING PHARMACY	2	1
610003	SAFEWAY PHARMACY #2913	2160 W DRAKE RD	FORT COLLINS	CO	80521-1486	Y	PARTICIPATING PHARMACY	2	1
1712555	WALMART PHARMACY 10-0026	5000 10TH AVE	LEAVENWORTH	KS	66048-5514	Y	PARTICIPATING PHARMACY	2	1
608363	KING SOOPERS PHARMACY	1015 S TAFT HILL RD	FORT COLLINS	CO	80521-4240	Y	PARTICIPATING PHARMACY	2	1
353223	CVS PHARMACY #07262	18460 N 7TH ST	PHOENIX	AZ	85022-0000	Y	PARTICIPATING PHARMACY	2	1
1009807	WALGREENS #9014	2839 COUNTY ROAD 210 W	ST JOHNS COUNTY	FL	32259-0000	Y	PARTICIPATING PHARMACY	2	1
1704798	MIDWEST FAMILY HEALTH	300 STATE ST	PHILLIPSBURG	KS	67661-1930	Y	PARTICIPATING PHARMACY	2	1

228494	WALGREENS #16059	44001 STERLING HWY	SOLDOTNA	AK	99669-8030	Y	PARTICIPATING PHARMACY	2	1
901909	MEDSTAR PHARMACY (STORE # 10)	3800 RESERVOIR RD NW	WASHINGTON	DC	20007-2113	Y	PARTICIPATING PHARMACY	2	1
352411	CVS PHARMACY #07845	7552 E INDIAN SCHOOL RD	SCOTTSDALE	AZ	85251-0000	Y	PARTICIPATING PHARMACY	2	1
5907451	CVS PHARMACY #10055	1901 RICHMOND RD	TEXARKANA	TX	75503-2424	Y	PARTICIPATING PHARMACY	2	1
5833721	WALGREENS #21337	285 BROADWAY	BROOKLYN	NY	11211-6216	Y	PARTICIPATING PHARMACY	2	1
5825130	VIVO HEALTH PHARMACY AT LENOX HILL	100 E 77TH ST	NEW YORK	NY	10075-1850	Y	PARTICIPATING PHARMACY	2	1
1623265	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	1801 HICKMAN RD	DES MOINES	IA	50314-0000	Y	PARTICIPATING PHARMACY	2	1
624127	KING SOOPERS PHARMACY #126	17761 COTTONWOOD DR	PARKER	CO	80134-3925	Y	PARTICIPATING PHARMACY	2	1
135194	CVS PHARMACY #02899	25761 PERDIDO BEACH BLVD	ORANGE BEACH	AL	36561-6107	Y	PARTICIPATING PHARMACY	2	1
5128447	CVS PHARMACY #16302	2553 SUN VALLEY DR	DELAFIELD	WI	53018-0000	Y	PARTICIPATING PHARMACY	2	1
1621879	HY-VEE PHARMACY (1382)	1201 12TH AVENUE SW	LEMARS	IA	51031-0000	Y	PARTICIPATING PHARMACY	2	1
621272	WALGREENS #10307	240 W PARK DR	GRAND JUNCTION	CO	81505-1450	Y	PARTICIPATING PHARMACY	2	1
571124	CVS PHARMACY #09162	3749 AVOCADO BLVD	LA MESA	CA	91941-0000	Y	PARTICIPATING PHARMACY	2	1
4840256	WALGREENS #10691	5006 OLD BOONSBURG RD	LYNCHBURG	VA	24503-1802	Y	PARTICIPATING PHARMACY	2	1
1621437	PLANNED PARENTHOOD OF THE HEARTLAND	818 5TH AVE SUITE 200	DES MOINES	IA	50309-1307	Y	PARTICIPATING PHARMACY	2	1
318611	WALMART PHARMACY 10-1442	1017 WEST HAUL ROAD	PAGE	AZ	86040-0656	Y	PARTICIPATING PHARMACY	2	1
1620625	WALGREENS #5941	1251 4TH STREET SW	MASON CITY	IA	50401-2710	Y	PARTICIPATING PHARMACY	2	1
1620601	CVS PHARMACY #16893	2135 SE DELAWARE AVE	ANKENY	IA	50021-0000	Y	PARTICIPATING PHARMACY	2	1
5114816	WALGREENS #4155	15 E MAIN ST	MADISON	WI	53703-0000	Y	PARTICIPATING PHARMACY	2	1
4559691	CVS PHARMACY #07220	1627 WILDCAT DR	PORTLAND	TX	78374-0000	Y	PARTICIPATING PHARMACY	2	1
568088	WALGREENS #6347	18515 DEVONSHIRE ST	NORTHRIDGE	CA	91324-1308	Y	PARTICIPATING PHARMACY	2	1
1619937	WALGREENS #5042	3325 16TH AVE SW	CEDAR RAPIDS	IA	52404-1455	Y	PARTICIPATING PHARMACY	2	1
4544664	WALGREENS #10945	11133 LEOPARD ST	CORPUS CHRISTI	TX	78410-2613	Y	PARTICIPATING PHARMACY	2	1
5126215	WALMART PHARMACY 10-2958	3701 EAST CALUMET ST.	APPLETON	WI	54915-4149	Y	PARTICIPATING PHARMACY	2	1
1622489	WALGREENS #9791	101 8TH ST SE	ALTOONA	IA	50009-1938	Y	PARTICIPATING PHARMACY	2	1
5132814	WALGREENS #13771	504 S 17TH AVE	WAUSAU	WI	54401-5201	Y	PARTICIPATING PHARMACY	2	1
4532203	CVS PHARMACY #08323	4426 WILLIAMS DR	GEORGETOWN	TX	78628-1341	Y	PARTICIPATING PHARMACY	2	1
4527240	CVS PHARMACY #17359	9500 S INTERSTATE 35 STE G	AUSTIN	TX	78748-0000	Y	PARTICIPATING PHARMACY	2	1
1617705	HY-VEE PHARMACY (1403)	802 SOUTH CENTER STREET	MARSHALLTOWN	IA	50158-0000	Y	PARTICIPATING PHARMACY	2	1
4515637	COSTCO PHARMACY #664	3800 N CENTRAL EXPY	PLANO	TX	75074-2221	Y	PARTICIPATING PHARMACY	2	1
4513013	WALGREENS #5734	1520 W FREDDY GONZALEZ DR	EDINBURG	TX	78539-5327	Y	PARTICIPATING PHARMACY	2	1
4509482	KINSEY'S PHARMACY	4290 KINSEY DR	TYLER	TX	75703-0000	Y	PARTICIPATING PHARMACY	2	1
314346	WALGREENS #9262	8469 E MCDONALD DR	SCOTTSDALE	AZ	85250-6335	Y	PARTICIPATING PHARMACY	2	1
548175	EXPRESS RX PHARMACY AND MEDICAL SUPPLIES	2503 BEVERLY BLVD 1ST FLOOR	LOS ANGELES	CA	90057-0000	Y	PARTICIPATING PHARMACY	2	1
4500066	WALGREENS #4821	3404 INDIANA AVENUE	LUBBOCK	TX	79413-2302	Y	PARTICIPATING PHARMACY	2	1
526232	CVS PHARMACY #03033	110 E STETSON AVE	HEMET	CA	92543-7139	Y	PARTICIPATING PHARMACY	2	1

327569	CVS PHARMACY #00017	18591 N 59TH AVE	GLENDALE	AZ	85308-1251	Y	PARTICIPATING PHARMACY	2	1
4353950	WALGREENS #9512	1125 N LACROSSE ST	RAPID CITY	SD	57701-6954	Y	PARTICIPATING PHARMACY	2	1
4305024	WALGREENS #5643	540 MOUNTAIN VIEW RD	RAPID CITY	SD	57702-2535	Y	PARTICIPATING PHARMACY	2	1
1614571	HY-VEE PHARMACY #1 (1136)	3330 MARTIN LUTHER KING JR PKWY	DES MOINES	IA	50310-0000	Y	PARTICIPATING PHARMACY	2	1
4304248	HY-VEE PHARMACY #1 (1624)	1601 S SYCAMORE ROAD	SIOUX FALLS	SD	57103-0000	Y	PARTICIPATING PHARMACY	2	1
619986	WALGREENS #9566	12880 W ALAMEDA PKWY	LAKEWOOD	CO	80228-3115	Y	PARTICIPATING PHARMACY	2	1
313154	WALGREENS #7209	3800 W INA RD	TUCSON	AZ	85741-2240	Y	PARTICIPATING PHARMACY	2	1
504868	CVS PHARMACY #09612	6 THE CROSSROADS	CARMEL	CA	93923-8610	Y	PARTICIPATING PHARMACY	2	1
1610016	IOWA STATE UNIVERSITY	1042 THIELEN STUDENT HEALTH CNTR 2647 UNION DRIVE	AMES	IA	50011-2029	Y	PARTICIPATING PHARMACY	2	1
2639005	HY-VEE PHARMACY #3 (1082)	25 CONLEY RD	COLUMBIA	MO	65201-6477	Y	PARTICIPATING PHARMACY	2	1
2638015	CVS PHARMACY #17480	9040 N SKYVIEW AVE	KANSAS CITY	MO	64154-0000	Y	PARTICIPATING PHARMACY	2	1
619380	WALGREENS #9570	570 US HIGHWAY 287	BROOMFIELD	CO	80020-1732	Y	PARTICIPATING PHARMACY	2	1
3719234	WALGREENS #3037	11332 EAST 31ST ST	TULSA	OK	74146-1905	Y	PARTICIPATING PHARMACY	2	1
2635994	HY-VEE PHARMACY (1475)	929 HIGHWAY D	OSAGE BEACH	MO	65065-0000	Y	PARTICIPATING PHARMACY	2	1
1604102	HY-VEE PHARMACY #2 (1023)	2510 SW STATE ST	ANKENY	IA	50023-7097	Y	PARTICIPATING PHARMACY	2	1
2634752	HY-VEE PHARMACY (1552)	201 N BELT HWY	ST JOSEPH	MO	64506-0000	Y	PARTICIPATING PHARMACY	2	1
2634358	WALGREENS #5146	1000 CLUB VILLAGE DRIVE	COLUMBIA	MO	65203-0000	Y	PARTICIPATING PHARMACY	2	1
2633964	HY-VEE PHARMACY #1 (1076)	3100 BROADWAY W	COLUMBIA	MO	65203-0000	Y	PARTICIPATING PHARMACY	2	1
2633180	WALGREENS #5278	3845 BROADWAY ST	KANSAS CITY	MO	64111-2507	Y	PARTICIPATING PHARMACY	2	1
3504291	CVS PHARMACY #08620	1950 32ND AVE S	GRAND FORKS	ND	58201-0000	Y	PARTICIPATING PHARMACY	2	1
111257	CVS PHARMACY #04838	708 E MAIN ST	PRATTVILLE	AL	36067-3620	Y	PARTICIPATING PHARMACY	2	1
618491	CVS PHARMACY #16935	4400 CENTERPLACE DR	GREELEY	CO	80634-0000	Y	PARTICIPATING PHARMACY	2	1
2632607	WALMART PHARMACY 10-0243	1971 WENTZVILLE PKWY	WENTZVILLE	MO	63385-3424	Y	PARTICIPATING PHARMACY	2	1
2630730	HY-VEE PHARMACY #1 (1320)	8301 N ST CLAIR	KANSAS CITY	MO	64151-0000	Y	PARTICIPATING PHARMACY	1	1
2629268	WALGREENS #2616	455 HIGHWAY 61 NORTH	HANNIBAL	MO	63401-2885	Y	PARTICIPATING PHARMACY	1	1
3442035	WALGREENS #7748	359 WESTERN BLVD	JACKSONVILLE	NC	28546-6347	Y	PARTICIPATING PHARMACY	1	1
3441514	WALGREENS #7823	1835 HENDERSONVILLE RD	ASHEVILLE	NC	28803-3204	Y	PARTICIPATING PHARMACY	1	1
3437161	CVS PHARMACY #02559	10515 MALLARD CREEK RD	CHARLOTTE	NC	28262-0000	Y	PARTICIPATING PHARMACY	1	1
2626250	CVS PHARMACY #18029	3430 SOUTH GRAND	ST LOUIS	MO	63118-0000	Y	PARTICIPATING PHARMACY	1	1
3423554	CVS PHARMACY #07550	1309 HWY 210	SNEADS FERRY	NC	28460-0000	Y	PARTICIPATING PHARMACY	1	1
3421257	CVS PHARMACY #01944	606 COLISEUM DR	WINSTON SALEM	NC	27106-5311	Y	PARTICIPATING PHARMACY	1	1
2624078	LEXI'S MEDICINE, INC.	8499 ASH ST	WINONA	MO	65588-0000	Y	PARTICIPATING PHARMACY	1	1
3419947	CVS PHARMACY #05593	3341 RANDLEMAN RD	GREENSBORO	NC	27406-0000	Y	PARTICIPATING PHARMACY	1	1
412964	WALMART PHARMACY 10-0141	8301 ROGERS AVENUE	FORT SMITH	AR	72903-0000	Y	PARTICIPATING PHARMACY	1	1
618376	WALGREENS #7142	6075 BARNES ROAD	COLORADO SPRINGS	CO	80922-2603	Y	PARTICIPATING PHARMACY	1	1

1563774	NOTRE DAME WELLNESS CENTER PHARMACY	100 WELLNESS CENTER DR	NOTRE DAME	IN	46556-3600	Y	PARTICIPATING PHARMACY	1	1
2624028	WALGREENS #6472	4218 LINDELL BLVD	ST LOUIS	MO	63108-2916	Y	PARTICIPATING PHARMACY	1	1
3410901	WALGREENS #11712	2501 HENDERSONVILLE RD	ARDEN	NC	28704-9576	Y	PARTICIPATING PHARMACY	1	1
1561326	WALGREENS #10074	2345 E MARKLAND AVE	KOKOMO	IN	46901-6245	Y	PARTICIPATING PHARMACY	1	1
3401279	WALGREENS #2222	2001 NEUSE BLVD	NEW BERN	NC	28560-3470	Y	PARTICIPATING PHARMACY	1	1
3361970	CVS PHARMACY #08968	222 EAST 34TH STREET	NEW YORK	NY	10016-0000	Y	PARTICIPATING PHARMACY	1	1
3359432	DUANE READE #14423	3506 BROADWAY	ASTORIA	NY	11106-1114	Y	PARTICIPATING PHARMACY	1	1
2621084	WALMART PHARMACY 10-0029	724 W STADIUM BLVD	JEFFERSON CITY	MO	65109-4772	Y	PARTICIPATING PHARMACY	1	1
3357046	WALGREENS #10278	606 LONG BEACH BLVD	LONG BEACH	NY	11561-2208	Y	PARTICIPATING PHARMACY	1	1
3348263	WALGREENS #1918	755 BROADWAY	BROOKLYN	NY	11206-5320	Y	PARTICIPATING PHARMACY	1	1
3346461	WALGREENS #2626	93 FOREST AVE	GLEN COVE	NY	11542-2109	Y	PARTICIPATING PHARMACY	1	1
1521978	CVS PHARMACY #06739	860 WEST MORGAN ST	SPENCER	IN	47460-0000	Y	PARTICIPATING PHARMACY	1	1
2618570	WALMART PHARMACY 10-0109	2000 N WALNUT ST	CAMERON	MO	64429-8800	Y	PARTICIPATING PHARMACY	1	1
2617352	WALMART PHARMACY 10-0046	2451 S SPRINGFIELD AVE	BOLIVAR	MO	65613-9123	Y	PARTICIPATING PHARMACY	1	1
3318018	CVS PHARMACY #00565	138 VESTAL PARKWAY W	VESTAL	NY	13850-0000	Y	PARTICIPATING PHARMACY	1	1
618150	WALMART PHARMACY 10-3582	1575 SPACE CENTER DRIVE	COLORADO SPRINGS	CO	80915-2441	Y	PARTICIPATING PHARMACY	1	1
1520558	WALGREENS #12109	7236 CALUMET AVE	HAMMOND	IN	46324-2408	Y	PARTICIPATING PHARMACY	1	1
3314983	CVS PHARMACY #05031	598 COLUMBIA TPK	EAST GREENBUSH	NY	12061-0000	Y	PARTICIPATING PHARMACY	1	1
3311711	WALGREENS #5051	21914 MERRICK BLVD	LAURELTON	NY	11413-1923	Y	PARTICIPATING PHARMACY	1	1
3310618	CVS PHARMACY #02699	411 DITMAS AVENUE	BROOKLYN	NY	11218-0000	Y	PARTICIPATING PHARMACY	1	1
3212569	WALGREENS #15929	201 CEDAR ST SE STE 102	ALBUQUERQUE	NM	87106-4923	Y	PARTICIPATING PHARMACY	1	1
3211288	CVS PHARMACY #09269	195 PASEO DE PERALTA	SANTA FE	NM	87501-0000	Y	PARTICIPATING PHARMACY	1	1
1503932	CVS PHARMACY #06706	1709 E STATE HIGHWAY 54	LINTON	IN	47441-9589	Y	PARTICIPATING PHARMACY	1	1
3208394	WALGREENS #9991	955 N WHITE SANDS BLVD	ALAMOGORDO	NM	88310-6925	Y	PARTICIPATING PHARMACY	1	1
3208091	WALGREENS #2425	620 MILLS AVENUE	LAS VEGAS	NM	87701-4671	Y	PARTICIPATING PHARMACY	1	1
3207037	WALMART PHARMACY 10-0824	8000 ACADEMY RD NE	ALBUQUERQUE	NM	87111-1159	Y	PARTICIPATING PHARMACY	1	1
2517209	KROGER FOOD & DRUG #447	930 BARNES CROSSING RD	TUPELO	MS	38804-0910	Y	PARTICIPATING PHARMACY	1	1
1488990	HY-VEE PHARMACY (1640)	2115 S MACARTHUR BLVD	SPRINGFIELD	IL	62704-4501	Y	PARTICIPATING PHARMACY	1	1
2516865	WALMART PHARMACY 10-0411	660 EAST MADISON	HOUSTON	MS	38851-0000	Y	PARTICIPATING PHARMACY	1	1
2434594	STERLING SPECIALTY PHARMACY	1312 NORTHLAND DR SUITE 500	MENDOTA HEIGHTS	MN	55120-1436	Y	PARTICIPATING PHARMACY	1	1
2992293	WALGREENS #12539	6825 N DURANGO	LAS VEGAS	NV	89149-4594	Y	PARTICIPATING PHARMACY	1	1
2991568	CVS PHARMACY #00157	2890 NORTHTOWNE LANE	RENO	NV	89512-0000	Y	PARTICIPATING PHARMACY	1	1
1484738	OSCO DRUG #3632	3630 N SOUTHPORT AVE	CHICAGO	IL	60613-3710	Y	PARTICIPATING PHARMACY	1	1
2991392	WALGREENS #07842	3339 LAS VEGAS BLVD SOUTH	LAS VEGAS	NV	89109-1401	Y	PARTICIPATING PHARMACY	1	1
2979497	WALGREENS #06167	3025 LAS VEGAS BLVD SOUTH	LAS VEGAS	NV	89109-1901	Y	PARTICIPATING PHARMACY	1	1
2907345	WALGREENS #07841	10510 SOUTHERN HIGHLANDS PKWY	LAS VEGAS	NV	89141-4373	Y	PARTICIPATING PHARMACY	1	1

2429997	WALGREENS #13903	101 MAIN AVE N	PARK RAPIDS	MN	56470-1511	Y	PARTICIPATING PHARMACY	1	1
2905163	WALMART PHARMACY 10-2050	300 EAST LAKE MEAD DRIVE	HENDERSON	NV	89015-0000	Y	PARTICIPATING PHARMACY	1	1
2429834	WALGREENS #11834	80 14TH ST SW	ROCHESTER	MN	55902-3821	Y	PARTICIPATING PHARMACY	1	1
2428678	WALGREENS #11157	910 BROADWAY ST	ALEXANDRIA	MN	56308-1814	Y	PARTICIPATING PHARMACY	1	1
1478115	CVS PHARMACY #05987	4800 N DAMEN	CHICAGO	IL	60625-0000	Y	PARTICIPATING PHARMACY	1	1
2425937	WALGREENS #6916	6061 OSGOOD AVE N	OAK PARK HEIGHTS	MN	55082-6133	Y	PARTICIPATING PHARMACY	1	1
2425646	CVS PHARMACY #16954	14333 HIGHWAY 13 S	SAVAGE	MN	55378-0000	Y	PARTICIPATING PHARMACY	1	1
2423060	WALGREENS #4879	8100 W COUNTY ROAD 42	SAVAGE	MN	55378-2193	Y	PARTICIPATING PHARMACY	1	1
1470385	WALGREENS #03927	13 E IRVING PARK ROAD	STREAMWOOD	IL	60107-2930	Y	PARTICIPATING PHARMACY	1	1
2421143	WALGREENS #2935	10686 UNIVERSITY AVE NW	COON RAPIDS	MN	55448-6141	Y	PARTICIPATING PHARMACY	1	1
1469318	WALGREENS #04612	2040 GLEN ELLYN RD	GLENDALE HEIGHTS	IL	60139-2266	Y	PARTICIPATING PHARMACY	1	1
2420862	CROSSLAKE DRUG	14311 GOULD ST.	CROSSLAKE	MN	56442-0578	Y	PARTICIPATING PHARMACY	1	1
617083	CVS PHARMACY #16035	5240 N ACADEMY BLVD	COLORADO SPRINGS	CO	80918-0000	Y	PARTICIPATING PHARMACY	1	1
1467706	WALGREENS #03861	612 RAYMOND DR	NAPERVILLE	IL	60563-9788	Y	PARTICIPATING PHARMACY	1	1
2420569	WALMART PHARMACY 10-1971	3400 NW 55TH ST	ROCHESTER	MN	55901-0000	Y	PARTICIPATING PHARMACY	1	1
616992	WALGREENS #5261	19028 LINCOLN AVE	PARKER	CO	80134-9381	Y	PARTICIPATING PHARMACY	1	1
1467299	UNIVERSITY OF CHICAGO DCAM OUTPATIENT PHARMACY	5758 S MARYLAND AVE MC0010	CHICAGO	IL	60637-0000	Y	PARTICIPATING PHARMACY	1	1
2419756	CVS PHARMACY #16189	8655 E POINT DOUGLAS RD S	COTTAGE GROVE	MN	55016-0000	Y	PARTICIPATING PHARMACY	1	1
1465803	WALGREENS #02490	401 BELTLINE RD	COLLINSVILLE	IL	62234-4406	Y	PARTICIPATING PHARMACY	1	1
1460485	WALGREENS #12396	505 W RAAB RD	NORMAL	IL	61761-1007	Y	PARTICIPATING PHARMACY	1	1
2368288	WALGREENS #10186	1029 M 37 S	TRAVERSE CITY	MI	49685-8508	Y	PARTICIPATING PHARMACY	1	1
1457034	WALGREENS #15364	635 CHICAGO AVE	EVANSTON	IL	60202-2365	Y	PARTICIPATING PHARMACY	1	1
2363404	CVS PHARMACY #08282	240 MAC AVE	EAST LANSING	MI	48823-0000	Y	PARTICIPATING PHARMACY	1	1
2357209	CVS PHARMACY #08200	3200 E JEFFERSON AVE	DETROIT	MI	48207-4223	Y	PARTICIPATING PHARMACY	1	1
142909	WALGREENS #17739	25801 PERDIDO BEACH BOULEVARD	ORANGE BEACH	AL	36561-1340	Y	PARTICIPATING PHARMACY	1	1
1452375	CVS PHARMACY #06388	801 WEST MAIN STREET	MARION	IL	62959-0000	Y	PARTICIPATING PHARMACY	1	1
2356295	WALGREENS #3349	510 NORTH BEACON BLVD	GRAND HAVEN	MI	49417-1150	Y	PARTICIPATING PHARMACY	1	1
322317	WALMART PHARMACY 10-2512	1825 W BELL ROAD	PHOENIX	AZ	85023-3415	Y	PARTICIPATING PHARMACY	1	1
616043	SAFEWAY PHARMACY #0892	3840 E 104TH AVE	THORNTON	CO	80233-4436	Y	PARTICIPATING PHARMACY	1	1
1449102	WALGREENS #06762	11833 S WESTERN AVE	CHICAGO	IL	60643-4733	Y	PARTICIPATING PHARMACY	1	1
2343882	CVS PHARMACY #08078	15142 HALL RD	STERLING HEIGHTS	MI	48313-1410	Y	PARTICIPATING PHARMACY	1	1
358540	WALMART PHARMACY 10-5858	9260 S HOUGHTON RD	TUCSON	AZ	85747-9732	Y	PARTICIPATING PHARMACY	1	1
2237243	CVS PHARMACY #02322	176 NORTH ST	HYANNIS	MA	02601-3824	Y	PARTICIPATING PHARMACY	1	1
1422601	WALGREENS #03320	61 S ROUTE 12	FOX LAKE	IL	60020-1750	Y	PARTICIPATING PHARMACY	1	1
2135502	WALGREENS #13457	500 MEADOW CREEK DR	WESTMINSTER	MD	21158-4446	Y	PARTICIPATING PHARMACY	1	1
614289	DENVER HEALTH MEDICAL CENTER DISCHARGE PHARMACY	790 DELAWARE ST	DENVER	CO	80204-0000	Y	PARTICIPATING PHARMACY	1	1

2133673	PATIENT FIRST BAYVIEW	5100 EASTERN AVE	BALTIMORE	MD	21224-0000	Y	PARTICIPATING PHARMACY	1	1
321719	WALGREENS #3630	9220 N THORNYDALE RD	TUCSON	AZ	85742-0000	Y	PARTICIPATING PHARMACY	1	1
1308166	WALGREENS #13673	904 E MAIN ST	BURLEY	ID	83318-2036	Y	PARTICIPATING PHARMACY	1	1
2009252	WALGREENS #17964	365 MAIN STREET	DAMARISCOTTA	ME	04543-4654	Y	PARTICIPATING PHARMACY	1	1
1307289	WALGREENS #6863	335 W APPLEWAY AVE	COEUR D ALENE	ID	83814-3725	Y	PARTICIPATING PHARMACY	1	1
1241861	LONGS DRUGS #10474	2829 ALA KALANI KAUMAKA ST STE M-167	KOLOA	HI	96756-8571	Y	PARTICIPATING PHARMACY	1	1
1936509	WALGREENS #13925	5298 HIGHLAND ROAD	BATON ROUGE	LA	70808-6530	Y	PARTICIPATING PHARMACY	1	1
357233	WALMART PHARMACY 10-5835	34399 N CAVE CREEK RD	CAVE CREEK	AZ	85331-5134	Y	PARTICIPATING PHARMACY	1	1
1204279	WALMART PHARMACY 10-3290	101 PAKAULA STREET	KAHULUI	HI	96732-3508	Y	PARTICIPATING PHARMACY	1	1
1832206	CVS PHARMACY #17531	160 PAVILION PKWY	NEWPORT	KY	41071-0000	Y	PARTICIPATING PHARMACY	1	1
1800259	WALGREENS #3601	3800 POPLAR LEVEL ROAD	LOUISVILLE	KY	40213-1430	Y	PARTICIPATING PHARMACY	1	1
1162279	CVS PHARMACY #10043	235 PEACHTREE ST NE	ATLANTA	GA	30303-1401	Y	PARTICIPATING PHARMACY	1	1
321505	WALGREENS #3591	2811 E BROADWAY RD	MESA	AZ	85204-1702	Y	PARTICIPATING PHARMACY	1	1
612057	WALMART PHARMACY 10-1058	16750 SOUTH TOWNSEND	MONTROSE	CO	81401-5410	Y	PARTICIPATING PHARMACY	1	1
1157571	CVS PHARMACY #03882	450 PEACHTREE PKWY	CUMMING	GA	30041-6818	Y	PARTICIPATING PHARMACY	1	1
1151238	CVS PHARMACY #16785	3065 ATLANTA HWY	ATHENS	GA	30606-0000	Y	PARTICIPATING PHARMACY	1	1
1720994	CVS PHARMACY #10304	203 S WASHINGTON ST	JUNCTION CITY	KS	66441-3558	Y	PARTICIPATING PHARMACY	1	1
1149485	WALMART PHARMACY 10-3570	4469 WASHINGTON RD	EVANS	GA	30809-3807	Y	PARTICIPATING PHARMACY	1	1
611877	SAFEWAY PHARMACY #2246	757 E 20TH AVE	DENVER	CO	80205-3278	Y	PARTICIPATING PHARMACY	1	1
1719763	WALGREENS #12814	2719 ANDERSON AVE	MANHATTAN	KS	66502-2803	Y	PARTICIPATING PHARMACY	1	1
611699	SAFEWAY PHARMACY #0637	37500 E US HWY 40 #881030	STEAMBOAT SPRINGS	CO	80487-9785	Y	PARTICIPATING PHARMACY	1	1
1098715	PUBLIX PHARMACY #0884	4320 DEERWOOD LAKE PARKWAY	JACKSONVILLE	FL	32216-0000	Y	PARTICIPATING PHARMACY	1	1
1719004	CVS PHARMACY #17299	10900 STADIUM PKWY	KANSAS CITY	KS	66111-0000	Y	PARTICIPATING PHARMACY	1	1
2817522	RELYCARE LTC LINCOLN	1219 NORTH COTNER BLVD	LINCOLN	NE	68505-0000	Y	PARTICIPATING PHARMACY	1	1
1087697	PUBLIX PHARMACY #0500	3316 N ROOSEVELT BLVD	KEY WEST	FL	33040-0000	Y	PARTICIPATING PHARMACY	1	1
354655	WALMART PHARMACY 10-4325	8151 EAST 32ND STREET	YUMA	AZ	85365-8401	Y	PARTICIPATING PHARMACY	1	1
1717795	WALGREENS #6920	8681 W 135TH ST	OVERLAND PARK	KS	66223-1215	Y	PARTICIPATING PHARMACY	1	1
1068938	WALGREENS #15129	3518 HENDERSON BLVD	TAMPA	FL	33609-3947	Y	PARTICIPATING PHARMACY	1	1
141717	PUBLIX PHARMACY #1512	230 20TH ST S	BIRMINGHAM	AL	35233-2022	Y	PARTICIPATING PHARMACY	1	1
305018	WALGREENS #01197	1745 E SOUTHERN AVE	TEMPE	AZ	85282-5634	Y	PARTICIPATING PHARMACY	1	1
321365	CVS PHARMACY #16272	8055 W BELL RD	PEORIA	AZ	85382-3806	Y	PARTICIPATING PHARMACY	1	1
1068724	WALGREENS #2777	2805 N ROOSEVELT BLVD	KEY WEST	FL	33040-4073	Y	PARTICIPATING PHARMACY	1	1
610457	SAFEWAY PHARMACY #2792	27152 MAIN STREET	CONIFER	CO	80433-8546	Y	PARTICIPATING PHARMACY	1	1
1716515	CVS PHARMACY #16884	12200 BLUE VALLEY PKWY	OVERLAND PARK	KS	66213-0000	Y	PARTICIPATING PHARMACY	1	1
1715967	CVS PHARMACY #16147	3201 S IOWA ST	LAWRENCE	KS	66046-0000	Y	PARTICIPATING PHARMACY	1	1
1055791	WALGREENS #13850	3200 E BAY DRIVE	HOLMES BEACH	FL	34217-2031	Y	PARTICIPATING PHARMACY	1	1

1715854	WALMART PHARMACY 10-1282	140 E COLLEGE DRIVE	CONCORDIA	KS	66901-5206	Y	PARTICIPATING PHARMACY	1	1
353817	CVS PHARMACY #09254	240 W CONTINENTAL RD	GREEN VALLEY	AZ	85622-1828	Y	PARTICIPATING PHARMACY	1	1
1053937	WALMART PHARMACY 10-0929	10855 S US HWY 1	PORT ST LUCIE	FL	34952-0000	Y	PARTICIPATING PHARMACY	1	1
321290	WALGREENS #3215	1935 N POWER ROAD	MESA	AZ	85205-3728	Y	PARTICIPATING PHARMACY	1	1
353653	CVS PHARMACY #09283	180 N. DOBSON ROAD	CHANDLER	AZ	85224-0000	Y	PARTICIPATING PHARMACY	1	1
1038086	PUBLIX PHARMACY #1216	3372 CANOE CREEK RD.	ST CLOUD	FL	34772-0000	Y	PARTICIPATING PHARMACY	1	1
1712593	WALMART PHARMACY 10-0652	3101 EAST KANSAS AVE	GARDEN CITY	KS	67846-7070	Y	PARTICIPATING PHARMACY	1	1
1035218	WALGREENS #11683	3769 PLEASANT HILL RD	KISSIMMEE	FL	34746-0000	Y	PARTICIPATING PHARMACY	1	1
1033606	CVS PHARMACY #03227	795 W GRANADA BLVD	ORMOND BEACH	FL	32174-0000	Y	PARTICIPATING PHARMACY	1	1
607070	KING SOOPERS PHARMACY	12350 W 64TH AVE	ARVADA	CO	80004-4016	Y	PARTICIPATING PHARMACY	1	1
1006469	CVS PHARMACY #01771	2322 LAND O LAKES BLVD	LUTZ	FL	33549-0000	Y	PARTICIPATING PHARMACY	1	1
603337	NATIONAL JEWISH HEALTH PHARMACY	1400 JACKSON ST T114	DENVER	CO	80206-2762	Y	PARTICIPATING PHARMACY	1	1
905402	WALGREENS #17712	1306 U STREET NW	WASHINGTON	DC	20009-4445	Y	PARTICIPATING PHARMACY	1	1
1701831	PATTERSON HEALTHMART PHARMACY	422 LINCOLN AVE	CLAY CENTER	KS	67432-0000	Y	PARTICIPATING PHARMACY	1	1
1701348	AUBURN PHARMACY #175	1518 N BUCKEYE AVE	ABILENE	KS	67410-0000	Y	PARTICIPATING PHARMACY	1	1
1626792	KINGSLEY DRUG	7 W 2ND ST	KINGSLEY	IA	51028-7751	Y	PARTICIPATING PHARMACY	1	1
601256	WALGREENS #7777	625 N 19TH ST	COLORADO SPRINGS	CO	80904-3459	Y	PARTICIPATING PHARMACY	1	1
900781	CVS PHARMACY #01343	4851 MASSACHUSETTS AVE NW	WASHINGTON	DC	20016-0000	Y	PARTICIPATING PHARMACY	1	1
628151	LOVELAND VA CLINIC PHARMACY	4575 BYRD DR	LOVELAND	CO	80538-9998	Y	PARTICIPATING PHARMACY	1	1
5940007	WALGREENS #21464	747 US HIGHWAY 259 NORTH	KILGORE	TX	75662-6041	Y	PARTICIPATING PHARMACY	1	1
319877	WALGREENS #2851	7000 N 16TH ST	PHOENIX	AZ	85020-5512	Y	PARTICIPATING PHARMACY	1	1
600848	KING SOOPERS PHARMACY	1927 S WADSWORTH BLVD	LAKEWOOD	CO	80227-3271	Y	PARTICIPATING PHARMACY	1	1
5922100	WOODHAVEN PHARMACY	1201 WOODHAVEN BLVD STE 1221	FORT WORTH	TX	76112-2377	Y	PARTICIPATING PHARMACY	1	1
1623912	WALGREENS #12580	324 EDGEWOOD RD NW	CEDAR RAPIDS	IA	52405-3650	Y	PARTICIPATING PHARMACY	1	1
5918517	PARKWOOD PHARMACY #1000	104 W. SEALY ST.	ALVIN	TX	77511-0000	Y	PARTICIPATING PHARMACY	1	1
5913137	CVS PHARMACY #04715	5315 BRIARWOOD AVE	MIDLAND	TX	79707-0000	Y	PARTICIPATING PHARMACY	1	1
5910725	WALGREENS #15586	998 WILLIAM D FITCH PKWY	COLLEGE STATION	TX	77845-6452	Y	PARTICIPATING PHARMACY	1	1
5908972	BAYLOR SCOTT & WHITE PHARMACY #107	1600 W COLLEGE ST STE 110	GRAPEVINE	TX	76051-0000	Y	PARTICIPATING PHARMACY	1	1
5905180	COSTCO PHARMACY #1108	1501 W KELLY AVE	PHARR	TX	78577-5031	Y	PARTICIPATING PHARMACY	1	1
5902211	CVS PHARMACY #05952	2313 W UNIVERSITY AVE	MCKINNEY	TX	75071-3318	Y	PARTICIPATING PHARMACY	1	1
600773	KING SOOPERS PHARMACY	9731 W 58TH AVE	ARVADA	CO	80002-2009	Y	PARTICIPATING PHARMACY	1	1
5829001	CVS PHARMACY #11059	1619 BROADWAY	NEW YORK	NY	10019-7412	Y	PARTICIPATING PHARMACY	1	1
5733185	WALGREENS SPECIALTY PHARMACY #16550	836 PRUDENTIAL DR STE 120	JACKSONVILLE	FL	32207-8300	Y	PARTICIPATING PHARMACY	1	1
1623289	WALGREENS #11330	800 LAKE AVE	STORM LAKE	IA	50588-2055	Y	PARTICIPATING PHARMACY	1	1
5723780	SAM'S CLUB PHARMACY 10-4857	301 SW PINE ISLAND ROAD	CAPE CORAL	FL	33991-2043	Y	PARTICIPATING PHARMACY	1	1
5713652	WALGREENS #10670	17970 N TAMIAMI TRL	NORTH FORT MYERS	FL	33903-1412	Y	PARTICIPATING PHARMACY	1	1

352334	WALMART PHARMACY 10-5186	2501 S MARKET ST	GILBERT	AZ	85295-1300	Y	PARTICIPATING PHARMACY	1	1
598663	RITE AID PHARMACY 06040	575 M STREET	CRESCENT CITY	CA	95531-2827	Y	PARTICIPATING PHARMACY	1	1
5700112	TOTAL CARE PHARMACY	4900 LINTON BLVD STE 24	DELRAY BEACH	FL	33445-6687	Y	PARTICIPATING PHARMACY	1	1
5667526	CVS PHARMACY #11018	1023 4TH AVE	SAN DIEGO	CA	92101-0000	Y	PARTICIPATING PHARMACY	1	1
5654024	WALGREENS #13834	602 EUCLID AVE	SAN DIEGO	CA	92114-2207	Y	PARTICIPATING PHARMACY	1	1
5644477	WALMART PHARMACY 10-5640	1120 S ANAHEIM BLVD	ANAHEIM	CA	92805-5810	Y	PARTICIPATING PHARMACY	1	1
5643754	WALMART PHARMACY 10-3352	10355 TRINITY PKWY	STOCKTON	CA	95219-7243	Y	PARTICIPATING PHARMACY	1	1
5628295	WALGREENS #9641	72027 DINAH SHORE DR	RANCHO MIRAGE	CA	92270-1781	Y	PARTICIPATING PHARMACY	1	1
1623152	WALGREENS #11193	310 STORY ST	BOONE	IA	50036-3530	Y	PARTICIPATING PHARMACY	1	1
5624728	CVS PHARMACY #06582	255 MAIN ST	VENICE	CA	90291-5217	Y	PARTICIPATING PHARMACY	1	1
5624007	SAFEWAY PHARMACY #1929	2720 41ST AVE	SOQUEL	CA	95073-2111	Y	PARTICIPATING PHARMACY	1	1
5621176	CVS PHARMACY #09138	1201 E PLAZA BLVD	NATIONAL CITY	CA	91950-0000	Y	PARTICIPATING PHARMACY	1	1
5621013	CVS PHARMACY #09778	12101 CENTRAL AVE	CHINO	CA	91710-0000	Y	PARTICIPATING PHARMACY	1	1
5620011	CVS PHARMACY #08837	222 N MARKET ST	INGLEWOOD	CA	90301-1217	Y	PARTICIPATING PHARMACY	1	1
5618650	CVS PHARMACY #09658	101 E ALAMEDA AVE	BURBANK	CA	91502-0000	Y	PARTICIPATING PHARMACY	1	1
5617850	WALGREENS #9977	1802 S HARBOR BLVD	ANAHEIM	CA	92802-3510	Y	PARTICIPATING PHARMACY	1	1
5616531	CVS PHARMACY #17170	7530 ORANGETHORPE AVE	BUENA PARK	CA	90621-0000	Y	PARTICIPATING PHARMACY	1	1
5614335	WALGREENS #1081	1101 S SANDERSON AVE	HEMET	CA	92545-9047	Y	PARTICIPATING PHARMACY	1	1
5204300	STONE DRUG	830 W BROADWAY	JACKSON	WY	83001-0000	Y	PARTICIPATING PHARMACY	1	1
623808	WALMART PHARMACY 10-5003	211 ASPEN VILLAGE DR	PAGOSA SPRINGS	CO	81147-9170	Y	PARTICIPATING PHARMACY	1	1
5203980	WALMART PHARMACY 10-3778	4255 CY AVE	CASPER	WY	82604-4247	Y	PARTICIPATING PHARMACY	1	1
5203930	WALGREENS #9547	1766 COFFEEN AVE	SHERIDAN	WY	82801-5710	Y	PARTICIPATING PHARMACY	1	1
228420	WALGREENS #15944	530 OLD STEESE HWY	FAIRBANKS	AK	99701-3130	Y	PARTICIPATING PHARMACY	1	1
318851	WALMART PHARMACY 10-1646	6131 EAST SOUTHERN AVE.	MESA	AZ	85206-3734	Y	PARTICIPATING PHARMACY	1	1
592558	CVS PHARMACY #09892	827 OAK PARK BLVD	PISMO BEACH	CA	93449-0000	Y	PARTICIPATING PHARMACY	1	1
5203865	WALGREENS #7928	2000 S DOUGLAS HWY	GILLETTE	WY	82718-5414	Y	PARTICIPATING PHARMACY	1	1
1622744	WALMART PHARMACY 10-3762	6365 STAGECOACH DRIVE	WEST DES MOINES	IA	50266-8083	Y	PARTICIPATING PHARMACY	1	1
5203740	SAFEWAY PHARMACY #0467	1900 E RICHARDS ST	DOUGLAS	WY	82633-3029	Y	PARTICIPATING PHARMACY	1	1
5202457	WALMART PHARMACY 10-1461	201 GATEWAY BLVD	ROCK SPRINGS	WY	82901-5782	Y	PARTICIPATING PHARMACY	1	1
5202382	WALMART PHARMACY 10-1315	2032 DELL RANGE BLVD	CHEYENNE	WY	82009-4956	Y	PARTICIPATING PHARMACY	1	1
5134402	CVS PHARMACY #10419	1407 EGG HARBOR RD	STURGEON BAY	WI	54235-1239	Y	PARTICIPATING PHARMACY	1	1
5132559	MERITER OUTPATIENT PHARMACY	202 S. PARK ST	MADISON	WI	53715-0000	Y	PARTICIPATING PHARMACY	1	1
579411	WALGREENS #5744	128 S STATE COLLEGE BLVD	ANAHEIM	CA	92806-2921	Y	PARTICIPATING PHARMACY	1	1
5132496	CVS PHARMACY #17622	750 HILLDALE WAY	MADISON	WI	53705-0000	Y	PARTICIPATING PHARMACY	1	1
5132220	CVS PHARMACY #04930	2 SOUTH BEDFORD ST	MADISON	WI	53703-0000	Y	PARTICIPATING PHARMACY	1	1
5128029	VERONA HOMETOWN PHARMACY	202 S MAIN ST	VERONA	WI	53593-0000	Y	PARTICIPATING PHARMACY	1	1

5126253	CVS PHARMACY #16445	201 JUNCTION RD	MADISON	WI	53717-0000	Y	PARTICIPATING PHARMACY	1	1
5121138	WALMART PHARMACY 10-1799	2950 NEW PINERY ROAD	PORTAGE	WI	53901-9225	Y	PARTICIPATING PHARMACY	1	1
621715	WALGREENS #12683	2870 28TH ST	BOULDER	CO	80301-1247	Y	PARTICIPATING PHARMACY	1	1
1621968	HY-VEE PHARMACY (1124)	1426 BROADWAY	DENISON	IA	51442-0000	Y	PARTICIPATING PHARMACY	1	1
5057472	WALGREENS #19666	415 EAST MAIN STREET	KINGWOOD	WV	26537-1701	Y	PARTICIPATING PHARMACY	1	1
4936386	CHAS PHARMACY AT SPOKANE URGENT CARE	5901 N LIDGERWOOD ST STE 126	SPOKANE	WA	99208-1122	Y	PARTICIPATING PHARMACY	1	1
328054	WALMART PHARMACY 10-2767	4505 EAST MCKELLIPS ROAD	MESA	AZ	85215-2523	Y	PARTICIPATING PHARMACY	1	1
574005	CVS PHARMACY #09184	3964A MISSOURI FLAT RD	PLACERVILLE	CA	95667-0000	Y	PARTICIPATING PHARMACY	1	1
4933885	WALGREENS #11300	623 S BURLINGTON BLVD	BURLINGTON	WA	98233-2209	Y	PARTICIPATING PHARMACY	1	1
4928769	WALMART PHARMACY 10-2947	9000 NE HWY 99	VANCOUVER	WA	98665-8923	Y	PARTICIPATING PHARMACY	1	1
4928149	CVS PHARMACY #16628	302 NE NORTHGATE WAY	SEATTLE	WA	98125-0000	Y	PARTICIPATING PHARMACY	1	1
1621576	WALGREENS #7455	111 W RIDGEWAY AVENUE	WATERLOO	IA	50701-4233	Y	PARTICIPATING PHARMACY	1	1
1621499	HY-VEE PHARMACY (1235)	320 WEST STREET SOUTH	GRINNELL	IA	50112-0000	Y	PARTICIPATING PHARMACY	1	1
4846967	CVS PHARMACY #10876	1680 DUKE ST	ALEXANDRIA	VA	22314-3474	Y	PARTICIPATING PHARMACY	1	1
4845206	WALGREENS #12359	1517 MOUNT VERNON AVE	ALEXANDRIA	VA	22301-1717	Y	PARTICIPATING PHARMACY	1	1
1621401	THRIFTY WHITE DRUG #56	1320 BROADWAY	DENISON	IA	51442-0000	Y	PARTICIPATING PHARMACY	1	1
4615223	NOMI PHARMA LLC	3696 W 2100 S	SALT LAKE CITY	UT	84120-0000	Y	PARTICIPATING PHARMACY	1	1
4614182	WALGREENS #19168	950 IRON HORSE DRIVE	PARK CITY	UT	84060-1268	Y	PARTICIPATING PHARMACY	1	1
4613685	UNIVERSITY OF UTAH FARMINGTON PHARMACY	165 N UNIVERSITY AVE RM 102	FARMINGTON	UT	84025-0000	Y	PARTICIPATING PHARMACY	1	1
4611984	HARMONS PHARMACY STATION PARK	200 N STATION PARKWAY	FARMINGTON	UT	84025-0000	Y	PARTICIPATING PHARMACY	1	1
4611314	WALGREENS #12294	176 E 13800 S	DRAPER	UT	84020-9548	Y	PARTICIPATING PHARMACY	1	1
4610881	WALGREENS #11523	560 S MAIN ST	HEBER CITY	UT	84032-2243	Y	PARTICIPATING PHARMACY	1	1
570463	CVS PHARMACY #09155	1005 SUTTON WAY	GRASS VALLEY	CA	95945-0000	Y	PARTICIPATING PHARMACY	1	1
621169	WALGREENS #11326	269 DILLON RIDGE RD	DILLON	CO	80435-0000	Y	PARTICIPATING PHARMACY	1	1
4608420	CVS PHARMACY #16877	200 N MARKET PLACE DR	CENTERVILLE	UT	84014-0000	Y	PARTICIPATING PHARMACY	1	1
4608165	COSTCO PHARMACY #764	5201 S INTERMOUNTAIN DR	MURRAY	UT	84107-6024	Y	PARTICIPATING PHARMACY	1	1
4598643	WALGREENS #4054	1050 W SHADY GROVE RD	IRVING	TX	75060-5867	Y	PARTICIPATING PHARMACY	1	1
4595700	WALMART PHARMACY 10-0381	2720 EAST HWY 190	COPPERAS COVE	TX	76522-0000	Y	PARTICIPATING PHARMACY	1	1
4594316	WALMART PHARMACY 10-0421	800 S US HWY 81 287	DECATUR	TX	76234-0000	Y	PARTICIPATING PHARMACY	1	1
4581294	CVS PHARMACY #07728	112 MAIN ST	KERRVILLE	TX	78028-0000	Y	PARTICIPATING PHARMACY	1	1
4578312	HEB PHARMACY	170 E WHITESTONE	CEDAR PARK	TX	78613-0000	Y	PARTICIPATING PHARMACY	1	1
4575330	WALMART PHARMACY 10-0595	1801 WEST LINCOLN AVE	HARLINGEN	TX	78552-0000	Y	PARTICIPATING PHARMACY	1	1
4569363	CVS PHARMACY #07464	1220 HORIZON RD	ROCKWALL	TX	75032-5401	Y	PARTICIPATING PHARMACY	1	1
4568068	WALGREENS #9062	2501 61ST ST	GALVESTON	TX	77551-1849	Y	PARTICIPATING PHARMACY	1	1
620989	SAMS PHARMACY 10-4770	3247 23RD AVENUE	EVANS	CO	80620-1733	Y	PARTICIPATING PHARMACY	1	1
4553067	CVS PHARMACY #05465	1421 SW WILSHIRE BLVD	BURLESON	TX	76028-0000	Y	PARTICIPATING PHARMACY	1	1

4552837	CVS PHARMACY #07271	4580 BUFFALO GAP RD	ABILENE	TX	79606-0000	Y	PARTICIPATING PHARMACY	1	1
4551075	CVS PHARMACY #05641	1500 PADRE BLVD	SOUTH PADRE ISLAND	TX	78597-6726	Y	PARTICIPATING PHARMACY	1	1
4547165	WALGREENS #6753	8045 N LOOP DRIVE	EL PASO	TX	79915-3227	Y	PARTICIPATING PHARMACY	1	1
4545630	WALGREENS #10817	451 N FM 548	FORNEY	TX	75126-6288	Y	PARTICIPATING PHARMACY	1	1
4543927	WALGREENS SPECIALTY PHARMACY #10846	6400 FANNIN ST STE 102	HOUSTON	TX	77030-1523	Y	PARTICIPATING PHARMACY	1	1
4542064	WALGREENS #9408	2120 E SOUTHEAST LP 323	TYLER	TX	75701-8318	Y	PARTICIPATING PHARMACY	1	1
4539726	WALMART PHARMACY 10-5359	721 BOYD RD	AZLE	TX	76020-0000	Y	PARTICIPATING PHARMACY	1	1
327723	CVS PHARMACY #00086	1686 E FLORENCE BLVD	CASA GRANDE	AZ	85122-4777	Y	PARTICIPATING PHARMACY	1	1
567163	WALGREENS #7081	416 ALVARADO ST	MONTEREY	CA	93940-2711	Y	PARTICIPATING PHARMACY	1	1
620787	WALGREENS #11615	24250 E SMOKY HILL RD	AURORA	CO	80016-1381	Y	PARTICIPATING PHARMACY	1	1
4538635	S M U HEALTH CENTER PHARMACY	6211 BISHOP BLVD STE 115	DALLAS	TX	75205-0000	Y	PARTICIPATING PHARMACY	1	1
4535994	WALGREENS #9180	11103 MILITARY DR W	SAN ANTONIO	TX	78251-0000	Y	PARTICIPATING PHARMACY	1	1
4535817	CVS PHARMACY #07156	605 WEST CAMPBELL RD	RICHARDSON	TX	75080-0000	Y	PARTICIPATING PHARMACY	1	1
4535146	WALGREENS #1970	3407 WELLS BRANCH PKWY	AUSTIN	TX	78728-6632	Y	PARTICIPATING PHARMACY	1	1
620458	CVS PHARMACY #17302	1985 SHERIDAN BLVD	EDGEWATER	CO	80214-0000	Y	PARTICIPATING PHARMACY	1	1
4530932	CVS PHARMACY #05972	5305 AVENUE I	ROSENBERG	TX	77471-0000	Y	PARTICIPATING PHARMACY	1	1
5202774	WALMART PHARMACY 10-1778	321 YELLOWSTONE AVE	CODY	WY	82414-9315	Y	PARTICIPATING PHARMACY	1	1
4525676	WALGREENS #7019	3120 N FRY RD	KATY	TX	77449-6239	Y	PARTICIPATING PHARMACY	1	1
562214	WALGREENS #6399	58133 29 PALMS HWY	YUCCA VALLEY	CA	92284-5801	Y	PARTICIPATING PHARMACY	1	1
620422	WALGREENS #11263	2600 11TH AVE	GREENLY	CO	80631-8432	Y	PARTICIPATING PHARMACY	1	1
4524977	WALMART PHARMACY 10-3285	621 UPTOWN BLVD	CEDAR HILL	TX	75104-0000	Y	PARTICIPATING PHARMACY	1	1
4523711	WALGREENS #7020	104 E PARKWOOD AVE	FRIENDSWOOD	TX	77546-5176	Y	PARTICIPATING PHARMACY	1	1
4521868	WALGREENS #5612	3320 BELL ST	AMARILLO	TX	79106-5013	Y	PARTICIPATING PHARMACY	1	1
4520703	CVS PHARMACY #03190	9101 HWY 6 N	HOUSTON	TX	77095-0000	Y	PARTICIPATING PHARMACY	1	1
4518405	TEXAS TECH STUDENT HEALTH PHARMACY	1003 FLINT AVE	LUBBOCK	TX	79409-0000	Y	PARTICIPATING PHARMACY	1	1
4516336	WALGREENS #5313	1506 ELDRIDGE PKWY	HOUSTON	TX	77077-1759	Y	PARTICIPATING PHARMACY	1	1
4510548	MARKET STREET PHARMACY #526	2530 S GEORGIA	AMARILLO	TX	79109-0000	Y	PARTICIPATING PHARMACY	1	1
227339	FRED MEYER PHARMACY #649	535 E PALMER WASILLA HWY	PALMER	AK	99645-0000	Y	PARTICIPATING PHARMACY	1	1
4509278	WALGREENS #5423	1413 WIRT RD	HOUSTON	TX	77055-4916	Y	PARTICIPATING PHARMACY	1	1
620333	WALGREENS #10601	2268 E HARMONY RD	FORT COLLINS	CO	80528-3412	Y	PARTICIPATING PHARMACY	1	1
4508149	WALGREENS #16465	15633 VINTAGE PRESERVE PKWY	HOUSTON	TX	77070-0000	Y	PARTICIPATING PHARMACY	1	1
4507147	CVS PHARMACY #06779	3012 MOCKINGBIRD LN	DALLAS	TX	75205-0000	Y	PARTICIPATING PHARMACY	1	1
4437213	WALGREENS #7911	950 HIGHWAY 51 N	COVINGTON	TN	38019-1703	Y	PARTICIPATING PHARMACY	1	1
4436552	NASHVILLE VAMC PHARMACY	1310 E 24TH AVE S	NASHVILLE	TN	37212-2637	Y	PARTICIPATING PHARMACY	1	1
1616866	HY-VEE PHARMACY #4 (1148)	4605 FLEUR DR	DES MOINES	IA	50321-0000	Y	PARTICIPATING PHARMACY	1	1
4433847	WALGREENS #5091	3010 WEST END AVE	NASHVILLE	TN	37203-1318	Y	PARTICIPATING PHARMACY	1	1
4429583	MURFREESBORO VAMC PHARMACY	3400 LEBANON RD	MURFREESBORO	TN	37129-1237	Y	PARTICIPATING PHARMACY	1	1

4428985	WALGREENS #3365	198 E MAIN ST	HENDERSONVILLE	TN	37075-2520	Y	PARTICIPATING PHARMACY	1	1
4423947	WALMART PHARMACY 10-0675	1601 W REELFOOT AVE	UNION CITY	TN	38261-5554	Y	PARTICIPATING PHARMACY	1	1
1616842	HY-VEE PHARMACY (1224)	351 NE GATEWAY	GRIMES	IA	50111-0000	Y	PARTICIPATING PHARMACY	1	1
4418340	CVS PHARMACY #06412	5521 CHARLOTTE AVENUE	NASHVILLE	TN	37209-0000	Y	PARTICIPATING PHARMACY	1	1
4354673	VILAS PHARMACY	145 GLENDALE DR STE 5	LEAD	SD	57754-1418	Y	PARTICIPATING PHARMACY	1	1
4354659	WALMART PHARMACY 10-2443	7821 S MINNESOTA AVE	SIOUX FALLS	SD	57108-2797	Y	PARTICIPATING PHARMACY	1	1
1623227	WALGREENS #10985	2751 HEARTLAND DR	CORALVILLE	IA	52241-2731	Y	PARTICIPATING PHARMACY	1	1
620232	GOOD DAY PHARMACY	7702 FIFTH ST. SUITE 101	WELLINGTON	CO	80549-0000	Y	PARTICIPATING PHARMACY	1	1
1616563	WALMART PHARMACY 10-1625	1111 HOLTON DRIVE	LE MARS	IA	51031-2884	Y	PARTICIPATING PHARMACY	1	1
4354154	WHITE DRUG #70	71 CHARLES ST	DEADWOOD	SD	57732-1394	Y	PARTICIPATING PHARMACY	1	1
4354130	WALGREENS #12906	1430 NORTH AVE	SPEARFISH	SD	57783-1593	Y	PARTICIPATING PHARMACY	1	1
1616195	WALMART PHARMACY 10-1526	1831 LAKE AVENUE	STORM LAKE	IA	50588-7606	Y	PARTICIPATING PHARMACY	1	1
4354128	CVS PHARMACY #17510	1415 EGLIN ST	RAPID CITY	SD	57701-0000	Y	PARTICIPATING PHARMACY	1	1
4353239	LEWIS FAMILY DRUG #64	1420 W 22ND ST STE 103	SIOUX FALLS	SD	57105-0000	Y	PARTICIPATING PHARMACY	1	1
620080	CVS PHARMACY #17296	11150 S TWENTY MILE RD	PARKER	CO	80134-0000	Y	PARTICIPATING PHARMACY	1	1
1615179	WALGREENS #7833	3501 INGERSOLL AVE	DES MOINES	IA	50312-3406	Y	PARTICIPATING PHARMACY	1	1
620078	CVS PHARMACY #17295	551 S HOVER RD	LONGMONT	CO	80501-0000	Y	PARTICIPATING PHARMACY	1	1
4304779	PINE RIDGE IHS HOSPITAL PHARMACY	HIGHWAY 18 EAST	PINE RIDGE	SD	57770-0000	Y	PARTICIPATING PHARMACY	1	1
4304197	WALMART PHARMACY 10-1520	3820 7TH AVE SE	ABERDEEN	SD	57401-0000	Y	PARTICIPATING PHARMACY	1	1
4304185	WALMART PHARMACY 10-1500	1201 29TH ST SE	WATERTOWN	SD	57201-0000	Y	PARTICIPATING PHARMACY	1	1
327216	WALMART PHARMACY 10-3241	18551 N 83RD AVENUE	GLENDALE	AZ	85308-0501	Y	PARTICIPATING PHARMACY	1	1
1612541	WALGREENS #4714	4555 FLEUR DR	DES MOINES	IA	50321-2331	Y	PARTICIPATING PHARMACY	1	1
2705739	COSTCO PHARMACY #96	2505 CATRON ST	BOZEMAN	MT	59718-7993	Y	PARTICIPATING PHARMACY	1	1
4303739	HY-VEE PHARMACY #3 (1632)	3000 S MINNESOTA AVENUE	SIOUX FALLS	SD	57105-0000	Y	PARTICIPATING PHARMACY	1	1
2705284	WALMART PHARMACY 10-2084	1500 N 7TH AVE	BOZEMAN	MT	59715-2557	Y	PARTICIPATING PHARMACY	1	1
2705070	WALMART PHARMACY 10-1901	3901 HARRISON AVE	BUTTE	MT	59701-6802	Y	PARTICIPATING PHARMACY	1	1
4232384	SWEETGRASS PHARMACY	1477 LONG GROVE DRIVE SUITE 101	MT PLEASANT	SC	29464-0000	Y	PARTICIPATING PHARMACY	1	1
4231229	PUBLIX PHARMACY #1379	1390 TIGER BLVD	CLEMSON	SC	29631-2605	Y	PARTICIPATING PHARMACY	1	1
4229464	WALGREENS #11968	1250 TOM HALL ST	FORT MILL	SC	29715-7000	Y	PARTICIPATING PHARMACY	1	1
4229173	WALGREENS #12512	5220 SUNSET BLVD	LEXINGTON	SC	29072-9259	Y	PARTICIPATING PHARMACY	1	1
4227915	WALGREENS #10391	2586 WOODRUFF RD	SIMPSONVILLE	SC	29681-5447	Y	PARTICIPATING PHARMACY	1	1
4225707	WALMART PHARMACY 10-3367	4920 CENTRE POINTE DRIVE	NORTH CHARLESTON	SC	29418-0000	Y	PARTICIPATING PHARMACY	1	1
4224046	WALGREENS #7156	1810 N HIGHWAY 17	MOUNT PLEASANT	SC	29464-3309	Y	PARTICIPATING PHARMACY	1	1
619633	CVS PHARMACY #17142	7930 NORTHFIELD BLVD	DENVER	CO	80238-0000	Y	PARTICIPATING PHARMACY	1	1
4201430	CVS PHARMACY #03801	2152 SAVANNAH HWY	CHARLESTON	SC	29414-0000	Y	PARTICIPATING PHARMACY	1	1
2640882	CVS PHARMACY #10118	501 W MOUNT VERNON ST	NIXA	MO	65714-9661	Y	PARTICIPATING PHARMACY	1	1
3992434	WALGREENS #9802	827 MAGILL DR	NORTH HUNTINGDON	PA	15642-3992	Y	PARTICIPATING PHARMACY	1	1

619619	CVS PHARMACY #17116	10001 COMMONS ST	LONE TREE	CO	80124-0000	Y	PARTICIPATING PHARMACY	1	1
3972696	RITE AID PHARMACY 04682	600 WILLIAM MARKS DR	MUNHALL	PA	15120-1945	Y	PARTICIPATING PHARMACY	1	1
1623671	WALGREENS #12148	320 W BREMER AVE	WAVERLY	IA	50677-3102	Y	PARTICIPATING PHARMACY	1	1
5916563	CVS PHARMACY #10634	2350 N FITZHUGH AVE	DALLAS	TX	75204-3410	Y	PARTICIPATING PHARMACY	1	1
2638332	WALGREENS #12268	101 INDUSTRIAL PARK DR	HOLLISTER	MO	65672-5392	Y	PARTICIPATING PHARMACY	1	1
3958898	CVS/SPECIALTY	105 MALL BOULEVARD	MONROEVILLE	PA	15146-0000	Y	PARTICIPATING PHARMACY	1	1
3904491	CVS PHARMACY #01597	101 N STATE ST	CLARKS SUMMIT	PA	18411-0000	Y	PARTICIPATING PHARMACY	1	1
2637683	WALGREENS #11288	1010 WORLEY DR	WEST PLAINS	MO	65775-0000	Y	PARTICIPATING PHARMACY	1	1
1606447	U OF I HOSPITALS & CLINICS AMBULATORY CARE PHARM	200 HAWKINS DR	IOWA CITY	IA	52242-0000	Y	PARTICIPATING PHARMACY	1	1
2637481	WALGREENS #11087	1214 W FOXWOOD DR	RAYMORE	MO	64083-8300	Y	PARTICIPATING PHARMACY	1	1
3813183	WALGREENS #3801	1310 MOLALLA AVE	OREGON CITY	OR	97045-4002	Y	PARTICIPATING PHARMACY	1	1
3729588	WALGREENS SPECIALTY PHARMACY #16515	519 NW 23RD ST STE 109	OKLAHOMA CITY	OK	73103-1509	Y	PARTICIPATING PHARMACY	1	1
2636011	WALGREENS #1142	3938 OSAGE BEACH PKWY	OSAGE BEACH	MO	65065-2146	Y	PARTICIPATING PHARMACY	1	1
3718915	WALMART PHARMACY 10-0221	1200 GARTH BROOKS BLVD	YUKON	OK	73099-0000	Y	PARTICIPATING PHARMACY	1	1
3714981	WALMART PHARMACY 10-0622	7800 NW EXPRESSWAY	OKLAHOMA CITY	OK	73132-0000	Y	PARTICIPATING PHARMACY	1	1
3710832	OSU STUDENT HEALTH CENTER	1202 W FARM RD	STILLWATER	OK	74078-0001	Y	PARTICIPATING PHARMACY	1	1
3676054	WALGREENS #9733	1300 E 2ND ST	FRANKLIN	OH	45005-1898	Y	PARTICIPATING PHARMACY	1	1
3675127	DISCOUNT DRUG MART	110 CHESTNUT COMMONS DR	ELYRIA	OH	44035-0000	Y	PARTICIPATING PHARMACY	1	1
3674086	WALMART PHARMACY 10-5471	2485 POSSUM RUN ROAD	MANSFIELD	OH	44903-0000	Y	PARTICIPATING PHARMACY	1	1
3667625	WALGREENS #5473	25524 CENTER RIDGE RD	WESTLAKE	OH	44145-4048	Y	PARTICIPATING PHARMACY	1	1
3663968	WALGREENS #4246	2320 BOUDINOT AVE	CINCINNATI	OH	45238-3417	Y	PARTICIPATING PHARMACY	1	1
3600992	CVS PHARMACY #06946	4548 E MAIN STREET	WHITEHALL	OH	43213-0000	Y	PARTICIPATING PHARMACY	1	1
134685	WALGREENS #10981	101 US HWY 31 N	ATHENS	AL	35611-2142	Y	PARTICIPATING PHARMACY	1	1
201664	SAFEWAY PHARMACY #2728	MILE 1.5 1907 SEWARD HIGHWAY PO 1827	SEWARD	AK	99664-9800	Y	PARTICIPATING PHARMACY	1	1
3504950	GATEWAY PHARMACY SUNRISE	3103 YORKTOWN DR STE 2	BISMARCK	ND	58503-0000	Y	PARTICIPATING PHARMACY	1	1
325490	WALGREENS #5209	3180 N CAMPBELL AVE	TUCSON	AZ	85719-2302	Y	PARTICIPATING PHARMACY	1	1
421367	PALACE DRUG	270 MAIN ST	MAMMOTH SPRING	AR	72554-0000	Y	PARTICIPATING PHARMACY	1	1
2632657	WALGREENS #4406	2630 NE VIVION ROAD	KANSAS CITY	MO	64119-2513	Y	PARTICIPATING PHARMACY	1	1
3471719	PUBLIX PHARMACY #1660	2001 MARLIN DRIVE UNIT 100	JACKSONVILLE	NC	28546-0000	Y	PARTICIPATING PHARMACY	1	1

NABP	Px Name	Px Address	Px City	Px State	Px Zip	Network	Comment	# Claims	# Members
5926716	OPTUM PHARMACY 704, INC.	HEIGHTS BOULEVARD SUITE	SAN ANTONIO	TX	78249-0000	R	MAIL ORDER PHARMACY	11744	1093
1564930	OPTUM PHARMACY 702, LLC	1050 PATROL RD	JEFFERSONVILLE	IN	47130-7750	R	SPECIALTY PHARMACY	2181	503
365088	OPTUM PHARMACY 701, LLC	1830 S. HORNE	MESA	AZ	85204-5771	R	MAIL ORDER PHARMACY	1040	322
1723370	OPTUMRX, INC.	6800 WEST 115TH STREET SUITE 600	OVERLAND PARK	KS	66211-0000	N	COMMUNITY/RETAIL PHARMACY	483	249
1718634	OPTUMRX, INC.	6800 WEST 115TH STREET SUITE 600	OVERLAND PARK	KS	66211-2457	R	MAIL ORDER PHARMACY	652	248
2813928	KUBAT HEALTHCARE	910 E COURT ST	BEATRICE	NE	68310-0000	R	Px Closed/NABP INACTIVE	2138	212
5732676	OPTUM PHARMACY 700, LLC	5700 DOT COM CT STE 1000	OVIEDO	FL	32765-3400	N	COMMUNITY/RETAIL PHARMACY	324	199
2369797	OPTUM PHARMACY 701, LLC	4100 S SAGINAW STREET SUITE D	FLINT	MI	48507-2683	N	COMMUNITY/RETAIL PHARMACY	280	195
5741372	OPTUM PHARMACY 700, LLC	5700 DOT COM COURT SUITE 1000	OVIEDO	FL	32765-0000	R	MAIL ORDER PHARMACY	352	192
4436615	OPTUM PHARMACY 705, LLC	1893 GENERAL GEORGE PATTON DRIVE STE 106	FRANKLIN	TN	37067-2655	R	SPECIALTY PHARMACY	255	179
4539079	OPTUM PHARMACY 704, INC	HEIGHTS BOULEVARD SUITE	SAN ANTONIO	TX	78249-3583	R	SPECIALTY PHARMACY	183	135
323624	WALGREENS.COM	2225 S PRICE RD	CHANDLER	AZ	85286-7201	R	MAIL ORDER PHARMACY	474	122
131754	OPTUM PHARMACY 705 LLC	1100 LEE BRANCH LN	BIRMINGHAM	AL	35242-1507	R	SPECIALTY PHARMACY	125	86
362309	AMAZON PHARMACY #002	3809 E WATKINS ST	PHOENIX	AZ	85034-7264	R	MAIL ORDER PHARMACY	430	74
360987	OPTUM PHARMACY 801 INC	24416 N 19TH AVE SUITE 100	PHOENIX	AZ	85085-1887	R	SPECIALTY PHARMACY	168	61
1493826	CAREPOINT PHARMACY	9 COMMERCE DR	SCHAUMBURG	IL	60173-5302	R	MAIL ORDER PHARMACY	127	59
2818106	CVS PHARMACY #03085	1701 GALVIN RD S	BELLEVUE	NE	68005-3810	R	Px Closed/NABP INACTIVE	485	56
2805060	RX EXPRESS PHARMACY	402 N JEFFERS ST	NORTH PLATTE	NE	69101-0000	R	Px Closed/NABP INACTIVE	503	43
2817546	URBAN CLINIC PHARMACY INC	1760 COUNTY RD J	WAHOO	NE	68066-0000	R	Px Closed/NABP INACTIVE	463	42
2816645	MEDICAP PHARMACY	2706 2ND AVE	KEARNEY	NE	68847-4430	R	Px Closed/NABP INACTIVE	482	41
2819805	AINSWORTH DRUG	255 N MAIN ST	AINSWORTH	NE	69210-1300	R	Px Closed/NABP INACTIVE	420	39
5817133	PROPEL PHARMACY	5962 STATE ROUTE 31 STE 4	CICERO	NY	13039-7857	R	MAIL ORDER PHARMACY	163	37
5919177	AMAZON PHARMACY #001	VALLEY ROAD SUITE 201	AUSTIN	TX	78744-0000	R	MAIL ORDER PHARMACY	208	30
2820694	BLOOD PHARMACY TILDEN	103 E 2ND ST	TILDEN	NE	68781-0000	R	Px Closed/NABP INACTIVE	85	24
2815770	WALGREENS #05190	2323 L STREET	OMAHA	NE	68107-1847	R	Px Closed/NABP INACTIVE	173	23
2818233	CVS PHARMACY #03478	2609 S 132ND ST	OMAHA	NE	68144-2595	R	Px Closed/NABP INACTIVE	78	21
2813904	SONNYS PHARMACY	310 MAIN ST	BRIDGEPORT	NE	69336-0000	R	Px Closed/NABP INACTIVE	298	20
1570882	AMAZON PHARMACY #006	3620 PLAINFIELD ROAD	INDIANAPOLIS	IN	46231-0000	R	MAIL ORDER PHARMACY	297	20
2433693	STERLING SPECIALTY PHARMACY	1312 NORTHLAND DR SUITE 500	MENDOTA HEIGHTS	MN	55120-1140	R	SPECIALTY PHARMACY	25	17
2814386	CAMPBELL DRUG	311 MAIN ST	OSHKOSH	NE	69154-0000	R	Px Closed/NABP INACTIVE	73	16
2819449	PHARMACY	AVE	ALLIANCE	NE	69301-0000	N	PHARMACY	49	14
2819134	U-SAVE PAVILION PHARMACY	211 W LEOTA ST	NORTH PLATTE	NE	69101-0614	R	Px Closed/NABP INACTIVE	57	14
5660091	TRUEPILL	3121 DIABLO AVE	HAYWARD	CA	94545-2701	R	MAIL ORDER PHARMACY	23	14

5729871	AMAZON PHARMACY #003	STREET SUITE	MIAMI	FL	33126-0000	R	MAIL ORDER PHARMACY	56	13
1487330	CAREPOINT PHARMACY	DRIVE	SCHAUMBURG	IL	60173-0000	R	MAIL ORDER PHARMACY	17	13
2801442	INC	513 BROADWAY	IMPERIAL	NE	69033-0369	R	Px Closed/NABP INACTIVE	39	11
2992750	THERAPIES II LLC	MARGARITA	LAS VEGAS	NV	89118-0000	R	SPECIALTY PHARMACY	31	11
5733591	ROSEMONT SPECIALTY PHARMACY	1727 ORLANDO CENTRAL PKWY	ORLANDO	FL	32809-0000	R	MAIL ORDER PHARMACY	20	10
2818411	PONCA HILLS HEALTH AND WELLNESS CENTER	1800 SYRACUSE AVE	NORFOLK	NE	68701-2458	N	SERVICE/TRIBAL/URBAN (I/T/U)	172	9
2820404	SERVICES, LINCOLN	DR	LINCOLN	NE	68512-1272	N	SERVICE/TRIBAL/URBAN	378	8
2820961	STOCKMEN'S DRUG CRAWFORD	202 MAIN ST	CRAWFORD	NE	69339-1026	N	COMMUNITY/RETAIL PHARMACY	14	7
2816277	PHARMACY SOLUTIONS	5750 HIDCOTE DR	LINCOLN	NE	68516-5524	N	PHARMACY	9	6
4939902	AMAZON PHARMACY #005	20416 72ND AVE S	KENT	WA	98032-2319	R	MAIL ORDER PHARMACY	24	6
4436920	ACCREDO HEALTH GROUP INC	1620 CENTURY CENTER PARKWAY SUITE 109	MEMPHIS	TN	38134-0000	R	SPECIALTY PHARMACY	23	6
3430369	BIOLOGICS BY MCKESSON	11800 WESTON PKWY	CARY	NC	27513-0000	R	SPECIALTY PHARMACY	11	6
1626780	EBY DRUG	103 N 4TH AVE	LOGAN	IA	51546-0000	N	COMMUNITY/RETAIL PHARMACY	21	5
2817798	PHARMACY	508 WILLARD AVE.	GENOA	NE	68640-0000	R	Px Closed/NABP INACTIVE	18	5
3472660	OPTUM PHARMACY 701, LLC	4015 SHOPTON ROAD SUITE 600	CHARLOTTE	NC	28217-0000	R	MAIL ORDER PHARMACY	16	5
2802038	RONS PHARMACY	537 WEST GAGE ST	BLUE HILL	NE	68930-0307	R	Px Closed/NABP INACTIVE	56	4
2633611	SPECIALTY DIST SVCS	ROAD SUITE B	SAINT LOUIS	MO	63134-2715	R	MAIL ORDER PHARMACY	30	4
6008002	PANTHERX SPECIALTY PHARMACY	1120 STEVENSON MILL RD STE 400	CORAOPOLIS	PA	15108-2446	R	SPECIALTY PHARMACY	23	4
6001565	PHARMACY	DR STE 101	PITTSBURGH	PA	15275-1104	R	SPECIALTY PHARMACY	19	4
5934787	BIOLOGICS BY MCKESSON	13501 PARK VISTA BLVD STE 150	FORT WORTH	TX	76177-3203	R	SPECIALTY PHARMACY	18	4
4939318	LLC	RD STE A350	WOODINVILLE	WA	98072-5029	R	MAIL ORDER PHARMACY	17	4
3061582	PHARMACY	ST STE 2012	MANCHESTER	NH	03101-1142	R	MAIL ORDER PHARMACY	16	4
1715830	SPECIALTY PHARMACY,	BLVD	LENEXA	KS	66219-9621	R	SPECIALTY PHARMACY	14	4
2817736	KUBAT HEALTHCARE	108 W 11TH ST	NELIGH	NE	68756-0000	R	Px Closed/NABP INACTIVE	12	4
3662726	GEM EDWARDS PHARMACY	5650 HUDSON INDUSTRIAL PKWY STE A	HUDSON	OH	44236-0000	R	MAIL ORDER PHARMACY	10	4
5814024	BROADWAY FAMILY PHARMACY	601 AMSTERDAM AVE	NEW YORK	NY	10024-1810	N	COMMUNITY/RETAIL PHARMACY	4	3
2818827	DOD OFFUTT PHARMACY	502 CUSTER DR	OFFUTT	NE	68113-1043	R	MILITARY/U.S. COAST GUARD PHARMACY	11	3
2820923	MEDICINE MAN PHARMACY	526 N LINDEN ST	WAHOO	NE	68066-1961	N	LONG TERM CARE PHARMACY	34	2
2820884	ELMWOOD PHARMACY LTC	LEAVENWORTH ST SUITE 1	OMAHA	NE	68106-1345	N	LONG TERM CARE PHARMACY	15	2
1705310	KRIEN PHARMACY INC	105 W WASHINGTON ST	ST FRANCIS	KS	67756-0664	N	COMMUNITY/RETAIL PHARMACY	15	2
4613508	CENTERS, INC	3793 S STATE ST	SALT LAKE CITY	UT	84115-4828	N	PHARMACY	14	2
1721275	AR-EX DRUG STORE	801 BROADWAY	MARYSVILLE	KS	66508-0000	R	Px Closed/NABP INACTIVE	96	2
1604099	LEHAN PHARMACY	317 MAIN ST	MINDEN	IA	51553-0000	R	Px Closed/NABP INACTIVE	82	2
1942754	PROFESSIONAL ARTS PHARMACY	128 CURRAN LN	LAFAYETTE	LA	70506-0000	R	MAIL ORDER PHARMACY	22	2
1602778	OARD ROSS DRUG INC	701 16TH AVE	COUNCIL BLUFFS	IA	51501-6378	R	Px Closed/NABP INACTIVE	21	2
2819110	TEKAMAH DRUG COMPANY	412 S 13TH ST	TEKAMAH	NE	68061-0009	R	Px Closed/NABP INACTIVE	13	2
2820288	DAVE'S PHARMACY LTC	508 NIOBRARA AVE	HEMINGFORD	NE	69348-9703	N	PHARMACY	17	1
2819033	NEBRASKA UROLOGY	5500 PINE LAKE RD	LINCOLN	NE	68516-3389	N	NON-PHARMACY DISPENSING SITE	7	1
2588842	HIGHLAND SPECIALTY PHARMACY	10 C AINSWORTH ROAD	HATTIESBURG	MS	39402-0000	N	COMMUNITY/RETAIL PHARMACY	6	1
2820593	HOSPITAL, RETAIL PHARMACY	8303 DODGE ST	OMAHA	NE	68114-4108	N	COMMUNITY/RETAIL PHARMACY	5	1
3158955	AMWELL PHARMACY	438 US HIGHWAY 206 STE 3	HILLSBOROUGH	NJ	08844-5525	N	COMMUNITY/RETAIL PHARMACY	4	1

2643321	OPTIME CARE, INC	4060 WEDGEWAY COURT	EARTH CITY	MO	63045-0000	N	COMMUNITY/RETAIL PHARMACY	3	1
4939306	OPTUM PHARMACY 701 LLC	8131 W BOSTIAN RD STE A350	WOODINVILLE	WA	98072-5029	N	COMMUNITY/RETAIL PHARMACY	2	1
4531275	SYSTEM PHARMACY - PAP	120 E HARRIS AVE	SAN ANGELO	TX	76903-5904	N	COMMUNITY/RETAIL PHARMACY	2	1
3990226	BIOMATRIX SPECIALTY PHARMACY PA	3070 MCCANN FARM DR STE 101	GARNET VALLEY	PA	19060-2131	N	HOME INFUSION THERAPY PROVIDER	1	1
5623031	OPTUM PHARMACY 707, INC	4900 RIVERGRADE ROAD SUITE E110	IRWINDALE	CA	91706-1460	N	COMMUNITY/RETAIL PHARMACY	1	1
5934636	GLENDALE PHARMACY	4203 GARDENDALE ST SUITE 223C	SAN ANTONIO	TX	78229-3177	N	COMMUNITY/RETAIL PHARMACY	1	1
2819730	UROLOGY CENTER PC	105 S 90TH ST	OMAHA	NE	68114-3963	N	DISPENSING SITE	1	1
2819906	INNOVATIVE RX	416 W 48TH ST STE 20	KEARNEY	NE	68845-1315	N	COMPOUNDING PHARMACY	1	1
2819982	J KOHLL RX	13110 W DODGE RD STE B	OMAHA	NE	68154-2102	N	COMPOUNDING PHARMACY	1	1
3686663	EDGEPARK MEDICAL SUPPLIES	1810 SUMMIT COMMERCE PARK	TWINSBURG	OH	44087-2300	R	MAIL ORDER PHARMACY	24	1
3974892	ACCREDO HEALTH GROUP INC	3000 ERICSSON DRIVE SUITE 100	WARRENDALE	PA	15086-7502	R	SPECIALTY PHARMACY	12	1
4918213	BARTELL DRUGS #31	2700 NE UNIVERSITY VILLAGE STREET	SEATTLE	WA	98105-5016	R	Px Closed/NABP INACTIVE	9	1
1606980	STANGEL PHARMACY	821 IOWA AVE	ONAWA	IA	51040-1629	R	Px Closed/NABP INACTIVE	7	1
514667	WALGREENS #842	350 NORTH CAPITOL AVENUE	SAN JOSE	CA	95133-1937	R	Px Closed/NABP INACTIVE	3	1
5710240	LEE PHARMACY 2	9981 S HEALTH PARK DR	FORT MYERS	FL	33908-3618	R	Px Closed/NABP INACTIVE	3	1
600862	WALGREENS #4307	12051 E MISSISSIPPI AVE	AURORA	CO	80012-2834	R	Px Closed/NABP INACTIVE	3	1
620307	WALGREENS #11863	3143 W COLORADO AVE	COLORADO SPRINGS	CO	80904-2040	R	Px Closed/NABP INACTIVE	2	1
627779	CVS PHARMACY #17841	460 S COLLEGE AVE	FORT COLLINS	CO	80524-2992	R	Px Closed/NABP INACTIVE	2	1
3331597	GATES AND GARVEY PHARMACY	276-280 MARCUS GARVEY BLVD	BROOKLYN	NY	11221-0000	R	Px Closed/NABP INACTIVE	2	1
1061554	WALGREENS #12672	1835 W SAND LAKE RD	ORLANDO	FL	32809-7629	R	Px Closed/NABP INACTIVE	2	1
3809742	RITE AID PHARMACY 05357	514 NE 181ST AVENUE	PORTLAND	OR	97230-6704	R	Px Closed/NABP INACTIVE	2	1
1830391	WALGREENS #11198	3312 STATE ROUTE 54	OWENSBORO	KY	42303-2121	R	Px Closed/NABP INACTIVE	2	1
3137141	CAREMARK NEW JERSEY SPECIALTY PHARMACY DBA CVS/SPECIALTY	180 PASSAIC AVENUE UNIT B-5	FAIRFIELD	NJ	07004-3516	R	SPECIALTY PHARMACY	2	1
3157369	RVL PHARMACY	2500 MAIN ST EXTENSION SUITE 10	SAYREVILLE	NJ	08872-0000	R	MAIL ORDER PHARMACY	1	1
4445640	ANOVORX GROUP LLC	1710 N SHELBY OAKS DRIVE SUITE 1	MEMPHIS	TN	38134-0000	R	SPECIALTY PHARMACY	1	1
3985934	WALGREENS #9674	133 W 8TH AVE	HOMESTEAD	PA	15120-1008	R	Px Closed/NABP INACTIVE	1	1
617641	WALGREENS #5547	350 N UNION BLVD	COLORADO SPRINGS	CO	80909-5704	R	Px Closed/NABP INACTIVE	1	1
1929388	WALGREENS #5747	3747 MOSS ST	LAFAYETTE	LA	70507-5536	R	Px Closed/NABP INACTIVE	1	1
3211632	WALGREENS #11958	3632 MENAUL BLVD NE	ALBUQUERQUE	NM	87110-0000	R	Px Closed/NABP INACTIVE	1	1
3964687	RITE AID PHARMACY 02790	1406 CECIL B MOORE AVE	PHILADELPHIA	PA	19121-4311	R	Px Closed/NABP INACTIVE	1	1

State of Nebraska Pharmacy File

Px Type	Network	Px Count	Px%	Claims Count	Claims%	*Mbr Count	Mbr%
MAIL ORDER PHARMACY	R	23	30.26%	15763	64.34%	1466	55.51%
Px Closed/NABP INACTIVE	R	36	47.37%	5634	23.00%	598	22.64%
SPECIALTY PHARMACY	R	16	21.05%	3091	12.62%	574	21.73%
MILITARY/U.S. COAST GUARD PHARMACY	R	1	1.32%	11	0.04%	3	0.11%
Grand Total		**76**	**100.00%**	**24499**	**100.00%**	**2479**	**100.00%**

*Member count is unique and will not tie to Member total

DOCUMENT TITLE	Information Security Policy				
DOCUMENT #	210-PL-1009	**VERSION**	8.0	**SUPERSEDES**	7.0
PROCESS OWNER	Steve Cramer, Director, System Engineering & ISO			**EFFECTIVE DATE:**	**11/1/2023**
EXTERNAL SHARING	YES ☒	NO ☐		**PRINTING ALLOWED**	Yes
SHARE WITH	Regulatory Agencies ☒ Clients ☒ Other ☐				

SUPPORTING DOCUMENTATION	
Document #	**Document Title**
210-PL-1007	Information Security Program
560-PL-1013	Permissible Uses and Disclosures of Member PHI
560-PL-1091	Authorization for Use and Disclosure of PHI
(GD)Guide=Overview | (PL)Policy=Rule | (PD)Procedure=Action | (FD)Flow Diagram=Visual (WI)Work Instruction=Details | (FM)Form=Predefined | (RD)Reference Document=Supporting	

REQUIRED APPROVALS	
Approvers' Signature and Approval are recorded electronically and stored via Compliance 360 (C360).	
Approvers	**Title**
Steve Cramer	Director, System Engineering & ISO
Madhu Sanam	Chief Digital Dev and Renewal & CIO
Jennifer Johnson	VP, Corp Privacy Officer & Licensure

**C360 Approval Audit Record:* Initial Audit Record inserted by Process Management before document is finalized and published. If document renewal, additional annual audit records included on the last page.

Approver Name	Job Title	Approval Date	Title	Process Document Number	Version	EffectiveDate
Cramer, Steven	Director System Engineering & ISO	11/20/2023 2:14 PM	Information Security Policy	210-PL-1009	8.0	11/1/2023
Johnson, Jennifer	VP, Corporate Privacy Officer & Licensure	11/20/2023 4:31 PM	Information Security Policy	210-PL-1009	8.0	11/1/2023
Sanam, Madhvi (Madhu)	Chief Digital Dev and Renewal & CIO	11/20/2023 7:07 PM	Information Security Policy	210-PL-1009	8.0	11/1/2023

DOCUMENT DEFINITIONS (When using definition in document Capitalize First Word)	
Word/Term	**Definition**
	See Appendix A for Glossary

For the latest version **ALWAYS** check the Process Library

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PURPOSE	This policy defines the business information security expectations of MedImpact. The MedImpact Information is intended to reduce risks to information resources through implementation of controls designed to detect and prevent errors or irregularities that may occur and to be consistent with HIPAA security requirement 45 CFR 164, Subpart C.

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1. Information Owners

Managers in business unit operations are Information Owners. When Information Owners are not clearly implied by organizational design, the Information Security Officer (ISO) will make the designation.

Information Ownership determines direct accountability over the creation of and permitted uses of the information within the company based on direct knowledge of how that information can be used. (Common examples of unstructured information residing on computers or on the network include Word, Excel, PowerPoint, or Access databases created by staff.)

Information Ownership also applies to information produced or processed by an application within a functional business area. (For example, Finance may own all information produced from the business financial system, and therefore, may be an Information Owner of an application and/or system).

Information Ownership also applies to a functional business area that can define business rules. (For example: Human Resources can be an Information Owner of Internet content and directly provide rules on what is permitted.)

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Information Owners do not legally own the information; rather, they are members of the MedImpact management team who manage staff and who make decisions on behalf of the organization. Information Owners or their delegates must make the following decisions and perform the following tasks:

- Approve information-oriented access control privileges for specific job profiles through the use of RBAC (Role Based Access Control). Each role defined must adhere to the Security Principle of Least Privilege which states that the minimum access required to meet the role's responsibilities will be administered for that role.
- Approve information-oriented access control requests that do not fall within the scope of existing job profiles.
- Review and correct reports on a quarterly basis that indicate the job profiles that currently have access to their information.
- Select a sensitivity classification category relevant to their information, and review this classification every five years for possible downgrading.
- Select a critical category relevant to their information so that appropriate contingency planning can be performed.
- Perform a Business Risk Assessment that details the risks associated with the disclosure of unauthorized information. A Business Risk Assessment is also required when the business unit changes it operating procedures. The Business Risk Assessment must be reviewed with the Information Owner and the IT Security Department to ensure that risks are identified and managed.
- Information Owners must designate a delegate to act on their behalf if the Owner is unavailable. Information Owners may not delegate ownership responsibilities to third-party organizations or to a non- employee. When both the Owner and the delegate are unavailable, immediate Owner decisions will be made by the Director, Vice President or Senior Vice President of the Business Unit.

2. Information Classification – Employee Responsibility

Staff that have access to MedImpact information has a personal information security role in the organization. Key responsibilities include:

- Protect information that has been entrusted to their care.
- Familiarization with information classification as outlined in Section 4 to distinguish between PROPRIETARY, FOR INTERNAL USE ONLY, CONFIDENTIAL, TRADE SECRET, or PUBLIC information.
- Apply information classification concepts to fit the needs of day-to-day operations.
- Use consistency when handling information in all business activities.

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3. Information Classifications

CONFIDENTIAL - Meant to be kept secret; held in confidence; expectation of being held in private and not published or shared with others ("others" may include employees, non-employees, contracted clients, and potential clients) unless authorized.

Examples: Items labeled as "Privileged and Confidential", Marketing strategy, drug pricing, protected health information (PHI), personally identifiable information (PII), or proprietary research and development.

PROPRIETARY – Belonging to; exclusive title; ownership rights (means MedImpact created it, so MedImpact has an ownership right to it).

Examples: source code, technical run books, network data flows.

FOR INTERNAL USE ONLY - Unauthorized disclosure may adversely impact MedImpact Healthcare Systems.

- For documents intended for internal use only
- For confidential/proprietary items that MedImpact has a **strong desire to keep confidential** such as financial reports, etc.
- For documents that may contain MedImpact Intellectual Property
- Limited distribution within MedImpact
- Would not want anyone outside MedImpact to have access to it, especially our competitors.

Examples: Internal telephone directories, internal memoranda, internal company specific communications (including email), or organizational charts.

PUBLIC - This classification applies to information that has been approved by MedImpact for release to the general public or is otherwise generally available to the public.

Examples: Corporate news announcements, new products or services offered by MedImpact for the PBM industry, and information presented on the public Internet website.

TRADE SECRETS - Any formula, pattern, device of compilation of information which is used in one's business, and which gives the person an opportunity to obtain an advantage over competitors who do not know or use it; a customer list; a formula; known only to certain persons; company information from which one derives independent economic benefit, actual or potential, from not being generally known or readily ascertainable by others who can obtain economic value from its disclosure or use; AND the subject of reasonable efforts under the circumstance to maintain its secrecy.

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4. Information Custodians

Information custodians are in physical possession of or have the system level permissions equivalent of the Information Owners (logical possession of information); however, unlike Information Owners, custodians do not make decisions regarding the information itself. If a Custodian cannot be identified, the Information Security Officer (ISO) or assigned representative will designate a Custodian. Custodians follow the direction of Information Owners, operate systems on behalf of Information Owners, but also serve users authorized by Information Owners. Custodians are responsible for:

- Recommending to Information Owners the technical protection options that can be applied against the system being used for the information they are using or processing.
- Aligning the Information Owners requirements to a technical architecture and technical consulting service so that IT systems can be built and run to best meet business objectives.
- Providing reports, upon request, to Information Owners about IT system operations and Information Security problems.
- Safeguarding the information in their possession, including implementing access control systems and encryption technologies to prevent inappropriate disclosure.
- Developing, documenting, and testing IT systems contingency plans.

5. Information Users

Users are not specifically designated but are broadly defined as staff with access to MedImpact information. Users are required to follow all security requirements defined by Information Owners, implemented by Custodians, or established by the Information Security department. Information Users must:

- Familiarize themselves with, and act in accordance with MedImpact Information Security Policy
- Participate in information security training and awareness efforts.
- Request access from their immediate manager and report all suspicious activity and system security problems to Information Security.

6. Internet Acceptable Use

Access to the Internet - Internet access may only be gained via an authorized, business-supported Internet access infrastructure.

Internet users are personally responsible and will be held accountable for taking all reasonable steps to prevent unauthorized use of their Internet Access infrastructure by third parties.

Access to the Internet is not a right. It may be denied or revoked at any time. Access to Internet resources with inappropriate content or perceived risk to the company may be blocked.

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General rules for the use of the Internet:

- The Internet must be used primarily for business purposes in the course of one's assigned duties.
- The private use of the Internet is permitted if the resources consumed (e.g. working time, network capacity) are minimal. Any private use must not interfere with assigned duties nor compromise MedImpact's security or business activities.
- Any attempt to bypass or preempt MedImpact's corporate Internet security infrastructure or integrity is strictly prohibited and may result in termination of employment.

Inappropriate Internet Use - Employees must use the Internet in a way that protects MedImpact against any legal, regulatory, operational or reputational risk. Any illegal or inappropriate use of the Internet is strictly prohibited. The access, upload, download or transmission of material that contains unlawful, unethical, immoral, abusive, offensive, degrading or derogatory content is strictly prohibited.

Information Upload and Interactive broadcast facilities on the Internet - Services such as online forums, chat rooms, bulletin boards, newsgroups or mailing lists provide a medium for exchange of ideas and issues with professionals in other organizations. They enable participants to broadcast messages to a wide range of unknown recipients simultaneously. As electronic communication by employees contains MedImpact's name in the sender address, uncontrolled use of these facilities constitutes legal as well as reputational risks. Therefore, care must be taken to protect the reputation of MedImpact and its proprietary information.

The following list includes examples of information which should not be discussed outside of MedImpact. Employees must not disclose or discuss information:

- Concerning clients or information about clients
- That might provide an advantage to a competitor.
- That could have an adverse impact on the Company's reputation.
- Concerning financial transactions
- Concerning MedImpact's business strategies or other confidential business information
- Containing personal or private employee information
- Containing HIPAA protected healthcare information (PHI)
- Containing payment card information about details or specifications of internal systems, data, networks or operations

The above list is not considered to be comprehensive.

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7. Non-Disclosure Agreements (NDAs)

An NDA is a legal, confidentiality agreement between two (or more) parties, entities and/or individuals. This legal document outlines confidential materials or knowledge the parties wish to share with one another for certain purposes but wish to restrict from generalized use. An NDA is a promise between parties not to disclose information covered by that agreement. An NDA creates a confidential relationship between the parties to protect any type of trade secret or other confidential or proprietary information as designated by the terms of the NDA. In the context of this document, an NDA would protect any "trade secret," e.g., client lists, business strategies, etc.

Company Level NDA -NDAs are required to be signed by Third Parties representing corporate entities that wish to gain access to MedImpact data, systems or confidential information in advance of working with MedImpact or the sharing of such information.

Individual Level NDA - Individuals (e.g., consultants, brokers) must sign an NDA tailored to the individual level.

8. Privacy Expectations- No Guarantee

MedImpact does not guarantee that electronic communications will be private, and staff should not have an expectation of privacy. Staff must be aware that electronic communications can, depending on the technology, be forwarded, intercepted, printed, and stored by others. Electronic communications can be accessed by people other than the intended recipients. Because messages can be stored in backups, electronic communications are also retrievable when a traditional paper letter has been discarded or destroyed.

9. Management Review

MedImpact management reserves the right to examine electronic mail messages, files on personal computers, web browser cache files, web browser bookmarks, logs of web sites visited, computer system configurations, and other information stored on or passing through MedImpact systems.

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10. Information Security Department

The Information Security department is the central point of contact for all information security matters at MedImpact. Acting as information security consultants, it is this department's responsibility to create workable information security solutions that take into consideration the needs of users, Custodians, Information Owners, applicable regulations and standards, and selected third parties. The IT Security department is responsible for:

- Supporting security requirements for the Legal, Compliance, Privacy, Contracts, Audit, Finance, and Human Resources departments.
- Defining information security procedures, policies, and other regulatory and industry requirements applicable to the entire organization.
- Assuring that access control processes are sufficient within all departments that provide access to applications and systems.
- Provide assurance that security policies are consistently applied across the enterprise.
- Monitoring of MedImpact systems and providing security training and awareness to MedImpact staff.
- Periodically providing management with reports about the current state of security at MedImpact.
- Direct point of contact for computer security incidents by organizing the computer incident response team (CSIRT) to promptly respond to security threats such as malware, phishing attempts, potential data compromise, data loss, PHI or PII exposure, and similar potential security incident scenarios.
- Performing periodic and ad hoc Information Security risk assessments which may include both 3rd party and internal audit personnel. The findings of these assessments must be reported to senior management, Legal, Privacy, and Corporate Compliance.

Appendix A. Glossary

Term	Description
CSIRT	Computer Incident Response Team
HIPAA	Health Insurance Portability and Accountability Act
IT	Information Technology
NDA	Non-Disclosure Agreement
PCI	Payment Card Industry
PHI	Protected Health Information
PII	Personally Identifiable Information

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BUSINESS UNIT LEADER	Madhu Sanam, Chief Digital Dev and Renewal & CIO
PROCESS OWNER	Steve Cramer, Director System Engineering & ISO
Add'l Responsible Party	Todd North, Manager Security and Network Operations

RELATED EXTERNAL REFERENCES(Use of Links to external references requires additional maintenance of document to ensure accuracy – Use this sparingly)	
Name	**Link**

CHANGE HISTORY / VERSION CONTROL	
Version	**Comments**
	Versions 3.0 through 4.0 retained in C360 History; prior versions retained by Department
5.0	Scheduled Revision (Frank Bunton & M. Andrews 1/2018)
6.0	Scheduled Revision (Frank Bunton) 03/10/2021
7.0	Scheduled Revision (Frank Bunton, CISO) 06/10/2022
8.0	Reviewed/updated; minor changes to reflect title change to ISO (M. Andrews 11/2023)

* *Annual Review Approval Audit Records – no document content updates made*: Audit Record inserted by Process Management before document is finalized and published.

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Performance Guarantee Report

Optional Report Title

Period	Year
Plan	Client Name
HQ List	Client HQ Code
Date Completed	MM/DD/YYYY

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Client Name

Optional Report Title

Period: YYYY

Contact Center

PERFORMANCE GUARANTEE	CRITERIA	JAN	FEB	MAR	Q1	APR	MAY	JUN	Q2	H1	JUL	AUG	SEP	Q3	OCT	NOV	DEC	Q4	H2	YEAR
Call Abandonment Rate - Member Calls	Member call abandonment rate will be XX% or less.	Y	Y	Y																
	ABN (%)	99%	99%	99%																
Average Speed of Answer - Member Calls	Average Speed of Answer (ASA) within XX seconds	Y	Y	Y																
	ASA (sec)	99.999	99.999	99.999																

IT Systems

PERFORMANCE GUARANTEE	CRITERIA	JAN	FEB	MAR	Q1	APR	MAY	JUN	Q2	H1	JUL	AUG	SEP	Q3	OCT	NOV	DEC	Q4	H2	YEAR
Point of Service (POS) System Availability	XX% POS system availability.	Y	Y	Y																
	Availability (%)	**99.999**	**99.999**	**99.999**																
Point of Service (POS) Turnaround Time – Electronic Claims Processing	XX% response time within four (X) seconds.	Y	Y	Y																
	TAT (%)	**99.999**	**99.999**	**99.999**																

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MedImpact

Regulatory Communication.

FEBRUARY 1, 2024

2023 Plan Year RxDC Reporting Update.

Type:	Important Information
MedImpact Department of Origin:	Government Programs & Services and Regulatory Compliance
Lines of Business:	Commercial, Self-Insured, Marketplace

Dear Client,

The purpose of this communication is to provide an update on MedImpact Healthcare Systems, Inc.'s ("MedImpact") support for the 2023 plan year Consolidated Appropriations Act (CAA), Section 204 Prescription Drug Spend (RxDC) report. The RxDC report for the 2023 plan year is due to CMS by June 1, 2024.

Background

In 2023, MedImpact supported Clients' 2022 plan year RxDC report submissions by providing D3-D8 data files, applicable narratives, and a supplemental file.

Currently, CMS has not issued any new reporting guidance for the 2023 plan year. MedImpact will continue to monitor guidance for additional information. For more information, please refer to the link to CMS RxDC.

MedImpact Actions

MedImpact will generate the 2023 plan year D3-D8 data files in CSV format, four narrative responses as detailed below and supplemental file, for Clients who were contracted with MedImpact during 2023:

1. Drugs missing from the CMS crosswalk;
2. Prescription drug rebate descriptions;
3. Allocation methods for prescription drug rebates; and
4. Impact of prescription drug rebates.

MedImpact will deliver these files to Clients for submission to CMS per the timeline below.

Alternatively, for an additional fee, MedImpact provides Clients the option to delegate MedImpact to submit the Client's applicable RxDC report files to CMS. Please contact your Account Executive for additional information on this service. If Client elects to have MedImpact submit on its behalf, the applicable P-file (P1, P2 and/or P3), D3-D8 files, narratives and supplemental file will be submitted to CMS by the due date of June 1, 2024.

Client Actions

For MedImpact to generate the D3-D8 data files, MedImpact must have the Client's 2023 plan year attributes verified and/or updated if needed. Please contact your Account Team to review your 2023 plan year attributes. Client represents and warrants the information it provides to MedImpact is accurate. If Client fails to provide accurate information within the timeline requested by MedImpact, MedImpact will be unable to generate the D3-D8 data files and MedImpact disclaims any liability for failing to generate a timely and accurate data file.

If the Client elects to have MedImpact submit the RxDC report to CMS on its behalf, the P-file must be finalized and provided by the Client in CSV format to MedImpact per the timeline below.

Timeline for RxDC Report Delivery

Tasks	Responsibility	Due Date	Status
Client confirmation of RxDC report delivery from MedImpact	Client	3/15/2024	PENDING
Clients provide updated attributes to MedImpact	Client	3/15/2024	PENDING
D3-D8 data files, narratives, and supplemental file delivery to Client	MedImpact	5/1/2024	PENDING

Additional timeline for Client's that delegate CMS file submission to MedImpact

Tasks	Responsibility	Due Date	Status
Client submission delegation decision	Client	3/31/2024	PENDING
Clients provide file P-file (CSV) for submission	Client	4/26/2024	PENDING
Quality review of P-file (CSV)	Client/MedImpact	5/3/2024	PENDING
Submission of RxDC P-file, D3-D8 data files, narrative and supplemental files to CMS	MedImpact	5/15/2024	PENDING

If you have any questions or concerns, please reach out to your Account Executive or reply to this email address.

Attachment A
Solicitation Number: 122436 O5
INTENT TO PROPOSE

Date:	6/13/25
To:	Monica Casarez, Segal (mcasarez@segalco.com)
From:	Eric McKinnon, Sales Director
Re:	State of Nebraska – Administrative Support Services for the State of Nebraska Employee Health Care Prescription Drug Benefit Plans – RFP # 122436 O5

Non-Disclosure Agreement	
Authorized signer Name and Title:	Krista Kelly, Chief Commercial Officer
Email:	krista.kelley@medimpact.com
Phone:	816.890.1161
Company Name:	MedImpact
Company Address:	10181 Scripps Gateway Court
	San Diego, California 92131
Designated contact to receive secure data for this RFP	
Name and Title:	Erin Gerena, Proposal Consultant III
Email:	Erin.gerena@medimpact.com
Phone	619.877.4801

In order that the State of Nebraska may assess potential vendor interest, please indicate Yes or No below and return to mcasarez@segalco.com. Thank you.

Our company intends to propose:	Yes/No	If No, reason for declining:
Administrative Support Services for the State of Nebraska Employee Health Care Prescription Drug Benefit Plans – RFP # 122436 O5	**Yes**	

Declining to respond will not eliminate the vendor from future consideration for jobs with the State of Nebraska.

Attachment B
Solicitation Number: 122436 O5

STATE OF NEBRASKA

BUSINESS ASSOCIATE AGREEMENT

THIS BUSINESS ASSOCIATE AGREEMENT ("Agreement") amends and is made a part of all Services Agreements (as defined below) between MedImpact Healthcare Systems, Inc. ("Business Associate") and State of Nebraska ("Company") on behalf of the Group Health Plans sponsored by Company (the "Plan"). This Agreement is effective July 1, 2026, or upon the effective date of the underlying Services Agreement, whichever is later ("Effective Date"). This Agreement supersedes and replaces any prior Business Associate Agreements between the parties.

1. **Definitions**.

a. **Catch-all definitions**. The following terms used in this Agreement shall have the same meaning as those terms in the HIPAA Rules: Breach, Covered Entity, Data Aggregation, Designated Record Set, Disclose or Disclosure, Electronic Protected Health Information, Health Care Operations, Minimum Necessary, Notice of Privacy Practices, Protected Health Information or PHI, Required By Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use. Other capitalized terms used but not otherwise defined in this Agreement shall have the meaning ascribed in the HIPAA Rules.

b. **Specific definitions**.

(1) ***"Business Associate"*** shall generally have the same meaning as the term "Business Associate" at 45 CFR 160.103, and in reference to the party to this Agreement, shall mean the party identified above as Business Associate.

(2) ***"Business Associate Functions"*** means functions performed by Business Associate on behalf of the Plan in the course of providing or arranging for plan administration services which involve the creation, receipt, maintenance or transmission of PHI by Business Associate or its agents or Subcontractors. It is anticipated that the services provided by Business Associate will be performed as part of the Plan's "health care operations" as defined in the HIPAA Rules.

(3) ***"HIPAA Rules"*** shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164. A reference in this Agreement to a section in the HIPAA Rules means the section as in effect or as amended at the time the section is to be applied.

(4) ***"Individual"*** shall generally have the same meaning ascribed in the HIPAA Rules and shall refer only to Individuals who are covered persons under the Plan.

(5) ***"Services Agreements"*** means all agreements whether now in effect or hereafter entered into, between Company and Business Associate for the performance of Business Associate Functions by Business Associate on behalf of the Plan.

2. **Purpose**. The Plan is a Covered Entity under HIPAA. The HIPAA Rules require the Plan to obtain, and Business Associate to provide, satisfactory written contractual assurances before Business Associate may create, receive, maintain, or Disclose PHI to perform Business Associate Functions on behalf of the Plan. This Agreement is entered into to provide the contractual assurances required under the HIPAA Rules.

3. **Obligations of Business Associate**. As an express condition of performing Business Associate Functions, Business Associate agrees to:

a. Not Use or Disclose PHI other than as permitted or required by this Agreement or as otherwise Required by Law.

b. Use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to Electronic Protected Health Information, to prevent Use or Disclosure of PHI other than as provided for in this Agreement.

c. Report to the Plan's designated privacy official, without unreasonable delay but in no event more than three (3) business days after discovery by Business Associate, any Use or Disclosure of PHI not provided for by this Agreement of which Business Associate becomes aware, including any Breach of Unsecured Protected Health Information as required at 45 CFR 164.410, and any Security Incident of which it becomes aware, together with any remedial or mitigating action taken or proposed to be taken with respect thereto. If Business Associate does not have available complete information in satisfaction of 45 CFR 164.410(c) within three (3) business days of discovery of the impermissible Use or Disclosure, Business Associate shall provide all information it has at such time and immediately update the Plan with additional information as it becomes available through prompt investigation. This Agreement serves as Business Associate's notice to the Plan that attempted but unsuccessful Security Incidents regularly occur and that no further notice will be made by Business Associate unless there has been a successful Security Incident or attempts or patterns of attempts that Business Associate determines to be suspicious.

Business Associate shall cooperate with the Plan in mitigating any harmful effects of any impermissible Use or Disclosure. In the case of a Breach as determined to exist in the sole discretion of the Plan which was due to a violation of this Agreement by Business Associate, Business Associate shall pay for the reasonable costs of investigation, mitigation and notification to affected Individuals. As an alternative to Business Associate reimbursing Company and the Plan for the costs of notification, the Plan may elect to have Business Associate directly provide the notifications to Individuals for breaches caused by Business Associate, provided that Company and the Plan shall have final approval of all content of notifications to Individuals.

d. In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), ensure that any Subcontractors that create, receive, maintain, or transmit PHI on behalf of Business Associate agree in writing to the same restrictions, conditions, and requirements that apply to Business Associate with respect to such information.

e. Within ten (10) business days of request by an Individual or notification by the Plan, make available to the Individual such Individual's PHI maintained by Business Associate in a Designated Record Set in accordance with 45 CFR 164.524. The parties agree that Individuals will be directed to Business Associate to make all

requests for access to PHI. Business Associate will provide such access according to its own procedures for such access in accordance with the requirements of 45 CFR 164.524. If the requested PHI is maintained in one or more Designated Record Sets electronically and if the Individual requests an electronic copy of such PHI, Business Associate must provide the Individual with access to PHI in the electronic form and format requested by the Individual, if it is readily producible in such form and format; or, if not, in a readable electronic form and format as agreed to between Business Associate and the Individual. Business Associate shall provide the requested information directly to the Individual, along with a notice to the Individual that a copy of the individual's request has been furnished to the Plan and that the Plan may provide additional information to the Individual in response to the request.

If the Individual's request covers records not maintained by Business Associate, Business Associate shall notify the Plan within three (3) days of the request. The Plan will be responsible for providing access or otherwise responding directly to the Individual pursuant to the HIPAA Rules with respect to PHI not in the possession of Business Associate or an agent or subcontractor of Business Associate. Business Associate may charge the Individual reasonable fees related to this access, as determined by Business Associate, but only in such amounts as permitted by the HIPAA Rules. The Plan authorizes Business Associate to require payment of such fees from the Individual prior to releasing any records.

f. Business Associate agrees to receive requests for amendment and amend PHI as required by 45 CFR 164.526 on the Plan's behalf for as long as such information is maintained by Business Associate. The parties agree that Individuals will be directed to Business Associate to make all such requests for amendment of PHI. Business Associate will amend such PHI according to its own procedures for such amendment in accordance with the requirements of 45 CFR 164.526. If the Individual's request covers records not maintained by Business Associate, Business Associate shall notify the Plan within three (3) days of such request. The Plan will be responsible for amending or otherwise responding directly to the Individual pursuant to the HIPAA Rules with respect to PHI not in the possession of Business Associate or an agent or contractor of Business Associate. Business Associate shall notify the Plan of any amendments made to PHI.

g. Business Associate agrees to process all requests for disclosure accounting by Individuals for as long as such information is maintained by Business Associate. Individuals will be directed to Business Associate to make all such requests. Business Associate will provide the accounting that is required under 45 CFR 164.528 on the Plan's behalf directly to the Individual. Business Associate will provide such accounting according to its own procedures for such accounting in accordance with the requirements of 45 CFR 164.528.

Business Associate shall notify the Plan within three (3) days of any request made by an Individual for a disclosure accounting. The Plan will be responsible for responding directly to the Individual (or the Individual's personal representative) pursuant to 45 CFR 164.528 with respect to disclosures of PHI by persons or entities other than Business Associate or a subcontractor or agent of Business Associate. Business Associate shall provide directly to the Individual the requested accounting of disclosures made by Business Associate or a subcontractor or agent of Business

Associate, along with a notice to the Individual that a copy of the Individual's request has been furnished to the Plan and that the Plan may provide additional information to the Individual in response to the request.

h. Make its internal practices, books and records relating to this Agreement available to the Secretary of HHS and to the Plan for purposes of determining the Plan's and Business Associate's compliance with the HIPAA Rules.

i. So that the Plan may meet its obligations to evaluate requests for restrictions and confidential communications in connection with the disclosure of PHI under 45 CFR 164.522, Business Associate and the Plan agree that, to the extent that communications are within the control of Business Associate, Business Associate will perform these evaluations on behalf of the Plan. Business Associate will evaluate such requests according to its own procedures for such requests, in accordance with the requirements of 45 CFR 164.522, and shall implement such appropriate operational steps as are required by its own procedures. Such evaluation will not relieve the Plan of any additional and independent obligations to evaluate restrictions or implement confidential communications where requested by an Individual. Accordingly, Business Associate will evaluate requests for restrictions and requests for confidential communications and will respond to these requests as appropriate under Business Associate's procedures. The Plan agrees that it will not agree to such restriction or request that would affect Business Associate without the approval of Business Associate, so that Business Associate can determine whether it can reasonably administer the request.

j. So that the Plan may meet its obligation to evaluate complaints from Individuals regarding their privacy rights or privacy practices of the Plan or Business Associate, the parties agree that Individuals shall be directed to submit any such complaint to Business Associate for review and evaluation. Business Associate will evaluate such complaints according to its own procedures for complaints and shall implement appropriate operation steps as are required by its own procedures. The Privacy Officer of the Plan shall cooperate with Business Associate in the evaluation of any such complaint. Business Associate shall provide a copy of all complaints to the Plan within three (3) days of receipt by Business Associate. If the complaint appears to involve handling of PHI by the Plan, Plan Sponsor, or other Business Associate of the Plan, Business Associate shall notify the Plan, and it shall be the Plan's responsibility to review and evaluate the complaint.

k. Limit the Uses and Disclosures of, or requests for, PHI for purposes described in this Agreement to the Minimum Necessary to perform the required Business Associate Functions. Business Associate shall comply with any additional requirements for the determination of Minimum Necessary as are required from time to time by the HIPAA Rules, as amended, or through additional guidance published by the Secretary.

l. To the extent Business Associate is expressly obligated under the Services Agreements to carry out one or more of the Plan's obligations(s) under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to the Plan in the performance of such obligation(s).

m. Except for the specific Uses and Disclosures for the Business Associate's own management and administration or to carry out the legal responsibilities of Business Associate, Business Associate shall not Use or Disclose PHI in a manner that would violate the HIPAA Rules if done by the Plan.

4. **Permitted Uses and Disclosures of PHI**. Business Associate shall only Use or Disclose PHI as follows:

a. Business Associate may Use or Disclose PHI as Required by Law. Business Associate agrees to follow the current law covering the use and disclosure of PHI related to substance abuse and reproductive health.

b. Business Associate may Use or Disclose PHI as necessary to carry out Business Associate Functions.

c. Business Associate may Use PHI for the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate.

d. Business Associate may Disclose PHI for the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate, provided the Disclosures are Required by Law, or Business Associate obtains reasonable assurances from the person to whom the information is Disclosed that the information will remain confidential and be Used or further Disclosed only as Required by Law or for the purposes for which it was Disclosed to the person, and the person notifies Business Associate in writing of any instances of which it is aware in which the confidentiality of the information has been breached or compromised.

e. If specifically identified as a Business Associate Function in the Services Agreements, Business Associate may provide Data Aggregation services relating to the Health Care Operations of Covered Entity.

f. If de-identification is listed as a Business Associate Function in the Services Agreements, or if Business Associate is expressly permitted to de-identify PHI and use data thus de-identified for its own uses in the Services Agreements, Business Associate may Use PHI to de-identify the information in accordance with 45 CFR 164.514(a)-(c). Business Associate may use de-identified data only for the purposes specified in the Services Agreements.

5. **Responsibilities of the Plan**. The Plan agrees to:

a. Notify Business Associate promptly of any restriction on the Use or Disclosure of PHI that the Plan has agreed to or is required to abide by under 45 CFR 164.522, to the extent such restriction may affect Business Associate's Use or Disclosure of PHI.

b. Notify Business Associate of any changes in, or revocation of, the permission by an Individual to Use or Disclose PHI, to the extent that such changes may affect Business Associate's Use or Disclosure of PHI.

c. Provide Business Associate with a copy of any amendment to PHI which is accepted by Covered Entity under 45 CFR 164.526 which Covered Entity believes will apply to PHI maintained by Business Associate in a Designated Record Set.

d. Not request Business Associate to Use or Disclose PHI in any manner that would not be permissible under the HIPAA Rules if done by the Plan, with exception for any Data Aggregation services permitted under Section 4.

6. **Compliance with Electronic Transactions Rule**. If Business Associate conducts in whole or part electronic Transactions (as defined in 45 CFR 160.103) on behalf of Covered Entity for which the Secretary of HHS has established standards, Business Associate will comply, and will require any Subcontractor involved with the conduct of such Transactions to comply, with each applicable requirement of the Electronic Transactions Rule at 45 CFR Parts 160 and 162 and of any operating rules adopted by the Secretary of HHS with respect to Transactions.

7. **Supervening Law**. Upon the enactment of any law or regulation affecting the Use or Disclosure of PHI, or the publication of any decision of a court of the United States or of this state relating to any such law, or the publication of any interpretive policy or opinion of any governmental agency charged with the enforcement of any such law or regulation, the parties agree to amend this Agreement in such manner as is necessary to comply with such law or regulation. If the parties are unable to agree on an amendment within thirty (30) days, either party may terminate the Services Agreements on not less than thirty (30) days' written notice to the other.

8. **Liability and Indemnification**. Each party shall be responsible for the acts and omissions of its own agents, employees and contractors. Notwithstanding the foregoing, and notwithstanding any limitation of liability or disclaimer of damages in the Services Agreements or elsewhere, to the extent that the Secretary determines that Business Associate is acting as an agent of the Plan under the Services Agreements or this Agreement, Business Associate shall indemnify Company and the Plan for any fines, civil monetary penalties or monetary resolutions incurred by Company or the Plan, plus reasonable attorneys' fees of Company and the Plan, arising out of or relating to the actions or omissions of Business Associate which constitute a breach of this Agreement by Business Associate. This indemnification is in addition to any additional indemnification provided by Business Associate in the Services Agreement.

9. **Term and Termination**.

a. **Term**. This Agreement shall become effective on the Effective Date and shall continue in effect until all obligations of the parties have been met, including return or destruction of all PHI in Business Associate's possession (or in the possession of Business Associate's agents and Subcontractors), unless sooner terminated as provided herein. It is expressly agreed that the terms and conditions of this Agreement designed to safeguard PHI shall survive expiration or other termination of the Services Agreements and shall continue in effect until Business Associate has performed all obligations under this Agreement and has either returned or destroyed all PHI.

b. **Termination**. Company may immediately terminate this Agreement and the Services Agreements, if Company and/or the Plan makes the determination that Business Associate has breached a material term of this Agreement. Alternatively,

Company may choose to provide Business Associate with written notice of the existence of an alleged material breach, and afford Business Associate an opportunity to cure the alleged material breach upon mutually agreeable terms. Failure to take reasonable steps to cure the breach is grounds for the immediate termination of this Agreement.

c. **Business Associate Obligations Upon Termination**. Upon termination of this Agreement for any reason, Business Associate, with respect to PHI received from the Plan, or created, maintained, or received by Business Associate on behalf of the Plan, shall:

(i) Retain only that PHI which is necessary for Business Associate to continue its proper management and administration or to carry out its legal responsibilities or as to which Business Associate reasonably determines such PHI is technically incapable of being returned or destroyed;

(ii) Return to the Plan or, if not provided for in the Services Agreements, destroy the PHI retained under 8.c.(i) that the Business Associate maintains in any form;

(iii) Continue to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to Electronic Protected Health Information retained by Business Associate to prevent Use or Disclosure of the PHI, other than as provided for in this Section, for as long as Business Associate retains the PHI;

(iv) Not Use or Disclose the PHI retained by Business Associate other than for the purposes for which such PHI was retained and subject to the same conditions set out at Sections 4.c. and 4.d. which applied prior to termination; and

(v) Return to the Plan or, if not provided for in the Services Agreements, destroy the PHI retained by Business Associate under Section 8.c.(i) when it is no longer needed by Business Associate for its proper management and administration or to carry out its legal responsibilities, except where Business Associate reasonably determines such PHI is not technically capable of being returned or destroyed.

10. **Miscellaneous**.

a. **Applicability**. For purposes of this Agreement, and as applicable to the Business Associate Functions of Business Associate under the Services Agreements covered by this Agreement, references to the Plan shall include the named Plan and all other group health plans subject to HIPAA and sponsored by Company that participate in an organized health care arrangement.

b. **Survival**. The respective rights and obligations of Business Associate and the Plan or Company hereunder shall survive termination of this Agreement according to the terms hereof and the obligations imposed on the Plan or Company and Business Associate under the HIPAA Rules.

c. **Interpretation; Amendment**. This Agreement shall be interpreted and applied in a manner consistent with the Plan's and Business Associate's obligations under the HIPAA Rules. All amendments shall be in writing and signed by both parties, except that this Agreement shall attach to additional Services Agreements entered into between the parties in the future without the necessity of amending this Agreement each time. This Agreement is intended to cover the entire Business Associate *relationship* between the parties, as amended, from time to time, through Services Agreements or other means.

d. **Waiver**. A waiver with respect to one event shall not be construed as continuing, or as a bar to or waiver of any right or remedy as to subsequent events.

e. **No Third-Party Beneficiaries**. Nothing express or implied in this Agreement is intended to confer, nor shall anything herein confer, upon any person other than the parties and their respective successors or assigns, any rights, remedies or obligations.

IN WITNESS WHEREOF, each of the undersigned has caused this Agreement to be duly executed in its name and on its behalf.

Company:	**Business Associate:**
State of Nebraska	**MedImpact Healthcare Systems, Inc.**
Signature:_____	Signature:_____
Printed Name:_____	Printed Name:_____
Title:_____	Title:_____
Date Signed: _____	Date Signed: _____

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Attachment D
Performance Guarantees
Solicitation Number: 122436 O5

Bidder: MedImpact Healthcare Systems, Inc.

The Plan will require specific performance guarantees. Please fill out the table below. In addition, you may provide other guarantees designed to differentiate your program. All guarantees shall be set and measured according to the timing of payments in the chart below. Measurement of performance guarantees may be based on internal self-reporting, subject to independent audit.

Criteria	Standard	Measurement Criteria	Penalty Dollars at Risk	Timing of Payments	Confirm / Not Confirmed
Implementation					
Error Free Implementation	PBM shall implement the plan benefit without any system errors or ID card delays. Online access to all Plan features prior to go-live date.	Plan Specific	$50,000	Reported no later than 60 days after 'go-live' dates.	Not Confirmed Implemented with 99% accuracy within timeframe specified in the implementation work plan. Reported no later than 90 days after 'go live' date and paid 30 days after report is provided.
Implementation Satisfaction Scorecard	The Plan may assess a penalty if the Plan benefits staff does not rate PBM implementation performance an average of 3 or better on a scale of 1 to 5 (5 being the best)	Plan Specific	$50,000	Reported no later than 60 days after 'go-live' dates.	Confirm Reported no later than 90 days after 'go live' date and paid 30 days after report is provided.
Payment Accuracy & System Performance					
Quarterly Rebate Payments	Quarterly rebate payments/credits will be remitted to client within 60 calendar days from close of the respective quarter.	Plan Specific	1% of the quarterly rebate payment for each quarterly miss	Annually	Confirm
Year-End Reconciliation and Reporting for Rebate Guarantees	PBM shall complete the year-end reconciliation of rebate guarantees no later than 210 calendar days following the close of the contract year. Within 210 days following the close of the contract year, PBM shall compensate client dollar for dollar for any rebate shortfall	Plan Specific	$10,000 for reporting miss and $50,000 for payment miss	Annually	Confirm
Year-End Reconciliation and Reporting for Discount/Dispensing Fee Guarantees.	PBM shall complete the year-end reconciliation of discount and dispensing fee guarantees no later than 90 calendar days following the close of the contract year. Within 90 calendar days following the close of the contract year, PBM shall compensate client dollar for dollar for any shortfall in performance.	Plan Specific	$10,000 for reporting miss and $50,000 for payment miss	Annually	Confirm
Plan Administration Accuracy	Implementation of all plan design changes will be 100% accurate	Plan Specific	$20,000	Annually	Not Confirmed 99% of all audited claims will be adjudicated accurately based upon the plan design. Measurement: A random sampling of 3% or 200 claims per quarter, whichever is less, will be reviewed with error percentage extrapolated to represent total claims

Criteria	Standard	Measurement Criteria	Penalty Dollars at Risk	Timing of Payments	Confirm / Not Confirmed
Pricing Change Accuracy	Implementation of all pricing changes will be 100% accurate	Plan Specific	$20,000	Annually	Not Confirmed This is measured with Plan Administration Accuracy.
Financial accuracy (electronic and paper claims)	Percentage of claim payments made without error relative to the total dollars paid will be at least 99.9%	BOB	$20,000	Annually	Not Confirmed This is measured with Plan Administration Accuracy.
Mail Service Non-Financial Accuracy	The mail service pharmacy shall guarantee dispensing accuracy of at least 99.5% (correct participant name, correct participant address, correct drug, correct dosage form, and correct strength)	BOB	$20,000	Annually	Confirm
System Downtime	At least 99.5% access to its systems by all the retail pharmacies in PBM's network 24 hours a day, 7 days a week, 365 days a year	BOB	$20,000	Annually	Confirm 99% system availability.
Claims Eligibility Data	Eligibility loads not to exceed one (1) business day after receipt	Plan Specific	$2,000 per occurrence	Annually	Confirm
Eligibility Data Error Reporting	Eligibility file error reporting on all eligibility file updates will be provided to the Plan within two (2) business days	Plan Specific	$2,000 per occurrence	Annually	Confirm
Claims Detail File	All claims detail files sent to external vendors will be provided within 48 hours of scheduled delivery date	Plan Specific	$2,000 per occurrence	Annually	Confirm
Timeliness of Response to Legislative Bills and Fiscal Notes	100% of Legislative Bills and Fiscal Notes introduced will be responded to timely, as requested by the State, and in no less than 24-hours of initial receipt. Administrator will provide written responses regarding the potential impact of all Legislative Bills and Fiscal Notes introduced by the State and in the timing outlined in this PG.	Plan Specific	$2,000 per occurrence	Quarterly	Not Confirmed MedImpact agrees as modified: 100% of Legislative Bills and Fiscal Notes introduced nationwide are tracked and reviewed by MedImpact government and external affairs leaders. Legislative analyses, including possible impacts to client, can be provided, when requested, in a timely fashion dependent upon the breadth of bills reviewed by MI leaders at any given time.
Member Services					

Criteria	Standard	Measurement Criteria	Penalty Dollars at Risk	Timing of Payments	Confirm / Not Confirmed
Mail Turnaround – Prescriptions not requiring intervention	95% of prescriptions dispensed within two (2) business days and 100% within four (4) business days	Plan Specific	$20,000	Annually	Not Confirmed Clean prescriptions received by 5:00 pm CT are shipped within an average of 2 business days. A minimum number of 1,500 claims per quarter are required for the performance guarantee to apply; based on MedImpact's mail order pharmacy book of business.
Mail Turnaround – Prescriptions requiring intervention	95% of prescriptions dispensed within four (4) business days and 100% within seven (7) business days	Plan Specific	$20,000	Annually	Not Confirmed Intervention prescriptions requiring clinical review (including out of stock) received by 5:00 pm CT are shipped within an average of 5 business days. A minimum number of 1,500 claims per quarter are required for the performance guarantee to apply; based on MedImpact's mail order pharmacy book of business.
Paper Claims Turnaround	95% of prescriptions reimbursed within seven (7) business days and 100% within 10 business days	Plan Specific	$20,000	Annually	Not Confirmed 99% of direct member reimbursement claims will be processed within 15 business days. 250 DMR claims must be received per quarter for this metric to apply.
Phone Average Speed of Answer	100% of calls to the Plan-specific toll-free line shall be answered within an average of 30 seconds (excluding IVR)	Plan Specific	$20,000	Annually	Not Confirmed Member calls will be answered in an average of 30 seconds or less by a live agent. Based on MedImpact's book of business.

Criteria	Standard	Measurement Criteria	Penalty Dollars at Risk	Timing of Payments	Confirm / Not Confirmed
Phone Abandonment Rate	100% of calls to the Plan-specific toll-free line shall be answered with an abandonment rate of 2% of less	Plan Specific	$20,000	Annually	Not Confirmed Member call abandonment rate will be 2.5% or less. Based on MedImpact's book of business. Measurement: Abandonment is defined as a call that has held for 30 seconds or longer and not answered by a live person before disconnected.

PG Conditions

1) Any penalties shall be paid to the State via ACH payment. Penalties are not to be credited to invoices or used to offset ASO fees.
2) For performance guarantee measures where interface between the Administrator and the State and/or the State's vendor(s) is required, the applicable penalties shall apply to the Administrator if, and only if, the error(s) or lack of timeliness is caused by the Administrator. Penalties shall not apply to the Administrator due to errors caused by the State and/or one or more of the State's vendors.
3) Performance Guarantees will be based upon the Administrator's self-reported results. Please note the State may ask for validation of reported PGs.

COST SHEET

SOLICITATION NUMBER 122436 O5

Pharmacy Benefit Management Services Fees

Bidder: MedImpact

Financial Proposal Work Sheet: Enter the per Member per Month (PMPM) fees for Section I - Standard Services below for the plan designs currently in place.
Fees on any other basis, (i.e., as a percentage of claims, on a per claim basis or a combination) will NOT be considered. The ASO Fees are to be guaranteed for the three (3) year contract period. Any ancillary service relating to the administration of the health plan not specifically identified in bidder's proposal is assumed to be included in the ASO fee. All services covered under the fee should be listed. **IF THE FEE STRUCTURE IS DIFFERENT BY PLAN, COMPLETE THIS SCHEDULE FOR EACH PLAN AND LABEL EACH SCHEDULE ACCORDINGLY.** Enrollment figures represent estimated counts.

	Initial Contract Term			1st Option Year	2nd Option Year
Section I - Pharmacy Benefit Management Services Fees	Year 1	Year 2	Year 3	Year 4	Year 5
	Estimated Number of Enrolled Employees	Estimated Number of Enrolled Employees	Estimated Number of Enrolled Employees	Estimated Number of Enrolled Employees	Estimated Number of Enrolled Employees
Number of Enrolled Members =>	28,386	28,386	28,386	28,386	28,386
PBM Fees per Member per Month (PMPM)	$3.70	$3.70	$3.70	$3.70	$3.70
Pharmacy Benefit Management and Administration Fee					
Toll Free Phone Lines					
Monthly Data Feeds to Fund or Designee(s)					
Prospective /Concurrent/Retro DUR					
Standard Reports					
Ad Hoc Reports					
COB Program					
First Level Appeals (Cap total of all appeals to 500/yr)					
Second Level Appeals (Cap total of all appeals to 500/yr)					
Urgent Appeals (Cap total of all appeals to 500/yr)					
Formulary and Rebate Administration					
Prior Authorization Program					
Fraud and Abuse Program					
Step Therapy Program					
Quantity Limitations					
Dose Optimization					
Medication Management					
Custom System Overrides					
Manual Claim Processing					
Annual EOB Statements					
Retro Termination Letters					
Member-submit Claims					
Drug Notification Letters					
Member Formulary Guides					
Member ID Cards					
Member Mailing Postage					
Enrollment Packet Mailing					
Audit Recovery Fees					
E-Prescribing					
Vaccine Services (cap to 50,000/year)					
Section I - Standard Services MONTHLY TOTAL	$105,028.20	$105,028.20	$105,028.20	$105,028.20	$105,028.20

		Initial Contract Term			1st Option Year	2nd Option Year
Section II - Credits/Allowances		Year 1	Year 2	Year 3	Year 4	Year 5
Indicate your willingness to offer the listed credits/allowances ("Y/N"). If "Y", then indicate the annual dollar amount of the credit/allowance for each plan year.		Self-Funded Population	Self-Funded Population	Self-Funded Population	Self-Funded Population	Self-Funded Population
Description	Y/N	28,386	28,386	28,386	28,386	28,386
One-time Implementation Credit	Y	$283,860.00				
General Pharmacy Program Management - including communication expenses, clinical programs, consulting fees or be used as a credit against claim invoices.	Y	$170,316.00	$170,316.00	$170,316.00	$170,316.00	$170,316.00
Other . . .						
Section II - Credits/Allowances ANNUAL TOTAL		$454,176.00	$170,316.00	$170,316.00	$170,316.00	$170,316.00

		Initial Contract Term			1st Option Year	2nd Option Year
Section III - Additional and/or Optional Programs/Services		Year 1	Year 2	Year 3	Year 4	Year 5
List and describe any additional and/or optional services proposed, the associated administration charges, and the average expected monthly total for each service. Add lines, as needed to accommodate all fees. ***Note: This section will not count toward Evaluation Scoring.***		Self-Funded Population	Self-Funded Population	Self-Funded Population	Self-Funded Population	Self-Funded Population
Service Description	Service Fee and Structure (PSPM, PMPM, X% of Savings, etc.)	Estimated Monthly Total	Estimated Monthly Total	Estimated Monthly Total	Estimated Monthly Total	Estimated Monthly Total
Real Time Accumulator	Included in admin fee	$0.00	$0.00	$0.00	$0.00	$0.00
Custom Printing	Included in admin fee	$0.00	$0.00	$0.00	$0.00	$0.00
Optional clinical programs, with associated fees are included in Exhibit 2 - Clinical Cost Proposal						
MedImpact Assist Cost Containment Program	20% Shared Savings					
MedPrescription Insight - Real Time Benefit Check	Included in admin fee	$0.00	$0.00	$0.00	$0.00	$0.00
Section III - Additional/Optional Services MONTHLY TOTAL		$0.00	$0.00	$0.00	$0.00	$0.00

COST SHEET
SOLICITATION NUMBER 122436 O5
PBM Pricing Guarantees

Bidder: MedImpact Healthcare Systems,

Prescription Drug Pricing and Rebates:
AWP Reimbursement Basis—Complete the following table using the drug reimbursement that your organization is willing to guarantee, on a dollar-for-dollar basis, for each year of the contract. Columns marked "AWP Discount" are to be completed using a discount from 100% AWP and dispensing fee logic. All guarantees must be based on the AWP unit cost dispensed at the point of sale, and post September 26, 2009 AWP rollback, including usual & customary and zero-balance claims prior to the impact of member cost sharing. Generic discount guarantee must include all single-source as well as multi-source generic drugs.

The aggregate brand discount guarantee for specialty drugs should include biosimilar specialty drugs. In addition to the aggregate specialty drug discount and rebate guarantees, please provide separately a list of all specialty drugs and their individual discount guarantees.

Specialty drug pricing must be based on an open (non-exclusive) basis.

	Self-Funded Population		
	Pharmacy Network		
Guaranteed Pricing for Non-Specialty Medications			
Channel	**Retail**	**Retail**	**Mail**
Day Supply (DS)	**</=30 DS**	**31 - 90 DS**	**>0 DS**
AWP Discount for All Brands			
Year 1	19.75%	23.25%	25.00%
Year 2	19.80%	23.25%	25.00%
Year 3	19.85%	23.25%	25.00%
Year 4	19.90%	23.40%	25.15%
Year 5	19.90%	23.40%	25.15%
AWP Discount for All Generics Including Single-Source			
Year 1	88.00%	90.00%	89.75%
Year 2	88.10%	90.10%	89.85%
Year 3	88.20%	90.20%	89.95%
Year 4	88.30%	90.30%	90.05%
Year 5	88.40%	90.40%	90.15%
Dispensing Fee/Rx			
Year 1	$0.35	$0.00	$0.00
Year 2	$0.35	$0.00	$0.00
Year 3	$0.35	$0.00	$0.00
Year 4	$0.35	$0.00	$0.00
Year 5	$0.35	$0.00	$0.00
	Specialty Pharmacy		
Guarantee Pricing for Specialty Medications			
Channel	**Retail**	**Retail**	**Mail**
Day Supply (DS)	**</=30 DS**	**31 - 90 DS**	**>0 DS**
AWP Discount for All Brands			
Year 1	19.50%	19.50%	20%, 16.50% LDD
Year 2	19.50%	19.50%	20%, 16.50% LDD
Year 3	19.50%	19.50%	20%, 16.50% LDD
Year 4	19.50%	19.50%	20%, 16.50% LDD
Year 5	19.50%	19.50%	20%, 16.50% LDD
AWP Discount for All Generics			
Year 1	80.00%	80.00%	78.00%, 16.50% LDD
Year 2	80.00%	80.00%	78.00%, 16.50% LDD
Year 3	80.00%	80.00%	78.00%, 16.50% LDD
Year 4	80.00%	80.00%	78.00%, 16.50% LDD
Year 5	80.00%	80.00%	78.00%, 16.50% LDD
Dispensing Fee/Rx			
Year 1	$0.35	$0.35	$0.00
Year 2	$0.35	$0.35	$0.00
Year 3	$0.35	$0.35	$0.00
Year 4	$0.35	$0.35	$0.00
Year 5	$0.35	$0.35	$0.00
Rebates & Other Manufacturer Revenue			
%-Share	**100%**		
Guaranteed Minimum Per Brand Claim Rebate Guarantees			
Non-Specialty Medications			
Year 1	$388.50	$665.74	$858.10
Year 2	$418.95	$717.57	$924.50
Year 3	$447.33	$769.62	$988.67
Year 4	$492.06	$846.58	$1,087.54
Year 5	$541.27	$931.24	$1,196.30
Specialty Medications			
Year 1	$4,061.54	n/a	$4,061.54
Year 2	$4,342.86	n/a	$4,342.86
Year 3	$4,575.07	n/a	$4,575.07
Year 4	$5,032.58	n/a	$5,032.58
Year 5	$5,535.84	n/a	$5,535.84

Inc.

122436 O5

Cost Proposal Supplement

Network Assumptions

- MedImpact will manage the pharmacy network, including determining which pharmacies are included in the network and all pharmacy-side contract negotiations and terms. MedImpact will manage the pharmacy network, including determining which pharmacies are included in the network and all pharmacy-side contract negotiations and terms.
- Pricing assumes no more than 5% of claims are filled in MA, HI, AK, & PR.
- Walgreens is excluded from the retail specialty network

Rebate Assumptions

- Rebate guarantees are based on use of MedImpact's MedPerform Premier formulary with corresponding edit package and co-pay design provided at time of RFP.
- Specialty guarantees are based on standard specialty drugs as identified on MedImpact's rebate standard specialty drug List.
- Rebate guarantees are per federal legend Brand Drug as identified by using MediSpan indicators and MedImpact's standard policies for products that are approved by the U.S. Food and Drug Administration (FDA) in which federal or state law requires to be dispensed to the public on prescription of a license physician or other licensed provider.
- Rebate Exclusions: Over the Counter (OTC) Claims, Vaccine and immunization Claims, Compound Claims, 340B Claims, Member submitted (direct member reimbursement) Claims, Secondary Payer Claims (COB), Indian Health Services and/or Tribal Claims, Long Term Care (LTC) Claims, Home Infusion Claims, Claims from entities eligible for federal supply schedule prices, Subrogation Claims, 100% member copay claims (cash card), Non Drug Claims (excluding diabetic test strips), Biosimilar Product Claims, Claims for the detection, prevention, or treatment of COVID, and Brand Thyroid agents.
- Rebates assume the Impact of AMP CAP 1.1.2025 listed medications. MedImpact will apply Rebate Credit on future AMP CAP impacted medications.
- Additionally, in the event market factors outside of MedImpact's control cause brand name medications to become available as a generic, authorized generic, or biosimilar, or medications in which the manufacturer significantly reduces the price or discontinues the rebate or Client prefers a generic at a higher net cost than the brand, MedImpact may adjust the Rebate guarantees or apply a Rebate credit for Affected Products on annual true up upon mutual agreement.
- Mail and specialty rebate guarantees are contingent upon the use of MedImpact Direct for mail and specialty pharmacy. Guarantees may be adjusted if a different vendor is elected.
- Rebate guarantees may be adjusted if Client implements non-standard programs or exception logic/edits outside the standard which negatively impact Rebates or formulary compliance by 5% annually. Changes with less than 5% of impact will be reviewed in aggregate may result in an adjustment to rebate guarantees.
- Rebate guarantees may be adjusted if claims experience shows adverse selection of rebateable products resulting from use of alternate funding, patient assistance programs, or international sourcing programs.

Pharmacy Benefits Management
Clinical Management Services Proposal

For

State of Nebraska

July 2025

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The documentation and information contained herein that MedImpact is providing you is confidential and proprietary to MedImpact and may contain material MedImpact considers Trade Secrets. The documentation and information must be maintained in strict confidence and may not be reproduced, transmitted, published or disclosed to others without MedImpact's express prior written authorization. It may only be used for the purpose of evaluating MedImpact services, programs or processes and may not be used for any other purpose. It may only be shared with your employees, officers, agents, consultants or contractors who need to have access to this documentation for purpose of evaluating MedImpact's services or programs, who are informed of these obligations, and who agree to these obligations under a written non-disclosure or confidentiality agreement.

MedImpact is pleased to offer the following **clinical management services**: a series of individual clinical management programs and a group of care quality and high-risk safety management programs for **State of Nebraska**. The objective of these programs is to increase the value of the pharmacy benefit program by promoting appropriate utilization of pharmaceuticals within pharmacy benefit programs.

Clinical Trend Management Services	
MedImpact anticipates substantial pharmacy benefit cost savings to **State of Nebraska** from the application of the clinical trend management services listed below and is based upon a monthly average eligibility of **28,386** members.	
Clinical Trend Management Package	**Fee**
Medium Impact Clinical Trend Management Package* Package includes MedImpact's standard point of service Quantity Limit, Age, Step Therapy, and Prior Authorization clinical edit programs where the Claim denies at the point of sale if clinical criteria are not met. **Quantity Limit (QL) Edits** Discourages excessive and inappropriate utilization leading to more cost-effective use of the prescription drug program. Administered in MedImpact's point of service claims adjudication systems QL edits defined by Client or standard MedImpact edit package. • ADHD/CNS Stimulants • Allergy - Antihistamine • Allergy - Nasal • Alzheimer's/ Parkinson's • Anticoagulant Agents • Anticonvulsants • Anti-Depressants • Anti-Emetics • Anti-Infectives • Antiplatelets • Antipsychotics • Asthma/COPD • Cholesterol Lowering Agents • Contraceptives & Misc. Estrogen • Dependency Agents • Diabetes • Erectile Dysfunction • Gastrointestinal Agents • HIV Agents • HRT/Menopause Therapy • HTN/Cardiovascular Agents • Metabolic Disease • Migraine • Narcotics • Non-Essential Drugs • Oncology Agents • Ophthalmic Agents • Osteoporosis • PPI's • Renal Agents • Safety • Sedative/Hypnotics • Smoking Cessation • Thrombin Inhibitors **Age Edits** Package includes MedImpact's standard point of service Age clinical edit programs where the Claim denies at the point of sale if clinical criteria is not met. Administered in MedImpact's point of service claims adjudication systems Age edits defined by Client or standard MedImpact edit package. • Dermatologic Agents • Safety • Non-Essential • Plan B **Step Therapy Edits** Encourages the utilization of first line, high value drug choices prior to the use of less cost-effective alternatives. Administer in MedImpact's point of service	Included

claims adjudication systems ST edits defined by Client or standard MedImpact edit package. • ADHD/CNS Stimulants I • Allergy - Nasal • Allergy - Nasal Corticosteroids I • Allergy - Oral • Alzheimer's/ Parkinson's • Anticoagulant Agents • Anti-emetic • Anti-Infectives I • Anti-Infectives II • Asthma/COPD • BPH • Cholesterol I • Cholesterol II • Contraceptives • Dermatologic Agents I • Dermatologic Agents II • Diabetic Agents I • Diabetic Agents II • Erectile Dysfunction • Fertility Agents • Gastrointestinal Agents I • Gastrointestinal Agents II • Glaucoma • Glucose Test Strips • Hepatitis C • Hormone Replacement Therapy • HTN/Cardiovascular Disease I • Menopause Therapy • Metabolic Disease • Migraine • Narcotics • No Therapeutic Advantage • Non-Essential Drugs • Ophthalmic Agents I • Osteoporosis • PPI's I • Safety • Thrombin Inhibitors **Prior Authorization Edits** Ensures that medications having a higher potential for inappropriate use are utilized in a cost-effective and/or safer manner. Administer in MedImpact's point of service claims adjudication systems PA edits defined by Client or standard MedImpact edit package. • Alzheimer's/ Parkinson's • Analgesic • Anticoagulant Agents • Anti-infective • Cholesterol Lowering Agents • CNS Stimulants • Dependence Tx • Diabetes • Endocrine • Endocrine Non-SA • Erythropoietin Stimulating Agents (ESAs) • Genitourinary Agents • GI Agents • Growth Hormone • Hepatitis C • HTN/Cardiovascular Agents • Immunomod Bio Non-SA • Immunomodulating Biologics • Medical Drugs Non-SA • Multiple Sclerosis Agents • Non-Essential • Obesity • Oncology Agents • Oncology Agents Non-SA • Orphan Drugs • Orphan Drugs Non-SA • Osteoporosis • Renal • Safety • Testosterone • Transmucosal Fentanyl • WBC	
Individual Clinical Trend Management Programs	**Fee**
Clinical Prior Authorization – Fully Delegated MedImpact, on behalf of Client, shall administer the criteria and conditions under which certain drugs or drug classes or categories may be reviewed as a Covered Benefit pursuant to Client's prior authorization protocol(s), and in accordance with applicable Law (each, a "PA").	After 500 per year: $60 per PA Customization of any PA

PAs shall include, but not be limited to: PA required and any PA requested, such as step therapy, Non-Formulary/Formulary exception medication requests, Dispense As Written ("DAW") exceptions (for Benefit Plans with DAW deny edits), excluded medications, quantity restriction, age restriction, and Copayment exceptions (including DAW requests), therapeutic duplications among other edits, and reconsiderations where an adverse benefit determination is rendered and the requesting provider is provided an opportunity to discuss and/or submit additional new information as required by state regulation and NCQA requirements. PAs may be initiated by, but not limited to, phone, fax, or electronic PA ("ePA"). Client is required to implement MedPrescription or MedPrescription Insight if PA Services are fully or partially delegated to MedImpact.. MedImpact's PA process includes implementation of the MedImpact standard point-of-sale ("POS") edit "smart fill for select specialty". This edit allows a select list of specialty medication Claims to adjudicate at the interval based on the approved PA, without exceeding the intended quantity and duration. MedImpact will review PAs and provide notification(s) as applicable to the Eligible Member, and prescriber of the decision (approval/denial) outcome in accordance with applicable Laws and regulations. Depending upon applicable Law, MedImpact's review may involve a licensed/certified technician, or both a licensed/certified technician and a licensed pharmacist if the case cannot be approved by a licensed/certified technician. Review of a PA by a licensed physician will be performed only when required, and in accordance with applicable Law, and shall be subject to the Clinical Prior Authorization – Physician Review/Call Fee(s) below. Utilization management services provided by MedImpact shall be in accordance with NCQA standards, as set forth in Exhibit F ("Delegation Agreement") attached hereto and incorporated into this Agreement by reference. MedImpact standard PA services incorporate state specific standards, standard Prior Authorization Client Information Profile (PACIP), or state specific PACIP, as applicable, and MedImpact standard processes. Client acknowledges and agrees that, where required by Law, MedImpact will utilize MedImpact PA forms and letter templates approved and/or required by Government Agencies, Law, and/or accreditation agencies (as applicable). When applicable state and/or federal regulations require verbal notice to Eligible Members, Interactive Voice Response (IVR) automated phone calls are placed to notify Eligible Members of the final PA decision. *PAs with a final status, such as Approved, Denied, Partial Approved, and PAs which do not result in a final decision but which involved review and application of the PA protocols, such as Closed, Deferred, Dismissed, PA Not Required, and Withdrawn, are all subject to the PA Fee.* *Client acknowledges and agrees that MedImpact's review will be a non-discretionary review based on objective written protocols of Client, and the limited amount of information provided to MedImpact. MedImpact will not undertake, and is not required hereunder, to make an independent determination of medical necessity or appropriateness of therapies or to make*	processes may result in additional Fees, which will be quoted upon Client request

diagnoses or substitute MedImpact's judgment for the professional judgment and responsibility of the physician. Client acknowledges that under no circumstances will MedImpact have any liability for authorizing or denying coverage in accordance with Client's Benefit Plan or written protocols.	
Clinical Prior Authorization – Physician Review Prior authorizations shall be reviewed by a physician when required, and in accordance with applicable Law. Such review shall be conducted by a physician licensed in any state in the U.S. Such physician is not required by Law to be in the same or similar specialty as the requesting prescriber. The physician shall review prior authorization requests based on Client's Benefit Plan criteria. *Note: Refer to Specialty Match Physician Review or State Specified Licensed Physician Review if state Law specifies additional requirements for a physician review.*	$90 per review (in addition to initial PA Fee)
Clinical Prior Authorization – Specialty Match Physician Review MedImpact shall arrange for prior authorization requests to be reviewed by a physician licensed to practice medicine in the same or similar specialty as the requesting physician, as required by applicable Law. The physician shall review prior authorization requests based on Client's Benefit Plan criteria.	$180 per review (in addition to initial PA Fee)
Clinical Prior Authorization – State Specified Licensed Physician Review In accordance with applicable state Law, MedImpact shall arrange for prior authorization requests to be reviewed by a physician licensed in the designated state. The physician shall review initial prior authorization requests based on Client's Benefit Plan criteria.	$100 per review (in addition to initial PA Fee)
Clinical Prior Authorization – Peer to Peer Physician Call MedImpact shall make available Peer to Peer physician calls either prior to or after an adverse determination, in accordance with applicable Law. This Service comprises up to three (3) attempts by the peer physician to reach the prescribing physician.	$425 per call (in addition to initial PA Fee)
Clinical Prior Authorization – Custom Prior Authorization Guidelines MedImpact will code and configure Client's custom prior authorization guidelines into the MedResponse system for use in PA request reviews in: MedResponse, electronic prior authorization (ePA), and enhanced approval edit, as applicable to Client. Client shall submit guidelines in a time and format acceptable to MedImpact, otherwise additional Fees apply and quoted upon request. MedImpact shall code and configure such guidelines within ninety (90) days of receipt from Client. Annual Fee includes guideline updates/changes during the year	$375 per each custom prior authorization guideline per year
Clinical Prior Authorization Letter – Foreign Language Translation of Letters In accordance with state Law, when applicable, and as requested by Client, MedImpact will make available prior authorization template member letters in the foreign language designated in the preferred member attribute field in the Eligible Members List. MedImpact shall also make available language translation of free text that require translation. **Fees vary based on language: $40 - $45 for free text (up to one (1) page); $150 - $250 for 7-page template. Additional Fee applies for template pages beyond 7 pages. Fee is subject to change by translation vendor, and such*	Translation vendor fees passed through to Client*

increase shall be passed through to Client. Additional Fees apply for Braille and large font alternate format services (letter template setup, conversion, and printing), as applicable.	
Appeals Administration MedImpact, on behalf of Client and at the request of an Eligible Member/member representative or prescriber, shall review a prior authorization Adverse Benefit Determination. MedImpact will administer the criteria and conditions under which certain drugs or drug classes or categories may be reviewed as a Covered Benefit pursuant to Client's protocol(s), including clinical criteria and guidelines, and in accordance with applicable Law (each, an "appeal"). Appeals shall include, but not be limited to: prior authorization required, and any appeal requested, such as step therapy, non-Formulary/Formulary exception medication requests, Dispense As Written ("DAW") exceptions (for Benefit Plans with DAW deny edits), excluded medications, quantity restriction, age restriction, and Copayment exceptions (including DAW requests). MedImpact will perform intake and review of appeals as well as notification to the provider and Eligible Member/member representative, acknowledgement of receipt/eligibility, and of the decision (overturn denial/uphold denial) outcome in accordance with applicable Laws and regulations. Depending upon applicable Law, MedImpact's review may involve a licensed pharmacist and/or a licensed physician. Review of an appeal by a licensed physician will be performed only when required, and in accordance with applicable Law, and shall be subject to the fees below. MedImpact will process appeals in accordance with Client's appeals policies and procedures, the terms of the Benefit Plan, and other applicable Law. Appeal utilization management services provided by MedImpact shall be in accordance with NCQA standards, as set forth in Exhibit F ("Delegation Agreement"). MedImpact standard Appeal services incorporate state specific standards, standard Prior Authorization Client Information Profile (PACIP), standard Appeal Reference Guide (ARG), or state specific PACIP, and state specific ARG, as applicable, and MedImpact standard processes. Client shall provide MedImpact with copies of all applicable summary plan documents (SPD) at the time of implementation, upon delegation of the appeal process, on an annual basis, and/or upon modification of the SPD. MedImpact's appeal process also provides for expedited review of appeals upon request. Client shall have access to MedImpact's MedResponse® tool, or successor tool, to view Eligible Member appeals, and such access is subject to Section 12.1 (*MedImpact Proprietary Software and Information*) of this Agreement. Client acknowledges and agrees that, where required by Law, MedImpact will utilize MedImpact appeal forms and letter templates approved and/or required by Government Agencies, Law, and/or accreditation agencies (as applicable). *Appeals with a final status of denial overturned or upheld, and appeals which do not result in a final decision but which involved review and application of the PA*	

protocols, such as Closed, Deferred, Dismissed, Appeal Not Required, and Withdrawn, are all subject to the Appeal Fee. *Client acknowledges and agrees that MedImpact's review will be a non-discretionary review based on objective written protocols of Client including clinical criteria and guidelines, and the limited amount of information provided to MedImpact. MedImpact will not undertake, and is not required hereunder, to make an independent determination of medical necessity or appropriateness of therapies or to make diagnoses or substitute MedImpact's judgment for the professional judgment and responsibility of the physician. Client acknowledges that under no circumstances will MedImpact have any liability for authorizing or denying coverage in accordance with Client's Benefit Plan or written protocols.* *The following definitions shall apply to Appeals:* *Administrative Appeal. A non-clinical appeal review to ensure the adverse determination made by MedImpact is consistent with the terms of the Benefit Plan, the applicable regulations promulgated under ERISA, the Patient Protection and Affordable Care Act ("PPACA"), and other applicable Law. Applicable to administrative decisions only, such as eligibility and plan Benefit Exclusions.* *Adverse Benefit Determination. Any of the following:* *1. The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for clinical necessity, appropriateness, setting, or effectiveness of a covered benefit.* *2. The reduction, suspension, or termination of a previously authorized service.* *3. The denial, in whole or in part, of payment for a service.* *4. The failure to provide services in a timely manner, as defined by state, federal, and/or accreditation standards.* *5. The failure to act within the timeframes required for the standard resolution of appeals.* *6. For a resident of a rural area with only one managed care organization (MCO), the denial of a Eligible Member's request to exercise his or her right, under 42 CFR § 438.52(b)(2)(ii), to obtain services outside the network.* *7. The denial of an Eligible Member's request to dispute a financial liability, including cost sharing, copayments, premiums, deductibles, coinsurance, and other member financial liabilities.* *Clinical Appeal. Appeal requests for clinical necessity and reviewed by licensed pharmacist(s) and/or physician(s) using applicable Client approved criteria and clinical guidelines relevant to the drug or benefit being requested.* *Independent Review Organization (IRO). External network of board-certified physician specialists and professionals who review preauthorization, concurrent, or retrospective cases.*	
Administrative Appeals - Internal Review - 1st and 2nd level appeal (as required by State Law) In accordance with applicable Law, Administrative Appeals are reviewed and determinations are issued by MedImpact's appeals pharmacist to ensure the determination is consistent with the Eligible Member's Benefit Plan. The appeals pharmacist will verify the Eligible Member's benefit coverage with MedImpact's benefits department and/or Client, as necessary.	After first 500 per year: $100 each

Clinical Appeal – Internal Review - 1st and 2nd level appeal (as required by State Law) Clinical Appeal requests are reviewed by a MedImpact appeals pharmacist using Client protocols including clinical criteria and guidelines relevant to the drug or benefit being requested. The appeals pharmacist and/or physician reviewer must not have been involved in the initial determination (the prior authorization) or be the subordinate of the individual who made the initial prior authorization and/or the first level appeal decision. MedImpact may also utilize clinical peers from a URAC and/or NCQA accredited contracted Independent Review Organization (IRO) to review clinical Appeals and/or to provide additional or supporting clinical review expertise. All determinations (upholds or overturns) of Clinical Appeals are rendered by an appeals pharmacist and/or clinical peer. MedImpact will provide notice of the final internal Adverse Benefit Determination as required and in accordance with applicable Law. If the Adverse Benefit Determination is overturned, MedImpact will provide payment of the Claim on behalf of Client.	After first 500 per year: $225 each
State Required Panel Appeal Review - Internal In accordance with state applicable Law, MedImpact shall provide a Clinical Appeal/Administrative Appeal that requires a panel review, such panel is comprised of a reviewer and a second clinician.	$275 each panel
Physician Appeal Review - Standard TAT – Internal 1st or 2nd Level In accordance with applicable state Law, MedImpact shall make available an internal physician appeal review, of either a first or second level appeal.	$250 per hour
Physician Appeal Reviewers – 48 Hour TAT – Internal 1st or 2nd Level In accordance with applicable state Law, MedImpact shall make available an internal physician appeal review, of either a first or second level appeal on an urgent 48-hour turn-around time basis.	$275 per hour
Physician Appeal Review – Expedited 24 Hour TAT – Internal 1st Level In accordance with applicable state Law, MedImpact shall make available an internal physician appeal review of a first level expedited appeal on a 24-hour turn-around time basis.	$350 per hour
Physician Appeal Reviewers – Expedited 24 Hour TAT – Internal 2nd Level In accordance with applicable state Law, MedImpact shall make available an internal physician appeal review of a second level expedited appeal on a 24-hour turn-around time basis	$300 per hour
Specialty Physician Appeal Review - Internal 1st or 2nd Level In accordance with applicable state Law, MedImpact shall make available an internal appeal specialty physician concurrence of a first or second level appeal. Applies to all turn-around time requests.	$89 each; in addition to appeal Fee
Physician Appeal Review –State Required Physician Oversight – Internal 1st Level – Same State License In accordance with applicable state Law, MedImpact shall make available an internal medicine/family practice physician appeal review of a first level appeal that requires a physician licensed in a specific state. Applies to all turn-around time requests.	$40 each; in addition to appeal Fee
Physician Appeal Review –State Required Physician Oversight – Internal 1st Level In accordance with applicable state Law, MedImpact shall make available an internal medicine/family practice physician appeal review of a first level appeal that does not require a physician licensed in a specific state. Applies to all turn-	$30 each; in addition to appeal Fee

around time requests.	
Direct Member Reimbursement (DMR) Appeals -Internal In accordance with applicable Federal Law, review of a first level appeal after a denied DMR or partial DMR determination/payment.	$75 each
Preliminary Review for State Fair Hearings As requested by Client, a MedImpact representative shall attend a preliminary review with Client prior to the hearing.	$75 each
Representation (Witness Participation) State Fair Hearing Upon request by Client, a MedImpact representative shall attend a State Fair Hearing as a participating witness, on behalf of Client, for Adverse Benefit Determinations for coverage request rendered by MedImpact.	$225 each
Clinical Appeals – External Review An Eligible Member (or their representative) is required to exhaust the internal Clinical Appeal process performed by MedImpact prior to pursuing an external independent review or legal action under Section 502(a) of Employment Retirement Income Security Act of 1974 (ERISA) for the appeal decision, as applicable. Upon determination that a request is eligible for external review following preliminary review MedImpact or the applicable State entity will assign an IRO as set forth in the regulatory requirements for an external review and provide all necessary information and documents considered in making the Adverse Benefit Determination or final Adverse Benefit Determination to the assigned IRO. The IRO will provide notice of the final external review decision in accordance with applicable Law. Upon receipt of a notice of final external review decision reversing the final internal Adverse Benefit Determination, MedImpact will issue payment of the Claim.	$350 each
Excluded Formulary Exception Process (EFEP) /Affordable Care Act (ACA) Exception Appeal (External IRO review) - Standard turn-around-time First level appeal review performed by an external IRO. Follows the adverse initial coverage determination for excluded Formulary drugs under the EFEP/ACA process, bypassing the standard internal appeal review.	$400 each
EFEP/ACA Exception Appeal (External IRO review) – Expedited turn-around-time Expedited first level appeal review performed by an external IRO. Follows the adverse initial coverage determination for excluded Formulary drugs under the EFEP/ACA process, bypassing the standard internal appeal review.	$550 each
Appeal Notification – Foreign Language Translation of Letters In accordance with state Law, when applicable, and as requested by Client, MedImpact will make available template appeal notification letter in the foreign language designated in the preferred member attribute field in the Eligible Members List. MedImpact shall also make available language translation of free text or clinical appeal reason codes that require translation. **Fees vary based on language: $40 - $45 for free-text (up to one (1) page); $150 - $250 for 7-page template. Additional Fee applies for additional template pages beyond 7 pages. Fee is subject to change by translation vendor, and such increase shall be passed through. Additional Fees apply for Braille and large font alternate format services (letter template setup, conversion, and printing), as applicable.*	Translation vendor fees passed through to Client.*
MedResults® Member/Prescriber Preferred Medication Communication Program Physician and/or Eligible Member outreach programs designed to help Client achieve the following goals: increase generic utilization, increase Formulary	Included

compliance, improve clinical management and improve quality. Claims are targeted at the point of sale and letters are generated the next business day. Cost Focused Programs: • Formulary Alignment/Formulary Compliance: This program targets non-Formulary Brand Drugs and sends letters to either physicians or Eligible Members encouraging them to switch to a Formulary Brand Drug or Formulary Generic Drug alternative.	
MedFocus® MedImpact will provide reporting to Client which identifies key pharmacy benefit utilization statistics, incorporating trending, business type and book of business benchmarks to measure pharmacy benefit performance and assist with the identification of opportunities for enhanced pharmacy benefit performance as set forth herein. MedImpact shall provide one (1) MedFocus® report with executive summary for a single line of business or business type on a quarterly basis, which includes, but may not be limited to, the following: • Utilization of therapeutic classes, categories and individual drugs. • Executive overview of pharmacy benefits performance. Less than 10,000 Claims per month 10,000 - 19,999 Claims per month 20,000 - 29,999 Claims per month 30,000 - 39,999 Claims per month 40,000 - 49,999 Claims per month 50,000+ Claims per month	Fee for each MedFocus Report with Executive Summary per processed Claim per month: $0.10 $0.07 $0.06 $0.05 $0.04 $0.02
Standard Drug Monographs Drug Monographs, as determined by MedImpact, provide Client with an evidence based review and interpretation of the current medical literature for a disease state, therapeutic drug class, or individual drug. Provided to Client electronically in PDF format, monographs include information and analysis pertinent to Pharmacy Directors and Pharmacy and Therapeutics (P&T) chairs on the implication of covering a drug or drug class within the managed care environment. Monographs also include information on, potential dispensing limits, and prior authorization criteria. Monographs may be reviewed by a member of MedImpact's external physician panel.	Included in admin fee
RxOversight™ A clinical intervention program (the "Program") which uses proprietary advanced analytics to monitor and identify Eligible Members using medications or clinical products in a manner which suggests potentially inappropriate fraud, waste, and abuse utilization patterns, with communication to the prescriber requesting reassessment of therapy. The Program is administered on a quarterly basis (i.e., three (3) month monitoring periods) and includes data files of retrospectively targeted Eligible Members, prescribers, and Claims data in MedImpact's standard data file format, and MedImpact's standard letter communications. Client shall approve all notification letter templates. MedImpact will generate notifications to prescribers to verify an Eligible Member's prescribed medications or clinical products. MedImpact will not be responsible for monitoring provider fax-back response and follow-up. The Program targets the following therapeutic areas:	$0.10 PMPM

High Risk Medications in the Elderly. Identifies Eligible Members sixty-five (65) years of age or older to determine whether their medication history includes one (1) or more unique high risk medication(s) during the monitored period. Polypharmacy – Potentially Inappropriate Multi-Drug Therapy. Identifies Eligible Members receiving more than ten (10) unique, chronic medications from three (3) or more prescribers during the monitored period. Diabetes Test Strip Utilization – Potentially Inappropriate Use. Identifies Eligible Members receiving blood glucose test strip prescriptions indicating potentially inappropriate utilization during the monitored period. Controlled Substances. Identifies Eligible Members receiving ten (10) or more controlled substances prescriptions indicating potential abuse during the monitored period. *Any customization of criteria or data file format may incur additional fees at the clinical consulting rate set forth in this Agreement.*	
High Cost Generics Exclusion™ Program The High Cost Generics Exclusion™ Program (the "Program") identifies high cost generic drugs with lower cost generic alternatives to target for exclusion (each a "Targeted HCG"). The Program includes identification of Targeted HCGs, Eligible Member and prescriber notifications, implementation of Targeted HCG exclusion, on-line messaging to retail Participating Pharmacies, and reporting, as follows: A. High Cost Generics Analysis: MedImpact will use advanced analytics to identify Targeted HCGs, as defined under the Program. Thereafter, MedImpact will conduct ongoing reviews to identify additional Targeted HCGs for inclusion or exclusion from the Targeted HCG list. MedImpact will notify Client of the results of such analysis and any additions or deletions from the Targeted HCG list. Targeted HCGs and recommended lower cost generic alternatives are reviewed and approved by MedImpact's Pharmacy and Therapeutics ("P&T") committee. Targeted HCGs will be excluded from coverage. B. Benefit Change Notification: MedImpact will identify Eligible Members who are recent users of Targeted HCGs and will send letters to notify them of the Targeted HCG change and encourage them to consult with their prescriber regarding the use of suggested lower cost alternatives. C. Implementation of Excluded Drug Coverage for Targeted HCGs: Application of an exclusion change for Targeted HCGs will take effect per specifications in the Implementation Questionnaire. D. Physician-Directed Prescription Notification: Based upon the implementation plan, MedImpact will contact physicians who prescribe Targeted HCGs to encourage them to consider switching the Eligible Member to lower cost alternatives. MedImpact will not be responsible for monitoring prescriber fax-back response and follow-up. E. On-line Messaging to Participating Pharmacies: MedImpact will provide messaging at the point-of-sale to retail Participating Pharmacies for all Targeted HCG Claims to inform the Participating Pharmacy of the	$0.25 PMPM $30,000 minimum fee per year

excluded Targeted HCG and suggested lower cost alternatives. Non-retail Participating Pharmacies will not receive on-line messaging for Targeted HCGs. F. Quarterly Reports: MedImpact will provide Client quarterly Program cost savings reports. G. Call Center Support for Participating Pharmacies: MedImpact's Pharmacy Call Center is available to answer questions from Participating Pharmacies about the exclusion status for a Targeted HCG. H. Call Center Support for Members: Eligible Members with questions about the Program may contact the Member Call Center to receive information. Complaints or appeals related to Targeted HCGs shall be excluded from Performance Guarantees, as applicable. The HCGX Program shall be administered for at least twelve (12) months. After twelve (12) months, Client may discontinue the HCGX Program by providing MedImpact thirty (30) days prior written notice. In the event MedImpact terminates the HCGX Program, MedImpact shall provide Client thirty (30) days prior written notice of termination. Changes to the HCGX Program shall be in accordance with the Agreement. Use and Disclosure of High Cost Generics Exclusion Program Materials. The HCGX Program and list of Targeted HCGs constitute MedImpact's confidential and proprietary intellectual property. Client shall keep information received from MedImpact regarding the HCGX Program including, but not limited to, the list of Targeted HCGs, any reports, and subsequent written and oral communications regarding such information ("HCGX Program Materials") confidential, in accordance with the terms of this Agreement. Client shall only use the HCGX Program Materials for the sole purpose of effectuating the HCGX Program for the specific population of Eligible Members Client has purchased it for, and shall not use the HCGX Program Materials for any other purpose including, but not limited to, self-implementing its own version of the HCGX Program or requesting changes to Client's Formulary based on the list of Targeted HCGs after Client discontinues the HCGX Program. Duties to be Performed by Client. Client shall be responsible for ensuring that the HCGX Program complies with applicable Laws. Client is solely responsible for any regulatory approvals or notifications required by applicable Law. Client shall also include the HCGX Program in Client's evidence of coverage/summary plan description, as applicable. Client shall cooperate with MedImpact in completing and signing off on the HCGX Program Implementation Questionnaire *Program pricing is contingent upon MedImpact's review of full claims history data (most recent 12 months) to verify that claims history provided previously by Client is consistent with current utilization.*	
Care Quality and Safety Management Programs	**Fee**

Standard Concurrent DUR Standard First Databank or Medispan equivalent concurrent online drug utilization review to Participating Pharmacies for all Claims submitted electronically at the point of sale via MedImpact's online Claims adjudication system. Such information is intended to assist the pharmacist in identifying drug interactions and other issues which may be indicative of inappropriate drug use. Participating Pharmacies are directed to review the messages as they are received and to use their professional judgment as to whether action is required.	Included
Operational Prior Authorization – Administrative Overrides Upon receiving requests from Participating Pharmacies by phone, MedImpact will administer the non-clinical rules and conditions established by Client to determine whether a drug may be approved for dispensing, where such evaluation does not require professional consultation with a physician, physician office staff, nurse, clinical pharmacist, MedImpact's clinical review staff, other persons authorized to prescribe prescription drugs, or other health care professionals. For example, vacation overrides, lost/stolen/spilled overrides, emergency overrides, and school supply and facility overrides. This does not include reviews utilizing clinical prior authorization guidelines or protocols. MedImpact will inform the Participating Pharmacy at the time of the call whether the administrative override has been authorized; MedImpact does not send letters regarding the determination.	Included
Drug Recall / Withdrawal Process In the event the FDA issues a recall notice, MedImpact shall, in accordance with NCQA and Federal guidelines: • Promptly implement a POS edit to block Claims for the affected drug, as appropriate. • Notify Client of the action taken regarding the affected drug within forty-eight (48) hours of the FDA notification for Class I recalls/withdrawals, and within seven (7) Business Days for Class II recalls/withdrawals. • Make recommendations to Client regarding drug substitutions, clinical prior authorizations, or Benefit Plan changes, if applicable. Client shall make all final determinations related to Benefit Plan changes. • Assist Client with notification to Eligible Members by providing member impact reports and template member and provider letters, as appropriate. Other than online messaging to Participating Pharmacies at the point-of-sale, MedImpact will not provide direct notification to Eligible Members. • Maintain a drug recall policy which will be provided to Client upon request.	Included
Standard Retrospective Drug Use Evaluation (DUE) Programs A quality focused physician outreach program focusing on care quality and safety management. Identifies Eligible Members utilizing medications in a manner suggesting less than optimum drug therapy utilization, and communication to the prescriber requesting a reassessment of therapy. Therapeutic area to be defined by MedImpact clinical staff for the one program administered quarterly. Standard letter template and data file included. Client is responsible for printing and sending outreach.	$0.02 PMPM; $6,000 minimum fee per year
Enhanced Retrospective Drug Use Evaluation (DUE) Programs Physician outreach programs focused on care quality interventions incorporating the identification of Eligible Members utilizing medications in a	Four (4) or more programs selected: 15% off total monthly

manner suggesting less than optimum drug therapy utilization with written communication to prescriber requesting a reassessment of therapy. Quarterly Claims sweep on a three (3) month rotating basis with follow-up communication to prescriber no more often than quarterly. Care Quality Programs • Asthma – Gap in Therapy • Congestive Heart Failure • Controlled Substances • Coronary Artery Disease • Immunomodulators • Migraine-Prophylaxis in Severe Disease • Osteoporosis-Fracture Prophylaxis • Polypharmacy-Potentially Inappropriate Multi-Drug Therapy • Statin Use in Persons with Diabetes (SUPD) • Polypharmacy of Anticholinergics (ACH) and Central Nervous System (CNS) Active Drugs Includes outreach fees.	program fees; $25,000 minimum fee per year Individual program fees: $0.03 PMPM $0.03 PMPM $0.03 PMPM $0.03 PMPM $0.02 PMPM $0.02 PMPM $0.02 PMPM $0.04 PMPM $0.03 PMPM $0.03 PMPM $8,000 minimum fee per year per program
Custom Retrospective Drug Use Evaluation (DUE) Programs Physician outreach programs focused on care quality and safety management incorporating the identification of Eligible Members utilizing medications in a manner suggesting less than optimum drug therapy utilization with written communication to prescriber requesting a reassessment of therapy. • Customized intervention program • Customized communication program based upon unique utilization patterns, developed in consultation with Client.	Quoted upon request and receipt of business requirements Minimum $30,000/year
Refill Reminder Program Eligible Member outreach program focused on medication non-adherence incorporating the identification of Eligible Members whose refill patterns suggest less than optimal medication utilization with communication to the Eligible Member reminding him/her to refill medications. Automated telephonic (IVR) interventions available to improve adherence in the following therapeutic classes: • Non-Insulin Diabetes Agents • Hypertension (ACE/ARB/DRI) • Hypercholesterolemia (Statins) • HIV Additional features of the IVR program include collection of Eligible Member response data identifying reasons for non-adherence for further Client intervention. Client shall provide valid Eligible Member phone numbers to MedImpact. Client acknowledges that Eligible Members may receive duplicate telephone calls if	$5,000 set-up fee, plus $0.30 PMPM

Client implements more than one program, and an Eligible Member meets the criteria for multiple programs. Client will notify MedImpact of any Eligible Members designated on a Do Not Call (DNC) list prior to implementing this program. Eligible Members who are not pre-identified on a DNC list will be enrolled in the program and will be given the option to opt out of future telephonic outreach.	
Choice90^{Rx} /100 Optimization Program A daily provider outreach program focused on medication non-adherence through (i) identification of Eligible Members filling thirty (30) days' supply of maintenance medications at any Participating Pharmacy, and (ii) communication faxed to the prescriber with pre-populated prescription for a greater than thirty (30) days' supply, with quantity determined by Client.	$5,000 set-up fee, plus $0.30 PMPM
Quality Performance Monitoring Program (QPMP) Dashboard A competitive analysis and clinical targeting tool. By identifying care and adherence gaps and suggesting pharmacy based solutions, QPMP provides Client with an opportunity to mitigate performance issues that could affect end of year quality measurements and thus marketplace perception and rankings. This monitoring program version provides: • Tabular quarterly summary reports • Benchmarking against average Book of Business Modifications to any of the standard QPMP components set forth herein will be quoted upon request. *Note: Quarterly reports are delivered four (4) weeks after close of quarter. The full report is contingent upon availability of twelve (12) months of historical Claims and eligibility data.*	$2,500 set-up fee, plus $25,000 per year

Quality Performance Monitoring Program (QPMP) Data File Program: Monthly Reports
Leverages advanced analytics to determine patterns of patient behavior for targeted intervention strategies. This program supports Client with actionable information for use by care management and pharmacy teams. Program includes:
 	
• Monthly data files contain Eligible Member-level and Claim-level information and detailed prescriber and pharmacy information.
• Prioritization for intervention efforts using variables known to be predictive of medication adherence. Factors include:
  ○ Eligible Members with more than one (1) adherence issue
  ○ Eligible Members' adherence levels
  ○ Use of thirty (30) versus ninety (90) day Claims
  ○ New start to therapy
 	
Includes custom data file orientation including formatting, sorting and flagging to meet Client's needs. Technical specifications must be set up prior to program launch in order to maximize efficiencies with services for MedImpact and Client.
	$5,000 set-up fee,
	plus $12,000 per year
	per individual measure

Quality Performance Monitoring Program (QPMP) Data File Program: Member Priority List Program Program that utilizes advanced data analytics critical for clinical targeting. Program identifies and prioritizes Eligible Members based on their calculated adherence level and a number of risk factors including comorbidity, number of target medication categories, new start Eligible Members, etc. Program provides a quick and accurate method to:	$5,000 set-up fee, plus $1,667 per month for all three (3) adherence measures

- Improve overall plan adherence rate by stratifying Eligible Members based on risk
- Prioritizes care management outreach to Eligible Members by identifying several key predictors for medication adherence issues

Primary targeted medication measures include, but are not limited to:

- Medication Adherence for Diabetes
- Medication Adherence for Hypertension (ACE/ARB/DRI)
- Medication Adherence for Hypercholesterolemia (statins)

Note: Reports are provided monthly starting in August of the calendar year.

MedEmpower Fuel™ Clinical Condition Management Programs

The MedEmpower Fuel clinical condition management programs listed below are designed to help improve the management and clinical outcomes for Eligible Members. These comprehensive programs are condition-targeted programs that focus on employing nutrition in disease management.

Program staff will provide one-on-one personalized coaching using telephone and digital communication technology to maximize member engagement through MedImpact's third-party MedEmpower Fuel mobile application ("app") and one-on-one coaching with a registered dietitian, or lifestyle coach, and as applicable a registered nurse, or respiratory therapist to:

- Increase Eligible Member engagement using a food scoring app with a comprehensive food database for disease-specific meal planning, recommendations and tracking
- Promote healthy nutrition and lifestyle habits through digital technology and personalized coaching
- Offer professional health coaching to guide participants and assist with management of the program disease, and the risks associated with disease complications, the relationship between nutrition and wellness, support for medication adherence, mitigation of medicine side effects, and education for behavior change
- Develop individual care plans and provide evidence-based condition-specific education
- Integrate biometric and activity monitoring data with nutrition tracking to facilitate coaching, disease specific goal setting, and evaluation of progress towards program health goals.

Program includes:

- Capability for integration with select consumer-based activity tracking devices (e.g. Fitbit, Apple Watch, Health Connect, and other compatible tracking devices).
- Capability for integration with select biometric monitoring devices (e.g. digital blood pressure monitor, digital weight scale, digital water bottles, and other compatible monitoring devices).
- Member access to the MedEmpower Fuel app that provides personal nutritional guidance and health and wellness tracking. Personal nutritional guidance includes meal plan recommendations, healthy choice restaurant menu selections, healthy choice grocery item identification, and educational articles on nutrition. Health and wellness tracking includes nutrition goals, sleep, activity, water intake, and more. The app utilizes healthful behavioral modification through challenges and motivational activities/ interactions (sometimes referred to as "gamification"). MedImpact will facilitate the necessary secure data transfer to enable access to the app for Eligible Members. MedEmpower Fuel is available as a downloadable mobile app for both iOS and Android.
- MedImpact will provide member pre-enrollment analytics, using Client's available medical and pharmacy Claims data, and marketing material developed in collaboration with Client.
- MedImpact's standard quarterly reporting is included.

The following applies to all MedEmpower Fuel clinical condition management programs below, unless otherwise noted*:

An Eligible Member will be considered an "Engaged Participant" for an initial three (3) month period when they register for the clinical program and subsequently meet one of the following conditions ("Initial Program Period"):

(i) two (2) or more interactions with program staff (with at least one (1) of these interactions being with a program clinician, i.e., dietician, nurse or respiratory therapist); or

(ii) at least one (1) interaction with a program clinician, plus five (5) or more interactions with other non-clinical program staff and/or with the app;

(iii) attend at least one (1) digital program group class (*diabetes prevention program only)

After the Initial Program Period, an Eligible Member will be considered an Engaged Participant in any subsequent three (3) month period when they meet one of the following conditions ("Subsequent Program Period(s)"):

(i) at least one (1) interaction with a program clinician plus five (5) or more interactions with the app

(ii) attend at least one (1) digital program group class (*diabetes prevention program only)

The Initial Program Period and each Subsequent Program Period (collectively, the "Program Periods") will begin on the date that the Engaged Participant has completed the required interactions, and Program Periods may or may not be consecutive.

Customization of program criteria or reporting will be quoted upon Client request.

Fees are subject to change in subsequent years.

The implementation Fees cover resources, file transfers, report development and delivery, oversight to cover MedImpact labor costs to support the program(s).

1. **MedEmpower Fuel® Healthy Weight** for Eligible Members who are not at their ideal weight (i.e., underweight, overweight, or obese) *This program must be implemented by Client for a minimum of one (1) year in duration.* ***[If Client selecting Diabetes Prevention, Healthy Weight must also be selected}*** 2. **MedEmpower Fuel® Better Health Oncology** for Eligible Members with an oncology diagnosis 3. **MedEmpower Fuel® Better Health Autoimmune** for Eligible Members with an autoimmune disease 4. **MedEmpower Fuel® Better Health Healthy Mind** for Eligible Members with a diagnosis of depression and/or anxiety. **MedEmpower Fuel® Better Heart Health** for Eligible Members with a diagnosis of cardiovascular disease (e.g., heart disease,	**Selected programs 1 through 5 will each incur the following Fees**: $2,000 one-time program implementation Fee, plus $210 per Engaged Participant for the Initial Program Period, thereafter $90 per Engaged Participant per Subsequent Program Period Device and Mailing Fees: See Optional Fees below

high blood pressure)	
6. MedEmpower Fuel™ Diabetes Management for Eligible Members with Type 1 or Type 2 diabetes	$5,000 one-time program implementation Fee, plus $210 per Engaged Participant for Initial Program Period, thereafter $90 per Engaged Participant per Subsequent Program Period Device and Mailing Fees: See Optional Fees below
7. MedEmpower Fuel™ Diabetes Prevention The program is based on the twenty-four (24) month diabetes prevention program curriculum certified by the Centers for Disease Control and Prevention to help reduce the risk of progression from pre-diabetes to Type 2 diabetes. Staff will provide group counseling sessions and discussions using telephone and digital communication technology to maximize Eligible Member engagement. Diabetes prevention is not a stand-alone program, and it must be implemented in conjunction with the Healthy Weight program.	$2,000 one-time program implementation Fee, plus $450 per Engaged Participant for the Initial Program Period, thereafter $70 per Engaged Participant per Subsequent Program Period. Note: The diabetes prevention Program Period is eight (8) quarters (24 months) beginning with the calendar month during which an individual first becomes an Engaged Participant. However, no additional program Fees are due for an Engaged Participant after the Fees for four (4) quarters of the program as an Engaged Participant are paid. Device and Mailing Fees: See Optional Fees below **Note**: The program digital scale must be offered to every Eligible Member who enrolls in the Diabetes Prevention Program. Eligible Members have the option to decline to receive the digital scale, in which case there will be no device fee charged for that Eligible Member.
Optional MedEmpower Fuel fees Fees apply to each program implemented:. One-time Fee per digital weight scale One-time Fee per digital blood pressure cuff **Optional Diabetic Device/Supply Fees:** One-time Fee per Diabetic Supply Starter Kit. Each starter kit includes: (1) cellular glucometer, (4) blood glucose test strips - 50ct, (2) Lancets 30G - 100ct, and (1) control solution. One-time Fee per cellular glucometer Blood Glucose Test Strips (50ct) for Engaged Participants who use the program glucometer Control Solution L1 and L2 Replacement Lancing Device	 $100 each $100 each $230.96 each $100 each $22.50 per order $5.99 per order $12.99 per order

Member Engagement Outreach Fee: Optional printing and mailing Fee for MedImpact to conduct the outreach: *Additional add-on devices may be available for purchase upon mutual agreement of the parties*	$2.45 per Eligible Member letter

Opioid Overutilization & Safety Controls Programs	Fee
Opioid Overutilization & Safety Controls Programs MedImpact shall provide Client the following Opioid Overutilization & Safety Controls Program(s) (the "Program(s)") which monitor the utilization of prescribed medications through use of drug utilization controls at the point-of-sale and retrospective interventional programs to increase Eligible Member safety: **Acetaminophen Safety Controls at POS** A point-of-sale ("POS") intervention that will identify and deny incoming Claim(s) when an Eligible Member's daily dose of the ingredient acetaminophen ("APAP") is greater than 4 gm per day across multiple APAP-containing Claim(s). The intervention can be overridden by clinical prior authorization or professional pharmacy services ("PPS") codes submitted by the Participating Pharmacy. MedImpact standard outcomes reporting is included. **Opioid Cumulative Dosing at POS** A point-of-sale ("POS") intervention that will identify and deny incoming opioid Claim(s) when an Eligible Member's daily morphine milligram equivalent ("MME") is greater than or equal to a hard threshold (e.g. ≥ 200 mg) across a single or multiple opioid-containing Claim(s). The intervention also allows a soft stop on incoming opioid Claim(s) with daily cumulative MME greater than or equal to a soft threshold (e.g. ≥ 90 mg). The interventions can be overridden by clinical prior authorization or professional pharmacy services ("PPS") codes submitted by the Participating Pharmacy. Prior to Program implementation, Client may request a one-time detailed Eligible Member impact report. Eligible Members who reside in a long term care (LTC) facility, have Claims for an oncology or sickle cell disease drug, and/or have a hospice identifier are excluded from this Program. MedImpact standard outcomes reporting is included. **Opioid Single Claim Dosing at POS** A point-of-sale ("POS") intervention that will identify and deny an incoming opioid Claim when an Eligible Member's daily morphine milligram equivalent ("MME") is greater than or equal to a hard threshold (e.g. ≥ 90 mg) for a single opioid-containing Claim. The intervention is non-overridable except via a clinical prior authorization. The intervention also allows a soft stop on an incoming opioid Claim with daily MME greater than or equal to a soft threshold (e.g. ≥ 50 mg) that can be overridden by clinical prior authorization or professional pharmacy services ("PPS") codes submitted by the Participating Pharmacy. Prior to Program implementation, Client may request a one-time detailed Eligible Member impact report. Eligible Members who have Claims for an oncology or sickle cell disease drug and/or have a hospice identifier are excluded from this Program. MedImpact standard outcomes reporting is included. **Opioid Naïve Cumulative Dosing at POS**	$0.20 PMPM (for all nine (9) programs)

A point-of-sale ("POS") intervention that will identify and deny incoming opioid Claim(s) when an Eligible Member's daily morphine milligram equivalent ("MME") is greater than or equal to a soft threshold (e.g. ≥ 50 mg) across a single or multiple opioid-containing Claim(s) for the first day of therapy if the Eligible Member has no opioid history within a specified look back period. The intervention also allows a hard stop on incoming opioid Claim(s) with daily cumulative MME greater than or equal to a hard threshold (e.g. ≥ 90 mg). The interventions can be overridden by clinical prior authorization or professional pharmacy services ("PPS") codes submitted by the Participating Pharmacy. Prior to Program implementation, Client may request a one-time detailed Eligible Member impact report. Eligible Members who reside in a long term care (LTC) facility, have Claims for an oncology or sickle cell disease drug, and/or have a hospice identifier are excluded from this Program. MedImpact standard outcomes reporting is included.

Opioid-Benzodiazepine Concurrent Use at POS
A point-of-sale ("POS") intervention that will identify and deny concurrent use of opioids and benzodiazepines when there is an overlap in days' supply. The intervention is non-overridable except by clinical prior authorization or professional pharmacy services ("PPS") codes submitted by the Participating Pharmacy. Prior to Program implementation, Client may request a one-time detailed Eligible Member impact report. Eligible Members who reside in a long term care (LTC) facility, have Claims for an oncology or sickle cell disease drug, and/or have a hospice identifier are excluded from this Program. MedImpact standard outcomes reporting is included.

Duplicative Long-Acting Opioid Therapy at POS
A point-of-sale ("POS") intervention that will identify and deny concurrent use of long-acting opioids when there is an overlap in days' supply. The intervention is non-overridable except by clinical prior authorization or professional pharmacy services ("PPS") codes submitted by the Participating Pharmacy. Prior to Program implementation, Client may request a one-time detailed Eligible Member impact report. Eligible Members who reside in a long term care (LTC) facility, have Claims for an oncology or sickle cell disease drug, and/or have a hospice identifier are excluded from this Program. MedImpact standard outcomes reporting is included.

Lock-In Functionality at POS
A point-of-sale ("POS") intervention intended to limit coverage of frequently abused drugs for at-risk Eligible Members. The intervention overrides Client specific Formulary and benefit coverage of addictive drugs by limiting access to specific drugs, quantities, pharmacies, and/or prescribers. The intervention is custom configured for each at-risk Eligible Member, and is overridable only by removing the intervention or through specific exception instances (for example, hospice status). At-risk Eligible Members are identified through case management administered by Client, or by MedImpact if Client has selected MedImpact's Opioid Case Management.

Opioid Overutilization-Benzodiazepine/Potentiators Retrospective Intervention
A prescriber outreach program which identifies Eligible Members with an average daily morphine milligram equivalent ("MME") greater than or equal to 90 mg for any duration (monthly rolling six (6) month look-back) from either: (i) three (3) or

more prescribers and three (3) or more Participating Pharmacies, or (ii) five (5) or more prescribers. Of those Eligible Members identified, MedImpact will also identify Eligible Members with concurrent use of opioids and benzodiazepines, gabapentin (>2400mg/day), and/or pregabalin. Eligible Members who have Claims for an oncology or sickle cell disease drug and/or have a hospice identifier are excluded from this Program. Data files of retrospectively targeted Eligible Members, prescribers, and Claims data will be provided in MedImpact's standard data file format and MedImpact will generate notifications to prescribers to verify prescribed medications. MedImpact will not be responsible for monitoring prescriber fax-back response and follow-up. MedImpact standard outcomes reporting is included if MedImpact generates notifications. **Naloxone for High Risk Opioid Use Retrospective Intervention** A prescriber outreach program which identifies Eligible Members eighteen (18) years of age or older who received an opioid over the previous three (3) month time period without a history of a naloxone Claim in the prior twelve (12) months. In addition, at least one of the following criteria must be met: (i) Eligible Member has a history of opioid addiction, (ii) Eligible Member obtained an average daily morphine milligram equivalent ("MME") greater than or equal to 50 mg, or (iii) Eligible Member has been taking an opioid in combination with a benzodiazepine for at least thirty (30) days. Eligible Members who have Claims for an oncology drug and/or have a hospice identifier are excluded from this Program. Data files of retrospectively targeted Eligible Members, prescribers, and Claims data will be provided in MedImpact's standard data file format and MedImpact will generate notifications to prescribers to verify prescribed medications. MedImpact will not be responsible for monitoring prescriber fax-back response and follow-up. MedImpact standard outcomes reporting is included if MedImpact generates notifications.	
Opioid-Antipsychotic Concurrent Use at POS. A point-of-sale ("POS") intervention that will identify and deny an incoming opioid Claim when there is an overlap in days' supply with an antipsychotic Claim, where the day supply overlap can be defined. The intervention can be overridden by clinical prior authorization or professional pharmacy services ("PPS") codes submitted by the Participating Pharmacy. Prior to Program implementation, Client may request a one-time detailed Eligible Member impact report. Eligible Members who reside in a long-term care (LTC) facility, have Claims for an oncology or sickle cell disease drug, and/or have a hospice identifier are excluded from this Program. MedImpact standard outcomes reporting is included. This service is sold separately.	$0.05 PMPM
Opioid Case Management Case management services for monitoring opioid overutilization include a review of the prescriber fax-back forms from the Opioid Overutilization-Benzodiazepine/Potentiators Retrospective Intervention Program; Client's participation in such Program is required for case management services. When such utilization is deemed inappropriate, MedImpact will contact the prescriber to determine the prescriber's treatment option to resolve the overutilization. MedImpact will prepare and mail notification to prescribers and Eligible Members of any member-level restrictions deemed necessary after case management. Client shall approve all template notification letters.	Quoted upon request $30,000 minimum fee per year

This service is sold separately. Client must also purchase the Opioid Overutilization-Benzodiazepine/Potentiators Retrospective Intervention program (above) which identifies targeted Eligible Members. Program pricing may be adjusted if Client's membership changes by greater than ten percent (10%).	

CLINICAL PROGRAMS PRICING NOTES

i. MedImpact reserves the right to amend pricing if there is a ten percent (10%) or greater change in the number or demographic profile of Eligible Members included in the Benefit Plan upon which the pricing is based.
ii. Significant overall cost savings may be achieved through implementation of Clinical Trend Management programs. While this approach may yield the best overall net-cost solution, Client acknowledges that this may also reduce Rebate return.
iii. Clinical Trend Management edit programs and packages will undergo continuous modification, typically on a quarterly basis or more frequently as appropriate, based upon decisions made by MedImpact's National Pharmacy & Therapeutic Committee and Formulary Committee in response to: (i) the release of new drug products by the United States Food & Drug Administration, (ii) changes in treatment guidelines issued by national medical organizations, and (iii) improvements in drug therapy as identified in the medical literature. As a part of ongoing quality improvement and recognition of the dynamic clinical, marketplace, and regulatory environment, MedImpact may add, delete, or implement modifications at its discretion to components of the programs. Client will be notified in advance of any such modification.
iv. Any Law, regulation, market, industry, or coverage change that impedes MedImpact's ability to apply MedImpact recommended clinical management programs in any way during the Term may require that MedImpact alter the services offered as described herein. Client will be notified in advance of any such modifications.
v. The fees for programs set forth herein reflect pricing for standard programs. Modifications to any of the standard program components set forth herein will be quoted upon request.
vi. Other clinical programs not described above quoted upon request.

MedImpact Assist®

A cost containment & member advocacy program.

***** NEW 2025*****

- International Sourcing Savings
- Biosimilar Conversion Savings
- Non-Specialty Coupon Savings

PROJECTED ANNUAL SAVINGS

Customized For:

State of Nebraska DAS

TOTAL SAVINGS OPPORTUNITY

$8,001,507

NON-SPECIALTY COUPON

Savings	Net PMPM	Member Ct.
$2,475,179	$15.17	2,992

SPECIALTY COUPON

Savings	Net PMPM	Member Ct.
$4,779,943	$29.29	589

SPECIALTY COUPON/PAP

Savings	Net PMPM	Member Ct.
$5,377,130	$32.95	589

INTERNATIONAL SOURCING

Savings	Net PMPM	Member Ct.
$116,450	$0.71	22

BIOSIMILAR CONVERSION

Savings	Net PMPM	Member Ct.
$86,519	$0.53	7

RECOMMENDED SOLUTIONS

Disclaimer: The estimate provided is based on assumptions at the time the savings analysis was completed, including manufacturer coupons, patient assistance programs, internationally sourced products, and biosimilars currently available.

Manufacturer Coupons (MAP): These coupons are available to commercially insured individuals. There are exclusion criteria, such as being enrolled in a government program like Medicaid or Medicare. The terms and conditions of manufacturer coupons are set by each manufacturer and are subject to change at their sole discretion.

Patient Assistance Programs (PAP): These programs may include income-based requirements, benefit coverage, member cost share, and clinical requirements. The terms and conditions are determined by each manufacturer and can change at any time. Enrollment in any patient assistance program is never guaranteed.

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